

Minnesota Chapter of the National Association of Pediatric Nurse Practitioners

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Minnesota Chapter
of NAPNAP
2008-2009 Board

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Inside this edition :

President's Message
Page 1

2008 Spring Conference
Page 2

Representing NAPNAP
Page 2, 3

MN NAPNAP 2008 Awards
Page 4, 5

Legislative Update
Page 5,6

President's Message *Passing the Torch*

"You must give some time to your fellow men. Even if it's a little thing, do something for others – something, for which you get no pay but the privilege of doing it." *Albert Schweitzer*

I have been privileged the past two years to work with an amazing group of NAPNAP members who serve as committee chairs or board members. They have given generously of their time and ideas to make our organization stronger. Some of our accomplishments have included upgrading our website so that you will be able to register and pay online for conferences and chapter dues, forming a reimbursement ad hoc committee with a group of committed members, aligning ourselves with a larger regional alliance working for recognition as primary care providers with a valuable skill set and therefore full reimbursement by the major third party payers, and forming a public relations committee to help bring PNP's "out of the shadows".

Peggy Neubeck, our incoming President, has been on the board for a number of years and will keep our organization focused to keep it strong with some exciting new ideas of her own. I feel very confident passing on the torch to Peggy!

We're at an important crossroads in healthcare. Nurse practitioners are primed and ready to fill the gap in healthcare. But, we need to be organized. We need to have a **voice. THAT is what NAPNAP can do for you!!** It can be that voice when our legislators ask how to "fix" the healthcare system. It can be that voice that takes issue with injustice and inequity in the workplace and advocate for the marginalized who can't afford healthcare. **We need your help!** Each of you has special talents and gifts that our organization needs. I know you're all busy with jobs and families, but won't you please consider **sharing your talents** with NAPNAP?

I end my term as President with appreciation for the opportunity to have served on this board and one last quote,

"Opportunity is missed by most people because it is dressed in overalls and looks like work."
Thomas Edison

2008 Spring Conference



Adolescent Health: Building Assets, Reducing Risk was the theme of this year's conference that was held at the St. Paul Commodore Club. The program committee put together an excellent slate of speakers – all experts in their field.

Dr. Nimi Singh presented the latest research on adolescent cognitive and brain development, techniques for helping teens shut off the stress response and disengage from negative thoughts through “Health Realization”.

Dr. Christopher Reif brought us up to date on Consent and Confidentiality – taking us through the maze of “emancipated minor”, “mature minor”, de facto custodian, etc. with recommendations for practice and a good deal of humor.

Dr. Sarah Jane Schwarzenberg discussed evaluation and management of adolescent obesity – citing factors such as genetic, environmental, and early programming leading to this chronic disease.

Dr. Michele Van Vranken covered contraceptive options for teenagers with very practical comparisons of the various products available for males and females. Last, but certainly not least, our own **Maggie Scheid, MS, RN, CPNP** discussed syncope, chest pain, and sudden death in the adolescent athlete with tips for recognizing “red flags” in the history and physical exam.

Representing NAPNAP

For the past year, Mary York has been representing MN NAPNAP at **ABCD II Grant: Great Start Minnesota (Assuring Better Child Mental Health Development)**. Great Start Minnesota is a three-year learning collaborative grant given to five states. Its goal is to develop services for young children whose mental health development is at risk by:

- identifying and implementing policies and systemic changes that support the provision of preventive and early intervention care by Minnesota Health Care Program (MHCP) providers; and by
- strengthening MHCP's capacity to deliver care for young children's mental health development.

“I feel it is important for PNs to have a place at the table when policy is being made on issues involving children.”

I feel it is important for PNs to have a place at the table when policy is being made on issues involving children. In addition to making sure everyone knows what NAPNAP is, I have made interesting connections with professionals in the field of social work, early childhood mental health, and pediatrics. For more information on activities related to the grant go to:

<http://www.health.state.mn.us/divs/cfh/meccss/descabcd.html>.

Clinical Research Corner

As pediatric nurse practitioners, we need to maintain and promote an evidence-based clinical practice. As Communications Chair, I feel it is of prime importance to provide another mechanism for our membership to be aware and to share research and clinical project findings that are directly applicable to our practice. Of particular importance are those findings that are being done by our own members. This, then, is the intent of this column. I would invite members to contribute information about research or clinical studies being done by themselves or colleagues in their own work settings. We need to “toot our own horns”! Angie

Minnesota Chapter of the National Association of Pediatric Nurse Practitioners

MN NAPNAP REPRESENTED AT AANP REGION 5 LEADERSHIP MEETING

Mary York represented our chapter at the Region 5 Leadership Meeting of the American Academy of Nurse Practitioners on April 5, 2008 in Rosemont, IL.

After a welcome by Region 5 Director, Susan Lee, Dr. Jan Towers, Director of Health Policy for the AANP, led a discussion of national legislative and practice issues. The American Medical Association continues in its attempts to discredit or limit the practice of APRNs. Some examples given include:

- The National Board of Medical Examiners has *agreed* to develop a voluntary DNP certification exam (similar to the one given to physicians to qualify for a medical license).
- Claims that “limited license practitioners” practice medicine and rely on false assertions of authority, not backed up by scope of practice laws by various nursing boards (in language introduced by the American Society of Anesthesiologists to the AMA House of Delegates on the subject: “*Need for Active Medical Board Oversight of Medical Scope-of-Practice Activities by Mid Level Practitioners*”)
- The quality of care rendered by individuals with *limited licenses* is not equivalent to that of a physician (in language introduced by the American Society of Anesthesiologists to the AMA House of Delegates on the subject: “*Need for Active Medical Board Oversight of Medical Scope-of-Practice Activities by Mid Level Practitioners*”)
- Regarding Retail Health Clinics (introduced to the AMA House of Delegates by the Michigan Delegation): The AMA in collaboration with the American Academy of Family Physicians and other primary care organizations are focusing their efforts on *helping to craft the infrastructure of these clinics instead of expending resources in an ultimately unsuccessful attempt to stop this model.*

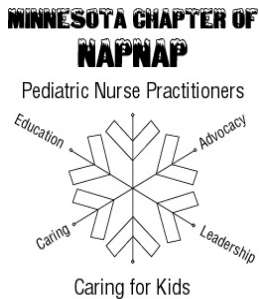
The afternoon session consisted of a discussion of State legislative and practice issues (Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin). While Minnesota seems to have more uniform recognition by third party payers than some states, it was clear that addressing inequities *as a group* will give NPs greater leverage. According to Jan Towers, “We’re close to dividing the pie if we play our cards right.” She indicated that medical students are not signing up for primary care and stated, “When you perpetuate a system where the gatekeepers (MDs) depend on people being ‘sick’, we have a problem.”

AMERICAN ACADEMY OF PEDIATRICS RELEASES ONLINE VERSION OF BRIGHT FUTURES GUIDELINES

Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents—Third Edition provides information to help pediatricians provide better health care, save time, and keep up with changes in families, communities, and society that impact infant, child, and adolescent health. The guidelines, recently made available for download from the American Academy of Pediatrics' Bright Futures Web site, are organized into 10 themes common to all stages of development, followed by specific guidance for each of 31 recommended health supervision visits from infancy through late adolescence. Growth charts and the newly revised periodicity schedule are included. The guidelines and reference information are available at http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html.

Slides and handouts for use and customization in making presentations about Bright Futures are also available for download at

http://brightfutures.aap.org/bright_futures_power_point_presentations.html



2008 MN Chapter of NAPNAP Awards

President's Award

This year's recipient, **Donna Amidon**, has been the chair of the Legislative Committee for many years. She represents the qualities we would all hope to emulate: hard-working, committed, compassionate. Her colleagues have this to say about her: "Donna is a good listener and communicator. She is fair and treats employees with respect."

I have seen Donna working tirelessly behind the scenes for the well-being of children and adolescents and for equity for nurse practitioners. For most of her time on our board, the fact that she has been a **committee of one** has not diminished her effectiveness,



Colleen Dobie (left); Mary York (center); Donna Amidon (right)

nor has it tempted her to bow out. She has carried the torch for nurse practitioners into her workplace, the community, and the state legislature.

Organization Award



Charles Lobeck, Administrator of Shriners Hospital (left);
Mary York, Outgoing President (center)
and Angie Grabau, Communications Chair (right)

Each year MN NAPNAP honors an organization for promoting the health and well being of children in the state of Minnesota. It can be a for-profit or non-profit organization that has a mission focusing on children.

This year's award was given to:

Shriners Hospitals for Children—Twin Cities

Shriners Hospitals for Children—Twin Cities provides comprehensive medical, surgical and rehabilitative care for children with orthopedic conditions, neuromuscular diseases, skeletal growth abnormalities, juvenile rheumatoid arthritis, to name only a few.

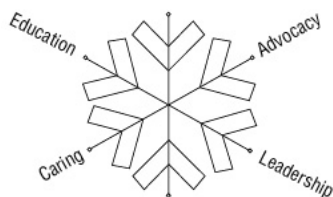
Recognizing the stress, inconvenience and cost to parents of having a child in the hospital, the Shriners are committed to family-centered care by providing on-site accommodations for parents and families as well as transportation to and from the hospital/clinic provided by volunteers.

They truly meet our criteria of providing services that recognize developmental, physical, and emotional needs of children and families.

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MINNESOTA CHAPTER OF NAPNAP

Pediatric Nurse Practitioners



Caring for Kids

2008 Outstanding PNP of the Year Award – Andra Fjone

Award given by Colleen Dobie with these words:

“It is my honor to present this year's Minnesota PNP of the Year Award. Having been a MN Chapter board member for a number of years, I can attest to the fact that choosing a recipient for this award amongst the sea of excellent PNPs is no easy task.

By the nature of our credentials we are already part of an elite group, having graduated from rigorous academic and clinical programs and attaining certification. We teach and practice in a variety of areas, bringing a broad range of individual competencies and making myriad contributions to our profession. So, out of this group, how do we choose one PNP to recognize as outstanding? We use the criteria of: Commitment to our organization, respect of peers, advancement of the profession, tenacity - not giving up when things get tough, excellence in his/her contributions to work, community, and NAPNAP.

This year's award recipient demonstrates all of these qualities and more. She has worked as a PNP and has been active in PNP leadership in numerous states. She is engaged in multiple volunteer activities. She is an assistant professor at the University of Minnesota School of Nursing and is recognized as an outstanding undergraduate instructor. She is a doctoral candidate in Public Health Nursing and practices as a PNP in an urgent care setting. In addition, when she first joined our MN Chapter, she developed and implemented a survey to determine the needs of our members to plan appropriate activities and has followed through as chapter Program Chair to organize excellent educational events.”

Legislative Update

APRN AMENDMENTS TO ENSURE APRNS CAN DIAGNOSE ADD/ADHD (HF 3222)

MNA worked to ensure that Advanced Practice Registered Nurses (APRNs) were added to the list of providers who are authorized to diagnose and treat children with ADD (Attention Deficit Disorder) and ADHD (Attention Deficit Hyper Active) for purposes of qualifying for special education. The bill originally limited this authority to physicians and psychologists. MNA worked with Senator Ann Lynch (DFL-Rochester) to amend the bill. The final language was included in HF 3222, the Department of Human Services Policy bill.

STATUS - Signed by the Governor on May 15, 2008

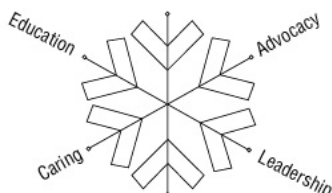
NURSE LICENSURE COMPACT (SF 3620/HF 3784)

On March 4th, a bill was introduced that would include MN in a Nurse Licensure Compact with about 20 other states. MNA continues to oppose this action because joining this compact takes away a state's constitutional right to monitor and regulate nursing practice. Once a state joins the compact, nursing issues cannot be addressed through the state legislature unless the compact agrees. MNA also has concerns that it will lead to national licensure, possibly reducing the standards of our MN Nurse Practice Act. ANA continues to oppose this as well.

STATUS - This bill did not receive a hearing this year, nevertheless this will likely be on the MN Board of Nursing's agenda for legislation next session.

**MINNESOTA CHAPTER OF
NAPNAP**

Pediatric Nurse Practitioners



Caring for Kids

**EXPANDING PHARMACISTS SCOPE OF VACCINATIONS
(SF 3581/HF 3834)**

Expanding pharmacists' scope of practice for additional vaccination privileges; including the flu shot for those over 10 years of age and all vaccines for those over 18 was amended in to HF 3708, a licensing bill for certain health professionals. In the spirit of expanding access to health care, MNA supported this bill. The pharmacist organization contacted MNA prior to session to see if MNA had concerns. MNA Practice specialists reviewed with the lobbyist and after concerns were addressed, MNA signed on in support of the bill.

STATUS - The bill was presented to the governor on April 9th with an effective date of August 1, 2008

**WOODBURY MENTAL HEALTH HOSPITAL
(SF 3429/HF 3539)**

This bill would have provided an exemption from our current hospital moratorium to allow Prairie St. John's, a for-profit hospital, to build a new 144 bed, inpatient mental health hospital in Woodbury. The bill was modified from its original introduction to limit services to children only, which would allow the state to draw down federal dollars. This made the bill more appealing to legislators considering the large budget deficit. MNA remained neutral on this bill, as many of you working in mental health expressed your concerns regarding the lack of community resources and of providers. MNA Government Affairs will conduct future information sessions to learn more from opponents and proponents in anticipation for next year.

STATUS -The bill received favorable hearings in the house and was passed off the house floor; however it did not receive a hearing in the Senate.

Payment Reform

The payment reform recommendations shift how we pay for health care by focusing on illness prevention, health promotion, disease management and care coordination. Many of these services are not paid for today but by paying for them we can save money by preventing more costly complications in the future. An additional care coordination fee will be provided to "health care homes" to provide care coordination across the continuum. The final deal did not go as far in payment reform as was intended, but it does set up a process for the Commissioner of Health to develop a plan to create transparent prices, and encourage greater provider innovation and collaboration across the health care continuum.

Health Care Home--APRNs Role

The bill recognized APRNs as authorized providers in the new model of "Health Care Homes", which is a model that creates and supports a long-term stable and trusting relationship between the patient and his or her health care provider and that provider's team.

APRN Study to Address Barriers in Practice

This bill included language that would require the Department of Health to study barriers APRN's face in the field.

WANTED: items of interest for our newsletter. Are you privy to information the rest of us may not be receiving? Is your workplace implementing innovative ideas? Do you have a colleague who has received an award? Please forward to Communications Chair, Angie Grabau at grab0058@umn.edu or to our President, Peggy Neubeck at peggyneubeck@yahoo.com . We'd like our newsletter to be a fluid document—one in which members can contribute.

We're on the Web!

See us at:

www.mnnapnap.org