



# Nurse Practitioner World News

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## How an NP Managed Ohio's First Swine Flu Case

Reported by Laurie Lewis

April was a momentous month for EMH Kids Care Express, a pediatric after-hours visit program staffed by nurse practitioners in Elyria, Ohio. Part of the EMH Regional Health-care System, Kids Care Express saw its 1,000th patient in April—and the program had been open only about 3 months! One of those patients was a 9-year-old boy with symptoms of influenza. Sally Fenik, MSN, CRNP, the nurse practitioner on duty when the child came in, was concerned that he might have the so-called swine flu that was suddenly in the news. Thanks to her careful diagnostic approach and prompt treatment, the local count of swine flu cases 6 weeks later remained at just this one case.

The swine flu tale is perhaps the more intriguing part of this story. But for nurse practitioners, it's equally important to know that the care the patient received in an NP-staffed after-hours visit program is responsible for his speedy recovery and the local containment of the illness. Here is proof positive that NPs are capable of detecting and managing illnesses and enhancing the health of the community.



Sally Fenik of EMH Kids Care Express

### A Clinic Is Born

Elyria is located about 25 minutes west of Cleveland in Lorain County. An urban district with a wide range of socioeconomic levels, Elyria is home to many people who do not have their own private health care

providers. Often, they rely on EMH's emergency department when they need medical care.

To meet the health care needs of the area's young population and to accommodate parents who cannot take their children to a pediatrician during working hours, EMH's vice president of patient care and chief nursing officer, Debi Jones, RN, MS, NEA-BC, FACHE, came up with the idea for an after-hours visit program for children. Pediatric nurse practitioners would staff the program.

Initially, some skeptics were lukewarm to the plan. They questioned whether nurse practitioners could handle the complex cases that might walk through the doors of an after-hours pediatric visit program. But nurse practitioners were enthusiastic. "I wanted to be part of this pioneering venture," says Sally Fenik.

Sally was the second nurse practitioner hired for the program. In November 2008, she and 4 other NPs began to set up Kids Care Express. On January 12, 2009, EMH Kids Care Express officially opened its doors for business.

Operating hours for Kids Care Express are 4:00 PM until 11:00 PM, 7 days a

*Please see Ohio's First Swine Flu Case, page 6*



By Carolyn Buppert, JD, NP

## May NPs Bill Group Visits?

Clinicians may deal with some health issues efficiently and thoroughly by bringing individuals with the same condition together in a room for instruction, demonstration, sharing of common concerns, and questions and answers. But will third-party payers cover group visits?



Carolyn Buppert

The answer to this question is, Not really. But there is a way to do group visits and fulfill the requirements for evaluation and management so that you can bill CPT codes 99212-99215. It's complicated, however, and may be more trouble than it is worth.

### No Payment Seems Likely

There is a CPT code for group visits; CPT code 99078 describes "physician education-

*Please see Let's Talk Money, page 4*

Inside this Issue:

- NCSBN Update on APRN Regulation
- NPWH 2009 Program Guide
- Volunteers in Action: Maine and Wyoming

## NPs Take to the Hill

By Eileen T. O'Grady, PhD, RN, NP

On Tuesday, May 19, a beautiful spring day in Washington, DC, 4 nurse practitioners from diverse practice settings convened in the Senate Dirksen Building to showcase issues concerning NPs in primary care. They had received invitations from the Nurse Practitioner Roundtable and the American Nurses Association to speak at a health care reform briefing on Capitol Hill. The Nurse



NPs attending the Capitol Hill briefing. Left to right, Karen Kelly Thomas, chief executive officer of the National Association of Pediatric Nurse Practitioners (NAPNAP); Marilou Shreve-Doffin, one of the panelists; Courtney Yohe, NAPNAP Washington representative; Michelle Beauchesne, president elect of NAPNAP.

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## NPs Take to the Hill

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Practitioner Roundtable includes the American Academy of Nurse Practitioners, the American College of Nurse Practitioners, the National Association of Pediatric Nurse Practitioners, and the National Organization of Nurse Practitioner Faculties.

The briefing, called The Primary Care Role of Nurse Practitioners, couldn't have been more timely. Rep. Allyson Schwartz (D-PA) had just introduced her health reform bill, which supports NPs as primary care providers. Rep. Schwartz co-hosted the forum, along with Rep. Lois Capps (D-CA) and Rep. Steve LaTourette (R-OH). Staff of these members of Congress were well represented at the briefing, and members of the NP community (myself included) were also in attendance.

The NP panel accomplished something critically important. The 4 panelists told compelling stories illustrating the variety of NP practice across the country and highlighted some barriers that limit patient access and quality and contribute to rising health care costs.

### The Presentations

**Thad Wilson**, PhD, RN, FNP-BC, associate dean at the University of Missouri–Kansas City, was the first speaker and moderator of the briefing panel. He reviewed the alphabet soup that bewilders many on the Hill and provided context and definitions for NP vs RN vs LPN. Then he discussed the looming shortage of primary care physicians and linked the primary care NP workforce to health care homes of the future. He pointed out that when states try to achieve universal access, such as Massachusetts has done, they must have a ready workforce in place—and NPs are well positioned to step in. Describing a patient he knows, he talked about how NPs' inability to admit to home health care sets up access barriers for patients. This barrier requires a federal fix.

**Mona Counts**, PhD, CRNP, FNAP, FAANP, a nurse practitioner entrepreneur in Appalachia, captivated everyone's attention when she described how she serves patients in rural, mountainous West Virginia and Pennsylvania. Her practice provides primary care for over 6,000 rural residents, and it meets all guidelines of the National Committee for Quality Assurance. The community sought her out for health care, and her mobile practice took off because of the dire need. She passionately described the harrowing barriers that her community faces day in and day out and spoke of the need to move away from a "finger-in-the-dike" system to a system that actually cares for patients.

**Marilou Shreve-Doffin**, MSN, APN, CPNP, a pediatric nurse practitioner from

rural Arkansas, described the 2-tiered system of health care in that state. She explained how federal policies can have an unintended perverse impact on patients. For example, Arkansas has a federal CMS waiver that exempts NPs from serving as primary care providers—even though there are 10,000 children without health insurance! Blue Cross Blue Shield of Arkansas

pays NPs only for level 2 or 3 services, arbitrarily limiting the range of care they can provide, and reimburses NPs 75% as much as physicians for the same services. In addition, some insurance policies in Arkansas require consumers to pay higher co-pays when they see NPs. Listeners at the congressional briefing were left with a sense of outrage after hearing these stories.



## NPWH ANNOUNCES 2009 *Inspirations in Women's Health Award*

### *Who Inspires You?*

**Deadline for Submissions is August 28th!**



Do you know an NP whose achievements caring for women inspires others? Think of the person you work with or know of who makes you want to do your best. Maybe you know of someone whose example in clinical practice, research, or teaching helped you or others to be that much better. Pay tribute to this person by nominating her or him for the **2009 NPWH Inspirations in Women's Health Award**.

There will be three winners; awards will be presented on October 15, 2009, at **NPWH's Clinical Conference** in Providence, Rhode Island. Transportation (within the United States), hotel, and meeting costs will be provided, and a scholarship will be awarded, to three individuals who inspire us all.

For more information about the contest, send an email to Aimee Gallagher at [agallagher@npwh.org](mailto:agallagher@npwh.org) or call NPWH at 202-543-9693, ext 5.

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Contest forms may be emailed to Aimee Gallagher at [agallagher@npwh.org](mailto:agallagher@npwh.org). Except where prohibited, participation indicates that the winner, finalists, and honorable mentions agree, where legal, to the use of their names and/or likenesses by the sponsor for advertising and publicity purposes in all media and on the Internet without further compensation and, upon request, will provide such consent in writing.



**Penny Kaye Jensen**, MS, APRN, FNP-C, FAANP, from Salt Lake City Veterans Administration, referred

*The Hill panelists. Left to right, Mona Counts, Marilou Shreve-Doffin, Penny Kaye Jensen, Thad Wilson.*

*Photo courtesy of Karen Kelly Thomas.*

eloquently to the Institute of Medicine reports on patient quality and safety. Those reports demanded a shift away from our acute-episode illness system to a comprehensive prevention-based system. One of 1,500 NPs employed in the VA, Penny reminded the Capitol Hill audience that the NP movement began in the 1960s to address

access and quality issues, which remain issues today. She described how she functions in the VA and noted that NPs are in every sector of the VA, from heart transplant to solo primary care, and are now doing home-based primary care.

The panel was exceptional in every way—each member had a clear, unique

message and included poignant narratives to help policymakers understand how some policies affecting NPs also affect patients. Embedded in these stories were strong messages to policymakers about solutions to some of today's most pressing health care problems. These 4 panelists performed a great service on behalf of the NP profession that morning in May. The NPs in attendance felt great pride and honor to be among them.

**Keep the Messages Alive**

During the question-and-answer session, a staff member from Rep. Schwartz' office urged the attendees to encourage all NPs to participate in the health care reform dialogue, especially with Republicans. She strongly recommended that NPs reach out to Republican members of Congress to tell them our stories and to inform them of our expertise and our outcomes.

**NPs on the Edge**

*Continued from page 3*

achieve the best health outcomes), every qualified medical professional should be able to work to the full extent of his or her education, experience, and expertise. I also believe that a more democratic process that promotes nonpartisan relationships among various provider groups will result in better communication and coordination of care and will add to a higher quality of care.

Experience shows that physicians and nurse practitioners are more effective as a team than either is alone. Patients should have the right to seek and receive care from their health professional of choice. Neither doctors nor NPs should be shackled with unnecessary supervisory responsibilities or practice restrictions that impede the delivery of high-quality care.

It doesn't really matter whether the physician-NP collaboration happens in a single office or across town. When respect and collegiality promote interdisciplinary communication and mind-sharing, everyone will benefit—patients most of all.

Our country is facing severe shortages of primary care providers. Nurse practitioners, 147,000 strong, stand trained and ready to step in immediately to address many of the pressing health needs the nation faces. I believe empowering NPs is an urgent and critical step if health care reform is to have any chance at all for success.

**NPWH** *Inspirations in Women's Health*  
N O M I N A T I O N F O R M

Nominee's name and credentials: \_\_\_\_\_

Licensed/recognized as a nurse practitioner in (list states): \_\_\_\_\_

Current title/specialty: \_\_\_\_\_

Affiliation(s): \_\_\_\_\_

NP education: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email address: \_\_\_\_\_

Please explain why this NP is an inspiration to others in terms of her/his contributions to women's health, the community, co-workers, students, or others. Describe what this NP has done that is innovative or beyond what is required in her/his current job position. Give as many details as possible. Please note: (1) The information you provide is the only basis upon which our judges will make a decision; (2) Nominees may help you write this section; and (3) There is a 500-word limit; attach additional pages as needed.

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\_\_\_\_\_

Is this NP involved with a project that would benefit as a result of her/his recognition as a winner of the *NPWH Inspirations in Women's Health Award*? If so, please describe. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Nominator's name (self-nominations are accepted): \_\_\_\_\_

Affiliation: \_\_\_\_\_

Relationship to nominee (Also, please describe how you know this individual and for how long): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Nominator's phone numbers: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Nominator's email address: \_\_\_\_\_

If you are nominating an NP other than yourself, we encourage you to inform this person that she or he has been nominated. It is an honor to be nominated whether or not the NP becomes a finalist. It also eliminates the possibility that the nominee is unable or unwilling, for any reason, to accept the award.

- Check here if you wish to remain anonymous to the nominee.
- Check here if the nominee is aware that she/he has been nominated.

**FORMS SHOULD BE RECEIVED BY AUGUST 28, 2009.**  
Please fax to 202.543.9858 or mail to Nurse Practitioner Inspiration Award,  
NPWH, 505 C Street, NE, Washington, DC 20002

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*This column is also posted on Carla Mills' blog, at <http://www.maverick-health.com/blog>. She invites readers to post comments on her blog.*