

## The NCGNP

# Newsletter

The Official Publication of the National Conference of GNPs Inc., Founded in 1981



## President's Message

It is hard to believe that we are already well into the second quarter of 2008! So far, this year has been a whirlwind of NCGNP activity, and I suspect the rest of the year will continue along the same path. I want to reassure all of you that your board has been active and working on the many issues that confront our profession and organization on a daily basis.

**I am delighted to report that we currently have 1,736 members of NCGNP!**

This is almost double the number of members from one year ago when our membership was 968. Of course, part of that can be attributed to the EverCare corporate members, but there are still a substantial number of new NPs who have joined independently. I would like to extend my thanks and kudos to the membership committee, to our national staff, and to those of you who have marketed the organization to your colleagues resulting in this incredible growth of the organization. With these kinds of numbers, our voice has greater meaning when we speak out on issues that affect our practice and our patients.

For those of you who are FNPs or ANPs and are interested in obtaining a GNP certification, ANCC recently announced that FNPs and ANPs will be able to take the certification exam if they meet the following criteria:

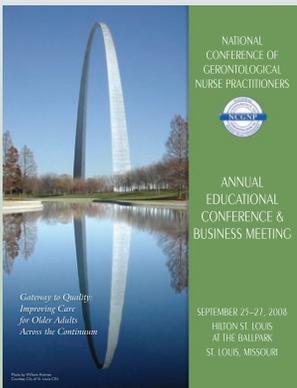
- Hold active license as Acute, Adult, or Family NP
- Hold a current national certification in one of the above disciplines
- Completed a minimum of 2,000 hours of practice with the older/geriatric population after NP licensure
- Completed a minimum of 75 education hours (continuing education or academic) in the last five years that covers the content in the GNP test

If you are interested in taking the certification exam, I encourage you to sign up for our certification review that will be held in conjunction with our annual meeting. It is a great opportunity to meet part of the educational requirement as well as a chance to focus on learning the key aspects of the certification exam. For more information about the exam itself, go to the following URL:  
<http://www.nursecredentialing.org/cert/TCOs/GNP23TCO.html>

Some of you may have read *The Wall Street Journal* article "Making Room for 'Dr. Nurse'" by Laura Landro. The article reports on the nursing profession's response to the shortage of primary-care physicians by providing Doctors of Nursing Practice (DNP). The author refers to a landmark study of NPs conducted by Mary Munding, dean of Columbia University School of Nursing, and colleagues and printed in the *Journal of the American Medical Association* in 2000. This was the first extensive study that showed that there were few differences in patient outcomes between NPs and MDs. The article points out some of the controversies of the DNP role including concerns from the AANP and from physicians. It also articulates Dr. Munding's view of the DNP role. I encourage each of you to read this article and to become more familiar with the issues. This is an extremely important issue that we must take on as a professional organization so that we can thoroughly discuss the issues and formulate cogent and thoughtful points of view. While I'm not proposing that NCGNP come out either for or against the DNP, I believe it is confusing and detrimental to the public and to our colleagues when nurses and nursing organizations are not only divided on these issues but cannot articulate their thoughts past protecting the current role. This is a dialogue that we should and must have within our profession, so I look forward to hearing from you.

Last but not least, the Conference Planning Committee has been diligently working on this year's conference: Gateway to Quality: Improving Care for Older Adults Across the Continuum. The committee has planned

(continued on page 8)



### Save the Date

2008 Annual Conference  
**September 25-27,  
 2008**

Hilton  
 St. Louis at the Ballpark  
 St. Louis, MO

•  
 Preconference,  
 September 24, 2008

•  
 Postconference,  
 September 28, 2008

# Committee Reports

## Nominating Committee

**Siobhan McMahan, GNP, Minnesota**  
**Jennifer Serafin, GNP, California**  
**Members, Nominating Committee**

The nominating committee meets via teleconference and e-mail on a regular basis. We have been working diligently to ensure that the 2008 National Leadership Election process is completed prior to September's NCGNP conference. We hope this will promote a smoother transition process.

### Call for nominations

We have encouraged self-nomination and peer nomination with the goal of recruiting a diverse group of leadership candidates. All NCGNP members received electronic communication regarding the opportunities for the following national leadership positions:

- President Elect
- Secretary
- Board Member
- Nominating Committee (2 positions)

### Ballots and election process

The call for nominations ended April 15, and elections will be completed prior to the September NCGNP conference. Ballots with pertinent candidate information and information about the voting procedure will be mailed to each NCGNP member this summer. Each NCGNP member's vote makes an impact on the future growth and development of our organization, so be sure to cast your vote!

If you have questions, ideas, or concerns, please feel free to contact a nominating committee member:

Lois Hamel, PhD, Adult NP, Chair, Nominating Committee  
DRHLCH@aol.com

Jennifer Serafin, RN, GNP, Member, Nominating Committee  
jserafin@hsf.org

Siobhan McMahan, RN, GNP, Member, Nominating Committee  
siomcmahan@earthlink.net

## Member Services Committee

**Valerie Matthiesen, PhD, ANP/GNP**

The Member Services Committee has been working on a number of things this past year. It will be the first year that the Chapter Excellence Award will be awarded at the convention. It is one of the ways that NCGNP is empowering our chapters. Our goal is to increase and maintain membership. This year we have had 15 active chapters. Please check the NCGNP website to locate a chapter near you or contact us if you are interested in starting a chapter.

In order to promote healthy chapters, the committee is developing guidelines to deal with inactive chapters, as well as those who are not complying with our national bylaws. Our goal is to promote strong chapters for our membership.

The NCGNP Board of Directors approved a chapter benefit to support chapter continuing education. Each chapter may submit one complimentary CE program application for up to 8 CH annually. This is a generous benefit to our chapters!

The Member Services Committee, which includes all chapter presidents and others, remains dedicated to serving the needs of the membership. If you are interested in joining this committee, please attend our committee meeting at the convention. You may also contact the NCGNP National Office or committee chair for information.

# Health Affairs Committee

## Susan Kasseroler, Co-chair

As we are constantly bombarded with information and mudslinging from the presidential candidates, it becomes harder and harder to discern the real issues. For us at NCGNP, the real issue is health care and particularly how it relates to the care and treatment of seniors as well as Medicare reimbursement. This article serves as a guide through the presidential candidate's positions on various healthcare issues and serves to provide links for more information on the candidates.

The Democratic contenders are senators Hillary Clinton and Barack Obama. According to her website, Senator Clinton desires to have universal health care in place by the end of her second term. The American Nurses Association has announced their support of this candidate. Further, Senator Clinton introduced the Nursing Education and Quality of Care Act to the Senate and has been an ardent supporter of funding for Title VII and VIII. Senator Obama foresees universal health care by 2012. His plan is affordable and comprehensive health care for all Americans. He seeks to modernize health care and improve overall public health.

Senator McCain, the Republican candidate, focuses on the health care for our veterans. He has sponsored legislation to ensure that health care for veterans is distributed equally and that all vets have access to high-quality care. McCain has also supported efforts to give military retirees tax breaks to assist in paying insurance premiums. He is opposed to user fees for military medical facilities.

According to Pat Kappas-Larson, chair of the Health Affairs Committee for NCGNP, we should bear in mind that a detail not currently addressed by these candidates that continues to evolve is how to transform health care to ensure that a "system" is in place which provides expanded access and cost-effective quality care. It is a given that currently we do not have a system in place but rather a payer-driven system with the key payers being the federal government, state government, and private insurers. As we know, these payer systems each have their own policies impacting access, provider selection, quality assessment, and cost controls.

The above information is freely available from the ANA press release (see below) and the candidate's websites:

(<http://nursingworld.org/FunctionalMenuCategories/MediaResources/PressReleases/2008PR/ANAEndorsesClinton.aspx>)

Hillary Clinton – <http://www.hillaryclinton.com>

Barack Obama – <http://www.barackobama.com>

John McCain – <http://www.johnmccain.com>

Below are a few questions to consider asking candidates at campaign events and a table for easy review of positions of the candidates on key healthcare issues.

*(continued on page 4)*

# Convention Planning Committee

## Alicia Wolf

The 2008 Convention Planning Committee has been working hard to plan an excellent conference this September in St. Louis. Through consistent e-mail conversations and monthly conference calls, the committee has been reviewing potential topics and presenters. This year, we are trying to coordinate a conference that will be both enjoyable and educational and that will address common issues that every advance practice nurse may be challenged with "Across the Continuum."

Have you ever had a renal patient with diabetes admitted to your nursing home? What kind of diet do you put him or her on? A renal or diabetic diet? All advance practice nurses have this challenge. The Advanced Geriatric Workshop will focus on "Polydisease." Treating complicated patients can be difficult, but we see them every day.

Your patient is sitting across the room from you, but they are confused, no family member in sight, and there is no discharge plan. During the scheduled conference, we have arranged a presenter to discuss "Long Distance Care Giving" issues. In addition, a panel of four will be discussing house calls and the role of the nurse practitioner. Furthermore, a Nurse Practitioner Transitional Care Program can help stabilize patients at home after a SNF or hospital stay, improving the transition home. A district attorney will also be discussing elder abuse.

An exciting post-conference agenda has also been scheduled. A review of evaluating and managing orthopedic complaints in the elderly will be offered. In addition, an introduction to hypnotherapy and reflexology is scheduled.

So plan your trip today to St. Louis for September 24-28. And don't forget to get your baseball tickets now. The St. Louis Cardinals will be in town all week! Watch for the conference brochure arriving at your home early June.

## Questions for Candidates

- How would you help physicians and nurse practitioners who can no longer afford to take on new Medicare patients because of low and unpredictable reimbursements?
- Do you propose to correct the physician Medicare payment rate formula?
- Would you support reimbursing nurse practitioners at the same rate as physicians?
- Describe your plan for healthcare reform.
- Does your plan pay for coordination of health care (e-mail, consultation with other providers, patient registries, etc.)?
- What measure do you propose to address the rising costs of health care?
- What is your plan to increase the number of nurses and nurse practitioners?
- Do you support Senator Boxer's Geriatric Workforce Bill?

PRESIDENTIAL CANDIDATES POSITIONS ON SIX KEY HEALTH CARE ISSUES			
KEY ISSUE	CLINTON (D)	OBAMA (D)	MCCAIN (R)
<b>Overall Goal</b>	Provide universal health care to all Americans	Reduce cost of health care so all Americans can afford it	Make health care more affordable for all Americans
<b>Coverage Mandates</b>	Required for individuals and large employers	Medium-sized and large employers required to cover employees or contribute to a public fund—families required to provide coverage for their children	No
<b>Federal Programs Expansion</b>	Medicaid and SCHIP expansion	Medicaid and SCHIP expansion	Not specified
<b>Tax Incentives to pay for Coverage</b>	New tax credits based on income levels	Provide unspecified "federal subsidies" to those who need them to afford coverage	Provide tax credits of \$2,500 for individuals and \$5,000 for families
<b>Reform Areas</b>	Pharmaceutical Industry	Health insurance and pharmaceutical industries, availability of cost and quality data	Purchase insurance across state lines, importation of drugs from outside of US, availability of cost and quality data, changes in Medicare reimbursement
<b>Healthcare System Investments</b>	Healthcare system modernization, information technology	Preventive care, information technology	Chronic disease research, public health initiatives, education for children

*Adapted from Presidential Rx Overview*

## Education Committee

**Carolyn Auerhahn, EdD, GNP-BC, NP-C, FAANP**  
**Interim Chair, Education Committee**

The Education Committee has been hard at work this winter planning for the 2008 NCGNP Conference. We have given the Pre-Conference Essential Geriatric Workshop a "new" look as you will see when you receive the conference program.

Education Committee members also continue to be involved in a number of "extra-organizational" activities:

- In April, in collaboration with NONPF's Gero SIG, four members of the committee presented a symposium entitled "Strengthening the Older Adult Curricular Thread throughout ANP and FNP Programs" at NONPF's Annual Meeting.
- Several members continue to "stay-on-top" of the "proposed" changes in the regulation of Advanced Practice Nurses.
- In addition, several members played an integral role in the development of the new ANCC Gerontological Nurse Practitioner-Alternative Eligibility Exam which became official on April 1, 2008. This will allow acute care, adult, and family NPs who care for older adults to obtain national certification as a GNP. Please see the ANCC website for more information.

Last but certainly not least, I would like to extend an invitation to anyone interested in working with us — feel free to come to our meeting at the annual conference and check us out. We are a really great group!

# Research Committee: Nursing Knowledge Can Change Care

**Lisa Byrd, PhD, RN, CFNP**

Einstein once said, "The significant problems we face cannot be solved at the same level of thinking we were at when we created them" (Rogers, 1983). Knowledge changes thinking and changes care. Nursing knowledge can influence care and persuade the way other nurses practice (Clarke, 2000). Nursing knowledge must be based on findings of research; in other words, knowledge must be based on scientific findings, not merely intuition. But finding nursing knowledge that is pertinent to your personal interests and practice may be more difficult than it seems. There is an abundance of articles sharing nursing knowledge that are interesting and useful, but filtering through the many journals which are increasing at an exponential rate can prove extremely time consuming. It may be helpful to read through the abstracts of nursing research journals to aid in identifying studies which are of interest to you and your practice. Abstracts offer a peek at an idea. They provide a brief overview of a study and its findings. A good abstract will convey the problem, how the problem was addressed, and the researcher's answer to the problem in a concise manner. If the abstract sparks your interest and can impact your practice, then you should read the article at length. Good nursing research articles will provide detailed descriptions of the design, methodology, and outcomes of interventions which will assist readers in determining if the findings from a study are applicable to other practice settings and to their own practice.

A significant amount of research can improve practice, but if it is not shared with others, then practice cannot change. Research reports must be shared through publications and must be written in a format that conveys this nursing knowledge. Nursing research journals share new nursing knowledge and are a great place to discover better ways to practice. To impact practice, researchers must provide accessibility and readability of that knowledge, credibility of their study, relevancy of the findings, and support and reinforcement to adopt and maintain the innovation in a variety of practice settings. Conferences are another place to find new nursing knowledge – they provide a place for researchers to share their findings in poster sessions with the researchers available to interpret the study and interact with their peers. NCGNP is currently seeking abstracts for the conference in St. Louis in September, 2008. Our conferences have been a great place for advanced practice nurses who specialize in geriatrics to interact with experts in this field and learn new nursing knowledge to improve geriatric care. For those of you who have nursing knowledge which can improve and impact practice, consider submitting an abstract and sharing with our membership. Remember when sharing your ideas and nursing research, submit a concise abstract that conveys the study, its findings, and its applicability to practice. Make sure to come to the poster sessions as well as the oral research presentations to learn some new and innovative ways to improve geriatric care. See you in St. Louis.

The Research Committee would like to share a couple of articles which can impact geriatric care:

Coleman, L. (2008). Initial laboratory assessment of patients with metabolic syndrome. *Journal for Nurse Practitioners*, 4(3), 220-1.

Metabolic syndrome is a complex constellation of conditions whose prevalence is increasing as is the rate of our nation's rate of obesity. This article provides the nuts and bolts of diagnosing metabolic syndrome including diagnostic testing and physical assessment clues often seen in these patients. Diagnosis is the key to identifying the disease and initiating the appropriate plan of care.

D'Agostino, R., et al. (2008). General cardiovascular risk profile for use in primary care. The Framingham heart study. *Circulation*, 117, 743-753. [From a brief editorial by Davidson, M. et al. (2008). Sex-specific general cardiovascular risk profile for use in primary care: The Framingham heart study. *Clinical Insights in Diabetes*, 11(2).]

An article discussing this study relates that researchers developed a single multi-variant risk prediction tool incorporating all the risk factors for Cardiovascular Disease (CVD) that would enable providers to identify high-risk patients for atherosclerotic events using routine measurements in the primary care setting. Simpler CVD risk algorithms for estimating risks for CVD events were developed. The new CVD prediction models performed better than the Framingham CHD risk functions in predicting CVD events. From these formulas, two risk scores were presented: one based on all traditional risk scores and the other based on non-laboratory predictors. The simple office-based non-laboratory CVD risk predictor performed reasonably well with good discrimination and calibration. This led the investigators to conclude that a simple sex-specific multi-variant risk factor algorithm can be conveniently used in a primary care setting to assess general CVD risk for events to assist in guidance to prevent such events.

Nichols, L., et al. (2008). The cost effectiveness of a behavior intervention with caregivers of patients with Alzheimer's disease. *Journal of the American Geriatrics Society*, 56(3), 413-420.

The National Institute of Aging and the National Institute of Nursing Research funded this study, a multi-site, randomized, clinical trial from 2002-2004 which found that a behavioral intervention (a multi-component psychosocial intervention to decrease stress and burden of caregivers) decreased time caregivers spent caring for their relatives with Alzheimer's disease by one hour per day. This was a significant finding because it can help slow or prevent caregiver burnout which is a major cause of institutionalization for the relative of the caregiver who has Alzheimer's disease. This is extremely important because long-term care is extremely expensive to the individual and to society through Medicare and Medicaid.

## References

Clarke, H. (2000). Using research to make a difference in clinical nursing practice: The Nightingale legacy. Child Health 2000: International Pediatric Nursing Conference. Retrieved April 5, 2008, from <http://classweb.gmu.edu/rfeeg/ichna/clarke.html>

Rogers, E.M. (1983). *Diffusion of Innovations* (3rd ed.). New York: The Free Press.

# Practice Committee:

## Encouraging Nurses to Explore Gerontological Practice Part 2

**Terry Buttaro**  
**Tim McGrath**  
**Sue Mullaney**

The Practice Committee of NCGNP continues to strive to raise awareness and stimulate conversation about strategies to increase the pool of nurses caring for older adults.

The first article written by Siobhan McMahon and Kathy Olsen provided an overview of the current shortage of advanced practice nurses who pursue specialization in gerontological nursing. Many potential contributing factors, including shortage of nursing faculty (with a specialty in geriatrics), beliefs and attitudes about geriatric care, and lack of awareness of opportunities to specialize in the care of older adults, were reviewed.

The article went on to discuss the role of individual NCGNP members in creating awareness and enthusiasm about geriatric care. A group of NCGNP members in Massachusetts combined efforts and developed a pilot project in the Boston area. This new project focused on undergraduate students at clinical placements that provided opportunities with a geriatric focus.

In 1997, the Hartford Institute determined that colleges were not preparing students to care for the elderly patients and that there were limited numbers of academic faculty with expertise in gerontology. The lack of faculty experience with older patients meant that students were not exposed to role models familiar with the unique needs of older patients. Thus, graduates of nursing programs were neither prepared to care for these patients nor exposed to settings where geriatric care and rehabilitation are concentrated.

The expected growth of our aging population requires improved understanding of aging changes, common geriatric syndromes, and healthcare delivery in a variety of settings. Simmons College Nursing Program in cooperation with Evercare responded to these concerns by introducing baccalaureate students to the care of elders in the long-term care setting. This project allowed nursing students the opportunity to have a clinical experience with skilled gerontological faculty dedicated to the care and well-being of older persons.

The project had multiple goals, the primary one being to expose undergraduate students to geriatric patients and highlight the unique care needs of this population. Additional goals included providing faculty opportunities for experienced advanced practice nurses and bringing resources to the nursing home industry. After multiple planning meetings involving Evercare clinicians, Simmons faculty and the leadership staff of the nursing facilities began the project.

Groups of four to six students were placed with four different Evercare nurse practitioners in four Boston area nursing homes weekly for six weeks. During the clinical rotations, 106 students were required to complete three written clinical experiences: a patient's life history and a critical reflection on the student's first and last day in the nursing home setting. Students were also providing direct care for individual patients, rounding with multidisciplinary team members, and attending various meetings at the nursing home (morning meeting, family meetings, care planning meetings, etc.). Each group of students also planned and presented an education project for the nursing home staff. These projects included the Importance of Hand Washing Technique, Influenza Immunization, and Fall Prevention.

The overall outcome of the project was successful.

Students gained an appreciation of geriatric care, and they gained an understanding of the medical complexities of patients. Although most did not voice an express desire to go into geriatrics as a specialty, they now do have some skills to care for this population regardless of setting. Most of the students commented that the experience was more positive than they expected it to be.

Nurse practitioners were provided an opportunity to add variety to their day and develop their faculty skills. A key learning experience for the team was the need to maintain the balance of work and teaching. Some of the NPs communicated the satisfaction they had sharing their expert knowledge with novice students.

Nursing homes were able to host students and showcase the work that they do. Residents of the nursing homes benefited from the added attention and care from the students. Staff of the nursing homes had the opportunity to attend educational programs that were brought to them. One nursing home adopted the hand washing poster presentation into their general orientation program.

Every NCGNP member has the opportunity to influence nurses to pursue a career that specializes in the care of older adults. Think about your individual contributions and share them with the organization.

Special thanks to Marie Guerrier, Kathy Lind, Laura McNamara, Mary Miller, Chris O'Connor, Heather O'Sullivan, and Lee Ann Tata who got this program off the ground.

# FMDA's Careers in Long-Term Care Awards Increased to \$2,000 – Nurse Practitioners Now Eligible to Participate

Florida Medical Directors Association (FMDA) President John Potomski, DO, CMD, is pleased to announce that applications are now being accepted for FMDA's 2008 Careers in Long-Term Care Awards program. This year, the program will provide as many as five eligible candidates with \$2,000 grants each. In addition, award winners will receive complimentary registration to the Best Care Practices in the Geriatrics Continuum 2008 conference to be held October 23-26 at Disney's Contemporary Resort in Lake Buena Vista, Florida.

"We are very excited to be able to offer up to five awards for this important program," said Dr. Potomski. "It provides an opportunity for up-and-coming physicians and nurse practitioners to share research results, best practices, and outcomes with their colleagues at our annual conference in Orlando."

The Careers in Long-Term Care Awards Selection Committee chairman is Naushira Pandya, MD, CMD, associate professor and chair, Department of Geriatrics, Nova Southeastern College of Osteopathic Medicine in Fort Lauderdale. The committee co-chair is Karl Dhana, MD, CMD, Senior Vice President of Medical Affairs for MorseLife in West Palm Beach.

"We encourage everyone who qualifies to participate in this unique program which is designed to promote professional development and enhance the quality of life for Florida's seniors," said Dr. Pandya.

The Careers in Long-Term Care Awards program is open to all residents and fellows who are in geriatrics, family practice, and internal medicine and who are interested in practicing in long-term care and geriatrics. In addition, nurse practitioners who are interested in practicing in long-term care and geriatrics are also eligible to apply. Qualified recipients are required to present scientific posters at FMDA's Best Care Practices in the Geriatrics Continuum 2008 conference. The subject of the posters may be about any aspect of the following categories in any long-term care setting: clinical care, pharmacology of medicine, medical education, history of medicine, medical direction, medical care delivery, medical ethics, or economics of medicine.

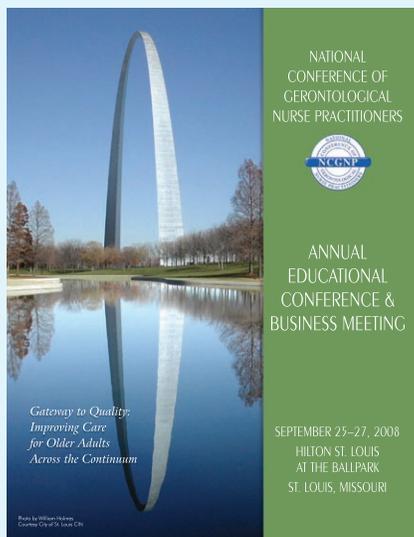
Applicants may submit an online application at <http://www.fmda.org>. The Careers in Long-Term Care Award Selection Committee will rank each applicant according to his or her essay, poster submission, and credentials. The application deadline is August 31, 2008.

For more information concerning the Careers in Long-Term Care Awards Program, please contact Ian Cordes, executive director, at [ian.cordes@fmda.org](mailto:ian.cordes@fmda.org) or at (561) 659-5581.

Started in 1990, the Florida Medical Directors Association is the official state chapter of the American Medical Directors Association and is a Specialty Society of the Florida Medical Association. It is based in West Palm Beach, Florida.

The FMDA represents more than 325 medical directors, attending physicians, physician assistants, and advanced registered nurse practitioners in Florida's postacute care continuum, including subacute care, hospice, skilled nursing, and assisted living facilities, as well as in continuing-care retirement communities.

The mission of FMDA is to promote the highest-quality care in the postacute continuum by providing leadership, professional education, and advocacy.



## NCGNP Annual Conference Details

### National Conference of Gerontological Nurse Practitioners Annual Conference

September 25 – 27, 2008

Pre-conference: September 24, 2008

Exhibit Dates: September 25-26, 2008

Post-conference: September 28, 2008

Hilton St. Louis at the Ballpark  
One South Broadway at Market Street  
St. Louis, MO 63102

Reservations: toll free (877) 845-7354  
(314) 421 1776 or fax (314) 331 9029

\$139.00 single/double (plus applicable taxes) until August 22, 2008,  
or until room block is filled

# Chapter News

## Delaware Valley Chapter

The Delaware Valley Chapter of NCGNP is 27 members strong and growing! We met March 13 at the Union City Grille in Wilmington, Delaware, where they heard an "Aranesp Update" presented by Judith Buhsmer, MSW, CRNP. We welcome new members to our meetings that occur every other month. For more information on membership or meeting location, please contact Suzanne Ranshausen at Suzyr107@yahoo.com.

## Great Lakes Chapter

**Alice Early**  
**President, Great Lakes Chapter**

The March meeting of the Great Lakes Chapter of NCGNP featured Dr. Peter LeWitt speaking on Parkinson's disease. The meeting was sponsored by UCB. Thirty-five people attended.

We have been focusing on reaching out to NP students and local universities. We have encouraged NP students to attend our meetings (and join). At our December meeting, the membership voted to offer free chapter membership to students. (They need to join NCGNP though!) We are also incorporating a "university update" to our agenda to encourage university representatives to attend our meetings and keep the membership informed of educational issues impacting NP practice.

Our next meeting will be held at Morton's in Southfield, Michigan, on June 12. It is being sponsored by Glaxo SmithKline.

We are currently planning our 1st Annual Great Lakes Chapter Geriatric Conference which will be held on October 25, 2008, at the Marriott's Dearborn Inn in Dearborn, Michigan. Mark your calendars to attend!

## Magnolia Chapter of Gerontological Advanced Practice Nurses (MagGAPN)

**Lisa Byrd, PhD, CFNP, Gerontologist**  
**President, MagGAPN**

MagGAPN and the Mississippi Nurses Association (MNA) district 13 co-sponsored an educational seminar on February 19, 2008, in Jackson, Mississippi. It consisted of a half-day seminar on geriatric issues and a half-day seminar on palliative care topics. The seminar was a big success! There were 45 in attendance for the palliative care workshop and 35 for the geriatric workshop. We had a lot of industry support by way of several sponsors: Sta-Home Hospice sponsored breakfast, Sta-Home Health Agency sponsored lunch, and University of Mississippi Medical Center provided the facility for the meeting free of charge. The following were exhibitors: Covenant Pharmacy, Novo Nordisk, Odyssey Hospice, Providence Hospice, Sucampo Pharmaceuticals, UCB-The Epilepsy Company, and Watson Pharmaceuticals. We made a profit of \$1,800 for our group. Thanks to everyone who helped make this such a success. Our April 1st meeting in Alabama had a wonderful turnout. The Magnolia Chapter now includes Mississippi, Louisiana, and Alabama and is growing with each meeting. If you live in any of these areas, please join us. MagGAPN's next meeting will have been held on May 6 at 6:30 p.m. at Nick's Restaurant in Jackson, Mississippi, and featuring a consortium with other professionals who work in long-term care such as DONs, administrators, medical directors, and physicians. Please contact Lisa Byrd at LByrd3@comcast.net for details on future meetings.

## President's Message (continued from page 1)

several wonderful presentations along with the usual pre-conference and post-conference opportunities. The conference brochure is being finalized and should be out within the next few weeks, so watch for it and sign up to attend! I believe this will be the highest attended NCGNP conference to date, so sign up early so you won't miss this fabulous opportunity to network with old friends and to meet new ones! Our hotel has a fabulous view of the St. Louis arch as well as the new baseball park, underscoring the many sightseeing opportunities available in St. Louis. So make it a vacation and bring your family along to enjoy the sights and sounds! I hope to see many of you at the conference!

Sincerely,

*Del Bakerjian, PhD, MSN, RN, FNP*  
**President**

# New England Chapter NCGNP

**Katherine Howard, RN, BC-GNP**  
**President, New England Chapter NCGNP**

I just wanted to thank all that were involved in a very successful meeting for our local New England Chapter of the NCGNP on January 24, 2008. We had an enthusiastic collection of students, recent graduates, and seasoned NPs attend our first meeting of the year. The Meet-n-Greet brought together advanced practice nurses sharing their experience of their first year of employment as a new clinician.

Our group of speakers reflected a blend of seasoned and newer practitioners who all shared their elder-care perspectives. The expert panel comprised a variety of work histories and tenures. Members included Suzanne Sullivan, NP, of Summit Eldercare; Judy Lengieza, NP, of Summit Eldercare; Kerry Kilroy, NP, of Evercare New England; Katie Schwab, NP, of Evercare New England; Lucia Catalano, president and founder of Med Options; and M.J. Henderson, currently teaching at the MGH Institute of Health Professions.

Recounting stories that highlighted the opportunities and challenges of the "first year out" in practice as an advanced practice nurse was the main focus of the panel. Additionally, mentorship, job search, interview strategies, and overall self confidence were topics addressed with over 20 students in the audience. Seasoned NPs encouraged the new grads to "get out there and practice." Discussion surrounding job negotiation strategies and investigation of orientation programs were also held.

Feedback from the evening was overwhelmingly positive, and we hope to host future programs for students and new grads to support their endeavors providing health care to older clients.

We collaborated with the American Society of Consultant Pharmacists, Connecticut Chapter, in support of its annual Senior Symposium April 24-25, 2008, at the Foxwoods Resort and Casino.

Look for our exciting meetings in June and November of 2008.

## **Executive group:**

Katherine Howard, President 2008-2010  
Anne Marie Bourque, Past President 2006-2008  
Tim McGrath, President-Elect 2010-2012  
Francisca Adams, Treasurer  
Peggy Dorson, Secretary

# Northern California Chapter of NCGNP

**Jennifer Serafin, RN, GNP**

Hello from the Northern California Chapter! The full day CE Event we held in February was a great success! We had four speakers and a good turnout. Attendee feedback was positive. Our next upcoming meeting is May 3, when we will have a one hour CE presentation and lunch.

## Looking for a Chapter Near You?

**Arizona** (Sonoran) Lisa Latto (Lisa.latto@inspiris.com)  
**California** (Northern) Jennifer Serafin (jserafin@jhsf.org)  
**Delaware/Pennsylvania** (Delaware Valley) Suzanne Ranshousen (Suzyr107@yahoo.com)  
**Georgia** (Atlanta) Nikki Davis (Barbara\_N\_Davis@uhc.com)  
**Illinois** (Chicago) Beth Slutsky (bas1000@comcast.net)  
**Louisiana/Mississippi** (Magnolia) Lisa Byrd (Lbyrd3@comcast.net)  
**Maryland** (Baltimore) Rosemary Smith-LaMacchia (mcgnp@yahoo.com)  
**Massachusetts** (New England) Anne Marie Bourque (ambourque@verizon.net)  
**Michigan** (Great Lakes) Alice Early (ame626@aol.com)  
**North Carolina** (Triad) - Linda Chilton (lchilto@bellsouth.net)  
**Ohio** - Alicia A. Wolf (wolfa@summa-health.org)  
**Tennessee** - Jennifer Kim (Jennifer.kim@vanderbilt.edu)  
**Texas** (Gulf Coast) Elizabeth Godlove (elzgd@earthlink.net)  
**Texas** (Lone Star) Eric White (ewhitegnp@hotmail.com)  
**Wisconsin** (Southeast) Lynn Jensen (l2b2lylj@aol.com)



## **Interested in Starting a Chapter?**

Contact NCGNP Chapter Services Specialist, Richelle Torres, at  
(866) 355-1392, (850) 471-7075, or  
e-mail her at richelle.torres@puetzamc.com

# Medicare Fee-For-Service (FFS) National Provider Identifier (NPI) Implementation

One of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) required the Department of Health and Human Services (HHS) to establish unique national identifiers for providers. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. On March 1, 2008, Medicare claims submitted by physicians and other practitioners, laboratories, ambulance company suppliers, DMEPOS suppliers and others that bill Medicare are required to include the new National Provider Identifier (NPI).

Providers must use this information when they submit their claims to Medicare carriers, A/B Medicare Administrative Carriers (MACs), and DME MACs when they use certain electronic and paper Medicare claims (specifically the X12N 837P electronic claim and the CMS-1500 paper claims).

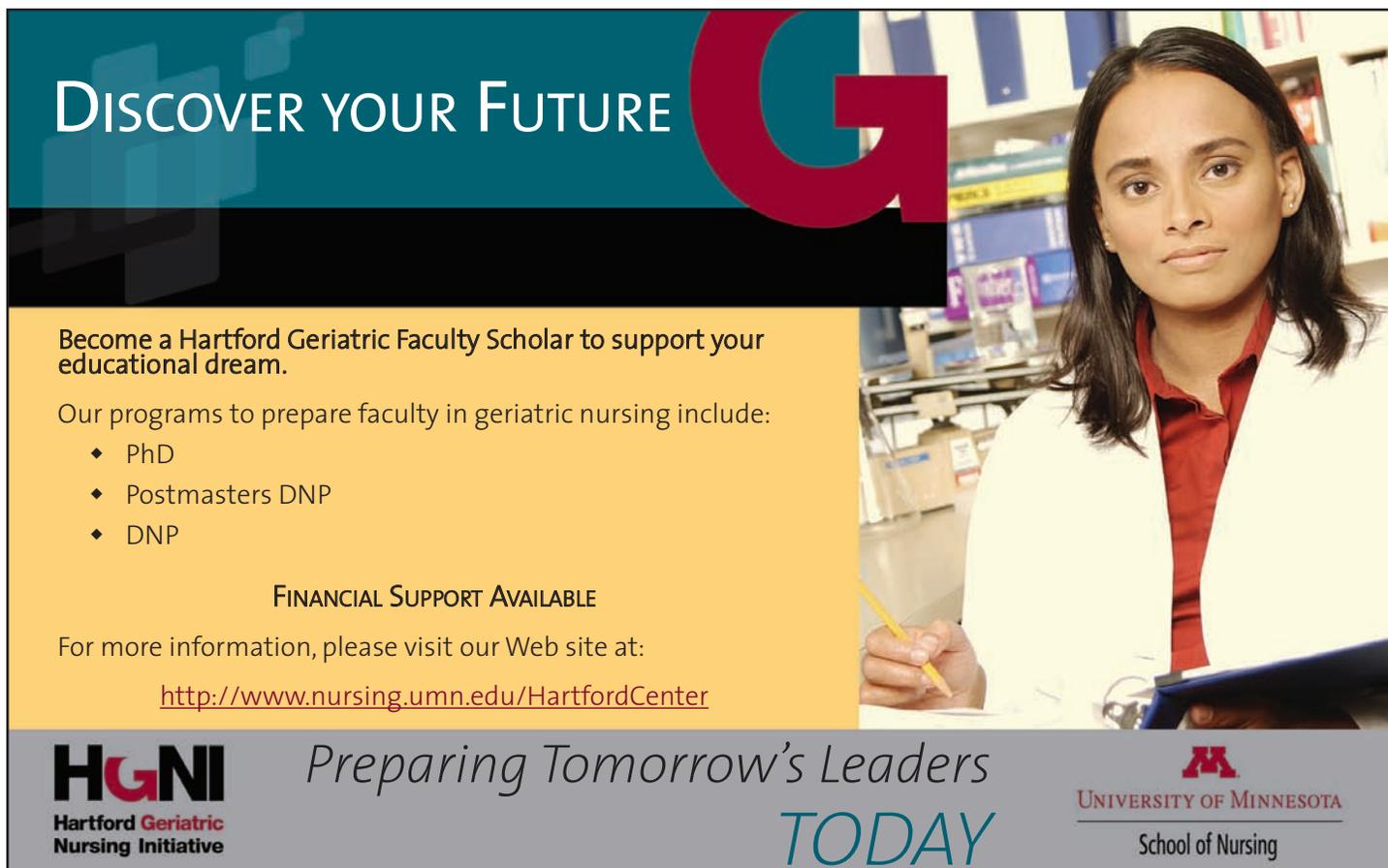
Hospitals, skilled nursing facilities, home health care agencies, and other such institutional providers were required to begin using their NPI beginning on January 1, 2008.

The deadlines for submitting Medicare claims using the NPI are necessary to help the Centers for Medicare & Medicaid Services (CMS), the Medicare contractors and healthcare providers prepare for the final May 23, 2008 deadline for full NPI compliance. While the final NPI Rule required compliance on May 23, 2007, CMS stated in the NPI National Contingency Guidance that it will not take enforcement action against covered entities that deploy contingency plans through May 23, 2008, provided that conditions in the Guidance were met.

CMS is anticipating that some providers will experience some problems with claims submitted after March 1 – problems could arise in the following situations:

- The provider does not have an NPI.
- The provider does not submit their NPI on their claim.
- The provider has already received an NPI, but the NPI is not consistent with the provider's enrollment information received by the contractor.

Providers whose claims are rejected and returned to them should immediately contact their contractor before resubmitting that claim or submitting new claims for services provided to Medicare beneficiaries. Contact information for the Medicare contractors can be found at <http://www.cms.hhs.gov/MLNGenInfo/> under "Downloads." The file is named "Provider Call Center Toll-Free Numbers Directory."



**DISCOVER YOUR FUTURE**

Become a Hartford Geriatric Faculty Scholar to support your educational dream.

Our programs to prepare faculty in geriatric nursing include:

- ◆ PhD
- ◆ Postmasters DNP
- ◆ DNP

**FINANCIAL SUPPORT AVAILABLE**

For more information, please visit our Web site at:  
<http://www.nursing.umn.edu/HartfordCenter>

**HGNI**  
Hartford Geriatric  
Nursing Initiative

*Preparing Tomorrow's Leaders*  
**TODAY**

**UNIVERSITY OF MINNESOTA**  
School of Nursing

# New Considerations For Managing Osteoporosis In Long-Term Care

## An Evidence-Based Approach

### Abstract

Recent studies show that it is safe to assume that most women in LTC facilities are at a high risk for osteoporotic fractures and should be on therapy. Despite these alarming statistics, many patients are not being treated. This presents a viable opportunity to improve residents' quality of life and reduce costs associated with fractures.

Determining which bisphosphonate products will provide the best outcomes for residents can be a difficult process because extrapolating clinical trial data from the long-term care population can be problematic. The evolving standard for efficacy in osteoporosis therapy is fracture reduction and early onset of protection at all fragility sites. These endpoints may not have been adequately studied in the clinical trials. Also, the lack of head-to-head data further complicates the evaluation of these agents. Integrating real-world data into the process offers many benefits together with new challenges. The goal of this program is to provide clinical and real-world evidence to better evaluate the differences in bisphosphonates.



### Program Faculty

#### William Simonson, PharmD, FASCP, CGP

Independent Consultant Pharmacist  
Immediate Past Chair, commission for Certification in Geriatric Pharmacy  
Past President, American Society of Consultant Pharmacists  
Suffolk, VA

#### Rebecca Jackson, MD

Associate Dean for Clinical Research, College of Medicine  
Professor Medicine, Division of Endocrinology, Diabetes and Metabolism  
Interim Director, Ohio State University Center for Women's Health  
Ohio State University Medical Center  
Columbus, OH

### Learning Objectives

- Cite the incidence of osteoporosis and identify the morbidity, mortality and cost factors associated with fractures in long-term care facilities
- Discuss the importance of early fracture reduction in this population
- Compare and contrast the differences in efficacy of the bisphosphonates for fracture reduction
- Define the value of real-world data for evaluating osteoporosis therapies and the implications for long-term care residents

### Target Audience

#### Geriatric Nurse Practitioners or Nurses that work in the long-term care setting.

This activity has been developed and provided by Health Insights and is supported by an educational grant from The alliance for Better Bone Health, a collaboration between P&G Pharmaceuticals and sanofi-aventis US.

**P&G**  
Pharmaceuticals

### Accreditation



Health Insights is an approved provider of continuing nursing education by the PA State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation and is provider approved by the California Board of Registered Nursing California Provider # CEP 12643.

This activity will provide 1.0 contact hour of continuing nursing education credit (of which 0.5 credit hour is pharmacology).

There is no fee for this activity.

Access this  
educational activity at:  
[www.healthinsightsllc.com](http://www.healthinsightsllc.com)



FIRST CLASS  
U.S. POSTAGE  
**PAID**  
PERMIT 701  
PENSACOLA, FL

The NCGNP

# Newsletter

NATIONAL CONFERENCE OF GNPS, INC.

7794 Grow Drive  
Pensacola, FL 32514

## **NCGNP 2007-2008 Executive Board**

President ..... Debra Bakerjian, FNP, CA  
Immediate Past President ..... Anna Treinkman, GNP, IL  
President-Elect ..... Sue Mullaney, GNP, MA  
Secretary ..... Charlotte Kelley, GNP, ARNP, IA  
Treasurer ..... Marianne Shaughnessy, CRNP, MD  
Director-At-Large..... Sandra Kamp, APN, GNP, IL  
Director-At-Large..... Evelyn Duffy, APRN, OH

## **2007-2008 Committees**

Education ..... Carolyn Auerhahn, APRN, NY  
Practice ..... Sue Mullaney, GNP, MA  
Health Affairs ..... Patricia Kappas-Larson, APRN, MN  
History ..... Kathleen Fletcher, GNP, VA  
..... Trudy Keltz, GNP, CA  
Member Services .... Valerie Matthiesen, GNP, ANP, IL  
Nominating ..... Lois Hamel, APRN-BC, ME  
Research ..... Lisa Byrd, FNP, MS  
Approver Unit ..... Elizabeth Macera, FNP, CA  
Provider Unit ..... Cynthia Gerstenlauer, APRN-BC, MI  
Journal Section Editor ..... Kathleen Jett, GNP-BC, FL  
Newsletter Editor ..... Shelley Yerger Hawkins, DSN,  
FNP, GNP, FAANP, AL  
Website Editor ..... Charlotte Kelley, GNP, ARNP, IA

## **National Office Staff**

Executive Director ..... Harriet McClung  
Toll Free Phone Number ..... (866) 355-1392  
Local Phone Number ..... (850) 471-7075  
Website ..... www.ncgnp.org  
E-mail ..... nccgnp@puetzamc.com

## **Save This Date!**

**September 25-27, 2008**

**NCGNP Annual Educational & Business Meeting  
Hilton St. Louis at the Ballpark  
St. Louis, MO**

Preconference, September 24, 2008  
Postconference, September 28, 2008

**Please send your change of address  
and corrections to  
nccgnp@puetzamc.com**

**Visit our website at  
www.ncgnp.org**

**Next Newsletter Deadline:  
July 11, 2008**

**Send articles to  
doug.moon@puetzamc.com**