Opportunity Is Knocking

The passage of health care reform legislation provides an opportunity to “unleash the potential” of advanced practice nurses (APNs), but ensuring that will happen will require time, attention, and hard work. There have been and will continue to be articles published on the increasing tensions between physicians and APNs, discord that could impact the level of involvement of APNs in key projects that have resulted from the passage of the health care reform bill. The bill is expected to increase access to primary care services for 32 million more Americans. Yet the model most widely promoted for primary care, the medical home, excludes APNs from leading such care models.

In addition, there are efforts underway that promote the concept of limiting practice. The Scope of Practice Partnership that was first formed in 2005 has as its mission to halt the evolution of APN practice. Their published document last year was intended to describe APN practice but was filled with inaccurate information and was followed recently by an APN information kit published by the American Academy of Family Practitioners “clarifying” APNs cannot substitute for physicians in primary care. There are also new guidelines on how to supervise APN practice.

The NP Roundtable, a collaborative effort by multiple organizations including GAPNA, is working diligently to overcome these types of movements and engage key stakeholders to ensure APNs can practice to the fullest extent of their abilities, education, qualifications, and legal authority. The intent of allowing APNs to practice at their full potential is often misconstrued as an effort to replace physicians when the reality is that the need is great enough for both physician and APN providers.

Where do we go from here? We must keep APNs front and center of the changes that are part of health care reform; ensure each primary care provider can practice the full extent of his/her scope of practice and education; participate in medical home and all similar demonstrations; and increase our involvement in our national organizations to ensure a continuing focus on the efforts underway to overcome the formidable obstacles. Join a committee, read, and respond to the policy action alerts. Encourage others to be active and engaged members.

Pat Kappas-Larson, MPH, APN-C, FAAN
President

Keynote Address to Focus on Health Care Reform

The passage of the Patient Protection and Affordable Care Act provides an important opportunity to advance the quality of health and care of older adults. Jennie Chin Hansen, MS, RN, FAAN, CEO, American Geriatrics Society, will define these important opportunities in her keynote address at GAPNA’s Annual Educational Conference and Business Meeting, September 22-25, 2010 in Albuquerque, New Mexico.

Ms. Hansen will highlight the opportunities and needed leadership to advance the field of geriatrics with nursing and other related professions to assure the availability of competencies to manage the growing complexity of care in a growing demographic.

Don’t miss this and the many other excellent education offerings at GAPNA’s Annual Conference. Register today at www.gapna.org

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The GAPNA Foundation invites you to join their fundraising activities at this year’s conference September 22-25, 2010 in Albuquerque. The money raised at these events will enable the Foundation to continue to fund scholarly awards each year including:

— **Student Travel Award**: A $2,000 award to cover travel, for a NP, CNS, or doctoral student with a completed research or project on aging, to present his/her work at the GAPNA Conference.

— **Research Seed Grant**: A $2,000 award to assist with the costs of an uncompleted research or project on aging.

— **Dave Butler Spirit Award**: A $2,000 clinical excellence award for a GAPNA member who supports the GAPNA mission.

— **Conference Research Awards**: Four awards of $100 each presented at conference for the best paper, best poster, best oral presentation, and best project.

**Please join in the fun!**

**Wednesday, September 22, 1:00 pm**: The 5th Annual Foundation Best Ball Golf Tournament at the award-winning golf course “Sandia Golf Club.” All levels of players are most welcome. It’s great fun with prizes too!

**Friday, September 24, 6:00 am**: Get your blood pumping with a lively 2 mile Fun Walk/Run.

**Friday, September 24, 6:15 pm**: Join us for a spectacular evening of Albuquerque fun. GAPNA attendees will be picked up at the Hyatt Regency Hotel at 6:15 pm and taken by bus to the Balloon Museum. There we will have a private tour of the museum, a demonstration of a Hot Air Balloon Glow, as well as a cash bar and complimentary snacks. After the museum, attendees will have a choice of continuing the fun at the nearby Sandia Peak Tram for a spectacular view of the Albuquerque city lights or opting to return to Old Town Albuquerque or back to the hotel. All options will allow you time to have dinner, shop, ride the tram, or just take in the sights. The price of the evening does not include the tram ride or dinner but we will provide transportation, make reservations, and provide a group discount rate for the tram. This tour is a great way to see and appreciate the unique beauty of Albuquerque the week before the famous Annual Balloon Festival!

**Cost for events:**
- Golf Outing: $150
- Fun Walk/Run: $25
- Balloon Museum/Sandia Peak: $50

**REGISTER TODAY AT WWW.GAPNA.ORG**

If space permits, sign ups will still be taken at conference at the Foundation Booth. Look for the Foundation booth next to the conference registration desk!

**GAPNA Foundation Donor Opportunities**

Each year members and friends of the GAPNA Foundation pledge to give a certain amount annually to support research and educational activities of advanced practice nurses working with older adults. Currently the Foundation has five levels of donors:

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**Sustaining Donors**

With the long view in mind, Sustaining Donors pledge a specific amount of financial support given over 10 years.

**Corporate Donors**

Corporations donate at least $5,000 or more for the year.

**Endowments**

Endowments are being developed as an option for tax-deductible donations.

**Donations to GAPNAF**

The GAPNA Foundation

c/o Eric Joh, Esq.

4600 North Ocean Boulevard

Suite 206

Boynton Beach, FL 33435
GAPNA Conference Provides Tools to Meet the Evolving Needs of Older Adults

An outstanding clinical program, backed by valuable networking and relaxing social opportunities, await you at GAPNA’s Annual Educational Conference & Business Meeting, September 22-25, 2010, in Albuquerque, NM. Earn up to 26 contact hours through this dynamic program featuring the brightest speakers in gerontological advanced nursing practice.

What can you expect at the conference?

- Pre-conference workshops designed to meet the needs of APNs with a range of practice experience.
- Relevant general and in-track sessions designed to offer choice and variety.
- Opportunities to network with colleagues from across the country.
- Forums to better acquaint you with the business of GAPNA, including opportunities for involvement in committees, board of directors, and participation in the election of new officers.
- Peer-conducted research, presented as interactive poster sessions and oral presentations.
- Interaction with leading industry representatives in the exhibit hall.
- Delightful accommodations in Albuquerque with easy access to restaurants, shopping, and sightseeing.
- Overall, an educational experience that will enlighten and enliven you!

GAPNA’s Annual Conference is designed to renew and refresh your professional motivation to provide excellent care for the older adult. You’ll find new strategies to provide evidence-based knowledge critical to the management of acute and chronic illness in older adults. You’ll learn about current pharmacologic management strategies specific to gerontological practice. As you meet new colleagues and reunite with friends, you will establish a forum for exchange of ideas and clinical experience with expert faculty and colleagues specializing in the care of older adults. Expert speakers will fill you in on emerging trends in practice, health policy, and health delivery systems relevant to advanced gerontological practice nurses. And, you will have fun!

Visit www.gapna.org to view the registration brochure. Join your friends and colleagues in beautiful Albuquerque. Register today!

Uniquely Albuquerque: Join Us in the Land of Enchantment

Visiting Albuquerque during GAPNA’s Annual Educational Conference, September 22-25, 2010, will allow you to experience the authentic Southwest. One of the oldest cities in the United States, Albuquerque boasts a unique multicultural heritage and history where Native American, Hispanic, Latino, Anglo, and other cultural influences are a part of everyday life. You’ll always feel you’re someplace special when you’re eating at one of the traditional New Mexican restaurants, shopping at one of the more than 3,000 stores and galleries, or enjoying world-class visual and performing arts or playing on the best golf courses in the Southwest. Nowhere is the confluence of past and present more dramatic than in Albuquerque, where the modern city skyline is set against a backdrop of the ancient Sandia Mountains and an endless, timeless blue sky.

When visiting Albuquerque, you’ll find its spectacular weather – 310 days of sunshine – perfect for outdoor activities, including biking, skiing, and playing on some of the country’s best golf courses. The unique weather also makes Albuquerque the hot air ballooning capital of the world.

Balloons dot the clear blue skies almost every morning, revealing a myriad of colors year-round. While visiting Albuquerque at night, you’ll notice the city is bathed in the glow of neon signs, relics of Albuquerque’s place on historic Route 66. Locals and visitors kick up their heels in the bustling downtown entertainment district, go out for a night of entertainment by one of the international theater and dance companies, or visit one of the many casinos surrounding the metropolitan area.

No matter what your adventure, the spectacular culture, abundance of activities, and breathtaking landscape that are uniquely Albuquerque await! Come experience the spectacular culture, abundance of activities and breathtaking landscape that are uniquely Albuquerque during GAPNA’s Annual Conference! For registration information, visit www.gapna.org
Georgia Chapter

The Georgia Chapter held its first annual continuing education day “Advancing Care for Older Adults” co-sponsored by Emory University Nell Hodgson Woodruff School of Nursing. The event was a big success with over 55 nurse practitioners in attendance. Keynote speaker Dr. Linda Anderson, director of adult and community health at the Centers for Disease Control and Prevention, spoke on “Healthy Aging Initiatives,” giving NPs an update on the latest geriatric public health programs. Speakers included NPs, PAs, pharmacists, and MDs discussing a variety of topics including Lewy body dementia, nurse practitioner entrepreneurship, and depression. Multiple skills workshops were also provided on topics including EKG, joint assessment, and suturing. Six hours of credits were offered via GAPNA’s ANCC-accredited approver unit.

The chapter has also moved its web site to the ENP network to provide better access to member events through an improved network. The web site is hosted at no cost to the chapter and provides weekly updates to members on chapter activities. Several other NP groups in Georgia are using this network creating improved, streamlined communication.

Chapter meetings continue to be held quarterly. The last chapter meeting was sponsored by Novartis with Dr. Joe Meka speaking on “Dementia in the Long Term Care Setting.” The meeting was a big success with over 30 members in attendance and a great response to the speaker and topic. The next quarterly meeting will be held in August.

Katherine A. Abraham

Florida Gulf Coast Chapter

GAPNA welcomes a new chapter: Florida Gulf Coast Chapter #208. If you are a Florida member, we urge you to please check your chapter designation (this can be found on your profile page or your online membership card) to confirm which Florida Chapter (#206 or #208) you are currently assigned to. If you wish to change your affiliation, please email GAPNA@ajj.com with your request.

Delaware Valley Chapter

The Delaware Valley Gerontological Advanced Practice Nurses Chapter is currently in its 4th year of recruiting APN’s in the Pennsylvania, New Jersey, and Delaware regions to join us at our dynamic and informative dinner meetings which are held the second Thursday every other month. With past participation at an all-time high, we invite all area APNs to our next meeting where the topic “IV Venofer in the LTC Setting” will be discussed. For more information about this and future meetings, please visit our “Chapter” link or the “Upcoming Events” page on the GAPNA web site at www.GAPNA.org or contact Maria Ash at mash0129@aol.com.

Stacey Eadie, CRNP
President Elect

Great Lakes Chapter

The Great Lakes Chapter has scheduled the following Quarterly Education/Business Meetings:

**Date:** September 9, 2010  
**Time:** 6:00-8:30 p.m.  
**Location:** TBD  
**Sponsor/Topic:** TBD

**Date:** December 9, 2010 (Christmas Celebration)  
**Time:** 6:00-8:30 p.m.  
**Location:** TBD  
**Sponsor/Topic:** TBD

3rd Annual Conference: “Advancing Excellence in Geriatric Care”  
**Date:** Saturday, November 6, 2010  
**Location:** Dearborn Marriott Inn, Dearborn, MI  
**Registration Information:**  
To be posted

For information on these educational opportunities, contact Chapter President Mary Jane Favot at mjfavot@comcast.net

Georgia Chapter Award

It is with great pride and excitement that the Georgia Chapter announces its first State Award in Clinical Excellence recipient as Dr. Carolyn Clevenger.

I met Dr. Clevenger in my first year as clinical junior faculty at Emory University’s School of Nursing. My early impression of her was one of a “shining diamond in a pile of coal.” Wow, was that an understatement. After only a small amount of time with Carolyn, I began to see her in a very different perspective. In fulfilling her destiny, she now represents the future of geriatric nursing in our state and country.

Her grace, style, calmness amidst chaos, and valued commitment to her older adult patients and students make her one of the most respected and popular nursing faculty at Emory University. Currently, she serves as clinical assistant professor at Emory’s Nell Hodgson Woodruff School of Nursing where she has been on faculty since 2003.

Dr. Clevenger received her BSN (2000) from West Virginia University, her MSN (2002) from Emory University, and her DNP (2007) from the Medical College of Georgia. In addition, Dr. Clevenger has added to her already rich and versatile professional career by serving as special fellow in advanced geriatrics at the VA Medical Center in Atlanta.

Dr. Clevenger has worked in the areas of contractures in long-term care, home-based primary care of older adults, and Alzheimer’s disease. Her current clinical research includes a rigorous alternative focus to older adults with dementia who access acute care in the emergency department.

With such an impressive professional background early in her career, is it any wonder the nomination committee recognizes Dr. Clevenger and all her accomplishments as the 2010 recipient of the Georgia GAPNA Chapter’s State Excellence Award? I can think of no other more deserving! Please join me in congratulating her.

James F. Lawrence  
State Nomination Chair and Director at Large  
GAPNA Board of Directors

Georgia Chapter

The Georgia Chapter — www.gapna.org
GAPNA Members Participate in Geriatric Nursing Leadership Academy

The United States Census Bureau predicts that by 2030 more than 92 million people will be over the age of 60. This aging of the population creates unprecedented demands for health care providers — especially nurses. The Honor Society of Nursing, Sigma Theta Tau International (STTI), recognizes the ability of nurses to influence practice and patient outcomes in geriatric health care and has developed the Geriatric Nursing Leadership Academy (GNLA). Five GAPNA members are participating in the GNLA as either fellows or mentors.

The program is funded by The John A. Hartford Foundation and is developed in partnership with the Hartford Foundation’s Centers of Geriatric Nursing Excellence. This leadership development program has become a premier opportunity for nurses dedicated to influencing policy and geriatric health outcomes. Fellows of the GNLA become active participants in the national network of geriatric nursing leaders. The 2010-11 program has received additional support from Hill-Rom Inc. and Northwest Health Foundation.

GAPNA members participating as fellows are Ginger Rogers, ARNP, DNP, GNP-BC; Shirley M. Tuller, MSN, APRN-BC; and Catherine Roscoe-Herbert, DNP, RN, GNP-BC, CNS. Mentors are Barbara M. Resnick, PhD, CRNP, FAAN, FAANP, and Pat Kappas-Larson, MPH, APN-C, FAAN.

Participants in the GNLA program represent 12 states and will work for the next 18 months through this intense and comprehensive leadership curriculum. Activities include face-to-face meetings; online discussion forums; and regular, structured communication between and among fellows, mentors, and expert faculty leaders.
Carolyn Auerhahn has been an ANP and a GNP for over 25 years. She received a diploma in nursing from the Bellevue School of Nursing in 1966, a BS (Nursing) from Pace University Leinhard School of Nursing in 1979, an MS (Nursing) from Columbia University School of Nursing in 1981, and an EdD in Health Education from Teachers College, also at Columbia University, in 1996. Carolyn has been practicing as an NP for almost 30 years. In that capacity she established the NP role in places it had not been before, introduced new and evolving aspects of the NP role, and brought national attention to the NP role. In recognition of this, she was inducted as a Fellow in the American Academy of Nurse Practitioners in 2006.

Carolyn has been teaching NP students for more than 20 years and has held academic positions at Columbia University School of Nursing, Yale University School of Nursing, and New York University College of Nursing. At NYU she was a clinical associate professor and coordinator of the Geriatric and Adult Geriatric Nurse Practitioner Programs and also served as the associate director and director for Advanced Practice Initiatives at the Hartford Institute for Geriatric Nursing. She has recently transitioned from a full-time faculty member to a part-time grant funded position as a co-project investigator on the American Association of Colleges of Nursing/NYU Hartford Institute for Geriatric Nursing Advanced Practice Registered Nurse Initiative “Transitioning to Adult-Gerontology APRN Education: Ensuring the APRN Workforce is Prepared to Care for Older Adults.” Consistent with her focus on gerontological advanced practice nursing education, Carolyn’s most recent accomplishment has been the publication of a book, with co-author Laurie Kennedy-Malone, titled “Integrating Gerontological Content into Advanced Practice Nursing Education.”

Carolyn has also been actively engaged in numerous initiatives focused on care of older adults. She was a co-course director for The Consortium of New York Geriatric Education Centers/Mount Sinai School of Medicine Brookdale/James J. Peters VA Medical Center GRECC: “Advanced Course in Geriatrics and Palliative Care for Frontline Primary Care Providers.” She was the lead editor of the Geriatric Nursing Review Syllabus: A Core Curriculum in Advanced Practice Geriatric Nursing, 2nd edition, published by the American Geriatrics Society and is currently working on the 3rd edition of this text. She has served as a consultant on several HRSA grants for adult/gerontological NP programs and as a consultant regarding GNP education and practice to schools of nursing nationally and internationally. She has been a participant in the New York Academy of Medicine: Age-Friendly New York City Initiative, chair of the National Organization of Nurse Practitioner Faculty’s Geriatric SIG, chair of the Gerontological Advanced Practice Nurses Association’s Education Committee, and a member of the American Nurses Credentialing Center: Gero-NP Task Force.

Carolyn has been an active GAPNA member since 2004. She has served as chair of the Education Committee for 2 years and has been a member of the Conference Planning Committee for 3 years, serving as chair this past year.

Welcome Back Evercare!

Welcome Back Evercare! Evercare has been a corporate member of GAPNA for the last 3 years and has recently renewed its Platinum status! We welcome Evercare and its employees to join us as we embark on what’s sure to be an exciting time in health care. Evercare employees are asked to complete their membership profile (see instructions following) to enjoy all of the benefits associated with GAPNA membership including:

- Subscription to the GAPNA Newsletter
- Additional 10% discount to attend the Annual Educational Conference and Business Meeting
- Opportunity to participate on a GAPNA committee
- Opportunity for active involvement in health policy issues
- Access to clinically relevant information
- Opportunity to participate in state chapter activities

To edit your profile information, please go to the GAPNA web site at www.gapna.org and click the blue LOG IN button at the top right. If you have already activated your web site account, then enter your user name and password on the left side and click the red LOG IN button underneath. If you have not yet activated your account, please follow the instructions on how to reset your user name and password on the right under NEW VISITORS and then click on the red ACTIVATE MY ACCOUNT bar beneath. Once logged in, click the blue PROFILE bottton at the top right by LOG OUT.
STTI Launches the Center for Nursing Excellence in Long-Term Care

The Honor Society of Nursing, Sigma Theta Tau International (STTI), has created the Center for Nursing Excellence in Long-Term Care™ (The Center). STTI, in collaboration with experts from the Hartford Centers of Geriatric Nursing Excellence, skilled nursing facilities, national providers, trade associations, and geriatric consumer groups, is developing a portfolio of products and services that will help educate nurses and transform their role in the long-term care environment. These products and services will enable RNs to take a stronger leadership position within their environments to ensure quality care and life for patients and residents.

A new product now available is the Geriatric Nursing Knowledge Assessment (GNKA), developed with support from the Foundation for the Future of Aging. This tool assesses the RN’s knowledge in nine major competency areas common to geriatric nursing. As nurses identify and pursue their individual educational needs, they will ultimately be equipped to deliver the most coordinated, holistic, and cost-effective care possible.

Visit The Center’s web site, www.centerfornursingexcellence.org, for more information and resources.

Lisa Byrd Receives AANP Awards

Lisa Byrd, PhD, FNP-BC, received a perfect score and took top honors, winning the award for podium presentations and receiving the “Outstanding Clinical Abstract Award” during The American Academy of Nurse Practitioners (AANP) meeting in Phoenix in June 2010. Her presentation was titled “Reducing Avoidable Hospitalizations in Long Term Care Could Potentially Save $1.4 Billion Annually.”

Preservation of Access to Care: Medicare Claims Update

On June 25, 2010, President Obama signed into law the “Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010.” This law establishes a 2.2% update to the Medicare Physician Fee Schedule (MPFS) payment rates retroactive from June 1 through November 30, 2010. The Centers for Medicare & Medicaid Services has directed Medicare claims administration contractors to discontinue processing claims at the negative update rates and to temporarily hold all claims for services rendered June 1, 2010, and later, until the new 2.2% update rates are tested and loaded into the Medicare contractors’ claims processing systems. Effective testing of the new 2.2% update will ensure that claims are correctly paid at the new rates. Claims were expected to begin processing at the new rates no later than July 1, 2010. Claims for services rendered prior to June 1, 2010, will continue to be processed and paid as usual.

Claims containing June 2010 dates of service which have been paid at the negative update rates will be reprocessed as soon as possible. Under current law, Medicare payments to physicians and other providers paid under the MPFS are based upon the lesser of the submitted charge on the claim or the MPFS amount. Claims containing June dates of service submitted with charges greater than or equal to the new 2.2% update rates will be automatically reprocessed. Physicians/providers who submitted claims containing June dates of service with charges less than the 2.2% update amount will need to contact their local Medicare contractor to request an adjustment. Submitted charges on claims cannot be altered without a request from the physician/provider. Physicians/providers should not resubmit claims already submitted to their Medicare contractor.

Long-Term Care SIG Plans for the Future

The Long-Term Care Special Interest Group (LTC SIG) met recently to discuss issues affecting practice of advanced practice nurses (APNs) in the LTC environment. APNs are impacting practice and improving care for elders in nursing homes. GAPNA wants to find ways to quantify the APN’s value to their facilities and patients. We must be able to specify how APNs contribute to care and impact the quality of care in LTC including reducing avoidable hospitalizations and making care transitions between facilities more efficient.

Over the next year, the LTC SIG plans to address the following issues:

• Getting the word out about APNs in LTC: What is the APN’s role in LTC and/or how do these things affect practice?
• DEA restrictions on prescriptions for Schedule II-V drugs in LTC
• Advancing Excellence Campaign
• MDS 3.0 & understanding RUGS
• Billing and coding in LTC
• Geriatric competencies
• Motivating new RNs or APNs into practicing in nursing homes
• Development of brochure: “The Role of APNs in NHs”

The LTC SIG will develop a page on GAPNA’s web site with specific information about nursing home practice for members only:

• Billing and coding specific to nursing homes
• Federal regulations affecting LTC practice
• DEA updates
• Templates and examples of chart notes, skin care assessment, etc.
• Special links to resources for geriatric practice of elders and LTC practice

If you are interested in joining the LTC SIG, we are accepting new members and plan to meet at GAPNA’s Annual Conference in September. Join us. Please email Jackie Boan at chasboan@aol.com or Deb Bakerjian at debra@gerihealth solutions.com for more information.

Lisa Byrd, PhD, CFNP
The NP Roundtable continues to meet weekly by phone conference. This collaboration started over a year ago as an informal method of participating organizations, whose membership is solely advanced practice nurse practitioners, to keep current and have a collective voice in health policy that affects our practice. It is presently made up of the American Academy of Nurse Practitioners, American College of Nurse Practitioners, the National Association of Pediatric Nurse Practitioners, the National Organization of Nurse Practitioner Faculty, and the Nurse Practitioners in Women’s Health. This group has weekly conference calls to make sure APN issues are not decided by non-APN organizations. They have responded to the AMA Scope of Practice statement and provided recommendations for appointments to Congressional committees.

2. HRSA Graduate Nursing Education Scholarships that previously only included FNP students have now been revised to include all APN students.

3. Support of current bills in Congress. H.R. 4993/S. 2814, the Home Health Care Planning Improvement Act of 2010, will allow APNs to order home care/hospice under Medicare so that “eligible providers” not only “physicians” may order home care for their Medicare patients. These bills currently need co-sponsors. Please contact your members of Congress and ask them to sign on to these bills. http://www.capwiz.com/healthaction/issues/basics/?style=staff

4. The U.S. Department of Health and Human Services will provide $250 million to increase the number of primary care providers over the next 5 years; $30 million is specifically for educating APNs and $15 million for new nurse-managed health clinics. www.healthreform.gov/newsroom/primarycareworkforce.html

5. The Nursing Community, coordinated by Suzanne Begeny at the American Association of Colleges of Nursing, is a coalition of 43 nursing organizations including GAPNA. They submitted names of nurse leaders to fill newly created boards and commissions created to advise on health care reform. http://www.thenursingcommunity.org

6. Support for H.R. 908, the Missing Alzheimer’s Disease Patient Alert Program Reauthorization of 2009, which has passed in the House and is currently in the Senate.

7. Staying abreast of PPACA policy changes related to health care for older adults. www.nashp.org

Anna Treinkman
Chair

NP Roundtable Influences Change in Scholarship Guidelines

The NP Roundtable continues to meet weekly by phone conference. This collaboration started over a year ago as an informal method of participating organizations, whose membership is solely advanced practice nurse practitioners, to keep current and have a collective voice in health policy that affects our practice. It is presently made up of the American Academy of Nurse Practitioners, American College of Nurse Practitioners, the National Association of Pediatric Nurse Practitioners, the National Organization of Nurse Practitioner Faculty, and GAPNA.

NP Roundtable leaders met with two very important decision makers in Washington, DC: Mary Wakefield, PhD, RN, FAAN, the administrator for the Health Resources and Services Administration, and Marilyn Tavenner, principal chief administrator of the Centers for Medicare & Medicaid Services. Evelyn Duffy represented GAPNA at these meetings. The meetings are significant as it is the first time representatives for advance practice nurses have met directly with these officials. Our one goal is to have provider-neutral language in all legislation and regulation.

The meeting with Mary Wakefield had an immediate change in the National Health Service Corps Scholarship application guidelines. It had been limited to only family practice NP students but within 3 days, a directive allowed all advance practice nursing graduate students to apply.

As many of you are aware, there have been papers written by the American Medical Association and the American Academy of Family Physicians regarding the scope of practice and qualifications of nurse practitioners to provide care to our patients. The NP Roundtable has written “Talking Points” in response to these misdirected attempts to describe our scope and qualifications to practice. These are in draft form now but will be completed by the next eAlert (August 5).

Charlotte Kelley
GAPNA Representative
NP Roundtable

Published an Article Recently?

We are looking for GAPNA members who have recently published clinical or research articles. Let us know the title, publication, volume, and issue number of your article, along with a brief abstract/summary, and we’ll share it with your fellow members in the GAPNA Newsletter. Keep us updated at www.gapna.org
GAPNAF Golf Tournament
September 22, 2010
Sandia Golf Club
Albuquerque, New Mexico

- Shot gun start at 1:00 p.m.
- It’s a Best Ball tournament so all levels of players are welcome.
- Club rental is available, $40 payable at the club. Call the golf club to reserve clubs (505) 798 3990.
- The golf carts are included in price.
- Price $150.00 payable to the GAPNA Foundation, Inc. or payable online with conference registration at www.gapna.org

RSVP by September 15, 2010 to MJ Henderson at MJ@mjhsb.com

Have a great time and contribute to a great cause at the GAPNA Foundation’s Annual Golf Tournament.
Aging Causes Changes in the Brain’s White Matter, Which Is Worsened by Hypertension and Other Vascular Problems

All older adults show brain changes as they age. These include the shrinking of various brain regions as well as a decrease in cerebral white matter. As one grows older, along with these changes is an increased risk for vascular events, such as stroke. A new study has found a link between age-related brain changes and vascular risks, such as high blood pressure. Specifically, the increase in vascular risk exacerbates age-related declines in the brain.

Researchers studied brain changes in 77 healthy adults ranging in age from 19-84. The sample included men and women with and without high blood pressure. Nine white matter regions of the brain were examined using imaging techniques and measurements. The study found widespread reductions in white matter in the older individuals. Two areas of the brain most susceptible to such changes were the prefrontal and occipital regions.

Changes were most notable in individuals who were 55 years of age and older. However, the presence of vascular risk factors, such as hypertension, caused changes in white matter regardless of age. According to the researchers, as vascular risk increased, age-related damage in white matter also expanded from the anterior to the posterior regions of the brain. Selective deterioration of regional white matter may result in impaired connectivity among cortical brain-associated regions and contribute to the cognitive decline seen in aging, suggest the researchers. The aggressive treatment of high blood pressure and other vascular problems may help reduce the cognitive signs of aging in the brain caused by these changes.


Many Older Adults with Mental Health Problems Do Not Believe They Need Help

Mental health problems, including alcohol and substance abuse, are common in older adults. Yet only half of these individuals actively seek treatment and use mental health services. A new study has found many older adults with mental health problems don’t feel the need for treatment. Those who do perceive the need for care tend to have more symptoms of depression and other chronic health conditions.

The researchers collected data from a national sample of 1,339 individuals 65 years of age and older living in the community. Their ethnicity and gender matched that found in the general population. Participants identified as receiving mental health care in the past 12 months were asked if they sought out the care voluntarily. Those who had not sought out care were asked if they felt a need to seek out treatment for an emotional or substance abuse issue. The researchers determined the prevalence and severity of depression, anxiety, and alcohol abuse in the sample. Participants were also asked if they had certain health conditions to determine the levels of physical health and cognitive functioning.

Only 7.3% of the entire sample perceived a need for mental health care during the past year. Among those who did feel a need, 82.8% received services voluntarily from either a primary care or mental health specialist. Another 17.2% perceived a need for mental health care but did not receive care. Those older adults most likely to feel a need for care tended to have more severe mental illness. They also had histories of depression, anxiety, chronic physical illness, and alcohol abuse. Perceived need for care was less likely as age increased. Men were half as likely as women to report perceived need for care.


Nursing Home Physicians and Nurses Struggle with Communication Barriers

Nursing homes have well-documented staffing problems, including high turnover rates, problems with absenteeism, and low staffing levels. Given these problems, many nursing homes use agencies to meet their staffing needs for nurse aides (NAs), licensed practical nurses (LPNs), and registered nurses (RNs). Nursing homes with the highest use of agency staff have a clinically significant lower quality of care, according to Nicholas G. Castle, PhD, of the University of Pittsburgh.

In many cases, the difference between no agency use and 25% or more agency use translates to a 1% or 2% difference in quality scores. Considered cumulatively, the impact on quality is large and may be meaningful for nursing home residents, notes the author. He examined how the use of agency staff affects the Nursing Home Quality Measures. Findings showed that 8 of 15 measures for NAs, 6 of 15 measures for RNs, and 4 of 15 measures for LPNs were significantly associated with the use of agency staff. He concluded it was likely no use of agency staff was associated with better care quality and higher use of agency staff was associated with worse quality.


Nursing Homes Using More Agency Staff Have Lower Quality of Care

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and language comprehension. A representative sample of 21 nurses who answered the questionnaire were also interviewed by telephone.

The communication barrier cited most often by the nurses was feeling hurried by the physician on the phone (28%). One-fourth of the nurses found it difficult to find a quiet location where they could make the call and 21% said they also had difficulty reaching the physician. Most of the interviewed nurses felt it was important to be prepared properly before making the call and to be brief and to the point when talking to the doctor. They also commented on how physicians were not always receptive to their calls.


### Developing Community Health Resources Entices More Elderly Patients to Seek Hospital Care Locally

Hospitalization for ambulatory-care-sensitive conditions (ACSCs) like hypertension and asthma is typically preventable with proper ambulatory care. In fact, ACSC hospitalization rates in a local area are often viewed as an indicator of access to primary care. Elderly patients with ACSCs are more likely to seek hospital care within their local markets if there is a greater availability of community resources, according to researchers. Both individual (severity of illness, insurance status) and community factors (availability of primary care and hospital care) can affect whether Medicare patients with ACSCs travel outside their local markets for hospital care.

Researchers found more than any other provider or critical access hospital variables, local median household income and inpatient hospital capacity affected Medicare patients’ decision for a distant hospitalization across the rural-urban continuum. Higher local median household incomes led to more out-of-area travel, while greater local inpatient capacity led patients to seek care at local hospitals.


### Hospice and Palliative Care Nurses Association Web Site Offers Valuable Educational Resources

The *Gerontological Association of Advanced Practice Nurses* (GAPNA) positions itself as the key organization for advanced practice nurses caring for older adults across the continuum. Knowledge of and expertise in palliative care is a necessity for these providers in primary care, acute care, long-term care, assisted living, and home care.

To provide GAPNA members with the opportunity to learn of or expand their palliative care knowledge, the Palliative Care Special-Interest Group (SIG) was developed. Its purpose is to explore the partnership opportunities with key palliative care organizations to leverage each other’s strengths around practice, research, policy, education, and advocacy. One goal of the SIG is to review tools and resources available regarding palliative care. One resource is the Hospice and Palliative Care Nurse Association (HPNA) Web site.

HPNA is a nationally recognized organization that provides resources and support to advanced practice nurses, registered nurses, licensed practical nurses, nursing assistants, and those who care for people with limiting, terminal illness. The HPNA web site (www.hdna.org) provides health care providers with a multitude of ideas and advice in order to help those who function as palliative care/hospice workers. I revisited this web site recently and found it serves as a user-friendly, easily accessed URL, and logical in its format.

The organization’s purpose and mission statement is clearly outlined and reinforced throughout its pages: “Leading the way to promote excellence in the provision of palliative nursing care through leadership, development, education and support of research in the field.”

The web site utilizes drop-down menus to cover the areas of leadership, education, members, chapters, research, certification, public policy, programs, and events as well as current and relevant news releases. Each drop down menu item quickly links to relevant information in a manner that is clear and concise. The home button is conveniently located in the same place on every page, which facilitates movement between pages.

The HPNA site contains valuable educational content. Click on any of the menu selections and you may see photos, industry news, message boards, brochures, and Power Point presentations, which are readily available for immediate reading or downloading. While member-only privileges limit access to some areas, many are accessible to those without membership. Membership is clearly defined, and cost is specified for those who wish to join.

Regardless of being a member or not, there is plenty of useful content on palliative care nursing. Continuing education (CE) options were extensive and easily accessed and pricing is available for both members and non-members. A good selection of CE topics are offered. The frequently asked questions section helped to clarify questions about the CE offerings.

Patient and family teaching sheets covered a variety of topics from pain to dehydration and helping the family cope with death. While I had limited access to some of the materials, the selected topics I reviewed were informative and helpful.

Easy to navigate, user-friendly, and professional, this attractive site provided a wealth of knowledge. Anyone interested in the topic of geriatrics, palliative care, and/or hospice could benefit from this site.

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