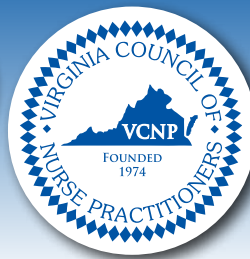


REPORT



The Official Newsletter of the Virginia Council of Nurse Practitioners

A Message from the President

Dear VCNP Members,

Your leaders are participating in many activities to address Virginia's health reform issues. We are working to increase the visibility of nurse practitioners (NP) and emphasize the vital role that we play in the health care delivery system. We continue advocacy efforts to increase access to high quality health care services by addressing scope of practice barriers that limit consumer access and choice and prevent the full deployment of NPs.



Network (VTN), the VRHA, the MSV and other key stakeholders including VCNP will participate in an advisory group to inform the pilot program. VCNP has appointed Elke Zchaebitz, FNP, and Michele Meinhart, FNP, to participate on the advisory group to represent NPs.

Scope of Practice Barriers Study Update

The Board of Health Professions (BHP) study on NP Scope of Practice Barriers to the Development of Effective Team Approaches to Healthcare in Virginia is ongoing. Public comments were provided by numerous NPs and other stakeholders on July 29th in Richmond. Speakers provided eloquent and credible testimony on key issues including NP qualifications, statutory barriers that decrease access to care, safety, quality, economic effectiveness, team delivery and the national perspective on NP scope of practice. Many letters supporting the removal of statutory barriers were submitted. The Roundtable Discussion with representatives from affected constituents has been rescheduled to October 14th. VCNP will continue to participate and follow the final report and recommendations of the committee.

Dialogue with MSV

VCNP continues to engage in scheduled meetings with the Medical Society of Virginia (MSV) to identify creative solutions to address the challenge of accommodating the influx of citizens with health care coverage from federal health care reform slated to take effect in 2014 and the workforce capacity issues with the looming shortage of primary care physicians. The projected workforce shortage dictates a reliance on the interdisciplinary team. Our goals are to reach a consensus agreement that outlines a team-based care model that removes NP practice barriers and supports a collaborative environment, then put forth a joint consensus bill.

Access in Rural Underserved Areas

Rural underserved areas in the Commonwealth face an even greater challenge in meeting access needs. The MSV Institute for Healthcare Advancement, a newly incorporated organization, has been awarded a contract by the Virginia Rural Health Association (VRHA) to conduct a feasibility analysis of utilizing NPs to provide care in rural areas using telehealth technology to improve access to primary care services. The Virginia Department of Health (VDH), the Virginia Telehealth

Reimbursement for NP Services

As you are aware, most private insurers do not reimburse NPs for primary care services, which is another barrier to accessible and affordable health care. VCNP is working to ensure that insurance companies recognize and contract with NPs. The organization is committed to hiring an attorney to address reimbursement as this is another necessary requirement to accommodate the influx of patients in 2014.

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SAVE THE DATE

VIRGINIA COUNCIL OF NURSE PRACTITIONERS
2012 ANNUAL CONFERENCE
 March 8-11, 2012 • The Homestead • Hot Springs, Virginia






Virginia Council of Nurse Practitioners
 250 West Main Street • Suite 100 • Charlottesville, VA 22902
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Visit the VCNP website www.vcnp.net
 Click on "hotel and conference details".
 Go to "Conference Links"...you can
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FIND US ON FACEBOOK

A Message from the President *continued***Virginia Action Coalition**

The Future of Nursing: Campaign for Action is an initiative to advance comprehensive health care improvement. The campaign, which is organized by the Robert Wood Johnson Foundation and AARP, is focusing on the nursing profession because of the vital role nurses play in the delivery and coordination of health care across the health continuum. The Campaign is working with states across the country that have formed Action Coalitions. The Virginia Action Coalition (VAC) consist of groups of nursing and non-nursing leaders working to implement the recommendations of the 2010 IOM report on the Future of Nursing. The VAC Access to Care Workgroup members will be presenting a PowerPoint presentation throughout the state on the IOM Report recommendations to educate first our profession then the public at large. You can learn more about each workgroup

progress at the 2011 VNA Education Day on September 24th. Linda Burnes Bolton, DrPH, RN, FAAN, vice president and chief nursing officer of Cedars-Sinai Health System, will be the keynote speaker. Visit the VNA website for details and to register for the event.

As you can tell by the list of activities, your organization is working diligently to meet the challenges of transforming the health care system and to improve the health of our patients. Our government relations and Public Relations Committees continue their efforts to increase awareness of the role of NPs and NP-related health care issues. VCNP is recognized as a strong voice advocating for our patients and the profession. +

Regards,
Cindy Fagan, RN, MS, FNP-BC
President, VCNP

VCNP MISSION**Our Mission**

*To facilitate the advancement
and foster the professional
growth of nurse practitioners,
and to advocate for the
improvement of health and
access to care for
all Virginians.*

**In Remembrance of
Our NP Colleague**

Elizabeth Wicks (Liz), FNP of Roanoke, Virginia was adored by family, friends, and her patients. Liz possessed a strong faith and went to be with her Lord, on April 25, 2011 after suffering from complications of leukemia. Liz enjoyed a 30 year nursing career holding various positions including staff nurse, nursing supervisor, nursing instructor, and as a nurse practitioner. For the last 17 years of her career, Liz worked as a family nurse practitioner with the Carilion Family Medical Residency program, where she not only used her vast knowledge to provide excellent health care but was recognized as a caring, compassionate individual with a great sense of humor. Her special passion was caring for geriatric patients where she spent a great deal of time providing care to residents of Friendship Manor, a senior living center. In memory of Liz, patients and co-workers at Friendship Manor established a memorial garden with a variety of flowering and edible plants to enlighten the lives of many residents that she served. The VCNP Blue Ridge Region also contributed to the Friendship Manor Memorial Garden Fund to keep her spirit alive. Liz Wicks was a tremendous role model for colleagues and a valued and trusted health care provider and will be missed by all. +



Sincerely submitted by her colleague and co worker, Donna Warner, FNP (left), Carilion Clinic, Carilion Family Medical Residency Program, Roanoke, VA

VCNP Officers

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	Mitzi Thompson
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Government Relations	Mary Atkins
	Paige French
Membership	Barbara Call
Public Relations	Susan Conaty-Buck
Nominations & Awards	Sharon Strang

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	Joyce Thompson
Membership	Emalene Cook
Nominations & Awards	Donna Davis
Conference	Angela Harrison

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Treasurer	Shari Wingate
Government Relations	Terry Long
Membership	Beth Wolfinger
	Christi Fowler
By-Laws	Chris Sauer
Education & Programs	Heather Hallberg
Public Relations	Brandy D'Antonio
Nominations & Awards	Margie Garcia-Garrett
Historian	Ann Bennett
Conference	Tammy Maloney

From the Membership Chair

Our first conference call of the year took place in late August despite a week of earthquakes and Hurricane Irene. Tidewater and Peninsula representatives were absent due to effects of Hurricane Irene. Nine members were present, including the Chair. We welcomed Louise Manetta from Richmond, whose power had been restored shortly before the call!

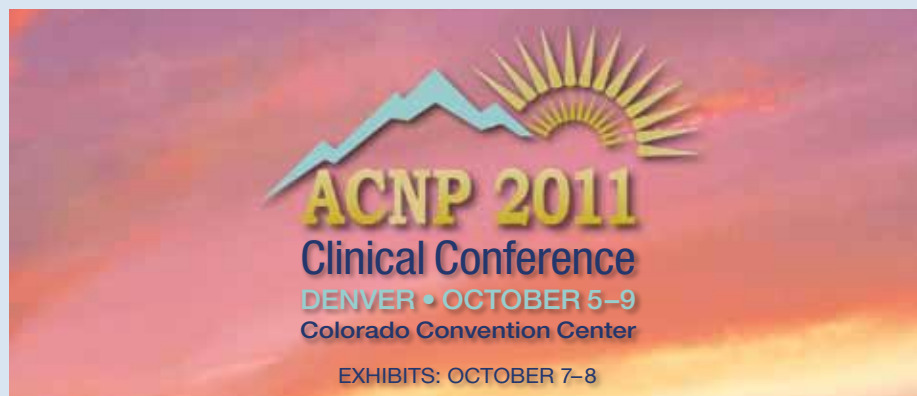
The following items were reviewed and discussed by the group:

- **Committee expectations** were reviewed for Regional Representatives
- **Update from 2010-11 Strategic Plan** work (work was completed) and **Review of the 2011-12 Strategic Plan** Membership expectations from the Leadership meeting were reviewed. When finalized, it will be on the website.
- **Revisions to the Membership brochure** – Grammar and typos were corrected. We replaced Goals with Vision and removed the Marsh insurance option from the Member Benefit list for the present time until the coverage is appropriate for requirements in Virginia. Communication with Marsh is ongoing.
- **Review of the NP School Ambassadors Initiative** with discussion regarding building that relationship. A joint call is planned for mid to late October.
- **Regional issues** such as accessing information from the office, new member lists, review of dues structure and regional set-aside was reviewed for new members of the Committee.

For any questions or concerns, please contact Carola Bruflat at cbruflat@cox.net. +

Carola Bruflat, MSN WHNP/FNP, VCNP Membership Chair

VCNP Will Be Represented at the ACNP Annual Clinical Conference



The American College of Nurse Practitioners (ACNP) 2011 Annual Clinical Conference will be held October 5-9, 2011 in Denver, Colorado. Marilyn Grossman, RN, MSN, FNP and Kim Grossman, RN, MSN, ANP will represent VCNP by serving as panelist at the October 7th Plenary session, -All Politics is Local/Update on IOM Implementation. States selected to participate in the All Politics is Local Panel Discussion include North Dakota, Florida, Kentucky and Virginia. Each state will address the biggest obstacle for NP practice, strategies to resolve the issue and what comes next. We are pleased to have Marilyn and Kim represent us. +

Welcome New Members

BLUE RIDGE

Stephanie Barnum, WHNP
Kate Brennan*, RNC, MSN, IBCLC
Linda Johnson*, RN, BSN, FNP
Tamela Meador*
Andrea Nelson*, BSN, RN
Patricia Osborne*, RN, CWOCON

CENTRAL

Kathleen Allen*
Diane Blair, FNP
Sheila Dawson*, RN, BSN, CCRN
Kimberly Murray*
Elaine Nailler*, MSN, RN, PMHCNS-BC
Malinda Whitlow*, MSN, RN, FNP-BC

FREDERICKSBURG

Lori Marples*, BSN, RN

NORTHERN

SHENANDOAH

Claudia Pierce*, RN

NORTHERN VIRGINIA

Rangineh Bassir, ANP-BC
Anke Krey Blaine*, RN, BSN
Nadya Carringer, MS, ANP
Deena Hollingsworth, MSN, FNP-BC
Elizabeth Hopewell, RN, MSN, MSPH, FNP-BC
Shelli Wolfe Mayer, MSN, ANP-BC
Hillary Morgane Swift Morris*, RN, MS, FNP-BC
Harold Ramsey*, PMH CNS, BC
Kathleen Renshaw*, RN, BSN
Karen Hollis Sisa*, BSN
Jennifer Syracuse, LNP, FNP-BC
Nathalie Washington*, RN, BSN, MPH

PENINSULA

Nebretta Blount, RN, MS, FNP-C
Tonya Colton*
Carolyn Perez*
Meghan Potter*, RN, BSN

PIEDMONT

Stephanie McNerney*, RN
Monica Millbrooks-Scott*
Claire Palmer*, RN

RICHMOND

Melissa Rooney*

Nidjan Aquino*, BSN, RN, CMSRN

Barbara Armentrout*, RN, BSN, CCRN

Bridget Bethea, FNP

Courtney Bickett

Laura Brooks*, RN, BSN

Kin Choi*, RN

Carleen DiMeglio*, RN, MSN, PMHCNS-BC

Mary Dwyer, FNP

Dwight Faught*, RN, MSN, CMSRN

Susanne Fessick, RN, MSN, FNP

Melissa Foster*, BSN, OCN

Deborah Gleason, RN, MSN, CPNP

Gina Groome*, RN

Julie Judge*, RN

Siobhan Minor*, ATC, RN

Anne Moore*, RN

Katherine Noel*

Melissa Owens*, RN

Nisha Patel*, RN, FNP

Cheryl Porter*, RN, BSN

Heather Reed*

Stephanie Schuster*, RN, BSN

Anita Shah

Diane Smith

Helen Willis*, RN

Robert Young*, RN

SHENANDOAH

Benjamin Pellegrin*, RN, FNP

Victoria Sullivan*, RN, FNP

SOUTHWEST

Jennifer Elswick, FNP-C, CRNA

TIDEWATER

Crystal Askins*, RN, BSN

Jennifer Conran*

Nicole DiNonno*, RN, BSN

Andrew Fuhrman

Alison Ibanez, FNP

Meghan Kneemiller*, RN, BSN

Ann Lentz*

Deborah Palley*, RN, BSN, CPAN, FNP-S

Joanne Pearl, FNP, MSN

Suzanne Robinson, FNP, CNM

Jeanette Sessoms*, RN, BSN

OTHER NEW MEMBERS

Michelle MacDonna, CRNP, MSN/MPH

Sarah Poppe*

*Student Member

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Vacant

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Terry Long
tlong@shs-inc.org

From the Government Relations Chair



VCNP Government Relations Chair Mark Coles with AANP Health Policy Director Jan Towers and VCNP President Cindy Fagan.

An outstanding panel of regional and national speakers commented eloquently on behalf of Nurse Practitioners at a Public Hearing on July 29th, 2011. The Department of Health Professions is conducting a comprehensive study of scope of practice issues and barriers to patient access to NP care. VCNP is hopeful that the eventual recommendations to flow from the study will be favorable and in line with the arguments we have been making for many years now regarding the limitations posed by the supervisory structure in Virginia.

In parallel, discussions have continued through the summer between VCNP and the Medical Society as we seek to find mutually acceptable solutions to the challenges identified by the Capacity Task Force of the Virginia Health Reform Initiative. Be assured that our membership will be thoroughly updated regarding the results of these key meetings once we are at liberty to do so. Until then, we ask for your patience.

VCNP members with telemedicine expertise are also participating in a telemedicine pilot project with the MSV

and Virginia Rural Health Association. We have some tremendously talented individuals within our ranks and it is a pleasure to be able to put a call out for assistance and receive immediate positive responses.

Meanwhile, many regions have organized legislative receptions for the Fall, with this being an important election year. The Government Relations committee holds monthly teleconferences and we have established an email circle to facilitate the sharing and retention of information to assist in the success of all current and future regional legislative receptions. Regional Presidents are also now included in GR minutes to improve communications and we are also coordinating our efforts with the Public Relations team.

I hope that many VCNP members will have the opportunity to attend a regional Legislative Reception. Don't forget to thank your regional representatives whose yeoman voluntary efforts make such events possible! +

*Mark Coles, RN, BA, MSN, NP-C
VCNP Government Relations Chair*

What a Difference a Year Makes



A little better than a year ago I accepted the position on the VCNP board as chair of PR committee. And as I have said many times within this year I thought this was a position where I could smile and give my princess wave. However I soon learned that I needed to roll up my sleeves and get to work. My first task was to identify a PR agency that would assist in developing and promoting NP practice and VCNP ideology. The need for a concise message and definition of NP and NP practice was further evidence by the legislation of healthcare and healthcare reform. The need for competent providers became greater as the nation anticipates millions to be added to the healthcare rolls. The PR committee and I were successful in vetting and acquiring the award winning PR agents Brian Chandler and Alissa Poole.

The dynamic duo of Chandler and Poole were able to support many of the VCNP vision and goals. They were successful in launching a media campaign that promoted NP practice and defined who NPs are within the healthcare arena. Most recently VCNP has had editorials or op-ed in Richmond, Lynchburg, and Harrisonburg newspapers. This past quarter there was a news story in the Coalfield Progress about the RAM clinic that included mention of the Governor. There was also a story for NP World magazine about VCNP's Facebook page.

With the assistance of Chandler and Poole there has been every form of media exposure for the VCNP including television, radio, and numerous newspaper editorials and op-ed throughout the commonwealth. We have launched and maintained an active

social networking site via Facebook that continues to have more interest daily. We had a successful first ever state wide service project for NP week with RORVA and are hoping that this continues to be a highly participated and anticipated annual event. The goals of the PR committee and PR agents are to continue to develop and to brand a strong NP/VCNP message for use by our members in legislative, financial, clinical practice and community arenas.

What a difference a year makes and what will the New Year bring? Perhaps it will bring collaborative practice. I know it will bring a continued strong commitment by the PR committee to work with GR, Membership and all committees in the VCNP to promote NPs and NP practice throughout the commonwealth.

It will unfortunately also bring a new PR Chair as I am resigning my position. The year for me has brought an opportunity for a new life in Minnesota. I report this with much sadness and trepidation as I move from my professional family. I have been an active member of the VCNP since 1995 serving in many regional and state positions. I have made many significant personal and collegial bonds within this group. Bonds that I hope will hold strong as I move 1400 miles away. I know that the VCNP will continue to lead the way for greater access to quality healthcare. I wish you all personal and professional happiness and success. Thank you for the opportunity to serve with you. +

*Stephanie Alexander, MSN, ANP-C
VCNP Public Relations Chair*



Gerardo to Serve as Interim PR Chair

I am pleased to announce that Marie Gerardo has accepted the interim role of public relations chair. Marie is the immediate past president of the Richmond Region and brings to the role knowledge of the organization, a global perspective and relationships with current members of the board. Marie possesses strong leadership abilities and will be an asset to the organization as the interim public relations chair. Marie is being brought up to speed on the public relations activities with the assistance of Stephanie Alexander, Alissa Poole and Brian Chandler. Please join me in welcoming Marie Gerardo to the board! +

*Cindy Fagan, RN, MS, FNP-BC
President, VCNP*

Board of Health Professions Studies Nurse Practitioner Scope of Practice Barriers

BY ROBIN HILLS, MS, RN, WHNP-BC, CNE

A key message of the 2010 Institute of Medicine's Future of Nursing report is that nurses should practice to the full extent of their education and training. According to this report, select states have kept pace with the evolution of the health care system by changing their scope-of-practice regulations to allow nurse practitioners (NP) to manage patient care that falls within their scope of practice without a physician's supervision or collaboration. However, due in part to current regulations dating back to 1975, the 2011 Pearson Report ranked Virginia in the bottom 14 states because of "restricted patient access due to regulatory barriers" (www.PearsonReport.com).

With the need to implement the Patient Protection and Affordable Care Act (PPACA) in 2014, Governor Bob McDonnell commissioned the Virginia Health Reform Initiative Advisory Council (VHRI) led by Secretary Bill Hazel in August 2010 to develop recommendations for implementing health care reform in Virginia. The VHRI created the Capacity Task Force (one of six task forces) which was co-chaired by Shirley Gibson RN, President of the VNA. The Task Force reported in December 2010 that effective health workforce capacity could be reached with increases in health professional supply, expanded use of technology to reach underserved areas, and reorganization of health care delivery systems which implement a team approach. To inform this approach, the Task Force further recommended multi-dimensional studies "which include reviews of potential team practice approaches and examination of how current scope of practice limits may needlessly restrict Virginia's ability to take full advantage of best practice team models of care delivery." (<http://www.hhr.virginia.gov/initiatives/healthreform/docs/VHRIFINAL122010.pdf>)

The Virginia Board of Health Professions (BHP) was asked to identify potential barriers to safe healthcare access and effective team practice due to current scope of practice regulations and to recommend changes. So, on June 20, 2011, the BHP adopted a formal work plan (<http://www.dhp.virginia.gov/>



[bhp/](http://www.bhp/)) which examines the current NP scope of practice limitations and invited input from experts and public and private stakeholders at a public hearing on July 29, 2011. A number of speakers provided diverse and compelling evidence of the need for less restrictive regulation in Virginia. Speakers included Thomas Phillips, who provided consumer testimony on his positive experience with NPs and the quality of care he received. David DeBiasi, RN, State Representative of the AARP, expressed support for autonomous NP practice to meet the growing health care needs of citizens of the Commonwealth and provided a fact sheet on the role NPs can play in advancing health in rural America.

Several licensed nurse practitioners testified as well. Keeping with the theme of rural health, Pete Hill, MS, FNP-BC provided testimony on limited access to care in the rural and underserved areas of Virginia. His NP-owned 501(c)(3) clinic, one of the few clinics in his region, provides safety net health care for primary and preventative medical care for residents of Elkton and surrounding Eastern Rockingham County. The health of his patients would be put in jeopardy were his supervising physician to become incapacitated in some way or simply chose to discontinue the supervisory role, due to the absence of a willing replacement. Removal of the restriction would eliminate the risk to his underserved patient population as well as encourage other nurse-led clinics to operate in surrounding

rural areas. The requirement for physician oversight is also a barrier to patient access to anesthesia care in rural Virginia as reported by Michele Satterlund, representative for the Virginia Association of Nurse Anesthetists.

Sherri Rose, MS, FNP-BC provided testimony on the barriers to her current practice in hospice care. In her practice, a supervising physician is not available, so despite her education and training, she must contact the primary care physician to obtain prescriptions for medications to alleviate pain and suffering in her patients.

Barbara Dunn, PhD, CPNP spoke to the fact that, throughout her 30-year NP career, the relationships with her "supervising" physicians have been more collaborative than supervisory. Of the four physicians who acted in the mandated oversight role, two were pediatric orthopedic surgeons, one was a retired military physician/health district director, and one an academic pediatrician. In three of those instances, Dr. Dunn was the only member of the pair with any pediatric primary care experience. Along similar lines, having acquired expertise in the paracentesis procedure through her position in hepatology with the Veterans Hospital Administration, HoChong Gilles, MS, FNP-BC testified that physicians in other specialties frequently consult with her as a colleague on their ascites cases in the same way they confer with other physicians.

continued on page 8

BHP *continued*

These exemplar testimonies of the expertise NPs achieve begged the question, “Why are nurse practitioners the only profession required by Virginia law to maintain supervision and oversight for their entire careers?” Although supervision of some type may be warranted for newly-graduating NPs just as it is for physicians, NPs do achieve expertise in their area of practice and should be held accountable (as are all other health professionals in Virginia) to practice safely and competently within the parameters of their license without supervision.

Evidence of the quality and cost of nurse practitioner care was also shared. Carola Bruflat, MSN, WHNP-BC presented results of a recently-published systematic review of advanced practice nursing health outcomes from 1990-2008 recently published in *Nursing Economics*. This review indicated that patient outcomes of care provided by nurse practitioners and certified nurse midwives in collaboration with physicians are similar to and in some ways better than care provided by physicians alone. In addition, Angela Starkweather, PhD, ACNP-BC testified to over 40 years of research that supports quality outcomes for NP-delivered health care. She has experienced the burdensome restrictions even more poignantly having relocated to Virginia from Washington State where NPs have complete autonomy which permits them to operate nurse-directed clinics and provide safety net care for vulnerable populations. Jan Towers, PhD, NP-C, CRNP, FAANP, FAAN, Director of Health Policy for the American Association of Nurse Practitioners, provided testimony from the national perspective.

Nurse practitioners have a proven record of achieving outstanding patient outcomes in a cost effective way. The approaching deadline to implement the PPACA creates an ever greater incentive for policy and law makers to increase the provider pool to meet the health care needs of the currently underserved population of Virginia. The removal of barriers to NP practice is one way to meet this need. The 2nd draft report from the BHP will be posted to the DNP website (www.dhp.virginia.gov/bhp/) on September 1, 2011 with the final report scheduled for submission to Secretary Hazel on November 1, 2011. +



Diane Walker, Beverly Bayer, Cindy Fagan and Mary Duggan at the AANP National Conference.

NPs Recognized with State Award

On June 23, 2011 the American Academy of Nurse Practitioners (AANP) presented two awards to Virginia nurses at their annual conference in Las Vegas, Nevada. The State Award for NP Excellence recognizes an NP in a state who demonstrates excellence in their area of practice. The State Award for NP Advocate honors the efforts of individuals who have made a significant contribution toward increasing the awareness and acceptance of NPs in their state. Award recipients are honored at venues in their state during the year and are recognized at the AANP National Conference.

This year the State Award for NP Excellence was given to Beverly Bayer RN, MSN, FNP-BC, and the State Award for NP Advocate was received by Shirley Gibson, MSHA, RN FACHE.

Beverly Bayer was recognized for her work in an internal medicine practice as an empathetic, compassionate, expert practitioner and role model who is highly sought after to precept NP students. She is a longtime volunteer for the Herndon Relay for Life and has worked extensively in the community for cancer prevention and screening.

Shirley Gibson was honored for her advocacy efforts in supporting the removal of scope of practice barriers for Nurse Practitioners. She co-chaired the Capacity task force of the Governor's Health Reform Initiative where she advocated for increased access to care and nurses practicing to the full extent of their education and certification. She is the current president of the Virginia Nurses Association.

The Call for Nominations for the 2012 AANP State Awards for Excellence will open on August 23, 2011. Contact Mary Duggan NP, Virginia State Representative, AANP at maryduggan@verizon.net for information regarding nominating a colleague for these prestigious awards. +

Nurse Practitioners Receive Awards

The Virginia Council of Nurse Practitioners' (VCNP) Richmond Region honored two nurse practitioner members with awards at its monthly meeting on July 19. HoChong Gilles, RN, MS, FNP received the Donna Campanella Outstanding Nurse Practitioner Award, and Lisa Sievers, MS, RN, ACNP was honored with the Outstanding Nurse Practitioner Student Award.

Gilles has worked as a nurse practitioner for Hepatology/Liver Transplant in the Gastroenterology Department at McGuire VA Medical Center since graduating from the Medical College of Virginia in 1999. She serves as the state treasurer for VCNP and lives in Henrico, Va.

"HoChong has devoted her career to achieving clinical and professional excellence as a clinician, educator, clinical preceptor, researcher and leader," said Cynthia Fagan, RN, MSN, FNP-BC, President, VCNP. "Her leadership expands beyond the



HoChong Gilles, RN, MS, FNP (left) and Lisa Sievers, MS, RN, ACNP.

clinical specialty to the VCNP professional organization through active participation at both the regional and state level. Her sustained contributions have significantly impacted clinical practice as well as the profession at large."

Sievers graduated from Virginia Commonwealth University in May and is

working as an acute care nurse practitioner with Medical Critical Care Services at Inova Fairfax Hospital in Falls Church, Va. She recently began a post-MS certificate program at VCU to earn her certification as a family nurse practitioner. She lives in Springfield, Va.

"Lisa demonstrated clinical excellence and strong commitment to achieving professional excellence,"

said Fagan. "She immediately stood out because of her humble attitude and strong motivation to build capacity to become the best nurse practitioner possible to improve the health of her patients. Her passion to excel in the role and thirst for clinical knowledge both challenged and provided great reward for her clinical preceptor." +

NP Heroine Featured in Second Novel



Lara Nance, Adult NP at Beth Shalom Village in Virginia Beach, just published her second novel with an NP as the Heroine. *Dealers of Light*, a paranormal romance, is now available in both print and electronic versions at Amazon.

com and BarnesandNoble.com.

Lara is a member of the Tidewater Region of VCNP. Her previous novel, *Memories of Murder* also features a nurse practitioner as the main character and was published in March of this year. Lara feels that nurse practitioners are heroes everyday in the health care arena and yet you rarely hear of a novel with one as the protagonist. She hopes using nurse practitioners in her books will raise awareness of this position and the beneficial role NP's play in today's society.

You can find out more about Lara and her books on her website: www.laranance.com. +



VCNP to Recognize National NP Week

National NP Week is Nov. 13-19, and VCNP is planning to recognize the good work done by our members and NPs across the Commonwealth each day. For the second year, VCNP will be conducting a statewide book drive for Reach Out and Read, a nonprofit organization that promotes early literacy and school readiness in pediatric exam rooms by giving new books to children and advice to parents about the importance of reading aloud. As part of NP Week, VCNP also will be working to highlight the important contributions of NPs with members of the media, students, legislative partners, health care colleagues and others across Virginia.

Watch for more information about NP Week and the Reach Out and Read book drive later this fall. Contact Marie Gerardo, VCNP PR Chair, at mgerardo@vcu.edu or your regional PR representative with questions. +

Help Develop VCNP's Brand; Win a One-Year VCNP Membership

As part of the Public Relations committee's efforts to increase visibility of nurse practitioners in the Commonwealth, VCNP is looking for a special slogan to brand our organization and NPs in Virginia. Slogans like "It's the Real Thing," "Just Do It," and "Be All You Can Be" have long been identified with certain products and services. What can we say about VCNP and nurse practitioners to better brand our organization and tell Virginia's citizens who we are and what we do?

VCNP is looking for your ideas since who better to talk about our organization than our members. Channel your inner creativity, and submit your slogan ideas to your regional PR representative or Marie Gerardo, PR Committee Chair, at mgerardo@vcu.edu by Nov. 19. The winning entry will be displayed at the state conference in March, and the winning writer will receive a free, one-year VCNP membership. The contest is open to members and non-member NPs. +

VCNP Member Reappointed

Marie Gerardo, RN, MS, ANP-BC has been reappointed by Speaker of the House William J. Howell to the Commission on Community Integration for Individuals with Disabilities. The purpose of the commission is to 1) monitor the implementation of state and federal laws concerning community integration of Virginians with disabilities 2) study all matters that present barriers or challenges to full community integration of Virginians with disabilities 3) advise and make recommendations to the Director and the Implementation Team related to eliminating barriers and challenges to community integration of Virginians with disabilities and such other related matters as may arise in the performance of their duties, 4) review and advise the Director and the Implementation Team on its strategic plan, and 5) report recommendations to the Governor. The commission has been instrumental in helping to get funds appropriated in the General Assembly via the passage of bills to improve the health of individuals with various disabilities. +

VCNP 2012 Annual Conference

VCNP 2012 Annual Conference featuring workshops by Barb Bancroft, Wendy Wright and Mimi Secor ... featured topics will include Managing Chronic Pain, Interdisciplinary Collaboration and The Impact of Telehealth on NP Practice. Don't miss it .. Save the date March 8 - 11, 2012!

A GIFT FOR THE GRAD

Give the Gift of Professional Involvement—A Membership to the Virginia Council of Nurse Practitioners (VCNP)

VCNP offers many valuable benefits to its members, here are a few ...

- Coordinated health policy and regulatory advocacy through regional legislative activities and a paid lobbying firm to promote access to care, reimbursement parity and choice for healthcare consumers
- Professional development, continuing education and networking opportunities through local meetings and the annual state conference
- Reduced registration fees at our state conference
- Information on current job opportunities and FREE job posting
- Find an NP - This directory will allow the public and other nurse practitioners to locate you by specialty
- Discounted legal review of employment contract

Full membership is \$150 per year. Help your grad make the transition from student to nurse practitioner. Your grad will be glad to have the gift that keeps on giving throughout the year!



To give the gift of membership, please visit <http://www.vcnp.net/membership.php>

Upcoming NP Conferences

The Richmond Regional Pharmacological Conference is Saturday, October 8th at the Lewis Ginter Botanical Garden, and the Northern VA Region will host its Professional Practice Pearls Continuing Education Conference on Saturday, November 5 at Marymount University in Arlington. Visit www.vcnp.net for details and registration info.

Alcohol & Drug Use in the Elderly: Is it Commonplace in Your Practice?

BY PAMELA L. PARSONS PhD, GNP-BC

Thirteen percent of men and eight percent of women community-dwelling elders report at-risk drinking, and up to four percent of this group are known to abuse alcohol. Substance abuse (SA) includes the abuse of alcohol as well as other drugs, both prescription and non-prescription. At least one in 10 of your patients will have this disease. As care providers, nurse practitioners see the multiple facets of SA daily. SA patients can be found in multiple sites of care delivery, including primary care, emergency rooms, acute care and long-term care sites such as continuing care retirement communities. We are often the person identifying the problem.

A major dilemma is that SA is often underreported and overlooked in the older population. There are special considerations in the older population. First, although the elderly make up approximately 13 percent of the population, they consume 25-30 percent of all prescription drugs. Secondly, benzodiazepines make up 17-23 percent of the drugs prescribed for older adults. A major issue with SA in this population is the combination of prescription drugs, such as benzodiazepines or pain medications, and alcohol.

Nurse practitioners need to become comfortable recognizing SA in the older adult, and be able to obtain an accurate history and assessment. Recognizing SA and having the skills to use in assessment and treatment planning are key to improving outcomes and quality of life for this population.

There are simple alcohol assessment tools that can be used in the clinical environment. Alcoholism itself can be defined by four domains: (1) Craving – a strong need or urge to drink; (2) Loss of control – not being able to stop drinking once drinking has begun; (3) Physical dependence- including exhibiting withdrawal symptoms, such as nausea, sweating, shakiness and anxiety after stopping drinking and; (4) Tolerance – the need to drink greater amounts of alcohol to get high. Risk factors for SA and binge drinking include the use of tobacco

and other illicit drugs (such as marijuana), as well as undergoing the stresses and losses associated with aging (loss of a loved one or pet, changes to income and roles, or changes to health status). Individuals presenting with functional impairment, recurrent injuries/falls and abnormal mental status should all be considered at high risk for SA and targeted for further assessment.

Screening tools that are easy to use include the Short Michigan Alcoholism Screening Test –Geriatric Version (S-MAST –G) and the CAGE.

The CAGE questionnaire consists of the following:

1. Have you ever thought you ought to Cut down on your drinking?
2. Have people Annoyed you by criticizing your drinking?
3. Have you ever felt bad or Guilty about your drinking?
4. Have you ever had a drink first thing in the morning (Eye-opener) to steady your nerves or get rid of a hangover?

Another screening instrument that is recommended for use with older adults is the World Health Organizations Alcohol Use Disorders Identification Test (AUDIT). This screening tool is sensitive to early detection of risk behaviors related to drinking, and aides in identifying those that are at high risk for abuse. It includes questions on alcohol consumption, drinking behavior and dependency as well as questions related to consequences or problems related to drinking.

Medical history findings that may be suspicious for SA include alcohol-related illnesses such as gastrointestinal bleeding, hypertension, stroke, pneumonia, poor nutrition, seizure, neuropathies, pancreatitis liver disease, falls and cancers. Also the presence of depression, anxiety and insomnia are commonly connected with SA. Physical exams may show evidence of bruising, angiomas, ecchymosis or a flushed or florid face. Patients with advanced alcohol disease

may exhibit diminished coordination, slurred speech, ascites, hepatomegaly or edema to the legs or feet. Lab values can be helpful in identifying increased alcohol intake, with increases in the mean corpuscular volume (MCV) with levels of 95 in females or 100 in males signaling a red flag. Anemia and thrombocytopenia may also be present. Most notably the SGOT (AST) increases up to double that of the ALT (SGPT). Urine drug screens are more accurate than serum levels when determining use of other drugs such as benzodiazepines, barbiturates, opiates and illicit drugs.

When questioning your patients about SA it is very important to treat them with respect and be completely non-judgmental. It is helpful to ask how many doctors they are seeing and if the patient uses more than one pharmacy.

When designing a treatment plan, be sure to evaluate the patient's motivation for change. Assess the social network and social support system – involving the family whenever possible. Antidepressants, such as Remeron and Paxil, have been shown to be somewhat effective. There are also anti craving medications that have been used – mostly with younger populations. These include medications such as topiramate, naltrexone, and acaprostate. Benzodiazepines are a first line medication to use to relief anxiety, though caution is advised with dosing and prescribing these medications in the elderly.

Although SA is difficult to “cure” in the older population, recognition and a trusting relationship with the provider are essential to success as older adults do have the highest success rate of recovery once treatment is sought. Nurse practitioners are key to addressing the burden of SA, a hidden epidemic in our older population.

Additional resources can be found at <http://www.abc.virginia.gov/Education/olderadults/aaagroup.html>. +

Sponsored by the Alcohol and Aging Awareness Group (AAAG) www.alcoholandaging.org