



A LETTER FROM THE PRESIDENT—"TIMES... THEY ARE A CHANGING"



Do you ever look at old pictures of yourself and think how different we are now from who we were back then? As we have matured, this new picture depicts us with a little more gray hair, laugh lines, and possibly a few extra pounds. Just as we recognize these changes reflects our life's journey, growth of our professional selves is a product of our years of nursing education, the career path we have chosen, and our experiences along the way. This growth has also left indelible marks. We have developed a unique set of skills that allow us to provide the best from both disciplines – nursing and medicine.

As we have grown and matured, so has the advanced nursing profession. What was a sufficient description of nursing in 1978, no longer reflects who we have become. By not defining advanced practice nurses, we were able to fly under the radar and avoid restrictive guidelines. This strategy was very effective for many years. But as advance practice nursing education in general, and scope of practice

in particular, has grown to meet the needs of our clients and families, we find that this lack of definition puts us at a distinct disadvantage.

In the spring of 2008, Michigan Department of Community Health (MDCH) was prepared to post on their web site a "clarifying statement" about advanced practice nursing (APN). It was their interpretation that APNs provide services as a "delegated and supervised function of medicine." They based their interpretation on the premise that as APNs, we diagnose. Diagnosing is listed under the "Medicine Practice Act" as a function of medicine. As we are not physicians, according to MDCH, the only way we can "diagnose" is as a delegated.... function of Medicine. While MDCH recognizes that APNs diagnose as a routine part of our practice and that APN scope of practice has grown since the Public Health Code was written in 1978, they have no authority to "interpret" our practice as anything other than "delegated and supervised"

We have examined this problem from a number of different angles but keep returning to the fact that our lack of definition DOES significantly impact on our ability to practice to the fullest extent of our education, experience and skills. MICNP has retained the services of a legal team and a new lobbyist group to guide us through the process of making this change in the Public Health Code.

It will not be easy, inexpensive, or without risk. However, the time is right. As the topic of adequate numbers of qualified health care providers is on everyone's lips, we have a short window of opportunity to make the argument that APNs, and NPs in particular, are the solution to cost effective, high quality and user friendly health care. We cannot seriously argue that we are "independent health care providers" if we remain arbitrarily tied to the physician.

So the campaign begins... MICNP will not ask you all to put posters in your yard or wear "Free all NPs" buttons – yet. But this is your fight as well as mine. So step up - volunteer your time and skills, contribute to PAC, and join the organization (if you have not already done so). Support your fellow NPs in this fight. We cannot do it without you!

Connie Krappner

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Special points of interest:

- Highlighted MICNP Members
- MICNP Upcoming Conferences
- Public Policy Update
- Join MICNP!

Kim Tocco Receives MICNP NP of the Year Award



Kim Tocco, NP, CNS, BC
Clinical Director, Owner,
New Horizons Mental
Health Services, PLLC

MICNP was proud to present Kim Tocco with our 2009 NP of the Year Award! Kim is a true entrepreneur who has developed a unique model of care as a nurse practitioner owner with a supportive collaborating physician.

Kim is supportive of other NP's and readily accepts the role of mentor – passionate, supportive, and knowledgeable.

Her commitment to MICNP is strong. She recently co-chaired the psychiatric conference committee, is active with the political activities that MICNP is involved with related to psychiatric practice, and encourages mem-

bership.

Kim's professional website (www.newhorizonsmentalhealth.com) is a testament to her dedication to the NP profession. Her website educates the public about NPs and the model of care that we are committed to.

Kim has been a driving force behind inclusion of psychiatric NP issues with MICNP. She has taken a step toward her own mental health practice that few have taken, and she has motivated many NP's to follow in her footsteps. She sets an example for all health care professionals and MICNP is proud to call her one of our own!

MICNP Featured Member—Sandra Saucier:



Sandra C. Saucier,
DNPC, NP-C, CSC

Sandra Saucer, MICNP member and MICNP By-laws Chairperson is striving to advance the profession while taking us into providing ways that we can receive the respect and recognition that we all deserve. A collaborative agreement with Wayne State and Oakland University, NP of the month recognition program, elected to AANP Nominations Committee and produced innovative evidence based research, just to name a few!

Sandra recently completed a research project which will be displayed at the University Research

Day (April 15) and Sigma Theta Tau's Biennial Research Conference (October). Sandra's cutting edge research includes using bedside ultrasound to detect pneumothorax. A technique that, until now, has been almost exclusively a physician specialty.

As a mentor, Sandra has consistently precepted students while encouraging her peers to do the same. She recognizes the importance of recognition and developed a successful NP of the Month program which has taken off within other departments at Henry Ford Hospital.

Sandra is a true leader for our profession and MICNP is delighted to have her representing our members both on our state board as well as nationally (AANP).

Let us highlight your accomplishments in future newsletters. Email micnp@arounddetroit.biz with your story.

MICNP: Your Voice in Lansing and Beyond

In an effort to further influence public policy at the state and national levels, MICNP has increased its visibility in Lansing and DC these past months. As all of us know, Michigan's health care system is under siege from two sides. Not only do we have the highest unemployment rate in the nation, we also have a budget crisis. As more of Michigan's residents lose their jobs and are without health insurance, the health services that have always been a safety net are being threatened as budgets shrink.

This is no time to pull back and ride out the storm. NPs need to be a united voice on the effects these cuts will have on our patients. Our clients and their families have always looked to us to be an advocate for them. MICNP is stepping up its efforts to provide our members with that voice and presence while the health care crisis is being debated. The following are highlights of our efforts in the past six months.

SB 114, HB 4341 & HB 4377 "Smoke Free Workplace bills" The Senate bill, as well as the HB 4377 would ban smoking in ALL workplaces, while HB 4341 would grant exceptions such as casinos, tobacco shops, etc. A compromise is still being worked on. Budget concerns take precedence at this time so it will probably be fall before the talks begin again. MICNP is part of Tobacco Free Michigan, which is one of the organizations behind this legislative push.

Medicaid Changes – In late spring, MICNP has submitted an Executive Summary of our recommended changes in reimbursement and provider status within Medicaid to John Kowalski, Director Health Policy. A follow up appointment will be made in early September.

Michigan Associations of Health Plans - MICNP is scheduling a meeting with director, Rick Murdock to discuss the advantages of adding language to include NPs as providers in regulations governing health maintenance organizations (HMO) in Michigan.

"APN Practice Act" – Meetings are being held in Lansing with additional House and Senate legislators re: the needed changes in the Public Health Code to define APNs, etc. MICNP has met with key legislators on the House Health Policy Committee. In general, we were very well received. More meetings with their Senate counterparts are scheduled after the legislature returns from summer break. Continued legislator education will be needed, but it does look promising.

"Michigan Department of Community Health" – Massive cuts to the DCH's budget are on the chopping block as the legislature tries to deal with the state's budget crisis. MICNP met with Gary McDowell, the legislative budget director, to provide information on the impact these cuts will have on the under and uninsured residents of the state. Several items such as the MCIR program to track immunizations status and the adult waiver programs have been reinserted into various versions of the budget but it remains very much a "work in progress." MICNP feels it is doubly important to continue a steady stream of contact with those in charge through visits, phone calls and letters so our message does not get lost.

"Michigan Health Care Reform Bills" - Both the House and Senate are working on a series of bills that will reform health care in Michigan. The differences in the bills so far are who will be covered and how to pay for it (much like the debate at the national level). MICNP has our lobbyist watching all these bills closely so we can intervene quickly as language is being developed. Our goal is to be sure that NPs are recognized as primary care providers in all settings and that provider neutral language is included in all bills.

"MICNP at the Table" - MICNP is represented at a variety of health care and nursing organizations so that we can influence policy development before it becomes "set in stone." A few of the more prominent organizations include – Michigan Primary Care Consortium (MPCC), Coalition of Nursing Organizations in Michigan (COMON), Multi State Reimbursement Alliance (MSRA). Our focus is to continue building our visibility and promote the MICNP agenda of improving access to care.

Federal Legislation – Early this month, MICNP was among the select nursing organizations in Michigan invited to participate in a conference call with Senator Debbie Stabenow on health care reform and the issues facing nursing. We submitted a summary of our concerns beforehand. Whether by chance or design, many of those same issues were supported by the Senator. MICNP will make a follow up appointment with the Senator to discuss our concerns.

"The Affordable Health Choices Act of 2009" – MICNP continues to monitor and support the House and Senate versions of this bill which would allow NPs to lead "Patient Centered Medical Homes."

"Nurse Managed Centers Reinvestment Act" - MICNP continues to monitor and support the House and Senate versions of these bills which would provide funding of \$50 million to support Nurse Managed Centers. These bills are important as they not only provide a safety net for our most vulnerable populations, but also as a resource and training site for NP students and faculty.

Upcoming Conferences:

**Michigan Council of Nurse Practitioners
9th Annual Advanced Practice Nursing Conference
"A Decade of Change...the NP will see you now"
April 30—May 2, 2010**

This year's conference will be in Grand Rapids, Michigan at the Amway Grand Hotel & Devos Conference Center.

Educational tracts offered will be:

- Acute Care
- Primary Care
- Professional Issues
- Miscellaneous

MICNP will also be celebrating our 10th Anniversary. Our Anniversary Celebration will be held during the conference on Saturday, May 1, 2010.

Filling the Gap/Fulfilling our Potential

The Michigan Council of Nurse Practitioners and Michigan NAPNAP
Invite all Advanced Practice Nurses to join us for

Legislative Action Day
October 20, 2009
Anderson House Building
Mackinac Room
Lansing, MI

Register today, space is limited www.micnp.org

YOUR BOARD AT WORK

MICNP Education Committee

Have you noticed a change in the number of invitation to educational programs you have received from pharmaceutical companies in the past several years? Noticed that those programs no longer offer contact hours as pharmaceutical companies continue to clarify the distinction between unbiased education and product promotion? Surely, "the times they are a changing."

MICNP is an approved provider of continuing education through the American Academy of Nurse Practitioners (AANP). To maintain our relationship with AANP, MICNP must meet certain standards for each continuing education program it offers. We are audited on a yearly basis, and must be sure that our policies and procedures for approving contact hours are consistent with those required by AANP.

We have always attempted to provide unbiased educational programming, and have valued your input when you thought a program was biased towards a specific product. Effective July 1, 2009, AANP required that we adopt an even more stringent policy. The AANP policy states *"No individuals serving on an industry speakers bureau can serve as faculty for an AANP accredited CE program on a topic in the same general clinical area. Exceptions may be made for faculty who are not presenting content regarding treatment options. Request for exception must be made in writing with specific program objectives which support the request."*

This new policy is creating challenges for chapter and conference meeting planners, as they must assure speakers can meet this standard. The education committee will be responsible for verifying that the information submitted is accurate and complete before contact hour certificates will be issued. We are here to support the chapters' efforts to provide contact hours and appreciate your understanding as we all adapt to this new policy.

In an attempt to assist you in obtaining contact hours that may not be offered by chapter programs, we began including website information for free continuing education programs in the MICNP Weekly E-Mail. In addition, we applied for and received a generous educational grant from Bayer that will fund evening programs on menorrhagia at six MICNP chapters. It is our intent to submit an additional grant application this fall.

Please share your thoughts and suggestions with us.

Ginny White-Linn, MICNP Education Chairperson
Neita Dorais, MICNP Education Committee

MICNP Public Relations Committee

MICNP is growing, and with that comes a responsibility to begin to "brand" ourselves as an organization. We have a newly formed Public Relations Committee that is working to do just that! Coming soon are the MICNP Speaker's Bureau, MICNP Preceptor's Bureau and newly designed website, just to name a few!

MICNP Call to Action

MICNP is only as strong as the voices of our ACTIVE members! Michigan is more than 3,500 NPs strong. Your practice; our practice issues cannot be addressed unless we are all change agents. All NPs and NP Students from around the state are invited to join and take an active role in our organization. We are accepting volunteers for the following committees:

- ◆ Public Relations
- ◆ Membership
- ◆ Bylaws
- ◆ Public Policy
- ◆ Education
- ◆ Nominations

Building the Value of NPs: the Time is NOW!



Residing and working in Lansing has provided me with the opportunity every August to bear witness to the hundreds of thousands of new Michigan State University students making their first attempt at a smooth transition from home to independent student life. Having gone through this transition myself, I am reminded of the time when I first left my parents nest in Midland and stepped foot in Case Hall at MSU to begin my studies. Having made the decision to dedicate my education to Social and International Relations, my days and evenings quickly became filled with endless pages of literature written by our country's greatest social theorists. One such writing that instantly comes to mind is Robert Putnam's path-breaking book entitled *Bowling Alone*. In his book, Putnam recalled that when he went bowling as a child in the 1950s, people bowled in teams. In the late 1990s, people went bowling just as often as they did in Putnam's youth. However, they bowled with a couple of friends or family members, not in

leagues. For Putnam, "bowling alone" is just one of dozens of indicators that Americans were less and less engaged in the rich social network of recreational and political organization which his earlier research in Italy had suggested were vital for democracy.

In his writings, Putnam distinguishes between "bonding" and "bridging" social capital, with only the later unambiguously supporting democratization. Bonding social capital develops when we get involved with people like ourselves. In my case, that would mean spending time with moderate, middle-aged lobbyists and political insiders who like to discuss the two most socially taboo (and most often avoided) subjects: politics and religion. In bridging social capital, I stray from my comfort zone and become involved with people who are less like me. That may be as simple as getting involved in my neighborhood association. My neighborhood consists mostly of teachers and retired autoworkers. In spending time with people who come from different backgrounds, political views and professions, I discover not only the issues we disagree about, but also the areas where we do agree and can work together. We develop trust and toleration. Our community's social life literally becomes more civil.

I must admit that when I first poured over Putnam's writing, my focus was more on finishing the assigned reading so that I can quickly direct my attention to the evening's social calendar rather than how this may actually apply to my "real life". Not unlike most college students, I am sure I must have thought, "when will I EVER use THIS?". This year, as the new students moving in to campus congest traffic during my commute to the gym, my mind reflects on the opportunity that has been placed before today's nurse practitioners here in Michigan.

I began working for the Michigan Council of Nurse Practitioners earlier this year, and over the past few months it has become clearly evident how the right time is now for nurse practitioners to focus on "bridging social capital", both at the state and federal level. Legislators are looking for ways to reform and restructure our healthcare system, and they need to hear from you about how nurse practitioners are the most valuable providers in the context of health care reform. The goal of covering the millions of uninsured comes with a range of obstacles, chief among them being that there will not be enough physicians to care for all the new patients. Even without reform, we are currently seeing a 30% shortage of primary care physicians, and with the majority of medical students choosing more lucrative specialties over primary care, this gap will inevitably grow.

Legislators must learn from you that nurse practitioners are the best way to fill that gap. They need to understand your perspective on how creating an environment that welcomes nurse practitioners by easing restrictions will ensure that Michigan will be able to meet these new challenges. That is just what you are helping make happen through your Michigan Council of Nurse Practitioners membership.

Today, in the spirit of Putnam, I challenge you to further "bridge social capital" by participating in your upcoming Advanced Practice Nursing Legislative Day. While it may be a bit out of your comfort zone, sharing your profession and educating the individuals who represent you in Lansing about what you do will help develop the trust and understanding necessary to move forward. Democracy at its finest. Putnam and my Social Democracy professor would be proud.

Now if only I can find that practical use for Algebra...

Heather Scott
Lobbyist, Kheder Davis & Associates