New Mexico Nurse Practitioners Celebrate 20 Years of Independent Practice & Prescriptive Authority

by Carolyn Montoya, RN, MSN, CPNP

The annual NM Nurse Practitioner Conference (NMNPC) provided the setting for nurse practitioners (NP) from around the state to celebrate 20 years of independent practice and prescriptive authority. Twenty years ago few states, if any, had independent practice and most of the 28 states with prescriptive authority for NPs required either direct supervision or a collaborative agreement with a physician. Nurse practitioners in New Mexico, prior to 1993, were among those NPs required to have a collaborative agreement with a physician in order to practice. They could only prescribe non-controlled substances with physician supervision and needed to have both their name and the supervising physician’s name printed on prescription pads. The watershed moment for NPs in NM occurred 20 years ago with the passage of a bill allowing NPs in NM to have full prescriptive authority for Schedule II-V drugs without physician supervision; to practice independently without physician supervision; and to be recognized as primary care providers. How did NM do it?

Nurse practitioners in NM were fortunate to have a group of dedicated NPs and community partners committed to a common goal – improving health care access to the citizens of NM. This goal could best be achieved by supporting both independent practice and full prescriptive authority for NPs. The NMNPC, at that time affiliated with the NM Nurses Association, worked to unite the nursing community behind this effort. Deborah Walker, an FNP, was the lobbyist for the NM Nurses Association in 1993. Ms. Walker was able to identify key legislators; negotiate with the NM Medical Society; and facilitate the formulation of both nursing and non-nursing coalitions. Gloria Birkholz, RN, JD, from the College of Nursing (CoN) at the University of New Mexico (UNM) provided invaluable legal advice. Members of the NMNPC, NPs from around the state, faculty from the UNM, CoN, all provided expert testimony and worked the phones to convince legislators to vote for the passage of this bill. It was a great example of the power of a united nursing community. Currently NPs have prescriptive authority, in varying degrees, in all 50 states. However, as of 2013, only 17 states have independent scope of practice statues for NPs. Why? For every state that has been able to expand the scope of practice (SOP) for advanced practice nurses there exist other states where SOP has been limited due to the continued perceived threat by medical boards and medical societies. In 2010 the Institute of Medicine (IOM), in their report on the Future of Nursing, recommended that SOP barriers be removed for all nurses. Yet in the fall of 2012 the American Academy of Family Physicians published a white paper promoting primary care for the 21st century as being a team effort – as long as the team leader is a physician. With numerous studies attesting to the quality of care provided by NPs and the need for more primary care providers it is time to fulfill the IOM recommendation, use the example set by independent NPs in NM, and allow all nurses to practice to the full extent of the education and training.

Carolyn Montoya, RN, MSN, CPNP and Barbara Salas, CNP

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New Mexico Nurses Association is committed to advocating for all licensed nurses, improving health care, and promoting life-long learning.

**Core Values**

- Promote the professional and educational advancement of nurses.
- Develop alliances with other professional health care organizations on issues affecting nurses and health care.
- Enhance recognition of the contribution of the nurse in health care.
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Carrie’s Corner

I have served as your Executive Director of NM Nurses Association for 12 years. During that time, NMNA has grown, has evolved into a terrific advocate for all nurses across the state, providing representation on Board of Nursing and government task forces studying nursing education, nursing practice and advanced practice. We also have had representatives of NMNA serving on boards of the NM Center for Nursing Excellence, NM Nursing Education Consortium, NM Health Professionals Workforce Taskforce, NM Organization of Nurse Leaders, and other specialty organizations.

We have become an American Nurses Credentialing Center Accredited Approver of CNE activities and Approved Providers, raising the quality of continuing nursing education in New Mexico. In 2012 309 activities, both individual and from our Approved Providers, educated a total of 11,534 participants and provided a total of 1633.93 contact hours. We will continue to work with providers of continuing nursing education activities to hone their skills at planning, implementing and evaluating the CE they offer to keep improving over time.

The Executive Position has given me entrée into many worlds of policy-making, raising my awareness of the many facets of regulation and licensure that I had not been aware of prior to taking this position, and I have met brilliant nursing/health care leaders. It has been a challenging, and incredibly rewarding position that I have very much cherished as the pinnacle of my 45 years of nursing.

I am pleased to be able to take this opportunity to let you know that on May 1, my anniversary at NMNA, I retired. In fact, this will be the last Carrie’s Corner. I want to close by saying that I have enjoyed orienting our new Executive Director for NMNA: Deborah Walker MSN, RN, and I know everyone is very excited to work with her. I will continue to administer the CNE accredited approver unit for NMNA, but have time to move on to volunteer work in Santa Fe and statewide to improve access to nursing, mental health, and primary care for our residents, and to have the freedom to paint, play my guitar, cook healthy meals and have the time to exercise. I will miss all of you, but step into a new role as an activist for my community. Thank you for twelve wonderful years. Please stay in touch—my private email is crobertsmsn@gmail.com !!!

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By Mary J. Sletten, NMNA President

How often do you get to see a dream come true? To recognize what an extraordinary profession nursing is and what we can accomplish when we work together? I feel so very lucky to have had that opportunity and, this past week, to see that dream a firm reality when I attended the international Pathway to Excellence Conference in Baltimore, MD.

I have always passionately believed in the importance of a positive workplace environment for nurses and its relationship to positive patient outcomes. Throughout my nursing career in all areas of my practice—bedside nurse, flight nurse, administrator, home health owner, nursing faculty—I’ve believed nurses are smart people who undervalue what we do on a daily basis and the changes we make happen when we make our voices heard.

Pathway to Excellence Credentialing Program is a program that recognizes good places for nurses to work. It is a program developed by nurses and initiated by nurses who want to make the places where they work positive to their practice which research shows translates to positive patient outcomes.

Five years ago, ANCC bought the Nurse Friendly Program from the Texas Nurses Association, believing that the core values and structure of this state-based program could be positively impact the work environment of nurses everywhere. That was challenge given to the first seven commissioners selected to accomplish this work. I was one of those first seven, the only one West of the Mississippi who was not from Texas.

There where many challenges in keeping the twelve core values identified by bedside nurses as an integral part of this new credentialing program. After a year of hard work, the outlook was not good that we were going to be able to succeed. However, never underestimate the power and creativity of motivated nurses. After being told by unimpressed experts outside of the group what couldn’t be done, our motto became “Just get out of our way and we will show you how do it! It will be evolutionary and evidenced-base and it will work!” And, we did.

Three years after launching the Pathways to Excellence Credentialing Program, a pilot was successfully done in Long Term Care. An ambulatory care facility received the Pathway designation this year. Applications from three counties are in the pipeline and eight more are actively planning to apply. The Application Manual has been translated into Norwegian. At this time, there are 106 Pathways to Excellence designated facilities and more applications coming in.

At the conference last week, I had the opportunity to talk with nurses from hospices and home health agencies who want the Pathway designation for their facilities. At this time, there are 106 Pathways to Excellence designated facilities and more applications coming in.

Looking back at that first year of a group of nurses meeting on a snowy date at the ANA headquarters in Silver Spring, MD, who had the courage, creativity and belief in the dreams and advocacy of the bedside nurses from all over Texas, it was successfully done in Long Term Care. An ambulatory care facility received the Pathway designation this year. Applications from three counties are in the pipeline and eight more are actively planning to apply. The Application Manual has been translated into Norwegian. At this time, there are 106 Pathways to Excellence designated facilities and more applications coming in.

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ANA’s Staffing Conference: Fostering Innovative Staffing Solutions will be held November 8-9, 2013 at the Washington Hilton, Washington, DC

The conference brings together nurse administrators, nurse managers, and staff nurses with recognized experts in nurse staffing to build a dialogue around the latest staffing models, highlight leading practices, and share innovative solutions to this critical issue.

Registration is open at www.anastaffingconference.org

Conference sessions include:

- Barbara Blakeney, MS, RN, FNAP, a recognized expert by the Centers for Medicare and Medicaid in designing innovative solutions to complex health care problems, will discuss new strategies and innovations that influence professional nursing practice and support nursing leaders.
- Three leading scientists Jeannie Cimiotti, DNSc, RN, Matt McHugh, PhD, JD, MPH, RN, and Jack Needleman, PhD, FAAN, will discuss the evolving science and research that demonstrates the impact of staffing on patient safety and quality patient outcomes.
- Jennifer Mensik, PhD, RN, NEA-BC, FACHE, author of The Nurse Manager’s Guide to Innovative Staffing, will discuss various care delivery models and how they impact staffing.
- Sean P. Clarke, PhD, CRNP, FAAN, will discuss the relationship of organizational climate to patient safety and how nurse staffing and work environments affect patient outcomes.
- Several panel presentations will focus on making staffing work in the real world and highlighting tools and strategies for positive change.
- A roundtable discussion offers the opportunity for attendees to refine ANA’s framework for making the business case for staffing.

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Michael Lewis RN
Nurses Driving Change In Health IT

Q and As with Judy Murphy, RN, FACMI, FAAN, Deputy National Coordinator for Programs and Policy at the Office of the National Coordinator for Health IT, Department of Health and Human Services, Washington DC

1. What role are nurses playing to advocate and shepherd health IT in the practice setting?

I can’t underlie enough the central role that nurses play in team-based, coordinated, and patient-centered care. They are a critical part of improving health and health care and controlling costs – the three-part aim! Because of that broad clinical role, nurses can also serve as pivotal resources in the transition to meaningful use of electronic health records. Nurses are active within their organizations on the committees and work groups that are charged to develop and implement HIT. Nurses are essential to implementation, as they understand how the work of patient care is done and can assist to integrate health IT with existing or new interdisciplinarily work processes.

Nurses also have an essential role in consumer involvement: patients and their families trust nurses. Nurses work with patients and families and can influence their perceptions of how to engage in their own care. Providing patients an electronic copy of their health record or making patients aware of the existence of the electronic health record with a portal account and teaching them how to use it, are great steps toward strengthening patient access to their health information and engagement in their own health care.

Listening to my colleagues about how they perceive electronic health records and use them in their practice has led me to many ‘ah-ha’ moments on how they need to be integrated into clinical processes and leveraged to better address quality of care. Once an electronic health record is implemented, there is still much work to ensure adoption of all its features and functions and optimizing its use in clinical practice.

There are many resources that you may find valuable on the ONC website, HealthIT.gov. Included here are a few that I’d like to share:

- Incentives for panicked medical facilities on HealthIT.gov
- The latest health IT’s announcement,[MU stage 2 ONC Health IT Certification program]
- Educational support [HHS National Health Services Corps Scholarship program]
- Training tools [live interoperability training course posted on HealthIT.gov]
- Resource toolkits

2. What advice can you share with your fellow nurses in support of their journey to meaningful use of electronic health records?

Because nurses understand the true patient-centered power of the electronic health record, particularly in transitions. I’ve seen even .care venues, they are able to assist in re-designing clinical workflows using the new technology. Nurses also understand that meaningful use needs to be taken into context within the strategic priorities of their organization, and not as a checklist of isolated measures in order to meet the criteria for the EHR Incentive Program.

The meaningful use journey emphasizes the interoperability of electronic health records between the goals of ensuring that through this exchange of health information, patients get the right care. Through this exchange, health information can be used to support patients’ care transitions. Ensuring that data collected and known in one care venue is transferred to the next care setting. So the patient’s problem list, med list, allergies, lab results and vital signs can be shared – eliminating the need to recollect or ensuring it is available as part of the care plan. This exchange is especially important when looking at care transitions such as discharges from hospitals and transfers to/from skilled nursing and long term care. These handoffs of care are particularly troublesome, but we believe that electronic health records can smooth this process.

At times, too much emphasis is placed on the role of the physician to drive health IT adoption. When looking at implementation, each member of the care team has a unique place in the process and should help to drive change. The role and importance of the nurse as a potential leader in spearheading this adoption should not be overlooked. Already used to acting as a liaison between the physician and the patient, nurses are perfectly positioned to work together with all members of the care team in order to effectively incorporate health IT into practice.

The ONC recently issued a Data Brief that shows the dedication and importance nurse practitioners play in adopting health IT in the primary care setting, with over 80% of Regional Extension Center-enrolled Nurse Practitioners already actively using an electronic health record. That’s over 20,800 NPs!

3. How has your role as ONC Deputy National Coordinator for Health IT afforded you opportunities to increase the awareness of the importance of nurses as leaders of patient care teams?

As the Deputy National Coordinator for Health IT, I take my responsibility to share my views and talk about the role of nursing in health care and the importance of nursing’s contributing to health IT very seriously. I think about nurses and their role in every meeting every day, and strive to represent our profession’s unique contributions.

ONC shared stories during Nurses Week from nurses and nurse practitioners from Missouri, Louisiana, New Mexico and Montana—four stories highlighting their commitment to patients through the meaningful use of electronic health records facilitated improved chronic care management, and about the resiliency and expertise that nurses bring to the fight.

I am proud to be part of ONC which is leading the nation in the effective use of health IT to put patients at the center of their own care. In addition to the recently announced National Action Plan to Support Consumer Engagement here at ONC, our Office of Provider Adoption and Support works with our 62 Regional Extension Centers to develop new tools and Patient-Centered Service Lines so that providers and patients can engage patients in their care. We believe that nurses can influence their perceptions of how to engage in their own care.

Nurses serve as the primary patient advocate and are part of the care team. They are a critical part of the care team. Through their role in every meeting every day, and strive to represent our profession’s unique contributions.

I am encouraged every day by the leadership and clinical innovation being taken across the nation by nurses in this time of profound change.

For more information on how nurses are driving change, please visit the ONC website at www.healthit.gov.

What’s next – what’s one of your top priorities that you haven’t already touched on?

Patient-centered care is considered one of the ‘three-part aims’ of health IT. Providing patients access to their health information and engagement in their own care. Providing patients an electronic copy of their health record or making patients aware of the existence of the electronic health record with a portal account and teaching them how to use it, are great steps toward strengthening patient access to their health information and engagement in their own health care.

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