Maine's First Nurse Practitioner Residency Program

Bonnie Case, FNP

The Institute of Medicine and Robert Wood Johnson Foundation recommended in their 2010 Future of Nursing Report that residency programs should be developed to support the transition to practice for nurses and nurse practitioners. Penobscot Community Health Care (PCHC), with eighteen service sites located in greater Bangor as well as Belfast, Winterport, and Jackman, has taken this recommendation to heart. In 2011, funded by a grant from the Health Resources and Services Administration (HRSA), the first nurse practitioner residency program in Maine was developed. Now in its third year, the PCHC NP Residency Program continues to grow; from 2 residents in 2011-2012, 4 residents 2012-2013, and 6 residents currently. The program is 1 year long, and the residents' time is split between precepted continuity clinics, in which the residents develop and care for their own panel of patients, didactic sessions to strengthen clinical practice, and specialty rotations in women’s health, dermatology, orthopedics, mental health, and geriatrics. The program ultimately seeks to support and promote role transition, clinical knowledge and skill application, complex patient management, quality management, fiscal responsibility, and provider self-confidence. The program hopes to reduce the “reality shock” that so many new providers experience in their first position after graduation from school. In addition, the program recruits and retains providers for the state of Maine and supports increased access to primary care for residents of underserved areas in Maine. This is apparent as 4 of the 6 residents from prior classes have stayed in Maine to practice, and 4 of the 6 current NP residents are from Maine.

Why are nurse practitioner residency programs needed? Nurse practitioner residency programs are important for the future of advanced practice nurses and primary care in general. No other healthcare profession expects a productive, knowledgeable, confident, comfortable provider immediately after completion of basic professional education. The community setting is demanding, even for those providers who have years of nursing experience. Students of nurse practitioner programs are inadequately prepared for the social, fiscal, and quality management pressures of today’s healthcare reality. Furthermore, the academic setting, while strong in teaching students basic clinical concepts, does not prepare nurse practitioners for the complexity of primary care, particularly the social aspects. Nurse practitioner students are taught “by the book” at school and the nurse practitioner residency program provides a good bridge to fully independent and well-informed practice.

For more information about the Penobscot Community Health Care Nurse Practitioner Residency Program, visit http://pchcbangor.org/education/pchc-nurse-practitioner-residency-program/.
Monitor Journal Club
Tom Bartol, FNP

Stay up to date on some of the latest research and delve into articles a bit more with a monthly column I write. Each month I pick a recently published research article and give a brief review or summary as well as my viewpoint on the article, how it might be useful to you or some insights you might take away. Since starting this Medscape, from WebMD has picked up this column and you can register with them and read it.

Medscape from WebMD (http://www.medscape.com/today) offers health professionals integrated medical and nursing news, perspective, and reference information. Access is always free and registration is required only the first time you visit the site (tell the computer to “remember me”). Over 30 homepages and newsletters offer customized information, focused on specialty interests. Medscape Nurses offers content targeted to both the RN and the NP: http://www.medscape.com/nurses. A companion site offers continuing education: http://www.medscape.org/nurses.

Tom’s most recent article, titled Medical Decisions and Patient Involvement, as well as past contributions can be found at this index page: http://www.medscape.com/index/section_10020_0.

Follow Tom on Twitter @tombartol to learn more about his publications.

Looking for tools to help you address prescription drug diversion and abuse? Diversion Alert is a statewide program for medical professionals that (1) alerts health care providers to patients arrested for diverting or abusing prescriptions; (2) provides an online, password protected, searchable arrest database. Register online to receive Diversion Alert by going to diversionalert.org and clicking on Program Registration. If you have questions about the program, call Clare at 521-2408 or email clare@diversionalert.org.

NOTE: Diversion Alert is not the same as the Prescription Monitoring Program, which is a database of controlled substances dispensed to patients.

CME OPPORTUNITIES

- 35th Annual National Association of Pediatric Nurse Practitioners Conference March 11-14, 2014, at Hynes Convention Center, Boston, MA
- Maine Orthopedic Seminars Three-Day Course March 21-23, at the Hilton Garden Inn, Bangor, ME
- MNPA Annual Spring Conference April 30-May 2, 2014 at Point Lookout Conference Center, Lincolnville, ME
- 24th Annual Maine Geriatrics Conference June 12-13th, 2014 at the Harborside Hotel and Marina, Bar Harbor, ME
- 40th Annual Problems in Pediatrics July 7-11, 2014 at Colby College, Waterville, ME
- 18th Annual Childhood Development and Behavior Conference July 10-11, 2014, at Colby College, Waterville, ME

MNPA Conference registration information is coming soon!
NPs in the News

Becky Hitchcock recently spoke about smoking and e-cigarettes on the radio program "Maine Calling" on MPBN. Audio of this program can be found at: http://stream.publicbroadcasting.net/production/mp3/mpbc/local-mpbc-1031557.mp3

Maura McDonald wrote an editorial piece about the need to create new strategies to help tobacco users quit: http://www.pressherald.com/opinion/Maine_Voices__Fifty_years_after_anti-smoking_milestone__the_deadly_habit_persists_.html

Rhonda Selvin, president of the MNPA, has been appointed to serve on the State Innovation Model (SIM) grant-steering committee, the SIM system delivery reform working group, the MeHAF Behavioral Health integration committee, and recently was asked to serve on the Maine Care Provider advisory committee. The State Innovation Model grant is funded with 33 million dollars from the federal government. Maine is one of 6 states selected to receive this grant to test whether new payment and service models will produce superior results and lower costs. She also recently spoke at a news conference in favor expanding Medicaid under the Affordable Care Act: http://www.mpbn.net/Home/tabid/36/ctl/ViewItem/mid/5347/Itemid/31903/Default.aspx

Arelene O’Rourke received the “Vision Award” from the Maine Center for Cancer Research. She works in adult oncology and initiated a survivorship program and developed a patient education series for cancer survivors at the Cancer Community Center.

Deb Ort was selected as the AANP Nurse Practitioner of the year for Maine for 2014! Congratulations, Deb!

Pat Philbrook has been appointed by the elect board of the town of Pittston as the town Health Officer.

Robert Howe, partner in our management firm, Howe, Cahill & Co., is representing MNPA as an “interested party” on the Payment Reform Subcommittee of the SIM grant steering committee. The subcommittee is charged with developing recommendations for new ways to compensate health care providers that will lead to both improved health care outcomes and lower health care costs.

Tom Bartol gave the keynote address at the Pacific Northwest 36th Annual National Conference for Advanced Practice in Seattle, WA on the 1st of November, 2013. The title of the talk was: “Engaging Patients in Care: Addressing Cost, Quality and Satisfaction.” The presentation can be viewed on line at: http://www.uwcne.org/grandrounds/display.asp?ID=69&submit=Video. He has also been appointed to the Maine Health Access Foundation (MeHAF) grants committee. Each year MeHAF gives out about 4 million dollars in grant money to promote access and quality care in Maine.

Maine PMHNPs

Are you a PMHNP working in a medical practice? Linda MacDougall, a PMHNP in Yarmouth, is hoping to connect with others functioning in the same role. Please contact her at 837-8542 or at linda.macdougall@gmail.com.
Integrative Therapies for Prevention, Cancer and Chronic Disease
Colleen S Tetzlaff, DNP, FNP-C, AOCNP-C, owner

This is a Nurse Practitioner owned and operated practice offering holistic care utilizing conventional and natural strategies for optimizing wellness and dealing with cancer and chronic disease. "Dedicated to bringing health back into healthcare" through attention to the following:

1) We emphasize less pharmaceuticals and avoidance of symptomatic care. Instead we focus on lifestyle changes and nutritional and herbal medicine within a philosophy of treating the root causes of illness. In the case of cancer we emphasize nutritional and herbal medicine within a guided approach and individualized approach to chemotherapy and other drugs used to treat cancer.

2) Integrative care: expert conventional and complementary medicine under one roof.

3) Health coaching: education and support to help you succeed in meeting your health goals.

4) Healthy aging and weight management emphasized.

5) Longer visit times with your provider and access to your provider after hours within a coordinated team-based approach to care.

The business structure includes both insurance billing (for those with insurance)--in addition to an "annual fee" of 228.00 per year/patient or 20.00 monthly (10.00/month hardship)--for services included that are not insurance reimbursable, but considered to be key components of comprehensive healthcare as outlined above. We believe that those who choose membership are investing an affordable, albeit, additional amount of money in their healthcare- this we feel is critical to the model and long term success with patients, as well as the financial viability of the practice. For those with no insurance or with high deductibles, we also offer "membership" which is full access to primary care at $50-100/monthly- age dependent- unlimited visits covered including a comprehensive physical exam yearly (costs of diagnostics/ labs not included in this fee).

Please consider us if you know of a patient who could benefit from this type of practice!

Website: www.integrativetherapiesmaine.com
Phone: 207-699-3838

Healthy Living is the Best Revenge
Tom Bartol, FNP

I have something to share with you: the Democrats and Republicans have agreed on something...rising health costs will eventually overwhelm the federal budget and make health care unaffordable for many Americans. Health care expenditures in the United States increased by 1 Trillion dollars in the past 10 years! The average annual premium for employer based health insurance has gone from about 6000 dollars in the year 2000 to nearly 16,000 dollars per year! We can’t continue doing health care the way we have been doing it.

It is time to incorporate a low tech solution into our high tech health care system. An article published in the Journal of the American Medical Association identified lifestyle as the cause of about half of the deaths in the United States each year, about 1 million deaths! Smoking, poor diet and physical inactivity caused the majority of these deaths. The authors went on to conclude that, "poor diet and physical inactivity may soon overtake tobacco as the leading cause of death." We focus a lot on numbers in health care today, numbers like blood pressure or cholesterol levels. These numbers are important, but they are often symptoms of an underlying problem, not the problem itself. Diabetes, high blood pressure, heart disease and even cancer are often the symptoms or the results of unhealthy lifestyle. Rather than simply lowering the cholesterol level or blood pressure, we need to focus on what is causing them to go up. Disregarding the underlying causes and treating only risk factors is somewhat like mopping up the floor around an overflowing sink instead of turning off the faucet. Continued on page 6
Nurse Practitioners Caring for an Aging Population  
Nancy Fishwick, FNP  
Associate Professor of Nursing, University of Maine

We are all aware of the statistics and forecasts for demographic changes in Maine and in the United States: As of January 1, 2011, 10,000 Americans are turning 65 every day. The number of people in the “oldest old” age group, generally defined as 85 years and older, is projected to grow from 5.8 million in 2010 to 8.7 million in 2030. Maine remains the “oldest” state in the country with a median age of 43.5 years. Vermont and New Hampshire are a close 2nd and 3rd in the “oldest” ranking, respectively. Nurse practitioners in primary care, long-term care, and acute care settings are witness to this demographic shift as the proportion of older adults in our practices continues to grow. We are aware of the pleasures and the concerns that accompany the responsibility to address the complex needs of our older patients and their families.

In a 2008 report, Retooling for an Aging America: Building the Health Care Workforce, the Institute of Medicine stressed that the “health care workforce is too small” and is “critically unprepared” to meet the health needs of aging Americans. The IOM report emphasized that generalist practitioners from all health and human service fields need additional knowledge and skills to provide safe, basic care for older adults. The report also called for use of interdisciplinary care teams for efficient delivery of comprehensive care.

We are fortunate to have several gerontology specialists in Maine - experts in the provision of direct-care services and consultations for older adults and their caregivers, including gerontology nurse practitioners and geriatricians. However, a great proportion of the care needed by our aging population will be attended to by health and human service professionals who were prepared as generalists in their field, such as family nurse practitioners.

To meet the educational needs of health care and human service professionals who are caring for older adults, the University of Maine has launched an Interprofessional Graduate Certificate Program in Gerontology. The program is designed to increase the knowledge, skills, and abilities of health care and human service professionals who provide care to older adults in a variety of settings. The curriculum will meet the needs of working professionals who, because of the rapidly aging population, find themselves caring for a growing number of older adults. To date, courses have been taken by nurses, registered dieticians, social workers, counselors, and speech-language pathologists.

Courses focus on the opportunities and challenges of aging and in working with older adults and their caregivers. This is a graduate-level program. Individuals who possess a baccalaureate degree in any field may enroll in up to two of the courses which, if admission requirements are met, will be transferrable to the certificate program if they choose to apply later. Students enrolled in graduate programs are welcome to take one or more courses as part of their graduate studies. Students enrolled in a baccalaureate program must seek permission to enroll in one or more courses. Please note that this program does not meet all requirements for the national Adult-Gerontology NP certification exam.

More information is online:  
http://umaineonline.umaine.edu/ and  
http://umaine.edu/gerontology/

Contact Len Kaye, Director of the UMaine Center on Aging and Professor of Social Work, 207.262.7922, len.kaye@umit.maine.edu, or Nancy Fishwick, Associate Professor of Nursing, 207.581.2607, fishwick@maine.edu
Healthy Living is the Best Revenge, continued

Study after study show us how lifestyle change is the solution. The National Cancer Institute tells us that physical activity can reduce the incidence of colon cancer by 30-40% and breast cancer by 20-80%"! In a recent study in Germany, over 23,000 people were followed for nearly 8 years to see if 4 healthy lifestyle factors made a difference in reducing chronic disease. The 4 healthy lifestyle factors were: 1) never smoking, 2) body mass index (BMI) <30 (that is, not obese), 3) at least 3.5 hours of physical activity per week, and 4)simple healthy dietary principals including high intake of fruits, vegetables, and whole grains as well as low meat consumption. The study found a reduction in diabetes of 93%, heart attacks were reduced by 81%, strokes reduced by 50%, and cancer reduced by 36%! We don’t have any medications or high tech treatments that give us these kinds of results! Simply maintaining one of these healthy lifestyles, not being obese, resulted in a 67% cumulative reduction in these chronic diseases. Early prevention does save lives."

The effects of lifestyle change have been seen locally at the Richmond Area Health Center. For the past 3 years we have been working with patients to make a difference through lifestyle changes. Using simple strategies, motivation, and affirmation we help our patients to make lifestyle changes. Over the past 3 years approximately 900 patients at the Richmond Area Health Center have lost a collective weight of 11, 614 pounds! That is equal to the weight of an average size elephant! More importantly, these people have overcome personal challenges and are living healthier and feeling better. The number of medications I have prescribed to patients has dropped by 45% while the number of diagnostic tests I have ordered has dropped by 64% during this time period! I have been able to stop more medications than I start for patients with chronic diseases such as diabetes and high blood pressure because patients have chosen healthy living over medications. When patients are given a choice in their care, a choice of making lifestyle changes versus taking medications to treat (or prevent) chronic disease, for example, many will choose lifestyle changes. When asked if they’d like to try to stop some of the medications they take and make lifestyle changes instead, many choose lifestyle changes. Patients, health care consumers, need a choice. Medications for blood pressure, diabetes, or cholesterol, for example, can often be stopped when healthy lifestyle changes are made. Patients need and deserve a perspective; they deserve to be part of their health care decision making. They need strategies and someone who listens, someone who gives them what I like to call a ‘relationship of hope.’ This is not health care reform; this is health care transformation, transformation through healthy living.

I’m excited to say that what is going on at the Richmond Area Health Center is not happening in a vacuum. In northern Maine, in the town of Allagash, Nurse Practitioner Paula Charette has started a similar healthy living program in her community and through the encouragement and support of Paula and her staff; there has been a combined total weight loss of 295.5 pounds since February of this year. At Swift River Family Medicine in Rumford, Emily McCue, Nurse Practitioner, initiated a similar program recording 478 pounds of weight lost by patients since June of this year. The Maine Nurse Practitioner Association has recently joined in with their support to promote healthy lifestyle at practices throughout the state.

Healthy lifestyle is contagious. With a greater emphasis on healthy lifestyles, on simple strategies to improve health, on building relationships of hope with patients, health care can be transformed. We health care givers need to do more “dancing” and less “wrestling” with our patients. It may be faster to give medications, to treat the numbers or the symptoms but then the health care system will need to keep mopping up around an overflowing sink. It’s time for patients and health care givers to work together to focus not just on the symptoms but on the causes of health problems. Health living IS the best revenge for our ailing health care system.

Seeking news articles!
The Spring issue of the MNPA quarterly newsletter will be sent out at the end of April. Article submissions of any size and subject are requested! Things that we would love to hear from you about include but are not limited to:

- continuing education opportunities in Maine and beyond
- member accomplishments, including awards and publications
- career opportunities
- legislative news
- meetings, regional meet-ups, and other events
- photos

Please submit your news items to the newsletter editors:
Nicole Simon nsimon5@msn.com
Abby Maynard abigail.maynard@mainegeneral.org
Tom Bartol bartolnp@gmail.com