MaineCare Reimbursement
Pam Cahill, Executive Director, MNPA

Back in April, I received an email from a MNPA member, Julie Racine, regarding what looked like a reduction in MaineCare rates paid to certain categories of NPs. Since then I have had discussions with the Director of MaineCare Services, Stefanie Nadeau and her staff, leading to a for a face-to-face meeting to help Bob Howe and I better understand MaineCare reimbursement issues as they relate to NPs. Current MaineCare reimbursement policy for APRNs is as follows:

**14.06 REIMBURSEMENT**

For independent practitioners billing for services not billed through hospitals, physicians, or dentists, reimbursement for covered services shall be the lowest of the following:

A. The amount listed on the Office of MaineCare Services’ website, for services as described in Chapters II and III, Section 90, Physician Services, of this manual. Certified Registered Nurse Anesthetists providing anesthesia services shall be reimbursed at seventy-five percent (75%) of the amount for services as described in Chapters II and III, Section 90, Physician Services. A.P.R.N.s providing psychological or psychiatric services shall receive sixty percent (60%) of the amount reimbursed for physician’s services as set forth in the MaineCare Benefits Manual, Chapter II, Section 90, Physician Services; or

B. The lowest amount allowed by the Medicare - Part B carrier, when applicable; or

C. The provider’s usual and customary charge.

But, in fact, MaineCare has been reimbursing APRNs for psychological or psychiatric services at the same rate as for physicians. However, rather than seek a recoupment of the overpayments to APRNs, MaineCare has advised us that they will instead be changing their policy to reflect the current practice. The result is that, for all services except anesthesia services, APRNs and physicians will be reimbursed at the same rate, while Certified Registered Nurse Anesthetists providing anesthesia services will continue to be reimburse at 75% of the rate paid to physicians for those services. The above policy will be revised, striking the sentence referring to psychological or psychiatric services.

Here is the web link to the relevant chapter of the MaineCare Benefits Manual:
http://www.maine.gov/sos/cec/rules/10/144/ch101/c2s014.doc

Below is how I believe the new policy will read:

**14.06 REIMBURSEMENT**

For independent practitioners billing for services not billed through hospitals, physicians, or dentists, reimbursement for covered services shall be the lowest of the following:

A. The amount listed on the Office of MaineCare Services’ website, for services as described in Chapters II and III, Section 90, Physician Services, of this manual. Certified Registered Nurse Anesthetists (continued on page 2)
MaineCare Reimbursement, continued

providing anesthesia services shall be reimbursed at seventy-five percent (75%) of the amount for services as described in Chapters II and III, Section 90, Physician Services. A.P.R.N.s providing psychological or psychiatric services shall receive sixty percent (60%) of the amount reimbursed for physician’s services as set forth in the MaineCare Benefits Manual, Chapter II, Section 90, Physician Services; or

B. The lowest amount allowed by the Medicare - Part B carrier, when applicable; or

C. The provider’s usual and customary charge.

Thank you to Julie for bringing this issue to our attention, allowing us to get a clarification.

Medical Marijuana Update
Pam Cahill, Executive Director, MNPA

Beginning on August 1, 2014 nurse practitioners will be allowed to certify patients for medical marijuana use. Below are some technical items for NPs to be aware of when certifying patients.

- A DEA license is not required.
- An official certification form from the Department of Health & Human Services is necessary and will be available to download on August 1st.
- The official form must be printed on tamper resistant paper that needs to be obtained from DHHS. Go to this website for information on how to order the paper. You can order the paper in advance of August 1st. ([http://www.maine.gov/dhhs/dlrs/mmm/index.shtml](http://www.maine.gov/dhhs/dlrs/mmm/index.shtml))
- The official form may not be changed or embellished in any way.
- NPs should give the original form to the patient and keep a copy in the patient’s medical file.
- Sometime later this year a new, online application process will be available. We will provide details and training guidelines when available.
- New rules and regulations are being promulgated and will available at a future date.
- For more information please call DHHS at 207-287-3282 or 207-287-9300 and ask for the medical marijuana program.

NPs may want to read the rules and statutes pertaining to conditions that may be treated with medical marijuana Please remember that these rules will be updated in the future to include NPs and other changes that occurred in this past legislative session.

[http://www.mainelegislature.org/legis/statutes/22/title22ch558-Csec0.html](http://www.mainelegislature.org/legis/statutes/22/title22ch558-Csec0.html)

Job Opportunity

Julie Bennett
Sebasticook Family Doctors
Director of Human Resources

Sebasticook Family Doctors, a Federally Qualified Healthcare Center (FQHC), is seeking Family Nurse Practitioners to join our teams in Pittsfield, Newport and Canaan. The ideal candidate will hold a Maine License and DEA registration, have 2 or more years experience in a busy community health outpatient setting delivering high quality care, and be committed to working with the underinsured and uninsured population. Exceptional clinical, interpersonal and EMR skills are required. Excellent compensation, benefits and working environment. Join our growing team! Please send cover letter and resume to:

Director of Human Resources
Sebasticook Family Doctors
118 Moosehead Trail, Suite 5
Newport, ME 04953
The Hanley Health Leadership Development Program: Maybe it's for you?

Tom Bartol

I sat at a table in the Department of Health and Human Services (DHHS) office of Commissioner Mary Mayhew and two of her directors. She was eagerly taking notes as I shared with her my visions of health care and strategies we might use to achieve them. I spent an hour sharing and answering questions of the commissioner and her staff. It was an incredible experience as an NP, to have state leaders open to and listening to ideas and visions I have developed from years of practice.

Though not a formal part of the program, this meeting was the culmination of eight months of my training in Health Leadership Development (HLD) course through the Daniel Hanley Center for Health Leadership (www.hanleyleadership.org/leadership programs). This program began in 2007 and each year, 30 people from a diverse mix of clinicians, administrators, public health leaders, government officials and policymakers, educators, payer, employers, attorneys and others are accepted into the program. It is a national caliber program aimed at providing emerging and evolving leaders with the skills, knowledge, confidence and relationships needed to be effective leaders in Maine's increasingly complex, competitive and demanding healthcare environment.

The program begins in September and meets two days a month through April. Through didactic, interactive, and group process, participants develop leadership skills, build relationships, and carry out a practicum project to prepare them to be collaborative, courageous, confident, connected and compassionate leaders in health care in Maine.

I first heard about the program 5 years ago but it seemed too much for me. I'm not an administrator; I am a nurse practitioner working in a small clinic. What change can I make in the huge health care system, I thought? But last year I felt pulled towards this course. I had some NP colleagues and friends who are HLD Alumni and had told me about it several years ago. It seemed great, but too much for me. But I began to feel that change in our system needs needs to happen from the bottom up and maybe it was time I stepped up to do my part a bit more actively. It is not up to just politicians and professional leaders to make the change. I'm not in an administrative role, but I can be a leader!

I went through the application process and was accepted. MNPA supported me with a scholarship and the Hanley Center also awarded me a scholarship. It all seemed like it was meant to be. Then came the first day of class. I thought I must have made a mistake. I was one of 5 nurses in the group of clinic administrators, social workers, managers, insurance administrators...they weren't "my people." I'm so used to being in groups of clinical people. The diverse group, though, became the gift. I was able to interact with these people who shared with me a much broader vision of how health care works, a new perspective or way of looking at health care I, as a clinician, had never seen. They guided me and shared with me but also listened to and valued my perspective, as a clinician.

I learned a lot through the program, but the biggest learning was in the relationships that resulted through the class. I have new friends in diverse roles who I still call or email and they share information give me advice, and connect me with people I need to meet in order to transform health care.

The course inspired me. With new skills, I began looking at the health care system, speaking about it, inquiring, making connections, and meeting people. Thanks to the help of my classmates, I had a more refined approach. People began to listen and one day I received a message from the Commissioner of DHHS asking for a meeting with me to discuss some of my visions of health care transformation!

I continue to work in my small, rural clinic, providing primary care to patients. But I am also actively connected with policy makers and other health leaders in Maine and in Washington. I have more confidence and more skills and, most importantly, I have learned to be more patient.

As NPs, we are leaders. We are the ones who can transform health care and we can start it here in Maine. I encourage all of you to think about participating in the Health Leadership Development program through the Hanley Center.

For more information, visit www.hanleyleadership.org/leadership. In addition to Tom Bartol, you may contact other MNPA members who have completed the program, including Evelyn Kieltyka, Rhonda Selvin, Donna Gunther and—both alum and on staff at the Hanley Center—our colleague Kathy Vezina.
When Can You Enroll for Health Insurance under the Affordable Care Act?
Michael Gendreau, Maine Community Health Options

The first Open Enrollment Period for health insurance under the Affordable Care Act - the annual period during which individuals may buy individual health insurance plans - began on October 1, 2013 and ended March 31, 2014. Many people who didn't purchase insurance during that time will need to wait for the next Open Enrollment starting November 15, 2014 to do so, but some may be eligible for a Special Enrollment Period (SEP) due to Qualifying Life Events or Complicated Cases, which will allow them to enroll sooner. Some qualifying life events include:

- Certain changes in family status (e.g., getting married, having a baby or adopting a child)
- Becoming a citizen or lawfully present
- Leaving incarceration
- Moving out of the area served by your current Marketplace plan to a new Marketplace service area
- Losing health coverage due to:
  - a loss of job-based coverage
  - aging off of a parent’s plan
  - getting divorced
  - graduating and losing student coverage
  - an increase in income that results in loss of Medicaid or Children’s Health Insurance Program (CHIP)
  - COBRA coverage expiration
- A policy plan year that ends in 2014

Please note that voluntarily ending your insurance coverage will not qualify you for a Special Enrollment Period.

If you believe you may be eligible for a Special Enrollment Period due to a qualifying life event, you can call the Health Insurance Marketplace at 800-318-2596 to discuss your circumstances (recommended) or apply online at www.healthcare.gov. If you are not eligible for income-based Premium Tax Credits and/or Cost-Sharing Reductions, you can also contact Maine Community Health Options at www.maineoptions.org or 855-624-6463 to discuss your potential eligibility for a Special Enrollment Period.

Special Enrollment Periods due to Complicated Cases

Certain complex or complicated cases may also qualify you for a Special Enrollment Period. Types of complex case issues that may qualify include exceptional circumstances; receipt of misinformation, misrepresentation or inaction during a prior attempt at enrollment; enrollment, system or display errors; if the transfer of Medicaid/CHIP applications back to the Marketplace weren’t completed in time for Open Enrollment; and some unresolved casework. For a full list of these complex case issues, visit the Health Insurance Marketplace (https://www.healthcare.gov/sep-list/). You will need to call the Marketplace (855-624-6463) to discuss the details of your situation with a representative to determine if you qualify for the Special Enrollment Period under these circumstances.

Whether you qualify for a Special Enrollment Period or are waiting for the next Open Enrollment Period, we encourage you to visit our website (www.maineoptions.org) to learn more about Maine Community Health Options and our Qualified Health Plans, and use the tools available to learn more about our broad network of Providers, our Chronic Illness Support Program, our Wellness Initiatives and Health Coaches, and our commitment to providing affordable, high-quality benefits that promote health and well-being. Use our simple tool to anonymously compare plans and get a quote by inputting a few simple facts about your household and income (www.maineoptions.org/Individuals-Families/Compare-Quote-Plans). You can also call us to speak with our experts and get your questions answered (855-624-6463).

Michael Gendreau is the Director of Outreach, Education & Communications for Maine Community Health Options, a Consumer Operated and Oriented Plan (CO-OP) based in Lewiston and serving all of Maine. A private, nonprofit entity, MCHO has been named one of the 2013 “Best Places to Work in ME” and was honored with the 2014 CEI Partnership Award, in part for establishing a network of supportive partnerships to increase access to health insurance coverage.
2014 AANP Conference
Penny Deraps

The annual AANP Conference of 2014 has just ended, and I attended as I have for most of the conferences since the AANP began in 1984 or 85. I have been a dedicated member of this organization for most of my career as an NP and have watched the profession grow along with the influence of this organization. The Academy has been the voice of nurse practitioners on many levels; through the dedication, expertise and savvy of Jan Towers and her team we have been a strong voice "on the Hill" and have seen national legislators learn about us and our ability to affect change in the health care arena. Through the power in our growing numbers we have served our patients all over our country and proven our value to them and to the health care system. Through the educational arm of the Academy we have provided excellent educational opportunities for all levels of expertise of our members and provided national certification exams for several of our specialties.

There are many reasons to attend the national conference but this year, for me, the most amazing thing I saw in Nashville was the sight of over 3000 nurse practitioners in the ballroom assembled for the general sessions! Over 3000 women and men just like me, working in all kinds of settings, serving the people of our country and providing excellent health care to our patients, and being recognized for our service!

Another first this year was the seemingly smooth transition to the joining of the American Academy of Nurse Practitioners and the American College of Nurse Practitioners into the American Association of Nurse Practitioners. The two largest national NP groups realized that competition between the two made no sense and that the combined voice was much more powerful that either alone—imagine, for a profession that has been known to "eat their young." And I am sure that the transition was less smooth than appeared, but I digress; I am proud of them, I am proud of us in Maine, and I am proud to be a nurse practitioner. I encourage each of you to join our national association this year to add your voice to the powerful voice of the new AANP. And, in 2015 the conference is in New Orleans! How bad could that be! See you there!

Improving Exercise Prescribing in a Rural New England Free Clinic - A Quality Improvement Project
Patsy Thompson Leavitt

I was privileged to present a poster presentation at the American Association of Nurse Practitioner's (AANP) annual conference in Nashville, TN in June, 2014. The poster, entitled "Improving Exercise Prescribing in a Rural New England Free Clinic - A Quality Improvement Project" detailed the Capstone work completed at Simmons College as part of my DNP completion requirements.

NPs well know the value of increasing physical activity in virtually all client populations to improve health, and yet primary healthcare providers worldwide only prescribe exercise about 30% of the time. This project, which was conducted at Leavitt's Mill Free Health Center, a NP managed Free Clinic in Bar Mills (Buxton) , ME sought to improve our own practice (whose exercise prescribing rates were similar to national benchmarks).

The project work included baseline and post-intervention chart audits to assess use of exercise prescribing; conducting an internal learning needs assessment at the practice; providing an educational session to providers and staff about safe exercise prescribing using the FITT-PRO (Frequency, Intensity, Type, Timing and Progression) mnemonic, and implementing standardized exercise prescription forms using ones developed by the VA system (available at www.move.va.gov) as well as some excellent client education materials available FREE from www.go4life.nia.nih.gov. After implementation, the rate of documentation of an exercise prescription increased from 35% to 65% - an 88% increase! Future research will include canvassing clients to assess the impact of the exercise prescription on their lifestyle, and adapting the standard exercise prescription forms based on study findings. Over 50 NPs visited the Poster Session at the AANP conference. The conference attendees were enthusiastic about the idea of using a prescription template and client teaching materials in their practice.
Notes on SIM Grant Payment Reform Subcommittee meeting - June 17, 2014  
*Bob Howe*

The glaciers of Greenland are melting faster than the payment reform subcommittee is getting around to developing some payment reform proposals, but apparently not through any fault of its own. Much of the wait seems to be for other groups to do their work, and most of the subcommittee's meetings have been devoted to reports on the work of these other groups. Here is a summary of the latest meeting:

**Measure Alignment Work Group**
We were given a review of the process of selecting measures for comparing health care entities. There are about 50 commonly used measures among health care payers.

The work group is deferring to the Behavioral Health Group to recommend measures for BH. Data not easy to get.

**Health Care Cost Work Group**
This group has re-launched the 2012 cost effort; looking at cost drivers. Goal: Identify actionable strategies to reduce costs. The Anthem insurance rep asked where payment reform gets discussed. She was told that it would come up when the work group gets to discussion of infrastructure. The work group will come back with some options to consider. Some folks made pointed reminders that payment reform was central to the SIM grant.

**Inventory of current alternative payments (other than fee-for-service payments)**
Much discussion of how to get payers to agree on a set of aligned core measures. Only non-financial measures under consideration. Might want to use incremental approach with payers for adoption of core measures.

**Risk identification and weighting**
As part of its risk management program, the subcommittee discussed the question of adoption of aligned core measures; the risk is that they won't be adopted. Anthem is the one commercial payer that said they cannot do this. Cigna thinks they can do this, given all the measures they now use. Other payers believe they can reach consensus. It will get difficult around measures for which clinicians may have passion but payers aren't currently using.

**Updates**
Center for Medicare and Medicaid Innovation (CMMI) held a site visit on May 28th. CMMI expressed a willingness to extend the MAPCP (Multi-Payer Advanced Primary Care Practice) program into 2015, but where are commercial payers? CMMI wants the Steering Committee to secure engagement of them.

Anthem rep anxious to see behavioral health integrated with other health care. Deloit did a ton of work around Medicaid behavioral health costs a couple of years ago, including high utilizers. Must integrate BH with other care. Big costs are in residential care.

The subcommittee is meeting bi-monthly. It is not clear when they will actually begin discussing or developing specific payment reform measures.

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**Continuing Education Opportunity**
Patient Safety Academy, September 5th, 2014, at the University of Southern Maine
For more information, visit [https://usm.maine.edu/muskie/psa](https://usm.maine.edu/muskie/psa)
Notes from Attorney General Janet Mill's Opioid Abuse Meeting - 6/30/14

Bob Howe

The meeting was an informal discussion about a variety of efforts to deal with the increasing problem of opioid abuse in Maine, and picks up where the drug abuse task force of two years ago left off. Representatives present included state and federal law enforcement, hospitals, pharmacies, medical doctors, nurse practitioners, dentists, psychologists, retailers, the state's Prescription Drug Monitoring (PMP) program, treatment providers, and the father of a young man who died of a heroin overdose who talks to kids wherever and whenever he can.

AG Mills says her office is seeing the increasing problem in many ways, including but not limited to child neglect and abuse, motor vehicle accidents, theft, overdoses. Problems are with both prescription and illegal drugs.

One relatively new threat is Zohydro ER, a pure hydrocodone which has received approval from the FDA. Mills has written to the FDA, but their response said essentially, “don't worry.” Given past problems with Oxycontin, etc., how can we not worry, she asked. MaineCare is working on a strict protocol for Zohydro ER, but can't prohibit its use entirely.

Maine General Health is distributing emergency Naloxone kits to those who undergo some training. 500 kits have been distributed in central Maine. They recommend co-prescribing Naloxone along with opioids. Their representative told a 31-year old Woman who overdosed four times last week. Naloxone kits were used each time. She then got herself into treatment. Apparently Maine Health may do something similar.

The hospitals noted the extensive overlap between behavioral health and substance abuse, which shows up often in the ED. Too many babies are born drug-affected; their mothers are addicted. Health care is integrating across types of providers. Sharing information remains a challenge (HIPAA). Employee diversion is also a problem. Maine Hospital Association has avoided engaging in a concerted effort against Zohydro ER due to anti-trust concerns, but some health care providers are considering prohibiting its use.

Pharmacists are concerned about their liability in providing naloxone. The liability provisions stripped from Rep. Gideon's bill in the last legislative session. They are unsure whether good Samaritan law would protect us. MA and RI laws have an immunity provision. AG Mills said that pharmacists are immune as long as they rely on a doctor's prescription. All pharmacies tomorrow are stepping up monitoring—all controlled substances, not just Schedule IIs. Digital video records must be kept for 30 days.

MaineGeneral is using a non-FDA approved formulation which has liability questions.

More than 90% of all prescribers are registered with the PMP, though not necessarily using it. According to MMA, the program has helped a lot, as have MaineCare opiate limits, thanks to Dr. Flanigan, resulting in an estimated drop of about one third in opiate use by MaineCare clients. But it's up a little in Medicare. Most opiates are paid for by commercial health insurers. Why aren't they as interested as Dr. Flanigan? None have prior authorization on pain medicines. MaineCare has lead the way.

According to MMA, an Arizona case in which a prescriber was disciplined for under prescribing for pain caused much angst for the last decade. MMA counsels medical practices often on what they can say to law enforcement. The standard of care has changed. You can be charged with knowing what you would have known if you had looked in the PMP database. Ref: joint chapter 21 rule (started in 1977). MMA is not too worried about providers in multiple-physician practices; concern is with solo practitioners and in rural areas; those on the margins. (Continued on page 8)
Notes from Attorney General Janet Mill's Opioid Abuse Meeting - 6/30/14 , continued

Board of Nursing Assistant Attorney General: BoN is seeing an increase in diversion cases, generally for personal use, not resale, often these licensees are working in homes, long-term care facilities or hospitals. If we look at a person's PMP, we often see evidence of previous use. Legal use of drug often followed by diversion. BoN has more than 26,000 licensees. They have found some nurses addicted to heroin, but not from cases involving their work. Most problems have been in individual practices, cash pay, lack of contracts. As with MMA and doctors, NON doesn't see a problem with NP-prescribers in larger practices.

The representative of the PMP said use of PMP went up 30% in 2013. Unsolicited reports have dropped. Maine is doing more than most states that our vendor works with–22 states in all. Maine's PMP may be able to share with all 22 of them by end of year. PMP missed an important deadline for rulemaking, but moving ahead now with provisional rulemaking. NH is just now getting into PMP through a contract with HID (Health Information Design?)

Maine’s Health Information Exchange is teaming up with PMP; users will be able to view both databases through one portal.

About 80 local law enforcement departments have drug drop-off boxes. The stuff gets incinerated out of state twice a year. May be allowed in-state soon. DEP looking at that, based on what is released into the atmosphere from incineration.

MDEA’s Roy McKinney said opioids are “king in Maine;” vast percentage of drug abuse cases are opioids. It is everywhere because there is a pharmacy nearby everywhere. Methamphetamine still a problem, along with bath salts. More activity and organizations coming from out of state. MDEA has 35 agents; 32 in the field. Nine others from local law enforcement are assigned to a task force.

How Will I Know When It’s Time To Go?
Bonnie Lundquist

Retirement is a big word. A very big word. First of all, it has 10 letters, which is a lot in these days of abbreviations and texting, but even more so are all the changes that retirement brings to each of us. So much is written on the topic of retirement in the general press (this includes AARP, for those of you who are members), but my purpose here is to limit the discussion of this BIG word to nurse practitioners.

The first decision NPs must make about this topic is when. When is the right time in your personal and profession life to retire? Do you meet your employer’s retirement criteria? Are your offspring independent? Has your spouse or partner retired? Are your finances in order? (FYI, your employer no longer sends you that paycheck after you retire!) Have you met your professional goals? Do you find yourself yearning to do “something else?” Do you really yearn to have the time to do those other things? My answer to all of these questions was yes.

We as NPs have another set of questions to consider. Are you ready to leave the patients you have cared for? Are you ready to leave the day-to-day professional collaboration in your NP practice? Are you ready to give up the daily challenges of working up patients’ problems and developing treatment plans? Are you ready to give up the joy in helping patients get better? Are you ready to give up your license? Your NP certification? Your prescriptive authority? Your identity as an NP? For me initially, the answer to all of these questions was no.

I had come to the role of NP a little later than some of you. I had been in professional practice in multiple nursing roles for 40 years but was an NP for only 14 years. I had a Master’s degree in Nursing as a clinical nurse specialist and was a nurse educator for many years. During those years taught at both EMMC and Husson Schools of Nursing, and I practiced as a clinical nurse specialist in both inpatient and outpatient areas. I was not an NP until 1997. (Continued on page 9)
How Do I Know When It's Time To Go, continued

The NP role was truly the best professional role I had ever had; I loved providing the full spectrum of patient care, initially as a primary care provider and later as a chronic pain provider. I strongly identified with the NP role, and to be honest, it helped me define who I was. I suspect many of you feel this way, too.

So how do you merge the yeses and the nos? For me, the yeses were very strong, so I submitted my retirement papers. To my surprise and consternation (at the time), I was asked by my employer to defer... for five months! I agreed to this deferment, and it turned out to be a good thing; it allowed me the time to slow down my practice, turn over responsibilities, and have a gracious exit from a job I had held for 21 years.

Another thing that helped me to adapt and accept all the losses in the no question column was that we moved right away to a beautiful part of Maine: Bar Harbor. Here in Bar Harbor I worked as an NP for one—yes, one—day per week for another couple of years. I completely retired just a few months ago with no regrets. You can, too—you will know when the time is right for you—when the yeses outweigh the nos.

Maine has a solution that can help deliver top-quality care to veterans

Valerie Fuller

As a largely rural state, Maine is well versed in the challenges of health care access. Our patient population is spread across a range of communities, many geographically remote and served by a sole primary care provider.

With this experience, we can help the Department of Veterans Affairs meet its challenge of improving veterans’ access to timely, high-quality health care. Namely, Mainers should encourage the VA—with the help of our own congressman, U.S. Rep. Mike Michaud—to follow our state’s example and grant its thousands of nurse practitioners the ability to practice to the full scope of their rigorous education and clinical training, and also create more positions for nurse practitioners at VA facilities.

Nurse practitioners play a critical role in health care delivery across the nation, especially in rural and medically underserved communities. The vast majority of us are primary care providers. Eighty-eight percent are prepared to be primary care clinicians and more than 75 percent practice in primary care settings.

In addition to treating acute and chronic illnesses, nurse practitioners emphasize health promotion and disease prevention in all our undertakings. Daily practice includes assessments; ordering, performing, supervising and interpreting diagnostic and laboratory tests; making diagnoses; initiating and managing treatment, which includes prescribing medications as well as non-pharmacologic treatments; and counseling and educating patients, their families and communities. Continued on page 10
Maine has a solution that can help deliver top-quality care to veterans, continued

Most important, five decades of third-party research show that the patient outcomes of nurse practitioners are equivalent and sometimes better than those of physicians. Such studies further show that patients often prefer the services of nurse practitioners, largely because of the extra time we spend with them listening to their opinions and concerns. This comes from our holistic model of care, which is focused on meeting patients’ full range of health needs: physical, psychological, social and others.

Renowned policy groups and government bodies – including the Federal Trade Commission, AARP, Institute of Medicine, National Governors Association and National Conference of State Legislatures – have examined these extensive statistics and subsequently called for more independence for nurse practitioners nationwide. These changes are needed because despite the data, many states and government bodies, like the VA, maintain requirements that limit patient access to nurse practitioners – regulations that create costly redundancies and delays, leading to lower-quality care.

Fortunately, Maine and 18 other states, plus the District of Columbia, grant nurse practitioners full-practice authority, meaning that state law allows us to serve patients exactly as we’ve been prepared, without needless bureaucratic requirements. This streamlines care delivery, reducing delays, creating efficiencies and improving services for patients. These benefits are greatly needed at the VA and can easily be achieved. The agency already has begun work toward modernizing its Nursing Handbook and updating its policies to grant all its nurse practitioners full-practice authority.

It is crucial that Michaud and his colleagues help to create more positions for nurse practitioners in the VA system and encourage the VA to expedite the approval process and quickly grant veterans the same full and direct access to nurse practitioners enjoyed by patients in Maine. This change would have an immediate and positive impact on the quality and timeliness of care that our veterans receive.

Our federal legislators should note that there is zero indication that regulatory changes easing restrictions on nurse practitioners have resulted in anything but positive outcomes for patients. Significantly, all of the states that have adopted full-practice authority have kept the modernized regulations in place; none have reversed the decision to grant patients greater access to nurse practitioners.

Michaud needs only to speak with his countless Maine constituents who depend on expert, dedicated and compassionate nurse practitioners as health care providers, or the nurse practitioners themselves who want nothing more than to better serve the veterans who desperately need services.

There is no time to waste. We can help provide veterans with full and direct access to nurse practitioners and bring more nurse practitioners to the VA to provide needed care.

The Journey to Owning a Private Practice in Rural Maine

Paula Carson Charette

Like you, my education did not fall from the sky nor was it free or easy. It was a process of hard work and determination. Like you, it has been filled with the twists and turns of life such as marriage, divorce, raising children, and juggling full time work with classes. I adore education and loved the learning experience of every class, every assignment, every book, and every accomplishment. The education and training I received inspired me to reach further, take risks, and trust myself.

Education led me to earn a Masters Degree in Nursing, becoming a family nurse practitioner, and the owner and CEO of Charette Primary Health Care, LLC in Allagash, Maine. Charette Primary Health Care is a solo, nurse practitioner owned private practice. I became the owner of my own practice May 6th, 2013. There are only two private practices in Aroostook County, and I have the first one that was developed and owned by a nurse practitioner. (Continued on page 11)
Yikes. How did this high school dropout find herself in this position? The St. John Valley has been my home for the better part of my life, yet I am from “away”. I was born and raised in Woodland, 30 miles south of Fort Kent. My father quit school after his sophomore year of high school. My mother quit school in 8th grade. We had little, and we had to share what we had. I attended Upward Bound at Bowdoin College the summer I was 16. I felt success for the first time. I discovered I loved to learn. I returned home with the same dreams every other high school student had. I dreamt of college and a brand new world that could be mine with education. But when I got home, life was hard again. It was all just a dream.

I left home in December of 1970, married at age 16. I turned from all I knew for a better life. I packed everything I owned in the back of my new husband’s car and thought I had everything I would ever need. For awhile I did. Until I realized what I needed most was a place to grow up and education.

I didn’t realize those struggles were the building blocks of inspiration, strength of character, and courage until much later in my life. I earned a GED, and moved into nursing education. I became an LPN in 1980 and ADN in 1994, RN to BSN 1996-2008. With my BSN nearly in my hand, I felt incomplete. I contacted the FK adult education department and began the journey through US history, math, and science to earn the credits I needed for my high school diploma. I received my high school diploma and my BSN degree in May of 2008.

The majority of my RN career was spent working for Goold Health Systems as a nurse assessor. Registered nurses are hired by the State of Maine to set up long term care for people to receive home services in order to remain in their homes and communities through the end of their lives. Assisting people to “Age in Place” became a part of my everyday life. I worked to find healthcare resources and services for the people of Northern Maine. I had an up-close and personal picture of the struggles the community of Allagash faced to retain their health independence in spite of medical, financial, and transportation issues. With “local” health care a 2 hour roundtrip away, “Aging in Place” for the people of the Allagash meant you could stay in your home until you developed a condition that required frequent medical care. In some instances, moving closer to medical care became the only option.

In 2007, I decided to change their peril by becoming a nurse practitioner and bringing healthcare into a town that has never had a healthcare provider. At age 54, I did not have time to spare. I knew I had to move quickly. I was fortunate to be accepted into Husson University in 2008. With my goal in the front of my mind, my first research presentation for my first semester was How to Start a Private Practice. Still working fulltime as a Goold Assessor, I was very grateful to find all my clinical preceptors right here in Fort Kent at Northern Maine Medical Center.

As a new family nurse practitioner, I sought out a practice that had a similar love for rural health care as I did. I was fortunate to find the guidance of Dale Gordon, Nurse Practitioner. She understood my desire to provide healthcare in the most rural piece of Maine. I trained in a busy private practice in Presque Isle for over a year before beginning the transition to opening a clinic in Allagash.

In 2011, I developed the policies for the Allagash Clinic to become licensed as a Maine Rural Health Center and a National Health Service Corp site. In February of 2012, we were open for business! Allagash had their first primary care provider! (Continued on page 12)
The Journey to Owning a Private Practice in Rural Maine, *continued*

Unfortunately, I was unable to locate a physician for the medical director position willing to travel to Allagash to fulfill the RHC requirement of an every two week visit. Rather than close the clinic, I opened the clinic as a private practice.

“Aging in Place” became a reality for this community. In addition to primary care, we have a full service CLIA lab, an electronic health record, and electronic prescribing. The Allagash clinic has everything you would find in any healthcare providers office, whether you are in Fort Kent, Presque Isle, Bangor or Portland. All too often, people from other parts of Maine, including central and southern Aroostook County, do not realize that the Valley offers a valuable and nearly self contained healthcare system. Healthcare reaches the people at the end of Maine’s road, in Allagash. The next piece of my journey is to open Charette Primary Health Care, LLC at a second location in Fort Kent. The new location will open in the fall of this year.

My advice: Speak highly of your university. Become involved with your community. Join your state professional nursing association. Speak up when you see something that is not working. Mentor future nurses and nurse practitioners. Share your clinical pearls. Accept other nurses, regardless of their education and end horizontal violence. The friction caused by educational differences will cease to exist.

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**2014 NP Fall Conference**

**Hilton Garden Inn - Freeport, Maine**

**Saturday November 15th and Sunday November 16th, 2014**

Reception and Lecture - Saturday Evening from 5 to 7 PM

*“Medical Marijuana Update for NPs”* Presented by Marietta D’Agostino, Program Manager, DHHS

(This program is pending approval by the American Association of Nurse Practitioners)

Please join us for hors d’oeuvres, beverages and conversation to kick off NP Week 2014

Followed by a Sunday Brunch and CE Lecture

9 AM to 1 PM

*Academic Detailing Program*

*“Evidence-based updates for your practice: COPD, Obesity Management and Antibiotic Stewardship”*

(Members $75 Non Members $95)

To download a registration form go to

http://mnpa.us/Conferences.htm
The NP community of Maine has recently lost a great colleague and a gracious, gentle and healing soul. I’m very sad to report that my friend and former coworker Ann Barrows passed away on June 30, after more than four-years fighting valiantly against breast cancer.

Ann graduated from the NP Certificate program at Maine Med in 1977, becoming a nurse practitioner long before most of us even knew what that meant. She was soft spoken and she chose her words carefully. When she spoke, patients, coworkers and friends really listened and respected her input and advice. She lived by example, enjoying a healthy lifestyle filled with home-grown organic food, hiking and skiing with her dog, traveling with family, appreciating the arts, and often trying new activities and adventures. Ann truly appreciated both the small and large moments. Her life was too short and she will be greatly missed.

Cindy Lieffer

I first met Ann Barrows on my first visit to Stonington in 1996 while visiting a mutual friend Steph, and remember a lovely day-long hike the three of us took around Isle au Haut one summer, as well as a visit to the Barrows homestead during the garlic harvest time! I treasure many encounters with the wonderful community on Deer Isle, of which she was so much an important member. We even went to the same nursing school! Thank you for your friendship, dear Ann, you are so much missed.

Laura Bridgman, FNP, ND
Waterville & Bangor
STONEINGTON - Ann Middleton Bradshaw Barrows, 66, died at home with her family Monday, June 30, 2014 after a more than four year battle with breast cancer. She was born Sept. 30, 1947 in Lincoln, MA, the daughter of the late Donald S. and the late Johanna Pierce Bradshaw.

She grew up in Ridgewood, NJ, graduated from Abbott Academy, received a BA in English from Case- Western Reserve University, received a BS in Nursing from Columbia University School of Nursing, received her Family Nurse Practitioner Certificate from Maine Medical Center/USM and later an EMT certificate. Recently she received First and Second degree Reiki Certifications.

During her medical career she worked as an RN at Penobscot Nursing Home and Blue Hill Memorial Hospital. As an FNP she worked at the Island Medical Center in Stonington, Eastern Maine Medical Center and most recently at Penobscot Community Health Center in Bangor. She worked as a School Nurse in the Deer Isle-Stonington school system, also as a childbirth educator and in a private family planning clinic.

During her career she received various awards including a 1990 Governor of Maine award in recognition for her community work in substance abuse prevention as chemical health coordinator and originator and administrator for the D.A.R.E program in the Island school system. Among many community activities, she served on the Stonington Conservation Commission, as Coordinator for the Island Community Substance Abuse Prevention Team, as a board member of Four Town Nursing and as Vice-President of the Island Nursing Home during its building and start up phase. Music was a large part of Ann's life. Trained as a classical pianist, she gave performances when younger and continued playing throughout her life. She taught piano to her children and other youngsters from the community. Her broad and deep appreciation for music prompted her to attend performances whenever possible. In recent years she enjoyed learning steel drum music and playing in Flash in the Pans steel band.

Being on the water was an important part of her life. She raced small sailboats in her youth and delivered boats to the Caribbean. In 1976 she and her future husband, Nat sailed across the Atlantic crewing on a 30' ketch. She also attended and worked at Hurricane Island Outward Bound School in Penobscot Bay. Her family and the sharing that occurred when working and farming on the family land were passions for her. She was an avid gardener and horticulturist. Sometimes she acted as a family vet for the farm animals and was inspiration for the family to take in many rescue dogs over the decades.

On her cancer journey Ann was called the "warrior" for her determined and multifaceted efforts to vanquish the cancer. Her focus on healing changed the priorities for her self and her family in many and positive ways.

She is survived by her husband of 36 years, Nathaniel Barrows of Stonington, four children, Benjamin, Hannah and her husband, George Eaton, Abigail and her husband, Benjamin Jackson and Lydia MacDonald and her husband, Charles MacDonald, all of Stonington, three grandchildren, Isabella, Weston and Alayna MacDonald, the last of whom was born just six days before she died. She is also survived by her stepmother Mary Bradshaw, two sisters, Beth and Eleanor Bradshaw, and two brothers, Oliver and Brad Bradshaw, two nieces, a nephew and many cousins.

An informal outdoor celebration of Ann's life will be held on the family land on Tidal Cove Lane just off the Airport Road in Stonington Saturday, Aug. 2 at 4 p.m. Memorial Contributions in her name can be made to Neighborcare, PO Box 370, Blue Hill, ME 04614 (not tax deductible) or The Ark Animal Shelter, 60 Barber Lane, PO Box 276, Cherryfield, ME 04622. Arrangements made by Bragdon-Kelley Funeral Homes, Inc. in Stonington. - See more at: http://obituaries.bangordailynews.com/obituaries/obdnmaine/obituary.aspx?n=ann-middleton-bradshaw-barrows&pid=171675032&fhid=3078#sthash.ATbWIJAb.dpuf
Seeking news articles!
The fall issue of the MNPA quarterly newsletter will be sent out at the end of October. 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