



# Nurse Practitioner World News

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## Opinions, Ideas, and Convictions from NPs' Founding Mother, Dr. Loretta C. Ford

*Through interviews and conversations with long-term colleague Linda Pearson, DNSc, APRN, BC, FAANP*



Dr. Loretta C. Ford

**Linda:** I know that your caretaking responsibilities for your dear husband Bill over the past 2 years have limited your participation in several professional activities. However, I was delighted to see you at the University of Colorado Denver College of Nursing 34th National Primary Care Nurse Practitioner Symposium, held on July 15-19, 2009, at Copper Mountain Resort in Colorado.

**Loretta:** Yes, the University of Colorado College of Nursing annual NP symposium, held by my alma mater, has been in Keystone, Colorado, for many years. Fortunately, my husband's increasing mobility and recuperation from knee surgery allowed both of us, as well as other family members, to share in the excitement of this annual trek back to our homeland. Actually, this year the symposium was held in another mountain town, at the Copper Mountain Resort and Conference Center.

**Linda:** How was your experience at this new venue for the annual NP symposium?

**Loretta:** The change of venue from Keystone to Copper Mountain made me won-

der if all the finely tuned attributes of previous annual gatherings and the vigor and rigor of participants' previous experiences could be transferred en masse to a new environment. I also wondered if the economic downturn would affect registration. I need not have worried. Jennifer Disabato, along with her able planning committee, dedicated staff, and loyal volunteers, succeeded in producing a truly wonderful symposium. Both the conference and resort personnel were responsive and prompt, communicative and accommodating.

**Linda:** What did you think of the new venue?

**Loretta:** Copper Mountain is nestled in a valley between two beautiful mountains. The resort offered myriad outdoor and indoor activities. The Copper Mountain Resort programs were very family friendly, from child supervision to mountain climbing, from goofing off to golfing. While family members played, the

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## Get Fierce

By Eileen T. O'Grady, PhD, RN, NP

*Editors' Note: The following excerpts are from Eileen T. O'Grady's keynote address at the 34th National Primary Care Nurse Practitioner Symposium at Copper Mountain, sponsored by the University of Colorado Denver College of Nursing. She delivered the address, titled, "Nurse Practitioners and Health Reform: Finding Our Voice and Courage," on July 17, 2009.*

### The Status Quo Has Got to Go

Nearly every stakeholder is in agreement that the way we deliver health care in the US is fundamentally flawed and perverse. The shocking health care disparities, the lack of primary care coverage outside of banking hours, the continued poor and uneven health care quality and unacceptably high error rates, the 75 million under- or uninsured, fragmented and uncoordinated care, the crumbling primary care infrastructure, the smoke-and-mirrors insurance pricing, practices without quality measurements, and soaring health care inflation—these are



Eileen T. O'Grady

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Inside this Issue:

- NPs Help Ensure Healthy Travel
- Highlights of National Conferences
- Kevin Smith on Brain Fitness

## LET'S TALK MONEY

### Documenting a Level 5 Office Visit

By Carolyn Buppert, JD, NP



Carolyn Buppert

Medicare has stepped up efforts to discover billing errors and recover money already paid to clinicians. Medicare administrative contractors are auditing nurse practitioners and demanding that money already paid be returned. The contractors audit a small sample of charts and extrapolate any overpayments they identify, applying that error rate to all claims filed by the provider. A \$3,000 overpayment identified on an audit of 30 medical records can turn into a demand for \$185,000.

Nurse practitioners and physicians should be certain that their documentation supports the level of service billed. To be sure that you are paid appropriately and to prepare for

Please see *Let's Talk Money*, page 4

# Capitol Hill Gets Briefed on NPs in FQHCs

By Eileen T. O'Grady, PhD, RN, NP

With economic stimulus funds working their way through federal agencies for disbursement, a group of inspirational NPs held a briefing on Capitol Hill on May 28 to tell congressional staff about unique workforce issues in Federally Qualified Health Centers (FQHCs) and steps they have taken to address these issues. FQHCs receive Medicare and Medicaid reimbursement for care for uninsured individuals. Margaret Flinter, APRN, vice president and clinical director of the Community Health Center, Inc., in Connecticut, and other executives from that organization led the NPs as they shared their stories.

Margaret's organization is an exemplar of community health centers, serving 70,000 patients in 160 locations across Connecticut. This FQHC is a model of a comprehensive, fully electronic, primary health care system.

Nationwide, there are 6,000 vacancies for primary care positions in community health centers. The turnover rate is very high. The NPs at the congressional briefing presented compelling cases about unique challenges that providers at these health centers face. The Capitol Hill visitors spoke of the need for NPs committed to the underserved to have support in their first year of practice.

To address these needs, the Connecticut Community Health Center developed and implemented a model for a one-year residency training program to prepare new NPs for practice in any FQHC in the nation. New NP graduates (either MSN or DNP) receive a full salary and intensive, structured support while they develop competency and confidence as primary care providers in this challenging setting.

Two NPs, one just entering the residency training program (Kandree Hicks) and a graduate from the inaugural group of 2007-2008 (Monica O'Reilly) spoke of their journeys into nursing and their commitment to the underserved. They described how their classmates avoided community health centers or left after short stints because they felt overwhelmed and unprepared to serve such complex patients.

Monica told how the NP residency program smoothed her transition from NP graduate to provider. All elements of the residency, from precepted clinics to additional training in specialty areas, prepared her to thrive in her new position as a primary care provider in another FQHC. The speakers eloquently shared powerful stories of the work of well-prepared NPs in this difficult setting.



*Margaret Flinter, APRN, vice president and clinical director of the Community Health Center, Inc., speaks at the congressional briefing. Seated at the table are Mark Masselli, president and CEO of the organization, and Monica O'Reilly, APRN, a graduate of the inaugural class of the residency program who now works at Holyoke Health Center in Holyoke, Massachusetts.*

The goal of the NP-led briefing was to educate congressional staff about the value of FQHC-based residency training and to propose a model for replication across the country. A proposal developed by the Connecticut Community Health Center was put forward to target specific Health Resources and Services Administration funds for this purpose.



*Monica O'Reilly, APRN, a graduate of the inaugural class of the Community Health Center residency program, shares her experiences. Seated at the table are (left) Kandree Hicks, MSN, an incoming resident in the program, and Nwando Olayiwola, MD, chief medical officer of the Community Health Center.*