From: NACNS <nacns@fernley.com>
To: NACNS <nacns@fernley.com>
Date: 10/15/2012 9:40:46 AM
Subject: NACNS Communiqué September-October 2012

NACNS
NATIONAL ASSOCIATION OF CLINICAL NURSE SPECIALISTS

CNS Communiqué

September - October 2012 • Issue 10

The CNS Communiqué is an electronic publication of the National Association of Clinical Nurse Specialists. The purpose of this publication is to keep our members updated on the NACNS headquarters news; connect our members with fast-breaking clinical news; and update clinical nurse specialists on state and federal legislative actions.

This message contains graphics. If you do not see the graphics, click here .

Featured Articles

Headquarters News

CNS Foundation

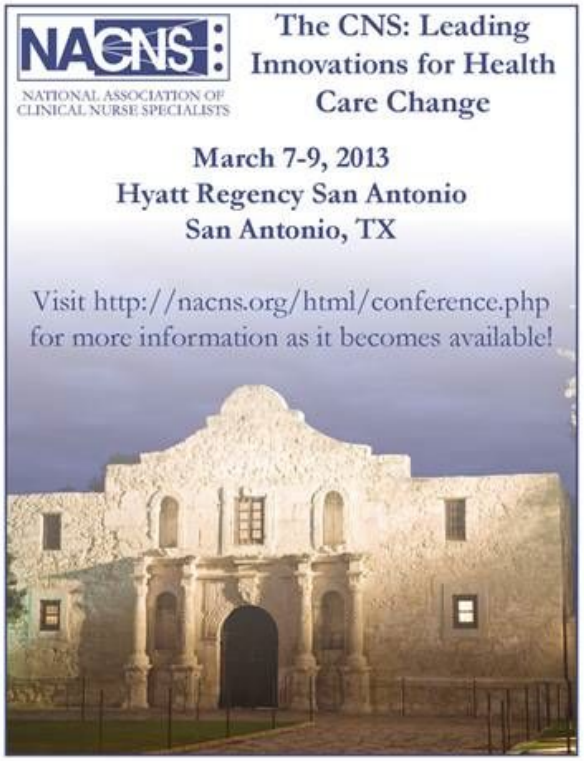
Clinical Headlines

Association News

Federal and State Policy News

19. Sequestration and Its Impact on Nursing
20. Medicare FY 2013 Final Hospital Inpatient PPS Final Rule
21. Medicare Proposed Rule on Physician Payment– Implications for Clinical Nurse Specialists

We want your feedback on the CNS Communique! Please complete this 8 question survey to help us decide if we should increase publication to once a month!
http://www.surveymonkey.com/s/7XL8WVP



Featured Articles

1. NACNS Calls for CMS to Utilize the CNS – Medicare Physician Fee Schedule Rulemaking

NACNS continues to advocate for use of CNS in order to see improvements in health system policies and procedures. In a letter to CMS on September 4, 2012, NACNS argued that the CNS role has the potential to find significant cost savings in the health care system. This letter was written in response to a proposed rulemaking on Medicare Program Proposed Revisions to Physician Fee Schedule Payment Policies. Specifically, NACNS commented on:

- Medicare reimbursement for transitional care management services;
- Clarification that NPs and CNSs may order portable X-ray services;
- New policies allowing NPs and CNSs to order durable medical equipment and conduct the face-to-face encounter for their patients.

Additionally, NACNS spoke to the importance of direct Medicare reimbursement for chronic pain management services by CRNAs. Additional information about this important advocacy initiative is discussed in Article 20 below.

Headquarter News

2. NACNS Wants You!

NACNS is accepting nominations for volunteer committee appointments. Help advance our mission to enhance

and promote the unique, high value contribution of the clinical nurse specialist to the health and well-being of individuals, families, groups, and communities, and to promote and advance the practice of nursing by volunteering to serve on one of our committees:

- Affiliate Advisory
- Education
- Legislative/Regulatory
- Membership
- Practice
- Research
- 2014 Conference Planning *NEW*

There is a new opportunity to participate: the 2014 Conference Planning Committee. We encourage anyone with an interest in helping to plan the 2014 conference consider participating in this crucial committee. Visit the NACNS homepage for the volunteer form and information.

3. Membership Renewals and Recruitment

Watch your mail and email for your NACNS membership renewal notice. We mail two reminders, one two months before your membership expires, and another one month before your membership expiration date. In addition we send at least one email reminder, which requires us to have your current email address. Please contact NACNS at info@nacns.org if you need to update your email or other contact information. We appreciate your support of NACNS and by paying your due on time you can avoid any delays in receiving the journal and online newsletter.

We need your help recruiting new members! Encourage your colleagues, students and institutions to join NACNS! Members enjoy a subscription to *Clinical Nurse Specialist*, reduced registration rates for the NACNS conference, volunteer leadership opportunities, networking opportunities, and much more. *Plus, the more new members that list you as the referring member, the more opportunity you have to be entered in a drawing to win a free one-year NACNS membership!*

Visit the NACNS membership webpage for more information.

4. NACNS On Facebook

Connect with NACNS on Facebook! Join other NACNS members and volunteer leaders that have joined the NACNS Facebook group. It's easy to join, there's a link right from the NACNS homepage. Join the community of CNS's and help make the NACNS group the go-to resource for information, healthy debate, and gateway to membership and participation in NACNS. The NACNS Facebook group is one more way NACNS is fulfilling its mission to enhance and promote the value of the CNS profession.

5. NACNS 2013 Annual Conference – The CNS: Leading Innovations for Health Care Change

The NACNS 2013 Annual Conference, March 7-9, 2013, will be here before you know it! We hope you plan to join us in San Antonio, Texas for a conference full of education, networking and fun. The abstract deadline has passed, but we are accepting student poster submissions until December 3. Don't forget the deadline to submit nominations for the NACNS awards is November 15. Conference registration will open in November, so watch your email for registration information.

For more information on the conference as well as exhibit and sponsorship opportunities, visit the NACNS website.

6. NACNS Officer to Speak at Diabetes Conference

Carol Manchester, MSN, ACNS, BC-ADM, CDE, NACNS' President-Elect, will be presenting at a conference in Buffalo, NY on October 10-12, 2012. The conference is titled, *Collaborative Approach to Diabetes Care Conference* . She will be presenting on the topic: Guidelines to Effectively Manage Perioperative Glycemic Management. NACNS is a media partner for this conference.

CNS Foundation

7. CNS Foundation Offers Four Scholarships for Master's and Doctoral Students Deadline for Application -- October 31, 2012

The Clinical Nurse Specialist (CNS) Foundation is announcing scholarships to support the education of clinical nurse specialists (CNSs). Our purpose as a Foundation is to increase the number of CNSs who are educated and prepared and thus, address the shortage of CNSs in the United States. Eligible students are those who are pursuing a master's degree in an accredited CNS program or Clinical Nurse Specialists pursuing a research or practice doctorate. The scholarship is competitive and is based on academic performance, clinical excellence and demonstrated leadership.

The Clinical Nurse Specialist Foundation will award three $1,000 scholarships and two $500 scholarships this year and will announce the name of the recipients at the annual Foundation Reception in March 2013 at the NACNS convention. Winners should plan to attend to receive recognition for their accomplishment.

Please forward this scholarship announcement to any CNS students and encourage them to apply. Scholarship information and application materials are posted on the CNS Foundation website located at www.CNS-FOUNDATION.org and the National Association of Clinical Nurse Specialists (NACNS) website atwww.NACNS.org.

Applications must be received by October 31, 2012 and should be mailed to:

CNS Foundation Scholarships
801 E. Park Drive, Suite 100
Harrisburg PA 17111

We look forward to receiving many applications and plan to increase the number of scholarships awarded as the Clinical Nurse Specialist Foundation grows. Contact Debbie Danner at the CNS Foundation business office at 717-703-0033 or at deb@pronursingresources.com if you have any questions.

8. Support The CNS Foundation through United Way!

If you 'write-in' the Clinical Nurse Specialist Foundation on your annual United Way pledges to be a recipient of your donation, your local United Way chapter will contact us for supporting non-profit information. Once they receive that information from the Foundation, your donation will be distributed to us. Please consider supporting scholarships for future CNS students by donating to the Foundation!

Clinical Headlines

9. CDC Announces Screening Recommendations for HCV Infection

The August 17, 2012 (Vol.61/No. RR-4) Issue of the Morbidity and Mortality Weekly published *Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945–1965*. Hepatitis C virus (HCV) is an increasing cause of morbidity and mortality in the United States. Many of the 2.7–3.9 million persons living with HCV infection are unaware they are infected and do not receive care (e.g., education, counseling, and medical monitoring) and treatment. CDC estimates that although persons born during 1945–1965 comprise an estimated 27% of the population, they account for approximately three fourths of all HCV infections in the United States, 73% of HCV-associated mortality, and are at greatest risk for hepatocellular carcinoma and other HCV-related liver disease.

CDC is augmenting previous recommendations for HCV testing to recommend one-time testing without prior ascertainment of HCV risk for persons born during 1945–1965. Statistics show this population subset has a disproportionately high prevalence of HCV infection and related disease. Persons identified as having HCV infection should receive a brief screening for alcohol use and intervention as clinically indicated, followed by referral to appropriate care for HCV infection and related conditions. These recommendations do not replace previous guidelines for HCV testing that are based on known risk factors and clinical indications. Rather, they define an additional target population for testing: persons born during 1945–1965.

10. FDA Approves First Breast Ultrasound Imaging System for Dense Breast Tissue

On September 18, 2012 the U.S. Food and Drug Administration (FDA) approved the first ultrasound device for use in combination with a standard mammography in women with dense breast tissue who have a negative mammogram and no symptoms of breast cancer. This technology will allow health care providers to identify smaller tumors.

Breast cancer is the second leading cause of cancer-related death among women. This year an estimated 226,870

women will be diagnosed with breast cancer, and 39,510 will die from the disease.

The National Cancer Institute estimates that about 40 percent of women undergoing screening mammography have dense breasts. These women have an increased risk of breast cancer, with detection usually at a more advanced and difficult to treat stage.

Dense breasts have a high amount of connective and glandular tissue (fibroglandular tissue) compared with less-dense breasts, which have a high amount of fatty tissue. A physician determines if a woman has dense breast tissue with a mammography exam.

Mammography is a low-dose X-ray imaging method of the breast. However, mammograms of dense breasts can be difficult to interpret. Fibroglandular breast tissue and tumors both appear as solid white areas on mammograms. As a result, dense breast tissue may obscure smaller tumors, potentially delaying detection of breast cancer. Ultrasound imaging has been shown to be capable of detecting small masses in dense breasts.

11. National Institutes of Health (NIH) Trial on Asthma Control

An NIH-funded trial reported findings of no significant difference in asthma control across three approaches to adjust medication dose in mild asthma. The study compared three common approaches to periodically adjust the dosage of inhaled corticosteroids (ICS) for people with mild asthma. They found no detectable differences in how often a person's asthma worsened. The methods examined in this study were a patient-guided modification based on symptoms, an assessment made by an examining physician, or the results of a breath test to measure inflammation.

The lack of detectable differences in treatment failure or in other clinical measures considered important for patients with asthma suggests that a patient-directed approach to adjusting ICS dosage may be an option for treating mild asthma. It would not, however, eliminate the need for physician involvement. Patients in the study had physician visits every two to six weeks to ensure that their asthma was not worsening.

This National Institutes of Health-funded compare son study of adults with mild asthma, termed the *Best Adjustment Strategy for Asthma in the Long Term*, or BASALT, was published in the Sept. 12 Journal of the *American Medical Association*.

"We know daily inhaled corticosteroids work well in controlling asthma long term, but asthma control can change within short periods of time — with seasons, for example. Also, many patients with mild asthma are reluctant to take daily medication," said James Kiley, Ph.D., director of the Division of Lung Diseases at the National Heart, Lung and Blood Institute (NHLBI). "Finding a patient-directed method for adjusting inhaled corticosteroid therapy may allow patients with mild asthma to use inhaled corticosteroids only when their symptoms change."

BASALT was conducted by the Asthma Clinical Research Network, at 10 academic medical centers.

12. AHRQ Reports on Patient Safety Project – Bloodstream Infections Reduced 40 Percent

A unique nationwide patient safety project funded by the Agency for Healthcare Research and Quality (AHRQ) reduced the rate of central line-associated bloodstream infections (CLABSIs) in intensive care units by 40 percent, according to the agency's preliminary findings of the largest national effort to combat CLABSIs to date. The project used the Comprehensive Unit-based Safety Program (CUSP) to achieve its landmark results that include preventing more than 2,000 CLABSIs, saving more than 500 lives and avoiding more than $34 million in health care costs.

The agency and key project partners from the American Hospital Association (AHA) and Johns Hopkins Medicine presented these findings at the AHRQ annual conference in early September. They also introduced the CUSP toolkit that helped hospitals accomplish this marked reduction.

CLABSIs are one type of healthcare-associated infection (HAI). HAIs are infections that affect patients while they are receiving treatment for another condition in a health care setting. HAIs are a common complication of hospital care, affecting one in 20 patients in hospitals at any point in time.

The national project involved hospital teams at more than 1,100 adult intensive care units (ICUs) in 44 states over a 4-year period. Preliminary findings indicate that hospitals participating in this project reduced the rate of CLABSIs nationally from 1.903 infections per 1,000 central line days to 1.137 infections per 1,000 line days, an overall reduction of 40 percent.

The CUSP is a customizable program that helps hospital units address the foundation of how clinical teams care for patients. It combines clinical best practices with an understanding of the science of safety, improved safety culture, and an increased focus on teamwork. Based on the experiences gained in this successful project, the CUSP toolkit helps doctors, nurses, and other members of the clinical team understand how to identify safety problems and give them the tools to tackle these problems that threaten the safety of their patients. It includes teaching tools and resources to support implementation at the unit level.

The first broad-scale application of CUSP was in Michigan, under the leadership of the Michigan Health & Hospital Association, where it was used to significantly reduce CLABSIs in that state. Following that success, CUSP was expanded to 10 states and then nationally through an AHRQ.

13. Early Intervention Training Modules and Resources Available

Contemporary Practices in Early Intervention for Children Birth to Five is a series of training modules and resources on early childhood intervention and services for education, health, therapeutic, and social service professionals. The curriculum was produced by the Georgetown University Center for Child and Human Development with support from the Health Resources and Services Administration's Maternal and Child Health Bureau. Topics include assessing and promoting the social, emotional, developmental, and behavioral health of infants and young children in partnership with families in the context of their communities; identifying problems and disorders early; intervening effectively using evidence-based knowledge and practices; and providing leadership. The curriculum is available as a graduate certificate program, for continuing education credit, for no credit, or for group training.

14. U.S. Preventive Services Task Force (USPSTF) Announces Draft Recommendation on Screening & Behavioral Counseling to Reduce Alcohol Misuse

On September 24, 2012 the USPSTF posted a draft recommendation statement on screening and behavioral counseling to reduce alcohol misuse. Public comment on this draft recommendation will be accepted until October 22, 2012.

The draft recommendation applies specifically to screening and behavioral counseling interventions to reduce alcohol misuse in the primary care setting. It does not apply to people with signs or symptoms of alcohol misuse or who already are seeking evaluation or treatment for alcohol use.

The draft recommendation has two parts:

The Task Force recommended that clinicians screen all adults 18 and older and pregnant women for alcohol misuse and provide individuals engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.

The Task Force also determined that there currently is not enough evidence to make a recommendation about whether it is effective to screen and provide behavioral counseling interventions to reduce alcohol misuse for adolescents aged 12 to 17.

Approximately one-third of the U.S. population is affected by alcohol misuse, with most people engaged in risky use, or drinking above recommended amounts. Alcohol misuse causes more than 85,000 deaths each year, making it the third-leading cause of preventable death in the United States.

Association News

15. Robert Wood Johnson Foundation Young Leader Award RWJF Health Policy Fellows Releases Call for Applications

The *Robert Wood Johnson Foundation Health Policy Fellows* program is designed for exceptional midcareer health professionals and behavioral and social scientists with an interest in health and health care policy in Washington, D.C. Fellows participate in the policy process at the federal level and use that leadership experience to improve health, health care and health policy. It is important to have clinical nurse specialist as part of this cadre of health care leaders. If you or a colleague is interested, please apply! Applications are due by November 7, 2012, 3:00 pm ET.

16. Philips Center for Health and Well-Being Think Tank on Active Aging

The Philips Center for Health and Well-being is a knowledge-sharing forum that provides a focal point to raise the level of discussion on what matters most to citizens and communities. The Center works to bring together experts for dialogue and debate aimed at overcoming barriers and identifying possible solutions for meaningful change that can improve people's overall health and well-being. Their new report, *Re-Imaging Aging: Challenging Established Mindsets*was written to challenge society to re-image aging. The Philips Aging Well Think Tank believes that the challenge of increasing longevity can only be met by rethinking convention wisdom around aging. The think tank wants to take a fresh look at the way we equip societies to cope with aging populations and support individuals to age well. The report concludes with this statement: "It's only when we begin challenging all of the conventional approaches to life today that we'll be able to find novel and effective solutions to meeting the needs of our rapidly aging population."

17. Robert Wood Johnson Foundation (RWJF) and Trust for America's Health (TAH) Obesity Report

According to a new report released by the RWJF and TAH, 13 states could see their adult obesity rate exceed 60 percent by 2030. Based on their estimates, the related health care costs could grow by more than 20 percent in nine states. The report, *F as in Fat: How Obesity Threatens America's Future 2012* , was released on September 18, 2012. This report is unique in that it forecasts adult obesity rates in each state. It goes further and identifies what cost savings states could see in their health care costs if they reduced the average body mass index (BMI) of their residents by approximately 5 percent by 2030. The report includes an interactive map titled *Two Futures for America's Health*. This map presents the 2030 estimates as well as the specific state by state savings with the 5 percent BMI reduction by 2030.

18. NAQC's Guiding Principles for Patient Engagement

In July of this year, the Nursing Alliance for Quality Care (NAQC) released *Guiding Principles for Patient Engagement*, a list of nine core principles designed to support nurses and other health care providers in delivering high-quality, patient-centered care. The principles, developed by a committee of nurse leaders and patient advocates, are meant to guide the provider community in developing patient engagement models and quality and safety interventions that support and encourage the patient and family to become partners in their care. The development of the principles, and the organization, is supported by the Robert Wood Johnson Foundation.

"These principles are a building block to spur nurses and other providers to improve the full engagement of patients in the care they receive, and will be key to consider as hospitals, clinics and long-term care settings across the country seek to improve the quality and safety of the care they deliver," said Mary Jean Schumann, executive director of the Nursing Alliance for Quality Care. "Many of these principles are already at the core of what we do as nurses, but we need to make sure that our field is systematically keeping the patient at the center of all health care efforts. We believe that the principles will spark a dialogue among practicing nurses, nurse educators, students and other providers, leading to policy initiatives that create dramatic changes that support the integrating of patients and families fully in all care decisions."

The principles include:

- There must be a dynamic partnership among patients, their families and the providers of their health care, which at the same time respects the boundaries of privacy, competent decision-making and ethical behavior.
- This relationship is grounded in confidentiality, where the patient defines the scope of the confidentiality. Patients are the best and ultimate source of information about their health status and retain the right to make their own decisions about care.
- In this relationship, there are mutual responsibilities and accountabilities among the patient, the family and the provider that make it effective.
- Providers must recognize that the extent to which patients and family members are able to engage or choose to engage may vary greatly based on individual circumstances. Advocacy for patients who are unable to participate fully is a fundamental nursing role.
- All encounters and transactions with the patient and family occur while respecting the boundaries that protect recipients of care as well as providers of that care.
- Patient advocacy is the demonstration of how all of the components of the relationship fit together.
- This relationship is grounded in an appreciation of patient's rights and expands on the rights to include mutuality.
- Mutuality includes sharing of information, creation of consensus and shared decision-making.
- Health care literacy is essential for patient, family and provider to understand the components of patient engagement. Providers must maintain awareness of the health care literacy level of the patient and family and respond accordingly. Acknowledgment and appreciation of diverse backgrounds is an essential part of the engagement process.

Federal and State Policy

19. Sequestration and Its Impact on Nursing

If Congress and the President do not pass alternative legislation before January 2, 2013, there will be a $1.2 trillion deficit reduction mandated by the Budget Control Act (BCA) over the next 9 years that will result in across-the-board cuts (sequestration). This will include Health Resources and Services Administration's (HRSA's) Title VII and Title VIII programs and other non-defense discretionary (NDD). Title VII funds health professional education and development programs such as dentists and physicians. Title VIII funds nursing education and development programs. According to the Office of Management and Budget (OMB) sequestration report issued Sept. 14, discretionary programs at HRSA would be subject to an 8.2 percent cut. These programs also provide assistance to practice settings, such as Nurse -Managed Health Clinics, to ensure patients receive critical access to nursing care.

The following calculations are based on the reported number of students supported by Title VIII programs for academic year 2010-2011 in HRSA's Fiscal Year (FY) 2013 Congressional Budget Justification and reflect a sequestration of 8.2% outlined in the Office of Management and Budget's (OMB's) Report Pursuant to the Sequestration Transparency Act of 2012.

The following calculations are based on HRSA's Fiscal Year (FY) 2013 Congressional Budget Justification and reflect sequestration of 8.2% outlined in OMB's Report Pursuant to the Sequestration Transparency Act of 2012. These cuts to the Nursing Workforce Development programs (Title VIII) would result in:

- 4,129 fewer nurses and nursing students supported through all of the Title VIII Nursing Workforce Development programs.
- 1,011 fewer participants in the Title VIII Advanced Education Nursing and Nurse Anesthetist Traineeship programs, which would impact access to primary and acute care provided by advanced practice registered nurses.
- 978 fewer nurses, nursing students, faculty, and other health professionals delivering care to the elderly, disabled, and chronically ill that the Title VIII Comprehensive Geriatric Education program supports.
- 872 fewer under represented and disadvantaged nursing students supported through the Title VIII Nursing Workforce Diversity Program.
- 487 fewer K-12 students supported through the Title VIII Nursing Workforce Diversity Program, which recruits underrepresented minorities to the nursing profession.
- 645 fewer training opportunities for nurses pursuing graduate-level education through the Title VIII Advanced Nursing Education program.
- 399 fewer participants in the Title VIII Nurse Education, Practice, Quality, and Retention program, which help schools of nursing, academic health centers, nurse-managed health clinics, and healthcare facilities strengthen programs that provide training opportunities and innovative models for nursing practice.
- 127 fewer faculty members available to educate future generations of nurses through the Title VIII Nurse Faculty Loan Program at a time when faculty vacancies severely limit nursing school enrollment. Nursing schools were forced to turn away 75,587 qualified applications from entry-level baccalaureate and graduate nursing programs in 2011 due primarily to faculty vacancies.6
- 96 fewer nurses participating in the Title VIII Nursing Education Loan Repayment program and over 8% fewer students receiving assistance through the Title VIII Nursing Scholarship program at a time when the cost of higher education continues to rise.

20. Medicare FY 2013 Final Hospital Inpatient PPS Final Rule

The final rule for Medicare payment for acute care was issued in August and will increase the payment in FY 2013 by 2.3 percent. The rule also included several new provisions related to quality measures, which when hospitals perform better than most can receive additional payment. The amount of money set aside for quality payments will rise incrementally to 2 percent of reimbursement by October 2016.

CMS made changes to the quality performance measures including care coordination (e.g., readmissions), safety (e.g., hospital-acquired conditions [HACs]), and cost (spending per beneficiary). For FY 2013 there will be 12 clinical process measures including reduced payment for readmissions by up to 1 percent inpatient payments based on each hospital's readmission rate for chronic heart failure, pneumonia and acute myocardial infarction. In FY 2014 there will be 12 clinical process measures and the HCAHPS measure. New measures added are Postoperative Urinary Catheter Removal on Postoperative Day 1 or 2 and three mortality outcome measures (Acute Myocardial Infarction, Heart Failure, and Pneumonia 30-Day Mortality Rates). For FY 2015 Medicare will introduce three new measures: Medicare Spending per Beneficiary, Central Line-Associated Blood Stream Infection (CLABSI) measure and Patient Safety Indicator (PSI-90) composite measure. For more information see the CMS FY 2013 Final Rule Fact Sheets: http://www.cms.gov/apps/media/fact_sheets.asp .

21. Medicare Proposed Rule on Physician Payment– Implications for Clinical Nurse Specialists

In July, CMS issued a proposed rule to revise payment policies for the physician fee schedule. Clinical Nurse Specialists and other Advanced Practice Registered Nurses are recognized under these payment policies (regulations) as providers of Medicare services and the proposed rule will impact them in several ways. As these were proposed rules, NACNS provided comments.

NACNS submitted comments on the following areas:

- **Medicare Reimbursement for Transitional Care Management Services** – NACNS supported CMS's proposal to create a code and provide reimbursement for these services and urged CMS to ensure that CNSs are eligible for payment for non-face-to-face transitional care services.
- **Certified Registered Nurse Anesthetists (CRNAs) and Chronic Pain Management Services** – NACNS supported CMS's proposal to clarify that CRNAs can be reimbursed by Medicare for providing chronic pain management services.
- **Ordering of Portable X-Ray Services** - NACNS applauded CMS for clarifying that nonphysician practitioners acting within the scope of their Medicare benefit and State law are allowed to order portable X-ray services.

- **Durable Medical Equipment (DME) Face-to-Face Encounters and Written Orders Prior to Delivery** – The Accountable Care Act requires physician supervision of NPs and CNSs when ordering DME. CMS proposed some options for this supervision. NACNS could not support them and stated that the legislative requirement would increase the cost of care and that there is no evidence of NPs and CNSs engaging in fraudulent behavior when ordering DME.

The CNS Communiqué is an electronic publication of the National Association of Clinical Nurse Specialists.
100 North 20th Street, Suite 400, Philadelphia, PA 19103 | Phone: 215-320-3881 | Fax: 215-564-2175
www.nacns.org | info@nacns.org