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## TOP STORY

### CMS FURTHER UNWINDS ACA

The Centers for Medicare & Medicaid Services (CMS) issued its [final rule](#) setting standards for health plans sold this fall for 2019 coverage through the *Patient Protection and Affordable Care Act's* (ACA) marketplaces. In [announcing the rule](#), CMS continued the Administration's efforts to unravel the ACA law while simultaneously suggesting that the rule aims to increase flexibility, strengthen program integrity, empower consumers, promote stability and reduce unnecessary regulatory burden in the individual and small group health insurance markets.



The NACNS has been a supporter of the ACA marketplace plans because the ACA reduced the number of uninsured Americans and substantially improved access to care. The ACA also slowed the growth of [national health spending](#), which is projected to grow an average of 5.5%/year between 2017 and 2026, versus the 7.3% observed over the term prior to the recession (1990-2007).

The final rule includes 2019 payment parameters and additional guidance related to other ACA provisions, such as qualified health plan standards and [hardship exemptions](#). For example, the rule gives states latitude to dilute essential health benefit protections by allowing states to select a benchmark based on a plan sold in another state, substitute a category of benefits or even develop their own benchmark from scratch. This watering down could harm people, especially those with preexisting conditions who may find the services they need are no longer adequately covered.

Another example of weakening the ACA involves the current medical loss ratio, which requires insurers to spend at least 80% of premium dollars for health care and quality assurance, keeping up to 20% for administration and profits. If a state asserts that its individual insurance market is unstable, CMS can adjust this ratio, making it easier for insurers to gain approval for excessive profits driven by premium hikes.

## HEADQUARTER NEWS

### SUBMIT YOUR ABSTRACT BEFORE MAY 21!



topics of interest and submission requirements, [click here](#).

Don't miss the opportunity to submit your abstract for the 2019 Annual Conference so you can share your knowledge and experience with your colleagues. All conference abstracts should be submitted by midnight (ET), May 21, 2018. For full details on

If you are a CNS or DNP student, please mark your calendars for the 2019 Annual Conference student poster deadline on December 4, 2018. We welcome student posters and hope to increase the number of students participating in our annual conference.

## 2018 ANNUAL MEETING SPONSORS

Thank you to our sponsors who helped ensure our 2018 meeting in Austin was a huge success!

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## PUBLIC COMMENT PERIOD OPENED ON CNS STATEMENT

The public comment period on the draft revised CNS Statement on Clinical Nurse Specialist Practice and Education, 3<sup>rd</sup> edition opened on May 1, 2018 and will close on June 11, 2018. A [panel of CNSs](#) representing experts in education, practice and research developed this document.



The comment period will be followed by a validation panel review. Letters will be sent by May 15, 2018 to request that individuals participate on the validation panel.

For draft documents and information on the public comment period, [click here](#).

## APPLY TO JOIN THE FIRST CLASS OF CNS FELLOWS



The CNS Institute created the inaugural CNS Fellowship to showcase CNSs who have made outstanding contributions to the CNS role, been devoted mentors to future generations of CNS leaders and directly influenced the CNS role in their communities.

Application requirements include:

- Providing a letter of endorsement by one colleague, preferably a supervisor, who can verify contributions to CNS practice and leadership.
- Being a current NACNS member and having maintained membership for the past two years.
- Having worked as a CNS for at least five years.
- Being credentialed as a CNS or educated as a CNS, plus having significant past contributions as a CNS.

Applications for the inaugural CNS Fellowship will open on June 1 and close on October 1, 2018.

## CNS WEEK WILL BE HERE BEFORE WE KNOW IT!

September 1–7, 2018 is National CNS Recognition Week, a time when hospitals and health care systems pay tribute to and build awareness of the important role that CNSs play in health care. This year's theme is ***Clinical Nurse Specialists: Catalysts for Change and Innovation***. It is time to plan for a successful CNS Week.



NACNS has posted and will be updating a number of resources for CNS Week. Do not forget to check our CNS Week idea guide and sample materials. There are Facebook and Twitter posts (if you tweet, use the official hashtag: #CNSWeek), newsletter articles, flyers, letters-to-the-editor and a proclamation so you can request official recognition of CNS Week from your mayor or other government official.

Consider purchasing a CNS Week button or other logo merchandise, like hand sanitizers, first aid kits, hot/cold packs, notecards, earbuds, flash drives, rechargeable power banks, caps, stadium blankets and a silver logo pin that emphasizes the three CNS spheres of influence for the CNSs or nurses in your life. Plan ahead and order early!

Many CNSs across the nation will be engaged in creative activities to highlight the role of the CNS. Plan to share CNS Week photos of your celebrations and updates on social media using the #CNSWeek hashtag and tagging @NACNS on twitter, or post on our [Facebook page](#).

Let's work together to make CNS Week 2018 the best yet!

## TASK FORCE RECOMMENDS ALTERNATE OPTION TO CERTIFY FALS CNSs

A recent report from the NACNS Family Across the Lifespan (FALS) Crosswalk Task Force recommends allowing FALS CNSs to acquire certification for state licensure by passing both the CNS adult/gerontology and pediatric certification examinations. Both the NACNS Board of Directors and the task force note the recommendation is a proxy for a FALS population-specific CNS certification examination until such time that a valid and reliable FALS test and/or certification process is established.



In 2016 the NACNS Board of Directors commissioned the task force to compare the adult/gero and pediatric CNS competencies with the draft FALS CNS competencies and asked if passing both certification exams might be a viable option to certify a CNS to practice within the FALS population. The task force's report, ***Family Across the Lifespan: The Viability of Taking Pediatric and Adult-Gerontology Certification Examinations to Attain CNS Population Certification in Family Across the Lifespan***, concludes that most of the FALS, adult/gero and pediatric competencies are equivalent.

The NACNS Family Across the Lifespan Crosswalk task force members are:

Lola Trudell Coke, Ph.D., ACNS-BC, RN-BC,  
FAHA, FPCNA  
Emily Dorosz, MSN, RN, CPN, CPEN  
Ana-Maria Gallo, Ph.D., CNS, RNC-OB

Jerithea Tidwell, Ph.D., RN, PCNS-BC, PNP-BC  
Terri Nally, MS, NACNS consultant  
Melinda Mercer Ray, MSN, NACNS Executive  
Director

For additional information and to download the full report, [click here](#).

## **CNSI WILL LAUNCH VIDEO COMPETITION IN OCTOBER**

On October 1, 2018, the CNS Institute (CNSI) will be launching a **video competition** designed to highlight how CNSs bring incredible value to patients, organizations and communities. With this project, the CNS



Institute aims to highlight innovative CNS roles, projects, outcomes and NACNS initiatives (e.g., the opioid task force). Details are available on the [NACNS/CNSI website](#). Submissions are due by **December 1, 2018**.

Winners will be announced at the 2019 annual conference at the Renaissance Orlando at SeaWorld in Florida on March 6 – 9, 2019. Representatives of the winning submission do not need to be present to win.

## **NACNS WEBINAR SERIES**

### **Don't Miss These Critical Topics for CNS Practice!**



NACNS offers low-cost, monthly webinars for clinical nurse specialists so they can stay on top of innovative practices and policies. Webinars are \$25 for NACNS members, \$60 for non-members and \$30 for CNS students. All webinars are archived. Listen at your leisure and apply for continuing education certificates. Email [info@nacns.org](mailto:info@nacns.org) to order an archived webinar. Register at <http://nacns.org/professional-resources/education/webinar-series/>.

### **May 15, 2018, 2–3 pm (ET)**

#### **How a Nurse's Perceived Proficiency Impacts Performance**

Angela C. Larson, PhD, MSN, CNS, RN, ACCNS-AG, CCNS, CCRN  
CNS, UF Health Shands Hospital, Gainesville, FL

### **June 13, 2018, 2-3 pm (ET)**

#### **Nursing Research: Is What You Do Related to What You See?**

Nancy Albert, PhD, CCNS, CHFNP, CCRN, NE-BC, FAHA, FAAN  
Associate Chief Nursing Officer - Research and Innovation, Cleveland Clinic Health System  
CNS, Kaufman Center for Heart Failure, Heart and Vascular Institute, Cleveland Clinic, Cleveland, OH  
**Organized by the NACNS Research Committee**

### **September 27, 2018, 2-3 pm (ET)**

#### **Neonatal Abstinence Syndrome – PHARM CE**

Phyllis Whitehead, PhD, APRN, ACHPN, RN-BC  
CNC, Palliative Medicine/Pain Management, Carilion Roanoke Memorial Hospital  
Assistant Professor, Virginia Tech Carilion School of Medicine, Roanoke, VA  
**Speaker from the NACNS Opioid/Pain Management Task Force**

## AFFILIATE NEWS

### CALIFORNIA

NACNS member Dorothy E. Forde RNC-NIC, CNS, and PHD candidate received the 2018 Western Institute of Nursing/Council for the Advancement of Nursing Science (WIN/CANS) Doctoral Dissertation Grant at the recent 2018 WIN conference in Spokane, Washington. Forde is the first recipient of the new grant.

The purpose of the WIN/CANS dissertation grant is to foster doctoral student dissertation research. Preference is given to bio behavioral studies in recognition of the additional expense of such studies. Dorothy Forde is a PhD candidate attending the University of San Diego Hahn School of Nursing and Beyster Institute for Nursing Research.

## ASSOCIATION NEWS

### NACNS ENDORSES ACC/AHA CARDIAC REHABILITATION DOCUMENT

The American College of Cardiology and the American Heart Association (ACC/AHA) have issued their [2018 ACC/AHA Clinical Performance and Quality Measures for Cardiac Rehabilitation](#). This document was reviewed and endorsed by the NACNS Board of Directors at its January 2018 Board meeting.

## CLINICAL NEWS

### STROKE GUIDELINES RESCINDED

On April 27, 2018, the American Heart Association and the American Stroke Association [rescinded new stroke guidelines](#) and published a correction in the journal *Stroke* that included the deletion of some sections. The groups said the decision was based on feedback from clinicians. The associations are preparing clarifications, modifications and updates that will be released over the coming weeks in a revised guideline.

### BRAIN TRAUMA INDICATOR BLOOD TEST APPROVED BY FDA

The Food and Drug Administration (FDA) [signed off](#) on the use of a first-of-its-kind blood test to assist in the detection of mild traumatic brain injuries (mTBI) in adults. Banyan Biomarkers' Banyan Brain Trauma Indicator works by identifying and measuring the levels of two brain-specific proteins that appear in the blood within 12 hours of a brain injury when bleeding has occurred. The test results are available within three to four hours.



mTBI, otherwise known as concussion, accounts for the majority of the 2.8 million TBIs that occur in the United States each year. The current standard of care uses a neurological scale followed by a computed tomography (CT) scan of the head to detect brain tissue damage that may require treatment. However, a majority of patients evaluated for mTBI do not have detectable intracranial lesions after having a CT

scan. Availability of a blood test for concussion will help health care professionals determine the need for a CT scan in patients, and help prevent unnecessary neuroimaging and associated radiation exposure to patients.

### **SURGEON GENERAL’S ADVISORY ON NALOXONE AND OPIOID OVERDOSE**

Surgeon General Jerome M. Adams released a [public health advisory](#) to urge more people to carry a lifesaving medication, naloxone – an opioid antagonist used to reverse temporarily the effects of an opioid overdose. First responders carry the medication already. The Surgeon General is recommending that family, friends and those who are at risk for an opioid overdose also keep the drug on hand.



Years of over-prescription of opioid painkillers has fueled a crisis, with patients turning to illicit drugs when their prescriptions end. An estimated 2.1 million people struggle with an opioid use disorder (OUD). Rates of opioid overdose deaths are rapidly increasing; opioid-related overdoses killed 42,249 people in 2016. Owing to these deaths, the [U.S. life expectancy fell](#) for a second year running – the first time that has happened in more than half a century, according to the National Center for Health Statistics. In no other developed country are people taking and dying from opioids at the rates they are in the United States.

The Surgeon General’s advisory states that naloxone is a Food and Drug Administration-approved medication that is typically injected or sprayed into the nose of a person experiencing an opioid overdose, to stabilize the individual. Research shows that naloxone can be administered effectively by professionals and by lay individuals who are educated about the proper administration of the medication.

### **ALERT ISSUED ON SEVERE BLEEDING DUE TO SYNTHETIC CANNABINOIDS**

According to an [alert](#) from the Centers for Disease Control and Prevention, 94 cases of severe bleeding have been reported in emergency departments in five states due to vitamin K-dependent antagonist coagulopathy following the use of synthetic cannabinoids, possibly tainted with the poison brodifacoum. The patients' response to treatment with fresh frozen plasma and high doses of vitamin K was consistent with long-acting vitamin K-dependent antagonist toxicity.

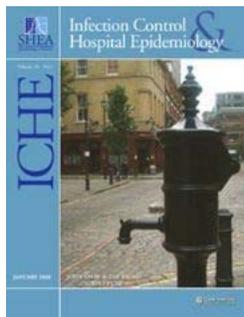


### **INFORMATION-HANDOFF TECHNIQUE PROVED EFFECTIVE IN NEW STUDY**

An information-handoff technique, known as I-PASS — illness severity, patient summary, action list, situation awareness and contingency planning, and synthesis by receiver — already has shown to be effective in pediatric academic hospitals. Now, a [new study](#) of 32 hospitals varying widely in setting, size and patient population shows I-PASS to be effective in a variety of hospital settings.

## PREDICTING DAILY RISK OF *CLOSTRIDIUM DIFFICILE* INFECTION

A [paper](#) published recently in *Infection Control and Hospital Epidemiology* took a “big data” approach to analyze entire electronic health records (EHRs) to predict a patient’s *Clostridium difficile* risk throughout the course of hospitalization. The analysis reviewed the EHRs of almost 257,000 patients admitted to either Massachusetts General Hospital or to University of Michigan Medicine’s University Hospital over periods of two and six years, respectively.



Using their machine-learning approach, the investigators analyzed anonymous patient data, e.g., demographics and medical history, details of admission and daily hospitalization, and the likelihood of exposure to *C. diff*. The hospital-specific models using EHRs allowed for earlier and more accurate identification of high-risk patients, as well as better targeting of infection prevention strategies.

Most previous predictive models of *C. diff* infection risk were designed as “one-size-fits-all” approaches, which include only a few risk factors in their calculations, thus limiting their utility. Given the diversity of health care systems and their demographics, using “big data” to consider variations is crucial.

## PREVALENCE OF DIAGNOSED DIABETES IN ADULTS

It recently was [reported](#) that 23 million U.S. adults have been diagnosed with diabetes. The two most common forms of diabetes are type 1, which results from the autoimmune destruction of the pancreas’ beta cells, and type 2, mainly caused by a combination of insulin resistance and relative insulin deficiency. A small proportion of diabetes cases might be types other than type 1 or type 2, such as maturity-onset diabetes of the young or latent autoimmune diabetes in adults. Although the majority of prevalent cases of type 1 and type 2 diabetes are in adults, national data on the prevalence of type 1 and type 2 in the U.S. adult population are sparse.



Understanding the prevalence of diabetes by type is key to monitoring trends, planning public health responses, assessing the burden of disease for education and management programs, and prioritizing national plans for future type-specific health services. In 2016, supplemental questions to help distinguish diabetes type were added to the National Health Interview Survey. Based on self-reported type and current insulin use, 0.55% (1.3 million) of U.S. adults had diagnosed type 1 diabetes; 8.6% (21.0 million adults) had diagnosed type 2 diabetes. Of all diagnosed cases, 5.8% were type 1 diabetes, and 90.9% were type 2 diabetes; the remaining 3.3% of cases were other types of diabetes.

## MORTALITY RATES DOWN OVERALL . . . BUT SOME STATES HAVE SEEN INCREASES



A [report](#) published in the *Journal of the American Medical Association* found mortality rates in the United States dropped from 745 fatalities per 100,000 people in 1990 to 578 per 100,000 in 2016, but death rates for people ages 20 to 55 varied by state. Mortality fell in 31 states and Washington, D.C., but in five states, rates rose by more than 10%. State-by-state disparities in life expectancy were largely due to modifiable risk factors such as obesity, diet, tobacco use and

alcohol and drug use.

## FEDERAL/STATE ISSUES

### NIH INITIATIVE TO STEM NATIONAL OPIOID CRISIS



The National Institutes of Health (NIH) announced the launch of the [HEAL \(Helping to End Addiction Long-term\) Initiative](#), an aggressive effort to speed scientific solutions to curtail the opioid public health crisis. From approximately \$600 million in fiscal year 2016 to \$1.1 billion in fiscal year 2018, NIH is nearly doubling funding for research on opioid misuse and on pain. NIH’s efforts contribute to a government-wide push to meet the President’s goal to end the opioid emergency.

NIH is bringing the power of the biomedical research enterprise to bear on this crisis by focusing research on various strategies to “Prevent Addiction through Enhanced Pain Management” and to “Improve Treatments for Opioid Misuse Disorder and Addiction.” Historically, NIH research led to successes such as the development of the nasal form of naloxone; the development of buprenorphine; and the use of nondrug and mind/body techniques to help patients control and manage pain, e.g., yoga, tai chi, acupuncture and mindfulness meditation. The Initiative will tap the [NIH Pain Consortium](#), which was established to enhance collaboration on pain research.

### NIH NOTICE ABOUT INTEGRITY IN NIH PEER REVIEW

*Science* [reported](#) a National Institutes of Health (NIH) disclosure last December that someone involved in the grant application review process violated confidentiality rules designed to protect its integrity. As a result, NIH announced it would re-review dozens of applications that may have been compromised.

Some confidentiality violations NIH described as “reciprocal favors,” a term generally understood to mean a favor offered by a grant applicant to a reviewer in exchange for a favorable evaluation of her/his proposal. NIH recently said it has completed re-evaluating 60 applications and has begun taking disciplinary action against those [researchers and their institutions] who have violated the peer review system.

As CNS practice involves partnering with research-focused, doctorally prepared (e.g. PhD) colleagues to translate, conduct and disseminate research that addresses gaps and improves clinical knowledge and practice, it is critical that CNSs preserve the confidentiality and security of the peer review process. NIH Notice Number: NOT-OD-18-115, [Maintaining Integrity in NIH Peer Review: Responsibilities and Consequences](#), reminds all participants in the NIH peer review process – including those at the [National Institute of Nursing Research](#) – of possible consequences that may ensue and actions that the NIH may take in response to a breach of integrity in peer review.

### WAYS AND MEANS COMMITTEE ISSUES OPIOID WHITE PAPER



House Ways and Means Committee Chairman Kevin Brady (R-TX) and Ranking Member Richard Neal (D-MA) released a [white paper](#) on April 11 with policy options to combat the opioid crisis. The paper is the result of feedback the committee received following a February Request for Information (RFI) – the committee asked for recommendations for lawmakers and the Administration to consider that prevent and treat opioid misuse and

dependence in the Medicare program.

The white paper discusses several policy options, e.g., improving data tracking, increasing access to medication-assisted treatment and limiting opioid prescriptions. The committee plans to use the document to develop and advance bipartisan Medicare policies to combat this public health emergency.

## RESOURCES

### SAMHSA LAUNCHES ONLINE RESOURCE CENTER

The Substance Abuse and Mental Health Services Administration (SAMSHA) has launched an [Evidence-Based Practices Resource Center](#), which offers treatment improvement protocols, clinical practice guidelines and other tools related to opioids and other substance use prevention, treatment and recovery, and serious mental illness and mental health. [According to Elinore McCance-Katz](#), assistant secretary for mental health and substance use, "SAMHSA is committed to improving prevention, treatment and recovery support services for mental and substance use disorders . . . Our vision for the Resource Center is to be dynamic and to respond to changing science and evidence, in order to deliver the most relevant and proven resources to Americans."



### 2016 DRUG OVERDOSE DEATHS



A report, [Overdose Deaths Involving Opioids, Cocaine, and Psychostimulants — United States, 2015–2016](#), shows that in 2016, there were 63,632 drug overdose deaths in the United States, with opioids accounting for 66.4% (42,249) of those deaths. Overdose deaths caused by synthetic opioids doubled from 2015 to 2016, overtaking prescription opioids to become the deadliest cause of accidental overdose fatalities tracked. While more than three-quarters of people who died due to synthetic opioid overdose were white, other racial groups saw rapidly increasing rates. Exurban areas near large cities experienced the biggest increases in fatality rates, rising from 3.9 deaths per 100,000 in 2015 to 8.2 deaths per 100,000 in 2016.