

OUTCOMES

THE E-NEWSLETTER OF
DOCTORS OF NURSING PRACTICE, INC.



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Editor:
David Campbell-O'Dell DNP

REGISTER TODAY

**FOR THE 2017
10TH NATIONAL DOCTORS
OF NURSING PRACTICE
CONFERENCE
NEW ORLEANS!!!**

Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017

On April 6, 2017, a bipartisan group of senators reintroduced a bill to improve chronic care. Senate Bill 870 (SB870) Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017. The aim of this bill is to provide Medicare beneficiaries living with chronic diseases better access to healthcare providers.

One way the CHRONIC bill aims to do this is through telehealth. What is telehealth? According to the federal Health Resources and Services Administration (HRSA), telehealth is “the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.” The Senate Finance Committee unanimously approved the bill in early May.

The CHRONIC bill would allow patients who receive chronic dialysis to have an assessment with their nephrologist from their home via telehealth. Additionally, patients who may be having a stroke would be able to have more timely consultations to determine the best plan of care via telehealth beginning in 2019. CHRONIC removes geographic restrictions so that telehealth healthcare providers could be physically located anywhere in the country.

Another aspect of the CHRONIC bill is that it will expand services for Medicare Advantage members. According to Howard Gleckman, a Forbes contributor, these services would include social supports and other nonmedical services to their members. Currently, these managed care plans must provide identical benefits to all members, and services are limited to “primarily health related”. Meaning fitness benefits are covered, but home-delivered meals or medical transportation is not. For many older adults with chronic conditions, a ride to the doctor or a delivered hot meal are crucial to their well-being. Also, such services may reduce the chances of emergency room visits or hospitalizations.

The bill would extend the Independence at Home demonstration program. Allowing seniors with multiple, complex, chronic conditions to receive care at home rather than in hospitals and allows reimbursement for more non-health and social services.

Senator Ron Wyden (D-OR) has called this bill “transformative” because it focuses on care at home, new technology, and primary care and prevention. In theory, this bill could lead to better preventive care and better follow-up. This translates to less hospitalizations, less strain on the healthcare system, and decreasing out-of-pocket costs.

If passed, this bill could represent the first step towards transforming the United States healthcare system from a reactionary system to a preventive healthcare system.



**Jill Beavers-Kirby
DNP, MS, ACNP-BC**

received her Doctorate of Nursing Practice at The Ohio State University in May 2011. She currently serves Coordinator of Nurse Practitioner Programs and Associate Professor at Mount Carmel College of Nursing; she has served in this role since November, 2015. She also serves as a Visiting Professor for Chamberlain University in 2014. She has been a Board Certified Acute Care Nurse Practitioner

since 2005 and she is also Board Certified as an Adult Nurse Practitioner. She has worked in a variety of patient settings most recently in hematology working with patients who had leukemia and lymphoma. She is licensed as a Registered Nurse in 12 states which permits her to educate students across the U.S. She has an extensive teaching history which includes Health Policy, Health Assessment, and Transition to Professional Roles for Nurse Practitioners. Dr. Beavers-Kirby is a founder, past president, and president elect for the Council for Ohio Health Care Advocacy (COHCA). She is also a devoted patient advocate and is actively involved with the Ohio Nurses Association Legislative Committee and she is an Ambassador for the Arthritis Foundation Policy.

2017 10th National Conference New Orleans Plenary Speaker

Dr. Carolyn Rutledge is a Professor at Old Dominion University where she serves as the Associate Chair of Graduate Programs and the Founding Director of the Doctor of Nursing Practice (DNP) Program.

She received her MSN/FNP and her PhD in Health Services Research with a focus in Industrial and Organizational Psychological from Old Dominion University.

She has served as a faculty member and a FNP in Family Practice at Eastern Virginia Medical School (EVMS) since 1988 where she has held the positions of the Director of the Center of Research and the Director of the Family Medicine Fellowship.

She maintains her clinical practice as a FNP in the Ghent Family Practice Residency program at EVMS.

Dr. Rutledge's primary focus is on developing innovative educational programs that will equip NPs with attributes needed to improve access to quality care for rural and underserved populations. She has focused much of her work in the areas of interprofessional collaboration and emerging technologies (telehealth) to enhance care. Most recently,

Dr. Rutledge was selected as a recipient of the 2014 State Council on Higher Education (SCHEV) Outstanding Faculty Award.



Carolyn Rutledge, PhD, FNP-BC



2017 Tenth National Doctors of Nursing Practice Conference New Orleans



2017 Tenth National Doctors of Nursing Practice Conference: New Orleans *Celebrating 10 Years: Diversity & Inclusion in Practice*

Conference Objectives

1. Reflect the progress of DNP practice through the last decade,
2. Explore the ways diversity contributes to strength and impact on health care outcomes,
3. Highlight the ways DNP prepared professionals mitigate the impact of health care disparities, and,
4. Discuss innovative and inclusive approaches to practice led by DNP prepared nursing professionals.

Western Multi-State Division
Continuing Education

To receive contact hours for this activity, the participant must:
Attend selected breakout and plenary sessions in their entirety
View and engage with the poster presenters
Complete evaluation forms reflecting participation, insights and feedback

This activity has been submitted to the Western Multi-State Division for approval to award nursing contact hours. The Western Multi-State Division is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

For more information regarding contact hours, please call Stephen Campbell-O'Dell at 1-888-651-9160 option 2

16 CE's anticipated



CONVERSATIONS OVERHEARD IN THE DNP ONLINE COMMUNITY

[Doctor or not to doctor what a question](#) By Roger McKee, discussing the use of the title Doctor in nursing practice.

[“Half-Doctors”: A Threat to Physicians?](#) By Sabrina Baker explores in her discussion perceptions of threatening physicians with the practice doctorate degree in nursing.

[Are Nurse Practitioners the answer to the primary care provider shortage?](#) By Eddie Manley – a discussion started several years ago is still pertinent today.

DNP Groups of Interest:

- [Michigan DNPs](#)
- [Texas DNP Network](#)
- [California Organization of Doctors of Nursing Practice](#)
- [Southeastern DNP](#)
- And others.

June Events:

- [5th Annual Mississippi Health Care Consortium on Patient-Centered Care](#)
- [Building Bridges: Developing New Paths, Virginia Association of DNPs](#)
- [American Association of Nurse Practitioners National Conference](#)
- [American Association of Heart Failure Nurses 13th Annual Meeting](#)
- [NPACE Primary Care Conference](#)
- [NPACE Pharmacology Update](#)

If you know of an event that supports the growth and development of nursing colleagues, please post it to the EVENTS page. It's free, and reaches thousands every month. Click the ADD button on [this page](#) to post an event.

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MAY 2017 DNP, INC SURVEY RESULTS

May 2017 Survey Results: The impact of the DNP prepared professional on health care

The May 2017 survey asked for perceptions of the changing landscape of health care delivery and how DNP prepared professionals may influence change.

Question 1: The health care delivery system is likely to improve over the next four years.

29% very much to absolutely, 82% somewhat to not at all

Question 2: As a DNP prepared nurse, I see ways that I can impact the quality of health care delivery even with anticipated changes.

74% very much to absolutely, 26% somewhat to not at all

Question 3: Future changes in the delivery of health care will provide me new opportunities to improve outcomes in my practice setting.

58% very much to absolutely, 42% somewhat to not at all

Question 4: My practice setting is not likely to change as a result of possible changes in health care delivery that are being discussed in Washington.

15% very much to absolutely, 85% somewhat to not at all

Question 5: I feel confident that nursing will have a strong voice in the future of health care delivery.

44% very much to absolutely, 56% somewhat to not at all

What do you think? Do these findings reflect your experiences?

Click [HERE](#) to take the June 2017 survey



ORGANIZATIONAL UPDATE

There is other big news to share. *The Journal of the Doctor of Nursing Practice (JDNP) and Doctors of Nursing Practice, Inc.* are in discussions to identify methods to support our mutual efforts of enhancing the nursing profession by developing the DNP degree. As most know, Springer Publishing Company publishes the JDNP with origins of development appreciated by dedicated colleagues at Columbia University. The potential synergy and benefit to all involved in practice cannot be overstated. We are excited to begin this process. More information will follow.

The 10th National Doctors of Nursing Practice conference is being built and soon all presenters will be listed both on the web site. Final acknowledgements and acceptance of invitations to present are coming in as this newsletter is published. It is an honor to see the talent and expertise of nursing colleagues willing to share their insights and experiences with others. This year's conference theme has a tone of a retrospective being the 10th annual meeting, yet the future holds great opportunities as a result of contributions made by all that have dedicated themselves to being a part of this process.

The National DNP Conferences is the only venue dedicated to demonstrating the outcomes of DNP and doctorally prepared nurses to health care, administration, policy, informatics and education. We look forward to seeing you at the 10th National Doctors of Nursing Practice Conference, September 13-15, 2017 in New Orleans. This is shaping up to be a great event that reflects the best of the best in health care delivery by your nursing colleagues. Be a part of this process and grow professionally as we continue to impact health care.

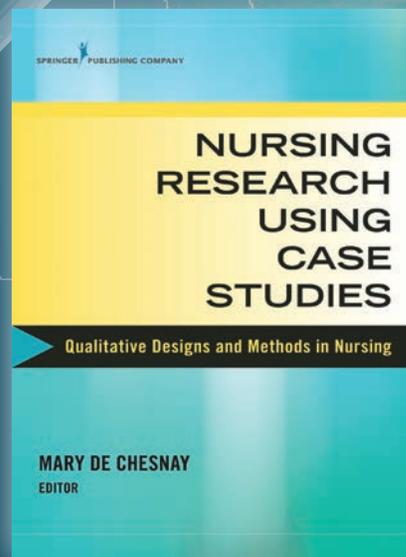
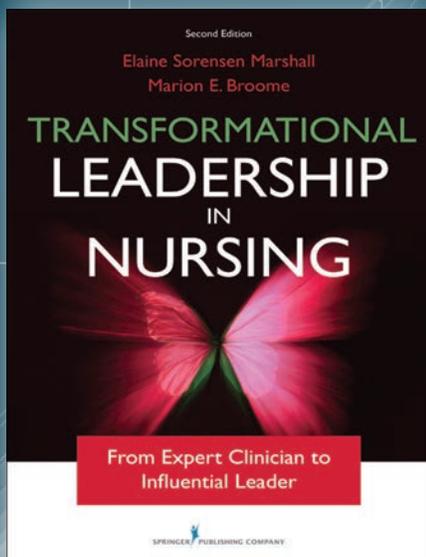
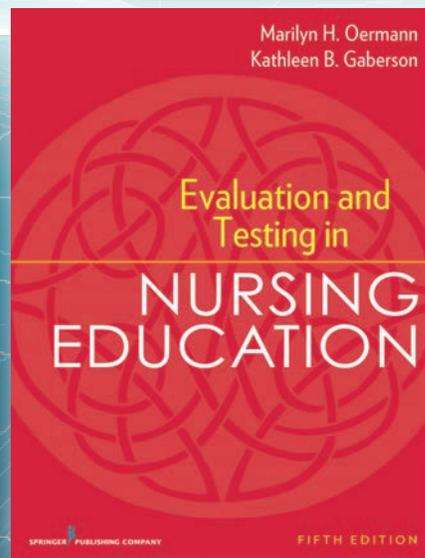
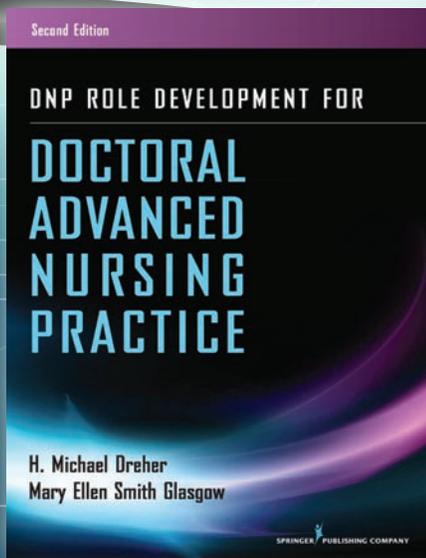
Useful Links

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- + Leader2Leader online community to discuss challenges and successes

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- | | |
|--------------------------|-----------------------------|
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Defining the DNP Community

Since the Doctor of Nursing Practice degree began, those interested and invested in the nursing discipline have explored how to develop curricula, best practices for teaching, along with a compare and contrast of the DNP degree with PhD in nursing. This degree has been scrutinized, modified, evolved, morphed, and some may say bastardized while addressing stakeholders that influence its purpose and potential contributions to the health care delivery system. As this degree evolves, we have looked at what is meant by community within the context of those interested in the DNP's evolution.

Now several years (but not several decades) into the growth of this degree, the concept of community is still being explored. A community is a set of interactions and behaviors that have meaning and expectations between its members. These interactions and actions are based on the shared expectations, values, beliefs and meanings between individuals. (Bartle, 2010). As communications about a topic of interest evolve, so do those that do the communicating. We, as DNP prepared nursing professionals and those that interact with us are building out community merely by discussing shared values and expectations. The common denominator of the DNP community is the same common denominator of the nursing discipline. Improving the health of our patients, families, communities, populations, regions, and nations is the foundational goal that we all share and contribute to achieving through our wide variety of talents and dedication as nurses. Is the DNP community different than, or separate from the nursing community? I say no. We are nursing and all in nursing are what we proclaim to support.

We've seen articles about what the DNP prepared nurse should be able to do. Some base this on the Eight Essentials of Doctoral Education as put forth by the American Association of Colleges of Nursing. I have written about this in the past and submit that these Eight Essentials are guidelines for educational constructs and are not practice competencies. This could be argued and no one will walk away convinced that any point of view is totally right or wrong. Suffice it to say, terminal professional practice in the discipline of nursing meets the needs of the population or system that enjoys the contributions of the well-prepared nurse. Systems could range from acute care to corporations to entire nations. We are in key positions to influence policy, technology, leadership, and collaborate to promote health. Are we alone? Of course we are not. Other disciplines have been actively addressing issues of health and health care services for hundreds of years.

We, as nurses, and particularly DNP prepared nurses are now charged with supporting, promoting, enhancing, and refining health care systems in order to improve outcomes. These common goals and values define our community.

Is the DNP community an entity unto itself? Can DNPs gathering together acknowledge accomplishments by DNP prepared colleagues? We can certainly point out challenges and successes, but our community is the community of all that submit themselves to serving others in order to promote health. With that in mind, our community is all of health care and indeed humans. How do we define ourselves as DNP prepared professionals? We define ourselves in the context of our actions and respective environments of practice.

Collaboration is the true name of our game (so to speak). Working together to grow, matures, and continually demonstrates our individual and collective talents and passions is what define us. It is a joy to be a part of this evolving discipline and the maturing DNP degree. Where will this community take us? Hang on tight – it's going to be an exciting ride.

David G. Campbell-O'Dell, DNP, ARNP, FNP-BC, FAANP
President, Doctors of Nursing Practice, Inc.

Bartle, P. (2010). *What is community? A sociological perspective*. Retrieved from <http://www.scn.org/cmp/whatcom.htm>



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