



NMNPC News

Caring for New Mexico

June 2018
Volume 2
Issue 2

News in Brief

Board Meetings

NMNPC holds its monthly Board meetings at 5:30 pm on the 2nd Thursday of each month. We hold the meetings at the Pulakos CPA offices located at 5921 Jefferson Street NE and encourage all interested members and non-members to attend. A summary of the Board meetings in March, April & May is on page 7.

Committee Chairs Appointed

The NMNPC Board of Directors has appointed the 2018-2019 chairs for standing committees. If you're interested in assisting on one of the committees, please contact NMNPC. A list of the standing committees & new chairs is on page 7.

Fall Conference in Taos Celebrates NP Week at El Monte Segrado

The 4th annual NMNPC fall conference celebrating NP week will be November 16, 2018 at El Monte Segrado in beautiful and historic Taos, New Mexico. If you'd like to assist the Conference Committee in planning this event, contact [Lisa Taylor](#).



President's Message

Looking Ahead to 2018-2019

New things on the horizon for NMNPC

Amanda Conley, FNP-BC

Dear Colleagues – this is a time of new beginnings for NMNPC, having just elected new board members, including Representatives for Regions 1 and 2. Fresh ideas and energy surround us, including multiple changes and enhancements to our growing organization that I'd like to highlight.

Accounting firm hired

Financially, we've moved at last into the current century by hiring an accounting firm to manage our money. By trusting our books to these experienced professionals, we've not only learned a great deal, but our capital is now working for us. In addition, we're holding our meetings in their office space.

Advertising agency engaged

We also hired *boomtime*, a stellar advertising firm. We'll soon be sharing the fruits of our hard work through a multi-tiered collection of information bits highlighting who we are and reminding nurse practitioners what this council can do for each of us.

Mentoring new leadership

My role is shifting to that of mentor as I welcome the very talented Ann Green as our President-Elect. She brings a wealth of experience to our organization – and she has a great accent to boot!



Sad news

Be safe everyone – we lost one of our own and almost lost another recently. Both were struck by suspected drunk drivers as they were maintaining healthy habits.

Strength in numbers

I ask each of you to move forward with a commitment to make the New Mexico Nurse Practitioner Council even stronger. Remember – your thoughts are always welcome, just contact me via email to President@NMNPC.org.

Happy Summer!

Alzheimer's and Brain Awareness Month

Alzheimer's: Clinical Approach

Cathy Wisner, MSN, FNP-BC

Beta-amyloid is the chief component of plaques, one hallmark of Alzheimer's brain abnormality. Scientists now have a detailed understanding of how this protein fragment is clipped from its parent compound to form the beta-amyloid protein present in abnormally high levels in the brains of people with Alzheimer's.

Researchers are developing medications aimed at almost every point in amyloid processing. This includes blocking activity of beta-secretase enzyme; preventing the beta-amyloid fragments from clumping into plaques; and even using antibodies against beta-amyloid to clear it from the brain (Alzheimer's Association, 2017).

Behavioral symptoms

Common behavioral symptoms of Alzheimer's include sleeplessness, wandering, agitation, anxiety, aggression, restlessness, and depression. Scientists are learning why these symptoms occur and are studying new treatments – drug and nondrug – to manage them. Research has shown that treating behavioral symptoms can make people with Alzheimer's more comfortable and makes things easier for caregivers.

Clinical treatment approaches

Following diagnosis of Alzheimer's Disease, clinical treatment approaches focus on helping

people maintain mental function, manage behavioral symptoms, and slow or delay the symptoms of disease.

Most medicines work best for people in the early or middle stages of Alzheimer's. These medications can slow down some symptoms, such as memory loss, for a time. However, none of these medications stops the disease itself. Cholinesterase inhibitors are the most prescribed medications for mild to moderate Alzheimer's disease. These drugs may help reduce some symptoms and help control some behavioral symptoms. The cholinesterase inhibitors are galantamine (Razadyne®), rivastigmine (Exelon®) and donepezil (Aricept®).

Scientists do not yet fully understand how cholinesterase inhibitors work to treat Alzheimer's disease, but research indicates that they prevent the breakdown of acetylcholine, a brain chemical believed to be important for memory and thinking. As Alzheimer's progresses, the brain produces less and less acetylcholine; therefore, cholinesterase inhibitors may eventually lose their effect.

Another medication used to treat mild to moderate Alzheimer's is memantine (Namenda®), an N-methyl D-aspartate (NMDA) antagonist. This drug's main effect is to decrease symptoms, which could allow some people to maintain certain daily functions a little longer than they would without the medication. For example, meman-

tine may help a person in the later stages of the disease maintain his or her ability to use the bathroom independently for several more months, a benefit for both the person with Alzheimer's and caregivers.

The FDA has also approved donepezil, the rivastigmine patch, and a combination of memantine and donepezil (Namzaric®), for the treatment of moderate to severe Alzheimer's disease.

Researchers believe that memantine works by regulating glutamate, an important brain chemical. When produced in excessive amounts, glutamate may lead to brain cell death. Because NMDA antagonists work differently from cholinesterase inhibitors, practitioners can prescribe the two types of drugs in combination.

Other symptomatic treatments

Other medications which practitioners may prescribe to help with the symptoms of Alzheimer's Disease are antidepressants, anti-anxiety medications, and those to help with aggression and restlessness. However, other strategies to address these symptoms are preferred over medications. Some examples of additional potentially useful medications are:

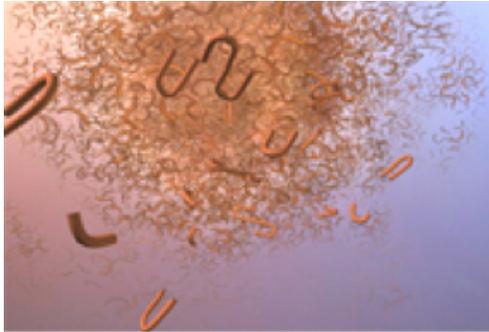
- citalopram (Celexa®)
- mirtazapine (Remeron®)
- sertraline (Zoloft®)
- bupropion (Wellbutrin®)
- duloxetine (Cymbalta®)
- imipramine (Tofranil™)

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Despite increasing momentum in Alzheimer's research, we still have two main obstacles to overcome. First, we need volunteers for clinical trials. Volunteering to participate in a study is one of the greatest ways someone can help move Alzheimer's research forward. Second, we need a significant increase in federal research funding. Investing in research now will cost our nation far less than the cost of care for the rising number of Americans who will be affected by Alzheimer's in coming decades. *Bill Thies, Ph.D., Senior Scientist in Residence, Alzheimer's Association*

Alzheimer's Association

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Other medications that may be useful depending on presenting symptoms include sleep aids and anticonvulsants.

New drugs in development

Efforts are underway internationally to find new treatments to stop, slow or even prevent Alzheimer's. Because new drugs take years to produce from concept to market – and because drugs that seem promising in early-stage studies may not work as hoped in large-scale trials – it is critical that Alzheimer's and related dementias research continue to accelerate. To ensure that the effort to find better treatments receives the focus it deserves, the Alzheimer's Association funds researchers looking at new treatment strategies and advocates for more federal funding of Alzheimer's research.

In contrast to current medications, many of the new drugs in development aim to modify the disease process itself, by impacting one or more of the many wide-ranging brain changes that Alzheimer's causes. These changes offer potential "targets" for new drugs to stop or slow the progress of the disease. Many researchers believe successful treatment will eventually involve a "cocktail" of medications aimed at several targets, similar to current state-of-the-art treatments for many cancers and AIDS (Alzheimer's Association, 2017).

Alzheimer's: Lifestyle Prevention

Melissa Reitz, MSN, FNP-BC

We now understand there are options for preventing Alzheimer's disease. Providers should pay attention to the options available to our patients so we can give them the most up-to-date information. This article includes resources that I hope will be beneficial to you personally and professionally in learning more about Alzheimer's prevention. These more natural options show significant benefits in clinical trials.

NPR Fresh Air interview

In January 2018, Terry Gross interviewed British neuroscientist Joseph Jebelli on NPR's *Fresh Air* about his groundbreaking new book, *In Pursuit of Memory: The Fight Against Alzheimer's*. In the interview, Jebelli stated, "There's a compound within turmeric called curcumin, and curcumin seems to actually dismantle plaques and tangles." Click [here](#) to listen to the full interview or to read the highlights of the interview.

Alzheimer's Foundation

The Alzheimer's Research & Prevention Foundation has conducted research on the benefits of practicing the Kirtan Kriya for 12 minutes daily. This is a type of meditation from the Kundalini yoga tradition. The organization has also conducted multiple longitudinal studies on the therapeutic benefits of Kundalini yoga on Alzheimer's prevention. You can find more on their work [here](#).

Sleep research

Researchers conducted a study in April of this year and found that losing just one night of sleep led to an increase in beta-amyloid

production. This protein is associated with Alzheimer's disease and the study may demonstrate a link between lack of sleep and higher risks of developing Alzheimer's later in life. When 8 hours of sleep is considered a luxury in our culture, this is definitely something we should discuss with patients. For more on this study click [here](#).

Why We Sleep: Unlocking the Power of Sleep and Dreams by Matthew Walker, PhD, is another good source of information about the reasons for sleep and its many benefits. Dr. Walker's book is an interesting exploration about the history of sleep and the complexities of how and why we sleep.

Prevention: nutrition & exercise

We already know that a diet high in plant-based foods is beneficial. Last summer, CNN discussed a study presented at the Alzheimer's Association International Conference suggesting that a whole-foods diet high in plant-based foods may actually help prevent dementia. Click [here](#) to read the CNN article.

Research on the direct link between exercise and a decreased risk of developing Alzheimer's is ongoing. However, we do know that those who are physically active are less likely to experience a decline in mental function. We also know that exercising several times each week for 30 to 60 minutes reduces our risk of cardiovascular disease and diabetes.

In summary, consider talking to patients about the benefits of all these prevention strategies. Not only will they possibly reduce the risk of developing Alzheimer's in the future, but they will also likely lead to a higher quality of life – definitely a win-win!

NP Spotlight

Lisa Taylor & Michelle Peacock

Kate Goldblum, MSN, FNP-BC

AANP Award for NP Excellence

Lisa Taylor, DNP, FNP-BC, received the New Mexico Award for Nurse Practitioner Excellence which recognizes an NP who demonstrates excellence in practice, research, NP education, or community affairs.

Education

Lisa received her BSN from the University of Washington in Seattle in 2010 and her MSN from the same institution the following year. She graduated as a family nurse practitioner from the Vanderbilt School of Nursing in Nashville, Tennessee in 2012 and completed her DNP there in 2014.

Clinical practice

Lisa has been practicing as an FNP for over five years and enjoyed providing care to under-served patients in Belen prior to beginning her position with the VA Health Care System in Albuquerque in January. She provides evidence-based care for veterans in a primary care setting, including diagnosis, treatment and management of disease as well as pain management. In addition, Lisa provides endocrine services

through Endocrine ECHO including diabetes, ESRD and dyslipidemia. She recently became board certified in advanced diabetes management and has accepted a position on the NM American Diabetes Association Advisory Board.

NMNPC activity

Lisa is becoming more involved with NMNPC, recently agreeing to chair an ad hoc committee working to provide NPs around the state access to information on issues such as childhood obesity, breast health awareness, diabetes and men's health. Her presentation at the NMNPC spring conference in April, *Self-Awareness in Clinical Practice: Cultural Safety & Unconscious Bias*, was well-received and is indicative of her broad range of clinical interests. Her commitment to becoming fluent in Spanish is ongoing.

Lisa's reflections on being an NP

I am first, last and always an advocate for patients – particularly those with health disparities and affected by the social determinants of health. As a woman of color and provider, I'm a mentor to NP students of color. I'm passionate about our profession and supporting their transition from nurses to providers. I pursued my doctorate to be able to teach the next generation of NPs about working in communities of color, to be a visible reminder of the diversity of nursing, and to provide culturally humble care, particularly diabetes and endocrine care. I haven't yet found my exact teaching niche, but I continue to have conversations with Dr. Carolyn Montoya, acting dean for the UNM College of Nursing and I remain optimistic that we'll find that right place for me.

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The
spotlight
is on ...

Meet the New
Mexico NPs who
won the 2018 AANP
State Excellence
Awards



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Fun facts about me

In my personal life, I serve on the AZ-NM Community Leadership Board for the American Diabetes Association where we deliver community programming and education including “Diabetes in a Box (Diabetes 101 for Community Members).” I also volunteer at local health fairs. I enjoy taking flamenco lessons, travel, and spending time with my family in Seattle (where I get my seafood fix annually). I’ve been studying Spanish for the past four years and plan to visit every Spanish-speaking country. So far I’ve traveled to Belize, Costa Rica, Guatemala, and Mexico. Have passport – ready to go!

Think about nominating a deserving colleague for one of these prestigious awards! Nominations for the 2019 awards are due in October.

AANP Award for NP Advocate

Michelle Peacock, MSN, FNP-BC, received the New Mexico Award for Nurse Practitioner Advocate which recognizes a significant contribution toward increasing the awareness and acceptance of nurse practitioners.

Education

Michelle received her BSN at Pacific Lutheran University in Tacoma, Washington in 2004 and her MSN in the family nurse practitioner program at the University of New Mexico (UNM) in 2012. Her military education extended from 2004 to 2009 beginning with a leadership course and including a course in emergency nursing as well as other leadership courses. Michelle is currently working toward her PhD in Health Policy at UNM.

Clinical practice

Michelle’s nursing experience includes emergency and surgical trauma life support prior to beginning her career as a family nurse practitioner. She currently works in the VA Health Care System (VA HCS) in Albuquerque where she serves as co-chair for both the APRN Board and Veteran Services Integrated Network 22 (VISN).

Advocacy activities

Michelle worked with administrators at the VA in NM to get a salary survey approved and completed, ultimately getting a much-overdue pay increase for NPs in the NM VA HCS. In addition, she received the 2018 Women of Influence Award from Albuquerque Business First for her work re-writing the NM VA HSC by-laws and establishing APRNs as licensed independent providers.

Michelle’s goal as a member of the NMNPC Board is to continue her work in advocacy for nurse practitioners, cultivating best practices and helping the NP community change as our roles and responsibilities also grow and develop. She sees these activities as an important part of providing better patient care with improved outcomes. In addition, she believes her advocacy will assist NPs in maintaining a seat at the table..

Other activities

Michelle is Adjunct Faculty Lecturer at the UNM College of Nursing and serves on the Bernalillo County DWI Commission. She recently completed her tenure as President for a non-profit group that benefits homeless children and

attended the Field Health Informatics Conference in 2017..

On a personal level, Michelle describes herself as “just a regular mom.” She has two fun kids, Elliot, age 2 and Annabelle, age 4. She says the most fun part of being a mom is seeing them learn and grow. She loves to hike and travel with her husband whom she nick-named Mountain Man.



Balancing Pain Treatment & Opioid Risk

Kathy Lopez-Bushnell APRN, EdD, MPH, MSN, FNP

Striking a balance between treating patient's pain and reducing the risk for opioid addiction challenges nurse practitioners (NPs). The statistics reflecting this challenge are startling:

- Nationally, opioid analgesics were the cause of drug overdose death in 28.1% of all cases in 1999, increasing to 36.5% by 2002.
- Opioid addiction is a national crisis with more than 64,000 Americans dying from drug overdoses every year.
- Opioids accounted for 80-90% of prescription medication overdose deaths in New Mexico (NM) and nearly half of all unintentional overdose fatalities between 2003 and 2011.
- Hospitalizations caused by heroin and synthetic opioids increased by 140% in NM during the same period (2003 to 2011).

Urgent need for education

Although the US population has used opiates such as morphine for pain relief since the 1800s, stronger medications and increased patient demands drive an urgent need for education on the best practices of pain control for NPs and other healthcare providers.

The Nurse Practice Act in NM authorizes NPs to prescribe opioids and the New Mexico Department of Health (NMDOH) developed the **New Mexico Clinical Guidelines on Prescribing Opioids for Treatment of Pain**. The guidelines' purpose is to seek a balance between appropriate pain treatment and safe opioid use. Non-opioid medications and non-drug therapies should be the first treatment options for most acute pain.

NMDOH guidelines for treatment of acute and chronic pain with opioid medications

Clinical recommendations for treatment of acute pain:

- Use only when pain is severe enough to support its use.
- First determine that other non-opioid pain medications or therapies do not provide adequate pain relief.
- Dispense only the number of doses needed based on the typical pain duration for each condition.
- Counsel patients to securely store medications, not share with other individuals, and use proper disposal procedures to limit illicit use.
- Do not use long duration-of-action opioids in this setting (including post-operative pain) except in situations where prescriber can adequately monitor and assess for adverse effects.
- Use methadone rarely (if ever) for pain treatment.
- Re-evaluate use and potential for abuse if pain persists beyond the time expected for that condition.

Clinical recommendations for treatment of chronic pain:

While the guidelines recognized that "adequate evidence was not available to determine the benefits . . . for persons with chronic pain," they focus primarily on guidelines for practitioners who choose to use opioids in that setting. Some important elements follow:

- Try alternatives to opioid treatment before starting opioid therapy.
- Refer to disease-specific guidelines for treatment recommendations for specific diseases or conditions.
- Use a screening tool to assess a patient's risk of abuse or addiction.
- Consider performing drug screening before and periodically during treatment.
- Consult the NM Prescription Monitoring Program before and during treatment.
- Develop a written plan jointly with the patient, including:
 - measurable treatment goals for reduction of pain, improvement of function, and quality of life;
 - written, signed treatment agreement that details risks, benefits, and any conditions for continuing opioid treatment;
 - definitions of patient and clinician responsibilities;
 - guidelines for prescription refills;
 - agreement to submit to urine or serum medication level screening as requested;
 - reasons for possible discontinuation of drug therapy;
 - written permission to talk with family members about the patient's care.
- Involve the family and/or caregiver in the educational process when appropriate.
- Base education and support on substance use disorder history and recovery experience.

Summary & more references

NPs can educate patients on the risks and benefits of prescription opioids so that together they can make informed decisions about care. With that in mind, the NMDOH has clinical guidelines for the treatment of pain, as described above. The Centers for Disease Control and Prevention (CDC) also has multiple resources:

- Click [here](#) for the CDC guidelines for improving opioid prescribing.
- Click [here](#) for access to fact sheets, info graphics, and posters that NPs can use to educate patients on the benefits and harms of opioid use.

As NPs in New Mexico, we can help prevent opioid use disorder, overdose, and death by improving opioid prescribing as part of a coordinated public health effort.

[Article References](#)

Board of Directors Update

NMNPC BOD Appoints Committee Chairs

The NMNPC Board of Directors announces the appointment of the following 2018-2019 standing committee chairs:

- Education – Lisa Taylor
- Newsletter – Kate Goldblum
- Public Policy – Michelle Peacock & Anita Ralstin
- Public Relations – Beau Romero & Joyce Powers
- Scholarship – Nicole Williams & Shawna Read
- Teller's – Kathy Lopez-Bushnell
- Website – Kate Goldblum

Contact **Rachel Bevan** if you'd like to work on one of these committees.



Monthly Meeting Highlights

March 2018

- Reviewed financial issues with new accountant; determined appropriate reserve funds
- Discussed current policy regarding promoting non-NMNPC conferences
- NMNPC to facilitate group viewing of non-cancer pain management (NCPM) enduring CE video for Region 4 at the end of the month
- Received report on current status of spring conference; room block sold out, registrations still coming in; approved gift for all attendees to celebrate 25 years of independent practice in New Mexico
- Received legislative report that the Department of Health will see an increase of 4.5% in July
- Discussed status of proposed change to requirements for NCPM CE
- Received report on Nursing Community Policy Forum attended by NMNPC; forum to meet every two months

April 2018

No meeting due to spring conference

May 2018

- Announced NMNPC members Anita Ralstin and Nicole Williams are serving on the NM Board of Nursing Advanced Practice Advisory Committee
- Discussed ongoing development of NMNPC policies
- Appointed Rose Saltclah as Region 1 Representative
- Received final report on spring conference attendance;

will get final financial report in June; reviewing conference evaluations

- Discussed future conference sites and planning leadership
- Appointed standing committee chairs
- Announced winners of the 1028 AANP State Excellence Awards
- Reported that the new requirement for NCPM CE is effective as of May 3, 2018
- Received report on website re-design and ongoing work on navigation and content
- Discussed marketing firm activities
- Received report on new Board of Nursing licensing and renewal online system

Next Meeting

July 12 at 5:30 pm

Pulakos CPAs

5921 Jefferson Street NE
Albuquerque, NM 87109

Regional Corner

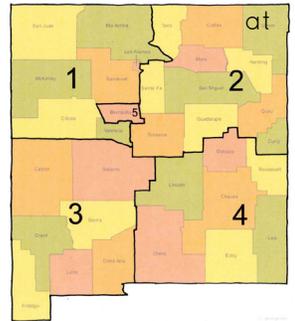
News & Activities

Region 1 Counties

San Juan • Rio Arriba • McKinley • Sandoval • Los Alamos • Cibola • Valencia

Rose Saltclah, FNP-BC

The NMNPC Board of Directors appointed Rose Saltclah as the Region 1 Representative at the May BOD meeting and thank her for stepping in to fill the position. Please reach out to her with suggestions for Region 1 activities at Region1@NMNPC.org.



Region 2 Counties

Taos • Colfax • Union • Santa Fe • Mora • Harding • Torrance • Guadalupe • Quay • Curry

Kimberly Lopez, FNP-BC

I'm excited to begin my term representing Region 2 NPs in northeastern NM. To kick off, we're hosting a Meet-and-Greet Happy Hour in Santa Fe at the NEW Second St Brewery (Rufina location) on Thursday June, 21st at 5:30 pm. Come chat with fellow NPs, get to know each other, and give input on what training or speaker topics you're most interested in. Please help spread the word to your colleagues. Looking forward to it! If you're unable to attend, please feel free to email or call me with suggestions or concerns at klopez@lfmctr.org, or (505) 690-3771. Kimber Lopez



Do you have ideas for how NMNPC can more effectively involve NPs throughout the state in important issues? If you do, contact your Regional Representative.

Region 3 Counties

Chacon • Socorro • Grant • Sierra • Hidalgo • Luna • Doña Ana

Elicia Currier, ACNP-BC

3 Hello, from Region 3! In Las Cruces news, Southern New Mexico Advanced Practice Nurses (SNAPN) opened what they hope will be an ongoing dialog with the medical director at Memorial Medical to discuss securing an Advanced Practice Registered Nurse (APRN) position on the Medical Executive Committee. This would give APRNs a necessary voice in the hospital setting. In addition, they discussed moving APRNs from the Ancillary Staff category by creating an Advanced Practice Provider (APP) category that would include NPs, CNMs and PAs. These issues are relevant to many NPs throughout New Mexico. Region 3 continues to hold monthly meetings the second Thursday of each month at various locations in Las Cruces. NMNPC set up their call-in line for us so all NPs Region 3 can participate in meetings without having to drive to Las Cruces. Our last meeting was June 14 at the Great American Steak Burger in Las Cruces. Dr. Joseph B. Furlong spoke on venous insufficiency (sponsored by Physician Vascular Service). Finally, Western New Mexico University in Silver City is seeking DNPs to teach in their developing DNP program. Contact them if you're interested!

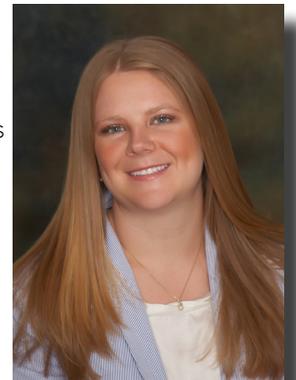


Region 4 Counties

Lincoln • De Baca • Roosevelt • Otero • Chavez • Eddy • Lea

Shawna Read, ACNP-BC

4 Greetings from southeast New Mexico. The NMNPC Region 4 third quarter meeting is coming up on Monday, July 16, 2018 at Pacific Rim restaurant in Hobbs, NM. Danielle Gilliam, PharmD, MPH, Senior Obesity Medical Liaison with Novo Nordisk will be present on Chronic Disease Obesity, to include pathophysiology and therapies. We hope you'll join us at 6:30 pm to network with fellow NPs. The presentation will begin at 7 pm.



Region 5 County

Bernalillo

Michelle Peacock, FNP-BC

5 Novo Nordisk hosted our last meeting on April 19 with a dinner at the Savoy Wine Bar and Grill featuring a presentation by Maumi C. Villarreal, PharmD, MS, CDE, ANP *Overview of Diabetes Type 2 Outpatient Guidelines - New Agent Review*. It was a great meeting with more NPs with opportunities to network and look ahead to legislative and other concerns. Many meeting participants enjoyed the presentation and others suggested a future meeting more centered on socializing. Please note that I've planned ahead for the next two meetings: Merck will host a dinner at the Savoy Wine Bar and Grill on July 19 with a presentation entitled *The Importance of Healthcare Provider-Patient Dialogue in Contraceptive Selection*. At this event, the social time will be the 30 minutes prior to the speaker. During the presentation, please keep side conversations to a minimum or kindly step outside as needed. Our location for our October 18 meeting is to be determined and it will be a social event only. I truly appreciate the feedback from Region 5 members. The opportunity to build our nurse practitioner community and maintain our professionalism and growth is important to me. If you have suggestions or topics you would like to know about and/or have suggestions for speakers, please email me at Region5@nmnpc.org.



Representative Report

AANP

How can NPs impact healthcare policies & legislation?

- Call the state offices for our Senators and your Representative to request that they ask Senate and House leadership to prioritize the bills we support. Give them personal stories that illustrate the impact these barriers have on your patients' care. Go to the [AANP Advocacy Center](#) to locate the contact information for your federal and state officials.
- You can also use the [AANP Advocacy Center](#) to send emails saying thank you for co-sponsoring and asking assistance in moving the legislation forward.

Go to [AANP.org](#) to check out the available AANP awards for outstanding NPs.

AANP Annual Conference Hints

Anita Ralstin, MSN, FNP-BC

This will be my final report as your NM State Representative. I'll be passing the role to Melissa Reitz this month but will continue to be a resource for you until then. There are two primary updates for this report.

Health Policy

Congress continues to focus on the opioid crisis and the House Energy and Commerce Committee scheduled markup of HR 3692. This bill would expand the ability to prescribe medication-assisted treatment (MAT) to include CNSs, CNMs, and CRNAs. It would also remove the 5-year sunset on the ability of NPs and PAs to become qualifying providers for prescribing buprenorphine and naloxone (Suboxone). AANP supported this bill, but the House Energy and Commerce Committee tabled it in May. AANP is committed to continued work to ensure NPs can provide MAT. Please go to the [AANP Advocacy Center](#) at to send letters via email to your Member of Congress.

Other federal bills of interest to NPs are still active, but not making much progress (e.g., ordering home health care and diabetic shoes, allowing patients of NPs to be counted in ACOs).

AANP Conference

The 2018 AANP National Conference is less than two weeks away. With Denver as the location, I'm aware many New Mexico NPs plan to attend. If this is your first AANP National Conference, here are a few tips to help:

- The conference venue is very large, so take a few minutes

to find the conference center map, locate where your selected presentations will be held and plan enough time to make the trek.

- Wear comfortable shoes!
- You can change sessions you selected. Do this in the registration area.
- There are several sponsored (non-CE) breakfast and lunch events. Consider what topic(s) are of interest and attend those. Yes there will be lines.
- The exhibit hall is open specific hours.
 - The AANP center is located in the exhibit hall. AANP staff members are in attendance in each area of the organization and they have great resources.
 - Poster sessions are located in the exhibit hall and provide CE credit if you attend.
 - Remember, you need a plan for taking home the items you gather in the exhibit hall!
- AANP offers an opportunity to donate professional clothing for women entering the workforce. You can donate it at the conference.
- Most of all, take some time away from the conference to see Denver, visit with friends and rest.

Ongoing commitment

I'm happy to be a resource during the conference and after. You can email me at anitar1818@gmail.com or call me at (505) 227-1668.

Thank you for what you do for New Mexicans every day!

Special Report

NM Health Care Workforce

2017 New Mexico Health Care Workforce 2017 Annual Report

Kate Goldblum, MSN, FNP-BC

If you're not familiar with the New Mexico Health Care Workforce Committee 2017 Annual Report, it's worth a look. Each year, the committee gathers and analyzes data from the licensing boards of healthcare professionals. This information provides the backbone for recommendations to improve recruitment and retention of providers for rural and underserved populations in New Mexico. For the first time, the 2017 report includes information about midwives and emergency medical technicians. The report serves to educate and guide policy and legislative leaders in their work to assure that all New Mexicans can access high-quality health care.

2017 recommendations

The committee summarized their recommendations for all health professions and for behavioral health. Their summary for all health professions included recommendations to:

- Identify funding for efforts to support the New Mexico Nursing Education Consortium (NMNEC).
- Continue funding for expanded primary and secondary care residencies in New Mexico.

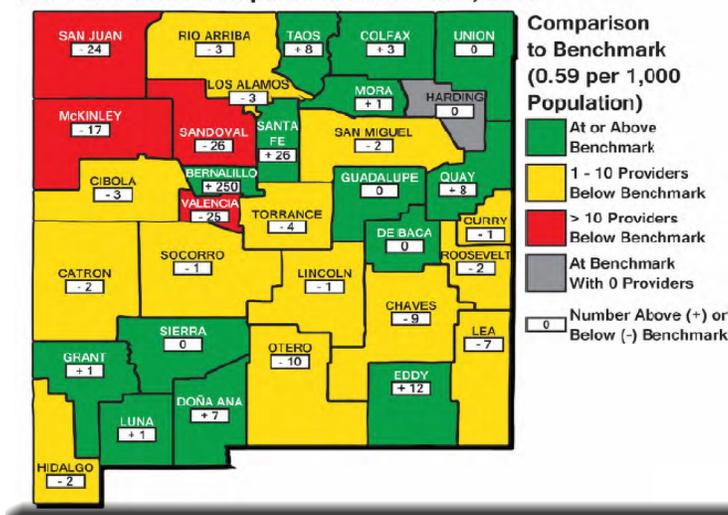
- Support further exploration of Medicaid as an avenue for expanding residencies in New Mexico.
- Position the Higher Education Department to take full advantage of the next opportunity to reinstate the U.S. Department of Health and Human Services matching grant to support New Mexi-

- Remedy [deficiencies in] the pharmacists' survey [used by the Workforce Committee to gather data].
- Provide funding for the New Mexico Health Care Workforce Committee.

The behavioral health recommendations are to:

- Require that licensed behavioral health professionals receive three hours of CE credits each licensure cycle in the treatment of substance use disorders.
- Develop reimbursement mechanisms through Medicaid for services delivered by behavioral health interns in community settings.
- Create a state Behavioral Health Workforce Center of Excellence.
- Expedite direct services via telehealth by participating in interstate licensing compacts when available.

CNPs and CNSs Compared to Benchmark, 2016



co's state loan repayment program.

- Increase funding for state loan-for-service and loan repayment programs, and consider restructuring them to target the professions most needed in rural and underserved areas, rather than prioritizing those with higher debt.
- Request that the NMDOH add pharmacists, social workers and counselors to the professions eligible for New Mexico's Rural Healthcare Practitioner Tax Credit program.

Other reported data

In addition to the general recommendations in the report, there is reported data that provides estimates of the number of practitioners licensed in New Mexico and the number of those practitioners who actually practice in the state (estimates were for calendar year 2016). The committee reported on MDs/DOs, primary care physicians, CNPs/CNSs, PAs, OB-GYN Physicians, CNMs, licensed midwives, general surgeons, psychiatrists, dentists, pharmacists, RNs and EMTs.

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CNP/CNS data

Of the 2017 estimates for CNPs and CNSs licensed in New Mexico, about 1379 actually practice in the state. This translates to about 68.4%. It's interesting to note that this percentage is higher than for all other groups except PAs (75.7%), dentists (74.8%), CNMs (84.8%) and EMTs (96.2%). The percentage of other healthcare profession licensees working in New Mexico ranged from 58.1% (psychiatrists) to 65.1% (OB-GYN physicians). It's clear that retention of working professionals would be very helpful in alleviating provider shortages in New Mexico.

Other interesting facts in the report include the distribution of professions by county and a comparison of those numbers to national benchmark figures. The map on the previous page shows that data for CNPs/CNSs (you can also download the map [here](#)).

Interesting data

The report also contains other data and findings that may not come as a surprise to many of us who work as health care practitioners in New Mexico. Many of those findings relate to the behavioral health issues that have been in the news and of great concern to policy makers and providers. Some of those findings are that:

- Bernalillo County is at or above national benchmark figures in all categories.
- Mortality rates from behavioral health related conditions (alcohol-related chronic disease, drug overdose and suicide) are higher in New Mexico than in the US population overall.
- Many of the more rural counties have low numbers of behavioral health providers, especially those who are independently licensed and/or have prescribing privileges.
- Medicaid is a significant source of payment for behavioral health services.

In terms of gender, race/ethnicity and age of healthcare providers, the report's executive summary concludes that:

In comparison to New Mexico's population, the physician workforce is more likely to be male, Asian or (to a lesser extent) Black and non-Hispanic. While New Mexico's physicians remain older than the national average, their median age (53.5) has remained stable relative to last year. In contrast, New Mexico's CNPs/CNSs and PAs are more likely than the state's population as a whole to be female; they are also more likely than the state's population to be non-Hispanic and Asian or (for PAs) white. CNPs/CNSs and PAs are both younger than the state's physicians: NPs/CNSs by approximately eight months (median age 52.8) and PAs by a full eight years (median age 45.5).

For more information

For further details, download the full report [here](#).

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Our Facebook & Twitter accounts have been very active and we're regularly posting the monthly Regional meetings happening around the state. It's a great way to get everyone engaged in their regional events!

NMNPC Fall Conference hash tag

#NPWeekConf2018

Keep in touch with other members attending & see pictures of the event!

