



# Mississippi Association of Nurse Practitioners

## ADVANCING *Practice*

A Quarterly Publication, Summer 2025, Vol. 4, Issue 2

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# Congrats!

On behalf of the Mississippi Association of Nurse Practitioners (MANP), we extend our heartfelt congratulations to the 2025 summer nursing graduates across Mississippi. Your dedication and hard work have culminated in this significant achievement, and we are proud to welcome you into the nursing profession.

As you embark on this new chapter, remember that your commitment to compassionate care and continuous learning will shape the future of healthcare in our state. We encourage you to stay connected with MANP and explore the opportunities available through our organization to support your professional growth and advocacy efforts.

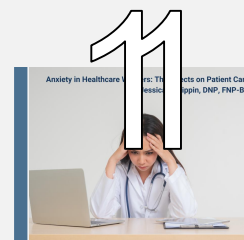
Once again, congratulations on your graduation. We look forward to seeing the positive impact you will make in the communities you serve.

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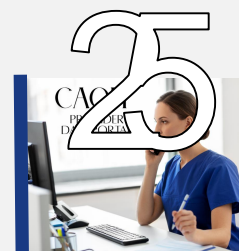
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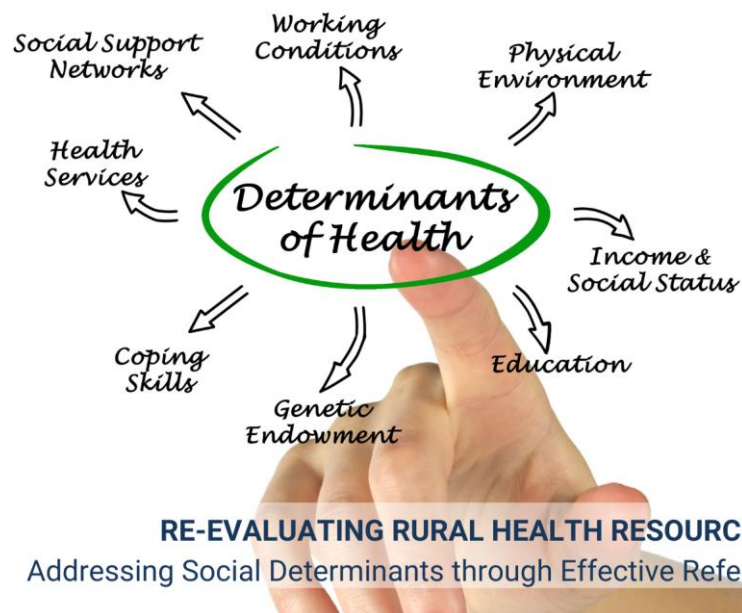


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Sarabeth Lee Clark, MSN, FNP-BC

Rural health systems face unique challenges that hinder access to comprehensive care, particularly regarding social determinants of health (SDOH) such as economic stability, transportation, social support housing, and education. These factors significantly impact patient outcomes, yet rural areas often lack the necessary resources to address them. Enhancing rural health resources is vital for improving referral systems and integrating social care to achieve health equity. This article explores the availability of referral services,

identifies access gaps for rural populations, and emphasizes the need for better coordination among primary care providers, patients, and social service networks.

### **Limited Referral Services and Gaps in Continuity**

Rural health settings often struggle with limited referral services, hindering patient access to resources beyond clinical care. Challenges arise from scarce resources and fragmented referral processes. Many primary care providers in these areas are

overwhelmed, lacking the support staff and technology to effectively screen for social determinants of health (SDOH) or follow up on referrals. This can result in poor documentation and a lack of connection to community agencies, leading to unmet needs and worsening health outcomes.

Chelak and Chakole (2023) emphasized that SDOH accounts for up to 55% of health outcomes, yet healthcare systems remain slow in addressing these non-clinical factors. Furthermore, Moore et al. (2021) found that only a fraction of patients identified with SDOH needs in underserved settings complete the referral process to external agencies. In rural environments where transportation and communication barriers are common, the disconnect between health providers and social service organizations becomes more severe. These realities underscore the urgent need to reassess and strengthen referral systems.

### **Providers, Patients, and Social Services**

Improving health resources in rural areas requires a coordinated effort among three

key groups: primary care providers, rural patients, and local social service agencies. Each group plays an essential role in supporting the referral system. Primary care providers serve as the initial point of contact and are crucial decision-makers when it comes to initiating referrals for identified social needs. However, they often face challenges due to limited staffing and a lack of formal training in addressing social determinants of health (SDOH) (Healthy People 2030, n.d.). Without clear protocols or integrated tools, referrals may not be standardized or prioritized effectively.

Patients in rural communities face distinct challenges—including geographic isolation, limited public transportation, and socioeconomic hardships—that compound health risks. When referred services are distant, unaffordable, or fragmented, patients are less likely to follow through, even when needs are significant.

Social services—both public and nonprofit—form the third essential pillar. Yet many of these agencies in rural areas operate with restricted funding and serve large geographic regions with insufficient staff. A more connected infrastructure between these services and local health systems is needed to enable efficient referrals and track patient outcomes.

The World Health Organization (n.d.) notes that health is shaped more by living conditions and environments than medical treatments alone. In rural areas, where individuals may experience overlapping vulnerabilities such as unemployment, housing instability, and food insecurity, this becomes especially relevant. Therefore, integrating SDOH support into primary care delivery is no longer optional but essential.

### Clinical Improvements and Future Implications

Improving the referral process for social determinants of health (SDOH) in rural areas can significantly enhance population health. Aligning for Health (n.d.) notes an increase in policy and funding support for SDOH initiatives, emphasizing the need for rural clinics to adapt. Key recommendations include implementing standardized SDOH screening tools in electronic health records, training staff on social care navigation, and designating care coordinators to connect patients with community organizations. Moore et al. (2021) show that actively tracking referrals can improve completion rates and patient satisfaction..

Future implications of better SDOH referral practices include not only improved patient health outcomes but also financial and operational benefits for clinics. Rural providers can bill for time spent conducting screenings and care coordination,

which helps offset the cost of implementation. Furthermore, successful referrals can prevent costly emergency visits and hospitalizations, allowing clinics to redirect limited resources more efficiently.

An investment in coordinated rural referral systems also promotes community resilience. When local health systems and social services work hand-in-hand, they can create closed-loop feedback systems where providers are notified about the outcomes of referrals. This strengthens accountability and helps identify which services have the most impact on community health.

### Conclusion

Re-evaluating rural health resources is vital for addressing the needs of underserved populations and improving overall health outcomes. Collaboration among primary care providers, social service networks, and patients is key to creating efficient referral systems. By enhancing the availability and follow-through of SDOH-related referrals, rural healthcare can bridge existing inequities. Improved clinical training, standardized screenings, and stronger provider-agency partnerships will lead to more comprehensive, person-centered care that meets both medical and social needs.

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**Sarabeth Lee Clark,  
DNP, FNP-BC**

*Dr. Sarabeth Lee Clark, DNP, FNP-BC, is a dedicated nurse practitioner with over 23 years of experience in the nursing field. She earned her BSN in 2022, MSN in 2023, and Doctor of Nursing Practice (DNP) in 2025 from Mississippi University for Women. Dr. Clark currently practices at Baptist Medical Group – Main Street Family Practice in Madison, Mississippi, where she provides compassionate and evidence-based care in an urgent care setting. She is an active member of the Mississippi Association of Nurse Practitioners (MANP) and the Mississippi Nurses Association (MNA). Dr. Clark is especially passionate about addressing gaps in social determinants of health, working to enhance patient screening and referral processes that contribute to improved health outcomes across communities.*





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## Anxiety in Healthcare Workers: The Effects on Patient Care

Jessica K. Pippin, DNP, FNP-BC



Anxiety is becoming increasingly prevalent among healthcare workers, with far-reaching consequences not only for those in the profession but also for the patients they care for. As mental health challenges continue to rise within the healthcare field, understanding the causes and implications of anxiety and burnout has never been more urgent.

Recent statistics underscore the alarming rise in emotional distress among healthcare workers. According to the Centers for Disease Control and Prevention (CDC, 2023),

46% of healthcare professionals reported feeling burned out often or very often in 2022, a significant increase from 32% in 2018. Furthermore, nearly half of healthcare workers indicated their intention to look for a new job in 2022, up from 33% in 2018. These statistics reflect a growing dissatisfaction within the healthcare profession that has intensified in recent years, largely due to the prolonged strain of the COVID-19 pandemic.

The pandemic brought about rapid changes in healthcare delivery, increased patient loads, a surge in critically ill

patients, and severe shortages in staffing and personal protective equipment. For many healthcare workers, these circumstances created unsustainable working conditions that accelerated emotional and physical fatigue. Fear of infection, witnessing a high volume of patient deaths, and moral injury from being unable to provide optimal care due to system constraints further contributed to deteriorating mental health. Ayden et al. (2022) identify several key risk factors for burnout among healthcare professionals, including long work hours, frequent on-call responsibilities, lack of control over one's schedule, work-family conflict, and gender disparities. For example, women in healthcare often face unique pressures such as balancing caregiving responsibilities with demanding professional roles. These compounded stressors can intensify feelings of anxiety and burnout. Additionally, healthcare professionals who work night shifts, rotating schedules, or double shifts are at greater risk for physical and emotional exhaustion, as their bodies and minds have little time to rest and recover.

Symptoms of burnout can manifest in various ways. Physically, healthcare workers may experience chronic fatigue, headaches, and sleep

disturbances. Emotionally, they may develop feelings of guilt, detachment, and hopelessness. Burnout is also characterized by reduced professional efficacy, poor judgment, increased irritability, cynicism, and a sense of depersonalization—feeling disconnected from one's job or the people they serve. Environmental factors such as a lack of social support in the workplace, inadequate resources, or conflict with colleagues and patients further exacerbate these symptoms.

When healthcare professionals suffer from chronic anxiety and burnout, patient care is inevitably affected. Burnout can impair attention, memory, and executive function, all of which are essential for safe and effective clinical decision-making. When healthcare workers are dissatisfied, the risk of error increases, and the lack of attention to protocols increases. Healthcare organizations that have staff who are experiencing burnout often experience higher turnover rates and increased absenteeism. This creates a vicious cycle of understaffing and the feeling of being overworked, and further increases staff stress. This systemic problem not only threatens patient safety but also undermines the sustainability of healthcare delivery. To combat the growing mental health crisis among healthcare professionals, it is imperative that institutions take proactive steps to



address the root causes of anxiety and burnout. This includes implementing organizational changes that promote work-life balance, such as more flexible scheduling, adequate staffing levels, and access to mental health support services. While providers work in highly stressful environments and situations, it is not a usual part of the medical education curriculum how to manage the ongoing nature of that stress. This lack of instruction could be a basis for the high rate of burnout, as it seems to be an individual's response to this chronic stress that determines whether an individual will suffer burnout syndrome or not (Singh, 2023).

Leadership plays a crucial role in creating a psychologically safe work environment. Management and administrators should foster an open communication and positive relationship with the staff. Systemic reforms are needed to reduce administrative burdens, streamline documentation processes, and ensure that healthcare policies prioritize clinician well-being alongside patient care. Recognition of healthcare workers' contributions and ongoing mental health education can help to reduce stigma and promote a culture of resilience and support.

The rising levels of anxiety and burnout among healthcare workers represent a critical challenge with direct implications for patient safety and care quality. As healthcare

professionals grapple with increasing pressures, their mental health must be treated as a priority rather than an afterthought. By addressing the systemic and organizational drivers of burnout and investing in the emotional well-being of the workforce, healthcare institutions can foster a healthier, more sustainable care environment. This will benefit the healthcare provider and the patient.

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*Dr. Jessica K. Pippin, DNP, FNP-BC, currently practices as a nurse practitioner in the emergency department, where she is committed to delivering high-quality, evidence-based care to patients in critical need. Dr. Pippin began her healthcare career by earning an Associate Degree in Nursing from Itawamba Community College in 2017. She spent six years gaining valuable experience as a registered nurse before advancing her education and earning a Master of Science in Nursing through the Family Nurse Practitioner program at Mississippi University for Women in 2023. She completed an intensive Emergency Medicine Fellowship with Relias Healthcare in April 2025, further enhancing her clinical expertise in acute care settings. She also earned her Doctor of Nursing Practice (DNP) from Mississippi University for Women in May 2025. She has been an active member of MS Association of Nurse Practitioners since 2023.*



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### **Mari Caitlyne Blaylock, DNP, FNP-C**

*Dr. Mari Caitlyne Blaylock, DNP, FNP-C is a family nurse practitioner with over a decade of experience. She began her healthcare journey in 2013 as a Licensed Practical Nurse after graduating from Itawamba Community College. She went on to earn her Associate Degree in Nursing from Northeast Mississippi Community College in 2015, followed by a Bachelor of Science in Nursing in 2016 and a Master of Science in Nursing in 2019, and recently completed her Doctor of Nursing Practice all at the Mississippi University for Women, further solidifying her commitment to clinical excellence and leadership in healthcare. She currently serves as the Mobile Clinic Coordinator at Access Family Health in North Mississippi, where she plays a vital role in increasing access to care for underserved populations. Dr. Blaylock has been an active member of the Mississippi Association of Nurse Practitioners since 2019.*



### *Mentorship plays a vital role in supporting novice nurse practitioners*

Transitioning from a Registered Nurse (RN) to a Nurse Practitioner (NP) is a significant milestone in the career of any healthcare professional. This shift brings with it increased responsibilities, a broader scope of practice, and an elevated level of autonomy in patient care. While the journey is rewarding, it also comes with challenges that require careful preparation and support. For novice nurse practitioners, there are various strategies to ensure a successful transition into this new role, including utilizing tools such as

the Novice Nurse Practitioner Role Transition Scale (NNPRTS) and engaging in mentorships.

#### **Understanding the Challenges of the Transition**

Moving from an RN role to an NP role is not just a change in job title; it's a shift in both responsibility and identity. Novice NPs face a steep learning curve as they take on new clinical responsibilities, make independent decisions, and develop new skills related to diagnosing, treating, and managing patient care.

While RNs are accustomed to providing direct patient care under the guidance of physicians or other providers, NPs must work autonomously, often making decisions that directly affect patient outcomes. This autonomy can be both empowering and intimidating. Thus, it is crucial for novice NPs to properly prepare for this change to ensure a smooth and successful transition.

#### **Utilizing the Novice Nurse Practitioner Role Transition Scale (NNPRTS)**

The Novice Nurse Practitioner Role Transition Scale is a tool developed in 2021 by Hilary Barnes, Asefeh Faraz Covelli, and Jonathan D. Rubright to help novice nurse practitioners assess their readiness for the role, identify areas of strength, and highlight aspects where additional support may be needed. This scale measures various dimensions of role transition, including clinical competence, confidence in decision-making, leadership, and communication skills.

#### **Benefits of the NNPRTS:**

1. **Self-Assessment:** The NNPRTS allows novice NPs to reflect on their skills and competencies, helping them identify gaps in their knowledge and areas where they may need further development. By recognizing areas for improvement, novice NPs can focus on acquiring the specific skills necessary for success in their new role.

2. **Tracking Progress:** As new NPs continue to develop in their role, the NNPRTS can be used periodically to track their progress. This ongoing assessment helps to reinforce learning and allows NPs to see how far they've come, boosting morale and confidence.

3. **Targeted Support:** By identifying areas where novice NPs feel less confident, the NNPRTS helps healthcare organizations or educators provide targeted support to ensure that new NPs receive the resources and training they need.

4. **Development of Competency:** The scale promotes the development of core competencies that are essential for NPs, including clinical decision-making, diagnostic reasoning, and the ability to work effectively within interdisciplinary teams.

#### **The Importance of Mentorship in Role Transition**

Another vital strategy for ensuring a successful transition is participating in a mentorship, whether it be a structured program or an informal relationship. Having a seasoned NP or other healthcare provider to guide and support a novice NP can make a significant difference in how effectively and confidently the new practitioner adapts to their role. Mentorship plays a vital role in supporting novice nurse practitioners as they transition into their new roles. One of the most



A significant challenge faced by novice NPs is self-doubt, and a mentor can provide essential guidance to help ease these feelings. A mentor, who has already navigated the transition from RN to NP, can share their personal experiences and offer advice, helping the new NP recognize their strengths and build confidence while reducing feelings of isolation. In addition to boosting role confidence, mentors offer practical guidance that goes beyond textbook learning. They can provide insights on the nuances of clinical practice, such as managing difficult patient situations, handling complex diagnoses, and improving time management, which are essential skills for success.

Mentors also introduce novice NPs to professional networks and resources, allowing them to connect with the broader NP community. This networking fosters collaboration and professional growth, enhancing job satisfaction and career development.

Furthermore, the transition to an NP role can be overwhelming, and mentors provide a safe space for discussing concerns and receiving emotional support. This support is crucial for managing stress and preventing burnout, which is a common issue in healthcare professions.

Lastly, mentors serve as role models, demonstrating effective communication, leadership, and patient-centered care. By learning from their mentors, novice NPs can refine their interpersonal and clinical skills, which are vital for their professional success in real-world settings.

A new nurse practitioner can find a mentor by reaching out to professional organizations, networking at conferences, or asking experienced colleagues in their workplace. They can also explore mentorship programs offered by nursing associations or connect with mentors through online platforms or social media groups dedicated to nurse practitioners.

### **Additional Strategies for Success in the Transition to an NP Role**

While utilizing tools like the NNPTS and engaging in mentorship are key components of a successful transition, there are other strategies that can help novice nurse practitioners adapt to their new roles.

1. **Continue Education and Training:** The transition from RN to NP requires continuous learning. Novice NPs should take advantage of ongoing professional development opportunities, attend conferences, participate in specialized training, and seek out resources that will

deepen their knowledge and clinical skills.

2. **Set Realistic Expectations:** It's essential for novice NPs to set realistic expectations for themselves. The transition process is gradual, and it's normal to encounter difficulties along the way. By recognizing that it takes time to adjust to the new role, novice NPs can avoid unnecessary pressure and focus on their growth.
3. **Foster Strong Relationships with Colleagues:** Collaboration with other healthcare professionals is a core component of the NP role. Novice NPs should take the time to build relationships with physicians, nurses, and other providers in their practice setting. These professional connections can provide support and create a collaborative work environment.
4. **Seek Feedback Regularly:** Regular feedback from supervisors and colleagues can be a powerful tool for growth. Constructive criticism allows novice NPs to refine their skills and identify areas for improvement, while positive feedback reinforces their strengths and boosts their confidence.
5. **Practice Self-Care:** The demands of the NP role can lead to burnout if not properly managed. Novice NPs should

Prioritize self-care, ensuring they have a healthy work-life balance, and engage in activities that reduce stress and promote well-being.

The transition from an RN to an NP is an exciting and challenging journey. By utilizing tools such as the Novice Nurse Practitioner Role Transition Scale, participating in mentorship programs, and adopting other strategies for growth, novice NPs can navigate this transition with increased confidence, competence, and job satisfaction. These approaches not only help them to develop their clinical skills and professional identity but also contribute to long-term success and fulfillment in their new role as nurse practitioners.

Preparing effectively for this transition ensures that novice NPs can provide high-quality care, contribute meaningfully to the healthcare system, and enjoy a fulfilling career in advanced practice nursing.

### **Reference**

Barnes, H., Faraz Covelli, A., & Rubright, J. D. (2021). Development of the novice nurse practitioner role transition scale: An exploratory factor analysis. *Journal of the American Association of Nurse Practitioners*, 34(1), 79–88. <https://doi.org/10.1097/JXX.0000000000000566>

# 2025

## Annual Conference & Membership Meeting

July 14-16, 2025

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(MANP reserves the right to adjust subject matter based on speaker availability.)

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**Room Block Cut-Off Date:** Wednesday, June 11, 2025, while available.

**CE Information:** MANP is accredited by the American Association of Nurse Practitioners® as an approved provider of nurse practitioner continuing education. Provider number: 1640685. This activity is pending approval for 17.5 contact hour(s) Activity #2025-0714-0716 This activity is planned in accordance with AANP Accreditation Standards and Policies. Pharmacology and controlled substance contact hours are available. Controlled Substance hours claimed by Mississippi licensed nurse practitioner participants will be uploaded to CE Broker by MANP.

2025

## MANP Annual Conference & Membership Meeting

July 14-16

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## How Nurse Practitioners Can Lead the Way in Managing Chronic Conditions in Primary Care

By Lindsay Kemp DNP, FNP-C

### Introduction

Chronic diseases, such as hypertension, diabetes, and COPD, are responsible for most outpatient visits and healthcare spending in the United States. According to the CDC (2023), six out of ten adults live with at least one chronic disease, and four out of ten have two or more.

For nurse practitioners (NPs), this presents not a challenge but an opportunity. With their focus on holistic, patient-centered care, NPs are well-positioned to lead efforts in managing chronic

conditions throughout a patient's life.

This article explores best practices for NPs in primary care to effectively provide evidence-based chronic disease management and improve patient outcomes, one individual at a time.

### Proactive Screening: Catch It Early

Effective chronic care often begins before an official diagnosis is made. Nurse practitioners (NPs) should proactively conduct routine

screenings for conditions such as diabetes, high blood pressure, kidney function, lipid profiles, and mental health, particularly in patients with known risk factors.

Early detection enables timely interventions that can prevent disease progression altogether. Annual screenings, combined with assessments of social determinants of health, help tailor prevention efforts to meet the specific needs of the community (Buerhaus et al., 2021; CDC, 2023).

### Personalized, Evidence-Based Care Plans

Current clinical guidelines provide a solid foundation for treating chronic diseases, but they are not meant to apply universally to all patients. For instance, the American Diabetes Association (2023) recommends setting individualized HbA1c goals and medication plans that consider factors such as age, comorbidities, and the patient's lifestyle.

Nurse practitioners (NPs) should integrate these clinical guidelines with personalized care approaches, which include shared decision-making, motivational interviewing, and the teach-back method (Ha Dinh et al., 2020).

### Building Trust Through Continuity

A key strength of nurse practitioners (NPs) is their ability to build strong relationships with patients. In chronic care, this is not just beneficial; it is essential.

Continuity in seeing the same healthcare provider over time enhances patient adherence to treatment, improves the detection of subtle health changes, and builds confidence in the overall treatment plan.

Research shows that continuity of care is associated with fewer hospitalizations and improved disease management for conditions such as diabetes, heart failure, and asthma (Jackson et al., 2021). In this area, NPs excel.

### Coordinated Care: The Big Picture

Chronic diseases often require involvement from multiple healthcare providers, including specialists, therapists, pharmacists, and case managers. Nurse practitioners (NPs) play a crucial role in ensuring that all these components work together effectively.

Effective care coordination involves accurate medication reconciliation, timely referrals, and consistent communication among different disciplines. Evidence shows that NP-led transitional care models can reduce hospital readmissions and lower costs (Wang et al., 2020).

### Empower Self-Management with Education and Technology

Patients living with chronic illnesses require more than just prescriptions; they need effective tools to manage their daily care.

Nurse Practitioners (NPs) play a crucial role in educating patients on how to monitor their symptoms, utilize home health tools, and recognize when to seek additional help.

Technology provides powerful support in this area. Devices like blood pressure monitors, blood glucose tracking apps, and telehealth check-ins help patients stay engaged in their care. Additionally, these tools enable NPs to track trends and make timely adjustments to treatment (Ha Dinh et al., 2020).

### **Address the Whole Person: Social Needs and Mental Health**

Effectively managing diabetes requires access to healthy food, and COPD cannot be properly addressed in substandard housing. Therefore, screening for social determinants of health (SDOH) is essential to ensure success in chronic care.

Nurse practitioners (NPs) must actively ask patients about critical factors such as transportation, financial stress, food security, and emotional well-being. They must also be equipped with knowledge of available resources to refer their patients for the necessary support (Graves et al., 2021).

Moreover, mental health issues are prevalent among individuals with chronic conditions. Conditions like depression, anxiety, and social isolation can severely undermine self-care efforts and lead to poorer health outcomes. It is crucial to provide integrated behavioral health

support and facilitate warm handoffs to mental health providers to substantially enhance patient care (Tinetti et al., 2020).

### **Conclusion: Leading with Care**

Effectively managing chronic illness in primary care demands dedication, adaptability, and a holistic approach. Nurse practitioners (NPs) embody all these qualities and more.

By merging clinical expertise with compassion, effective communication, and coordinated care, NPs are redefining chronic care management to be more effective and compassionate. Ultimately, it's not just about controlling a disease; it's about helping individuals live better lives despite having a disease.

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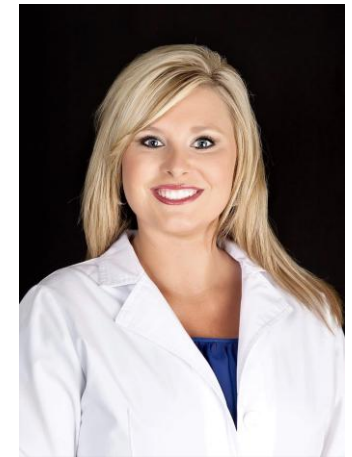


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### **Lindsay Kemp DNP, FNP-C**

*Dr. Lindsay Kemp DNP, FNP-C, Assistant Professor at Mississippi University for Women Graduate Nursing Family and Doctoral programs. Dr. Kemp earned her ASN in 2009 from Bevill State Community College. She advanced her educational degrees, earning a BSN in 2012 from the W, MSN in 2013 from UAB, and DNP in 2022 from the W. She works in the emergency medicine program at Baptist Memorial Hospital- Golden Triangle.*

For more information about the Mississippi University for Women Family Nurse Practitioner program, please visit the website at <https://www.muw.edu/nursing/graduate/msn/>

For information regarding the Doctoral Program information visit <https://www.muw.edu/nursing/graduate/dnp/>



# CAQH

## PROVIDER DATA PORTAL



### CAQH Directory Management – Ensure your directory listings are accurate

New legislation has placed a greater emphasis on provider directory accuracy. Please make sure the practice location information in your CAQH profile is up to date. Health plans are using CAQH to collect and verify provider directory information.

If you are practicing at a new location, have a change to an existing location or are no longer practicing at a location,

please log in to the CAQH Provider Data Portal and make those changes. You may access the portal at <https://proview.caqh.org/Login/>

If your practice location information has not changed since your last attestation, you must click the 'No Change' button for each practice location in your list. A full attestation is not needed for these types of updates. Confirmed practice location data will be sent

to health plans upon clicking the save button.

While CMS has previously focused on Medicare and Medicaid directories, the No Surprises Act is a federal law that extends directory accuracy requirements to commercial plans. The Act also recognizes that ensuring directories are accurate is a shared responsibility of both plans and providers.

#### **The regulations require providers to:**

- Ensure timely submission of provider directory information.
- Update plans if there is a change to network status.

#### **The regulations require plans to:**

- Establish a process to verify provider directory information every 90 days.
- Make updates within two days of receipt from the provider.
- Implement a process to remove unverified providers every 90 days.

If you have questions, we encourage you to enroll in our free, on-demand training platform.

Once you log in to the CAQH Provider Data Portal, click the Help menu on the upper

right-hand side. Then click on Get Trained to sign up and get started!

You may also contact the Help Desk using the Chat feature in the portal or call CAQH toll-free at 888-599-1771. Please have your CAQH Provider ID available.

Live chat support is available through the portal Monday – Friday, 8:30 AM – 6:30 PM (EST). Automated chat support is available 24/7.

Phone support is available Monday – Friday 8:00 AM – 8:00 PM (EST).

## CAQH Provider Data Portal



# MANP

## ELECTIONS

### OCTOBER 1–30



## Nominations for Board Director Positions- Opens July 14, 2025

The Board of Directors is the organizational body composed of four (4) Executive Officers [President, Vice-President, Secretary, and Treasurer] and six (6) Directors. Spouses and/or direct relations may not serve simultaneously on the Board or committees, which will or may require voting. The Board interprets situations like this as a conflict of interest where voting may be influenced or in situations where member removal is necessary.

### Section 5.01 Authority of the Board

The Board of Directors shall have full power and authority delegated to them by the MANP Members. The Board may use all avenues of electronic communications for decision-making in the continual operation of the Board's business.

### Section 5.02 Accountability

The Board of Directors reports and is accountable to the MANP Members for the Organization's successful operation.

### The Board of Directors

A. Exercises organizational responsibility and fiduciary duties of the Organization consistent with the

applicable provisions of law.

B. Provides for the implementation of professional organizational policies and positions approved by the Bylaws and evaluates its progress

C. Adopts policies and procedures for the coordination of organizational activities and growth

D. Develop, monitor, and revise the Strategic Plan as necessary for the sustainability and growth of the Organization

E. Provides for the establishment and maintenance of the MANP headquarters

F. Appoints standing and special committees as necessary

G. Appoints qualified Members to unexpired terms of vacancies in elected positions (except for the office of the President, which shall be filled by the Vice-President when the President can no longer fulfill the duties of that office)

H. Adopts the Budget and establishes financial policies and procedures

I. Declares vacancies in any office or Committee for failure to perform duties

J. Establishes the deadline date for the complete list of Members eligible to vote in a MANP election

K. Establishes dates and deadlines for the election processes and postings according to the Bylaws

L. Approves the meeting minutes, financial statements, and budgets

M. Reviews proposed Bylaws for revisions prior to submission and approval by the MANP Membership Assembly

N. Call special meetings of the

Organization as necessary to conduct business

O. Defines the Membership

P. Appoints qualified Members to serve on the MANP Committee

Q. Formulates positions regarding health policy legislation

R. Formulates Proclamations as necessary

Directors serve on a voluntary basis and are not compensated by the organization. Each Director is elected to fulfill a specific role and is expected to attend all regular Board meetings, typically held 4 to 6 times per year, as well as any special-called meetings. Failure to attend two consecutive Board meetings without prior notice may result in removal from the Board. All travel and accommodation expenses related to Board service are the responsibility of the Director.

•Nominations for the following positions opened 07/14/2025 and close at 11:59 CTS on 07/30/2025. No nominations will be accepted after 07/30/2025.

•The Board of Directors will review and approve nominees for candidacy before 08/31/2025.

•Online electronic voting will be available on 10/01/2025 and closes at 11:59 pm CST on 10/30/2025. Only current members, at the time the election opens, will be eligible to cast votes. One vote per eligible member will be accepted. The ballot link will be emailed to the members' email on file with MANP at the time the election opens. Only one ballot per member will be



issued. No paper voting is accepted.

#### All nominees for candidacy must

1. Meet all qualifications for the position nominated as defined by the MANP Bylaws

2. Have completed and submitted a Candidate Nomination Packet for only one (1) potential office submitted to the MANP office before the announced and published deadline determined by the Board. The Candidate Nomination Packet will be made available online and accessible from the MANP website.

3. Candidate Nomination Packet(s) received after the posted deadline will NOT be considered as a candidate and may not campaign for office

4. Completed and submitted a Consent to Serve Agreement.

5. Have an unencumbered license in any state in which a license is held.

6. Have membership in good standing and dues paid

7. Complete a Conflict of Interest Disclosure Form

8. Be approved by the Board of Directors as an official candidate.

#### Open Positions

Three Director positions will be open for election. These are 2-year terms serving January 1, 2026 through December 31, 2027)  
Director: (position 4- North)  
Director: (position 5- Central)  
Director: (position 6- South)

## Job Postings

### Nurse Practitioner

Renew You, LLC Medical Spa  
222 Byrd Ave North  
PHILADELPHIA, MS 39350  
PH: 405-640-5122

Please send resume to:  
[info@renewyou-medspa.com](mailto:info@renewyou-medspa.com)

### Orthopaedic Nurse Practitioner

Mississippi Orthopaedic Institute, office of Dr. R. Lance Johansen, MD, is looking to hire an Orthopaedic Nurse Practitioner to join a busy joint replacement practice. The role includes assisting in the operating room with hip, knee, and shoulder replacements, as well as supporting general orthopaedics in the office setting. This is an excellent opportunity that offers a competitive salary, paid time off, benefits, and the chance to work alongside an experienced Orthopaedic Surgeon.

**Area:** Clinic and OR

**Contact:** Dr. Johansen

**Email Resume to:**  
[chobbs@msortho.net](mailto:chobbs@msortho.net)

**Mississippi Orthopaedic Institute**  
PO Box 7423  
DIBERVILLE, MS 39540  
PH: (228)328-2400

### Family Nurse Practitioner

**Location:** Richland, MS

**Position Overview:** The Rural Health Clinic in Richland, MS, is seeking a compassionate and skilled Family Nurse Practitioner (FNP) to join their team. This role involves providing primary care services in the clinic as well as working PRN (as needed) in nearby LTC facilities, optionally. The clinic serves patients of all ages, and the FNP will work closely with the medical director to ensure quality care following RHC specifications.

**Responsibilities:** Assess and diagnose patients of all ages (pediatric to geriatric) in the clinic setting. Provide care and evaluation for geriatric patients in nursing home facilities in the local area. Collaborate with the medical director to manage patient care in a rural health clinic environment. Manage healthcare needs of adults and children. Ability to work in both clinic and nursing home settings. Strong diagnostic and assessment skills for diverse patient populations. VFC for pediatric and adolescent vaccination services, vaccines for adults, and manage scheduling for efficient and timely patient care

#### Qualifications:

Family Nurse Practitioner (FNP) certification, Experience in rural health clinic settings preferred. Experience with VFC (Vaccines for Children) preferred., Comfortable working with pediatric, adult, and geriatric populations. Ability to work independently and in collaboration with other healthcare professionals. Have flexibility regarding tasks and responsibilities

#### Educational requirements:

Current unrestricted Family Nurse Practitioner license in MS, Current national board certification, Valid DEA license (required for credentialing), CPR certification preferred, Current TB test preferred, DOT/ FMCSA Medical Examiner Certification, preferred

**Job Types:** Full-time or part-time. Pay commensurate with experience.

**Expected hours: Clinic:** 36 per week, Monday-Thursday, 8:00 am- 5:00 pm, occasional half-day Fridays 8:00am- Noon. A flexible schedule is available for Nursing Home NPs..

**Benefits:** 401(k), Dental insurance plan, Health insurance plan, Vision insurance plan, Professional liability coverage for RRMCM, paid by the clinic, Collaboration fee for RRMCM Medical Director paid by the clinic, and more.

**For Consideration, Please Submit Resume to** [Blair@RankinRural.com](mailto:Blair@RankinRural.com)

### Family Nurse Practitioner

**Location: Ripley, MS.** Family Care Clinic of Ripley is seeking a family Nurse Practitioner, full-time for a privately owned NP Clinic.

**Schedule:** Monday – Friday, no weekends.

**Duties:** The nurse practitioner will provide health promotion, screening, safety instructions, and management of acute and chronic illnesses/diseases in adults and pediatrics.

**Requirements:** Must possess an unrestricted license to practice as an Advanced Practice Nurse in the State of MS, maintain a valid D.E.A. registration in the state of MS, and must have BLS/ACLS/PALS.

**Benefits:** Health insurance, PTO, 401(k), Pay scale is commensurate with experience, skills, and ability to work in a busy clinic environment.

**Send Resume to:**

**Email:** [Leah.Green@nmhs.net](mailto:Leah.Green@nmhs.net)

**Fax:** 662-993-9338



## Higher Education Shaping the Future in MS

### The Value of the DNP Degree *Beth Turner, DNP, FNP-BC*

The Doctor of Nursing Practice (DNP) degree was originally developed as a practice-focused terminal degree, equipping nurses and nurse practitioners (NPs) with the advanced skills necessary to translate research into practice, improve quality of care, and lead interdisciplinary healthcare teams (Schadewald, 2025). In 2004, the American Association of Colleges of Nursing (AACN) issued a position statement recommending the DNP as the terminal degree for advanced practice nurses by 2015 (AACN, 2025). This recommendation stemmed from concerns about the

preparedness of nurses to navigate increasingly intricate clinical environments, lead health policy reform, and manage healthcare systems. Although this recommendation has yet to be implemented over a decade later, there are still numerous benefits to consider when weighing the pros and cons of obtaining a terminal degree.

The Doctor of Nursing Practice (DNP) degree has become an increasingly common educational pathway for NPs, offering advanced clinical training and leadership skills

essential for navigating the complexities of modern healthcare. Over the past two decades, DNP programs have grown significantly across the United States. According to The American Academy of Nurse Practitioners' most recent Nurse Practitioner Practice Report, 17.6% of nurse practitioners have completed a DNP degree (2024). While empirical evidence continues to evolve, several studies underscore the significant benefits of DNP preparation.

One benefit of the DNP degree is increased exposure to theoretical training and practical application in the clinical setting. As the healthcare system continues to confront challenges such as chronic disease prevalence, workforce shortages, and disparities in access to care, the NP role has become increasingly indispensable. DNP programs provide NPs with advanced knowledge in pathophysiology, pharmacology, epidemiology, and evidence-based practice (Schadewald, 2025). This comprehensive education enables NPs to deliver high-quality care, manage complex patient cases, and lead interdisciplinary teams effectively. Reynolds and Sabol (2023) conducted a study emphasizing how DNP graduates use their clinical care expertise to apply evidence-based practices at the organizational level, directly improving care outcomes. They describe DNP

leaders as vital drivers of quality improvement and patient-centered

The DNP curriculum also emphasizes systems thinking, healthcare policy, quality improvement, and organizational leadership (Schadewald, 2025). AACN highlights the DNP's growing impact, stating that these graduates contribute significantly to healthcare systems by leading policy reform and promoting cost-effective, high-quality care (2022). One of the defining features of the DNP degree is its focus on translating research into clinical practice. Unlike PhD programs, which emphasize original research, DNP programs focus on using existing evidence to improve care delivery (AACN, 2024). This ability often results in improvements in patient outcomes through innovative change, noted as one of the greatest values of the DNP degree (Moran, K. et al., 2025).

NPs in Mississippi are often on the front lines of efforts to reduce health disparities and promote high-quality care. DNP programs are increasingly integrating content related to social determinants of health, population health management, and cultural competence (AACN, 2024). Having a doctoral degree can better prepare NPs in Mississippi to deal with the ever-changing complexities and barriers to care patients face, especially in rural areas of the state.

Numerous personal accounts also support that the DNP degree significantly enhances professional values and professional involvement. Hampton et al. (2022) found that doctoral level students reported increased confidence in ethical decision-making, interprofessional collaboration, and role advocacy. DNP graduates also increasingly serve in academic and mentorship roles, helping to address the national shortage of nurse educators. AACN's (2022) national report highlights how DNP-prepared faculty members are enriching curricula with real world experience and leading the integration of clinical simulation and quality improvement into education. Their presence in academia bridges the gap between theory and patient care.

In Mississippi, the DNP degree holds particular significance for NPs seeking to address the state's healthcare challenges by removing barriers to practice. The DNP degree positions NPs with even more evidence to support their advanced clinical training and leadership skills. This preparation enables NPs to assume greater responsibility in patient care, particularly in underserved rural areas where healthcare access is limited. By equipping NPs with the necessary expertise, the DNP degree contributes to alleviating the physician shortage in Mississippi and improving healthcare delivery in rural communities. DNP-prepared NPs are well-positioned to advocate

for healthcare policies that improve access and quality of care. Their advanced education enables them to analyze and influence health policies, ensuring that nursing perspectives are considered in the decision-making process. This advocacy is particularly crucial in areas such as MS, where healthcare disparities seem to be ever-increasing, while access to care continues to be limited.

In summary, the DNP degree offers NPs advanced clinical skills, leadership abilities, and a platform for influencing healthcare policies (Schadewald, 2025). While further research is needed to quantify the long-term impact on patient outcomes, the DNP's role in enhancing clinical competence, fostering professional development, and enabling policy advocacy underscores its value in advancing practice. As healthcare continues to evolve, DNP-prepared NPs will be instrumental in shaping the future of patient care and nursing leadership in Mississippi and beyond.

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## **Dr. Laura Beth Turner, DNP, FNP-BC**

*Dr. Beth Turner, DNP, FNP-C, is an Assistant Professor in the Department of Graduate Nursing at Mississippi University for Women (MUW). A proud alumna, she earned her BSN (2006), MSN (2011), and DNP (2020) from MUW. From 2013 to 2018, she served as a BSN Nursing Instructor at MUW and continues to practice on a PRN basis at the MUW Campus Health Center in Columbus, Mississippi. Dr. Turner is an active member of the Mississippi Association of Nurse Practitioners and holds additional memberships in the American Association of Nurse Practitioners (AANP), American Association of Colleges of Nursing (AACN), National Organization of Nurse Practitioner Faculties (NONPF), American Nurses Association (ANA), and Mississippi Nurses Association (MNA). She has contributed to the nursing profession through research and presentations at both regional and national levels and has been recognized with numerous awards for excellence in nursing. Deeply committed to service, Dr. Turner has participated in community health initiatives across local, regional, national, and international settings.*



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PRESS RELEASE**



## press release

**Novo Nordisk protects US patients with legal wins against compounders, including ruling that permanently prohibits compounding pharmacy from selling illegitimate, knockoff Wegovy® or Ozempic®**

- Federal court ruling leaves in place FDA's decision resolving the shortage of Wegovy® and Ozempic®, which are fully available nationwide, and ends the grace period for pharmacies to make or sell compounded "versions" of these medicines
- Separate federal court ruling permanently bars MediOak Pharmacy LLC from marketing or selling illegitimate "semaglutide" drugs
- Legal wins build on 111 lawsuits filed by Novo Nordisk across 32 states against entities unlawfully marketing and selling compounded "semaglutide" drugs, helping safeguard Americans from knockoffs made with unsafe or illicit foreign API
- Novo Nordisk is dedicated to dialogue with companies to support patient access to authentic, FDA-approved Wegovy® under the care of a licensed healthcare professional

PLAINSBORO, N.J., April 25, 2025 – Yesterday, a Texas federal court ruled in favor of Novo Nordisk and FDA, denying a compounding trade association's motion to freeze the FDA's decision to end the shortage of semaglutide injectable medicines. The court's ruling left in place FDA's prior determination that all doses of Wegovy® and Ozempic® are fully available nationwide and that Novo Nordisk's supply of these FDA-approved medicines is meeting or exceeding current and projected nationwide patient demand. With the FDA's resolution of the shortage of Ozempic® and Wegovy®, as left in place by this court ruling, it is illegal under US compounding laws to make or sell knockoff "semaglutide drugs," with rare exceptions.

In light of the court's decision today, FDA may immediately take action against 503A pharmacies compounding knockoff versions of Novo Nordisk's FDA-approved semaglutide medicines. The ruling also means the grace period for 503B outsourcing facilities to compound semaglutide injectable drugs will expire on May 22, 2025, and FDA may take enforcement action against these entities after that date.

The press release further states, "The Federal Bureau of Investigation also recently warned the public about safety concerns related to fraudulent compounding practices associated with weight loss drugs, warning that "[s]ome healthcare providers are using compounded mixtures of unknown drugs that do not contain semaglutide, drugs with high levels of impurities, and unsafe or unapproved drugs." Novo Nordisk is continuing to actively address this issue through education, advocacy, and legal action, fighting on behalf of patients who deserve to know what they are injecting into their body. For more information about Novo Nordisk's efforts to protect patients and ensure access to safe, effective FDA-approved treatments, visit [semaglutide.com](https://www.novonordisk.com/semaglutide)

The Mississippi Board of Pharmacy has proposed regulations now posted for comment. Article XXXI: Compounding Guidelines  
Updates: [Click Here](#)

## Member Spotlight



**Dr. Jenny Fredrickson, DNP, FNP-BC**, from DeSoto County, began her nursing journey by earning her Associate Degree in Nursing (ADN) from Northwest MS Community College in 1996, followed by a Bachelor of Science in Nursing (BSN) from the Mississippi University for Women in 1999. She went on to complete her Master of Science in Nursing (MSN) at Delta State University in 2001 and earned her Doctor of Nursing Practice (DNP) from the University of Alabama in 2017. She served as clinical faculty at the University of Memphis until 2020 and has played a pivotal role in advanced practice nursing education through her work as a preceptor for numerous institutions, including the University of Memphis, the University of Mississippi, South University, Drexel University, Delta State University, and the University of Tennessee. In 2018, she co-founded a women's health clinic in DeSoto County, and in 2021, she opened her private practice, IvyRaine Women's Clinic in DeSoto County. Her excellence in clinical care and leadership has earned her multiple accolades, including a nomination for Mississippi's Nurse Practitioner of the Year in 2016 and six consecutive selections as one of DeSoto County's "Best of the Best." Beyond her clinical and academic contributions, she actively volunteers for St. Jude Children's Hospital and serves as a church youth camp counselor. She is also an accomplished speaker and writer, having presented at various regional and statewide conferences and published in a peer-reviewed journal. She has been an active member of the MS Association of Nurse Practitioners since 2017 and has served on various committees.

DO SOMETHING TODAY THAT  
YOUR FUTURE SELF WILL THANK  
YOU FOR.

*Join us today & make your voice heard.*

*Our actions and decisions today will shape  
the way we will be living in the future.*



<https://www.msanp.org/home>



MS Association of Nurse Practitioners' key initiatives include

- We advocate for NPs with policymakers, and other healthcare entities both in the state and nationally
- Full Practice Authority allows NPs to practice to the fullest extent of their education and training *without* expanding their respective scopes of practice
- Increase access to care for patients across Mississippi
- NP orders for durable medical equipment and devices
- NP signature recognition on legal documents and eliminating co-signatures by physicians
- NP Income tax incentives & exemptions for underserved practice areas & NP owned businesses
- NP reimbursements and inclusion in insurance networks
- Recognize NPs as primary care providers (PCP)
- Increased faculty salaries

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Contact MS Association of Nurse Practitioners, 1888 Main St, Suite C312, Madison, MS 39110 email: [msanp@msanp.org](mailto:msanp@msanp.org)