Advancing Practice

MANP

Season's Greetings

A Quarterly Publication, January 2023, Vol. 2, Issue 1

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Annual Membership $300
Monthly Membership (12-installments) $25
NP Student Annual Membership $100
Retired NP (65 or older, not in practice)
Annual Membership $150
Affiliate membership (Non-NP supporter) $300

Membership dues go directly to promoting your profession. We encourage you to be an active part of MANP, your professional specialty organization. We need your help to move your profession forward. Collectively, we can make a difference while protecting the progress we make in Mississippi's healthcare.

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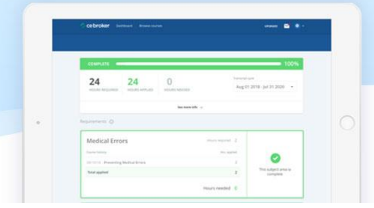

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Accreditation
MS Association of Nurse Practitioners is a participating CE Provider. MANP is accredited by the American Association of Nurse Practitioners® as an approved provider of nurse practitioner continuing education. Provider number: 1640685. MANP activities are planned in accordance with AANP Accreditation Standards and Policies. MANP CE is approved by the Florida Board of Nursing and the Arkansas Board of Nursing.

CE Broker's Support Center
The Support Center is based in Jacksonville, FL, and staffed with experts who have been thoroughly trained on the rules & regulations of the Mississippi Board of Nursing. Open 8AM-8PM ET, Monday through Friday, you can reach them by phone at 877-434-6323, or via email and live chat.

For additional information and helpful guides, please visit: https://help.cebroker.com/

2023 Annual Conference & Membership Meeting

MS Association of Nurse Practitioners is a non-profit 501 (C)6 professional organization founded in 2014. MANP's mission is to serve as the professional association for Nurse Practitioners of MS. This organization works diligently to provide advocacy, education, and networking. Our Board of Directors is comprised of volunteer nurse practitioners elected by the organization's members. We recognize the importance of NPs in the provision of healthcare, the need for enhanced visibility, and legislative influence at local, state, and federal levels. Our organization also sees a critical need to provide you with the highest continuing educational opportunities, and our members participate in key NP decision-making roles across the state. MS Association of Nurse Practitioners is your NP specialty association. We look forward to your continued participation.

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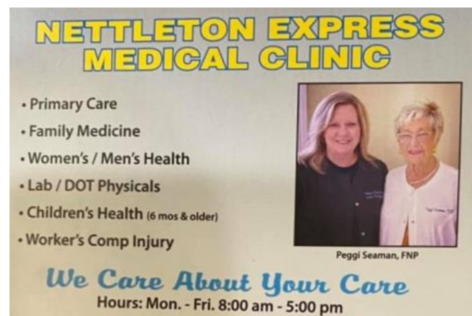
Tell us your story

Nettleton, MS

Margaret "Peggi" Seaman, CFNP, of Nettleton Express Medical Clinic, has many disabled and senior patients with multiple needs and access to care issues. Nettleton Sonshine Pharmacy may make their care less burdensome by increasing access to prescription needs. Peggi's patients and other patients in her rural area have an option that is right next door and offers fast, friendly service.



Welcome GRACE Family Medical Clinic!

Newton, MS

Congratulations to Wendy Gressett, NP, on opening her community-oriented medical clinic at 9431 Suite B Eastside Drive Extension Newton, MS 39345 WTOK-TV featured a spot about Wendy, and the services she provides in Newton back in August 2022. Wendy, a board-certified family nurse practitioner, provides compassionate and comprehensive medical care to the local residents. Services include house calls for those who are homebound or have difficulty coming into the office. She also provides DOT physicals, primary care sick visits, chronic medical management, and many other clinical services. Wendy realized a need for NP home visits in her community and took action to remedy a patient access-to-care issue.

November 13-19, 2022 NP Appreciation Week

Governor Tate Reeves Signs NP Proclamation

MANP attend the Proclamation signing by Governor Reeves on November 7th in Jackson, MS, for Nurse Practitioner Appreciation Week declared November 13-19. NP Week recognizes the positive impact NPs make in the lives of patients through more than 1 billion annual visits. More than 355,000 NPs are increasing access to equitable, person-centered, high-quality health care.

Family Care Clinic of Ripley

November 1 ·

We had a wonderful open house at FCCR a few weeks back to discuss Full Practice Authority for Mississippi NPs. It was a great gathering of Senators, NPs and community leaders/business owners to discuss the need for Full Practice Authority for Mississippi Nurse Practitioners. Thank you to all who came out to support the event!

Area Events

MANP has been busy since July 1st expanding local area networking into eleven areas of the state to provide nurse practitioners in all areas the opportunity to connect with other nurse practitioners and leaders, as well as, participate in pharma-sponsored educational dinner programs and product theaters.

Northwest MS- Board Director Kent Hawkins
Oxford area- Board Director, Kymberly Ross
Northeast MS- Board VP, Wanda Stroupe
Delta- Mary Williams of Clarksdale
Grenada- Shonda Phelon
Starkville/Columbus- Sueanne Davidson
Central MS- Board Treas., Toni Marchionna
Meridian area- Wendy Gressett
Hattiesburg- Board Director, Lisa Morgan
Natchez- Board Director, Maybelle Jackson
Coast - Rebecca Graves and Anne Musgrove

Career Opportunities

Ripley, MS.
Family Care Clinic of Ripley, Nurse Practitioner opportunity, full-time, private NP-owned Clinic, Monday – Friday, no weekends. The nurse practitioner will provide health promotion, screening, safety instructions, and management of acute and chronic illnesses/diseases in adults and pediatrics. 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 include Health insurance, PTO, 401(k), Pay range of $90,000-$100,000.00 annually commensurate with experience, skills, and ability to work in a busy clinic environment. Send your Resume to Stclemmer@nmhs.net or fax it to Sara Clemmer at 662-993-9338.

To post your job here, contact us at msanp@msanp.org for details and pricing.

Starkville, MS
Novo Nordisk sponsored a fantastic educational program for local area Nurse Practitioners on October 27th at 44 Prime Restaurant to learn more about obesity management. The program was hosted by Novo Nordisk representatives Cory Peterson, Ron Perkins, and MANP and had 38 Nurse Practitioners in attendance.

Conferences

FMCSA DOT Medical Examiner's Training Course

JANUARY 20, 2023
8:30AM - 5:30PM

A LIVE VIRTUAL INTERACTIVE COURSE

Visit MANP website for more information & registration
https://www.msanp.org/upcoming-events

Mississippi Association Nurse Practitioners

2023 APRN Psychiatric & Pharmacology Conference

January 28, 2023
7:30am - 4:30pm
USM Ashbury Hall
Hattiesburg, MS

Autism
Schizophrenia
Depression
Bipolar Disorder
Tardive Dyskinesia
Anxiety
Panic Disorder
OCD
Legislative Session Update

MENTAL HEALTH

Mississippi Association Nurse Practitioners

2023 APRN Update & Pharmacology Conference

ADHD, Palliative Care, Pain Management, Audiology Testing Report Interpretation, Eye Emergencies, New Diabetes Treatments, Barder-Biedl Syndrome, Hyperlipidemia, 2023 Legislative Session Update. Register at https://www.msanp.org/upcoming-events

4 March 2023
7:30 AM - 5:00 PM
Oxford Conference Center
102 Ed Perry Blvd
Oxford, MS 38655

MANP is accredited by the American Association of Nurse Practitioners® as an approved provider of nurse practitioner continuing education. Provider number: 1640685. This activity has applied for 7.5 contact hours (which includes pharmacology hours. This activity was planned in accordance with AANP Accreditation Standards and Policies.

2023 Annual Conference & Membership Meeting

July 24-26

The Lodge at Gulf State Park
Gulf Shores, AL

The program will offer up to 17.75 CE
Visit our website for more information

Medical Cannabis Guide

What are Cannabinoids?

Cannabinoids are naturally occurring chemical compounds found in the cannabis plant. Cannabinoids like THC, CBD, and many others are partly responsible for the wide array of medicinal and euphoric effects that occur when using Cannabis.

THC - Delta-9-Tetrahydrocannabinol

- Psychotropic
- Pain Killer
- Anti-Inflammatory
- Anti-Microbial

THC or Delta-9-tetrahydrocannabinol is the main psychoactive ingredient in cannabis. THC signals the brain to release dopamine, a neurotransmitter that plays an important part in mood and pleasure. An overproduction of dopamine leaves the user with feelings of euphoria.

THCA - Tetrahydrocannabinolic Acid

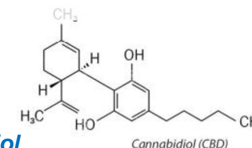
In its raw form, marijuana actually contains very little psychoactive THC. Instead, it contains tetra-hydrocannabinolic acid, or THCA. THCA becomes THC Through Decarboxylation, and this is achieved by applying heat to THCA. The easiest way to decarboxylate the THCA in marijuana is to light it aflame which makes smoking it a combination decarboxylation/ ingestion method. Studies have shown that there may be health benefits to ingesting the non-psychoactive THCA compound without experiencing the euphoric effects of THC.

CBN- Cannabinol

CBN can be used effectively as a sleep aid or sedative. This cannabinoid has also been shown to help regulate the immune system help relieve the pain and inflammation caused by several conditions, including arthritis and Crohn's disease.

The Entourage Effect

The entourage effect is a theory that different cannabinoids and terpenes in cannabis work synergistically to create uniquely beneficial effects. Studies have shown that the medicinal benefits are much higher when cannabis is consumed utilizing both CBD and THC cannabinoids.



CBD- Cannabidiol

CBG works to fight inflammation, pain, nausea and works to slow the proliferation of cancer cells. Research has shown it also significantly reduces intraocular eye pressure caused by glaucoma.

- Non-Psychotropic
- Sedative
- Anti-Inflammatory
- Anti-Depressant

Reference educational information Provided by Starbuds, a sponsor of the MANP 2023 Annual Conference.

STAR★BUDS

EST. 2013

Cannabis Intake Methods

Inhale

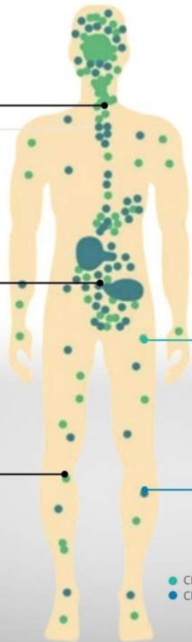
- Vapes, Concentrates, & Flower
- Onset Time 3-7 Mins
- Duration 3-4 hours
- Benefits - Fast Acting, Reliable

Ingest

- Tinctures, Edibles, Capsules, RSO, Distillate
- Onset Time 30-60 Mins
- Duration 4-6 Hours
- Benefits - Long Lasting, Discreet

Apply

- Lotions, Salves, Balms, Patches
- Onset Time 5-20 Mins
- Duration 4-6 Hours
- Benefits - Discreet, Non-Euphoric, Localized Relief



Endocannabinoid System

The Endocannabinoid System is a body-wide signaling network responsable for regulating your body's internal processes. Cannabinoids like THC and CBD are molecules that bind to CB1 and CB2 receptors to help maintain homeostasis regulating other systems of the body.

CB1 – CB1 Receptors Target

- Motor Activity
- Thinking
- Motor co-ordination
- Appetite
- Short Term Memory
- Pain Perception
- Immune Cells

CB2 – CB2 Receptors Target

- Gut
- Kidneys
- Pancreas
- Adipose Tissue
- Skeletal Muscle
- Bone
- Eye
- Tumors
- Reproductive System
- Immune System
- Respiratory Tract
- Skin
- Cardiovascular System
- Liver

Reference educational information Provided by Starbuds, a sponsor of the MANP 2023 Annual Conference.

MISSISSIPPI BOARD of NURSING — License Verifica

Request for Additional/Formal License Details

The cost for any requested additional information is based on your subscription level. If you are a subscriber, these items are included in your subscription with no additional charge. Please select the item(s) by clicking them.

Formal License Verification Document
$20

Disciplinary Orders
$20

Exit System | Back to Search | Continue

Medical Cannabis Certification for Practitioners

Information & Documents Required to Register with MSDH and MS Board of Nursing

Read the Regulation here
http://msdh.state.ms.us/msdhsite/_static//resources/19094.pdf
Read more regarding REGULATIONS FOR ADVERTISING AND MARKETING

- Practitioner Name & Credentials
- Specialty- this means the Practitioner Certification type (Family, Acute Care, Adult/Geri, PMHNP, etc.) Do not put an area you may work in such as neurology, pain management, psychiatry, etc.. this will cause a rejection in your application
- Federal Drug Enforcement Agency Number
- Practitioner Phone
- Practitioner Email
- Practitioner Office Address
- Remember! Practitioner Specialty (FNP, PMHNP, etc.)- Don't put where you work. List your national certification type- Family, Psych Mental Health, etc.
- Practitioner Mailing Address
- Certificates of completion for initial 8 hours of MSDH-approved CME
- Collaborating Physician's 10-digit Registry Number. The Physician must be in a compatible practice and also certify patients for Medical Cannabis.

BEFORE you apply with MSDH you will need to order the MS Board of Nursing APRN and RN License Verification - form- $20 charge

- Go to Licensure Verification on the BON website
- Input your license information >> Click on "Want More Details" then choose Order the "Formal License Verification Document" Option (as shown on page 11 of this publication) and complete the information
- Receive the document (pictured on right on this page) that you will submit with MSDH application.

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MISSISSIPPI Board of Nursing

MISSISSIPPI BOARD OF NURSING
713 Pear Orchard Road, Suite 300
Ridgeland, MS 39157
601-957-6300

VERIFICATION OF LICENSURE
as of

Name	License Number
Social Security #	License Type
Date of Birth	Issue Date
Date of Graduation	Expiration Date
Original Licensure	License Status
	Current Discipline Status

The following program has been approved by a legal accrediting agency satisfactory to the Mississippi Board of Nursing.

Program — Testing Service; Testing Score

Licensure, Mississippi Board of Nursing

Pharma Educational Dinner Programs
We are meeting near you- Join Us

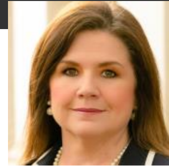
Area 1

Northwest – Kent Hawkins
01/24 Kerendia by Bayer
02/21 Ubrevly by AbbVie
03/16 Vraylar by AbbVie
03/28 Nurtec by Biohaven

Delta/Clarksdale- Mary Williams

Area 4

North Central -Grenada
Shonda Phelon



Area 5

Central MS / Jackson Toni Marchionna
01/12 AbbVie-
01/26- AbbVie
02/23 Janssen / J&J
03/09 Novo Nordisk
05/18 AbbVie Migraine

Area 7

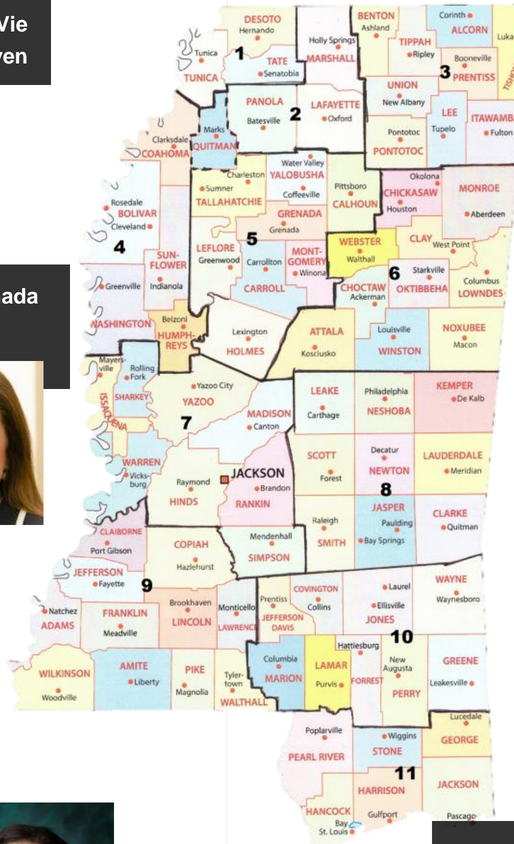
Southwest / Natchez-
Maybelle Jackson

Area 9

Area 2

Oxford- Kymberly Ross

02/07 AbbVie Migraine



Northeast-
Wanda Stroupe

Area 3

Area 6

Starkville/Columbus
Sueanne Davidson

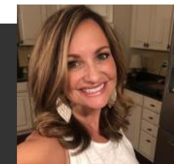
Meridian- Wendy Gressett
01/31 AbbVie Migraine
04/20 Novo Nordisk

Area 8

Hattiesburg- Lisa Morgan
02/09 AstraZeneca
04/27 Novo Nordisk

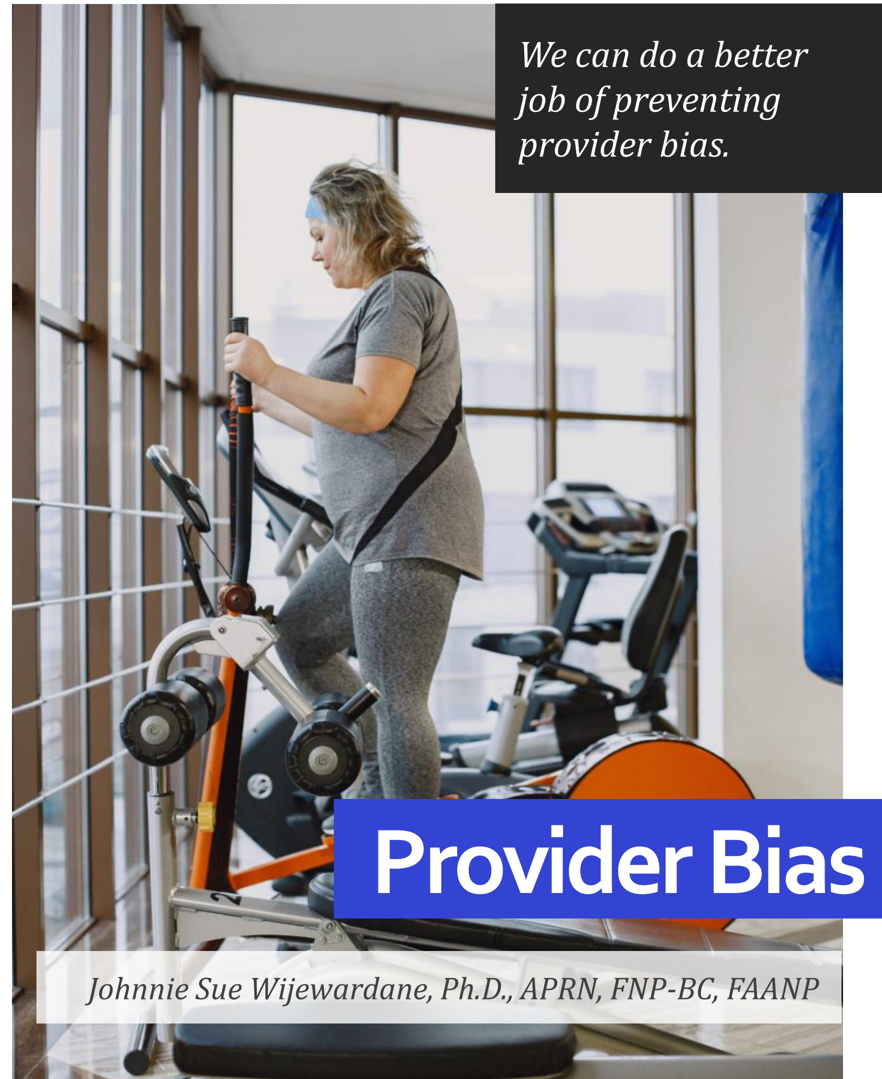
Area 10

Gulf Coast
Rebecca Graves **Anne Musgrove**



02/08 Janssen J&J
03/07 AbbVie Migraine

Area 11



We can do a better job of preventing provider bias.

Provider Bias

Johnnie Sue Wijewardane, Ph.D., APRN, FNP-BC, FAANP

As nurse practitioners, we face implicit biases of all kinds. If we are honest with ourselves, we can quickly identify people or populations against whom we hold biases. Merriam-Webster dictionary defines bias as a personal and sometimes unreasoned judgment: prejudice. All of us have cared for patients with obesity at one time or another, and I imagine you have responded to them at some time by saying something like, “You need to reduce the amount you eat and increase the amount you exercise.”

Think about how it feels to be unable to remember or even identify a time since childhood when you were at a “normal” weight. Imagine that you have tried all the diets: cabbage soup, grapefruit, Atkins, keto, and Weight Watchers. You lost some weight on all of them, but you have never been able to maintain that weight loss long-term. Now imagine that you have had bariatric surgery and lost enough weight to be within about 30 pounds of your goal, only to watch your weight begin to creep back up, even while you are logging your food and doing intense CrossFit workouts three to four times per week. This scenario includes a lot of us.

Obesity research has come a long way over the last few years. While a magic bullet still does not exist to cure obesity, the available tools are much more effective today than ten years ago. We now know that obesity is a disease with strong neuroendocrine components. We do not typically hold a bias against a patient with chronic diseases like diabetes or heart

Obesity is a chronic disease

disease, and we would never withhold treatment from them. Yet, we do this daily to our patients with obesity in primary care by not addressing their obesity as a disease. And when patients garner the courage to ask for help losing weight, we are not good about doing more than handing them a diet sheet or telling them to “push back from the table.” *(cont’d page 15)*

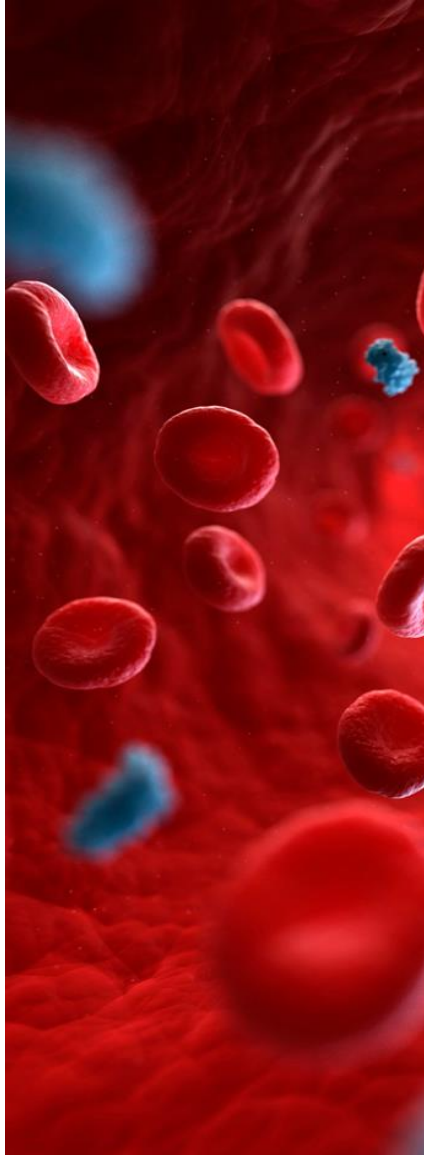
Patients who are obese are more likely to delay seeking care than people with normal weight.

(Cont'd)

Over the last few years, research is emerging that medications used to treat type 2 diabetes are safe and effective for treating obesity. Medications like semaglutide and liraglutide (glucagon-like peptide-1) are FDA approved for treating obesity and are beginning to be covered by insurance for obesity treatment. These medications and others are proving effective in helping people lose weight and maintain weight loss.

With other medicines like these on the horizon, NPs should become informed that obesity is a chronic disease and comfortable with helping people at least get started managing their obesity. By doing this, we can break down our biases related to obesity.

Patients who are obese are more likely to delay seeking care than people with normal weight. Why? Because they fear stepping on the scale to weigh, they fear the humiliation of chairs or exam tables not being large enough to fit, or the furniture may not be sturdy enough in the office. By delaying care, patients who are obese are sicker and more complex to treat when they finally seek care, even if it is not for their weight. By being aware of our own biases related to obesity, we can do a better job of making our office settings comfortable and accommodating for people who have obesity. I challenge you to examine your thoughts and perceptions about people with obesity and imagine walking a mile in their shoes in this complex system we call health CARE.



Special Privileges and Practice Updates

Ridgeland, MS

The MS Board of Nursing (MSBN) requires approval of special privileges by APRNs for procedures and practices not obtained in traditional education and training but are within the APRN's established scope of practice. The MSBN has a process in place to address obtaining these privileges. Several criteria must be in place prior to requesting these privileges. First, the APRN's collaborative physician must perform the requested practice procedure and be in a compatible practice. The collaborative physician also must attest in a letter to the Board that the APRN has met competency as required by MSBN and submits the required documents along with the request to the Director of Advanced Practice & Licensure. Dependent on the APRN's national certification, some privileges may be outside the respective scope of practice for a particular certification type. For example, it would be outside the scope of practice for the board-certified psychiatric mental health nurse practitioner to apply for special privileges for cosmetic procedures such as the application of Botox or fillers. The Mississippi Board of Nursing Advance Practice Committee (APC) met Friday, December 9, 2022, to review several practice procedures on their agenda. Dr. Melissa King, DNP, FNP-BC, ENP, committee chair, brought forward several practice procedures during their regular board meeting.

The APC approved, with evidence of education, training, and competency, the use of Plasma Rich Protein (PRP). The committee did not elaborate on where or how the PRP may be used. More information will need to be requested from Dr. Rebecca Cagle, Director of Advance Practice. Additionally, the committee approved the O-shot, the P-shot, and endovenous ablation, a procedure that uses radiofrequency or laser energy to treat varicose veins. The committee denied a request for APRN-performed occipital nerve blocks for migraines and lethal injections in a correctional facility.

For more information concerning special privileges requests, please contact Dr. Rebecca Cagle via email at RCagle@msbn.ms.gov or via phone at (601) 957-6259.

National Correct Coding Initiative

Policy Manual for CMS

CMS updates the NCCI Policy Manual for Medicare Services once a year. The NCCI Policy Manual should be used by Medicare Administrative Contractors (MACs) as a general reference tool that explains the rationale for NCCI edits. The most current policy manual, effective Jan. 1, 2023, was posted on Dec. 1, 2022. Additions and revisions to the manual are noted in red font. Additional prior versions of the National Correct Coding Initiative Policy Manual for Medicare Services *are available in the Medicare NCCI Policy Manual Archive. The new 2023 CPT codes go into effect on January 1, 2023, until December 31, 2023. There are nearly 400 changes that include over 200 new codes, nearly 100 deleted codes, and approximately 100 other codes that have been revised.*

To download the NCCI Policy Manual for Medicare (ZIP) *https://www.cms.gov/files/zip/medicare-ncci-policy-manual-2023.zip*

E & M Coding changes

The **Evaluation and Management** (E/M) section received the most significant changes with approximately 33 deletions and 50 code revisions. Many of the changes were aimed to align inpatient hospital services with coding guidelines for outpatient visits by using time and medical decision-making guides. There are noted changes to consults and telehealth codes. The lab code changes were mostly due to the new additions of recent testing related to COVID, MPOX, and new technologies. There were only 4 code revisions and 9 deletions in this section while adding over 60 new codes. The Medicine section received 25 new codes related to new vaccines secondarily to COVID. There were 8 revised codes in this section that were updated.

Bronchodilator Nebulizer Medications: Comparative Billing Report

This month, CMS will issue a Comparative Billing Report (CBR) on Medicare Part B claims for bronchodilator nebulizer medications. Use the data-driven report to compare your billing practices with those of your peers in your state and across the nation. Look for an email from cbrpepper.noreply@religroupinc.com to **access your report. More Information:**

View a webinar recording

Visit the CBR webpage

Register for a live webinar December 21 from 3–4 pm ET

“No Surprise” Rules

New requirements to protect the consumer from surprise medical bills were established by The Consolidated Appropriations Act of 2021. The requirements typically apply to those enrolled in individual or group health insurance plans and Federal Employees Health Benefits (FEHB) plans.

The Act requires the facility to provide a good faith estimate of scheduled services or chargeable items in advance or upon request to an uninsured person or self-pay individual. When a healthcare provider or facility schedules a service, it must inquire if the individual who schedules the service is enrolled in a group health plan, group or individual health insurance coverage offered by a health insurance issuer, a federal healthcare program, or FEHB plan and if the individual wants their claim submitted to the plan.

If the patient does not have insurance coverage or doesn’t intend to submit a claim to the insurance plan for coverage, the provider must provide notification of the good faith estimate of the expected charges, expected service, and diagnosis codes for the services in clear understandable terms.

The good faith estimate must include expected services charges reasonably expected to be provided in conjunction with the primary service including those provided by another provider or facility.

If the patient is enrolled in a plan and intends to file a claim for the service, the provider or facility must submit a good faith estimate to the plan. The insurer will then send an advance explanation of benefits to the patient.

According to the HHS, until rulemaking is issued regarding the requirement to provide a good faith estimate to an individual’s plan or coverage, HHS will defer enforcement of the requirement that providers and facilities provide good faith estimate information for individuals enrolled in a plan.

For more information regarding the good faith estimate for uninsured (or self-pay) individuals, see the Department of Health and Human Services PPDR Providers Guidance Summary Guidance on Good Faith Estimates and the Patient-Provider Dispute Resolution (PPDR) Process for Providers and Facilities

References

Centers for Medicare & Medicaid Services, (April 6, 2022), Frequently asked questions for Providers about the no surprises rules, Retrieved from https://www.cms.gov/files/document/faq-providers-no-surprises-rules-april-2022.pdf

Under a new notice issued by Eli Lilly and Company on November 30, 2022, “Given the combined proportion of COVID-19 cases caused by the Omicron BQ.1 and BQ.1.1 variants, the U.S. Food and Drug Administration (FDA) has announced Bebtelovimab is not currently authorized for emergency use treatment of mild-to-moderate COVID-19 in adults and pediatric patients. Lilly and the FDA agree that it is not medically appropriate, at this time, to treat high-risk patients with mild-to-moderate COVID-19 infections with Bebtelovimab in the US.” Ely Lilly and Company confirmed that Bebtelovimab does not retain neutralization activity against the subvariants.

Several options are available according to the Centers for Disease Control and Prevention (CDC) which include Nirmatrelvir with Ritonavir (Paxlovid), Remdesivir (Veklury), and Molnupiravir (Lagevrio). AstraZeneca monoclonal antibody, Evusheld, is also authorized for protection against COVID-19 infection in some people.

References

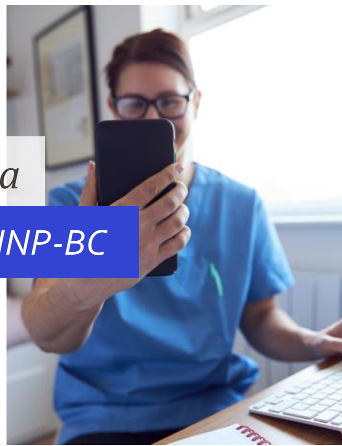
Centers for Disease Control and Prevention (CDC), 12/05/2022 Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/your-health/treatments-for-severe-illness.html?s_cid=11822:%2Bcovid%20%2B19%20%2Btreatment:sem.b:p:RG:GM:gen:TTTC:FY23

Eli Lilly and Company, 12/13/2022, Retrieved from https://assets.ctfassets.net/srys4ukjcerm/12usAbFN8OOmQ56PppFoaU/93829c24d249d75ba1f18d5d3cda3d33/Lilly-s_statement_on_FDA_De-Authorization_of_bebtelvimab_in_the_US.pdf

Social Media

Responsible Use of Social Media

Shonda Phelon, DNP, FNP-BC, PMHNP-BC



Maintaining social connection is a very innate human desire. In our current age, social media is a primary way many people connect with the world, communicate with others, learn new information and entertain themselves. Approximately 70% of Americans use social media daily. Many nurse practitioners use social media to professionally network and are members of various forums and blogs.

Nurse Practitioners are active on Facebook, Instagram, LinkedIn, Snapchat, YouTube, Twitter, and Pinterest among others. Social media is a great way to stay "connected" with family and friends, reconnect with old friends, and plan events. The use of social media has become so common that we often forget the risk it poses due to the ease of instantaneous posting opportunities. At times we may find ourselves not reflective enough and post things we may regret.

Many blogs and forums for nurse practitioners may tempt one to post an interesting or unique patient case. Some may even be compelled to share photographs to educate and inform colleagues and potential students. Although the intent is usually innocent and meant to share clinical pearls, results can often result in professional and legal problems. Even in closed groups, many NPs find themselves in spirited conversations about practice, policy, and education. These posts can be used by others to display us in an other than professional role.

Social media can have very positive outcomes when used appropriately. It provides a platform for keeping up with the latest evidence-based research. Networking and connecting with like-minded professionals are other positive aspects of social media. MANP has a FB account that keeps us up to date on professional issues and events throughout the state. LinkedIn and other social sites are great places to explore new career opportunities. When used correctly social media can enhance practice and helps one connect professionally to other healthcare professionals.

When using social media always think before you post. Will your post benefit someone or does it reflect negatively? Make sure your post adheres to relevant federal and state laws, state regulations, and employer policies. If you think something may not be appropriate, most likely you should not post. Social media is a great resource today, but remember that what you post will permanently follow you for years. Always remain professional, confidential, and mindful of the posts you make.

References

Balestra, M.L., (2018), Social Media Missteps Could Put Your Nursing License at Risk, American Nurse Today, 13, No. 3, 20-21, 63. https://www.americannurse today.com/social-media-nursing-license-risk/

Gardenier, D., Moss, L., & Haney, B. (2019). Can Social Media Help Us in Advancing Our Agenda? The Journal for Nurse Practitioners, 15(1), 10-11

Guraya, S. S., Guraya, S. Y., & Yusoff, M. S. B. (2021). Preserving professional identities, behaviors, and values in digital professionalism using social networking sites; a systematic review. BMC medical education, 21(1), 1-12.

National Council State Boards of Nursing. (2018) A Nurses Guide to the Use of Social Media, Chicago, IL: n.p. retrieved from https://www.ncsbn.org/NCSBN_SocialMedia.pdf.

Here are some tips to remember when posting to social media:

1. Keep patient privacy and confidentiality to the highest standards. Do not post clinical situations or pictures. Physician groups often use these types of posts as fodder to make us look less educated or skilled. Never refer to patients in a demeaning or negative manner. Instead of posting questions about clinical issues or complex cases find a mentor or consult with a colleague.

2. Avoid connecting with patients on social media. It is very important not to give professional medical advice or discuss work-related issues on social media. Make sure your patients and staff know this, especially the ones with whom you have a personal relationship prior to the nurse-patient relationship.

3. Don't complain about your workplace on social media. Facebook or Twitter is not the place to make negative comments or post negative pictures about a place of employment, coworkers, or administration. This could damage your job security and your reputation. If you have work-related issues, meet with your employer, supervisors, or human resources department to discuss the issues professionally. Review your employer's social media policy and follow the rules.

4. Keep all activity on social medial professional. Unprofessional posts reflect negatively on the profession. Profanity, sexually explicit or racially derogatory comments, as well as posts about drug and alcohol use, are unprofessional.

Moving Legislation

Robert Ware, DNP, MHA, CEN, ACNPC-AG, FNP-BC

It is a new year and the 2023 Mississippi Legislative Session is scheduled to begin on January 3. As always MANP and Ten One Strategies will have a presence at the Capitol advocating on behalf of nurse practitioners.

The introduction, movement, and monitoring of a bill can be very challenging, exciting, and confusing. That is why someone must always be present working on your behalf.

So how does the process work? There must be a champion for a bill and MANP is fortunate to have champions in both the Senate and House of Representatives. Either a senator or a member of the House will draft a bill to be introduced. The bill will be assigned to the appropriate committee by the Speaker in the House of Representatives or by the Lieutenant Governor in the Senate. Once the bill is assigned to the committee, Ten One Strategies and MANP start working

With our legislative champions to move the bill through a committee. In Mississippi, the committee chairperson decides if a bill will be brought to the full committee for discussion or a vote. If the chairperson does not release the bill to the committee then the bill dies in committee and does not go any further. If the chairperson allows the bill to come before the committee for a vote then the bill must pass with a majority to move the floor for a vote. Once the bill has passed the floor vote it is sent over to the same committee in the opposite chamber (House or Senate) for the same process to occur once again.

For example, if the Senate Public Health Committee passes a bill granting Full Practice Authority to nurse practitioners, this would only be a step in the right direction. The bill would then be sent to the full Senate for a vote. If the bill passes the full Senate, then it will be sent to the House Public Health Committee for consideration. The House Public Health Committee has the option to (1) not take up the bill for consideration and let it die in committee, (2) accept the Senate bill and vote on the bill. If the piece of legislation passes The committee, it will be sent to the full House to vote. The other option is for the House to make changes to the Senate bill, adopt its own bill, pass it in committee and send it to the full House for a vote. If the House passes the Senate version then it goes to the Governor for signature to become law. If they adopt a different version then it would go back to the Senate and negotiations would take place to adopt a bill that all could agree on and would once again pass both chambers.

There are always many moving parts during sessions and things can move slowly or very quickly. It is important to always have someone present advocating for you. That's where MANP steps up to the plate. Also, just because you do not see headlines and news flashes about what is happening with a bill does not mean there is nothing going on. Many times the battle for the bill is won in quiet meetings outside of the public eye. You can be assured that MANP and Ten One Strategies are there advocating and fighting for nurse practitioners.

Antibiotic Stewardship in the Ambulatory Care Setting

Wanda Stroupe, DNP, FNP-BC

Recently, many of you may have seen statewide maps showing the overuse of antibiotics across the nation. Despite many years of antibiotic stewardship and awareness of problems caused by the overuse of antibiotics, Mississippi continues to be among the states with the highest use of antibiotics. Many would argue that we have more climate changes that open our population up to more illnesses from viruses that develop into secondary infections or that we have a less healthy population due to obesity, diabetes, and heart disease. They would be right. We do have all those issues in Mississippi, but we also have the issue of overuse of antibiotics added to our population's need for appropriate use of antibiotics. None of which discounts our responsibility as health care professionals to practice antibiotic stewardship and our need to recognize opportunities to improve antibiotic prescribing practices.

Abundant use of "sinus cocktails" with or without antibiotics should be a red flag that there are preconceived plans for the overuse of antibiotics and steroids by patients and providers. The responsibility of the clinician is to not only look closely at the diagnostic criteria but to apply that to the patient's reported symptoms and determine if and what antibiotic is appropriate for that patient in the current situation. Maybe an antibiotic is not the answer. Education and awareness of changes that would necessitate re-evaluation would be more appropriate. It takes more time and it also takes education for both the provider and patients/families to implement an antibiotic stewardship program that works.

Helping patients understand that antibiotics are not always the answer can be time-consuming in our busy workflow and many other issues play into your thought process. Productivity, patient satisfaction, patient and family expectations. Other providers in your area that are not practicing antibiotic stewardship that will impact patients' responses to your education. Remember Unnecessary prescriptions for antibiotics create new, drug-resistant strains of common diseases. How can we as clinicians help with this? Antibiotic Stewardship.

Use antibiotics appropriately. It is a fine line to walk in determining appropriate use. It is also an issue in patient education and getting patient buy-in. It has been easier over the last number of years with more public education about the unnecessary use of antibiotics causing antibiotic resistance.

Antibiotic Stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients. Therefore, education to the patient on the importance of taking all antibiotics as ordered. Antibiotic Stewardship also is focused on improving antibiotic prescribing and its use is critical to effectively treat infections, protect patients from harm caused by unnecessary antibiotic use, and combat antibiotic resistance.

According to the CDC, antibiotic resistance is among the greatest public health threats today. This is thought to be responsible for up to 2 million infections and 23,000 deaths per year in the United States.

While antibiotics are essential life-saving drugs and are critical to modern medicine, infections with pathogens resistant to first-line antibiotics can require treatment with alternative antibiotics that can be expensive and toxic.

The CDC also points out that antibiotic-resistant infections can lease to increased healthcare costs and most importantly, to increased morbidity and mortality.
The most important modifiable risk factor for antibiotic resistance is the inappropriate prescribing of antibiotics.

Studies show that approximately half of the outpatient antibiotic prescribing in humans might be inappropriate, including antibiotic selection, dosing, or duration, in addition to unnecessary antibiotic prescribing. According to CDC research, at least 30% of outpatient antibiotic prescriptions in the United States are unnecessary.

Think of this, 30% of what we prescribe each day could be causing more harm than good. That is amazing for me to contemplate. In an environment where our first thought is to not harm, to improve the health of our patients we could be causing harm by being too hurried to take the time to educate them on viral versus bacterial, to say why an antibiotic is not the answer so we don't have patient dissatisfaction. It takes more time and effort but it would defiantly be worth the time.

We would also have more educated patients/families and this would impact them not just now but into the future when they understand that every cold and sniffle does not need an antibiotic. We would also have more educated patients/families. This would impact them positively now and even more so in the future when they understand that every cold and sniffle does not need an antibiotic.

Interestingly, almost 60% of U.S. antibiotic expenditures for humans are related to care received in outpatient settings. Approximately 20% of pediatric visits and 10% of adult visits in the outpatient setting result in an antibiotic prescription. Adverse reactions to antibiotics lead to an estimated 143,000 emergency department visits annually.

Anyone can set up an Antibiotic Stewardship Program in their practice from a single practice to large organizations. Before implementation, the necessary evaluation of practice habits needs to be assessed. In organizations with multiple providers, this needs to be leader based and education should include all employees. Barriers to implementation must be assessed and openly discussed for any change to be successful. All staff needs to speak the same language from receptionists to providers. Patients will ask questions, or complain if not happy, to anyone, and everyone should understand the need for, and goal of, an Antibiotic Stewardship program. Once a needs assessment has been completed, and the education of staff completed, there are many options available on the CDC website as well as many other sites to help with implementation as well as education of patients and staff.

Understanding and embracing Antibiotic Stewardship in our practices is one of the most effective this we can do for our patients and communities both now and in the future. Doing our part as health care providers to help secure a future that does not involve antibiotic resistance for our patients as well as our families.

Helpful information is provided by the CDC that will ensure you are on the right track.

References

https://www.cdc.gov/antibiotic-use/core-elements/outpatient/implementation.html

Initial steps for antibiotic stewardship: recognize opportunities to improve antibiotic prescribing practices by identifying high-priority conditions, identifying barriers to improving antibiotic prescribing, and establishing standards for antibiotic prescribing

Identify one or more high-priority conditions for intervention.
High-priority conditions are conditions for which clinicians commonly deviate from best practices for antibiotic prescribing and include conditions for which antibiotics are overprescribed, underprescribed, or misprescribed with the wrong antibiotic agent, dose, or duration.

Examples of types of high-priority conditions for improving antibiotic prescribing include:

- conditions for which antibiotics are overprescribed, such as conditions for which antibiotics are not indicated (e.g., acute bronchitis, nonspecific upper respiratory infection, or viral pharyngitis).
- conditions for which antibiotics might be appropriate but are overdiagnosed, such as a condition that is diagnosed without fulfilling the diagnostic criteria (e.g., diagnosing streptococcal pharyngitis and prescribing antibiotics without testing for group A Streptococcus).
- conditions for which antibiotics might be indicated but for which the wrong agent, dose, or duration often is selected, such as selecting an antibiotic that is not recommended (e.g., selecting azithromycin rather than amoxicillin or amoxicillin/clavulanate for acute uncomplicated bacterial sinusitis).
- conditions for which watchful waiting or delayed prescribing is appropriate but underused (e.g., acute otitis media or acute uncomplicated sinusitis).
- conditions for which antibiotics are underused or the need for timely antibiotics is not recognized (e.g., missed diagnoses of sexually transmitted diseases or severe bacterial infections such as sepsis).

Identify barriers that lead to deviation from best practices.
These might include clinician knowledge gaps about best practices and clinical practice guidelines, clinician perception of patient expectations for antibiotics, perceived pressure to see patients quickly, or clinician concerns about decreased patient satisfaction with clinical visits when antibiotics are not prescribed.

Establish standards for antibiotic prescribing.
This might include the implementation of national clinical practice guidelines and, if applicable, developing facility- or system-specific clinical practice guidelines to establish clear expectations for appropriate antibiotic prescribing.

Source: US Department of Health and Human Services/Centers for Disease Control and Prevention MMWR / November 11, 2016 / Vol. 65 / No. 6 page 3
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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.

Join us for MANP's Nurse Practitioner Capitol Day

Wednesday, January 11, 2023
1:30 pm – 4:30 pm

400 High Street, Jackson, MS 39201

Come meet and greet the legislators. Let them know the impact you can make in improving MS's healthcare.

We advocate for NPs with the legislature, Congress, other policymakers, and other healthcare associations both in the state and nationally. MS Association of Nurse Practitioners' key initiatives include;

- Full Practice Authority allows NPs to practice to the fullest extent of their education & training within their respective scopes of practice
- Increase Access to care for patients
- NP orders for DME, Home Health, Hospice
- NP signature recognition on legal documents and eliminating co-signatures
- NP Income tax incentives & exemptions for underserved practice areas & clinic owners
- NP reimbursement
- Increased faculty salaries

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