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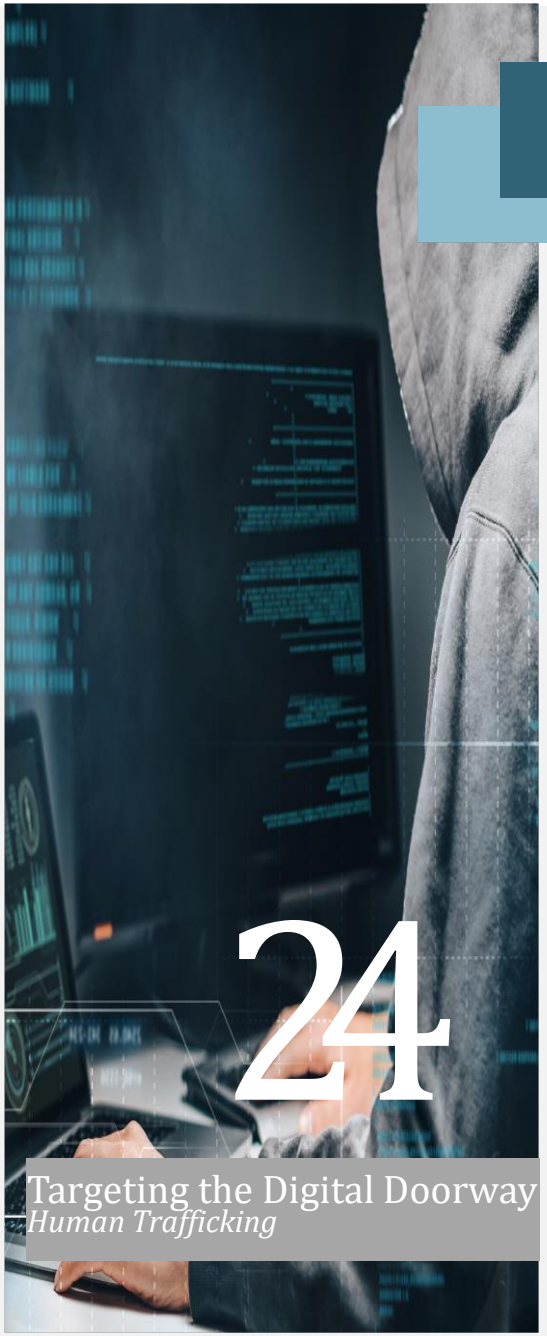
MANP
MISSISSIPPI ASSOCIATION OF NURSE PRACTITIONERS

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.



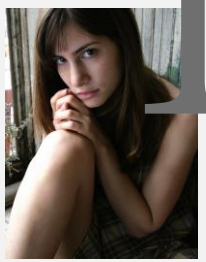
Contents

9 Treating Obesity
With our hands tied in Primary Care

17 Provider Vaccine Hesitancy

13

Smoking
For coping



19 Seeking Out Silent Sufferers
25.9% of women in Mississippi have depression

Patient Wishes
on Paper

21

24 Targeting the Digital Doorway
Human Trafficking

Annual Conf. & Member Meeting 5
Career Opportunities 6
Area Events 6
MS BON Update 16
MS NP Alerts 27
DOT FMCSA ME Training Course 30

Conferences & Area Events

The MANP Membership meeting will be held on Monday, July 24, 2023, at the Annual Conference. Nominations will open at the assembly for any upcoming positions or vacancies. Voting will be done electronically at a later date set by the Board. Official candidates' bios will be posted on the website. Electronic ballots will only be allowed by active members at the time of the election and sent to the email on file with MANP at the opening of official voting times.

Area Events
If you would like to participate in any of the area group networking or if you have a pharmaceutical rep that would like to sponsor an event. Please have them contact the MANP office at 601-407-3226 for more information.

NW MS- Board Director, Kent Hawkins
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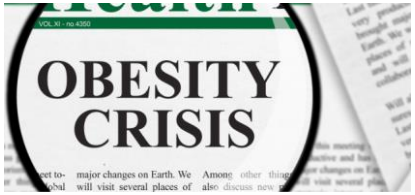
Heather Kuriger, DNP, MSN, FNP-BC

Treating Obesity With Our Hands Tied in Primary Care

Imagine being told that Mississippi was burdened by a disease that would affect at least 40% of our population in its most acute form. The disease would likely last more than a year, requiring ongoing treatment, would be likely to have exacerbations and remissions, and would be likely to worsen without treatment. Do you think our medical, financial, and legislative leaders would take this seriously and equip and enable the treatment of such a disease? Mississippi has the highest obesity rate in the United States, most recently measured by the CDC at 40% (2021). Obesity is not only the presence of excess body fat, but a complex metabolic state that is characterized by the World Obesity Federation as "a chronic relapsing progressive disease process (Bray et al., 2017)." It contributes to the development of cardiovascular disease, diabetes, orthopedic complications, and dozens of cancers. It produces 46% higher inpatient costs, 27% more physician visits, and 80% higher prescription drug costs. When 40% of our population is affected by obesity, we cannot relegate the treatment to a few specialists. We must be able to treat it in primary care.

In treating obesity, the main categories of treatment currently available are screening and counseling in primary care, nutrition counseling by a registered dietician, bariatric surgery, and anti-obesity medications. Currently, the only treatment that is available across all insurance coverage is screening and counseling in primary care (Waidmann et al., 2022). Medicaid and Medicare do not cover nutrition counseling by a registered dietician for obesity. Mississippi is one of only two states that do not cover bariatric surgery for Medicaid patients with obesity-related health problems. Less than 2% of people with obesity are prescribed anti-obesity medications. Currently, insurance coverage for anti-obesity medications is limited to private insurance policies chosen at the discretion of employers. Currently, no government-directed insurance providers (Medicare, Medicaid, State Employees, and Healthcare.gov Marketplace) provide coverage for anti-obesity medications. Mississippi follows the trend of the rest of the United States, in that the state with the highest level of obesity offers the least amount of coverage for the treatment of obesity.

If we are relying on screening and counseling by primary care providers to treat obesity in Mississippi, we need an equipped and available workforce of providers. However, every county in Mississippi is designated as a Health Professional Shortage Area (Rural Health Information Hub, 2022). Mississippi has an average of 26.5 primary care physicians per 100,000 residents, the most below the national average of 46.1 (Hing, 2014). These healthcare shortages disproportionately affect people of color and lower socioeconomic groups, who also suffer from higher levels of obesity. There are two legislative changes that would begin to dismantle structural racism and disparities in social determinants of



health, directly influencing the availability of primary care providers to perform obesity screening and counseling. First, the Affordable Care Act Medicaid Expansion would provide insurance coverage for more Mississippians, therefore increasing access to primary care and preventative medicine. Second, research indicates state scope of practice laws that support full practice authority maximize the availability of the advanced practice workforce resulting in increased access to care, reduced cost of care, improved quality of care, and reduced health disparities, especially for racial and ethnic minority populations (Keuhnert et al., 2022). All of these contribute substantially to the reduction or elimination of systemic and structural racism. In conclusion, designations of obesity as a disease by organizations like the American Medical Association and the World Health Organization give obesity the label it needs for greater allocation of resources for research, prevention, and treatment (Hruby & Hu, 2015). Mississippi has a high burden of disease with a low reservoir of resources. Solutions to obesity must be robust enough to surmount the systemic, cultural, and generational barriers that lead to the current situation. Medicaid Expansion and Full Practice Authority for APRNs are necessary steps to provide the workforce to treat obesity at the primary care level. *(Cont'd page 11.)*

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Photo Credit: submitted by author

Heather Kuriger is a family nurse practitioner in the Brandon, MS area. She has been a nurse for 25 years and a nurse practitioner for 13 years. She graduates May 2023 with her Doctor of Nursing Practice degree from Mississippi University for Women. As a primary care provider, the battle against obesity holds personal and professional significance.

Foley Graham, MSN, FNP-BC

Smoking for Coping

Tobacco use remains a serious public health crisis not only in the United States but also worldwide. Nicotine is found in all tobacco products and is responsible for the high abuse and addiction potential. The World Health Organization (WHO) (2021) estimates that globally 1.3 billion people are current tobacco users, and more than 8 million people per year die from tobacco related disease. Cigarette smoking is the leading cause of preventable death, disease, and disability in the United States accounting for 480,000 deaths per year and over $300 billion in healthcare expenditure and productivity losses per year. Despite the significant progress and decline in the number of adult smokers, the Centers for Disease Control and Prevention (CDC) estimated in 2019 approximately 34.1 million adults were current cigarette smokers and over 16 million Americans were living with a smoking related illness. In 2019, 20.4% of Mississippi adults were reported to be cigarette smokers. Also, 5400 adults in Mississippi die from smoking-related illnesses each year (CDC, 2021).

Smoking prevalence remains highest among certain population groups such as individuals with a coexisting behavioral health condition and individuals with substance use disorders. According to the CDC, approximately 25% of adults in the United States have a behavioral health condition or substance use disorder and these individuals smoke approximately 40% of all cigarettes smoked in the United States. Individuals with behavioral health conditions and substance use disorders are nicotine dependent at a rate 2-3 times higher than the general population. Furthermore, nearly half (200,000) of the tobacco-related deaths each year occur in individuals with behavioral health conditions (CDC, 2022). These astonishing statistics outline the reality surrounding tobacco use and the detrimental consequences on population health.

Healthcare providers in all settings need to understand that tobacco use is a chronic health condition, and every individual should be screened. If the individual is identified as a tobacco user, they should be offered evidence-based treatment, especially groups who are at high risk for tobacco dependence. Examples of behavioral health conditions that have shown to have increased tobacco dependence include those with coexisting depression, anxiety, bipolar disorder, and attention deficit hyperactivity disorder. Psychological considerations and reasons for these individuals to use tobacco include temporary relief from tension and anxiety to facilitate coping with stress, temporary escape from unpleasant emotional states, improved concentration or alertness, and relief from withdrawal symptoms. Adults with behavioral health conditions who currently smoke tobacco want to quit, are able to quit, and have an increased probability of successful cessation when they have appropriate access to treatment and resources. Healthcare providers should be astute to this vulnerable population as more attention is warranted to help individuals with behavioral health conditions or substance use disorders to quit smoking (CDC, 2021).

The overarching tobacco use goal outlined in Health People 2030 is to reduce illness, disability, and death related to tobacco use and secondhand smoke. The objectives focus on preventing individuals from using tobacco and helping them quit. The United States Preventative Task Force (USPSTF) gives a grade “A” recommendation in support for providers asking all patients about tobacco use, advising them to quit, along with providing behavioral and/or pharmacotherapy cessation interventions to all adult patients. Comprehensive tobacco control programs are essential when addressing all aspects of tobacco control, and it is imperative to integrate cessation intervention within the healthcare system to facilitate system-wide change. The Office of Tobacco Control (OTC) within the Mississippi State Department of Health (MSDH) has a five-year strategic framework to promote and protect the health of all Mississippians by reducing tobacco-related disease and death. A main goal within the framework is to eliminate tobacco-related health disparities and reduce tobacco use prevalence among targeted populations which includes the objective to decrease tobacco use and exposure among individuals with behavioral health conditions and substance use disorders (Office of Tobacco Control, 2019). Clinical recommendations within the action plan include the integration of clinical screening and treatment for tobacco use within all healthcare settings with all patient populations to identify and address tobacco use especially those who are vulnerable to tobacco-related health disparities. (*Continued on page 15).*

It is also important that policies are formulated to make all behavioral health facilities tobacco-free campuses with no exceptions. Furthermore, dissemination of health messages featuring individuals with behavioral health conditions along with their experiences will help destigmatize the topic.

Smoking can exacerbate behavioral health conditions and symptoms leading to complications in treatment as nicotine interacts and interferes with many psychiatric medications. Providers in all healthcare settings should implement ways to screen all patients for tobacco use and offer cessation treatment if identified as a current tobacco user. Special attention should be provided to individuals with behavioral health conditions as smoking prevalence and complications are highest among this population group which emphasizes the need for tailored cessation services and treatment plans. Quitting smoking has positive effects on an individual's behavioral health, improves overall mental health by decreasing anxiety and stress to improve quality of life, and has immediate physical health benefits by reducing the risk of tobacco-related disease. Healthcare providers have the opportunity to reduce tobacco use among individuals with behavioral health conditions by improving screening measures and offering cessation treatment to decrease and prevent smoking for coping.

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Foley Davis Graham is a FNP currently practicing in Starkville, MS. She attended Mississippi University for Women earing her nursing degree in 2013, Master of Science in 2018, and Doctorate of Nursing Practice 2023. She is a member of MANP, MNA, and Sigma Theta Tau Nursing Honor Society. For her Doctoral dissertation, she conducted a quality improvement project within her clinic which aimed to improve smoking cessation rates among adult patients who smoke. Foley has over 10 years of diverse nursing experience in acute care/inpatient nursing, pulmonary, sleep medicine, and family practice.

Mississippi Board of Nursing Update

The Board of Nursing's Administrative Committee met on April 21, 2023, to review Board of Nursing regulations concerning telehealth, weight management, delegation, and the Board's appeal process. Members of the committee, included executive leadership, Dr. Rebecca Cagle, Director of Advanced Practice, the Board's attorneys, and several Board members including, Dr. Melissa King, Committee Chair and Nurse Practitioner, Dr. Mary Stewart, RN, Ph.D., Jeremy Cummins, LPN, Sandra Culpepper, LPN, and Janie Clanton, RN. Dr. King recognized Dr. Christy Davis, a nurse practitioner with the Metabolic Center of Mississippi. Dr. Davis briefly presented the committee with information on obesity. Dr. Davis and MS Association of Nurse Practitioners had requested the Board review the current regulations for possible changes to aid in Mississippi's obesity battle. After much discussion, the Board opted not to make any changes in the current regulations regarding the management of obesity, telehealth, or delegation at this time.

Additionally, the BON had proposed regulation changes filed with the MS Secretary of State in January of this year but have recently been withdrawn. The proposed changes concerned drug screening requirements and would have allowed for drug testing initially at the time of prescribing and then three (3) times annually for opioids and benzodiazepines which would have mirrored the MS State Board of Medical Licensure's regulations for physicians and physician assistants. Current regulations require drug screening for an opioid at the initial and EVERY prescription for schedule II opioids for chronic pain and benzodiazepine prescriptions require a drug screen initially and then every 90 days.

Dorthy Bester, DNP, MSN, FNP-BC
(Photo credit: submitted by Author)

Dorthy Bester is the author of *Provider Vaccine Hesitancy: What Do We Believe?* in this issue shown on the following page. She is a Family Nurse practitioner employed at Noxubee Medical Complex in Macon, MS. Dorthy received a Master of Science in Nursing from Mississippi University for Women in 2014 and a Doctor of Nursing Practice in May of 2023. Dorthy has over 19 years of experience working with patients of diverse ages and backgrounds, providing primary and acute care services from being a social worker for over 11 years working with dialysis patients to becoming a dialysis nurse for 5 years before deciding to become an NP. Dorthy is a Certified Wound Care Nurse Practitioner and serves as the Program Director for the Noxubee Medical Complex Wound Clinic. Dorthy is a member of Sigma Theta Tau Honors Society, American Academy of Nurse Practitioners, MS Association of Nurse Practitioners, and Wound Ostomy and Continence Nurses Society.

Provider Vaccine Hesitancy: What Do We Believe?

Dorthy Bester, DNP, MSN, FNP-BC

As providers, we provide tailored healthcare to yield the best health outcomes for our patients. From suggesting screenings to providing information on recommended vaccines, we aim to keep our patients healthy. Although providers are responsible for administering over half of the vaccines given in our country, patients depend on our knowledge to answer any questions or concerns.

Vaccines are considered the safest, most effective way to protect the population against harmful, deadly diseases. Polio, Tetanus, Measles, and Influenza are some of the most preventable diseases with vaccinations. Influenza (flu) is a highly contagious respiratory virus that affects millions yearly. The Centers for Disease Control and Prevention estimated from October 1, 2021, through February 5, 2022, there were 2.2-3.7 million flu illnesses, 1-1.7 million flu medical visits, 22-44,000 flu hospitalizations, and 1300-1600 flu-related deaths. It is recommended that all children ages six months through 18 years old receive a flu vaccine annually. Providers who make a strong influenza vaccine recommendation are one of the most critical factors in patients/ parents accepting the vaccine (Centers for Disease Control and Prevention, 2021). Healthcare providers remain the most trusted advisor and influencers of vaccination decisions.

The World Health Organization defines vaccine hesitancy as a "delay in accepting or refusing vaccines despite the availability of vaccination services." In 2019 they listed vaccine hesitancy as one of the top ten threats to global health. Hesitancy to receive vaccines has grown in number since the COVID vaccine was made available in 2020. In 2021, influenza vaccinations decreased from the 2020 season. Twenty-five million children missed out on vaccinations in that same year.

Vaccine hesitancy among providers can be complex. The reasons include a lack of knowledge, not seeing the vaccine's usefulness and safety concerns. If providers are not knowledgeable about a vaccine, they are unlikely to address the concerns of patients or parents. Lack of knowledge can also lead to vaccines not being offered. The usefulness of a vaccine is another possible reason for providers to become hesitant about offering a vaccine.

In the case of the influenza vaccine, some consider it ineffective in preventing the flu virus. Vaccine safety concerns for many vaccines have long been voiced as a reason for provider hesitancy. The flu vaccine, while generally safe, can sometimes cause adverse effects. As providers, we must evaluate our beliefs to ensure a non-biased approach to influenza vaccine education is taken.

As healthcare providers, we educate our patients, parents, and even other providers on the benefits of preventative health management. Preventive health management improves patients' outcomes and provides an opportunity for the health provider to encourage health-promoting behaviors and reinforce the benefits of change.

Getting vaccinated against influenza promotes healthy behavior. Increasing vaccination rates for influenza among children will significantly reduce morbidity and mortality; however, under-vaccination is common. Providers are trusted professionals and have tremendous influence over parents. Therefore, providers must resolve any personal biases regarding vaccines. Ways to resolve these biases may include additional education, listening to parents, and providers assessing their own religious and moral convictions. Vaccine hesitancy has been the leading cause of the decrease in vaccinations for the past decade.

Provider vaccine hesitancy can be based on several factors. Acquiring facts about the benefits and effectiveness of a vaccine as well as addressing safety concerns is the most effective way to overcome barriers to vaccine hesitancy. In addition, providers must be open and aware of our personal biases to ensure it is not passed on to our patients in their vaccine decision-making.

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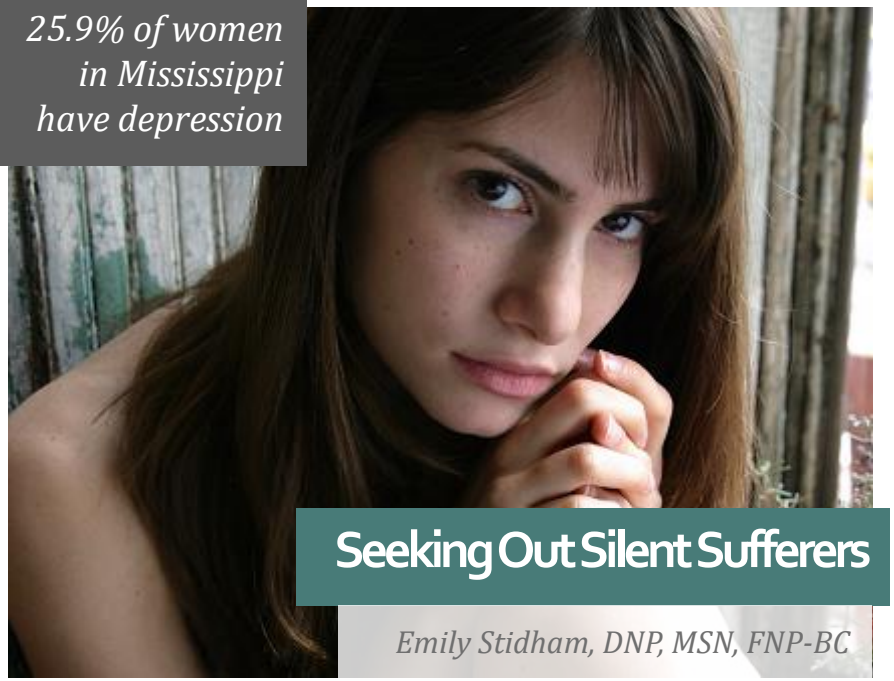
25.9% of women in Mississippi have depression



Seeking Out Silent Sufferers

Emily Stidham, DNP, MSN, FNP-BC

The prevalence of depression in women of Mississippi (26%) is higher than the national average. Mississippi also has the second highest postpartum depression rate of the reported states in the United States (21.7%). During the recent pandemic, depression and anxiety rates increased by more than 25% (America's Health Rankings, 2022). Nidey et al. (2020) utilized the Pregnancy Risk Assessment Monitoring System (PRAMS) to discover perinatal depression risks to be 21% higher among women who lived in rural areas versus women who lived in urban areas. Depression is significant, prevalent, and underdiagnosed (Handy et al., 2022).

Depression is a mood disorder causing persistent feelings of sadness and loss of interest affecting one's thinking and behavior. Depression is underdiagnosed because of the various clinical presentation which can range from feelings of sadness, tearfulness, emptiness, hopelessness, angry outbursts, sleep disturbances, fatigue, appetite changes, anxiety, restlessness, slowed thinking, trouble concentrating, unexplained physical problems, and frequent thoughts of suicide. This is a diagnosis that is often misunderstood and stigmatized. Risk factors for depression include but are not limited to chronic pain, major life changes or stressors, medications, and family history. Risk factors during pregnancy and postpartum include poor self-esteem, childcare stress, prenatal anxiety, decreased social support, single/ unpartnered relationship status, difficult infant temperament, lower socioeconomic status, unintended pregnancy, and a history of postpartum depression (America's Health Rankings, 2022).

Providers can be alert to risk factors and symptoms of depression in women to seek out those who may be suffering in silence. The prevalence of depression is greater in women than men and is also a risk factor for suicide attempts (America's Health Rankings, 2022). Anecdotally and with research to be published later this year, the implementation of a preconception health counseling program in a women's health practice revealed the local significance of depression and the desire for it to be addressed during clinic visits. This program focused on promoting health to women, specifically childbearing-aged women; screening and identifying depression contributes to the overall health of women and future generations.

Health People 2030 has a goal to increase the proportion of primary care visits where adolescents and adults are screened for depression; however, this can also be performed in women's health visits, and pediatric visits when a mother accompanies her child. The United States Preventative Services Task Force (USPSTF) recommends screening for depression in the general adult population, including pregnant and postpartum women. Most women receive only one postpartum visit after delivery. Depression can occur before or after this visit along with before or during pregnancy. This is another reason why women can be screened during their child's pediatric visit and encouraged to be seen on a routine basis by primary care.

What can providers do to improve the identification of depression in women of Mississippi? The two simple questions of the Patient Health Questionnaire (PHQ) 2 can be asked in conversation during the clinic visit, and if positive, distribute or discuss the PHQ-9. For women who are postpartum, the Edinburgh Postnatal Depression Scale (EPDS) can be discussed or distributed. Providers should attune to the clinical presentations and risk factors for depression to seek out women who may be suffering in silence.

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Emily Stidham has been in healthcare for 12 years with the last five practicing as a family nurse practitioner. Her current practice as well as research interest is women's health. She is an instructor of nursing, teaching in a graduate family nurse practitioner program and recently completed her Doctor of Nursing Practice at Mississippi University for Women.

Patients Wishes on Paper

Hayden S. Kilgore, DNP, MSN, FNP-C

End-of-life discussions are never easy, but they are essential. The COVID-19 pandemic has forced many to make difficult decisions for loved ones. In the wake of serious discussions about care rationing amidst healthcare resource scarcity, the pandemic has prompted healthcare providers to highlight the importance of engaging individuals in end-of-life discussions prior to the onset of serious acute illness or hospitalization.

According to the CDC older adults are at the highest risk of developing severe, life-threatening symptoms related to COVID-19. More than 81% of COVID-19 deaths occur in people over age 65. Rapid decline and deterioration of health are commonly seen in the COVID-19 virus. In the event there is no direction regarding end-of-life care in the emergency department, the ICU, or the hospital, providers will pursue the most aggressive treatments available. Many people don't want that. Unless patients specify their wishes by telling their loved ones and have advance directives in place, healthcare providers have no way of knowing (Statler et al., 2022).

Medicare beneficiary spending accounts for approximately 25% of total Medicare spending in the last year of a patient's life. The fact that a disproportionate share of expenses goes to beneficiaries at the end of life is not surprising given that numerous have multiple comorbidities and often use costly services in the year leading up to their death (Cubanski, 2017). Having an advance directive completed before approaching the end of life can improve patient-driven outcomes and reduce the amount subsequent cost of medical

interventions incurred in the last months of life.

Since the Covid-19 outbreak, the American public has become increasingly comfortable with having online discussions and the use of telemedicine or patient portals for electronic health records which could provide newer and more advanced methods to help make sure these difficult but important discussions take place (Auriemma et al., 2020). Although completing the advance directive may help patients avoid unwanted, costly care at the end of life, they remain underutilized.

Despite the coronavirus's unequal impact on older adults, many of the nation's older adults have failed to document wishes about the type of care they want or want withheld should they become seriously ill (Horovitz, 2022). Research shows clinician-focused efforts to increase advance directive completion, such as Medicare payments for advance-care-planning, have been ineffective. In contrast, interventions that enable independent completion of advance directives show promise. Self-service platforms have revealed changes in demand for advance directive completion and

(continued page 19)

preferences for future care (Auriemma et al., 2020).

From a public health standpoint, the pandemic is a focusing event and may offer an opportunity to promote the importance of advanced care planning and prompt patients along a behavior change continuum through population-based efforts. The COVID-19 pandemic has prompted urgent calls nationwide for coordinated efforts to increase advance directive uptake. Engaging in conversation and preparing advance directives ahead of serious illnesses better prepares patients and ensures their wishes are carried out.

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Photo credit: Submitted by the author

Hayden Kilgore is a recent DNP graduate of Mississippi University for Women. Hayden is a 2018 graduate of the Mississippi University for Women's Master of Science family nurse practitioner program. She has been employed with Winston Medical Center since 2015 and currently serves as a family nurse practitioner at the Winston Medical Center's Noxapater Clinic.

Targeting the Digital Doorway

Renea Hopple, DNP, MSN, FNP-C, ENP-C

Predators no longer have to be in close vicinity to a child to recruit, abuse or exploit them. Constant connectedness creates a perfect access point for a predator to enter the life of a child. Digital media use among children has risen faster in the two years after Covid; than in the four years prior to it. Children aged 8 -18 report spending six to nine hours a day on digital platforms (American Academy of Pediatrics, 2019). Social media is by far the most popular digital platform used by most adolescents (puberty to 18). Up to 90% of adolescents report using at least one form of social media (Vogels, et al., 2022).

Opening the Virtual Doorway

The widespread use of digital media among children creates a frequently unguarded virtual doorway into their homes and lives. Despite the obvious benefits of digital media, risks exist in the form of adult predators. Children are frequently befriended and solicited into sending explicit messages, videos, or photos (sexting) to unknown individuals. Some predators attempt to extort money from the child in exchange for explicit material (sextortion). (*Continued on page 19).*

However, once the send button is pushed, it is nearly impossible to recover that content. The fear of others viewing the messages or knowing about this behavior frequently causes the sender significant mental stress, physical illness, or suicidal thoughts (Federal Bureau of Investigation, n.d.).

Digital platforms are also frequently used for human trafficking recruitment. The top four methods for human trafficking recruitment in 2021 were dating sites, social media, miscellaneous chat rooms, and mobile applications. Traffickers use these platforms to build relationships with children and groom them into a false sense of friendship, love, or relationship. Bonds built online between predators and adolescents can be strong and powerful enough to lure them out of the safety of their homes and into danger (Polaris, 2022).

Guarding the Virtual Doorway

The best defense against online predatory behavior is an actively engaged and informed parent or guardian. Several recommendations are available to help parents guard the virtual doorway. Parental controls and family locator applications on phones are pivotal in monitoring the content and the physical location of a young person. Social media accounts can be set to private. Parents should consider joining the same social media platforms as their child, or friend, and follow them online. A "no device allowed in bedrooms" policy, spot-checking phones, and disconnecting Wi-Fi overnight can limit virtual access to children. (Federal Bureau of Investigation, n.d.). Parents may view these recommendations as too strict and older adolescents may consider them an invasion of privacy; however, ensuring online safety is responsible parenting.

Targeting the Virtual Doorway

Nurse Practitioners can target the virtual doorway by sharing these recommendations for safe digital media use with parents. Direct parents to online family digital media use plans that specify media-free times, allowable screen times, and acceptable applications for child use.

Encourage and support caregivers in their efforts to keep their children safe. Provide age-appropriate printed, online, and in-person education on predatory online behavior. Suggest open communication between caregivers and their children about online safety and recommend a non-punitive approach to any disclosure of inappropriate behavior. A child's fear of being exposed or punished is a predator's power and is frequently used to manipulate and control children.

As pediatric patients gain more autonomy and freedom related to digital media, they should be equipped with information that will keep them safe. Discussions on the subject should be made more normative in healthcare encounters with parents and adolescent patients. Predators will always exist, but if we close the virtual doorway, we can take away the predator's power and deny them access to our children.

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MS Business Against Human Trafficking Learn how you can help.
https://youtu.be/FhHfZm3dawE
Published with permission from the Mississippi Secretary of State's office in a partnership against human trafficking

About the Author

Renea Hopple is dually certified by the American Association of Nurse Practitioners as a nurse practitioner in both family and emergency practice. She completed her undergraduate studies at Kennesaw State University. Renea furthered her education completing her Master of Nursing from Mississippi University for Women in 2018 and her Doctorate of Nursing Practice from Mississippi University for Women in 2023. Her doctorate research and practice improvement project focused on educating healthcare providers on mental and physical health indicators of human trafficking in their patients. She lives and practices in Corinth, MS.

Photo credit: submitted by the author

MS NP Alerts

Attention MS Medicaid Providers:
Effective May 1, 2023, the Mississippi Division of Medicaid (DOM) is eliminating all Medicaid copayments for pharmacy and health care services. DOM plans to submit MS State Plan Amendment (SPA) 23-0011 to allow the agency to remove copays from Medicaid services. While DOM will continue to pay providers for their services, providers will no longer be able to collect copays from beneficiaries beginning Monday, May 1, 2023. Pharmacy point-of-sale paid claims will reflect a $0.00 amount in the copayment field. This change will apply to both fee-for-service and MississippiCAN claims. READ More…

Cigna Providers

Effective 05/25/2023 Cigna will require the submission of documentation to support the use of modifier 25 when billed with E/M CPT® codes 99212 – 99215 and a minor procedure.
READ More ….

DEA Announces Changes

DEA changes to current or New Registration Requirements
(January 12, 2023) READ More….
Past training will count READ More…
Disposal of Controlled Substances
DEA Form-41

Compounded Semaglutide

Novo Nordisk has issued a formal letter to Health Care Providers concerning the compounding of Semaglutide. *Drug manufacturers have become aware of the practice of using Semaglutide salts for compounding and may choose to initiate legal proceedings to combat this practice.* READ More…..

On 04/11/2023, the **MS Board of Pharmacy** issued a statement regarding the use of compounded Semaglutide. READ More….

The **MS Board of Nursing** regulations regarding the prescribing of weight loss medications can be found on pages 10-12 and must be in strict compliance with FDA labeling and indications. READ More….

Medical Cannabis Changes

03/27/2023 Changes to the medical marijuana law were signed by the Governor and took effect upon passage. Here are some of the changes.

- Patients can now have a follow up with a different provider without disrupting their care or access to medical marijuana.
- Providers can now help patients fill out the online application with the state.
- Under the Mississippi 186 Medical Cannabis Act. A practitioner shall not be required to be registered to certify patients with any state agency or board other than the MDOH.

State Telehealth Laws and Reimbursement Policies

Spring 2023 Summary Chart READ More…..

Bicillin L-A® Drug Shortage

Mississippi Health Alert Network

Dr. Paul Byers, MD, MSDH State Epidemiologist, Issued a MS System Health Alert May 9, 2023 concerning a drug shortage in front-line treatment of Syphilis.

The Food and Drug Administration (FDA) recently listed penicillin G benzathine suspension products (Bicillin L-A®) on the drug shortage list in the US due to increased demand (FDA Drug Shortages). While this shortage is expected to be temporary, the exact duration is unknown.

As a reminder, Bicillin L-A® is the first-line treatment for syphilis, and for some individuals, such as pregnant individuals, is the only recommended option for treatment for infection and exposure to syphilis.

Mississippi continues to see high rates of primary and secondary syphilis, syphilis among pregnant women, and congenital syphilis. In 2021, Mississippi ranked: 6th in the US for overall rate of primary and secondary syphilis (28 cases/100,000 population), and
4th in the US for overall rate of congenital syphilis (182 cases/100,000 live births). See Tables (cdc.gov) for 2021 Sexually Transmitted Disease Surveillance data from CDC.

Recently, the Mississippi State Department of Health (MSDH) updated the Rules and Regulations Governing Reportable Diseases and Conditions to require syphilis testing for all pregnant women in the first trimester (or initial prenatal care visit), with repeat testing in the third trimester, and again at the time of delivery. See the full Health Alert at 19786.pdf (ms.gov).

Mississippi physician and provider recommendations while the Bicillin L-A® shortage is ongoing:

Healthcare providers, hospitals and healthcare facilities should prioritize the use of Bicillin L-A® to treat pregnant people and children with congenital syphilis.

For nonpregnant people, doxycycline 100 mg PO BID for two weeks (early syphilis of less than 1 year's duration) or for four weeks (late latent syphilis or syphilis of unknown duration) is an alternative for treatment for infection or syphilis exposure.

Syphilis Hotline: The University of Mississippi Medical Center, in coordination with MSDH, has initiated a Syphilis Hotline to provide syphilis diagnostic and treatment guidance. Providers and healthcare facilities may call the Syphilis Hotline for guidance at 601-815-0538.
Additional Resources:

Syphilis - STI Treatment Guidelines (cdc.gov)

Congenital Syphilis - STI Treatment Guidelines (cdc.gov)

Please contact the MSDH Office of STD/HIV at 601-576-7723 with questions.

MS NP Alerts Continued

Dr. Paul Byers, MD, MSDH State Epidemiologist, Issued a MS System Health Alert May 23, 2023 concerning "Increased Xylazine Illicit Drug Use in the US and Mississippi."

The number of xylazine-positive overdose deaths and detections in the US is increasing. According to a Drug Enforcement Administration report (see DEA Report: "The Growing Threat of Xylazine and its Mixture with Illicit Drugs-October 2022") the number of xylazine-positive fatal overdoses increased in the Southern US by more than 1,100% between 2020 and 2021. Per the DEA report, the South also saw a 193% increase in xylazine detection among illicit drugs tested during this same timeframe. Both represent the highest increases across all US regions.

Although not routinely tested, xylazine has been identified as a contributing factor among the deaths of 19 Mississippians from January 2020 through June 2022. Polydrug combinations included xylazine with heroin, fentanyl, or prescription opioids. Xylazine involved deaths are defined as deaths with xylazine as the primary or secondary cause of death on the death certificate data.

Xylazine, a veterinary anesthetic, is increasingly identified as an adulterant mixed with illicit drugs like fentanyl, heroin, and cocaine. When combined with opioids, Xylazine may have synergistic effects which can increase the risk of overdose and death.

Xylazine is a depressant with similar effects as opioids, making it difficult to determine whether an individual has used one or both substances. The use of xylazine and opioids together increases the risk of life-threatening overdose. Xylazine is an alpha-2 adrenergic receptor agonist (similar to clonidine) and causes sedation, muscle relaxation, and analgesia.

Xylazine can be inhaled; smoked; snorted; orally ingested, or injected SC, IM, or IV. Common signs/symptoms include central nervous system depression (e.g., sedation, disorientation, loss of consciousness), respiratory depression, bradycardia, hypotension, transient hypertension, and hyperglycemia. Xylazine can also cause peripheral vasoconstriction, poor tissue perfusion, skin ulceration, and necrosis, leading to cellulitis, abscess, necrosis, and osteomyelitis complications.

There is no antidote or reversal agent available for use in humans, and naloxone will likely be ineffective against isolated xylazine toxicity. However, naloxone should be administered for suspected opioid-related overdoses, especially overdose-related respiratory depression, and repeated naloxone administration may be necessary for highly potent opioid exposures.

FDA Letter To Healthcare Providers

The Growing Threat of Xylazine and its Mixture with Illicit Drugs (dea.gov)

Online Live Webinar Training

CERTIFIED MEDICAL EXAMINER QUALIFICATIONS

Be licensed, certified, or registered in your state where laws and regulations to perform physical examinations are allowed. These include nurse practitioners, physician assistants, physicians, osteopaths, and chiropractors.

Thursday, June 29, 2023
Virtual (Live) Event 8:30am to 5:30pm

ACCREDITATION

MANP is accredited by the American Association of Nurse Practitioners® as an approved provider of nurse practitioner continuing education. Provider number: 1640685 Activity ID: 2023-0120-04. This activity is approved for 8 contact hours which includes 1.5 contact hours of pharmacology. This activity was planned in accordance with AANP Accreditation Standards and Policies. MANP has designated 1 contact hour of the 8 total hours as related to controlled substances.

COST

MANP members:	$275
Non-members:	$375
Join & Go:	$475

A cancellation charge of $50.00 will be applied to refund requests in writing, emailed to msanp@msanp.org up to 14 days prior to the event. NO REFUNDS will be granted after the cancellation deadline. The cancellation policy is strictly enforced.

TO REGISTER FOR THIS EVENT

1. Go to msanp.org log in or register for new users
2. Go to the Upcoming Events page using the links at top of page
3. Click the link to Register Online or click Print Form for mail or fax

MANP's training course is designed for healthcare providers meeting state requirements, including nurse practitioners (NPs), physician assistants (PAs), physicians (MD or DO) and chiropractors (DCs). The curriculum for this course is provided in accordance with the Federal Motor Carrier Safety Administration (FMCSA) to prepare candidates for the National Registry of Certified Medical Examiners (NRCME) certification examination. This course includes course materials, forms, FAQs and sample questions in preparation and review for the examination. FMCSA regulations and guidelines are reviewed regularly and the training is updated as required to maintain training curriculum.

COURSE CONTENTS

- Background, rationale, mission and goals of the FMSCA
- CME's roles and responsibility
- FMCSA certification testing and recertification for the Examiner
- Responsibilities of commercial motor vehicle operators
- Procedures for proper operator identification, medical history, medication history and document review
- DOT examination and documentation
- Knowledge of waivers, exemptions, and referrals
- performing and obtaining diagnostic testing or medical opinions from a specialist or treating provider for driver clearance
- Educating and informing the driver about disqualifications, abnormal findings that may require additional follow up or clearance
- Determination of the driver's certification, outcome and period of time valid for certification
- FMCSA login, reporting, and filing
- Navigation of the FMCSA website for helpful information and reporting

email: msanp@msanp.org
Website: https://www.msanp.org

Mississippi Association of Nurse Practitioners

See our Upcoming Events page for area meetings and conferences
https://www.msanp.org/upcoming-events

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.

MANP
MISSISSIPPI ASSOCIATION OF NURSE PRACTITIONERS

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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