The purpose of the AANP Fellows Program, in support of the mission and vision of the AANP, is to impact national and global health by engaging recognized nurse practitioner leaders who make outstanding contributions to clinical practice, research, education or policy.

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**HAPPY BIRTHDAY, DR. LEE FORD**

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Inside this Issue:

| Happy Birthday, Lee | 1 |
| FAANP Forum Chair | 2 |
| Fellows: 2001 | 3-9 |
| International | 10-11 |
| Policy | 12-13 |
| Education | 14-15 |
| History Committee | 16 |
| Member News | 17-19 |
| Announcements | 20 |
| FAANP Committees | 21 |
| News Letter Committee | 22 |

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Merry Christmas and Happy New Year
Best wishes for 2019

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SEE YOU IN SAVANNAH
March 1-3, 2019
Greetings from FAANP Forum Chair

Mary B. Neiheisel, FAANP

Merry Christmas
Happy New Year and
Best Wishes for 2019

Ending 2018 and remembering the progress and accomplishments during this year and anticipating even greater progress make all the long hours and extended efforts worthwhile. It has been such an honor to continue to edit and compile the FAANP Forum. The members of this committee Drs. Mary Jo Goolsby, Rosemary Goodyear, Charon Pierson, Kathy Wheeler, Jamie Newland, and Patricia Alpert deserve great praise for their awesome work. In addition, I want to give a special thanks to Honorary Fellow: Dr. Jeff Bauer, and our chairs: Drs. Goolsby (through June) and DuBois, and to Dr. Barbara Sheer for their contributions. The interviewees and the interviewers for our Fellows celebration have done well and we are anxious to continue these interviews. If you might help, please, contact us. Dr. Barbara Sheer has made great strides in preserving our history. Please, each and every Fellow I urge you to look in your files and submit what you find to Dr. Sheer.

Dr. Ford recently shared this website and I am sharing with you:

https://www.bonnercountydailybee.com/columns/20181212/
         nps_specialties_as_diverse_as_needs

Dr. Ford will be celebrating another birthday this month and We are sending many wonderful birthday wishes to her.

To each and every Nurse Practitioner and each and every Fellow: May 2019 be your best year yet and may we see even more progress for nurse practitioners all over the world. Enjoy the season and good health as we leave 2018 in our memories.

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Looking Ahead to 2019

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/09/2019</td>
<td>FAANP Mentorship Program Application</td>
</tr>
<tr>
<td>01/16/2019</td>
<td>FAANP Honorary Fellow Nominations</td>
</tr>
<tr>
<td>01/16/2019</td>
<td>FAANP Loretta Ford Award Nominations</td>
</tr>
<tr>
<td>02/06/2019</td>
<td>FAANP Officer Nominations</td>
</tr>
<tr>
<td>03/01/2019</td>
<td>FAANP Winter Meeting in Savannah, GA</td>
</tr>
</tbody>
</table>
Celebration of 2001 Fellow

Rosemary Goodyear

Rosemary Goodyear, EdD, APRN, FAANP, professor and Consultant for Nurse Consultant Associates was inducted into the second FAANP class in 2001. Dr. Goodyear has influenced the development of nurse practitioners over the past forty years as an educator and consultant. She is well known for her work in developing nurse practitioners globally and encouraging entrepreneurial endeavors. She is founder and nurse consultant for Nurse Consultant Associates since 1999. Through this role she facilitates curriculum and program development, regulation and accreditation review, nurse managed clinics consultation and international nursing program consultation. She was a member of the core Steering Group International Council of Nursing Nurse Practitioner/Advanced Practice Nurse Network between 2000-2010, serving as secretary from 2000-2005 and its chair from 2005-2010. Her work through this network has facilitated the development of advanced practice internationally. Through her international consultation, she assists leaders in other countries to know the policies, mission of the health authorities in that country so that realistic goals can be set to move legislation and policies forward. She learned early on that any development of advanced practice roles needs to fit the country’s policy, culture and resources. Throughout her career, Dr. Goodyear has been an educator and mentor to numerous students. She has taught at the University of Texas Health Center at San Antonio, the University of San Diego and Texas Woman’s University. Following her retirement from academia, she has worked as an adjunct or affiliate professor at the University of San Diego and the University of South Florida. She served on the Board of Directors at the National Organization of Nurse Practitioner Faculties as a Member at Large in 1997-1999 and received the NONPF Lifetime achievement award in 2007. During her academic tenure, Dr. Goodyear maintained clinical practice. She has worked in public schools, community services and Indian health care services. Dr. Goodyear owned and operated a private Family Nurse Practitioner Practice in Bonsall, California from 1990-1996 providing primary care for the community and Latino migrant workers. Dr. Goodyear has been involved in the Fulbright scholarship program, first as a Fulbright senior Scholar in 1993-1994 and as a Fulbright specialist in program and policy development since 2005.

She was awarded a Fulbright Specialist grant in 2014 training graduate nurses “how to teach caregivers” in Taichung City, Taiwan. Through her work in Taiwan, she worked with nurses, advanced practice nurses, corporations and government to facilitate the growth and development of the NP/APN role. When Dr. Goodyear was obtaining her masters in nurse education at the University of Colorado, she worked with Dr. Loretta Ford. Dr. Ford was instrumental in having her switch her focus from administration to education. She then obtained her post masters nurse practitioner certificate from the University of Rochester. It is fitting that Dr. Goodyear received the AANP Loretta C. Ford Lifetime Achievement Award in 2015 and the 2016 FAANP Loretta C Ford Award for Advancement of the Nurse Practitioner Role in Health Care. Dr. Goodyear has numerous publications and presentations regarding practice, education, standards and competencies of advanced practice nurses, globalization of nurse practitioners, managing and maintaining nurse managed clinics and promotion of the entrepreneurial role for advanced practice nurses. In looking back on her career, Dr. Goodyear states that she is most proud of starting programs and preceptorships; going from faculty of one to coordinating three advanced nursing programs and starting a nurse managed clinic in her final role prior to retiring in 1999.
Celebration of 2001 Fellow: Rosemary Goodyear

MPJ: In 2001 you were selected as a fellow; what has changed since then?

RG: I was nominated by Dr. Barbara Sheer and Dr. Lee Ford. At that time we focused on the mission of the Fellows. Who were we? Were we really part of AANP? Is it a social club or venue developing leaders? I believe we are still trying to define our group. New fellows want to know who we are and what we should be doing. Mentoring is the key as well as how many Fellows should be accepted. The mission of FAANP is still in progress.

MPJ: What do you see are the pivotal moments in the past years?

RG: For me, there were several pivotal moments throughout the past years. In regard to the nurse practitioner movement, the first pivotal moment came when Lee Ford switched me from administration in school nursing to education while in my master’s program at the University of Colorado. That changed the direction of my career. I taught from 1971 until I “retired” in 1999. Starting my own practice forced me to look at becoming an entrepreneur along with teaching and blending roles.

I started a capstone course in the 1980s when teaching nurse practitioner students at the University of San Diego. I had the students develop a major project with one of their community agencies. I felt it was important to understand the philosophy of community and organization. I wanted students to look at the broader role of the nurse practitioner and that is when I had students writing and developing business plans.

I also looked at nurse practitioner education through the eye of an accreditor. As nurse practitioner programs moved from certificate programs into universities, accreditation was needed. However, it is also a money maker. When I served on the National Organization of Nurse Practitioner Faculties (NONPF) board, we were looking at NONPF possibly accrediting nurse practitioner programs. Programs are influenced by criteria of accrediting bodies. Accreditation of programs and national certification is important for insuring quality, competence and safe providers. I encouraged students to look at policy and evaluate from a “long haul” perspective. As nurse practitioners moved from certificate to masters programs, now Doctor of Nursing Practice programs, the role of the nurse practitioner has been strengthened. I encourage all my students and consultees to consider their monetary value when negotiating salary and benefits in the work place and envision the larger picture of health care delivery. When I ran my own business, I had to look carefully at money sources as no bank would loan a nurse money to start an independent nurse practitioner business.

I think for me personally, the most pivotal moment in my career was receiving the Loretta C Ford Lifetime Achievement Award (National Nurse Practitioner Symposium) in 2015 and the Loretta C Ford Award for Advancement of the Nurse Practitioner Role in Health Care (FAANP) in 2016. It affirmed that my efforts and hard work paid off. Dr. Ford has been a strong influence in my choices throughout my professional career.

MPJ: How have you been able to impact the nurse practitioner movement:

RG: Through role modeling and precepting. The death of my son in 1991 changed my career and professional perspective. I no longer had parental responsibilities, which was devastating to me personally, but made me take on a different viewpoint and consider risks and try new things. I launched my own business at the time while still teaching. I realized that I was alone and only had responsibility to myself. Granted, it took me about three years to do everything. I also applied and received a Fulbright Scholarship which gave me time to get away and develop a new perspective. It forced me to look away from myself and look at the greater good. My practice became my family, all 2000 of the rural community and Latino workers. I fully immersed myself. The Fulbright Scholarship sent me to Malta to assist in the start-up of the first BSN nursing program in Malta. On my return to Malta during the International Council of Nurses, it was great to meet with my prior students and learn that they were now managing the School of Nursing and Department of Health in the country.
Celebration of 2001 Fellow

Rosemary Goodyear

MPJ: Is there anything you would change if you had it to do over again?

RG: Not lose my son, but it made me become an entrepreneur and view nursing from a broader view. Dr. Ford made me look at education rather than administration. If I could do things over again, I would have the NPs look at the larger health care delivery system, financial models, reimbursement models, a variety of models for practice. I would encourage nurse practitioners to seek out entrepreneurial ventures, and prepare these leaders to work in the corporate world. This path is not for everyone, but for those interested in making change. Once you experience working in the entrepreneurial world, you don’t look back. You can’t go back. I would give the nurse practitioner a broader picture, a whole other world to look at; one that is not sheltered but considers risk taking. Our hind sight is always 20-20!

MPJ: What advice would you give to yourself in 2001?

RG: Look at becoming an entrepreneur. Of course, it is not for everyone, but having a global perspective is imperative. As I worked with the Taiwanese, 90% of the folks I worked with said that family is most important, and an entrepreneurial role or further education was not for them. It should be the right time to make changes.

MPJ: How would you like to be remembered?

RG: I don’t know. I am usually ten years ahead of everyone. I’m the one out there probing and looking at things. I am always pursuing a vision and perspective, not status quo. I ask myself, “what else is out there?” I pride myself as an independent contractor, helping others make changes in their communities that are right for them.

MPJ: What advice would you give to new nurse practitioners?

RG: Look at the whole world. Ask yourself “what do you have passion for” and do it!

MPJ: What do you see in the future?

RG: Aside from the current administration, I see nursing coming forward as the primary care provider in the US. Globally, there are more global states/nations developing nurse practitioner roles. Some have less restraints; some have more. Some are not constrained by competition from medicine. There is more collaboration among disciplines globally. The role of women will continue to develop and emerge.

My one piece of advice: Keep on going. Keep the vision alive; keep your feet on the ground and moving forward. Meet each challenge.
Celebration of 2001 Fellow

Lorna Schumann

Dr. Schumann is a family nurse practitioner who is also a certified emergency nurse practitioner. She lives and works in the Coeur d'Alene, Idaho area, where she has resided since moving east from California in 1980. Schumann is actively involved in a number of volunteer activities, and when interviewed had just returned from a mission trip to Guatemala. She was still recovering from respiratory problems caused by a massive recent volcanic eruption in that country. While on the mission trip, Schumann and her medical team encountered a population that was very deprived. They cared for 1700 individuals in six days in the country. She was able to go to the volcano encampment area, where there was still evidence of the deaths caused by the eruption.

She is a member of the Union Gospel mission, a non-denominational group that works to rehabilitate women and children who have been abused as well as individuals with substance use problems. She is also a member of the medical reserve corps and participates in volunteer activities associated with the American Red Cross including health screenings and disaster response.

Schumann enjoys boating and wakeboarding in her spare time.

KC: How did you feel when you were notified that you were selected as a Fellow?
LS: I was in the second cohort (2001) of individuals accepted in to the Fellows. Jan Towers was my sponsor. I feel very honored to be part of the organization.

KC: What has changed since you became a fellow?
LS: Many more highly qualified Fellows have been added to the organization over the last 17 years. It is amazing to see their bios and the contributions they have given to the profession.

KC: What were your hopes for the fellowship?
LS: My hopes were to improve NP practice and outcomes. I was very hopeful that all states would get on board with full-practice authority. Living in Idaho, a full-practice state has made me very thankful of what we have been able to do to improve patient outcomes.

KC: How did being in the Fellowship help you think outside of the box?
Working with creative scholars and researchers who are willing to share ideas and work as a team has been a very positive experience. It motivates me to try harder and volunteer for more projects.

KC: What advice do you have for the present Fellows?
LS: Strive for excellence in scholarship, practice and policy. Continue to move toward independent practice in all states and internationally.
Celebration of 2001 Fellow

Lorna Schumann

KC: Is there anything you would like to share with the fellows?

LS: Stay involved, serve on committees and attend the meetings. It takes a community of highly motivated scholars to move the profession forward.

KC: What do you see are the pivotal moments in the past years?

LS: In the early years, we were short on funding and probably still are to some extent. I was elected as Treasurer for the organization and from the beginning of my term until I completed the second term, we made great strides in getting organized and also in developing policies. Over the years, we have made several modifications to improve the workload and process for the Fellows selection committee. The outcomes from the work groups have also helped to make more people aware of what the Fellows group is doing.

KC: Have you been able to impact the nurse practitioner movement?

LS: I think so, but not as much as what I had originally hoped to.

KC: Is there anything you would change if you had it to do over again?

LS: I think that the Fellows should promote themselves more as a group.

KC: What advice would you give to yourself in 2001?

LS: In 2001, I was just happy to be selected.

KC: How would you like to be remembered?

LS: As someone who strove for excellence in the profession.

KC: What advice would you give to new nurse practitioners?

LS: As a new provider, take the first two to three years developing your practice. When opportunities occur to be involved at the local, state, national and International level arise, take those opportunities to expand your career. In the applicant files that I have reviewed over the years of being on the selection committee, those individuals who have selected a trajectory and followed it, appear to be making the greatest strides toward excellence in practice, research, scholarship, community involvement and policy.

KC: What do you see in the future?

LS: I see or am ever so hopeful that all states will have independent practice. I see individuals who are working very hard to make that happen. We need more research to prove our worth.
Celebration of 2001 Fellow

Nick Lee Burnett

Dr. Burnett is a Family Nurse Practitioner who retired from active practice in 2013, but continued to provide care, part time, in a metropolitan urgent care clinic until 2018. He continues to teach clinical nursing in the MSN/FNP program at Georgetown University and on the Board of Trustees at Rocky Mountain University of Health Professions in Provo, Utah. He continues to be passionate about his beloved profession and works part time in a metropolitan urgent care clinic. Dr. Burnett supports students with doctoral work as well.

A retired US Navy Nurse Corps Officer and past Chair of FAANP and a former USPHS National Primary Care Policy Fellow representing the Academy, Dr. Burnett served on the Political Action Committee, Co-Chaired the Academy Conference Committee and was Region 7 Director and the AANP state representative from Iowa.

Dr. Burnett spends summers in Iowa with his wife, Toni, their dog and his horse. They spend winters in Florida where they enjoy their retirement home with visits and horseback riding with retired friends. He is a most proud grandfather to three wonderful girls and he will be glad to tell you all about them.

DM: Why did you apply to become a Fellow?

NB: I was flattered to be asked to join what I felt was the elite of the “old guard”. When I was invited I couldn’t believe that someone thought I had accomplished something that would be of value to the Fellows.

DM: How did you feel when you were notified that you were selected as a Fellow?

NB: Unbelievably excited. I felt like I had “arrived”. Like I was able to contribute to my profession at a level I had only dreamed of before.

DM: What were your hopes for the Fellowship?

NB: I hoped that the Fellows could guide the future of our profession to become a robust and highly respected method of providing healthcare to people across the lifespan. I had hoped we might even intervene in the upward spiral of the cost of healthcare, so that it might become available to anyone anywhere.

DM: How did being in the Fellowship help you think more globally about being a Nurse Practitioner?

NB: I was inducted with the first international Fellow Dr. Susan Cross of the UK. That was an awakening. I am not sure I had thought about the profession spreading in other countries. I hadn’t thought of the cultures or the legalities of it. When I thought of a global approach for NPs I thought more of medical mission style of healthcare. I begin to take notice of how it was being done and the pioneers I knew who were taking the profession to professionals on other continents. While I knew that was not my area of expertise, I certainly enjoyed watching Dr. Schober and Dr. Goodyear, along with so many others sharing with us how they were immersed in developing the education elsewhere.

DM: What advice do you have for the present Fellows?

NB: As the organization grows, you must find a way to stay active. You were selected because you demonstrated the skill and or knowledge to make our profession better. It is important that you stay connected and help to make this profession better and better accepted throughout the world.
Celebration of 2001 Fellow

Nick Lee Burnett

DM: What motivates you to maintain your Fellowship?
NB: As I enter retirement I ask myself that question. I guess I am motivated because I was involved on the AANP Board of Directors when the Fellowship was conceived. I watched it develop and saw the potential for the program. I still feel dedicated, although conflicted because I feel we need to do more to involve the newer members. We selected them for what they had to offer our organization. We should do all we can to capitalize on their expertise. I was fortunate to be selected as the Chair of the organization, I am sure that cemented my dedication as well. I am quite proud to have been allowed to be a part of this special group of professionals.

DM: You’ve been a Fellow since 2001, what changes have you seen in the Fellowship since then?
The organization has grown immensely, we totaled 35! Now it hard to know who is a Fellow and to find a way to get them actively involved. With 35, you knew everyone, and everyone had to swing their “oar” or the “boat” was not going to go anywhere. Now the numbers overwhelm! I often feel that it’s an honor that is cherished only until you are inducted and then the value is only in the initials after your name.

DM: What do you see are the pivotal moments in the past years? In Healthcare? In nursing? In Advanced Practice?
NB: Certainly, Advanced Practice has garnered more acceptance in many states. Not all have independent practice, but we are much closer now than 18 years ago. I see so many NP programs and so many NP graduates each year and that has led to NPs doing more non-traditional roles in healthcare. Nursing has developed a standard of education that encourages advancing education and broadening of skills that brings the profession out of the closet and into the forefront in many areas.

DM: How have you had a positive impact on the nurse practitioner movement?
NB: I’m not really sure. I believe I have been a role model for many young people to consider a profession they never would have before. I have had patients, both female and male, who have gone into nursing, some became NPs. I have provided care to patients who “want(ed) to see a real doctor” and continued to see me for years and then my replacement, students and partners. I have worked alongside physicians who welcomed me and actually sought my input into healthcare at various levels. I have built two standalone clinics in small communities that have been seeing patients five days a week all year long for over 20 years now. I continued the care in another clinic that was about to close when the longtime physician left. It continues as well, all these clinics are run by NPs, some of which I trained.

DM: What would you change if you had it to do over again?
NB: Start at an earlier age! I would endeavor to open my practice to more indigent and spend more hours in the free clinics (I got the most personal satisfaction doing this) and encourage others to consider this profession.

DM: If you could go back to 2001, what advice would you give yourself as you considered applying for Fellowship?
NB: Be sincere, be centered, be prepared to participate but most of all be ready to grow. There are some incredible minds here that will challenge you and offer you more than you can even imagine.

DM: What advice would you give to new nurse practitioners?
Join the AANP and your state/local organizations. It is up to us to grow our future.

DM: What do you see as the role of Nurse Practitioners in health care in the next 25 years? 50 years? 100 Years?
NB: I honestly believe that NPs will be shoulder to shoulder with MDs and DOs in future healthcare. We bring a slightly different product to the table, but the goals and outcomes are nearly the same. We just use a little different approach. I think there will come a day when patients will be as unconcerned about whether you are a MD/DO/NP/PA as they are about whether their eye care is from an Optometrist or an Ophthalmologist. They will just expect they will be treated with respect and referred to the provider that will best meet their needs.
International Nursing Congress on “Innovative Avenues: Practice Drives Education, Research and Policy:

Jordan University of Science and Technology (JUST), Irbid, Jordan.

JUST Nursing Faculty, World Health Organization (WHO) Collaborating Center, held their International Congress on October 16-17, 2018. Princess Muna Al-Hussein was present for the opening session as were representatives of the Jordanian High Health Council, Jordanian Nursing Council, President of Jordanian Chapter Sigma Theta Tau (STTI), and Jordanian Nurses and Midwives Council. The theme for the conference was addressed by each of the representatives and focused on the shortage of human resources, leadership in nursing, and the involvement of nurses in policy making. Additionally, presenters spoke to the trends and changes that were occurring and needed to meet the World Health Organization’s Sustainable Development Goals (SDG) and Primary Care in the Eastern Mediterranean Region.

The first day of the conference’s main plenary session welcomed presentations from Jordanian and International participants. The President of STTI synthesized the report on the Global Advisory Panel on the Future of Nursing and Midwifery (GAPFON)* about global healthcare challenges and the priority of professional issues gathered at high-level meetings in each of seven global regions. WHO’s representative urged the need for investing in the preparation and practice of nursing to meet universal health care for all. Nursing leadership and workforce challenges were the focus of the additional presenters during this session.

The concurrent sessions in Maternal & Child Health reported research on asthma control in the nation of Oman, nutritional knowledge of pre-adolescents, and violence among early marriage in Jordanian and Syrian refugee women. Additional research presentations talked to new born care, breast feeding and infant temperament, Respiratory Distress Syndrome, and Smartphone addiction of mother-child attachment in Jordanian mothers.

The second day continued with Plenary Sessions addressing the need for nursing to value the profession and each nurse to value themselves. Ways to strengthen nursing included one hospital’s aim to achieve Magnet status and that they have completed the application and now awaiting their date for a site visit. Representatives from Saudi Arabia and United Arab Emirates addressed nursing’s role working in collaboration with other professionals, and nursing’s leadership in policy development with respect to responsibility and accountability of the nurse.

My presentation on the second day of concurrent sessions addressed a method to introduce the Nurse Practitioner (NP) role as a means for strengthening nursing and an approach to improve primary care in the nation. Jordan has accepted and is managing 1.5 million refugees from the Syrian war and their health care system is being taxed beyond their resources. Although the Clinical Nurse Specialist (CNS) role has a stable history of development in this nation, the NP has not been part of APN role development. In prior discussions with the President of the Nursing Council the reason for not moving in that direction was identified as a regulatory challenge.
Nurse Midwives have been present in the system and play an important role in the care of Maternal Child Health in the nation. In speaking to participants at the conference there was great interest in this role and questions about how they could become NPs. The interest and desire to move in this direction is being voiced by the practicing nurse. Stakeholders, such as the High Health Council, has recommended a need for a more integrated service for primary care, and the need for a stronger nurse workforce. The cultural norms and values of this nation regarding health care professionals and the provision of services must take into consideration the religious beliefs and cultural norms which dictate patient care is to be delivered by like-gender nurses. Thus the large numbers of student nurses enrolled in the universities and in practice are male.

The potential for the NP to become a reality in this nation is positive. Several faculty spoke of their interest to begin programs and neighboring nations are already operating educational programs to prepare nurses to function in this role.

References

* www.GAPFON.org
* www.just.edu.jo/Conference/INC

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PETRA – Treasury Building 1st Century BC
What is Critical for *All NPs* to Know as Medicare Moves from Volume to Value

Few nurse practitioners (NPs) really enjoy understanding the intricacies of reimbursement. Yet this understanding is a policy and practice reality. Even Mother Theresa said, “Without money there is no mission.” And as the federal reimbursement landscape becomes ever more complex, especially as it works to drive reimbursement from volume based to value based, the process is even less appealing but no less important. It is not sufficient to rely solely on the AANP policy staff or the NPs who own their practices to shape the policy surrounding Medicare reimbursement. Even NPs who do not take care of Medicare patients need to understand Medicare reimbursement since Medicare policies often become the norm for commercial insurance and many of the policies that a practice adopts becomes practice-wide, regardless of insurance. This article is a thumbnail view of the recent changes to Medicare reimbursement with a few potential resources to encourage engagement vital to NPs and the practices and patients they serve.

**Quality Payment Programs**

To understand the current landscape requires some historical background as well as a description of the programs over the years and currently. The following information about the Quality Payment Program (QPP) is a summary from the Health Policy Brief of Health Affairs March 2017.

**The Road to MACRA**

In the years surrounding the creation of Medicare in 1965, physician groups managed to convince Congress that physician fees should be comparable to what they were receiving from private insurance. For years this was effectively what transpired and physicians were allowed to oversee the process. Unfortunately, from the beginning, there were concerns about costs and quality and, in 1972, Congress stepped in and created Professional Standards Review Organizations, now called Quality Improvement Organizations (QIOs), to oversee costs and quality. Because these QIOs were not as effective at controlling costs and quality as hoped, Congress again intervened in 1989 to create another system, the physician fee schedule, based on the resource based relative value scale (RBRVS). Taking effect in 1992, the RBRVS system gauged payments on coded services based on three components of resource costs: work, expense and professional liability insurance. This Medicare Physician Fee Schedule has been the core of Medicare payments since that time, though updated annually. This led to a volume-based system of care that really did not address quality. To counter the increase in spending associated with volume-based care, Congress developed the Medicare Sustainable Growth Rate (SGR) formula in 1997, aimed at curbing the rate of cost increases. The SGR system was fraught with problems from the beginning and eventually repealed by the Medicare Access and CHIP Reauthorization Act (MACRA) which was passed into law April 16, 2015. MACRA has two tracks that clinicians choose between, the Merit Based Incentive Payment System (MIPS) and the Advanced Alternative Payment Model (AAPM). Both tracks are quality based, potentially serving as a bridge to a system where the vast majority of reimbursement for care will be based on quality measures.
MIPS

The original MIPS design only included clinicians who managed a lot of Medicare patients or who had a lot of Medicare billing. A clinician’s payment adjustment in MIPS is based off of performance in four categories—quality measures, improving interoperability and patient access to healthcare information, broader improvement activities (patient safety, beneficiary engagement, or care coordination) and cost performance indicators. Due to setting high thresholds for inclusion in the MIPS program, many Medicare providers have been excluded from the MIPS program in the first two performance years. To increase participation in the MIPS program, CMS has adopted several changes that will increase participation. CMS has created an option for providers to “opt-in” to MIPS if they meet one, but not all, of the MIPS thresholds. CMS has also created a new threshold of 200 Part B services billed per year, which is significantly lower than the current thresholds, and will allow more clinicians to participate in the program. Both of these changes will go into effect on January 1, 2019. Resources for an NP to determine if they want to participate in MIPS, report quality measures and potentially earn additional reimbursement are available at the following address: https://qpp.cms.gov. Another resource that an NP might want to access is one that estimates the total MIPS scoring based on the various performance measures a NP or practice might choose to use, available at https://www.mipsestimator.org/.

AAPMs

An AAPM similarly encourages and rewards clinicians who provide quality care that is cost effective. These AAPMs could apply to an entire population or a specific condition or a specific care episode, with the intent at a later time to have AAPMs apply to entire populations rather than narrow clinically focused areas of care. The Medicare Shared Savings Program and Next Generation Accountable Care Organizations (ACOs) are included as AAPMs. Several APM levels exist, with those at the top referred to as Advanced Alternative Payment Models (APMs). Those clinicians who participate in AAPMs will get significant bonuses for several years and do not have to participate in MIPS. They will also be guaranteed fee increases annually compared to clinicians who choose not to participate. To consider participation an NP may want to access the following:


APM List available at: https://qpp.cms.gov/apms/overview?py=2019#


Getting Started

Many practices and providers have been participating since the MACRA system started but overall participation rate has remained low. Some hesitation has been related to the narrow criteria initially available, but the majority of hesitation has likely been because of the complexity of the process. That should change as the system evolves in response to input from providers. Many NPs have reported they are often not included in the decision making of the practice or are far removed from billing processes generally. However, as stated above NPs have several reasons to participate and to understand the Quality Payment Program. So, to become informed and involved here are some questions a NP might ask themselves or their practice managers (AANP, 2018):

Are we participating in a MIPS or ARM? As an individual or as a group?

Have I met billing thresholds for MIPS or the Qualifying Participant threshold for an AAPM?

If participating, what measures are we reporting as a practice?

What method of reporting works best for us?

All NPs should invest effort in getting informed and being involved at the practice and institution decision making process. Participation may lead to positive reimbursement for the practice for years to come, as well as improve health care delivery through improved quality standards.
Using Rubrics for Student Evaluation

Evaluation of student performance presents challenges for educators in the classroom, online, and in the clinical setting. Faculty evaluate students to give constructive feedback on how they have done. Different methods are used to determine whether a student has mastered the expected outcomes, such as tests, written papers, presentations, and observations. But measuring outcomes is often beset by a lack of consistency and objectivity, leading to variable and possibly inaccurate assessment of a learner’s knowledge and level of competency. Educators have a responsibility to minimize the possibility of overvaluing the readiness of a new NP graduate to enter the workforce as an autonomous practitioner; rigorous and reliable methods of evaluation are required. One strategy to improve rigor and objectivity in evaluation is the use of rubrics.

The Eberly Center for Teaching Excellence & Educational Innovation at Carnegie Mellon University (2016) offers a definition for rubric: “a scoring tool that explicitly represents the performance expectations for an assignment or piece of work. A rubric divides the assigned work into component parts and provides clear descriptions of the characteristics of the work associated with each component, at varying levels of mastery” (para. 1).

A well-constructed rubric can clearly communicate expected learning and/or performance outcomes for a particular assignment or task for student and faculty (Roy, 2018). If the rubric is sufficiently detailed, grading becomes easier and rating simpler, more transparent and objective for faculty, resulting in greater consistency in grading over time and between different raters. Faculty also gain insight into strengths and weaknesses of students, courses, and program. Students benefit by knowing exactly what faculty expect in receiving more specific feedback (Carnegie Mellon University, 2016). Asking for student input in developing rubrics empowers them and increases their accountability in the evaluation process (Roy, 2018).

The University of Texas at Austin, Faculty Innovation Center (2017) offers a guide for developing a simple rubric that includes three elements – performance criteria that describe the product, rating scale for performance levels, and indicators for each performance level and criterion. Criteria can be pulled from sources such as published literature, guidelines, and practice standards. The Center offers four points for consideration: 1) Rubrics should be piloted to make sure they measure intended variables; 2) Rubrics can be discussed with students for greater understanding of expectations; 3) Rubrics ensure more accurate, unbiased, and consistent scoring; and 4) Students should not be expected to do something they have not been taught or shown so make sure expectations and concepts are aligned.

Two studies are revealing. Melander, Hampton, Hardin-Pierce, and Ossege (2018) describe the development of a portfolio rubric to evaluate student attainment of competencies in the DNP Essentials at the developing, proficient, or exceptional level. The rubric gave faculty a clearer indication of student achievement while offering insight into course assignments and curriculum issues, providing evidence for change. The rubric helped students reflect on their performance and better demonstrate competency of DNP essentials, including clinical practice exemplars. White and Heitzlewr (2018) found that the distribution of grades after revision of an online graduate nursing research course, introducing rigorous testing and precise grading rubrics, was lower with less grade inflation and more accurately matched student knowledge acquisition.
Consider the use of rubrics to increase objectivity, consistency, and transparency in student evaluation. Examples of rubrics can be found through links in the references.

References


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Enjoy the Nutcrackers.

Photograph by Dr. Patricia Cran
Committee Report

Barbara Sheer, FAANP

History Committee

As we enter the holiday season, we often take pause to remember holidays of the past and reflect upon past years. This has been a busy year for renewing old friendships and reminiscing about the progress nurse practitioners have made both nationally and internationally. At the ICN network meeting in Rotterdam we were able to connect with some of the nurse practitioners from the UK who were instrumental in the UK/US first collaborative meeting celebrating the graduating of the first UK class of nurse practitioners in the 90s. Sue Cross a member of that first class became a fellow in 2001 and was very active in our group.

AANP has initiated a history committee that will be working with us. The first project for the AANP committee is to design a timeline for the new building. This is planned to be completed by the building opening in May. We may be calling on the Fellows to fill in memory lapses.

The past chairs committee is reviewing all awards including our proposals for the hall of fame and the historical research award. A cross walk has been completed to identify similarities and differences. Additional fellow interviews have been added to the dropbox and we are now looking at a new format for the interviews to have retrievable data. This is based upon the information forwarded to us by Lissa Barker. A more comprehensive format is utilized by the Navy Nurse interviews located at the Library of Congress.

As a follow up to our meeting at the Bates Center during the Philadelphia Convention, Jan Towers and I visited the Eleanor Crowder Bjoring Center for Nursing Historical Inquiry at the University of Virginia. This was an impressive site. The center is located on the first floor with a large window housing changing historical exhibits. Many nurse practitioner organizations have donated their archives including NAPNAP, NY Coalition, and GAPNA. Historical research awards and grants are available with minimal administrative fees. There is a one-time cost per box of archived materials. Please, contact me if you wish a complete report for the center visit sheer@udel.edu.

As a new project the history committee will be compiling a data base of nurse practitioner archives. We are aware of NP organizations archived at the Bates and U VA centers. The data base will assist researchers in locating historical NP materials. This project involves all fellows not just the history committee. Please, send information to me at sheer@udel.edu.

The Physician Assistants History Society hosted a boot camp. We have been invited to visit the center at Johns Creek outside Atlanta. We should consider a boot camp of our own. I am sure the PAs would be a valuable resource. Perhaps we can arrange a visit in conjunction with the Savanah meeting.

The Frontier Nursing University is beginning a new series of impact reports entitled “FNU Footprints”. These reports will examine the challenges represented in each region and how FNU graduates are filling the gaps to provide outstanding healthcare in the area. They report that the data are compelling. The reports can be accessed at www.Frontier.edu/FNUFootprints.

In closing we would like to wish Loretta Ford a very happy birthday and acknowledge the Florida Nurse Practitioners for organizing the golf tournament and celebration.

Wishing everyone peace and happiness in the coming year.
Member News Column

What's Happening Now?

Every quarter we receive self-reported accomplishments by fellows. In this issue we are proud to recognize distinguished fellows who contributed much to advance the field of healthcare and or the professional role of nurse practitioners. The following have made contributions in the areas of practice, research, policy and/or education.

(We highlight self-reported accomplishments of our fellows in our newsletter published quarterly. If you would like to share newsworthy accomplishments please go to URL: https://www.aanp.org/fellows-program/faanp-newsletter#submit-achievements)

Congratulations!

**Surani Hayre-Kwan, FAANP**

**Award:** Surani Hayre-Kwan was recently recognized for her work as the Board Chair for PDI (Pediatric Dental Initiative); she was selected as the Non-Profit Health Care Leader by the North Bay Business Journal. Link for more information is: http://northbaybusinessjournal.ca.newsmemory.com/?date=20181022&goTo=A10

**Jenni L. Hoffman, FAANP**

**Presentation:** Hoffman, J. L. An ounce of prevention: Evaluating the effectiveness of an online educational intervention on knowledge of sexual health and STDs among young adult females. *2018 State of Michigan STD and HIV Conference*, Traverse City, MI 8/21/18-8/22/18

**Tess Judge-Ellis, FAANP**

**Award:** Tess Judge Ellis received the American Psychiatric Nurses Association (APNA) 2018 Award for Excellence in Leadership-APRN. Below is the link to the awards page for more information. https://www.apna.org/i4a/pages/index.cfm?pageID=6493

**Scharmaine Lawson, FAANP**

**Award:** Received the Advanced Primary Care Practice Award for her inspiring work as a nurse practitioner in New Orleans, LA.

**Denise Link, FAANP**

**Award:** Denise Link is the 2018 recipient of the Rory Hays Advocacy Award from the Arizona Nurses Association (AzNA). The award is presented to an AzNA member who has made significant contributions to nursing practice and health policy through political and legislative activity. Dr. Link was nominated by her peers for her sustained contributions at the state and national levels in health policy, patient advocacy, and advancement of the Nursing profession.
### Kathleen McCoy, FAANP

**Other:** Kathleen McCoy completed the University of Alabama Clinical and Translational Science Traineeship.

### Patricia McMullen


### Lisa Muirhead

**Honor:** Lisa Muirhead was inducted as a Fellow of the American Academy of Nursing.

### Susan Mullaney

**Award:** Susan Mullaney was recognized as one of the Solomont School of Nursing 50 leaders in 50 years by the University of Massachusetts Lowell in celebration of the Nursing 50th Anniversary Celebration on October 4, 2018. She is a geriatric nurse practitioner (GNP) who has been practicing for over 30 years. Throughout her career, Sue has been passionate about caring for elders and she continues to advocate for the quality care of older adults.

### Jose Pares-Avilla, FAANP

**Appointment:** Jose Pares-Avilla served as Co-Chair of 36th Annual LGBTQ Health Conference presented by GLMA: Health Professionals for LGBT Equity taking place in Las Vegas, NV October 10-13, 2018.

### Mary Ellen Roberts, FAANP

**Promotion:** Mary Ellen Roberts was promoted to Assistant Professor with Tenure at Seton Hall University, South Orange, NJ.


### Madrean Schober, FAANP

**Presentation:** Plenary Session  Leading innovation and transformation in the provision of healthcare services. *10th ICN INPAPN Network Conference*. Rotterdam, the Netherlands  August 29, 2018.

**Publication:** Ladd, E.; Schober, M. (2018). Nurse prescribing from the global vantage point: The intersection between role and policy. *Policy, Politics & Nursing Practice*. 0(0), 1-10, DOI: 10.1177/1527154418797726 journals.sagepub.com/home/ppn.
Member News Column

Deborah Kirk Walker, FAANP

**Appointment:** Deborah Kirk Walker was appointed as Associate Dean of Nursing in the School of Nursing and Midwifery, Edith Cowan University, Western Australia - Starting in January 2019.


Wendy L. Wright, FAANP

**Appointment:** Wendy L. Wright has been chosen by the Center for Medicare and Medicaid Services (CMS) to serve in the second cohort of Clinician Champions for the CMS Quality Payment Program. In this capacity, Wendy will be serving as an advisor to CMS and will assist other clinicians to report and participate in this important quality-based program.

**Honors:** Wendy Wright was recognized by New Hampshire Business Magazine as the 14th fastest growing Top Family-Owned Businesses in New Hampshire. The practices were opened in 2007 by Wendy L. Wright, FAANP, FAAN, FNAP and are NP-owned and operated full-service family practices. The practices were the only healthcare businesses to make this list.

Mary Ellen Zator Estes, FAANP

The 2019 FAANP Winter Meeting will begin with a networking reception Friday evening. On Saturday, there will be speakers, expert panel and more. Plan to meet all day on Saturday and until noon on Sunday. A complete agenda will follow.

A portion of the program will qualify for continuing education credit. Once content is confirmed and CE credit approved, that information will be provided to all registered attendees.

**A non-refundable $75 meeting registration fee is required to attend.** Please note that paying the registration fee does not secure your hotel reservation. Hotel accommodations are first come first serve, so secure your reservation quickly, as there is a limited number of rooms available. To register for the meeting and reserve your hotel, please see links below.

*When making your hotel reservation, please make sure you select and verify the date range you are staying. The hotel room rate is $182 per night and the self-parking rate is $18 per day.*

**No registrations or hotel reservations will be accepted after February 7, 2018.**

Meeting Registration Link

Hotel Registration Link

Please direct any questions you may have to faanp@aanp.org.

Best regards,

Fellows of the American Association of Nurse Practitioners

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                      Denise Link, PhD., NP, FAAN, FAANP
Selection Committee Chair: Katherine Kenny, DNP, RN, ANP-BC, FAANP

Selection Committee

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Nomination Committee

Theresa Campo, DNP, APRN, FNP-C, ENP-BC, FAANP
Shelly Hawkins, FAANP
Margaret O’Donnell, FAANP

History Committee

Chair:
Barbara Sheer, PhD, PNP, FNP, FAANP, CPNP, FAANP
We welcome contributions from our members for the Forum. Please, send your topics to Mary B. Neiheisel at mbn8682@louisiana.edu

Do you have an achievement you would like to share with us?
We highlight self-reported accomplishments of our fellows in our newsletter published quarterly. If you would like to share newsworthy accomplishments please go to URL: https://www.aanp.org/fellows-program/faanp-newsletter#submit-achievements

Your accomplishments will appear in the Forum, our fellow’s newsletter. (Note: we reserve the right to edit your entry to conform to allotted space).