Every year, I eagerly look forward to one of my favorite annual events: AANP’s Health Policy Conference. While this year’s Health Policy Conference — which will be held February 25 – March 11, 2021 — will be held virtually due to the COVID-19 pandemic, I know it will be as beneficial and enjoyable as ever. We will hear from an exciting slate of speakers which will provide us with the opportunity to learn the latest updates on health policy. As you are reading this article, online registration is currently open but, please keep in mind that it will close on March 9, 2021.

New for this year, registrants will have two full weeks to earn continuing education (CE) credits learning critical information on the key legislative issues impacting you and your patients. Presentation sessions from advocacy experts will help you develop the skills and insights necessary to advocate effectively at the federal level.

Now that President Biden has been sworn in and the 117th Congress is well underway; it is vitally important that you participate in the Health Policy Conference. This is our opportunity to provide updates on AANP’s legislative priorities and learn how you can help advocate for the advancement of these policies. After taking part in the conference, you will be equipped with valuable information and tools to help you engage with your members of Congress through AANP’s Advocacy Center. Please register today for AANP’s Health Policy Conference. I know I speak for the entire AANP Government Affairs team when I say, we are all looking forward to a fantastic Virtual Health Policy Conference!
Diabetes and Cardiovascular Disease

By Michele McKay, MSN, APRN, FNP-C, CHCP; AANP Education and Accreditation

The public health impact and burden of diabetes is staggering, with over 422 million people living with diabetes globally. According to the Centers for Disease Control and Prevention (CDC), not only do an estimated 88 million American adults have prediabetes, an estimated 7.3 million undiagnosed adults are unknowingly living with the full-blown disease. Cardiovascular disease (CVD) remains the leading cause of death for both men and women in the U.S., and the risk of CVD is increased further for individuals with diabetes. This disease is associated with a two-fold increase in risk for vascular events, independent from other conventional risk factors. Furthermore, although conditions common in people with diabetes (such as hypertension and hyperlipidemia) are clear risk factors for CVD, diabetes itself confers independent risk. Heart failure is another major cause of morbidity and mortality from CVD, and rates of hospitalization for heart failure were found to be twofold higher in patients with diabetes compared with those without diabetes.

The growing incidence of diabetes in the U.S. leads to an increasing number of nurse practitioners (NPs) who have patients with diabetes in their practices. NPs care for patients with diabetes in almost every health care setting and, through education and training, will be prepared to meet the needs of patients with diabetes and those who are at risk for or have been diagnosed with CVD.

The AANP CE Center offers a multi-module continuing education activity that addresses the optimal management of Type 2 diabetes in the context of cardiovascular disease entitled Current and Future State of Cardiovascular Disease and Type 2 Diabetes. For more resources on diabetes and CVD, visit the American Association of Nurse Practitioners’ strategic alliance partner, Know Diabetes by Heart.

References:

Thousands of state legislators are returning to state capitols this winter looking for solutions. They will be seeking ways to manage extreme state budget deficits without cutting too sharply into vital services. They will be tasked with finding ways to rebuild communities and reduce disparities, and help their states move forward. While these issues have been agenda items in years past, set against the economic and health challenges of the COVID-19 pandemic and recovery, the need to enact solutions that work is more palpable and pressing than ever before.

These legislators are also returning with fresh perspectives about who are health care experts, where they should be looking for solutions, and a desire to adopt policies with proven track records for results. While nursing has long been the “most trusted profession” in Gallup polling, this year that trust is being met with respect and carrying influence as policymakers embrace nursing to help solve state challenges. We optimistically embark on this new legislative year. The solutions that the American Association of Nurse Practitioners® (AANP) and our members have long been proposing are needed to help our states rebuild, and bring about improvements in public health, access to care and health care affordability.

AANP state priorities for 2021 include:

- **Modernize State Licensure Laws**
  One of the most important challenges facing patients and states is the accessibility of health care providers. Decades of evidence underscore that states with Full Practice Authority perform better on measures of outcomes, workforce development and access to care. AANP commits to working with states to update their licensure laws and provide patients with full and direct access to NP provided care.

- **Streamlining Care Delivery**
  NPs treat patients in more than a billion patient visits every year. Yet, outdated state policy and institutional processes frequently create inefficiencies that impede efficient and effective care delivery. AANP calls on policymakers and health care systems to update policies to recognize NP signatures on forms for care and orders for care that are within the NP scope of practice.

- **Creating Flexible, Sustainable Reimbursement and Care Delivery Models**
  Protecting a patient’s right to choose an NP as their health care provider and to have that care covered under their insurance plan is critical for a robust health care system. This includes insurance laws supporting the direct credentialing and reimbursement of NPs, ensuring that reimbursement rates promote sustainable practices and including NPs in network directories.

We look forward to working with our members to transform the health care system and build a system that supports health and is focused on patients. Please visit the AANP state policy tracker to learn of active legislation in your state and add your voice in calling for action. NPs serve at the intersection of health care policy and patient care. When policy fails our patients, NPs have the responsibility to help set it right.
Navigating Pulmonary Health Maintenance as the World Awaits Relief

By Annie Perng, MSN, CRNP, CWOCN; Co-chair, AANP Pulmonary and Sleep SPG

As many around the world welcome the optimistic results of COVID-19 vaccine trials and projected timelines for vaccine distribution, some wonder if they really need a health maintenance visit in-office or via telemedicine. The unique challenges of this pandemic have highlighted the importance of routine health care.

As a pulmonary nurse practitioner, I have encountered well-meaning patients who express concern for burdening pulmonary health care services for non-urgent needs.

In my practice, I focus on connecting patients’ experiences and concerns to opportunities for fortifying their health. Areas to focus on during these seemingly less urgent visits include the following:

Medication Management perhaps demands the bulk of our visits’ time but justifiably so. Maintenance visits can ensure patient understanding of the dose, purpose, and side effects of essential medications. Pulmonary patients benefit from periodic review of inhaler technique and appropriate titration. For example, patients may mistakenly perceive that a “rescue inhaler” should only be used during a true emergency. Furthermore, some may even prematurely discontinue maintenance inhalers as COVID-19 precautions have led to fewer respiratory infections.

Medical Technology Review affords clinicians the opportunity to empower patients and facilitate care. Encouraging correct use of inhalers, nebulizers, and positive airway pressure devices can provide a safety net against complications of COVID-19. Reviewing pulse oximeter indications, pleth, and saturation goals may facilitate early recognition of worrisome conditions.

Immunizations are vital to protecting against COVID-19 complications. Patients can maximize efficacy through ensuring vaccination of themselves and their social circle. A patient wary of getting pneumonia or flu provides an ideal window for vaccine education and dispelling myths.

COVID-19 Precautions and Information Sharing during a pandemic can overload your patients’ attention. Counsel your patients to follow and cross-reference any information with the guidelines of major health organizations. As information about this novel virus has evolved, certain precautionary principles remain steadfast and should be highlighted for patients who sometimes encounter mixed messages in the public or on social media.

Personal Protective Equipment such as masks, face shields, and protective eyewear continues to be an area of concern for many patients. If video visits are available, I suggest prompting patients to don and doff clean masks for your feedback. Unfortunately, product advertisements can be misleading and items like masks with exhalation valves or vents should not be promoted over non-valved masks.1

Deciding When to Go to the Emergency Room (ER), Urgent Clinic, etc. I typically conclude my visits with a brief discussion about when to go to the ER, an urgent care clinic, and when to call me. Directing patients to the appropriate entity for their concern will empower patients, minimize hospital strain, and potentially reduce unnecessary COVID-19 exposures.

For additional tips and information, join our discussions in the American Association of Nurse Practitioners® Pulmonary and Sleep Specialty Practice Group.

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