Suicide and suicidal behavior among youth and young adults is a complex but preventable, public health crisis. According to the Centers for Disease Control and Prevention, among youth in the United States who die, over 25% die from suicide, and suicide is the second-leading cause of death among young people ages 10-24. This crisis has been building for decades and is inexorably tied to social determinants of health and health care disparities that disproportionately affect children of color and other marginalized and at-risk groups of children. These trends — exacerbated by stresses brought on by the COVID-19 pandemic and a historically critical shortage of pediatric behavioral health care providers — prompted the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry and the Children’s Hospital Association to declare a national state of emergency in children’s mental health during the fall of 2021.

Recognizing the need to support pediatric health clinicians and other community partners who work with youth, AAP, the American Foundation for Suicide Prevention (AFSP) and experts from the National Institute of Mental Health created the Blueprint for Youth Suicide Prevention (Blueprint) as an educational resource to assist in identifying strategies and key partnerships to support at-risk youth.

Of particular relevance is the portion of the Blueprint focused on Strategies for Clinical Settings for Youth Suicide Prevention, as pediatric clinicians are strategically placed in diverse health care settings with tremendous potential to identify and support at-risk youth. The Blueprint shows how suicide prevention strategies can be feasibly integrated into a health system’s clinical care without overtaxing or disrupting workflow. The clinical pathway provided for suicide screening, assessment and disposition is designed for 20-minute outpatient visits. This pathway includes:

1. Screening for Suicide Risk in Clinical Practice — This applies to all patients ages 12 and up during preventive service visits, and 8- to 11-year-olds who present with behavioral health symptoms.
2. Conducting a Brief Suicide Safety Assessment — This applies to all patients whose screen identifies risk.
3. Detailed recommendations for the disposition of patients stratifies by their level of risk:
   a. Caring for patients at imminent risk of suicide.
   b. Caring for patients who need further mental health evaluation.
   c. Caring for patients at low risk of suicide.

This is an excellent and comprehensive resource for clinicians to build skills and confidence in addressing all aspects of this complex issue.

If you or someone you know is struggling or in crisis, help is available. Call or text 988 or chat 988lifeline.org.

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By Alex Fernandez, AANP Content Marketing Specialist

In March 2020, everything changed for nurse practitioners (NPs), their patients and the health care delivery system. The COVID-19 pandemic brought challenges that forced people across the world to change the way they work and live. As hospitals reached and surpassed their capacity, NPs stepped up to provide lifesaving care for their patients and communities. More than two years later, the COVID-19 pandemic has now become an everyday part of people’s lives. NPs and other health care providers are still reckoning with the effects of COVID-19, keeping track of ever-changing COVID-19 guidelines and addressing vaccine hesitancy in their communities. To assist you and your patients as you navigate the new normal, the American Association of Nurse Practitioners® (AANP) has assembled the latest tools and resources related to the COVID-19 pandemic.

This year, the COVID-19 pandemic may have taken a back seat in many patients’ minds. Federal agencies and local governments have loosened COVID-19 restrictions and lifted mask mandates, while many businesses have opened back up to the public. Yet, COVID-19 still poses a threat to public health. According to the Centers for Disease Control and Prevention (CDC), the United States (U.S.) has lost more than 1 million lives to COVID-19. This grim milestone highlights the importance of work that remains to be done to ensure COVID-19 infections, hospitalizations and deaths are prevented in the coming years. Now is the time to unite — provider and patient alike — and continue the fight against COVID-19.

One of the most effective ways to ensure the safety of your community is through continued vaccination efforts. Recently, COVID-19 vaccinations have become available for all patients 6 months of age and older, as well as booster doses for everyone age 5 years and older. In order to help keep parents and caregivers informed about vaccinating their children against COVID-19, the CDC has released an informative guide on pediatric vaccines.

If you have younger patients who are behind on routine vaccinations, encourage your patients’ parents and caregivers to bring their children in for routine vaccinations and COVID-19 vaccination — all in the same day. Please refer to the CDC’s Interim COVID-19 Immunization Schedule for 6 Months of Age and Older for a quick reference on how to keep all your patients vaccinated and safe.

Despite overwhelming evidence of the safety and efficacy of COVID-19 vaccines, the announcement of pediatric COVID-19 vaccines has been met with some hesitancy. Data show that COVID-19 vaccination rates are down, despite the significant number of pediatric
patients who are now eligible for their initial series of vaccinations. Although more than 75% of the U.S. population has received their initial dose of a COVID-19 vaccine, that percentage drops significantly when it comes to full vaccinations (first and second dose) and booster doses.

NPs are trusted caregivers in their communities, and you have the ability to influence positive change by educating your patients about COVID-19 vaccines. This is especially vital in minority communities, where vaccine intake has been considerably slower when compared to white, non-Hispanic populations. In a recent AANP News Feed article on health equity, Dr. Larider Ruffin stated that, “Although we know that nursing has been the most trusted profession for many years, we need to start restoring that trust within minority communities.” To aid in this effort, the U.S. Department of Health and Human Services Office of Minority Health (OMH) has created toolkits and resources centered around boosting vaccine intake and reducing health disparities among racial and ethnic minorities. Additionally, the CDC has released a guide on how to Vaccinate With Confidence: Strategy to Reinforce Confidence in COVID-19 Vaccines. By using these resources, NPs can continue to support the health of their patients amid COVID-19.

AANP Member Spotlight: Talking Opportunity With the Johnson & Johnson QuickFire Challenge Winners

By AANP Staff

Johnson & Johnson collaborated with the American Association of Nurse Practitioners® (AANP) and the Association of Public Health Nurses (APHN) for the seventh Nurses Innovate QuickFire Challenge — “Improving Access to Care” — and awarded $50,000 each to two standout nurse practitioners (NPs). AANP Fellow Erin Athey, DNP, FNP, RN, FAANP, is based in Washington, D.C., and her innovation is to pair what she calls “high touch on the front end and high tech on the back end” to treat patients in the underserved Ward 8 neighborhood. Christina Calamaro, PhD, PPCNP-BC, FNP-BVC, FAANP, is based in Atlanta, Georgia, and her project combines technology and visual aids to assist patients for whom language acts as a barrier to care. Athey and Calamaro work in different parts of the country, but both demonstrate the time-tested abilities of NPs to advance health care innovation and to meet patients where they are.

Erin Athey is the founder and CEO of C3: Community Concierge Care, a new clinic that she hopes will launch next month. Athey told AANP that she had an ah-ha moment when she was working with a patient who is HIV-positive and who was having difficulty coming into a clinic for necessary medication. That spurred Athey to work on a place-based clinical model designed to work with the patient in addressing their health care needs. Athey’s innovation is pairing what she calls an older school model of person-centered care — specifically embedding clinics in public housing and hosting pop-up clinics in the Washington, D.C., area — with data collection from residents to best understand what kind of services they need.

Christina Calamaro is a director of research and evidence-based practice for nursing and allied health at Children’s Healthcare of Atlanta. Her project, the Visual Communicator Tool, is a mobile app developed to assist patients who are facing a language barrier or another kind of communication barrier. The app uses visuals instead of words to help these individuals
express their symptoms. “Most of my experience has been with underserved populations,” Calamaro said in an interview at the 2022 AANP National Conference. “I’m really thinking in these terms: What is the health disparity that limits access to care for those patients, where are they located and how can I get them to the best care possible?” Calamaro is partnering with Georgia Tech and Emory University’s center for innovation, The Hatchery, to develop the app, which was slated to launch in August.

Like Athey and Calamaro, NPs across the country identify innovative ways to engage their communities and overcome barriers that prevent patients from receiving high-quality care. If you are among those innovative NPs, support from AANP and other institutions that value the work NPs do can be critical to your success. Johnson & Johnson’s QuickFire Challenges are just one opportunity you can utilize to foster professional innovation. AANP also offers a variety of grants and scholarships to support you as you step forward as a health care leader.

Looking Back and Moving Forward: Reflecting on the Nurse Practitioner Role in 2022

By Alex Fernandez, AANP Content Marketing Specialist

Throughout 2022, nurse practitioners (NPs) have continued to provide exceptional, person-centered care while serving as leaders in their communities. Despite the obstacles presented by the COVID-19 pandemic, you have remained resilient, worked to remove practice barriers and increased vital access to NP-delivered care. The American Association of Nurse Practitioners® (AANP) would now like to recognize the incredible work done by NPs in the first half of the year, provide resources to help you practice self-care and spotlight the member benefits that will help you make the most of your membership throughout the end of 2022.

This has been a landmark year for hard-working NPs across the United States (U.S.). At both state and federal levels, The Voice of the Nurse Practitioner® rang out loud and clear to help remove practice barriers. Now, 26 of the 50 U.S. states have secured Full Practice Authority (FPA)! Patients in New York and Kansas recently gained full and direct access to NP-delivered care, and now across more than half the nation, NPs are working at the top of their education and clinical preparation. In June 2022, the U.S. House of Representatives passed H.R. 6087, which would help ensure that federal workers can have their work-related injuries certified by an NP and have any related health care needs overseen by an NP. You can help move this bill forward by urging your Senator to take up and pass H. R. 6087.

Following these victories, NPs from across the country — and the world — celebrated the return of the in-person 2022 AANP National Conference by attending the opening general session and listening to the inspiring words of AANP President April N. Kapu, DNP, APRN, ACNP-BC, FAANP, FCCM, FAAN. “In 2022, we’ve reached historic milestones as a profession, with U.S. News and World Report ranking the NP role the top health care job in America and more than 355,000 NPs now licensed nationwide. NPs truly are leading to advance the future of nursing and health care, and patients and policymakers are recognizing our vital role.”

Continue to lead the future of health care — visit the AANP Advocacy Center to see how you can get involved in the next big advocacy victory.

While it is important to recognize the powerful work being done across the entire NP profession, AANP encourages you to take some
time to acknowledge your individual strengths, celebrate your successes and enhance your well-being. Checking in on your personal wellness can help you avoid burnout and develop self-care strategies that will keep you healthy and centered throughout the rest of the year. AANP has developed a new member benefit that encourages you to prioritize your well-being through monthly resources that will enhance your wellness within eight key areas.

Take care of yourself so you can continue to provide exceptional care for your patients. Visit the NPower: Your Wellness program page to access members-only resources related to mental health awareness, physical activity and the benefits of moderation for healthy nutrition and sun safety.

Are you on track to meet all your professional goals for this year? Make the most of your AANP membership to ensure all your educational, professional development and networking resolutions are met in 2022. Visit the AANP CE Center to enroll in a variety of brand-new activities on osteoporosis management, the management of food allergies and an evidence-based approach to heart failure that will expand your knowledge and help you complete all your continuing education credit requirements.

If you want to instantly connect with like-minded NPs who work in your specialty and share your professional interests, then join an AANP Community today. Spread across 24 specialty practice groups and four specialty interest groups, the AANP Communities offer a chance to deepen your knowledge, expand your network and help progress the development of theory and practice in key areas of health care.

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**Open Payments Program Inclusion of Nurse Practitioner Data**

By Frank Harrington, JD, AANP Director of Reimbursement and Regulatory Affairs

Created by section 6002 of the Patient Protection and Affordable Care Act of 2010, the Open Payments Program is a national disclosure program focused on increasing transparency in the health care system. The program makes publicly available transfers of value from certain reporting entities (e.g., pharmaceutical and medical device companies) to covered recipients. Transfers of value can include payments, items and services, such as honoraria, food and beverage, travel and lodging, continuing education and speaking fees. Historically, the only two categories of “covered recipient” were physicians and teaching hospitals. The Centers for Medicare and Medicaid Services (CMS) began collecting this data in 2013 and made the data publicly available on the Open Payments website beginning in 2014.

In 2018, the SUPPORT for Patients and Communities Act was signed into law, expanding the definition of “covered recipient” in the Open Payments Program to include advanced practice registered nurses, PAs and anesthesiologist assistants. CMS, which is responsible for administering the program, instructed that data collection on this expanded group of covered recipients would begin in 2021 and that the 2021 data would be made public in 2022. This data was made public on the Open Payments website, so now the public is also able to search the website for transfers of value made to nurse practitioners (NPs) and the other newly added covered recipients. As of this writing, data has been reported and is publicly available on over 130,000 NPs.

This is an important change for NPs and their practices to understand, and some key points must be considered. First, it is important to note that the reporting requirement is placed on the reporting entity and not the covered recipient.
For example, if an NP received a speaking fee from a pharmaceutical company, it would be the responsibility of the pharmaceutical company to report that information to CMS. Second, covered recipients can register for the Open Payments Program and review and dispute the reported data. If a covered recipient registers for the program, they will receive the reported data prior to publication and have 45 days — beginning on April 1 of the calendar year the data is published — to dispute any inaccurate data before it is made public. If an NP or their practice is not already keeping detailed records of transfers of value, it is important that they do so immediately.

CMS has also created an Open Payments website at cms.gov/OpenPayments, which contains additional background on the program and resources to help clinicians register for the program and understand their obligations. The information on this webpage includes a list of the covered natures of payment and complete definitions of the reporting entities and covered recipients. The American Association of Nurse Practitioners® encourages NPs to visit this site, register for the program, review reported information before it is made public and utilize the CMS resources to gain a better understanding of the Open Payments Program.
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