



NURSE PRACTITIONER ASSOCIATION
OF SOUTH DAKOTA

PO Box 2822
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**Job Postings and
Legislative updates!**

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NPASD

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MESSAGE FROM OUR PRESIDENT: Denise Boraas



Welcome Spring (soon I hope) Everyone!!

I want to start by congratulating Jackie Garner, CNP for being chosen for the AANP State Award for SD. She recently completed a tenure on the NPASD BOD as secretary and did a great job.

Well there is certainly a lot of buzz going on regarding the Affordable Care Act and aging population. How are we as a nation going to handle the influx of patients (more than 16 million by 2016) who will now have insurance while at the same time managing a decline in Family Practice providers? Who is going to care for their needs? How do states increase the number and role of primary care providers?

One study projects that by the year 2019, the demand for primary care in the US will increase by between 15 million and 25 million visits per year, requiring between 4,000 and 7,000 more physicians to meet this new demand. Moreover, any increased demand for primary care will be added to an already existing shortage of primary care practitioners. The federal Health Resources and Services Administration (HRSA) estimates that more than 35 million people living within the 5,870 Health Professional Shortage Areas (HPSAs) nationwide do not currently receive adequate primary care services. These areas would need more than 15,000 additional practitioners to meet the target ratio of one primary care practitioner for every

2,000 residents. **Nurse Practitioners certainly have a role in meeting this increasing demand.**

Health Policy Brief published an article in October, 2012 entitled Nurse Practitioners and Primary Care. They wrote that there is a growing body of research demonstrating that patients perceive that receiving primary care and having a usual source of care is more important than who it was that provided these services. Studies comparing the quality of care provided by physicians and nurse practitioners have found that clinical outcomes are similar. For example, a systematic review of 26 studies published since 2000 found that health status, treatment practices, and prescribing behavior were consistent between NPs and MDs. What's more, patients seeing NPs were also found to have higher levels of satisfaction with their care. **Nurse Practitioners certainly have a role in meeting this increasing demand.**

Emerging models of primary care emphasize comprehensive, patient-centered care through structure such as patient-centered medical homes and accountable care organizations. These models focus on elements of care such as care coordination and health promotion that have been traditionally provided by nurses. **Nurse**

President’s Message continued.

Practitioners certainly have a role in meeting this increasing demand.

So what’s the debate then?

Many say changes in federal and state laws are needed to remove barriers to the provision of primary care by NPs while others are opposed. Easier said than done! NPASD is actively staying abreast of what is changing and how we are involved in changes that will impact our state and the patients we serve. It is even more important for each of you to stay abreast of the significant impact your profession will have on the future of SD and the whole health care system.

Denise Boraas
NPASD President

Clinical Pearl
Drug Seeking Behaviors in Patients



- Calling for medication after hours or when they know their primary care provider is out of the office.
- Unbelievable stories about what happened to their medications.
- Frequent early refill requests
- Allergic to every medication except the one they want.
- The patient knows the names of major medications that they aren’t on, but purposely mispronounces them.

For the Provider

- Use an “I” statement instead of a “you” statement when denying narcotic requests – “I feel uncomfortable . . .”“I don’t want to get you hooked.”“I am not helping you by continuing this course.”
- This shows compassion, is less accusatory and will help to ward off arguments.

Written by Tonya Benson, NP

Save the Date for the
NPASD
2013 Fall Conference!

Sanford Research Center
2301 East 60th Street North,
Sioux Falls, SD 57104

Friday, Sept. 20th (all day) -
Saturday Sept. 21 (am only)

Contact Bryan Wermers, the Fall 2013 Conference Chair
at Conference.Chair@npasd.org with questions
or suggestions!

Prescription Drug
Monitoring Program
(Pdmp) Update

The South Dakota PDMP was established by the 2010 Legislature and after rule promulgation, became operational in April 2012. The program goals are to improve patient care and to prevent diversion of controlled drugs. Education of prescribers and pharmacists on its use and the need to obtain on-line access in order to query patients has been the focus for 2012. We continue to receive positive comments on the program from prescribers (including Nurse Practitioners), dispensers and law enforcement. Nearly half (46%) of South Dakota practicing pharmacists (520) have been granted on-line access to the PDMP database while approximately 22% (685) of all prescribers have been approved. We would like to see this number go up. As of February 12, 2013 there are over 1.6 million prescriptions in the database. See chart below for most prescribed controlled substances in South Dakota in 2012. For further information, please call the SD Board of Pharmacy at 605-362-2737.



Top 10 Controlled Substances in South Dakota by Number of Doses Dispensed: January 1, 2012 to December 31, 2012.

2012 Most Prescribed Drugs	Rx's	Tab/Caps	Quant/Rx
Hydrocodone/APAP	295,073	16,675,025	57
Zolpidem	102,625	3,293,422	32
Lorazepam	86,333	4,083,256	47
Clonazepam	74,990	4,625,870	62
Alprazolam	58,837	3,417,895	58
Methylphenidate	50,964	2,297,922	45
Amphetamine Salts	46,547	2,075,441	45
Oxycodone/APAP	44,966	2,753,411	61
Oxycodone	42,852	3,533,264	82
APAP/Codeine	37,527	1,493,872	40

Kari Shanard-Koenders, R.Ph.
Prescription Drug Monitoring Program Director

Come one
come all!

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DEAL FOR YOU!

Join NPASD now for \$100.00 or renew your membership if it has lapsed. There is a new improved website at **NPASD.org** where you can join and pay online. You can also update your profile.

- Here are some benefits for joining NPASD:
- NPASD membership guarantees a discount on State Conference fee
 - NPASD provides a referral databank list of NPASD members
 - NPASD provides a communication network for Nurse Practitioners
 - NPASD serves as an advocate of Legislative Action benefiting Nurse Practitioners
 - NPASD will represent you in state health forums
 - NPASD serves as your voice in issues of concern to Nurse Practitioners such as certification, liability insurance, third party reimbursement, rural health, and barriers to practice
 - NPASD serves as a resource for practice, research, legislative and marketing assistance to grass roots and state organizations and individuals
 - NPASD provides continuing education and information concerning other regional and national conferences

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