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Subseries:

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FolderID:

Folder Title:
Meeting with Nurse Practitioner Leadership Summit 2/14/94

Stack:	Row:	Section:	Shelf:	Position:
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HIV & Health Care Reform
Services & Prevention

1) National Policy –
   - Research
   - Services
   - Prevention

2) Why HC reform fits the HIV agenda
   a) services –
      - Coverage – universal, non cancellable, community related
      - benefit pkg – appropriate
        - primary care
        - prescription Rx
        - home care
        - m.h. / substance abuse
      - essential providers
   b) prevention –
      - personal prevention services
        - diagnostics
        - education / counselling
      - public health infrastructure

3) what about nursing
   - any primary care provider must be up to date on
     - risk assessment
     - prevention counselling
     - early care
   - prevention – awareness – occupational hazard vs. personal risk-
     - leadership

THE WHITE HOUSE

WASHINGTON

January 30, 1994

Susan Wysocki, RNC, NP
Chair
National Nurse Practitioner Coalition
2401 Pennsylvania Avenue, N.W. #350
Washington, DC 20037-1718

Dear Ms. Wysocki:

This letter confirms the appearance of Kristine M. Gebbie, National AIDS Policy Coordinator, at the 1994 Invitational Nurse Practitioner Leadership Summit Capitol Hill luncheon on Monday, February 14, 1994.

Ms. Gebbie plans to arrive at 12:30 p.m. and deliver a 15 minute speech. I look forward to discussing with you possible topics for Ms. Gebbie's talk.

I can be reached at (202) 632-1090. I am enclosing a biographical sketch and curriculum vitae for your reference.

Sincerely,

W. Steve Lee

W. Steve Lee, Executive Assistant
and Scheduler to the
National AIDS Policy Coordinator

Enclosures

National Nurse Practitioner Coalition
2401 Pennsylvania Ave NW, #350, Washington, DC 20037-1718 • 202/466-4825 Fax: 202/466-3826

FAX

DATE: 1-21-94 TIME: 3:40 pm NO. PAGES (7)
TO: Steve Lee Scheduler
FAX: 202/690-7560
FROM: Nancy Sharp

MESSAGE: Enclosed is letter and info for luncheon on Feb. 14, 1994.

Thank you for your assistance

[Kristine Gebbie Office]

National Nurse Practitioner Coalition

2401 Pennsylvania Ave NW, #350, Washington, DC 20037-1718 • 202/466-4825 Fax: 202/466-3826

January 21, 1994

ATTN: Steve Lee, Scheduler
The Honorable
Kristine Gebbie, RN, MN
National Aids Policy Coordinator
Executive Office of the President
750 - 17th Street, NW, Suite 1060
Washington, DC 20500

Dear Ms. Gebbie:

We are writing to invite you to speak to the 1994 Invitational Nurse Practitioner Leadership Summit, scheduled here in Washington, DC from February 12 - 14, 1994. This invitational summit is the forum for the nation's nurse practitioner (NP) leadership to gather to discuss their legislative goals for the coming year.

The National Nurse Practitioner Coalition was founded to promote many of the same principles in the President's health care reform plan. Nurse practitioners are the providers who will expand primary care, preventive care services, and care to individuals with chronic diseases such as AIDS. In particular, nurse practitioners are in an ideal position to promote HIV prevention strategies, including the use of condoms.

The attendees at this 1994 Invitational Nurse Practitioner Leadership Summit will include NP leaders from each state and representatives from each of the ten national organizations that represent NPs, including NP specialty organizations. (See attached lists of NP groups.) In addition, we have invited other individual distinguished NPs who have made significant contributions to the nation's health either as practitioners, educators, administrators or researchers.

We are inviting you to address the group for approximately 15 minutes on Monday, February 14, during the Capitol Hill luncheon between 12:30pm and 1:30pm.

Thank you for your thoughtful consideration of this request. I will call your office to discuss this invitation with your scheduling staff.

On behalf of the 49,500 nurse practitioners throughout the U.S., we look forward to an affirmative response.

Sincerely yours,

Susan Wysocki, RNC, NP
Chair
National Nurse Practitioner Coalition

NATIONAL NURSE PRACTITIONER COALITION
2401 Pennsylvania Avenue, NW, Suite 350
Washington, DC 20037
(202) 466-4825

STATE NURSE PRACTITIONER GROUPS SUPPORTIVE OF NNPC GOAL STATEMENT

1. New York State Nurses Association
2. Alabama Nurse Practitioner Council
3. Maine Nurse Practitioner Association
4. California Coalition of Nurse Practitioners
5. Georgia Nurse Practitioner Council
6. Siouxland Clinical Advanced Practice Nurses (South Dakota)
7. Advanced Practice Council/North Dakota Nurses Association
8. Minnesota Nurses Association
9. Nurse Practitioner Association of the District of Columbia
10. Nurse Practitioner Association of Maryland, Inc.
11. Oklahoma Nurses Association/Primary Care Division
12. Rhode Island Nurses Association/Nurse Practitioner Council
13. California Nurses Association
14. Virginia Council of Nurse Practitioners
15. ARNPs United - Seattle, Washington
16. Associated Washington Nurse Practitioners - Kent, Washington
17. Connecticut Nurse Practitioner Group, Inc.
18. Nevada Nurses Association/APN/SPCT
19. Kansas Alliance of Advanced Nurse Practitioners
20. Wisconsin Nurse Practitioners in Reproductive Health
21. South Carolina Nurse Practitioner Council
22. Vermont Nurse Practitioners
23. Ob\Gyn Nurse Practitioner Group, Planned Parenthood of Wisconsin, Inc.
24. Louisana Association of Nurse Practitioners
25. Massachusetts Coalition of Nurse Practitioners
26. Idaho Nurse Practitioner Conference Group of Idaho Nurses Association
27. South Carolina Nurses Association
28. Central Mississippi Nurse Practitioner Special Interest Group of MNA
29. Advanced Nursing Practice Group of West Virginia Nurses Association
30. Alabama Nurse Practitioner Council of Alabama Nurses Association
31. West Virginia Association of Advanced Nursing Practice
32. Iowa Association of Nurse Practitioners
33. North Shore Nurse Practitioners, Haverhill, Massachusetts
34. Nevada Advanced Practioners Specialized Practice Group
35. New Mexico Nurse Practice Council
36. Montana Nurse Practitioner State Interest Group
37. Florida Nurses Association, Advanced Practice Council

As of December 6, 1993

NATIONAL ORGANIZATIONS WITH NURSE PRACTITIONER MEMBERS

1. American Academy of Nurse Practitioners
2. American College Health Association: Nurse/Nurse Practitioner Sections
3. American Nurses Association: Council of Nurses in Advanced Practice
4. Association of Women's Health, Obstetric and Neonatal Nurses
5. National Association of Neonatal Nurses
6. National Association of Nurse Practitioners in Reproductive Health
7. National Association of Pediatric Nurse Associates and Practitioners
8. National Association of School Nurses
9. National Conference of Gerontological Nurse Practitioners
10. National Organization of Nurse Practitioner Faculties

NATIONAL ORGANIZATIONS FOR OTHER ADVANCED PRACTICE NURSES

1. American College of Nurse Midwives
2. American Association of Nurse Anesthetists

1994 INVITATIONAL NURSE PRACTITIONER LEADERSHIP SUMMIT
Ritz-Carlton Hotel, McLean, Virginia
February 12 - 14, 1994

The Purpose of the 1994 NP Leadership Summit is to

- Develop a strategic plan for effective nurse practitioner unity that will harness the political power of NPs
- Capitalize on the collective force of all nurse practitioner organizations
- Determine the future of NNPC, including roles and responsibilities for both the leadership and the grassroots constituents in every state

The Objectives of the 1994 NP Leadership Summit are to

- Further define and update the national primary care agenda for nurse practitioners
- Describe key elements of pending health care reform legislation
- Describe policy issues affecting nurse practitioners and action strategies to address these issues
- Visit Members of Congress to discuss issues affecting universal access to primary care and the contributions nurse practitioners make in providing this care

NATIONAL NURSE PRACTITIONER COALITION
2401 Pennsylvania Avenue, NW, Suite 350, Washington, DC 20037-1718
Phone (202) 466-4825 Fax (202) 466-3826
CompuServe 73543, 1735

1994 INVITATIONAL NURSE PRACTITIONER LEADERSHIP SUMMIT

Ritz-Carlton Hotel, McLean, Virginia
February 12-14, 1994

PRELIMINARY AGENDA

Friday, February 11, 1994

4:00 P - 9:00 P	Registration Desk Open
6:00 P - 8:00 P	Welcoming Reception

Saturday, February 12, 1994

8:00 A - 8:30 A	Welcome and Introductions
8:30 A - 9:15 A	Saturday Keynote: *Health Care Reform -- What's Happening?*
9:15 A - 10:00 A	*A Panel Discussion of Key NP Issues*
10:00 A - 10:15 A	Stretch Break
10:15 A - 11:15 A	Setting the Stage: *The Future Ain't What It Used to Be!*
11:15 A - 12:30 P	Workgroups: *Assumptions About the Future*
12:30 P - 2:30 P	*Networking Luncheon and Speaker*
2:30 P - 3:00 P	Plenary: *Feedback From Morning Workgroups and Preparation for Afternoon Workgroups*
3:00 P - 5:30 P	Workgroups: *Moving From Our Current Realities To Our Desired State (i.e. Directing the Future for Nurse Practitioners)*

Free Evening

Sunday, February 13, 1994

8:00 A - 8:30 A	Participants: *Selection of Key Nurse Practitioner Objectives*
8:30 A - 9:30 A	Sunday Keynote: *Nurses' Impact on Health Care Reform: Have We Made a Difference?*
9:30 A - 10:00 A	Plenary: *How to Operationalize a Wish List*
10:00 A - 10:15 A	Stretch Break
10:15 A - 11:45 A	Open Forum: *Identify and Consider Options for Achieving Nurse Practitioner Objectives*
11:45 A - 12:00 A	Pick Up Box Lunch and Proceed to Workgroups
12:00 A - 2:00 P	Working Lunch: *Develop the Optimum Structure(s) for Ongoing Nurse Practitioner Unity*

2:00 P - 4:00 P	*Consensus on Next Steps for Nurse Practitioners*
4:00 P - 4:30 P	*Summary of Work Completed*
5:00 P - 5:45 P	Optional Workshop *Preparation for Capitol Hill Day – Visiting Congressional Offices: What to Say and What to Do*

Free Evening

Monday, February 14, 1994: Capitol Hill Day

7:00 A	Check Out of Hotel and Store Luggage with Hotel Bellman
7:30 A - 8:30 A	*Breakfast Briefing on Capitol Hill Visits*
8:45 A - 9:15 A	Ride Buses to Capitol Hill, Washington, DC
9:30 A - 12:15 P	*Appointments with Members of Congress in their offices*
12:30 P - 1:30 P	*Luncheon and Speaker: Member of Congress*
1:30 P - 2:00 P	*De-Briefing on Congressional Visits* (Remain in Dining Room)
2:00 P - 2:15 P	Group Photo on East Steps of US Capitol
2:15 P	*Adjourn 1994 NP Leadership Summit*

Bus Schedule for Return to Hotel:

1. Buses will be staggered for return to Ritz-Carlton Hotel at 1:45pm, 2:15pm, and 3:00pm.

2. NOTE: If there are individuals who have earlier flights, they can bring their luggage to Capitol Hill and store the luggage at Susan Wysocki's house, while making Congressional visits. Participants will be able to flag taxis on their own from Susan Wysocki's house to National or Dulles Airports.

Time and Distances to Airports:

1. From the Ritz-Carlton Hotel in McLean, Virginia – both National and Dulles Airports are equal distance from the hotel. You need 20-30 minutes travel time to either Dulles or National Airports from the hotel.

2. From Susan Wysocki's House on Capitol Hill -- National Airport is about 7 miles and you need to allow for 15-20 minutes travel time. Dulles Airport is about 35 miles and you need to allow 55-60 minutes travel time.

HEALTH REFORM AND HIV/AIDS

A. Basic Premises of Health Reform

1. Everyone enrolled viz. employer
2. State-organized purchasing alliances; large companies can opt out
3. Subsidies for small businesses, poor individuals
4. Plan must have choice: fee for service option; out of plan coverage
5. Benefits package is broad. It includes perscription drugs, home care, substance abuse services, additional enabling services
6. Data Systems:
   - enrollees
   - services--standard form
7. Quality:
   - Outcome-based
   - Report card
   - Electronic

B. Effects of Health Care Reform on Services

1. Insured/Undocumented/Incarcerated
2. Network building
3. Contracts vs. Grants
4. Substance abuse: 30 day input/highcopy
5. Public Health infrastructure

C. Effects of Health Care Reform on Ryan White/CARE Act

1. Wraparound
2. Data
3. Overlap w/prevention

Policy--Past, Present, Future

- Before the Clinton Administration
- Clinton Administration's Policies--cross-reference Health Care Reform; Budget and Funding
- HIV/AIDS Policy in the Future--cross-reference Health Care Reform
- "The Three Prongs"
  a. Research
  b. Services
  c. Prevention

Health Care Reform

- Problems with the Health Care System Today
- Effects of Reform on HIV/AIDS Treatment and Services
- Effects of Reform on Funding
  a. Research
  b. Services/Care
  c. Prevention/Education
- Effects of Reform on Health Care Providers
- Effects of Reform on Medical Coverage for HIV+ people/PWAs

Nursing/Health Care Professionals

- Role in Health Policy Development
- Effects of Policy Changes on the Medical Profession--cross-reference Health Care Reform; Budget and Funding
- Medical Profession's Response to HIV/AIDS
  a. Problems
  b. Successes
  c. What Needs To Be Done Now (and in the Future)
- Research--What's Going On?
  a. The Search For a Cure
  b. Treatment
  c. Sociological studies/Demographics

The State of HIV/AIDS in the U.S.

- AIDS in Rural Areas
- Community Based Organizations (CBOs)
- Government Response
  a. Federal--cross-reference Health Care Reform
  b. State
  c. Local
- AIDS in the Workplace
- Demographics/Population Statistics
- AIDS in Minority Communities

Budget and Funding

- Ryan White/CARE Funding
  a. Title I
  b. Title II
  c. Title III
  d. Title IV

10/26 Model Standards

PH After Reform

PH: doesn't ignore personal health (but: providing it becomes an option
(do I want to do it, can I serve this population well, does it interest a ph. - such as B therapy)
Can focus on the whole population -
crosses & overlaps in plans
population based
Surveillance — health status
threats to health
capacity of system
regulatory programs } safe water, epidemic control
disease control
outreach & linkage - to connect people with
quality assurance —

Will demand -
- sophistication in data gathering & analysis
timeliness / level of analysis
- what is entered - e.g. unit of analysis by epi or health ed
- rethinking, expectations of outcome
HP 2000 interesting
ex = HIV #'s
- rethinking approach to quality -
out of old licensure mode —
beyond minimally safe to best practices
- not only of personal care system
but of ourselves — accountability

Michele Iverson

simplicity
savings
quality
choice
responsibility

Nsg Role in Natl Health Policy

PH Nsg - cutting edge / built its own bases -

The issues confronting the nation -
not everyone insured
not everyone paying in
perverse $ incentives
entrepreneurial structures

put last -

The issues confronting nsg -
limited membership in prof. org.
mixed entity / image
lack of documentation — dimension of reality
"oldest living nurse
Model -

The opportunity -

security - complacency?
undocumented

simplicity - do we really buy in?
cause examples?

savings -
though we may need more $ - hard to justify

quality - what is our prof. commitment?
how do we choose our prof. colleagues

choice - our own?
neighborhood/community health centers

responsibility = payment