

Advanced Registered Nurse Practitioner Care

Vol. 14, No. 1

Official Newsletter of ARNPs United of Washington State

January 2003

Legislative Update

by Marty Couret

The 2003 legislative session is upon us. Your participation is more important than ever. This year ARNPs United will concentrate on these bills.

The first bill will be identical to 2nd SSB 5797 to allow ARNPs to sign the accident report and time loss forms for Labor and Industries. This will remove a huge barrier to care. This is not an expansion of practice since ARNPs can already provide all the treatment for L&I patients and bill for this service.

The second bill will be an addition to the current Revised Code of Washington (RCW) 69.41.030. This will allow prescriptions to be filled in WA from out of state NPs according to their state law. We already have the support of Medco Health (formerly Merck Medco) as well as the national campaign headed by Harriet Helman and Westly Byrnes.

Help break down the barriers to care by nurse practitioners. Call your representatives. Tell them what you do and what your needs are. Tell them about the bills we are putting forward and how they will benefit those who live and work in your area. Ask them to support the bill you are calling about.

Last but not least, remember that you have two districts the one you work in as well as the one you live in.

Classified Ads

Family Nurse Practitioner

Immediate opening in a busy well established nurse practitioner owned clinic in Port Angeles, Wa. Fulltime 36-40 hrs./wk average. Competitive salary DOE, plus bonuses, medical, 401K, CE, cell phone, malpractice, congenial staff, challenging practice with a wide variety of clientele. Experience in acute care desirable. Must be able to work independently, efficiently and have good people skills.

Send CV to CliniCare
Atten David Kanters
621 E Front St., Port Angeles WA. 98362
email medic@olympus.net cc clinicare@olympus.net

Medical Oncology Nurse Practitioner

If you're looking for an exciting opportunity to provide quality patient care in a friendly, supportive environment, this is the job for you. I am a very busy Hematologist-Medical Oncologist in a hospital-based private practice in Mount Vernon, WA looking for an experienced Oncology Nurse Practitioner. The people here are nice, the patients are appreciative, and the compensation is competitive.

Mail Resume/CV and email address to:
Robert Raish, MD
15253 Josh Wilson Road, Burlington, WA 98233

ARNP/CNMs

PPWW has built a reputation for the highest standards in reproductive healthcare, and advocate for Choice. PPWW is recruiting for candidates who share our pursuit of professionalism and support of the Mission.

We are seeking ARNPs to provide quality patient care to compliment our reproductive healthcare team. We have several optyps to work PT/FT/Per Diem in our 18 Western WA clinics. Must have current WA State RN & ARNP (WHNP, FNP, Adult NP, or CNM) licenses, prescriptive authority, & 1+ yr women's health care experience preferred.

To apply, fax your cvr ltr/resume to (206) 328-6818; email jobs@ppww.org, or mail to PPWW/HR, 2001 E. Madison, Seattle, WA 98122. Toll-free Jobline 1-866-PPWW-JOB.

PPWW offers a solid benefit package. www.ppww.org. EOE.

CE Opportunities

Northwest Washington OB/GYN Conference

Date: February 6-7, 2003 • **Time:** 8:00 am - 3:45 pm • **Description:** CEUs 14.4. Cost: \$105/day \$195 2 days. Embassy Suites Hotel, 20610 44th Ave. West, Lynnwood, WA 98036. For further information contact Providence Everett Medical Center, 425.261.3690 or email JSackett@Providence.org

2003 Nurse Legislative Day

Date: Monday, February 10, 2003 • **Washington Center for the Performing Arts, Olympia, WA** • **Description:** Featuring Keynote Speech by: Governor Gary Locke. Join hundreds of nurses and nursing students from around the state. It's an energizing, educational, fun-filled day. This is your opportunity to: Learn about critical nursing and health care legislation to be considered during the 2003 Legislative Session. Obtain the skills needed to become a citizen lobbyist. Learn how to communicate effectively with your elected officials. Meet with hundreds of nurses and nursing students from Washington State. Visit your state representatives and let them know which issues are important to you. Unite with other nurses and educated lawmakers on nursing and health care issues.

For further information contact the Washington State Nurses Association Political Action Committee, 575 Andover Park West, Suite 101, Seattle, WA 98188 206.575.7979. Online registration will be available at www.wsna.org.

Spring Training for Primary Care Providers

Date: March 19-22, 2003 • **Description:** Orange Tree Golf Resort, Scottsdale, AZ. Variety of Family Practice Topics. Maximum CEU's 15.6. Cost: \$350 (includes reception for entire family, breakfast each morning and \$40 cash for lunch). For further information contact Providence Everett Medical Center, 425.261.3690 or email JSackett@Providence.org

Seventh Annual Cardiac Whistler Conference

Date: June 26-28, 2003 • **Description:** Delta Whistler Resort, Whistler, BC 13.8 CEARP Hours -Registration Fee \$275 Registration Fee includes: Thursday afternoon opening reception (for entire family), breakfast on both Friday and Saturday. For a brochure contact KHezel@Providence.org or call 425.261.3691.

Ad Information

Copy deadline is the second Tuesday of the month prior to publication. Ads may be accepted later than this on a space-available basis. Position Available Ads & Continuing Education Announcements of less than 66 words are \$45, of 66 to 130 words are \$75, and greater than 130 words are \$105. Position Available Ads are priced per insertion. Continuing Education Announcements are per offering for up to three (3) consecutive insertions. New Product Announcements per product for one insertion of 130 words or less are \$75. Ad Inserts are \$540 for one issue. All ads are subject to space limitations and editing. Call for detailed rate information. Mail copy to ARNP Care, 10024 SE 240th St, #102, Kent, WA 98031. Phone 253.852.9042. Fax 253.852.7725. Email care@nurse.net.

<p align="center">ARNPs United of WA State 10024 S.E. 240th St., Suite #102, Kent, WA 98031 253.480.1035 Fax: 253.852.7725 Email: au@nurse.net Web site: http://www.nurse.org/wa/au/</p>
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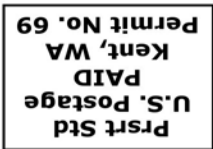
Healthy Humor

Q: How many knees does a person have?

A: Four, the right knee, the left knee and two kidneys.

<p align="center">ARNP Care 10024 S.E. 240th St., Suite #102, Kent, WA 98031 253.852.9042 Fax: 253.852.7725 Email: care@nurse.net Web site: http://www.nurse.org/wa/arnpcare</p>

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Glaucoma Detection: New Technology Pounces On Nerve Changes



James Murphy, O.D. of Mt. Vernon, Wash. looks for early signs of glaucoma.

Glaucoma is one of the leading causes of preventable blindness in the United States - and the leading cause among African Americans. Approximately three million Americans have glaucoma, but almost half are unaware they have the disease. Unfortunately, 40 to 60 percent of an individual's optic nerve fibers can be destroyed before any symptoms are noticed. This makes early detection of glaucoma through an annual, comprehensive eye examination critical for saving vision.

New technology that produces images of the patient's optic nerve fiber layer and optic nerve head - the tissue layer

Early Detection is the Key

In the results of a Mayo Clinic study announced in May 1999, early detection of glaucoma allowed for early treatment and maximum sight preservation. The study showed that patients who already had vision changes from glaucoma when diagnosed face a 54 percent chance of becoming legally blind in one eye, despite treatment. The study further confirmed that in people who were diagnosed with glaucoma before significant damage occurred, the risk of going blind in one eye was 14 percent over 20 years, with treatment.

recognized to be the first site of glaucoma damage - is helping to detect glaucoma earlier than ever before. In most cases, this new "optic nerve imaging" equipment uses a laser beam to scan the optic nerve head and/or fiber layer to illustrate topographic and/or thickness changes that could signify the presence of glaucoma.

Tonometry (eye pressure check), visual field analysis (examination for loss of peripheral vision) and optic nerve evaluation are the traditional methods of glaucoma diagnosis. An optometric physician uses data from all three methods to form a clinical impression.

Optic nerve evaluation is critical since 50 percent of glaucoma patients do not present with high or abnormal pressure results. Furthermore, 40 - 60 percent of nerve fibers may be diminished or damaged before visual field analysis can identify a problem. The optic nerve can be analyzed using ophthalmoscopy or fundus photography in addition to new methods such as optic nerve imaging.

The diagnostic approach of optic nerve imaging follows the updated definition of glaucoma established in 2000. Glaucoma is defined as a multifactorial optic neuropathy in which there is a characteristic acquired loss of retinal ganglion cells (nerve fiber layer). The essence of the disease *(Continued)*

President's Message: Education is Vital to Early Glaucoma Detection

Thank you for your interest in glaucoma. With this newsletter, we hope to inform you about our community programs and provide an overview of current eye health research and diagnostic technological advancements in glaucoma management.

We also wish for you to understand the scope of services we (optometric physicians/ optometrists) provide



Brett G. Bence
O.D., F.A.A.O.

through our training, experience and mandatory continuing education. Please see our new Web site at www.eyes.org for more information, including our section specifically designed

for health care providers.

The Optometric Physicians of Washington (OPW) is currently conducting public education campaigns for diabetic retinopathy and glaucoma, conditions with potentially significant ocular morbidity. Eye disease tends to discriminate against certain ethnic groups and age categories. Due to the geographic distribution of doctors of optometry throughout rural and urban Washington, we believe our members are accessible and eager to help in nearly every Washington State community with educational programs, eye care for low income patients (VISION USA) and state-of-the-art diagnostic technology for glaucoma assessments.

Please contact our association if our members can be of service to you. We thank you for your interest in optometry and look forward to a partnership in providing the best and most cost-effective care possible to our citizens.

Brett G. Bence, O.D., F.A.A.O.
President, OPW

Study Tests Treatment of Intraocular Pressure

Elevated intraocular pressure (IOP), a common condition affecting 3 to 6 million people in the United States, is thought to be the leading risk factor for development of open-angle glaucoma. Most ocular hypertensive patients (patients with elevated eye pressure) are prescribed medications to reduce intraocular pressure.

Because pressure-lowering medications can be costly and carry the potential for serious side effects, the National Eye Institute is sponsoring the Ocular Hypertension Treatment Study. The study involves a long-term, well-controlled clinical trial to determine whether medical reduction of IOP can prevent or delay the onset of glaucomatous damage in ocular hypertensive subjects - a conclusion for which there was no conclusive evidence when the study began.

In univariate analyses, baseline factors that predicted the development of primary open-angle glaucoma (POAG) included older age, race (African American), sex (male), larger vertical cup-disc ratio, larger horizontal cup-disc ratio, higher intraocular pressure, greater Humphrey visual field pattern standard deviation, heart disease, and thinner central corneal measurement.



Topical ocular hypotensive medications can be effective in reducing elevated intraocular pressure.

In multivariate analyses, baseline factors that predicted POAG included older age, larger vertical or horizontal cup-disc ratio, higher intraocular pressure, greater pattern standard deviation on visual field tests, and thinner central corneal measurement.

Results of the study have thus far indicated that topical ocular hypotensive medication was effective in delaying or preventing onset of POAG in individuals with elevated IOP. Although this does not imply that all patients with borderline or elevated IOP should receive medication, clinicians should consider initiating treatment for individuals with ocular hypertension who are at moderate or high risk for developing POAG.

Here are some statistical details: During the course of the study, the mean \pm SD reduction in IOP in the medication group was 22.5 percent \pm 9.9 percent. The IOP declined by 4.0 percent \pm 11.6 percent in the observation group. At 60 months,

Free Eye Care Now Year-Round

The Optometric Physicians of Washington (OPW) has just approved their VISION USA program to run year-round. This means that individuals throughout the state can apply for a free, complete eye examination any time during the year. If the individual qualifies, he or she can receive an eye exam from a local optometric physician shortly thereafter.

VISION USA Program Basics

- Applicants must meet income and insurance parameters
- Individuals can apply year-round by calling 1-800-766-4166 or get an application from a social service agency, the OPW Web site or write for one
- See www.eyes.org for complete details and a downloadable application

the cumulative probability of developing POAG was 4.4 percent in the medication group and 9.5 percent in the observation group. There was little evidence of increased systemic or ocular risk associated with ocular hypotensive medication.

Please see www.nei.nih.gov/neitrials/static/study24.htm for a complete explanation of this study.

Mapping Glaucoma Patients' Future

Research has shown that a particular genetic marker, the mt-I, in the promoter region of the glaucoma-related TIGR gene is associated with a more aggressive form of glaucoma. Studies show that the mt-I marker can be found in 15 - 20 percent of adult primary open-angle glaucoma (POAG) patients.

A new test is available to detect the mt-I marker. Two cheek swabs provide a patient DNA sample that is shipped to a lab for evaluation. A positive test result for the mt-I variant may indicate the patient is at risk for a more aggressive form of glaucoma that may progress more rapidly, even with traditional management.



A patient's DNA could indicate if they are predisposed to an aggressive form of glaucoma.

A positive result may prompt the physician to consider a more aggressive approach to therapeutic intervention with more frequent monitoring.

Detection *(Continued from front)*

therefore lies in the degradation of the retinal nerve fiber layer. Thus, optic nerve imaging is effective because it examines the site of the disease's origination, rather than the symptoms of the disease.

Optometric physicians throughout Washington State are offering patients advanced diagnosis through optic nerve imaging equipment such as the GDx Access™, HRT II™ (Heidelberg Retinal Tomograph), and OCT3™ (Optical Coherence Tomography). These tests are being used with traditional clinical measurements to help identify glaucoma as early as possible and therefore save vision.

Please direct your questions or comments to **Judy Balzer**, OPW Executive Director at (800) 562-1487.