Technology: Electronic Health Records Help Fight Vaccine-Preventable Diseases

SLAS FIRST Team Grants Program Launched

Senate Bill Enhances Drug Supply Chain Security, But Also Threatens Patient Access to Essential Medications

Q&A with Amy L. Doneen, MSN, ARNP, Medical Director of the Heart Attack & Stroke Prevention Center in Spokane, Washington

Amy L. Doneen, MSN, ARNP, Medical Director of the Heart Attack & Stroke Prevention Center in Spokane, Washington
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with Amy L. Doneen, MSN, ARNP, Medical Director of the Heart Attack & Stroke Prevention Center in Spokane, Washington

Amy Doneen is a nurse practitioner, business owner, medical director, and adjunct professor. At the Heart Attack & Stroke Prevention Center, she uses the Bale/Doneen Method (www.baledoneen.com) to get to the root causes of vascular health issues. As a leader in the prevention of heart attacks, strokes and diabetes, Amy also teaches and lectures, and is currently earning her DNP from Gonzaga University. She was last featured in NEWS-Line for Nurse Practitioners in February 2010.

Nurse Practitioner News

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2, 10, 15 & 16 Conferences & Educational Opportunities

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Q: Why are you moving forward to obtain your doctorate of nursing practice degree?

A: I believe that knowledge is the key to success. Nurse practitioners have a key role in the medical system today and are poised to fill the gap of care providers in the expanding demand of healthcare today and tomorrow. I feel it is my responsibility to be prepared academically and in clinical practice to deliver optimal medical care to my patients and, therefore, obtaining my doctorate is an exciting and necessary step in this dynamic process. I decided to return to Gonzaga University for my DNP degree because they offer an online program that allows me to maintain my clinical practice and lecture schedule while fulfilling the requirements for my degree.

Admittedly, it is a struggle to maintain balance between the doctoral program, my full-time practice, raising three teenagers, and a demanding lecture schedule but, somehow, it is working. I wish to set an example for my children that working toward our goals, no matter the sacrifice, is essential if you believe in your mission.

Q: Can you tell us about the Heart Attack & Stroke Prevention Center?

A: The Heart Attack & Stroke Prevention Center is a non-contracted private medical practice specializing in cardiovascular and diabetes prevention. I have been an independent owner and medical director of the center since 2005.

Amy Doneen is a nurse practitioner, business owner, medical director, and adjunct professor. At the Heart Attack & Stroke Prevention Center, she uses the Bale/Doneen Method (www.baledoneen.com) to get to the root causes of vascular health issues. As a leader in the prevention of heart attacks, strokes, and diabetes, Amy also teaches and lectures, and is currently earning her DNP from Gonzaga University. She was last featured in NEWS-Line for Nurse Practitioners in February 2010.
Stepping away from the standard medical insurance model has allowed me to focus on patient care through an evidence-based educational platform. At the Heart Attack & Stroke Prevention Center, we are guided by a commitment to excellence, evidence-based medicine, and patient empowerment. We demonstrate this by partnering with our patients to optimize their cardiovascular health, using a comprehensive medical and lifestyle modification program formulated to prevent heart attack, stroke and Type II diabetes in people of all ages. Our mission—and our passion—is to save lives, though delivering optimal, personalized care to halt cardiovascular disease, the leading killer of Americans.

Q: What is the Bale/Doneen Method?

A: The Bale/Doneen Method is a scientifically based method of delivering cardiovascular preventative care. The method is dynamic, evidence-based and embraces a disease/inflammatory treatment paradigm approach to vascular health rather than the standard-of-care’s risk factor paradigm. Together in partnership with Dr. Bradley Bale we created The Bale/Doneen Method in partnerships to create a medical framework to deliver education and care to healthcare providers and patients so that our patients can live life without the fear of a heart attack, stroke or diabetes. We guarantee our work. This is a unique business model that has gained national attention. We teach this method to healthcare providers around the country and have presented data in Rome, Spain and Finland. We have a book titled, Beat the Heart Attack Gene that has been purchased by Turner Publishing and is due for release January 2014. The standard of care fails to stop the deadly recidivism of heart disease. My clinic gets to the root causes of vascular disease therefore preventing the deadly cardiovascular events that claim more lives and cause more disability than any other disease state in this country.

Q: What has been your greatest challenge as a nurse practitioner business owner who is not contracted with medical insurance?

A: Identifying adversity allows for the opportunity to create solutions, which then creates growth patterns that lead to strength. My most substantial challenge has been the "non-contracted" insurance status. Somehow it portrayed a perception of exclusivity and investigational science. This is in direct opposition of my mission to be inclusive and evidence-based. Therefore, it has taken effort to focus internally on my platform of business structure and price point settings along with brand creation to present the Heart Attack & Stroke Prevention Center to the community as an organization that is inclusive and scientifically substantiated.

With these goals firmly in place, I have created opportunities to spread this message via my social media presence (newsletters and website) along with scientific publications. The other challenge I faced was identifying my population of need—who specifically needs my services? This required that I clearly define my role in the space of primary care and cardiology and affirm that I am not in competition but in augmentation of the standard of care. Lastly, because my clinical efforts are based on evidence-based medicine, often times the laboratory testing (such as inflammatory markers and carotid IMT imaging) is outside the scope of standard insurance, it has required additional education to allow patients to embrace and defend their medical choices to their insurance carrier. My success in overcoming this barrier has been the fact that I have mitigated cardiovascular events in my practice over the past 10 years!

Q: Any difficulties branding your business?

A: My greatest challenge has been defining my uniqueness in the healthcare industry. I am not competing with the cardiologists, nor am I competing with primary care or neurology. I am an expert in vascular health—we have branded this as ‘Arteriology.’ This is a new specialty in medicine—and one that bridges ALL healthcare providers together. For example, dentistry has a role in vascular health (periodontal disease creates vascular inflammation). I have worked hard to build bridges between these different specialties. I place 100% of my efforts on keeping my patients free of vascular inflammation—therefore preventing systemic problems such as heart attacks, strokes, end-stage...
Q&A

kidney disease, vascular dementia, peripheral arterial disease, diabetes, etc. It is about living well. Defining my role in this community has been my greatest challenge, and also the most worthwhile one.

Q: Over the past five years, what has been your company’s greatest accomplishment?

A: My greatest accomplishment for the Heart Attack & Stroke Prevention Center is we have been able to maintain our guarantee of health with our patients, and maintained success with our mission. Additionally, we have been able to define ourselves in a traditional healthcare environment as a unique and valuable resource to our current exceptional healthcare network in Spokane.

Understandably, dropping insurance contracts is a risky endeavor, but it allowed me to obtain that optimal level of care necessary to define our uniqueness and create the backdrop of education necessary to meet my goal of offering a guarantee against heart attacks and strokes. The perception would be that I only cater to the wealthy; however, I am very proud that I have never turned anyone away and I am able to keep ALL patients on board who wish to participate because I have an active financial support/scholarship program in place.

Q: What makes your company exceptional?

A: I have a favorite quote that I strive to live by: “You can only become truly accomplished at something you love. Don’t make money your goal. Instead pursue the things you love doing and then do them so well that people can’t take their eyes off of you.” –Maya Angelou

The Heart Attack & Stroke Prevention Center has been quietly providing exceptional medical care to people all over the world, including clients from the Bahrain, Africa and Indonesia and yet, we have not voiced our presence in the Spokane community as grandly as I wish to do now. We are unique and exceptional because we have taken a stand against the norm and have stated, “We can do better!” We have demonstrated there is an optimal way to educate patients to create a backdrop of wellness to stop recidivism in individuals who have been stricken with cardiovascular disease. We embrace genetics and science to identify those who may be at early risk for the development of vascular disease and we have shown that we can PREVENT heart disease in those at highest risk. It is with this belief that we have bravely dropped our connections with insurance and have continued to grow in business by 30% each year simply by the referral and support of our current patients and referring providers.

I am a female business owner who believes that nurse practitioners have been sadly under-recognized in the cardiovascular prevention arena. I am willing and poised to take the necessary strides to create a new path for optimal health and wellness for all women and men in the Spokane and surrounding community. The Heart Attack & Stroke Prevention Center demonstrates the ability for nurse practitioners to be independent business owners delivering optimal care through a unique and effective delivery system. ♦
Technology: Electronic Health Records Help Fight Vaccine-Preventable Diseases

USING AN ELECTRONIC HEALTH RECORD (EHR) system to automate the immunization data shared between health providers and public health agencies enables physicians to assist individual patients faster and more effectively, while also providing more immediate, cohesive community data to the agencies tasked with promoting public health.

Those are the findings of a new study conducted by researchers from Columbia University School of Nursing and partner institutions. The researchers also found that automated reporting reduced the lag time historically associated with data submitted on vaccinations and, in some cases, reduced the paperwork and staff time traditionally devoted to managing these required submissions. In short, a robust records automation program increased knowledge about both individuals and communities, allowing medical and public health officials at all levels to make more informed decisions.

“The efficiency offered by automation has significant implications for managing public health, whether it is by informing a local physician on the health of an individual or informing policymakers on health trends within a whole community,” said lead researcher and CU Nursing professor Jacqueline Merrill, RN, MPH, DNSc. “For example, EHRs greatly enhance our ability to help at-risk populations for whom up-to-date immunizations are critical, such as children, immunosuppressed individuals, or the chronically ill. Before automated registries, reporting was less structured and data submittal was less consistent.”

Currently, health officials in the US recommend that the public be immunized against 17 vaccine-preventable diseases. However, tracking vaccinations is difficult, especially among underserved populations whose care is often managed by multiple providers. Various state and local health agencies set up immunization registries to consolidate scattered patient records and thus reduce unnecessary vaccinations; however, registries frequently report slow and incomplete data submission by health providers, who in many areas still submit information via paper files. Automated reports via EHRs provide readily available immunization histories and thus can help officials and providers determine which patients have been adequately immunized. Registries also track and provide the basis for decisions on vaccine formulations, vaccine supplies and delivery schedules.

The study analyzed 1.7 million records submitted by 217 primary care practices to the NY Citywide Immunizations Registry between January 2007 and June 2011—both before and after the launch of automated reporting via an EHR. The study examined differences in records submitted by day, by lag time, and by documentation of eligibility for subsidized vaccines.

Among the findings: although mean submissions per day did not change, the patterns of submission changed significantly. Automated submissions of new and historical records increased by 18% and 98%, respectively. The number of submissions within 14 days (as required in NYC) also increased, as did the number of submissions within two days. Median lag time was reduced from 13 to 10 days.

These findings give an idea of the benefits of health information technology. The launch of automated reporting via an EHR prompted significant improvements in use of the registry and in the efficiency of reporting from the field.

“Automating the process appears very successful,” said Merrill. “In fact, it’s so successful that we believe it would be beneficial to retrofit data from the past so it can also be included in the EHR.”

The process of setting up healthcare data so it can be exchanged electronically is well underway in NYC and in New York State. It is, in fact, integral to the technology transformation occurring within health reform—activities intended to make healthcare more efficient for patients and providers.
and to help the overall system create better conditions for keeping people healthy.

Merrill’s current research focuses on understanding the processes of public health organizations, and this is one of the first (if not the first) studies of registry efficiency and EHR-based reporting. The article, which appears as a “Case Report” in the journal Applied Clinical Informatics (www.aci-journal.org), documents the efficiencies provided by automated reporting to a registry that tracks immunizations for the NYC Department of Health and Mental Hygiene.

The study was conducted by researchers from Columbia University, MGH Institute of Health Professions, and Weill Cornell Medical College.

Source: Columbia University School of Nursing

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**SLAS FIRST Team Grants Program Launched**

**AS A LONG-TIME** sponsor of FIRST (For Inspiration and Recognition of Science and Technology), SLAS is directing its support to the grassroots of both organizations by inviting dues-paid SLAS members who actively participate as coach or mentor for a FIRST team in their area to apply for $500 team grants, which will be awarded on a first applied-for, first-served basis. SLAS FIRST Team Grants must be used to offset necessary costs associated with required project supplies, team registrations and travel to and from FIRST competitions.

In addition, SLAS once again will welcome teams of regional champions to its exhibit floor when it returns to the San Diego Convention Center for SLAS2014, January 18-22, 2014. According to SLAS President Jeff Paslay, PhD, “SLAS’s continued support of this fine organization is exactly in line with our mission to encourage the study of, and improve the science and practice of, laboratory automation and screening.

“As we all know, science, technology, engineering and math-related disciplines are responsible for many of the societal innovations that make our world a better place. Consider that, according to the US Department of Labor, only 5% of workers here in the US are employed in fields related to science and engineering, yet they are responsible for more than 50% of our sustained economic expansion.”

FIRST was founded in 1992 by inventor Dean Kamen of Segway fame “to show students of every age that science, technology, and problem-solving are not only fun and rewarding, but are proven paths to successful careers and a bright future for us all.”

The annual programs culminate in an international robotics competition and celebration where teams win recognition, gain self-confidence, develop people and life skills, make new friends and perhaps discover career paths. More than 300,000 youth between the ages of six and 18 and 120,000 mentors, coaches and volunteers from 70 countries participated in FIRST programs throughout the 2012-13 school year.

“As they say on the FIRST website,” says Paslay, “today they’re building robotics for friendly competition. Tomorrow they’ll be our competitor’s smartest innovators (unless we get to them FIRST!).”

For more information about the SLAS FIRST Team Grants Program, visit www.slas.org. For more information about FIRST, visit www.usfirst.org.

Source: SLAS
Senate Bill Enhances Drug Supply Chain Security, But Also Threatens Patient Access to Essential Medications

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION (NCPA) CEO B. Douglas Hoey, RPh, MBA issued the following statement regarding S. 959, legislation that is expected to be considered soon in the full US Senate:

“This legislation is comprised of two major components impacting independent community pharmacies and their patients.

“First, S. 959 seeks to enhance the security of the US pharmaceutical supply chain by adopting national standards and policies, sometimes referred to as ‘track-and-trace,’ in place of a patchwork of conflicting state laws. NCPA appreciates the sensitivity of Senate and House lawmakers to try and avoid potentially burdensome legislative requirements that may uniquely impact small business community pharmacies, compared to national corporations with large compliance departments. NCPA has worked tirelessly to balance supply chain safety without adding onerous requirements on small business pharmacies. Federal track-and-trace legislation must achieve a commonsense balance between the need for enhanced patient safety and minimizing unreasonable burdens on supply chain stakeholders.

“Second, S. 959 attempts to respond to the tragic 2012 meningitis outbreak caused by the irresponsible actions of the New England Compounding Center and facilitated by a failure of the Massachusetts State Board of Pharmacy and the Food and Drug Administration (FDA), to appropriately coordinate, communicate and take action. When manufactured drugs aren’t an option, independent community pharmacists prepare customized medications for patients in accordance with a prescriber’s prescription based on the patient’s individual needs. Some of the legislation’s provisions, although well-intentioned, raise grave concerns as to how this legislation may inadvertently impact the small business community pharmacies that NCPA represents and the patients that they serve.

“For example, the bill would grant FDA unrestricted authority to establish a list of ’do not compound’ medications which, based on FDA interpretation, could impact patient access to compounded drugs. Community pharmacies already struggle with growing regulatory mandates, yet the legislation would also require pharmacies to notify FDA, rather than their state Board of Pharmacy, when compounding medications already recognized by FDA as being in short supply.

Moreover, NCPA is disappointed that the Senate is avoiding regular order in order to force through the controversial provisions included in S. 959 without adequate consideration, debate or amendments.

“NCPA staff spent countless hours working with Senators and Senate staff to educate them about these concerns. We are grateful that, as a result, the legislation is substantially improved; however, serious concerns remain with the legislation.

“Due to the concerns mentioned above, among others, NCPA recommends lawmakers split S. 959 into two separate bills, one dealing with supply chain safety and the other addressing the meningitis outbreak. Pharmaceutical stakeholders support the approach to enhancing supply chain integrity taken in S. 959. By contrast, significant questions remain regarding the compounding provisions included in S. 959. Lawmakers should move forward with supply chain integrity legislation, and continue to work constructively to resolve the remaining issues on compounding. As the legislative process continues, NCPA looks forward to continuing to work with the Senate and House to ensure any final legislation strikes a proper balance of making certain that future tragedies are avoided while also preserving patients’ access to vital compounds.”

Source: NCPA
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