

## Module 1 - PMHNP Professional Practice & Role

### Tina's Memory Bullets

<https://www.ContinuingHealthEducation.com>

- In the last few decades, laws have improved to side with patient rights
- Habeas Corpus – unlawful detention without due process. A lot of laws guarding MH patients from being detained/hospitalized unlawfully
- O'Connor vs Donaldson-harmless mentally ill patients cannot be confined against their will if they can survive outside. Mental illness alone cannot justify involuntary hospitalization.
- Patient rights – least restrictive environment – informed consent
- Rennie vs Klein-right to refuse any treatment and use an appeal process.
- Roger vs Okin-patients have a right to refuse treatment, but a guardian may authorize their treatment.
- Durham vs U.S.- individual not criminally responsible if the unlawful act was the product of mental illness.
- Ford vs Wainwright- Competency to be executed
- Tarasoff – duty to warn, potential victim who may be in immediate danger due to expressed homicidal ideation of the patient.
- TIGER (technology informatics guiding education reform-required technology curriculum for colleges. 10-year plan for nursing path toward computer and information literacy. The initiative declared that it is a nurse practitioner's responsibility to understand and shape the landscape of health care technology to improve access, quality, and the patient experience.
- Emergency Medical Treatment and Labor Act (EMTALA) is a law that requires most hospitals to provide an exam and needed stabilizing treatment without consideration of insurance coverage
- Older Americans Act was established to provide improved access to services for older adults, additional services for Native Americans including community services
- OMNIBUS Budget Reconciliation Act 1987 – New standards for nursing facilities to provide long-term care, nurse aide training, etc.
- Americans with Disabilities Act – Provides physically and mentally disabled patients access to employment and community resources.
- Healthy People 2020 – Goals to reduce suicide rate and attempts by adolescents, eating disorders
- Balanced Budget Act of 1997 – Medicaid direct reimbursement for NPs under federal law

## Module 1 - PMHNP Professional Practice & Role

### Tina's Memory Bullets

<https://www.ContinuingHealthEducation.com>

- Law that make sure people with mental health issues get the same financial treatment
- The Mental Health Parity Act (MHPA) is legislation signed into United States law on September 26, 1996 that requires annual or lifetime dollar limits on mental health benefits to be no lower than any such dollar limits for medical and surgical benefits offered by a group health plan or health insurance issuer offering coverage in connection with a group health plan
- HITEC – Health information technology for economic and clinical health act. Act contains provisions for “meaningful use” of health information technology
- Stark law – cannot self-refer patients for monetary gain Ex. Pharmaceutical company pay off student loans. Then you work for the company provide samples to patients and provide company sponsored education and get paid – conflict of interest
- Affordable Care Act allows insurance up to 26 years of age under a parent
- NAMI - National alliance on mental illness, Helps families of mentally ill: education, support groups
- Health Care Policy Model = Access + Cost + Quality
- *Phases of Policy Making = Formulation + Implementation + Evaluation*
- Policy reform – changes in programs and practices. Policy makers and key stakeholders such as government, media, public. Assess/address organization barriers and facilitators to EBP first. Assess baseline knowledge, beliefs, practices using a survey
- Sunset Legislation – Act must be reviewed by certain date, or it will be automatically rescinded
- Sunrise Legislation – Legislation designed to increase transparency in government processes
- Scope of practice for nurse practitioners-defines the nurse practitioner's roles and actions, identifies competencies assumed to be held by all nurse practitioners who function in a role, has broad variations from state to state due to outdated legislation, Comes from the state, BRN
- Supporting scope of practice – PMHNP displays leadership, be vocal about NP issues, join organizations
- Standards of practice- Organizations (ANA etc) give authoritative statements regarding the quality and type of practice that should be provided, offer a way to

## Module 1 - PMHNP Professional Practice & Role

### Tina's Memory Bullets

<https://www.ContinuingHealthEducation.com>

judge the nature of care provided, reflect the expectation for the care that should be provided to patients, reflect professional agreement focused on the minimum levels of acceptable performance, can be used to legally described the standard of care, may be either precise or general guidelines.

- State Laws and Nurse Practice Act should be referred to see what the state practice requirements are depending on the state
- ANA – defines roles and actions of NPs
- Where does the NP code of ethics come from? ANA
- Who sets the minimum requirements for NPs? BRN + State
- What is incident to billing? - Means MD initiates treatment and NP is an extension of the care and directly under the supervision of the MD
- Allows NP to get reimbursed at 100% rather than 85%
- Restrictive Covenant Contract – often include non-compete clauses that restrict an employee from practicing within a set number of miles from an employer business for a set period of time after the employee leaves the business
- Contracted service system – NP signs a contract and agrees to provide care for a specific population
- PMHNP is legally liable even if there is a collaborating physician
- Medicaid is both federally and state funded
- Medicare, Tricare, and veterans' health funded by federal taxes
- Can you have Medicare and Medicaid? - Yes, impoverished elderly but Medicaid is always payer of last resort
- Medicare – FEDERAL program or health insurance >65 years – Part A – Inpatient, B – outpatient, C – private insurance can provide Medicare benefits, D - Drugs
- Medicare Advantage - A program by which eligible Medicare beneficiaries may choose to receive their health care through a qualified managed care plan, which in turn receives capitation payments from Medicare for each enrollee
- Who is eligible for Medicare?
- >65 or under 65 with disability, any age with renal disease
- Second Party System – Payments through a legal guardian or guarantor
- Third Party Payment – Payment by Medicare, Medicaid, Private Insurance
- Fee for Service – Patient pays directly

## Module 1 - PMHNP Professional Practice & Role

### Tina's Memory Bullets

<https://www.ContinuingHealthEducation.com>

- How are MediCAID benefits determined? State determines qualification, Must be below poverty level, US resident with low/very low income/impoverished. Women, kids, adults, elderly, all.
- What is required for Medicare submission? - ICD 10 and narrative or Common Procedural Technology (CPT codes)
- DRG/Diagnosis Related Groups – are groups related to a diagnosis with a fixed reimbursement amount, adjustments are based upon severity, teaching costs, and service area rates
- Is dental care included in Medicaid? Yes, < 21 gets basic dental as part of the Medicaid plan
- ANOVA – ANalysis Of VAriance – An inferential statistical test that compares 3 or more group means
- PICOT - Patient/population, Intervention, Comparison, Outcome, Time
- IRB approval before starting study to protect study participants/test subjects
- Evidence based care – care based on evidence from experiments/studies - access to current journals
- Randomized controlled experimental trial is considered the “gold-standard” for research and evidence-based medicine.
- Randomized controlled trials provide a superior level of evidence in regard to therapeutic clinical research. For example, comparing efficacy of Med A and B for treating depression. Random selection (double-blind) of patients in groups
- Null hypothesis = *no real differences exist between two groups* that cannot be explained by chance alone. By failing to reject a null hypothesis, the researcher is stating he has not demonstrated that the therapy has an effect on the treatment of phobias.
- To increase the power of a study, you *increase the sample size*
- Sampling bias – may occur in a study that recruits volunteers, as the group of volunteers may not be representative of the population that is being studied.
- Expectancy bias – when researcher knows which patient is distributed in each group. Random sampling reduces this bias in a DOUBLE-BLIND study and RANDOMIZATION
- Stratified sampling – proportion of the study population belonging to each group of interest is known

## Module 1 - PMHNP Professional Practice & Role

### Tina's Memory Bullets

<https://www.ContinuingHealthEducation.com>

- Cluster Sampling – selection of the groups under study is random, rather than the selection of study units. Clusters often geographic or organizational units
- Systemic Sampling – refers to choosing individuals at a regular interval from a sampling frame by selecting a number to determine where to begin selecting individual subjects
- Simple Random Sampling – making a numbered list of all units in a population from which you want to draw a sample, deciding on the sample size and selecting the required number of sampling units using a table of random numbers or a lottery method
- Proficiency bias – When treatments administered at different sites are compared if a site has greater proficiency in the administration of the treatment or intervention
- Descriptive statistics – numbers and graphs – inferential stats – testing a hypothesis – measurable, numerical evaluated statistically but NOT possible to PROVE causation
- Cross-sectional study – analyzes a population (or representative subset) at a single point in time (a cross-section) and is used to assess disease incidence and prevalence.
- Cohort study – follows a group of similar individuals with similar characteristics (cohort) WITHOUT a disease over time to determine the risk of developing the disease.
- Randomized controlled trial refers to a study where a group is given a treatment and outcomes and are compared against a control group given a placebo or treated with the standard of care
- Placebo Affect – Is higher in children and adolescents compared to adults. Reduced Placebo Rate. May be the reason why so few medications are FDA approved for children/adolescents
- Experimental design “Gold Standard”
- Meta analysis provides a statistical analysis of the results of multiple studies
- Consider level of evidence strength when analyzing research studies to ensure the best evidence is plausible
- If PMHNP trying to weigh which treatment or therapeutic modality is better? – literature search of meta-analysis or systemic reviews
- Attributable risk – (incidence of disease/outcome in exposed group) MINUS (incidence of disease/outcome in nonexposed group)

## Module 1 - PMHNP Professional Practice & Role

### Tina's Memory Bullets

<https://www.ContinuingHealthEducation.com>

- Factor analysis = analyze a group of variables - is a statistical technique that is leveraged to explain the variance of multiple variables by utilizing a smaller number of unobserved "factors". A famous example is the general intelligence factor that cannot be measured directly but can be inferred as having an effect on all test performance.
- Covariance – analyze 2 variables
- Inferential statistics: Numerical values that enable one to reach conclusions that extend beyond the immediate data alone; generated by quantitative research designs
- Examples include the following:
  - t test: Assesses whether the means of two groups are statistically different from each other
  - Paired t-test: compare means of 2 related (pairs) sample populations. Example is a twin study
  - Z test: Similar to t-test but requires either a LARGE sample or a known population variance
  - Chi-square: used to compare non measurable/nominal categorical variances
  - Analysis of variance (ANOVA): Tests the differences among three or more groups
  - Pearson's r correlation: Tests the relationship between two variables
  - Probability: Likelihood of an event occurring; lies between 0 and 1; an impossible event has a probability of 0, and a certain event has a probability of 1
  - P value: Also known as level of significance; describes the probability of a particular result occurring by chance alone (if  $P = .01$ , there is a 1% probability of obtaining a result by chance alone)
- Qualitative - Measures in natural setting e.g. Observation
- Fixed RATIO Schedule – Provides reinforcement every set number of responses
- Fixed INTERVAL schedule – provides reinforcement for a response that occurs after a set time
- Variable INTERVAL schedule – provides reinforcement for responses that occur after varying amounts of time
- INTERVAL is based on TIME, RATIO is based on RESPONSES
- Crossover studies – 2 groups eventually undergo the same treatment but may be in different order though

## Module 1 - PMHNP Professional Practice & Role

### Tina's Memory Bullets

<https://www.ContinuingHealthEducation.com>

- Quantitative - Data that is in numbers
- Quasi-experimental design
- Research method similar to an experimental design except that it makes use of naturally occurring groups rather than randomly assigning subjects to group – convenience sampling
- Internal validity - Extent to which we can draw cause and effect inferences from a study
- Concepts in interpreting research findings
- *Internal validity*: The independent variable (the treatment) caused a change in the dependent variable (the outcome)
- *External validity*: The sample is representative of the population and the results can be generalized
- Arbitrary inference – coming to incorrect conclusion based on previous experience
- Selective abstraction - taking a small detail out of context to make an entire experience negative
- Inductive Reasoning – Develop generalizations from specific observations
- Deductive Reasoning – Develop specific predictions from set of principles
- What is sensitivity? - Helps rule in disease = true positive SEN = SIN
- What is specificity? Helps rule out disease = true negative SP = SPOUT
- In medical diagnosis, test sensitivity is the ability of a test to correctly identify those with the disease (true positive rate), whereas test specificity is the ability of the test to correctly identify those without the disease (true negative rate)
- Hawthorne effect – Study participants change their behavior for no other reason except the knowledge that they are being studied
- Simpson's paradox – 2 studies with similar correlations can be combined to exhibit the opposite trend
- Novelty effect – Individual responds most strongly to a seemingly dangerous experience when faced with it for the first time (roller coaster, bungee jumping), the novelty effect wears off over time
- The Pygmalion effect – People tend to perform to the expectations placed on them – higher expectations = perform better

## Module 1 - PMHNP Professional Practice & Role

### Tina's Memory Bullets

<https://www.ContinuingHealthEducation.com>

- Halo effect – occurs when a researcher's evaluation of a subject's current performance is altered based on his or her opinion of the previous performance of the subject
- Health Literacy – man taking insulin, check literacy level by asking him to read blood glucose level. Assess health literacy before providing education/instruction about what to do. Health literacy is a person's capacity to learn about and understand basic health information and services and to use these recourses to promote health and wellness. Assess learning needs first. Assess belief systems and identify misconceptions. Can use information when educating
- What is a proximate cause? – Connection between A+B
- What is a type II error in research? There is no difference, but you say there is a difference
- What is type I error in research? There is a difference but say there isn't a difference
- What is dissemination?
- Getting the research information out to those who need to know it - Publication (highest level), presenting at national conference, presenting at local conference, journal club where one person reviews an article
- Health literacy is a priority for patients who may be recent immigrants and lower SES or education level
- Keeping self safe and protecting self. Reading patient record before appointment and always be vigilant for safety
- Anytime if the medical evaluation is out of scope – interprofessional collaboration is encouraged and critical for patient as a patient advocate
- Interprofessional collaboration example – encourage women go through depression screening/psych eval before discharging after childbirth.
- PMHNP is also responsible for coordinating with PCP if there are health concerns that need immediate attention – for example, uncontrolled HTN, DM, etc. But if medical records will be exchanged, patient signature on medical record release request/authorization is needed if patient, family, other provider needs information
- Collaborate with OB providers in the area – to establish relationship so MH can be accessed by more women... more prone to post-partum depression.
- NP notices teen with DKA leaving without eval – collaborate with ER to provide psych assessment

## Module 1 - PMHNP Professional Practice & Role

### Tina's Memory Bullets

<https://www.ContinuingHealthEducation.com>

- Patient moving to another state – give enough medications – Standard of practice, continuity of care (use caution with controlled meds – recommend reestablishing care as soon as patient moves)
- Post discharge planning/aftercare STARTS upon admission
- Duty to the patient what must exist? = Therapeutic Relationship
- NP has to be AUTHENTIC to form a working relationship with the patient
- For there to be damages, what must exist first? = Negligence
- ECT Therapy – Get certified, complete competencies
- 2 separate medical record release – for medical and a different one for MH records
- What must be signed prior to any healthcare in the state – Notice of Privacy Practices Statement
- Exceptions for release without authorization form – third-party payer/insurance, safety outweighs, harm self or others, court subpoenas/summons, mandatory reporting to County/State
- HIPAA rules apply for emails as well and 2-way encryption is needed for emails to be secure
- What is the purpose of HIPAA?
  - National standards for electronic HC transactions
  - National ID for providers, health plans and employers
  - NOT simply confidentiality
- Big concern with Electronic Health Record – Confidentiality
- Ok to announce patient name in waiting room? Yes, if no other way to identify patient... these days more and more EHRs system have patient pictures, so staff come right up to the patient
- OK to leave voicemail – Yes, but only limited information for patient to call back
- *HIPAA Minimum Necessary Standard* – require making reasonable efforts to ensure access to patient PHI is limited to the minimum necessary information to accomplish the intended purpose of a particular use, or disclosure, or request. Example in case of trying to get in touch with patient to make appointment or share lab result, leaving only minimum information for patient required to call you back is allowed.
- Patient requests that labs be provided to primary doctor – ensure patient consent is signed before any information is sent to another medical clinic/rehab center
- Boy having gender issues and doesn't want family to know - Don't tell

## Module 1 - PMHNP Professional Practice & Role

### Tina's Memory Bullets

<https://www.ContinuingHealthEducation.com>

- Quality Improvement – improve systems, decrease cost, improve productivity
- Clinical Decision Support System CDSS decreases errors, improves quality
- Change agent – person formally in charge of guiding change effort such as administrator/nursing or executive leader
- Organizational change – engage all stakeholders, assess barriers to change, assess resources
- PDSA – Plan Do Study Act – 4-step cycle allows to implement change, solve problems, improve processes. Scientific model of improvement by “Institute of Healthcare Improvement” to accelerate quality care for patients
- SWOT – Strengths, weaknesses, opportunities, threats
- Just Culture of Safety – ANA Position Statement
  - Opposite of BLAME or Punitive
  - Addresses system issues/vulnerabilities that lead staff to engage in unsafe behaviors while increasing individual accountability by establishing zero tolerance for reckless behaviors
  - Distinguishes between human error/slips VS risk behaviors/taking shortcuts VS reckless behaviors/ignoring safety protocols
  - Response to error or near miss is predicted on type of behavior associated not severity of the event
  - Collaboration among state BRNs, professional organizations, patient safety centers to create just culture initiatives
  - Goal – create an open and fair learning environment to design safe systems and manage choices. Goal to improve systems
- Just culture – providing patient care in a continually improving and designing safe systems and decreasing system vulnerabilities and managing behavior choices
- Root Cause Analysis RCA – process of discovering root causes of problems in order to identify solutions – goals and benefits
- NP wants to implement policy in nursing – start with nurse manager, Feedback from staff after creating policy to ensure if viable process. Use a survey to gauge learning needs of staff before designing education program/policy education
- NP wants to implement a quality program in a rural area and the team consists of virtual staff who are spread apart in different locations – most effective method – Online forum/survey

## Module 1 - PMHNP Professional Practice & Role

### Tina's Memory Bullets

<https://www.ContinuingHealthEducation.com>

- Reduce medication errors on a new floor when NP starts working – Educate staff on policies on how to handle medication errors but see what types of medications errors are being made first to gauge what interventions may be needed
- You want to decrease seclusions on your unit who is considered the primary change agent – Unit staff
- Peer consultation
  - Mutual benefit critical and supportive
  - Shared discussion and accountability
  - The regular engagement of two or more colleagues to give and receive feedback
- Primary prevention
  - Actions that change overall background conditions to prevent some unwanted event or circumstance, such as injury, disease, or abuse, PREVENT/PROMOTION – prevention programs that prevent new cases, vaccine campaigns
- Secondary prevention examples
  - Aimed at decreasing the prevalence (number of existing cases) of mental disorders
  - Early case finding EARLY DETECTION
  - Screening, classes, safety initiatives, education, modifying environment
  - Prompt and effective treatment
  - Example: Telephone hotlines, crisis intervention, disaster responses
- Tertiary Prevention - Crisis hotline, disaster
  - Treat to prevent further deterioration
  - Rehab, restoration, day treatment, social skills, aftercare programs for MH
  - Social skills training or rehab for schizophrenia patients
- Ethical Principles
- What are the ethical ramifications of treating W/O informed consent?
  - Same as with informed consent
  - respect for persons,
  - beneficence, and
  - justice

## Module 1 - PMHNP Professional Practice & Role

### Tina's Memory Bullets

<https://www.ContinuingHealthEducation.com>

- What happens if a patient refuses to sign an ROI (Release of information)? - can decline to treat, health plan may condition enrollment on provision of consent so then it's required.
- Patient wants to stop medications – Patient has a right to refuse meds – Explore reasons – autonomy
- New medication – discuss benefits and risks of continued use. Also discuss off-label disclosure and use with the patient and any evidence that the med is effective when used off-label
- Informed consent – communication process between provider and patient to accept tx/medications. If patient not able to sign consent form, assess the need for involuntary treatment
- Minors have right to decline contraceptives, prenatal care, drug, alcohol, MH services, regardless of intellectual disability but if they are getting an abortion, most states required that parents are informed
- Teen of 17 years of age does not need to have parental consent for pregnancy related care, but abortion you do
- What are the various controlled substance classes? *NPs can prescribe II-IV*
  - Schedule I: Nobody has these (researchers sometimes)
    - not good for health/heroin, PCP, MDMA
  - Schedule II: Significant abuse potential
    - Morphine, methadone, methylphenidate, oxycodone, fentanyl, hydrocodone
  - Schedule III: Moderate abuse potential
    - ketamine, anabolic steroids, testosterone
  - Schedule IV: Low abuse potential
    - Benzos, Ambien, Phentermine, Soma, Darvon, Tramadol
  - Schedule V: Very low abuse potential
    - Anti-tussive with codeine, Lomotil, Lyrica, Motofen, Parepectolin
- DEA – has state and federal oversight/authority, Prescription Monitoring Program (PMP/CURES)
- If NP works at multiple clinics, names of each should be on the prescription pad, but mostly electronic orders now
- What are claims made/based liability insurance?

## Module 1 - PMHNP Professional Practice & Role

### Tina's Memory Bullets

<https://www.ContinuingHealthEducation.com>

- Provides coverage for a claim that is brought within the policy period, no matter when the loss occurred, need TAIL coverage so it covers incidents that are reported after NP leaves job/retires
- What is an occurrence basis liability insurance?
  - "occurred" during the policy period, no matter when the claim is brought against the insured, covers past incidents
- Malpractice – 4 D's elements: Duty to care, Deviation from standard of care, Damages, Direct involvement
- Can an advanced directive ever be revoked? - Yes, at any time
- Advanced directives vary from state to state, must sign for each state
- What is the different between a healthcare agent, proxy, surrogate, and attorney in fact?
  - Nothing, they are all the same
- When do you assume informed consent?
  - Unconscious
  - Incompetent
  - Life threatening situation
- When is consent not required?
  - Emergency treatment
  - Substantial communication barriers and consent is inferred
  - Involuntary commitment
- Who can declare a patient incompetent and appoint a guardian?
  - The court
- NP advocates and supports the patient's best interest while respecting the family's important role. Reduces stigma of mental illness (Psychiatric Education), helps clients receive available services
- Teen commits suicide, NP does presentation - to avoid teens from normalizing the even
- Reaching a broader audience when advocating for MH concerns/reducing stigma – professional presentation, TV interviews, presentation in schools, attending townhall meeting.

## Module 1 - PMHNP Professional Practice & Role

### Tina's Memory Bullets

<https://www.ContinuingHealthEducation.com>

- Start teaching – if doing something with the family and the family member starts acting out, the family member becomes the patient at that time, they need to be treated or sent out.
- Conflict Resolution
  - Collaborating – win/win
  - Compromising – win some/lose some
  - Accommodating – lose/win
  - Competing – win/lose
  - Avoiding – no winners/no losers
- Deontology is a theory based on the works of Immanuel Kant and is the root of many religious underpinnings – it proposes that the action is ethical or not ethical based on the INTENT. Actions are good or bad according to a clear set of rules
- Critical thinking is PATIENT DRIVEN
- Integrated medicine – psych providers – increase mental health access to people who need it the most
- ADPIE – Assessment, Diagnosis, Planning, Implementation, Evaluation
- How is Telecare evaluated? – Outcome based, measure at intervals, increase the ability to reach rural and underserved areas
- Telemedicine asking a legal question? – Licensing jurisdiction for the NP
- What is epigenetic? – Factors that can affect genes – environment, smoking, stress, diet
- Nonverbal communication is even more important than verbal
- Want to start a consulting firm, tools to be used? Revenue, budget, and expenses sheets. Must calculate the time spent with patient VS time spent on risk called indirect VS direct processing