



Newsletter

NP/PA Special Interest Group of the American Headache Society
Edition Two / Winter 2009

Scottsdale Meeting

With 12% of the audience at the November 7th plenary session self identified as our constituents, nurse practitioners and physician assistants were well represented at the Scottsdale Headache Symposium. Section members Kim Oas, Eric Schuman and Susan LeCates spoke on November 8th at a symposium moderated by Noah Rosen. Topics included "Developing an Integrated Practice Plan," "Biobehavioral Options for Therapy," and "Ongoing Assessment and Follow-up Management."

Co-chairs Cas Cahill and Eric Schuman (substituting for Mike Jones) represented the NP/PA section at the Special Sections meeting on November 8th. We advocated for a continuing presence in next year's symposium. Andrew Hershey, chair of the special sections group, indicated that section presentations were limited to pre- and post- course offerings. Next year's symposium course directors are Larry Newman, Jonathan Gladstone, Stewart Tepper and Sheena Aurora.

The NP/PA section meeting included 8 nurse practitioners, one physician assistant, 2 MDs, 2 pharmaceutical representatives and an AHS staff member. A lively discussion was held regarding our current status as associate members and whether there was an advantage to advocating for a change to full membership.

Workgroups

We will be organizing workgroups in the coming few months. Cas or I will be contacting you about leading or supporting such a group. There is plenty of work to be done. We want to make our presence known as join with our physician colleagues in accomplishing the AHS goals.

Our specific NP/PA-SIG workgroup related goals (corresponding to the AHS general goals) include:

1. Provide multidisciplinary participation in support of the mission of the Society to include scientific, educational, and patient care outcomes of persons with headache,
2. Facilitate research efforts and practice models supporting a multidisciplinary approach to the best practice models in headache,
3. Foster collaboration and collegial support for NP's and PA's who provide care for persons with headache to facilitate optimal outcomes and collaborative care,
4. Identify and explore common practice issues and educational needs of NP's and PA's to promote dialogue and optimal outcomes in persons with headache.

A Call for Abstracts!

It is extremely important that we contribute to the headache community by publishing and presenting. The call is out for posters and platform presentations at the 14th Headache Congress 11/6-8/09 in Philadelphia. The deadline for submission is April 1st, 09.

Go to this AHS website for details:

http://www.americanheadachesociety.org/professionalresources/news/article.asp?article_id=30

In addition to the topics listed on the webpage, I also encourage you to consider topics that are unique to PA and NP headache practice.

Besides the once a year Scientific Meeting or Congress, I also encourage our section members to be the first authors on Research Papers, Brief Communications, Clinical Notes, Review Articles or Letters-to-the Editor in the *Headache Journal*.

(See:

http://www.headachejournal.org/detailed_guidelines.asp)

By writing and presenting we not only help the headache community but shine a light on what we do as NPs and PAs. Mike Jones. PA-C

Billing and Coding for NP and PA services

Stuart B Black, M.D; Chair, Medical Economics Committee, has been the AHS resident expert on issues of coding and billing. He has done a tremendous job over the years in this area.

I had noticed that his excellent lectures and podcast did not include information about PAs and NPs who see patients as headache specialists.

Dr. Black and I had a very cordial dialog about this in August. He assured me that he works with NPs and PAs and has a great appreciation for what we do. In the future he hopes to be more inclusive in his presentations.

NP/PA Headache Practice Survey

The survey is done. Thanks for those who participated! Cas is working on publishing the results in a future Headache issue.

Concerns/questions, please feel free to contact us:

Cas: kcahill@hsc.usf.edu;

Mike: mjones1700@comcast.net

Practice Spotlight—Julie Waight, FNP

I never once in my wildest dreams ever imagined myself having a private practice that specialized in headache and pain management. Over the course of my career as a registered nurse I had the privilege of having many different jobs in a variety of specialties in nursing. The majority of my early years were spent in the hospital as a staff nurse and the thought of ever being free to practice without the scrutiny and control of the medical staff was appealing but didn't seem possible. Although I enjoyed many of the positions I occupied, I found myself getting restless and ready for another challenge within a few short years. After several career changes I finally found my place, an area of nursing that not only fascinated me but held my interest and challenged me. I thought my future in cardio-thoracic was a given. I spent many years working as a senior staff nurse in the ICU of a large teaching hospital. I loved learning about the delicate balance of a multitude of factors that made the first twelve hours post cardiac bypass surgery so important. What appealed to me the most was the fast pace, the ability to make split second decisions and act and to assume an independent role as the first responder to an emergency at the bedside. Those attributes of practice attracted me to the nurse practitioner role.

With the encouragement from one of my co-workers, I applied and was accepted into the Family Nurse Practitioner program at Pace University in Pleasantville New York. For the next four years I worked full time and attended school part time. Throughout my training I groomed myself for the position I knew I would occupy after graduation, a nurse practitioner on either the general surgery service or, my preferred place on the cardio-thoracic service. At the close of my senior year, I was unable to secure for myself a place for clinical for the final rotation. I remember mentioning my dilemma to my neurologist during one of my visits for migraine treatment. It was her idea to fill that spot with an internship in her office helping her with the large headache population she was so fond of treating. I had to admit that I was very skeptical due to the fact that I was in fast pace, blood and gore, life or dead mode and the idea of sitting with headache patients did not thrill me. To my surprise, not only did the rotation serve

to be an eye opener for me, but also, little did I know that it paved the way for my future.

I have been working as a nurse practitioner for over 10 years now and have been in private practice for five of those years. My dream of working in cardio-thoracic never materialized. However I was very fortunate to not only spend several years working with my neurologist, but also was able to work with and mentor under some of the most famous names in headache. Although working with this population is rarely if ever a matter of life and death, it is amazing to me how no two migraine heads are the same and the needs are so unique. Headache is never boring, I feel as if I reinvent the wheel every time I develop a plan of treatment for one of my patients.

I have a special interest in woman's health and some of my biggest challenges are perimenopausal women whose headaches have gotten away from them. Over the years I have also become an unofficial "psychiatrist" for my patients. I like to see my patients from a holistic perspective, acknowledging the fact that stress and outside factors influence headache and patients ability to take care of their headaches when they occur. People today need a listening ear and a compassionate provider to acknowledge their patient's importance. I feel that in my position as a private practice owner I can allot my patients the time I need to care for their concerns both physical and psychological. I have a good relationship with my patients and they know that I will do all I can to care for them as a whole person, not just a headache diagnosis.

Although my practice takes up a lot of my time, I do like to get out and find things of interest to do in my spare time. I love to hike and ride my bike when the weather permits. One of my yet unfilled dreams is to write a best selling very romantic novel. I dabble with creative writing but have not yet managed to finish a work that could be close to being published. I feel very fortunate to have had the opportunities I experienced during my career. I look to the future where nurse practitioners and physician assistants will be a more recognized and valued member of the health care team and not considered secondary to physicians. I am also excited about the changes occurring within the headache community as we take our place in the society and offer the unique challenges and talents we all possess. Julie