Commentary: New Findings Substantiate the Successful Use of Nurse Practitioners and Physician Assistants in Collaborative Practice Models

By Carlton G. Brown, RN, PhD, AOCN

On behalf of the Oncology Nursing Society (ONS), I'd like to first thank Susan G. Komen for the Cure for funding this very important and timely study of nonphysician practitioners (NPPs), which includes both nurse practitioners (NPs) and physician assistants (PAs). With more than 3,000 advanced practice nurse members, including NPs and clinical nurse specialists, ONS has a specific interest in the results of this study.

ASCO projects that by the year 2020, there will be a shortage of medical and gynecologic oncologists, resulting in a deficit of 2,550 to 4,080 physicians caring for people with cancer. People are living longer, and, as Towle and Barr[1] point out, by 2020 the number of people living with or surviving cancer will increase by 81%. In addition, the Patient Protection and Affordable Care Act will provide health care access to approximately 42 million more adults and 8 million more children in the United States. Although not all of these newly insured people will present with or develop cancer, the number of patients requiring cancer care will undoubtedly increase as a result of improved access. Given that our health care system will experience a shortage of oncologists, who will care for all of these patients either living with or surviving cancer?

As I noted in a recent edition of *ASCO Post*, "In my estimation, there is room for excellent cancer care provided by numerous health care providers including physicians, nurse practitioners, and physician assistants."[2(p2)] Yet, historically, NPPs have not been used to their potential in caring for people with cancer. Towle and Barr[1] noted three reasons why NPPs have not been used in the past.

- Physicians were not interested in working with NPPs.
- There was not enough patient volume to use NPPs.
- When physicians have worked with NPPs in the past, they felt that they "just didn't work out."

Given the impending shortage of physicians coupled with the increased likelihood of more patients with cancer in the very near future, perhaps the results of the Towle and Barr study[1] may help to change some minds. The importance and benefit of working together for better outcomes for patients with cancer and their families will be of critical importance in the future.

Towle and Barr[1] found that more than 98% of patients were aware that an NPP was providing clinical services to them, and that more than 92% of patients were extremely satisfied with the care they received from an NPP. These important results lend support to Towle and Barr's statement, ". . . we believe there should be no lingering concerns that patients will react negatively to oncology care provided by nonphysician practitioners in a collaborative practice model."

Recall that one of the reasons that practices from this study didn't use NPPs was because when they had done so in the past, the NPPs "didn't work out." Ironically, results from the same study seem to contradict that finding. Practices in which NPPs worked with all physicians and saw a wide variety of patients demonstrated a 19% increase in overall productivity. Although some variability existed, the overall satisfaction of physicians working with NPPs in the study group was 7.98 out of 10, or 79.8%. Similarly, the overall NPP satisfaction score was 7.82, or 78.2%. These findings suggest that NPPs are productive and helpful to the practice, and that both physicians and NPPs are satisfied with a collaborative practice. With an increase in patients with cancer, using NPPs effectively could lessen physicians' workloads, improve patient outcomes, and result in positive professional experiences for oncology care providers.

This study challenges us to make sure that we have a qualified workforce to care for patients with cancer. It is not yet clear whether there will even be enough NPPs, specifically oncology NPs, to assist with the impending oncologist shortage. Another challenge is the shortage of nursing school faculty, who are imperative to the development of new NPs. NPs will need to develop and maintain expertise and competence in providing care to patients with cancer.

As the professional home for oncology nursing, ONS has many programs and resources developed to prepare oncology-specialized and nononcology NPs. For example, in past years, ONS has held the Nuts and Bolts of Advanced Oncology Care workshop preceding its annual Advanced Practice Nursing Conference. This one-day workshop was designed to teach nononcology NPs about the basics of cancer care. ONS is working with ASCO to hold a similar program before the ASCO 2011 Breast Cancer Symposium. Essentials of Oncology: A Workshop for Nurse Practitioners will give those with little or no oncology background the foundation needed to care for their patients with cancer. ONS offers many publications and Web courses for NPs. In 2007, ONS created and published Oncology Nurse Practitioner Competencies (http://ons.org/media/ons/docs/publications/npcompentencies.pdf), which can be used to educate nononcology NPs about the specialty.

Another way that NPs can demonstrate their expertise and knowledge in the care of patients with cancer is through certification. The Oncology Nursing Certification Corporation (www.ONCC.org) offers certification examinations for both the oncology NP (Advanced Oncology Certified Nurse Practitioner; AOCNP) and the oncology clinical nurse specialist (Advanced Oncology Clinical Nurse Specialist; AOCNS). In fact, more than 1,000 nurses have obtained certification in oncology nursing as AOCNPs and AOCNSs.

One important limitation of this study is that both NPs and PAs are lumped into the single category of NPPs. Considering that some physicians have not wanted to work with NPPs in the past, it could be helpful to see whether their concerns were specific to NPs, PAs, or both. This identification would then allow organizations such as ONS to help address any barriers to full utilization of NPs practicing in oncology.

The results from this study provide strong evidence in support of using NPPs in collaborative practice. These results should put to rest the old notion that patients are less satisfied when cared for by an NP or PA. Now is the time to proactively focus on these and other solutions to the potential increase in patients with cancer and the predicted shortage of oncologists. By supporting positive professional experiences, we can reach our collective goal of providing access to high-quality cancer care for all.

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Oncology Practice Trends From the National Practice Benchmark, 2005 through 2010

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Abstract

Oncology Metrics, a division of Altos Solutions, has been conducting organized surveys of practicing oncologists since 2005. In this article, we present data that represent trends in community oncology practice over a 6-year period, 2005 to 2010, and make projections on the basis of these data. Over the next 3 years, operating margins will continue to decrease, gains in business and clinical operating efficiencies will slow, and labor costs will rise. The cost of drugs provided to patients is also increasing while the amount above cost that is being reimbursed continues a slow decline. The gap between practice costs and practice revenue will continue to narrow, and as this occurs, community oncology practices will find it difficult to maintain their current business models.

Introduction

Oncology Metrics, a division of Altos Solutions, has been conducting organized surveys of practicing oncologists since 2005. The first two such surveys were conducted on behalf of a client; in 2007, we introduced the National Practice Benchmark (NPB), which we have conducted annually since then. In these surveys, medical oncologists, practice administrators, and other key staff members from practices across the country are invited by e-mail to participate through an online survey tool. Each NPB survey requests data for the most recently completed 12-month accounting period, generally the calendar year. Practices are not required to complete all questions, and data from incomplete surveys are included in the final survey results.

We report all submitted responses to the qualitative information collected in the survey. These include practice demographics and operational issues. We screen the data submitted for the quantitative sections to ensure consistency of data by any single contributor and a level of plausibility among all contributors. Each practice that completes the quantitative section receives a small incentive reward and a copy of the completed benchmarking report.