

The ASCO Study of Collaborative Practice Arrangements: Defining the Role of the Nonphysician Practitioner in Oncology

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Confronted with an anticipated shortage of oncologists in the coming decade, the American Society of Clinical Oncology (ASCO) Workforce Advisory Group has proposed that the nonphysician practitioner (NPP) has a viable role in the provision of care to patients with cancer. The term NPP typically refers to an advanced practitioner (AP) such as a nurse practitioner or physician assistant in oncology; many of these NPPs have advanced degrees, and some are doctorally prepared nurses. In March 2009, ASCO's Study of Collaborative Practice Arrangements aimed to determine the role of the NPP in a variety of practice types, including private practice, hospital-owned practice, and academic settings (Towle et al., 2011). A brief survey originally identified the collaborative practice model in a total of 226 practices; based on these results, a more in-depth study of practices was initiated by Oncology Metrics. The results of this most recent study were published in the September issue of the *Journal of Oncology Practice*, and the results are not surprising.

The NPPs displayed a wide variety of skills and responsibilities. These services ranged from patient visits, pain and symptom management, follow-up care, education and counseling, emergent care and hospice care, the ordering of routine chemotherapy, inpatient rounds, assistance with consultations, research, and performance of procedures. Approximately 20% of the NPPs took night or weekend call, and almost 18% worked in survivorship clinics (Towle et al., 2011).

Practices that did not employ NPPs were asked the primary reason for not doing so; the most commonly reported answers were

lack of interest in physicians working with NPPs, lack of volume to support NPPs, or poor experiences working with NPPs in the past. Patient satisfaction with NPPs was also surveyed; 98% of patients were aware that an NPP was providing their care. Utilizing a score of 16 as perfect satisfaction, the average overall satisfaction score for patients in all study sites was 14.8, indicating a high level of patient satisfaction with NPPs (Towle et al., 2011).

Patient Satisfaction

The authors of the study concluded that there are several important points to be made from the results. Patients are aware of who is providing their care, and they are satisfied with the collaborative practice model. Practices using NPPs demonstrated a 19% increase in productivity as measured by number of patient encounters per provider. Reimbursement economics seem to be controlling the selection and development of the collaborative practice model. And physician and NPP satisfaction with the collaborative practice model is high (Towle et al., 2011). The study also determined that formal educational programs are needed for all professions regarding collaborative practice; the authors recommend increasing physician awareness and acceptance of the positive aspects of NPPs in practice.

Doctor of Nursing Practice vs. Doctor

It is surprising, therefore, to read about the fear that doctors in other specialties, such as primary care, have regarding the use of APs who are doctorally prepared. A recent front-page article published in *The New York Times* described physician organizations as unwilling to give up the traditional expectation of physicians leading the health-care team (Harris, 2011). The article depicted some physicians as uncomfortable with APs diagnosing illness despite studies demonstrating the effectiveness of these professionals in the care and diagnosis of many patient problems.

The primary argument from the physician organizations interviewed for the article stems from the title of “Doctor” being used by APs completing a doctor of nursing science program. Some physicians surveyed were described as suspicious of the nurses and worried that the advanced nursing practitioners would seek more prescribing authority and money, adding more confusion and loss of control over the profession of medicine.

The article does not specifically discuss APs working in oncology, and it is not known if physician practices surveyed for the ASCO study were queried regarding the use of doctorally prepared nurses in oncology. However, it is reassuring to note that the majority of the participating patients in the ASCO study were aware that their care was being provided by an NPP, despite the fears of the physicians surveyed in the *Times* article that patients would not understand the difference in care providers. The ASCO study results demonstrate that there is a unique benefit to using NPPs in oncology, and that physician providers are largely satisfied with the collaborative practice model.

More worrisome is the move for physicians and their allies to obtain legislative efforts to restrict which health-care provider can use the title of doctor (Garber, 2011). Currently, there are several proposed bills attempting to restrict nurses from advertising themselves as doctors, despite having a doctoral degree (Garber, 2011). Hopefully, physicians will continue supporting the concept of teamwork along with the recognition that NPPs can provide effective care, rather than resorting to legal barriers for the use of APs in practice.

Conclusions

With demand for patient visits to oncologists expected to increase 48% by the year 2020 vs. the physician supply rising just 14%, access to health-care providers in oncology is going to be a problem (Erikson et al., 2007). This increased demand is a result of our aging population and an increased number of patients diagnosed with cancer. The ASCO study demonstrated that the use of NPPs produces a reasonable means to counter the increased demand for oncology services without having to add increased numbers of physicians to practices. Nurse practitioners and physician assistants working in oncology play an essential role in the care of the oncology patient; the ASCO study validates this role and will help inform physician providers regarding the positive dynamics of adding an NPP to their practice settings. The increased recognition of the high-quality care that NPPs can provide is not only important; these study results are an integral step in combating the shortage of providers in oncology care. More on this study and what it means to oncology advanced practitioners in our next issue!

Inside This Issue

In this issue of the *Journal of the Advanced Practitioner in Oncology (JADPRO)*, we present the third installment in our series of review articles on treatment-related adverse events: Sylvia Wood and Judith Payne give us an in-depth look at cancer-related infections. In a second review article, Beth Eaby-Sandy and Victoria Sherry tackle chemotherapy-induced nausea and vomiting, including recent guideline updates.

In *Grand Rounds*, Ronald Haggett presents the case of a young man diagnosed with pituitary adenoma and secondary radiation-induced meningioma (and several recurrences). Read about the various treatment modalities used and the unique management challenges faced by the patient and his health-care team. In *Prescriber's Corner*, John Perpich and Bradley Atkinson tell us what we need to know about abiraterone acetate (Zytiga) for castrate-recurrent prostate cancer.

Wendy Smith shares some thoughts on navigating and surviving our country's uncertain state of health-care reform in *Practice Matters*. This month's *Translating Research Into Practice* pieces feature Joan Schey and Jeannine Brant giving an overview of the intranasal formulation of fentanyl (Lazanda), recently approved by the FDA for breakthrough cancer pain, as well as a look at the FDA's drug approval process.

Don't miss *Tools & Technology*, where Wendy Vogel gives us the low-down on "Internet on-

cology" and how to help our patients and their families avoid the costly and potentially dangerous cancer fraud that is all too easy to fall prey to when searching websites for information and hope. And finally, take a look at our new feature: *Diagnostic Snapshot!* Can you diagnose the skin condition that Carolyn Grande's patient experienced? Check out the quiz, and then see the rationales for the right and wrong answers.

You may have noticed that we've redesigned our website to bring you even more information and resources. See pages 396 and 397 for an overview of the new site, and visit us at www.advancedpractitioner.com.

Thank you for all your interest in *JADPRO* during this past year. Remember, this is your journal. Let us know what you and your colleagues want to see in *JADPRO* in 2012. Or better yet, write for us! Happy Holidays!

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