

# Many Titles, One Mission: Advancing Team-Based Care in Oncology

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In February 2026, the American College of Physicians (ACP) published a policy paper recommending against using “provider” to describe physicians. The paper argues that using the term “undermines the physician’s ethical obligations, clinical integrity, and accountability, as well as trust in the patient-physician relationship” (Snider Sulmasy et al., 2026). It highlights the significance of referring to a physician as a physician, as this distinction is important legally and ethically.

The paper also points out that the term “provider” has started to be used “in reference to institutions, insurers, physicians, nurses, physician assistants, and other clinicians,” and that this obscures differences in clinical training and expertise. This is an understandable concern that one should be named by their professional title to recognize their specific education and training.

This issue of titles has also plagued the advanced practice community, which has oscillated between “advanced practice providers (APPs),” “advanced practitioners (APs),” and the thankfully now obsolete term, “mid-levels.” These issues can divide us, but the

fact remains that all members of the health-care team are faced with a monumental challenge: the projected physician shortage.

Although the number of oncologists increased from 12,267 in 2014 to 14,547 in 2024, the number per 100,000 population aged 55 years and older decreased from 15.9 to 14.9. The disparity was most evident in rural areas. In 2024, 38 states had fewer oncologists per capita than in 2014 (Kirkwood et al., 2025). Gaps in patient care, combined with the increasing complexity of care and a growing number of physicians experiencing burnout or approaching retirement, further compound the challenge of delivering high-quality care (Schenkel et al., 2025).

## ROLE OF APs

The burden of care is growing disproportionately. Well-trained APs are helping fill the growing gap in physician access and enhance patient care. Nurse practitioners, clinical nurse specialists, nurse anesthetists, and physician associates can effectively diagnose, monitor, and manage acute and chronic conditions. Pharmacists have a specialized and multifaceted role on the cancer care team through monitoring and

managing drug interactions, educating patients and caregivers, and implementing new protocols and quality improvement projects to improve efficiency across the institution.

Patients can be seen and excellent quality care delivered by APs, who have remained a substantial part of the oncology workforce for many years. For example, a recent large hospital system implemented an “APP First” model of care to address new patient volume in a surgical center, which led to a 36.9% increased access to care, no change in patients’ site of care, and an increase in the number of scheduled procedures after the first visit (Stefanou et al., 2026). At Cleveland Clinic, an AP-led monoclonal gammopathy of undetermined significance (MGUS) consult clinic was instituted in 2014, which led to the development of a multidisciplinary tumor board, standardized protocols for testing, and increased access to specialty care and community practices (Faiman et al., 2024).

I understand the ACP viewpoint to distinguish the title of physician from other care providers. I independently manage new patient consults and always introduce myself with my name and credentials, ensuring patients understand who is overseeing their care. My goal is for patients and their families to view me as a knowledgeable clinician who listens to and addresses their concerns, then provides an accurate diagnosis, especially when they have been seeking answers for some time. I want patients to recognize that it was a nurse practitioner who made their diagnosis, and that while I work independently, I remain part of a collaborative, multidisciplinary team dedicated to delivering the highest quality care. The ongoing shortage of oncology physician specialists highlights the need for APs to practice at the top of their scope and continually seek knowledge and resources to enhance patient care.

## IN THIS ISSUE

In this issue, I am pleased to see colleagues from the International Myeloma Foundation Nurse Leadership board publish a comprehensive review on monoclonal gammopathy of undetermined significance. This condition is difficult to diagnose, and this scoping review provides tools

for APs to screen for it in their clinics. Also in Practice Matters, you will find two papers relevant to today’s practice on the topics of artificial intelligence and consensus principles for clinical practice utilization. Another article provides insights from conversations between clinicians and patients to improve the care of patients with immune thrombocytopenia. Nurse practitioners and physician associates are increasingly utilized in radiation oncology. An article in this issue marks a milestone in elucidating their current clinical responsibilities.

Also in this issue, read about strategies to improve nutritional status in patients with pancreatic cancer. Learn about aspects of quality of life that impact women diagnosed with cancer during pregnancy. Finally, see how an academic institution created a process for APs to write orders for research-related anti-cancer therapy. ●

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