The 2013 Institute of Medicine report, “Delivering High-Quality Cancer Care,” highlights the crisis of an increased demand for cancer care exacerbated by a decreasing workforce. Advanced practice nurses (APRNs) are ideally situated to help fill the gap of access to high-quality, patient-centered cancer care. Join this session to gain insight on how to develop and implement an APRN-run oncology clinic, provide outcome measurements, and discuss the impact these clinics have in increasing care access. This presentation will be interactive, and the two presenters will walk you through their experiences successfully implementing independently-run APRN oncology clinics. Come prepared to share your stories, struggles, successes, and questions.

Target Audience: Advanced Practice Nurses

Level of Content: Advanced

Speaker:
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University Hospital of Cleveland
Cleveland, OH
Full Disclosure:
Nothing to Disclose

Speaker:
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Full Disclosure:
Nothing to Disclose

Objectives:
At the end of this session, participants will be able to:
1. Identify the unique role oncology APRNs can play in today’s healthcare industry.
2. Discuss strategies to implement independent APRN clinics.
3. Identify potential barriers to independent practice and strategies to overcome barriers.

Content Outline:
I. Identify the unique role oncology APRNs can play in today’s healthcare industry.
   A. Significant role in patient care
   B. Deliver care in a variety of settings
   C. Fill the gap for projected future shortages of healthcare professionals
II. Components of care provided by oncology APRNs
   A. Prevention
   B. Surveillance
   C. Interventions
   D. Coordination
   E. Communication
III. Identify potential barriers to independent practice and strategies to overcome barriers.
   A. Increased demands
   B. Workforce
   C. Physicians
   D. Reimbursement
IV. Types of APRN-run oncology clinics bridging the gap between nursing and medicine
   A. Supportive/palliative care
   B. Survivorship
V. Development and implementation of APRN-run clinics
   A. Outcome measurements
   B. Impact to patient care/facility
VI. Discuss strategies to implement independent APRN clinics.
   A. Education standardization for AOCNPs
   B. Community-needs assessment
   C. Resources
Filling the provider gap: Successful implementation of APRN run oncology clinics

ONS Congress 2015
Sue Flick CNP
Kathryn Waitman CNP

Objectives

- Identify the unique role oncology APRNs can play in today’s health care
- Discuss strategies to implement independent APRN clinics
- Identify potential barriers to independent practice and strategies to overcome barriers

Demographics (ARS)
What is your age
A. 20-35 years
B. 35-50 years
C. 51-65 years
D. I look much younger than my stated age, so I won’t admit to it!

Demographics (ARS)
Which best describes your role
A. NP
B. CNS
C. PA
D. Oncology RN, in training to become an APN
E. Just wanted to come in case there are snacks

Which reflects your current practice?
(ARS)
A. Shared clinic with my collaborating physician or another MD
B. Part shared/part independent clinic
C. Independent clinic
D. Have no desire to practice independently
E. Have not yet started practice as an APN

IOM report
- Nursing represents the largest segment of the US health care workforce
- We have a significant role in patient care
- We deliver care in a variety of setting
- Can we fill the gap for projected future shortages of health care professionals?
Gaps in learning needs

- Oncology specific needs
- Diagnostics
- Improving and standardizing the cancer care education available to NPs
- Professional membership societies

NP coverage of ambulatory treatment centers

- Educate NP staff on how to handle common infusion reactions

Getting started

- Struggles to get started...I was the first NP in MacDonald House...really felt the weight of being the first and needing to prove the value of NP’s...
- I don’t think they knew what to do with me at first...I was the primary advocate for the role...showing them what I could do for the practice...
- As a result...building my own practice/clinics was slow going...
  – JM, GYN Oncology NP

- My biggest struggle was to get the surg onc’s on board as some of them keep their patients for a very long time. That also goes along with success in that I am seeing more and more referrals from surg onc’s now. I think establishing yourself as a competent provider; give talks to the group, speak up at meetings, be a voice for change especially with concrete evidence
  – MS, Breast Cancer Survivorship NP

- If an oncologist/hematologist is willing to mentor and nurture his or her NP, the physician can establish a valuable partnership in his or her practice
  – TY, community oncology NP

Utilizing oncology nurse practitioners: A Model Strategy
Community Oncology, May/June 2005
Strategy to use when patients resist seeing a nurse practitioner

- Tell patients you would like to get their visit started so they don’t have to wait too long
- Ask about any new problems
- How they are doing with medications
- Any new questions

- Perform the physical exam
- Answer any questions
- At this point most patients feel completely satisfied that their visit is finished
- Write prescriptions
- Enter follow up orders
- Then give them the option of seeing the MD

I am always researching ways to expand my practice...becoming credentialed in colposcopy exams...very appropriate for a NP to perform and great skill to have in our practice...

- I think it is important to do everything you can to become an expert in your specialty...it is how you will become respected by your MD colleagues...in the end they recognize/value your expertise and then refer patients to your practice as a result...
  — JM, GYN Oncology NP

90% of cancer treatments are delivered in an ambulatory care setting
  — Rubenstein, 1998

Oncology Nurse practitioners are uniquely qualified to care for treatment related symptom management, yet patients still utilize hospital emergency rooms for nausea, vomiting, pain and fever

Why not consider starting a NP-led urgent care clinic? NP specialty clinic (fertility, sickle cell care, men’s health, women’s health)

- What is your niche? How can you ADD to the practice model you are in

Research

- I have tried to do research but my problem is time constraints. I have two projects that I just couldn’t get off the ground. Over the last year our group (NP’s working with BC survivors) met to review the most recent data on our recommendations so that they are up to date and we are all saying the same thing
  — MS, Breast Cancer Survivorship NP
NP Productivity

- Not well defined in oncology
- RVUs need to be defined and negotiated
  - Inpatient care
  - Outpatient care
    - New patients versus established visits
    - On active treatment
    - In survivorship follow up
  - Clinical Trials
  - Telephone triage
  - Hospice/palliative care

- Know the truth regarding Medicare billing
  - MD reimbursement 100% versus NP 80%
  - But look at actual $$ coming back into your institution
  - You will find the difference is only 5-10%
  - And $$ on post surgical patients seen for post operative visits
- Be informed on proper billing codes and levels of service
- Know what you cost your institution and how much revenue you bring in!

Patient Outcomes and Value Added Services

- ONS Quality Improvement Registry, a qualified clinical data registry (QCDR) that practices can use to benchmark and improve patient outcomes. A QCDR enables the collection and submission of Physician Quality Reporting Systems (PQRS) quality measures data on behalf of eligible professionals, physicians, advanced practice nurses, and other clinicians who can independently bill Medicare.

Audience Discussion