Optimizing clinical care teams in the oncology setting

Clinical Team Insights brief

December 2020

Background

Highly functioning clinical teams are essential to providing patients with the best possible care, experience and outcomes. Research shows that the quality of teamwork affects the quality and safety of care delivery systems.[1] Unfortunately, care remains fragmented for many patient populations, including cancer patients — a population that is growing. It is expected that by 2040, an estimated 26.1 million Americans will be living with cancer,[2] resulting in increasing demand for cancer care. It is critical for oncology care teams to function at their highest ability in order to reduce fragmentation of care and ensure the best outcomes for these patients.

In addition to the rapidly growing patient, there is also a shortage of oncology professionals,[3] even though there are now at least 5,000 to 7,000 oncology advanced practiced providers (APPs)[4]. The percentage of oncology practices that employ APPs has increased from 52% in 2014 to 81% in 2018.[5] To optimize care for their patients and manage care coordination, oncology practices will need to build effective and efficient care teams and ensure that each member of the team is able to practice at the top of his or her scope of license.

Current state

A recent survey of Vizient® members and data from Vizient Clinical Team Insights provides information about the roles and responsibilities of members of oncology teams. The data clearly shows there are opportunities to better incorporate APPs, pharmacists, registered nurses and medical assistants into the clinical care team and enable each of them to practice at their highest ability. It is also important to note the data highlights significant variations across practices how and when these team members are deployed.

2:1

Ratio of physicians to APPs in oncology according to Vizient survey data

Figure 1 shows the percentages of oncology practices in which APPs and physicians perform various non–revenue-generating services, according to Vizient Clinical Team Insights data. Notably, physicians and APPs are responsible for care coordination tasks at more than 50% of participating hematology/oncology clinics, suggesting that clinicians are not as productive and effective as they could be if team members were all practicing at the top of their scope of license.

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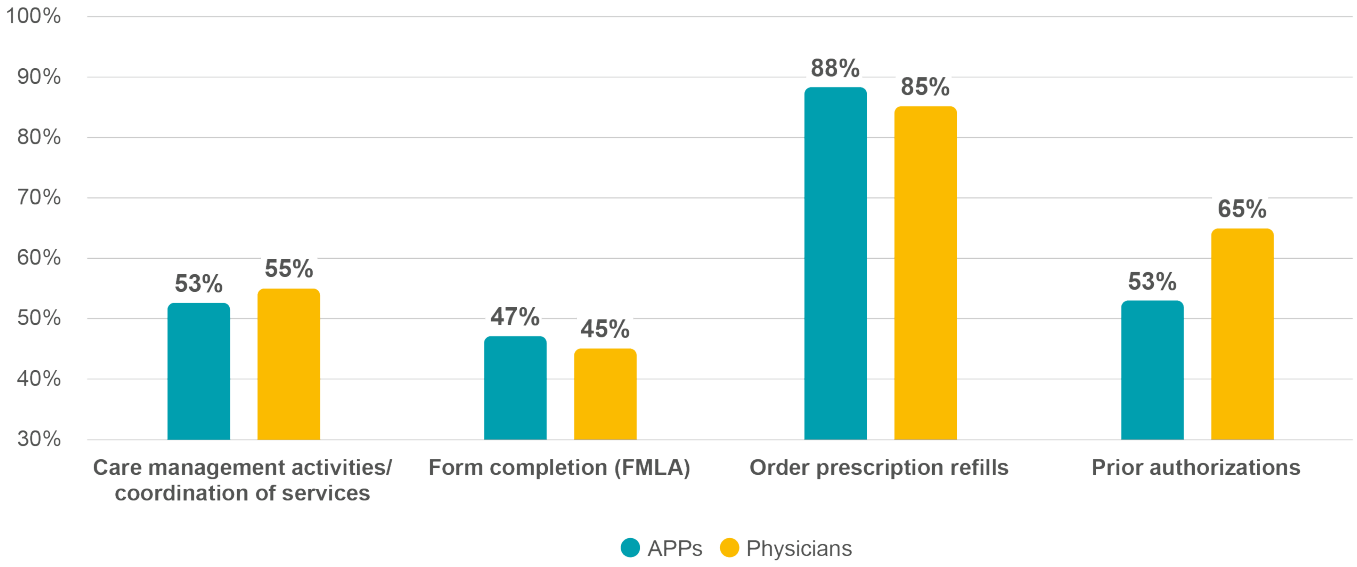
Figure 1. Percentage of hematology/oncology clinics in which APPs and physicians perform non-revenue-generating tasks



Source: Vizient Clinical Team Insights.
Abbreviations: APP = advanced practice provider; FMLA = Family and Medical Leave Act.

Table 1 describes the requirements and responsibilities of APPs at the 27 Vizient member organizations that responded to our survey. Notably, less than half of the respondents reported that APPs see new patients.

Table 1. Current role of APPs among 27 Vizient members

APP requirements/responsibilities	Percentage of respondents
For APRNs, oncology certification required	28[a]
Privileged to order chemotherapy	71[a]
Privileged to perform bone marrow biopsy	79
Privileged to do lumbar punctures	57
Allowed to see new patients	44
Allowed to maintain their own office schedules	81

[a] Percentage of the 14 members that responded to this question.
Abbreviations: APP = advanced practice provider; APRN = advanced practice registered nurse.

Finally, a comparison of the workload perceptions of physicians and APPs by Towle et al may be instructive: APPs reported that they were not busy enough and could see more patients, while physicians felt that they were too busy and their workloads should be reduced.[6] (Based on responses to the Vizient survey, the ratio of physicians to APPs in oncology is 2:1.) Research suggests that more effective use of APPs adds value; in one study, APPs expanded clinical capacity for radiation oncologists by optimizing workflow and increasing department efficiency.[2]

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Desired state: a highly functioning team

The variations in deployment of care team members in the oncology setting make it clear that there are opportunities to improve efficiency and patients' ability to access oncology services. There are several steps oncology practices can take to ensure that their clinical teams can consistently deliver the most efficient and effective care.

- **Optimize the team approach.** The future state of patient-centered cancer care should comprise a fully operational team approach. Research has shown that when APPs are able to manage their own schedule and see new patients, both physician and APP productivity increase, as do patient access and revenue. Practices in which APPs work with all practice physicians and see a wide variety of patients, including new and established patients, have demonstrated a 19% increase in productivity.[6]

  An optimized team approach must ensure that the core principles of team-based health care are incorporated: shared goals, clear roles, mutual trust, effective communication and measurable processes and outcomes.[7]

  One radiation oncology practice that introduced APPs in two services reported[2]:

50	$1.2M	281%
Additional new patient visits	New patient revenue	Return on investment

- **Appropriately assign non–revenue-generating services.** As noted earlier, current utilization of clinicians — both APPs and physicians — suggests that many clinicians are spending time on non–revenue-generating activities. Shifting these activities to other team members is critical to an oncology practice's success. For instance, adding a care coordination and transition management nurse to assume care coordination responsibilities may be of value to many organizations, enabling more effective use of highly skilled clinicians.

> "Our oncology clinic set a goal of having medical assistants complete as much of the Family and Medical Leave Act paperwork as possible — approximately 85% of the form — before it ever reaches the APP or physician. In addition, some of the prior authorization work is being transferred to medical assistants from the nursing staff. Although the reassignment of tasks has required more time in the short term for training, over the long term, the time saved is considerable and all staff are able to make better use of their skills."
>
> – *Jayme Cotter, DNP, RN, ACNS-BC, AOCNS*
> *Manager of Nursing Practice, Froedtert and the Medical College of Wisconsin*

- **Use focused privileging.** Leveraging a focused privileging process is another way to ensure that clinicians are effectively integrated into the oncology practice.[3] This requires a clear understanding of each team member's capabilities and the state's scope of practice. APPs (and physicians) should not be performing activities that others on the care team are able to do.

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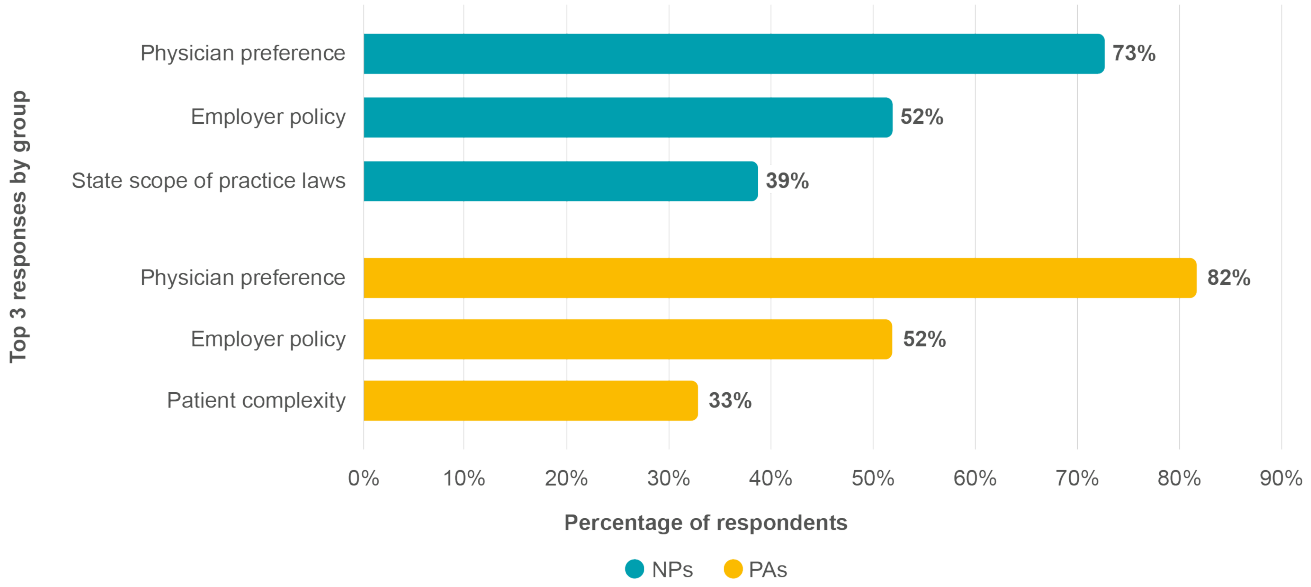
- **Promote nurse-led interventions.** Nurse-led interventions, which have been linked to improved patient satisfaction and better outcomes,[8] is one possible approach to ensuring that practices make the most effective use of their APPs. In one study, nurse-led programs significantly decreased the occurrence of constipation and insomnia and reduced financial difficulties for patients compared with non–nurse-led interventions.[9] A nurse-led pediatric oncology clinic in Australia proved successful from both the operational and consumer perspectives by streamlining interventions, as well as enabling reductions in overall hospital admissions and increases in patient and parent satisfaction.[8] A similar shift in responsibilities in many practices would promote optimal utilization of each member of the care team as well as better patient care.

Barriers to change

Data demonstrates increased productivity, higher APP and patient satisfaction, increased clinical capacity and greater workflow efficiency when all care team members are working at the top of their scope of practice in the oncology setting. Why, then, is there so much variety?

Figure 2 outlines the factors that APPs perceive as determining practice models, according to a study by Bruinooge et al.[4] Both nurse practitioners and physician assistants report that the greatest consideration is physician preference. Giving some weight to that perception, another study found that 41% of surveyed physicians in primary and specialty care settings thought that APPs had a negative impact on their ability to care for patients[10]; another reported that two-thirds of doctors believe they provide higher quality exams and consultations than nurse practitioners.[11]

Figure 2. Three most common factors determining practice models according to APPs[a]



[a] Data derived from Bruinooge et al.[4]
Abbreviations: APP = advanced practice provider; NP = nurse practitioner; PA = physician assistant.

Lack of time for training is often cited as a barrier to handing off tasks to more appropriate members of the team. And toxic or disruptive behaviors from some team members can keep the entire team from functioning at its members' highest abilities. Passive hostility (e.g., from team members protecting their "territory") or active meddling or sabotage can disrupt the whole team.[12]

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Next steps

Organizations that wish to reimagine their oncology APP practice model should start by evaluating the practice's current state. Consider leveraging Vizient Clinical Team Insights to help identify variations and opportunities for improvement within the organizational structure and operations through our data-driven approach.

Too often, fear or lack of understanding keeps us operating in our current state. While this kind of change requires challenging conversations, such discussions should be encouraged and embraced, because we know that what lies on the other side is an improved experience and better outcomes for patients, clinicians and health care organizations.

References

1. Rosen MA, DiazGranados D, Dietz AS, et al. Teamwork in healthcare: key discoveries enabling safer, high-quality care. *Am Psychol.* 2018;73(4):433-450.
2. Martin KL, Krechmer B, Boyajian RN, Reynolds MC, Cagney DN, Martin N. Advanced practice providers in radiation oncology. *Pract Radiat Oncol.* 2020;10(4):e192-e198. doi:10.1016/j.prro.2019.10.001
3. Carrasquillo MA, Vest TA, Bates JS, et al. A chemotherapy privileging process for advanced practice providers at an academic medical center. *J Oncol Pharm Pract.* 2020;26(1):116-123.
4. Bruinooge SS, Pickard TA, Vogel W, et al. Understanding the role of advanced practice providers in oncology in the United States. *J Oncol Pract.* 2018;14(9):e518-e532. doi:10.1200/JOP.18.00181
5. Yen TW, Laud PW, McGinley EL, Pezzin LE, Nattinger AB. Prevalence and scope of advanced practice provider oncology care among Medicare beneficiaries with breast cancer. *Breast Cancer Res Treat.* 2020;179(1):57-65.
6. Towle EL, Barr TR, Hanley A, Kosty M, Williams S, Goldstein MA. Results of the ASCO study of collaborative practice arrangements. *J Oncol Pract.* 2011;7(5):278-282.
7. Mitchell P, Wynia M, Golden R, et al. Core principles and values of effective team-based health care. National Academy of Medicine. October 2, 2012. Accessed November 12, 2020. https://nam.edu/perspectives-2012-core-principles-values-of-effective-team-based-health-care
8. Wong A, Glogolia M, Lange PW, et al. A nurse-led paediatric oncology fast-track clinic proves a successful ambulatory intervention for patients. *Support Care Cancer.* 2020;28(9):4395-4403. doi:10.1007/s00520-019-05250-w
9. Cheng X, Wei S, Zhang H, Xue S, Wang W, Zhang K. Nurse led interventions on quality of life for patients with cancer: a meta-analysis. *Medicine (Baltimore).* 2018;97(34):312037. Cited in: Wong A, Glogolia M, Lange PW, et al. A nurse-led paediatric oncology fast-track clinic proves a successful ambulatory intervention for patients. *Support Care Cancer.* 2020;28(9):4395-4403. doi:10.1007/s00520-019-05250-w
10. Johnson D, Ouenes O, Letson D, et al. A direct comparison of the clinical practice patterns of advanced practice providers and doctors. *Am J Med.* 2019;132(11):e778-e785. doi:10.1016/j.amjmed.2019.05.004
11. Donelan K, DesRoches CM, Dittus RS, Buerhaus P. Perspectives of physicians and nurse practitioners on primary care practice. *N Engl J Med*. 2013;368(20):1898-1906. Cited in: Sarzynski E, Barry H. Current evidence and controversies: advanced practice providers in healthcare. *Am J Manag Care.* 2019;25(8):366-368.
12. Holloway EL, Kusy ME. Disruptive and toxic behaviors in healthcare: zero tolerance, the bottom line, and what to do about it. *J Med Pract Manage.* 2010;25(6):335-340.

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