RESEARCH BRIEF

Identifying the Contribution of Nurse Practitioners in the Care of Older Adults With Cancer

Lorinda A. Coombs, PhD, FNP-BC, AOCNP®, and Caroline Stephens, RN, PhD, GNP

OBJECTIVES: To identify the best available dataset that measured the number of nurse practitioners (NPs) and the type of care they provided; patient information, including malignancy type, age, and insurance status; and volume of procedures performed by NPs.

SAMPLE & SETTING: All available national datasets that included patients with cancer and provider types.

METHODS & VARIABLES: Using prespecified consensus-driven criteria, all available administrative datasets were reviewed. The authors evaluated four that met the inclusion criteria.

RESULTS: The authors' analysis identified the Surveillance, Epidemiology, and End Results (SEER) Program linked with Medicare claims dataset as the most appropriate to measure the contribution of NP-provided cancer care to older adults. The Chronic Conditions Data Warehouse was excluded because of the limited number of malignancies included in the data; the SEER–Medicare dataset included all malignancies.

IMPLICATIONS FOR NURSING: Evidence demonstrates that NPs provide an unknown amount of cancer care to older adults. Further research using the SEER–Medicare dataset may yield a solution to the health issue of insufficient oncologists to care for the growing older adult population. Workforce research informs future training needs and influences policymakers' decisions, making secondary data analyses in nursing particularly important.

About 40% of all Americans will be diagnosed with a malignancy in their lifetime (American Cancer Society, 2014). Cancer is most frequently diagnosed in adults aged older than 65 years (American Cancer Society, 2014), and the incidence is expected to increase dramatically from 2010 to 2050 (Weir, Thompson, Soman, Moller, & Leadbetter, 2015). Although some risk factors for cancer are modifiable, aging is not one of them. Unfortunately, the current oncology physician workforce is not enough to support the care for this large anticipated increase in patients with cancer (American Society of Clinical Oncology [ASCO], 2014). ASCO has projected a 40% growth in the demand for cancer care by 2025, with a physician supply growth of 25% (Yang et al., 2014). As the largest group of older adults doubles, the oncology practice community will have an inadequate number of oncologists to provide care.

Large administrative datasets have been used to measure the physician workforce, but they have not previously been used to measure nurse practitioner (NP) cancer care providers. A review of current literature demonstrates that NPs provide care to older adults (Chavez, Dwyer, & Ramelet, 2018), as well as cancer care (Friese et al., 2010; Hinkel et al., 2010; Ruegg, 2013), in a variety of settings (Britell, 2010; Buswell, Ponte, & Shulman, 2009; Hoffman, Tasota, Zullo, Scharfenberg, & Donahoe, 2005; Moote, Krsek, Kleinpell, & Todd, 2011; Moote, Nelson, Veltkamp, & Campbell, 2012). Most of these published studies relied entirely on self-reported data with very small sample sizes, limiting their utility and generalizability for a workforce analysis. To date, no studies have specifically examined the amount or type of cancer care NPs provide to older adults.

In the course of care for a malignancy, procedures are often done to diagnose or treat malignancies.