

Understanding the Role of Advanced Practice Providers in Oncology in the United States

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PURPOSE: Advanced practice providers (APPs, which include nurse practitioners [NPs] and physician assistants [PAs]) are integral members of oncology teams. This study aims to identify all oncology APPs and to understand personal and practice characteristics (including compensation) of those APPs.

METHODS: We identified APPs who practice oncology from membership and claims data. We surveyed 3,055 APPs about their roles in clinical care.

RESULTS: We identified at least 5,350 APPs in oncology and an additional 5,400 who might practice oncology. Survey respondents totaled 577, which provided a 19% response rate. Results focused on 540 NPs and PAs. Greater than 90% reported satisfaction with career choice. Respondents identified predominately as White (89%) and female (94%). NPs and PAs spent the majority (80%) of time in direct patient care. The top four patient care activities were patient counseling (NPs = 94%; PAs = 98%), prescribing (NPs = 93%; PAs = 97%), treatment management (NPs = 89%; PAs = 93%), and follow-up visits (NPs = 81%; PAs = 86%). A majority of all APPs reported both independent and shared visits (65% hematology/oncology/survivorship/prevention/pediatric hematology/oncology; 85% surgical/gynecologic oncology; 78% radiation oncology). A minority of APPs reported that they conducted only shared visits. Average annual compensation was between \$113,000 and \$115,000, which is approximately \$10,000 higher than average pay for nononcology APPs.

CONCLUSION: We identified 5,350 oncology APPs and conclude that number may be as high as 7,000. Results suggest that practices that incorporate APPs routinely rely on them for patient care. Given the increasing number of patients with and survivors of cancer, APPs are important to ensure access to quality cancer care.

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Because the U.S. population is aging, a shortage of hematologists/oncologists has been projected, and this shortage increases the pressure on oncology practices to improve efficiency.¹ In addition, imbalanced geographic distribution of oncologists makes access to oncology care services challenging in many regions.² The employment of advanced practice providers (APPs)—nurse practitioners (NPs) and physician assistants (PAs)—in oncology practices has been shown to contribute greatly to cancer care.^{3,4} APPs have increasingly become integral members of the oncology care team. For the past three years, a majority of U.S. oncology practices that responded to the American Society of Clinical Oncology (ASCO) oncology practice census reported employment of 81% in 2017⁵; 75% in 2016 [unpublished data]; and 73% in 2015³).

Although APPs are integral members of the patient care team, there is little systematic information on the total numbers of oncology APPs, their practice settings, and their roles. Claims data do not reliably capture practice patterns because of differential policies among payers about payment of APP services.⁷ Claims data also often do not assign a clinical specialty to NPs and PAs.^{8,9} Beyond directly billable visits, APPs contribute to other aspects of care, including administration, teaching, research, and quality improvement in the areas of patient education, genetic counseling, outreach clinics, cancer prevention, and survivorship care.

ASCO, the Advanced Practitioner Society for Hematology and Oncology, the American Academy of PAs, the Association of Physician Assistants in Oncology, and the Oncology Nursing Society collaborated on this study of APPs in U.S.-based cancer care delivery. The first task attempted to identify all APPs who deliver cancer care services in the United States. The second task involved a survey to understand key demographic aspects of the oncology APP workforce.