Advanced Practice in Oncology Nursing

SUSANNE COLLIGON, RN, MSN, FNP-BC, OCN,
ESTHER MUSCARI DESIMINI, RN, MSN, BC, APRN;
KIMBERLY E. GARDNER, RN, ACNP-BC;
HEATHER A. HANNON, MSN, RN, CBCN;
MEG HELSLEY, MSN, RN, AOCNS;
KAREN ROESSER, RN, MSN, AOCNS; AND
TRACEY TATUM, RN, MS, FNP, AOCNP

Advanced practice nurses (APNs) are integral members of the multidisciplinary cancer team that provide care for this chronic patient population. In addition to their clinical skills, APNs have leadership experience that can make them instrumental partners to oncology administrators. Successful cancer programs have a complete understanding of the APN role, so they are able to fully utilize the education, individual skill, and expertise of these clinicians.[1] Perhaps the first step in this understanding is to know what APNs are not; APNs are not junior doctors, physician substitutes, physician extenders, or mid-level practitioners, nor are they defined by a narrow set of skills or credentials. Rather, APNs provide alternative and complementary components to the medical care of patients. A 2015 Oncology Nursing Society (ONS) position statement says that "advanced practice oncology nurses provide leadership to improve outcomes for patients with cancer and their families by increasing healthcare access, promoting clinical excellence, improving patients' quality of life, documenting patient outcomes, and increasing the cost-effectiveness of care."[2]

Advanced practice nursing is more a concept than a defined role and cannot be described as a specific set of skills or regulatory requirements. The regulatory term increasingly being used across the country is advanced practice registered nurse or APRN. The term APRN is intended for use in defining baseline legal and regulatory issues, but the term itself does not capture the full capacity of advanced practice nursing. For the purpose of discussing the broader concept—and not merely the regulations—advanced practice nurse, or APN, is used throughout this article.

Core Components & Competencies

A review of the core components of an APN is essential to understand how an APN functions within a cancer program. While these components may be performed in different ways based upon the type of APN, all APNs practice with expanded levels of autonomy, skill, and decision-making.[3] Advanced practice nursing constitutes more than physical assessment, pathophysiology, and pharmacology; it is the synthesis and integration of the core components below.[3]

Specific to oncology, APNs often excel in symptom management, providing interventions that are critical to patient outcomes and quality of life.

Clinical Expert. APNs are registered nurses educated at the graduate or doctoral level who have oncology expertise, often with further sub-specialization reflected in their direct patient care. Sub-specialization within oncology can be symptom management, inpatient nursing care, disease-specific patient population care, program development, etc. Through their advanced nursing skills, APNs guide the provision and evaluation of nursing care. The oncology APN conducts a thorough assessment to create a comprehensive and unique patient treatment plan. A holistic view, coupled with an understanding of risk and contributing factors, disease trajectory, and response to treatment, allows APNs to anticipate future problems, patient responses, and results in health promotion practices.[3] Specific to oncology, APNs often excel in symptom management, providing interventions that are critical to patient outcomes and quality of life.

Educator. The role of educator encompasses interactions with patients, families, the community, or other healthcare practitioners. APNs may serve as a formal educator—such as a preceptor—or in an informal role, educating staff while providing direct patient care. The education and information APNs provide to patients and caregivers is critical to informed decision-making and empowerment.

Researcher. Building an evidence basis for practice is essential to the role of the APN.[4] As such, APNs identify and develop research studies to further patient outcomes, incorporate improvements in patient care into practice, and publish outcomes to further nursing care. APNs must continuously challenge the status quo, while seeking better patient care through scientific inquiry.[5] APNs are in a prime position to conduct research on the effectiveness of nursing interventions given their clinical expertise, access to patients, and their master's or doctoral-level graduate research coursework. These clinicians are routinely aware of the need to demonstrate the effectiveness of their own practice and are often tying outcomes of their involvement to the highest level of quality care.[6]

Consultant & Coach. In these roles, APNs may facilitate problem solving and decision making; communicate and coordinate treatment plans with various disciplines; and motivate patients, team members, and caregivers about the various interventions of the treatment plan.[7] Consulting may include collaborating with other cancer program staff to conduct quality improvement projects or educational presentations. Coaching or mentoring may involve becoming adjunct faculty to undergraduate or graduate level nursing students and guiding them in becoming expert clinicians, educators, leaders, change agents, researchers, and collaborators.

Leadership. APNs are leaders within their cancer programs and, as such, routinely head up educational projects or initiatives. Through publication and within their profession, APNs often disseminate nursing and healthcare knowledge beyond their practice setting.[5] As leaders, oncology APNs may actively participate in the assessment, development, implementation, and evaluation of quality improvement (QI) programs in collaboration with hospital senior leadership. Oncology APNs possess a thorough understanding of the working environment, hospital system, and organizational structure, routinely collaborating with other department leaders and different medical disciplines to improve the professional environment. Finally, as APNs are embedded in cancer programs and aligned closely with oncology nursing and medical staff, these clinicians can respond quickly to change and successfully drive education and QI initiatives.

Practice Requirements

To understand how an APN functions within a cancer program, a review of practice requirements is also essential, including education requirements, credentialing, and reimbursement for APN services.

Education. Graduate education resulting in a master's degree includes core coursework on physical assessment and diagnosis, pathophysiology, and pharmacotherapeutics. All APN education programs preparing graduate students for advanced practice and licensure must go through a pre-approval, pre-accreditation, or accreditation process prior to admitting students. Accredited programs qualify the APN for the certification examination to ensure national competencies that entitle them for state licensures, and the resultant advanced practice registered nurse (APRN) credentials.

Requirements of graduate education support an expanded scope of practice.[8] A doctorate in nursing practice provides coursework that deepens the graduate work of a master's program in conjunction with information and systems analysis, leadership, public policy, and population health.[9] Graduate faculty and clinical preceptors serve as instrumental role models, contributing to professional development through role modeling how to operationalize programmatic components and guidance on how to fully use intuition and education in the practice setting. A minimum of 500 student clinical practice hours are required in the masters' programs and at least 1,000 hours of clinical practice are required for the doctor of nursing practice (DNP) program—regardless of the number of years the graduate nursing student has worked.[10] Fitzgerald and colleagues describe educational strategies that include intensive interprofessional collaborations and curriculum revisions in order to be the envisioned providers of healthcare reform.[10]

Scope of Practice. The scope of practice provides the parameters APNs are legally authorized to practice under and the services they can provide to patients. It is determined on the national level by professional organizations; on the state level via nurse practice acts, rules, and regulations; and at the institutional level, defining the patient population and process for physician collaboration.[11] Since scope of practice is determined by state law, there are differences in what APNs can do across states. The scope of practice can also differ for the two APN roles: nurse practitioner (NP) and clinical nurse specialist (CNS). (For more on these APN roles, see the companion article on pages 42-46.) APN scope of practice is directly linked to the competencies of direct clinical practice, coaching, and guidance, complemented by the other components and competencies.[9]

Regulatory. There is no federal regulation of APNs across the states. Each state independently determines the legal scope of practice, the criteria for entry into advanced practice, and the standards necessary for entry-level proficiency assessment. Since state licensure regulates APN practice, depending upon the state, the licensure limitations can serve as a barrier to these professionals practicing to the fullest extent of their education and training.[12]

The APRN Consensus Model. Regulatory, legal, and certifying organizations; accreditors; and educators historically made independent decisions that impacted APNs, often with differences in terminology, requirements, and regulatory approaches. In 2008 these stakeholders joined together to develop a uniform regulatory model for advanced practice nursing that aligns licensure, accreditation, certification, and graduate education (LACE). The goal: to move towards maximizing the abilities of APNs through the creation of the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education

(APRN Consensus Model). Endorsed by 41 nursing organizations, the APRN Consensus Model:

- Defines APRN practice
- Describes the APRN regulatory model
- Identifies professional titles to be used
- Defines specialty
- Describes the emergence of new roles and population foci
- Presents strategies for implementation.

The APRN licensure reflects the regulatory and legal groups consensus on minimum requirements and consistency in language. Learn more about the APRN Consensus Model at nursingworld.org/consensusmodel.

Credentialing. Credentialing is the paperwork and process necessary to ensure APNs meet competency and safety standards. It involves evaluating the scope of practice for the appropriate fit within healthcare settings. Requirements to practice under the title are dictated by a regulatory body or institution. It includes education, licensure, and national certification and is done at both the state level and the institutional level. Institutional credentialing is facility specific, requiring specific documentation, sometimes a physician endorser and/or collaborative practice agreement, which are reviewed by a designated credentialing committee. Licensure is two-fold: the first licensure designates the APN as an APRN and the second licensure matches up the state board of nursing criteria with the specific role declaration—CNS (clinical nurse specialist) or NP (nurse practitioner).

Certification. Certification occurs at both the state board level and through the Oncology Nursing Society (ONS). Certification ensures a basic measure of competence within the role and subspecialty. Oncology certification began in 1995 with the increasing number of graduate nurses sub-specializing in oncology. ONS currently offers two advanced oncology nursing certification credentials for nurse practitioners and clinical nurse specialists working in oncology: Advanced Oncology Certified Nurse Practitioner (AOCNP™) and Advanced Oncology Certified Clinical Nurse Specialist (AOCNS™). (Note: the AOCN is an ONS APN certification for those who achieved that certification 20 years ago and is available only for renewal of those APNs.)

Reimbursement. After meeting licensure, credentialing, and state board of nursing scope-of-practice regulations, APNs are authorized to bill Medicare using the physician payment system only if state law allows. State licensing and billing regulations are complex and often require a billing expert. Although most third-party payers follow Medicare guidelines, their decision to reimburse APNs and reimbursement requirements are unique to the insurer, varying widely from payer to payer. Medicare makes no distinction between different APNs, so differences in billing and reimbursement between nurse practitioners and clinical nurse specialists come down to individual state definitions of their respective scope of practice.[13] Medicare and some third-party payers reimburse for CNS services if the clinician meets certain criteria that are state dependent. Nursing services are defined by nurse practice acts of individual states and can be viewed by state on the Board of Nursing websites.

Hospitals can bill NP services under Medicare Part B as a physician service if the hospital is not being reimbursed under Part A for the NP's salary and if a physician of the same specialty is not billing for that service on the same day. In the acute setting, Medicare will reimburse one bill, per patient, per service, per day. Third-party payers reimburse for only one physician service, per specialty, per day. So, if a physician is performing an evaluation and management visit, the NP cannot bill for the service. When an APN and physician are not employed by the same entity, there is no opportunity for "shared billing."[14]

Physician services, unlike nursing services, are defined by federal law and include diagnosis, surgery, consultations, and home, office, and institutional calls. The ambulatory settings involve evaluation and management (E&M) services as defined by Current Procedural Terminology (CPT) codes. E&M codes require documentation of history taking, physical examination, medication decision making, counseling, and coordination of care.[15] In the ambulatory setting, "'incident to' a physician's professional service" is a Medicare billing mechanism by a CNS or NP for professional services provided and billed under the physician's national provider identification (NPI) number. Direct supervision is required with the physician in the clinical area where the care is being delivered and immediately available to provide assistance. The physician does not need to be in the examination room of the patient, but in the same area. Billing "incident to" is submitted under the physician's NPI number and paid at 100 percent of the reimbursement rate.

Medicare reimburses APN services at 85 percent of the physician rate.[16] An APN can bill as the single provider if they have a provider number. An APN can also serve as a single provider with a non-advanced practice registered nurse performing the work and billing incident to the APN.[17]

Evolving Opportunities for APNs in Oncology

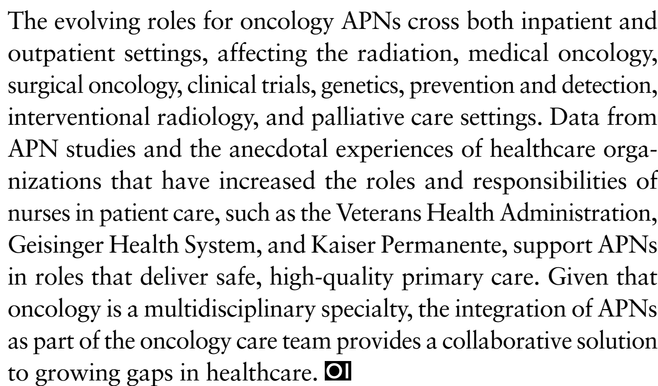
Because numerous studies have demonstrated the value of integrating APNs into the clinical setting, and as the landscape of healthcare continues to evolve, advanced practice nurses are perfectly suited to meet the growing demand for healthcare services in the 21st Century.[18] This is especially true in the oncology setting where patients often have complex needs and require expert clinical care. APN potential and broad diversity can contribute to solutions for healthcare concerns including access, quality, and cost. The Institute of Medicine's 2011 "The Future of Nursing" report describes the need for sufficient advanced practice nurses in order to fulfill the vision of a new, improved healthcare system design.[19] The IOM report recommends removing scope of practice barriers, and it is making these recommendations to Congress, state legislatures, the Centers for Medicare & Medicaid Services, and the Federal Trade Commission so that APNs can practice to the fullest extent of their education and training.[19]

Since graduate education and certification is required in order to practice as an APN, these clinicians have higher critical thinking skills and a broader reach than traditional nursing roles. For the cancer program administrator, increased use of APNs can maximize productivity and help differentiate their program from

competitors. APNs are not simply task-oriented. Instead, these clinicians have the ability to flex to unique and changing competitive and patient variables. This skill makes APNs a critical partner to administrators who are looking to grow patient volume, gain programmatic efficiencies, respond to changing healthcare legislation, and incorporate new treatment paradigms.

It is well documented that APNs positively impact patient and physician satisfaction, enhance educated treatment decision making, improve the quality of care regardless of location, and simultaneously improve the overall patient experience; however, other evaluative measures are sometimes needed to measure return on investment (ROI), including:

- Participation in the creation of new programs
- Accreditation commendation
- Participation in quality outcome improvements
- Contribution to total program growth
- Contribution to reduce ER visits or readmissions
- Long-term patient retention.



The evolving roles for oncology APNs cross both inpatient and outpatient settings, affecting the radiation, medical oncology, surgical oncology, clinical trials, genetics, prevention and detection, interventional radiology, and palliative care settings. Data from APN studies and the anecdotal experiences of healthcare organizations that have increased the roles and responsibilities of nurses in patient care, such as the Veterans Health Administration, Geisinger Health System, and Kaiser Permanente, support APNs in roles that deliver safe, high-quality primary care. Given that oncology is a multidisciplinary specialty, the integration of APNs as part of the oncology care team provides a collaborative solution to growing gaps in healthcare. OI

Susanne Colligon, RN, MSN, FNP-BC, OCN, is a palliative care nurse practitioner, Bon Secours Cancer Institute, Richmond, Va., Esther Muscari Desimini, RN, MSN, BC, APRN, is vice president/administrator, Riverside Tappahannock Hospital, Riverside Health System, Tappahannock, Va. Kimberly E. Gardner, RN, ACNP-BC, is Thoracic Program nurse navigator at Henrico Doctors' Hospital, Richmond, Va. Heather A. Hannon, MSN, RN, CBCN is Women's Oncology nurse navigator, Thomas Johns Cancer Hospital, Johnston-Willis Hospital, Richmond, Va. Meg Helsley, MSN, RN, AOCNS, is an oncology clinical nurse specialist for the Breast Oncology Program and High Risk Cancer Genetics Clinic at Henrico Doctors' Hospital, Richmond, Va. Karen Roesser, RN, MSN, AOCNS, is an oncology clinical nurse specialist and director of Oncology Practice, Thomas Johns Cancer Hospital, Johnston-Willis Hospital, Richmond, Va. Tracey Tatum, RN, MS, FNP, AOCNP, is an oncology nurse practitioner at Surgical Associates of Richmond, Va.

References

1. Klein T. Credentialing the nurse practitioner in your workplace: evaluating scope for safe practice. *Nurs Admin Quarterly*. 2008;32(4):273-278.

2. ONS. The Role of the Advanced Practice Nurse in Oncology Care. Available online at: ons.org/advocacy-policy/positions/education/apn. Last accessed Sept. 15, 2015.

3. Spoelstra SL, Robbins LB. A qualitative study of role transition from RN to APN. *Int J Nurs Educ Scholar*. 2010;7(1):1548-923X.

4. Fulton JS, Baldwin K. An annotated bibliography reflecting CNS practice and outcomes. *Clin Nurs Specialist*. 2004;18(1):21-39.

5. Mick DJ, Ackerman MH. Advanced practice nursing role delineating in acute and critical care: application of the strong model of advanced practice. *Heart Lung*. 2000;29(3):210-221.

6. Oermann MH, Floyd JA. Outcomes research: an essential component of the advanced practice nurse role. *Clin Nurs Specialist*. 2002;16(3):140-144.

7. Scarpa R. Advanced practice nursing in head and neck cancer: implementation of five roles. *Oncol Nurs Forum*. 2004;31(3):579-582.

8. American Association of Colleges of Nursing. *The Essentials of Master's Education in Nursing*. 2001:1-64.

9. Hanson CM. Understanding regulatory, legal, and credentialing requirements. (In) *Advanced Practice Nursing: An Integrative Approach*. AB Hamric, et al. Eds. 2014:557-578.

10. Fitzgerald C, et al. Advanced practice nursing education: challenges and strategies. *Nurs Research Practice*. 2012:1-8.

11. Kleinpell RM, et al. The acute care nurse practitioner (In) *Advanced Practice Nursing: An Integrative Approach*. AB Hamric, et al. Eds. 2014:557-578.

12. Hain D, Fleck L. Barriers to NP practice that impact healthcare re-design. *Online J Issues Nurs*. 2014;19(2).

13. Frakes MA, Evans T. An overview of Medicare reimbursement regulations for advanced practice nurses. *Nurs Econ*. 2006;24(2): 59-65.

14. Buppert C. Capturing reimbursement for advanced practice nurse services in acute and critical care: Legal and business considerations. *AACN Clinical Issues*. 2005;16(1):23-35.

15. American Medical Association. *Current Procedural Terminology (CPT) 2014*, Professional Edition.

16. Buppert C. Billing for nurse practitioner services—update 2005: Guidelines for NPs, Physicians, Employers, and Insurers. Available online at: medscape.org/viewarticle/508395/. Last accessed Sept. 15, 2015.

17. Wound, Ostomy and Continence Nurses Society. Understanding Medicare Part B Incident to Billing. *J Wound, Ostomy & Continence Nurs*. 2012;39(2S):S17–S20.

18. Cooke L, et al. APN core competencies: a framework for developing and testing an APN discharge intervention. *Clin Nurs Specialist*. 2008;22(5):218-255.

19. Institute of Medicine. *The Future of Nursing: Leading Change, Influencing Health*. Washington, D.C.: The National Academies Press; 2011.

Immuno-Oncology: The future is here. Where are you?

No matter where you are on the path to integrate immunotherapy into your operations, ICLIO gets you to your destination. The Association of Community Cancer Centers created ICLIO as a vehicle to guide your implementation journey. One step at a time.

1 **View an overview of immuno-oncology**
accc-iclio.org/about/intro

2 **Read why ICLIO is a critical resource for oncology providers**
accc-iclio.org/resources/why/

3 **Hear strategies for ensuring reimbursement of these new treatments**
accc-iclio.org/resources/reimbursement/

4 **Learn how to operationalize immuno-oncology at your cancer program**
accc-iclio.org/resources/operationalize/

accc-iclio.org

INSTITUTE FOR CLINICAL IMMUNO-ONCOLOGY

ICLIO is made possible by a charitable donation from Bristol-Myers Squibb and supported by an educational grant from Merck & Co., Inc.

AN INSTITUTE OF ACCC
Association of Community Cancer Centers