

Anti-Cancer Therapy Privileging for Oncology Nurse Practitioners and Physician Assistants

As a multidisciplinary organization, the Association of Community Cancer Centers (ACCC) advocates for all members of the oncology care team to work at the top of their licensure. In January 2021, ACCC released a statement on the value of oncology advanced practice providers (APPs) that emphasizes the integral role they have in expanding access to and delivery of quality cancer care, “APPs work with their physician colleagues to provide safe, cost-effective care. APPs improve practice workflow and efficiency, enabling physicians to care for more patients and focus on those who need complex care.... Optimizing models of care that include APPs as team members who can practice at the full scope of their license strengthens the ability of a [cancer] practice to provide multidisciplinary, comprehensive care to more individuals.”¹

In the spring of 2021, ACCC and Harborside hosted a “Virtual Summit to Define the Role of Oncology Advanced Practitioners in Equitable Cancer Care Delivery.” An invited group of thought leaders, including oncology nurse practitioners (NPs) and physician assistants (PAs), advanced degree nurses, oncology pharmacists, patient advocates, and physicians, came together to discuss the ways in which APPs might advance health equity in oncology care. Summit participants agreed that APPs are often the healthcare professional most engaged in accruing patients to clinical trials. Additionally, because APPs are directly involved in patient care and symptom management, they are well positioned to help bring forward patient-voiced barriers to trial enrollment and the real-world challenges faced by study participants. Of note, a recent study focused on the role of APPs to enhance clinical research. Of the total APPs who responded, 90 percent indicated that APPs should play a role in clinical research and 73 percent wanted to become more involved in this research.²

At present, one stumbling block to advancing the role of APPs in cancer care delivery is existing regulatory and practice variability. For example, advanced nursing practice is regulated at the state level and, therefore, scope of practice, regulations, and licensure vary state to state.³ Not only is there a lack of standardization for scope of practice across the United States, but within each state an NP’s role and practice scope are further delineated by their employers—health systems, hospitals, and oncology practices. For PAs as well, licensed healthcare facilities, such as hospitals, surgical centers, and others, have a role in defining their scope of practice.⁴ As a result, these APPs may be hindered from practicing to the full extent of their education, training, and competencies.

For more than a decade, the U.S. healthcare system has been warned of an impending oncologist shortage that is projected to occur as the population continues to age and the demand for cancer services increases. As integral members of the cancer care team, APPs play a pivotal role in the rapidly evolving oncology ecosystem, bolstering access to quality care as anti-cancer treatments become more numerous and complex.⁵ APPs provide cancer care along the full continuum, from prevention, screening, and diagnosis to novel therapies, clinical trials, symptom management, and end-of-life care.⁵

In an *American Society of Clinical Oncology (ASCO) Educational Book* article, “Collaborating with Advanced Practice



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Although the UCSD Moores Cancer Center employs both co-management and autonomous practice models, the institution did not privilege APPs (NPs or PAs) to sign orders for IV anti-cancer therapies. Only oral anti-cancer therapy renewal orders were allowed to be signed by APPs. When a physician and APP manage patients collaboratively through an independent practice model, the inability to sign orders can contribute to delays in providers' clinics and infusion center workflow. These delays—waiting for orders to be signed—lead to longer patient wait times and slow clinic schedules. In turn, these slowdowns can negatively impact patient and provider satisfaction and the care experience.

In June 2018, Rana R. McKay, MD, genitourinary medical oncologist, and I launched an initiative to propose a policy change at UCSD Moores Cancer Center that would create a process for NPs and PAs to become privileged to sign IV anti-cancer therapy orders. The proposed policy change did not establish a compulsory process that required these clinicians to attain privileging, but it would provide the opportunity to pursue privileging for those who were interested. At a large National Cancer Institute-designated comprehensive academic institution, such as UCSD Moores Cancer Center, the policy change would need buy-in from all stakeholders—medical staff executive committee, pharmacy and therapeutics committee, infusion leadership, nursing leadership, and physician leadership. An important first step was anticipating potential objections and preparing evidence-based support for our proposed change. The process we followed is outlined below.

Describing the Current State

First, we summarized the current models of APP (NP and PA) practice at UCSD Moores Cancer Center, which included co-management and independent clinics. For APPs who practiced in a co-management setting, privileging to sign IV anti-cancer therapy orders was not a priority, because the oncologist was always present with the APP in the clinic. The cancer program at UCSD Moores Cancer Center is organized by disease site. For some disease teams—for example, where the physician and APP always see the patient together—there would not necessarily be increased efficiencies from APP privileging. However, for high-volume disease sites in which treatments are highly protocolized, including standard-of-care therapies, APP privileging to sign IV anti-cancer therapy orders could help expand patient access to care and the timeliness of infusion orders being signed—ultimately leading to improved patient and provider satisfaction. At the start of our initiative, UCSD Moores Cancer Center policies permitted oncology APPs (NPs and PAs) to order:

- Hormonal therapy
- Oral cancer-directed therapies
- Bone-targeted therapies
- Blood transfusions
- Hydration
- Electrolytes
- Anti-emetics.

Providers: Impact and Opportunity,” authors Heather M. Hylton, MS, PA-C, DFAAPA, and G. Lita Smith, DNP, RN, ACNP-C, characterize an optimally functioning care team: “...each member of the team performs those duties consistent with the fullest extent of his or her license (as applicable), education, training, experience, and competency. This leads to the formation of teams that are cost-effective, provides assurance that the patient’s and caregiver’s needs are being met by the most appropriate members of the team, establishes accountability, eliminates duplicative work effort, and ensures each member of the team is performing at the functional level intended.”⁵

Broadly speaking, APPs are involved in direct patient care in either a co-management clinical model or an autonomous (independent) model.⁵ In a co-management model, APPs see patients together with a physician. In an autonomous model, APPs manage patients collaboratively with physician colleagues but maintain an independent clinic schedule and see patients without a physician physically present (in accordance with state law, regulations, and facility or practice policy).⁵ A third approach, the mixed-methods model, is a hybrid co-management and autonomous model.⁵

When I came to the University of California San Diego (UCSD) in 2017, I was surprised to learn that intravenous (IV) anti-cancer therapy prescriptive privileging was not an option for NPs at the Moores Cancer Center. This lack of privileging contrasted with my previous APP practice experiences at the University of California at San Francisco and Massachusetts General Hospital in Boston.

APPs were NOT able to:

- Sign anti-cancer therapy continuation orders
- Change anti-cancer treatment parameters
- Give “okay to treat” or “hold” orders
- Change the date for antineoplastic agents.

As a next step, we clearly identified the problem that the new policy would address: The APPs’ lack of ability to sign orders was contributing to delays in clinic and infusion center workflow. These delays were also having a negative impact on patient satisfaction and their care experience.

Crafting the Proposal

Under the proposed policy change, eligible APPs who were deemed competent would be granted privileges to:

- Sign continuation of anti-cancer therapies according to the attending oncologist’s established treatment plan.
- Sign continuation of an anti-cancer treatment plan and date changes.
- Give “okay to treat” or “hold” orders if outside of parameters, after communicating with an attending oncologist (with documentation in [the electronic health record] Epic).

The proposed policy further stated that:

- APPs may not dose-escalate therapies without the attending oncologist’s co-signature.
- APPs may not initiate the first cycle of an anti-cancer therapy order.
- Clinical trial orders would be at the discretion of the study’s principal investigator.

Included in the proposal were the following eligibility requirements, criteria for competency assessment, and supporting evidence for credentialing for NPs and PAs (see box titled “Supporting Evidence,” page 30).

Determining APP Eligibility

- APP must have knowledge and ability to demonstrate clear understanding of relevant regimens in their practice.
- APP must have a valid California Furnishing License. (Note: NPs who want to prescribe in California must apply for a furnishing number. The California Board of Registered Nursing issues the furnishing number that allows the NP to “order” or furnish drugs and devices to patients using approved standardized procedures.⁶)
- APP must have a minimum of three years of oncology experience.
- APP with less than three years of oncology experience must complete the Oncology Nursing Society (ONS)/Oncology Nursing Certification Corporation (ONCC) Chemotherapy Immunotherapy Certification Course. Then UCSD Moores Cancer Center nursing leadership and their attending/supervising oncologist must perform final sign off for APP eligibility for this credentialing.

Competency Assessment

- APP deemed eligible must sign 20 anti-cancer treatment orders under the direct supervision of their attending oncologist.
- APP with less than three years of oncology experience must complete the ONS/ONCC Chemotherapy Immunotherapy Certification Course *and* a total of 20 anti-neoplastic treatment orders under the direct supervision of their attending oncologist.
- Continued proficiency will be assessed at re-credentialing (every two years) and tracked through the UCSD Moores Cancer Center medical staff office.


Finally, to be privileged, the disease site team as a whole must agree that the eligible APP is competent and that team members are comfortable allowing the APP to be privileged.

Our Results

Since the start of the program in 2019, half (52 percent) of eligible oncology APPs have applied for and received privileging. (Currently, 9 of 14 ambulatory hematology/oncology APPs are credentialed.)

With the new privileging policy in place and COVID-19 pandemic waivers increasing options for virtual visits, we were able to create urgent care clinics that are more accessible for our patients. Traditionally, scheduling would have allowed for dedicated acute care clinic time in specific clinic rooms at a brick-and-mortar cancer center. With the flexibilities of telemedicine, it is possible to schedule a video-based urgent-care clinic as needed. With our provider clinics fully scheduled, if APPs are able to provide a few more slots per week for acute visits, patient access is improved. By intervening earlier, we can help patients with cancer manage their symptoms before they escalate.

Next Steps: ACCC Survey

ACCC is slated to launch a national survey—in collaboration with UCSD Moores Cancer Center and the Advanced Practitioner Society for Hematology and Oncology—in September 2022. This survey will help us understand current practices around where and when APPs are privileged to sign orders for IV and/or oral anti-cancer therapies, what privileging requirements are in place, what course work and didactic learning is required, competencies that must be demonstrated, and processes and requirements to maintain privileging. 

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Supporting Evidence

The 2009 and 2011 ASCO/ONS Chemotherapy Administration Safety Standards definitions of a licensed practitioner who can order chemotherapy state that such an individual includes “physicians, advanced practice nurses (nurse practitioner or clinical nurse specialist), and/or physician assistants as determined by state law.”^{7,8}

Domain 3: Ordering, Preparing, Dispensing, and Administering Chemotherapy

Under domain 3 of the ASCO/ONS safety standards,⁹ the following are stated:

- 3.1. The healthcare setting defines standard chemotherapy regimens by diagnosis with references.
- 3.2. The healthcare setting verifies institutional review board approval of research regimens.
- 3.3. Orders for chemotherapy are signed manually or by using electronic approval by licensed independent practitioners who are determined to be qualified by the healthcare setting.
- 3.4. The healthcare setting has policy for managing chemotherapy orders that vary from standard regimens. The policy requires a supporting reference and/or authorization by a second licensed independent practitioner.
 - 3.4.1. The rationale for an **exception order** is documented in the medical record.
- 3.5. The healthcare setting has a policy for chemotherapy orders that ensure:
 - 3.5.1. Verbal orders are not allowed except to hold or stop chemotherapy administration.
 - 3.5.2. New orders or changes to orders, including changes to oral chemotherapy regimens, for example, dose adjustments communicated directly to patients, are documented in the medical record.

The National Academy of Medicine’s *The Future of Nursing: Leading Change, Advancing Health*¹⁰ states:

- **Recommendation 1. Remove scope-of-practice barriers.** Advanced practice registered nurses should be able to practice to the full extent of their education and training. (See also, *Assessing Progress on the Institute of Medicine Report The Future of Nursing*.¹¹)

From a UCSD Moores Cancer Center internal and national survey of institutions, below are institutions that privilege APPs to order established anti-cancer treatment plans:

- University of California (San Francisco, Los Angeles, Irvine)
- Stanford Health Care
- Massachusetts General Hospital
- Northwestern Medicine
- Mayo Clinic
- Dana-Farber Cancer Institute.