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FROM THE EDITOR

A Focus on APPs

BY SIBEL BLAU, MD



Oncology care has improved with the development of new diagnostic and treatment modalities and the incorporation of more advanced technology. But while the number

of oncology patients and survivors is increasing, the growth of medical oncologists has lagged behind, and advanced practice providers (APPs) play a critical role in filling this care gap.


Traditional physician-APP teams not only share busy clinic loads but also focus on improving quality around non-billable services, such as patient education, treatment monitoring, procedures, peer reviews, and documentation. Enhanced collaboration between physicians and APPs ensures that patients receive cost-effective, high-quality care. Moreover, literature shows that APPs can help improve the patient experience and increase patient satisfaction.

As oncology care evolves in this value-based care era, oncologists are taking on additional responsibilities. Through participation in alternative payment models, including the Centers for Medicare & Medicaid Services' Oncology Care Model (OCM), we have reduced emergency department and hospital admissions and improved our use of end-of-life measures; however, these efforts also increased the burdens on busy practices through stringent data collection and reporting requirements.

Those who succeeded under the OCM created new programs and processes around quality and hired new clinicians and staff to achieve these goals. Most successful OCM participants focused on practice transformation using case managers and care coordinators and by providing extended clinic hours, including weekends.¹ A survey of oncologists participating in the OCM showed that 66 percent had employed APPs to help with case management, survivorship planning, and other functions, compared with non-OCM practices, which had hired 45 percent during the same time period.²

At Northwest Medical Specialties, we developed programs and processes to transform our practice into a value-based care model—all which required significant staff changes. For example, when we created our acute care clinics, we hired additional APPs to staff these clinics in our major hubs during the weekdays and to provide care to patients who come through triage and other channels. To deliver this level of care on the weekend (when our office was closed), we created a whole new call schedule for APPs.

Our more traditional physician-APP teams evolved into new, dedicated APPs who specialize in functions critical to creating a more efficient, cost-effective program. Survivorship planning, advanced care planning, and palliative care also evolved due to new programs and services developed in partnership with APPs. Dedicated inpatient APP positions were created for the larger hospital systems we attend; these clinicians provide daily care for patients with cancer and have improved communication with physicians.

As we look at the increasing demand for oncologists in this country,³ the contributions of APPs become even more significant. APPs are necessary to care for an aging population and a growing number of cancer survivors. To help these clinicians, carefully plan—and clearly define—the services APPs will offer and the functions they will carry out, including expectations in “productivity” versus “value.” Define the value APPs bring to your clinics and patients and develop models to improve APP retention that translate into better patient care and more efficient and cost-effective practices. 

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