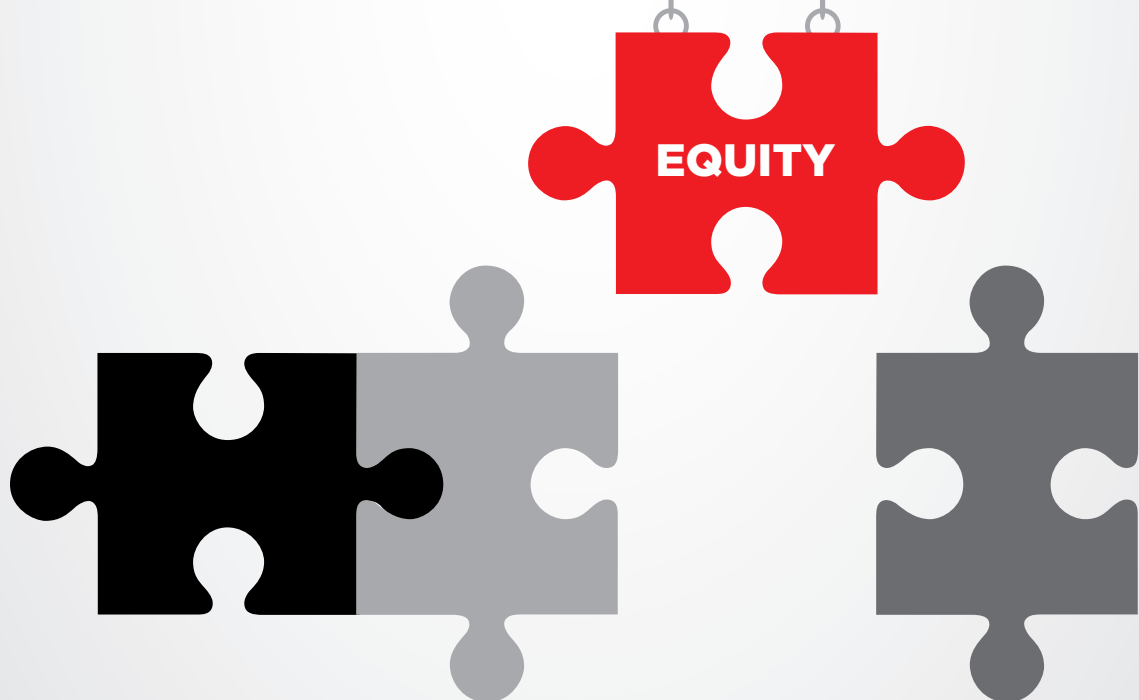


Summit Explores Role of Oncology Advanced Practitioners in Equitable Cancer Care Delivery



In spring 2021, the Association of Community Cancer Centers (ACCC) and Harborside co-hosted a virtual summit bringing together an invited group of oncology advanced practitioners (APs) for focused conversation on equitable cancer care across three domains: care coordination and communication, clinical trials, and acknowledging and mitigating implicit bias. The goal: to better define the role APs in cancer programs and practices around the country can play in achieving more equitable cancer care. The three facilitated summit sessions included nurse practitioners (NPs), clinical nurse specialists, physician assistants (PAs), and oncology pharmacists, along with oncology and non-oncology physicians and patient advocates.

The virtual summit discussion framework was designed to elicit maximum engagement and dynamic exchange among participants. Each session followed a four-part format:

- Opening conversation on the current state of equitable cancer care delivery and intersectionality with the advanced practitioners' roles
- Sharing perspectives on an ideal future state, achievable in a three-year time frame
- Identifying actionable gaps between the current and ideal future state of equitable care delivery
- Brainstorming action steps to address these gaps. To optimize the conversation on the virtual platform, participants totaled approximately 30 each day.

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Advancing Equity

The COVID-19 public health emergency, spanning 2020 to 2021, focused national attention on the devastating real-world consequences of health inequities in the United States.¹ Over recent months, the nation has witnessed how racism, bias (both explicit and implicit), and lack of equity can result in social injustice, brutality, morbidity, and mortality. In recognition that health equity is fundamental to achieving population and societal health, there is renewed commitment across the U.S. healthcare enterprise to advancing health equity in the delivery of healthcare, a deeper understanding of the intersectionality between inequities and health outcomes, and identifying effective strategies for improving equitable healthcare delivery with the overarching aim of reducing health disparities.

Accessing the Full Value of Oncology APs

With an interdisciplinary membership, ACCC has long supported the capacity for members of the cancer care team to work to the top of their licensure. In January 2021, ACCC issued a Statement on the Value of Oncology Advanced Practitioners,² which emphasized that, in the evolving oncology landscape, APs are playing an increasing variety of roles—from the chairside to the C-suite. Highly trained professionals employed across the spectrum in oncology, advanced practitioners—as colleagues, educators, trainers, clinicians, program managers, researchers, authors, administrators, quality improvement leaders, and more—are well positioned to help advance equitable cancer care delivery.

Even as the role of advanced practitioners in oncology is expanding, in two recent research surveys—one of NPs and PAs and the other of NPs, PAs, clinical nurse specialists, and pharmacists—respondents reported spending the majority of their time in direct patient care, including such responsibilities as counseling, prescribing, patient management, and follow-up.^{3,4} All of these activities provide opportunities for NPs, PAs, and other APs in oncology to impact equity across three domains: care coordination and communication, clinical trials, and acknowledging and mitigating implicit bias.

Taking Action

At the conclusion of the summit, participants and members of the Summit Planning Committee collated and refined recommended action steps identified under each of the discussion domains. Via an online polling platform, participants were asked to rank these recommendations according to two criteria: feasibility and impact. Through this consensus-driven process, action steps receiving the highest scores (i.e., the most votes for *both* feasibility and impact) were identified. Through this process, the summit identified 10 feasible and impactful “how-to’s” for oncology APs to advance equitable cancer care delivery.

- **Encourage and engage in active shared decision-making.** Create resources for oncology APs to learn to foster open dialogue with patients and engage in dynamic shared decision-making that elicits the patient’s care preferences.

- **Identify existing data collection metrics and equity screening tools.** A unifying theme across summit sessions was the need to curate and build on existing resources. Potential action steps include establishing a working group of advanced practitioners to conduct a literature review (including grey literature) and research to aggregate existing data collection measures and screening tools and identify tools that integrate into electronic health records. Such resources are vital to accurately measure health disparities and demonstrate the value of care coordination and to develop an understanding of where and how care coordination and/or communication breaks down relative to disparities for specific patient populations.
- **Deliver a consistent message about clinical trials.** Help level-set clinical trials for patients and all members of interdisciplinary teams by delivering a consistent message that clarifies how clinical trials represent a standard of care and that every patient with cancer should be considered for clinical trial participation. Advocate for cancer programs/practices to include “discussion of clinical trials” in AP job descriptions.
- **Step into research.** Extend advanced practitioners’ role in research. Develop quality improvement continuing medical education programs so that APs can gain the added skills needed to plan and conduct research.
- **Advocate for inclusive cancer clinical research.** Advocate to empower APs to sign off on clinical trial orders, an important step in support of their evolving role on clinical research teams. As the healthcare professional often most engaged with clinical trial participants, APs can amplify patient-voiced barriers to trial enrollment, challenges faced by patients who are participating in clinical studies, and, at the trial’s completion, the importance of sharing aggregate trial results with study participants.
- **Support and engage in research publication.** Support expansion of advanced practitioners’ role in publication and develop needed curated resources, tools, and education. Areas of opportunity cited by participants include unpublished clinical trial data that APs may utilize to develop and publish original research papers as lead author and co-authors, particularly in the area of novel agent adverse event prevention, mitigation, and management.
- **Ask for training resources for APs related to diversity, equity, and inclusion in clinical trials.** Provide access to training resources, such as short videos, podcasts, or webcasts, that explore issues related to diversity, equity, and inclusion in cancer clinical trials and that include APs interacting with patients to describe trial enrollment, what clinical trial participation entails, and the voices of patients who have participated in clinical trials.
- **Create a checklist to support a top-of-mind focus on equity.** Create an equity-focused checklist to serve as a low-cost, easily integrated (ideally into the electronic health record) tool that APs can use to support awareness of implicit bias. Summit

participants recognized that implicit (or unconscious) bias exists in all human beings and is a consequence of how the human brain is hardwired. At the same time, awareness of the subtle ways in which implicit bias may affect equitable cancer care delivery through a process of regular self-assessment, intervention, and re-assessment is essential to effect change at the individual level.

- **Call for equity in medical professional curricula.** Advocate for medical professional graduate programs to examine their curricula and take action to address explicitly and implicitly biased training, including the requirement that faculty be trained in implicit bias awareness. Encourage your professional organizations/societies to join in a collective statement of support for this action to graduate curriculum programs and accrediting/credentialing bodies.
- **Request that your professional society reserve space at events and in publications for discussion of implicit bias education and equity in cancer care delivery.** APs together with professional organizations, such as the American Academy of Physician Assistants, ACCC, the Advanced Practitioner Society for Hematology and Oncology, Harborside, and others can commit to publishing on these issues to help disseminate best practices in moving toward more equitable cancer care delivery.


Quality Care is Equitable Care

Across the summit sessions, common areas of concern and action emerged. Advancing equitable cancer care delivery will require commitment and engagement from the entire healthcare enterprise and a multi-pronged approach, summit participants agreed. Prioritizing health equity and ensuring that equity is recognized as synonymous with quality care will demand focused action on every level: individual, professional, cancer program, hospital, health system, and across all healthcare sectors (patients, providers, payers, and industry). As an expanding workforce of highly trained professionals in diverse roles throughout the oncology care delivery system, APs hold positions in all areas of oncology and have opportunities to drive and foster engagement in elevating equity through personal education and action, leadership within professional organizations and their healthcare facilities, research and publications, and advocacy. However, summit participants cautioned that the capacity of APs to advance equitable cancer care delivery will depend on factors outside of their direct control, including:

- Time to engage in this work
- Educational resources
- Recognition and requirements from accrediting bodies related to diversity, equity, and inclusion education and training

As the healthcare professional often most engaged with clinical trial participants, APs can amplify patient-voiced barriers to trial enrollment, challenges faced by patients who are participating in clinical studies, and, at the trial's completion, the importance of sharing aggregate trial results with study participants.

- Data, metrics, and tools to benchmark and measure progress
- Commitment from healthcare entities to assessment and evaluation of equitable care delivery as an ongoing process
- Support from professional societies and organizations
- Health system commitment to prioritizing diversity, equity, and inclusion.

Read the full summit report and additional resources at acc-cancer.org/OAP-Summit. You can also access and listen to CANCER BUZZ mini-podcasts from summit leadership. For more information on the ACCC-Harborside Summit to Define the Role of Oncology Advanced Practitioners in Equitable Cancer Care Delivery, contact Elana Plotkin at eplotkin@acc-cancer.org. 

References

1. Centers for Disease Control. COVID-19 racial and ethnic health disparities. Available online at: [cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/disparities-deaths.html](https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/disparities-deaths.html). Last accessed May 25, 2021.
2. Association of Community Cancer Centers. Statement on the value of oncology advanced practitioners. Available online at: acc-cancer.org/home/news-media/press-releases/news-template/2021/01/27/statement-on-the-value-of-oncology-advanced-practitioners. Published January 27, 2021. Last accessed October 4, 2021.
3. Bruinooge SS, Pickard TA, Vogel W, et al. Understanding the role of advanced practice providers in oncology in the United States. *J Adv Pract Oncol*. 2018;9(6):585-598.
4. Braun-Inglis CM, Boehmer LM, Zitella LJ, et al. Role of oncology advanced practitioners to enhance clinical research. *J Adv Pract Oncol*. [in press].