



# 12 Easy Steps to Integrate a Nonphysician Practitioner Into Your Oncology Team

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## 1. Assess the needs of your patients.

Before hiring any nonphysician practitioner, the physician practice or hospital must systematically assess its patients' needs and determine its patients' most common diagnoses. For example, patients with breast or prostate cancer usually have a high demand for information because of the number of treatment decisions they must make. If your practice or hospital sees a large percentage of these patients, nonphysician practitioners can generally spend more time with them when compared to their physician counterparts.

Understand what percentage of your patients is receiving curative treatment versus palliative care. Curative treatments may be more complex to administer and generally have more side effects. On the other hand, patients undergoing palliative treatment usually experience other significant symptoms (such as pain) and emotional issues to be managed.

Also consider the types of treatments your cancer program provides. Find out how many patients are receiving dose-intensity chemotherapy regimens, combined modality therapy, or newer technologically advanced radiation treatments such as high-dose-rate brachytherapy or stereotactic radiosurgery, all of which require extensive efforts to coordinate care.

A practice or hospital that has an active prevention and screening program will require teaching and counseling of patients, as well as physical assessment.

In addition, know your patient demographics. For example, do you treat pediatric patients or have a high percentage of elderly patients? Both patient populations have complex physical needs. Find out whether your physicians see a high number of indigent patients or those in lower socioeconomic brackets. These patients usually present with more complex social needs.

## 2. Identify the needs and expectations of your physicians.

Physicians overwhelmed by the demands of their practice often insist that they need a nurse practitioner or physician assistant without understanding what these health care professionals can and cannot do. Before hiring a nonphysician practitioner, systematically assess your physicians' needs to identify the nonphysician practitioner who would best fit your oncology team.

Find out whether patient volume or acuity is increasing. Know whether the residency program is being reduced, resulting in a gap that needs to be filled. A hospital or physician practice that is starting or expanding its research program will require special skills from staff. Know whether your program does a high volume of time-intensive procedures (i.e., bone marrow biopsies or colonoscopies). Check to see whether a high volume of healthy follow-up patients fill the schedule. Determine if patient phone calls or the emotional demands of patients and families are overwhelming your practitioner.

## 3. Consider the administrative needs of your cancer program.

New clinical programs that are in the process of being developed and implemented will require specific skill sets. Determine whether you want to expand your patient education and support programs. Find out whether your cancer team has deficits with regard to staff education. Decide whether you need someone with clinical expertise to assist in writing policies and procedures or in implementing performance improvement initiatives.

## 4. Take into account your practice setting.

Your state's regulations determine the scope of practice, prescriptive authority, and reimbursement of any nonphysician practitioner you choose to employ. As stated previously, you must look into how your payers (both Medicare and private insurers) reimburse for services by nonphysician practitioners. Hiring a nurse practitioner who is not recognized or reimbursed by a major payer will have a negative impact on your bottom line.

Your facility type will also influence your hiring. A freestanding facility or private practice has more latitude in determining the type of provider it hires compared with a hospital-based facility that may be limited by institutional policies. On the other hand, a hospitalbased facility usually has more structures in place to integrate new staff members.

## **5. Consider your current providers.**

Find out how many nurses you have and whether they are registered nurses or licensed practical nurses. Paying for one of your nurses to go back to school and be credentialed as a nurse practitioner or clinical nurse specialist may be an option (See "number 8: "Select the Candidate" on this page).

To identify the nonphysician practitioner who will best fit your needs, you must first consider the makeup of your existing oncology team. So, for example, know whether you have fellows or residents. And check whether you have on-site social workers or nutritionists.

## **6. Determine the type of nonphysician practitioner needed.**

The type of nonphysician practitioner you hire should be based on the needs assessment already discussed in numbers 1 through 5. If your assessment shows that you would benefit from a staff member who can perform a history and physical, order and interpret diagnostic tests, diagnose and treat disease symptoms and treatment side effects, prescribe medication, and/or perform designated procedures, then a nurse practitioner or physician assistant would be the most suitable provider. Remember that hiring a nurse practitioner or physician assistant in a state that does not grant prescriptive authority or in a hospital that does not grant privileges to these providers limits their ability to provide patient care and manage symptoms independently.

If your assessment demonstrates a need for a staff member who can provide education, support, and counseling; symptom management; coordination of care; palliative care; case management; coordination of clinical trials; and/or survivorship supportive care, you should consider hiring a clinical nurse specialist. Adding a clinical nurse specialist will provide specialized leadership skills in developing educational and support materials and programs for patients, developing policies and procedures, and implementing quality improvement projects.

## **7. Establish a practice model.**

Once you have identified the type of nonphysician practitioner best suited to your oncology program, establish the practice model within which the new provider will work.

In the clinic model, the nonphysician practitioner works with all the physicians in the hospital or physician practice. The nonphysician practitioner performs designated tasks, such as histories and physicals, or specific procedures. Additionally, the nonphysician practitioner could serve as a consultant, addressing specific symptoms or problems usually encountered in the practice (e.g., managing side effects of treatment, pain, nutritional problems, or skin and wound problems).

A second practice model is for the nonphysician practitioner to be assigned a defined caseload of patients to follow over time. The caseload can be based on a particular disease or treatment (e.g., breast cancer, bone marrow transplant, palliative care) or be based on a formal collaborative relationship with a specific physician and defined by the physician's caseload. For most nonphysician practitioners, having a defined caseload of patients is more likely to lead to long-term job satisfaction and retention and will enhance the effectiveness of their collaborative relationship with the physician.

## **8. Select the candidate.**

Finding a candidate with expert knowledge and clinical competence in oncology may not be feasible, so you need to consider other approaches when selecting this health care provider.

Your hiring time frame will determine whether you need someone to step in and function independently right away or whether you are planning for needs that will arise in the next year or two. If there is no urgency, consider asking a strong registered nurse on staff to pursue advanced education for a nonphysician practitioner role. You know this staff member's skills, abilities, and interpersonal style, and you can begin mentoring while the registered nurse is still in school. This option will take one to two years for the registered nurse to complete advanced education. During this time you will need to provide financial support and time off for this staff member to pursue this higher education.

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Another approach is to hire a newly graduated nonphysician practitioner with oncology experience as a registered nurse. This provider will bring expertise in patient assessment, education, support, and symptom management to the practice. Initially, however, this professional will require close supervision until advanced skills are acquired, such as performing a physical exam or prescribing medication.

A third approach is to select an experienced nonphysician practitioner with a background in primary care or another specialty. This provider will need to learn oncology care, however, he or she will bring advanced skills and complementary knowledge to the practice.

## **9. Define the structure of the relationship.**

Defining a structural framework within which the nonphysician practitioner will work is essential. Clarify the role of the physician(s) in the relationship. Physicians must be prepared to invest the time to teach and mentor your nonphysician practitioner, treating this staff member as a partner and not merely as a physician extender. Specify which staff will collaborate with the nonphysician practitioner, which staff will mentor that person, who will supervise and evaluate the nonphysician practitioner, and to whom the individual will report.

Next, define the nonphysician practitioner's role by writing a position description with clearly defined performance expectations. Develop your own position description or work with one created by your affiliated institution. You also need policies defining what the nonphysician practitioner is credentialed to do (e.g., chemotherapy orders, simulation procedures, medical procedures, need for physician co-signature); practice guidelines or protocols outlining how to diagnose and manage specific problems; and procedures outlining the steps for performing specific tasks.

Establish how patients will be assigned. Determine which patients the nonphysician practitioner can see independently and which must be seen with a physician. Decide how many patients you expect the nonphysician practitioner to see and how much time will be allotted for each visit.

Negotiating the business details of the relationship is critical. Consider the hours and call responsibility; salary, annual review, and bonus plan; benefits (e.g., health insurance, pension, profit-sharing); vacation time; professional time and expenses (e.g., meetings, writing, speaking); and malpractice insurance. Although a written collaborative practice agreement outlining this framework is not necessary when hiring a clinical nurse specialist, a number of states require that nurse practitioners and physician assistants have formal written agreements. Review the agreement annually to ensure it is current and remains applicable to your clinical practice.

## **10. Integrate the provider into the practice or department.**

Explain the role and responsibilities of the new nonphysician practitioner to all staff, as well as to patients, families, and collaborating physicians within the community. Also, communicate with your collaborating physicians in the community about the role the nonphysician practitioner will play in accepting and making referrals. Consider writing and sending an informational brochure to both patients and colleagues. Differentiate the nonphysician practitioner's role from that of other staff and define this individual's responsibilities and authority. The nurses on staff may feel threatened by the nonphysician practitioner, and all staff may have difficulty accepting orders and taking direction from this nonphysician provider. Delineate how each team member's role differs and complements the other. If you have residents on staff, plan clinical rotations so that their training is not compromised.

Make sure to introduce the nonphysician practitioner at the initial patient visit. Clearly explain the nonphysician practitioner's role and how it fits in with the rest of the team.

Demonstrate your commitment to working together as a team and you will instill trust in your staff.

## **11. Orient and educate.**

Individualize the nonphysician practitioner's orientation based on this provider's knowledge, experience, and clinical competence. In a hospital-based practice, incorporate relevant didactic content from the institutional and nursing orientation and from the resident training program.

An oncologist should be the primary mentor for the clinical component of the orientation, teaching on a case-by-case basis or using a more formal didactic approach. Plan the supervision of the nonphysician practitioner to allow for a transition to increase responsibilities over time as competence is achieved. A written examination and observation of patient management using a clinical skills checklist may be useful to evaluate and document competence.

## **12. Promote effective collaboration**

## 12. PROMOTE EFFECTIVE COLLABORATION.

Just because two people are paired in a professional relationship, you cannot assume they will work together effectively. A number of obstacles, including different values, lack of trust in each other's competence, role ambiguity, an unrealistic workload, difficulty resolving conflict, and resistance and unwillingness to collaborate may arise between the nonphysician practitioner and other staff.<sup>1</sup>

To promote effective collaboration, a number of strategies can be used.<sup>2,3</sup> At the outset, the physician and nonphysician practitioner should sit down together to discuss expectations and identify and resolve potential conflicts. After this initial meeting, they should continue to meet weekly to discuss the caseload of patients, identify goals, and jointly develop a plan of care.

Additional personal strategies that might be used to promote collaboration include demonstrating interest and commitment, maintaining clinical knowledge and competence, and recognizing social realities and conflicting values.

Some interpersonal strategies to consider include clarifying roles and expectations; relying on job descriptions, policies, standards, and guidelines to define practice expectations; recognizing each other's strengths and contributions; making joint decisions; identifying common goals; communicating effectively; and resolving conflict.