

# Nonphysician Practitioners

## ATWORK

by  
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*Oregon Hematology Oncology Associates, PC* in Portland, Ore., has three nurse practitioners with oncology backgrounds and is considering hiring two more. The practice began hiring nurse practitioners in 1998 and has had a good track record with them.

“We found that nurse practitioners provide an essential service to our practice, our physicians, and our patients. For example, our physicians can now go to the hospital to make rounds and still have a practitioner at the practice supervising chemotherapy administration or seeing patients in the office,” said Pat Cosgrove, M.S.N., chief operating officer at Oregon Hematology Oncology Associates. “For us, the use of nurse practitioners has really allowed for better utilization of our physicians and their time.”

Cosgrove points out that nurse practitioners also provide a cost savings to the practice. Having a nurse practitioner supervise the administration of chemotherapy at a site for a half-day or a full day frees up the physician to see patients at any one of the practice’s other sites or at the hospital.

Since Oregon Hematology Oncology Associates has eight sites in the greater Portland area, using nurse practitioners greatly enhances its ability to cover multiple locations. At a site that has half-day hours, the practice may see only a few patients each day. At a location with full-day hours, anywhere from 90 to 100 patients may be seen daily. The nurse practitioners are usually assigned to rotate between two locations, but could cover other

sites as needed when the physician is unavailable.

Nurse practitioners are able to work alongside the physicians to provide uninterrupted, seamless care to patients—regardless of the office location in which they are being treated. Patients often find the nurse practitioners to be more approachable than the physicians, allowing patients increased access to information about their diagnosis, prognosis, and subsequent treatment.

Cosgrove maintains that “most of the patients are very pleased with our nurse practitioners because it allows them to be seen very quickly if they are having problems. The nurse practitioners have a more flexible schedule, and they see most of our walk-in, symptom-management patients. Plus, they can also spend more time with each patient.”

Though continuity of contact with the physician providers can be challenging at times, the nurse practitioners play a valuable role in facilitating more effective communication between clinical staff, such as nurses and medical assistants, and the physician providers. The presence of nurse practitioners within the practice provides greater flexibility for all other providers and clinical staff, freeing them to spend as much time as necessary focusing on and attending to the unique care needs of each and every patient.

Patients perceive that having a nurse practitioner is a positive. “It adds another member to the oncology care team of the practice. We have had very few patients over time complain about any of our nurse practitioners, ask



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to see the physician instead, or say they do not want to receive care from a nurse practitioner,” said Cosgrove. Oregon Hematology Oncology Associates schedules appointments in such a way that patients receive treatment from both physicians *and* nurse practitioners, seeing a physician for one visit and the nurse practitioner for the next.

Cosgrove emphasized that hiring nurse practitioners with oncology nursing backgrounds is beneficial because they already know the philosophy of caring for an oncology patient and understand the dynamics of the disease and the treatment methods. “These nurses come into the practice with a pre-established commitment to oncology patients and their families,” she said.

## **A Midwest Physician Practice**

This practice paid for one of its nurses to go back to school to become a nurse practitioner, with the expectation that she would become a mid-level provider. When the nurse practitioner stated a preference for continuing to work in the research arena, the practice put her in charge of the research department, supervising a part-time nurse and two data managers. At best, the research department is at break-even, partly because the nurse practitioner now commands a much higher salary.

The Midwestern practice also has a physician assistant who sees follow-up patients receiving chemotherapy. When the practice first filled the position, it hired a recent graduate who experienced difficulties because the “learning curve was way too high.” In retrospect, the practice decided not to fill this position again at the entry level. While its current physician assistant did not have oncology experience at the time of hire, the learning curve was greatly reduced because the individual had been working as a physician assistant for more than 10 years.

The practice ensured patient acceptance by having its physicians introduce patients to the physician assistant and the role this provider would have in their treatment regimen. Bolstered by the knowledge that their physician would be readily available should any unforeseen problems or complications occur, patients were more amenable to receiving treatment from the physician assistant. Today, this provider is an integral part of the cancer care team—well respected by the physicians, other staff, and patients.

While previous cancer experience may not be a prerequisite in hiring its nonphysician practitioners, this busy practice believes that previous patient experience is a *must*. ■

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*Left, Joanne T. Eddington, M.N., F.N.P., AOCN<sup>®</sup>, a nurse practitioner at Oregon Hematology Oncology Associates, in Portland, Ore., assesses her patient prior to chemotherapy treatment.*

*Center, Joanne T. Eddington, reviews lab values and adjusts a patient's treatment.*

*Right, Erin K. Myklebust, M.N., A.N.P., a nurse practitioner at Oregon Hematology Oncology Associates, in Portland, Ore., evaluates a patient prior to chemotherapy treatment.*