

Who Will Care for Tomorrow's Cancer Patients? (Part 2)

by Luana R. Lamkin, RN, MPH

In my first column, I introduced my thoughts about the increase in the number of cancer patients over the next 12 years—a whopping 55 percent. Estimates of growth in the number of practicing medical oncologists in that same time frame is only 14 percent and the estimated shortfall of nurses is 285,000 across America. These projections are enough to make you want to put your head in the sand and hope you can retire by then!



But don't despair. Ideas abound for solving or at least mitigating the problem. Last year, the Institute of Medicine (IOM) convened a summit focused on this issue. The workshop identified the following key solutions that ACCC members must consider:

- Rely upon mid-level practitioners.
- Rely upon expanded teams of professionals.
- Rely upon expanded use of primary care physicians, especially for survivors' care.
- Improve oncology-specific EMRs to reduce administrative burden.
- Support demonstration projects to promote innovative cancer care.
- Try new physician practice arrangements, such as job sharing and part-time practices.
- Promote payment reform that ensures adequate reimbursement.
- Promote evidence-based practice.
- Encourage earlier referrals to palliative care and hospice programs.
- Add palliative care professionals to oncology practices.

Promising solutions—but not so simple to implement! A workshop summary, *Ensuring Quality Cancer Care through the Oncology Workforce:*

Sustaining Care in the 21st Century, is available online at: <http://www.iom.edu/CMS/26765/65873.aspx>.

So what can ACCC as an organization do to help stem the tide of this shortage? Some personal suggestions:

- Educate our members on the issue; spotlight practice partnerships and models that work at our meetings.
- Explore the issues and models in our publications.
- Actively support legislation that improves payment to physician practices and hospital-based programs. One bill was recently introduced in the House that would pay for cancer-patient education by nurses.
- Support legislation and become a source of information to members regarding federal demonstration projects in care models.
- Actively support legislation that pays for higher education and scholarships for oncology professionals.
- Continue to explore evidence-based practice especially in the areas of survivorship and palliative and hospice care.

This is a long road; one that will extend over many years. And ACCC is a unique organization in a unique position to tackle this issue. Our membership is multidisciplinary. Our strategic plan is based on education and advocacy. Meeting this challenge will require each of us to think hard and change some of our ways—but our efforts are critical to our patients, our programs, and our membership. ☞

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