



Association of Community Cancer Centers

ONCOLOGY ISSUES

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FROM THE EDITOR.....

A Piece of the Pie

BY CHRISTIAN DOWNS, JD, MHA



While the work was often mundane, from time to time I was able to gain interesting insights into how the healthcare world really worked.

The committee was comprised of physicians from the hospital and its surrounding community. The committee's main purpose: to review the educational background and experience of physicians applying to use the hospital's services.

My memory is a little foggy on the details, but I remember a physiatrist who once applied for privileges. Physiatrists, as you may know, are physicians who work with patients on physical rehabilitation (sometimes in lieu of surgery) and it's a relatively small specialty.

As the committee was reviewing the application, two physicians were questioning whether the community had too many physiatrists. The main thrust of their argument was that the physiatrist two hours away at the academic medical center more than met the needs of the community. You don't need to be Perry Mason to see the weakness in their argument—until you understand that these two physicians were orthopedic surgeons. Now put aside the legal issues of not granting privileges to this physiatrist. Is anyone surprised the surgeons made this argument? Essentially, they viewed the physiatrist as “taking a piece of the pie” that could possibly go to them.

In cancer delivery today, we have the chance to do better. It's common knowledge that we have a shortage of providers: medical oncologists, radiation oncologists, oncology-certified nurses, and more. This shortage is only expected to increase over the next decade. Over the same time period, the number of cancer patients—primarily driven

One of my first experiences in healthcare was serving as an “intern” for a credentials and privileges committee at a local community hospital.

by the aging baby boomer population—is expected to grow. So what are we going to do?

In this edition of *Oncology Issues*, we offer a series of articles that focus on using advanced practice nursing to expand our workforce resources.

In “Advanced Practice in Oncology Nursing” and “The NP and CNS: Advanced Practice Nurse Roles,” an experienced team of APNs look at the roles and responsibilities of their profession, and how effective use of these clinicians to the full extent of their credentials and abilities may help fill this growing workforce shortage. More, the authors highlight years of research that shows APNs offer quality of care comparable to physicians (often at a lower cost) and high patient satisfaction scores.

Does that mean APNs can (or should) replace physicians? Not at all. Instead these authors carefully build a case that shows how successful cancer programs are able to “partner” these clinicians—to the benefit of providers, patients, and the cancer program.

This type of collaborative thinking will need to continue if we are going to adequately address our cancer patients' needs. Many big thinkers in cancer delivery are going further and incorporating primary care physicians, pharmacists, social workers, and other sub-specialists, such as pulmonologists and endocrinologists, into the cancer care continuum.

To be successful in this ever-changing healthcare landscape, cancer programs must accept that some of these providers may be performing new or expanded roles in oncology. But don't worry; there's enough pie to go around, even if we have to learn a little portion control. 