Utilizing Specialty Advanced Practice Providers in Transplant and Survivorship

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No disclosures

APPs nationally

- 170 PA programs (50 more seeking provisional status)
- 350 NP programs
- 337,000 APPs in the US,
  - ~115,000 PAs and 222,000 NPs
- 72% PAs practice in specialty, 1.3% in oncology
- 1/3 of NPs practice in a specialty, 1.2% in oncology; 1,349 Advanced Oncology Certified NPs (AOCNP)

-NCCPA national PA survey 2016; AANP website; AANP Facts 2016
APPs in Nebraska

4 PA and 4 NP programs in Nebraska.

Training:

• PAs trained in the medical model
  - 2.5 to 5 years
  - graduate level training and education; Master’s degree
  - Not employed while attending school
  - require MD supervision to practice

• NP trained in nursing model
  - 2-3 years with didactic and clinical rotations
  - Master’s degree; DNP; PhD
  - degree usually obtained while working as an RN full or part-time
  - does not require MD supervision to practice

Both must pass a national certification examination after completion of their education and training

APPs at Nebraska Medicine

➢ 320 APPs, including 55 CRNAs and 5 Midwives
➢ 22 in primary care; 238 in specialty and subspecialty areas
➢ 29.2 in oncology
  ▪ 24.2 clinical (14.2 PA; 10 NP)
    - 9 dedicated inpatient BMT/Acute leukemia
    - 2 Pediatric oncology
    - 1 Head & Neck
    - 12.2 outpatient, disease specific
      - 1 survivorship
      - 4.2 hematologic malignancies
        - 2.2 BMT/leukemia and 2 Lymphoma/MM
  ▪ 5 surgical (3 PA; 2 NP)
    ▪ 2 thoracic
    ▪ 1 gyn onc (starts May)
    ▪ 2 surgical onc

➢ All PA/NP at Nebraska Medicine require MD supervision
APPs in Oncology
Why utilize APPs?

By the year 2020

- Oncology visits up 48%
- Oncologists up 14%

ASCO Workforce Advisory Group recommends improved integration of APPs into the oncology workforce.*

- Physician satisfaction
- Efficiency
- Patient care satisfaction


APPs in AML

Results:

95 pts with AML
- 47 admitted to Resident Service (RS)
- 48 to PA Service (PAS)

Outcomes: RS vs PAS

- LOS – 36.8 days vs 30.9; (p 0.03)
- Consults – 2.11 vs 1.47; (p 0.03)
- 14-day readmission rates – 10.6% vs 0; (p 0.03)

- No significant difference in mortality (17% vs 14.6%), ICU (14% for both), radiology studies (6.91 vs 5.3)

Conclusion: in services where physicians and medical trainees have obligations in other area of the hospital/clinics, there is support for advantages to having inpatient APPs focused on managing the hospitalized patient.

APPs Inpatient Transplant

APP run transplant unit

- Admission
  - H&P, orders, checking chemotherapy orders
- Daily care
  - Pre-rounds, rounding as part of the interdisciplinary team, orders, lab/imaging, notes, billing
- Acute care
  - Urgent/emergent
    - Tylenol → Intubation!
- Procedures
  - BMbx, LP, IT Chemo, Ommaya, Skin bx
- Discharge
  - Prescriptions, labs, follow-up
- On call
  - In house, 24-7-365, 12 hr shifts; priority line calls after hours, weekends, holidays

APPs Outpatient Transplant

- Divided into several Oncology subspecialties, including survivorship
- Scope of Practice
  - Screening and prevention
  - Diagnosis and treatment
  - Surveillance
  - End of life/symptom management
  - Procedures
    - BMbx, LP, IT chemo, Ommaya, Skin bx
  - Triage - urgent/emergent
  - Survivorship
APPs in the Transplant Setting

- **Advantages for physicians**
  - Expertise in particular disease states
  - Time outside clinic/see new pts
  - Complement physician
  - Fill in when physician away
  - Point person for Team contact
  - Flexibility/Availability/Ability

- **Advantages for patients**
  - Part of the Team - Trust!
  - Knowledge of the patient, disease and history
  - We are accessible

APPs in Survivorship

By the year 2026, there is expected to be over 20 million cancer survivors in the United States.*

- **Healthcare challenge**
- **Oncology APPs to fill the gap**
  - expertly trained to provide this care allowing physicians to continue to see new and active treatment patients.

<table>
<thead>
<tr>
<th>Table 2: The Role of the Advanced Practice Nurse in Survivorship Care Planning</th>
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</thead>
<tbody>
<tr>
<td><strong>APN Role</strong></td>
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<tr>
<td>Developing care plans</td>
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<tr>
<td>Ensure content is accurate</td>
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<tr>
<td>Provide comprehensive survivorship information that is evidence based</td>
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<tr>
<td>survivorship clinic visit</td>
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<tr>
<td>Provide education</td>
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<tr>
<td>Follow-up schedule</td>
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<td>Late and long-term effects</td>
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<td>Recurrence prevention</td>
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<tr>
<td>General health promotion strategies</td>
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<tr>
<td>Resources</td>
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<tr>
<td>Coordination and communication of care</td>
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<tr>
<td>Clarification of roles of health-care team (oncologists vs. PCPs)</td>
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<tr>
<td>Provide appointments</td>
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<tr>
<td>Provide support</td>
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<tr>
<td>Screen for supportive needs and initiate referrals as needed</td>
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https://www.ncbi.nlm.nih.gov/core/hw/2.0/html/tileshop_pmc/tileshop_pmc_inline.html?title=Click%20on%20image%20to%20zoom&p=PMC3&id=4577035_jadp-06-064-g02.jpg

Note: NCCN = National Comprehensive Cancer Network, ACS = American Cancer Society, ASCO = American Society of Clinical Oncology, SCP = survivorship care plan; PCP = primary care provider.
Future of APPs in Oncology

- Utilizing APPs to their full potential/scope of practice
  - Improved access to evidence based care
  - Cost effective

- Expanding the role of APPs in survivorship care
  - fulfilling ACS CoC mandates
  - providing long-term coordination of care for pts

- APPs to fill the gaps
  - Exposure
  - Fellowship
  - Career opportunities

Oncology APPs at Nebraska Medicine

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