Embracing Team-Based Oncology Care

Margaret Tempero, MD

Last month, I wrote on what I learned about future health care needs in America from the Institute of Medicine (IOM) report titled, “Delivering High-Quality Cancer Care.” To recap, the population is aging. Cancer is a gift that comes with advancing age, so in general, the incidence of many cancers is rising. Of course, we are better at caring for people with cancer now than ever before. Because mortality rates are declining in the most common malignancies, more older Americans will be cancer survivors—either cured or in some form of chronic management.

Further, as I mentioned last month, the oncology workforce is declining. Oncology specialists are aging and headed for retirement and, at least in medical oncology, a substantial shortfall is predicted. Who will be there to care for the increasing numbers of patients and survivors? I promised I would suggest some answers.

There is no easy remedy for this. The pipeline of graduating medical students is not increasing, and wooing graduates into cognitive disciplines away from more lucrative procedure-based specialties is a challenge. Training in all specialties is lengthy, and although there is interest in shortening this, it’s hard to do so without threatening competency. By the time most doctors are ready for their first “real job,” they have already incurred a great deal of debt and they have delayed contributing toward their retirement by as much as 10 years compared with peers. Incentivizing trainees to enter oncology disciplines must address these concerns through debt reduction programs and other benefits that help them make up for lost time.

The IOM report notes that physician extenders will become the fastest growing group in our health care system. These include all levels of nurses, including nurse practitioners, and physician assistants. The report also emphasizes the importance of team-based care to deliver high-quality, patient-centered cancer care. I like this. I consider my colleagues in nursing to be true partners in cancer care and the first line of defense in addressing patient needs. In general, though, I believe that physicians have not embraced or nurtured these talents in the nursing staff as much as they could. Once you do, you realize that since both you and the nurse are equally concerned about each patient, attention to detail is more comprehensive, and care is better. With nurse practitioners and physician assistants, even more independence is possible, allowing for selected cohorts to be managed almost exclusively by this group, under physician supervision. This is ideal for patients undergoing a defined and uncomplicated course of treatment or surveillance, or for the management of chemotherapy complications, and more.

From the patient side, patients aren’t always used to this. They may have natural concerns about the competency of physician extenders and about whether the supervising physician is fully focused on that patient’s problem. I get it. But these concerns can be minimized by ramping up the formal training of physician extenders not only in the discipline they are supporting but also in patient-provider communication and by assuring access through e-mail and telephone. I think all patients deserve concierge-style, high-touch care, and this is one way to do it.

So let’s collaborate with our schools of nursing and physician assistant programs. Whether you practice in the community or in an academic setting, you can help educate, provide internships, and support the creation of true career paths for physician extenders in oncology. This is a big deal and it’s worth our investment!

References