

Hematology-Oncology Acute Care Clinic: An Advanced Practice Provider–Led Model

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Advanced practice providers (APPs), a critical component of the U.S. healthcare system, help to address the global provider shortage by increasing patient access to care, reducing healthcare costs, and providing better patient outcomes. APP-led oncology clinics can bridge the gap between primary oncologists and higher levels of acute care services. By providing oncologic symptomatic care and same-day visits, an APP-led care model can improve outcomes for patients with cancer as they receive treatment and support from their oncology team.

AT A GLANCE

- APP-led models of care may provide equal or improved patient satisfaction compared to physician-based models of care.
- Compared to patients with cancer who were treated in a healthcare system without this care model, patients with cancer reported improved outcomes when treated in an APP-led oncology acute care clinic.
- APP-led oncology acute care clinics can reduce emergency department admissions, increase access to care, improve patient satisfaction, and lower costs for patients and healthcare facilities.

KEYWORDS

acute care; advanced practice provider; symptom management; models of care

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Oncology care models are based on an intricate interprofessional team approach, which is dependent on patients and their supportive care systems navigating multiple providers, treatment modalities, and even different healthcare systems altogether. Patients with cancer are among those with the highest healthcare utilization costs (Manning, 2017), resulting in frequent visits to inpatient and outpatient settings as they seek diagnosis, undergo treatment, and receive supportive care during their cancer journey. Patients may find themselves overwhelmed not only by their cancer diagnosis and seemingly ever-changing treatment plans, but also by navigation of the overall healthcare system. In turn, this can lead to a reliance on more readily understood healthcare resources, such as an increased usage of acute care services in an emergency department (ED). Hong et al. (2021) found that one factor contributing to increased ED use in patients with cancer was a decreased awareness of non-ED resources, such as urgent care.

Patients with cancer seek care in nearly four million ED visits annually and present with higher acuity, experience longer lengths of stay in the ED, and require more resources in the ED than patients without cancer (Hsu et al., 2018). In addition to using the limited staffing, space, and resources in EDs, patients with cancer may experience worse outcomes when treated by non-oncologic providers in acute settings. Patients with cancer can experience longer wait times, delayed care, limited oncology collaboration, and increased overall distress when cancer-related complications are treated in the ED setting instead of by their primary oncology team (Northfield et al., 2019). ED providers may also be less equipped to identify and treat complications related to cancer treatments, such as immune-mediated adverse reactions, than an experienced oncology team (Daniels et al., 2019).

Although emergency services are an integral component of cancer care, a need exists to reduce the overall burden on EDs. This can best be achieved by ensuring that patients who are seen in these settings are appropriate for that specific level of care. To reduce the number of unnecessary cancer-related ED visits, healthcare systems can implement different models of care to support patients with cancer in an outpatient acute care setting. Advanced practice provider (APP)–led clinics can bridge the gap between primary oncologists and higher levels of acute care services by