



Oncology nurse practitioners (ONPs) are essential providers of oncology care who work in a variety of practice settings. ONPs add to productivity in practice, but the way in which productivity is measured may not capture their full contributions and value. A greater understanding of productivity measures can empower ONPs to communicate and demonstrate their full value in practice.

AT A GLANCE

- As providers of oncology care, ONPs need to understand the way in which their productivity in practice is measured.
- Many factors contribute to challenges in measuring the full contributions and value of ONPs.
- Understanding the ways in which productivity can be measured and the challenges in applying those measures can empower ONPs to better show their value in practice.

KEYWORDS

advanced practice nurse; relative value unit; visit volume; productivity measure

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Productivity Measures

Empowering oncology nurse practitioners to understand and demonstrate value in practice

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Cancer continues to be a major public health challenge, with the number of new cases increasing each year (American Cancer Society [ACS], 2020; Siegel et al., 2019, 2020). The number of cancer survivors is also increasing (ACS, 2020) and is projected to reach 22.1 million by 2030 (Miller et al., 2019). To care for this growing population of individuals diagnosed with and surviving cancer, an expanding workforce of oncology healthcare providers is needed (Oncology Nursing Society [ONS], 2019). Oncology nurse practitioners (ONPs) are essential members of this workforce.

Reports generated from claims data, surveys, and provider databases indicate that there are 3,600–4,800 ONPs in the United States (American Society of Clinical Oncology [ASCO], 2016; Bruinooge et al., 2018; Coombs et al., 2019). Advanced practice providers (APPs), both NPs and physician assistants, are employed by 75% of oncology practices, with the majority being NPs (ASCO, 2017). ONPs provide a broad range of services in a variety of oncology clinical settings (Bruinooge et al., 2018).

ONPs contribute to productivity within a practice, but measures are varied and may not fully account for all value added by their work (Yopp et al., 2016). Productivity measures may be used in compensation and incentive plans, as well as for staffing allocation and planning (Parman, 2014; Pickard, 2014;

Rhoads et al., 2006). Understanding more about established productivity measures and the challenges in their use can empower ONPs to communicate and demonstrate their full value in practice.

Quantifiable Productivity

Quantifiable measures of productivity can be defined and counted. In some cases, these measures are directly attributable to a provider; in others, they may be collective to an entire practice. Some examples include visit volume, billable services, and relative value units (RVUs).

Visit volume is an outpatient-focused productivity metric that can be attributed to a particular practice or provider. If it is provider-specific, a method for normalizing the measure is needed (Lucatorto & Walsh-Irwin, 2020). Understanding differences in practice patterns across oncology subspecialties and providers within the same practice is also needed. Although not significantly different, APPs working in surgical oncology and medical oncology saw 1.9 new patients and 1 new patient per clinic, respectively (Hinkel et al., 2010). Oncology APPs overall conducted six times as many follow-up visits as new patient visits (Hinkel et al., 2010). In some practices, ONPs and physicians see patients together as a team in a shared-visit model (Buswell et al., 2009). Tracking visit volumes in a shared-visit model may be an inaccurate reflection of NP productivity (Lucatorto & Walsh-Irwin, 2020) if the visit is credited to the physician only.