

Investing in mid-level providers pays dividends



Properly integrated into a cancer practice, physician assistants, nurse practitioners, and other mid-level providers can fill a number of important roles, Wendy Smith, MSN, ACNP, AOCN®, an oncology nurse practitioner at The West Clinic in Memphis, TN, told attendees at the Second Annual Community Oncology Conference in February.

“They can improve patient access, expand service capacity, increase revenue for services, and enhance your presence and reputation in the community,” she said.

Although trained differently, nurse practitioners and physician assistants can provide many of the same services for an oncology practice. These mid-level providers, also referred to as physician extenders, can handle follow-up for patients both on and off treatment, take walk-in or add-on appointments, oversee the treatment room, perform some complex procedures, cover for physicians when they go to conferences or on vacation, educate patients and staff, reach out to the community, and make hospital rounds.

They can also work with physicians or independently. That’s not to suggest that extenders can replace the physician, she said, but they can help physicians use their time more efficiently. “I know I don’t have the depth of knowledge that the oncologists have. But there is a lot I can do. I can get the ball rolling, and be their eyes and ears,” Ms. Smith said. In many cases, physician extenders can provide complete care and oversight of patients. It is a collaborative team approach to care.

Worth their weight

Physician extenders can also be a real bargain for an expanding practice.

“The median salary—and I’m going to lump the mid-levels together—would be anywhere between \$70,000 and \$76,000 a year,” said Ms. Smith. “Keep that in mind when you are looking at new oncologists,” she said, noting that bringing in a new physician usually costs at least \$181,000 and can be as much as \$685,000.

Physician extenders can bring in comparable revenue as well. A mid-level provider working unsupervised at a satellite office can charge 85% of what a doctor would charge. Even with a salary/benefits package of over \$110,000, for example, a physician

extender would only have to see 7.5 patients a day to remain budget neutral, she calculated.

Defining roles

Although physician extenders can fill many roles, when integrating them into a practice, it’s important that they know exactly what role you want them to fill. What are your goals, short and long term? Do you just need some help with patient flow or are you planning to open a satellite office?

“You need to clearly identify what your expectations are, what their clinical duties are going to be, and what you are willing to relinquish,” she said. That may change over time as physicians and mid-level providers become more comfortable in their roles.

Mentoring is key to a successful partnership with physician extenders. They may not need a lot of time, perhaps 3–6 months, depending on their oncology experience. But by working with you, they can learn your practice patterns, get to know your patients, and let your patients get comfortable with them, said Ms. Smith.

“Yes, there is some cost to bringing a mid-level provider in,” she remarked, “but when the dust settles, it’s still well worth the investment.”