State of Oncology Practice

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Over the past couple of years there has been a lot of discussion about the structure of practice. All of us are familiar with the classic practice setting: a physician(s), two groups of nurses (clinical and infusion room), and two groups of business office employees (front and back office). A core principle supporting this structure is that all patient care is anchored in the physician's hands. If a decision is to be made, a form signed, or a patient seen, it will come to the physician in some form. Nursing is integral to practice, yet physicians have, as a rule, been hesitant to cede authority in the clinical realm of practice.

In this issue, Towle et al present information about the benefits of integrating nonphysician practitioners into oncology practices. Many motivators prompted this evaluation. Workforce issues loom for our profession, and we must identify better models of practice to deal with the tsunami of demand that accompanies our aging population. Patients demand greater access to care, and regulators press for more measures of quality and efficiency. Oncologists cannot meet these demands if we cling to our current model of care.

To effectively change the model of care will require these steps and more. Many practices are beginning to look at a model that is taking hold in primary care: the patient-centered medical home. This model structures practice to serve core needs of patients, recognizing that the only way to provide greater access to care and to coordinate care between multiple providers is for a practice to be team based and to be integrated into a larger system of care. The operational meaning of these phrases is likely a subject for great discussion, but one aspect of this is that physicians are no longer the center of the clinical universe. All team members must practice to the greatest extent of their training and competence, and we must let them.

Implementing these principles transforms practice. Perspectives on these changes from nurse practitioners and physicians assistants are included in this issue of *JOP*. In addition, in *Journal of Clinical Oncology*, an editorial by Bajorin and Hanley underlines the necessity for oncologists to embrace a team-based clinical environment.¹ Challenges in nonphysician practitioner training and structure exist, but my suspicion is that our profession's internal ethic of control is the greatest barrier to practice transformation.

References

1. Bajorin DF, Hanley A: The ASCO Study of Collaborative Practice Arrangements: Where do we go from here? *J Clin Oncol* 29:3599-3600, 2011
2. Barr TR, Towle EL: National Oncology Practice Benchmark: 2011 report on 2010 data. *J Oncol Pract* doi: 10.1200/JOP.2011.000402
3. Hoverman JR: Commentary: Hard times for oncologists. *J Oncol Pract* doi: 10.1200/JOP.2011.000416

This issue and an upcoming November supplement feature articles that provide insight on the structure and financial health of oncology practice. This special series is anchored by three manuscripts. In addition to the ASCO Workforce contribution, two articles by Towle and Barr present a wealth of data about the financial underpinning of practice.² These articles, and accompanying commentaries by Blayney and Eagle (both in this issue) and Hoverman (in the supplement³), are mandatory reading, as are articles by Kolodziej et al and Gonzalez et al that present sobering information about costs and business practices. We know that the best oncology care is given close to home, and most oncology care is provided in community-based private practices. How are these sites of service to be preserved in the face of these new realities? Many efforts are underway to transform our practices to different models of care. Essential to these efforts is enhancing the roles of team members in our offices and integrating our practices into the surrounding medical communities.

This issue also features perspectives on recent work published in *JCO*. Villani provides a perspective on a review by Moy et al⁴ that addressed how federal health care legislation affects health care disparities. Also included is a perspective on a recently published ASCO guideline update re-examining the use of chemotherapy sensitivity and resistance assays.⁵

The reader will find other topics of interest in this issue and the November supplement. The editors hope that the information presented is challenging, and we seek feedback and suggestions concerning *JOP*. Please submit comments to jopeditorsdesk@asco.org.

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5. Burstein HJ, Mangu PB, Somerfield MR, et al: American Society of Clinical Oncology guideline update on the use of chemotherapy sensitivity and resistance assays. *J Clin Oncol* 29:3328-3330, 2011