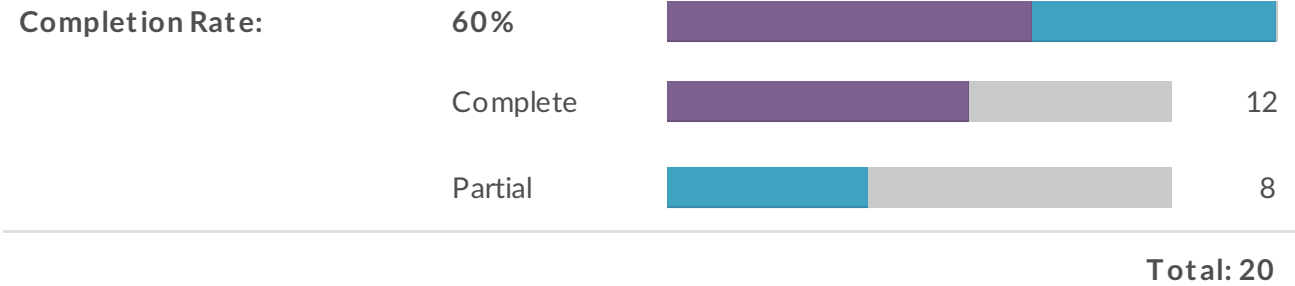
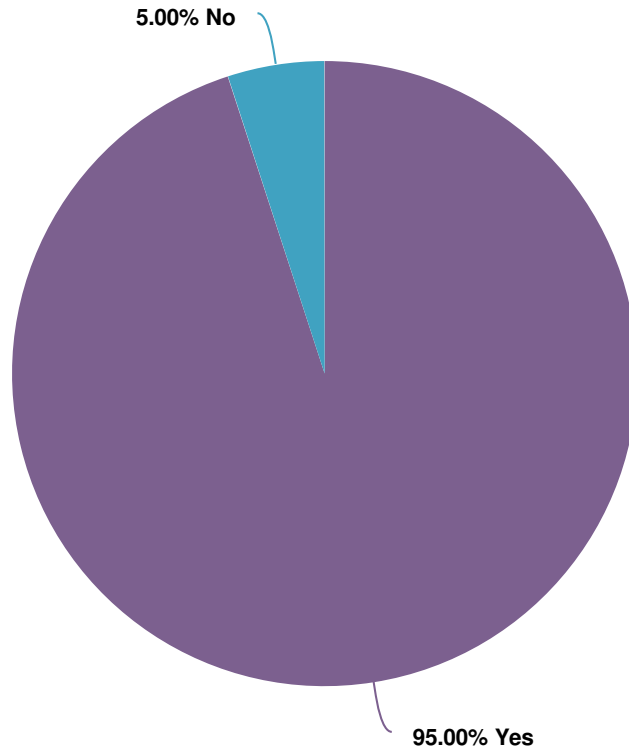




Report for 2017 CMSS Advanced Practice Providers Survey - Education

Response Counts



1. Do you serve the APP market in any way?



Value		Percent	Responses
Yes		95.0%	19
No		5.0%	1
			Total: 20

2. What is your primary reason for not serving the APP market at this time?

No data: No responses found for this question.

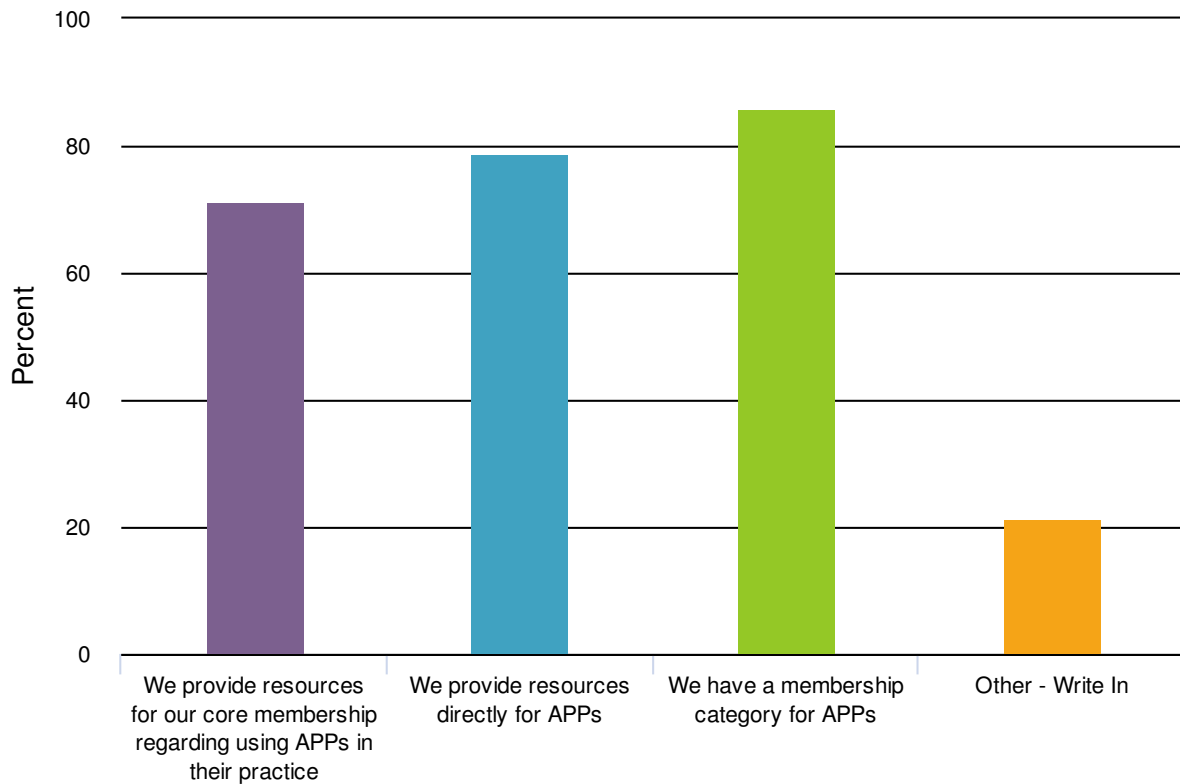
Count	Response
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3. What are your members' thoughts are about serving the APP market? Is your membership divided on the topic?

No data: No responses found for this question.

Count Response

4. How do you serve the APP market (check all that apply)



Value		Percent	Responses
We provide resources for our core membership regarding using APPs in their practice		71.4%	10
We provide resources directly for APPs		78.6%	11
We have a membership category for APPs		85.7%	12
Other - Write In		21.4%	3

Other - Write In	Count
Membership for APPs is same as other allied health professionals	1
The membership category is through our "Working Groups." Our membership is multidisciplinary, and we don't have an APP-type membership.	1
We have a joint program with the related nursing society for APNs and PAs in core areas in our specialty. We welcome APPs at all of our meetings. We have a section of our newsletter targeting APPs.	1
Total	3

5. What was your driver for serving this market? Was your decision proactive or reactive to a certain environment?

team
addition
care
active
allied
20
part
american
category
health

Count Response

1	A little of both - we were reacting to shifting dynamics in the healthcare workforce, but also wanted to then be proactive in encouraging that shift by serving the cancer care team's needs rather than the needs of just the physician member
1	APP's have been a membership category since before my time with the organization.
1	APPs have been active in our specialty for over 20 years and are an embedded part of the care team, so it's important to target education to them. A membership category has not been proposed, but that does not preclude the development of other services.
1	Clinical Practice Building, workforce development.
1	Member driven. Our members recognized that the quality of APPs directly affected their practice. They requested we develop training and resources for APPs.
1	Our field has workforce issues and relies on APPs. In addition, our annual meeting is co-sponsored with our nursing colleagues so education is targeted to both audiences. Products also have APP audience.
1	Proactive--members saw APPs as important members of the care team
1	Proactive--members see APPs as important members of the care team
1	Probably reactive - it has been a few years ago.
1	Specialized epilepsy care is typically delivered by a health care team.
1	We are a multiprofessional organization so they are part of our membership.
1	We are the American Medical Informatics Association. Informatics is a team-based endeavor, so we have included nurses, pharmacists, dentists, public health professionals, etc, since our inception. Rather than proactive or reactive, it really was in response to the health IT environment.
1	We have included all allied health professionals in our Society for many years.

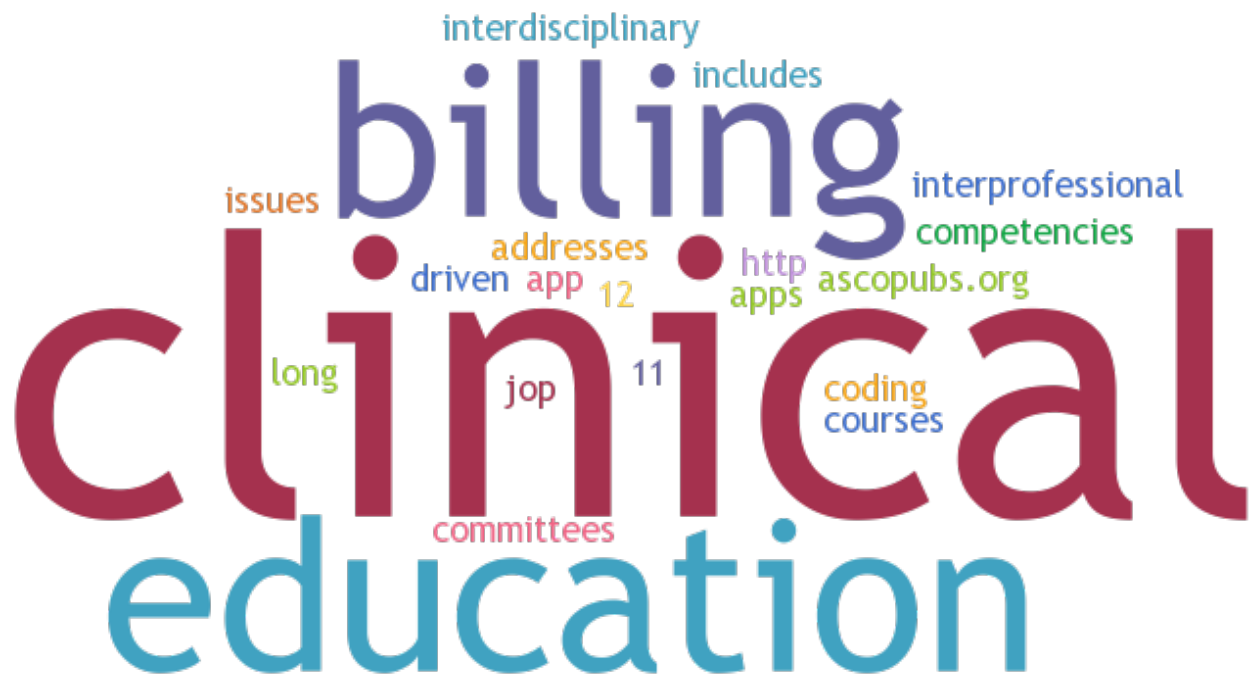
6. Was your membership supportive of this direction or was your membership divided on this topic? What are your members' thoughts are about serving the APP market?



Count Response

2	Supportive
1	Divided--Some are very supportive and some believe it puts APPs in "competition" with physicians
1	Divided--some very supportive, some see APPs as "competition"
1	Do not know as the decision was made so long ago.
1	In previous years it was mixed - a tension between "they're taking away our practices" and "they allow us to serve more patients and strengthen our practices." I haven't heard these discussions recently.
1	Membership is totally supportive.
1	Our members and volunteer leadership have been VERY supportive from the beginning! Our physician members are looking to us for help in this area, and they are excited for the opportunity to engage with members of different professions to have a more holistic understanding of oncology issues.
1	Our members consistently ask that we serve the APP market more. Not only are APPs a core part of established care teams, but they represent one of the few areas great growth in the clinical workforce of the future.
1	This is evolving. Previously it was a sense of "hands-off" or "arms length" toward the non-physicians, especially the APNs, as in "we don't want them to take away our work because they cost less - what will become of us?" Very recently our leadership is recognizing that the landscape continues to change and we need to address this more currently.
1	Yes
1	Yes. They are very supportive as long as they can tie the efforts back to their practice.
1	Yes. Hospice and Palliative Medicine is interdisciplinary by definition so our physicians are open.

7. What are you offering to your core membership to help them onboard APPs into their practice? (for example, information regarding how to use APPs, liability issues, billing information, etc.)



Count	Response
1	Clinical Practice resources, coding and billing information, clinical practice standards.
1	N/A
1	We offer a weekend-long practice management course every summer that addresses all of these issues.
1	We provide interprofessional education via Pre-Congress (postgraduate courses) and online education.
1	We regularly provide education through our Congress, webinars, and publications that is driven by our APP committees and members. This includes clinical, interdisciplinary team, onboarding and competencies.
1	billing clinical regulatory
1	http://ascopubs.org/toc/jop/12/11
1	information regarding how to use APPs, more to come soon

8. What are you offering to your core membership to help them train their own APPs? (for example, clinical education)



Count Response

1	Clinical courses in person, recommended resources, more to come
1	Most of our education is also accredited to providing nursing contact hours, which helps the nurses and NP's. The Allied Health Professionals Assembly within our membership participates in our annual meeting program committee and develops a track of programs focused on this group's needs; many of these are included in our conference capture program and offered as enduring materials. We also offer a clinical rotation curriculum designed to support physicians who host med students and residents in their practices but is also appropriate for training advanced practitioners on the specialty.
1	Our continuing education activities are targeted to the healthcare team.
1	They are a recognized membership category and we have dedicated education online and in our Annual Meeting Program.
1	We provide interprofessional education via Pre-Congress (postgraduate courses) and online education.
1	education strategies education products
1	http://university.asco.org/app
1	interdisciplinary teams, APP onboarding strategies, maximizing competencies, inconsistencies in training, improving quality outcomes, and assuming leadership roles.

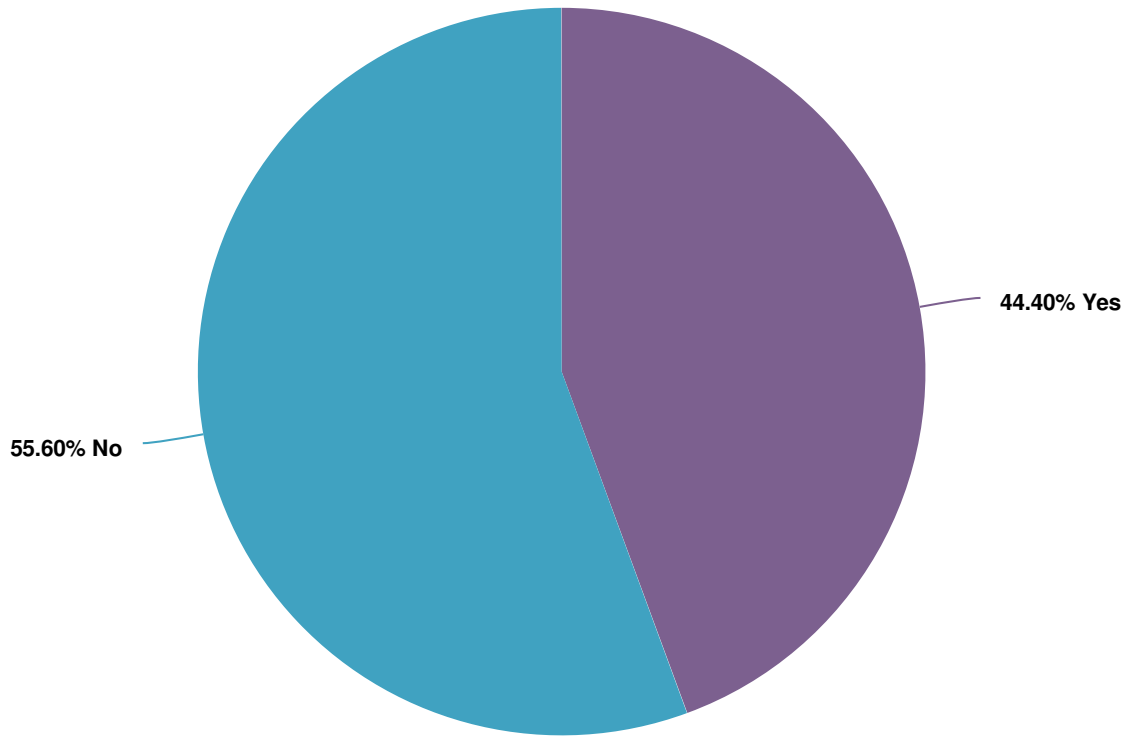
9. Are you offering any other materials to your membership regarding APPs? (for example, FAQs)





Count Response

1	More to come soon.
1	Our Allied Health Professionals Assembly has its own microsite on our LMS that features links to relevant educational resources and a discussion board moderated by their assembly leadership.
1	We provide interprofessional education via Pre-Congress (postgraduate courses) and online education.
1	publications and webinar materials are provided
1	we should have the results of this survey available later this year: http://www.asco.org/advocacy-policy/asco-in-action/new-survey-advanced-practice-providers-oncology-launched

10. Do you have a partnership with AAPA (American Academy of Physician Assistants) to supply access to your existing resources for their audience?



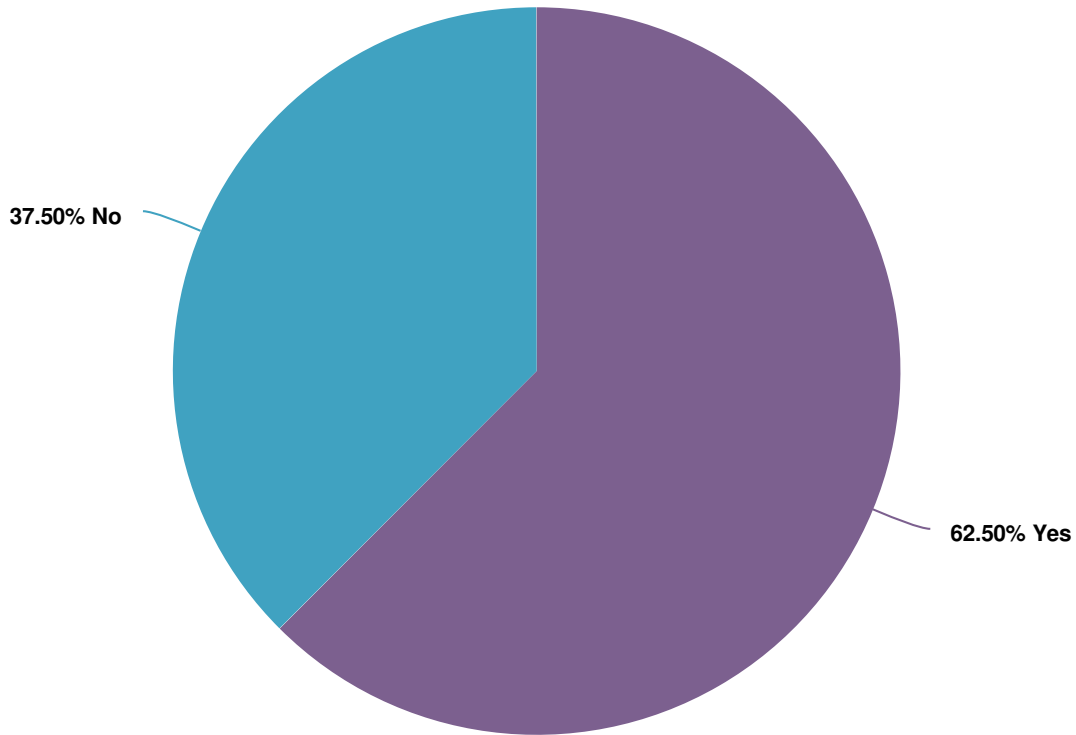
Value		Percent	Responses
Yes		44.4%	4
No		55.6%	5
			Total: 9

11. What kinds of resources are you directly offering APPs (either under membership or as resources for purchase)?



Count	Response
1	AAPA has provided certification maintenance points to PAs for one of our products. Our resources are available to APPs.
1	Advanced practitioners have access to all of our educational and practice resources, and most offer both physician and nursing credit. Their membership category is currently unable to nominate Board members and they do not receive subscriptions to our journals.
1	Meetings, online education, online member only forum, dedicated committees.
1	Networking opportunities, journal access, attendance at in-person conferences, online forum for APPs
1	Our clinical resources are available to our membership which includes APPs.
1	We provide interprofessional education via Pre-Congress (postgraduate courses) and online education.
1	http://www.asco.org/membership/member-benefits/advanced-practice-providers
1	live courses and webinars for purchase. Members have access to our journal, CME tracking, and registration discounts.
1	membership and participation in committees

12. Can APPs earn credit for their maintenance of certification from your resources?



Value	Percent	Responses
Yes	62.5%	5
No	37.5%	3

Total: 8

13. What audience are your APP resources geared toward - physician assistants, nurse practitioners, etc.?



Count	Response
1	All APP's
1	Both
1	NPs and PAs
1	NPs, RNs, PAs, pharmacists, psychologists, neuropsychologists
1	Nurses, NP's, PA's. Our practice management materials also support practice administrators. RE: APP MOC needs - we used to offer our PI-CME activities to PA's through the AAPA Credit System but ended that relationship when they dropped that requirement. We would revisit if they reinstate the requirement since they were pretty popular with that audience. We offer a Certificate of Participation that they can submit to their certifying boards for equivalent PA or NP credit.
1	Our category is broad: Non-physician medical professionals, including but not limited to physician assistants, nurse practitioners, technologists and paramedical professionals.
1	PAs, NPs, RNs, PharmDs, pathologists
1	PAs, NPs, and CNS
1	Physician Assistants and Nurse Practitioners

14. What structure did you use to create these resources? Did you use your traditional committee/volunteer structure or did you create a new structure (taskforce, workforce etc.)?



Count	Response
1	Since this is a member constituency we used our existing committee structure.
1	The committees developed the activities through the traditional course development structure. Our committees have PA and NP liaisons, who champion these efforts.
1	Traditional
1	We created a Workforce Advisory Group several years ago, that now operates like a standing committee. All of our initiatives came out of our standing committees as a result of the data coming from this Group.
1	We use taskforces and committees
1	both
1	neither....part of our normal educational program planning.
1	traditional structure; we do include APPs in our committees if they are members

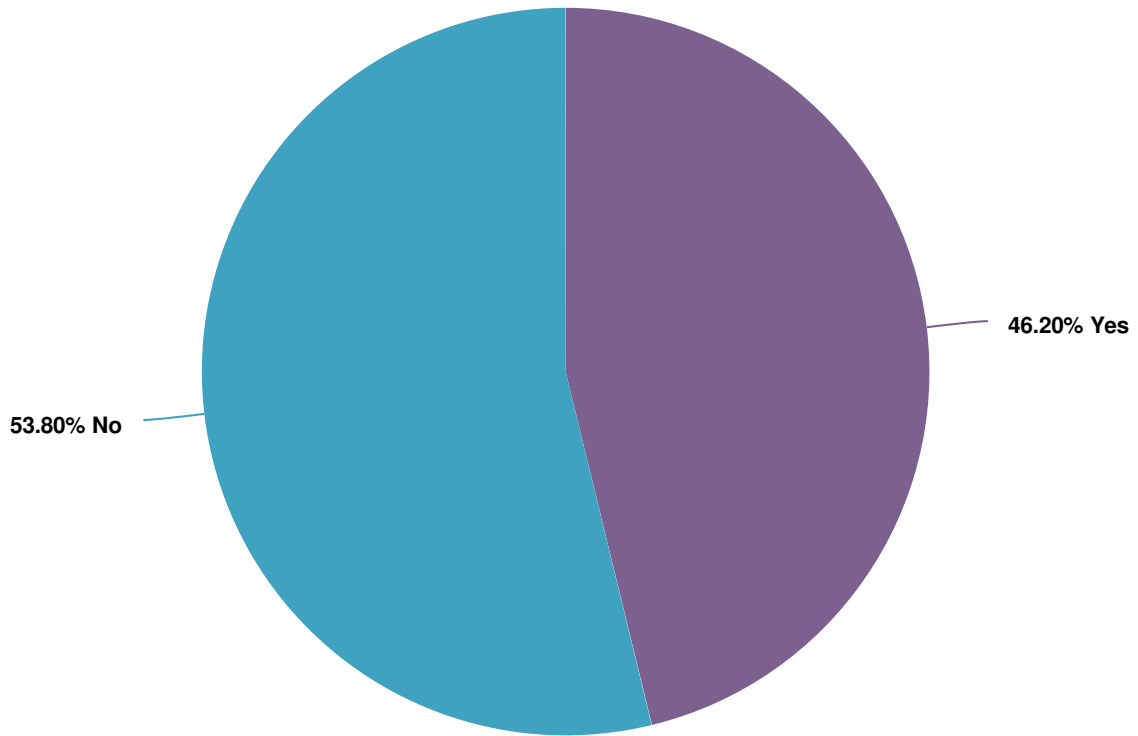
15. Please provide any details you know about the membership category relative to education (for example, access to members only resources, discounts, etc.)



Count Response

1	APPs can join as affiliate members and have access to all member benefits and serve on all committees. At present non-physicians may not serve on the board.
1	APPs have access to members-only content and receive member pricing on all purchases that have a distinction between member/non (which is nearly everything for us). We find that they WISH to have further discounts on educational activities but we have not offered that except in very specific circumstances.
1	As members they can access our (limited) members-only resources and receive member pricing if it is offered. For some activities we offer a special Allied Health registration rate that is lower than that for physicians.
1	Committees are open to members as well as discounts for education. Non-members have access to the programs and materials but not at a discounted price.
1	Journal, discounts on meetings and education, participation as committee members/volunteers, speaking opportunities, members only online forum.
1	Our Annual meeting has been offering nursing CE for the past number of years, certainly since 2013, when I came on board. For two years this meeting offered pharmacy CE, but that became too burdensome for staff and we couldn't justify the endeavor bec we just don't have a lot of pharmacist attendees. We have offered dental CE for the past 4 years. We are ACCME-accredited; our strategy is to pursue nursing CE as we want to grow this part of our membership.
1	discounts
1	http://www.asco.org/membership/member-benefits/advanced-practice-providers

16. In addition, do you serve the practice manager market in any way?



Value	Percent	Responses
Yes	46.2%	6
No	53.8%	7

Total: 13

17. What resources or materials do you offer your core membership regarding using practice managers in their practice?



Count	Response
1	Same as for APP's
1	This is also addressed through our practice management course materials (see above). We have offered a day-long medical administrators' course at our annual meetings in the past as well.
1	We provide interprofessional education via Pre-Congress (postgraduate courses) and online education.
1	http://www.asco.org/practice-guidelines/practice-support/practicenet

18. What resources or materials do you offer for practice managers (either under membership or as resources for purchase)? (coding and billing, etc.)



Count	Response
1	For purchase: 5 courses each year and 3 publications covering coding and billing
1	Same options for APP's
1	We offer access to a coding consultant to all of our members. We also have a practice management handbook that is available online that any member can access and reference that covers this content.
1	We provide interprofessional education via Pre-Congress (postgraduate courses) and online education.
1	http://www.asco.org/practice-guidelines/billing-coding-reporting

19. Name