CNE Article

Allocation of Work Activities in a Comprehensive Cancer Genetics Program

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Hereditary cancer programs that provide risk assessment, genetic education, and counseling services are becoming increasingly common. This article describes one possible approach to providing comprehensive cancer genetics care by a credentialed genetics advanced practice nurse. In addition to the description of the program, data from a recently conducted time study are included to provide insight into work allocation of different program components. Findings from the study indicate that about 41% of the time is spent in direct clinical time with patients and families, including initial visit counseling, phone consultation, and follow-up visits. The rest of the time is spent in other indirect care activities, including previsit activities, risk calculation, clinical trials enrollment, correspondence, teaching, and administrative duties. For those developing or expanding a cancer genetics program, considering all activities that will occur and the time allocated to each activity is important.

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Knowledge of genetics is rapidly changing oncology practice, largely because of the isolation of multiple cancer susceptibility genes and the increasing commercial ability of genetic testing. The National Society of Genetic Counselors ([NSGC], 2012) reported that, in 1994, only 10% of genetic counselors specialized in cancer genetics; in 2012, 25% of counselors reported specializing in oncology. In addition, many accreditation agencies are recommending that patients have access to genetic services (American College of Surgeons Commission on Cancer, 2011; National Accreditation Program for Breast Centers, 2011).

The Institute of Medicine ([IOM], 2011), in the landmark publication *The Future of Nursing: Leading Change, Advancing Health*, emphasized that identifying and developing innovative solutions for delivering coordinated care should be priorities. One of the biggest challenges associated with providing genetics care is to provide coordinated seamless care for the entire family. This article describes one possible approach to providing comprehensive cancer genetics care by an advanced practice nurse (APN)–managed program. Data from a recently conducted time study are included to provide some insight into work allocation to different program components.

Background

The Hereditary Cancer Program (HCP) at Saint Louis University (SLU) was initiated in 1999 and is managed by an APN with an advanced practice nurse in genetics (APNG) credential and certification as an Advanced Oncology Certified Nurse® (AOCN®). Other personnel include a medical oncologist who has a collaborative practice agreement with the APN and a business manager who allocates 7% of work effort to provide administrative support.

Since its inception, the HCP has provided services to more than 1,750 families with steady growth, particularly in the previous four fiscal years. During the fiscal year that ended June 2012, the HCP served 293 new and 52 established families, which included 742 counseling sessions (see Tables 1 and 2). Every individual received risk assessment data and recommendations for prevention and screening (418 people). Seventy-eight families were evaluated to participate in a clinical trial to identify a hereditary susceptibility gene and 56 families were enrolled.

A unique feature of the program is that patients may access educational services as often as needed without costs because charitable funding pays for the salary of the APN. In addition,