# Nurse-Led Consultations (NLC) in Oncology: Financial Impact and Productivity Gains





### Nursing, Supportive & Palliative care, Rehabilitation & Survivorship

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### **Background and Objective**

The increasing demand for oncology services and staffing shortages have led to a need for more efficient care models. NLC offer a potential solution to improve productivity, patient satisfaction, and cost management. This study evaluates the financial impact of NLC using Tarmed with a tax point value of CHF 0.83.

### **Methods**

A financial analysis was conducted at KSGR using a simplified model focusing solely on salary costs. Salaries for an Expert in Oncology Care (Advanced Federal Diploma of Higher Education) and a senior physician were used, excluding infrastructure costs, as the same rooms were used in both models. Assistant physicians could not delegate their patients to NLC to proper training. ensure conventional physician-led model the baseline (100%) for revenues and costs, and productivity gains were assessed based on the reallocation of physician time with 50% and 100% utilization of freed-up hours.

## The NLC model boosts efficiency and addresses staff shortages, but needs nurse training and tariff adjustments for sustainability.

### Results

Tbl 1: Total taxpoints in all patients (calculated as the sum of all taxpoints in each individual patient and visit

TarMed (Position und Zeit)		Anzahl TarMed Position	TP-Wert CHF	Total CHF
Nichtärztliche Behandlung erste 15 min.	00.1430	409	CHF 47.38	CHF 19'380.34
Nichtärztliche Behandlung weitere 15 min.	00.1440	1'663	CHF 20.31	CHF 33'775.70
Konsultation erste 5 min. AL	00.0010	409	CHF 8.65	CHF 3'537.28
Konsultation erste 5 min. TL		409	CHF 6.80	CHF 2'780.26
Konsultation weitere 10 min. AL	00.0020	409	CHF 17.30	CHF 7'074.55
Konsultation weitere 10 min. TL		409	CHF 13.60	CHF 5'560.52
Konsultation letzte 5 min. AL	00.0030	409	CHF 4.32	CHF 1'768.64
Konsultation letzte 5 min. TL		409	CHF 3.40	CHF 1'391.83
Behandlung durch FA Onkologie 20 min. AL	00.1530	409	CHF 34.59	CHF 14'149.11
Behandlung durch FA Onkologie 20 min. TL		409	CHF 31.01	CHF 12'682.60
Kleine körperliche Untersuchung 10 min. AL	00.0415	205	CHF 17.30	CHF 3'545.93
Kleine körperliche Untersuchung 10 min. TL		205	CHF 15.50	CHF 3'178.40

Tbl 2: Income/costs regulat visits							
TP Pflege und Ärzte	Zeitaufwand	CHF/h	Total CHF				
Total TL Pflege			CHF	53'156.04			
Total AL/TL Ärzte			CHF	55'669.12			
Total			CHF	108'825.16			
Kosten Arztkonsultation und Pflegezeit							
Pflege	397 h	100	CHF	39'700.00			
Ärzte	272 h 50 min.	180	CHF	49.109.94			
Total			CHF	88'809.94			
Erlös nicht ONCO-1			CHF	20'015.22			

TP Pflege	Zeitaufwand	CHF/h	Total CHF		
Total TL Pflege			CHF 53'156.04		
AL erste und letzte 5 min. (Vorverordnung)			CHF 9'478.00		
Kosten Pflege ONCO-1	499 h 15 min.	100	CHF 49'925.00		
Erlös ONCO-1			CHF 12'709.04		
Tbl 4: Net income, if phycian fully occupied with other patients					
Erlöse		CHF			
ONCO-1		CHF 12'709.04			
Ärzte minus ärztliche Kosten		CHF 6'559.18			
ONCO-1 inkl. zusätzliche Arz	CHF 19'268.22				

#### Results

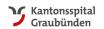
NLC generated 57.5% of the revenue compared to the conventional model (100%). Salary costs were reduced to 56.2% of the conventional model. Consequently, profitability under the nurse-led model was 63.5% of the conventional model. However, considering productivity gains from reallocating physician time: At 50% utilization, profitability increased to 96% of the conventional model. At 100% utilization, profitability rose to 129%.

### Conclusion

NLC offer a financially viable solution, improving cost efficiency and productivity, while addressing staff shortages. However, the model's gains rely on excess productivity demand for services. In a fully utilized or overcapacity setting, the benefits are In contrast, maximized. underutilized system, the model may lead to reductions in physician staff. To ensure sustainability, structured nurse training and tariff adjustments are essential.

### Supported by





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