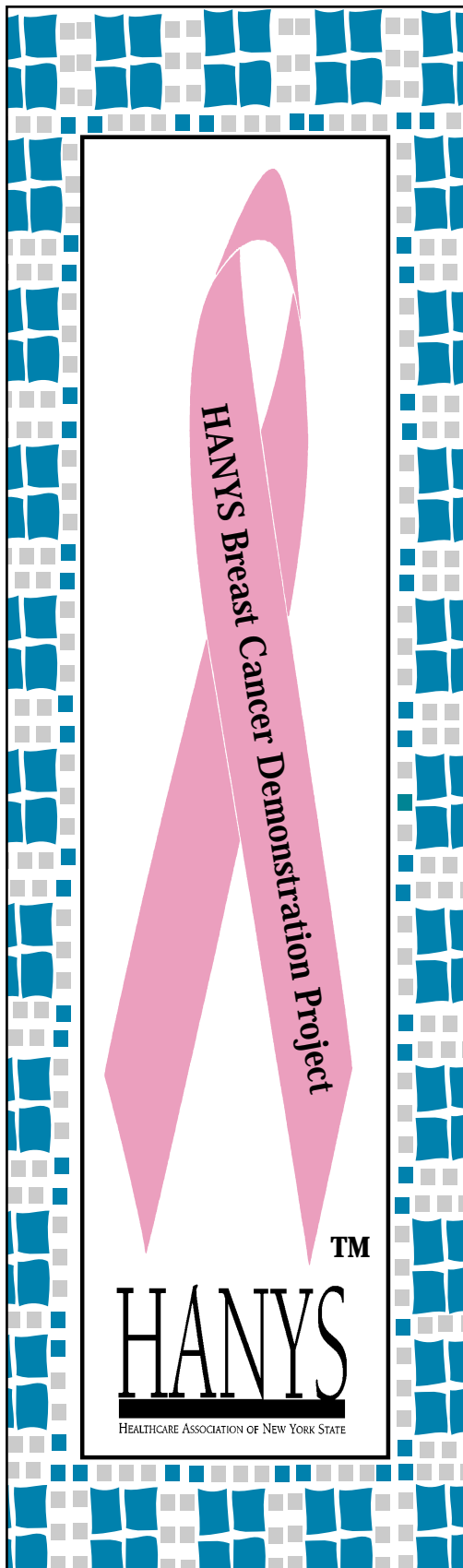


April 2001



Medicare Mammography Reimbursement Rate Identified as Barrier to Care

Improving mammography access for postmenopausal and elderly women, including Medicare beneficiaries in New York, is a top priority of the Healthcare Association of New York State Breast Cancer Demonstration Project (HANYS BCDP™). Inadequate Medicare reimbursement for mammograms is a serious barrier to access to this important and potentially life-saving screening tool.

Health care providers are reimbursed for only part of the cost of providing mammography services and lose money on every mammogram provided to Medicare beneficiaries. To date, the hospitals have absorbed these losses because of their commitment to providing this crucial procedure. But inadequate Medicare reimbursement may discourage some providers from conducting mammography outreach to Medicare beneficiaries, even though

women 70 to 84 years of age have the greatest risk for developing breast cancer, according to a recent article in the *Journal of the American Medical Association* (JAMA, February 21, 2001, pp: 885-92). Nationwide, 66% of breast cancer cases and 77% of breast cancer mortality occur in women age 55 and older, according to JAMA.

Compounding the payment problem is that most insurers model their reimbursement methodologies after Medicare.

Because of inadequate reimbursement, mammography centers in New York State have closed, thereby decreasing access and length-

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BREAST CANCER IN NEW YORK STATE

- ✓ second highest rate of breast cancer in the nation
- ✓ more than 12,000 new cases diagnosed every year
- ✓ 3,500 women die from the disease annually

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ening mammography waiting lists throughout the state. Women today are waiting up to four months for a mammogram, although the ideal process is to schedule a mammography appointment within two weeks of its request, to avoid a treatment delay that may have life-threatening results.

Medicare Reimbursement Rates

The current Medicare reimbursement rate for a screening mammogram is set nationally at \$69.23. The Medicare rate for a diagnostic mammogram varies by service area and has a range of approximately \$90.61 to \$108.86. The rates have technical and professional components. The technical component is 68% of the total rate and is intended to cover facility expenses, including expenses for personnel other than physicians, and the cost of compliance with federal mammography regulations. Professional costs account for the remaining 32% of the rate and are intended to pay the radiologist's fee to interpret the mammogram and explain its results to patients, families, and referring physicians.

Hospitals in New York report that the technical costs for any mammogram exceed \$100.00. The approximate Medicare reimbursement rate for technical costs ranges from \$47.08 for a screening mammogram to a maximum of \$74.02 for a diagnostic mammogram. Therefore, Medicare only partially covers the costs of mammography, and hospital mammography centers lose money each time they care for a Medicare patient.

Potential Impact on Care Delivery

More than a third of New York State's 663 certified mammography facilities are hospital-based. The Balanced Budget Act of 1997 has cut more than \$2 billion in Medicare payments to New York hospitals and hospital-based continuing care providers since the fall of 1997. In 1999, nearly 40% of New York's hospitals lost money treating Medicare patients. This has dramatically affected how hospitals view their ability to serve patients.

Poor Medicare reimbursement rates limit access to services for all patients because Medicare is generally a hospital's largest payer. Hospitals do not have the ability to recoup Medicare mammography losses from other patients, especially since private insurers and other government programs often base their payment rates on the Medicare rate. As the incidence of breast cancer increases in our aging population, it is likely that the inadequacy of Medicare

mammography reimbursement rates will be more widely articulated as a barrier to screening.

HANYS BCDP™ Responds

HANYS BCDP™ has joined with many national advocacy groups to advocate for increases in Medicare mammography payments. U.S. Senator Charles Schumer (D-NY) and other members of the New York State Congressional Delegation have agreed to work with HANYS BCDP™ in pursuit of legislation to increase Medicare mammography payments to help reduce the time women wait for mammography screenings. Legislation is expected to be introduced this spring.

Beginning April 1, 2001, the Medicare/Medicaid/State Children's Health Insurance Program Benefit Improvement and Protection Act (BIPA) of 2000 grants a payment increase for mammograms using digital technology—but digital technology is currently available at only 1% of mammography facilities nationwide, and its cost is several times that of traditional film-based machines. Therefore, the BIPA pay increase, while needed, will have only a minor impact on mammography financing.


Conclusion

Breast cancer incidence in the United States is increasing, not decreasing. According to National Cancer Institute Statistics, breast cancer incidence will more than double by 2040 due to U.S. population growth, aging of the "baby boomer" generation, and rapid growth of the age 80+ segment of the population.

The results of random controlled trials in the United States and Europe show that routine mammograms reduce the risk of breast cancer mortality by as much as 40% among women age 50 years and over.

According to the Health Care Financing Administration (HCFA), mammography screening is underutilized. On average, only 45% of women over age 50 have a routine mammogram. The foreseeable growth of breast cancer incidence makes it imperative that access to potentially life-saving mammograms be improved and supported by adequate financial reimbursement.

The Medicare mammography reimbursement rate should be increased to lessen the financial burden on hospitals providing mammography and to ensure the availability of and access to potentially life-saving mammograms for women in our aging, higher-risk population.



ADVISORY BOARD FOCUS: EVALUATING QUALITY MEASURES AND ELIMINATING LANGUAGE BARRIERS

Cancer service improvement initiatives are of fundamental importance to HANYS BCDP™ activities, which are committed to developing quality improvement strategies and measurement tools that hospitals and health networks may use with existing resources as benchmarks for the improvement of breast cancer services.

Evaluating Quality Measures

HANYS BCDP™ hospitals and participants have identified an interest in additional tools that can be used for quality assessment. The HANYS BCDP™ Advisory Board is continuing to evaluate quality indicators to measure breast cancer treatment outcomes across the breast health continuum. A Quality Measures Subcommittee has been formed to research and identify potential focus measures. Potential measures under evaluation include mammography screening rates, breast conservation surgery rates, and time between screening to breast cancer diagnosis.

Eliminating Language Barriers to Improve Care

Improving communication opportunities for breast health patients who have limited English proficiency is an ongoing HANYS BCDP™ initiative. As part of this effort, the Advisory Board is assessing options for translation services by its hospitals' breast health programs. (See *related article below*.) A survey identified the 10 primary languages spoken by patients at the demonstration site hospitals, and patient education materials translated into those languages will be made available to all of the HANYS BCDP™ hospitals.

BREAKING DOWN LANGUAGE BARRIERS TO ENSURE ACCESS TO CARE

Communicating effectively and ensuring informed decision-making for persons with or at risk for breast cancer is a challenge for hospitals and health care providers throughout New York State and nationwide. Title VI of the Civil Rights Act of 1964 requires hospitals, health maintenance organizations, social services agencies, private, non-profit and state-administered facilities, and programs with federal Department of Health and Human Services (HHS) funding to ensure that persons with limited English proficiency can access their services. In addition, New York State requires hospitals to provide language interpretation services, translation of significant hospital forms, and instructions to non-English speaking

groups that comprise more than 1% of the total hospital service area population.

Currently, 32 million people in the United States (13.8%) speak languages at home other than English. According to the U.S. Census Bureau, by the year 2050, persons representing ethnic and racial minority groups will comprise nearly half of all Americans.

The HANYS BCDP™ Advisory Board has initiated a project to improve understanding of barriers to effective communication with members of ethnic and racial minority groups. The Project's participant hospitals are working continuously to improve the services they provide to patients from diverse backgrounds and are engaged in an initiative to translate patient education materials into multiple foreign languages.

The translations will help hospitals provide accurate and complete breast health information in a variety of patients' languages. HANYS BCDP™ anticipates that persons who better understand breast health will be better able to initiate and navigate needed services.

TRANSLATION INITIATIVE OUTCOMES MAY INCLUDE:

- enhanced patient understanding of informed consent;
- increased patient satisfaction and participation in the decision-making process;
- improved maintenance of confidentiality due to fewer participants in the translation process;
- reduced mistranslation and reduction in errors due to miscommunication;
- improved patient outcomes; and
- higher quality and more efficient provider-patient communication.

HANYS BCDP™ will continue to seek innovative approaches to ensuring improved health care delivery to New York's diverse populations. For more information on translation and interpretation services, please contact Eileen Levine, Manager, HANYS Services, Inc., at (518) 431-7655. More information on the HHS guidance can be accessed at www.hhs.gov/ocr/facts.html#guide.



INCREASING THE USE OF MAMMOGRAPHY SERVICES BY WOMEN ENROLLED IN MEDICARE

The incidence of invasive breast cancer among women age 65 and older is twice that among those age 35-44 and the mortality rate from breast cancer is approximately three times higher among women 65 and over than among women age 35-64, according to the National Cancer Institute. Therefore, female Medicare beneficiaries are at particular risk for breast cancer. Breast cancer will assume even greater prominence as a public health concern by the year 2030, when it is estimated that one in five women in the U.S. will be age 65 years and older (JAMA, June 28, 2000; pp. 3202-04).

Although annual mammography can save lives by detecting breast cancer at early, more treatable stages, the Health Care Financing Administration has found that older women are less likely to receive screening mammograms. Since 1998, Medicare has paid for annual screening mammograms under the Medicare Part B program, which enrolls approximately 96% of U.S. residents age 65 years. HCFA and IPRO are collaborating in the "Breast Cancer National Project" to increase mammography utilization rates among female Medicare beneficiaries and thereby reduce the incidence of late-stage breast cancer among this population.

Through the Breast Cancer National Project, IPRO is providing physicians in New York State feedback on the rate of mammograms among fee-for-service Medicare women in their individual practices. Individual provider lists of Medicare fee-for-service patients who have claims for office visits in the second half of 1999 but do not have a mammography claim on record, are available to physicians from IPRO upon request. The list may be used to locate women who need follow-up care and to determine the types of obstacles encountered in mammography referrals. Physicians can also compare their Medicare mammography coverage rates to a report describing the state median. IPRO plans to provide semi-annual reports over the next two years so that changes in individual practices associated with this campaign can be tracked.

As part of this effort, IPRO is also distributing mammography office system support materials to New York health care providers. The support materials include patient reminder cards, education brochures, and mammography chart flags and stickers. For more information on the IPRO initiative and mammography office system

support, please contact John Quinley, M.D., M.P.H., Clinical Coordinator, at (516) 326-7767 ext. 323.

IPRO OFFERS THE FOLLOWING TIPS FOR OPTIMIZING MAMMOGRAPHY REFERRAL

To identify candidates for referral:

- Place the mammography history in a clearly visible location on the patient's chart (chart stickers are available at no charge from IPRO).
- Routinely check mammography status during patient check-in and notify the physician when a patient needs a referral (post-it notes are available at no charge from IPRO).

To make an effective referral:

- Educate the patient. Mammography promotional brochures targeted at older women have been developed by the National Cancer Institute and are available at no charge from IPRO.
- Make an enthusiastic recommendation. Studies have shown that higher levels of enthusiasm significantly increase the rate at which women accept recommendations.

To increase successful referrals:

- Give patients mammography reminder cards to help them remember your recommendation (available at no charge from IPRO).
- Schedule mammograms during the office visit, especially for women who are not regular mammogram users.
- Same-day mammograms have been found effective in increasing referral success in older women.
- Track referral success to identify and remind women who have not received a mammogram within a given time period after your recommendation.

Faxed mammography referrals are being investigated by IPRO as a way to improve referral success in non-regular mammography users.



RELATED PUBLICATIONS OF INTEREST

Medicare Reimbursement

An Introduction to Economic Issues in Breast Imaging

Reimbursement rates for mammography have been restricted because private insurers and health maintenance organizations provide reimbursements that are frequently the same or lower than those from Medicare. Although screening mammography appears to be as cost-effective as other commonly accepted medical interventions, some third-party payers have been reluctant to reimburse screening mammography because of its perceived effect on overall health care costs. The analysis presented in this article shows that inclusion of coverage for screening mammography, even if begun at age 40, has only a slight impact on total health care costs. Adequate reimbursement for screening mammography supports an effort that provides substantial reduction in deaths from breast cancer.

Farria D, Feig SA, Radiologic Clinics of North America 2000; 38(4):825-42

The Impact of Medicare Funding on the Use of Mammography Among Older Women: Implications for Improving Access to Screening

The impact of extending financial coverage for biennial mammography to holders of Medicare Part B was examined by comparing mammography use among Medicare-eligible and ineligible women in the years before (1990) and after (1993) the policy change. The study used National Health Interview Survey data, controlling for socioeconomic indicators and for having a usual source of medical care. This analysis suggests that simply removing financial barriers to mammography for older women (such as the 1998 elimination of a deductible payment for mammograms provided under Medicare) may have limited effectiveness. The strong relationship between having a usual source of care and mammography suggests that disparities in mammography use may reflect inequalities in access to health care in general.

Kelagher M, Stellman JM, Preventive Medicine 2000 Dec;31(6):658-64

Language Barriers and Information Needs

Is Language a Barrier to the Use of Preventive Services?

To isolate the effect of spoken language from financial barriers to health care, this study examined the relation of spoken language to the use of preventive services in a system with universal access. The authors defined primary language as the language spoken in the home and assessed self-reported receipt of breast examination and mammogram. The study found that compared with English speakers, women whose main spoken language was not English were significantly less likely to receive breast exams or mammography. It concluded that improving communication with patients with limited English might enhance participation in screening programs.

Woloshin S, Schwartz LM, Katz SJ & Welch HG, Journal of General Internal Medicine 1997; 12(8):472-7

Effective Use of Interpreters in Health Care: Guidelines for Nurse Managers and Clinicians

Because of the rapid growth of the non-English-speaking population in the United States, nurses are increasingly likely to be called on to provide care for patients whose first language is not English. Therefore, nurse managers may need to make interpreters available to health care providers in a variety of settings to facilitate effective communication and provide quality care. This article presents nurse managers and nurse clinicians with information that will enable them to work effectively with interpreters.

Poss JE, Beeman T, Seminars for Nurse Managers 2000 Dec;7(4):166-71

Language Barriers to Informed Consent and Confidentiality: The Impact on Women's Health

Obtaining informed consent and maintaining confidentiality are critical to the way medicine is practiced and are a crucial part of the health care system's responsibility to the patient and to society. In this article, the authors discuss

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What's Helpful on the Web?

You can access these and other resources on the HANYS BCDP™ Web page at http://www.hanys.org/tools/Breast_Cancer_Project/links.htm

MEDICARE AND MAMMOGRAPHY

MEDICARE OFFICIAL GOVERNMENT SITE

www.medicare.gov

This official Medicare site provides visitors information about Medicare benefits, publications, and Web sites with health information. The site also provides information about Medicare coverage for screening and diagnostic mammograms. This site is available in English, Spanish, and Chinese.

THE HEALTH CARE FINANCING ADMINISTRATION (HCFA) NATIONAL MEDICARE MAMMOGRAPHY CAMPAIGN *NOT JUST ONCE* NEWSLETTER

www.hcfa.gov/quality/3n1.htm

This bimonthly newsletter is designed to provide information about activities related to HCFA's national Medicare Mammography Campaign.

NEW YORK STATE OFFICE FOR THE AGING FACTS ABOUT BREAST CANCER PAGE

<http://agingwell.state.ny.us/selfcare/cancer/breast.htm>

This New York State Office for the Aging site provides information on a woman's risk for breast cancer, the National Cancer Institute's recommendations about mammograms and the benefits and limitations of the procedure.

IPRO BREAST CANCER PAGE

www.ipro.org/consinfo/mammographyfolder/mammography.htm

IPRO's Breast Cancer page contains facts and other information about mammograms and breast cancer. IPRO operates a toll-free number for Medicare beneficiaries at (800) 331-7767.

BREAST CANCER NATIONAL QUALITY IMPROVEMENT PROJECT

www.natbreastcancer.com/index2.shtml

This page provides information about the Breast Cancer National Quality Improvement Project, which is conducted nationally through HCFA's Medicare peer review organizations (PROs) to improve mammography screening rates among Medicare beneficiaries. Through this project, all PROs are working in their respective states and territories with health care providers to put systems in place to ensure routine mammography screening and with Medicare beneficiaries to educate them on the need for annual mammograms.

BREAST IMAGING PRACTICE GUIDELINES AND OTHER PROFESSIONAL INFORMATION

BREAST CANCER AND BREAST IMAGING PRACTICE GUIDELINES—PROFESSIONAL PAGE

www.imaginis.com/pro/guidelines/breastca.asp

This Imaginis site provides links to sources for and about breast

cancer and breast imaging practice guidelines. Other materials provided for professionals include: breast imaging resources, teaching files, continuing medical education resources, and a range of resources for women's health professionals.

DR. KOOP'S BREAST CANCER HEALTHOLOGY SITE

http://drkoop.healthology.com/focus_index.asp?f=breast_cancer&b=

Dr. Koop's breast cancer Healthology site provides video and audio broadcasts on topics important to breast health professionals including: developments in breast cancer management, new technologies, prevention, screening, and genetic issues in breast cancer.

MAMMOGRAPHY AND OTHER INFORMATION FOR PATIENTS

NATIONAL CANCER INSTITUTE (NCI) MAMMOGRAPHY SCREENING PAGE

http://cancernet.nci.nih.gov/testing/type_of_tests.shtml

This NCI Web page provides a broad range of information about mammograms including facts, statistics, education programs, and questions and answers for patients and consumers.

IMAGINIS BREAST CANCER SCREENING/PREVENTION—PATIENT PAGE

www.imaginis.com/breasthealth/menu-screening.asp

Early detection of breast cancer can be key to survival. Breast self-exams, clinical breast exams, and screening mammography are essential in helping to detect breast cancer in an early stage when the chances of a complete cure are the greatest. This Imaginis Web page discusses the exams used to screen for breast cancer and other preventive measures for women at high risk of the disease.

LIVING BEYOND BREAST CANCER (LBBC)

www.lbbc.org/default.asp

LBBC is a non-profit educational organization committed to empowering all women affected by breast cancer to live as long as possible with the best quality of life. This Web site describes its educational activities, newsletter, and outreach to medically under-served women, young survivor groups, and other resources. These resources are designed to help women and families affected by breast cancer take an active role in their ongoing recovery from the disease regardless of educational background, social support, or financial resources.

DR. KOOP'S BREAST CANCER ARCHIVE

www.drkoop.com/conditions/breast_cancer/archive

Dr. Koop's breast cancer archive page includes sections on prevention and detection, treatment, rehabilitation and support, breast cancer and pregnancy, research, and a glossary.



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how little attention has been paid to these topics in populations that may have limited English proficiency and the increased significance of these issues in women's health, given the very personal and sensitive nature of the medical exams and interventions. The authors encourage health care providers to conduct and facilitate research on how language barriers compromise quality of care and to advocate for systems and policy change.

Betancourt JR, Jacobs EA, American Medical Women's Association Journal 2000; 55(5):294-5

Can Cultural Competency Reduce Racial and Ethnic Health Disparities? A Review and Conceptual Model

This article presents a conceptual model of cultural competency's potential to reduce racial and ethnic health disparities. The authors identify nine major cultural competency techniques: interpreter services, recruitment and retention policies, training, coordinating with traditional healers, use of community health workers, and culturally competent health promotion. They show how these techniques could improve the ability of health systems and their clinicians to deliver appropriate services to diverse populations, thereby improving outcomes and reducing disparities. The authors conclude that while there is substantial research evidence to suggest that cultural competency should in fact work, health systems have little evidence about which cultural competency techniques are effective and less evidence on when and how to implement them properly.

Brach C, Fraser I, Medical Care Research and Review 2000;57 Suppl 1:181-217

The Information Needs and Source Preferences of Women with Breast Cancer and their Family Members: A Review of the Literature Published Between 1988 and 1998

A comprehensive and critical literature review was conducted to examine the information needs and source preferences of women with breast cancer and their family members. The authors found that women with breast cancer have distinct needs for information throughout their breast cancer journeys, indicating that information needs change with time. Second, the authors found that fam-

ily members of women with breast cancer also have substantial needs for information. Third, women with breast cancer and their family members often prefer verbal forms of information from health care professionals, particularly around the time of diagnosis.

Rees CE, Bath PA, Journal of Advanced Nursing 2000 Apr;31(4):833-41

News

FROM THE HANYS BCDP™ SITES

North Shore-Long Island Jewish Health System

Since July 1999, a group of clinical leaders representing multiple disciplines from various health system facilities has been meeting to develop the North Shore-Long Island Jewish Health System Breast Initiative, an outgrowth of HANYS BCDP™. The group's mission is to provide interdisciplinary leadership to system-wide activities related to the delivery of breast health services. Activities include outreach and education, promoting and ensuring excellence in quality of care and service, developing standards of practice, and advancing research.

As part of the initiative, a system-wide conference was presented on March 27 by David Katz, M.D., J.D., Director for the Oncology Roundtable Health Care Division of the Health Care Advisory Board. The conference included a presentation on enhancing breast cancer service quality, including ideas for expediting diagnosis, enfranchising patients in the treatment process, and alleviating psychosocial distress. Sentinel node biopsy as an alternative to standard axillary node dissection for breast cancer patients was also examined, focusing on the critical points of learning that have emerged from pioneering organizations.

Sound Shore Medical Center of Westchester

Officially opened in 1999, Sound Shore Medical Center's Breast Center in New Rochelle has been formally dedicated as the Solomon Katz Breast Center. John R. Spicer, President and Chief Executive Officer of Sound Shore Medical Center of Westchester, announced a gift of \$750,000 from Mr. Katz in support of the Breast Center. At a March 23 ceremony, Mr. Katz announced that in addition to his initial endowment, he will donate \$50,000 each year to facilitate free

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mammograms for those who could not otherwise access services and care. Mr. Katz's gift is in memory of his sisters, two of whom were breast cancer victims. The Solomon Katz Breast Center provides a comprehensive array of treatment and services to all women, including those with breast disease.

F. F. Thompson Hospital

The Sands Cancer Center in Canandaigua is expanding and will offer cancer patients "one-stop shopping" for wigs, hats, scarves, turbans, and other items designed to help cancer patients enhance their appearance and self-image

during treatments that prompt hair loss. The grand opening of the Style Shop was April 19. It features a shopping expedition where cancer survivors from the Breast Health Support Network will share their expertise and experiences with the newly diagnosed, accompanying them as they browse and shop in a supportive, nurturing environment. In addition, area medical supply retailers have agreed to display items such as swimsuits, bras, and prosthetics and to meet clients for both on-site and off-site fittings, depending on client preference. Breast Health Network volunteers will be available for one-on-one support in both settings.

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