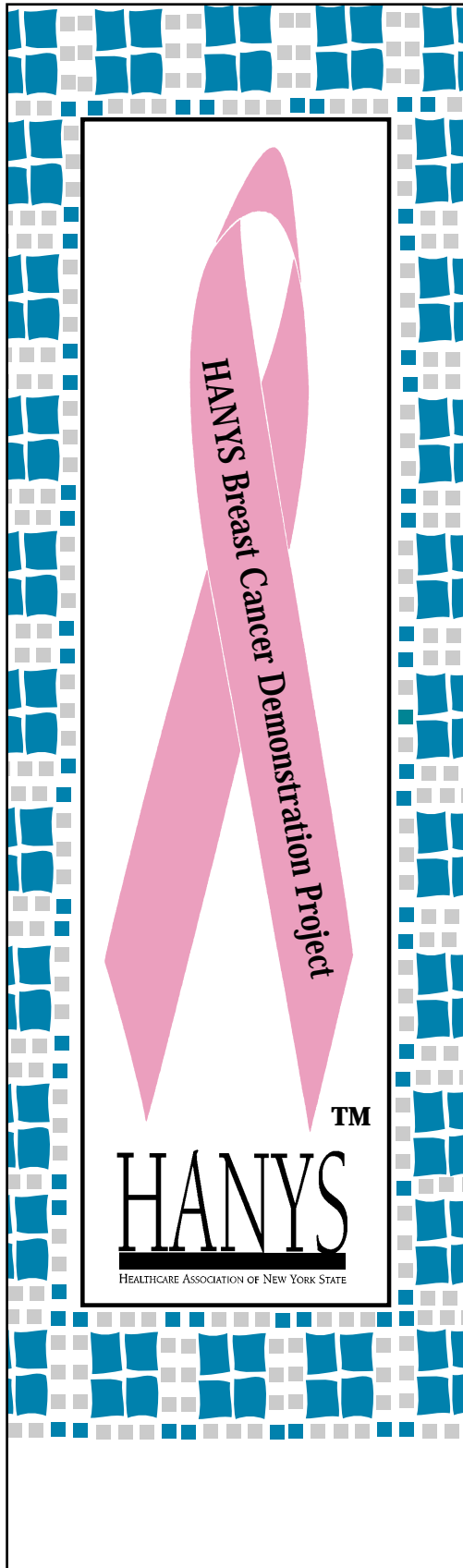


November 2001



HANYS Expands Breast Cancer Demonstration Project™

Building on longstanding support from the New York State Assembly, the HANYS Breast Cancer Demonstration Project™ is expanding, thanks to a \$1.6 million federal appropriation to be administered by the Centers for Disease Control (CDC) Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion.

Congressional support for the project was secured in large part due to the strong advocacy of Representative Nita Lowey (D-Harrison), a long-time champion in Congress of breast cancer research, screening, and treatment. Representative Lowey's efforts were supplemented by the fervent support of Representatives Sue Kelly (R-Katonah) and James Walsh (R-Syracuse), who were critically important in convincing congressional appropriators to provide federal funding for the HANYS BCDP™, which will be used to expand the program to hospitals across New York State. Representative Maurice Hinchey (D-Saugerties) also demonstrated ardent support for the program and worked to secure funding. In addition, the entire New York Congressional Delegation, led by Delegation Deans, Representatives Benjamin Gilman (R-Middletown) and Charles Rangel (D-Harlem), in a letter to the House Appropriations Committee, expressed bipartisan support for federal funds for the program.

The Project's goal is to help health care providers develop effective strategies that provide the best breast health care to patients and their families. Objectives include developing strategies to decrease fragmentation in services, enhance health care quality across the continuum, and improve access to care with a particular emphasis on vulnerable populations.

Anticipated outcomes of HANYS BCDP™ include:

- improved access to screening and treatment,
- overcoming barriers to treatment,
- informed patient decision-making,
- improved coordination of care, and
- consistent application of medical standards.

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With four years of strong support from Assembly Speaker Sheldon Silver (D-New York) and Assembly members Helene Weinstein (D-Brooklyn) and Richard Gottfried (D-Manhattan), HANYS BCDP™ pilot activities have led project members to identify multiple areas requiring further evaluation and immediate expansion of the Project. HANYS is extremely pleased that Congress has recognized HANYS BCDP™ accomplishments and has awarded HANYS funding to further develop the integrated model.

The HANYS BCDP™ currently consists of four types of activity at HANYS:

- research, compilation of information, and education pertaining to breast cancer program management, quality improvement, and service planning;
- development of patient outreach and education materials;
- pilot testing breast cancer improvement activities at demonstration sites, and
- convening and maintaining an active HANYS BCDP™ Advisory Board and work groups.

The additional funds have allowed HANYS BCDP™ to expand both the number and geographic distribution of health care sites and to increase the breadth and depth of educational and dissemination activities. Improving communication opportunities for breast health patients who have limited English proficiency, including the translation of patient education materials into multiple foreign languages is a key new initiative. HANYS will oversee and provide technical assistance for each site to develop and test a pilot project that meets individual community needs and is consistent with the overall project goals.

The overall HANYS BCDP™ goal is to:

- develop strategies that decrease fragmentation,
- improve patient and provider information and communication vehicles,
- improve access, and
- enhance delivery of coordinated, comprehensive breast health services.

Participants include nurses, physicians, hospital and health care administrators, patient navigators, outreach workers, consumers, and community advocates. Project products and information are shared with hospitals throughout New York State and many are publicly available on the HANYS BCDP™ Web site at

Demonstration Site Hospitals Participating in HANYS BCDP™ include:	
Albany Medical Center Hospital	Albany
Arnot Ogden Medical Center	Elmira
Benedictine Hospital	Kingston
Crouse Hospital	Syracuse
F.F. Thompson Hospital	Canandaigua
Long Island College Hospital	Brooklyn
Lutheran Medical Center	Brooklyn
New York Hospital Medical Center of Queens	Queens
The New York Community Hospital of Brooklyn	Brooklyn
North General Hospital	New York
North Shore-Long Island Jewish Health System	Long Island/ New York City
Sound Shore Medical Center of Westchester	New Rochelle
St. John's Riverside Hospitals	Yonkers
Vassar Brothers Hospital	Poughkeepsie

www.hanys.org/quality_index/Breast_Cancer_Project/breast_cancer_project.htm. HANYS BCDP™ anticipates that the strategies identified in model development will be adaptable to the management of other chronic diseases.

The newly funded project expands on existing HANYS BCDP™ efforts to improve:

- access to screening and treatment—in particular for patients who are elderly, poor or have low literacy or are non-English-speaking—by decreasing the financial, language, cultural, and other barriers to screening and treatment;
- patient/provider communication to assist in informed patient decision-making;
- patients' access to relevant, literacy- and language-appropriate materials and information to assist in informed patient decision-making;
- coordination of care among interdisciplinary providers;
- application of clinical standards through provider training and dissemination of information; and
- hospitals' and health care systems' review of financial and operational efficiency in the context of providing high quality care.



Optimizing Operational Efficiency and Improving Service

The HANYS BCDP™ is working to help hospitals and health care systems provide breast health care in a seamless and comprehensive manner. HANYS is exploring management solutions to help health care providers maintain a strong focus on improving care delivery while maximizing financial efficiency and performance.

Improving Systems of Care:

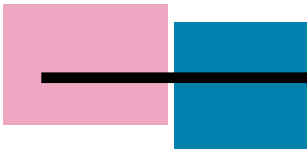
Gerald R. Kolb, J.D., President, and Chief Executive Officer of Breast Health Management, Inc., based in Bend, Oregon, has worked extensively as a consultant helping hospitals to develop high quality interdisciplinary breast programs that also meet the financial needs of increasingly competitive markets. Mr. Kolb notes that most breast health centers evolved incrementally over time in an emotionally charged environment. He suggests that hospitals now have the opportunity to step back, evaluate the state of breast health services, and apply basic economic and management principles to this critically important patient care area. Mr. Kolb recommends a new paradigm for comprehensive breast health that is vertically integrated, interdisciplinary, promotes *cost effective* and *patient effective* breast care, and achieves optimal utilization and outcomes.

Diagnosing early-stage breast disease and employing effective treatments provides optimal outcomes at a lower cost. Mr. Kolb says that it is generally easier for breast programs to control direct costs including labor, technology, and space than to rely on increased reimbursement. Optimizing productivity can be effective for patients, satisfying for employees, and cost-effective for radiology practices and mammography centers.

Mr. Kolb's experience is that to create positive change and achieve efficiency, breast programs will need a commitment from all members of the interdisciplinary team, beginning with the leadership of administration and physicians and in particular the radiologists and mammography technologists. The goal is to maximize the benefit of screening procedures through effective utilization of human, financial, and technological resources. Having a dedicated breast radiologist and surgeon available on-site to perform diagnostic work may decrease patient frustration and increase productivity and profitability. Having solid information on your program's service performance, staff and facility credentialing, and clinical outcomes can be helpful in marketing and managed care contract efforts.

Strategies for Improving Productivity:

- Begin by communicating your passion for excellence.
- Promote full team involvement in the evaluation and redesign of services.
- Institute an in-depth cost analysis to understand current costs and potential opportunities for new cost control strategies.
- Use evidence-based protocols.
- Reorganize workflow so that clerical personnel, technology assistants, and mammography technologists each perform tasks appropriate to their training and skill level, thereby reducing the technologist's time per screening mammogram.
- Then, decrease appointment intervals from 30 to 15 minutes to perform more mammograms per day and generate more revenue with less cost.
- Assess supply costs as a source for savings.
- Batch read screening mammograms. This has the value-added benefit of increasing clinical quality and patient satisfaction through on-time appointments.
- Add a diagnostic track to limit non-medical administrative costs associated with multiple visits and increase patient satisfaction through quick resolution.



Lymphedema Challenges Breast Cancer Patients and Practitioners

Lymphedema is a swelling that occurs when a protein-rich fluid called lymph collects in parts of the body. It occurs when the flow of lymph is interrupted by damage to the lymph vessels and the lymph nodes, which are located along the vessels. Among breast cancer patients, damage to the lymphatic pathways is caused most often by axillary lymph node dissection¹ (ALND) and/or radiation therapy to the armpit, which cause scarring and block the flow of lymph, resulting in a pooling of fluid in the upper arm.

Currently, there is no consensus in the literature about lymphedema's prevalence. Its incidence has been found to range anywhere from 2% to 24% among women undergoing ALND. Lymphedema can develop any time after surgery or radiation therapy and, once present, it seldom completely disappears.² Radiation therapy to the armpit and/or a greater extent of axillary dissection (i.e., more lymph nodes removed during surgery) have been found to increase the incidence of lymphedema.

Women affected by lymphedema can experience pain, swelling of the arm, tightness and heaviness in the arm, and recurrent skin infections. They also experience a lack of mobility and limitations on activity. Perhaps more significant are the psychological and emotional repercussions from living with such an unsightly reminder of breast cancer. Women have experienced great difficulties in accepting such a chronic condition and coping with self-consciousness, lopsidedness, embarrassing public curiosity, alteration in body image, and personal relationships. The psychosocial impact of lymphedema can be just as devastating as the initial diagnosis of breast cancer.

¹ Axillary Lymph Node Dissection (ALND) is a surgical procedure that involves the removal of some or all of the lymph nodes from the axilla (armpit) and microscopic examination of these nodes by a pathologist. It is currently the most used method for lymph node testing, which must be performed for all invasive cancers to determine if the cancer has spread through the bloodstream and to other parts of the body.

² Henderson, C.W., The Cinderella Effect of Breast Cancer Treatment, *Women's Health Weekly*, 11/09/2000, 17-19

Techniques to prevent and mitigate lymphedema include:

- scrupulous skin care and the avoidance of cuts, pin pricks, and burns to the affected region;
- avoiding medical procedures such as vaccination, blood drawing, intravenous access, blood pressure monitoring, acupuncture, venography, and lymphangiography in the affected arm;
- avoiding saunas, steam baths, hot tubs, or hot climates;
- exercising the affected arm; and
- maintaining ideal body weight since obesity is a contributing factor for the development of lymphedema and may limit the effectiveness of compression pumps or sleeves.

Treatment and Care

There is no cure for lymphedema. However, minor advances have been made in managing this condition based primarily on results from case studies, clinical experience, and anecdotal information. There is a lack of sufficient randomized, controlled studies.

Current treatment options that are supported by research include the use of:

- **A compression garment**—a tight-fitting piece of elastic clothing that covers all or part of the arm and works by putting pressure on the swollen arm and stopping the collection of lymph in any one area. Long-term and consistent use of compression garments for lymphedema has been shown to result in improvement.
- **A pneumatic compression pump**—a device with a sleeve that can be inflated with compressed air to massage the arm and squeeze the lymph away from the hand and arm and toward the body. More research is needed to determine if pneumatic compression provides additional benefit over compression garments alone.

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- **Complex physical therapy**—a treatment regimen that includes meticulous skin hygiene, manual lymph drainage, bandaging, exercises, and support garments. Manual lymph drainage is a massage technique that starts centrally in the neck and trunk to clear out the main lymphatic pathways, thereby facilitating drainage from the arm.

Other physical therapy modalities such as laser treatment and electrical stimulation have been used for lymphedema in breast cancer patients. However, these modalities need rigorous evaluation before recommendations can be made.

Risk Reduction

Sentinel lymph node dissection as an alternative to axillary lymph node dissection

Since about 70% of women with early stage breast cancer have no evidence of regional lymph node involvement at the time of surgery, a relatively new procedure has emerged, called sentinel lymph node dissection (SLND). With SLND, only a few lymph nodes need to be removed during a lumpectomy or mastectomy to determine if the cancer has spread. Studies conducted so far on this procedure have concluded that if the nodes are cancer-free, it is unlikely that there is cancer in any of the remaining axillary nodes. SLND will help reduce the risk of lymphedema women experience with ALND. However, the procedure is still in its primary stages and at this time is supplemented by ALND to ensure that none of the nodes are cancerous.

Prevention

Physicians and other health care providers may underestimate the impact of lymphedema on a patient. Education of patients and physicians alike and improving patient-provider communication are necessary to help prevent lymphedema.

It is important to minimize, where possible, the extent of surgery to the armpit and to avoid unessential radiation to the armpit. Before ALND and radiation therapy, patients need to be told about the risks and alerted to the danger of permitting any invasive procedure or blood pressure measurement on the arm at risk. Patients should be fully briefed on what to expect during and after treatment and encouraged to report arm abnormalities to facilitate early detection.

Since lymphedema can occur many years after the initial treatment, it is important to take advantage of subsequent visits to health care providers as further opportunities to evaluate lymphedema status. Health care providers are encouraged to assess and question at-risk patients at every follow-up visit. A patient can wear a “Lymphedema-Alert” bracelet provided by the National Lymphedema Network to remind medical providers *not* to treat the affected arm, as treatment could trigger the onset of lymphedema.

HANYS BCDP™ Initiatives

Lymphedema is a permanent, life-altering condition. There is no known cure and advances in treatment have been limited due to lack of sufficient prospective randomized controlled trials. Recognizing the need for increased prevention and detection of lymphedema, HANYS BCDP™ is piloting a program to provide a new inpatient and outpatient lymphedema service at a demonstration site hospital. Through this pilot, several occupational therapists have been trained in lymphedema treatment. HANYS BCDP™ will publish advances in managing lymphedema in a Best Practice Strategy Guide for hospitals wishing to begin or enhance their own lymphedema services.

PREVENTIVE STRATEGIES

- ✓ Avoid non-essential invasive procedures and blood pressure measurements on the arm at risk.
- ✓ Encourage use of Lymphedema-Alert bracelets as visual reminders.
- ✓ Perform a clinical assessment of lymphedema status at every subsequent visit.



Related Publications of Interest

Lymphedema

Women's Experiences of Lymphedema

Women with lymphedema often find this condition can have an extremely detrimental affect on their lives. Women can be forced to change their daily lives to deal with the physical pain and limitations that may occur. This article describes this change as "living the interrupted life." The article discusses the emotional and psychological impacts that women may face because of physical deformity and the constant reminder that they are breast cancer survivors.

Carter, B. Oncology Nursing Forum 1997; 24(5): 875-92

Lymphedema in Women Treated for Breast Cancer

One of the major problems in dealing with lymphedema is the lack of standard lymphedema measurements. Health care providers and patients may not be aware of the signs and symptoms and, since lymphedema may not appear until many years after initial treatment, the potential diagnosis may not be considered during physical examinations. This article stresses the importance of conducting arm measurements before, during, and after treatment for breast cancer and the different types of measurements that can be implemented. The author identifies methods that can be adopted to help prevent the onset of lymphedema as well as various treatment options for individuals who are ultimately diagnosed.

Hull, M. Seminars in Oncology Nursing 2000 Aug;16(3): 226-37

Lymphedema: Knowledge, Treatment, and Impact Among Breast Cancer Survivors

Lymphedema is a major consequence of breast cancer treatment, affecting many breast cancer survivors. Yet, the condition is widely underreported by patients and health care providers alike. Few studies focus on the psychological impact of lymphedema on women. This article discusses the lack of lymphedema education and the need to increase knowledge and understanding among health care providers and patients.

Paskett, Electra D., Stark, Nancy, The Breast Journal 2000 Nov; 6:373-78

Intraoperative Lymphatic Mapping and Sentinel Lymph Node Dissection in Breast Cancer

Axillary lymph node dissection and radiation therapies are standard treatments to combat breast cancer. However, these treatments are also a major cause of lymphedema. This article discusses sentinel lymph node dissection (SLND) as a way to keep valuable lymph nodes in place and prevent many of the negative consequences attributed to more traditional treatments. The article outlines SLND technique and current research to validate this procedure.

Hsueh, E., Hansen, N, Giuliano, A. CA Cancer J Clin 2000;50:279-91

News

FROM THE HANYS BCDP™ SITES

Continuum Health Partners

Shirley Burns, L.P.N., Breast Health Navigator at the Othmer Cancer Center, Long Island College Hospital, was selected by Sears and the Women's National Basketball Association (WNBA) as a "Breast Health Hero." Honored at an August 10 WNBA game, she was cited for her role in helping women with breast cancer navigate the health care system and improve outcomes. Sears has been work-

ing with the National Alliance of Breast Care Organizations (NABCO) to select and recognize a local Breast Health Hero in each of the 16 WNBA markets. A \$5,000 donation to NABCO was made in Ms. Burns' name.

The Cancer Centers of Continuum Health Partners also received significant recognition and honor at the August 10 New York Liberty game at Madison Square Garden. A group of Beth Israel Medical Center breast cancer survivors was called to center court to be introduced and acknowledged. The team hosted the Sears-WNBA Breast Health Awareness Night to communicate the importance of early detection through regular screenings and self-examinations.

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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

LYMPHEDEMA

THE NATIONAL LYMPHEDEMA NETWORK (NLN)

www.lymphnet.org

NLN is an internationally recognized, non-profit organization dedicated to providing and disseminating information about the prevention, management, and treatment of lymphedema. The Web site offers educational information to lymphedema patients, health care professionals, and support groups. A variety of resources are highlighted, including treatment centers and support groups within the United States and internationally.

LYMPHEDEMA ALERT BRACELETS AND NECKLACES

www.lymphnet.org/bracelet.html

Breast cancer survivors can take basic precautions to avoid the discomfort and physical limitations of lymphedema. NLN (see above) suggests everyday use of non-allergenic, stainless steel lymphedema alert bracelets and necklaces to warn providers not to treat the affected arm. This Web site link provides information and ordering information.

PENINSULA MEDICAL INC. MEDICAL ALERT BANDS

www.lymphedema.com

Peninsula Medical, Inc. offers free disposable lymphedema medical alert extremity bands as an alternative to medical alert jewelry. Useful in a hospital or outpatient setting, the hot pink bands bring desired attention to the at-risk extremity. The bands, similar to those worn to identify patients with allergies, are particularly helpful for protecting sedated or anesthetized patients.

GENERAL BREAST CANCER INFORMATION

THE UNIVERSITY OF WISCONSIN COMPREHENSIVE CANCER CENTER

<http://www.cancer.wisc.edu>

The University of Wisconsin Comprehensive Cancer Center offers this Web site, which discusses current breast cancer issues, including up-to-date research, prevention strategies, and treatments.

ASIAN AMERICAN RESOURCES

THE ASIAN AMERICAN NETWORK FOR CANCER AWARENESS, RESEARCH, AND TRAINING (AANCART)

www.sph.ohio-state.edu/aancart

AANCART, a cooperative agreement between the National Cancer Institute and The Ohio State University, is the first-ever national cancer awareness, research, and training infrastructure intended to address Asian American concerns. AANCART seeks to build partnerships to increase cancer awareness, promote greater participation of Asian Americans in clinical studies, increase training opportunities for Asian Americans, and to develop pilot programs in four targeted regions: Los Angeles, New York, San Francisco, and Seattle. AANCART is based in Columbus, Ohio, at The Ohio State University. The Web site provides education and information on studies, publications, and events related to Asian Americans' cancer concerns.

LISTSERVS

[ebreast.com](http://www.ebreast.com)

www.ebreast.com

Breast Health Management Inc. offers "ebreast" alerts as a complimentary service through this Web site. The ebreast alert is designed to keep breast centers and breast physicians informed of current developments in the business of delivering outstanding breast care, including reimbursement, compliance, and other specialized medical considerations, as well as general business developments that may have specific applications to breast centers.



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New York Hospital Medical Center of Queens

New York Hospital Medical Center of Queens' (NYHMCQ) new mobile mammography outreach service, "The Women's Outreach Network," is providing screening mammograms to women in Queens. With support from the Avon Corporation, Cancer Care—Avon's philanthropic organization—the mobile service is provided and financial assistance and relevant education and support services to low-income, under-insured/uninsured, underserved women who need diagnostic services and/or treatment for cancer are offered. If further care is needed, Cancer Care provides the patient with a \$750 voucher for services. All follow-up visits take place at The Breast Center at NYHMCQ. In the last three months, 50 women have received follow-up services.

Dr. Karen Karsif, Director of The Breast Center at NYHMCQ, is working with the Columbia College School of Public Health to gather data for the Asian American Network for Cancer Awareness, Research, and Training (AANCART) national registries. AANCART is funded by the National Cancer Institute and seeks to build partnerships to increase cancer awareness, and promote greater participation of Asian Americans in clinical studies, and increase training opportunities for Asian Americans. AANCART plans to develop pilot programs in Los Angeles, New York, San Francisco, and Seattle. AANCART will hire and train a staff person of Chinese descent to work with Dr. Karsif to obtain this data.

F.F. Thompson Hospital

The Sands Cancer Center on the F.F. Thompson Hospital campus now offers a wide array of complementary services for cancer patients. These services include acupuncture, massage therapy, qigong, Yoga, and music therapy. Cancer patients use the services to help reduce pain, ease the side effects of cancer therapy, relax, and alleviate stress. Community response has been positive. Thompson Health expanded the availability of these services to other patients when it opened its Integrated Complementary Medicine Center. There is a Gateway Shop selling products such as massage oils, aromatherapy oils, nutritional products, and CDs featuring relaxing music and guided imagery techniques. The Center also plans to develop educational programs and off-site retreats.

North Shore-Long Island Jewish Health System

On November 9, the North Shore-Long Island Jewish Health System (NS-LIJ) Breast Health Initiative held its second Breast Cancer Conference, which provided an update on breast cancer treatment for nurses, social workers, physical therapists, and other allied health professionals. NS-LIJ formed a partnership with Adelphi University and the Adelphi University Breast Cancer Hotline, which co-sponsored the event. The conference planning committee consists of more than 20 leaders from NS-LIJ departments of social work, nursing, physical therapy, occupational therapy, and nutrition. The agenda reflected the diversity of interests among the disciplines represented on the conference planning committee. Local elected officials were invited to introduce the event.

For more information, please contact Connie Baird, Director of Volunteer Resources, Southside Hospital, at (631) 968-3442.

On October 8, all NS-LIJ hospitals participated in a patient cancer education day. Each hospital had a table in its lobby with information on breast and other cancers, screening and prevention information, and educational videos. A questionnaire was distributed to test the public's knowledge of issues relating to detection, prevention, and cancer treatment.

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