



# Not Just Once

The Bimonthly Newsletter of CMS's National Medicare Mammography Campaign

Volume 4, Issue 4 July-August 2002

## WELCOME!

Several articles in this issue feature new and/or updated information about mammography and breast cancer-related promotional activities of the Centers for Medicare & Medicaid Services (CMS) and our partners, including:

- A discussion of the National Breast Cancer Awareness Month 2002 public awareness campaign (page 2)
- A new product for more comfortable mammograms (page 3)
- An introduction to CMS's new Quality Improvement Organization contract (page 3)
- An update on efforts to educate women about breast cancer treatment options (page 4)

**LATE BREAKING NEWS:** Please note that there is a revised order form for the National Cancer Institute's (NCI) "Not Just Once" educational materials. The ordering process has also been revised. Please see page 8. Some items have been removed from the form and are not available at this time. English bookmarks and posters are being reprinted. We anticipate these will be available by mid-August 2002. The new Asian language brochures will be available by mid-August as well. NCI cannot hold pre-orders; please fax in orders for these items only after August 15, 2002. Other free materials can be ordered – in limited quantities – via the internet. Go to <https://cissecure.nci.nih.gov/ncipubs/default.asp>

We continue to encourage you to submit articles or ideas for upcoming issues of the *Not Just Once* Newsletter. Please send these – or any comments – to Editor Maribeth Fonner at (816) 426-5039 or e-mail [mfonner@cms.hhs.gov](mailto:mfonner@cms.hhs.gov)

Sincerely,

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Division of Clinical Standards & Quality  
CMS, Region VII, Kansas City

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## National Breast Cancer Awareness Month: 2002 Campaign Update

-Susan Nathanson

Nearly two decades ago, advocates, governmental agencies, professional associations and industry joined forces to raise awareness about a devastating disease that was taking its toll on American women and their families. Today that coalition of like-minded organizations is still at it and making a significant impact in the battle against breast cancer. In 2002, the National Breast Cancer Awareness Month (NBCAM) Board of Sponsors celebrates its seventeenth year of educating women about breast health and breast cancer, with a particular emphasis on the importance of early detection of the disease through screening mammography.

While medicine and research have seen dramatic advances over the last several years, the challenge remains for NBCAM in how best to provide evidence-based information about this disease, while addressing the issue of mammography screening in the face of all the recent controversial reports that question its value.

To reinforce its consistent message about early detection, each year NBCAM and its members focus on a specific aspect to raise greater awareness among the many populations affected by the disease. Last year, NBCAM concentrated on issues of access to mammography screening to help break down barriers for women having problems getting this important health check-up. Our newest Board of Sponsors (BOS)

member, the Centers for Medicare & Medicaid Services, will be central to helping us spread the word to a particularly vulnerable audience of older women.

Each October, during the month designated to recognize breast cancer awareness, NBCAM conducts a special public awareness campaign to help increase the public's understanding of the disease. This year's October campaign, "Bust the Barriers," will emphasize how to overcome the challenges of language and cultural issues, financial barriers, age, or fear.

Around the country, people will hear public service announcements (PSAs) on their radio stations directing listeners to learn more about breast cancer. First, through a partnership with NBCAM and the US Conference of Mayors, more than 65 mayors have recorded radio PSAs declaring their commitment to helping their constituents learn more about early detection [see box, right]. Through another effort, culturally sensitive PSAs will appear on television stations, highlighting how early detection through mammography screening – the gold standard – and clinical breast exams given by a health care provider are two key methods of finding breast cancer early for women 40 years of age and older. Because we know that the earlier breast cancer is detected the more likely treatment will be effective in increasing survival, these public service announcements also stress the increasing effectiveness of treatments being used today for breast cancer.

In addition to our work in October, NBCAM with its BOS are active throughout the year responding to news coverage and the ongoing dis-

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### SAMPLE PSA: US CONFERENCE OF MAYORS BREAST CANCER 30 SECOND PUBLIC SERVICE ANNOUNCEMENT

In the United States this year, over 200,000 cases of breast cancer will be detected and nearly 40,000 women and men will die. The good news is we have made great strides in treating this disease.

As Mayor of (insert city), I'm joining other Mayors along with the National Breast Cancer Awareness Month Board of Sponsors and AstraZeneca to increase awareness of breast health and breast cancer in communities around the United States. Our message is working - breast cancer deaths are declining as early detection and new treatments increase.

I encourage you or the women in your life to get the facts about early detection. Women should ask their healthcare providers about mammography screening and clinical breast examination.

For information about mammography screening, call the Centers for Disease Control at 1-888-842-6355.

## New Product for More Comfortable Mammograms

-Amy S. Langer, MBA

In May 2002, BioLucent, Inc. launched an innovative nationwide program that could improve compliance with screening mammography. In partnership with NABCO, the non-profit National Alliance of Breast Cancer Organizations, the *Softer Mammogram* program is introducing BioLucent's Woman's Touch™ MammoPad™ to many more women. The company's single-use, soft foam cushion, designed to enhance patient comfort during mammography, was cleared by the Food and Drug Administration in February 2001. The program also distributes free NABCO

educational materials and raises support for NABCO.

The *Softer Mammogram* pilot program began in January 2002 at eight mammography facilities and was expanded to 25 participating providers by the national launch in May 2002. Each woman is given the option to use a MammoPad™ breast cushion during her scheduled mammogram, for a \$5.00 fee that covers the product's cost and a contribution to NABCO. BioLucent works with facilities to include interested women who cannot pay \$5.00. Additionally, all women who choose a *Softer Mammogram* are asked to complete a confidential survey.

Funds raised for NABCO will support the organization's nationwide education, information and outreach programs, including community-based services for low-income women. More information about the *Softer Mammogram* program is available at <http://www.MammoPad.com>. For information about breast cancer and NABCO, visit <http://www.nabco.org> or call (888) 80-NABCO.

*Ms. Langer is the Executive Director of the National Alliance of Breast Cancer Organizations (NABCO). Based in New York City, NABCO is the leading non-profit information and education resource on breast cancer in the U.S.*

## Improving Mammography Use in the Outpatient Setting: Introducing the New QIO Contract

-Annette E. Kussmaul, MD, MPH

The Centers for Medicare & Medicaid Services (CMS) contractors, the Peer Review Organizations, recently underwent a "name change." They are now known as "Quality Improvement Organizations" (QIOs), better reflecting their focus on promoting quality care for people with Medicare.

Increasing statewide mammography rates among women with Medicare has been one of the goals for the QIOs in their current contract, called the "6<sup>th</sup> Statement of Work" (6SOW). In the 6SOW, the QIOs focused their efforts on several national priority topics: heart attack, heart failure and stroke care, pneumonia treatment and prevention, mammography, and outpatient diabetes care.

The 6SOW will be ending soon, and the QIOs will be beginning their

new "7<sup>th</sup> Statement of Work" (7SOW). What changes do we anticipate for the new contract?

- Increased focus on **settings of care**. Almost all of the national priority areas will be continued; however, they have been reorganized to focus on the locations in which the care is provided: Heart attack, heart failure and pneumonia care are grouped together in the inpatient setting. Mammography is combined with pneumonia prevention (adult immunizations) and diabetes care in the outpatient setting. The QIOs will be working to promote quality care in other settings as well.
- Increased focus on the **physician office setting**. The QIOs are expected to improve statewide rates and work more intensively

with a group of clinicians. This means promoting the implementation of systems changes – for example, helping offices put into place systems to ensure that all appropriate-age women are provided regularly-scheduled breast cancer screening. QIOs will also be encouraging offices and clinics to measure and track their own progress.

More information about the QIOs' 7SOW is available on the new CMS website at <http://www.cms.hhs.gov/qio/2.asp>

*Dr. Kussmaul is a Medical Officer in the Division of Clinical Standards & Quality in CMS's Kansas City Regional Office. She is co-lead for the Outpatient Setting in the QIO program, as well as lead for the National Medicare Mammography Campaign.*

## Public Education Campaign Will Address Breast Cancer Treatment Options

-Diana Zuckerman, PhD and Marcy Gross

More women are obtaining regularly-scheduled screening mammograms, and the result is that breast cancers are now diagnosed earlier than ever before. Three-quarters of women who are diagnosed with breast cancer are eligible for breast-conserving surgery. However, research indicates that some patients are not aware that breast-conserving surgery is a safe option for early-stage breast cancer, or that radiation therapy is an essential component of this surgery. That is why a public education campaign is essential in ensuring that patients are able to make the choices that are best for them.

Following-up on a December 2001 national symposium, the National Center for Policy Research (CPR) for Women & Families is developing a patient booklet addressing options for breast cancer treatment, the first component of the planned campaign. The materials are intended to provide women facing breast cancer surgery with clear, direct, and complete information on the range of surgical options available.

### Treatment Options

There is widespread agreement among researchers and practitioners that most women with early stage breast cancer do equally well in terms of survival whether they have breast-conserving surgery (which removes just the cancer and the breast tissue around it) or undergo mastectomy (which removes the entire breast).

At an National Institutes of Health (NIH) Consensus Conference in 1990, experts recommended that lumpectomy followed by radiation be considered the preferred treatment in situations where the two surgeries are equally safe, since lumpectomy is less invasive. The proportion of women who undergo lumpectomy has increased gradually in the last 12 years, but even so, about half of the women eligible for breast-conserving surgery opt for mastectomy instead.

Many women choose mastectomies after being fully informed of their options. The need for post-surgical radiation treatments when having breast-conserving surgery deters many women from undergoing lumpectomy/radiation, especially women living in rural areas or at some distance from a facility that offers radiation treatment.

Of concern is that researchers have identified quite a few non-medical factors that seem to be associated with higher rates of mastectomy. These include older age (over age 65), older physicians, poverty, geographic location (rates are higher in the South and midwestern states), or treatment in community medical centers rather than university-affiliated medical facilities. Costs can also influence the decision – lumpectomy is more likely if a woman has health insurance, lives in a more affluent community, and if she lives in areas where Medicare reimbursement for lumpectomy is more generous.

It is certainly possible that these factors influence a woman's decision, but research also shows that some women are not told that lumpectomy is a safe option for them, and some others choose mastectomies because their physicians recommend the more radical surgery despite NIH recommendations. That is why many experts are questioning the extent to which women choosing mastectomy are making a choice, or how many are not fully informed of their surgical options. It is also alarming that a number of women are undergoing lumpectomy without having radiation therapy, even though the latter is essential in reducing the risk of recurrence. Lumpectomy without radiation appears to be increasing, especially among older women.

### Informed Decision-making and Personal Choice

Development of a booklet for patients has not been easy because, as with all surgeries, there are trade-offs. The experts do not always agree about exactly what the advantages and disadvantages are and how to weigh their likely importance to individuals. This is especially true of radiation and reconstructive surgery, which are part of the "lumpectomy or mastectomy" decision for most women. The goal is not to tell women what choice to make but to try to help them by providing accurate, unbiased information so that they can make the choice that's best for them.

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## Mammography Tool Kit for Medical Providers Wins Governor's Award

-Submitted by Tracie LaGere Litsch

**June 28, 2002** - The Provider's Mammography Tool Kit took top honors recently when Oklahoma Governor Frank Keating presented it with a *Commendation for Quality* for outstanding efforts of interagency cooperation to solve a problem.

All Quality Team Day entries exhibited at the capitol on May 9, followed by the awards presentation, presided over by Gov. Keating. Submissions were judged on how well they addressed customer service, empowering employees, cutting red tape, managing resources and partnering. Other criteria used to evaluate the entries were originality and uniqueness, use of quality processes or tools and the measurable results of the project.

Local breast cancer educators formed the Breast Cancer Education Starts Today (BEST) team that researched and designed the mammography toolkit. The BEST provider's toolkit project was developed to increase the rate of screening mammography for Oklahoma women.

The toolkit gives health care providers simple, easy-to-use reminder systems for screening patients for breast cancer and ordering mammograms, if needed. To date 2,000 toolkits have been delivered statewide. Free provider reminder systems and patient education materials are available to order year round from Oklahoma Foundation for Medical Quality (OFMQ).

The cooperation and participation of the BEST group and their more than 54 partner agencies has enabled toolkit delivery in rural and urban areas and expanded the reach of the project. Additionally, valuable educational resources have been provided to both health professionals and health care consumers.

The Quality Oklahoma Team Day was developed to promote and honor the use of quality improvement principles in state organizations. It began in 1985 and has grown steadily over the years. There were 69 entries this year. Diverse agencies participated in the day, which ranged from the Department of Mental Health to the

Department of Corrections and the Oklahoma State Department of Health to the Department of Agriculture. Projects were as diverse as they were creative. The Department of Personnel Management presents and oversees this competition.

For more information, or to receive a tool kit, please contact Aggie Austelle at OFMQ, (405) 840-2891, or Linda Wright Eakers at the Cancer Information Service, (405) 271-4072.

*Ms. Litsch is Communications Coordinator for the Oklahoma Foundation for Medical Care, the Quality Improvement Organization in Oklahoma City, OK.*



The Providers' Mammography Tool Kit was presented with a Governor's Commendation for Quality. Pictured left to right are Ruby Withrow, Diabetes Coordinator of the Absentee Shawnee Tribe; Amber Browning, Oklahoma State Medical Association Health Project Manager; Aggie Austelle, Breast Cancer Project Coordinator for Oklahoma Foundation for Medical Quality; Linda Wright Eakers, Partner Program Coordinator for Cancer Information Service; Doris Harmen, Radiographer for the Mary Mahoney Memorial Health Center; and Stephanie Natt, Immunization Project Coordinator for Oklahoma Foundation for Medical Quality.

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cussion about breast cancer, early detection and mammography screening. Recently, the organization has been featured in Letters to the Editor in publications including New Republic magazine and The Chicago Tribune in response to misleading articles about the value of mammography.

Another important resource that NBCAM provides is its website, [www.nbcam.org](http://www.nbcam.org), where the public and professionals can access information about breast health, breast cancer, early detection, and information about and links to any of our BOS. A special feature of the site is a Promotion Guide that is used by thousands of people in the United States during October's

National Breast Cancer Awareness Month or on National Mammography Day (October 18, 2002). The guide offers helpful and creative tools to local program leaders interested in conducting their own awareness initiatives in October. Free to everyone, the guide includes lots of useful information, a "how-to" check list for working with local media, brochures, and other "souvenirs" that can enhance local educational programs and activities.

Currently, NBCAM has 19 BOS members who serve women and men affected by breast cancer; those whose loved ones have or had the disease; men and women who want the information for general purposes; and professional organizations who want their colleagues/membership to

keep the importance of early detection in mind. The Board members are encouraged to conduct their own activities to recognize breast cancer awareness both in October and throughout the year. In addition to reaching out to the media and asking our BOS members to serve as spokespersons and offer particular insights, NBCAM provides communications materials to its members to assist in their own organizational initiatives. This helps broaden the audience base for the important messages about breast cancer.

For more information, visit [www.nbcam.org](http://www.nbcam.org) or e-mail me at [susan\\_nathanson@chi.bm.com](mailto:susan_nathanson@chi.bm.com)

*Ms. Nathanson is the national coordinator for National Breast Cancer Awareness Month.*

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Next Steps: Getting the Word Out

The patient booklet is now undergoing final review, with input from co-sponsoring sister agencies of the Department of Health & Human Services (DHHS), as well as private sector groups that participated in the December meeting as well as several that were unable to attend.

CPR for Women & Families plans to distribute the patient booklet to patients across the country at no cost through the National Consortium of Breast Centers and through other groups. In addition, CPR is developing fact sheets for physicians and advocates to make sure they have up-to-date information about the risks and benefits associated with various surgeries, including breast reconstruction. CPR will seek to reach

practicing providers through publication of an article that synthesizes the wide-ranging discussions and scientific updates generated for meeting. Finally, CPR will reach out to women's magazines and other mass media to make the information available to the general public. The first step is a luncheon for women's magazine health writers and editors that CPR will host in New York City, funded through non-governmental funds.

For more information about this project, visit the CPR website at <http://www.center4policy.org>

*Dr. Zuckerman is the President of the National Center for Policy Research (CPR) for Women & Families, a nonprofit, non-partisan organization dedicated to providing information that can be used to improve the lives of women and families. Marcy Gross is Senior Advisor on Women's Health at the Agency for Healthcare Research and Quality (AHRQ).*

To read back issues of the **Not Just Once** Newsletter, please visit the website: <http://www.hcfa.gov/quality/3n1.htm>



## CMS's Regional Mammography Coordinators

CMS's Regional Mammography Coordinators are a wonderful resource for partners working on breast cancer projects geared to older women. We encourage you to make contact with our coordinators, listed below, and learn more about how we can be of assistance to you.

Monica Henderson or  
Peter MacKenzie  
CMS Region I  
John F. Kennedy Bldg., #2275  
Boston, MA 02203  
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(206) 615-2355  
[mmedley@cms.hhs.gov](mailto:mmedley@cms.hhs.gov) or  
[lmatos@cms.hhs.gov](mailto:lmatos@cms.hhs.gov)



## Order Form - *Mammograms* NCI / CMS Materials

Name:		Fax:		
Organization & Shipping Address (no P.O. boxes):		Phone:		
		Email:		
City:	State:	Zip Code:		
Title & Contents Description	Language	Inventory Number	Size	Quantity
<b>Mammograms... Not Just Once, But for a Lifetime</b> Large-print, easy to read brochure that defines mammography, describes who needs to be screened, and Medicare information. (maximum order 5000)	English Spanish	H496 H497	8½ x 11	
<b>Mammograms for Older Women Poster</b> Includes slogan with Medicare information. A poster featuring an older woman, available for display in health care settings. (minimum order: 20, maximum 5000)	English Spanish	G500 G501	11 x 17	
<b>Mammograms for Older Women Bookmark</b> Includes slogan with Medicare information. Bookmark features an older woman with facts in breast cancer, mammography, and Medicare coverage. (maximum order 5000)	English Spanish	Z498 Z499	2 x 8	
<b>Ad Slicks</b> Camera-ready ads in a variety of sizes featuring older women. Includes slogan with Medicare information.	English	C135		
<b>Knowledge &amp; Behavior of Women Ages 65 and Older on Mammography Screening &amp; Medicare</b> (Limited quantities available) 25-page bound report with findings from a telephone survey conducted in Spring of 1999. Also available at: <a href="http://newscenter.cancer.gov/pressreleases/hcfarpt.pdf">http://newscenter.cancer.gov/pressreleases/hcfarpt.pdf</a>	English	T162		
<b>Breast &amp; Cervical Cancer Programs in Your Community: A Guide for Outreach, Screening, and Follow-up Care</b> This 205-page guide addresses program planning; establishing partnerships; outreach and education; coordination of screening, diagnostic, and treatment services; payment and health care delivery systems and more.	English	T408		
<b>Mammogram Reminder Pad **UPDATED**</b> A pad for clinicians with fifty-tear off fact sheets on mammograms to give to patients. Includes NCI's screening recommendations, Medicare mammography coverage, and sticker for patients' calendars reminding them of their appointment.	English	Z448		
<b>"Do it for yourself, Do it for your family" ** NEW **</b> Asian American and Pacific Islander (AAPI) women have the lowest mammography screening rates of major ethnic groups in the US. Breast cancer is the most common type of cancer for Chinese women, the second most common for Vietnamese women, and the leading cause of death for Filipina women living in the US. These brochures are written in three Asian languages and in English to inform AAPI women about the benefits of mammography, NCI screening recommendations and Medicare coverage	English Chinese Vietnamese Tagalog	P048 P082 P089 P141		

**Mail order form to:**  
 National Cancer Institute  
 P.O. Box 24128  
 Baltimore, MD 21227

**OR**

**Fax order form to:**  
 410-646-3117

*If receipt of your order is not confirmed the same day by fax or email, please re-send.*

*Orders take 7-10 days to process and deliver via UPS.*

*Call Dawn Brown in the Distribution Center at 410-644-6538 for questions.*