



Robert DeFillippo

December 1, 2016

## Breast Cancer Follow-Up Care

*In 2013, there were 193,400 breast cancer survivors in New York State (NYSDOH 2013). Breast cancer survivors face unique physical, emotional, financial, and legal challenges during and following their treatment. Programs promoting access to follow-up care can improve a survivor's quality of life through early detection of recurrence or new cancers, by managing side effects of treatment, and by providing physical and psychological support.*

### Scope of the Problem

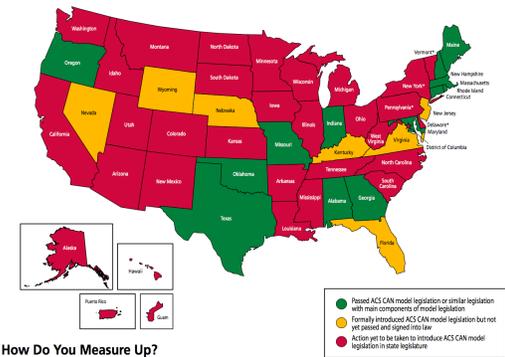
Breast cancer survivors are recommended to go over their medical history and receive a physical examination four times a year for three years, then twice a year for two years, and annually thereafter. Survivors are also recommended to receive a mammogram and a pelvic exam every year after their treatment ends (Susan G. Komen Foundation 2016). About three quarters of all breast cancer recurrences happen within five years of treatment and the specific treatment received and each individual's background may help determine each survivor's individual risk (Early Breast Cancer Trialists' Collaborative Group, 2006).

Quality of life treatment aims to improve a patient's overall mental and physical wellbeing so they can perform all the functions of everyday life. A patient's quality of life care includes services to manage physical side effects, emotional support, and financial support. After completing treatment, most side effects from the treatment will cease, but breast cancer survivors may also face long-term challenges. Side effects vary among patients depending on treatments and other factors, making them hard to anticipate. Common physical side effects could include the early onset of menopause, infertility, fatigue, lymphedema, and pain. Some survivors may also struggle with depression, fear of recurrence, intimacy problems, or financial difficulties as a result of breast cancer.

Failure to receive adequate follow-up care may result in late diagnosis of recurrence or new cancer, as well as reduced quality of life by not being able to properly manage side effects from treatment. Certain populations and socioeconomic groups such as African American

women face a greater risk due to lack of access to local specialists and cancer treatment centers and a of lack of money or health insurance to pay for follow-up care. African American breast cancer survivors are less likely to receive necessary care after completing treatment compared to white survivors (Palmer 2015). The two most common barriers that prevent women from accessing follow-up treatment are financial issues and anxiety, with minority women more at risk (Palmer 2015).

Establishing a Palliative Statewide Expert Advisory Council



People who are diagnosed with breast cancer are twice as likely to go bankrupt. Costs can even be an issue for patients with health insurance because of high out-of-pocket costs associated with each treatment, such as deductibles, co-pays, and premiums (Palmer 2015). Lack of transparency for medications covered by insurance plans often cause people to choose a medicine without knowing if the drug is affordable or covered under their plan (American Cancer Society 2016).

In managed medical care, step therapy is an approach to prescribing medicine intended to control the costs and risks posed by prescription drugs. The practice begins

medication for a medical condition with the most cost-effective drug therapy and progresses to other more costly or risky therapies only if necessary. Often insurance agencies will present patients with a copay or coinsurance; a copay will give a flat dollar amount for a patient to pay. Coinsurance will only tell a patient what percent of the medicine they will pay for and does not offer enough information for managing personal finances.

Dealing with pain, depression, and other side effects after breast cancer could prevent a survivor from being able to carry out activities of everyday life after treatment. Palliative care is specialized medical treatment that focuses on a patient's quality of life to relieve pain, stress, and other side effects. A recent report by the American Cancer Society gave New York State a failing grade for quality of life treatment policies. Often patients or survivors might not know to ask for services to address their emotional or physical problems after their treatment (American Cancer Society 2016).

Finally, lymphedema is another common side effect of breast cancer treatment. Lymphedema is a swelling that usually affects limbs and is caused by lymphatic fluid accumulation in the tissue. Lymphedema develops when lymphatic vessels are missing or damaged caused by

cancer treatment (Armer, 2009). Lymphedema occurs in approximately 20% of women who undergo axillary lymph node dissection and 6% of women who undergo sentinel lymph node biopsy

(DeSantis 2014). Medicare and many health care policies do not cover the doctor-prescribed compression supplies necessary for treatment. Survivors managing with lymphedema will require not only a physician, but also an occupational therapist. Insurance companies often require out-of-pocket co-pays for every visit if the patient's plan covers lymphedema, but plans do not.

### Past Policy

Between 2007 and 2011, New York State introduced The Palliative Care Education and Training Act, The Palliative Care Information Act, and The Palliative Care Access Act which together created a palliative care, education, and training council to provide grants for

schools that offer palliative training courses. The Acts also require that patients with terminal illness must be provided palliative counseling and expands palliative care into Medicaid (NYS DOH 2012).

The Affordable Care Act addresses financial barriers to follow-up care by preventing co-pays for mammograms, removing out-of-pocket costs and making it easier for breast cancer patients and women over 40 years old to get checked for breast cancer. The Act also prohibits lifetime limits on services received so breast cancer patients cannot have their policy dropped while receiving care (American Cancer Society 2013).



### Current Policy

New York State has released a comprehensive cancer control plan for 2012 to 2017 that highlights the State's goals for improving cancer policy. The goal of the plan is to deliver equal access to evidence-based and guideline-driven services and appropriate follow-up care for cancer survivors by 2017. The plan recommends providing better resources and access to quality of life care and providing a written care plan for cancer survivors that would follow each patient's history and be updated at every follow-up examination (NYS DOH 2012).

In New York State uninsured women over age 40 (and those at high-risk) are entitled to free breast cancer screening services through the New York State Cancer Services Program. Uninsured women can also access affordable private healthcare options through the New York State of Health marketplace. Because of the Affordable Care Act, insurance providers cannot deny coverage for preexisting conditions and must offer follow-up care (American Cancer Society 2010). New York State residents with no healthcare who are in need of cancer services may be able to access insurance through the Medicaid Cancer Treatment Program (MCTP) or a public health insurance program such as Medicaid. MCTP and Medicaid offer full coverage for breast cancer treatment and other medical expenses and medicines for the entire duration of cancer treatment. MCTP and Medicaid will also cover breast reconstruction surgery.



## Policy Options

### **Expand Lymphedema Health Care Coverage:**

Limit minimum requirements for private insurance policies and for Medicare. Lymphedema treatment should be considered quality of life care for breast cancer survivors. Currently, Congressmen Larry Kissell of North Carolina and Dave Reichert of Washington are sponsoring the Lymphedema Treatment Act to expand Medicare benefits for the condition.

### **Expand Quality of Life Care and Palliative Care:**

Offer programs with treatment for all cancer survivors. Official quality of life concerns should be addressed by doctors during treatment and follow-up. A 2016 study showed that giving cancer patients a palliative care consultation within two days of hospital admission reduced costs 22 to 32 percent (May 2016). Another study concluded that if the assumed two to six percent of Medicaid patients in need of palliative care received it, the New York Medicaid program could save between \$84 million and \$252 million per year (Morrison 2011).

### **Mandate Health Insurance Plan Transparency:**

Requiring insurance plans to disclose the actual price that a patient will pay for a medication co-pay rather than the percent of the price paid. This will help cancer survivors manage their finances.

## Services

Breast cancer survivors face unique financial, physical, and emotional challenges. Support systems exist to help every survivor no matter what their challenge may be.

- **Medicaid Cancer Treatment Program:**  
MCTP is a Medicaid program for eligible persons who are found to be in need of treatment for breast, cervical, colorectal or prostate cancer.  
1-866-442-CANCER  
<https://www.health.ny.gov/diseases/cancer/treatment/mctp/>
- **New York State of Health:**  
NY State of Health is an organized marketplace designed to help people shop for and enroll in health insurance plans. Individuals, families and small businesses can use the Marketplace to compare insurance options, calculate costs, and select coverage.  
<https://nystateofhealth.ny.gov/>
- **Susan G. Komen Breast Cancer Foundation, Breast Care Help Line:**  
Organization volunteers "who have been there" are available to offer support, answer questions, and provide education about issues related to cancer.  
1 (877) GO KOMEN  
[www.komen.org](http://www.komen.org)
- **National Lymphedema Network:**  
Provides complete information on prevention and treatment of Lymphedema and support groups.  
1(800)541-3259  
(415) 908-3681  
[www.lymphnet.org](http://www.lymphnet.org)

# Glossary of Terms

**Cancer survivor:** Anyone who has been diagnosed with cancer, from the time of diagnosis through the rest of his or her life.

**Coinsurance:** An insurance policy which tells a patient what percent of a prescription they will pay for.

**Lymphedema:** A swelling that usually affects limbs and is caused by lymphatic fluid accumulation in the tissue that develops when lymphatic vessels are missing or damaged caused by cancer treatment.

**Mammogram:** An x-ray of the breast.

**Palliative care:** A multidisciplinary medical treatment that focuses on a patient's quality of life to relieve pain, stress, and other side effects.

**Support group:** A group of people with similar concerns or experiences who gather to share feelings, problems, and information with each other.

## References

American Cancer Society. (2010). "The Affordable Care Act: How It Helps People With Cancer and Their Families". Accessed on Oct. 14, 2016  
[http://action.acscan.org/siteDocServerAffordable\\_Care\\_Act\\_Through\\_the\\_Cancer\\_Lens\\_Final.pdf?docID=18421](http://action.acscan.org/siteDocServerAffordable_Care_Act_Through_the_Cancer_Lens_Final.pdf?docID=18421)

American Cancer Society. (2016). "How Do You Measure Up?". Accessed on Nov. 5, 2016  
<http://www.acscan.org/content/wp-content/uploads/2016/08/HDYMU-2016.pdf>

American Cancer Society. (2013). "Breast Cancer and Health Care Law". Accessed on Oct. 14, 2016  
<http://www.acscan.org/pdf/healthcare/implementation/factsheets/hcr-breast-cancer.pdf>

Armer, J. M. (2009). "The problem of post-breast cancer Lymphedema: impact and measurement issues". *Cancer investigation*.

DeSantis, C. E., Lin, C. C., Mariotto, A. B., Siegel, R. L., Stein, K. D., Kramer, J. L., ... & Jemal, A. (2014). "Cancer treatment and survivorship statistics". *A cancer journal for clinicians*, 64(4), 252-271.

Early Breast Cancer Trialists' Collaborative Group. (2006). "Effects of radiotherapy and of differences in the extent of surgery for early breast cancer on local recurrence and 15-year survival: an overview of the randomised trials". *The Lancet*, 366(9503), 2087-2106.

New York State Department of Health. (2012). "2012-2017 NYS Comprehensive Cancer Control Plan". Accessed on Nov. 5, 2016  
[ftp://ftp.cdc.gov/pub/Publications/Cancer/ccc/new\\_york\\_ccc\\_plan\\_2012\\_2017.pdf](ftp://ftp.cdc.gov/pub/Publications/Cancer/ccc/new_york_ccc_plan_2012_2017.pdf)

New York State Department of Health. (2013). "New York State Cancer Registry Estimated Cancer Prevalence by Site of Cancer and Gender". Accessed on Nov. 5, 2016  
<http://www.health.ny.gov/statistics/cancer/registry/pdf/table8.pdf>

Palmer, N. R., Weaver, K. E., Hauser, S. P., Lawrence, J. A., Talton, J., Case, L. D., & Geiger, A. M. (2015). "Disparities in barriers to follow-up care between African American and white breast cancer survivors". *Supportive Care in Cancer*, 23(11), 3201-3209.

Susan G. Komen Foundation. (2016). "Medical Care After Treatment". Accessed on Oct. 14, 2016  
<http://ww5.komen.org/BreastCancerMedicalCareAfterTreatment.html>

May, Peter. et. al. (2016). "Palliative Care Teams' Cost-Saving Effect Is Larger For Cancer Patients With Higher Numbers Of Comorbidities". *Health Affairs*. 35:44-53

Morrison, R. S., Dietrich, J., Ladwig, S., Quill, T., Sacco, J., Tangeman, J., & Meier, D. E. (2011). "Palliative care consultation teams cut hospital costs for Medicaid beneficiaries". *Health affairs*, 30(3), 454-463.

## Community Policy Institute

The Community Policy Institute builds capacity surrounding policy within the Capital Region. We provide researched-based policy information to our community partners who use the information to modify best practices and advocate for policies that will further the development and effectiveness of direct community engagement.

This brief was produced by CPI Undergraduate Fellows, community experts, and faculty.

Robert DeFillippo

## Funding generously provided by:

The Review Foundation  
&  
The Corella & Bertram F.  
Bonner Foundation

**SIENAcollege**  
Community Policy Institute