

## MANDATED DENSE-BREAST NOTIFICATION: WORKING WITH PATIENTS

Experts don't agree that dense breast tissue increases a woman's risk of breast cancer, but women in New York whose screening mammograms reveal dense breast tissue are receiving letters telling them it may, under a new law that took effect in January. Mammography centers are required to send the letters, which also explain that dense breast tissue makes it harder to find cancer on a mammogram. The letters direct women to their doctors for more information.

So, what information do doctors need to have ready?

Doctors need a method of determining lifetime risk of breast cancer, and a plan for what to recommend, depending on each patient's results.

Referring physicians have always received screening mammography reports for their patients. When the findings are normal, physicians typically tell their patients to return in a year for another annual mammogram. New York and a handful of other states enacted laws designed to prompt more discussion between doctors and patients, says Kerry Greene-Donnelly, assistant professor of medical imaging sciences at Upstate Medical University. "As practitioners, we need to look closer at individuals with dense breasts," she says.

Forty percent of women have heterogeneously dense breasts, and 10 percent have extremely dense breasts, according to the American College of Radiology. That means about half of the women who undergo screening mammograms in New York should expect to receive letters.

For some patients, annual screening mammography may be adequate. Some who have relatives



**Deepa Masrani, MD, gave media interviews about the new breast density notification law.**

with cancer may be directed to ultrasound after mammogram. And some may need imaging by magnetic resonance after the mammogram.

"There's no perfect formula," Greene-Donnelly admits, but doctors need to be ready to calculate a woman's lifetime risk of breast cancer. The National Cancer Institute makes a tool available at [cancer.gov/bcrisktool/](http://cancer.gov/bcrisktool/) which asks a woman's

*Continued on page A4*



Deepa Masrani, MD, reviews 3D mammography images

## UPSTATE: FIRST TO OFFER 3D MAMMOGRAPHY

**W**omen with dense breast tissue are prime candidates for 3D mammography which takes 15, 1-millimeter image slices of the breast, similar to images from a CT. Upstate Medical University now offers this service.

Call 800-464-8668 for referrals.

From a patient's point of view, 3D mammography, or tomosynthesis, is conducted just like a regular mammogram. Its accuracy is better, but it's not 100 percent, says Deepa Masrani, MD, Upstate's director of women's imaging. Women may still be referred afterward for ultrasound, MR or both.

Ultrasound may be used to look at structural distortions. It can help a radiologist determine if a cyst is solid or filled with fluid.

Magnetic resonance imaging is often used with a contrast, gadolinium, which highlights abnormal tissue and allows a radiologist to determine mass, volume and whether breast tissue has more than one area of abnormality.

Locating masses on a regular mammogram "is like trying to see a snowman in a blizzard," describes Kerry Greene-Donnelly, assistant professor in medical imaging sciences at Upstate Medical University. Dense tissue appears white, and so do breast cancers.

Tomosynthesis is said to provide a clearer image and help doctors locate smaller cancers at earlier stages. The technology is designed to reduce a woman's anxiety and reduce the number of

*Continued on page A4*

## EXAMINING PREAUTHORIZATION COSTS

**A** more precise technique to determine non-reimbursed costs of preauthorizations to physician practices is the focus of a study by Upstate Medical University's Department of Family Medicine. Preauthorizations (PA) are increasingly required by insurance companies before payment is made for tests, medications, and other clinical services. Other studies have examined PA costs retrospectively, but the Upstate group is the first to use real-time data collection in a dozen primary care practices in New York and Pennsylvania.

Study findings may give practice sites better footing when negotiating contracts with insurance carriers.

Findings revealed that preauthorizations cost an average of \$2,161 to \$3,430 per year per physician. The findings were published in the January-February 2013 issue of *The Journal of the American Board of Family Medicine*.

According to lead author Christopher Morley, PhD, vice chair of research in Upstate's Department of Family Medicine, the findings were based on two parallel network studies.

"We asked physicians and office staff from 12 primary care offices in northeastern United States to self-record the request type, reporter role and time spent for each PA event at the time of the activity," said Morley.

The report describes the combined results of two studies conducted in parallel. The first study was led by Morley and John Epling, MD, MEd, in the Central New York and Northern Tier regions. Epling and Morley co-direct SALT-Net, the regional primary care practice-based research network through which the study was conducted. The second study was conducted by physicians with Life Laboratory in Pennsylvania.

For the Upstate study, Morley and Epling analyzed time spent on 435 separate PA events in nine

practices in the region, and extrapolated costs based on time spent on each event. The mean projected annual cost per full-time physician was \$2,161.75 for the nine practices. The Pennsylvania study found a projected annual cost of \$3,430 per full-time physician. The largest costs were due to clerical and physician time spent on PA activities.

"We found that preauthorization is a measurable burden on physician and staff time," said Morley. "These measured costs are not reimbursed to the practice."

Epling, chair of Family Medicine at Upstate, added that "this study, an examination of the true costs of PA, was requested at a SALT-Net meeting by physicians from across Central New York. It's a grass-roots problem we're examining."

Morley adds that only direct labor costs were captured in the study. "We didn't capture the health-related consequences of delayed or denied patient treatment or the frustration experienced by physicians, their staff and patients because of PA requirements," said Morley.

Morley says that future studies that include cost benefit analyses, estimates of opportunity costs and costs of delayed testing and treatment, as well as the hassle factor for patients and physician, are warranted.

**The paper titled, "The Impact of Prior Authorization Requirements on Primary Care Physicians' Offices: Report of Two Parallel Network Studies, was co-authored by John W. Epling, MD, MEd, chair of Upstate's Department of Medicine and associate professor of family medicine, with a joint appointment in the Department of Public Health & Preventive Medicine; family physician David J. Badolato, MD, of Fort Washington, Pa; and John Hickner, MD, MSc, chair of the Department of Family Medicine at the Cleveland Clinic in Ohio. ■**



**Christopher Morley, PhD**



**John Epling, MD, MEd**

*Dense-Breast notification, continued from page A1*

age, her age at the start of menstruation, her age at her first live birth, the number of first-degree relatives with breast cancer, the number of previous breast biopsies and whether any breast biopsy revealed atypical hyperplasia.

Considering a woman's lifetime risk, and the density of her breasts, a physician must decide what to recommend.

A woman whose risk is 20 percent or greater should have a supplemental breast MRI, says Deepa Masrani, MD, Upstate's director of women's imaging. A woman with a risk below 20 percent who is concerned may be appropriate for a supplemental ultrasound. "The downfall to

screening ultrasound is that there are a lot of false positives," she says, "so there is an increase in the number of biopsies."

No one suggests skipping mammograms, which have been demonstrated to reduce breast cancer mortality. Density can block x-rays and affect how easily masses are spotted on mammograms, but medical groups have not reached consensus on whether dense breasts, alone, increase a woman's risk of breast cancer.

Also unresolved is the question of who pays for the additional screening. Assistant professor of radiology Katherine Willer, MD, says Connecticut is so far the only state that mandates insurance companies pay for screening ultrasounds or MRIs after mammograms. ■

*3-D Mammography, continued from page A2*

call-backs. It requires additional radiation, but the amount remains well below the FDA guidelines for mammography.

Researchers in Norway screened 12,631 women with 2D mammography and tomosynthesis. They found that breast cancer detection increased by 27 percent and enabled the detection of more invasive cancers with 3D imaging, according to the paper published in January in the journal *Radiology*.

At the Women's Imaging Center, Masrani speaks with patients after examining their images. She says, at least now, the fee for tomosynthesis is the same as for a regular mammogram.

**Multiple Services, Multiple Locations**

The Women's Imaging Center at 550 Harrison St. is adjacent to the Breast Care and Endocrine Surgery Center, named in honor of Upstate's pioneering female surgeon, Patricia J. Numann, MD. Patients who need services from both centers will appreciate not having to travel between the two.

The surgery center, in newly renovated space, provides breast care surgery, breast reconstruction

surgery, cancer programs and services, thyroid surgery and plastic surgery. Among the providers are Jayne Charlamb, MD, and Kara Kort-Glowaki, MD, and nurse practitioners Patricia Brady, Lisa Cico and Tammy Root. Call 315-464-8224 for appointments.

At the Community Campus, Upstate features a newly opened Breast Care Center which expands Upstate's highly credentialed team of specialists. Surgeons Mary Ellen Greco, MD, and Kristine Keeney, MD, treat a wide range of breast conditions – from cancer to fibrocystic breast disease – and will see any patient with a suspicious lump within 48 hours of an appointment request. Call 315-492-5660 for appointments. The office is conveniently located next to WellSpring's imaging center.

Imaging services at both locations include breast imaging, general diagnostic imaging, bone mineral density studies and breast, obstetric, gynecological and general ultrasounds. In addition to Masrani, physicians who work in women's imaging at Upstate include Ravi Adhikary, MD, Susan Leeson, MD, Beverly Spirt, MD and Katherine Willer, MD. ■

*Please Post in Patient Areas*

## LUNG CANCER SCREENING: \$235 for peace of mind

Does it make sense to prescribe lung cancer screening for a 66-year-old man with a history of smoking 2 ½ packs a day, whose father died of lung cancer?

For patients who seek answers, early treatment or peace of mind, Upstate's lung cancer screening program can deliver.

The scans are scheduled Monday evenings in Upstate offices at 550 Harrison St., Syracuse, on a special CT machine programmed to detect tiny spots or nodules years before they would ever show up on a regular chest x-ray. The fee is \$235. It's not reimbursed by insurance plans yet, but patients can submit for reimbursement through pre-tax health accounts.

The scanner takes 64 image slices, one every 1¼ millimeters from the base to the top of a patient's torso. This is accomplished with low-dose radiation, the equivalent of about one-third the radiation for a regular CT scan, explains technician Dave Barnwell. And it takes about 5 seconds.

Since Upstate began offering this program in the fall, about 35 smokers and former smokers have been screened. None have had cancer, but one person had a lung infection he did not know about, and another learned of a hiatal hernia.

New federal guidelines require a comprehensive plan of research action for "high mortality cancers" including lung cancer, which has a 5-year survival rate of 15 percent. The Lung Cancer



Alliance supports the legislation, and lung cancer screening. "Our mission is to cut lung cancer mortality in half by the end of the decade," says Laurie Fenton-Ambrose, alliance president and CEO.

The CT scanner speaks in a computer voice: "Breathe in... Hold your breath." Then, "Breathe." This happens twice while the machine calibrates. The third time, the images are captured. Then Barnwell spends a couple minutes transferring everything to a CD that the patient will keep.

Dedicated chest radiologists review the images. Patients receive phone calls with results a few days later, and their doctors receive reports. And, if anything worrisome is noticed, patients are referred to Upstate's multidisciplinary Thoracic Oncology Program. ■

### Is lung cancer screening appropriate for your patients?

Low-dose CT scans to screen for lung cancer are done after 5 p.m. Mondays in Upstate offices at 550 Harrison St., downtown Syracuse. Parking is free. Scans cost \$235. They are for smokers between the ages of 55 and 74 or former smokers who quit within the past 15 years and who have a smoking history of at least 30 pack years. Call 315-464-6303 for appointments.

## UPSTATE ROUND UP



**Burk Jubelt, MD**

### Stem cell treatment study for MS

The Empire State Stem Cell Board has recommended more than \$12.1 million in funding be awarded to a collaborative effort among Upstate Medical University, the School of Medicine and Biomedical Sciences at the University at Buffalo and the University of Rochester Medical Center to develop a new medical treatment for multiple sclerosis. Upstate's Burk Jubelt, MD, professor of neurology and microbiology and immunology, is principal investigator.

The grant's focus is on a groundbreaking medical treatment that addresses the underlying causes of physical failure in patients with multiple sclerosis (MS). State funding would enable the three medical schools to advance their project quickly, bringing their research to the level of clinical trials in three to four years. The clinical trials would aim to halt the progression of disability in MS patients and possibly provide functional improvement.

New York has one of the country's highest MS populations.

### Doctorate of Nursing Practice degree program launched

Upstate Medical University's College of Nursing is accepting applications for its new Doctor of Nursing Practice degree program that begins in fall 2013. The program will be part-time and online. Forty semester hours are required.

The DNP is the nursing profession's highest clinical doctorate, designed for nurses working in clinical practice and in areas that support clinical practice, such as administration, organizational management, leadership and policy.

Requirements for admission include an active registered nurse license and a master's degree in a clinical area. Nurse practitioners who apply must be current with National Board Certification in their specialties.

Visit the College of Nursing website at [www.upstate.edu/con](http://www.upstate.edu/con) for details.

### AMA student group meets at Upstate

More than 100 medical students from universities across the Northeast converged on the Upstate campus in January for the regional annual meeting of the American Medical Association's medical student section.



**Joyce P. Griffin-Sobel, PhD, RN, CNE, ANEF, dean, College of Nursing, Upstate Medical University**



**Zahi Makhuli, MD**



**David Wormuth, MD**

### Makhuli, Wormuth lead specialty organizations

Urologist Zahi Makhuli, MD, professor of urology at Upstate, has been elected president of the northeast section of the American Urological Association. He was honored in January for 50 years of service by the Department of Urology.

Surgeon David W. Wormuth, MD, has been elected president of the New York State chapter of the American College of Surgeons. He is division chief of thoracic surgery at Upstate.

### Fullagar named EMS Educator of Excellence

Christopher Fullagar, MD, received the 2012 regional and state awards for EMD Educator of Excellence in appreciation of his outstanding teaching, educational administration/coordination, publication and research which has significantly improved prehospital service.



**Christopher Fullagar, MD**

### Patients give Carhart high marks

Robert Carhart Jr., MD, was presented with the Press Ganey award at Upstate's Department of Medicine Division Chiefs meeting in 2012. One trophy is awarded annually to the physician mentioned by name most often in a positive manner by patients in Press Ganey patient satisfaction reports for the previous year. This is the second year in a row (2010 & 2011 data) that Carhart has received the award.



**Robert Carhart, MD**

### Professorship honors Schroeder

A \$1 million gift from the Dialysis Clinic, Inc. will enable Upstate Medical University to establish the Edward T. Schroeder/DCI Inc. Endowed Professorship in Nephrology, in honor of the Upstate emeritus faculty member, administrator and clinician.

The professorship will be used for a full-time professor/researcher with a specific interest in dialysis and end-stage renal disease.

### Research garners international attention

Media outlets across the globe recently picked up on a couple of studies with Upstate roots:

Usha Satish PhD and Siegfried Streufert from the Department of Psychiatry and Behavioral Sciences collaborated on work published in the journal, *Environmental Health Perspectives*, which showed that carbon dioxide levels impact human cognition and decision-making.

Fourth-year psychiatry resident Seetha Ramanathan co-authored a paper that analyzed data on teens born in America in the early 1980s. It found slightly higher levels of adolescent delinquent behaviors (smoking, drinking, arrests) that might tie to macroeconomic conditions in their first years of life.

### Fire sparks teamwork

Staff from Specialty Surgery Center of CNY (SSC) reached out to Upstate on Dec. 4 after a fire left their facility unable to operate to see if the Upstate Outpatient Surgery Center could accommodate some of their cataract cases. "From Dec. 10 to Dec. 20, we performed 91 cataract cases in a total of three days," reports clinical manager Tracy Biedermann, RN. "The surgeons and patients from SSC were very thankful and impressed at the skill and professionalism of our staff."

### Pictures aid in communication

Communication is key to good patient care, but can sometimes be an obstacle. Interpreter services are requested 1,000 times per month for patients of Upstate's hospitals and medical offices. Now there's an additional tool, a series of picture aids that help patients communicate with caregivers. Patients can indicate what part of the body hurts, express emotions, request personal hygiene products, or ask for a teddy bear. More than 250 visuals appear on categorized sheets available at every nurses' station. The picture aids were designed by Upstate's Suzanne Badman and Mariela Rodriguez-Aguedas.

### Upstate earns NICHE designation

Upstate University Hospital's commitment to providing quality care to older adult patients has earned it a designation as a NICHE facility, which stands for Nurses Improving Care for Healthsystems Elders. The designation applies to Upstate's Downtown and Community campuses.

Upstate has three NICHE-trained geriatric resource nurses who have completed a six-week web-based leadership training program, and they plan to recruit more nurses with an interest in the care of geriatric patients. The goal is for each to have two or three geriatric resource nurses.

### Upstate MD graduate was part of arm-transplant surgery team

Navy Lt. Commander Patrick Basile, MD, lectured at Upstate about "Lessons from the Global War on Terrorism: Reconstructive Challenges" the same week his surgical team made international news for performing a double arm transplant on a soldier who lost both legs and both arms fighting in Iraq.

Basile, an Upstate graduate from 2003, specializes in plastic and reconstructive surgery at Walter Reed National Military Medical Center, where the majority of military traumatic injuries are treated.

Basile says the patient, 26-year-old Brendan Marrocco of Staten Island, was a candidate for arm transplants because he understood the nuances of the operation and was brave enough to accept the risk that it might not work — and to commit to the extensive physical therapy afterward. The left arm was attached below Marrocco's elbow, and the right was attached above, about the midpoint of the humerus. "That is pushing the envelope of what we can do," the surgeon says.

The team practiced the operation on cadavers four times before the surgery took place in December. Marrocco underwent a bone marrow transplant first, to help reduce the body's impulse to reject the new arms. The surgery lasted more than 12 hours. Recovery will be slow, but Basile told faculty and students that Marrocco is already using his hands to fix his hair and send text messages.

