HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

APR 04 1996

MEMORANDUM FOR: SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Breast Cancer Prevention, Diagnosis and Education Program

The National Defense Authorization Act of 1996 allocated $25 million for breast cancer prevention and education, recruitment, training, and diagnostic equipment. Funds will be allocated through you to your military treatment facilities. Lead Agents will be responsible for developing a regional plan which will identify the demographics of their population of women at risk, assess the effectiveness of their current screening program, monitor mammography caseload and waiting time for mammogram appointments, assess current educational programs for providers and patients, and identify equipment deficiencies. Lead Agents will develop quantitative improvement goals for these parameters, and create implementation plans to increase breast cancer awareness, early detection, prevention education, and treatment for their beneficiary population of women.

Lead Agent plans will be submitted to the DoD Breast Cancer Work Group, a Tri-Service interdisciplinary team, which will provide guidance and oversight for the Defense Health Program (DHP) breast cancer program. I request that you select three nominees for this group from appropriate disciplines, such a medical, surgical and radiation oncology, general surgery, gynecology, radiology, nursing, and physical therapy. This Tri-Service group will serve to advises the TEC on utilization of the FY 1996 DHP Breast Cancer funds. A business plan is attached.

Stephen C. Joseph, M.D., M.P.H.

HA POLICY 96-040

Attachment:
As stated

FISCAL YEAR 1996
BREAST CANCER PREVENTION, DIAGNOSIS AND EDUCATION INITIATIVE
BUSINESS PLAN SUMMARY

PURPOSE

The Assistant Secretary of Defense (Health Affairs) will develop and carry out a Congressionally directed program to improve prevention, diagnosis and education in breast cancer for its women beneficiaries utilizing funds allocated in the National Defense Authorization Act for Fiscal Year 1996. This program makes use of $25 million dollars provided for this purpose in the Defense Health Program budget.

MARKET ANALYSIS

The combined number of active duty and reserve women in the Armed Forces approached 350,000 (approximately 14%) in 1995 and is increasing. If women beneficiaries age 40 and above are added to this number, women beneficiaries comprise approximately 35% of the Military Health Services System (MHSS). Breast cancer affects not only the women who develop the disease and undergo treatment, but also their spouses, families, employers and peers. Treatment plus the loss of work time, and in certain cases loss of life, have a significant and far reaching impact economically and emotionally on the military and the Nation. Early breast cancer detection and prevention can reduce these effects and increase survival rates. Initiatives to advance a broad range of activities to promote the health and well-being of women and efforts to assist women in making more informed choices about their health will lead to reduced incidence and prevalence of breast cancer. It is through education and awareness of the importance of clinical examinations, mammograms, and monthly breast self examinations that we most effectively decrease the morbidity and mortality from breast cancer and positively affect the well being and morale of the DoD workforce and beneficiaries.

OBJECTIVE AND GOAL

OBJECTIVE: To ensure awareness of, and easy access to, superior medical and diagnostic technology and follow-up care for the early detection and optimum treatment of breast cancer in active duty women and women beneficiaries.

GOAL: To provide training in early detection, minimization of breast cancer risk, and optimization of health care availability for women beneficiaries, emphasizing access and follow-through to reach the entire eligible beneficiary population of women at risk.

TECHNOLOGY EFFORTS

Breast cancer education and prevention should be an integral part of the health education program for every woman beneficiary. Woman beneficiaries age 20 and above shall be instructed and/or provided self instructional material in breast self examination and encouraged to practice monthly breast self examinations.

1) Train all TRICARE primary care managers (PCMs) through funding for, and sponsorship of, a short course in clinical breast examination techniques, ethical considerations and decision making in genetic testing, and psychosocial support for patients and family members diagnosed with breast cancer.

a. PCMs shall be provided continuing health education training on breast cancer screening, mammography and management.

b. A training module for PCMs can be developed through Uniformed Services University of the Health Sciences, incorporated into the Defense Women's Health Research Program's information clearinghouse, and developed into CD-ROM discs for ongoing training and continuing education credit. This mechanism might serve as a prototype for other health care training programs.

c. PCMs shall identify beneficiaries needing additional education and counseling on early breast cancer detection and management and provide these services.

2) Develop or obtain health education information and interactive modules on breast cancer management, screening, and treatment to educate beneficiaries.

3) Determine behaviors that impact on cancer risk and modify such behaviors to enhance cancer prevention and control.

4) Support health care providers in studying the epidemiology of breast cancer in general and specifically premenopausal breast cancer in the military population.

5) Train interested military oncologists in breast cancer risk assessment and genetic counseling. High reisk patients will be identified, screened and appropriately counseled.

6) Encourage greater patient participation in treatment choice by providing patient education concerning the treatments available, including chemoprevention clinical trials when the benefits and risks of the therapy have been thoroughly explained.

7) Provide office counseling techniques and skills development workshops on cancer prevention and early detection for primary care providers.

8) Provide psychosocial support for patients with newly diagnosed breast cancer as well as family member support.

EXECUTION STRATEGY

1. Resources will be provided through the appropriate Surgeon General to MTFs, based upon approved regional plans.

2. ASD(HA) will determine/cap key resourcing categories, e.g., at least 50% on education of PCMs and patient education, no more than 10% on hardware, and at least 40% on resourcing improved access/extended screening hours/checking follow through.

3. Each TRICARE Lead Agent will form an action team led by a senior physician specialist in oncology, family practice, internal medicine, or gynecology. Action teams may include representation from the disciplines of primary care, general surgery, medical, surgical and radiation oncology, gynecology, radiology, nursing, and physical therapy, as well as beneficiary support and breast cancer advocacy groups.

4. Action teams will determine, within 4 weeks of their formation, the best available information within their Regions on the following 5 performance measures:

1. Access to screening examinations and mammography in terms of average waiting time across the Region to obtain an appointment, with identification of specific locations with major unresolved access problems.

2. Extent, in terms of percentage compliance, of successful implementation of DoD policy on health maintenance examinations for women age 40 years and above, including physical examinations and screening mammorgraphy accomplished within a timely manner.

3. Accomplishment of improved patient education programs on breast self examinations, breast care, and patient's responsibility in breast cancer management.

4. Average clinical stage at diagnosis of breast cancers at MTFs in the Region, including average time from initial symptom or screening abnormality to diagnosis.

5. Timely reporting, patient notification and follow-up on abnormal mammograms.

5. Action teams will recommend to the Lead Agent the best utilization of provided resources to improve performance in these 5 categories. A method should be set for tracking of performance measures. Subject to the above resource caps, resources may be utilized for training of technical and professional staff in diagnostic technology and breast cancer management, outreach and beneficiary education programs, short courses for primary care mangers focusing on skills development and availability of tested critical pathways, procurement or lease of diagnostic equipment, increases ancillary and information management support for PCMs and PCM teams, and improved support for appointing patients, tracking abnormal screening results, and tracking/ensuring appropriate and timely follow-up actions based on screening.

6. Lead Agents will submit implementation plans through the Surgeons General to ASD(HA) for approval by May 31, 1996, and report progress as of September 30, 1996, through the Surgeons General to ASD(HA) by November 1, 1996.