



The Lymphedema Diagnosis and Treatment Cost Saving Act

Lymphedema is a chronic medical condition that results in the swelling of any part or parts of the body when the lymphatic vessels or lymph nodes are damaged or inadequate. In the United States, cancer treatments (e.g., surgery, radiation therapy, chemotherapy) are the leading cause of secondary lymphedema. Oncology nurses play an important role in ensuring that patients with secondary lymphedema receive timely diagnoses with implementation of a proper treatment plan. Under- or untreated lymphedema is progressive and can lead to infection, disfigurement, disability, and death. Therefore, if the disease is not identified and treated in the earlier stages, patient prognosis is worse and treatment more costly.

Currently, Medicare does not cover the compression garments and bandages used in daily lymphedema treatment. Many other insurance plans also fail to cover those medically necessary components for lymphedema management. Although Medicare does cover and pay for statutorily limited therapy and sequential compression pumps, many patients suffer from recurrent infections, progressive degradation in their condition, and eventual disability because they cannot afford the compression bandages and garments required for their daily self-care.

The Lymphedema Diagnosis and Treatment Cost Saving Act is a preventative treatment bill that aims to improve coverage for the diagnosis and treatment of lymphedema and reduce healthcare costs while improving patient care and quality of life. Although this federal legislation relates to a change specifically in Medicare law, it would almost certainly result in all private insurance policies following suit; therefore, improving the quality of care for millions of Americans with lymphedema.

Specific goals of the act are

- Provide comprehensive treatment coverage according to current medical treatment standards for individuals with and at risk for lymphedema

- Add new treatment modalities to coverage as they become available and are approved
- Aid in early detection and diagnosis through preoperative measurements for patients with cancer
- Transfer treatment from the clinical to the home setting by providing for lymphedema patient education in the procedures for self-treatment
- Enable patient self-treatment plan adherence by providing necessary medical supplies for use at home (compression garments, compression bandages, other compression devices, pneumatic compression pumps, etc.)
- Reduce total healthcare costs by avoiding infections, pain, and disabilities.

Complete information about this bill and ways you can support its passage are available at www.lymphedematreatmentact.org.

I hope you will take a moment to use the submission form available at that site to contact your members of Congress and ask that they support this legislation. Please contact me with any additional questions. As the mother of a six-year-old boy born with primary lymphedema, I know that improvements in coverage are critically important. On behalf of all patients with lymphedema, thank you in advance for your help in ensuring passage of the Lymphedema Treatment Act.

*Heather Ferguson
Founder and Executive Director
Lymphedema Advocacy Group
Charlotte, NC*

Steps Must Be Double Checked

The article, “Before You Press That Button: A Look at Chemotherapy Errors,” in the February 2013 issue of the *Clinical Journal of Oncology Nursing* brought many usable suggestions to those of us at the chair side.

My take away is that we cannot and should not rely solely on any infusion device, smart ones included. Our set-up and programming must be correct, and the suggestion to include those steps in what our institution calls the “double check” is worthy to bring to our chemotherapy

focus group, which also includes the topics of immunotherapy and biotherapy. In my practice, I do a time-out to halt any conversation before I begin the infusion and tell my patient I need a minute of quiet to review my settings. They appreciate this as I say the name of the drug and length of infusion out loud. Then, I use a simple piece of advice a high school math teacher told me about rechecking calculations: “Does it make sense?”

Thank you for your review and for bringing this aspect of IV therapy into the conversation of patient safety.

*Elaine B. Llanos, MSN, RN, OCN®
CINV Ambulatory Infusion Nurse
Memorial Sloan-Kettering Cancer
Center
New York, NY*

The Author Responds

Thank you so much for sharing your letter. I agree that we cannot rely solely on technology with smart pumps to pick up medical errors. We must complete double checks with another chemotherapy-competent nurse at every opportunity to keep our patients safe. Nurses need to be more of a partner to patients regarding the safety checks during chemotherapy.

*Susan D. Bruce, RN, MSN, OCN®
Associate Director of Education and
Program Development
Duke Raleigh Cancer Center
Raleigh, NC*

Reference

- Bruce, S.D. (2013). Before you press that button: A look at chemotherapy errors. *Clinical Journal of Oncology Nursing*, 17, 31-32. doi:10.1188/13.CJON.31-32

The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. No financial relationships relevant to the content of these letters have been disclosed by the authors or editorial staff. Ferguson can be reached at info.lymphedematreatmentact.org, Llanos can be reached at llanos@mskcc.org, and Bruce can be reached at susan.bruce@duke.edu, with copy to editor at CJONEditor@ons.org.

Digital Object Identifier: 10.1188/13.CJON.113