

Practice Analysis of ABC Certified Mastectomy Fitters



**American Board for Certification
in Orthotics, Prosthetics and Pedorthics, Inc.**

330 John Carlyle Street, Suite 210
Alexandria, VA 22314
703-836-7114
abcop.org

Practice Analysis Task Force

Jeanine Doty, CPO, CFm, Chair
Leigh Anne Ball, CFm
Wendy A. Carter, CFom
Kimberly Renee Deckard, CFm
Kylia Faulisi, CFm
Teresa G. Hamm, CFom
Teresa Kelly, CFm
Susan McDowell, CFom
Janet L. McHenry, CFom
Deborah J. McNicol, CFom
Mari-Frances Quade, CFm

**American Board for Certification in
Orthotics, Prosthetics and Pedorthics, Inc.**

Catherine A. Carter, Executive Director

Professional Examination Service

Sandra Greenberg, Ph.D.
Carla M. Caro, MA



Table of Contents

Acknowledgementsi
 Introduction.....ii
 Executive Summary iii

SECTION ONE

Results Related to Professional Background, Work Setting
 and Demographic Information1

SECTION TWO

Results Related to the Domains of Practice..... 7
 Results Related to the Tasks9
 Results Related to the Knowledge and Skills Statements 13

SECTION THREE

Results Related to Practice Areas, Items, and Activities15
 Qualitative Responses17

Table of Tables

Table 1. Years of Experience, Summary Data 1
 Table 2. Years of Experience, Frequency Distribution 1
 Table 3. ABC Credentialed2
 Table 4. Year Credentialed2
 Table 5. ABC Credentials Held.....3
 Table 6. Benefits of Credential3
 Table 7. Type of Facility.....4
 Table 8. Number of Staff Providing Mastectomy Fitting Services4
 Table 9. Highest Educational Degree Earned.....5
 Table 10. Gender.....5
 Table 11. Racial/Ethnic Background5
 Table 12. Age, Summary Statistics6
 Table 13. Percentage of Patients in each Age Group.....6
 Table 14. Presenting Conditions of Patients6
 Table 15. Time and Criticality in Each Domain8
 Table 16. Task Frequency and Criticality Ratings10
 Table 17. Knowledge and Skill Statements 13
 Table 18. Percentage of Post-Mastectomy Fitter Work in Each Practice Area 15
 Table 19. Percentage of Respondents Performing Activity for each Item..... 16

Acknowledgements

On behalf of American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., (ABC), I am pleased to present the *Practice Analysis of ABC Certified Mastectomy Fitters*. This report describes the contemporary practice of ABC Certified Mastectomy Fitters practicing in the United States, and presents recommendations regarding ABC examination construction initiatives. It represents the culmination of eight months of planning, execution, data analyses, and writing.

A project of this scale depends on the hard work and commitment of many professionals, and I am pleased to acknowledge their contributions to the final product. We are indebted to the 11-member Practice Analysis Task Force (PATF) for the direction it provided. Its members—Leigh Anne Ball, CFm, Wendy A. Carter, CFom, Kimberly Deckard, CFm, Kyla Faulisi, CFm, Teresa G. Hamm, CFom, Teresa Kelly, CFm, Susan McDowell, CFom, Janet L. McHenry, CFom, Deborah J. McNicol, CFom, Mari-Frances Quade, CFm—worked with us diligently throughout the conduct of the study. Jeanine Doty, CPO, CFm, served as chair of the task force and devoted many hours to its success.

This project represents a substantial investment of ABC's financial resources and personnel and supports ABC's efforts in continuing to develop exemplary examination programs as well as providing information to primary and continuing education programs. I am grateful to Catherine A. Carter, Executive Director, for her support and guidance during this project. She provided thoughtful and consistent support for the study and developed a highly effective communication program in support of the study.

Donald D. Virostek, CPO
President

Introduction

The American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., (ABC) contracted with Professional Examination Service (PES) to conduct an updated practice analysis of post-mastectomy fitters, including a validation survey of the entire population of ABC credentialed Certified Mastectomy Fitters (CFms).

ABC last performed a practice analysis study of the mastectomy fitter profession in 2004. In 2011, as planned, the profession was resurveyed in order to identify any changes in the profession related to the delivery of care, the items and services available, and the technology in use today.

WHY DO A PRACTICE ANALYSIS?

The goal of a practice analysis study is to determine current trends in patient care, technology, and practice management in the provision of post-mastectomy items and services by ABC certified mastectomy fitters.

WHY DO A VALIDATION STUDY?

The goal of the validation study was to identify unique priorities in the delivery of post-mastectomy items and services, e.g.: What highly critical tasks are performed by ABC certified mastectomy fitters? What subset of knowledge and skill is essential at the time of initial certification? What procedures are the most frequently implemented?

WHAT WILL ABC DO WITH THE RESULTS OF THE STUDY?

The results are being used to generate defensible credentialing test specifications designed for entry-level mastectomy fitters. The results will also be used to identify specific topics for in-service and/or continuing education and to provide guidance for education program enhancement in regard to curriculum review and/or programmatic self assessment.

Executive Summary

The specific objectives of the study were to:

- update the delineation of practice of mastectomy fitters, including the domains of practice, tasks performed, and knowledge and skills utilized;
- develop profiles of practice of certified mastectomy fitters, including time spent in each domain and the criticality of domains;
- quantify time spent in practice areas;
- identify the functions performed with regard to various post-mastectomy items;
- quantify patient populations served in reference to patient age and presenting condition; and
- develop defensible test specifications for the discipline of mastectomy fitters in connection with the multiple-choice certification exam for mastectomy fitters.

In order to conduct the practice analysis and validation study, PES completed a series of well-defined and sequential steps.

UPDATE OF DELINEATION

Subject-matter experts identified by ABC were appointed to a Task Force and attended a meeting to review and refine the existing delineation of practice to ensure the domains, tasks, knowledge and skills, practice areas, and a listing of relevant items was comprehensive and contemporary. At that meeting, task statements were revised to more accurately describe the work of certified mastectomy fitters, the knowledge list was updated, and the list of items used in practice was expanded. Task Force members reviewed the proposed survey rating scales and demographic questionnaire and suggested changes to some answer options so as to more accurately capture elements of mastectomy fitters' professional experience.

REVIEW

Subsequent to the meeting, Task Force members performed an email-based critical review of the revised delineation. They made suggestions to further refine and update the draft delineation, and edited the document to ensure clarity and completeness. All suggestions were compiled in a master document that was reviewed by a sub-committee of the Task Force, and final decisions were made about what to include in the delineation.

SURVEY OF PRACTICE

PES developed a survey of practice, the Practice Analysis Survey of Mastectomy Fitters, including the following components:

- Introduction, including a description of the purpose of the survey and instructions for completing the survey
- Screening question, to ensure that the respondent was currently working as a mastectomy fitter
- Section 1: Tasks, including 34 tasks delineated in association with six domains of practice
- Section 2: Domains, including six domains of practice
- Section 3: Knowledge and Skills, including 33 knowledge statements and eight skills
- Section 4: Practice Areas and Items, including percent of mastectomy fitter work time spent in four areas of practice, and activities performed in connection with 15 post-mastectomy items
- Section 5: Qualitative Questions, including five open-ended questions regarding expected changes in the profession over the next three years related to reimbursement, changes in technology, expanded responsibility, quality of care, and credentialing (licensure and certification)
- Section 6: Background Information, including questions about the respondent's patient population, educational and professional background, work setting, and demographic characteristics

REVIEW OF DATA

PES analyzed the data, developed a description of practice, and developed empirically derived test specifications.

SURVEY RESPONSE RATE

Three hundred sixty-eight (368) ABC Certified Mastectomy Fitters responded to the survey for an overall response rate of 26%. This was derived by dividing the number of completed surveys by the number of valid invitations sent, defined as the number of invitations emailed minus those returned as undeliverable. This is a very strong response rate for a long and complex online survey such as that administered in the present study, and provides sufficient data to develop profiles of practice and test specifications.

SECTION ONE

Results Related to Professional Background, Work Setting, and Demographic Information

This section provides background information for the sample of respondents. The survey included a questionnaire regarding professional history and then addressed the respondent’s work environment, educational background, and demographic information.

Survey respondents averaged close to 11 years of mastectomy fitter experience. Twelve percent had 1 to 2 years of experience, approximately one fifth fell into the 3 to 5 year range, slightly more than one fourth had 6 to 10 years of experience, and 21% had 11 to 15, or 16 or more, years of experience (see Table 1 and Table 2).

TABLE 1
Years of Experience, Summary Data

Years of experience as post-mastectomy fitter	10.6
---	------

TABLE 2
Years of Experience, Frequency Distribution

1 to 2	12.0%
3 to 5	20.6%
6 to 10	25.2%
11 to 15	21.1%
16 or more	21.1%
Total	100.0%

Consistent with the sampling plan, all respondents indicated that they were ABC credentialed mastectomy fitters, as seen in Table 3.

TABLE 3
ABC Credentialed

Yes	100.0%
No	0.0%

Table 4 shows the year in which respondents were initially credentialed. Almost 40% had been credentialed within the past three years.

TABLE 4
Year Credentialed

1980 to 1989	3.0%
1990 to 1999	6.5%
2000 to 2004	17.9%
2005 to 2007	13.9%
2008 to present	38.9%
Did not answer	19.8%
Total	100.0%

As seen in Table 5, 83% of respondents were CFms, and an additional 17% held the Certified Fitter-orthotics/mastectomy (CFom) credential. The most frequently held credential after these was the BOC CMF (9%). About 11% held Other credentials, including Certified Prosthetist and Certified Orthotist.

TABLE 5
ABC Credentials Held

Certified Fitter-mastectomy (CFm)	83.4%
Certified Fitter-orthotic (CFo)	3.0%
Certified Fitter-orthotics/mastectomy (CFom)	17.1%
Certified Orthotic Assistant (COA)	1.1%
Certified Prosthetic Assistant (CPA)	0.0%
Certified Prosthetic Orthotic Assistant (CPOA)	0.3%
Certified Technician-orthotics (CTO)	0.0%
Certified Technician-prosthetics (CTP)	0.3%
Certified Technician-prosthetics/orthotics (CTPO)	0.0%
Certified Fitter-Therapeutic Shoes (CFts)	3.8%
Certified Pedorthist (CPed)	5.2%
BOC COF	1.9%
BOC CMF	9.0%
Other	10.9%
Total	100.0%

Certified fitters cited various benefits they had received from their certification status. As shown in Table 6, the most frequently cited benefit was Increased responsibility (72%), followed by Increased respect (58%) and Increased autonomy (40%).

TABLE 6
Benefits of Credential

Increased autonomy	39.9%
Increased responsibility	71.5%
Increased respect	58.2%
Increased job opportunities	31.8%
Increased pay	18.2%
Other	13.3%

Percentages do not sum to 100%. Multiple responses were permitted.

As shown in Table 7, slightly less than one third of the respondents worked at an orthotics and prosthetics facility (31.2%), and almost one fourth (23.8%) worked at a post-mastectomy boutique or at a DME/medical supply facility. The remainder of respondents worked at a variety of facilities, with about 7% working in a hospital inpatient or outpatient setting, and less than 4% of respondents working at any other facility type.

TABLE 7
Type of Facility

Post-mastectomy boutique	23.8%
Lingerie/bra boutique	5.5%
Orthotics and prosthetics facility	31.2%
DME/medical supply	23.8%
Pharmacy	3.8%
Manufacturer	1.6%
Hospital (in-patient)	1.1%
Hospital (out-patient)	5.8%
Doctor's office	0.3%
Clinic	0.8%
Long-term care facility	0.0%
Other	2.2%
Total	100.0%

Almost all respondents worked in small facilities, with well over half (57%) being the only post-mastectomy fitter at their work place, and 36% more in a facility where there were 2 to 4 fitters on staff. (See Table 8).

TABLE 8
Number of Staff Providing Mastectomy Fitting Services

I am the only post-mastectomy fitter	56.6%
2-4	36.0%
5-7	3.3%
8-10	1.4%
11 or more	2.7%
Total	100.0%

Survey respondents held a variety of educational degrees, with 41% having a high school diploma or GED, 21% having an Associate’s degree, and additional 21% holding a Bachelor’s level degree. (See Table 9).

TABLE 9	
Highest Educational Degree Earned	
HS/GED	40.9%
AA/AS	21.0%
BA/BS	21.3%
MA/MS	5.0%
Other	11.9%

All respondents to the survey were female, and the vast majority were Caucasian/White, as seen in Table 10 and Table 11.

TABLE 10	
Gender	
Male	0.0%
Female	100.0%
Total	100.0%

TABLE 11	
Racial/Ethnic Background	
American Indian/Eskimo/Aleut	1.4%
Asian or Pacific Islander	0.8%
African American/Black	3.3%
Caucasian/White (non-Hispanic)	88.6%
Hispanic/Latino/Latina	4.5%
Multiracial	0.3%
Other	1.1%
Total	100.0%

The mean age of respondents was almost 51 years. About one third were 46 to 55 years old, and almost one third more were 56 to 65. Only slightly less than 12% were 35 or younger.

TABLE 12
Age, Summary Statistics

Age	50.8
-----	------

Patient Profiles

Respondents indicated the percentage of patients in each age category. The average of their responses is presented in Table 13. More than half of patients (56%) are geriatric; 43% are adult, and less than 1% are teenagers.

TABLE 13
Percentage of Patients in each Age Group

Teenage	.9%
Adult	42.7%
Geriatric (66 years or older)	56.4%

Table 14 presents data on the presenting conditions of patients. On average, almost 90% of respondents' patients present with disease, about 7% present with congenital conditions, and 4% present with trauma.

TABLE 14
Presenting Conditions of Patients

Disease	89.2%
Trauma	4.1%
Congenital	6.7%

SECTION TWO

Results Relating to Domains of Practice

This section presents the results of the ratings related to the six domains of practice delineated in the survey.

The survey rated each of the domains on two ratings scales:

- **Percentage of Time:** Overall, what percentage of your work time did you spend performing the tasks related to each domain during the past year?
- **Criticality:** How critical is this domain to optimizing outcomes for patients and/or caregivers?
1=Not critical, 2=Minimally critical, 3=Moderately critical, 4=Highly critical

Table 15 presents the results of the Percentage of Time and Criticality ratings. Respondents spent the most time performing tasks in the Patient Assessment domain (25%), followed closely by Implementation of Treatment Plan (24%). Formulation of Treatment Plan took about 15% of time, and the remaining three domains occupied between 9% and 13% of time.

The mean Criticality ratings were highest for Patient Assessment and Implementation of Treatment Plan ($M=3.8$) indicating close to highly critical. All other domains received mean Criticality ratings from 3.3 to 3.5, indicating that respondents felt the tasks in these domains were moderately to highly critical. Accordingly, all six domains appropriately focus on activities that are critical to optimizing outcomes for patients and/or caregivers.

TABLE 15
Time and Criticality in Each Domain

	% of time	Criticality
Domain 1—Patient Assessment Perform a comprehensive assessment of the patient to obtain an understanding of patient’s post-mastectomy prosthetic needs	24.9%	3.8
Domain 2—Formulation of Treatment Plan Create a prescribed treatment plan to meet the needs and goals of the patient	15.1%	3.5
Domain 3—Implementation of Treatment Plan Perform the necessary procedures to deliver the appropriate post-mastectomy items and services	23.9%	3.8
Domain 4—Follow-up Provide continuing patient care and periodic evaluation to assure/maintain/document optimal fit and function of the post-mastectomy prosthesis.	11.8%	3.3
Domain 5—Practice Management Understand the policies of business, financial, and organizational management	13.0%	3.4
Domain 6—Promotion of Competency and Enhancement of Professional Practice Participate in personal and professional development through continuing education	8.7%	3.3
Other	2.6%	3.8

Numeric values of criticality scale: 1=Not critical, 2=Minimally critical, 3=Moderately critical, 4=Highly critical

Results Relating to the Tasks

As described earlier, respondents rated the tasks using two scales: This section presents the results of the ratings related to the 35 tasks delineated in the survey.

The survey rated each of the domains on two ratings scales:

- **Frequency:** How frequently did you perform the task during the past year?
1=Never or rarely, 2=Occasionally, 3=Frequently, 4= Very frequently
- **Criticality:** How critical is this task to optimizing outcomes for patients and/or caregivers?
1=Not critical, 2=Minimally critical, 3=Moderately critical, 4=Highly critical

Table 16 shows the mean Frequency and Criticality ratings of tasks by respondents. The two highest-rated tasks are 3.5 Ensure that device and components are fit and provided as prescribed and 5.1 Comply with federal regulations for the delivery of items within the Mastectomy Fitter Scope of Practice (for example, CMS, OSHA, HIPAA). Both these tasks received a mean Frequency rating of 3.8.

Several tasks received a mean Frequency rating below 2.0, indicating that they are performed from Never/Rarely to Occasionally, meaning quarterly or less to monthly. These tasks were all in the Promotion of Competency and Enhancement of Professional Practice domain. Given the nature of these tasks, these levels of frequency are not surprising, as the tasks do not deal with day-to-day patient care, but rather with activities that would normally be done on a less frequent basis.

All tasks were quite highly rated on the Criticality scale, indicating that they are critical to optimizing outcomes for patients and/or caregivers. The two tasks that were rated highest on the Criticality scale ($M=3.9$ for each) were 3.5 Ensure that device and components are fit and delivered as prescribed (which was also the most highly rated task on the Frequency scale), and 3.6 Educate patient and/or caregiver about the use of/maintenance of the post-mastectomy items (e.g., wearing schedules, donning/doffing, other instructions). Only one task received a mean criticality rating lower than 3.0; this was task 6.4 Participate in/with consumer organizations and nongovernmental organizations to promote competency and enhancement of post-mastectomy profession ($M=2.7$).

These ratings indicate that the tasks identified in the practice analysis are well targeted to identify the essential activities that comprise the practice of mastectomy fitters. The pattern of Frequency and Criticality ratings validates the use of these tasks in initiatives related to item writing and examination development.

TABLE 16
Task Frequency and Criticality Ratings

Patient Assessment	Frequency	Criticality
Review patient’s prescription/referral	3.7	3.7
Take a comprehensive patient history, including previous use of post-mastectomy items diagnosis, activities of daily living (ADL), and medical history	3.4	3.6
Discuss patient’s expectations and goals	3.5	3.7
Perform a diagnosis-specific functional clinical examination that may include observation of chest wall, and evaluation of range of motion, manual dexterity, skin integrity, and shape/physical characteristics	3.1	3.4
Consult with other healthcare professionals and caregivers about patient’s condition	2.1	2.5
Refer patient, if appropriate, to other healthcare professionals (e.g., therapist, physician) for intervention beyond mastectomy fitter’s scope of practice	2.0	2.8
Formulation of Treatment Plan	Frequency	Criticality
Use the assessment results to formulate a treatment plan, including goals and expected outcomes to increase patient comfort, enhance function, prevent deformity (for example, shoulder drop, spinal curvature) and/or improve balance, symmetry, and appearance	3.3	3.5
Consult with licensed healthcare prescriber to obtain supporting documentation and/or modify the original prescription, if necessary	2.8	3.3
Document the medical necessity of the treatment plan	3.3	3.4
Identify post-mastectomy items to support treatment plan	3.5	3.6
Communicate to patient and/or caregiver about the recommended treatment plan and any optional plans	3.4	3.5
Inform patient or responsible parties of their financial responsibilities as they pertain to proposed treatment plan	3.6	3.8
Implementation of Treatment Plan	Frequency	Criticality
Discuss with patient, family, and/or caregiver the treatment plan, including post-mastectomy items, benefits/possible risks, and timeline for completion	3.4	3.6
Select and prepare appropriate post-mastectomy items in order to implement treatment plan	3.6	3.7
Consult manufacturers’ guidelines and warranties (for example, recommended use, limitations, care)	3.4	3.5
Assess post-mastectomy items for fit and comfort, and make any necessary adjustments	3.7	3.9

Implementation of Treatment Plan	Frequency	Criticality
Ensure that post-mastectomy items are fit and provided as prescribed	3.8	3.9
Educate/counsel patient and/or caregiver about the use and care of the post-mastectomy items (e.g., wearing schedules, cleaning and other instructions)	3.7	3.9
Advise the patient and/or caregivers about their rights and responsibilities	3.5	3.6
Document treatment using established record-keeping techniques to verify implementation of treatment plan	3.6	3.7
Develop/communicate follow-up plan to address any needed adjustments or modifications	3.3	3.5
Follow-up	Frequency	Criticality
Obtain feedback from patient and/or caregiver about the results and overall satisfaction of the treatment plan (for example, tolerance, comfort, benefits, detriments, ability to don and doff, proper usage, and function)	3.1	3.4
Re-evaluate the patient through a follow-up functional clinical examination that may include review of changes to patient status, shape, and physical characteristics	2.6	3.0
Identify need for changes relative to initial treatment goals by assessing fit of post-mastectomy items	2.9	3.2
Modify/adjust post-mastectomy items based on assessment and/or patient/caregiver feedback	2.9	3.4
Educate patient and/or caregiver on proper use of post-mastectomy items relative to modifications/adjustments	3.2	3.5
Document and update all findings and actions and communicate as needed with appropriate healthcare professionals (e.g., referral sources, colleagues, supervisor)	3.2	3.4
Practice Management	Frequency	Criticality
Comply with federal regulations for the delivery of items within the Mastectomy Fitter Scope of Practice (for example, CMS, OSHA, HIPAA)	3.8	3.9
Adhere to state regulations for the delivery of items within the Mastectomy Fitter Scope of Practice (for example, Medicaid)	3.7	3.8
Comply with policies and procedures regarding universal precautions, including sterile techniques and infection control	3.6	3.8
Comply with requirements for documentation and document retention	3.7	3.8

Promotion of Competency and Enhancement of Professional Practice	Frequency	Criticality
Participate in continuing education and/or provide such education for other healthcare professionals, patients and caregivers, and the community	2.8	3.4
Conduct or participate in product development, post-mastectomy care research, clinical trials, and outcome studies	1.6	2.5
Participate in the development, implementation, and monitoring of public policy regarding post-mastectomy care (for example, provide testimony/information to legislative/regulatory bodies, serve on committees and regulatory agencies)	1.4	2.5
Participate in/with consumer organizations and nongovernmental organizations in order to promote competency and enhancement of post-mastectomy profession	1.7	2.7

Frequency: 1=Never or rarely, 2=Occasionally, 3=Frequently, 4= Very frequently

Criticality: 1=Not critical, 2=Minimally critical, 3=Moderately critical, 4=Highly critical

Results Related to the Knowledge and Skills Statements

This section presents the results of the ratings related to the knowledge and skills statements delineated in the survey.

All respondents rated the knowledge and skills statements on two rating scales:

- **Criticality:** How critical is the knowledge or skill to optimizing outcomes for patients and/or caregivers?
All but two knowledge areas received mean criticality ratings of at least 3.0 indicating they were at least moderately critical.
- **Point of Acquisition:** At what point should this knowledge or skill be acquired by a mastectomy fitter?

More than half of respondents believed that all but four knowledge areas should be acquired before attaining the CFm credential. Likewise, the skills were all endorsed by the majority of respondents as needing to be acquired prior to being credentialed as a mastectomy fitter.

TABLE 17
Knowledge and Skill Statements

Knowledge Statements

Musculoskeletal anatomy, including upper limb and spinal
 Neuroanatomy
 Anatomical landmarks
 Tissue characteristics/management
 Post-surgical edema
 Range of motion
 Pathologies related to post-mastectomy care
 Medical terminology
 Breast treatment options
 Lymphatic system
 Interviewing techniques
 Prescription/referral documents
 Documentation and document retention requirements
 Policies and procedures regarding confidential information (HIPAA)
 Roles and responsibilities associated with other healthcare professions
 Reimbursement protocols (e.g., CMS/third party payors)
 Material safety procedures and standards (e.g., OSHA, MSDS)
 Universal precautions, including sterile techniques and infection control
 Ethical standards regarding proper patient management
 Scope of Practice related to mastectomy fitter credential

When to refer the patient to other healthcare providers/caregivers

Post-mastectomy items

Post-mastectomy item fitting criteria

Examination techniques

Measurement tools and techniques

Care and maintenance of post-mastectomy items

Item warranty

Item manufacturer guidelines

Inventory control and management

Human development and aging

Educational opportunities for patients, caregivers, and providers

Community resources and publication

Federal and state rules, regulations, and guidelines (e.g., CMS, FDA, ADA, State licensure)

Skill Statements

Interviewing techniques

Performing clinical examinations

Interpretation of physical findings

Developing a treatment plan

Adapting treatment plan relative to the patient's functional needs (e.g., patient with stroke, cognitively impaired patients)

Measuring and fitting post-mastectomy items

Evaluating fit and function of post-mastectomy items

Documentation

SECTION THREE

Results Related to Practice Areas, Items, and Activities

Respondents were asked to characterize the nature of their work in regard to an extensive list of post-mastectomy items and services.

Respondents spent the greatest percentage of mastectomy fitter time working in the Breast Prostheses area (48%). Mastectomy Garments accounted for 32% of time; Mastectomy Lymphedema-related Compression Garments for 12% of work time; and Retail Items took about 8% of time. A detailed breakdown of the percentage of time within each of the first three areas is also provided in Table 18. Of particular note is that in Areas 1 and 3, non-custom items account for the majority of time, particularly with regard to Breast Prostheses.

TABLE 18
Percentage of Post-Mastectomy Fitter Work in Each Practice Area

1 Breast Prostheses	48%
1A Custom	3%
1B Non-custom	45%
2 Mastectomy Garments	32%
2A Bras	28%
2B Post-surgical camisoles	4%
3 Mastectomy Lymphedema-related Compression Garments	12%
3A Custom	3%
3B Non-custom	9%
4 Retail Items (swimwear, accessories, wigs)	8%

Respondents were asked which of six specific activities they performed with respect to 15 specific post-mastectomy items, selecting all activities they performed for each item. The average percentage of respondents who performed each activity for each item is presented in Table 19. On average, a slightly smaller percentage of respondents Modified the items than performed the other activities. However, the greatest variation was found by the type of item, with respondents performing all the activities at a much higher rate for L8000, Breast prosthesis, mastectomy bra, and L8030, Breast prosthesis, silicone or equal than for the other items. Respondents were least likely to perform activities in connection with A6441–A6450 Wraps for bandaging.

TABLE 19
Percentage of Respondents Performing Activity for each Item

	Perform Initial Assessment	Measure	Modify	Initial Fit	Delivery	Perform Follow-Up
L8000 Breast prosthesis, mastectomy bra	96%	97%	62%	96%	95%	86%
L8001 Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	42%	41%	25%	40%	40%	36%
L8002 Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	40%	40%	26%	39%	38%	35%
L8010 Breast prosthesis, mastectomy sleeve	49%	51%	25%	49%	50%	41%
L8015 External breast prosthesis garment, with mastectomy form, post mastectomy	68%	64%	40%	67%	66%	54%
L8020 Breast prosthesis, mastectomy form	77%	77%	47%	77%	76%	64%
L8030 Breast prosthesis, silicone or equal	94%	92%	57%	94%	92%	83%
L8032 Nipple prosthesis, reusable, any type, each	35%	25%	17%	34%	34%	26%
L8035 Custom breast prosthesis, post mastectomy, molded to patient model	20%	20%	16%	19%	19%	19%
L8039 Breast prosthesis, not otherwise specified	20%	18%	13%	19%	18%	15%
L8031 Breast prosthesis, silicone or equal, with integral adhesive	40%	38%	25%	39%	38%	35%
A4280 Adhesive skin support attachment for use with external breast prosthesis, each	23%	18%	14%	21%	24%	20%
A6549 Gradient compression stocking/sleeve, not otherwise specified	48%	49%	27%	47%	48%	42%
S8420–S8428 Compression garments	35%	35%	23%	35%	34%	31%
A6441–A6450 Wraps for bandaging	9%	7%	6%	8%	12%	9%

Qualitative Responses

Each respondent was given the opportunity to respond to a series of five open-ended questions regarding the mastectomy fitter profession in general and aspects of their own work life in particular. Brief synopses of the most common responses to each question are provided below.

1. In the next three years, what changes in the profession do you think will occur with regard to reimbursement?
 - Reimbursements will be lower.
 - Required documentation will increase for Medicare, Medicaid, and third-party insurance.
 - The number of items covered will be reduced.
 - There were several comments that expressed hope that various compression garments might be covered.
2. In the next three years, what changes in the profession do you think will occur with regard to changes in technology?
 - Lighter weight and cooler forms.
 - Better forms and materials.
 - Better custom forms and measurement.
 - More stylish bras.
 - Forms will better adjust to a woman's body.
3. In the next three years, what changes in the profession do you think will occur with regard to expanded responsibilities?
 - More responsibilities with regard to lymphedema care and treatment.
 - Involvement with insurance, billing, and Medicare will increase.
 - Increased requirements for documentation and paperwork.
 - No changes foreseen.
4. In the next three years, what changes in the profession do you think will occur with regard to quality of care?
 - Both positive and negative expectations were expressed.
 - Many respondents stated that mastectomy fitters provide a very high level of compassionate, quality care.
 - Pressures from lowered reimbursements and more paperwork will negatively impact quality of care and time available to spend with patients.
 - Improvements in technology will improve patient care.
 - Improvements in education and training will improve patient care.

5. In the next three years, what changes in the profession do you think will occur with regard to credentialing (licensure, certification)?
- More states will require certification or licensure.
 - Continuing education is critical to maintain skills and knowledge.
 - Hard to find classes; need more online training to maintain certification.
 - Credentialing is important to maintain credibility of profession.
 - Requirements will become more stringent (e.g., supervised practice, educational requirements, training).