

*Optimizing Patient  
Understanding & Compliance in a*

**DENSE BREAST PROGRAM**

WITH

ASHLEY JAMES B.S.R.S. RT(R)(M)  
LONGSTREET CLINIC BREAST CENTER

# BREAST DENSITY EVOLUTION

**2009**

## **FIRST STATE LEGISLATURE**

Connecticut became the first state in the USA to enact a breast density notification law. The law required notifying women with dense breasts about their breast density, the decreased sensitivity of mammography, and about supplemental breast imaging.

**2023**

## **FIND IT EARLY ACT**

Federal bill introduced that would ensure all health insurance plans cover screening & diagnostic breast imaging with no out of pocket costs for women who have dense breasts or at higher risk for breast cancer.

**SEPT 10, 2024**

## **NEW FDA NATIONAL REPORTING STANDARD**

All patient lay letters must use either “dense” or “not dense” notification statements and mammogram reports sent to providers must include a breast density assessment identifying breast density category.

# *Personalized* CARE PLAN

## 3 Key Aspects

1. Risk Assessment- meeting with patient care liaison
2. Identifying Density
3. Imaging Options
  - 3D Mammogram
  - ABUS 3D Ultrasound
  - Breast MRI
  - CEM

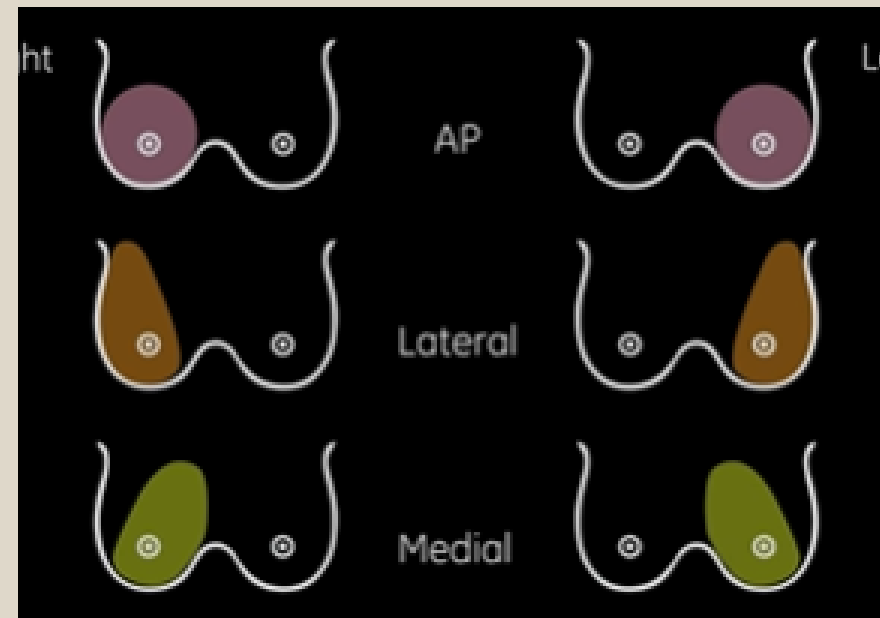


# WHAT IS ABUS?

## AUTOMATED BREAST ULTRASOUND



**SUPPLEMENTAL SCREENING  
TOOL THAT ALLOWS FOR 3D  
WHOLE BREAST ULTRASOUND  
VISUALIZATION OF DENSE  
TISSUE**



**3 SCANS PER BREAST  
TO OVERLAP AND  
ENSURE FULL  
COVERAGE**



**3D CORONAL AND 2D  
TRANSVERSE IMAGING  
AVAILABLE FOR  
RADIOLOGIST REVIEW**




# Invenia ABUS Automated Breast Ultrasound Acquisition...

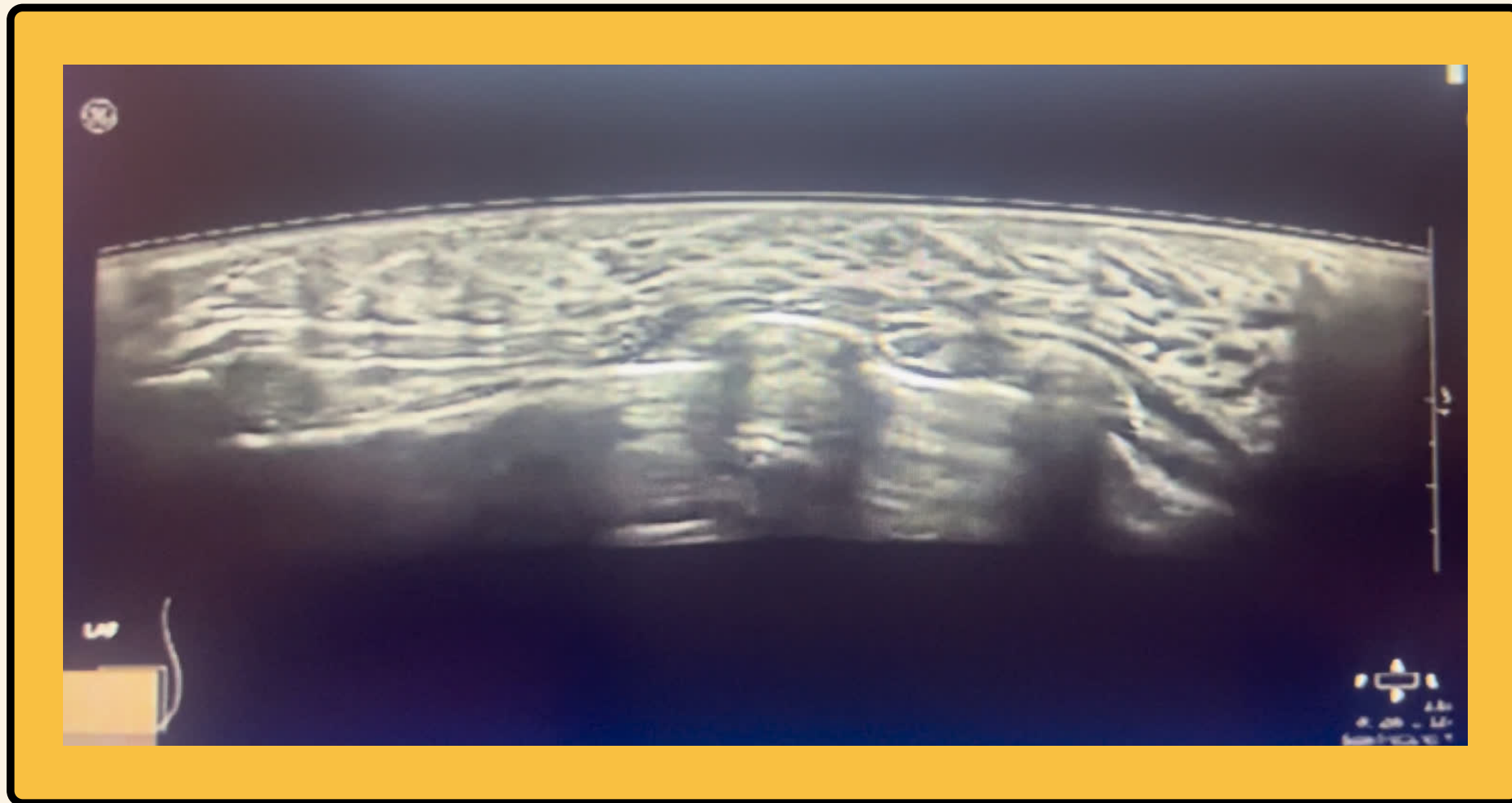


Share



Watch on  YouTube

# 2D TRANSVERSE VIEW



# 3D CORONAL VIEW



# ABUS vs Handheld US

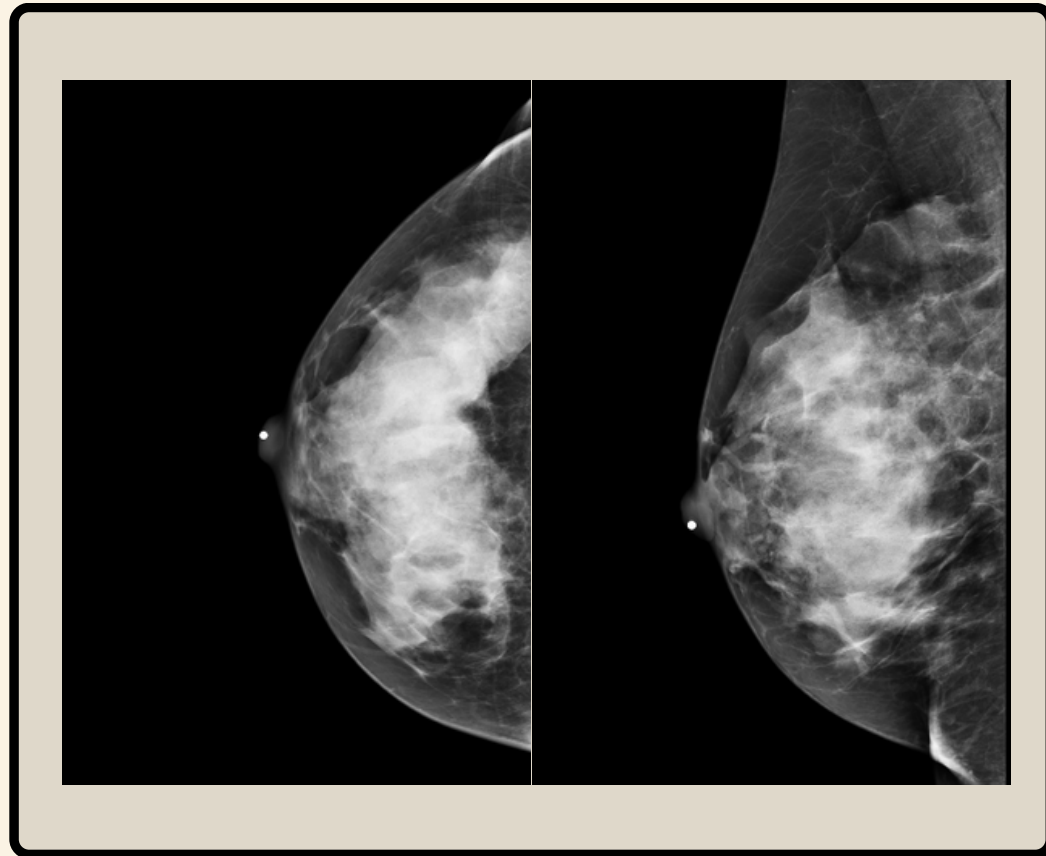
## ABUS

- Used for screening (no problems) to look at whole breast
- Reproducible imaging despite user
- Larger field of view
- Quicker exam time

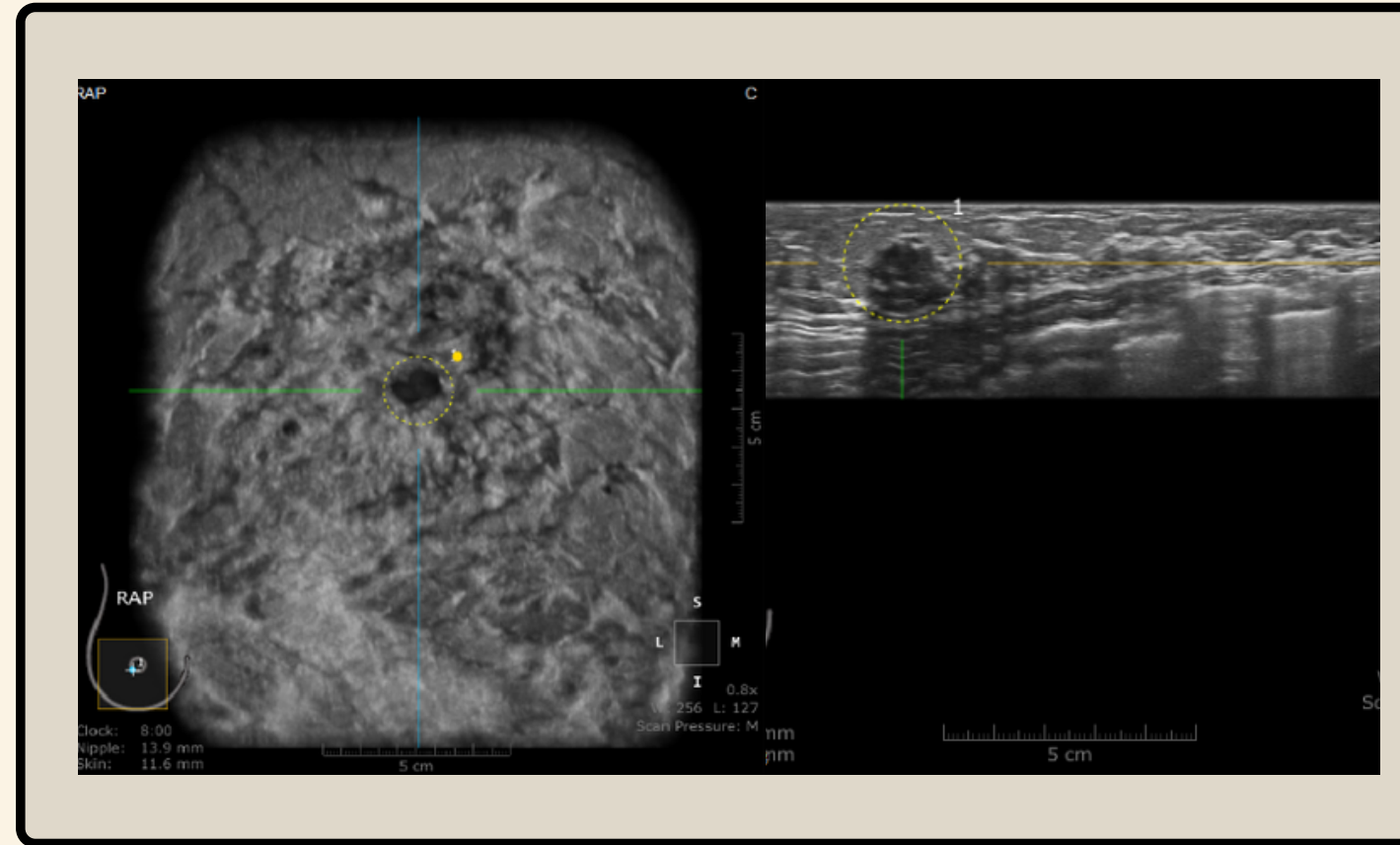
## Handheld Ultrasound

- Used for targeted scanning of a specific location
- Has the option of color flow and view from many different angles
- Can do whole breast u/s but takes much longer and is more user dependent

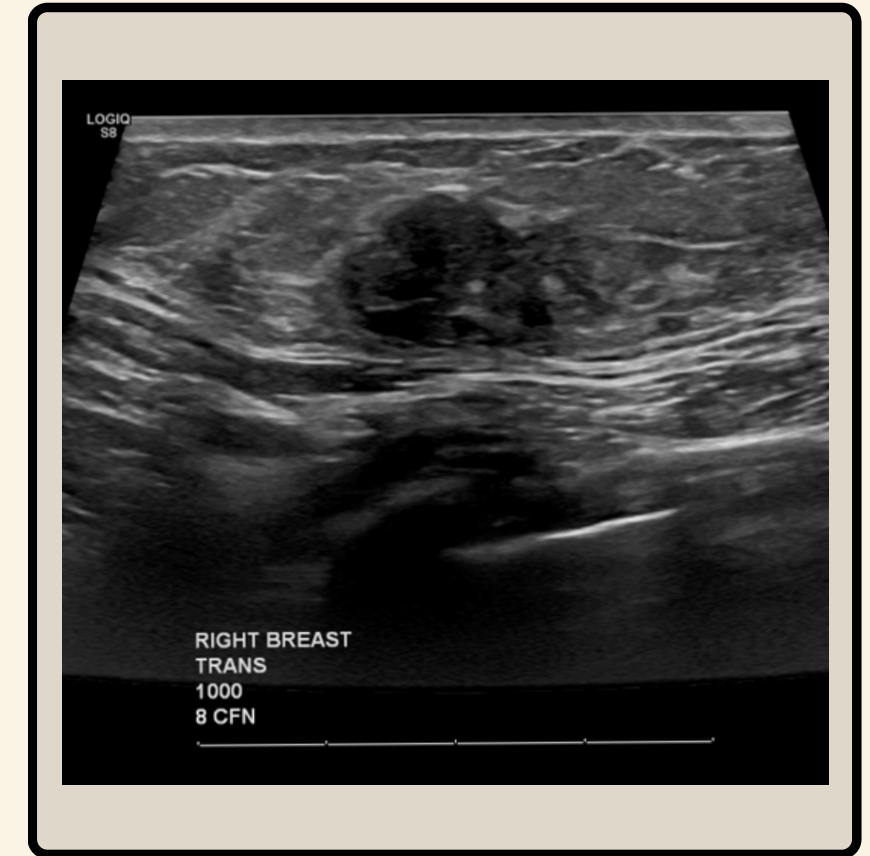
# CASE STUDY



MAMMO



ABUS



TARGETED US



# COST

For many it comes  
down to \$\$\$

- INSURANCE COVERAGE VARIES BY STATE AND INSURANCE PLAN
- OFFER SELF PAY RATE TO HELP OFFSET COST

# INSURANCE

How does it work?

- **WHOLE BREAST ULTRASOUND** USED FOR SCREENING AND BILLED FOR EACH BREAST (*Second breast usually billed at half rate*)
- **BILLING CODE IS 76641**
- **DIAGNOSIS CODE ICD10: R.92.3** (which is Mammographic density found on imaging of breast)

*Note: other codes may also apply based on medical history*

# *Implementation* **STRATEGIES**

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**EDUCATE PATIENTS**

**EDUCATE STAFF**

**EDUCATE ORDERING PROVIDERS**

# *Educate* PATIENTS

*Is my mammogram enough?*

**I feel lumpy does that mean I'm dense?**

**Can I skip my mammogram and just have ABUS?**

*I don't have any family history so I don't need anything extra, right?*

*What is breast density, is it bad?*



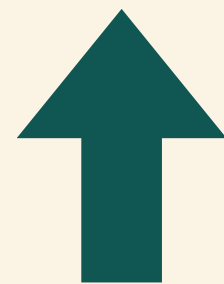
# Simple **FACTS**

## 4 Categories

### WHAT IS BREAST DENSITY?

How breast tissue looks on a mammogram. It describes the amount of fibrous & glandular tissue compared to the amount of fatty tissue seen.

**IT'S NORMAL!** **>40%** of women have dense breast tissue

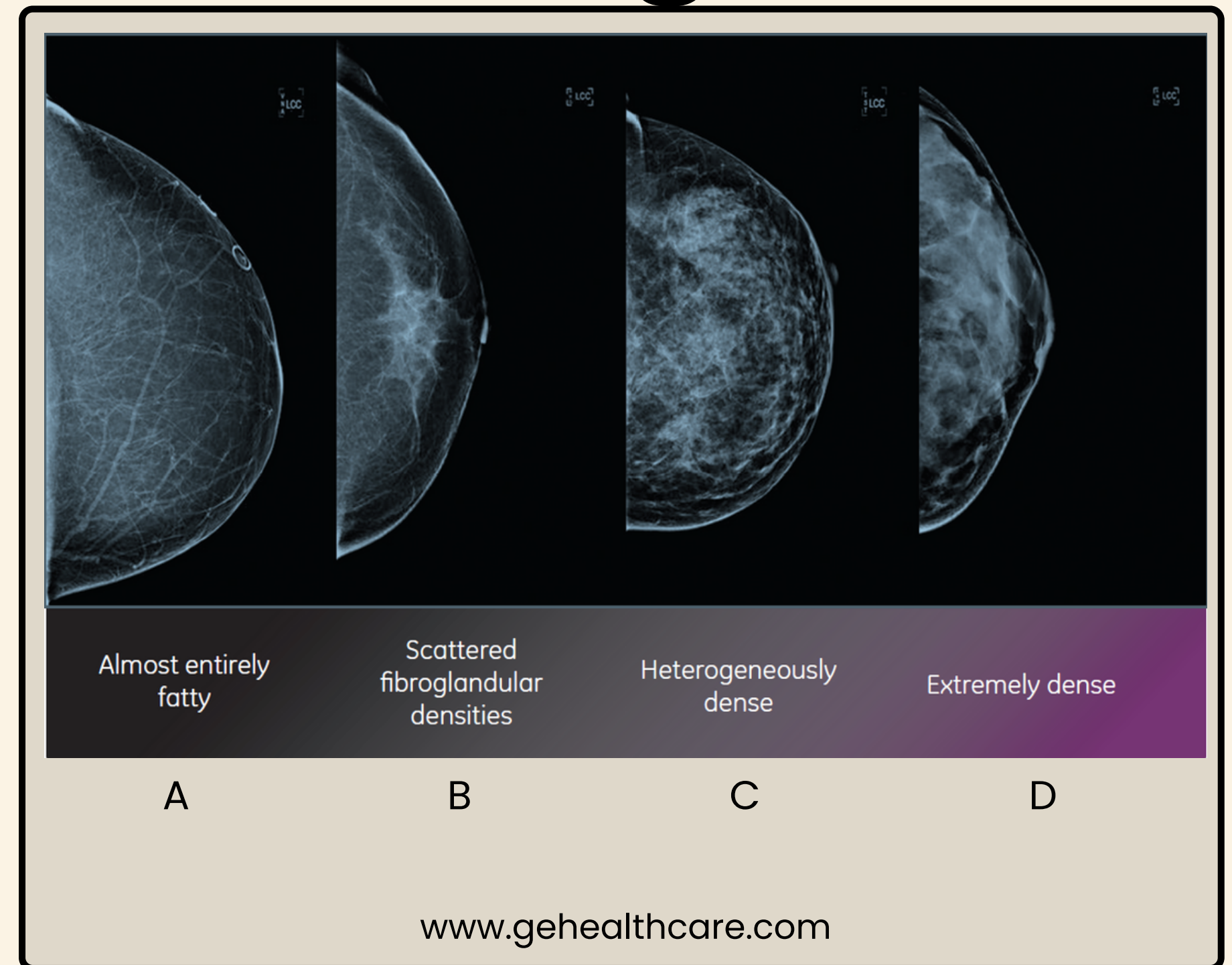


### WHY DOES IT MATTER?

Higher the density, the higher the risk & potential for cancer to hide on a mammogram

### WHAT TO DO ABOUT IT

Using supplemental screening such as breast US in addition to DBT can increase cancer detection rate by more than **35%**

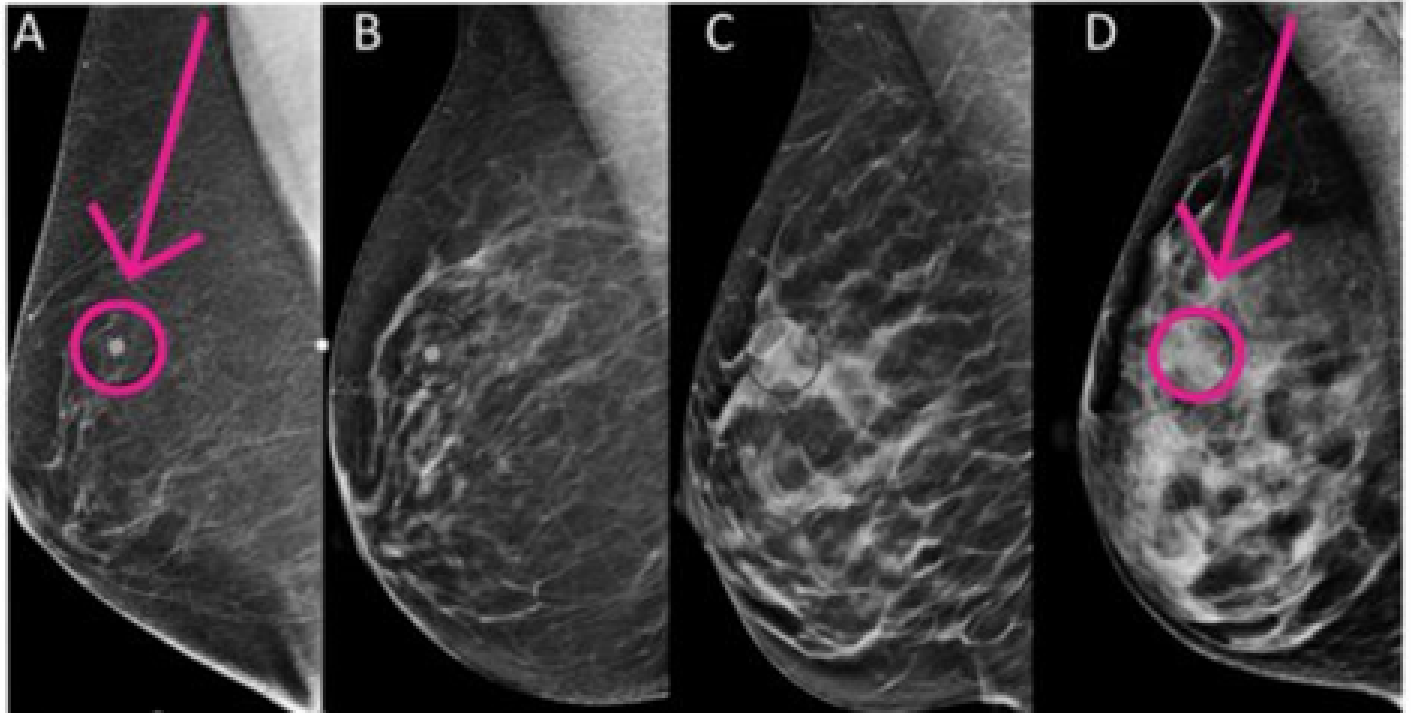


# Impactful VISUALS

Use relatable and easy to understand visuals and analogies to help explain breast density.

**Can YOU Find the Cancer?**

Now you see it Now you don't



Fatty Breast Density    Scattered Breast Density    Heterogeneously Dense    Extremely Dense

Mammogram Images Courtesy of Matt Covington, MD

[mydensitymatters.org](http://mydensitymatters.org)

**MY DENSITY MATTERS** 

Using mammography alone to find cancer in dense breasts is a little like



finding a snowball in a snowstorm

[mydensitymatters.org](http://mydensitymatters.org)

# Impactful VISUALS CONTINUED

This poster was displayed in the dressing rooms of our Breast Center to show patients the difference in how something is seen with mammogram and ultrasound.

**What are we doing to screen women with dense breast tissue?**

Mammography is the most time-tested tool available for screening women for breast cancer. However, mammography does not work equally well for all women, particularly those with dense breasts. 35% of breast cancers go undetected by mammography in women with dense breasts, because density can mask the appearance of tumors.

**3D AUTOMATED BREAST ULTRASOUND (ABUS) SIGNIFICANTLY AIDS MAMMOGRAPHY IN DETECTING BREAST CANCER!**

*Normal Mammogram*      *Abnormal ABUS*

On a typical mammogram, both dense breast tissue and cancers show up as white (see left image). Therefore, with mammography, a cancer can easily hide in a background of dense breast tissue since they both appear white. On an ABUS image, a cancer or abnormality shows as black, clearly distinguishing itself from all other breast tissue (see right image).

*Ask a technologist or your physician if you can benefit from an ABUS!*

**LONGSTREETCLIN**  
BREAST CENTER

# *Impactful* VISUALS CONTINUED

This is a standing poster that stood outside the Breast Center in the hallway of our clinic.



# *Impactful* VISUALS CONTINUED

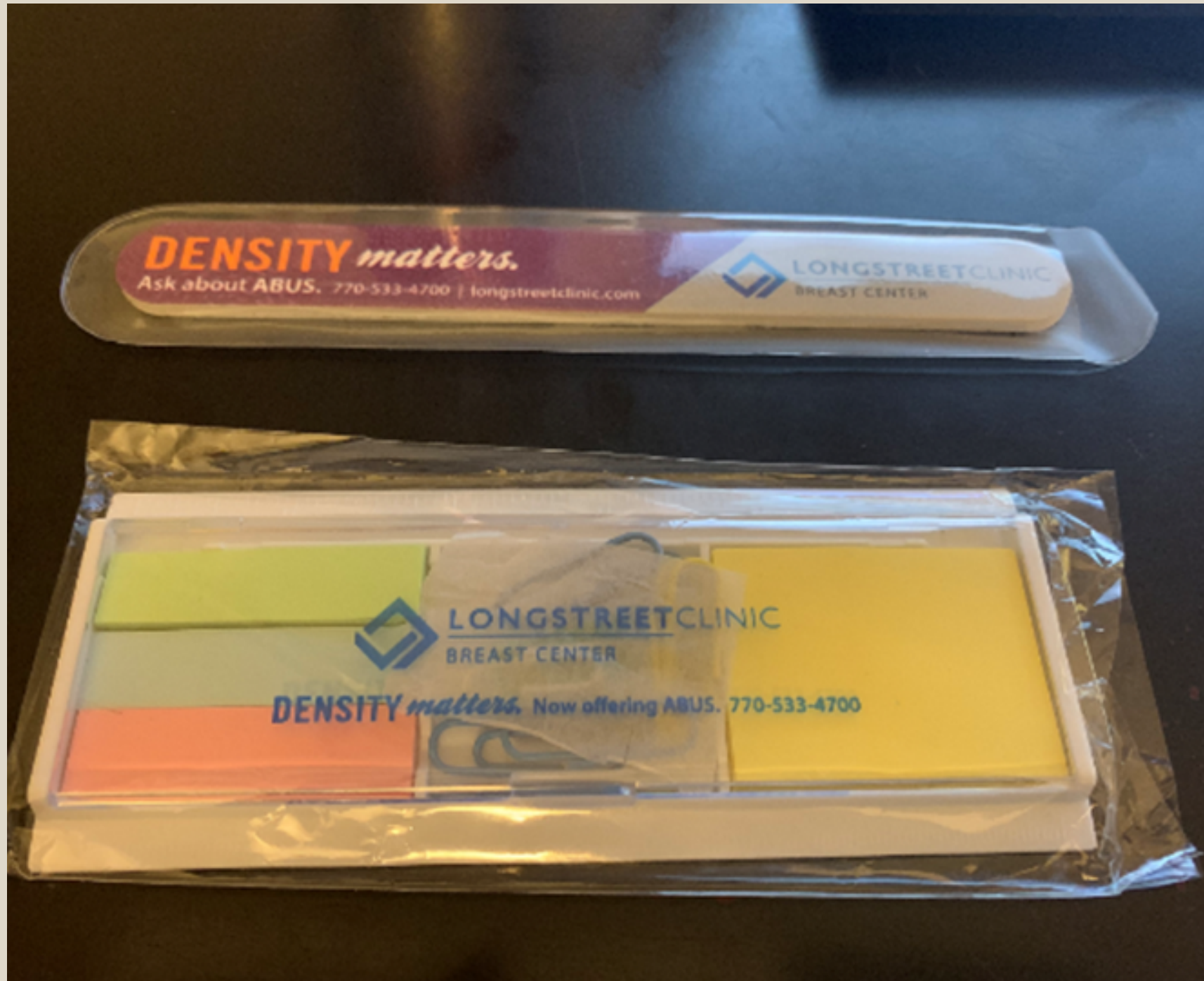
Staff t-shirts were another effective tool we used and matched our other marketing items.





# GIVEAWAYS

These were items given to providers offices to notify them about breast density and also allowed us to introduce to them what LC offered in regards to imaging options for patients with dense tissue. These were also handed out at events such as health fairs to educate potential patients in the community.



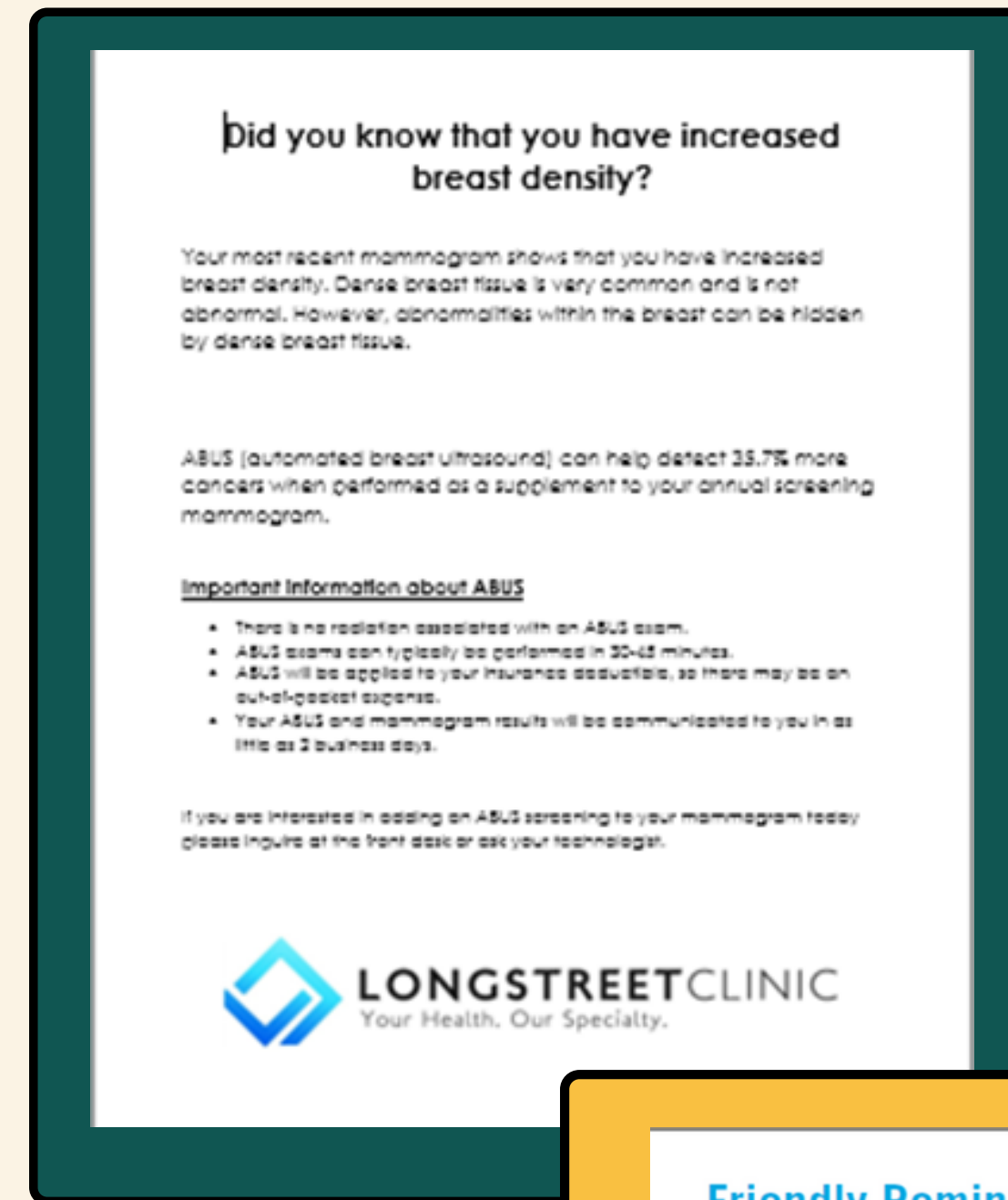
# Be PREPARED

A	7:45 AM	Start Visit	Arrived	000042063
B	8:00 AM	Start Visit	Arrived	011699378
C	8:00 AM	Appointment	Sch	000924933
C	8:00 AM	Start Visit	Arrived	012253347
B	8:30 AM	Start Visit	Arrived	000163062
C	8:30 AM	Start Visit	Arrived	000204651
C	8:45 AM	Start Visit	Arrived	000249646
	9:00 AM	Start Visit	Arrived	000453474
B	9:00 AM	Start Visit	Arrived	000058845
C	9:30 AM	Start Visit	Arrived	000114105
C	9:30 AM	Start Visit	Arrived	000094358
C	9:30 AM	Start Visit	Arrived	000555676

Identifying which patients are ABUS candidates ahead of time allows us to offer ABUS during their visit. Their density category is documented on the schedule in our EMR system based off their prior mammo report. This is also used for Tyrer-Cuzick risk assessment scoring.

# Patient COMMUNICATIONS

We mailed patients postcards to remind them to schedule their mammogram and the postcard included information about breast density to help prompt questions. We also had breast density handouts for patients coming for their annual mammogram as part of their check in process.



# Patient BROCHURE

These rack cards were available in our Breast Center but also given to our referring provider offices to use as a hand out for patients. The brochure explains breast density and that LC offers ABUS as a screening supplement to their mammogram for women with dense breasts.



The front of the brochure features the Longstreet Clinic Breast Center logo at the top. Below the logo is a photograph of a smiling woman in a light blue shirt talking to a healthcare professional. The main title is "3D Automated Breast Ultrasound (ABUS)". The text explains that approximately 40% of women have dense breast tissue, which can mask lumps or masses in mammogram images. ABUS gives radiologists the ability to look at layers of dense tissue to find breast cancers which may have been missed on a mammogram. The ability to see the entire breast gives clinicians greater control over the review process, supporting more confident decisions. The benefits of ABUS are listed: when combined with mammography in women with dense breast tissue, detection of breast cancer is improved by more than 35% than when using mammography alone; and ABUS has the potential to reduce false positives and improve diagnostic confidence when characterizing lesions. A call to action asks patients to ask their doctor if an ABUS screening would benefit them. The address and contact information for the clinic are provided at the bottom.

**LONGSTREETCLINIC**  
BREAST CENTER

## 3D Automated Breast Ultrasound (ABUS)

Approximately 40 percent of women have dense breast tissue, which can mask lumps or masses in mammogram images to appear white. ABUS gives radiologists the ability to look at layers of dense tissue to find breast cancers which may have been missed on a mammogram. The ability to see the entire breast gives clinicians greater control over the review process, supporting more confident decisions.

**BENEFITS OF ABUS:**

- ▶ When combining ABUS with mammography in women with dense breast tissue, detection of breast cancer is improved by more than 35% than when using mammography alone.
- ▶ ABUS has the potential to reduce false positives and improve diagnostic confidence when characterizing lesions.

*Ask your doctor if an ABUS screening would benefit you.*

705 Jesse J. Jowell Pkwy SE | Suite 295  
Gainesville, GA 30501  
770-533-4700

**FRONT**



The back of the brochure features the heading "All Breasts Are Unique." followed by text explaining that ABUS increases cancer detection in women with dense breast tissue to help provide peace of mind. About 40 percent of women have dense breast tissue, and mammograms alone may not be enough to find tumors in these women. Early detection of breast cancer saves lives. The text then asks "What is your breast density?" and explains that breast density is determined by one of our board-certified radiologists who reads your mammogram and classifies the density into one of four categories. Every woman should know her breast density, so ask your doctor. Below this text are four mammogram images showing different levels of breast density: 1) almost entirely fatty; 2) scattered fibroglandular densities; 3) heterogeneously dense; and 4) extremely dense. At the bottom, there is a call to action to schedule an appointment by calling 770-533-4700, along with the clinic's hours of operation: Mondays and Fridays | 7 a.m. – 5:30 p.m.; Tuesdays, Wednesdays, Thursdays | 7 a.m. – 7 p.m.; and Every other Saturday | 8:30 a.m. – 12:30 p.m. The address and contact information are repeated at the very bottom.

**All Breasts Are Unique.**

ABUS increases cancer detection in women with dense breast tissue to help provide peace of mind. About 40 percent of women have dense breast tissue, and mammograms alone may not be enough to find tumors in these women. Early detection of breast cancer saves lives.

**What is your breast density?**

Breast density is determined by one of our board-certified radiologists who reads your mammogram and classifies the density into one of four categories. Every woman should know her breast density, so ask your doctor.

The images below depict different levels of breast density: 1) almost entirely fatty; 2) scattered fibroglandular densities; 3) heterogeneously dense; 4) extremely dense



**To schedule an appointment, please call 770-533-4700.**

Mondays and Fridays | 7 a.m. – 5:30 p.m.  
Tuesdays, Wednesdays, Thursdays | 7 a.m. – 7 p.m.  
Every other Saturday | 8:30 a.m. – 12:30 p.m.

705 Jesse J. Jowell Pkwy SE | Suite 295 | Gainesville  
770-533-4700 | longstreetclinic.com

**BACK**

# Educate STAFF

- Schedulers
- Check-in/Check-out
- Techs – Mammo and US
- Nurses
- Navigators
- Admin
- Marketing team



# *Staff* INVOLVEMENT

Get your staff to  
BE the patient

Get them to BE the  
educators

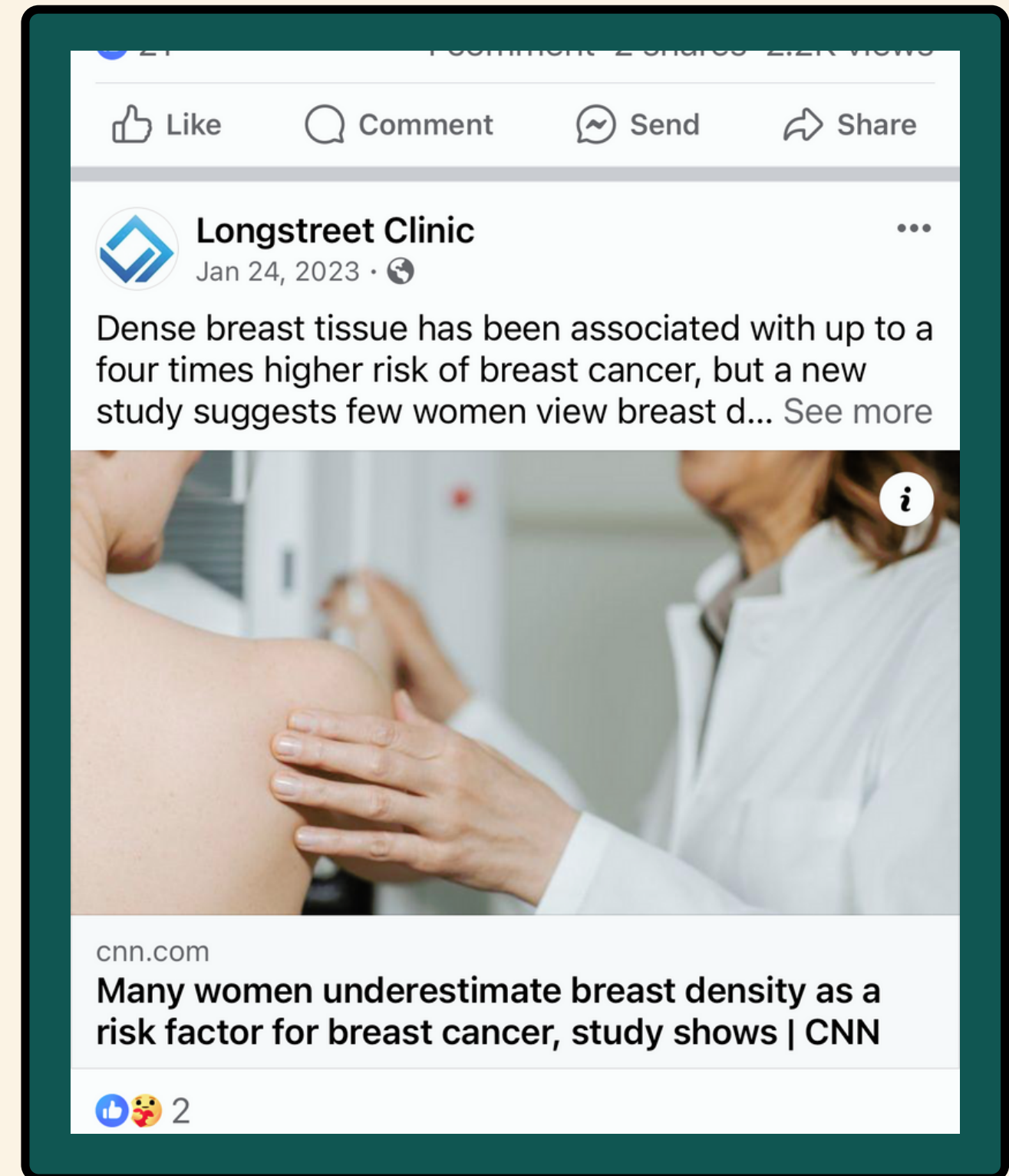


# Exhaust **RESOURCES**

■ SOCIAL  
MEDIA

■ PHONE  
WAITING  
MESSAGES

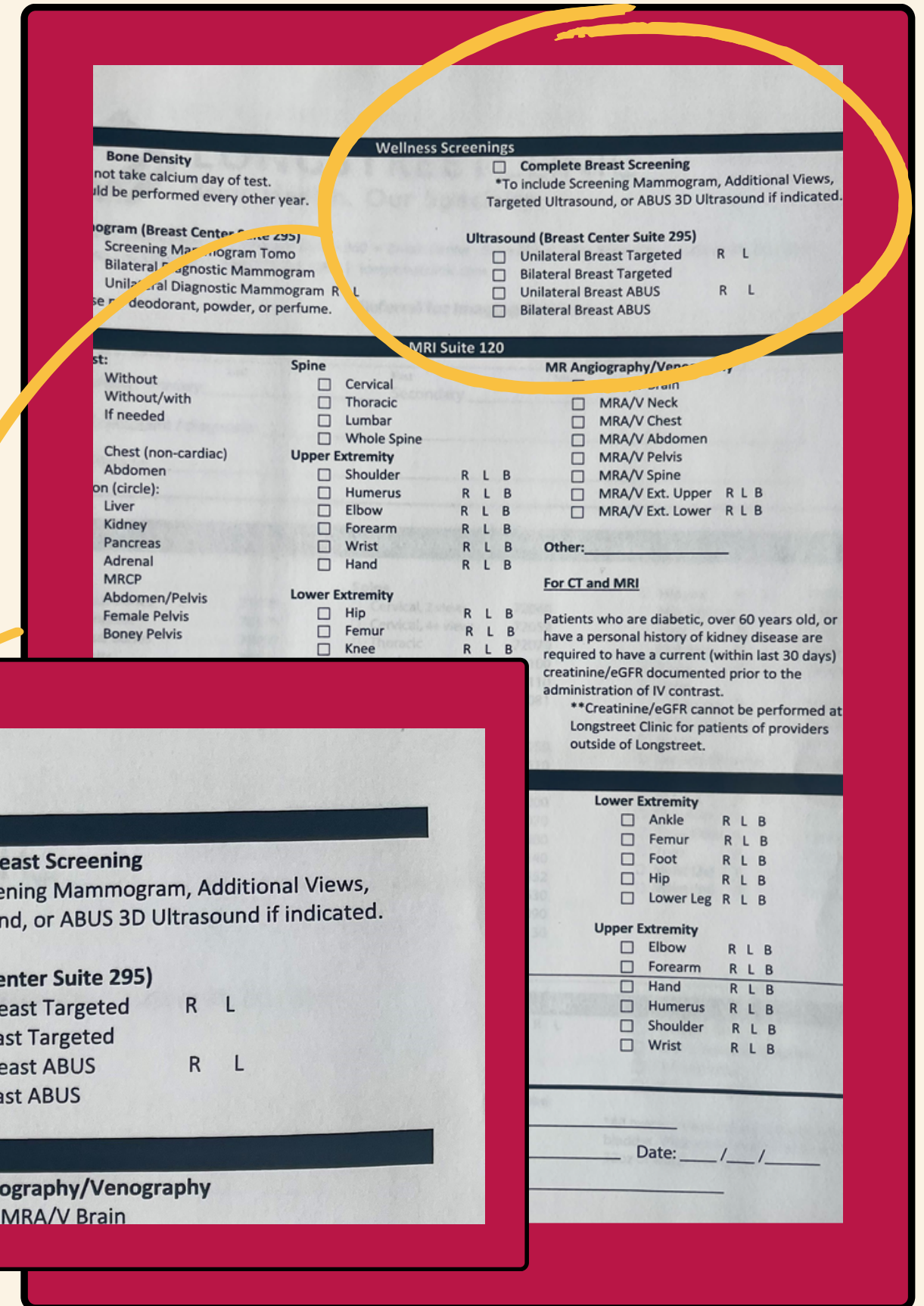
■ LOCAL  
NEWS  
COVERAGE



Educate

# ORDERING PROVIDERS

- HOW YOU CAN SERVE THEIR PATIENTS
  - What does your facility offer
- ORDERING GUIDES
  - How/what to order
- MAKE IT EASY
  - Super Order
- COMMUNICATE
  - What's new (i.e. FDA density law)
  - or how you are educating patients





# *Educate* **ORDERING PROVIDERS**

- Lunch & Learn with ordering providers
- Film a video to educate at their convenience (can be sent via email)
- Host a tour of your facility



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*Thank You!*

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ashley.james@longstreetclinic.com



# Strengthening Relationships with your Referring Offices

Speaking the Same Language

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Serena Tidwell, MD, MBA



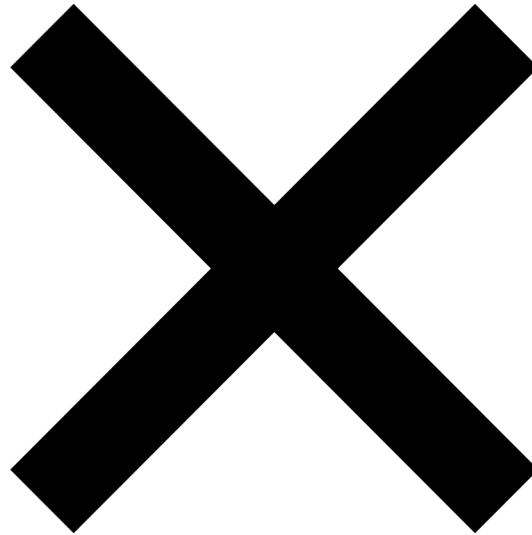
**Dr. X refers a high volume of patients to your breast center. She wants you to implement **STANDING ORDERS** to make things easier.**

STANDING ORDERS

If patient has Condition X; then perform Test Y

Is this COMPLIANT?

**Standing Orders are NOT Compliant –  
Orders must be specific to patient**



## Conditional Orders

Accomplish  
the same  
goal

Unique order  
“set” to each  
patient



Phone: 706-507-7465

Fax: 706-221-5212

Midtown: 1538 13th Avenue B-200; Columbus 31901  
North: 3081 Williams Rd B-200; Columbus, GA 31909

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Screening Mammogram

*Conditional Order: Additional Imaging Studies as Recommended by Radiology (To Include Diagnostic Mammogram, Diagnostic Breast Ultrasound, Breast Biopsy or Cyst Aspiration)*

Diagnostic Mammogram

*Conditional Order: Additional Imaging Studies as Recommended by Radiology (To Include Diagnostic Mammogram, Diagnostic Breast Ultrasound, Breast Biopsy or Cyst Aspiration)*

RIGHT    LEFT  
 BILATERAL

Breast Ultrasound

*Conditional Order: Additional Imaging Studies as Recommended by Radiology (To Include Diagnostic Mammogram, Diagnostic Breast Ultrasound, Breast Biopsy or Cyst Aspiration)*

RIGHT    LEFT  
 BILATERAL

Diagnosis:  Breast Mass   Right   Left   Bilateral  
 Breast Pain   Right   Left   Bilateral  
 Nipple Discharge   Right   Left   Bilateral  
 Other = Enter: \_\_\_\_\_


ABUS: We recommend Automated Breast US for Category C or D Density

DEXA: Default Diagnosis Post Menopausal Screening  
If Other Diagnosis Please Note:

Thyroid US: Enter Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

 **Screening Mammogram**

*Conditional Order: Additional Imaging Studies as Recommended by Radiology (To Include Diagnostic Mammogram, Diagnostic Breast Ultrasound, Breast Biopsy or Cyst Aspiration)*

---

 **Diagnostic Mammogram**

*Conditional Order: Additional Imaging Studies as Recommended by Radiology (To Include Diagnostic Mammogram, Diagnostic Breast Ultrasound, Breast Biopsy or Cyst Aspiration)*

 **Breast Ultrasound**

*Conditional Order: Additional Imaging Studies as Recommended by Radiology (To Include Diagnostic Mammogram, Diagnostic Breast Ultrasound, Breast Biopsy or Cyst Aspiration)*



## Discussing Breast Density in terms easily understood by Referral Offices

Each Medical Specialty Office has their own internal “lingo”



BPPs, MFM, NSTs = OB



LGSIL, HGSIL = GYN



Cat C / D = Breast Center

**If the Breast Center speaks to an Administrative team member in the OBGYN office**

“Hey I need an order for this patient – she’s Category D”



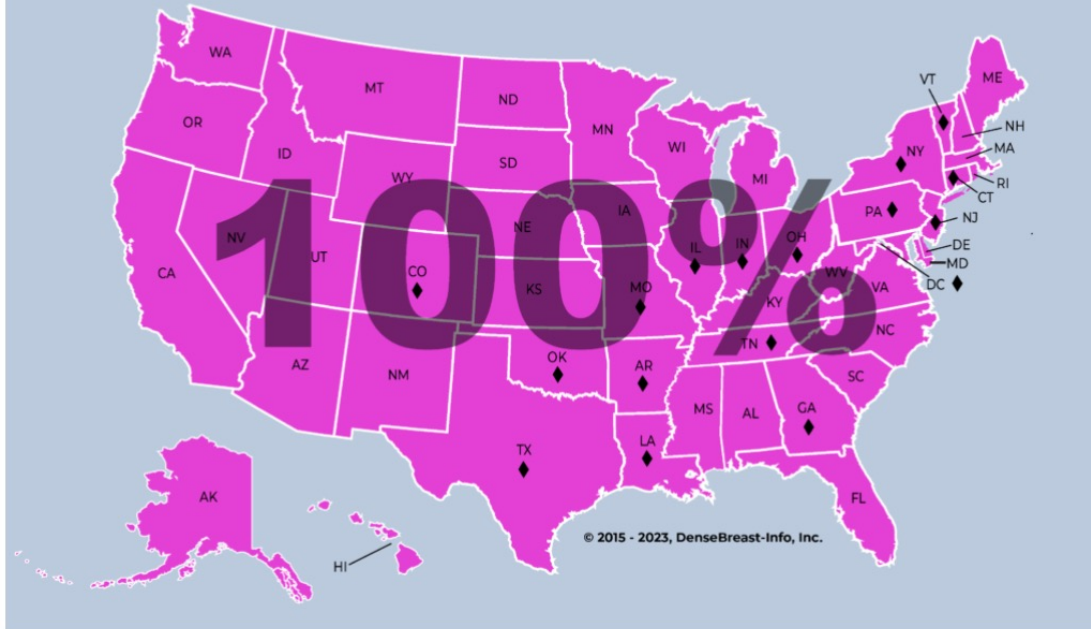
Highly likely that the OBGYN Team Member is not familiar with that terminology!

***NEWS!*** On March 10, 2023 the FDA issued a **national requirement** for dense breast reporting to patients and their referring providers. All mammography facilities will have to comply by September 10, 2024. Once the rule goes into effect, patients must be sent one of two Federal density notification statements (“not dense” or “dense”), and the mammogram report sent to referring providers must include an assessment of the patient’s breast density. See below for details on both.



**New FDA national requirement for density inform.**

**Effective date: 09/10/24**



**Visit Date:** Wed, Jul 12, 2023 9:12 am

**Provider:** BODNE, DAVID, MD (Assistant: TALBERT, JENNIFER, R.T.(R) (M)(BS)(ARRT))

**Location:** N Pink Monarch Breast Center NORTH

Electronically signed by DAVID BODNE, MD on 07/13/2023 07:52:58 AM

**Subjective:**

**CC:**

[REDACTED]

**BREAST IMAGING RESULTS:**

**BIRADS 1. NEGATIVE**

**RECOMMENDATION: Annual Screening Mammogram age 40+ unless clinically indicated < age 40**

-

**DENSITY Category C - \*DENSE\*** The breasts are heterogeneously dense, which may obscure small masses.

**RECOMMENDATION: Supplemental US Screening.**

**Referring Physician:** Midtown OB GYN

**Primary Care Physician:** [REDACTED]

**FINDINGS:**

NO MAMMOGRAPHIC EVIDENCE OF MALIGNANCY.

Breast US (ABUS): There are no suspicious cystic or solid masses, areas of architectural distortion, or pathological appearing lymph nodes.

Breast US (ABUS): There is mild shadowing present.

**SCREENING MAMMOGRAM + BILATERAL AUTOMATED BREAST US**

**Tyrer Cuzick Lifetime Risk: 9.6 %**

**Supplemental US Screening for DENSE BREASTS**

Breast Complaints Today: None

**Comparisons (Prior MMG):**

**RADIOLOGY REPORT**

**Visit Date:** Wed, Jul 12, 2023 4:08 pm

**Provider:** BODNE, DAVID, MD (Assistant: TALBERT, JENNIFER, R.T.(R) (M)(BS)(ARRT))

**Location:** N Pink Monarch Breast Center NORTH

Electronically signed by DAVID BODNE, MD on 07/13/2023 01:13:32 PM

**Subjective:**

**CC:**

[REDACTED]

**BREAST IMAGING RESULTS:**

**BIRADS 1. NEGATIVE**

**RECOMMENDATION: Annual Screening Mammogram age 40+ unless clinically indicated < age 40**

-

**DENSITY Category B - There are scattered areas of fibroglandular density. \*NOT Dense**

**Referring Physician:** Midtown OB GYN

**FINDINGS:**

NO MAMMOGRAPHIC EVIDENCE OF MALIGNANCY.

**SCREENING MAMMOGRAM**

Breast Complaints Today: None

**Tyrer Cuzick Lifetime Risk: 6.4 %**

**Comparisons (Prior MMG):**

07/06/2022 @ Pink Monarch

, Additional MMG Images dating back to 06/23/2021 @ Pink Monarch,

## Terms Easily Understood by Referral Offices

Same Terms Easily Understood by Public



Same Terms Easily Understood by Patients



The new FDA guidelines will be a big step towards improvement

# Insurance Coverage



Varies by State



Biggest impediment to widespread implementation



WHEN (let's be optimistic!) this occurs, will significantly improve knowledge



**Mammogram Guidelines are  
Confusing – So WHEN we  
have universal US coverage it  
will be clear right?**



United States Representative

**ROSA DELAURO**

Representing the Third District of Connecticut

[ABOUT ROSA](#) [CONSTITUENT SERVICES](#) [ISSUES](#) [MEDIA CENTER](#) [CONTACT](#)

Enter keywords

## DeLauro, Fitzpatrick, Katie Couric Introduce Find It Early Act of 2022

December 13, 2022 [Press Release](#)

### Legislation would improve detection of breast cancer and save lives

Today, Congresswoman Rosa DeLauro (CT-03), Congressman Brian Fitzpatrick (PA-01), and award-winning journalist Katie Couric introduced their legislation, the *Find It Early Act*. This bill would ensure all health insurance plans cover screening and diagnostic mammograms and breast ultrasounds and MRIs with no cost-sharing.

#### NEWSLETTER SIGNUP

Enter your email address to received updates

[Signup](#)



# Despite Katie Couric's Advice, Doctors Say Ultrasound Breast Exams May Not Be Needed

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By [Michelle Andrews](#)  
OCTOBER 28, 2022

[🔄 REPUBLISH THIS STORY](#)

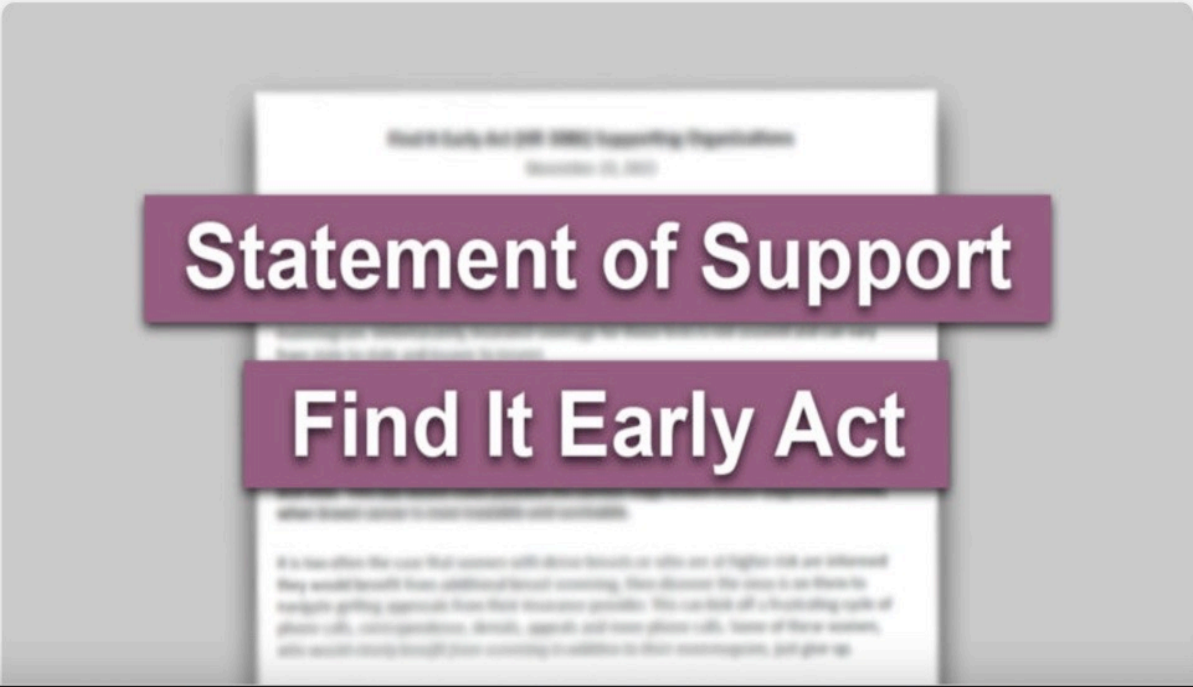
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“We don’t have evidence that auxiliary screening reduces breast cancer mortality or improves quality of life,” said [Dr. Carol Mangione](#), a professor of medicine and public health at UCLA who chairs the U.S. Preventive Services Task Force, a group of medical experts who make recommendations for preventive services after weighing their benefits and harms.

## 'Kind of a bummer': Katie Couric disappointed in USPSTF recs that exclude supplementary imaging for dense breasts

*Hannah Murphy* | May 11, 2023 | *Health Imaging* | *Screening*







# ACS CAN Supports the Find It Early Act (H.R.3086)

September 15, 2023

## Background

Breast cancer is the second most diagnosed cancer among women in the U.S. and the second leading cause of cancer death among women after lung cancer. In 2023, an estimated 297,790 women in the U.S. will be diagnosed with invasive breast cancer, and 43,170 will die from the disease. Breast cancer is the leading cause of cancer death among Black and Hispanic women. Breast cancer screenings and early detection through mammograms save lives, but even today too many don't have access to lifesaving breast cancer screenings. In 2021, 64% of women ages 45 years and older were up to date with breast cancer screening. While screening rates are similar across racial and ethnic populations, Black women are more likely to experience longer intervals between mammograms and between abnormal results and follow-up.

Some insurers apply cost sharing when initial breast cancer screening requires additional follow-on testing to determine whether an individual has cancer, or if dense breast tissue requires additional imaging. These tests are integral to the screening process to determine whether an individual has cancer and therefore should be provided with no patient cost-sharing. While federal law requires most private insurance and Medicaid expansion plans to cover recommended preventive services with no patient

ADVOCACY NEWS

# American College of Surgeons Endorses Find It Early Act

Legislation would expand insurance coverage for screening and diagnostic breast imaging

October 5, 2023

3 Min Print Share Bookmark

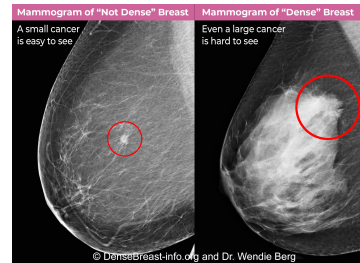
WASHINGTON, D.C.: The American College of Surgeons (ACS) strongly supports the *Find it Early Act* (H.R. 3086), which would require health insurance plans to cover screening and diagnostic breast



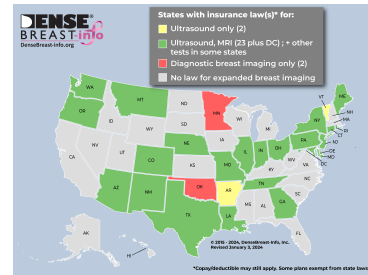
### Find It Early Act, HR 3086

This bill will help address insurance barriers to breast cancer screening. The result will be earlier detection of breast cancer in women with dense breasts or at increased risk.

- Introduced by sponsors Reps. Rosa DeLauro (D) and Brian Fitzpatrick (R).
- The Act would require insurers to cover additional breast imaging after a mammogram, with **no** out-of-pocket costs for women with dense breasts or at higher risk (for example, *BRCA* or other disease-causing mutation carriers, those with family/personal history of cancer, or other reason).
- Women who cannot afford these costs may delay or skip the extra testing needed to find breast cancer.



On a mammogram, it can be hard to see a cancer in a dense breast. Other tests after a woman's mammogram, like ultrasound or especially MRI, substantially increase cancer detection in dense breasts.



- A delay can have important consequences because *when* breast cancer is found, *matters*. Breast cancer found at an early stage has a 5-year survival rate of 99%. Breast cancer found at a later stage has 5-year survival rate of under 30%.
- **27 states** plus DC have laws requiring insurers to cover some level of additional breast imaging. However, there are insurance plans that do not have to follow state laws. The Find It Early Act would close those loopholes and cover both private and public plans including Medicare, TRICARE and VHA.

For more details visit [FindItEarlyAct.org](http://FindItEarlyAct.org).



[Home](#) > [Practice Advisory](#) > [The U.S. Food and Drug Administration Requires Notification of Breast Density in Mammography Reports](#)

# The U.S. Food and Drug Administration Requires Notification of Breast Density in Mammography Reports

Practice Advisory ⓘ | April 2023

Based on the lack of data demonstrating a clear benefit, the American College of Obstetricians and Gynecologists (ACOG) currently does not recommend the routine use of alternative or adjunctive tests to screening mammography in individuals with dense breasts who are asymptomatic and have no additional risk factors **1**. More research is needed to identify more effective screening methods that will enhance meaningful improvements in cancer outcomes for those with dense breasts and minimize false-positive screening results.

## Updated ACOG Recommendation

While ACOG does not recommend routine use of alternative or adjunctive tests to screening mammography in individuals with dense breasts who are asymptomatic and have no additional risk factors, ACOG recommends that clinicians comply with the new FDA rule and any state laws and federal rules that require disclosure of a patient's breast density as recorded in a mammogram report.



— Policy Priorities —

# Breast Density and Notification Laws

## Advocacy

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### Policy Priorities

2024 Commitment to Policy  
Action

Subscribe to the  
Advocacy Newsletter



## Our Position

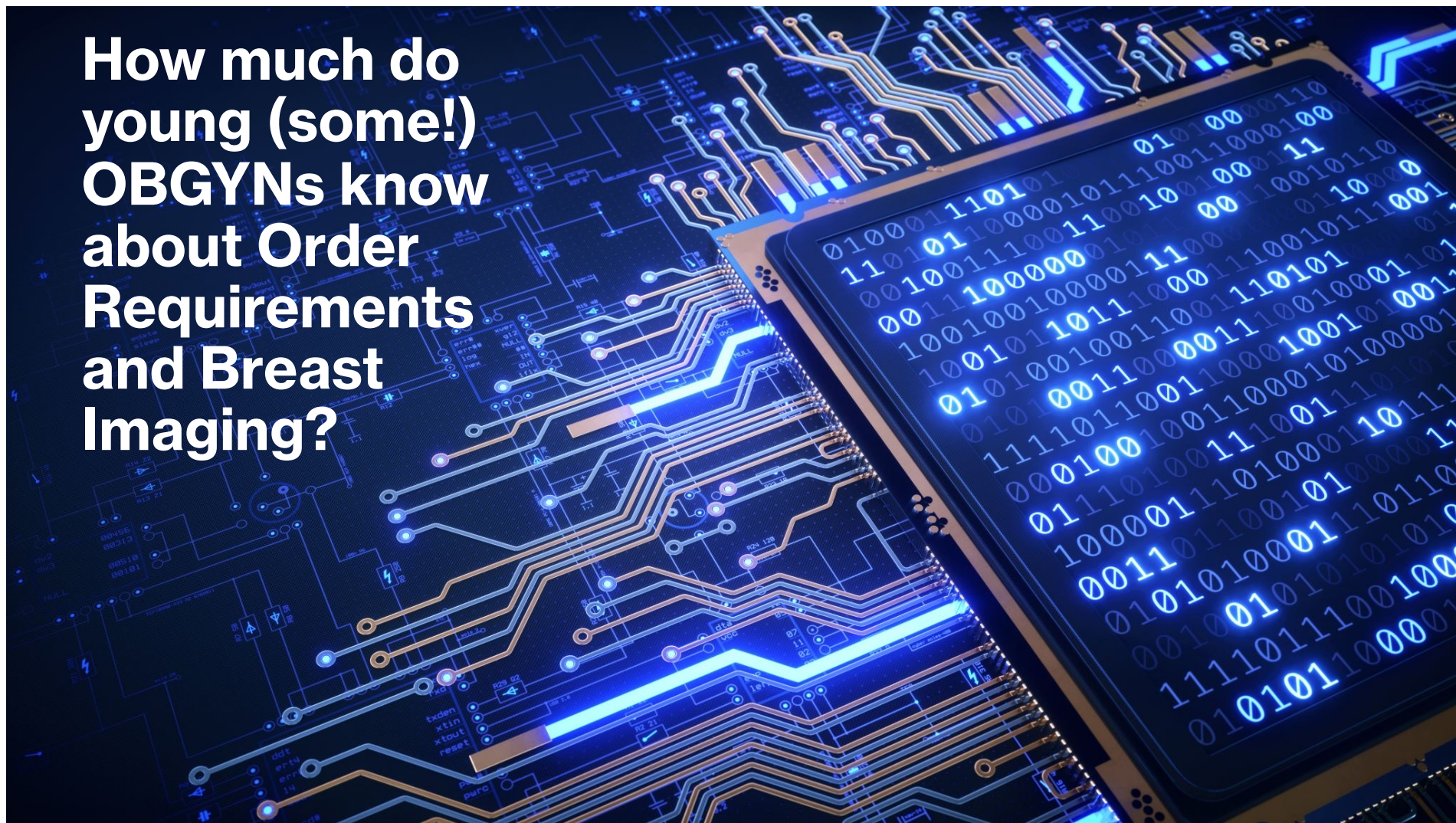
In the states, ACOG advocates against legislation that prescribes what must be communicated to patients about breast density and cancer risk, especially when the information is contrary to evidence-based scientific data and medical consensus.

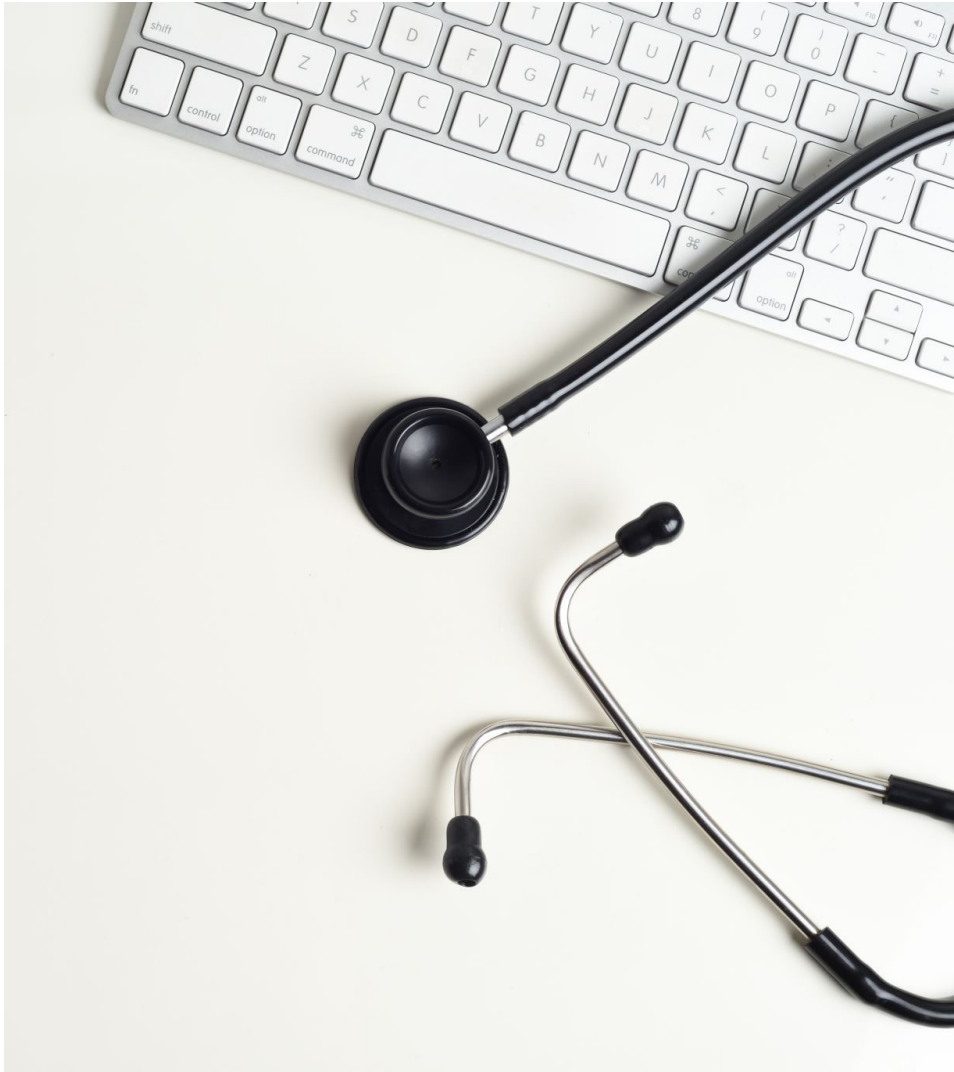
There is no reliable (objective and quantitative) method for assessing breast density; no clinical guidelines recommend additional screening solely on the basis of high breast density; and breast density is not a major cancer risk factor.

# Improving Your Referral Relationships



**How much do  
young (some!)  
OBGYNs know  
about Order  
Requirements  
and Breast  
Imaging?**





## **Libby Zion and July 2003 Changes to Medical Residency Training**

- ❖ Changed OBGYN Residency Programs
- ❖ My Personal Residency had “BUGS” – Breast UroGYN and GYN Surgery for 13 weeks
- ❖ The Breast training has been widely eliminated from OBGYN Programs
- ❖ Since my completion of Residency in 2002 – Residents now learn additional Hysterectomy techniques and many new GYN Medical Management options



## **OBGYN Residency Education Cont**

Residency programs were already notoriously limited in their “Well Woman” exams where Screening MMG were ordered

Most patients with Breast Complaints are not seen in the Resident clinics

Very limited experience with ordering Screening OR Diagnostic Breast Imaging

The OBGYN Literature is conflicted on Dense Breasts

# Identify Potential Barriers between the Breast Center and the Referring Office



## Top Three

We are both BUSY

We are both STRESSED

We speak different  
internal languages

# Combine Marketing with Obtaining Orders



# Orders & Results

## ORDERS

- Send an order that ONLY needs a Signature!!!
- Conditional Orders are Ideal
- Can work with Referring Offices to build in Conditional Orders to EMR Systems

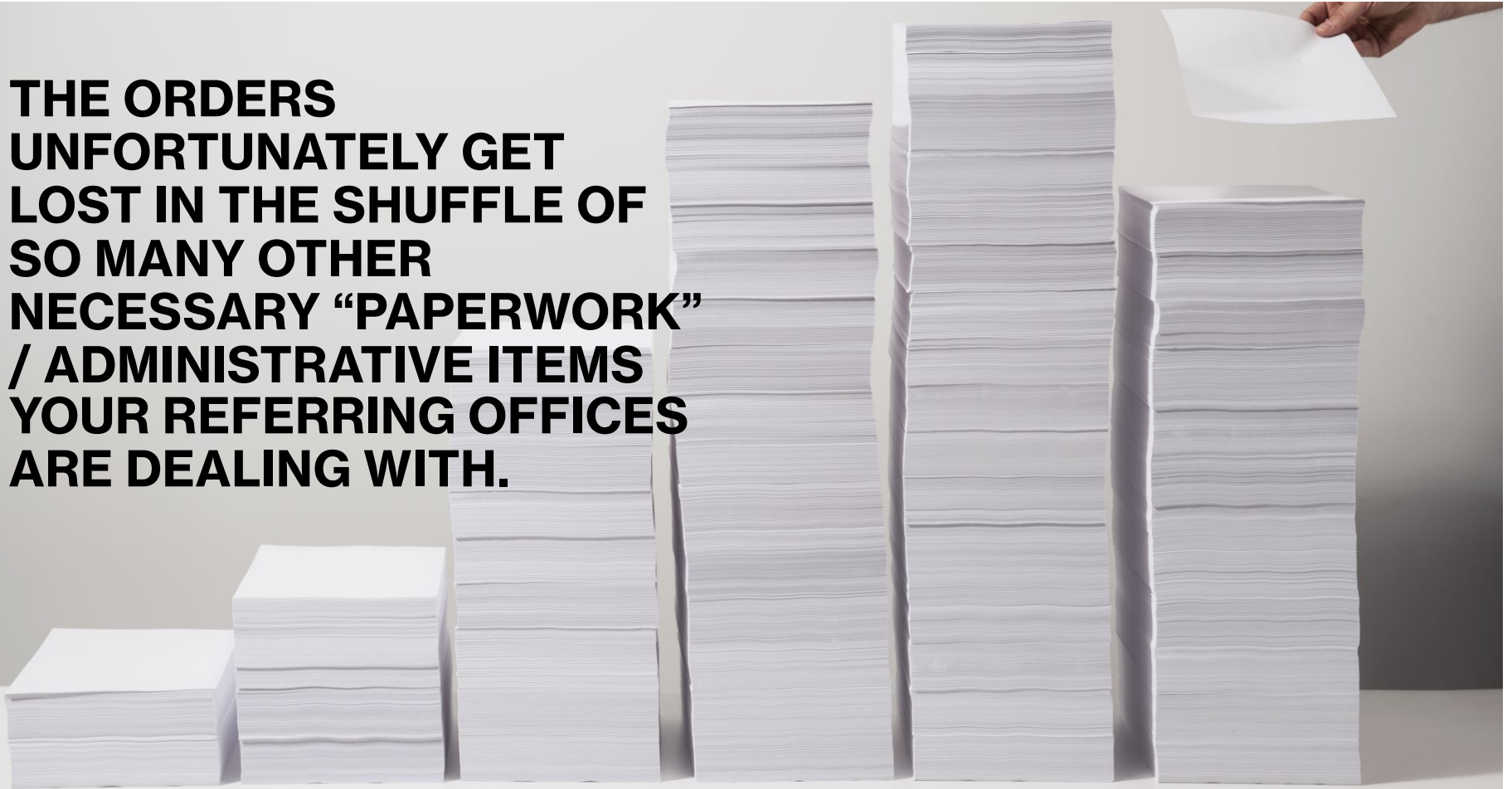
## COMMUNICATION PREFERENCES

- Notification Preferences
  - All Biopsies?
  - Only Positive Pathology
- Office Staff
  - Communicate as you would to a patient re Density

**Make it EASY for your Referring Offices!**



**THE ORDERS  
UNFORTUNATELY GET  
LOST IN THE SHUFFLE OF  
SO MANY OTHER  
NECESSARY “PAPERWORK”  
/ ADMINISTRATIVE ITEMS  
YOUR REFERRING OFFICES  
ARE DEALING WITH.**



# Schedule Lunch and Learn Meetings





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Are You Dense Snow Globes



**Thank you!**

