Pearls for Breast Center and Practice Development

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Full Member, KU Cancer Center
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Disclosures

Consultant: Hologic, Bayer, Beekley Medical

Associate Editor of Digital Media: Journal of the American College of Radiology

ACR RLI Speakers Bureau

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Objectives

- Recognize opportunities and audiences to market your breast center
- Choose key messages programs can use for marketing
- Learn to apply for grants, and partner with community organizations and grateful patients for program financial success

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Practice Branding and Marketing

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What we did

- All stakeholder meeting to discuss objectives and goals
- Establishment of social media presence
- Establishment of overall digital footprint
- Community brand presence
- Strengthen local media relations
- Growth resulted in new era of branding

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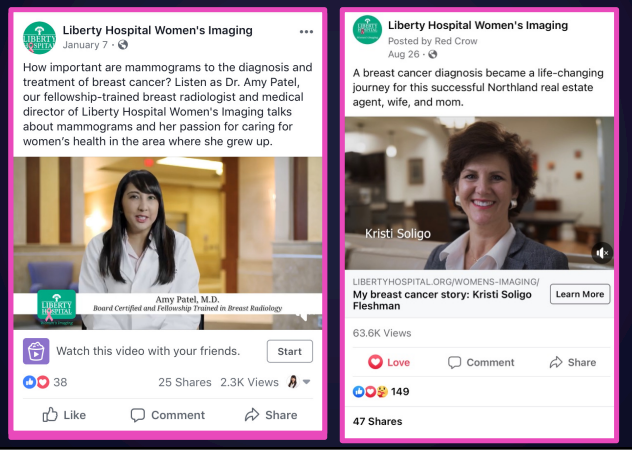
Social Media: Connect with Patients



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Other Digital Media & Community Partnerships

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Other Digital Media & Community Partnerships

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Other Digital Media & Community Partnerships

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Striving for Clinical Excellence

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Patient satisfaction scores

As our organization continues to grow and evolve, we are focused on achieving patient satisfaction scores in the 90th percentile. This means awards are more selective. Each area must have a minimum of 10 returned surveys and be at or above the 90th percentile. Congratulations to these areas for achieving or exceeding our HCAHPS goal in March and for the first quarter:

Highest performing areas for March

- Breast Care Center – 99th percentile
- Surgery – 98th percentile
- Mother/Baby – 97th percentile
- Sports Medicine – 95th percentile
- Cardiology Services – 92nd percentile

Highest performing areas for Q1 2022

- Breast Care Center – 99th percentile
- Mother/Baby – 94th percentile

Dr. Patel-- Thank you for all your leadership efforts and passion. Also, the food fuel really helped during the busy times. This is a great work environment. It's so refreshing ! I have heard many other team members say the same thing.
Melissa

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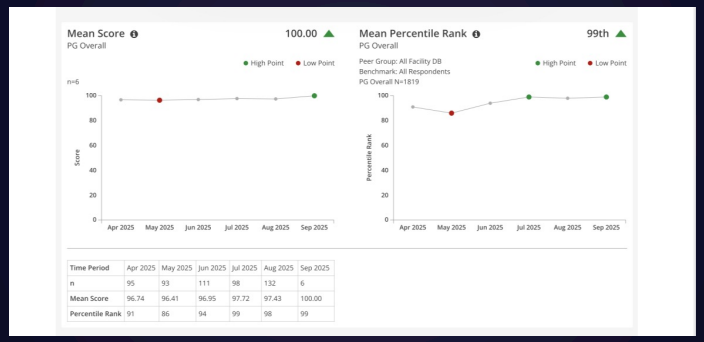
Press Ganey



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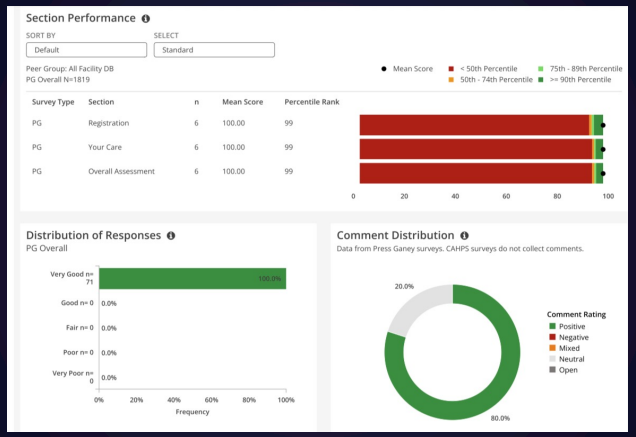

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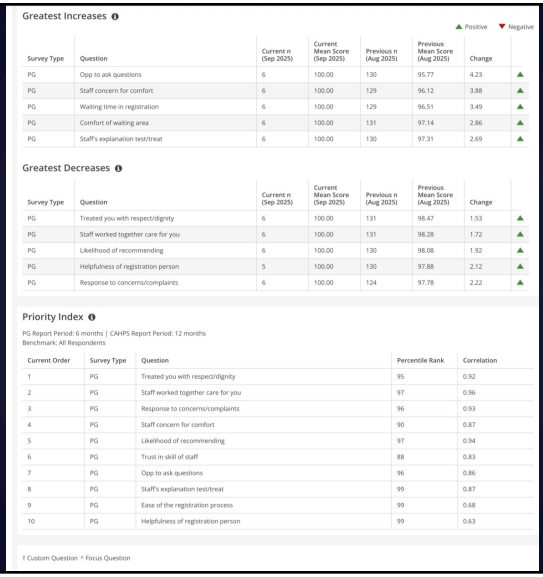

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Address negative comments, but celebrate victories

- Any negative comments from patients, we sit down individually to discuss
- If we see negative themes, we discuss in an AM meeting with the entire group
- ***We celebrate when we do well and recognize everyone's hard work and valuable contributions to the team***

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Technologist Education

- Meet quarterly with technologists to go over key topics in breast imaging, tips, tricks that can improve their delivery of care
  - Ex. Stereotactic biopsy troubleshooting, dense breast education, etc

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Results of our Efforts: GROWTH!

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Our team

Amy Patel, MD
Dr. Patel is a specialty-trained, board-certified breast radiologist and the Medical Director of the Breast Care Center. Previously, she served on faculty at Harvard University.

Our staff and technologists have advanced certifications, with expertise and training in performing all breast imaging examinations.

Two certified oncology nurse navigators offer individualized assistance to patients and their families. They provide education and resources for making informed decisions as well as coordinate the care journey through treatment, which may include accompanying patients to an initial appointment with a breast surgeon. Our nurse navigators take on the role of communicating with other departments involved in your care, including your primary care provider.

Ashley Mayes
BSN, RN, OCN

Melissa Thaleman
BSN, RN, MPH)

Breast Care Center

The Breast Care Center at Liberty Hospital is one of the most advanced facilities for breast imaging in the Kansas City area. Our calm, friendly environment welcomes patients who come for screening mammograms - including state-of-the-art 3D imaging - as well as essential diagnostic tests such as diagnostic mammography, dedicated breast ultrasound, all image-guided breast biopsies, and leading-edge technologies for breast cancer detection and surgeries.

Our compassionate staff understands that getting a mammogram or diagnostic test can cause some anxiety. We offer private dressing rooms, robes, coffee and other refreshments in a relaxed setting and our team is happy to answer your questions.

LIBERTY HOSPITAL
Breast Care Center

Medical Plaza East, Suite 206
2529 Glenn Hendren Drive, Liberty, MO 64068
816.792.7089
libertyhospital.org/breast

Above Average Risk for Breast Cancer

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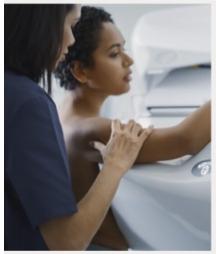
What is "above average" or "high risk" for breast cancer?

Women deemed above average or high risk have a 20% or greater lifetime risk of developing breast cancer.



How is above average or high risk determined?

We use breast cancer risk assessment tools and genetic assessments. Tyrer Cuzick is the most accurate tool available and it calculates a person's lifetime breast cancer risk percentage by evaluating personal history, family history, body mass index, breast density and other factors. It is recommended that all women be risk assessed by a provider by age 25.

What does it mean to be above average or high risk?

It is recommended that above average or high risk women between the ages of 25-29 receive an annual breast MRI. Then, beginning at age 30, these women should receive annual screening mammograms alternating every six months with supplemental screenings in the form of breast MRI.

The American College of Radiology, Society of Breast Imaging, and National Comprehensive Cancer Network follow these guidelines. Additionally, if you would like to be followed annually in the Liberty Hospital High Risk Breast Clinic with Dr. Barnard, a fellowship-trained breast surgeon, please call 816-415-7990 to schedule your appointment.

Can a person's risk change over time?

Yes. Particularly as you age, factors such as dense breast tissue can change.

How does risk assessment differ from genetic testing?

Risk classification is based on your personal and family history. Whereas, genetic testing looks directly at your genetic material to identify if you have a genetic difference that increases your cancer risk.

If you have family members with breast or other cancers or who have been diagnosed with rare or young cancers, you should speak to a genetic counselor. Finding out if you carry a genetic predisposition to cancer might influence your screening, prevention and treatment recommendations.

Am I a good candidate for genetic testing?

To learn if you're a candidate for genetic testing, contact Liberty Hospital's genetic counselor at 816.407.4395. The consultation is free of charge.

How do I schedule supplemental screening?

The radiologist will note in your report that you are considered high risk. Your primary care provider then should fax Liberty Hospital scheduling at 816.792.7149 with an order for supplemental screening. Once the order is received, you will receive a call from Liberty Hospital to schedule the testing and review other details.

Does insurance cover supplemental screening?

If you have insurance through the state of Missouri, then supplemental screening should be covered if you are above average or high risk. If your insurance is not based in Missouri, coverage for Breast MRI may vary among insurance carriers.

We recommend you contact your insurance provider first.

Then, if you have difficulty with authorization, contact our nurse navigators at

816.792.7263

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What Happens During a Breast MRI?

- The MRI technologist will review your MRI safety questionnaire and breast history
- We will have you change into a gown that opens in the front when undergoing the examination
- MRI contrast will be given during this procedure (unless the reason for exam is solely to evaluate for silicone implant integrity). The contrast, gadolinium, is injected into the body intravenously. We will obtain intravenous access before the examination commences. The contrast will appear on the MRI images, allowing the Breast Radiologist to evaluate for any abnormal findings in the breast and surrounding anatomic structures. Most people feel a cool sensation traveling up their arm during the injection
- During the examination, patients lay face down on a padded table that has openings for your breasts to be positioned within for optimal imaging
- The patient and the table are then moved into the MRI machine, which may look like a tunnel or tube
- The MRI technologist and the patient will communicate through an intercom system
- We ask that the patient lays still while two to six sequences of images are taken through a magnet mechanism without the use of radiation. The MRI machine will make noises when it's taking the images, so the patient should not be alarmed by this
- An ultrafast breast MRI usually takes about 12 minutes to perform
- After the examination, the MRI technologist will remove IV access and let you get dressed. Your examination will then be sent to the Breast Radiologist to be interpreted
- Your results will be available in your electronic medical records account and should be available to the healthcare provider who ordered the examination within one to three business days.
- Your healthcare provider or a breast oncology nurse navigator will discuss the results with you
- If you have any questions leading up to the examination, please call 816.792.7138
  MRI Department

General Recommendations

The American College of Radiology, the Society of Breast Imaging, and the National Comprehensive Cancer Network recommend that all women have yearly mammograms beginning at age 40.

It is recommended that women aged 25-29 who are at high risk of breast cancer (20% or greater lifetime risk) have annual breast MRI, and then screening mammography alternating every six months with breast MRI beginning at age 30. It is also recommended that all women are risk assessed for breast cancer by age 25.

Resources

- MammographySavesLives.org
- EndTheConfusion.org
- RadiologyInfo.org
- NCCN.org

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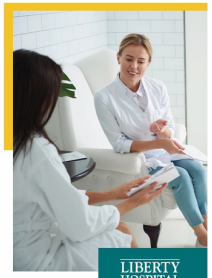
BCC-0005 05/2026

Breast Density & Supplemental Screening



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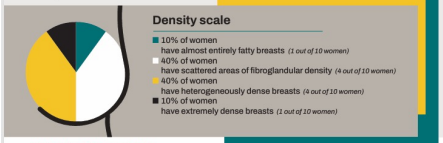
What is breast density?

Breasts are comprised of fibrous, glandular and fatty tissue. They are considered dense if they have more fibrous or glandular tissue but not much fat.

How is breast density determined?

Breast density is determined by a radiologist (the physician who reads your mammogram) or dense breast software tool. Radiologists classify breast density using a 4-level scale. Your mammogram report, breast radiologist or primary care physician can tell you if you have dense breasts based on where you fall on the scale.



Why is density important?

Women with dense breast tissue have an increased risk of breast cancer People with the highest density are 4 to 6 times more likely to get breast cancer than people with the least dense breasts. This is because glandular tissue is more likely to develop cancer. However, even people with breasts that are mostly fatty can get breast cancer.

Dense breast tissue also makes it more difficult for the radiologist to spot cancer on a mammogram. Dense breast tissue appears white on a mammogram. Lumps – both benign and cancerous – also appear white. So, mammograms – particularly 2D mammograms – can be less accurate in women with dense breasts as cancers can be hidden on a 2D static image due to superimposed dense breast tissue.

What causes dense breasts?

Dense breasts are part of the natural makeup of your body. Density is affected by factors such as age and hormones. Hormone replacement therapy will make breasts more dense. The drug tamoxifen (Nolvadex®) will make them less dense. Tamoxifen is an estrogen-receptor drug used to treat some types of breast cancer. Breasts can become less dense as you age, or stay the same, particularly after menopause.

Do women with dense breasts need mammograms?

Yes. A mammogram is the only medical imaging screening test proven to reduce breast cancer deaths. Many cancers are seen on mammograms even if you have dense breast tissue. Also, some findings suggestive of cancer such as suspicious calcifications are best – or only – seen on mammography.

Are any tests better than a mammogram for dense breasts?

Digital breast tomosynthesis (DBT), also called 3D mammography, provides images of the breast in "slices" from many different angles, making some abnormalities easier to see. As a result, 3D mammography has a higher cancer detection rate than 2D mammography.

Abbreviated Ultrafast Breast MRI is a supplemental screening tool which can be utilized for women with dense breasts. The Ultrafast Breast MRI test offers similar cancer detection rates to full MRI and is better than an ultrasound when it comes to sensitivity.

I have dense breasts. What's my next step?

If you would like supplemental screening, contact your primary care provider. They will send an order and you will receive a call to schedule an appointment.

Ultrafast Breast MRI is an affordable option for women with dense breast tissue who are of average or intermediate risk for breast cancer and:

- who are above average risk and don't qualify for a full MRI
- want supplemental screening

Ultrafast MRI costs less than a full MRI. The exam is a cash pay of $325 and is not billed through insurance. You will need an order from your provider to schedule an Ultrafast MRI.

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EXAM: DIGITAL BILATERAL SCREENING MAMMOGRAM, SYNTHESIZED 2D VIEWS, AND 3D DIGITAL TOMOSYNTHESIS, INTERPRETED WITH CAD
ACCESSION: [M024-138672]

DATE: [2/21/2024 3:06 PM CST]

PATIENT HISTORY: [Patient is postmenopausal and is nulliparous.
Family history of breast cancer in mother at age 35.
No Hormone Replacement Therapy
Patient is a former smoker. Patient's BMI is 42.1.]

INDICATION: [ROUTINE BREAST SCREENING][ ]

COMPARISON: [Mammograms dating back to 8/19/2016]

RISK ASSESSMENT: [Tyrer-Cuzick 10 Year: 3.0%, Tyrer-Cuzick Lifetime: 25.1%, Myriad Table: 1.5%, GAIL 5 Year: 1.2%, NCI Lifetime: 9.4%]

TECHNIQUE: Digital 2D CC and MLO views, synthesized 2D views, and 3D tomosynthesis CC and MLO views were obtained. Computer aided detection was utilized and assisted with interpretation.

TISSUE DENSITY: [The breasts are extremely dense, which lowers the sensitivity of mammography.]

FINDINGS: [There is no suspicious mass, unexplained architectural distortion, or suspicious grouped microcalcifications within either breast.]

IMPRESSION:
1. [No specific mammographic evidence to suggest malignancy.]
2. The patient is high risk. Annual screening mammography alternating every six months with supplemental screening in the form of Breast MRI is recommended for heightened surveillance per American College of Radiology and National Comprehensive Cancer Network Guidelines.
3. Additionally, consider referral to Dr. Kayla Barnard in the High Risk Breast Clinic for annual management and surveillance.

ASSESSMENT: [ACR BI-RADS Category 1 - Negative]

RECOMMENDATION:
1. Routine screening mammogram [Bilateral] [1 Year]
2. Breast MRI [Bilateral] [6 Months]
[ ][ ][ ]

COMMENTS:
"If your mammogram demonstrates that you have dense breast tissue, which could hide abnormalities, and you have other risk factors for breast cancer that have been identified, you might benefit from supplemental screening tests that may be suggested by your ordering physician. Dense breast tissue, in and of itself, is a relatively common condition. Therefore, this information is not provided to cause undue concern, but rather to raise your awareness and to promote discussion with your physician regarding the presence of other risk factors, in addition to dense breast tissue. A report of your mammography results will be sent to you and your physician. You should contact your physician if you have any questions or concerns regarding this report."

Screening Mammography Template Example

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Navigators are CRUCIAL

- Navigators can really help bridge the gap to ensure patients are being appropriately scheduled
- Navigators are key to adherence of recommendations and follow-up care
  - ***Key to driving growth***
- Varying forms of navigators and the role they play in breast care
- Do not rely on primary care providers and patients themselves!

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Personal and Professional Branding

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Personal Branding

Personal Branding: A Primer for Radiology Trainees and Radiologists

Vivek Kalia, MD, MPH, MS, Amy K. Patel, MD, Andrew K. Moriarity, MD, Cheri L. Canon, MD

PlumX Metrics

DOI: https://doi.org/10.1016/j.jacr.2017.03.017 | CrossMark

Article Info

- Allows you to take charge of your professional reputation

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Branding Pro Tips

- Deep *introspection* of passions and can fuel your brand
- Must be organic, authentic, and *genuine*
- Develop a brand that truly captures who you are at your *essence*
- Establish consistency which can result in *trust* and a valued/expert member to your target audience
- Become *irreplaceable*

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Social Media Branding

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Community Collaboration and Resource Access

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Where we started: Liberty Hospital Foundation Women's Health Fund

- Patients who meet 200% poverty level for household income
- Covers cost of screening mammogram, diagnostic mammogram, ultrasound, MRI, image guided biopsies, gas cards, and or arrangement for transportation
- Radiologists waive the professional fee
- A ***strong relationship*** between the breast imaging, foundation, finance, customer relations, and patient advocate departments is key

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Where we are now: Liberty Oncology Patients in Need Fund

- Patients who meet 200% poverty level for household income
- Covers cost of screening mammogram, diagnostic mammogram, ultrasound, MRI, image guided biopsies, gas cards, and or arrangement for transportation
- ***Added groceries and utilities****
- A ***strong relationship*** between the breast imaging, foundation, finance, customer relations, and patient advocate departments is key

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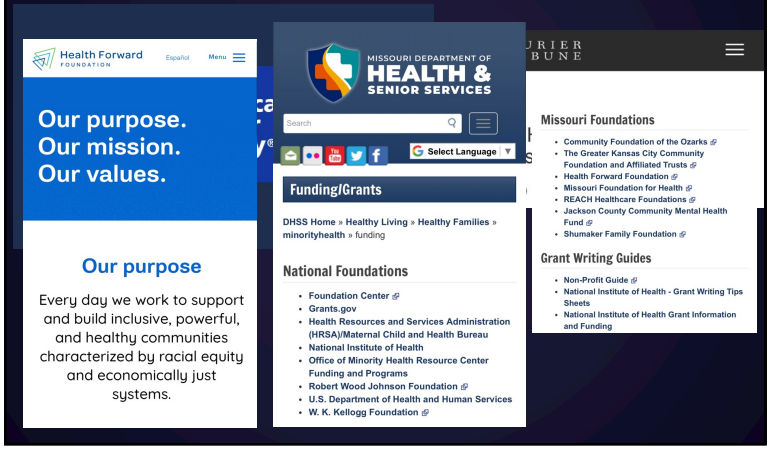
Grants



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Community Partnerships

Breast Health Equity Workgroup

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Closing Thoughts

- It takes a village when embarking on the journey of developing a breast center
- Takes a multifactorial approach, from stakeholder buy-in from the clinical team to advocating for beyond clinical hours to community collaboration
- There is not a one-size-fits-all approach!
- Branding your practice and individual key leaders of the healthcare team is instrumental to build credibility and trust

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Closing Thoughts

- Education at a health literacy level that a patient can understand about being above average risk and what that means for them is imperative
- Navigators play a crucial role in ensuring patient adherence, appropriate follow-up, and are key drivers to growth
- Evolving and being adaptable are key components in this current healthcare climate

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Questions?

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