

Breast Density: The Golden Opportunity in Radiology



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SUMMARY

As of this writing, breast density notification laws have been passed in 36 states. However, almost 90% of women living in these states are completely unaware that their state has passed such legislation. According to a 2018 study of 1,000 patients, only half of all women are even aware of the issue of breast density. Fewer still know how it can impact mammography results, and even fewer (less than 3%) know that their breast density puts them at an increased risk for breast cancer.¹

Another study of women in Massachusetts who received breast density notification letters showed that most women struggled to interpret what breast density meant. According to study author Dr. Christine Gunn, “Educational support is needed to promote informed decision-making about breast cancer screening that incorporates personal risk in the setting of dense breast legislation.”

As it turns out, referring physicians are just as in the dark about breast density as their patients.

A University of California, Davis study found that only about half of primary care physicians were even aware of the existence of the breast density law in California, and many were not comfortable having a discussion with their patients or answering questions about the issue.²

Some radiology practices are surprised to learn that referring physician and patient awareness of breast density is so low. Others look at it as something of a burden to their practice instead of seeing it for the golden opportunity that it truly is.

It is an excellent opportunity because:

1. There is an “education gap” regarding this issue that radiologists are uniquely qualified to fill. In fact, one could argue that it is their responsibility to do so.
2. There is an opportunity to perform supplemental screening on women with dense breasts, and therefore opportunities for new or increased revenue streams.
3. The issue affords your radiology practice the opportunity to be seen as a “thought leader” in this area, creating preference for your professional services over competing practices or imaging centers.
4. Your efforts at education and/or offering supplemental screenings for women with dense breasts will result in improved detection and MORE LIVES SAVED.

There is a federal initiative underway through the FDA that will require women to receive mandatory breast density notification from their mammography provider. Therefore, no matter where your practice is located, breast density notification will soon be mandatory everywhere.

What’s more, breast density is an issue that affects up to 40% of female patients who are seeking answers. Wouldn’t it be better if the answers came from you?

WHAT ROLE SHOULD YOU PLAY?

Radiologists have been far too quiet on the issue of breast density. Without the proper guidance, referring physicians have no real sense of what they are supposed to do for their patients. Many women are also in the dark, forced to do their own research to determine their options.

We can do better. A radiologist is the most qualified person to speak on this issue, and therefore, your practice or imaging center needs to take the initiative to educate all affected parties to be seen as a true expert on this issue. Even if you do not offer a supplemental screening method, your responsibility is to let women know that they may be a candidate for it.

If you are (or are thinking about) offering supplemental screenings, you will be pleased to know that when presented with the facts, up to 70% of women would pay out-of-pocket for a supplemental screening. Some practices offer cash-pay breast MRI or breast ultrasound for supplemental screenings. Others have made the modest investment in Automated Whole Breast Ultrasound or Fast Breast MRI—two streamlined techniques that enable you to largely make use of the equipment already in place at your center or hospital but that require additional hardware and/or software upgrades.

HOW WILL YOU EDUCATE YOUR PATIENTS?

There are several inexpensive ways to reach out to your female patients. At your imaging center, your waiting room and mammography changing rooms are the ideal places to educate women:

Brochures/flyers – Made available for women to take home.

Posters/mirror magnets – At eye level in changing rooms and throughout the facility.

Videos – Playing in the lobby or in the women's imaging waiting area. DenseBreast-Info.org has several educational videos on the subject that may be licensed for educational purposes.

Some forward-thinking practices have encouraged their technologists to participate in the education. These individuals have the closest contact with the patients, and are generally trusted – in part because most are women themselves.

Beyond the minimum notification, several practices we work with send out special letters to patients with BI-RADS Category C or D breast density. This helps make them better aware of what their breast density means, as well as the availability of supplemental screening options. It also encourages shared decision-making with their physicians.

HOW WILL YOU EDUCATE REFERRING PHYSICIANS?

Radiologists have always believed that referring physicians know more than they actually do about the radiology field. On the issue of breast density, they are grossly under-informed, and their trusted associations like the AMA and AAFP do not provide guidance on breast density. In fact, the AAFP still advocates following USPSTF breast screening guidelines.

Jean Weigert, MD, FACR, director of breast imaging at the Hospital of Central Connecticut initiated a physician education campaign in her community after her state's breast density notification law went into effect. "We sent letters to our referring physicians... surgeons, oncologists and primary care doctors in Connecticut have all embraced dense breast notification. There has been no pushback. Everyone is willing to talk about it and consult regarding which test is best as a follow-up," she said in an interview in *Radiology Today* magazine.

At first, some of our radiologists thought we were overstepping our bounds," Weigert added. "But we're not. We're doing the right thing."

The following steps are easy and inexpensive, but necessary to ensure that referring physicians are informed of breast density so that they can handle patient inquiries:

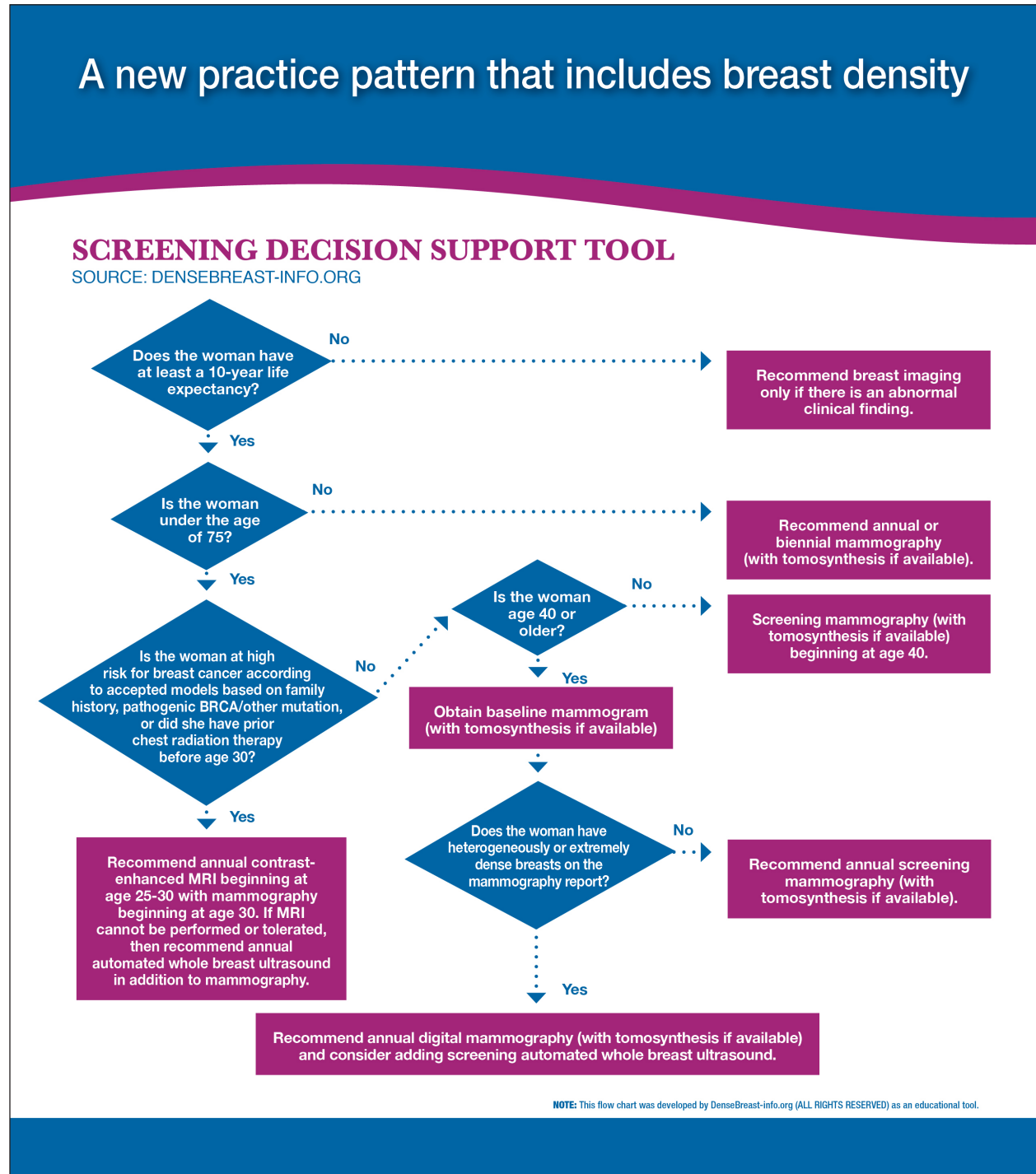
Step One: Ensure awareness of the issue and how it impacts their patients.

There are several inexpensive communications tools at your disposal, but none works better than the tried-and-true physician-to-physician letter. On the envelope, use a radiologist's name and credentials (MD, FACP, etc.) only, and not the practice or imaging center name. This will ensure the letter is opened and read by the referring physician.

If you have physician liaisons (reps) in the field marketing your practice, they too can assist in physician and referring office staff education. Have them share statistics on breast density, along with studies that show how supplemental screening with other modalities can improve cancer detection in dense-breasted women.

When it comes to education, nothing works as well as repetition, so do not assume that a single letter is enough to get doctors engaging with their patients about breast density. Case studies are excellent tools to demonstrate to referring physicians how supplemental screening can find cancers that may be missed with mammography.

We have encouraged our clients to take physician education a step further. To that end, we have recommended use of the following new “practice pattern” to help guide referring physicians when a patient is found to have dense breasts:



This takes the guesswork out of the equation for the physician, making it easy for him or her to know when to recommend supplemental screening.

Step Two: Provide information and tools for the doctor-patient consult.

The same information about breast density that you offer to women at your imaging center or department can be used by doctors to educate their patients. Brochures, flyers, posters, magnets and other materials can be re-purposed for primary care and OB/GYN offices.

If you would like to take this a step further, consider creating a 'flip chart' or other interactive tool that doctors can present to their patients, explaining the imaging challenges of dense breast tissue and helping patients to understand how it can affect them.



Step Three: Discuss the necessity of having a financial discussion with patients.

Doctors will generally not recommend a test or treatment if it is not covered by insurance. But it is important for them to know that universal coverage for mammography did not occur until the year 2000, despite the technology having been proven effective decades before. In fact, insurance coverage lags behind clinically proven screening technology by up to 30 years!

Demonstrate to them why the supplemental cost structure is the way it is at your center, and share with them the ways you make such testing affordable for patients. Inform them that the majority of their patients are willing to pay out-of-pocket for a supplemental screening test, as a small price to pay for the possibility of achieving early detection.

HOW WILL YOUR PRACTICE BENEFIT?

Why go through all of this trouble to educate doctors and patients about breast density? Because this issue is a rare example of how doing the right thing can also benefit the bottom line of your radiology practice.

Your next question might be, “What exactly is the impact to my bottom line?” Well, if a center performs 10,000 mammograms each year, and 4,000 women are found to have dense breasts, as many as 2,800 of these women would be willing to pay out-of-pocket for a supplemental screening. At a cost of \$195, just one-half of eligible candidates (1,400) paying out-of-pocket for a supplemental screening translates into \$273,000 in additional cash-pay revenue for your practice.

Supplemental screenings can be profitable, but even if they are priced to be a loss-leader, the downstream revenues associated with diagnostic testing of women with suspected lesions are greater. For example, ultrasound has been shown to detect just as many cancers in dense-breasted women as mammography, which will require follow-up, diagnostic tests, breast biopsies and more vigilant screening in the future for women with negative biopsies.

The opportunity for publicity is also excellent, as news media frequently run stories related to breast health, especially in October when they are looking for new and interesting angles on breast screening for their viewers. Once you are established as an expert on the subject, the media will return to you again and again when they need quotes for stories and articles on breast density, or breast health in general.

Breast density is a “hot-button” social media issue. Women who learn about the subject are more likely to share the information with their friends and colleagues through social media, which means that a typical social media post on the subject can grow exponentially as it is shared. I would strongly encourage you to post and re-post messages about breast density throughout all of your social media properties.

CONCLUSION

Becoming a leading voice on the issue of breast density is neither time consuming nor expensive, but the dividends it can pay to your practice are beyond measure.

The end result of all of these activities is better exposure for your organization, greater preference for your services and a stronger bottom line for your practice. And did I mention more lives saved?

Even if you implement just some of these recommendations, they will go a long way with your referring physicians and patients. If you would like to know more about how other centers are handling this issue, please email me at jim@armadamedical.com.

1. Acad Radiol. 2018 Aug 16. pii: S1076-6332(18)30371-4. doi: 10.1016/j.acra.2018.07.004. [Epub ahead of print] Patient-Reported Breast Density Awareness and Knowledge after Breast Density Legislation Passage. Miles RC1, Lehman C2, Warner E3, Tuttle A2, Saksena M2.
2. JACR March 2015 Volume 12, Issue 3, Pages 256–260 Impact of the California Breast Density Law on Primary Care Physicians Kathleen A. Khong, MD et al