

IMAGING UPDATE

Physician's Guide
to Radiological Services

Winter 2003

DIAGNOSTIC
IMAGING CENTERS



MQSA Inspections and ACR Accreditation Confirm High Quality Imaging Standards

LOCATIONS

Independence

4911 S. Arrowhead Dr.
816 795-7040
816 795-9920 fax

Kansas City, Midtown

6724 Troost, Suite 900
816 333-8420
816 333-7843 fax

Kansas City, North

5400 North Oak Trfwy.
816 455-5959
816 455-1122 fax

Overland Park, Kansas

5500-5520 College Blvd.
913 491-9299
913 696-0936 fax

Olathe, Kansas

1803 S. Ridgeview, Suite 101
913 397-7272
913 397-7373 fax

Lee's Summit, Missouri

First National Bank Bldg.
609 N. M-291 Highway
816 554-0040
816 554-3717 fax

MQSA stands for "Mammography Quality Standards Act," which was enacted by Congress in the early 1990's to ensure a level of compliance for all mammography providers. MQSA is a series of rules and regulations governed by the FDA that any hospital, clinic, or physicians' office must follow to be legally allowed to perform mammography.

Compliance consists of annual on-site inspections where FDA representatives review all aspects of the mammography program. Inspections include: analysis of graphs and tables maintained at each facility to assure all required tests have been performed accurately and on a timely basis; testing to determine that all individual mammography machines and film processors are in proper working order; review of the most recent physicists' reports on each machine, which show proper radiation output, x-ray collimation, and reproducibility properties for patient and operator safety; submission of film for assessment; verification

of credentials for each and every radiologist, technologist, and physicist to determine that continuing education and continuing experience requirements specific to mammography have been met; and confirmation that current licensure is in compliance. Recent MQSA inspection results confirmed that Diagnostic Imaging Centers' (DIC) mammography program continues to meet all parameters as determined by the federal government.

ACR accreditation is granted by the American College of Radiology (ACR) and certifies that equipment specifications and performance meet all state and federal requirements. Participation in the ACR accreditation program is strictly voluntary; still, DIC is proud to have chosen to accredit its MRI, ultrasound, breast ultrasound, and mammography equipment through the ACR.

The ACR accreditation is certified every 3 years and consists of: verification of credentials for all personnel

including radiologists, technologists and physicists; confirmation that continuing education and continuing experience requirements have been met; assessment of a documented quality control (QC) program which confirms all QC testing is carried out in accordance with written procedures and methods; and submission of clinical images to be reviewed by radiologists around the country for the evaluation of image quality.

Accreditation requires the submission of many forms, materials, and additional fees to the ACR. The process takes approximately six months from the time the paperwork is submitted until accreditation is finalized. However, DIC is proud to receive the voluntary ACR accreditation because it assures quality and confirms safety for operators and patients who utilize the radiation-producing and non-radiation-producing equipment. ■

—Carol Winter (R) (RT) (M)
Quality Assurance /
Safety Manager

Mammography: Screenings vs. Diagnostic Studies

Written by Patricia McGhie, M.D.
Diagnostic Imaging Centers

What Is A Screening Mammogram?

"Screening mammography" refers to a mammogram being performed as an annual test to screen asymptomatic women for breast cancer. Typically two views of each breast are obtained during a screening mammogram. The exam takes about 30 minutes. Patients do not require a written referral to have a screening mammogram.

Screening mammograms are recommended on an annual basis starting at age 40 for most women or 5-10 years younger than age of breast cancer diagnosis of a first degree relative (mother, sister or aunt).

Annual screening mammograms have been shown to be an effective tool for identifying early breast cancers and have been shown to be a critical tool in breast cancer detection. Breast cancers sometimes appear on mammograms as early as two years before they can be detected through a clinical breast exam. Studies have shown that routine-screening mammograms can detect 40 percent of all cancers not found by clinical breast exams or breast self-exams. The widespread use of screening mammograms has helped reduce the incidence of breast cancer deaths by as much as two-thirds in recent years.

What Is A Diagnostic Mammogram?

A "diagnostic mammogram" is a mammogram that is used to evaluate symptomatic patients with breast symptoms such as palpable mass, nipple discharge, skin changes, or unusual breast pain. Diagnostic mammography is also used for patients that have a personal history of breast cancer or breast implants. Additionally, the initial mammogram following a benign breast biopsy is also categorized as a diagnostic mammogram. A written order/request is required for all patients having a diagnostic mammogram.

A diagnostic mammogram procedure often takes longer than a screening mammogram. Additional views of the breasts may be necessary and ultrasound is commonly used as a complimentary tool to evaluate the breast problem.

Does Every Woman Need A Mammogram?

Yes. Presently the cause of breast cancer is unknown, but early detection is a woman's best protection. A mammogram may help discover early changes of breast cancer.

SCREENING MAMMOGRAPHY

- Asymptomatic patients
- No written order needed

DIAGNOSTIC MAMMOGRAPHY

- Symptomatic patients
- Patients with personal history of breast cancer
- Patients with breast biopsy (benign or malignant) since prior mammogram
- Patients with breast implants
- Written order needed

Mammograms are recommended yearly beginning at age 40. They may be recommended earlier in women with a family history of breast cancer.

Young women (29 years or less) presenting with breast symptoms are first evaluated with ultrasound. Increased breast density limits the sensitivity of mammography in young women. Young men with breast symptoms are also evaluated by ultrasound.

The Results

MQSA regulations require that mammography results be given to referring offices and to the patient in person or by mail within 30 days. Diagnostic Imaging Centers provides immediate results to all mammography patients at the time of their appointment, in an attempt to alleviate the stress and anxiety that is felt by many women having a mammogram. When and if additional testing (such as spot compression views or ultrasound) is necessary, these are performed the same day.

Who Is At Risk?

Anyone can get breast cancer, but being female is simply the greatest single risk factor for developing breast cancer. The risk of breast cancer increases with

advancing age. Other known risk factors include the presence of the breast cancer gene or having a family history or breast cancer. People with a personal history of breast cancer or prior biopsies with diagnosis of atypical hyperplasia or carcinoma in situ diagnosis are at increased risk of developing a future breast cancer. The reality is that the majority of women who get breast cancer have no known risk factors except being a woman and aging.

What Will The Exam Be Like?

The mammogram will be performed by one of our female technologists specializing in mammography. Our technologists have special competency in mammography and work under close supervision of the radiologist to assure the most accurate result.

Compression of the breast is a necessary part of every mammogram. Compression is used to spread the breast tissue to reduce the thickness of the breast. This allows for lower doses of radiation and the best quality mammographic images. The amount of radiation received during a mammogram is very low — it is about equivalent to that received from a round-trip airplane flight from New York to Los Angeles. ■

8 Tips For Good Mammograms

1. Use a facility that either specializes in mammography or performs many mammograms per day.
2. If you are satisfied that the facility is of high quality, continue to go there on a regular basis so that your mammograms can be compared from year to year.
3. If you change facilities, ask for your old mammograms to bring with you to the new facility so they can be compared to the new ones.
4. If you have sensitive breasts, try having your mammogram at a time of the month when your breasts will be least tender. Try to avoid the week right before your period. This will help to lessen discomfort.

5. Don't wear deodorant, powder or cream, under your arms—it may interfere with the quality of the mammogram.
6. Bring a list of the places, dates of mammograms, biopsies, or other breast treatments you have had before.
7. Results of your mammogram will be available to you the day of your examination.
8. Ask to see the FDA certificate that is issued to all facilities that meet high professional standards of safety and quality.

Prior mammograms are extremely important for evaluating a current mammogram, and patients are encouraged to keep a record of the dates and places of their prior mammograms for comparison. Diagnostic Imaging Centers performs over 47,000 mammograms annually.

Mammography Reminder Cards and Positive Mammogram Follow-Ups: Top on DIC's List For Continued Patient Care

Mammography Reminder Cards

In recent years, changes regarding patient confidentiality and HIPAA compliance issues caused Diagnostic Imaging Centers (DIC) to temporarily cease sending mammography reminder cards to its patients. In the months that followed, Kathi Crouch, Director of Clinical Operations at DIC, noticed a most unfortunate result.

"What we at Diagnostic Imaging Centers immediately saw was a drop in the number of mammograms, which verified for us a true need for this service to be reinstated," says Kathi Crouch, Director of Clinical Operations. "The reminder card was necessary if we were going to provide quality care. Sending out the

reminder cards became easier once HIPAA regulations became less restraining regarding normal healthcare business."

Now a reminder card is handed to the patient at each annual mammography visit. DIC requests that the patient fill in their name and address, giving DIC permission to send the reminder card directly to the patient in plenty of time to make their next annual appointment. On the back side, a space is provided for them to record the date and time of their next appointment. Crouch says, "Today's busy lifestyle necessitates the use of the reminder card, and it is proven to be a very effective way to keep the patient aware that DIC cares for their continued health."

Mammography Follow-up Letters

DIC also maintains a reminder system regarding both short-term and one-year follow-up visits to evaluate possible concerns. A reminder letter to initiate a short-term follow-up visit is generated one month prior to the due date of a visit. A second, longer letter is intended to serve as a reminder if the patient did not return for follow-up. The time span between the two

letters is approximately two months. The Mammography Quality Standards Act (MQSA), mammography's regulatory body, requires that only two attempts be made. However, DIC exceeds the MQSA requirements and sends a third attempt letter to remind the patient to return for follow-up. DIC's three-step reminder system for follow-up exams is another example of how DIC continues to strive for optimal patient service and quality. ■

—Barb King,
Public Relations Manager

Your Questions Answered in "Ask the Radiologist"

Submit Your Questions for the New
Column To: jherman@dic-kc.com



Ask the Radiologist...
Jeffrey B. Herman, M.D.

As part of our continuing effort to provide exceptional service to our referring clinicians, Diagnostic Imaging Centers is proud to announce the creation of a new column to run in each of our quarterly newsletters. The physicians at Diagnostic Imaging Centers receive questions, on a daily basis, regarding appropriate imaging options, radiology report terminology, contraindications to certain exams, services offered, new technology and advances in radiology, insurance carriers and precertification, as well as what kind of experience their patients can expect at Diagnostic Imaging Centers.

The purpose of this column is to address common questions or concerns and to share the response with a broader audience. In this manner, Diagnostic Imaging Centers hopes to provide more efficient service and appropriate education where it is desired. We hope that you will take advantage of the opportunity to "pick our brains" so that we may assist you in optimizing your patients' care. Please solicit questions, concerns, and/or comments to:

Dr. Jeffrey B. Herman
jherman@dic-kc.com
816-333-8420

All questions will be presented anonymously. ■

—Jeffrey B. Herman, M.D.

Would You Like to Receive the CT & MRI Daily Openings List?

Email Your Request To: sward@dic-kc.com
Or Call Shelly at 816-276-5400, ext. 3032

In an effort to better serve the needs of Diagnostic Imaging Centers' (DIC) referring physicians and their patients, DIC makes available by daily fax a listing of all DIC locations' MRI and CT openings.

If you would like to receive the daily fax of MRI and CT openings, please contact Shelly Ward by e-mail at: sward@dic-kc.com or by calling 816-276-5400, ext. 3032.

Please be sure to provide your name and the fax number that should be used when sending this daily fax.

With the ability for "same-day scheduling" throughout the DIC system, DIC strives to meet the needs of all referring physicians and their patients regarding exam appointments. ■

—Barb King,
Public Relations Manager

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