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Imaging 3.0 Offers Breast Imaging Innovations

The following charts are offered as a guide for breast imagers into new pathways and correlated actions in becoming successful Imaging 3.0 innovators.

The Outreach section (blue) focuses on strategies to highlight the efforts of Radiologists as health care providers in the eyes of patients and the community as a whole. It also identifies potential areas for collaboration with other stakeholders (health care administrators and providers, politicians, and patient advocates) in breast cancer screening and treatment.

The Practice Management section (pink) emphasizes opportunities to facilitate the integration of Radiologists in direct health care delivery for breast patients beyond image interpretation. The Practice Management section follows the patient's clinical course from order entry for screening mammography through diagnosis, treatment, and survivorship.

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1. Outreach	a. Patient and Population	i. Serve as a resource for patient support groups.		
		ii. Reach out to the patient advocacy community (Susan G. Komen Foundation, American Cancer Society, "Are You Dense?" Movement).		
		iii. Establish a media presence – traditional and social.		
		iv. Encourage patients to refer to **Mammography Saves Lives.		
	b. Hospital Administration and Other Clinicians	i. Familiarize referring clinicians and hospital administration with screening guidelines.		
		ii. Collaborate with primary care clinicians to encourage compliance with screening guidelines.		
		iii. Partner with physicians in other specialties who care for breast cancer patients (Genetics, Surgery, Oncology, Radiation Oncology, Pathology) to coordinate care and help support breast cancer initiatives with hospital administration and in the community.		
		iv. Encourage use of **"Breast Cancer Screening With Imaging: Recommendations From the Society of Breast Imaging and the ACR on the Use of Mammography, Breast MRI, Breast Ultrasound, and Other Technologies for the Detection of Clinically Occult Breast Cancer" J Am Coll Radiol 2010;7:18–27.		
	c. Political	i. Monitor status of breast density legislation in your state.		
		ii. Collaborate with other professional societies to address shared breast cancer issues (for example, ACR participation in the National Accreditation Program for Breast Centers).		
		iii. Refer to **ACR Breast Imaging Resource Page.		
		iv. Attend **2015 ACR Meeting: The Crossroads of Radiology.		

** = ACR programs

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2. Practice Management	a. Access and Order Entry	i. **Clinical Decision Support (future state ACR development)			
		ii. **ACR Practice Parameter for the Performance of Screening and Diagnostic Mammography			
		iii. **ACR Appropriateness Criteria	1. Breast cancer screening		
			2. Nonpalpable mammographic findings excluding calcifications		
	3. Palpable breast masses				
	4. Stage 1 breast cancer: Initial work up and surveillance for local recurrence and distant metastases in asymptomatic women				
	b. Screening mammograms	i. Facilitate screening compliance by optimizing access.			
		ii. Self-referred screening mammography legislation – confirm appropriate notification strategies and procedures by state.			
		iii. Take ownership of patient risk stratification.	1. Identify high risk patients.		
	2. Include patient’s risk assessment in report.				
	3. Educate about high risk screening strategies (including MRI).				
	c. Diagnostic Mammography and Ultrasound	i. Take ownership of patient navigation.	1. Contact patients to schedule recall mammogram appointments.		
			2. Send reminder letters for routine screening mammography.		
		ii. Perform hands on correlation of mammographic and sonographic findings.			
			iii. Discuss results with patients by radiologist.	1. Negative results – Provide reassurance.	
		2. Positive results – Explain findings and facilitate biopsy scheduling.			
		3. Communicate results in written format.		a. See **ACR Sample Lay Report Letters (including density information if needed depending on state legislation).	
				b. Release results electronically via Patient Portal.	
	d. Biopsy	i. Correlate pathologic and imaging findings.			
		ii. Notify patients and referring clinicians of biopsy results directly – either by the Radiologist or Radiology practice.			
	e. Cancer Treatment	i. Coordinate care with other members of care team across disciplines (Surgery, Oncology, Radiation Oncology, Pathology).	1. Expedite care.		
			2. Support standardization of treatment.		
			3. Provide guidance for workup for extent of disease (MRI, axillary node evaluation).		
			4. Establish recommendations for imaging during and after treatment, including long-term surveillance.		
5. Contribute to survivorship planning.					
f. Quality and Safety	i. Refer to **ACR Accreditation .				
	ii. Refer to **Breast Imaging Center of Excellence .				
	iii. Refer to **National Mammography Database to benchmark practice.				