Breast Density Notification:

Barriers to implementation and variability of supplemental screening practices among ACR accredited breast centers following state legislation

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- Katrina Lambert, MD: none
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As of March 2015, 58% of states have passed breast density legislation or other provision regarding breast density notification.

PINK: Enacted Law
RED: Introduced Bill
BLUE: Bill Under Development
WHITE: No action
BLACK: Insurance Coverage Mandate

http://www.areyoudenseadvocacy.org/dense/
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Why?

- Dense breast tissue decreases the sensitivity of mammography\textsuperscript{3,4}
- However, it remains controversial if dense breast tissue is an independent risk factor for breast cancer\textsuperscript{2}
Breast Density Reporting

• The ACR recommends including a succinct description of breast composition in each mammogram report\textsuperscript{1}

• The assigned BI-RADS classification is defined by a \textit{visual estimate} made by the interpreting radiologist
On January 1, 2014, a new TN law went into effect, requiring patient notification of *heterogeneously or extremely* dense breast tissue at screening mammography with the following language:

“Our mammogram shows that *your breast tissue is dense*. Dense breast tissue is common and is not abnormal. However, dense breast tissue can make it harder to evaluate the results of your mammogram and may also be associated with an increased risk of breast cancer. This information about the results of your mammogram is given to you to raise your awareness and to inform your conversations with your doctor. Together, you can decide which *screening options* are right for you. A report of your results was sent to your physician.”
Purpose

• An IRB exempt survey based project designed to:
  • Assess the variability of supplemental screening practices among ACR accredited breast centers in the state of Tennessee
  • Discover barriers to implementation of the new law among accredited breast centers in Tennessee, a state with both large rural and urban populations
  • Evaluate differences in supplemental screening practices among ACR accredited breast centers
Materials & Methods

- Nearly 200 ACR accredited breast centers in Tennessee were contacted by standard mail, telephone or email.
- All centers received a cover letter with a hard copy survey and/or URL link to a 13 question survey.
20% (25/127) of radiology groups servicing nearly 200 breast centers in the State of Tennessee responded to the survey.

**Practice Location**
- Rural: 44%
- Urban: 28%
- Both rural & urban locations: 28%

**Volume of Diagnostic and Screening mammograms performed per year**
- < 5,000: 20.0%
- 5,000 - 10,000: 20.0%
- 10,000 - 15,000: 28.0%
- 15,000 - 20,000: 8.0%
- 20,000: 24.0%
Density Notification Mandate

- 96% of groups reported compliance with the breast density notification mandate

- 48% of respondents report participation in meetings, presentations, written communication or other interactions with referring clinicians in the community for the purpose of education about the passage, implementation & implications of TN State Law 63-6-245

State of Tennessee
PUBLIC CHAPTER NO. 387
SENATE BILL NO. 745
By Massey, Beavers, Bowling, Campfield, Ford, Harper, Gresham, Yager
Substituted for: House Bill No. 532
By Powers, Cooper, Gilmore

AN ACT to amend Tennessee Code Annotated, Title 63, relative to communication of mammographic breast density information to patients.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 6, Part 2, is amended by adding the following as a new section:

63-6-245.

(a) As used in this section, "physician" means an individual authorized by this chapter to practice medicine and surgery or osteopathic medicine and surgery pursuant to chapter 9.

(b) If a physician has determined, after a mammogram is performed, that a patient has dense breasts or extremely dense breasts, based on the breast imaging reporting and data system established by the American college of radiology, the facility where the mammogram was performed shall provide the following notice to the patient:

Your mammogram shows that your breast tissue is dense. Dense breast tissue is common and is not abnormal. However, dense breast tissue can make it harder to evaluate the results of your mammogram and may also be associated with an increased risk of breast cancer. This information about the results of your mammogram is given to you to raise your awareness and to inform your conversations with your doctor. Together, you can decide which screening options are right for you. A report of your results was sent to your physician.

(c) This section shall become operative on January 1, 2014. Nothing in this section shall be construed to create or impose liability for failing to comply with the requirements of this section. Nothing in this section shall be deemed to create a duty of care or other legal obligation beyond the duty to provide notice as set forth in this section. Nothing in this section shall be deemed to require a notice that is inconsistent with the provisions of the federal mammography quality standards act, as compiled in 42 U.S.C. § 263b or any regulations promulgated pursuant to that act.
Supplemental Screening

72% of respondents provide supplemental screening to women with dense breast tissue who would not otherwise qualify for these exams

- 45% offer Handheld Breast US
- 28% offer Breast MRI
- 27% offer Digital Breast tomosynthesis (DBT)
Supplemental Screening: Billing

- 19% of practices offer screening as self pay only
- 81% of practices bill through insurance:
  - Screening DBT
    - 14% bill as screening mammogram
    - 9% bill as unlisted code
  - Screening Handheld US
    - 50% bill as a diagnostic US (CPT 76645)
  - Screening Breast MRI
    - 27% bill as breast MRI (CPT 77059)
Supplemental Screening: DBT

• 47% of groups who offer digital breast tomosynthesis report that group members have received specialized training in interpreting breast tomosynthesis.

• For those currently without Screening DBT:
  – 41% plan to add screening DBT within the next 5 years
  – 29% plan to add screening DBT when a reimbursable CPT code is created
  – 18% do not plan to add screening DBT to their practice
  – 12% plan to add screening DBT within the next year
For those who do not offer any supplemental screening...

Only 18% have a referral plan in place for women with dense breast tissue to obtain supplemental screening at another facility.
How important is breast density among your group members?

The level of importance respondents state their group on average associates with breast density.
“A significant problem with this law is that there is no means by which to actually measure breast density. Patients are being referred by PCPs or NPs for supplemental screening who do not have sufficiently dense breast tissue to warrant such an exam. Also, I am frustrated at having to use legislative wording suggesting that breast density correlates with cancer risk, which in fact there is no conclusive data to prove a correlation. In short, I see this law as increasing use of medical dollars for additional testing which is often unnecessary, as well as increasing patient anxiety. I perceive the cost to benefit ratio as being extremely low.”
“The law has simply added another layer of confusion and anxiety to the population, as well as additional costs, as patients demand more services. For years, mammographers [requested] additional workup as needed, not simply based on breast density. Now, with the law raising awareness, both referring doctors and patients are requesting services that may not be indicated. Additionally, it adds one extra layer of ‘work’ [in] an already heavily utilized low reimbursement field.”
“[The state] should not have implemented the law without first having state wide medical agreement on the type of additional screening to be offered and to ensure the additional screening tests are covered by insurance/medicaid, etc. [This law was] passed by interests that wanted to do more MRIs without proving efficacy and cost vs. benefit. We are pushing hard to get breast tomosynthesis as the best alternative.”

“I feel that ‘some’ independent breast centers in our area (which have traditionally over-utilized supplemental breast imaging and biopsy) use it as an excuse to do many more breast MRs, elastography, etc. They, along with a breast surgeon whom they employ, pushed very hard to get the legislation passed.”
Respondent Comments:

“I feel the law was premature and ill-advised, and has had a negative impact on my efficiency and my patients’ satisfaction. I feel like the TRS [Tennessee Radiological Society] was not on the job in vetting this law, and I don't understand why primary care physicians did not prevent it.”

“In my experience so far, I believe tomosynthesis is better across all breast densities. So far, I do not think that breast density was playing quite the role we thought it was.”

“We have not had as many questions as expected about breast density since [the law went into effect]. We hope to use tomosynthesis rather than MRI for supplemental screening if requested after a clinical exam.”
Conclusion:

Although there is nearly 100% compliance with the new breast density law among survey respondents, this study reveals barriers to appropriate implementation of the law, including:

- Lack of standardized recommendations for additional supplemental screening
- Uncertainty regarding reimbursement of supplemental screening exams
References


