

Growth and Challenge

New technology and services enable better patient care, while declining reimbursement plagues profitability in women's imaging centers. **By Steven R. Renard**



IN A RELATIVELY SHORT TIME, the business of breast imaging has seen great change, and the past seven years have brought women's imaging centers out of the doldrums. Early centers that offered limited services and lived on slim margins began to grow as they attempted to obtain payer "preferred provider" status by offering multiple modalities and meeting utilization needs and quality standards. At the same time, the Deficit Reduction Act initiated demands for program integrity and quality of care, leading to the development of groundbreaking techniques and technologies as well as evolving reimbursement policies.

Breast imaging's iconic technology, mammography, once performed on analog units, has moved to a new industry standard of digital mammography using computer-aided

detection (CAD) and an array of enhancements and functionalities, such as contrast. Technological advancements have pushed higher detection rates but have forged a double-edged sword that also has created new reporting requirements and changes to state laws.

For example, improved technology has shown that approximately 40 percent of American women have dense breasts, and traditional mammography is not always effective in detecting cancers in dense breast tissue. Laws passed in 2009 require that imaging centers providing mammography services must notify patients in writing if they have dense breast tissue. As a result, there has been a huge upswing in the use of screening ultrasounds for dense breast tissue lesions, adding an older but trusted modality to the modern arsenal of mammography. Imaging

centers now are bracing for similar laws in more than 13 states, according to the American College of Radiology.¹

The early detection movement continued to push new technology into women's centers. One important addition was breast MRI, which has proved to be even more sensitive than the combination of ultrasound and mammography, as it finds more cancers—14.7 per 1,000 women screened.² Ten years ago, women's centers offered services around a standard equipment package of mammography/DEXA/ultrasound; today, both services and equipment are morphing continually due to demands for earlier detection and continuing technology advancements like breast tomosynthesis.

As the care continuum has expanded and shifted, the financial challenges of providing care have increased. Women's centers now need to pay for additional personnel to address reporting requirements for state and federal agencies, specialty professionals like nurse navigators, expensive new equipment, and aesthetic upgrades to create a comfortable environment for patients. Modern imaging centers typically have plenty of space and even may offer separate consultation areas for radiologists or patient nurse managers.

"Inflation also has taken a toll; the average price per square foot to build a women's imaging center with two digital mammography units, ultrasound room, DEXA, and stereographic biopsies has jumped from approximately \$165 a square foot to well over \$250, depending on the level of finishes and/or extraneous state or local code requirements," says Douglas Home, president of Cameron Builders, Moraga, Calif.

As women's services continue to evolve, many top-tier centers have adopted proactive programs with primary care physicians and/or OB/GYNs to perform breast cancer risk evaluations. These evaluations test several key factors, such as family history, genetic profile, environmental exposure, and other scientifically-based predispositions. Evaluation activities have led many centers to collaborate with oncology and surgery centers to develop a system that allows a positive cancer patient to be detected and treated within a week's time.

Long gone are the days when women waited in agony to hear the results of cancer screenings. Modern expectations have turned women's imaging centers into one-stop-shops that may

Continued on pg. 27

Online or Live Courses for RTs!



Imaging Education Associates is pleased to offer...

Live '4 month' courses-didactic (classroom) & Clinical (hands-on components)

- MRI (Spring & Fall in PA; Summer in NJ)
- CT (Spring & Fall in PA)

Weekend Registry Review Course in PA

- MRI (Spring & Fall)
- CT (Spring & Fall)

Virtual - Available online and on-demand!

- MRI
- CT
- Mammography
- Sonography

"Discounts" & payment plans available. For more information visit

www.imaged.com

Continued from pg. 20



be able to offer action as quickly as second-day result consults with oncologists and/or surgeons. Some even have implemented telemedicine to bridge patient consults between breast imaging specialists and surgeons or oncologists.

the duration or skill set. Facilities struggle with that because reimbursement is \$92 for Medicare," she says. "That's good and bad from a business and public policy standpoint, but not so good from the standpoint of having a technologist tied up for an hour for just \$92—it makes it pretty difficult to make ends meet and market for cash business."

While challenges remain, breast imagers have never had it better from a technological standpoint. There is progress being made every day in the women's imaging field. New research findings and cutting-edge technologies mean clinicians now can offer new hope for countless women. Many centers have tried to balance their business operations by adding new services, moving from early detection and prevention to offering treatment. These kinds of efforts add to the growing arsenal against breast cancer and allow women's imaging centers to fight it in a programmat-

Many centers have tried to balance their business operations by adding new services, moving from early detection and prevention to offering treatment.



EXPLORE

PROFESSIONAL INFORMATION

JOB FAIRS

HEALTHCARE CAREERS

ONLINE CE CREDITS

BUYERS GUIDES

SHOPPING

SURVEYS

COURSES

AND MORE!

advance
www.advancweb.com

Because breast cancer often spreads to lymph nodes and then the lungs and bones, radiofrequency tumor ablation therapy is another new technology offered by full-service women's centers and imaging and oncology centers. Some products provide localized tumor necrosis of vertebral body lesions where metastatic disease has spread to the spine, while others may provide tumor ablation using MRI for localization and ultrasound for treatment to target uterine fibroid and soft tissue tumors. These technologies can bring profitability to a women's imaging center because they remove barriers to entering treatment along with offering low-cost treatment alternatives.

Women's imaging centers that continue to grow in size, scope and expense face challenges because of declining reimbursement, especially in the face of new health care reform legislation. When it comes to incorporating new technology such as tomosynthesis, radiofrequency ablation, ultrasound and MRI, Kay Yan, MD, radiologist at Liberty Pacific Medical Imaging, Long Beach, Calif., explains, "Some are cash only and non-reimbursable or there is only one CPT code covering breast ultrasound, no matter

ic approach within the care continuum, all while adapting to uncertain economic times and avoiding the switchbacks that can take centers to break-even or loss margins. ○

References

1. Howell, Whitney, LJ. Dense Breast Tissue Legislation Presents Challenges for Practitioners. *Diagnostic Imaging*, Feb. 20, 2012.
2. Basset, M. Special Report: Women's Imaging. *Imaging Economics*, June 2012.

Steven R. Renard is the founder, CEO and president of Diagnostic Radiology & Oncology Services, a development, consulting and management company in Roseville, Calif.

Online
www.advancweb.com/imaging



Are you under- or over-staffed with RTs? In what areas do you need help? Provide feedback for our Staffing Survey at www.advancweb.com/imaging.