

Survey of Mammography Facilities

Summary:

Survey completed? Yes _____ Date completed: ____/____/____
No _____

Comments: _____

Instructions: This survey is part of a study being conducted by **[insert surveillance institution]** breast cancer surveillance program, in cooperation with the American College of Radiology. It takes less than 15 minutes to complete. I will read the questions to you (either over the telephone or in person). Please indicate the response that best describes your mammography facility.

Instructions for interviewers:

1) Please indicate the person(s) providing the specific information to each question using the alphabetic code below. You may circle more than one for each question.

- T =** Technologist-Lead Mammography
- O =** Other Technologist [e.g., non-mammogram Department Chief Technologist]
- R =** Radiologist
- B =** Business manager- Radiology Dept. or Facility
- S =** Surveillance research office- Information previously established by site's
- Other: Specify _____

2) If the responder declines to answer a question, please note this in the margins beside the corresponding question in handwriting using one of the following codes. Please ask multiple individuals before resorting to these codes.

- Unk=** Unknown
- DTR=** Declined to respond

Survey of Mammography Facilities

Instructions: This survey is part of a study being conducted by [insert surveillance institution] breast cancer surveillance program, in cooperation with the American College of Radiology. After you have read over the questions, it takes about 15 minutes to complete. I will read the questions to you (either over the telephone or in person). Please indicate the response that best describes your mammography facility.

Instructions for interviewers:

- Please indicate the person(s) providing the specific information to each question using the alphabetic code below. You may circle more than one for each question.

T = Technologist-Lead Mammography

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R = Radiologist

B = Business manager- Radiology Dept. or Facility

S = Surveillance research office- Information previously established by site's

Other: Specify _____

	Source Code <i>(Circle all that apply)</i>
1. What is the zip code for this facility's physical location: _____	T O R B S Other _____
2. Is this facility associated with an academic medical center? <input type="radio"/> No <input type="radio"/> Yes →	T O R B S Other _____
If yes: Are there fellows/residents reading mammograms at your facility? <input type="radio"/> No <input type="radio"/> Yes	
3. Please describe your mammography facility. I will read a list; state Yes or No if your facility... <u>Yes No</u> <input type="radio"/> <input type="radio"/> Is located in a hospital <input type="radio"/> <input type="radio"/> Is located in a public health clinic <input type="radio"/> <input type="radio"/> Has a Mobile van (% of screening mammograms done at your facility using the mobile mammography van(s)?) _____ <input type="radio"/> <input type="radio"/> Is clinic or office-based (non-hospital?) →	T O R B S Other _____
If clinic or office-based, is it... <input type="radio"/> Radiologist owned? <input type="radio"/> Non-radiologists owned? <input type="radio"/> A women's health center?	
<input type="radio"/> <input type="radio"/> Other (please describe): _____	

FINAL

Study ID: _____

4. Please indicate which best describes your mammography facility. I will read a list; check all that apply to your facility.

T O R B S
Other _____

- Radiology practice
 - Screening and diagnostic services available on site
 - Only screening mammograms available
 - In office with other medical/surgical specialties
- Primary care – medicine, family medicine
- Public health clinic
- Obstetrics and gynecology
- Other surgery
- Multi-specialty breast center
- Other (please describe): _____

5. Please describe the imaging services offered at your facility. I will read a list; state **Yes** or **No** if this service is provided.

T O R B S
Other _____

Yes No

- Screening Mammography
- Diagnostic Mammography
- Breast Ultrasound
- Breast CT
- Breast MRI
- Breast nuclear medicine scans
- Ductography
- Other: _____

6. Do you have digital mammography machines?

T O R B S
Other _____

- No (**If no**, go to question #7)
- Yes, **if yes...** →

a. Are your digital mammography machines...

- Spot (i.e., digital biopsy units)
- Full field

b. How many of your radiologists are certified for digital mammography? _____

c. What digital equipment do you have?

Make _____ Model _____

Year manufactured _____

7. Are clinical breast exams (CBE) done routinely for women getting a *screening* mammogram?

T O R B S
Other _____

- No (**If no**, go to question #8)
- Yes, **if yes...** →

a. Please estimate the percentage of women getting screening mammograms who get a CBE ____%

b. Does the radiologist know the results of the CBE when they interpret the mammogram?

- No, never
- Yes, some of the time (What percentage? ____%)
- Yes, all of the time

8. Please describe the interventional breast procedures performed at this facility.

T O R B S

None- no interventional breast procedures offered (If none, go to question #9)

Other _____

Yes No

- FNA If yes: Stereo-guided US guided
- Core Biopsy If yes: Stereo-guided US guided
- Vacuum Assisted Biopsy If yes: Stereo-guided US guided
- Cyst Aspirations If yes: Stereo-guided US guided
- Needle Localization If yes: Stereo-guided US guided
- Other: _____

9. What hospital or private pathology lab(s) do you use for your biopsy interpretation?

T O R B S

Other _____

Now I am going to ask you about screening mammograms:

10. What was the average waiting time (in 2001) to schedule a *screening* mammogram at this facility?

T O R B S

Other _____

_____ # of work days (or _____ # of weeks)

11. What percent of the *screening* mammograms done at your facility are interpreted at another facility? _____%

T O R B S

Other _____

12. What percent of *screening* mammograms are interpreted:

T O R B S

a. As they are done, one (or less than ten) at a time: _____%

Other _____

b. In groups (batches) of 10 or more at a time? _____%

Total = 100%

How many are in a typical batch?

10 –24

25 – 49

≥ 50

13. Do women receiving *screening* mammograms at your facility wait until the mammograms are interpreted by the radiologist before they leave?

T O R B S

Other _____

- No, never
- Yes, some of the time (What percent? _____%)
- Yes, all of the time

Now I am going to ask you about diagnostic imaging and procedures:

14. What was the average waiting time (in 2001) to schedule a *diagnostic* mammogram at this facility?

T O R B S

Other _____

_____ # of work days or _____ # of weeks _____ Not applicable (e.g., don't do diagnostic mammograms)

15. What percent of women at your facility have immediate diagnostic work-up done on the same day as the abnormal screening mammogram? _____%

T O R B S

Other _____

16. What percent of the *diagnostic* mammograms done at your facility are interpreted on-site: _____%

T O R B S

Other _____

FINAL

Study ID: _____

17. Do women receiving *diagnostic* mammograms at your facility wait until the mammograms are interpreted by the radiologist before they leave? T O R B S
Other _____
- No, never
 - Yes, some of the time (What percent? _____%)
 - Yes, all of the time

18. Do you use computer-assisted diagnosis (CAD) technology (i.e. R2)? T O R B S
Other _____
- No
 - Yes →
- If yes:** How do you use it?

 - For all screening mammograms
 - For a subset of screening mammograms (please estimate %): _____
 - Other: _____

19. How concerned do you think the majority of your patients are when they are recalled for immediate additional imaging after getting a screening mammogram? T O R B S
Other _____
- Not at all
 - Slightly
 - Moderately
 - Very
 - Extremely

Now I am going to ask you about mammography machines and technologists:

20. How many MQSA (Mammography Quality Standards Act) certified mammography machines are currently being used at this facility? _____ T O R B S
Other _____
- 21 a. At this time, how many MQSA certified mammography technologists work at your facility? Please provide # of FTE (full time equivalents, i.e., 40 hr/wk) _____ T O R B S
Other _____
- b. Do you have any open technologist positions you are trying to fill at this time?
- No, none
 - Yes, one
 - Yes, two or more
- c. Has it been difficult to maintain adequate MQSA certified mammography technologists staff at your facility?
- Not at all difficult
 - Somewhat difficult
 - Moderately difficult
 - Extremely difficult

Now I am going to ask you about radiologists:

22. a. How many radiologists work in breast imaging at your facility? _____ T O R B S
- b. How many of them interpret mammograms full-time (i.e., 40hr/wk)? _____ Other _____
- c. How many of them interpret less than full, but at least half time (i.e., ≤20hr/wk)? _____
- d. How many of your radiologists are fellowship trained in breast imaging?
Number fellowship trained _____

FINAL

Study ID: _____

23. Has the number of radiologists performing mammography at your facility changed in the past year? T O R B S
Other _____
- No change
 - Yes, we increased the number of FTE radiologists for mammography
 - Yes, we decreased the number of FTE radiologists for mammography

24. We are currently short staffed (i.e. not enough radiologists)? T O R B S
Other _____
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree

Now I am going to ask you about finances:

25. I am going to read a list of ways that women may have paid for *screening* mammograms in 2001. Please estimate what percent of women seen for *screening* mammograms had their primary source of reimbursement covered by the following in 2001 **(Note: This must add up to 100%)** T O R B S
Other _____

What percent were covered by:

- a. HMO/Managed Care..... _____%
- b. General insurance/fee-for service..... _____%
- c. Medicare/Medicaid..... _____%
- d. Out of pocket..... _____%
- e. Other –specify _____ _____%

Total =100%

26. Please estimate what percent of women seen for *diagnostic mammograms* in 2001 were covered by the same payment categories... **(Note: This must add up to 100%)** T O R B S
Other _____

What percent were covered by:

- a. HMO/Managed Care..... _____%
- b. General insurance/fee-for service..... _____%
- c. Medicare/Medicaid..... _____%
- d. Out of pocket..... _____%
- e. Other –specify _____ _____%

Total =100%

27. Is your mammography facility for-profit or not-for-profit? T O R B S
Other _____
(PLEASE MAKE SURE TO COMPLETE THIS ANSWER)
- For-profit
 - Not-for-profit

FINAL

Study ID: _____

34. Do you feel that interpreting screening mammograms is a “money loser” for your facility? T O R B S
Other _____

Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree

35. Is it in the best interest financially for your facility to change the volume of any of the following in the coming year (2002) T O R B S
Other _____

a. *Screening* mammograms Do more Stay the same Do less N/A

b. *Diagnostic* mammograms Do more Stay the same Do less N/A

c. Other breast imaging (e.g., ultrasounds, MRI) Do more Stay the same Do less N/A

d. Breast biopsies Do more Stay the same Do less N/A

e. Other: _____

36. Are there plans to change the volume of mammography done at your facility in the coming year (2002)? T O R B S
Other _____

No change anticipated
 Yes, we plan to increase mammography
 Yes, we plan to decrease mammography

Now I am going to ask you about malpractice concerns and quality control issues.

37. Please indicate whether you agree with the following statement. I am concerned about the impact medical malpractice is having on how we practice mammography? T O R B S
Other _____

Not concerned
 Some concern
 Moderately concerned
 Neutral
 Very concerned

38. How have medical malpractice concerns influenced follow-up procedures recommended at your facility following screening mammograms? T O R B S
Other _____

	Greatly Decreased	Moderately Decreased	Not Changed	Moderately Increased	Greatly Increased
A. Diagnostic mammogram/ultrasound	1	2	3	4	5
B. Breast biopsy	1	2	3	4	5

39. For the *screening* mammograms performed at your facility, what percent are interpreted by radiologist(s) who specialize in breast care (e.g. >50% of clinical time is spent on breast imaging and procedures)? _____% T O R B S
Other _____

40. Are any *screening* mammograms from your facility interpreted by more than one radiologist? **(Comment: Please clarify, one mammogram read by two radiologist)**

T O R B S
Other _____

- No (If no, skip to question #41)
- Yes

↓
If Yes

<p>a. Which ones are double read</p> <ul style="list-style-type: none"> <input type="radio"/> All screens (i.e. 100% of all screening mammograms) <input type="radio"/> All positives only <input type="radio"/> All negatives only <input type="radio"/> Other subset: what subset <ul style="list-style-type: none"> <input type="radio"/> Women with dense breasts <input type="radio"/> Random subset (please estimate % _____) <input type="radio"/> Other: _____ <input type="radio"/> Other <p>b. Does the 2nd radiologist know the interpretation of the first radiologist, when doing the second interpretation?</p> <ul style="list-style-type: none"> <input type="radio"/> No (note: the 2nd radiologist is “blinded” to the 1st radiologist’s interpretation) <input type="radio"/> Yes <input type="radio"/> Sometimes (explain) _____ <p>c. How are recall decisions made when double reading is used?</p> <ul style="list-style-type: none"> <input type="radio"/> By consensus between the two radiologists <input type="radio"/> The second radiologist’s interpretation is considered “final” <input type="radio"/> A third radiologist makes the decision (note: the 3rd reader is unaware of first two interpretations) <input type="radio"/> A third radiologist in consensus with the first two (note: 3rd reader is aware of first two interpretations) <input type="radio"/> The highest (i.e. most serious) BI-RADS™ interpretation is taken as the final decision <input type="radio"/> Other: _____ <p>d. Do you record all interpretations given for multiple interpretations?</p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes 	<p>T O R B S Other _____</p>
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41. Are any *diagnostic* mammograms from your facility interpreted by more than one radiologist? **(Comment: Please clarify, one mammogram read by two radiologist)**

T O R B S
Other _____

- No, never
- Yes, some of the time (please estimate % _____)
- Yes, all of the time

FINAL

Study ID: ___ ___ ___ ___

42. How often is individual radiologist level data given back to radiologists on their performance (e.g., accuracy and recall rates)? _____ Times per year
T O R B S
Other _____

a. What specifically does the report contain (check all that apply)?

- # Of screening mammograms interpreted
- # Of diagnostic mammograms interpreted
- # Of ultrasounds performed
- # Of cancers diagnosed
- Sensitivity
- Specificity
- Recall rate

b. How is this information reviewed (check all that apply)

- Reviewed together in radiologist only meeting
- Reviewed together in department or facility-wide meeting
- Reviewed by each radiologist alone
- Reviewed by the facility/department manager alone
- Other: _____

43. Do you have a computer based radiology information system that keeps track of your patients and the mammography assessments and recommendations? _____
T O R B S
Other _____

No

Yes, **if yes...** →

- a. What year was this started? _____
- b. Does this system automatically link the assessment to the recommended follow-up?
 - No
 - Yes

Thank you for your participation!