

Adequate Workforce for Screening and Diagnosis

September 26-27, 2005

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Recommendations:

7. Collect and analyze data on the mammography workforce and service capacity
8. Devise strategies to recruit and retain highly skilled breast imaging professionals
9. Make more effective use of breast imaging specialists

Recommendation 7

Data on the Mammography Workforce and Service Capacity

Data on the Mammography Workforce and Service Capacity

A) Collect volume information during annual inspection. HRSA reports on mammography volume by region, state, and type of service. Should include:

- number of facilities
- number of mammography units per 10,000 women
- number of FTE physicians reading mammograms per 10,000 women stratified by type of service where appropriate

Data on the Mammography Workforce and Service Capacity

- B) Provide unique identifiers for all interpreting physicians, radiologic technologists, and medical physicists to get volume services by individual**
- C) Collect data by facility on waiting times for screening and diagnostic appointments**
- D) Provide funding to HRSA to model future workforce supply and demand on a regular basis**

Data on the Mammography Workforce and Service Capacity

Rationale:

- Assess accurate “real-time” data to monitor and track capacity on a national and regional basis
- Assess status of workforce
- Assess appointment waiting times
- Assess impact of new regulations and voluntary programs

Recommendation 8

Strategies to Recruit and Retain Highly Skilled Professionals

Strategies to Recruit and Retain Highly Skilled Professionals

- A) Encourage federal and state agencies and health care payers to develop incentives to recruit and retain skilled breast imagers**
- B) Loan repayment awards through the National Health Service Corps and for J-1 visa waivers for physicians working in underserved areas**
- C) HRSA should identify and designate shortage areas for breast imaging**

Strategies to Recruit and Retain Highly Skilled Professionals

Rationale:

- Existing supply of physicians who read mammograms at a high level of performance is a valuable resource
- Unproductive to invest in efforts to increase number of entrants without addressing factors that lead to early departures
- Retaining highly skilled practitioners could be cost-effective way to maintain high-quality breast imaging services
- The NHSC program and the J-1 waivers have been used to bolster the workforce in shortage areas

Recommendation 9

Effective Use of Breast Imaging Specialists

Effective Use of Breast Imaging Specialists

A) Support radiologist assistant (RA) training programs and new roles for RAs in breast imaging

Rationale:

- RA programs career option for skilled radiologic technologists is incentive for new entrants, and could improve quality, productivity, and efficiency

Effective Use of Breast Imaging Specialists

B) Support demonstration projects to evaluate potential for double-reading by nonphysician clinicians

Rationale:

- Double-reading has potential to improve accuracy of mammography interpretation

Effective Use of Breast Imaging Specialists

C) Evaluate the roles of ancillary personnel in mammography

Rationale:

- Productivity will be maximized if radiologic technologists focus on performing mammograms and interpreting physicians can focus on interpretation. Ancillary personnel take on nontechnical responsibilities, including quality control and administration

Improve Breast Imaging Quality Beyond Mammography

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Improve Breast Imaging Quality Beyond Mammography

Recommendation 10

**Accreditation for
nonmammography breast imaging
modalities, such as ultrasound and
magnetic resonance imaging (MRI)**

Accreditation for Other Modalities

Rationale:

- Accreditation already exists for breast ultrasound and general MRI and a breast-specific MRI accreditation program is under discussion. Accreditation for breast imaging methods would lead to standardization and improve quality of breast cancer detection and diagnosis