



GRAND TRAVERSE
RADIOLOGISTS

Your Imaging Experts

QUALITY UPDATE

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BREAST IMAGING BY GRAND TRAVERSE RADIOLOGISTS, PC (GTR) FAR EXCEEDS REQUIREMENTS.

Grand Traverse Radiologists, PC (GTR) strives to exceed quality standards in all areas of imaging services provided by the group. The information provided below is to inform referring providers, hospitals, physician organizations, physician hospital organizations and other health care provider groups of the additional quality metrics and quality measures we include with our services to you and your patients.

EXCEPTIONAL STAFF

Grand Traverse Radiologists, PC has the unique distinction of having three fellowship trained Breast Imaging Radiologists within the group heading up breast imaging services throughout the region.

FELLOWSHIP TRAINED BREAST IMAGING RADIOLOGISTS



Left to Right: Deborah Crowe, M.D., Charles Weitz, M.D., Todd Wilson, M.D.

Working with their colleagues, hospital staff, technicians and nurses, Grand Traverse Radiologists, PC provides high quality breast imaging services with prompt reporting turnaround times. All staff (physicians and technologists) are required to meet rigorous requirements to acquire and interpret breast imaging studies and provide ancillary services.

RIGOROUS PROFICIENCY REQUIREMENTS

Breast imaging is one of the few areas of medicine, required by law, where physicians cannot interpret mammograms if they haven't kept current with all of the qualification and maintenance of proficiency requirements. Every Grand Traverse Radiologist performing mammography meets all of the QA requirements and there are checks and balances to ensure that they remain current on their qualifications. In addition, Grand Traverse Radiologists, PC double reads studies with any new physician joining the group that has not met the requirements prior to joining the group. Specific requirements can be found on the next

page. Breast Imaging by Grand Traverse Radiologists, PC far exceeds these legal requirements.

ADDED VALUE

Unlike other programs throughout the region, Grand Traverse Radiologists, PC has incorporated unique added value requirements and services not found with most other radiology groups. These include:

- Provision of an immediate (“on-the-spot/real time”) written recommendation to all diagnostic and callback patients at the time of their diagnostic/callback visit
- Prompt interpretation of all screening studies (usually within 2-8 hrs)
- Standardized imaging protocols and report formats in order to minimize errors and improve communication of results
- Prompt Radiology-Pathology Correlation of all (benign and malignant) breast biopsies
- Pre-treatment Review of all cancer patients (please see details below)
- A weekly Mammography-Pathology Conference for physician and technologist CME
- The inclusion of comparison studies for the technicians to view prior to new image acquisition in order to minimize technical errors or repeat of diagnostic images
- Streamlined biopsy services with standing orders from our referring physicians, when desired
- Full service local Breast MRI provider for cancer screening of high risk patients, cancer staging, MRI guided breast biopsies, and MRI evaluation of possible breast implant rupture
- Digital mammography equipment for future incorporation tomosynthesis

Additional case reviews are conducted including breast biopsies, breast ultrasound as well as reviews of group and individual radiologist performance.

DETAILS OF ADDED SERVICES AND PERFORMANCE BENCHMARKS

Radiology-Pathology Correlation: All cases having a breast biopsy performed within the Munson/Mercy Hospital Cadillac system, undergoes radiology-pathology correlation and presentation at a weekly radiology-pathology conference. An addendum to the procedure report

is provided to determine if the pathology findings are concordant or discordant with imaging findings.

Pre-treatment Review: Additionally, every new breast cancer diagnosis triggers a “pre treatment review” which includes a signed report and a review of the most recent breast imaging. It has been found in studies that when breast imaging is reviewed after detecting a cancer, that an additional finding in one or the other breast will be found in as many as 10-20% of cases. Not all additional findings will be cancers, but some will necessitate additional testing or biopsy. It also allows GTR to recommend appropriate imaging management of the newly diagnosed cancer patient whether that would be suggesting staging MRI or post lumpectomy mammogram to determine if there are residual calcifications when appropriate. Feedback is provided to individual radiologists, and/or to specific sites or technologists as follow up through both the pre-treatment review and through the rad-path conference on a constant “as observed” basis.

Mammography-Pathology Conference:

All biopsy cases (aspiration biopsy, image guided core biopsy, or needle localization with subsequent surgical excisional biopsy) at Munson and Mercy Hospital Cadillac are presented at a conference attended by physicians and technologists for review, feedback, discussion, and CME credit.

“On the fly QA”: GTR encourages physicians to work with each other in seeking real time second opinions within the group or with external experts if needed. In addition, the technologists are encouraged to provide real time feedback if they observe any abnormalities or perceive any concerns. The technologists at all sites have been very good about discussing observations with the physicians and or calling the physicians at the breast center for an immediate case review.

Breast Ultrasounds: Breast ultrasound is included in the peer review process for all sites. Peer review includes a randomized review performed routinely throughout the year on all Grand Traverse Radiologists, PC's physicians.

GTR RESULTS: PERFORMANCE COMPARED TO BENCHMARK VALUES

The group performs more than 25,000 mammographic studies during a calendar year. Grand Traverse Radiologists, PC tracks group and individual performance data. The group performance statistics are in line with the latest published acceptable benchmarks.

Cancer detection rates:

- Target > 2.5 per 1000 interpretations: GTR 2010 rate 4.59

Abnormal interpretation rate (recall)

- Target between 5% and 12%: GTR 2010 rate 10.44%

PPV1: No known cancer within 1 year of positive mammogram

- Recommended range 3-8%: GTR 2010 rate 4.40%

PPV2: No known cancer within 1 year of positive mammogram with biopsy recommended

- Recommended range 20-40%: GTR 2010 rate 26.52%

WHO TO CALL

If you ever have questions related to breast imaging, please contact us at 231-392-7120.

ADDENDUM

Requirements: Physicians qualifying after 1999:

- Michigan Licensed
- Board Certified (or 3 months formal training - GTR are all board certified)
- Initial Category I Education: 60 hours of documented category I medical education in mammography
- Minimum of 240 mammographic examinations as defined in the qualifications documentation
- Eight hours of training in any new mammographic modality prior to interpreting independently
- Minimum of 960 mammographic examinations during the 24 months immediately preceding the facilities MQSA inspection as defined in the qualifications documentation

- Taught or completed a minimum of 15 category I CME credits in mammography during the 36 months immediately preceding the date of the MQSA inspection as defined in the qualifications documentation

For physicians who qualified before 1999

- Michigan Licensed
- Eight hours of training in any new mammographic modality prior to interpreting independently
- Minimum of 960 mammographic examinations during the 24 months immediately preceding the facilities MQSA inspection as defined in the qualifications documentation
- Taught or completed a minimum of 15 category I CME credits in mammography during the 36 months immediately preceding the date of the MQSA inspection as defined in the qualifications documentation

MQSA (Mammography Quality Standards Act) requirements

- Initial application for accreditation requires minimum of 40 hours of CME in mammography
- Reaccreditation requires accrual of at least 15 hours every three year

FDA under MQSA

- Minimum of 240 patients in the six months preceding a facility's application for certification and
- continue to read and interpret mammograms at an average of 40 patients per month
- Michigan requires the highest twelve month screening mammography interpretation count per physician in the country at 520 screening exams in a rolling 12 month period. This is slightly higher than the MQSA requirements.

NOTE: Additional requirements exist for those performing stereotactic biopsies

DIAGNOSTIC RADIOLOGY

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Todd Space, M.D.

DIAGNOSTIC RADIOLOGY/ CARDIAC CT

Ryan Holmes, M.D.
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DIAGNOSTIC RADIOLOGY/ COMPUTED TOMOGRAPHY

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BREAST IMAGING

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INTERVENTIONAL/ VASCULAR RADIOLOGY

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MAGNETIC RESONANCE IMAGING

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MUSCULOSKELETAL RADIOLOGY

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NEURORADIOLOGY

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