The Mammography Quality Standards Act
Bill Number: Oversight
Hearing Date: April 8, 2003
Witness:
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Testimony:
Good Morning . My name is David Dershaw. I am Professor of Radiology at Cornell University Medical College and the director of breast imaging at Memorial Sloan-Kettering Cancer Center in New York City. I am also the incoming president of the Society of Breast Imaging, the subspecialty professional organization of radiologists who do mammography, and I am testifying on the Society's behalf.

Thank you, Mr. Chairman, for inviting me to testify regarding the reauthorization of the Mammography Quality Standards Act of 1992. It is my belief that MQSA has played a significant role in improving the quality of mammography. This program needs to be reauthorized so that women can continue to benefit from high quality mammography.

Since enactment of the Mammography Quality Assurance Standards Act (MQSA) in 1992, women in the U.S. have gained confidence in the providers of their mammograms through the knowledge that mammography facilities were being certified in accordance with federal standards. A continuing decline in breast cancer death rates (almost 1/3 reduction for invasive cancers in the 1990's) and increasing utilization of mammography screening services (increased from 27% of eligible women in the two years before 1987 to 66% in the two years before 1997) are testaments to the success of the collaboration of radiologists, mammography facility operators, and government regulators. This consortium was carefully designed into the law. The improved quality of mammography services has undoubtedly saved many lives and diminished the anxiety of women in the United States about the quality of their screening studies. The continued force of MQSA in maintaining this high level of service is essential. On behalf of the Society of Breast Imaging I again urge the reenactment of this legislation.

MAMMOGRAPHY INTERPRETIVE SKILLS ASSESMENT

Currently, MQSA requires that physicians interpreting mammograms participate in 15 hours of Continuing Medical Education (CME) every three years. CME is offered in a variety of ways such as attending meetings and lectures. Although valuable in their content, these meetings are rarely designed for radiologists to assess their skills.

The American College of Radiology has designed and tested over the past decade the Mammography Interpretive Skills Assessment (MISA) test.

In 1999, this was made available as an interactive computer-based CD-ROM. This offers radiologists an opportunity to participate in a mammography self-assessment examination.

The purpose of the MISA is to provide the radiologist with an assessment of his or her skills and to identify areas in which additional study or skills improvement is warranted. This is not a pass/fail test or one that is intended to certify or judge participants. The emphasis is on self-help.

By providing the physician with seven or eight hours of CME, depending on which CD the physician uses, physicians would be encouraged to use the MISA for both continuing

education and self-assessment. This might be useful as a method of determining skills in addition to the data are presently derived from the end results assessment required under MQSA regulation.

While self-assessment testing may be of value, it should also be recognized that there are no data to indicate that such tests provide feedback that accurately determines competence. There is also no science to indicate that such tests result in improvement in the quality of medical care.
I am certain that the Committee recognizes that in order to achieve the benefits obtained under MQSA those involved in mammography practice have added time, effort and expense to the delivery of screening and diagnostic mammography services because of the need to comply with MQSA=s regulations. Although the mammography community is appreciative of the higher standard set for its care than that generally required in radiology or other areas of medical care, these have also imposed a burden that has discourage some from offering these services. The possible advantage of mandated self-evaluation, an additional regulation that would need to be fulfilled and documented by mammography facilities, should be weighed against the detrimental impact of increased regulation of mammography facilities and radiologists interpreting mammograms. Steps that might further discourage radiologists to incorporate mammography into their careers may accelerate the developing crisis in availability of mammography services Radiologists interpreting mammograms are already in short supply due to poor reimbursement rates and high litigation. It is my belief that providing plaintiff lawyers with another potential avenue for litigation will lead many more radiologists to turn away from mammography, thus exacerbating the already critical access problem many women face in receiving timely mammography services. If results of self-assessment activities were to be subjected to discoverability in litigation cases against physicians, the Society of Breast Imaging would strongly oppose the incorporation of such testing into MQSA regulation.
The Committee should also recognize that the greatest threat to the delivery of quality mammography services in the United States is the impending shortage of radiologists, technologists and imaging facilities to provide this service. Inadequate reimbursement persists with payments for service often less than the cost of performing and interpreting mammography. The most tenuous financial reimbursement is for hospital-based services. As this is the site where most women on Medicare and Medicaid receive their health care, the availability of mammography to these women is the most threatened by inadequate reimbursement.

Hospitals are also the sites where most of the training of physicians and technologists occurs. Poor reimbursement, particularly when compared to reimbursement levels for other radiology services, has left those deciding what area of radiology to specialize in with an impression of mammography as a big money loser. Along with high malpractice exposure and considerable time and effort required to meet federal (and often local) regulation, this negative impression works to discourage those in training from selecting mammography as an area of specialization.
As the Committee considers reenactment of MQSA, I would like to make a few comments about modifications that might be recommended in current regulations.

As authorized under the original legislation and recommended by the National Mammography Assurance Advisory Committee, regulation of mammography services should be expanded to include stereotactic breast biopsy and equipment used in needle localization procedures.

Furthermore, the current requirement for CME in digital mammography beyond the initial training required before using digital mammography on patients does not improve the quality of practice or contribute need training to improve patient safety. This requirement is often difficult to meet and the Committee should recommend that it be discontinued.

Thank you for the opportunity to testify. I would be happy to answer any questions.