Imaging Screening Programs

What are screening programs?

Screening services detect diseases early, resulting in improved patient outcomes and reduced total cost of care. Imaging procedures are advantageous for disease screening, as they are minimally- or non-invasive with extremely low patient complication rates. The most common imaging screening program is mammography with clear success in improving early detection and reducing mortality of breast cancer. As new technology solutions become more established and screening benefits made clear, organizations are expanding their screening services to detect more diseases, such as lung and colon cancer.

Why are screening programs a key issue for imaging?

- **Improves outcomes with early detection:** Screening programs focus on asymptomatic patients and allow providers to detect disease earlier, prevents the disease from advancing before patient receives treatment. Screening programs are proven to increase survival rate and decrease mortality. For example, five year survival rates for non-small cell lung cancer detected in Stage 1A is 49%, compared to 14% for Stage IIIA and 1% for Stage IV.

- **Elevates imaging’s role in population health:** Screening programs help organizations accomplish the two goals of population health management: improve quality and reduce cost. Not only does early detection improve patient outcomes, but also decrease total cost of care which is increasingly important as value-based payment models emerge. As an example, early stage breast cancer treatment on average costs $14,000 versus $61,000 for late stage treatment.

- **Enables imaging volume growth:** Imaging programs generally rely on referrals. Screening programs allow imaging to establish new referral streams, gain market share, and become patients’ provider of choice.

- **Contributes downstream revenue to health system:** Screened patients with positive or incidental findings will likely go to the health system for follow-up procedures and treatment, resulting in downstream revenue.

Action steps for imaging leaders to grow screening programs

- **Evaluate patient population:** To determine viability of new screening services, leaders should examine market demographics and health system’s patient population. Consider offering screening services that meet market needs.

- **Collaborate with other service lines:** Successful screening programs rely on multidisciplinary support. It is imperative that imaging works with leaders and physicians from related specialties to offer robust services and build a holistic program. For example, lung cancer screening programs require radiology, pathology, oncology, and pulmonology.

- **Engage referring providers with a clear message and streamlined referral process:** Imaging must educate providers to identify appropriate patients for screening exams, as well as prepare providers to educate patients about the screening process. The referral process should also be clear and simple, minimizing referring provider burden.

- **Partner with local entities to improve compliance and educate patients:** Imaging leaders should collaborate with other health care organizations such as ACOs and retail clinics to improve screening compliance rates for high-risk patients, and in turn increase early diagnoses. Partnering with local entities such as churches, employers, and veteran groups helps educate and invite new patients into screening programs.

- **Track success:** Imaging leaders can calculate the value from screening programs to justify the investment to health system leaders. Focus on metrics such as stage of diagnoses, downstream revenue, and reduction in cost of care.

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1) Primary care providers.
When do payers cover screening services?

The United States Preventive Services Task Force (USPSTF), an independent volunteer panel of experts, reviews clinical studies for screening programs and makes recommendations on reimbursement. The USPSTF assigns each recommendation a letter grade:

- **A**: Recommended; payer coverage¹
- **B**: Recommended; payer coverage¹
- **C**: Selective offering recommended as net benefit small
- **D**: Not recommended
- **I**: Insufficient evidence to assess balance of benefits and harms

### Breast Cancer Screening

Mammography is the most common imaging screening procedure, with two-thirds of women over 40 receiving the breast cancer exam in the past two years.

- **Screening method**: Mammogram; Digital Breast Tomosynthesis (DBT)
- **Eligibility**: There has been confusion in the market since the USPSTF³ changed its recommendation from annual screening for all women over 40 to biennial screenings for women 50-74. This recommendation was so controversial that the Department of Health and Human Services (HHS) decided to keep the 2002 guidelines, meaning Medicare covers annual exams for women over 40.
- **Breast-density considerations**: Between one-third and one-half of women have dense breast tissue, which can obstruct a radiologist’s ability to see a cancerous lesion on a mammogram and in these cases an ultrasound, MRI, or Tomosynthesis may be ordered. Twenty-two states have passed legislation requiring providers to notify patients of dense tissue.
- **Reimbursement**: Medicare and private payers cover mammography for eligible patients. Following Medicare’s lead, most private payers have agreed to cover costs annual mammograms for all women over 40. Out-of-pocket costs are $0 for insured patients.

### Low-Dose CT Lung Cancer Screening

The number of lung cancer screening programs have tripled in the past three years, providing the estimated 9 to 15 million eligible patients an opportunity for early detection and dramatically improved survival rate. In February 2015, Medicare approved lung cancer screening counseling and LDCT lung cancer screening as an additional preventative benefit with no cost sharing for patients.

- **Screening method**: Low-dose chest CT without contrast
- **Eligibility**: Annual screenings for adults aged 55-80 with history of smoking
- **Reimbursement**: Medicare and private payers cover shared decision making visits and LDCT lung cancer screening for eligible patients performed after February 2015; out-of-pocket costs are $0 for eligible insured individuals

### CT Colonography

CT Colonography (CTC), also called virtual colonoscopy, is an alternative, minimally-invasive procedure to the traditional colonography to screen for polyps in the large intestine. Once polyps are detected, the more invasive colonoscopy may be recommended for follow-up.

- **Screening method**: CT abdomen and pelvis
- **Eligibility**: Adults ages 50 to 75 are eligible for colon cancer screening annually, but not specifically for CTC
- **Reimbursement**: Varies significantly from state-to-state, but typically does not cover CTC screening

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¹ Unless grandfathered in.