

FREQUENTLY ASKED QUESTIONS

Mammography Clinics

1. What is changing within breast cancer screening in Ontario?

Based on the recommendation made by Cancer Care Ontario, all mammography with computed radiography technology will transition to digital direct radiography technology in order to maintain the province's commitment to continuous quality improvement to cancer screening in Ontario.

2. Why a change to the type of technology used in Ontario?

Cancer Care Ontario, an advisor to government, made the recommendation based on new evidence, published in *Radiology* on May 14, 2013, to ensure women have access to the most effective mammography technology.

The independent study led by a Cancer Care Ontario lead research scientist examining the technology used for mammography, has found that digital direct radiography and screen film are significantly more effective than digital computed radiography at detecting breast cancer.

3. What do you mean by “more effective” in detecting breast cancer?

The independent study led by a Cancer Care Ontario lead research scientist examining the technology used for mammography, has found that digital direct radiography and screen film are significantly more effective than digital computed radiography at detecting breast cancer.

4. What should I tell a woman who calls my clinic to find out about what her options are related to being rescreened?

Women have several options available to them.

- They can book an appointment to be rescreened now at a clinic near them using DR or screen film technology.
- They can wait to be rescreened until their clinic has replaced CR technology with DR technology.

- Proceed with your next breast screening appointment as scheduled. (If your clinic continues to offer CR screening.)

The chance of having an undiagnosed cancer in women who have been screened with mammography using CR is extremely low.

5. What should I tell women whose routine breast cancer screening appointment is currently scheduled to be done on a CR machine?

Women have several options available to them.

- They can book an appointment to be screened at a clinic near them using DR or screen film technology.
- They can wait to be screened until their clinic has replaced CR technology with DR technology.
- Proceed with your next breast screening appointment as scheduled. (If their clinic continues to offer CR screening.)

The chance of having an undiagnosed cancer in women who have been screened with mammography using CR is extremely low.

6. If I use mammography with CR technology until my new machine is in place should I inform my patient?

Cancer Care Ontario is not able to provide advice to mammography clinics regarding their legal obligations.

It is recommended that patients be informed of the province-wide transition from CR technology to DR technology, and be informed that they have several options available to them.

- They can book an appointment to be screened at a clinic near them using DR or screen film technology.
- They can wait to be screened until their clinic has replaced CR technology with DR technology.
- Proceed with your next breast screening appointment as scheduled. (If your clinic continues to offer CR screening.)

The chance of having an undiagnosed cancer in women who have been screened with mammography using CR is extremely low.

7. If CR mammography is not as effective as DR mammography how did it get approved?

Health Canada licences medical technology for sale and use where the evidence submitted by the manufacturer demonstrates that it meets accepted safety and efficacy criteria. Health

Canada would be best placed to provide additional information regarding the approval process. Mammography with CR technology is used nationally and internationally, and currently accounts for 24 percent of all mammography machines in the province of Ontario.

8. Should I prioritize rescreening women who were last screened with CR over those who are scheduled for their routine recall?

No. All appointments currently scheduled with DR and screen film mammography technology should not be cancelled.

9. Should I follow the normal billing procedures for those women who are being offered the option to rescreen at the one-year anniversary of their last screen?

Yes. Mammography billing activity will not be impacted by this transition.

All screening mammograms completed as part of the Ontario Breast Screening Program and outside of the program should be claimed as per the normal billing process through OHIP.

All OBSP sites are still required to submit screening data to CCO through the Integrated Client Management System (ICMS). Submitting the required data through ICMS will trigger payment for the program fee for each screen on a monthly basis.

10. What is the process I would need to go through if I were interested in becoming part of the Ontario Breast Screening Program?

The following requirements must be met to affiliate with the OBSP:

- Current accreditation by the Canadian Association of Radiologists Mammography Accreditation Program (CAR-MAP).
- Minimum screening volume of 1,500 screens per year. (Note: The OBSP may decide to affiliate with a facility unable to perform this minimum screening volume on a case-by-case basis).
- A commitment to screen all OBSP-eligible mammography clients as OBSP clients within 12 months of the commencement of OBSP screening.
- Approval to proceed with the application process by the Regional Cancer Program (RCP)
- Signing of an OBSP Services Agreement between CCO and the site.

If the above requirements are met, you can apply to become an OBSP site. An application form must be completed and submitted to CCO by the RCP on behalf of the site. The application form can be found here:

<http://cancercare.on.ca/pcs/screening/breastscreening/affiliatingobsp/>

11. What is the benefit of joining the OBSP?

The OBSP offers important advantages for women and their primary care providers, including:

- scheduling of all screening appointments,
- sending recall and result letters to women, and

- arranging follow-up services for women with results that show that they need more tests.

Women who are screened for breast cancer within an organized screening program like the OBSP further benefit by participating in a program that undergoes ongoing quality assurance, program monitoring and evaluation to ensure that its clients receive high-quality screening. In addition, all OBSP sites are accredited with the Canadian Association of Radiologists Mammography Accreditation Program.

Screening sites can benefit by joining the OBSP. These benefits include:

- Program fee for each OBSP mammogram completed
- Funding for semi-annual physics inspections that includes testing compliance with the Healing Arts Radiation Protection (HARP) Act
- Establishment of a local quality control program
- Ongoing technical and programmatic support for sites

12. Would I be funded to become part of the program?

All OBSP sites receive a program fee for each screening mammogram that is completed within the program. CCO works with the Regional Cancer Programs to forecast accurate volumes for each OBSP screening site for the following year.

Hospitals that become part of the OBSP receive a program fee of \$21.57 for each screening mammogram within the OBSP. IHFs that become part of the OBSP receive a program fee of \$15.97 for each screening mammogram within the OBSP. This program fee is paid by CCO on top of the technical and professional fees that are paid by OHIP for breast cancer screening.

13. How much funding for screening would I receive as a participating OBSP site?

Hospitals that become part of the OBSP receive a program fee of \$21.57 for each screening mammogram within the OBSP. IHFs that become part of the OBSP receive a program fee of \$15.97 for each screening mammogram within the OBSP. This program fee is paid by CCO on top of the technical and professional fees that are paid by OHIP for breast cancer screening.