INTEGRATING BONE DENSITY TESTING INTO A WOMEN'S IMAGING PRACTICE

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What are you doing now?

- Existing service-is it hospital based, free-standing, private office, clinic?
- Who runs the service-radiologist, clinician, commercial lab?
- What are you providing- mammography, ultrasound, CT, general radiology, breast MRI, general MRI, lab services, pap smears, medical care?

How are things going now?

- What services are most successful?
- Is there a demand to change or provide new services
- Are you carrying financially unprofitable services
- How are you perceived by referrers and patients?
- How do you get feedback?

Is there a need to add bone density testing?

- Who is currently providing the service in your community
- Are there unmet needs – patients not getting tested or currently dissatisfied
- Will it help grow your practice
- How will you market the service
- How will you handle patients switching from other providers

What are the options?

- DXA most widely used, well accepted, low radiation. Requires dedicated space, moderately expensive to acquire and run.
- QCT may make sense if you already have a CT scanner and have open time. Radiation dose higher. Clinician acceptance may be less than DXA.
- Ultrasound. Inexpensive, little space requirement, not useful for follow-up.
- Peripheral devices . Inexpensive. Less sensitive than central measurement.

Can you afford it?

- Fixed costs-buy or lease hardware and software. Room build-out. Labor costs. Service contract. Disposables. Staff training
- Will it help build the practice
- Can you align with other providers
- Does it make sense to use mobile service
- Does it make sense as a “loss leader”

Getting started

- Helpful resources
- Approaching vendors
- Educational opportunities for technologists and clinicians
- Establishing quality standards
- Publicizing the service
- Approach to patients who have had scans at other facilities

How do radiologists and clinicians compare?

- Clinicians start with understanding of the medical aspects of osteoporosis evaluation.
- Often have a limited understanding of imaging technology
- May equate BMD testing to other lab tests
- Often have the ability to self-refer patients
- May be perceived as over-utilizing services they can bill for

How do radiologists and clinicians compare?

- Radiologists are trained in imaging and may have easier time grasping technical problems
- Can compare to other imaging modalities
- More facile in fracture assessment
- May not have adequate background for clinical correlation and need education
- Must overcome perception that they don’t take bone testing seriously

Suggestions

- Templates for billing and coding
- Intake clinical information
- Scheduling
- Patient reminders
- Procedure manuals
- Cross training staff
- Elements of reporting