

# The Crisis in Mammography: Supply and Demand

**M**ore women are getting mammograms every year. This is occurring for two reasons: an aging U.S. population and thus more women over age 40 - the recommended age for initiation of breast cancer screening - and a greater proportion of women over 40 getting screened. Ironically, as the demand for mammography is increasing, the supply appears to be dwindling. Due to a growing shortage of radiologists who specialize in reading mammograms and a shrinking pool of available mammography screening facilities, accessing mammography-screening services has become more difficult for American women.

Average waiting times for women seeking first-time mammograms in the United States have been on the rise in recent years, a sign that breast cancer screening facilities are operating at or near full capacity. Reports vary but in major metropolitan areas such as New York City, patients say they are waiting an average of more than 40 days for first-time mammograms—an increase from the 14-day average waiting period five years earlier. Women in parts of Florida and California report having to wait three-to-five months for a first-time screening. These delays are occurring where mammography centers have closed or where there is a scarcity of personnel who perform and/or interpret mammograms.

## NOT KEEPING PACE

More than 1.2 million women become eligible for recommended mammography screening each year but the number of breast imaging subspecialists who enter the profession annually is failing to keep pace with the demand. Although there are 20,000 radiologists in the U.S. who can interpret mammograms, only about 2,000 radiologists subspecialize in the field of breast imaging. In one recent survey, more than two-thirds of radiologists acknowledged a reluctance to devote too much of their professional time to interpreting mammograms. Their reasons included:

- Fear of lawsuits
- High stress
- Low reimbursement for long hours
- Unattractiveness of the profession

In addition to a shortage of personnel, the number of mammography facility closures is outpacing the number

of openings by more than two to one. As required by law, the FDA inspects every mammography facility each year. But the number of facilities they inspect is steadily declining. From 2000 to 2003, the number dropped from 9,400 to 8,600—an 8.5 percent decrease. The decline in available screening facilities is creating access problems, impeding women from getting routine mammograms.

Some warn that this scarcity of breast imagers is leading to a crisis that could threaten the advancement of breast cancer detection and diagnosis. A shortage of screening personnel means not enough experts to assess and adopt promising technologies that could improve health outcomes for women. There also is a dire need for more radiologists in research to refine, test and disseminate new technologies. Right now, there is a dearth of radiological researchers to conduct trials and investigate new approaches to breast cancer detection.

## WHAT STEPS CAN HELP ALLEVIATE THE PROBLEM?

This crisis in capacity has prompted some health professionals to demand a major reorganization in the way the U.S. health system delivers screening services to women to increase access and improve quality. Many institutions, including the Air Force, have adopted a variety of short-term measures to meet their needs. This includes enlisting retired radiologists, relying on off-site moonlighters, or using teleradiology. But more long-term solutions are needed, especially for the supply of radiologists who specialize in breast imaging, which are in much shorter supply than general radiologists.

One idea that many embrace to alleviate shortages and reduce workloads for radiologists is to train non-physicians or physician extenders. They could be trained to pre-screen mammograms for the presence or absence of abnormalities or to double-read mammograms under the supervision of certified breast imaging specialists.

This already is being tried in other countries, such as the United Kingdom, where it appears to be effective. Preliminary studies have shown that the sensitivity, specificity, and accuracy of interpretations obtained by these non-physicians were comparable to that of a radiologist. In addition, the women who have been asked don't object to the practice.

## The Malpractice Hurdle

Amidst this growing shortage of breast imagers, there has been a rise in the number of false-positive interpretations of mammograms, leading women to undergo unnecessary and painful biopsies. Some say the increase in false positive readings is due to more radiologists practicing defensive medicine. Malpractice litigation has become a major concern for breast imagers. According to the Physicians Insurers Association of America, breast cancer leads to more malpractice claims than any other medical condition, usually due to delayed diagnosis. It is second only to neurological impairment in newborns in terms of paid claims. Radiologists account for the largest proportion of paid claims involving breast cancer, and studies show that an increasing per-

centage of claims related to breast cancer are being filed against radiologists who interpret mammograms. The escalating cost of malpractice insurance for radiologists who read mammograms has made it difficult to attract newcomers to the profession.

Just as there are no simple cures for the malpractice liability crisis facing physicians across the United States, there is no straightforward solution to the particular legal vulnerability of radiologists who interpret mammograms. Instead of exploring risk management strategies that might reduce a radiologist's exposure to lawsuits, this report recommends a variety of measures aimed at reducing the likelihood of a missed diagnosis.