

BULLETIN

HSA members question changes to screening mammography guidelines

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Recent changes to the Screening Mammography Program of BC have raised concerns among many HSA members. As a union, HSA has a unique perspective on the changes; not only is the union's membership 90 per cent female, but HSA represents the mammographers who provide this important service on a daily basis.

At the recent HSA annual convention, delegates passed a resolution calling on the provincial government to - reinstate screening mammography as a procedure to be available at publicly funded union facilities." Delegates also raised the issue during a question-and-answer period with Health Minister Penny Priddy.

HSA Vice-President Kelly Finlayson, a mammographer at St. Joseph's Hospital in Comox, says the screening mammography program is sorely underfunded. This is having a negative impact on accessibility, cost-effectiveness and quality of care.

-Earlier this year, the SMPBC announced it will no longer regularly screen women between the ages of 40 and 50," explains Finlayson. -And for women over 50, the program has moved from annual screening to once every two years." Some say the changes make sense because they allow the SMPBC to target more women over 50, among whom the incidence of breast cancer is higher but often less aggressive than breast cancer found in women under 50. However, Finlayson says she is worried these changes have less to do with good health care and more to do with limited budgets.

Finlayson says the program has made some positive changes over the past year, including the designation of several hospitals as -ancillary centres" which will allow them to screen women as well as provide diagnostic mammograms. Until recently, mammography departments at acute-care hospitals were not funded to provide screening because the service had been turned over to the mobile vans run out of private radiological clinics. Hospitals were only funded to provide diagnostic mammograms which meant the equipment sat idle while many women waited for the mobile vans to visit their community.

Another HSA member who has lobbied hard for better access to screening mammography is Brenda Munro, chief steward and a mammographer at West Coast General Hospital in Port Alberni. In her community, women were waiting up to six months for an appointment with the mobile van. Munro also discovered that since the hospital had stopped performing screening, eight per cent fewer women were getting mammograms.

When Munro learned the SMPBC was setting up ancillary centres in Comox and Campbell River, she gathered 1,800 signatures on a petition. Earlier this summer, her efforts paid off when she learned that West Coast General had been approved to apply for ancillary status. Munro says she expects the application will be successful and women in her community will be able to access screening mammography at the hospital by September.

Still, Finlayson says establishing ancillary centres is only part of the answer. At her hospital in Comox, Finlayson is capped at 3,000 screens per year. Based on the population of the Comox Valley, she estimates the program is reaching only 38 percent of the women who should be getting regular mammograms.

After a woman is screened in Comox, the film is sent to Nanaimo to be reviewed by a radiologist because it is the nearest reading centre. "If the reading centre radiologist detects an abnormality, the film is then sent back to the radiologist in Comox who notifies the woman and her family doctor that diagnostic mammography follow-up is recommended. Finlayson says the time it takes for a woman to learn the results of her mammogram is lengthened by sending the films to Nanaimo.

The cost associated with establishing more ancillary centres and more reading centres "could be absorbed if other parts of the program were more efficient. Finlayson points to the policy of the SMPBC which says if a woman is unable to access the breast screening program in a reasonable time frame (less than two months) due to lengthy wait lists or limited visits from the mobile van, she can get a mammogram on requisition from her doctor (the screening mammography program does not normally require a physician referral). However, even though the woman is receiving a screening mammogram, the Medical Services Plan requires that it be billed as a diagnostic mammogram at a cost of \$73.66. A screening mammogram costs \$28.50. It's the same examination, same views, same equipment, same film, same technologists ... but costs the system far more.

"A rough statistical survey at my hospital suggests since April 1, 1998, about 32 per cent of the mammograms performed in our department have actually been screening mammograms," says Finlayson. "But they were billed as diagnostic mammograms. If this problem was rectified, imagine the savings that could be reinvested to expand the program and possibly save more lives." Finlayson estimates that, at her hospital alone, the savings could increase the number of screens by 1,500 per year.

In addition to concerns about access and cost-effectiveness, Finlayson and her colleagues worry about quality of care. With the increase in private providers, she fears women may not be receiving the time and attention they need. The SMPBC says one technologist can safely perform a maximum of 25 screens per day (one client booked every 10 minutes). But Finlayson says she knows of private clinics where two technologists perform a combined total of 55 or 65 cases per day, far exceeding the SMPBC guidelines.

"Mammographers from around the province have contacted me to express their concerns about the service we are providing," says Finlayson. "When there isn't adequate time to see clients and answer their questions, we are not providing the best care to women."

Finlayson had an opportunity to outline HSAs concerns in more detail at a recent meeting with Health Minister Penny Priddy. "The minister was very well-informed about the screening mammography program but wasn't aware of some of the problems we identified," says Finlayson. "I felt she was very receptive. She asked pertinent questions and promised to investigate our concerns."

Finlayson says she will follow up with the minister's office in early fall. She hopes the perspective she is able to share as a mammographer may go some way toward improving the service for women in her community and around the province.

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