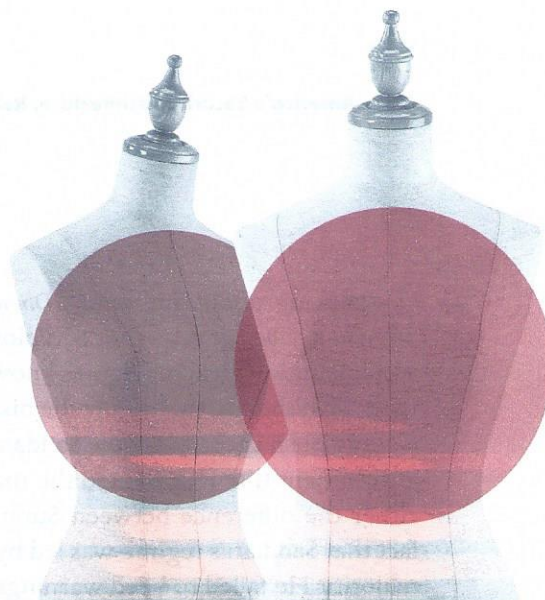




# Moving the Message

What are the most effective ways to educate both patients and clinicians about the benefits of screening?



**T**he black-and-white video features women who were diagnosed with breast cancer in their 40s and 50s. They talk about their families and discovering their cancer. They all say that starting annual mammograms at age 40 likely saved their lives.

This powerful, professionally shot five-minute video was the brainchild of marketing staff at Charlotte Radiology in North Carolina, who have also made the video available to other radiology practices across the country for a cost. (Find the Living Proof video at [bit.ly/ScreeningVid](http://bit.ly/ScreeningVid).)

However, as valuable as these tools can be, breaking through the social media noise can be a challenge.

As a first step in an education campaign, Mike Kocsis, director of marketing and professional relations at Radiology Ltd. in Tucson, Ariz., recommends taking the time to educate all internal staff on the messaging around screening. When the USPSTF and ACS revised their recommendations and guidelines around mammography, Kocsis made sure the entire staff understood the

“If you can show what these screening procedures are, it helps to alleviate the stress, worry, and anxiety of that visit. Patients may be more apt to have that screening if they have more information beforehand,” Kocsis says.

While digital platforms are critical, traditional media, such as print ads and radio and TV spots, can also be effective. Both Charlotte Radiology and Radiology Ltd. run radio spots and print ads in local consumer and medical community publications, explaining the benefits of screening mammography and other preventive procedures. Charlotte Radiology has also used the Living Proof video to create 30- and 60-second cable TV commercials. “Seven percent of our patients claim that TV prompts them to contact our practice for an appointment,” Russell says.

In addition, direct mail is still alive and well, according to Russell and Kocsis. Both practices mail birthday reminders for breast screening. “Now that the world is inundated with email marketing tools and messages, direct mail has resurfaced,” Russell says. “Over 6 percent of women on our mailing list have come in for a mammogram after receiving their birthday card. These were women who had never been to us before.”

*Perhaps the best advice for getting the word out about screening outreach is to keep at it and keep it simple.*

However, one great video isn't going to clear the confusion around breast cancer screening after the U.S. Preventative Services Task Force (USPSTF) and the American Cancer Society (ACS) changed their recommendations on when and how often women should receive mammograms. Radiology practices are using a variety of methods to reach their patients and referrers with information about breast screening, as well as lung, prostate, DEXA, and other screenings. From social media platforms to tried-and-true print vehicles to face-to-face conversations, radiologists are pulling out all the stops to bring potentially life-saving screening to their patients.

### Multiple Venues

Digital platforms offer a variety of opportunities to educate the public about screening.

practice's stance on the new guidelines and was able to communicate effectively with patients who had questions.

With internal education complete, the next step is to get the word out through as many channels as possible. Michelle Russell, senior marketing and practice relations manager for breast services at Charlotte Radiology, promoted the Living Proof video on the practice website, as sponsored content on local news sites and blogs, and on multiple social media channels.

Kocsis also uses video for patient education, pointing out that showing is often better than telling. About a year ago, Radiology Ltd. created a series of two-minute videos to educate patients about the screening modalities the practice offers. (Find the videos at [bit.ly/PatVideos](http://bit.ly/PatVideos).)

### The Personal Touch

While a lecture on screenings likely won't reach hundreds or thousands of people at a time, face-to-face education is still important.

In addition, reaching out to your individual referrers can be helpful for everyone. Jay Baker,

*continued on page 21*



## JOB LISTINGS

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## CONTINUED

### Moving the Message

MD, FACR, chief of breast imaging at Duke University Medical Center, met with Duke's primary care physicians to discuss recommendations on breast cancer screenings. "They may not know the differences between guidelines from the USPSTF versus ACR versus ACS," Baker says. "All they know is that a major policy organization has come out with yet another screening recommendation, and it is different than what they heard a week ago." Hearing information directly from a radiologist and having the chance to ask questions ensures clinicians are able to communicate clearly with their patients around screening.

Perhaps the best advice for getting the word about screening outreach is to keep at it and keep it simple. "People want their information quickly and clearly," Kocsis says, "and it has to be easy to find." **E**

By Gayle Bennett, freelance writer for the *ACR Bulletin*

### Seeking Widespread Coverage

coverage by changing their definitions of mammography to encompass DBT.

"There's more and more awareness of tomosynthesis. Patients are more educated to ask, 'Do I need it?'" says Eugenia Brandt, director of state affairs at ACR. "Stakeholders are going directly to the plans and saying, 'Consider covering this'"

In Pennsylvania, stakeholders spurred regulatory change by complaining to the state insurance department. California's state insurance commissioner and legislators are reviewing the issue, after similar patient pushback there.

"In California, a lot of insurance companies have denied tomosynthesis coverage; the patients then have to request an independent medical review," Brandt says. "It's an administrative hassle, but the overturn of denials is really high."

Obtaining coverage takes a perfect storm of support, whether change is legislative or regulatory. As ACR advocates for DBT coverage "one payer, one state at a time," Keysor says, it collects resources for its members, equipping them to make the case with literature confirming DBT's clinical relevance.

"The evidence shows that tomosynthesis saves lives, and the ACR's position is that it should be covered," Keysor says. "We're heading in the right direction; we have Medicare coverage across the country and private payer coverage in half the states. It's just a matter of getting private payers to see that the literature is there. The more published literature there is to address their concerns, the better chance we have." **E**

By Brooke N. Bates, freelance writer for the *ACR Bulletin*

To view the endnotes for this article, please visit the online version at [www.acr.org](http://www.acr.org).