

# Diagnostic Mammogram to Biopsy: A Pathway to Differentiation

Luis M. Garcia, Jr., MBA, SHRM-SCP, Director, Operations  
Vianne Dingle, MHA, BSRS, ARRT (R)(M), BHCN, Manager, Breast Care Center  
Amy Sebastian – Deutsch, DNP, APRN, CNS, AOCNS, Director, Oncology & Infusion Services

## Learning Objectives

- 1) Create a comprehensive action plan to foster agility and promote accountability.
- 2) Identify Lean tools to improve flow and deliver value.
- 3) Apply change management principles to improve daily operations and grow a differentiated growth strategy.

## Background

- According to the American Cancer Society, 1 in 8 women will develop breast cancer in their lifetime.
- The national benchmark for diagnostic mammogram to biopsy is 7 days.

## Process

A multi-faceted approach to achieve the Top-Level Improvement Priority Goal that included:

- 1) Utilization of change management assessment to score staff readiness.
- 2) Utilization of 9 Lean problem-solving tools to assess operational readiness.
- 3) Development of two fast track paths; Process A specialist referral and Process B radiologist referral.
- 4) Creation of candidate criteria.
- 5) Established payor relationships
- 6) Developed a tech care navigator role to help minimize patient anxiety.

## Presenter Contact Information

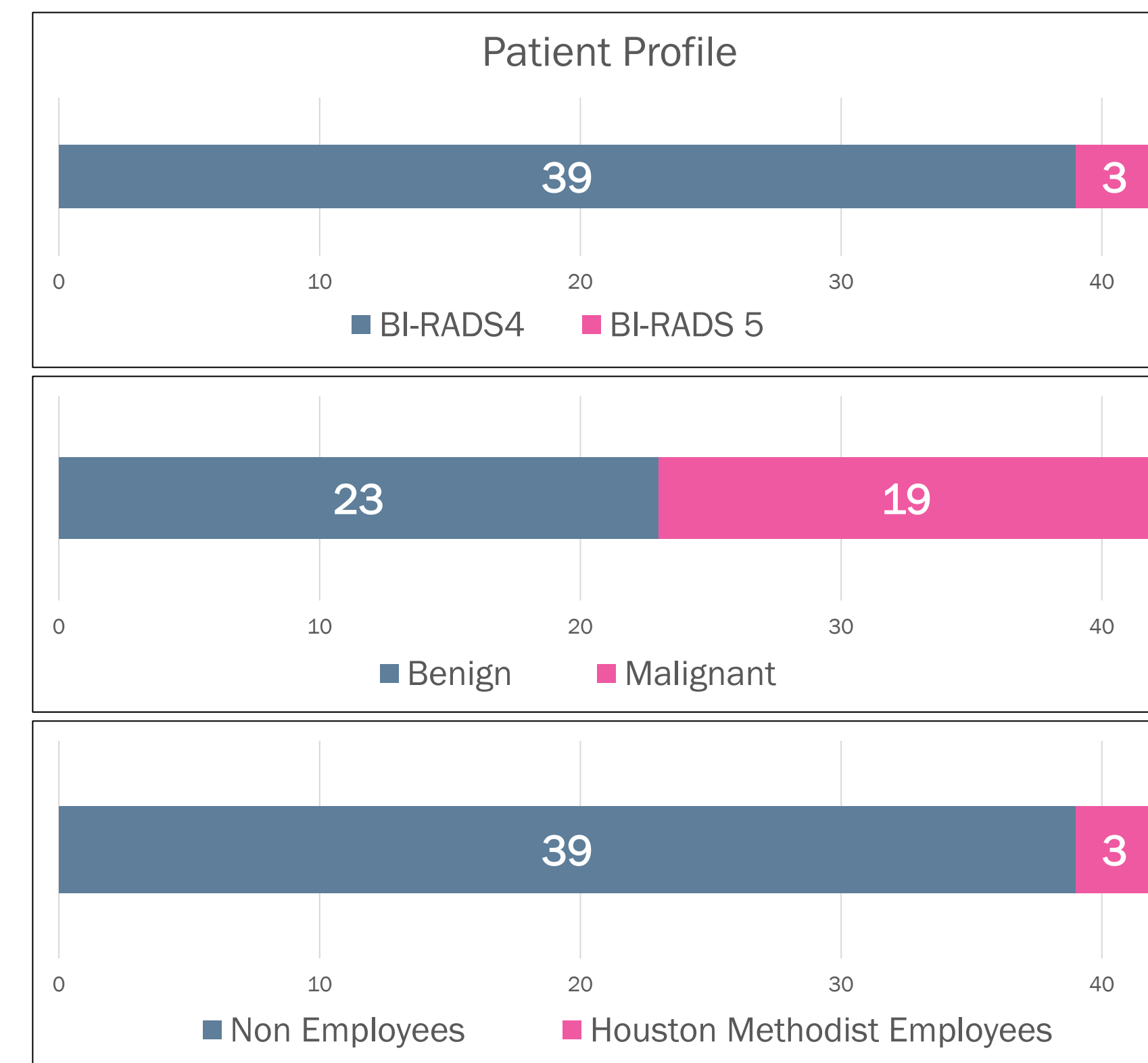
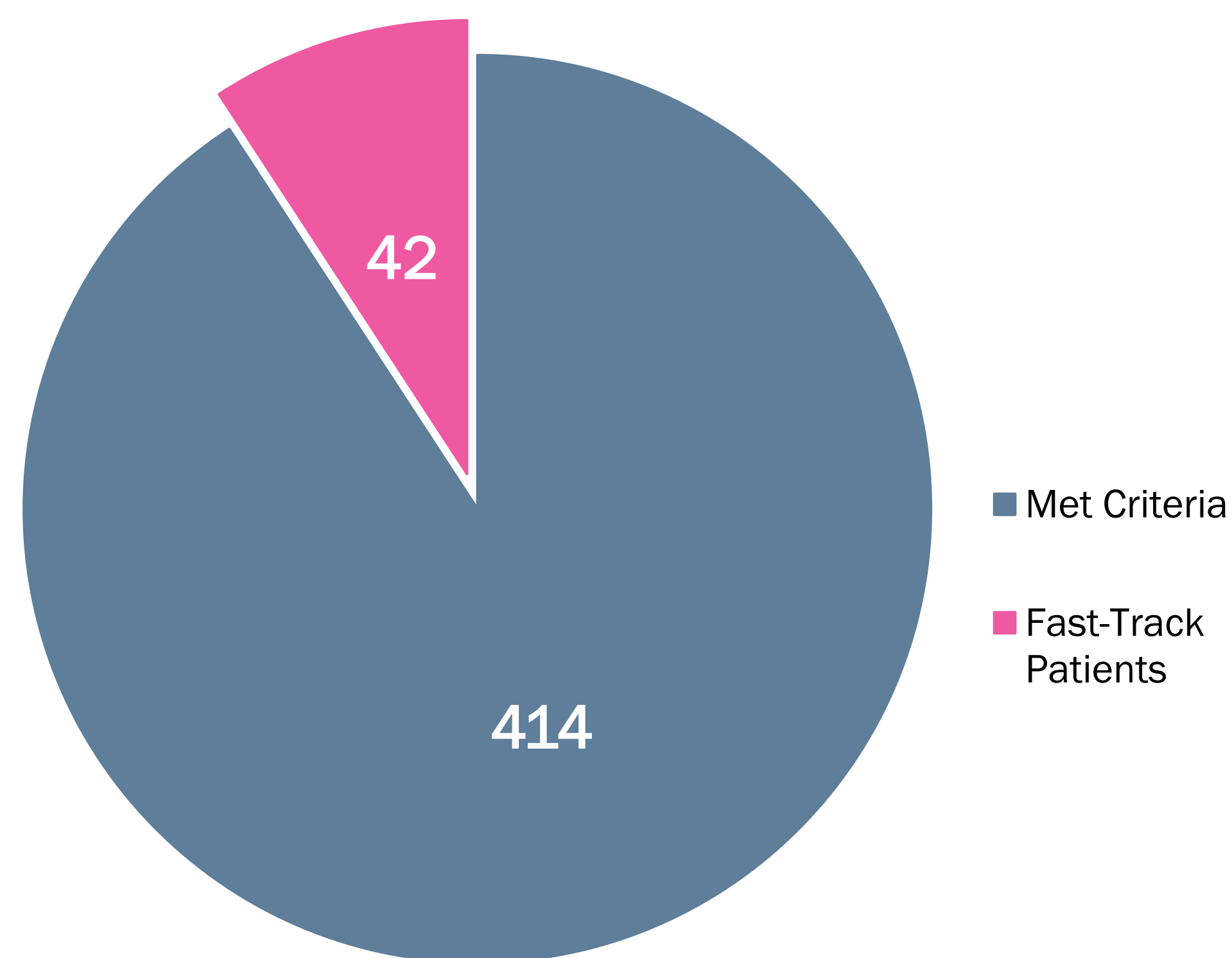
Luis M. Garcia, Jr., MBA, SHRM-SCP  
Director, Operations  
Email: [imgarcia@houstonmethodist.org](mailto:imgarcia@houstonmethodist.org)  
Office: 281.276.0840

## Goal

5% of our diagnostic mammogram patients receive a biopsy within one business day.

## Outcomes

April – December 2022



We can now shorten the timeframe for thorough and accurate diagnoses from over a week down to one day,” said Logan Boatman, M.D., diagnostic radiologist. “Eliminating that waiting period can take away a great deal of stress.”



“The sooner we have a diagnosis, the sooner the patient can begin treatment,” said Sindhu Nair, M.D., hematologist oncologist. “It makes a difference.”



Thank you to the doctor that performed my biopsy in a gentle, timely, comfortable, safe environment. Thank you to the ultrasound tech for explaining her role and keeping me comfortable. Thank you to nurse Vivian, she’s awesome and guided me every step of the way. All were very communicative, which put my mind to ease.

## Patient Selection Criteria

Patient has/is:

- BI-RADS 4 or 5
- Not on blood thinners
  - May be on aspirin for US guided biopsy
- All prebiopsy imaging complete and available for radiologist review (or will be at time of biopsy)
- Order for biopsy
- Insurance authorization and verification

## Key Takeaways

- Of the 42 Fast-Track patients, wait time decreased from 12 days to 1 day.
- Malignancies found in 19 of the 42 Fast-Track patients. All were treated at Houston Methodist Sugar Land.
- 10% of patients received a biopsy within one business day.
- Reduced diagnostic to biopsy turnaround time from 12 to 6 days for all patients.
- During this time Breast Care Center (BCC) volumes increased by 14% while maintaining 90.8% patient satisfaction scores.
- Exceptional multi-disciplinary collaboration between BCC operations, oncology nurse navigator and physicians.

## References

- Hayes Balmadrid MA, Shelby RA, Wren AA, et al. Anxiety prior to breast biopsy: Relationships with length of time from breast biopsy recommendation to biopsy procedure and psychosocial factors. *J Health Psychol.* 2017;22(5):561-571. doi:10.1177/1359105315607828
- Maimone, S. et al. (2020) ‘Understanding patient anxiety and pain during initial image-guided breast biopsy’, *Journal of Breast Imaging*, 2(6), pp. 583–589. doi:10.1093/jbi/wbaa072.
- Vijayaraghavan GR, Guembou IM, Vedantham S. The Current State of Timeliness in the Breast Cancer Diagnosis Journey: Abnormal Screening to Biopsy. *Semin Ultrasound CT MR.* 2023;44(1):56-61. doi:10.1053/j.sult.2022.11.004

No one in a position to control the content of this educational activity has relevant financial relationships with ineligible companies.