Spectrascan Imaging Services, Inc., is not the only third-party business marketing mammography service packages to primary care physicians. OTA has not reviewed the services offered by other groups and cannot comment on their implications for quality. If such businesses do not offer services that are compatible with ACR and Medicare standards, then they may have negative effects on quality by encouraging primary care physicians to rely on services that are substandard.

CONCLUSIONS

- The supply of mammography facilities is already more than adequate to meet the needs for screening and diagnostic mammography.
- Raising the Medicare fee to allow primary care practices to offer mammographic screening will probably raise the cost of providing screening in all settings because average volumes of existing units are likely to decline (all other things held equal).
- As volumes decline, maintaining high standards of quality becomes more costly and difficult. Most primary care providers will have low volumes and therefore will find it more difficult to assure quality.
- Primary care settings may have even greater difficulties in maintaining quality than other low-volume settings because the radiologist responsible for technical quality may be more remote than at other settings.
- The impact on quality-of-care of third party businesses that package services for primary care settings is unclear -- it could be positive or negative, depending on the nature of the business and its commitment to meeting or exceeding existing quality standards. By making it easier for primary care practices to engage in mammographic screening, these businesses encourage the proliferation of units.

- The education of physicians and consumers has increased compliance with screening mammography recommendations. Putting mammography facilities in physicians offices may further increase compliance, but the net additional effect is unknown. To have a very large impact on total compliance in the Medicare population would require a very large increase in the number of screening mammography sites.

Table 1.--Charges for Breast Cancer Screening at Low Cost Centers and Attributes of the Programs that Keep Costs Low

Service and Center	Screening Component Covered (Cost) BPE[a]	Mammogram	BSE[b]	Total	Factors Contributing to Low Costs
Mammography only					
Providence (Charlotte, NC)	No[c]	Yes ($29)	No	$29	No BPE on site; volume
UCSF (San Francisco, CA)	No[d]	Yes ($40)	No	$40	No BPE on site; volume
Breast Consultation Center Mobile Program (Cincinnati, OH)[e]	No	Yes ($40)	Group[f]	$40	No BPE; volume
Full service screening					
Breast Consultation (Cincinnati, OH)[e]	Yes ($8)	Yes ($42)	Yes	$50	Nurse does BPE; volume
Strax (Ft. Lauderdale, FL)[e]	Yes	Yes	Yes	$45	Volunteers and philanthropic resources used; very high volume
Guttman (New York, NY)[e]	Yes	Yes	Yes	$≥5	Same as Strax

a Breast physical examination by a professional
b Instruction in breast self-examination
c Physician referral encouraged.
d Physician referral required.
e Self-referral.
f The group instruction in BSE is done at a "brown bag" lunch sponsored by the employer. The lunch is part of a "wellness clinic."

Source: Dougherty et al., internal staff memorandum, March 7, 1988

Table 2: Number of Applications and Failure Rates by Volume of Facility

No. of Mammographic Studies/Month	No. of Applicants	No. of Completed Applications	No. of Failures (%)
0-50	525	291	76(26)
51-100	904	520	113(22)
101-200	1492	949	118(12)
201-300	768	510	62(12)
301-400	457	345	26 (8)
401-500	253	180	16 (9)
501 or more	318	238	9 (4)
Total	4717	3033	420(14)

Note: Failures result from phantom or clinical image evaluations or both.

SOURCE: McLelland, et al., table, 1991.