

# Developing a Successful Women's Imaging Program at South Nassau Communities Hospital

by Cat Taylor, MBA, and Chad Schaeffer, FACHE

In March of 2005, South Nassau Communities Hospital realized that its women's imaging program warranted some improvements. A three-month backlog for screening services,

coupled with the lack of a dedicated breast imager, growing space constraints, and aging equipment, propelled the hospital to implement a number of significant changes.

The first step was to put together a project team consisting of the medical director of the Cancer Center, the administrator of the oncology service line, the director of finance, the facilities manager, the chief mammogram technician, the director of the tumor registry, the director of radiology, two dedicated breast surgeons, a surgical oncologist, and the CEO. This team studied how an expansion of South Nassau Communities Hospital's women's imaging program would affect the Cancer Center and the community as a whole. The team determined that adding dedicated breast imaging capabilities to the already successful breast surgery program would enable South Nassau Communities Hospital to provide more coordinated and timely services and treatment options for patients and families. To that end, the project team agreed that finding a dedicated breast imager who shared the hospital's philosophy of putting the patients' needs first would set the breast program apart from others in the region.

## The Planning Process

The project team used a five-step feasibility process to plan for the new breast imaging services. These steps included:

1. Preparing an internal assessment of current strengths and weaknesses
2. Understanding current market-share position

3. Identifying breast imaging competitors
4. Determining space and capital equipment requirements
5. Preparing a financial *pro forma* and obtaining approval from hospital leadership.

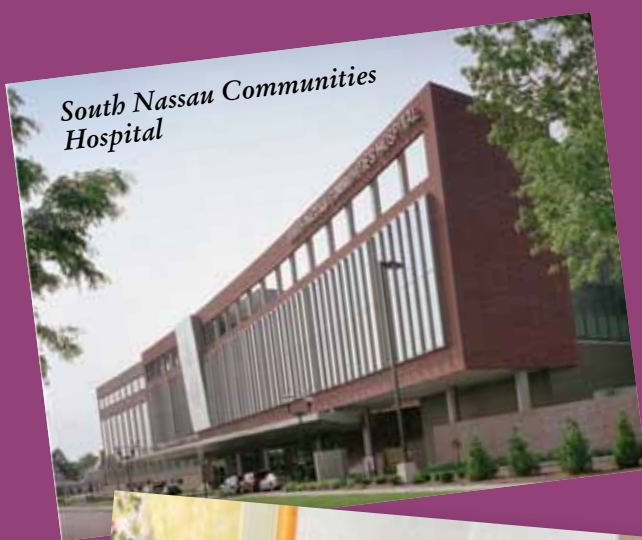
**Step 1: Identify current strengths and weaknesses.** As part of the planning process, administrative staff met internally with the radiology department, women's imaging program staff members, key physicians, and allied healthcare professionals to review and discuss program strengths, weaknesses, and the opportunities associated with developing a state-of-the-art breast imaging program.

The project team then began identifying specific weaknesses in the hospital's day-to-day operations. First, from an operational standpoint, the team realized that the registration process was cumbersome and highly inefficient for both patients and staff. In addition, radiology staff found it difficult to operate in what was deemed a "cramped and aesthetically unappealing space"—an issue that also created privacy concerns for patients and families.

The project team also discussed what it considered to be the breast program's "strengths." Key strengths identified by imaging staff, administrators, and expert consultants included:

- Same-day screening results for patients

## South Nassau Communities Hospital



Abraham Port, MD

- Mammograms read with the aid of image-checking devices
- Fellowship specially trained breast surgeons
- Well-respected pathology and radiation oncology departments.

**Step 2: Determine current market position.** An integral part of the planning and decision-making process was a review and analysis of the breast imaging market in the hospital's primary and secondary service areas. In 2004 the project team found that South Nassau Communities Hospital captured less than 10 percent of the mammography market in its primary service area, and only a small fraction of the mammography market in the secondary service area. The project team understood at once that the hospital had much room for program growth.

**Step 3: Identify competitors.** A search of all FDA-certified mammography facilities in the service area revealed no less than two dozen facilities. With an abundance of hospital and freestanding breast imaging competitors in the service area, the project team knew it would only be a matter of time before the hospital's operational inefficiencies and increased wait times began to drive its mammography market share down even further. To transition

## Our Program At-a-Glance

South Nassau Communities Hospital has 435 beds, more than 820 physicians, and 2,200 employees. Located in Oceanside, N.Y., the hospital is an acute-care, not-for-profit teaching hospital that provides state-of-the-art care in cardiac, oncologic, bariatric, pain management, mental health, and emergency services. The Cancer Center at South Nassau Communities Hospital offers patients and the residents of the Long Island community a full range of diagnostic and treatment services, including Long Island's first Gamma Knife®. Breast program components include:

- Dedicated mammographers
- Breast MRI specialists
- Dedicated breast surgeons
- Sentinel node biopsy
- American College of Radiology accredited digital mammography with computer-aided detection (CAD)
- High-definition breast sonography
- PET/CT
- An all-digital PAC System
- Bone density studies (DEXA Scans)
- Stereotactic (nonsurgical) biopsy and fine needle aspiration
- Pathology consultation, including second opinions
- A full range of surgical options, including a dedicated female breast surgeon trained in oncoplastic techniques of breast reconstruction
- Partial breast irradiation using MammoSite® and Contura®
- Cancer registry
- A high-risk breast cancer program
- Genetic counseling and testing
- Educational programs and breast self-examination training
- Collaboration with the Long Island Breast Cancer Action Coalition, which provides a full complement of support services.

the hospital's breast imaging program to the next level, the project team decided that the best approach would be to build a program around a magnet physician, who would differentiate services from competitors.

**Step 4: Identify space and equipment needs.** Finding the appropriate facility was a key component of the planning process. After reviewing options and future growth needs, the project team decided to house the new imaging program in a freestanding medical office building three blocks from the hospital's campus. Relocating to this larger space provided a more comfortable environment for a growing number of patients and imaging staff. The new space also had adequate room to accommodate expanding equipment needs, which were identified during the planning process.

**Step 5: Develop financial pro forma and obtain hospital leadership approval.** With a plan for facility and equipment in place, the project team's next step was to build a five-year

financial *pro forma* to determine the feasibility of expanding the imaging program and whether it would truly provide a positive return on investment (ROI). In developing the *pro forma*, the project team took into account existing and projected mammography volumes, as well as additional women's imaging modalities, including bone densitometry, sonography, and MRI services. The *pro forma* also incorporated surgery and radiation oncology data when projecting downstream revenue.

When developing the *pro forma*, the project team also took into consideration the hospital's existing payer mix for radiological procedures, including the percentage of Medicare patients and the percentage of managed care and commercial care patients. This data was extremely important, because Medicare reimbursement alone would not cover the cost of expansion. Fortunately, the hospital's managed care contracts were somewhat more favorable than Medicare reimbursement.

As part of the process, the project team worked with the hospital's chief financial officer (CFO) to apply sensitivity testing to the financial projections under varying assumptions of volume and services mix. Many versions of the *pro forma* were developed, and the approval process took several weeks. Finally, after a careful review, hospital leadership approved the proposed expansion of the women's imaging program in September 2005.

### **The Search for a Medical Director**

The project team now focused on the crucial next step to building the next-generation women's imaging program at South Nassau Communities Hospital—identifying and recruiting a full-time (FTE) dedicated breast radiologist. This role was critical to the success of the new program as the medical director would effectively lead and grow the breast imaging program. While South Nassau Communities Hospital's existing radiologists provided excellent service, they could not provide a dedicated FTE breast radiologist due to the overall demands for general radiology. So with their support, the project team began its search for a dedicated breast radiologist to carve out a women's imaging center from the traditional hospital radiology department. The new para-

### **Critical Success Factors**

Opening a comprehensive women's imaging facility in a competitive market is challenging. The project team that oversaw the development and creation of Complete Women's Imaging attributes much of its success to six factors:

1. Having a well-recognized and admired physician champion to lead the program. (For more on this critical success factor, see "Defining a Quality Medical Director of Breast Imaging" on page 28).
2. Recruiting staff that shares the same philosophy of professionalism and compassionate care tailored to the unique needs of the patient.
3. Investing in new technology, including breast MRI, digital mammography, a stereotactic breast biopsy machine, and breast ultrasound.
4. Developing a detailed financial feasibility plan that includes not only the breast imaging component but also the downstream revenue.
5. Housing the program in an easily accessible facility (preferably not in the hospital).
6. Being passionate about the patient care experience, because word-of-mouth is the best marketing tool.

*...the medical director would effectively lead and grow the breast imaging program.*

digm required a dynamic leader who would improve timeliness from initial diagnostic study to a definitive diagnosis—improving patient access to mammography screenings and reducing wait times for appointments.

The project team's search for the right candidate was lengthy—about 6 to 8 months—given this country's high demand for these specialized physicians. Some qualified physicians were identified early on in the search; however, these breast imagers desired part-time positions, which was not consistent with our goals. Eventually, the search led the project team to Abraham Port, MD, one of the most experienced breast radiologists in the northeast, who had previously served as director of breast imaging at Mount Sinai Medical Center in New York City.

Impressive credentials and a stellar reputation, particularly with residents of Long Island, made Dr. Port an ideal candidate. After standard negotiations that took about three months, Dr. Port's contract was finalized in June 2006. With Dr. Port onboard, he and the project team met to discuss space and equipment considerations and to reconfirm the hospital's vision for a stand-alone breast imaging program.

### **Preparing for the Grand Opening**

The project team outlined a four-month start-up period, during which Dr. Port worked closely with hospital staff to identify technology, staffing, and facility needs for the new imaging program. Throughout the planning process, Dr. Port assisted in staff recruitment and in identifying specific services that should be offered to patients. He was also highly involved in the design and layout of the new imaging center. At Dr. Port's suggestion, the imaging center was named Complete Women's Imaging, P.C., in September 2006.

The strong working relationship Dr. Port was able to develop with hospital leadership was critical during the costly equipment acquisition process. The initial equipment—two new GE digital mammography machines, two sonography machines, and a bone densitometer—was selected by Dr. Port, but leased by the hospital and housed in the hospital-owned facility.

Dr. Port held weekly meetings with South Nassau Communities Hospital's Design, Development, and Con-

struction Department to oversee the renovation and build-out of the Complete Women's Imaging facility. (The hospital has architects and construction managers on staff.) At the same time, Dr. Port was busy hiring and bringing on board clinical and administrative staff for the new imaging center. Recognizing that the quality of his staff would be critical to the success of the new program, Dr. Port worked with the project team and hospital leadership to set up Complete Women's Imaging as a joint venture between his practice and the hospital. This decision allowed Dr. Port greater flexibility in hiring and compensating his staff as compared with a large hospital system. Accordingly, staff is selected for their caring attitude, as well as their technical credentials. Although employed directly by Complete Women's Imaging, staff attended South Nassau Communities Hospital orientation so that they were fully trained in Joint Commission requirements, including the hospital's registration and scheduling IT systems. Additionally, registration staff and Dr. Port worked with hospital staff to develop a seamless process for retrieving patient hard copy films with the arrival of digital equipment at Complete Women's Imaging.

To create a buzz for the new imaging center, the project team published announcements in hospital publications such as *Healthy Outlook* (South Nassau Communities Hospital's quarterly community health newsletter) and other local media and professional journals about the opening of the facility. Dr. Port's reputation as a recognized and well-respected breast radiologist also helped garner local and regional publicity. In the months and weeks leading up to the facility's opening, the project team increased Dr. Port's visibility at public events and community engagements. The first patient visit to Complete Women's Imaging was on September 25, 2006.

### Growing the Program

Complete Women's Imaging operates as a hospital-based service under an exclusive arrangement with Dr. Port's practice. As medical director of Complete Women's Imaging, Dr. Port directs the digital screening and diagnostic mammography



Top, George R. Autz, MD

Center two photographs, specially trained radiology technicians are an integral part of Complete Women's Imaging multidisciplinary team.

Bottom, the staff at Complete Women's Imaging offers compassionate, friendly, and experienced care.

technology for the screening and early diagnosis of breast cancer, including ultrasound, MRI of the breast, and interventional procedures, such as stereotactic biopsy and ultrasound-guided core needle biopsies and aspirations.

Dr. Port's initial vision was to add a second radiologist at the right time. His partner, George R. Autz, MD, joined in August 2008, as director of MRI Services. A highly experienced, fellowship-trained breast imager with specialization in MRI-guided breast biopsies, Dr. Autz was previously the Director of Women's Imaging at Long Island Jewish Medical Center and, like Dr. Port, had an established patient following.

After experiencing increased demand for their brand of services, Dr. Port and Dr. Autz have since recruited a third breast imager, Michael V. Golla, MD, to maintain the quality of care and the high level of personal attention provided to patients. Today, Complete Women's Imaging employs a staff of more than 30, a mixture of specially trained radiology technicians, including mammography technicians, sonography technicians, and biopsy technicians.

### Tracking Programmatic Success

Complete Women's Imaging has been well received by the hospital's radiologists, who had been short-handed and finding it increasingly difficult to cover these services. An FTE dedicated breast imager removed much of these pressures and allowed them to concentrate on other patient populations.

Based on patient satisfaction surveys and anecdotal accounts, patients also preferred the calm, easily-accessible outpatient medical office over the sometimes- hectic hospital setting. Most of Dr. Port's existing patients followed him to the new location. A year after the grand opening, a review of a report listing the patients' home zip code or town showed that patients traveled from well beyond South Nassau Communities Hospital's typical service area. These data clearly indicated that Dr. Port draws from a broad region.

Prior to the development of Complete Women's Imaging, the hospital's imaging services had experienced little growth for several years. However, with a clear vision and detailed planning, Complete Women's Imaging has been a success story since the day the new facility opened.

Screening and diagnostic mammo-

grams markedly increased from first quarter of 2007 until the last quarter of 2008. In tracking quarterly volumes, both services (screening and diagnostic) have grown significantly—nearly doubling during the two-year period (see Table 1).

The volume of other breast imaging services has also grown rapidly. From 2007 to 2008, breast biopsies and ultrasounds increased by about 50 percent and breast MRI procedures increased by more than 90 percent (see Table 2). (Some of this growth may be attributed in part to the arrival of Dr. Autz.)

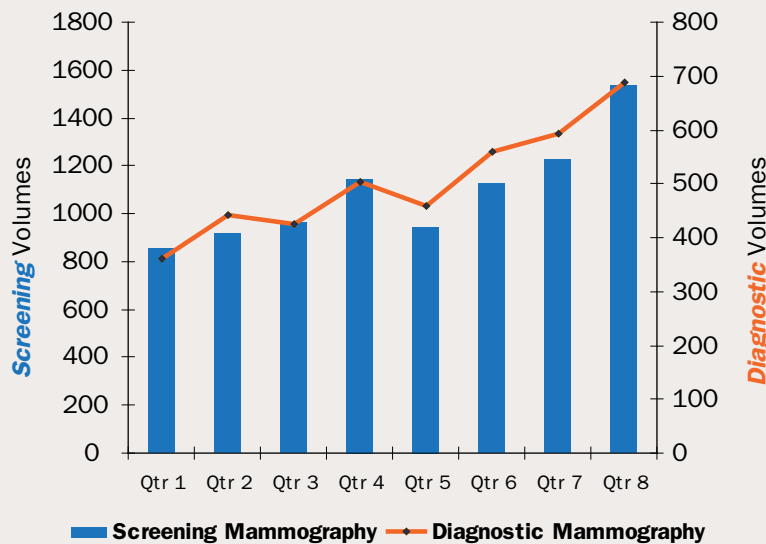
Complete Women’s Imaging also tracks referrals to the hospital’s dedicated breast surgeons; the volume of referrals has increased and today is typically about 20 per month.

### The Human Touch

Dr. Port’s shared vision with South Nassau Communities Hospital has been a key component of the program’s programmatic success. His reputation in the region and his ability to retain his extensive patient base has also proved invaluable. But perhaps most important is Dr. Port’s highly personalized approach to patient care, which includes meeting with every patient—not typical behavior for a busy radiologist.

At Complete Women’s Imaging, patients having mammograms can wait for their results. If a patient is unable to stay, someone from the office contacts the patient with the results later that same day. In all situations in which there is a positive finding on a screening mammogram, Dr. Port meets privately with the patient.

**Table 1. Mammography Growth from 2007 to 2008**



The staff at Complete Women’s Imaging is compassionate, friendly, and experienced. Dr. Port believes in being attentive to patients’ needs, and his entire staff is dedicated to fulfilling those needs. And the personal and warm touch of the physicians and technical staff at Complete Women’s Imaging keeps patients coming back. 🏠

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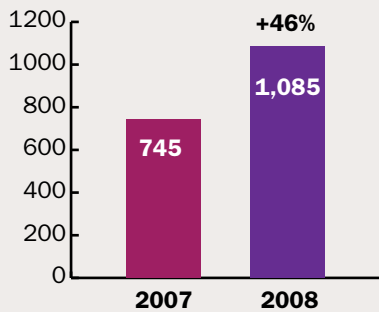
### Defining a “Quality” Medical Director of Breast Imaging

Is your community cancer center considering opening a breast imaging center in the near future? Like many institutions, you will more than likely choose a breast radiologist to fill the role of the medical director of breast imaging. However, research published in the February 2006 issue of the *Journal of the American College of Radiology* indicates that breast radiologists often assume these new positions with little guidance or knowledge of the responsibilities and expectations associated with the new job. To succeed and be most effective, your new medical director of breast imaging must possess a variety of clinical and non-clinical skills. The following list of questions may be a good starting point when evaluating potential candidates:

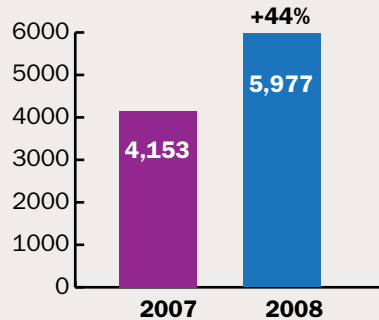
- Is the physician well respected by his or her peers? Does the physician make him or herself available as a resource to other physicians?
- Does the physician make an effort to stay current with breast imaging literature, state and national benchmarks, and breast imaging guidelines? Does the physician regularly attend continuing medical education seminars and conferences related to breast imaging?
- Does the physician possess effective interpersonal patient management skills? Is the physician capable of reassuring patients about procedures and managing outcomes?
- Is the physician viewed as a leader and role model by other medical staff members? Does the physician possess effective interpersonal communication skills with other staff members and employees?
- Is the physician a champion for both patient service and quality of patient care?
- Is the physician capable of reviewing audit data, comparing data with benchmarks, and discussing outcomes with his or her peers?
- Is the physician capable of bridging the gap between clinical physicians and facility administrators?
- Does the physician possess the ability to build and maintain relations with referring physicians?
- Is the physician willing to become involved in fundraising and research activities?
- Is the physician capable of providing and encouraging ongoing education to staff members?

**Table 2. Breast Diagnostic Growth from 2007 to 2008**

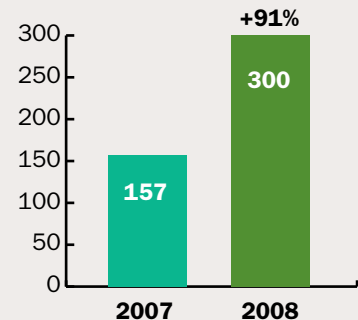
**Breast Biopsies**



**Breast Ultrasounds**



**Breast MRI**



## An Interview with Abraham Port, MD

Medical Director of Complete Women's Imaging, P.C.



**Q.** Why do you think that Complete Women's Imaging has been so successful?

**A.** Today's population of educated women knows that there are differences in the various places that offer mammograms. They read newspapers, research the topic on the Internet, and understand that there are breast specialists within the field of radiology. While most

patients go to breast imaging centers driven by their gynecologists' and internists' referrals, we find that our patients choose Complete Women's Imaging Center because of the physicians who are here.

**Q.** How are patients treated at Complete Women's Imaging compared to other breast imaging centers?

**A.** As much as we value our staff, we believe that part of a breast radiologist's role is to communicate with the patient. Dr. Autz and I are anything but radiologists who sit in the back room and expect the staff to tell the patient, "Go home, and your doctor will get the results." Every patient has the option to sit down with us personally and review their results on the same day of service. Our patients hear from us the good, the bad, and [sometimes] the ugly. In those cases, we hold their hand all the way through their experience.

**Q.** What elements are needed to create a top-notch women's imaging program?

**A.** First of all, there has to be a commitment to creating an environment that patients do not fear when they come for their imaging. There must be a feeling of warmth—from the minute the patient picks up the telephone to make the appointment, to being welcomed at the front desk, to being seen by the technologist and physicians. Patients must know that they have access to the best equipment, and patients must know that

they are not going to leave without knowing "what the story is." Most important, patients must know that you [physicians and staff] are there for them throughout the entire process. Let me put it this way, after I do a breast biopsy, my patients leave with my cell phone number.

**Q.** Can you share a lesson for other community cancer centers that are looking to develop a breast imaging program or center?

**A.** Women do not want to go to a hospital for a mammogram. Hospitals are for sick people—not for screening tests for healthy women. However, if some services must be located in the hospital, such as our MRI machine, consider using a concierge approach, as we do. Our concierge greets the patient at the front desk when the patient arrives for her MRI. She walks the patient through registration, escorts her to the MRI room, and positions her on the table. In other words, the concierge assists our patients through the entire process—from arrival until the patient leaves. And our patients love it!

**Q.** What type of marketing has been the most effective?

**A.** The reality is that our patients are our best marketing tool. Most patients are referred for mammograms by their gynecologist to the local radiology facility. These patients typically do not know who the radiologist will be. In our practice, a very large percentage of patients are self-referred—not self-referred meaning they do not have a referral from their doctor, but meaning that *they* tell their doctor where they want to go for their mammogram. And after they come here, those patients "market us" by telling other women about their experience.

**Q.** What future plans do you have for Complete Women's Imaging?

**A.** My goal is to develop a comprehensive breast center—not just a breast imaging center. I believe that such a center would have onsite breast surgeons who could see patients for consultation, and enhanced communication between surgeons and breast radiologists. I also believe that the breast center should house an outpatient surgery suite, so that the surgery is done right there—a truly comprehensive facility. ☐