

BREAST IMAGING PROVIDER RESPONSIBILITY – YES OR NO (DETAILED)

<u>PROVIDER RESPONSIBILITIES</u> YES or NO	VMG	BAYSTATE HEALTH (BH)-All Sites	COOLEY DICKINSON HOSPITAL (CDH)
<u>Enter Order</u> – Screening Mammogram:	<u>YES</u> <i>Use appropriate VMG “QM” Order Set.</i>	<u>YES</u> <i>Use appropriate BH “QM” Order Set Pt is automatically entered into Priority Breast Care Program.</i>	<u>YES</u> <i>Use appropriate CDH “QM” Order Set.</i>
<u>Communicate to Pt.</u> – Diagnostic Mammogram &/or US Breast Needed:	<u>NO</u> <i>VMG Mammo Staff will contact pt and schedule.</i>	<u>NO</u> <i>BH Mammo Staff will contact pt and schedule.</i>	<u>NO</u> <i>CDH Mammo Staff will contact pt and schedule.</i>
<u>Enter Order</u> – Diagnostic Mammogram &/or US Breast, limited: <ul style="list-style-type: none"> • <u>New Problem:</u> • <u>VMG Call-back from Screening:</u> • <u>6 Month F/U:</u> 	<u>YES</u> <i>Use appropriate VMG Breast-Mammogram, Diagnostic/US Breast Order Set.</i>	<u>YES</u> <i>Use appropriate BH Breast-Mammogram, Diagnostic/US Breast Order Set.</i>	<u>YES</u> <i>Use appropriate CDH Breast-Mammogram, Diagnostic/US Breast Order Set.</i>
	<u>NO</u> <i>VMG Mammo Staff will enter order, & forward order to another facility if the patient prefers.</i>	<u>POSSIBLY</u> <i>If pt. self-referred without a VMG order, an order will be needed that includes the conditional language to allow the Radiologist to perform additional imaging as clinically indicated. BH will contact you if an order is needed.</i>	<u>YES</u> <i>Use appropriate CDH Breast-Mammogram, Diagnostic/US Breast Order Set.</i>
	<u>**NO**</u> <i>Do not enter order for <u>VMG</u> Follow-Ups</i>	<u>YES</u> <i>Use appropriate BH Order Set</i>	<u>YES</u> <i>Use appropriate CDH Order Set</i>
<u>Enter Order</u> – Breast Biopsy:	<u>NO</u> <i>VMG Mammo Staff will enter order for BH, or other facility of patient’s choice.</i>	<u>NO</u> <i>BH Mammo Staff will enter order, and schedule patient for biopsy.</i>	<u>YES</u> <i>Use appropriate CDH Breast-Biopsy Order Set.</i>
<u>Communicate to Pt.</u> – Biopsy Results:	<u>N/A</u> <i>No biopsies performed at VMG</i>	<u>NO</u> <i>BH Radiologist informs patient of biopsy/pathology results and next steps.</i>	<u>YES</u> <i>VMG Provider informs patient of biopsy/ pathology results and next steps.</i>
<u>Enter Order</u> – Surgical Consult <i>(if applicable)</i> :	<u>N/A</u>	<u>NO</u> <i>BH Staff will schedule consult.</i>	<u>YES</u> <i>VMG Provider enters STAT Surgical Consult order.</i>