

PROVIDER Breast Imaging Workflow and Responsibility Guide

VMG	Baystate Health (BH) – All Sites	Cooley Dickinson Hospital
<p><u>Screening Mammo at VMG:</u></p> <ul style="list-style-type: none"> • VMG Provider enters order for screening mammogram using the appropriate VMG Screening Mammogram Order Set: <ul style="list-style-type: none"> ○ QM-Mammogram, Screening, BILATERAL (VMG) ○ QM-Mammogram, Screening, UNILATERAL, LEFT (VMG) ○ QM-Mammogram, Screening, UNILATERAL, RIGHT (VMG) <hr/> <p><u>Diagnostic Mammo &/or US Breast at VMG:</u></p> <ul style="list-style-type: none"> • <u>No VMG Provider responsibility.</u> VMG Mammo Techs enter initial diagnostic order, STAT biopsy orders, and any follow-up imaging. <hr/> <p><u>Diagnostic Mammo &/or US Breast at Non-VMG Facility:</u></p> <ul style="list-style-type: none"> • <u>No VMG Provider responsibility.</u> VMG Mammo Techs enter orders for diagnostic mammo &/or US Breast at facility of patient’s choice and submit to Referrals. 	<p><u>Screen Mammo at BH Site:</u></p> <ul style="list-style-type: none"> • VMG Provider enters order for screening mammogram using the appropriate <u>BH specific Order Set:</u> <ul style="list-style-type: none"> ○ QM-Mammogram, Screening, BILATERAL (All Baystate Health Facilities) ○ QM-Mammogram, Screening, UNILATERAL (All Baystate Health Facilities) *side of interest must be selected in the dropdown. <p><i>*These Order Sets contain the Conditional Language required for this One Order to cover any additional diagnostic breast imaging as clinically indicated by the Radiologist*</i></p> <ul style="list-style-type: none"> • Patient is now in the BH Priority Breast Care (PBC) Program. <hr/> <p><u>Diagnostic Mammo &/or US Breast at BH Site:</u></p> <ul style="list-style-type: none"> • <u>No VMG Provider responsibility.</u> BH Mammo Techs enter any additional diagnostic breast imaging orders as deemed clinically necessary by the BH Radiologist. <hr/> <p><u>Breast Biopsy Performed at BH Site:</u></p> <ul style="list-style-type: none"> • Patient contacts VMG Provider if taking any of the following blood thinners: <ul style="list-style-type: none"> ○ VMG Provider: Instructs patients taking Eliquis or Xarelto to discontinue 24hrs prior to biopsy. ○ VMG Provider: Instructs patients taking Coumadin, Plavix, or Heparin, to discontinue 5-days prior to biopsy AND order STAT PT/PTT, INR labs with instructions to patient to have drawn 24hours prior to biopsy appointment. ○ Results must be faxed to BBWC at 413-794-6460. 	<p><u>Screen Mammo at CDH/Other Facility:</u></p> <ul style="list-style-type: none"> • VMG Provider enters order for screening mammogram using <u>CDH specific Order Set:</u> <ul style="list-style-type: none"> ○ QM-Mammogram, Screening, BILATERAL (CDH) ○ QM-Mammogram, Screening, UNILATERAL (CDH) *side of interest must be selected in the dropdown. <hr/> <p><u>Diagnostic Mammo &/or US Breast at CDH/Other Facility:</u></p> <ul style="list-style-type: none"> • VMG Provider enters orders for any recommended 6-12 month follow-up breast imaging, or recommended biopsy. <hr/> <p><u>Breast Biopsy Performed at CDH/Other Facility:</u></p> <ul style="list-style-type: none"> • VMG Provider Instructs patients taking blood thinners to discontinue 7-days prior to biopsy, or as soon as possible, but no less than 48hrs prior to biopsy. • VMG Provider provides patient with biopsy/pathology results. • VMG Provider enters any next step orders as recommended by the Radiologist in the biopsy report, such as; a STAT Surgical Consult.