

Guide to Utilizing Mobile Mammography Units

North Carolina Breast & Cervical Cancer Control Program







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Background

Screening mammograms remain one of the most effective tools for detecting breast cancer in its early stages, yet many people from medically underserved communities do not have access to this life saving tool. The priority population for North Carolina Breast and Cervical Control Program (NC BCCCP) services is individuals who are defined as disproportionately burdened including those living in rural areas, people who are culturally isolated, incarcerated or institutionalized persons, persons who are medically underserved, people from minorities defined by race, religion, ethnicity or culture (including African Americans, Alaska Natives, American Indian, Asian Americans, Pacific Islanders and Hispanics, lesbian, gay, bisexual, or transgender individuals), persons with low literacy, and persons who are differently-abled. Mobile mammography may be able to bridge this gap by providing screening mammograms to patients in their own neighborhoods, thus eliminating cost and transportation barriers.

Mobile mammography can be especially helpful in serving women in rural areas where transportation may be a problem as well as schools and businesses where women are limited to time away from their employment. By taking screening services to them, you are helping to ensure that women are receiving this vital part of their overall breast health. Pre-registration allows the screening to take place in 15-30 minutes which could account for one of their required break periods.

NC BCCCP has identified nine mobile mammography units (MMUs) throughout the state that service almost all 100 counties. Establishing partnerships with these MMUs to provide screening mammograms allocations previously selected. As partnerships develop, MMU service areas may expand allowing NC BCCCP to provide this service to more patients across the state.

Program Planning & Implementation

Appropriate planning and early scheduling are essential to establishing a partnership with mobile mammography providers. The following steps will help you establish a partnership with a mobile mammography unit (MMU) in your area.

 Determine which MMU provides services in your area. A table of current MMUs and the counties they serve is included on page six. Determine if the MMU in your area requires appointments, walk-ins, or both. Invision Diagnostics is not listed as covering all 100 counties, but they have stated that they would be willing to

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cover all 100 counties if they are given enough notice. During your first contact with the MMU provider, confirm that they are willing to accept NC BCCCP reimbursement for mammograms and will not bill patients for the balance. Some MMUs already work with NC BCCCP providers (e.g., Cone Health, UNC Rex). Consider using a MMU familiar with NC BCCCP first, since they are already familiar with our fees and procedures.

- 2. Decide where to host the MMU. When deciding where to host the MMU, it is important to consider reducing patient barriers as well as the parking requirements of the MMU. The location where the MMU will be parked needs to be paved and relatively level. The size of the area needed for parking varies depending on the MMU so be sure to confirm when scheduling. There will also need to be access to public restrooms as the MMUs do not have them. Consider public housing communities, migrant, and seasonal farmworker (MSFW) camps, jobsites that offer no insurance benefits, women's shelters, prisons, and other locations where women with barriers to receiving mammograms might be served.
- 3. Contact the MMU to schedule a date with them. Keep in mind that most MMUs schedule 3-12 months in advance when planning your first mobile screening event. Review their application/ intake form so that you are prepared to assist patients if needed. Ask the MMU provider if you can schedule patients or if patients need to contact the scheduling coordinator for that MMU. Most allow you to schedule and then send them a list of patients, but it varies by provider.
- 4. Begin scheduling patients. Ensure that you are collecting all required paperwork for the MMU provider. Many times, this intake paperwork can be completed while the patient is in the office, or over the phone. Patients should list the NC BCCCP provider as their primary care provider so there is no delay in receiving results and therefore no delay in potential follow-up images. The intake form varies, but missing information may cause the MMU provider to cancel patient



appointments. It is important to note that some MMUs have a minimum number of appointments required to be filled. If the minimum is not met, they will reschedule to a later date. If they do require a set number of appointments, you will need to increase your patient reminders to ensure that patients show up for their scheduled appointments (e.g., patient appointment letters, patient phone calls, text reminders, etc.). Ask the MMU provider how many patients should be scheduled considering no show rates or if you should overbook a few patients in case there are several no shows. Multiple low show rate screenings may result in the MMU provider canceling future screenings.

- 5. **Day of the screening.** Each MMU provider will have different requirements for the day of the screening. Ensure that you block off the appropriate number of parking spaces for their MMU before they arrive and that you are available by phone. Remember that the MMUs need to be scheduled in locations that are relatively level, paved, and with access to a public restroom. Patients will need to be able to walk onto the MMU unassisted, but ideally the parking area will be handicapped accessible.
- 6. After the screening. Determine your appointment show rate and then follow-up with women who did not attend their screening. These women will need to be rescheduled. Follow-up with patients as you would if they received screening mammograms at a fixed site. Please note that women who need additional images or testing cannot return to the MMU for that service. Diagnostic procedures will need to be scheduled at a fixed site.

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Recruitment

NC BCCCP providers can recruit for the MMU screenings using the same strategies they use to recruit for their programs. These strategies can include health education, evidence-based interventions (EBIs), community engagement, community & clinical partnerships, and marketing/promotion. In addition to providing these MMU screenings in places where people live, work, and play; it is important to ask community stakeholders where the screenings should take place to be best utilized by the populations and communities you are trying to reach.

Many mobile mammography screening programs are slow to start because people are hesitant to trust the mobile units over a fixed site. One way to combat this is to utilize newspapers and other small media, social media, and word-of-mouth from patients who have used the mobile unit. In addition to media and word-of-mouth, breast cancer survivors and lay health advisors from the community are invaluable for encouraging individuals to get screened when the MMU is available.

When a MMU screening event is scheduled, flyers with the screening date and information can be shared with local faithbased communities, grocery stores, salons/beauty parlors, library, and post office announcement boards, and on local town and chamber of commerce websites. If your service area has a cancer support group or participates in Relay for Life, information about the MMU screening events can be shared with their members, stakeholders, and volunteers.

Best Practices

- During your first contact with the MMU provider, confirm that they accept NC BCCCP reimbursement and will not balance bill the patients.
- When a scheduled event is complete, schedule the next MMU event 366 days from the current date. Since most MMUs schedule months in advance, this will allow you to secure a spot for the patient's next annual mammogram.
 - Example: If you have a MMU screening event at Smith Farms on June 15, 2024, schedule another screening event there for June 16, 2025. It will be easier to keep up with the screening schedule for the following year and patients will know the MMU will return for their next mammogram.
- When possible, market/promote your first MMU screening several months in advance, so you have time to fill all required patient appointments and send patient reminders. If your screening is scheduled for September, start notifying and scheduling patients in June or July.

This will not be as important once you have established MMU screenings in your community but may be necessary to combat distrust in the early stages.

- If you have multiple patients who cite transportation as a barrier to receiving a screening, survey them to find out where in their community you could schedule the MMU to allow easier access.
- If the MMU provider you are using allows it, consider keeping a waiting list of patients who have completed the intake paperwork and are able to show up for a same day screening appointment on the date of your next MMU event. If you have no-show appointments, cancellations, or rescheduled appointments, you can call the patients on this waiting list and have them fill one of those appointments. This will allow you to maintain a full screening schedule even if patients cancel the morning of the screening. If there are no cancelations, be sure to schedule the waiting list patients on the next MMU screening event so they receive their annual mammogram and are not left waiting for another patient to cancel.

- A faith-based organization within a walkable community would be a good option to schedule as your first MMU screening location. Faith leaders, community leaders, and women who are breast cancer survivors can help market the screening to those within the community.
- If you are attempting to partner with a business or employer that does not offer health benefits to their employees, remind them that allowing a MMU on location will improve the overall wellness of their employees at no cost to them, will allow more

productivity because the on-site screenings take 30 minutes or less (versus employees taking several hours to drive to a fixed site), and can increase the chances of employees getting a screening mammogram which can help detect breast cancer at an earlier, treatable stage.

 Consider establishing a no-show policy for the MMU screenings. If a patient has two no shows, it may be best to schedule them at a fixed site so that they do not continue to take MMU appointment spots from other patients and cause a lower appointment show rate that may affect your partnership with the MMU provider.

FAQs

- I need help with program planning or technical assistance with setting up the first MMU screening, who do I contact? Erin Brown, NC BCCCP Program Coordinator, or your <u>NC BCCCP Nurse Consultant</u> can help you set up an initial MMU screening.
- What can I do if none of the MMUs service my county? Some of the MMU providers will travel outside of their service area if requested for a minimum number of appointment spots. Contact the MMU provider closest to your county and ask if they are willing to travel to your county.
- 3. Are the MMUs handicap accessible? No, patients need to be able to walk onto the bus unassisted. Patients who cannot walk on the bus will need to receive their screening mammogram from a fixed site. *Exception:* Cone Health/DRI has a wheelchairaccessible MMU.
- 4. A patient needs additional views, can they come back to the MMU the next time it's here? No, patients who require additional views and/or additional testing cannot return to the MMU. MMUs only perform screening mammograms. Navigate patients who need additional diagnostic work-up to a fixed site close to their home or workplace for follow-up.
- 5. I am having a hard time scheduling the minimum number of patients for the MMU we have partnered with, what can I do? The first step is to look where your MMU screening event is held. Is it a walkable community? Is it located in an area where patients would not be able to access a screening mammogram otherwise? If the MMU is parked in your clinic parking lot, patients may opt to go to a fixed site for their screening. The next step is to examine where and how you are recruiting patients for the screening event. Work with your health educator and/or communications staff to utilize community partners, faith-based leaders, breast cancer survivors and others to help recruit for the screening event.

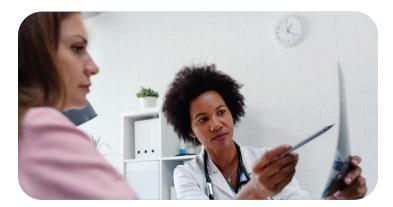


Table 1: MMU Contact Information

MMU NAME	CONTACT	PHONE #	EMAIL
CaroMont Health	Amber Carpenter	704.671.7768	amber.carpenter@caromonthealth.org
Catawba Valley Medical Center	Meghan Harmon	828.732.6201	mharmon@catawbavalleymc.org
Charlotte Radiology	Kimberly Fields	704.367.2232 x6241	kimberly.fields@charlotteradiology.com
Cone Health/ DRI Health Group	Christine Brannock	336.832.0838	christine.brannock@conehealth.com
Invision Diagnostics	General Scheduling	828.777.2014	appointments@invisiondiagnostics.com
Novant Health	Elizabeth Currie (Charlotte) Kim Cannon (Winston Salem)	704.384.3774 336.397.6033	eccurrie@novanthealth.org kscannon@novanthealth.org
UNC Health Blue Ridge	Angela Murphy	828.580.5282	angela.d.murphy@blueridgehealth.org
UNC Health Pardee	Samantha Roberts (supervisor)	828.696.4641 or	samantha.roberts@unchealth.unc.edu
		828.696.1305 (Samantha)	
UNC Rex Healthcare	Jade Watta	919.784.4210/6480	Jade.Watta@unchealth.unc.edu

Table 2: MMUs Available by County

COUNTY	PROVIDER	COUNTY	PROVIDER
Alamance	Cone Health/DRI Health Group, Invision Diagnostics, Novant Health,	Brunswick	Invision Diagnostics, Novant Health
	UNC Rex Healthcare	Buncombe	Invision Diagnostics, UNC Health Pardee
Alexander	Catawba Valley, Invision Diagnostics	Burke	Catawba Valley, Invision Diagnostics,
Alleghany	 Invision Diagnostics, Novant Health 		UNC Health Blue Ridge
Anson	Invision Diagnostics	Cabarrus	Invision Diagnostics, Novant Health
Ashe	Invision Diagnostics, Novant Health	Caldwell	Catawba Valley, Invision Diagnostics, UNC Health Blue Ridge
Avery	Invision Diagnostics	Camden	None
Beaufort	None	Carteret	Invision Diagnostics
Bertie	None	Caswell	Invision Diagnostics, Novant Health
Bladen	Invision Diagnostics	Custon	

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COUNTY	PROVIDER
Catawba	Catawba Valley, Charlotte Radiology, Invision Diagnostics, Novant Health, UNC Health Blue Ridge
Chatham	Invision Diagnostics, UNC Rex Healthcare
Cherokee	Invision Diagnostics
Chowan	None
Clay	Invision Diagnostics
Cleveland	Charlotte Radiology, Invision Diagnostics, Novant Health
Columbus	Invision Diagnostics
Craven	Invision Diagnostics
Cumberland	Invision Diagnostics
Currituck	Invision Diagnostics
Dare	None
Davidson	Invision Diagnostics, Novant Health
Davie	Invision Diagnostics, Novant Health
Duplin	Invision Diagnostics
Durham	Invision Diagnostics, UNC Rex Healthcare
Edgecombe	Invision Diagnostics, UNC Rex Healthcare
Forsyth	Invision Diagnostics, Novant Health
Franklin	Invision Diagnostics, UNC Rex Healthcare
Gaston	CaroMont Health, Charlotte Radiology, Invision Diagnostics, Novant Health
Gates	None
Graham	Invision Diagnostics
Granville	Invision Diagnostics, UNC Rex Healthcare
Greene	Invision Diagnostics
Guilford	Cone Health/DRI Health Group, Invision Diagnostics, Novant Health
Halifax	None
Harnett	Invision Diagnostics, UNC Rex Healthcare

COUNTY	PROVIDER
Haywood	Invision Diagnostics
Henderson	Invision Diagnostics, UNC Health Pardee
Hertford	Invision Diagnostics
Hoke	Invision Diagnostics
Hyde	Invision Diagnostics
Iredell	Catawba Valley, Charlotte Radiology, Invision Diagnostics, Novant Health
Jackson	Invision Diagnostics
Johnston	Invision Diagnostics, UNC Rex Healthcare
Jones	Invision Diagnostics
Lee	Invision Diagnostics, UNC Rex Healthcare
Lenoir	Invision Diagnostics
Lincoln	Invision Diagnostics, Novant Health
Macon	Invision Diagnostics
Madison	Invision Diagnostics
Martin	Invision Diagnostics
McDowell	Invision Diagnostics, UNC Health Blue Ridge
Mecklenburg	Charlotte Radiology, Invision Diagnostics,
Mitchell	Novant Health
Montgomery	Invision Diagnostics
Moore	Charlotte Radiology, Invision Diagnostics
Nash	Invision Diagnostics
New Hanover	Invision Diagnostics, Novant Health
Northampton	None
Onslow	Invision Diagnostics
Orange	Invision Diagnostics, UNC Rex Healthcare
Pamlico	None
Pasquotank	None
Pender	Invision Diagnostics
Perquimans	None

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COUNTY	PROVIDER	COUN
Person	Invision Diagnostics	Swain
Pitt	Invision Diagnostics	Transylv
Polk	Invision Diagnostics, UNC Health Pardee	Tyrrell
Randolph	Cone Health/DRI, Health Group, Invision Diagnostics, Novant Health	Union
Richmond	Charlotte Radiology, Invision Diagnostics	Vance
Robeson	Invision Diagnostics	Wake
Rockingham	Cone Health/DRI Health Group, Invision Diagnostics, Novant Health	Warren
Rowan	Invision Diagnostics, Novant Health	Washing
	0	Wataug
Rutherford	Invision Diagnostics	Wayne
Sampson	Invision Diagnostics, UNC Rex Healthcare	, Wilkes
Scotland	Invision Diagnostics	Wilson
Stanly	Invision Diagnostics, Novant Health	Yadkin
Stokes	Invision Diagnostics, Novant Health	
Surry	Invision Diagnostics, Novant Health	Yancey

COUNTY	PROVIDER
Swain	Invision Diagnostics
Transylvania	Invision Diagnostics, UNC Health Pardee
Tyrrell	None
Union	Charlotte Radiology, Invision Diagnostics, Novant Health
Vance	Invision Diagnostics, UNC Rex Healthcare
Wake	Invision Diagnostics, UNC Rex Healthcare
Warren	None
Washington	None
Watauga	Invision Diagnostics, Novant Health
Wayne	Invision Diagnostics
Wilkes	Invision Diagnostics, Novant Health
Wilson	Invision Diagnostics, UNC Rex Healthcare
Yadkin	Invision Diagnostics, Novant Health
Yancey	Invision Diagnostics

Resources

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NC Farmworkers Project. 2024. NC Farmworkers Project – The NC Farmworkers' Project serves as the resource center, home base, and connection to care for more than 2,000 farmworkers in five counties around Benson, North Carolina. Available at: <u>https://ncfwp.org/</u> [Accessed 8 January 2024].

Vang S, Margolies LR, Jandorf L. Mobile Mammography Participation Among Medically Underserved Women: A Systematic Review. Prev Chronic Dis. 2018 Nov 15;15:E140. doi: 10.5888/pcd15.180291. PMID: 30447104; PMCID: PMC6266518.