This quality improvement study assesses whether increased patient education through a mammography consent form including reviewing the benefits of digital breast tomosynthesis (DBT), results in higher rates of patients electing DBT, instead of only 2D mammography, or full-field digital mammography (FFDM).

### Purpose

Breast cancer is the second most common cancer diagnosis after skin cancer and the second leading cause of cancer death in women after lung cancer. A recent change in Texas law mandated insurance companies cover DBT; early data has indicated a dramatic increase in DBT utilization since that time. This study aims to determine whether revising consent forms to explain indications and benefits of DBT can increase DBT utilization.

### Materials and Methods

This study retrospectively analyzes and compares trends in use of DBT and FFDM across a large network of general diagnostic imaging centers in North Texas. The rates of DBT and FFDM utilization were assessed over 6-month periods before and after the implementation of a revised consent form which explains the indications and benefits of DBT.

**Sec. 1356.005. COVERAGE REQUIRED.** (a) A health benefit plan that provides coverage for a female who is 35 years of age or older must include coverage for an annual screening by all forms of low-dose mammography for the presence of occult breast cancer.

(a-1) A health benefit plan that provides coverage for a screening mammogram must provide coverage for a diagnostic mammogram that is no less favorable than the coverage for a screening mammogram.

(b) Coverage required by this section:

(1) may not be less favorable than coverage for other radiological examinations under the plan; and

(2) must be subject to the same dollar limits, deductibles, and coinsurance factors as coverage for other radiological examinations under the plan.

A law in Texas (H.B. No. 1036) has required insurance companies to cover DBT since January 1, 2018.

**Results**

In the 6 months prior to the implementation of the revised consent form (04/2018 – 09/2018), mean DBT utilization was 66% (9,805 DBT exams out of 14,900 total exams).

In the 6 months after the revised form was implemented (10/2018 – 03/2019), mean DBT utilization was 73% (14,409 DBT exams out of 19,722 total exams), resulting in a 10.6% increase in utilization.

### Conclusions

Our results indicate that patient education through a revised consent process which explains the indications and benefits of DBT may result in a modest increase in DBT utilization.

Simple efforts at patient education, even passively through a form elucidating the benefits of 3D mammography at the time of registration, yields clinically significant increases in patient adoption.

### References