1. When the targeted screening mammogram policy was released, WWC stated that it now aligns more closely with USPSTF guidelines. Does this mean that we should be recommending screening mammograms biennially?
   • WWC reimburses for annual screening mammograms in 50-64 year old patients. WWC covers targeted screening mammograms for women ages 40-49. These too are reimbursed by WWC annually, as long as targeted screening counseling has occurred and both patient and provider have agreed through the shared-decision making process that the client is an appropriate candidate. Clients do not need to be considered high risk in order to receive a targeted screening mammogram. This new policy more closely aligns with USPSTF guidelines by now including women ages 40 to 49. USPSTF guidelines recommend screening mammogram every other year or biennially. Currently, WWC is reimbursing more frequently than USPSTF recommendations.

2. Will WWC be providing a patient handout that explains specific risks/benefits of screening mammograms for women 40 to 49?
   • Yes, WWC is currently working on a patient handout that will be released in early 2015. It will be released in English with a Spanish version shortly thereafter. Please feel free to use the tools reviewed during the October HIT call, which are available on WWC’s website to assist in providing shared decision-making counseling to women 40-49. Dr. Katherine Anderson from Denver Health has developed a handout titled, “Is Getting a Screening Mammogram Right for Me? Information for Women Aged 40-49.” Dr. Anderson has agreed to allow WWC to distribute to agencies for use in WWC programs.

3. Is it WWC policy that all three of the targeted screening mammograms tools provided in the October HIT call and WWC toolkit be utilized and/or discussed with the client prior to scheduling a 40-49 year old client for a screening mammogram?
   • No, these three tools were made available and/or created in order to assist providers and patients in the shared-decision making process. WWC encourages agencies to utilize any or all these tools in determining whether a 40-49 year old patient is an appropriate candidate for targeted screening mammography. Links to the three tools are provided below and can also be found in WWC’s toolkit.
     ▪ The American College of Physicians guidelines on shared decision-making are evidence-based guidelines to assist providers in counseling women 40-49 on the decision to start screening mammography:
       [http://www.acponline.org/pressroom/mam_guideline.htm](http://www.acponline.org/pressroom/mam_guideline.htm).
     ▪ The National Cancer Institute’s [Breast Cancer Risk Assessment Tool](http://www.breastcancer.org/life/riskcalc) can be used to estimate a woman’s risk of developing invasive breast cancer during the next 5-year period and up to age 90 (lifetime risk) based on the woman’s age and the risk factor information provided.
     ▪ WWC developed a [quick reference table](http://www.womencare.org/education/quickreference) that can be utilized to assist in determining if a 40-49 year old woman should be recommended for a screening mammogram.

4. Is the required WWC breast health education sufficient for targeted screening counseling?
   • No, counseling prior to scheduling the WWC patient for a targeted screening mammogram should consist of a detailed conversation and agreement between provider and patient and should include information on benefits and harms, a patient’s preference and breast cancer risk profile. This counseling is more specific than the WWC required breast health education components. However, the targeted screening counseling does meet the requirements of breast health education.