

Non-Compliant Is Not a Reason

One outcome label in the record can sit on top of more than forty different situations. Only a handful are a choice the patient made. Here is the complete list of what “non-compliant” actually hides, and the reason each case deserves instead.

Richard D. Lippert Jr. · President & Founder, Mammologix · Breast Imaging Operations since 1995

A status field in the record reads “non-compliant.” It’s a tidy entry. It closes the loop on a patient who had an abnormal screening result and never came back for the diagnostic workup. Her name drops off the worklist. The audit confirms the recommendation was made. On paper the program did its part, and the patient did not do hers.

That one word is carrying more than it can hold. It assigns the failure to the patient, and it ends the inquiry. Once someone is marked non-compliant, there’s nothing left to ask. The reason she didn’t return is the part of the story that tells anyone what to do next, and the label leaves it blank.

What follows is the full set: each situation a program tends to file under “non-compliant,” what it can look like in a patient’s life, and the label that would actually tell you what to fix. Most of the list is not refusal.

1. The Message Never Reached Her, or Never Landed

Before a patient can return, she has to know she needs to, understand what’s being asked, and get one clear instruction. Each step can break on its own, and none of these is a choice she made. This is the largest and least visible part of the list.

What happened	What it can look like	Better tracking label
Never knew follow-up was needed	No letter, call, portal message, or provider explanation ever landed	Notification failure
Wrong contact information	Bad number, moved, returned mail, dead email, inactive portal	Contact-data failure
Message went to the wrong place	Sent only to the PCP, an old facility, a prior address, an outdated guarantor	Routing failure
Portal barrier	Doesn't use the portal, lost the password, no smartphone, message buried	Digital-access barrier
Language barrier	Letter or call wasn't in her language, no interpreter used	Language-access barrier
Low health literacy	"BI-RADS 0," "diagnostic," "probably benign," "short-interval" read as unclear or optional	Comprehension barrier
Message sounded routine	"Probably benign" or "routine follow-up" heard as "not important"	Message-design problem
Conflicting instructions	Radiology says come in, the PCP says wait, insurance says not authorized	Conflicting-instruction problem

■ *Studies show patients with limited English proficiency and low health literacy are at real risk of never being adequately informed. When one center rewrote its recall letter at a lower reading level, timely follow-up improved.*

2. Fear, Mistrust, and the Weight of the Last Visit

Some patients hear the message and understand it, and something in their history pulls them away from the appointment. This isn't indifference. It's usually the opposite.

What happened	What it can look like	Better tracking label
Fear of a cancer diagnosis	Avoids the appointment because she's afraid of the answer	Fear/anxiety barrier
Fear of biopsy or procedures	Needle phobia, fear of pain or scarring, fear of 'stirring it up'	Procedure-fear barrier
A bad prior experience	Painful exam, dismissive staff, a long wait, a traumatic biopsy	Prior-experience barrier
False-positive fatigue	"They always call me back and it's never anything"	Recall-fatigue barrier
Mistrust of the system	Distrust from past discrimination, poor communication, or feeling dismissed	Trust barrier

3. Belief, Culture, and How She Reads Her Own Risk

A patient's own model of her risk drives whether she treats the callback as urgent. When that model is off, the answer is information delivered by someone she trusts.

What happened	What it can look like	Better tracking label
Cultural or modesty concerns	Prefers a female technologist, discomfort with exposure, family or community stigma	Cultural/modesty barrier
Religious or personal beliefs	Declines based on belief or a preference for alternative care	Belief-based refusal
Feels well, low perceived risk	"No symptoms," "no family history," "too young," "too old"	Risk-perception barrier
Radiation concern	Worries repeated mammograms are doing harm	Risk-perception barrier

4. The Cost of the Next Step

Screening mammography is covered under most plans with no out-of-pocket cost. The diagnostic workup that follows an abnormal finding often is not. About 21% of women would skip additional imaging facing a deductible.

What happened	What it can look like	Better tracking label
Cost of the workup	Deductible, copay, biopsy cost, ultrasound or MRI not covered, fear of a surprise bill	Financial barrier
Insurance problem	No coverage, lapsed plan, out-of-network site, prior-auth delay	Coverage barrier
Lost wages, no paid time off	Can't miss the shift, hourly or probationary work	Work barrier

5. The Logistics of Getting There

Willingness isn't the question in this group. Everything between her willingness and the appointment is.

What happened	What it can look like	Better tracking label
Childcare or eldercare	No one to watch the kids or a dependent adult	Caregiving barrier
Transportation	No car or ride, unreliable transit, distance, weather, disability transport	Transportation barrier
Geographic access	Rural distance, no nearby diagnostic or biopsy site	Geographic-access barrier
Scheduling difficulty	Long holds, limited hours, no evenings or weekends, appointment months out	Scheduling-access barrier

6. The Order, the Handoff, and the Records

This group is the program's own machinery, and it produces some of the most misleading entries on the list — including patients who already completed the follow-up.

What happened	What it can look like	Better tracking label
Order or referral missing	She tries to schedule and the site needs a new order, prior images, or authorization	Administrative barrier
Fragmented care	PCP, OB-GYN, radiology, surgery, and insurance aren't coordinated	Care-coordination barrier
Went elsewhere	Follow-up done at another center, hospital, or mobile unit, outside the network	Outside-care reconciliation
Completed but not captured	Result not interfaced, report unmatched, fax lost, duplicate MRN, name change	Data-capture failure

■ Some share of every program's 'didn't return' really means 'returned somewhere, and we never matched it.'

7. When Life Got in the Way

These are patients for whom the callback was real and understood, and then something larger took the calendar.

What happened	What it can look like	Better tracking label
An acute life event	Illness, a hospitalization, a death in the family, housing loss, an emergency	Acute life-event barrier
Competing medical priorities	Surgery, chemo, pregnancy care, a chronic-disease or mental-health crisis	Competing-health-priority barrier
Pregnancy or lactation confusion	She or a provider delays because she's pregnant, breastfeeding, or postpartum	Clinical-timing clarification
Disability access	Wheelchair access, positioning, hearing or vision, cognitive impairment	Disability-access barrier
Mental-health barrier	Depression, anxiety, trauma response, avoidance, substance use	Behavioral-health barrier
Housing instability	No stable address, shelter moves, interrupted phone service	Social-instability barrier
Immigration or legal worry	Fear of documentation questions, unfamiliarity with the system	Legal/social-fear barrier

8. The Honest Resolution States

A handful of these are genuine endpoints, and one of them is the only place the original label was ever fair.

What happened	What it can look like	Better tracking label
Believes follow-up is unnecessary	"My last one was fine," "I had a benign biopsy," "the lump went away"	Informed-decision barrier
Refuses after fully understanding	Understands the recommendation clearly and declines	Informed refusal
Wants follow-up, can't complete it	Willing, but blocked by cost, schedule, transport, order, or caregiving	Unresolved barrier
Unreachable despite real attempts	Repeated calls and letters fail, emergency contact unavailable	Unable to contact
Transferred care	New PCP, new health system, moved out of state	Transfer-of-care
Follow-up no longer applicable	Deceased, hospice, or medically inappropriate	Closed (clinically not applicable)

What the List Actually Shows

Out of more than forty situations, the number that come down to a patient who understood the recommendation and chose to decline is two, maybe three. Everything else is a message that didn't arrive, a cost she couldn't carry, a fear no one addressed, a ride that didn't exist, a record that didn't match, or a life that came apart for a while.

Put the reason back and "non-compliant" stops being a verdict and becomes a worklist. The notification failures route to outreach. The cost barriers route to financial counseling. The behavioral-health cases route to navigation and social work. The data-capture failures route to records reconciliation. The informed refusals get left alone — documented and respected.

Sources

1. Reece JC et al. Delayed or failure to follow-up abnormal breast cancer screening mammograms. *BMC Cancer*. 2021. doi:10.1186/s12885-021-08100-3
2. Ngo M et al. Effect of a High-Deductible Health Plan on Patients' Willingness to Undergo Indicated Breast Imaging. *Radiology*. 2023. doi:10.1148/radiol.222952
3. Hughes DR et al. Patient Cost-Sharing and Utilization of Breast Cancer Diagnostic Imaging. *JAMA Network Open*. 2023. doi:10.1001/jamanetworkopen.2023.4893
4. Marcus EN et al. How Do Breast Imaging Centers Communicate Results to Women with Limited English Proficiency? *J Immigrant and Minority Health*. 2014. doi:10.1007/s10903-012-9771-7
5. Nguyen DL et al. Impact of Improved Screening Mammography Recall Lay Letter Readability. *J Am Coll Radiol*. 2020. doi:10.1016/j.jacr.2020.07.006
6. Oluyemi ET et al. Rate and Timeliness of Diagnostic Evaluation and Biopsy After Recall. *J Am Coll Radiol*. 2024. doi:10.1016/j.jacr.2023.09.002
7. Tejada S et al. Patient Barriers to Follow-Up Care. *J Women's Health*. 2013; Ramachandran A et al. Multiple Barriers Delay Care Despite Patient Navigation. *J Women's Health*. 2015.
8. US FDA. MQSA Final Rule, 2023 (eff. September 10, 2024). American College of Radiology. ACR BI-RADS® Atlas.

BI-RADS® is a registered trademark of the American College of Radiology, used here for educational purposes only. © 2026 Mammologix. All rights reserved. For informational purposes only; not legal, medical, or compliance advice. mammologix.com · connect@mammologix.com · (800) 739-6919