Overpromised Interoperability?

Three Ways to Close the Gaps Missed by PACS, VNAs and Enterprise Imaging Platforms

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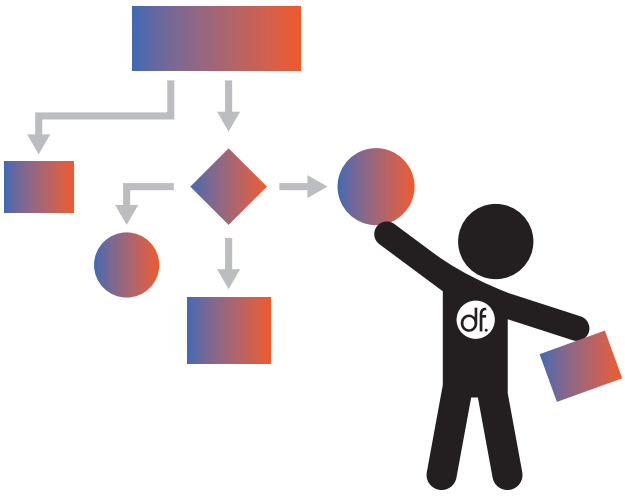
Simplify Imaging Workflow

Learn why image sharing and management doesn't have to be an enterprise-level "big bang" project to be effective and how every workflow connection counts toward interoperability.

How Important is Medical Imaging to Interoperability?

Medical imaging drives an estimated $300 billion in downstream healthcare spend each year,[i] making it a key component of clinical workflow. How many surgeries can be performed without an image or scan? About 67 percent of all patient encounters result in an image order. The shear volume of image files and the growing density and complexity of the data they contain is forcing a reexamination of clinical workflow.

In part 3 of this 3-part Executive Brief, we take a look at image workflow. Does an effective image management strategy have to be enterprise-wide? Are department-level solutions incongruous to full-on Enterprise Imaging Platforms or enterprise-wide VNA solutions? Can department-level workflow improvement have a significant impact on the enterprise?



Healthcare IT teams are moving the interoperability needle a bit closer to the connected and collaborative healthcare imaging ecosystem by focusing on each connection at the department level and expanding to the enterprise. Successfully filling gaps in your existing PACS, VNA or Enterprise Imaging Platform deployment requires an examination, and often a simplification, of workflow.

Image Sharing Doesn't Have to be Enterprise-Wide to be Effective

An electronic workflow, underpinned by a network through which imaging data can efficiently travel, is essential to interoperability. Clinical workflow has evolved to embrace technology advances, simplifying access and sharing of patient data. Remember when clinicians couldn't easily access, review or analyze their patient's medical history and emergency departments were blind to medication lists, patient prior exam information and images? Clinicians had to make treatment decisions without pertinent, and often critical, information. Solving these barriers-to-care required upgrading technology, rethinking workflows and implementing new business principles.

Current Clinical Workflow May Have Evolved from Paper-based Protocols, but are No Less Challenging

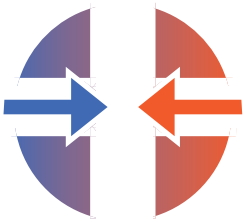
Most patients no longer need to carry imaging files on CDs between providers, but moving studies between loosely connected care delivery locations within a network is still a challenge. The more complex the workflow and the more points of intersection, the more complex the data communication, routing and exchange becomes.

Workflow Travels Beyond the Four Walls of the Enterprise

Once imaging files move beyond their originating location or modality, workflows lose their footing and either break down or revert to manual intervention—often due to gaps in the image management strategy.

Interoperability and workflow challenges also drive exam duplication. Failure to accurately identify "priors" in archived records systems is a leading cause of redundant and expensive imaging procedures. Studies show that one-in-five hospital radiology tests are duplicates and 63 percent of outpatient chart pulls are duplicate efforts that an integrated healthcare system can eliminate. [ii] Diminishing errant orders through better-connected workflow has a direct impact on patient outcomes, hospital costs and diagnosis.

How to Fill the Image Sharing Gap



Deploy a medical imaging workflow engine that integrates with and connects to existing infrastructure and environments, allowing patient data to move in new, more effective ways. Unbind workflow from legacy technology leveraging cloud and HIE tools. Simplify and consolidate disparate workflows confined to specific vendor PACS or VNAs. Don't forget storage as a key component of workflow. Link storage systems and bypass storage silos where possible, but with a focus on the 80/20 rule where 20 percent of the most frequently accessed images are going to be less than 24 months old and 80 percent of image files are rarely retouched after diagnosis.

Citations

[i] Steve Tolle, "Incorporating imaging at the core of your interoperability plan", Healthcare IT News., May 12, 2015. Last referenced November 2016: http://www.healthcareitnews.com/blog/incorporating-imaging-core-your-interoperability-plan

[ii] Heather Demello, "Doing away with duplicate testing can cut healthcare costs", University of New Hampshire, May 12, 2015. Last accessed November 2016: https://www.unh.edu/healthyunh/blog/healthcare-consumerism/2015/05/doing-away-duplicate-testing-can-cut-healthcare-costs.

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