Is Your Radiology Practice Tech-Savvy Enough?

December 09, 2013 | RSNA 2013 | PACS and Informatics
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CHICAGO — Is your practice competitive in its use of informatics and business intelligence? Here’s how to assess your place on the technology spectrum.

CHICAGO — If you have a RIS and a PACS, congratulate yourself, but not too much. So does everyone else.

The real questions you should be asking, said Paul Nagy, PhD, director of quality in the department of radiology at Johns Hopkins University in Baltimore, are how old are those systems and what could you be doing to take advantage of available developments in technology? Speaking at RSNA 2013, Nagy listed reasons you may need new systems, including advances that have been made in workflow management, search capabilities, analytics, report generation, dashboarding and the introduction of EHRs. Even five years ago, “your computer was 10 times slower. They had 10 times less storage on them,” Nagy said.

Nagy gave a five-point checklist to judge how your practice rates on the technology achievement spectrum:

1. Do you have a tech-savvy radiologist in leadership? It’s not enough that physicians have some technology skills. You need a radiologist who understands it thoroughly to bridge the gap between clinical and IT, Nagy said.
2. Do you have a qualified IT staff? You wouldn’t hire an uncertified technologist or an uncertified nurse, so why would you hire an uncertified PACS administrator, for instance? Certification ensures that they can be your partners in care.
3. Do you know your chief information officer (CIO)? “They can make so many changes without being aware of how it impacts radiology and you’ll only catch it when you have a disaster in your scheduling or registration,” Nagy said. Knowing who they are and developing a relationship will help avoid surprises when changes are implemented.
4. Do you have a good relationship with IT vendors — or is it hostile? Is your vendor there to help you solve clinical problems? That’s important in getting the best value out of your investment.
5. Are you aware of emerging technologies?

All five areas are important in making sure your practice is staying current and operating at maximum efficiency, he said.

Business intelligence important

Matthew Morgan, MD, assistant professor and chief of imaging informatics at University of Utah Health Sciences, noted that as fee-for-service models move to value-based models, imaging is going from profit center to cost center. So the pressure is on to do more with less.

Business intelligence, using data to make sure you’re staying on track, will help radiologists be proactive in this changing climate.

He gave some guidelines for practices:

- Building an informatics infrastructure starts with building a team. Start with an executive-level chair or vice-chair who has a vision for informatics and an appreciation for its urgency, he said.
- You also need an IT director with CIIP (Certified Imaging Informatics Professional) and someone working in the trenches within PACS or RIS. Critical roles on the team are project sponsor, project manager and technical expert.
- Make sure the team knows the goals and the rules. You need a strategy and a way to keep score. Managing data will help you support decisions such as whether you should hire another mammographer or uncover workflow bottlenecks.
- Once you have a team, you need to inventory the data, understanding the complexity of the
many systems and sometimes brittle interfaces.
- Then aggregate the data to create a data warehouse easily accessed.

You can build such a system yourself, buy it from vendors, or use a hybrid approach, Morgan said. Whatever you choose, he said, “you need people at your institution who both appreciate the value and need for this and are willing to take the time and work on this.”

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