HEARTBEAT
BY INTELLIGENT IMAGING

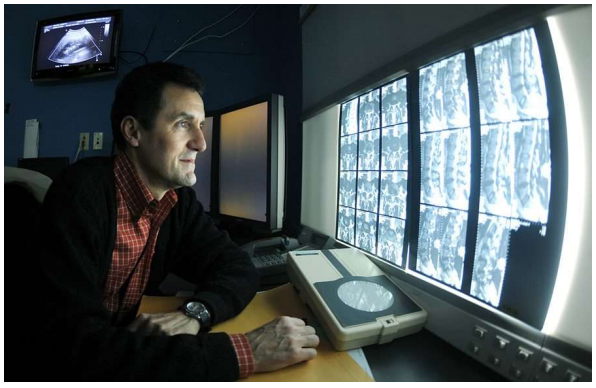
Does a **Hospital** Need (Radiology) PACS?

My first PACS project, many moons ago, was installing at Eisenhower Army Medical Center in Ft Gordon (Augusta), Georgia. At the time, we were removing dark rooms and wet processors and replacing those with a new digital system. As is often the case with "new" things, there were many that weren't convinced it would be worth it … of course, we all know how that turned out. Today, after years of being involved in this industry's evolution, I must pose the next "new" thing: Do most hospitals still need the foundational technology of PACS?

(Spoiler alert: I don't believe so, and I'm going to tell you why.)

First, to be clear, there are other clinical departments that are developing supplementary imaging systems that are specific to their needs and workflows…I am speaking specifically about the Radiology PACS in *non-academic* hospital settings.

Before we dig into the radiology side of the equation, let's talk about technology. No longer is a 10 MB network high-tech; as data is the lifeblood of organizations, the network has expanded. Generally, there is a level of network robustness that, coupled with lossless compression technologies, makes data sizes manageable for long-term storage. Therefore, we find that many hospital systems are investing in "centralization" or storing all images in a central location. This central archive is key, as I'll touch on later.



When I started installing PACS, a radiologist had a very particular role in the care continuum and spent a great deal of their time sitting in a dark room viewing films and dictating into a Dictaphone or cassette recorder. Later, once those recordings had been transcribed, the radiologist would log in to the RIS to sign their reports. Fast-forward more than a decade, and you find that only about one-third of a radiologist's time is spent interpreting images (Dhanoa et al., 2013). Today's hospital-based radiologist is often fully integrated into the care team and expected to provide consultations, rounds, supervise IV contrast, conduct Interventional procedures, as well as education sessions. Not only do radiologists who are on-

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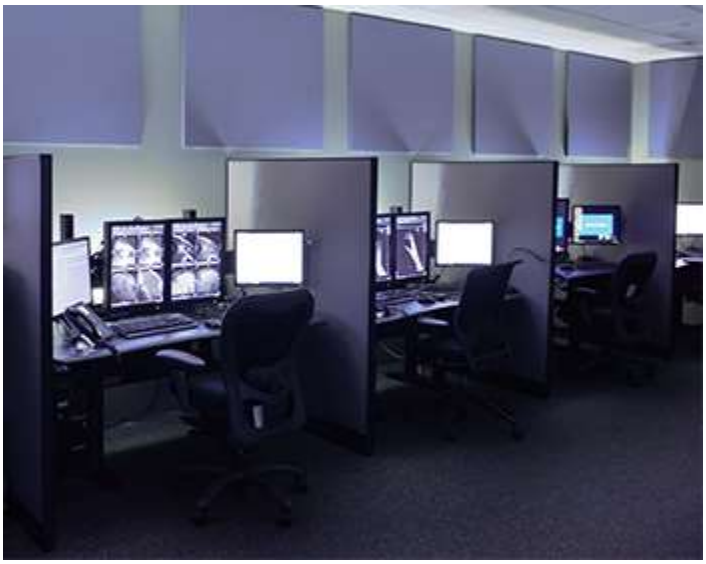
premise wear many hats, but when it comes to reading in a multi-facility hospital network, we frequently find that radiology reading is being consolidated to one facility. This means we are moving images from various sites to where the radiologist is reading vs. putting radiologists at each location where images are created.

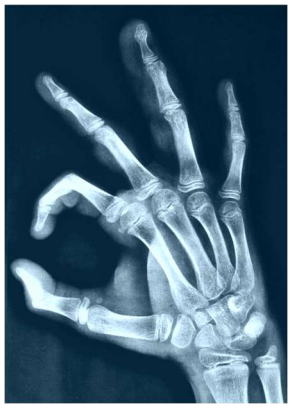
Ultimately, however, current industry movement is toward outsourcing radiology services to radiology groups, as opposed to on-staff within the hospital. In fact, radiology groups are becoming regional and national level organizations. And, while this may be a non-traditional approach to radiology services, it's definitely not a bad trend. These organizations are often able to recruit and manage scarce radiology resources more effectively while simultaneously providing specialty skills, higher quality levels, and faster turnaround times. Historically the price of PACS made it cost-prohibitive for individual radiology groups to have their own PACS, but as these groups expand in size and scope, we are seeing many of the radiology groups with their own PACS.

When you add all this together, it begs the question, why not just let the radiologists read on their own PACS?

I propose that, instead of wasting resources by paying for and maintaining their own PACS, hospital organizations leverage the radiology groups' PACS for interpretations. Indeed, when outsourcing a service (i.e., interpreting exams) it is customary for the service provider (rad groups) to provide the tools. Not only are we duplicating tools, but the radiology group is more efficient using their own; imagine having to set up hanging protocols and be proficient in 5 different PACS! It should go without saying that the organization



retains control of its information by sending images for interpretation while storage is in a long-term archive controlled by the hospital.



This no-PACS hospital scenario may sound like heresy to some, but I can tell you that it is already evolving. I have seen many rad-group contracts where the group offers reading from their PACS. It's also not unheard of for some groups to add a premium for reading on the hospital's PACS vs. their own. While a departure from how we've historically operated, I believe organizations should embrace this change as positive. Not only do our radiology partners get to direct the quality and efficiency of their offerings, but hospitals lower their operational costs while reaping the benefit of the rad-group's optimized focus. That sounds like a win-win in my book!

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Dhanoa, D., Dhesi, T. S., Burton, K. R., Nicolaou, S., & Liang, T. (2013). The Evolving Role of the Radiologist: The Vancouver Workload Utilization Evaluation Study. *Journal of the American College of Radiology, 10*(10), 764-769.