# Is the VNA Dead?

These days you may hear someone comment that VNA's are dead. Every time I heard these statements uttered with such certainty, I can't help but think of Mark Twain's amusing quip, "the reports of my death are greatly exaggerated." It won't come as a surprise to those who have read my previous articles that I remain in favor of the VNA. Not because I am wedded to the idea philosophically, but because the reasons that I and many others have implemented VNAs over the last ten years still exist. VNAs are kind of like the tires on your car, they're underneath it all, helping it go smoothly and no, VNA isn't sexy, it's not super fun, and it doesn't come with AI and blockchain promising to make your coffee while printing money. However, a VNA is still a foundational part of an enterprise imaging strategy.

One alternative being thrown around is an "enterprise PACS." And, while it might seem the ensuing debate would be enterprise imaging vs. enterprise PACS, the reality is that this is just a rebranding of the old 'single-vendor vs. best-of-breed' debate. There are, of course, advantages to each. Two of the most common reasons cited for adopting a single-vendor strategy are reduced integrations and reduced interoperability challenges.

There are several companies in the market today offering this single-vendor experience, and they are buying/building many of the components of enterprise imaging; an archive, a physician worklist, a viewer, and packaging it as a one-stop-shop. As the argument (sales pitch) goes, if they have all the things you need, why would you shop anywhere else? Well, the answer to that question depends on what your organization's priorities are.
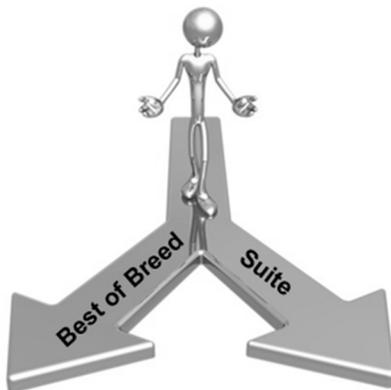
I tend to lean toward the 'best-of-breed' side for a few reasons. In my experience, hospital systems tend to run through cycles of buying and selling hospitals, imaging centers, and urgent care centers. Each of these acquisitions and divestitures (A&D) comes with imaging systems attached. So, thanks to A&D, there are always migrations and integrations. This leaves the goal of 'having one PACS to rule them all' difficult to execute and maintain in the real world.

Secondly, while hospitals may desire to move toward centralization, each radiology group, which is very often an outsourced service provider, is looking to customize its operations and achieve efficiency. That is, rad groups, want to use their internal PACS and not have to read from a different PACS for each hospital. Beyond rad groups, there are various specialists that are wanting to integrate imaging into their operations. Patient portals are now looking to integrate imaging. Even AI itself is often integrated with a particular viewer.   Each of these instances invariably involves a specialty viewer.
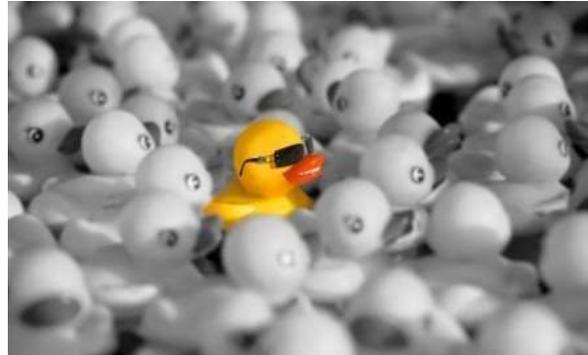
Quite clearly, the ability to integrate with multiple specialty viewers and support a wide variety of workflows does not appear to be abating, quite the opposite, this requirement is growing. This is where the VNA, as the foundational layer of an enterprise imaging solution, starts to show its true value. A best-of-breed VNA really shines when it is supporting migrations in and out of the organization. As well as when creating the routing and integration tier to consolidate multiple image sources, thereby providing images to specialty viewers and radiologists as needed. Each user expects a longitudinal patient record regardless of the source of the data, which is what quality VNA's are good at.

There are, of course, organizations that are successful with a single-vendor strategy. Usually, this is an environment with little turnover, relatively homogeneous physician needs, and a strong relationship with the vendor. For other organizations with a high degree of A&D and a diverse physician population with unique requirements, I still find that the VNA creates the strongest foundation on which a complex imaging ecosystem can, and should, be built.

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