

Solving Disparate Systems Inefficiencies

Leveling the load for subspecialty enhancement

SECOND IN A SIX-PART SERIES

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Advanced Radiology Consultants (ARC) in Park Ridge, IL, was challenged by a critical lack of access to information throughout the enterprise. Specifically, its disparate systems were unable to talk to one another and resolve key workflow challenges. The primary issues were:

- *their vast subspecialty expertise could not be effectively communicated to their partner facilities;*
- *load leveling was inadequate and created inefficiencies;*
- *the prolonged search for an adequate solution had approached two years, with no resolution in sight;*
- *a system-wide PACS option was investigated but was rejected as cost prohibitive*

ARC's situation is typical of many OICs across the country. They wanted to promote the advantage of subspecialty expertise while trying to improve efficiency, workflow and load leveling, but without the stress and strains of multiple vendors providing multiple solutions, and no consistent way to measure results.

Mitchell Schwarzbach, ARC's Practice Manager, explained their situation. "We had different PACS systems, such as GE, Siemens and Merge, not to mention stand-alone modalities that claim to support DICOM, but they weren't even talking [to one another]. Instead of looking at the situation and saying that the radiologist has to go to a specific station to read, we flipped that around and tried to figure out how to get the images to the radiologist anywhere, even to their home."

ARC found the solution in MEDxConnect from Compressus.

"Now, for example, I have a radiologist who is a body specialist, I can send him body images coming from 25 different locations and he is not going to get anything that is outside of his particular area of expertise," said Schwarzbach. The current system enables auto routing, which allows for automatic subspecialty assignments and can also include all relevant patient data, not just images.

When ARC took its proactive step two years ago, they could only imagine the impact virtualization would

have on their business. Their new way of practicing medicine sought not only to build a stronger business, but more important, sought to provide specific IT solutions that could vastly improve workflow efficiencies within the organization.

MEDxConnect helped ARC implement a global worklist that allows radiologists to deliver subspecialty expertise to any of the partner sites, regardless of where that radiologist is on a given day. After nearly two years of daily use, ARC has recognized the ease of adding new business opportunities at minimal cost and is in the process of adding mammography specialty expertise through MEDxConnect to expand its business opportunities.

"...I have a radiologist who is a body specialist, I can send him body images coming from 25 different locations..."

ARC also implemented MEDxConnect's VM² voice recognition (VR) system to be utilized by all radiologists to help improve turnaround times (TATs). By synchronizing a standard routine study, average turnaround times have improved, in many cases, from hours to minutes.

"We are blowing people away with what we can do with our TATs. Most of that has to do with voice recognition," said Schwarzbach. MEDxConnect's voice recognition has provided not only improved TATs at ARC but also the ability to deliver customized reports almost instantly, once they are dictated, to ARC's expanded market.

MEDxConnect enables ARC to employ a common viewer solution, which was their initial requirement, but it has the flexibility to accommodate multirole viewer types and manufacturers within the enterprise. This feature is something ARC will take advantage of when it offers the mammography subspecialty; they will be using a mammography-specific viewer in tandem with other solutions.

The MEDxConnect program is one that works. "It works. It actually does work," said Schwarzbach.

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