It’s **Your Image:**

**Top 15 Reasons to Consider an Enterprise Imaging Viewer**

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Sure, you moved to PACS just like everyone else. Since then you moved on to your next project and put your viewer needs in the rear-view mirror. But now that you think about it, your viewer(s) have fallen behind and it’s starting to show. Can you afford to continue to let your image lapse?

Here are fifteen areas you just might be struggling with:

1. **Interpretation Speed.** Your diagnostic viewer is slow. Viewer performance has not kept pace with the increasing size of imaging studies, and overall demands of your radiologists. The viewer slows them down and hinders radiologist productivity even over the LAN, in the reading room.

2. **Clinical Access Speed.** Your referring physicians, and clinical users demanded image access via a web-based viewer, so that’s what you provided. Unfortunately, your viewer is slow to launch, load and manipulate images. Your referring volume is flat or dropping, and some of your referring physicians have told you that you offer the worst image viewer in your community.

3. **Functionality.** Reflecting on the features of your image viewer(s), you recognize that despite some new capability here or there, the new icon on the toolbar, or the new module (available for additional purchase), by and large your diagnostic workstation and viewer(s) have not materially changed in years. The innovation that once convinced you to purchase your (PACS) viewer ceased years ago. Your viewer(s) don’t provide the efficiencies they once did, and it’s no longer a competitive advantage. You offer the same as your competitors.

4. **Advanced Visualization.** You made an investment in an advanced visualization system, and of course you integrated it to your PACS. With one-click off of the diagnostic (workstation) viewer, radiologists are able to launch your 3D application, export the study from PACS and
begin their manipulations. Problem is radiologists don’t really seem to take advantage of the 3D tools, because it slows them down and doesn’t fit into their workflow.

5. **Technologist Productivity and Satisfaction.** Since use of advanced visualization seems to negatively impact radiologist productivity, cases requiring 3D are assigned to technologists (or the 3D lab if you’re big enough), which perform the reconstructions, and push all of the data to PACS as separate series or secondary captures. Lots of data gets pushed and pulled and archived/stored between the PACS and advanced visualization system(s). This delays radiologist interpretation, sometimes for hours, negatively impacts technologist productivity, takes technologists away from their patients, slows down throughput and influences technologist satisfaction. All of these negative consequences make you question the value of requesting the advanced visualization workup in the first place.

6. **Hanging Protocols and Relevant Priors.** Your diagnostic (workstation) viewer has theoretically supported hanging protocols and identification of relevant priors for years. However, in practice it is a totally different story. The protocols are difficult, if not impossible to set on your own, priors are frequently irrelevant rather than relevant, and the combination of priors and protocols is not reliable. After a while, you simply gave up trying. Instead your radiologists manually drag and drop datasets and unload viewports to manually hang studies before starting interpretation. You may even have technologists assigned to perform this function for them, wasting technologist time. This is not an effective use of anyone’s time, and adds to radiologist frustration and inefficiencies.

7. **Technology Conflicts.** Your web-based viewer is based on old web-based technology. It requires specific web plugins, (e.g. Active X, Flash, and/or Silverlight, etc.), requires specific access rights, has hardware/operating system specifications to run properly, and only supports a few browsers. Despite claims to the contrary, your vendor never stays current with the latest browsers and operating system updates. And when your customers buy the latest and greatest computers, your image viewer is not supported, which adds to their immense frustration.

8. **Mobile Solution.** All of your physicians have a smartphone and are frequently purchasing tablets too – they want images on their iPads. You’ve asked your PACS vendor whether or not they support mobile access for images, and it requires costly new software, new servers, and an increase in the ongoing maintenance service expense on your existing contract. This is an expense and technical infrastructure you’ve not planned for, and yet your stakeholders keep asking and you don’t have a solution.

9. **Viewer Multiplicity and Envy.** If you’ve been growing your collection of viewers over the years, you’ve likely got a diagnostic (workstation) viewer for radiologists, a clinical viewer on the floors and for referring access, a viewer for advanced visualization, a mobile viewer, a CD viewer and a viewer to launch images from your EMR. If you’re in a health system or multi-site group, you may have multiple viewers, across numerous facilities, which drive your referring physicians crazy. They’re not sure which viewer(s) to use, physicians constantly complain they are provided access to substandard viewer(s), and that they don’t have the same tools as radiologists. Viewer envy is pervasive and the multiplicity of viewers has caused an uproar across your referral base.

10. **Vendor Neutral Archive (VNA).** It has been planning for a move to a VNA architecture to help support your growth aspirations, but your viewers were optimized to work only within a self-contained PACS. Your viewers might work with the VNA, but you’re told there are significant limitations, as they were never intended to work with another vendor’s storage.

11. **Remote Diagnostic Access.** It’s 2012, and we live in a virtual, mobile society. Radiologists are constantly on the go, and to deliver the best possible care they want to be able to interpret
from home (for call after hours). You’ve put expensive thick-client workstations in their homes, or you’ve deployed web-based remote diagnostic access, or your viewers don’t have the performance to support remote access over broadband speed. Remote interpretation might be ok for the occasional CR study, but forget about regularly interpreting multi-slice CT with several priors. Pushing a multi-slice CT with several priors could take 45+ minutes in some situations, and that poor performance is not tolerable for your radiologists. Been asked to start a telerad initiative or an in house nighthawk service with your existing viewer? Forgettaboutit.

12. Multi-OS Support. Years ago the computing world was dominated by Microsoft, and every PACS exclusively supported Windows. Today, consumers, particularly physicians, are increasingly favoring Apple (OS X) Mac computers in their homes and offices (e.g., MacBooks, iMacs). You’ve been repeatedly asked if your image viewer(s) support Mac OS, and it’s painful to continually say “no, but…”

13. Access to Priors. You work in a multi-site delivery or imaging center network that has multiple PACS. Patients flow through the system to receive care, but since there are multiple PACS, you don’t have ready access to prior exams. Without ready access to priors, you likely perform patient transports you don’t need to do (placing your patients at risk), and the potential for excessive or duplicate imaging is increased.

14. Modality Support. Your numerous image viewers do not adequately support your complete modality mix. For example, over the years you’ve had to purchase separate viewers outside of PACS to support digital mammography and PET/CT. You know digital breast tomosynthesis (DBT) is coming, and don’t think your PACS viewer can support it. With every one-off viewer, you exacerbate your viewer problem and it’s not getting any easier.

15. Non-DICOM Attachments. Increasingly, non-DICOM images are being requested to be accessed via your image viewers. Scanned documents used to be the sole request, but now providers are asking for dermatology photos, and other file types to be brought into PACS. Your viewer only supports DICOM, and you’re not certain when you’ll be able to accommodate your stakeholders’ requests.

Unfortunately, we know many of these topics sound eerily familiar, as we hear them over and over again. So how do you feel about your image now? The good news is Visage Imaging offers Visage 7, a game changing, innovative enterprise imaging platform that can help you do more, rather than continue to ignore. Contact Visage Imaging to learn more today.

About Visage Imaging, Inc.

Visage Imaging is a global provider of enterprise imaging and advanced visualization solutions for diagnostic imaging. Visage 7 delivers amazingly fast server-side rendered images streamed via an intelligent thin-client viewer. Radiologists and referring physicians have a customized, protocol-driven workflow to natively view 2D, 3D, 4D and advanced visualization imagery across a single desktop. Powerful imaging solutions include enterprise viewing and interpretation; image enablement of EMRs, VNA, HIEs and portals; RIS/PACS, as well as anywhere mobile access.

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