



LOGICALIS
HEALTHCARE
SOLUTIONS

Accessible Images,
Stronger Outcomes
How Enterprise
Imaging Aligns with
Value-Based Care

One of the most important discussions in healthcare today centers around the shift from fee-for-service care to value-based care.

10 Things to Consider about Enterprise Images

1. Without images, EHRs don't tell the whole patient story.
2. Images must follow a patient throughout the progression of a health event for continuity of care.
3. The entire multi-specialty care team needs to see a patient's longitudinal image history.
4. Comparing images side-by-side in a clinically relevant context is a significant diagnostic and treatment tool.
5. There is clinical value in marrying and viewing traditionally siloed images of different types from cardiology to radiology to urology.
6. Enterprise imaging solutions provide information designed to be significantly relevant to support episodic care.
7. Radiology workflows are not one-size-fits-all and should not be re-purposed for non-radiology clinicians.
8. New mobile applications allow clinicians to work naturally.
9. Enterprise images can be transferred and accessed easily online, in the cloud, and with a single url.
10. Thanks to the interoperability of its single, converged platform, enterprise imaging is a modular solution that focuses the care team on the patient, not on the technology, advancing quality of care and fostering desired outcomes for patients while minimizing costs.

The goal is to improve the quality of care for the patient by changing how healthcare systems are reimbursed for their services.

In the traditional fee-for-service model, volume was the name of the game. More patients, more admissions, more tests, more examinations all equaled more money. But this volume-focused approach didn't necessarily mean patients were receiving the best quality of care or receiving better outcomes.

Today, the Affordable Care Act, together with the Medicare Access and CHIP Reauthorization Act (MACRA), carries a new mandate – a shift from volume- to value-based care. The new model is strictly focused on improving healthcare in three core areas: quality, cost and outcome. The results will be closely measured and monitored, and healthcare systems will be compensated accordingly, with penalties imposed for healthcare acquired conditions, recurring readmissions and never events. The ultimate goal: to provide better patient outcomes at lower, more manageable costs.

In the quest to fulfill this goal, new techniques and technologies have emerged that can improve both the quality and cost of patient care, including advancements in electronic health records (EHRs), an increased use of patient imaging, telehealth and more. But these changes have also exposed challenges facing IT healthcare professionals including barriers imposed by inaccessible and siloed images that need to be overcome to provide the kind of collaborative care that is most beneficial for the patient as well as the healthcare provider's bottom line.

The EHR's Critical Challenge

To simultaneously improve the quality and outcome of care while reducing costs clearly requires a new system of collecting and sharing information about patients among multiple caregivers, a directive that EHRs were intended to address. While establishing EHRs did provide a way to collect, access, and share data about a patient in a more expedient and organized manner, there has been one critical flaw: EHRs typically don't present the whole patient story.

Important information such as patient images, documents and other clinical multimedia files are not always married to the EHR in consistent and relevant ways that allow these elements to be viewed in the proper context by providers both inside and outside of the patient's primary healthcare system. As a result, access to medical images and other multimedia data is fragmented and doctors are left to make care decisions often without a comprehensive patient record to contribute to their decision-making process. Even when medical images are accessible within the EHR, it is often challenging for the provider to locate them as they may be scattered in encounter notes or accessible only by a link buried deep within test result records.

While many organizations include access to radiology images from within the patient's EHR, images and documents produced in other image-centric departments like cardiology, ophthalmology, wound care and dermatology typically remain siloed and out of the care team's reach.

And while advances in the functionality of select EHRs now allow some level of digital photography management, it is rarely possible to see a patient's complete longitudinal imaging history all in one place, regardless of image type, as has been the norm for years with patient laboratory result histories.

There is a Better Way

Enterprise imaging offers a remedy, yet its role is often misunderstood. One of the biggest misconceptions among healthcare CIOs today is that enterprise imaging is strictly about moving the storage of patient images from today's Picture Archive and Communication System (PACS) to vendor-neutral archives (VNAs).

While PACS have long provided the means to acquire, store and view Digital Imaging and Communications in Medicine (DICOM) images, these images were relegated to silos housing only those produced within image-intensive practices such as radiology, cardiology and ophthalmology. This approach was adequate in the traditional fee-for-service model, but it makes a real-time multidisciplinary approach to sharing these images nearly impossible. As value-based care becomes more widely understood, however, it is becoming clear that the ability to share multidisciplinary images among the wide array of providers in any care continuum is a significant benefit to both patients and providers alike. Among other outcomes, the lack of visual images in the continuum of care can contribute to unnecessary readmissions, the very antithesis of value-based care.

Enterprise imaging solutions are purpose-built imaging engines that give healthcare systems a modular, phased approach to managing images as well as the ability to deliver real-time collaboration among caregivers all on a single platform. And, because it's a pervasive solution, enterprise imaging offers healthcare providers a clear and cost-effective detour around the roadblocks currently standing in the way of true value-based, patient-centric care and the financial rewards associated with delivering it.

If a picture is worth a thousand words, then a patient's EHR is clearly incomplete without the myriad of images produced on a daily basis. And if repeating studies delays care, increases costs and decreases patient satisfaction—and possibly outcomes—then enterprise imaging, which provides a modular multidisciplinary workflow, may just be the interoperable image and information network needed to complete a successful value-based care strategy as well as the key to an optimized EHR and a maximized return on investment for the healthcare provider.

Let's examine a few use cases where enterprise imaging provides the missing link to value and quality care.

Increasing Efficiency of Care

To be successful in a value-based model – and to fulfill the requirements for better quality, cost and outcome – it's imperative for clinicians to have relevant patient information available on demand. Providing a platform for a variety of disciplines to acquire and retain images and to subsequently make that information universally available at a variety of care locations is what platform-based enterprise imaging is all about.

Consider the patient examined by a general practitioner who orders images to be taken; later, the patient needs to see a specialist. If that specialist doesn't share the same EHR as the facility that acquired prior radiology studies, the patient is inserted into the clinical information delivery process.

To avoid costly and time-consuming repetition of scans, patients have become personally responsible for moving their images from one physician to another. When possible, patients can request electronic transmission of the images, a process often hampered by a lack of homogenous technology between the sender and receiver. When electronic transmission is not possible, this means the patient must take the images to the specialist on a CD, a practice which leaves the specialist focused on getting the technology to work in order to view the images rather than focused on the patient during their encounter.

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Top Tips: What to Look for in an Enterprise Imaging Platform

When exploring options for an enterprise imaging platform, what are some of the top things to look for? The following checklist offers some solid suggestions for consideration

❑ **Component Interoperability:**

While many solutions have been pieced together with components that were not initially designed for interoperability, the various components of the platform must work together harmoniously. Buying a platform that was designed from inception to work as one system will simultaneously ensure the highest level of interoperability and the lowest maintenance overhead.

❑ **Multiple Viewer Options:**

Selecting a solution with multiple viewer options built into the platform allows clinicians to easily choose between “reference-quality” image viewing and full-fidelity “diagnostic-quality” image viewing with the click of a mouse. This kind of choice broadens the available data for real-time decision making at the point of care.

❑ **Federated Image Viewing:**

If your organization is growing through acquisitions or has affiliate partners, look for a platform that supports federated image viewing. This means, with a few simple permissions, caregivers at disparate organizations can view images within the other organizations’ PACS or VNAs without the need to move the images.

❑ **Mobile Image Acquisition:**

The ability to securely acquire digital photos on a mobile device is a must. The application, however, must not only be secure but also provide real-time patient worklists and the ability to assign required patient demographic and other image-related metadata in a standardized fashion. While the most popular electronic medical records (EMRs) provide mobile applications to acquire images, these applications do not yet support the assignment of fixed, standardized data elements which is a critical step in ensuring data integrity and relevant presentation within the EMR.

❑ **Image Exchange and Sharing:**

The ability to easily exchange and share images with patients and outside providers without the use of CDs is critical. The platform should image-enable existing patient portals or provide a free-standing, secure portal that supports the ability to quickly exchange and share images with outside providers. This capability is virtually guaranteed to provide increased patient and physician satisfaction and a reduction in operational expense.

❑ **Longitudinal Patient History:**

The platform should be able to present a patient’s complete longitudinal imaging history regardless of image type. Digital photos, traditional radiology and cardiology images along with others such as ophthalmology, maternal fetal medicine and surgical/medical scope images should be displayed in an intuitive patient worklist. This allows the caregiver to pick and choose the images that they would like to view and compare in a side-by-side fashion.

❑ **Data Integrity:**

The platform must enable a high level of data integrity, thereby enhancing population health datasets and data presentation relevance by providing the ability to employ role-appropriate, standardized acquisition workflows and assign uniform discrete data elements at the point of acquisition.

A common mistake that healthcare organizations often make is to assume that a radiology workflow will enable the acquisition of images in a non-radiology environment.

Enabling the provision of existing images and related documentation to a specialist before the patient arrives, however, gives the specialist time to review the scans and determine a potential treatment plan before seeing the patient in person rather than delaying care and engendering frustration while waiting to successfully review existing images or take new ones.

Shortening Time to Care

When a patient is ill – and worried about being ill – every minute and medical encounter counts.

By making previously acquired images accessible to all points of care along the way, time won't be wasted repeating the same images or waiting for physicians to have collaborative conversations with each other; the information and images will be available for each practitioner to see where and when they need them to make the most informed diagnosis and treatment plan possible.

If a family physician thinks, for example, that a patient may have an enlarged thyroid gland, the physician looks at bloodwork, feels the patient's neck and refers the patient to an endocrinologist. The endocrinologist meets with the patient, performs a brief examination, then orders a radiology ultrasound for the patient. The patient takes off work again to have the ultrasound study, then another time to go back to the endocrinologist to discuss the results. The physician reports that radiology finds an enlarged node that requires a biopsy. The patient is scheduled for another radiology appointment and a needle biopsy is performed, then the patient is scheduled yet again to meet with the physician for the results – more time off work, more waiting, more anxiety building at each step along the way.

Today, however, most medical schools are teaching students to perform ultrasound exams. Thus, many physicians are now capable of performing simple ultrasound studies on their own. In this example, the endocrinologist could have performed the initial ultrasound, reducing costs and saving valuable time and stress for the patient.

Therefore, healthcare information systems need to catch up with clinicians' broadened technical capabilities. Until recently, physicians had no effective way to capture and meaningfully store patient demographics with images from point-of-care ultrasounds, which meant the tests were performed, but the images were not accessible for future reference or billing documentation. In most cases, before the ultrasound was performed, the physician typed in the patient's last name and allowed the machine to assign random numbers as an identifier. No demographics, no key words attached, and the images were not archived or married to the patient's EHR. When the ultrasound unit ran out of storage space, the images were simply erased. Now, what happens if the endocrinologist in our example says a biopsy isn't presently indicated and suggests the patient be checked again in six months? There's no record of the previous ultrasound available for comparison.

Even the most simplistic use cases speak to the increased quality of care patients can receive when physicians are empowered to use ultrasound technology—and to store the images in a meaningful and accessible way via an enterprise imaging platform. Using ultrasound guidance to help with needle and line placement, for example, helps ensure that the first stick is the right stick during the procedure, and it also allows, in most ambulatory encounters, for the physician to be reimbursed for the use of ultrasound guidance after it is performed. Under the value-based model, reimbursement for services such as these can occur only when clinicians can provide documentation of the ultrasound images.

The most innovative enterprise imaging vendors have recognized these problems and have done something about it by creating solutions that both facilitate provider efficiency and assure the retrievability, and thus, continued use, of medical images. A powerful enterprise imaging platform allows the provider to easily select a patient's name from a work list and acquire the images. The rest is left to technology: In the background, patient demographics are assigned to the images, the image set is routed to the enterprise imaging VNA and subsequently made available within the patient's EHR.

Now, in the case of the endocrinology patient, the ultrasound study is readily available for use as a prior comparison when the patient returns for a follow-up visit. And for the clinician who used ultrasound guidance during the ambulatory procedure, reimbursement is virtually guaranteed.

Of note is a patient-centric, interactive timeline made available by today's leading solutions. This functionality offers a big leap forward in understanding the patient's story with its thumbnail-enabled, study-by-study, unified view of the patient's images. By leveraging the investments made in capturing medical images, this a formidable example of information technology advancing value-based care.

A Word About Workflows

A common mistake that healthcare organizations often make is to assume that a radiology workflow will enable the successful acquisition of images in a non-radiology environment.

It is important to keep in mind that image acquisition is the business of radiology, and as such, the existing radiology information systems that enable a radiology workflow are designed specifically for a radiology environment staffed with many different roles from scheduling to the technologist to the radiologist. This type of system, and its required workflow, is not at all suited for non-radiology physicians using other image capture systems, such as ultrasound, in the delivery of care to their patients. Therefore, organizations that follow this path find it necessary to create workarounds and complex rules to support the needed agility of a non-radiology practice, and many times, the clinicians are unhappy with the result.

Alternatively, with a mature enterprise imaging platform, the technology takes care of the demographic documentation, marrying the image to the patient's EHR in the background. And because enterprise imaging offers the ability to create practice-specific workflows, there is no need for rogue workarounds or costly overhead to manage special rules.

Transitioning from Hospital to Home

As patients transition from hospital to home or to long-term acute care facilities, new caregivers enter the picture. The home health nurse may not be intimately familiar with the patient's case, so accessing the same data and images as the hospital-based care team will give that practitioner the ability to assess the patient's wellbeing in a more informed manner.

Imagine, for example, that a patient transitioning from hospital to home has a documented pressure ulcer. Pressure ulcers in hospitalized patients are categorized and carefully monitored throughout their stay. Their condition is well documented and digital photographs are often taken to give hospital personnel a visual record of the wound's progression. Upon discharge, changes are documented and added to the patient's EHR.

When the patient transitions from hospital to home, however, images are rarely available to the home health provider. When viewing the healing state of a wound, the home health nurse must be able to assess if the wound state has improved or deteriorated since the last evaluation. But without access to longitudinal images, the at-home caregiver will be forced to rely only on written – or worse, verbal – descriptions, which will inevitably be interpreted subjectively. Therefore, the home health nurse may think the condition is worsening without a concrete method for determining if that is speculation or fact. This lack of comparative visual information might result in an unnecessary trip to the Emergency Department (ED) or a delay in appropriate care that necessitates readmission. Informed monitoring of the wound's condition could minimize such taxing of the healthcare system and stress on the patient – as well as the resulting penalties now attached to events such as readmissions.

To be successful in a value-based model—and to fulfill the requirements for better quality, cost and outcome—it’s imperative for clinicians to have relevant patient information available on demand.

Consider, however, the difference in quality of care if that home health nurse could view the patient’s images in a single location and select those images for side-by-side comparison viewing. That’s the strength and practicality of enterprise imaging, and something that many CIOs have overlooked in their EHR planning. Sharing images, regardless of the source, is key to value-based care. It is critical for all members of the care team to be able to see the same information—and the information must include images to be comprehensive.

Giving the home health provider access to the same images as the care team at the hospital, and allowing both teams to view the images in truly meaningful ways, will facilitate informed care conversations among providers and encourage better overall care coordination for the patient. It may also prevent unnecessary return hospital visits which are costly for the patient both economically and emotionally and which may result in non-payment for the hospital under the new value-based healthcare regulations.

In the past, images such as these were simply taken with digital cameras, printed and included in a paper-based file on the patient, clearly not something which can be shared easily. Today, with a robust enterprise imaging platform, specialized applications integrate images taken using the camera in a practitioner’s—or the patient’s—mobile phone with the patient’s EHR. These applications make it easy to work in a natural way: Practitioners snap a photo with their mobile phones, select the patient’s name and demographics from the application’s worklist, and assign a standardized name to the image set, uploading the information and image to the enterprise imaging platform which subsequently makes it available via the EHR—all with just a few quick clicks. Today’s technological advancements can even enable this type of transaction to take place in a secure cloud so the images aren’t stored on the practitioner’s phone to help safeguard the patient’s protected health information (PHI).

Reducing Repeat Exams

Clearly, to be of the most value and use, images must be accessible at the point of care—wherever that may be—without having to be physically moved, and an enterprise imaging platform provides the means to make this possible. If a patient sees multiple providers, which is certainly a typical care scenario, the goal of a successful health organization should be for all members of the patient’s care team to have access to that patient’s clinical history. Care is no longer limited by physical proximity and a true enterprise imaging platform must build clinical networks to suit the needs of the patient.

By enabling the patient’s entire care team to see the appropriate level of the patient’s healthcare record—including both data and images—the patient’s primary doctor and others affiliated with that healthcare system are able to access the information with relative ease, a move which can dramatically reduce the need for repeat imaging scans. The key words here are “affiliated with that healthcare system.” An additional significant problem exists when practitioners *outside* the patient’s primary health system who have disparate IT solutions need to access the same data and images.

When a patient is transferred from one facility to another, for example, the patient's continuity of care document (CCD), which houses that patient's pertinent progress notes, lab results, radiology results and any related textual data, must be physically transferred to the receiving facility. Imagine having the ability to send a hyperlink to the relevant images to the receiving facility rather than physically transferring a CD or film, allowing practitioners on the receiving end to access and view the images in a secure way in the cloud, and to download images on an as-needed basis.

These are the kinds of innovations an enterprise imaging platform can bring about, and the positive effect on value-based, patient-centric care can be significant. Consider a neurology patient, for example, who had a CT scan just one week ago. While on vacation in another state, the patient presents at the ED with severe headaches. Clearly, it would be advantageous for the treating ED physician to be able to see the prior scans. Without access to the images, however, the ED physician orders new scans, exposing the patient to additional radiation and creating testing costs that could have been avoided. If they had access to the scans taken a week ago, the ED may not have needed to subject the patient to another \$3,000 study, and in the half hour required to re-take those images, physicians might have already known what the images showed and formulated a treatment plan—or, at a minimum, they could have had the prior images to compare to the new ones, increasing their knowledge about the patient's condition and their ability to make rapid, informed decisions.

Patients don't have to be out of town for similar scenarios to take place. Perhaps a family practitioner orders a CT scan for a patient; the patient then decides to see a neurologist for a second opinion. If they don't bring the original scan with them on CD or film, the specialist will need to order another test, something which costs America's healthcare system millions of dollars a year—costs which healthcare organizations are going to be held accountable for under MACRA and the Affordable Care Act.

With secure image exchange, the greater depth of clinical information provided can shorten the time to diagnosis and treatment and increase the quality of care overall.

As an industry, we know we can do better. And interoperable enterprise imaging solutions are the first step to curbing this kind of enormous waste. In the same scenario, when the patient visits a specialist, if the patient had been given online access to his or her own medical records, including related images, the patient could have easily and securely shared those with the neurologist with just a few simple mouse clicks.

Just think how important that might be to snowbirds who winter in Florida but spend the rest of the year at their home in Ohio. If something happens while they're in Florida, they could simply give the local Florida physician online access to their medical images which reside with their healthcare facility or imaging center back home in Ohio rather than bearing the responsibility for transporting those images themselves on CD or film. With today's technology, the Florida doctor can easily and securely access the images in Ohio, then decide if a copy of the images needs to be moved to the local system. By accessing the images through secure communication pathways via the cloud or directly using secure https, images can be shared in real time, significant storage costs can be defrayed and, most importantly, the provider caring for the patient can have access to the information needed to care for the patient without burdening the patient or the health system by repeating the exam.

Enabling Telehealth

Another—and increasingly popular—way patient images can now be shared electronically is through telehealth solutions. Like teleradiology, the forerunner of today's telehealth, a natural extension of enterprise imaging is the secure transmission of digital photos between patient and provider, giving enterprise imaging a significant role in the advancement of telehealth initiatives.

If a patient has knee surgery, for example, and is at home recuperating, and three days later the incision is red and inflamed, does that patient need to return to the doctor or hospital to be evaluated?

To remain satisfied with the status quo is to ignore the obvious: Images are already being captured throughout a spectrum of disciplines, but they are not being managed in a way that provides consistency, shareability or regulatory compliance.

Perhaps, and perhaps not. Today, if the patient calls and describes the redness to the clinician, the physician, in most cases, will ask the patient to come into the office for an evaluation.

However, for tech-savvy patients – particularly millennials who have grown up with a mobile phone in their hands – it’s second nature to snap a quick picture of an area of interest with their phone and simply text it to their caregiver for review. If the method for transmitting the photograph is not secure, however, this poses a possible security risk for the patient’s data.

Secure or not, this happens every day. We live in a society powered by visual communication through applications like Snapchat and Instagram, and we’re seeing this practice extend to healthcare. Whether it’s a patient texting photos of an incision to their surgeon or parents texting photos of a rash to their pediatrician, people are simply looking for the most natural and efficient ways to share visual information with their caregivers.

Telehealth, enabled by enterprise imaging, provides a secure, private and documented mechanism for them to do just that. Via an integrated telehealth solution, patients can securely upload photos or other images to their doctors, sharing information with clinicians that can easily be added to their EHR and can be used to reduce the number of in-person visits the patient must make to the physician’s office.

What if patients could download a secure mobile application that allowed them to snap those photos on their smartphones and easily transmit them to their physicians for review and reference? Think of it as the enablement of “medical selfies.” That’s enterprise imaging.

Think too about the importance of physician-to-physician telehealth consults. The most innovative enterprise imaging solutions provide enhanced viewing, clinical depth and collaboration on a single web viewer.

If a patient presents at a local hospital with serious burns, for example, the ED physician will need to decide whether to treat or transport the patient to a specialized burn center. If they had the capability to capture and upload photographs of the burn areas as well as imaging data from different departments and multiple sources and, in real time, consult with specialists at a regional burn center, the doctors could collaboratively decide whether the patient needs to be transported or if the community hospital would be able to treat the burns locally.

And, if the decision is made to treat locally, sharing images between the two facilities throughout the patient’s stay would allow the patient to receive a more informed quality of care and perhaps a better outcome at a lower cost by enacting a treatment plan guided by specialists many miles away. The enterprise imaging solution should allow clinicians to choose easily between “reference-quality” image viewing and full-fidelity “diagnostic-quality” image viewing. This kind of choice broadens the available data for real-time decision making at the point of care.

Images Affect Outcomes

If there is one takeaway from this white paper, it’s this: There is an explosion of images that are being created today, and many of those images are being mismanaged along the way. Yet, access to these images is becoming the cornerstone of high-quality, value-based care, and that means the images must be available to all of a patient’s caregivers in a more organized, linear and secure fashion to help contribute to a quality outcome for the patient and fully entitled reimbursements for the provider.

As a result, enterprise imaging decision makers—which include healthcare CIOs, chief medical officers, and chief nursing officers in addition to radiology administrators and medical directors—must all understand that imaging has grown beyond the boundaries of radiology, and they must embrace this change.

Because it is becoming increasingly critical for clinicians throughout the spectrum of care to have a unified, longitudinal view of the patient's images and related contextual information, patient images can no longer reside solely within the silo of a single service line or department.

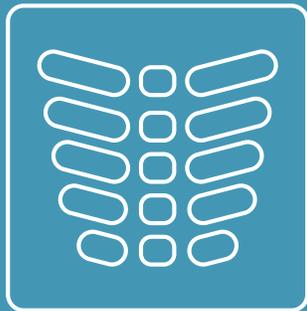
Radiology PACS workflows, therefore, are no longer sufficient when considering the need to acquire, store and share images with non-radiology disciplines. From parents who text their pediatrician photos of their children's rashes to specialists collaborating on the toughest and most critical of cases, images play a key role in the shift from volume-based care to value-based care, and in the outcome for each individual patient.

Images – and, increasingly, videos and documents – of a patient's care must be able to follow the patient throughout the progression of a health event. If a patient presents in the ED with an injury, for example, it is beneficial to document both the superficial condition as well as the internal damage. Today, an ED physician may have to include a rudimentary drawing in the EHR to denote where the superficial injury is located, then order an X-ray to complete the clinical visualization of the patient's condition for the plastic surgeon or orthopedist who will see that patient next. But imagine the increased efficiency if the specialist had images from multiple points of acquisition (digital photo and X-ray, for example) to reflect both internal and external conditions. These images provide relevant clinical insight during diagnosis and treatment planning, and they now can be made available within the EHR.

Consider, too, how useful it might be to record interviews at regular intervals with Alzheimer's patients to track the progression of the disease, and to share those interviews with a variety of the patient's caregivers from general practitioners to neurologists to home health providers. There are abundant use cases for quality enterprise imaging solutions that help clinicians follow the patient's journey from hospital to home, each of which points to the need for images to be captured and shared in a more bountiful, multidisciplinary, multi-device fashion.

To enable true care coordination for the patient, we must move images out of their silos, which means image management can no longer be relegated solely to the realm of radiology or cardiology. To remain satisfied with the status quo is to ignore the obvious: Images are already being captured throughout a spectrum of disciplines, but they are not being managed in a way that provides consistency, shareability or regulatory compliance.

Worried about whether to deconstruct or reconstruct your PACS? No need. Enterprise imaging provides the answer. From advanced visualization tools and measurements to "medical selfies," healthcare organizations must examine a comprehensive enterprise imaging platform in order to meet the sophisticated needs of department and referring clinicians as well as engaged patients in today's value-based care environment.



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About Logicalis Healthcare Solutions



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