Where do we go from here in Digital (interoperability)?

Jan Makela

President & CEO, Imaging



Radiology operations ... Efficiency enablers are ready for deployment

Voice of Customer



Radiology departments [face] significant challenges, with severe **staff shortages** exacerbated by lengthening patient backlogs. The result is demand exceeding the capacity to deliver."



Richard Evans Managing Director

From Products in Siloes

Disparate data, standalone applications, separate in structure, function, and commercialization

Radiology Operations

24 min. Average

ER DR Patient Wait Time

• Imaging Protocol Manager

Colorado (USCAN)

Multisite hospital

40+ centers

18 min. Average

ER DR exam time

- Imaging Insights
- Digital Expert Access

To One Solution Imaging 360 for Operations



- Modality Utilization
- Protocol Management
- Scheduling Optimization
- Remote Scanning

All in one experience.



Mexico (LATAM)

- ~180 Diagnostic Clinics
- ~80 Cities



4 people



Physical Storage & Distribution



18 protocol modifications



2 people



Cloud storage & Distribution



61 protocol 15 min. Average modifications **ER DR Patient Wait Time**



16 min. Average ER DR exam time

↓39% in patient wait times; ↓10% in exam times; +22 patients per week



United Kingdom (EMEA) NHS - diagnostic center 40+ sites, 1000+ people 700K scans per year



19 exams/day



Single, Standard **Appointment Slot**



19 & 21 minute protocols



32 exams/day



Real, Data Informed **Appointment Slots**



18 & 20 minute protocols

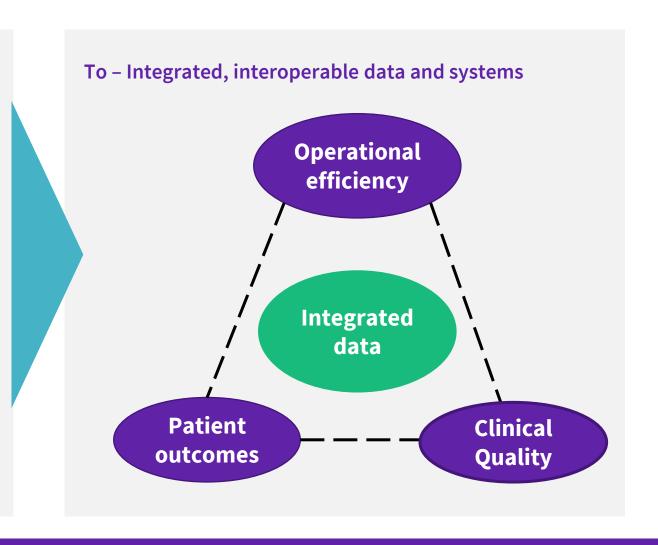
+68% exams daily; **↓9% in monthly scan time**

↓50% staff need; +3.4X protocol modifications

Broader clinical and operational data sets remain a challenge today ... How to transition?

From - Traditionally siloed data and systems

- Multiple RIS, EMR Data sources
- >100 disparate data systems
- Heavy integration needed
- Siloed operations across radiology departments and enterprise
- Staff schedules and data not available consistently burnout
- Patient, machine data fragmented
- Increased risk of cyber, privacy



What can be achieved ... Command Center example

Enabling enterprise-wide coordination and optimization

- Used in daily workflows for patient flow, staffing, quality surveillance
- Helps staff plan, prioritize, problem solve, and optimize What do I do right now?
- Real-time apps extracting from existing IT systems base
- Embedded AI creates new insights from data sourced by EMR, RIS, Orders, Labs, PACS ...
- Enables use cases that EMRs and other systems cannot

Impact on Imaging?

- Reduced imaging backlog and higher scan volume
- Improved schedule and equipment utilization
- Reduced cancellations and delays





Clinical applications ... The Systems Challenge for Oncology



Data is Scattered



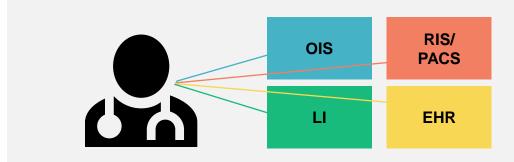
Data is filed, not organized



Patient prep is manual & time consuming

"My EMR requires navigation, hunting down all the records, and creating that timeline in my head."

- ONC Chief



86% of surveyed clinicians ARE FRUSTRATED with the effort required to find and review patient data

100% of surveyed clinicians

find it MENTALLY CHALLENGING to fully review patient data and decide on a course of action in their current system

Only 140/0 of surveyed clinicians

ARE CONFIDENT that they have reviewed all relevant patient data

Based on a simulated user evaluation of OncoCare at a UK University hospital in a test environment with 15 external users familiar with cancer patient medical records (7 oncologist, 5 nurses, 2 practitioners, 1 MDT coordinator). Each participant completed a series of tasks using both their existing EMR system and OncoCare. Mouse clicks and time to perform each task were recorded. User experience feedback was collected with a survey questionnaire. The study was facilitated by a third party consulting agency and sponsored by GE HealthCare. The results are not prescriptive and could vary depending on user, electronic patient medical records software used, and circumstances



GE Health Care