



# Edison™ Datalogue™ Connect Overview

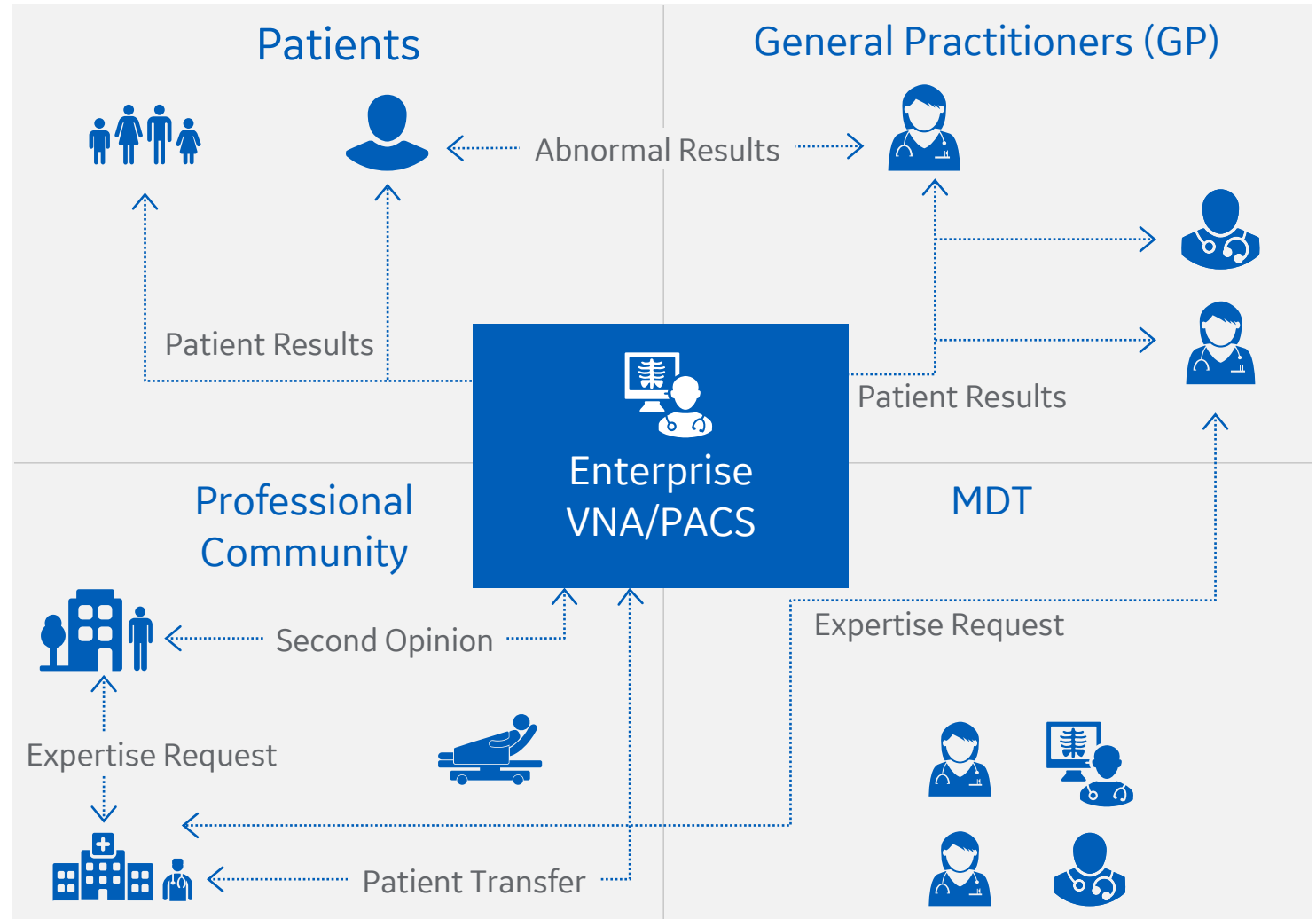
JB69324US

Confidential. Not to be copied, distributed, or reproduced without prior approval.

# Patient centric collaboration and advanced care coordination

## ● How do you:

- Go beyond Image Exchange and foster Collaboration?
- Share patient cases inside and outside your network
- Collaborate with multi-disciplinary care teams
- Provide physician access to patient images
- Better involve patients in their care and share images/reports quickly and easily



# Edison Datalogue Connect

More than Image Exchange - Collaboration

Connect the community through patient centric collaboration and advanced care coordination



# Edison Datalogue Connect

1 Tool | 4 Applications | Advanced Workflows | Customer ROI | Enhanced Patient Outcomes



## Case Exchange

### **Easily share and collaborate on patient images and data**

Easy to dynamically share and collaborate on patient images and data

Automated workflows and easy access to other advanced 3D visualization tools to share images

Secure, standards based foreign study management



## Multi-Disciplinary Team Meeting

### **Simple organization and management of care team meetings**

Set-up, schedule and run multi-disciplinary care teams

Centralized, easy-to-navigate case lists with connectivity to PACS

Summarize meeting outcomes and notes for efficient follow up



## Physician Access

### **Provide both affiliated and non-affiliated physicians access to longitudinal patient imaging data**

Access to patient results, images and reports

Collaboration with peers

Connect with patient



## Patient Access

### **Enable patient ownership of their own reports and data**

Easy and secure access to images & reports

Download capabilities

Control of access rights for other physicians



# Edison Datalogue Connect | Applications

## Patient Access

Provide patients access to their imaging data

## Patients



Patient Results

## General Practitioners (GP)



Abnormal Results



Patient Results

## Physician Access

Referring physician access to patient records and images

## Professional Community



Second Opinion

Expertise Request



Patient Transfer



Enterprise VNA/PACS

MDT

Expertise Request



## Case Exchange

Share and collaborate on images, cases and reports quickly and easily

## MDT

Set up and run care team meetings



# Edison Datalogue Connect | Outcomes



## Case Exchange

### Easily share and collaborate on patient images and data

According to ACR, the average cost to burn a cd is between \$15-25 dollars when you take all the costs into consideration<sup>1</sup>

EMRAD (East Midlands Radiology) has stated that Case Exchange saves them \$23K per month on POSTAGE alone. That does not consider administrator costs, etc.<sup>2</sup>



## Multi-Disciplinary Team Meeting

### Simple organization and management of care team meetings

Physicians spend 30 – 120 minutes preparing for each MDT meeting<sup>3</sup>

48% of hospitals have staff specifically dedicated to organizing and running MDT/care team meetings<sup>4</sup>



## Physician Access

### Provide both affiliated and non-affiliated physicians access to longitudinal patient imaging data

*Dr. Deible from UPMC has said that having the Physician Access functionality is a differentiator for a hospital and will help grow their referral business from individual and smaller GP practices. This is something 'he would market' to grow the UPMC referral business<sup>5</sup>*



## Patient Access

### Enable patient ownership of their own reports and data

[Patients see significant value in medical imaging results](#) – Radiologybusiness.com, Nov 2:

New research published in the Journal of the American College of Radiology suggests that patients place great importance in learning about their imaging results, even if the findings do not directly impact their healthcare. The knowledge obtained from these tests is viewed as “a valuable outcome.”<sup>6</sup>

1. ACR Imaging IT Reference Guide: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4255288/pdf/nihms628147.pdf>  
2. EMRAD TWEET, 10/31/2018  
3. MDT Research, MarketVision Research, July 2017

4. MDT Research, MarketVision Research, July 2017  
5. Dr. Deible quote, Chicago, January 2019  
6. [Patients see significant value in medical imaging results](#) – Radiologybusiness.com, Nov 2



# Case Exchange | Peer to peer collaboration

Share and collaborate on images, cases and reports quickly and easily



Dynamically share and collaborate on patient images and data

Automated workflows and easy access to other advanced 3D visualization tools to share images

Secure, standards-based foreign study management





# Multi-Disciplinary Team Meeting | Care team collaboration

Set up and run care team meetings

Set-up, schedule  
and run  
multi-disciplinary  
care teams

Centralized, easy-  
to-navigate case  
lists with  
connectivity to your  
organization's  
PACS, EA or VNA

Summarize  
meeting outcomes  
and notes for  
efficient follow up  
with the referring  
clinician





# Physician Access | Referring physician collaboration

Provide referring physicians access to patient images and records



Electronically share patient images and records with referring physicians quickly and easily

Grow referral network by making it easier to partner with clinicians



# Patient Access | Patient Collaboration

Provide patients access to their images and records

Enables patients to become involved in their care pathway by giving them access to their images and report(s) via a user friendly and secure web portal with access code login

Provide a better experience by saving them the time and effort that is required to collect imaging and record data

Images and reports can be viewed on a PC or mobile device or downloaded from the web

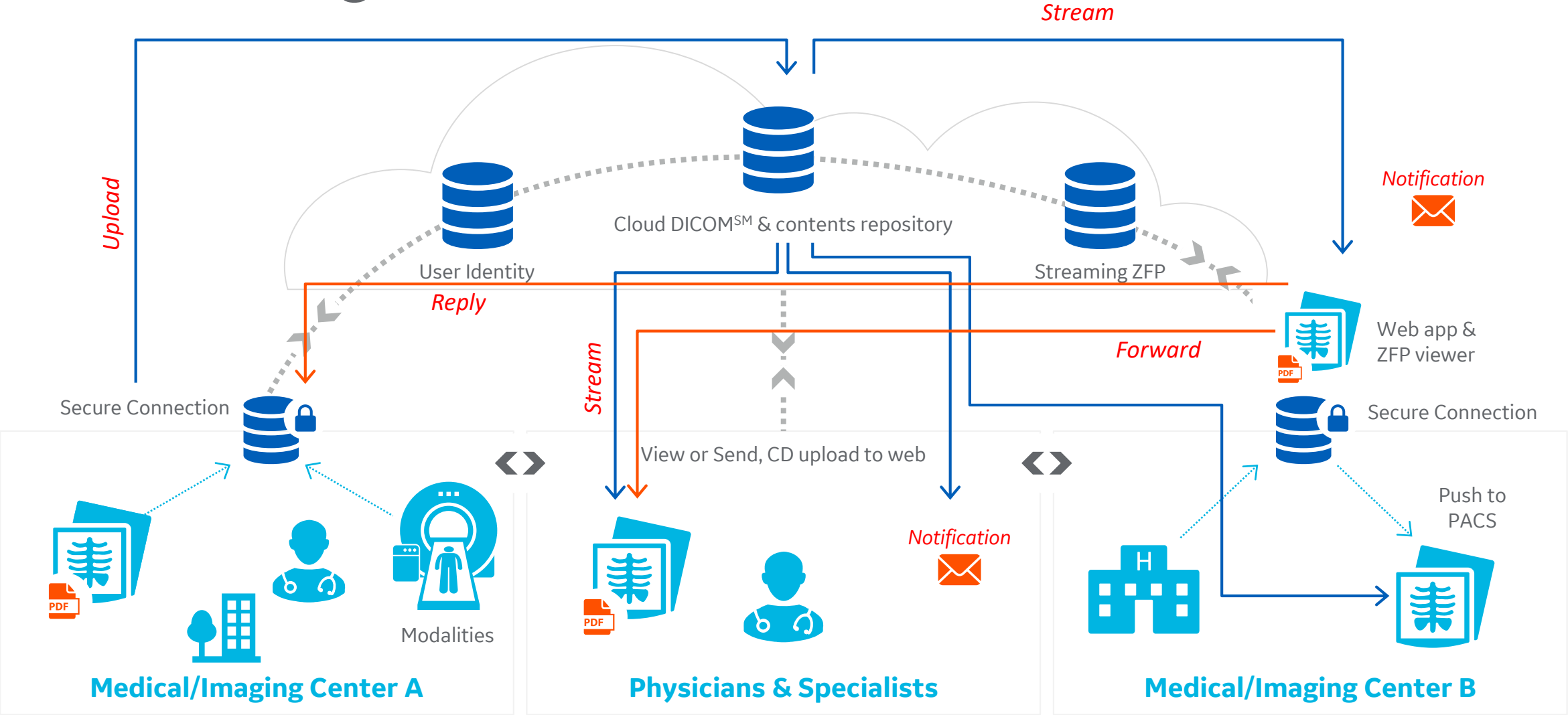
Patients can easily grant access to other health care professionals to obtain a second opinion



# Case Exchange Use Cases



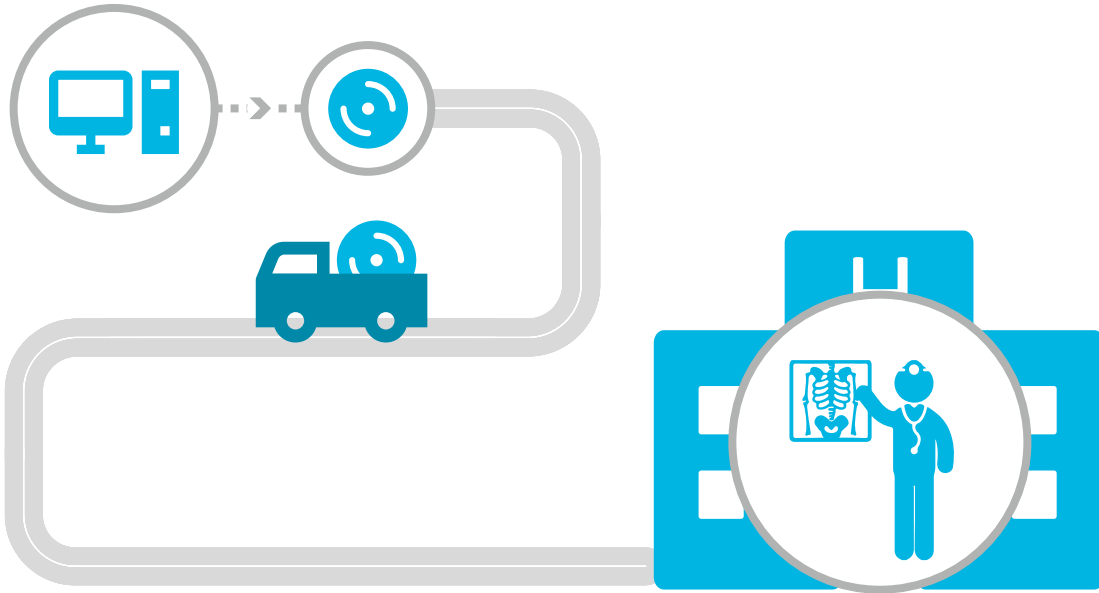
# Case Exchange Workflow



# Foreign Study and CD Ingestion

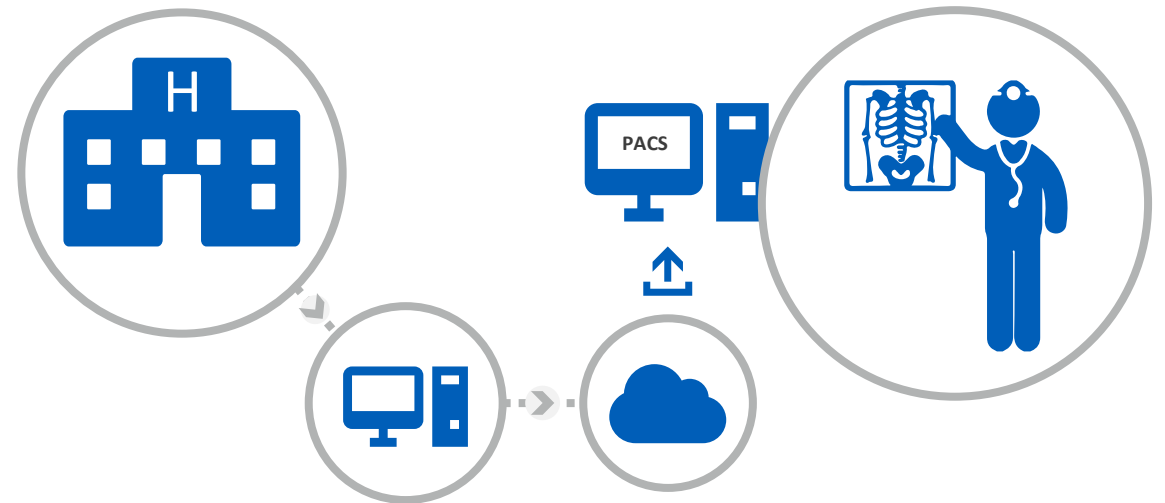
## Previous Workflow

Diagnostic exams taken at non-affiliated site were burned onto a CD and physically driven by technologist to Hospital for radiologist interpretation



## Case Exchange Workflow

Technologist uploads diagnostic exams into Case Exchange from non-affiliated site. Images retrieved from cloud by Hospital imaging assistant and uploaded into PACS for radiologist interpretation



### ADVANTAGES

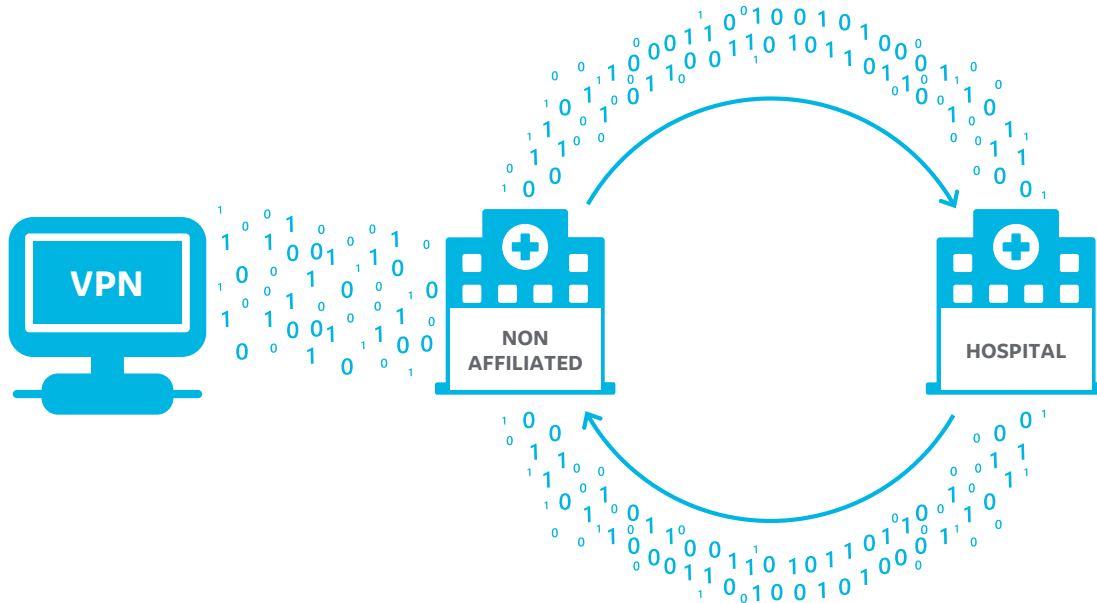
- Physical drive to Hospital eliminated, reducing personnel cost
- Radiologist interpretation available more quickly



# Subcontracting with Non Affiliated Sites

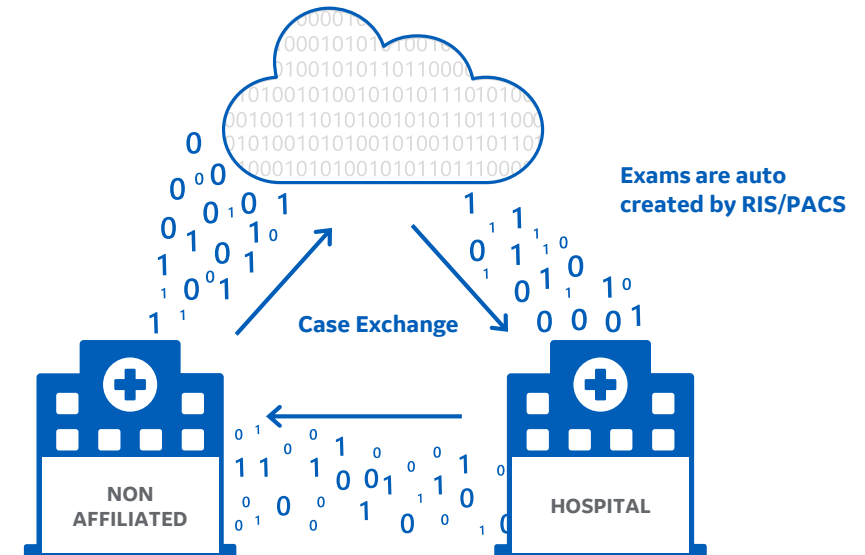
## Previous Workflow

VPN utilized to push studies from non affiliated site to hospital and from hospital back to non affiliated site (round trip)



## Case Exchange Workflow

Case Exchange Gateway put into place at non affiliated site. Non Affiliated site pushes exams to cloud for download by hospital radiology. Exams sent to hospital are auto created in hospital RIS/PACS. Hospital radiology pushes exams to non affiliated site using Case Exchange



### ADVANTAGES

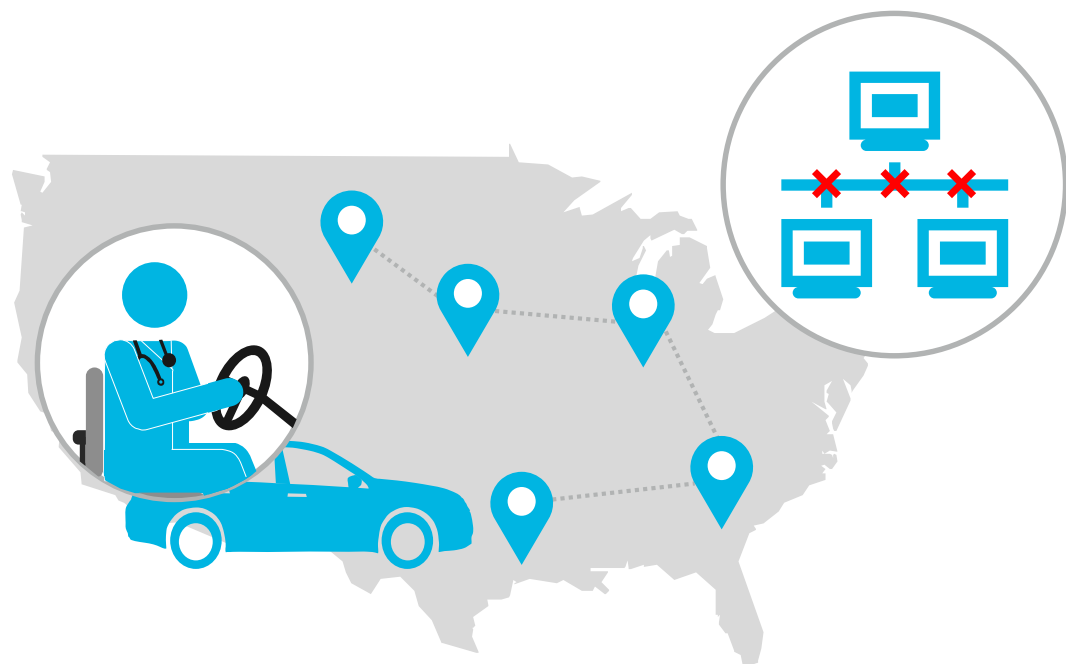
- On prem VPN can be retired – support team no longer need to maintain in security plan or as updates are made
- Clerical team time savings due to auto exam creation



# Network Downtime Solution

## Previous Workflow

If hospital network is down, radiologists physically drive to imaging locations to interpret exams from modality



## Case Exchange Workflow

Images from more remote hospital locations are copied to a thumb drive and sent to Case Exchange using a hot spot. Images from remote locations viewed by radiologists who are physically remote from modality



### ADVANTAGES

Reduced number of radiologists required during network downtime

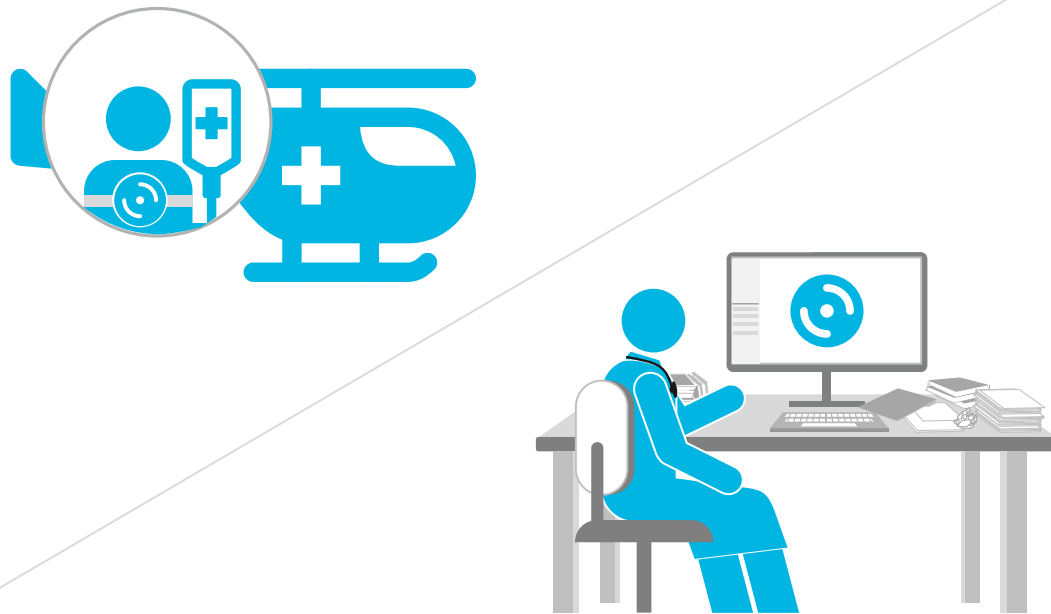




# Trauma Workflow Improvement

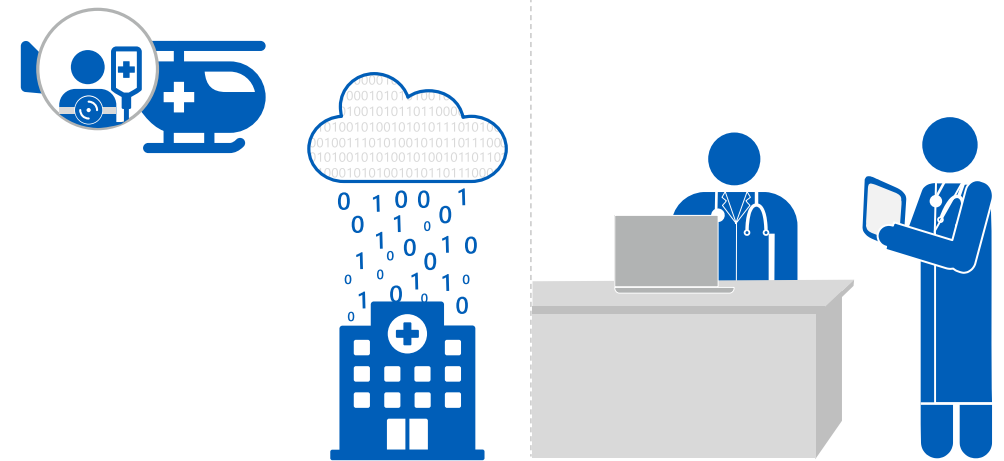
## Previous Workflow

Patients transferred from stabilizing community hospital to Hospital trauma center with image CD taped to chest. Trauma surgeon needs to take time to review external CD while patient inhouse



## Case Exchange Workflow

Trauma surgeon receives and reviews images from stabilizing community hospital during discussion to accept the patient transfer. Surgeon begins formulating plan of care prior to patient entering trauma center. Radiologists consulted for image review before patient arrives



### ADVANTAGES

- Reduces need to repeat imaging if CD's are not viewable.
- Allows trauma surgeon and radiologist to review images and formulate next steps for care prior to patient arrival



# Definition of a Case

A case on Case Exchange may contain attachments (such as one or more DICOM studies and associated reports for a patient), or no attachments. If a case contains studies, each study can have multiple series of image data

## Here are some Case characteristics:

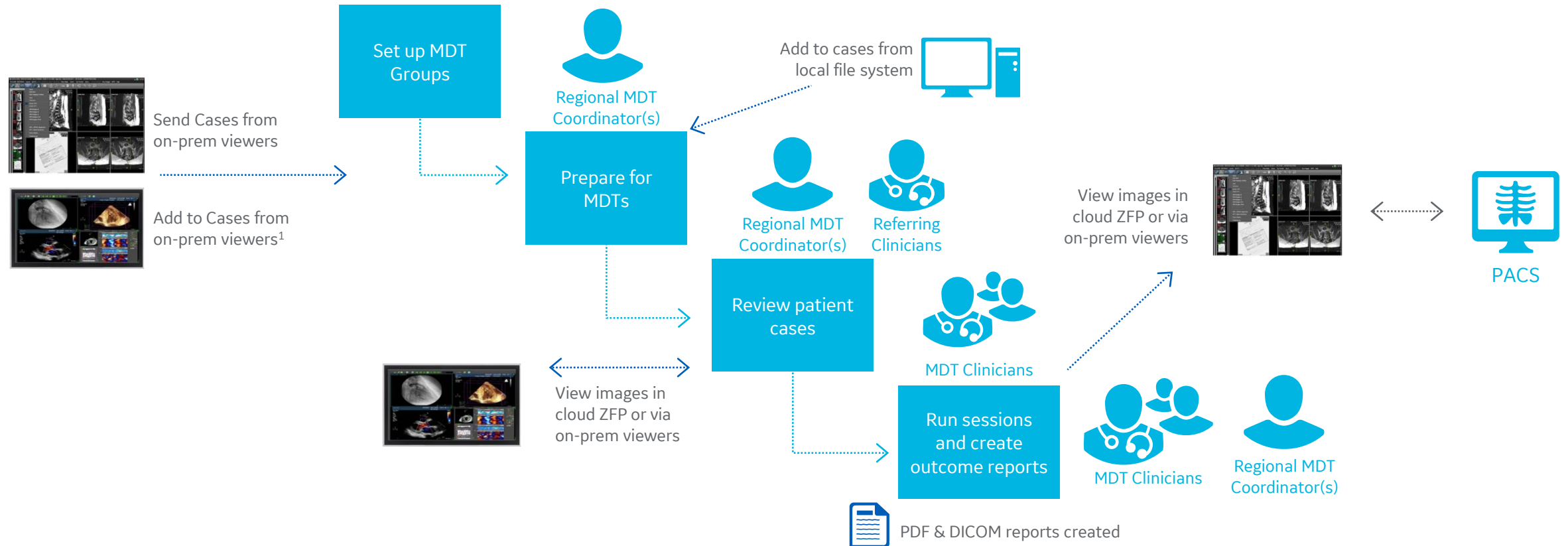
- Annual volume numbers are based on new Cases created.
- Cases can be sent to an individual user, multiple users, departments/groups and combinations of users and departments/groups
- Cases can contain comments only if desired
- Cases can include one to many studies
- Once a study have been added to a case, the Case becomes patient centric and only additional studies for the same patient can be added
- Cases can include one to many non-imaging files
- Cases can contain a combination of imaging studies and non-imaging files
- Adding content (comments, imaging studies, non-imaging files) are considered transactions and are not counted against the organization's annual Case volume
- Adding users or departments/groups are considered transactions and are note counted against the organization's annual Case volume
- Content will be removed from the case once the case has not had any transactions for the organizations defined retention period
- Content will be visible, but grayed out and have an "expired" tag with the date and time
- **Rule of thumb is 10% of annual study volume = Case Creation Pricing Tier**



# MDT Use Cases



# Multi-Disciplinary Team Meeting – Complex workflows



A physical process now transferred into an online, easy to access collaboration environment



## Prepare for MDTs – Consolidated Approach to Case Submission



## Prepare and Review Patient Cases



Referring Clinicians



Multiple communication channels



Regional MDT Coordinator(s)

**Versus**



Referring Clinicians



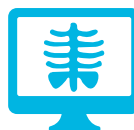
Single communication channel



Regional MDT Coordinator(s)



MDT Clinicians



PACS



Multiple information systems

**Versus**



MDT Clinicians



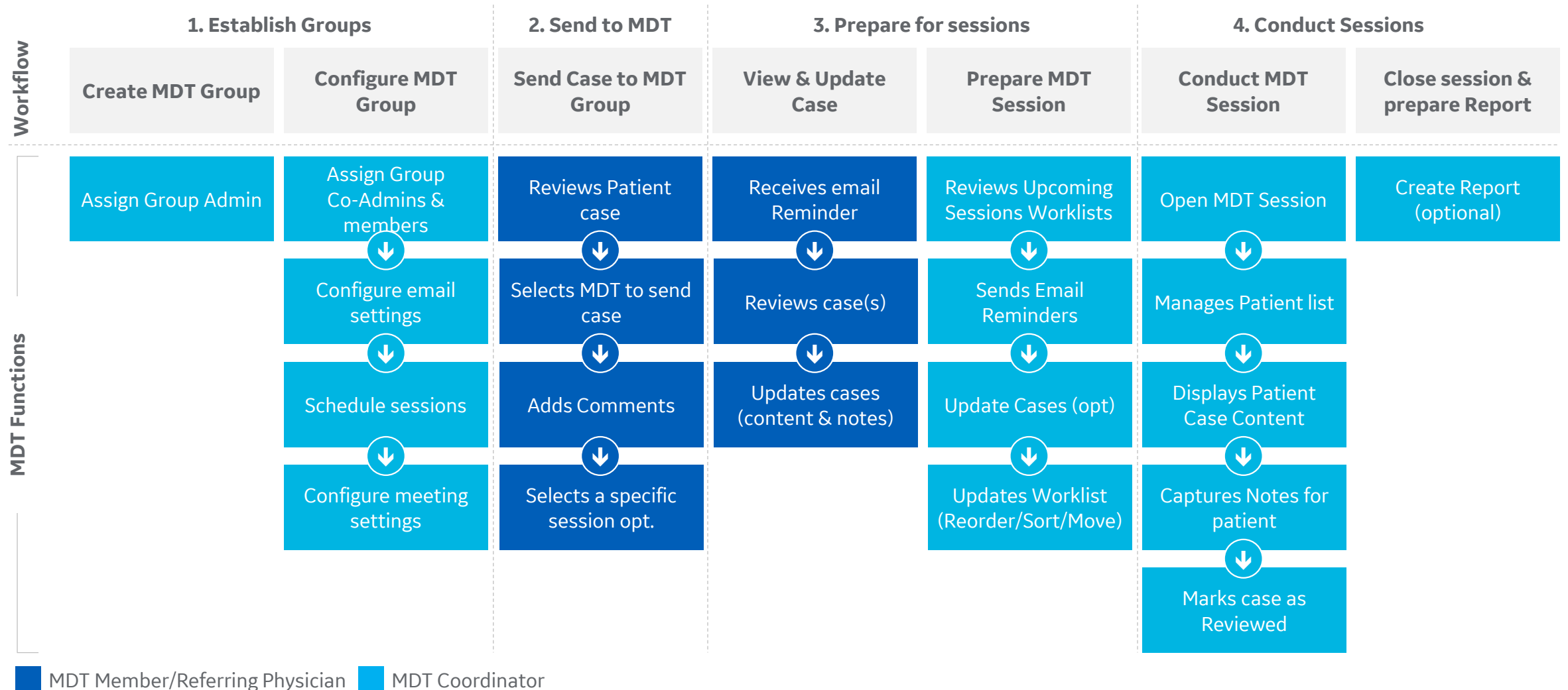
+



**Connected information systems:**  
Bring PACS, RIS and VNA into the discussion...  
Tie into SCS messaging



# MDT Application – Workflow

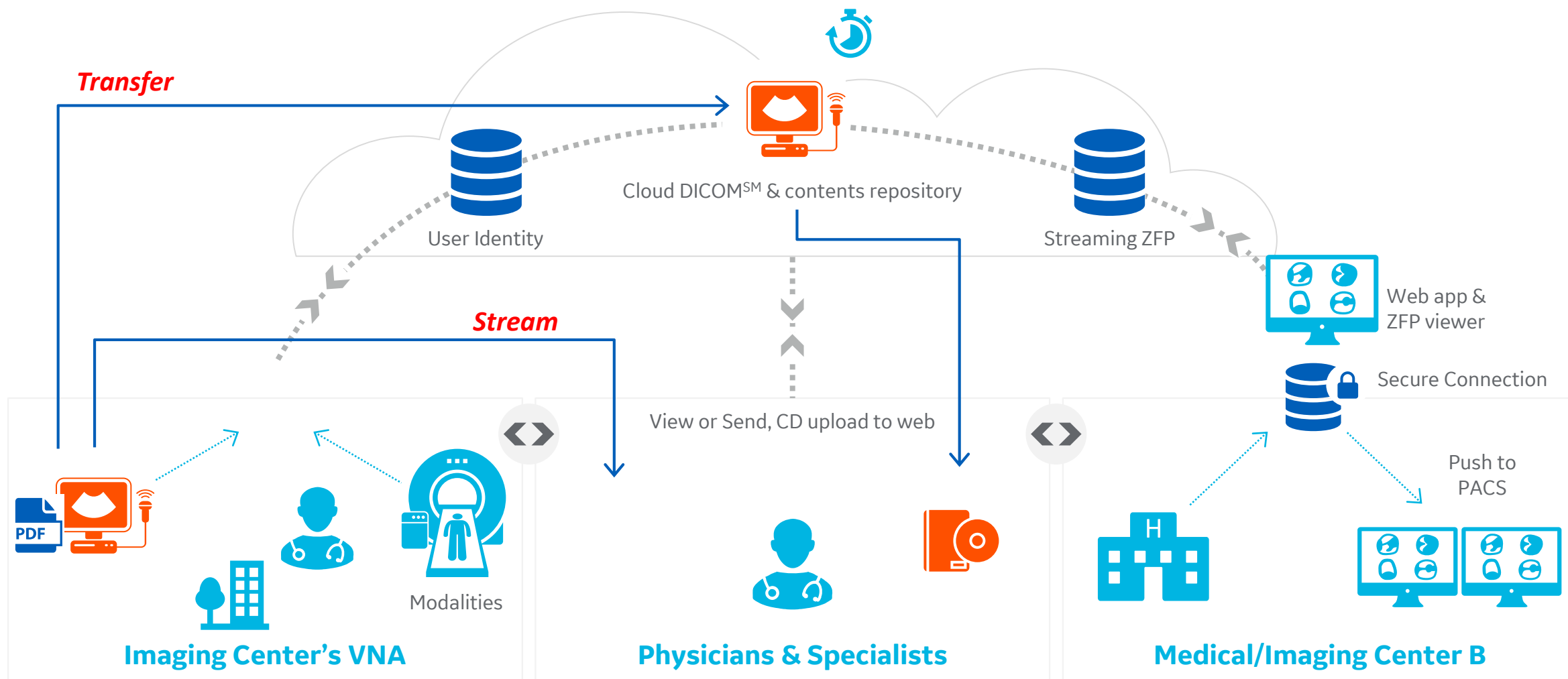


# Physician Access Cases





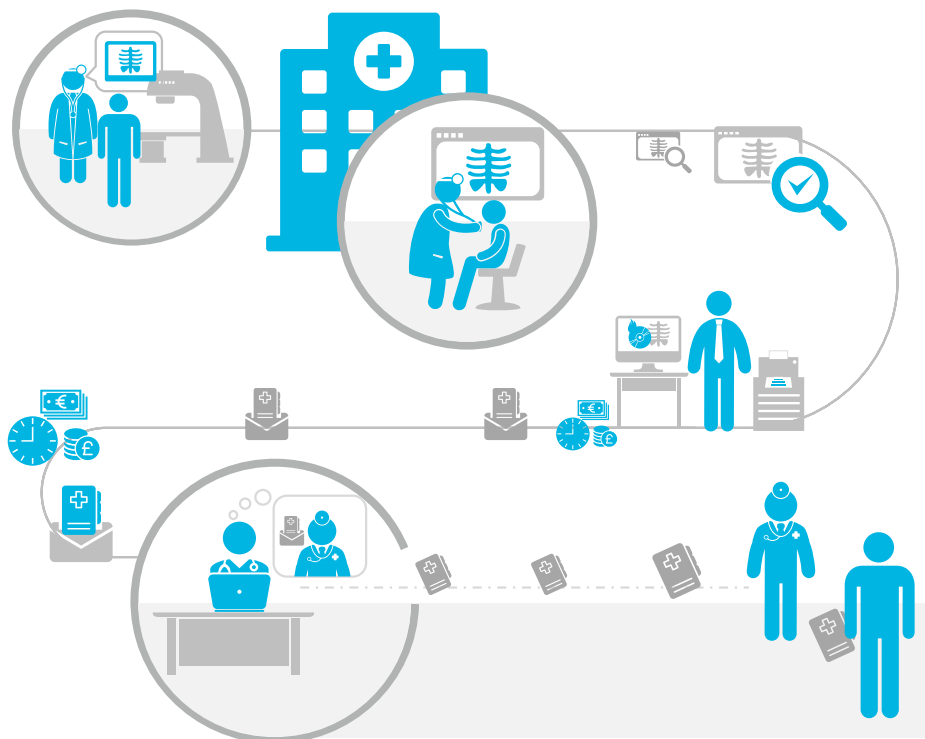
# Physician/Patient Access workflow



# Physician Access Use Case

## Previous Workflow

- General Practitioner (GP) refers patient for an imaging study
- Patient checks in for the diagnostic exams at Hospital.
- When study is complete, technologist need to 1.) print the report, 2.) burn the study to a CD/DVD and 3.) mail/fax to the GP's office
- When the GP receives the info, they want to refer the case to specialist, they now need to send the physical media to the specialist or the patient needs to deliver it themselves



## Patient Access Workflow

- GP refers patient for an imaging study
- Patient checks-in for the diagnostic exams at hospital
- When study is complete, Physician Access automatically create a case for the GP and Patient in the Physician/Patient Access solution and send both the GP and the patient email notification about its availability – Available immediately, no delay
- When the GP receives the info, they review the data online and if required download the data to their local computer
- If the GP wants to refer the case to specialist, they simply use the linked Case Exchange to share the study with the specialist or alternatively print/email an Access Code for the patient to share with the specialist. No physical media required and everything is performed immediately and intuitively patient arrives

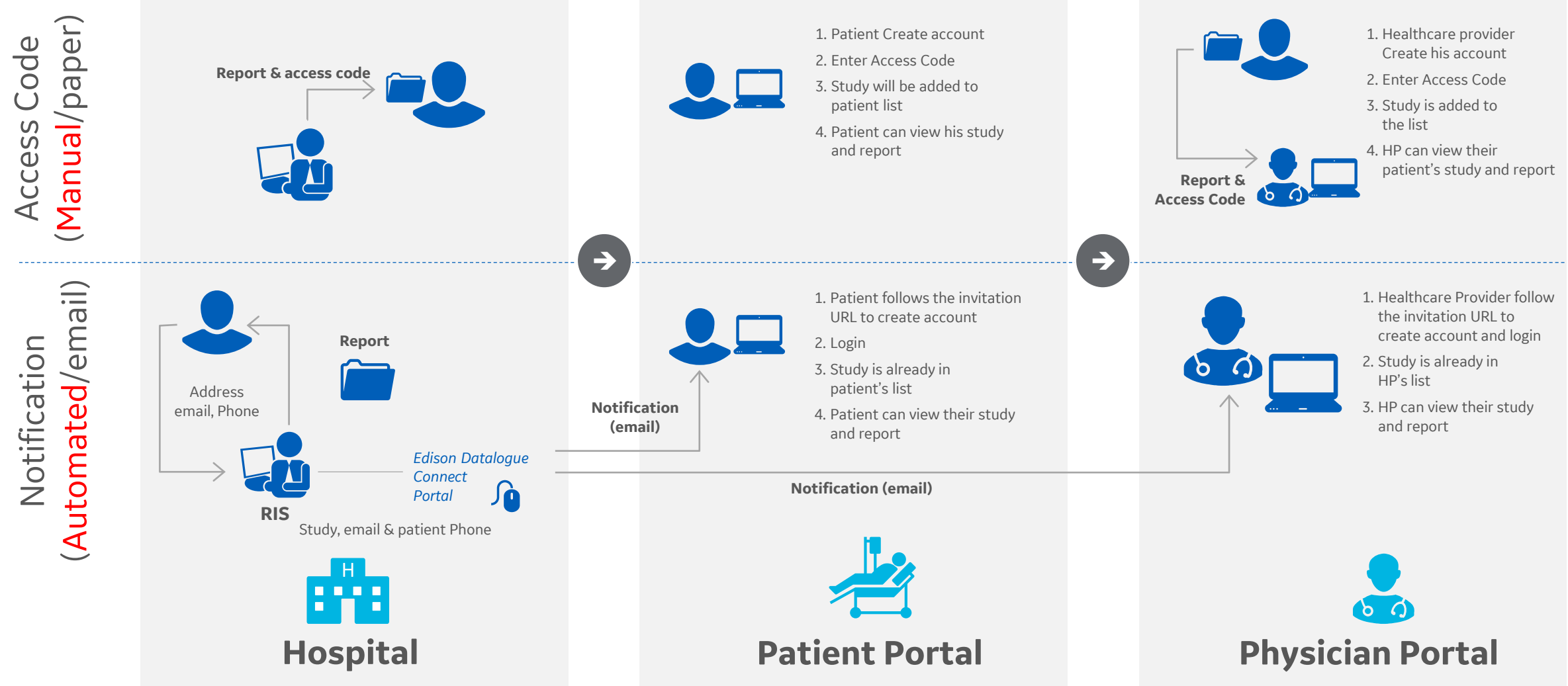


### ADVANTAGES

- Overall simplification in study and image access for the GP and healthcare provider.
- Saves time and money.
- Allows for easier sharing of the images, data, and reports.

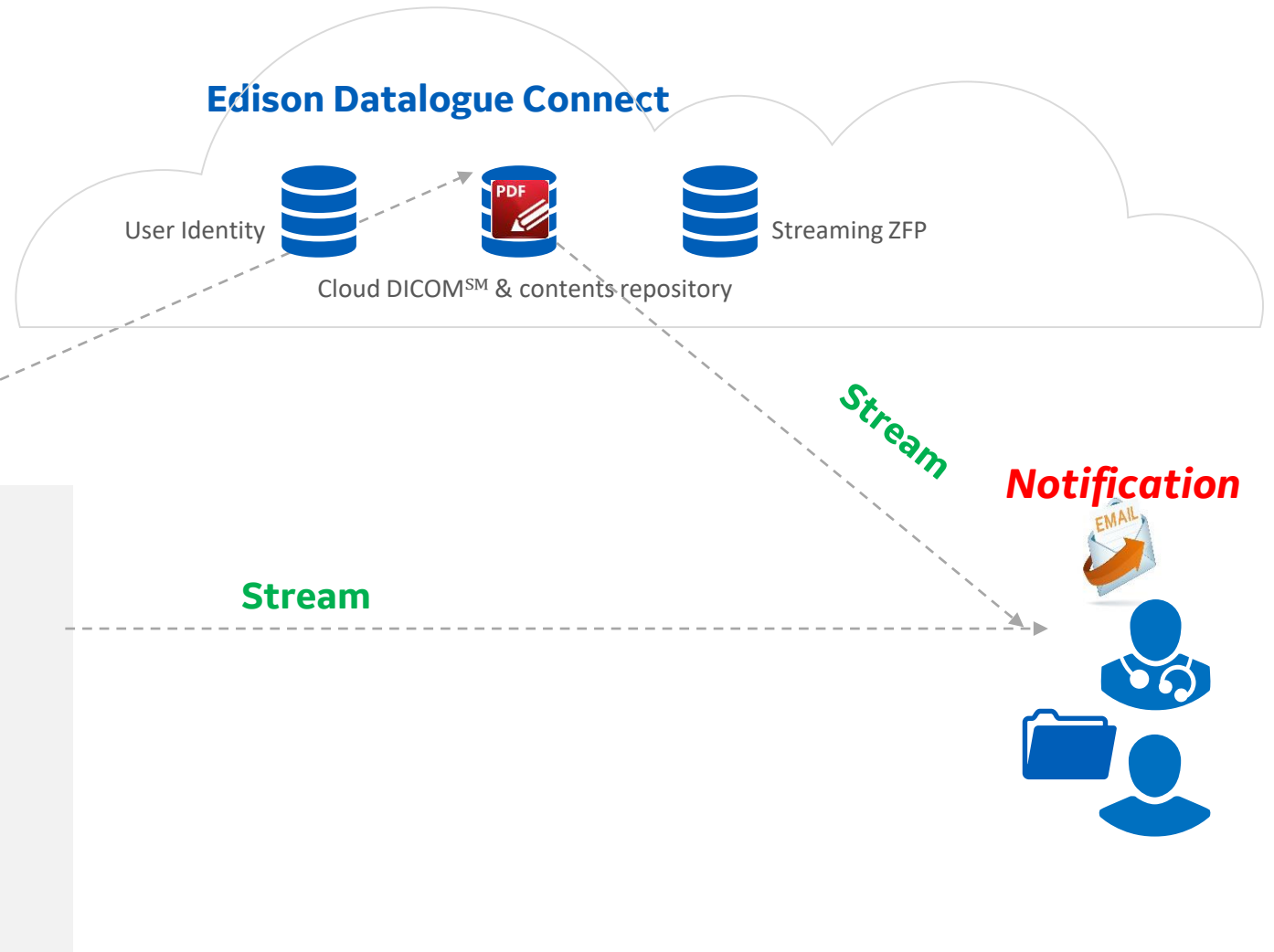


# Physician Access & Patient Access process



# Physician & Patient Access – Studies & Reports

1. DICOM sent to PACS/VNA
2. VNA/PACS listens to Observation Result (ORU) messages
3. “Final Report” ORU
4. ORU databased and converted by Edison Datologue Connect to .TXT or .PDF file
5. Access Code or email Notification triggered
6. User stream study & report



# Physician Access User Interface

Centricity 360™

Recent Studies

All Items

TESTLIM, MARIAM  
Crane  
21 Jun 2016 09:34

TESTIDO5, GEtest  
KNEE 2 VWS RT  
21 Jun 2016 09:26

BERLU, HURLU  
Scanner TEST CT  
13 Jun 2016 13:50

BERLU, HURLU  
Scanner TEST CT  
27 May 2016 12:05

BERLU, HURLU  
Scanner TEST CT  
27 May 2016 12:02

Zones, John  
study VLP  
May 2016 11:57

BERLU, HURLU  
Scanner TEST CT  
May 2016 12:05

Select a study to view  
or  
Search by [Lookup](#) or [Access Code](#)

Centricity 360™

Access Code Lookup

Patient Info

Last Name\*

First Name

Birthdate\*

Access Code\*

Site Name\*

Cancel Search

TESTLIM, MARIAM

IRM0015 Sex: F Age: 35 DOB: 01/01/1981

Access Code

Reprint

Revoke

Download information

View with access code

Reprint/revoke access codes

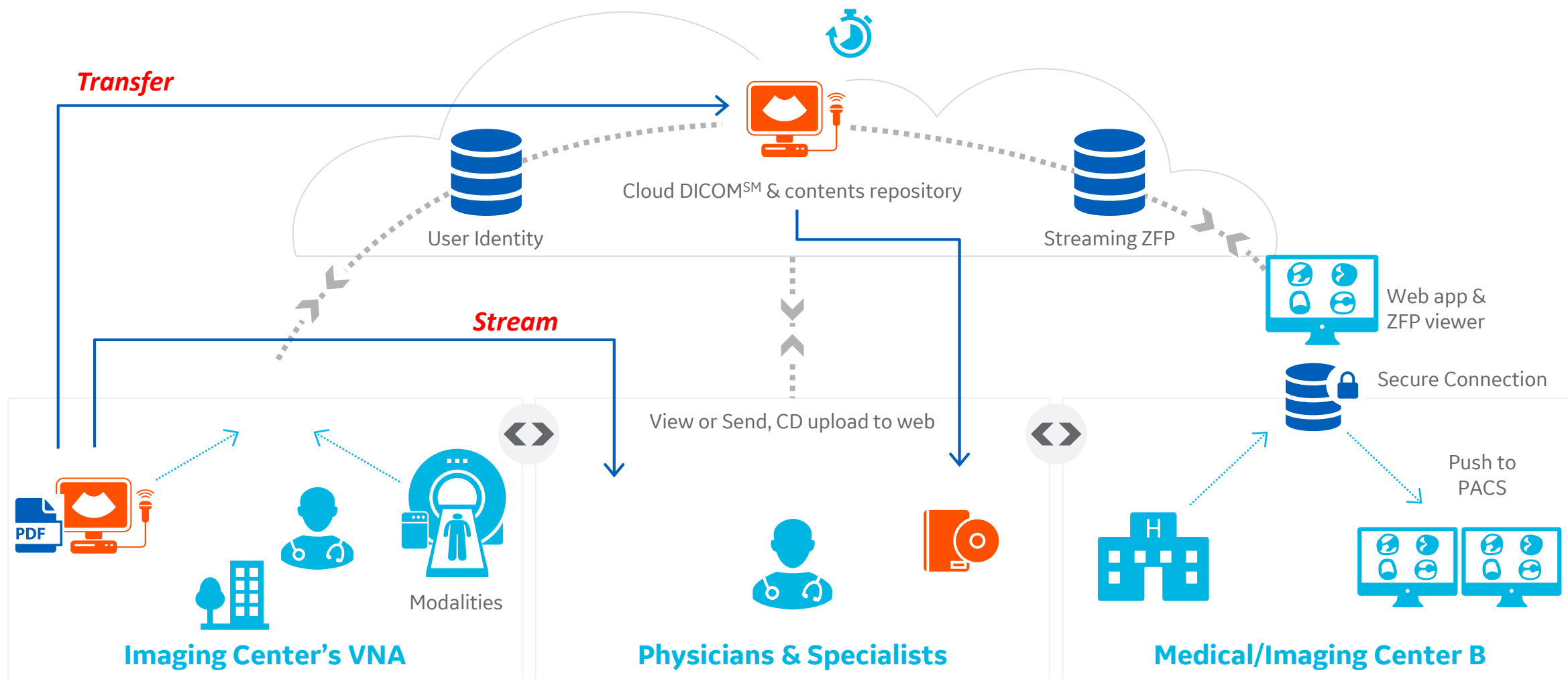
List of my cases (My Inbox)



# Patient Access Cases



# Physician/Patient Access workflow





## Previous Workflow

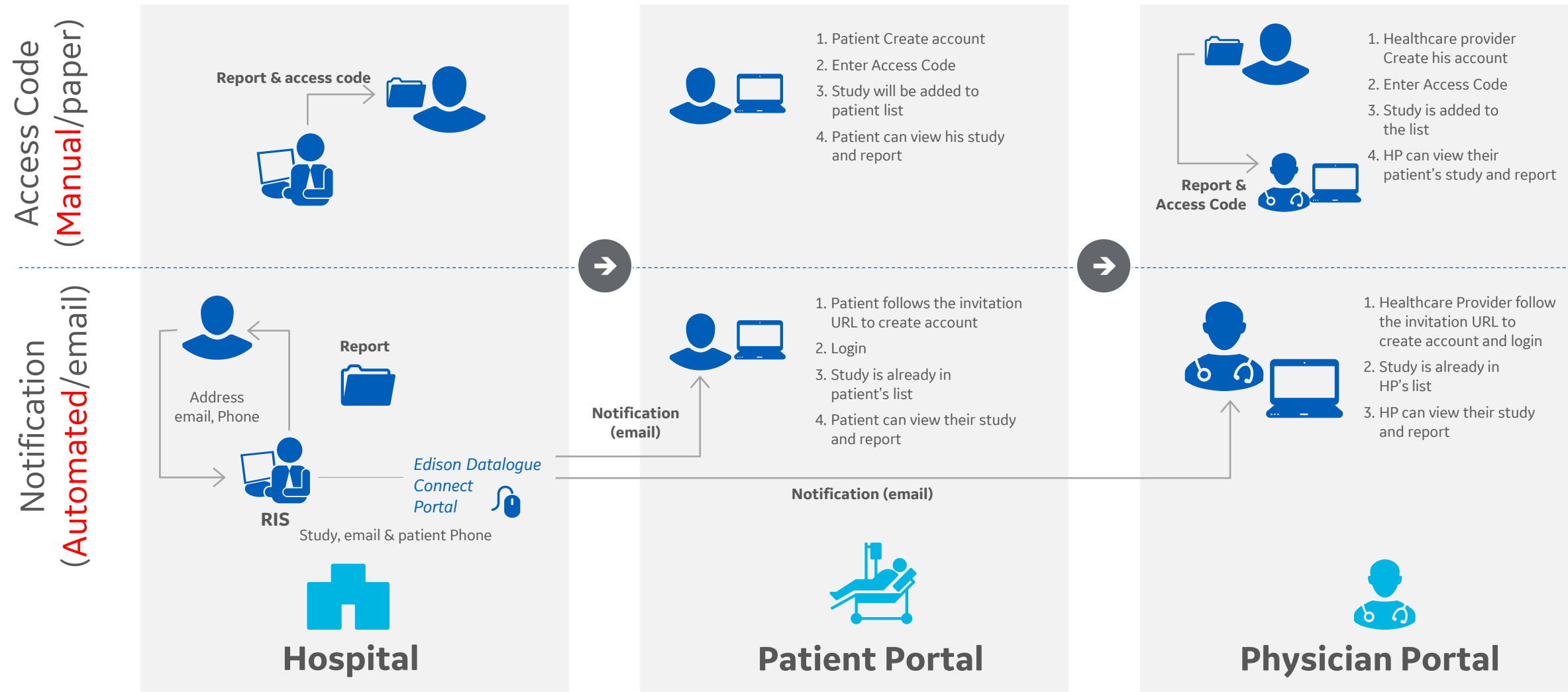
- 
- The diagram illustrates a 3-day timeline for a patient's journey. At the top, a large blue building with a white cross represents a hospital. Below it, three circular icons show the progression: 1. A doctor examining a patient's back. 2. A patient at a desk with a speech bubble containing a medical icon. 3. A patient at a desk with a speech bubble containing a medical icon. To the right, a timeline labeled '3 DAYS...' shows three calendar icons numbered 1, 2, and 3. Below the timeline, a patient is shown walking towards a hospital building. A clock and Euro banknotes are shown next to the patient. A speech bubble with a medical icon is shown next to the patient. A dashed line with arrows shows the patient's path from the hospital to a doctor's office, then to a patient's room, and finally to a patient's home. A clock and Euro banknotes are shown next to the patient's home.

- Patient checks in for diagnostic exams at hospital and requests to receive the study online
- When study is complete, Patient Access automatically creates a case for the patient in the Patient Access solution and sends the patient an email notification about its availability
- Patient arrives home, receive the email, logs-in to Patient Access.
- Review the images with the built in DICOM viewer and if want download the DICOM study and offline DICOM viewer to their local computer



- Patient has faster and easier access to he their medical images and data.
- Hospital/care provider saves money by providing online access and not burning CDs.

# Physician Access & Patient Access process



# Physician & Patient Access – Studies & Reports

1. DICOM sent to PACS/VNA
2. VNA/PACS listens to Observation Result (ORU) messages
3. “Final Report” ORU
4. ORU databased and converted by Edison Datologue Connect to .TXT or .PDF file
5. Access Code or email Notification triggered
6. User stream study & report

