

# IMAGING ECONOMICS™

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## Teleradiology Trends: Homegrown Know-how

**"When you see  
someone sitting at  
home reading an  
image, you will see  
how much more  
focused they are."**

*—Fred Van Natta, MD, retiree  
and part-time teleradiologist*

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### New Service Cross-Trains Techs in Biomed and IT

A new service from Binovia LLC, Burbank, Calif., offers technicians the ability to cross-train in either biomedical engineering or information technology. biTomed technicians ensure that medical information is properly transmitted from devices including imaging equipment to PACS systems, medical records, referring physicians, and billing—and do it with twice the efficacy of a technician trained in only one of the two fields.

“Fifteen years ago, I was working in a hospital as a biomedical engineering director,” said Jesse Fisher, CEO of Binovia. “As time went on, we were seeing more and more computer-based equipment, and by the end of the nineties, there were all these garage companies creating their own PACS networks. They had one programmer to do the installations and the trouble-shooting, and they’d sell their PACS everywhere and then wind up going out of business because they couldn’t handle it.

Companies just couldn’t handle the entire spectrum. We saw a huge gap for customers in the area of service.”

By cross-training technicians in both IT and biomed, Binovia produces personnel capable of troubleshooting a problem from its point of origin. This enables PACS customers to extend the life of their product, even if the company that created it goes under. “We’ve had customers who were looking at getting a new PACS, and after Binovia came in



Jesse Fisher, CEO

and assessed the situation, we were able to keep that PACS network running with the knowledge we have,” Fisher said.

The process begins with interviewing technicians. Fisher looks for IT techs with a strong interest in health care, and biomed techs with a strong interest in IT. “These technicians already had 5 to 10 years of experience in either IT or biomed, and we’re having them work side by side and pushing them into the hospital realm,” said Fisher. “We do weekly conference calls where there’s special training for both groups.”

Fisher says cross-trained technicians will become increasingly vital as technology continues to tighten its hold on modern health care. “As hospitals move closer and closer to wide-area networking, you’ve got to have someone who isn’t just going to sit with his hands in his pockets,” said Fisher. “If our technicians see a brick wall, they’ll either go through it or over it. If they can’t fix it, they’re pointing at the problem so we can find someone who can.”

And Suzanne Titus, Binovia’s director of business development, emphasizes that cross-trained techs save valuable time and money. “Gaps in service take time and money and detract from patient care,” she said. “Helping someone extend the life of their PACS is a huge cost-saver.”

**Webextend**



Read more of this article in the online version of “Imaging Informatics” at [www.imageconomics.com](http://www.imageconomics.com).

### Mammo Solution Alleviates Drag and Drop Woes

Although today’s radiologists are used to viewing digital images on a workstation, where they can compare prior studies on a monitor side-by-side with the new study, mammography has been an exception to this trend.

“It has been the last to hold out in the conversion to digital,” said David Smarro, president and CEO, Infinitt North America, Phillipsburg, NJ.

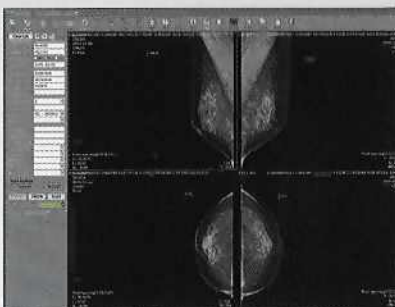
Facilities that are in the process of converting to full-field digital mammography often must compare new digital studies to previous studies on film. As more institutions convert to digital mammography, the difficulty in electronic image/film comparison has become a major issue, Smarro said. Mammography studies are displayed in conformance with special hanging protocols, which are possible because patient positioning data in the DICOM header allows the workstation to hang images in the correct manner.

“Traditional film digitizing allows the film studies to be scanned and converted to DICOM images so they can be sent to the mammo workstation, but it does not include the positioning data needed for the workstation to

hang the images correctly and consistently,” Smarro said. “As a result, the radiologist spends additional time moving the digitized images around the screen to position them appropriately.”

This problem has set the stage for a new solution from Infinitt North America, which is offering a way to eliminate this tedious step.

The Mammo Visualgate enables technologists to assign correct positioning data to the film study during



*Mammo Visualgate, from Infinitt North America, presents radiologists with the same hanging protocols as digital exams.*

scanning. Allowing mammography films to be digitized with the correct anatomical view image tags, the Mammo Visualgate images are presented with the same hanging protocol as the digital exams. “These image tags enable the workstation to hang the prior images as easily as a new digital study,” Smarro said.

As a result of the success of its Visualgate Expert product, Infinitt began development of the mammography functionality a year ago. The software provides many benefits to users, Smarro said, including reduced reading time and improved productivity.

It also populates the patient demographic and study identification fields directly from the worklist, thereby eliminating time-consuming manual processes.

“Without this software, radiologists would need to ‘drag and drop’ each image in place before interpreting the study,” said Mark Wellens, MD, a diagnostic radiologist at Springfield Hospital in Springfield, Vt. “This is counterproductive in today’s workflow-driven radiology department.”

—Elaine Sanchez