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Splitting the Front End of PACS From Archiving By Jim Knaub

Two years ago, you heard lots of stories about PACS divorces—the expensive, no-win battles facilities often faced when ending relationships with vendors.

Migration of the image archive was a central issue in these disputes. “Until now, every vendor implemented their archiving strategy based on their specific PACS strategy,” Agfa Healthcare’s director of enterprise imaging and information solutions, Lenny Reznik, told *Radiology Today’s* Janis Bucsko. “In order to change from one vendor to another, you needed to buy very expensive data migration services. Vendors don’t like migrating data any more than users do; it’s very complex and costly for us, and it creates more chance for errors.”

Since then a clear, growing split between the front end of the system radiologists and technologists use and the archiving on the back end is reducing the trauma of data migration. “Newer systems adhere pretty purely to DICOM and IHE [Integrating the Healthcare Enterprise] standards, like Agfa’s IMPAX Data Center,” Reznik told Bucsko. “In addition to virtually eliminating the need for data migration, the vendor-neutral archive better separates the storage aspect of PACS from the workflow aspects. Ultimately, that saves a lot of money when you look at the big picture for true cost of ownership.”

Reznik’s point about separating what he calls the workflow component from data archiving is an important one. Facilities will change vendors for various reasons. The ability to take their images with them when they do is paramount. Every customer should demand this from every vendor. Fortunately, that is where things are headed in imaging informatics.

The future of PACS “is going to be the ability to read anytime, anywhere, affordably,” CoActiv Business Systems President Ed Heere told Bucsko. “So anywhere you have access to a computer you can read ... What we’re seeing in the hospitals is the radiologists fighting with the cardiologists, the ER, over who owns what but ... the hospital cares about using the same viewers, acquisition software, viewing software, archives, and exam distribution software throughout the facility— in orthopedics, cardiology, radiology, wherever.”

Reznik also pointed out that the current controversy is not just about PACS; it’s about multiple systems working together in radiology and beyond. “PACS needs to be viewed as part of a larger system, [and] imaging services providers need to recognize that IT can be the enabling solution for improving radiologist productivity and patient care,” Reznik told Bucsko. “So it’s not just about PACS; it’s about using IT strategically to achieve the broader goals for radiology services.”

— Jim Knaub is editor of *Radiology Today*. contributed reporting to this article.