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Great Price, More Filling

PACS solutions are getting less expensive *and* filling additional needs in these cost-cutting times.

Compiled by Kerri Reeves

Participants

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How has PACS pricing evolved recently, and how can facilities maximize their investment with better enterprise-wide integration?

Deaton: PACS economics are stirring up in 2010. While large institutions are using big-name PACS, smaller ones are deploying various solutions driven by lower price points. In the small-to-medium market—including private practices with up to 30 providers, imaging centers, rural hospitals and mobile companies—facilities are bombarded with one basic, four-letter promotion: P-A-C-S. The inexpensive sell to film-only environments means simple viewers and minimal toolsets. Later, unfortunately, these can result in reliability issues. Companies that don't want to promote sub-\$10,000 price points have been forced to innovate rapidly.

Now, PACS are bundled, including features such as templating and integrated exam dictation, to expand beyond image viewing to address workflow. This allows the pricing model to bundle PACS with other tasks and to serve as a gateway for selling additional software to improve efficiency.

Many of these bundles weren't previously available to smaller facilities. Sole-sourcing imaging equipment has several advantages, from both a price and functionality stance. If a site wanted to acquisition equipment and PACS from one company, selection was limited and pricey. But more recently, PACS companies are partnering with the same overseas manufacturers that many of the larger companies use. With the same quality equipment simply rebranded, PACS companies—focusing on profits from the software end—bundle at lower-than-ever prices.

Heere: PACS functionality has increased while price has declined dramatically. Purchasers can find affordable systems that support imaging across multiple departments and enable enterprise-wide connectivity, even via mobile image viewing.

PACS purchasers are driving [this] enhanced value. High pricing based on proprietary PACS hardware has all but vanished because users demand that PACS run well on off-the-shelf PC technology. Further, vendors must compete in the expanded marketplace; buyers see that a new full-featured PACS can cost significantly less to implement than the annual maintenance charges for an outdated PACS. Installation, too, can cost less than a film-based facility spends for consumables.

Maximize your investment by asking questions and taking a test drive. Does the technology perform well? What's included? What's extra? What about customization charges? Look to get a system created—and supported—to meet your needs and budget.



As part of its PACS, CoActiv's virtual colonoscopy upgrade allows users to customize and enhance applications to facility needs. *image/courtesy CoActiv Medical*

Kennelly: Competitive PACS pricing has resulted in affordability. Many vendors are providing a more operationalized budgeted system that doesn't require a large capital outlay and allows for a fixed monthly expense for the informatics system that only increases as volume does (a win-win). When this expense includes service, maintenance, applications and hardware/software updates and obsolescence, it frees facilities from contingency costs.

In lean times, integration is key. Information sharing among disparate systems will add significant operational costs. Multiple interfaces must be paid for, managed and maintained, often via additional infrastructure/hardware, training requirements and expanded bandwidth. Think consolidation: A system that performs multiple tasks across departmental needs will increase efficiency. Vendors who provide a high level of system

expertise will save you thousands in administrative costs alone. This is probably the most overlooked and underplanned budgetary consideration when selecting a PACS.

Seek to integrate your PACS to a RIS. Having images and information in one place enables better access all around—for physicians, staff, nurses and referring and consulting physicians—leading to superior patient care.

Reznik: When PACS became a commercial reality, it was considered a “big iron” purchase for radiology in the same way modalities were viewed. PACS has evolved into a critical workflow solution for many departments, integrated into a centralized medical imaging repository that serves up images to the EMR.

No longer a large capital expense, pricing has moved to software-only models, per-exams models and even buyback models. Customers want a financial solution that updates their PACS technology, frees up dollars and creates a predictable operational model.

As diagnostic imaging evolves, PACS needs to keep up with demands relating to storage, displays, and Web-deployable clients—not to mention EMR integration. The EMR requires a medical imaging repository and visualization, bringing the complete patient record into the IT enterprise. Formatting of clinical images, video, audio waveforms, visible light objects, clinical structured reports, test results and other clinical data requires integration and consolidation.

Thankfully, lower-cost solutions are enabling consolidation and improved access to the complete medical record.

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