

PACS 2003

FOCUS: Picture Archive and Communication Systems (PACS) Market Performance

This extract, from a November 2003 PACS study, is the third such study from KLAS regarding PACS vendors and systems, and provides a snapshot of today's market performance in the acute care setting. *Note:* In 2003, KLAS separated the PACS market into two segments: (1) PACS Acute Care Settings – the focus of the 2003 study and (2) PACS Ambulatory and Imaging Centres (insufficient data to date).

Ten vendors qualified for this study (Agfa, DR Systems, eMed, Fuji, GE, Kodak, McKesson, Philips, Siemens and Stentor). Each vendor had sufficient survey data to meet the KLAS minimum standard for statistical confidence. Vendor ratings establish a "PACS Vendor Norm" and individual ratings are compared to one another, the "PACS norm," as well as with the KLAS HIT norm (KLAS Healthcare Information Technology norm = all vendors, all products, average in the KLAS database). The performance ratings and client commentary in this study reflect data collected over the past 12 months. Results from the special question section as well as win/loss reflect data collected within the past four months. Vendors not qualifying for the full body report, but reported in the addendum, include Amicas, Canon, Cerner, Emageon and IDX.

To date, more vendors have qualified for the PACS report each year, 2001 (10), 2002 (13) and 2003 (15). Marconi, a vendor in the 2001 report, was acquired by Philips and is the only vendor that once qualified for the report that no longer does.

The result of this 2003 PACS study builds upon the success reported in 2002. Users are happy, vendor scores are up, products are more substantive and there is evidence that product use, in both depth and breadth, has increased, with more ROI being reported. Synergies

continue to evolve in complementary venues such as cardiology and orthopedics, and the lines between PACS and RIS continue to show evidence of merging. The vision of one user provides "food for thought":

We are hoping to be able to eliminate the RIS altogether. We will only have a HIS and a PACS. What is the functionality of a RIS in a radiology department? One of the functions is film tracking, but with PACS, that need is gone. Another piece is scheduling and the HIS will take care of that functionality. I strongly believe RIS systems will be gone in a few years. The major functionality was the file room. But being 100% filmless that need is gone. We don't need requisitions. We work off work lists.

PUTTING CLIENT COMMENTS INTO PERSPECTIVE

Figure 1: Survey Participants. The report enjoys a good cross-section of experience with 61% of the participants from providers ranging in bed quantities from 200 to over 1,000, 21% IDNs and the remaining 18% from providers of less than 200 beds.

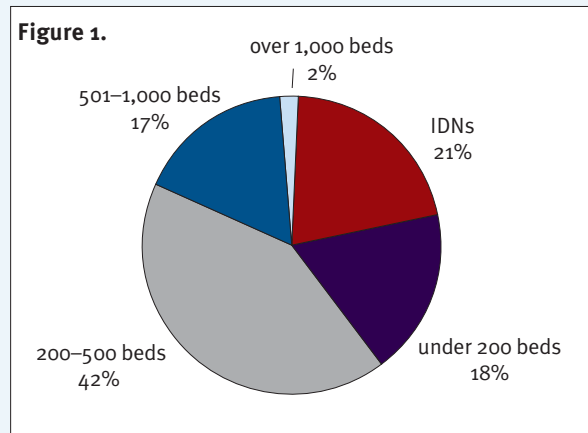
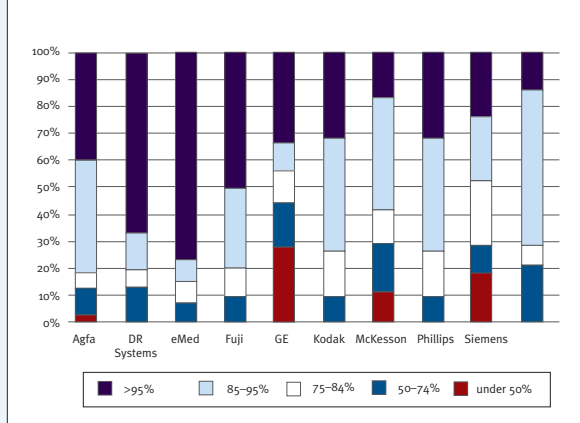


Figure 2. Percent of radiology studies done through PACS



STUDY VOLUMES

The raw number of studies and the percent (%) of studies performed through PACS varied by vendor. Every vendor had a few clients reporting PACS annual study volumes exceeding 300,000, while the majority (from each) reported above 100,000 studies annually. DR Systems led with the highest percent of clients performing the majority of their studies via PACS.

PERFORMANCE MEASUREMENT

Performance monitoring is measured in three fundamental areas: (1) *primary indicators*, which include 14 key areas of general vendor performance as selected by CIOs/Directors; (2) *detail indicators*, which include 14 areas of specific performance (including more detail than primary indicators); (3) *business indicators*, which provide more of an overall view of the system and include questions such as “Would you buy the product again?” Select indicator scores from these fundamental areas are separated and combined in order to look specifically at “*services: implementation and support*,” “*technology*” and “*satisfaction*.” The most movement was demonstrated by three vendors (1) Kodak and (2) Stentor, whose scores increased by 7% and (3) Siemens whose scores decreased by 7%.

Top Performers

The result of this 2003 PACS study provides valuable insight into the continued success of PACS systems. Notably, and with the exception of two vendors, all PACS systems rated above the average of all HIT products in the KLAS Performance Database. While each vendor demonstrates its strengths, overall, two vendor products, Stentor and McKesson Horizon Medical Imaging set the scoring

stage for performance monitoring in PACS.

Special survey questions were asked regarding

1. Study volumes (PACS versus non-PACS)
2. Interfaces
3. Perceived top PACS vendor
4. Quantifiable benefits
5. Web view product

PACS clients continue to have issues with integration and interfacing similar to what other ancillary systems encounter. Over 50% of those interviewed have at least two interfaces and over 33% have three or more interfaces. More intense this year is the interface demand regarding portals, EMR/EHR and dictation systems.

Survey participants were more substantive when talking about ROI benefits this year. Of interest is the change in emphasis in the “benefit discussion.” Savings in film costs and storage was the most common benefit stated, followed by increases in productivity/efficiency, followed by access and distributions of images (last year’s number one benefited stated). Also noted is that every vendor had clients that spoke to staff reductions.

Accessibility by clinicians outside the image department is critical to success in sharing digital images for both patient care and productivity improvement. Clients this year spoke more frequently to the benefits of patient care physician’s accessing images outside the department and its impact (improved patient care, increase in business, better collaboration with the radiologist, reduction in complaints and so on).

Business Indicators

Business indicators are tough parameters for the vendors. A careful look at the variability within each one’s lowest and highest score is warranted.

Figure 3. Percent of radiology studies done through PACS

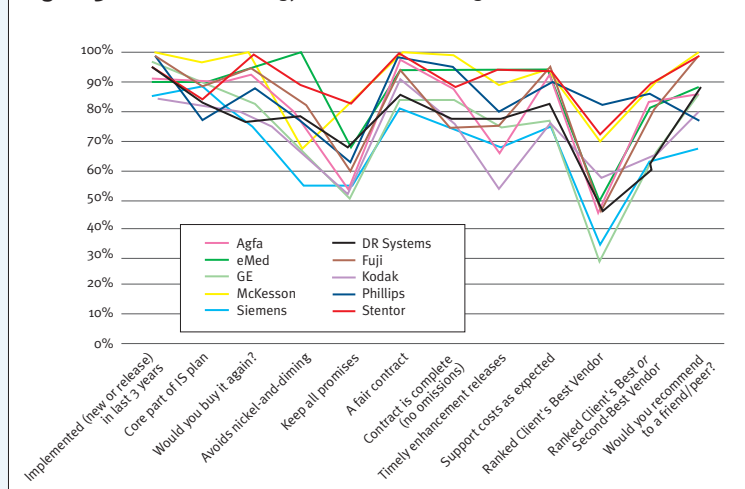


Figure 4. Why vendors are typically selected

	Agfa	DR System	eMed	Fuji	GE	Kodak	McKesson	Philips	Siemens	Stentor
Functionality	44%	55%	33%	40%	63%	14%	58%	33%	11%	33%
Corporate decision	33%	9%	0%	10%	0%	0%	0%	0%	22%	0%
Sales team/demo	11%	9%	0%	0%	0%	0%	0%	22%	22%	0%
Prior experience with vendor	11%	9%	56%	0%	13%	43%	0%	0%	11%	33%
Price	0%	27%	89%	20%	25%	0%	25%	33%	22%	44%
Radiologist preference	0%	36%	11%	20%	13%	14%	33%	11%	0%	0%
Technology	0%	9%	11%	50%	63%	14%	17%	11%	22%	44%
Best Fit	0%	0%	11%	10%	0%	14%	25%	22%	0%	0%
References/site Visits	0%	0%	0%	0%	0%	29%	8%	0%	0%	0%
Integration/interfacing	0%	0%	11%	0%	0%	14%	17%	22%	56%	0%

Figure 5. Why vendors are typically not selected

	Agfa	DR System	eMed	Fuji	GE	Kodak	McKesson	Philips	Siemens	Stentor
Functionality	17%	40%	67%	20%	9%	25%	29%	12%	25%	33%
Technology	33%	20%	0%	7%	14%	25%	14%	24%	17%	0%
Price	44%	0%	0%	27%	51%	25%	43%	47%	38%	22%
Reputation	17%	0%	0%	7%	0%	17%	29%	0%	0%	0%
Radiologist preference	6%	0%	0%	20%	11%	17%	0%	0%	13%	0%
Interfacing/integration	11%	30%	0%	27%	17%	8%	14%	6%	13%	11%
Sales Team/demo	0%	10%	0%	7%	3%	8%	0%	12%	8%	0%
Company Size/experience	0%	20%	33%	7%	3%	8%	0%	6%	4%	22%
Prior experience with vendor	0%	0%	0%	7%	6%	8%	0%	0%	4%	22%

WHY VENDORS ARE SELECTED OR NOT SELECTED

Analysis of client win/loss commentary provides insight into the vendor selection process and the reasons of why or why not a vendor is selected. The percentages are taken from the overall commentary and the supporting commentary under each vendor section. The percentages may not add up to 100% because of multiple comments from the same respondent.

As compared to last year, the prior relationship with a vendor has less of an impact, while price, functionality and technology showed much more of an impact on why vendors are selected.

As compared to last year, functionality, price and technology play a much larger role as to why vendors are not selected, while company size seems to be much less of an issue.

VENDORS CONSIDERED

Vendors considered in the PACS selection process, by survey respondents, are listed in order of frequency mentioned (highest to lowest), and the percentage refers to the number of times a vendor was specifically mentioned by a respondent. GE, Siemens and Agfa (in that order) enjoy the top three spots for purchase consideration. "Other" vendors consist of MedTel RadWorks, Brit Systems, SmartPACS,

Konica, StorComm, eFilm, Emageon, IMCO, Samsung, InPHact and Algotec.

Positive vs. Negative Commentary

PACS users are verbose in their commentary. The KLAS HIT norm is 56% positive and 44% negative and the PACS vendors perform solidly against this norm. Stentor, however, sets the "bar" for percentage of "positive" comments with 88%.

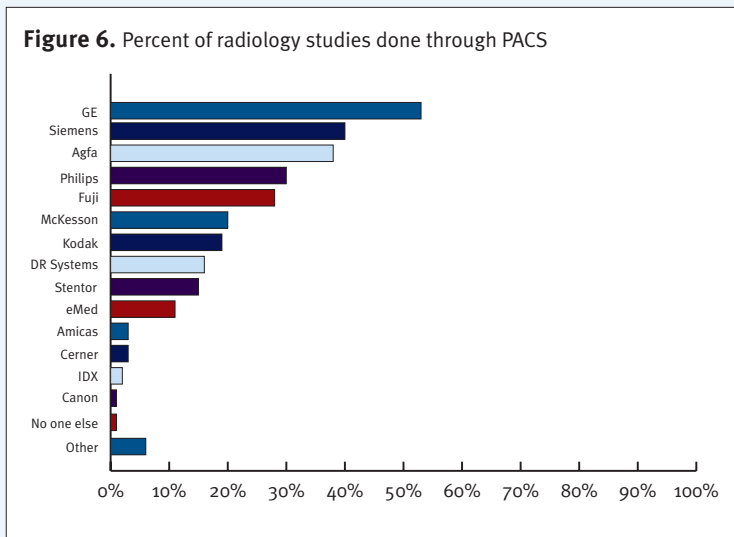
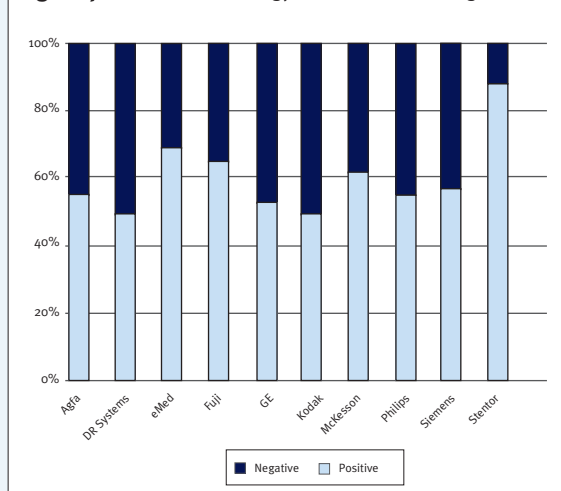


Figure 7. Percent of radiology studies done through PACS.



Offer to Canadian Healthcare Facilities

Many Canadian healthcare facilities and organizations use vendors who supply solutions unique to Canada. KLAS – the organization rating IT vendors in this and subsequent issues of ElectronicHealthcare.net – is willing to gather confidential and candid data from Canadian healthcare executives and provide access to the results to all the data contributors. The vehicle that will be used to gather this data is the web-based KLAS vendor evaluation form, found at www.healthcomputing.com under the “Evaluate Your Vendor” button. If you have comments, suggestions or questions about this vendor-rating feature, please send an e-mail to editors@longwoods.com.

References

PACS – Acute Care Settings 2003 Report. November 2003. contact KLAS at www.healthcomputing.com; phone toll-free 866-268-9438.

About KLAS

KLAS was founded in 1996 and is the only research and consulting firm that specializes in monitoring and reporting the performance of healthcare information technology (HIT) vendors and products. Our senior management staff and advisory board average 25 years of healthcare information technology experience.

How KLAS serves the healthcare industry: KLAS, in concert with thousands of healthcare executives, CIOs, directors, managers and clinicians, has created a dynamic database of information about the performance of (HIT) vendors. The KLAS database represents the opinions of healthcare executives, managers and clinicians from over 4,500 healthcare facilities and more than 500 different products. The information is continually refreshed with new performance evaluations and interviews daily. The KLAS database is dynamically and effectively used by:

- Healthcare organizations to align expectations with a vendor’s actual performance, to assist in strategic planning and contract negotiations and to validate decision processes
- Vendors to monitor their performance in comparison with competitors
- Consultants for current performance information on a specific company or product
- Healthcare investment firms to evaluate publicly traded HIT company performance and trends or the competition for a new entrant

Erratum: The HIT Report in ElectronicHealthcare Vol.2. No.3 contained several errors. The amended version can be found at www.electronichealthcare.net/EH23/EH23KLAS.html



We are pleased to announce that we have recently received Industry Canada approval for our name change.

We are now the **Canadian Health Information Management Association (CHIMA)**.

Over the next few months we will be phasing out our old name, the Canadian Health Record Association (CHRA) and moving forward, under our new name, to further our mission: to contribute to the promotion of wellness and the provision of quality healthcare through excellence in health information management.

The CHIMA is two official charters – a membership organization of over 2500 health information management professionals, and a national certifying body – the Canadian College of Health Record Administrators (CCHRA). Members of CHIMA are graduates of CCHRA-recognized health information management programs who have successfully challenged the national certification examination. The Domains of Practice for the association and it’s members include, (1) Data and Data Quality – the collection of diagnostic and procedural information as defined by the International Classification of Diseases – ICD-10 CCI CA; (2) expertise in leading care providers through the process of the Transition from the paper to the Electronic Health Record; and (3) as the “custodian” of the patient record, ensuring that the privacy, security and access of health information is maintained.

The CCHRA offers a 2-year College Program in Health Information Management through 6 colleges across Canada, and a 4-year baccalaureate program in Health Information at 3 Canadian Universities. For more information about the Association and links to the Colleges and Universities, please refer to our website - www.chima-cchra.ca.

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