

Q&A: Greg Strowig on Fujifilm's Synapse® VNA and Common Mistakes Organizations Make with Their Enterprise Imaging Strategies

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Enterprise imaging continues to gain importance in healthcare as technologies evolve and providers grow larger and larger. Mix in the industry's laser-like focus on such topics as data analytics, security, and interoperability and it's easy to see why so many organizations are working around the clock to beef up their enterprise imaging strategies and plan for the years ahead.

Greg Strowig, vice president of the TeraMedica Division of FUJIFILM Medical Systems U.S.A., Inc., is as familiar with enterprise imaging as anyone in the business. Strowig spoke with *imagingBiz* about recent updates to the company's Synapse VNA, ongoing trends in the enterprise imaging marketplace and much more.

imagingBiz: Fujifilm's Synapse VNA has been at the center of the company's enterprise imaging strategy for years now. Are you and your team excited about any recent updates you've made to Synapse?

Greg Strowig: One thing I'm excited about is how we have been enhancing Synapse with features that extend more into the clinical suite for data capture. We've had a mobile application on iOS and Android for a while now and we've greatly enhanced that while adding a web-based component that lets users operate on a computer instead of a phone. This tech-



Greg Strowig

nology, which we call ConnexMobile on iOS and Android or ConnexWeb on the computer, allows users to capture content in the clinical suite and now it includes a lot more metadata—observations, affected body parts, and so on—that can be saved along with the content.

Some customers have a lot of departments that have been woefully underserved in the past, and if we can build commonality between these different departments, that greatly enhances our product and the value we provide.

Further, we are excited to be readying our platform for use by artificial intelligence tools. With all the data that Synapse VNA manages, this will provide an invaluable trove of information for data mining, machine

learning, and ultimately for improving patient care and reducing its cost through artificial intelligence.

What is a common mistake you notice healthcare providers making with their VNAs?

The No. 1 mistake providers make is purchasing a VNA to address the specific needs of a single department and then not leveraging the VNA's capabilities across the entire enterprise. And that really comes down to having a strategy in place and knowing how to roll out the VNA over time into other areas of need. It's important to build that strategy with buy-in from stakeholders across the enterprise, especially those who can also help support and drive the implementation of that strategy.

This is a common mistake we see a lot with customers, and we work to help them by sharing our own expertise and showing them what can be done with their VNA outside of that first department they originally implemented. We've actually heard from customers that purchased a VNA, implemented it into a few different departments and then found out other departments inside the enterprise had purchased separate solutions because they didn't even know they could utilize the VNA.

I think VNAs are a lot like electronic health records (EHRs). Rolling out an EHR is a lengthy process that often starts in one specialty and then expands over time, and that's the same approach that should be used when managing the implementation of a VNA.

Another mistake we see is customers that don't have a plan when it comes to data retention. Back in the day when we had film libraries, there was no problem with taking the film off the shelf and throwing it in the recycling bin. That happened on a routine basis. When things went digital, though, people started wanting to keep things forever. And we see a lot of customers that want to put digital retention policies in place but don't have the bandwidth or fortitude to bring together the various hospital constituencies that are needed to develop, approve, and implement those

policies.

Do you have any advice for healthcare providers looking to implement a new enterprise imaging strategy?

Organizations need have executive buy-in—and not just from the CIO, but from the entire C-suite. You need to bring those individuals and clinical representatives together and make sure everyone understands the products being considered, or at least the idea behind the products. We have been providing a free service to healthcare organizations where we perform an enterprise imaging assessment for them. Basically, this is a walkthrough of clinical departments to determine what kind of content is being created and how it is being captured and managed. Then, we also show them how their processes and data management could be vastly improved by our VNA. We conduct this walkthrough and then we can present information to stakeholders. After that, we can help them come up with their plan. They know they want a VNA for, say, their radiology department, but we can help them determine how to roll it out to other departments after radiology. Building a good strategy and on-going governance is where we have seen successful organizations set themselves apart from the rest. We help them build a plan for this year, the next year, the next year after that and so on.

It's also important for the stakeholders involved in implementation to be involved for the long term. They can't just say, 'We made a decision, we made a purchase' and then scatter in the wind. They should be there and be engaged in driving the solutions forward throughout the enterprise.

How has the enterprise imaging marketplace changed in the last few years?

A few years ago, you would hear the term "deconstructed PACS" a lot. The concept of buying an archive, a viewer and a workflow engine—perhaps from three different vendors—and then putting them together. Some larger institutions may have found

success with that, but that's not what most organizations want to do anymore. They don't want to stitch solutions together. The market has moved on. Now, organizations want a partner that can provide every component of enterprise imaging, even if they don't purchase all of them right away at one time. Those are the vendors getting the attention of buyers. Buyers want a long-term partner that offers a good product suite and will be there when they are needed.

For example, looking at some of the opportunities Fujifilm has won recently in the VNA space—quite honestly before Fujifilm bought TeraMedica three years ago, I don't think TeraMedica would have won those same opportunities. Those customers wanted a stronger portfolio from a bigger vendor.

Of course, healthcare itself is seeing a lot of mergers and acquisitions right now, which creates a lot of turnover with the technology systems in use. And organizations are finding that our VNA is providing a platform that creates the faster integration of systems and clinical data during these mergers and acquisitions. Patients and clinicians who read about a merger that happened last week expect that their data will be available across the merged enterprise this week. The VNA facilitates meeting this expectation more quickly than traditional approaches to system unification.

Do you see any big changes coming to enterprise imaging in the next 5-10 years?

I think we're on the cusp of seeing a lot of changes in terms of artificial intelligence, machine learning, and analytics that will affect imaging. It should help with analyzing the images themselves, changing how physicians identify potential areas of concern, improving patient outcomes, improving physician efficiency and more.

I also think we'll see an uptick in storage utilization. We're creating larger and larger images. Digital breast tomosynthesis produces very large images, enterprise digital pathology—which is still in its

infancy—will involve even larger images. So, I think that's all going to drive storage needs, which will, like I mentioned earlier, drive questions about what providers do with these images and how long they should hold on to this information.

Finally, as enterprise imaging becomes a recognized approach in the industry, instead of departmental imaging, we'll see not only the technologies become more cross-specialty, but we'll also see its management become more unified. For instance, at Fujifilm, we have some exciting developments with our PACS platform that brings a common architecture and approach to radiology and cardiology. In the future, these types of technologies will be centrally managed by an enterprise imaging group, not beholden to a single department, but aligned with the overall hospital mission, strategy, and tactics.