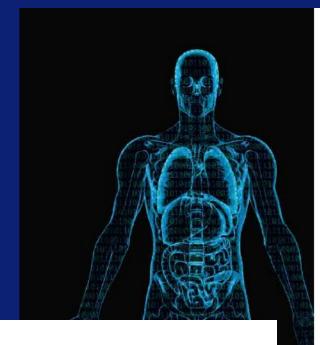




INTERNATIONAL SOCIETY FOR STRATEGIC STUDIES IN RADIOLOGY



INTEGRATED
DIAGNOSTICS
AND MASSIVE
COMPUTING
CONVERGENCE
OF MEDICAL
IMAGING,
LABORATORY
TESTS AND
IT-SOLUTIONS

Eur Radiol (2012) 22:2283-2294 DOI 10.1007/s00330-012-2510-6

COMPUTER APPLICATIONS

Integrated diagnostics: proceedings from the 9th biennial symposium of the International Society for Strategic Studies in Radiology

G. P. Krestin • P. A. Grenier • H. Hricak • V. P. Jackson • P. L. Khong • J. C. Miller • A. Muellner • M. Schwaiger • J. H. Thrall



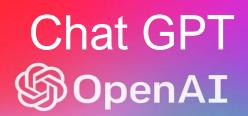
9th Biennial Symposiu of the International Society for Strategic Studies in Radiology

IS³R 2011

Dubrovnik/Croatia August 25–27, 2011

Scientific Program

Integrated diagnostics refers to the use of multiple diagnostic tests, tools and technologies to diagnose a medical condition. It involves the integration of patient data, medical imaging, lab results and other diagnostic information to arrive at a comprehensive and accurate diagnosis. The goal of integrated diagnostics is to improve the speed, accuracy, and efficiency of the diagnostic process, leading to better patient outcomes.





Culture eats strategy for breakfast

-Peter Drucker

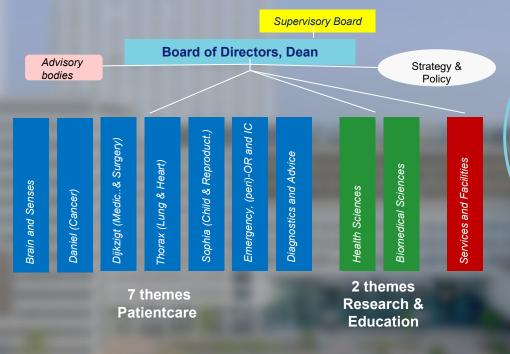
Erasmus MC



Erasmus MC in Numbers

Beds	1232
Outpatients	670000
Admission	31000
Employees	16500
Med. students	4500
PhD students	1100
Publications	5500
Citation score	2.05
Turnover	€ 2.2 x 10 ⁹

Organization Structure



Theme Diagnostics & Advice



PHARMACY
Drug distribution
Drug production
Drug surveillance

Integrated Diagnostics



Vision: Moving from a sequential to an integrated approach



Multidisciplinary Teams and Service Lines









1079718, 4079810, 407915, 4078456, 4078456, 4078458, 4078

Survey for Implementation of ID





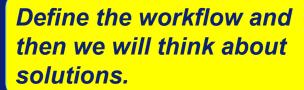
What are the major barriers for integration?

Hospital structures & management



We prefer separate departments (divide and rule) but if it is cheaper, go ahead!

Lack of IT solutions





Pathologists

Digitization will turn our work from art into a commodity.

Radiologists

Why bother about pathology? We have enough work.

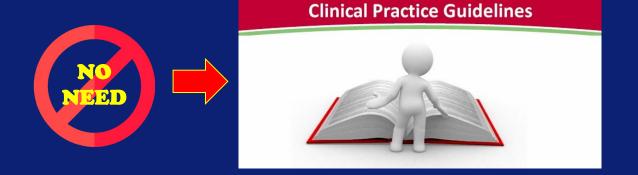
Referring physicians

We know it better and we decide what we order. We ask, you do!

1st Attempt to Implement ID @ EMC



- Benefit in defined disease entities:
 - Glomerulonephritis
 - Interstitial lung disease
 - Liver transplant dysfunction

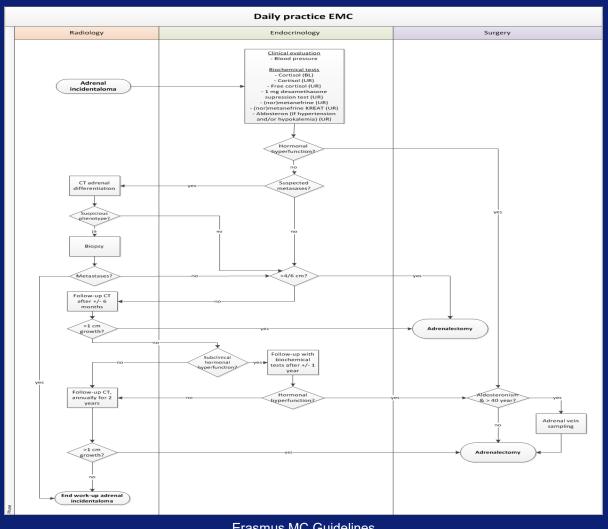


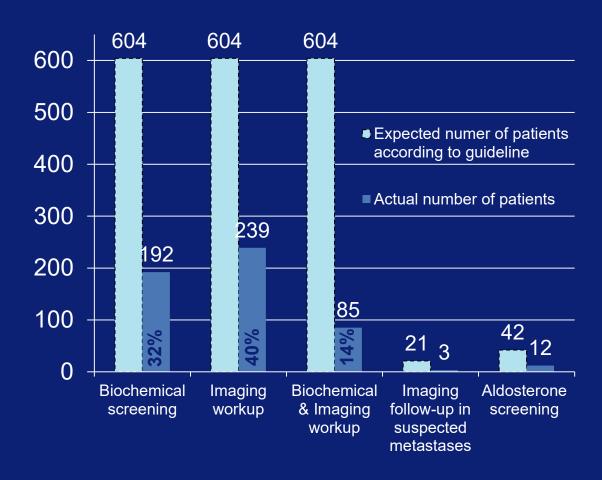
- Is the diagnostic work-up following accepted guidelines?
 - Adrenal incidentaloma
 - Suspected CAD
 - Metastatic disease of unknown primary

Adrenal Incidentaloma: Recommended Practice Erasmus MC



vs. Reality @ Erasmus MC (604 cases)





2nd Attempt: ID Workflow Pilot





Multidisciplinary Tumor Board

Vision

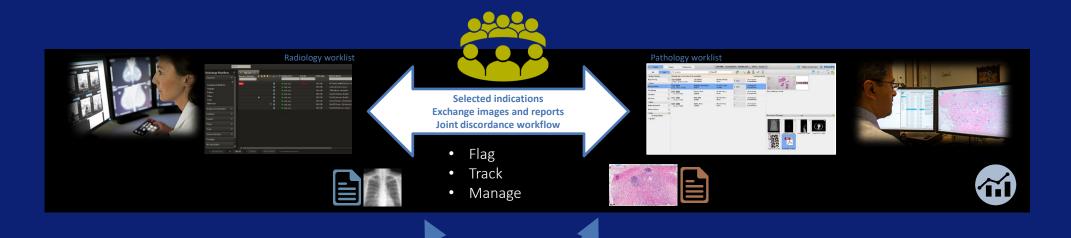
To improve the quality of care for the patients by shortening the lead times in the diagnostic process

Goal with pilot

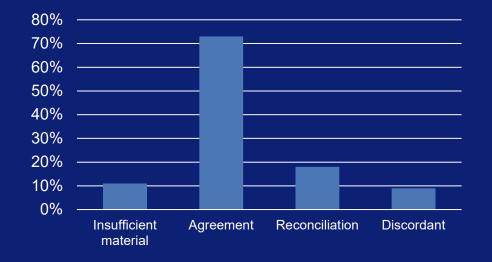
- Allow the radiologist to make more decisions about additional exams before the tumor board
- Solve discrepancies before tumor board
- Only present cases that are fully investigated on tumor boards
- Make the tumor board meetings more efficient

Managing Discordant Results: Rad-Path





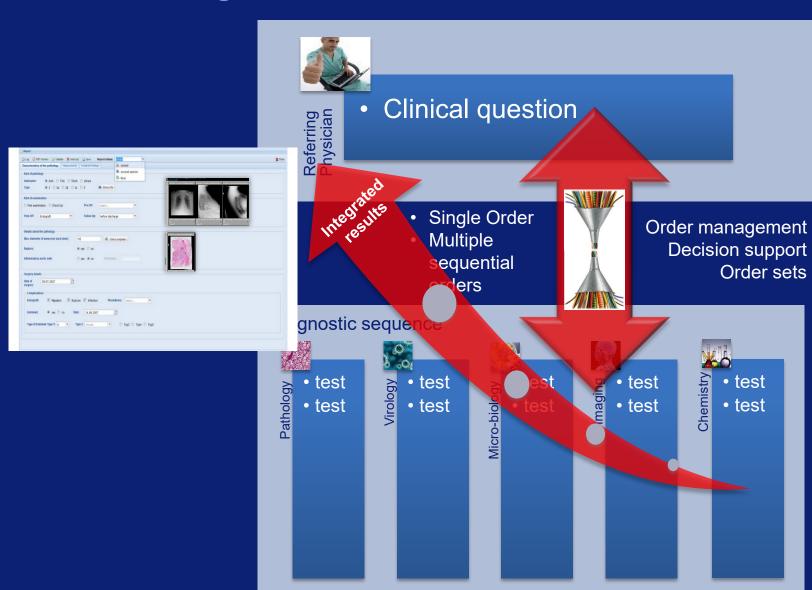
Suspected lung cancer patients (89 consecutive cases)



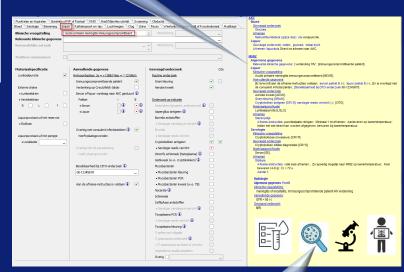
Patient	Radiology	Pathology	Final diagnosis
1.	Uncertain	Malignant	Lung metastasis of myxofibrosarcoma
2 .	Uncertain	Malignant	Non-small cell carcinoma
3.	Uncertain	Malignant	Lung metastasis of papillary renal cell carcinoma
4.	Malignant	Benign	Uncertain (Nodule, over three years stable)
5 .	Malignant	Benign	Sarcoid
6.	Malignant	Benign	Sarcoid
7.	Malignant	Benign	Disseminated lung carcinoma

Critical Ingredients for Success





Generating order sets

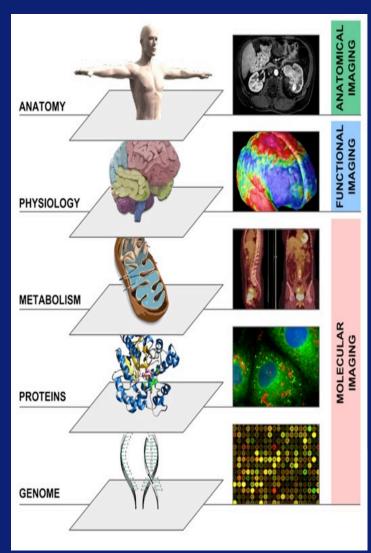


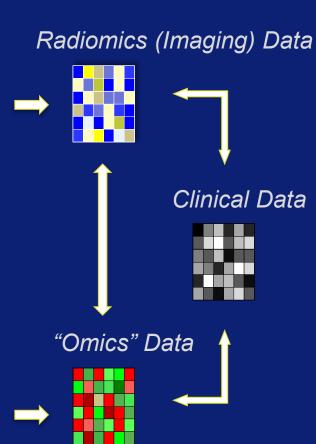
All material types relevant to the question are sent to the diagnostic disciplines involved



Integrated Big Data Analytics













Culture eats strategy for breakfast, tactics for lunch, and everything else for dinner

