



Masterful image and workflow management, minus the IT staff and capital costs

—Dave Pearson; Mary Tierney

imagingBiz.com/Portals/RadAnalytics

Achieving unprecedented clinical and business efficiencies. Winning new business. Brandishing vanguard-level technology prowess while employing zero IT staff. Such are the returns mid-size radiology practices are realizing from their selection of the cloud-based, hardware-agnostic IRP/Plexus Imaging Workflow Management system.

Two of the earliest adopters, 38-radiologist Triad Radiology Associates (TRA) in Winston-Salem, N.C., and 22-radiologist Radiologic Associates PC (RAPC) in Middletown, N.Y., both got up and running with the system early this year—and are already seeing results. Both report the implementation ranks among the best management moves they've ever made.

"Just after we made our selection, I was able to go and meet some prospects and actually close the deals," says Andrew Mazzella, CEO of Radiologic Associates. "We picked up three nice accounts this year with Plexus being our platform and giving us the opportunity [to be heard]. We wouldn't have been able to do that with our old PACS and RIS."

Operationally, he adds, he doesn't lament the loss of the "huge computer rooms and backup computer closets" the practice used to maintain.

"Ease and timeliness are important to today's hospitals and outpatient imaging centers," regardless of their size and IT capacity, adds Ted Kerner, MD, CEO of Triad Radiology. "They don't want downtime. They don't want complexity. They don't want headaches. All of that is all basically removed from them with the IRP/Plexus system," as Plexus creates interfaces, pushes and pulls data, and doesn't favor one IT vendor's devices over those of another. "This clearly has been an advantage when it comes to getting new business."

Meanwhile the system sets up quickly, and it comes with a nominal entry fee and a low operating price tag—it's pay as



you go, and pay only for what you use.

Moreover, while the Plexus technology is essentially the backbone of a teleradiology platform, the IRP/Plexus solution comes with an assurance that the practice has signed on with a true long-term partner, not an eventual competitor. In fact, as both practices attest, the software as a service (SAAS) architecture makes it ideal for practices looking to expand their own teleradiology portfolio.

"Over the last 10 years, a lot of groups made the mistake of going with [a teleradiology company] that will eventually take away first their customers and then their jobs," says Joseph Racanelli, MD, president of RAPC. "We are very sensitive about whom we do business with these days."

"Plexus allows us to show we know exactly what we are doing, which is what allows us to acquire new opportunities," says Kerner. "And to me, as a radiologist, because I don't view them as anything but a partner—I don't view them as competitive in any way—I am much more comfortable. That's

Rad Analytics

Leveraging the power of dynamic practice information for today and tomorrow



NOVEMBER 2015

why we went with Plexus.”

In a phone conversation with RadAnalytics, Kerner, Mazzella and Racanelli expounded on the basis of their satisfaction with IRP/Plexus. Here is some insight they shared and some key points to consider for radiology groups needing to remix their image management and workflow backbone—with less dollars, and more sense.

Highly scalable and internally saleable



“It’s easy for IT resources to work remotely. And, in some ways, this is nothing more than a big IT resource working remotely. Up until now, we would purchase a RIS or a PACS. And as those technologies become outdated, sometimes your only options are major forklift-type upgrades that are

extremely expensive up front and are difficult to sell to the practice. This is important because, behind all this, each of us has to push our practices. We are a technology driven specialty, but sometimes it’s a little difficult to communicate when partners start asking, ‘How much is it going to cost us to do this? Maybe we can just stay with what we’ve got until it breaks.’ IRP/Plexus is a very scalable methodology without the large upfront [capital cost]. It’s much more tolerable for practices to look at it this way.”

—Ted Kerner, MD

Business builder, staff pleaser



“When you are looking at acquiring a new customer, the transition has to be quick, easy and seamless for the customer. They’re urgent care, they’re medical office, they’re smaller hospitals that [may not have IT capacity, much less RIS and PACS]. Once you get IRP/Plexus into that new facility, it is easier to get the second one and the third one. And then on the back end, the change has to be seamless for your radiologists, too. Radiologists don’t like change. So you want to keep things as similar to what they’ve known as possible. This [solution] keeps everybody happy.”

—Andrew Mazzella, MD

Erasing 25% to 30% of the operating budget

“Having everything on the cloud at a reasonable price point is a great business decision. We saved 25% to 30% off our operating expense by not having on our books all this hardware and extra expense housed within our physical brick-and-mortar location. It turned out the biggest paradigm shift came from our previous thinking that we had to have total control over everything. We don’t have the breadth of IT experience and expertise that this company offered us. It was a matter of us getting to a point of trust and then switching the way we think. That was our biggest obstacle. And that’s a big obstacle for most radiology groups. We no longer need to have big hunks of hardware to have the capabilities for reading and load balancing they offer.”

—Andrew Mazzella, MD

Single software solution, multiple read locations



“The single biggest thing for us was not switching systems. Every time one of my radiologists has to switch from one system to another to read cases from a different site, that’s a delay. That’s time he or she is not reading. And it’s more than just switching systems; you have to wait. With everything

on the same system, we get rolling and we build momentum. It really benefits us to have one system and one system only. Plus the system is highly portable. My radiologist could be at any one of our locations, or even in his home office, and log onto Plexus with no issues.”

—Joseph Racanelli, MD

Going beyond mere efficiency to putting the patient first

“It’s not just about efficiency. This may sound cliché, but this system really does allow better patient care. We have actually found ourselves operating as an imaging exchange for some of the disparate systems that we touch. Politically that is always a little difficult to navigate. But when it is done in the patient’s best interest—for instance, if it’s a study done by a hospital that is not a part of the big system here and the doctors want to have studies to compare—the ability to pull pri-

Rad Analytics

Leveraging the power of dynamic practice information for today and tomorrow



NOVEMBER 2015

ors from different systems becomes much easier. There is no burning a disc and then transporting or mailing it. I've seen specific instances where the patient is in the OR, and the surgeon wants to see a study done at the other hospital. There is no way that would happen in real time unless we were sitting there with the Plexus system, able to pull those studies. In the name of patient care, a physician will do just about anything and not worry about the political fallout. So clearly it can have a positive impact on patient care."

—Ted Kerner, MD

Easy EMR integration

"Another nice feature was the integration with multiple EMR vendors, large and small. Plexus already has an interface for that. We want to be able to get reports back to the customer and we don't want to spend a lot of time working at interfacing. Because Plexus already has all of these things in place, I'm not worried about getting reports back. For us that was a home run, because a lot of our area practices use big-box EMRs. Having that capability with this type of product has been fantastic."

—Andrew Mazzella, MD

Joint Commission compliance support

"Obviously we have to follow the ACR guidelines, and the technology offers compliance [support]. From peer review to critical values reporting, we all work in hospitals that are JCAHO-accredited and all of the systems have to follow that level of compliance. So when we go to work for any hospital, and we want to connect or do some reads for them, one of the first questions is, 'Are you JCAHO compliant?' And we can say, 'yes we are.'"

—Joseph Racanelli, MD

Instant technology trailblazers

"With the way technology is evolving, we have to be more open-minded than we've been in the past. We have to be willing to ask ourselves, 'Do I really have the most efficient and cost-effective technology available?' The cafeteria style, modular offers that come with Plexus really allow you to do that without beating yourself up over whether or not it's time to

make a switch and, if so, what to switch to. And making the switch, since upfront investments are such a small part of it, becomes so much easier."

—Ted Kerner, MD

A technological 'toe in the door'

"Quite frankly, the technology and the ability to have high-end, relatively inexpensive, efficient and fast-implementation technology allows us an opportunity to provide the professional services. It used to be kind of the other way around. Now technology is giving us a toe in the clinical door."

—Ted Kerner, MD