

Carestream

Interactive Multimedia Reporting

# Interactive. Image-Rich. Insightful.

Put More Power in Your Reports.



*The power of together.*



The power of together.

## Take Your Reports to a New Level.

Quality and efficiency of reporting have emerged as major factors in the success of radiology practices. In order to send a growing number of patients your way, today's referring physicians, oncologists and other clinicians will be looking at your reports for several key benefits.

Sure, they want fast turnaround times, but more important, these referrals want reports with greater clinical value and insight. The Interactive Multimedia Reporting Module, a native part of the Clinical Collaboration Platform, delivers both of these advantages. It's a tool that will help you position yourself as a radiologist of choice.

### Advantages At a Glance

- Enables reporting from anywhere images can be viewed.
- Delivers true multimedia reports, with key images and charts.
- Offers voice recognition and structured fields to accelerate reporting time.
- Contains hyperlinks for immediate access to key findings.

*"Reporting is really crucial to us – it's become a major driver for our business."*

Dr. Andrew Deutsch, President  
Renaissance Imaging Medical Associates  
Northridge, CA

### Clinical Insight, Delivered.

"Text-only" reports will soon go the way of the dinosaurs – they simply can't provide the insight and value that referring doctors need. Even in reports that include structured findings and current measurements, the physician must still find the prior report and manually compare the images.

No longer. With Vue, you can offer a seamless follow-up approach for oncology and other high-value modalities. With advanced clinical tools such as our PowerViewer or Lesion Management capabilities, your reports can offer referring physicians embedded key images for side-by-side comparison, modality measurements, exam dosage information, tumor trending information in charts and graphs, and quantitative data from advanced post-processing, such as vessel analysis.

Reports can also include hyperlinks to specific anatomical bookmarks or key measurements. The radiologist or referring physician can quickly access the pertinent information in PACS or through our referring-physician portal, Enterprise Viewer Module.

In short, you're providing physicians with precisely the data they need at the point of care – leading them to regard you as an important colleague who provides valuable information. Increased referrals are bound to follow.

### The Speed of Embedded Voice Recognition.

Like every imaging department, you're under pressure to decrease your report turnaround times – because your referring doctors' priorities are rapid diagnosis and the start of treatment. This challenge is magnified in multi-site or multi-system environments, where radiologists must master multiple interfaces and systems.

Here's the answer. The Interactive Multimedia Reporting Module, with embedded voice-recognition capability, can help cut your turnaround time to the bare minimum. It entirely eliminates the need for typing and entry of patient or clinical context. Exam data can be inserted directly into reports. This allows radiologists to quickly review and approve final reports, while adding clinical context for referring physicians.

### How Easy Is This?

With user-defined templates and structured reports, a microphone is all you need:

1. **Pick up the microphone and dictate.**
  - No keyboard needed – the cursor moves via spoken commands.
  - No entry of patient or clinical context, measurements or dosage data is required – it's all automatically populated.
  - As you mark key images or perform advanced post-processing, the analyses or data are captured directly into the report.

2. **Review and approve the report and sign off.**

That's it! The report is on its way to other clinicians – across town or around the world – allowing close consultation and collaboration. All recipients will be able to view the exam's key images and hyperlinks in the report – a benefit other vendors' systems can't provide.



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Report Information			
Name:	DAVIS DOROTHY	ID:	201201051940
Accession No.:	9275100123456	Report Date:	02/02/2015
Referring Physician:	David Evans, MD	713-213-5479	davide@practice.com

PROCEDURE: CT Chest.

CLINICAL INDICATION: Follow-up of a known left-sided squamous cell carcinoma of the lung post-surgery with suspected lung metastasis

TECHNIQUE: CT scan of the chest without contrast was performed on the GE volumetric 64 slice CT scanner. 3-D coronal reformatted images were obtained from the axial source images.

COMPARISON: CT March 31 2014, CT June 23 2014, CT September 28 2014

FINDINGS:

Status post left upper lobectomy. Several nodules are seen in the left lower lobe: in the upper posterior with a diameter of (14 mm), another upper anterior nodule (9 mm) (larger than in the previous scan) and mid-posterior nodule (12 mm) (not larger than in the previous scan). There is a very small nodule in the right upper lobe with no change compared with the previous study. Some emphysematic bulbs are seen in the right lung. There is no acute infiltrate.

The mediastinum is shifted to the left (due to the lobectomy) without evidence for mass or lymphadenopathy. The vascular structures of the mediastinum are normal in course and caliber. Aortic vascular calcifications and coronary artery calcifications are present. The heart size is normal without evidence for pericardial thickening or effusion.

The axillary regions, subpectoral regions, and supraclavicular regions are all unremarkable. Imaging obtained through the upper abdomen reveals no acute abnormality. The surrounding osseous structures are remarkable for mild degenerative spondylolysis of the spine. No osteolytic or osteoblastic lesion is detected.

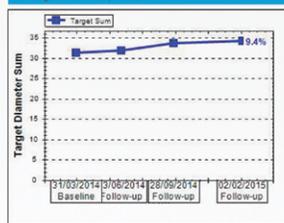
IMPRESSION:

1. S/P LUL lobectomy
2. Several lung nodules in the LLL can be detected two of them are larger than in previous study.
3. Small nodule in the RUL (no change).
4. Several emphysematic bulbs in the right lung (no change).

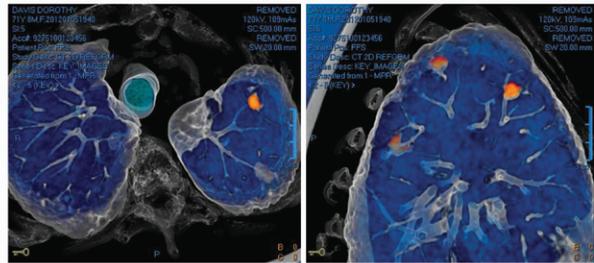
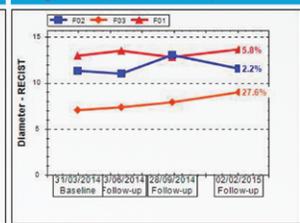
Study information

2015-02-02, CT 2D REFORM STATISTIC CODE

3 Target Lesions (Sum)



3 Target Lesions (Diameter - RECIST)



Report created at: 247 E. Ontario Street, Chicago IL 60611

Signed By: John Jennings, MD

*John Jennings*

# Clinical Knowledge Throughout the Enterprise.

## RADIOLOGISTS

### A Single Reading + Reporting Workspace

- Reporting from anyplace where images can be viewed
- Less work and fewer errors with simple, structured reports
- Fast evaluation and quality reporting via access to priors with hyperlinks

## INFORMATION TECHNOLOGY

### Simplified Deployment in Single or Multi-site Environments

- No need for special drivers or third-party software
- Less integration
- Simpler deployment and upgrades

## REFERRING PHYSICIANS

### Clinically Rich Content with Smart Navigation

- Multimedia reports, including key images and charts
- Smart and intuitive hyperlink navigation
- Value-added communication with patients

## PATIENTS

### Empowered and Included in the Process

- Reduced need for CDs or DVDs
- Secure access to and management of their own data
- Value added through innovative patient services

## ADMINISTRATORS

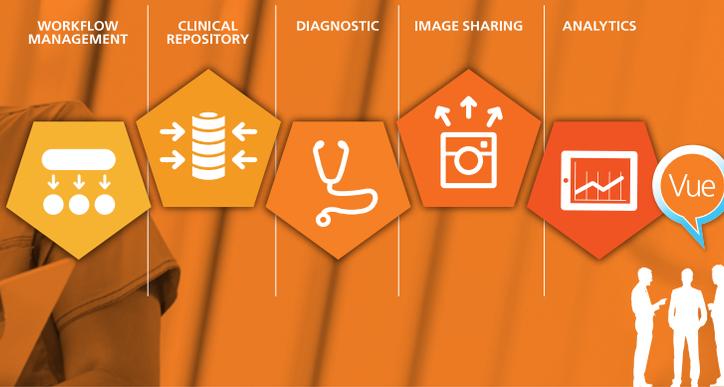
### Reduced Costs and Better Outcomes

- Elimination of third-party dictation system costs
- Quicker report turnaround, allowing better service to referring physicians and clinicians
- Single system for ease of administration and training

*"Voice Recognition has been a revelation. It was easy to implement and it adapted well to our voices. In one of our sites, Vue Reporting has brought reporting time down from a week to about three hours."*

Radiology Director  
University Medical Imaging

Connecting people and data. Anywhere.



The power of together.

### Carestream's Clinical Collaboration Platform.

Intuitive clinical content-management workflow across the entire enterprise.

Clinical Collaboration Platform gives all those who provide, manage, receive and reimburse care the ability to access the clinical data and images they need – using the preferred platform and screen for each workflow and setting.

Through full integration with the enterprise's electronic medical or health record, meaningful clinical data within its appropriate context is always available for delivery to key stakeholders. Across disparate sites and networks. Between departments and information technologies. Among providers and payers. Around each episode of care and each patient's clinical history.

Carestream does more than integrate data and systems. We allow each stakeholder to view the patient's complete imaging record, including priors – closing knowledge gaps that would otherwise be created by disjointed systems and data sources. We enable transparency. And we help your teams collaborate around a shared goal: putting patients at the center of efficient, effective healthcare.

#### Want to learn more about the Platform?

Visit [carestream.com/collaboration](http://carestream.com/collaboration) to see how *the power of together* can help you provide true patient-centric care.

Carestream also offers leading-edge image capture solutions across a wide array of modalities. The gold standard in X-ray film. And, when it comes to digital output, our laser imagers and self-service kiosk provide high-quality solutions for all imaging modalities.

### A Community of Service and Support.

For dependable service, look to our Customer Success Network.

We work continuously to improve your imaging performance, help you to innovate as needs change, and make the most of your budget



and resources. Carestream's Customer Success Network surrounds you with a dynamic team of experts, with a Single Point of Entry for easy, customized access to the right people in every situation. You and your patients will benefit from the expertise and best practices only Carestream can deliver – based on thousands of customer engagements worldwide and our 100-year heritage in medical-imaging innovation.

[carestream.com/reporting](http://carestream.com/reporting)



"Rx only"

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