



**American College
of Radiology™**

RLI Power Hour Webinar: Nick Galante (non interpretive AI and universal worklist to achieve flow state)

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Institute®

Live Look at the Ordering Providers



How it started



How it's going



A better life for all: *Flow State*



Our current solutions are limited



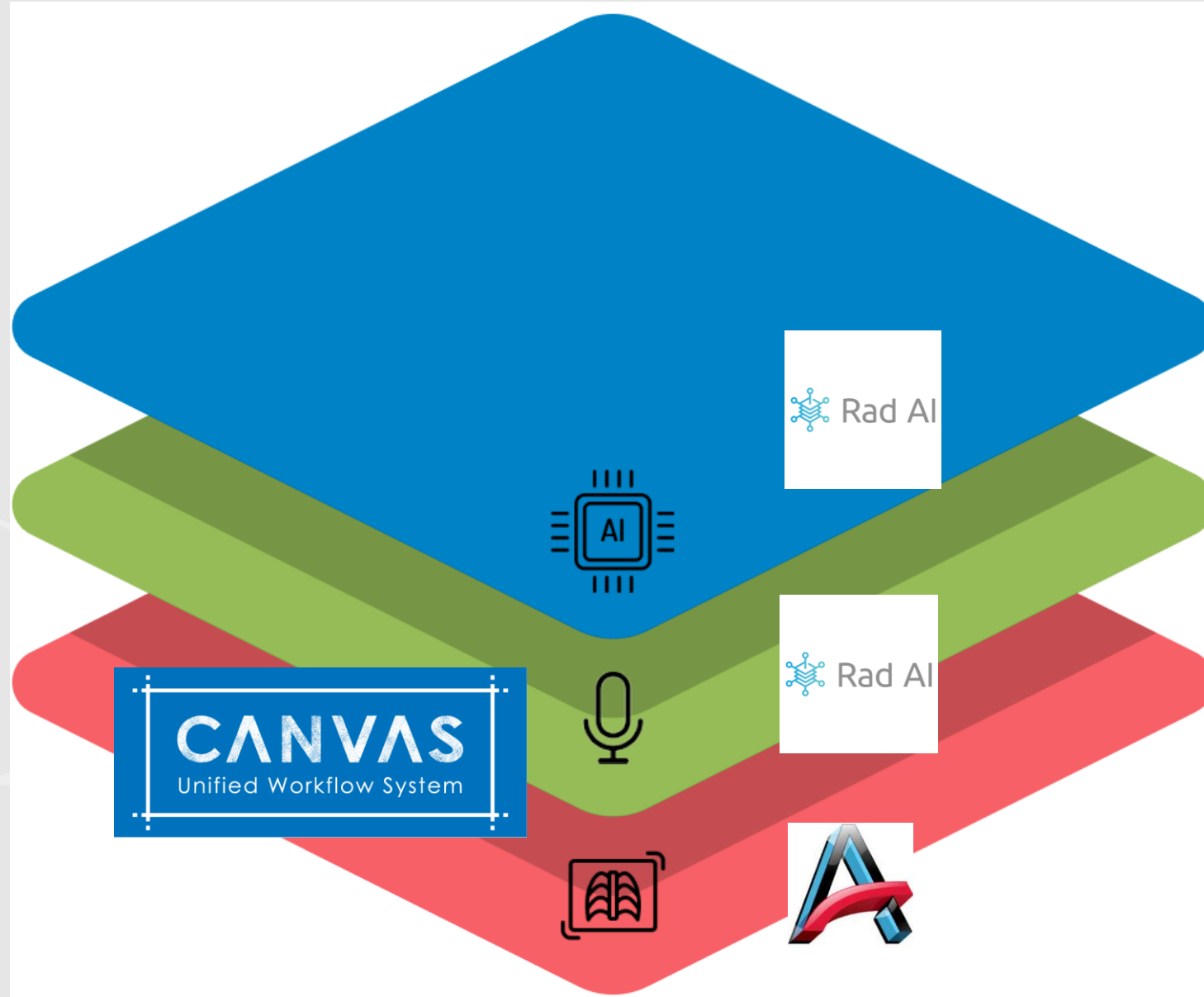
Fighting Fire With Fire





- Pixel analysis, computer vision, pre-reads, and pre-triage
- AI/ML to automate and outsource
- Intuitive tech with seamless integrations and UI
- Natural language processing/LLMs
- Generative AI
- Worklist optimization/ workflow cadence/ forecasting
- Distributed and decentralized radiology network
- Standardization of inbound and outbound data
- Streamlining quality metrics/ MIPS
- Expanding Radiology's roles into triage, management, care coordination
- Distributed ledger technology

Our current tech stack





Reporting CT ABD PEL W CONTRAST lower abd pain s/p embolization of R kidney mass
 Acc: JPSCT24195895 Site: JPSH

FIELDS

- Procedures AZ
- History
- contrast
- Comparison
- Lower chest
- Liver
- Biliary
- Pancreas
- Spleen
- Adrenals
- Kidneys
- Bowel
- Mesenteric
- Retroperitoneum
- Pelvic
- Nodes
- Vascular
- Bones
- Impression

EXAM: CT ABD PEL W CONTRAST

HISTORY:

TECHNIQUE: CT scan of the abdomen and pelvis was obtained with intravenous and without enteric contrast material. Coronal and sagittal reformats were provided. Dose reduction technique: The CT scan was performed using appropriate/available dose optimization/reduction techniques.

COMPARISON: None

FINDINGS:

LOWER CHEST: Unremarkable

LIVER: Unremarkable

BILIARY SYSTEM: Unremarkable

PANCREAS: Unremarkable

SPLEEN: Unremarkable

DOCUMENT TREE

1/1/2024	JPSCT24139519	EMBOLIZATION CRYOABLATION	EXAM: IR CT-GUIDED CRYOABLATION RENAL
2/12/2023	JPSNM231284360	NI SCAN	HISTORY: 71-year-old male with right renal mass presented for cryoablation. PHYSICIAN: Dr. Chaudry
2/5/2023	JPSCT231262827	CT C	PROCEDURE: The patient was advised of the benefits, risks, and alternatives of the procedure and informed consent was obtained.

STUDY

CT ABD PEL W CONTRAST (JPSCT24195895)

IMG2010 Stat Available

OMNI

Say "Omni box" to get started.

IMPRESSION **REPORT** **UNCHANGED**

TEMPLATES

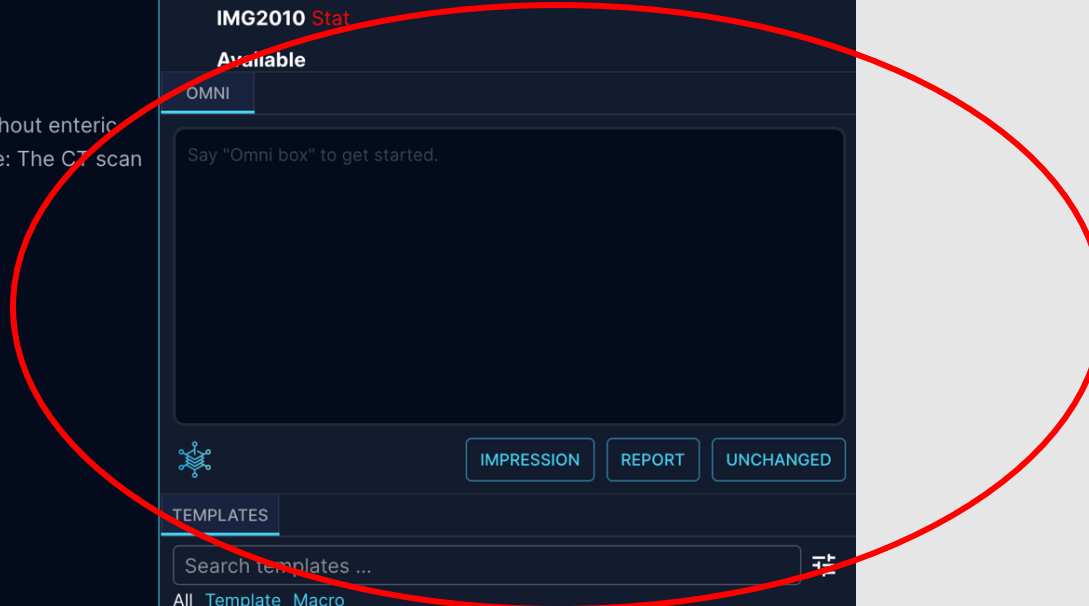
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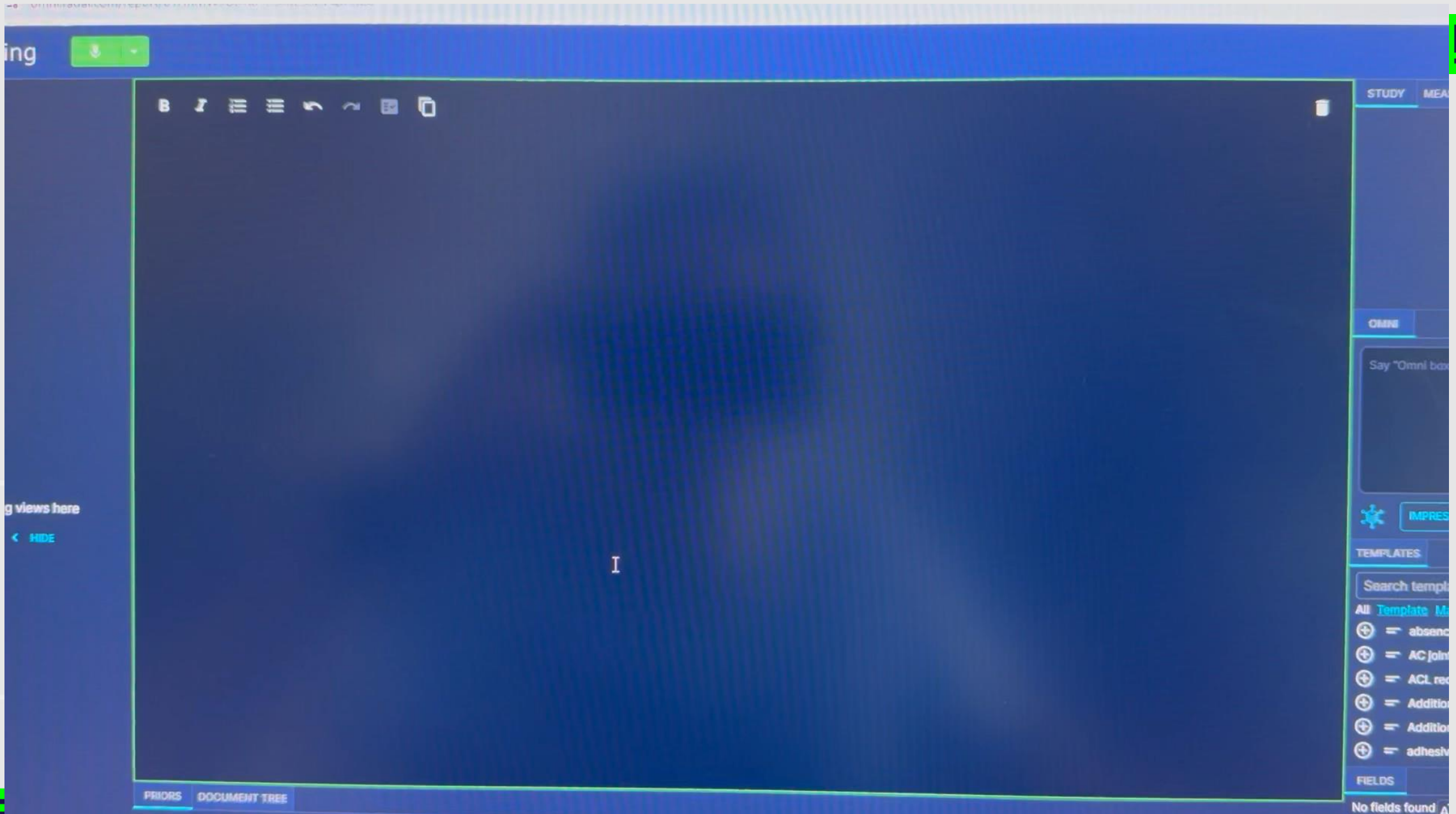
All **Template** **Macro**

- + = absence
- + = AC joint
- + = ACL reconstruction
- + = Additional

MEASUREMENTS

No measurements recorded.





Worklist as a utility tool



Work flow

Worklist

Messaging

Peer Learning

Scheduling



What can we control? Deployment and Distribution

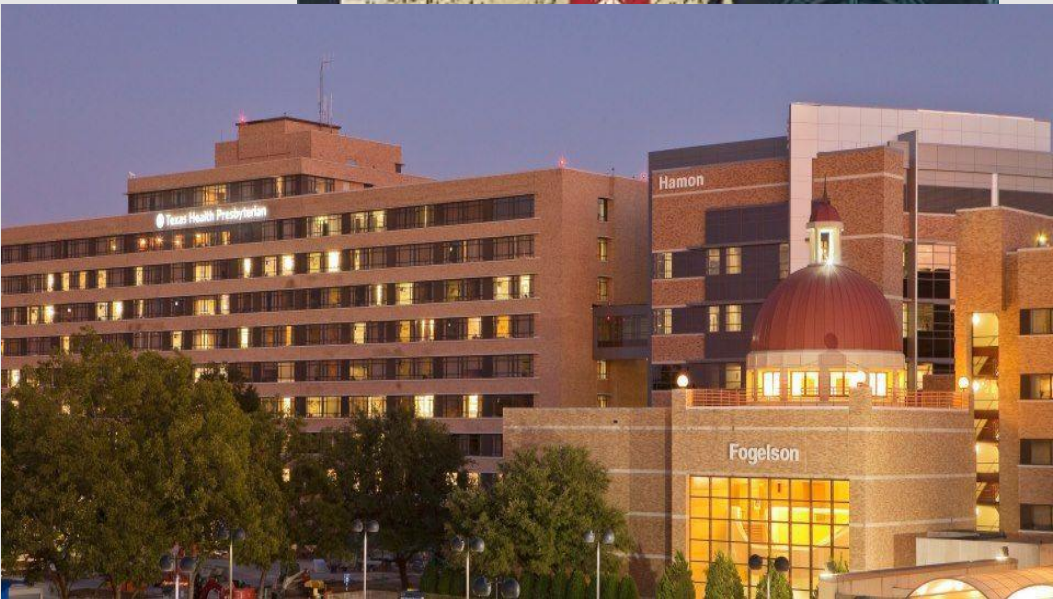


You have power over your **mind** -
not **outside events**. Realize this,
and you will find strength.

– *Marcus Aurelius*



Legacy System vs Unified Workflow Nation State vs Network State



VS



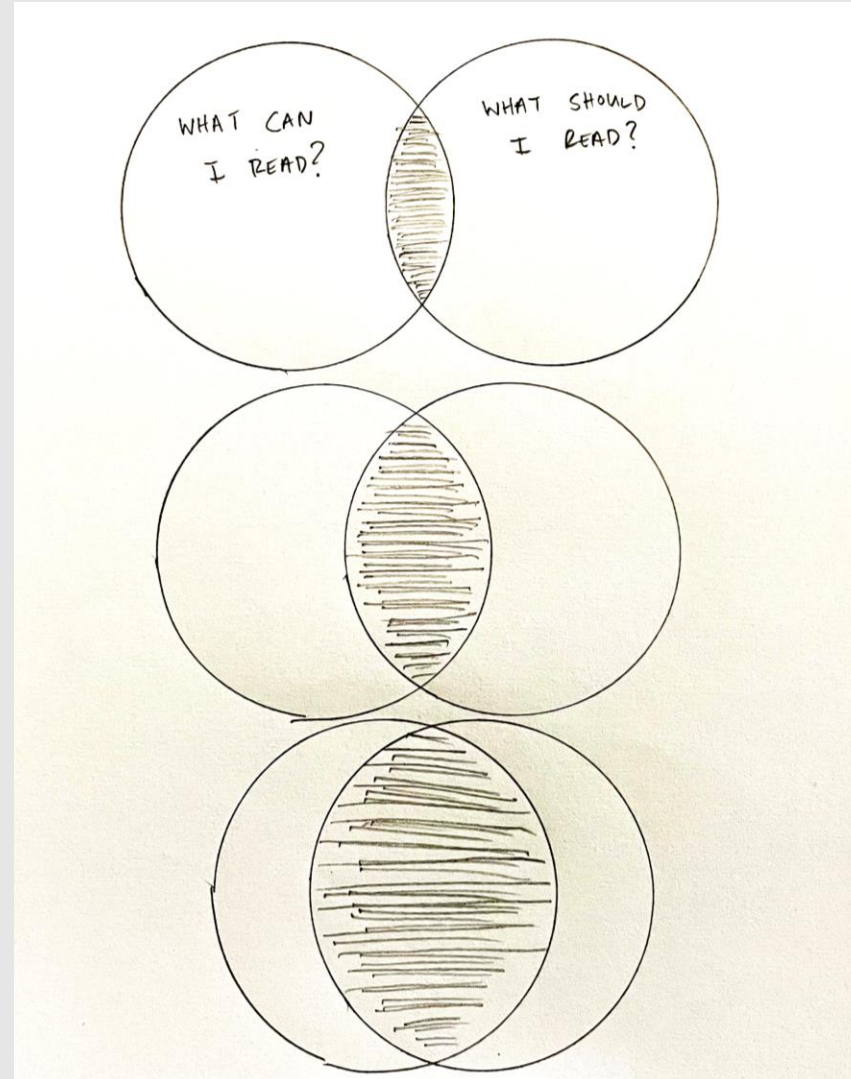
What Can I Read? vs. What Should I Read?

Translating that to decentralized and distributed work flow



What Can I Read?

- Credentialing
- Skill Set

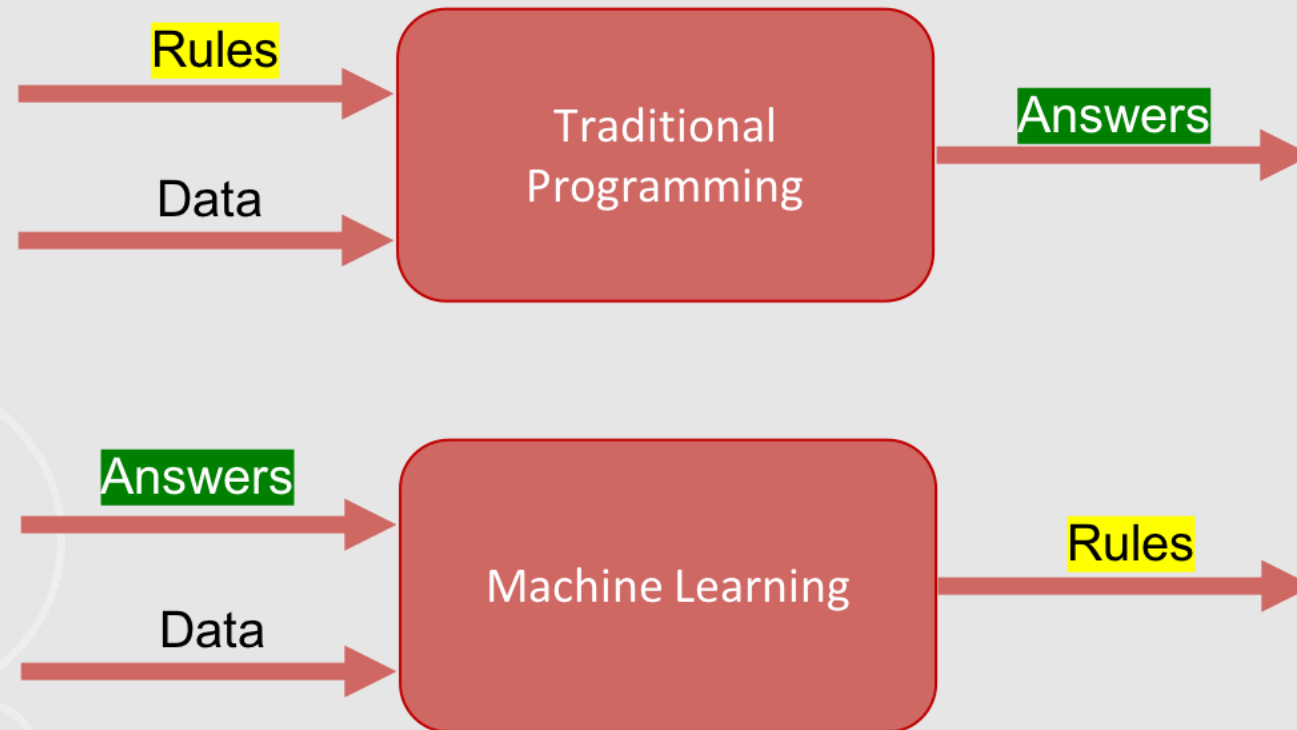


What Should I Read?

- Most efficient/productive
- Greatest Value Add
- Pre-existing Physician Relationship
- Overflow



Add Machine learning into Workflow



Existing Uneven Credentials Driven Work Model

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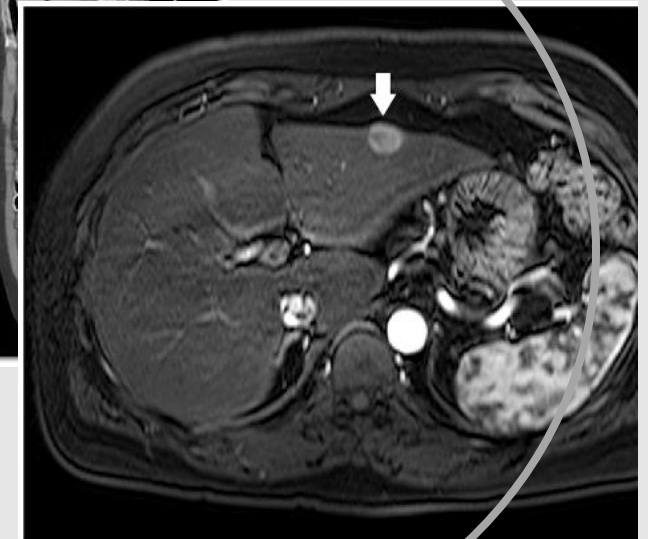
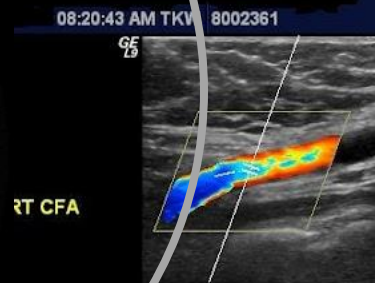
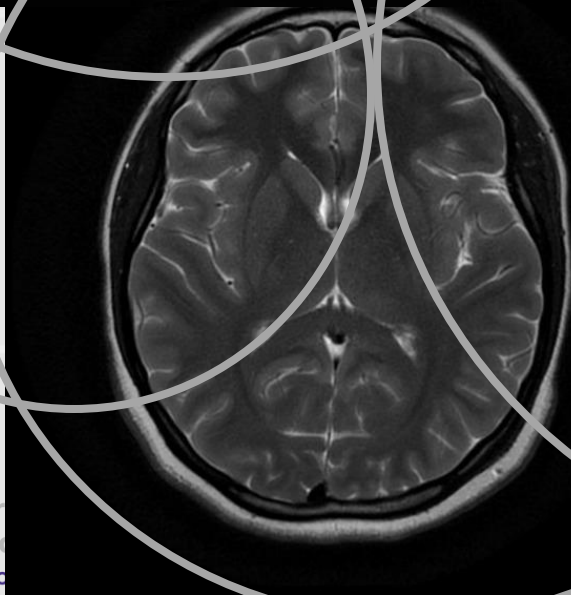
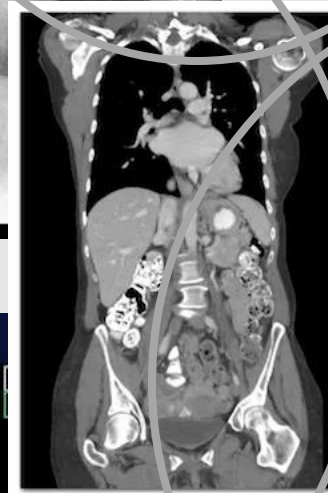
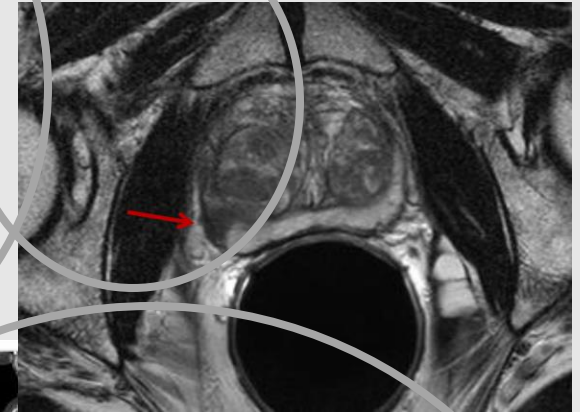
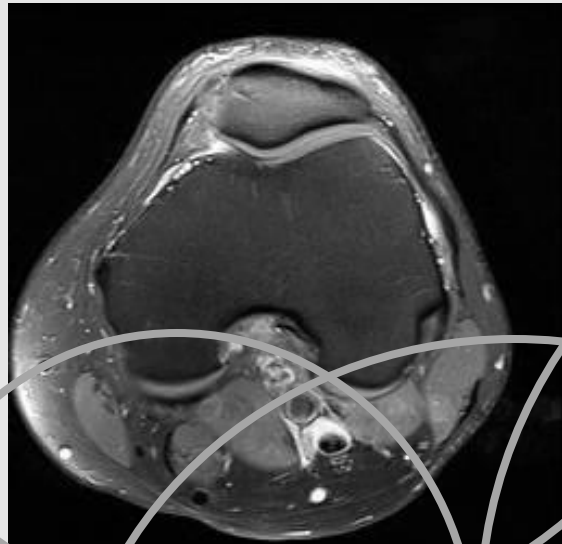
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Smoothing Out Credentials Driven Work Model

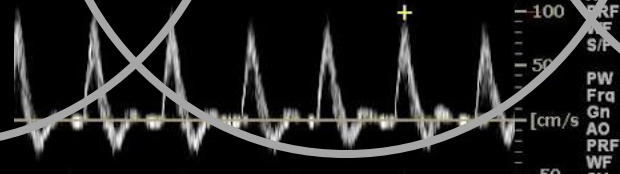
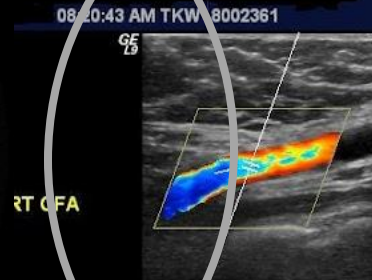
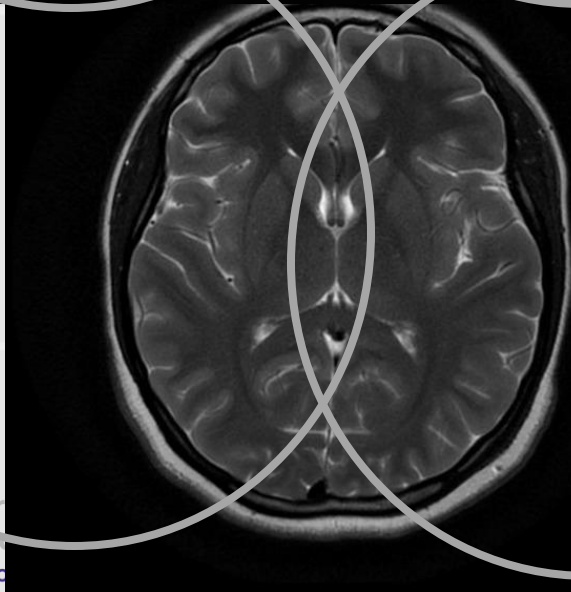
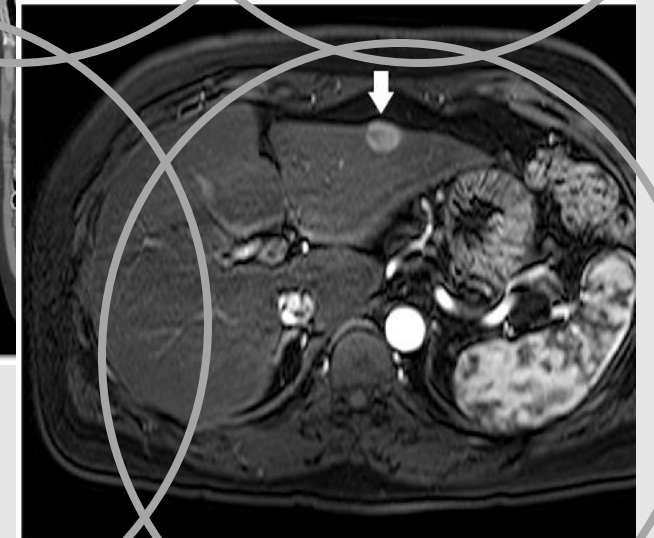
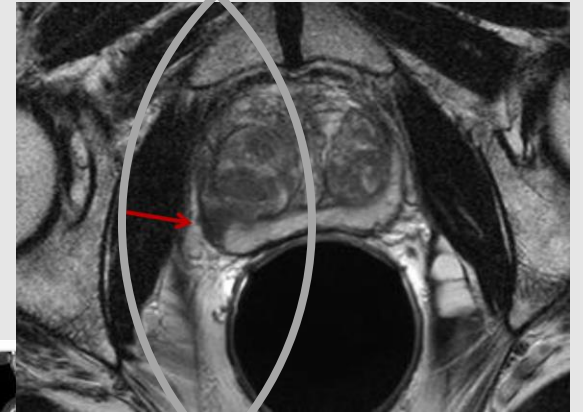
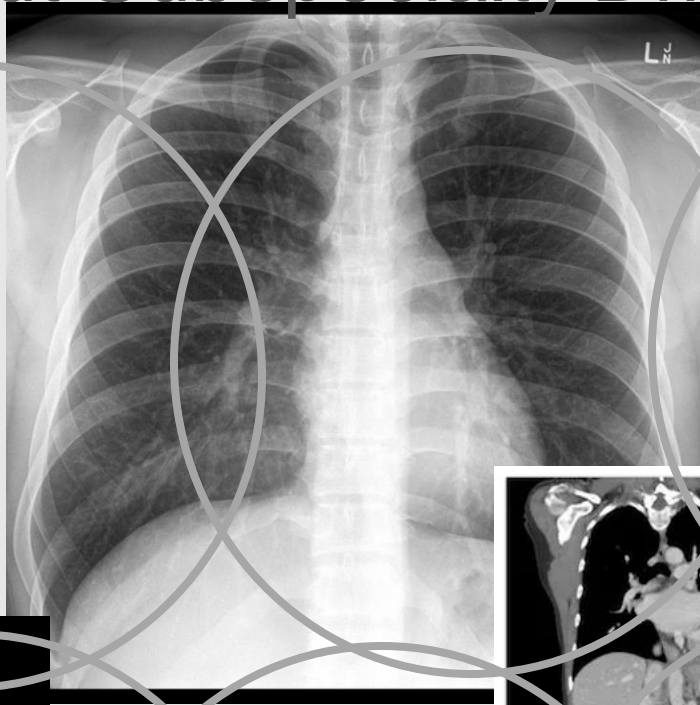
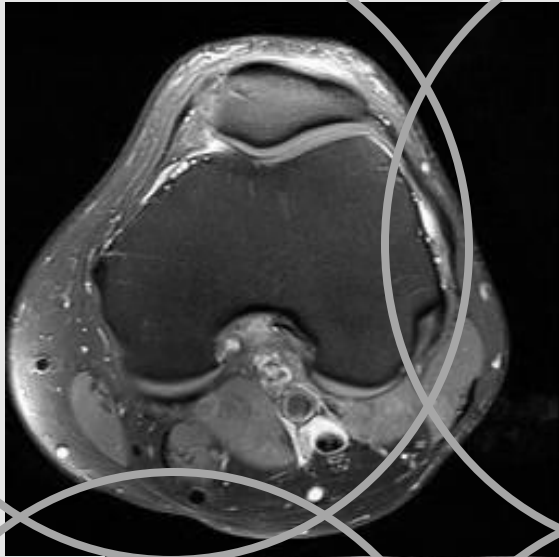


Existing Uneven Subspecialty Driven Work Model **R**



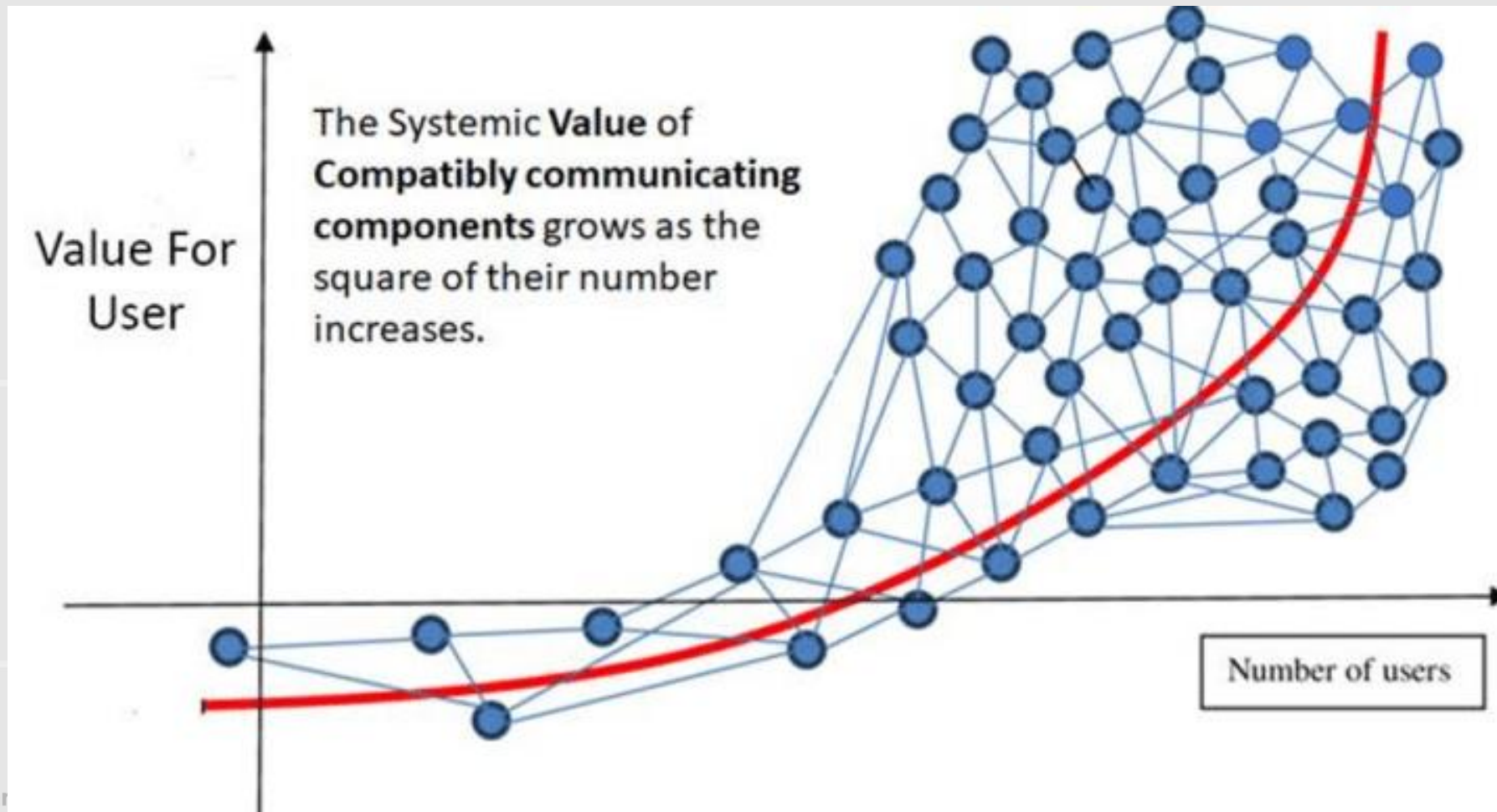
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Smoothing Out Subspecialty Driven Work Model

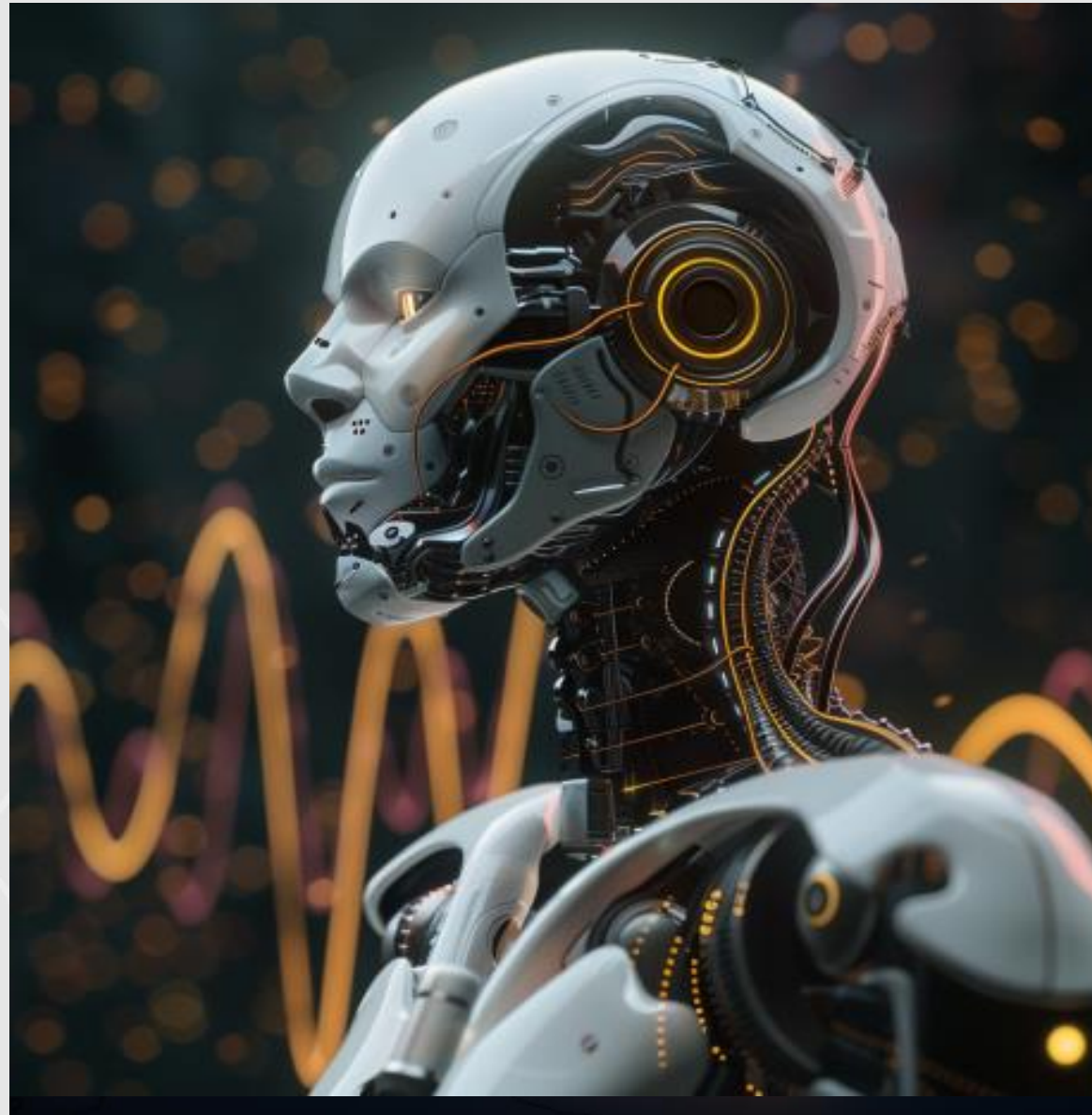


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Combined subspecialty and credentials driven workflow



Network State/ RANT United



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Decentralized Workflow Benefits



- 24/7 subspecialty reads
- Robust credentialing coverage
- Improved TATs
- Work load balancing
- Higher radiologist impact
- Happier contractors
- Better patient care



