

Executive Brief

Taming the merger monster with a comprehensive imaging management system

Everyone is familiar with the story of Victor Frankenstein, the protagonist in Mary Shelley's novel. Frankenstein sets out to create a beautiful humanoid but ends up creating a hideous beast instead. And, he doesn't quite know what to do with it.

A similar phenomenon is occurring in the healthcare industry as organizations are creating "Franken-systems," of sorts. Indeed, a bigger-is-better philosophy is in full swing, as [healthcare leads all other industries in terms of mergers and acquisitions](#), tallying \$2.64 trillion worth of mergers from 2000 to 2015.¹ In addition, 60% of hospitals are now part of a healthcare system, and radiology groups are expanding too. The number of groups with 65 physicians or more [grew by 30%](#) between 2015 and 2016.²

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The hope with these larger organizations is to “generate scale and reduce operating cost while still delivering the same level of care,” according to a report from PWC.³ The reality, however, is that consolidation is not producing these sought-after results. Instead, healthcare organizations are dealing with lost productivity and increased costs on both the clinical and IT fronts due to:

- The difficulties associated with managing and paying for multiple systems that are housed under “one roof”
- A lack of standardized processes that emanates from fragmented information technology
- Complex, ad-hoc workflows due to the fact that repetitive systems don’t integrate and share information
- Higher costs linked to too many vendors and duplicated systems

In addition, with disparate systems coming into play, workflow challenges are proving to be especially burdensome. For example, when chest x-rays are read on one system while mammograms are handled on another, the disconnect makes it difficult for radiologists to physically complete their work. Similarly, IT professionals are struggling to keep up with implementation, integration, and maintenance duties associated with managing so many systems.

These challenges are exacerbated by the fact that organizations are under increasing pressure to share information as emerging value-based care models place an emphasis on high quality clinical outcomes. At the same time, patients are driving their own health decisions and are demanding to send their own data to medical providers ahead of a visit, to access their images after the delivery of care, and to send their data to other providers if they so wish.

To garner the intended benefits of consolidation, healthcare organizations must acknowledge the need for scalable enterprise data management strategies and implement technologies that will simplify workflows while supporting secure image viewing across the entire continuum of care. Vendor neutral archives (VNA), PACS, and enterprise viewers are among the solutions that can help. Together or individually, these systems can assist radiologists by tapping into the intended advantages of consolidation, instead of struggling against the challenges that mergers can create.

To learn how Watson Health solutions can drive your organization’s enterprise imaging strategy, visit us at ibm.com/watson-health/imaging.

About Watson Health Imaging

Watson Health Imaging, a segment of IBM Watson Health, is a leading provider of innovative artificial intelligence, enterprise imaging and interoperability solutions that seek to advance healthcare. Its Merge branded enterprise imaging solutions facilitate the management, sharing and storage of billions of patient medical images.

With solutions that have been used by providers for more than 25 years, Watson Health Imaging is helping to reduce costs, improve efficiencies and enhance the quality of healthcare worldwide.

Footnotes:

1. [Hospital 'merger-mania' keeps up momentum. Fierce Healthcare. Jan 2017.](#)
2. [In the Heights: The Radiology 100 achieves a new high, steady growth prevails. Radiology Business Journal, Nov 2016.](#)
3. [Size Should Matter: Five ways to help healthcare systems realize the benefits of scale. PWC. Mar 2016.](#)

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