



#### The Proposed Northwestern Collaboration with NA-MIC

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#### Who are we? 3 separate (non-profit) entities

- Northwestern University
  - Feinberg School of Medicine
    - Department of Radiology
- Northwestern Medical Faculty Foundation
  - Multi-specialty physician practice
    - 500 physicians, 1000 healthcare professionals
- Northwestern Memorial Hospital
  - 700 bed facility

#### **Department of Radiology**

- 60 radiologists (46 FTE)
- 28 radiology residents
- 285 Staff
- 400,000 radiology procedures per year
- Large research operation
  - MR
    - Neuro and Functional MRI
  - Cardiac CT and MR
  - (Digital) Mammography
  - Informatics
    - Largest GE PACS R&D partner 1999-2004

#### **Clinical Environment**

- 70 modalities from 11 vendors
- Large GE PACS
  - 1.9 million studies
    - 145 million images
  - 30 diagnostic workstations; 70 other workstations
  - Ubiquitous web access
- Large Cerner RIS
- 100% human dictation and transcription
  - Homegrown Lucene index of 2M reports

#### Academic Radiology

- C linical work
- R esearch
- E ducation
- A dministration
- M anagement

Continuous pressure to increase volume, accuracy and efficiency of these tasks







## Trouble in Paradise (I)

- Clinical Workstations
  - Commercial workstations typically cannot be "evolved" by the end users
  - GE has not innovated the PACS workstation in several years
  - GE Advantage Windows, other specialty workstations, and PACS workstation pathways not converging (fast enough?)
  - GE is investing in other areas (EMR, etc.)
  - Market driven engineering does not work
    - Vendors (including GE) focus on sales requirements of early and late majority
      - The latter have not reached impasses that early adopters have already reached and will never ask for things that they have yet to imagine

#### Trouble in Paradise (II)

- Research (Workstations)
  - Imaging research perfomed in the lab on MatLab, IDL, (and vtk and itk?!)
    - Trapped forever in the lab?
  - Difficult to find, de-identify and work with large number of clinical studies
  - Difficult for clinical radiologist to find time to collaborate with their basic science peers

#### Our little Nirvana

- Build a (open source) workstation that meets the needs of both the clinical and research medical imaging communities
- Leverage off of existing NA-MIC / Slicer strengths in the research space
- Have a clinical / research mode switch
  - Warn of experimental use in research mode
  - De-identify in research mode

#### Requirements

Clinical

#### • IHE Reporting Workflow

- Hanging protocols
- Bread and Butter Vis.
- Bread and Butter Regis.
- Annotation and Markup
- Reporting
- QA/QC
- FDA

#### • Advanced apps

- Advanced Vis
- Advanced Registration
- Advanced Segmentation

Research

- LONI pipline
- Both
- DICOM WG23
  - Feedback to developers
  - Rapid release cycle

# What is IHE?

#### IHE

Integrating the Healthcare Enterprise<sup>TM</sup> "A **process** that drives the use of existing standards to solve complex healthcare information processes that span multiple, heterogeneous information systems."

**Healthcare Site** with Vendor expertise **Complex Problematic Process** involving heterogeneous information system Healthcare Site Includes IHE **Integration Profile** in RFP Proposed solution **Professional Societies** Using existing standards Demonstrate/Educate That solution exists **IHE Technical Framework** details solution Vendor tests solution Vendor implements solution at Connect-a-thon into **REAL** product www.radiology.northwestern.edu

# IHE Radiology Integration Profiles





İHE



Workstation

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# Commonalities

- Make a worklist
- Query for the worklist
- Claim a workitem
- Tell when you start
- Tell when you finish
- Store (and commit) your results
- Tell what you did
- Automatic handoffs no fumbles



## Reporting

- IHE Reporting Workflow SETS YOU FREE
  - Exposes worklist driven workflow
- 5 ways to report: N, SR, MadLibs, VR, HT, SYB
- DICOM S/R provides the object architecture
  - Integrate "evidence documents" such as CAD and measurements
- Must be able to deliver HL7 v2 ASCII rendition
- Need to freely convert to/from HL7 CDA (xml)
- Need standard lexicons (BIRADS, RadLex)
- Need library of standard radiology report templates (CDA)
- Need "advanced" communication options



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#### **TRIP**<sup>TM</sup>

#### Transforming the Radiologic Interpretation Process

Improve the **QUALITY** and **QUANTITY** of work performed by radiologist in digital environment

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# Other interesting things

- Change the way radiologists work;• Integration of all modalities reduce variance
- Affects all of CREAM
- Improve delivery of radiologist value add to referring physician
- Software instrumented to document and feedback  $\Delta$  in Q and Q to radiologist
- Navigation
- Auditing / Logging

- - Image
  - 2D, 3D postprocessing
  - CAD
  - Sound, sonification, audification
  - Work management
  - Time management
  - Interruption management
  - Communication management

# Hanging Protocols

- Must be DICOM Part 60 compliant
- Must support all (17?!) DICOM Image Objects
- Must be very robust
- Must be configurable based on procedure code, etc., etc.

# Bread and Butter Vis, Reg, Seg

- 3D MIP, MPR, surface render, etc. built into routine viewing (of appropriate data sets)
- Simultaneous rendering of single frame of reference stack
- Facile routine operations
- IHE Image Fusion
  - Deformable Spatial Registration Object
    - DICOM Supplement 112
  - Color Softcopy Presentation State Object
    - DICOM Supplement 100

#### Annotation and Markup

- caBIG Imaging Workspace developing SIAM
  - Standard for Image Annotation and Markup
  - DICOM S/R versus/compatible with XML and Grid Services
  - Semantic interoperability of annotations
- DICOM Key Image Notes for clinical use

#### QA / QC

- Technical quality of images
  - Feedback to technical staff
- Report discrepancies
  - Peer review

#### DICOM WG 23: Application Hosting

• "Plug-ins" for clinical diagnostic workstations





# What does NA-MIC Northwestern look like?



## Why?



#### A "Translation Station" for Radiology

- Clinical efficiency for the radiologist
- Development platform for radiology research
- Evaluation and validation of new functionality
- Facile collaboration between clinicians and researchers
- Rapid iteration cycle

#### **Next Steps**

- Northwestern team to attend Project Week with intent to understand Slicer 3 architecture and integration points.
- Awaiting funding decision on collaboration from NIH