# Clario's Smart Worklist

Clario is committed to increasing radiology

productivity with a worklist designed to work for you.

## How to get data from your hospitals (and why you should)

Data has become critical to running a business. This is why the most crucial business task for every radiology practice is to get access to all data related to the exams they read. This includes the order and report messages (HL7) and image data (DICOM) at a minimum. If your practice does not have this data, there are several concerns. Here are a few:

- The health system will tell you what they think your TATs are, and you will have no way to dispute it or even know if you have an issue that needs to be resolved.

- The health system will decide if and when you will be incorporating technology like AI or quantitative image analysis into your practice. Without data, you are at their mercy.

- Without data you will not be able to generate statistics to "wow" the health system such as subspecialty read rates, inpatient TATs, QA data, critical findings delivery TAT, Technologist QA rates, ED discrepancy findings, etc..

- Without data you will not be able to proactively initiate programs to fix QA issues or delays with certain types of exams.

- Internal decisions related to hiring, staffing and scheduling, performance incentives, and other business operations will often be made based on feelings rather than facts.

Perhaps you can make it a couple more years siloed into your health systems, reading on their systems, without any access to even the reports you create. Over the long term, however, your health system will probably replace you with a practice that can prove the value they are bringing. Or... they will simply start paying you less based upon the value metrics that THEY compute.

We all know that some health systems are reticent to let any data out of their own closed systems. And we're all concerned with HIPAA and security, but still need to deliver excellent care and need data in order to prove our value.

So, how do you get the hospital to provide you with data? The answer is usually found at the top. Start with the C-Suite of the health system or hospital, preferably the CEO, CFO, and/or CMIO.

You need to pitch the idea to the CE-Suite beginning with the overall benefit to the patient population, followed with the benefit to their organization, and then lastly with the benefit to your organization. And like all good pitches, you need to make them want what you are selling, while simultaneously making them feel comfortable they are not exposing their business to risk.

First, explain how providing access to the data would benefit them. Here are some ways:

- Subspecialty reads have a positive impact on patient outcomes and quality of care.  It is hard to get all exams read by the right subspecialist if the radiologists are siloed.

- TATs are lower if the practice can load balance.

- Quality is tracked and improved if the practice can access all the reports they generate from all sites

- Service Level Agreements are adhered to if compliance can be tracked in real time

- Meaningful communication can take place between the technologists and radiologists if it is based upon real statistics

- The radiology practice can take ownership of technologies like AI and specialty quantitative analysis tools without burdening the hospital with these one-off projects that are often still in alpha or beta.

Next, you need to put them at ease. If you have in house IT, have them step up and explain how they intend to keep the data secure. Provide SOC2 or other audits you've engaged reputable firms to conduct on your security posture. If you do not have appropriate IT resource, consider hiring a consulting group to set up your data environment for you. Describe the software vendors you have lined up to help you analyze the data.  Pick vendors who have considerable experience keeping patient data safe and a record of doing so.

Lastly, go for the close. Offer to cover their expenses and offer to provide meaningful results of your analytics or other work based on this data access. This should be a relatively small dollar figure and you're doing the work to produce the analysis anyhow, but it will mean a lot that you are offering. Emphasize that the NEED to do this is not something that Hospital IT determines. They may determine HOW the data connections get made, but the need to do this comes from the need to cultivate a business relationship that can benefit both the hospital and the practice.

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