



VNA Perspective Article

How the VNA Image-Enables Electronic Medical Records

There's a lot of information in an electronic health record (EHR) and integrating clinical images has been historically problematic. The good news is it doesn't have to be that way. Here's how UPMC manages integrating clinical images in their EHR and saves time for their clinicians at the same time.

Abraham Lincoln once said, "If I had six hours to chop down a tree, I'd spend the first four hours sharpening the axe." And it makes sense. When it comes to being efficient, brain is more important than brawn.

Just ask Pittsburgh-based University of Pittsburgh Medical Center (UPMC). This \$19-billion integrated delivery and finance network has 87,000 employees, 40 hospitals, more than 8,000 licensed beds, and 700 clinical locations. UPMC Presbyterian Shadyside has been consistently ranked in *US News & Work report* "Honor Roll".

As part of a joint development agreement with GE Healthcare, UPMC has expanded development of Vendor Neutral Archive (VNA) technology. UPMC has a financial interest in the VNA technology that originally supported only radiology imagery; however, this project has paved the way for consolidation of radiology and non-radiology content storage and retrieval into a single "ecosystem". This new combined functionality, along with the VNA's scalability, offers the optimization of resources that did not exist previously.

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Traditionally if physicians wanted to see clinical images, they had to go to a separate application, sign in, search, and pull up the patient’s image(s) independently. With VNA, UPMC physicians are able to pull up that specific patient’s images.

“It saves the time of signing into an application and searching for that patient,” explains Light. “It makes it easier for the clinicians in the e-record environment – it lets them stay in their workflow application and not have to bounce in and out of things.”

In terms of saving time, UPMC estimates that a clinician saves 1-2 minutes per instance when using the VNA vs. traditional methods. And while that may not seem like a lot, it adds up.

“If you have a primary care physician who sees 25 patients in the course of the day, that adds up to almost an hour that you’re saving that physician by virtue of those little things.”

“URL links are sent to our e-record applications,” she explains. “So, when they get the imaging reports, they can launch the images. For physicians examining a patient who mentions a previous condition, they can simply click to verify a radiology exam to review it. The alternative? Log into a radiology application, sign in, swipe back to the e-record application, and toggle between two.”

“The internet has accustomed us to the click and see what we want,” continues Light. “We are used to it. It’s simple and you don’t even have to think about it.”

This also means big benefits for training. Because VNA is instinctual, it doesn’t require grueling training seminars that mean time away from patients and money from the institution.

“No one has to be trained on it,” contends Light. “When a new clinician starts, they can intuitively see it, how to click, sign in – it just makes sense.

“The VNA is a one-stop access to all of a patient’s images”, she says. “Everything is in a single spot, no matter what it is or what application it comes from.



UPMC is a collaboration partner of GE Healthcare and as a result, has a financial interest in the development and commercialization of certain GE Healthcare next generation imaging products.

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