



*Solutions for the Integration of Patient Information
Established 1992*

March 8, 2011

The purpose of this document is to address a particular issue we face today as an industry growing in need of significant, careful, well thought out storage strategies, or more accurately, data ownership and/or control strategies. This document addresses most specifically why you should NOT purchase a VNA from a PACS vendor. As we know, PACS vendors are responding to consumer demands for data ownership solutions by offering their own flavor of a Vendor Neutral Archive (VNA) to maintain control of their customer's information. Why are they doing this? Because they recognize the increasing market demand for the integration of patient information is becoming more clear and critical. They know the need for data to be interoperable directly threatens their control over healthcare organizations as their systems are extremely proprietary.

We are in this compromised position of information ownership control as a result of being lax on the conformance of industry standards. So how can we change this? Let's start by recognizing healthcare organizations need to take direct action and demand vendors to deliver fully functional systems that adhere to accepted standards such as DICOM 3.0 and HL-7. We also need to educate ourselves on VNA's and their acclaimed ability to enable true data ownership. RSNA 2010 and HIMSS 2011 were a great example of how these demands have come to forefront of Healthcare IT. There, consumers were demanding standards based enterprise solutions for management of clinical content knowing this will help protect their investments by guaranteeing interoperability and longevity.

So let's get right to the point.

Reasons why you should NOT purchase a VNA from a PACS vendor:

- Why do they get religion now?
- No history of neutrality with 'other' vendors unless 'certified' (at a cost of both \$\$ and opportunity)
 - Why would one PACS vendor want to work with another PACS vendor? (Certification)
 - It makes sense that a PACS vendor seeks an internal strategy to make sure their solutions (acquisition, viewing, and infrastructure/VNA) work well within their own system vs. a primary focus on interoperability with other vendors. Let's not fault them for this, after all it has been a successful business model for them to date, but this needs to change!
 - Handing over control of the workflow, integration and data management or ownership is not a revenue producing strategy for the PACS vendors. It will likely never be part of their customer offerings.

Reasons why you SHOULD purchase a VNA from a true VNA company:

Because a VNA is this:

1. First and foremost a true VNA organization has a primary focus and core value to interoperate with each and every vendor including PACS, storage, and EMR's, to the best of their ability. In many cases this will also result in making other vendor's products work better with the VNA, than without them.
2. Many technology components make up this core value:
 - a. Tag Morphing
 - b. Independent ILM Policies for distribution, storage and retention
 - c. Independent Storage Support
3. Experience – The VNA vendor should be able to demonstrate interoperability with every major PACS vendor acting in an archive role, and should have experience migrating from and to each vendor – this means REPLACING the PACS Archive, not just making another copy.
4. Accounts should be referenceable.

Things you will never get from a PACS vendors VNA:

- Certification as a high performance archive with another PACS vendor!
- The flexibility to choose 'ANY' PACS vendor for 'ANY' task (Application) in the future and have it perform as well as "theirs"
- The flexibility to address storage 'applications'
- The flexibility to participate in 'ANY' RHIO or HIE without additional costs due to vendor influence

PACS vendors are now a commodity as long as the customer owns the data

- The PACS vendor's only strategy today is to secure business they already have by NOT losing clients – they believe a VNA will provide this opportunity – they have been successful with the legacy business model.
- The primary differences between PACS vendors today are:
 - Worklists
 - Workflow Management
 - System architecture – some are current, many are not
 - Virtualization is an example
 - 3rd Party Storage solutions is another
 - Marketing applications NOT of their area of expertise such as:
 - Critical Results Reporting
 - Storage Management
 - Document imaging (not document management)
 - They seem to be competing by guiding potential clients/customers to applications 'other' than PACS!
 - Please note, these are first and foremost departmental clinical capabilities – albeit important they do not focus on the core attribute of enterprise access, interoperability across departments/vendors, and longevity

In conclusion this paper has outlined specific reasons behind why buying a VNA from a PACS vendor does not make sense and is in no way a sound business decision for healthcare IT organizations. Here is a phrase I have used for years:

'Ye who owns the network, owns the institution.'

I find it very interesting how this idea has transitioned into:

'Ye who owns the DATA, owns the institution and the network.'

Please remember, a PACS vendor VNA has a lien on the data and the institution. Unless you change who has ownership and control of your data, this compromised position we are in today will never stop, and that doesn't make sense.

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