

Richtige Diagnose



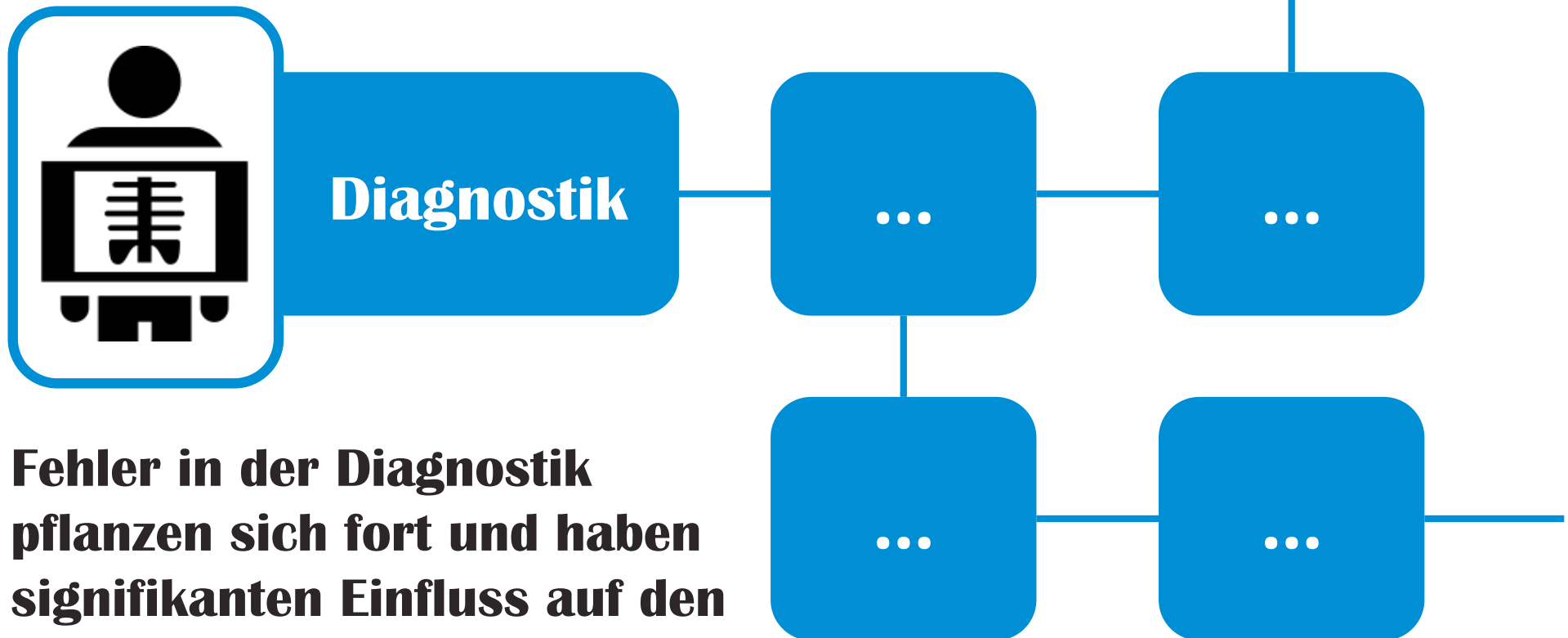
Erfolgreiche Behandlung

Studie zu Zweitmeinung:
nur 25%
von Verdachtsdiagnosen wurden durch
Zweitmeinung von Referenzzentrum bestätigt



**In den meisten
Radiologieabteilungen
wird Qualität nicht
systematisch gemessen!**

Diagnostik steht am Anfang der Behandlungskette



**Fehler in der Diagnostik
pflanzen sich fort und haben
signifikanten Einfluss auf den
Behandlungserfolg**



Radiologie: Kapazitäten?

Jährliche Wachstumsraten



**MR & CT
Untersuchungen**



6%



Radiologen

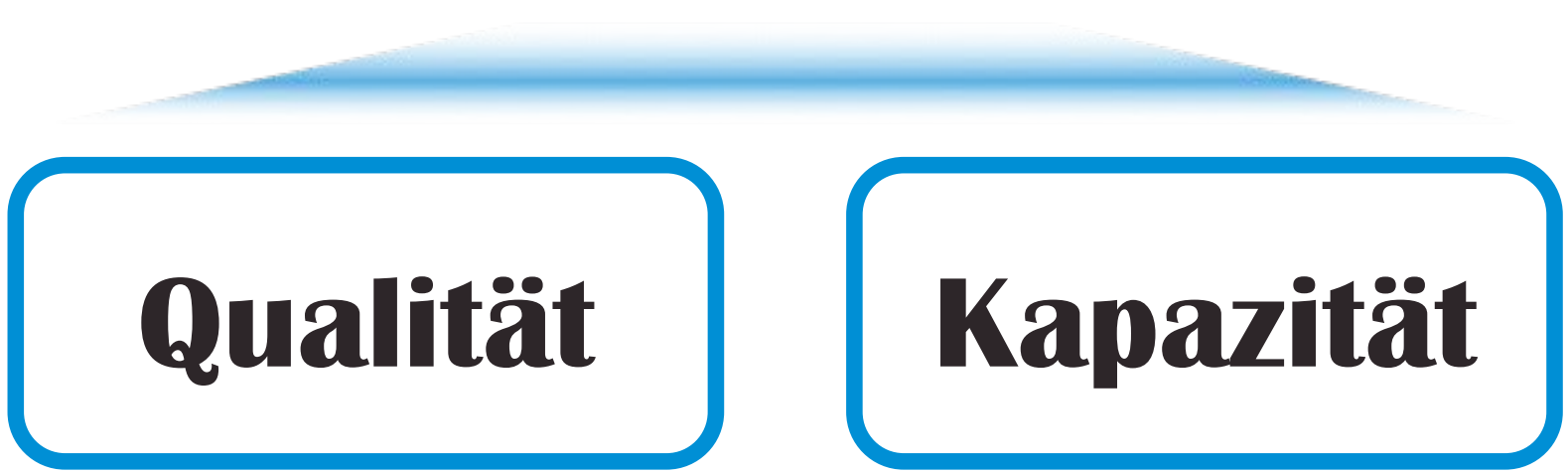


3%

**Bevorstehende Krise:
Radiologenmangel**

Herausforderungen:

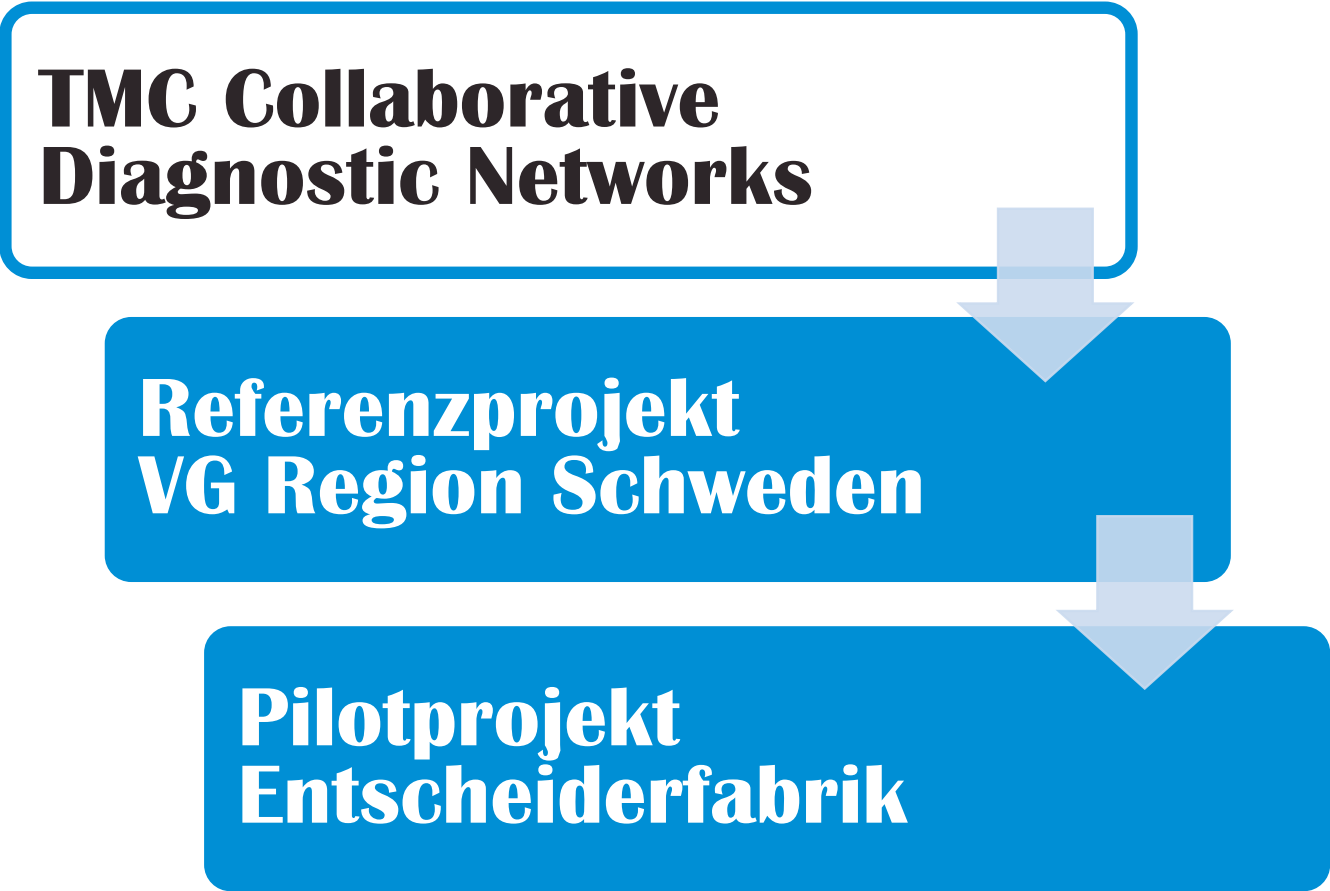
Diagnostische



Qualität

Kapazität

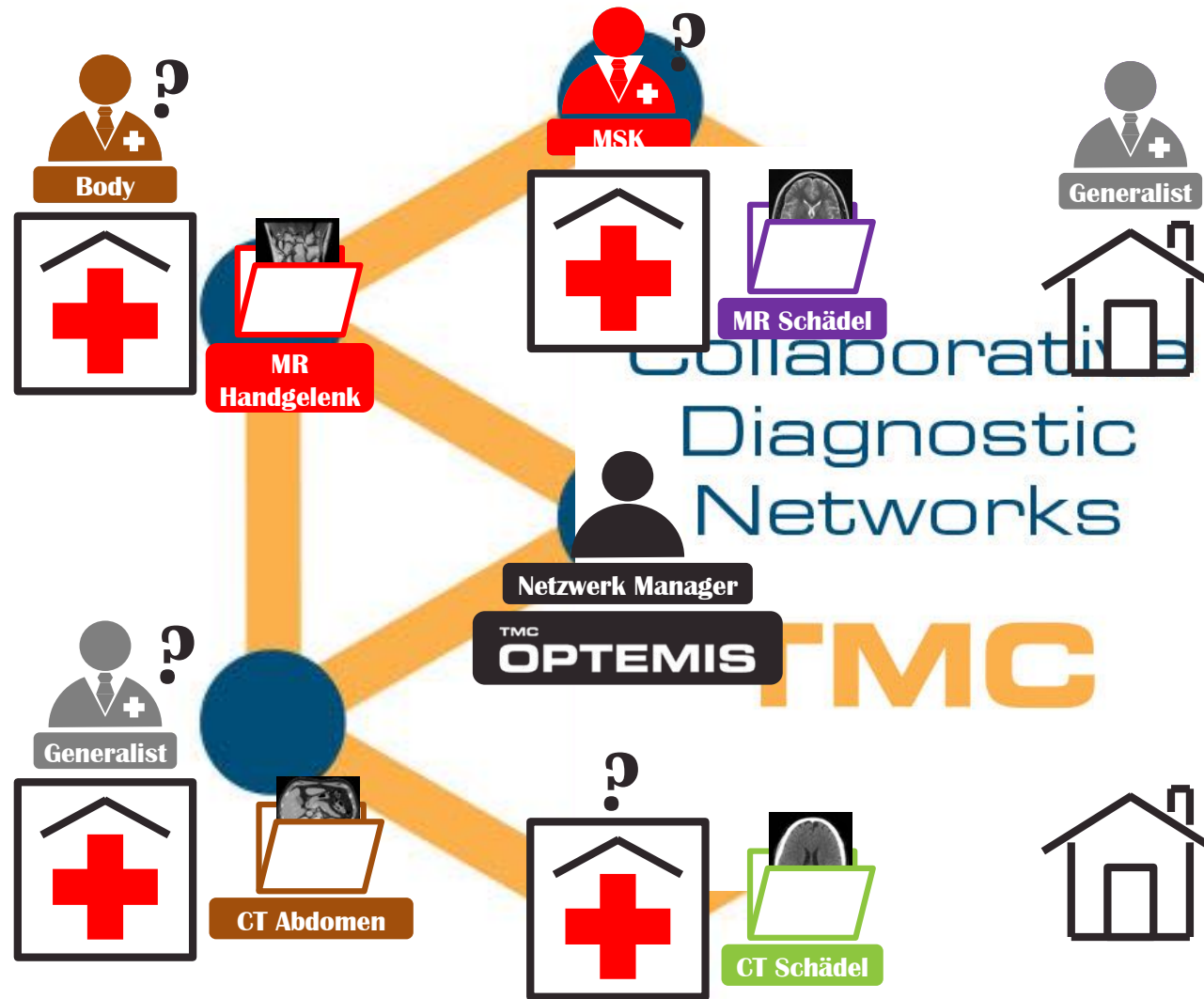
**TMC Collaborative
Diagnostic Networks**



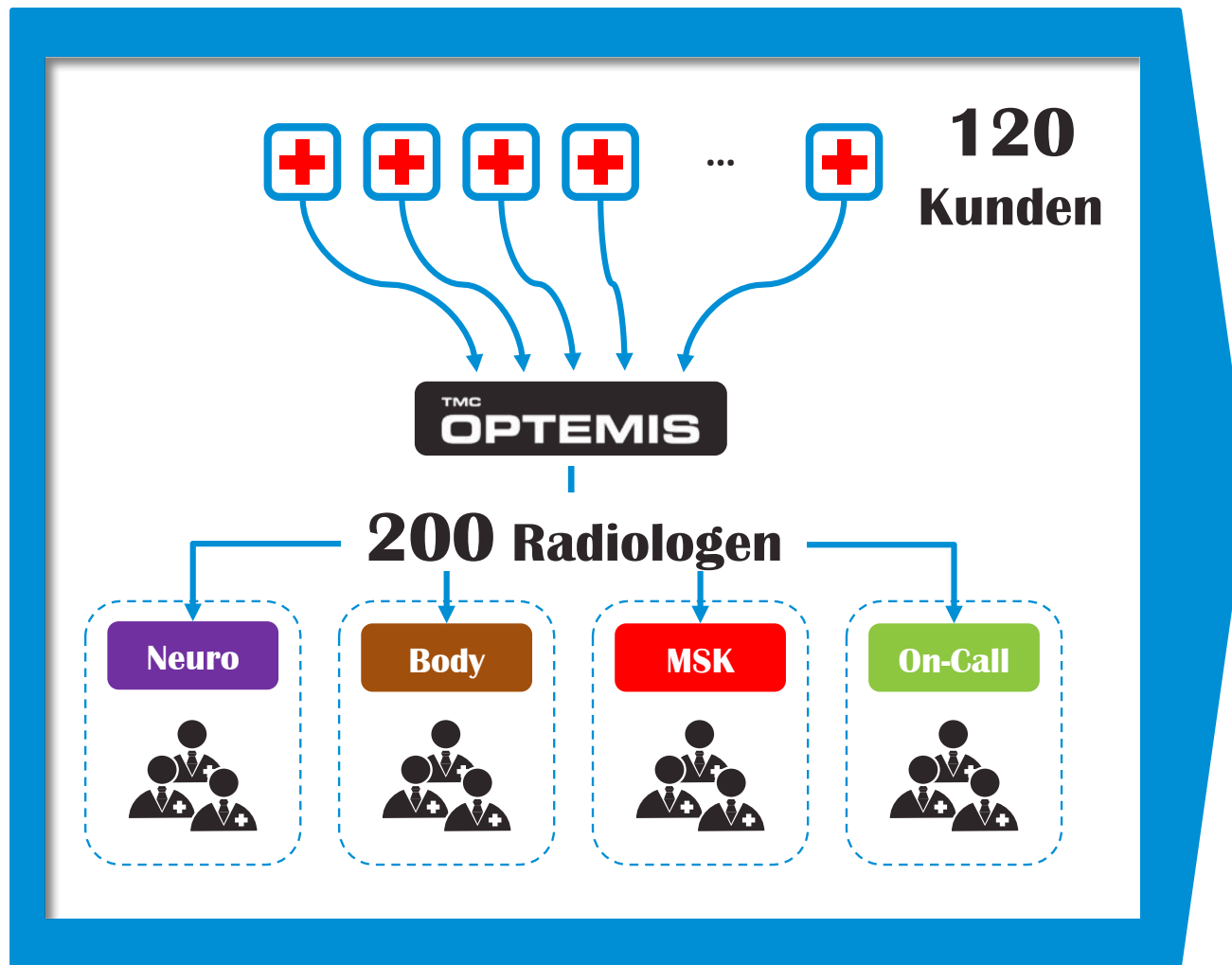
```
graph TD; A[TMC Collaborative Diagnostic Networks] --> B[Referenzprojekt VG Region Schweden]; B --> C[Pilotprojekt Entscheiderfabrik];
```

**Referenzprojekt
VG Region Schweden**

**Pilotprojekt
Entscheiderfabrik**



Warum TMC?



**TMC hat die
Technologie und
das Know-How um
diagnostische
Netzwerke zu
etablieren**

Qualitätssicherung: Zweitbefundung

Erstellt Erstbefund



Erstbefunder

First Reader	OPTEMIS
MRI Spine Lumbar	
LS/S1 Right dominant moderate narrowing of the neural foramen without definite nerve root compression. No significant narrowing of the spinal canal.	

1

Sieht Erstbefund und Zweitbefund mit Korrektur

Second Reader Observations	OPTEMIS
MRI Spine Lumbar	
LS/S1 Right dominant moderate narrowing of the neural foramen without definite nerve root compression. No significant narrowing of the spinal canal.	LS/S1 Right dominant moderate narrowing of the neural foramen without definite nerve root compression. There is bilateral widening of the facet joint spaces and hypertrophy of the ligamenta flava. No significant narrowing of the spinal canal.

3

2



Zweitbefunder

	Full Agreement
	Report Modified, clinically not relevant
	Report Modified, POSSIBLY clinically relevant
	Report Modified, PROBABLY clinically relevant
	Report Modified, ALMOST CERTAINLY clinically relevant

**Korrigiert Erstbefund und
wählt Diskrepanzlevel aus**

**TMC Collaborative
Diagnostic Networks**

```
graph TD; A[TMC Collaborative Diagnostic Networks] --> B[Referenzprojekt VG Region Schweden]; B --> C[Pilotprojekt Entscheiderfabrik];
```

**Referenzprojekt
VG Region Schweden**

**Pilotprojekt
Entscheiderfabrik**

Västra Götaland Region



**Not enough
radiologists**



**Radiologists
mostly generalists**

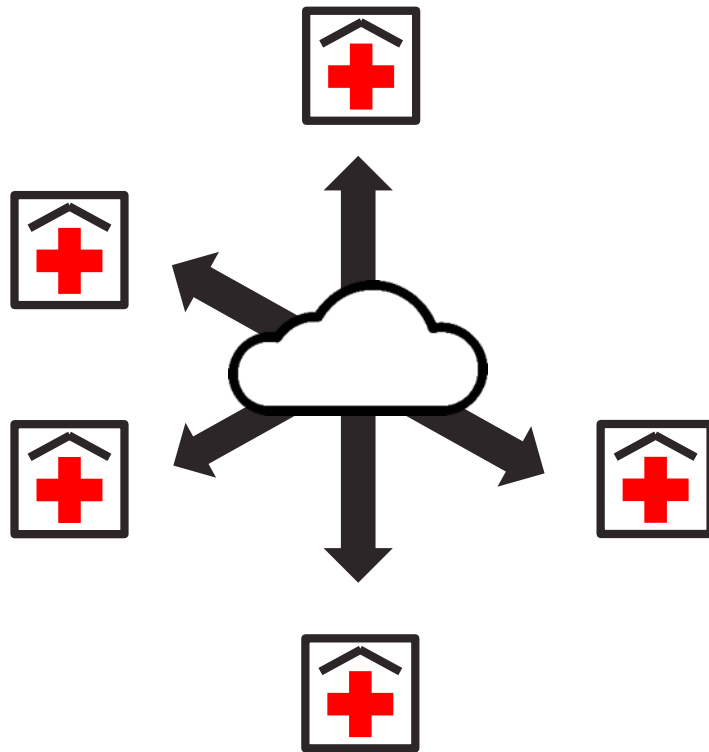


Long waiting lists



**High teleradiology
outsourcing volumes**

**Technology was in place to
share images and RLS info for
many years**



but

No case exchange

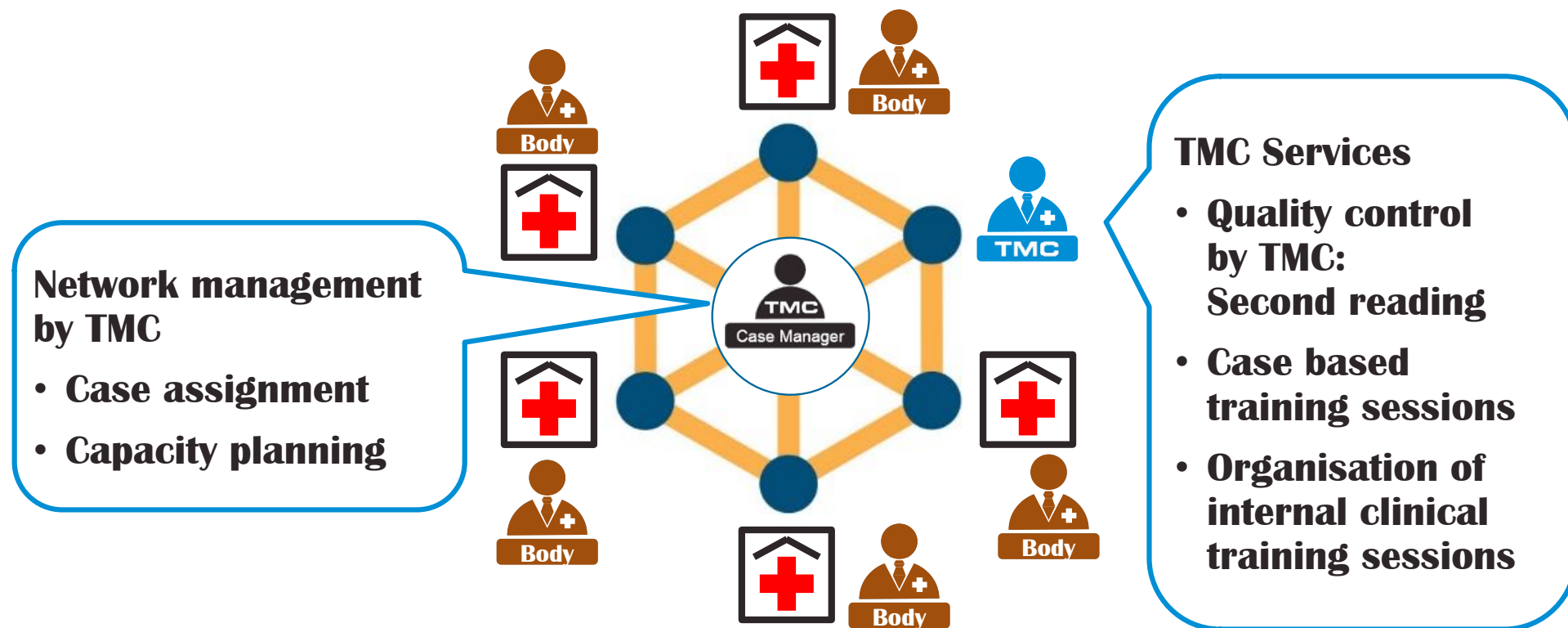


**Missing know-how & tools
for operating network**

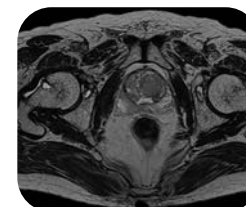
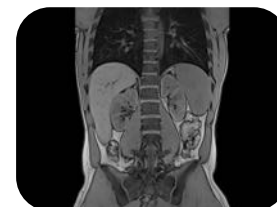


No central management

Body MR subspecialist network



One radiologist per hospital was selected to become MR body expert



Getting everyone on board



All hospitals in network



**University
hospital**



Local managers



Radiologists



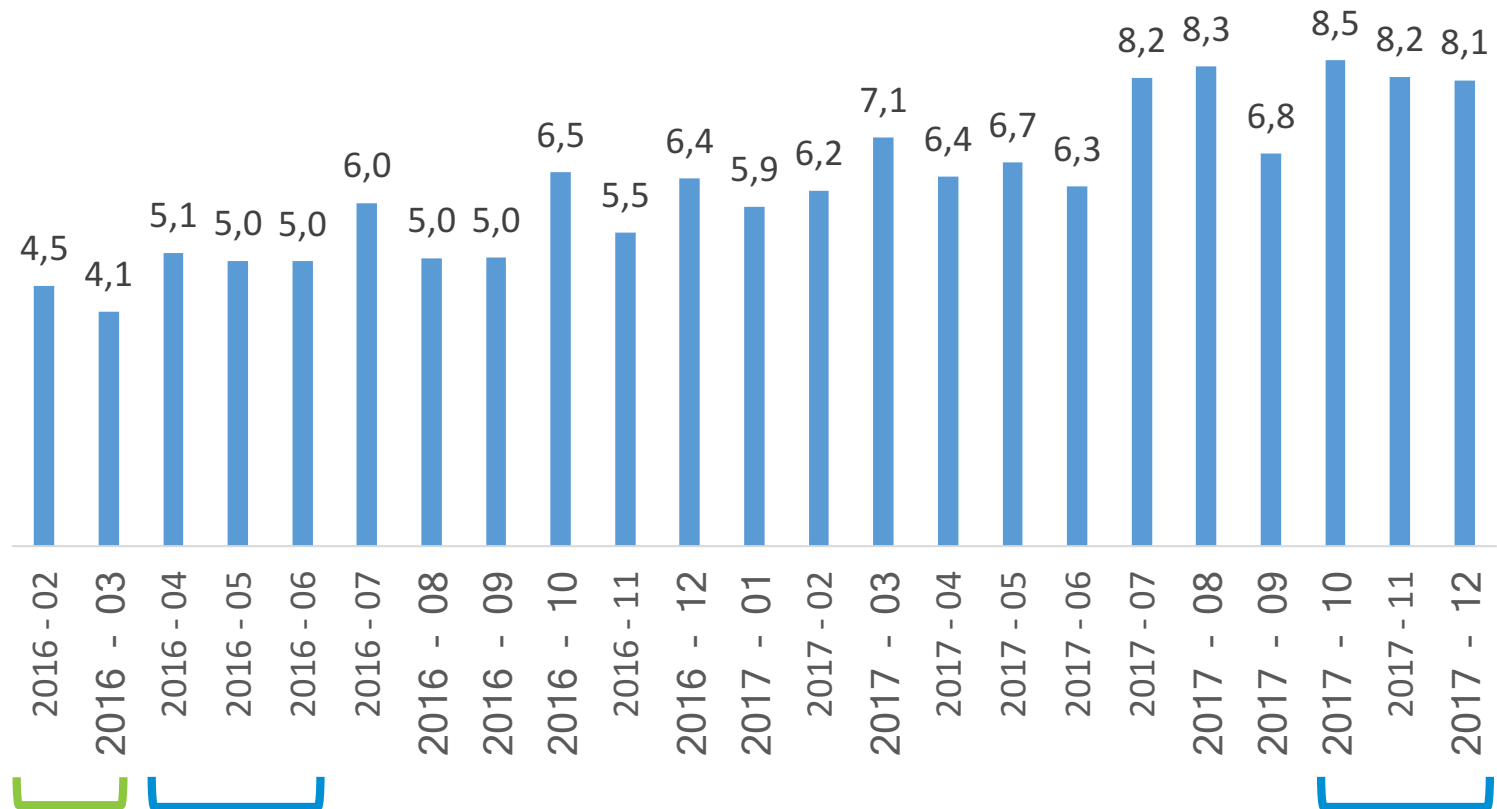
Regional managers



IT

**Results
after 2 years of
operation**

Reporting efficiency (Rad-Units/h)



Introduction phase

- Getting used to reporting environment
- Train voice recognition

5.0



8.2

Efficiency increase

65%

**Reporting efficiency
increase**

65%

**Significant potential for
cost savings**

Quality: Audit before project

Cases with overstaging of tumors



Unnecessary Radiation therapy



**Big impact on quality
of life for patients**

Quality: Training during project

Clinical sessions by



Prof. Lennart Blomqvist



**Karolinska
Institutet**

Second reading by



**Assoc. Prof. Michael Torkzad
and others**

TMC



UPPSALA
UNIVERSITET



**Dr Katarina
Wahlström**

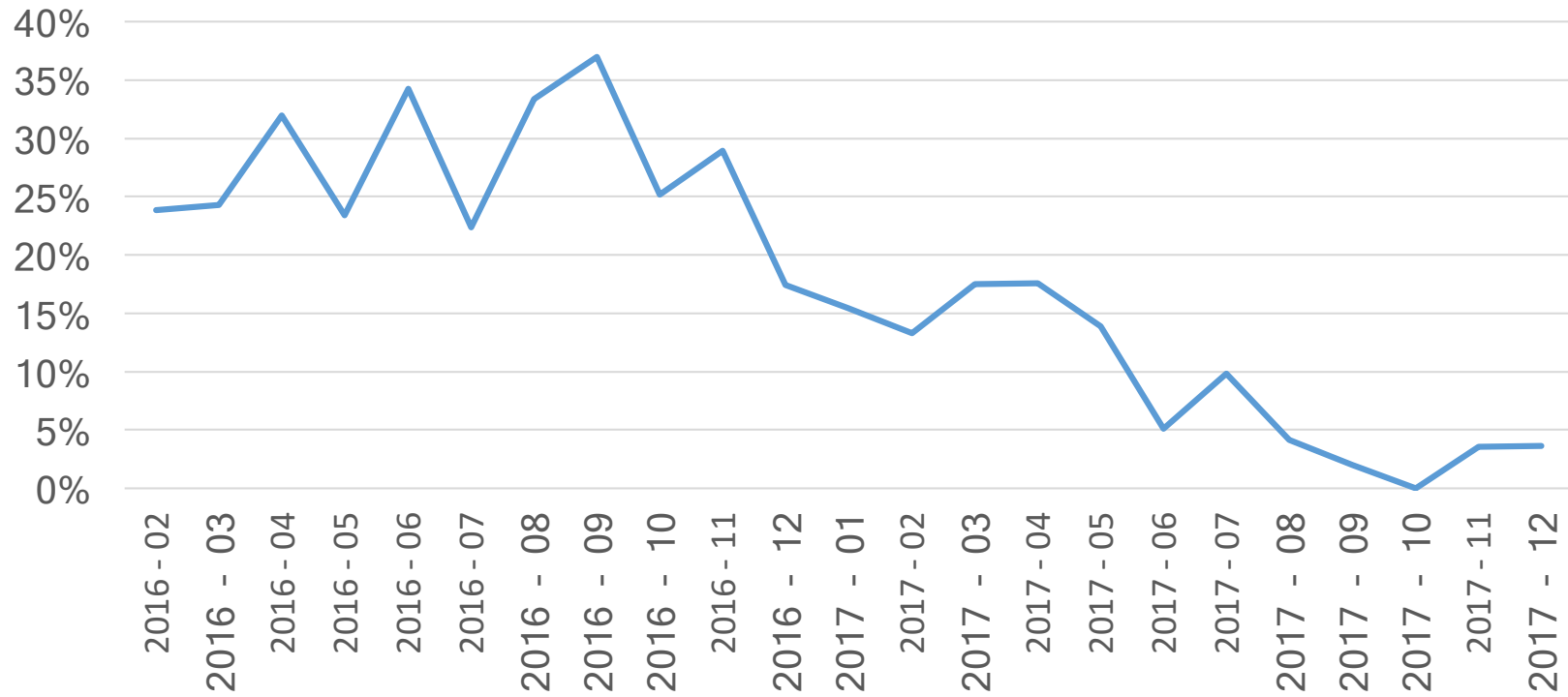


**It made me more
confident!**



Got us to a new level

Potentially clinically relevant discrepancies



27%

2%

Discrepancy decrease

91%

**Potentially clinically
relevant discrepancies
reduced by**

91%

Benefits of higher quality in network

**Same quality
across sites**

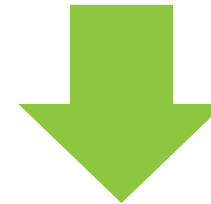
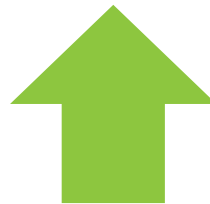
**Fewer
unnecessary
scans**

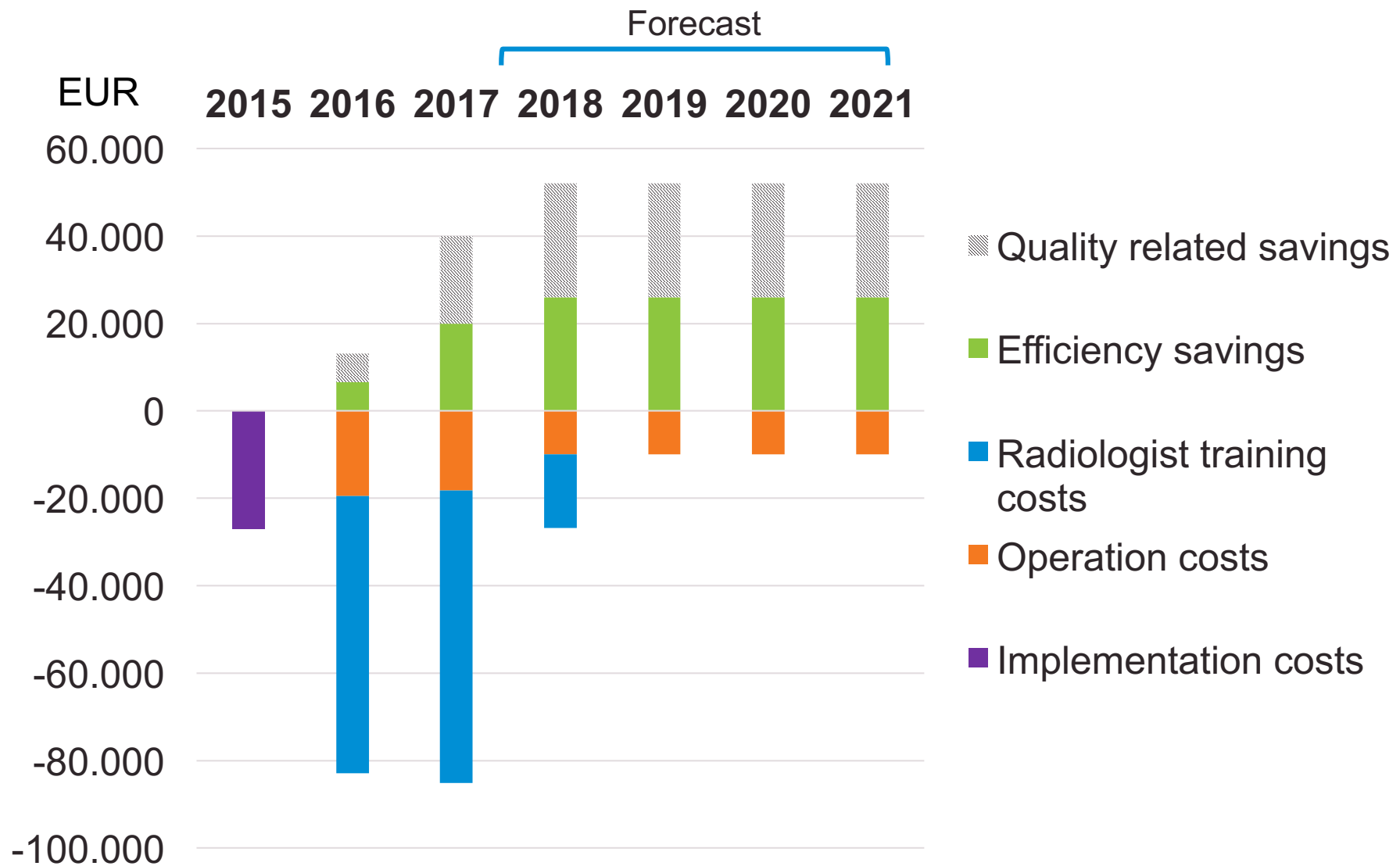
**Reduced length
of stay**

Less delay



**Patient
outcomes**





Initial investment will pay off!

Summary

Diagnostic

Quality



Capacity



Cost savings

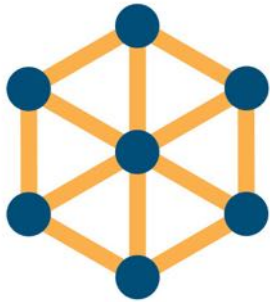
Now we are a more attractive workplace



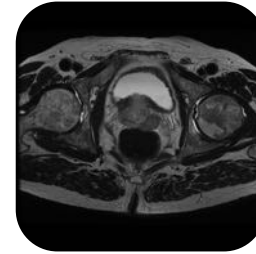
**Our radiologists now can become
subspecialist experts in a mid-sized hospital**



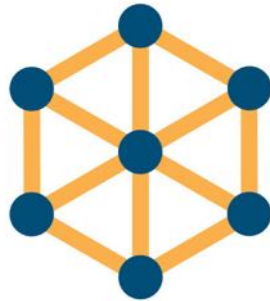
Expansion planned: new networks



HRCT



MR Prostate



MR MSK

Success factor



One hospital took full responsibility

Leadership

**TMC Collaborative
Diagnostic Networks**

```
graph TD; A[TMC Collaborative Diagnostic Networks] --> B[Referenzprojekt VG Region Schweden]; B --> C[Pilotprojekt Entscheiderfabrik];
```

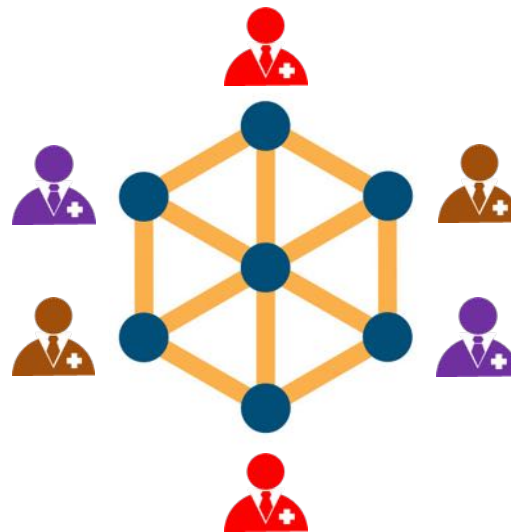
**Referenzprojekt
VG Region Schweden**

**Pilotprojekt
Entscheiderfabrik**

Pilotprojekt Entscheiderfabrik

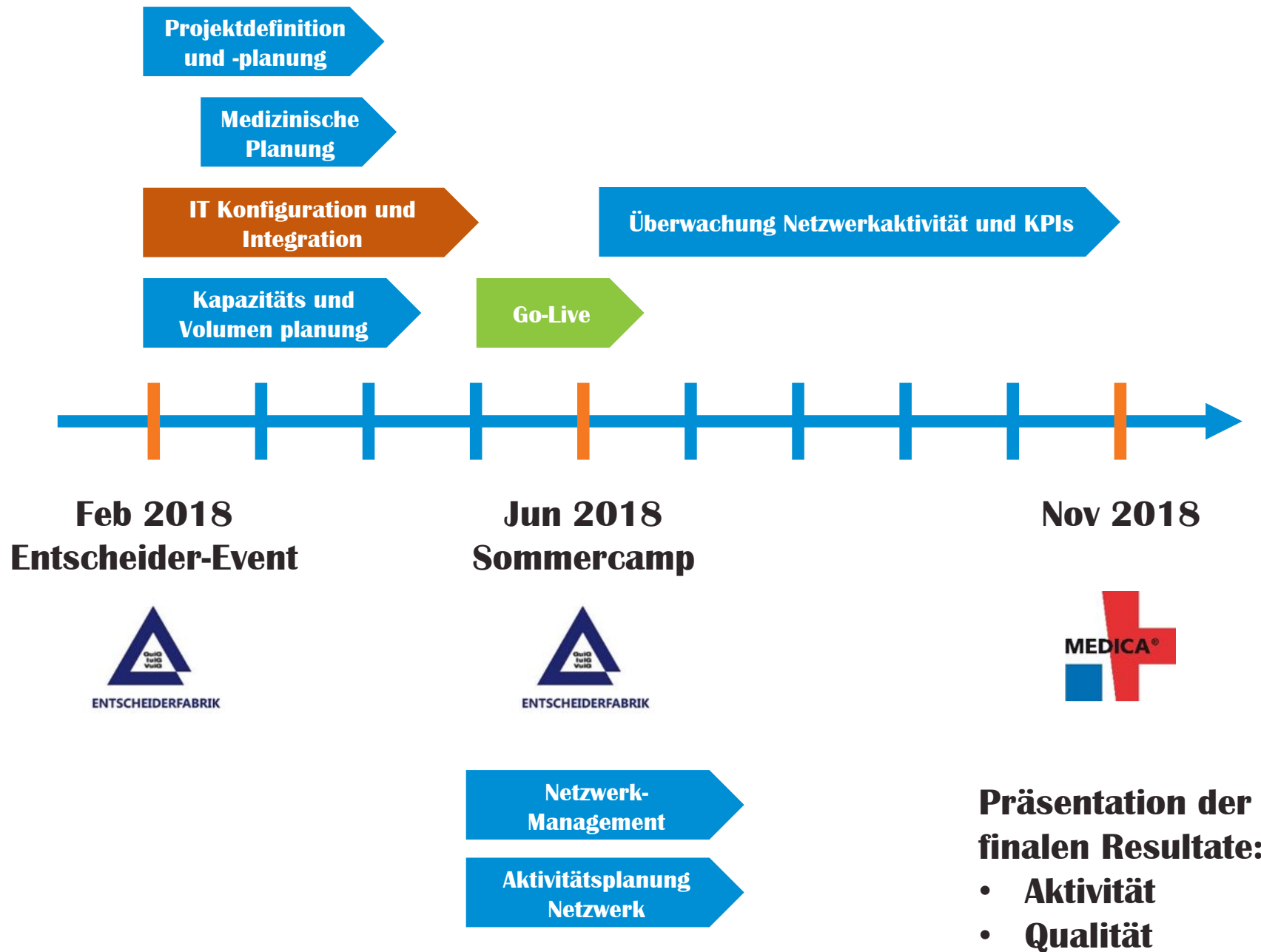
Zweitmeinungsnetzwerk

**Automatische
Zuweisung an
geeignetsten Experten**



**Professionelle
Verwaltung des
Netzwerks**

**Zweitbefundungssystem:
wertvoll für Weiterbildung**

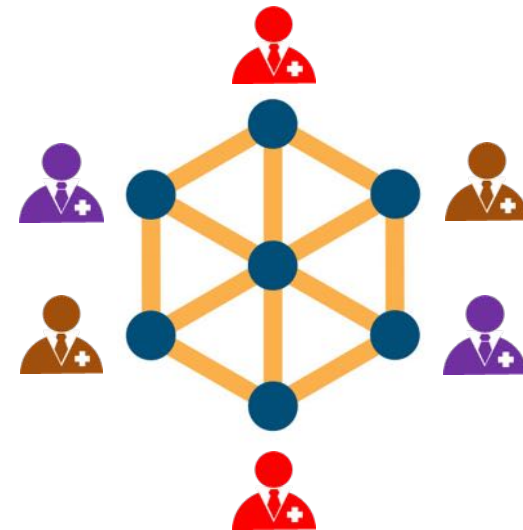


Ausbaumöglichkeit

**Zentraler Bereitschaftsdienst:
Notfallradiologie**



**Erstbefundung im
Spezialistennetzwerk**



**Genehmigung
Teleradiologie nach RÖV**

**Wir suchen 2 Krankenhauspartner
die an Vernetzung interessiert sind**



TMC

Richtige Diagnose



Erfolgreiche Behandlung

Appendix

Rechtlich: Zweitmeinungsnetzwerk



**Fachärzte vor Ort an
allen Standorten für
Stellung rechtfertigende
Indikation**

Reine Zweitmeinung

Rechtlich: Erstbefundungsnetzwerk innerhalb der Regelarbeitszeit

§

**Teleradiologie nach
Röntgenverordnung**

**Nachgewiesener Bedarf
für Kapazität**

Rechtlich: Zentraler Bereitschaftsdienst Notfallradiologie – Außerhalb der Regelarbeitszeit

§

**Teleradiologie nach
Röntgenverordnung**

Regionalprinzip



Cost savings through efficiency gain

Case volumes 2017	1100
Average reading cost per case	60 EUR
Previous reading cost	66,000 EUR
Reporting efficiency increase	65%
New reading cost	40,000 EUR
Yearly cost savings	26,000 EUR

$$\text{Reporting efficiency} = \frac{\text{Complexity of case type}_{\text{constant}}}{\text{Reporting time}}$$

$$\text{Reporting efficiency}_{\text{new}} = \text{Reporting efficiency}_{\text{old}} \times (1 + \text{Efficiency gain})$$

$$\frac{\text{Complexity of case type}_{\text{constant}}}{\text{Reporting time}_{\text{new}}} = \frac{\text{Complexity of case type}_{\text{constant}}}{\text{Reporting time}_{\text{old}}} \times (1 + \text{Efficiency gain})$$

$$\text{Reporting time}_{\text{new}} = \frac{\text{Reporting time}_{\text{old}}}{1 + \text{Efficiency gain}}$$

$$\text{Reporting cost} = \text{Salary factor}_{\text{constant}} \times \text{Reporting time}$$

$$\text{Reporting cost}_{\text{new}} = \frac{\text{Reporting cost}_{\text{old}}}{1 + \text{Efficiency gain}}$$

Average efficiency gain in given year	
2016	11%
2017	43%

VGR beginnt Zweitbefundung selber zu übernehmen

