



What RIS Vendors **Don't Want You to Know**

**Avoiding RISky vendors
and products**

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RIS BECAME POPULAR IN THE MID-1980S. At that time, there were only a small handful of RIS vendors in the marketplace. Today, there are dozens of companies offering RIS products (i.e., almost every hospital information system [HIS] and PACS are accompanied by some type of RIS product). There are now so many RIS products in the market that it can be very confusing for potential buyers to differentiate features and functionality in order to pick the best RIS for their facility. This raises the question, "Are all RIS systems alike and/or are all RIS vendors alike?" Not only is the answer a resounding "no," but there are also things you need to know during your selection process that most RIS vendors would prefer that you didn't. This article will arm you with enough information to ask probing questions that will make even the big-name RIS vendors nervous.

FEATURES & FUNCTIONALITY

When selecting a RIS, as in personal relationships, first impressions are everything. RIS vendors know this and capitalize on that fact. They know that you don't have enough time to fully research your RIS selection, so they devote all their development attention to the highly visible features that you see during a product demo and not necessarily the deeper and more important features and functionality that should exist within the product. I like to refer to this as the "iceberg principle." Just as only about 15 percent of an iceberg is above water (and visible), the same is true with a RIS product. The visible 15 percent is where RIS vendors spend all their efforts because they know that it has to catch your attention and your business. Unfortunately, making a purchasing decision based on that exposed area can be a huge mistake, because it's only when you look beneath the surface that you see how big, solid, and deep an iceberg (or RIS product) really is. Buyers who take the time and effort to look beneath the surface of a RIS product often see a completely different, and sometimes disturbing, view of the product and/or vendor.

Yes, the user interface is important, as are the data fields and their arrangement on the screens and even the screen appearances in general. But, what if the product's features are very limited, and what if the product is not configurable to your specific needs? Then it's like the Model-T cars back in the 1920s (i.e., you can pick any color as long as it's black). What if the RIS has no capacity to grow with your needs? Then it's like putting a goldfish in a small bowl and not being able to change to a larger bowl when the fish inevitably grows larger.

Bottom line: The deeper you look below the surface of a RIS, the more accurate view you will get of that RIS in terms of product depth, features, functionality, configurability, etc. The truth is that most RIS vendors really don't want you looking below the surface. Unfortunately, buyers usually don't examine below the surface until after they purchase. Because of limitations on their time, they make the dangerous assumption that what is below the surface is as good as what is above the surface.

PRODUCT AND COMPANY HISTORY

Some RIS products have been around for many years while others have surfaced in just the past few years. Likewise, some RIS vendors have dozens of customers while others have just a handful. RIS products can generally be compared to wines (i.e., the longer they are around, the better they are).

A RIS product/vendor that has been around for 10 or more years is much more likely to:

- ☀ Contain more useful features
- ☀ Be more configurable
- ☀ Have deep knowledge of radiology information systems
- ☀ Be a much more mature product

Younger products are much more likely to:

- ☀ Contain significant bugs
- ☀ Be designed around input from just a couple of facilities and thus be very limited in features and flexibility

Also, it is important to note that some RIS products were designed strictly for clinics and imaging centers while other RIS products were designed specifically for hospitals. Selecting a RIS for your clinic that has been implemented mostly in hospitals (and vice versa) might result in major problems.

Lastly, does the RIS vendor offer other products such as PACS, HIS, pharmacy, lab, etc.? Or does it specialize in just the RIS product? One advantage of combined products is that they can (but not always) be integrated to optimize the way they work together. The downside is that not all the products in a vendor's product line can be "top of the line." The key, if selecting a multi-product vendor, is to make sure that the RIS is tightly integrated with the other products and that it is capable of handling your needs. Thus, the HIS might be powerful, but the RIS might be very limited. One advantage of going with a RIS specialist is that you know you are getting a "top of the line" RIS from a vendor who knows and understands your needs. The key, if selecting a RIS specialist, is to get the vendor to guarantee connectivity to your other products.

Bottom line: It is important to know how long a RIS product has been on the market and to get a breakdown from the vendor of how many hospital customers versus clinic customers they have. So, if your facility is a clinic, you want to make sure the vendor has a significant number of clinic customers to ensure an understanding of how clinics operate. Likewise, if your facility is a hospital, make sure the vendor has a large number of hospital clients.

REQUESTS FOR PROPOSALS (RFPs)

The purpose of an RFP is to allow the potential buyer to ask a series of questions about features and functionality of a product so that they can make an intelligent purchasing decision. Many times, a healthcare facility does not have the time to create its own RFP so it uses a generic one from another facility or the Internet. Either way, contrary to popular belief, RFPs are rarely beneficial and are basically an opportunity for vendors to legally misrepresent their product. Their defense will be, "Ohhhhh, I didn't know that was what you meant!"

Imagine going through a single day where the only two words that you were allowed to use were "yes" and "no." Those two words certainly answer a lot of questions, but what about all the gray area in between? What if the answer to a given question is "yes" under certain circumstances and "no" under others, but the circumstances were not defined? What if a vendor is limited to answering "yes" to any five items in a list but there are 15 items in that list? Answering "yes" to all of them is not lying because theoretically, the vendor can do any five of them. Hopefully, you are beginning to see the weaknesses of the RFP concept.

Someone filling out the RFP can basically give “yes” answers to everything and feel justified in their answers because the questions were not specific enough or could easily be interpreted in a different way.

Bottom line: If you are going to use an RFP, make sure it is ultra specific regarding your needs so that the chances of misinterpretation are minimized. Also, the needs of your facility are likely to be very different from the facility that originally authored the RFP, so using someone else’s RFP is like taking someone else’s medication – don’t!

SUPPORT

So you purchased your RIS, and the salespeople told you they have excellent 24/7 support and not to worry if you have any problems. The system has just been installed and the installation team has just left your facility and headed to the next install. A question comes up that you need answered, so you call their toll-free support line only to find out that their support comes from Asia, India or some other non-English speaking area. The person you try to talk to can barely speak English, much less understand it. This difficult communication is a major complaint among RIS users because many RIS vendors have outsourced their support outside the country in order to reduce costs.

On the other hand, maybe the RIS support comes directly from the United States, but the support staff is composed of folks who know their product but don’t know the internal workings of a radiology department. Thus, it’s kind of like a male mammo tech performing a mammogram on a woman. He may have the knowledge but does he really understand the procedure the way a woman mammo tech would? The ideal support person for a RIS product is an ex-tech or an ex-radiology manager who has used that particular RIS product. Not only do they understand the product, but more importantly they understand the day-to-day pressures and needs of the radiology staff.

Another important factor regarding support calls is the average time it takes to get a return call and the average time it takes a vendor to resolve an issue. Both of these are great questions to ask the referrals that you contact for a given RIS vendor. If a vendor is understaffed in support, you might wait several days before receiving a return call.

Bottom line: Make sure you know who you will be dealing with in regards to technical support for your RIS. Are they radiology knowledgeable? Can they speak understandable English? Is there ample support staff? What do existing customers think about the support?

COSTS

When you ask a RIS vendor for a price quote, what do you get? You generally will receive a quote that outlines the upfront cost and annual support cost for that particular system. What about the less visible costs such as software upgrade fees, hardware upgrade fees, custom programming fees, license renewal fees, etc.? Not knowing these fees can create major headaches when unbudgeted expenses begin to arise after the installation of your new RIS. To avoid these surprises, you need to ask these questions before you sign a contract:

1) How much do you charge for software upgrades and/or updates? It is not uncommon for vendors to charge 20 percent of

license fees for upgrades in addition to the normal support fee.

2) How much do you charge per hour for custom programming, for programmers versus analysts, etc.? You might not think that you will ever need custom program changes to your RIS, but approximately 80 percent of all facilities will need one or more such changes during the first year of use of their RIS. Imagine using your entire RIS budget to purchase your new RIS and then finding out it will cost an additional \$20,000 (or more) to make a software change that you really need.

3) Will my software license expire, and if so, after how many years? Did you know that some vendors’ license agreements are for a specific number of years? After that, you are required to purchase a brand new license agreement at the then current price.

4) How often do you require that hardware be upgraded? Be aware that the cost to upgrade hardware is sometimes more expensive than the RIS license itself. RIS vendors that use generic hardware have an advantage over those who don’t because you can purchase generic hardware anywhere. If the hardware is more proprietary, you might be limited to purchasing it from only your RIS vendor and at higher prices.

Bottom line: Require that the vendor specify *all* the costs that you *might* incur over the first five years of use of the product.

UPDATES AND UPGRADES

Every RIS vendor would like you to believe that its RIS is a state-of-the-art RIS and that it is updated regularly. The fact is that most RIS vendors update their product every 12-18 months (some even less frequently). This generally does not create a problem unless a new policy of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), American College of Radiology (ACR), or Health Insurance Portability and Accountability Act (HIPAA) gets introduced. Waiting a year in order to comply with regulatory requirements could be an expensive and frustrating issue.

Bottom line: Be sure to ask the vendor about the cost for upgrades and updates as well as for an upgrade/update history for the past 24 months. The answers will give you a good idea of costs and of how often the software is enhanced and/or brought up-to-date.

REFERRALS

Checking out referrals is probably the most important due diligence activity that you will ever perform during the RIS selection process. Your facility is about to make a huge investment in dollars, time, and energy. It just makes good business sense to talk to existing customers because referrals are the absolute best way to get the skinny on vendors and their products.

Unfortunately, when you ask a RIS vendor for a list of referrals, what do you get? Most vendors will give you a very short list of less than five referrals. Guess what? Those referrals will never tell you something bad about the product or the company because they are on the vendor’s “A” list and have some type of referral agreement with the vendor. On the other hand, a vendor who gives you a large list of referrals (20 or more) is much more likely to have great products, and thus happy customers.

Bottom line: Want to get the real scoop on a RIS vendor? Ask for a list of at least 20 referrals and talk to at least two people per referral site. Yes, this can be time-consuming, but all the time that you spend up front doing due diligence will pay tremendous dividends later on.

CUSTOMER PARTICIPATION

Most vendors have a users group and an annual user's conference. It is important to verify this because customer participation in a RIS product is crucial to that product's long-term success. Here are a couple of questions that will tell you volumes about a particular vendor:

1) What percentage of your customers attend your annual user's conference? The average user's conference attracts roughly 20 percent of a vendor's customer base. A level of participation less than that is a red flag because it means that the customers do not consider the conference worthwhile. On the other hand, if the participation level is above 20 percent, that means that customers believe that the conference has significant benefits.

2) Do you hold customer brainstorming sessions during the conference? The reason behind this question is simple. Who uses the RIS, you or the vendor? Then why should the vendor decide which new features to put into the software? In an ideal world, the customers should be able to vote on future product enhancements. The next related question is, "What percentage of ideas that received a majority of customer votes actually get implemented into your RIS?" Maybe the vendor accepts customer ideas, but do they actually follow up on them? Another important related question is, "What is the average amount of time that it takes to implement a customer-voted request and is there an associated cost?"

Bottom line: Are customers allowed to participate in product design and direction, and to what degree? This will let you know just how customer-focused the vendor really is.

CONNECTIVITY

Today, in order to share important information, RIS systems connect to numerous other systems such as the HIS, billing system, PACS, Voice Recognition system, etc. Most of these interfaces are accomplished through the use of Health Level 7 (HL-7). Sounds simple, right? The problem is that there are numerous flavors of HL-7 that are all considered "standard HL-7." An analogy is radio waves. Yes, you can listen to any radio station but your radio has to be able to receive different frequencies of radio waves. Imagine what would happen if a radio manufacturer produced a radio that would only pick up one frequency. The radio salespeople would say, "Yes, we have a radio, and it works great." What they didn't tell you is that their radio will pick up only one frequency. Thus, you can listen to any station provided that you somehow convince the station to transmit at that one frequency. They didn't lie to you. They just didn't disclose the whole truth. Unfortunately, the same is true for HL-7 interfaces. A vendor might claim they will send or receive standard HL-7 messages, but they only accept/send one variation of HL-7 and they expect the other vendors to adapt.

Here are some connectivity questions that will save you a lot of headaches in the future:

1) Are your interfaces flexible enough to adapt to most

variations of HL-7? Often, when you try to interface two systems via HL-7, you find that the two systems are incompatible in some way. The worst-case scenario is when each vendor says the other vendor must be the one to change and you have a standoff. You have to plan for this event before you commit to purchasing a RIS.

2) What are the costs associated with interfacing with other systems? Is there a cost per connection, per system, or per transaction? Interface costs can sometimes exceed the license cost of the RIS. Also, what are the annual support costs for these interfaces?

3) What mechanisms does the vendor have in place to track/debug interface issues? It is imperative that the RIS communicates effectively and efficiently with other systems. Sooner or later, the interface will experience problems. It is important to know that the vendor has tools and experience in handling such issues. In fact, when you call a vendor's referral customers, a great question to ask is how often the interfaces go down and what is the average length of downtime per occurrence.

Bottom line: Find out up front if the vendor is able and willing to interface to your other systems, and also how much the vendor will charge you to interface to each of the systems the RIS needs to communicate with. What connectivity guarantees, if any, do they offer?

FINAL WORDS

The questions and topics discussed in this article hopefully reveal the complexity of the RIS selection process as well as how many ways that RIS vendors and products can differ. Selecting a RIS without performing the due diligence activities described in this article can easily result in a RIS that falls short of your expectations and creates extra work instead of less for your department.

It is highly recommended that you, as an individual facility, closely consider all the topics and then prioritize which ones are most important to you. Then, you can rank the answers from each vendor in order to make the optimal purchasing decision for your facility. The last tip is this: if you begin asking your questions and the RIS vendor gets nervous and/or fails to answer them in precise terms, run the other direction as fast as you can!

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