



# RADIOLOGY FINAL READS

**Maximize your efficiency and access to comprehensive subspecialty expertise for final interpretations – ensure patients receive the same level of patient care at 2 a.m. as they do at 2 p.m.**

Since 2004, facilities of all sizes across the United States have found significant clinical, operational and financial benefits in using vRad’s experienced, subspecialty-trained radiologists for final radiology interpretations 24/7/365. Instead of starting each day with preliminary report over-reads from the previous night and running into backlogs of cases, vRad client radiologists start their day focused on new patients. vRad clients save, on average, 26 working hours per week by doing today’s work today. This time can be spent reading new, higher-value studies or expanding your practice.

No matter where your patient is located or what your patient’s imaging requirement may be, you can have immediate access to high-quality subspecialty radiology expertise for your final reads. This is vitally important as innovative health care organizations strive to enhance patient care with comprehensive subspecialist access and decreased time to diagnosis and treatment – all within an increasingly stipend-free operating environment.

## vRad’s Final Interpretation Solution

- Enable your radiologists to start their day fresh, by avoiding morning overreads
- Increase your subspecialty offerings
- Maintain staffing coverage 24/7/365
- Increase your productivity, efficiency and bottom line
- Allow time, through added productivity hours, to extend your reach in the community
- Comply with Medicare claim submission requirements
- Prevent delayed reimbursement from carriers due to jurisdictional mismatches or difficulties completing enrollment applications
- Manage your workload and enhance your radiology team’s work/life balance
- Customize final interpretation reports to your requirements
- Integrate our interpretations directly into your system

## vRad Highlight: Billing Solutions for Final Reads Made Easy

The billing rules for outsourced final interpretations may appear complex, but vRad’s proven process and experienced team make it simple. We guide you through every step – from enrollment to payment.

Billing options for final interpretation clients:

- **Payer Direct** - A low maintenance option. Rather than pay an interpretation fee and then file for payer reimbursement, vRad bills payers for its services directly. You save time and administration, and reduce reimbursement risk.
- **Fee for Service** - Maintaining billing control. You pay vRad a fee for all interpretations performed; you bill commercial third-party payers directly and vRad bills Medicare and reimburses you for interpretation fees you’ve already paid, less administrative costs.

*“vRad helped us move to final reads, which has made the reading process cleaner and more efficient for our department and improved turnaround times for our medical staff. By removing the headaches and redundancy of prelims, I have more ‘found time’ to manage our department and focus on strategic department issues.”*

JR Rockhold, Director of Radiology,  
Greater Regional Medical Center, Creston, Iowa



50%+

Percentage of vRad reads issued as final reports.

## Receive vRad's Complimentary Clinical and Operational Benefits

- **Custom Structured Reports** - Select a standard formatting template or establish a facility-wide custom template based on over 20 customizable attributes
- **Order Management System (OMS)** - Online resource for managing and monitoring real-time information and communications on your patient orders
- **24/7/365 U.S.-based Operations Center (OC) & Technical Support** - Single point of contact for clients, medical facilities and radiologists to quickly get your team the answers they need
- **Stroke Protocol Study Urgency** - Stroke cases designated with our highest prioritization and fastest turnaround time target of under 20 minutes
- **Trauma Protocol Study Urgency** - Trauma cases automatically “unbundled” and assigned to multiple radiologists to read concurrently for faster results
- **Radiologic Protocol** - Technologists can send an online protocol question to a vRad radiologist prior to scanning a patient through the facility's OMS worklist
- **Critical Findings Protocol** - Strict process and robust support deliver rapid communications and reportable documentation
- **Quality Assurance Portal** - Easy, online access to submit and manage QA cases
- **Comprehensive Analytics Options** - From our Teleradiology Metrics Report with teleradiology performance data, Global Practice Information Report with 24/7 cross-practice metrics, to our Hospital Insight Report for hospitals and health systems, get customized data and insight unavailable in your existing systems – delivered right to your inbox

## vRad Highlight: A Full Suite of Radiology Subspecialty Expertise

Imaging modalities continue to increase in complexity, increasing the importance of subspecialty expertise and driving greater demand for radiologists with the relevant expertise to ensure more accurate interpretations. However, many hospitals and clinics simply don't (and can't) have specialty radiologists on staff when they need it – where they need it.

vRad final read clients can have access to radiologists fellowship-trained in the following subspecialties:

- Abdominal Imaging
- Musculoskeletal Imaging
- Pediatric Radiology
- Breast Imaging
- Neuroradiology
- Thoracic Imaging
- Cardiac Imaging
- Nuclear Medicine
- Vascular Interventional Radiology

## vRad Snapshot

- Founded 2001 — a MEDNAX Company (NYSE: MD)
- 500+ U.S. board-certified and eligible radiologists, the majority whom are subspecialty trained
- 2,100 hospital, health system and radiology group facilities served in all 50 states
- U.S.-based, 24/7 operations and technical support center
- World's largest and most advanced PACS
- The largest — and only — radiology patient care benchmarking platform (vRad RPC<sup>SM</sup> Indices) for statistically significant national and peer performance comparisons
- 18 issued patents for innovation in telemedicine workflows and data normalization; additional patent pending on deep learning applications for computer assisted diagnostics
- Nationally recognized for innovation and clinical leadership, including ranked #3 on the InformationWeek Elite 100 list among U.S. healthcare & medical innovators

Sample Healthcare Facility		Report by vRad	
<b>Final Radiology Report</b>		24/7/365 assistance	Call: 866.941.9696 Online chat: <a href="https://access.vrad.com">https://access.vrad.com</a>
<small>SAMPLE REPORT - Patient information removed.</small>			
<b>Patient Name:</b>	Doc, Jane	<b>MRN:</b>	M00000745
<b>Date of Birth (Age):</b>	9/14/YYYY (32)	<b>Gender:</b>	Female
<b>Accession:</b>	642.D02JDD	<b>Date of Exam:</b>	7/10/YYYY 11:36:33 PM
<b>Referring Physician:</b>	James Smith, MD		
<b>IMPRESSION:</b>			
1. Small focal white matter hyperintensities. Consider demyelination, migraine headache change, vasculitis, or early chronic microangiopathic white matter change. This is unchanged from 6/6/YYYY.			
2. No enhancing lesions. No acute infarct. No intracranial hemorrhage.			
3. There is no interval change from the prior examination.			
<b>EXAM:</b>			
MR: Head Without and With Intravenous Contrast			
<b>CLINICAL HISTORY:</b>			
The patient is a 32 years female. Sudden onset of unresponsiveness and total body weakness with inability to speak.			
<b>TECHNIQUE:</b>			
Magnetic resonance images were obtained of the head/brain without and with intravenous contrast in multiple planes.			
<b>CONTRAST:</b>			
9 mL of MULTIHANCE was administered intravenously.			
<b>COMPARISON:</b>			
MR SCAN 6/6/YYYY 2:49:53 PM			
<b>FINDINGS:</b>			
<b>Hemorrhage:</b> No intracranial hemorrhage.			
<b>Brain:</b> T1W/T2 lesions demonstrate a few scattered white matter hyperintensities measuring up to 4 mm in diameter. There is no associated edema. No abnormal enhancement. No restriction of diffusion to suggest acute infarct. No mass.			
<b>VENTRICLEs:</b> Unremarkable. No hydrocephalus. No midline shift.			
<b>BONEs:</b> Unremarkable.			
<b>SINUSes:</b> Unremarkable as visualized. No acute sinusitis.			
<b>Other findings:</b> None.			
Dictated and Authenticated by: (RADIOLOGIST NAME) 7/10/YYYY 11:58:08 PM Pacific Time (US & Canada)			
Thank you for allowing us to participate in the care of your patient.			
<small>This information is confidential and is intended to be private communication. It is intended only for the use of the patient. Release of this message by anyone other than the intended recipient is prohibited. If you are not the intended recipient, any comments, copying, distribution or any other action, or failure to take the necessary measures to protect this information may be unlawful. If you received this communication in error, please notify us by telephone, as the return of this document is not an arranged.</small>			

Sample of a vRad Final Report

Find out how vRad's final interpretation solution can help you make better decisions for the health of your patients and practice. Contact vRad today at **800.737.0610** or go to **www.vrad.com**.

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