ViewPoint™ 6 Provides Consistency From Start to Finish

A seamless reporting experience for sonographers and clinicians



"ViewPoint 6 provides a seamless experience for all stakeholders, whether it's the sonographer, the performing provider, or the referring provider. Our sonographers can focus on being sonographers and I can focus on caring for our patients."

Dr. Daniel Kiefer
Maternal Fetal Medicine specialist
Women's Care Florida, Orlando, Florida

As a Maternal-Fetal Medicine (MFM) specialist, Daniel G. Kiefer, M.D., performs high-risk pregnancy ultrasounds and consultations for patients referred to him by 30 to 40 obstetricians in the Women's Care Florida network in Orlando. Of the 3,000 to 4,000 deliveries the referring providers see each year, approximately 20 percent to 25 percent have a high-risk diagnosis that necessitates specialized assessment. Dr. Kiefer consults with these patients and manages the high-risk aspect of their pregnancies. We asked Dr. Kiefer to comment on the experience of installing ViewPoint 6 for his consultative practice in Orlando and why he is now a strong advocate of the software.

What exams do you perform in your practice?

Approximately 60 percent to 70 percent of my practice involves doing detailed anatomical surveys for patients in the second trimester of their pregnancy. Another 10 percent of our patients see me in the first trimester because of significant medical complications like diabetes or a prior poor obstetric history. The remaining 30 percent of the practice involves follow-up ultrasounds for moms or babies that have problems that include diabetes, hypertension, fetal anomalies, or complicated multiple pregnancies. We continue to follow this group of patients for the duration of their pregnancy.

Can you comment on the implementation process and your interaction with the GE Healthcare team?

My experience was excellent. This was the first time I had the opportunity to customize an imaging program to suit my specific requirements. We did the implementation before the practice opened, and the team came down to ensure I had what I needed. We looked at how I wanted to construct my quick reports, what preferences I wanted to include, and how I could make ViewPoint 6 the most efficient for our practice. We created 20 to 30 different report templates that encompass just about everything we do. For instance, we have them set up for singletons, for twins, as well as for the various trimesters. They are also set up to meet reporting standards and to facilitate claim reviews from an insurance company[1].

It took about a day to set up my reports and two weeks of using them to work out any issues. The GE Healthcare team walked me through the workflows, showing me how to use the program and provided elbow-to-elbow support. They gave me such a good education that once we were up and running and wanted to refine a report or a workflow, I had enough tools to be able to do it myself without needing additional support.

Can you describe a typical workflow using ViewPoint 6?

When a patient is scheduled in our EHR (Electronic Health Record), the order is created and sent to ViewPoint 6 and the ultrasound machines. The patient record is pulled up on the ViewPoint 6 worklist, which initiates the report. As the sonographers are scanning the patients, I can watch every image as they're taking it from my own workstation. The sonographers create quick reports based on the type of exam they're performing. I have a preliminary report in my hand almost immediately as well as the report on the screen. I can consult with the patient and then go back later to complete the ultrasound report, which goes back into the EHR to complete the outbound order we initially generated.

What are the greatest benefits of the software for your practice?

Quick reports and placeholders have made my life easier. Our reports may be three to five pages long, depending on the complexity of the exam, but I can create them in two to three minutes because of all the data that can be auto-populated with the content we pre-defined. With quick reports, the only thing my sonographers need to focus on is whether there is any abnormality or anything that deviates from the norm. They have minimal work when it comes to generating the preliminary report for me.

I can use the new placeholders to create a summary that gives referring providers a quick overview of what we found and what needs to be done next. Each report looks customized for the specific patient but involves minimal manual work because of all the data we pull directly from the fields in the report. The placeholders have certainly improved accuracy, because the sonographers no longer have to transcribe items. Before ViewPoint 6, there were invariably mistakes based on human error, and it took more time to achieve an accurate report. Now we don't have data transcription errors because we don't need to transcribe anything.

Another feature I appreciate is the ability to put specific images into the report with a single click. I can click on the image, such as an anomaly or location of the placenta, to put in the report so the referring provider doesn't have to look through 50 to 150 images for the pertinent finding.

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Has ViewPoint 6 helped with any other functions you do regularly?

Yes. Being able to import the relevant ICD 10 diagnosis codes[2] into ViewPoint 6 has made it easy for the sonographers and me to assign codes and for our coders to associate the correct diagnosis code with the correct CPT (Current Procedural Terminology) codes for billing. We put the CPT codes at the top of each report with a word description of why we're doing this particular exam. At the bottom we have the diagnosis codes associated with that exam. Particularly for obstetrics, the diagnosis codes are difficult because they change based on the gestational age. ViewPoint 6 has the ability to match a code with the gestational age seamlessly as well as choose which fetus is being diagnosed when you have multiple gestations. I can also copy forward diagnosis codes that will stay with the patient throughout her pregnancy. We don't have many rejections from insurance companies because we get the codes right on the initial claim. And if they need to see the reports, it's very clear what exam we did and why we did it.



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How has ViewPoint 6 affected exam length?

Being able to customize the program has been incredibly helpful and shaved minutes off of every exam. Because the sonographers don't have to take additional time after the exam to prepare the initial report, there is little downtime for the patient or the ultrasound room. I can consult with the patient almost immediately after the exam is completed. If you think about it, if we scan 20 patients in a day and save just three minutes generating each report, we give ourselves an additional hour to do something else, whether it's seeing additional patients or just taking a breath.

Would you recommend ViewPoint 6 to other MFM departments?

Absolutely. Viewpoint 6 allows for a very seamless experience for all stakeholders, whether it's the sonographer, the performing provider, the referring provider, or our revenue cycle team. There's consistency across the platform, and the transfer of data is done seamlessly creating little opportunity for error. Sonographers can focus on being sonographers and I can focus on caring for our patients.

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[1]statement refers to US Medicare guidelines

[2]this feature is intended for coding and billing only and not for diagnostic purposes

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