



Portable Data for Imaging - PDI

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IHE Radiology Technical Committee

David Clunie, RadPharm, Inc.



PDI – The Landscape

- **Film is dead**
- **Ordering physicians need electronic replacement for film**
- **Transfer and referral of patients to other physicians and facilities need electronic replacement for film**
- **Cross-enterprise network sharing is not here yet**
- **The most widespread media choice is CD**

PDI -The Problems

- In the film world, looking at images was easy; in the digital world, this has been complicated
 - Can I read the CD ?
 - Can I view the images ?
 - Can I import the images ?



PDI – The Problems

● Barriers to viewing

- On-board viewer may not execute, or not be adequate, or not be familiar to user
- Non-standard or poorly implemented standard media may fail to be readable by previously installed viewer

● Barriers to import

- Non-standard media, incorrectly implemented standards
- Difficulty of reconciling different patient identifiers

PDI – The Solution

- **PDI goal**

- is to increase the chances that the contents of the CD can be viewed and imported

- **Single solution**

- for both viewing and import use cases
- because sender can't anticipate recipient's needs

- **Standards-based solution**

- existing DICOM standard CD is the basis of PDI
- PDI adds constraints to maximize the chances
- PDI adds features to support easier access

PDI – The Solution

● PDI add constraints

- Only uncompressed images
- Only CD media
- Some restrictions on layout

● PDI adds features

- Explanatory text files
- Security good practices
- Optional executable on-board viewer
- Optional “web content”, viewable in browser
- Physical labeling recommendations

PDI – The Solution

- The importance of a statement by the American Medical Association Expert Panel on Medical Imaging:

“All medical imaging data distributed should be a complete set of images of diagnostic quality in compliance with IHE-PDI.”

- The panel emphasized that:

“This standard will engender safe, timely, appropriate, effective, and efficient care; mitigate delayed care and confusion; enhance care coordination and communication across settings of care; decrease waste and costs; and, importantly, improve patient and physician satisfaction with the medical imaging process.”

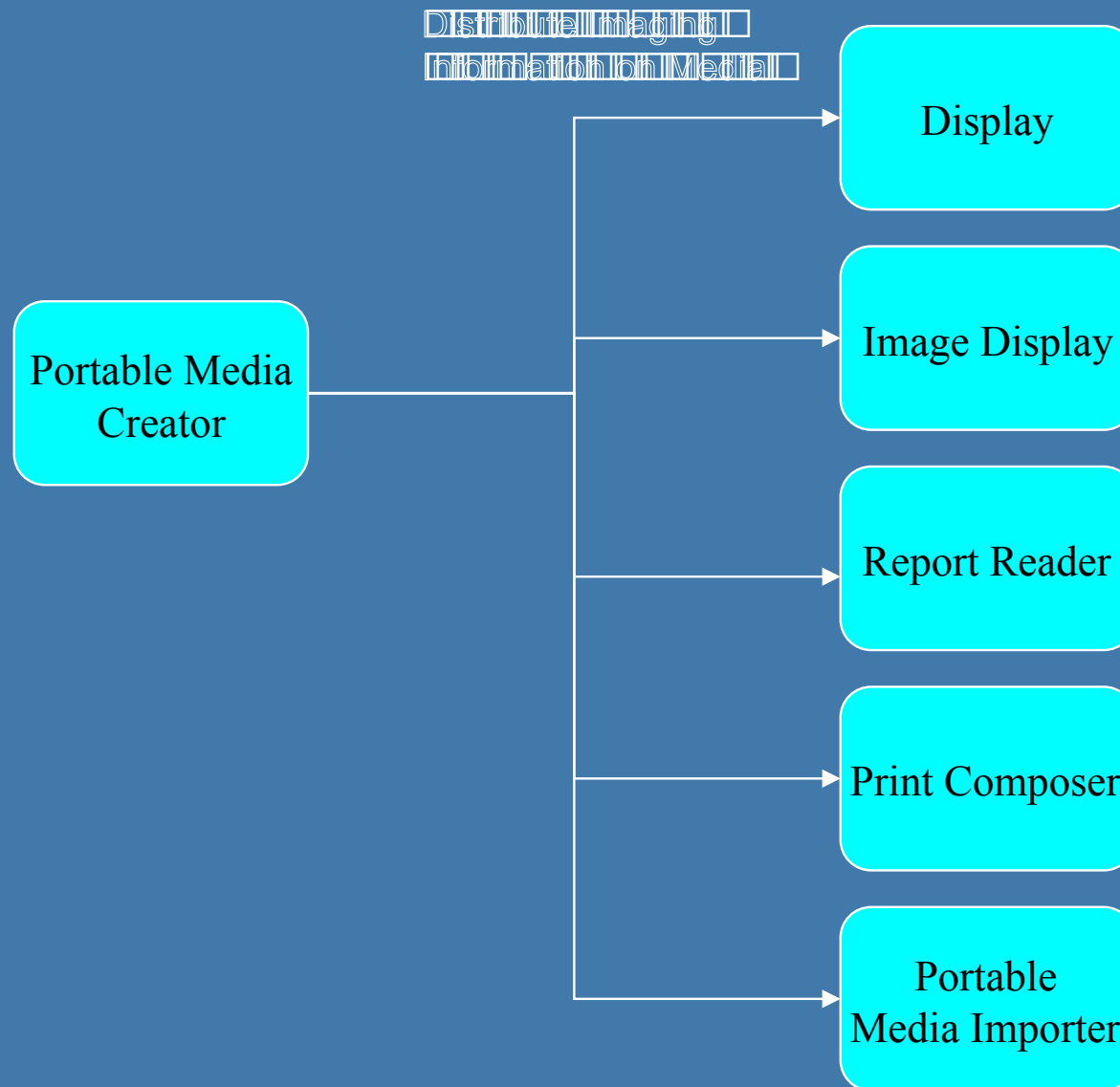
PDI – Validation

- **Interoperability validation is vital for media**
 - On the network, problems are
 - Immediate, unambiguous
 - Rapidly resolved
 - With portable media
 - Long delays in detection and recognition
 - Ambiguous or unknown source vendor/version
 - Long delays in resolution
 - Large volume of non-interoperable media created due to delays
 - Recipients lack technical expertise to debug problems
 - Standard set by film
 - No interoperability problems

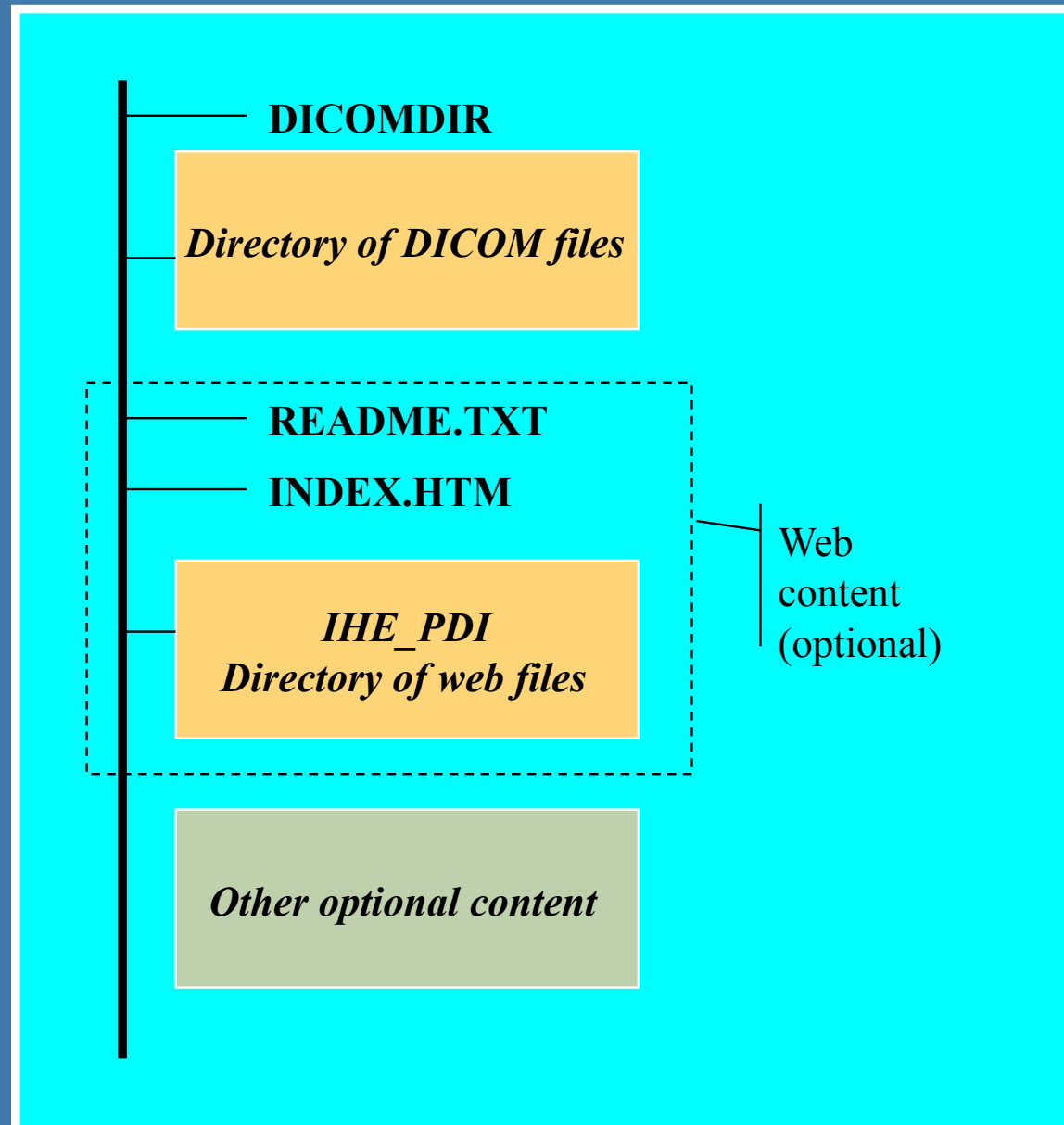
PDI – Validation

- **Validation of *devices* at IHE Connectathon**
 - Portable Media Creators
 - Portable Media Importers
- **Validation with *IHE sample PDI media***
 - Anyone can test Portable Media Importers
- **IHE PDI media *validation software***
 - Anyone can test Portable Media itself
 - Debug problems with unreadable media
- **Currently is no IHE PDI “certification”**
 - Contrast with German DRG process

PDI – Actors and Transactions



PDI – CD Structure



PDI – Web Content Option

- Goal is to address users who can't, won't or do not need to import or view DICOM images
- Any Internet browser should be able to display web content (hence constrained file types)
- Web content, if present, is required to reflect “*the full set of the exported DICOM data or a subset considered at the time of creation to faithfully represent the patient's clinical condition*”
- E.g., may be just images selected by key image notes, if present

PDI – Non-goals

● Viewers

- Does not mandate (or prohibit) the presence of a viewer included on the media
- Does not specify requirements for viewer features
- Does not mandate that any viewer support all objects on the media

● Reports

- Recommends but does not mandate the presence of a report
- Does not restrict the format of any report that is present (can be DICOM, or other)

PDI - Adoption

- Only a few remaining PACS vendors fail to create PDI media and use proprietary formats
- 3rd party creators have embraced PDI
- Most DICOM creators upgraded to PDI
- Still, few CDs in the field are perfectly compliant, but most are “readable”

PDI - Problems

- **Uncompressed CDs too small, too slow**
 - Very large cross-sectional datasets (CT/PET)
 - Very large images (mammograms)
 - Multiple prior studies
- **Spanning multiple CDs - hard to view**
- **Media has no privacy protection**
- **Viewers are not standardized**
- **Divergence from national requirements**
 - DRG in Germany, Australia, UK

PDI - Extensions

- **Year 11 (2008-2009) work in progress**
- **New media types**
 - DVD – higher capacity, now widely interoperable
 - USB memory – high capacity, high speed, incremental
- **Compression**
 - Lossless and lossy
 - JPEG and JPEG 2000
 - Supported by existing DICOM profiles
 - Linked to DVD and USB options

PDI - Extensions

- **Year 11 (2008-2009) work in progress**
- **Privacy protection option**
 - Password-based encryption
 - Per file using DICOM secure media profile
 - Does not require installation or administrator privileges for recipient
- **Sending software option**
 - On-board software to DICOM network send
 - Including decrypt, decompress, unsupported SOP Class fall back conversion, import reconciliation

Basic Image Review Profile

- **Year 11 (2008-2009) work in progress**
- **Requirements for an on-board viewer**
 - Support for all objects on the media
 - Side-by-side series comparison
 - Synchronized scroll/zoom/pan
 - Cross-referencing of location
 - Thumbnail based navigation
- **Obvious to use: standard icons, tool tips**
- **No “non-diagnostic” disclaimer !**

PDI – Conclusions

- PDI good
- Proprietary media bad
- Poor quality DICOM/PDI also bad

- PDI is the new “standard of care” – sites may not be paid and may be liable if not
- Sites responsible to be sure media is PDI compliant – use 3rd party software if primary PACS vendor is inadequate