Rad AI

Executive Briefing

Navigating the PowerScribe® 360 End-of-Life: A Roadmap for Radiology's Next Generation Platform

For more than a decade, PowerScribe® 360 dominated radiology reporting — so deeply embedded in workflows, muscle memory and the rhythm of reading rooms that, for many, it simply became the way radiology was practiced. That era is coming to a close.

With renewal and maintenance ending Aug. 31, 2026, and full support ceasing in 2027, practices now face a critical decision about how to migrate a mission-critical system that touches IT infrastructure, clinical workflow and daily radiologist experience. The platform hasn't seen significant updates in nearly a decade, and its sunset is both a deadline and a torch passing: The speech recognition era is giving way to cloud-native reporting.

The transition is significant but so is the opportunity. For the first time in two decades, radiology has a genuine opening to reimagine how reporting works from the ground up. A multidisciplinary panel of clinical, operational, technical and implementation experts convened during a webinar to provide a practical framework for navigating this moment confidently.

Tom Hasley
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Rishi Seth, MD
Chief Medical Information Officer
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A Four-Dimensional Framework for Transition

Navigating a platform migration of this scale requires more than an IT checklist. The panel examined four interdependent dimensions that every organization must address, and where the most consequential decisions get made.

- **Clinical** — At the center of any reporting platform transition is the radiologist. How do you protect workflow continuity, preserve each physician's individual voice and reduce cognitive load rather than add to it?
- **Operational** — The human side of change is consistently the most underestimated variable. Phasing, champion identification, early adopter programs and change management strategy often determine whether an implementation succeeds or stalls.
- **Technical** — Cloud-native infrastructure isn't just a buzzword. It fundamentally changes release cadence, integration flexibility and long-term scalability. Understanding what's under the hood matters as much as what's on the screen.
- **Financial** — Licensing is just the starting point. Total cost of ownership (TCO) includes migration complexity, potential infrastructure requirements, IT staffing impact and outside costs from third-party integrations.

> *"This is a long-term strategic decision. You have to look at not just whether it's similar to what you were using before but whether the technology is the right technology for the next 10 years."*
>
> — Paul Lipton, Lead Product Manager, Rad AI

How LucidHealth Navigated a Reporting Transition

As a physician-led network serving more than 140 healthcare facilities across six states, LucidHealth wasn't migrating a single practice — they were consolidating a fragmented landscape of legacy systems (PowerScribe, Fluency and Dragon Medical One) across multiple markets and 300+ radiologists onto a single cloud-native platform. Tom Hasley, CIO, came to the webinar from the other side of that project.

LucidHealth's journey began not with a full reporting migration but with a single module: AI-generated impressions. The efficiency gains were immediate and measurable enough that when the decision came to consolidate their entire reporting stack, the technology already had credibility with the radiologists who would be using it. That sequencing — trust first, then transition — helped shape what followed.

From there, LucidHealth moved deliberately. Rather than a simultaneous cutover across all markets, they transitioned practice by practice, physician group by physician group — allowing the team to concentrate support, learn in real time and course-correct without organization-wide disruption.

As the rollout matured, they formalized an early adopter program: a cohort of radiologists who would preview new releases, surface issues before broad deployment and serve as internal advocates. On a cloud-native platform where updates arrive continuously rather than annually, that feedback loop became an ongoing operational asset, not just a go-live tactic.

Hasley's candid takeaway for organizations beginning this process was that technology is only part of the equation. The human dimension of change is consistently underestimated and consistently decisive.

> *"A radiologist champion is important. If you don't have a radiologist champion in your organization, you're going to struggle with any implementation. The radiologist is the end user — you need someone who understands the technology as well as the product and efficiencies of it."*
>
> — Tom Hasley, Chief Information Officer, LucidHealth

Clinical Considerations:
Protecting the Radiologist's Bandwidth

Dr. Rishi Seth reframed what the radiology report actually is: not a documentation artifact but the radiologist's clinical judgment, expressed in their own voice, delivered simultaneously to ordering physicians and — under the 21st Century Cures Act — to patients themselves. That framing set the stakes for everything that followed.

> *"The highest level of acceptance is with personalization. We can create generic impressions, we can create generic reports, but that leads to radiologists having to make adjustments — and you lose your efficiency, you lose the benefit of decreasing cognitive load when you're adding a different type of cognitive load."*
>
> — Rishi Seth, MD, Chief Medical Information Officer, Rad AI

What Distinguishes High-Acceptance AI Reporting

Personalization over genericization — Generic impressions force radiologists into constant manual corrections, replacing one cognitive burden with another. The highest acceptance comes when AI learns each radiologist's individual phrasing and style. Rad AI's side-by-side comparisons show their personalized model outperforms generic and open-source alternatives — the difference shows up in whether radiologists actually trust and adopt the tool.

Frictionless design, not feature accumulation — Dr. Seth was emphatic: More options don't make a better product. Radiologists are already navigating daily workarounds with custom scripts and non-standard microphones. The goal isn't to digitize those habits — it's to eliminate the need for them. The harder vendor question isn't what the platform looks like but how it was built and by whom. Radiologists should be leading design, not be consulted after the fact.

Error detection as a trust-builder — AI that catches mistakes in workflow before finalization has become a patient safety consideration, not just a convenience. With the Cures Act delivering reports to patients in real time, accuracy stakes have never been higher, and tools that consistently make radiologists better build compounding trust over time.

The learning curve is real and manageable — No transition eliminates the adjustment period. The goal is moving radiologists through it with the right support: at-the-elbow help, template flexibility and a product that compounds efficiency rather than frustration.

Operational Considerations:

Why Change Management Is the Hardest Part

Lisa Soltz identified the human dimension of migration as consistently the most underestimated variable — and the one most likely to determine success or failure. The tactics below aren't theoretical: They're drawn directly from what worked, and what didn't, across implementations at organizations like LucidHealth.

> *"The human side of this type of change is the hardest part, and it's usually the most overlooked. To take something that's been around for 10 or 20 years — that conversation needs to be at the forefront of discussions."*
>
> — Lisa Soltz, Vice President of Implementations, Rad AI

Tactics That Drive Successful Transitions

Start vendor conversations now — Third-party integration vendors (i.e., RIS, PACS, worklist, etc.) operate on their own timelines, require their own scoping and their own professional services engagements. Organizations that surface these dependencies late routinely find themselves blocked at the finish line.

Go phased, not Big Bang — A simultaneous cutover across an entire organization is the highest-risk approach. Transitioning by practice, market or physician group allows the team to concentrate support, catch issues early and build momentum rather than manage chaos.

Build an early adopter program — A formalized cohort of radiologists who preview new releases, surface issues before broad rollout and advocate internally is worth more than any training program. On a continuously updated cloud-native platform, this becomes an ongoing operational function, not a one-time go-live tactic.

Identify a radiologist champion — Implementations without a clinical champion consistently underperform. This individual bridges IT and the reading room, translates technical decisions into clinical language and gives reluctant colleagues a trusted voice to lean on.

Bandwidth is a prerequisite, not an afterthought — Soltz was direct: No matter how good the product or the implementation partner, if the right people aren't at the table with dedicated time, the project won't succeed. IT leads, admin teams and radiologist stakeholders all need protected capacity — not just theoretical availability.

Implementation timelines, when all stakeholders are aligned:

Scenario	Typical Timeline
Well-prepared organization, aligned stakeholders	4-5 months
Standard implementation planning	~ 6 months
Complex multi-market, multi-system environment	Phased, market-by-market

Technical Considerations:

Cloud-Native Is Not a Nice-to-Have

Paul Lipton addressed a perception he hears frequently in the market: that modern reporting platforms are just PowerScribe with a new color scheme. The surface similarity, he was quick to clarify, is intentional — meeting radiologists where they are is a deliberate design principle, not a lack of ambition. But underneath that familiar surface, the infrastructure may be fundamentally different. And those differences compound over time in ways that matter.

> *"It might look similar on the surface, but there's a lot underneath laying the foundation for improving performance. Like a basketball player who switches courts and shoes without realizing it — they're moving faster without changing how they play."*
>
> — Paul Lipton, Lead Product Manager, Rad AI

What Cloud-Native Changes in Practice

Release cadence — Legacy platforms delivered one or two major releases per year. Cloud-native platforms deliver continuous, rolling updates. LucidHealth described receiving improvements on a near-weekly basis, with their early adopter cohort validating changes before broad release. The practical effect is radiologist feedback actually gets incorporated into the product on a timeline that builds trust rather than frustration.

IT infrastructure burden — On-premises server management, maintenance windows and upgrade cycles represent a significant and often underestimated IT staffing cost. Cloud-native platforms shift that burden to the vendor, and with it, the accountability for uptime. For a mission-critical system, that distinction matters.

Integration standards — The emerging FHIRcast standard is replacing legacy XML drop-folder integrations for PACS connectivity. Rad AI now supports five or six PACS vendors on this standard, up from one the prior year. Legacy XML integrations remain fully supported, and the platform's customizable integration layer means new connections can be added without requiring a full software release.

Scalability under real-world conditions — Hasley's question for any vendor was direct: Can you scale to meet us where we are and where we're going? A speech engine that performs in a demo environment is not the same as one that performs accurately across regional accents, subspecialty terminology and hundreds of concurrent users under mission-critical uptime requirements.

> *"Just because your system is having a problem doesn't mean I can tell Ms. Smith — who is having a stroke — to come back later. That is the importance of these capabilities inside the fabric of healthcare."*
>
> — Demetri Giannikopoulos, Chief Innovation Officer, Rad AI

Beyond Go-Live:

The Partnership Model That Replaces the Ticket Queue

Joseph Mack reframed customer success as a proactive partnership function, not a reactive support desk. The traditional model — submit a ticket, wait for a response — isn't sufficient for a system that sits at the center of patient care. And the period immediately following go-live, he argued, is where the real work begins.

> *"Go-live should be thought of as a milestone in the process, not the end of the journey. That point shortly after go-live is a critical period where a highly engaged and proactive customer success team can really shine."*
>
> – Joseph Mack, Vice President of Customer Success, Rad AI

In practice, that means every Rad AI customer gets a dedicated customer success manager (CSM) from day one — with additional product specialist and technical account manager support scaled to organizational complexity.

In the weeks following go-live, the team runs weekly touchpoints, monitors usage and performance metrics at the individual radiologist level and proactively identifies users who may benefit from additional support or configuration adjustments before those users file a ticket or an administrator notices a problem.

Hasley described the experience directly: Rad AI reached out to flag speech recognition issues with a specific radiologist before anyone at LucidHealth had raised a concern. The system had identified a mismatch between the user and their assigned speech model and surfaced it proactively.

For a team managing 300+ physicians across multiple markets, that kind of monitoring isn't a nice-to-have — it's what sustainable adoption looks like at scale.

Once performance stabilizes, touchpoints shift to a monthly cadence, supplemented by quarterly business reviews tied to organizational metrics and ROI. The customer success manager remains a dedicated point of contact for onboarding new users, communicating upcoming feature releases and ensuring the platform continues to perform as the organization evolves.

Five Questions Every Organization Should Ask Any Vendor

The panel provided a shortlist of evaluative questions that surface the real differences between vendors:

Question	Why It Matters
Can you scale to meet us where we are, and where we're going? What does that look like?	A speech engine that works in a demo is not the same as one that performs across dialects, geographies and hundreds of concurrent users under mission-critical uptime requirements. True scalability extends beyond speech recognition to the entire reporting ecosystem — ensuring the platform can onboard new facilities, handle sustained volume growth and maintain consistent performance without degrading the user experience or operational reliability.
Who is leading product design, and how involved are radiologists?	Ask for evidence of clinical advisory involvement at the design level, not just a reference list. Products built by radiologists for radiologists reduce friction structurally.
What does go-live support look like in the first 90 days, and what does long-term customer success look like after that?	The gap between go-live support and ongoing customer success is where implementations quietly fail. Know who your point of contact is and what they're actually monitoring.
What infrastructure is required, and will our IT team need to manage additional systems?	Cloud-native platforms should reduce IT burden, not redistribute it. Understand licensing, infrastructure and integration requirements and ongoing maintenance obligations before signing.
Can I see your AI governance documentation and model cards?	AI regulation is actively evolving. Vendors should be able to provide transparent documentation of how their models are built, validated and governed — not just upon request but readily.

Decision-Maker Checklist

Immediate Actions

- Confirm your PowerScribe contract renewal and maintenance end dates
- Map all third-party integrations (i.e., RIS, PACS, worklist, etc.) and begin vendor conversations
- Identify internal stakeholders: IT lead, radiologist champion, admin team and operations lead
- Begin vendor evaluation with the five questions above

During Evaluation

- Request live speech recognition demos using your own radiologists' voices — not prepared scripts
- Assess total cost of ownership including migration, any infrastructure requirements, integration and ongoing IT support, not just licensing
- Validate high-availability and downtime solutions for a mission-critical environment
- Review AI governance documentation and model cards
- Evaluate future-proof architecture: This decision will likely define your reporting workflow for the next decade

Planning for Go-Live

- Design a phased rollout — avoid simultaneous cutovers across your entire organization
- Establish an early adopter program to preview features and build internal advocates before broad release
- Protect bandwidth: Implementation requires active participation from IT, admins and clinical leads
- Confirm post-go-live support structure, dedicated contacts and the metrics your CSM will monitor

Watch the Full Webinar

Generational transitions in radiology don't come around often, and the decisions made in the next six months will define how practices operate for the next decade. If you're at the beginning of this process, the full webinar will help you uncover questions to ask. If you're mid-evaluation, it will help you pressure-test what you're hearing. **The on-demand recording is available now.**