



Executive Briefing

What Health System and Radiology Practice Leaders Say About Navigating the Radiology Reporting Transition

Replacing a radiology reporting platform is one of the most significant technology decisions an organization can make. It's not simply a software implementation — it affects radiologists, IT teams, administrators and clinical operations, with implications that extend well beyond go-live.

During a recent webinar, leaders from Yale New Haven Health System (Yale School of Medicine), Emory University School of Medicine and Radiologic Associates of Fredericksburg (RAF) shared what prompted them to modernize their reporting infrastructure, how they evaluated vendors and what they learned throughout implementation. Their experiences offer practical guidance for organizations preparing for a reporting transition.



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Rad AI



Rad AI

What Prompted the Decision to Switch Reporting Platforms

Every organization reached the decision differently, but all arrived at the same conclusion: Maintaining the status quo carried more risk than making a change.

Workforce constraints made legacy workflows harder to sustain.

RAF viewed modernization as a strategy for helping radiologists manage increasing workloads amid a growing workforce shortage.

Growth outpaced legacy infrastructure.

Emory's expanding health system, 10% annual imaging growth and the recent acquisition of two hospital systems in southern Georgia — adding hundreds of thousands of exams annually — accelerated a replacement that had already been on the technology roadmap.

Vendor end-of-support announcements turned roadmap items into deadlines.

News that legacy platforms were going out of support gave Emory a hard date and moved the evaluation to the top of a long list of competing priorities.

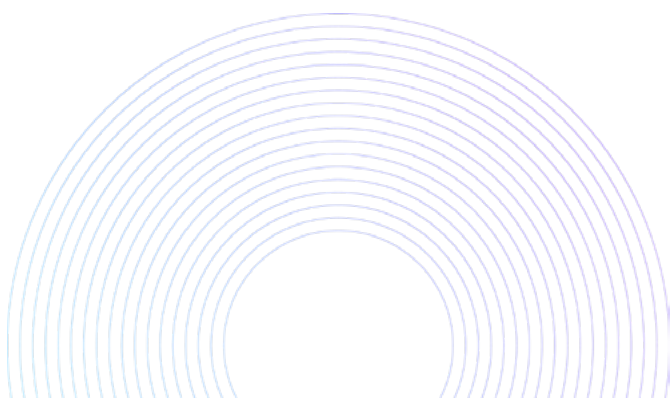
Years of technical frustration created momentum for change.

Yale began evaluating alternatives after long-standing dissatisfaction with legacy infrastructure — a push that originated with its IT team — and a desire to modernize its technology stack.



"If I continue doing the things I'm doing, am I going to be OK?"

— Roni Talukdar, MD, President, Radiologic Associates of Fredericksburg





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Choose a Partner, Not Just a Platform

Panelists emphasized that evaluating reporting software extends far beyond features. Long-term success depends on the people, partnership and implementation strategy behind the technology.

Evaluate the implementation team — not just the product.

Leaders stressed understanding how vendors communicate, solve problems and support customers long after go-live.

Test the software where radiologists actually work.

Emory found that putting the system into radiologists' hands answered questions that virtual demonstrations couldn't.

Think beyond implementation.

Yale evaluated what vendor support would look like one, five and even 10 years after deployment, prioritizing a long-term partner over a transactional relationship.

Build confidence before a full replacement.

Early success with Rad AI Impressions demonstrated implementation quality before either institution replaced its reporting platform.

Yale described it as the easiest rollout its IT team had completed in years; Emory's IT team called Rad AI one of the best vendors it had worked with in the radiology space.

Execution can outpace the plan.

Emory's technical implementation was budgeted at six to eight weeks. Its IT team finished in two, a pace its imaging informatics leadership called unheard of, attributing it to standards-based architecture with nothing custom-built.



"We need to do a full evaluation for the system and what's going to meet the needs of the system as well as what the system needs two years, three years, five years down the road."

— Elias Kikano, MD, Division Director of Imaging Informatics, Emory University School of Medicine



When Something Goes Wrong

Three weeks after go-live, RAF faced an unplanned downtime to install a patch — something both parties had agreed wouldn't happen. The communication channels established during planning turned a potentially large disruption into a narrow, well-resourced window with minimal impact. For RAF, the episode reinforced its evaluation thesis: Partnership shows in how missteps are handled, not in whether they occur.



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Leading Organizational Change

Panelists consistently described implementation as a change management effort requiring leadership, communication and ongoing collaboration.

Stakeholder alignment starts early.

Successful projects required engagement from radiology leadership, IT, finance, administrators and clinical champions before implementation began. Yale secured buy-in from its system chair, group presidents, executive director of radiology and finance team before moving forward.

Every subspecialty has unique needs.

Differences among diagnostic radiology, interventional radiology and other specialties often surfaced only after go-live, reinforcing the importance of broad clinical representation during planning.

Compressed timelines are possible if expectations are set honestly.

RAF replaced its reporting platform while unifying nine hospitals and seven PACS in four and a half months, against a typical nine to 12. Its president credits part of that success to telling radiologists upfront that day one wouldn't deliver everything — the full experience would take shape in the months after go-live.

Adoption builds gradually after launch.

While technical implementation may move quickly, changes of this scale continue to evolve for many months after go-live.



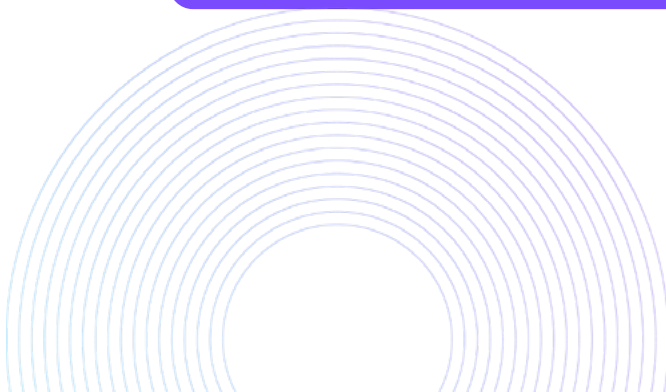
"For everything to really settle down on implementations of this size, it really takes a year."

— Melissa Davis, MD, MBA, Vice Chair of Medical Informatics, Yale School of Medicine



One Surprise

RAF expected its longest-tenured radiologists to be the most resistant to change. Instead, they became some of the strongest advocates after experiencing the new workflow firsthand.





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Success Is Measured by Capacity, Not Just Productivity

Success isn't simply reading more studies. It's helping radiologists finish the day with more cognitive capacity to focus on patient care.

Radiologists reported less fatigue while maintaining clinical volume.

Yale launched without reducing workload and expects additional efficiency gains as workflows continue to mature.

Reducing everyday friction matters.

Faster performance, streamlined workflows and AI-assisted reporting reduced many of the small frustrations that accumulate throughout a reading day. Panelists saw the greatest impact in high-volume plain film reading.

Academic centers can reclaim time for teaching and research.

Emory expects reporting efficiencies to create additional capacity for resident education and academic work.

Efficiency should reduce burnout, not increase it.

RAF described the goal as helping radiologists become more efficient without feeling like they are "running faster on a hamster wheel."



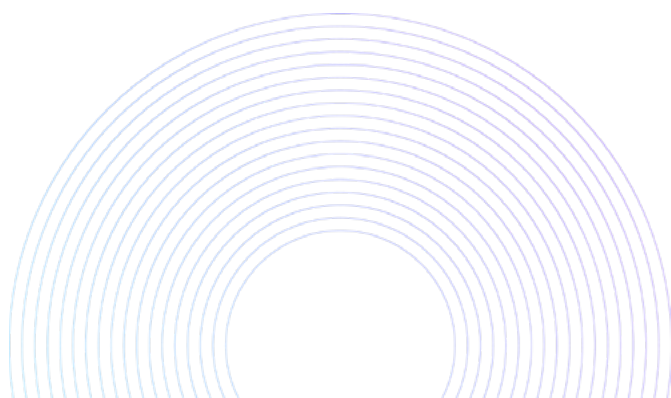
"Am I reading the same amount? Because I don't feel as tired at the end of a shift."

— Melissa Davis, MD, MBA, Vice Chair of Medical Informatics, Yale School of Medicine



Maintaining Clinical Capacity

Yale didn't reduce radiologist workload during go-live and lost no productivity in the switch. Over the next year, its informatics leadership hopes for efficiency gains of at least 5%, with 10% as an aspirational target — while noting deliberately that the business case for the change was never built on radiologist productivity.



Considerations for Starting Your Own Transition

Organizations beginning to replace a reporting platform should consider the following lessons shared by the panel:

- Build alignment across radiology leadership, IT, finance, operations and clinical champions before selecting a platform.
- Evaluate implementation approach and long-term partnership — not just product features.
- Put the software in front of radiologists during real clinical workflows before making a decision.
- Vet the full market, and look for vendors innovating from a foundation of experience rather than novelty alone.
- Invest time in template optimization to maximize AI-assisted workflows.
- Set expectations early. Organizations should expect implementation to continue evolving well beyond go-live, with full adjustment often taking up to a year.
- Measure success by improving radiologists' daily experience — not simply increasing report volume.

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“Happy radiologists.”

— Elias Kikano, MD, Division Director of Imaging Informatics, Emory University School of Medicine, when asked to define a successful reporting transition

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What Attendees Worry About

A live audience poll asked attendees to name their biggest concern about replacing a reporting platform. User adoption and change management topped the list, followed by workflow disruption — underscoring that the hardest part of the project is rarely the technology.

Watch the Full Webinar

Reporting platform replacements happen infrequently, but the decisions organizations make today will shape radiology workflows for years to come. Whether you're evaluating new reporting platforms or preparing for implementation, the full webinar provides practical lessons from leaders who have recently completed that journey.

The on-demand recording is available now.