

1st International Conference on
Image Management and
Communication in Patient Care
Implementation and Impact

First International Conference on
IMAGE MANAGEMENT AND COMMUNICATION
in Patient Care:

Implementation and Impact

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Edited by

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Opening Remarks

OPENING REMARKS
SEONG K. MUN, PH.D.
GEORGETOWN UNIVERSITY MEDICAL CENTER
CO-CHAIRMAN, IMAC 89

On behalf of the organizing committee of IMAC 89, I welcome you all to the First International Conference on Image Management and Communication in Patient Care. I would like to make a few brief remarks as to how this project came about, then we will have the first session. We spent a great deal of time over the past twenty-four months trying to come up with the proper name for the conference. We eventually settled for "Image Management and Communication in Patient Care" after reviewing literally 100 different combinations. As we are trying to implement this image management technology on a larger scale, we have learned that the technology is only a small part of the problem. What we are learning is that we don't even know at times the types of problems we are trying to address using rather expensive, sophisticated technology.

Problem definition itself is a major question that we wanted to address. Others include: What is the proper solution or solutions? Once one has solutions how would one go about implementing such solutions? If one implements these solutions to the problems of managing a large amount of image data, what does that imply for the way medicine is practiced? In terms of solutions, we have learned, especially for myself as a physicist, that the solutions don't necessarily depend on technology alone, but depend on the professional and economic environment. What of the impact? IMAC will have an impact professionally, operationally, and certainly in terms of economics. And ultimately, whatever we do has to contribute to the improvement of patient care and that is the reason why the conference title the phrase "patient care"

There are many meetings concerned with similar technology around the country and around the world. Why did we call it "international"? As you all know, technology is very interdependent throughout the world. And also we are learning that the implications of this technology will be different depending on political situations and modes of health care financing. So we wanted to bring together experts from different countries. To promote more dialogue and discussion we

developed with a slightly different conference format.

Yesterday - we had a tutorial. It was very well attended and we also have plenary sessions like this and we have workshops in the morning. This morning, prior to plenary sessions, we had three workshops and there was standing room only. We had a very strong interest from the military sector in this technology, so we have military sessions all through the conference as well as at the end of the conference on Thursday. We are also very delighted to have a close collaboration with the ACR/NEMA group to address the issues of concern to industry, especially interface issues.

The organizing and program committees had a number of meetings to talk about the conference design and the flow of topics and things like that and we started off with an international perspective this morning; then we move on to problem definitions, approaches to improved systems, technical barriers, and quality; then we will have a session on evaluation; then we will finish the conference talking about the future. One of the ideas that went into designing this conference was that we feel that everybody is an expert. What do I mean by that? The problems that we are trying to handle using IMAC technology are very complex, so even if you don't know anything about IMAC technology, you know the problems that you're trying to address using some kind of sophisticated technical means.

Therefore, I feel that those of you who are new in this field are still experts who can help others to focus their attention on proper problems or proper solutions. In order to accommodate that type of environment, we have allocated a rather large amount of time at the end of each half day general session for discussion. In fact, the speakers will be given from 20 to 25 minutes to talk; at the end of each session we have 30 to 45 minutes of discussion. I encourage all of you to use one of these microphones to raise questions. We have also identified not only the speakers but the discussion leaders to encourage greater participation.

Our efforts in organizing this conference goes back approximately two years and I think we have had at least one hundred and fifty participants representing many countries, professional and governmental bodies, disciplines in medicine, and companies. Looking back, we had a number of planning meetings going back to 1987 and I was given a chance to present our effort to the Japan PACS Society; we had had a planning session and RSNA meeting; at SPIE 1988 we were honored to have chances to talk about this project at the EuroPACS last year as well as this year. As you can see we have a very large participation from all over the world.

I have been a custodian of the trust of many of people in bringing this conference together. Dr. Greberman and I have been very fortunate to have had their support and encouragement, especially for those last minute push to bring this conference together. A number of government agencies from both the United States and other countries which have been supportive. And certainly international agencies were very helpful to promote the conference. Our commercial colleagues have been very generous in their support.

Keynote Address
