

The Workflow Innovation Company, Real Time Medical with their DiaShare™ Software Platform, is enabling Healthcare Organizations to better respond to the Requirement for Patient Centric Models of Healthcare Delivery

Healthcare Medical Imaging

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Ian Maynard
CEO

BIO:

Mr. Maynard is a 25-year veteran of the Canadian healthcare and IT markets, primarily in the area of radiology systems solutions (PACS, teleradiology) and healthcare systems. Mr. Maynard's reputation and passion for responding to customer requirements and delivering on his commitments is well known. Mr. Maynard has served physicians, clinics and hospitals from

coast to coast while holding positions of national responsibility in marketing and sales at GE Healthcare Canada and VP of Sales at a small healthcare IT company, before joining Real Time Medical.

Mr. Maynard began his focus in the Canadian healthcare sector as a nine-year foundational member of GE Canada's Picture Archiving and Communications System (PACS) business unit, helping to establish the business unit as it grew from a three person, \$1 million per year unit in orders and sales, to a fifty person, \$80 million per year operation in combined orders and sales, including personal combined orders and sales of \$24 million. Twice awarded GE's All Star Award, Mr. Maynard was also the recipient of GE Healthcare IT's global Austin Martin Award. Mr. Maynard holds a P. Eng. designation, an M.Sc. in Aerospace Engineering from Texas A&M University, and an MBA with a focus in Business Strategy and Marketing from the University of Ottawa.

About Real Time Medical:

Real Time Medical is a unique workflow innovation company that supplies vendor-neutral, context-aware software solutions, to optimize clinical workflow, enhance clinical productivity, improve responsiveness, better utilize clinical resources, decrease overhead, while also improving the quality and accuracy possible in complex diagnostic imaging networks.

Real Time's commitment to workflow innovation has manifested in the running and operating of its own radiology Workflow Center of Excellence, a service that delivers round-the-clock,

remote radiology diagnostic service—the largest of its kind in Canada.

Real Time's Workflow Center of Excellence is enabled by DiaShare™, its vendor-neutral, context-aware workflow management & quality assurance software platform, now available to diagnostic imaging organizations worldwide. We are our own customer, enabling our software platform to evolve more rapidly to the most advanced of its kind in the industry today.

Interview conducted by: Lynn Fosse, Senior Editor

CEOCFO: Mr. Maynard, what is Real Time Medical?

Mr. Maynard: Real Time Medical is a workflow innovation company. We develop solution platforms that enable healthcare organizations to better respond to the requirement for patient centric models of healthcare delivery. The result is platform suite that orchestrates organizational resources around more efficient delivery of care to patients. Our solutions also enable organizational innovation by facilitating real time, dynamic response to contextual parameters to most efficiently deploy available resources against evolving diagnostic needs. Benefits include better use of clinical resources and more timely diagnoses for patients. In addition to the reduced overhead that automated workflow management affords an organization, more timely diagnoses also has significant, system-wide, ripple effects such as better patient outcomes, bed utilization, ER efficiency ratings, lower recall rates and reduced wait times.

So why is a context-aware workflow management platform necessary? Because the diagnostic imaging information systems currently in place such as PACS and RIS systems were designed to solve the problem of data storage, access and display, rather than the very different problems of automated organizational process and response to patient case load needs. Data access and display are a solved problem. Now healthcare organizations must solve the problem of better organizational response and use of clinical resources in a real time clinical environment. To do so, they need supplemental, vendor neutral systems designed to work as intelligent additions to their existing infrastructures. Real Time Medical's solutions are vendor neutral, designed to work with existing systems and drive addition value from existing RIS/PACS investments.

CEOCFO: You mentioned earlier 'patient centric'. Should not all systems be patient centered? Why has that now become a focus?

Mr. Maynard: That is a great question. Ultimately, of course, all systems are intended to contribute to patient care. However, out of necessity, systems that were initially developed were 'department' or 'ology' centric because of the need to address issues specific to the display of say radiology exams, versus a different set of challenges for the display of cardiology exams for example. From an evolutionary perspective, this understandably led to the creation of 'department centric' systems, designed to solve the problem of the data storage, access, and display of a specific exam type. However, a given patient need may require a range of resources and multi-disciplinary organizational and informational response. Patient centric platform additions to existing RIS/PACS infrastructures, helps automate the orchestration of a broader base of organizational and informational resources for better and more effective care. It's the natural value add addition to the systems that are in place today. Patient

centric, context aware workflow management systems such as Real Time Medical's DiaShare™ diagnostic sharing platform, is applicable across ologies—radiology, pathology, cardiology, ophthalmology,—basically to any diagnostic imaging process, allowing for better process coordination across 'ologies'. That is the difference between the systems currently in place, and what is needed to get us to the next level of clinical efficacy, organizational efficiency, and cost effectiveness. It is a natural evolution.

CEOCFO: What is your geographic reach? Are you primarily in Canada?

Mr. Maynard: Real Time Medical is a global offering with sales representatives in Europe, the US and Canada, in addition to partner relationships

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- Ian Maynard

with a number of large, multinational channel partners offering our solution directly or indirectly in most major global jurisdictions. In addition, we use our solution platform to run a national, remote radiology diagnostic service in Canada. Our service division Real Time Radiology runs the largest remote national service in Canada. We developed our solution platform to achieve extremely high service levels, both from the standpoint of exceptional report turnaround time, collaboration and quality while working as an extension of on-site radiology teams. Achieving these service levels was the catalyst for the development of our context aware, workflow management platform. It is very much a case of necessity being the mother of invention. The solution

platform itself, which is an intelligent, rules based engine, represents the accumulation of 5 years of workflow scenario development and clinical situations encountered during several years of running a diagnostic service. Clients benefit from this accumulated knowledge embodied, out of the box, in our intelligence engine. The solution platform has only been made commercially available outside of the company for the past year, even though the platform itself has been running our service for several years and is in its fourth generation.

CEOCFO: What have been some of the biggest challenges in putting it all together, so that it runs as smoothly as it does?

Mr. Maynard: Keeping up with the range and scope of applicability of the platform has been one of the biggest challenges. There are a myriad of clinical workflows, compounded by a myriad of ologies, clinical and organizational parameters that must be captured and applications to address. We have had to pace ourselves and the scope of the platform's application, while holding fast to our driving vision for a platform that can help organizations achieve demonstrable service level improvements across multiple

metrics simultaneously (e.g., diagnostic responsiveness, better use of clinical resources, reduced overhead costs, and continuous quality improvement) and to do so in a single platform. Balancing the initial objectives for the platform's genesis, with the areas of applicability and functional breadth of the platform was a happy challenge. It meant that we had to deal with quite a broad spectrum of issues, both clinical and technical, but we knew it also meant that clients would be able to benefit from investment in a single productivity platform that addressed objectives in a number of areas which has historically necessitated the purchase of multiple platforms. Diagnostic responsiveness was important, but so was accuracy of diagnosis, so it meant we also had to

innovate around the best practices in terms of continuous quality improvement and quality assurance as well. We came up with award-winning methodologies that have since been recognized by the European Congress of Radiology for their innovation in clinical quality assurance. To be most effective for patients and physicians, we realized we needed to be able to address proactive quality assurance and continuous quality improvement, with real time results capable of benefiting the physicians and patients affected rather than the legacy approach to quality assurance with purely retrospective reviews several months after the fact and potentially too late to benefit the patients affected all in an automated platform.

From its inception, Real Time's Di-aShare™ was designed to be equally applicable to single organization or multi-organization / multi-platform deployments including countrywide deployments, so it was developed to be extremely scalable as a fundamental architectural requirement. It's scope evolved to encompass multi-ology 'Context Aware Workflow Management', which is a term that we coined to describe the ability to dynamically assess all defined contextual parameters, respond to clinical imperatives and changes in the environment, and enact a given workflow scenario and work distribution with the objective of maximizing organizational effectiveness and guaranteeing responsive service levels to patients along with quality assurance. The result of this uncompromising vision is a high throughput, streamlined, and highly saleable platform that is the most functionally complete platform of its kind in the world today.

CEOCFO: What is the competitive landscape like for Real Time Medical?

Mr. Maynard: We have been deeply gratified to have been selected as the platform of choice after independent reviews of 13 and 6 partial and potential offerings respectively by two major multinational corporations. The comments we received from the two independent assessments were that "no one is where you are" as a solution platform and that DiaShare™ was "the most advanced" and "most functionally complete offering" that they could find globally. One assessment covered 6 platforms having shortlisted down to only those who used standard-based interfacing. As a result, we have received several requests for the global licensing of our product. As far as we know, we are the only platform that encompasses the scope that we do, namely context aware workflow management, shared workflow collaboration and teleradiology, coupled with advanced continuous quality improvement (CQI) and quality assurance (QA) capabilities. This allows clients to cost effectively cover a broad range of objectives in a single platform, eliminating the need for multiple purchases of disparate systems.

We were also deliberate in our use of standards based interfacing to enable rapid interfacing with existing PACS, RIS and XDS infrastructures. A typical integration can take as little as two to four weeks, allowing for the overall project deployment to be completed in as little as 2-3 months. This means that clients can get to the benefits they seek sooner rather than later, rather than suffering through the long protracted projects sometimes war-

ranted by other approaches (such as those requiring database level integration). We are so confident in the measurable benefits that the solution will make for our clients that we do pre and post install benchmarking of key indicators so clients can see the difference the deployment has made.

CEOCFO: You mentioned licensing; what is your business model, and how is it different throughout the various countries?

Mr. Maynard: We work with a number of global channel partners, or license directly to end-clients depending upon the PACS systems they have in place. We offer flexible licensing models including per exam or capital cost purchase models.

CEOCFO: Why should investors and people in the business community pay attention to Real Time Medical?

Mr. Maynard: History is full of examples of innovations that were either too early or too late. In a survey of US radiology groups released on January 2nd, 2013, "workflow management" was identified as the best answer to declining reimbursements and a more competitive environment. In short, the answer to your question is that Real Time Medical is an innovation whose time has come. Helping organizations address the patient centric care delivery, process efficiency, cost savings and quality improvement issues they need to address in this era of declining reimbursements and increasing competition, while also helping them extract the additional value needed from their existing DI system investments.



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