

# Scoring

We use input from practicing clinicians to organize and weight the significance of the data and present it through a series of *clinical viewpoints*. Our clinical viewpoints each have a score that represents the amount and significance of data available.

Our clinical viewpoints include Radiology, Cardiology, Labs, Visit History, Vital Signs, and more.

## **Sample View Point: Radiology**

1. We aggregate all radiologic studies and:

- Re-categorize them under a single identification protocol
- Assign an average radiation exposure level.
- Assign an average resolution value (i.e. MRI > Ultrasound).
- Count the number of times individual study types have been repeated.

2. The sum of the mSv, resolution units, and the number of repeats are each converted to a scaled score between 0-99, which is derived from the percentile ranking within a large study population.

A three digit RADS Score ranging from 000-999 is created from the above wherein the higher the score the more radiation, resolution and repeats present on the report. Of special note, the last digit corresponds to the number of studies done in the last 90 days.

**897**  
studies in last 90 days

While this may seem somewhat complicated, in reality it is a very intuitive scoring system. Because it is derived from a percentile ranking, the scores are naturally progressive and correspond to the general experience of a clinician. Low scores are common, mid to high scores are less so, and truly elevated scores (above 900) are rare and when they show up, warrant a pause and investigation.