

POCUS Without Chaos

Building Scalable, High-Impact POCUS Workflows Across the Health System

Point-of-care ultrasound (POCUS) is rapidly expanding across medical specialties, but most health systems are struggling to manage it at scale. During a recent Becker's Hospital Review webinar, Dr. Matt Riscinti, System-Wide Ultrasound Director for Denver Health, described traditional EHR-based workflows as a "Wild West," with up to 85% of POCUS exams going undocumented¹, creating both liability risk and revenue loss. Leaders from Baylor Scott & White Health, Yale New Haven Health, and the University of Maryland Medical System shared how they transformed fragmented POCUS efforts into scalable, enterprise-wide programs.

1. The Financial Case: Beyond Simple Billing

While professional fee capture is table stakes, the true ROI of POCUS comes from operational efficiency and global technical fee capture.

- **Revenue Multipliers:** Capturing the global technical fee delivers a 6—7x multiplier² compared to professional fees alone.
- **Throughput Gains:** In fast-track settings, POCUS can reduce length of stay by nearly 20 minutes per patient³ for targeted complaints such as first-trimester pregnancy.
- **System-Wide Savings:** Peer-reviewed data shows POCUS can reduce hospitalizations costs by 50% and reduce length of stay for high-acuity patients by over 4 days⁴.

2. The Workflow Pivot: Order-Based vs. Encounter-Based

A central theme was the friction caused by "traditional" order-based workflows in acute settings.

- **The Problem with Orders:** Requiring a provider to leave the bedside to place an order, especially during critical or unstable situations, drives undocumented "phantom scans".
- **The Encounter-Based Solution:** An encounter-based workflow—where clinicians scan a patient's wristband at the bedside—removes the friction entirely. Dr. Matt Riscinti reported doubling charges in a single month simply by making it easier for providers to do the right thing.

3. Infrastructure & IT Governance

Scaling POCUS isn't a device problem, it's an enterprise imaging problem.

- **PACS/VNA Integration:** Images must be stored in a centralized archive like a PACS or Vendor Neutral Archive and linked to the EHR. This ensures enterprise-wide transparency, allowing specialists to review images regardless of departmental system access.
- **Device Agnostic:** To scale across multiple departments, service lines, or hospitals, software must be device-agnostic, working seamlessly across various handheld and cart-based machines.

4. Overcoming Scalability "Walls"

Health systems often hit a wall when expanding beyond the Emergency Department into ICU, Anesthesia, or Ambulatory care.

- **Credentialing Menus:** To support diverse specialties, some systems use a "privileging menu" that allows clinicians to credential by organ system and submit targeted case logs.
- **Standardized SOPs:** Success depends on having a system-wide director, committee, and formal governance that represents the entire health system, not just local interests.

Moving from POCUS "chaos" to sustainability is not a technical upgrade, it's a shift in enterprise data strategy. As POCUS adoption accelerates, health systems must choose between absorbing unmanaged risk or implementing a scalable workflow that aligns clinical quality, compliance, and financial performance. An encounter-based workflow paired with a POCUS workflow manager closes the gap between scans performed and scans fully managed.

[Click here](#) to get a customized projection of how a POCUS Manager can impact your system's technical fee capture and LOS.

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2. POCUS 101, Complete Ultrasound CPT Codes List and Reimbursement Rates. POCUS 101. Accessed February 9, 2026. <https://www.pocus101.com/complete-ultrasound-cpt-code-list-and-reimbursement-rates>

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4. Maganti K, Chen C, Jamthikar AD, Parikh P, Yanamala N, Sengupta PP. Cardiopulmonary Point-of-Care Ultrasonography for Hospitalist Management of Undifferentiated Dyspnea. JAMA Netw Open. 2025;8(9):e2530677. doi:10.1001/jamanetworkopen.2025.30677

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