



Radiology Reporting Transitions: A Clinical and Operational Assessment

Microsoft has issued an official notice that annual renewals for maintenance and support for PowerScribe® 360 (PS360) will cease Aug. 31, 2026, followed by a complete end-of-life (EOL) on Aug. 31, 2027. Organizations remaining on the legacy platform are being directed to convert to PowerScribe® One (PSOne).

This transition represents a significant operational decision — not simply a software update. For radiology and IT leaders, it is also a rare opportunity to evaluate the broader reporting landscape before locking into another multi-year technology strategy.

What This Document Covers

This brief provides a clinical and operational assessment of key considerations for platform transitions, along with a **Clinical Evaluation Checklist** designed to help leadership teams make informed, forward-looking decisions.



Why Platform Migrations Carry Operational Risk

A common assumption is that migrating from PS360 to PSONe is a seamless upgrade. In practice, any radiology reporting migration is a complex, multi-month undertaking that carries meaningful workflow and financial considerations regardless of the chosen path.

Industry experience with large-scale reporting platform migrations consistently surfaces the following risks:

- Workflow disruption during transition periods, as radiologists adapt to new interface and rebuild optimized shortcuts
- Data conversion complexity, including template migration and user preference transfer
- Integration dependencies with PACS and other clinical systems that require validation and retesting
- Training burden across radiologist and support staff
- Total cost of ownership that extends beyond licensing fees to include infrastructure, IT staffing and downtime management

Organizations should approach any platform transition — including the mandated PS360 migration — as a full conversion with appropriate planning, resourcing and vendor accountability expectations.



“To be honest, we didn’t really plan to initially move away from our legacy vendor. We were up for contract renewal. We had planned to proceed with that initially, and my chair of radiology, she did a ton of research and really identified that with our renewal we were going to have to move to the new platform, and we didn’t want to do that. We heard extremely negative feedback from additional radiologists around the movement to the new platform. And so, she began researching some other options.”



Lori Smith
Associate Vice President, Medical Imaging Service Line
Guthrie



Questions to Ask Any Vendor

Before committing to a migration plan, radiology and IT leadership should seek clear answers to the following:

- **What is the realistic deployment timeline,**
and what resources does our organization need to provide?
- **How are existing templates,**
macros and user preferences migrated and validated?
- **What downtime is required**
for initial deployment and ongoing maintenance?
- **What on-premises infrastructure,**
including server hardware and third-party licensing, is required?
- **How is system stability**
and PACS interoperability validated prior to go-live?
- **What does the vendor's customer success model**
look like post-deployment?



"Legacy reporting systems have simply not kept pace with our needs."



Scott Bundy, MD
CEO
Strategic Radiology



A Modern Alternative to Legacy Reporting

Beyond the immediate migration decision, this transition is an opportunity to ask a more fundamental question: What does a reporting platform designed around how radiologists actually work look like in 2026 and beyond?

Rad AI was built with a single focus: radiology. Radiologists are not a business line — they are the entire business. That focus informs every design decision in Rad AI Reporting.

- **Elimination of repetition** through automated impression generation, measurement calculation and propagation and guideline-based recommendations
- **Personalized AI** that continuously learns individual style and workflow preferences, preserving radiologist autonomy
- **Zero-footprint** cloud architecture that eliminates on-premises server dependencies and maintenance overhead
- **Smooth four-to-six-month deployments** that preserve existing templates and workflows, minimizing transition friction



“Rad AI Reporting’s impact on RANT has been tremendous. With my very first use case of Rad AI Impressions, my thoughts were a blissful, ‘This is clearly the future of AI in radiology.’ I’ve now had the same ‘wow’ experience with Rad AI Reporting, but at an even greater scale. It’s another game changer.

No mental overhaul was necessary, and the customization options allowed each radiologist to maintain their preferred style. This has not only improved the speed of our reporting but also consistency and accuracy across the board. It’s the kind of solution that delivers exponential improvements in quality, productivity and efficiency—exactly what I look for as CMIO.”



Nicholas Galante, MD
CMIO

Radiology Associates of North Texas, a Strategic Radiology Practice



Clinical Evaluation Checklist: Reporting Platform Transition

Before committing to a multi-month platform conversion, use this framework to evaluate any vendor under consideration. The goal is to distinguish between a true clinical upgrade and a migration that introduces new constraints without meaningful workflow improvement.

Clinical Workflow and Cognitive Load

Question to Ask:

“How effectively does the system handle free-form dictation when findings are dictated out of template order?”

- **Look for:** Continuous, natural dictation in any order with automatic section placement.
- **Red flag:** Rigid linear sequencing or voice commands (e.g., “next field”) required to parse findings.
- **How to evaluate:** Mandate a live, unscripted demo using a complex multi-finding study to observe actual click burden and performance.

Question to Ask:

“How does the platform handle unchanged findings on follow-up exams?”

- **Look for:** Quick insertion of stable prior findings, allowing dictation of only what is new or changed.
- **Red flag:** Static templates that require redictation or copy-paste of stable findings from previous reports.
- **How to evaluate:** Ask to see this capability demonstrated in real time.

Question to Ask:

“How are AI-generated impressions trained, and how does the system ensure appropriate clinical guidance is included?”

- **Look for:** Impressions based on the individual radiologist’s historical reports, capturing personal phrasing and style.
- **Red flag:** Generic one-size-fits-all impressions requiring heavy editing.
- **How to evaluate:** Request a side-by-side comparison of human-dictated versus AI-generated impressions across several exam types.

Infrastructure, Total Cost of Ownership (TCO), System Stability and Interoperability

Question to Ask:

“What specific on-premises infrastructure, including servers and software licensing, is required to deploy and maintain the platform?”

- **Look for:** Fully managed, cloud-native SaaS with no on-premises application or database servers required.
- **Red flag:** Hybrid architecture requiring the organization to provision application servers and purchase SQL core licensing.
- **How to evaluate:** If local servers are required, include hardware, SQL licensing and IT support and management time into TCO calculations.

Question to Ask:

“Does the system require downtime for routine service pack updates, version upgrades or hotfixes and security patches?”

- **Look for:** Continuous, background updates that do not interrupt clinical workflows or require scheduled downtime.
- **Red flag:** Regular or prolonged maintenance windows that disrupt operations or suggest a reliance on ongoing corrective updates.
- **How to evaluate:** Assess the frequency, duration and predictability of downtime events, and model their cumulative impact on clinical throughput, reporting backlogs and IT resource burden.

Question to Ask:

“Which dictation microphones and ergonomic hardware are natively supported?”

- **Look for:** Broad compatibility allowing radiologists to reuse existing, preferred hardware.
- **Red flag:** Compatibility restricted to a narrow set of newer or proprietary devices that break custom ergonomic setups.
- **How to evaluate:** Audit your radiologists’ current hardware. If the solution does not support existing devices, require the vendor to cover replacement costs in the contract.



A Strategic Reset Opportunity

The end-of-life for PS360 requires organizations to act. But the obligation to migrate is also a rare opportunity to step back and ask a more important question: What should our reporting environment look like for the next decade?

The criteria above are not specific to any single vendor. Before committing to a multi-year path and locking your practice into another decade of legacy architecture, it is worth understanding what reporting looks like when it is intentionally designed around how radiologists actually dictate and interpret today.

[Schedule a brief demo](#) to see Rad AI Reporting in action, compare your options and evaluate what a radiologist-centric workflow looks like for the long term.