AI is for people and processes

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The reality in imaging today

Imaging volumes continue to rise

Case complexity is increasing

Staffing shortages persist

Experience levels are more variable

The risk of ‘efficiency-only’ AI

- Faster workflows ≠ lower stress
- Automation without reliability increases verification burden
- Poor outputs shift work downstream
- Burnout risk increases when variability persists
- Alert vs clinical context

AI as a quality and consistency multiplier

Strategic Shift

Task enablement

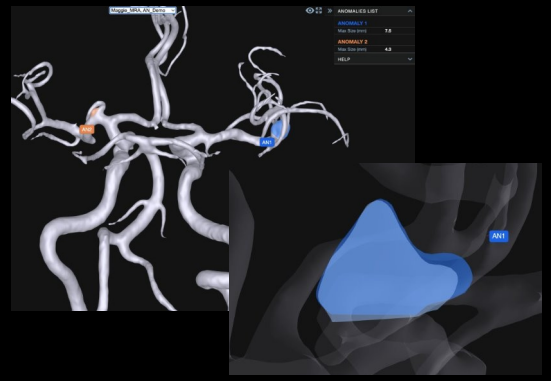
Decision enablement

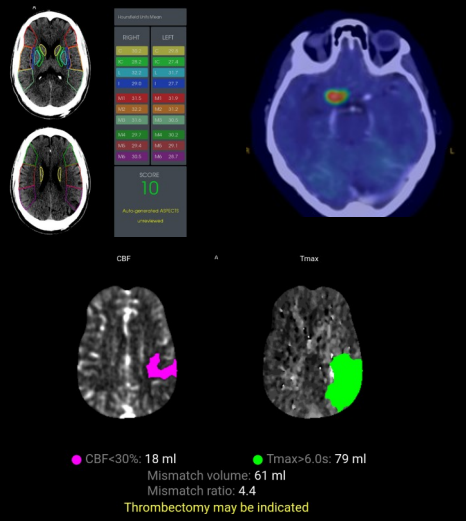
The most impactful AI:

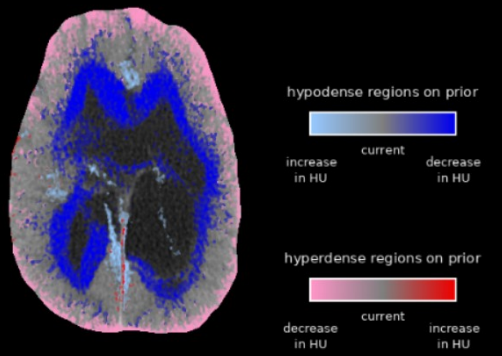
- Reduces variability before it reaches the reader
- Creates a consistent baseline across experience levels
- Minimizes repeated manual correction, measurements, + calculations
- Builds confidence that drives sustained adoption

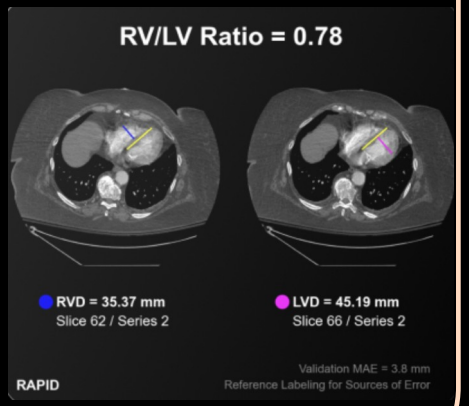
Depth that drives clinical impact

Deep clinical AI

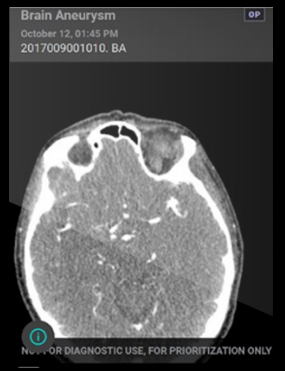


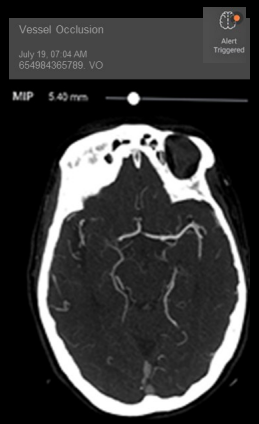


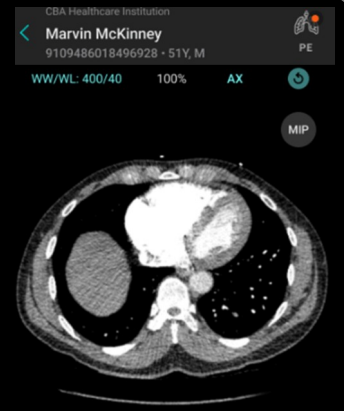




Standard AI

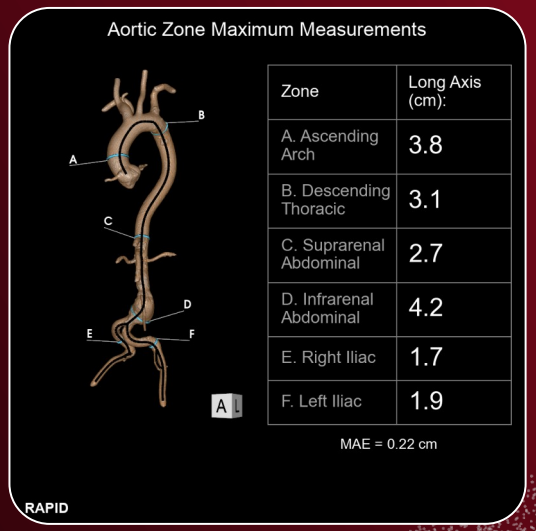


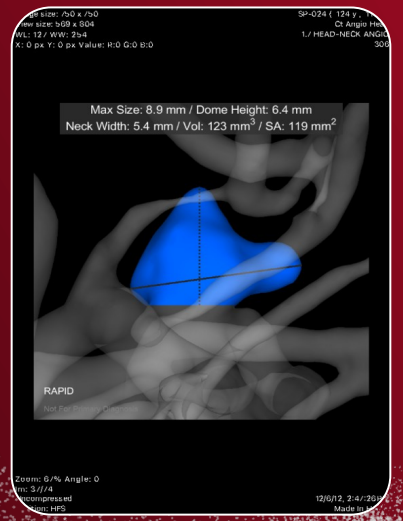


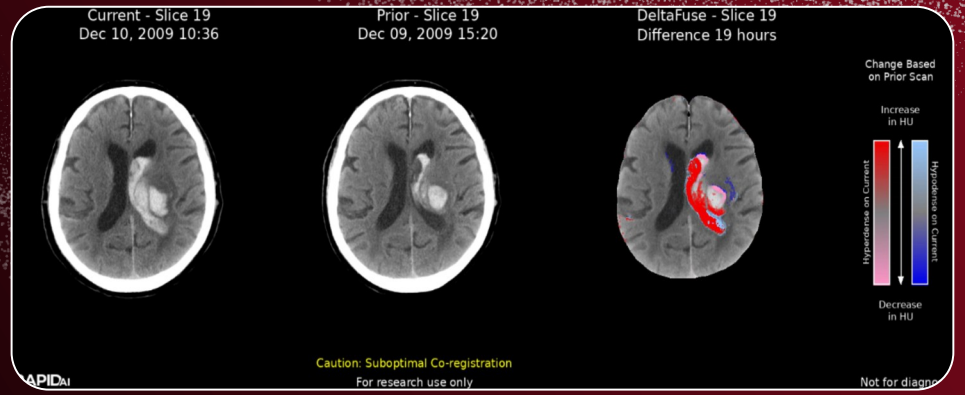


How depth changes the workforce

- Less manual constructions
- Fewer downstream corrections
- Reduced variability across shifts
- Improved cognitive capacity for interpretation







AI must support the imaging team

Not just the radiologist

- Technologists benefit from automation of reconstruction
- Radiologists benefit from standardized outputs
- Administrators benefit from performance consistency + improved throughput
- IT benefits from scalable infrastructure

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SITUATION

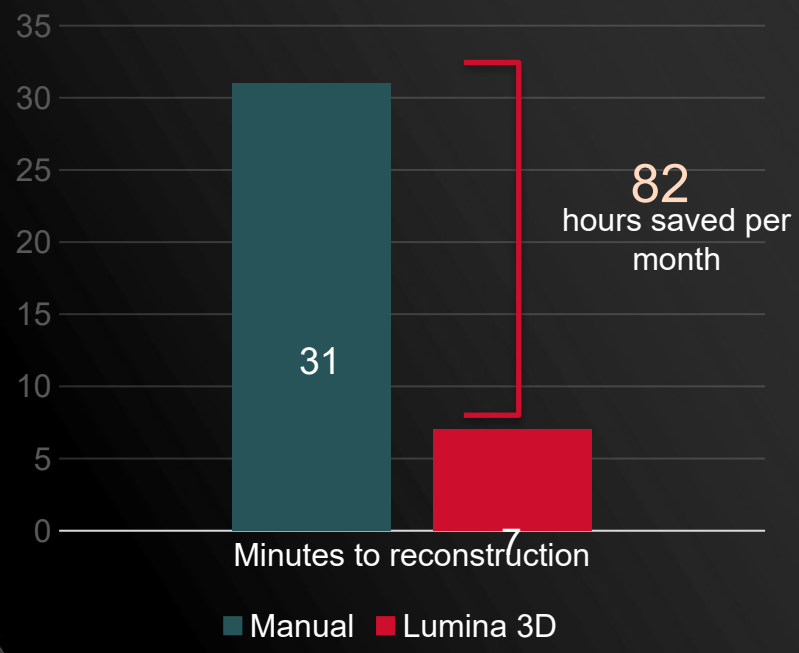
Nebraska Methodist

- 700+ bed system
- 3,800 head + neck CTAs per year
- Overburdened techs

Review of 30-day usage of Lumina 3D™

TRANSFORMATION

100% H+N recon transfer to Lumina



IMPACT

Incremental CT scans

108 ↑

Added per month

Incremental revenue

$43k

$405 per scan

VALIDATION

"Lumina 3D improved our CT imaging efficiency by reducing post-processing time, leading to faster turnaround and quicker results."

Leslie Cattau, MHA
Executive Director of Imaging

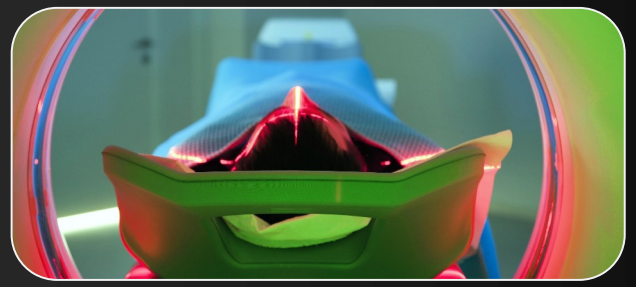
Cattau, et al, ISC 2026 accepted abstract

Cognitive burden

Cognitive burden is a performance limiter

Drives fatigue

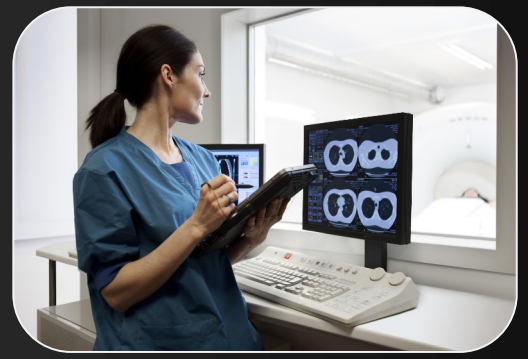
Contributes to inconsistency, diagnostic error, + lower productivity



39%

of radiologists want to leave their job

Burnout + retention issues have clinical + financial consequences



Impaired quality of life

+ functional capacity

EJR 2023; *RadioGraphics* 2022; *Academic Radiology* 2023; ACR 2023; Everlight Radiology 2025.

Understanding cognitive burden

01

Mental energy is finite, complex reads are exhausting

02

Workflow friction is cumulative, clicks add up shift over shift

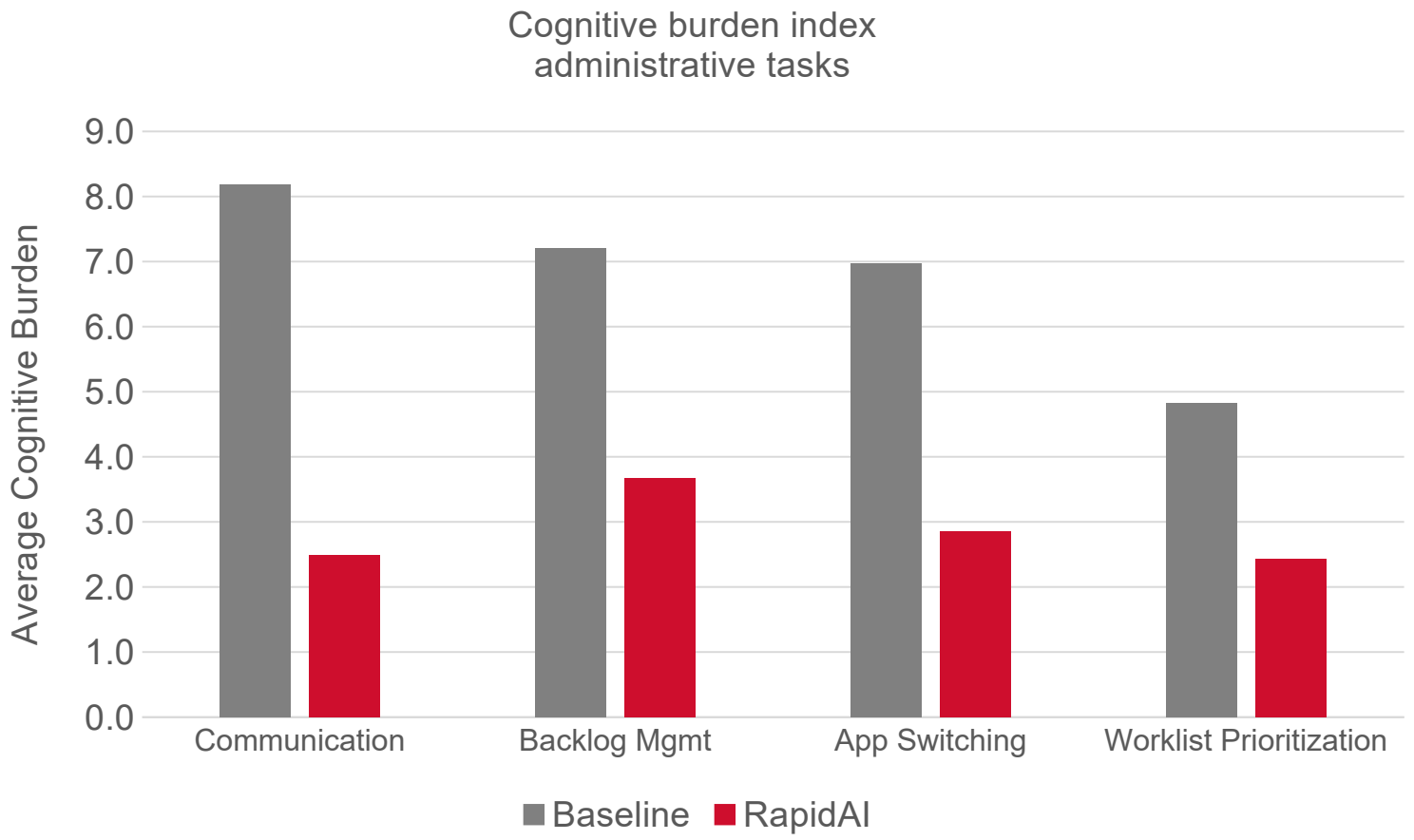
03

When fatigue meets friction, errors and variability increase

Reduce friction → protect mental energy → improve clinical clarity

What the data show

Mental energy x workflow friction = Cognitive Burden



Anonymous survey
- **40** radiologists
- Various specialties
- Various tenure

60% Reduction of cognitive burden

Radiology’s unified workspace

Worklist Prioritization

Rad Assistant

Auto reporting

Process & performance

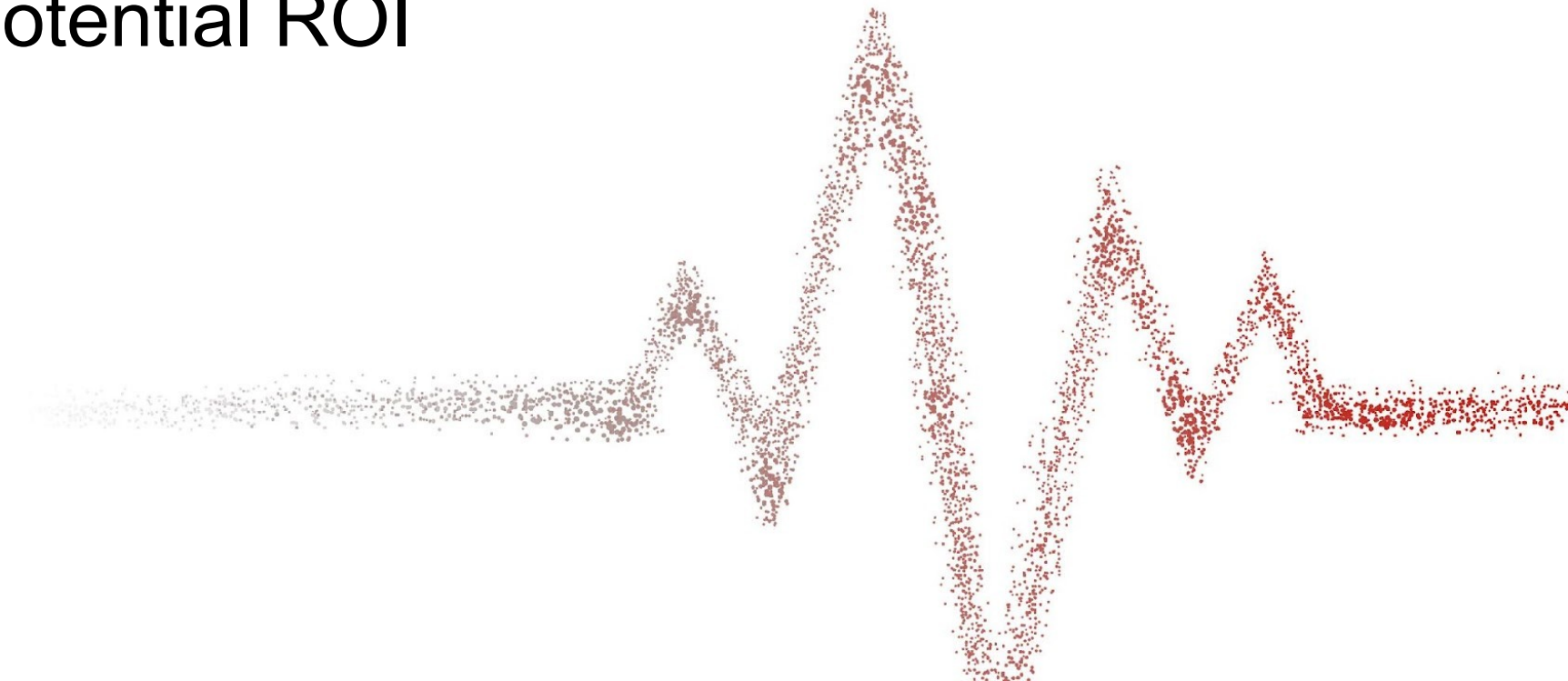
Outcomes depend on **workflow fit**, not on algorithms alone.

Seamless fit
Integrates with existing process

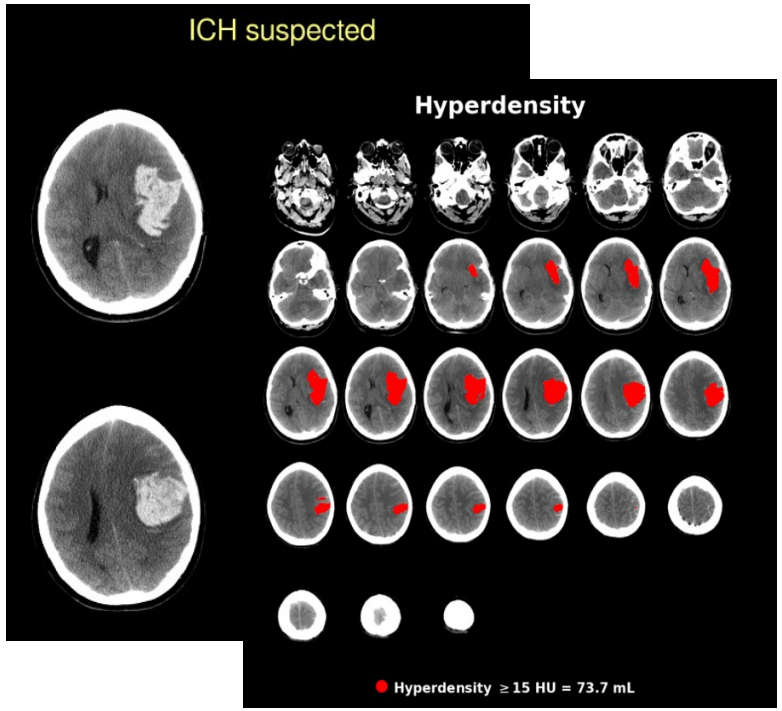
Precision timing
Right moment delivery

Actionable insights + collaboration
Reduce decision fatigue

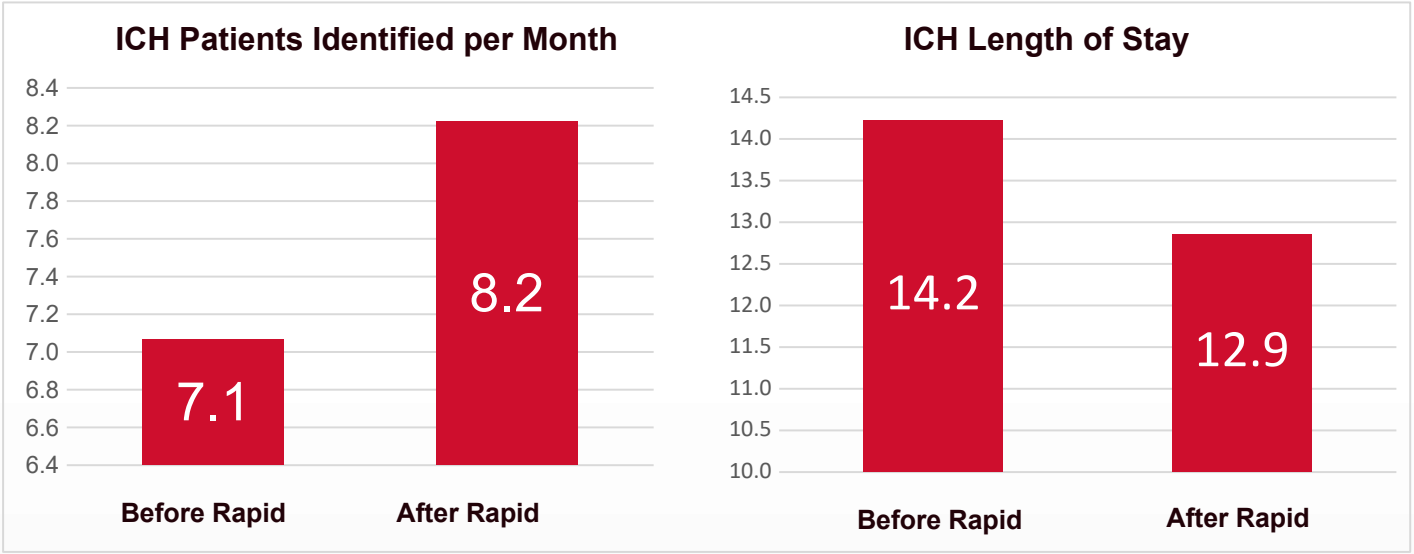
Recognizing the potential ROI



Increased ICH identification // Reduced LOS



Analysis of 36 months of data pre- and post- rapid installation at **Corewell Health's Dearborn Campus**.



TAKEAWAY Rapid can enhance ICH detection, improve ICH score reporting, boost throughput, and support incremental reimbursement.

$500 **Confirmed Average Payment on Outpatient NCCT scans billed with 0722T (Rapid Hyperdensity)[1]**

1 When 0722T was applied to outpatient NCCT scans, where no subsequent CT scan was performed, Corewell received payment with an average payment rate of $500 per case. For more information, please contact reimbursement@rapidai.com

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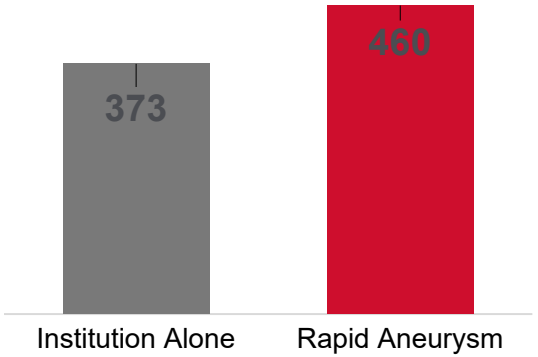
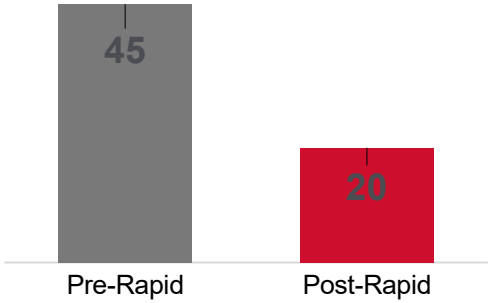
Proven gains in incidental aneurysm detection[1]

Largest ever – 4-year retrospective consecutive real-world study of **11,694** CTAs
Full neurovasculature: ICA, MCA, ACA, ACOM, PCA, BA, VA
5% aneurysm prevalence
93%/96% Sensitivity/Specificity for ≥3mm aneurysms
3.9 mm average size of Rapid-detected aneurysms missed by radiology

23% ↑
More aneurysms detected with Rapid



55% ↓
Fewer patients lost to follow up [2]



Stony Brook Medicine

Estimated financial gain

$1.7M
from increased detections[1]

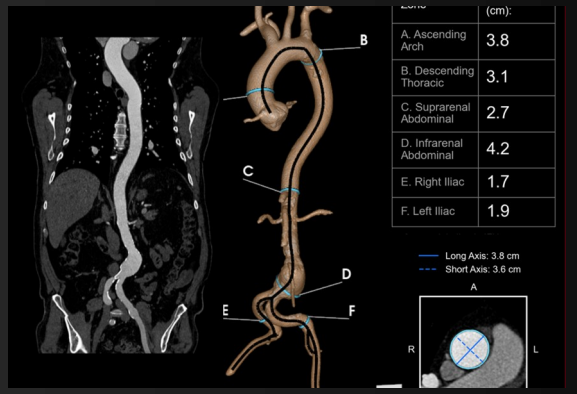
$676k
from reduction in lost patients[2]

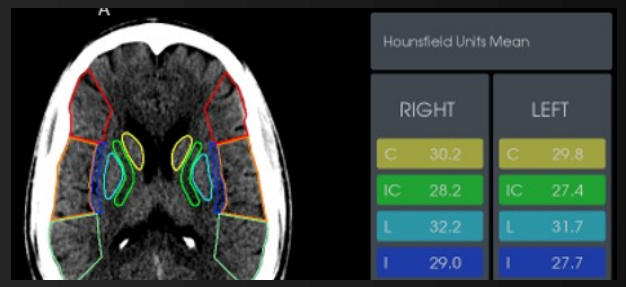
1. Dashti R, et al. 2025 AANS Annual Scientific Meeting; 2025 Apr 25-28; Boston, MA.
2. Secondary analysis of the original dataset. Pending publication.

Consistency in a variable world

1. Staffing shortages are real

2. Turnover impacts experience levels



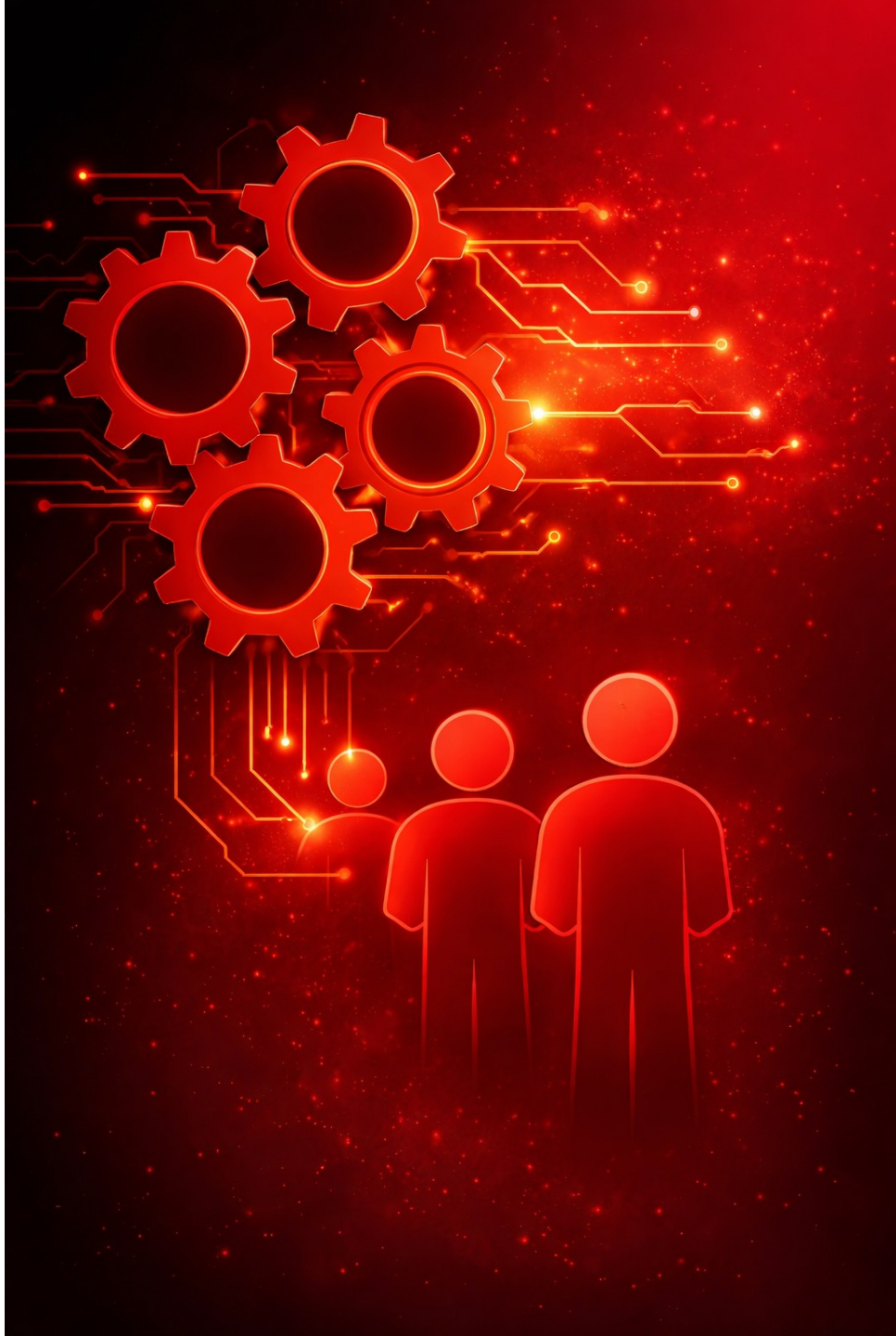


3. Training environments vary

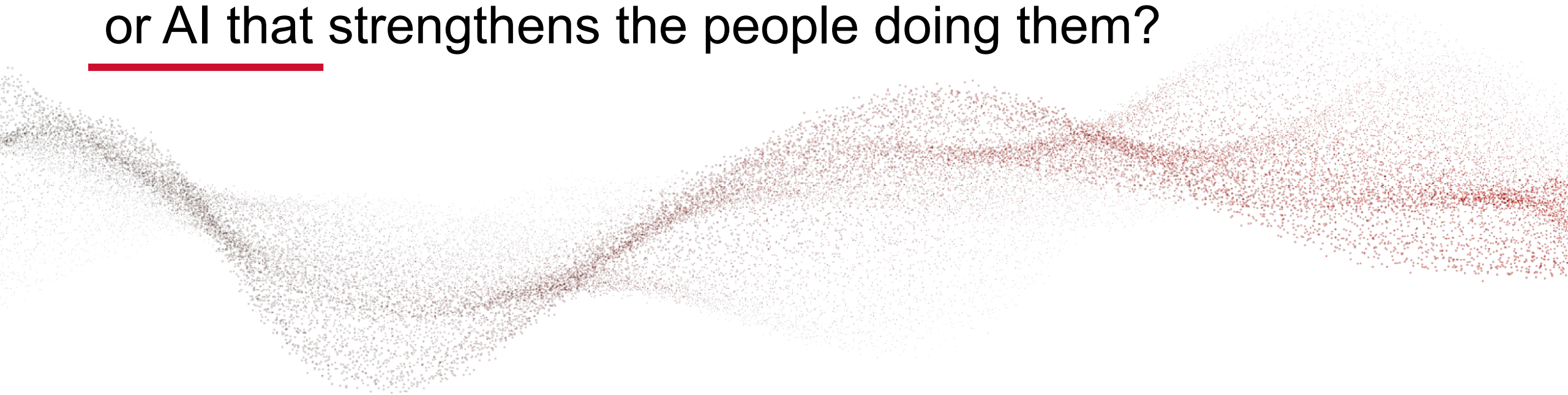
Deep clinical AI can stabilize performance

AI is for people **and** processes

- AI must:
  - Stabilize workflows
  - Protect cognitive capacity
  - Support the entire imaging team
  - Deliver quality, meaningful support
  - Become part of the infrastructure



Are we leveraging AI that accelerates tasks, or AI that strengthens the people doing them?



Q&A session