Dr. Husband said programs like R-ITI help trainees with other responsibilities complete medical study programs because they won’t always have to be at the hospital. “It is flexible—they can do this work when they are at home,” she said. She said she hopes to move the program forward by creating a learning matrix with other specialties such as emergency medicine.

The group also foresees sharing its program with the developing world, where the cost of training can be a problem. They said they will explore offering the program for free through the World Health Organization, the United Nations and other funding organizations.

The Teleradiology Network of Greenland has improved care for people in inaccessible regions, said Uwe Engelmann, Ph.D., M.S., in an RSNA 2006 presentation.

Some 2,000 miles away from the United Kingdom in Greenland, technology has been put to a different kind of test. The race to connect widely dispersed healthcare facilities may face no bigger hurdle than in Greenland, 85 percent of which is covered by an ice cap and has no roads or railways connecting its towns and settlements.

Presenting the Teleradiology Network of Greenland project at RSNA 2006, Uwe Engelmann, Ph.D, M.S., reported that all images of any Greenland’s patients are now available at every hospital. The result is improved medical care for people in inaccessible regions, said Dr. Engelmann, of the German Cancer Research Center’s Department of Medical and Biological Informatics in Heidelberg and co-founder of CHILI GmbH, the center’s spin-off digital radiology company.

Greenland, at more than 800,000 square miles, is the largest island in the world. Its population of more than 56,000 lives in 18 towns and some 60 settlements, mainly along the ice-free rim of the coastline. The island is divided into 16 healthcare districts, with 15 district hospitals scattered along the coastline and a national hospital in the capital city of Nuuk.

The national hospital computer gateway is connected to the network’s central picture archiving and communication system (PACS) and radiology information system (RIS), which holds all image data and reports for the whole country. If transmission to the central gateway is interrupted, external gateways continue transfers automatically when the network is up again. In addition, when a new study arrives at a teleradiology gateway, existing studies of the same patient are automatically retrieved as well.

Getting the network in place was challenging, said Dr. Engelmann. Most towns and settlements are linked by either radio or satellite, but those systems are relatively unreliable due to heavy snow storms and power outages. The high turnover rate of medical personnel and a lack of information technology professionals in the district hospitals were other obstacles to overcome.

The solution was to make the local gateways, the teleradiology network’s key components, easily configurable for different application scenarios and protocols, with integrated security and failure measures and no need for users to install specific software on their computers.

The system also provides critical user authentication and emergency accounts that can be used when the directory is not available. Each authorized user has access to every image and report created in the network.

The program showed the feasibility of establishing reliable blackbox solutions supporting medical care for people in inaccessible regions, said Dr. Engelmann.
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RSNA News
March 2007 • Volume 17, Number 3
Published monthly by the Radiological Society of North America, Inc., at 820 Jorie Blvd., Oak Brook, IL 60523-2251. Printed in the USA. POSTMASTER: Send address correction “changes” to: RSNA News, 820 Jorie Blvd., Oak Brook, IL 60523-2251. Nonmember subscription rate is $20 per year; $10 of active members’ dues is allocated to a subscription of RSNA News. Contents of RSNA News copyrighted ©2007 by the Radiological Society of North America, Inc.