

TECHNOLOGY

Radiologists get that long distance feeling

Canada's medical professionals are not immune to the migration of jobs to other parts of the world. In fact, warns the CEO of the Canadian Association of Radiologists (CAR), the same technology we welcome to improve our health care system is making that prospect all the more likely.

Teleradiology is at the forefront of this emerging trend, says Normand Laberge. Thanks to increasingly powerful Picture Archiving and Communications System (PACS) networks, diagnostic images such as MRIs, CT scans or radiographs can be transferred digitally to major centres that might otherwise be inaccessible to these patients.

Despite this obvious benefit, Laberge says the medical community has yet to come to grips with the other implications of this new approach to radiology. If patients in Labrador can have their scans read in Montreal, those scans can be read just as easily in the US, Europe or Bombay.

Some are concerned about quality assurance and consistent standards of practise. "Who can attest to the quality when regulations are absent?" asks Laberge.

There's also a danger that teleradiology could reduce radiologists to the status of a technician. "From the time the patient enters the department, the radiologist is in charge. Teleradiology offers the possibility that the machine and the images and the radiologist are all detached. Our regulations aren't ready to face this change."

The issue will be broached at the 23rd International Congress of Radiology and the Interna-

tional Society of Radiology, in Montreal next month. Laberge hopes standards are set before offshore teleradiology begins — something that's likely to happen soon given the ongoing shortfall of about 150 radiologists.

CMA estimates that half of the patients now waiting for surgery are actually waiting for diagnostic imaging. And while it takes years to train new radiologists, teleradiology is an immediate and cheap solution.

Laberge estimates lower-paid radiologists in other countries would net savings of at least 10% on the 31 million procedures done each year in Canada. That could garner savings of at least 9.3 million.

"Teleradiology is part of the solution [to sustainability]," says Laberge, "but we need the right structure."

And we need it quickly. Members of India's National Association of Software and Service Companies have positioned themselves to offer teleradiology readings for far less than anyone in North America. Bangalore-based Wipro Technologies is already reading scans from Boston's venerable Massachusetts General Hospital, an example that has caught the attention of the American College of Radiology (ACR).

Although the American patchwork of medical authorities makes this kind of outsourcing much more likely to occur in the US than in Canada, Virginia radiologist Bruce Hauser — ACR's representative to the CAR — says Canadians should pay attention

to where their medical imaging is going.

A Canadian precedent has already been set. When Hecht and his partners set up one of Canada's first private MRI clinics in Montreal in 1998, they sent



Canadian diagnostic images may soon be read in India and other countries.

scans over an Integrated Services Digital Network line to a group of former Montreal doctors in Florida.

"To this day, I would argue that it was as effective as anything that there is now in terms of quality of care," says Hecht.

The province's doctors soon pressured the clinic to stop. But while accessibility to services at such clinics has been widely debated, Hecht notes, the matter of where scans are read has seldom been discussed.

Meanwhile, the Canada Health Infoway is investing tens of millions of dollars in digital radiology equipment at various sites across the country, along with PACS networks to transmit images from place to place. "Where are we going to find [the] people to read [them]?" asks Hecht. — *Tim Lougheed, Ottawa*