



3D Telemedicine and Video Conferencing Using High-Speed Networks

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Introduction

- IBES (Institute for a Broadband Enabled Society)
- VerSI (Victorian e-Research Strategic Initiative)
- ITS Research Services
- University of Ballarat
- University of Melbourne MDHS
- Northern Health, Epping
- Heritage Valley Aged Care Facility, South Morang
- Ballarat Health Services
- Grampians Rural Health Alliance, Ballarat
- Ballarat District Nursing and Healthcare
- Dental Health Services Victoria
- Ballarat Oncology and Haematology Services
- Grampians Integrated Cancer Services, Ballarat
- Western Wimmera Health Group, Horsham and Nhill
- AARNet
- VERNet

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Background

- cIIF Grants (Collaborative Internet Innovation Fund)
- National Broadband Network trial applications
- Tele-medicine
 - Rural medicine
 - Community Emergency Response Teams (CERTs)
 - Tele-oncology
 - Tele-psychiatry
 - Remote wound management
 - Remote stereo microscopy
- Tele-dentistry
 - Aged care facilities



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Videoconferencing in Telemedicine

- Quality considerations
- Bandwidth considerations
- ADSL limitations
 - Upload speeds
- HD Skype and Messenger
 - Camera limitations
- HD H.323 software codecs (Mirial, Ekiga)
- HD H.323 hardware codecs
 - Easy to use
 - Very low bandwidth requirements
 - Very low encoding latency (<60ms)



Image credit: http://www.lifesize.com/Products/Video/LifeSize_Team_Series/Team_220.aspx

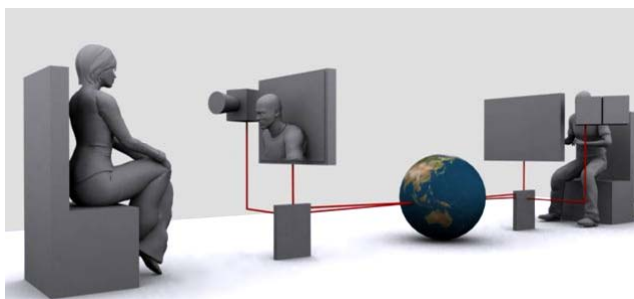
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3D Videoconferencing

- Provides enhanced spatial sense
- Increased sense of co-location
- Improved engagement with the patient
- Better appreciation of wound extent, motor-skills, & gait analysis.



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Technical requirements

- 3D video cameras
 - Panasonic (>\$20k)
 - JVC (<\$2k)
 - 2 x HD cameras with multiplexor (e.g. AJA)
- H.323 videoconferencing hardware
 - Full HD capable (1920 x 1080 @ 30fps)
 - Typical side-by-side configuration => (960x1080)
 - 720p60 also works very well for motion sensitive applications
- 3D capable TV
 - Active, passive, autostereo



Image credit: <http://www.jvc.com.au/cameras/everio-video-cameras/ps-td1>



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Standards and pricing

- Standards
 - H.323 for videoconferencing
 - Side-by-side MPEG2 stereo
 - Stereo frames produced in-camera
- Pricing
 - Camera ~\$1,700 (JVC)
 - Stereo LCD TV ~\$2,000 to 3,000 from 42 to 55 inch
 - Standard LCD TV ~\$500
 - VC Codec ~\$8,000 x 2 = \$16,000
 - Total ~ \$21,000

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Usage scenarios

- Tele-dentistry
 - Aged Care facilities traditionally underserved
 - Central Practitioner can direct Health-care nurse to perform examination to identify dental problems
- Tele-oncology
 - Observational follow-up can be conducted in home
- Remote wound management
 - CERTs can be more effective with limited resources
 - Patient can remain at home
- Tele-psychiatry
 - Rural/ remote (emergency) diagnosis and monitoring
- Remote stroke assessment for drug administration

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Remote device control

- Camera Pan, Zoom, Tilt
- Stereo Convergence
- Additional equipment
 - Remote digital stethoscope
 - Secondary video feedback for clinician
 - Camera rig for camera repositioning
 - haptics in future? E.g. Assess patient strength & limb rigidity etc.



Image credit: http://www.tryfilesize.com/filesize_camera.html



Image credit: <http://www.sensable.com/documents/images/LargePHANTOMOmniImage.jpg>



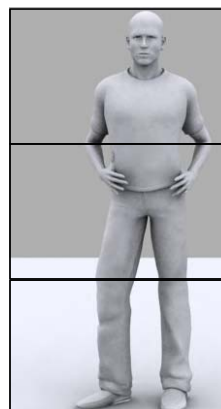
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Full body videoconferencing

- 2D via vertical tiled display
 - Provides improved assessment of certain motor functions
 - Ultra-thin bezels (<7mm combined)



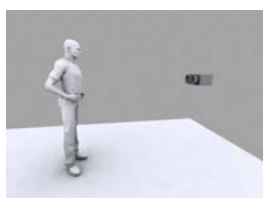
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Full body videoconferencing

- 3D via large (>60") LED/LCD TV in portrait mode
 - Unable to tile effectively due to screen bezels
 - Not compatible with auto-stereo screens
 - Circular passive and active stereo should work
 - Not compatible with off-the-shelf stereo cameras
 - Cams must be rotated 90° independently.



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Eye contact in videoconferencing

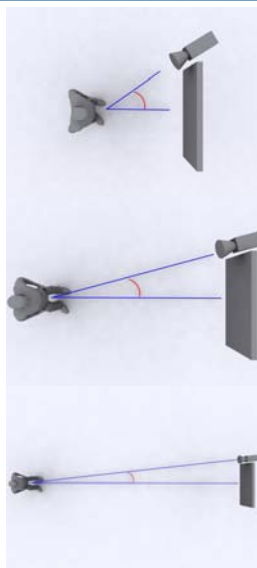
- Common complaint with all video-conferencing systems
- Extremely important when dealing with patients, especially psychiatric patients
- Placing the camera as close as possible to the screen
- Limit the angle of offset
- Large screen in limited space provides the worst offset

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Eye contact in videoconferencing



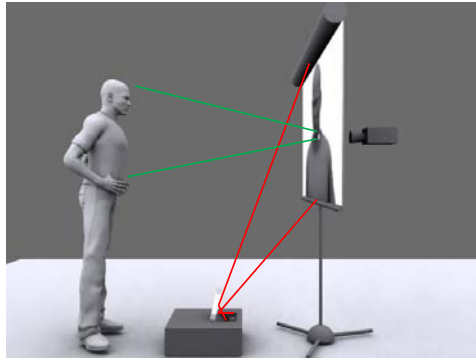
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Eye contact in videoconferencing

- Small lens in the centre of the screen (projection reqd.)
- Requires short-throw projectors
- Small lens cameras produce lower quality images



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Eye contact in videoconferencing

- Adapting teleprompter methodology using a two-way mirror.
- Additional light required to compensate for transmission loss



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