

Review Article

Bridging the gap: opportunities, challenges, and future directions for teleradiology in rural healthcare

Jamal Hasan¹, Tiba Shekhqader², Fadi M. Al-Kabban¹, Ghadah Najm¹, Sawai Singh Rathore^{3*}

¹General Surgery, King's College Hospital NHS foundation trust, London, England

²Radiology Institute, Baghdad Medical City, Baghdad, Iraq

³Dr. Sampurnanand Medical College, Jodhpur, Rajasthan, India

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*Correspondence:

Dr. Sawai Singh Rathore,

E-mail: sawais.rathore77@gmail.com

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ABSTRACT

Teleradiology, the electronic transmission of radiological images and data for diagnostic purposes, holds significant promise for improving healthcare access in rural and underserved regions. This review explores the opportunities and challenges of implementing teleradiology in rural settings, where limited access to radiology services exacerbates healthcare disparities. Teleradiology offers multiple benefits, including improved access to timely diagnostics, enhanced decision-making, and cost savings for rural patients who would otherwise need to travel to urban centers for radiology services. It has shown positive outcomes globally, with examples in India, Mali, the Democratic Republic of Congo, and Brazil, demonstrating its feasibility and potential to reduce geographic health inequities. However, implementing teleradiology in these settings faces several challenges, such as technological limitations, workforce shortages, regulatory and legal barriers, data security concerns, and cultural acceptance issues. Solutions and recommendations include investments in infrastructure, workforce training, supportive regulatory frameworks, secure data management, and adaptable telehealth models that consider socioeconomic factors in rural areas. By addressing these challenges, stakeholders can enhance the impact of teleradiology in rural healthcare systems, ultimately contributing to reduced disparities and improved healthcare outcomes. This review provides a comprehensive overview of the current landscape and suggests actionable pathways for advancing teleradiology in rural settings worldwide.

Keywords: Teleradiology, Rural health, Opportunities, Challenges

INTRODUCTION

Access to healthcare in rural areas remains a pressing issue worldwide, with radiology being one of the most underprovided services in these regions. Teleradiology, the electronic transmission of radiological images and associated data from one location to another for diagnostic and consultative purposes, has emerged as a transformative technology in the field of healthcare. As the demand for medical imaging continues to rise, particularly in rural and underserved regions,

teleradiology offers an innovative solution to bridge the gap between remote communities and specialized radiological services.¹ This technology has the potential to address significant challenges in access to timely diagnostics, availability of skilled radiologists, and disparities in healthcare delivery between urban and rural settings.²

Rural healthcare systems often face a host of systemic issues, including workforce shortages, limited infrastructure, and geographical barriers. In low-resource settings, these challenges are magnified, with many rural

health facilities lacking the advanced imaging equipment or specialized personnel necessary for comprehensive diagnostic services.^{1,3} Traditionally, rural patients have been required to travel long distances to urban centers to access radiology services, which can lead to delayed diagnoses and increased healthcare costs. Teleradiology offers a promising alternative by enabling healthcare providers in rural areas to connect with radiologists located in urban or even international centers, ensuring that patients receive timely and accurate interpretations of their imaging studies.⁴

However, despite its potential to revolutionize rural healthcare, teleradiology also presents a range of challenges.⁵ These include technological limitations, such as inadequate broadband connectivity in rural areas, regulatory and legal issues, concerns about data security and patient privacy, and the need for significant financial investment in both infrastructure and human resources.⁶ Furthermore, successful integration of teleradiology into rural healthcare systems requires careful consideration of cultural and socioeconomic factors that can impact the adoption and sustainability of this technology.^{7,8}

This review aims to explore the opportunities and challenges of implementing teleradiology in rural settings, with a focus on both developed and developing countries. It examines the key benefits of teleradiology in improving access to diagnostic services and enhancing patient outcomes while also addressing the barriers that limit its widespread adoption. By analyzing existing literature, this review seeks to provide a comprehensive understanding of the current state of teleradiology in rural healthcare and offer insights into future directions for research, policy, and practice.

OPPORTUNITIES IN TELERADIOLOGY IN RURAL SETTINGS

Delivery of healthcare in rural areas could be completely transformed by the many important opportunities that teleradiology offers. By overcoming geographical and logistical barriers, teleradiology enhances access to radiological services, improves diagnostic accuracy, and ultimately contributes to better patient outcomes. The following are some of the main advantages of using teleradiology in remote healthcare settings.

Greater access to specialized care

Rural hospitals and clinics often lack full-time radiologists, which forces them to rely on non-specialist providers or costly on-call radiologists. Teleradiology addresses this issue by allowing remote facilities to connect instantly with radiologists based in urban centers or specialized medical institutions. This ensures that patients in rural areas receive the same level of diagnostic accuracy as those in urban settings. This capability is especially crucial in urgent care situations, such as trauma

cases, strokes, or heart attacks, where timely and accurate diagnosis is critical for effective treatment.^{9,10}

Reduction in patient transfer and travel

In rural areas, patients often have to travel long distances to access radiology services, leading to delays in diagnosis and treatment. Teleradiology allows imaging studies to be sent electronically to specialists, enabling patients to remain in their communities. This approach reduces the necessity for patient transfers to larger hospitals, cutting down travel costs and minimizing disruptions to patients' lives. By enabling remote diagnoses, teleradiology also helps rural healthcare providers manage more cases locally, alleviating the burden on overcrowded urban hospitals.¹¹

Faster diagnosis and improved outcomes

Timely access to diagnostic services is essential for various medical conditions. Teleradiology enhances the diagnostic process by allowing immediate transmission and consultation of images, which reduces the time between imaging and diagnosis. Many regions now offer 24/7 teleradiology services, enabling rural healthcare providers to obtain expert opinions at any time, leading to quicker treatment decisions.¹² This is particularly critical for emergencies like strokes, where every minute matters and can be life-saving. Studies have shown that teleradiology significantly reduces turnaround times for diagnostic imaging reports in rural hospitals, ultimately improving patient outcomes.

Cost-effectiveness and resource optimization

Teleradiology provides rural healthcare facilities with the opportunity to enhance their financial and human resources. By enabling smaller hospitals to access radiology services remotely, these facilities can avoid the significant costs associated with hiring full-time radiologists and upgrading local infrastructure for specialized imaging.¹³ Teleradiology allows hospitals to share radiological resources across regions, leading to a more efficient allocation of medical personnel. Furthermore, outsourcing radiological services to teleradiology providers can be more cost-effective than employing on-site radiologists, particularly for smaller healthcare facilities with limited patient volume.¹⁴

Training and education for rural healthcare providers

Teleradiology can serve as an effective educational tool by providing rural healthcare providers with access to radiological expertise and learning opportunities. Remote consultations with specialists enable local providers to enhance their knowledge, improve their diagnostic skills, and gain insights into managing complex cases. Additionally, teleradiology networks facilitate the dissemination of continuing education programs and professional development resources, allowing rural

healthcare staff to stay updated on the latest advancements in radiology and medical imaging technologies.^{4,14}

Enhanced collaboration and teleconsultation

The integration of teleradiology with telemedicine platforms facilitates multidisciplinary collaboration and enhances the quality of patient care in rural areas. Radiologists can work closely with specialists such as oncologists, cardiologists, and neurologists, providing comprehensive management for patients. Teleradiology not only delivers expert radiological services but also promotes a team-based approach to healthcare. This ensures that patients in rural settings benefit from a broad range of medical expertise through teleconsultations and collaborative case discussions.^{8,12}

Bridging the rural-urban healthcare gap

By utilizing teleradiology, rural healthcare systems can close the gap between rural and urban medical services, leading to more equitable healthcare delivery. Teleradiology ensures that rural patients have access to the same high-quality diagnostic services as those in urban areas, thereby reducing disparities in healthcare access and outcomes. This technology is vital in addressing the healthcare inequities that have historically impacted rural communities, especially concerning specialized care and timely diagnostics.⁴

Support for emergency and disaster response

Teleradiology is an essential tool in emergency situations, particularly in rural areas with limited medical resources. During natural disasters, accidents, or other emergencies, the ability to quickly send diagnostic images to specialists in different locations can significantly improve the efficiency of medical response efforts. In these scenarios, teleradiology aids in rapid decision-making and enhances triage processes, allowing for more effective treatment of patients in remote or disaster-affected regions.⁶ This capability is especially valuable in areas prone to natural disasters, where healthcare infrastructure may be overwhelmed or damaged.¹³

Expanding global health collaborations

Teleradiology has created new opportunities for international collaboration in healthcare. It allows healthcare providers in rural areas of developing countries to access expertise from radiologists in more developed regions. This global partnership not only enhances patient care but also promotes knowledge sharing and skill development among healthcare professionals in rural and resource-limited settings. Through teleradiology networks, providers in underserved regions can obtain expert consultations and second opinions from radiologists worldwide, ultimately improving the overall quality of care.^{2,15}

Potential for artificial intelligence integration

The integration of artificial intelligence (AI) into teleradiology platforms offers significant potential to enhance diagnostic efficiency and accuracy, particularly in rural areas. AI algorithms can assist radiologists by automatically identifying abnormalities, prioritizing urgent cases, and reducing workload. In resource-limited rural hospitals, where radiologists may be scarce, AI-driven teleradiology solutions can ensure timely attention to critical cases. As AI technology advances, its application in teleradiology is likely to further improve the accessibility and quality of diagnostic services in rural healthcare.^{2,16}

Teleradiology enhances healthcare in rural areas by increasing access to radiological expertise, reducing patient transfers, and enabling timely diagnoses. Its cost-effectiveness and potential for education and collaboration make it a vital tool in addressing challenges faced by rural providers. Despite some implementation challenges, teleradiology plays a crucial role in improving healthcare equity and access for rural populations.

CHALLENGES IN TELERADIOLOGY IN RURAL SETTINGS

Despite the potential of teleradiology to transform healthcare delivery in rural areas, several challenges hinder its effective implementation and sustainability. These challenges can be categorized into technological, regulatory, financial, and socio-cultural barriers.

Digital infrastructure

One of the major challenges in successfully implementing teleradiology in rural areas is the lack of reliable technological infrastructure. High-speed internet is essential for transmitting large radiological files, such as CT or MRI scans. Many rural regions, especially in developing countries, struggle with inadequate broadband connectivity.¹⁷ This can result in delays in image transmission and reduced image quality, ultimately hindering timely and accurate diagnoses.

Initial setup and maintenance costs

Though teleradiology can be cost-effective over time, the initial setup costs for a teleradiology system can be overwhelming for rural healthcare centers. High-quality imaging equipment, software for transmitting images, and cybersecurity measures all require significant upfront investments. Additionally, the ongoing maintenance of this equipment and software can put additional pressure on already limited financial resources.¹⁰

Insufficient number of skilled workers

Despite having the necessary technological infrastructure, many rural healthcare centers struggle with a shortage of

trained personnel to operate teleradiology systems. Radiology technicians and IT specialists capable of handling image transmission are often lacking in these areas. Training existing staff can require significant time and resources, and the global shortage of radiologists further complicates the situation.^{10,12}

Data security and patient privacy

Data security is an increasing concern in teleradiology, particularly when sensitive patient information is transmitted over long distances. It's essential to comply with healthcare regulations, such as HIPAA in the United States and GDPR in Europe, to safeguard patient confidentiality.^{16,18} Rural healthcare centers often lack the necessary cybersecurity infrastructure to prevent data breaches, making them particularly vulnerable to cyberattacks.

Legal and ethical considerations

Teleradiology across national borders presents various legal and ethical challenges. Many countries have strict regulations regarding the licensure of healthcare professionals, which complicates cross-border teleradiology.¹⁹ For example, a radiologist licensed in one country might not have the legal authority to diagnose patients in another country. Additionally, there are concerns about accountability; errors in remote diagnoses can lead to malpractice lawsuits.²⁰

Cultural and language barriers

In rural areas, cultural and language barriers can complicate the adoption of teleradiology. Many rural populations have limited health literacy, which can lead to distrust or misunderstanding of telemedicine services.²¹ Additionally, language differences between rural healthcare providers and urban-based radiologists may cause miscommunication, potentially affecting patient outcomes.²²

Addressing these challenges is critical for maximizing the potential of teleradiology in rural settings. Collaborative efforts among stakeholders, including healthcare providers, policymakers, and technology developers, are necessary to create sustainable teleradiology solutions that enhance healthcare access and outcomes for rural populations.

CASE STUDIES OF TELERADIOLOGY IN RURAL SETTINGS BY COUNTRY

To highlight the practical implementation and impact of teleradiology in rural settings, this section presents case studies from various countries. These case studies demonstrate how teleradiology has been integrated into rural healthcare systems, providing insights into both the opportunities and challenges faced by different regions.

India: teleradiology solutions in the far side of Northeast India

India, with its vast rural population and significant healthcare disparities, has been one of the largest adopters of teleradiology. Rural areas often suffer from a lack of specialist radiologists, inadequate healthcare infrastructure, and poor access to diagnostic services. Teleradiology in India has emerged as a solution to bridge these gaps, particularly for geographically isolated areas. Char et al described one of the first experience with teleradiology in the rural population in India. In this work, authors describe the teleradiology service provided to Ramakrishna mission hospital in Itanagar, Arunachal Pradesh, which catered to the tribal population in the area and did not have an on-site radiologist. Teleradiology service was provided by a commercial teleradiology provider located in Bengaluru, Karnataka, to a remote hospital 3000 km away for a one-year duration. Following a short training through remote access, two onsite radio technicians were able to upload and transfer images as compressed ZIP and provide clinical and demographic details of the patients using a radiology information system (RIS) with the help of a simple broadband connection via asymmetric digital subscriber line (ADSL) and a secure file transfer protocol (sFTP). Authors have reported a turnaround time of 30 min for emergency radiology studies and 6 h for non-emergency or elective studies.²³ This example showed the feasibility of teleradiology in a resource-poor remote region of the country, enabling access to timely diagnosis and care for hundreds of patients in a remote locality.

Australia: teleradiology for remote indigenous communities

Australia's scattered population (25-30% residing outside major cities) creates a demand for teleradiology, which transmits medical images for remote interpretation by specialists. This can avoid unnecessary patient travel and improve access to care, especially for rural and remote areas. Private radiology practices have embraced teleradiology with good results. Examples include Jones and Partners (covering a vast area), Pittwater group, southern x-ray group, Epworth private hospital, and Victorian imaging group. These groups leverage teleradiology to maintain efficient services and referral networks with general practitioners. This has led to enhanced management of pregnancy-related conditions through timely ultrasound imaging, improving maternal and neonatal health outcomes and IGH patient satisfaction, as the need for travel to urban centers was significantly reduced.²⁴

Mali: IKON teleradiology project

A study on the IKON project, a teleradiology initiative in Mali, assessed patient satisfaction with the service, which aimed to link regional hospitals with larger ones in Bamako, the capital. At the time, nearly all radiologists

were concentrated in Bamako. The project processed 2,500 cases, achieving an impressive 98% overall patient satisfaction rate. Teleradiology services not only enhanced access to radiology for patients in remote areas but also generated significant cost savings. The study estimated that the service saved the population over 125,000 USD by reducing the need for travel and enabling timely medical imaging in smaller hospitals, thus improving healthcare outcomes across the country.²⁵

Democratic Republic of the Congo

Crumley et al examined the benefits of teleradiology through a retrospective paired before-after analysis. In collaboration with Médecins Sans Frontières (MSF) and a local hospital, the study evaluated the therapeutic impact of teleradiology on patient management in the DRC. The results were promising, with 62% of patients experiencing changes in their care plans due to teleradiology. Additionally, the study highlighted a significant reduction in invasive procedures, such as orthopedic and interventional surgeries, which had not been explicitly noted in previous studies. This demonstrated teleradiology's potential to improve medical decision-making and reduce the need for invasive interventions in resource-limited settings.²⁶

Kenya: virtual radiology survives

A report from Kenya described a teleradiology architecture using a global virtual radiology service model, focusing on its implementation, success, challenges, and potential for widespread adoption. The

implementation involved key considerations such as policy, stakeholder engagement, security, and workflow integration. Over a year (January-December 2017), the system processed 80 X-rays, 150 MRIs, and 1,335 CT scans, with an average reporting time of 3 ± 1.4 minutes. Image size varied by modality, and the total cost of implementation was \$7,540. The system proved that a scalable, low-cost, sustainable, secure, and robust teleradiology architecture can be implemented in low-resource settings, offering a solution to address the shortage of radiologists and improving access to radiology services.²⁷

Brazil: teleradiology in the Amazon region

Brazil's vast size, socioeconomic inequalities, and uneven access to specialized healthcare make it ideal for eHealth initiatives. The project aimed to (1) develop an efficient method for acquiring and delivering patient medical information in remote areas using local internet and (2) assist urban and indigenous populations in the Brazilian Amazon with skin lesions and cardiovascular diseases. Once internet access was available, data was synchronized with the Microgravity Centre's server, where specialists analyzed patient information and images. Treatment recommendations were sent back securely via encrypted PDFs. Inconclusive cases required more data or further laboratory tests.²⁸ The system proved effective for diagnosing dermatological and cardiovascular conditions remotely, at low cost, without the need to transport patients. This eHealth model can be easily adapted to other regions with internet access, improving remote healthcare delivery.

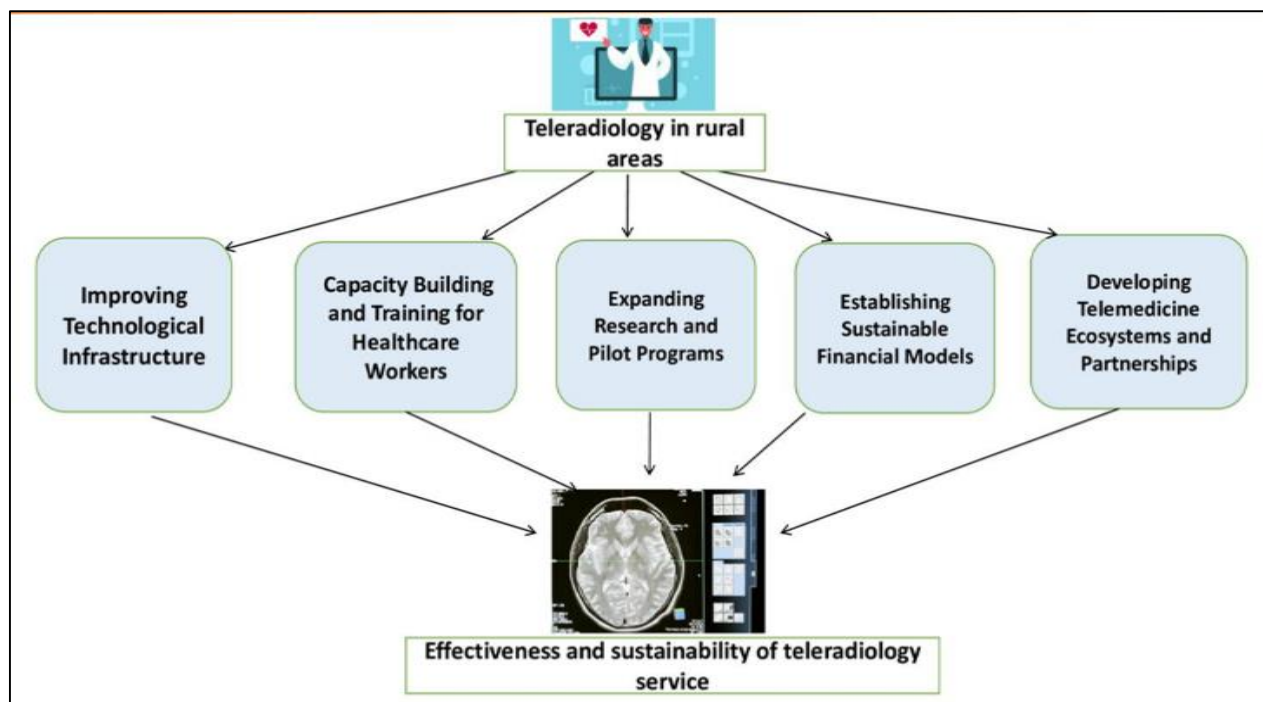


Figure 1: Descriptive image of solutions and recommendations for advancing teleradiology in rural settings.

SOLUTIONS AND RECOMMENDATIONS FOR ADVANCING TELERADIOLOGY IN RURAL SETTINGS

Teleradiology has the potential to greatly improve healthcare access in rural areas by offering timely and accurate diagnostic imaging services. However, there are several challenges that hinder its implementation, including technological limitations, workforce shortages, and financial constraints. Overcoming these barriers and optimizing the benefits of teleradiology in rural settings requires a multifaceted approach. This section outlines key solutions and recommendations to enhance the effectiveness and sustainability of teleradiology services.

Improving technological infrastructure

Robust technological infrastructure is vital for teleradiology. Investments in reliable broadband connectivity are needed for high-quality image transmission. Governments and private sector stakeholders should collaborate to expand internet access in rural areas.²⁹ Portable imaging equipment with minimal power requirements should be deployed for better access in remote areas. Training healthcare providers on technology use is equally critical.³⁰

Capacity building and training for healthcare workers

Building local capacity is crucial for sustainable teleradiology services. Training programs should be developed to enhance the skills of local healthcare workers in interpreting imaging studies.³¹ Partnerships with academic institutions can facilitate knowledge exchange, and tele-education initiatives can provide continuous training opportunities for rural healthcare workers.³²

Establishing sustainable financial models

Financial sustainability is a crucial aspect of implementing teleradiology. Innovative funding models, such as public-private partnerships, can help alleviate the financial burden on rural healthcare facilities. Governments should consider providing subsidies or grants to support initial setup costs and ongoing operational expenses.³³ Additionally, exploring reimbursement policies for telehealth services can incentivize hospitals and clinics to adopt teleradiology solutions. Engaging with insurance companies to create coverage policies specifically for teleradiology services will further encourage widespread adoption.³⁴

Developing telemedicine ecosystems and partnerships

The successful integration of teleradiology into rural healthcare requires a collaborative approach. Establishing telemedicine ecosystems that connect various stakeholders, including local health facilities, specialists,

and academic institutions, can enhance service delivery.² Collaborative partnerships should focus on creating referral networks, enabling rural healthcare providers to connect with urban specialists seamlessly. Joint initiatives can facilitate knowledge sharing and resource pooling, ultimately improving patient care.³⁶

Expanding research and pilot programs

Ongoing research is essential to evaluate the effectiveness of teleradiology initiatives and identify best practices. Pilot programs should be established in diverse rural settings to assess different models of teleradiology implementation.³⁷ Collecting data on patient outcomes, cost savings, and patient satisfaction will provide valuable insights into the benefits of teleradiology. Additionally, sharing success stories and lessons learned from these programs can encourage broader adoption and adaptation in other regions facing similar challenges.³⁸

To create a supportive environment for successful teleradiology services, stakeholders should focus on technological infrastructure, capacity building, financial sustainability, data security, collaborative partnerships, and ongoing research. With strategic investments, teleradiology can bridge the healthcare gap in rural areas, enhancing care quality and improving patient health outcomes.

CONCLUSION

Teleradiology has the potential to significantly transform healthcare in rural areas by providing timely access to specialized radiology services. However, implementing this technology in these settings faces several challenges, including technological, financial, and regulatory obstacles. To unlock the full potential of teleradiology in rural healthcare, it is essential to address these challenges through government support, capacity building, and investment in infrastructure. For rural populations, especially in developing countries, overcoming these barriers will lead to improved health outcomes and a more equitable healthcare system.

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REFERENCES

1. Gurupur VP, Miao Z. A brief analysis of challenges in implementing telehealth in a rural setting. *Mhealth*. 2022;8:17.
2. Chandramohan A, Krothapalli V, Augustin A, et al. Teleradiology and technology innovations in radiology: status in India and its role in increasing access to primary health care. *Lancet Reg Health Southeast Asia*. 2023;23:100195.

3. Ryu S. History of Telemedicine: Evolution, Context, and Transformation. *Healthc Inform Res*. 2010;16(1):65-6.
4. Tahir MY, Mars M, Scott RE. A review of teleradiology in Africa-Towards mobile teleradiology in Nigeria. *SA J Radiol*. 2022;26(1):2257.
5. European Society of Radiology. ESR white paper on teleradiology: an update from the teleradiology subgroup. *Insights Imaging*. 2014;5:1-8.
6. Loria K. Accessible Care: Challenges and Opportunities Related to Radiology Services in Rural Areas. *Radiology Today*. 2019;20(20):22.
7. Butzner M, Cuffee Y. Telehealth Interventions and Outcomes Across Rural Communities in the United States: Narrative Review. *J Med Internet Res*. 2021;23(8):e29575.
8. Franken EA, Berbaum KS, Smith WL, Chang PJ, Owen DA, Bergus GR. Teleradiology for Rural Hospitals: Analysis of a Field Study. *J Telemed Telecare*. 1995;1(4):202-8.
9. Bashshur RL, Shannon GW, Smith BR, Dale CA, Nina A, William GB, et al. The empirical foundations of telemedicine interventions for chronic disease management. *Telemed J E Health*. 2014;20(9):769-800.
10. Hadian M, Jelodar ZK, Khanbebin MJ, Atafimanesh P, Asiabar AS, Dehagani SMH. Challenges of Implementing Telemedicine Technology: A systematized Review. *Int J Prev Med*. 2024;15:8.
11. Franken EA, Whitten P, Smith WL. Teleradiology services for a rural hospital: a case study. *J Telemed Telecare*. 1996;2(3):155-60.
12. Smith AC, Bensink M, Armfield N, Stillman J, Caffery L. Telemedicine and rural health care applications. *J Postgraduate Med*. 2005;51(4):286-93.
13. Thrall JH. Teleradiology. Part I. History and clinical applications. *Radiology*. 2007;243(3):613-7.
14. Agrawal A. Emergency Teleradiology-Past, Present, and, Is There a Future? *Front Radiol*. 2022;2:866643.
15. Katz ME. Pediatric teleradiology: the benefits. *Pediatr Radiol*. 2010;40(8):1345-8.
16. Rosenkrantz AB, Hanna TN, Steenburg SD, Tarrant MJ, Pyatt RS, Friedberg EB. The Current State of Teleradiology Across the United States: A National Survey of Radiologists' Habits, Attitudes, and Perceptions on Teleradiology Practice. *J Am Coll Radiol*. 2019;16(12):1677-87.
17. Britton N, Miller MA, Safadi S, Siegel A, Levine AR, McCurdy MT. Tele-Ultrasound in Resource-Limited Settings: A Systematic Review. *Front Public Health*. 2019;7:244.
18. Greyson KA. Asynchronous Transmission Mode as the Entry Point of Teleradiology Connectivity in Developing Countries: Case Study Tanzania. 2021 IST-Africa Conference (IST-Africa). IEEE. 2021.
19. Reiner BI. Strategies for radiology reporting and communication: part 4: quality assurance and education. *J Digit Imaging*. 2014;27(1):1-6.
20. Nittari G, Khuman R, Baldoni S, Graziano P, Gopi B, Ascanio S, et al. Telemedicine Practice: Review of the Current Ethical and Legal Challenges. *Telemed J E Health*. 2020;26(12):1427-37.
21. Whitehead L, Talevski J, Fatehi F, Beauchamp A. Barriers to and Facilitators of Digital Health Among Culturally and Linguistically Diverse Populations: Qualitative Systematic Review. *J Med Internet Res*. 2023;25:e42719.
22. Chen J, Amaize A, Barath D. Evaluating Telehealth Adoption and Related Barriers Among Hospitals Located in Rural and Urban Areas. *J Rural Health*. 2021;37(4):801-11.
23. Char A, Kalyanpur A, Puttanna Gowda VN, Bharathi A, Singh J. Teleradiology in an inaccessible area of northern India. *J Telemed Telecare*. 2010;16(3):110-13.
24. Crowe BL. A review of the experience with teleradiology in Australia. *J Telemed Telecare*. 2001;7(2):53-4.
25. Bagayoko CO, Anne A, Fieschi M, Geissbuhler A. Can ICTs contribute to the efficiency and provide equitable access to the health care system in Sub-Saharan Africa? The Mali experience. *Yearb Med Inform*. 2011;6:33-8.
26. Crumley I, Halton J, Greig J, Lucien K, Jean-Paul M, Arlene C, et al. The impact of computed radiography and teleradiology on patients' diagnosis and treatment in Mweso, the Democratic Republic of Congo. *PLoS One*. 2024;19(2):e0299648.
27. Mwogi T, Nyameino J, Tylleskar T, Were MC. A scalable low-cost multi-hospital tele-radiology architecture in Kenya. *J Health Inform Afr*. 2018;5(2):10.
28. Jones CR, Cardoso RB, Oliveira HW, Maria HIL, Edison H, Eder H, et al. Telemedicine experience in the Brazilian Amazon. *Int J Integr Care*. 2012;12(1):e70.
29. World Health Organization (WHO). Telemedicine: Opportunities and Developments in Member States. Report on the second global survey on eHealth. WHO Press. 2010. Available at: <https://apps.who.int/iris/handle/10665/44497>. Accessed 25 October 2024
30. Stamford P, Bickford T, Hsiao H, Mattern W. The significance of telemedicine in a rural emergency department. *IEEE Eng Med Biol Mag*. 1999;18(4):45-52.
31. Schoeman R, Mario H. Radiologists' experiences and perceptions regarding the use of teleradiology in South Africa. *S Afr J Radiol*. 2023;7:27
32. Ganapathy K, Ravindra A. Telemedicine in India: the Apollo story. *Telemed J E Health*. 2009;15(6):576-85.
33. Weinstein RS, Lopez AM, Joseph BA, Kristine AE, Michael H, Gail PB, et al. Telemedicine, telehealth, and mobile health applications that work: opportunities and barriers. *Am J Med*. 2014;127(3):183-7.

34. Bashshur RL, Shannon G, Krupinski EA, Grigsby J. Sustaining and realizing the promise of telemedicine. *Telemed J E Health*. 2013;19(5):339-45.
35. Taylor P. Evaluating telemedicine systems and services. *J Telemed Telecare*. 2005;11(4):167-77.
36. Amjad A, Kordel P, Fernandes G. A Review on Innovation in Healthcare Sector (Telehealth) through Artificial Intelligence. *Sustainability*. 2023;15(8):6655.
37. Davidson M, Kielar A, Tonseth RP, Seland K, Harvie S, Hanneman K. The Landscape of Rural and Remote Radiology in Canada: Opportunities and Challenges. *Canadian Asso Radiologists J*. 2024;75(2):304-12.
38. Alanazi AT, Al Hader B. Telemedicine Patient Satisfaction and Cost: A Comparative Study in the COVID-19 Era. *Cureus*. 2022;14(10):e30671.

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