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DR. STAN FOWLER
**ASSOCIATE DEAN FOR CLINICAL RESEARCH
AND SPECIAL PROJECTS**
**UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE**

South Carolina’s Research Universities Use Expressway™ to Foster Communication, Collaboration and Gain Funding Advantage

From refining potential cures for HIV/AIDS, cancer, and diabetes to developing high-yield crop and water purification methods to discovering clean sources of energy, the remarkable work performed by research institutions across the United States requires support from a variety of sources to succeed.

Universities, medical schools, hospitals and other centers of knowledge often rely upon grant and foundation monies to advance their efforts. In the current competitive funding environment, organizations need to stand out. Knowing that grantors reward institutions that foster collaboration among multiple stakeholders, the University of South Carolina School of Medicine spearheaded a cutting edge video network to create a compelling case for essential grant funding. In order to meet and exceed the requirement of enhanced collaboration, the program took advantage of the latest firewall traversal technology.

THE CHALLENGE

Over the past five years, the competition for public and private grant monies has become increasingly fierce.

Although the state of South Carolina’s research universities, medical schools and major hospital systems were each strong in their own right, they were competing against each other for these dollars. As a result they were losing in funding competitions to larger institutions and state systems that had programs with more depth.

Dr. Stanley Fowler, Associate Dean for Clinical Research and Special Projects, University of South Carolina School of Medicine, describes the situation: “Separately, we looked relatively small without all the resources and expertise

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required to gain the funding we were seeking. However, taken together, we have truly exceptional resources and talent. We realized we needed to work together to be competitive — and that meant convincing the ‘powers that be’ that we had an infrastructure that could foster very close communication and coordinate research services in order to produce the synergies of expertise and resources these grant and funding programs were expecting.”

Building on his experiences introducing telehealth to South Carolina, Dr. Fowler persuaded the state’s two medical schools and affiliated hospitals to share resources to initiate what he called the Interstate 26 or “I-26” virtual communication corridor, which visually linked academic medical centers and affiliated teaching hospitals from Greenville in the north through Columbia in the center of the state, down to Charleston on the coast with video. In-state foundations provided one and a half million dollars to create this virtual network. This amount was matched dollar-for-dollar with university and hospital funds.

When the project began, Dr. Fowler had a clear vision for its success. In order to establish an effective level of communication between South Carolina’s distributed resources, including Greenville Hospital System (GHS), the Medical University of South Carolina (MUSC), Palmetto Health, and the University of South Carolina (USC), and foster an environment for productive collaboration, Dr. Fowler knew the network would have to take visual communication beyond the boardrooms and down to the desktops. It needed to ensure that colleagues separated by distance would talk and work together, face-to-face, on a daily basis. Yet, he worried that connecting these dispersed colleagues would mean “poking hundreds of holes” in their respective institutions’ firewalls — not a popular proposition for either the universities or hospitals, all of which were on their own IP networks and very concerned with protecting their institutional assets.

“We needed to get through the firewalls in order to get our people – physicians, medical researchers, graduate students, medical students — talking to one another, not only across the state, but across the country. And at each institution, there were IT people that were very protective of their firewalls,” explained Fowler. “With good reason, too — secure firewalls are necessary for HIPAA compliance, to protect research data and more. We needed a solution that could allow visual communication and maintain security.”

THE SOLUTION

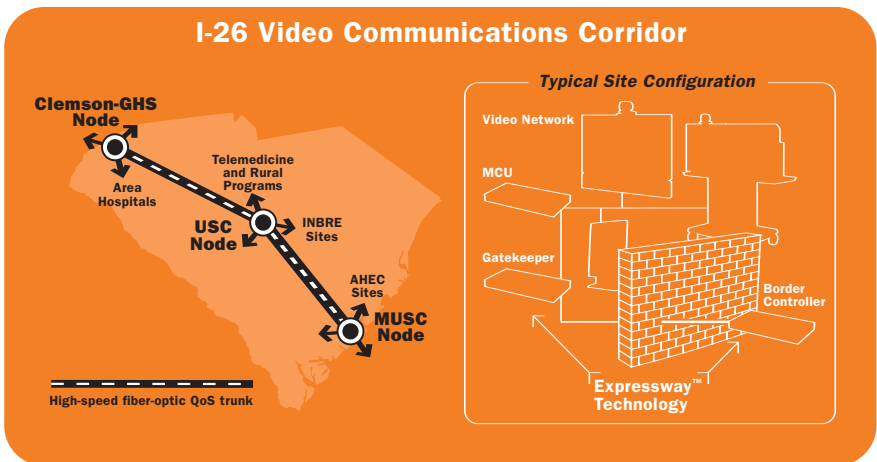
Dr. Fowler successfully gained top-level buy-in from each of the participating institutions (representing a variety of network infrastructures) and mapped out the planned infrastructure enhancements. The visual communication network was designed to tie together major institutions as well as smaller hospitals and clinics, including those using private IP networks, as well as older ISDN technology. “It was about taking care of the details (such as installing gatekeepers, proxy servers, and MCUs) that would enable people to talk visually” explained Fowler.

However, the issue of linking the virtual IP networks through existing firewalls still remained. Previously, when people on different networks wanted to have a video meeting, the process was prohibitively labor intensive, involving many IT personnel on both sides for administration, scheduling, testing, and temporary removal of the firewalls. In early 2005, when South Carolina learned about TANDBERG’s Expressway technology, they saw it as an ideal solution. “It allowed our institutional team members to securely connect over video as often as they wished. Expressway resolved the problem very well. It provides easy, ad-hoc visual communications, an

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easy dial plan, and great security.” said Dr. Fowler. Hurschell Mathews, Manager of the Greenville Hospital Systems Continuing Medical Education Program and Conference Center, said “installation of the Expressway technology was an important element in making our hospital comfortable with connecting to the Video Corridor.”



THE RESULTS

Expressway has helped video communication and collaboration become a reality across the state of South Carolina. “This technology is now an integral part of our operations,” said Fowler.

While Expressway was initially chosen to tie the three research universities and the three major hospital systems together, the system now shares the resources of these top institutions with nine four-year colleges throughout the state, serving them through project mentoring and distance learning efforts. This initiative is supported by the Idea Network of Biomedical Research Excellence (INBRE) federal grant. “Our two state medical schools are also sharing specialized teaching resources with each other,” continued Fowler, “and we are capturing important lectures and events for anytime access by students and peers.”

“In addition, we have developed state-wide research teams in neuroscience, cardiovascular disease, and cancer,” said Fowler. “We even have a virtual hallway, linking the two cancer centers in Charleston and Columbia together. With cameras and plasma screens in the hallways of each cancer center, as people walk by they can talk to their counterparts on a daily basis. The whole idea is to send a message — collaborate, collaborate, collaborate. Expressway was a crucial element, enabling us to provide a powerful, legitimate interaction medium for our researchers and team members. People are beginning to collaborate and work with one another, and linkages are forming all over the place.”

The key has been to encourage usage by establishing an easy-to-use and highly available video communication system. “A lot of people experiment with video communication in their own departments or institutions,” noted Fowler. “The problem is, they didn’t make it easily accessible to others outside and, therefore, didn’t get the true return on their investment. That’s what Expressway did in this project — helped us to achieve our goal to eliminate the barriers between institutions, and make it easier for people to visually communicate with each other.”

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