PROMOTING TELEMEDICINE PRACTICE BETWEEN DOCTOR AND PATIENT THROUGH REMEDO APP IN THE SECOND WAVE OF COVID-19

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of
Master of Business Administration (MBA)
In

Hospital and Health Management

by

Dr. Amira Fatima Alvi

Under the Supervision and Guidance of

Dr. Daya Krishan Mangal, Professor

2019-2021

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DECLARATION BY STUDENT

I hereby declare that this dissertation title “Promoting Telemedicine Practice Between Doctor and Patient Through Remedo App in the Second Wave Of Covid-19” is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

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CERTIFICATE

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Amira Fatima Alvi in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed her internship at Remedo Clinitech Pvt. Ltd. during March 22nd 2021 to June 19th 2021.

Place: New Delhi
Date: 2/7/2021

Dr. Rituparna Santra

Medical Head, Remedo

ACKNOWLEDGEMENT

This report has been prepared for the dissertation done in 'Remedo Clinitech Pvt Ltd', Noida, to fulfill the requirements of the MBA course (Hospital and Health Management).

I would like to express my sincere gratitude to my internship coordinator Dr. Rituparna Santra, Medical Head of Remedo has given her valuable time and given me a chance to learn something despite having a hectic schedule. I am also thankful to Dr. Ruchir Mehra (CEO & Co-founder of Remedo), who has built my confidence and continuously gives me advice for career growth. Thus, I have gained valuable work experience from the organization which will help me in my future career goals.

Most importantly I would like to express my sincere gratitude to my guide, Dr. Daya Krishan Mangal, IIHMR University, Jaipur without his support this could not have been possible.

Last but not the least, I would like to show my gratitude towards my family, friends and colleagues who have supported me from so long and build confidence in me during this entire period of dissertation journey.

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ABSTRACT

Despite the Covid-19 crisis highlighting the gaps in the health-tech ecosystem, industry experts have agreed that the pandemic has brought a lot of attention to health technology and its value proposition. Even the government has repeatedly emphasized the need for technology solutions in the health tech space to solve the crisis, focusing on telemedicine. While telemedicine has always been a significant segment within health-tech, the COVID pandemic has forced the government to issue telemedicine and remote consultion guidelines.

The patient's entire medical history is available to the healthcare team in real time, including diagnosis information, treatment plans and aftercare, drug allergies, lab test results, and other information.

This study was conducted to promote telemedicine and identify its difference among doctors and patients. It was a qualitative and quantitative approach with secondary research. A review of literature has been done on COVID and Telemedicine, and observe the organization insights of doctors. The survey has been taken by doctors using telemedicine in this current scenario (second wave of COVID 19). This study has also included another survey for patient satisfaction to identify whether they are satisfied with the Remedo App.

Findings of the study with respect to doctors who are using telemedicine are ready to adopt the new way of consultations. Most of the doctors used a dedicated app. The overall findings suggest that patients who are enrolled with the Remedo App are satisfied with the services.

CHAPTER 1

INTRODUCTION

Despite the Covid-19 crisis highlighting the gaps in the health-tech ecosystem, industry experts have agreed that the pandemic has brought a lot of attention to health-tech and its value proposition. Even the government has repeatedly emphasized on the need for technology solutions in the health-tech space to solve for the crisis with a focus on a telemedicine. While telemedicine has always been a significant segment within health-tech, the pandemic has forced the government to clarify the guidelines for telemedicine and remote consultations.

Remedo is a Telemedicine start-up founded on the idea of providing doctors with a competent enough platform through which they can communicate with their patients on a regular basis. The B2B approach to its service entails doctors enrolling patients on tis care platform in order to stay in touch with and guide the patients. The company wants to establish itself as an integrated healthcare facilitator and caregiver that uses various touchpoints between doctor and patient effectively to manage chronic conditions and achieve better health outcomes. Remedo wants to be an intermediary for doctors and their existing patients. In this pandemic period, doctors may not be able to go back to patients every time they need a follow-up, due to limitations of being in a lockdown. The use of telemedicine practice will result in cost-setting plans for patients, as well as an improvement in the quality of healthcare in rural areas. After the Covid-19 outbreak, the MCI launched guidelines for telemedicine solutions on March 25, 2020. Previously, telemedicine operations were governed by several statutory guidelines in India. The new telemedicine guidelines for India provide a more comprehensive framework for applications, modes of communication, medical ethics, data privacy and confidentiality, document requirements, fees, processes, drug lists, technological platforms and many more. India is one of the top ten countries that use telemedicine.

Remedo has its two apps **Remedo DISHA (app for patient)** and **Remedo Doctor (app for doctor).**

INDUSTRY PROFILE

HEALTHCARE: It is described as the treatment, diagnosis, and prevention of underlying disease, illness, injury, and other physical and mental disabilities in people. It is provided by medical, chiropractic, dental, nursing, pharmacy, allied health, and other care providers. 1st, 2nd & 3rd care are all forms of healthcare.

HEALTHCARE INDUSTRY: It is a field that offers goods and services for curative, therapeutic, rehabilitative or palliative treatment for patients. The healthcare system comprises of institutions devoted to the detection, recovery, evaluation and restoration of medical conditions. "Modern healthcare is categorized up into multiple sub sectors and depends on interdisciplinary teams of professional practitioners and paraprofessionals to fulfil patients and communities health needs". The healthcare sector includes organizations varying from small town private practices of doctors who hire only one medical assistant to large hospitals in the inner-city offering thousands of facilities. "Healthcare industry is full of risks and challenges as it is an industry that under increased regulations which requires constant innovation".

THE HEALTHCARE INDUSTRY IMPORTANCE: Aging populations and increasingly prevalent chronic diseases are the fundamental drivers creating demand for medical procedures and the healthcare industry to expand lifestyle. Medical technology products will be in immense demand for years to come.

LINK BETWEEN HEALTHCARE INDUSTRY AND ECONOMY: The healthcare sector is of immense significance to all entities around the globe and to the national economies. It is among the world's fastest-growing industries. Consuming about 10 percent of most developing nations gross domestic product (GDP), there is a link between wage levels and healthcare spending in various countries. Many of the large developing economies, such as China, Brazil, Russia and India pay less on healthcare than more advanced nations, such as US and France. The healthcare business also plays a significant position as the biggest employer in the world economy, if we sum up the amount of workers employed across the globe in any sector. For most nations the healthcare industry's job development trend is greater than in other sectors. Moreover, as it operated today, the healthcare sector is extremely competitive and segregated between many separate organizations and competitors. No single company has significantly large market share or monopoly to influence the direction or price level of the industry.

The United Nations International Standard Industrial Classification (ISIC) classify healthcare industry as follows:

- Hospital Activities
- Medical and Dental Practice Activities
- Other human Health Activities

The third class includes activities of, or under the supervision of nurses, physiotherapists, laboratories, pathology clinics, residential health facilities, or other associated health professions like “optometry, hydrotherapy, medical massage, yoga therapy, music therapy, occupational therapy, speech therapy, chiropody, homeopathy, chiropractic” and many more.

“The Global Industry Classification Standard and the Industry Classification Benchmark” again differentiate this industry as two main groups:

- The equipment and services of medical care
- Pharmaceuticals, biotechnology and related life sciences

PROFESSIONALS AND PROVIDERS OF HEALTHCARE

A healthcare provider is an institution (such as hospital and clinic), or individual (such as a physician, nurse, allied healthcare professional or community health worker) that provides preventive, curative, promotional, rehabilitative or palliative care services to individuals families or communities in a systemic manner. “Many professions that do not directly provide healthcare themselves, but are part of the management and support of the healthcare system”. It also supports the medical industry. The salaries for profit services of all the managerial and non-clinical health workers all attributable to the cost of healthcare.

DIGITAL DELIVERY OF HEALTH CARE SERVICES

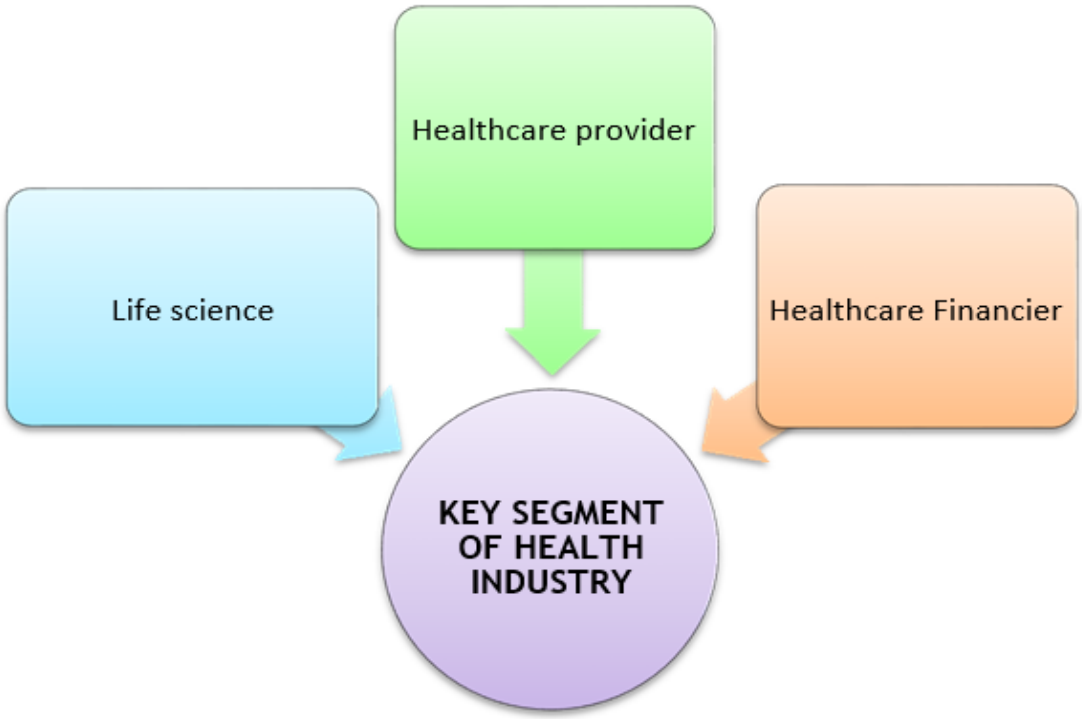
There are multiple options to access health care. The distribution position can be at home, in the neighbourhood, in the office, or in health facilities. Face to face delivery is the most common way in which “care providers and patients see each other in the flesh”. In most countries this is what happens in general medicine.

With new information technologies, though, health care is growing increasingly common in absentia. “This might be when practitioners and patients communicate over

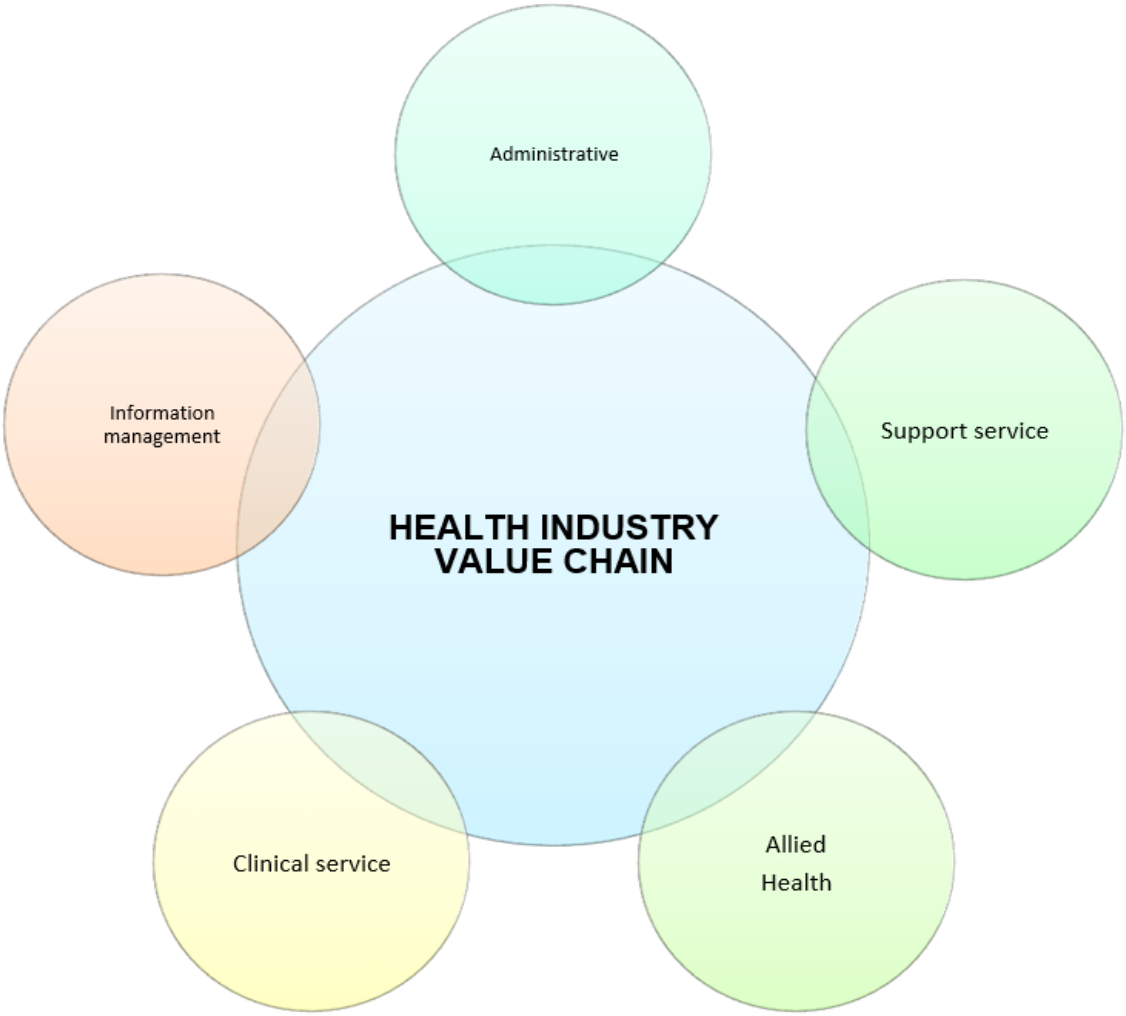
the telephone, video conferencing, internet, email, text messages or any other form of non-face to face communication".

HEALTHCARE INDUSTRY

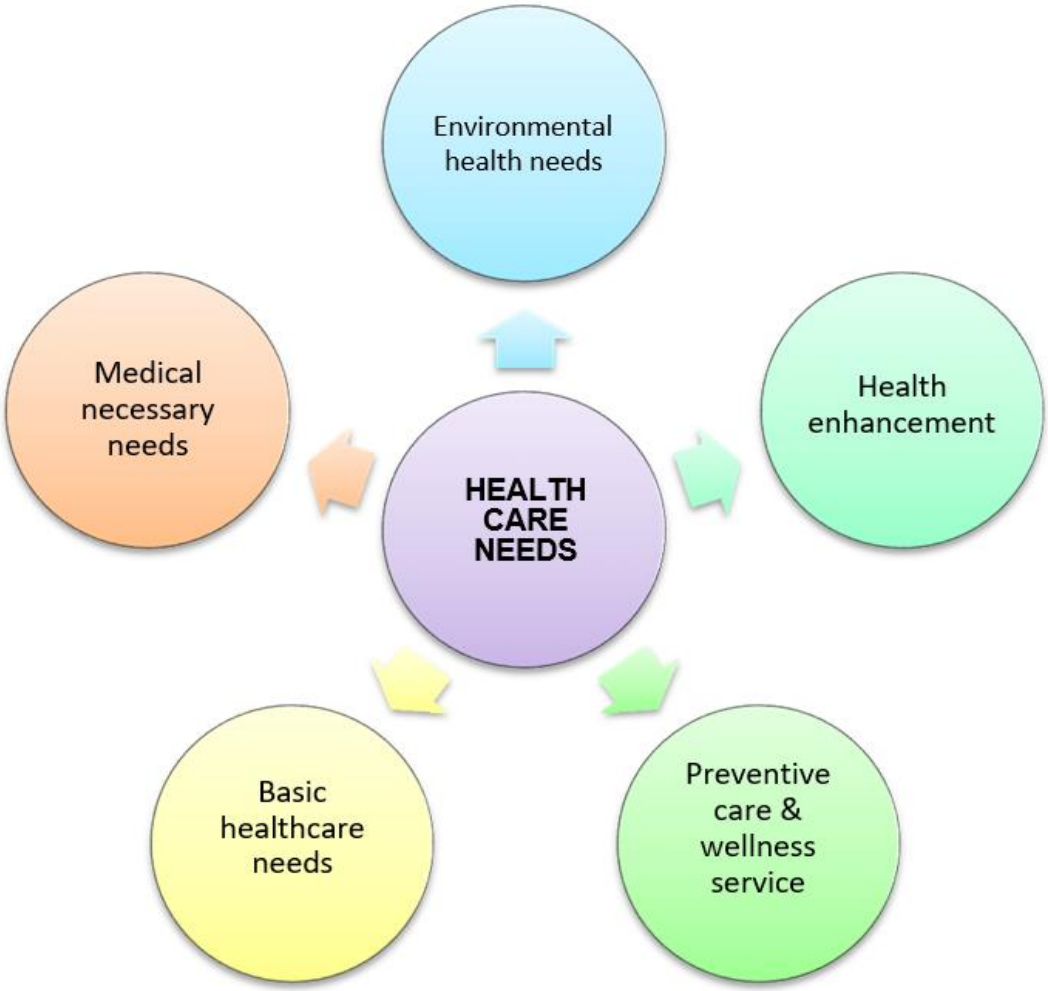
Key segment of healthcare industry (Figure 1)



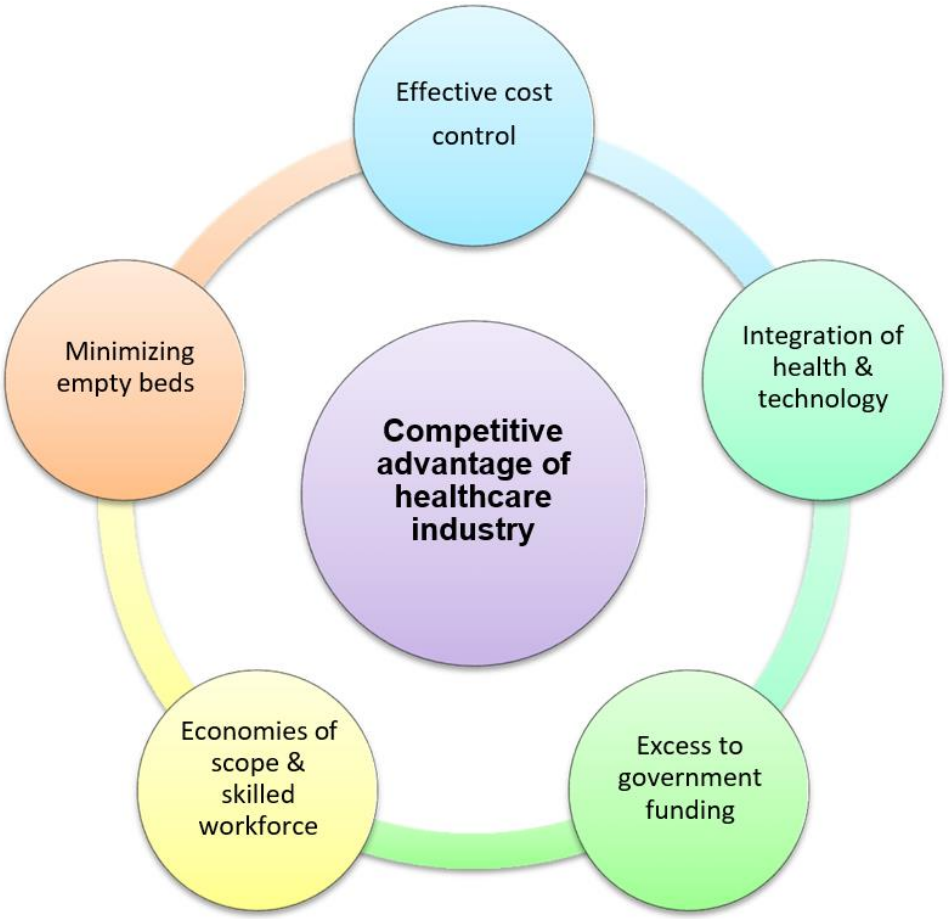
Health industry value chain (Figure 2)



Healthcare needs (Figure 3)



Competitive advantage of healthcare industry (Figure 4)



THEORETICAL BACKGROUND OF STUDY

The idea of telemedicine was arisen in April 1924, through Radio News magazine Issue. The magazine depicted a patient talking with an expert through TV and microphones, with the utilization of heart rate and temperature measures. The thought was a creation of things to come, on the grounds that the inhabitants of the U.S. as of now didn't have TVs in their families, so radio utilization was just warming up. Over the first half of the 1900s, plans were made for the transmission of stethoscope readings and other instrument information through set up contact organizations (telephone, radio, etc). In any case, not many of these oddballs examines have gotten any attention. Telemedicine first applications for sharing images, videos, and definite clinical information arose in the late of the 1950s and early 1960s. Throughout 1959, virtual telemedicine was presented at the University of Nebraska to move neurological tests, and is by and large thought to be the main illustration of constant telemedicine counsel.

Many initiatives followed, for the most part presented in an educational context, focused on medical data communication for example, fluoroscopy pictures, x beams,

stethoscope vibration, and electrocardiograms (ECGs). Such early endeavours were basically motivated by:

- Providing medical care inclusion in distant regions (remote areas)
- Medical crisis episodes in a metropolitan region (urban areas)

A big break for telemedicine development occurred in the 1960s when many allies including “National Aeronautics and Space Administration” (NASA), Lockheed Corporation and the “US Indian Health Service”, joined hands to collaborate on the STARPAHC programme. STARPAHC stands for “Space Technology Applied to Advanced Health Care” in Rural Papago. The project provided access to an American Indian reservation via same technologies used by astronauts for space missions.

Many more technologies grant and programs funded by the government include following:

- Providing medical care in a unfavourable zone
- Providing emergency services to isolated
- Arctic and Antarctic research stations
- Provisions of clinical services to detention institutions without sending inmates to hospital
- Digitally distributed radiological pictures

Radiology becomes the first medical discipline to follow telemedicine to the complete. The medical community gained trust in teleradiology with the aid of grant sponsored projects which proved the reliability and efficiency of telemedicine. Several radiologists started utilizing teleradiology devices in the 1980’s to obtain photographs for telemedicine consultations. Like almost all early telemedicine implementations, the telemedicine programs were massive undertakings that needed significant personnel and organizational adjustments. The telemedicine systems utilized custom made hardware and software devices, mostly designed especially for limited usage. The machinery was heavy and it required the use of specially qualified personnel. This indicates that the typical patient did not communicate specifically with the telemedicine technology. Instead, a telepresence treated the system and was communicating with the patient. Driven by technological development and other causes, few initial plans existed in their original forms for more than 20 years. They use the word telemedicine 1.0 to refer to all early forms of implementations of telemedicine.

Programs are clearly defined as:

- Built, cumbersome equipment designed exclusively for telemedicine
- Built for different purposes such as psychology consultations in ER
- Tends to cost back
- Need specially qualified tele preventatives

TELEMEDICINE AND INTERNET

The internet growth in the 1990's also brought the explosion of information. Internet protocols provided support for virtually al telemedicine knowledge and traffic needed, including:

- Education for the patients (text, pictures, video)
- Health pictures (DICOM quality standards) such as x rays and scans
- Audio-video consultation in a real time
- Vital indications and other assessment of body

Globalization, web production, consumer desire, and other variables other than health care have powered development on the Internet. This development contributed to substantial investment and technological resources being spent in upgrades to the Internet infrastructure, including:

Speeds of contact (Bandwidth and Latency)

- Collection of knowledge (databases, object- store of broad files such as images and videos)
- Availability multiple cloud providers utilize backup servers and can boot additional servers dynamically if traffic is increased.
- Default Data Transfer formats (MP4, PNG, etc.)
- Security (encryption, protection against passwords, access levels etc.)

Upgrades to the Internet had a positive impact on health care and telemedicine. Quickly, building a health care software application to exchange and store clinical data using the existing tools and frameworks for web applications was easier and cheaper than ever.

With the move to electronic medical records (EMRs), driven by US policy benefits (and potential penalties), the e-health floodgates opened. Many modern EMR vendors nowadays use the Internet to provide care professionals and patients with access to medical knowledge. Patient portals have also become more common, where patients can

look up their laboratory results, refill the prescription or they can share message securely with their doctors. Both healthcare providers and patients are becoming increasingly expert in technology. Internet usage is now common in healthcare, it's surprising to hear about a private practice without a website. Many practices aim to further exploit the Internet by engaging current and possible new patients via social media Patients, however, have access to plenty of diagnostic knowledge online.

Most patients utilize "Doctor Google" to study their conditions until they come to visit their specialist. One issue with obtaining knowledge on the Web from public sources is credibility certain online publications can deceive or confuse patients. Some of the affordable measuring instruments commonly used with telemedicine include:

- Cameras of smart phones
- Digitalized stethoscopes
- Ophthalmoscopes (for retrospective examinations)
- Otoscopes (for ear examinations)
- Tools to track vital signs
- Functional biosensors

Telemedicine has now fully embraced the medium of internet communication. Both clinical practitioners and health care systems are in the transition of being hybrid health care services requiring patients via telemedicine or in-person to see their healthcare professional.

TELEMEDICINE IN INDIA

Telemedicine methods have slowly and steadily gained traction in India. ISRO- the Department of Information Technology (DIT), the Ministry of External Affairs (MEA), the Ministry of Health and Family Welfare (MOHFW), and state governments all made significant contributions to the development of telemedicine services in India.

ISRO (Indian Space Research Organization) was the pioneer of telemedicine in India with a Telemedicine Pilot Project in 2001, connecting Chennai's Apollo Hospital with the Apollo Rural Hospital at Aragonda town in the Chittoor area of Andhra Pradesh.

ISRO's telemedicine network has come a long way in the last few years. It has grown to include 45 remote and rural hospitals as well as 15 super specialty hospitals. The islands of Andaman & Nicobar and Lakshadweep, the hilly portions of Jammu and Kashmir,

Medical College hospitals in Orissa, and several rural/district hospitals in other states are among the remote nodes.

IMPORTANCE OF THE TOPIC: (The role of Telemedicine in COVID-19 pandemic and analysis for patient satisfaction with reference to REMEDO APP)

Telemedicine, which involves health-related services such as monitoring, guidance, and education between doctors and patients online via a secure connection, is expected to be at the forefront of medicine's future. It promised to make healthcare more convenient by eliminating the need to wait in line for long periods of time. In actuality, however, only a few have adopted the concept, as telemedicine remains a concept for many.

This surprising reality may be the result of a insufficient architecture to support it as well as a lack of knowledge. Another reason is that cultural issues have not been taken into account, as is often the case in digital health. Furthermore, several inquired about its dependability and impact. The poor quality of these services is to blame. Worryingly, several of the doctors using these services did not even have a license to practice in the areas where their patients lived.

Then there was 2020, and the COVID-19 epidemic. This global epidemic of COVID19 has compelled our healthcare systems to seek new methods of providing care that will aid in limiting viral exposure. In this instance, telemedicine is the only option that presents itself as the optimal solution by preventing patient displacement to hospitals and allocating hospital capacity to critical cases, all while curbing the disease spread.

The coronavirus disease epidemic COVID19 has been a public health crisis, and it was declared as a pandemic by the World Health Organisation (WHO) in March 2020. As of April 15, 2020, the disease affected > 2,012,000 individuals globally, and > 127,000 died. The nations with the largest incidence include the United States, Spain, Italy, France, Germany, the United Kingdom, China and Iran.

Concerns emerge regarding the outbreak and its treatment. The economic effects of the coronavirus have impacted the whole planet and, in several cases, have disturbed the everyday life If the epidemic is not treated and monitored as early as possible, the health services will pose severe challenges with the health staff and a lack of medical supplies. The COVID19 phenomenon is a worldwide concern. Actually, all symptomatic people have to be diagnosed immediately and quarantined. In comparison, in the case of these transmitted epidemics it is also critical that minimal travel and transfers are made for

evaluation, care and even follow up. Mental health challenges are often of concern throughout such a disaster and recovery questions.

In this case, the delivery of medical therapy services and follow up of COVID19 patients with the aid of telemedicine can like a good option. The advantages of utilizing telemedicine technologies in epidemics include keeping healthier people away from potentially contaminated centers such as hospitals by remote monitoring, and also improving secure access to treatment for elderly people. In the past, telemedicine services have a significant effect on a set of infectious diseases close to COVID19.

In the year of "2014-2016", as Africa was coping with the Ebola crisis, there was a question about whether the continued spread about Ebola virus to anyone could be stopped. In this scenario, a strategy was used to fight the epidemic using a smart phone device called Ebola Communication Tracing (ECT), which aimed to track and document suspected Ebola virus disease cases remotely. The data obtained by the ECT software is faster, more safe and more precise relative to a paper- based type and could track a vast number of contacts accurately.

"Teleconsultation in Taiwan was used in patients with SARS during the epidemic time of extreme acute respiratory syndrome (SARS), in 2003". Throughout the research, there was a program that allowed distance experts to connect with their patient using just a device fitted with a camera, a mic phone, and speakers through the ADSL line which link the patient with the expert. Research said that not only the expense of care was minimized due to the reduction of the travels of the specialists, but also the quality and protection of health professionals was substantially improved by the usage of the system.

Teleconsultations attributable to influenza related symptoms is another case of telemedicine implemented. In Switzerland is one of Europe's biggest telemedicine centres. The Swiss Center for Telemedicine, Medgate, is open 24/7 for all citizens of Switzerland who address every medical question.

The procedure is clear, once the patient is detected, the telemedical assistant asked the patient medical history and their condition with the assessment of their reports and further intervention by physicians. As a consequence of the analysis, teleconsultation rendered detection of the early signs of an influenza epidemic more useful. After witnessing the possible progress of China in utilizing telemedicine technologies to limit

or delay COVID19 spread, many countries that already face coronavirus use ICT resources to address this problem.

India like many other countries of the world, has seen a significant increase of COVID-19 cases and deaths, particularly in Europe. Based on the numbers of cases identified in the USA and Brazil as of 10, April 2021, India is the 3rd leading country. The second wave has started in the middle of March 2021 and on 9th April, identified cases in India are 144,829. The major affected states are Maharashtra, Kerala, Karnataka, Andhra Pradesh, Tamil Nadu, Uttar Pradesh(UP), New Delhi and West Bengal. Despite this high case-load, many national events, such as the farmers' movement, and elections in some states have taken place. These can enhance the risk of COVID-19 transmission.

On March 25, 2020, the central government implemented a statewide lockdown as part of the first wave. The outcome has revealed a good controlled infection rate, and the Indian approach was well-received on a global scale. Despite the fact that some European countries implemented lockdown in various forms, they appears to be a lack of cooperation between health authorities and the Indian government in the second wave. Here are a few speculative causes for this can be:

- According to the Indian constitution, health is a condition, which means that the state government, not the central government, should make the decisions. At the time of first wave in India, the national government breached fundamental lines and proclaimed a state of emergency on all states.
- During same time, the human resource and technical competence are limited in state government, limiting its capacity to scale up important public health treatments for corona virus, for instance the strategies of immunization.
- "The premier medical institutes of the central government are the Indian Council of Medical Research (ICMR), All India Institute of Medical Sciences (AIIMS), or other apex medical institutes of national importance, the National Centre for Disease Control, and the National Health System Resources Centre". They have the services of public health experts, but in second wave the role of advertising the state on public health has been limited.

Several administrative impediments are impeding coordination across state, center, and national institutes, which would contributing to the insufficient responses to covid during the 2nd wave. India is a large country with regional differences in health literacy, health care disparity, and low risk perceptions among the general public. Even though

the country has producing most of the vaccines, vaccinating the entire population remains a difficulty. The immediate attention is required to establish the best pandemic containment plan nationally as well as internationally.

Telemedicine consultations are safe and effective in this second wave as well. The President of India Mr. Narendra Modi has appreciated doctors those are forming teams and providing healthcare services through telemedicine. Telemedicine has a big role in patients for home isolations.

In the year 2021, the biggest challenge is second wave of COVID-19 and Mucor mycosis and now there is a chances of third-wave of COVID as well. Fighting this extended battle against the virus must be mentally exhausting for the medical community. In this case telemedicine has a big role for treating patient at home isolation. There are most of the patients who can be treated in home isolation and do not need hospitalization until on unless they have fluctuating vitals.

Telemedicine can minimize the risk of healthcare worker as well and it can bridge up the gap between doctors and patient.

NEED TO STUDY THE TOPIC

This study bridges the gap between doctors & patients during COVID-19 and help the doctors better respond to need of their patients who need to touch base with their healthcare providers on the status of their illness. Understanding the real situation of doctors practicing now-a-days to provide good health among the patient in this COVID19 outbreak.

STATEMENT OF THE PROBLEM

Providing a patient, the best level of medical care is the ultimate goal of every healthcare organization. By deploying telemedicine solutions and programs, people who are suffering from other medical ailments during this time can receive care from home, without entering medical facilities, minimizing their risk of contracting the virus. COVID-19 can be very harmful & even fatal for patient of compromised health, and through online consultation, physicians can help these patients from getting exposed to virus.

Tele-medicine is bridging the gap between people, physicians and health systems, enabling everyone, to stay at home and communicate with physicians through virtual

channels, helping to reduce the spread of the virus. Critically, hospitals are quickly adopting telemedicine to treat quarantined patients infected with COVID-19

SCOPE OF THE STUDY

Telemedicine is the usage of digital telecommunications and computing technologies to provide distant individuals with health treatment and to provide the healthcare support. Telemedicine may be used to make assessments, remote imaging and collective systems to treat patients at a distance in real time. It is known that telecommunications and digital technology are used in the delivery of healthcare. Telemedicine is defined as a mixture of topics from the telecommunications, medicine, and technology fields. This study is based on the importance of telemedicine, how telemedicine is useful in meeting the needs of patients.

In this pandemic the hours demand telemedicine, more & more healthcare practitioner should opt for telemedicine. Concerns regarding COVID19's prevention and control are on the rise, because it is critical in contagious spreads that patient transport and transition be minimized for evaluation, treat ment, and re-visit. Tele medicine may play a significant role in the management of acute viral respiratory epidemics such as SARS and MERS, particularly with prior positive experience. To help monitor the accelerated dissemination of coronavirus and handle the COVID19 pandemic, both developed and emerging countries can boost their system of health performance by removing a proportion of “face-to-face professional telehealth experiences”. This study is carried out in order to know that the telemedicine role in this pandemic. Data is collected by manually by asking doctors about their practice details & telemedicine impact on their practice. The observer was physically present in each process to note down the real comments of doctors. It should be always kept in mind that the observer should not put forward any kind of views or opinion as we want our study to be free of any biasness.

This study demands no observer biasness, otherwise the result will not justify the real objectives. It is a kind of secretive observation in-depth study. The other important aspect of this study is that it include all specialization doctor, regardless of place from which doctor belong.

Total with 50 doctors the observer had talked and tried to understand the way of their practice in this COVID-19 period.

CHAPTER 2

REVIEW OF LITERATURE

1. **Leonard A. Valentio, Mark W. Skinner, Steven W. Pipe (2020) research paper on "The role of telemedicine in the delivery of healthcare in the covid19 pandemic" was published in THE OFICIAL JOURNAL OF THE WORLD OF FEDERATION OF HEMOPHILIA:**

   In this paper they have discussed the importance of telemedicine for the haemophilia patients. As through telemedicine patients will get the utmost care at right time without getting exposed to the virus. From telemedicine they will get quality medical care. And it will reduce the burden over the hospitals.

2. **Robin Ohannessian, (2020) research paper on "Global Telemedicine Implementation and Integration Within Health Systems to Fight the COVID-19 Pandemic: A Call to Action" was published in JMIR PUBLIC HEALTH AND SURVEILLANCE:**

   This paper clearly describes the importance of role of telemedicine in this covid19 outbreak. It also give emphasis on the implementation aspect of telemedicine in the national public health sector so as to improve the overall countries health status. It urges to adopt the telemedicine practice as soon as possible for the betterment of patients health.

3. **Shajeea Arshad Ali et al. (2020) "Global Interest in Telehealth During COVID-19 Pandemic: An Analysis of Google Trends" was published in CUREUS JOURNAL OF MEDICAL SCIENCE:**

   This paper suggests up that during the COVID-19 pandemic, public interest in telehealth has consistently increased, according to this survey. In the current situation, telemedicine can provide the essential remote consultation and treatment for patients. Previous research has revealed, however, that the majority of countries are not fully prepared for the digitization of the healthcare sector.

4. **Patricia Baudier et al. (2020) "Patients' perceptions of teleconsultation during COVID-19: A cross-national study" was published in ELSEIVER PUBLIC HEALTH EMERGENCY COLLECTION:**

This study sought to explore patient acceptance of teleconsultation solutions, which aid in preventing disease spread during this pandemic period. The study covers the essential issue of healthcare delivery during the COVID-19 pandemic, as well as individuals' perceptions of teleconsultation. In the medical environment, technology acceptance models are frequently tested for both medical professionals and individuals.

5. **Anthony Scott et al. (2020) "Association between telehealth use and general practitioner characteristics during COVID-19: findings from a nationally representative survey of Australian doctors" was published in BMJ JOURNALS:**

   The purpose of this study is to investigate the relationship between physician, practice, and regional characteristics and telehealth use trends during COVID-19. The study discovered that overall telehealth adoption during COVID-19 appeared to be unrelated to most general practitioners and patient characteristics, with modest evidence of variance among states and territories, likely reflecting views toward changes in the number of cases. Overall, the use of video consultants in Australia is minimal when compared to similar countries such as the United Kingdom and the United States. Understanding the characteristics that influence videoconferencing adoption is especially important for integrating high-quality telemedicine into normal care during the epidemic.

6. **Raffaele Galiero et al. (2020) "The Importance of Telemedicine during COVID-19 Pandemic: A Focus on Diabetic Retinopathy" was published in JOURNAL OF DIABETES RESEARCH:**

   This paper presents that Tele-health has help in the screening of diabetes complications. In India, a recent screening trial using Fundus on Phone (Remidio FOP), a smartphone-based imaging equipment, resulted in the diagnosis of DR in over 3,500 people (22.8 percent of the entire study population). These developments may be valuable in increasing the number of people examined and monitoring the progression of retinal disease, both in pandemics / emergencies and in ordinary clinical practice. Thus, it would be hoped that the usage of telehealth systems would be extended to general practitioners, as well as that the number of users among patients themselves would increase.

7. **Ahmed Alsoufi et al. (2020) "Impact of the COVID-19 pandemic on medical education: Medical students' knowledge, attitudes, and practices regarding electronic learning" was published in PLOS GLOBAL PUBLIC HEALTH:**
   The purpose of this study was to examine medical students' knowledge, attitudes, and practices about e-learning, which was recommended as a platform for providing medical education during the COVID-19 pandemic. The study included 3,348 medical students from all years and was conducted at around 13 university medical schools. The findings demonstrated an adequate degree of e-learning knowledge, attitudes, and practices, demonstrating the utility of e-learning during the COVID-19 outbreak. It also shows that it has the potential to reach medical students and improve medical education.

8. **Mary RoseCassar et al. (2021) "A novel use of telemedicine during the COVID-19 pandemic" was published in INTERNATIONAL JOURNAL OF INFECTIOUS DISEASE:**
   In this paper they have done the population-based analysis demonstrates that the COVID-19 telemedicine initiative in Malta met its primary objectives, which were to relieve the pressure on the main local acute hospitals while providing appropriate medical therapy to infected patients.

9. **Cherry Chu et al. (2021) "Rural Telemedicine Use Before and During the COVID-19 Pandemic: Repeated Cross-sectional Study" was published in JOURNAL OF MEDICAL INTERNET RESEARCH:**
   This paper clearly describes that the use of telemedicine has been increased during pandemic in rural and remote areas. Future research should look at the potential hurdles to rural telemedicine use as well as the impact of rural telemedicine on patient health care utilization and outcomes.

10. **Mohammad Monirujjaman Khan et al. (2021) "The Use of Telemedicine in Bangladesh during COVID-19 Pandemic" was published in E-HEALTH TELECOMMUNICATON SYSTEMS AND NETWORKS:**
    This paper presents the impact of telemedicine on patient and healthcare professional in the Bangladesh during COVID outbreak. As the outbreak continues, some telemedicine service providers in Bangladesh have expanded their operations to serve the broader public, according to this research. This

research investigates the function of telemedicine during the COVID-19 epidemic as a bridge between providing safe healthcare consultation and maintaining the recommended social distance. This study also discusses the present COVID-19 issue in Bangladesh. Despite certain difficulties with telemedicine applications in Bangladesh, telemedicine has played an important role during the pandemic.

CHAPTER 3

RESEARCH QUESTION: How effectively doctors are using telemedicine and patients are accepting telemedicine with respect to the current scenario of pandemic?

OBJECTIVES OF THE STUDY

- Objective 1:
  - To study the role of telemedicine in Doctors' Clinical practice
  - To identify the mode through which the doctors are providing clinical cre service to patients
  - To study the effectiveness of telemedicine in the medical treatment of the patients
- Objective 2:
  - To study the patient satisfaction with Remedo
  - To identify which of the feature of the app patients avail the most

RESEARCH METHODOLOGY

- It is observational where doctor's was observed with the help of database numbers & analytical study, was conducted for 30 days i.e. in the month of April 2021.
- The study is exclusively conducted with the doctors who are enrolled in REMEDO APP.
- Total sample size is of 50 doctors (the number defined with the total number of responses got at the time of survey).
- The study was conducted for patient internal data analysis, to meet the final objective. The feedback form has been sent to those patients, who were enrolled with the app.
- The study has used a feedback form to ascertain the patient satisfaction with Remedo App. It was conducted for 30 days in the month May 2021.
- Created journey on WebEngage and sent it to the users twice with the interval of 15 days. (WebEngage is a marketing tool which is used by the company to send SMS, Push, WhatsApp, etc for engaging users). This tool has been used in the study to get the data.
- The study was based on market research with some internal record study.
- The entire data was free of any observer biasness. Online data has been observed and analysed on regular basis.

- The noting down of data basically follows the mode by which the doctor is giving consultation, the rate of patient flow, ease of consultation, ease of follow up etc.
- The data was written down in a well-organized tracking sheet for recording the original statement that doctor share with us. Simultaneously, along with data collection, factors which were creating problems in delivering healthcare service were also noted down. Also, for each problems some recommendations were also suggested to overcome those factors.
- Finally, the quantitative data was analysed with the help of Microsoft excel.

SAMPLING

The target audience was doctors who are using telemedicine and enrolled with the Remedo App to accomplish our first objective. And for achieving the second objective of the study, the defined target audience was patients who are enrolled with the Remedo App.

DATA SOURCE

1. Primary data: It was collected by taking the survey with doctors through google form and also talk to them personally to identify whether they are satisfied with the telemedicine facility of the app or not.
2. Secondary data: Research paper of last 2 years which are published during the pandemic with Internal record (and some market research).

TOOLS FOR DATA COLLECTION:-

- Tabulation of data has been done by using graphs.
- Study has been be classified and analysed by using excel. Then the result will be formed by using the same analysis.

LIMITATION

- The time period of this study is not sufficient.
- As the study is a purely observational study with market research and analysis, so time factor is of prime concern.
- Within this time range it's very difficult to keep track and ask doctors about their practice, as being a medical professional, they have other engagements as well.

PLAN OF DATA ANALYSIS

The Research Plan Analysis will be done using tables, graphs and charts and inferences will be drawn based on the same findings.

CHAPTER 4

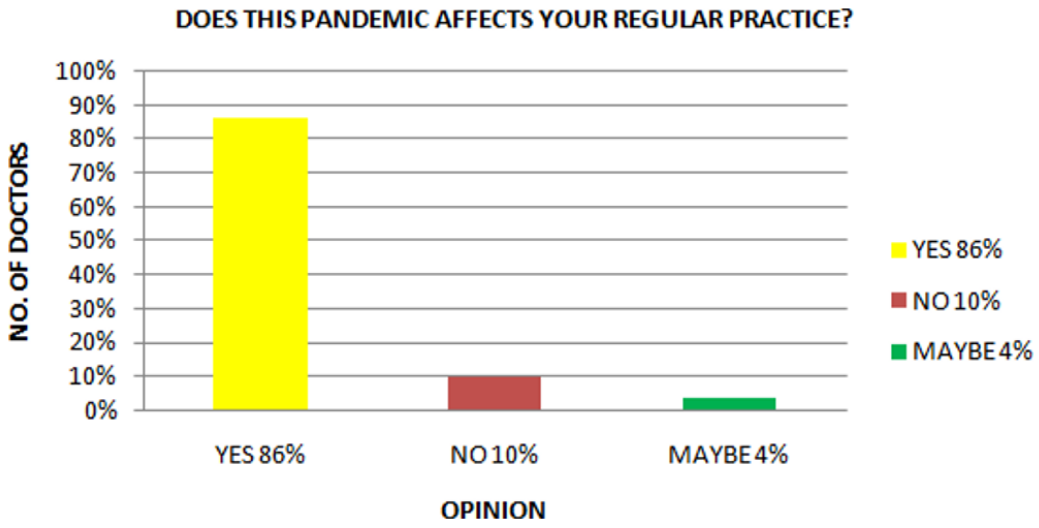
The session data carried to doctors for telemedicine is in the following 3 stages:

- Before starting telemedicine
  - Problem
- After starting telemedicine
  - Solution
  - Conclusion

DATA ANALYSIS

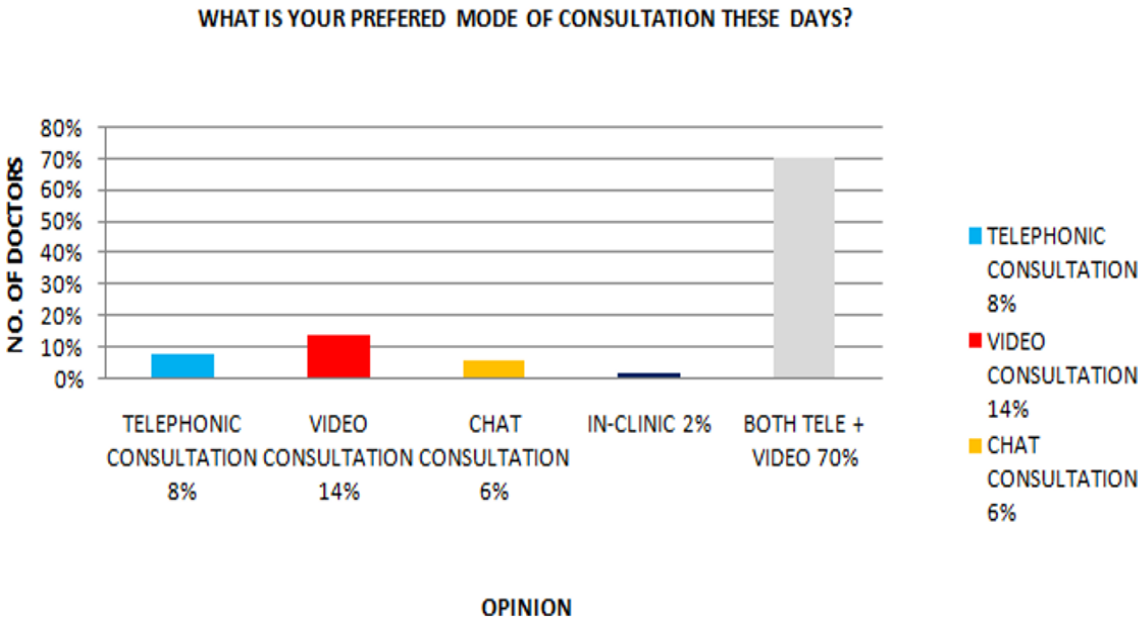
PROBLEM

Question 1: Does this pandemic affect your regular practice?



Interpretation: From the above graph, it is shown that from a total of 50 doctors, 43 doctors responded as yes that their practice got affected due to this pandemic. The number of doctors who said no were 5. And only 2 doctors responded as maybe. Majority of them have experienced a significant effect of the pandemic on their regular practice i.e. 86%. Almost 10% of doctors has said that their practice have not changed at all during this pandemic and only 4% doctor said they are not really very sure by giving maybe response.

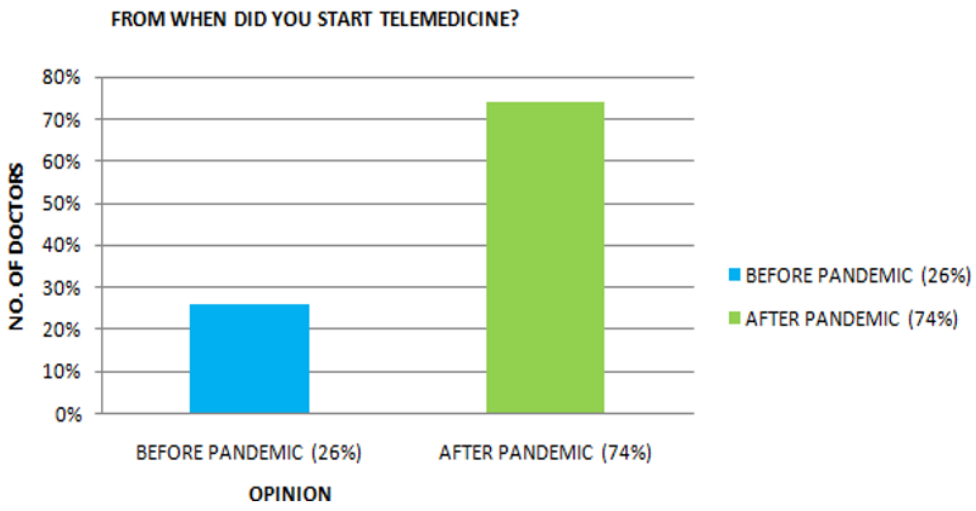
Question 2: What is your preferred mode of consultation these days?



Interpretation: The above table graph shows the preferred mode of consultation that doctors are following in the COVID period. The most preferred mode of consultation is through both Tele + Video which consists of total 35 number of doctors. Then comes Video 7 doctors, followed by Tele-consultation of 4 doctors. At last chat which preferred by 3 doctors only. Least is the in-clinic appointment i.e. 1 doctor. While talking in percentage follows Both TELE+VIDEO 70%, VIDEO 14%, TELE 8%, CHAT 6%, IN-CLINIC 2%.

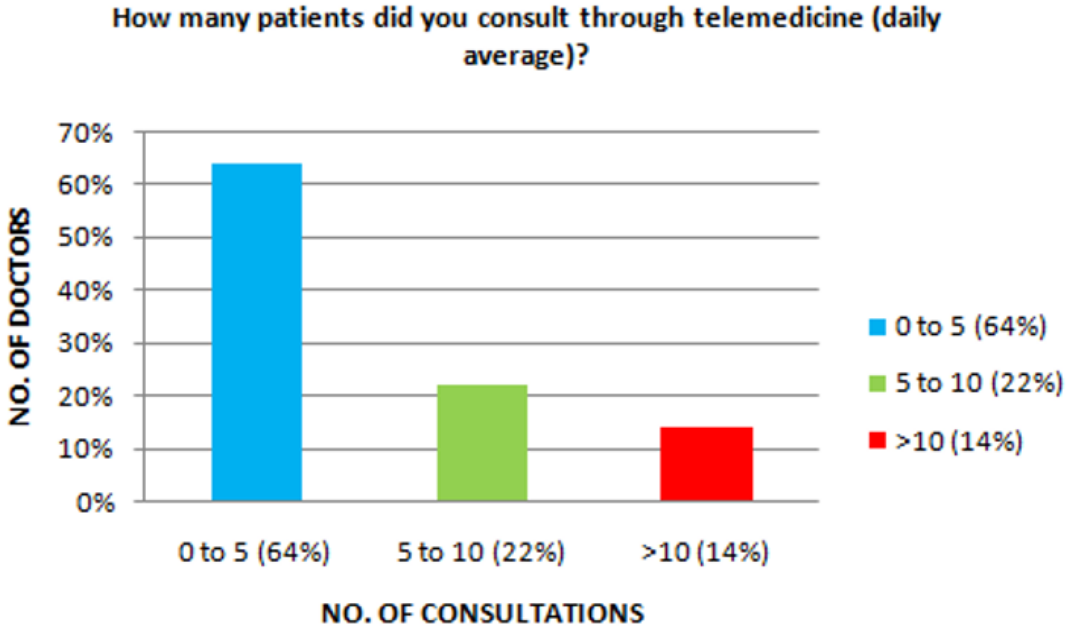
SOLUTION

Question 3: From when did you start telemedicine?



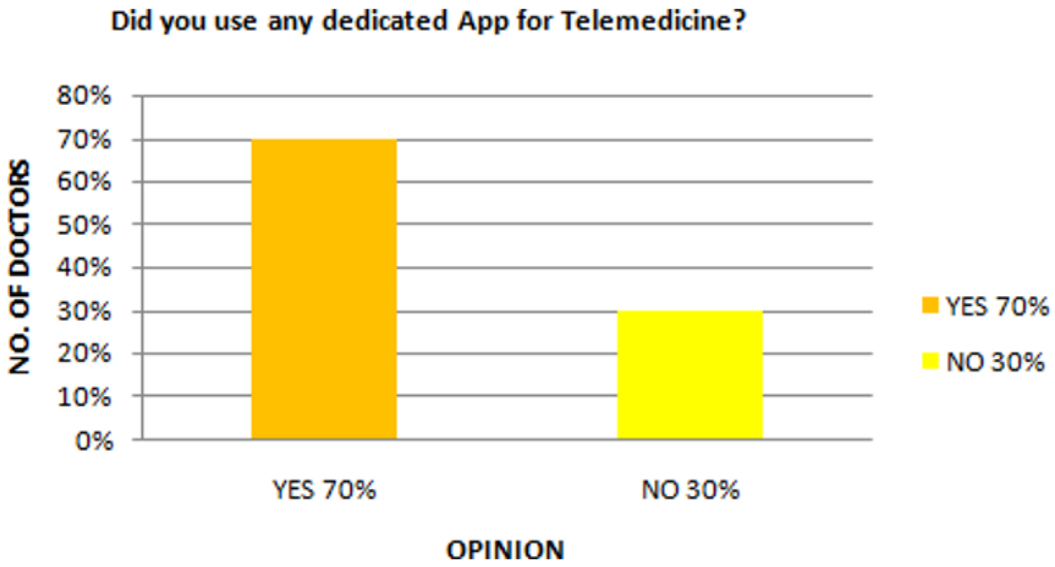
Interpretation: From the above analysis we can observe the time period from when the doctors have adopted the telemedicine in their practice. 37 doctors have started telemedicine after this pandemic & 13 doctors said that they were practicing telemedicine from earlier days. As shown in above graph 4.3 of 50 doctors, it can be clearly concluded that telemedicine has came in full flagged role after the pandemic. Majority of 74% doctor said after this outbreak only they are using telemedicine for regular practice.

Question 4: How many patients do you consult through telemedicine (Daily Average)?



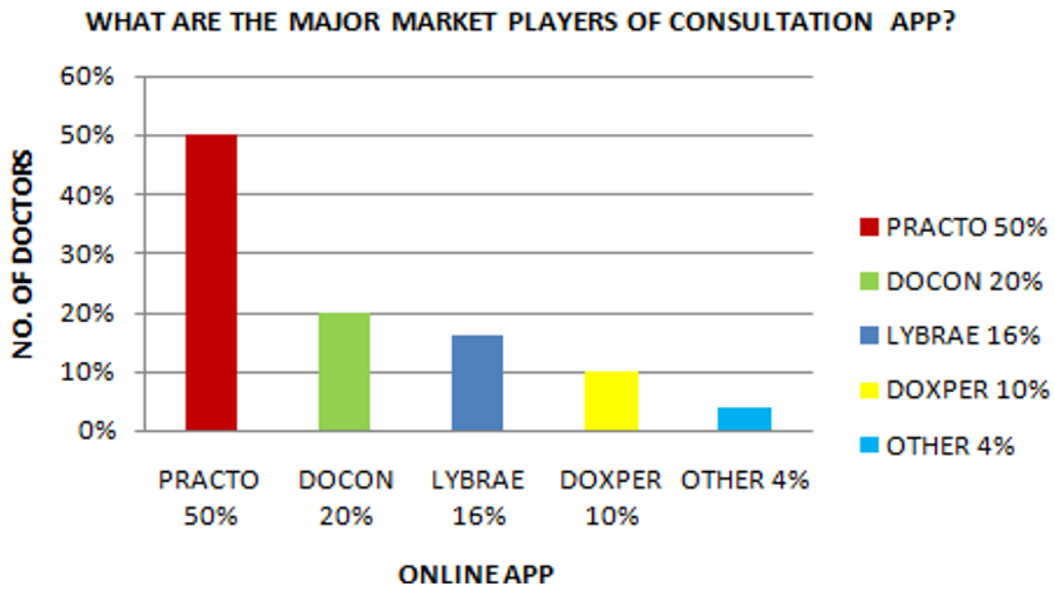
Interpretation: From the above data we can have an idea of daily flow of patients consultation via telemedicine. It has been observed that regularly utmost daily patient flow is in between 0 to 5 as said by 32 doctors. 11 doctors said that the daily flow of patients for them is in between 5-10. But on the other hand only 7 doctors said that the patient flow is more than 10 which is a really very good patient flow rate. In the above given graph 4.4 of 50 doctor, which shows the average patient flow of doctors via telemedicine. The maximum is about 64% which is 0-5 patient per day, followed by 22% from 5-10 patients per day and at last 14% per day consists of more than 10 patients

Question 5: Did you use any dedicated app for telemedicine?



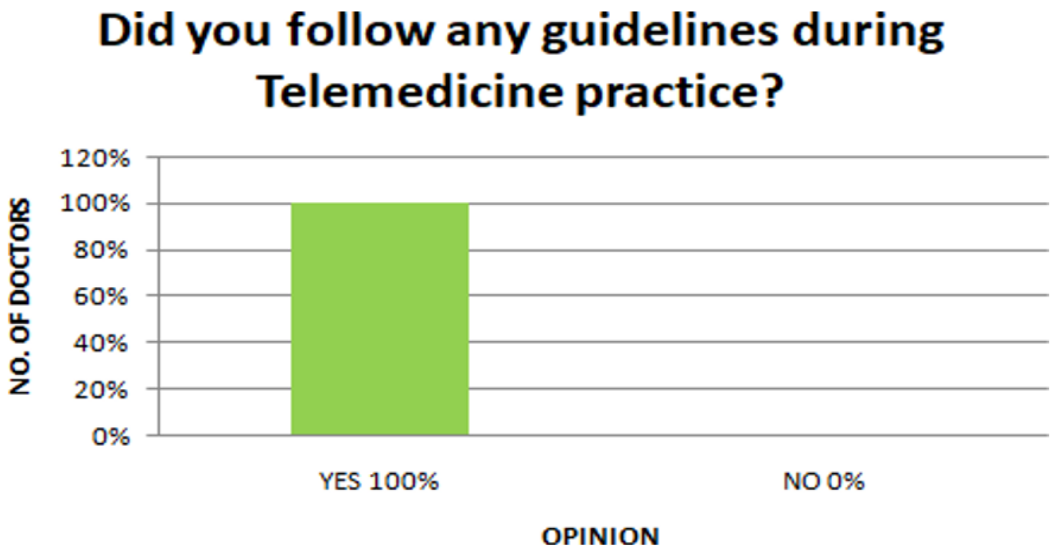
Interpretation: The above data and graph has shown that the number of the doctors who are using dedicated app for telemedicine practice are 35 doctors who said yes which means they use a dedicated app for telemedicine practice while rest 15 doctors said that no they don't use any app for telemedicine practice (i.e. they are using other social media app like ZOOM, WHATSAPP etc.). We can clearly see that out of 50 doctors with maximum 70% doctors use dedicated app for online consultation but 30% doctors don't use.

Question 6: What are the major market players of consultation app?



Interpretation: Above data indicates that the major market players of consultation app in the market. The utmost number of 25 doctors use Practo, then comes Docon app with 10 doctors. Lybrae & Doxper with 8 & 5 respectively. And the rest 2 doctors said other app. It is clearly visible that the 50 doctors shows the app which are majorly used by the doctors for online consultation. Most preferred app series is as given Practo 50%, Docon 20%, Lybrae 16%, least is Doxper 10% and rest 4% is for other apps.

Question 7: Did you follow any guidelines during Telemedicine practice?

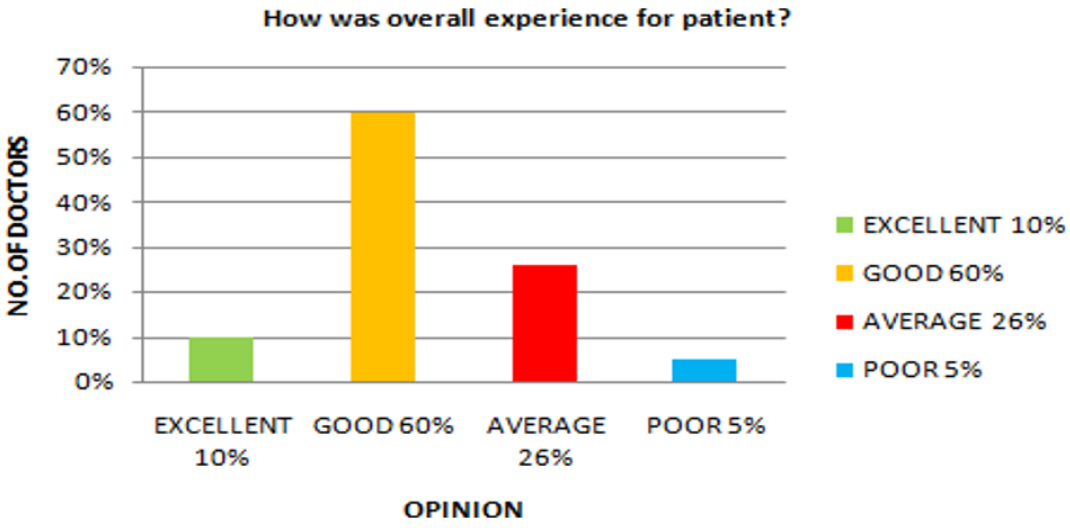


Interpretation: The data tells about the most important aspect of doctors practice. All the 50 doctors said that they are strictly follows the guildlines for

telemedicine. Out of 50 doctors it is very good news that despite of this hard time of COVID, 100% of our doctors are adhere to each & every guidelines of telemedicine practice.

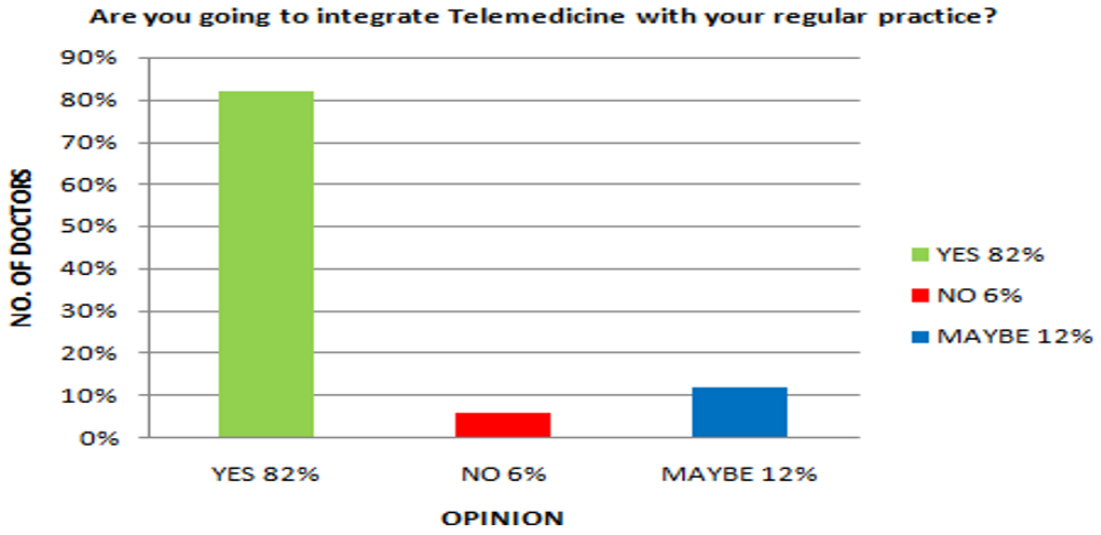
CONCLUSION

Question 8: How was overall experience for patient?



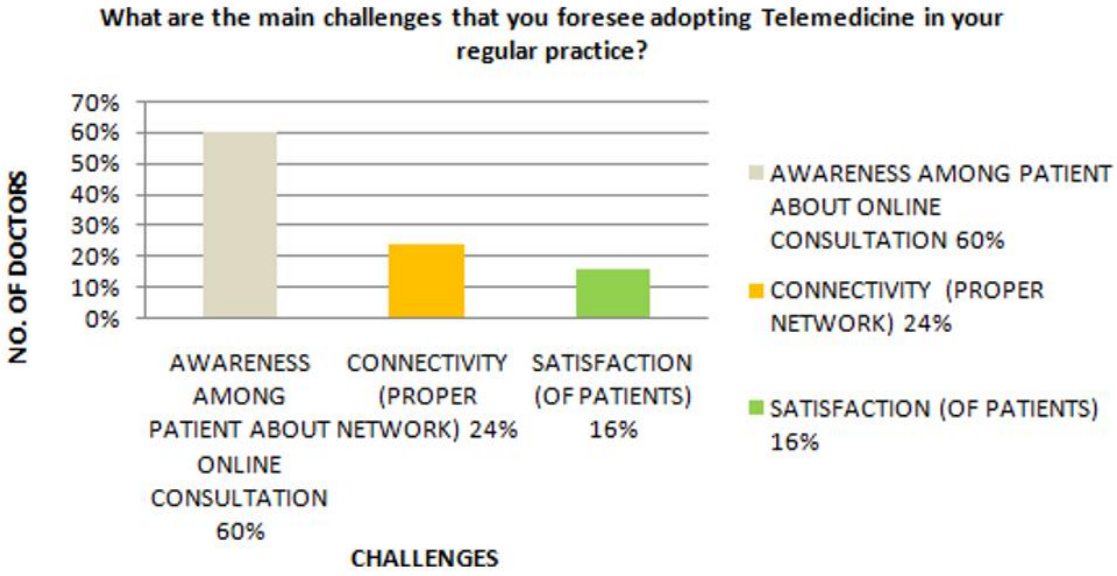
Interpretation: The data presents the overall experiencing of doctors after implementing telemedicine into their daily practice. It has been shown that the overall experience is good about 30 doctors said that, excellent consist of only 5 doctors & average experience from 13 doctors. But 2 doctors said it was poor experience. The analysis share the experience after using telemedicine. It is concluded that the experience is overall good for about 60% of doctors. On the other hand only 5% doctor said it was poor experience.

Question 9: Are you going to integrate telemedicine with your regular practice?



Interpretation: The graph reflect the thinking of doctors regarding adoption of telemedicine in their regular practice. Almost 41 doctors has said yes and they are looking forward to integrate telemedicine in their regular practice. 6 doctors said that they will think about it not yet decided, maybe they will implement. But 3 of the doctors clearly said no. The data analysis straight forwardly depict that majority 82% doctors are in favor of adopting telemedicine in their regular practice but on another hand only 6% are in against of it.

Question 10: What are the main challenges that your foresee adopting telemedicine in your regular practice?

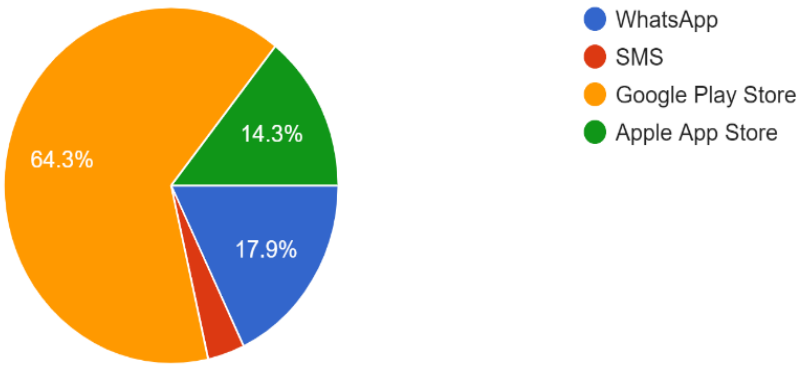


Interpretation: The data depicts the main challenges in telemedicine practice the major is of awareness of the patient that their doctors are available for

consultation through online as said by 30 doctors. Another one is said by 12 doctors which comprises of connectivity issue. At last the matter of patients satisfaction said by 8 doctors The data clearly shows the biggest challenge of adopting telemedicine is of awareness of patients 60% , connectivity issue 24% & at last satisfaction of patient 16%.

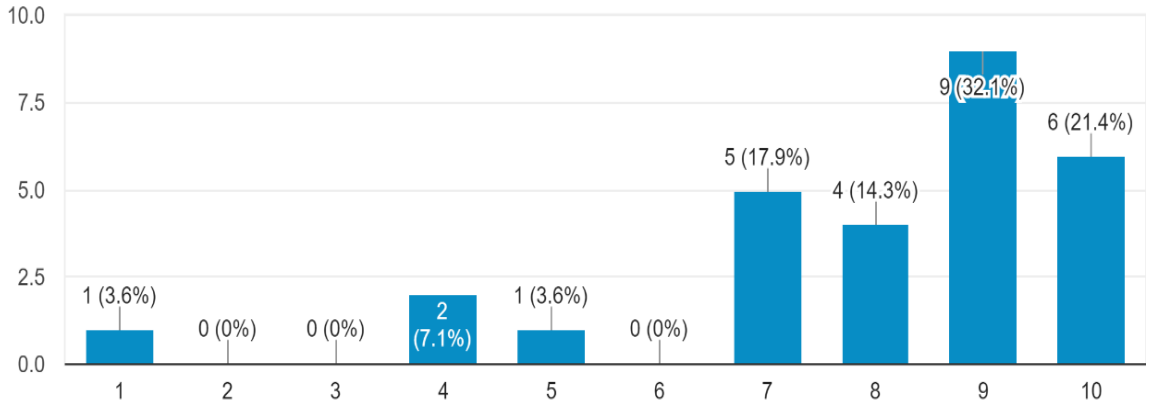
FEEDBACK FORM DATA ANALYSIS FOR DETERMINING PATIENT SATISFACTION

Question 1: Which platform did you use to download our app?



Interpretation: The data analysis indicates that most the patient has downloaded the app from Google play store which is 64.3% while from app store is 14.3%, from WhatsApp it is 17.9% and SMS is 3.6%.

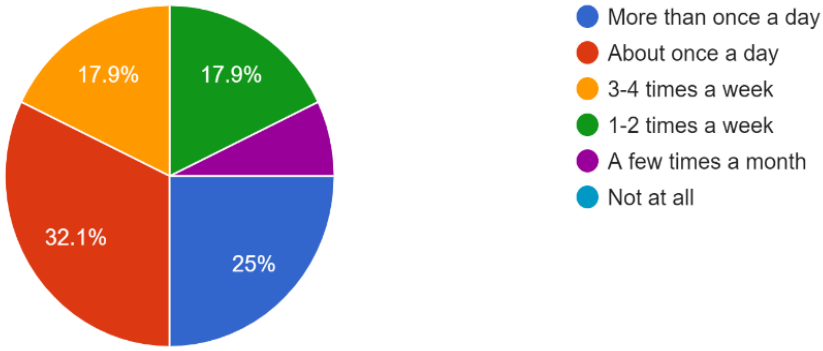
Question 2: After downloading the app, you would have filled the on-boarding questionnaire. How was your experience?



Interpretation: The chart anlaysis depicts that most of the users have a good experience with onboarding questionnaire. The onboarding questionnaire include the basic questions which is related to the patients condition. The doctor has

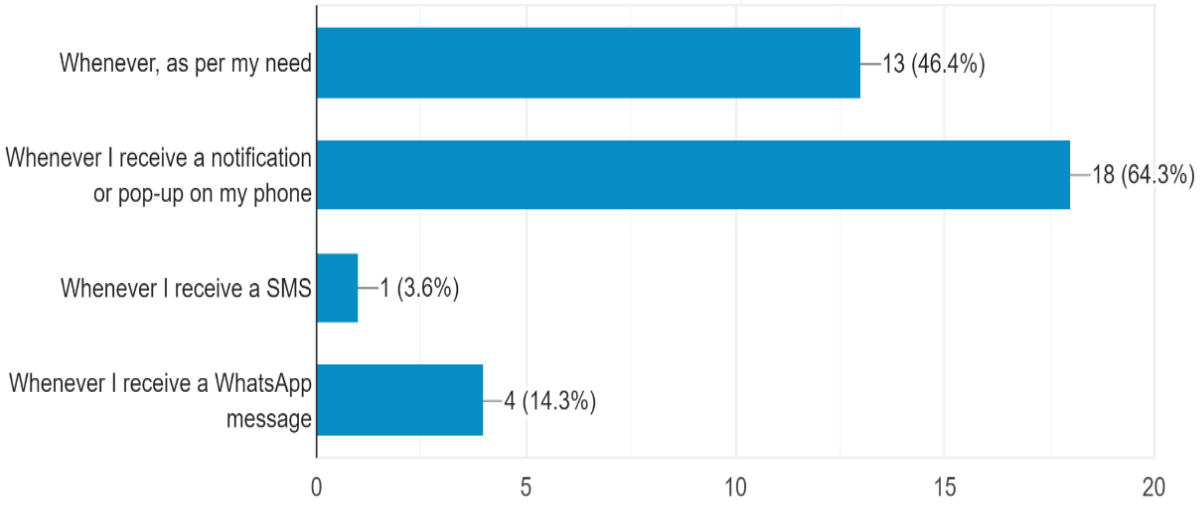
added patient on the specialized care plan, so according to the data. AI automatically generate the questionnaire related to the respective care plan and which is like a small survey for a patient condition.

Question 3: How frequently do you use the app?



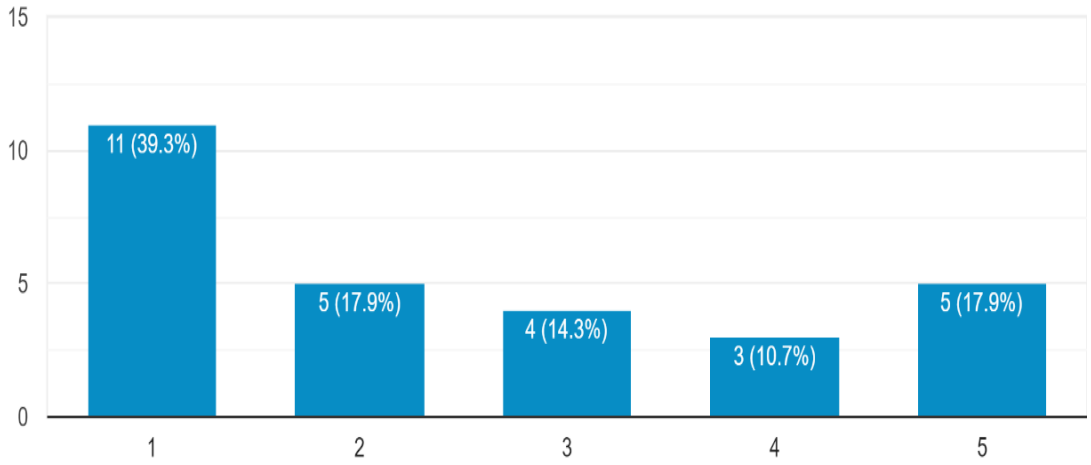
Interpretation: Most of the patients have used Remedo App about once a day and then more than once a day which is a good thing for a startup app. Analysis depicts that out of total responses 32.1% have used the app about once a day, 25% more than once a day, 17.9% 3-4 times a week, 17.9% 1-2 times a week, 7.1% a few time in a month and 0% who says not at all.

Question 4: When do you open our app?



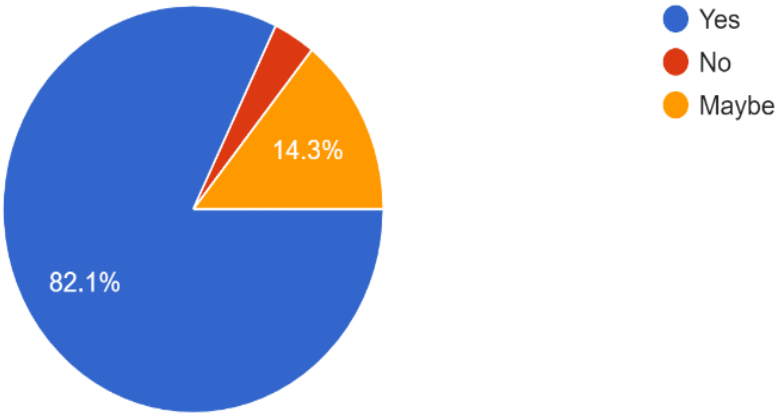
Interpretation: The analysis shows that 64.3% open the app whenever they receive a notification or pop up on the phone, 46.4% said that then open the app whenever they needed, 14.3% says that whenever I receive a WhatsApp message and 3.6% say that they can open the app when they receive a SMS.

Question 5: "The app is easy to use!" How well do you agree with this statement?



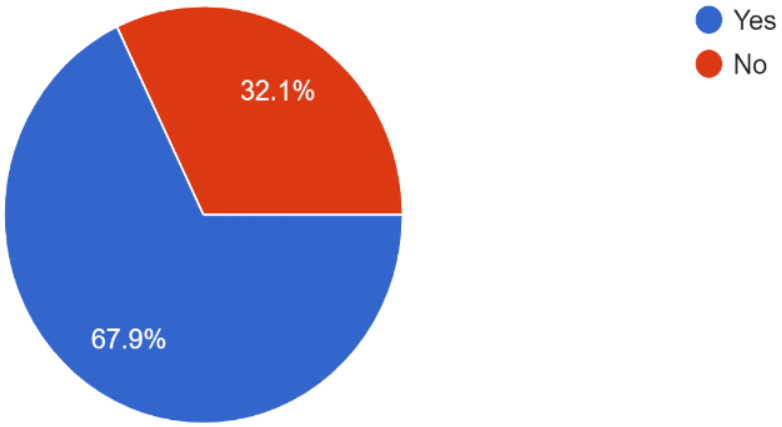
Interpretation: In the above data 1 means the app is easy to use while 5 means it is difficult to use, it was mentioned in the question. So, after interpreting the data, the Remedo App is easy to use for 38.3% of patients while 17.9% finds it difficult to use.

Question 6: Would you like to use our app regularly?



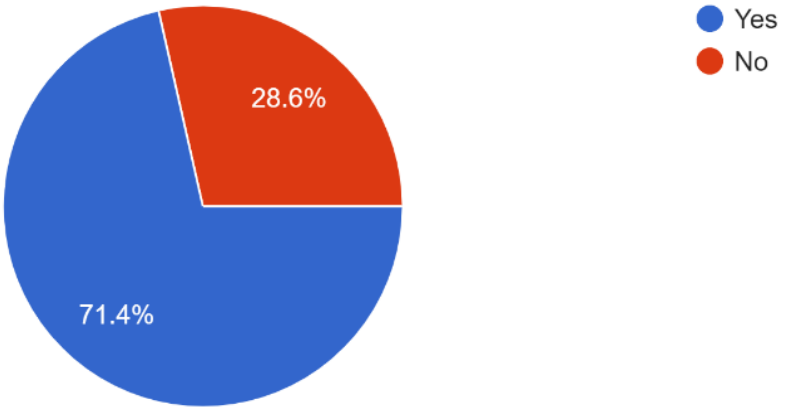
Interpretation: The data shows that 82.1% of the total patient who have filled the feedback form, are wants to use the app regularly while 3.6% said no they do not want to use the app regularly and rest 14.3% are not sure whether they want to use the app regularly or not so that the click the option may be in the form. So, it would be a good thing for a startup app that user wants to use the app.

Question 7: Are you able to follow our diet plan?



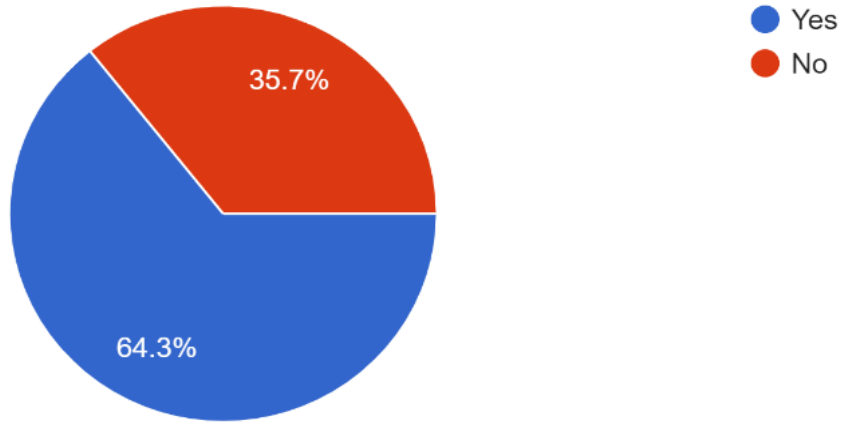
Interpretation: As explained earlier, Remedo has based on 4 pillars, Diet is one of those pillars who will regularly update according to patient condition and on which specialized care plan. So, this analysis depicts that 67.9% users are following the diet which is recommended by Remedo diet experts. While 32.1% are not be able to follow the diet plan.

Question 8: Are you able to follow our exercise plan?



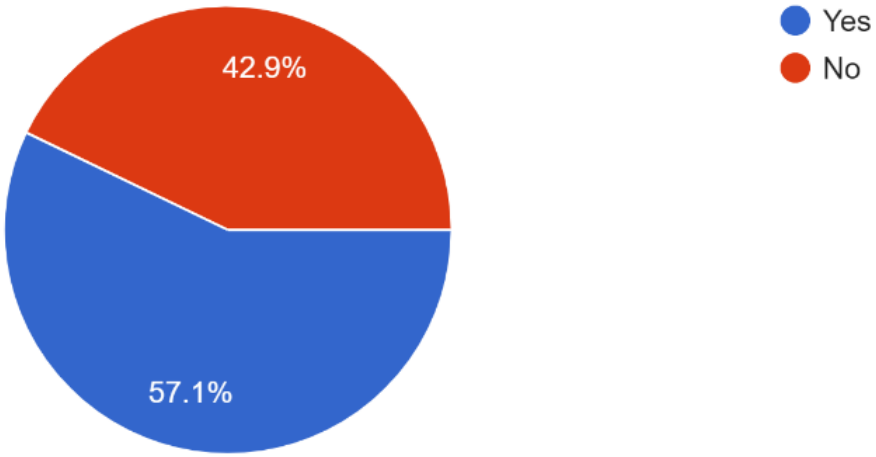
Interpretation: Exercise is the another pillar on Remedo App. It is clearly shown that out of total 71.4% are following exercise plan while 28.6% are not be able to follow it.

Question 9: Are you able to read lessons daily?



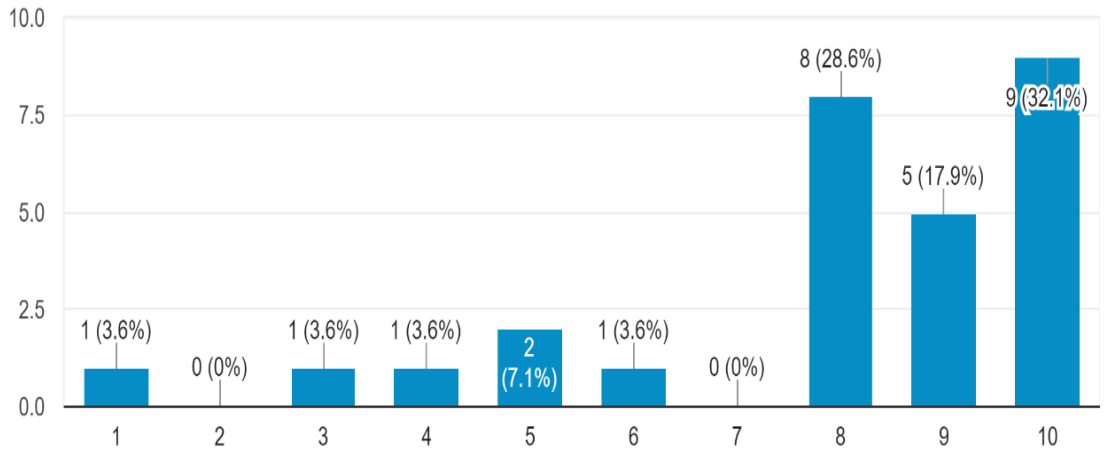
Interpretation: Lesson is the another pillar of Remedo App which is updated regularly as per patient condition on the specialized care plan. Analysis interprets that 64.3% patients are reading it daily while remaining 35.7% are not reading it daily.

Question 10: Are you able to complete the actions daily?



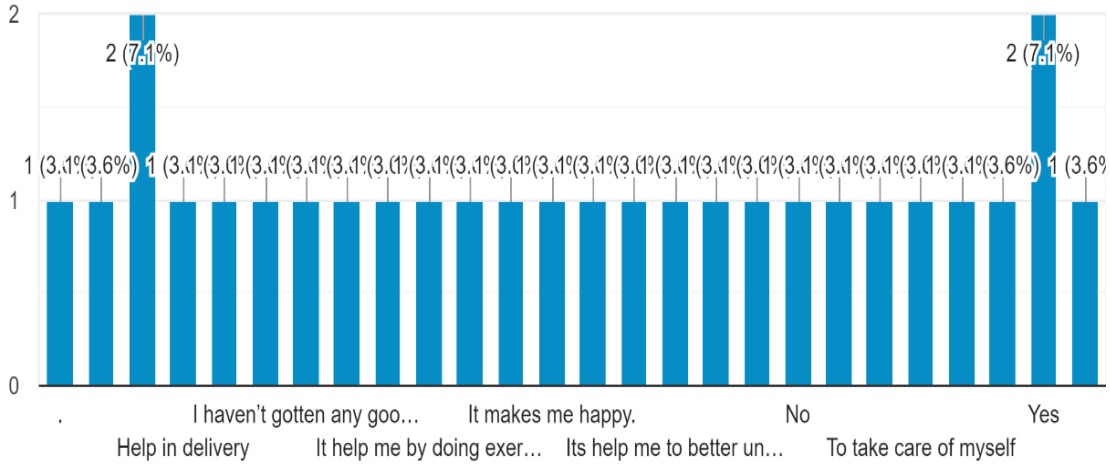
Interpretation: This is the last and final pillar of Remedo App in which patient gets regular action reminders like tests, medicines, appointments on the basis of their condition and specialized care plan. The analysis depicts that 57.1% of the users are using and completing it on a regular basis while another 42.9% are not completing or may be not using it on a daily basis.

Question 11: How would you rate the information provided on the app?



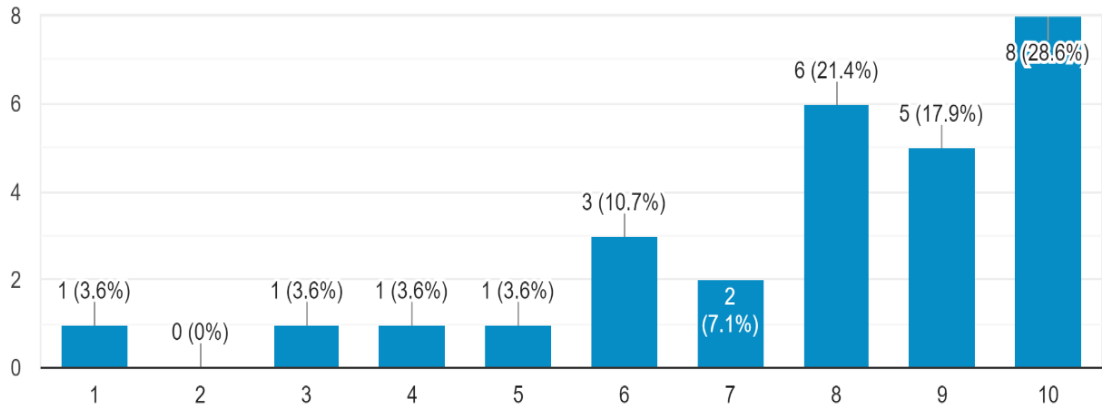
Interpretation: The data implies that most of the feedback filled patients have rated in a good response that the are liking the information provided by the app while some of them are rated it not so good. Considering 8, 9 and 10 the most rated is a good thing for a new app that users are liking the information which is provided by the app.

Question 12: How has our care plan helped you?



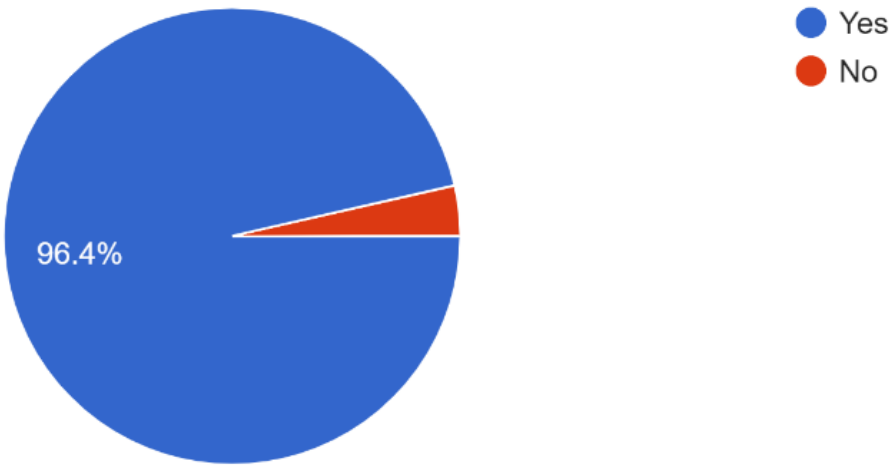
Interpretation: This question implies for if the care plan is useful for the patient or not. Resulting that most of the patients are giving positive response. For example- Help in delivery, doing good exercise, makes the patient happy, etc. While few of them found it not useful at all.

Question 13: How likely are you to refer Remedo D.I.S.H.A Care Plan to your family and friends?



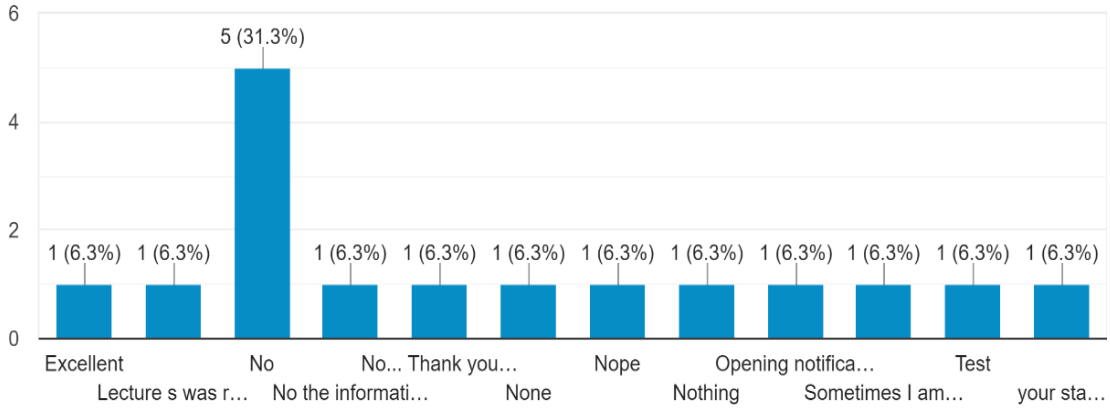
Interpretation: This question ahs been asked because, it will let us know the DISHA rate which is newly launched. So, analysis shows that patient are liking the product but few of them are not referring or sharing the content with their family, friends, etc.

Question 14: Is the Remedo care plan able to address your condition's concerns?



Interpretation: The analysis depicts that 96.4% out of total form filled users are happy customers and they are agreeing that Remedo care plan addressing their condition's concerns while 3.6% are not agreeing with this.

Question 15: Your constructive feedback is very important for our growth. Is there anything you would like to suggest us?



Interpretation: This question has been asked to improve the product according to customer needs. Few of the patients has given their inputs which are ‘Lectures was really good which was held earlier but after some days’, ‘Your staff were so friendly and good nature and surrounding also good for patients’ , ‘No the information is sufficient’, ‘Opening notification gets a little difficult at times’, ‘Sometimes I am unable to see the content which I received as notification’. Rest of them says ‘no’ in the answer.

CHAPTER 5

OVERALL INTERPRETATION

Doctor readiness to adopt new way of consultation. The awareness of patients about the online consultation. Patient are satisfied & urge to get consultation via telemedicine. Generally younger people are more tech driven so they are more inclined to use telemedicine. Urban area patients are more prompt to get consultation via telemedicine. Phone connectivity plays an important role. In market many options are their and doctors are confused what to choose & use. Patient are satisfied with the Remedo App, but it needs more improvement to satisfy most of the patient. Those who are not using pillars like diet, lesson, action and exercise, may be they have scarcity of time to follow all these or they are not founding it relevant. In that case we need to study more on it by the organization itself. The suggestions which has been given by patients needs to be implemented as soon as possible by the company.

KEY FINDINGS

The findings of 50 doctors has been collected. They're from different specialization and cities. Mostly doctors have started practicing telemedicine during this pandemic. The majority of doctors practice got affected by this pandemic. So, they started using telemedicine to give their patients consultation via Chat, Video, Tele consultation. Most of the doctors used dedicated app for the telemedicine practice. All of the doctors strictly follows all of the MCI guidelines for telemedicine. Practo is the market player in online consultation app. The average daily number of telemedicine consultation is between 0-5. Almost all the doctors have good experience after using telemedicine. The overall experience of patients after consultation is satisfactory. The Doctors are also thinking of applying telemedicine in regular practice. The biggest challenge of telemedicine is the awareness among the patient.

The findings according to the feedback data collection where the patients, those are enrolled on the Remedo App with the specialized care plan. Low response is a limitation of the study. The feedback form is still ongoing in the journey, because it was completely monitored with the WebEngage Marketing tool, so it was the response which collected in the period of 15 days as journey in reoccurred after every 15 days. Other responses are on the way, they when the journey will reoccurred automatically as set by the company. The overall experience of the patient with Remedo DISHA is satisfactory.

CHAPTER 6

CONCLUSION

In India telemedicine has come into notice after the COVID OUTBREAK. Most of the doctors and as well as patients get to know about the exact concept of telemedicine. As we all know in this outbreak situation, it's the best option to take consult online if there is no emergency. In only severe condition it is advisable for patients to go to hospital for full body checkups, but for mild case its better to sit at home and opt for telemedicine in order to reduce the chance of getting infected. The telemedicine is the best cost-effective option for patient. It gives high quality care & high-quality service. It will surely then decrease the overload burden from hospitals.

Remedo Practice Application (Including DISHA) and Remedo Play is sold to the doctors. Also work on the new features for the betterment of the application and Remedo. Awareness of the brand Remedo was created amongst patients and doctors. This also helped in branding the business as doctors and patients were satisfied with the quality and services. The awareness about the new product DISHA (Digital Integrated Smart Health Assistant). The needs of the doctors is understand about the new Remedo product to be sold to them with respect to the competitors product. Develop a segmentation basis, marketing strategy targeting positioning and communication strategy to target the segment of doctors for making them aware about the DISHA. The existing competitor for Remedo Practice is **practo and lybrate.** The competitor product is affecting Remedo Practice in various aspects some of them are Price – Remedo is Providing there practice application at a low cost as compared to other Practice Application. Also one of the barriers that is coming for Sale of Remedo Practice is Doctor don't want to switch on new product so easily, Practo is playing a major role as it is providing a lead generation to the doctors and also the practice application as it gives new patient to the doctor. Mostly doctors who are using practo are also using lybrate it enhance and improves there data management and lead generation.

RECOMMENDATIONS:

The recommendations based on the findings which can be implemented for action planning. The telemedicine should be the mandatory practice in these days. There should be strict rules which are to be religiously followed & check by government. Creating more awareness campaign for online consultation for patients. And to ensure good network connection with promoting telemedicine more and enforcing more follow ups on tele consultancy. The dedicated app which has MCI compliant for practicing telemedicine is recommended to adapt for safe and legal practice on digital platform.

Remedo Clinitech Pvt Ltd should create more awareness for their brands by doing more CME's, Social Media Awareness and Webinars for the patients through advertisement via different modes in Health-care. Remedo Clinitech Pvt Ltd should work on the content of more specialisation of doctors to expand market share. As Remedo DISHA is new in the market Remedo should use more tacts to promote it They can also use some sort of advertisement to promote it.

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