Internship Report
At
M-Insure, Gurugram

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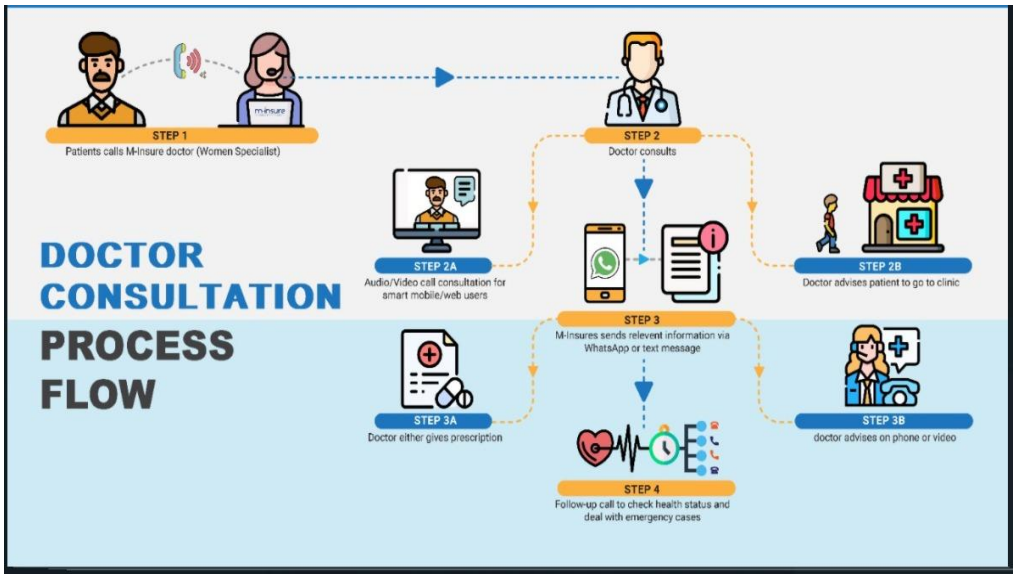
INTERNSHIP REPORT

Introduction

M-Insure is a Digital **Micro-Insurance & Health Services** company that provides a one-stop solution for all health care needs – preventive as well as **primary Health care and Insurance**, covering the entire health journey of low-income population of India.

- **Process of Doctor Consultation is defined as below.**



Objectives of Internship:

- To know about the telehealth operations and to manage doctors and look for quality of end to end service.
- To train and manage new doctors about the telehealth system
- To regulate the quality of feedback team
- To schedule and assign cases to doctors
- To help and guide doctors about the peer reviews
- To help the doctors when they are stuck in a case
- To make sure all the doctors are taking cases evenly and attending within 15min.
- To make sure the patients receive a quality consultation and are satisfied by our services.
- To participate in daily organizational meetings to know what strategy is working and what isn't, daily issues and the good work to be continued.

Organizational Profile:

M-insure is a 360-degree health ecosystem that provides a one-stop solution for all healthcare needs preventive as well as primary healthcare and insurance

Vision:

- **Transparency:** We try to keep things as transparent as possible to make sure one is able to adhere to the principles above
- **Truthfulness :** Individuals will try to be as truthful as possible, one will always be celebrated to be truthful to himself and to the company.

Mission:

- **Customer Centricity:** All major and minor decisions have to follow the customer centric behavior. Thinking from customers to backwards. At all levels customer has to be the center of decision making.
- **Ownership:** We are a decentralized company which can only work when individuals take ownership, we as a principle try to run company bottom up where all individuals make decision and management is there to reconcile them.
- **Creating leaders:** As a principle each individual will be judged how many good leaders was one able to create who can lead functions tomorrow. This is a yardstick how we train our juniors to become leaders of tomorrow.

Tele-Medicine & E-Clinics: The core node of the product is to utilize mobile forms of communication (phone calls, chat messaging, and video), customers can call this service 24/7 and receive a consultation from a certified doctor. Depending on the condition, the doctor may diagnose and recommend treatment or medication. Prescription is sent directly to customers mobile phone as a PDF or SMS depending on type of phone. In some cases, the doctor will refer the customer to a local physician/hospital or laboratory for investigative tests. In all cases, our team will maintain a digital medical record for each customer and will follow-up after an initial consultation. Regular routine follow-ups and handholding of the customers (patients) after doctors' advice are key part of the tele-health experience that we provide.

Based on our observations of the day-to-day operations, this model will help us break the barriers of Tele-Medicine and provide an opportunity for better outreach with our customers. The model is very simple with high value to the customer yet very affordable. In the regions where our services are being provided, customers really need access to basic facilities like trained personnel, local certified doctors (in case of referrals), access to medicines etc. that add value to their health and wellbeing. Therefore, customers from Cashpor would be served well if we go ahead with this proposed model.

Finally, a decision like this goes a long way in planning the future roadmap of products and processes for all the customers of Cashpor. Therefore, our endeavor would be to deploy more field agents/primary healthcare workers working directly with the customers in the coming future as well.

Services Provided by Organization:

Our three pillars –

Sanrakshan (Preventive Health Care)

Swasthya (Primary Health Care)

Suraksha (Digital Micro-Insurance)

for the entire health journey of the customer.

SANRAKSHAN

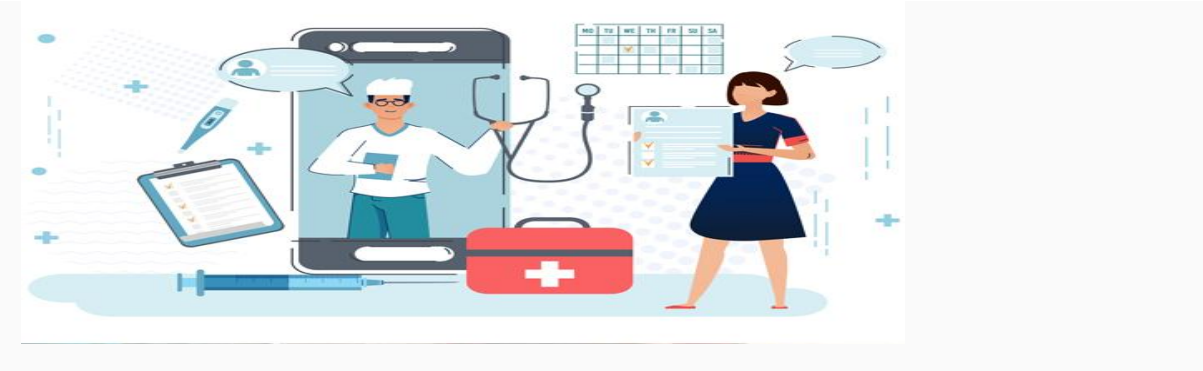
Wellness using Contextual multichannel health messages and videos curate to the specific area. These include specific health program, Specialist Sessions, topics of interest to customer, i.e. nutrition, oncology, gynecology, etc.

SWASTHYA

M-Insure provides in-house Tele-health & Tele-Medicine platform for providing mobile health (M-Health) services. We also have e-Clinic facility to serve in hinterlands and we provide referral services to the nearest rated hospital.

SURAKSHA

Our Insure-tech solution bridges the gap in the entire insurance ecosystem from policy distribution, policy management to claim information and processing. A Unified Platform from Policy Delivery to Claim Payment which gives ease of access to all parties involved (viz Distributors, Insure-tech & Insurance Co.) and makes it completely paperless.



E-Clinic:

An offline space of 4 feet by 4 feet closer to customers location which has basic medical equipment (Temperature check, BP check, Weight check, Oximeter etc..) and a Tablet for Video Consultation with a doctor.

The core node of the product is to utilize mobile forms of communication (phone calls, chat messaging, and video), customers can call this service 24/7 and receive a consultation from a certified doctor. Depending on the condition, the doctor may diagnose and recommend treatment or medication. Prescription is sent directly to customers mobile phone as a PDF or SMS depending on type of phone. In some cases, the doctor will refer the customer to a local physician/hospital or laboratory for investigative tests. In all cases, our team will maintain a digital medical record for each customer and will follow-up after an initial consultation. Regular routine follow-ups and handholding of the customers (patients) after doctors' advice are key part of the tele-health experience that we provide.

Deployment of trained 'primary healthcare workers' on the field to bridge the gap between our customers (patients) and our tele-health agents. A 'primary healthcare worker' will be assigned each from Cashpor and M-Insure to a particular region for better outreach. In terms of education, these PHC workers would be required to hold a degree in pharmacy or social work/social engineering with specialization in public health practices. Both will work in sync to achieve-

- Smooth running of the e-clinic along with the CHF
- Building of a medicine distribution network to provide medications to customers post consultation, be it physical or virtual

- Building of referral network with local doctors/hospitals/pharmacies
- Spreading awareness about tele-medicine as a practice
- Driving in footfalls with assurance of end-to-end hand holding with customers
- Immediate feedback from customers basis – Service level experience, quality etc.
- Facilitation and provision of support from our current team of pharmacists/health assistants in various areas e.g., providing better training to CHFs or guiding patients for medicines

This exercise will further help streamline the processes once Cashpor launches this model in partnership with M-Insure.

Key Activities/ Projects Undertaken Other than Dissertation:

- To prepare and update the hourly report of the consultations done by doctors
- To prepare daily report regarding the performance of the doctor

Key Learnings from Internship:

- Management of problems related to training of the doctors
- Management of problems faced by the doctors during a consultation
- Management of issues faced by the doctor assistants
- Resolving issues faced by the feedback team