MICROFINANCE & TELECONSULTATION PARTNERSHIP FOR PROVIDING BETTER ACCESSIBILITY FOR HEALTHCARE IN RURAL INDIA

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HOSPITAL MANAGEMENT

ABOUT THE ORGANIZATION

- **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 the low-income population of India.

- **Our three pillars –**
  - Sanrakshan (**Preventive Health Care**)
  - Swasthya (**Primary Health Care**)
  - Suraksha (**Digital Micro-Insurance**)

} for entire health journey of the customer.

VISION:

- **Transparency:** We try to keep things as transparent as possible to make sure one can 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 the company.

Mission:

- **Customer Centricity:** All major and minor decisions have to follow customer-centric behavior. Thinking from customers to backward. At all levels, the 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 of how we train our juniors to become leaders of tomorrow.

E-CLINIC:

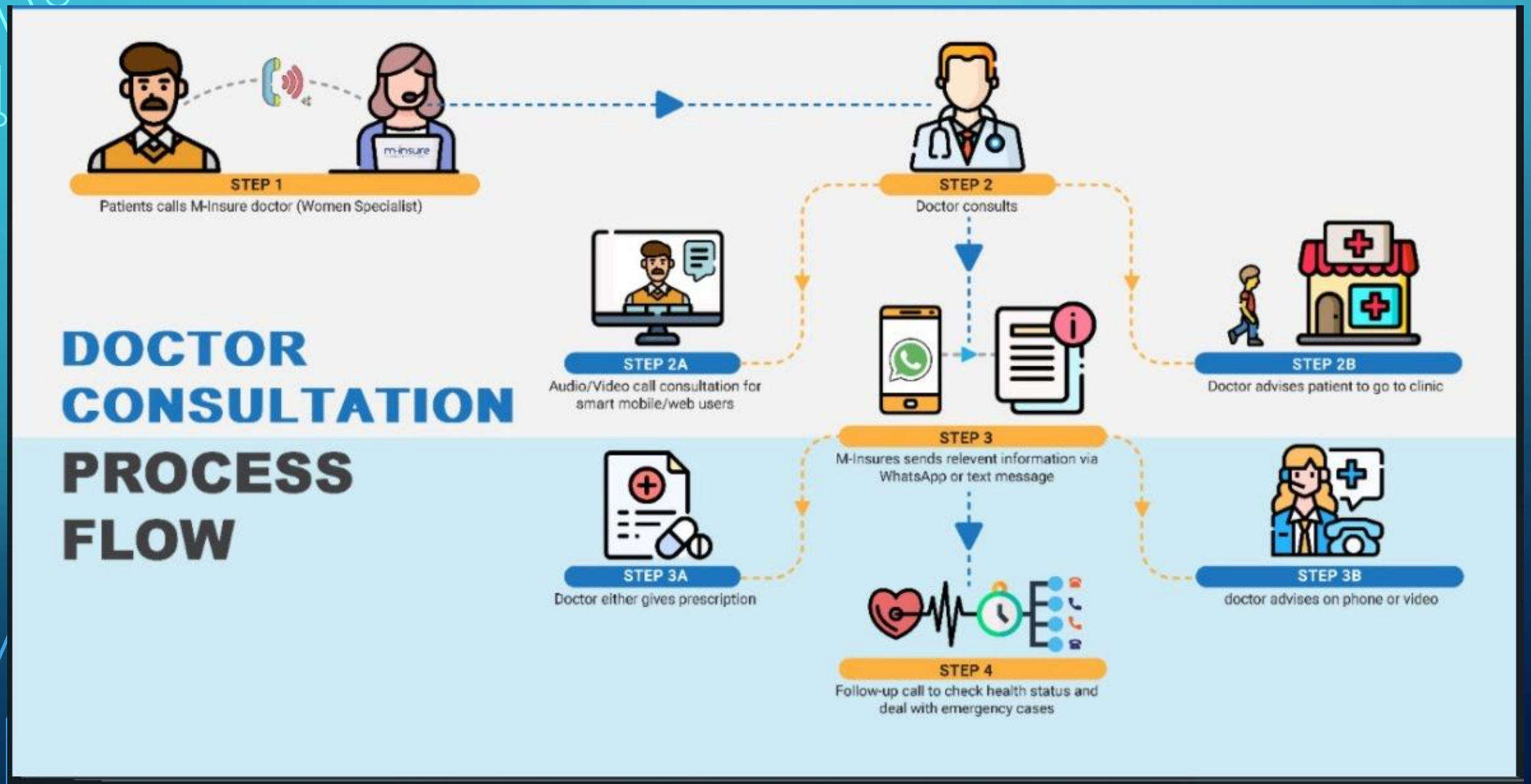
AN OFFLINE SPACE OF 4 FEET BY 4 FEET CLOSER TO CUSTOMERS LOCATION WHICH HAS BASIC MEDICAL EQUIPMENT (TEMPERATURE CHECK, BP CHECK, WEIGHT CHECK, OXIMETER, ETC..) AND A TABLET FOR VIDEO CONSULTATION WITH A DOCTOR.

TELE-DOCTOR AND TELE-MEDICINE:

GET ACCESS TO AN MBBS CERTIFIED DOCTOR THAT SPEAKS TO YOU IN YOUR MOTHER TONGUE, 24 BY 7 FROM THE EASE OF YOUR HOME. YOU CAN DO A VIDEO CALL IF YOU HAVE A SMARTPHONE OR AN AUDIO CALL IF YOU HAVE A FEATURE PHONE.

THE CORE NODE OF THE PRODUCT IS TO UTILIZE MOBILE FORMS OF COMMUNICATION (PHONE CALLS, CHAT MESSAGES, 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 PHONES AS A PDF OR SMS DEPENDING ON THE TYPE OF THE 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 UPON INITIAL CONSULTATION. REGULAR ROUTINE CHECK-UPS AND HANDHOLDING OF THE CUSTOMERS (PATIENTS) AFTER DOCTORS' ADVICE ARE A KEY PART OF THE TELEHEALTH EXPERIENCE THAT WE PROVIDE.

THE PROCESS OF DOCTOR CONSULTATION IS DEFINED AS BELOW.



INTRODUCTION:

- Microfinance has emerged from important development considerations. Health financing includes health micro-insurance, flexible savings, and emergency health loans that help the poor in accessing and managing health care costs. However, its main motive is developmental, which aims to along at eliminating hunger and poverty. But it cannot be conveyed appropriately without addressing the issue of health. For microfinance to achieve its aim of providing financial security to the poor, it has to inscribe health security as a pivotal element of social security. Their income could easily be exterminated without support services—i.e., health and childcare. MFIs should subsidize in the purveying of conducive, collaborative primary healthcare, build capacities at the local level for the delivery of health service—including concoction of trained health care workers at the community level—and provide a range of capitalizing products to increase the accessibility of health services and safeguarding from health shocks for their clients.
- According to the government's data, as per the current population of the country, there is only 1 doctor for approximately more than 1,400 Indians, which is quite lower than the WHO's prescribed norm of one doctor for 1,000 people. It is demonstrating to be a crunch point in the rural areas amid the underserved areas by making it uncomplicated for people to get examined by a qualified doctor. It is assisting in two ways:
- Firstly, it is aiding by increasing the availability of medical facilities to many people with indifferent health conditions without the requirement to go to clinics and hospitals, preventing the possibility of contamination.
- Secondly, it is aiding suspected COVID-19 patients to seek medical advice and aid in self-quarantine or post COVID care. The rural people in India are inclined to select a substitute for obtaining healthcare and telemedicine can be a vital tool, given they are mindful of its pros. It will help to reduce the panic and bring satisfaction among them. Due to the scarcity of super-specialist doctors in rural and semi-urban regions of India, telemedicine has been emerging as an indispensable tool to overpass this loophole.

To live up to its commitment to universal health coverage, the Indian government must widen the accessibility and affordability of health care services. with the help of microfinance-based self-help groups (SHGs), poor women and their families are supplying not only with finance access to upgrade their livelihood along with a range of basic health services. the microfinance habitat in India is changing. MFIs face new governing regulations and more vigilant banks and investors which has accompanied them to commend psychodynamic products and their approaches.
rural areas can be best handled by the use of TMS due to the slighter availability of doctors. underprivileged education and medical professionals in rural areas are the reason behind the government's principle to use technology to overpass this void. according to research, back in 2019, the Indian telemedicine market was predicted to reach $32 million by 2020. however, due to the extended covid era, telemedicine apps have seen growth. almost all tms providers such as practo,1mg, myupchaar, etc. have experienced a demand tsunami as there is a surge in their demand up to 500%

Governments and ngos in india have executed large-scale programs for the marketing of shgs. mfis and shpis routinely train their clients and members on a wide range of health topics, from child and maternal health for prevention and management of diseases such as malaria, hiv/ aids, covid, post-covid vaccine syndrome, diabetes, neonatal/maternal mortality, and infant/child feeding. there is a prolonged focus on community performance all over the sector otherwise a difficult sector to combat one of the highest barriers to the profitable development of the poor:ill-health.

METHODOLOGY:

- An observational exploratory study is done to note the outreach of telemedicine in rural areas and to access the performance of the company by comparing the last year (from 1-06-2020 to 31-12-2020) and the current year's performance. This will let us know whether the telemedicine services are accessible in the innermost part of rural areas. This study is done by using existing data of the microfinance partnered states of m-insure like in 2021 the partnered states are:
- Uttar Pradesh, Bihar, West Bengal, Jharkhand, Haryana, Punjab, Jammu & Kashmir, Rajasthan, Odisha, Karnataka, Kerela, Maharashtra, Uttarakhand, Assam, Tamil Nadu, Chhattisgarh "'whereas in 2020 there were only 5 partnered states i.e. Uttar Pradesh, Bihar, Madhya Pradesh, Jharkhand, Chhattisgarh

- Research question:
- Can microfinance & teleconsultation partnerships provide better accessibility for healthcare in rural India?
- Is telemedicine accepted to meet the needs and requirements of people in lower resource settings?

Research Objectives:

General Objectives – M-insure:

- To create acceptance about teleconsultation services in meeting the needs and requirements of people (especially females) in lower resource settings
- To setup e-clinics in small different regions of rural India to provide better access to healthcare.

- **Specific study objectives:**
- To understand the outreach of micro-finance and telemedicine services in rural India as an attempt to solve the "poor accessibility of healthcare services." By using M-insure data.
- To study the process used -to create awareness about the micro-insurance and telemedicine services in India.

- **Study Type**: Descriptive and exploratory study
- **Study Area**: Rural parts of India
- **Study Design**: Non-probability convenient sampling
- **Data type**: secondary data
- **Research approach**: quantitative approach
- **Study population**: All the users who are availing telemedicine facility through M-Insure company
- **Mode of data collection**: Data was taken from the M-Insure repository, only after all due permissions and consent regarding the privacy of the company are granted.

Data collection for the study will take place over one year divided into 2 slots of 6 months duration:

- ▪ Slot 1: June 2020-December 2020
- ▪ Slot 2: January-June 2021

- **Sample size:** Consultations done tentatively in 6 months from 1st June 2020 to 31st Dec 2020 and from 1st Jan 2021 to 20th June 2021 (i.e. 27000 consultations approx.)

- **Inclusion criteria:** All the users, staff, employees, and their family members working in Microfinance companies and partnered with M-Insure

- · **Exclusion criteria:** All the users who are not partnered with M-Insure was not a part of this study

- **Ethical considerations:** Before the study, all aspects of confidentiality were assured to all the participants and of the organization. Only those people were eligible who is a member of the organization and give proper consent to participate in the study.

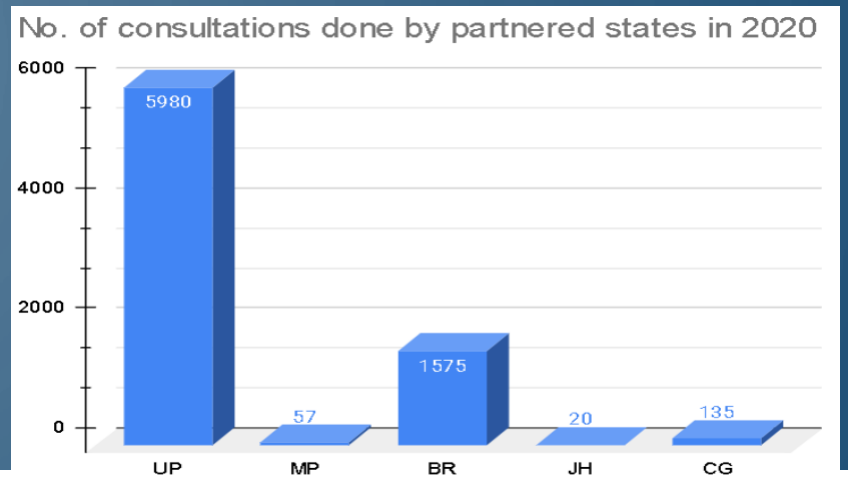
RESULTS

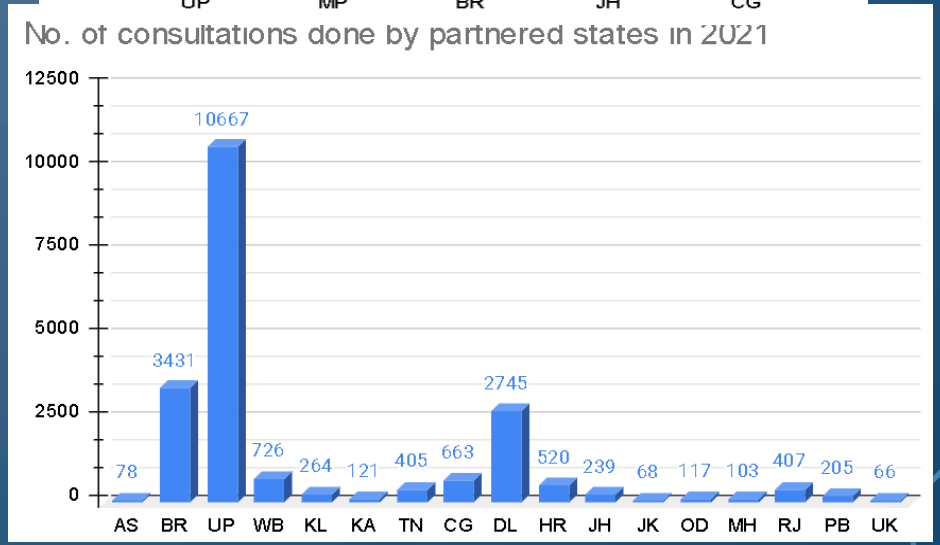
THIS OBSERVATIONAL STUDY WAS DONE TO FIND OUT WHETHER THE ACCESSIBILITY AND ACCEPTANCE OF TELECONSULTATION SERVICES BY M-INSURE IN RURAL INDIA BY COMPARING LAST YEAR AND THE CURRENT YEAR'S PERFORMANCE. THE ANALYSIS TO FIND OUT THE ACCESSIBILITY OF TELECONSULTATION IN RURAL AREAS IN 2020 AND 2021 IS SHOWN BELOW.

Comparison of State-wise Teleconsultation

The first figure depicts that in 2020 M-insure has partnered with 5 states MFIS to get consultations topmost being UP (5980) followed by Bihar (1575), Chhattisgarh (135), MP (57), Jharkhand (20).

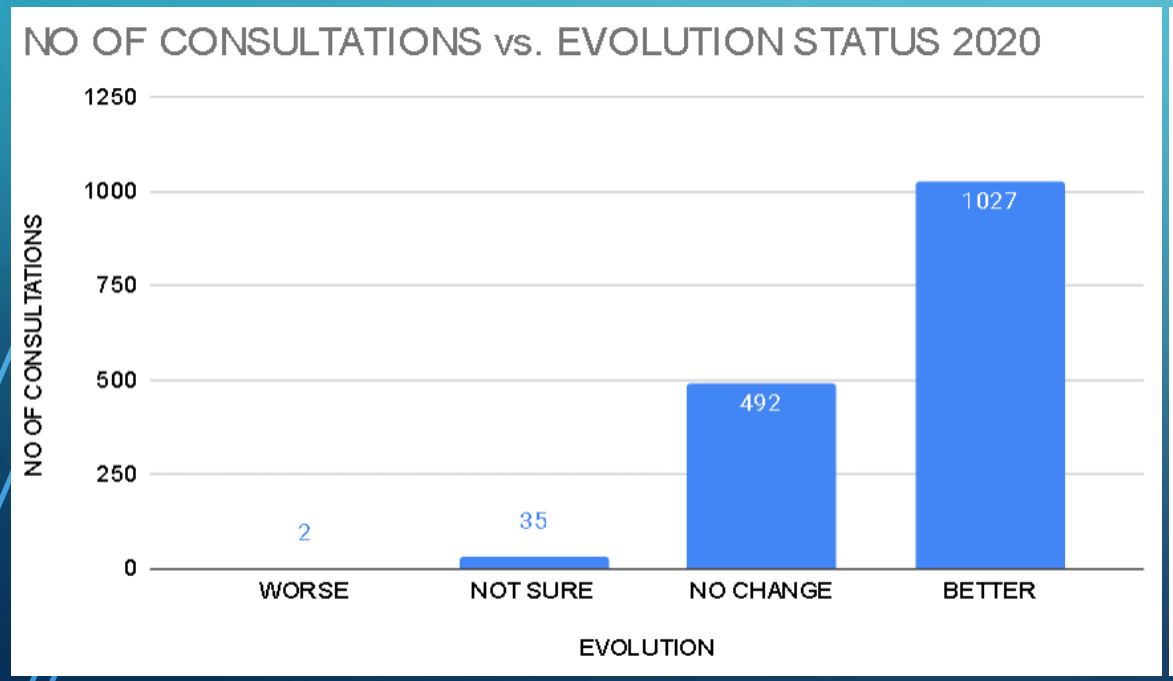
The second figure depicts that number of m-insure partner states has increased exponentially in 2021 from five to 17 states in total highest being UP with 10,667 consultations followed by Bihar (3431), Delhi (2745), West Bengal (726), Chhattisgarh (663), etc.

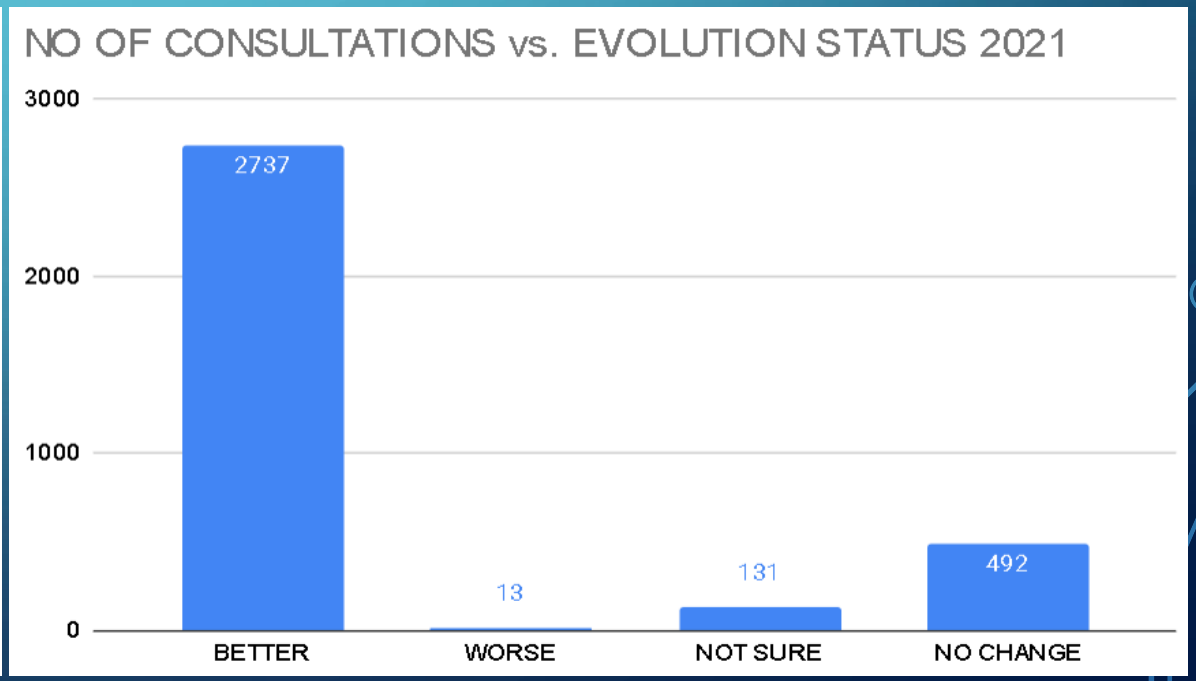




- The first figure depicts the status (i.e. the evolution status) of the patients who have received teleconsultation by m-insure in 2020. This feedback is taken by the feedback team of trained and qualified pharmacists which depicts that 1027 patients felt better after consultation and 492 with no change in their health status.
- The second figure depicts the status (i.e. the evolution status) of the patients who have received teleconsultation by m-insure in 2021. This feedback is taken by the feedback team of trained and qualified pharmacists which depicts that
- 2737 patients felt better after consultation and 492 with no change in health status

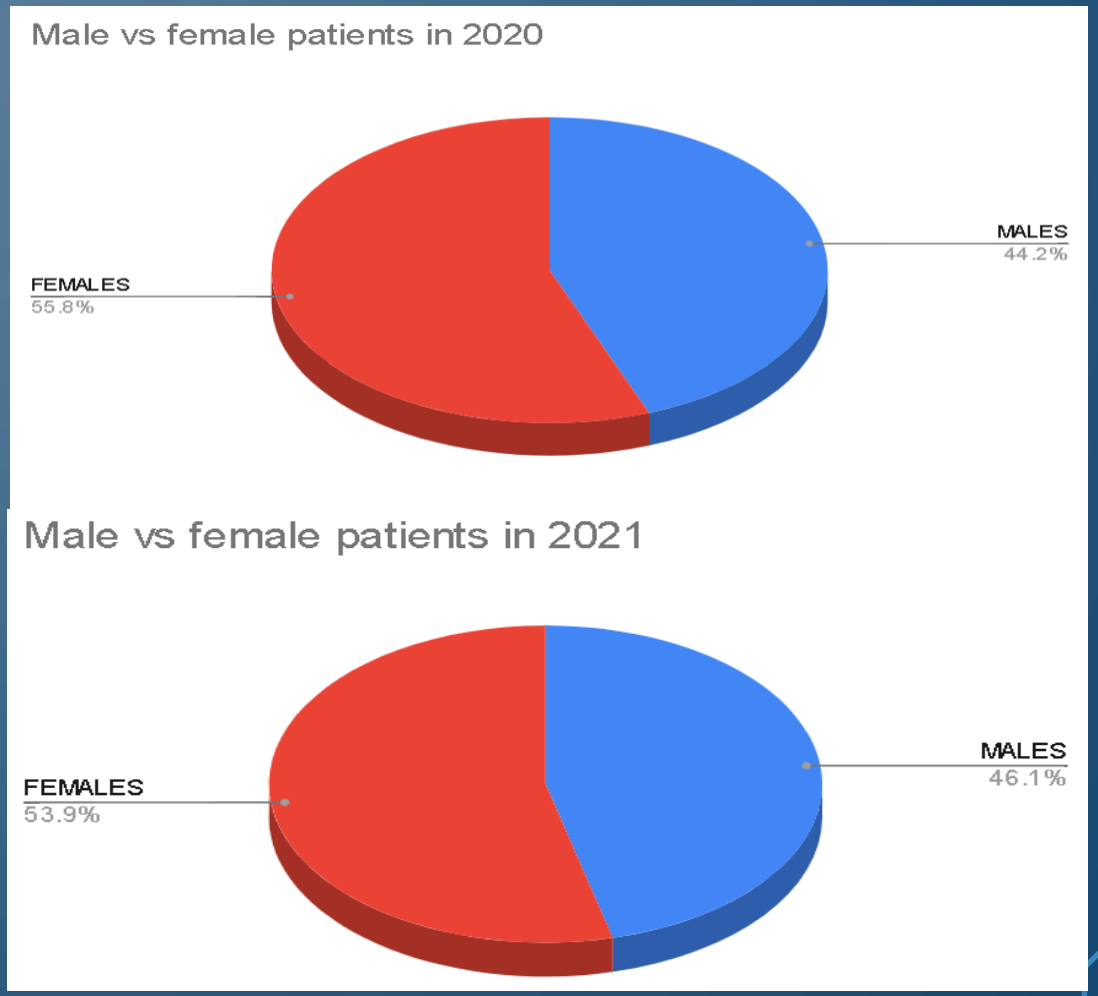
The analysis to find out the acceptability of teleconsultation in rural areas in 2020 and 2021 is shown below:





The analysis to find out whether the teleconsultation services are accessible to the females in rural areas in 2020 and 2021 is shown below:

- The above pie chart depicts that the accessibility of telehealth services is slightly more for rural females (55.8%) than the rural males (44.8%) in 2020.
- The below pie chart depicts that the accessibility of telehealth services is slightly more for rural females (53.9%) than the rural males (46.1%) in 2021.



E-CLINIC

Our Organization partners Cashpor have 600 branches with a combined base of 9.71 Lakh customers. The primary customers are all female loanees who belong to extremely rural parts of UP, Jharkhand, Chhattisgarh, and Bihar.
The customers can quite often be illiterate, not able to read numbers, names, etc.
Therefore, they are given training when taking loans and made to learn their loan ID, loan amount by heart since they are not able to read. They have at least 1 feature phone in their family. As for semi-rural places like Son Bhadra, we can also expect a smartphone per family mostly used by the tech-savvy newer generation.

CASHPOR has its e-clinic branches in following states:

Uttar Pradesh	**187**
Delhi	1
Bihar	95
Madhya Pradesh	13
Chhattisgarh	16
Jharkhand	6

Our partner UTKARSH has its 4 e-clinic branches in Uttar Pradesh

DISCUSSION

The analysis of data demonstrated the present scenario of the process flow being followed for the customers using m-insure services. Results have also demonstrated the accessibility and acceptability of telemedicine services in rural India.

This research study is done to detect whether the accessibility and acceptance of teleconsultation services by m-insure in rural India by comparing last year and the current year's performance. These interpretations suggest that there is a huge rise in the accessibility of teleconsultation services by rural people in India.

Fig 1.0 and 2.0 depicts the results of data analysis suggest that there is a huge rise in the accessibility of teleconsultation services in rural areas rising from 5 to 17 states i.e. highest for UP in both years doubling from 5980 to 10,667 and Bihar (from 1.5k doubling to 3.4k) followed by Haryana, Tamil Nadu, Chhattisgarh, Jharkhand thereby increasing the count of consultations drastically within 6 months. This humungous number is the result of several client partnerships with micro-insurance companies proving that this MoU is the reason for the exponential growth of the organization thereby increasing healthcare accessibility in core parts of rural India.

Fig 3.0 and 4.0 show the evolution status which shows the feedback given by the patients after getting the consultation and receiving the prescription which is taken by our feedback team of trained pharmacists. The overall experience of the patients was analyzed which reveals that the feedback given by the patient is positive in both the years:

In 2020 cases:

Felt better	2737
No change	492
Not sure	131
Worse	13

Whereas in 2021cases:

Felt better	1027
No change	492
Not sure	35
Worse	2

This data proves that the negative aspects are not increased as compared with the drastically increasing number of consultations. They are readily availing this service especially during these hard times with a promise to continue receiving these services post covid as well. Also, the quality of the doctors is reviewed by the feedback team and peer reviews to ensure the overall quality of the consultation from the doctor’s end is maintained.

- Access to health care is a distant dream for many Indian women, Indian women indeed suffer gender bias in their efforts to access health care. Because of gender stereotypes in society, women remain silent, not seeking aid for their health issues. Many a times we have come across cases where rural women don't want their husband or any family member to know they are seeking a doctor consultation. But this study (fig 5.0 and 6.0) reveals that women are aware, interested in the telemedicine services and are readily availing this teleconsultation service either for themselves or for someone in their family is somewhat higher than males (F:M ratio is 54:46).
- To overcome the lack of awareness about teleconsultation and related services product awareness, marketing, how to position the services in the mind of rural people so that a sense of reliability increases and training the sales and marketing team which can help in creating awareness will surely be a proven advantage. Its usefulness and customers' interest by providing them hospicash or a payment claim of Rs 3500 during hospitalization are the success factors for these products and services.
- Our organization partners Cashpor and Utkarsh have agreed with the **E-Clinic** concept. The idea of an e-clinic is to provide a virtual space to the customer for a Teleconsultation with a doctor with help of CHF.

CONCLUSION

- The objective of this study is to rule out the complicated areas associated with the process followed by insure-tech service as the number of visitors in rural India was high as this service is the need of the hour to acknowledge and refine the process flow as well as to form a plan of action to prevent the issues for all the users, their domino effects were recognized and suggestions were made for upgraded to abet in refining the quality of services for a wholesome sustainable profitable model.
- Seeing the grave impact of Coronavirus in India, the center's decision on setting the Telemedicine practice guidelines brought the need for confidence in doctors on trying the virtual consultation. People used virtual platforms for their healthcare needs as stated wide lockdown was imposed as a virus-containing measure. Also, the burden on the healthcare system is decreased as the resources are being utilized for the ones in need. With a significant effect of microfinance and telemedicine partnerships, the accessibility of healthcare facilities can be considerably improved in rural areas. Also, the doctor who speaks in their regional language can help to build rapport with specific patients.
- Thus, healthcare facilities not being accessible to rural females is a myth and this has been proved in the above results as the number of consultations booked by the female is higher than males as females book doctor's appointment either for themselves or for someone in her family (husband or children, etc.) or nears. This clearly shows rural women are active and aware of the healthcare services available to them.
- The E-clinic concept is invented to have a virtual contact of patients with a well-qualified doctor with video (or audio) calling so that patients can build a level of trust with the available services. Thus, TMS can best be described as a global pilot in a real-time situation. Telemedicine has its limitations as it cannot replace the need to go to a hospital in moderate and severe cases.

RECOMMENDATIONS

- Leverage Jan Aushadi Kendra who can provide free medicines to BPL customers based on our prescription. **Rashtriya Arogya Nidhi** which provides profitable aid to the BPL patients suffering from fatal diseases, to get medical aid at any government/super specialty institution. Synergize referrals here if can be built. Ayushman Bharat is another Government scheme that may be used.
- With our model, we can further build **Telemedicine** where we may not even need physical infrastructure to support it. CHF can take smartphones to the field to get a video call from a doctor or customers can call our phone numbers directly through their feature phone to get consultation on basic illnesses which are persistent 70% of the tines.
- The audio-visual being created has to break down the product benefit and value to the lowest level possible. The branches/field agents as well need to behave posters breaking down the product. This can help in creating awareness about the TMS.
- The latest guidelines by MOHFW are silent on the aspects of confidentiality of the patients. A clear picture of these aspects should be looked into, given the professional ethical code of conduct of the doctors.
- Medico-legal laws have to be changed to protect doctors' rights as the margin of error would increase.
- Training for telemedicine should be included in the curriculum of medics as well as paramedics.
- Accreditation standards for telemedicine (for home isolation and stand-alone facilities) maintaining the quality of the healthcare services should be given. Telemedicine guidelines to be established for naturopathy or yoga.
- Enabling infrastructural and regulatory environments with clearly defined roles, responsibilities, benefits, and risks for all stakeholders, including financial reimbursement mechanisms for remote care delivery, can be crucial to overcoming the structural challenges to expand the usage of telemedicine.
- Planning for new e-clinics set up is on the table as our partnership becomes widespread which will also help create awareness about healthcare services.
- Planning for reconnecting with patients who are not satisfied with a consultation.

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THANK YOU