Study to Measure Satisfaction of Patients Who are Provided with e-Consultation Services by Call Health at Hyderabad City of Telangana State

By

Harshita Sharma

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVERMAY CONCERN

This is to certify that **Harshita Sharma** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at IIHMR University from 7th Feb 2018 to 6th March 2018 and CallHealth from 7th March 2018 to 7th May 2018.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

Iwish her all success in all her future endeavors.

Dr. Ashok Kaushik
Dean, Academics and Student Affairs
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CallHealth
Everything about health

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Dated: **11th May 2018**
Place: **Hyderabad**

To Whomsoever It May Concern

This is to confirm that **Ms. Harshita Sharma (Officer ID: 12102)** has been working with us as **Management Trainee** in our **Services Delivery** Business since **07th** of **March 2018** to **till date**.

She comes across as a committed, sincere and diligent person who has a strong drive and zeal for learning and we wish him all the success with continued service with us.

Note: This letter has been issued upon her request for college degree certification purpose and **not** valid for any other purpose.

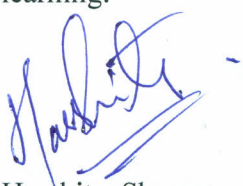
For CallHealth Services Pvt. Ltd.,

R. Samson Peters,
Business Integrator – Talent Engagement
Human Resources

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled A STUDY TO MEASURE SATISFACTION OF PATIENTS WHO ARE PROVIDED WITH E-CONSULTATION SERVICES BY CALL HEALTH AT HYDERBAD CITY OF TELANGANA STATE submitted by Harshita Sharma Enrollment No. IIHMR-U/01/2016/0418 under the supervision of Dr. J.P. Singh for award of MBA in Hospital and Health carried out during the period from 7thFeb 2018 to 7th May 2018 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.



Harshita Sharma

ABSTRACT

TITLE OF STUDY:A Study To Measure Satisfaction Of Patients Who Are Provided With E-Consultation Services By Call Health At Hyderbad City Of Telangana State

Author: Harshita Sharma

BACKGROUND

Home health care (HHC) is a system of care provided by skilled practitioners to patients in comfort of their homes with the help of a physician. It includes medical care, nursing care nursing attendant, physiotherapy, occupational therapy, and speech-language therapy and social services.HHC services, now a days, are one of the growing sector in the medical service business. Patient satisfaction is of paramount importance in case of health care services,while talking about health care services at home patient satisfaction depends upon a lot of factor such as booking an appointment, punctuality of health officer, execution of the service, receiving a quality service and the most important is behaviour of the health officer. These all above factors play a vital role in achieving the satisfaction level. If one of them is not fulfilled the satisfaction level cannot be achieved.

OBJECTIVES

- To study the customer satisfaction with respect to different services provided by call health.
- To access the effectiveness of quality service provided to customer.

METHODS

The study was Descriptive in nature which was carried out for a period of two months duration. Data was collected through the feedback form through a closed ended questionnaire which had the following parameters – comfortable availing health services at home, booking easiness, punctuality of staff, promptness of staff, Behaviour of staff, quality service, communication, privacy, overall experience of the services.

FINDINGS

Majority of the patients and their family members are satisfied availing E-Consultation at home .Few of the customers got disappointed due to communication problem; they are not able to interact with the doctor properly during the e consultation.

CONCLUSION

Majority of the patients are quite satisfied with the services they received but still few gaps are there that needs to be addressed to for better delivery of the services.

Key Words: Home Health Care (HHC), Point of Presence (POP), customer Satisfaction, Management.

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ACKNOWLEDGEMENTS

I wish to accept this open door to offer my most profound thanks towards every one of the general population who have demonstrated their ability to give their profitable contributions to enable me to set up this report.

I am grateful to Dr. J.P.Singh and Dean for conceding me the authorization to embrace the investigation. I might want to pass on account of my venture direct for prepared help, unmistakable fascination and important recommendations.

To wrap things up it would be out of line in the event that I don't stretch out my appreciation to every one of my resources, to my folks and every one of my companions for their dynamic participation which was of extraordinary help over the span of my preparation procedure. Without the help of all the previously mentioned individuals this examination would not have been fruitful. I Once again thank all of you for your awesome intrigue and support all through my examination..

INTRODUCTION

E-Health in India

The economic pressures of ever-increasing healthcare costs and suboptimal health outcomes are driving the search for new approaches to health management. Policymakers now speak of the National Health Information Network and interoperable electronic health records as necessary elements of health care for the entire population (Expanding the Reach and Impact of Consumer e-Health Tools., 2006) Based on the need for patient-centered health care, there is an importance in growing importance to the role of consumers in managing their own health, in partnership with healthcare providers.

Consumer-oriented e-health resources are meant to help consumers manage the heavy demands of health management. Indeed, it may be difficult for consumers to meet some of the demands without e-health tools. "e-Health" is a broad term for the heterogeneous and evolving digital resources and practices that support health and health care. Most, although not all, of these resources are available through the Internet. E-Health tools offer consumers a broad range of integrated, interactive functions including those listed below. Most tools support several of these functions, generally structured around a primary purpose such as disease management.

The monetary weights of consistently expanding social insurance costs and imperfect wellbeing results are driving the scan for new ways to deal with wellbeing administration. Policymakers now discuss the National Health Information Network and interoperable electronic wellbeing records as vital components of medicinal services for the whole populace (Expanding the Reach and Impact of Consumer e-Health Tools., 2006) Based on the requirement for quiet focused human services, there is a significance in developing significance to the part of shoppers in dealing with their own particular wellbeing, in organization with social insurance suppliers.

Buyer situated e-wellbeing assets are intended to enable buyers to deal with the substantial requests of wellbeing administration. In fact, it might be troublesome for buyers to meet a portion of the requests without e-wellbeing apparatuses. "e-Health" is a wide term for the heterogeneous and developing

advanced assets and practices that help wellbeing and human services. Most, despite the fact that not all, of these assets are accessible through the Internet. E-Health instruments offer buyers an expansive scope of coordinated, intelligent capacities including those recorded beneath. Most devices bolster a few of these capacities, by and large organized around a basic role, for example, ailment administration.

Benefits can be described in the form of 10 e'-s in "e-consultation"

Efficiency: One of the promises of e-Health is to increase efficiency in health care, thereby decreasing costs. One possible way of decreasing costs would be avoiding duplicative or unnecessary diagnostic or therapeutic interventions, through enhanced communication possibilities between health care establishments, and through patient involvement.

Enhancing Quality: Increasing efficiency involves not only reducing costs, but at the same time improving quality. e-Health may enhance the quality of health care by allowing comparisons between different providers, involving consumers as additional power for quality assurance, and directing patient streams to the best quality providers.

•Evidence based: e-Health interventions should be evidence based in a sense that their effectiveness and efficiency should not be assumed but proven by rigorous evaluation.

•Empowerment of consumers and patients: By making the knowledge bases of medicine and personal electronic records accessible to consumers over the internet, e-Health opens new avenues for patient cantered medicine and enables evidence based patient choice.

•Encouragement: A new relationship between the patient and health professional, towards a true partnership, where decisions are made in a shared manner is developed.

•Education: The physicians are educated through online resources like medical education and consumers like health education, preventive information etc.

•Enabling information exchange and communication in a standardized way between health care establishments.

•Extending: The scope of health care is extended beyond its conventional boundaries. It means both in geographical and conceptual sense, e-Health enables consumers to easily obtain health services online from global providers.

•Ethics: e-Health involves new forms of patient-physician interaction and poses new challenges and threats to ethical issues such as online professional practice, informed consent, privacy and equity issues.

•Equity: To make health more equitable is one of the promises of e-Health. People who do not have money, skills, and access to computers and networks cannot use computers effectively. As a result, these patient populations are those who are least”

Review of Literature

E-counsel are practical in Varity of settings ,adaptable in their application ,and encourage convenient claim to fame exhortation more broad and thorough examinations are expected to illuminate the e-conference process depicts its viability to strength of visits, cost and clinical outcomes.Attention is given to the concepulization of the fulfillment by examination concered about purchasers when all is said in done and also by analysts concentrating on therapeutic administrations inquire about discoveries are talked about and used to build up a model of patient fulfillment .Analysis of patient fulfillment towards e-interview and the discoveries of studies are than evaluated including rundowns of impact sizes.It is presumed that e-meeting for understanding fulfillment data can give a dependant measure of administration quality and fills in as an indicator of wellbeing related conduct issues watching further examination and suggestion with respect to look into systems are displayed.

Objective of the study

- To study patient satisfaction and understanding customer experience towards E-Consultation services provided by Call Health Organization.
- To identify the factors requiring improvement and suggest recommendation to improve the same.

Research Methodology

It is Cross Sectional study because it is a type of observational study that analyzes data from a population,or a representative subset at a specific point in time. It wasconducted at the CallHealth Organization at Hyderabad of telengana state with five pint likert scale. Patient satisfaction toward e-consultation was measured on the basis of agree, strongly agree, neither agree nor disagree, disagree

Duration of Study: 7thMarch to 7thMay 2018

Sampling:

Sample Size:150 (On the basis of footfall of patients of last two month as average patient footfall was 150)

Sampling Technique: Purposive sampling was done .It is an non-probability sampling that is most effective when one need to study certain culture domain with knowledge expert. It can be qualitative and quantitative .It is selected on the basis of characteristics of population and objective of study.

Sample Collection:

Inclusion Criteria: Patients who used Callhealth application for home irrespective of type of demographics. Patients who asked for e-Consultation care were only asked to fill the questionnaire.

Exclusion Criteria: Patients using application on daily basis for Medicine or any other services are excluded in the study.

Data Collection and Analysis

Information accumulation apparatus: An arrangement of very much organized polls containing close-finished inquiries has been produced. The survey will be pre-tried with patients who requested e-Consultation at CallHealth in Hyderabad. The survey has cover the data identified

with patient's financial attributes, impression of customers towards e-meeting in connection to eye to eye conference.

CALLHEALTH SERVICES PRIVATE LIMITED

CallHealth is a technology-powered healthcare company that brings healthcare services to the doorstep of the customer. Doctor Consultations, Medicines Delivery, Diagnostic Tests, Nursing Care and Physiotherapy can now all be done at home with CalHealth's dedicated team of specialists and trained medical health officers. In addition to this, Health Assistance services prevent customers from waiting in long queues at Health Clinics and Imaging Centers, while Medical Facilitation makes hospitalization formalities less complicated. All this combines to put together the highest quality of medical care that a family need. CallHealth believes in giving the best medical care starting from a doctor's advice to post-hospitalization care. For this they have chosen the best team of qualified doctors, trained nurses and experienced physiotherapists to deliver "Everything about Health" at home.

Five Point Likert Scale

In this project, Five point likert scale was used it is a psychometric scale commonly involved in research that employs questionnaires

The format of a five point likert used in this project was

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Result:

As on the basis of the tool taken in with the close ended question were there on the basis of survey was done the results are as follows :

- ***Percentage distribution of respondents by demographic***

Characteristics	Group of Respondent	Percentage of the respondent (n=152)

Age Group	18 to 35 age	84
	36 to 45 age	10
	46 to 55 age	5
Education Qualification of Respondents	Matriculation	5
	Graduation	21
	Post Graduation	73
Household Annual Income group	Below 50,000	36
	Above 50,000	31
	50,000 to 2,50,000	15.78
	2,50,000 to 5,00,000	15.78

- **Percentage of the respondents who opt for e-consultation services**

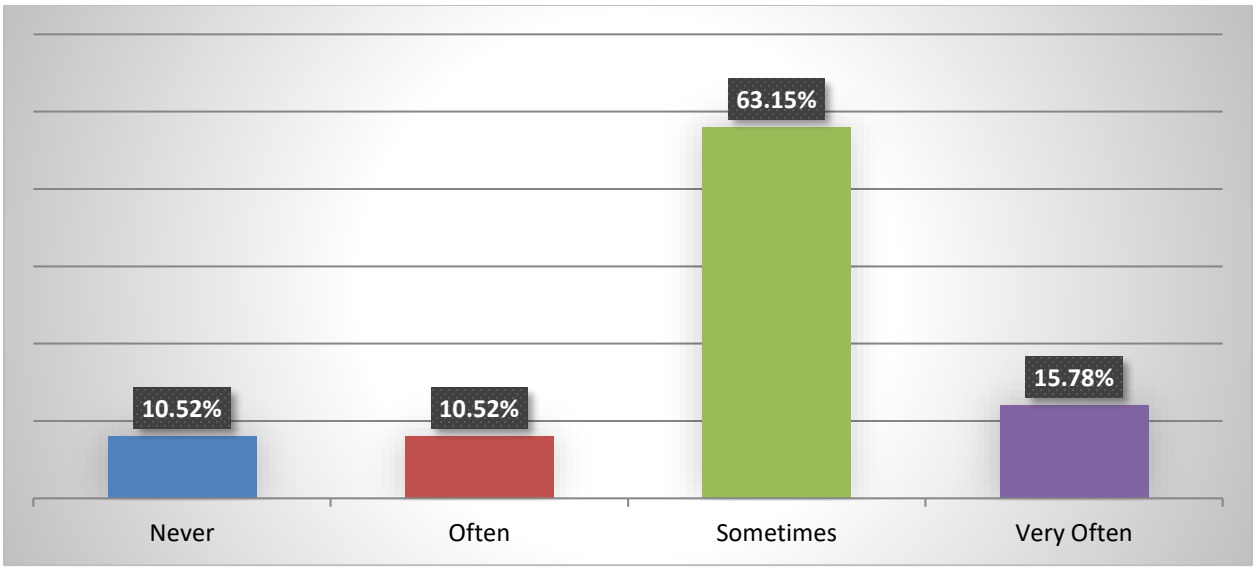
  Out of the 152 respondent those who opted for the e-consultation service 63.15% used this service sometimes ,15.78% respondent use this service very often means very frequently in their daily routine ,10.52% respondent had use this service at some point and 10.52% is never used this service.

  Never-Respondent will not go for e-consultation

  Often-Respondent may opt for e-consultation

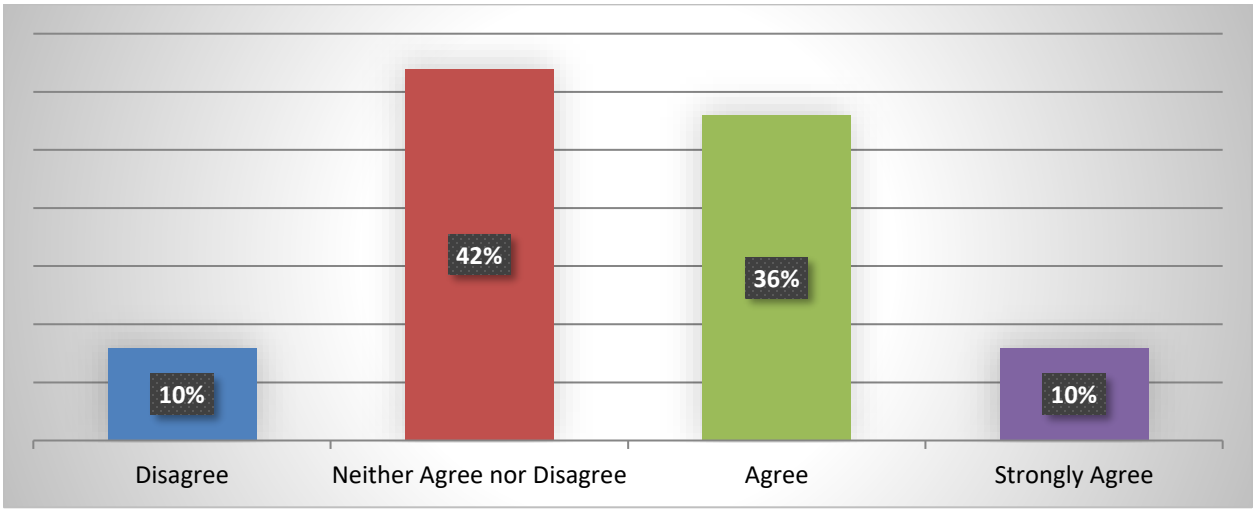
  Sometimes-Respondent use to take e-consultation

  Very often-E-consultation may happen quiet a bit .


63.15%
10.52%
10.52%
15.78%
Never
Often
Sometimes
Very Often

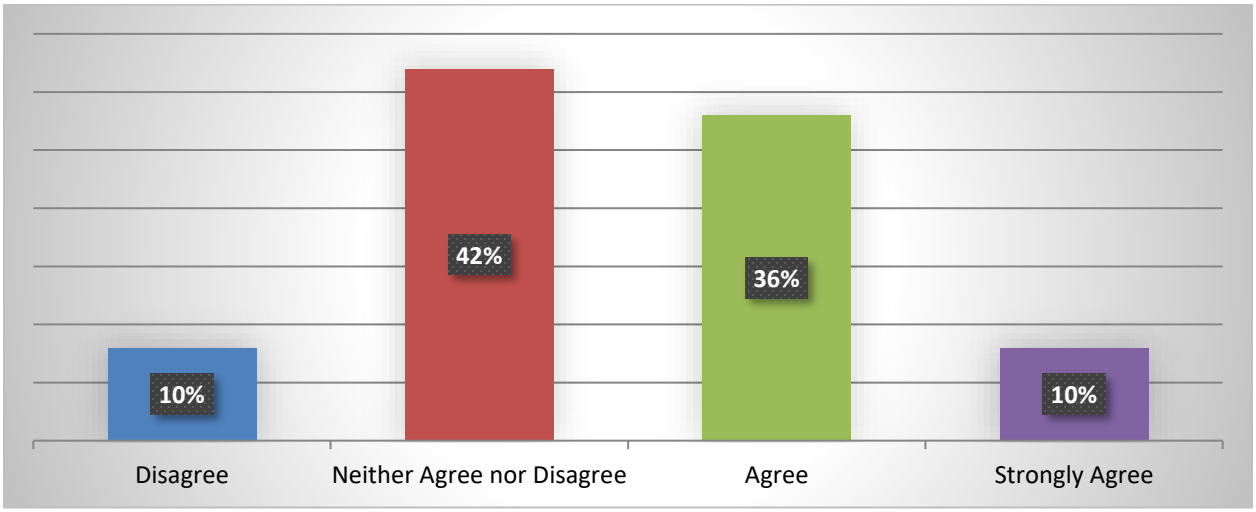
- **Percentage of customer perspective towards video consultation rather than physical consultation**

  Respondent perspective towards E-consultation comparing to physical consultation results are 42.10% of the respondent were neither agree nor disagree,36.84% of the respondent were satisfied and said that they found e-consultation better in comparing to physical consultation,10.52% also were satisfied with e-consultation, and 10.52% were dissatisfied with the e-consultation



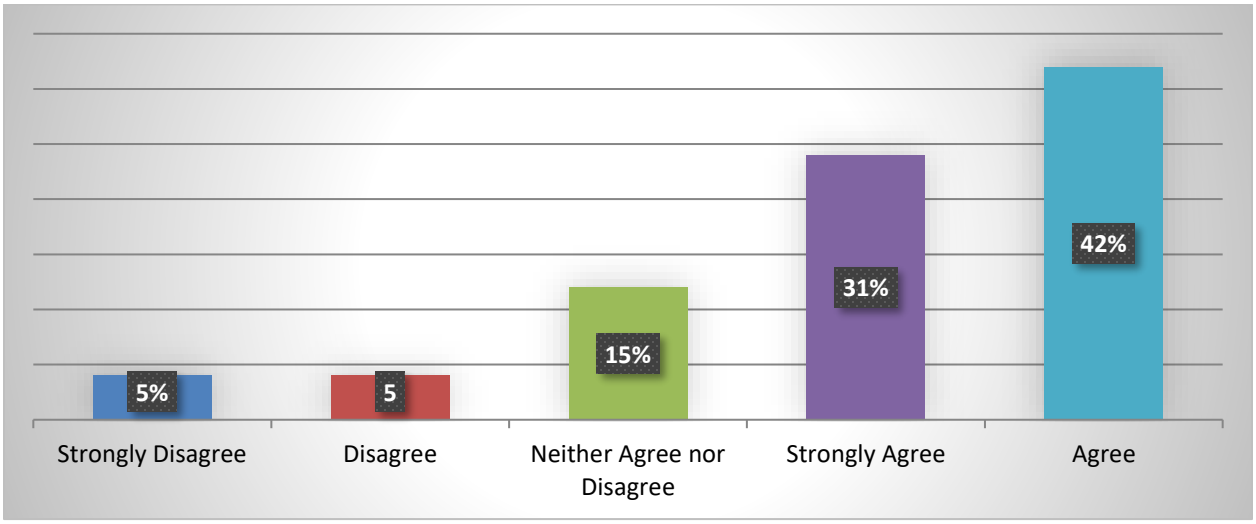
- **Percentage of customer perspective towards video consultation rather than physical consultation**

  42% of the respondent were neither satisfied nor they disagreed, 36%+10%of the respondent were satisfied with the video consultation ,10%of the people were disagree



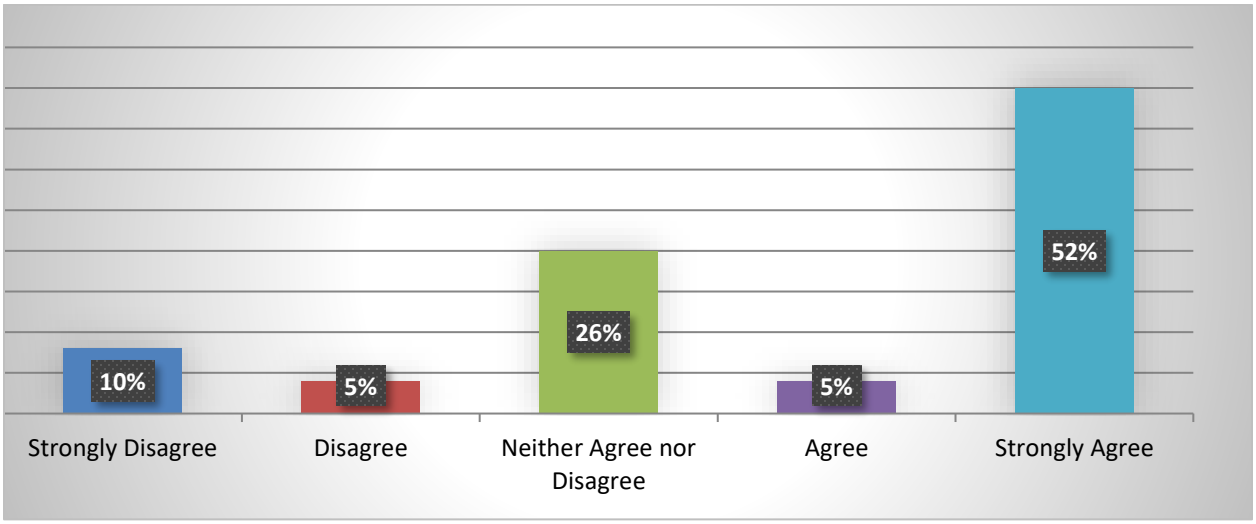
- **Percentage of Patients perspective towards E-consultation visit saves the travel time of the respondent**

  Respondent were 42%+31% agrees that the e-consultation save the time,15%respond were neither agreenor disagree,5%+5% were strongly disagree

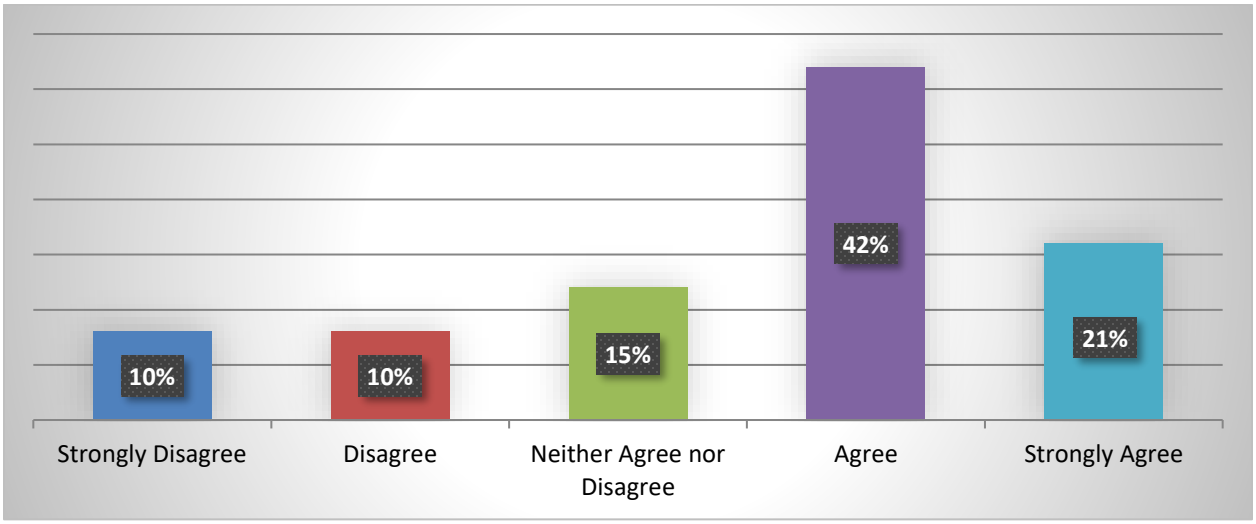


- **Perspective of customer towards money saved by e-consultation**

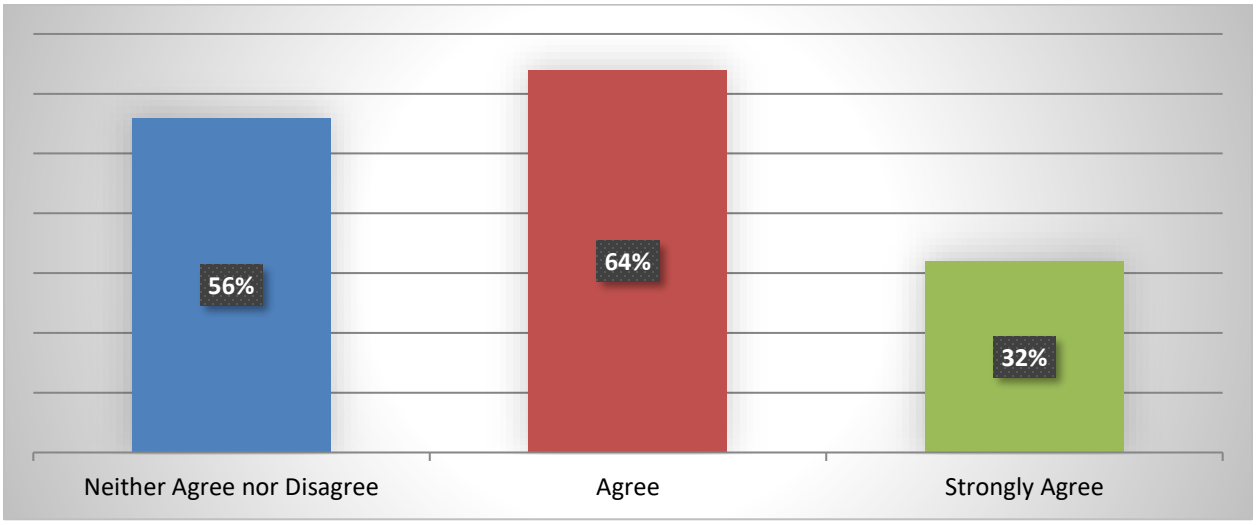
  52%+5% respondent said that it saved the money ,26% respondent cannot say ,10%+5% respondent strongly disagree



- **Percentage of care received by e-consultation was as good as physical consultation**
  Out of 152 respondent 42%+21% of the customer were satisfied with the e-consultation 10%+10% of the respondent 15% had no idea.

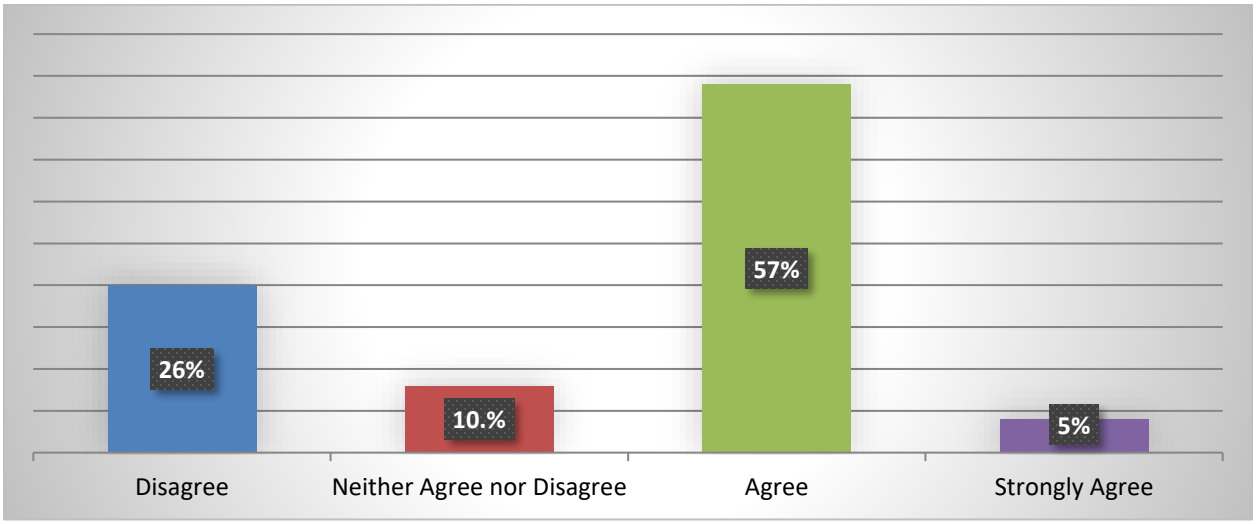


- **Percentage of the respondent who were able to develop a friendly relationship with my doctor.**
  64%+32% of the respond that they had a friendly relationship with the doctor,56% did not know



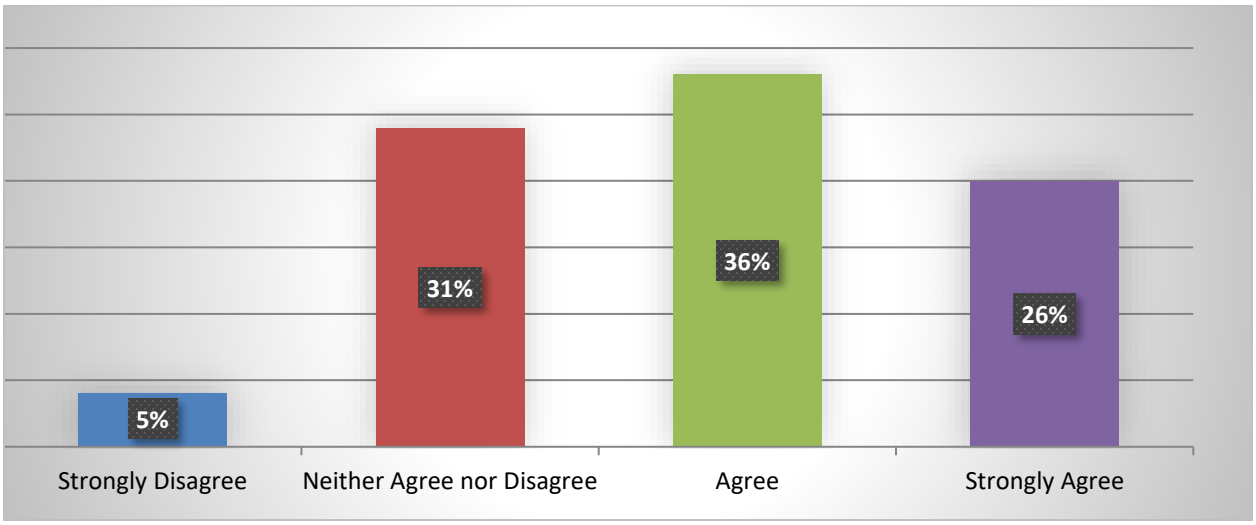
- **Percentage of respondent who were able to explain problems clearly to the doctor during the e-consultation visit**

  57%+5% of the respondent were able to explain their problem,26% were not able to explain their problem during e-consultation



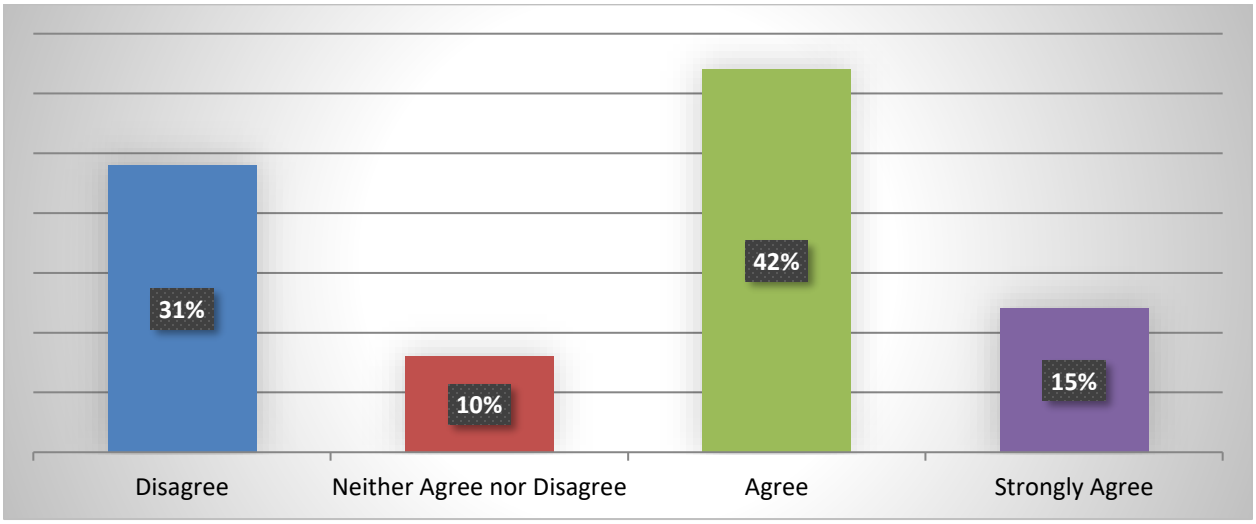
- **Percentage of patients who are willing recommend e-Consultation option to other patients.**

  36%+26% respondent will recommend the e-consultation services further,31%respondent were not able say,5% will not recommend further to other patients.



- **Percentage of the respondent are satisfied with the e-consultation service or not**

  As per the study conducted satisfaction level of the patient is 42%+15% are fully satisfied with the e-consultation service 31%+10%of the respondent were not satisfied.



Conclusion

In this report percentage analysis is implemented to measure the effectiveness of e-consultation in Healthcare sector e-consultation By considering all the factors it can be concluded that at e-consultation can support improvements in the quality of health care by helping to increase the qualifications and skills of health and medical professionals and thereby improve the delivery of health services. Health professionals need to gain an understanding of how to evaluate, interpret, and apply this information to their specific practice. Through computer-based records and other technological infrastructure-building, health care institutions can better manage and share information, thereby improving the efficiency of the health system as a whole.

Suggestions:

- E-Consultation is expected to improve various aspects of healthcare (quality, cost-efficiency, access, etc.) by:
- Supporting the delivery of care tailored to individual patients, where e-consultation enables more informed decision making based both on evidence and patient-specific data;
- Improving transparency and accountability of care processes and facilitating shared care across boundaries;
- Aiding evidence-based practice and error reduction;
- Improving diagnostic accuracy and treatment appropriateness;
- Improving access to effective healthcare by reducing barriers created, for example, by physical location or disability;
- Facilitating patient empowerment for self-care and health decision making;
- Improving cost-efficiency by streamlining processes, reducing waiting times and waste.

Limitations

The study was conducted at CallhealthPvt Ltd and the limitations are as follows:

- The selected sample were not open to the questions may be because of fear of the management.
- The accuracy of the analysis and conclusion drawn entirely depends upon the reliability of the information provided by the selected sample population.
- Due to constraint of time and resources, the results of the study cannot be generalized.
- Sincere efforts were made to cover maximum category of people, but the study may not fully reflect the entire opinion of the people.
- Confidential matters restricted for an in depth study.

Issues

- "Lack of rigorous and generalisable evidence of the effectiveness and cost-effectiveness of E-Health applications and technologies.
- Implementation and integration of E-Health systems into care processes are constrained by insufficient levels of systems interoperability (though moves to ensure standardisation in many current e-Health implementation programmes will reduce this).
- The legal and ethical implications of using health information technologies and clinical decision support systems which may result in harmful effects in certain cases are not yet clear. (In awareness of this, the USA government in its 10 year Health Information Technology Plan is aiming to clarify the regulatory framework for electronic records and incentive their use.)System developers need to employ quality and safety assurance methods to avoid clinical risks and legal liability.
- The effects of E-Health tools on patient behaviour and the patient-clinician relationship are unclear.

- Potential health inequalities resulting from the 'digital divide', particularly affecting the disabled and the elderly, need to be minimised.
- The potential roles and influences of different E-Health media and settings (e.g. kiosks, workplace) need to be explored."

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ANNEXURE

QUESTIONNAIRE

CUSTOMER SURVEY FORM

Patient Satisfaction towards E-Consultation in Home Health Services

Instructions:

a. The Information provided by you is completely confidential.
b. Questions marked with (*) are compulsory& tick in appropriate box.
c. Maximum time for completion of Survey is 5 minutes.

---

1. Age _____

☐ 18 to 35 ☐ 36 to 45 ☐ 46 to 55

☐ 56 to 65 ☐ Above 65

2. Educational Qualification _____

☐ Under Matriculation ☐ Matriculation

☐ Graduation ☐ Post Graduation

3. Which of the following best describes your role _____

☐ Administrative/Clerical ☐ Executive/Partner ☐ Manager or Supervisor

☐ Production/Service ☐ Professional ☐ Other (_____)

4. Income Group (in rupees) _____

☐ Below 50,000 ☐ 50,000 to 2,50,000

☐ 2,50,000 to 5,00,000 ☐ Above 5,00,000

5. Have you Opted for home health services before _____

☐ Yes ☐ No, this is the first time

6. Generally why do you prefer home health services (Choose maximum options that apply) _____

☐ Post-Surgical Care ☐ Transplant Care ☐ Critical care

☐ Orthopedic care ☐ Tracheostomy & Ventricular care

☐ Cancer care ☐ Palliative Care ☐ Elder care

☐ Cardiac care ☐ Neuro Care ☐ Nursing services

☐ Bedside Attendants ☐ Other (_____)

7. How many people of age 45 and above lives in your household _____(In Numerical)

8. For each question below, circle the response that best characterizes how you feel about the statement, where 1 =No, definitely not, 2 = I don't think so, 3 = I don't think so, 4 = Yes, I think so, 5 = Yes definitely

Statement	*No, definitely*	*I don't*	*May be yes,*	*Yes, I think*	*Yes*

	not	*think so*	*may be no*	*so*	*definitely*
Appointments by video are better than I expected.I am satisfied with my eConsultation visit.	1	2	3	4	5
The eConsultation visit saved me travel time	1	2	3	4	5
The eConsultation visit saved me money	1	2	3	4	5
I was comfortable talking by video to the specialist	1	2	3	4	5
The care I received by eConsultation was just as good as with an in-person appointment	1	2	3	4	5
The eConsultation visit was convenient	1	2	3	4	5
I was able to develop a friendly relationship with my doctor.	1	2	3	4	5
I was able to explain my problems clearly to my doctor during the eConsultation visit	1	2	3	4	5
I would recommend the Telehealth option to other patients	1	2	3	4	5