

**Study of Access Barrier &
Utilization of e-Sanjeevani
Telemedicine Services in Jaipur
District of Rajasthan**



INTRODUCTION



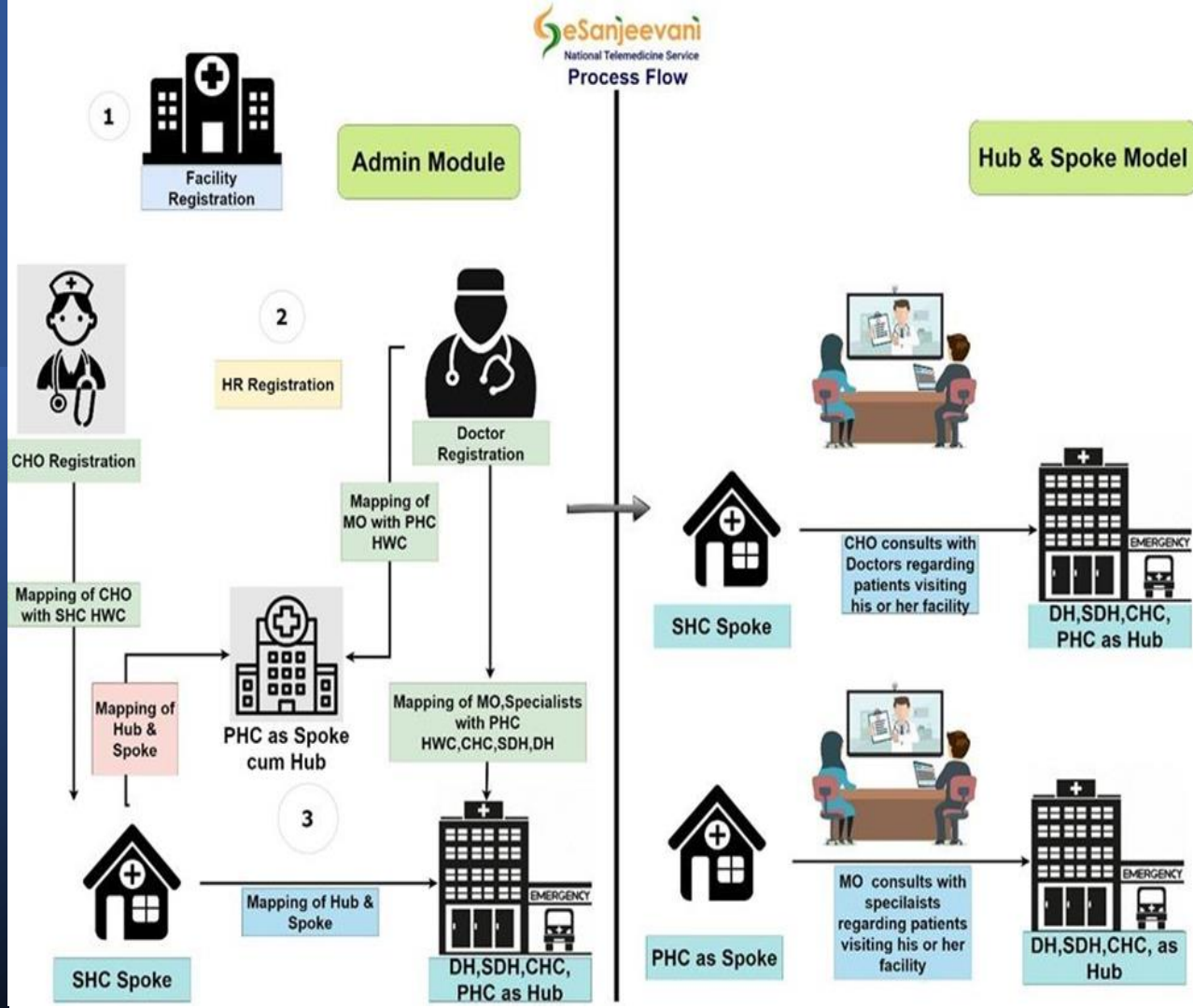
- Ayushman Bharat is a significant healthcare initiative launched by the Government of India.
- Provides accessible and affordable healthcare
- Focuses on economically weaker sections of society
- Health and Wellness Centre's (HWC) as primary points of contact
- HWC offers curative, supportive, and preventive care
- Pradhan Mantri Jan Arogya Yojana (PMJAY) is the health insurance component
- PMJAY ensures coverage for eligible beneficiaries
- Aims to bridge healthcare gaps and make healthcare affordable
- Transforms healthcare landscape, emphasizes preventive care
- Improves access to quality healthcare, reduces financial burden.



e-sanjeevani Telemedicine in Rural Healthcare:

- Enables remote access to medical care for rural areas
- Utilizes video conferencing and remote monitoring technologies
- Provides consultation, diagnosis, treatment, and follow-up care
- Benefits include improved healthcare access in remote regions
- Reduces travel time and costs for patients
- Covers various medical conditions, including chronic diseases and mental health
- Enhances health outcomes and timely interventions
- Aims to bridge healthcare gaps in rural areas
- Promotes convenience, cost-effectiveness, and better patient outcomes.

e-sanjeevani HWC Portal details:



Objective of the Study



To assess barrier & utilization of e-Sanjeevani telemedicine services in rural areas (facilities) of Jaipur District Rajasthan.



To explore the perceptions of healthcare providers regarding the effectiveness of telemedicine in centers.



To recommend strategies to improve the access and utilization of e-sanjeevani telemedicine services in rural areas (facilities)

Materials & Methods

Study Population:

- Inclusion criteria: Facilities that have implemented telemedicine services for at least one year and healthcare providers (CHOs, MO, Specialist). who have used the telemedicine services.
- Exclusion criteria: Facilities that have not implemented telemedicine services and healthcare providers and patients who have not used the telemedicine services.

Study Area Facility:

- SHC, PHC, CHC of Jaipur district.

Study Tools:

- A questionnaire was developed for healthcare providers to assess their perceptions of the effectiveness of telemedicine in centers.
- Secondary data was collected from the e-sanjeevani portal (MoHFW) to assess Utilization of e-sanjeevani Telemedicine Services.

Sampling Technique

- A stratified random sampling technique was employed to select the Healthcare Facilities.



Centers that have been visited

Yarlipura -
SHC

HWC-
khajalpura

HWC- Nimodiya
-

Shivdaspura -
SHC

HWC -
Keshyawala

Jagannathpura -
SHC

HWC Newta -
SHC

Balawala -HWC

Sardarpura -SHC

HWC- Bhimpura

Padampura -
PHC

Shivdaspura -
PHC

Satellite Hospital
Sanganer - CHC

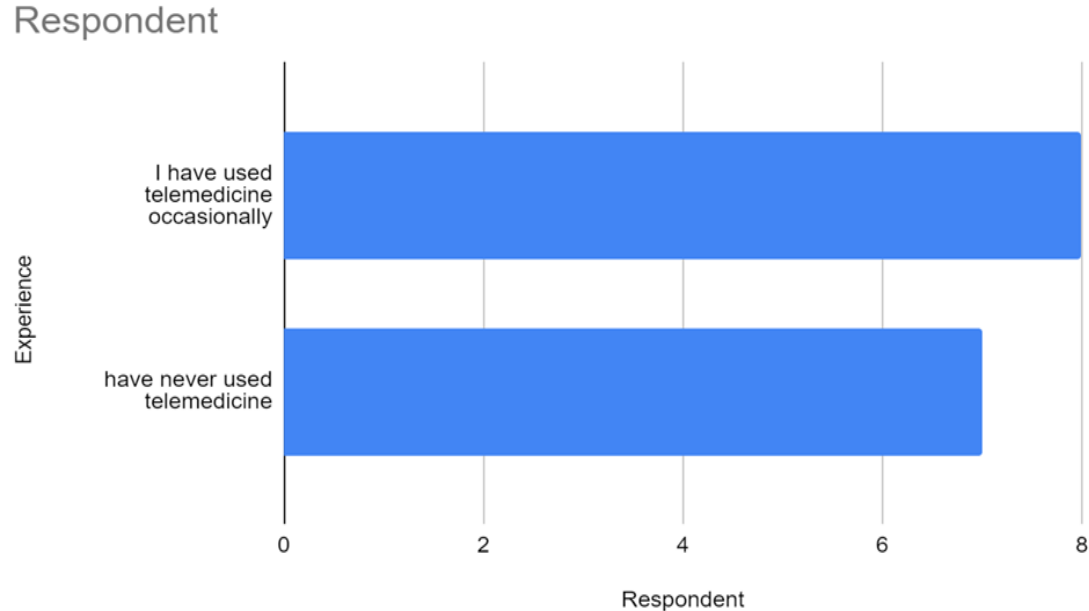




Results & Discussion:

❖ Experience of Telemedicine Utilization: (n=15)

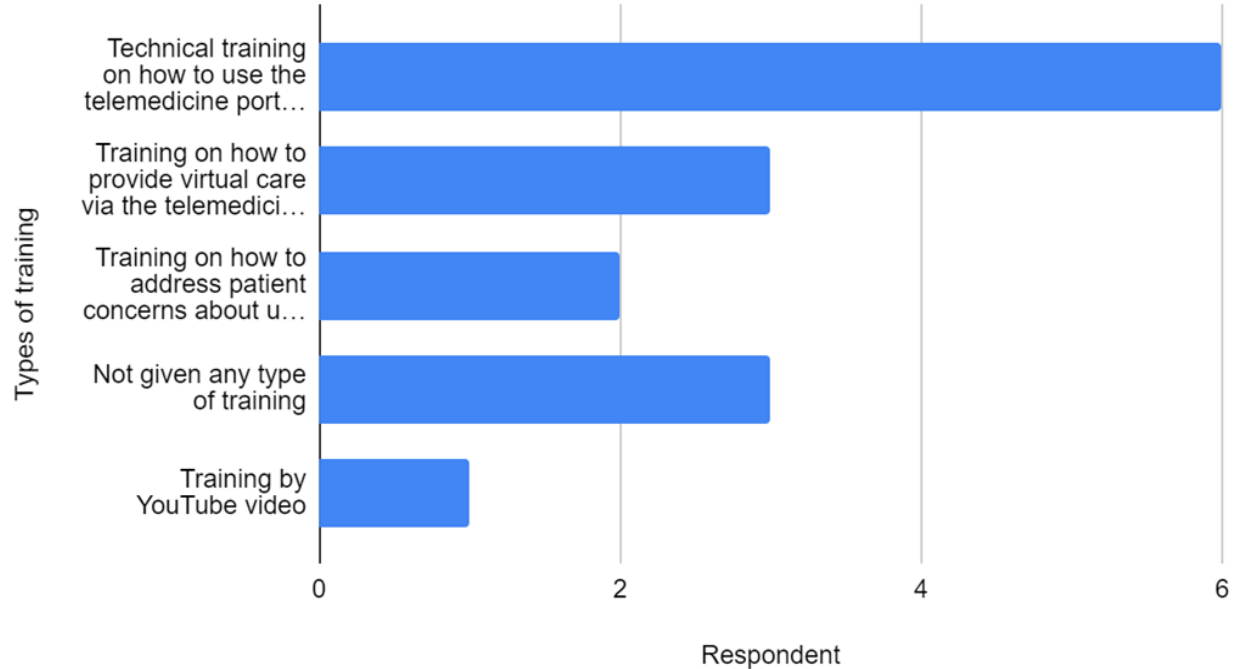
- Experience of service provider telemedicine in rural areas
 - The graph indicates that 8 respondents occasionally used telemedicine, while 7 respondents never used it.



❖ Capacity Building of Service Provider on telemedicine.

- Types of training provided using telemedicine portal/app.

Respondent vs. Types of training

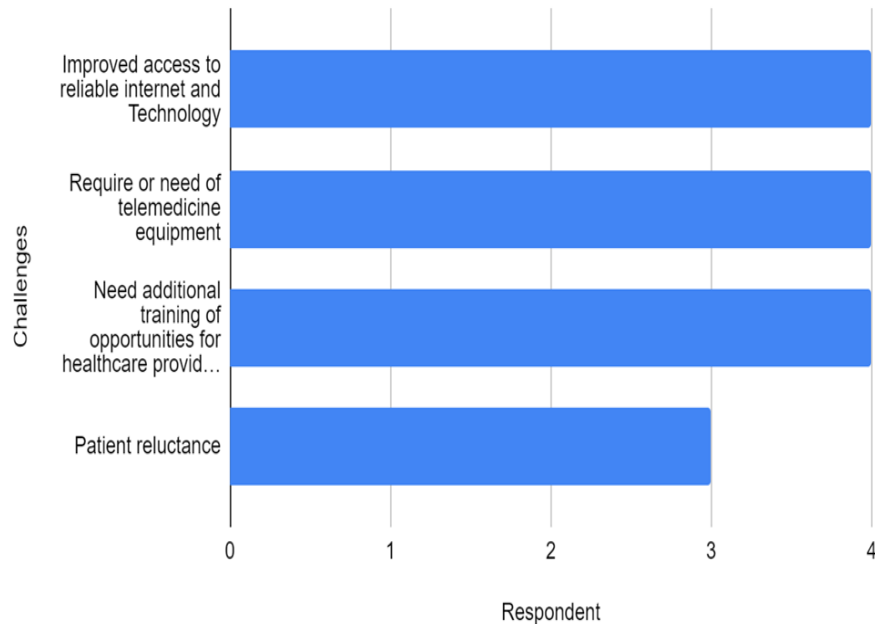


- The graph shows that 6 respondents believed in the need for technical training for using a telemedicine app effectively. 3 respondents had no training, 1 mentioned YouTube training, and 3 received training for providing virtual care via the app.

❖ Difficulties and reasons in telemedicine services in rural areas:

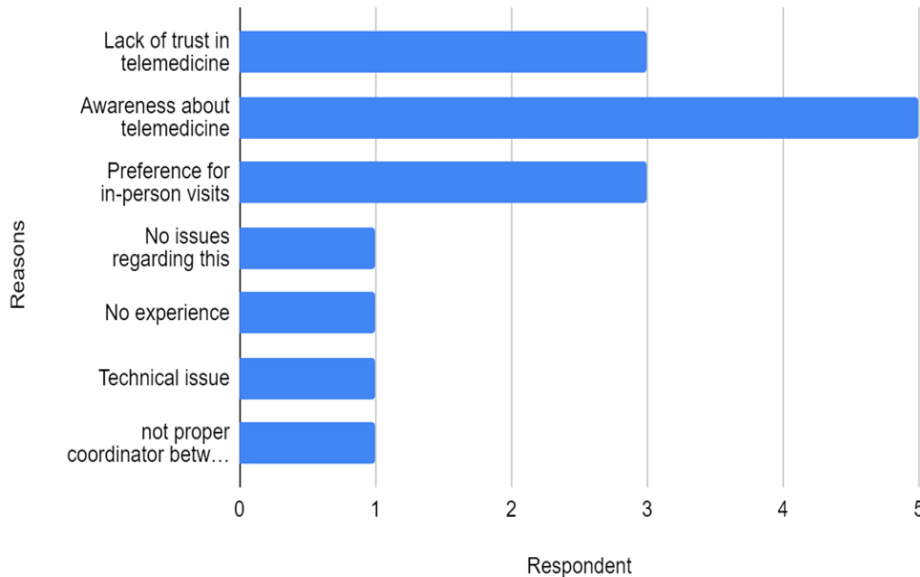
- Challenges in delivering telemedicine services in rural areas.
- Most common reasons patients in rural areas are reluctant to use telemedicine services.

Respondent vs. Challenges



3 of 15 respondents reluctant to use telemedicine. 12 respondents need telemedicine equipment, more training help, and better net connectivity.

Respondent vs. Reasons

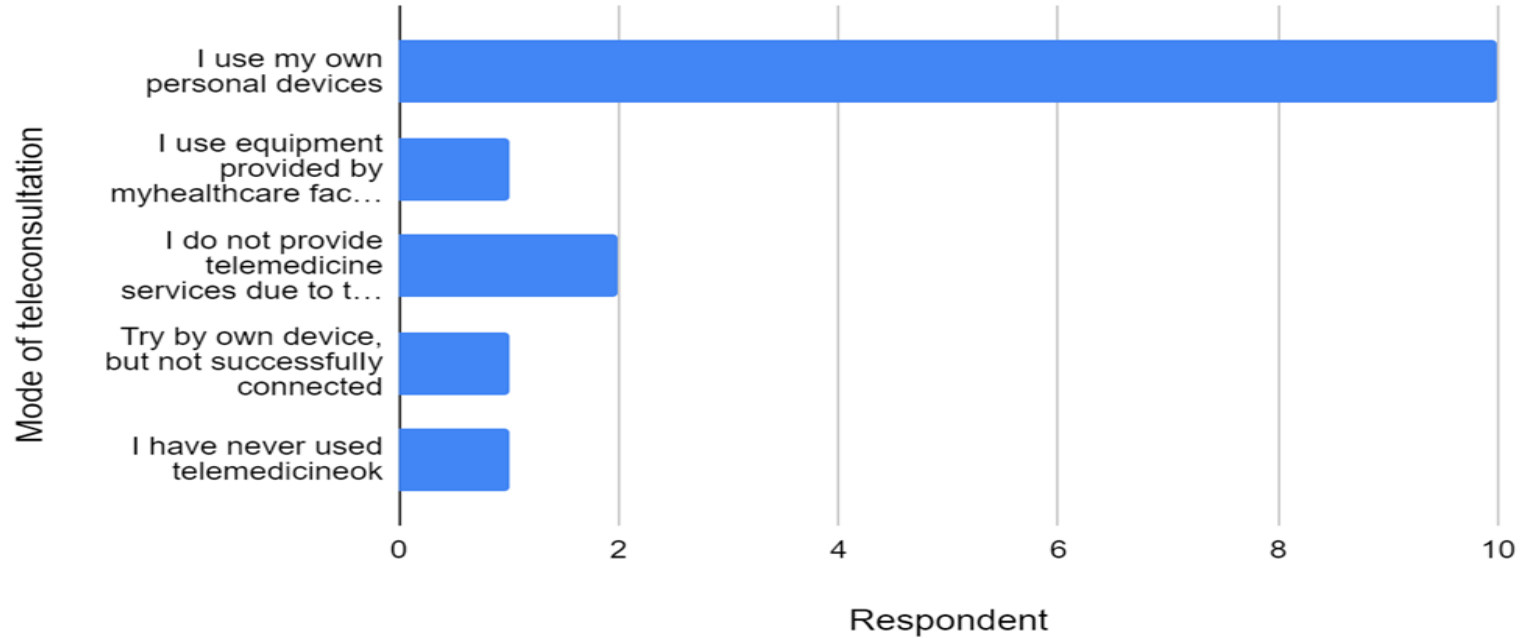


5 respondents have limited knowledge of telemedicine. 2 express lack of trust, 1 has no issues, 1 has no prior experience, and 1 is not supportive.

❖ Functional barriers in rural areas:

- Mode of teleconsultations in rural areas :

Respondent vs. Mode of teleconsultation

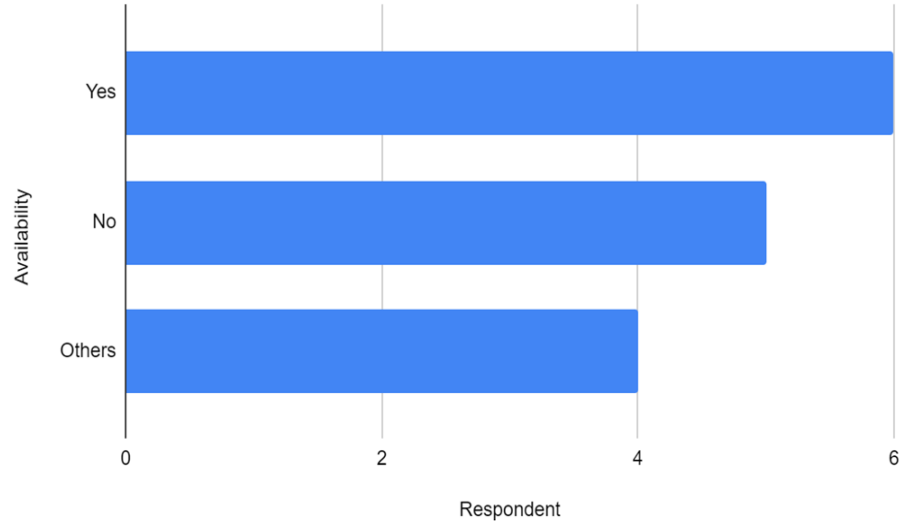


- Graph: 10 out of 15 respondents use personal devices, some use equipment, some face connection issues, and some don't use telemedicine.

❖ Resources or services in telemedicine services:

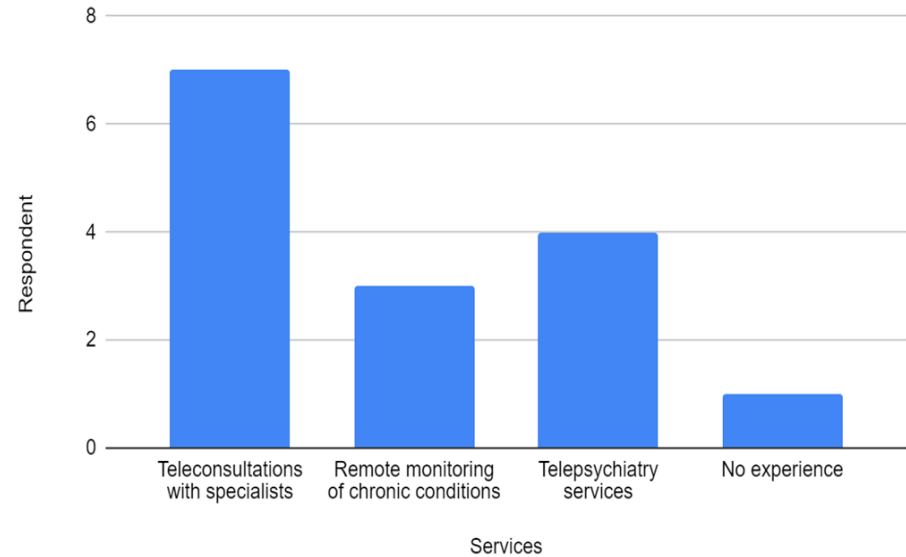
- Medicines are given through telemedicine available at the Health Centre.
- Most important Telemedicine services for rural areas.

Respondent vs. Availability



- 6 respondents have medicine at health centers, 5 respondents don't. 4 out of 15 respondents occasionally don't use telemedicine, haven't connected with any MO or specialist, and have been unsuccessful in receiving consultancy.

Respondent vs. Services



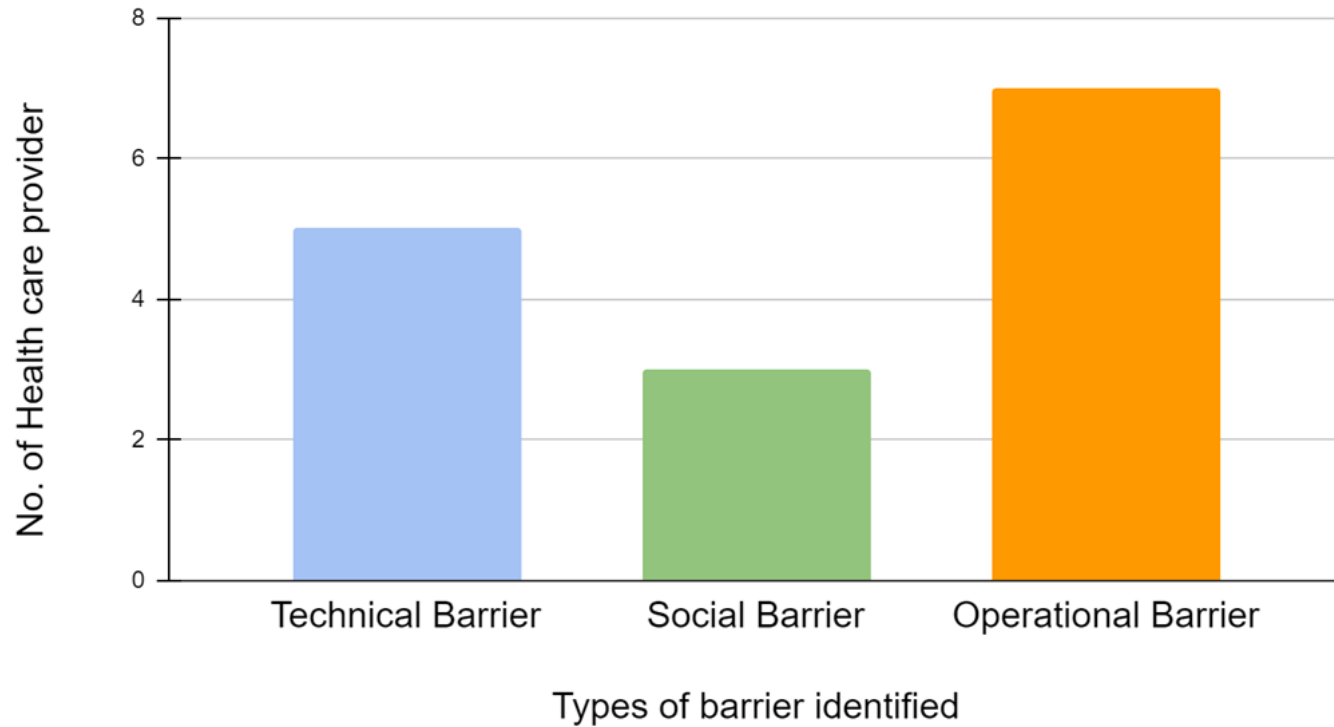
- 7 respondents had tele consultations with specialists, 4 used tele psychiatry services, 3 utilized remote monitoring for chronic conditions, and 1 has no experience in telemedicine services.

➤ Additional comments or feedback about the challenges of providing telemedicine services in rural areas.

❖ The above statements are analyzed here, the challenges faced by healthcare providers providing telemedicine services in rural areas:

- Respondent responds that there improved and enhance internet connectivity is required. Functional IT equipment's like (Computer, webcam, micro phone, printer etc) in health care centers and portal hang issues also.
- More training is required for hands on training telemedicine.
- Proper coordination between MO, CHO and specialists is required.
- Medicines availability as per State EDL (Essential Drug List).
- Earlier state hub was functional, need of same was shown by few MO and Specialist.

Barriers in Telemedicine



Operational

- Technical Training
- Portal operating training
- Equipment availability
- OPD Timing
- Medicine availability

Social

- Lack of Awareness
- Cultural beliefs and attitudes
- Trust issues
- Privacy concerns

Technical

- Internet connectivity
- Portal issue
- Technical support



The research findings were based on extensive data collected from the Ministry of Health and Family Welfare.



S.N o	State	Hub	Spoke	Doctors	CHO	Avg. per day consultations
1.	India	2996	10761	3940	10899	64577
2.	Andhra Pradesh	726	2329	816	2328	21599
3.	Uttar Pradesh	527	1393	582	1395	7157
4.	Gujarat	352	694	386	695	7007
5.	Rajasthan	92	112	93	112	563

Suggestion:



1

Grant CHOs, ANMs, and ASHAs permission to use telemedicine for community healthcare.

2

Establish well-equipped teleconsultation setups in health and wellness centers.

3

Conduct specialized offline training and practical demonstrations for healthcare providers.

4

Organize specific time slots for virtual consultations with specialists to manage availability and workload.

5

Establish dedicated time slots for CHOs to connect with MOs for teleconsultations at PHCs and CHCs.

Conclusion

Barriers:

- Operational challenges: scheduling conflicts, limited infrastructure
- Technical issues: poor internet connectivity, lack of access to technology
- Social factors: cultural beliefs, privacy concerns
- Lack of awareness among healthcare providers

Recommendations:

- Improve infrastructure and internet connectivity
- Provide necessary technology and comprehensive training
- Promote cultural sensitivity and ensure privacy and security
- Conduct awareness campaigns for healthcare providers and community



Strategies for Enhanced Healthcare Services:

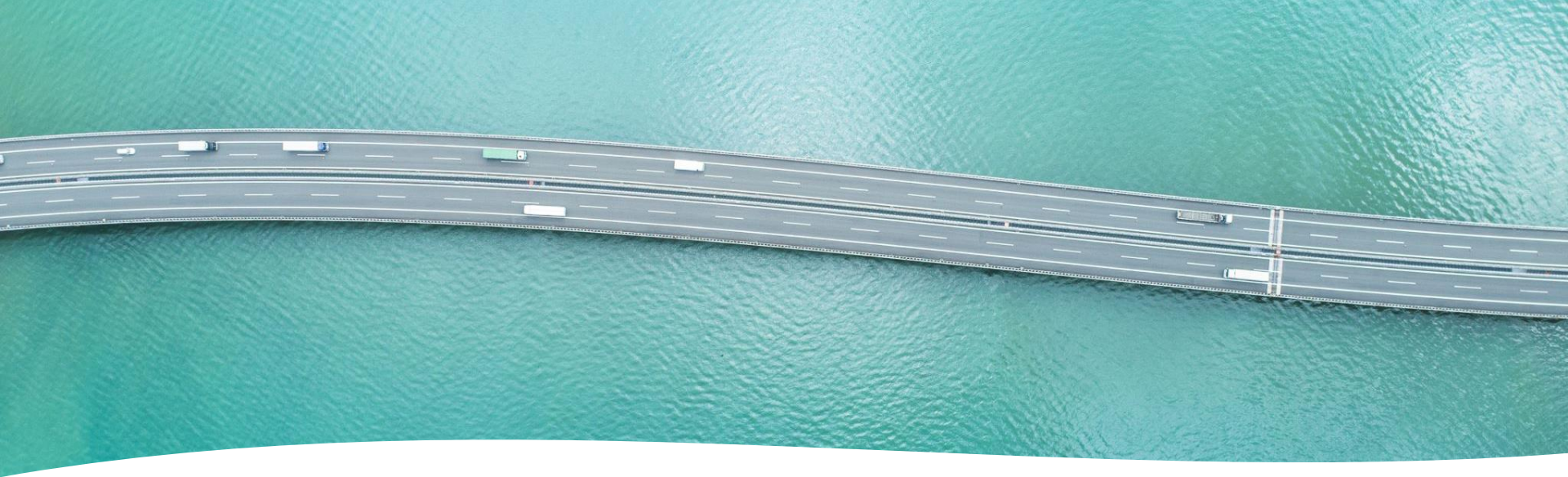
- Grant telemedicine controls to frontline healthcare workers
- Establish well-equipped teleconsultation setups
- Organize specialized training sessions for remote diagnoses
- Implement an organized scheduling system for specialists

Expected Outcomes:

- Improved healthcare access in rural areas
- Enhanced healthcare delivery and specialist availability
- Improved healthcare outcomes for remote communities







Thank You