

THE IMPORTANCE OF TELEHEALTH IN HEALTHCARE SYSTEM



IIHMR University Jaipur

Master of Business Administration (MBA)

in

Hospital and Health Management

by

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Under the Supervision of

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DECLARATION BY STUDENT

I herewith proclaim that this dissertation titled **The importance of Telehealth in healthcare system** is the bona fide record of my original research work. I declare that it has not been presented to any other college or association for the honor of any gradation or qualification. Material originated from the issued or unissued work of others has been accordingly accredited in the text.

Dr. Akash Mahanta
Name of Student.

Date

CERTIFICATE BY SCHOLAR

This is to certify that dissertation titled **The importance of Telehealth in healthcare system** is an evidence of the research work undertaken by **Dr. Akash Mahanta** in partial completion of the necessities for the award of the degree of MBA (Hospital and Health Management) from the MHMR University, Jaipur under my guidance and supervision and his/her method to the research study has been earnest, logical, and investigative.

Dr. D.K. Mangal

IHMR University, Jaipur

Date

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With great pleasure I present my report as part of my research. I would like to

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I do not find a measure just enough to quote everything my parents and family have done for me. My words are insufficient to express the feelings of my heart to acknowledge them for providing me with everything without which this project wouldn't have been possible.

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ABSTRACT

Background – Until the end of 2019, there was a question in the mind of people's mind, would technology create health care or health care creates technology. For now, the pandemic situation has shown us the answer to how technology is changing the health care. Last year, we did not think we could see doctors on a computer screen, but now it has become commonplace, and this will create a platform for the future health care. In recent times one of the most important changes ever to emerge within the healthcare industry there is telemedicine. Telemedicine "Delivery of health care services, where distance is an important factor, are all used by health professionals' information and communication technology for the exchange of valid information for diagnostic treatment and prevention of disease, research, and testing and further education of all health care providers for the purpose of improving health of people and their communities"

Method – The study has been done on existing study articles, depending upon eligibility criteria, search strategy, and study selection. Both advantages and disadvantages of telemedicine has been considered. In the end, a review has been done to verify the pros and cons and finally determined whether Telemedicine can possibly be an alternative to conventional physical health consultation or not.

Result – After the pandemic it is seen that the use of telehealth has been drastically increased all over the world. Many underserved areas have been served using this technology. The benefit of this Telehealth is high and have a lot of opportunities, however, there remains several barriers.

Conclusion – In conclusion, a number of technologies through Telehealth can be expended to give patients domination over their health care, but despite modern research, more research needs to be

accomplished to find all the high-tech break throughs it can offer. The aim of the project that encouraged such exploration was to dive richer into the new skills that are being created every day, but more decisively to find out how they can transmute patients into a different flair of health care that involves the practice of technology. In fact, the team is fine experienced in the knowledge within Telehealth and is also engrossed on the method of providing this to the patient.

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“Telehealth is defined as the delivery and enablement of health services such as medical care, doctor and patient education, health information services and care through telecommunication and digital communication technologies.”

“Several technologies are being deployed for telehealth including mHealth, video and audio technologies, digital photography, remote patient monitoring etc.” [1]

History of telemedicine

In Pennsylvania in the 1940s, radiographic images were sent over a telephone 24 miles between the two townships to create the world's first medical record. Canadian physicians built on this technique in the 1950s and developed a remote radiology program for use in and around Montreal. As these trends grew, so made video, and alongside the advent of modern-day film technology, sophisticated video camera systems emerged. The first people to practice video interaction for therapeutic reasons were physicians at the University of Nebraska. In 1959, the university launched an interactive television program to broadcast material to medical students throughout the property, and five years later, was connected to a public hospital for a video conference. Telemedicine is well-liked in rural areas, and people who could not afford to restrict access to medical care now have access to distant professionals. “In the 1960s and 1970s, the Department of Health and Human Services, NASA, the Department of Defense, and the US Department of Health and Social Welfare invested time and money in telemedicine research. One of the most successful government projects was the partnership between Indian Health Services and NASA. The project, called Space Technology, applied to Rural Papago Advanced Health Care (STARPAHC), provided access to medical care for Native Americans and astronauts

in orbit in the Papago Reserve, Arizona. Microwave technology sends and receives X-rays, electrocardiograms, and other medical information to and from public health hospitals.” [2]

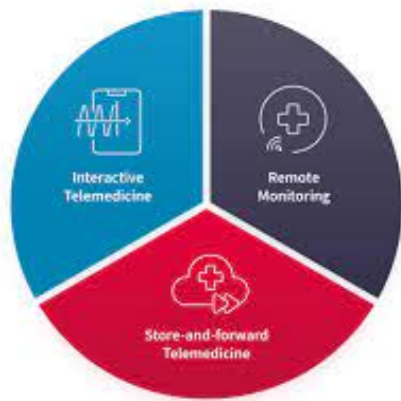
Telemedicine in India

India is the second most populous country in the world with a population of over Rs 12 billion. The current number of doctors in this country is not enough to care for this huge population. And for this reason, equal and equitable distribution of health care has always been a challenge.

75% of the population of doctors and medical facilities is in the city, and 68.84% of the population of India lives in the countryside. The Covid-19 pandemic also puts an extraordinary burden on the already suffering healthcare system.

Here, telemedicine could be an important tool for improving the scenario of India's healthcare system. [3]

Types of telehealth

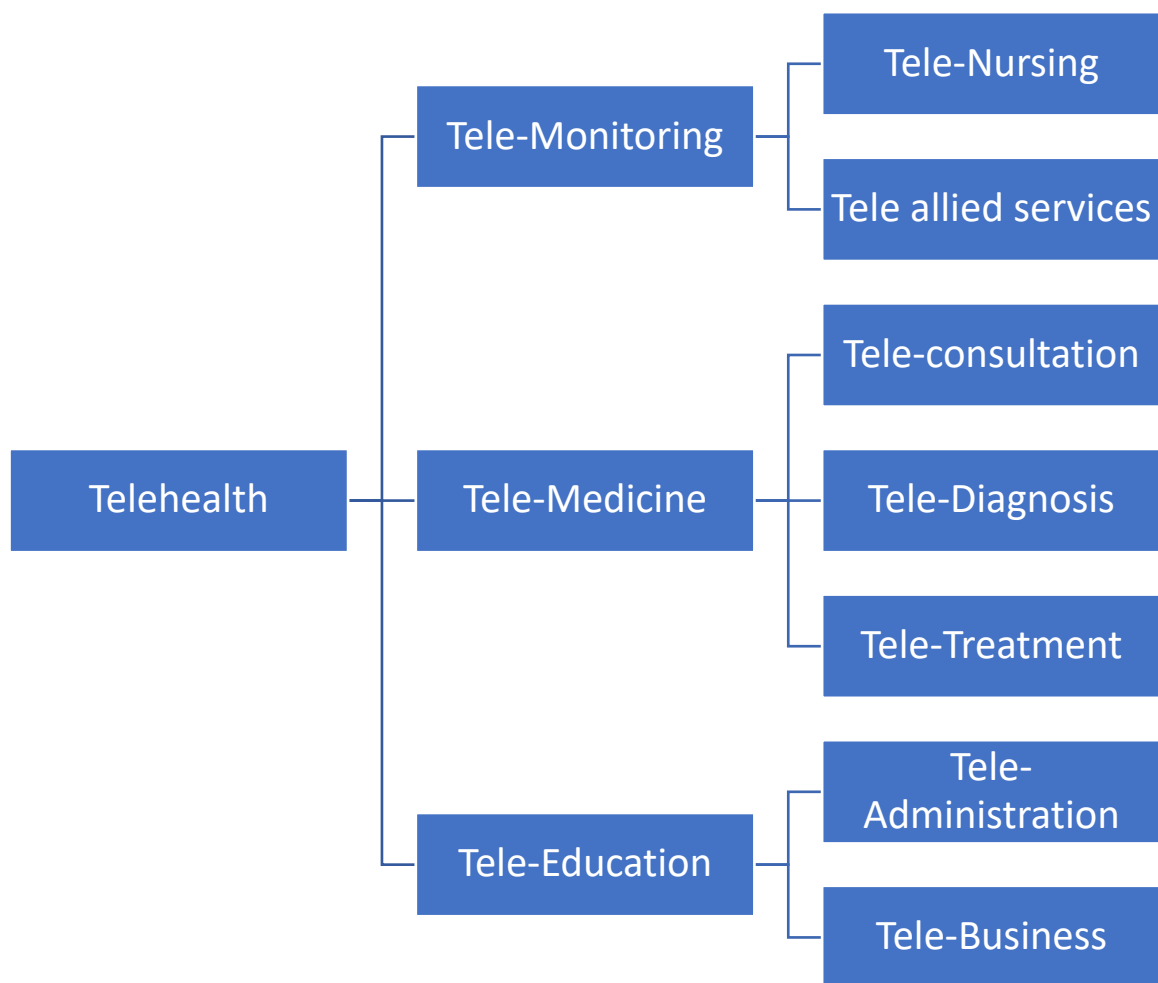


“Store-and-forward telemedicine surpasses the need for the medical practitioner to meet in person with a patient. Instead, patient information such as medical images or bio signals can be sent to the specialist as needed when it has been acquired from the patient. This practice is common in the medical fields of dermatology, radiology, and pathology.”

“Remote monitoring also known as self-monitoring or self-testing, uses a range of technological devices to monitor the health and clinical signs of a patient remotely. This is extensively used in the management of chronic diseases such as cardiovascular disease, diabetes mellitus, and asthma.”

“Interactive services can provide immediate advice to patients who require medical attention. There are several different mediums utilized for this purpose, including phone, online, and home visits. A medical history and consultation about presenting symptoms can be undertaken, followed by an assessment similar to that which is usually conducted during face-to-face appointments.”

Components of Telehealth.



Application of tele-medicine

Telemedicine can bring physicians closer to their patients than they ever imagined. Following are a few examples of applications of telemedicine.

1. Remote monitoring of partner HealthCare and patients with heart failure

“Remote monitoring is one of the best forms of telemedicine and basically enables real-time transmission of data from the patient to the doctor or clinician. Doctors can then use this data to adjust treatment options and provide better care.

Partners HealthCare is a Boston-based non-profit network for digital healthcare providers offering a variety of programs through the Center for Connected Health. Specifically, the Connected Cardiac Program was launched in 2006 and has enrolled more than 1,200 patients with heart failure since then. Telemedicine programs combine telemedicine with care coordination, care interventions, coaching, and education. Patients send weight, heart rate, pulse, and blood pressure data to providers daily to more effectively assess their condition and provide timely education and care. This reduced hospitalizations for heart failure by almost 50%.” [4]

2. University of Massachusetts Telemedicine Service

“Over the last two decades, psychiatric telemedicine has expanded to more than 13% of patients in intensive care units nationwide. The integration of remote ICU care programs has yielded improved results through population monitoring, preventative management, and standardization of care processes. , This illustrates the potential of telemedicine to improve care early. Tele-ICU basically allows critical care centers to remotely monitor patients and act as a second eye for nurses and physicians in the field. Remote health care professionals can implement patient treatment plans, ensure best practices, and alert field staff when patients are in need. Studies show that implementing eICU at the UMass Memorial Medical Center reduced patient complications and mortality, but TeleICU was also very successful outside the medical center, reducing mortality by 10.7% to 8.6%.” [5] [6]

3. Telemedicine in Alaska

“The country of the midnight sun is characterized by vast ice forests, while Alaska is primarily characterized by large, low-population areas. This leads to a small health network with some small villages that survive without doctors and nurses. In the event of a network failure, the patient's record should be a dog sled to Anchorage (30-day trip).”

“Thankfully, Alaskan villagers are aware of the need for telemedicine services. Launched in 1999, Alaska's telemedicine program provides greater access to patient care. Community health workers, like EMT, enter patient information into telemedicine programs to address small health problems in small village communities.”

“The next big step is to further integrate these telemedicine services into the electronic health record system. This eliminates the workload associated with entering patient information and helps support the

health of the population, especially in developing communities with inaccessible health care.” [7]

4. Kaiser Permanente's adoption of remote dermatology

“Skin cancer is the most common type of cancer in the United States and around the world. It is estimated that one in five people in the country will develop some form of skin cancer at some point in their lives. Kaiser Permanente developed a remote dermatology program in Northern California over 10 years ago. This program allows the GP to submit images of potentially cancerous lesions to a dermatologist on duty before being referred to a dermatologist. A remote dermatology workflow with dermoscopy and face-to-face follow-up increased the diagnosis of skin cancer by 9% and reduced the likelihood of biopsy by 4%. The remote dermatology workflow also reduced the need for direct visits by 39%. These new strategies in remote dermatology have the potential to bring more effective and affordable healthcare to the entire US healthcare system.” [8]

5. Telemedicine in Vanuatu

“Vanuatu is located in the South Pacific Ocean and usually requires a boat ride of up to 6 hours to reach the nearest medical facility. Others in need of emergency medical services were carried on stretchers across the island and had to climb a slope of 500 meters to reach the nearest hospital. In 2016, the country deployed the first high-speed internet connection with the first telemedicine system. The system connects local nurses with remote doctors and professionals, primarily providing training and telemedicine counseling.” [9]

Research Question:

How vital Telehealth is as a healthcare system, and what are its advantages and disadvantages?

Rationale:

This study reveals the role of telecommunication in the healthcare industry along with its benefits and disadvantages.

Objectives :

- To study the importance of Telehealth in healthcare.
- To determine potential benefits and limitations of Telehealth.

- “Arefadib , Moore 2017, Impact, and effectiveness of telehealth/tele practice”
- “VIJAYA SUNDER M., MEGHNA RAMAN, 2021, Towards a telehealth ecosystem: India is standing at the cusp of a digital health transformation, which can propel the country's economic growth and set an example for emerging economies if managed well.”
- “WHO stated that The U.S. health system spends a higher portion of its gross domestic product than any other country but ranks 37 out of 191 countries according to its performance.”
- “Kendra Anderson, 2021, DIGITAL REVOLUTION: TELEHEALTH IN INDIA: Telehealth in India has had a substantial impact on communities. The COVID-19 outbreak, the Indian government-initiated telemedicine to help healthcare professionals reach everyone in need, even those living like poverty and those in rural locations.”
- “Grand View Research, 2020, Telemedicine Market Size, Share & Trends Analysis Report by Component: The telemedicine market size was valued at USD 70.4 billion in 2021 and is estimated to grow at a compound annual growth rate (CAGR) of 19.5% from 2022 to 2030.”
- “Greg Bodulovic, Stephanie Wang, Stephanie Wang, Stephanie Wang, 2020, Telehealth around the world - A global guide: Is the use of telehealth permitted in most of the countries and how is telehealth regulated and are there specific fields of healthcare in relation to which telehealth services are currently available?”

Methodology.

Study Design – Systematic Review

The purpose of this study design is to deliver a through summery of all the available primary research in response to the mentioned research question. This review will be using information from all pre existing researches or also known as ‘secondary research’.

Method – The study has been done on existing study articles, depending upon eligibility criteria, search strategy, and study selection. Both advantages and disadvantages of telehealth has been considered. A review and discussion has been done verifying the pros and cons of telehealth and finally determining whether Telehealth can possibly be an alternative to conventional physical consultation or not, hence reducing burden on the healthcare industry.

Eligibility criteria – Study articles are taken only when they clearly scrtinize the role of telemedicine in the health care system as well as mentioned it’s benefits and disadvantages. Articles and studies only in english language has been taken into consideration.

Data Sources and Searches – Different articles and studies have been searched and evaluated with the help of a google search engine using keywords such as “telemedicine”, “telehealth”, “tele-consultation”, “e-health”.

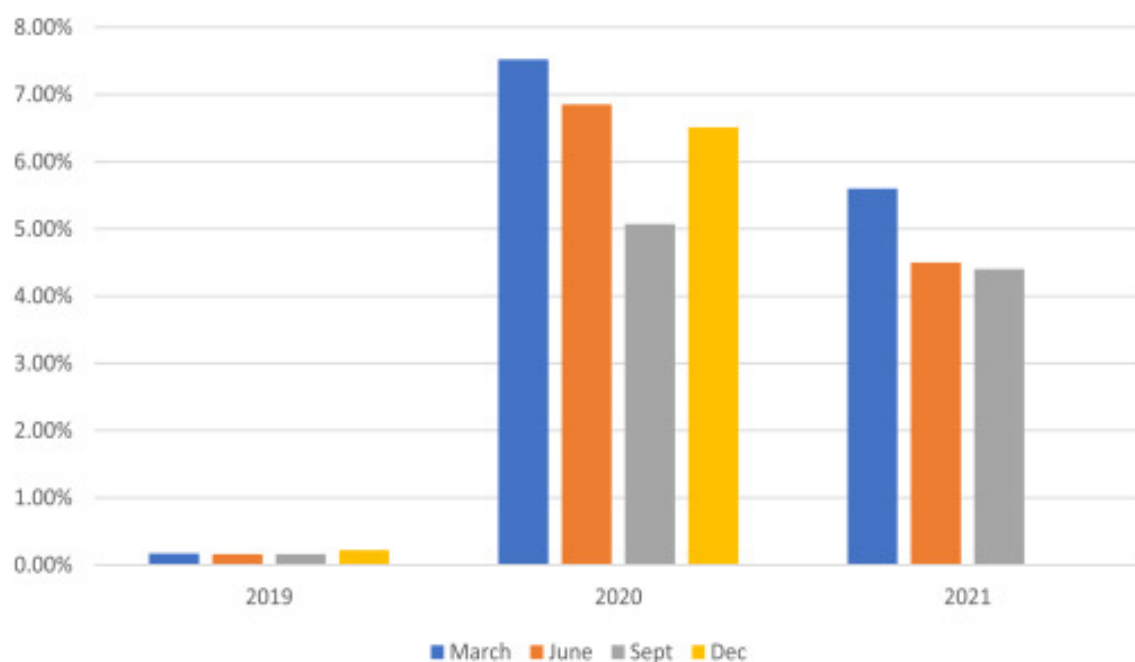
Study selection – In selecting articles for this study purpose, several articles related to telehealth have been read and relevant articles with full text has been taken into consideratrion. Duplicate articles has been eliminated.

Pre-Covid-19 Telemedicine

Telemedicine has been around for years, but direct consumer acquisition has only just begun. When many people get sick, they go to the clinic instead of going to the video round. Part of this reason was the limited scope of visual advice. “In a 2019 survey, 77% of physicians cited uncertainty about reimbursement as the biggest barrier to the spread of telemedicine. For example, Medicare had strict rules regarding the recovery of telemedicine. Patients had to stay in designated areas and go to special places to call them. It helped patients reach specialists who might not be able to see them, but they still had to travel to get care-sometimes miles-. Some providers were hesitant to accept telemedicine because they were afraid that telemedicine was unreliable or jeopardized their goals. Many patients who tried telemedicine liked it, but by 2019 the technology wasn't widespread enough to attract more than 11% of consumers.”

Telehealth during Covid- 19

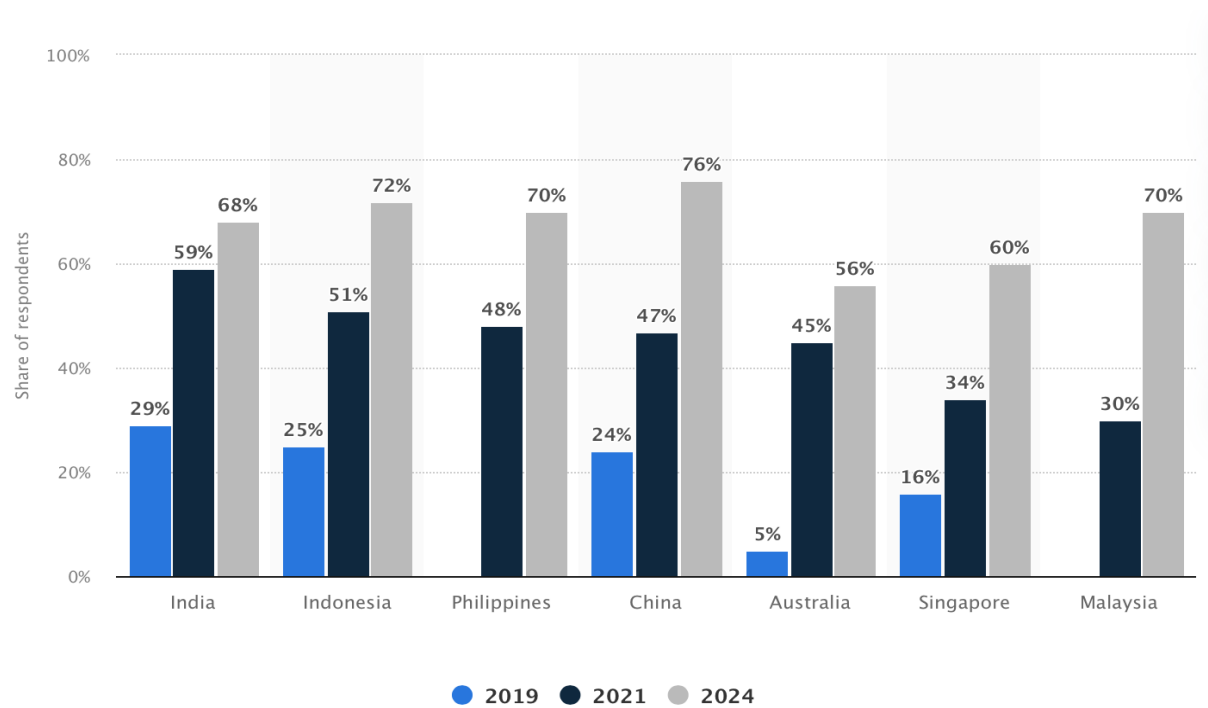
Everything changed during Covid-19. Private medical facilities and procedures are closed and no one knows when they will be reopened. In response, the CARES Act has expanded the addition of Medicare telemedicine and marked a game changer in virtual care. The provider will eventually be able to collect a Medicare refund for your home telemedicine visit. Healthcare systems were quick to develop new telemedicine solutions and extend existing programs to ensure continuity of patient care. Surprisingly, approximately 1.3 million Medicare recipients ended April 18, 2020, compared to just 11,000 visits per week that ended March 7, before the pandemic was set.



Percentage of telehealth usage before and during Covid-19 in U.S.

Telehealth after Covid-19

Many experts agree that 2020 will change the global healthcare environment. As both patients and healthcare providers are accustomed to telemedicine, it is hard to imagine asking them to get back on track. Demand for telemedicine will continue to grow. “Telemedicine consumer sales tripled from 11% in 2019 to 46% in April 2020, and Frost & Sullivan predicts that the healthcare market will grow seven-fold by 2025.” Telemedicine use is 38 times more secure than before the pandemic. By April 2020, outpatient and outpatient visits initially increased above 32%, after which occupancy stabilized from 13% to 17% in all sectors. As a possible visit. As with , consumer and provider awareness of telemedicine has enhanced since the pre-COVID-19 era. Ideas and consumption have declined slightly since their peak in the spring of 2020. Other barriers, such as technical safety considerations, are still under debate to improve consumer and provider health acceptance, and models to enhance virtual personal hybrids may be developed. There is sex. Care delivery. Several regulatory changes have become permanent that have prompted increased use of telemedicine, such as the expansion of the Medicare & Medicaid Service Center for physician payment plans in 2021. However, uncertainty remains in the fate of some services. When a public health emergency ends, you may lose your exit status. Investment in physical care and digital health has increased significantly, driving new innovations, and by 2020, the proportion of venture capital investment in digital health will triple in 2017. Only integration with a variety of services, long-term care, telemedicine and other virtual health care solutions and hybrid / personal / hybrid care models can enhance consumer knowledge. Specificity, accessibility, achievements and purchases



Country wise telehealth adoption rate[12]

Telehealth in India

Telemedicine in India

“The telemedicine market is growing at a CAGR of 39.6%, including communications, remote intensive care rooms, online pharmacies, portable healthcare services, home diagnostic services, etc., and is the fastest among healthcare providers. It is a growing category.

According to a recent survey, the market is expected to reach \$ 10.6 billion by 2025. The telemedicine operations policy announced by the government on March 25, 2020 will shift the market from a provider-centric volume-based model to a patient-centric model, providing low-cost, high-quality services to support India. We have focused on providing. , Value-based model switch.

What really impresses this section is its strong resilience in tackling the major health challenges that have plagued India for decades.

According to a 2019 survey by the Center for Disease Dynamics, Economics & Policy, India lacks 600,000 doctors and 2 million nurses, a gap that telemedicine is trying to fill.”

Significant increase in telemedicine business

With strong support from the public sector, many start-ups and investors are building profitable telecommunications businesses.

According to a recent report, India currently has more than 133 funded telemedicine startups and more than 5,295 healthcare startups.

“Major telemedicine startups such as

Practo, 1mg, mFine, iCliniq, myUpchar experienced 4-9 repetitive surgeries in a single doctor interview from March to June 2020, about the first user. 80% were in the base. According to a FICCI report, online pharmacies have attracted the attention of the world's largest e-commerce investors, gaining more than 6 million new customers and

doubling sales in the first months of closure. Another trend during the epidemic was the introduction of "Tele-ICU". This is a technology model that allows physicians to treat ICU patients away from the command center rather than at the patient's bedside. Remote ICUs allow ICUs to develop diagnostic tools to treat 60-80 patients and improve patient outcomes, as opposed to previous 10-12 patients. With only 6 With eight ICU beds per 100,000 and less than 5,000 ICU doctors, Tele ICU has changed the game in India. Leading teleICU startups Springer Healthcare and Cloudphysician have operated more than 600 intensive care units, providing remote care to more than 15,000 patients during violence.”

A well-known specialty hospital in a big city has begun to set up an intensive care unit in a rural area with an equipment manufacturer. Tattvan E Clinics is working to develop a local local clinic into a telephone clinic and provide professional care to small towns. While these are good alternatives, access to local health facilities continues to be restricted due to poor internet connectivity and high cost of setting up mobile devices. “According to a PwC report, India's Internet users are projected to decline by 500 million by 2019 and rural Internet users will increase by 58% annually, but India expects phone penetration to continue over the next decade. It will be. Platforms like India's National HealthStack are expected to spur the growth of fences as patient records become digitized and portable.”

Key Challenges

The Indian telemedicine market continues to grow and is full of challenges. First, conflicts of jurisdiction over ensuring and managing patient data are system security issues due to patient provider confidentiality, dynamic consequences of various technical tools that

can affect health, and patients. It was a big challenge, such as the challenge of platform integration. Take a look at some vendors. Second, the digitization of patient records via mobile applications that can read data on all devices poses data security challenges that need to be addressed. For example, in an emergency it may be illegal to obtain data about individual devices such as heart rate monitors, digital thermometers, and blood glucose meters without the consent of the data subject. In addition, sharing patient data with multiple healthcare providers can lead to lack of collaboration and very difficult governance.

Third, telemedicine is a comprehensive healthcare system, and of course there is a risk of misunderstanding of mutual information between the caregiver and the patient. On the other hand, patient information can lead to misdiagnosis and prescribing risk if misunderstood by a doctor.

On the other hand, the information provided by the doctor can lead to depression if misinterpreted by the patient.

Governance Needs

The challenges that exist in the healthcare industry with the rise of healthcare companies, if not controlled by the ecosystem framework, can lead to disruption to the healthcare sector. The state-of-the-art "Mitr" telemedicine forum and a large funding program in the early days of technology marked the first step in India's digital health journey. The launch of the Aarogya Setu app, which was downloaded 100 million times within 40 days of its launch during the Covid-19 epidemic, was an important digital initiative. In addition, strategic partnerships and the launch of Tele-ICU to put the State Medical University under Tele-ICU have helped expand the digital environment in rural India.

However, much remains to be done to strengthen India's controlled telemedicine system. Businessmen, businesses, healthcare providers, and governments must work together to develop the telemedicine market. Politicians need to develop a comprehensive clinical management structure in the telemedicine market, define a

reimbursement model for telephone services, and solve debt problems, especially in the case of data security and misunderstandings. New innovations require regulatory parameters to operate a healthy telemedicine ecosystem. In the post-pandemic era, digital health care, which needs to provide strong governance, could have exploded dramatically. Acceptable quality, security monitoring, and confidentiality are essential to the maximum acceptance of these services. Platform integration needs to be strengthened to ensure continuity of care for patients visiting different providers for telephone support. Technologies such as blockchain, natural language processing, and artificial intelligence should be used for governance to improve the visibility and interoperability of telephone healthcare services.

Many developed countries have chosen to access health care too early, but the lack of a clear regulatory framework and lack of clarity in legal and regulatory capacity has seriously hampered their growth. India is at the forefront of the digital health revolution, promoting economic growth in the country and, if properly managed, could set an example for emerging markets.

S.W.O.T Analysis

Strength (S)

- Patients do not require pre-registration and consent is considered implicit.
- In the light of a pandemic, counselling is provided via telecommunications, minimizing the risk of exposure because there is no physical contact with the patient.
- Travel and other expenses are excluded, reducing expenses.
- Utilization of human resources is progressing.
- Remote consultation access to primary and tertiary care for all.
- Given the current digitization trends, patients are happy with remote counselling.
- Minimal infrastructure is required to practice telemedicine.

Weakness (W)

- The quality of teleconsulting depends on the speed and connectivity of your Internet services.
- Minimal emergency services are provided through telemedicine consultation.
- Telemedicine counselling is inadequate if patient counselling is needed or if “bad news” needs to be communicated. •Report exchanges are of poor quality.
- Telemedicine services are inaccessible to patients who are illiterate or lack access to technology.
- In many cases, calls are made only for inquiries, not for advice.

Opportunity (O)

- Due to pandemic, people are taking sincere precautions to avoid contagions, therefore remote consultation is booming
- Have opportunities to explore other peripherals such as Remote Health Monitoring, Elder Home Care, Home Lab Test, Preventive Medicine.

Threat(T)

- Post pandemic virtual consultation is seen decreasing
- Poor virtual consultation sessions, owing to technical glitches due device incompatibility is seen as threat for teleconsultation
- When repeated appointments are needed, remote consultation is seen as difficult
- Patient hesitation and less trust in online consultations
- Lack of health insurance.
- Difficult to operate mobile/laptop by old age people
- Telehealth in India is in evolving phase; therefore, knowledge and awareness is less
- Lack of proper internet facilities in rural areas

Benefits and Barriers

Benefits

- Provide better medical services to the community.
- Keep patients in our facility rather than refer them to a professional healthcare provider.
- Refrain from income for community needs.
- Show the community that local hospitals have access to the latest technology and services.
- Shows effective hospital management.

Barrier

- No access to technology.
- Lack of digital capabilities.
- No access to broadband / internet.
- Personal visit preferences.
- No access to data access.
- No awareness and understanding of telemedicine products.
- No awareness and understanding of the coverage of telemedicine insurance.
- Lack of health insurance.
- Lack of access to community-based resources.

Expectation by healthcare ecosystem stakeholders

1. “With telehealth, hospitals are now also concerned about reaching patients online, how to deliver and protect patient information. Telemedicine and remote patient monitoring are being increasingly adopted by service providers to virtually manage patients, predict, and prevent illnesses, and improve clinical outcomes. There’s been almost an 80 per cent rise in consumption of digital healthcare services after COVID-19. Digital technologies like extended reality, cloud systems, big data, and artificial intelligence are taking the center stage to enhance user- experience and increase process efficiency.” -*Mr. Vikram Thaploo, CEO, Apollo Telehealth.*
2. “Digital technology is having a significant impact to the healthcare sector. This is also an opportunity to transform the doctor-patient relationship” -*Dr. Fazilah Shaikh Allaudin, Senior Deputy Director, Planning Division at the Ministry of Health of Malaysia*
3. “With telemedicine and app-based online pharmacies becoming more of a constant surrounding our daily lives spurring innovations in related devices and equipment, the coming year will also see more action in big data, AI and machine learning-based disease prediction technologies, apart from a push to more sophisticated surgical devices meant for a range of conditions such as neurological, cardio-vascular, oncological, orthopedic or Musculo-skeletal conditions.”-*Mr. Ashok Patel, CEO and Founder, Max Ventilator*
4. “We are seeing an unforeseen shift in the mind-set of our pharma colleagues and customers. There is a push amongst everyone to move towards digital platforms. For all of us digital is no longer the future, it is the now. The best part is the customers are receptive at present when they are reached online.”- *Kulwinder Singh, Chief Communication Officer at Cadila Pharma [13][14][15]*

Conclusion.

The usage of telemedicine techniques can have a positive impact on the health of patient care. For example, patient schedules can easily provide medical care, saving travel time for rural people. In addition, patient health care costs are reduced and access to health professionals is improved. Quality, life-saving systems, or healthcare are provided through interactive video, mobile apps on smartphones, and other tools such as sensors and monitors. While major advances in technology is being made around the world; further research is needed to identify all the technological opportunities that can be offered. How is this communication technique used, especially in healthcare, and what are the relevant consequences? How would such an initiative take place in a community where people do not have access to the internet or mobile phones? Telemedicine and its various technologies are a new and evolving approach to healthcare. Further research and research on risks and benefits will keep healthcare professionals and patients informed and educated about how telemedicine can change the world of healthcare.

In conclusion, a number of technologies through Telehealth can be expended to give patients domination over their health care, but despite modern research, more research needs to be accomplished to find all the high-tech break throughs it can offer. The aim of the project that encouraged such exploration was to dive richer into the new skills that are being created every day, but more decisively to find out how they can transmute patients into a different flair of health care that involves the practice of technology. In fact, the team is fine experienced in the knowledge within Telehealth and is also engrossed on the method of providing this to the patient

Reference

1. <https://catalyst.nejm.org/doi/full/10.1056/CAT.18.0268>
2. <https://evisit.com/resources/history-of-telemedicine/>
3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7482629/>
4. <http://www.phi.org/wp-content/uploads/migration/uploads/application/files/gal0wiyreyzk53d04qri19texzz1unvhr50lo6e6zbbn07clpm.pdf>
5. <https://pubmed.ncbi.nlm.nih.gov/26304277/>
6. <https://www.telegram.com/article/20110517/news/110519662>
7. <https://searchhealthit.techtarget.com/feature/Telehealth-program-key-to-quality-healthcare-in-Alaska>
8. <https://spotlight.kaiserpermanente.org/kaiser-permanente-teledermatology-finds-more-skin-cancers-with-fewer-dermatology-visits/>
9. <https://www.abc.net.au/news/2016-08-08/high-speed-internet-revolutionises-medicine-in-vanuatu/7699936>
10. <https://blog.zoom.us/transforming-medical-landscape-telehealth-before-during-after-covid-19/>
11. <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality>
12. <https://www.statista.com/statistics/1294089/apac-telehealth-adoption-rate-by-country/>
13. <https://www.apollotelehealth.com/year-end-quotes-from-healthcare-telemedicine-medtech-pharma-industry-experts/>
14. <https://www.expresspharma.in/why-is-a-romance-burgeoning-between-pharma-and-telehealth/>
15. <https://www.elsevier.com/connect/healthcare-professionals/reimagining-the-future-of-healthcare-in-southeast-asia>