

Summer training
at
Telesevak Healthcare Services.
(08.05.2021 to 02.07.2021)

Guided by:-Ms Veena Nair Sarkar,
Report by:- Dr. Raj Yash Pandey,
MBA HHM 2020-22.



Jaipur, Rajasthan.

To whomsoever it may concern

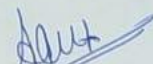
This is to be certified that Mr. Raj Yash S/o Dr. R.K. Pandey is a student of IHMR Jaipur pursuing MBA Health and hospital administration. He completed his internship on **“Bridging the gap in Rural Healthcare through Telemedicine”** at Telesevak Healthcare Services, Lucknow for the period 8th May 2021 to 2nd July 2021.

During this period his assignment was as follows:

- Setup of 10 Telemedicine E-clinics in Rural Areas of UP
- OPD Management & Field visit at E-clinics

During this period with full dedication & Integrity, we wish him all success in his future endeavours.


Ankit Singh
(Director Operations)


Anshuman Seth
(HR)

Acknowledgement

The organisation “TeleSevak Healthcare Services” gave me an opportunity for learning and professional development. It helped me to gain insights at grassroot level and understand the working of an organisation. Therefore, I am grateful for having worked in TeleSevak healthcare services and carry out my summer internship.

I am very grateful to Mr Ankit Singh, director of operations and Mr Anshuman Seth, HR for guiding me throughout my internship and tackle any difficulties that occurred.

I extend my gratitude to my academic mentor Miss Veena Nair Sarkar, assistant professor at IIHMR University, Sanganeer, Jaipur for her valuable guidance and support throughout the internship period, which was extremely important for my study.

Sincerely,

Dr Raj Yash ,

MBA HM 2020-22.

2nd may 2021.

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Abbreviations.

R.D	Rural Doctor
R.D.S.O	Rural Doctor sales Officer
R.P	Rural Practitioner
S.G.P.G.I	Sanjay Gandhi Post Graduate Institute
A.I.I.M.S	All India Institute of Medical Sciences
H.O.D	Head of Department
A.T.A	American Telemedicine Association
I.C.T	Information and Communication Technology
SATCOM	Satellite communication
WHP	World Health Partners
RAFT	Reseau en Afrique Francophone pour la Telemedicine
TM	Tropical medicine
SARS	Severe Accute respiratory syndrome
GNI	Gross National income
ISRO	Indian Space Research Organisation
DIT	Department of Information Technology
IDSP	Integrated Disease survelance project
ONCONET	National Cancer Network
NRTN	National Rural Telemedicine Network
NTTF	National Telemedicine Task Force
SAARC	South Asian Association of Regional Cooperation
WHO	World Health Organisation
MoHFW	Ministry of Health and Family Welfare
NDHAI	National Digital Health Authority of india
NHP	National Health Portal
VRC	Village Resource Center
OPD	Out Patient Department
AYUSH	Ayurveda Yoga and naturopathy,unani,Siddha and Homeopathy
GDP	Gross Development Product
NeHA	National e-health Authority

Section 1 :- Observational learning.

About the organisation

TeleSevak Healthcare services is a tech start-up whose mission is to bring good healthcare easily available to all, even in the far rural locations. It leverages the use of technology to improve healthcare delivery. It has special focus on the rural areas of the country, which has 70 percent of country's population but only 25% of doctors and even lower number of paramedics.

This problem becomes graver when it comes to specialist doctors, forcing patients of rural areas to travel to cities and spend significant amount of time and money for consultations. Tele Sevak aims to make a dent in this problem by using technology and provide teleconsultation to patients in the proximity of their location through telemedicine.

History.

Dr Sandeep kumar,(Ex-director AIIMS ,Bhopal, and ex HOD of surgery department at KGMU)and Dr Rashmi Kumar(ex HOD of Paediatrics, department of KGMU) have worked throughout their life with devotion and dedication to cure many patients .In this span they realised that even after so many efforts from government ,the patients of rural India have no access to even basic healthcare ,and to avail even basic healthcare needs patients from villages have to travel to various far of cities ,simultaneously spending a lot of time ,money and energy.

Thus, to make a dent in problem of healthcare in rural India, they laid foundation of "Tele Sevak Healthcare services" which is a Telemedicine company with a major focus on the rural population of India. It initially started with rural areas around Lucknow, and in small span of time it has its telemedicine E-clinics in all of east Uttar Pradesh.

Vision.

The vision of TeleSevak Healthcare Services is to make" Healthcare accessible and affordable for all"

Mission.

To improve healthcare scenario of each and every village of India each and every village of India by setting up 50000 E-clinics all over India.

About telemedicine e-clinics.

There have been various reports released by various Telemedicine companies about their tremendous growth in number of consultations especially during lockdown as a result of COVID. But amongst these a very few consultations were made by patients from rural India. Hence it can be concluded that patients in urban areas are familiar with teleconsultations whereas rural India still lacks awareness about it. To spread awareness and in turn help rural patients, Tele Sevak started setting up its e-clinics in various villages around Lucknow ,gradually covering most of the villages of Uttar Pradesh and now it has its aim to setup

e-clinics in, but not limited to, Uttarakhand ,Bihar and Jharkhand. There are two models of e-clinics of Telesevak, 1st is franchise model and 2nd is clinic operator model. **6**

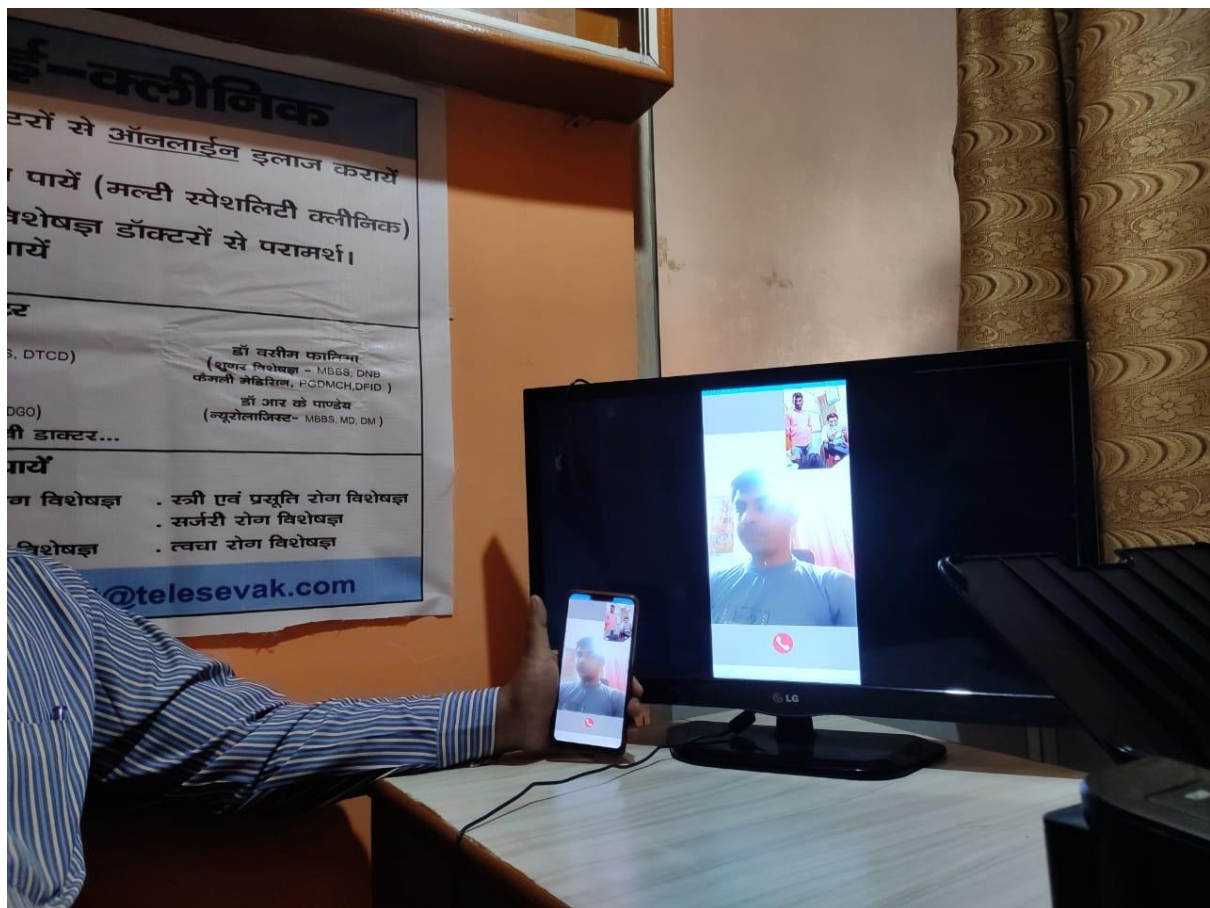
1) In franchise model the company approaches the rural practitioners who have a running practice but not necessarily they are qualified doctors with degree, as due to lack of qualified doctors in rural India ,many quacks and paramedics run their clinic which are not legal ,but patients in rural areas don't have a choice ,since non availability of doctors .we approach such clinics and explain them about telemedicine and how it can help the patients and also significantly increase their patient footfall. In telemedicine E-clinic models, the nonqualified practitioners become a medium for the consultation of patients with qualified doctors, thereby they don't play a direct role in the consultation or treatment. A certificate from Telemedicine society of India is provided to them, which is from SGPGI, Lucknow which gives them an authority to legally run their telemedicine E-clinic.

2) The second model of Tele Sevak E-clinic is such that we find those villages which are very remote and there is no rural practitioner, neither qualified nor quacks, at such places we set up our own telemedicine E-clinic and hire a suitable candidate to operate the clinic on salary basis.

Roles and responsibilities undertaken.

In span of two months, I got to learn a lot about the working of a Telemedicine company, its working methodology and challenges. I was assigned the role of business development where I had to expand the network of Telemedicine E-clinics by adding up in the network. The various works I did to accomplish this task are as follows: -

- The first and foremost requirement was to hire RDSOs from the rural areas who can provide the leads of rural practitioners, for that I posted vacancies on various job portals.
- Interview of applicants
- A short training of selected RDSOs and briefing them about the work.
- The RDs who were interested were invited on online meeting and were given a presentation.
- This was followed by a visit to the RD and setting up of E-clinic.
- After a few E-clinics were setup, the next challenge was the its successful operation.
- For this I visited and surveyed various E-clinics and asked about the various problems, which were simultaneously addressed.







General Observations.

Telemedicine has been tremendously successful in urban areas specially during lockdown when people used it to consult to doctors from the comfort of their home through various telemedicine applications, but there is still a long way to go to successfully implement telemedicine in rural areas of India. There is still a lack of awareness among rural population and various health beliefs among the patients, some believe that a physical visit to a doctor is more efficient than an online consultation etc.

There are still many villages where there is inconsistent electric supply and people depend on generators and daylight to run their clinics and are hesitant to be a part of telemedicine network. Poor network coverage also adds up to the problem .

Conclusion and suggestions.

- Along with general problems of rural areas, there are some specific problems at individual e-clinics and there shall be a customised service for such e-clinics for and efficient service.
- There shall be a regular survey of RD and RDSOs to monitor the efficiency of e-clinics and demands of people of specific region in improving the healthcare scenario via telemedicine.

- A regular training of RDSOs should be provided so that they can address the technical issues of RDs in their areas. Since visits by central team wont be a scalable model.

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Section 2 :- Project Report

Bridging the gap in India's rural healthcare with Telemedicine.

Introduction.

India is a developing country where more than 3/4th of its population lives in villages and rural areas but more than 75% of Indian doctors are based in cities, there is huge inequality in healthcare distribution amongst the rural population of a country with such a huge chunk of population. Around 620 million rural Indians lack access to even basic healthcare needs. The government spends roughly about 0.9% of India's GDP on Health and even in that very little of that reaches to rural India. So there seems a very niche scope for any development. Government has been testing and trying various new measures and policies to improve rural healthcare but with very little success, but in recent scenario Telemedicine has emerged as a ray of hope.

The American Telemedicine Association (ATA) states that," Telemedicine is the natural evolution of healthcare in the digital world".

The initial working of telemedicine started in India as early as 1991, The government realized the potential of telemedicine in year 2000. ISRO made the first nationwide SATCOM telemedicine in year 2001.

Ten years later in the year 2010 WHP (world health partners) which was funded by Bill and Melinda Getz foundation, started its sky clinic program by setting up digital hubs in clinics of rural practitioners and trained them. Though the idea did not meet much success back then due to high internet costs and lack of cheaper mobile gadgets. And rural healthcare delivery persists as a major problem.

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Telemedicine status around various parts of world.

Historical Perspective.

A fresh vision for public health in the future was edited in the April 1924 issue of Radio News` magazines. The front cover portrayed a patient using a television and mic to converse with a doctor on remote location; televisions had not yet become widely used at the time. In 1959, clinicians at the University of Nebraska employed interactive telemedicine to broadcast neurological tests, which is the first ever instance of real-time or live video teleconsultation.

When compared to affluent countries, there is comparatively less documented evidence of the regular telehealth work that is known to take place at poor countries. All butt (12%) of the world's 240 U.N-recognized countries have engaged in e-Health-related activites in the past

15 years. There are some e-health (including telehealth) reviews accessible, as well as numerous publications and studies (grey literature) indicating the scope of telehealth in developing nations. Africa, the world's second most populous continent, is home to approximately 15 percent of the worldwide population, while the L.A.C areas are home to approximately 600 millions people ie. 9 percent of the global population. 12

These regions are home to the majority of the world's "developing countries," which account for over 80% of the worldwide population. Private groups in developing countries are used to various types of ICT to address important health system concerns, according to Lewis et al³³. Increase in access (41%), data managing (39%), virtual patients – service communications (30%), enhanced management of disease and treatment (18%), and drug and cost (17%) were the top difficulties cited (8 percent), as well as simplified financial transactions (4 percent). Phones (71%) and PCs (71%) were the most regularly utilised gadgets (39 percent). They also discovered that nearly half of all e-health programmes are funded primarily by donors (47 percent). Telehealth (or telemedicine) has been utilised to respond to humanitarian needs caused by conflict or disaster. Beyond that, there is action in a number of developing countries, including various small countries, the Philippines, and South Africa, to name a few. [32] In Asia, the usage of telemedicine has increased recently in both Indian continent and the People's Republic, China. Many African countries are also showing signs of activity. Brazil is where telemedicine is becoming incorporated in the delivery of health service, has witnessed a huge amount of activity in LAC countries.

If not all, most programmes are still pilot or project-based, there are long-term telehealth networks that provide humanitarian telehealth around the world. The networks primarily provide help for educational or clinical objectives, and clinical referrals are made using one of two approaches (targeted or open/distributed). Among the 38 humanitarian telemedicine network are:-

RAFT Networks

- PAN Africa e-Networks
- Swinfen Charitable Trust
- Africa's Tele-dermatology Project
- Ins. of TM Telemedicine
- Pacific Islands Health Care (PIHC) Project
- Partners in Online Specialty Consultations
- Balkan e-Health Networks
- Tele-trauma.

Asia's Telehealth

A wide number of countries in this region have various levels of economic growth and telehealth implementation. There was no recent telehealth evaluation in Asia that I could

find. researchers published a thorough evaluation of telehealth in Asia in 2009/30/14.

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It was discovered that the majority of research (37 percent) came from Japan, and that store-and-forward was the most common mode of application (43 percent), videoconferencing (35%) or a hybrid technique (25%) (15 percent). Only eight studies included a comparison to a control group, making them mostly descriptive (75%) studies.

In relative affluence, technological use ,as well as population (with our country and the China being the most populous countries), the region is highly heterogeneous.

Malaysia took dramatic measures in 1996, establishing numerous telemedicine-related laws and launching "Multi-Media Supercorridor" plan, as well as a Lifetimes Planning "lifelong PHR" for every resident (which was not sustainable).

The Chinese began to use telemedicine quite regularly after SARS. According to a review of the literature, many more non developed countries around utilise telemedicine to various degrees, for many purposes, and with varying degrees of success, but mostly in the form of projects; there is very less proof of scalable applications of program and lack of publication for such program that are in use.

Africa's Telehealth

Telemedicine, lifescience-education, and health-related research are currently main emphasis of e-health in Africa, with the numbers of telemedicine projects rapidly expanding in current years. According to a recent survey, 26 developing nations have 51 mobile health programmes in operation. These efforts were funded by a variety of sources, some of which had a special geographic focus. Not all initiatives are effective, but e-health interventions are becoming more common in many African nations, particularly in those with greater GNI.

Mars recently described telehealth in Africa, despite the lack of a new study. 51 Telemedicine, saw significant clinical activity.

Telemedicine scenario in India.

Historical perspective.

India being a huge country with a headcount of over 121 million people. As a result of such enormous volume.

Telemedicine's attractiveness lies in its capacity to transmit medical data over long distances. ElectroCardioGraph was conducted via telephone lines in the early twentieth century, according to the earliest published record of telemedicine.

The telephone's ability to be available at a much bigger population in a lesser span of time was crucial in establishing modern telemedicine as we know it. Electrical telegraphy and telephone inventions were critical in launching contemporary telemedicine as we know it. In 2001, the Indian Space Research Organization (ISRO) launched a Telemedicine Project in India.

ISRO, the Department of Information Technology (DIT), the MoEA, the Ministry of Health and Familywelfare, and state governments all took steps to help India establish telemedicine services.

Telemedicine is also used in regions where huge crowds congregate on a regular basis and medical treatment is required; for example, the Government of U.P uses telemedicine at Mahakumbha mela. Telemedicine is one field that has succeeded in piqueing the business sector's attention and encouraging them to participate actively in public health management. Narayan Hridayalaya, Apollo`s Telehealth Enterprises, Asian Heart Foundation, Escort Heart Instetute, Amritaa Institute of Medical Science, and Aravind Eye Care are few of the current significant non government companies in telemedicine.

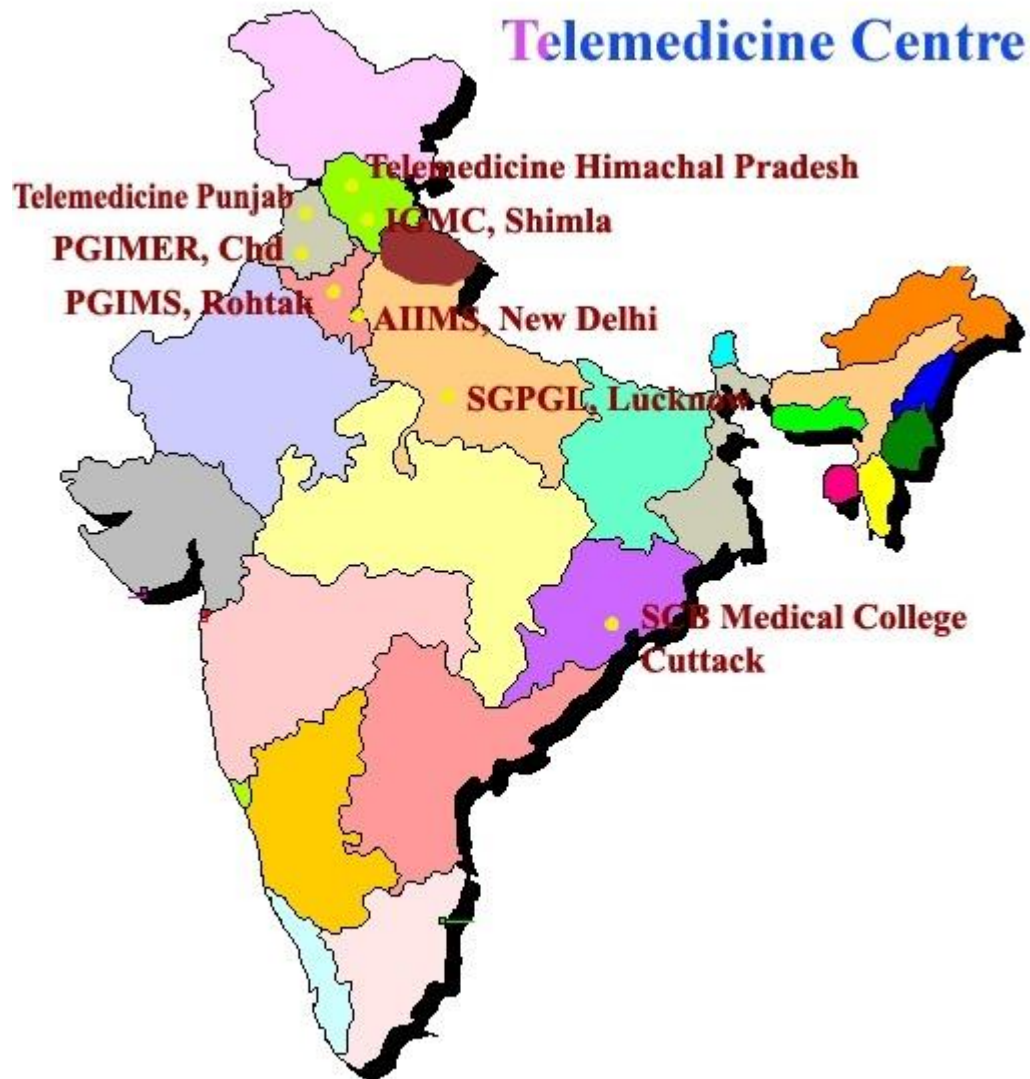
They are supported by the federal and state governments, as well as organisations like ISRO, which provide them with relevant as well as up-to-date technologies.

In these passed few years, ISRO's telehealth networks is coming a very longer way. This presently connects 45 rural and distant hospitals with 15plus super speciality hospitals

Recent scenario of Telemedicine in India.

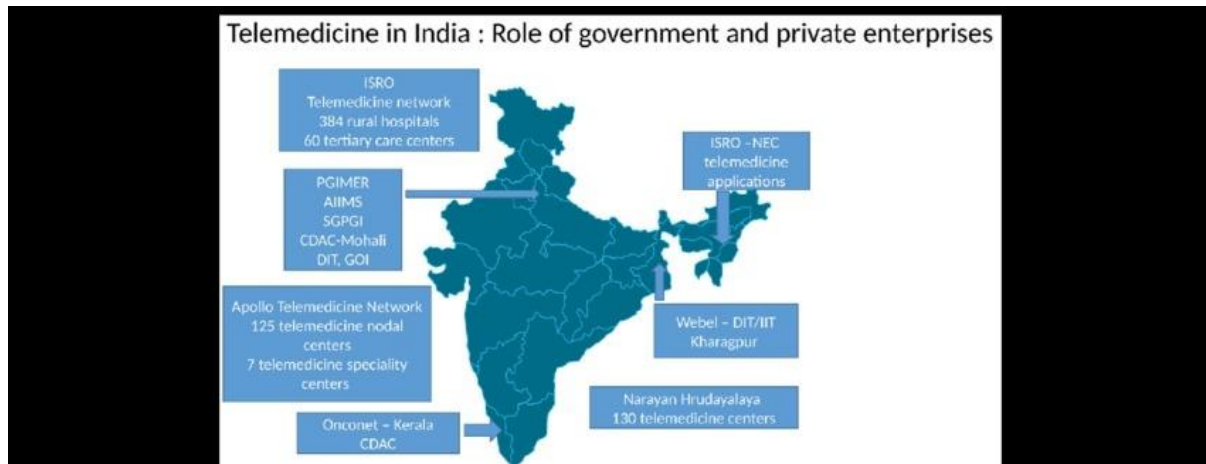
The WHO recommending a doctor-to-citizen ratio of one doctor per onethousand citizens, however our country`s doctor-to-citizen count is currently zero point six two is to one thousand. Because new medical training is time-taking and costly, the doctor-patient count is likely to stay low for some time. The active telemedicine services in various areas of the country help to make up for this shortfall.

The MoHFW and the Department of Information Technology are jointly responsible for telehealth service in the country.



The Telemedicine Division of the MoHFW, , has established a National Telehealth Portal to implement a greenfield project on e-health, including the establishment of a National Medical College Network (NMCN) for interconnecting Colleges throughout the country for the purpose of e-Education and a National Rural Telemedicine Network for teleHealthcare delivery.

The NDHAI / NeHA is being established as part of the National Health Portal's (NHP) e-health wing targeting better and enhanced medical services for all citizens of India through the value for money and proctored use of ICTs in context of medical fields.



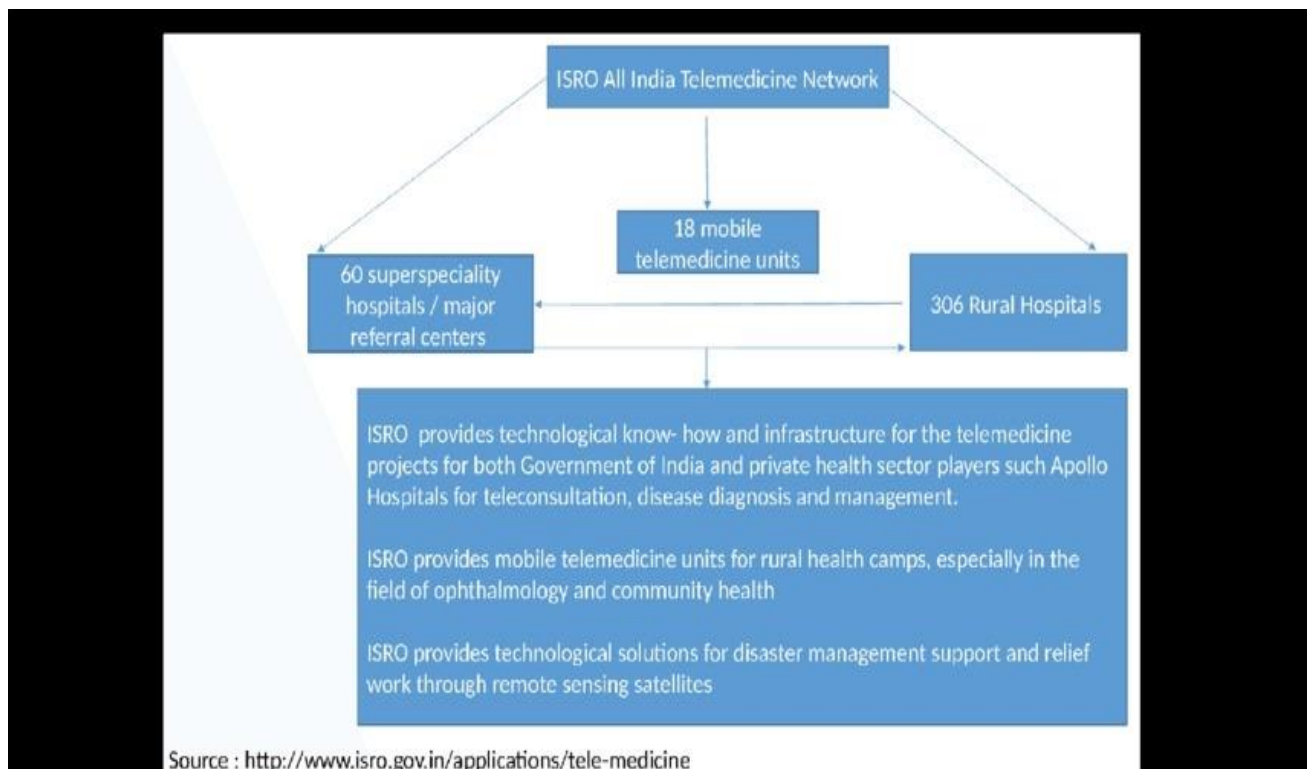
In India, telemedicine is being used in the disciplines of local medicine as well. The Rural AYUSH Telemedicine Network aims to use telemedicine to spread the benefits of traditional treatment approaches to a greater audience.

Literature Review

It is widely accepted amongst the strategists that Teleconsultation is the evaluation of healthcare in modern world. India is a populous country where the huge chunk of its population inhabits in village areas with minimum or no availability of even basic healthcare services. Whereas the quality healthcare and healthcare professionals are overwhelmingly available in cities and urban areas. The continuous development taking place in field of technology, this can be utilised to fortify the weak structure of healthcare in rural India. Telemedicine was once thought to be precise and new. It is, nevertheless, rapidly evolving as a breaking through model for accessible cum tailored healthservices, particularly for sick people in distant places with limited access to standardised medical services. India must see its diverse socioeconomic difficulties as unlatched gates in order to grasp the winning leap vision. [1]

A major barrier 2 curatives and preventive healthcare service is the physical access, for India's 70% of population that lives in villages and remote areas. A big part of India's demography has to travel around 100 kilometres for basic healthcare services, out of this 86% is accounted by rural population not only there is a shortage of qualified doctors and paramedic staffs, which makes situation even worse. In recent years, there have been extensive tests across the country regarding telemedicine so as to bridge the gap between rural and urban healthcare. [2]

India is a suitable location for telemedicine because of its various terrain and high population. In 1999, telemedicine became a reality.



from that year, the Indian Space Research Organization is implementing a satellite communication based telehealth infrastructure throughout the country. The IT ministry, the MoHFW, state governments, and India's major medical and technical institutes have all taken steps to deliver quality healthcare to the country's rural and distant areas. The Indian government has planned and conducted a number of national-level programmes, as well as providing telemedicine services to countries in South Asia and Africa. In the realm of medical e-learning, efforts are being made to build digital medical libraries. Curriculum and non-curriculum telemedicine training programmes have been started at some organisations which are proactively engrossed at Teleconsultation operations. The Department of Information is supporting telemedicine operations in the country.

India's own NTTF was established by the MoHFW, and the guidelines for Telemedicine Systems were set. Many Public and private telemedicine companies, as well as a few NGOs and other associations, are actively working to raise awareness in the country about teleconsultations. With its enormous health and IT human resource and expertise in these areas, India holds great promising ground and has positioned as number one in the area of telemedicine.

The development of India is taking place at a fast rate but this development is uneven where urban cities the most development whereas villages in rural areas witness least or no development. The same goes for healthcare structure development. Most of the doctors prefer to practice in bigger cities because of abundance of opportunities of growth and development as compared to rural areas, This leads to even more lowering of the already low ratio of doctors to people ratio in villages and rural areas. But as every cloud has a silver lining, Indian healthcare system has some positives. Indian doctors are considered to be the best in the world, and this is evident with the increasing number of medical tourists especially middle east and Africa in recent years. [6]

India lacks in health infrastructure, but India has a high end tech infrastructure that permits huge amount of information to be spread in a very short span of time ,thus we can use this resource to tackle the obstacles in providing healthcare to rural india ,for eg:-by leveraging the use of fast and cheap internet services ,a doctor sitting in a city can easily provide consultation to a patient in some rural area of India.

In times of covid pandemic many doctors provided telemedicine services to various patients who were in isolation and this worked out very well . Even Practo released that there was a significant increase in teleconsultation over its application platform from the early lockdown period in 2020,this figure accounted roughly to 500% increase as compared to teleconsultations before.

Seeing the huge success and overwhelming response, respected Prime minister urged for development of telemedicine in rural India.

Various pilot projects and research on the success and failure of telemedicine networks have been done in various sections of the country. Telemedicine, despite its many advantages, is still underutilised There are barriers to telemedicine adoption, and adoption failure is a big problem. According to a survey, over 75% of telemedicine ventures fail, with the rate rising to 90% in underdeveloped nations like India . We cannot secure the success of telemedicine installation and operation until we are able to identify, recruit, analyse, and comprehend the impediments to its development.[8]

India, like many other countries throughout the world, reciprocated with telemedicine and other technical health innovations. Several healthcare infrastructures began offering telemedicine services within a few days of the closing of hospital outpatient departments Large private medical facilities and independent doctors were among the service providers. Electronic services were quickly given by central government and those financed by the state.

What is necessary is not the implementation of improved technology or the acquisition of finances, but rather a shift in the thinking of those concerned. A critical mass must be attained for this to happen. Society as a whole should be aware of the situation. Only when society learns that distance is irrelevant nowadays and that telemedicine may transcend the gap between the "haves" - "have nots" will true growth occur. at least in so far as access to healthcare is concerned.[9]

Many telemedicine startups started noticing an growth in online doctor consultations as a result of the lockdown induced by the virus epidemic in epicentre Wuhan; nevertheless, the publication of new telemedicine laws immediately after the pandemic functioned as a starting for the sectors . Practo, a telehealth company, has seen a rise in users since the beginning of March. "Week after week, the number of teleconsultations has increased by almost 100%." But among these increased number of consultation very few consultations are from rural India which signifies that there is a huge development of telemedicine in urban areas but it still lacks behind when it comes to rural India [10]

Conceptual Framework

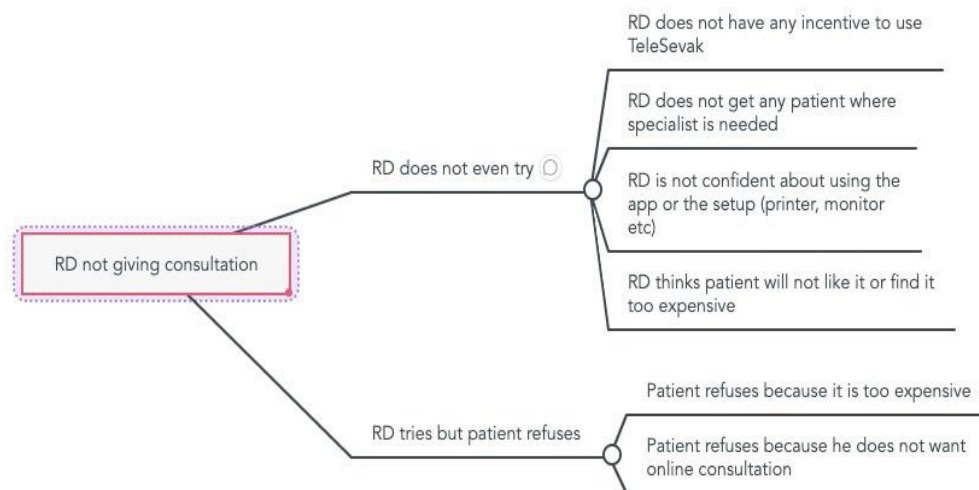
Research area decided- Barriers in Implementation of successful telemedicine in rural areas of India.



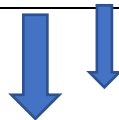
Objectives Framed



Research tool -structured interview of rural practitioner running telemedicine eclinic



Ten Rural Practitioners who run telemedicine e clinics were around the rural areas of Lucknow were interviewed.



Analysis of the data obtained.

-Study tool:-structured interview
-Study Design-Cross sectional descriptive study
-Sampling Method-Convenience sampling
-Study area-Rural areas around Lucknow
-Duration - 10th may – 2nd July
-Sample size-10 rural practitioners who own a Telesevak eclinic franchise in villages around Lucknow.

These ten rural practitioners are owners of a franchise eclinic of Telesevak healthcare services, they are not necessarily degree holder but they run their practice in villages and rural patients approach them. They were chosen for survey since they have a good number of patient footfall among which many patients are referred to a higher health facility .

Research Question:-

What are obstacles in successful implementation of telemedicine structure in rural india?

Objectives

- 1.To find ways for successful implantation of telemedicine network in rural India.
- 2.To find out solutions for the problems in successful running of telemedicine eclinics.

Rationale.

The main objective of conducting study is to mark the reasons and obstacles in successful implementation of telemedicine network in rural India. Ten telemedicine eclinic franchise owners were selected for a structured questionnaire interview, who are located in rural areas around Lucknow. This would help to find out the obstacles in successful implementation and working of telemedicine in rural India, and what can we do to improve the rural healthcare scenario of India.

Research Background:-

The seeds of telemedicine were sowed in India as early as 1991, The government realized the potential of telemedicine in year 2001. ISRO deployed the first nationwide satellite-communication based telemedicine in year 2001.

Ten years later in the year 2010 WHP(world health partners) started its sky clinic program by setting up digital hubs in clinics of rural practitioners and trained them. WHP was funded by Bill and Melinda Getz foundation with a sum of 23million but still the idea did not meet much success back then due to high internet costs and lack of cheaper mobile gadgets. And rural healthcare delivery still persists as a major problem.

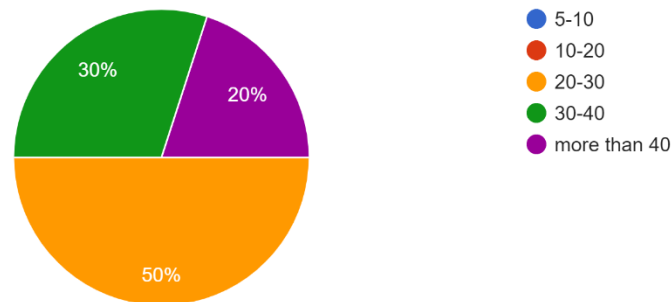
Methodology

This report is framed predominantly on the Primary data collected from RDs in villages around Lucknow, the data collected is based on a specific questionnaire cum interview. The data is collected and analysed for results. Secondary data collected from review of literature from government as well as non-governmental agencies. Other sources include articles published in the newspaper. The findings were studied thoroughly and interpreted.

Findings -Patient footfall of the rural practitioners.

How many patients are you seeing everyday on an average?

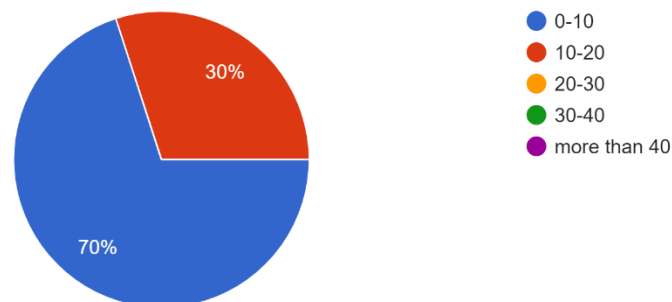
10 responses



During this pandemic and lockdown period the patient footfall of most doctors have significantly reduced and it is seen that mostly rural practitioners have a patient count between 20-30. The next question gives us an idea of number of patients who are referred to a higher medical facility, which could have benefited from teleconsultations

Number of Patients you refer to other doctors daily on an average?

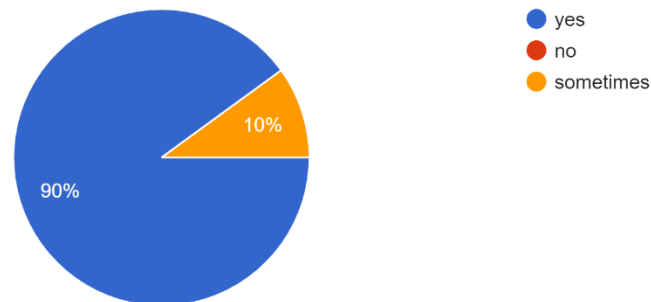
10 responses



Around 30% of RDs refer 10-20 patients on an average daily to higher medical facility and rest 70% have a patient count of 0-10, taking 5 as the average. Around 45 patients are referred to higher medical facility who have to travel to far off cities spending money on travel and accommodation in cities. Which they could have avoided by teleconsultation at the comfort of their clinic at their proximity.

Do you tell your patients about Tele-consultations?

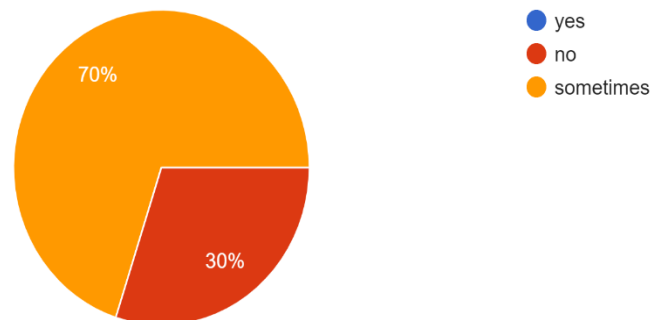
10 responses



Most of the rural doctors (90%) tell the patients about telemedicine ,but still the number of telemedicine consultations from rural India are very less .Even though the effective cost of consultation through telemedicine is much less as compared to physical consultation. But still patients opt out of teleconsultation .The only probable reason can be the lack of awareness about Telemedicine.

Do Patients want to consult through Telemedicine ?

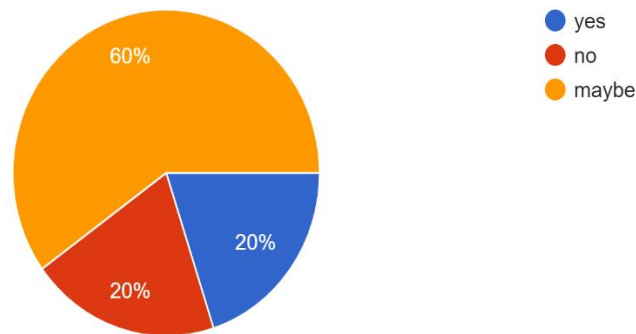
10 responses



Most of the times patients are willing for telemedicine consultation but they never are they sure of it .30 percent of patients straight away reject teleconsultation. And prefer to go for physical consultation at a higher medical facility.

Are you comfortable using the telemedicine application?

10 responses



Only twenty percent of rural practitioners were comfortable in using telemedicine application to consult their patients to specialist doctors through telemedicine.

Conclusion

Following inferences can be drawn from the study conducted.

- 1) Telemedicine is still a new concept for rural population of India and government and private organisations should run extensive campaigns to spread awareness about telemedicine and its benefit to patients in rural India.
- 2) There are still many villages in India where continuous electricity supply is a far cry and proper network coverage is also very scarce. But this problem can be sorted out by using solar panels .In the past solar panels were costly to install and maintain but now cheaper solar panels are available which are highly cost effective and value for money and also nature friendly. Government already has various subsidy plans for those using solar energy.
- 3) The use of various applications of telemedicine apps is techsavy work and many rural practitioners find it difficult to use it.Government and Private organisation should come up with more user friendly technologies so that its easy for anyone to use the application. And thereby popularize telemedicine to bridge the gap in rural healthcare.
- 4) Government facilities should arrange regular telemedicine camps which will create awareness among the rural population about the efficiency of telemedicine and they will be more frequent users thereby improving the healthcare scenario of rural India.

References

1. Evolution of smart healthcare <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8019338/>
2. Indian community Med[serial online]2020 [serial online]2020 <https://www.ijcm.org.in/text.asp?2020/45/3/274/294150>
3. Telemedicine in India: Current Scenario and the Future (2021) available at [Telemedicine in India: current scenario and the future - PubMed \(nih.gov\)](#)
4. Telemedicine is the roadmap to improve medical Care in rural areas : Ayush Mishra available at <https://health.economictimes.indiatimes.com/news/health-it/telemedicine-is-the-roadmap-to-improve-medical-care-in-rural-areas/68887790>
5. Expansion of telemedicine to villages of india(2021) available at <https://www.livemint.com/news/india/telemedicine-service-needs-to-be-expanded-to-rural-areas-modi-11621264535346.html>
6. Barriers to establish efficient Telemedicine network in villages - <https://www.intechopen.com/books/telehealth/barriers-to-development-of-telemedicine-in-developing-countries>
7. Esanjeevni crosses 3 million consultations <https://pib.gov.in/PressReleaselframePage.aspx?PRID=1705358>
8. Impact of lockdown on telemedicine- <https://link.springer.com/article/10.1057/s41271-021-00287>
9. Asiabiotech.com-https://www.asiabiotech.com/10/1019/1086_1091.pdf
10. Government guidelinesv as booster shot to telemedicine- <https://health.economictimes.indiatimes.com/news/health-it/covid-19-lockdown-2-0-telemedicine-in-india-to-see-continued-growth/75172147>

