IIHMR UNIVERSITY

PART-I

Application of Tele-health in practice, upgrading of knowledge and communication of physicians with colleagues and patients in Delhi-NCR

Source: intouchhealth.com

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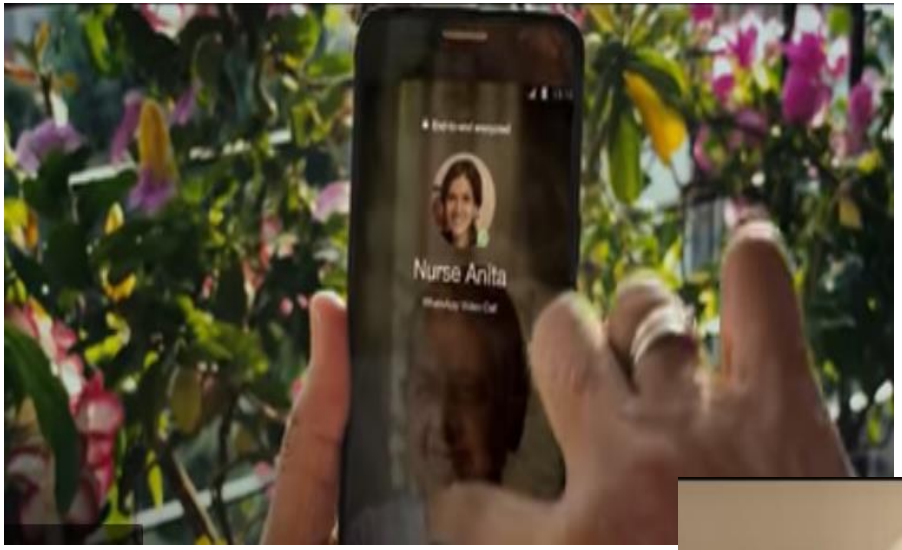


https://www.youtube.com/watch?v=75C3yYDbyBE

Introduction

Telehealth is the utilization of clinical information traded starting with one site, then onto the next , by means of electronic medium to improve patient's communication status of wellbeing and also reducing cost .

-*www.eVisit.com*

Study Rationale

Healthcare Industry

Internet as driving force

Source: therheumatologist.com

Digital health market industry

COVID-19 pandemic

"TPOP"

Study Objectives

To examine the Perceived Usefulness (PU) and Perceived Ease of Use (PEU)

To analyze whether Continuing Medical Education(CME) learning, consulting impacts physicians satisfaction

To consider the advantageous and disadvantageous aspects of using Tele-health and determine possible ways of improving the efficiency and effectiveness

To determine what barriers there are to adopting tele-health technologies in near future

Research Methodology

Sample size: 180 (approx)

Record response: 51

Study Area : Delhi and NCR based clinics and hospitals

Sample Population: Doctors, consultant, specialists

Time Period: 21 Days

Data Collection Tool: Google form questionnaire

Categorical data

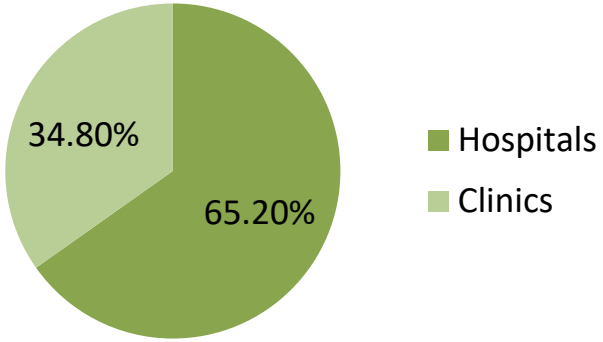
Data Analysis: Using MS-EXCEL

Review of Literature

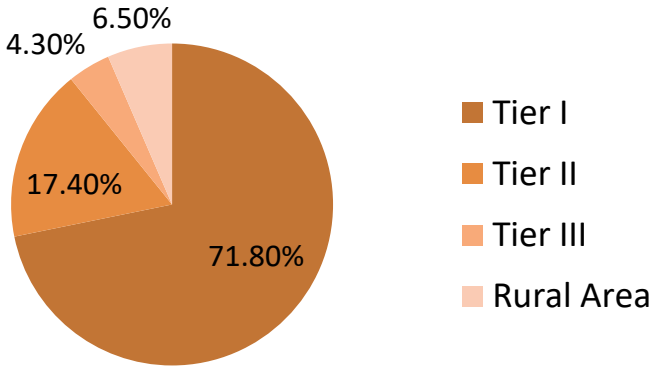
S No.	Year of Publication	Title	Author	Summary	Journal/Publication
1.	2004	"Comparison of face-to-face and video conferenced multidisciplinary clinical meetings	Delaney, Geoff, et al.	in-person counsels are desirable over videoconferencing in light of the fact that face-to-face communication feels more comfortable analytically and social	Australasian Radiology 48.4 (2004): 487-492
2	2006	“Implementing tele-health to support medical practice in rural/remote regions: what are the conditions for success?”	Gagnon MP, Duplantie J, Fortin JP,, Landry R.	Telehealth as an appealing novel space since it permits to not just exclusively keep up and update their information, yet to arrange and speak with their companions all the more without any problem across remote areas	BMC: Part of Springer Nature doi:10.1186/1748-5908-1-18

RESEARCH FINDINGS

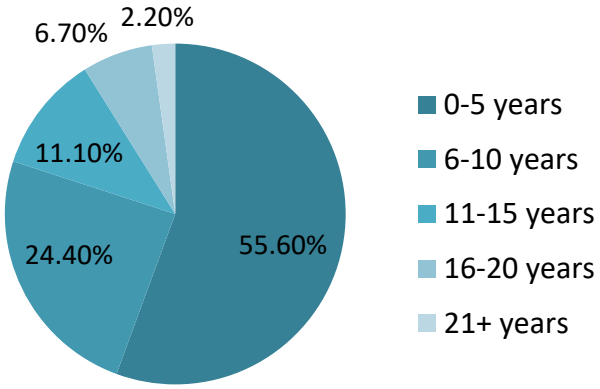
Set-up where respondents practise mostly in



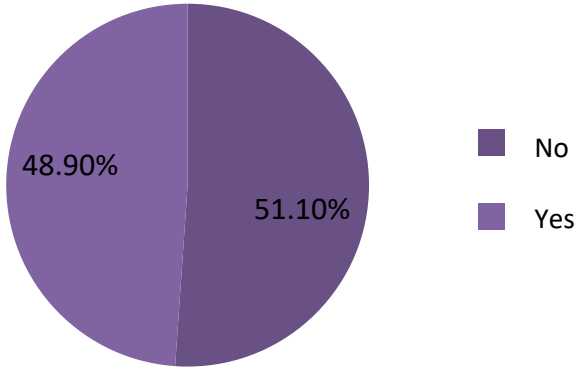
Type of places where Delhi-NCR based respondents practise mostly to



Number of years completed in practising medicine

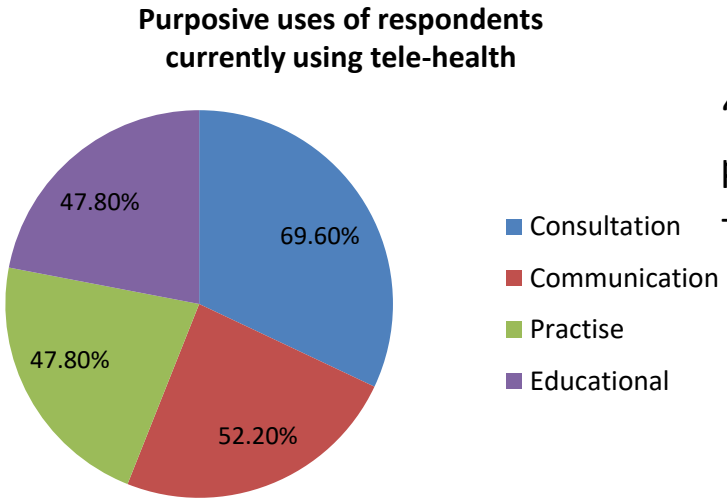


Respondents who are currently using tele-health facilities



"digital meet-up of healthcare provider with the one who needs it"
-(PU)

"Checking patients/ examination/ investigation online, giving advise"
-(PU)



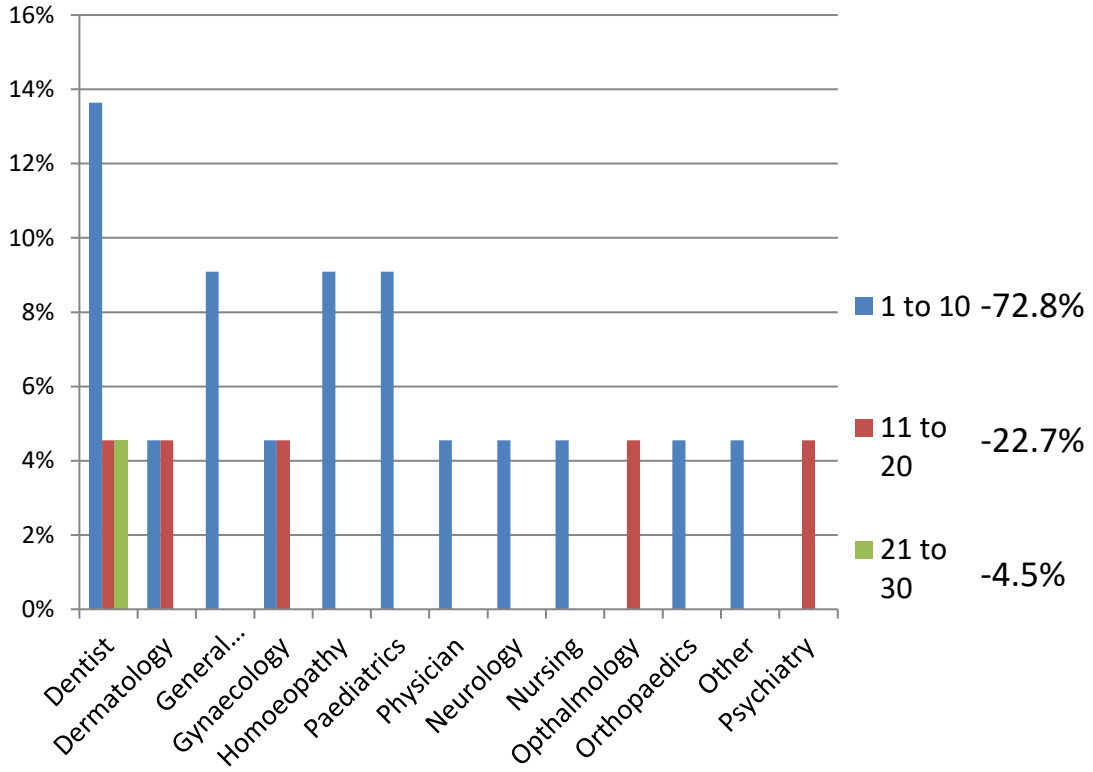
"Healthcare at home which one provided by help of technology"
-(PU)

"Best in pandemic, not routinely"
-(PEU)

Remote assessment and management of patients

"The future of medicine and a boon at the present scenario"
-(PU)

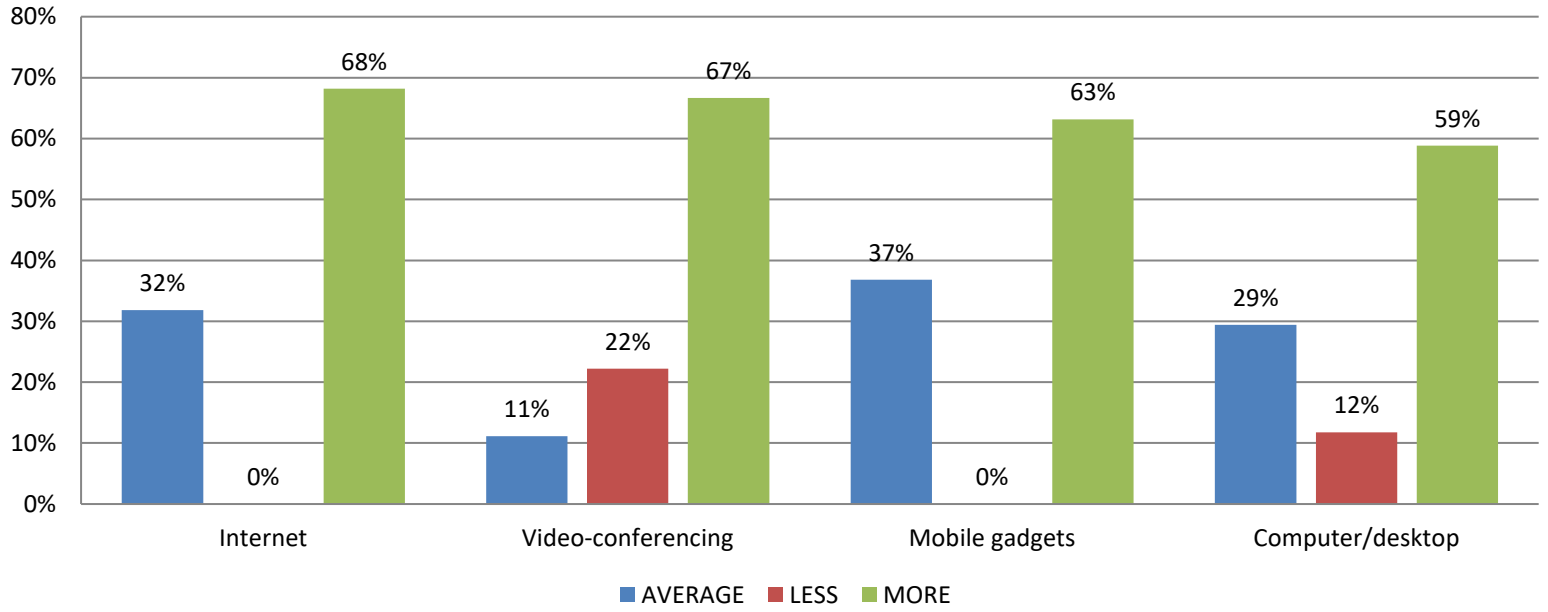
Number of patients seen through tele-health on daily basis



Various methods of using Tele-health

Functions	%
Remote Patient Monitoring	43.5%
Store and forward image/information	60.9%
Real time video/audio conferencing	60.9%
mHealth	34.8%
Text and email advice	30.45%

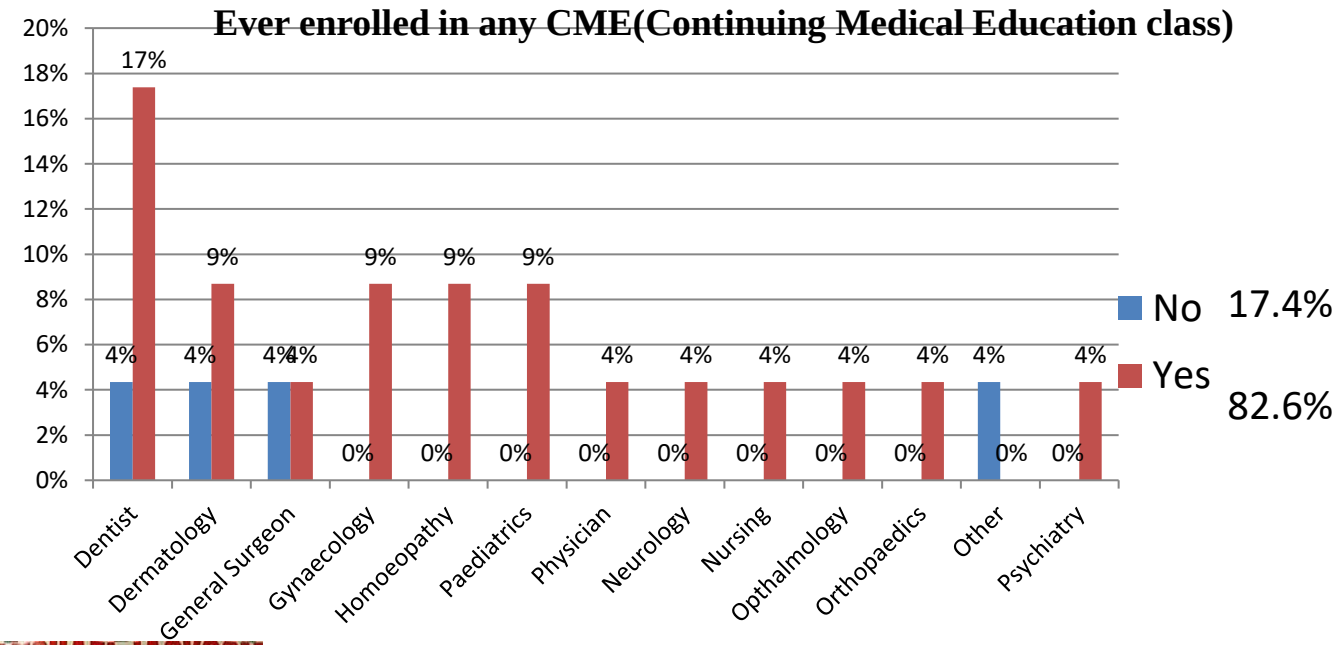
Equipment used in the past or currently using based on frequency of usage

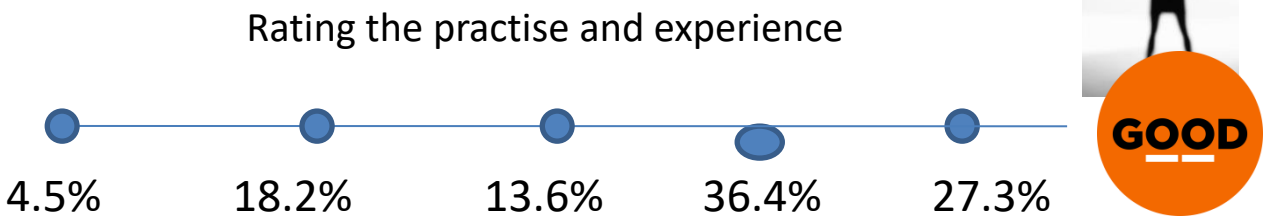


✓Objective I: Examine the Perceived Usefulness (PU) and Perceived Ease of Use (PEU)

✓Objective III :

Analyze how **Continuing Medical Education(CME)** ,separation getting the hang of, counseling, and practice impacts doctors and their fulfillment and execution in their practices





Sharing experiences of 3 aspects of using tele-health

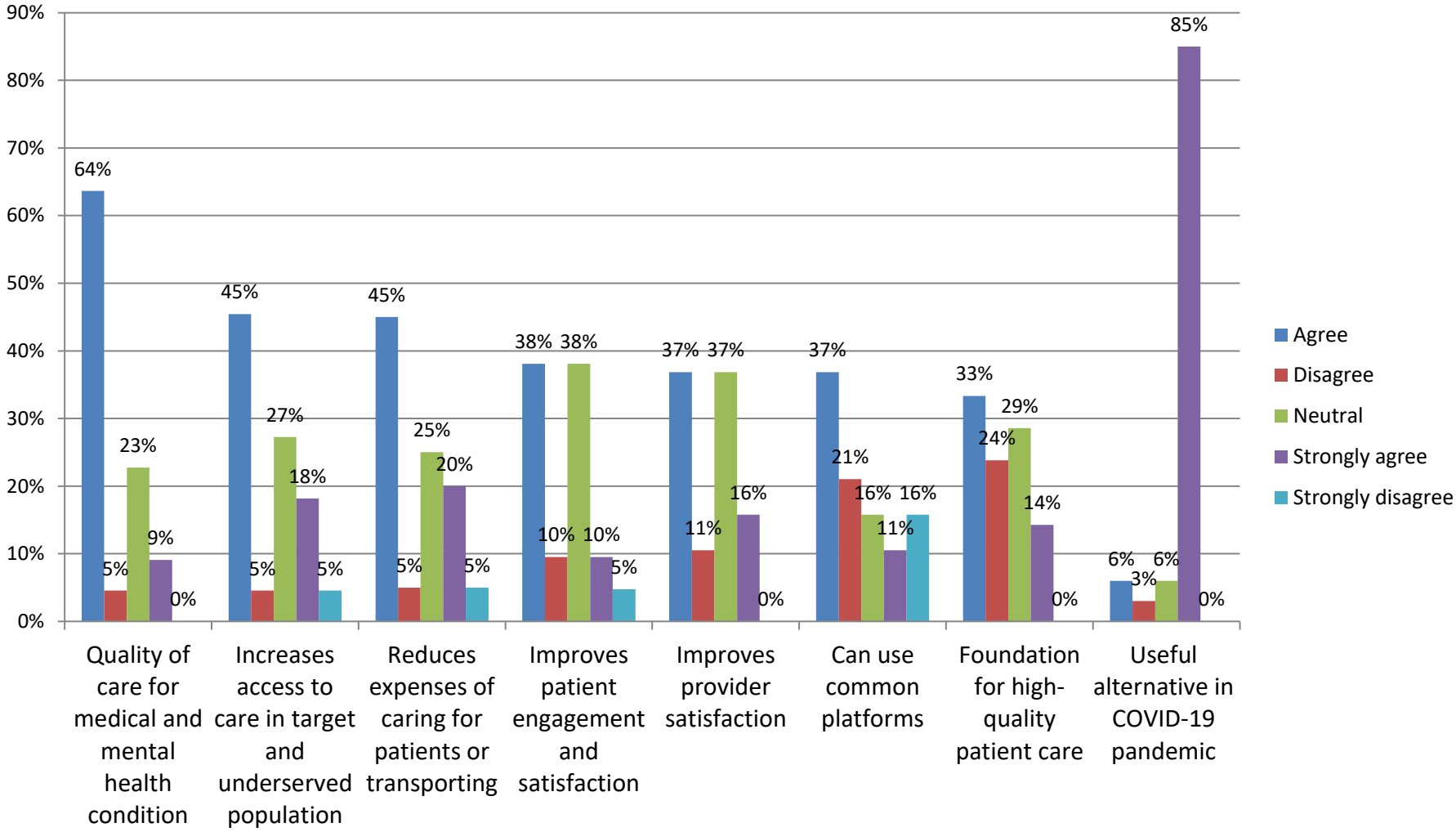
Aspects	Very Good	Good	Neutral	Poor	Very Poor
System Maintenance	4.35%	43.48 %	43.48%	8.7%	0%
System Installation	8.7%	52.18 %	34.78%	4.4%	0%
Technical support	4.35%	43.48 %	43.48%	8.7%	0%

Aspects	Expensive	Time consuming	Effectiveness
System maintenance	17.39%	43.48%	39.13%
System installation	21.74%	34.78%	43.48%
Technical support	21.74%	43.48%	34.78%

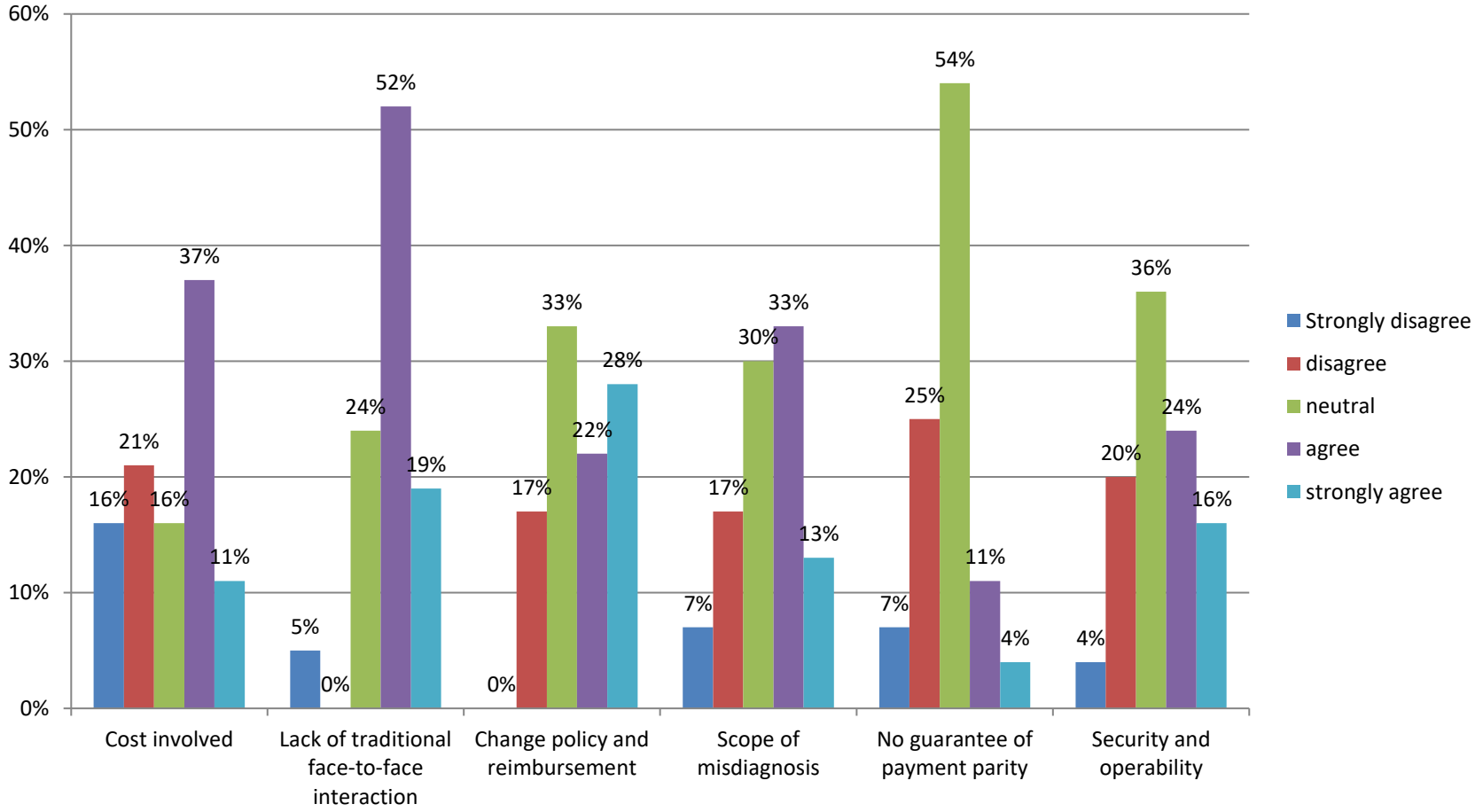
✓ Objective IV: Consider the **advantageous and disadvantageous** aspects of using Tele-health and determine possible ways of improving the efficiency and effectiveness

Objective V: Determine what **barriers (here inferred as perceived)** there are to adopting new methods

Potential advantages realised in the usage of tele-health

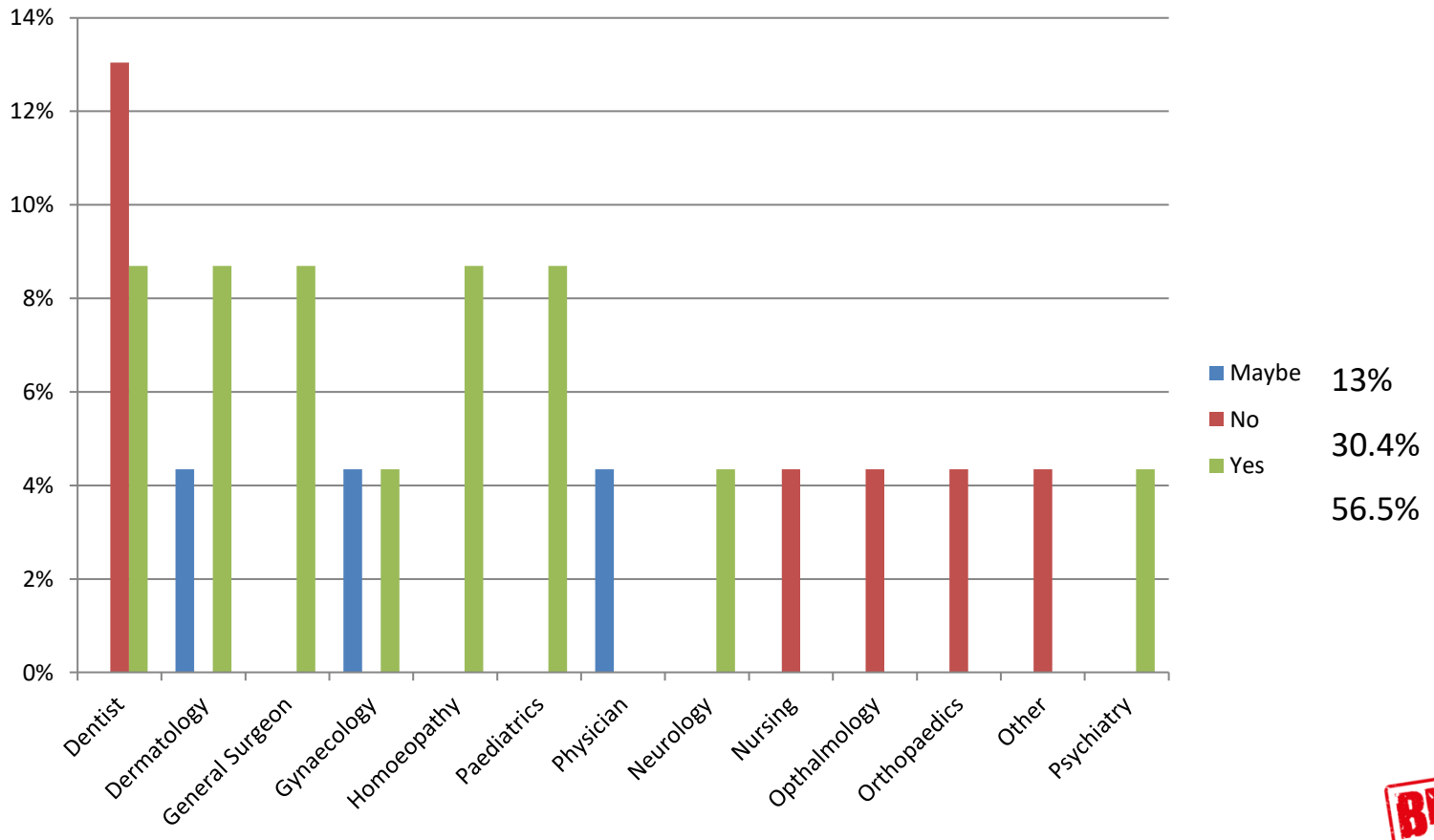


Potential problems realised with using tele-health



✓Objective IV: Consider the **advantageous and disadvantageous** aspects of using Tele-health and determine possible ways of improving the efficiency and effectiveness

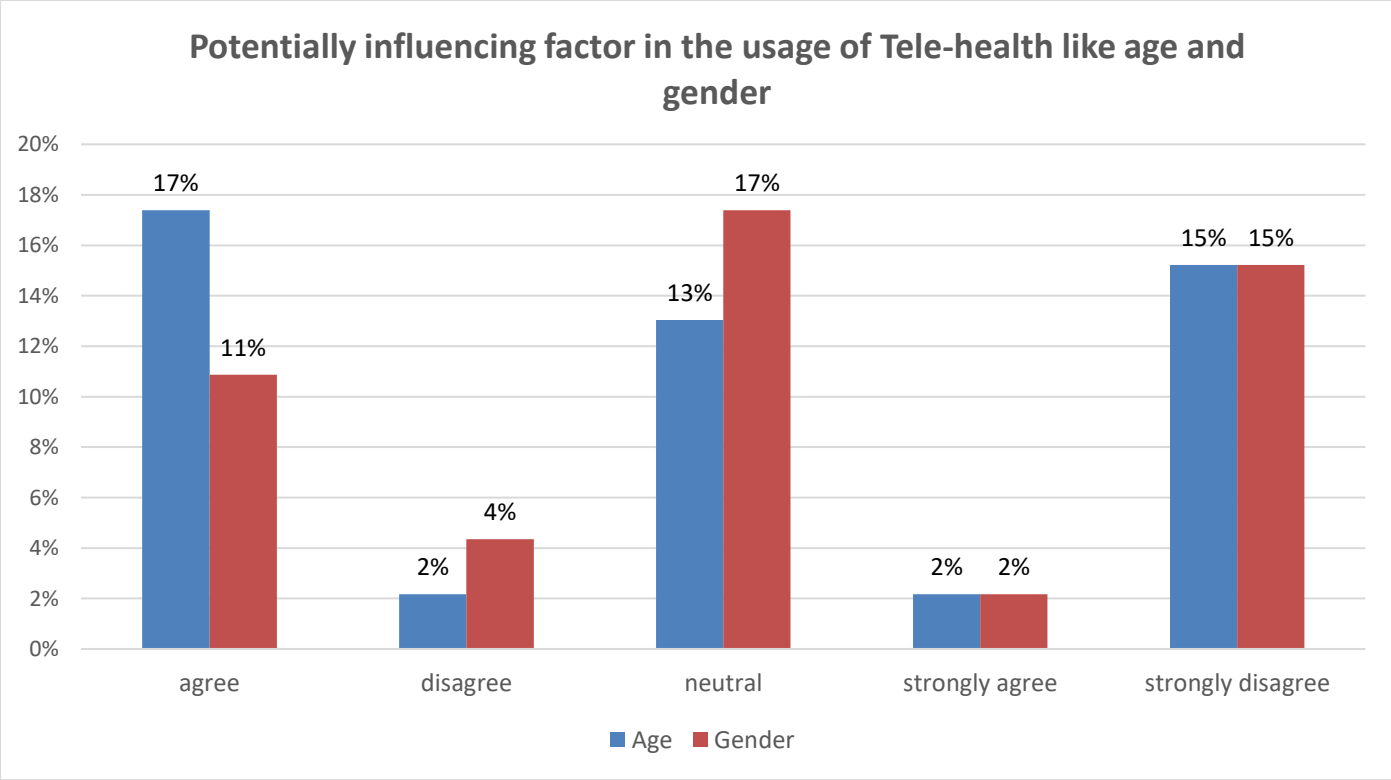
Concern about privacy while using tele-health

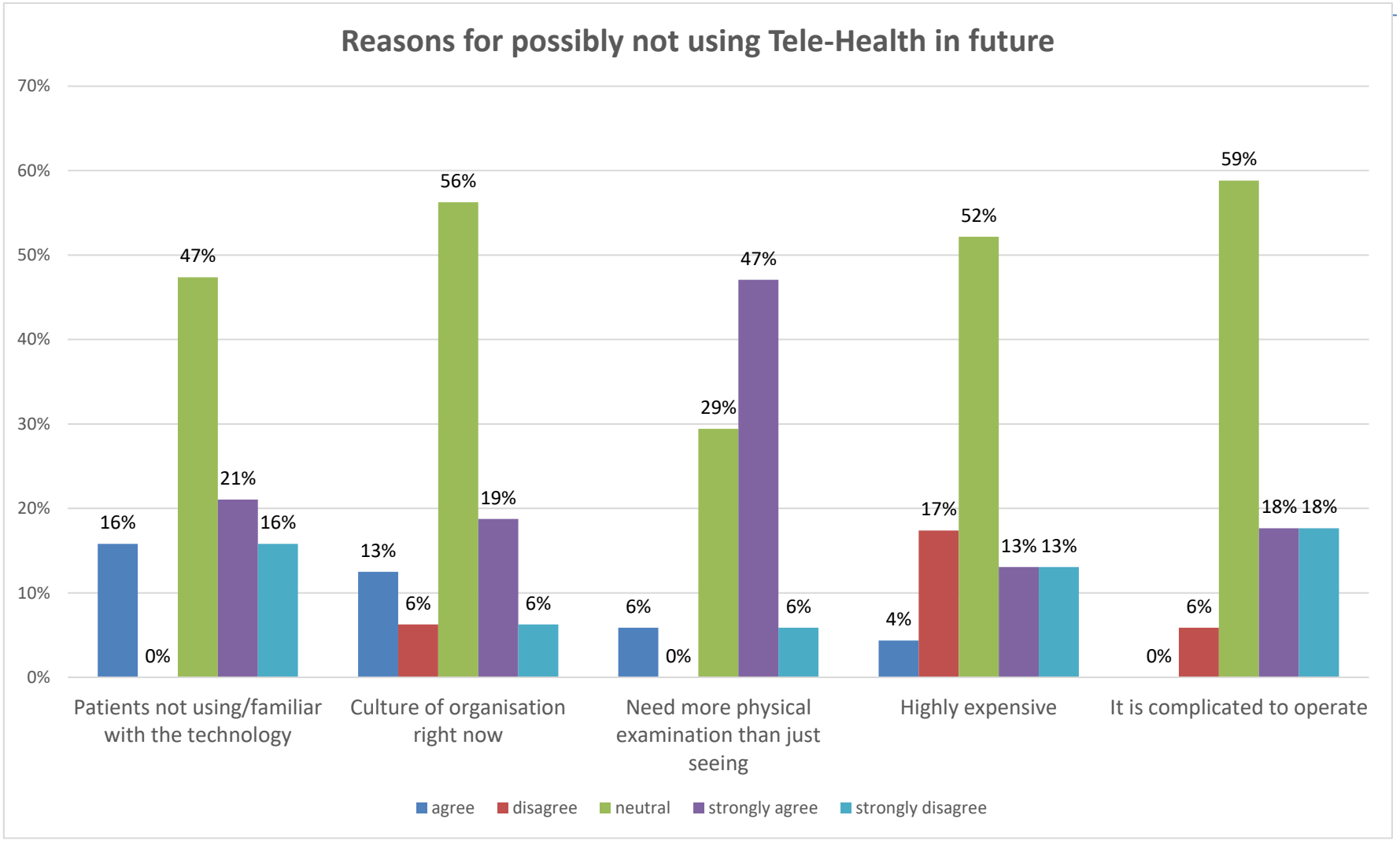


BUSTING THE MYTHS

Analyse the adoptability in near future

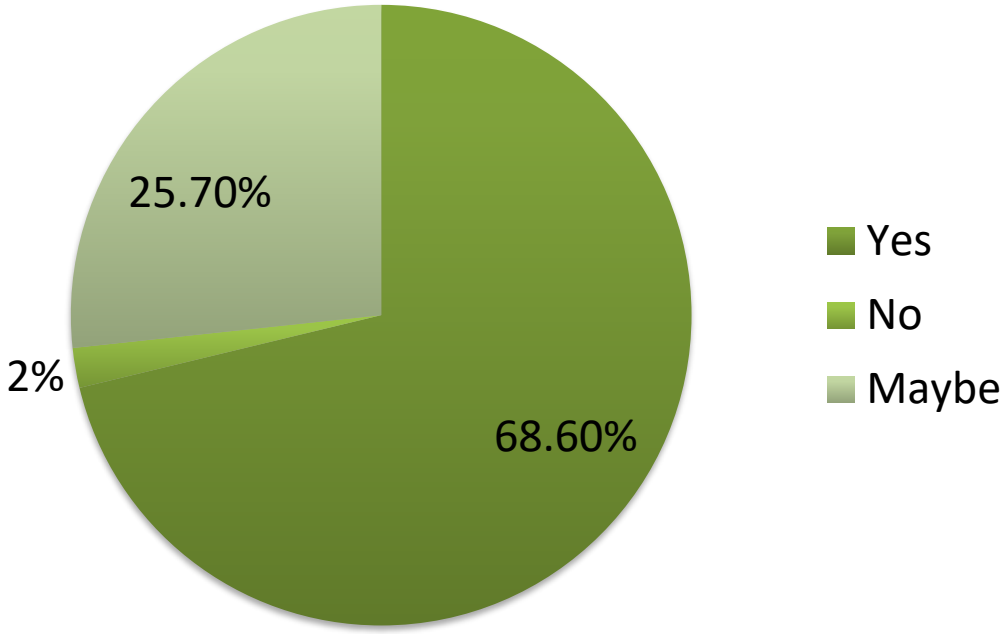
Perceived influencing factors





✓Objective V: Determine what barriers there are to adopting new methods

"will you or will not use tele-health in future??"



"Online classes"-(PU) and Obj II

"Minor ailments needing medical management" -(PEU)

"It is already in vogue it just needs to catch up in non metro cities"- ((PEU) in barrier(Objective V)

"Separate set of protocols and legal implications are required for practicing telehealth. Since we can't examine a patient a lot of relevant information is missed which may affect treatment. But it's a good tool for follow up or second opinions. Medico-legal implications need to be well defined and boundaries for practice set to avoid mishaps"
-Usage satisfaction needed

Limitations

- It is a time bound study
- Simple random sampling
- Based on perception and perceived average usage behaviour

Challenges

- Doctor apprehension
- Increasing adoptability and encouraging usage among doctors and nurses
- I.D.I.O.T.-Overcoming Cyberchondria

Key findings

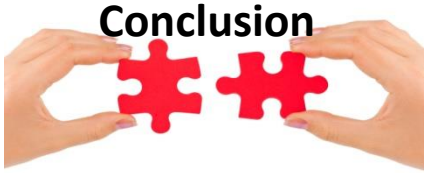
Perceived usefulness(PU) and Perceived ease of use(PEU) is moderate with some prevailing mis-conceptions

Continuing Medical Education(CME) as means of learning and consulting positively impacts the level of satisfaction among doctors

Advantages like using common platform, increased provider satisfaction and tele-health as foundation of high quality care are appearing to be limiting the efficiency and effectiveness

Perceived barriers in continuing/adopting tele-health technology found are data privacy, influencing factors, complicated operating, organisational culture and more need of physical examination

Conclusion



Some commonly misunderstood conceptions about tele-health are discussed based on **IMC Guidelines, Appendix 5**

Source: https://kidsfirstpediatrics.com/flu-vaccine-myth-buster/

#1 The methods/guidelines of using tele-health are limited and uptight

#2 Needs high monetary investments and costs in equipment setup

#3 The maintenance and support is hefty

#4 There is age and gender influence along with privacy, payment parity

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IMPROVING GLOBAL HEALTH: FOCUSING ON QUALITY AND SAFETY

HARVARDX: PH555X

PH555x | IMPROVING GLOBAL HEALTH: FOCUSING ON QUALITY AND SAFETY

Faculty Lead: Ashish Jha, Harvard T.H. Chan School of Public Health

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Mrs.Sujata Verma

Description

- An insight to the *developing field of worldwide human services quality.* There has been an expanding acknowledgment that with the goal for medicinal services to improve populace wellbeing, it must be sheltered, viable, and dependably conveyed.

- The nature of care that the world's residents get isn't as acceptable as could reasonably be expected and ought to be. The human cost of low quality medicinal services is generous.

- The latest information propose that low *quality medicinal services is likely one of the top reasons for horribleness and mortality on the planet*. Wide proof from other high-pay nations and rising proof from low and center pay nations propose that a worldwide center is required.

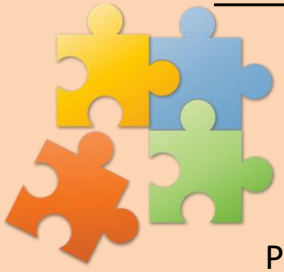
Objectives

- To understand the importance of focusing on quality in healthcare
- To provide framework for better understanding quality
- To develop approaches to develop quality measurements
- Introduce importance of technology in quality improvement
- To introduce knowledge and tool for understanding safety and quality

Duration

The course is of total 10 weeks of duration

Learning methodology



Lectures

Videos

Presentations

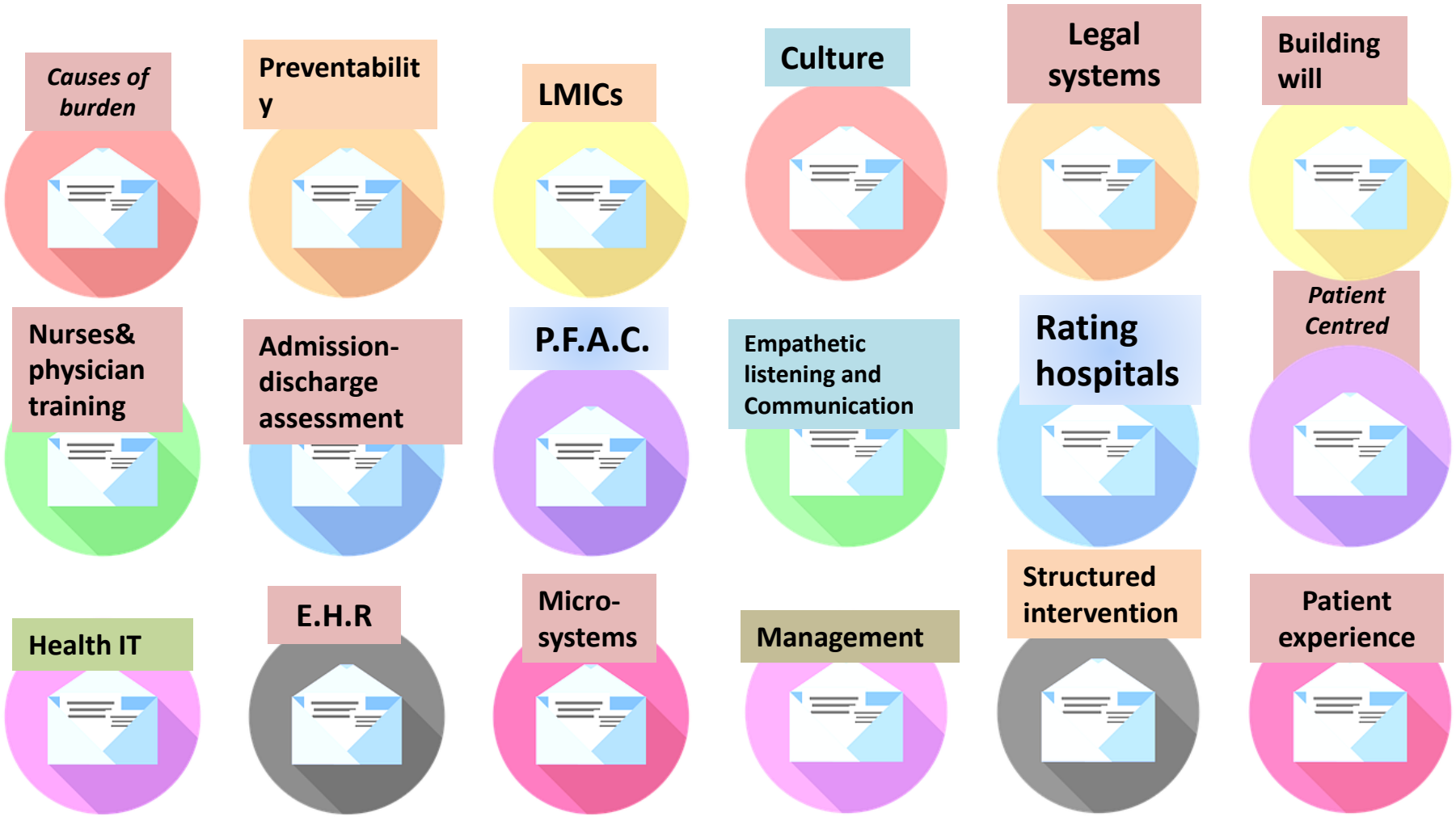
Quizzes

Polls and discussions

COURSE CONTENT

- Lesson 1: Burden
- Lesson 2: Measurement
- Lesson 3: Standards
- Lesson 4:Improvement
- Lesson 5: IT and Data
- Lesson 6: Management
- Lesson 7: Patients
- Lesson 8: Public Systems

Key learnings



CONCLUSION

The course holistically has been very insightful to understand the gaps and ways to amend them which will help in the strengthening of our health systems globally by basic adaption of quality and technology steps, which necessarily are not cost intensive.

The best way to predict the future is to create it.

- Peter Drucker