# A Review of Telemedicine Adoption in India

Internship Report

Submitted to

The IIHMR University, Jaipur

For the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management Management

by

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# Internship Report

## Introduction

This report outlines and presents the objectives of the internship, provides an organizational profile of IIHMR University, Jaipur, provides the details of the services provided by the organization (University) and also describes the timeline of activities I had done during this tenure. Finally, the key learnings are listed based on 3 broad areas (**Research Process and Methodology, Public Health Systems and Policy Learnings, and Topic-Focused Learnings on Telemedicine).**

## Objectives

The primary objective of this internship (dissertation) was to conduct a systematic literature review focused on the adoption of telemedicine in India. This included exploring the enablers, barriers, demographic influences, and policy frameworks shaping the adoption of telemedicine, particularly post-COVID-19. The study aimed to understand how telemedicine bridges gaps in healthcare access, especially between rural and urban populations, and identify challenges related to infrastructure, digital literacy, and ethical considerations.

From a hospital and health management lens, the objective extended to understanding how technology-driven solutions like telemedicine impact patient outcomes, healthcare delivery models, and system-wide efficiency in both public and private healthcare settings.

The goals included:

- Synthesizing evidence from existing research studies to identify common trends, successes, and bottlenecks in telemedicine implementation.
- Gaining hands-on experience in structured review methodology, keyword-based searches, data synthesis, and thematic analysis.
- Understanding the intersection of digital health, policy frameworks, infrastructure development, and population health behavior.
- Recommending actionable strategies to enhance equitable access and scalability of telemedicine in India.

## Organizational Profile

The genesis of the IIHMR University, Jaipur dates back to October 05, 1984, when its sponsoring body, the Indian Institute of Health Management Research (IIHMR) was established and registered as a non-profit Society under the Rajasthan Societies Registration Act, 1958. IIHMR University, Jaipur, has been established and incorporated as a postgraduate research University by the Government of Rajasthan vide

the IIHMR University Ordinance, 2013 (Ordinance No. 30 of 2013) promulgated on September 27, 2013, by the Governor, which was replaced by the IIHMR University, Jaipur Act, 2014 (Act No. 3 of 2014) passed by the State Legislature on February 07, 2014. The IIHMR University, Jaipur Act, 2014 (Act No. 3 of 2014) received the assent of the Governor on February 25, 2014, and was notified in the Rajasthan Gazette Extraordinary on February 26, 2014. It has been deemed to have come into force on and from September 27, 2013.

**Vision**

To become a world-class higher education institution by promoting education and research for the betterment of society.

**Mission**

IIHMR University is dedicated to the improvement in standards of health through better management of health care and related Programs. It seeks to accomplish this through management education, research, training, consultation, and institutional networking in a national and global perspective.

As defined in Section 4 of the IIHMR University, Jaipur Act, 2014, the objects of the University shall be to undertake only postgraduate education and research in the disciplines specified in Schedule II and such other disciplines as the University may with prior approval of the State Government, determine from time to time and to achieve excellence and impart and disseminate knowledge in the said disciplines.
The disciplines in which the University shall undertake post-graduate study and research are: Objectives of the University 1. Public Health 2. Health and Hospital Management 3. Population and Reproductive Health 4. Nursing Management 5. Pharmaceutical Management 6. Rural Management 7. Health Economics and Finance 8. Urban Health 9. Nutrition and Health 10. Health Communication 11. Social and Behavioral Sciences 12. Environmental Health 13. Information Technology in Health Sector 14. NGO Management and Entrepreneurship 15. General and Human Resource Management 16. Health Research Ethics

**Services Provided by Organization**

The University has five Schools:

- Institute of Health Management Research
- School of Pharmaceutical Management
- School of Development Studies
- SD Gupta School of Public Health
- School of Digital Health

IIHMR University has a multi-disciplinary faculty team that is extensively engaged in academics, research, training, consultancy, partnerships, and collaborations. IIHMR University offers the following postgraduate programs: MBA (Hospital and Health Management), MBA (Pharmaceutical Management), MBA (Healthcare Analytics) and MBA (Development Management). The Johns Hopkins Bloomberg School of Public Health, USA, offers an MPH program in cooperation with IIHMR University, Jaipur.

IIHMR University offers an MPH (Implementation Science) program under the WHO-TDR postgraduate training scheme. IIHMR University offers Ph.D. programs in public health, health management, hospital management, digital health, and development studies. IIHMR University has significantly contributed to the Executive Development and Management Development Programs by consistently engaging in EDPs/MDPs for national and international participants. Participants from more than 40 countries benefitted from the EDPs/MDPs. IIHMR University offers the following executive programs: MPH (Executive), MHA (Executive), MBA (CSR & ESG Management) (Executive), MBA Sustainable Business Management (Executive), MBA Pharmaceutical Management (Executive).

Student diversity at IIHMR University reflects the institution's commitment to providing a holistic and inclusive learning environment. This diversity, spanning geography, culture, academic backgrounds, gender, career aspirations, age, and experience, is a testament to the University's dedication to preparing future healthcare leaders who are well-rounded, culturally sensitive, and equipped to address the complex challenges of the healthcare sector on a global scale. It contributes to a vibrant, intellectually stimulating campus life that prepares students for successful healthcare management and research careers.

## Activities undertaken

- Drafted an initial synopsis outlining the dissertation title, objectives, methodology, research questions, inclusion/exclusion criteria, and chapter structure.
- Conducted an extensive review of literature between 2020–2024 using databases like PubMed, Scopus, Web of Science, and Google Scholar.
- Selected 12 peer-reviewed papers and policy documents, following PRISMA guidelines to screen, review, and analyze the most relevant studies.
- Used a structured matrix to extract data related to success indicators, implementation barriers, demographic factors, and policy gaps.
- Summarized findings into themes for the results and discussion chapters, focusing on infrastructure, awareness, socio-economic differences, and legal-ethical concerns.
- Drafted comprehensive chapters on introduction, methodology, results, discussion, limitations, conclusion, and recommendations for future research.

## Key Learnings from Internship

### A. Research Process and Methodology

- Learned to conduct a systematic literature review using PRISMA protocol for study selection and thematic analysis.
- Gained experience in constructing effective search strategies using Boolean operators and medical subject headings.
- Understood inclusion and exclusion criteria to identify relevant peer-reviewed articles and policy papers.
- Developed skills in reviewing empirical and qualitative research and extracting actionable insights from literature.
- Enhanced ability to organize review data in structured formats and synthesize it under thematic headings for reporting.

### B. Public Health Systems and Policy Learnings

- Discovered significant urban-rural gaps in telemedicine access due to infrastructure and digital literacy challenges.
- Learned how government platforms like eSanjeevani helped scale virtual care delivery during the pandemic.
- Identified policy gaps in legal frameworks, including data privacy, medico-legal liability, and ethical service delivery.
- Understood the role of public-private partnerships and national digital initiatives like Ayushman Bharat Digital Mission in advancing telehealth.

### C. Topic-Focused Learnings on Telemedicine in India

- Found that perceived usefulness and ease of use significantly affect adoption, especially among younger and urban populations.
- Observed that trust in doctors and provider recommendations plays a critical role in patient willingness to use telemedicine.
- Recognized that elderly and rural populations face digital and cultural barriers, requiring targeted training and culturally sensitive design.
- Highlighted the need for robust legal frameworks, privacy protections, and standard operating procedures to enhance user confidence.
- Understood that sustainable adoption depends on aligning technology, policy, behavior change, and infrastructure development.