Telehealth can help India

Why in news?

WHO in its July 2020 survey across 105 countries revealed that essential medical services got disrupted in the majority of countries.

What does the report say?

- Immunisation, antenatal and childcare services are the most widely affected services among them.
- 45% of low-income countries incurred at least partial disruption of over 75% of services whereas it is 4% in high-income countries & in South East Asia, 60% of services were got partially disrupted.
- In India, detection of TB cases was down by 50% in April-December of 2020 relative to the same period in 2019 and antenatal care visits were down by 56% in the first half of 2020.
- With stoppage of routine follow ups, blood sugar control for diabetics is at risk & Cancer care has been badly affected in many countries.
- Further, the pandemic has exacerbated inequalities — people living in rural areas were unable to travel to cities to seek specialist care.

How can technology help in combating this issue?

- During the pandemic, E Sanjeevani platform offered provider-to-patient and provider-to-provider interactions, where patients visit Smartphone-equipped community health officers.
- They in turn connect to general practitioners and specialist through a hub-and-spoke model & this approach can be applied to deliver other health care services.
- In remotely shared medical appointments (SMA), multiple patients with similar medical needs meet with clinicians at once who receive individual attention which will increase telehealth capacity.
- This method is successfully adopted in the United States for over 20 years.
- SMAs enable peer support, peer-to-peer learning which can improve both productivity and outcomes for many conditions, notably diabetes.
- The Aravind Eye Hospital in Puducherry has successfully trialled in-person SMAs for patients with glaucoma and found that patients engage more and ask more questions.

- E-Sanjeevani and other telehealth platforms could offer such virtual shared medical appointments.
- Moreover this will help in building supportive bonds, enable sharing of local knowledge which can attract supplementary providers (physiotherapists, optometrists).

What are the challenges in it?

- Switching to radically different care delivery models requires rigorous testing combined with mentoring, training and behaviour change for both patients and providers.
- Adoption of in-person shared medical appointments has been slow but the pandemic has created is drawing interest to virtual SMAs.
- ECHO which train primary-care providers through an online can accelerate this model of care.
- Hence trialling and acceptance of this model could amplify the impact of health systems both during the pandemic and beyond.

What are the future prospects of this?

- India can ramp up the telehealth as data plans are cheaper in India than anywhere.
- It is possible to get 1.5GB of data a day for a few hundred rupees a month and Indians from all socioeconomic groups regularly enjoy group video chats with friends and relatives.
- Having a group interaction with a care provider on an appropriately secure platform is certainly conceivable.
- WHO’s Global Strategy on Digital Health is a call of action for nations to rapidly expand their digital health services.
- With Innovation in systems thinking, learning, adaptation, new digital tools India can realise its goal of Health for All.

Source: The Hindu

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