Technology enabled HYBRID Health Care

K. GANAPATHY

Past President : Telemedicine Society of India, Neurological Society of India, Indian Society for Stereotactic & Functional Neurosurgery

Hon. Distinguished Professor : The Tamilnadu Dr MGR Medical University

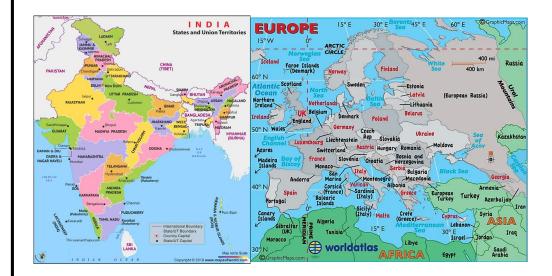
Formerly Adjunct Professor : IIT Madras & Anna University, Madras

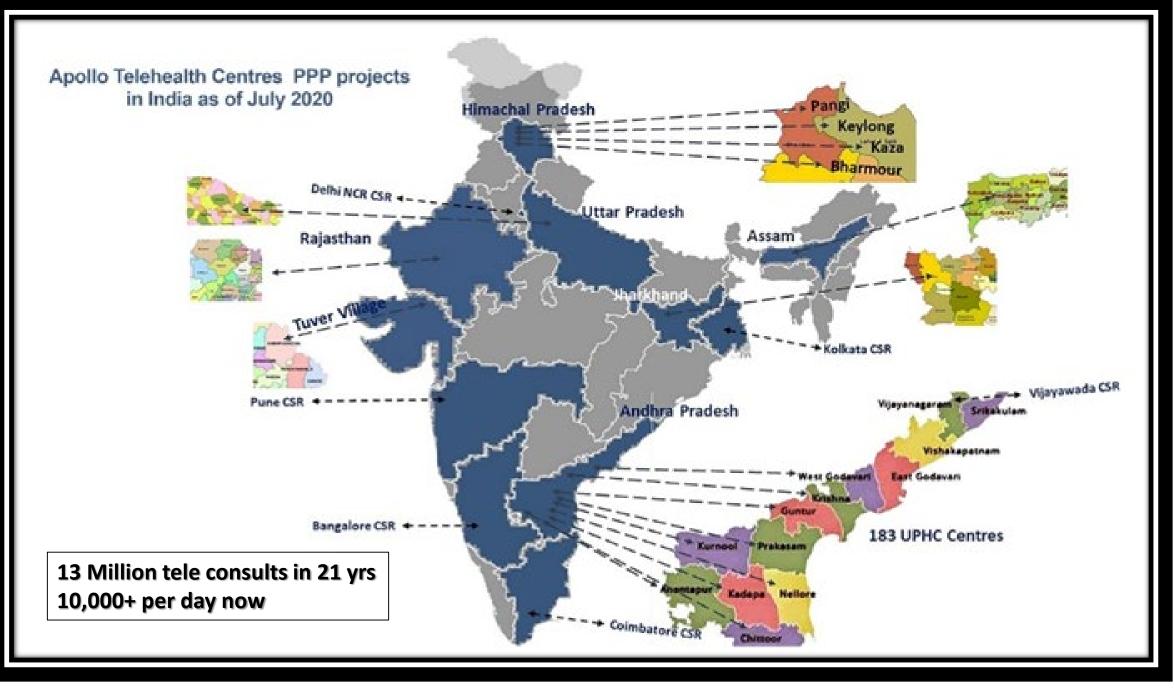
Director : Apollo Telemedicine Networking Foundation Apollo Tele Health Services





Collaborating for Digital Health and Care in Europe





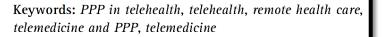
Digital Health Care in Public Private Partnership Mode https://pubmed.ncbi.nlm.nih.gov/33819433

Krishnan Ganapathy, PhD,¹ Santos Das, MPH,² Sangita Reddy, PhD (Hon),³ Vikram Thaploo, PGDBM,² Ayesha Nazneen, PGDBM,² Akhila Kosuru, MBBS,² and Uday Shankar Nag, MBA²

¹Apollo TeleHealth Services, Chennai, India.
 ²Apollo TeleHealth Services, Hyderabad, India.
 ³Apollo Hospitals Group, Hyderabad, India.

Abstract

Background: Health care is provided in developing countries, in a milieu of acute shortages of health care infrastructure and personnel. Governments are realizing that digital health through public private partnerships (PPPs) could address this



Introduction

Public private partnership (PPP) projects in health care are a recent phenomenon in India. *Figure 1* illustrates the various PPP projects outsourced to Apollo Telehealth Services (www.apollotelehealth.com). An Urban Primary Health Centre (UPHC) is the first point of health care contact, for those close to the poverty line, living in urban and suburban areas. Through a PPP, Apollo Telehealth Services was designated as the health care provider for 183 UPHCs across nine districts of Andhra Pradesh, a state in South India.¹ In addition to primary health care for a defined target population,



Technology Enabled Remote Healthcare in Public Private Partnership Mode: A Story from India

K. Ganapathy and Sangita Reddy

Introduction to Technology-Enabled Remote Healthcare (TeRHC)

A solution is not a solution unless it is universally available to anyone, anytime, anywhere at an affordable cost without compromising quality. This is easier said than done. It is universally known and accepted that providing healthcare in suburban and rural areas, particularly in developing countries, is more than a challenge. Paradoxically the "third world" does not have to follow the advanced countries, not even piggyback or even leap frog. After all, how much can a frog leap! Today emerging economies like India are pole-vaulting. There are no technology-enabled legacy systems to disinherit. Advances in information and communication technology are mind-boggling. The Jugaad approach is making *TeRHC* a reality. This flexible approach to problem-solving, using limited resources in an innovative way or a simple work-around, signifies creativity – a form of frugal engineering at its peak.

Telehealth in India: The Beginnings

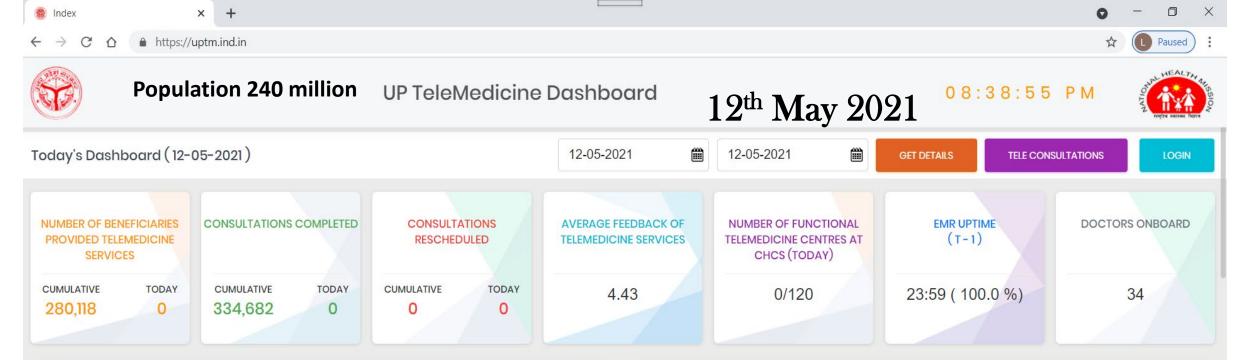
The challenges in evangelising the very concept of telehealth, creating the necessary awareness and persuading the various stakeholders in a then non-existing ecosystem, to agree to even pilot projects, were so daunting that it was extremely difficult at that time, to collect reliable data, analyse the data and publish the observations. Publications then were limited [1-6]. In what subsequently became a highly downloaded article [7], the principal author demonstrated that as of Sep 2014,

K. Ganapathy (🖂) Apollo Telemedicine Networking Foundation, Chennai, Tamil Nadu, India e-mail: drganapathy@apollohospitals.com

S. Reddy Apollo Hospitals Group, Hyderabad, Telangana, India

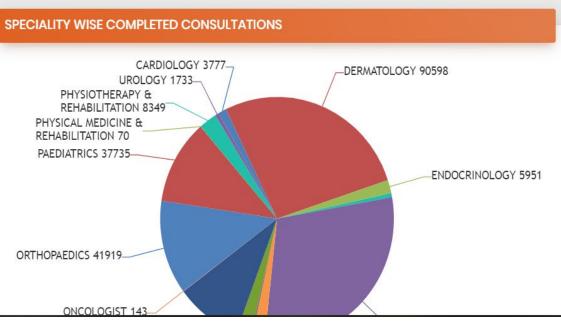
O Springer Nature Switzerland AG 2021 R. Latifi et al. (eds.), *Telemedicine, Telehealth and Telepresence*, https://doi.org/10.1007/978-3-030-56917-4_14 197

14



PATIENTS		
Age (Years)		

Age (Years)	Male	Female	
Child (Below 15)	24,651	23,771	
Youth (15-34)	46,779	69,962	
Adult (35-59)	32,036	48,556	
Senior (60 & Above)	19,730	14,633	
Total	123,196	156,922	



📜 Dashboard	× +	Govt. Dashl	board - Deta	uils of Remote 1	Healt	hcare 100 Dig	gital Dispensaries		0 – 0 ×
\leftarrow \rightarrow C \triangle https://j	hdd.ind.in	Jharkhand	Source: Gov	t. of Jharkhand	htt	p://jhdd.ind.in	4		☆ Paused :
टेलीमेडिसिन सेंटर डिजिटल डिस्पेंसरी			Real Time	Dashboard as	on 1	2 th of May 20	21	G	Select Language 🛛 🔻
🔹 Dashboard	Dashboard							Active Cent	ers : 100 / 100
 Unique Registrations Patient Visits Vitals Laboratory Investigation 	UNIQUE RE Cumulative 261653	GISTRATIONS Today 60	Yesterday 73	PATIENT VISITS Cumulative 521807	Toda y 276		ay 20 Cumulative 3196466	Today 1774	Yesterday 1997
Tele Consultations Medical Prescription	A LABORATO	RY INVESTIGATION					C MEDICAL PRE	SCRIPTION	
 ★ Feedback IB Equipment B Doctors 	Cumulative 224790	Today 124	Yesterday 198	Cumulative 518032	Toda y 270			Today 266	Yesterday 318
Manpower		L CENTERS							
Generic Drugs Centres Functional Status Employee Login Status Retires Date Login	Cumulative 100	Today 99	Yesterday 99	Cumulative 600	Today 593			Today 174	Yesterday 171
 Patient Data Login 	DOCTORS					CENTERS (Today F	unctional : 99 / Today Nor	n-Functional : 1)	
	NAME	GENDER	MEDICAL REG.NO.	SPECIALITY	1	DISTRICT	EQUIPMENT TER NAME WORKING		
	DR. D NEHA	SING Female	94616	OBSTETRICS &		NAME	STATUS	EQUIPMENT NO	T WORKING

Mukhyamantri e-Eye Kendram AP Tele **Ophthalmology** project

APOLLO TELEHEALTH SERVICES announces launch of India's largest PPP IN TELEOPTHALMOLOGY

http://www.thehindu.com/news/national/andhra-pradesh/naidulaunches-cm-eye-service-centres/article22626278.ece

http://www.drugtodayonline.com/medical-news/nation/6550-ap-tolaunch-tele-ophthalmology-clinics-in-ppp-mode.html

12th May 2021 : The 115 Mukhyamantri e-Eye Kendram Centres have already catered to over 16,57,455 patients in just 168 weeks, in 13 districts of Andhra Pradesh.



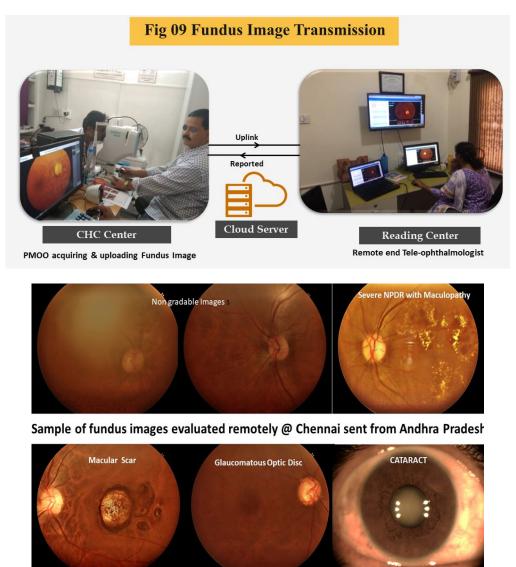


Fig 14 Patients referred to Higher Centers

PATIENT NAME:	6 B	DATE & TIME : 01-09-2018
	I	
PATIENTID :		AGE & GENDER :
	TELEOPHT	HALMOLOGY REPORT
,	RIGHT EYE	LEFT EYE
and the second second	Sec. Sec.	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1.1	1 1 1	the second and the
and the second second		
6.		
A Constant	- 11 - 22	
	1.5	100 2
- are-	de 1	W. Frat
· appella	de A	M. Frat
- mar		A trat
Fig 13	Fundus	report Illustration
Fig 13	Fundus	s report Illustration
Fig 13	Fundus	s report Illustration
OBSERVATION	s	
OBSERVATION		
OBSERVATION	S H EYES SEVERE NPDI	
OBSERVATION BOTH EYES - BOT WITH MACULOPAT	S H EYES SEVERE NPDI	IR CHANGES NOTED
OBSERVATION BOTH EYES - BOT WITH MACULOPAT RIGHT EYE - HAR	S H EYES SEVERE NPDI 'HY D EXUDATES, MACULO	IR CHANGES NOTED
OBSERVATION BOTH EYES - BOT WITH MACULOPAT RIGHT EYE - HAR	S H EYES SEVERE NPDI HY D EXUDATES, MACULO EXUDATES, CIRCINATI	IR CHANGES NOTED
OBSERVATION BOTH EYES - BOT WITH MACULOPAT RIGHT EYE - HAR LEFT EYE - HARD	S H EYES SEVERE NPDI 'HY D EXUDATES, MACULO EXUDATES, CIRCINATI ADVISED REFERAL 1	OPATHY + TE PATTERN, MACULOPATHY

MAK Services Snapshot – Apr 2021

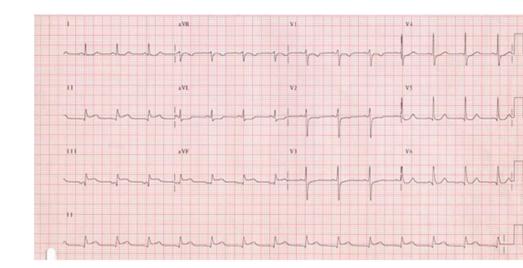


Parameter	Mar '21	Apr '21	Cumulative
TOTAL CONSULTATIONS	1,97,714	2,05,681	1,36,77,521
GENERAL OP CONSULTATIONS	1,83,235	1,92,241	1,24,91,412
SPECIALIST TELECONSULTATIONS	14,479	13,440	11,86,144
UNIQUE PATIENTS TREATED	1,45,250	39,039	31,99,845
LAB REFERRALS	28,977	26,293	21,53,033
LAB TESTS	91,263	80,801	85,07,289
ANC VISITS	11,774	10,230	5,72,627
IMMUNIZATION VISITS	26,399	19,919	13,35,496

65 Yr. male (Mr. RS- RM01.0000001035), came to Telemedicine OPD, CHC- Keylong on Saturday, 8th August around 3.45 PM with severe chest discomfort. Coordinators recorded:Pulse-45, BP: 110/60, ECG taken immediately reviewed by ER Specialist at Chennai at 4.02PM. Vitals checked again- PR - 57/Min, BP 90/60mm Hg

Local doctor asked to look for signs of failure & start IV fluids followed by Disprin 325mg stat, T.Atorva 80mg, T. Clodipogrel 300mg stat & Tramadol 50 mg slowly with Emset. PR - dropped to 46/min, SPO2 -94%. Repeat ECG showed ST elevation in Leads II, III & aVF with reciprocal changes in chest leads suggestive of Inferior Wall MI. After ruling out contraindications, immediate *Thrombolysis* with Streptokinase was done at the remote centre telementored by the ED consultant.

Youtube link for Ram Singh Video: <u>https://m.youtube.com/watch?v=qAed7Vz8Z3A</u>







What makes eUPHC unique



Front Runners

- First Digital PHCs in India
- First PHCs to be converted to Health & Wellness Centers
- Phase I 164 centers ISO 9001 certified
- Providing Continuum of Care through eUPHC

Innovations

- Paperless eUPHCs
- Data storage in cloud servers to achieve data privacy
- Real-time dashboard availability for KPI monitoring
- Resources trained in person & virtually
- CDSS and Triage software used
- Usage of Internet Of Things (IoT) & Internet Of Medical Things (IoMT)

Resource Utilization

- 8 hours of availability of Medical Officer
- 365 days availability of services
- Full working hours availability of laboratory & pharmacy
- Real Time attendance monitoring for 1100+ resources

K.Ganapathy

 \bigcirc

Mav

2021

Operational Efficiency

- 99% uptime of services
- Lab test results delivered within 2 hours
- Tele-consult TAT of 15 mins
- Neat and clean centers across both zones
- Daily availability of ANC & Immunization
- Upgraded infrastructure with complete digital connectivity

Quality Mgmt & Improvement

- More than 80% doctors are maintaining above benchmark clinical quality
- External quality assurance for Labs with CMC, Vellore
- FDA & CE Equipment in laboratories
- KPI developed by Postgraduate Institute of Medical Education & Research, Chandigarh

Impact Created

- 18% of catchment area catered by eUPHCs
- 20 Lac lives touched in close to 3 years of operation
- 77 Lac of OP visits
- 7.8 Lac Specialty Tele-consults
- 50 Lac Lab tests delivered

MAK Awareness Activities





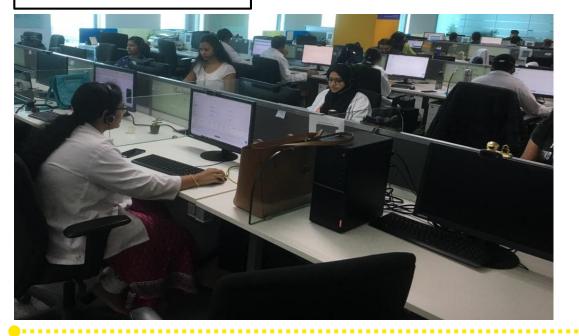




K.Ganapathy © May 2021

Tele Consults & HUB











K.Ganapathy © May

Economic Viability of Tech enabled Remote Health Care

- Calculated Cost 728.20m INR (10m US \$) on Lab tests mean cost per test ₹ 3807 (51US \$). Actual cost incurred ₹ 584.84m (8 m US\$) @ UPHC's mean cost per test ₹946 (12.8 \$)
- Only 31% of tests available @TeRHC centres available in PHC's
- Lab tests cost 28.84% of that in private labs
- Cost per specialist teleconsultation @PHC ₹ 165 (US \$ 2.2)

Ref: Ganapathy K, Das S, Reddy S, Thaploo V, Nazneen A, Kosuru A, Shankar Nag U. Digital Health Care in Public Private Partnership Mode. Telemed J E Health. 2021 Apr 5. doi: 10.1089/tmj.2020.0499. Epub ahead of print. PMID: 33819433.



Tele-ICU

COVID Tele ICU centers set up in 10 days In Thermal Power Stations located in suburban India for National Thermal Power Corporation a Govt of India Undertaking

Tele-ICU

Modi urges more doctors to offer telemedicine services

He says people in villages and in home isolation will benefit

Narendra Modi

Tele-medicine service for those

in home quarantine starts today

SPECIAL CORRESPONDENT NEW DELHI

Prime Minister Narendra Modi on Monday interacted with doctors across the country dealing with the second wave of the pandemic, urging them to include oxygen audits, forming teams to provide telemedicine services to those undergoing home isolation and in rural areas and the new challenge of mucormycosis.

The meeting, held over video conferencing, saw the Prime Minister also stressing on psychological care along with physical care. "This long battle against the virus must be challenging for the

SPECIAL CORRESPONDENT

Starting Saturday, doctors

will provide tele-medicine

services to all COVID-19 pa-

tients under home quaran-

CHENNAL

sure that all tehsils have telemedicine services, and that medical fraternity, but the

faith of citizens stands with you in this fight," he is reported to have told the doc-

tors. He appealed to doctors to form teams for telemedicine, train final year MBBS students and interns to en-

home isolation should be guided by SOPs (standard operating procedures). He briefed doctors on the efforts being made to ramp up capacity of medical resources required, and said vaccination of health care workers had paid dividends in terms of safety. The doctors shared best practices and their experiences through both the waves of the pandemic, including proper and

improper use of medicines. The meeting was attended by NITI Aayog members and Health Secretary Rajesh Bhushan.

whether focus volunteer had

A telemedicine initiative by farmers

Deb aled strates and udded

It aims to help in early diagnosis and treatment

2002

St

Dr.

SPE HYE Ma

Wor for I

hus

set

SPECIAL CORRESPONDENT MYSUSU

The surge in COVID-19 cases in rural areas and the lack of adequate beds in hospitals have led to some out-of-the box thinking from a group of farmers to make consultation available by phone.

This is resulting in early identification of symptoms commencement of and

Nursing homes will get free access to COVID-19 experts

SPECIAL CORRESPONDENT CHENNAI Hospitals has Apollo



04

helpline as there were no doctors or private health facility in his vicinity. The doctor who attended to the caller learnt of the symptoms and prescribed the medicines, besides advising him to take rest. He recovered totally and called back to erpress his gratitude," said Mr. Shanthakumar.

Another farmer, from Jayapura, cited his symptoms and the doctors called him for testing before commencing treatment.

"In a crisis period, timely

Corporation begins telemedicine services

135 doctors have been recruited for the purpose

of Parliament Dayanidhi Ma-SPECIAL CORRESPONDENT ran and Thousand Lights The Greater Chennai Corpo-

MLA N. Ezhilan. According to the data compiled by the Corporation, around 4% of the pa-

all aspects of home quarantine, including medicine, food, isolation, sanitation and emergency support. Disposal of waste in yellow bags from patients on home

cy assistance. The Corpora-

tion doctors would monitor

tine in the 15 zones of the Corporation Commissioner Gagandeep Singh Bedi on Friday announced that 135 Adequate manpower: A total of 300 doctors will be hired to doctors had been hired for a

Corporation hires 135 doctors to offer assistance to COVID-19 patients

period of three months. A total of 300 doctors would be Adyar zone, which was the hired to provide tele-medifirst professionally managed cine services for over facility among the 15 zones. 30,000 COVID-19 patients in Other zones will start call arantine. The recentres shortly maining doctors were ex-Over 8% of patients in

pected to join shortly. home quarantine were Each doctor is expected to found to be depressed and at least once a have received counselling day to provide the services free of cost. According to da- from psychologists. ta compiled by the Greater

arted taking initiatives to



assist over 30,000 COVID-19 patients in home quarantine.

beds will be used to isolate Corporation South Region Deputy Commissioner Raja Gopal Sunkara said the first

zonal call centre had been set up at the Adyar zone office, with 24 callers for each of the two shifts. The call The civic officials have centre at the zones had facilitated in the identifying of

Mr. Sunkara said. Mr. Bedi on Friday ordered special vaccination camps at 152 locations to cover at least one lakh residents in three days. Over 11.42 lakh first doses and 5.06 lakh se-Centres are vacant and such cond doses had been admi-

nistered so far. Kiosks were set up at 100 locations to distribute masks to the city residents

He visited the Injambak kam hospital and inspected oxygen beds. Three such facilities in Injambakkam, Tondiarpet and Nandambakkam have oxygen beds. The Chennai Trade

prevent them from will adopting unproven therapies and empower them to offer the correct evidence-

and shift the strategy of the

BESC MARKE BARRIER

tients on home quarantine quarantine in all zones of launched a free tele-access required treatment at hospithe city The Govt, administration, every stakeholder of the Health Care ecosystem in INDIA has realized, accepted that social distancing is here to stay. ICT is as important as O2 and Hospital Beds, Indian Healthcare is becoming DIGITAL !!!

CHENNAL

ration on Saturday launched

telemedicine services for

COVID-19 patients on home

YOU CAN IGNORE REALITY, BUT YOU CAN'T IGNORE THE CONSEQUENCES OF IGNORING REALITY

Thou Shalt Digitally Transform!

Digital transformation is changing the way we do anything in our lives, and therefore can't be ignored by anyone. We explain why along with concrete case studies of how state companies and post.





The nicest thing about the future is that it always starts tomorrow

The future is always ahead of schedule

" The future a'int what it used to be" – Mark Twain