

Telemedicine- The Next Routine

Radha Taralekar*

MLE Consultant at Intelehealth, Jersey City, USA

***Corresponding Author:** Radha Taralekar, MLE Consultant at Intelehealth, Jersey City, USA.

Received: December 24, 2021; **Published:** January 25, 2022

Delivery of health-related services especially, personal healthcare services has always been a challenge due to multiple issues in accessibility, equity, availability, and affordability globally. However, with the COVID pandemic sweeping in, these challenges have blown bigger and compromising the health services of many communities. To address these challenges and further improve the health status among all communities, the only next available option is through Telemedicine. World Health Organization has defined Telemedicine as “The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for the diagnosis, treatment, and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities” [1]. Telemedicine has potentials to provide alternative ways of healthcare delivery to conventional acute, chronic and preventive care for improving clinical outcomes [2]. Though the rise of Telemedicine is setting a new standard of care, it shall never replace the in-person healthcare service but has a tremendous scope to treat 95 percent of the illnesses as proposed by the renowned Dr. Devi Prasad Shetty, Chairman and Executive Director, Narayana Health [3].

Telemedicine has been in existence since the early 1970s, but recent with growing pandemic situations has been ever-expanding more rapidly than ever expected. Telemedicine is impacting us all with growing demands and focusing on the need to prioritize healthcare services. India has more than 500 million smartphone in use as reported by news outlets in 2019 which is indirectly creating a pool of opportunities for Telemedicine [4]. With newer innovative modern information and communication technologies (ICTs), such as the internet, computers, and cell phones are some of the evolving modalities of how, we as individuals, connect with each other, seek and exchange information thus transforming our lives differently. These technologies have a great potential to address issues of health by tapping in resources and improving health across geographies. In this context, Telemedicine is set to address any local health problems by networking resources and providing cost-effective solutions.

There are many benefits of Telemedicine in increasing the timely access to appropriate interventions including faster access and access to services that may not otherwise be available especially in resource constraint areas. With Telemedicine, infection control is possible as patients can seek virtual visits without the need to travel to clinics thus making it easier, convenient, comfortable, and possible to isolate infectious patients in their own homes. Telemedicine has a wide range of spectrum of care like recording the patients’ e-health records, virtual consultations, or even using an online portal to check test results, request prescription refills, or schedule an appointment or sending messages to the concerned doctor, monitoring and follow up of patients at home, sending an email or text reminders to patients for vaccination or follow up tests to coordinating care between the primary care provider and any specialist. Telemedicine is a cost-effective way to seek care but has its own limitations as it isn’t possible to have every type of visit remotely especially for undergoing tests like imaging and laboratory tests, as well as clinical examination for diagnoses that require a more hands-on approach. Additionally, the security of personal health data transmitted electronically is a concern, and also some services may not be fully covered by the insurance companies leading to out-of-pocket costs in Telemedicine services.

In India, Telemedicine services are incorporated under the combined jurisdiction of the Ministry of Health and Family Welfare and the Department of Information Technology. The government of India (GOI) has set up a National Telemedicine Portal under the Telemedicine wing for establishing a National Medical College Network (NMCN) for interlinking the Medical Colleges with the purpose of e-Education and a National Rural Telemedicine Network for e-Healthcare delivery [5]. GOI in partnership with the NITI Aayog has issued the Telemedicine Practice Guidelines (TPG). The TPG have been issued as part of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 (MCI Code) - which lays down professional and ethical standards to be followed by doctors in their interaction with patients, pharmaceutical companies, and within the profession. The Government of India also issued a Health Data Management Policy and Digital Information Security in Healthcare Act (DISHA) to impose standards for data privacy protection in India which includes Telemedicine e-records. GoI also introduced the National Digital Communications Policy in 2018 with the main aim to have 5 billion connected devices and data privacy security which in a way incorporates the Telemedicine expansion in India. Govt. of India launched innovative digital medium - eSanjeevani, to seek health services as the first national Telemedicine service in 31 States/Union Territories. It has been a huge success and has crossed a milestone by completing 3 million (30 lakh) consultations. The eSanjeevani Telemedicine Service comprises of two variants namely - the doctor to doctor (eSanjeevani AB-HWC) telemedicine platform that is based on a hub and spoke model. The other is the patient to doctor Telemedicine platform (eSanjeevaniOPD) which provides outpatient services to the citizens in the confines of their homes. eSanjeevaniAB-HWC is being implemented at Health & Wellness Centers under Ayushman Bharat Scheme and by December 2022 it aims to be made operational at 1,55,000 Health & Wellness Centers across India.

With the evolution of Telemedicine, there are new challenges in healthcare impacting not only the patients but also the healthcare workers. Newer technology in health care always requires a reassessment of how patients and doctors best relate to one another, and whether the relationship and care, has helped or harmed by Telemedicine needs to be assessed ahead. Are doctors only resisting Telemedicine or are patients equally resisting the new change of healthcare, needs to be determined by patient and provider satisfaction surveys to develop further. We all as healthcare workers need to accept and evolve ourselves with these new technologies to stay upfront as Telemedicine is here to stay forever and shall be a routine practice. Be prepared and embrace the new change of healthcare practices as Telemedicine is here to stay and we all must accept and adjust accordingly as it's just the beginning and many more newer healthcare technologies are sure to come.

Bibliography

1. WHO. "A health telematics policy in support of WHO's Health-For-All strategy for global health development: report of the WHO group consultation on health telematics, 11-16 December, Geneva, 1997". Geneva, World Health Organization (1998).
2. Heinzlmann PJ, *et al.* "Telemedicine in the future". *Journal of Telemedicine and Telecare* 11.8 (2005): 384-390.
3. Business Today, India (2022).
4. Smartphone Users in India Crossed 500 Million in 2019, States Report (2020).
5. Ministry of Health and Family Welfare, Government of India. National telemedicine portal, Telemedicine division (2022).

Volume 5 Issue 2 February 2022

©All rights reserved by Radha Taralekar.