The Government of India is committed to provide all citizens with equal access to healthcare, and digital health is a key enabler for the effective transformation of the health ecosystem. India’s digital health campaign promotes the use of digital tools to meet the healthcare goals and places a significant importance on teleconsultation in health centres at a grassroots level. The goal of teleconsultation is to create a platform wherein a mid-level healthcare provider can connect patients to doctors through a technology platform.
On August 15, 2020, the Prime Minister of India, Mr. Narendra Modi, launched the National Digital Health Mission (NDHM), which is a compact digital health ecosystem comprising six key building blocks namely Health ID, DigiDoctor, health facility registry and personal health records. Gradually, it will also include e-pharmacy and telemedicine services.

**Health ID:** A health ID is a repository consisting of all health-related information of all citizens. It is a voluntary card and will be used to uniquely identify and validate citizens across multiple systems and stakeholders. Various healthcare providers such as hospitals, insurance companies, online pharmacies and telemedicine firms will be expected to participate in this system.

**DigiDoctor:** It is a comprehensive repository of all doctors practicing or teaching systems of medicine. Enrolling on DigiDoctor offers voluntary enrolment and helps doctors connect to users and other health service providers.

**Health Facility Registry (HFR):** It is an encyclopaedic repository of Indian health facilities across different systems of medicine and includes both public and private health facilities such as hospitals, clinics, diagnostic laboratories, imaging centres and pharmacies.

**Personal Health Records (PHRs):** It is an electronic record of a user’s health information that conforms to national interoperability standards and can be accessed from multiple sources, while being managed, shared and controlled by the individual.

**Electronic Medical Records (EMRs):** EMR is a digital version of a patient’s treatment history from the last facility—where the patient was registered—to all medical treatments. This information will be linked to their ‘Health ID’; can be shared with other healthcare facilities with the patient’s consent.

**OBJECTIVE**

The Ministry of Health highlighted that the objective of NDHM campaign is to liberate citizens from the hassle of finding the right doctors and seeking appointment with them, paying consultation fees and making several rounds of hospitals for prescription sheets.

Dr. Indu Bhushan, Chief Executive Officer, National Health Authority, stated that while the core building blocks of NDHM—such as health ID, DigiDoctor and health facility registry—will be owned, operated and maintained by the government, private stakeholders will also have an equal opportunity to integrate with these building blocks and create their own products for the market.

“The core activities and verifications, for example, generation of Health ID or approval of a doctor/facility shall remain with the government. Additional components such as personal health record (PHR) and electronic medical record (EMR) solutions can be developed by private players in line with the issued guidelines. All such products by private participants shall be as per official guidelines taking care of security, privacy and standards of the NDHM ecosystem,” Dr. Indu added.
TELEMEDICINE - MARKET SIZE

An EY-IPA report titled ‘Healthcare goes mobile: evolution of teleconsultation and e-pharmacy in new normal’ highlighted that India’s telemedicine industry is expected to create >US$ 5.4 billion market opportunity by 2025.

Telemedicine consisting of teleconsultation and e-pharmacy is receiving an encouraging stimulus in India due to the pandemic. This stimulus is likely to boost teleconsultation and e-pharmacy that will together account for ~95% of the telemedicine market by 2025.

Teleconsultation’s market size in India is expected to expand from US$ 100 million to US$ 700 million in the next five years at a CAGR of 48%.

THE DAWN OF ONLINE MEDICAL CONSULTANCY – A BOON FOR INDIA

A June 2020 ‘Insights by Practo’ report revealed the following:

• 5 crore Indians accessed online healthcare, leading to an increase in telemedicine consultations by 500% since March 2020.
• In-person doctor visits dipped by 67%.
• 80% patients, who accessed telemedicine, were first-time users of which, 44% were from non-metro cities.
• Patients consulted their doctors through telemedicine twice a month.

Gynaecology, GP and dermatology emerged as the topmost consulted specialities, together accounting for 51% of the overall consultations. Also, there has been a significant rise in queries for other specialities including ENT, mental health, paediatrics, gastroenterology and ophthalmology.
Primary interviews conducted by EY revealed that 50% of the top 12 Indian pharmaceutical companies are developing or are in the process of developing their teleconsultation platforms. EY interviews also revealed that 70-80% participants/respondents—who were interviewed—said that they would prefer teleconsultation from a safety perspective, while 60% are driven by the convenience.

**Willingness to book telehealth visits (by age group)**

![Willingness to book telehealth visits (by age group)](image)

*Source: EY–Parthenon’s Life after COVID-19 Survey, 2020*

**EXPERT OPINIONS ON MEDICAL TELECONSULTATION**

From the Practo report, the following are some viewpoints of experts working in the various spheres of the Indian healthcare system.

Dr. Alexander Kuruvilla, Chief Health Strategy Officer, Practo, said that in the last three months, there has been a massive increase in the number of teleconsultations. While millennials took the lead in using teleconsultations for their health-related queries, users (aged >60) also used the platform to get their health queries answered by a certified medical practitioner rather than resorting to self-medication. Dr. Kuruvilla further added that while the use of telemedicine is on a steady rise across metro cities, awareness is also increasing in Tier-II and Tier-III cities such as Hoshiarpur, Karnal, Bhimavaram, Katni and Durgapur.

Mr. Shashank ND, Co-founder & CEO, Practo, noted that while telemedicine remained a luxury and convenience for many, at present, it is a necessity. He added, “It is now possible for us to ensure that every Indian has access to a doctor. More so for the two-third of the country’s population that resides in villages, walks numerous kilometres before they can consult someone with even a little knowledge of medicine—in most cases, a quack. Imagine what having access to a doctor on the phone could do to this population. Doctors, patients and authorities are all slowly accepting this new form of healthcare delivery, which has shown a lot of promise. Masses beyond metropolitan areas are increasingly getting used to consulting specialists online. A reality that will take years of trust and infrastructure building to get down to the last mile, but will prove to be one of the best investments in future proofing healthcare for a billion+ Indians.”

Dr. Jagdish Chaturvedi, Founder of HiiiH International and consultant for Fortis Hospital, Bangalore, stated that there was a rise in the number of queries—from people of all age groups in the lockdown—for ‘Sinusitis’ as they became hyper vigilant about sore throats and nasal congestions. He further added that most minor conditions can be treated based on a good clinical examination and assessment through a teleconsultation. Teleconsultations are helpful in the initial examinations, even for those patients who require endoscopy or procedures.
Dr. Lorance Peter, HOD and Chief of Gastroenterology at Columbia Asia Hospital, Bangalore, spoke about the impact of lockdown on people's lifestyle. He pointed out that working from home has affected their eating habits and led to a rise in stress-levels due to multiple other factors. This has led to an increase in digestive disorders such as irritable bowel syndrome (IBS). During this period, Dr. Lorance witnessed numerous patients opting for teleconsultations.

Dr. Rasya Dixit, a dermatologist at Dr. Dixit Cosmetic Dermatology Clinic, Bangalore, talked about the rise in dermatological issues due to stress taking a toll on people's mental and physical well-being. Dr. Dixit stated, “Dermatological issues increase significantly during summer; these are excluding the existing list of patients who are being treated for long-term dermatological problems that need regular check-ups. As a speciality that is highly dependent on visual consultation, telemedicine has certainly been a boon.”

Dr. Venkatesh Babu G M, a consultant for Psychiatry at Fortis Hospital, Bangalore, stressed on mental health crisis faced by youngsters grappling with work-related stress and general anxiety from isolation and loneliness, often leading to panic attacks. He believes that teleconsultation will greatly help in attending to such patients. With preliminary evaluation and consultation done remotely, mental health issues at an early stage can be effectively addressed.

Dr. Vanita Vaishnav, an obstetrician and gynaecologist, revealed that she receives numerous queries from expectant mothers and young professionals from both metro and non-metro cities. She said, “Pregnancy-related questions have increased as regular check-ups have been disrupted due to the lockdown. The increased stress has also resulted in irregular menstrual cycles for many women. Digital platforms provide a great opportunity for users, especially women, to seek medical assistance from specialised doctors.”

Dr. Prashanth S Urs, HOD, Sr. consultant neonatologist and paediatrician, Department of Neonatology, Apollo Hospital, Bangalore, echoed similar sentiments and stated that telemedicine is a great way to respond to parents who have questions around issues such as feeding and vaccinations. These issues really matter to parents but, because of lockdown, may have had to wait to be addressed, if not for telemedicine.

START-UPS GIVING A PUSH TOWARDS INDIA’S DIGI-HEALTH GOALS

HealthCARE360
In August 2020, HealthCARE360 launched a digital patient experience platform for Dr. Vishnu Reddy’s clinic. HealthCARE360 is a web and mobile platform that connects healthcare providers and organisations with patients. The platform is suitable for multi-specialty clinics, hospitals and solo practitioners for both core medical and allied health services.

The HealthCARE360 AI-enabled bot for Facebook Messenger eases pre-diagnosis, triage and connects patients with the appropriate medical services. HealthCARE360 platform improves the doctor–patient bond by offering a more accessible, personalised and one-to-one experience to patients.

Swasth Alliance
Swasth Alliance is a consortium of like-minded physicians, professionals and entrepreneurs in the Indian healthcare ecosystem. This group collectively aims to pool their time, intellect, intellectual property and financial resources to build a strong digital health system in India.

In June 2020, Swasth Alliance launched ‘Swasth Stack’, a platform that aggregates multiple healthcare providers and start-ups to collaboratively provide services to citizens. The platform aims to digitise patient data & records and create an online platform for hospital care and doctor consultations.

National Health Stack (NHS) will support Swasth Stack by enabling consent and data management through the various layers of the Health Stack. The regulations will be enforced by the Open Health Services Network (OHSN) layer and an auditable money settlement system. As a result, the providers will compete to provide the best service and teleconsultation will no longer be availed free. This will lead to a sustainable growth in the teleconsultation market.
Practo
Founded in May 2008, Practo is the oldest telemedicine company in India. The Practo platform facilitates medical appointment bookings for doctors/hospitals and insurance claims; aids in storing health records and delivering medicines—all through its mobile application and website. Practo has presence in >15 countries and houses ~2 lakh doctors, with 50 million appointments every year. These doctors are verified through their medical licences, qualification and specialisation; are required to follow the HIPAA compliance to maintain the patient’s privacy and confidentiality.

In August 2020, Practo launched a TVC campaign ‘#HelloDoctor’ to encourage users to seek an expert’s advice through video calling. This 10-week campaign was powered by six films in seven different languages and covered 13,000+ spots across 100+ channels including TV & digital media (YouTube, Facebook, Instagram and Twitter) in the country.

eSanjeevani OPD
The eSanjeevani OPD platform was launched in April 2020 and is available across the country. The platform provides e-health services through >6,000 doctors who man 217 online OPDs in patient-to-doctor telemedicine model. Recently, eSanjeevani OPD completed six lakh consultations amid the pandemic, with one lakh consultations completed in just 15 days. The Health Ministry is now actively considering the use of eSanjeevani OPD for inmates of old-age homes and prisons.

The top 10 states, which registered the highest number of consultations through eSanjeevani OPD platforms, include Tamil Nadu, Uttar Pradesh, Kerala, Himachal Pradesh, Andhra Pradesh, Madhya Pradesh, Uttarakhand, Gujarat, Karnataka and Maharashtra.

1mg
Founded in 2015, 1mg is an online medicine provider, which offers validated information on medicines and assists users to effectively and safely avail medicines. The platform delivers medicines and other health products at home in 1000+ cities across India from licenced pharmacies. It also offers home lab tests and telemedicine services. Due to its brand recognition as a trusted online pharmacy provider, it was easy for the co. to penetrate into telemedicine services. It provides unlimited and free consultation with verified doctors within 30 minutes. Since the company started practicing telemedicine on the platform, it has completed 30 lakh consultations and comprises 20 verified doctors.

Lybrate
Founded in 2013, Lybrate was India’s first mobile healthcare communication and delivery platform. It provides a wide range of services to both patients and doctors. On this platform, patients can ask queries for free or consult doctors by making online payments. The platform helps doctors enhance their practice by having access to numerous patients. Lybrate also allows doctors to manage their patient’s information from different clinics with an online multi-specialty telemedicine platform. It has >90,000 verified doctors on the platform.

Medlife
Founded in 2014, Medlife aims to make healthcare accessible and affordable in the country. The company provides an array of health services through online consultations, medicine delivery, lab tests and health record storage services. Medlife facilitates online consultation with a doctor in an hour and is available 24/7. It only allows verified and experienced doctors, who have been highly rated by patients on the platform. It serves across the country and provides >30 specialties and consists of 1000+ doctors listed on the platform; has offered consultation to >10 million customers.

Portea Medical
Portea Medical was established in 2013 and provides home healthcare services that include primary care, chronic disease management, physiotherapy and counselling. With new regulatory guidelines, the company expanded services to prescribe medicines, as at present, was only offering telephonic consultations. All practitioners who provide home visits have been verified by senior doctors through backgrounds and medical knowledge check. The company serves in ~16 states and has attended to >2.5 million patients; also, partnered with 50 hospitals, pharmaceutical and insurance companies.

MeraDoctor
Launched in 2011, MeraDoctor is a platform that offers live chat consultation with doctors. The app provides medical advice from licenced, validated and trained doctors.
The model has a patient-friendly interface as it enables the patient to have a live chat with the doctor. The app maintains the patient’s medical records for future references, but also includes a feature to delete the information so as to prevent data theft.

**DigiDoctor**

Lucknow-based DigiDoctor, developed by Criterion Tech and Era Medical College, provides specialised teleconsultation services in almost all broad speciality medicine subjects. The app has been functional for the last 4-5 months and has provided free consultations to >1,000 patients at the same time.

Amid the ongoing pandemic, telemedicine apps such as Remedico (for dermatology problems) and Mentdoc (for telepsychiatry) have aided patients at a time when in-person visits are risky and difficult.

**STATE-WISE DIGITAL HEALTH INITIATIVES**

**Puducherry**

In September 2020, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER) launched a flagship programme, under the 'National Digital Health Mission', to extend digital healthcare to residents of Puducherry. Under this programme, residents will be provided with unique digital health ID cards, which will act as a digital repository of their complete health information; can easily facilitate doctor services and healthcare facilities. Mr. Ashok Badhe, JIPMER Director, appealed to residents to extend complete cooperation to this mission as per the government’s mandate—to reap benefits of the digital revolution in the public healthcare system.

**Karnataka**

In April 2020, Karnataka embraced teleconsultation by partnering with Practo. The tele-consultancy is facilitating the availability of doctors even as the state government is trying to make the most of technology to make life easy during the coronavirus-driven lockdown.

In an interview with Deccan Herald, Deputy Chief Minister, Mr. CN Ashwath Narayan, who is anchoring this movement, said that this programme was tested in Malleswaram, the constituency that he represents, and added, “It will be available for the entire state. Just by using the app, citizens can consult with doctors. Totally, some 4,000 doctors will be a part of this.”

**West Bengal**

In October 2020, the government announced that it will employ >17,000 doctors to monitor the COVID-19 positive patients who are in home isolation—as many patients ignore early signs of complications and opt for medical advice only after their health condition worsens. At present, there are 97,613 COVID-19 patients in home isolation who are being monitored by telecallers employed by the state health department.

Through this programme, doctors can be in constant touch with patients to monitor their parameters. In case of any changes, they can easily notify the local civic bodies and health department.

**Kerala**

In October 2020, Mr. K K Shylaja, the state’s Health Minister, allowed residents to use ‘eSanjeevani’, the telemedicine platform, as a sustainable solution for general (non-COVID-19) patient care. He expressed his support towards telemedicine initiatives and stated that the government will offer health consultations round the clock, if the trend continues.

Further, the NHM Kerala Mission Director, Mr. Rathan Kelkar, added that eSanjeevani received a good response from residents since its launch and recorded >125 consultations each day, which was the highest in the country.

"We have held discussions with Centres of Excellence such as the RCC, MCC, IMHANS, SCTIMST, CCRC and IID for providing specialist consultations services and the same would be started very soon wherein the people can avail services of the specialists online on dedicated days," Kelkar added.

**Tamil Nadu**

Many private hospitals in Madurai has introduced teleconsultation services. This initiative is mainly the result of a lot of non-COVID patients that the system fails to address during
these times. A multi-speciality private hospital in the city, Meenakshi Mission Hospital and Research Centre (MMHRC), introduced ‘MMRHC Consult’, a video consultation and advisory service, to help patients avail expert medical help at the comfort of their homes. The teleconsultation service can be accessed through a website and mobile app.

Aravind Eye Hospitals (AEH), a private eye care hospital, transitioned from general consultations to e-consultations, which facilitate an interactive eye care consultation via a computer or smartphone through teleconference with an ophthalmologist.

**Uttar Pradesh**

With an aim to provide safe and curative healthcare services to patients in rural areas, especially those falling below poverty line, the Uttar Pradesh government decided to implement telemedicine services in numerous primary health centres (PHCs) and community health centres (CHCs). The project, proposed to be developed on a public–private partnership (PPP) model, provides establishment, deployment, operation and maintenance services.

Healthcare centres, which require telemedicine services have been identified and a framework has been developed regarding the involvement of the private sector. For teleconsultation, a plan to set up a call centre housing 50 employees has been proposed. In addition, the service provider will be responsible for setting up appointments and providing consultations to patients recommended by the CHC doctors. This model will also create electronic health records of patients.

In July 2020, the Ministry of Health announced on its twitter account that Uttar Pradesh completed >10,000 teleconsultations on the ‘eSanjeevani’ OPD platform. Amid the pandemic, most patients are using teleconsultation facilities, under the scheme, to consult with doctors.

**KEY ENABLERS OF TELECONSULTATION**

**Digital consumers on rise:** The ‘Teleconsultations’ trend is primarily driven by the millennials accustomed to the app culture. With more health apps gliding into smartphones, digital technology has the potential to transform and deliver healthcare in a more convenient and effective manner.

The September 2020 EY-IPA report-‘Healthcare goes mobile: evolution of teleconsultation and e-pharmacy in the new normal’-estimated that the number of smartphone

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<th>Monthly mobile traffic: India (exabytes)</th>
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Source: Ericsson Mobility Report, Telecom Regulatory Authority of India (TRAI)

subscriptions in India is expected to reach 1 billion by 2025, increasing from 620 million in 2019. India will soon transition to 5G, with 4G accounting for 64% and 5G accounting for 18% subscriptions in 2025. 5G network is expected to boost speed, increase capacity,
security and decongest the cluttered networks. This may facilitate better connectivity for 5G healthcare applications.

**Smartphone sensors:** Connected smartphones, coupled with sensors, can capture vast data to diagnosis and manage diseases. Sensors are gradually becoming widespread; can also be used outside the traditional health sector to extract and combine data from medical and non-medical sources. This data, along with 5G Network and AI-based solutions, have the potential to offer hyper-personalised healthcare.

**The proliferating start-up ecosystem:** The rapidly growing start-ups are another key enabler of teleconsultations in India. The evolution National Health Stack (NHS), iSpirit-creating standards and Swasth Stack’s creation through collaborations among private and start-ups have further contributed to the growth of teleconsultation.

In addition, Healthcare start-ups are witnessing a surge in demand and are attracting huge investments, such as edtech platforms. Mr. Prasad Kompalli, CEO of MFine, a Bengaluru-based on-demand healthcare service, revealed that teleconsultations have grown 3-4x since March 2020. “We now have more than 500 hospitals on the MFine platform with over 3,000 doctors. We added nearly 250 hospitals in the last three months,” he added.

**Demographic and disease-mix factors:** India’s changing demographics, with the elderly population expected to be 20% of the total population in 2050 (as compared with 8% in 2015), and the increasing incidences of chronic and lifestyle diseases have boosted the adoption of teleconsultation. The country has the second-highest number of diabetes cases in the world and 28% deaths occur due to heart diseases. From an investment point of view, there has been steady interest by investors in the telemedicine space in India and in a post COVID-19 context, this interest may be further strengthened.

**TELE-CONSULTANCY – BENEFITS TO INDIA**

**Providing for a large geography with limited resources:** In India, providing in-person healthcare is challenging, owing to the vast geographical distances and limited resources. Teleconsultation can be a cost and effort saving avenue, especially for rural patients, as they can avoid travelling long distances to obtain consultation and treatment. This model also reduces the inconvenience caused to families, caregivers and secondary hospitals. It is especially helpful when there is no need for the patient to physically see the doctor, e.g., for regular, routine check-ups or continuous monitoring.

**Ease of record maintenance:** Teleconsultations include digital record maintenance and documentation; thus, minimise the chances of missing out advice from the doctor. Both parties, the doctor and patient have a copy of the advice provided via teleconsultation. In addition, digital documentation increases the legal protection of both parties.

**Health safety:** Teleconsultation provides safety to patients and health workers, especially in situations where there is risk of contagious infection. A variety of technologies can help patients adhere better to their medication regimens and manage their diseases better. Also, medical devices to check blood pressure, blood glucose go a long way to pass on vital parameters of the patient to the physician.

**POLICY AND REGULATORY LANDSCAPE**

In the recent Practo report, Prof. Dr. Sunil Raina, National Convener, Organised Medicine Academic Guild, has pointed out that COVID-19 has changed the purview of the health system, which is causing governments, hospitals, healthcare facilities and digital healthcare platforms to embrace telemedicine as one of the main health and wellness strategies. He further stated that ‘Telemedicine’, consisting of e-pharmacy and teleconsultation, has enabled people to access quality healthcare remotely. The Ministry of Health and Family Welfare recognised this need of the hour and released the ‘Telemedicine Practice Guidelines’ in collaboration with NITI Aayog, Board of Governors (BoG) and Medical
Council of India. These guidelines have eased healthcare processes by enabling certified medical practitioners and facilities to attend to their patients anytime, anywhere.

TELEMEDICINE PRACTICE GUIDELINES

In March 2020, the Ministry of Health and Family Welfare, with NITI Aayog, released the official guidelines for telemedicine practices in the country. These guidelines are aimed at allowing registered medical practitioners to provide remote consultation in supersession of the Medical Council of India (MCI).

The ministry defines telemedicine as, “the delivery of healthcare services, where distance is a critical factor, by all healthcare 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 healthcare providers, all in the interest of advancing the health of individuals and their communities.”

‘Phygital’ (physical along with digital) is likely to be the new normal with data being the backbone of this model. These guidelines will provide information on various aspects of telemedicine including information on technology platforms and tools available to medical practitioners and how to integrate these technologies to provide healthcare delivery. It also spells out how technology and transmission of voice, data, images and information should be used in conjunction with other clinical standards, protocols, policies and procedures for the provision of care.

ELEMENTS SPECIFIC TO TELEMEDICINE

Appropriateness of Telemedicine: If the doctor is not satisfied with the information provided by the patient for a specific treatment, i.e., prescription or health advice, then he/she should provide limited consultation as appropriate and refer the patient for an in-person consultation.

Identification of Registered Medical Practitioner (RMP) and the Patient: Telemedicine consultations should not be anonymous. An RMP should verify and confirm patient’s identity by name, age, address, email ID, phone number, registered ID, or any other identification as may be deemed to be appropriate. The RMP should ensure that there is a mechanism for a patient to verify their credentials and contact details of the RMP.

Appropriateness of Technology/Mode of Telemedicine: Multiple technologies can be used to deliver telemedicine consultations. All these technology systems have their respective strengths, weaknesses and contexts in which these may be appropriate or inadequate to deliver proper care.

Patient Consent: Patient consent is necessary for any telemedicine consultation.

Patient Evaluation: RMPs must make all efforts to gather sufficient medical information about the patient’s condition before making any professional judgment.

Patient Management—Health Education, Counselling And Medication

Health Education: An RMP may impart health promotion and disease prevention messages, which could be related to diet, physical activity, cessation of smoking and contagious infections.

Counselling: This is specific advice given to patients and it may, for example, include food restrictions, do’s and don’ts for a patient on anti-cancer drugs, proper use of a hearing
aid and home physiotherapy, to mitigate the underlying conditions.

**Prescribing Medicines:** Prescribing medications, via telemedicine consultation is at the professional discretion of the RMP. It entails the same professional accountability as in the traditional in-person consult.

**DUTIES AND RESPONSIBILITIES OF RMP IN GENERAL**

**Medical Ethics, Data Privacy & Confidentiality:** Principles of medical ethics, including professional norms for protecting patient privacy and confidentiality as per the IMC Act, shall be binding and must be upheld and practiced.

**Documentation and Digital Records of Consultation:** It is incumbent on RMP to maintain patient records/documents for the period as prescribed from time to time.

**Fee for Telemedicine:** Telemedicine consultations should be treated the same way as in-person consultations from a fee perspective. RMP may charge an appropriate fee for the provided consultation.

**ROADBLOCKS**

**Lack of basic healthcare infrastructure**
Specialised healthcare facility is still a luxury that only the rich segments of India can afford. Advanced healthcare is still a privilege for rural India, which accounts for two-thirds of the population. Only 15% people in the rural areas have access to a primary health centre, 33% to a sub-centre and 9.6% to a hospital. India’s public health system is still developing, and the pandemic has uncovered the weak points of the existing health system.

India falls short of an estimated 6 lakh doctors and 20 lakh nurses. The concerning ratio—one government doctor for every 1,139 citizens and 0.7 hospital beds per 1,000 people—has resulted in increased working hours for healthcare workers in the pandemic. This entire scenario calls for urgent attention from the central and state-level governments to take immediate steps to improve health facilities.

**Apprehensions towards the digital health mission**
Many experts are sceptical about the digital health mission announced by the government in the current tight scenario. The mission has some ambitious goals that are expected to address India’s public health crisis. The key components include a health ID, telemedicine, health records, health registry, DigiDoctor and e-pharmacy services. Experts say that in a country, which is yet to pursue basic healthcare goals, implementation of a digital health effort must be thoroughly evaluated.

**Challenge of internet accessibility**
This IT-based digital health initiative has been termed a potential game changer but obstacles such as unequal access to internet services, slow speed and lack of all-pervading digital health resources in rural India can dampen all hopes. Digital literacy and accessibility of digital records is a concern area in rural regions.

**Effective usage of gathered data**
The proposed digital health mission also aims to create different types of medical directories including doctors, facilities, nurses and paramedics. It could be overwhelming to deal with such a large database as there are already existing systems that provide this information. Experts have pointed out a similar project—England’s National Health Service, which was started in 2005 and aimed to create electronic health records of citizens for a centralised health record system by 2010.

Many healthcare associations were roped in but due to technical glitches and complexities, the programme was dismantled after a cost of £12 billion (US$ 1.33 billion) to UK’s exchequer. It is still considered as one of the biggest example of healthcare–IT failure and raise the question of whether it is prudent to invest in digitising the health records of billion+ Indians.

Dr. R.V. Asokan, who serves as general secretary of the Indian Medical Association, says that it is a ‘hyped’ programme and does not serve a purpose for patients. “The government
has said that it needs to make surveys and collect data for various health programmes like the National Family Health Survey. Nevertheless, this cannot be a reason to get hands-on public health data on such a large scale,” Asokan said.

“Our priority area should be strengthening multi-speciality government hospitals, level-2 district hospitals and our existing PHCs and CHCs at urban and rural level,” he said.

He has also stated that increasing public health spending, building a robust health infrastructure and equipping it with advanced devices, along with filling vacant healthcare positions to carry out the required tasks, are urgent needs. This is only possible if there are enough specialist doctors and post-graduates passing every year and an adequate part of the GDP is directed to the health sector. With coordinated efforts from both central and state governments, along with those of the private sector, must hope for a healthy India.

**FUTURE OF DIGITAL HEALTHCARE IN INDIA**

Prime Minister, Mr. Narendra Modi, in his speech announcing the mission, said that the COVID-19 pandemic had shown India the need for self-reliance. He highlighted the importance of digital health mission as an important step towards realisation of universal health coverage.

The pandemic has drawn attention towards the various inefficiencies in the country’s healthcare system; thus, has created the need for a healthcare ecosystem that is integrated digitally and will connect patients and doctors in a safe set up. Key stakeholders in the healthcare space are showing an interest in adopting different teleconsultation and e-pharmacy platforms. Some pharmaceutical companies have partnered with platform providers or are even launching their own platforms to connect doctors with patients. Most e-pharmacies have launched teleconsultation solutions on their platforms. India is witnessing an advent of teleconsultation platforms and more associations are likely to play the role of a platform provider in the future. A platform provider will hold different value for each category of the healthcare ecosystem. For example, hospitals may use it to create a digitalised journey for patients and data management, while pharma companies may use it to facilitate doctors and connect with e-pharmacies. E-pharmacies may use it to generate online medicine sales. However, this whole set-up with their varied engagements will lead to the integration of patients, providers, payers and fulfilment centres. This integration will form the core of the teleconsultation ecosystem.

Technology, infrastructure and policy regulations will form the foundation that will support this vast digital health ecosystem. The healthcare ecosystem will be able to use magnitudes of the generated data. Thus, data will be at the epicentre of this ecosystem that will boost the quality of healthcare across the country.

At present, citizens can certainly look forward to telemedicine, DigiDoctor and e-pharmacy facilities from the National Digital Health Mission when regular outpatient departments are closed. Provided it has all checks and balances in place, teleconsultation has the capacity to provide holistic care to all.
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