



Strengthening Telemedicine Regional Workshop for the WHO South-East Asia Region (The State of Andhra Pradesh)

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Brief and Current Status



Brief on implementation of Telemedicine in Andhra Pradesh

Telemedicine services started in 2019 in Andhra Pradesh

Each Hub consists Five Doctors including three specialists

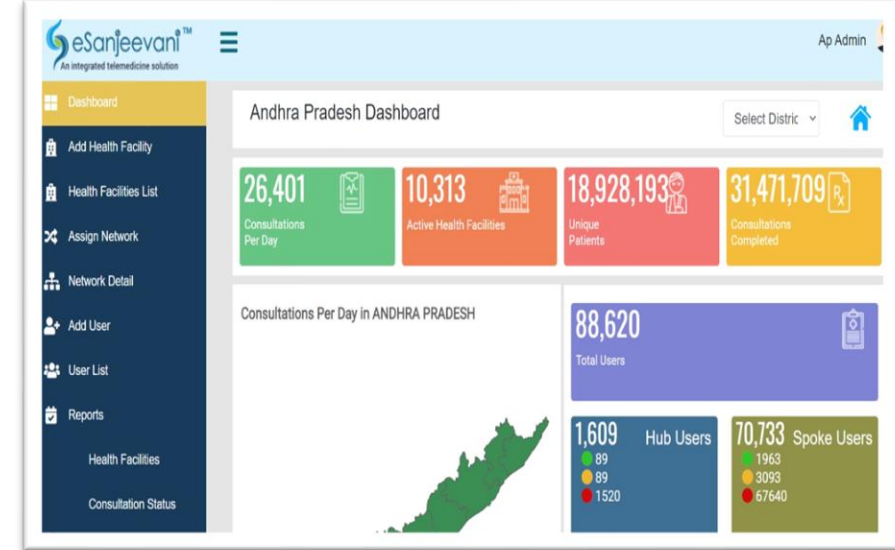
- ❖ Government of AP commenced telemedicine services, on pilot basis in 330 PHCs from 07.11.2019
- ❖ Three Telemedicine HUBS were established in Andhra Medical College Visakhapatnam, Siddhartha Medical College Vijayawada and Sri Venkateswara Medical College Tirupathi.
- ❖ GOI sanctioned another 10 e- Sanjeevani telemedicine HUBS Tele medicine HUBs under NHM and 14 e- Sanjeevani Telemedicine Hubs in ECRP-II
- ❖ Tele Medicine HUBS provide specialist services to the patients coming to Sub centres, PHCs through video mode,
- ❖ Prescription is being generated online.
- ❖ Each Telemedicine HUB consists of one General Physician, one Paediatrician, one Gynecologist and 2 General Duty Medical Officers.



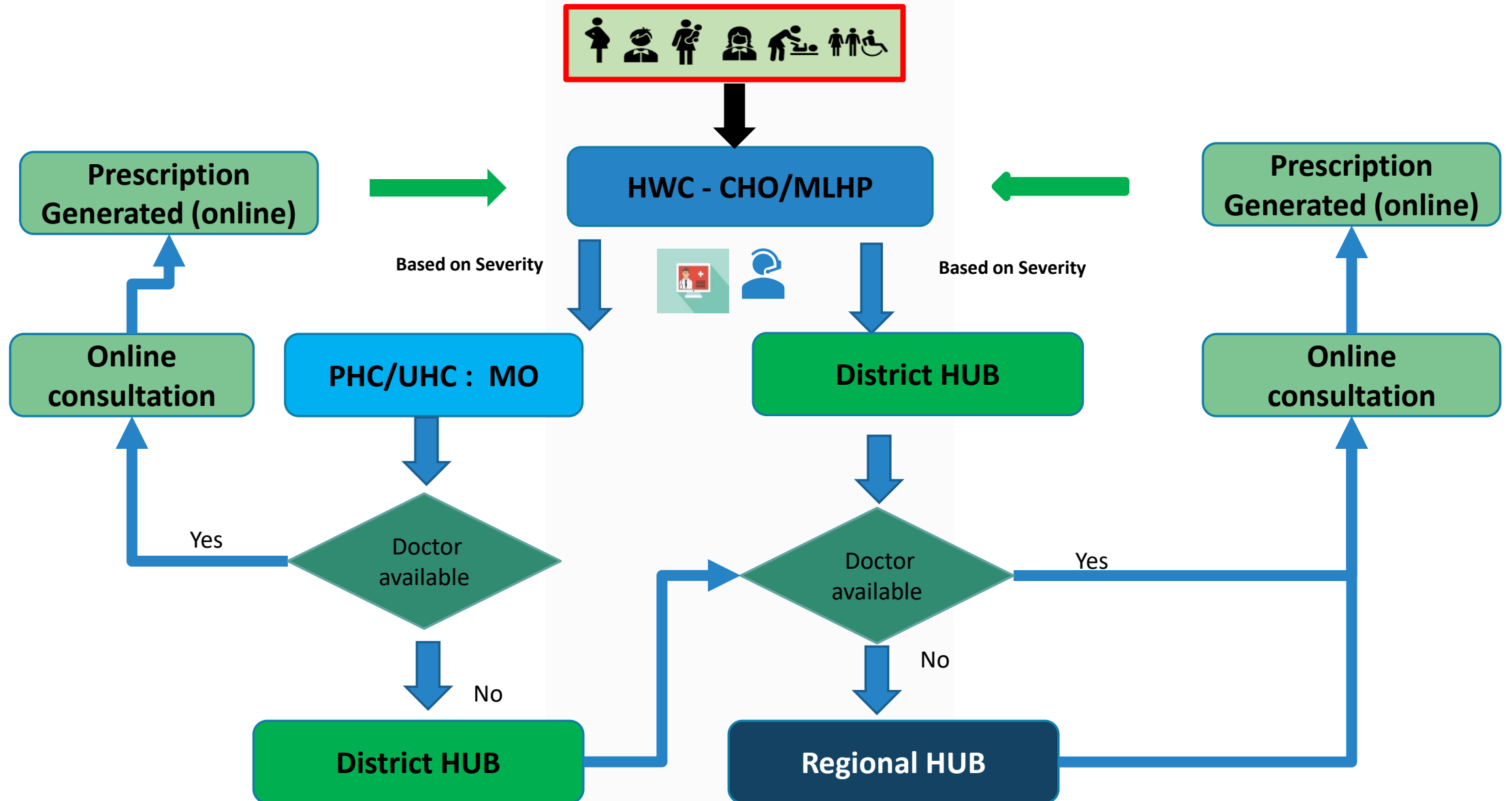
Current Status



- ❖ Government of AP extended tele-consultation services to all PHCs and YSR Village clinics.
- ❖ Currently 27 Telemedicine Hubs are established in the state.
- ❖ Spokes 8351 Village Health Clinics (Health Wellness Centres)
- ❖ Spoke cum Hub 1684 (1142 PHCs and 542 Urban PHCs) are operational.
- ❖ Currently AP is facilitating 60,000 tele-consultations per day.
- ❖ AP contributed 32% of tele-consultations i.e., 3.1 crores against 9.7 crores total tele-consultations in India.



Flow chart - Tele-medicine





Best Practices

Best Practices

1

PHCs are also made HUB along with the 27 HUBs

- ❑ Currently 27 Telemedicine Hubs are established in the state.
- ❑ Spoke cum Hub 1684 (1142 PHCs and 542 Urban PHCs) are operational.

2

Regular Trainings

- ❑ State is conducting trainings on regular intervals
- ❑ Manter Trainers are trained in the Districts to provide regular trainings

3

Maintaining staff strength in HUBs

- ❑ Each Telemedicine HUB is sanctioned with one General Physician, one Peadiatrician, one Gynaecologist and two General Duty Medical Officers.
- ❑ Ensuring availability of the sanctioned strength, utilizing Doctors from DH/ TH.
- ❑ Government has issued standing instruction to recruit against vacant posts as and when it arises.

4

Regular reviews

- ❑ Periodic reviews are scheduled for each level of health facilities.



Usages of Telemedicine during COVID period

Steps taken during COVID period for making Telemedicine operational

1

During first wave, a call centre was established with the strength of 180 tele-callers including 10 doctors.

2

Most of the calls were panic calls from worried citizens, hence to address these calls more doctors were recruited.

3

Access of mobile application was given to registered the doctors after due diligence.

4

Apart from calls received, Doctors voluntarily called positive patients on home isolation & their contacts and counselled them about the care to be taken.

5

Door step delivery of the drug was provided to symptomatic citizens, primary contacts and secondary contacts.

Glance on usages of Telemedicine during COVID period



6,11,014
Citizens Served



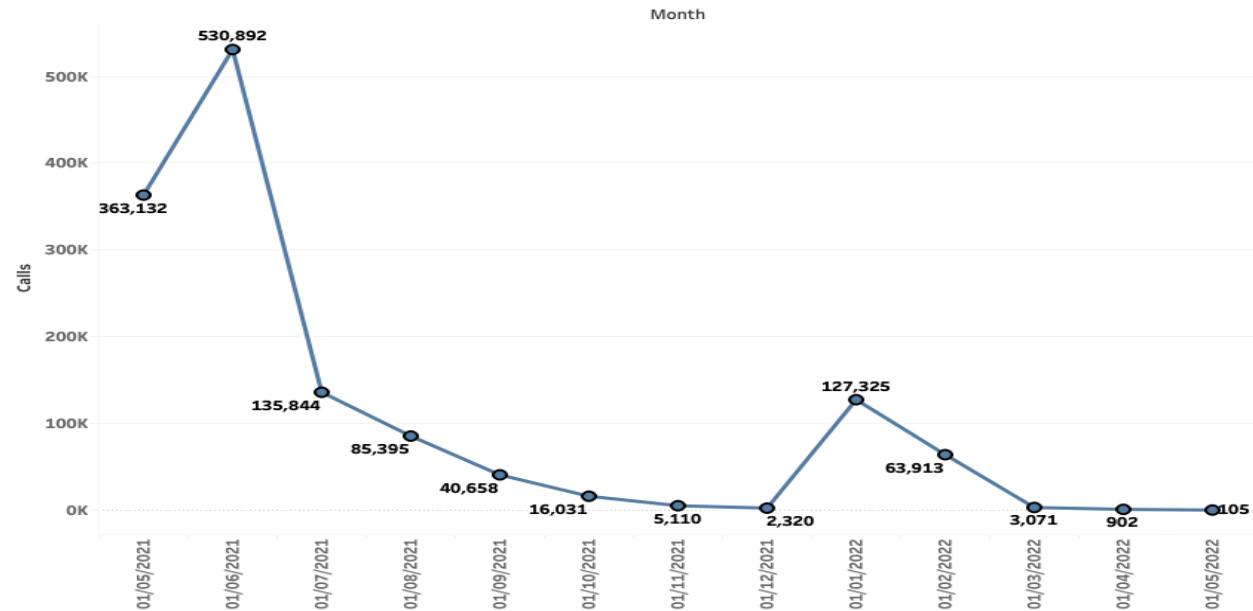
6145
Doctors Registered



13,74,698
Calls



84,650 Hours
Hours of Consultation/Counselling





Challenges



Challenges

Though the state has made several strides towards strengthening of Telemedicine system, there are some concerns. These includes:



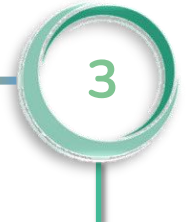
Connectivity

- ❑ Though the most of health facilities are having good network coverage. Still, some rural and Tribal health facilities are facing network related issues.



Seamless access to health information of patients

- ❑ Due to usages of multiple IT applications, there is lack of seamless flow of information between these platforms, which ends up creating repeated information.



Audit to ensure the quality

- ❑ Currently the audit module in existing IT application is not integrated which is concern in order to ensure the quality services.



Way forward

Way forward

1

Integration with EHR applications:

- Digital Health applications under ABDM are being implemented across all the states, it will be helpful if Telemedicine application is integrated with Digital health applications so as to manage the patient information on single platform using ABHA ID.

2

Module for audit to ensure the quality

- In order to ensure the quality of calls, Telemedicine IT application shall have functionality for auditing the calls.

3

Encourage feedback from patients

- Beneficiaries are an important source of feedback for the program's success. They can help in identifying bottlenecks to ensure improved services.

4

Integrated Control Room

- Continuous monitoring of SDG parameters through frequent calls to frontline workers.

Acknowledgement and Awards





Thank you