

eSanjeevani in Uttar Pradesh: How it started?



Essential health services disrupted significantly during the course of pandemic



According to Health Management Information System (HMIS), OPD attendance in April 2020 declined to half of its January'20 level at primary healthcare facilities



Restricted access to Reaching to vast population (17% of India in total) of rural communities, vulnerable communities in hard to reach areas in need of basic health services



although the State was involved in management of Covid Crisis with help of various digital tools like the Covid surveillance portal, Cowin vaccination portal, Lab report Messaging app, etc, there was an urgent need to restore routine as well as essential healthcare services to address the basic health needs of vast population (17% of India in total)



In July 2020, Ministry of Health and Family Welfare launched national teleconsultation services with an aim of providing healthcare services to patients at their homes through **eSanjeevaniOPD**

WHYTELEMEDICINE

- **Teleconsultation** one the **essential** criteria for **Operationalization** of Health and Wellness Center.
- Improve access to qualified doctors/specialist
- Provide timely and faster access
- Provide wide coverage of services to larger population/catchment area
- Reduces out of pocket expenditure
- Reduce the burden of secondary and tertiary care hospitals
- Platform for exchange of knowledge between care givers
- Means for follow-up and continuity of care

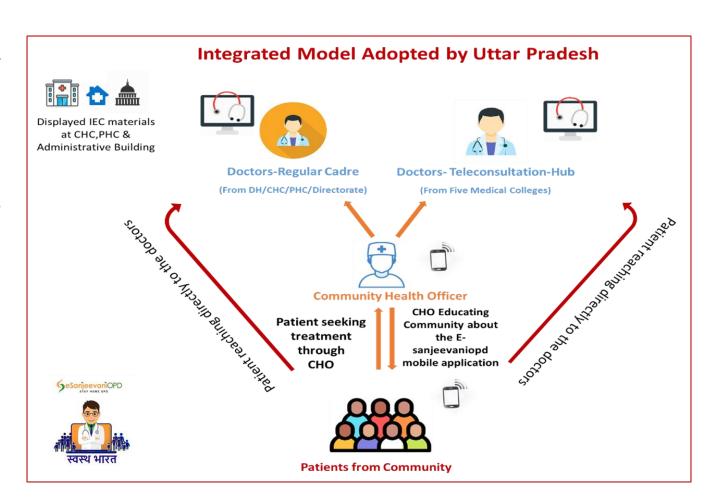
Key Features of Telemedicine Application

E-Sanjeevani - a low-cost integrated Tele-medicine solution. Key features are as follows:

- Centrally hosted Web based Application with mobile compatibility integrated with CPHC-IT application
- Enables doctor to doctor consultation with a comprehensive dashboard
- Supports in-built video conferencing, text chatting and updates users through SMS notifications and alert
- CHOs at Sub Centres can have consultation with PHCs or with HUB
- Integrated e-Prescription feature with list of drugs available at various health facilities with an Inbuilt list visible to the Doctors using at the HUBs or PHCs for easy prescription
- Integrated with MoHFW's MyHealthRecord (Personal Health Record Management System -PHRMS) to enable lifetime archival of health records in patient's PHR profile
- Provision for creation of ABHA ID

The Model: innovate to expand the reach and access of healthcare

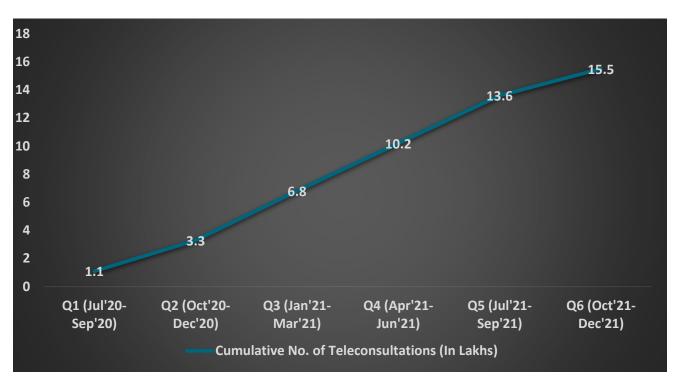
- By design provide direct Patient to Doctor consultation
- Engaged CHOs for providing facilitated consultations to non-smart phone users and non-mobile users
- Created specialist and super-specialist OPD for medical colleges to ensure continuity of routine hospital OPDs and follow-up care
- Virtual Trainings, Digital resources- self learning videos, SoPs for healthcare providers
- Dedicated IEC activities- News paper adds, Digital IEC at social media platforms, Posters at Govt. Offices, healthcare facilities, prominent location

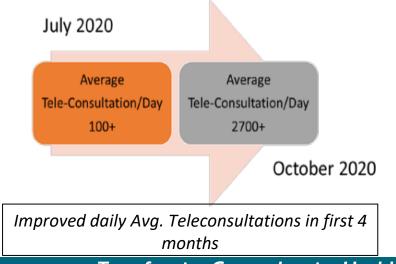


IECs activities for demand generation



Initial Success





Challenges

DEMAND

- High waiting times for teleconsultations
- Limited awareness on the best opportunities for using the teleconsultation model
- Perceived need to travel to higher centers of care despite teleconsultation done
- Limited availability of drugs locally
- Digital literacy and limited access to smart phone

SERVICE PROVISION

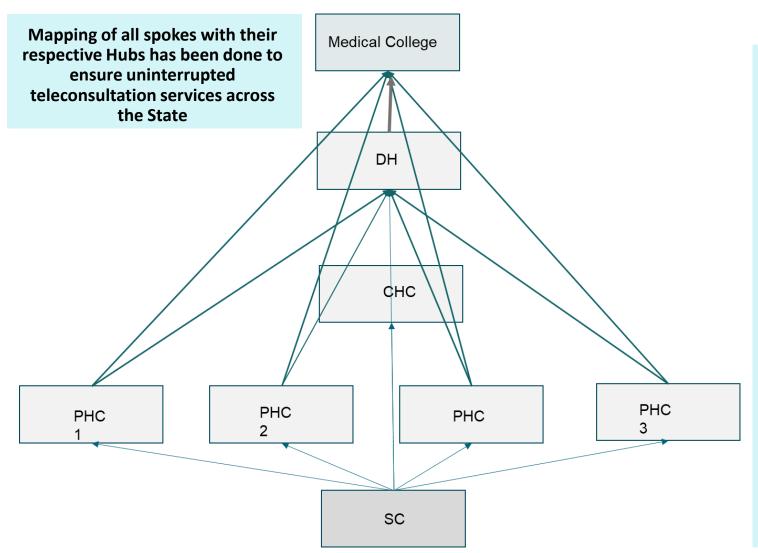
- Suboptimal video audio quality during the consult.
- Inability to analyze the consult outcomes
- Balancing quality of care

LOW
UTILIZATION OF
SERVICE

SUPPLY

- Very few available physicians for teleconsultations during peak times
- Limited ability to offer definitive advice / treatment to patients via teleconsultations

Sustaining the efforts beyond Covid pandemic for accessing primary healthcare



- In the post Covid period, GoUP focused on 'Doctor to Doctor' module of eSanjeevani.in for teleconsultation services through Ayushman Bharat HWCs
- A network of 12000 plus spokes, more than 4300 Hub cum spokes and 30 super Hubs established
- In addition, Teleconsultation at HWC level operating as a triaging system to separate the routine cases from those requiring specialized and referral care

Three-tier Operational Model



Super hub: Medical colleges



Hub: District hospital/SDH



Sub hub: PHC/CHC



Spokes : SHC/PHC w/o MO/Ayush MO

- Provide super-specialty care/speciality consultations
- Assist in creating specialist level capacities at sub-hubs
- Specialist and follow-up care: General Medicine; Paediatrics; Obstetrics and Gynaecology; Cardiology; Endocrinology; Nephrology and Urology
- Routine OPD
- Continuity of conditions requiring follow up
- Sub hub specialist and follow-up care: General Medicine; Obstetrics and Gynaecology; Surgery; Paediatrics

- Take lead in overall coordination for teleconsultation services in district/ block
- Provide specialty and follow up care to patients at spokes
- Seek follow up care to the patients who received treatment from hubs
- Routine OPD services to the spokes though GDMO

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- Specialist/Super specialist consultation from Hub/Sub Hubs on predetermined days
- Since CHOs do not have prescription rights, spokes will be connected to hubs and sub hubs for routine OPD and linkages to hubs and sub hubs for continuum of care.
- Facilitating consultations for beneficiaries without smartphones
- Demand generation for the uptake of telehealth services

Facility Level Status of eSanjeevaniAB

HUBS

28 Medical Colleges and 2 AIIMS

HUB CUM SPOKE

4327 District Hospitals & UPHC/PHCs /CHC/User

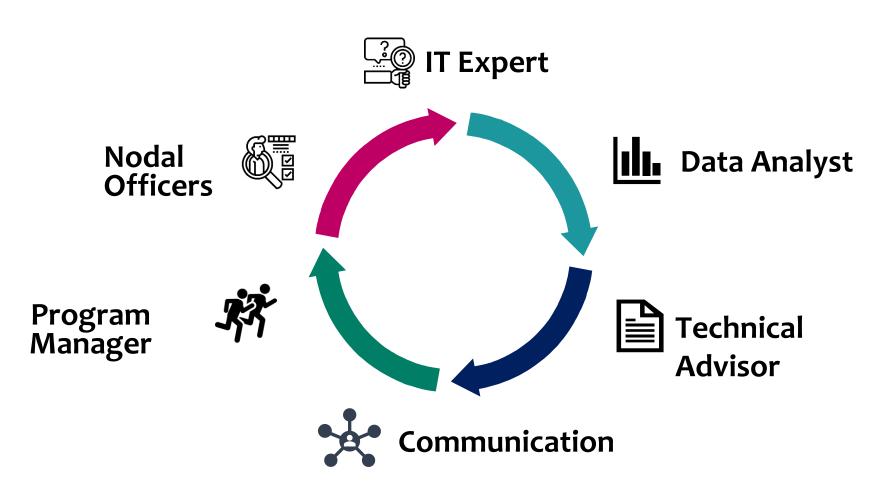
SPOKE

12,235 (HWCs)

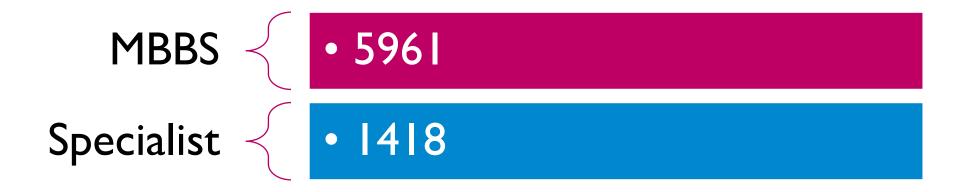
Facility	Registered	Active
HUB (AIIMS + MC)	30	26
HUB CUM SPOKE	4327	2564
SPOKE	12,235	10450

Hybrid PMU for eSanjeevani

A hybrid Program
Management Unit
(PMU), has been
established at the
State levels to support
eSanjveevani
services.



Number of MBBS and Specialist Doctors



Type of Health Facility	MBBS	Specialist
HUB	72	1228
Snoke Cum HUB	5000	100

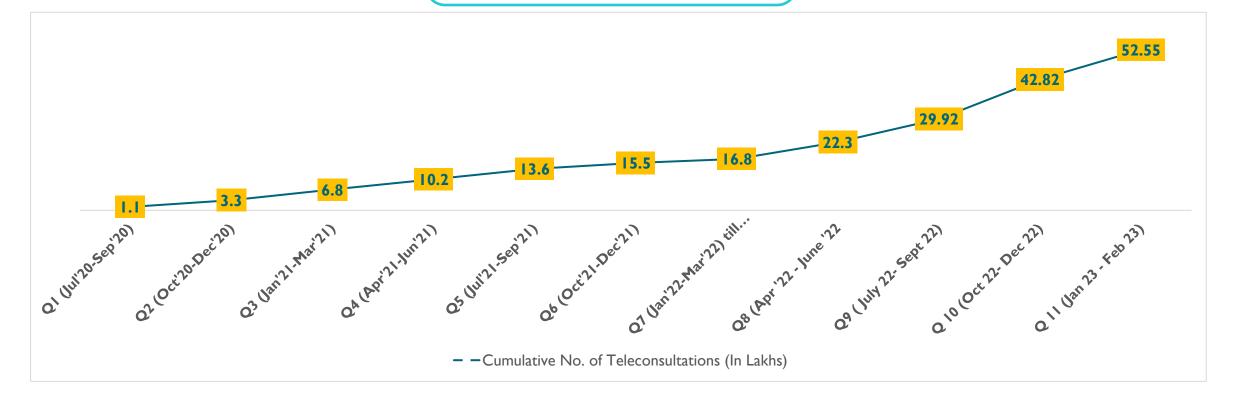
Transforming Comprehensive Healthcare in India

eSanjeevani Current Status of Consultations UP

Consultations

50,00,000+ Consultations

35000 + Consultation/day



Path breaking journey through eSanjeevani



Crossed 5 Million plus consultations on eSanjeevani.in and current daily average is around 35000 plus consultations



Females (55%) utilised teleconsultation services more than males (45%); The avg. age of patients was 32 years



Most common diagnoses: fever, abdominal pain, cough and headache and most common investigations done: blood pressure, temperature and blood glucose



Launch of Family planning counselling services through eSanjeevani



Provisioning of specialist consultations by linking 72 clinics of Prison with District and Medical Colleges

Way forward

- Use case scenarios for ensuring continuum of care in multiple health conditions/ issues such as:
 - High risk pregnancy follow up and referral management to be optimized through facilitation of telemedicine consultations
 - Strengthen uptake of family planning for example, injection of first dose of Antara to be administered by CHOs under supervision of MO via video consultation
 - Management and follow up of identified chronic conditions to be optimized through telemedicine consultations (e.g., diabetes, hypertension)
- Ensure needed competencies are built across the continuum to ensure quality and efficiency of care delivered through the telemedicine platform
- Explore linkages with drug delivery systems (through DVDMS integration) and laboratory services
- Leveraging teleconsultation platform for providing comprehensive Telemedicine service delivery platfrom for example teleconsultation through Health ATMs / Kiosks
- Teleconsultations in Mental Health programs TeleManas

