

# TeleHealth NEWSLETTER



TAMILNADU CHAPTER  
Telemedicine Society of India

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## Telehealth Newsletter

Official Newsletter of Tamil Nadu Chapter of Telemedicine Society of India

### What is New?

The next annual conference of Telemedicine society of india - the 17th TELEMEDICON2021 will be held in hybrid mode at Lucknow from 12th to 14th November 2021.

TELEMEDICON this year takes special significance as it coincides with the 21st anniversary of our society which was formed in Lucknow in the year 2001. Prof. S. K. Mishra is the Chairman and Prof. P.K. Pradhan the Organizing Secretary for the meeting. You should register for the meeting by visiting <https://www.telemedicon2021.com>

The big event this month was the launch of the Health card by the Gol on 27th Sept, by our Prime Minister, Mr. Narendra Modi under Pradhan Mantri Digital Health Mission (PM-DHM). During the launch he said: "The drive to strengthen the health facilities of the country, in the last 7 years, is entering a new phase today. This is not an ordinary phase. This is an extraordinary phase."

Under this scheme, now every citizen in India will have a separate health ID. The Health ID will have a unique 14-digit health identification- for every citizen that will also work as their health account. This would help give a big boost to the 'Digital Health' in India. The key objectives are as follows:

- The national Health ID will be a repository of all health-related information of a person. The health ID will enable access and exchange of longitudinal health records of citizens with their consent.
- Healthcare Professionals Registry (HPR) and Healthcare Facilities Registries (HFR) that will act as a repository of all healthcare providers across both modern and traditional systems of medicine.
- This health account will contain details of every test, every disease, the doctors visited, the medicines are taken, and the diagnosis. This information will be very useful as it will be portable and easily accessible even if the patient shifts to the new place and visits a new doctor.
- The personal health records will be linked and viewed with the help of a mobile application;
- Ayushman Bharat Digital Mission Sandbox, created as a part of the Mission, will act as a framework for technology and product testing that will help organizations, including private players, intending to be a part of National Digital Health Ecosystem become a Health Information Provider or Health Information User or efficiently link with building blocks of Ayushman Bharat Digital Mission.
- This Mission will create interoperability within the digital health ecosystem, similar to the role played by the Unified Payments Interface in revolutionizing payments. Citizens will only be a click-away from accessing healthcare facilities

Thank You

Dr. Sunil Shroff

Chief Editor

President - TN Chapter - TSI

## History of Telemedicine @ Apollo Hospitals India



**Prof. K. Ganapathy**

**Former Secretary and Past President Neurological Society of India, Telemedicine Society of India & Indian Society for Stereotactic & Functional Neurosurgery | Hon Distinguished Professor The TamilNadu Dr. MGR Medical University | Member Roster of experts Digital Health WHO | Director, Apollo Telemedicine Networking Foundation & Apollo Tele Health Services | URL: [www.kganapathy.com](http://www.kganapathy.com) | Email: [drganapathy@apollohospitals.com](mailto:drganapathy@apollohospitals.com)**

### Chronicle of events

- **Sep 16th 1996** - The compiler of this chronicle delivered an Institute Lecture @ IIT Kanpur at 8pm. . Prof K. Srivathasan then HoD EE introduced him to the word Telemedicine and persuaded him to jointly prepare a project report from 10.30pm to 4am immediately after the lecture !!!.
- **Nov 1996** - Made a formal proposal along with Prof Srivathsan to Dr P C Reddy, Chairman Apollo Hospitals to do a pilot project @ Apollo Hospital Nellore . Prof Srivathsan and I even chose the room in Nellore !! However it did not fructify . We were too far ahead of the times!
- **April 1998** - Dr Reddy asked the author if he was still interested in Telemedicine. Ms Sangita Reddy had persuaded ISRO to use a VSAT for Telemedicine purposes @ the new secondary level hospital in the village of Aragonda ( near Chittoor) the birth place of Dr Reddy.
- **March 24th 2000** - The world's first Teleconsultation from a village hospital thro amn ISRO enabled VSAT was commissioned by the then US president Bill Clinton from Hyderabad in the presence of the then Chief Minister Sri Chandrababu Naidu
- **In 2001** - Apollo Telemedicine Networking Foundation was formally established as a not for profit Section 25 company. Spoke in the first intercontinental live multipoint telemedicine symposium on June 19 2001. Bill Gates was also a speaker . Initiated teleconferences with, Japan, USA, Saudi Arabia and Hong Kong.
- **Feb 15 2002** - Apollo SHAR Telemedicine project commissioned by Chairman ISRO . ISRO convinced that Telemedicine was doable and took it up as a major initiative.
- **April 2002** - Addressed 600 principals of Engineering Colleges @ Anna University on Telemedicine. Subsequently started Telemedicine units in 5 Engineering colleges !!
- **May 2002** - Assisted ATnKK Area in Southern Command. Indian Army to set up Telemedicine units
- **2003** - First formal University accredited 4 week certificate course on Telehealth technology was started with Anna University. Featured in Govt of India Documentary India 2.0
- **2004-05** - Clinically validated Telemedicine enabled peripheral medical devices for IITM start up REMEDI
- **2005** - VSAT enabled Hospital on Wheels commissioned at Madurai . Became first Treasurer and Joint Secretary of TSI with Reg No 001 ATNF also became first institutional member of TSI
- **2006 onwards** - Evangelisation on mission mode ! Talks given all over India and overseas creating awareness . Large number of VIP's and VVIP's visited the Dept to see Telemedicine in action . ATNF became a member of the Standards Committee on Telemedicine, the National Task Force on Telemedicine, the Working Group on Telemedicine of the Planning Commission, and the SARC Committee.
- **August 2007** - Assisted Ericsson in demonstrating wireless transmission of heart sounds etc thro 3G for the first time in South Asia
- **Nov 2007** - International Conference on Telemedicine at Chennai 350 attended including 35 from overseas
- **2009** - MEA Govt. of India initiated the Pan Africa e-Network project for teleconsultations ATNF was part of the steering Committee and an active participant
- **2010** - Commenced "Transforming Health Care with IT" international conference held annually till 2019
- **2010** - Creation of Apollo Telehealth Services Pvt Ltd with a full time CEO and support staff
- **2011** - eHome Visits initiated in Chennai won Best Post Poster award Washington DC
- **2012** - 527 patients in 13 different specialities were connected simultaneously to six tertiary Apollo hospitals, from a Hospital on Wheels @ a mega health camp in Ajmer 11th /12th February. A world record then.
- **2014** - Patient empowerment in rural India - project with MS Swaminathan Research Foundation promoting eHealth Literacy thro internet enabled Village Resource Centers > 26,000 from 13 villages have attended
- **2015 onwards** International Educational Activities with various Management Schools including London School of Economics, Harvard , Columbia etc , Chosen as case study to illustrate Global Best Practices by Columbia

University

- **eICU's** 20 smaller ICU's connected to Apollo Hospitals Hyderabad 1200 plus teleICU consults in subspecialties given.
- **Public Private Partnerships** a) Himachal Pradesh . Four Telemedicine Centres in the Himalayas and the world's first 24/7 Tele emergency Services . About 30,000 teleconsults already provided . b) >1.2 million teleconsultations provided under the Mukhyamantri Arogya Kendram (e-UPHC)- project covering 182 Centres from October 2016.c) Jharkhand Digital Dispensaries programme In first 15 months 328,648 patients attended d) Uttar Pradesh Telemedicine programme in the first one year 141,793 patients visited 114 Government Community Health Centres e) Uttar Pradesh Teleradiology PPP program has 127 teleradiology centres in rural UP with 400 images reported daily with turn around time < f 4 hours f) Tele Ophthalmology Through 115 existing Community Health Centres / Vision Centres in 13 districts,5 million patients screened in 2 years. Thro Mukhyamantri e-Eye Kendram or MeEK project 405,000 fundus examinations were done remotely by 30 Ophthalmologists from Chennai.
- **2019** Only medical paper presented @ International Conference on Human Spaceflight Programme organised by ISRO.
- **2021** Since inception over 400 papers have been presented in various regional, national and international meetings held in India and 105 held overseas . Over 180 articles have been published on Telehealth besides 45 in peer-reviewed journals and 12 chapters in textbooks. Several national and international awards have been received.



Prof. K. Ganapathy interacting with His Excellency Olusegun Obasanjo, President of Nigeria (seated in the middle) in a demonstration of Telemedicine



Dozens of VIP's- PM of Mauritius , PM of Macedonia, President of Uganda, Cabinet Ministers from EU countries and delegations from Africa frequently visited to study the Apollo System of Telemedicine



*" I think it is a wonderful contribution to the healthcare of the people who live in rural villages and I hope that people all over the world will follow your lead, because if they do then the benefits of the Hi-tech medicine can go to everyone and not just people who live in big cities"*

**Bill Clinton, 24<sup>th</sup> March 2000** On viewing the Telemedicine Consultation from Aragonda Village to Hyderabad and commissioning the world's first VSAT enabled village hospital



**6<sup>th</sup> International Conference on Telemedicine, Uppsala, Sweden, Tuesday, June 19, 2001**

*Proactive broadband terrestrial and satellite applications and demonstration on / Telemedicine as a tool for a more equitable distribution of health care delivery across the world*

**INTERCONTINENTAL LIVE MULTIPONT TELEMEDICINE SYMPOSIUM BETWEEN EUROPE, Sweden, France, Germany, Greece, Turkey, AFRICA, Tunisia, Morocco, Senegal, ASIA, India, China, AUSTRALIA, AMERICAS, Argentina**

**INTERCONTINENTAL LIVE MULTIPONT TELEMEDICINE SYMPOSIUM**

Participants from Asia:

1200 - 1210 Telemedicine in India An overview  
*J. Ganapathy Medical Director Telemedicine, Apollo Hospitals*

1740 - 1750 Remote in stress lab by major cardiologists The Apollo experience  
*Shyamam Bhaskar & Aji Yalder*

1830 - 1840 A complex case of ENT cancer  
*Chinnayya Sundaram, Apollo Specialty Hospitals*

*The health education and the telemedicine link. Speakers include Bill Gates, Rajar Sheela, Telemedicine Advisor WHO, UNICEF International Publications*

**INDIAN SPACE RESEARCH ORGANISATION  
 DEPARTMENT OF SPACE  
 &  
 APOLLO HOSPITALS ENTERPRISES**

Cordially invites you for the

**"INAUGURATION OF APOLLO-SHAR  
 TELEMEDICINE PROJECT"**

by  
**PADMA VEESHAN DR. K KASTURIRANGAN**  
 CHAIRMAN, ISRO / SECRETARY, DOS

**PADMAVEESHAN DR. PRATAP C. REDDY**  
 CHAIRMAN, APOLLO HOSPITALS ENTERPRISES  
 WILL PRESIDE OVER THE FUNCTION

**Date:** Friday 15<sup>th</sup> February 2002  
**Time:** 3:00 p.m.

**Venue:** Basement Auditorium, Apollo Hospitals,  
 21, Greaves Lane, Off Greaves Road  
 Chennai - 600 006

**APOLLO TELEMEDICINE NETWORKING FOUNDATION  
 &  
 ANNA UNIVERSITY**

Cordially invites you  
 for a Special Interactive Session  
 on  
**"Telehealth in Tamil Nadu  
 through Engineering Colleges"**

Apollo Hospitals,  
 21, Greaves Lane, Chennai 600 006  
 on Saturday the 19th April 2002 at 11:30 am

Dr. P. C. Reddy  
 Chairman,  
 Apollo Hospitals Group,  
 Chennai.

Dr. S. Subramanyam  
 Vice-Chancellor  
 Anna University



## Samples of TM Conferences held between 2001 & 2003

Cordially, invite you to the session of  
**1<sup>st</sup> Neurological Video Teleconferencing with  
 Fujitsu Health University, Nagoya, Japan**

**Date:** Tuesday 1<sup>st</sup> August 2001  
 between 1.00pm to 3.00pm

**VENUE:** Basement Auditorium,  
 Apollo Hospitals, Greaves Lane,  
 Chennai Road, Chennai 600 006.

Cordially, invite you to the session of our  
**First Neurological Video Teleconferencing  
 with  
 Dept. of Neurosurgery, CNM&J New Jersey  
 Medical School, Newark, New Jersey, USA**

**Date:** Thursday 04 December 2002  
 between 6.30 pm to 9.30 pm

**VENUE:** Basement Auditorium,  
 Apollo Hospitals, Greaves Lane,  
 Chennai Road, Chennai 600 006.



international TM Conf Chennai 2007 350 fom India and 50 overseas

## International Virtual CME Programmes 2001



## Informed Consent for Telemedicine



**Anay Shukla**  
 Founding Partner, Arogya Legal - Health Laws  
 Specialist Law Firm

**Eshika Phadke**  
 Associate, Arogya Legal - Health Laws Specialist  
 Law Firm

The Telemedicine Practice Guidelines specify that consent may be implied when a patient initiates a teleconsultation; however, there are certain situations wherein a doctor is legally required to obtain consent from the patient.

### Consultation not initiated by the patient

If someone other than the patient - including their family member, a healthcare professional, another doctor, or even the

doctor who is consulting the patient themselves - initiates the consultation, explicit consent must be taken from the patient.

If a healthcare professional seeks a medical consultation for a patient through telemedicine, both the healthcare professional and the consulting doctor would need to obtain explicit consent from the patient. The healthcare professional would be required to counsel the patient on the risks and limitations of telemedicine, and the doctor would be required to seek the patient's consent to proceed with the consultation.

### **No capacity to consent**

If the patient is a minor or does not have the mental capacity to legally provide consent, the person's caregiver is authorised to consult with a doctor and take decisions on their behalf. However, the doctor must first confirm that the person is the patient's caregiver by asking to see either a formal authorisation to that effect, or a government-issued document that establishes the person's relationship with the patient. This would not be required if the doctor has previously treated the patient in-person, and is aware of their relationship with the caregiver. For the sake of documentation in such cases, the doctor ought to record that they have treated the patient in-person prior to the teleconsultation, and may even request that the caregiver confirm the same through a text message or email.

### **Recording**

If the doctor will be recording the consultation, they ought to inform the patient and seek their consent for the same. This is especially vital for specialists like psychiatrists, venereologists, gynaecologists, etc, who discuss highly sensitive and personal information and may receive private visuals from the patients.

### **Refusal to comply**

If the doctor is of the impression that the patient ought to go for an in-person consultation for their condition but the patient refuse, the doctor should inform them of the risks and consequences of not seeking in-person treatment. If the patient still refuses, the doctor should require the patient to send a statement that they were informed of the risks and elected to proceed with the teleconsultation against medical advice in writing or as a voice note, and the doctor should preserve the consent with the records that he/she maintains for the consultation.

### **Transmitting Prescription to Pharmacy**

If the doctor issues a prescription post a teleconsultation and the patient wishes that the prescription be sent directly to a pharmacy of their choosing, the doctor must obtain explicit consent from the patient prior to doing so, since without consent, the act of transmitting a patient's prescription to a pharmacy would constitute a breach of confidentiality.

### **Support groups**

If the doctor starts virtual support groups for patients suffering from or people affected by a disease/condition where they will be sharing information and/or allowing the group members to provide emotional support to one another, the doctor must seek explicit consent from a patient/person before adding them to the group, since the patient's identity would be revealed to other members of the group, and confidentiality would thus be compromised.

### **Limitations of Telemedicine**

It is advisable that doctor's refrain from tending to spontaneous teleconsultations unless it is an emergency; they should put in place a process whereby the patient takes an appointment. Along with the appointment confirmation, the doctor should send a brief statement outlining the risks and limitations of teleconsultation, and informing the patient that by proceeding with the consultation, they are providing their consent.

### **How to record consent**

For the teleconsultation itself, the consent will be implied if a patient proceeds to initiate the consultation after being informed of the risks involved.

For situations where explicit consent is required or advisable, the doctor may ask the patient to record it in any form – they could send an email, text, audio note, video recording stating that they are providing their consent for telemedicine (and any other context that may be required). The doctor must always record the fact of receipt of consent in his notes which should be preserved with the patient's records.

**Source:**

Telemedicine Practice Guidelines

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## **Problems that exists in Rural India to Adapt Telehealth**



**Ms. Saranya Gupta**

**Mentor: Manvee Bansal / Abhimanyu Rathore**

**Pathways World School, Aravali (IB)**

Telemedicine has recently emerged and gained popularity as a new hope to remove the bottlenecks in the healthcare seeking. While telehealth technology and its use are not new, widespread adoption among patients, especially in rural areas, beyond simple telephone correspondence has been relatively slow. Many professional medical societies endorse telehealth services and provide guidance for medical practice in this evolving landscape.

One such example are the incessant advocacy efforts of the Telemedicine Society of India (TSI) that have paid off with the approval of Telemedicine Practice Guidelines by Ministry of Health and Family Welfare, Government of India in March 2020. TSI, now with an enhanced vitality is determined to reduce Urban-rural healthcare disparity.

My detailed research has looked at the problem that exists in rural India and why people residing there are hesitant to adapt to telehealth as a prime medium to acquire healthcare services. Thereafter, it goes into further detail of how this can be destigmatised through solutions like overcoming the language barrier, hiring ambassadors for spreading awareness, and regularly updating the content on the company website.

Lastly, it also includes a state-wise analysis of the 11 states that TSI principally targets, which discusses the problem that a certain state faces and a recommended solution for that problem. For example, people in Maharashtra have concerns about the privacy guidelines around the uptake of telemedicine and to resolve this problem, a recommendation was to revise the guidelines to address the weaknesses and to establish an ongoing system of evaluation to permit future improvements in the guidelines to make them increasingly comprehensive.

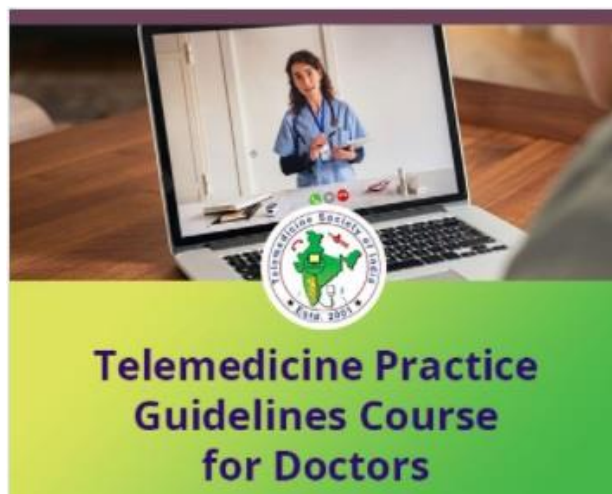
### **The recommendations for adaptation of telehealth in rural areas include -**

- 1. Proper training of doctors and other healthcare professionals to deliver the telemedicine technology effectively, including vastly improved Internet services;**
- 2. A much higher level of public-private partnerships related to telemedicine activities;**
- 3. Developing more cohesive privacy policies and guidelines for TSI to ensure that patients feel secure and integrate telemedicine with the existing health system;**
- 4. An efficient management structure for monitoring quality standards of telemedicine practice in the country;**
- 5. Efforts should be made to educate public about telemedicine and its related benefits.**

This kind of research was necessary because of the growing relevance of telehealth services in today's rapidly revolutionising, technology-dependent world. It is also prominent in the situation of the pandemic in which we are living in today, given the requirement to stay at home and reduce physical contact. In terms of focusing on rural areas of India as a prime target audience for this research, there was a crying need for habitants of these areas to accept newer approaches as the world progresses.

To obtain a full copy of my research, please write a mail to my mentors - [aks1953@hotmail.com](mailto:aks1953@hotmail.com)

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## Telemedicine Practice Guidelines - A Foundation Course for RMPs by TSI



To know more about the Telemedicine Foundation Course click on the link below:

<https://tsi.org.in/courses/>

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## Telemedicine - News from India & Abroad

### India

#### **CoWIN develops API to track COVID vaccination status in India**

First unveiled in January, the CoWIN portal has now launched a new feature called Know Your Customer's Vaccination Status (KYC-VS). Spotted by Republicworld, the new tool was announced by the Union Health Ministry of India on September 10. It will now enable companies to check the vaccination status of individuals via the official CoWIN portal....[Read More](#)

## **Kotak, IISc to set up AI, machine learning centre in Bengaluru**

Kotak Mahindra Bank and the Indian Institute of Science (IISc) on Thursday announced a partnership to set up an Artificial Intelligence & Machine Learning (AI-ML) Centre at the IISc campus in Bengaluru... [Read More](#)

## **94% Indian healthcare leaders want to invest in AI technologies: report**

NEW DELHI : At least 94% of Indian healthcare leaders would most like their hospital or healthcare facility to invest in Artificial Intelligence (AI) technologies in the near future, the Future Health Index (FHI) 2021 India Report released by the Royal Philips a global player in health technology on Thursday, said... [Read More](#)

## **International**

### **World's First AI Developed to Treat Covid-19 Patients Worldwide**

Artificial intelligence (AI) has been used by Addenbrooke's Hospital in Cambridge along with 20 other hospitals from across the world and healthcare technology leader, NVIDIA, to predict Covid patients' oxygen needs on a global scale .... [Read More](#)

### **AI Algorithm to Treat Psychiatric Illness, Stroke**

Google and Mayo Clinic researchers partner to develop new artificial intelligence (AI) algorithms to improve brain stimulation devices to treat people with psychiatric illness and direct brain injuries, such as stroke... [Read More](#)

### **Study shows success of hybrid in-person, telemedicine model of vitreoretinal care**

A hybrid model of patient care, combining telemedicine and traditional face-to-face visits, may offer the best of both worlds, minimizing the risk for disease transmission while maximizing practicality and patient safety... [Read More](#)

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**TN - TSI invites all the TSI Chapters and Members to submit information on their upcoming Webinar or Events (50 words), News related to Telemedicine (200 words) or short articles (500 words) for the monthly e-newsletter.**

#### **Guidelines for submission to TN TSI Newsletter-**

- 1. Report can be from 500 to 600 words**
- 2. Report Should be relevant to Telemedicine or Medical Informatics**
- 3. No promotion of self or any product**
- 4. Avoid plagiarism**
- 5. All references should be included**
- 6. Provide any attributions**
- 7. Visuals are welcome including video links**
- 8. Send full authors name, degrees, affiliations along with a passport sized photograph of good resolution. If multiple authors only main author photo to be sent.**



Submission may be sent to - [tsigroupptn@gmail.com](mailto:tsigroupptn@gmail.com)

Editors reserve the rights for accepting and publishing any submitted material.

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