



25th Nov 2025

Vol6. Issue No.63

## **Telehealth Newsletter**

Official Newsletter of Telemedicine Society of India

#### What is New?

The November issue of our newsletter features the tentative program for TELEMEDICON 2025 - a power-packed three-day event that brings together the entire digital health ecosystem. The Telemedicine Society of India (TSI), now 25 years strong, has grown into a vibrant national body with over 1,200 members and 20 state chapters. It remains the only registered society in this domain, offering an inclusive and truly democratic platform for digital health professionals.

In recent years, India has witnessed several digital health initiatives emerging from individual efforts rather than institutional frameworks. While such efforts are commendable, they often have a limited shelf life. In contrast, institutional structures provide the continuity, credibility, and longevity needed to drive sustained impact.

As members of TSI, it is time for us to reflect and elevate our collective vision. We must ask ourselves-not what the society can do for us, but what we can do for the society-echoing the timeless message of John F. Kennedy. Only through unity, shared purpose, and collaborative effort can we propel TSI to greater heights. United, we progress; divided, we diminish. This is the moment for TSI to stand cohesive and strong.

We warmly welcome you to Bangalore in large numbers to celebrate this milestone and to make your society proud as it marks its 25-year journey.

Thank You

Dr. Sunil Shroff

**Chief Editor** 

President-Elect, TSI

## A Free Medical Camp conducted at Niravilpuzha Keloth Unnathi Wayanad

Dr. Sreekumar C MS

Professor, Department of General Surgery Amrita Institute of Medical Sciences (AIMS), Kochi Chief Medical Officer – Telemedicine Camps

A Free Medical Camp for Tribals was conducted on November 16th 2025 at Niravilpuzha Keloth Unnathi Wayanad for Tribal people in Collaboration with Amrita Institute of Medical Science Kochi, Kerala Forest Office and Wildlife Department - North Wayanad Division (Snehahastham Project), Amrita Telemedicine Unit, Tele Medicine Society of India Kerala Chapters, Amrita Kripa Charitable Hospital.

A total of 160 patients Exclusively From Tribal Community were Evaluated and consulted. Along with the Medical Faculties, Dietitians, Psychological Counsellor, MBBS Students from AIMS Kochi Campus also Participated in this Program. Including that Telemedicine Consultation was also Conducted. Detailed Health Checkup, Health Education, Nutritional Evaluation and Medicine Distribution was Done.

The session was Inauguration by Renjithkumar S Range Forest Officer, Ms Rose Mary Jose, Range Forest Officer Mananthavady Range joined Virtually.

Dr Sreekumar C Professor Department of General Surgery, Dr Akhilesh K professor Department of Respiratory medicine, Dr Hareesh M D, Dr Ageesh MD, Mr Rajeesh M V (Department Of Telemedicine) and Mr Athul Ajay (Department Of Respiratory Medicine) attended the camp.













#### **Telemedicine**

A Telemedicine Consultation was done by Dr Akhilesh K Professor Department of Respiratory Medicine and Chief Of Amrita Pulmonary Rehabilitation Clinic. He gave specialised Pulmonary Consultation to patients diagnosed with CRD like COPD, Asthma etc.. He also gave specialised Pulmonary Rehabilitation Consult with the help of realtime PFT reading digitally sent to the hub with the support of Mr Rajeesh M V Telemedicine Administrator Amrita Telemedicine Unit. Amrita Telemedicine Unit provided the support for real-time consultation without any interruption. Health education on Pulmonary care and counseling was Given by Mr Athul Ajay Medical Social Worker and Health educator.





## Al Creates First-Ever Drug from Scratch in Record Time

Dr. Ankita Balar Arya BDS Content Writer, <u>Medindia.net</u>

Artificial intelligence has officially crossed from theory into therapy. The world's first Aldesigned drug, Rentosertib, developed by Insilico Medicine, has reached clinical success faster than any traditional medicine ever has—marking a historic shift in how we create and test new treatments.

#### Al Factories Rewrite the Drug Discovery Playbook

Pharmaceutical innovation is being redefined by **Al-powered factories** that can scan billions of molecular combinations in weeks, not years. Leading biotech firms like **Insilico Medicine** have built sophisticated platforms-PandaOmics and Chemistry42-that merge bioinformatics, chemistry, and machine learning to pinpoint new drug targets with stunning precision.

This approach led to the creation of **Rentosertib**, a molecule engineered entirely by AI, from target

identification to compound design. The achievement marks the first time in medical history that both a drug and its biological target were discovered using generative AI.

#### Rentosertib: Al's First Triumph in Lung Disease

The journey began when **PandaOmics** analyzed vast biological databases and identified the **TNIK protein** as a key driver in idiopathic pulmonary fibrosis (IPF)-a deadly lung disease with few treatment options. Using **Chemistry42**, Insilico's Al built and optimized the molecule Rentosertib in record time.

In a **Phase IIa clinical trial** involving 71 IPF patients, Rentosertib showed exceptional promise. Over 12 weeks, participants receiving the highest dose (60 mg QD) experienced a **mean improvement of 98.4 mL** in forced vital capacity (FVC), while those on placebo declined by 62.3 mL. Patients also reported **improved quality of life**, including less cough and better breathing comfort.

#### Does Al Really Deliver on Its Promise?

Emerging data suggests yes. Recent reviews reveal that **Al-generated drugs** achieve **Phase I success rates of 80–90%**, compared to 40-65% with traditional R&D. Cost reductions of up to 70% have been documented, and development timelines have shortened from the usual 10–12 years to just 3-6 years.

These efficiencies come from **neural networks** capable of predicting how a molecule will behave, how it will bind to its target, and even how different patients may respond. All also helps **optimize clinical trial design**, ensuring the right patients receive the right treatments faster than ever before.

### A New Age: Can Al Cure What Humans Cannot?

Beyond speed and savings, AI holds the potential to tackle diseases where human expertise has failed. The success of Rentosertib signals a paradigm shift-AI can now **uncover hidden biological mechanisms** and propose entirely new therapeutic strategies.

The industry has taken notice: over **\$5 billion** has already been invested in Al drug discovery, and experts estimate that by 2030, **30% of all new drugs** could originate from Al systems.

According to Dr. Alex Zhavoronkov, CEO of Insilico Medicine, "This is just the beginning. Al is not replacing scientists-it's empowering them to move at light speed."

As AI continues to evolve, the once-impossible dream of designing precise, patient-tailored therapies is fast becoming reality.



## Why Al Pose Risk to Vulnerable Mental Health Users

Manjubashini M.Sc (Bio-Informatics) Content Writer, <u>Medindia.net</u>

Accessibility and low cost may be the two factors why people are opting for Al chatbots and wellness apps for emotional support, particularly teen mental health users.

However, American psychological association (APA) warns that **Al tools and technological apps could offer a temporary support for mental health and not a direct replace.** The health advisory found that wellness apps lack scientific evidence and user safety to cure mental health conditions.

Hence, there is a need for enacting strong data privacy laws, a ban on Al posing as pros, and renovating regulatory policies.

"We are in the midst of a major mental health crisis that requires systemic solutions, not just technological stopgaps," said APA CEO Arthur C. Evans Jr., PhD.

#### **Beyond the App: Prioritizing Mental Health Care Systems**

"While chatbots seem readily available to offer users support and validation, the ability of these tools to safely guide someone experiencing crisis is limited and unpredictable." The advisory emphasizes that while technology has immense potential to help psychologists address the mental health crisis it must not distract from the urgent need to fix the foundations of America's mental health care system.

The report offers recommendations for the public, policymakers, tech companies, researchers, clinicians, parents, caregivers and other stakeholders to help them understand their role in a rapidly changing technology landscape so that the burden of navigating untested and unregulated digital spaces does not fall solely on users.

#### **Protecting Vulnerable Users from Life-Threatening Harm**

Due to the unpredictable nature of these technologies, do not use chatbots and wellness apps as a substitute for care from a qualified mental health professional.

Prevent unhealthy relationships or dependencies between users and these technologies.

Establish specific safeguards for children, teens and other vulnerable populations.

"The development of AI technologies has outpaced our ability to fully understand their effects and capabilities. As a result, we are seeing reports of significant harm done to adolescents and other vulnerable populations," Evans said.

"For some, this can be life-threatening, underscoring the need for psychologists and psychological science to be involved at every stage of the development process."

#### Why Al Requires Scientific Validation

Even generative AI tools that have been developed with high-quality psychological science and using best practices do not have enough evidence to show that they are effective or safe to use in mental health care, according to the advisory.

Researchers must evaluate generative AI chatbots and wellness apps using randomized clinical trials and longitudinal studies that track outcomes over time. But in order to do so, tech companies and policymakers must commit to transparency on how these technologies are being created and used.

Calling the current regulatory frameworks inadequate to address the reality of AI in mental health care, the advisory calls for policymakers, particularly at the federal level, to:

- Modernize regulations
- Create evidence-based standards for each category of digital tool
- Address gaps in Food and Drug Administration oversight
- Promote legislation that prohibits AI chatbots from posing as licensed professionals
- Enact comprehensive data privacy legislations and "safe-by-default" settings

## Role of Al: Supporting Human Professionals, Not Replacing Them

The advisory notes many clinicians lack expertise in Al and urges professional groups and health systems to train them on Al, bias, data privacy, and responsible use of Al tools in practice.

Clinicians themselves should also follow the ethical guidance available and proactively ask patients about their use of AI chatbots and wellness apps. "Artificial intelligence will play a critical role in the future of health care, but it cannot fulfill that promise unless we also confront the long-standing challenges in mental health," said Evans.

"We must push for systemic reform to make care more affordable, accessible, and timely-and to ensure that human professionals are supported, not replaced, by AI."

## ::ANNOUNCEMENTS::



# PRE CONFERENCE WORKSHOP on AI in Healthcare

Powered by avpn, DataLEADS, ADB, Google
(27<sup>th</sup> November 2025, Thursday)

TIME	TOPIC	SPEAKER
09:30 AM - 10:00 AM	Registration and Introduction	
10:00 AM - 01:00 PM	AI for digital readiness and advancement (ADIRA)	Dr Ravinandan B B
01:00 PM - 02:00 PM	Lunch	
02:00 PM - 03:30 PM	Al in Healthcare from Idea to FDA cleared device, what healthcare professionals need to know	
03:30 PM - 04:30 PM	Al prompting for Health research Dr Arti Pa	
04:30 PM - 05:00 PM	Certificate Distribution	

## **TENTATIVE SCIENTIFIC PROGRAM\***

(as on 23rd November 2025)

# DAY I (28th November 2025, Friday) - Main Hall

TIME	PROGRAMME + TOPIC	SPEAKERS	CHAIR PERSON
08:00 AM to 09.30 AM		REGISTRATION	
	Sessi	on M 1	
	Born of Discountiers on Ollins	Dr G Madhavan Nair	
	Panel Discussion on Silver Jubilee of Telemedicine in	Mr A Bhaskaranarayana	Chair person
09:30 AM to 10:30	India	Dr K Ganapathy	Dr. Meenu Singh
AM	торіс	Mr L S Satyamurthy	Co-Chair person
	Telemedicine in India: 25 Years of Innovation — The Idea,	Prof. Biswa N mohanty	Dr. Murthy Remilla (Moderator)
	Efforts, Impact, Lessons, and	Dr Meenu Singh	
	Challenges	Prof. K Selvakumar	
10:30 AM to 10:35 AM		Industry Showcase 1	
	Session M 2		5_17000000000000000000000000000000000000
		TBD G€	Chair person Dr. Raj Rawal
10:35 AM to 11:35		TBD GE	
AM	Tele-ICU (GE session)	TBD GE	Co-Chair person TBD (GE)
		TBD GE	
11:35 AM to 01:30 PM		Inauguration Session	
01:30PM to 02:00 PM	Lunch		
ALECTRO	Sessi	on M 3	Chair person
	Pranik Al: Panel Discussion	Dr Karthik Ramesh	Dr Sanjay Sharma
2:00PM to 3:00 PM	TOPIC	Dr Gaurav Raina	Co-Chair person
	Democratization using Al- First Strategy	Mr Praveen	Dr Karthik Ramesh

05:20 PM to 07:00 PM	TSI AGM		
05:10 PM to 05:20 PM		Tea/Coffee Break	
	Al in Ortho	Dr. P Srinivas	
	Al in Nephrology	Dr Shyam Vasudev Rao	Ranganathan
4:10PM to 5:10 PM	Al Transforming Transplant Medicine: From Matching to Monitoring	Dr Sunil Shroff	Swaminathan  Co-Chair perso  Dr.Arvind
	Al in Gastro	Dr GV Rao	Dr Sundar
	Al in Action and Decision Making		Chair person
	Session M 5		
04:05 PM to 04:10 PM		Industry Showcase 3	
		Dr.Nipun Jindal IAS (TBD)	
	Digital Transformation In the Public Health System	Dr.Pinky Jowel IAS	Dr Uma Nambia
3:05PM to 4:05 PM	TOPIC	Dr. Arun Thamburaj IAS	Moderator
	Panel Discussion	Dr Avinash Menon IAS	Chair person  Dr Prem Nair
	Sess	ion M 4	
03:00 PM to 03:05 PM		Industry Showcase 2	<b></b> \$
		Mr.Srini	
		Mr Kiran	

# DAY I (28<sup>th</sup> November 2025, Friday) - Hall A

TIME	PROGRAMME + TOPIC	SPEAKERS	CHAIR PERSON
08:00 AM to 09:30 AM	REC	ESTRATION	
	Session A l		Chair person
09:30 AM to	27. 274. T	Prof. Aravind Rao	Dr.Raja Ramachandran
10:00 AM	Tele-Pathology <b>Topic</b> Role of Digital Health in Pathology	Dr Brijdeep Singh	Co-Chair person
		Dr Nisha Ramdass	Dr (Gp Capt) Suchitra Mankar
*	Session A 2		
	Al in Telemedic	ine	
10:00 AM to 10:30	Role of Al in augmenting Telemedicine Services - Use cases	Mr Kevin Devasia	Chair person
АМ	Topic to be Decided	- Ms Meemansa	Prof. Kulandaivelu G
	Health data governance in Al era	Mr Parishrut	
	Session A 3		
10.00 4444 1115	Challenges of Digital		
10:30 AM to 11:15 AM	NHS Remote Patient Monitoring: Objective data driving CHF outcomes	Dr. Vijay Simha	
		Dr Srinivas Madhusudhan Kandada	
11:15 AM to 11:30 AM	To move to Main Hall		
11:40 AM to 01:30 PM	Inaugural Session at Main Hall : No Parallel Session in Hall A		lali A
01:30 PM to 02:00 PM		Lunch	

	Session A 4		
	Oral Paper Presentation		
	Digital Health Equity: Telemedicine as a Tool for Inclusive Universal Health Coverage	Ms Padmavati Manchikanti	
	Swasthay Kumbh 2025: A holistic approach to provide health screening & Tele-consultation using a digital health platform	Mr Indra Pratap Singh	<b>Chair person</b> Dr Surya Bali
02:30 PM to 03:30 PM	Designing Scalable and Secure Web Platforms for Collaborative Digital Health Networks Abstract	Mrs Priyanka Tiwari	Co-Chair person
	Impact Assessment of Rural Telemedicine Enabled Health Centres (TEHC)- is the return on investment (ROI) worth it?	Dr (Gp Capt) Suchitra Mankar	Dr Nanda Kumar Sastry
	Al Clinician Assistant & Scribe for GPs: a pilot study using LLMs for helping in typing-free triaging, generating differential diagnoses and recommendations for treatment therapies	Dr Mohit Mathur	
	Al-driven Analysis for Remote Patient Monitoring	Mr Ameya Sudhir Patil	
		**	
	Session A 5		
	Oral Paper Present	ration	Chair person Dr Nita V
03:30 PM to 05:30 PM	Strengthening Primary Care through CHO Triage Protocol for eSanjeevani in Lucknow District, Uttar Pradesh	Dr Gyan Sharma	Panicker  Co-Chair
05.30 PM	Field Testing of a Portable Mobile Otoscope for Accessible Ear Screening Among School Children	Dr Shewthasree M	person D Sateesh

PM to BOPM	TSI AGM at Main Hall,	No Parallel Session at Hall A
	Leveraging Emerging Technologies for Digital Health	Mr Vimal Waklu
	Building Green Futures: Transforming Hospitals for Sustainability and Resilience	Ms Harleen Kaur
	Guidelines for securing Medical Devices and Internet of Medical Things (IoMT) during integration & data processing	Shailendra Singh Narwariya
	Space-Inspired TeleRehabilitation for Bone Loss Using Al-Guided Motion Correction,	Ms K Reshma Rithik
	Prevalence of Hypertension Among Tunnel Workers: Association with Age and Duration of Exposure	Dr Khyati Gupta
	Internet of Medical Things (IoMT): Remote Healthcare Systems and Applications	Prof. Dr G Kulanthaivel
	Emergence of Information Communication Technology & Artificial Intelligence in Healthcare Education	Dr Ulagamuthalvi V
	Comparative Effectiveness of Wearable-Based vs App	Dr Anil Chauhan
	Tele-Triage for Pediatric Foreign Body Aspiration: A Case Report	Dr Shagun Singh
	Enhancing Medical Education for Pathology through	Ms Maanvi Saikia

# DAY I (28<sup>th</sup> November 2025, Friday) - Hall B

TIME	PROGRAMME + TOPIC	SPEAKERS	CHAIR PERSON
08:00 AM to 09:30 AM	Reç	jistration	
	Session B 1		
		Team 1	
09:30 AM to 11:30	(094) 1034/92/ K. VI	Team 2	Hackathon
AM	Hackathon	Team 3	
		Team 4	
	Session B 2		
		Team 1	
		Team 2	
		Team 3	Hackathon
10:30 AM to 11:30 PM	Hackathon	Team 4	
		Team 5	
		Team 6	
		Team 7	
		Team 8	
11:30 AM to 11:40 AM	To mov	e to Main Hall	
11:30 AM to 01:00 PM	Inaugural Session at Main	Hall: No Parallel Session in I	Hall B
01:00 PM to 01:30 PM		Lunch	
DI:30 PM to 05:30 PM	Session B 2		Hackathon

# DAY 1 (28<sup>th</sup> November 2025, Friday) - Hall C

TIME	PROGRAMME + TOPIC	SPEAKERS	CHAIR PERSON
08:00 AM to 09:30 AM	Reg	jistration	
	Session C1		
09:30 AM to 10:30 AM	Startup pitch		
10:30 AM to 11:30 PM	Session C 2		
11:40 AM to 01:00 PM	Inaugural Session at Main Hall : No Parallel Session in Hall c		Hall c
01:00 PM to 02:00 PM	Lunch		
02:30 PM to 03:30	Session C 3		
PM	Startup pitch		
02:30 PM to 03:30	Session C 4	\$0	
PM	Startup pitch	1	
05:30 PM to 07:30 PM	TSI AGM at Hall A, N	o Parallel Session at Hall B	

# DAY 2 (29<sup>th</sup> November 2025, Saturday) - Main Hall

TIME	PROGRAMME + TOPIC	SPEAKERS	CHAIR PERSON
08:00 AM to 09.00 AM	REGISTRATIO	N	
	Session M	6	
	Digital Trends in Critical Care		
	Stroke medicine	Dr Vivek Nambiar	Chair person
09:00 AM to 09:40	The role of Tele-EM(Tele - Emergency Medicine) In Modern Healthcare	Dr Pradeep Thomas	Dr B S Ratta
AM	Affordable Intelligent Critical Care (AICC): All as the New Operating System of Critical Care	Dr Sachin Verma	Co-Chair person Dr Shyam Bhanda
	T M Neonatology	Dr Naveen	1
09:40 AM to 09:45 AM	Indi	ustry Showcase 4	
*	Session M	7	
	Al and Next Gen technologies in Healthcare ( Doctors Al)		
	Al to make Telemedicine useful and effective	Mr Raghu Dharmaraju	<b>Chair person</b> Mr Ashwin Desai
09:45 AM to 10:25	From Hype to Hands-On: Practical Path to Al Education for Doctors	Dr Amit Kumar Dey	
PM	TBD	Mr Kalyan Sivaselvam	Co-Chair person Dr K Krishnakuma
	From Prescription to Adherence, Agenetic voice Al for better Patient Adherence	Mr Bhargava Subramanian	
	Reimagining Telemedicine in the Age of Al - a Human Centric Perspective	Mr Bharat Gera	
0:25 AM to 10:30AM	Industry Showcase 5		
	Session M	8	
0:30 AM to 11:00 AM	\$15500000000000000000000000000000000000	Presidential Oration + TBD	

		Dr Prem Nair	Dr Sunil Shroff Co-Chair person Dr Umashankar S
1:00 AM to 12:30 PM		Session M 9	
	Startup Pitch Final	Presentation and Panel Discussio	n -
2:30 PM to 01:00 PM	Session M 10	Digital Health Quiz	Prof. K Ganapathy
)1:00 PM to 02:00 PM		Lunch	
	Session M	111	
		Jayakumar Venkateshan	
02:30 PM to 03:30	Space Medicine <b>TOPIC</b> Innovations in Aerospace Medicine and Remote care Monitoring	StawoszUzanski-Wisniewski,ESA Astronaut (TBD)	Chair person Dr Agarwal  Co-Chair person Dr Murthy Remillo
PM		Gagnayaan Astronaut(s)	
		Intl' Astronaut (TBD)	
		Air Cmdre Rajesh Kumar	
		Dr Rahul	
03:00 PM to 03:05 PM	inc	dustry Showcase 6	
03:05 PM to 07:00 PM	Industry Visit - Pe	ople registered to move to vehicle	,
	Session M	112	
	NHA		
	Interoperability and Integration- building a Connected Health Systems	TBD NHA	Chair person
100000000000000000000000000000000000000	Implementation of ABDM in UP	TBD NHA	Dr K Selvakumar
03:05 PM to 03:45 PM	E sanjeevani	CDAC	Co-Chair person
	Integrating Telemedicine Platforms with ABDM	TBD NHA	Dr Amit Agarwal

	Implementation of ABDM in Karnataka *The four pillars, the pyramid and the	Dr.Suresh G Shashtri (Karnataka ABDM)	
A0 45 544 A0 55	Tele Medicine Cube"	Dr Santosh Kumar Kraleti	
03:45 PM to 03:55 PM	Industry Show	case 7 eCW (E Clinical works)	
	Session M Telemedicine Implementation In Rural II Impact		
		Ms Dhanalakshmi Ramachandra	<b>Chair person</b> Dr Surya Bali
03:55 PM to 04:40 PM	tele-health to overcome challenges in resource constrained environment	Mr Afaq Shah	Co-Chair person Mr. Sameer
	Tele-health implementation	Mr Saurabh Kumar Gond	Mr. Sameer Sawarkar
	Revival and Repurposes of telemedicine in the Indian Armed forces	Brig (Dr) Rakesh Dutta	(Moderator)
	Session M 14		Chair person
04:40 PM to	SUQUINO : Panel D	iscussion	Mr Ravi Amble
05:40PM	TBD	TBD	Co-Chair person
	TBD	TBD	Dr LS Satyamurthy
	Session M 15		
	Quality Improvement	in Telehealth	Chair person
05:40 PM to	Digital innovations to sustain and scale up quality improvement initiatives	Dr Vikram Dutta	Brig (Dr) Rakesh Dutta
06:30PM	Quality Improvement in Tele-health	Dr Peter Lachman	Co-Chair person
	From Prototypes to Pan-India Impact: Startup's attempt to Quality-Digital Health Solutions	Mr Navratan Katariya	Mr Arvind Tyagi
06.30 PM to 06:55 PM	Session M	16	Chair person
	Digital Health for St	ustainability	Mr Rajeev Kumar
	The Future of Al-Driven Healthcare	Dr Rajendra Gupta	Co-Chair person
	Sustainability in Digital health and Hospital Management	Dr Uma Nambiar	Dr Bhaskar Rajkumar
06:55PM to 07:00 PM	Move toward:	the vehicle for Dinner Venue	
08:00 PM to 10:00 PM		Dinner	

# DAY 2 (29<sup>th</sup> November 2025, Saturday) - Hall A

TIME	PROGRAMME + TOPIC	SPEAKERS	CHAIR PERSON
	Session A 6		Chair person
	Panel Discussion	Dr Manish Mattoo	Dr Girish Kulkarni
09:00 AM to 10:00		Dr Naga Nischal	Co-Chair person
AM	<b>Topic:</b> Business case for Telemedicine in	Dr P M Uttappa	Dr(Major) Guruprasad
	Hospital	Dr Joseph Pasangha	Thimmaiah
	Session A 7		
į.	Digital Health - Voices from ar	ound the Globe	Chairmanan
	Armenian Association of Digital Health	Dr.Robin Ohannessian	Chair person  Dr Sundar
10:00 AM to 11:00	Finnish Society of Telemedicine and e-Health	Dr.Pirkko Kouri	Swaminathan
AM	Infrastructure for Impact How Hospital Leadership Drives ROI Through Digital Strategy	Dr Ayushi Tandon	Dr Umashankar
	Italy	Dr Claudio Gabbiani	
11:00 AM to 01:00 PM	Move to Main hall , N	lo Parallel Session in Hall A	
01:00 PM to 02:00 PM	Lunch		
	Session A 8		
02:00 PM to 02:30	Panel Discussion TOPIC	Dr Alok Sen	
PM	Advanced Technology enabling specialised Eyecare	Dr.Senthil T	
2:30 PM to 3:30 PM	Session A 9		
	Oral Paper Presentation		
	Teleconsultation Services for Ayushman Arogya Mandir (AAM) under Hub & Spoke Model in Haryana State	Dr Amit Agarwal	Chair person
	Telemedicine for Infertility and Endometriosis: Expanding Women's	Dr Bimal John	Dr Usha

3:30 PM	Move to Main Hall, No parallel session at Hall A		
	Role of Specialist availability for teleconsultation in enhancing access, efficiency and outcomes in India's National Telemedicine Service	Dr Richa Gupta	
	Benefits of TELEICU in remote parts of India – A Study	Dr Rajendra Rawal	
	Soft Markers, Swift Action: Telemedicine as a Lifeline in Prenatal Genetics	Dr Parminder Kaur	
	Clinical Characteristics, Inflammatory Markers, and Serological Response in RT-PCR Negative Patients with High Clinical and Radiological Suspicion of COVID-19	Dr Mustafa Bashir	Co-Chair persor Dr Azhar Wahab
	Health Access and Improving Outcomes in Remote Island Populations		Manjunath

	Management of Diabetic Micro- and Macrovascular Complications using Retinal Images		
	Session 8		
	Paper presentation		
3:30 PM to 5.30 PM	Free to Heal: How Free Medicines Improved Utilization, Adherence, and Recovery in a Telemedicine Program for Tribal Communities	Elakeya Udhaya	
	From Consultation to Recovery: Measuring Patient Outcomes from Provider-to-Provider Teleconsultations in Tribal Communities in Maharashtra	Aditya Naskar	
	Facility Readiness Assessment and Provider Preparedness in eSanjeevani Odisha		

# DAY 3 (30<sup>th</sup> November 2025, Sunday) - Main Hall

TIME	PROGRAMME + TOPIC	SPEAKERS	CHAIR PERSON	
09:00 AM to 09:40 AM	Session M 17			
	Public health			
	Prevention of Blindness using Telemedicine among babies KIDROP's experience	Dr Anand Vinekar	<b>Chair person</b> Dr Suresh G Shast	
	NCD	Dr Satyanarayana	Co- Chair person	
	Standardizing Mental Health Data	Dr Thatagat Bhattacharjee	Dr Senthil	
	Digital Public Health: Leveraging Al and Telemedicine for Equitable Access	Dr Ashlesha Tawde Kelkar		
09:40 AM to 09:45 AM	Indi	ustry Showcase 8		
0.00	Session 16			
	Panel Discussion- CXO Round Table			
	What is? What if? What works? & What Wows? Breaking down Digital Health	Dr Nagesh	Chair person  Dr Alexander  Thomas  Rajarajan  (Moderator)	
09:45 AM to 10:25 AM		Ms Anjali Ajaikumar		
Can.		Mr Neeraj Lal		
		Mohammed Farouk		
		CFO , APollo		
0:25 AM to 11:25 AM	Session M 19		Chair person  Dr. Keerti Bhusan	
	HL - 7			
	4	Dr Chandil	Pradhan  Co-Chair person  Mr. D Satheesh  Kumar	
	Interoperability HL7 in Indian context	Mr Arun Kumar		
		Mr Kumar Satyam		
11:25 PM to 11:55 PM	Session M 2	10	Chair person	

1:30 PM	Lunch		
12:00PM to 1:30PM	Industry Showcase 9  Valedictory session		
11:55 PM to 12:00 PM			
	TBD	Padmashree Dr B N Gangadharan	Co-Chair person Dr. Kulanthaivel
4	Digital Health in Medical Curriculum		Dr. Sunil Shroff

# DAY 3 (30<sup>th</sup> November 2025, Sunday) - Hall A

TIME	PROGRAMME + TOPIC	SPEAKERS	CHAIR PERSON	
	Cost-effectiveness of Telemedicine for Cardio-metabolic Diseases: Experience from an Institute of National Importance in North India	Dr Supriya Thakur		
	Improving Patient & Provider Satisfaction with Telehealth: Insights from the Credence Digital Health User Survey	Mr Akshay SP		
	Upgradation of ISRO TM Network with DVB-S2	Mr Arvind Kumar Tyagi	Chair person Dr.Suresh G	
	Clinical Intelligence for Scalable Remote Care	Mr Avinash Babu M	Shastri	
	Multiparty VC over ISRO Telemedicine network	Mr Dhruvit Chaniyara	Co- Chair person	
	Telemedicine service in India needs Rebirth for New Transformation into a Structured Business model vis-a-vis cost effective Revenue model	Mr Satyamurthy Lakkavalli	TBD	
09:00 AM to	Telemedicine Odyssey A Journey of 100 CME Sessions	Mr Sudhir Agarwal		
12:30AM	Standardized Approach for Integration of Telehealth	Mr Tushar Atmaram Fegade		
	Telemedicine Follow-Up for Tuberculosis Patients: Pilot Study of Feasibility, Cost Implications and Satisfaction at AlIMS Rishikesh	Ms Monica Mahendru		
	Greentech Integrating AI chatbots in Teleconsultation to empower patients and decline clinical load : from access to action.	Mr Harisankar KS		
	Al-Integrated Predictive Healthcare Framework for Early Detection and Personalized Management of Diabetic Micro- and Macrovascular Complications using Retinal Images	Dr Sridevi		
	Implementation of Assisted Telemedicine eSanjeevani AB-HWC platform for Universal Health Coverage in Haryana, India: A Mixed Method Study	Dr Aruna Singh		
12:30 PM to 01:30 PM	Move to Main Hall for Valedictory	function, No Parallel Session in	Hall A	

# DAY 3 (29<sup>th</sup> November 2025, Saturday) - Hall B

TIME	PROGRAMME + TOPIC	SPEAKERS	CHAIR PERSON
09:00 AM to 10:00 AM	Session 8		
10:00 AM to 11:00 AM	Session 9		
	Lactation workshop		
11:00 AM to 01:00 PM	Move to main hall for Valedictory function, No Parallel Session in Hall B		
01:30 PM to 02:30 PM		Lunch	

## DAY 3 (29th November 2025, Saturday) - Hall C

TIME	PROGRAMME + TOPIC	SPEAKERS	CHAIR PERSON
	Session	8	
		Hackathon Finalist	
09:00 AM to 10:00 AM		Hackathon Finalist	
		Hackathon Finalist	
		Hackathon Finalist	
		Hackathon Finalist	
11:00 AM to 12:00 AM			
12:00 PM to 12:30 PM			
12:30 PM to 01:30 PM	Move to Main Hall for Valedia	ctory function, No Parallel Sessio	on in Hall C
01:30 PM to 02:30 PM		Lunch	

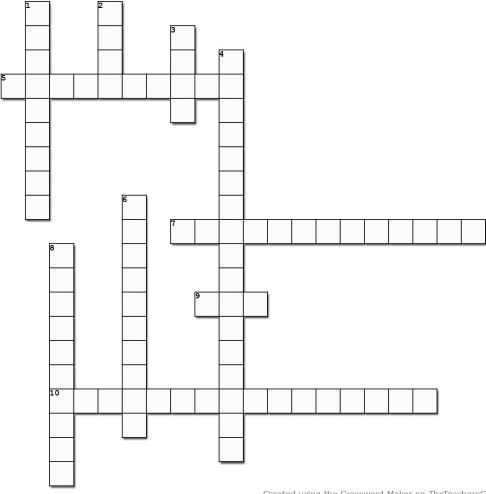
\*Note: The above scientific program is tentative only. Sessions timings and speakers may change.

Click here to view the updated Scientific Program

## ::CROSSWORD::

## TSI Crossword No 007

Complete the crossword puzzle below



Created using the Crossword Maker on TheTeachersCorner.net

#### **Across**

- 5. Remote medical documentation assistant
- 7. Centralized repository that integrates data from multiple medical systems for research, reporting, and analytics
- **9.** Branch of AI that extracts useful information from unstructured clinical text like doctor's notes and discharge summaries
- 10. Tracking of patient health parameters such as blood pressure, glucose etc from home using connected digital devices

#### <u>Down</u>

- 1. Systematic testing to detect eye disease early.
- 2. Hospital system that stores, retrieves, and distributes radiology images electronically, replacing physical films (abbr.).
- 3. Digital record maintained within a single healthcare facility, often considered the electronic version of a paper chart
- 4. Telemedicine branch focused on eye care
- 6. Method of converting health data into a coded form to protect it from unauthorized access during storage or transmission
- 8. Automated log that records every access, modification, and action performed inside an electronic health system.

**Click here to Print the Crossword** 

**Click here to view the Crossword Rules and Regulations** 

## Compiled by Dr.Umashankar

Answers in December 2025 Newsletter!

Click here to view the Answers for Crossword No. 006

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- 6. Provide any attributions
- 7. Visuals are welcome including video links
- 8. Send full authors name, degrees, and affiliations along with a passport sized photograph of good resolution. If multiple authors, only main author photo to be sent.

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