TELEMEDICON 2025 | Bengaluru

Theme: Digital Health for a Sustainable Future

Conference Report

Organized by

Telemedicine Society of India- Karnataka Chapter

27th to 30th November 2025

Venue

JN TATA Auditorium, Indian Institute of Science, Bangalore

Preface

Telemedicon 2025 – Conference Proceedings & Report

It gives us immense pleasure to present the Proceedings and Conference Report of **Telemedicon 2025**, a landmark gathering of clinicians, technologists, policymakers, researchers, innovators, and industry leaders committed to advancing telemedicine and digital health. Held under the overarching theme of *"Digital Health for a Sustainable Future,"* the conference served as a dynamic platform for dialogue, collaboration, and innovation in strengthening healthcare systems through technology.

Telemedicon 2025 was organized by the Telemedicine Society of India (TSI) Karnataka Chapter, a pioneering professional body dedicated to promoting telehealth practices, research, capacity building, and policy advocacy in India and globally. Over the years, Telemedicon has evolved into a premier forum that reflects the rapid transformation of healthcare delivery—from teleconsultations to integrated digital health ecosystems powered by artificial intelligence, interoperability standards, and national digital health frameworks.

This year's conference brought together distinguished national and international speakers, thought leaders, and delegates who deliberated on key themes including telemedicine implementation, artificial intelligence in healthcare, health informatics standards, digital public health, capacity building, regulatory frameworks, data governance, and ethical considerations. The scientific program featured keynote addresses, plenary sessions, panel discussions, oral and poster presentations, hands-on workshops, hackathons, and start-up pitch sessions—each contributing to a rich exchange of ideas and practical insights.

A special emphasis was placed on aligning telemedicine initiatives with India's evolving digital health landscape, particularly the transformative potential of the Ayushman Bharat Digital Mission (ABDM). Discussions highlighted how interoperable digital infrastructure, electronic health records, and patient-centric technologies can bridge healthcare inequities and promote sustainable, inclusive healthcare delivery.

The Proceedings document the scholarly contributions presented during the conference, reflecting the diversity, depth, and innovation within the field. The Conference Report captures the highlights, deliberations, outcomes, and recommendations that emerged from this collective engagement. Together, they serve as a valuable reference for researchers, practitioners, administrators, and policymakers working to shape the future of digital health.

Telemedicon 2025 stands as a testament to the collaborative spirit of the telemedicine community and its unwavering commitment to leveraging technology for equitable and quality healthcare. We extend our sincere gratitude to all speakers, authors, delegates, partners, sponsors, organizing committees, and volunteers whose dedication made this event a resounding success.

We hope that this publication not only documents the proceedings of Telemedicon 2025 but also inspires continued innovation, research, and partnerships in building resilient and digitally empowered health systems for the future.

Organizing Committee

Contents

Introduction

At a time when digital health is rapidly transforming healthcare delivery, Telemedicon 2025 emerged as a timely and impactful platform for reflection, innovation, and collaboration. The conference marked another significant milestone in the Telemedicine Society of India's ongoing efforts to promote the integration of digital technologies into mainstream healthcare delivery. Telemedicon 2025 served as a national and international platform bringing together clinicians, technologists, policymakers, researchers, startups, and academic institutions to deliberate on the evolving landscape of telemedicine and digital health The conference facilitated meaningful dialogue on emerging technologies, regulatory frameworks, ethical practice, and real-world implementation of telemedicine across diverse healthcare settings. Through a rich mix of keynote addresses, plenary sessions, panel discussions, scientific presentations, and interactive forums, Telemedicon 2025 reaffirmed its role as a catalyst for advancing accessible, equitable, and technology-enabled healthcare in the country. The conference focused on translating innovation into scalable, ethical, and sustainable healthcare solutions aligned with India's digital health vision

Process

The journey of Telemedicon 2025 commenced with the successful bid submitted by the Karnataka Chapter of the Telemedicine Society of India (TSI) during the TSI Annual General Meeting held in Chandigarh. Following the acceptance of the bid, the Executive Committee of TSI Karnataka constituted the Organizing Committee along with various sub-committees to plan and execute the conference. It was subsequently decided to host the conference from 27th to 30th November 2025 at the J. N. Tata Auditorium, Indian Institute of Science (IISc), Bengaluru. From the outset, the Organizing Committee envisioned Telemedicon 2025 as a landmark event, as it coincided with the 25th year of telemedicine in India, marking a significant milestone in the nation's digital health journey.

Telemedicon 2025 – the 21st International Conference of the Telemedicine Society of India thus emerged as a dual celebration: a forward-looking global forum at the intersection of healthcare innovation, digital technology, and sustainability, and a commemoration of 25 years of telemedicine in India, reflecting the country's pioneering contributions to digital health. Hosted in Bengaluru, India's technology capital, the conference brought together policymakers, healthcare professionals, researchers, technologists, industry leaders, and global experts to deliberate on the role of digital health in building resilient, equitable, and sustainable healthcare systems for the 21st century.

At a time when health systems across the world are grappling with challenges such as inequitable access to care, climate change, workforce shortages, and resource constraints, Telemedicon 2025 provided a timely platform to examine how telemedicine, mobile health, artificial intelligence, health informatics, and emerging digital solutions are transforming healthcare delivery. The conference fostered meaningful dialogue on innovation, policy, ethics, and implementation, reinforcing the growing importance of digital health as a key enabler of universal health coverage and sustainable development.

Theme: Digital Health for a Sustainable Future

During the planning phase, the Organizing Committee deliberated extensively on the scope and vision of the conference and agreed that Telemedicon 2025 should move beyond a narrow focus on telemedicine alone. It was felt that the conference must adopt a broader digital health perspective, address both the present realities and future directions of healthcare delivery, while also emphasizing sustainability—not only in terms of long-term programmatic impact but

also from an environmental and systems perspective. Based on these discussions, key concepts such as Digital Health, Present, Future, and Sustainability were identified as guiding pillars for the conference. These deliberations culminated in the selection of the conference theme, "**Digital Health for a Sustainable Future**," which aptly reflected the evolving role of digital technologies in building resilient, inclusive, and environmentally responsible healthcare systems.

Logo

In alignment with the conference theme, the Organizing Committee deliberated that the conference logo should visually represent the core concepts of Telemedicon 2025. It was agreed that the logo must symbolically capture key elements such as healthcare, digital networks, artificial intelligence, and communication, while also reflecting Bengaluru's identity as India's Silicon City. Based on these guiding principles, the design team developed multiple logo concepts, each incorporating different visual interpretations of digital health and technological connectivity. Following several rounds of review, discussion, and refinement, the Organizing Committee unanimously finalized the present logo, which effectively embodies the conference theme "Digital Health for a Sustainable Future" and the spirit of Telemedicon 2025.

Figure 1 Logo of Telemedicon 2025

Figure 2 First Flyer of Telemedicon 2025, Curtesy INSIGHTLYST

Committees

National Advisory Committee

- Mr. A. Bhaskaranarayana
- Prof. K. Ganapathy
- Mr. Baljit Singh Bedi
- Prof. Saroj Kanta Mishra
- Mr. L. S. Satyamurthy
- Dr. Bhagwant Singh Ratta
- Prof. Biswa N Mohanty
- Prof. K. Selvakumar
- Mr. Vimal Wakhlu
- Maj. Gen (Dr) Ashok K Singh
- Col. (Dr) Ashvini Goel
- Prof. Prasanta K Pradhan
- Prof. Meenu Singh
- Dr. R. Kim

National Executive Committee TSI

- Dr. Prem Nair – President
- Dr. R. Kim – Immediate Past President
- Dr. Sunil Shroff – President Elect
- Dr. Murthy Remilla – Vice President
- Prof (Dr) Umashankar S – Honorary Secretary
- Dr. Krishna Kumar – Treasurer
- Mr. D. Satheesh Kumar – Joint Secretary

Executive Members:

- Dr. Amit Agarwal
- Dr. Pawan Gupta
- Dr. Raj Raval
- Dr. T. Senthil
- Dr. Sheila John
- Dr. Surya Bali

Executive Committee Karnataka State Chapter

- Dr. Sanjay Sharma – President
- Dr. Remila Murthy – Vice President
- Prof (Dr) Umashankar S – Honorary Secretary
- Mr. Rajeev Kumar – Treasurer

Executive Members:

- Dr. Bhaskar Rajakumar
- Mr. Sameer Sawarkar

Local Organizing Committee

- Dr. Uma Nambiar – Chairperson
- Dr. Sanjay Sharma – Co Chairperson
- Dr. Murthy Remila – Co Chairperson
- Dr. Umashankar S – Org Secretary
- Dr. Bhaskar Rajakumar – Org Secretary
- Mr. Rajeev Kumar – Treasurer
- Dr. Dileep Raman
- Dr. Chandil Kumar
- Mr. Sameer Subhash Sawarkar
- Dr. Suresh Bada Math
- Dr. Arvind Ranganathan
- Mr. Uma Mahesh Katta

Scientific Committee

- Dr. Murthy Remila – Chairperson
- Dr. Suresh Badamath – Co Chairperson
- Col. (Dr) Deep Kumar Raman
- Dr. Amit Agarwal
- Mr. Jayaganesh
- Dr. Nita Paniker
- Mr. Rajarajan
- Dr. Nanda Kumar
- Dr. Thanga Prabhu
- Dr. Ravikumar Modali

Hackathon

- Dr. Arvind Ranganathan
- Dr. Bhaskar Rajakumar
- Dr. Ankur Mittal
- Dr. Dayaprasad Kulkarni
- Dr. Keerthi Pradhan
- Dr. Susheela Venkatraman
- Dr. Raj Rawal

Quiz

- Dr. K Ganapathy

Publicity And Communications Committee

- Dr. Haleema Yezdani
- Ms. Indritta Singh Dmello
- Dr. Krishna Kumar

Finance / Fund Raising

- Mr. Rajeev Kumar
- Dr. Shivram Krishnan
- Dr. Shyam Bhandari
- Dr. Chandil Kumar
- Dr. Ravi Koushik

Expo

- Mr. Adarsh
- Mr. Natesh
- Dr. T Senthil Kumar

Conference Secretariat

- Ms. Meenakshi
- Ms. Lavanya
- Dr. Sreeram Menon
- Ms. Riana
- Ms. Sharmada
- Ms. Gopika
- Ms. Maria
- Mr. Abhishek
- Mr. Satheesh
- Mr. Manjunath

Event Management

- AVYAYA MEDICON
- Sufiya End2End

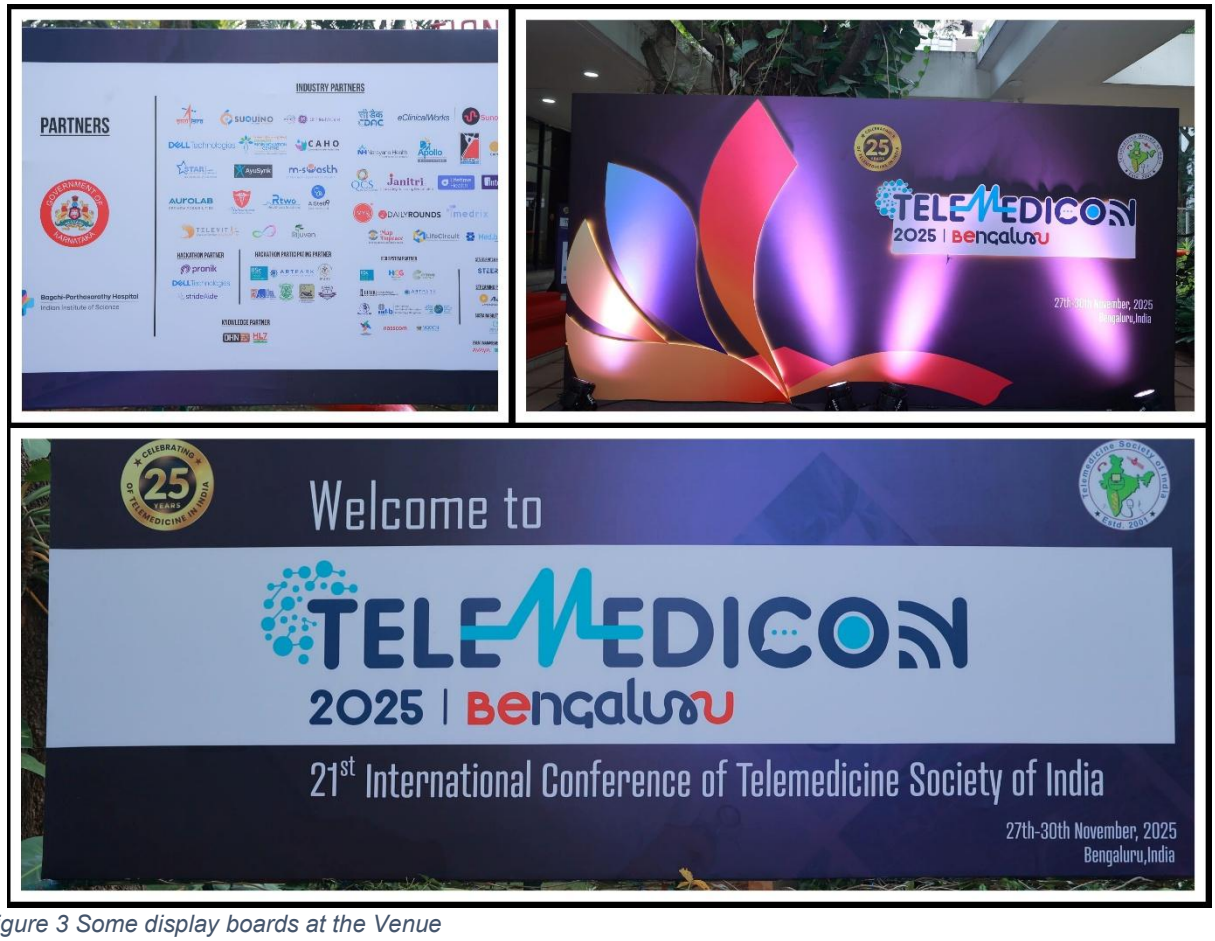

Figure 3 Some display boards at the Venue

Figure 4 Campaigning for Telemedicon 2025 at various forums and other conferences

Figure 5 MoU with TSI and Telemedicon Local Organizing Committee

Conference Highlights

Pre-Conference Workshops:

Interactive training sessions on merging digital tools, standards, and best practices.

Scientific Paper & Poster Presentations

Share groundbreaking research and real-world innovations in telemedicine and digital health.

Hackathon

Co-create tech-enabled solutions for sustainable healthcare challenges.

Startup Pitch Arena

Spotlight for startups shaping the digital health landscape

Digital Health Quiz

Engage and challenge your knowledge of global digital health trends.

Industry Visit

Experience digital health in action at leading healthcare and tech hubs

Digital health expo

The Digital Health & Telemedicine Expo is a dynamic exhibition space showcasing the latest innovations, products, services, and solutions in the field of digital health, health tech, and telemedicine.

Accreditation

The Karnataka Medical Council granted 4 CME Credits

Figure 6 Few Flyers of Telemedicon 2025

Scientific Sessions Tracks

Track 1: Evidence-based Applications in AI & Next-Gen Technologies in Healthcare

Focus: Cutting-edge digital tools transforming healthcare delivery

- Generative AI in Clinical Practice: Opportunities and Restraints
- Digital Twins & Virtual Hospitals
- Augmented & Virtual Reality in Medical Education & Training
- AI-Powered Digital Health: From Bots to Biofeedback and Beyond
- AI for Imaging and Diagnostics in Resource-Poor Settings

Track 2: Telemedicine & Virtual Care Models

Focus: Redefining accessibility, continuity, and quality of care

- Scaling Telemedicine Beyond the Pilots
- Building Sustainable Telehealth for diverse healthcare settings
- Remote ICUs and Telerobotics: Status and Future of Critical Care
- Blending Virtual and In-Person Care Models -Hybrid Models Bringing the Best of Both
- Digital Assistants for Nurses and Health Workers
- IoT-Powered Smart Clinics/Homes

Track 3: Remote Monitoring, Wearables & mHealth

Focus: Empowering patients and providers through real-time data

- Continuous Care Through Remote Monitoring Devices
- Integrating Wearable Data with EMRs
- Online and Offline-Health Apps for Low-Bandwidth Areas
- Mobile Diagnostics and Low-cost Point of Care Devices

Track 4: Personalised & Predictive Digital Public Health

Focus: Prevention, early detection, and tailored care

- Smart Algorithms for Predictive Health Risk
- Digital Biomarkers and Behaviour Tracking
- Digital Therapeutics for Chronic Disease Management
- Precision Health Through Genomics + AI, for Personalised Care
- Disease Forecasting Using AI: the Theory Vs. Reality
- Integration of Digital Health in Public Services and Disaster Management System
- Digital Health for Reproductive, Maternal, Neonatal, Child and Adolescent Healthcare.
- Digital Health Application in National Health Programs.
- One Health or Climate-Sensitive Disease Modelling

Track 5: Digital Health Data, Law and Ethics

Focus: Secure, ethical, and inclusive use of healthcare & data

- Interoperability & Standardization and its Challenges in Harmonizing Electronic Health Records Across Platforms and Technologies.
- Ensuring Data Transfer and Safety in Synchronous/Asynchronous Mode

- Cybersecurity in Telehealth, Emerging Threats and Protection Protocols for Patient Data.
- Building Patient Trust in Virtual Environments and Cultural Perceptions of Privacy and Technology-Based Healthcare.
- Ethical Authentication & Identity Verification: Tools & Technologies for Biometrics and Data-Capture Methods in Remote Consultations.
- Third-Party Integrations: -Risks And Regulations Surrounding Data-Sharing with External Apps and Cloud Storage
- Blockchain for Health Records & Consent Management
- Design Enhancements for Privacy and security- - in Healthcare Platforms
- AI Explainability, Bias, and Algorithmic Justice in Decision Making from Ethical Perspective
- Patient Consent in AI-driven Interventions

Track 6: Sustainable, Green & Climate-Responsive Health Systems

Focus: Leveraging Benefits of Digital Technology to Build Eco-Friendly and Resilient Health Systems

- Virtual Care: Reducing the Carbon Footprint, Emission & Beyond
- Managing e-waste and Green Health IT Procurement
- Any other topic for designing and operating Sustainable Healthcare Systems

Track 7: Digital Health Equity, Inclusion & Local Innovation

Focus: Ensuring no one is left behind in the digital revolution

- Designing for Diversity: Disability, Gender & Language
- Indigenous & Community-Led Telehealth Models
- Health Access in Tribal and Conflict-Affected Areas
- Digital Health for Traditional Healthcare Systems- AYUSH
- Women Entrepreneurs in Telemedicine and Telehealth

Track 8: Digital Health Governance, Policy & Global Strategy

Focus: Shaping the future through policy, regulation and partnerships

- The Future of Digital Health Regulation in India and Directions for Global Systems
- Financing Models for Scalable Health Innovation from Micro to Macro level
- Global Interoperability & Supply Chain Model for Digital Health Goods & Services
- National Digital Health Missions: Lessons & Perspectives from India & Others

Track 9: Space Medicine

Focus: Remote Healthcare Delivery for Astronauts & Space-tourists

- Diagnosing And Treating Medical Issues for Astronauts & Space-Tourists
- Providing Clinical Decision Support in the Absence of Real-Time Consultation
- Using Wearables, Biosensors, and AI To Collect and Analyse Health Data-Guidelines for Future
- Ensuring Continuous Monitoring of Vital Signs, Hydration, and Mental Health for Long-Duration Space Missions

- Preparing & Preventing Health Risks like Developing Countermeasures (exercise, nutrition, medication etc.)
- 24x7 Monitoring Health with Limited Resources and Personnel

Track 10: Digital Health for Diverse Specialities

- Tele-ICU and Critical Care Monitoring
- Tele-oncology
- Tele-cardiology
- Tele-psychiatry and Mental Health Interventions
- Tele-dermatology
- Tele-ophthalmology
- Tele-radiology
- Tele-nephrology
- Tele-rehabilitation: Virtual Physical Therapy & Recovery and occupational therapy
- Tele-paediatrics
- Tele-pathology
- Tele-surgery
- Other specialities
- Digital Health for Corporate and Occupational Health

Track 11: Digital Health Literacy & Workforce Training

Focus: Empowering individuals and communities to navigate digital health tools effectively

- Integrating Digital Health into Medicine, Nursing & Allied Health Education
- Bridging the Digital Divide: Strategies for Inclusive Health Care Irrespective of Geography
- Digital Health Literacy: Tools, Framework, Pricing and Evaluation
- Digital Health Literacy as a Tool for Improved Healthcare
- Digital Health Workforce : Challenges and Opportunities

Track 12: Special Segments

- Startup Showcase: Pitch sessions for digital health innovators
- Policy Roundtables: Government, donors, and academia in dialogue
- Interactive Workshops: Data ethics, open-source platforms, AI demos
- Health Hackathon / Design Sprint: Co-creating local digital solutions
- Space Medicine – A Panel Discussion with Astronauts and Space Tech’s

Track 13: Any other topic related to Digital Health – Systems, Technology, Models and Practice

Figure 9 Telemedicon Organizing Committee Live Talk show on AIR FM Rainbow

Figure 10 Organizing Committee with RJ Nagashree of FM Rainbow

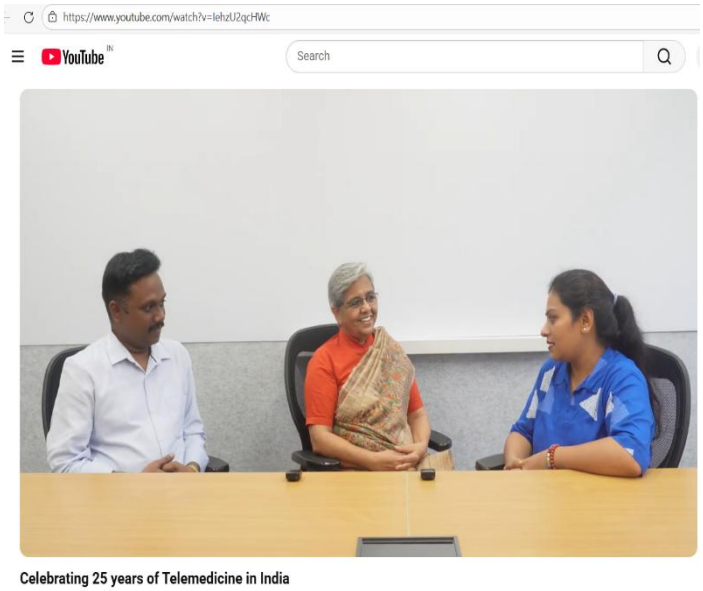

Figure 7Talk Show on Telemedicon 2025 in YouTube with Youtuber Dr. Nayanashree

Figure 8 Team Telemedicon 2025 at Press Club of India, briefing media on Telemedicon

Partners

Figure 11 List of Partners and Supporters

Program Schedule

Preconference workshop on AI in Healthcare		
Hall A - 27th November 2025		
Time	**Topic**	**Speakers**
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	AI in Healthcare from Idea to FDA cleared device, what healthcare proefessionals need to know	Dr Shahir
03:30 PM - 04:30 PM	AI prompting for Health research	Dr Arti Pawaria
04:30 PM - 05:00 PM	Certificate Disrtibution	

21st International Conference of Telemedicine Society of India (TSI) 'Telemedicon 2025						
Theme: Digital Health for Sustainable Future						
Tentative Program Schedule						
		Day - 1				
Date	28th Nov 2025		Day 1			
Venue	Main Hall					
Time	Session	Programme	Topic	Speakers	Chair	Co-Chair
08:00 AM to 09.30 AM	Registrations					
09:30 AM to 10:30 AM	Session M 1	Panel Discussion on Silver Jubilee of Telemedicine in India	Telemedicine in India: 25 Years of Innovation — The Idea, Efforts, Impact, Lessons, and Challenges	Dr.G. Madhavan Nair Mr.A.Bhaskaranarayana Prof.K Ganapathy Mr. L. S. Satyamurthy Prof. Biswa N Mohanty Prof.Meenu Singh Prof. K. Selvakumar	Dr. Meenu Singh	Dr. Murthy Remilla (Moderator)
10:30 AM to 10:35 AM	Industry Showcase 1					
10:35 AM to 11:35 AM	Session M 2	Panel Discussion on Tele-ICU (GE session)	Tele-ICU	Mr. R G Ajay Prakash Mr. Atul	Dr. Raj Rawal	TBD GE
11:35 AM to 01:30 PM	Inaugural Session					
01:30 PM to 02:00 PM	Lunch					
02:00PM to 03:00 PM	Session M 3	Pranik AI: Panel Discussion	Democratization using AI- First Strategy	Dr.Karthik Ramesh Dr Gaurav Raina Mr.Praveen Mr.Kiran Mr.Srini	Dr. Sanjay Sharma	Dr.Karthik Ramesh
03:00 PM to 03:05 PM	Industry Showcase 2					
03:05 PM to 4:05 PM	Session M 4	Panel Discussion	Digital Transformation In the Public Health System	Dr Avinash Menon IAS Dr. Arun Thamburaj IAS Dr.Pinky Jowel IAS	Dr. Prem Nair	Dr.Uma Nambiar (Moderator)
04:05 PM to 04:10 PM	Industry Showcase 3					
04:10 PM to 05:10 PM	Session M 5	AI in Action and Decision Making	AI in Gastro AI Transforming Transplant Medicine: From Matching to Monitoring AI in Nephrology AI in Dermatoolgoy Click when possible, brick when required - Telehealth in Orthopaedics	Dr GV Rao Dr Sunil Shroff Dr Shyam Vasudev Rao Dr.Sonali Kirde Dr. P Srinivas	Dr Sundar Swaminathan	Dr.Arvind Ranganathan
05:10 PM to 05:20 PM	Tea/Coffee Break					
05:20 PM to 07:00 PM	TSI AGM					

Date	29th Nov	Day - 2	Day 2			
Venue	Main Hall					
Time	Session	Programme	Topic	Speakers	Chair	Co-Chair
08:00 AM to 09.00 AM	Registrations					
09:00 AM to 09.40 AM	Session M 6	Digital Trends in Crital Care	Stroke medicine	Dr Vivek Nambiar	Dr. B.S Ratta	Dr. Shyam Bhandari
			The role of Tele-EM(Tele - Emergency Medicine) In Modern Healthcare	Dr. Pradeep Thomas		
			Affordable Intelligent Critical Care (AICC): AI as the New Operating System of Critical Care	Dr.Sachin Verma		
			Telehealth to Overcome Challenges in Resource - Limited Environments	Dr. R Krishnakumar		
09:40 AM to 09:45 AM	Industry Showcase 4					
09:45AM to 10:25 AM	Session M 7	AI and Next Gen technologies in Healthcare (Doctors AI)	AI to make Telemedicine useful and effective	Mr Raghu Dharmaraju	Dr. Arti Pawaria	Dr. K. Krishnakumar
			From Hype to Hands-On: Practical Path to AI Education for Doctors	Dr. Amit Kumar Dey		
			TBD	Mr.Kalyan Sivaselvam		
			From Prescription to Adherence, Agenetic voice AI for better Patient Adherence	Mr.Bhargava Subramanian		
			Reimagining Telemedicine in the Age of AI - a Human Centric Perspective	Mr.Bharat Gera		
10:25 AM to 10:30AM	Industry Showcase 5					
10:30 AM to 11:00 AM	Session M 8	Presidential Oration + TBD		Dr. Prem Nair	Dr Sunil Shroff	Dr. Umashankar S
11:00 AM to 12:30 PM	Session M 9	Startup Pitch Final Presenation and Panel Discussion				
12:30 PM to 01:00 PM	Session M 10	Digital Health Quiz		Prof.K.Ganapathy		
01:00 PM to 02:00 PM	Lunch					
02:00 PM to 03:00 PM	Session M 11	Space Medicine	Panel Discussion	Jayakumar Venkateshan	Dr Agarwal	Dr. Murthy Remilla
				StawoszUzanski-Wisniewski,ESA Astrounaut (TBD)		
				Gp Capt Angad Pratap (Gagnayaan Astronaut)		
				Intl' Astronaut (TBC)		
				Dr. B Sinha		
				Dr. Rahul Dev		
03:00 PM to 03:05 PM	Industry Showcase 6					
03:05 PM to 07:00 PM	Industry Visit - People registered to move to vehicle					
03:05 PM to 03:45PM	Session M 12	NHA	Interoperability and Integration- building a Connected Health Systems	Ms.Rajlakshmi Das	Dr K Selvakumar	Dr. Amit Agarwal
			Integrating Telemedicine Platforms with ABDM	Meenakshi Jha		
			Implementaion of ABDM in Karnataka	Dr.Sushil (Karnataka ABDM)		
			"The four pillars, the pyramid and the Tele Medicine Cube"	Dr Santosh Kumar Kraleti		
03:45PM to 03:55 PM	Industry Showcase 7 eCW (E Clinical works)					
03:55 PM to 04:40PM	Session M 13	Telemedicine Implementation In Rural India - Challenges, Learning and Impact		Ms. Dhanalakshmi Ramachandra	Dr. Surya Bali	Mr. Sameer Sawarkar (Moderator)
			tele-health to overcome challenges in resource constrained environment	Mr. Afaq Shah		
			Tele-health implementation	Mr Saurabh Kumar Gond		
				Mr Sivaram Rajagopalan		
04:40 PM to 05.40PM	Session M 14	SUQUINO : Panel Discussion	Holistic Connected Care Telehealth Networks	Mr. Ravi Amble	Mr.Ravi Amble	Mr. LS Satyamurthy
				Mr. LS Satyamurthy		
				Dr. Khyati		
				Dr.Vishal		
				Dr Srinivas		
05.40 PM to 06:30PM	Session M 15	Quality Improvement in Telehealth	Revival and Repurposes of telemedicine in the Indian Armed forces	Brig (Dr) Rakesh Dutta	Mr. Ashwin Desai	Mr. Arvind Tyagi
			Embracing the future safely	Dr.Peter Lachman		
			From Prototypes to Pan-India Impact: Startup's attempt to Quality-Digital Health Solutions	Mr. Navratan Katariya		
06.25 PM to 06:55 PM	Session M 16	Digital Health for Sustainability	The Future of AI-Driven Healthcare	Dr.Rajendra Gupta	Mr. Rajeev Kumar	Dr Bhaskar Rajkumar
			Sustainability in Digital health and Hospital Management	Dr.Uma Nambiar		
06:55 PM to 07:00 PM	Move towards the vehicle for Dinner Venue					
07:00 PM to 08:00 PM	Travel to Dinner					
08:00 PM to 10:00 PM	Dinner					

Date	30th Nov	Day - 3	Day 3			
Venue	Main Hall					
Time	Session	Program	Topic	Speakers	Chair	Co-Chair
09:00 AM to 09:40 AM	Session M 17	Technology applications in Public health	Prevention of Blindness using Telemedicine among babies KIDROP's experiece	Dr Anand Vinekar	Brig Rakesh Datta	Dr. Senthil
			NCD	Dr Satyanarayana		
			Standardizing Mental Health Data	Mr. Tathagata Bhattacharjee		
			Digital Public Health: Leveraging AI and Telemedicine for Equitable Access	Dr. Ashlesha Tawde Kelkar		
09:40 AM to 09:45 AM	Industry Showcase 8					
09:45 AM to 10:25 AM	Session M 18	Panel Discusion-CXO Round Table :	What is? What if? What works? & What Wows? Breaking down Digital Health	Dr Nagesh	Dr. Alexander Thomas	Mr. Rajarajan (Moderator)
				Mr. Uday Davada		
				Dr. Reema N		
				Mr. Mohammed Farouk		
10:30 AM to 11:20 AM	Address by Minister of Health and Family Welfare, GoK Shri Dinesh Gundu Rao					
11:20 PM to 12:00 PM	Session M 19	HL - 7	Interoperability HL7 in Indian context	Dr. Chandil Kumar	Dr. Keerti Bhusan Pradhan	Mr. D Satheesh Kumar
				Mr. Arun Kumar		
				Mr. Nijagunadeva		
				Mr. Kumar Satyam		
12:00 PM to 12:30 PM	Session M 20	Digital Health in Medical Curriculum	Digital in medical curriculum	Padmashree Dr B N Gangadharan	Dr. Sunil Shroff	
12:30PM to 1:30PM	Valedictory session					
13:30	Lunch					

	Theme: Digital Health for Sustainable Future					
	Tentative Program Schedule					
Date	28th Nov		DAY 1			
Venue	Hall A					
Time	Session	Programme	Topic	Speakers	Chair	Co-Chair
08:00 AM to 09:30	Registration					
09:30 AM to 10:00 AM	Session A 1	Tele-Pathology	Role of Digital Health in Pathology	Prof Aravind Rao	Dr.Raja Ramachandran	Dr (Gp Capt) Suchitra Mankar
				Dr Brijdeep Singh		
				Dr. Nisha Ramdass		
10:00 AM to 10:30 AM	Session A 2	AI in Telemedicine	Role of AI in augmenting Telemedicine	Mr. Kevin Devasia	Prof.Kulandaivelu G	TBD
			Surgery recording for education	Mr. Satya		
			Health data governance in AI era	Mr.Parishrut		
10:30 AM to 11:15AM	Session A 3	Challenges of Digital Health	NHS Rmote Patient Monitoring: Objective data driving CHF outcomes	Dr. Vijay Simha	Dr. Dhanjay Mondol	
			Future of Telemedicine	Dr Srinivas Madhusudhan Kandada		
11:15 AM to 11:30	To move to Main Hall					
11:40 AM to 01:00	Inaugural Session at Main Hall : No Parallel Session in Hall A					
01:00 PM to 02:00	Lunch					
02:30 PM to 03:30 PM	Session A 4	Oral Paper Presentation	Digital Health Equity: Telemedicine as a Tool for Inclusive Universal Health Coverage	Ms. Padmavati Manchikanti	Dr.Surya Bali	Dr. Nanda Kumar Sastry
			Swasthay Kumbh 2025: A holistic approach to provide health screening & Tele-consultation using a digital health platform	Mr. Indra Pratap Singh		
			Designing Scalable and Secure Web Platforms for Collaborative Digital Health Networks Abstract:	Mrs. Priyanka Tiwari		
			Impact Assessment of Rural Telemedicine Enabled Health Centres (TEHC)- is the return on investment (ROI) worth it?	Dr (Gp Capt) Suchitra Mankar		
			AI 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 - not answering calls		
			AI-driven Analysis for Remote Patient Monitoring	Mr. Ameya Sudhir Patil		
03:30 PM to 05:30 PM	Session A 5	Oral Paper Presentation	Strengthening Primary Care through CHO Triage Protocol for eSanjeevani in Lucknow District, Uttar Pradesh	Dr. Gyan Sharma - Not answering	Dr Nita V Panicker	D.Sateesh Kumar
			Field Testing of a Portable Mobile Otoscope for Accessible Ear Screening Among School Children	Dr. Shwethasree M - Not answering		
			Enhancing Medical Education for Pathology through	Ms. Maanvi Saikia		
			Tele-Triage for Pediatric Foreign Body Aspiration	Dr. Naveen Bhagat (Shagun Singh) - Not answering		
			Comparative Effectiveness of Wearable-Based vs App	Dr. Anil Chauhan		
			Emergence of Information Communication Technology & Artificial Intelligence in Healthcare Education	Dr. Ulagamuthalvi V - Number Busy		
			Internet of Medical Things (IoMT): Remote Healthcare Systems and Applications	Prof. Dr. G. Kulanthaivel - Number Busy		
			Prevalence of Hypertension Among Tunnel Workers: Association with Age and Duration of Exposure	Dr. Khyati Gupta		
			Telemedicine Follow-Up for Tuberculosis Patients: Pilot Study of Feasibility, Cost Implications and Satisfaction at AIIMS Rishikesh	Ms. Monica Mahendru - not answering		
			Guidelines for securing Medical Devices and Internet of Medical Things (IoMT) during integration & data processing	Shailendra Singh Narwariya		
			Building Green Futures: Transforming Hospitals for Sustainability and Resilience	Ms. Harleen Kaur		
			AI-Powered Interdental Gap Assessment: An End-to-End Pipeline for Accurate	Tejashwini P S		
			Early Detection of Oral Cancer Using AI-Augmented Multi-Spectral Intraoral	Prof. Prathik		
05:30 PM to 07:30 PM	TSI AGM at Hall A, No Paralel Session at Hall B					

Date Venue	29th Nov Hall A		Day 2			
09:00 AM to 10:00 AM	Session A 6	Panel Discussion	Business case for Telemedicine in Hospital	Dr Manish Mattoo Dr Naga Nischal Dr. P M Uttappa Dr.Joseph Pasangha	Dr. Girish Kulkarni	Dr.(Major) Guruprasad Thimmaiah
10:00 AM to 11:00 AM	Session A 7	Digital Health - Voices from around the Globe	Armenian Association of Digital Health	Dr.Robin Ohannessian	Dr Sundar Swaminathan	Dr Umashankar S
			Finnish Society of Telemedicine and e-Health	Dr.Pirkko Kouri		
			Infrastructure for Impact: How Hospital Leadership Drives ROI Through Digital Strategy	Dr Ayushi Tandon		
			Point of care and digital health	Dr Claudio Gabbiani		
11:00 AM to 01:00	Move to Main hall , No Parallel Session in Hall A					
01:00 PM to 02:00	**Lunch**					
02:00 PM to 02:30 PM	Session A 8	Panel Discussion	Advanced Technology enabling specialised Eyecare	Dr Alok Sen 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	Dr. Usha Manjunath	Dr. Azhar Wahab
			Space-Inspired TeleRehabilitation for Bone Loss Using AI-Guided Motion Correction,	Ms. K. Reshma Rithik		
			Public Outreach in Digital Health & Telemedicine during Kumbh 2025, Prayagraj	Dr.K Krishnakumar		
			Soft Markers, Swift Action: Telemedicine as a Lifeline in Prenatal Genetics	Dr. Parminder Kaur		
			Benefits of TELEICU in remote parts of India – A Study	Dr. Rajendra Rawal		
			Role of Specialist availability for teleconsultation in enhancing access, efficiency and outcomes in India's National Telemedicine Service	Dr. Richa Gupta		
3:30 PM	No Paralel Session at Hall B Move to Hall A					

Date Venue	30th Nov Hall A		Day 3			
Time	**Session**	**Program**	**Topic**	**Speakers**	**Chair**	**Co-Chair**
09:00 AM to 11:30AM	A 10	**Oral Presentation**	Cost-effectiveness of Telemedicine for Cardio-metabolic Diseases: Experience from an Institute of National Importance in North India	Dr. Supriya Thakur	Dr.Sibananda Mohanty	Dr. Deepak Chiradoni
			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		
			Clinical Intelligence for Scalable Remote Care	Mr. Avinash Babu M		
			Multiparty VC over ISRO Telemedicine network	Mr. Dhruvit Chaniyara		
			Telemedicine service in India needs Rebirth for New Transformation into a Structured Business model vis-a-vis cost effective Revenue model	Mr. Satyamurthy Lakkavalli		
			Telemedicine Odyssey A Journey of 100 CME Sessions	Mr. Sudhir Agarwal		
11:00 AM to 12:00 AM	A 11	**Oral Presentation**	Telemedicine for Infertility and Endometriosis: Expanding Women's Health Access and Improving Outcomes in Remote Island Populations	Dr. Bimal John	Dr. Ashlesha Tawde Kelkar	
			Greentech Integrating AI chatbots in Teleconsultation to empower patients and decline clinical load : from access to action.	Mr. Harisankar KS		
			AI-Integrated Predictive Healthcare Framework for Early Detection and Personalized Management of Diabetic Micro- and Macrovascular Complications using Retinal Images	Dr. Sridevi		
			Standardized Approach for Integration of Telehealth	Mr. Tushar Atmaram Fegade		
			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 Hall A for Valedictory function, No Parallel Session in Hall B					
01:30 PM to 02:30	**Lunch**					

Theme: Digital Health for Sustainable Future

Tentative Program Schedule

Date / Venue	28th Nov Hall B			DAY 1			
Time	Session	Programme		Topic	Speakers	Chair	Co-Chair
08:00 AM to 09:30 AM				Registration			
09:30 AM to 11:30 AM	Session B 1	Hackathon	Team 1 Team 2 Team 3 Team 4			Hackathon	
11:30 AM to 11:40 AM				To move to Main Hall			
11:30 AM to 01:00 PM				Inaugural Session at Main Hall : No Parallel Session in Hall B			
01:00 PM to 01:30 PM				Lunch			
01:30 PM to 05:30 PM	Session B 2	Hackathon	Team 1 Team 2 Team 3 Team 4 Team 5 Team 6 Team 7 Team 8			Hackathon	
05:30 PM to 07:00 PM				TSI AGM at Main Hall A, No Paralel Session at Hall B			
Date / Venue	**29th Nov Hall B**			**Day 2**			
09:00 AM to 10:00 AM	Session 5						
10:00 AM to 11:00 AM	Session 6			Lactation workshop			
11:00 AM to 01:00 PM				Move to Main Hall , No Parallel Session in Hall B			
01:00 PM to 02:00 PM				Lunch			
02:00 PM to 03:30 PM	Session 7						
				No Parallel Session at Hall B Move to Main hall			
Date / Venue	**30th Nov Hall B**			**Day 3**			
Time	Session	Program		Topic	Speakers	Chair	Co-Chair
09:00 AM to 10:00 AM	Session 8						
10:00 AM to 11:30 AM	Session 9						
11:00 AM to 12:00 AM							
12:00 PM to 12:30 PM				Lactation workshop			
12:30 PM to 01:30 PM				Move to main hall for Valedictory function, No Parallel Session in Hall B			
01:30 PM to 02:30 PM				Lunch			

Theme: Digital Health for Sustainable Future

Tentative Program Schedule

Date / Venue	28th Nov Hall C		DAY 1			
Time	Session	Programme	Topic	Speakers	Chair	Co-Chair
08:00 AM to 09:30 AM			Registration			
09:30 AM to 10:30 AM	Session C 1	Startup pitch	Start up MadVR Solutions RedBlueGreen Pvt Ltd Ai Health Highway Lifetime Health Resuscare.ai Infiheal	Speaker Vincent Dsouza, CEO Srinivas Bakki, CEO Dr (Maj) Satish S Konstantin, CEO & Co- Dr Vimal, Founder & CEO Nidhi Sehwag, Product		
10:30 AM to 11:30 PM	Session C 2	Startup Pitch				
11:40 AM to 01:00 PM			Inaugural Session at Main Hall : No Parallel Session in Hall c			
01:00 PM to 02:00 PM			Lunch			
02:30 PM to 03:30 PM	Session C 3	Startup pitch	Apex Cura- AI patient Ayu Devices - Medical-grade 2Care.ai - AI chronic care	Babu Ravi Kumar, CEO Adarsha K, Founder & CEO Saket Toshniwal,		
03:30 PM to 05:30 PM	Session C 4	Start up pitch				
05:30 PM to 07:30 PM			TSI AGM at Hall A, No Paralel Session at Hall B			
Date / Venue	**29th Nov Hall B**		**Day 2**			
09:00 AM to 10:00 AM	Session C 5	Startup pitch				
10:00 AM to 11:00 AM	Session C 6	Startup pitch				
11:00 AM to 01:00 PM			Move to Main Hall, No Parallel Session in Hall C			
01:00 PM to 02:00 PM			Lunch			
02:00 PM to 03:30 PM	Session C 7	Paper presentation	NMCN–SAKSHAM E- Sustainable E-Clinic with Tele-Dermatopathology: ABx MITHRA: A Technology- Data Driven Systems for Exploring the Role of Mobile Hyperconnected Emergency Free to Heal: How Free From Consultation to Facility Readiness	Dr. Parul Narang Mr. Subir Ghosh Dr. Brijdeep Singh Dr. Dr K Sridevi Dr. Bhaskar Rajakumar Prof. (Dr.)Surya Bali Girish Bharadwaj Elakeya Udhaya		
03:30 PM to 05.00 PM	Session C 8	Paper presentation	Inflammatory Markers, and Screening tool by Aignosis Using AI-Augmented Multi- in India: A Critical Review of chronic disease & care.	Dr. Mustafa Bashir Divyansh Mangal Prof Prathik Dr. Arnab Dr. Supritha M Shetty Mr. Rabindra P Debnath		
05:00 Pm to 05:30 PM	Sessin C 9	Panel	Digital Health Exemplar			
			No Parallel Session at Hall C Move to Main Hall			
Date / Venue	**30th Nov Hall B**		**Day 3**			
Time	Session	Program	Topic	Speakers	Chair	Co-Chair
09:00 AM to 11:30 AM	Session C 10	Finalist Finalist Finalist Finalist 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 Valedictory function, No Parallel Session in Hall C			
01:30 PM to 02:30 PM			Lunch			

21st International Conference of Telemedicine Society of India (TSI) 'Telemedicon 2025						
Theme: Digital Health for Sustainable Future						
HL 7 Workshop Program Schedule						
		Day - 2				
Date	29th Nov 2025		Day 2			
Venue	Management Room					
Time	**Session**	**Programme**	**Topic**	**Speakers**	**Chair**	**Co-Chair**
08:00 AM to 09.30 AM	**Registrations**					
09:30 AM to 11:30 AM	Session HL7-1	Workshop	Introduction to HL7® Standards	Dr. Chandil Kumar		
				Mr. Nijagunadeva		
				Mr. Arun Kumar. P		
11:30 AM to 11:45 AM	Tea / Coffee Networking Break					
11:35 AM to 01:30 PM	Session HL7-2	Workshop	Introduction to HL7® Standards	Dr. Chandil Kumar		
				Mr. Nijagunadeva		
				Mr. Arun Kumar. P		
01:30 PM to 02:00 PM	Lunch					
02:00PM to 04:00 PM	Session HL7-3	Workshop	HL7® FHIR® for Non-Developers	Dr. Chandil Kumar		
				Mr. Kumar Satyam		
04:00 PM to 04:15 PM	Tea / Coffee Networking Break					
04:15 PM to 5:30PM	Session HL7-4	Workshop	HL7® FHIR® for Non-Developers	Dr. Chandil Kumar		
				Mr. Kumar Satyam		
06:55 PM to 07:00 PM	**Move towards the vehicle for Dinner Venue**					
07:00 PM to 08:00 PM	Travel to Dinner					
08:00 PM to 10:00 PM	Dinner					

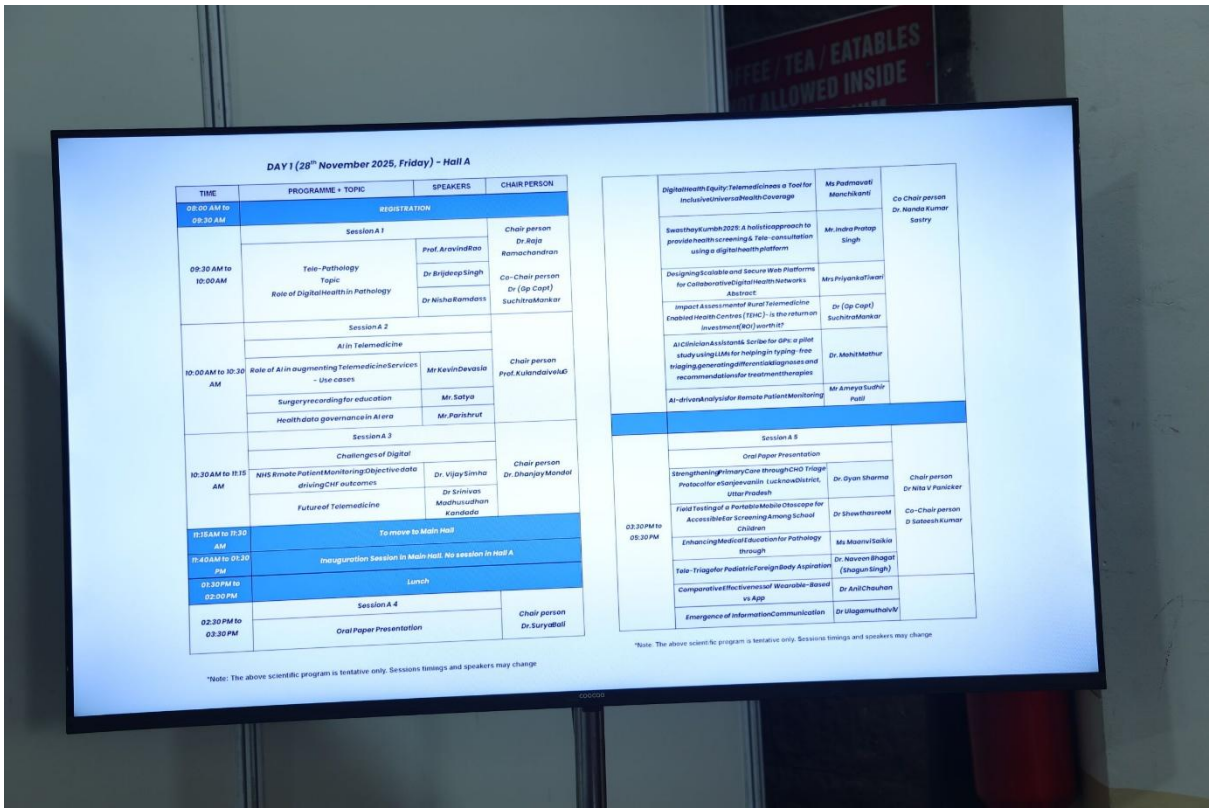

Figure 12 Program Schedule Display in the Venue

Pre Conference Workshop

The Telemedicon 2025 started with the Preconference Workshop on AI in Healthcare conducted by the AI for Digital Readiness and Advancement (ADiRA) Powered by and ARTPARK, and TSI on 27th Dec 2025

The AI for Digital Readiness and Advancement (ADiRA) – Synopsis (Speaker Dr Ravinandan B)

The session explored how healthcare systems can strengthen their foundational preparedness to safely and effectively adopt artificial intelligence at scale. The discussion highlighted the essential components of digital readiness, including interoperable data systems, workforce skilling, governance structures, and alignment with national digital health standards. Speakers emphasized that AI maturity evolves in stages, from exploratory pilots to fully integrated clinical and operational tools, requiring high quality datasets, robust validation processes, and human in the loop oversight. The session showcased examples of AI enabled diagnostics, operational optimization, and remote care expansion, while underscoring the importance of ethical guardrails, transparency, and continuous monitoring to prevent bias and ensure safety. ADiRA was positioned as a strategic framework to help institutions move from fragmented digital initiatives toward cohesive, resilient, and scalable AI enabled healthcare ecosystems.

AI in Healthcare from Idea to FDA cleared device, what healthcare professionals need to know – Synopsis (Speaker Dr. Shahir)

The session on AI in Healthcare from Idea to FDA Cleared Device provided a structured overview of how an artificial intelligence concept progresses into a clinically validated and regulator approved medical product. Speakers explained the complete development pathway, beginning with problem identification, data selection, and model design, followed by clinical relevance testing, bias reduction strategies, and real world evidence generation. The discussion highlighted the essential requirements for safety, accuracy, transparency, and reproducibility that healthcare professionals must understand when engaging with AI tools. Participants gained insight into documentation standards, performance benchmarks, risk categorisation, and the regulatory submission process that leads to clearance by the Food and Drug Administration. The session reinforced that clinical users play a central role in shaping reliable AI solutions through domain expertise, continuous feedback, ethical vigilance, and responsible deployment in patient care.

AI prompting for Health research – Synopsis (Speaker Dr. Arti Pawaria)

The session on AI Prompting for Health Research explored how structured prompting techniques can enhance the quality, speed, and depth of scientific inquiry in the health domain. Speakers discussed the fundamentals of crafting precise prompts that guide artificial intelligence systems to generate more reliable literature scans, research summaries, study designs, data interpretations, and grant concepts. The session highlighted the importance of domain context, incremental refinement, and verification strategies to ensure that AI assisted outputs remain accurate and aligned with scientific standards. Participants were introduced to practical examples where effective prompting improved research productivity, supported observational and clinical study planning, and accelerated systematic review preparation. The session emphasized that while AI can significantly augment research capacity, thoughtful prompting and rigorous human oversight remain essential to ensure validity, reproducibility, and ethical integrity in health research.

Few Glimpses of AI in Healthcare Workshop

Figure 13 Delegate Discussion in Workshop

Figure 14 Dr Ravinandan B B session

Figure 15 Delegates Hands on experience working on Mobile

Figure 16 Dr Shahir

Figure 17 Dr. Arti Pawaria

Figure 18 Demonstration

Figure 19 Few Moments from Conference

Figure 20 Few Moments from conference

Day 1 | 28 November 2025

Scientific Session were scheduled in 4 parallel sessions (Main hall, Hall A , B and C)

Main Hall Session - Scientific Session M 1

Time: 09:30 AM – 10:30 AM

Topic: Telemedicine in India: 25 Years of Innovation — The Idea, Efforts, Impact, Lessons, and Challenges

Session Chair: Dr. Meenu Singh
Session Co-Chair / Moderator: Dr. Murthy Remilla

Panel Members:
Dr. G. Madhavan Nair, Dr. Meenu Singh, Prof. K. Ganapathy, Mr. L. S. Satyamurthy, Prof. Biswa N. Mohanty, Prof. K. Selvakumar, Mr. A. Bhaskaranarayana

Session Highlights and Key Takeaways

The inaugural scientific session of TELEMEDICON 2025 provided a reflective and forward-looking overview of India's 25-year journey in telemedicine, tracing its evolution from conceptual innovation to a nationally embedded healthcare delivery mechanism.

The session opened with reflections on India's rapid digital transformation, emphasizing how deliberations and knowledge exchange at successive Telemedicon conferences have played a pivotal role in shaping national telehealth priorities and policy directions.

Panellists revisited the early years of telemedicine in India, marked by technological curiosity, institutional experimentation, and visionary leadership. The discussion highlighted the gradual expansion of telemedicine applications, the increasing integration of artificial intelligence, and the growing involvement of young professionals who are now driving innovation in digital health.

A significant focus was placed on the multi-institutional collaborations that laid the foundation for India's telemedicine infrastructure. These partnerships enabled early connectivity, remote consultations, and technology-enabled care delivery across challenging geographies.

The COVID-19 pandemic was acknowledged as a watershed moment that dramatically accelerated the acceptance, adoption, and scaling of telemedicine services across the country, transforming telehealth from an alternative model into a mainstream component of healthcare delivery.

National initiatives such as e-Sanjeevani, drone-enabled medical logistics, and satellite-supported connectivity were discussed as examples of how digital health solutions are extending care to underserved and remote populations, with panelists noting the relatively low incidence of medico-legal challenges to date.

The foundational role of ISRO in enabling telemedicine systems was strongly emphasized, along with discussions on the need for cost-effective service models, robotics integration, and continuous strengthening of digital health infrastructure to support future growth.

Improvements in rural–urban connectivity, long-standing ISRO–Telemedicon collaborations, and successful remote healthcare and supply chain operations in geographically isolated regions were presented as tangible evidence of telemedicine's sustained national impact.

The session concluded with a forward-looking vision, calling for structured telemedicine education and training, greater institutional investment, AI-supported diagnostics, and insurance-linked sustainability models to ensure that digital healthcare in India remains equitable, scalable, and resilient.

Figure 21 Telemedicine in India: 25 Years of Innovation — The Idea, Efforts, Impact, Lessons, and Challenges

Main Hall Session Scientific Session 1 M 2

Figure 22 Captures from Session 1

Time: 10:35 AM – 11:35 AM – Topic **Tele-ICU**

Session Chair: Dr. Raj Raval

Panel Members:
Mr. R. G. Ajay Prakash, Mr. Atul

Session Highlights and Key Takeaways

The second scientific session of Day 1 focused on Tele-ICU as a critical pillar of India's evolving digital health ecosystem, particularly in the context of increasing critical-care demand and uneven distribution of specialist resources.

The discussion began by assessing Tele-ICU within India's expanding digital critical-care landscape, emphasizing how centralized command centres are redefining intensive care delivery. Panelists highlighted the relevance of Tele-ICU models in high-burden and resource-constrained settings, where access to intensivists and advanced monitoring remains limited.

Early implementation experiences were shared, outlining challenges such as technical instability, network reliability issues, and operational complexities in scaling remote ICU services. These early hurdles were presented as valuable learning points that have since contributed to the development of more robust, resilient, and standardized Tele-ICU infrastructures.

The Command Centre model was described as an integrated digital ecosystem, where consolidated clinical dashboards enable real-time access to ECG streams, radiology reports, ventilator parameters, and vital signs. This integration supports timely clinical decision-making, continuous remote supervision, and proactive intervention by specialist teams.

Panelists emphasized the growing national demand for digital healthcare infrastructure across hospitals, academic institutions, and public health systems, particularly as healthcare facilities face rising patient loads, workforce constraints, and operational pressures.

Tele-ICU was presented as a scalable response to system-wide challenges, including clinician burnout, rapid expansion of medical knowledge, and projected shortages in the critical-care workforce. Real-world examples of Tele-ICU deployment demonstrated improvements in patient outcomes, faster escalation of care, and optimized utilization of critical resources.

The discussion also explored rural Tele-ICU models and the role of public–private partnerships in extending advanced critical-care monitoring and specialist support to underserved and remote regions.

The session concluded with forward-looking insights on the future of Tele-ICU in India, highlighting the need for government-aligned implementation models, standardized data and interoperability practices, strengthened cybersecurity frameworks, structured workforce training—particularly for nursing and allied health professionals—and evolving medico-legal guidelines to support documentation, accountability, and quality assurance in remote critical care.

Figure 23 Panel Discussion on Tele ICU Dr Raj Raval and Mr. R. G. Ajay Prakash

Figure 24 Few Captures from Tele ICU Session

Time: 11:35 AM – 01:30 PM

The Inaugural Ceremony of TELEMEDICON 2025 was conducted with dignity and a strong sense of purpose, setting the tone for the conference's academic and societal vision.

The programme commenced with a **Welcome** followed by the **Karnataka State Anthem**, symbolizing regional pride and cultural grounding. This was followed by the **Welcome Address** delivered by the Organizing Chair, **Dr. Uma Nambiar**, who outlined the vision, objectives, and thematic focus of TELEMEDICON 2025.

The ceremonial **Lamp Lighting** by the dignitaries marked the formal inauguration of the conference, signifying knowledge, enlightenment, and collective commitment to advancing telemedicine and digital health.

The **Chief Guest Address** was delivered by **Dr. Sunil Kumar Barnwal, IAS**, who highlighted the critical role of digital health and telemedicine in strengthening healthcare systems, improving access, and supporting public health governance in India.

This was followed by the **Presentation of the Annual Report** by **Dr. Umashankar S**, providing an overview of the Society's activities, milestones, and achievements over the past year.

The **Presidential Address** by **Dr. Prem Nair** reflected on the strategic direction of the Telemedicine Society of India, emphasizing innovation, sustainability, and collaboration in the evolving digital health ecosystem.

A special moment of recognition followed with the **Honouring of the Past President**, **Dr. Meenu Singh**, acknowledging her leadership, contributions, and enduring impact on the Society and the field of telemedicine.

The ceremony concluded with a heartfelt **Vote of Thanks** proposed by **Dr. Bhaskar Rajkumar**, expressing gratitude to the dignitaries, speakers, organizers, partners, and participants for their support and presence.

The **National Anthem** marked the formal closure of the inaugural session, after which delegates proceeded for **Lunch**.

Figure 25 Delegates raised for Karnataka Anthem

Figure 26 Dr. Uma Nambiar, Conference Chair Welcoming the Delegates

Figure 27 Chief Guest Shir Sunil Kumar Barnwal, IAS Inaugurating the conference by lighting the lamp

Figure 28 Dignitaries from left to right, Dr. Umashankar S, Dr. Uma Nambiar, Dr. Prem Nair, Shri Sunil Kumar Barnwal, Dr. Bhaskar Rajkumar

Figure 29 Dr. Prem Nair, President Telemedicine Society of India, The dignitaries watering the plants symbolized nurturing sustainability, shared responsibility, and the long-term growth of ethical digital healthcare. The ceremonial watering of plants by the dignitaries symbolized a collective commitment to nurturing sustainability, environmental stewardship, and the growth of responsible digital healthcare for future generations.

Symbolism of the Ceremonial Plant Watering

The ceremonial watering of plants by the dignitaries symbolized TELEMEDICON's commitment to sustainability as a living practice rather than a symbolic gesture. It reflected the collective responsibility of policymakers, clinicians, technologists, and institutions to nurture innovation with care, ensuring that digital health solutions grow in harmony with environmental stewardship, ethical governance, and social responsibility.

Just as a plant requires continuous attention to thrive, the act represented the belief that sustainable healthcare systems must be patiently cultivated, protected, and strengthened over time—through collaboration, foresight, and accountability. This moment embodied TELEMEDICON's vision of planting ideas today that will grow into resilient, patient-centric digital healthcare for future generations.

Figure 30 Shri Sunil Kumar Barnwal declaring the conference open

Figure 31 Release of TSI Newsletter by dignitaries

Figure 33 Dr. Umashankar S Honorary Secretary of TSI, presenting the Annual Report of TSI

Figure 32 Shri Sunil Kumar Barnwal IAS, CEO of National Health Authority, Key Note address

Dr. Sunil Kumar Barnwal, IAS

In his keynote address, Dr. Sunil Kumar Barnwal, IAS, articulated a clear strategic vision for digital health as a foundational enabler of equitable, efficient, and resilient healthcare systems. He emphasized the critical role of technology in strengthening health governance, enhancing last-mile service delivery, and enabling data-driven decision-making across public health programmes.

Highlighting national initiatives in telemedicine, digital health platforms, and system integration, Dr. Barnwal stressed the importance of interoperability, scalability, and ethical deployment of digital tools. He concluded by underscoring the need for sustained and meaningful collaboration among government, clinicians, technologists, and innovators to ensure that digital health solutions translate into measurable population-level impact and long-term system strengthening.

Figure 34 Felicitation of Dr. Meenu Singh, Past President of TSI,

Figure 35 Dr. Prem Nair, Presidential Address

Figure 36 Felicitation of Chief Guest

Figure 37 Dr. Bhaskar Rajkumar, Organizing Secretary, Proposing the vote of thanks

Figure 38 National Anthem

Figure 39 Lunch

Session M 3 Timing: 2:00 PM – 3:00 PM
Topic: Democratization Using AI – First Strategy
Session Chair : Dr. Sanjay Sharma
Session Co-Chair / Moderator: Dr. Karthik Ramesh
Panel Members : Mr. Praveen, Mr. Srini, Dr. Gaurav Raina, Mr. Kiran

The session examined how AI-first strategies have the potential to democratize healthcare delivery at scale, drawing on practical models emerging from the Sri Sathya Sai healthcare ecosystem. The discussion opened by positioning artificial intelligence as a critical enabler of equity, efficiency, and system-wide scalability, particularly in complex, high-demand clinical domains.

Panelists explored the integration of AI across the entire surgical continuum—from pre-operative risk stratification and planning, to intra-operative decision support, and post-operative monitoring. Applications of predictive analytics, real-time data interpretation, and workflow automation were highlighted as key contributors to improved clinical outcomes and optimized cardiac surgical pathways.

A significant portion of the discussion focused on regulatory and governance challenges within India's evolving AI healthcare landscape. The panel emphasized the urgent need for standardized regulatory frameworks, enforceable compliance mechanisms, and alignment with national digital health guidelines to ensure safety, transparency, accountability, and ethical deployment of AI-driven solutions.

Innovations in healthcare software and digital platforms were showcased, including systems that enable real-time surgery streaming for medical education, remote intra-operative assistance, and structured skill transfer. These tools were described as powerful enablers for expanding access to specialist expertise beyond traditional geographical and institutional boundaries.

The panel also highlighted TRANIC, a digital-first initiative aimed at democratizing access to quality healthcare through scalable AI-driven clinical decision-support systems. The model was presented as a viable approach for standardizing care delivery in remote, underserved, and low-resource settings, while maintaining quality and consistency.

In addition, the session showcased next-generation indigenous medical technologies, notably the IIT Madras–developed heart–lung machine. Its affordability, locally optimized design, and suitability for widespread deployment were underscored as strong examples of how homegrown innovation can enhance surgical capacity, reduce dependency on expensive imports, and strengthen national health systems.

Figure 40Panel discussion on Democratization Using AI – First Strategy

Figure 41 Dr. Sanjay Sharma Moderating the Session

Session 4 Timing: 3:05PM to 4:05 PM

Topics:

AI in Action and Decision Making:

- AI in Gastro
- AI Transforming Transplant Medicine: From Matching to Monitoring
- AI in Nephrology
- Click when possible, brick when required - Telehealth in Orthopaedics

Session Chair : Dr Sundar Swaminathan
Session Co-Chair / Moderator : Dr. Arvind Ranganathan
Panel Members: Dr GV Rao, Dr Shyam Vasudev Rao, Dr Sunil Shroff, Dr. P Srinivas
Proceedings

3P Model of Patient Care & Telehealth in Orthopaedics

Speaker: Dr. P. Srinivas

Dr. P. Srinivas presented the 3P Model of patient care—Preventive Care, Precision Medicine, and Personalised Therapy—as the emerging framework for future-ready orthopaedic practice. He emphasized how telehealth and digital tools are enabling a shift from episodic treatment to continuous, data-driven musculoskeletal care.

Drawing parallels from the PM National Dialysis Programme implemented under a Public–Private Partnership (PPP) model, Dr. Srinivas highlighted how centralized digital systems can significantly reduce treatment costs and patient travel burden, while improving access and standardization of care.

Within orthopaedics, he showcased recent advancements including AI-based gait analysis, digital posture assessment systems, and range-of-motion (ROM) evaluation tools, demonstrating how objective digital assessments can enhance clinical decision-making. The session concluded by underscoring the growing potential of protocol-driven remote assessments, AI-assisted musculoskeletal diagnostics, and digitally supported rehabilitation pathways, positioning telehealth as an essential and complementary component of modern orthopaedic care.

AI in Organ Donation & Transplant Decision Support

Speaker: Dr. Sunil Shroff

Dr. Sunil Shroff addressed the expanding scope of organ donation and transplantation in India, highlighting the increasing complexity of donor–recipient coordination and long-term post-transplant care. He emphasized the transformative role of artificial intelligence in streamlining transplant workflows and supporting clinical decision-making.

Key insights included the use of AI for predicting transplant outcomes, improving donor–recipient matching accuracy, and enhancing long-term graft survival monitoring. He also discussed AI-enabled early detection of renal diseases such as chronic kidney disease (CKD) and IgA nephropathy, supported by FDA-approved biomarkers, along with applications in renal pathology analytics and dialysis data interpretation.

A major highlight was the AI-PREDICT project (2008–2022), implemented across healthcare systems in the United States and the United Kingdom, which demonstrated strong predictive capabilities for transplant outcomes and contributed to improved patient stratification, follow-up planning, and overall transplant management.

AI in Nephrology – Renalyx Platform & Digital Kidney Care

Speaker: Dr. Shyam Vasudev Rao

Dr. Shyam Vasudev Rao presented the Renalyx digital nephrology platform, illustrating how AI-enabled systems are supporting the full continuum of kidney care—from prevention and early detection to remote monitoring and long-term disease management.

Key components of the platform include home-based early detection kits, mobile app–enabled data uploads for remote nephrologist review, and smart dialysis machines transmitting real-time vital parameters via Bluetooth. The system enables instant alerts to nephrologists, particularly during dialysis sessions when rapid blood pressure fluctuations or other critical events occur.

The Renalyx platform integrates remote patient monitoring, EMR interoperability, teleconsultation modules, third-party medical device connectivity, cloud-based clinical decision support, dialysis centre automation, and real-time clinician dashboards. Dr. Shyam emphasized that the platform is designed to deliver continuous, data-driven kidney care, bridging access gaps and ensuring consistent clinical oversight across multiple dialysis centres and care settings.

Figure 42 Session chair Dr Sundar Swaminathan and Co- Chair Dr. Arvind Ranganathan

Figure 44Dr. Sunil Shroff

Figure 45 Dr. Shyam Vasudev Rao

Figure 43 Dr. Srinivas

Figure 46TSI AGM Members Participated

Figure 47 TSI EC Members 2025-2027 From Left to Right Mr.D Satheesh Kumar, Dr, Murthy Remilla, Dr.Chandil Kumar, Dr. Uma Nambiar, Dr. Sunil Shorff, Dr. Prem Nair, Dr. Krishna Kumar, Dr. Raj Raval, Dr. S Raghavan, Dr. Umashankar S, Mr. Katta Uma Mahesh

Session A1: Tele-Pathology

Programme: Tele-Pathology
Topic: Role of Digital Health in Pathology
Time: 09:30 AM to 10:00 AM
Chair: Dr. Raja Ramachandran
Co-Chair: Dr. (Gp Capt) Suchitra Mankar
Speakers: Prof. Aravind Rao,Dr. Brijdeep Singh,Dr. Nisha RamdassT

The session on Tele-Pathology highlighted the transformative role of digital health in modernizing pathology services by enabling timely access to specialist expertise through remote diagnostic models. The discussion centered on the hub-and-spoke model implemented by PGIMER, Chandigarh, which serves as a central hub providing biopsy and cytology consultation support to multiple centres across North India.

Both static and dynamic telepathology workflows were presented, illustrating how the transmission of captured microscopic images and real-time virtual consultations can substantially reduce diagnostic turnaround times when compared to the physical transport of glass slides. Since the initiation of telepathology services in November 2023, the platform has supported approximately 700 consultations, achieving an average reporting time of 24–32 hours.

The session emphasized the importance of continuous communication and feedback loops between peripheral referring pathologists and specialist hubs, particularly in resolving initially unsatisfactory cases through image resubmission and enhanced clinical correlation. While the lack of whole-slide digital scanners at peripheral centres was identified as a current constraint, the use of cost-effective digital cameras attached to conventional microscopes was showcased as a practical and scalable interim solution.

In addition, the role of digital pathology software was discussed, with a focus on vendor-neutral platforms capable of supporting AI-assisted analysis, workflow optimization, and academic training. These digital solutions were positioned as key enablers for addressing workforce shortages, enhancing diagnostic accuracy, and extending high-quality pathology services to underserved and remote regions. Overall, the session reinforced telepathology as a critical pillar in strengthening equitable access to diagnostic care within India’s evolving digital health ecosystem.

Figure 49 Dr. Suchitra Mankar

Figure 50 Dr.. Brijdeep Singh

Figure 51 Dr. Nisha Ramdass

Programme: AI in Telemedicine
Topic: Role of AI in Augmenting Telemedicine and Health Data Governance
Time: 10:00 AM to 10:30 AM
Chair: Prof. Kulandaivelu G
Speakers: Mr. Kevin Dias, Mr. Satya, Mr. Parashrut

The session on AI in Telemedicine focused on the practical integration of artificial intelligence across emergency care, hospital operations, diagnostics, and digital health infrastructure. The discussion highlighted the deployment of AI-enabled ambulances, which support real-time patient monitoring, automated alerts for clinical deterioration, and the generation of comprehensive pre-hospital patient summaries. These capabilities enable paramedics and receiving clinicians to make informed decisions even before hospital arrival, improving continuity and timeliness of care.

The role of AI was emphasized as a clinical augmentation tool rather than a replacement, particularly in the context of rapidly expanding medical knowledge, increasing patient volumes, and growing healthcare system complexity. The session also examined the transition toward paperless and digitally mature hospitals through the integration of AI with patient wearables, healthcare Internet of Things (IoT), and telehealth platforms.

Applications of AI in laboratory services, predictive analytics, and disease detection were discussed, including its use in tuberculosis screening through imaging, cancer diagnostics, and the acceleration of vaccine development timelines. Key clinical domains identified for AI-driven telemedicine adoption included teleradiology, tele-ophthalmology, teledermatology, and telepathology, where AI can enhance efficiency, accuracy, and access to specialist care.

The session further showcased advanced virtual care and video-based solutions supporting tele-ICU models, remote patient monitoring, digital consent recording, and live surgical recording and streaming. These technologies enable remote clinical oversight, improve patient and family engagement, and support medical education, training, and conference dissemination.

The session concluded with a focused discussion on health data governance in AI, underscoring that data quality, informed consent, and regulatory compliance are fundamental to responsible AI deployment. The health data lifecycle—from data collection and standardization to governance and AI processing—was outlined, with emphasis on anonymization, patient privacy, and adherence to legal frameworks such as the Digital Personal Data Protection Act (DPDP Act). The importance of ethical oversight, safety validation of AI as a medical device, and the continued presence of human oversight within AI-assisted clinical workflows was strongly reinforced.

Figure 52 Mr. Kevin Devasia

Figure 53 Dr. G Kulaidavelu

Figure 54 Mr. Satya

Figure 55 Mr. Parishrut

Session A3: Challenges and Research in Remote Patient Monitoring

Programme: AI and Remote Patient Monitoring
Topic: Evidence, Accuracy, and Clinical Outcomes in Remote Patient Monitoring
Time: 10:30 AM to 11:00 AM
Speaker: Dr.Vijay Simha, Dr.Srinivas Madhusudhan Kandada

This session focused on the clinical, methodological, and ethical challenges of remote patient monitoring (RPM), with particular emphasis on data quality, outcome relevance, and the generation of robust clinical evidence. The speaker critically examined the foundational assumptions underlying artificial intelligence (AI) and machine learning in healthcare, questioning where AI meaningfully begins along the continuum from raw data repositories to predictive clinical models. It was emphasized that data accuracy and embedded bias remain the most significant constraints on the effectiveness and reliability of machine learning systems.

The discussion highlighted that the true promise of RPM lies not in the volume or continuity of data generated, but in its ability to translate into measurable and meaningful clinical outcomes. Drawing on audits of prior RPM implementations, the speaker noted that patient satisfaction outcomes have not been uniformly positive across programs, underscoring a persistent gap between technological capability and real-world patient benefit.

A conceptual framework for effective RPM was articulated through three core imperatives: specificity, objectivity, and accuracy. In the absence of these elements, remote monitoring risks becoming data-intensive yet clinically inconsequential. The session emphasized the importance of prioritizing objective physiological markers over subjective symptom reporting, particularly in the management of chronic diseases.

A detailed overview was presented of a one-and-a-half-year randomized controlled trial involving 225 patients with heart failure, comparing a subjective, symptom-based control arm with an objective, biomarker-driven intervention arm. The study assessed the use of high-accuracy biomarkers to enable early triage and prevent avoidable hospital readmissions—an area of significant clinical and economic burden in heart failure care. The findings demonstrated the superiority of objective monitoring in improving triage decisions and optimizing healthcare resource utilization.

The session concluded by underscoring the rigorous scientific foundation required for RPM and AI-enabled innovations. It was noted that the biomarkers incorporated into the monitoring device underwent nearly a decade of validation, resulting in over 90 peer-reviewed publications in high-impact journals. This reinforced the central message that clinically meaningful AI and remote monitoring solutions must be grounded in long-term evidence, robust validation, and outcome-driven research, rather than rapid deployment alone.

Figure 56 Dr.Dhanjay Mondal

Figure 57 Mr. Vijay Simha

Figure 58 Dr Srinivas Madhusudhan Kandada

Figure 59 Speakers

Time: 02:30 PM to 03:30 PM

Programme: Oral Paper Presentation

Chair: Dr Surya Bali

Co Chair: Dr Nanda Kumar Sastry

Title: Digital Health Equity: Telemedicine as a Tool for Inclusive Universal Health Coverage by Ms.Padmavati Manchikanti

This oral paper examined the role of telemedicine in advancing digital health equity and inclusive universal health coverage (UHC) in India. It highlighted telemedicine's potential to bridge access gaps for underserved and vulnerable populations, while also acknowledging persistent challenges related to affordability, regulatory complexity, digital literacy, and fragmentation within health systems.

The discussion positioned telemedicine within a broader global health and policy context, referencing Sustainable Development Goal 3 and noting the current paucity of India-specific evidence directly linking telemedicine interventions to measurable UHC indicators. Key thematic areas explored included maternal and child health, non-communicable diseases, geriatric care, and tribal health, where continuity and coordination of care remain limited despite growing digital adoption.

The paper further examined legal and regulatory dimensions, drawing on constitutional perspectives related to the right to health, the Telemedicine Practice Guidelines, and evolving data protection and privacy frameworks. Brief international comparisons, including Brazil's policy-driven telehealth model, illustrated how alignment between national policy, primary healthcare strengthening, and digital infrastructure can enable more equitable and scalable telemedicine implementation.

The paper concluded that telemedicine's contribution to universal health coverage is contingent on integrated governance, regulatory clarity, and context-appropriate deployment, rather than on technological innovation alone. Telemedicine was thus positioned not as a standalone solution, but as a system-level enabler whose equity impact depends on how effectively it is embedded within broader health system reforms

Title: Swasthya Kumbh 2025: A Holistic Approach to Health Screening and Tele-consultation Using a Digital Health Platform by Mr. Indra Pratap Singh

This presentation detailed the planning, deployment, and outcomes of Swasthya Kumbh 2025, a large-scale telemedicine-enabled public health initiative implemented during the Mahakumbh to deliver preventive health screening and outpatient teleconsultation services to pilgrims and temporary residents. It marked an institutional milestone following the upgrade of the School of Telemedicine to a statutorily approved academic department, enabling structured population-scale digital health implementation. Building on earlier Kumbh demonstration projects, the initiative transitioned to sustained service delivery over approximately 46 days, using a hub-and-spoke model with a central base camp in Sector 9, multiple peripheral screening sites, fixed kiosks, and two mobile medical units. Preventive services were provided through digital health kiosks and basic diagnostics operated by trained paramedical staff, with teleconsultations delivered selectively via a central digital platform, while emergency care was handled separately by government health facilities. Over 20,000 individuals underwent health screening, with teleconsultation required in only a small proportion of cases, reflecting effective triage and on-site management, alongside extensive

health awareness activities reaching several thousand pilgrims. The presentation concluded that Swasthya Kumbh 2025 successfully demonstrated the feasibility, scalability, and operational value of telemedicine in mass-gathering health management, offering a replicable model for preventive care and continuity of services in high-density, temporary settings.

Title: Designing Scalable and Secure Web Platforms for Collaborative Digital Health Networks by Mrs. Priyanka Tiwari

Mrs. Priyanka Tiwari presented an experience-based overview of designing and operationalizing scalable, secure, and user-centric web platforms within SGPGI's telemedicine ecosystem to support collaborative digital health networks. Set against India's rapid digital transformation in healthcare, the presentation emphasized platforms that enhance access and coordination among clinicians, nurses, paramedical staff, researchers, and academic collaborators through intuitive interfaces and role-based access controls. The development approach was grounded in stakeholder-driven requirement gathering, modular system architecture, API-based interoperability, and cloud-oriented deployment to ensure scalability and high availability. The technical stack included web front-end frameworks (HTML5, CSS3, JavaScript, Bootstrap), back-end development using PHP and Python, and databases such as MySQL, PostgreSQL, and MongoDB, with security-by-design principles including SSL/TLS and secure deployment practices. Multiple operational platforms were highlighted, including academic and society portals, e-voting systems, nursing education and video repositories, tele-follow-up systems initiated during COVID-19, and state-level digital coordination initiatives such as organ donation and transplant networks. The session also noted ongoing development efforts, including an AI-based symptom checker, and highlighted SGPGI's early adoption of telemedicine since 1999 and its role in building large collaborative academic and service networks. Overall, the presentation reinforced that scalable digital health platforms require not only appropriate technologies but also sustained governance, security, and alignment with real-world clinical and academic workflows.

Title: Impact Assessment of Rural Telemedicine Enabled Health Centres (TEHC)- is the return on investment (ROI) worth it? By Dr (Gp Capt) Suchitra Mankar

Dr. Sujitra Mankar presented a grounded and critical assessment of rural telemedicine programmes through the lens of impact evaluation and return on investment (ROI), drawing on field audits and implementation experience at rural health centres. Challenging the assumption that telemedicine automatically improves efficiency or acceptance, she noted that in many Ayushman and primary care settings it is often implemented as a target-driven intervention rather than a patient-centric service. Key structural challenges highlighted included high customer acquisition costs, low patient retention, infrastructural gaps, provider resistance, data security concerns, and limited willingness to pay among rural populations. The rural patient profile was characterized by low income and health literacy, strong reliance on cultural beliefs, and a preference for immediate symptomatic relief, often resulting in reluctance to pay for teleconsultations without tangible interventions.

Emphasizing the importance of impact assessment prior to or alongside implementation, Dr. Mankar demonstrated through a case study of five rural clinics established in 2021 that while per-patient cost analysis initially appeared unfavourable, a broader impact lens—accounting for avoided travel, wage loss, and private care costs—revealed a positive community-level return on investment. She underscored that standalone private telemedicine centres in rural areas are unlikely to be financially viable in the short term without institutional or government support, and that long-term sustainability requires integrating telemedicine into comprehensive primary care models that include diagnostics, basic procedures, outreach, and health education. The session concluded that rural telemedicine must move beyond remote advice to deliver integrated, trust-based care, with impact evaluation serving as a critical tool to align financial sustainability with meaningful health outcomes.

Title: AI-driven Analysis for Remote Patient Monitoring by Mr. Ameya Sudhir Patil

This paper presented a high-level overview of how artificial intelligence is strengthening remote patient monitoring (RPM) by integrating wearable biosensors, machine learning models, and clinical dashboards to shift care from episodic, hospital-based encounters to continuous home-based monitoring. The presenter outlined a typical AI-RPM pipeline, beginning with sensor data capture from ECG patches, smartwatches, and multi-parameter devices, followed by data cleaning and standardization to reduce noise and artefacts. Feature extraction processes—such as heart rate variability trends and ECG waveform analysis—were discussed, along with the use of time-series models and signal-based deep learning architectures to fuse multiple vital signs and detect early clinical deterioration before symptoms become overt.

A dedicated focus was placed on privacy-preserving approaches, particularly federated learning and differential privacy, as mechanisms to improve model performance across institutions without transferring raw patient data. The presentation also addressed clinical integration, including the delivery of alerts, risk scores, and longitudinal trend summaries through clinician dashboards and interoperable links with electronic health records. During discussion, participants sought clearer real-world deployment use cases and alignment with government digital health ecosystems and device–service provider integration. The presenter noted that the work remains in a development and requirement-gathering phase, with ongoing multi-vendor and multi-site collaboration aimed at standardizing inputs and generating clinically actionable insights to support wider implementation.

Figure 60Glimpses from Paper Presentation

Figure 61 Glimpses from Paper presentation

Session A5: Oral Paper Presentation

Time: 03:30 PM to 5:30 PM

Chair: Dr. Nita V Panicker

Co-Chair: Dr. D. Satheesh Kumar

Title: Building Green Futures: Transforming Hospitals for Sustainability and Resilience by Ms.Harleen Kaur

This paper examined the environmental footprint of the healthcare sector and explored pathways for hospitals to transition toward sustainable and resilient operations, recognizing that hospitals are major consumers of energy and significant generators of waste. Using a qualitative exploratory design, the study assessed sustainability practices in a tertiary care hospital through a structured questionnaire and an observation-based green hospital checklist covering site planning, energy and water efficiency, waste management, hygiene and sanitation, transportation, mercury elimination, ventilation systems, telemedicine adoption, pharmaceutical minimization, and the principles of reduce, reuse, and recycle.

Findings showed a generally strong baseline awareness of green practices among hospital staff, with no significant influence of demographic factors on sustainability knowledge. Observational assessment indicated that most recommended green parameters were already in place, with only limited scope for improvement, culminating in the hospital achieving formal green hospital certification. The paper highlighted interventions such as energy-efficient HVAC systems, natural daylight utilization, electronic health records, solar energy, water recycling, environmentally safe materials, carpooling, and telemedicine services as contributors to both environmental and cost benefits. It concluded by emphasizing the scalability of the checklist-based model, which is being adopted by multiple hospitals, and outlined future work on comparative analysis of telemedicine and sustainability practices across Indian healthcare institutions.

Title: Enhancing Medical Education for Pathology through Digital Platforms by Ms.Maanvi Saikia

This presentation focused on the role of structured digital learning in strengthening undergraduate pathology education through nationally accessible e-learning platforms. It described the development of standardized pathology modules under a government-funded learning management system, aligned with the national vision of delivering a single undergraduate curriculum through a common digital platform. The initiative aims to ensure equitable access to quality pathology education for medical students across India, regardless of institutional capacity or geographic location.

The modules are curated in alignment with the national undergraduate curriculum and emphasize concise, concept-focused, self-paced learning. The development process includes topic selection from approved curricula, creation of short structured content, expert review at regional and national levels, and integration of assessments such as multiple-choice questions and case-based discussions to ensure academic rigor and competency alignment. A key highlight was the use of authentic institutional clinical material, including clinicopathological

conference cases, images, and videos, enabling students to engage with real diagnostic scenarios and strengthening the link between pathology and clinical practice. The session highlighted benefits such as improved self-directed learning, standardized educational outcomes, better concept retention through multimedia, and enhanced inter-institutional collaboration, and concluded with future plans to expand digital pathology content, introduce adaptive assessments, and incorporate immersive and interdisciplinary learning tools.

Title: AI Enabled Early Detection of Oral Cancer Using Portable Multispectral Imaging and Deep Learning by Mr.Sai Rithvik

This oral paper presented a concept-level innovation addressing the delayed detection of oral cancer in India, where diagnosis often occurs at advanced stages due to reliance on visual inspection under white light. Highlighting the significant clinical and public health burden of late-stage oral cancer, the presenter emphasized the need for affordable, technology-driven screening tools capable of identifying premalignant and early malignant lesions, particularly in resource-constrained settings.

The proposed solution involves a low-cost, portable intraoral device integrating multispectral imaging and artificial intelligence. High-resolution images of the oral cavity are captured using white light, cross-polarized light, and blue light to exploit differential tissue absorption and fluorescence patterns, and are analyzed using deep learning models—primarily convolutional neural networks—trained on annotated datasets to detect and segment suspicious lesions. A risk stratification framework categorizes findings into low, intermediate, and high risk, indicated through a simple LED-based alert system, with an additional validation layer proposed using Raman spectroscopy to analyze tissue molecular signatures prior to biopsy. The tool is positioned as a screening and triage aid, not a diagnostic replacement, intended for deployment in public hospitals, community screening programs, and primary care. The session concluded by noting challenges related to data availability, model training, and the need for robust clinical validation and interdisciplinary collaboration to translate the concept into a scalable, real-world screening solution.

Title: Strengthening Primary Care through CHO Triage Protocol for eSanjeevani in Lucknow District, Uttar Pradesh by Dr. Gyan Sharma

This oral paper described a pilot CHO triage protocol developed to strengthen decision-making within the eSanjeevani teleconsultation workflow at Ayushman Arogya Mandirs in Uttar Pradesh. The presenter highlighted how target-driven teleconsultation practices often lead to avoidable referrals and delayed escalation of critical cases, underscoring the need for a simple, standardized decision support guide to help CHOs determine whether patients can be managed locally, require teleconsultation, or need urgent referral.

The intervention was a paper-based triage tool covering 15 common clinical conditions, categorized using a red–amber–green severity framework aligned with Government of India and NHSRC protocols. Piloted with 17 CHOs near Lucknow, the program included training, supportive supervision, and pre–post assessment. Results showed improved CHO confidence, increased patient footfall, a modest rise in appropriate teleconsultations, and a slight reduction in emergency referrals. The paper recommended scaling the protocol, digitizing the tool, and expanding condition coverage to strengthen primary care triage within telemedicine systems.

Title: Comparative Effectiveness of Wearable-Based vs App-Based Behaviour Monitoring by Dr. Anil Chauhan

Dr. Anil Chauhan (Consultant, Department of Telemedicine, PGI Chandigarh) presented a systematic review comparing wearable-based tools and app-only tools for behaviour monitoring and health promotion. He highlighted that while wearables primarily track physiological parameters such as activity, sleep, and heart rate, app-based tools focus more on behaviour change features like goal setting, reminders, and feedback, and noted the lack of direct comparative evidence between the two. The review, registered on PROSPERO and conducted in line with PRISMA guidelines, used a PICO framework to search major databases and grey literature, with risk of bias assessed using RoB 2 and ROBINS-I and evidence graded using GRADE.

Only two eligible studies (one RCT and one observational study) were included, both in adult populations, limiting the strength of conclusions. Narrative synthesis showed slightly better walking adherence with app-only interventions in one cohort, while wearables demonstrated stronger engagement and data adherence; no clinically meaningful differences were observed for metabolic outcomes. Dr. Chauhan concluded that wearables may be better suited for clinical and research settings requiring objective monitoring, while apps offer greater scalability for community programmes, and emphasized the need for robust head-to-head trials, hybrid models, and attention to cost-effectiveness, equity, and ethics.

Title: Guidelines for securing Medical Devices and Internet of Medical Things (IoMT) during integration & data processing by Dr.Shailendra Singh Narwariya

Dr. Shailendra Singh Narwariya delivered an awareness-oriented talk on how connected medical devices and the Internet of Medical Things (IoMT) are transforming remote healthcare, positioning this shift within the move from Industry 4.0 to Industry 5.0 and its emphasis on human-centric, resilient systems. He described IoMT as interconnected sensors and devices that continuously collect and transmit health data, enabling care beyond hospital settings, illustrated through examples such as smartwatch-based ECGs and continuous glucose monitoring that move diagnostics from clinic-based models to home-to-cloud workflows. He highlighted key enablers—connectivity, sensors, cloud platforms, analytics, and AI/ML—while stressing that data security and privacy are foundational as healthcare becomes increasingly “smart.” Extending the discussion to medical education, he outlined the role of AR/VR/XR, simulations, adaptive learning, virtual tutors, analytics, and blockchain, concluding that these technologies will fundamentally reshape both healthcare delivery and clinician training.

Title: Field Testing of a Portable Mobile Otoscope for Accessible Ear Screening Among School Children

This presentation highlighted the need for accessible, low-cost ear screening solutions for school-aged children, especially in resource-limited settings where ENT specialists and diagnostic equipment are scarce. It focused on field testing a portable mobile otoscope for use in schools and community outreach programs, demonstrating its potential to enable basic ear examinations outside hospital environments and support early identification of common

conditions such as cerumen impaction and otitis media that can lead to hearing impairment and learning difficulties if undetected.

The study showed that the device could be effectively used by trained non-specialist health workers, producing adequate image quality and ease of operation for screening and triage purposes. Emphasizing that mobile otoscopy is a referral aid rather than a diagnostic replacement, the presentation concluded that such portable tools can strengthen school health programs, improve early detection of childhood hearing problems, and integrate well with telemedicine and digital health systems for specialist follow-up.

Title: Prevalence of Hypertension Among Tunnel Workers: Association with Age and Duration of Exposure by Dr. Khyati Gupta

Dr. Khyati Gupta presented a field-based study examining hypertension prevalence among railway tunnel construction workers in Uttarakhand, assessed through a telemedicine outreach initiative using a mobile tele-van. Screening of 208 workers revealed a high burden of hypertension, with statistically significant associations observed between elevated blood pressure, increasing age, and longer duration of tunnel-related occupational exposure, pointing to a clear occupational risk gradient linked to stressful, confined, and physically demanding working conditions.

A notable proportion of affected workers were previously undiagnosed, highlighting gaps in access to routine preventive care in such work environments. The study demonstrated how on-site screening integrated with immediate teleconsultations, counseling, and preventive advice can support early detection and ongoing management of non-communicable diseases, positioning telemedicine as an effective continuity-of-care tool for vulnerable occupational populations.

Title: Telemedicine Follow-Up for Tuberculosis Patients: Pilot Study of Feasibility, Cost Implications and Satisfaction at AIIMS Rishikesh by Ms. Monica Mahendru

This pilot study at AIIMS Rishikesh assessed the feasibility, cost-effectiveness, and patient satisfaction of telemedicine-based follow-up for tuberculosis patients. The presentation highlighted how teleconsultations helped address common barriers to in-person follow-up, such as travel distance, income loss, and treatment fatigue, while supporting routine monitoring and adherence within existing TB care workflows.

Findings showed that telemedicine follow-up was feasible, well accepted by patients and caregivers, and associated with significant cost savings due to reduced travel and indirect expenses. The study concluded that telemedicine is a patient-centric, cost-effective adjunct for routine TB follow-up, especially for stable patients, and recommended larger studies to evaluate outcomes and scalability within national TB programs**.**

Title: Internet of Medical Things (IoMT): Remote Healthcare Systems and Applications by Prof. Dr. G. Kulanthaivel

This session combined applied research and operational insights on telemedicine and IoMT-enabled healthcare, with emphasis on feasibility, cost, and patient experience. A pilot on telemedicine follow-up for pediatric tuberculosis patients showed that remote care can substantially reduce caregiver burden while maintaining clinical engagement. Tele follow-ups

helped overcome barriers such as travel distance, income loss, lodging costs, and treatment fatigue, with high caregiver acceptability despite minor technical issues. Cost comparisons demonstrated significant savings with telemedicine versus in-person visits, reinforcing its value as a patient-centric, cost-effective approach for long-term follow-up, while noting the need for stronger technical support and larger-scale validation.

The session also highlighted the critical importance of security in connected medical devices and IoMT systems as healthcare increasingly relies on real-time data and remote monitoring. Speakers emphasized that cybersecurity risks directly impact patient safety and outlined a layered security approach covering device hardening, secure connectivity, data protection, and continuous monitoring, aligned with international standards. Discussions revealed gaps in practical risk management, underscoring the need for structured risk assessments, incident response planning, and governance mechanisms. Overall, the session concluded that the effectiveness of telemedicine and IoMT depends not only on technology, but equally on robust security, governance, and integration into clinical workflows.

Figure 62 Glimpses from session

HALL B DAY 1 Hackathon Prelims

STAIc Reduction Program by Dr. Kadami Singh

The **STAIc Reduction Program**, a concept-level digital health solution using AI to address the interconnected challenges of sexually transmitted infections and alcohol abuse. Presented by Dr. Kadami Singh, the idea proposed a confidential, culturally sensitive, and language-appropriate digital platform to support awareness, risk reduction, and early guidance among vulnerable and stigmatized populations. AI was positioned as a supportive tool for personalized education and triage, with strong emphasis on consent, privacy protection, and ethical use, particularly for rural and marginalized communities.

During jury interaction, the concept was appreciated for addressing a relevant public health gap but was critiqued for limited clarity on implementation and validation. Key concerns included real-world deployment pathways, user adoption in sensitive health contexts, verification of AI-driven guidance, and impact measurement. Judges emphasized that technology alone cannot address complex behavioral health issues and recommended stronger linkage with public health systems, community organizations, and on-ground outreach. The session concluded with feedback to refine the scope, simplify the solution, and strengthen feasibility for future development beyond the hackathon stage.

Desk Wellness at Your Desk (DeskFit) by Dr. Shubeshi and Ms. Nikita

Dr. Shubeshi and Ms. Nikita from the School of Public Health, St. John's Medical College, presented Desk Wellness at Your Desk (DeskFit), a concept-level desk-based wellness device aimed at mitigating health risks associated with prolonged sedentary work. The problem framing focused on four common workplace issues: poor posture leading to chronic musculoskeletal pain, excessive screen time causing digital eye strain, lack of regular micro-movement and stretching, and irregular hydration contributing to fatigue and reduced productivity. DeskFit was proposed as a single, sensor-enabled device (using proximity/infrared sensing) that provides reminders for posture correction, stretch and screen breaks, and water intake, positioned as an alternative to multiple apps or wearables. Early target users included corporate and IT professionals, work-from-home users, healthcare providers, and students, with preliminary insights drawn from 30+ stakeholder interviews indicating long sitting hours and interest in a desk-based "wellness companion."

During jury interaction, the concept was acknowledged as addressing a widespread ergonomic and public health concern, but feasibility questions dominated the discussion. Jurors highlighted the technical and clinical complexity of accurately detecting posture using a desk-placed device, noting that posture involves multiple body segments beyond head or proximity sensing. Concerns were also raised about device placement, feedback mechanisms in shared workspaces, differentiation from existing apps and wearables, and clarity of the primary user persona. The jury concluded that while the idea has relevance and appeal, it requires sharper user segmentation, stronger evidence for effectiveness, and either a more credible posture-detection strategy or a narrower initial scope to ensure meaningful behavioral impact.

AI VeScope: An AI-Powered Diagnostic Device for Every Woman, Everywhere

Presented by Dr. Bindhu KD and Dr. Krishna Priya (JSS School of Public Health)

Dr. Bindhu KD and Dr. Krishna Priya presented AI VeScope, a concept-level, portable AI-enabled digital microscopy solution aimed at improving diagnosis of vaginal infections—particularly bacterial vaginosis—in low-resource and rural settings. The presentation framed vaginal infections as a high-burden but underdiagnosed problem due to stigma, limited laboratory access, and asymptomatic cases, despite treatments being readily available. AI VeScope was proposed as an offline, battery-powered device that enables frontline health workers to insert a prepared vaginal smear and receive a real-time microscopy view with AI-assisted diagnostic output, linked to nearby PHCs for timely treatment. Stakeholder consultations emphasized privacy, usability by ASHAs/ANMs, rapid turnaround, local-language support, affordability (₹18–20k per unit), and scalability through PHCs, mobile units, NGOs, and government programs.

Jury discussion centered on feasibility and scientific rigor. Major concerns were raised about what the AI would actually classify, the lack of clarity on gold-standard labels, and the complexity of microscopy-based differentiation between BV, candidiasis, trichomoniasis, or mixed infections. Faculty highlighted that dataset creation and expert annotation—not hardware—represent the real challenge, alongside slide preparation variability, engineering execution, and regulatory timelines. Suggestions included narrowing or reframing the clinical scope to conditions with clearer image features and established screening pathways, such as cervical cytology, and leveraging existing public health programs for data generation. Overall, the concept was seen as socially relevant with strong stakeholder thinking, but requiring substantial refinement in clinical scope, AI strategy, workflow design, and regulatory planning before real-world deployment.

Orion: A Point-of-Care Gut-Based Diagnostic + Predictive System (Microbiome–Metabolome–Metadata Fusion) Presented by Gungjit Glenn (Team Orion, St. John's University)

Gungjit Glenn presented Orion, a concept-level, cartridge-based point-of-care gut diagnostics and disease-risk prediction platform built on the premise that gut dysbiosis is linked to multiple chronic conditions across metabolic, mental health, gastrointestinal, and autoimmune domains. Orion proposes an integrated workflow combining rapid microbiome detection (using RPA amplification and microarray fluorescence readouts), metabolomic profiling via microfluidic electrochemical assays, and patient metadata captured through a smartphone interface. Outputs from these three streams would be processed through AI models and merged via a meta-model to generate disease risk probabilities and pathway-level interpretations, aiming to move beyond slow, expensive, and largely non-actionable lab-based microbiome reports.

The jury raised strong feasibility concerns, emphasizing that the proposal remains conceptual with no working prototype. Key critiques included unclear point-of-care stool processing workflows, underestimated manufacturing and consumable costs for microfluidic and microarray cartridges, and overambitious scope spanning multi-omics, AI, and disease

prediction simultaneously. Panelists also questioned the validity of relying on predominantly Western microbiome datasets for Indian populations and stressed the need for clear end-user definition, cost realism, and incremental product focus. The overall assessment was that while Orion reflects sophisticated scientific thinking, it requires significant narrowing, prototype validation, population-specific data, and manufacturing clarity before it can be considered a viable point-of-care clinical solution.

3D Printed Assistive Device for Patients with Tremor Presented by Lalita Saki Muskur and Harum Pandi

Team Synergy Tech Medin presented a 3D-printed assistive device aimed at helping individuals with tremor regain independence and dignity during eating. Framed through a patient-centric narrative, the presentation highlighted the psychosocial burden of tremors, particularly embarrassment and loss of confidence, and emphasized that tremors occur not only in Parkinson's disease but also in essential tremor, Alzheimer's disease, stroke recovery, traumatic brain injury, and multiple sclerosis. The team briefly explained Parkinsonian tremor pathophysiology in accessible terms and proposed a lightweight, wearable, hand-based stabilizing device, designed using PLA and PA12 materials, that is affordable, customizable, non-invasive, and suitable for geriatric use in Indian settings. A small pilot involving five patients reportedly demonstrated about a 50% reduction in food spillage along with visible improvements in confidence.

During the discussion, jurors acknowledged the social relevance and empathetic intent of the solution but raised questions about functional adequacy, noting that a 50% reduction in spillage may still limit independence. They emphasized the need for larger, more rigorous clinical evaluation, clearer differentiation from existing weighted utensils and assistive aids, and consideration of intellectual property and ease of replication. Overall, the project was viewed as a promising, low-cost assistive concept with potential impact if supported by stronger evidence and clearer innovation beyond affordability alone.

LabCode Gen 1: Portable Offline Laboratory Barcode Generator Presented by Dr. Niharika, Dr. Pawan K and Dr. Nisaga

The team presented *LabCode Gen 1*, a concept for a portable, offline barcode label generator intended to reduce specimen labeling errors during field-based sample collection and in resource-constrained diagnostic settings. The problem framing drew on real-world challenges from public health camps, where manual labeling and fragmented digital workflows often lead to sample mismatches, retesting, delays in care, and data privacy risks. The proposed handheld device combines a touchscreen and integrated printer to generate unique barcodes at the point of collection, with secure syncing to LIMS or servers when connectivity becomes available, and potential alignment with national digital health systems such as ABHA.

During jury discussion, while the problem was acknowledged as valid and experience-driven, concerns were raised about the lack of novelty and differentiation. Panel members noted that similar portable barcode printers with offline functionality and LIMS integration already exist, and emphasized the need for stronger market research, clearer innovation beyond incremental improvement, and a working prototype. Overall, the idea was seen as addressing

a real operational gap but falling short of the disruptive or uniquely contextual innovation expected in a hackathon setting.

Multimodal AI-Enhanced Wearable for Infant and Pediatric Apnea Monitoring Presented by Anaka Ajay, Prabhuh Basu, Bedi Bisen, Anushri Balkkar (with Vi presenting seated due to mobility constraints)

Team Biosynapse (MUS) presented *Sentinel Garment*, a concept-stage AI-enabled wearable ecosystem for continuous apnea monitoring in infants and children across NICU and home settings. The team highlighted gaps in current monitoring approaches, noting that intermittent clinical monitoring and alarm-prone home devices can miss clinically relevant apnea events or contribute to caregiver anxiety and alarm fatigue. Their proposed solution integrates a sensor-embedded garment for respiratory effort, oxygen saturation and motion sensing with an optional EEG cap to improve event differentiation, supported by on-device processing and AI-based anomaly detection aimed at reducing false alarms.

During discussion, the jury appreciated the clinical relevance and ambition of the idea but raised concerns regarding feasibility, signal reliability in garment-based sensing, and limited clarity on cost, competition, and prototype readiness. While the technical depth was acknowledged, panel members advised the team to simplify the pitch for a startup context, strengthen market and unit-economics framing, and focus future presentations on validation plans, business viability, and demonstrable progress rather than research-heavy detail.

Team Nexus – Smart Foot Diagnostic Box (Portable Foot Screening for Rural & Primary Care) represented by Sania Parik and Bhavi Bal

Team Nexus, represented by Sania Parik and Bhavi Bal from MGM School of Physiotherapy, presented a low-cost *Smart Foot Diagnostic Box* to address the widespread underdiagnosis of biomechanical foot problems in India. The team highlighted the gap between expensive clinical foot scanners and unreliable mobile apps, and proposed a portable, modular MDF box using a webcam–mirror setup to capture calibrated, multi-angle, weight-bearing foot images for future AI-based measurements. Optional modules for pressure sensing and vibration-based neuropathy screening were also described, with a clear focus on usability in PHCs, rural clinics, screening camps, and tele-rehabilitation. The projected cost (₹3,000–5,500) and selling price (₹6,000–9,000) positioned the device as an affordable alternative for resource-constrained settings.

The jury strongly appreciated the team's clarity, practicality, and the presence of a working prototype, noting that the demo effectively conveyed the solution beyond slides. Feedback focused on refining pricing strategy, market positioning, and commercialization planning, but overall the team was recognized as one of the more complete and execution-ready presentations, with encouragement to further iterate and scale the concept

Team Raa (St. John's) – "Raa" AI Co-Pilot for Frontline Child Sexual Abuse Response (POCSO) represented by Dr. Keethna & Mr. Abhijit),

Team Raa from St. John's, led by Dr. Keethna (Child & Adolescent Psychiatrist), presented Project Raa, an AI-enabled clinical co-pilot designed to support frontline healthcare workers managing child sexual abuse (CSA) disclosures at primary care level, particularly in rural and

resource-constrained settings. Using a realistic case vignette, the team highlighted how clinicians often struggle with CSA cases due to limited medico-legal training, high cognitive load, stigma, poor referral coordination, and lack of specialist support, leading to documentation gaps, delayed care, weak legal outcomes, and long-term psychological harm to children. The app is proposed as a workflow-driven decision-support tool covering the entire CSA response pathway: guided testimony capture, AI-based risk triage (medical, psychological, legal), stepwise POCSO compliance support, referral mapping, action-plan generation, micro-mentoring for ethical gray zones, and burnout alerts for staff. AI functions were positioned as assistive (not autonomous), with clinicians retaining accountability.

Strong emphasis was placed on confidentiality and legal robustness, with proposed safeguards including encryption, role-based access, audit trails, and zero-trust architecture. The sustainability model focused on government and institutional adoption under POCSO compliance, supported by training modules and international grants. Jury feedback was highly positive on relevance and impact, while flagging challenges around training data for emotion and testimony analysis, resistance to implementation, and the need for extremely strong data security and legal protections. Overall, the concept was seen as socially critical, scalable beyond India, and well-suited for phased pilots and global public health funding, provided long-term ownership and rigorous governance are ensured.

Team Orate (KIMS Research Center) – Portable Light-Sensor Device for Early Oral Cancer Screening represented by Prof. T.Jasi

Team Orate, represented by Prof. T. Jasi from the KIMS Research Center, presented a concept for a portable oral cancer screening device aimed at enabling early detection in remote and resource-limited settings. The proposed “toothbrush-like” device uses light-based sensing and an AI-driven image analysis pipeline to provide a simple traffic-light risk output (green/yellow/red) indicating the likelihood of malignant changes in the oral cavity. Trained on a reported dataset of over 10,000 oral tissue images, the system applies image preprocessing, segmentation, and deep-learning classification to flag suspicious lesions and support early referral, positioning the tool as a low-cost preliminary screening aid rather than a diagnostic replacement.

During discussion, the jury raised significant feasibility and differentiation concerns. The team acknowledged that hardware design was still conceptual, with software development further along, and faced questions on why dedicated hardware was needed when smartphone-based imaging might offer a more practical pathway. Panel members also noted existing intraoral imaging devices and questioned the reliability of light-based detection without extensive validation. Pricing and deployment details remained undefined. Overall, while the problem addressed was acknowledged as important, the panel emphasized the need for clearer technical justification, competitive differentiation, validated sensing methodology, and a realistic development and costing roadmap before the concept could be considered deployment-ready.

Figure 63 Moments from Hackathon

Day 2 29th November, Main Hall

Topic: Digital Trends in Critical Care

Session Co-Chair : Dr.Shyam Bhandari

Panel Members: Dr. Vivek Nambiar, Dr. Sachin Verma, Dr. Pradeep Thomas, Dr. R. Krishnakumar

Topic: Stroke Medicine

Speaker : **Dr. Vivek Nambiar**

The session commenced with an in-depth discussion on **stroke medicine by Dr. Vivek Nambiar**, focusing on the transformative role of **teleconsultation in acute stroke management**, particularly within rural and underserved regions. Emphasis was placed on rapid stroke assessment, time-sensitive therapeutic interventions, and structured clinical decision-making pathways. Evidence from established **tele-stroke models** demonstrated notable improvements in timely intervention and overall patient outcomes.

Topic : The role of Tele-EM(Tele - Emergency Medicine) In Modern Healthcare

Speaker : **Dr. Pradeep Thomas**

The session further explored the expanding role of **Tele-Emergency Medicine (Tele-EM) by Dr. Pradeep Thomas.,** in strengthening modern emergency care systems. Various Tele-EM service delivery models were presented, highlighting optimized emergency workflows and the integration of remote specialist expertise. These approaches have significantly enhanced emergency response capabilities, especially in geographically remote and resource-limited settings.

Topic: Affordable Intelligent Critical Care (AICC): AI as the New Operating System of Critical Care

Speaker : **Dr. Sachin Verma**

A key segment of the session by Dr. Sachin Verma focused on **Affordable Intelligent Critical Care (AICC)**, where **artificial intelligence is increasingly positioned as a foundational "operating system" for critical care delivery**. Discussions addressed critical workforce shortages and underscored the role of AI-enabled monitoring and automation in reducing clinician cognitive load, improving operational efficiency, and supporting high-quality decision-making in intensive care units.

Topic: Telehealth to Overcome Challenges in Resource - Limited Environments

Speaker : **Dr. R Krishna Kumar**

The session concluded with an examination of **telehealth solutions designed for resource-constrained environments by Dr. R Krishna Kumar**. Scalable digital care models, remote patient monitoring systems, and cost-effective critical care strategies were highlighted as essential components for improving healthcare access, equity, and outcomes in underserved populations.

Figure 64 Panelist: Digital Trends in Critical Care

Figure 65 Dr. Shyam Bhandari

Figure 66 Dr.Vivek Nambiar

Figure 67 Dr. Pradeep Thomas

Figure 69 Dr. Sachin Verma

Figure 68 Snapshot of session

Session 7 Timing: 09:45 AM to 10:25 PM

Session Topic: AI and Next-Gen Technologies in Healthcare (Doctors AI)

Session Chair: Dr. Sanjay Sharma.

Co Chair: Dr. Krishna Kumar

Panel Members : Mr. Raghu Dharmaraju, Mr. Kalyan Sivaselvam, Mr. Bharat Gera, Dr. Amit Kumar Dey, Mr. Bhargava Subramanian

AI to Make Telemedicine Useful and Effective

The session began with an exploration of the role of **artificial intelligence in enhancing telemedicine by Mr. Raghu Dharmaraju**, with a focus on intelligent triage systems, remote patient monitoring, and advanced clinical decision-support tools. Speakers emphasized the need to embed AI solutions within **practical, real-world clinical workflows** to ensure seamless adoption by healthcare providers and measurable impact on care delivery.

From Hype to Hands-On: Practical Path to AI Education for Doctors

A key discussion point was the existing gap between **AI innovation and meaningful clinical adoption**. The panel highlighted structured pathways to improve **AI literacy among clinicians**, underscoring the importance of hands-on training, responsible implementation, and ethical competence as core skills for healthcare professionals in the digital era.

The AI Explosion Means More Tele and More Medicine — and That's a Good Thing

The session also examined **voice-based agentic AI systems** and their growing potential to improve patient adherence. Case examples illustrated how conversational AI, automated reminders, and personalized follow-up mechanisms can support medication compliance, lifestyle modification, and continuity of care across telemedicine platforms.

Further discussions positioned the **rapidly evolving AI ecosystem as a critical accelerator for telemedicine expansion**. The panel outlined how AI-driven diagnostics, automated remote workflows, and scalable care delivery models are enabling broader adoption of telemedicine while simultaneously strengthening conventional healthcare services.

The session concluded with a strong emphasis on a **human-centric redesign of telemedicine in the AI era**. Speakers stressed the importance of empathy-driven interfaces, robust clinician oversight, data privacy protections, and trust-building mechanisms. The discussion reaffirmed that responsible AI adoption must balance technological advancement with patient experience, ethical governance, and safety

Figure 70Mr Raghu Dharmaraju

Figure 71 Dr Amit Kumar Dey

Figure 72 Mr.Bhargava Subramanian

Figure 73 Mr.Bharat Gera

Figure 74 Panel on AI and Next Gen technologies in Healthcare (Doctors AI)

Session 8 Presidential Oration.

Chair: Dr. Sunil Shorff

Co Chair: Dr. Umashankar S

Speaker : Dr. Prem Nair, President, TSI

Figure 75 Dr. Prem Nair

Figure 76 Presidential Oration Facilitation, From Left to Right : Dr. Uma Nambiar, Dr. Murthy Remilla, Dr.Prem Nair, Dr. Umashankar S, Dr.Sunil Shroff

Figure 77 Felicitation of Dr. Prem Nair by Dr. Sunil Shroff

Figure 78 Change of Guard, Exchange of TSI Medallion. Dr. Sunil Shroff taking over as President of TSI from Dr. Prem Nair

Figure 79 Glimpses of Medallion handover

Session 9

Startup Pitch : Final Presentations & Panel Discussion

Startups Presented :

OUI Medical – Abdominal Imaging Device : Dr. Adarsh M. Patil

Ayu Devices – Medical-Grade Diagnostics : Adarsha K, Founder & CEO

Janitri – Maternal–Fetal Monitoring : Arun Agarwal, Founder & CEO

MyRx – Practice Management Platform : Sourav Das, Founder & CEO

2Care.ai – AI-Driven Chronic Care : Saket Toshniwal, CEO/CTO

The session featured **five high-impact health technology startups** that presented innovative solutions addressing key challenges across diagnostics, maternal and child health, digital practice ecosystems, and chronic care management.

OUI Medical introduced the **P-Scope**, a portable and minimally invasive abdominal endoscope designed to shift diagnostic procedures from conventional operating theatres to bedside and outpatient settings. The device enables visualization of the abdominal cavity under local anaesthesia, significantly reducing procedure time, cost, and overall care burden.

Ayu Devices showcased **AyuSynk**, a smart digital stethoscope ecosystem that allows clinicians to listen to and visualize heart and lung sounds with enhanced clarity. The platform supports remote sharing of auscultation data, strengthening point-of-care diagnostics and enabling more effective telemedicine workflows across diverse healthcare settings in India.

Janitri, a Bengaluru-based maternal–fetal health startup, presented its integrated suite of hardware and software solutions for labour monitoring, fetal well-being assessment, and postpartum care. The company's mission is to reduce preventable maternal and neonatal mortality by providing affordable, accessible, and clinically robust monitoring technologies.

MyRx demonstrated its India-focused digital health platform offering comprehensive practice management solutions, including e-prescribing, EMR-lite functionality, and digital engagement tools for clinics and pharmaceutical partners. The platform aims to streamline clinical documentation, improve patient communication, and enhance coordination between healthcare providers and the pharmaceutical ecosystem.

2Care.ai presented its AI-powered chronic care management platform designed for families, with a particular focus on supporting elderly parents in India for NRI families. By consolidating fragmented medical data into a lifelong digital health record and applying predictive analytics, the platform supports proactive management of chronic conditions such as diabetes, cardiovascular diseases, kidney disorders, and cancer.

Figure 80Mr. Lalit Singla

Figure 81 Dr. Adarsh M. Patil, Finalist for Startup Pitch

Figure 82 Mr. Adarsh K, Finalist Start Up Pitch

Figure 83 Mr Arun Agarwal , Finalist Start Up Pitch

Figure 84 Mr. Saurav Das, Finalist Start Up Pitch

Figure 85 Snapshot of Startup pitch Finals

Figure 86 Mr. SaketToshniwal

Figure 87 Start Up Jury Members

A panel discussion was conducted following the final startup pitches, featuring distinguished industry leaders: **Hardik Joshi, Ganesh Sabat, Siddhi Kaul, Ramesh Kannan, Lalit Singla, and Ashwin Raguraman**.

The discussion provided a comprehensive overview of **India's evolving digital health ecosystem**, examining key challenges faced by startups, including product-market fit, scalability, and adoption barriers. Panelists shared insights on **regulatory frameworks and policy enablers**, investor expectations, market readiness, and pathways to sustainable growth within the health-tech sector.

Emphasis was also placed on the **role of founders and leadership teams** in driving innovation, fostering trust within the healthcare system, and accelerating the adoption of digital health solutions. The panel concluded with reflections on collaboration between startups, healthcare institutions, investors, and policymakers as a critical driver of healthcare transformation in India.

Figure 88 Panel Discussion

Figure 89 Panellist From left to right ***Mr. Ramesh Kannan, Mr. Ganesh Sabat, Mr. Hardik Joshi. Mr Lalit Singla, Mr. Siddhi Kaul, and Mr. Ashwin Raguraman***

Figure 90 Felicitation of Dr. Prem Nair

Quiz

The **Digital Health Quiz** was conducted by **Prof. K. Ganapathy** as the Quiz Master. The quiz witnessed enthusiastic participation from delegates, and **prizes sponsored by Apollo Hospitals** were awarded to participants who answered correctly.

Figure 92 Digital Health Quiz, Quiz Master , Prof K Ganapathy.

Figure 91 Delegate participating in Quiz

Figure 93 Representatives from Armed Forces at Telemedicon 2025

Session 11 Timing: 2:15 PM – 2:30 PM

Topic: Digital Health for Sustainability: The Future of AI-Driven Healthcare

Speaker:

Dr. Rajendra Pratap Gupta

Dr Uma Nambiar

The session offered a concise overview of the evolution of artificial intelligence in healthcare, tracing its journey from early experimental use cases to mature, scalable, and real-world implementations across clinical and operational environments.

Speakers outlined progressive stages of AI adoption, beginning with pilot projects and exploratory deployments, and advancing toward fully integrated AI solutions embedded within hospital workflows, digital health platforms, and care delivery systems.

Key areas of impact highlighted during the session included AI-driven diagnostics, workflow optimization, precision and personalized care models, and data-enabled clinical decision-making. These applications position AI as a foundational driver of sustainable, efficient, and resilient healthcare ecosystems.

The session concluded with an emphasis on the need for forward-looking strategies that align policy, technology, and clinical innovation. Such alignment was identified as critical to accelerating India's digital health readiness while ensuring the ethical, equitable, and scalable deployment of AI across the healthcare continuum.

Figure 94 Dr. Rajendra Gupta

Session 11 Timing: 02:30 PM – 03:00 PM

Topic: Space Medicine

Session Chair : Dr. Agarwal

Session Co-Chair / Moderator : Dr. Murthy Remilla

Panel Members : D. K. Singh, Gp Capt P. Biswal, Mr. Jayakumar Venkatesan, Dr. Sergeeva Lyudmila Yurevna, Gp Capt Angad Pratap, Dr. B. Sinha

The session opened with a comprehensive overview of India's human spaceflight programme, reflecting on the scientific, operational, and strategic challenges shaping the nation's ambitions in human space exploration. Key themes included mission architecture, crew safety systems, and long-duration mission planning critical to future crewed missions.

Significant emphasis was placed on astronaut medical evaluation, with detailed discussions on physiological, neurological, and psychological assessment protocols. Speakers highlighted the importance of continuous health monitoring, human performance optimization, and medical readiness in extreme space environments.

The panel further examined the training ecosystem for crewed missions, offering insights into microgravity adaptation, survival preparedness modules, simulation-driven training, and the rigorous discipline required to ensure mission readiness as India progresses toward the Gaganyaan mission.

A technical analysis of mission planning methodologies was presented, focusing on risk assessment frameworks, system reliability, emergency preparedness, and precision-based decision-making. The discussion underscored the growing interdependence between mission control, aerospace engineering teams, operational units, and medical specialists.

Advancements in India's space systems, including launch technologies, navigation systems, mission-support infrastructure, and emerging space-engineering capabilities, were also discussed. These developments reflect India's increasing technological self-reliance and innovation momentum in the space sector.

The session concluded with a broader exploration of national and global trends in human space exploration, emphasizing interdisciplinary collaboration, sustainable space technologies, and the long-term strategic vision required to strengthen India's leadership in human space science and space-enabled technological ecosystems.

Figure 95 Dr. Murthy Remilla

Figure 96 Dr Singh

Figure 97 Gp Capt Angad, Astronaut

Figure 98 Panel Discussion on Space Medicine

Figure 99 Glimpses from the session on Space medicine

Session 12

Timing: 03:05 PM – 03:45 PM

Topic: National Health Authority (NHA):
• Interoperability & Integration – Building Connected Health Systems
• Integrating Telemedicine Platforms with ABDM
• Implementation of ABDM in Karnataka
• The Four Pillars, the Pyramid & the Telemedicine Cube

Session Chair : Dr. K. Selvakumar
Session Co-Chair / Moderator : Dr. Amit Agarwal
Panel Members : Ms. Rajlakshmi Das, Dr. Sushil (ABDM Karnataka), Ms. Meenakshi Jha, Dr. Santosh Kumar Kraleti

The session commenced with an in-depth exploration of **interoperability and system integration within India's digital health architecture**. Discussions emphasized the importance of a unified, standards-based ecosystem to enable seamless data exchange, effective platform interoperability, and improved coordination across healthcare services.

A key focus was the **integration of telemedicine platforms with the Ayushman Bharat Digital Mission (ABDM)**. Panelists examined the role of digital APIs, health registries, and secure data-sharing protocols, highlighting how ABDM alignment enhances accessibility, enables portability of health records, and strengthens patient–provider interactions through structured digital frameworks.

A conceptual framework titled **"The Four Pillars, the Pyramid, and the Telemedicine Cube"** was presented to illustrate the multi-layered nature of telemedicine implementation. The model outlined the foundational digital infrastructure, scalable service delivery pathways, and multi-dimensional expansion of telehealth services, offering a holistic view of system-wide integration.

The session also reviewed key **National Health Authority (NHA) initiatives** shaping India's digital health ecosystem. Governance mechanisms, digital standards, interoperability frameworks, and state-level implementation strategies were discussed as critical enablers for accelerating telemedicine adoption across the country.

A focused discussion on the **implementation of ABDM in Karnataka** provided practical insights into on-ground experiences, operational challenges, and strategies being adopted to align regional telemedicine services with the national digital health infrastructure.

The session concluded with a shared perspective on how **NHA-led policy frameworks, technological innovation, and structured interoperability** are collectively contributing to the development of a future-ready and resilient digital health ecosystem for India.

Figure 100 Panel Discussion on ABDM

Figure 101 Ms. Rajalakshmi Das, NHA representative Speaking on ABDM

Figure 102 Ms. Meenakshi Jha

Figure 103 Dr. Santhosh Kraleti

Figure 104 Dr. Amit Agarwal, Co-chair, and Dr. Selvakumar, Chair

Session 13 Timing:

03:55 PM – 04:40 PM

Topic:

Telemedicine Implementation in Rural India — Challenges, Learning, and Impact

• Tele-health to overcome challenges in resource-constrained environments

• Tele-health implementation

Session Co-Chair / Moderator : Mr. Sameer Sawarkar

Panel Members : Ms. Dhanalakshmi Ramachandra, Mr. Saurabh Kumar Gond, Mr. Afaq Shah, Mr. Sivaram Rajagopalan

The session focused on the **practical realities of implementing telemedicine initiatives in rural and underserved regions of India**. Discussions emphasized the need for digital health solutions to be context-sensitive, adapting to local infrastructure, community needs, and resource constraints in order to achieve meaningful and sustainable impact.

Speakers highlighted the potential of telemedicine to deliver **inclusive, scalable, and sustainable healthcare services**, showcasing digital platforms designed to support continuity of care, operational reliability, and long-term adoption beyond pilot phases. Strong emphasis was placed on building systems that are resilient and enduring, rather than short-lived deployments.

A **community-driven approach** was central to the discussion, underscoring the importance of cultural acceptance, trust-building, and grassroots awareness in successful telehealth implementation. Panelists stressed that impact should be evaluated not only through utilization metrics but also through clinical outcomes, patient engagement, and long-term community ownership.

Capacity building emerged as a critical theme, particularly the empowerment of rural communities, frontline health workers, and local institutions to independently operate, manage, and sustain telemedicine programs over time.

The panel collectively reinforced that effective rural telemedicine requires:

- equitable access to healthcare services,
- financially and operationally viable models,
- strong quality assurance and outcome measurement frameworks, and
- robust collaboration among technology providers, government agencies, non-governmental organizations, philanthropic institutions, and community networks.

The session concluded with a shared recognition that **telemedicine, when grounded in cultural alignment and long-term sustainability**, can play a transformative role in narrowing India's rural–urban healthcare divide and in building resilient, inclusive health ecosystems.

Figure 105Panel Discussion

Figure 106Brig Rakesh Dutta

Figure 107 Mr. Sameer Sawarkar

Session 14 Timing: 04:40 PM – 05:40 PM

Topic: Holistic Connected Care Telehealth Networks

Panel Theme: SUQUINO

Session Chair : Mr. Ravi Amble

Session Co-Chair / Moderator : Dr. L. S. Satyamurthy

Panel Members: Mr. Ravi Amble, Dr. Vishal, Dr. Khyati, Dr. Srinivas

The session explored the **vision and architecture of SUQUINO**, a holistic telehealth platform designed to integrate clinical workflows, remote patient monitoring, and device-driven insights into a unified connected-care ecosystem. Discussions emphasized how such integrated networks can strengthen continuity of care and enable seamless patient journeys across multiple points of service.

Panelists highlighted the **med-tech ecosystem surrounding SUQUINO**, focusing on the role of interoperable medical devices, intuitive user interfaces, and real-time physiological data exchange. These components were identified as critical enablers for enhanced clinical decision-making and the delivery of reliable, high-quality telehealth services.

The session also discussed **practical institutional applications**, drawing on implementation experiences from leading healthcare centers. Innovative therapeutic integrations were presented, including the incorporation of **saffron-based interventions within SUQUINO's device ecosystem**, illustrating a novel convergence of traditional healing approaches with modern digital health technologies.

Overall, the discussion reinforced SUQUINO's objective of enabling **technology-supported, patient-centric care networks** that reduce fragmentation and improve access. By unifying clinical intelligence, remote monitoring, and scalable digital workflows, SUQUINO was positioned as a coherent and future-ready model for connected care delivery.

Figure 108 Panel Discussion Suquino Session

Session 13 Timing: 05:40 PM – 06:30 PM

Topic: Quality Improvement in Telehealth
• Revival and repurposing of telemedicine in the Indian Armed Forces
• Embracing the future safely
• From prototypes to pan-India impact: Startup-driven quality digital health solutions
Session Chair : Brig (Dr.) Rakesh Dutta
Session Co-Chair / Moderator : Mr. Arvind Tyagi
Panel Members : Dr. Peter Lachman, Mr. Navratan Katariya

The session opened with a comprehensive overview of the revitalization and strategic repurposing of telemedicine within the Indian Armed Forces. Discussions highlighted the evolution of telemedicine as a critical enabler of medical support for personnel deployed in remote, high-altitude, conflict, and border-region environments. Key themes included emergency teleconsultation, specialist-to-field coordination, tele-triage, and the enhancement of operational medical readiness through secure digital connectivity.

The session also showcased innovation-led startup solutions as significant contributors to nationwide quality improvement in digital health. Panelists discussed the journey from early-stage prototypes to scalable, pan-India deployments, emphasizing deep-tech advancements in diagnostics, the importance of robust quality assurance frameworks, and the sustained operational rigor required to maintain reliability while scaling rapidly.

Strong emphasis was placed on the safe, responsible, and future-ready adoption of telehealth technologies. Discussions addressed the need to balance technological innovation with clinical safety, system resilience, regulatory compliance, and the preservation of patient trust.

The day concluded with closing reflections summarizing the key themes that emerged throughout the proceedings—innovation-driven transformation, the power of cross-sector collaboration, and the central role of digital health in building resilient and modern healthcare systems. This marked the formal close of the Telemedicon 2025 sessions for 29 November.

Professor Peter Lachman’s presentation emphasized that patient safety must move beyond policies and compliance checklists to becoming a deeply embedded culture within health systems. He highlighted that harm in healthcare is often systemic rather than individual, and improving safety requires leadership commitment, psychological safety, and continuous learning. Drawing on global experiences, he underscored the importance of measuring what truly matters—moving from counting adverse events to understanding why they occur, strengthening reporting systems, and building transparent, learning-oriented organizations. Safety, he stressed, is not a one-time intervention but a sustained commitment to reliability, teamwork, and accountability at every level of care delivery.

He further emphasized that patient safety improvement depends on co-production with patients and families, effective communication, and workforce empowerment. Leaders must create environments where healthcare professionals feel safe to speak up, report near misses, and engage in quality improvement. He advocated for integrating safety into governance structures, training curricula, and daily clinical practice, aligning safety with quality and equity. Ultimately, his message reinforced that achieving safer healthcare requires systems thinking, data-driven improvement, compassionate leadership, and a shared moral purpose to reduce avoidable harm.

Figure 109 Speakers of the session

Figure 110 Glimpses from conference

HALL A: DAY 2 (29/12/25)

Workshop

The programme began at 09:00 AM with registration and a pre-test coordinated by Ms. Jyothi to assess baseline knowledge and ensure structured onboarding. The inauguration session highlighted the importance of learning evidence-based science from experts and encouraged interactive participation. Faculty members from pediatrics, neonatology, nutrition, and lactation sciences were introduced, and the six-month certification programme, including the lactation counsellor module, was outlined. An ice-breaking activity fostered collaboration and set a positive tone for the two-day academic engagement.

The first session, led by Dr. Elizabeth K.E., focused on managing stress, work-life balance, and personality development. Emphasizing teamwork, emotional intelligence, and resilience, she described stress as a manageable response that can promote growth when balanced, but may lead to burnout if excessive. Practical strategies included gratitude, healthy coping mechanisms, effective communication, and lifestyle habits supporting mental wellbeing. Through reflective exercises and personality assessment, participants were encouraged to build self-awareness, strengthen nurturing behaviors, prioritize effectively, and adopt sustainable routines for professional and personal growth.

Session 2 : "The Growth App – Watch Me Grow: Infancy to Adolescence" by Dr. Anish Pillai,

This session was a highly practical, clinic-focused talk on improving growth monitoring in everyday pediatric practice. Dr. Pillai emphasized the continued importance of growth charts for objective tracking and effective parent communication, while clarifying the distinction between growth standards (e.g., WHO charts) and population- or condition-specific references. Through case discussions, he highlighted how incorrect chart selection or superficial interpretation can lead to unnecessary anxiety and referrals. He also demonstrated a digital growth chart app that generates percentiles, Z-scores, BMI, mid-parental height range, and growth velocity, explaining the clinical value of both percentiles (for counseling) and Z-scores (for precision and extreme values).

The session further addressed growth velocity assessment and the importance of mid-parental height in avoiding overdiagnosis of familial short stature. Special attention was given to preterm growth monitoring, stressing combined use of chart plotting, velocity, and Z-score trends, with reference to tools like Fenton and Intergrowth-21st charts. Practical takeaways included routine measurement of length and head circumference, structured follow-up practices, and contextual interpretation rather than relying on isolated values—making the session immediately applicable to OPD and NICU settings.

Session 3 :"The Love Drops – Human Milk Banking" by Dr. Sandya Khadse

Dr. Khadse delivered a powerful, experience-driven overview of Human Milk Banking within the framework of Comprehensive Lactation Management Centers (CLMCs). She emphasized that mother's own milk is the "gold standard," with donor milk serving only as a temporary, secondary option—not a convenience substitute. Highlighting that breast milk is a living tissue rich in immunological and bioactive components, she stressed that formula can never fully replicate it. The session addressed common misconceptions and misuse risks, underscoring that milk banks must strengthen, not replace, direct breastfeeding. She also shared India-

specific insights, noting that while India has around 123 milk banks, functionality and quality vary, and a CLMC should only exist within a breastfeeding-supportive hospital culture.

The talk combined policy, ethics, and operational realities, detailing implementation barriers, donor recruitment challenges, and innovative solutions such as a human milk collection van for community outreach. Clinical benefits—including reduced sepsis, NEC, ROP, and shorter NICU stays—were linked to broader public health impact. Dr. Khadse outlined essential prerequisites, technical workflows (screening, pasteurization, testing, storage), strict confidentiality norms, and the importance of traceability. She repeatedly reinforced that the primary goal of a CLMC is to protect and sustain the mother's own lactation, especially in preterm cases. Concluding with impactful case stories, she positioned human milk banking as a breastfeeding-centered public health intervention driven by community service rather than revenue.

Session 4: "The Six-Step ABCDEF Approach & Establishing Nutrition Clinics" by Dr. Elizabeth K. E.

This high-impact, practice-focused lecture redefined pediatric nutrition care by emphasizing the need for a dedicated nutrition clinic rather than delivering assessments within a busy general OPD. Dr. Elizabeth highlighted that meaningful nutrition evaluation requires time, structure, and professional valuation, often up to an hour per child. She introduced the ABCDEF (+G) framework—Anthropometry, Biochemical evaluation, Clinical examination, Dietary assessment, Environmental context, Functional assessment, and Growth/development surveillance—as a systematic gold standard to prevent missed diagnoses. The session reinforced India's ongoing burden of malnutrition and the critical importance of the first 1,000 days in shaping lifelong health.

The talk stressed comprehensive dietary and micronutrient assessment, documentation of supplementation programs, and early prevention ("habilitation") to avoid irreversible developmental damage. Practical guidance was provided on interpreting growth charts, using Z-scores for malnutrition detection, rational use of CBC parameters for early iron deficiency, and avoiding over-reliance on BMI. Environmental, psychosocial, and hospital-related factors—including hospital-acquired malnutrition and early screening—were integrated into care planning. Overall, the session offered a structured, holistic framework for establishing effective nutrition clinics and delivering preventive, longitudinal pediatric nutrition care.

Session 5: Child Obesity, Malnutrition & Nutrition Clinic by Dr. Arti Pawaria

Dr. Arti Pawaria framed childhood overweight, obesity, and metabolic syndrome as a long-term clinical responsibility rather than a one-time diagnosis. She emphasized routine screening at every pediatric visit and clarified correct anthropometric criteria: BMI-for-age charts for children over five years and weight-for-height Z-scores for those under five. Most pediatric obesity, she noted, is exogenous—driven by an obesogenic environment—while endogenous causes should be suspected only when red flags such as short stature or developmental concerns are present. She warned that childhood obesity carries greater long-term metabolic risk than adult-onset obesity, linking it to India's rising burden of fatty liver disease. Early lab reports may appear normal, but lifestyle-based weight management remains the only proven treatment, making counseling and follow-up crucial.

The session stressed practical, relationship-based management: screen for signs like acanthosis nigricans, avoid shame-based advice, engage the child directly, and set realistic goals such as weight maintenance or gradual reduction. Exercise was described as non-

negotiable, with sustained physical activity and family-wide lifestyle change essential for success. Dietary guidance focused on limiting sugary beverages, improving fiber intake, ensuring protein adequacy, and preventing constant snacking. Broadening the scope, Dr. Pawaria also highlighted the pediatrician's role in managing undernutrition and disease-related malnutrition through timely referrals and structured enteral strategies. She concluded by urging clinicians to consistently apply lifestyle interventions in practice to build confidence and achieve measurable outcomes

Session 6: Meal Planning and Food Labelling by Ms. Jyothi

The session highlighted the importance of food label literacy as a key tool in preventive healthcare and nutrition counseling. It noted that although packaged foods are widely consumed, most people do not read or understand labels, leading to poor dietary choices. Food labels help consumers compare products, identify allergens, verify authenticity, and check shelf life ("use by" and "best before" dates). The relevance of label reading was strongly emphasized for patients with non-communicable diseases such as diabetes, obesity, hypertension, dyslipidemia, and celiac disease, where packaged food choices directly affect health outcomes.

The speaker outlined FSSAI's regulatory requirements and introduced the simple mnemonic "NIL DATE" to assess label completeness (Name, Ingredients, License, Date, Address, Total quantity, Expiry). Clinicians were encouraged to guide patients to review serving size first, then key risk nutrients such as energy, sugar, saturated fat, and sodium. The session concluded by reinforcing the doctor's role in promoting fresh foods and empowering patients to use food labels as a practical strategy to prevent lifestyle-related diseases.

Session 7: Journal club + appraisal approach + food labeling By Dr Nagalatha

The session combined an evidence-based neonatal journal club with a practical public health nutrition component. Dr. Nagalatha presented a single-center RCT from a New Delhi NICU comparing early total enteral feeding with conventional gradual feeding in stable VLBW preterm neonates. Early enteral feeding led to faster achievement of full feeds, shorter hospital stay, and lower rates of clinical sepsis and apnea, without increasing NEC in the selected stable subgroup. Limitations such as single-center design, lack of blinding, and exclusion of unstable or ELBW infants were discussed. Faculty emphasized structured critical appraisal using CONSORT, EQUATOR tools, and the PICO framework to strengthen research interpretation and encourage routine engagement with scientific literature.

Complementing this, Ms. Jyothi's session on food labeling highlighted FSSAI regulations and the importance of teaching patients how to interpret packaged food labels. She stressed reviewing ingredient order, expiry dates, allergen declarations, serving sizes, and key nutrients such as fat, sugar, and sodium. The session reinforced the clinician's role in promoting informed food choices, minimizing high-risk packaged foods, and questioning misleading marketing claims as part of preventive health practice.

Figure 111 Glimpses from Lactation workshop

HALL B DAY 2

Panel Discussion : Business Case for Telemedicine in Hospitals

Panelists: Dr. Naganchil Dr. Major Guru Prasad

The panel highlighted that telemedicine has evolved from an optional innovation to an essential component of healthcare delivery, a shift accelerated and validated during the COVID-19 pandemic. With digitally aware patients now expecting timely access, continuity, and improved service experiences, remote consultations have become both acceptable and necessary across settings. Beyond patient convenience, telemedicine offers clear business value through direct revenue streams such as tele-ICU and tele-ER services, as well as indirect gains including better follow-up adherence, patient retention, and optimized workforce utilization.

Operational and clinical benefits were also emphasized, including improved triage, streamlined coordination, reduced administrative burden, and faster decision-making in time-sensitive conditions like stroke and myocardial infarction. The panel concluded that telemedicine succeeds when embedded into routine workflows, co-designed with clinicians, supported by automation, and aligned with specific organizational and patient-care needs rather than functioning as a standalone digital add-on.

Figure 112 Panelist Dr. Naganchil Dr. Major Guru Prasad

Digital Health Voices Around the Globe:

International Session: Armenia, Digital Health Design, and Wearable Rehabilitation Tech

Chair/Moderator: Dr. Umashankar
Speakers: Dr. Viken Robin (President, Armenian Digital Health Association; also introduced as Founder & CEO, Vikno Health Innovation Company), Dr. Aayushi Tandon (Assistant Professor, Trinity Business School), Mr. Claudio Gaban(i)/Gabani (Software Manager, NTR Bio Sensors, Italy)

The international session featured Dr. Viken Robin, who outlined Armenia's evolving digital health ecosystem within the context of its geography, diaspora, and access challenges. He described the Armenian Digital Health Association's efforts in education, advocacy, and system-building, including the launch of a Master's in Digital Health, integration of digital health into MPH training, national stakeholder forums, WHO-supported health information system audits, and collaboration with the Telemedicine Society of India. Armenia has legalized telemedicine (since 2022), established a Ministry-level digital health team and national e-health operator, and expanded facility digitization, though gaps remain in governance, funding clarity, digital literacy, and a comprehensive national digital health strategy (targeted for 2026). A notable case study was a prison telemedicine program linking prison units with public hospitals, reducing transport needs and enabling insurance-backed tele-consult reimbursements.

In the discussion, regulatory aspects of cross-border telemedicine were explored. Dr. Robin noted Armenia's existing international tele-consult activity and suggested that while regulations are not overly restrictive in practice, structured collaboration would require institutional clarity. He referenced a healthcare and digital health cooperation agreement between Armenia and India as a diplomatic facilitator. Addressing disease-profile differences, he described Armenia's burden as dominated by cardiovascular disease, cancer, and chronic conditions, with prevention challenges including tobacco, alcohol use, low physical activity, and emerging pollution concerns—highlighting opportunities for future India–Armenia collaboration in digital health education and cross-border services.

Dr. Aayushi Tandon offered a research-driven critique of conventional "patient-centric" digital health design, arguing that many EMRs, teleconsult platforms, and AI tools embed narrow biomedical and Western assumptions that overlook lived realities. Using the concept of jeevan-yapan (everyday life and social context), she emphasized that true patient-centeredness must account for household dynamics, cultural norms, agency, and context-specific privacy expectations—not just structured clinical data. She noted that while patients increasingly adopt biomedical language, meaning is often lost when digital systems fail to capture social constraints and contextual factors, leading to incomplete care and potential information withholding.

She proposed a "flow-based" patient journey model that views health as a continuous stream rather than static encounters, integrating lived-experience data with clinical records. Such context-aware systems, she argued, could prevent unnecessary interventions, uncover hidden triggers, and enable better multi-specialty coordination supported by AI. The chair connected these insights to broader digital health adoption challenges, highlighting how meaningful patient experience—and potentially agentic AI—could help create more culturally grounded, truly patient-centric systems.

Mr. Claudio from Italy presented NTR Bio Sensors, a startup developing an IoT-enabled smart insole designed for continuous weight-bearing monitoring during rehabilitation. Inspired by personal rehabilitation challenges, the device features 59 distributed pressure sensors linked to an external module that transmits data via Bluetooth to a mobile app and cloud-based clinician dashboard. The system provides near real-time feedback when patients exceed prescribed weight limits, supports gait and symmetry analysis (with IMU integration), and enables remote monitoring to improve recovery outcomes and reduce complications.

Planned clinical studies are underway in Brussels, Italy, and Munich, with a business model focused on supplying the device to clinicians for patient use. The audience appreciated the innovation and non-invasive approach, and the session concluded with thanks to the international speakers for participating across time zones.

Figure 113 snapshot from Voices around the globe session

Advanced Technology enabling specialised Eyecare

Speaker:
Dr. Sentil T
The segment began with an innovation pitch showcasing portable “smart telemedicine” tools such as a cardio sleeve and “clinic in a bag,” designed to deliver point-of-care diagnostics in low-resource settings. The demonstrated workflow included app-guided auscultation, synchronized digital heart sound and ECG capture, cloud-based transmission, and colour-coded valve-specific analysis to flag abnormalities—aimed at saving clinician time, reducing costs, and expanding access.

Dr. Sentil then presented a field-tested tele-ophthalmology model, emphasizing that success lies more in business model innovation than product novelty. He described hub-and-spoke retinal screening partnerships with diabetes centres, labs, and vision centres, where images are captured locally and interpreted remotely. Diabetic retinopathy screening emerged as the most sustainable model, with a revenue-sharing structure that supports centres, reporting ophthalmologists, and platform operators, collectively reaching around 20 lakh patients over several years. He noted limitations of direct-to-patient teleconsults, financial challenges of mobile van screening, and scalability constraints in ROP screening due to equipment costs. In discussion, he clarified that referrals remain flexible, the focus is on population-level impact, and monetization is based on per-screening fees rather than retail optical sales—positioning tele-ophthalmology as a scalable, clinically integrated service model.

Figure 114 Dr. T Senthil

Paper Presentation Session: Oral Presentations

Chairperson: Dr. Usha Mangjunath

Co-Chairperson: Dr. Azhar Vahib

Teleconsultation Services for Ayushman Arogya Mandir (AAM) under Hub & Spoke Model in Haryana State by Dr. Amit Agarwal

Dr. Amit Agarwal presented the implementation and outcomes of teleconsultation services under the Ayushman Arogya Mandir hub-and-spoke model in Haryana, led in collaboration with PGI Chandigarh through the eSanjeevani platform. Recognized nationally and referenced in Parliament, the initiative demonstrated steady growth from about 25,000 consultations in 2021–22 to nearly one lakh in 2024–25, totaling approximately 2.5 lakh teleconsultations over four years. Services were delivered by dedicated MD/MS specialists across medicine, dermatology, obstetrics and gynecology, ophthalmology, and pediatrics, with obstetrics and gynecology contributing the highest caseload.

The program showed measurable access and economic benefits, including average patient travel cost savings of ₹55 and substantial reductions in travel distance for specialist care. Capacity-building efforts focused on training Community Health Officers, particularly with the rollout of eSanjeevani 2.0, alongside service expansion in dermatology, eye care, and maternal health. While challenges such as poor connectivity and increased documentation burden were noted, solutions like dedicated mobile connectivity were implemented. The hybrid model—specialists dedicated to teleconsultations with limited OPD duties—was highlighted as an effective balance between scalability and clinical continuity.

Public Outreach in Digital Health and Telemedicine during Kumbh 2025, Prayagraj

Dr. K. Krishnakumar presented **Swastikum 2025**, a landmark digital health and telemedicine deployment executed during the 46-day Maha Kumbh 2025 at Prayagraj, covering over 60 square kilometers and 25 sectors. Positioned as one of the world's largest mass-event telemedicine implementations, the initiative established an ABDM-compliant digital healthcare ecosystem with integrated EHRs, tele-specialty services, and real-time dashboards. Service delivery was enabled through eight digital health pavilions, twelve kiosks, and two mobile medical vans, maintaining average patient waiting times under 30 minutes despite massive footfall. The system facilitated early detection of previously undiagnosed conditions and provided timely specialist access in a highly dense setting.

Success was driven by strong multi-sectoral coordination, human-centered design, resilient cloud infrastructure, and continuous monitoring in partnership with government authorities, healthcare institutions, technology partners, and volunteers. Dr. Krishnakumar framed Swastikum 2025 not as a one-time event intervention but as a scalable national blueprint for large-scale digital health deployment. The session concluded with a roadmap for phased expansion from district pilots to state and national levels, calling for collaborative efforts to advance accessible, high-quality healthcare across India.

Benefits of TELEICU in remote parts of India – A Study by Dr. Rajendra Rawal

Dr. Raj Raal presented a one-year evaluation of a government-supported Tele-ICU program implemented across 10 remote and tribal districts of Gujarat, covering 117 ICU beds. The model enabled 24×7 remote monitoring by critical care specialists through integrated audio-visual systems, PTZ bedside cameras, and real-time clinical data feeds. Over 1,700 patients were formally analyzed (with more than 2,000 critically ill patients managed overall) and 80,000+ hours of remote monitoring delivered. Outcomes showed reductions in ICU mortality, morbidity, and length of stay, along with improved triage—allowing timely referrals when needed and safe local management of high-acuity cases such as poisoning, snakebite, and respiratory failure.

From a systems perspective, the Tele-ICU achieved an estimated 70% cost reduction compared to conventional ICU staffing models, while significantly expanding specialist access in underserved regions. Structured capacity building—including weekly virtual training and on-site ACLS/BLS skill development—was central to success. Dr. Raal concluded that Tele-ICU represents a scalable, sustainable, and cost-effective strategy for strengthening critical care, with plans for statewide expansion across Gujarat.

Role of Specialist availability for teleconsultation in enhancing access, efficiency and outcomes in India's National Telemedicine Service by Dr. Richa Gupta

Dr. Rich Gupta presented an evaluation of the impact of full-time specialist availability within the eSanjeevani platform, based on data from April 2024 to March 2025. Operating under an MoU between PGI Chandigarh and NHM Haryana, the centralized specialist hub delivered around 95,000 teleconsultations across five specialties, with obstetrics and gynecology and internal medicine contributing nearly half of the caseload. Female patients and younger age groups were the primary users. On average, the hub managed 338 consultations per day, with each specialist handling about 46 calls daily.

The study found that consistent specialist availability was linked to low referral rates (~10%), minimal repeat consultations, and high patient satisfaction (around 95%). While Community Health Officers reported some dissatisfaction due to increased documentation workload, most valued specialist input for improved diagnostic clarity and decision support. The findings support expanding dedicated full-time specialist hubs within eSanjeevani to enhance efficiency, quality, and outcomes in national telemedicine services.

Figure 115 Glimpses from Oral Paper Presentation

Special Session: Scale the Digital Public Health and It's Real World Experience

The IHMR session presented findings from the Digital Health Exemplars study, conducted with Johns Hopkins Bloomberg School of Public Health, examining how countries scale digital public health systems from policy to implementation. India, selected alongside Rwanda, Ghana, Brazil, and Finland, was categorized as a "transitioner" due to strong ABDM-driven policy momentum but ongoing challenges in sustained adoption. Using mixed methods across Andhra Pradesh, Karnataka, and Rajasthan, the study evaluated two ABDM initiatives—Microsites and Scan & Share. While microsites demonstrated rapid provider onboarding, sustained usage remained limited. Scan & Share showed measurable reductions in patient registration and waiting times, especially with self-service QR scanning.

The session emphasized that India's strengths include robust national policy, public digital infrastructure (ABHA, HPR, HFR), and interoperability standards. However, barriers persist, including low end-user demand, limited hospital incentives, workflow disruptions, trust and privacy concerns, and inadequate long-term financing. With Karnataka leading in execution, Andhra Pradesh progressing, and Rajasthan scaling more slowly, the session concluded that India has built strong digital foundations but must now prioritize meaningful use, trust-building, workforce capacity, and incentive alignment to achieve lasting system-wide impact.

Figure 116 Snapshot of IIHMR Session

Day 3 - 30/11/25

Session 14 Timing: 09:00 AM – 09:40 AM

Session Topic: Technology Applications in Public Health

• Prevention of Blindness using Telemedicine among Babies – KIDROP's Experience

• Precision in Public Health – Role of Technologies / Telemedicine

• Standardizing Mental Health Data

• Digital Public Health: Leveraging AI and Telemedicine for Equitable Access

Session Chair : Brig Rakesh Datta

Panel Members : Dr. Anand Vinekar, Dr. Satyanarayana, Dr. Tathagata Bhattacharjee, Dr. Ashlesha Tawde Kelkar

The session commenced with an in-depth discussion on telemedicine-enabled strategies for the prevention of blindness in premature infants, with emphasis on scalable and cost-effective digital models. A state-wide tele–retinopathy of prematurity (tele-ROP) screening network demonstrated how trained technicians, portable retinal imaging devices, and rapid remote interpretation can achieve near-universal screening coverage. The model has prevented thousands of cases of avoidable childhood blindness and has significantly influenced national policy by supporting non-physician–led screening approaches. The programme's expansion across multiple states in India and into international settings, further strengthened by the integration of emerging AI-based triage tools, highlighted a mature, sustainable, and replicable model for paediatric retinal care.

Community-driven digital screening approaches for non-communicable diseases (NCDs) were presented, emphasizing the role of trained local health workers, app-based data capture, and real-time monitoring systems. Large-scale field deployments demonstrated how digitally enabled, doorstep-level screening can generate hyperlocal intelligence linking comorbidities, heat stress, and patterns of vulnerability. These insights illustrated the value of community-embedded digital platforms in strengthening targeted public health action, improving emergency preparedness and response, and advancing precision public health programming at scale.

A major public health informatics initiative was presented, focusing on the harmonization of large-scale mental health and epidemiological datasets across multiple international sites using the OMOP Common Data Model. The initiative involved multi-domain data standardization, development of staging databases, advanced concept mapping, and federated analytics enabled through the ATLAS platform. The integration of automated machine-learning tools demonstrated how robust, standardized data infrastructure can accelerate multi-country research, predictive modelling, and the generation of global mental health insights.

The session concluded with a broader perspective on digital public health ecosystems that integrate telemedicine, mHealth platforms, electronic health records, and AI-enabled screening tools. Key priorities highlighted included ethical and responsible deployment, strong governance mechanisms, equitable access, digital literacy, and workforce capacity building. National initiatives such as the Ayushman Bharat Digital Mission (ABDM) and eSanjeevani were cited as foundational pillars of India's digital health transformation, underscoring the need for responsible AI adoption and resilient public health infrastructure to bridge the gap between technological capability and ground-level implementation.

Figure 117Dr. Anand Vinekar

Figure 118 Dr. Thatagata Bhattacharjee

Figure 119 Dr. Ashlesha Tawde Kelkar

Figure 120 Dr. Satyanarayana

Figure 121 Panellist of Technology Applications in Public Health

Special Address

10:30 AM – 11:20 AM

Address by Minister of Health & Family Welfare, Government of Karnataka — Shri Dinesh Gundu Rao

The session commenced with a welcome address highlighting the Honourable Minister's leadership in advancing Karnataka's digital health transformation. The introduction underscored the State's pioneering initiatives, including the Brain Health Programme, large-scale hospital digitisation, the use of AI-enabled partographs for labour monitoring, and the expansion of Tele-ICU and tele-ophthalmology services to enhance access to quality care in rural and underserved areas.

The address emphasized the critical role of interoperable digital systems, seamless patient health records, and improved accessibility as key drivers of better health outcomes across Karnataka. It also reflected the commitment of partnering institutions to support the State's progressive and future-ready digital health agenda.

The Honourable Minister for Health and Family Welfare, Government of Karnataka, subsequently delivered a comprehensive address outlining the State's rapid transition toward technology-enabled healthcare delivery. Key achievements highlighted included statewide Tele-ICU coverage, established tele-radiology and tele-ophthalmology networks, AI-driven X-ray screening systems, and an AI-enabled e-cardiology platform credited with saving hundreds of lives.

The address further described how high-definition remote clinical examinations, automated ECG triage, digital human resource management systems, and integrated platforms for equipment and drug inventory management are strengthening transparency, operational efficiency, and service quality across government health facilities. The Minister concluded by inviting sustained collaboration with innovators, clinicians, technologists, and healthcare institutions to further advance Karnataka's digital health ecosystem and ensure that technology-driven solutions continue to reach and benefit communities across the State.

Figure 122 Welcoming the Minister of Health and Family Welfare, Government of Karnataka and Dr Uma Nambiar ushering the Honourable Minister by presenting the conference name tag

Figure 124 Shri Dinesh Gundu Rao

Figure 125 Welcoming Shri Dinesh Gundu Rao

Figure 126 Photo Session with Chief guest

Figure 127 Photo Session with chief guest at the photo booth

Figure 128 Shri Dinesh Gundu Rao, interacting with participants

Figure 129 Dignitaries standing for Nada Geethe (Karnataka Anthem)

Figure 130 Delegates standing for Karnataka Anthem

Figure 131 Snapshot

Figure 132 Shri Dinesh Gundu Rao

Figure 133 Shri Dinesh Gundu Rao addressing the gathering

Figure 134 Dr. Sunil Shroff honoring Shri Dinesh Gundu Rao

Figure 135 Dr. Umashankar, honouring Shri Dinesh Gundu Rao

Session 15 Timing: 09:45 AM – 10:25 AM

Topic: CXO Round Table : What Is? What If? What Works? & What Wows? — Breaking Down Digital Health
Session Chair : Dr. Alexander Thomas
Session Co-Chair / Moderator: Mr. Rajarajan

Panel Members: Dr. Nagesh, Mr. Uday Davada, Dr. Reema N, Mr. Mohammed Farouk

The session examined digital health transformation from the perspective of healthcare leadership, focusing on how innovation can be implemented sustainably, operationally, and in ways that meaningfully improve clinical practice and patient experience. Emphasis was placed on aligning technological advancement with real-world healthcare workflows and system-level constraints.

A structured model for strengthening transplant care was presented, demonstrating how simplified digital workflows—including concise clinical summaries, standardized intensive care unit pathways, and AI-supported documentation—can reduce clinician workload, enhance accountability, and improve communication across multidisciplinary teams. This streamlined approach illustrated how clarity, standardization, and consistency can substantially elevate the quality and safety of complex care pathways.

The session also highlighted the growing importance of digital health solutions in elder care, with key priorities including affordability, simplicity, interoperability, and caregiver-friendly design. It was noted that many digital tools fail in real-world settings due to poor usability or limited relevance in home-based care environments, underscoring the need for empathetic, continuity-focused technologies that support, rather than complicate, caregiving.

Concluding reflections reinforced a central theme of the session: effective digital health innovation must balance ambition with usability. Success was framed not by technological novelty alone, but by the delivery of practical, reliable solutions that work seamlessly for clinicians, patients, caregivers, and health systems at scale.

Figure 136 CXO Round Table panel

Session 16 Timing: 11:00 AM to 12:00 PM

Topic: Interoperability – HL7 in the Indian Context

Session Chair : Dr. Chandil Kumar
Session Co-Chair / Moderator : Mr. D. Satheesh Kumar
Panel Members : Dr. Chandil Kumar, Mr. Arun Kumar, Mr. Nijagunadeva, Mr. Kumar Satyam

Dr Chandil Kumar opened the session by illustrating how health data in India currently traverses multiple fragmented and disconnected systems, likening the process to a triathlon in which information must pass through several distinct stages. She emphasized that interoperability serves as the essential connective tissue that ensures health data remains usable, secure, and clinically meaningful across systems.

The discussion highlighted the critical role of global health informatics standards—including ICD, DICOM, HL7, LOINC, and SNOMED CT—particularly as India rapidly scales the Ayushman Bharat Digital Mission (ABDM) ecosystem. Interoperability was underscored as fundamental to patient safety, clinical efficiency, and seamless data exchange across primary, secondary, and tertiary levels of care.

Mr Nijagunadeva and Mr Kumar Satyam jointly elaborated on the role of HL7 India, noting that the organization offers accessible membership models, structured training programmes, globally recognized certifications, and opportunities for participation in working groups for both clinicians and technologists. They emphasized that interoperability must be approached as a shared responsibility across clinical, administrative, and information technology teams, rather than being viewed solely as an engineering function. The speakers also highlighted the strength of the HL7 professional community, its networking opportunities, discounted certification pathways, and the ability for Indian professionals to contribute to the development of global digital health standards.

Mr Arun Kumar shared practical insights from implementation experiences, explaining that HL7 standards can be effectively applied across both new and legacy health information systems, provided a defined minimum dataset is maintained. He described ongoing efforts to develop mechanisms that enable file-level upgrades from HL7 version 2.5, allowing older systems to transition incrementally without service disruption.

The session also clarified common misconceptions between HL7 and HIPAA. HL7 was described as a standards development organization responsible for creating frameworks for health data exchange, while HIPAA was explained as a United States federal law governing patient privacy, mandating stringent security safeguards and periodic vulnerability assessment and penetration testing to prevent data breaches. It was emphasized that HIPAA is not a membership-based organization, whereas HL7 actively welcomes engineers, clinicians, and institutions into its global community.

Figure 137 Dr. Chandil Kumar

Figure 138 Speakers of Session on HL 7

Figure 139 Panel Discussion

Session 17 Timing: 12:00 PM to 12:30 PM

Topics: Digital Health in Medical Curriculum

• Digital in Medical Curriculum

• AI in Podiatry

Session Chair : Dr. Sunil Shroff
Session Co-Chair / Moderator : Dr. Kulanthaivel
Panel Members : Padmashree Dr. B. N. Gangadharan, Dr. Sanjay Sharma

The session explored the urgent need to embed digital health within India's medical education framework. Padma Shri Dr B. N. Gangadharan presented a compelling case for a comprehensive digital health and insurance–integrated curriculum designed to equip future clinicians with the competencies required to function confidently within an increasingly digitized healthcare system.

The presentation emphasized that contemporary medical training must formally incorporate digital clinical workflows and documentation, interoperability and electronic health records, insurance processes and claims transparency, data governance, cybersecurity, and digital ethics, along with the safe and responsible handling of health information. Such curricular reform was highlighted as critical for improving care coordination, reducing administrative inefficiencies, strengthening trust in digital systems, and building a digitally competent medical workforce.

Dr Sanjay Sharma expanded the discussion by sharing insights on the application of artificial intelligence in podiatry and underscoring the broader need for specialty-specific digital competencies across medical disciplines. He reinforced that as AI and digital tools increasingly permeate all branches of medicine, medical education must evolve from traditional pedagogical approaches toward technology-augmented learning models that better prepare clinicians for real-world digital practice.

Figure 140 Padmashree Dr B N Gangadharan

Figure 141 Padmashree Dr B N Gangadharan, Dr. Sunil Shroff, Dr. Kulaidaivelu

HALL A DAY 3

Oral Paper Presentation

Chair: Dr. Ashlesha Tawde Kelkar

Co-Chair: Dr. Deepak Chiradoni

Title: Improving Patient & Provider Satisfaction with Telehealth: Insights from the Credence Digital Health User Survey by Mr. Akshay S.P

This oral paper presented preliminary findings from a pilot user satisfaction survey of Credence Digital Health, a standalone telemedicine platform launched in 2025. Conducted between July and September 2025, the cross-sectional survey included 186 adult patients and three full-time doctors. Results indicated high acceptance, with 89% of patients reporting ease of use and 92% satisfied with care quality, though 28% experienced connectivity issues. Patients particularly appreciated the convenience, reduced travel and waiting times, and improved access to care, while all participating doctors reported positive experiences with usability and workflow.

The study identified key challenges including network instability, digital literacy gaps among first-time users, and limited integration with existing HMIS/EMR systems. Recommendations included enhancing connectivity, introducing patient training tools, strengthening system integration, and expanding evaluation to a larger cohort. The authors concluded that while early acceptance is strong, broader studies are necessary to validate scalability and long-term impact.

Title: Upgradation of ISRO Telemedicine Network with DVB S by Mr. Arvind Kumar Tyagi

The presentation described the modernization of ISRO's satellite-based telemedicine network, originally launched in 2001 when ISRO became the first globally to dedicate a full satellite transponder to telehealth. Designed to bridge connectivity gaps in remote regions, the network expanded from just three terminals to nearly 900 by 2010. With the expansion of 4G and 5G in urban and district areas, ISRO has now strategically repositioned its telemedicine services to serve the most remote and strategically critical locations, particularly defence and paramilitary forces.

The technological upgrade from DVB to DVB-S2 has enhanced bandwidth efficiency, image quality, and system reliability, enabling high-definition video consultations, faster data transfer, and multi-point connectivity. Challenges such as 5G interference were addressed through RF filtering and receiver upgrades, ensuring secure and stable communication. Software improvements now support integration of multiple diagnostic devices and secure consultations independent of the public internet. The session concluded with plans to deploy portable telemedicine units for use in extreme and field environments.

Multiparty Video Conferencing over ISRO Telemedicine Network by Mr. Dhruvit Chaniyara

The presentation detailed ISRO's large-scale delivery of Continuing Medical Education (CME) programs through its satellite-based telemedicine network using multiparty video conferencing. Since 2012, an indigenously developed Learning Management System has

enabled virtual classrooms where specialists at central studios interact with healthcare professionals across nearly 180 remote nodes. By using a multicast-based architecture instead of conventional web-based unicast platforms, the system transmits a single video stream to multiple locations simultaneously without increasing bandwidth demand, ensuring high scalability and efficiency.

Across more than 100 CME sessions, over 22,000 doctors and paramedical staff have participated, with active nodes per session growing from about 40 to nearly 80. Feedback consistently reported good audio-visual quality, further improved by technical upgrades such as DVB-S2 migration, higher power transmitters, and enhanced signal filtering, particularly after COVID. The session concluded that ISRO's multiparty VC and LMS model is a sustainable solution for remote medical education, with future enhancements planned including higher bandwidth capacity, multili

Title: Standardized Approach for Integration of Telehealth with EHR and HIS by Mr. Tushar Atmaram Fegade

The presentation addressed the growing problem of fragmented health data caused by standalone telehealth applications operating outside core EHR and HIS systems in India. Mr. Fegade highlighted how teleconsultation, teleradiology, tele-ICU, and device-generated data often remain siloed due to non-standard formats, limiting interoperability and continuity of care. He stressed the need for uniform adoption of clinical, imaging, and device data standards to ensure that prescriptions, diagnostics, and vital parameters from telehealth encounters integrate seamlessly into mainstream healthcare systems.

The paper outlined key standards enabling interoperability, including HL7 FHIR for data exchange, DICOM for imaging, ICD, SNOMED, and LOINC for clinical terminology, and ISO/IEEE standards for device integration. Mapping device data into standardized FHIR resources was presented as essential for integration within ABDM. Emphasis was also placed on robust security, encryption, and consent management aligned with the DPDP Act. The presentation concluded that standardized integration enhances workflow efficiency, data integrity, and patient outcomes, with future directions including AI-assisted interoperability, anonymization frameworks, and broader adoption of global standards across telehealth ecosystems.

Telemedicine for Specialist Care in Remote Island Populations: A Pilot Study from Trivandrum–Maldives Corridor

Dr. Bimmel John presented a pilot telemedicine initiative from a long-established family hospital in Trivandrum, focused on infertility/IVF and endometriosis care for patients in the Maldives. Addressing barriers such as dispersed island geography, limited specialist access, high travel costs, and visa constraints, the team deployed a proprietary telemedicine platform between March and July and enrolled 50 Maldivian patients. The pilot demonstrated strong engagement: 76% proceeded to definitive treatment after teleconsultation, 12% remained under evaluation, and 10% continued structured remote follow-up. Patient feedback was highly positive, with 91% valuing timely specialist access and 72% reporting reduced anxiety through better clinical and financial planning.

Teleconsultations were perceived as comparable to in-person visits, with significant savings in travel and cost. Challenges included intermittent island connectivity and language barriers, partially addressed through real-time translation support. The presentation concluded that

telemedicine can effectively bridge specialty care gaps for island populations, offering both clinical and psychological benefits. Future plans include multilingual menstrual tracking tools, an AI-assisted endometriosis risk assessment questionnaire to reduce diagnostic delays, and expanded collaborations for national and international scale-up.

AI-Based Chatbots for Promoting Green Healthcare Practices: A Scoping Review for Hospital Management.

A student team from IHMR Bangalore presented a PRISMA-guided scoping review exploring how AI-based chatbots could promote green healthcare practices among hospital administrators. Highlighting that healthcare contributes approximately 4.4–5% of global greenhouse gas emissions—across Scope 1 (direct emissions), Scope 2 (electricity use), and Scope 3 (supply chain and patient travel)—the study examined how chatbots can move beyond administrative tasks to function as operational co-pilots. From 58 screened articles, 33 core studies were analyzed, suggesting that AI-enabled interfaces can support energy management, HVAC optimization, digital twin simulations, predictive maintenance, and behavioral nudges for staff, with potential energy savings of up to 15%.

The review also emphasized managing Scope 3 emissions through improved data structuring, supply-chain transparency, and AI-supported carbon credit verification using satellite data. Key challenges include data privacy, multilingual adaptability in India, digital literacy gaps, and the need for rigorous validation before large-scale deployment. The presentation concluded with a strategic roadmap advocating baseline carbon assessments, AI-driven optimization, staff engagement, green procurement policies, and alignment with net-zero goals—citing Bengaluru's 100% carbon-neutral hospital initiative as a scalable reference model.

HALL B DAY 3

Breastfeeding Skill Transfer & Assessment of Breastfeeding – Dr. Asha Benakappa

Dr. Asha Benakappa delivered a practical, skills-oriented session emphasizing that pregnancy prepares the mother and breast with biological precision, and breastfeeding failures usually stem from poor skill transfer and unnecessary interference rather than physiology. Using humor and clinical anecdotes, she highlighted the importance of maternal confidence and baby-led feeding. She explained key adaptations such as areolar darkening for newborn visual targeting, Montgomery glands for antimicrobial protection and scent cues, thermal synchronization between mother and baby, and hormonal priming through prolactin and oxytocin. She reinforced the value of colostrum for immunity and clarified that maternal fat stores support lactation even when diet varies.

Clinically, she stressed that the first hour and first 48 hours are critical, advocating early skin-to-skin contact and uninterrupted self-attachment to prevent nipple trauma and improve success. She addressed misconceptions—avoiding premature labeling of inverted nipples, not over-cleaning nipples, avoiding dilution or early introduction of animal milk, and recognizing night feeding in toddlers as emotional reassurance. For relactation, she recommended expression every two hours and spoon/cup feeding while retraining latch. She concluded with a live latch demonstration, detailing positioning, airway safety, deep latch technique, and practical checks to ensure effective feeding, emphasizing growth monitoring as the ultimate measure of success.

Lactogenesis, LATCH Score, and Responsive Feeding – Dr. Elizabeth K.E.

Dr. Elizabeth K.E. delivered a comprehensive, practice-focused session on lactogenesis, effective use of the LATCH score, and responsive feeding principles. She clarified that delayed onset of copious milk production within the first 30–40 hours postpartum is often physiological—especially in first-time mothers and planned cesarean deliveries—and that misinterpreting this as “no milk” can lead to unnecessary formula supplementation and reduced maternal confidence. She emphasized that milk production depends on frequent and effective breast emptying, while stress, pain, and inadequate support can inhibit the oxytocin reflex and impair milk flow. Reframing the LATCH score, she stressed assessing areola feeding and actual milk transfer rather than focusing solely on nipple anatomy or audible swallowing.

Through clinical scenarios, she addressed common challenges such as engorgement, cracked nipples, forceful letdown, retracted nipples, and breastfeeding in twins or preterm infants, while discouraging routine nipple shield use and prelacteal feeds. She highlighted positioning techniques including prone and laid-back feeding, and underscored early hunger cue recognition as central to responsive feeding. The session concluded with a call for clinicians and administrators to actively promote, protect, and support breastfeeding through hands-on assistance, sustained mother–baby proximity, and enabling institutional policies.

Milk Expression & Storage: Breast Milk for Preterm Babies – Dr. Anish Pillai

Dr. Anish Pillai emphasized that optimal nutrition in preterm infants—especially those <30 weeks—is central to preventing extrauterine growth restriction (EUGR), shortening NICU stay, improving neurodevelopment, and reducing complications. He stressed balancing immediate brain-focused “aggressive” nutrition up to ~40 weeks with later metabolic considerations, noting that concerns about overfeeding and metabolic syndrome are more relevant after discharge (3–6 months corrected age). He framed nutrition goals as a triad: intake, growth, and long-term development. In the first week, since weight loss is physiological, the priority is minimizing excessive loss and avoiding interruptions in intake. He highlighted common “danger phases” where nutrition drops—TPN to enteral transition, HMF to oral feeds, and post-discharge—and stressed reducing “inadequate diet days.”

He recommended early enteral strategies including oral immune therapy (0.2–0.3 ml colostrum to the buccal mucosa every 3 hours) to reduce NEC and VAP, and early trophic feeds (10–20 ml/kg/day) of mother’s milk. Rapid advancement of feeds (25–40 ml/kg/day) was described as safe with standardized protocols. HMF is essential for <1.5 kg infants and should begin early (around 70–100 ml/kg/day), with step-up strategies like adding preterm formula powder if growth remains inadequate. Practical insights included slow gravity bolus feeds (15–20 minutes) to prevent intolerance, careful milk storage with strict cold chain, and using a 24-hour feeding chart post-discharge to detect low intake before escalating fortification. Complementary feeding should be guided by developmental readiness rather than rigid age rules.

Working Mothers, Maternity Benefit Act, IMS Act + Telemedicine Demonstration by Dr. Arti Pawaria session segment

This segment emphasized practical delivery of lactation and child-health support through telemedicine in PHCs across Ratnagiri and Sindhudurg, Maharashtra. The central message was that medical knowledge must translate into accessible patient care. Telemedicine was positioned as a bridge enabling specialists to support peripheral doctors without displacing the local physician's primary role. It allows second opinions, targeted clinical advice, and ongoing mentorship while sparing families the burden of long-distance travel, expense, and referral-system confusion.

The speaker stressed that effective telemedicine depends on reliable connectivity, documented patient consent, and adherence to India's 2020 telemedicine guidelines—not expensive technology investments. Legally compliant platforms must generate authorized electronic prescriptions and consultation records with clear medico-legal accountability. A live demonstration showed PHC teams consulting specialists on feeding issues, reflux, complementary feeding, safe fluids, and locally available foods, reinforcing real-time capacity building. The session concluded that structured pediatric tele-networks can strengthen CME, case discussions, and continuity of care, particularly for chronic or complex conditions where repeated travel is impractical for families

Antenatal Breastfeeding Counselling + Maternal Nutrition in Lactation by Dr. Nagalat

Dr. Nagalat emphasized that antenatal breastfeeding counselling is crucial because, although breastfeeding is biologically natural, it remains a learned skill. Pregnancy offers a relatively low-stress opportunity to build knowledge and confidence before post-delivery fatigue, pain, and social pressure to use formula interfere. He recommended counselling all expectant mothers, with special attention to high-risk groups such as primigravida women, mothers with multiple gestations, diabetes, anxiety or poor support systems, and those anticipating NICU admission. Best practice includes at least two structured sessions during pregnancy with practical demonstrations on positioning, effective vs poor latch, hand expression and colostrum use, cup/palada feeding, and early warning signs—along with clear guidance on avoiding delays in milk expression after C-section/NICU admission, bottles and pacifiers, routine nipple shields, and unnecessary formula when expressed milk is available.

He clarified that routine antenatal breast examination is not mandatory unless indicated and should be done respectfully without harmful nipple "preparation." On maternal diet, he stressed there is no magical lactation food—milk supply depends primarily on frequent and effective milk removal. Most postpartum dietary restrictions are myths; hydration should follow thirst, and maternal nutrition mainly supports her health and milk quality (e.g., fat and DHA content). Evidence for herbal galactagogues like fenugreek or moringa is weak and they should only be adjuncts, not substitutes for proper feeding technique. In suspected cow's milk protein allergy, breastfeeding should continue while first eliminating formula and, if needed, maternal dairy. Moderate caffeine is generally acceptable, while alcohol should be minimized and timed with an appropriate waiting period.

BFHI & MBFHI;Antenatal Counselling & Maternal Diet

The session explained that feeding difficulties often emerge around six months when infants become more distractible and begin refusing feeds, sometimes triggering a parent–child power struggle. Forcing, scolding, using screens, or offering sweets typically worsens feeding behavior. Many so-called “picky eaters” may actually have functional constipation—even with daily stools—so identifying and treating constipation first (often with polyethylene glycol and proper squatting posture) is essential. Parents were advised to stop constant snacking and offering alternate foods, establish structured meal times, remove uneaten food after a brief window, and model healthy eating rather than relying on medications like PPIs unless clear symptoms justify them.

The speaker also highlighted micronutrient deficiencies as “hidden hunger,” stressing early recognition of iron deficiency through CBC changes and appropriate treatment (about 3 mg/kg/day elemental iron continued long enough to replenish stores). Common deficiencies include iron, folate, B12, zinc, and vitamin D, but excess supplementation can be harmful—such as high-dose folic acid masking B12 deficiency or vitamin D toxicity from overuse. She noted emerging concerns like scurvy from restrictive diets and thiamine-responsive cardiac failure in exclusively breastfed infants linked to maternal deficiency. The key message was careful dietary assessment, targeted supplementation, and avoiding indiscriminate “magic bullet” prescriptions.

Telemedicon 2025 Hackathon: Fostering Innovation in Telemedicine and Digital Health

The Telemedicon 2025 Hackathon was organized to foster creativity, interdisciplinary collaboration, and real-world problem-solving in the rapidly evolving fields of telemedicine and digital health. The initiative aimed to engage young innovators, students, and early-stage startups in developing practical and scalable solutions addressing critical healthcare challenges, including remote diagnostics, patient monitoring, workflow automation, digital triaging, and AI-enabled clinical decision support.

The hackathon witnessed enthusiastic participation from teams across the Asia-Pacific (APAC), Middle East, and Western regions, bringing together diverse academic, clinical, and technological perspectives. Teams from the APAC region included Raksha, Orion, Synergy Tech Med-I, Nexus, Biosynapse, DESK FIT, LabCode Gen1, AI VagiScope, Oratech, and STAIc RED. The Middle East was represented by teams such as TriNova 1, TriNova 2, TriNova 3, Aurasyn, Postura, UraStrip, CareLink.ai, Ra’ash, and TriNova 4, while the West division featured participation from Nurtura. This broad international engagement reinforced Telemedicon 2025’s commitment to nurturing global digital health innovation and cross-regional collaboration.

The hackathon was structured across three regional divisions—APAC, Middle East, and West—each functioning as an independent competition track. Each division conducted its own preliminary round, from which top-performing teams advanced to the final round held during Telemedicon 2025. To ensure fairness and objective evaluation, three separate jury panels were constituted for the preliminary rounds, corresponding to each region. Each panel comprised experts from clinical, technical, and innovation domains.

The overarching theme of the Telemedicon 2025 Hackathon focused on innovation in telemedicine, digital health, and technology-enabled healthcare solutions. This theme closely aligned with the hackathon's objectives of encouraging creative telemedicine applications, advancing digital health technologies, developing prototypes addressing real-world healthcare challenges, and promoting scalable, impactful solutions across diverse healthcare settings. The theme provided a strong foundation for the wide range of solution-oriented ideas presented throughout the event.

The APAC division preliminary round was conducted on 28 November 2025 and featured participation from ten teams, of which five were shortlisted for the finals. The presentations showcased a broad spectrum of innovations, including AI-enabled medical screening tools and integrated digital care platforms designed for underserved populations. Teams were evaluated based on innovation, feasibility, relevance of the problem addressed, prototype design, and clarity of presentation.

The Middle East division preliminaries were held on 29 November 2025 through a virtual screening process conducted via Zoom. Five teams participated, presenting solutions primarily focused on diagnostics, preventive screening, and culturally adaptable telehealth delivery models suited to regional healthcare contexts.

The West division preliminaries were also conducted virtually on 29 November 2025, with three participating teams. The entries from this division emphasized advanced digital therapeutics, home-based patient monitoring solutions, and AI-driven predictive analytics aimed at improving clinical outcomes and preventive care.

The final round of the Telemedicon 2025 Hackathon took place on 30 November 2025, bringing together finalists from all three regional divisions. The teams presented their fully developed prototypes and solution pitches before a distinguished jury comprising experts in telemedicine, health technology, engineering innovation, and medical entrepreneurship. The final evaluations emphasized clinical applicability, design thinking, technical robustness, and potential for real-world deployment, reflecting the hackathon's vision of enabling impactful and scalable healthcare innovation.

In the APAC division, Smart Footbox from MUHS secured the first prize, followed by Raksha from St. John's as the second prize winner and Oratech from BIT and VSDC as the third prize winner. AI VagiScope from JSS University received a special mention for innovation. In the West division, Nurtura from Texas, USA, emerged as the winner, while UraStrip from Dubai won the Middle East division.

The Telemedicon 2025 Hackathon showcased exceptional creativity, technical skill, and problem-solving capability among young innovators across three continents. The event highlighted the growing role of digital transformation in healthcare and created a dynamic platform for future collaboration between academia, industry, and healthcare systems. The organizers expressed their sincere gratitude to the participating teams, mentors, jury members, and volunteers whose collective efforts contributed to the success of the hackathon. The event was supported by Pranik AI, Dell Technologies, StrideAid, and the Bangalore Bioinnovation Centre.

Startup Pitch

SteerX Startup Pitch Fest at Telemedicon 2025

The SteerX Startup Pitch Fest at Telemedicon 2025 was organised as a structured innovation showcase to highlight high-potential digital health solutions. The event brought together startup founders, investors, jury members, and Telemedicon delegates, creating a collaborative platform for product demonstrations, evaluation, and strategic engagement within the digital health ecosystem.

A total of fifteen health-technology startups participated, representing a wide range of domains including virtual reality–based clinical training, remote radiology, artificial intelligence–enabled diagnostics, maternal and fetal health, chronic disease management, digital mental health, and emergency response technologies. Founders and chief executive officers presented their solutions directly to the jury, outlining their value propositions, market positioning, and stages of product readiness.

Participating startups included MadVR Solutions, RedGreenBlue Pvt Ltd, AI Health Highway, Resuscare AI, Infiheal, Apex Cura, Ayu Devices, 2Care.ai, OUI Medical, MyRx, Janitri, Jatayu Healthcare, DigiDxDoc, and other emerging innovators, collectively reflecting the diversity and maturity of India’s digital health startup landscape.

Each pitch was evaluated using a standardized scoring framework developed by SteerX, enabling the jury to assess depth of innovation, feasibility of implementation, scalability, clarity of the problem–solution fit, quality of presentation, and potential impact on India’s healthcare ecosystem. This structured approach ensured consistency, transparency, and objectivity in the evaluation process.

The jury panel comprised leading experts in healthcare investment, digital health, and medical technology innovation. Their feedback provided participating startups with valuable insights into regulatory pathways, commercial scaling strategies, and strengthening product–market fit.

Based on consolidated jury scores, five startups were shortlisted for the final round: Ayusynk.ai, Janitri, OUI Medical, MyRx, and 2Care.ai. Janitri emerged as the winner of the SteerX Startup Pitch Fest, with OUI Medical named as the runner-up, while MyRx received the Audience Choice Award.

The SteerX Startup Pitch Fest successfully showcased innovation at the intersection of healthcare and technology, reinforcing Telemedicon 2025’s role as a catalyst for nurturing startups, fostering investor engagement, and accelerating the adoption of impactful digital health solutions.

Oral Paper Presentations

Introduction

The Oral Paper Presentation sessions at Telemedicon 2025 served as a premier academic platform for researchers, clinicians, technologists, and innovators to present original work in the domains of telemedicine, digital health, artificial intelligence in healthcare, m-health, and connected care innovations. The sessions reflected the conference's strong commitment to advancing scientific inquiry, evidence generation, and research-driven solutions in telemedicine.

The event received an overwhelming response, with more than seventy research papers presented over three days, from 28 to 30 November 2025. To ensure a structured, focused, and efficient flow of presentations, the programme was organized into nine thematic sessions, each dedicated to a distinct domain within telemedicine and digital health.

Session Structure

The nine thematic sessions addressed the following focus areas: telemedicine implementation models; artificial intelligence and machine learning in healthcare; remote patient monitoring; m-health and Internet of Things innovations; digital health policy and public health impact; hospital information systems; virtual care standards and ethics; clinical applications of telemedicine; and emerging and future technologies for healthcare delivery.

Each session was facilitated by expert moderators and evaluators who guided discussions, ensured adherence to time schedules, and provided constructive academic and technical feedback to presenters.

Participation

Participants represented a wide spectrum of institutions, including medical colleges, engineering institutions, healthcare organizations, startups, and independent research groups. This diverse participation highlighted the growing interdisciplinary engagement and relevance of digital health research across clinical, technical, and policy domains.

Presentations included original research studies, pilot implementations, prototype solutions, systematic reviews, and workflow transformation models, all aimed at addressing real-world healthcare challenges through digital and telemedicine-enabled approaches.

Evaluation Process

All oral presentations were assessed by an expert jury panel comprising academicians, clinicians, technologists, and senior leaders from the telemedicine and digital health community. Submissions were evaluated for scientific rigor and robustness of methodology, with particular emphasis on innovation, originality, and depth of technical insight. Relevance to telemedicine and digital health advancement formed a core evaluation criterion, alongside clarity of presentation, coherence of communication, and overall quality of delivery. Each paper was also reviewed for its scalability, feasibility, and potential for real-world implementation, reflecting its anticipated practical impact and long-term value.

Awarded Papers

Based on cumulative scores across all sessions, five outstanding papers were selected for recognition:

- **Winner 1:** *Teleconsultation Services for Ayushman Arogya Mandir (AAM) under Hub-and-Spoke Model in Haryana State*
  Presenter: Dr Amit Agarwal

Conclusion

The Oral Paper Presentation sessions emerged as a key highlight of Telemedicon 2025, enabling rich academic exchange and offering valuable insights into the evolving landscape of telemedicine and digital health. The breadth and depth of research presented underscored the rapid maturation of telemedicine as both a scientific discipline and a practical healthcare solution.

The organizers expressed sincere appreciation to all presenters, moderators, evaluators, and participants whose contributions ensured the success of the sessions. The innovative research and ideas shared are expected to catalyse further advancements in digital health and telemedicine systems at national and global levels.

e-Poster Presentations

Introduction

The e-Poster Presentation event at Telemedicon 2025 showcased innovative research, early-stage studies, and emerging ideas in telemedicine, digital health, and technology-enabled healthcare delivery. The event provided an inclusive platform for students, researchers, and healthcare professionals to present their work and engage in meaningful scientific exchange within the digital health community.

Event Overview

The e-Poster presentations were conducted on 29 November 2025, with a total of twelve e-posters presented. The submissions covered a broad range of topics, including artificial intelligence–based diagnostic support, teleconsultation workflows, remote patient monitoring technologies, health informatics, and digital health interventions addressing real-world healthcare challenges.

Participation

Participants represented diverse academic institutions, healthcare organizations, and research groups. Each e-poster reflected thoughtful analysis, innovative problem-solving approaches, and strong relevance to contemporary telemedicine practice and digital health implementation.

Evaluation Process

All e-posters were evaluated by an expert jury panel using standardized criteria, including innovation and originality, scientific rigor and methodology, relevance to telemedicine, clarity and effectiveness of visual presentation, and potential for practical impact and scalability. The jury commended the overall quality of submissions and the enthusiasm and clarity demonstrated by the presenters.

Awarded Posters

Based on cumulative evaluation scores, two e-posters were selected for recognition. The First Prize was awarded to Ms Aishwarya R from ARTPARK, Indian Institute of Science (IISc). The Second Prize was jointly awarded to Ms Maria Martin and Dr Sriram Menon from the IISc Medical School Foundation.

Conclusion

The e-Poster Presentation event emerged as a successful and engaging component of Telemedicon 2025, reflecting the growing interest and expanding research landscape in telemedicine and digital health. The organizers expressed sincere appreciation to all participants, jury members, and members of the academic community for their valuable contributions. The insights shared through the e-poster presentations are expected to inspire further innovation and strengthen the advancement of digital health initiatives in India and globally.

Industry Visit

As part of Telemedicon 2025 held at the Indian Institute of Science (IISc), Bengaluru, a distinguished delegation of clinicians, technologists, policy makers and digital health leaders visited Narayana Health (NH), Bengaluru, in line with the theme of the conference “Digital Health for a Sustainable Future”. The visit offered a firsthand view of NH’s digital adoption journey and its impact on patient experience, clinical workflows and operational efficiency.

Telemedicine and Digital Health in India

India’s healthcare system is undergoing rapid digital transformation, driven by telemedicine, electronic medical records, AI-enabled analytics and integrated patient engagement platforms. Narayana Health has emerged as a national leader by embedding digital tools across its multi-hospital ecosystem.

Patient-Centric Digital Front End

A major highlight of the visit was the live demonstration of NH’s Digital Kiosks and Queue Management Systems. Patients can book appointments, make payments, select consultation slots and receive queue tokens independently. This has significantly reduced waiting times and dependence on manual front desks.

Clinical Workflow Digitisation

Delegates were introduced to NH’s integrated digital platforms, such as ATHMA and AADI, supporting one-page EMR, CPOE, nursing automation, incident reporting, discharge summaries and real-time patient monitoring. AI-powered tools like AIRA further reduce documentation burden on clinicians.

Analytics, AI and Decision Support

NH leverages advanced analytics and AI to monitor operational KPIs, predict patient volumes and optimise clinical workflows. Real-time dashboards enable leadership to take data-driven decisions, improving outcomes and efficiency.

Integrated Patient Engagement

The NH Care mobile and web platforms allow patients to book appointments, access reports and interact seamlessly with the hospital. Cloud-based CRM and communication platforms handle large-scale patient interactions efficiently.

Telemedicine and Remote Care

Narayana Health continues to expand telemedicine, remote diagnostics and specialist consultations through digital partnerships, supporting outreach to tier-2, tier-3 and rural regions.

Key Learnings

- Patient experience must be central to digital design
- Integrated platforms outperform fragmented solutions
- AI can meaningfully reduce clinician administrative burden
- Data-driven operations improve efficiency and quality

The Telemedicon 2025 delegation visit to Narayana Health showcased how purposeful digital adoption can transform healthcare delivery. NH's journey provides a replicable model for healthcare organisations aiming to scale telemedicine and digital health sustainably.

Figure 142 Telemedicon 2025 Delegates Industry Visit to Narayana Health

Valedictory

Timing: 12:30 PM to 1:30 PM

Address by the Guest of Honor- Padmashree Dr B N Gangadharan

Address by the Guest of Honor- Dr S Somnath

Conference Summary- Dr Murthy Remilla

Secretary Report- Dr Umashankar and Dr Bhaskar

Vote of Thanks - Dr Uma Nambiar

Figure 143 Dr. Sanjay Sharma President of TSI Karnataka Chapter Welcoming Address

Figure 144 Dr. Remila Murthy, Chair of Scientific commitee delivering the Scientific Program Report

Figure 145 Dignitaries of Valedictory function

Figure 146 Dr. Bhaskar Rajakumar and Dr. Umashankar Organizing Secretary of Telemedicon Presenting the Conference Report

Figure 147 Dr. S Somnath, Guest of Honor Address

Figure 148 Felicitation of Guest of Honor Dr. S Somnath

Figure 149 Felicitating Padmashree Dr. B N Gangadharan, Guest of Honor

Figure 150 Startup pitch award winner

Figure 151 Startup pitch award winner

Figure 152 Startup pitch award winner

Figure 153 Paper presentation award winner

Figure 154 Poster Presentation award winners

Figure 155 Hackathon award winner

Figure 156 Hackathon award winner

Figure 157 Hackathon award winner

Figure 158 Lucky draw winner

Figure 159 Guest of honor picking the lucky draw

Figure 160 Lucky draw winner

Figure 161 Dr. Sunil Shroff delivering the presidential address

Figure 162 Dr B N Mohanty giving feedback of the conference

Figure 163 Dr. Uma Nambiar, proposing the vote of thanks

Figure 164 Organizing team

Figure 165 TSI EC with the Guest of honor

Figure 166 People behind the Telemedicon 2025

Impact and Outcomes of Telemedicon 2025

Telemedicon 2025 delivered significant and measurable impact across capacity building, innovation, academic advancement, policy dialogue, and ecosystem strengthening in telemedicine and digital health. The conference brought together more than 500 delegates, including clinicians, researchers, policymakers, health administrators, technologists, and industry leaders, fostering multidisciplinary learning and collaboration across telemedicine, artificial intelligence, digital public health, and virtual care domains. Eighty-eight medical professionals successfully earned Continuing Medical Education (CME) credits accredited by the Karnataka Medical Council through participation in scientific sessions. In addition, multiple hands-on workshops—including the HL7 interoperability workshop, lactation training, and pre-conference skill-based sessions—provided structured learning, certification opportunities, and practical exposure to emerging digital health tools and standards.

The conference played a pivotal role in strengthening India's digital health ecosystem by accelerating understanding of national initiatives such as the Ayushman Bharat Digital Mission, interoperability frameworks, tele-ICU expansion, and data governance mechanisms. Policymakers, public health administrators, and private sector leaders engaged in substantive discussions on scaling digital health infrastructure across diverse healthcare settings, reinforcing alignment between policy intent and operational implementation.

Telemedicon 2025 also strongly advanced innovation and startup enablement. The SteerX Startup Pitch Fest provided emerging health technology startups with structured exposure to investors, domain experts, and healthcare leaders, enabling validation of business models and exploration of follow-up partnerships. The Telemedicon Hackathon fostered rapid prototyping and problem-solving, nurturing young innovators and student teams to develop practical digital health solutions addressing real-world clinical and public health challenges.

From an academic standpoint, the conference made a strong contribution to telemedicine scholarship. High-quality oral papers and e-posters were presented across multiple digital health domains, offering early-career researchers visibility, mentorship, and expert feedback. Telemedicon 2025 further strengthened India's academic landscape in telemedicine, artificial intelligence, and health informatics by promoting interdisciplinary research and evidence-based innovation.

The public health and community impact of the conference was evident through sessions focused on digital mental health, rural telemedicine, maternal and neonatal care, critical care delivery, and non-communicable disease screening. Case studies and implementation experiences demonstrated measurable improvements in healthcare access, continuity of care, service quality, and health outcomes enabled through digital and telemedicine-based interventions.

Telemedicon 2025 also facilitated meaningful international collaboration. Delegates from global digital health societies and institutions, including those from Finland, Armenia, and Sri Lanka, shared insights and best practices, promoting cross-country learning and long-term cooperation. These exchanges reinforced India's growing role as a leader in digital health innovation and implementation.

A strong thematic emphasis on sustainability further distinguished the conference. Discussions reinforced the importance of responsible technology use, ethical and explainable artificial intelligence, sustainable healthcare delivery models, and environmentally conscious

digital systems. Telemedicon positioned digital health as a foundational pillar for achieving equitable, resilient, and sustainable healthcare futures.

The conference achieved extensive media and public engagement, with multiple press articles, news features, and social media campaigns enhancing public awareness of telemedicine and digital health. All India Radio interviews and city broadcasts extended outreach beyond conference attendees, while daily reels, delegate highlights, and creative digital communication significantly boosted visibility and community participation.

Organisationally, Telemedicon 2025 strengthened the Telemedicine Society of India (TSI) by expanding its membership base, deepening state chapter engagement, enhancing partnerships, and increasing national visibility. Institutional collaborations with the Indian Institute of Science, IISc Medical School Foundation, National Health Authority, and international organizations expanded TSI's influence and operational capacity.

The conference also yielded tangible policy and practice outcomes. Deliberations provided clarity on regulatory and governance needs related to artificial intelligence in healthcare, medico-legal frameworks, tele-ICU models, digital pathology, and rural telehealth delivery. Experts proposed follow-up initiatives, including white papers, technical working groups, and future capacity-building programmes. There was broad consensus on the need for unified standards, safety frameworks, and integrated digital health practices across India.

Finally, Telemedicon 2025 enabled concrete engagement and collaboration outcomes, including strengthened partnerships between HL7 and the Armed Forces Medical Services of India, ARTPARK and Daily Rounds, Pranik AI and Karnataka TSI for scientific initiatives, and Karnataka TSI with the Digital Health Network. Investor interest in startups led to funding discussions, while the exhibition facilitated lead generation and business conversion for participating organizations, underscoring the conference's role as both a knowledge and opportunity platform.

Sustainability at Telemedicon

TELEMEDICON 2025: Setting a New Benchmark for Sustainable Medical Conferences in India

Large medical and technical conferences are traditionally resource-intensive, generating significant plastic waste, paper consumption, and carbon emissions.

As conference organizers, we have always focused on academic excellence, innovation, and meaningful collaboration. But while planning TELEMEDICON 2025, we paused to ask ourselves a simple question**: *Can we host a large medical conference without leaving a large environmental footprint?***

What followed was a collective decision—to do things differently.

TELEMEDICON 2025, we not only focused for its scientific excellence, but we also consciously embedded commitment to sustainability into every stage of planning and execution. Through a series of deliberate, measurable interventions, the conference demonstrated that large-scale academic events can be both impactful and environmentally responsible. Aligned with the theme *"Digital Health for a Sustainable Future,"* the conference translated intent into action through thoughtful, measurable, and symbolic green practices.

Small Choices, Big Responsibility

With over 700 delegates attending over four days, we knew the scale of our conference could easily translate into significant waste. Plastic badges, bottles, banners, printed books, giveaways—these are often accepted as “standard” conference items. This time, we chose to challenge that standard. One of the most significant steps taken was the near-total elimination of single-use plastics.

We replaced plastic printed lanyards with seed-paper lanyards and cotton tags without branding. Plastic pens were swapped for seed-paper pens. Polyester laptop bags were replaced with reusable cotton bags. Even our mementos were rethought—250 plastic mementos were replaced with thoughtfully crafted wooden ones from the local artisans. This single decision alone prevented 125 kg of plastic from entering the waste stream.

These weren’t just symbolic gestures; they were conscious decisions to reduce plastic at the source.

Saying No to Single-Use Plastics

One of our strongest commitments was to eliminate single-use plastics wherever possible. We completely avoided plastic water bottles, cups, plates, and cutlery, we avoided the consumption of approximately 28,800 plastic bottles over four days. Instead, water was served through reusable systems, and participants were to refill their steel water bottles provided in the conference kit. Meals and beverages were served using reusable plates, cups, and cutlery, preventing over 10,000 disposable items from being generated.

Over four days, this single decision alone prevented tens of thousands of plastic items from being used once and thrown away. Food waste management followed a circular approach, food waste, instead of ending up in landfills, was responsibly diverted to piggeries.

Floral waste from the stage decorations during the inauguration was handed to people who wanted to take them and rest were composted. Even the symbolic act of watering plants during inauguration had a long-term impact, as these plants were later transplanted to appropriate locations.

Rethinking Banners, Branding, and Visibility

Anyone who has organized a conference knows how much branding material is involved. Traditionally, this means PVC flex banners, large, colourful, difficult to recycle and almost always destined for landfills. We chose another path.

All our exhibition stall backdrops and large banners, some as big as 100 feet by 30 feet, were made using cloth. These banners are reusable, durable, and far kinder to the environment. By doing this, we avoided nearly one to one-and-a-half tonnes of PVC waste and significantly reduced microplastic pollution associated with flex materials.

Collectively, these substitutions eliminated tens of thousands of plastic items and contributed substantially to carbon reduction

Going Digital to Save Paper and Trees

We also made a deliberate shift to digital communication- A major contributor to the conference’s environmental savings was the transition to digital communication. Instead of printing 1,000 conference program booklets of 50 pages each and 10,000 brochures, we used QR codes and digital access.

This saved over 100,000 sheets of paper—equivalent to preserving more than a dozen mature trees—and conserved tens of thousands of litres of water that would otherwise be used in paper production. Delegates adapted quickly, and many appreciated the convenience of digital access.

Greener Movement, Even in Small Ways

Transportation was another area where we made conscious choices. We used electric buses instead of diesel buses for delegate movement. While the distance covered was modest, it reflected our belief that sustainability is built through consistent, intentional decisions—big and small.

E-Waste Responsibility in the Digital Era

Acknowledging the environmental footprint of digital technologies, at Telemedicon 2025 we organised a dedicated **e-waste collection drive**, encouraging delegates to bring their e-waste and responsibly dispose of their obsolete electronic devices at designated box at the conference venue, we had collaborated an waste management organization to hand over the collected e-wate to authorised recyclers.

What Did All This Achieve?

When we added everything together, the impact surprised even us.

By rethinking materials, eliminating single-use plastics, avoiding flex banners, reducing printing, and choosing sustainable alternatives, TELEMEDICON 2025 avoided approximately **5 tonnes of carbon dioxide emissions**.

To put that in perspective, this is equivalent to:

- Planting **over 220 trees** and nurturing them for a year
- Avoiding **20,000 km of travel** in a petrol-powered car
- Preventing the combustion of nearly **1,850 liters of diesel or petrol**
- Eliminating plastic waste equivalent to what **80 households** generate in a month

In addition, the conference:

- Avoided **over 125 kg of solid plastic** from mementos alone
- Prevented **tens of thousands of plastic items** from entering landfills
- Conserved **over 130,000 Liters of water**
- Achieved a near **zero-waste conference model**

What This Means to Us

For us, sustainability was not about perfection—it was about intention. We learned that sustainable choices are possible without compromising quality, delegate experience, or professional standards. In fact, many participants told us that these efforts made the conference feel more meaningful and responsible

Beyond an Event — A Sustainability Legacy

Telemedicon 2025 demonstrated that sustainability can be seamlessly integrated into large-scale professional events without compromising experience or excellence. Scientific conferences can be platforms not only for knowledge exchange but also for climate leadership. As healthcare professionals, we speak often about prevention and long-term wellbeing. Extending that philosophy to planetary health felt both natural and necessary. We hope our experience encourages other conferences, institutions, and professional bodies to take similar steps. Because when enough of us make small changes, the collective impact can be truly transformative.

Telemedicon 2025 leaves behind more than memories and knowledge; it leaves a blueprint for sustainable conferences of the future- Transformation by example

Digital Health Expo


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IIHMR
WHY IIHMR BANGALORE?


IIHMR
IIHMR BANGALORE


Televital


SUQUINO


TRANSFORMING HEALTHCARE WITH IT
Highlights


EClinicalWorks | Sunoh AI
eClinicalWorks AI-Powered EHR


JN TATA
Apex Cura


ReMeDi


Clients


Map Finpeace


medrix
KardioScreen™
medrix


A&T Video Networks
A&T Video Networ
AI Driven Healthcare
A&T
EXPERIENCE NEXT
A&T
EXPERIENCE NEXT


iSteth - See the Sound


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PGDM in Hospital & Health Managem


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PGDM in Hospital & Health Management
PGDM in Pharmaceutical Management
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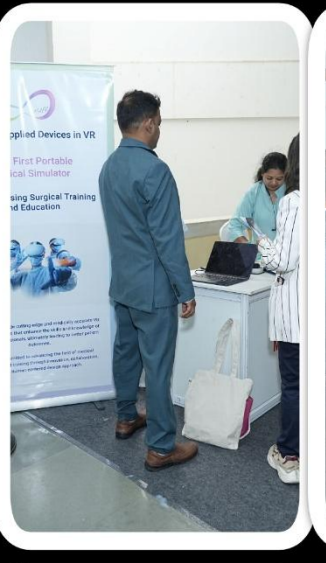
AyuSynK

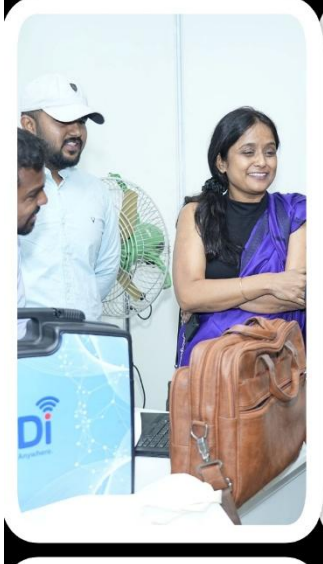

SUQUINO

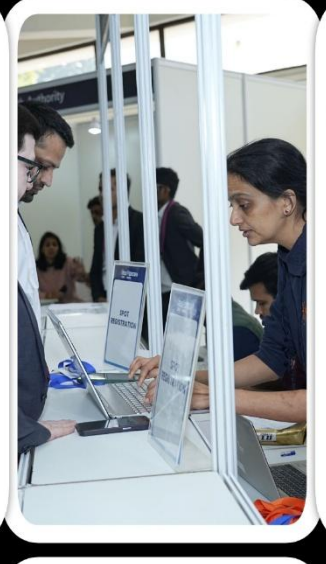

4,000+
Delegates from 30+ Countries


eClinicalWorks | Sunoh AI
eClinicalWorks AI-Powered
eClinicalWorks AI-Powered EHR

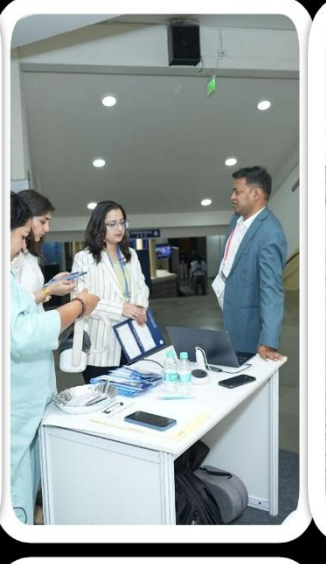

J N TATA
Apex Cura


First Portable
Surgical Training






Clients

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Clients



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in 1 min


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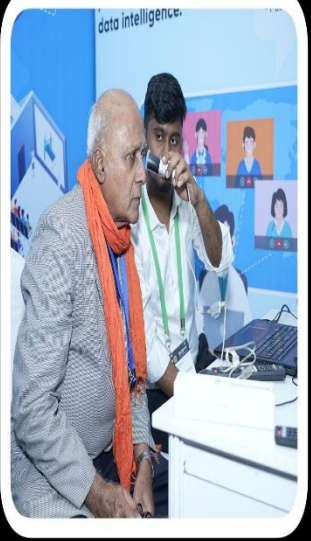
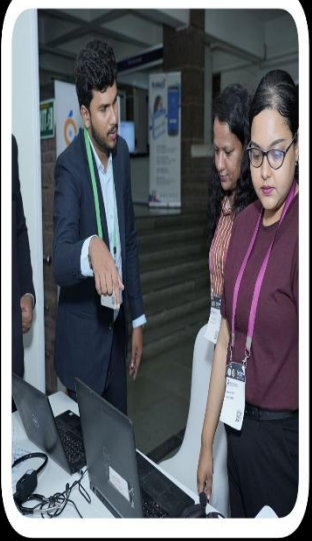
ALTOS

telehealth

Department of Health & Family Welfare



data intelligence.


Janitri
monitoring Solutions

Dinner


ABSOLUT.


Be Happy

12.Press and media support

ಎಐ ನಮ್ಮ ದೇಶಕ್ಕೆ ಉಪಯುಕ್ತ

ಬೆಂಗಳೂರು : ಇಂಡಿಯನ್ ಇನ್ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ಸೈನ್ಸ್ ನಲ್ಲಿ ಟೆಲಿಮೆಡಿಸಿನ್ ಸೊಸೈಟಿ ಆಫ್ ಇಂಡಿಯಾ ಅವರ 21 ನೇ ಅಂತರರಾಷ್ಟ್ರೀಯ ಕಾನ್ಫರೆನ್ಸ್ ನಲ್ಲಿ ಭಾಗವಹಿಸಿದ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸಚಿವರಾದ ದಿನೇಶ್ ಗುಂಡೂರಾವ್ ಅವರು ಮಾತನಾಡಿದರು.

ಇದು ಅತ್ಯಂತ ಆಸಕ್ತದಾಯಕ ವಿಷಯವಾಗಿದ್ದು, ಆರೋಗ್ಯ ಇಲಾಖೆ ಕೂಡ ಈ ನಿಟ್ಟಿನಲ್ಲಿ ಕರ್ನಾಟಕದಾದ್ಯಂತ ಕಾರ್ಯೋನ್ಮುಖವಾಗಿದೆ. ಅದಕ್ಕೆ ಬೇಕಾದ ಸಾಫ್ಟವೇರ್, ತಂತ್ರಜ್ಞಾನ ಸಹ ಲಭ್ಯವಿದ್ದು, ಅದನ್ನು ಸರಿಯಾಗಿ ಬಳಸಬೇಕಾಗಿದೆ.

ತಂತ್ರಜ್ಞಾನ ಬಳಸಿ ಈ ವರ್ಷವೇ ಟೆಲಿ ರೆಡಿಯೋಲಾಜಿ, ಆಪ್ತಮಾಲೊಜಿ ಸೇವೆ ಮುಖಾಂತರ ರೋಗ ಪತ್ತೆ ಮಾಡುವ ನೂತನ ವ್ಯವಸ್ಥೆ ಜಾರಿಗೆ ತರಲು ಸಿದ್ದತೆ ನಡೆದಿದೆ.

| ದಿನೇಶ್ ಗುಂಡೂರಾವ್, ಸಚಿವ

ಆರೋಗ್ಯ ಇಲಾಖೆ ಈಗಾಗಲೇ ಟೆಲಿ ಐಸಿಯು ಫೆಸಿಲಿಟಿಯನ್ನು 42 ತಾಲ್ಲೂಕು ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಪ್ರಾರಂಭಿಸಿದ್ದು, ಮುಂದಿನ ವರ್ಷದಲ್ಲಿ ರಾಜ್ಯದ ಎಲ್ಲ ತಾಲ್ಲೂಕು ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ 09

ಎಐ ನಮ್ಮ ದೇಶಕ್ಕೆ ಉಪಯುಕ್ತ

1ನೇ ಪುಟದಿಂದ.. ಪ್ರಾರಂಭಿಸಲು ಸಿದ್ಧತೆ ನಡೆಸಲಾಗಿದೆ. ಇದಕ್ಕೆ ಅತ್ಯುತ್ತಮ ದರ್ಜೆಯ ಕ್ಯಾಮರಾ ಬಳಸಲಾಗುತ್ತಿದ್ದು ದೂರದಲ್ಲಿದ್ದುಕೊಂಡೇ ತಜ್ಞ ವೈದ್ಯರು ಹಳ್ಳಿಯಲ್ಲಿರುವ ರೋಗಿಗೆ ಚಿಕಿತ್ಸೆ ನೀಡಲು ಸ್ಥಳೀಯ ವೈದ್ಯರಿಗೆ ನೆರವಾಗಬಹುದು. ತಂತ್ರಜ್ಞಾನ ಬಳಸಿ ಈ ವರ್ಷವೇ ಟೆಲಿ ರೆಡಿಯೋಲಾಜಿ, ಆಪ್ತಮಾಲೊಜಿ ಸೇವೆ ಮುಖಾಂತರ ರೋಗ ಪತ್ತೆ ಮಾಡುವ ನೂತನ ವ್ಯವಸ್ಥೆ ಜಾರಿಗೆ ತರಲು ಸಿದ್ದತೆ ನಡೆದಿದೆ ಎಂದರು. ಈಗಾಗಲೇ 82 ತಾಲ್ಲೂಕು ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಟೆಲಿ ಕಾರ್ಡಿಯೋಲಾಜಿ ವ್ಯವಸ್ಥೆ ಮೂಲಕ ಜನರಿಗೆ ಆರೋಗ್ಯ ಸೇವೆ ನೀಡುತ್ತಿದ್ದು, ದುಬಾರಿ ದರದ ಇಂಜೆಕ್ಷನ್ ಸಹ ಉಚಿತವಾಗಿ ನೀಡಲಾಗುತ್ತಿದೆ. ಇದರಿಂದ 600 ಜೀವಗಳನ್ನು ಕಳೆದ ಒಂದುವರೆ ವರ್ಷದಲ್ಲಿ ಉಳಿಸಲಾಗಿದೆ. ಕೇವಲ 8/9 ನಿಮಿಷದಲ್ಲಿ ಪರಿಣಿತ ವೈದ್ಯರು ಇಸಿಜಿ ಪರೀಕ್ಷಿಸಿ ಸೂಕ್ತ ಚಿಕಿತ್ಸೆ ನೀಡುವ ವ್ಯವಸ್ಥೆ ಕಲ್ಪಿಸಲಾಗಿದೆ. ಇದನ್ನು ರಾಜ್ಯದ ಎಲ್ಲ ತಾಲ್ಲೂಕು ಆಸ್ಪತ್ರೆಗೆ ಇದೇ ವರ್ಷ ಕಲ್ಪಿಸಲಾಗುತ್ತದೆ. ಆರೋಗ್ಯ ಇಲಾಖೆ ಆರೋಗ್ಯ ಉಪಕರಣಗಳ ಮೆಂಟೆನೆನ್ಸ್ ಮಾಡಲು ತಂತ್ರಜ್ಞಾನ ಬಳಸಿಕೊಂಡು ಕೆಲಸ ಮಾಡುತ್ತಿದೆ. ನಾವು ಈ ಎಲ್ಲ ತಂತ್ರಜ್ಞಾನ ಬಳಸಿ ಹಳ್ಳಿಯಲ್ಲಿ ವಾಸಿಸುವವರಿಗೂ ಉತ್ತಮ ಚಿಕಿತ್ಸೆ ನೀಡಲು, ಪರಿಣಿತ ವೈದ್ಯರ ಸಲಹೆ ಸಿಗುವಂತೆ ಮಾಡಲು ಕಾರ್ಯೋನ್ಮುಖರಾಗಿದ್ದೇವೆ. ಇಲ್ಲಿರುವ ಪರಿಣಿತರು ಎಂದರು. ನಮ್ಮ ಆರೋಗ್ಯ ಇಲಾಖೆಯ ತಜ್ಞರೊಂದಿಗೆ ಸಮಾಲೋಚನೆ ನಡೆಸೋಣ ಎಂದು ಆಹ್ವಾನ ನೀಡುತ್ತಿದ್ದೇನೆ. ಅದಕ್ಕೆ ನಾನೇ ಮುಂದೆ ನಿಂತು ವ್ಯವಸ್ಥೆ ಮಾಡುತ್ತೇನೆ. ನಿಮ್ಮ ಸಲಹೆ ಆರೋಗ್ಯ ಇಲಾಖೆಗೂ ಉಪಯೋಗ ಆಗಲಿ. ಕರ್ನಾಟಕ ಮೆಡಿಕಲ್ ಫೆಸಿಲಿಟಿ, ಟೂರಿಸಂ ಗೆ ಮುಂಚೂಣಿಯಲ್ಲಿದ್ದು ಬೇರೆ ಬೇರೆ ದೇಶಗಳಿಂದ ಜನರು ಇಲ್ಲಿಗೆ ಬರುತ್ತಿದ್ದಾರೆ. ಎಐ ಮತ್ತು ಡಿಜಿಟಲ್ ತಂತ್ರಜ್ಞಾನ ಹೆಚ್ಚಿನ ಜನಸಂಖ್ಯೆ ಇರುವ, ವಿಸ್ತಾರವಾಗಿರುವ ನಮ್ಮ ದೇಶಕ್ಕೆ ಬಹಳ ಉಪಯುಕ್ತ ಎಂದು ಹೇಳಿದರು.

ಚುಟುಕು ಸುದ್ದಿ

ಟೆಲಿಮೆಡಿಕಾನ್
ಅಂತರರಾಷ್ಟ್ರೀಯ ಸಮಾವೇಶ

ಬೆಂಗಳೂರು: ಟೆಲಿಮೆಡಿಸಿನ್ ಸೊಸೈಟಿ ಆಫ್ ಇಂಡಿಯಾ ವತಿಯಿಂದ ಸುಸ್ಥಿರ ಭವಿಷ್ಯಕ್ಕಾಗಿ ಡಿಜಿಟಲ್ ಹೆಲ್ತ್ ಎಂಬ ಘೋಷವಾಕ್ಯದೊಂದಿಗೆ ನ.27 ರಿಂದ ನ.30ರ ವರೆಗೆ ನಗರದ ಐಐಎಸ್‌ಸಿ ಜೆ.ಎನ್.ಟಾಟಾ ಸಭಾಂಗಣದಲ್ಲಿ 'ಟೆಲಿಮೆಡಿಕಾನ್ ಅಂತರರಾಷ್ಟ್ರೀಯ ಸಮಾವೇಶ'ವನ್ನು ಹಮ್ಮಿಕೊಳ್ಳಲಾಗಿದೆ ಎಂದು ಟೆಲಿಮೆಡಿಸಿನ್ ಸೊಸೈಟಿಯ ಪದಾಧಿಕಾರಿ ಭಾಸ್ಕರ್ ರಾಜ್‌ಕುಮಾರ್ ತಿಳಿಸಿದ್ದಾರೆ.

ಗುರುವಾರ ನಗರದ ಪ್ರೆಸ್‌ಕ್ಲಬ್‌ನಲ್ಲಿ ಆಯೋಜಿಸಿದ್ದ ಸುದ್ದಿಗೋಷ್ಠಿಯಲ್ಲಿ ಮಾತನಾಡಿದ ಅವರು, ಸಮಾವೇಶದಲ್ಲಿ ಸಚಿವರಾದ ದಿನೇಶ್ ಗುಂಡೂರಾವ್, ಪ್ರಿಯಾಂಕ್ ಖರ್ಗೆ ಸೇರಿದಂತೆ ಜಾಗತಿಕ ಆರೋಗ್ಯ ತಜ್ಞರು, ಸಂಶೋಧಕರು, ವಿಜ್ಞಾನಿಗಳು ಭಾಗವಹಿಸಲಿದ್ದಾರೆ ಎಂದರು.

ಸಮಾವೇಶದಲ್ಲಿ ಎಐ ಆಧಾರಿತ ಪರಿಹಾರಗಳು, ದೂರವಾಣಿ, ವೀಡಿಯೋ ಆರೋಗ್ಯ ಸೇವೆಗಳು ಮತ್ತು ಸುಧಾರಿತ ಡಿಜಿಟಲ್ ಆರೋಗ್ಯ ದತ್ತಾಂಶ ವ್ಯವಸ್ಥೆಗಳ ಪಾತ್ರವನ್ನು ಚರ್ಚಿಸಲಾಗುತ್ತದೆ. ಹವಾಮಾನ ಬದಲಾವಣೆ, ಆರೋಗ್ಯ ಅಸಮಾನತೆ ಮತ್ತು ಸಂಪನ್ಮೂಲ ಸವಾಲುಗಳ ನಡುವೆ ಜಾಗತಿಕವಾಗಿ ಹೊರಹೊಮ್ಮುತ್ತಿರುವ ತಂತ್ರಜ್ಞಾನ ಪರಿಹಾರಗಳು ಆರೋಗ್ಯ ಸೇವೆಯನ್ನು ಹೇಗೆ ರೂಪಿಸುತ್ತಿವೆ ಎಂಬುದರ ಕುರಿತು ಸಂವಾದ ನಡೆಯುತ್ತದೆ ಎಂದು ಮಾಹಿತಿ ನೀಡಿದರು.

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ತಾಲೂಕು ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಟೆಲಿ ಐಸಿಯು ಸೌಲಭ್ಯ: ದಿನೇಶ್ ಗುಂಡೂರಾವ್

ಟೆಲಿ ಕಾರ್ಡಿಯೋಲಾಜಿ ಮೂಲಕ 82 ತಾಲೂಕುಗಳಲ್ಲಿ ಯಶಸ್ವಿ ಚಿಕಿತ್ಸೆ

ಬೆಂಗಳೂರು: ರಾಜ್ಯದಲ್ಲಿ ಈಗಾಗಲೇ 82 ತಾಲೂಕು ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಟೆಲಿ ಕಾರ್ಡಿಯೋಲಾಜಿ ವ್ಯವಸ್ಥೆ ಮೂಲಕ ಜನರಿಗೆ ಆರೋಗ್ಯ ಸೇವೆ ನೀಡುತ್ತಿದ್ದು, ದುಬಾರಿ ದರದ ಇಂಜೆಕ್ಷನ್ ಸಹ ಉಚಿತವಾಗಿ ನೀಡಲಾಗುತ್ತಿದೆ. ಇದರಿಂದ 1.5 ವರ್ಷದಲ್ಲಿ 600 ಜೀವಗಳನ್ನು ಉಳಿಸಲಾಗಿದೆ ಎಂದು ಆರೋಗ್ಯ ಇಲಾಖೆ ಸಚಿವ ದಿನೇಶ್ ಗುಂಡೂರಾವ್ ಮಾಹಿತಿ ನೀಡಿದ್ದಾರೆ.

ನಗರದ ಇಂಡಿಯನ್ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ಸೈನ್ಸ್‌ನ ಟಾಟಾ ಸಭಾಂಗಣದಲ್ಲಿ ಟೆಲಿಮೆಡಿಸಿನ್ ಸೊಸೈಟಿ ಆಫ್ ಇಂಡಿಯಾ 21ನೇ ಅಂತಾರಾಷ್ಟ್ರೀಯ ಸಮ್ಮೇಳನದಲ್ಲಿ ಮಾತನಾಡಿದ ಅವರು, ಕೇವಲ 8/9 ನಿಮಿಷದಲ್ಲಿ ಪರಿಣತ ವೈದ್ಯರು ಇಸಿಜಿ ಪರೀಕ್ಷಿಸಿ ಸೂಕ್ತ ಚಿಕಿತ್ಸೆ ನೀಡುವ ವ್ಯವಸ್ಥೆ ಕಲ್ಪಿಸಲಾಗಿದೆ. ಇದನ್ನು ರಾಜ್ಯದ ಎಲ್ಲ ತಾಲೂಕು ಆಸ್ಪತ್ರೆಗೆ ಇದೇ ವರ್ಷ ಕಲ್ಪಿಸಲಾಗುತ್ತದೆ. ಇಲಾಖೆ ಆರೋಗ್ಯ ಉಪಕರಣಗಳ ನಿರ್ವಹಣೆ ಮಾಡಲು ತಂತ್ರಜ್ಞಾನ ಬಳಸಿಕೊಂಡು ಕೆಲಸ ಮಾಡುತ್ತಿದೆ ಎಂದರು.

ಇಂತಹ ಎಲ್ಲ ತಂತ್ರಜ್ಞಾನ ಬಳಸಿ ಹಳ್ಳಿಯಲ್ಲಿ ವಾಸಿಸುವವರಿಗೂ ಉತ್ತಮ ಚಿಕಿತ್ಸೆ ನೀಡಲು, ಪರಿಣತ ವೈದ್ಯರ ಸಲಹೆ ಸಿಗುವಂತೆ ಮಾಡಲು ಕಾರ್ಯೋನ್ಮುಖರಾಗಿದ್ದೇವೆ. ಇಲ್ಲಿರುವ ಪರಿಣತರು, ನಮ್ಮ ಆರೋಗ್ಯ ಇಲಾಖೆಯ ತಜ್ಞರೊಂದಿಗೆ ಸಮಾಲೋಚನೆ ನಡೆಸೋಣ. ನಿಮ್ಮ ಸಲಹೆ ಆರೋಗ್ಯ ಇಲಾಖೆಗೂ ಉಪಯೋಗ ಆಗಲಿ. ರಾಜ್ಯ ಮೆಡಿಕಲ್ ಫೆಸಿಲಿಟಿ, ಟೂರಿಸಂಗೆ ಮುಂಚೂಣಿಯಲ್ಲಿದ್ದು ಬೇರೆ ಬೇರೆ ದೇಶಗಳಿಂದ ಜನರು ಇಲ್ಲಿಗೆ ಬರುತ್ತಿದ್ದಾರೆ. ಎಐ ಮತ್ತು ಡಿಜಿಟಲ್ ತಂತ್ರಜ್ಞಾನ ಹೆಚ್ಚಿನ ಜನಸಂಖ್ಯೆ ಇರುವ ನಮ್ಮ ದೇಶಕ್ಕೆ ಬಹಳ ಉಪಯುಕ್ತ ಎಂದರು.

ಟೆಲಿ ಕಾರ್ಡಿಯೋಲಾಜಿಯಿಂದ 600 ಜೀವ ರಕ್ಷಣೆ

ಬೆಂಗಳೂರು: ರಾಜ್ಯದಲ್ಲಿ ಈಗಾಗಲೇ 82 ತಾಲೂಕು ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಟೆಲಿ ಕಾರ್ಡಿಯೋಲಾಜಿ ವ್ಯವಸ್ಥೆ ಮೂಲಕ ಜನರಿಗೆ ಆರೋಗ್ಯ ಸೇವೆ ನೀಡುತ್ತಿದ್ದು, ದುಬಾರಿ ದರದ ಚಿಕಿತ್ಸೆಗೆ ಸಗ ಉ ಚಿ ತ ವಾ ಗಿ ನೀಡಲಾಗುತ್ತಿದೆ. ಇದರಿಂದ 600 ಜೀವಗಳನ್ನು ಒಂದೂವರೆ ವರ್ಷದಲ್ಲಿ ಉಳಿಸಲಾಗಿದೆ ಎಂದು ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸಚಿವ ದಿನೇಶ್ ಗುಂಡೂರಾವ್ ಮಾಹಿತಿ ನೀಡಿದರು.

ಭಾರತೀಯ ನಗರದ ಇಂಡಿಯನ್ ಇನ್ ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ಸೈನ್ಸ್ ಟಾಟಾ ಸಭಾಂಗಣದಲ್ಲಿ ಟೆಲಿಮೆಡಿಸಿನ್ ಸೊಸೈಟಿ ಆಫ್ ಇಂಡಿಯಾ 21ನೇ ಅಂತರರಾಷ್ಟ್ರೀಯ ಸಮ್ಮೇಳನದಲ್ಲಿ ಭಾಗವಹಿಸಿ ಮಾತನಾಡಿ, ಕೇವಲ 8-9 ನಿಮಿಷದಲ್ಲಿ ಪರಿಣತ ವೈದ್ಯರು ಇಸಿಜಿ ಪರೀಕ್ಷಿಸಿ ಸೂಕ್ತ ಚಿಕಿತ್ಸೆ ನೀಡುವ ವ್ಯವಸ್ಥೆ ಕಲ್ಪಿಸಲಾಗಿದೆ. ಇದನ್ನು ರಾಜ್ಯದ ಎಲ್ಲ ತಾಲೂಕು ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಇದೇ ವರ್ಷ ಕಲ್ಪಿಸಲಾಗುತ್ತದೆ. ಇದರಿಂದ ಆರೋಗ್ಯ ಉಪಕರಣಗಳ ನಿರ್ವಹಣೆ ಮಾಡಲು ತಂತ್ರಜ್ಞಾನ ಬಳಸಿಕೊಂಡು ಕೆಲಸ ಮಾಡುತ್ತಿದೆ ಎಂದರು.

ಇಂತಹ ಎಲ್ಲ ತಂತ್ರಜ್ಞಾನ ಬಳಸಿ ಹಳ್ಳಿಯಲ್ಲಿ ವಾಸಿಸುವವರಿಗೂ ಉತ್ತಮ ಚಿಕಿತ್ಸೆ ನೀಡಲು, ಪರಿಣತ ವೈದ್ಯರ ಸಲಹೆ ಸಿಗುವಂತೆ ಮಾಡಲು ಕಾರ್ಯೋನ್ಮುಖರಾಗಿದ್ದೇವೆ. ಇದಕ್ಕೆ ಬೇಕಾದ ಸಾಫ್ಟ್‌ವೇರ್, ತಂತ್ರಜ್ಞಾನ ಬದ್ಧವಿದ್ದು, ಅದನ್ನು ಸರಿಯಾಗಿ ಬಳಸಬೇಕಾಗಿದೆ. ಇದಕ್ಕೆ ಅತ್ಯುತ್ತಮ ದರ್ಜೆಯ ಕ್ಯಾಮರಾ ಬಳಸಲಾಗುತ್ತಿದ್ದು ದೂರದಲ್ಲಿದ್ದುಕೊಂಡೇ ತಜ್ಞ ವೈದ್ಯರು ಹಳ್ಳಿಯಲ್ಲಿರುವ ರೋಗಿಗೆ ಚಿಕಿತ್ಸೆ ನೀಡಲು ಸ್ಥಳೀಯ ವೈದ್ಯರಿಗೆ ನೆರವಾಗಬಹುದು. ಎಐ ತಂತ್ರಜ್ಞಾನ ಬಳಸಿ ಟೆಲಿ ರೆಡಿಯೋಲಾಜಿ, ಆಪ್ತಮಾಲೋಜಿ ಸೇವೆ ಮುಖಾಂತರ ರೋಗ ಪತ್ತೆ ಮಾಡುವ ನೂತನ ವ್ಯವಸ್ಥೆ ಜಾರಿಗೆ ತರಲು ಸಿದ್ಧತೆ ನಡೆದಿದೆ ಎಂದು ಮಾಹಿತಿ ನೀಡಿದರು.

ಸಮ್ಮೇಳನದಲ್ಲಿ 700ಕ್ಕೂ ಹೆಚ್ಚು ದೇಶಿಯ ಮತ್ತು ಅಂತರರಾಷ್ಟ್ರೀಯ ಪ್ರತಿನಿಧಿಗಳು ಭಾಗವಹಿಸಿದ್ದರು. ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ನಿಮ್ಹಾನ್ಸ್ ಮಾಜಿ ನಿರ್ದೇಶಕ ಡಾ.ಗಂಗಾಧರ, ಇಸ್ರೋ ಮಾಜಿ ನಿರ್ದೇಶಕ ಡಾ.ಸತ್ಯಮೂರ್ತಿ, ಟಿಎಸ್‌ಐ ಅಧ್ಯಕ್ಷ ಡಾ.ಸುನಿಲ್ ಶ್ರಾಫ್, ಐಐಎಸ್‌ಸಿ ಮೆಡಿಕಲ್ ಸ್ಕೂಲ್ ಮುಖ್ಯಸ್ಥೆ ಡಾ.ಉಮಾ ನಂಬಿಯಾರ್, ಐಐಎಸ್‌ಸಿ ನಿರ್ದೇಶಕ ಡಾ.ಭಾಸ್ಕರ್ ರಾಜಕುಮಾರ್, ಪದಾಧಿಕಾರಿಗಳಾದ ಡಾ. ಉಮಾಶಂಕರ್, ಡಾ. ಸಂಜಯ್ ಶರ್ಮ, ಡಾ. ರಾಜೀವ್ ಮತ್ತಿತರರಿದ್ದರು.

BISILASUDDI KANNADA DAILY MORNING

ರಾಜ್ಯದಲ್ಲಿ ಟೆಲಿ ಕಾರ್ಡಿಯೋಲಜಿಯಿಂದ 600 ಜೀವ ರಕ್ಷಣೆ:
ಆರೋಗ್ಯ ಸೇವೆಯಲ್ಲಿ ತಂತ್ರಜ್ಞಾನಕ್ಕೆ ಉತ್ತೇಜನ ಸಚಿವ ದಿನೇಶ್ ಗುಂಡೂರಾವ್

ಬೆಂಗಳೂರು : ರಾಜ್ಯದಲ್ಲಿ ಈಗಾಗಲೇ 82 ತಾಲೂಕು ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಟೆಲಿ ಕಾರ್ಡಿಯೋಲಾಜಿ ವ್ಯವಸ್ಥೆ ಮೂಲಕ ಜನರಿಗೆ ಆರೋಗ್ಯ ಸೇವೆ ನೀಡುತ್ತಿದ್ದು, ದುಬಾರಿ ದರದ ಚಿಕಿತ್ಸೆಗೆ ಸಗ ಉಚಿತವಾಗಿ ನೀಡಲಾಗುತ್ತಿದೆ. ಇದರಿಂದ 600 ಜೀವಗಳನ್ನು ಒಂದೂವರೆ ವರ್ಷದಲ್ಲಿ ಉಳಿಸಲಾಗಿದೆ ಎಂದು ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸಚಿವ ದಿನೇಶ್ ಗುಂಡೂರಾವ್ ಮಾಹಿತಿ ನೀಡಿದ್ದಾರೆ.

ರವಿವಾರ ನಗರದ ಇಂಡಿಯನ್ ಇನ್ ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ಸೈನ್ಸ್ ಟಾಟಾ ಸಭಾಂಗಣದಲ್ಲಿ ಟೆಲಿಮೆಡಿಸಿನ್ ಸೊಸೈಟಿ ಆಫ್ ಇಂಡಿಯಾ 21ನೇ ಅಂತರರಾಷ್ಟ್ರೀಯ ಸಮ್ಮೇಳನದಲ್ಲಿ ಭಾಗವಹಿಸಿ ಮಾತನಾಡಿದ ಅವರು, ಕೇವಲ 8-9 ನಿಮಿಷದಲ್ಲಿ ಪರಿಣತ ವೈದ್ಯರು ಇಸಿಜಿ ಪರೀಕ್ಷಿಸಿ ಸೂಕ್ತ ಚಿಕಿತ್ಸೆ ನೀಡುವ ವ್ಯವಸ್ಥೆ ಕಲ್ಪಿಸಲಾಗಿದೆ. ಇದನ್ನು ರಾಜ್ಯದ ಎಲ್ಲ ತಾಲೂಕು ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಇದೇ ವರ್ಷ ಕಲ್ಪಿಸಲಾಗುತ್ತದೆ. ಇದರಿಂದ ಆರೋಗ್ಯ ಉಪಕರಣಗಳ ನಿರ್ವಹಣೆ ಮಾಡಲು ತಂತ್ರಜ್ಞಾನ ಬಳಸಿಕೊಂಡು ಕೆಲಸ ಮಾಡುತ್ತಿದೆ ಎಂದರು.

ಇಂತಹ ಎಲ್ಲ ತಂತ್ರಜ್ಞಾನ ಬಳಸಿ ಹಳ್ಳಿಯಲ್ಲಿ ವಾಸಿಸುವವರಿಗೂ ಉತ್ತಮ ಚಿಕಿತ್ಸೆ ನೀಡಲು, ಪರಿಣತ ವೈದ್ಯರ ಸಲಹೆ ಸಿಗುವಂತೆ ಮಾಡಲು ಕಾರ್ಯೋನ್ಮುಖರಾಗಿದ್ದೇವೆ. ಇದಕ್ಕೆ ಬೇಕಾದ ಸಾಫ್ಟ್‌ವೇರ್, ತಂತ್ರಜ್ಞಾನ ಬದ್ಧವಿದ್ದು, ಅದನ್ನು ಸರಿಯಾಗಿ ಬಳಸಬೇಕಾಗಿದೆ. ಇದಕ್ಕೆ ಅತ್ಯುತ್ತಮ ದರ್ಜೆಯ ಕ್ಯಾಮರಾ ಬಳಸಲಾಗುತ್ತಿದ್ದು ದೂರದಲ್ಲಿದ್ದುಕೊಂಡೇ ತಜ್ಞ ವೈದ್ಯರು ಹಳ್ಳಿಯಲ್ಲಿರುವ ರೋಗಿಗೆ ಚಿಕಿತ್ಸೆ ನೀಡಲು ಸ್ಥಳೀಯ ವೈದ್ಯರಿಗೆ ನೆರವಾಗಬಹುದು. ಎಐ ತಂತ್ರಜ್ಞಾನ ಬಳಸಿ ಟೆಲಿ ರೆಡಿಯೋಲಾಜಿ, ಆಪ್ತಮಾಲೋಜಿ ಸೇವೆ ಮುಖಾಂತರ ರೋಗ ಪತ್ತೆ ಮಾಡುವ ನೂತನ ವ್ಯವಸ್ಥೆ ಜಾರಿಗೆ ತರಲು ಸಿದ್ಧತೆ ನಡೆದಿದೆ ಎಂದು ಮಾಹಿತಿ ನೀಡಿದರು.

ಸಮ್ಮೇಳನದಲ್ಲಿ 700ಕ್ಕೂ ಹೆಚ್ಚು ದೇಶಿಯ ಮತ್ತು ಅಂತರರಾಷ್ಟ್ರೀಯ ಪ್ರತಿನಿಧಿಗಳು ಭಾಗವಹಿಸಿದ್ದರು. ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ನಿಮ್ಹಾನ್ಸ್ ಮಾಜಿ ನಿರ್ದೇಶಕ ಡಾ.ಗಂಗಾಧರ, ಇಸ್ರೋ ಮಾಜಿ ನಿರ್ದೇಶಕ ಡಾ.ಸತ್ಯಮೂರ್ತಿ, ಟಿಎಸ್‌ಐ ಅಧ್ಯಕ್ಷ ಡಾ.ಸುನಿಲ್ ಶ್ರಾಫ್, ಐಐಎಸ್‌ಸಿ ಮೆಡಿಕಲ್ ಸ್ಕೂಲ್ ಮುಖ್ಯಸ್ಥೆ ಡಾ.ಉಮಾ ನಂಬಿಯಾರ್, ಐಐಎಸ್‌ಸಿ ನಿರ್ದೇಶಕ ಡಾ.ಭಾಸ್ಕರ್ ರಾಜಕುಮಾರ್, ಪದಾಧಿಕಾರಿಗಳಾದ ಡಾ.ಉಮಾಶಂಕರ್, ಡಾ.ಸಂಜಯ್ ಶರ್ಮ, ಡಾ. ರಾಜೀವ್ ಸಹಿತ ಹಲವರು ಭಾಗವಹಿಸಿದ್ದರು.

ಜನದನಿಯ ಸಾರಥಿ
ವಾರ್ತಾ ಭಾರತಿ

'ಟೆಲಿ ಕಾರ್ಡಿಯಾಲಜಿ' ಮೂಲಕ 600 ಜೀವಗಳ ರಕ್ಷಣೆ: ದಿನೇಶ್ ಗುಂಡೂರಾವ್

> ಇಂತಹ ಎಲ್ಲ ತಂತ್ರಜ್ಞಾನ ಬಳಸಿ ಹಳ್ಳಿಯಲ್ಲಿ ವಾಸಿಸುವವರಿಗೂ ಉತ್ತಮ ಚಿಕಿತ್ಸೆ ನೀಡಲು, ಪರಿಣತ ವೈದ್ಯರ ಸಲಹೆ ಸಿಗುವಂತೆ ಮಾಡಲು ಕಾರ್ಯೋನ್ಮುಖರಾಗಿದ್ದೇವೆ. ರಾಜ್ಯ ಮೆಡಿಕಲ್ ಫೆಸಿಲಿಟಿ, ಟೂರಿಸಂಗೆ ಮುಂಚೂಣಿಯಲ್ಲಿದ್ದು ಬೇರೆ ಬೇರೆ ದೇಶಗಳಿಂದ ಜನರು ಇಲ್ಲಿಗೆ ಬರುತ್ತಿದ್ದಾರೆ. ಎಐ ಮತ್ತು ಡಿಜಿಟಲ್ ತಂತ್ರಜ್ಞಾನ ಹೆಚ್ಚಿನ ಜನಸಂಖ್ಯೆ ಇರುವ ನಮ್ಮ ದೇಶಕ್ಕೆ ಬಹಳ ಉಪಯುಕ್ತ.
> -ದಿನೇಶ್ ಗುಂಡೂರಾವ್, ಆರೋಗ್ಯ ಸಚಿವ

ಬೆಂಗಳೂರು, ನ.30: ರಾಜ್ಯದಲ್ಲಿ ಈಗಾಗಲೇ 82 ತಾಲೂಕು ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಟೆಲಿ ಕಾರ್ಡಿಯಾಲಜಿ ವ್ಯವಸ್ಥೆ ಮೂಲಕ ಜನರಿಗೆ ಆರೋಗ್ಯ ಸೇವೆ ನೀಡುತ್ತಿದ್ದು, ದುಬಾರಿ ದರದ ಚಿಕಿತ್ಸೆಗೆ ಉಚಿತವಾಗಿ ನೀಡಲಾಗುತ್ತಿದೆ. ಇದರಿಂದ 600 ಜೀವಗಳನ್ನು ಒಂದೂವರೆ ವರ್ಷದಲ್ಲಿ ಉಳಿಸಲಾಗಿದೆ ಎಂದು ಆರೋಗ್ಯ ಸಚಿವ ದಿನೇಶ್ ಗುಂಡೂರಾವ್ ಮಾಹಿತಿ ನೀಡಿದ್ದಾರೆ.

ರವಿವಾರ ನಗರದ ಇಂಡಿಯನ್ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ಸೈನ್ಸ್ ಟಾಟಾ ಸಭಾಂಗಣದಲ್ಲಿ ಟೆಲಿಮೆಡಿಸಿನ್ ಸೊಸೈಟಿ ಆಫ್ ಇಂಡಿಯಾ ಅಂತರ್‌ರಾಷ್ಟ್ರೀಯ ಸಮ್ಮೇಳನದಲ್ಲಿ ಭಾಗವಹಿಸಿ ಮಾತನಾಡಿದ ಅವರು, ಕೇವಲ 8/9 ನಿಮಿಷದಲ್ಲಿ ಪರಿಣತ ವೈದ್ಯರು ಇಸಿಜಿ ಪರೀಕ್ಷಿಸಿ ಸೂಕ್ತ ಚಿಕಿತ್ಸೆ ನೀಡುವ ವ್ಯವಸ್ಥೆ ಕಲ್ಪಿಸಲಾಗಿದೆ. ಇದನ್ನು ರಾಜ್ಯದ ಎಲ್ಲ ತಾಲೂಕು ಆಸ್ಪತ್ರೆಗೆ ಇದೇ ವರ್ಷ ಕಲ್ಪಿಸಲಾಗುತ್ತದೆ. ಇಲಾಖೆ ಆರೋಗ್ಯ ಉಪಕರಣಗಳ ನಿರ್ವಹಣೆ ಮಾಡಲು ತಂತ್ರಜ್ಞಾನ ಬಳಸಿಕೊಂಡು ಕೆಲಸ ಮಾಡುತ್ತಿದೆ ಎಂದರು.

ಸಮ್ಮೇಳನದಲ್ಲಿ 700ಕ್ಕೂ ಹೆಚ್ಚು ದೇಶಿಯ ಮತ್ತು ಅಂತರ್‌ರಾಷ್ಟ್ರೀಯ ಪ್ರತಿನಿಧಿಗಳು ಭಾಗವಹಿಸಿದ್ದರು. ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ನಿಮ್ಹಾನ್ಸ್‌ನ ಮಾಜಿ ನಿರ್ದೇಶಕ ಡಾ.ಗಂಗಾಧರ, ಇಸ್ರೋ ಮಾಜಿ ನಿರ್ದೇಶಕ ಡಾ.ಸತ್ಯಮೂರ್ತಿ, ಟಿಎಸ್‌ಐ ಅಧ್ಯಕ್ಷ ಡಾ.ಸುನಿಲ್ ಶ್ರಾಫ್, ಐಐಎಸ್‌ಸಿ ಮೆಡಿಕಲ್ ಸ್ಕೂಲ್ ಮುಖ್ಯಸ್ಥೆ ಡಾ.ಉಮಾ ನಂಬಿಯಾರ್, ಐಐಎಸ್‌ಸಿ ನಿರ್ದೇಶಕ ಡಾ.ಭಾಸ್ಕರ್ ರಾಜಕುಮಾರ್, ಪದಾಧಿಕಾರಿಗಳಾದ ಡಾ.ಉಮಾಶಂಕರ್, ಡಾ.ಸಂಜಯ್ ಶರ್ಮ, ಡಾ. ರಾಜೀವ್ ಸಹಿತ ಹಲವರು ಭಾಗವಹಿಸಿದ್ದರು.

Telemedicon International Conference

Bengaluru, Nov. 27:

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Telemedicine Society members Moorthy, Uma Nambiar, and Umashankar were also present at the press meet.

ಕನ್ನಡಪ್ರಭ

ನಗರದಲ್ಲಿ ಟೆಲಿ ಮೆಡಿಕಾನ್ ಸಮಾವೇಶ ಶುರು

• **ಕನ್ನಡಪ್ರಭ ವಾರ್ತೆ** ಬೆಂಗಳೂರು

ಟೆಲಿ ಮೆಡಿಸಿನ್ ಸೊಸೈಟಿ ಆಫ್ ಇಂಡಿಯಾ ವತಿಯಿಂದ ಸುಸ್ಥಿರ ಭವಿಷ್ಯಕ್ಕಾಗಿ ಡಿಜಿಟಲ್ ಹೆಲ್ತ್ ಎಂಬ ಘೋಷವಾಕ್ಯದೊಂದಿಗೆ ನಗರದ ಐಐಎಸ್‌ಸಿ ಜೆ.ಎನ್.ಟಾಟಾ ಸಭಾಂಗಣದಲ್ಲಿ ಟೆಲಿಮೆಡಿಕಾನ್ ಅಂತಾರಾಷ್ಟ್ರೀಯ ಸಮಾವೇಶ ಗುರುವಾರದಿಂದ ಆರಂಭವಾಗಿದ್ದು ನ.30 ರವರೆಗೆ ನಡೆಯಲಿದೆ.

ಗುರುವಾರ ಪತ್ರಿಕಾಗೋಷ್ಠಿಯಲ್ಲಿ ಮಾತನಾಡಿದ ಸೊಸೈಟಿಯ ಪದಾಧಿಕಾರಿ ಭಾಸ್ಕರ್ ರಾಜ್‌ಕುಮಾರ್ ಅವರು, ಸಮಾವೇಶದಲ್ಲಿ ಕೃತಕ ಬುದ್ಧಿಮತ್ತೆ (ಎಐ) ಆಧಾರಿತ ಪರಿಹಾರಗಳು, ದೂರವಾಣಿ, ವಿಡಿಯೋ ಆರೋಗ್ಯ ಸೇವೆಗಳು ಮತ್ತು ಸುಧಾರಿತ ಡಿಜಿಟಲ್ ಆರೋಗ್ಯ ದತ್ತಾಂಶ ವ್ಯವಸ್ಥೆಗಳ ಪಾತ್ರವನ್ನು ಚರ್ಚಿಸಲಾಗುತ್ತದೆ. ಹವಾಮಾನ ಬದಲಾವಣೆ, ಆರೋಗ್ಯ ಅಸಮಾನತೆ ಮತ್ತು ಸಂಪನ್ಮೂಲ ಸವಾಲುಗಳ ನಡುವೆ ಜಾಗತಿಕವಾಗಿ ಹೊರಹೊಮ್ಮುತ್ತಿರುವ ತಂತ್ರಜ್ಞಾನ ಪರಿಹಾರಗಳು ಆರೋಗ್ಯ ಸೇವೆಯನ್ನು ಹೇಗೆ ರೂಪಿಸುತ್ತಿವೆ ಎಂಬುದರ ಕುರಿತು ಸಂವಾದಗಳು ಸಮಾವೇಶದಲ್ಲಿ [illegible]

CITY TODAY

Telemedicon International Conference

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The Telemedicine Society of India has organised the "Telemedicon International Conference" with the theme "Digital Health for a Sustainable Future" from November 27 to 30 at the J.N. Tata Auditorium of IISc, Bengaluru, said society official Bhaskar Rajkumar.

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ಪ್ರಜಾಕಹಳೆ

ಟೆಲಿಮೆಡಿಕಾನ್ ಅಂತರರಾಷ್ಟ್ರೀಯ ಸಮಾವೇಶ

[illegible]

ತಾಲೂಕು ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಟೆಲಿ ಐಸಿಯು ಸೌಲಭ್ಯ: ದಿನೇಶ್ ಗುಂಡೂರಾವ್

[illegible]

इंटरनैशनल टैलीमैडिसिन कॉन्फ्रैंस में होली बेसिल के डायरैक्टर डॉ. सचिन वर्मा ने पेश किया भविष्य का आईसीयू मॉडल

सस्ती लेकिन स्मार्ट आइसीयू केयर

सवेरा न्यूज / विजयपाल

मोहाली, 29 नवंबर : इंटरनैशनल टेलीमैडिसिन कॉन्फ्रेंस में होली बेसिल के डायरेक्टर डॉ. सचिन वर्मा ने पेश किया भविष्य का आइसीयू मॉडल , जिसे माहिरों ने सराहा और इसे सेहत चिकित्सा के क्षेत्र में बढ़िया तकनीक बताया । उपरोक्त विचार जिला मोहाली खरड होली बेसिल अस्पताल के डायरैक्टर डॉ. सचिन वर्मा ने बातचीत में व्यक्त की। डाक्टर सचिन वर्मा ने बताया कि अभी हाल में अंतरराष्ट्रीय स्तर पर हेल्थकेयर के भविष्य पर चर्चा के लिए बंगलौर में आयोजित टेलीमेडिसिन सोसाइटी ऑफ इंडिया के इंटरनैशनल कॉन्फ्रैंस में मौका मिला। उन्होंने बताया कि वहां पर होली बेसिल अस्पताल ने एक महत्वपूर्ण छाप छोड़ी। इस मंच पर होली बेसिल अस्पताल की ओर से उनको जो कि मौजूदा अस्पताल के निदेशक एवं बजट आईसीयू के संस्थापक हैं । डॉ. सचिन वर्मा ने अफोरडएबल इंटैलीजेंट क्रिटीकल केयर एआइसीसी विषय पर अपनी ऐतिहासिक प्रस्तुति दी, जिसने भारत और विदेशों के विशेषज्ञों को गहराई से प्रभावित किया। अपनी प्रस्तुति में डॉ. वर्मा ने कहा कि भारत में स्वास्थ्य सेवाओं की सबसे बड़ी चुनौती आइसीयू की उपलब्धता नहीं, बल्कि उसकी असमानता है। बड़े शहरों में विश्वस्तरीय सुविधाएँ मौजूद हैं, जबकि छोटे शहरों और पहाड़ी इलाकों में गंभीर रोगियों को अब भी दूरी, देरी और अत्यधिक खर्च का सामना करना पड़ता है।

होलीबेसिल के डायरैक्टर डाक्टर सचिन वर्मा कान्फ्रेंस के बाद जानकारी देते व हिस्सा लेते हुए। -बब्बर

क्या है एआईसीसी

डाक्टर सचिन वर्मा ने बताया कि एआईसीसी एक ऐसा मॉडल है जिसमें आईसीयू स्तरीय देखभाल सस्ती लागत पर,एआइ और आइओटी आधारित स्मार्ट मॉनिटरिंग के साथ के साथ-साथ विशेषज्ञों की 247 उपलब्धता और टेली-आइसीयू नेटवर्क के जरिए तुरंत निर्णय लेना शामिल है जो किसी भी शहर, कस्बे या पहाड़ी क्षेत्र में संभव हो जाता है। डॉ. वर्मा ने बताया कि गंभीर मरीज इसलिए नहीं मरने चाहिए क्योंकि आइसीयू महंगा या दूर था। अफोर्डएबल इंटैलीजेंट क्रिटीकल केयर एआइसीसी इस समस्या का समाधान है और होलीबेसिल इस क्रांति का नेतृत्व कर रहा है। स्टार्ट-अप इंडिया सीड फंड एसटीपीआइ सेंटर ऑफ एक्सीलेंस न्यूरॉन, तथा उत्तर भारत के 25. अस्पतालों में सफल तैनाती के बाद यह स्पष्ट है कि भारत को अब ऐसी क्रिटिकल केयर चाहिए जो तकनीकी रूप से उन्नत और आर्थिक रूप से सुलभ हो।

Info time: https://infotime.in/?p=7471

City today news: https://wp.me/p8Vk02-8K6

VK by Times of India: https://vijaykarnataka.com/news/karnataka/tele-icu-facility-in-all-taluk-hospitals-in-karnataka-what-are-the-benefits/articleshow/125675244.cms

Dhwani Sanji news: https://www.youtube.com/watch?v=OMMDMCjQuKg

DHN (Digital Health News):

https://www.linkedin.com/posts/digitalhealthnews_digitalhealth-telemedicine-abdm-ugcPost-7401890888081154048-igOa?utm_source=social_share_send&utm_medium=android_app&rcm=ACoAAAGGf3sBijXLlXhV9h3612PFWbHVhryFrpc&utm_campaign=whatsapp

Some Numbers

Acknowledgments and Partners

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- Industry Partners
    - ISRO
    - Suquino
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    - Apollo Hospitals
    - Narayana Health
    - CAHO
    - Bangalore Bioinnovation Centre
    - Dell Technologies
    - Star Health Insurance
    - Ayu Synk
    - M Swasth
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    - Janitri
    - Lifetime Health
    - Intelehealth
    - MUSE Diagnostics
    - Eyematrics
    - Daily Rounds
    - MyRx
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    - Televital
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    - Mapfinpeace
    - Life Circuit
    - Medbot
    - MadVR Solutions
    - Adira

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    - StrideAid

    - Bangalore Bioinnovation Centre

- Hackathon Participating Institutions
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    - JSS Academy of Higher Education and Research, Mysuru
    - Bangalore Institute of Technology for Prosperity
    - St. John's National Academy of Health Sciences
    - VS Dental College and Hospital
    - ARTPARK
    - IISc Medical School Foundation
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    - Cytecare
    - ARTPARK
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    - Doctors AI
    - Medbot
    - Nationwide Quality of Care Network
    - NASSCOM
    - Karnataka Allied Health and Healthcare Professionals Association
    - Indian Institute of Public Health
    - Startup Pitch Partner
    - SteerX
    - Streaming Partner
    - A and T Experience Next
    - Sustainability Partner
    - Hasiru Dala Innovations
- Event Management Partners
    - Avaya
    - Sufiya End2End

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- Venue and Operations Support
- Auditorium staff, Registrar IISc, Security team led by Mr. Jayraj (IISc)
- Sadashivanagar Police Station
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- Catering: Basha for bringing the authentic taste of Karnataka
- Cultural element: Srinivas for Channapatna toys

- Hospitality Partner
    - IBIS Hotel, for hosting the gala evening
      Chosen not only for the rooftop and excellent menu but also for being a green certified property aligned with our sustainability commitment

Volunteer Leadership

- Sachin Bhat (IIHMR)
- Varun (Bhagwan Buddha Homeopathic Medical College)

- IMSF Team
    - Laavanya
    - Satheesh
    - Riana
    - Abhishek
    - Dr. Sriram
    - Sharmada
    - Manjunath
    - Meenakshi
    - Gopika
    - Maria

Closing Note

As we conclude this remarkable journey, we look forward with anticipation to meeting you again next year in Jaipur for Telemedicon. Until then, we sign off from Telemedicon 2025 with profound gratitude, deep appreciation, and our warmest wishes to every delegate, speaker, partner, and collaborator who made this conference truly unforgettable.