

CHAPTER: 03

ACCEPTANCE OF TELEMEDICINE IN TIER 2 AND TIER 3 CITIES

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INTRODUCTION

In India, there is a substantial gap between urban and rural populations, and a significant portion of the country's people in rural areas lacks access to essential healthcare services. The scarcity of healthcare professionals in rural regions is a significant reason prompting the government and healthcare organizations to leverage technology and innovation to address the needs of the underserved. Only 15% of the overall healthcare resources available to the Indian population are utilized by the rural populace.

The outlook for the e-health services market in India until 2020 concentrates on on-call home healthcare, telemedicine, m-health, and the healthcare IT segment. India's telemedicine market stands out as one of the most flourishing sectors. The increasing integration of the internet with healthcare service delivery has elevated the significance of telemedicine, particularly in rural and remote areas. The surge in consumer demand for affordable and high-quality healthcare services, coupled with the limited access to doctors in rural areas, has been a key driver for the growing demand for telemedicine services in India. The telemedicine market in India is expected to witness further growth by 2020 [1]. Rural hospitals located in larger rural cities benefit from access to the ISRO satellite network and receive support from major hospitals such as Apollo Telemedicine and Narayana Hrudayalaya. However, in even more remote rural areas, where residents are far from hospitals, infrastructure is constrained, significant healthcare providers are absent, and securing funding is more challenging. These barriers, among others, contribute to the telemedicine development phase in rural regions without hospitals [2]. The specified requirements are comprehensive and involve implementing terms of use, prompt removal of offensive or unlawful content within 36 hours upon request, and the appointment of a grievance officer. This relaxation would be applicable only if the intermediary does not initiate the transmission of data/communication, choose the recipient of the transmission, or select or alter the information in the transmission [3].

RESEARCH OBJECTIVES

1. To explore the existing situation and potential expansion of Telemedicine in the healthcare sector, particularly in remote and rural areas, primarily focusing on tier II and tier III cities.
2. To examine the necessity of accessible resources, such as the internet, for enhancing and optimizing telemedicine procedures.
3. To investigate the receptiveness of individuals who travel to major cities seeking consultations with experts towards telemedicine.
4. To assess the prevailing societal awareness and perceptions regarding telemedicine and online consultations.
5. To evaluate the practicality of these concepts and identify the motivating factors for individuals.

RESEARCH METHODOLOGY

The research conducted in various Bengaluru hospitals focused on a larger patient influx from tier 2 and tier 3 cities. This cross-sectional study spanned three months, utilizing primary data obtained through direct efforts such as surveys, interviews, and observations. The sampling technique employed was random sampling. Data collection involved participant-patient/bystander interactions in Bengaluru hospitals, where a significant proportion of patients hailed from tier 1 and tier 2 cities.

RESULTS & DISCUSSION

Among the surveyed patients, there were a total of 70 positive responses, with 28 from females and 42 from males. Conversely, there were 22 negative responses, comprising 4 from females and 18 from males. Additionally, 52 patients, 22 females, and 30 males were unsure or clueless. The percentage of males willing to connect through telemedicine was 47%, while 20% were not willing, and 33% were uncertain. A 5% difference was observed in positive responses between male and female patients. Female negative responses were 13% lower than male negative responses, and 8% fewer male patients were clueless

about telemedicine. Notably, patients with a course of disease ranging from 25 to 60 months showed the highest positive response at 69%, while those in the 0 to 6 months category had the lowest positive response at 41%. The highest negative response was 22% from patients in the 0- 6 months category, contrasting with a 0% negative response in the 25 to 60 months category. Patients with a course of disease exceeding 60 months had the lowest clueless percentage (29%), while those in the 7 to 24 months category had the highest clueless percentage at 46% when asked about telemedicine connectivity.

CONCLUSION

Indian consumers, particularly the younger and middle-aged demographics, were increasingly becoming conscious and inclined towards e-health marketplace services. There was a significant market demand for online consultations with doctors, enabling patients to receive medical advice from specialists worldwide, regardless of geographic location. The emergence of e-health marketplaces has eliminated geographical barriers. Due to easy accessibility, convenience, and affordability, many patients were opted for e-health marketplace services, avoiding the need to wait in long queues outside hospitals.

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