



## **MALWANCHAL UNIVERSITY, INDORE**

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### **BEST PRACTICE -1**

#### **Title of the Practice:**

Telemedicine - Index Swasthyam Multispeciality E-Clinic

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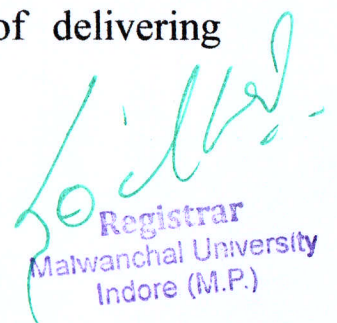
#### **Goal:**

The goal of the Index Swasthyam Multispeciality E-Clinic is to provide accessible, affordable, and effective healthcare services to rural and underserved populations through telemedicine. The practice leverages digital communication technologies to offer consultations, diagnosis, and treatment advice to patients residing in remote areas, particularly those from villages surrounding Nagda and Ujjain districts in Madhya Pradesh. This initiative is aimed at reducing barriers such as distance, lack of access to specialists, and financial constraints, ensuring quality healthcare reaches even the most distant locations. The overall goal is to enhance public health outcomes by improving access to timely medical interventions and necessary follow-up treatments.

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#### **The Context:**

The implementation of the Index Swasthyam Multispeciality E-Clinic emerged from the need to bridge the significant healthcare gap in rural areas, where access to quality medical care is limited. The establishment of this telemedicine service addresses the challenge of delivering

  
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specialized medical consultations to communities that are geographically distant from well-equipped hospitals. In rural India, there is a high prevalence of non-communicable diseases (NCDs), infectious diseases, and other health issues, but limited access to diagnostic facilities, specialist care, and timely interventions. By offering telemedicine consultations, the e-clinic helps in overcoming logistical challenges, such as long travel distances and the absence of healthcare professionals in remote villages. Moreover, the initiative also addresses financial constraints, as many rural patients cannot afford in-person visits to urban healthcare centers.

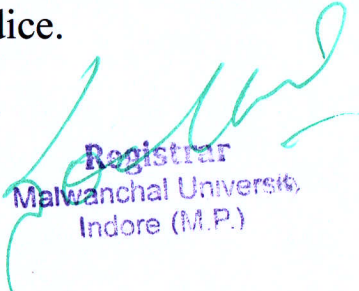
The collaboration with Yuvitel, which provides telemedicine infrastructure, and the location within Index Medical College Hospital (near the emergency department), ensures both logistical ease and high-quality healthcare delivery. Challenges such as technology adoption and ensuring connectivity in remote areas were also considered in the design of the practice.

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### **The Practice:**

In November 2023, a Memorandum of Understanding (MoU) was signed with Yuvitel to establish an E-Clinic franchise, which led to the creation of the *Index Swasthyam Multispeciality E-Clinic* at the Index Medical College Hospital and Research Centre. The e-clinic operates on the ground floor near the emergency department, ensuring easy access for patients.

Dr. Muhammad Haneef Sheikh and a team of resident doctors manage the e-clinic, providing telemedicine consultations according to a duty schedule. Over the span of one year, from November 2023 to November 2024, a total of 250 patients from surrounding villages like Raghogar Nayakheda, and other rural locations in Nagda and Ujjain districts, received consultations. The main ailments reported included headache, fever with rashes, abdominal colic, diarrhea, and jaundice.

  
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The telemedicine consultations offered advice on medication, lifestyle modifications, and investigations if required. If necessary investigations like USG, CT scans, MRIs, or X-rays could not be conducted locally, patients were referred back to the hospital for further investigation and treatment. Patients requiring advanced care were advised to visit the hospital for physical consultations and hospitalization.

Most patients benefited from the *Sanjivani Yojana*, a government healthcare initiative, under which services like USG, X-rays, and inpatient care were provided free of charge. This significantly reduced the financial burden on rural patients, making healthcare more accessible and equitable.


The unique aspect of this practice is its hybrid model, combining telemedicine consultations with physical hospital visits for investigations, and integrating government-sponsored schemes like the *Sanjivani Yojana* to further enhance the affordability of care.

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### **Evidence of Success:**

The practice has shown significant success in improving healthcare access and outcomes for rural populations. Over the course of one year, 250 patients from remote villages were able to receive consultations, advice, and referrals as needed. The integration of telemedicine into rural healthcare delivery has resulted in timely interventions and a reduction in travel-related hardships for patients.

Moreover, the free services provided under the *Sanjivani Yojana* have reduced financial barriers for many patients, ensuring that they receive necessary treatments like diagnostic investigations and inpatient care without any cost. This has contributed to improved patient satisfaction and trust in the system, with many patients expressing gratitude for the free and convenient access to specialist healthcare.

  
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From a medical perspective, patients with non-surgical issues such as headache, fever with rash, abdominal colic, and jaundice were able to receive proper treatment and follow-up advice, which likely prevented the escalation of their conditions. The facility has also helped decongest the hospital's emergency department by providing an efficient alternative for routine consultations.

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### **Problems Encountered and Resources Required:**

While the telemedicine initiative has been successful, it faced several challenges during its implementation. Key problems encountered included:

1. **Technology Barriers:** In some remote villages, internet connectivity and digital literacy posed significant challenges. Some patients struggled to use smartphones or connect to the telemedicine platform, requiring additional support to overcome these hurdles.
2. **Limited Diagnostic Capabilities:** In the early stages, the inability to conduct certain diagnostic tests at the village level was a constraint. While the e-clinic can offer consultations, advanced diagnostic tests had to be performed at the hospital, which could cause delays or inconveniences for patients.
3. **Follow-up Challenges:** Ensuring that patients who were advised to visit the hospital for further investigations actually did so was a challenge. Some patients, especially from very remote areas, faced difficulties with transportation or were unable to afford travel expenses.

**Resources required** to continue and expand the practice include:

- Improved internet infrastructure in remote areas to ensure seamless telemedicine services.
- Enhanced training for patients and healthcare workers on using telemedicine platforms.

  
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- Expansion of diagnostic facilities in rural areas to reduce dependency on hospital visits.
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**Notes:**

The success of the *Index Swasthyam Multispeciality E-Clinic* provides a replicable model for other institutions aiming to address healthcare gaps in rural India. The integration of telemedicine with physical consultations creates a robust healthcare delivery model that is not only efficient but also cost-effective. The collaboration with Yuvitel and the use of government schemes like the *Sanjivani Yojana* have enhanced the accessibility and affordability of the services, making healthcare more inclusive.

For institutions looking to implement similar initiatives, it is crucial to address the technology and infrastructure challenges early on. Ensuring seamless communication, training healthcare providers and patients, and establishing clear protocols for referrals and follow-ups are essential to the long-term success of such programs. This practice also highlights the potential for telemedicine to contribute to the overall improvement of rural healthcare services, especially in underserved regions.

  
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