

Telemedicine: Odisha shows the way

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A telemedicine project started by an Odisha-based social entrepreneur is slowly going national after the Central government adopted it as a model project two years ago. Started in 2009, the unique model that focusses on sustainability involves training of local youth in e-medicine services and enables them to set up e-health centres in government-run primary health-care centres (PHC), community health centres (CHC) and subdivisional hospitals. These centres have created job opportunities for over 500 youth in Odisha and reached out to over five lakh patients.

For jobs and health

“There are two main problems that ail us — unemployment and bad health. Through this micro-entrepreneurship programme we have attempted to tackle both,” says Kedarnath Bhagat, managing trustee of Odisha Trust of Technical Education and Training (OTTET) under the aegis of which the telemedicine model was conceptualised. At OTTET, local youth are trained for a month in an e-health assistance programme, after which they can apply for a bank loan to start an e-health centre in PHCs and CHCs. “On average, the cost of starting a telemedicine centre goes up to 6 lakh. A centre needs a staff of four people, including the entrepreneur,” explains Mr. Bhagat, adding that typically a centre is equipped with a laptop with video camera and basic diagnostic testing facilities like blood glucose meter, urine analyser, heart rate monitor, etc. So far, 127 such centres have been opened in Odisha at the village and district level (*see picture*).

“At no cost to the government, these centres help in offering basic testing facilities. Patients suspected to have major illness get the benefit of the telecommunication facility for consultations with senior doctors,” says Mr. Bhagat. The OTTET has tie-ups with government hospitals as well as private hospitals such as Apollo, Global and Narayana Hrudayalaya.

These telemedicine centres also create a database of personal health records of every patient walking in for future reference. Mr. Bhagat says for a centre to be viable, the PHC or CHC should have a footfall of about 50 patients a day. “The revenue comes from charges for tests and tele-consultation fees. In case patients are covered under any health scheme for the poor, these charges are borne by the scheme,” he says. The charges for tests and consultation are fixed by the government; a basic consultation costs 100 while that with a super-specialist costs 300.

Across other States

In 2015, a team of government consultants termed this project as one of the eight “best practices globally”. The World Health Organisation too believes telemedicine to be particularly beneficial for rural and underserved communities in developing countries.

While the OTTET plans to cover all 51,000 villages in Odisha, pilot programmes have begun in Gujarat, Jharkhand, Bihar, Himachal Pradesh and Uttar Pradesh while four other States are also in line. “Telemedicine offers phenomenal opportunities to doctors to reach out to patients,” says Dr. Devi Shetty of Narayana Hrudayalaya. “It acts as a good bridge.”

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Lifestyle-related risk factors are being cited, compounded by an inadequate number of treatment centres in the region

Without policies to stop the worrying spread of antimicrobial resistance, the mortality rate could be disturbing

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