

What will it take for eSanjeevaniOPD to help tackle the third COVID-19 wave and future pandemics?

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India is witnessing another spike in COVID-19 infections, driven mainly by the Omicron variant. Less than three weeks into the third wave of the pandemic, India reported a 33-fold increase in COVID cases from 9,473 cases on 30th December, 2021, to 313,603 cases on 19th January, 2022. Yet the nature of this wave has changed—most symptoms appear less severe than previous waves. This change in symptoms implies the burden of care will likely shift from intensive care units (ICUs) at hospitals to outpatient departments (OPDs).

In the previous wave of COVID-19, teleconsultation played a critical role in helping meet India’s growing demand for outpatient and home-based care—and will continue to do so. eSanjeevaniOPD, the Indian Government’s doctor-to-patient telemedicine platform, facilitated only 269,597 consultation hours since its launch on 13th April, 2020, during the first wave. The teleconsultation ecosystem in India is nascent and must overcome hurdles to scale and gain the population’s trust. As discussed in our previous blog, the teleconsultation ecosystem faces three primary challenges, often referred to as “the three As” of abuse, availability, and access.

MSC conducted a small-scale pilot to test solutions for the broad adoption of eSanjeevaniOPD. Although eSanjeevaniOPD is a direct doctor-to-patient platform, we worked with accredited social health activists (ASHAs) to facilitate teleconsultations in their villages. ASHAs work to improve the health and nutrition status of communities. Employing ASHAs in the teleconsultation process addressed several issues, such as smartphone availability, cost of internet data, and application familiarity. We selected 10 proactive ASHAs in one block (district subdivision) of Uttar Pradesh. We worked closely with the local health department and a development partner to provide hands-on training on application use to ASHAs. After the training, we equipped the ASHAs with SIM cards, internet bundles, and tablets installed with the eSanjeevaniOPD app. We followed these ASHAs for the next six months and collected the lessons learned during the pilot implementation.

This blog shares insights and lessons from the pilot to strengthen the eSanjeevaniOPD platform and similar private teleconsultation platforms, such as Practo, 1mg, Apollo 24/7, and Tata Health.





Insight 1: Improving access

SanjeevaniOPD allows users to avoid long queues or travel to a medical facility. We found enthusiasm toward in-home consultations in patients who would typically avoid medical consultations due to access issues, loss of daily wages, and social norms.

According to one of the ASHAs, Vidya Devi, “Daily wage earners and older adults were uncomfortable visiting hospitals because it takes longer to get there, and this means losing their daily wages.” Another ASHA, Simi Rani, said, “It takes an average of 3-4 hours of door-to-door time for someone in my village to receive an in-person consultation. Teleconsultation reduces the hassle and cuts down this time by 2-3 hours, provided connectivity and doctors are available.”

Moreover, eSanjeevaniOPD can help alleviate the challenges of access due to restricted movement and fear of contracting infection, among other reasons, posed by the third wave of COVID-19 by providing virtual in-home consultations.

Insight 2: Challenges gender norms

We found that some women who prefer seeing female doctors in person are comfortable with male doctors for teleconsultations. eSanjeevaniOPD makes this possible. According to one of the ASHAs, Vidya Devi, “New brides and young ladies are more comfortable with virtual than physical consultation due to social norms.”

Moreover, eSanjeevaniOPD can help women seek better healthcare, which otherwise is severely affected due to the restricted movement of women during waves of the pandemic.

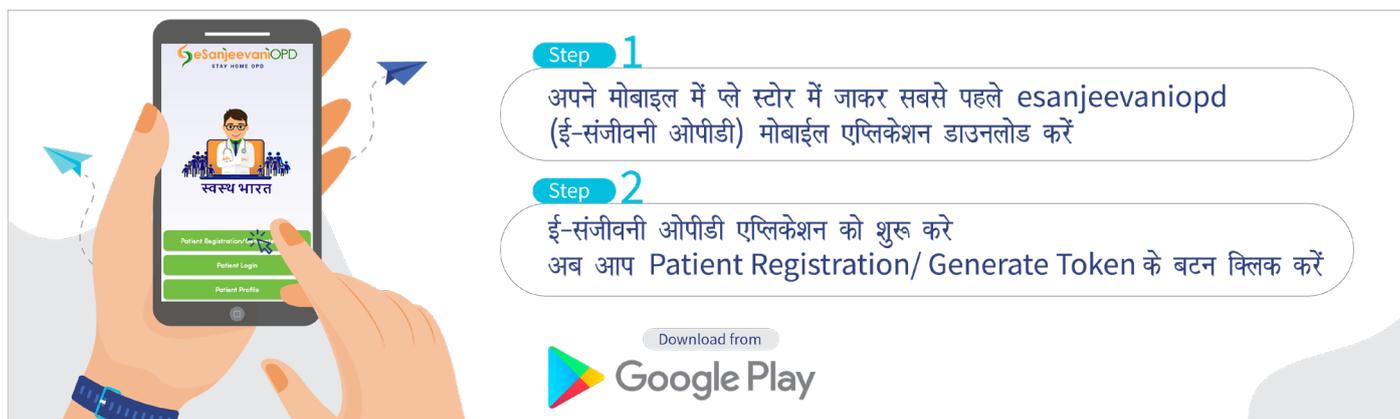
Insight 3: Demand for specialist services

The eSanjeevaniOPD application would benefit some users if it offered virtual specialist consultations, otherwise available physically only at district hospitals and community health centers (CHCs). According to an ASHA, Tej Kour, “People who suffer from hypertension or diabetes require periodic specialist consultations. These patients will benefit immensely if our platform also provides specialist services.” Such services, however, were not available on the platform during our pilot testing in the state.

Further, fewer doctors are available for specialist consultations during COVID-19, as government doctors are appointed to provide COVID-19 care. Many private doctors avoid physical consultations due to the fear of infection.

Insight 4: Training need

Thorough training is essential for the use of eSanjeevaniOPD. ASHAs struggled to operate the application with an English interface, and they lacked the option to select a local language. An ASHA, Munni Devi noted, “Although I have recently purchased a smartphone, I find it difficult to operate the platform because the interface is in English.” To mitigate the challenges of application familiarity and language barriers, MSC reoriented the use of the app using step-by-step infographics, shown in the image, that instructed ASHAs on how to use the application.



Step 1
अपने मोबाइल में प्ले स्टोर में जाकर सबसे पहले esanjeevaniopd (ई-संजीवनी ओपीडी) मोबाइल एप्लिकेशन डाउनलोड करें

Step 2
ई-संजीवनी ओपीडी एप्लिकेशन को शुरू करें
अब आप Patient Registration/Generate Token के बटन क्लिक करें

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Insight 5: Challenges with registration

Registration on the app is time-intensive, partially due to issues with internet connectivity in rural areas. Poor connectivity also impacted the quality of the teleconsultations and resulted in dropped calls. This connectivity issue made the user experience frustrating and was one of the main reasons users avoided the platform altogether.

Insight 6: Human resource issues

India continues to grapple with a shortage of doctors providing services on eSanjeevaniOPD. A random visit to the eSanjeevaniOPD home page during peak hours at noon showed 201 active doctors. This number is insufficient to meet the demand for consultations. As a result, the waiting time is long, and the time allocated to each patient is limited. Due to this shortage, ASHAs struggled to register patients for teleconsultations during the pilot. Almost every time they attempted registration, the interface responded that the waiting queue was full and to “Please try again after 15 minutes.”

Insight 7: Challenge of mistrust

During teleconsultations on the platform, some doctors switched off their video, which may be due to fear of abuse or mistreatment, and requested that patients text or chat with them using audio. This experience hinders the rapport building between a doctor and patient and engenders mistrust. Moreover, many patients could not text the doctors due to literacy issues and could not complete their consultations. According to ASHA, Shanti Rani, “I was facilitating a teleconsultation in my village. The doctor had his video turned off during the call and requested that we text him about the health issue. I could not continue as I was not able to do this.”

Recommendations

Based on the insights from the pilot, we have highlighted key recommendations to strengthen the eSanjeevaniOPD platform and increase its use and efficacy. We provided separate recommendations for local-level health departments of the Indian states, the Centre for Development of Advanced Computing (C-DAC) Mohali, and the Ministry of Health and Family Welfare, Government of India (MoHFW).

Timelines	Local Health Department	C-DAC Mohali	MoHFW
<p>Immediate action</p> 	<p>Engage more doctors because the current number of doctors at peak time is insufficient to serve the estimated demand for consultations.</p>	<p>Provide an option to use the interface in the local language for ease of navigation and user-friendliness</p>	<ul style="list-style-type: none"> • Prescribe a minimum time range for optimum teleconsultations on eSanjeevaniOPD. Ensuring quality of service is of paramount importance, thereby enhancing patient satisfaction. • Conduct regular patient satisfaction surveys similar to regular health services through the <u>Mera Aspataal app or web portal</u> to draw feedback. The Ministry can take corrective and preventive actions based on the feedback.
<p>Short to medium term</p> 	<p>Engage specialist doctors to identify and address cases of non-communicable diseases, such as hypertension, diabetes, and chronic ailments, such as kidney malfunctions, neurological disorders, etc.</p>	<p>Introduce an option for patients to record their symptoms or ailments before registering for their first consultation. The patient can type it in their chosen language or record an audio message using natural language processing (NLP), similar to the insurance industry and clinical trials. The platform can then initiate an algorithmic match between a doctor and patient to optimize the matching process</p>	<ul style="list-style-type: none"> • Integrate the verification of patient identity and needs into the onboarding process. • Establish the target number of monthly consultations for the doctors engaged on eSanjeevaniOPD to maximize use and outreach. The platform risks underusing doctors' services if the target is not reached. • Prepare customized training modules for healthcare providers and patients. Facilitate regular training sessions, particularly for ASHAs, to provide handholding support and capacity building.
<p>Long term</p> 	<p>Create a dedicated cadre of healthcare personnel for teleconsultation services.</p>	<p>Integrate e-health profile modules that include real-time health records, which capture patients' medical history, diagnoses, medications, treatment plans, immunization records, test results, etc., for informed and improved decision making</p>	<p>Integrate eSanjeevaniOPD with the national digital health mission to allot a unique ID to each individual to maintain and access their health records for a lifetime.</p>

Conclusion

These recommendations can help mitigate availability, access, and abuse issues to some extent. However, immediate recommendations are required to make the platform fully functional and alleviate the challenges posed by the third COVID-19 wave. The short to medium-term recommendations will fine-tune the platform and improve its reach by incorporating specialist services. The long-term recommendations will help build a resilient health system to absorb future shocks or pandemics.

(All names mentioned in this article have been changed to preserve the privacy of the respondents.)