Acta Scientific Neurology (ISSN: 2582-1121)

Volume 4 Issue 11 November 2021

Perspective

Telemedicine for an Accessible Healthcare System in Rural India

Sneha Chakraverty*

Assistant Professor, Division of Physiotherapy, Galgotias University, Uttar Pradesh, India

***Corresponding Author:** Sneha Chakraverty, Assistant Professor, Division of Physiotherapy, Galgotias University, Uttar Pradesh, India.

Received: October 01, 2021

Published: October 25, 2021

COVID-19 has completely changed our perspective and lifestyle. It led a digitalized revolution in industries and also impacted the healthcare industry. Telemedicine can be seen as a digitalized form of healthcare delivery. However, telemedicine is not a new term in the health industry but it gained momentum during COVID-19 and is growing till now. Since health is the top-most priority for all the individual and due to shortage of medical facilities and staffs, telerehabilitation has been emerged as a bridge to fill the gap between healthcare needs and its' delivery. The first recorded use of telemedicine was in 1957 for a tele-mental health project in Nebraska (Cooper'01). In 1998, National Institute on Disability Rehabilitation and Research (NIDRR) funded the US's first Radio Education and Research Centre (RERC) on Telerehabilitation (TR) to initiate research on TR as a complement to telemedicine [1].

The three terms Telemedicine, Telehealth, and Telerehabilitation are interrelated. According to Jack Winter (2002), Telemedicine is the delivery of clinical services via electronic medium and tele-healthcare is the management of disability and health while telerehabilitation is the delivery of rehabilitation services through electronic medium to a larger population who have difficulty in the face-to-face medical services [2].

Telemedicine can be a boon in rural and remote areas where services are not easily assessable. As per the national rural health mission report, 700 million people live in rural India. Out of these 66% of rural Indians do not have the access to critical medicines and 31% of the population travels more than 30 km to seek healthcare in rural India [3]. This shows the urgent need for alternatives for the delivery of healthcare services in rural India. According to the 2006 World Health Report, India had 0.60 doctors, 0.80 nurses, 0.47 midwives, 0.06 dentists, and 0.56 pharmacists, respectively, per 1000 population [4]. This shows the scarcity of healthcare workers in India. The scarcity of healthcare workers had been well reflected during the COVID-19 pandemic in India. Rural India not only has to deal with the scarcity of healthcare workforce but they also have to travel miles to get good healthcare facilities and many patients lose their lives in the middle of the journey of getting the right medical care services. Telemedicine and Telerehabilitation can make this journey shorter by providing the right information to patients during an emergency with the help of information and communication technology (ICT) [5]. India is sharing 2nd largest market share in telecommunication marketing Worldwide [6]. According to market research firm TechARC, India had 502.2 million smartphone users as of December 2019 [7], this means we can bridge the gap between healthcare workforce shortage and delivery of healthcare services by using the telecommunication revolution in India. However, the Indian government had sensed the need of the hour and had started many projects and research for bringing telemedicine into force. PAN African e-project and SAARC eNetwork Tele-Medicine Project are the two ongoing projects for telemedicine in India. Bihar State is the only State where Telemedicine is being utilized for AYUSH Services [8]. Apart from this many states and UTs are also included in telemedicine projects to ensure healthcare deliveries in India [8].

Apart from the above policies and projects, there is a need for awareness of people about telemedicine and its' advantage in rural India. One of the major problems in rural India is negligence. Therefore, along with the projects and policies government has to run an awareness program about telemedicine in parallel to ensure maximum benefits for the people. And, other than telemedicine incorporation of the latest technology like blockchain can also ensure the delivery of medical supplies to the people in need.

Bibliography

1. Grigsby RK. "Telemedicine: Theory and Practice7". *Telemedicine Journal* 3.2 (1997): 185-187.
2. Winters JM. "Telerehabilitation research: Emerging opportunities". *Annual Review of Biomedical Engineering* 4 (2002): 287-320.
3. Vaani G. "Rural Healthcare: Towards a Health Rural India" (2013): 4.
4. Hazarika I. "Health workforce in India: assessment of availability, production and distribution". *WHO South-East Asia Journal of Public Health* 2.2 (2013): 106.
5. Agarwal N., *et al*. "Telemedicine in India: A tool for transforming health care in the era of COVID-19 pandemic". *Journal of Education and Health Promotion* 9 (2019): 190.
6. Statistica. Wireless Subscriber Market Share in India as of December 2020, by Service Provider.
7. TechArc.
8. Division T. "¾ Evolution of Telemedicine in India: Summary". (2006).

Volume 4 Issue 11 November 2021