World Health Organization
South-East Asia Region

Intelehealth

Telemedicine In Action: Transforming healthcare in LMICs

About the Webinar Series

Intelehealth is proud to collaborate with the WHO SEARO office to drive the future of telemedicine and transform healthcare equity in low- and middle-income countries. Together, we are launching a groundbreaking webinar series that will empower governments with the knowledge and tools needed to build sustainable, standards-compliant telemedicine programs.

Total Webinars: 13, will take place online on **Zoom**

Goal: By the end of the series, health system leaders will learn to integrate telemedicine into public health systems. We will also develop videos and literature to be published after each webinar or at the series' conclusion.

Target Audience:
Healthcare policymakers, healthcare professionals, public health leaders, digital health enthusiasts, and decision-makers in the South East Asia region and Globally.

- Ministry personnel
- Private sector organizations - NGOs & Hospitals
- Healthcare professionals - nurses, midwives, community health workers, doctors, pharmacists
- Donors & aid agencies

Webinar Agenda

S.No	Time	Details	Speaker/Moderator
1	02.00 PM- 02.05 PM	Introductory Remarks	Dr. Neha Verma
2	02.05 PM- 02.15 PM	Creating a Telemedicine-Ready Healthcare Workforce: Training for Healthcare Providers	Ms Aizhamal Matomorova
3	02.15 PM- 02.25 PM	Creating a Telemedicine-Ready Healthcare Workforce: Training for Healthcare Providers	Dr Kamlesh Kumar
4	02.25 PM- 02.35 PM	Creating a Telemedicine-Ready Healthcare Workforce: Training for Healthcare Providers	Ms Surabhi Goel
5	02.35 PM- 02.50 PM	Wrap Up	Dr. Neha Verma
6	02.50 PM - 03.20 PM	Q&A	Dr. Neha Verma
7	03.20 PM – 03.30PM	Closing Remarks	Dr. Neha Verma

Webinar Faculty

Ms. Aizhamal Matomorova is the Head of the Medical Evidence and Medical Technologies Department at the Center for Health Development and Medical Technologies under the Ministry of Health of the Kyrgyz Republic. She leads efforts in evaluating medical technologies and promoting evidence-based healthcare policy in Kyrgyzstan.in Computer Science and Public Health.

Ms. Aizhamal Matomorova

Dr. Kamlesh Kumar is the Deputy Director-Health of Jharkhand and serves as the State Tuberculosis Officer and Nodal Officer for key national health programs including eSanjeevani (telemedicine), CP-CPHC, and Child Health. With over 28 years in public health, he holds an MBBS and MD in Medicine and has played a vital role in improving healthcare systems across the state. He led the successful implementation of eSanjeevani in Jharkhand, expanding digital healthcare access to remote areas. His leadership in public health governance has significantly advanced equitable and efficient healthcare delivery.

Dr. Kamlesh Kumar

Ms. Surabhi Goel is the Chief Operating Officer for Digital Health at the Koita Foundation, a not-for-profit organization dedicated to advancing digital health adoption and supporting NGO transformation in India. With over 20 years of experience, she has held leadership roles in finance, project management, operations, budgeting, branding, and marketing. Her career includes positions at multinational organizations such as Arthur Andersen and ICICI Bank.

Ms. Surabhi Goel

Creating a Telemedicine-Ready Healthcare Workforce: Training for Healthcare Providers

Objectives and Outcomes

Objectives:

This webinar will explore best practices, challenges, and solutions in training healthcare providers for telemedicine across different healthcare settings.

Expected Outcomes:

By the end of the webinar, participants will:

- Understand the critical skills and competencies needed for healthcare providers to deliver effective telemedicine services.
- Learn from real-world examples of telemedicine training programs and identify best practices for their own regions.
- Gain insights into the role of policymakers in supporting workforce development and training in telemedicine.
- Be equipped with strategies to develop, implement, and scale telemedicine training initiatives that can lead to more impactful telemedicine programs in their health systems.

This webinar will provide actionable insights into building a telemedicine-ready workforce, ensuring that healthcare professionals are equipped to meet the demands of digital health transformation.

Speaker I

TeleMedKG

Accessible and quality healthcare for children
with developmental delays through prevention,
early identification and early diagnosis

Dr. Aizhamal Matomorova
Center for Health Development and Medical Technologies
Ministry of Health of the Kyrgyz Republic

Kyrgyz Republic overview

Kyrgyz Republic is a mountainous landlocked country in the Central Asia, with 7.2 mln population. The majority of its territory is mountain terrain, quite often with hard-to-reach settlements that sometimes lack medical facilities for basic health services.

It is a lower middle-income country with a small economy dominated by the extraction of minerals, agriculture, and reliance on remittances from citizens working abroad, making it vulnerable to external shocks.

The country has three administrative levels: state (national), *oblasts* (regions) and *rayons* (districts).

The country faces a high burden of both communicable and noncommunicable diseases, as well as high rates of injuries and external causes of death.

According to the Ministry of Health of the Kyrgyz Republic, despite the fact that the staffing level of medical specialists in the country is 87%, most of them work in large cities, while in the regions the staffing level is twice less than in Bishkek and Osh cities (2 biggest cities). Because of this, in some areas of the country, women with newborns or children need to travel up to 100 kms to the nearest health facility with qualified medical care for certain diseases.

The Problem

- The majority of its territory is mountain terrain, quite often with hard-to-reach settlements that sometimes lack medical facilities for basic health services, which limits access to specialized healthcare services, especially in rural areas.
- According to the Ministry of Health of the Kyrgyz Republic, despite the fact that the staffing level of medical specialists in the country is 87%, most of them work in large cities, while in the regions the staffing level is three time less than in Bishkek and Osh cities (2 biggest cities).
- There is a looming staffing crisis in primary care, as there is no formal training pathway for family doctors and 79% of current family doctors are around pension age. A further challenge is that health workforce planning is underdeveloped.
- 32,013 children registered with disabilities (1.3% of child population); many undiagnosed or untreated due to geographic barriers.
- High maternal and neonatal mortality rates (highest in Europe/Central Asia region); rural areas disproportionately affected.
- High costs associated with traveling to urban centers for specialist care.
- Existing system struggles with early identification and consistent care for chronic disabilities
- Stigma and lack of awareness about disabilities in communities.

Because of this, in some areas of the country, women with newborns or children need to travel up to 100 km to the nearest health facility with qualified medical care for certain diseases or not covered with medical care.

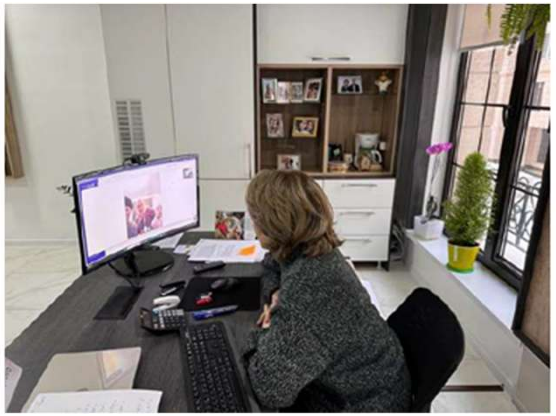
Solution

Ministry of Health of the Kyrgyz Republic, in close collaboration with UNICEF and Intelehealth, has successfully deployed the TeleMedKG project with a mission to provide high-quality long-term, well-coordinated care, delivered in a manner, that is accessible and acceptable to children with developmental delays (CWD) and other health conditions. The approach is focused on:

- Improving primary prevention
- Early identification
- Early intervention

Health Care providers at the primary level tele-consult with specialists at secondary at tertiary level to provide care to CWD for the following conditions:

- Neonatal jaundice
- Management of healthy babies
- Diabetes mellitus among children
- Management of cerebral palsy among children
- Management of underweight babies
- Epilepsy
- Childhood autism
- Screening for HIV



Solution

PHASE 1
Assessment
2019-20

Landscape assessment of TM projects in country

PHASE 2
Policy
2020-2022

Worked with Intelehealth and other partners to develop a country telemedicine policy

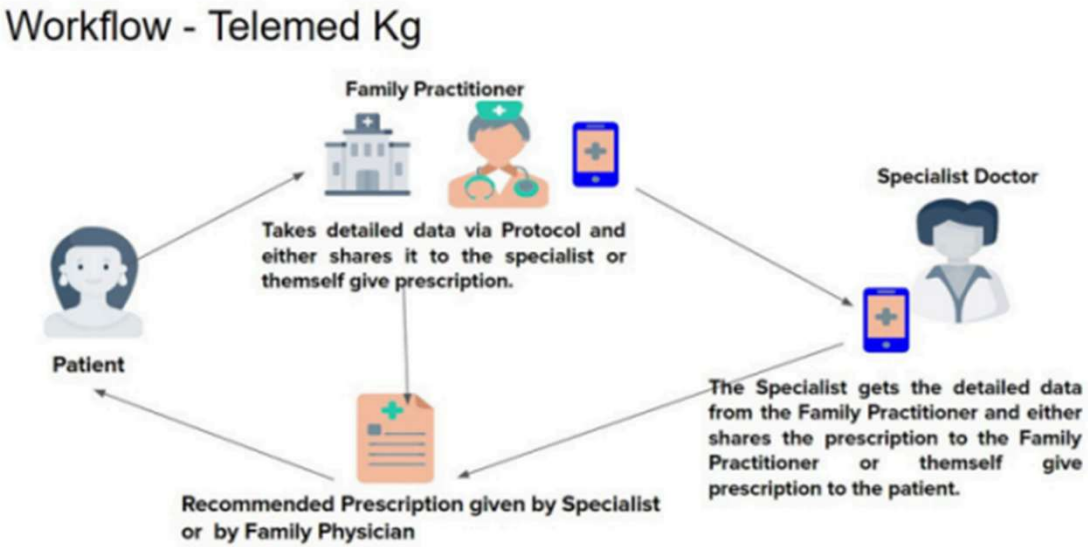
PHASE 3
Pilot
2022-2023

MoH piloted TeleMedKG platform in 3 provinces for child health care with UNICEF (7% of all FMCs)

PHASE 4
Expansion
2024-2025

Geographical expansion to new provinces & facilities (20% of all FMCs).
Expansion to other health areas with UNFPA & UNICEF

How it works and Key Achievements



156 family doctors trained

28 users currently active in the system

27 specialist doctors trained

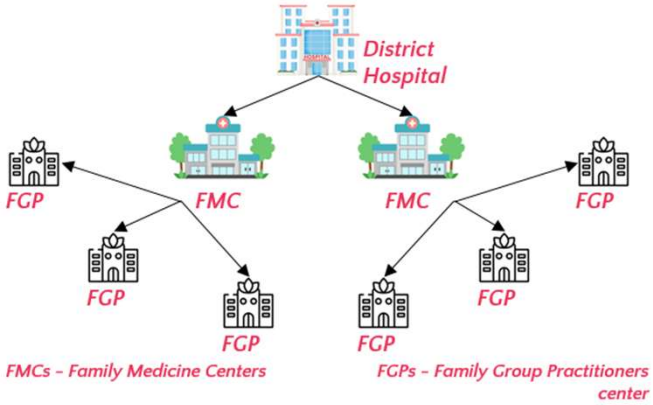
1025 children registered and **904** received consultations with medical prescriptions

25 master trainers trained

Deployment and Trainings

Programme design and policy

- Establishment of Working Group under the Ministry of Health (policy, programme design, development of clinical protocols, M&E)
- Programme design workshop with key partners and stakeholders
- Readiness assessment



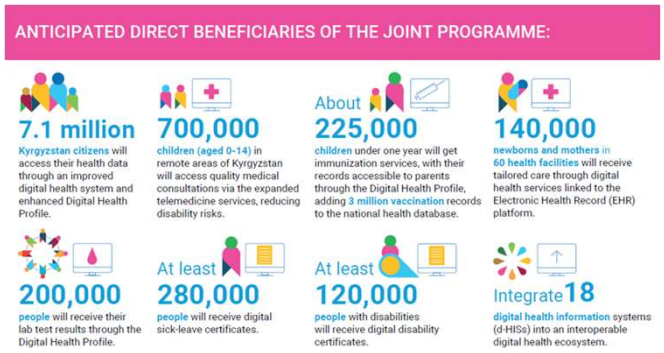
Trainings

- Creation of hubs and spokes (selection of pilot sites)
- Training manuals (Web portal and mobile app)
- Training of Master trainers (ToT)
- Training of health specialists and family doctors
- Training of Health workers in Communication
- Refresh trainings, mentorship
- Revision of clinical protocols and standards

Training on new features of TeleMedKG web application for the health specialists of Osh Interregional Children

Expansion to other geographies

- MoH, UNICEF and Intelehealth in partnership with UNSGD expands TeleMedKG network to 6 new districts in 3 provinces (from 5 FMCs to 11)
- Expansion in Mental health on children and adolescents apart from CWD and other health conditions
- Expansion to MCH use cases, aimed on reduction of maternal mortality (pilot in 5 provincial and 1 republican level maternity hospitals



Speaker II

Government of Jharkhand, India

Department of Health, Medical Education & Family Welfare

Date : 5th June 2025

Dr. Kamlesh Kumar
Deputy Director – Health & State Nodal Officer – eSanjeevani
National Health Mission
Govt. of Jharkhand, India

Content

- ✓ Overview of eSanjeevani
- ✓ eSanjeevani in Jharkhand
- ✓ Key milestones
- ✓ Implementation flow
- ✓ Achievements
- ✓ Quality Enhancement and Training
- ✓ Introducing Extended Training Curriculum
- ✓ Training approach
- ✓ Overview of Training Modules
- ✓ Measuring effectiveness of Training
- ✓ Way Forward and Recommendations

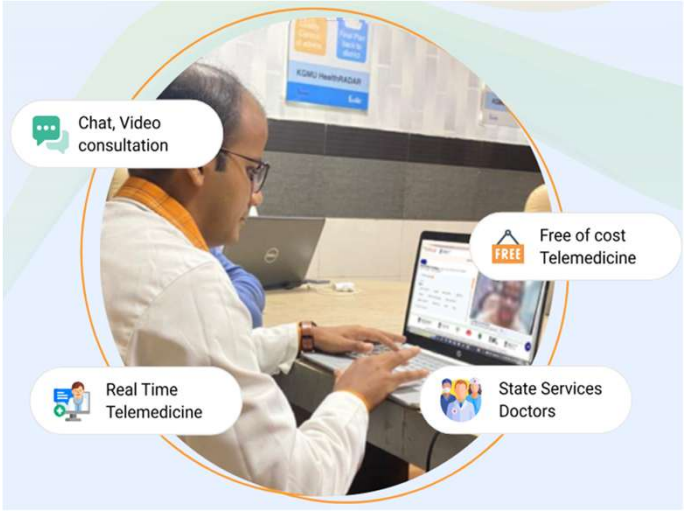
Overview of eSanjeevani National Telemedicine Services

Objective:

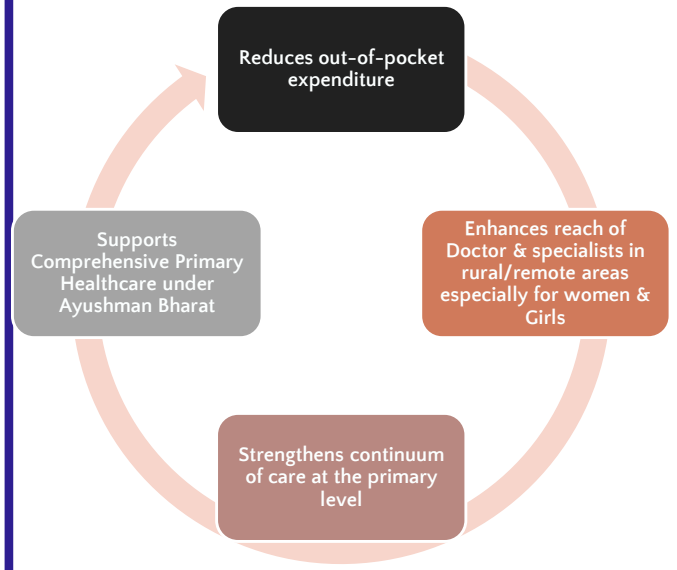
To provide equitable and accessible healthcare services through digital platforms and achieve universal Health Coverage.

Launched by: Ministry of Health and Family Welfare, Government of India

Implemented by: Centre for Development of Advanced Computing (C-DAC), Mohali

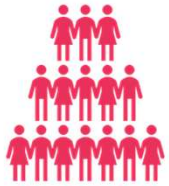


Primary



Key milestones

Jharkhand has recognized telemedicine as a vital tool to bridge the healthcare access gap, especially in its remote and tribal regions. Given the state's geographic and infrastructural challenges, strengthening telemedicine services like eSanjeevani is essential to ensure timely, equitable, and quality healthcare for all.



Catering **41.5 Million** Population of the state (projection based on 2011 census)

1000+ doctors linked in HUB/ Spoke cum Hub across the Jharkhand

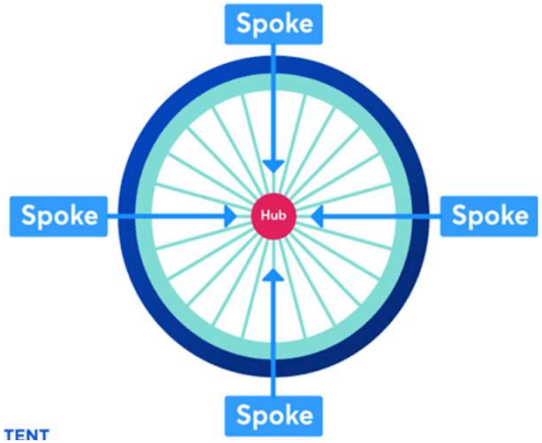
All **24 districts** covered
(Rolled out in 2020)

3200+ Community Health Officers (CHOs) linked as Spokes

(Development Partners: Intelehealth, TRIF, JHPIEGO)

Implementation Flow

Transformation of Health Facilities	• Health Sub-Centres (HSCs) and Primary Health Centres (PHCs) converted into Ayushman Arogya Mandirs (AAMs)
Facility Registration	• All AAMs registered on the eSanjeevani Portal as Spokes and Spoke-Cum-Hubs • Secondary and Tertiary Care Facility as a HuB
Human Resource Onboarding	• Medical Officers (MOs) and Community Health Officers (CHOs) registered on the portal
Hub Creation and Linkage	• Hubs created and linked with Medical Officers and Specialists for teleconsultation
Service Activation	• Initiated Provider-to-Provider (P2P) model/ Assisted Teleconsultation Services at AAMs



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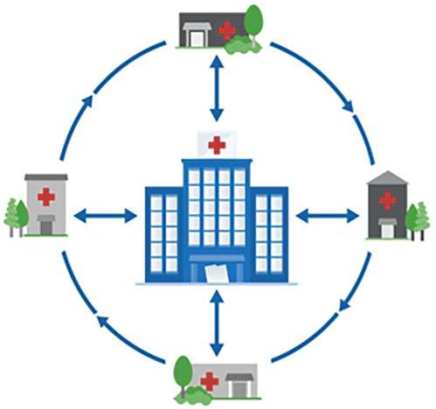


Achievements

1. Service Delivery Milestones

- 2.9 million teleconsultations
- More than 3,400 health facilities registered as *Spokes* across the state.

2. Human Resource Capacity Building

- Over 4,500 CHOs and 1,000 Practitioners trained.
- A statewide pool of Master Trainers established
- Formed Technical Advisory Group (TAG) at State and districts levels.

3. Quality of Care & Training Innovations

- Designed an Expanded Training Curriculum aligned with the 12 Comprehensive Primary Health Care (CPHC) services under Ayushman Arogya Mandirs (AAMs).

4. Systems Strengthening

- Developed an Integrated Operational Guideline covering:
  - Operations, standard practices
  - Quality of care frameworks
  - Integration of 12 CPHC services
  - Monitoring and supervision protocols for all relevant cadres

5. Reimagining Training Delivery

- A Tech-Enabled, Quality-Driven Approach for delivering trainings

Quality Enhancement and Training

Quality Enhancement is Essential

- **Inconsistent service delivery** across facilities due to varying levels of provider experience and digital literacy.
- **Limited awareness** among healthcare providers regarding standard telemedicine protocols and patient safety guidelines.
- **Need for integration** of 12 Comprehensive Primary Health Care (CPHC) services under Ayushman Arogya Mandirs (AAMs) into Telemedicine Services.

Training is Critical

- To build **technical proficiency** in using the eSanjeevani platform effectively.
- To ensure **clinical standardization**, privacy, and quality of care during Tele consultations.
- To strengthen **referral and follow-up mechanisms** through trained CHOs, and Medical Officers.
- To promote **accountability and data-driven monitoring** via digital tools and supervision frameworks.

Onsight handholding to CHO
by Intelehealth Clinical Team

Introducing Extended Training Curriculum

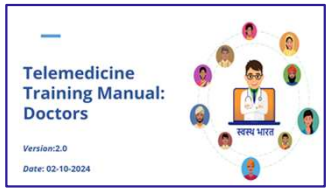
Telemedicine Operations	• Fundamentals for *Spoke*, *Hub & Spoke*, and *Hub* models
Telemedicine Practice Guidelines	• Clinical protocols for *Spoke*, *Hub & Spoke*, and *Hub* levels • Specific guidelines for follow-up care of Diabetes and Hypertension patients
Integrated 12 CPHC Service Delivery	• Case scenarios demonstrating the integration of 12 Comprehensive Primary Health Care (CPHC) services at HWCs via eSanjeevani
Quality & Safety	• Standards for Quality of Care and Patient Safety in teleconsultations
Evaluation Tools & self learning	• Annexure: Pre & Post Training Assessment Questionnaire • Additional Case Studies for applied learning

Training of Providers

Facilitation of Teleconsultation at Hub

Training approach

Customized Content for different cadres (CHOs, MOs, and Specialists) based on roles and responsibilities.



Modular Curriculum allowing phased or clubbed implementation depending on time availability.

Case-Based Learning using real-life scenarios for better clinical decision-making.

Hybrid Learning Platforms combining virtual and in-person modes for flexibility.

Pre/Post Assessments to monitor knowledge gain and effectiveness.

Digital Registration for smooth onboarding with minimal paperwork.

Overview of Training Modules

Training Customization based on user

- ✓ Providers/ CHOs: Spoke only
- ✓ Practitioner cum provider: Spoke cum Hub
- ✓ Practitioners/Specialists: Hubs only

Modules customized based on users

Part 1: Basics of Telemedicine Operations

Part 2: Use of eSanjeevani telemedicine platform – 2.0

Part 3: Basics of Telemedicine Practice Guidelines: Spoke & Hub

Part 4: Case Scenarios & Use Cases: 12 CPHC Services

Part 5: Telemedicine Practice Guidelines: Follow up care for Diabetes & Hypertension (NCDs)

Part 6: Quality in Telemedicine: Quality of Care & Patient Safety

Part 7: Assessment Questionnaire (Pre & Post)-CHOs / Doctors

Appendix: Additional Case Studies-CPHC Services & eSanjeevani HWC

Measuring Effectiveness of Training

- **Pre-Test and Post-Test**: These assessments will measure participants' knowledge before and after the training, allowing for an evaluation of learning outcomes.
- **Polls**: Conducted during the sessions to gauge participants' understanding of key concepts and make the training interactive.
- **Case-Based Discussions**: Practical case scenarios will be incorporated to engage participants in problem-solving, ensuring they can apply the concepts they have learned to real-world situations.
- **Feedback Forms**: Participants will complete a feedback form at the end of the session, providing insights into the training quality and identifying areas for ongoing improvement.

#	Providers Training		Pre-test		Post-test		% Change
	Questions (Pre&Post)	Type of Question	# persons given correct	% Correct Ans	# persons given	% Correct Ans	
1	01.What is the primary purpose of the eSanjeevani platform? (select any one)	Knowledge	1409	93%	1331	95%	2%
2	02.What are the benefits of telemedicine facility at HWC ? (select any one)	Knowledge	999	66%	1197	85%	20%
3	03.Which versions of the eSanjeevani platform are available for users? (select any one)	Knowledge	1058	70%	1191	85%	15%
4	04.What do mean by vitals of the patient? (select any one)	Knowledge	1333	88%	1339	96%	8%
5	05.Why is obtaining patient consent necessary before a teleconsultation? (select any one)	Knowledge	1164	77%	1154	82%	6%
6	06.Which of the following is incorrect for Community Awareness for eSanjeevani Program? (select any one)	Knowledge	912	60%	1091	78%	18%
7	07.In the context of eSanjeevani, what does "clear communication" mean during a teleconsultation? (select any one)	Attitude	1320	87%	1296	93%	6%
8	08.What does patient confidentiality mean? (select any one)	Knowledge	1289	85%	1282	92%	7%
9	09.What do you mean by 'Follow up of a patient'? (select any one)	Knowledge	1355	89%	1310	94%	4%
10	10.The "GATHER" techniques of Counselling stand for? (select any one)	Knowledge	1323	87%	1291	92%	5%
11	11.What would you do if you are not able to connect with intended doctor ? (select any one)	Practice	1144	75%	1219	87%	12%
12	12.What would you do to an old patient who is coming from a far of village in heat? (select one or more which are appropriate)	Practice	1469	97%	1371	98%	1%
13	13.What is the primary reason for keeping audio/video on during teleconsultation? (select any one)	Attitude	1319	87%	1228	88%	1%
14	14.Why should teleconsultation not be conducted in the absence of a patient? (select any one)	Attitude	1186	78%	1191	85%	7%
	Avg. correct answers / % correct answers		11.36	81%	12.48	89%	8%

Way Forward and Recommendations

- **Integration into CPHC Curriculum**
  Integrate the extended telemedicine training modules into the existing Comprehensive Primary Health Care (CPHC) curriculum to ensure alignment with national health service delivery goals.
- **Incorporate Telemedicine in CHO Induction and Routine Trainings**
  Embed telemedicine training into Community Health Officer (CHO) induction programs as well as periodic refresher training under the CPHC framework.
- **Regular Content Updates and Refresher Trainings**
  Ensure timely updates of training content to reflect platform enhancements and evolving health needs, accompanied by regular refresher trainings for CHOs and doctors.
- **Leverage Technology for Scalable and Cost-effective Training**
  Innovate training delivery models by leveraging digital platforms and blended learning approaches to ensure scalability, sustainability, and cost-efficiency.
- **Develop a Pool of Master Trainers**
  Establish and capacitate a pool of master trainers at both the State and District levels to facilitate regular cascade trainings and knowledge reinforcement.
- **On-site Handholding Support**
  Conduct regular on-site mentoring and handholding of CHOs and doctors by technical experts to reinforce learning and resolve field-level challenges.
- **Establish a Training Information Management System (TIMS)**
  Develop and implement a robust TIMS to support effective planning, monitoring, and evaluation of training activities, enabling data-driven decision-making and continuous improvement.

Thank You

Speaker III

Ms. Surabhi Goel
Chief Operating Officer for Digital Health at the Koita Foundation
Former CEO of Aditya Birla Education Trust Schools

Digital Health Foundation Course (DHFC) – An Overview

Objective:

- Equip healthcare professionals with foundational digital health skills, including telemedicine

Why?

- Rapid digital transformation in healthcare demands digitally fluent clinicians, public health professionals, allied health science professional
- Impediment for adoption of digital tools is lack of training & capacity building
- National curriculum does not include digital health as part of its course structure
- Training is often fragmented, few comprehensive programs
- Understanding of telemedicine without the importance of Digital Health sets forth an incomplete picture

Our Approach:

- Nationally aligned curriculum
- Scalable & modular
- Credit-bearing, NEP-compliant

Modules:

- 13 total (1-hour each) incl. Telemedicine, Interoperability, AI/ML, Dat Privacy. Open Access.
- Hands on Practice in the Digital Health Lab – simulates teleconsultation environment
- Digital Lab in line with NEP (eSushrut, Bahmni, TeleICU, Intelehealth) – open-source applications

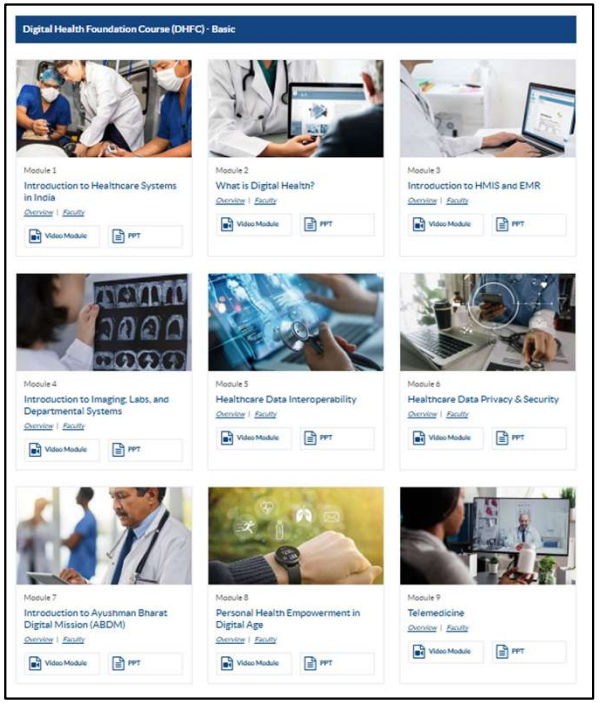
How We Built It – Collaborative Development

Partners:

- *Maharashtra University of Health Sciences (MUHS)* – Academic oversight
- *Koita Foundation* – Strategic, programmatic and funding support
- *16+ Subject Matter Experts* – Content and pedagogy
- *Learning Partner (LP)* – Multimedia course development

Multi-tiered review process:

- Versioning, storyboard validation, SME-led recording, peer-reviewed content
- Academic credit approved via MUHS governance (Board of Studies, Management Council)



DHFC is already being adopted by leading organisations

MUHS · NABH · national health authority · Research Society for the Study of Diabetes in India · National Cancer Grid Collaboration for Cancer Care · कर्मयोगी भारत लोकहितं मम करणीयम्

DHFC Adoption at Maharashra University of Health Sciences (MUHS)

With the adoption of DHFC at MUHS, Maharashtra became the first state to integrate Digital Health into their medical curriculum. There are 2,600 students partaking the course currently.

MUHS Approach to DHFC Adoption

1. **Committee for curriculum review and approval:** MUHS created a committee who received and approved the DHFC curriculum. The committee consisted of MUHS faculties and other Subject Matter Experts (SMEs)
2. **Course rollout:** MUHS announce DHFC as part of their Degree Plus program where students get to complete additional courses for extra credits, in line with NEP 2020.
3. **LMS:** MUHS built their own learning management system to host Degree Plus courses, including DHFC. Link: https://eprabodhini.lms.muhs.ac.in/
4. **Course enrollment structure:** The course is made available for MBBS students to complete right before they go for internship.
5. **Credit structure:** Students are eligible for Two Credit Points upon DHFC completion
6. **Next steps:** Due to the great response to DHFC, MUHS has introduced a 6-month certificate program in Digital Health in collaboration with renowned engineering universities.

DHFC – Subject Matter Experts (SMEs)

Dr. Praveen Gedam
Former Additional Chief Executive Officer, NHA

Prof. Dr. Anurag Agarwal
Dean, Biosciences and Health Research, Trivedi School of Biosciences, Ashoka University

Dr. Manju Sengar
Professor, Adult Hematolymphoid
Tata Memorial Hospital, Mumbai

Dr. Sanjay Sood
Project Director – eSanjeevani, C-DAC

Mr. Kiran Anandampillai
Advisor – Technology at National Health Authority

Prof. Dr. Kshitij Jadhav
Assistant Professor at Koita Centre for Digital Health (KCDH) – IIT Bombay

Mr. Chinmay Athaley
Director, DeepIntent

Dr. Palak Bhavesh Thakkar
Professor, Radiodiagnosis, Tata Memorial Hospital,

Implementation Playbook & Global Scaling

Piloted at MUHS before roll-out : 5 medical colleges, 50 students

Now Scaling:

- 450+ health science colleges in Maharashtra
- 50,000+ medical students

State Rollouts Initiated In:

- Delhi, Rajasthan, Karnataka, Bihar, Telangana, Andhra Pradesh, Tamil Nadu

Playbook for LMICs:

- University Outreach + MoU
- Course Review & Customization
- LMS Setup or Simple Web Hosting
- Launch within 12–14 months

Global Applicability:
Modular content can be **localized and translated**

Academic Endorsement & Credit Recognition

- Approved as a **"Degree Plus" credit-bearing course** by MUHS under NEP 2020
- **2 academic credits** awarded upon completion
- **Not mandatory**, but **strongly recommended** for all Fully aligns with **CME/CPE goals** for workforce upskilling

DHL – Hands-on Training for Real Tools

Key Points:

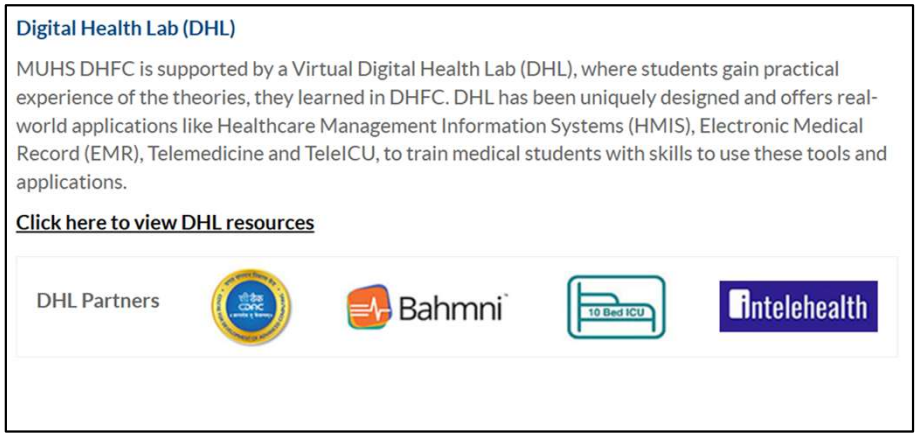
What is DHL? A virtual lab where students apply classroom learning

Hands-on Tools:

- **eSushrut, Bahmni:** Learn EMR & HMIS
- **10BedICU:** Experience TeleICU
- **Intelehealth:** Practice Telemedicine workflows

Why it Matters:

- Bridges theory and practice
- Builds real-world digital readiness
- Fully remote, easily scalable
- tech-light and adaptable even in low-resource settings.



End-to-End Timeline : 12-14 Months

Phase	Duration	Highlights
Conceptualization	4 months	Multi-stakeholder design: MUHS, KF, SMEs, LP
Content Development	3–4 months	2 versions + storyboard + academic review
Video Production & Lab Setup	2–3 months	SME recordings + DHL integration
Pilot Testing	1 month	5 colleges, 50 students
Full Launch Prep	1–2 months	MUHS platform upload & final QA
State/National Rollout	Ongoing	40,000+ students to be reached in Phase 1

Suggested TOC for Telemedicine

S.No	Topics
1	Introduction to Telemedicine
2	Impact of Covid-19 in Telemedicine Adoption
3	Importance of Telemedicine in India
4	Introduction to e Sanjeevani - National Telemedicine Service (NTS)
5	Features, Components and Case study of eSanjeevani
6	Telemedicine - Benefits, Challenges and Key Risks
7	Introduction to Remote Patient Monitoring (RPM)
8	RPM Benefits, Case study and Use Cases
9	Introduction to Telemedicine Practice Guidelines 2020
10	DONTs of Telemedicine
11	Benefits of Telemedicine

To Access
Digital Health Foundation Course

Digital Health Foundation Course (DHFC) Uptake

National Accreditation Board for Hospitals & Healthcare Providers (NABH)

- NBAH adopted 7 DHFC modules (4 existing module + 3 new modules)
- NABH to rollout DHFC through eQuest (LMS of QCI)
- Impact opportunity: 20,000+ doctors / professionals

Maharashtra University of Health Sciences (MUHS)

- MUHS is adopting 13 modules of DHFC.
- MUHS to rollout DHFC through LMS.
- Impact opportunity: 40,000+ students

National Cancer Grid (NCG)

- NCG has adopted 8 modules of DHFC (6 existing modules + 2 new modules)
- NCG to rollout DHFC through NCG education portal
- Impact opportunity: 5000+ clinicians

Research Society for the Study of Diabetes in India (RSSDI)

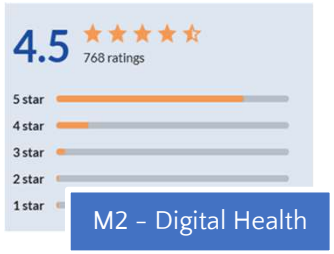
- RSSDI is adopting 9 modules of DHFC (6 existing modules + 3 new modules)
- RSSDI to rollout DHFC through RSSDI LMS
- Impact opportunity: 10,000+ clinicians

Guru Gobind Singh Indraprastha University

- GGSIPU is adopting 13 modules of DHFC.
- GGSIPU to rollout DHFC to MBBS students.

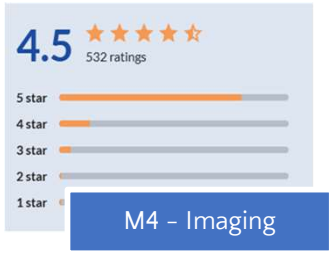
iGOT DHFC Course – Enrollments

M1 – Healthcare Systems

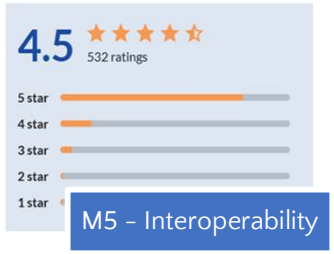


M2 – Digital Health

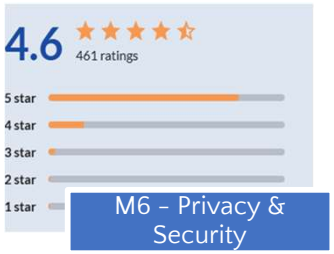
M3 – HMIS & EMR



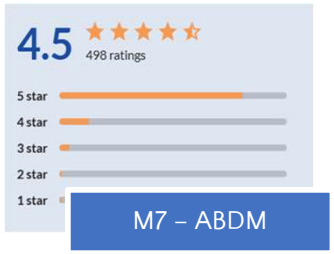
M4 – Imaging



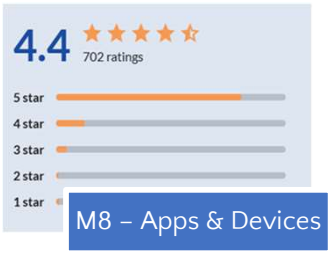
M5 – Interoperability



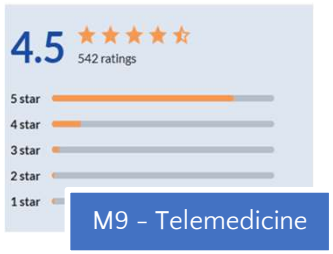
M6 – Privacy & Security



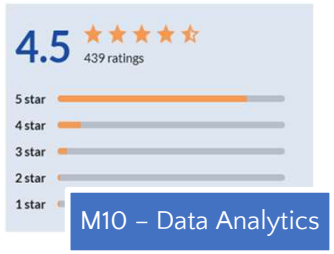
M7 – ABDM



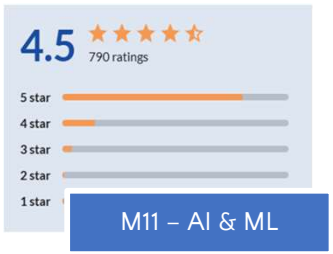
M8 – Apps & Devices



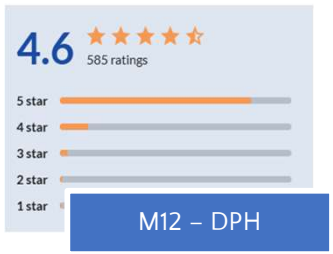
M9 – Telemedicine



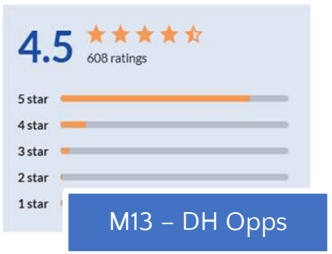
M10 – Data Analytics



M11 – AI & ML



M12 – DPH



M13 – DH Opps

IMP Note

DHFC iGOT Total Enrollments – 1,69,741

DHFC Telemedicine Course Enrollments – 12,949

Thank you

Learn more: www.koitafoundation.org
Contact Us: surabhi@koitafoundation.org

Equipping the health workforce to provide effective, quality care via telemedicine

Dr. Neha Verma (PhD, Health Informatics) | Chief Executive Officer
www.intelehealth.org | neha@intelehealth.org

Why do we need a telemedicine-ready health workforce?

- ✓ Telemedicine has seen growing use since the pandemic globally, some reports show a growth from 11% to 76% of patients utilizing telehealth services in the last 12 months.
- ✓ A growing number of health organizations, including private & public sector, offer “brick-and-click” models combining in-person & virtual care with 50% of health facilities offering telemedicine & 90% intending to offer it.
- ✓ The healthcare workforce needs training to drive telemedicine utilization and effectively integrate it into the patient care pathway.

eSanjeevani: India's National Telemedicine Service

- ✓ **eSanjeevani OPD:** Client-to-provider video consultations via a mobile app
- ✓ **eSanjeevani AB-HWC:** Provider-to-provider teleconsulations between frontline health providers at primary health care facilities (spokes) and secondary & tertiary care facilities (hubs)
- ✓ Adopted by 28 states, 7 union territories
- ✓ 230 million + teleconsultations
- ✓ 119,000 + Spokes
- ✓ 15,000 + Hubs
- ✓ 213,000 + Healthcare providers
- ✓ Intelehealth supports workforce training in eSanjeevani & telemedicine for - 9000 spoke providers, 3000 hub providers, enabling 4 million teleconsultations in **Jharkhand & Odisha**

Telemedicine training in **Pre-service education**

- ✓ Digital Health Foundation Course (DHFC)
  - An initiative of the Maharashtra University of Health Sciences with support of the Koita Foundation
  - A 2 credit course offered at 450 health science colleges reaching 50,000+ medical students via an eLearning system
- ✓ Digital Health Lab (DHL)
  - Hands on practice on software tools including HMIS, EMR, and Telemedicine
  - Interact with opensource digital public goods & Global Goods

DHL | Bahmni
Application

DHL | e-Sushrut
Application

DHL | 10BedICU
Application

DHL | Intelehealth
Application

https://www.koitafoundation.org/DHFC/Resources

What **training** do providers need?

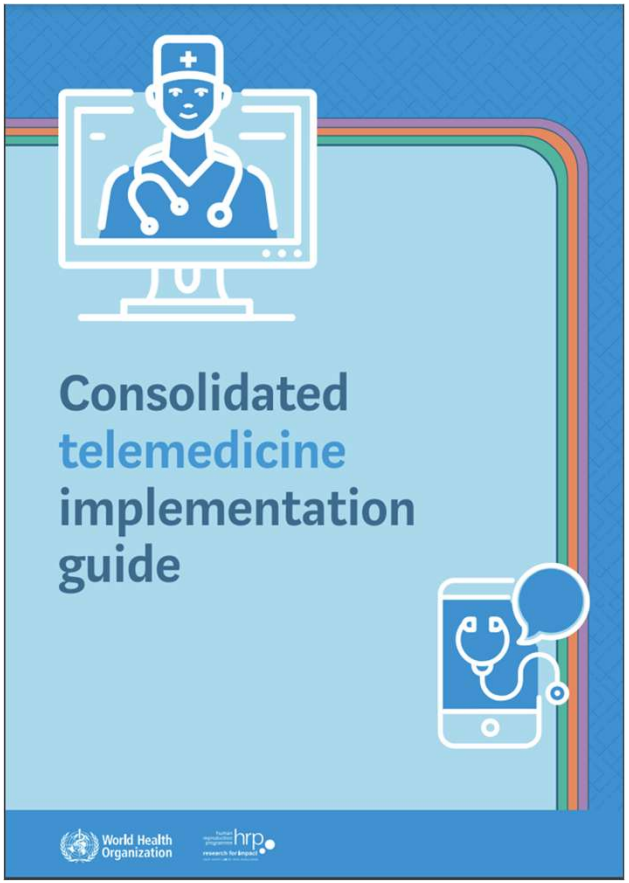
Curriculum

- ✓ Module 1: What is telemedicine?
- ✓ Module 2: Care practice guidelines
- ✓ Module 3: Familiarity with telemedicine technology
- ✓ Module 4: Clinical use cases & rational telemedicine use
- ✓ Module 5: Quality standards

Delivery

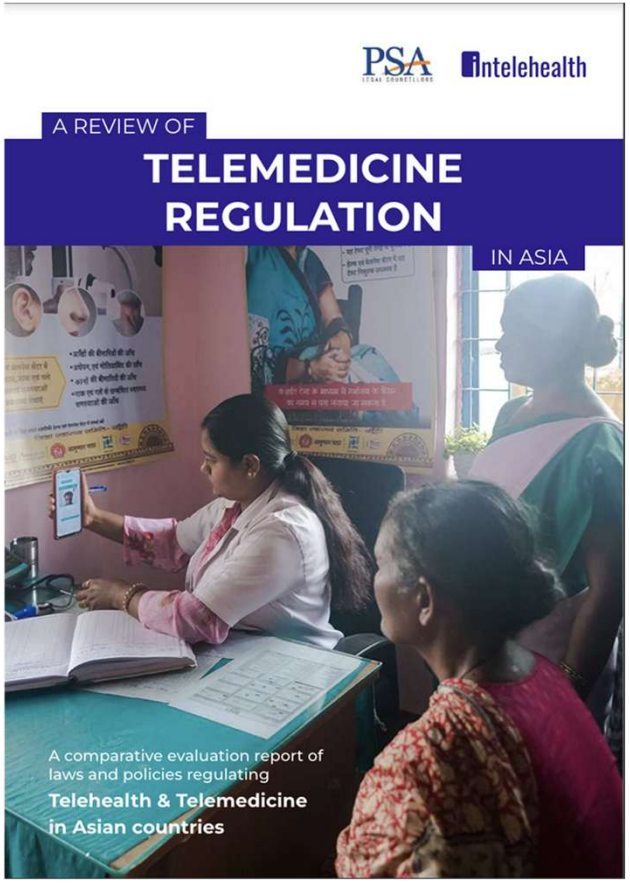
- ✓ *Pre-service & post-service*
- ✓ *High frequency, low dose*
- ✓ *Virtual training, in-person supportive supervision*
- ✓ *Across all levels of the workforce, including community champions*
- ✓ *Peer-learning, rewards & recognition for early adopters*

Module 1: What is **telemedicine?**



- ✓ Definitions and scope: Telemedicine, Telehealth, Telementoring, Remote Patient Monitoring, TeleICU, etc.
- ✓ Why telemedicine?
  - ○ Improved access
  - ○ Improved equity
  - ○ Improved outcomes
- ✓ Modalities: Client-to-provider vs Provider-to-Provider
- ✓ Health areas of focus

Module 2: Telemedicine Regulation



Although telemedicine guidelines and regulations are still emerging, they should generally contain information on the following:

+ Authority responsible for regulating telemedicine in the country.
+ When telemedicine is considered to be an appropriate standard of care.
+ Which entities would be involved in the telemedicine services and the types of health workers that can provide telemedicine-based treatment (e.g. doctors, nurses, midwives, community health workers, paramedics, therapists, counsellors, practitioners of alternative medicine).
+ Responsibility and accountability for patient outcomes.
+ Patient consent that includes an explanation of the risks, benefits and limitations of telemedicine.
+ Data privacy and security standards.
+ Technology standards for hardware, software and interoperability.
+ Training requirements and certifications.
+ Quality assurance and quality control measures.
+ Reimbursement of health services delivered via telemedicine.

Source: A Review of Telemedicine Regulation in Asia & WHO Telemedicine Implementation Guide

Module 3: Familiarity with **telemedicine technology**

- ✓ Digital literacy & comfort with software tools
- ✓ "**Webside manner**" & communication
- ✓ Workflows and norms
  - Use of unique identifiers (eg: ABHA ID)
  - Use of data dictionaries
  - ePrescriptions
- ✓ Using a **digital assistant** for gathering essential medical information for nurses
- ✓ Use of **AI-tools** in the context of telemedicine for physicians

Module 4: Clinical protocols & **rational telemedicine use**

S.No	Health Domain	Subcategories
1	Care in Pregnancy & during Childbirth	ANC, Delivery Care, PNC
2	Newborn & Infant Health	Newborn Care, HBNC, IMNCI, Immunization
3	Childhood & Adolescent Health	Under-5 Child, SAM, Immunization, AFHS, MHS
4	Family Planning & Contraception	Reproductive Health
5	Communicable Diseases & General Outpatient Care	Infections, Acute Simple Illness, Minor Ailments
6	Communicable Diseases under National Health Programs	Tuberculosis, Leprosy, HIV/AIDS, Hepatitis, Malaria, Kala azar, Filariasis, VBD, NACO, RNTCP etc.
7	Non-Communicable Disease Screening & Management	Screenings, HTN, DM, Common Cancers
8	Care for Eye & ENT Problems	Eye & ENT Problems
9	Basic Oral Healthcare	Oral & Teeth Problems
10	Elderly & Palliative Healthcare	Geriatric & Palliative Cancer Care
11	Emergency Medical Services	Trauma, Burns, Snake bite, Poisoning, Anaphylaxis
12	Screening & Basic Management of Mental Health Problems	Common Mental Disorders, Substance Abuse

Module 4: Clinical use cases & **rational telemedicine use**

Primary Care

- Initial consultations, follow-ups, routine care.
- Medical advice, prescription refills, and counseling.

Mental Health

- Convenient, accessible and secure mental health services.
- Counseling, therapy, and psychiatric evaluations.

Radiology

- Remote interpretation of radiological images.
- X-rays, CT scans, MRIs analyzed for diagnosis.

Rehabilitation and Physical Therapy

- Remote guidance and monitoring by physical therapists.
- Exercise plans, movement assessment, and adjustments.

Dermatology

- Remote diagnosis of skin conditions.
- Image sharing for evaluation and treatment.

Cardiology

- Follow up monitoring of chronic heart conditions.
- Wearable devices transmit vital data for timely intervention.

Pediatrics

- Effective for consultations, minor illnesses, and follow-up.
- Guidance on childhood ailments and development.

Chronic Disease Management

- Ongoing monitoring for diabetes, hypertension, asthma.
- Medication adjustments, lifestyle counseling.

Source: Digital Health Foundation Course

Module 5: **Quality Standards**

47 Clinical Quality Indicators (CQIs) across 7 domains. Max score - 100

1. Adherence to standardized clinical processes
2. Patient-centered care coordination
3. Safe clinical practices
4. Patient satisfaction
5. Completeness in clinical data collection
6. Quality of consultation
7. Program quality

Questions?

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WHO SEARO + Intelehealth webinar series

www.intelehealth.org/webinars

Objectives:
Learn how telemedicine can address challenges and enhance health systems

Expected Outcomes:
By the end of the session, participants will:

- Gain a foundational understanding of telemedicine and its key component
- Learn from successful case studies of national and sub-national public sec implementations.
- Understand key policy and regulatory considerations for integrating telem health systems.
- Be equipped with practical insights to explore and implement telemedicin contexts.

Webinar Topics and Dates

Sno	Date	Topic
1	06 March 2025	What is Telemedicine and How Are Health Systems Using It Globally? A Primer for Health System Leaders
2	10 April, 2025	Brick-and-mortar to Brick-and-click - Designing & Implementing Quality, Effective, and Impactful Telemedicine Programs
3	08 May, 2025	Evaluating telemedicine interventions: Evidence so far, and Methodologies
4	5 June, 2025	Creating a Telemedicine-Ready Healthcare Workforce: Training for Healthcare Providers
5	10 July, 2025	Telemedicine Policy: How Telemedicine is Regulated in Asia
6	7 August, 2025	Choosing a Telemedicine Software: The case for standards-compliant, interoperable & open-source Digital Public Goods (DPGs)
7	11 September, 2025	Ensuring Quality of Care & Patient safety in Telemedicine
8	9 October, 2025	Telemedicine Adoption by Communities – How Might We Drive Uptake of Telemedicine (TM) by Citizens?
9	6 November, 2025	Artificial Intelligence and Machine Learning in Telemedicine
10	4 December, 2025	Financing Telemedicine and ROI – The Business Case for Telemedicine
11	8 January, 2026	Telemedicine use cases to advance the SDGs - Part 1 Applications for Non-Communicable Diseases (Diabetes, Hypertension, Cardiovascular disease, Cancer and Mental Health)
12	5 February, 2026	Telemedicine uses to advance the SDGs - Part 2 Applications for Communicable Diseases (Tuberculosis, HIV)
13	12 March, 2026	Telemedicine use cases to advance the SDGs - Part 3 Applications for Primary Healthcare

Webinar Evaluation and Feedback

Thank You for Attending!

Access the recording and slides at: https://intelehealth.org/webinars/

Please take a few minutes to fill out our feedback form – your input is invaluable!

https://forms.gle/deJsGEFSRxUDPmiFA

Q&A Session

Thank You For Joining Us!

We Appreciate Your Time and Participation!

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neha@intelehealth.org, rishi@intelehealth.org