World Health Organization
South-East Asia Region

intelehealth

Telemedicine In Action: Transforming healthcare in LMICs

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	11 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

Telemedicine use cases to advance the SDGs - Part 1 : Applications for Non-Communicable Diseases

(Diabetes, Hypertension, Cardiovascular disease, Cancer and Mental Health)

Objectives and Outcomes

Objectives:

- Showcase successful use cases of telemedicine for NCD management.
- Discuss implementation models and their impact on healthcare access and outcomes.

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

- Gain insights into telemedicine solutions designed for NCD prevention, management, and follow-up.
- Understand how these interventions contribute to achieving SDG targets.
- Explore practical examples and challenges of scaling NCD telemedicine programs.

Dr. Susanta Kumar Swain

Dr. Susanta Kumar Swain is a Public Health Specialist with extensive experience in the design and implementation of Non-Communicable Disease (NCD) programs, particularly at the state and national levels. He currently works with the Department of Health & Family Welfare, Government of Odisha, where he supports the planning, rollout, and monitoring of large-scale NCD initiatives. He is also closely involved in overseeing the e-Sanjeevani telemedicine program in the state. His work focuses on strengthening health systems, integrating digital health solutions, and translating NCD policy into effective on-ground implementation.

Rhea Yadav

Rhea Yadav is a digital mental health leader with deep experience in advancing AI-led solutions for mental health care. She works with Wysa, an evidence-based digital therapeutic platform, where she focuses on strategy, partnerships, and impact to scale access to mental health support globally. Her work highlights how AI can complement traditional care by enabling early support, reducing stigma, and expanding access—positioning mental health as a core non-communicable disease (NCD) that requires scalable, technology-enabled solutions.

Geetu Bagri

Geetu Bagri is Assistant Vice President at the National Cancer Grid- Koita Centre for Digital Oncology, with over a decade of experience in public health. She has led evidence-based interventions, research, and collaborations, previously driving urban primary care initiatives at Reliance Foundation. She holds a Master's in Public Health Nutrition from Delhi University.

Speaker I

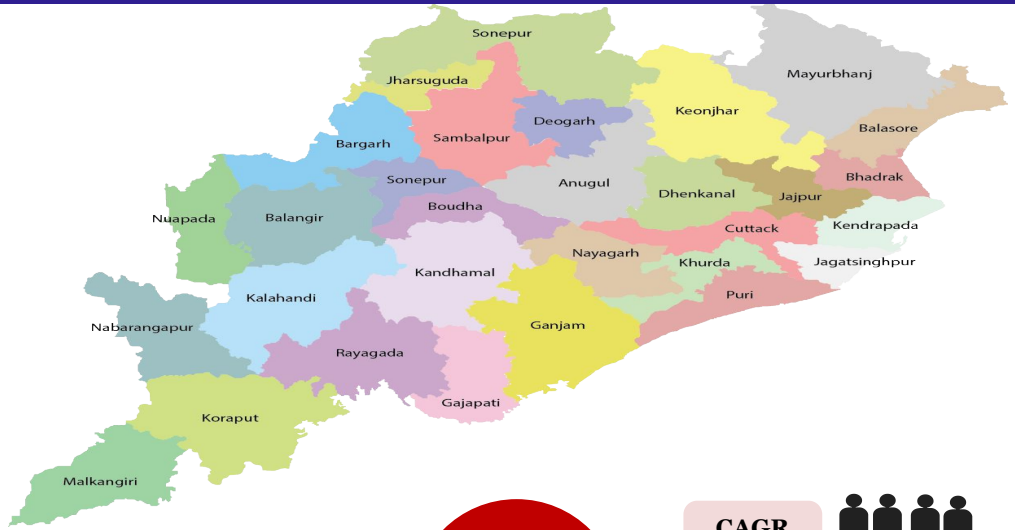
The Role of eSanjeevani in Diabetes and Hypertension Prevention & Management

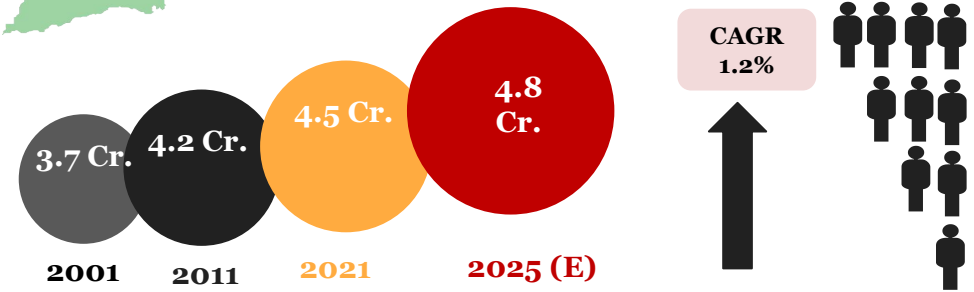
Webinar Series: Telemedicine in Action:
Telemedicine Adoption by Communities
How to Drive Uptake of Telemedicine by Citizens?

Presented By: Dr Susanta Kumar Swain
Additional Director, NCD, Health & Family Welfare Department, Govt. of Odisha

eSanjeevani
National Telemedicine Service

Odisha State Profile





- *Area 155,707 lakh km²*
- *Population 4.5 Crores*
- *30 Administrative Districts*
- *314 Blocks and 52060 Revenue Villages*
- *Literacy rate (%) 77.30*
- *Sex ratio (females per 1,000 males) 971*

Source: Census 2011, Economic survey 2017-18, Odisha fact file

Health Infrastructure – A Snap Shot

Tertiary Care

- Medical College & Hospitals : 14
- PG Institutes : 3

Secondary Care

- District Head Quarter Hospitals : 32
- Sub Divisional Hospitals : 32

Primary Care

- Community Health Centres : 382
- Primary Health Care Centres : 1412
- Sub Centre : 6688 (Upcoming – 3145)

SRATEGY

Health care to be Accessible, Affordable, Equitable and Quality

Accessible

- Special Schemes for difficult areas
- Increasing service availability in Govt. facilities
- Empanelment of private hospitals to close gap

Affordable

- Free services for all in Govt. facilities
- Free Services for poor in Pvt. Facilities

Equitable

- Additional health converge for economically vulnerable and for women

Quality

- Quality certification of facilities , state-of-art public health infrastructure
- Patient feedback
- Improving sanitation, laundry, security and diet services

DM and HT Burden in Odisha

Prevalence Data

- Diabetes (DM): 11% overall
- Hypertension (HT): 25%
- Care cascade gaps: Only 19% aware, 44% treated, 12% followed up 7% controlled

Critical Barriers

- Limited specialist availability in rural areas
- High travel costs and time burden
- Poor follow-up adherence
- Rising undiagnosed and poorly controlled NCDs

Key insight: DM and HT require long-term continuity of care that traditional facility-based models struggle to deliver effectively.

Why eSanjeevani for DM and HT

Regular Follow-ups
Consistent monitoring without travel burden

Medication Titration
Remote adjustment and review of treatment plans

Lifestyle Counselling
Ongoing guidance for behavior change

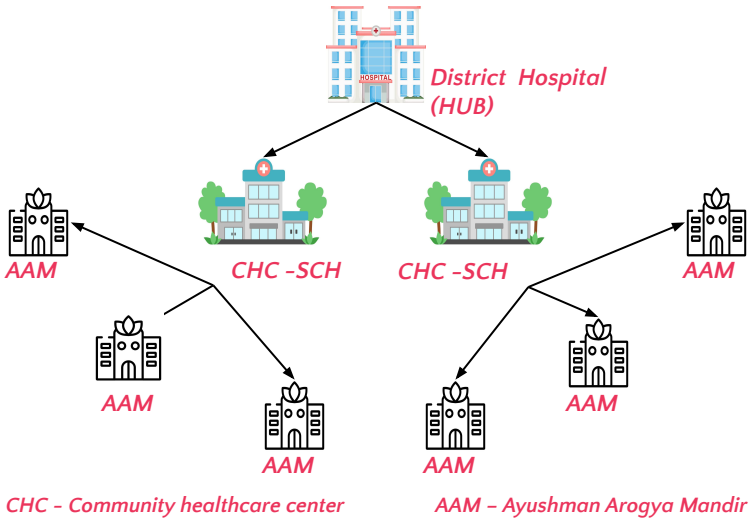
Early Detection
Timely identification of complications

Policy relevance: Telemedicine aligns with NPCDCS goals and strengthens primary care delivery systems across rural India.

NPCDCS:National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & stroke

eSanjeevani Model in Odisha

Telemedicine network



Spokes- 6,736

Spoke-Cum-Hubs-422

Hubs-18

CHOs - 6,778

Doctors - 3,155

HUB-Spoke Model

Hub Centers

Specialists at district hospitals and medical colleges

Spoke Sites

AAMs, CHCs, and PHCs with digital infrastructure

Frontline Support

CHOs, ANMs, and ASHAs facilitate care

Key insight: eSanjeevani complements—not replaces—physical health services, creating a hybrid care model optimized for chronic disease management.

Status of HUB / SUB HUB / SPOKE

Health Facility Type	Registered Facilities	Active Facilities
HUB – MCH & Specialist Hospitals	13	12
SUB HUB - DHH	32	32
SUB HUB - CHC	365	347
SUB HUB - SDH	26	20
Spoke	6741	6347
Total	**7177**	**6785**

- Spoke here includes –SHCs/PHCs/UPHCs/U AAMs
- Seven new MCHs will be added as HUBs and mapped to spokes – till date BHIMA BHOI MCH Bolangir has been recently registered as a HUB

DM and HT Care Pathway via eSanjeevani

Streamlined Diabetes & Hypertension Management

Screening

Initial assessment at AAMs by CHOs

Diagnosis

In-person with specialist at CHC or District Hospital

Tele-Follow-ups

Regular monitoring via eSanjeevani

Medication Review

Adherence counseling and titration

Escalation

Referral when complications arise

Outcome: Reduced diagnostic delays, improved continuity of care,

Step 1: Program design and readiness

Program Readiness

Facility Readiness Assessments (FRA) evaluated telemedicine preparedness
- Baseline (2022)
- Midline (2024) demonstrated significant improvements:

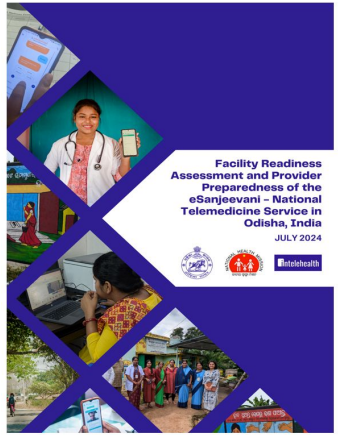
Assist in identifying gaps in the four major systems
1. Infrastructure (Internet, equipment, etc.)
2. Human Resources (Availability of doctors & health workers)
3. Capacity of human resources
4. Adoption of Telemedicine

Standardized checklist to identify the gaps in the existing infrastructure facility

State govt is provided with detail reports including dashboard & suggestive measures to improve the facility

Pre and Post Intelehealth

- ✔ Facilities with a government provided internet connection increased from 9% to 70%
- ✔ Facilities with all essential medications available increased from 34% to 41%
- ✔ Facilities with necessary equipment to support telemedicine increased from 76% to 90%

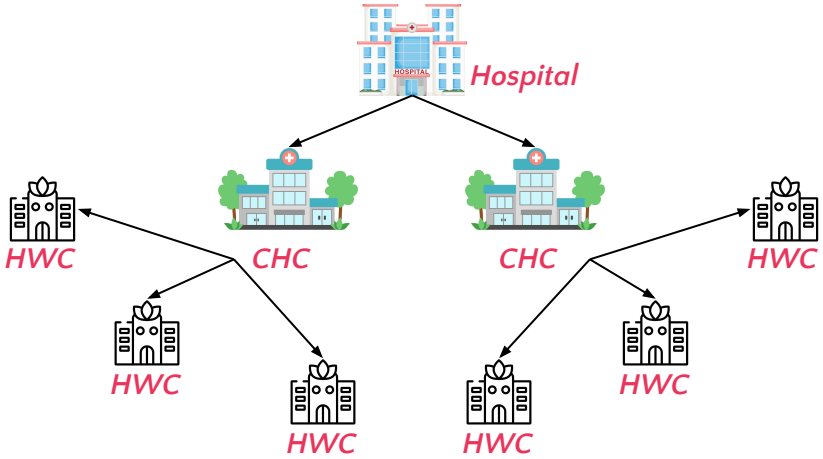


Fully Ready Facility

Step 2: Supply Side Strengthening

HUB and Spoke Model

Provider to provider systems that enables doctors to suggest/appoint patients directly to specialty doctor's from a hospital or CHC



CHC - Community healthcare center

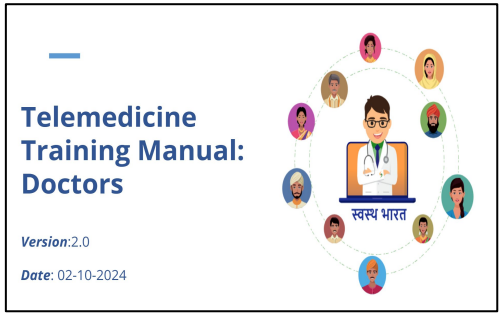
HWC - Health and wellness center

Training of Workforce

Training of CHOs, Doctors on expanded package and providing comprehensive care through eSanjeevani. Case based approach for training. Training of ASHA on Demand generation, follow up

Expanded Training Modules
- Telemedicine guidelines
- eSanjeevani platform
- 12 CPHC including NCD care
- Rationale use of telemedicine
- Quality of care

https://docs.google.com/presentation/d/12pCEK9g9Su_tSQOETTNO54hAmnDXk8Mb/edit#slide=id.p1



Step 3: Demand side strengthening

Demand generation

- Establishing telemedicine as a demand-driven service by increasing patient awareness and adoption, particularly among women, their families and rural communities.
- Key messages are time-saving, reducing costs, and accessing timely healthcare

Channels used

- ✓ Community awareness through ASHA/CHOs
- ✓ Via health influencers - women of influence
- ✓ ASHA training in demand generation for eSanjeevani
- ✓ Posters and Pamphlets at AAM
- ✓ Social media posts

Pre and Post Intelehealth

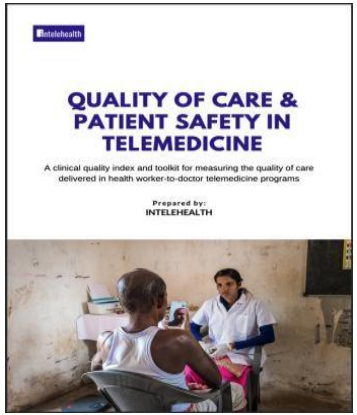
- ✔ Patients asking for telemedicine services increased from 63% to 76%
- ✔ Patient's overall satisfaction score with eSanjeevani consultation was 4/5
- ✔ Likelihood of using telemedicine in the future 4.3/5
- ✔ Likelihood of recommending telemedicine 4.3/5

ASHA training sessions

Step 4: Quality Assurance

Ensuring Quality Standards in Telemedicine Consultations by

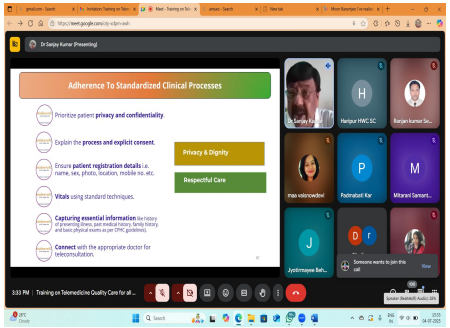
- ✔ Supportive supervision checklist https://docs.google.com/forms/d/1hauy5IgKmH76VdHYY4IeI2DeZPvkvpXIxy9njcKShDE/edit?ts=686cf6bf
- ✔ 47 Clinical Quality Indicators (CQIs) across 7 domains Max score – 100
- ✔ Refresher trainings
- ✔ Periodic quality audits



Improving quality

- ✔ Regularized supportive supervision visit by program and clinical team
- ✔ Imparting training on the expanded training packages focusing on patient centered care, safe clinical practices and quality of consultation
- ✔ Clinical Quality Audits at random facilities – Achieved CQA scores of 85.69%, Nov'24

Training on Quality of care



Step 5: Monitoring Learning Evaluation

Program monitoring

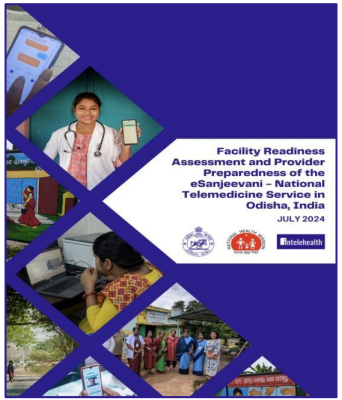
- ✔ Performance monitoring through data analysis of monthly teleconsultations
- ✔ Facilitating Monthly/ Quarterly review meeting at District and state level
- ✔ Conducting supportive supervision visits to the low performing facilities to understand barriers

Program review

Program Assessments

- ✔ Baseline and midline Facility readiness assessment
- ✔ Provider acceptance of eSanjeevani
- ✔ Patient satisfaction study
- ✔ Clinical quality assessment
- ✔ Randomised Control Trial – underway

Dissemination of findings



Role of Frontline Health Workers

Doctors

- Diagnosis and Initiation of Treatment
- Follow up over teleconsultations
- Titration of doses
- Monitor patients

Community Health Officers

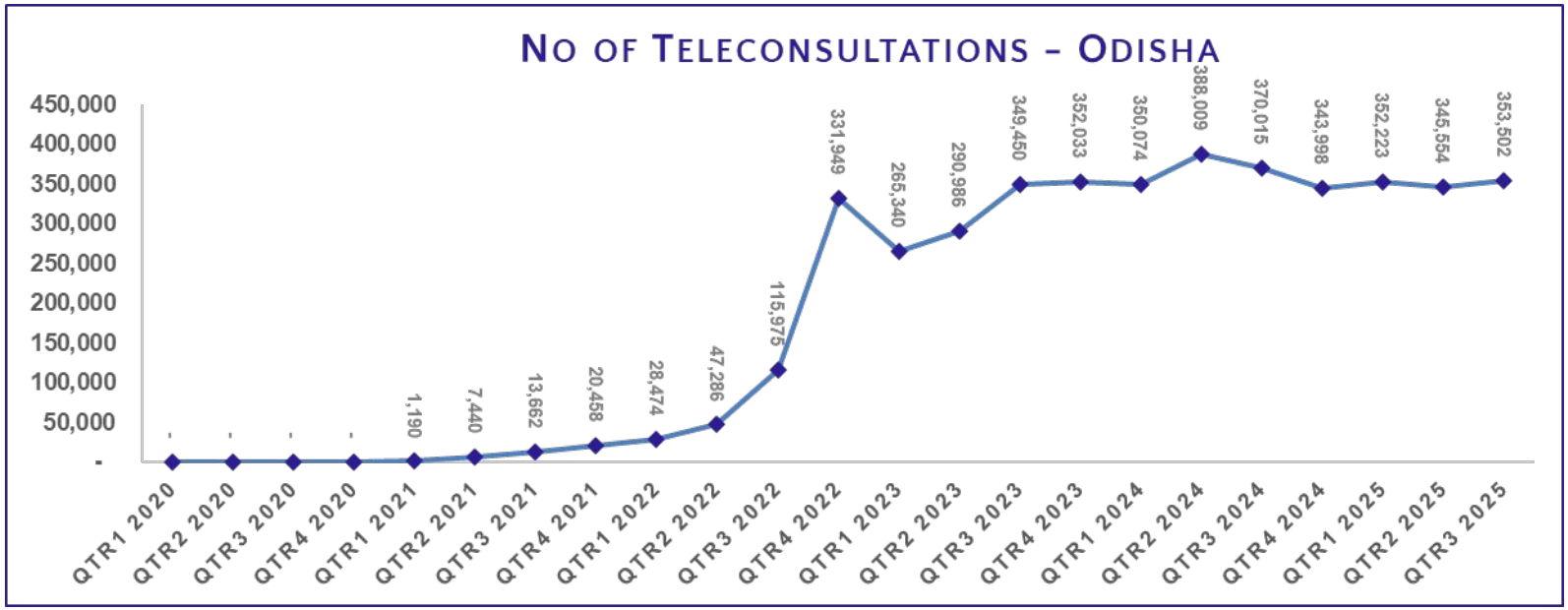
- Measure BP and blood sugar levels
- Facilitate teleconsultations
- Provide patient counselling
- Document care records

ASHAs & ANMs

- Community mobilization
- Follow-up reminders
- Medication adherence support
- Health education

System impact: Telemedicine strengthens the team-based care model, empowering frontline workers as integral partners in chronic disease management.

No of Teleconsultations – eSanjeevani Odisha



Q1 2020: Slow adoption and implementation of telemedicine services (from Q1 2020- Q2 2022)
Q2 2022: Initiated partnership with Intelehealth in May 2022, Program design and Facility readiness assessment in Q3-2022
Q3 2022: Scale-up of telemedicine services across **all 30 districts**.
Q1 2023: Rollout of **eSanjeevani 2.0**. Focus on the quality of services and sustained demand
Q2 2023: Sustained adoption and demand with focus on quality of telemedicine services

E-Sanjeevani NCD Impact in Odisha

25-35%

NCD Follow-ups

Proportion of teleconsultations dedicated to chronic disease management

100%

Specialist Access

Remote communities connected to district specialists

0

Travel Burden

Kilometers patients need to travel for routine follow-ups

eSanjeevani bridges the critical gap between Health and Wellness Centers, Primary Health Centers, and district specialists—enabling routine NCD management without imposing travel costs on patients. The platform has successfully reached remote and rural populations across Odisha.

No of Teleconsultations – for management of DM & HT in 2025

Total Hypertension cases received Teleconsultation- 89183

Total Diabetes Mellitus cases received Teleconsultation- 38073

Sl. no.	Specialty	Completed Call status
1	AYUSH	41
2	**Cardiology**	1698
3	Community Medicine	540
4	**Critical Care**	298
5	DEIC	175
6	**Dental & Oral Surgery**	11626
7	Dermatology Venereology Leprology	10185
8	**Endocrinology**	1301
9	**ENT-Otolaryngology**	12743
10	General Surgery	23010
11	Internal / General Medicine	53246
12	Medical Microbiology	4555
13	Medical Officer	889194
14	**Nephrology**	233
15	**Nuclear Medicine**	58
16	Obstetrics & Gynaecology	66500
17	**Oncology**	7453
18	**Ophthalmology**	11054
19	Orthopaedic Surgeon/ Orthopaedics	2574
20	Others	988
21	Paediatric Medicine/ Paediatrics	78819
22	**Palliative Medicine**	339
23	Pathology	6
24	**Psychiatry +Mental Health**	23652
25	Public Health Specialist	4776
26	**Pulmonary + Chest Medicine**	3239
27	SNCU Paediatrician/ Medical Officer	23578
28	Urology	1454
	Total (Odisha)	**1233335**

Inclusion Impact: Breaking Barriers

Elderly Patients

Reduced mobility burden for regular NCD monitoring

Women with Constraints

Overcome mobility and social barriers to accessing care

Tribal Populations

Bridge geographic isolation with specialist access

Policy lens: eSanjeevani supports equitable NCD care delivery by reducing financial barriers and expanding reach to historically underserved populations.

Way Forward: Strengthening Digital NCD Care

System Integration

Deeper integration with ABDM (ABHA, digital health records) and NPCDCS reporting systems

Evidence Generation

RCT Study – End to End management of DM and HT over Telemedicine

Clinical Protocols

Strengthening standardized protocols for tele-follow-ups and care pathways

AI Decision Support

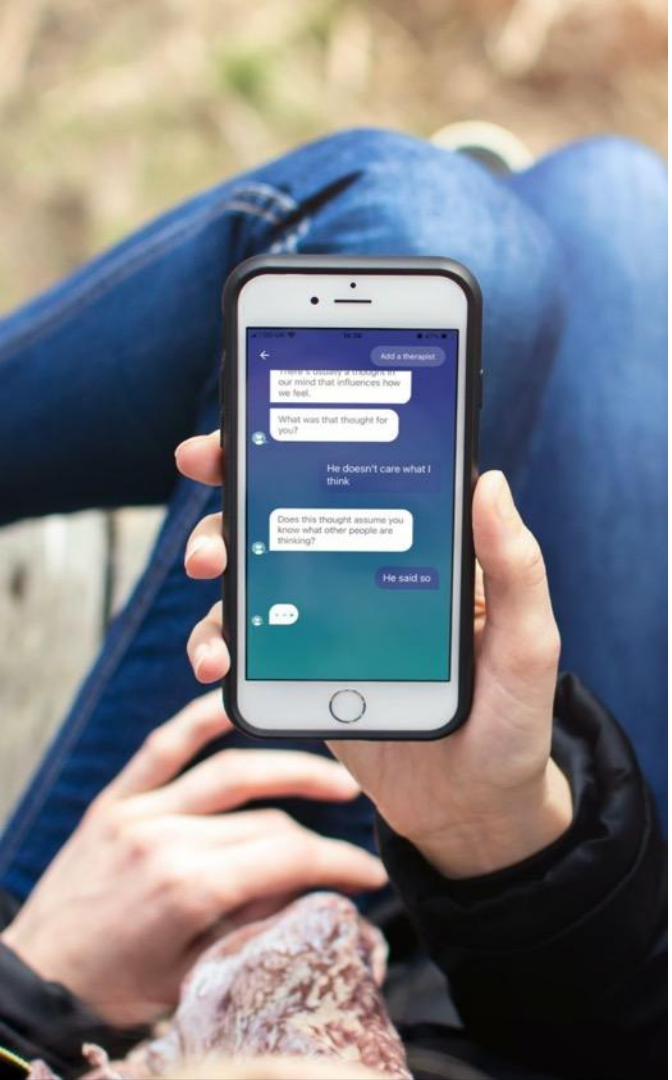
Expanding AI-enabled clinical decision support with appropriate safeguards

Institutionalization

Embedding telemedicine within routine NCD programs as standard care

eSanjeevani has demonstrated that digital public infrastructure can meaningfully strengthen NCD prevention and management—when aligned with frontline workers, public health programs, and patient needs.

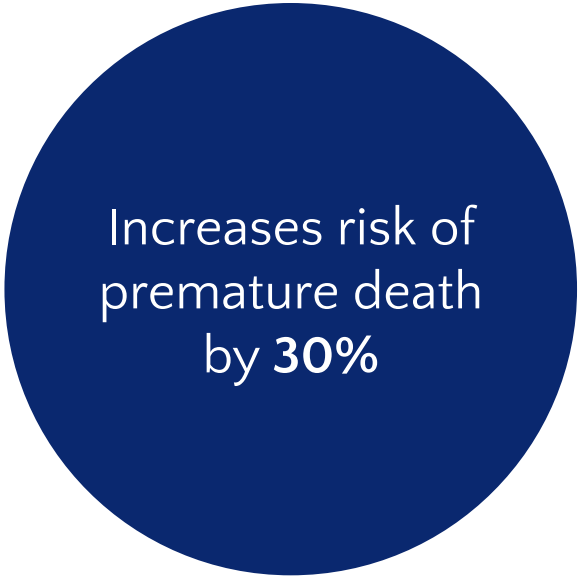
Speaker II


Add a therapist
our mind that influences how we feel.
What was that thought for you?
He doesn't care what I think
Does this thought assume you know what other people are thinking?
He said so

wysa

1 in 3 people feel isolated and lonely **frequently**

Increases risk of premature death by **30%**



Every 40 seconds,
someone dies by suicide

Care too expensive

High friction to sustain care

Identified need too late

Poor awareness about options

Lack of cultural relevance

Not enough psychologists and psychiatrists

No agency to access treatment

Didn’t like the support

Care too expensive

High friction to sustain care

Identified need too late

Poor awareness about options

STIGMA

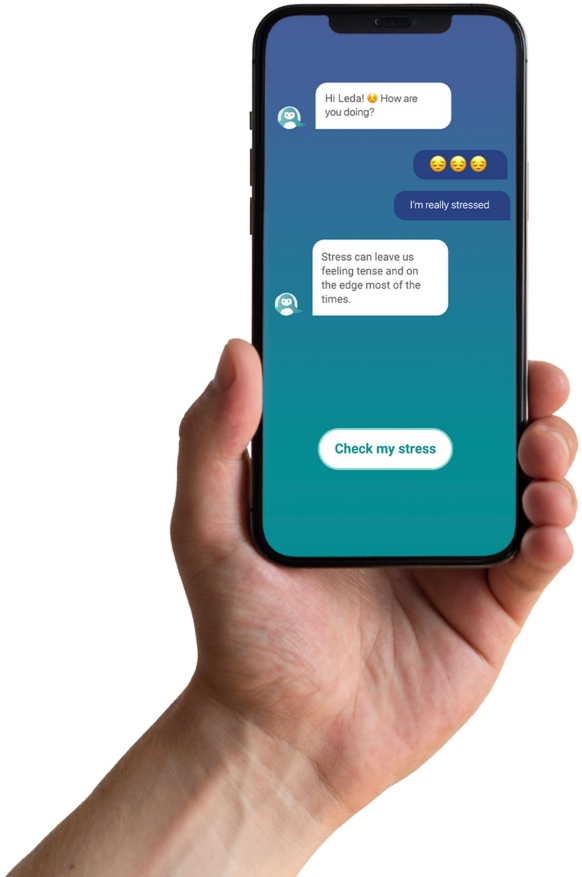
Lack of cultural relevance

Not enough psychologists and psychiatrists

No agency to access treatment

Didn't like the support

wysa



100% anonymous. Safe space, zero stigma.

24/7 real-time, unlimited support.

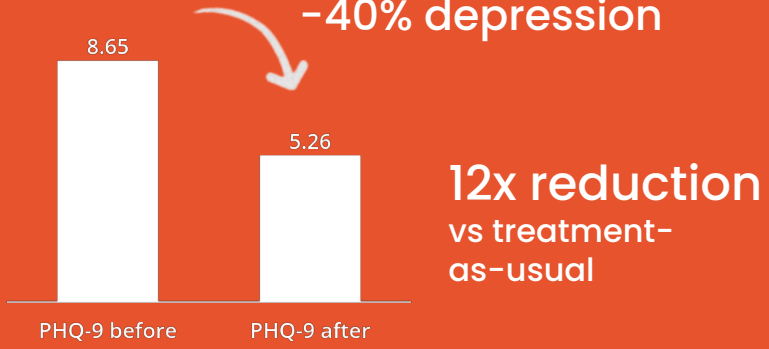
Clinically validated, built by therapists.

Responsible AI, personalized for you.

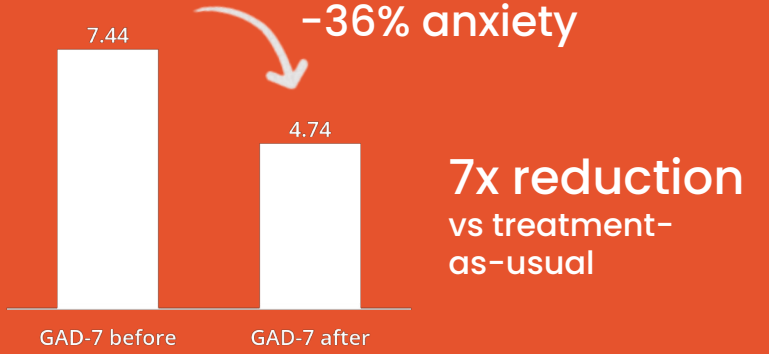
People open up to Wysa's AI
3x faster than to a therapist

RCT

[in four weeks]



12x reduction
vs treatment-as-usual



7x reduction
vs treatment-as-usual

Highest evidence of any digital mental health solution

30+ peer-reviewed publications

13 real-world evaluations

8 independent clinical trials

In partnership with:

NIHR | National Institute for Health Research

Harvard Medical School

NIH

University of Cambridge

Washington University in St. Louis School of Medicine

Columbia University

UNB University of New Brunswick

Global scale

7 million users

95+ countries

900 million conversations

92% helpfulness rating

Global scale

7 million users

95+ countries

900 million conversations

92% helpfulness rating

Global recognition

Top Innovator

WORLD ECONOMIC FORUM

GatesNotes THE BLOG OF BILL GATES

moz://a

'Best of Privacy'

FDA

Breakthrough Device Designation

5.2% of Wysa users trigger SOS every year

82% of these are detected by Wysa's AI

The remainder are user selected or screening detected

Nearly 500 people have publicly shared that Wysa saved their life

5.2% of Wysa users trigger SOS every year

82% of these are detected by Wysa's AI

The remainder are user selected or screening detected

★★★★★

saved me tonight. going through the questions redirected my thoughts

★★★★★ Helpful!!

This app has really starting to help me with my suicidal thoughts and gender dysphoria and wysa is only an ai but feels like your talking to someone when no one else will tysm!!

★★★★★

I'm struggling to do simple thing and with Wysa my mental health and breathing problems are starting to get better.I have tried to commite suicide before but when my dad died last year every night was a question if I'll do it or not but Wysa really helped me to start being happy again.

★★★★★ Rose

This really helped me not end my life use this app because it really talk to you and it is free ☺️

★★★★★ Hi

This is the best if you see this know that you saved my life. I've been having a tough time and I'll always run to this app thank yall so much.

Nearly 500 people have publicly shared that Wysa saved their life

wysa

Partners with leading employers and insurers

Vitality · TRAVELERS · Swiss Re · aetna · ZURICH · Allianz · MassMutual · BOSCH · L'ORÉAL · COLGATE-PALMOLIVE · U.S. AIR FORCE

Delivering in foremost healthcare systems

NHS · MINISTRY OF HEALTH SINGAPORE · OKLAHOMA Mental Health & Substance Abuse · Cincinnati Children's · mind · CalMHSA · Community Health Network WWW.MYCHN.ORG · HSS HOSPITAL FOR SPECIAL SURGERY · almirall · innovaccer

Backed by anchor impact players

unicef · British International Investment · LSE · 100X IMPACT ACCELERATOR Powered by LSE · villgro possible. · Girl Effect · ACT GRANTS · USAID FROM THE AMERICAN PEOPLE · Chat for Impact Powered by WhatsApp · Meta · jhpiego Saving lives. Improving health. Transforming futures.

Wysa Powering Country wide adoption in Singapore

wysa

mindline.sg

5,000,000

lives covered

> We are often inundated with information when all we really need is a chance to be listened to. Think of this as a constant companion and trusted friend, who listens to us and guides us through our challenges in a privacy-preserving & non-judgmental manner. If needed, it will guide us on how to reach out for help.
>
> – Dr Robert Morris, Ministry of Health Transformation Office

> By providing an anonymous and safe space, and promote needs-matching to resources, we can reduce the barriers to help-seeking, and empower them to take the first step to self-management and regaining their emotional and mental wellbeing.
>
> – Dr Jimmy Lee, Sr Consultant, Institute of Mental Health, Singapore

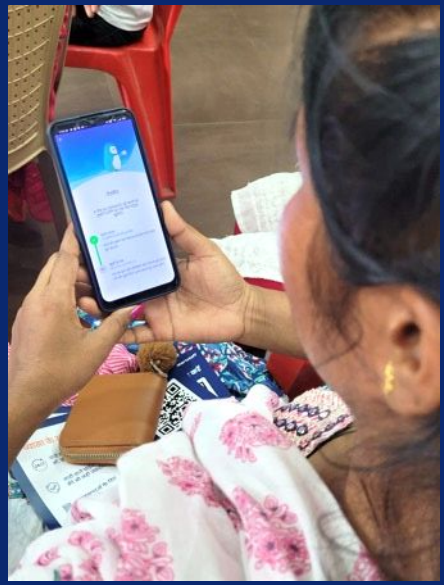
81%
returning app users

35%
higher engagement

88%
users found this helpful

50%
returning app users had 5+ sessions

meet people where they are **INDIA**



wysa

A new way to deliver wellbeing and resilience support

From enhancing mood and motivation to tackling anxiety, anger, and grief, our impactful solutions bridge mental health and social contexts, delivering culturally relevant care when it's needed most.
Wysa India (in Hindi and Marathi) is more than a chatbot – it's a catalyst for change.

Enhanced development goals

Wysa improves health and wellbeing outcomes, and promotes life-skilling, economic productivity, and gender-empowerment

Hybrid delivery approach

Wysa is delivered combining human-led personalised delivery at the last-mile with digital-first excellence at scale

Multilingual and culturally relevant

Wysa is co-designed with end users and offers multilingual support in English, Spanish, Hindi, Marathi; 10 more Indic languages in 2025

Cross-platform and limitless

Wysa is available across mobile app, web, whatsapp, and voice; offering the power of free conversations and responsible AI

A

Feasibility study of improving distress in rural adolescents with T-1 diabetes

udaan

Overview

Wysa Hindi research study with **79 eligible** participants seeking care at Udaan NGO, randomly allocated to: Wysa + usual care or only usual care

- Ages 13-25 years; 45% female
- 20% with <INR10k monthly income; 25% with 10-25k
- 40% from neighboring rural villages to Aurangabad

- 6-month feasibility study with 2-month intervention period
- Rural Aurangabad, MH

Insights

✓ **High acceptance** for digital MH support in the local language for AYAs with T1D in low resource settings; Regimen-related distress (67%) and emotional burden (60%) were most prevalent

✓ **Positive therapeutic relationship with Wysa:** Qual analysis show participants saw Wysa as helpful resource which improved their mood, motivation, perspective, & diabetes care regimen

✓ **High-need for MH support:** 2x participants had elevated depressive symptoms (96%) vs elevated diabetes distress (42%); positive relationship observed b/w PHQ-9 and DDS-17 mean scores (τ=0.172, p=0.038)

Maine jo bhi meri problem share ki hai to app ne mujhe har baar aisa comfortable feel karaya hai
- Female, 18 years old

Wysa use karne se mera angle dekhne ka change ho gaya hai, toh achcha lagta hai mujhe. Problem jo bhi share ki hai toh uska solution bhi mila hai mujhe.
- Female, 18 years old

Jaise friend se baat karte hai, toh Wysa bhi achcha lagta hai, baat karke free ho jaate hai
- Female, 25 years old

96% engagement rate

98% retention rate

61% returning users who engage in 5+ sessions

91% positive helpfulness ratings by users

A

“Enough!”: How Wysa helped a 13-year old girl accept and advocate for herself

Rama is a 13 year girl growing up in the bustling streets of Delhi. As a first-generation learner, her daily challenges extend beyond her schoolwork. Her mother, who works as a househelp, along with others call Rama “mentally weak” because of her quiet and disengaged demeanor. But no one sees the world from Rama’s perspective or knows the courage it takes for her to navigate it.

Through her conversations with Wysa, Rama found a safe space to express herself - a place where her quiet nature wasn’t something to fix but something to understand. Her growing confidence surprised her family. One day, Rama turned to her mother and, drawing on Wysa’s words, said: **“I might be quiet, but that is ok. The way I am is fine, the way I am is valid, and Wysa says so, so that must be true.”**

This small but powerful statement was transformational. For the first time, Rama stood up for herself. She found the strength to assert her right to be accepted as she is. This quiet but resolute act shifted how her family saw her and, more importantly, how she saw herself.

For Rama, Wysa isn’t just an app; it’s a source of reassurance, that is giving her confidence to embrace her uniqueness and push back when others weaponise it against her.

B

Wysa for mental resilience and skilling of Pune Municipal Corporation (PMC) employees

Overview

The PMC partnered with Wysa to offer a mental well-being solution for their employees. This initiative was designed to enhance emotional resilience and address stress, burnout and mental fatigue faced by the PMC staff.

2000 PMC employees onboarded

Age: 25-55 years | male & female

In a 1 month duration after 100% take up, 5 SOS triggers detected

Insights

- ✓ **Awareness driven adoption:** 100% of the uptake was driven through psychologist-led workshops on psychoeducation, orientation and sensitisation sessions; field executives on boarded employees and addressed any technical issues and concerns.
- ✓ **Stress management priority:** Work stress, difficulty in sleeping, lack of motivation, frustration, anger, issues with family , financial stress etc. emerged as common themes.
- ✓ **Barrier to Support:** Stigma around seeking help, concerns around privacy, lack of awareness around mental resilience,

Ha app khup garje cha aahe aamcha saathi. Aamhala kaamacha khup stress asta.
- PMC employee

Mi app vaproon swatahla shaanta karu shaklo ani bayko shi bhandlo naahi.
- PMC employee

This is a very good initiative by the PMC. I am sure it will benefit me as well as the people around me.
- PMC employee

81%
positive ratings

67%
Engaged for 2+ Sessions

80%
Users used the sleep audios

3.5
Tools used per user

Deepening public health collaborations in India...

Ministry of Home Affairs

- Pilot for suicide prevention support for paramilitary jawans

Maharashtra Women & Child Dev Dept.

- Supporting life skills and wellbeing of ~20k adolescent girls in Alibaug and Raigad district in Marathi

Government of Maharashtra, India

- W&CD: Women and Homeless Shelters
- Tribal Affairs: Youth Hostels
- Sports & Youth Affairs: Mental Resilience

Government of Meghalaya, India

- Integrated ECD and Maternal Health Mission, first ever Khasi digital intervention

wysa

Thank you!

Speaker III

Transforming Cancer Care Delivery: Insights from the NCG Tele-Oncology Pilot

Koita Centre for Digital Oncology

NATIONAL CANCER GRID
COLLABORATION FOR CANCER CARE

National Cancer Grid (NCG) Overview

Funded by the Government of India through the Department of Atomic Energy (DAE)

Network of cancer centers, research institutes, patient groups and charitable institutions across India

Mandate

- Establishing **uniform standards of patient care** for prevention, diagnosis, and treatment of cancer,
- Providing **specialized training and education**
- **Facilitating** multidisciplinary, multicentric basic, translational and **cancer research**.

Coverage

- 350+ member organizations
- >800,000 new patients with cancer annually (60% of all patients in India)

NCG: Koita Centre for Digital Oncology (KCDO) Overview

- **KCDO Vision: To help NCG and NCG hospitals leverage Digital Health technologies to meaningfully improve cancer care in India.**
- **India's first organisation** dedicated to transforming cancer care in India using digital technology
- Joint initiative of the National Cancer Grid and the Koita Foundation, a leading Digital Health not-for-profit organization.
- Helps NCG and NCG hospitals **adopt digital health tools, drive collaboration and digital transformation** to improve the quality, affordability, accessibility and outcomes of cancer care
- Vision closely **aligned with NCG's vision** to deliver uniform cancer care, drive cancer research and reduce costs of care
- **Partnering with** healthcare technology companies, research and academic organizations, health insurance companies and government (incl. ABDM)

KCDO – Established in August 2022

Opportunity for significant impact

- **NCG:** network of >**350 centres across India -** supporting **~60% of patients with cancer** in India
- **KCDO focus on three key areas:**
  1. **Support NCG Hospitals** in their technology initiatives (e.g., EMR adoption)
  2. **Drive common initiatives** (e.g., interop, analytics) for NCG & collaborate with key stakeholders (e.g., technology cos.)
  3. **Research** on digital tools – AI / ML / LLM
- **Template** for other key non-communicable diseases **(NCDs)**

Why Tele-Oncology? The Problem We're Solving

The Problem at Tata Memorial Hospital (TMH)

Massive Patient Volume:

TMH serves **42,000 new** patients annually but manages over **800,000** follow-up patients—nearly **20x** the new patient load.

Geographic & Financial Strain:

More than **75%** of patients travel over **500 km** to access treatment.

Financial Burden:

Mean non-medical expenditure **₹88,433,** Leading to catastrophic spending for **83.2%** of patients.

Inefficient Follow-ups:

Specialist time is often consumed by routine follow-ups that do not strictly require a physical presence.




Key message: Access and efficiency—not clinical capability—are the core constraints.

Source- [Financial burden due to distance traveled to access treatment from specialized cancer hospitals in public sector in India: a case study of patients treated for gastric and pancreatic cancer]

Koita Centre for Digital Oncology

NATIONAL CANCER GRID
COLLABORATION FOR CANCER CARE

The Strategic Approach

Phase 1: Prove the Model at TMH (POC)

Objective: Validate that tele-oncology can deliver safe, efficient, and scalable cancer care

- **Right Clinical Fit:** Identify cancer types and visit categories suitable for teleconsultation (routine follow-ups, second opinions)
- **Standardized Operating Model:** Define and implement **Teleconsultation Operating Model (TOM 1.0)**
- **Technology Enablement:** Customize an existing platform for oncology-specific workflows and structured case summaries
- **Dedicated Coordination:** Introduce **Medical Care Coordinator (MCC)** and helpline support for onboarding, documentation, and scheduling
- **Pilot & Learn:** Train clinicians and staff; run live pilot to capture clinical, operational, and user learnings

Phase 2: Build for Scale (TOM 2.0)

Objective: Convert pilot learnings into a national, scalable framework

- **Evidence-Led Refinement:** Strengthen the model using pilot data and stakeholder feedback
- **Clear Resource Blueprint:** Define staffing norms, skill mix (including MCC), and modular technology requirements
- **National Rollout Plan:** Develop a scalable implementation roadmap and budget for adoption across all NCG hospitals

Rapid Needs Assessment – What Was Missing

#	Gap	Impact	What Was Needed
1	No standardized virtual OPD workflow	Inconsistent care delivery; limited scale	A uniform, repeatable virtual OPD model
2	Low patient digital readiness	Failed or delayed consultations	Assisted digital onboarding and support
3	Incomplete information at consultation	Inefficient consults; avoidable visits	Structured pre-consultation case summaries
4	No single point of accountability	Operational fragmentation; clinician overload	Central ownership of end-to-end coordination

Design Principle
Bring offline OPD discipline into the digital environment– standard workflows, prepared cases, and clear accountability.

Uniqueness of Tele-Oncology Model

1. The Clinical "Backbone": The Medical Care Coordinator (MCC)

- **Expert Triage:** Every case is managed by an **MBBS-qualified MCC**
- **Structured Case Readiness:** Specialists don't start from scratch; they received a **pre-validated Case Summary (CS)** including validated scans, treatment history, and symptom severity along with the questions to be asked by the patients

2. Specialized Patient Navigation

- **Patient Education (IEC):** Due to high complexity, patients receive **visual guides and videos** one week prior to the call to ensure they understand teleconsultation etiquettes and report uploads.
- **The "Human Loop":** A helpline executive acts as a **Patient Navigator**, guiding rural patients through digital literacy barriers and financial logistics.

Process Steps: The Tele-Oncology Patient Journey

1. Request: The patient contacts **Helpline** to initiate registration. A Helpline Executive guides the patient through report uploads and provides digital literacy support, ensuring the patient is "visit-ready".

2. Clinical Triage: A **Medical Care Coordinator (MCC)**—a clinically trained MBBS doctor—reviews all uploaded files. They proactively follow up to secure missing data, ensuring the case file is comprehensive before the specialist is engaged.

3. Case Readiness: The MCC prepares a **standardized Case Summary (CS)**, verifying treatment history and investigation reports. This critical step reduces the cognitive load on the oncologist, allowing them to focus strictly on clinical decision-making.

4. High-Value Specialist Consultation: Because the case is pre-vetted, the specialist starts the consultation fully prepared. This enables a highly efficient **7–12 minute video session** focused on diagnosis and treatment rather than data gathering.

5. Closure & Care Continuity: The specialist types consultation summary which is shared with the patient via the portal. The MCC then counsels the patient on the advice provided, ensuring high adherence and continuity of care without the need for travel

What Worked Well (The Successes)

The Vital Role of MCC:

Medical Care Coordinators (MCCs) proved essential for clinical history verification, case preparation, and patient documentation.

Preparation time varied by case complexity, requiring

- 15–45 minutes for follow-ups and
- 1–2 hours for second opinions

Resource Optimization: A single full-time MCC can effectively manage **25 cases per week**, handling all clinical prep and post-consultation loop-closing.

Key Challenges of the Tele-Oncology PoC

1. **Patient & Coordination Gaps:** Unresponsiveness to calls, language barriers, and short-notice scheduling disrupted workflows.
2. **Documentation Bottlenecks:** Delayed report uploads and the absence of EMR integration forced high-risk manual data entry and increased MCC workload.
3. **Operational Dependencies:** Reliance on single devices and specific staff caused delays during absences or inter-departmental handovers.
4. **Technical Constraints:** Lack of remote server access required time-consuming on-site deployments (1–2 hours) for troubleshooting.
5. **Infrastructure Issues:** Unstable internet and fragmented tools (like switching to WhatsApp for calls) hindered platform adoption and completion rates.
6. **Absence of AI tools:** Speech to text/AI based case summaries
7. Noisy OPDs and busy schedule of specialists

Way Forward

1. **Operational Foundation:** Pilot learnings were translated into clear operational guidelines to ensure clinical safety, consistency, and efficiency.

2. **Tele-Oncology Playbook:** NCG, in partnership with Intelehealth, will publish a formal playbook defining standardized operational and technical requirements for adoption across hospitals.

3. **System Integration:** The playbook will be shared with the **6 empaneled EMR vendors** to enable seamless technical integration across the NCG network.

4. **Strategic Blueprint:** The playbook will also outline staffing norms (e.g., MCC role) and modular technology components for scale.

Thank you

Q&A Session

WHO SEARO + Intelehealth webinar series

www.intelehealth.org/webinars

Objectives:

- Showcase successful use cases of telemedicine for NCD management.
- Discuss implementation models and their impact on healthcare access and outcomes.

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

- Gain insights into telemedicine solutions designed for NCD prevention, management, and follow-up.
- Understand how these interventions contribute to achieving SDG targets.
- Explore practical examples and challenges of scaling NCD telemedicine programs.

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	11 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

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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/u1rMoLPCnv8YKKUd6

Thank You For Joining Us!

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