DISSERTATION

Viveo Healthcare

viveo

ASSESS THE ISSUE OF TELE PLATFORM AND TELECONSULTATION DURING PANDEMIC

SUBMITTED BY:

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Enrol No. PG/18/052

THE GUIDANCE OF

DR. B.S. SINGH

POST- GRADUATE DIPLOMA IN HOPITAL & HEALTH MANAGEMENT

NEW DELHI

(2019-2021)

IIHMR DELHI

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT & RESEARCH, NEW DELHI-110075

Completion of Dissertation from respective organization

The certificate is awarded to

Name: Dr. Neha Mishra

in recognition of having successfully completed her
internship in the department of

Title: Health Account Manager

and has successfully completed his/her Project on

Title of the Project: **Assess the issue of e-platform and e-consultation during pandemic**

Organisation   Viveo Health India

She comes across as a committed, sincere & diligent person
who hasa strong drive & zeal for learning.

We wish him/her all the best for future endeavors.

Training & Development   **Zonal Head-Human Resource**

Prasant Mohanty

Director

Viveo Health India Pvt Ltd

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Neha Mishra student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhihas undergone internship training at Viveo Health India from 01 April 2021to 15 June 2021.

The Candidate has successfully carried out the study designated to him during internshiptraining and his/her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfilment of the course requirements

I wish him all success in all his/her future endeavours

Ms. Divya Aggarwal

Associate Dean, Academic and Student Affairs
IIHMR, New Delhi

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Assistance Professor

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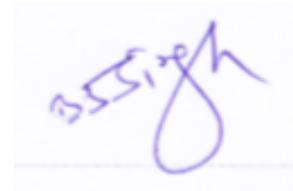
<p style="text-align: center;">**Certificate of Approval**</p>

The following dissertation titled **"Assess the issue of e-platform and e-consultation during pandemic"** at **"Viveo Health India"** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **PGDM (Hospital & Health Management)** for which it has been submitted. It is understood thatby this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

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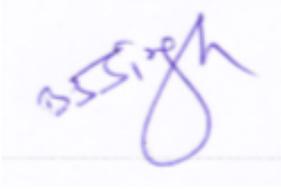
Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Neha Mishra,** a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. He/ She is submitting this dissertation titled "**Assess the issue of e-platform and e-consultation during pandemic"** at "**Viveo Health India**" in partial fulfilment of the requirements for the award of the **PGDM (Hospital & Health Management).**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Dr.B.S. SINGH   Organization Mentor Name

Assistance Professor   Prashant Mohanty
IIHMR, New Delhi   Director

Viveo Health India

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH

NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Assess the issue of e-platform and e-consultation during pandemic** and submitted by Dr. Neha Mishra Enrollment No. PG / 19 / 052 under the supervision of Dr.B.S. Singh for award of PGDM (Hospital & Health Management) of the Institute carried out duringthe period from 01April 2021to 15April 2021 embodies my original work and has not formed the basis for the award of any degree diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature
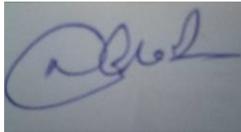
FEEDBACK FORM

Name of Student: Dr. Neha Mishra

Dissertation Organisation: Viveo Health India

Area of Dissertation: Consultation

Attendance: 100%

Objectives achieved: Yes

Deliverables: All Met

Strengths: Good Communication and Leadership skills. She is very Diligent.

Suggestions for Improvement:

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Prasant Mohanty

Date: Mumbai

Place: 15th June 2021

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ACKNOWLEDGEMENT

I am extremely thankful and express my sincere towards distinguished personnel for giving me opportunity to do my summer internship under your guidance. I owe my great debt of reverence & admiration to **Dr.B.S. SINGH** Associate Professor, for their consent without which I wouldn't be able to complete my summer internship

I would also like to give a vote of thanks to **DOCTORS** giving me valuable information & necessary data related to the project valuable contribution and finally would like to thank my family members and friend without whom I would not be able to do this project.

Date
Place: NEW DELHI   **DR. NEHA MISHRA**

About Organization:

Healthy societies start with healthy individuals. They want to make sure that everyone has the ability to enjoy complete physical, mental, and social well-being. Viveo Health is democratizing healthcare, making it **accessible digital Health for 1 billion people by 2025**.

MISSION:

One idea One billion people by 2025.

Viveo Health started big dream from the small country of Estonia world most advanced digital country. Over time, they broaden their horizons past Estonia since people all over the world where many struggling to access healthcare.

Viveo Health is democratizing healthcare, making it **accessible to 1 billion people by 2025**.

Vision:

Being desired HealthCare brand provide caring world class healthcare services with the team of doctors and latest technology.

Benefits of cutting-edge technology, a commitment to data privacy, and a comprehensive platform focused on usability, our work is dedicated towards **improving the way the health industry operates**.

Our Personal Growth

2017
Viveo was founded
👤 **2** team members

2018
👤 **8** team members

2019-2020
👤 **35** team members
🌐 **2** global offices

2021 | VIVEO TODAY
👤 **84** team members
🌐 **8** global offices

Figure 01

Figure02

Presence in other country like:

- ➢ South Africa
- ➢ Brazil
- ➢ Mexico
- ➢ Latvia
- ➢ Lithuania
- ➢ Armenia

CORE VALUES

- • Efficient

- • Accessible

- • Personalized

- • Data driven

- • Affordable

The different scenarios of Viveo Telehealth are explained below in detail how the platform working:

1.Patient calls the front office of the facility and checks with staff for the availabilityof the doctor on required date and time slot. After confirmation of Doctor's availability, patient requests staff to schedule appointment for telehealth session at a convenient date and time.

2.Staff schedules an appointment as requested by the patient and generates a link toenable the session. The link is shared with the patient via an email and SMS along with a set of instructions to befollowed to initiate the session. If patient wishes any of the family or friends to join the session, then patient can share the link with the respective members.

3.Patient pays the consultation fee online before & after the session. Automatic reminders and alerts are sent to the patient prior to the session. On the scheduled date and time, Patient joins the session via invitation link. Doctor joins the session via computer whereas customer on a mobile device. Consultation begins. Doctor can access patient's clinical history during the session. Doctor interacts with the patient regarding the symptoms.

4.Records the vital signs and other clinical data during the session. Doctor diagnoses the patient and prescribes the medication or the treatment. Doctor informs the patient on the next schedule or the visit. Consultation ends.

8.Consultation summary is automatically reflected in the patient portal

Flowchart of the Telehealth session via Invitation Link

Figure 3: Telehealth session via Invitation L

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                    ┌─────────────────────────────────────────────┐
                    │ Patient calls front office to check for      │
                    │ doctor's availability                         │
                    └─────────────────────────────────────────────┘
                                      │
                                      ▼
                    ┌─────────────────────────────────────────────┐
                    │ Patient requests to schedule an appointment  │
                    └─────────────────────────────────────────────┘
                                      │
                                      ▼
                    ┌─────────────────────────────────────────────┐
                    │ Appointment is scheduled at convenient time  │
                    │ slot                                          │
                    └─────────────────────────────────────────────┘
                                      │
                                      ▼
                    ┌─────────────────────────────────────────────┐
                    │ Link generated to enable the session         │
                    └─────────────────────────────────────────────┘
                                      │
                                      ▼
                    ┌─────────────────────────────────────────────┐
                    │ Link shared with the patient with instructions│
                    └─────────────────────────────────────────────┘
                                      │
                                      ▼
    ┌──────────────────────┐        ◇ Multi-user? ◇
    │                      │◄────────
    │ Yes                  │
    └──────────────────────┘
                   │                  │
                   ▼                  ▼
                    ┌─────────────────────────────────────────────┐
                    │ Automatic reminders and alerts are sent      │
                    └─────────────────────────────────────────────┘
                                      │
                                      ▼
                    ┌─────────────────────────────────────────────┐
                    │ Patient joins the session on scheduled time  │
                    │ slot                                          │
                    └─────────────────────────────────────────────┘
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                                      ▼
                    ┌─────────────────────────────────────────────┐
                    │ Doctor      joins      the                   │
                    └─────────────────────────────────────────────┘
                                      │
                                      ▼
                    ┌─────────────────────────────────────────────┐
                    │ Consultation starts                          │
                    └─────────────────────────────────────────────┘
                                      │
                                      ▼
                    ┌─────────────────────────────────────────────┐
                    │ Verifies patient's clinical history          │
                    └─────────────────────────────────────────────┘
                                      │
                                      ▼
                    ┌─────────────────────────────────────────────┐
                    │ Interacts      with      the                 │
                    └─────────────────────────────────────────────┘
                                      │
                                      ▼
                    ┌─────────────────────────────────────────────┐
                    │ Interacts      with      the                 │
                    └─────────────────────────────────────────────┘
                                      │
                                      ▼
                    ┌─────────────────────────────────────────────┐
                    │ Diagnoses            the                     │
                    └─────────────────────────────────────────────┘
                                      │
                                      ▼
                    ┌─────────────────────────────────────────────┐
                    │ Prescribes the medication/ treatment         │
                    └─────────────────────────────────────────────┘
                                      │
                                      ▼
                    ┌─────────────────────────────────────────────┐
                    │ Informs patient on the next schedule         │
                    └─────────────────────────────────────────────┘
                                      │
                                      ▼
                    ┌─────────────────────────────────────────────┐
                    │ Consultation ends                            │
                    └─────────────────────────────────────────────┘
                                      │
                                      ▼
                    ┌─────────────────────────────────────────────┐
                    │ Consultation summary is automatically shared │
                    │ with patient                                  │
                    └─────────────────────────────────────────────┘
```

Scenario 2: Consultation via Patient Portal

1. Patient registers and logs in to the patient portal, through a link provided by the administration. Patient selects the facility and the doctor, with whom patient would like to have tele consultation session. Patient checks for the availability of the doctor for the convenient date and time slot.

2. Patient schedules an appointment with the doctor at the required time slot and awaits confirmation. The Staff from the facility further checks the schedule and confirms the appointment with the doctor. The confirmation is reflected in the patient portal account of the patient. Automatic reminders and alerts are sent to the patient before the session.

3. On the scheduled date and time slot, patient logs in to the patient portal and check in for the Telehealth session. Patient joins the session from the patient portal account. Doctor joins the session via computer or laptop. Consultation starts.

4. Doctor can access patient's clinical history during the session. Doctor interacts with the patient regarding the symptoms. Records the vital signs and other clinical data during the session. Doctor diagnoses the patient and prescribes the medication or the treatment.

5. Doctor informs the patient on the next schedule or the visit. Consultation ends. Consultation summary is automatically reflected in the patient portal after consultation.

Flowchart of Telehealth session via Patient Portal

Patient registers and logs into patient portal

Patient selects facility and the doctor

Checks for the availability of the doctor

Schedules an appointment and awaits confirmation

Staff checks the schedule and confirms it

Confirmation is reflected in PHR

Automatic reminders and alerts are sent

Patient joins the session on scheduled time slot

Doctor joins the session

Consultation starts

Verifies patient's clinical history

Interacts patient

Interacts with history

Diagnosis's problem

Prescribes the medication/ treatment

Informs patient on the next schedule

Consultation ends

Consultation summary is automatically shared with patient

Figure 4: Telehealth session via PHR or Patient Portal

CHAPTER 1

INTRODUCTION

Telemedicine through the tele platform and IT providing a health facility to a person who live at a distance or rural places. It helps to eliminate distance and provide medical facilities to the needy people who have not access the system.

Telemedicine in many forms save the lives in emergency situation through teleconsultation. As we now consider in essential product in 21th century. Through this technology long distance patient easily connected with his doctors who stay other part of country.

The connections and data will be saved, secure. They easily access the platform at any place and their data will be secure in the EMR form.

It provides part to the healthcare pathway which help in consultations, follow up, medicine delivery, at door step they provide facilities according to patient convenience.

Services they received during teleconsultation:

- Access to specialist (Doctor) at any time, no waiting period
- Easily choose Doctor acc. To their time availability and condition
- No Direct contact (During pandemic they being safe)
- Data will be fully saved and secured over the EMR
- More explanation of diagnosis provides by normal physician.
- Follow Up Calls regularly

In this Pandemic Covid -19 find many challenges to provide health facility to the general population. Doctors can't treat all the patients due to exposing of virus so reach to the patient's doctor choose the tele platform to evaluate and managed their patients. Telemedicine practice provide safety from the transmission of disease reduce the risk for doctor as well as patients.

India Digital policy will be improved during the pandemic situation to improve the outcome of healthcare facility, Doctor easily available connect with the patients through the platform at provided time with quality assurance.

Through Different Mode of communication used in Tele Medicine:

- ➢ Video (Different App by different platform)
- ➢ Audio
- ➢ Chat based
- ➢ Mail

Purpose of this study to get to know about the Doctor satisfaction level who using tele platform due to this pandemic/where all the private clinics being shut down, they have to move forward to reach their patients using the tele platform where they easily connected with their patients.

In the survey show that the Doctor have to understand telemedicine practicing in India within under guidelines. Their awareness about the platform, purpose of joining, managed the technical issues, faults & errors over the platform

Customer satisfaction sounds easy but comparatively very difficult to define. Patient satisfaction shows the overall experience of health care

Real Testimony check the customer satisfaction foe teleconsultation. According to Kotler defined satisfaction how person feel either its being pleasure or disappointment which is result of the outcome. Whereas Fitz Patrick Ray stated that customer satisfaction give potential for the proper system performance where there is no way to choosing alternative options.

Customer satisfactory also called consumer or client satisfactory which generally define the consumer's point of view about the services he received and treatment provided to him that meet consumer's need. Fulfilment of customer demands and supply as well as positive approach, quick responses provide better satisfaction. It shows satisfactory connections between patients and Doctors provide facility with quality assurance

As globally to promote health facilities with better quality and serviced take a feedback from the customer time to time. Mainly many countries focused over the health service providing their people with access to health all so that improved the health facility of country which provide equality to all.

Satisfaction or dissatisfaction is a complicated phenomenon which may be closely associated with person's expectations. While it shows customer satisfaction important in tele platform to promote the growth of organization. Resolved all the factors from patient point of view, guide them, properly educate them. It provides minimize the issues & access to all for the health facility.

India now focusing over telemedicine platform in the time of pandemic where the Hospital occupancy increase by the patients. Through the telemedicine platform at some point managed the crowd with some basic guidelines which have to followed by the tele platform, doctors and patients to get properly health facility at save from the exposure.

What is Telehealth?

It is the electronic information which support long distance and information technology provide a clinical care, health care at a distance level so it helpful which reduce the pressure over normal clinics and to the doctors provide accessible facility to the patients.

How Telehealth works?

Telehealth uses telecommunication technologies like computers and mobile devices to establish a virtual connection between doctor and the patient. It helps in creating an environment similar to in person consultation making the virtual interaction more reliable. It allows patient to have easy access to the post consultation details through their system or a mobile device. It also allows the patient to pay the consultation fee online through various applications.

Need for Telehealth

Growing population as well as ageing population is creating a dependency for more service providers and care takers for their healthcare needs. With growing income of the middle-class families and growing healthcare expenditure, people are demanding for quality healthcare. With the changing lifestyles and decreased mortality rates, chronic diseases such as diabetes, cardiovascular diseases and cancer are drastically increasing among the population.

Benefits of Telehealth

Easy accessibility:

Patients can access healthcare services from any place at any time, avoiding the long journey and waiting hours of in person consultation.

Reduced Healthcare expenditure:

Telehealth helps reduce travel expenses for regular checkups and unnecessary Emergency Department visits of non-urgent issues

Specialist Access:

Patients can have access to specialists or can be referred to any specialistacross the country or the globe regardless of their location.

Patient Engagement:

With Telehealth, patients can connect with their doctors more often and regular, reducing no-show of the patients.

Objective:

- Assess the issue of tele platform and teleconsultation during Covid-19

Specific Objective:

- To understand the impact through questionnaire:
- To identify challenges facing by the doctors adopting teleconsultation over tele platform

Justification of study

Satisfaction of patient is key determinant for improvement of any healthcare organisation, so its assessment is important for every health-related institution. Satisfaction is attitude-based response which customer make about their experience in any health-related organisation. From management view, the satisfied patient's Feedback is important because they maintain a congruous relationship with specified providers. By finding out the main reasons of patient's dis-satisfaction the organization will find out major loop holes in their system and improving their risk management. Analysis of person satisfaction provides important details of system performance and improving the organisations total quality management. Dissatisfaction customer cause loss of income as well as wastage of resources. Hence, the study is useful for healthcare organisation to improve their services where ever the patients have presented their worry regarding the services. The result of the study can be used by organization to improve their services and building up stronger patient and organisation relationship.

Research question

In the survey we ask Doctor's consent either they are agreed or disagree with this survey then asking with some basic information about their age, gender, their specialty

Research Questions like:

1.Are you aware of e-consultation

2. Are you on any e-platform

3.What was the purpose of joining e-platform

4.Effectivness of e-consultation same as normal clinic system

5. E-consultation provide more access to healthcare services during Covid- 19

6.E-consultation provide more safety from direct contact of infected patients

7. E-consultation help to set up virtual clinic in less time

8.E-platform easy to use & easy to learn

9.During e-consultation system error (technical issue, internet issues, e-prescription not receive) was handled easily

10. Consultation given by you (Dr.) your satisfaction level

11.Rate the interaction with patient while e-consultation (audio, video & explaining something) Specify it.

12. Would you think E-consultation services continued after pandemic

CHAPTER 2

LITERATURE REVIEW

Satisfaction of patient is individuals feeling of comfort or discomfort resulting from the service in relation to their expectations.

Riser (1975)- Described patient satisfaction as "Degree of congruency between patient's expectation and their perception about the services received".

Stephen (1993)- From advances in service marketing defines patient satisfaction as output of matching their expectation of healthcare services with their real-time experience.

Swartz (1993) – Satisfaction level might be affected if person not being satisfy expectations level. However, patient's satisfaction will be higher if their expectations are fulfilled.

Certain articles related to patient satisfaction states the following:

- Satisfaction is result services received and their expectations.
- Received same services with the same satisfaction level.
- The more the patients are happy, it shows satisfy with the services.
- In the study show that satisfaction of tele platform users doctors whose private practicing effected by the Covid-19
- The study is taken over the customer (Dr.) satisfaction how much they used the product, where they find the challenging deal with the technical errors not connecting with patients, patient not receiving their e-prescription, instability of network etc.
- While interacting with patients are they satisfy with the audio, video quality and how much they satisfy after the consultation

ACESSIBILITY TO CERTAIN HEALTHCARE SERVICES –

Accessibility here means the physician consultation structure their availability and ease of follow ups.

Components of customer's satisfaction-

1. Convenience:

   Define as after certain standards of quality reach, how convenient to use the platform as m-health

2.Quality Assurance:

Suggest that efficacy, efficiency and effectiveness, optimality factors for customer care.

3. Courtesy

Defined as the attention, degree of care showed by the staff to their patients. Here staff includes both medical, non-medical, management and back-end staff working in a hospital.

ASSESMENT OF DOCTOR SATISFACTION IN TELEHEALTH SERVICES

Assessment of customer satisfaction in a healthcare organization are means of evaluation the performance of that organization.

- This is terms of courtesy, quality care and their convenience.

CHAPTER- 3

RESEARCH METHODOLOGY

3.1. Research Question

Assess and compute issue of e-platform and e-consultation during pandemic.

3.2. Research Design

Cross sectional study (non probability) over issue of e-platform and e-consultation during pandemic

3.3. Research Procedures

Studies conducted at Indian settings on Indian subjects are included in the analysis. Data collected systematically, by following google form.

3.4. Search Strategy

Original research studies for inclusion were identified by performing search using PubMed, MEDLINE, Cochrane and Google Scholar on Telemedicine & teleconsultation. The cited references of publications obtained were also reviewed for inclusion in the analysis. The above search terms or keyword as a combination of all database outcome.

3.4.1. Including criteria

- Those who consented to participate the informed consent, working as tele platform doctors during Covid-19 and all those who successfully completed the questionnaire.

3.4.2. Exclusion criteria

Those who disagreed to participate or did not completely answer the questions

3.4.3. Study Tool:

Study tool was a google form survey (questionaire) which designed only English language.

To find out the level of satisfaction , all the responses from questionnaire and were rated from a scale of 1 to 5.

1-Extremly disatisfaction

2- Disatisfaction

3- Normal

4- Satisfaction

5- Extremly Satisfaction

3.5. Study Records and Data Management

3.5.1 Selection Process

Followed by screening of full text articles and applying inclusion and exclusion criteria for assessing its eligibility. Only the studies conducted on Indians doctors in Indian setting were included.

3.5.2. Data Extraction and Unification of Data

The data being collect and analysis according to their level, summary of descriptive data regarding the study location, period of study, study design, number and type of subjects along with an estimate of Odds ratio and its associated confidence interval for each primary study was prepared according to Indian doctors. Structured questionnaire with some data including through Google form which was disseminated through email and instant messaging applications.

3.6. Outcome and Associated factors

While comparing the data, wide heterogeneity was observed.

3.7. Statistical Method and Analysis

The data which was collected for the report was converted into frequencies and percentage.

After that data was analysed through following steps:

- Review of data and information.
- Sorting of data.
Analysis of data for easy explanation.

Data was analysed using Microsoft excel. Necessary charts and tabulations are drawn for easy interpretation of the data.

CHAPTER 4

DATA ANALYSIS AND RESULT

This study is based on the patient satisfaction in teleconsultation services at the Viveo Health India

Sample size of 70 patients was collected from 1st April 2021 – 31st May 2021. The suitable patients were asked about the basic information.

The result is presented in the form of chart, tables and also in descriptive forms.

- 97.9% participant people are agreed to fill the survey form.

- In the survey 30% (18) respondents were male whereas 70% (42) were females.

- Age criteria 25 to 45 years doctor: 65 (92.9%) 25 to 35 and 5(7.1%) 35-to-45year doctors whereas senior doctors deny to fill the form due to covid situation busy

- Aware about teleconsultation 81.4% (57) not aware 7.14% and both 11.4% (8). There are some doctors being aware from the tele consultation platform.

- Doctors using the tele platform for teleconsultation 52.8% (37), not using 35.7% (25) & mixed by 11.4% (8) doctors. There is the number of doctors used the platform easily reach to the patients.

- Purpose of joining tele-platform covid consultation 45.7% (32) and specialist consultation 37.1% (26) for other specialty 17.1% (12). Due to pandemic many clinics being closed Doctor take step towards tele platform consultation.

- Effectiveness of e-consultation compare to normal clinic doctors being agreed 42.8% (30), disagree 34.2% (24), Neutral 32.8% (23), strongly agreed 14.2% (10) & strongly disagree 4.28% (3). Normal clinic is effective or e-platform

- 90% (63) doctor agree 10% (7) being disagree that e-consultation provide more access to healthcare services. Access of facility presence.

- 95.7% (67) agreed and 4.2% (3) being disagree that more safety from direct contact of infected patients. Prevention from direct control.

- 81.4% (57) Doctors agreed, 10% (7) disagree where 8.57% being neutral that E-consultation easy to setup virtual clinic compare to normal clinics. Costing of clinical settings

- 62.8% (44) are agreed,4.28% disagree whereas 32.8% (23) being neutral that it is easy to use and learning. Mood of learning

- 37.14% (26) agreed,41.4(29) being disagreed &21.4% being mixed that during consultation system errors like technical glitches receiving e-prescription etc. handled easily. Problem solves it or still there is problem.

- 71.4% (50) agreed, disagree 7.14% (5) and neutral 21.4% (15) that after pandemic e-consultation services will be going on. Future of e-consultation in Indian market.

- On a of Scale 1 to 5 (extremely dissatisfied to extremely satisfied) dissatisfied 4.28% (10), neutral 25.7% (18), 31.4% (22) being satisfied and 28.7% (20) dissatisfied, consultation done over the tele platform. Satisfactory level check treatment they provide through portal to the patients.

RESULT RELATED TO DOCTOR' SATISFACTION

1. **Doctor's Specialty:**

	Orthopaedic	Dentist	General Practitioner	Medicine	Physiotherpist	Emergency medicine	Gynoecologist	Psychologist
Series1	3	5	19	3	24	2	4	10
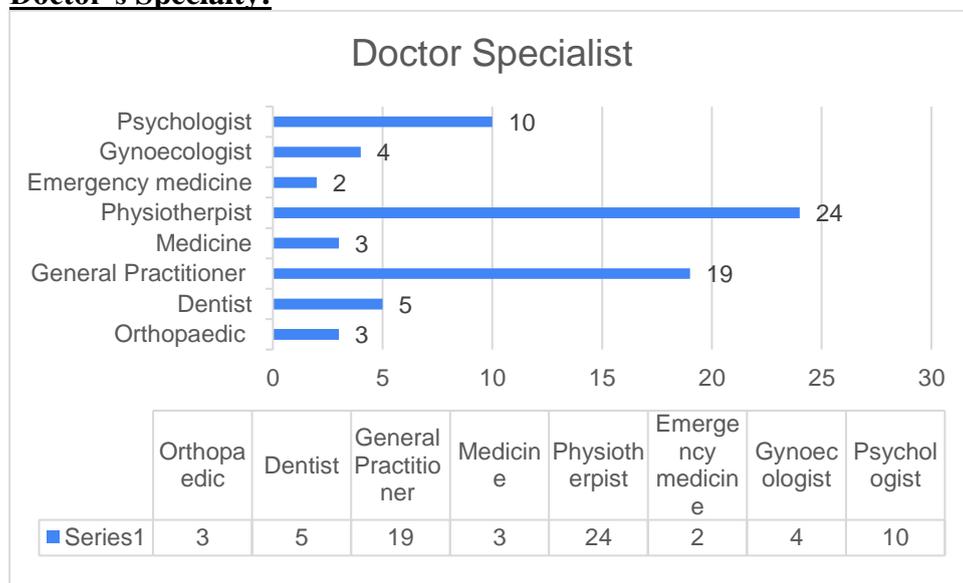
Figure 5: Doctor Speciality

2. Aware about E-consultation:

Yes	No	Mixed
57	5	8
81.4%	7.14%	11.4%

Table 1: Consultation Aware

3. Are you aware about any tele platform?

Yes	No	Mixed
37	25	8
52.8%	35.7%	11.4%

Table 2: Aware any tele platform

4. **Purpose of joining**:

Covid consultation	Speciality consultation	Other
32	26	12
45.7%	37.1%	17%

Table 3: Purpose

5. **Effectiveness of e-consultation same as normal clinic system**
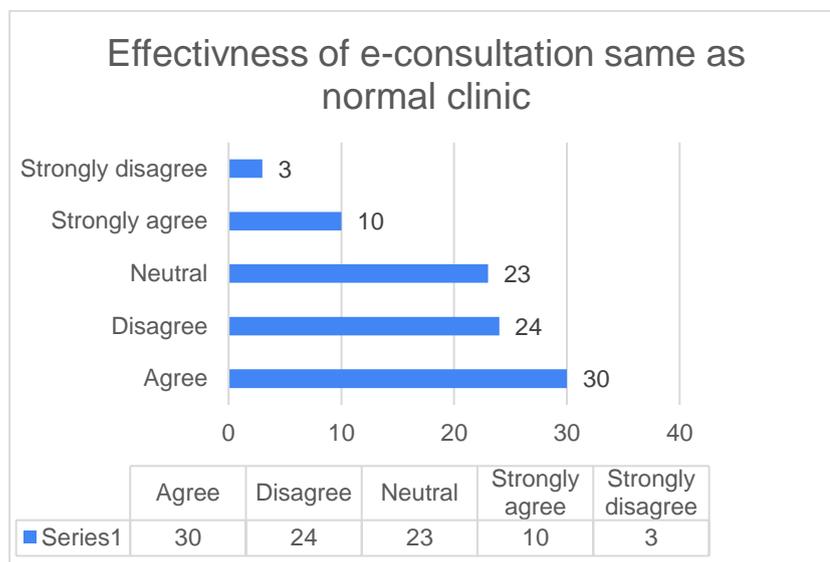
Figure 6: Effective e-consultation

6. **E-consultation provide more access to healthcare services during Covid-19**

Agree	Disagree
63	7
90%	10%

Table 4: Healthcare services

7. **E-consultation provide more safety from direct contact of infected patients**

Agree	Disagree
67	3
95.7%	4.2%

Table 5: Safety recurrence

8. **E-consultation help to set up virtual clinic in less time**

Agree	Disagree	Neutral
57	7	6
81.4%	10%	8.5%

Table 6: Time taken

9. **E-platform easy to use & easy to learn**

Agree	Disagree	Neutral
44	3	23
62.8%	4.20%	32.8%

Table 7: Learning

10. **E-consultation system error (technical issue, internet issues, e-prescription not receive) was handled easily**

Agree	Disagree	Neutral
26	29	15
37.7%	41.20%	21.4%

Table 8: Error Solving
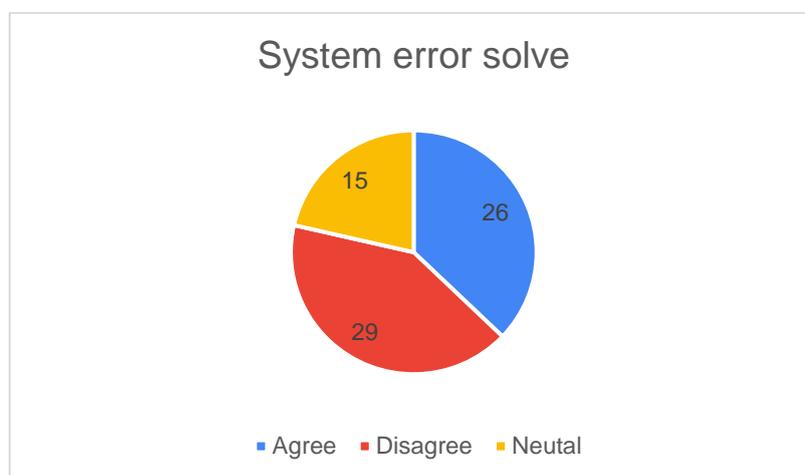
Figure 7: Error solving

11. **Consultation given by you (Dr.) appetite level**

Extremely dissatisfaction	Dissatisfaction	Normal	Satisfaction	Extremely satisfaction
0	10	18	22	20
0	14.28%	25.4%	31.4%	28.7%

Table 9: Doctor satisfactory level
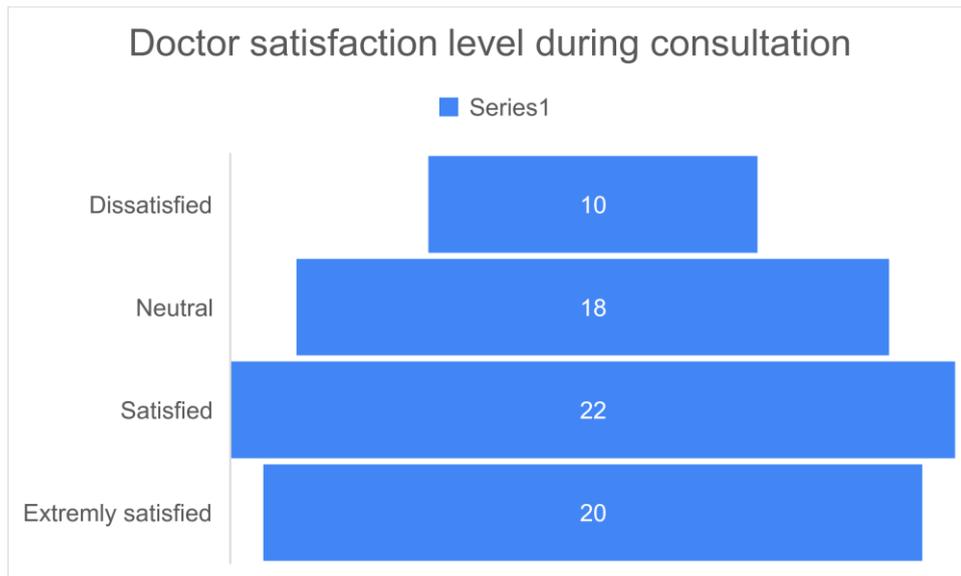
Figure 8: Doctor satisfaction level

12. Would you think E-consultation services continued after pandemic?

Yes	No	Neutral
50	**5**	**15**
71.7%	**7.14%**	**21.4%**

Table 10: Future of E-Consultation

CHAPTER 5

DISCUSSION

Doctor's satisfaction is more responsible for the teleconsultation as it improves the image of the tele platform due to them reach to the max. patients(consumers)

This study objective to Assess issue of tele platform and teleconsultation during Covid-19 over the tele platform over the India

A questionnaire (structured) being used for Data collection.

In this study, 20% patients are extremely satisfied they provide consultation over tele platform, whereas 31.4% being satisfied, neutral by 25.7% and dissatisfied by 14%.

Overall response rate of doctor's satisfaction = 35.19%

90% (63) doctor agree 10% (7) being disagree that e-consultation provide more access to healthcare services.

95.7% (67) agreed and 4.2% (3) being disagree that more safety from direct contact of infected patients

81.4% (57) Doctors agreed, 10% (7) disagree where 8.57% being neutral that E-consultation easy to setup virtual clinic compare to normal clinics

- It can be easily used if the technical error will be minimized
- It will work over the less or minimal data usages
- All work be done under the Indian telemedicine guideline (e- prescription, using tele platform)
- Ethically maintained privacy of patient & doctor conversation
- Work on their prescription part (easier to understand by patients)

While working their business models we come to know about that there are 3 model of business:

1. Business to business (B2B)
2. Business to Consumer (B2C)
3. Business to assistive tolls

B2B (business to business) and B2C (business to consumer) it defines how to deal between with the business and customer. B2B show the relationship between manufactures and wholesalers or retailers.

B2B and B2C marketing strategy also being different. As we look pricing process of B2B and B2C they are much different whereas supply chain of both models is bit similar but have some differences also.

What is B2B:

B2B, or business-to-business, define that transaction or exchange of products is different and through the business to business being done.

Characteristics:

- B2B their sales volume is larger
- B2B buying process is riskier than B2C
- Their company behave different, purchase, decisions impacted
- B2B avoid mass media for promotion their products

What is B2C:

Business to consumer, type of transaction in which consumers directly purchase their products or services they need from the business.

Characteristics:

- The technology using very simple and cheap.
- Mainly focused over marketing the products
- Focus on Branding the products
- Having lots of social pressure to complete the demand supply
- Maintain Costing value
- Ready for the competition

Audience Target:

B2B target always the smaller market where they purchase maximum goods whereas B2C target to the larger audience where they purchase goods with their profit margins.

Comparison for B2C vs. B2B target audiences:

B2B	B2C	
Enterprises	End user	Target population
Smaller	Large	Market size
Sales in B2B Is high & demanding	Volume of sales is low	Marketing
The purchasing from B2B reflect riskier	The purchasing of B2C being lower riskier	
B2B doing business electronically	B2C refers to on-line purchases and selling	Supply Chain
Longer purchasing process	Short time purchasing process	Purchasing process
Unit prices is not necessary	Unit prices is necessary	Pricing
Consumer decision is rational, buy what their need.	Consumer decision is emotional, demand has variety	Consumer decision

Table 11: Comparison between B2B and B2C

- Tele platform using both business model to their platform

- As we see B2B (Business to business) model distributer purchase from the supplier in the tele platform doctors are the supplier who get through the portal, platform services like consultation to with patients (consumer)here.

- Other side B2C (Business with consumer) provide a service, facility to the patients.

- So, basically, they provide both the model in the market place to achieve & sustain their position in market place.

CHAPTER 6

CONCLUSION

- Telehealth is a rapidly evolving field and the associated technology is fast changing creatinghuge opportunities for digital healthcare. With very few healthcare providers, the demand and need for quality healthcare is increasing enormously. Telehealth enables the accessibility of healthcare painless and affordable. Reduced costs and lower wait times arenot the only achievements of Telehealth, but also the improving patient satisfaction and patient involvement in the healthcare have added greatest value to the Telehealth.

- Telehealth with its technology and services is paving way to the digital healthcare in India. With their integrated cloud-based product suite, they can provide superior patient care, reduced delivery costs, effortless patient's data access and exceptional patient experience.

- Customer's satisfaction evaluation must be done regularly by healthcare organizations by conducting such studies for continuous improvement. With such studies one will get the difference between the expectation and their needs as per their expectations. It will help to find out the loop holes and weakness of the organization.

- Maximum numbers of patients are happy with facilities provided in the teleconsultation; explanation given by the account managers till their consultation done.

- Patients are satisfied with the ease of getting connected through call center for appointment and other information purpose, with politeness and courtesy of the staff, with the responsiveness of doctor to their queries, behaviors and competency.

- Few patients were dissatisfied due to technical defaults over the app patients can't connected with doctor or not receiving prescription on time.

- This study on doctor's satisfaction revealed that the output of satisfaction is very complex process. This includes, several factors related characteristics and their need, one's perception to physicians and various interpersonal skill

- Several finding of this study which is helpful for further aspects, surveys should take from customer and doctor so that get to know the problems they are facing, they trust the brand & marketing also impact while solving their problems.

Strengths	Weakness
• The advances best healthcare access to remoteareas through Telehealth. • It enables the best quality of the health care being delivered to the individuals. • Reduces the healthcare expenditure by ease of access. • Provision of transparent medica • All medical records will be safe &secure • It is pocket friendly, customized acc. To patient convenience.	• In spite of the most advanced technologies, health-related data is to be secured of breaching. • Prescription part being improved • Medical professionals are not so tech-savvy and are not well aware of the latest healthcare trends. • Experienced Doctor not easy to learn this concept • Strong Internet connection required, for rural its being tough
Opportunity	**Threats**

• Growing tech-savvy patients to take control of their health is the huge opportunity for Telehealth solution. • The growth of Telehealth market in India at a CAGR of 20% with current market share of $10-12 billion. • Due to Covid maximum people will use through portal • The boom in digital healthcare and support from government is the biggest opportunity for Telehealth	• Infrastructure Complexities in the rural India with Electric Power, Broadband and Network availability. • The doctors available to provide healthcare services is very less compared to other regions. • New competitors in the market.

Table 12: SWOT Analysis of Telehealth in India

REFERENCE

Bibliography

1. Singh A, Roy A, Goyal P. Telemedicine and telehealth - The Indian scenario. J Integr Health Sci 2016; 4:3-8

2. PricewaterhouseCoopers, Digital health in emerging markets. (2017). *The Digital Healthcare Leap: Digital health in emerging markets, February 2017*. Retrieved from https://www.pwc.com/gx/en/issues/high-growth-markets/assets/the-digital-healthcare-leap.pdf

3. World Health Organization. (2016). *The Health Workforce in India*. Retrieved from https://www.who.int/hrh/resources/16058health_workforce_India.pdf

4. CENSUS OF INDIA. (2011). *RURAL URBAN DISTRIBUTION OF POPULATION*. Retrievedfromhttp://censusindia.gov.in/2011-prov-results/paper2/data_files/india/Rural_Urban_2011.pdf

5. Digital health market in India over the next ten years. (2018). Retrieved from https://www.dr-hempel-network.com/growth-of-digital-health-market/digital-health-market-in-india/

6. Telehealth Market Research Report- Forecast to 2023. (2019). Retrieved from https://www.marketresearchfuture.com/reports/telehealth-market-900

7. Telehealth Market to Reach US$ 19.5 Bn by 2025. (2018). Retrieved from https://www.transparencymarketresearch.com/pressrelease/telehealth-market.htm

8. Telehealth Market is Anticipated to Touch US$ 9.50 Billion by 2024. (2019). Retrieved from https://www.marketwatch.com/press-release/telehealth-market-is- anticipated-to-touch-us-950-billion-by-2024-2019-04-16

9. Government of India. (2011). 2011 Census Data. Retrieved from http://censusindia.gov.in/2011-Common/CensusData2011.html

10. World Bank IRDB. (2016). Physicians (per 1,000 people). Retrieved from https://data.worldbank.org/indicator/SH.MED.PHYS.ZS?end=2016&start=1960&view=chart

11. Intellicon. Telemedicine Services in India. (2019). Retrieved from https://www.intellicon.in/sol-video-telemedicine.html

12. Telemedicine Benefits and Disadvantages, Telemedicine Pros and Cons. (2018). Retrieved from https://evisit.com/resources/10-pros-and-cons-of-telemedicine/

13. Central Bureau of Health Intelligence. (2018). National Health Profile -2018. Retrieved from https://cbhidghs.gov.in

14. Centres for Medicare & Medicaid Services (CMS). Medicare Telemedicine Health Care Provider Fact Sheet.2020. https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet/. Accessed May 26, 2020.Google Scholar

15. Alwashmi MF. The use of digital health in the detection and management of COVID-19. Int J Environ Res Public Health. 2020; 17:2906. Doi: 10.3390/ijerph17082906CrossrefGoogle Scholar

16. https://www.msh-intl.com/en/europe/individuals/services-teleconsultation.