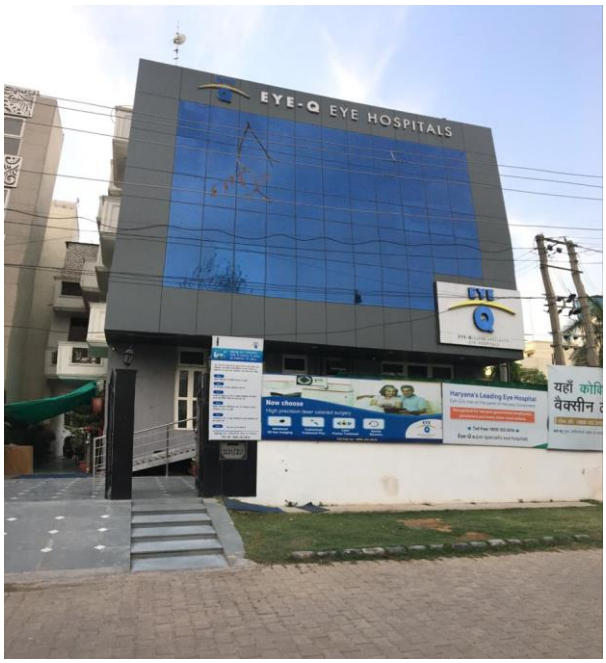
Section 1 : Overview of the Organization

EyeQ Superspeciality Eye Hospital, Gurgaon



INTRODUCTION:

The Eye-Q hospital chain is committed to providing the best quality eye care at an affordable cost across India. We are an ISO 9001-2015 registered organization operating under our Founder and CMD leadership- Dr. Ajay Sharma- one of the most renowned eye surgeons in India, aided by a team of specialists with rich experience in their respective specialties from top hospitals across the country.

Established in 2007, Eye-Q is a chain of 37 Super- Speciality Eye Hospitals in Delhi-NCR, Haryana, Uttar Pradesh, Uttarakhand, and Gujarat. Also, two hospitals in Nigeria, Africa.

Eye-Q provides preventive, rehabilitative and promotive services through comprehensive eye care services. EYE-Q's eye specialist doctors have successfully treated 50+ lakhs patients in a span of 11+ year. The high success rate can be attributed to the experienced and trained eye doctors (ophthalmologist) who have extensive experience and skills in performing surgeries with precision and without any complications. Eye-Q's Gurgaon branch caters to eye care of the people of Gurgaon and adjoining regions.

EYE-Q hospitals are rated among the best in India having 37 eye care hospital across 24 cities. EYE-Q specialist doctors have more than a decade of experience in treating patients and are trained internationally giving them an edge.

VISION

To be India's foremost chain of eye hospitals in terms of both Quality of eye care and the Number of patients handled at affordable cost.

MISSION

To make every patient an Ambassador for Eye-Q through a combination of

- Highest level of quality and technology in eye care.
- Exceptional personal care.
- Complete integrity to the patient and his/her needs.

VALUES

- Be honest and open in my communication and do what I say I will do
- I accept our individual & team responsibility and meet my commitments each & every time
- Our clinical & non-clinical team is supportive of each other's efforts and care for each other
- Give care, compassion & respect to patients and colleagues as I expect for myself
- I Will make a conscious effort to contribute in creating a social impact
- Will embrace and drive positive change
- Proud of Eye Q

Organization Profile

Services includes-

CATARACT SURGERY

Cataract is a disease which mostly occurs in the elderly population. Cataract requires immediate doctor advice to get the treatment. EYE-Q offers laser automated technology for Cataract surgery which is a bladeless and painless method. EYE-Q doctors have successfully treated cataract patients and again brought back life to their vision.

LASIK SURGERY

Lasik surgery is the best way to get rid of the eyeglasses. EYE-Q hospitals offer comprehensive detailed eye check up to check whether the patient is suitable for LASIK surgery or not. The check-up ensures that the patient is completely fit to undergo treatment. EYE-Q doctors have a decade of experience in performing surgery.

RETINA TREATMENT

Retinal tearing and retinal detachment are treated using retinal surgery which is combined using laser photocoagulation and retinal freezing cryopexy techniques. EYE-Q offers treatment which is best suited to patient requirements. EYE-Q eye doctors have successfully performed retinal surgeries without any complications.

DIABETES EYE CARE

Diabetic retinopathy is a serious condition of the retina that could lead to blindness in diabetic patients. Our hospitals across India cater to the eye care of diabetic patients which is focused on early diagnosis and management of disease by our experienced doctors who have more than decade of experience in serving diabetic patients.

OPTICAL SERVICES

Optical services are offered at EYE-Q hospitals. Our experienced optometrists are professionally qualified to deliver quality services to the clients. EYE-Q has invested in faster glazing machines to offer the best spectacles and contact lenses for the patient with vision problems. Eye-Q has collaborated with Pinnacle optical Pvt Ltd

PAEDIATRIC SERVICES

Squint and Amblyopia fall under Paediatric eye disease which requires early treatment. EYE-Q eye specialists are trained for Paediatric eye care which is generally different in approach with respect to the adult patients. Best technological equipment is present for visual evaluations of children and its correction.

REFRACTIVE SERVICES

Refractive defects include Myopia, Hypermetropia, and Astigmatism which generally occurs due to refractive errors leading to vision defects. Refractive services include Lasik surgery which is a tried and tested method for refractive errors. EYE-Q dedicated team of doctors have years of experience in treating the patients.

ICL SURGERY

Implantable Collamer lens surgery is the procedure in which contact lenses are implanted into the eyes. The ICL lens works with the natural eye lens for correcting refractive errors. The contact lenses are implanted therefore do not required to be removed. EYE-Q hospitals offer ICL surgery to patients for treating vision defects.

GLAUCOMA TREATMENT

Glaucoma occurs when the optic nerve gets damaged due to intraocular pressure which can result in vision loss also depending on the severity. Doctors need to be consulted immediately for better chances of recovery. Eye-Q specialist doctors have a wide range of experience in dealing with Glaucoma which requires treatment combined with psychological counselling.

OCULOPLASTY SERVICES

Oculoplastic surgery is offered as a cosmetic, corrective and reconstructive eye surgery in cases of retinoblastoma and ocular-orbital eye defects. EYE-Q offers comprehensive and contemporary approaches for diagnosing and treating eye defects. EYE-Q surgeons have more than a decade of experience for treating eye patients and providing them with post-operative care.

Section 2: Dissertation

The Effect of Covid 19 Pandemic on Adult Population's preference for E-Consultation

BACKGROUND

Nowadays, there are such a significant number of approaches to speak with your doctor, from in- person visits to video tests to texts. Having different passageways to your clinical expert is significant on the grounds that it makes social insurance more flexible, if you're ready to press in an advanced visit in the middle of tasks or gatherings at work, why not? In the event that you can find a brisk solution to an inquiry concerning drug by means of email without looking out for hold, is there any valid reason why you wouldn't? We're enormous defenders of new human services innovations and webside way, however we likewise accept that the occational in-person visit is essential to acceptable consideration, as well.

Communication is a fundamental part of medicinal services. Patient clinician conveyance is a key clinical ability. Generally, personal correspondence has been the essential methods for outpatient to communicate with social insurance suppliers. Conveyance that happens in clinical experiences can grasp outpatient's needs, points of view and independent encounters, give chances to patients to take part in their consideration, and improve understanding supplier connections (Epstein and Street, 2007).

In the coming years, digital consultation will progressively supplant the customary personal contact in outpatient clinician connections. In spite of the fact that screen-to-screen contact among outpatient and wellbeing supplier (additionally alluded to as video conference, PC interceded discussion, or telecommunication) so far stays moderately phenomenal, there is generous proof that outpatients need approach to online correspondence with medicinal services suppliers contiguous the standard face to face counsels. New researches express that outpatients hold increasingly uplifting mentalities concerning online communication as a satisfactory mechanism for tolerant supplier correspondence than wellbeing experts do.

Access to computerized innovation using cell phones has on a very basic level changed who the predominant players are in these fields and how we get to administrations. We are seeing a move in a critical position of intensity from the conventional vendors to another advanced model whereby administrations are made increasingly accessible and progressively adaptable relying upon the requirements of the consumer. In healthcare we are starting to see these equivalent changes.

“Remote consultations predate the COVID-19 pandemic, and the potential for digital tools to improve access to services has long been recognised, particularly as a means of overcoming health workforce shortages in remote and rural areas and to improve convenience for patients that work, have reduced mobility or mental health problems. 1 Evidence has also shown that remote consultations can be cost-effective compared to routine care, particularly for routine treatment for people with chronic conditions and those living in remote areas, while being safe, effective and achieving equivalent patient outcomes and improved patient satisfaction.

However, before the COVID-19 pandemic, technological challenges, professional scepticism and ethical, financial, administrative and legal barriers had limited the uptake and use of remote consultations, ensuring they accounted for a limited proportion of patient consultations. 2 5 Moreover, less progress was made than either the technology or the regulations allowed for. For example, remote consultations often used telephone links rather than video or other platforms that would enable the simultaneous sharing of test results, diagnostic images or other files.

The COVID-19 pandemic has been a stimulus to make progress in the implementation of telehealth and to overcome these longstanding challenges. Remote consultations were actively encouraged during the pandemic – particularly for patients with COVID-19 symptoms, to provide medical support and triage without increasing the risk of transmission. Remote consultations have also been promoted to ensure access and continuity of care for non-COVID-19 patients while supporting physical distancing and shielding where necessary." (6)

Video Consultation has come to the fore during pandemic. Video is suitable if you want to have look at a patient in care home, are working in a remote practice or the patient is bed bound.

OBJECTIVE

To understand how adult population's preference of consultation has changed after Covid 19.

LITERATURE REVIEW

A study conducted by Erica Richardson, Dalhia Aissat, Gemma A.Williams and Nick Fahy shows that "General Practitioner (GP) data for England shows a rapid increase in telephone consultations relative to face-to-face consultations – telephone consultations

already being a well-established mode of service delivery. The number of telephone consultations in England increased from 856,631 to 2,022,798 per week between 2 March and 18 May 2020, while the number of video consultations was higher in March than in April or May when it was around 10,000 per week.

In France, in February 2020, more than 3000doctors provided teleconsultations and approximately 40,000 were reimbursed. Teleconsultation was established as a mode of service delivery in 2018 but eligibility conditions were loosened at the height of the COVID-19 crisis; between March and April 2020, 5.5 million teleconsultations were provided by 36,000 physicians in March and up to 56,000 physicians in April. At their highest level, on average teleconsultations accounted for up to 27% of all consultations – about 1 million per week. Since the end of the lockdown in France (on 11 May 2020), there has been a slowdown of teleconsultations, but the number remains higher than before, stabilising at 150,000 per week. During the first week of June, about 400,000 teleconsultations were provided." (6)

A study which was done in Lebanon shows that "Lebanese and foreigners residing in Lebanon have multiple barriers that can hinder their access to healthcare. These barriers can be geographical, cultural, societal, organizational, economical, and sometimes political. In terms of geographical barriers, healthcare services are mainly centralized within and around the country's capital city, Beirut. Cultural and societal barriers include limited awareness and health literacy, as well as widespread social and religious stigmas that reduce the offer of, and demand for, certain healthcare services, such as mental, sexual, and reproductive health services in certain communities. This is heightened by the coexistence of multiple religious sects and ethnic groups. In terms of economic barriers, prohibitive services costs and the lack of universal health coverage can prevent patients from receiving needed care." (5)

“Patients communicate with doctors on the Internet for a variety of purposes, such as prescription refills, receiving examination results, nonurgent consultations as well as requesting for treatment information or actions (Rice & Katz, 2006). Researchers have reported empirical evidences for positive impacts of online patient-provider communication. A study among patients with chronic pain indicated that the Internet can be an efficient and low-cost approach to improving patient-clinician partnerships in managing chronic conditions (Leveille et al., 2009). Allen and his team (2008) conducted a health intervention to enhance Internet-based patient- provider communication, and concluded that communication technologies could facilitate affordable care and enhance patients’ self-management.” (7)

According to study done by Marjolijn L Antheunis , Saskia Kanters , Theodoor E Nieboer , Maria Be Gerritse With respect to patient-related outcomes, satisfaction, perceived information exchange, interpersonal relationship building, and perceived shared decision making showed no significant differences between face-to-face and screen-to-screen consultations. “Doctor-related outcomes showed no significant differences in satisfaction, perceived information exchange, interpersonal relationship building, and perceived shared decision making between the conditions. There was a positive relationship between perceived information exchange and doctors' satisfaction with the consultation (b=.533, P<.001). Furthermore, doctors' perceived interpersonal relationship building was positively related to doctors' satisfaction with the consultation (b=.331, P=.003).” (2)

METHODOLOGY

Design

A cross sectional study

A questionnaire was made to determine people's demographic characteristics, knowledge about telehealth and respondent's experience in teleconsultation, and point of view on shift of physical consultation to tele consultation.

Participants

The questionnaire was disseminated through online platform to adult population.

Time of the research

The study was conducted from March 2021 to May 2021. The data collection period was within march 2021.

Sample size: The questionnaire was circulated to population of 120 adult out of which only 100 agreed and fulfilled the inclusion criteria.

Data collection method

Indirect interrogation of the respondents using pre-designed questionnaire was used to acquire knowledge data.

RESULTS

Age	Frequency
19-25	33
26-30	27
31-35	13

40-45	6
46-50	5
51-60	8

Table 1

The table 1 shows the frequency of the data collected. In this data the most number of people who participated in this study were people in the age group 19-24. And the least number of people were in the age group 46-50.

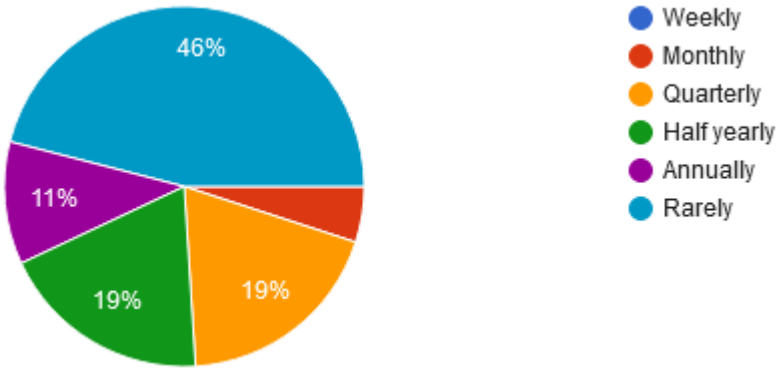


Figure 1

Figure 1 shows that how often people visit the hospital for any kind of service. 46% of people admitted that they rarely visit hospital premises. 11% people admitted that they visit the hospital premises annually, 19% people people admitted that they visit the hospital half yearly and 19% people admitted that they visit hospital premises quarterly.

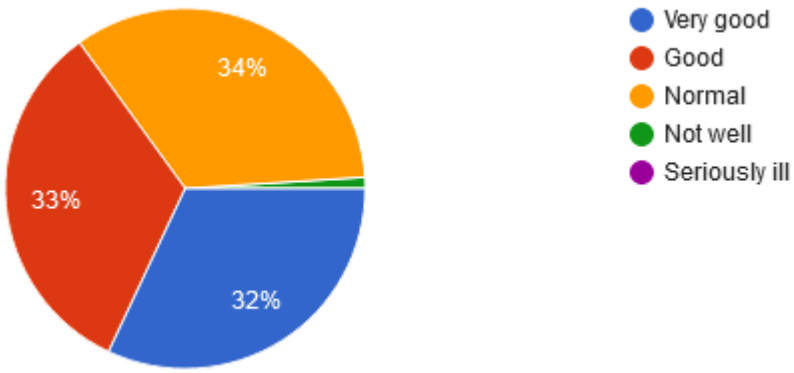


Figure 2

Figure 2 shows that 32% people feel that their health is very good and they don't feel any issue regarding their health. 33% of people feel that their health is good and 32% of people feel that their health is normal.

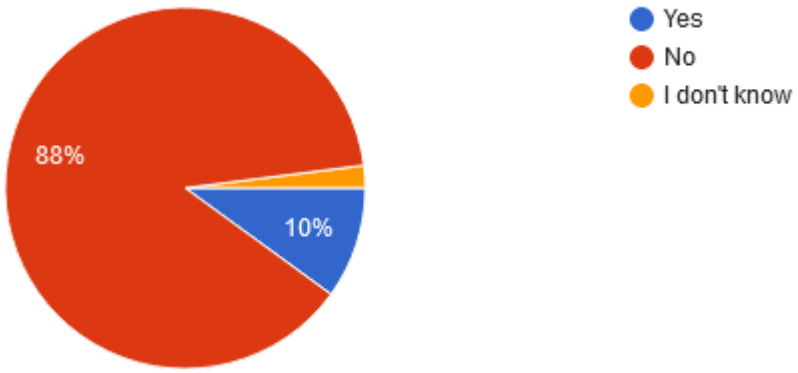


Figure 3

Figure 3 shows that 88% of people admitted that they don't have any chronic issue regarding their health and they don't need to go to hospital premises so frequently.

10% people feel that they have some serious kind of issue regarding their health.

And 2% of people are not sure if they have some serious problem or not.

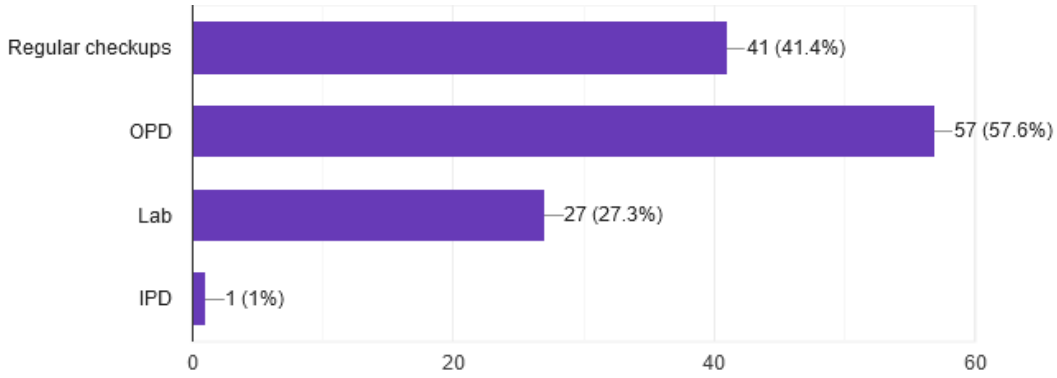


Figure 4

Figure 4 shows the data 41.1% of people visit the hospital premises for regular checkups and 57.6% of people visit the hospital for OPD services and 27.3% of people for lab services and 1% of people visit hospital premises for inpatient services.

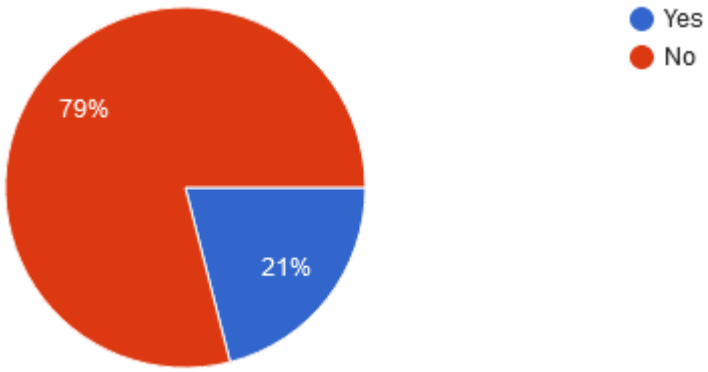


Figure 5

Figure 5 shows that only 21% of people visited the hospital premises during the covid for consultation other than covid 19 tests and 79% of people did not visited the hospital during the lockdown.

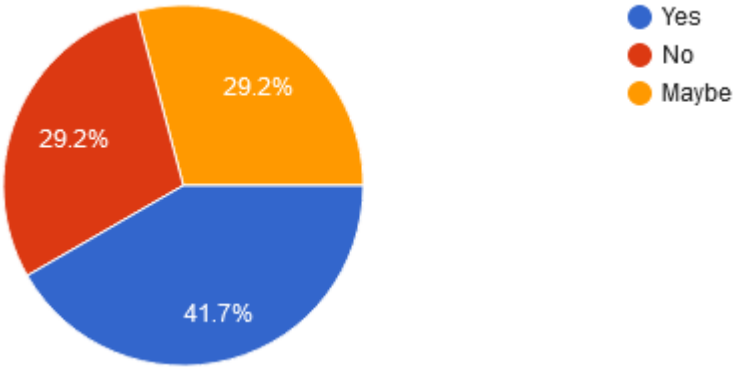


Figure 6

Figure 6 shows that 41.7% people feel that the visit could have been done digitally and 29.2% of people says that the visit could not have been done digitally.

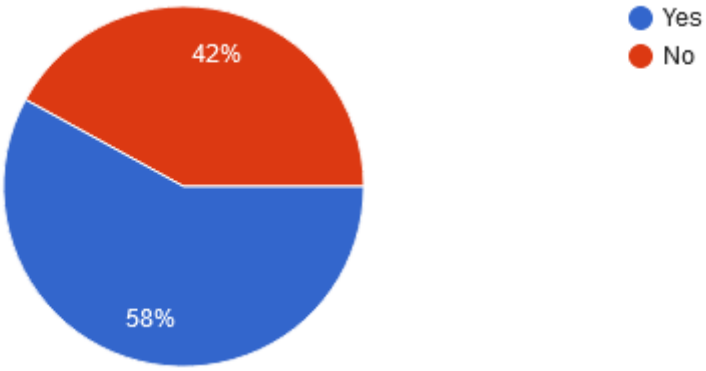


Figure 7

Figure 7 shows that 58% of people have consulted a doctor digitally and 42% of people have not consulted any doctor digitally.

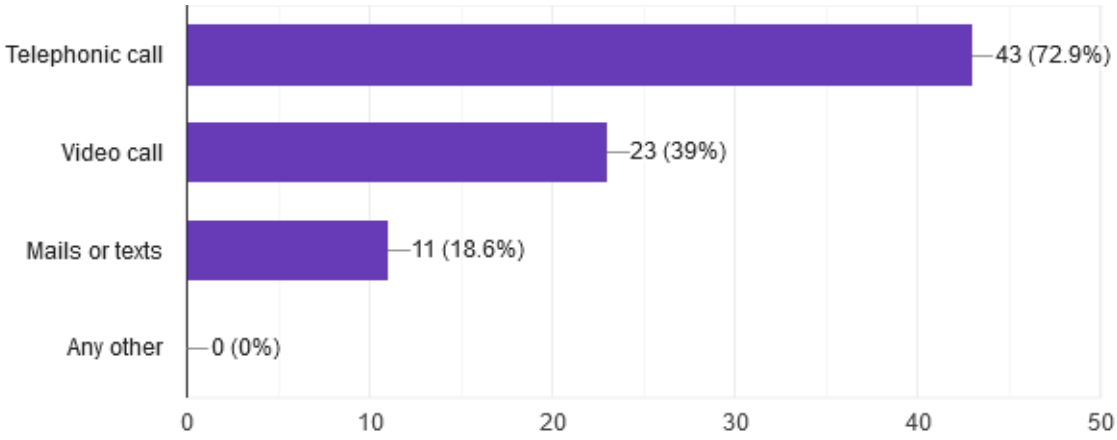


Figure 8

Figure 8 shows the mediums through which people have consulted any doctor digitally.

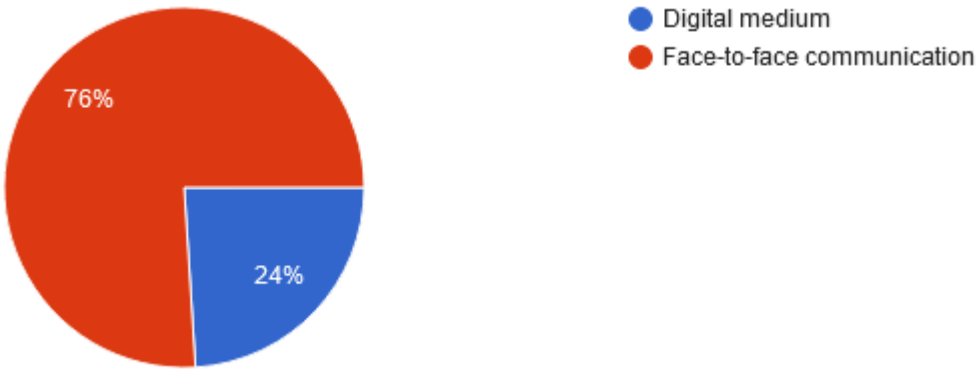


Figure 9

Figure 9 shows that 76% of people says that they would prefer face to face communication over digital. And 24% of people says that they would prefer digital consultation over face to face communication with doctor.

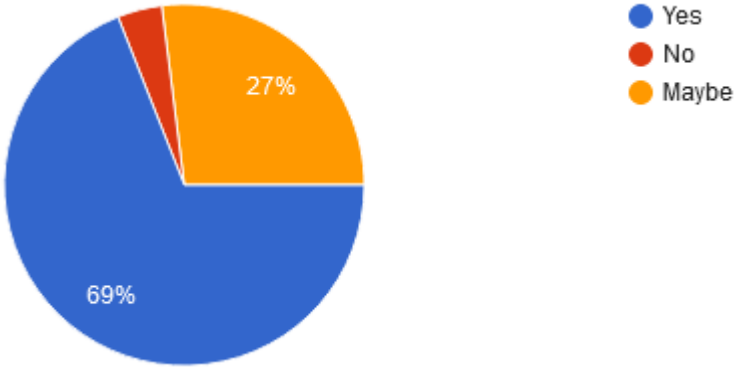


Figure 10

Figure 10 shows that 69% of people feel that India should start focusing on digitalization of health system.

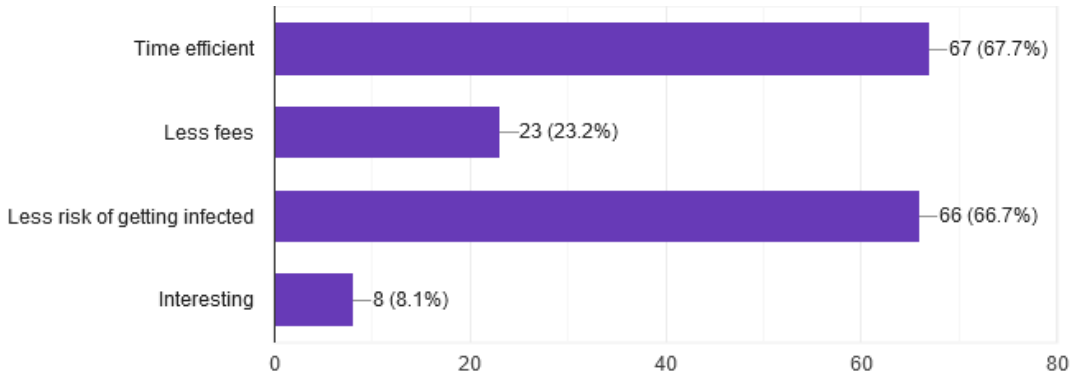


Figure 11

Figure 11 shows the reasons why people would prefer digital consultation with doctor.

DISCUSSION

This work examined the peoples' use and preference of telehealth before and during the COVID-19 pandemic. The findings showed that the COVID-19 pandemic affected the way people use and prefer telehealth. However, in terms of completeness, it was understood that it is impossible to gather all of the needed information during remote consultations, as physicians can not conduct a thorough clinical examination remotely. The experience of providing healthcare during the COVID-19 pandemic seems to have contributed to greater openness and willingness to adopt telehealth.

Based on the studies it was observed that that there was a slight difference between the patients choosing face to face as well as online consultation. Some studies showed that there was no specific difference between both the platforms on the basis of satisfaction, perceived information exchange, interpersonal relationship building, and perceived shared decision making among the doctors and also among the patients with respect to satisfaction , perceived information exchange, interpersonal relationship building.

However, there are several demographic factors which were significant predictors of digital outpatient clinician communication. It can also be said that interpersonal outpatient clinician correspondence had a better relationship than with online patient clinician correspondence, proposing that various channels of patient-supplier correspondence can be incorporated into the medicinal services framework, performing integral capacities to one another. For instance, Tian and Robinson (2014) stated that American adult's health data looking for on the Internet was confidently connected with the utilization of different sources for wellbeing data (e.g., clinical visits). Likewise, in an investigation led in India, Lin and Dutta (2017) showed that an independent keen on wellbeing data would go to specialists, and furthermore expend such data on the Internet.

The people who were using a mobile- based application for health consultation and also who were provided phone consultations to providers stated both advantages and disadvantages of digital platform. The specialists dispersed misguided judgments and supported better health services rehearses, orderly check ups, and proper utilization of medication. They supported families comprehend the seriousness of ailments and adviced them to look for care at wellbeing offices for urgent or earnest conditions. But the service were lacking a poor arrangement to help the subscribers from poor family units and a legitimate criterion framework to assist outpatients with finding the correct consideration at the correct facilities.

Phone counseling, it appears, requires impressive expertise and judgment, maybe due to absence of viewable signals. Qualitative studies utilizing discussion findings have discovered that comparison with customary personal counseling, phone conferences have a more straight pattern and focus on a straight range of already planned topics, with lesser chance for the outpatient to raise matter spontaneously. These rich subjective discoveries bring up the fascinating issue of whether the equivalent will be valid for

skype meetings or whether the expansion of excellent video medium would copy the ethos of the personal communication.

As outpatients feel fulfilled and believe their clinicians, they would thus connect all the more effectively in clinical experiences, have better consistence with treatment suggestions after discussions, and look for additional specialists' thinking about their self administration (Lee and Lin,2008). In this manner, regardless of the mode of outpatient provider associations, connections matter. This outcome adds exact proof to the writing on the significance of connections impacts on clinical correspondence in eHealth development. To encourage outpatients to utilize recent advancements for conference, social insurance associations must take care of the improvement of confiding involved with their outpatients and the upgrade of value support to encourage faithfulness that prompts proactive outpatients who might keep on accepting human services administrations by means of the Internet.

CONCLUSION

This century has experienced an advanced transformation. Let alone in the previous year, over the previous decade, there has been a colossal increment in web clients, both more established and more youthful populaces!

On the other hand, face-to-face understanding supplier correspondence stays a foundation what's more, a solid main thrust of Internet use for clinical communication. Along these lines, to urge patients to embrace eHealth advances, social insurance suppliers should initially manufacture a patient-focused condition (e.g., reacting to patients enlightening and enthusiastic necessities, drawing in patients in medical decision making).

Specialists and patients might be less reproachful of deficiencies in conveyance conduct while digital communications when contrasted with face with face discussions. The

decrease of non verbal prompts and the lesser level of social presence in digital correspondence may along these lines change specialists and outpatient's desires for the communication and thus their observation. This will infer that in online consultations less prompts are required than in interpersonal and personal discussions to accomplish a similar impact of apparent data exchange, saw relational connection establishment, and recognized shared decision making.

LIMITATIONS

1.Due to the 2nd wave of Covid 19 number of respondents were less.

2.Many people refused to fill the questionnaire due to lack of interest.

ETHICAL CONSIDERATIONS

The potential subject were informed about the study. The potential subjects will be informed about the study. For collecting data participants consent will be obtained. The informed consent will make it clear that agreeing to contact others is not a requisite for participating in the research. The dignity of the research participants will be maintained. Responses collected will be kept confidential.

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