

Teleconsultation for Tier 3,4 & 5 cities in India and its scope for improved advice on surgical treatments

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Abstract

The Indian healthcare system suffers from various issues ranging from trust in doctors to bills that are way more than anticipated. This paper aims to highlight the issues of patients in India when they seek surgical treatments. A study in Agra, a tier three city in north india was conducted among 30 participants to understand the issues faced while seeking healthcare. The participants varied from 21 years of age to 60 years. We aimed at understanding how they take decisions, what they seek while pursuing quality healthcare and how satisfied they are with the options available to them. This was part of the market research we conducted to introduce telemedicine to tier 3 cities with well qualified super specialist doctors from New Delhi. The telemedicine clinic has a mediating doctor to foster better communication between the super specialist and the patient.

General terms

Indian healthcare system; super specialist doctors

Keywords

Telemedicine; super specialist doctors
healthcare costs; surgical treatments

Introduction

The Indian healthcare system has been reeling with huge breakdowns in access to quality health advice and infrastructure. Despite cheap and good treatment available across major cities, the tier 3, 4 and 5 citizens face hardships in availing good healthcare in time and within budget. Most often, the budget shoots up due to travelling to these cities and lack of awareness of cheaper options.

Infrastructure breakdowns and challenges in Indian healthcare:

- **Lack of reliable sources of information-**
The patients don't have options to explore when they have to opt for a surgery. They end up going to just one doctor suggested by their family, their physician in case of smaller health issues. In case of bigger problems they rely on big brands like Medanta and Apollo .
- **Large financial discrepancies with hospitals offering similar services-** Our primary field study revealed to us that a majority of the patients end up paying 1.5-1.7 times more than the expected amount. The study shows that a surgery which would cost around ₹4 lakhs in a big corporate hospital like Medanta or Apollo (both located in National Capital Region) would cost around 2-2.5 lacs in

a non branded hospital with similar facilities and similar doctor profile. This can be attributed to high marketing budget and massive gross profits of a big corporate hospital in comparison with a non branded hospital. The doctors in the smaller hospitals could be equally qualified. What these hospitals lack is the visibility to small town patients.

Note: On an average, a super speciality hospital in India spends around 30-35 % of the surgery's cost in acquiring the customer. This includes referral cuts to the doctors, marketing budgets and commissions to the middlemen. These things in turn, contribute to high costs of surgeries and treatments for the patients.

The work patients and caregivers do to reconfigure, connect, communicate and reconstruct their desired healthcare services
The patient very often does not know the details of any surgery/procedure in any given hospital.

The details include-

1. The total costing of the surgery (properly categorised- surgeon's fee, operation theatre charges, hospital stay charges, medicines charges,etc),
2. The doctors who would be performing the surgery and their qualification, experience and number of operations performed for that particular disease.

Our field study revealed to us that people choose doctors and hospitals on the basis of what their friends and family suggest them. Often the choice, though trustworthy and verified, might not be the most reasonable in terms of finances. Trust and reliability is a major concern that plagues the Indian healthcare

sector as patients cannot trust individual doctors unless the latter are associated to big brands of hospitals. But these hospitals turn out to be very expensive.

The Telemedicine Clinic

Providing second opinion via video consultation with the reputed doctors in small cities was adopted as one solution.

Herein, the doctors give opinions on whether at all the patient needs surgical intervention, and if yes, the patient can explore multiple options for her surgery and can even choose to opt for a surgery with her primary doctor (where the px has taken previous consultations). This would ensure trustworthy advice reaching to the patients without having to visit metropolitan cities. Since the consulting doctor is aware that the patient has equally good options to consult with, s/he would try to provide genuine advice. Although we are still testing this solution and related assumptions by conducting video consultations as per the aforementioned idea.

Our study revealed that diabetes and thyroid are rampant in Agra and there is a severe dearth of specialists in the field as most patients rely on general physicians for diabetic care. While a general physician is equipped to control minor symptoms, a lot of patients need specialist care. Super-specialists in Endocrinology based out of New Delhi were on-boarded by the team. A clinic having the facility of doing video consultations with the endocrinologists, mediated by a doctor at the clinic, was set up. The consultations used the latest medical devices that would help in remote medicine. Although, the field does not need surgical intervention per se, it is a good start to introduce

the patients to the idea of remote consultations as the doctor needs only reports and no physical examination in order to provide a consultation. We intend to move on to cardiology, nephrology and neurology in near future to provide consultation on surgical fields as well.

Providing a marketplace for hospitals

We are also working on an online marketplace model for all surgical procedures in India. The patient can get to know the details of any surgery/procedure in any given hospital. The details include- the total costing of the surgery (properly categorised- surgeon's fee, operation theatre charges, hospital stay charges, medicines charges,etc) , the doctors who would be doing the surgery with their qualification, experience and number of operations performed for that particular disease.

The key differences from a typical marketplace are-

1. Real time marketplace- The marketplace would be created in real time by sending the reports of the patients to various hospitals so that they can give their costing accordingly. The marketplace initially would be normal (you can see the ballpark figure of any surgery/procedure in all the hospitals listed on our platform) and eventually it would be created in real time to decrease the discrepancies in the ballpark figure due to case to case variability.
2. No independent access to the patient- Unlike other marketplaces , ours can only be accessed via a haplo clinic. This is because a user would be

unable to transact at our MP independently and would need the help of a doctor that would be present at the Haplo clinic. Secondly, the patient can also consult the doctors of the hospitals she is interested in via video consultation at our clinic which may not be possible if the patient accesses the MP on her own.

Discussion

This project began with the aim to understand decision making habits of small town patients. We eventually went on to setup a telemedicine clinic that has taken up over 60 consultations so far. While our current aim is to bridge the gap between small town patients and super-specialists from bigger cities, or eventual roadmap comprises of the marketplace model. We aim to pursue it once we have more specialities of doctors on board.

Value proposition-

For the patients-

1. Second opinion with super specialist doctors without having to travel. These doctors are well reputed and have patients visiting them from across the region.
2. Options of multiple hospitals with their financials.
3. Cost saving

For the doctors -

1. Farther reach into small towns that also adds to their reputation
2. More consultations per day

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