

Patient Empowerment – The eWay

A Story from Rural Tamil Nadu



Prof. K. GANAPATHY
President, Apollo Telemedicine
Networking Foundation,
Chennai, Tamil Nadu, India

TeleHealth Education for Rural Tamilnadu

An ATNF - MSSRF Initiative - Aims & Objectives

- Knowledge Empowerment > important than antibiotics in Health Care
Sir Muir Gray CKO NHS
- Will dissemination of authenticated validated Health Information to rural India with 2 way Audio Video using multi point VC radically transform Health Care Outcomes
- Can one promote “ Stay Healthy” & “ eWellness” using ICT
- Can one quantify the results of such intervention ?
- Is Knowledge Empowerment = Patient Empowerment = Better Compliance



Village Resource Center of MSSRF



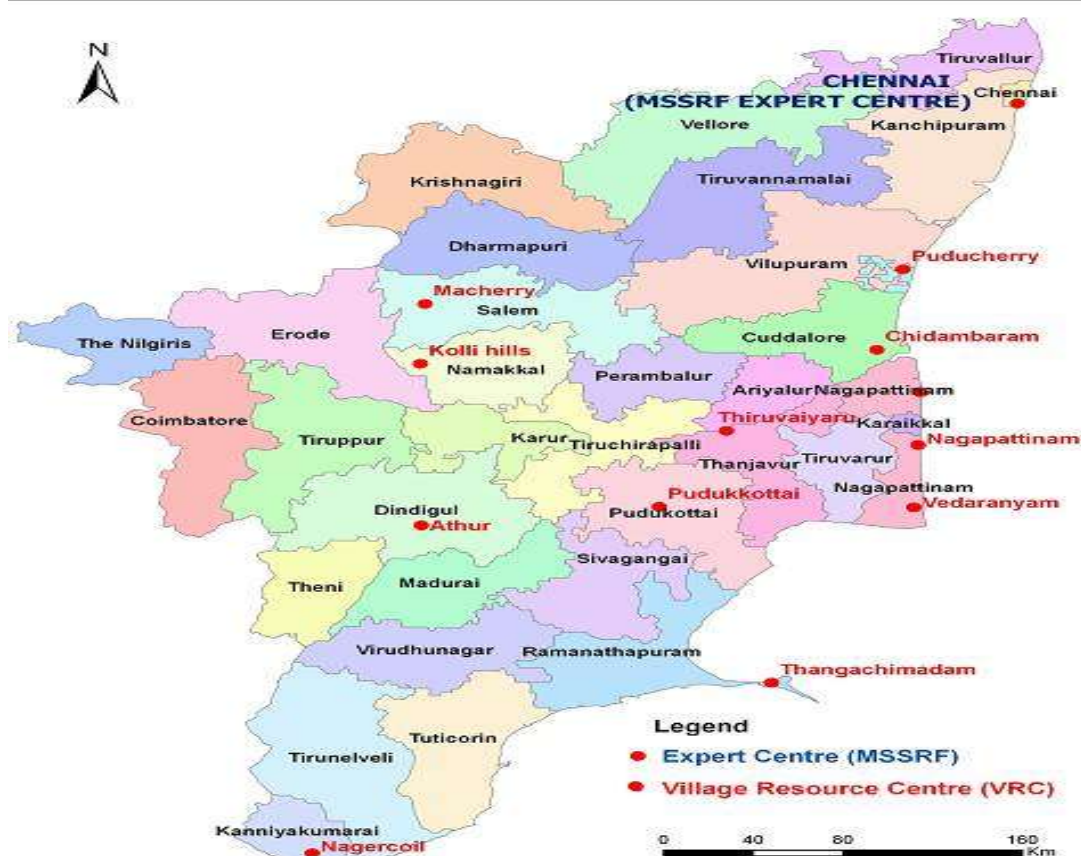
Initial Visit to a Village to understand level of interest, requirements & convenience



TELE HEALTH EDUCATION FOR RURAL TAMILNADU

(An ATNF-MSSRF Initiative)

TAMIL NADU - VRC's LOCATION





**MoU ATNF with
MSSRF In presence of
Dr. Prathap Reddy
Founder Chairman
Apollo Hospitals &
Prof M. S. Swaminathan
Founder Chairman
M S Swaminathan
Research Foundation**



#	Activity	Responsibility	Assigned to
1.	Identifying the topic for TeleHealth Educational Session	ATNF	Dr. Ganapathy
2.	Finding appropriate consultant to deliver the presentation	ATNF	Dr. Ganapathy
3.	Following up and obtaining the presentation in English from the consultant through email	ATNF	Srinivas
4.	Preparing Agenda with a brief write-up on the topic	ATNF	Srinivas
5.	Disseminating the Agenda to all concerned through email	ATNF	Srinivas
6.	Getting the Questionnaire in English from the consultant	ATNF	Srinivas
7.	Translating Questionnaire into Tamil and distributing to all concerned through email	MSSRF	Srinivas
8.	Studying the English presentation, translating the contents into Tamil (with simplification of highly technical and strong medical phrases) and re-creation of the presentation with embedded clipart	MSSRF	Srinivas
9.	Printing multiple copies of the questionnaire, dispatching to concerned VRC/VKC, distributing to the general public and mobilizing the audience at the venue	MSSRF	<i>The staff of MSSRF</i>
10.	Communicating with ATHS Hyderabad IT team, testing the Internet connectivity and handling rehearsal	ATNF	Srinivas
11.	Delivering the presentation and answering the questions of the general public assembled at VRC/VKC	ATNF	<i>The Consultant</i>
12.	Accompanying the consultant during TeleHealth Session and assisting on technical / linguistic issues	ATNF	Srinivas
13.	Recording the session on flip camera (as a backup to the master recording done by ATHS Hyderabad)	ATNF	Srinivas
14.	Ensuring that the Questionnaire and Feedback Forms are filled by the audience, collecting back the filled documents and dispatching to ATNF office	MSSRF	<i>The staff of MSSRF</i>
15.	Logging the obtained data into the system, performing cross-functional analysis and generating executive digest as deemed necessary by the management	MSSRF	Srinivas
16.	Assimilating the collective data and preparing detailed MIS reports with embedded graphics and charts	ATNF and MSSRF	Srinivas

Organisation of Rural Telehealth Programmes - Modus Operandi



Confirmation of Date, Topic & Speaker by ATNF



MSSRF finalizes Village centres for that particular programme



MSSRF Village Knowledge Centres staff, disseminate info to villagers thro' Voice/ text SMS, publicise in Notice Board, announcements thro PA system, local dailies, distribution of leaflets, sending post cards to previous participants, personal invites & attention to Local logistics including serving refreshment to participants

Organisation of Rural Telehealth Programmes Modus Operandi Contd. .

	English version of User Satisfaction Questionnaires, pre & post evaluation, Q & A & PPT from the consultant is translated by ATNF into Tamil. MSSRF circulates to the centres
	Dry run done the day prior to lecture thro Bridge in Apollo Hyderabad
	Questionnaires distributed to participants with explanations, pre & post lecture. Volunteers assist illiterates. Hard copies collated & sent to ATNF
	ATNF converts data to electronic format for analysis
	All sessions were recorded , archived and made available @ the VKC and VRC of MSSRF



14

ATNF – MSSRF TELEHEALTH EDUCATIONAL PROGRAM






Date	21 st August 2013 [Wednesday]
Time Slot	02:00 PM
Session Title	Recognizing the Dangerous Headache

#	Category	From	To	Subject
1	Pre Session	01:30 PM	02:00 PM	Distribution and Collection of Self Assessment Forms
2	Session	02:00 PM	02:30 PM	<p>Talk by Dr. K. Ganapathy Neurosurgeon, Apollo Hospitals, Chennai</p> <p><i>When the symptoms and history is vague, so is diagnosis! Recognizing the dangerous headache requires considerable knowledge, clinical acumen and high index of suspicion! Sometimes, living with a headache is much better than trying to find a specific cause!!</i></p>
3	Q & A	02:30 PM	03:00 PM	Questions and Answers
4	Post Session	03:00 PM	03:30 PM	Distribution and Collection of User Satisfaction Forms

Refreshments will be provided to participants
Courtesy: MSSRF





CONTACT US!

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jegan@mssrf.res.in
http://www.mssrf.org

Recognizing the Dangerous Headache Q&A

Which one of the following is a dangerous headache ?

Slight early morning headache with constipation

Tolerable pain on the forehead without any vomiting / nausea

→ Elderly person getting headache for the first time

Children complaining of headache when there is school

When should a Headache be investigated ?

If the headache reduces after drinking coffee in the morning

→ Headache with neck stiffness and vomiting or with fits

Headache when there is work pressure.

Headache when reading and when one has to strain

MCQ on Head Injuries in Tamil



எண்	கேள்வி	சரியான பதில் (விரும்பத் தேர்வு)
1	தலைக் காயம் ஏற்படுவதற்கான முக்கிய காரணம் என்ன?	உயரத்திலிருந்து விழுதல் வளமுறை தாக்குதல் ரயில் விபத்து இருசக்கர வாகன சாலை விபத்து
2	தீவிரமான தலைக் காயத்தை குறைக்கக் கூடிய முக்கிய காரணம் இவற்றுள் எது?	மண்டை ஒட்டு முறிவு மூளையின் வெளிப்பறம் ரத்த உறைவு மூளையில் நேரடி முதன்மைக் காயம் இவை எதுவுமே இல்லை
3	தலைக் காயத்துக்கான மருத்துவ முறைகளுள் முக்கியமானது இவற்றுள் எது?	மண்டைபோட்டு எக்ஸ் ரே மூளையின் எஃ.ஈ. ஸ்கேன் பீண்டும் பீண்டும் மருத்துவ கணிப்பாய்வு பீண்டும் மருத்துவ கணிப்பாய்வு மற்றும் பீண்டும் எஃ.ஈ. ஸ்கேன்
4	இவற்றுள் எது சரியான குறிப்பு?	தலைக் காயத்தில் 75க்கு மட்டுமே அறுவை சிகிச்சை தேவைப்படும் எந்த விதமான தலைக் காயத்துக்கும் எக்ஸ் ரே நிச்சயம் வேண்டும் எல்லா தலைக் காயங்களுக்கும் எஃ.ஈ. ஸ்கேன் கட்டாயம் தேவை மருத்துவ கணிப்பாய்வை விட எஃ.ஈ. ஸ்கேன் மிக முக்கியமானது
5	இவற்றுள் சரியான குறிப்பு எது?	இருசக்கர வாகன விபத்தில் பலியானவர்களில் 77% பேர் ஹெல்மெட் (தலைக் கவசம்) அணியவில்லை ஹெல்மெட் அணிவதால் தலைவலி, கழுத்து வலி வரும் தலைக்கவசம் அணிந்தால் விபத்து/தலைக் காயம் தடுக்க முடியாது ஹெல்மெட் விலை அதிகம்; மேலும் அதை வைக்க இடமும் இல்லை



Self assessment MCQ's enabled community to realize their knowledge gap in various health issues. Long term knowledge retention will also be monitored. Establishing improved health outcomes, following tele lectures, will convince the community of importance of Health Literacy

From : Jegan-Mssrf [\[mailto:jegan@mssrf.res.in\]](mailto:jegan@mssrf.res.in)

Sent: Tuesday, August 13, 2013 12:56 PM

To : nva@mssrf.res.in; nva-rinterns@mssrf.res.in

Cc : 'Srinivas S'

Subject : Reg:Participants detail for 13th Tele Health Education



13 th Tele Health Education On Head Injury					
S.No	Venue	District	Male	Female	Total
1	Nagercoil	Kanyakumari	2	112	114
2	M.Kalipatti	Salem	7	4	11
3	Melapatti	Pudukottai	0	0	0
4	Pudukottai	Pudukottai	9	47	56
5	Thiruvaiyaru	Thanjaur	15	47	62
6	Nochiodaipatti	Dindigul	28	14	42
7	Kizhur	Puducherry	0	0	20
8	Kolli hills	Namakkal	4	11	15
9	Thangatchimadam	Ramanadapuram	4	53	57
10	Nagapattinam	Nagapattinam	6	45	51
11	Vedaranyam	Nagapattinam	18	12	30
Grant Total			93	345	458

Telelecture to 9 villages in Rural Tamilnadu from Apollo Hospitals Chennai



Screen shot of attentive villagers listening to a tele lecture from Apollo Hospitals Chennai



Q & A Interactive Session with Villagers following talk on Diabetes



Q & A Interactive Session with Villagers following talk on Diabetes



Video showing interaction with participants in 8 villages



Video of Participants filling questionnaire during Tele Health education programme

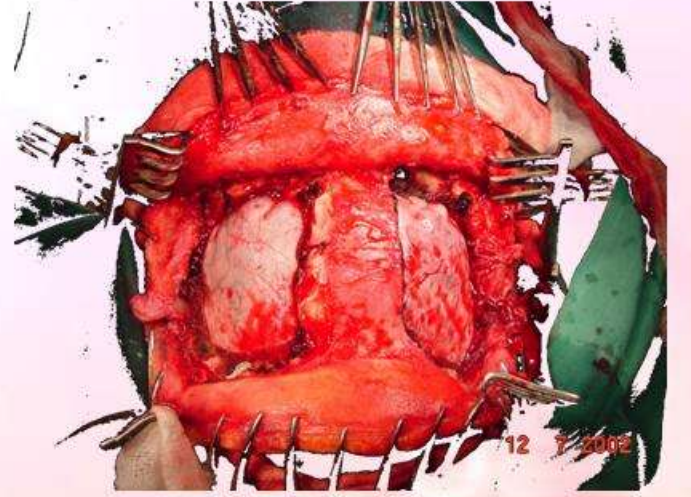
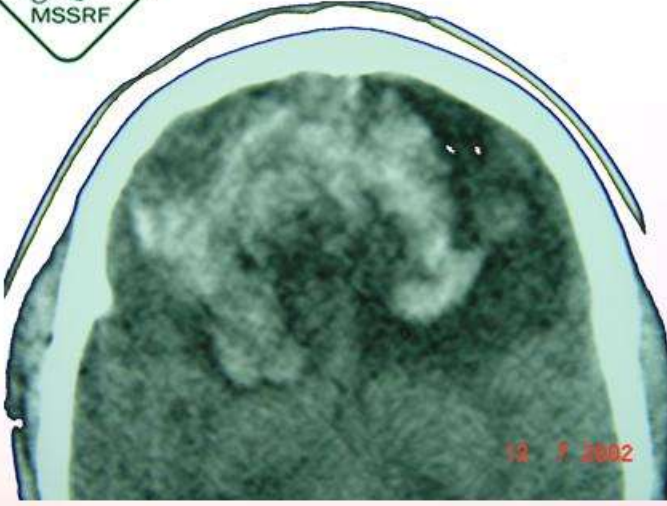


Participants in a Village listening to a Tele Health Education Talk
Makeshift pandal in absence of proper Community Hall



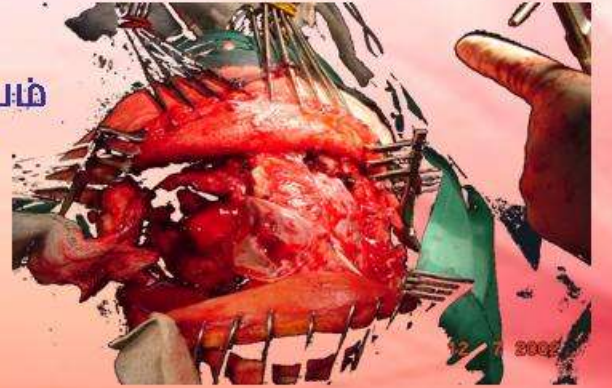


அப்போலோ தொலைமருத்துவ பிணைய அறக்கட்டளை
எம்.எஸ். சுவாமிநாதன் ஆராய்ச்சி நிறுவனம்



70 வயது ஆண்
தீவிரமான முளை காயம்
(இரு புறங்களிலும்)

இரு
வருடங்களுக்கு
பின்னர்



Apollo Hospitals Health Awareness Talks

#	Date	Session	Video Link
Session 1	15 th Feb 2013	Introduction to Diabetes	http://youtu.be/GtmQihUNEc
Session 2	1 st Mar 2013	Management of Diabetes	http://youtu.be/pHqocmVDE-0
Session 3	15 th Mar 2013	Diabetes in pregnancy	http://youtu.be/17CRD-Zc8QU
Session 4	28 th March 2013	Heart Disease Prevention	http://youtu.be/dvzU44WuePs
Session 5	10 th April 2013	Kidney Disease Prevention	http://youtu.be/vEWFZ2N-c-Q
Session 6	26 th April 2013	Common Urological Problems	http://youtu.be/fARonnIPZvE
Session 7	9 th May 2013	Vitamin D Deficiency	http://youtu.be/41DAhyKb0VE
Session 8	29 th May 2013	Common Ear Diseases	http://youtu.be/8v_fTRGn7Is
Session 9	12 th June 2013	Jaundice	http://youtu.be/JcVj7HOozWs
Session 10	26 th June 2013	Hypertension	http://youtu.be/eARoJdnIPZvE

Apollo Hospitals Health Awareness Talks

#	Date	Session	Video Link
Session 11	10 th July 2013	Burns	http://youtu.be/VzUj4WsuePs
Session 12	24 th July 2013	Diabetic Foot Syndrome	http://youtu.be/JdAKrTesDpik
Session 13	8 th August 2013	Management of Head Injuries	http://youtu.be/DrFqSt9kmae
Session 14	21 st August 2013	Recognizing the Dangerous Headache	http://youtu.be/bijRyfP5yd0
Session 15	3 rd September 2013	Rectal Bleeding	
Session 16	18 th September 2013	Depression	
Session 17	23 rd October 2013	Fracture Healing and Management	
Session 18	6 th November 2013	How to keep your Heart Healthy	
Session 19	20 th November 2013	Community Ophthalmology	

Apollo Hospitals Health Awareness Talks

#	Date	Session	Video Link
Session 20	4 th December 2013	Common Dental Diseases	
Session 21	19 th December 2013	Pediatric Neurology	
Session 22	2 nd Jauary 2014	Healthy Eating Healthy Living	
Session 23	22 nd January 2014	Menstrual Disorders	
Session 24	5 th February 2014	Common Problems in Gastroenterology	
Session 25	18 th February 2014	Common Urinary Problems	
Session 26	5 th March 2014	Thyroid and Other Hormones	

Challenges in Improvisation & Escalation of eKnowledge Empowerment

Non availability of



- Adequate Bandwidth in villages → sub optimal Audio video quality
- NGO's with dedicated volunteers, accepted by the community
- A large number of doctors with excellent communication skills in the local language, who can relate to the audience & are willing to spend effort & time
- A dedicated research team to conduct an in depth impact analysis
- **FUNDING !! FUNDING !! FUNDING !!** – ultimately should be self sustaining



Observations



Urban consultants
understand health
concerns in rural India

?? Not all patients
can, or want to be
empowered

Patient
empowerment?
Viewed as shifting of
power, potentially
threatening to medical
professionals??

DIY - patients to be
more responsible for
their own medical
care



Observations & Conclusions

26 Sessions bi monthly from 15th Feb to March 5th 2014

5471 attendees from 16 villages in rural Tamilnadu

Feedback	Excellent	21% ,	V Good	22%
	Good	18 %	Satisfactory	39%

Knowledge Levels ↑ Avg 20%
? not familiar with MCQ (↓ In many instances !!)
? MCQ could have been designed better to cater
to a rustic population

Interactive Q & A sessions extremely & consistently rewarding

PoC should be escalated & a robust scientific impact analysis carried out

In multiple centres to demonstrate better Health Outcomes with emPowerment

