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March 6, 2020 (<https://hcitexpert.com/2020/03/guidelines-for-tele-medicine-services-ayushman-bharat-health-and-wellness-centres-hwcs.html/>)

A Synopsis of MOHFW's Guidelines for Tele-medicine Services for Ayushman Bharat Health and Wellness Centres (HWCs) by Manish Sharma, @msharmas

(<https://hcitexpert.com/2020/03/guidelines-for-tele-medicine-services-ayushman-bharat-health-and-wellness-centres-hwcs.html/>)



The MoHFW, Government of India has published the guidelines for telemedicine services for the Ayushman Bharat – HWC. The Guidelines were notified in August, 2019. This article presents the synopsis of the guidelines.

Manoj Jhalani highlighted the need to transform 1.5 lakh PHC and SHC into Ayushman Bharat HWC(AyB-HWC) based on the Goals defined in the national health policy, 2017 to achieve universal health coverage by 2022.

He further indicated the adoption of CDACs e-Sanjeevani application for supporting PAN-INDIA rollout in AyB-HWC. The rollout will provide specialist services through Tele-Consultation facility

Ms. Preeti Sudan, in her note highlighted the rollout of proposed ICT innovations in the AyB-HWC to enable Tele-medicine services under the ambit of NHM in all AyB-HWC in a hub and spoke model.

Ms. Preeti Sudan further highlighted that as per the guidelines, the tele-medicine services shall be designed on a hub and spoke model with each AyB-HWC (spoke) connected with a Medical College (HUBs) for availing services. The States and UTs will finalise the location of HUBs and spokes for seeking financial support from NHM at the earliest

Ms. Preeti Sudan further indicated that 50 medical colleges across the country have been strengthened with the latest ICT equipment for conducting online education, the States and UTs can consider establishing HUBs at these Medical Colleges or others as per administrative requirements.

Highlights of the Guidelines

Sub-centre level HWCs will provide basic medical services to a cluster of population of about 5,000 while the **PHCs will cater to a larger population of about 30000 in rural areas**. These norms are 3000 and 20,000 respectively in tribal, hill and desert areas.

These HWCs aim at expanding primary healthcare from selective (reproductive and child health / few major infectious diseases) to comprehensive primary care including screening and management of NCDs, screening and basic management of mental health ailments, care for common ophthalmic and ENT problems, basic dental health care, geriatric and palliative health care, and basic trauma and emergency care.

CDAC's "e-Sanjeevani" Telemedicine application has been shortlisted for supporting PAN INDIA Telemedicine rollout in Health & Wellness Centres

HUBs can also be provided on a Public Private Partnership (PPP) mode. However, a Non for Profit entity should be preferred to run the HUBs.

For continuous monitoring of the project, a Dashboard will be developed for various levels (District/State/Centre) and integrated with HWCs Dashboard and Comprehensive Primary Health Care (CPHC) IT application.

The proposed 3-tier Tele-Medicine Architecture for HWCs:

- **Tier 1:** HUB at State medical College
- **Tier 2:** PHCs as telemedicine centers
- **Tier 3:** Health Sub centers can connect to T1 or T2 level centers for services

Human Resources Requirements

As per the Ayushman Bharat-Operational Guidelines for Comprehensive Primary Health Care (CPHC) through HWCs, the HWC at the Sub Health Centre level would be equipped and staffed by an appropriately trained Primary Health Care team.

- **HUB:** MBBS Doctor, Specialist/Super Specialist
- **PHC:** Government Medical Officer. Provision has been made for new cadre of Mid- Level Health Provider at SHC-HWC called the **Community Health Officer**, in addition to existing front-line worker's team of MPWs (M&F) and ASHAs.
- **Sub-Center:** Mid-level health practitioner. **The Sub Centre-HWC team comprises of at least three service providers–**
 - One Community Health Officer,
 - Multi-Purpose Workers (two females or one male and one female Team of ASHAs at the norm of one ASHA per 1000 population (in tribal, hilly and desert areas, norm relaxed to one ASHA per habitation)

Features of the Tele-medicine Application

e-Sanjeevani is a low-cost integrated telemedicine solution developed by C-DAC, Mohali. Key features of the latest version of e-Sanjeevani are as follows:

1. Centrally hosted
2. Web Based application compatible with mobile also
3. Enables doctor to doctor consultation
4. Supports in-built video conferencing & text chatting
5. Uses SNOMED CT terminology
6. Supports DICOM viewer for X-RAY/CT-Scan/MRI
7. Provides option to MLHPs at Health Sub Centres to have Telemedicine
8. consultation with PHCs or with HUBs as the case may be.
9. Integrated e-Prescription feature
10. Provision to have the list of drugs available at various levels of public health facilities such as HSCs / PHCs as Inbuilt list visible to the Doctors using at the HUBs or PHCs so that prescription by them to the MLHPs becomes very easy
11. Seamlessly (wireless) captures over 12 readings (test results and physiological parameters) from an integrated diagnostic device
12. Hosts a comprehensive dashboard (with useful information / indicators) for users
13. Enables patient-end physician/paramedic to set order of preferences w.r.t. medical specialists at far end and maximum turn-around time
14. In case of no-reply from a specialist, automatically transfers the case to the next preferred specialist
15. Integrated with MoHFW's MyHealthRecord (Personal Health Record Management System – PHRMS) to enable lifetime archival of health records in patient's PHR profile
16. Updates users through SMS notifications and alert
17. Will be seamlessly integrated in the CPHC – IT Application.

Additional Guidelines

- Guiding notes to prepare proposal for States and UT for funds under this project, including a Caps Analysis Report
- Roles and Responsibilities of each participating agency

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- Infrastructure Requirements, this section details the minimum cost of technology resources setup for Tele-medicine services at each Tier
- Setting up of a Monitoring Framework at a National, State, District and HUB Level
- The document also identified 50 hospitals across the States as proposed HUBS
- Minimum equipment guidelines

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- **National Health Mission Portal, source link** (<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=197&lid=136>)

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Clayton Christensen coined the phrase disruptive innovation two decades ago as a way of embracing the deconstruction that is necessary when a new technology displaces an old one. In healthcare most of the technology disruption has been driven by the adoption in January 9, 2018
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