

# Bridging Healthcare Divides: Unleashing the Potential of Telemedicine

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## ABSTRACT

This paper explores the transformative potential of telemedicine in bridging healthcare divides and advancing health equity. Telemedicine, characterized by its utilization of technology to facilitate remote healthcare delivery, has emerged as a key solution to overcome geographical, technological, and cultural barriers in accessing medical services. By unleashing the power of telemedicine, healthcare providers can transcend traditional limitations, extending their reach to underserved populations and remote regions. The technology's ability to facilitate virtual consultations, remote monitoring, and timely interventions has the potential to revolutionize healthcare delivery, ensuring that individuals, regardless of their location, can access quality medical care. This abstract delves into the essence of telemedicine as a catalyst for inclusivity, exploring how it addresses disparities, fosters preventive care, and contributes to early intervention. Embracing telemedicine not only transforms the patient-provider relationship but also creates a more interconnected healthcare landscape, shaping a future where healthcare divides are effectively bridged, and everyone has equal access to the benefits of modern medical advancements.

**KEYWORDS:** Digital healthcare, Health equity, Healthcare divides, Patient-centered care, Preventive care, Remote healthcare, Technological advancements, Telemedicine, Virtual consultations

## 1. INTRODUCTION

In the intricate tapestry of global healthcare, a persistent challenge exists – the glaring divides separating communities from the essential services meant to safeguard their well-being. Geographical remoteness, socioeconomic disparities, and inadequate infrastructure have long contributed to a healthcare landscape marked by inequalities. However, as technology relentlessly pushes the boundaries of what is possible, a transformative force emerges on the horizon – telemedicine.

### 1.1 The Landscape of Healthcare Divides

Before we delve into the transformative potential of telemedicine, let us first focus on the current state of healthcare divides. Across the globe, a myriad of factors conspires to create chasms in access to essential health services. Geographical distances isolate rural communities from the medical hubs that teem with specialized care. Socioeconomic disparities erect walls, leaving vulnerable populations to navigate a labyrinth of limited resources and financial constraints.

These divides, often silent and insidious, underscore the urgent need for innovative solutions to transcend the constraints that hinder universal access to quality healthcare. It is within this context that

telemedicine emerges as a dynamic force, challenging the status quo and offering a pathway towards equitable healthcare delivery.

### **1.2 Telemedicine Rise: A Digital Renaissance in Healthcare**

In recent years, the landscape of patient care has undergone a seismic shift, ushering in a digital renaissance with telemedicine at its forefront. No longer confined to the pages of science fiction, telemedicine is a tangible and transformative force, reshaping the contours of healthcare delivery. This paradigm shift is not merely about adopting technology for its own sake; rather, it is a deliberate endeavor to harness the potential of digital tools to address the systemic issues that perpetuate healthcare divides.

At its essence, telemedicine is a broad umbrella term encompassing a spectrum of digital health services and technologies designed to facilitate remote healthcare delivery.

### **1.3 Breaking down Geographical Barriers**

Geographical remoteness has long been a formidable barrier to healthcare access, leaving vast swaths of the population stranded in healthcare deserts. For those residing in rural and underserved areas, the journey to a healthcare facility can be fraught with challenges. Telemedicine emerges as a game-changer, breaking down geographical barriers by bringing medical consultations directly to the screens of individuals in need.

Through live video consultations, patients can now connect with healthcare professionals from the comfort of their homes. This not only eliminates the need for arduous travels but also ensures that expert medical advice is just a click away. Telemedicine becomes a lifeline for those who once grappled with the isolation imposed by their geographic location, providing access to specialized care that would have otherwise been out of reach.

### **1.4 Addressing Socioeconomic Disparities**

Beyond geographical divides, socioeconomic disparities have cast a long shadow over healthcare access. Vulnerable populations, often burdened by financial constraints, find themselves navigating a labyrinth of barriers when seeking essential healthcare services. The cost-effectiveness of telemedicine is a key feature in its arsenal. By eliminating the need for extensive infrastructure and streamlining administrative processes, telemedicine presents a financially viable alternative to traditional healthcare delivery. This is particularly impactful for individuals facing financial constraints, opening doors to quality care that was once economically unattainable.

### **1.5 Tailoring Healthcare Solutions for Diverse Communities**

One of the distinctive strengths of telemedicine lies in its adaptability to diverse healthcare needs. The ability to tailor telemedical solutions to the specific requirements of communities ensures that healthcare is not a one-size-fits-all proposition. Whether it's providing mental health support to individuals in remote areas or delivering chronic disease management to underserved populations, telemedicine demonstrates its versatility in addressing the unique challenges faced by different communities.

Through culturally sensitive and patient-centered approaches, telemedicine becomes a conduit for delivering healthcare that resonates with the diverse backgrounds and needs of individuals. This adaptability is particularly crucial in bridging healthcare divides rooted in cultural, linguistic, or socioeconomic differences.

### **1.6 The Human Touch in a Digital Space**

While telemedicine leverages technology to bridge divides, it is essential to emphasize that it doesn't diminish the human element in healthcare. The virtual space becomes a platform for meaningful conn-

ections between healthcare providers and patients.

In many ways, telemedicine brings forth a paradigm shift in the doctor-patient relationship. It invites patients to actively participate in their healthcare journey, fostering a sense of empowerment that transcends the physical confines of a traditional healthcare setting. This human-centric approach not only enhances patient engagement but also contributes to the overall effectiveness of healthcare interventions.

## **2. UNDERSTANDING HEALTHCARE DIVIDES**

### **Understanding Healthcare Divides in Telemedicine: Exploring Access, Equity, and Challenges**

Telemedicine, the delivery of healthcare services remotely via telecommunications technology, holds immense potential to revolutionize healthcare delivery, particularly in bridging geographical barriers, improving access to care, and enhancing patient convenience. However, like traditional healthcare systems, telemedicine is not immune to disparities and divides that can affect its accessibility, effectiveness, and equity. In this exploration, we delve into the nuanced landscape of healthcare divides in telemedicine, examining the factors contributing to disparities, the consequences for different populations, and strategies to promote inclusivity and equity in telehealth services.

#### **2.1 Access Disparities in Telemedicine**

##### **(a) Technological Access:**

One of the primary divides in telemedicine revolves around access to technology and internet connectivity. Individuals in rural or underserved areas may lack access to reliable high-speed internet or may not possess the necessary devices (e.g., smartphones, and computers) to engage in telehealth consultations. This technological barrier can disproportionately affect marginalized populations, exacerbating existing healthcare divides.

##### **(b) Digital Literacy:**

Even when individuals have access to the required technology, disparities in digital literacy can hinder their ability to effectively navigate telemedicine platforms. Older adults, individuals with limited education, and those with disabilities may face challenges in using telehealth applications or understanding how to communicate with healthcare providers remotely. Addressing these literacy gaps is crucial for ensuring equitable access to telemedicine services.

#### **2.2 Socioeconomic Disparities**

##### **(a) Affordability:**

While telemedicine has the potential to reduce healthcare costs by eliminating travel expenses and reducing wait times, financial barriers can still prevent some individuals from accessing telehealth services. The affordability of internet services, the cost of digital devices, and the availability of insurance coverage for telemedicine consultations can all influence who can benefit from these services. Without adequate financial support, vulnerable populations may be left behind.

##### **(b) Language and Cultural Barriers:**

Telemedicine platforms must be inclusive and culturally sensitive to effectively serve diverse populations. Language barriers can impede effective communication between patients and healthcare providers, leading to misunderstandings and compromised care. Additionally, cultural differences in healthcare beliefs and practices may impact the willingness of certain communities to engage with telehealth services. Addressing these barriers requires tailored approaches that consider the linguistic and cultural diversity of patient populations.

### **2.3 Geographical Disparities**

#### **(a) Rural and Remote Communities:**

Telemedicine has the potential to significantly benefit residents of rural and remote communities by providing access to specialists and healthcare services that may not be locally available. However, disparities in internet infrastructure and technological access can limit the effectiveness of telehealth solutions in these areas. Additionally, healthcare providers may be less inclined to offer telemedicine services in regions with lower patient volumes, further exacerbating access disparities.

#### **(b) Urban Health Deserts:**

While telemedicine is often touted as a solution for rural healthcare disparities, it is important to recognize that urban areas can also experience healthcare divides. "Health deserts" in urban centres, characterized by limited access to primary care providers and speciality services, can impede healthcare access for underserved urban populations. Telemedicine initiatives must consider the unique challenges faced by urban communities and tailor solutions accordingly.

### **2.4 Equity Considerations in Telemedicine**

#### **(a) Inclusive Design:**

Designing telemedicine platforms with inclusivity in mind is essential for ensuring equitable access. This includes features such as multilingual interfaces, accessibility options for individuals with disabilities, and user-friendly interfaces that accommodate varying levels of digital literacy. By prioritizing inclusivity from the outset, telehealth providers can better serve diverse patient populations.

#### **(b) Culturally Competent Care:**

Delivering culturally competent care via telemedicine requires sensitivity to patients' diverse backgrounds, beliefs, and preferences. Healthcare providers must receive training in cultural competency and communication skills to effectively engage with patients from different cultural and linguistic backgrounds. Additionally, telemedicine platforms should support language interpretation services to facilitate communication between patients and providers.

### **2.5 Overcoming Telemedicine Divides: Strategies for Equity**

#### **(a) Policy Interventions:**

Policy initiatives are crucial in addressing telemedicine divides and promoting equity in healthcare delivery. Policymakers can advocate for broadband infrastructure investments to improve internet access in underserved areas, incentivize telemedicine adoption among healthcare providers, and mandate insurance coverage for telehealth services. Additionally, policies that support research and innovation in telemedicine can drive advancements that benefit all patient populations.

#### **(b) Community Partnerships:**

Collaboration with community organizations and stakeholders is essential for tailoring telemedicine solutions to the needs of diverse populations. Community health centres, advocacy groups, and local governments can help identify barriers to telemedicine access and develop strategies to overcome them. Engaging community members in the design and implementation of telehealth initiatives ensures that solutions are culturally appropriate and responsive to community needs.

#### **(c) Digital Inclusion Efforts:**

Efforts to promote digital inclusion, including initiatives to provide affordable internet access, distribute digital devices to underserved populations, and offer digital literacy training, are critical for reducing disparities in telemedicine access. Public-private partnerships and community-based organizations can

play a key role in expanding digital access and empowering individuals to leverage telehealth resources effectively.

### **2.6 Research and Evaluation:**

Continued research and evaluation are essential for understanding the impact of telemedicine on different populations and identifying strategies to promote equity. Studies that assess the effectiveness of telehealth interventions in addressing healthcare disparities, as well as evaluations of the accessibility and usability of telemedicine platforms for diverse populations, can inform evidence-based approaches to improving telemedicine equity.

## **3. OBJECTIVES OF THE STUDY**

1. To investigate existing gaps in healthcare access and delivery.
2. To assess how telemedicine initiatives can improve healthcare access, especially in underserved areas.
3. To explore barriers hindering the widespread adoption of telemedicine and propose solutions.
4. To investigate attitudes towards telemedicine from both patients and healthcare providers.
5. To examine how telemedicine influences patient satisfaction and clinical results.

## **4. EVOLUTION OF TELEMEDICINE**

### **The Evolution of Telemedicine: A Transformative Journey in Healthcare:**

Telemedicine, once a futuristic concept, has evolved into a transformative force in healthcare, reshaping the delivery of medical services and revolutionizing patient-provider interactions. This journey traces back to the early experiments with telecommunication technologies and has witnessed rapid advancements in recent decades. In this exploration, we delve into the evolution of telemedicine, examining key milestones, technological breakthroughs, and the profound impact it has had on healthcare accessibility, efficiency, and patient outcomes.

### **4.1 Early Experiments and Conceptual Foundations**

#### **4.1.1 Telegraph and Radio Experiments (19th Century):**

The roots of telemedicine can be traced back to the 19th century when telegraph and radio technologies laid the groundwork for remote communication. While rudimentary by today's standards, these early experiments sowed the seeds for the idea of transmitting medical information over distances, setting the stage for future innovations.

#### **4.1.2 Radio Medical Advice Shows (Early 20th Century):**

In the early 20th century, radio medical advice shows emerged, allowing individuals to seek health guidance from medical professionals via radio broadcasts. While not a direct precursor to modern telemedicine, these shows marked a shift toward leveraging communication technologies for healthcare information dissemination.

#### **4.1.3 Closed-Circuit Television (CCTV) (1950s):**

The advent of closed-circuit television in the 1950s paved the way for visual communication in healthcare. Early experiments utilized CCTV for medical consultations between healthcare professionals and patients, offering a glimpse into the potential for remote healthcare delivery.

#### **4.1.4 NASA's Contribution (the 1960s):**

NASA played a pivotal role in advancing telemedicine through its efforts to monitor astronauts' health in space. The space agency developed telemedicine technologies to remotely monitor vital signs and provi-



de medical support to astronauts, contributing to the development of telehealth monitoring systems.

#### **4.1.5 University of Nebraska's ACT Project (1970s):**

The 1970s saw significant progress with the University of Nebraska's ACT (Automated Correlation of Tests) project. This initiative focused on using computers to correlate and analyze patient data remotely, demonstrating the feasibility of electronic transmission of medical information.

#### **4.1.6 Rise of the Internet (1990s):**

The widespread adoption of the internet in the 1990s marked a pivotal moment for telemedicine. With increased bandwidth and connectivity, healthcare providers began exploring web-based platforms for remote consultations, paving the way for more accessible and real-time interactions between patients and healthcare professionals.

#### **4.1.7 Telemedicine Regulations and Policies (2000s):**

As telemedicine gained traction, regulatory frameworks and policies were developed to address legal and ethical considerations. The 2000s witnessed the establishment of guidelines, licensure requirements, and reimbursement structures to support the integration of telemedicine into mainstream healthcare.

#### **4.1.8 Technological Advancements**

##### **a) Mobile Health (mhealth) Revolution (2010s):**

The proliferation of smartphones and mobile apps in the 2010s played a pivotal role in expanding telemedicine reach. Mobile health (mHealth) applications allowed patients to connect with healthcare providers from the convenience of their smartphones, fostering a new era of patient-centered care.

##### **b) Wearable Devices and Remote Monitoring (2010s):**

Advancements in wearable technology enabled the remote monitoring of vital signs and health metrics. Wearable devices equipped with sensors allow healthcare providers to gather real-time data, enhancing their ability to monitor patients with chronic conditions and providing valuable insights for personalized care.

##### **c) Integration of Artificial Intelligence (AI) (2020s):**

In the current decade, the integration of artificial intelligence (AI) has further propelled telemedicine into new frontiers. AI-driven diagnostics, chatbots for preliminary consultations, and predictive analytics enhance the efficiency and accuracy of telehealth services, offering a glimpse into the future of data-driven, personalized healthcare.

## **5. Telemedicine Technologies and Modalities: Revolutionizing Healthcare Delivery**

Telemedicine, the use of technology to deliver healthcare services remotely, has emerged as a transformative force in the healthcare industry. This innovative approach leverages a variety of technologies and modalities to bridge the gap between healthcare providers and patients, offering unprecedented accessibility, convenience, and efficiency. In this exploration, we delve into the diverse landscape of telemedicine, examining key technologies and modalities that are shaping the future of healthcare.

**5.1 Real-Time Video Conferencing:** Real-time video conferencing serves as the cornerstone of telemedicine, enabling face-to-face consultations between patients and healthcare professionals. Platforms like Zoom, Skype, and dedicated telemedicine apps facilitate virtual visits, allowing physicians to assess patients, discuss symptoms, and prescribe treatments remotely. This modality has proven particularly valuable for routine check-ups, follow-up appointments, and minor ailment consultations.

**5.2 Remote Patient Monitoring (RPM):** RPM utilizes wearable devices and sensors to remotely collect and transmit patient health data in real-time. This modality is instrumental in managing chronic conditions, as it allows healthcare providers to track vital signs, medication adherence, and other relevant metrics. From smart watches measuring heart rates to glucose monitoring devices, RPM empowers patients to actively participate in their healthcare while providing continuous data to healthcare professionals for timely interventions.

**5.3 Mobile Health (mHealth) Applications:** Mobile health applications, commonly known as mHealth apps, have proliferated in the telemedicine landscape. These apps allow patients to access virtual consultations, schedule appointments, and manage their health records from their smartphones or tablets. Additionally, they may offer features like medication reminders, fitness tracking, and wellness tips, promoting overall healthcare engagement.

**5.4 Artificial Intelligence (AI) in Telemedicine:** AI plays a pivotal role in telemedicine by enhancing diagnostic capabilities and streamlining processes. Machine learning algorithms can analyze medical images, interpret diagnostic data, and even predict potential health issues. This not only expedites the diagnostic process but also improves the accuracy of medical assessments.

## 6. CASE STUDY

### Connecting Communities: Telemedicine in the Fight against COVID-19 in Rural India

#### Introduction:

The COVID-19 pandemic presented unique challenges to healthcare systems worldwide, and India, with its diverse population and vast rural landscape, faced significant hurdles in ensuring healthcare access. There are several instances that came to limelight showing the effectiveness and the hurdles at the same time. We will explore one case from a rural village of West Bengal showing the implementation of telemedicine by Government Health Support System, highlighting its role in bridging the gap in health services during the pandemic.

#### Case Study: Rural Health Centre in Purulia, WB, India

#### Background:

Balarampur is a census town in the Balarampur CD block in Purulia Sadar subdivision of the Purulia district in the state of West Bengal, India. It has a population of around 25 thousands, among which 52% male, 48% female and having a literacy rate of 75%. It had 1,855 domestic electric connections. Among the medical facilities it had 1 dispensary/ health centre, 1 maternity and child welfare clinic, 1 veterinary hospital, 12 medicine shops.

Thus it is quite clear, healthcare facilities are limited. With the onset of the COVID-19 pandemic, lockdowns and travel restrictions posed a severe threat to healthcare delivery.

**Implementation of Telemedicine:** Based on the need to adapt to the new normal, RHC embraced telemedicine as a solution to ensure healthcare continuity while minimizing the risk of virus transmission, following the COVID 19 guideline.

#### Key Components:

- 1. Teleconsultation Helpline:** RHC established a teleconsultation helpline, allowing villagers to connect with healthcare professionals for medical advice, prescriptions, and follow-up consultations. The helpline operated in both Hindi, English and local dialects for accessibility. **1800313444222**, **03323412600** are the numbers set up by the Indian government and **18003455384**,

03323576001[Direct telemedicine] was set up by the state government with the coordination of RHC.

- 2. Mobile App Integration:** In addition to above, to cater to the tech-savvy population, following mobile apps are introduced – **Aarogyasetu, Co-Win, Umang, COVID Telemedicine App “Covid Telemedicine WB”**. These apps provided a user-friendly interface and allowed patients to schedule appointments and access healthcare resources. There were information related to suggested medication, Do’s & don’ts, situations and facilities available for use, connecting with the helpline numbers- both the IVRS & human interactive,
- 3. Community Outreach:** Though Community outreach is very much challenging on the onset of COVID 19 lockdown, the health centres conducted awareness campaigns through local leaders, distributing pamphlets, Police mikeing, and audio visual advertising running in radio channels, tv channels mobile apps like YouTube etc to educate the community about the availability and benefits of telemedicine services, and insisting them to avail the services.

#### Outcomes:

- 1. Accessible Healthcare:** Telemedicine brought healthcare services to the doorstep of villagers, ensuring that even those in remote areas could consult with healthcare providers without the need for long journeys to the health centre.
- 2. Early Detection and Intervention:** Virtual consultations enabled early detection of COVID-19 symptoms and other health issues. Timely interventions, including remote monitoring of vital signs, helped manage cases effectively, preventing the spread of the virus.
- 3. Reduced Exposure Risks:** By facilitating virtual consultations, RHC significantly reduced the risk of virus transmission. Patients, particularly the elderly and those with pre-existing conditions, appreciated the opportunity to receive medical advice without leaving their homes.
- 4. Organising & planning Vaccination:** For the effective allocation of vaccine supply and the vaccination infrastructure.
- 5. Reducing /eliminating Myths & misunderstandings:** Majority of the phone calls reveals the misunderstanding regarding the new

#### Challenges and Considerations:

- 1. Limited Internet Connectivity:** In some remote areas, limited internet connectivity poses a challenge. RHC addressed this by offering teleconsultations over phone calls, ensuring that lack of internet access did not hinder healthcare access. Hence the doctors need to rely upon only the verbal details from the respondents.
- 2. Digital Literacy:** Recognizing varying levels of digital literacy, RHC provided assistance and step-by-step guides for using the telemedicine app. Local volunteers were trained to support those less familiar with technology. But still, due to the physical distancing to maintain, it has been seen many peoples keeping the app with the limited or void details.
- 3. Mental Acceptability:** There comes the concept from a majority of the peoples, with the understanding that, if the doctor is physically not seeing me, not using the Pressure Meter or the Stethoscope on me, then how the proper diagnostic is possible!!
- 4. Myths & Misunderstanding:** Though the use of telemedicine worked but still the majority of the people remained sceptic about the dependency regarding the suggestions provided with.
- 5. Limited to Suggestions Only:** Places like Balarampur, with 1 hospital and a handful of medicine shop, we need to understand, it provides only the suggested steps. Telemedicine does not ensure the



required medicine or facilities available to the person, physically. Telemedicine services does not deal with the unavailability of medicine and/or hospital beds, ambulance, oxygen etc.

6. **Lack of specialised diagnostic support:** Rural peoples, not supposed to have Pulse Oximeter, Blood Pressure Monitor or even a simple thermometer to provide the diagnostic data. Without these the telemedicine support may be not effective.
7. **Respondent Dependency:** The mass effectivity of the service is only can bear some fruits, if the peoples make the calls. It has been found that peoples refrain themselves to call, out of fear of identity, ignorance and social stigma. So, the facility will be fruitful only when people accepts it at a large and make the calls.
8. **Lack off minimum Hardware:** We often say now a days everyone are having the mobile phones with them, but, in rural part, the picture depicts the use of phones of obsolete hardware & software, or even no phones at all.
9. **Language barrier:** Telemedicine services are having the options for localised languages, but, in India, regional vernaculars are not always fulfilled. Conversation found to be not effective due to these. Purulia is having their own famous “Manbhum Dialect” which are often not easy to understand for the other peoples.

The case of Balarampur’s Rural Health Canter exemplifies how telemedicine played a crucial role in bridging the healthcare gap during the COVID-19 pandemic in the Indian context. By leveraging technology, RHC ensured that healthcare remained accessible, timely, and safe for the rural population, demonstrating the adaptability and impact of telemedicine in diverse healthcare settings.

## CONCLUSION

In summary, telemedicine emerges as a transformative force with immense potential to bridge healthcare divides. By leveraging technology, telemedicine dismantles barriers, making quality healthcare accessible to diverse populations. Its ability to transcend geographical constraints ensures that even remote and underserved communities can benefit from medical expertise. Telemedicine unleashing potential not only addresses disparities in healthcare access but also contributes to preventive care and early intervention. As we embrace this innovative approach, it becomes a cornerstone in building a more inclusive healthcare ecosystem, fostering a future where individuals, regardless of their location or socioeconomic status, can receive timely and personalized medical attention. The essence of telemedicine lies in its capacity to revolutionize healthcare delivery, bringing about a positive transformation that promotes health equity and connectivity on a global scale. In doing so, telemedicine emerges as a vital tool in creating a healthcare landscape where everyone has the opportunity to lead healthier lives.

## REFERENCE

1. <https://typeset.io/search?q=telemedicine%20for%20bridging%20the%20gap%20in%20health%20care>
2. The role of telemedicine in healthcare: an overview and update: <https://typeset.io/papers/the-role-of-telemedicine-in-healthcare-an-overview-and-37fjh8cx>
3. Telehealth: <https://en.wikipedia.org/wiki/Telehealth>
4. Tele medicine and e-health <https://home.liebertpub.com/publications/telemedicine-and-e-health/54>

5. Role of Telemedicine and Digital Technology in Public Health in India: A Narrative Review, Monitoring Editor: Alexander Muacevic and John R Adler-
6. Applications, benefits and challenges of telehealth in India during COVID-19 pandemic and beyond: a systematic review- EslavathRajkumar, AswathyGopi, Aditi Joshi, Aleena Elizabeth Thomas, N. M. Arunima, Gosetty Sri Ramya, Prachi Kulkarni, P. Rahul, Allen Joshua George, John Romate& John Abraham
7. Telemedicine in India: Where do we stand? Vinoth G. Chellaiyan<sup>1</sup> , Nirupama A. Y.<sup>1</sup> , Neha Taneja<sup>2</sup>
8. Current trends in Telemedicine in India - [https://www.tifac.org.in/images/latestreports/Telemedicine\\_Study\\_Report\(Final%20version\).pdf](https://www.tifac.org.in/images/latestreports/Telemedicine_Study_Report(Final%20version).pdf)
9. Telemedicine in India - <https://www.nishithdesai.com/Content/document/pdf/ResearchPapers/Telemedicine-in-India.pdf>
10. Facilitators and Barriers for Telemedicine Systems in India from Multiple Stakeholder Perspectives and Settings Aparna Venkataraman, Najiya Fatma, Sisira Edirippulige, Varun Ramamohan[https://www.researchgate.net/publication/351704440\\_Telemedicine\\_during\\_COVID-19\\_in\\_India-a\\_new\\_policy\\_and\\_its\\_challenges](https://www.researchgate.net/publication/351704440_Telemedicine_during_COVID-19_in_India-a_new_policy_and_its_challenges).
11. Telemedicine during COVID-19 in India—a new policy and its challenges
12. Telemedicine in Rural India - <https://journals.plos.org/plosmedicine/article/file?type=printable&id=10.1371/journal.pmed.0030082>
13. Opportunities and Challenges of Telemedicine System in Healthcare Sector- A Conceptual Study Prof. NOOR AFZA\* H.K. MANJULA - [https://www.ijmra.us/project%20doc/2019/IJMIE\\_FEBRUARY2019/IJMRA-15134.pdf](https://www.ijmra.us/project%20doc/2019/IJMIE_FEBRUARY2019/IJMRA-15134.pdf)
14. Emerging Trends of Telemedicine in India G. Brindha\* Professor, Department of Management Studies, Bharath University, Selaiyur, Chennai-600073, India; [bkk28@yahoo.co.in](mailto:bkk28@yahoo.co.in)
15. Telemedicine during COVID-19 in India—a new policy and its challenges Sambit Dash, Ramasamy Aarthi, Viswanathan Mohan
16. Recent Directions in Telemedicine: Review of Trends in Research and Practice Laurence S. Wilson, PhD, Anthony J. Maeder, PhD Telehealth Research & Innovation Laboratory, School of Computing, Engineering & Mathematics, Western Sydney University, Campbelltown, Australia
17. A Review on Innovation in Healthcare Sector (Telehealth) through Artificial Intelligence-by Ayesha Amjad