

Report

Meet the Expert Event

Health Care Technology Assessment in the context of CPHC

CPHC Alliance

INTRODUCTIONS

One of the focus areas of the CPHC Alliance is to create a circle of practitioners in CPHC and strengthen the capacities of partners to develop and implement CPHC solutions. Accordingly, the first in the series of the alliance was held virtually “Meet the Expert” session on 9th December, 2022 on ‘*Strengthening the local governments on health leadership: Reforms in PRIs*’ featured Rajeev Sadanandan, CEO, Health Systems Transformation Platform (HSTP).

The second in the series of the CPHC Alliance organized a virtual ‘Meet the Expert’ session on Thursday 9 February, 2023, featuring **Dr Ranjan Choudhary** Advisor NHSRC and **Ramanathan V** Start up mentor, Angel Investor Medtech and Healthtech startups who had shared their experiences on the Healthcare Technology Assessment in the context of CPHC. Through the ‘Meet the Experts’ forum, the Alliance’s intent is to connect partners to experts to collaborate and leverage their respective areas of expertise towards solving intractable problems in healthcare technology. The event was attended by 79 participants (Ref. Annexure I).

Proceeding of the event:

The event was opened by Siddhant Swahney (A Tech expert from catalyst group) with an overview of the CPHC Alliance and the journey so far and how the technology has shaped its new role in creating access and accelerating outcomes but there is an immense load on technology and stakeholders to play a role in creating access and accelerating outcomes at scale.

Siddhant further introduced Dr. Ranjan Choudhary and Ramanathan V and invited them to share their point of view, experience, and expertise around the Healthcare Technology Assessment (HTA) in the context of CPHC.

Dr. Ranjan Choudhary has touched upon the topic on HTA. While briefing he also addressed the needs and importance of raising awareness among rural people and the implementation of Health and Wellness Centers (HWCs). As of Dec 2022 CPHC through Ayushman Bharat (AB) have achieved 1.5 lakhs HWCs.

Through his presentation he further explained the importance of HTA nowadays, what are the models that have been integrated and how HTA can be useful for the marginalized population groups. Dr. Ranjan shared a few examples of the digital health technologies that have helped people in terms of affordability and accessibility of healthcare services. Few examples like telemedicine, e-sanjeevani etc. which can help in protecting, screening, and good health. Further to this Dr. Ranjan has also highlighted the challenges with HTA so far. (*Link to the presentation is in Annexure-II*)

Ramanathan V shared his experience and expertise in the innovations that are happening in the private sector and startup ecosystem and how we can make that people centric. He started with the statement that health is the utmost important and there are gaps in the healthcare system that require adequate management and with the help of those innovations we can fill in those.

For example: the public healthcare system is not functioning properly and thus people have to wait for long hours. While in private clinics, people are taking loans to get their surgeries done and here is the role that innovations and technologies help us fill in the gaps. There are 8000 startups supporting nurture and growth.

He further talked about the business innovations models which can reduce the treatment cost for the patient and these models make a significant difference and make people centric models.

Ram further highlighted the challenges like

- Lack of sensitization/ interest. From the people who are supposed to use the device / technology for their own betterment.
- Hesitant to adopt the new technology.

The technology should be focused towards the customer or beneficiary part.

Questions and Answer session

This session was spearheaded by Siddhant Swahney, with the thank you note to the speakers for sharing their experiences on HTA in the context of CPHC.

Q1. Where these private sector and startup ecosystems work in this and how customer centric models fit in there. Also, what are the challenges you see in both these models working together?

Ans: This question was taken by Ramanathan V and highlighted the customer centric design which is the beginning of the journey of any entrepreneur. "For any entrepreneur, before jumping to the details for the solutions, they should look at the problem that they are trying to solve and what all stakeholders are involved in and should look at the needs. This type of contemplation or research helps them to design their solution prudently and better helps design a pathway". In terms of HTA, is the need of the hour as the procurement of innovative technologies into the healthcare system is important.

Dr. Ranjan stated that for the public procurement of innovative technologies the government during COVID-19 helped the community for the adoption of COVID related technologies. Technologies adopted because of the need bases and due to the pandemic. Dr. Ranjan further talked about the health and wellness centers, ASHAs, ANMs are being trained in these technologies like e-sanjeevani and using it almost to 100%. States like Andhra Pradesh have almost reached 100% in terms of usage of teleconsultation among the people and thus increasing the confidence of people in using the public healthcare system. With referral gatekeeping the government is trying to improve the healthcare system.

Q2: Network connectivity remains a major barrier to access technology based solutions in health care, specially in remote, hilly terrains leading to data delays. How to address these gaps?

Ans:

Ramanathan V- There are various technologies which are working on the least bandwidth and hence poses a barrier to access the technology for the people living in remote areas.

Dr.Ranjan- Yes, network connectivity remains a barrier for accessing technology solutions to improve healthcare. Any innovation or adoption of technology takes some time. The Prime Minister announced one survey-one nation where access to electricity is available to all. As per our digital mission program the government announces to provide 5G technology to all and to ensure that the fiber technology reaches the last mile and gets assured bandwidth. Dr. Ranjan highlighted that *“Innovating new technologies takes time to build”*.

Q3.What are the gaps commonly seen in teleconsultation and how have these been addressed?

Dr. Ranjan- Telemedicine is a broad spectrum. It starts from signaling action through a wireless to a telerobotic intervention. Apollo center being the first center who has been working on a pilot intervention on telerobotic intervention. With increasing or the advancement of technologies especially in the healthcare, teleconsultation and telemedicine is a boom to our country. In Hyderabad during COVID, the staff managed and supported the physicians/nurses by adopting the use of technology like e-nursing and e-rounds. *“Even the teleconsultation using a mobile is no longer a hindrance for example Arogya Setu is being used by many people”*.

Ram- The telemedicine concept in India is a very old concept and at that time it was not legally accepted in India. The onset of the pandemic has changed various policies and thus enabled the use of telemedicine. Challenges like bandwidth, adoption of the new technologies, the precision time taken for the telemedicine for the consultation is higher than the face to face thus affecting the cost of the physicians and also the time taken is huge. It's been seen that telemedicine would be a quarter trillion dollar opportunity worldwide now.

Q4. Really excited about the future plans for technology Dr. Ranjan, could you talk a little more about the use of technology for behavior change - not just at the individual level, but at the community level and A very relevant point Ram, could you throw light on how an Alliance like ours support this interface between technology and community needs?

Ans-

Dr. Ranjan- Social media is a good platform and we need social influencers/ digital influencers. In our healthcare system our frontline workers like ASHA are our main influencers. They have smart phones through which they get trained and create awareness amongst community people. They bridge the gap between provider and acceptor. In regard to health seeking behavior for example-lifestyle modification it is easy for the consultant to say to do modifications in your lifestyle while difficult to convert into the action plan. Dr. Ranjan further pointed out that HWCs under the AB-PMJAY program are conducting the yoga program.

Ram- Health seeking behavior is a more social subject. Not only exercise, yoga, helps to maintain a healthy living but mental health is also important. As post COVID mental health has become the most important topic for the discussion.

He further described the tools needed to maintain the healthy living:

1. Awareness and peace.
2. Advantages /disadvantages of following the regime.
3. Role modeling
4. Evaluation of these .

There should be preventive and wellness state of things rather than disease management.

Q5. Technology is inevitable nowadays, but it is more important to ensure that the data and reports collected in digital platforms are correct and used the right way. Is there any monitoring system to ensure?

Dr. Ranjan said that there are digital strong frameworks/platforms. Like NIC platforms are strong that no data cannot be leaked without the person's prior consent. Whereas, people are reluctant to accept that their information might get leaked out but the information is heavily guarded and cannot be leaked. Any technology when built or designed, the data security is kept guarded and strong and assured that data is safe with the government. A strong digital repository with a very secured management / platform is there. The government takes this security at the highest level.

Q6.Is there a toolkit available for state and district for decision making in terms of HTA, so that personal bias can be easily avoided in decision making?

The toolkit is very useful and very much available. HTA is the long term process. Assessment of any technology takes time. It makes decisions based on evidence and personal bias doesn't come at all. Best practices are adopted all over. Rapid scan gives us an idea which can bring a greater health outcome.

This ends the questions and answer session of the event. Siddhant further thanked Dr. Ranjan and Ramanathan V for their valuable inputs and thanked all the participants for their patient listening and active participation.

Annexures I :

List of participants:

https://docs.google.com/document/d/1IneiCjKyb2UUZkosIfFwPo_PmE3mVgg0toSuNILjiDg/edit

Annexure II- Link to Dr. Ranjan's Presentation-

https://drive.google.com/file/d/1W_PO-C91CKE6JWC9H8JdxgsUAjgBD-Ce/view?usp=sharing