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Telemedicine Preferences of Healthcare Professionals in India during the COVID-19 Pandemic

Aasawari Nalgundwar[1], Meghna Aggarwal Singhania[2], Pawan Kulkarni[3], Mayur Shinde[4]

[1] MD, PGDHA, MBBS, Assistant Professor (Healthcare), Prin. L. N. Welingkar Institute of Management Development and Research, Mumbai, India

[2]MSc (Economics), CEO/Editor-In-Chief, Medical Dialogues, New Delhi, India

[3]BSc, PGDM, General Manager, Corporate Strategy, J B Chemicals & Pharmaceuticals Ltd., Mumbai, India

[4]B Pharm, Student of PGDM Healthcare at Prin. L. N. Welingkar Institute of Management Development and Research

Abstract: ***Teleconsultations by Healthcare Professionals (HCPs) became an important mode of healthcare delivery during COVID 19 pandemic. This study was conducted to characterize preferences of HCPs towards telemedicine. An online cross-sectional survey was conducted on 211 HCPs. During lockdown period, there was fall in physical consultations and increase in teleconsultations. Majority preferred WhatsApp, Phone and Zoom calls. Sentiment analysis showed 42% positive insights, 26% neutral responses and 32% negative responses stating that telemedicine has limited scope and is difficult to use due to factors such as difficulty in diagnosis, examination etc. Addressing these issues can indeed make telemedicine the mode for future.***

Keywords: Telemedicine, Teleconsultations, COVID 19 pandemic, Healthcare Professionals

1. Introduction

"*Tele*" is a Greek word meaning "distance "and "*mederi*" is a Latin word meaning "to heal". Telemedicine is the use of electronic information technologies to communicate for providing and supporting healthcare when distance separates the participants [1].

The first half of the 20th century saw the earliest published record of telemedicine, when ECG was transmitted over telephone lines [2]. A lot has progressed in the field of science and technology since then. There has been rapid development in the field of telemedicine, especially in the healthcare sector. Delivery of healthcare services, and the use of technology for providing this effective delivery, determines an important step towards affordable and easily accessible high-quality healthcare. Telemedicine can also act as an effective tool to bridge the gap between the health needs of people residing in remote and rural areas who have limited access to healthcare services.

It is estimated that India as a country could save up to $10 billion as well as improve care for the poor and those living in remote areas if telemedicine replaced 30 to 40 percent of in-person outpatient consultations [3].Also, this information, if stored as Electronic Health Records (EHR) can provide a complete medical history of patients. These records will lay foundation for Evidence Based Medicine and Medical research.

However, the potential of telemedicine has yet not been fully explored and utilised, especially in the Indian medical scenario. There have been various reasons attributed to this. Lack of awareness, fear of security and privacy, issues with authenticity of provided information and lack of clarity on telemedicine guidelines were few of the barriers in the growth and adoption of telemedicine by both patients as well as doctors.

On 11th March 2020, the World Health Organisation declared COVID-19 as a pandemic [4]. To combat this pandemic and interrupt the transmission of infection, the world saw a massive lockdown in the history of mankind. In India, lockdown was implemented in various states of India from 24th March 2020 to 31st May 2020 by the Government of India [5]. This led to restriction on movement of the 1.3 billion population of India. People faced several challenges in the availability of various essential services, especially the one related to healthcare. During this period, routine healthcare check-ups and the doctor visits were affected phenomenally. The difficulty was more for the geriatric population of India.

Teleconsultations by Healthcare Professionals (HCPs) became an important mode of delivery of these healthcare services. Many patients as well as their family members own smartphones and increasing number of households now possess better internet connectivity. This was big enabler for teleconsultations which were looked upon as a cost-effective mode of delivery of services. Furthermore, in the pandemic scenario; teleconsultations ensured safety of both the patients as well as Healthcare Professionals (HCPs) against COVID infection.

Indeed, on 25th March 2020, immediately after declaration of lockdown, the Telemedicine Practice Guidelines were issued by Government of India, in partnership with Niti Aayog, to enable and encourage the use of telemedicine by Healthcare professionals [6].

HCPs were further encouraged to adopt various telemedicine platforms to keep themselves updated on various developments of the pandemic. There was an urgent need to be updated on all recent aspects of COVID-19, such as epidemiological trends, latest diagnostic and treatment guidelines, newer drug, and vaccine trials, etc.

From the patients as well as practicing physicians, there was a mixed response in adapting this forced digitisation. Behavioural factors play a significant role in understanding the enablers and barriers towards use of various telemedicine platforms. These contribute towards formation of preferences by healthcare professionals and patients. As the phased unlock in India began from June 1st, 2020, restrictions were eased to some extent [7]. However, this exposure and experience of using telemedicine may have impacted the preferences and behaviours of HCPs.

We conducted this study to characterize these preferences of HCPs towards telemedicine, and how they have been influenced by the COVID-19 pandemic.

2. Methods

The current study was a cross-sectional study. Initial literature review for identifying relevant articles was conducted by PubMed and Google Scholar searches using keywords such as telemedicine and teleconsultations. Grey literature was also searched and white papers available in public domains were also reviewed.

An online cross-sectional survey was conducted using convenience sampling. A pre-tested semi-structured questionnaire was administered through Google forms to Healthcare Professionals (HCPs) who were allopathic doctors (from various specialities) across India over a period of two months (June and July 2020). The questionnaire was sent through their subscription of www.medicaldialogues.in. The survey included both quantitative and qualitative questions regarding their consultations before COVID era, during lockdown period (25th March 2020 to 1st June 2020) and post-lockdown (1st June 2020 to 31st July 2020).

Only completed surveys were included in analysis. Statistical analysis was conducted using Excel version 16 and n (%) are reported. As this was an exploratory study, in-depth analyses were not conducted, and statistical significance levels were not reported. Several HCPs opined their feelings and suggestions. A sentiment analysis of the preferences of HCPs towards telemedicine was conducted using the qualitative insights thus obtained from the survey.

3. Results and Discussion

Specialty & Type of Practice

Complete responses were obtained from 211 Healthcare Professionals (HCPs) who are qualified allopathic doctors. These HCPs were from 15 different specialities and were located from all over India.

Table 1 shows the Specialty wise number of years of experience of Respondent Healthcare Professionals (HCPs). Majority (64%) of the HCPs were well-experienced, with more than 15 years of practice. 25% respondents had experience of 5-15 years. Only 11% had an experience of less than 5 years.

Almost half (46%) of the respondents were General Physicians (M.B.B.S.) and Consulting Physicians (Post graduate education in General Medicine post M.B.B.S.)

Table 2 shows the nature of practice of HCPs. A majority of respondents (82%) were working in private sector, either as individual practice or in corporate hospitals, or both of these. Only 11% respondents were associated with Government hospitals and/or medical colleges.

Changes in patient inflow and expectations by HCPs

We tried to ascertain the changes in the patient inflow / touch points of HCPs during lockdown as compared to their pre-COVID practice. We also gave them option to voice their opinion on their expectation post lockdown.

Physical Consultations by Healthcare Professionals (HCPs) in the Out-Patient Department (OPD):

1) Pre-COVID Period:

In the Pre-COVID period, almost 22% HCPs used to see more than 50 patients in a day, while 39% attended to 20-50 patients in a day. So, if combined, almost 61% of the HCPs used to consult more than 20 patients in a day during Pre-COVID times. Remaining 39% HCPs used to consult less than 20 patients in a day.

2) During the 'lockdown' period:

During the lockdown period, there was steep fall in patient flow to the Out-Patient Departments (OPDs) of HCPs. Where 61% of HCPs consulted more than 20 patients in a day during pre-COVID period, the number decreased to only 10.8% doctors seeing more than 20 patients in a day during lockdown period, showing a fall of approximate 82%. A study conducted by Practo had reported 67% decrease in in-person visits to doctors from March 1st to May 31st, 2020 [8]. It was observed that only 11% HCPs consulted to less than 10 patients in a day during the Pre-COVID period. Furthermore, this percentage increased to 71% HCPs consulting less than 10 patients in a day during the lockdown period, showing a rise of doctors (545%) who had a steep fall in inflow of the patients. It is a possibility that several HCPs had consulted 1, 2 or even no patients during the lockdown period. Many elective surgeries and consultations were postponed during the lockdown period in India.

3) Expectations Post- lockdown

Expectations or perceptions of doctors about the scenario, once the lockdown period ends, were also analysed. It was observed that almost 50% of HCPs who used to see more than 50 patients in a day during pre-COVID period, expected that they may not consult the same number of patients as before. Only 32% of HCPs expected to consult more than 20 patients in a day. It was observed that there was a 100% rise in HCPs who said that they may consult less than 10 patients in a day even after lockdown.

We may infer from the responses that HCPs do not expect the consultation scenario reversing back to that of pre-COVID era, at least soon.

Teleconsultations by Healthcare Professionals (HCPs):
We also tried to understand the behaviour of the HCPs due to the enforced lockdown. We wanted to identify possible changes among same respondents in telemedicine. The usage and behaviour of HCPs towards telemedicine before and during lockdown was analysed to study any variations. The number of consultations given by HCPs (apart from physical consultations) on telephone, video-based calling apps like WhatsApp, Skype, Zoom or any full-fledged telemedicine platform before and during lockdown were recorded.

1) Teleconsultation in pre-COVID period:
Out of the 211 respondents, 186 (88%) HCPs responded to have attended less than 10 patients in a day through any telemedicine platform in the pre-COVID period. Interestingly, in our study, we found that only 11% of doctors had consulted more than 10 patients in a day through some telemedicine platform. This may be contributed to reluctance of HCPs towards teleconsultations due to reasons such as lack of awareness, usage complications, incompatibility, and chances of errors.

2) Teleconsultation during the 'lockdown' period:
As expected, there was a steep rise in patient connecting with doctors on various telemedicine platforms. These were phone calls, video calls or other telemedicine platform. Wherein 11% HCPs had 10-50 patient calls during pre-COVID period, during lockdown more than 30% HCPs responded to have 10-50 patient calls in a day, thus showing a rise of 172% The study conducted by Practo had reported 500% increase in teleconsultations by doctors from March 1st to May 31st, 2020 [8]. In our study it was also observed that 5 HCPs were recorded to have consulted more than 50 patients in a day over such platforms.

3) Expectations of teleconsultation post lockdown:
A considerable number (35%) of the HCPs expected more than 10 patients in a day to consult through telemedicine platforms even after lockdown is lifted. The responses recorded indicate directly that the HCPs expect the lockdown behaviour of teleconsultation to continue.

However, we expect that this scenario may change once an effective vaccine is developed against COVID19, yet teleconsultation will remain as the part of the routine of HCPs.

Telemedicine platforms used by Healthcare Professionals (HCPs):
Table 4 shows Telemedicine platforms used by Healthcare Professionals (HCPs) during lockdown. The responding HCPs were asked to outline their telemedicine usage patterns. Majority of HCPs preferred WhatsApp (73%), Phone calls (67.3%) and Zoom (13.7%) for teleconsultations. Other video-connect platforms like Google Duo, Practo, Lybrate and Skype were also found to be used by few HCPs.

Several other platforms were also mentioned by few HCPs, as seen in the table. In our study, this was found to be similar to the preferences seen in SMSRC survey, wherein a combination of both mobile based phone calls and WhatsApp seemed to be the most preferred form by doctors for teleconsultations, followed by only mobile based phone calls [9].

It may be inferred that platforms with better compatibility with users, awareness and usage/user friendly apps create faster and stronger preferences. WhatsApp emerged to be an ideal and favourite platform for all teleconsultations, probably since it was already being widely used for communication.

However, as per the telemedicine guidelines in India, maintaining Electronic Health Records (EHRs) will soon become necessary, and will generate need for integrated telemedicine platforms.

HCPs mentioned the use of multiple platforms. This may be an indication that in future doctors may prefer to use different platforms rather that one platform, for telemedicine. One reason for this maybe that patients cannot be compelled to download a particular app.

Significant challenges for telemedicine consulting:
Table 5 shows the significant challenges faced by HCPs for telemedicine consulting. Patient examination and adherence to telemedicine was found to be 'very challenging' for majority of doctors (67%). Majority of HCPs (almost 75% and 72% respectively) opined that compatibility with HCPs and patients and payment gateways were manageable and 'less challenging'. Over a period, both patients and HCPs might get accustomed this form of consultations, thereby reducing the challenges towards telemedicine.

Clarity in understanding of the Telemedicine Guidelines issued in 2020:
Table 6 shows clarity of HCPs in understanding the Telemedicine Guidelines issued in 2020.At the time of this survey, almost 75% of the HCPs responded that they had either understood the basics of the telemedicine guidelines or have a complete understanding of the same. Only 11% showed a reluctance to adopt telemedicine in their practice.

Assistance in creation of telemedicine set-up:
Table 7 shows Assistance to Healthcare Professionals (HCPs) in creation of telemedicine set-up. It was observed that almost half (54.5 %) of the HCPs had set up the telemedicine platform by themselves without any help.). Almost 21 % took assistance by various pharmaceutical and telemedicine companies.

Important aspects of telemedicine for Healthcare Professionals (HCPs):
Table 8 shows the Important aspects of telemedicine for HCPs. Majority of HCPs opined that telemedicine was a good option to reach out to remote patients, for providing second opinion to patients and more significant for chronic cases, as compared to acute cases.

Almost 75% agreed that telemedicine should become a part of daily practice. 80% of HCPs opined that telemedicine is good for follow up patients.

Out of the 211 HCPs, 185 contributed various qualitative insights regarding their views on telemedicine. Some opined "sound-bytes" were identified which emulated sentiments of doctors towards telemedicine. These were categorised as Positive i.e. those showing total positivity and optimism, Negative i.e. those showing total negativity or pessimism and Neutral i.e. neither total positivity nor total negativity.

Positive sentiments:
Almost 42% of the total insights obtained (78 responses) showed total optimism and positivity. These HCPs opined that:

- Telemedicine was largely promising and has a great future
- It will help in easy access of healthcare, convenient to use
- Excellent alternative for situations such as lockdown period
- Can lead to better patient satisfaction
- Highly effective in prevention of transmission of infections to doctors as well as patients

Neutral sentiments:
26% respondents (48 responses) opined that telemedicine is more beneficial in certain scenarios such as:

- Follow-up visits of patients
- For patients residing in remote areas
- Patients suffering from various chronic diseases
- Elderly patients
- Useful for obtaining second opinion regarding treatment protocols from other doctors
- Addressing smaller enquiries of patients
- In emergency situations where doctors may not be easily accessible
- For learning or educational purposes of healthcare personnel in rural and peripheral areas

Negative sentiments:
32% of respondents (59 responses), telemedicine has a limited scope and would be difficult to use due to many factors such as:

- Limitations in treatment for poor patients
- Chances of miscommunication or poor communication issues among doctors and their patient
- Inability to replace human touch
- Success depends on level of understanding of patients
- Chances of misuse by quacks
- Requirement of prescription for certain drugs may create difficulties in procurement
- Medicolegal implications in teleconsultation advice
- Necessity of eventual physical consultation in some cases
- Difficulty in diagnosis in complicated scenarios
- Deterrent for satisfaction of treatment for doctors
- Useful only for COVID-like scenarios wherein there is restriction of movement
- Concerns for poor network coverage of mobiles and internet
- Obtaining Consent of patients
- Issues of data security
- Mechanism of charging of consultation fees
- Recording of consultations by patients leading to misuse or inappropriate use.

Some valuable Suggestions shared by HCPs to enhance usage of telemedicine were recorded:

- Clarity in consultation Charges by HCPs
- Better and easy-to-use online platforms
- Non-threatening and trustworthy platforms for teleconsultations
- Customised software for HCPs
- No need for patients to subscribe to any software

4. Conclusion and Future scope

Telemedicine will play a pivotal role in integrating healthcare and technology in real sense.

The rise seen in teleconsultations in this study, to enable HCPs to reach out to their patients whom they could not physically tend to, signifies the necessity of this platform for healthcare delivery.

In the current study we tried to review the preference and behaviour of the healthcare professionals based on their responses. In this study, more than 80% responding HCPs were consulting physicians, general physicians, surgeons, cardiologists, paediatricians, gynaecologists, and dermatologists who form a significant proportion among all HCPs in India. 64% of respondents had more than 15 years of practice. This study helped us generate valuable insights to provide an understanding of behaviour and preferences of HCPs towards telemedicine.

Telemedicine platforms / service providers should ideally take a note of innate concerns of doctors coming in through this study. Better and easy-to-use online platforms, customised software for HCPs, non-threatening and trustworthy platforms for teleconsultations will help HCPs build trust towards telemedicine.

If HCPs can be supported with adherence, reminders, alerts, patient records, data safety integrated to their smart phones with the ease of operations will be a great benefit to healthcare. Telemedicine will also emerge slowly to attend distant patients, or for second opinion of another doctor. Telemedicine if adopted well by doctors and patients will further fuel the chronic healthcare needs on priority. It will also help treatment compliance in non-communicable diseases such as diabetes and hypertension where patients need not frequent the doctor for general check-ups. This will be of great ease especially for geriatric patients.

Continuous communication and follow-up between HCPs and their patients will be essential to avoid any errors due to miscommunication. Clarity by HCPs on the consultation fees too will build trust among patient community.

Telemedicine became a necessity when the behaviour of decades was abruptly stopped by the lockdown due to COVID19. Correlating an example, the usage for point of sales (POS / Card swiping machines) and mobile e-wallets surged during the demonetization period in India. A similar

trend may be estimated for telemedicine. Practices. Many of the HCPs during lockdown were attempting to shift their platform of practice. The same will be coupled and help in directly in increased usage of self-health monitoring units like glucometers and electronic BP monitors. This in long run will help patients and doctors to maintain electronic health records (EHRs).

It is estimated that HCPs do accept the fact that they will eventually have to adapt to the new circumstances and embrace telemedicine.

The emergence of COVID19 suddenly saw surge in the categories of hygiene and immunity related products. Telemedicine will help new tangible and intangible categories to emerge in the healthcare ecosystem such as:

- Enhanced doctor – patient loyalty.
- Increased awareness towards healthcare.
- Enhanced accessibility of doctors as well as patients
- HCPs can provide consultations to a greater number of patients, and that too as per their convenience
- More care and adherence towards treatment regimens among the patients.
- Improved record keeping.
- Predictive health analytics and statistics can emerge from these records
- Integrating other service providers like pharmacists, e-pharmacies, testing labs, diagnostics will enhance the reach of telemedicine.
- The rise in patient adherence to therapies can be improved through reminders and this will help pharmaceutical companies cater to their consumers.
- The access to preventive medicine will be simplified due to availability of direct access to healthcare by the patients and their family.

Telemedicine is here to stay and will evolve over a period. It will indeed be the beginning on an era of digital transformation and a true digital revolution.

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Author Profile

Aasawari Nalgundwar, MD, PGDHA, MBBS, Assistant Professor (Healthcare), Prin. L. N. Welingkar Institute of Management Development and Research, Mumbai.

Meghna Aggarwal Singhania, MSc (Economics), CEO/Editor-In-Chief, Medical Dialogues. New Delhi.

Pawan Kulkarni, BSc, PGDM, General Manager, Corporate Strategy, J B Chemicals & Pharmaceuticals Ltd., Mumbai

Mayur Shinde, B Pharm, Student of PGDM Healthcare at Prin. L. N. Welingkar Institute of Management Development and Research

Table 1: Specialty wise number of years of experience of Respondent Healthcare Professionals (HCPs)

Specialties	< 5 years	5-10 years	10-15 years	> 15 years	Grand Total
Consulting physician	4 (1.9%)	6 (2.85%)	15 (7.14%)	34 (16.19%)	59 (28.09%)
General physician	4 (1.9%)	7 (3.33%)	2 (0.95%)	26 (12.38%)	39 (18.57%)
Surgery	6 (2.85%)	1 (0.47%)	2 (0.95%)	9 (4.28%)	18 (8.57%)
Cardiology	1 (0.47%)	2 (0.95%)		13 (6.16%)	16 (7.61%)
Paediatric	2 (0.95%)	3 (1.42%)		11 (5.24%)	16 (7.61%)
Gynaecology		2 (0.95%)	3 (1.42%)	9 (4.28%)	15 (7.14%)
Dermatology	1 (0.47%)	3 (1.42%)	2 (0.95%)	4 (1.9%)	10 (4.76%)
Diabetology	1 (0.47%)			7 (3.33%)	8 (3.80%)
ENT Surgeons		1 (0.47%)	2 (0.95%)	4 (1.9%)	7 (3.33%)
Gastroenterology				6 (2.85%)	6 (2.85%)
Orthopaedic	1 (0.47%)		1 (0.47%)	4 (1.9%)	6 (2.85%)
Psychiatry			1 (0.47%)	4 (1.9%)	5 (2.38%)
Nephrology	1 (0.47%)			1 (0.47%)	2 (0.95%)
Neurology	1 (0.47%)			1 (0.47%)	2 (0.95%)
Chest physician				1 (0.47%)	1 (0.47)
Grand Total	23 (10.9%)	25 (11.90%)	28 (13.33)	134 (63.8%)	210

(1 response being incomplete for this question, the total is 210 instead of 211 in this table)

Table 2: Nature of practice of Healthcare Professionals (HCPs)

Nature of practice	**Count**	**Percentage**
Private (Individual practice)	101	48%
Private (Corporate Hospital)	37	18%
Private (Individual practice & Corporate Hospital)	34	16%
Government Hospital	22	10%
Medical College	2	0.9%
NGO	1	0.4%
Others	14	7%
Total	**211**	**100%**

Table 3: Number of Physical consultations and teleconsultations by HCPs during Pre-COVID, lockdown and post-lockdown period

No. of patients /day	Physical Consultations of patients by HCPs in OPD / day			Teleconsultations of patients by HCPs on Phone/online platforms/ day		
	Pre-COVID	During lockdown	Post-lockdown (Estimated)	Pre- COVID	During lockdown	Post-lockdown (Estimated)
< 10	23 (10.9%)	151 (71.56%)	47 (22.27%)	186 (88.15%)	131 (62.09%)	136 (64.45%)
10 to 20	59 (27.96%)	37 (17.54%)	95 (45.02%)	17 (8.06%)	61 (28.91%)	59 (27.96%)
20 to 50	83 (39.34%)	17 (8.06%)	47 (22.27%)	7 (3.32%)	14 (6.64%)	11 (5.21%)
> 50	46 (21.8%)	6 (2.84%)	22 (10.43%)	1 (0.47%)	5 (2.37%)	5 (2.37%)
Total	211	211	211	211	211	211

Table 4: Telemedicine platforms used by Healthcare Professionals (HCPs) during lockdown

Platforms	Number of HCPs
WhatsApp	156 (72.6%)
Phone call	145 (67.4%)
Zoom	30 (14%)
Google duo	13 (6%)
Practo	11 (5.1%)
Lybrate	13 (6%)
Skype	9 (4.2%)
Others	34 (17.8)

(Multiple answers were given by the respondents)

Table 5: Significant challenges faced by HCPs for telemedicine consulting

Parameters	Least challenging	Manageable	Very challenging	Total
Compatibility with HCPs and patients	38 (18.63%)	115 (56.37%)	51 (25%)	204
Payment gateways	41 (20.1%)	105 (51.47%)	58 (28.43%)	204
Patient data being on cloud	32 (15.76%)	87 (42.86%)	84 (41.38%)	203
Patient examination and adherence to telemedicine	20 (9.76%)	47 (22.93%)	138 (67.31%)	205

Table 6: Clarity of HCPs in understanding the Telemedicine Guidelines issued in 2020

Clarity of HCPs in understanding the Telemedicine Guidelines	Number of HCPs	Percentage
Understood the basics	110	52.13 %
Understood completely	51	24.17 %
Not yet gone through it	26	12.32 %
I don't want to consult via telemedicine	24	11.38 %
Total	211	100 %

Table 7: Assistance to Healthcare Professionals (HCPs) in creation of telemedicine set-up

	Who helped HCPs to set up a telemedicine platform?
I did it Myself	115 (54.5%)
Pharmaceutical Company + Telemedicine company	16 (7.5%)
Pharmaceutical company	12 (5.68%)
Telemedicine company	19 (9%)
Not yet started	15 (7.1%)
Others (Help by hospitals, family etc.)	34 (16.11%)
Total	211

Table 8: Important aspects of telemedicine for Healthcare professionals (HCPs)

Aspect of telemedicine	Not Important	Moderate Importance	Very Important	Total
It should become a part of daily practice	52 (25.12%)	83 (40.1%)	72 (34.78%)	207
Reaching to remote patients	18 (8.78%)	52 (25.37%)	135 (65.85%)	205
For second opinion	31 (15.27%)	69 (33.99%)	103 (50.74%)	203
Only for follow-up patients	42 (20.49%)	71 (34.63%)	92 (44.88%)	205
More for chronic that acute cases	30 (14.56%)	59 (28.64%)	117 (56.8%)	206