Our Participations

APAMI 2014 (www.APAMI2014.com)

S.A.T.H.I played a crucial role during the planning and execution of the 2014 Asia Pacific Association for Medical Informatics (APAMI). From inviting the guest lecturers, to organizing the locations (AIIMS & India Habitat Center, New Delhi) S.A.T.H.I members gave their valuable time in order to make this event a resounding success. With international participation from over 77 countries, it is safe to say that their time was well spent. S.A.T.H.I also won the prestigious Best Poster Award for our Tele-ophthalmology project in Mizoram at this conference.

HIMSS Asia Pac India Chapter 2015 (www.himss-india.org)

S.A.T.H.I. was a participant in the 2015 Healthcare Information and Management Systems Society conference held in August 2015. Dr Gogia participated in two panels a) Doctors, Clinics and Hospitals, and b) Skills development in Healthcare

Looking Forward

New Projects

- We are running programs for Training of Health workers in Telemedicine as well as eHealth systems. We are currently in negotiation to become partners to AHIMA (American Health Information Management Association – www.ahima.org) who are entering India in a big way.
- A plan to create a wide rural based telemedicine network is under planning and discussion
- We have been approached by the Mahatma Gandhi Institute of Medical Sciences (MGIMS), Jaipur to help them start a tele-ophthalmology project in Rajasthan. MGIMS is the main telemedicine consultant for the State Government in Rajasthan.

Upcoming Events

- On the 14th of October, 2015, S.A.T.H.I. will be the mail stakeholder of AHIMA India along with Manipal Institute of Medical Education as well as MGIMS

- On the 22nd of February, 2016, S.A.T.H.I. will be one of the key organizers of the IAMI annual meeting called ICMI (www.icmi2016.com)

Society for Administration of Telemedicine and Health Care Informatics

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SOCIETY FOR ADMINISTRATION OF TELEMEDICINE AND HEALTHCARE INFORMATICS

S.A.T.H.I. 2015 Annual report

Our Mission

S.A.T.H.I. is committed to providing quality e-healthcare via telemedicine to rural, hard-to-reach areas.

Currently, in India, 65% of our population is rural; they are attended to by less than 25% of medical professionals. In the case of specialized healthcare, this ratio drops to below 4%. The reasons for these are varied but a large extent is related to the lack of actual facilities. Also, most doctors are not willing to work in rural areas, due to a deficiency of general facilities like good schools for their children or proper social and entertainment facilities for them to maintain the standard living which they are used to.

S.A.T.H.I. aims to reduce this ratio and provide opinions & diagnoses by qualified doctors via telemedicine. In order to do so, a central facility which is run by trained local professionals (trained by S.A.T.H.I.) is opened and a connection to partner hospitals is established so as to provide their expertise to the patients. Most of the minor problems can be taken care of by the local professionals; however in case of severe cases the visit is configured in such a way so as to cause minimum disruption to the patient's daily life – one visit to the hospital for his cure, as opposed to multiple time-consuming visits with lengthy investigations.

Updates on our Projects

Making Eye Care Accessible in Mizoram

Mizoram State's Telemedicine Supported Vision Care Project (TSVCP)

Supported by National Programme for Control of Blindness

There is a large deficit in the provision of eye care in India. This problem is even worsened in the remote areas where presence of trained professionals is extremely limited. There are only 14 ophthalmologists in the state of Mizoram. Given this scenario, it is important to use the available technology to improve access to healthcare especially in the remote areas. The aim of the current project is providing access to quality eye care in the rural areas of Mizoram in an integrated manner where every case is accounted for, classified and closed with a solution.

In order to achieve this, information and communication technology was used to connect with a doctor or hospital located far away (telemedicine). A trained link worker or tele-ophthalmic assistant (OA) is located at a peripheral vision centre (VC). The OA is trained to examine the patient and use the technology to be able to send the data to the nearby local or district hospital and schedule appointments if necessary.

This project was started in February, 2011. Since then, 10 vision centres have been set up in the eight districts of Mizoram. We have successfully trained ophthalmic assistants in eye care as well as IT to manage these centres. The ophthalmic assistants have been able to prescribe glasses to patients. In complicated cases, our staff liaise with doctors via telemedicine for diagnosis and organize the patient's treatment at the nearest possible hospital. We are proud to have examined more than 11000 patients at these locations. Several eye camps have been organized by the staff in these areas and there is a cataract eye survey currently in process.

This has been voted the Best E-Health Project in the North-East in 2014 (www.enortheast.in) and was also adjudged the best poster presentation during the 8th biennial APAMI 2014 meeting in New Delhi (www.apami2014.com).

Due to some miscommunication with the Mizoram Govt., the project extension is currently under debate, and therefore the project is on hold.

Bringing Lymphoedema Care to the masses

Lymphoedema (Elephentiasis – which is intractable swelling of the limbs) affects over 20 million patients in India due to Filariasis alone, If we take the other causes like Post Cancer, Trauma, repeated infections etc, the incidence can almost double.

The problem is treatable but still neglected. This is related to a lack of awareness, not only among the patients but also among the medical community. S.A.T.H.I. has showcased that with treatment largely done at home, the condition can be eminently managed – and it is no worse than any chronic diseases like diabetes and hypertension.

S.A.T.H.I. has conducted awareness camps in Vasai (Maharashtra), Goa, Bilaspur (Chattisgarh), and Dharan (Nepal) besides continuously running a voluntary clinic at AIIMS, New Delhi. The next camp is scheduled in Sitapur, UP. We are also presenting talks on our results, community worker training program and group therapy at National and International Conferences in Poland, Korea as well as USA.

Nepal Earthquake Relief Project

A 7.9 Richter quake shook the central districts of Nepal including Kathmandu on April 25th 2015. Its effects so far include over 8700 dead, 20,000 injured, and devastation of many buildings with over 1.4 million rendered homeless. There have been many aftershocks making it difficult for people to get back to life, even for those houses which are still standing.

Natural disasters, particularly those of this magnitude, are known to cause PTSD and related mental problems, affecting approximately 80% of the population. It is known to be largely evanescent but in 3- 5%, it persists, resulting in serious long term effects. The serious manifestations become apparent only after 3-6 months, but can be controlled if detected early. Aftershock especially the one on 12th May 2015 have exacerbated mental trauma with long term effects. There has been a rise in incidence of suicides.

We advocate a Tele-health based long term management program like a previous one after Tsunami (Gogia, 2009) i.e. to provide community based mental health support to the seriously affected Nepalese community We have already identified the locations as well as local partners but are looking for more especially those who can help fund the project. We have received commitments from Psychiatrists from BP Koirala Institute of Health Sciences Dharan, Nepal, who shall be delivering the online tele-mental health support.

Needs Assessment	• Problem areas (disease and high prevalance location) • Local partners (engage and orient them) • Availability of connectivity
Implement	• Order necesary equipment and technology • Installation - hardware/connectivity/software • Training • Test Sessions with hand holding
Maintain	• Troubleshooting - Retraining if required • Add on more modules as per local will/need • Documentation • Reporting
Hand Over	• Ownership handed over to partner • Independent evaluation (recommended) • Package modules for next disaster • Publicize in a scientific journal