

# Study finds public-private partnerships key to making telemedicine sustainable

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An OTTET telemedicine center in India is pictured. A UTA professor's study discovered that establishing public-private partnerships in rural India could be sustainable models for success. Credit: OTTET Telemedicine

Proper health care is more difficult in remote parts of India.

But one UTA business professor has published a study showing how to

make [telemedicine](#) affordable and sustainable in those [remote areas](#) through micro-entrepreneurship.

RadhaKanta Mahapatra, a professor in the Department of Information Systems and Operations Management in the UTA College of Business, conducted the study, A Collaborative Approach to Creating ICT-based Sustainable Development, which was published as part of the Americas Conference on Information Systems' proceedings earlier this year. ICT is Information and Communication Technology. Former Odisha Chief Secretary Sahadeva Sahoo co-authored the study."

We discovered that one key was making telemedicine sustainable, from technological and job skills standpoints but especially from a financial standpoint," Mahapatra said. "Creating public-private partnerships to establish these telemedicine centers is another key to lasting, thriving telemedicine outposts."

A telemedicine outlet could cost between \$9,000 and \$12,000 to start in one of these remote [areas](#), a large amount of money considering the average income level of rural India.

Mahapatra looked at the strategy and operations of OTTET Telemedicine for his case study. OTTET is a non-profit organization based in the state of Odisha in India. It promotes the use of telemedicine technology to expand the reach of healthcare to [rural areas](#).

Odisha, one of the 29 states of India, covers about 60,000 square miles with a population of about 42 million. About 83 percent of the population lives in rural areas, according to the 2011 Census of India and Mahapatra's study. The state of healthcare delivery in India is very poor, especially in these remote areas.

The public health system is run by the state government.

A major hurdle in successful implementation of ICT-based development projects is lack of local ownership. What Mahapatra discovered was that when funding agencies' grants expire, the system suffered or failed and people's healthcare was often sacrificed.

"One key to OTTET's success in implementing telemedicine projects in rural areas is getting someone in the community to invest in a telemedicine project's success," Mahapatra said. "OTTET also tackles the lack of technical manpower in rural areas by training unemployed rural youths on telemedicine technology, another factor essential in the project's success."

What the study calls for is effective public-private partnership.

"We discovered that OTTET Telemedicine offers a viable approach to incremental and sustainable implementation of Information and Communications Technology-based development projects as long as there is local ownership and the public-private partnership model at work," Mahapatra said.

Chandra Subramaniam, interim dean of the UTA College of Business, said Mahapatra's work speaks directly to health and the human condition, one of the pillars of UTA's strategic plan.

"The findings of this paper will help create sustainable health delivery models in less developed regions around the world," Subramaniam said. "Citation of this study by a major newspaper (the New Indian Express) in India brings positive publicity to UTA and helps extend its influence around the world."

Provided by University of Texas at Arlington

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