REVIEWER'S REPORT

Manuscript No.: **IJAR-52596**   Date: 03-07-2025

Title: The Role of Apollo Telehealth and Telemedicine in Dermatological Care Delivery in Himachal Pradesh

Recommendation:
Accept as it is ....YES...................
Accept after minor revision.................
Accept after major revision ....
Do not accept (*Reasons below*) ....

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality			✓	
Clarity			✓	
Significance		✓		

Reviewer Name: Dr Aamina

Reviewer's Comment for Publication.

1. Relevance and Originality

The manuscript addresses a critical and highly relevant healthcare issue—access to dermatological care in remote regions—through a digital health solution. It highlights the intersection of telemedicine, geography, and public health in a region like Himachal Pradesh. The focus on Apollo TeleHealth (ATH), the first major telemedicine service in India, is both timely and impactful, especially considering the increasing importance of digital health infrastructure in the post-pandemic era.

2. Title and Abstract

- The title is concise and descriptive, clearly indicating the study's scope and setting.
- The abstract effectively outlines the study's background, aims, methodology, results, and conclusions.

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- It highlights the practical value of the tele-dermatology model in improving care access and health outcomes in a remote Indian state.

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3. Introduction

- The introduction provides a strong foundation by contextualizing the dermatological disease burden within Himachal Pradesh's unique climatic and geographic setting.
- The justification for ATH's telehealth model is well-articulated and substantiated with appropriate references to national health policy and public health needs.

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4. Objectives

- The objectives are clearly stated and well-aligned with the research scope:
  - Disease incidence and climate correlation
  - Environmental and systemic barriers
  - Impact of ATH's intervention on access and outcomes

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5. Methodology

- The methodology section outlines a multi-source data approach, including clinical consultations, environmental data, and health system integration via ATH's digital dispensaries.
- The adherence to national telemedicine regulations enhances credibility and relevance.
- The inclusion of EMR usage and trained paramedics indicates methodological robustness and operational practicality.

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6. Results

- Results are clearly stated, showing a measurable improvement in access, continuity of care, and timely diagnosis.

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- The claim that geographical and environmental barriers were mitigated by digital health infrastructure is well-supported by the study's context.
- Emphasis on clinical outcomes and healthcare equity strengthens the policy relevance of the findings.

7. Conclusion

- The conclusion summarizes the significance of the telemedicine intervention well.
- It highlights ATH's replicable and sustainable model for rural healthcare delivery, linking it to national guidelines and long-term public health planning.

8. Language and Structure

- The manuscript is well-structured and clearly written.
- Terminology is appropriate for a public health, medical, or policy-oriented audience.
- The inclusion of keywords adds to the discoverability and indexing potential of the article.

9. Contribution to Literature

- The paper makes a notable contribution by documenting a real-world application of telemedicine in rural dermatology—an underreported area in Indian healthcare literature.
- It reinforces the importance of technology-driven solutions for healthcare access and delivery in underserved areas.

Final Evaluation

This manuscript is a relevant, well-executed, and clearly communicated case study that demonstrates the successful application of telemedicine in rural healthcare delivery. It aligns well with national policy initiatives and offers practical insights for scaling digital healthcare in India and other low-resource settings.