



Journal Homepage: - www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI: 10.21474/IJAR01/21192

DOI URL: <http://dx.doi.org/10.21474/IJAR01/21192>



RESEARCH ARTICLE

THE ROLE OF APOLLO TELEHEALTH AND TELEMEDICINE IN DERMATOLOGICAL CARE DELIVERY IN HIMACHAL PRADESH

Mubasheer Ali¹, Ayesha Nazneen², Vikram T haploo³, Premanand⁴ and Snigdha Banerjee⁵

1. Senior Consultant, Internal Medicine, Medical Response Centre (MRC), Apollo Telehealth (ATH).
2. Chief Medical Officer, Senior Consultant & Head of Department, MRC, Apollo Telehealth ATH.
3. Chief Executive Officer & Head, MRC, Apollo Telehealth ATH.
4. Chief Business Officer, MRC, Apollo Telehealth ATH.
5. Manager, Public Health, Medical Response Centre (MRC), Apollo Telehealth (ATH).

Manuscript Info

Manuscript History

Received: 14 April 2025

Final Accepted: 17 May 2025

Published: June 2025

Key words:-

Tele-Dermatology, Digital Consultation, Digital Dispensary, Apollo Telehealth, Tele Health, Care Delivery, Healthcare Accessibility, Continuity of Care, Telehealth Infrastructure, Climate and Health

Abstract

Background: The northern Indian region of Himachal Pradesh, which is characterized by its diverse geography and unreliable climate, is very hard to provide dermatological care to its remote population. Crippling healthcare infrastructure and accessibility issues further augment the dermatological disease burden in these areas.^(1,2)

Aims and Objectives: This research seeks to assess the pivotal function of Apollo Telehealth (ATH), the country's first telemedicine service, in helping meet dermatological healthcare needs in rural Himachal Pradesh. The goals are:

- Determining the incidence of dermatological disorders in co-relation with climate
- Identifying environmental and systemic obstacles to care
- Evaluating the effects of ATH-enabled tele dermatology on access, diagnosis, treatment, and continuity of care

Materials and Methods: The research is based on clinical information from digital consultation histories, environmental observations, and patient mobilization through ATH's rural telehealth dispensary network in Himachal Pradesh. The rollout is contextualized within the legal environment of the National Telemedicine Guidelines released by NITI Aayog and the Ministry of Health and Family Welfare (MoHFW), which regulate and legitimize digital consultations in India.

Results: The adoption of ATH's tele dermatology services contributed greatly to increased access to dermatological services in underprivileged areas. Patients had improved continuity of care, timely diagnosis, and more effective delivery of treatment. Geographical distance and environmental limitations were to some extent offset by the digital health model.

Conclusion: ATH's telemedicine model illustrates the revolutionary potential of digital health in dermatology. It improves healthcare equity, increases clinical outcomes, and decreases long-standing barriers to access in distant regions such as Himachal Pradesh. By conforming to national telemedicine guidelines, ATH has developed a replicable and sustainable model of delivering dermatological care in rural India.

"© 2025 by the Author(s). Published by IJAR under CC BY 4.0. Unrestricted use allowed with credit to the author."

Corresponding Author:- Mubasheer Ali

Address:- Senior Consultant, Internal Medicine, Medical Response Centre (MRC), Apollo Telehealth (ATH).

Introduction:-

Dermatological conditions are an important contributor to the overall disease burden in India, particularly in geographically remote areas where specialist care is not readily available ⁽³⁾. The dermatological conditions in Himachal Pradesh are determined by a special interaction of geography, climate, and restricted access to specialized treatment—most notably in remote, high-altitude areas such as extreme temperatures, low humidity, and intense UV exposure enhance vulnerability to skin infection and chronic dermatologic disease ⁽⁴⁾. With Apollo Telehealth's telemedicine services, improved identification of disease trends occurred with an emphasis on the burden and seasonal variations of skin diseases in the state.

Despite such a high disease burden, specialist care is still concentrated in urban areas, and rural and high-altitude communities are left underserved ⁽⁵⁾. Apollo Telehealth (ATH) has been instrumental in bringing these barriers by instituting a telemedicine-enabled healthcare delivery model. ATH's Digital Dispensaries have created an ecosystem where patients can access professional dermatological care irrespective of their geographical location due to their trained paramedics, telecommunication equipment, and integration with EMR ⁽⁶⁾.

Apollo Telehealth's role

ATH overcame obstacles to care by:

- Minimizing the average diagnosis and treatment initiation time through instant teleconsultation.
- Enabling availability of skin care professionals in remote geography.
- Simplifying follow-up care through telemedicine, thereby relieving tertiary healthcare centers.

Integrated Clinical Workflow: Apollo Digital Dispensary The process of dermatology treatment at ATH Digital Dispensaries is an organized, multi-step process that delivers patient-focused, uninterrupted, and specialist-driven care. To better explain the revolutionary model, below is the integrated clinical workflow adopted by Apollo Telehealth's Digital Dispensaries for dermatological care delivery in remote areas:

This organized process has allowed ATH to provide timely, specialist-directed dermatological treatment in underserved areas. It avoids delays, minimizes referrals, and enhances local healthcare delivery through digital innovation.

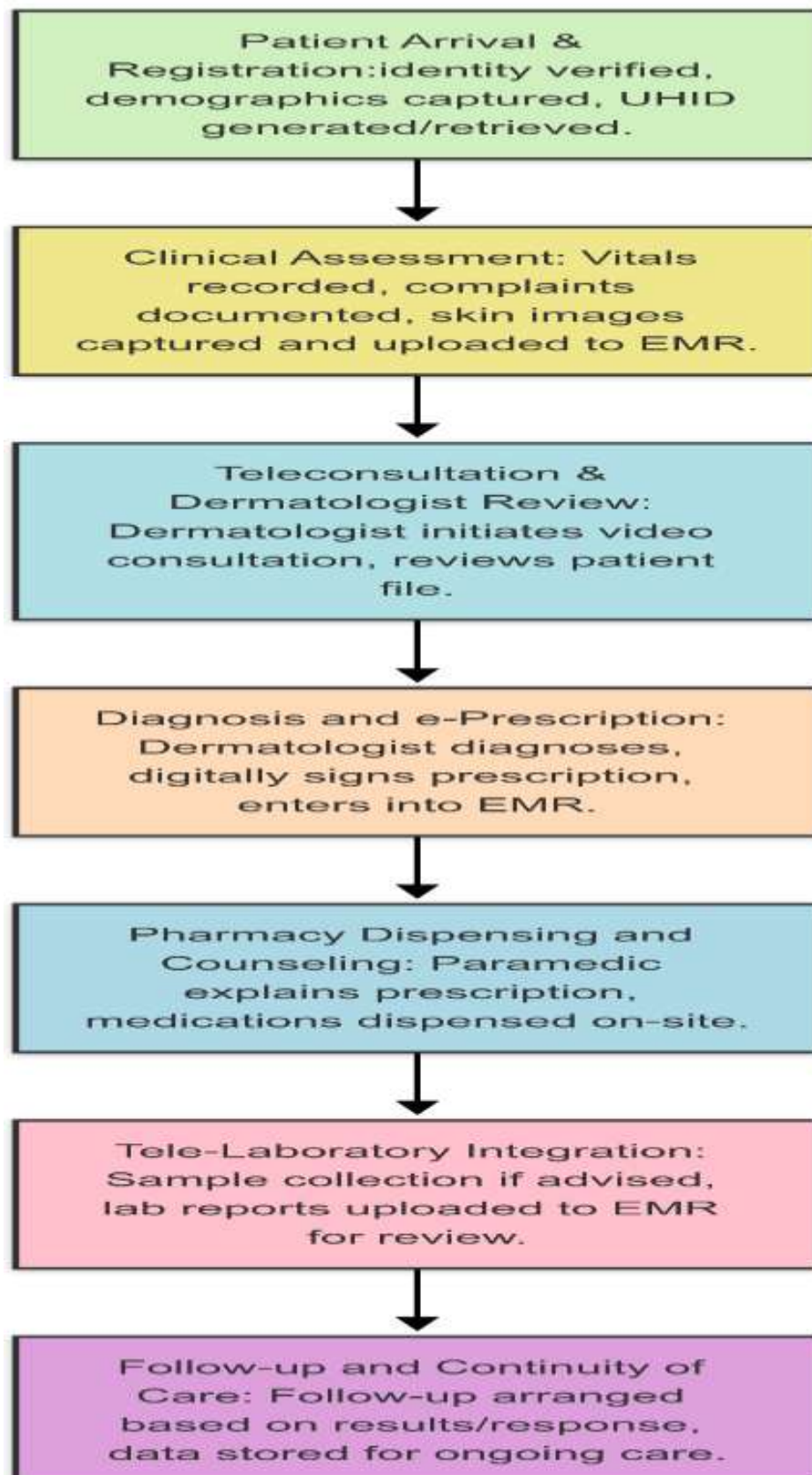
Educational Initiatives and Outreach by Apollo Tele Health

Apollo Telehealth has put in place a strong platform for community education and awareness as a fundamental aspect of its digital dispensary model in Himachal Pradesh and other under-served areas. Since it realizes that most dermatological conditions are preventable or can be controlled better with early diagnosis and community involvement, ATH gives top priority to patient education in addition to clinical care.

These are carried out by trained health educators and paramedics at each centre through regular health talks, interactive sessions, and workshops on skin hygiene, early detection of skin issues, and appropriate self-care. Posters and electronic screens in local languages explain prevalent dermatological conditions like fungal infections, eczema, scabies, and disorders caused by light exposure in a way that helps bridge the literacy gap by using images.

ATH also conducts special "Skin Health Weeks" and outreach camps, in partnership with local panchayats, wherein dermatologists interact remotely with larger community groups to clarify myths, misconceptions, and stigma relating to skin diseases. These camps are a conduit for screening, early detection, and group counselling, and usually result in the detection of un-diagnosed cases and timely referral for teleconsultation.

To ensure long-term behaviour modification, Apollo Telehealth's training modules incorporate on-the-spot demonstrations for personal hygiene, appropriate usage of topical drugs, sun protection, and the prevention of dangerous home remedies. Mobile-based reminders and telephonic follow-ups remind patients of important messages and drug intake, with informational leaflets being provided in each patient visit.

Fig 1:- Flow of Tele consultation at Apollo Digital Dispensary.

Apollo's outreach programs also utilize collaborations with local schools, Anganwadi centers, and women's groups in an effort to reach vulnerable groups, such as women and children, with specific education on Non-infectious skin diseases and how to prevent infectious skin diseases and identify warning signs that would necessitate specialist attention.

As dermatologists spend time discussing diagnoses, treatment plans, and preventive strategies in virtual consultations, the telemedicine platform itself becomes a tool for empowering patients. For local paramedics, learning through cases ensures that information circulates throughout the community, making every instructional program more effective.

Through these joint initiatives, Apollo Telehealth plans to de-stigmatize skin diseases, dispel harmful myths, and promote a culture of health-seeking behaviour as well as enhancing clinical outcomes. The success of dermatological services in some of India's most challenging landscapes relies on these education and outreach programs, which are critical to closing the gap between urban and rural health.

Apollo Telehealth dermatology consultations also minimized time to diagnosis and enhanced treatment compliance. There were records of consultation that indicated over 80% of the patient's evaded referral to higher centres because of the availability of teleconsultation, pharmacy, and laboratory services on-site.

Telemedicine Challenges

Despite its success, ATH still experiences issues, such as:

- Unpredictable Internet connectivity.
- Patients who are inexperienced in digital healthcare at first show reluctance.
- The need for frequent in person evaluations for complicated situations.

Nevertheless, ATH's model demonstrates that telemedicine is not merely possible but rather essential to offering dermatologic care in disadvantaged regions.

Methodology:-

In the present retrospective cross-sectional study 1812 dermatological case records were examined and analysed from ATH's teleconsultation centers in Himachal Pradesh during the time span of April, 2024 to March, 2025. Periods of study was categorized into two periods spanning all seasons of Himachal Pradesh. Data sources included:

1. EMR data from ATH Digital Dispensaries
2. Consultation notes and treatment plans by the dermatologists
3. Weather data from public meteorological sources

Disease patterns and environmental determinants were correlated with statistical measures, and qualitative assessments noted, provider and patient feedback on the role of telemedicine.

Objectives:-

- Role of Telemedicine: To assess how ATH's teleconsultation model has enhanced access and outcomes in dermatology care.
- Prevalence Trends: To examine the frequency and distribution of prevalent dermatological diseases among Himachal Pradesh.
- Challenges in Care Delivery: To determine the impediments to efficient dermatological care delivery.
- Climate Impact: To determine the influence of environmental conditions on the health of the skin.

Observations and Results:-

From April to September 2024, a total of 1,251 patients visited, of which new patients comprised 80.7% and follow-up 19.3%. For comparison, between October 2024 and March 2025, 561 patients attended the OPD, with 434 new and 127 repeated cases. Dermatology case load was appreciably greater during the hot season (58.02%) compared to the cold season (45.57%), indicating more skin-related problems in summer and monsoon as a result of environmental factors such as heat, humidity, and allergens.

Women made up the majority of visits during both seasons, totalling 55.5% in summer and 54.3% during winter. The 19–40 years age group had the highest burden of skin diseases by gender. The most common diagnoses for this age group included melasma, acne, seborrheic dermatitis, and eczema. Among younger men (0–18 years), impetigo was the most prevalent during summer, indicating high bacterial infections that occur during warm and damp weather

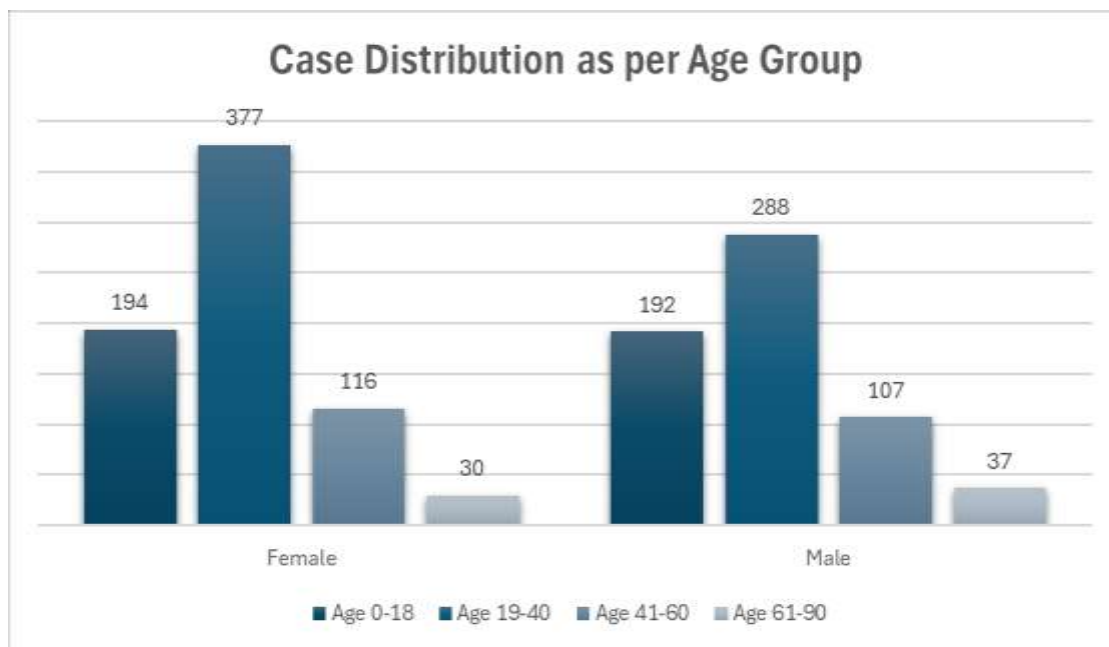


Fig: 2:- Case Distribution as per age group.

There were seasonal variations of symptoms and diagnoses. In the April–September period, females presented predominantly with melasma (11.67%), acne (7.49%), eczema (8.80%) and Others including Xerosis (25), Pigmentation (10), Photo Dermatitis (5), whereas eczema (12.39%) and impetigo (4.49%) were predominant in males. The most frequently reported symptoms were dryness (589 cases) and itching (144 cases). During the cold months of October–March, xerosis cutis was an increasingly significant condition (8.98%), indicating the effects of cold, dry weather. Itching was again the most frequently reported symptom (291 cases), and was followed by dryness (64) and dandruff (48), as expected with winter exacerbation of xerotic and seborrheic disorders.

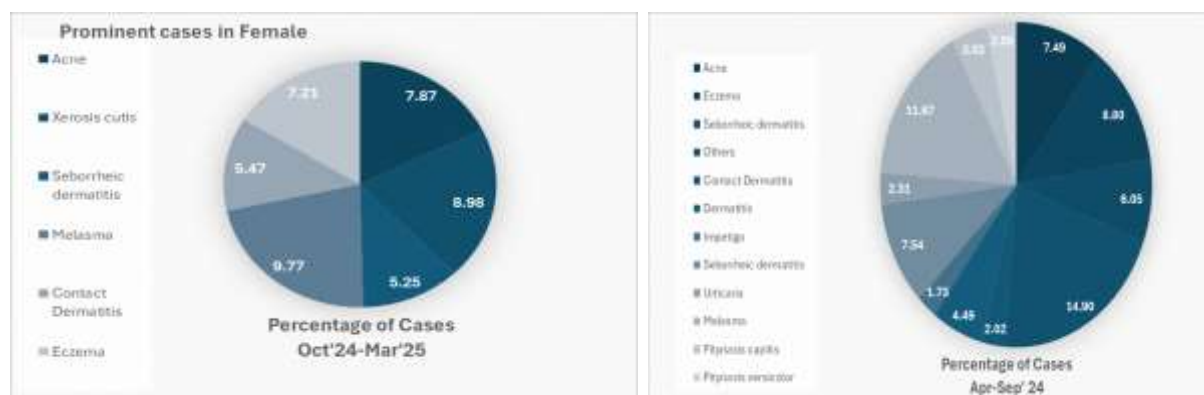


Fig: 3:- Chart of Prominent Cases in Female.



Fig. 4:- Chart of Prominent Cases in Male.

Operational parameters indicated that the mean waiting time varied from 12 minutes 03 seconds during winter to 17 minutes 30 seconds during summer. The Repeat Rate varied between 19-23% reporting increased follow-up for chronic skin diseases like eczema and xerosis. Overall, the data highlights the profound impact of seasonal patterns on dermatology OPD trends and calls for adaptive public health and clinical responses specific to the local climatic conditions.

Discussion:-

This research points towards well-defined seasonal patterns in dermatological disease patterns in Himachal Pradesh, with variations being caused primarily by climatic fluctuations. The dermatology case load was much higher in the summer and monsoon period (April–September, 2024) and accounted for more than half of outpatient attendance. This is as expected in accordance with environmental conditions like heat and humidity that are known to worsen diseases like melasma, eczema, acne, and seborrheic dermatitis. Impetigo also had a greater prevalence among young men at this time, which is consistent with increased bacterial infection susceptibility due to sweating, close contact, and hygiene issues. Conversely, the winter season (October, 2024–March, 2025) demonstrated relative falls in overall patient numbers and in dermatology consultations, but an increase in xerotic and chronic inflammatory skin conditions. Xerosis cutis was the leading diagnosis among women during this season, in line with decreased ambient humidity, cold air, and indoor heating. Eczema was still common year-round, especially in middle-aged persons, but demonstrated elevated rates of follow-up during winter, indicating increased chronicity or weather-induced flare-ups. Melasma was a persistent problem during both seasons, especially in young and middle-aged female subjects, suggesting its multifactorial cause and sensitivity to UV exposure and environmental stress. Acne was frequently seen in all age groups below 40 years of age with no prominent seasonal pattern, reflecting its durability as a baseline dermatologic issue.

Symptomatically, dryness and itch were predominant complaints for the whole year, although they were more intense and frequent in winter, especially itch. Dandruff and pigmentation complaints were also very high in both seasons. These trends highlight the ongoing effect of climatic variables—especially humidity and temperature extremes—on the health of the skin in the region.

These results highlight the importance of seasonal adjustment of dermatological care, with increased attention to infection and seborrheic management during summer months, and preventive treatment and management of xerotic and eczematous conditions during winter months. Public awareness of skincare in harsh weather conditions and better hygiene standards, especially among children and in rural populations, could help further decrease seasonal peaks in cases.

ATH model transcends geographic, climatic, and infrastructure barriers via digital healthcare innovation⁽⁷⁾. By integrating dermatology consultations into digital dispensaries, patients face lowered travel, earlier detection, and better outcomes. A combination of tele-laboratory and e-pharmacy provides a comprehensive care experience⁽⁸⁾. Indicators of clinic operations revealed that, irrespective of the seasonality of patient load, efficiency at clinics was sustained. Wait times between 12 and 17 minutes, remaining below 20 minutes even during peak volumes, point to efficient processes. Follow-up rates were higher in winter, reflecting increased continuity of chronic disease care, because patients had greater availability or appreciated persistent symptoms. This reflects efficient clinic management and processed service delivery in the face of seasonal fluctuations in attendance and case complexity.

Addressing Healthcare Challenges Through Telemedicine ⁽⁹⁾. In Himachal Pradesh, dermatological treatment has been revolutionized by the ATH paradigm. Key components include:

1. **Accessibility:** Even remote communities can access dermatological expertise due to ATH's teleconsultation services ⁽¹⁰⁾.
2. **Saving time and cost:** Minimizing the average time for diagnosis and initiation of treatment by providing instant teleconsultations ⁽¹¹⁾.
3. **Continuity of Care:** Follow-ups are provided to the patients without any need for travel, which is especially helpful in snow-covered areas ⁽⁹⁾.
4. **Empowerment of the patient:** Digital educational programs and teleconsultations have enhanced patient awareness and adherence ⁽¹²⁾.

Clinical Outcomes

The use of tele dermatology via Apollo Telehealth greatly enhanced clinical outcomes, especially for chronic conditions such as eczema and psoriasis. Tailored treatment regimens, made possible by seamless EMRs and specialist monitoring, allowed for early diagnosis, timely treatment, and routine follow-up. This was particularly clear in recurrent conditions such as acne and photo dermatoses, where early specialist input minimized recurrence and improved control of symptoms.

Acute conditions like fungal infections and scabies were diagnosed and managed often within 24–48 hours of the onset of symptoms, proving that the platform had a significant impact in curbing diagnostic delay. Patient dependency on tertiary care centres was reduced, saving time and money on travel—particularly vital in geographically distant regions. Efficiency of operations was high through the year. With varying patient loads, average waiting times were always less than 20 minutes, and follow-up rates enhanced during winter, reflecting enhanced continuity of care. This article lacks in entirely capturing the quantified significance of community outreach, and one can see the deficit that needs to be filled to support the recommendations even now these findings bolster telemedicine's potential as a scalable, sustainable model of delivering high-quality dermatologic care in rural areas to build on this, future studies should aim to refine telemedicine delivery models, bridge infrastructure deficits, and measure long-term patient outcomes in rural and remote groups. This can be done by

1. **Telemedicine Expansion:** Expand the number of ATH teleconsultation centres to increase coverage.
2. **Public Health Program Integration:** Bring telemedicine to primary care by collaborating with regional health systems.
3. **Community Outreach:** Educate communities about the benefits of telemedicine by launching awareness campaigns.
4. **Technology Improvements:** Invest in artificial intelligence-based diagnostic tools to improve tele dermatology capabilities.

Conclusion:-

In Himachal Pradesh, dermatological diseases are influenced by an intricate interplay of systemic, regional, and climatic factors. This research calls attention to the imperative for concerted action required to face the spread of chronic and infectious diseases, mitigate the impacts of climate change, and eliminate barriers to care. To ensure equitable access to dermatological treatment, increase public awareness, and enhance the overall quality of life of those suffering from skin disease in this region, clinicians, policymakers, and community leaders must collaborate.

A scalable strategy for bridging specialized healthcare needs in remote regions is offered by Apollo Telehealth's dermatological teleconsultation services in Himachal Pradesh. A simple, patient-friendly treatment process is ensured by the integration of EMR, teleconsultation, e-pharmacy, and tele laboratory services in digital dispensaries. The worth of telemedicine in dermatology is brought to light in this research while ATH's approach is set as a blueprint for replication both internationally and domestically. A scalable approach to filling specialized healthcare gaps in isolated areas is provided by Apollo Telehealth's dermatological teleconsultation solutions in Himachal Pradesh. An easy, patient-centred treatment pathway is guaranteed by the incorporation of EMR, teleconsultation, e-pharmacy, and tele laboratory services within digital dispensaries. This study highlights the value of telemedicine in dermatology and establishes ATH's methodology as a template for replication both domestically and abroad.

References:-

1. Apollo Telehealth. About Us [Internet]. [cited 2025 Jun 16]. Available from: <https://www.apollotelehealth.com/about-us/>
2. Ministry of Health and Family Welfare, NITI Aayog. Telemedicine Practice Guidelines. New Delhi: Government of India; 2020.
3. Gupta A. Prevalence and Patterns of Dermatological Conditions in the Himachali Population: A Cross Sectional Study [Internet]. [cited 2025 Jun 16]. Available from: https://www.erpublications.com/uploaded_files/download/dr-abhay-gupta_NgkBv.pdf
4. Mishra T, Goswami S, Deval H, Vaid R, Kant R. Recent public health concerns of the high-altitude tribal population of Lahaul and Spiti, Himachal Pradesh. *J Family Med Prim Care*. 2023 Apr;12(4):660–5. doi:10.4103/jfmpe.jfmpe_1416_22
5. Bakshi S, Tandon U. Drivers and barriers of telemedicine in India: Seeking a new paradigm. *J Comput Theor Nanosci*. 2019;16(10):4367–73. doi:10.1166/jctn.2019.8527
6. Hazra S, Bora KS. Capitalization of digital healthcare: The cornerstone of emerging medical practices. *Intell Pharm*. 2025. ISSN: 2949-866X. doi:10.1016/j.ipha.2024.12.002
7. Kanwar V, Chaudhary S, Sharma A. Challenges in implementing digital health services in rural India. *J Int Soc Telemed eHealth*. 2023;11:e3(1–5). doi:10.29086/JISfTeH.11.e3
8. National Health Authority. Ayushman Bharat Digital Mission [Internet]. 2022 [cited 2025 Jun 16]. Available from: <https://abdm.gov.in>
9. Kruse CS, Karem P, Shifflett K, Vegi L, Ravi K, Brooks M. Evaluating barriers to adopting telemedicine worldwide: a systematic review. *J Telemed Telecare*. 2018;24(1):4–12. doi:10.1177/1357633X16674087
10. Gudi N, Lakiang T, Pattanshetty S, Sarbadhikari SN, John O. Challenges and prospects in India's digital health journey. *Indian J Public Health*. 2021;65(2):209–12. doi:10.4103/ijph.IJPH_1446_20
11. Kasthuri A. Challenges to healthcare in India – The five A's. *Indian J Community Med*. 2018;43(3):141–3. doi:10.4103/ijcm.IJCM_194_18
12. Chandwanii RK, Dwivedi YK. Telemedicine in India: current state, challenges and opportunities. *Transform Gov People Process Policy*. 2015;19(4):393–400. doi:10.1108/TG-07-2015-0029
13. World Health Organization (WHO). Telemedicine: Opportunities and developments in Member States: report on the second global survey on eHealth. Global Observatory for eHealth Series – Volume 2. Geneva: WHO; 2010. ISBN: 9789241564144.