

OnChronicle

AN EXCLUSIVE NEWSLETTER OF ALAMELU CHARITABLE FOUNDATION, SUPPORTED BY TATA TRUSTS



Welcome Note

Dear Reader,

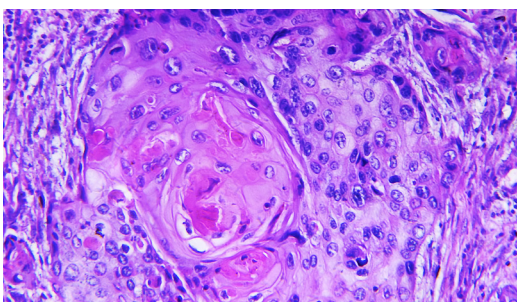
Hope you and yours are doing well and had a great time of festivities.

With the COVID-19 restrictions easing up, most of our projects have started to pick up steam. Since the launch of the first edition of OnChronicle more than two months ago, there has been a frenzy of activity at the Cancer Care Programme. We have been as active on the ground, as on the digital platforms.

Five of our short-term delivery projects are ready, of which two have been covered in this issue- the introduction of the MMU and the launch of Swasth Chandrapur. The other three are awaiting finishing touches and you will see them, and more in the next issue.

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Feeding keen minds



A lot has happened amongst our outreach, training and human resource development projects. The team has adopted a phygital (physical + digital) model for these initiatives. We have touched upon the key activities here. Our team of experts from the Centre for Oncopathology has been imparting honorary training through webinars to PG pathology students.

The Outreach team has been working on multiple fronts; upskilling healthcare workers of NHM; training general and AYUSH practitioners for accurate cancer diagnosis and referrals; and tobacco control activities across stakeholders. The district field teams at ACCF conducted a host of activities across 10 catchments in Assam.

Infrastructure and technology are two key pillars of the Cancer Care Programme. In the 'Highlight' section, a brief note on consolidation of key care components under one single technology platform has been covered, along with a practical and fool-proof project management technique.

We hope you enjoy this issue.

Here's wishing you good health and safety.

Happy Reading!

It's Tuesday, 7:00 PM, and despite having had a hectic day at the Centre for Oncopathology, Dr. Anita Borges and Dr. Jay Mehta are all set to log in on Webinar Jam. The purpose is to share practical knowledge and conceptual framework for understanding the onco-pathological basis of disease with postgraduate pathology students that will serve them in the real world.

There was an expressed need for supplementing the PG education program on a nationwide basis. The pandemic and subsequent lockdown provided an opportunity for such a virtual classroom. Every Tuesday and Thursday evening, a group of domain experts from the Center for Oncopathology (COP), Tata Memorial Hospital, Mumbai and teachers from select medical colleges, conduct lectures for postgraduate students registered for the MD or DNB in Pathology.

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Along with lectures, the webinars also have monthly slide seminars and planned debates and symposia.

The webinars have been gaining popularity in the fraternity and some of them have had an audience of close to 2000. Post-grads from India, Africa, South East Asia and South America have been attending the webinars.

"We are fortunate in the midst of Covid menace. These online teaching programs by the experts in the field discuss from 'basics to advances'

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Making cancer screening reach remote locations



Breast cancer is on the rise in our country and most cases are reported when the disease has already advanced, i.e. in stage III or IV. Hence, it is essential to focus on screening procedures and early detection of breast cancer.

The Cancer Care Programme team is actively working with the National Health Mission (NHM) at state and district levels for capacity building for NCDs and cancer screening and awareness in Assam, Andhra Pradesh, Jharkhand, Maharashtra and Odisha.



As yet another initiative, the Sri Venkateswara Institute of Cancer Care & Advanced Research (SVICCAR), introduced a Mobile Medical Unit (MMU), with a mammography machine, in October'20. The MMU has been specially designed to meet the needs of communities residing in remote areas of Chittoor district. The unit offers free of cost screening for Non-Communicable Diseases (NCDs) - hypertension, diabetes and oral, breast and cervical cancers. The beneficiaries in the age group of 30 to 65 years will also be offered health advisory services on lifestyle, nutrition, and various health-related topics.

are immensely educative. The PGs are extremely lucky. Certainly Covid problem is a blessing in disguise. I place on record my grateful appreciation to the hard work of faculty members. No CME or Conferences match these programs," shared Dr. Muktha Pai, one of the attendees.

This is a free of cost teaching course for PGs in Pathology and is open for students and professionals who wish to avail an opportunity to learn from the best professionals in the country.

The mammography machine in the unit will help in screening high-risk individuals after their clinical breast examination. Managed - by a team comprising trained medical and technical professionals, the MMU has already conducted close to 10 camps and reached out to 1000+ beneficiaries.

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'Swasth Chandrapur' kiosk to tackle NCDs including cancers, head-on



According to the Indian Council of Medical Research (ICMR), NCDs form 63% of the overall disease burden of the State of Maharashtra and the risk of death due to NCDs begins to increase from the age of 30. Further, tobacco consumption is a key risk factor for NCDs and several cancers. As per data, 35% men and 17% women in the state of Maharashtra consume tobacco in some form and the consumption begins as early as 17 years. This puts them at higher risk of NCDs and cancers.

The Cancer Care Programme team has been working on several fronts to increase awareness about risk factors, signs, symptoms and prevention measures. One such initiative is the 'Swasth Kiosks' which are situated in the heavy footfall areas of Medical College Hospitals and provide free screening and awareness

services to caregivers and visitors of IPD and OPD patients. The kiosks have enabled the teams in awareness creation and identification of seemingly healthy individuals suffering from NCDs/ cancers of oral/breast/cervix, who were otherwise unaware of their condition.

Inspired by the success of four kiosks in Assam, the team has introduced the concept in Maharashtra and launched the first kiosk in the State, namely 'Swasth Chandrapur' in the Government Medical College Hospital, Chandrapur.

The kiosk was inaugurated by Mr. Rahul Kardile (I.A.S.), Chief Executive Officer, Zila Parishad, Chandrapur; Dr. Arun Humne, Dean, Government Medical College, Chandrapur; Ms. Vidyut

Varkhedkar, Additional District Collector, Chandrapur and Ms. Shweta Saoilkar, District Program Manager, NCD, NHM.

Taking into consideration the fact that in our country; every patient who visits the hospital is accompanied by minimum one family member or caregiver; and that the GMC, Chandrapur witnesses an average daily footfall of 3000, the kiosk is expected to cater to an average of 150 people daily in the district.

The kiosk will offer free of cost screening for Non-Communicable Diseases (NCDs): diabetes, hypertension, and oral, breast and cervical cancers; along with a general health check-up. The beneficiaries will also be offered health advisory services on lifestyle, nutrition, menstrual health, and varied health-related topics.



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Multiple initiatives to propagate breast self-examination and regular screenings

Breast cancer is, by far, the most common cancer in women worldwide, both in the developed as well as developing countries. However, the good news is that it is one of those cancers that can be easily detected with regular screening. October is marked as Breast Cancer Awareness Month across the globe. The Cancer Care Team conducted an intensive series of activities to promote early detection and screening.

Social media posts were released each week with a focus on advocating women for cancer screening. The posts ranged from data on breast cancer to myths and facts, self-examination and signs and symptoms. Besides these, other initiatives - panel discussion, quiz competition and awareness and screening sessions were highlighted.

The live panel discussion on 'Learning to reduce the risk for Breast Cancer' was hosted on Facebook. The discussion threw light on what is breast cancer, why does it happen, the signs and symptoms, what is self-breast examination, how it should be done, why is it important as well as explaining the benefits of regular screening and examination.



The discussions were moderated by Dr. Kunal Oswal, Public Health Lead, Cancer Care. The panelists consisted of Ms. Kunjalata Medhi, Breast Cancer Conqueror, Dr. Joydeep Purkayastha, Surgical Oncologist, B. Borooah Cancer Institute, Guwahati, Dr. Phulkumari Talukdar, Radiation Oncologist, Assam Cancer Care Foundation (ACCF), Dibrugarh, and Dr. Nageswara Reddy, Medical Oncologist, Sri Venkateswara Institute of Cancer Care and Advanced Research (SVICCAR), Tirupati. The discussion followed an interesting Q&A session and over 300 people viewed it.

The screening and awareness activities were enhanced with the distribution of pink ribbon badges to health workers and women beneficiaries. To brush up breast cancer-related facts, quiz competitions were organised for nurses, frontline health-workers and Community Health Officers (CHOs), across catchments.

The entire initiative was supplemented with regular communication messages in regional languages by these cancer warriors.



Multiple stakeholders trained for tobacco control

Tobacco use in adolescents and young adults is a major public health challenge in India as well as globally. Efforts have evolved over time to support the use of different approaches to curb tobacco consumption. Population-based approaches include increased taxes, public education through mass media campaigns, health warnings, tobacco marketing restrictions, and the introduction of smoke-free environments.

Tobacco is a major risk factor for multiple diseases including cancer. Tobacco is also a risk factor for COVID-19. Not only does it make its users vulnerable to the pandemic, but it also puts others who come in contact with them, at risk.

In order to sensitize and educate people about the harmful effects of tobacco, its effects in relation to COVID-19 and the negative influence it has on the youth, which leads to early age initiation of tobacco consumption and importance of tobacco control, the team at the Assam Cancer Care Foundation (ACCF) collaborated with the State Tobacco Control Cell, and heads of various educational institutes to create awareness at all levels.



The team adopted the 'phygital' mode of training, which is a mix of physical and online trainings. The ACCF field teams reached out to students, teachers and cluster-level officers of the Educational Department, block-level officials and community coordinators (Jeebika Sakhis) of Assam State Rural Livelihood Mission (ASRLM) and NSS student volunteers across Cachar, Tezpur, Guwahati, Barpeta, Kamrup R, Jorhat, Nagaon, Dibrugarh, Karbi Anglong and Darrang districts.

The trainings received heartening feedback from the participants.

Juman Sarman, one of the NSS volunteers shared that the training session was very helpful. The students were able to clarify their doubts and myths regarding tobacco and other addictive substances and wished to have more such training sessions.

Ziaul Islam, Headmaster of an educational institute in Barpeta, said, "The training session



was very useful and will certainly help teachers to implement ToFEI guidelines."

Sharmila Choudhury, one of the teachers from Barpeta, thanked the organisation for supporting, the cause. She also pointed out that with an alarming rise in oral cancer, the awareness programme about the disease will help many lead a healthy life and suggested to have more such programmes.



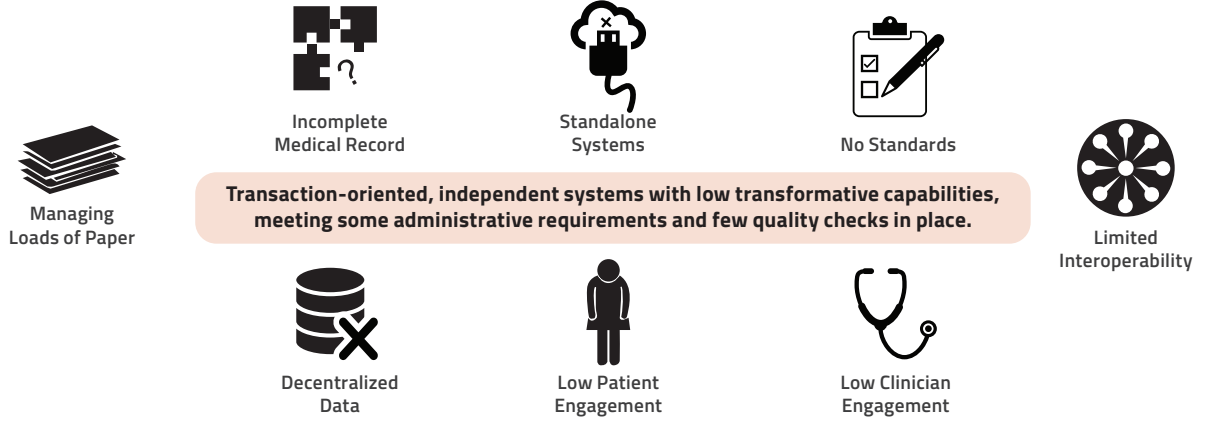
Byline - An Integrated Health Ecosystem

- Pradeep Saha, Head, IT Implementation

The current healthcare ecosystem is grappling with various issues such as incomplete medical records, standalone systems, lack of standards, limited interoperability, low clinician and patient engagement, decentralized data and paper based systems.

These issues often result into transaction oriented, independent systems with low transformative capabilities, meeting some administrative requirements and with very few quality checks in place.

Challenges with the current ecosystem



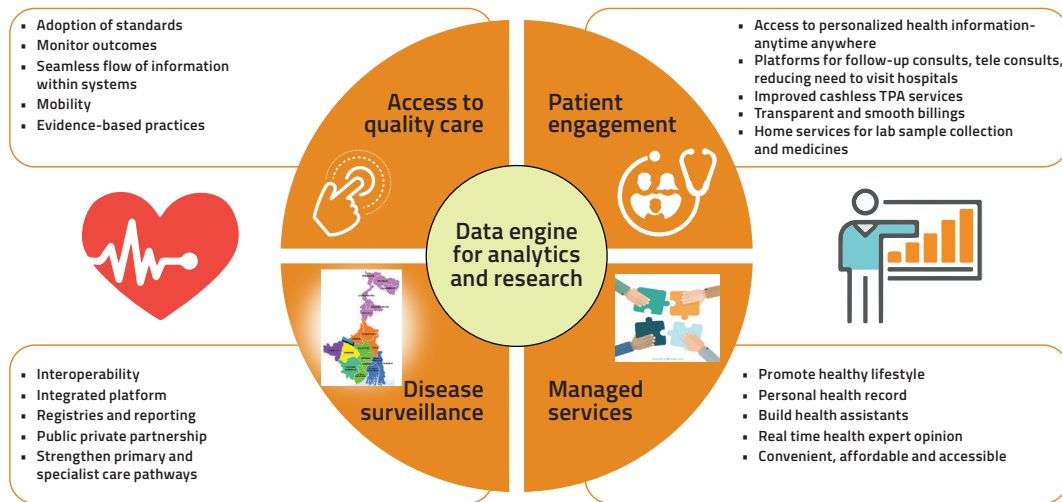
Transaction-oriented, independent systems with low transformative capabilities, meeting some administrative requirements and few quality checks in place.

It's time to look forward to radical changes in the functioning of the healthcare industry. Technology is no longer an opportunity, but a necessity. Digital transformation enabled by radically interoperable data and open, secure platforms, is poised to be the future of

healthcare. **Sustaining well-being rather than merely responding to illness, will be the new mantra.** Technology must be leveraged in providing near real-time information, which aids in monitoring key parameters to check the progress and

effectiveness of treatment. This information should be accessible to key stakeholders in the ecosystem, such as the treating doctor, other clinicians, nursing staff, the patient and caregivers, thereby streamlining communication at each step.

What needs to improve - change



With all this in mind, the ACCF IT team is working towards the creation of an integrated health ecosystem that will focus on access to quality care, patient engagement, managed services and disease surveillance. The creation of a consolidated single digital health management platform covering a gamut of services - from primary care to alternative care, scheduling appointments, online prescriptions, Hospital Information System (HIS), Emergency Medical Record (EMR), tele/virtual consults, imaging, diagnostics and pharmacy, ERP, HRMS - will be a huge leap in the right direction, without compromising the level of care.

What would it take to achieve this?

Consolidated single digital platform for complete health management

- Primary Care
- Critical Care
- Chronic Care
- Tele Care
- Patient Self Care
- Preventive Care
- Managed Care
- Nursing Care
- Alternative Care



- Appointments, Scheduling and QMS
- Online prescriptions
- Hospital information system
- EMR
- Tele/virtual consults
- ERP
- HRMS
- Imaging, diagnostics and pharmacy

Byline - Work Breakdown Structure, A Project Management Technique

- Jitendra Tiwari, Head, Infra-Technical

Infrastructure development is one of the most crucial components of Cancer Care Programme. For projects of such high magnitude, breaking work into smaller tasks is a common productivity technique, which makes the work more manageable and approachable.

Work Breakdown Structure (WBS) is a tool that utilizes this technique and is considered one of the most important project

management techniques. The tool single-handedly integrates scope, cost and schedule baselines ensuring that project plans are in alignment.

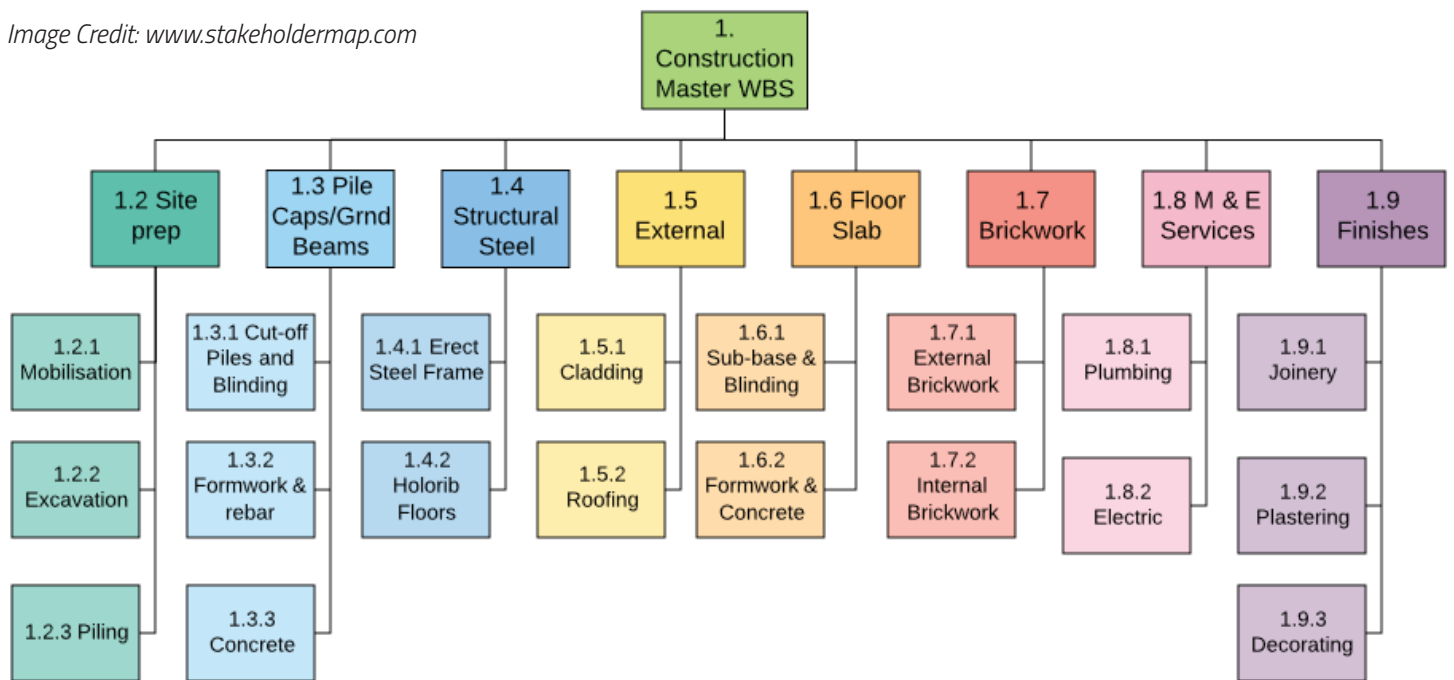
The Project Management Book of Knowledge (PMBOK) defines the Work Breakdown Structure as a "hierarchical decomposition of the total scope of work to be carried out by the project team to accomplish the project objectives and create the required deliverables."

WBS shows the tasks and provides the required framework for controlling a project. It helps in cost estimating and schedule development. It also helps to ensure that the team is headed in the right direction, and focuses on what is required.

Simply put, WBS is the what and when of the project. In WBS, major or upper levels of deliverable work areas comprise minor or lower levels of deliverable work areas. WBS does not describe activities or actions, but defines deliverables or verifiable end products. WBS is measurable and relates more closely to the work execution in the physical domain. A work breakdown structure is a powerful tool for finishing projects efficiently and on time.

Tata Trusts Cancer Care Initiative has already started to adopt WBS for select infrastructure projects.

Image Credit: www.stakeholdermap.com



An illustration of a construction project through 'Work Breakdown Structure'