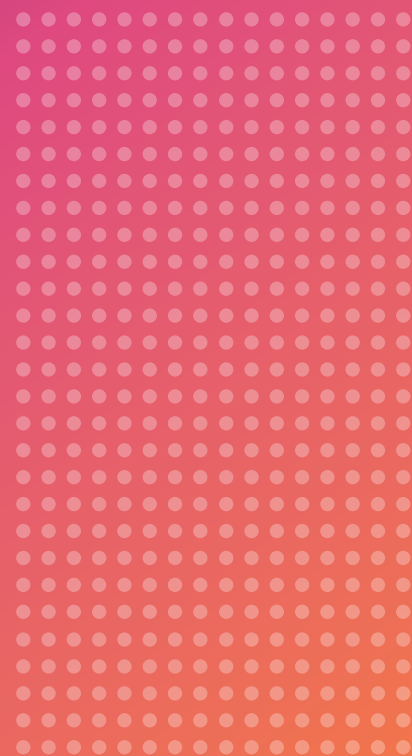
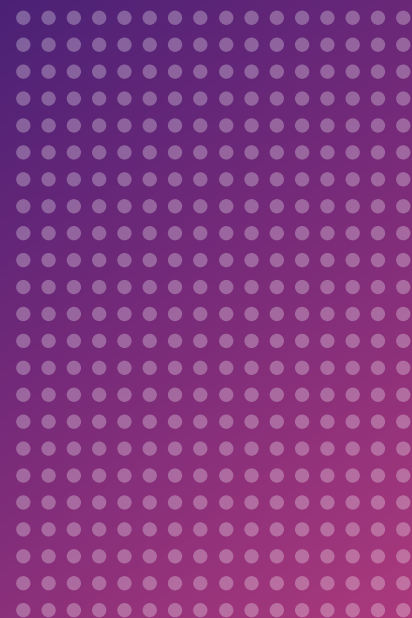




The ET HEALTHCARE BUSINESS SUMMIT

27th & 28th Feb 2020

Clarks Exotica Convention, Resort and Spa, Bangalore



POST EVENT REPORT

AGENDA

The Economic Times Healthcare Business Summit - 27th & 28th February 2020

DAY 1

Before 10:00	Arrival at the Conference Venue
10:00 – 11:00	Registration & Refreshment
11:00 – 11:10	Welcome Address by ET Edge & Lighting of the Lamp
11:10 – 11:25	Opening Keynote Address: Healthcare Vision 2030: Planning Healthcare System of New Decade Dr. Prathap C Reddy , Chairman, Apollo Hospitals Group
11:25 – 12:15	Panel Discussion: Delivering Healthcare for India through Ayushman Bharat <ul style="list-style-type: none">○ Demand: Financing/UHC-What will be an appropriate expenditure allocation across curative and preventive health for India to achieve health for all○ Supply: What will be the strategy to bridge the gap in supply side? Infra/HR, Supply Chain○ Which segments need highest investment and what condition that can happen
Featured Speakers	
	<ul style="list-style-type: none">○ Dr. Randeep Guleria, Director, AIIMS Delhi○ Dr. D.S. Rana, Chairman, Sir Ganga Ram Hospital○ Dr. Alexander Thomas, Founder-Member and President, Association of Healthcare Providers (AHPI)○ Sunil Thakur, Managing Director, Quadria Capital○ Arindam Haldar Chief Executive Officer, SRL○ Panel Moderator: Dr. Rana Mehta, Partner and Leader – Healthcare, PwC India
12:15 – 12:25	Elevator Pitch: Bhupesh Arora , Director, Digital Buildings, Schneider Electric
12:25 – 12:55	Speed Networking
12:55 – 13:55	Networking Luncheon
13:55 – 14:35	Panel Discussion: Critical Enablers <ul style="list-style-type: none">○ Role of AI/ automation and Health/Telecom/IT integration to democratize healthcare delivery○ Creating a conducive ecosystem to curate seed, diffuse, scale and replicate tech enabled innovation○ Drive data standardisation and interoperability to unlock big data / AI
Featured Speakers	
	<ul style="list-style-type: none">○ Dr Om Manchanda, Chief Executive Officer, Dr Lal Path Labs○ Kiran Anandam Pillai, CEO and Founder - Drishti, Advisor (Technology) at National Health Authority○ M.S. Jagannath, CFO & Director, Columbia Asia Bidisha Nagaraj, CMO, Schneider Electric○ Joy Chakraborty, Chief Operating Officer, P. D. Hinduja Hospital○ Panel Moderator: Dileep Mangsuli, Chief Technology Officer, Wipro-GE Healthcare

14:35 – 16:35	Pre-Scheduled Meetings (1 – 6)
16:35 – 16:45	Networking Coffee Break
16:45 – 18:15	Pre-Scheduled Meetings (7 – 11)
18:15 – 18:25	Assembly
18:25 – 18:35	Introduction: Connect and Get Connected
18:35 – 19:35	Connect and Get Connected
19:35 – 22:00	Cocktail & Dinner

DAY 2

09:00 – 09:30	Re- registrations
09:30 – 09:40	Welcome Back Address & Day 1 Highlights
09:40 – 10:20	Panel Discussion: Arogya Bharat Excellence in delivering value-based healthcare <ul style="list-style-type: none">○ How can India be a centre for medical value - both for its domestic citizens as well as a global exporter of healthcare services and products!○ What will the role of government to catalyse a “Heal in India” brand for India’s healthcare ecosystem?○ How can industry support this mission?
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	<ul style="list-style-type: none">○ Dr. Sudarshan Ballal, Chairman, Manipal Hospitals & President Nathealth○ Dr. Sushil Kanubhai Shah, Chairman and Founder, Metropolis Healthcare○ Shamit Manchanda, Chairman, The Indian Institute of Architects, Northern Chapter○ Dr. Chandy Abraham, CEO, Healthcare Project - ITC
	Panel Moderator: Siddhartha Bhattacharya , Secretary General, Nat health
10:20 – 13:20	Pre-Scheduled Meetings (12 –20)
13:20 – 14:00	Interactive Panel Discussion - Supply Side Enablers <ul style="list-style-type: none">○ Skilled Manpower (Doctors, Nurses, Allied Health professional)○ Quality○ Supply Chain○ Population screening- Using technology to advance Primary care
Featured Speakers	
	<ul style="list-style-type: none">○ Suhel Bidani, Lead- Digital & Supply Chain, Bill & Melinda Gates Foundation○ Ruma Banerjee, Vice President, Neotia Healthcare○ Sojwal Vora, Vice President, Supply Chain & Chief Procurement Officer, Manipal Hospitals
	Panel Moderator: Dr Vivek Desai , Founder & Managing Director, HOSMAC India
14:00 Onwards	Networking Luncheon & Check Out

The ET Healthcare Business Summit

Engineering the Flow of Healthcare

When you do the most common things in the most common way, you command the attention of the world.

This thought was the epicenter of the ET Healthcare Business Summit 2020.

Attended by 150 healthcare industry professionals and graced by 23 panelists, the event was able to create waves in the vital discussions that it took upon.



The practical approach to solutions, ensured that the audience got the maximum value for their presence at the event. While ensuring that the sessions were concise and precise, the summit was able to successfully created its own space in the industry.

The Times Group, through its various publications and media vehicles has closely tracked and been involved in amplifying the growth of the healthcare sector in India over the decades. The launch edition of the Summit brought together the stakeholders, decision makers, influencers and advocates of the healthcare industry in India who are together, gearing up to make the industry the largest revenue generator and employer in a rapidly growing economy.

The Summit focussed on opportunities in the growing healthcare infrastructure and delivery market and highlighted a critical appreciation of the growth drivers for this very important sector. Positive government policies, PE opportunities, rise in demand of primary and secondary healthcare in tier-2 and tier-3 cities, growth in disposable income are just some of the factors that have catapulted the industry in the positive direction. The Summit deliberated on these and also on the collective steps that the industry needs to take, and the impetus needed from central and state governments to make it the most thriving sector in our country.

**The Indian healthcare sector is expected to reach
Rs. 19,56,920 crore by 2020.**

OPENING KEYNOTE ADDRESS

Healthcare Vision 2030: Planning Healthcare System Of New Decade

Dr. Prathap C Reddy
Chairman, Apollo Hospitals Group



The address started with the thought that it is important to see where the healthcare industry is today and where does it need to be tomorrow. The sector needs to think what it can do for the society & itself, the focus is required to be on the future.

The Fourth Revolution has brought in 4 major things – first is Artificial Intelligence (AI), which is already making waves in transforming various sectors, including healthcare. In a matter of a few weeks or upcoming months, AI will be making a much bigger impact on the sector. Second is Robotics, and it does not mean only in clinical use, but also in terms of other hospital functions, like serving food or medicines to patients or taking care of infection control activities in a hospital. Third aspect is of the machines, which now have the power of future technologies that enables them to have a huge influence in care delivery. Lastly, the human intellect, which essentially means the knowledge and the power to use all of the above.

One area though that is still in its infancy & could not take the expected leap is of stem cells. It was mentioned that the industry should concentrate on this aspect & develop it further to make optimum use & create a revolutionary future.

It seems, it is essential for the industry to also bring about a change in its attitude. Healthcare is on the verge of a transformation, and has already started on its way up. The industry cannot and should not focus on what's lacking right now. India has come a long way since the last few decades, in terms of clinics advancements and also skilling. Almost 60% of India's population can avail of healthcare services that are at par with international standards. The focus should be on these positives and the future.

An example was also shared of how the CEO of Mayo Clinic had congratulated India on going past them after 21 years in transplants!

Ayushman Bharat is also a welcome step by the government. However, it is imperative to segregate the tiers of healthcare delivery. They should ideally be divided into primary, secondary, tertiary and quaternary. Whereas, right now, all of this is clubbed under one healthcare entity and it has an effect on the pricing and the costing.

India is a leader in healthcare, with more than 100 countries visiting to avail of its healthcare services. India also provides care & compassion, along with one of the best clinical results, plus has a cost advantage, wherein healthcare is provided at a fraction of a cost as compared to the world.

Thus, India has the capability and should target to become the global healthcare leader. It is a USD 6-trillion industry with over USD 400 billion worth of medical tourism sector. India should also play on its complimentary methods of healthcare delivery.

It was also mentioned that healthcare is the largest employer in India, though there is need for more manpower. In fact, the UK also looks at acquiring talents from India. Apart from a global leader, India has the potential to become a global health supporter too, by catering to the manpower demand of the world.

This reiterates the fact that Indian healthcare has the capacity to grow substantially & bring much more forex into the country.

Moving on, it was informed that in 2014, World Economic Forum had highlighted that the world will be burdened with non-communicable diseases (NCDs) highly, by 2030. About 80% deaths will be from the NCDs. The cost burden of this on the world will be USD 30-trillion, while for India this burden will be USD 4.8 trillion. This can

have a huge bearing on India's roughly USD 10 trillion economy.

Five NCDs will have a big effect – diabetes, and India is already on its way to become the diabetes capital of the world (China being the leader right now, but their growth rate is lesser than India's). Cardiac conditions, in which India is leading with having the world's most deaths happening in the country, related to coronary artery diseases. Then there are strokes, which are also increasing in younger populations. Fourth is cancer; while it is curable, the number of deaths is on a rise. Last year, cancer cases rose by 36.5% and this year, they are expected to rise to 45%. Lastly, infections, which are also on the rise and will create a big burden and issue for the world to deal with.

It was opined that Obesity should also be added as the 6th important NCD. Recently, USA announced that 50% Americans are obese. In fact, India also has a large number of obese people. Obesity opens up the window for other diseases, making the person more susceptible to further health issues.

Sensitization is the key word here. The media, along with other stakeholders, should work on increasing cognizance about the NCDs, so that the people of India are more aware and better equipped to handle this. This should start at the school level. In fact, Apollo had recently conducted health surveys and checkups in schools & found almost 9% of students had fatty fibrosis of the liver.

Now, as per a study, about 100 years ago, people did 50% more physical work than it is done in current times. Whereas now, due to bad lifestyles, even the children in India are getting affected.



Dr. Prathap C Reddy

Chairman, Apollo Hospitals Group

“

To the 5 NCDs cited by World Economic Forum, I would like to add Obesity as the 6th important NCD, which will impact the world. Recently, USA announced that 50% Americans are obese. India also has a large number of obese people. Obesity also opens up the window for other diseases, making the person more susceptible to further health issues

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Along with being physically active, people need to also have better knowledge about their state of health/body. This is significant, as even the ones who are regular gym-goers, or indulge in regular exercises, these people too are facing sudden and young-age deaths.

As all NCDs are curable, awareness creation will go a long way in reducing the numbers. Additionally, AI-based preventive care checks can be planned & executed, to eliminate the NCDs. All stakeholders should act on this swiftly & quickly. As, if reports are to be believed, by 2015, 70% damage will already be done.

An initiative by Apollo was shared here. In the village of Chittoor, Apollo has taken charge of women for 5 years, right from the time they get pregnant. The targetted women are provided nutritious food 2 times a day and the child births are done safely by an Apollo Hospital in the village itself. By doing so, it has seen zero neonatal &

maternal mortality in the last 2 years.

In the same village, 20% people were not aware that they are diabetics & 80% known diabetics were not under control. Apollo had undertaken a project on this as well, where it worked for 9 months & achieved an outstanding result of having all the targeted people under complete control.

In fact, Harvard has done a residential study on this village & Apollo's projects here and will soon be releasing a paper on it. Perhaps, other stakeholders can take a cue from such initiatives and do their part as well in the betterment of healthcare status of India.

The talk ended on a note that India needs to focus on making the nation and the world a healthier place. India has the power to be on the top of the world, and the way to do so is to emphasise on the health of people.

The sector is expected to generate 40 **million jobs in India by 2030**. 100,000 jobs are expected to be created from Ayushman Bharat, the **National Health Protection Scheme**.

Session Summary

India is a leader in healthcare, with more than 100 countries visiting to avail of its healthcare services. India also provides care & compassion, along with one of the best clinical results, plus has a cost advantage, wherein healthcare is provided at a fraction of a cost as compared to the world.

Thus, India has the capability and should target to become the global healthcare leader. It is a USD 6-trillion industry with over USD 400 billion worth of medical tourism sector. India should also play on its complimentary methods of healthcare delivery.

PANEL DISCUSSION

Delivering Healthcare for India through Ayushman Bharat Decade

The panel focussed on 2 aspects, demand & supply.

Demand

Financing/UHC-What will be an appropriate expenditure allocation across curative and preventive health for India to achieve health for all?

Supply

What will be the strategy to bridge the gap in supply side, Infra/HR, Supply Chain? Which segments need highest investment and what condition that can happen?

Panel Moderator

Dr. Rana Mehta

Partner and Leader - Healthcare, PwC India

Featured Speakers

- **Dr. Randeep Guleria**
Director, AIIMS Delhi
- **Dr. D.S. Rana**
Chairman, Sir Ganga Ram Hospital
- **Dr. Alexander Thomas**
Founder-Member and President, Association of Healthcare Providers (AHPI)
- **Sunil Thakur**
Managing Director, Quadria Capital
- **Arindam Haldar**
Chief Executive Officer, SRL

The panel opened with the suggestion that healthcare should be a part of the national discourse; it is an imperative to push India as a nation, ahead. The main components to healthcare delivery are healthcare service accessibility and financial accessibility. Ayushman Bharat has, up to a great extent, worked on the latter component here. However, India has a great advantage in terms of technology & can chart a very different course for the future and also take the lead on service accessibility.

Data from AIIMS was shared, wherein it was informed that till the end of February 2020, the institute had

catered to 17,769 individuals under Ayushman Bharat, while Golden Cards were generated for 7,184 individuals, pre-authorisations were taken for about 5,185 individuals. It was also mentioned that the majority of patients were seen from Bihar, Haryana, Jharkhand & Madhya Pradesh.

Ophthalmology saw the maximum cases, followed by neurosurgery, oncology, CTVS, cardiology & orthopaedics. In about 3586 cases, roughly a billing of 17 crore was generated, out of which about 15 crore has been cleared by the government. All of these numbers seem encouraging.



Dr. Randeep Guleria

Director, AIIMS Delhi

“ Ayushman Bharat has brought in positive changes to public healthcare by availing patients of high-end technology & services that were not possible earlier, and at an affordable cost ”

Especially for the public sector, Ayushman Bharat has been a game changer, wherein high-end technologies and products have been made available for patients under this scheme. Though more work is required. For instance, the panel discussed that maybe a cross subsidy scheme can be incorporated, like Himachal Pradesh has adopted.

The challenge, it seems, is that 40% investment has to come from the states & their resources and budgets are already stretched. This makes it tough at times for authorizations to come in on time.

The health & wellness clinics should also be focussed on and strengthened & not just hospital admissions or acute episodic care. The shift in India is happening towards NCDs and chronic conditions. The disease profile is changing & healthcare delivery needs to evolve as per that. Focussing on wellness/prevention, will also reduce the burden on the supply side.

The discussed also moved towards the supply side constraints and how they can be dealt with. An obstacle that was highlighted was that almost 85% of tertiary or high-end care is in the ambit of private healthcare. This ratio is highly skewed & the panel suggested that the government should be a contributor of at least 50% of such services. Yet another constraint is the relation between private & the public sector, where there is lack of trust, as is evident from less participation in PM-JAY from the private sector. This can perhaps be solved by more dialogues & collective engagement from both sides.

Financial viability of private sector is yet another hurdle, as the rates provided by the government under Ayushman Bharat are not feasible for the private sector to sustain. The prices are right now 50-60% less than actuals. There is a need for a proper costing process to arrive at the right prices. This is a highly vital exercise as per the panel.



Dr. D.S. Rana

Chairman, Sir Ganga Ram Hospital

“ Ayushman Bharat is only covering the affordability issue that too for a certain population. We need to raise the question on ccessibility as well, which is not only about the hospital infrastructure, but also extends to things like the travelling people have to make to avail of a PM-JAY care ”



Sunil Thakur

Managing Director, Quadria Capital

“ We have looked at project viability from various aspects. Right from a greenfield hospital to what it will require to create a light-touch system or acquire adequate manpower ”



Dr. Alexander Thomas

Founder-Member and President, Association of Healthcare Providers (AHPI)

“ Almost 85% of tertiary or high-end care is provided by the private healthcare. This ratio is highly skewed and I think the government should contribute at least 50% of such services ”

Experts opined that the whole equation of PM-JAY should be looked at from the lens of quality & viability.

Manpower crunch is also an issue that should be looked at by the industry – be it doctors, nurses, allied forces or more. The experts discussed how only constructing hospitals or creating an infrastructure is not enough and they should be aptly supported by adequate and quality manpower. The panel mentioned how India is now facing an erosion in the number of quality teachers, and how healthcare professionals are not opting for

can concentrate on elevating the technologies used for Ayushman Bharat care delivery and how investors/ companies will be forthcoming to join hands on this front. Another attractive area for investors to come in is of products – right from medical devices to pharma to consumables. India has seen a rise in companies that are focussed on providing such products to hospitals, companies that are innovating and bringing in products that are optimal in functionalities and are cost-effective.

The panel also discussed that it becomes viable



Arindam Haldar

Chief Executive Officer, SRL

“ Trust is missing in the whole equation between private and public players. For it to develop deeply, the private sector needs something to believe that the government really has the heart and soul into all of its initiatives ”

teaching. It is thus important to restore the dignity and value of teachers.

Availability of means and money for people to avail of the services of Ayushman Bharat is also necessary. As the population who travels from different cities and towns, find it tough to sustain their stay, while they or their family members avail of healthcare services at a PM-JAY facility.

Yet another segment touched upon was the interest of investing stakeholders in a scheme like Ayushman Bharat. The panel spoke about how the government

for investors when the government's focus is on resourcing. As stakeholders are interested in ensuring that there is a skilled staff to use the products and equipment at a facility.

The panel also steered towards how India's 70-80% expense is still under curative care, while only a 10-11% is on preventive/screening, including imaging & diagnostics. The discussion noted that the more India spends on the early part of the value chain, in this case it is prevention, there will be less need to spend higher on secondary or tertiary care. While Ayushman Bharat has certainly made provisions for wellness centers,

As of **June 12, 2019** number of sub centres reached **168,418** and number of **Primary Health Centres (PHCs)** increased to **33,476**.

there is a need to actually start dialogues & practical planning on it.

The panel ended with presenting a last set of solutions and reiterating some thoughts, like: having big players

adopt smaller facilities in tier 2 & 3 locations, having more nurse-physicians, ensuring upskilling, controlling costs through a shift toward frugal innovation & moving away from investigative healthcare to preventive screenings, and also adopting more and more telemedicine.

Session Summary

The panel spoke about how the government can concentrate on elevating the technologies used for Ayushman Bharat care delivery and how investors/ companies will be forthcoming to join hands on this front. Another attractive area for investors to come in is of products – right from medical devices to pharma to consumables. India has seen a rise in companies that are focussed on providing such products to hospitals, companies that are innovating and bringing in products that are optimal in functionalities and are cost-effective.

The panel presented solutions like: having big players adopt smaller facilities in tier 2 & 3 locations, having more nurse-physicians, ensuring upskilling, controlling costs through a shift toward frugal innovation & moving away from investigative healthcare to preventive screenings, and also adopting more and more telemedicine.

PANEL DISCUSSION

Critical Enablers

The panel focussed on the role of AI/ automation and Health/Telecom/IT integration to democratize healthcare delivery. How can the stakeholders create a conducive ecosystem to curate seed, diffuse, scale and replicate tech enabled innovation, and drive data standardisation and interoperability to unlock big data / AI?

Panel Moderator

Dileep Mangsuli

Chief Technology Officer, Wipro GE Healthcare

Featured Speakers

- **Dr. Om Manchanda**
Chief Executive Officer, Dr Lal Path Labs
- **Bidisha Nagaraj**
CMO, Schneider Electric
- **Kiran Anandam Pillai**
CEO and Founder - Drishti, Advisor (Technology) at National Health Authority (NHA)
- **Joy Chakraborty**
Chief Operating Officer, P. D. Hinduja Hospital
- **M.S. Jagannath**
CFO & Director, Columbia Asia

The world still has about 5.8 billion people without access to quality healthcare. This is mainly because the cost of healthcare has not really come down, even though the industry has managed to bring in latest technologies. However, the sector is yet to move towards increased and widespread implementation of

technologies like automation and Artificial Intelligence (AI), which have the capacity to improve access and quality.

The good news is that this is changing. Although the big challenge remains data of healthcare, as AI works purely on data. Healthcare players should look at



Kiran Anandam Pillai

CEO and Founder - Drishti, Advisor (Technology) at National Health Authority (NHA)

Government has started to put together various digital building blocks, like the National Digital Health Blueprint, which can actually make a difference to healthcare sector in India. However, all digital initiatives are data hungry and Indian healthcare is lacking on the data front currently



Dr. Om Manchanda

Chief Executive Officer, Dr Lal Path Labs



We all talk about issues like affordability and accessibility. However, the structure of the industry is such that it makes it difficult to be affordable, especially as the sector is highly fragmented. Perhaps scaling can provide an answer here



how they can aggregate data in the construct of an individual, to bring all the healthcare delivery pieces together. Although, as healthcare data is highly sensitive, the industry needs to figure out a safe way to pull all the data together, while maintaining privacy at all times.

The panel also stated that organisations can use AI to predict trends and present the current trends to industry stakeholders, by using their own data points, while at the same time removing any personalisation attached to it. As the data presented will come in the form of a trend, it will be a collective data reading, and thus individual privacy can be maintained.

It was mentioned that in the last year, IRDAI had processed about 1 crore claims, while Ayushman Bharat cleared about 80 lakh claims. As per a study, it was found that it takes over Rs. 500 to process a claim, which is not paperless. Here, digitization can play a key role, in reducing the costs and load to the entire system. Plus, if this large data can be analysed with the right systems, it will help the sector in many ways.

The panel pointed out that wastage occurring due to errors in a healthcare system is currently costing the global healthcare industry around USD 3 trillion. This can

be greatly reduced if automation and lean methods are brought in, as they can reduce or eliminate errors up to a large extent.

An instance of Dr. Lal Path Labs was shared, where automation was brought in to improve efficiency. The lab's customer care used to get large number of calls during the evenings, of customers enquiring about their report delivery. It was found that one single query used to translate into 6-7 calls in total, which was creating blockage for their system. The company replaced this with an online chatbot, which helps patients with such queries in 3-4 steps; thus, reducing the overall burden on the system by about 40%, plus ensuring quicker resolutions for the customers.

The company has also come up with an algorithm, which can inform the customers, at the time of giving the sample, an approximate time frame of their report delivery. Additionally, a report tacker system has been put into place, similar to a flight tracker.

Another instance shared by the panel was of Columbia Asia Hospitals. The company created their own inhouse ERP, which has HIS completely linked with the back office. It is one seamless software without the need of any reconciliation. They have also linked



M.S. Jagannath

CFO & Director, Columbia Asia



To resolve the issue in our OP about queues, which greatly affected productivity and the discharge times under IP, which were again too high, we brought in a few mobile apps, used digitization & solved these challenges, by keeping patient centricity at the core





Bidisha Nagaraj

CMO, Schneider Electric



By the year 2050, the number of people over 60 years will double in India. Hence, we need more efficient and smooth healthcare systems, which can only be achieved through digitization



the EMRD to their machines, which resulted in 90% of their entire system being integrated in one place. This ensures seamless flow of data into patient records.

Columbia Asia has also recently created mobile apps to further ease their systems. One app is for the doctors, which takes care of everything that a doctor needs, right from a discharge summary, to reading a lab report, prescribing medicines, making notes while on patient rounds, refer internally, and more. They also have a patient app, linked with the HIS, where patients can make or cancel appointments, pay through the app and has more such features.

It was shared by the panel that by 2050, the number of people over 60 years will double in India. Hence, the country needs more efficient and smooth healthcare systems. Patient comfort, security, secondary infections, faster discharge processes, are some points that a hospital needs to take care of. While maintaining the cost of running their facilities, 24x7. Hence, the industry needs to be extra careful about their energy usage, as wrongful or miscalculated usage can result in errors or mounting bills. Here, analytics and Internet of Things (IoT) can come into play, where systems can

speak to each other and work better. Such enablers can work on fixing the pain points of hospitals.

The panel also shared examples of PD Hinduja Hospital. As the patient footfalls at the hospital increased, the facility started facing issues, especially as the location did not allow them to physically expand the infrastructure. They then came up with some ideas. The patient care was divided into 3 stages – Pre hospital, intra hospital & post hospital categories, these were taken care of by 9 automated systems in the background, which ensured smoothness in functioning.

Another step taken by the hospital was to shift the patient care call center about 30 kms away, while making sure that the patient experience is not affected. Digital payments, automated voice calls to patients, electronic medical records were also adopted way back. Post hospital needs were met by providing home healthcare services. By adding AI, they also worked on electronic initiatives to reduce post-discharge patient complaints by 54%, and reduced turnaround time of various processes.

The panel also spoke about more enablers that need to be put in place. For instance, having a much



Joy Chakraborty

Chief Operating Officer, P. D. Hinduja Hospital



We have divided patient care into 3 stages - Pre hospital, intra hospital & post hospital categories, these are taken care of by 9 automated systems in the background, which ensures smoothness in functioning



robust PPP system in place, wherein the government can mainly take the role of an enabler more than that of a provider. Also, the industry should increasingly get young innovators on board, give them a platform to showcase their automation or innovations that can improve a hospital's functionality. The experts also

mentioned the need of a health card, similar to that of Aadhar card for India, to enable deeper penetration of healthcare.

The discussion ended with the thought that in the near future, the healthcare sector will surely move from diagnostic to being a more prognostic industry.

Session Summary

The panel highlighted how healthcare players should look at aggregating data in the construct of an individual, to bring all the healthcare delivery pieces together. Although, as healthcare data is highly sensitive, the industry needs to figure out a safe way to pull all the data together, while maintaining privacy at all times.

The panel also stated that organisations can use AI to predict trends and present the current trends to industry stakeholders, by using their own data points, while at the same time removing any personalisation attached to it.

It was mentioned that in the last year, IRDAI had processed about 1 crore claims, while Ayushman Bharat cleared about 80 lakh claims. As per a study, it was found that it takes over Rs. 500 to process a claim, which is not paperless. Here, digitization can play a key role, in reducing the costs and load to the entire system. Plus, if this large data can be analysed with the right systems, it will help the sector in many ways.

PANEL DISCUSSION

Arogya Bharat Excellence in delivering value-based healthcare

The panel addressed questions like – How can India be a centre for medical value – both for its domestic citizens as well as a global exporter of healthcare services and products? What will be the role of government to catalyse a “Heal in India” brand for India’s healthcare ecosystem? How can the industry support this mission?

Panel Moderator

Siddhartha Bhattacharya
Secretary General, NATHEALTH

Featured Speakers

- **Dr. Sudarshan Ballal**
Chairman, Manipal Hospitals & President - NATHEALTH
- **Dr. Sushil Shah**
Chairman & Founder, Metropolis Healthcare
- **Dr. Chandy Abraham**
CEO, Healthcare Project – ITC Ltd.
- **Shamit Manchanda**
Chairman, The Indian Institute of Architects, Northern Chapter

The discussion initiated the question of – how can India’s healthcare for its own citizens & medical travellers bring more value? The experts said that India’s healthcare needs a shake-up, and expressed their support for the government, as it has now taken this responsibility up in a big way. However, Indian healthcare is plagued with issues like financial constraints, poor public health facilities, huge out of pocket expenses, and more.

Also, the panel said that India should create its own system and not try to emulate the West. An instance

was shared of the US here, which spends 17% of its GDP on healthcare, and still has a sub-optimal healthcare system, as it is not value-based. Value can only come if there is best outcome from the resources invested. Volume-based focus is not helpful. Quality-based is the way to go.

The experts also pointed out that there is a need for India to shift from in-patient based care to community-based health enhancement. There should be incentives given to the stakeholders, for staying away from hospitals. This is one path to value-based care.



Dr. Sudarshan Ballal

Chairman, Manipal Hospitals & President - NATHEALTH

“Value can only come if there is best outcome from the resources invested. Volume-based focus is not helpful. Quality-based is the way to go”



Dr. Sushil Shah

Chairman & Founder, Metropolis Healthcare

“The government should adopt proper costing methods to come at practical prices and price caps; else the quality can suffer, ultimately misleading a clinician and lowering the value of healthcare”

The discussion then highlighted how the Indian diagnostics sector, another spoke in the wheel of value, is neglected with hardly any focus on regulations, monitoring and licensing. There is lack of uniformity and standardizations.

The panel rued how the government comes up with non-practical pricings and price caps, without considering the costs. The stakeholders thus worry about the quality that can be delivered at such lower costs, and the specificity of lab results in these cases. It can mislead a clinician and lower the value of healthcare provided to the patient.

The panel then spoke about how architects have a role to play too in creating value. When they construct hospitals, it is their job to check the capital investments, by designing efficiently, for flexibility, for scaling up, for energy efficiency. They are supposed to design spaces so that the area consumed per department is less. It was stated that usually, a hospital needs about Rs. 50 lakh per bed, add to this the cost of land, medical equipment, and other costs; hence, efficiency is key to achieve value.

Another angle to value is – measuring outcomes. Many countries have tried to form systems to measure outcomes, but have failed to do so efficiently and effectively and finally making the process more complex.

The panel also mentioned that for an organisation, it is important to know how far its resources will go to meet a particular outcome, which will ultimately define a value. It is vital to note that the same clinical

condition can have various treatment options, which can swindle greatly in terms of prices and manpower quality requirement. In such a scenario, it becomes significant to define all the parameters involved.

To resolve this easily, hospitals can look at the patient's requirements as an outcome & based on that, come up with a couple of outcomes for a procedure. The panel expressed grief on the fact that the ecosystems in many hospitals currently work on the model that is volume-based and revenue-based. The experts said that to break this, a change in culture is required, the one which focuses on outcomes & quality and not on volume or revenue. Institutions themselves should audit this scenario and bring about a change.

Another topic discussed was that India has a 40% population that falls in neither the category of elite or poor or covered by or who can afford any insurance. The sector should focus on getting them under the ambit. In fact, many families from this group slip into poverty because of their healthcare needs. The panel suggested that perhaps the government can also bring certain insurance schemes for this group with the help of other insurance players.

The discussion also targeted on how India needs to focus on wellness and prevention. The wellness centers under Ayushman Bharat should be given a fillip to show results. The experts opined that such centers should ideally be placed at locations easily accessible to various pockets of the population to have a widespread impact and reach.



Shamit Manchanda

Chairman, The Indian Institute of Architects, Northern Chapter

“Architects create value by designing efficiently, for flexibility, for scaling up, for energy efficiency, by creating spaces so that area consumed per department is less”



Dr. Chandy Abraham

CEO, Healthcare Project – ITC Ltd.

“For an organisation, it is important to know how far your resources will go to meet a particular outcome, which will ultimately define a value”

The panel brought forth the viability gap funding created by the government; and mentioned that players should be incentivized to enter rural areas to increase the capacity on the delivery side.

It was also said that there is a requirement to nudge people towards health-seeking behaviours. Learning can be taken from the US insurance players who are incentivizing their customers to maintain a certain level of “health”, which is automatically pushing people towards wellness and prevention, thus decreasing the cost-per-person for healthcare delivery. However, to replicate this in India is slightly tough as the insurance coverage is dismal, plus there are no end-to-end solutions under health insurance. Even hospitals can keep a check on factors like re-admission rates and analyse them, and encourage people to stay healthier and avoid such excess load on the delivery side.

PPP should also be looked at for skilling, upskilling and distribution of manpower across the nation. The panel spoke about how talks are on regarding PPPs for setting up of medical colleges in targeted locations, which will

take care of manpower crunch and equitable distribution of resources as well.

Also cited was the view that PPPs are required to raise the level of diagnostics to overall improve standards and bring in value. For instance, public hospitals can outsource their diagnostic requirements to accredited private labs in India. Quality diagnostics can be provided at subsidized rates under PPPs. However, the private players are a bit vary about entering such a PPP as the payments from the government side are mostly delayed, which then punches a hole in the entire business model.

The panel also mentioned how healthcare parks can be created (on the lines of software parks), where the government can offer the infrastructure and the units can be set up by the private players.

The discussion summarized on the thoughts that if the bottlenecks are taken care of in the right manner, India can be a value-based healthcare industry for its own citizens and also for the global medical travellers seeking health delivery.

Session Summary

The discussion revolved around how there is a need for India to shift from in-patient based care to community-based health enhancement. There should be incentives given to the stakeholders, for staying away from hospitals. This is one path to value-based care.

The discussion then highlighted how the Indian diagnostics sector, another spoke in the wheel of value, is neglected with hardly any focus on regulations, monitoring and licensing. There is lack of uniformity and standardizations.

The panel also mentioned that for an organisation, it is important to know how far its resources will go to meet a particular outcome, which will ultimately define a value. It is vital to note that the same clinical condition can have various treatment options, which can swindle greatly in terms of prices and manpower quality requirement. In such a scenario, it becomes significant to define all the parameters involved.

PANEL DISCUSSION

Supply Side Enablers

The discussion was based on the idea of tackling issues of Skilled Manpower like Doctors, Nurses, Allied Health Professionals, while also focussing on Quality, Supply Chain, Population screening, especially on using technology to advance primary care.

Panel Moderator

Dr. Vivek Desai

Founder & Managing Director, HOSMAC India

Featured Speakers

■ Suhel Bidani

Lead- Digital & Supply Chain, Bill & Melinda Gates Foundation

■ Ruma Banerjee

Vice President, Neotia Healthcare

■ Sojwal Vora

Vice President, Supply Chain & Chief Procurement Officer, Manipal Hospitals

The panel kick started with the thought that a lot that can happen in the supply side, when the government comes in as a payer. Also, usually to achieve high volume and low cost, the supply chain is looked at with a keen eye.

A question also raised was how price capping makes a shift in the whole supply side scenario. The hospitals then have to re-look at their supply management, and re-plan and re-negotiate with vendors to meet the capping.

A pertinent point made was can healthcare look at a supply system similar to that of an Amazon? To which the panel answered that this has already started in the healthcare sector. Many large groups are now looking at central procurement systems. Also, many companies are coming forth as aggregators and approaching hospitals as a wholesome provider. However, currently this is only taking place for limited products like consumables.

The panel also stated that to meet the supply side

requirements, there are now facilities of renting equipment, which helps in reducing the overall capital investment and ultimately the cost to the patient also lowers.

Another way for containing costs is to have smaller centers of excellence in a hospital. For instance, there are provisions to have specific sections or departments of a hospital to be accredited and thus a hospital can take small steps and have smaller investments from time to time.

The above initiatives are especially helpful for mid-size or smaller players. Although even bigger players are looking at outsourcing their needs, for example, the radiology department. However, there is an issue of re-calibration or quality that players sometime can face or can be unsure about. Ultimately, it is the patient safety that is on the line here. To tackle this, the panel observed, that certain systems should be put into place.



Sojwal Vora

Vice President, Supply Chain & Chief Procurement Officer, Manipal Hospitals

“We have established a central procurement system, which helps us with our supply side dramatically. We also have aggregators approaching us who provide with multiple options for our supplies”



Suhel Bidani

Lead- Digital & Supply Chain, Bill & Melinda Gates Foundation

“ More than looking at an increase of manpower, our healthcare sector should look at leveraging technology for care delivery. By having a high-quality point-of-care device at a PHC, I may not really need a doctor to be physically present there ”

With regards to manpower crunch, the experts spoke on how more than looking at an increase of manpower, the Indian healthcare sector should look at leveraging technology for care delivery. For instance, by having a high-quality point-of-care device at a PHC, there may not really be a need for a doctor to be physically present there.

It was also discussed how the health and wellness centers (under Ayushman Bharat) are staffed by the government. There was also a question raised on the level at which these are operational and what more is required to get them fully ready as per their original targets of a fully functional center.

The panel also mentioned how these centers are yet to leverage technology to its fullest and thus yet to ensure that care is aptly delivered. Also, the government is still

struggling to become a strategic purchaser from being a provider, especially where primary care is concerned. There is also no fixed or scalable model or guidelines for inviting the private sector to join hands on this initiative.

There were also some digital initiatives shared by the panel undertaken by the Bill & Melinda Gates Foundation. Like the m-health programme for Anganwadi workers in India, termed as the biggest such digital initiative in the world. There's one more called Kilkaari under maternal and infant health, an IVR-based project, which was done for the government. The Foundation also has worked in digital projects for TB and more such health issues.

The discussion ended on a positive note that if all stakeholders play their part well and ensure quality at all levels, all roadblocks and issues can be sorted and thus raise the quality index on Indian healthcare.



Ruma Banerjee

Vice President, Neotia Healthcare

“ We have seen options of renting equipment, which can help hospitals and other healthcare providers in reducing the overall capital investment and ultimately the cost to the patient can also lower ”

Session summary

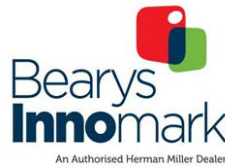
The panel discussed how price capping makes a shift in the whole supply side scenario. The hospitals then re-look at their supply management, and re-plan and re-negotiate with vendors to meet the capping.

With regards to manpower issues, it was said that more than looking at an increase of manpower, the Indian healthcare sector should look at leveraging technology for care delivery. By having a high-quality point-of-care device at a PHC, there may not really be a need for a doctor to be physically present there. It was also discussed how the health and wellness centers are staffed by the government. There was also a question raised on the level at which these are operational and what more is required to get them fully ready as per their original targets of a fully functional center.

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