

Transforming Healthcare Paradigms



(L-R) Dr Akun Sabharwal, Upender Jit Singh, Health Minister Chandrima Bhattacharya, Kieran McBrien, Dr NC Borah, and Dr Sujoy Kar launch eHEALTH magazine's East Special edition

Continuing with its journey in the healthcare domain in the country, '5th Healthcare Leaders Forum-Bengal' organised by Elets Technomedia Pvt Ltd brought together innovators, investors and the eastern region hospitals and healthcare service providers to deliberate and discuss on the need to increase the pace of sectoral reforms and highlight the measures taken by the state government to improve the overall healthcare ecosystem in the State of Bengal. With quality medical services being confined to the urban centres of the region, the rural pockets hold tremendous opportunity for the healthcare service providers to deliver quality care. We bring a snapshot of the key stakeholders views shared at the forum

Inaugural Session

Healthcare Policy and Initiatives in Bengal

The East Indian region is plagued with almost similar ailments as the entire healthcare sector in the country. Paucity of trained and skilled medical manpower, health infrastructure, lack of quality medical education institutes and shortage of funds has been prevalent in the eastern region as much as other parts of the country. Realising the need to bring in the desired change, the state government has been taking policy measures to improve the overall healthcare ecosystem in the state



Chandrima Bhattacharya

Minister of State, Department of Health and Family Welfare, West Bengal

“Our hona’ble Chief Minister is leading the health department. There is no other state in the country where the CM is handling the health department port folio which is the most important sector of a state government. The new government has really brought revolution in the healthcare sector by making medical treatment free in the Government as well as tertiary hospitals also. In all government hospitals, any sort of treatment has been made free to the people. We have set up 107 fair price medicine shops which has shown a way to the country and was highly appreciated by the Centre. The State government is giving the land, electricity, water to the hospital premises while the private sector is providing medicinal facilities at reasonable prices. In the RSBY, we are leading the country and built up 33 CCUs at a distance of 50 kms and 17 HDUs and this has gone up to the level of sub divisions which has been done in the last four years.”

Upender Jit Singh

MD, West Bengal Electronics Industry Development Corporation Limited (WEBEL)

“ICT has been widely used in healthcare industry for last one decade in specific and has played a major role in the healthcare sector. Some technologies used currently include electronic health record, hospital management and information system, picture archiving and communication system generally used as PAX which is used for archiving and retrieval of all the digital imaging system and bar coding. One thing which is of utmost importance is telemedicine and telehealth. Webel is working on these aspects in a big way. As a state nodal agency, we are one of the few states which are implementing the National Optic Fiber Network (NOFN) project and Webel will be the implementing agency. The benefit of this would be once we have rolled out the optic fiber network till the gram panchayat level with huge bandwidth and network available, the possibility of telemedicine would be enormous.”



Kieran McBrien

Regional Director, EMEA of Novaerus Ltd, Ireland

“Our vision is that air borne infection at the hospitals is a massive issue across the world. Around 1,500 years ago Arab doctors used to wash their hands from vinegar before carrying out procedures. If you are continuously cleaning your environment or the bio burden on the surface, you are reducing the number of contacts points and the danger of contact points for your hands. Fundamentally the point is people have not been cleaning the air because it has not been possible to do it quickly and effectively at low cost. That is what now changing as technology is becoming cheaper every day. If you apply air quality technology as the first point of your infection control problem effectively, respiratory infections and air borne infections would be gone. It’s important to clean surfaces but if you treat your air consistently you would be able to reduce chances of infections that can take a toll on you.”

Dr Akun Sabharwal

Director, Drugs Control Administration, Telangana

“Telangana is the youngest state in the country but we are the biggest player in pharmaceutical. Our state manufactures almost 40 per cent of the medicines made in India and also export 58 per cent of the medicines. We also regulate quality and prices of medicines and functioning of blood banks. We leveraged technology to try and cut down the trouble the government sometime gives to the hospitals and industry at large. We have grown from the undivided state of Andhra Pradesh. Telangana has inherited almost 85 per cent of manufacturing capacity with 490 manufacturing units and about 27,000 pharmacists which are functioning. We are one of the few drug regulators in the country which has put everything online like licencing procedures, parameters, flow charts etc. Now nobody needs to turn up at my office to get these things done as everything can be done online.”


Dr NC Borah

CMD, GNRC Hospital, Assam

“Private healthcare is becoming more expensive everyday and beyond the reach of almost 75-80 per cent people of our country. The recent socio economic survey showed that monthly household income of around 70 per cent people is below ₹7,000. As a result, about 75-80 per cent of the people do not have access to private hospitals that leads to excessive rush at the government hospitals and pressure on their doctors as well. In an experiment, we have hired 500 people to work in the hospital and another 500 deployed in a community who they take care of poor people and create awareness amongst the masses. Besides, accessibility is a major issue in the hospitals especially in the tertiary care hospitals. A majority of them are located in metropolitan cities and a very few are based at tier two and tier three cities. On an average for a tertiary care facility, a patient has to travel 50-60 kms and sometimes even 100 kms distance.”


Dr Sujoy Kar

Director-Medical Services, Apollo Gleneagles Hospitals, Kolkata

“I would like to through some light on four distinct paradigm shifts that you need in healthcare. The first is, change the way the medical education is given. You have five years of MBBS, three years of MS or MD or a certain years of post and then you have a licence to practice that branch for next 40 years. What is that we need to bring in as an innovation that there are constant changes the way the medicine was practiced in 1980s is no more the same way the medicine is practiced today. There are changes and we have to bring along them and how are doctors not only in tertiary or secondary care hospitals but in the community are taking the challenges of technology and information and changing themselves over a period of time.”



Delegates at the registration desk



Speakers felicitated after the session

Session 2

Healthcare infra in East: Changing paradigms for making healthcare accessible and affordable to all

Keeping in line with the Government of India's vision to make healthcare accessible and affordable to all, the second session at HLF 2015 saw the eastern region healthcare industry leaders discuss and showcase the challenges and the possible solutions ahead of this segment to attain the universal mission



Dilip Patil
Managing Director, Trivector Biomed LLP

"We have been using many air filters, sterilizers and ironisers but they are all having inherent drawbacks of being expensive and requiring high maintenance. The top five causes of death in the world are hospital acquired infection causing more deaths than the road mishaps, breast cancer, AIDS and arms conflicts put together. In the USA, over a lakh people die every year due to healthcare associated infections (HAIs) which cost them additional 40 Billion USD annually. More bacteria are developing resistance to commonly used anti biotics which leads to consumption of higher number doses and adding to the expenses. Plasma has been used in medical field for sterilizing medical equipment but sterilizing the air using plasma without affecting the patients is the latest innovation which is being tried by medical institutes. It doesn't need any maintenance and eradicates up to 99.9 per cent of viruses, fungi, bacteria and odour. This high voltage low current plasma acts on the DNA of the pathogen and it disintegrates in the molecules of the air, leaving no residues."

Rupak Barua
CEO, AMRI Hospitals, Kolkata

"Today's discussion is affordability and accessibility particularly in eastern Indian but it is not the question of only eastern India but it is a pan India thing. We are facing same kind of challenges across India. In one way Indian healthcare industry is rapidly progressing and is expected to reach to 280 Billion USD by 2020. In the 1980s there was an IT revolution but now in 2015 we are talking about healthcare revolution. Tremendous amount of work is going on in terms of development of the healthcare and in particular it has happened more post the year 2000 when globalization and insurance sector and we started inviting foreign players in the healthcare. In terms of growth of healthcare sector, there is a huge dearth of human resources and infrastructure."



Participants discuss on how east is putting in efforts to make healthcare accessible and affordable



(L-R) Dr Ravi Shankar Singh, Rupak Barua, Dilip Patil and Joy Chakraborty felicitated with mementos

**Dr Ravi Shankar Singh**

Zonal Director, Paras HMRI Hospital, Bihar

“In Bihar we have 12 crore population and just three years back there was no organised comprehensive healthcare provider. We had individual small nursing homes but there was no major healthcare service provider. We set up a 350-bedded hospital and tried to make things available. We were targeting the patients going to Mumbai, Delhi and other metropolitan cities to avail medical treatment. We successfully brought good doctors and technology and now it is running efficiently. Two things hold extreme importance— accessibility and affordability. A few years back, private players were apparently apprehensive about the political situation but now this issue no longer prevails and now the players are interested to invest in Bihar.”

Joy Chakraborty

COO, PD Hinduja Hospital, Mumbai

“At some places in Maharashtra, both private and government setup are one of the best in the country. However in the remote villages the situation is yet to be improved. The new government which has taken over within a year has appointed around 2,000 doctors and 10,000 nurses with lucrative salaries. As a result private hospitals are losing their medical staff to the government setup. Then to make it affordable the government has launched Rajiv Gandhi scheme through which poor patients can avail completely free medical treatment because they are covered through insurance. To incentivize the healthcare provider the government has done grading of those hospitals. Most of us being a private operator, we are not completely out of the healthcare part. According to the Bombay High Court order came in 2006 every private/ trust hospital is bound to give free medical treatment to poor people to an extent of ten per cent completely free treatment and 50 per cent subsidised rate.”



Session 3

Relevance of Make in India for Healthcare- Perspective from East

Reemphasizing on the clarion call by Prime Minister Narendra Modi to use the ‘Make in India’ campaign to enable quality and far-reaching healthcare to all, key stakeholders shared the perspective from the eastern region. The Make in India campaign aims to have medical equipment manufactured in India itself to bring costs down and make healthcare reach the poorest of the poor all across the country

Aloke Mookherjee

Director, Woodlands Multi-Speciality Hospital Ltd, Kolkata

“Why Make in India comes in the healthcare discussion for a simple reason that it is a policy of the government to improve healthcare, requiring more medicines at affordable costs being made in India. Healthcare is a focus area in Make in India. The path of medical equipment is only 0.3 per cent and I don’t think it an obstacle, rather it’s an opportunities for investors to invest. The wellness market is going to be around one trillion Indian rupees having the innovation of latest diagnostics as essential part. GE, which is one of the largest engineering conglomerates in the world, had set up a base in India and started exporting equipment to all emerging markets at a very low cost. They have 10-15 per cent of the global market in the next five year.”





Richa S Debgupta

Zonal Director, Fortis Healthcare Ltd, Kolkata

“If we go to the cost structure, it largely encompasses the consumables related to operations. If we talk about setting up a hospital, medical technology constitutes a huge part. Around 40-50 per cent of your cost actually gets into medical technology. Ninety per cent of medical equipment is being imported and that’s where the cost is hidden. Talking about Make in India, if we start to manufacture these medical equipment, the cost can go down significantly to the tune of 40-50 per cent and that can easily be passed on to patients. If we are able to implement it well, it is going to benefit all of us whether it is the providers or the patients.”

Dr Srijon Mukherjee

Director, Calcutta Institute of Maxillofacial Surgery, and Chairman, Indian Board of Oral and Maxillofacial Surgery

“We actually have all these products made in India, but their quality is not up to the mark. There is an urgent need to improve the quality and also need for developing medical equipment indigenously. Unfortunately, the quality of equipment are not good enough to use in the operation theatre.”



Subhash C Mandal

Vice President and Chairman, Indian Pharmaceutical Association

“The total healthcare cost of the world is 2.8 trillion USD and out of this India’s share is 30 Billion USD which consists of five per cent of the country’s GDP. But one estimate says that it should be 100 Billion USD by 2025 and its share should be 8-10 per cent of the GDP. Medical cost is a major component of the healthcare. Currently, India is producing around 1.26 lakh crore of medicines out of this India is exporting around 65,000 crore medicines to more than 200 countries globally. It is enough to prove that quality of Indian medicines is very good. You may know that 25 per cent of the total export of Indian medicines is to the US market. The US market norms are so stringent that it is really difficult to enter into the market. India has the largest number of US FDI complaint plants outside US and India is also filing maximum number of approval applications every year next to the US. This proves that India is producing quality medicines. That apart, India is manufacturing HIV medicines at minimal cost and supplying to the African countries where HIV is predominant.”



Participants join a round-table at 5th Healthcare Leader's Forum, Bengal



(L-R) Alope Mookherjee, Richa S Debgupta, Dr Srijon Mukherjee, Subhash C Mandal and Bhudeb Chakravarti


Bhudeb Chakravarti

Honorary President, Centre for Development of Excellence

“There are three areas where the government and people should focus on. The first being the process. We only talk about technology, outcome and how we can achieve things. But process constitutes a huge part of any healthcare institution. It is not only the process of doctors for OT, investigations, diagnostics, but you also have the process of procurement and how you will utilize the resources or how you are going to treat your patients. We must treat our patients as our clients and let us build them in a proper manner. We have maximum number of human resources in India, they are talented enough but unfortunately they are not available.”

Session 4

Leveraging Technology for Healthcare Transformation

ICT can fundamentally transform healthcare and the segment is among the last industries to be completely disrupted by technology. But roadblocks remain on both sides, be it related to information available to consumers or to health practitioners about how technology can help simplify and automate large parts of their workflow, to focus better on the patients


Sanjay Prasad,

President and CEO, Mission of Mercy Hospital and Research Centre, Kolkata

“Leveraging technology for healthcare transformation – So, two or three premises that we have is that healthcare is already at a state, where the basis has been established. How can we now build up on transforming this is going to be the key of our deliberation. We have touched upon certain extremely important perspective as simple and profound as data security. While, we are getting data from multiple sources and we are trying to do the mix and churn in them I think at some point there are outlets which are emerging how can you and I as hospital administrators responsible for patient confidentiality be able to be that guard so that the data doesn't not go into the wrong hand. That is what our challenge is. As a group we have clearly emerged from an evidence based practice to an information based practice to an intelligence based practice and now it is all about predictive based practice which we want to get into.”

Indira Behara

Senior Manager, Strategies, Global Health Strategies Emerging Economies Pvt Ltd

“What are the goals that we seek from a good high performing health system? It should be efficient, responsive, are it's accessible. Of course, technology brings more accurate diagnostics, digital images, digital diagnostics are far more specific but I think the key element that we kept missing out is affordability aspect and we need to make technology more affordable. Technology isn't just restricted to Information Technology. Today we are talking about things like ingestible sensors, preventive health, 3D printers. We are actually in an era where people are trying to print organs and tissues. Some of the projects that my organization works with the Revised National Tuberculosis Control Programme (RNTCP) has an excellent platform running in three of its pilot projects. We are talking about supplying chain management, ensuring that private providers and chemists are actually given their money on time, people get calls that they get their medicines on time. We can use technology extensively to improve healthcare sector.”





Joy Chakraborty

COO, PD Hinduja Hospital, Mumbai

“In 2008, I remember there was a very popular video clipping of vision for future by Microsoft, in which a lady was going for jogging in the morning, a diabetic and how she manages to store her records of blood sugar. It was mentioned that in 2013 that’s going to be the scenario and it was dreamt that a lot would be changed. But we are far away from that dream what we wanted to see in 2013. However, there is certain progress that we have made. When you talk about technology for healthcare transformation what are those transformations? I am going to talk about patient experience that is driving private operators. Today, by virtue of having PACS along with speech to text conversion of the reports, our report turn out time has been brought down drastically. We have made online payment system so that people need not to stand in long beeline to get their check up done.”

Dr Rana Mukherjee

Director, Care Continuum

“When you are talking about transforming healthcare through technology, one should aspire for where we can reach. If we look at healthcare, each of has a different way of segmenting it. I would be segmenting it to training, preventive healthcare, access to healthcare, diagnostic, treatment and finally monitoring. In terms of the technologies that can be used for transformation, one of the first things I mentioned was training because I think that’s where everything starts. For training, the technologies that can make a difference are— remote learning and simulation so technology will come in both these ways for training of healthcare professionals. Next thing is sensors and miniaturization to make a diagnostics and even to investigate patients.”



Niranjan Kumar Ramakrishnan

CIO (IT), Sir Ganga Ram Hospital, New Delhi

“The value of whatever we are trying to do in terms of technology should reflect somewhere like in patients experience we all talk about. Are the patients really seeing some difference the way they are getting treated? Another most important thing is keeping medical treatment fee affordable for the patients over a period of time. If we are not increasing the fee, then I think we are really doing a great help to the people seeking treatment. If technology can really keep the cost as it is in the hospital, it can help patients. My approach towards technology is that there should be a proper implementation and real meaningful use out of the technology. Recently a group of people created a WhatsApp group called ‘Chennai Angles’ to extend help to the flood-affected people in Chennai. It helped a lot and supported the flood-stricken people in Chennai. I firmly believe that this is the real technology transformation.”



Panelists discuss how technology can help simplify and automate their work and help them become more patient-centric



(L-R) Indira Behara, Joy Chakraborty, Sanjay Prasad, Niranjan Kumar Ramakrishnan and Dr Rana Mukherjee

Session 5

Healthcare Adoption: Innovative Strategies

While accessibility of healthcare is a major concern, it can be overcome effectively by using the right mix of technology and innovation. What is also needed is creating specific innovative models catering to the unique needs of a particular segment

Ikram Khan

CEO, Rural Healthcare Foundation, Kolkata

We have generated a lot of innovative models in health system and that model has so far been replicated in India and many tertiary care level models came up like Fortis, Apollo and Medica. Unfortunately, we have not achieved that level of a good health system despite having brilliant minds. It requires a lot of willpower to become a super power. However, many states have done a great job. For instance, the Andhra Government has developed a tertiary care model like 'Arogyashree' which has got replicated in many states. Similarly, Rajasthan government has taken up fair price medicine shops for the betterment of needy people.


Sandhya Thukaram

Director, Marketing and Business Development, Unitus Seed Fund

We are talking about technology, innovation and demand. One thing which is missing is business model innovation which implies how can you bring it all together and create channels of business and then you can reduce costs. I can give an example of one of our portfolio companies Well Care Healthcare System. It's very expensive to set up an independent centre. In India we have nine ophthalmologists for every million people. So a senior doctor had set up an eye screen device in existing healthcare centres. And there is diabetic retinopathy which is very common so by having it in a diabetic centre, he is already got patients walking in. The device is connected on the internet and one trained professional screens it that senses the image to certified ophthalmologists who sends back the recommendations. So very easily he has combined the technology with business model innovation. He has now 120 centres across India.



Delegates at Q&A session with the panelists



Speakers felicitated after the session

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IT Works for Health Sector

With technological interventions becoming order of the day, more and more organisations are embracing IT to improve their operations and making service delivery efficient. Healthcare delivery in India has been a challenge, like rest of the developing world, where infrastructure falls short of the requirement. In this backdrop, leveraging innovations and technology to transform healthcare delivery is the right way to go.

With an aim to discuss the present state of healthcare, past initiatives and their outcome, likely future trends and what needs to be done to bridge the gap, a separate “elets Maharashtra Healthcare Summit” was organised as part of the “11th eIndia - Maharashtra”. We present here the views of key speakers in a nutshell here.

Session

Leveraging Technology for Healthcare Transformation

Technology has been a game changer in the healthcare sector. The session saw various health sector stakeholders, including hospitals and other medical institutions, sharing their experiences, showcasing their achievements and highlighting the issues they have come across, in the delivery of healthcare. The aspects discussed at the session included interface tools for handicapped, RCTS and telemedicine, among others. Also, the use of technology for better healthcare delivery was deservedly under focus in this session. Several initiatives, like eAushadhi, Blood on Call and MCTS, undertaken by the Government of Maharashtra were also the topics for discussion. ASHA and Janani Suraksha Yojana under the National Health Mission were given major attention, along with other projects, such as eHealth, HIS project, telemedicine and eMamta hogging the limelight.



Principal Secretary – IT, Government of Maharashtra, Vijay Kumar Gautam address the audience during the session

Easing Healthcare



Dr Prakash Wakode

Joint Director, Department of Medical Education & Drugs
Government of Maharashtra

“There are a number of common things between the Health Department and us, like human machine interface tools for handicapped, RCTS, and in particular, telemedicine. We have also formed a group that will help the physicians to be placed in the remote areas to communicate with our experts. Being a teaching institution, we also started using eLibrary for students, and eClass, where people sitting in smaller towns can communicate with large centres and even abroad for various dialogues or seminars.”

<http://ehealth.eletsonline.com/2015/12/drprakashwakode/>

Integrating Sectors



V K Gautam

Principal Secretary
Department of IT
Government of Maharashtra

“It is needless to emphasise that if the overall healthcare ecosystem is brought to a digital platform, both public and private sector will have to be integrated at some levels. For this, we need to work out on strategic interventions at the policy and regulation levels without tinkering much with the professional autonomy of these institutions or individuals. We can also get a set of critical data which can provide critical information for an overall statewide management of emergencies in the healthcare system.”

<http://ehealth.eletsonline.com/2015/12/vkgautam/>

Towards Digitisation



Dr Tarun Chaudhary

Project Director, Maternal Health, National Health Mission Government of Rajasthan

"ASHA and Janani Suraksha Yojana (JSY) were the key interventions when the NHM started. However, nobody unfortunately knows what ASHAs are doing in the field. In Rajasthan, there are 48,000 ASHA workers and we have created a structure keeping a detailed record of them. We built this by assembling the existing resources and converted them all into digital. We designed a claim form which made the ASHAs aware of the paid 26 activities that they are entitled to. This helps monitor the work done by ASHAs in every district and the CMO concerned releases the payment with a digital signature after verification. This helps us closely monitor ASHAs, as it's linked with PCTCS. ASHA Soft is evidence-based and we have created a dedicated ASHA helpline to deal with their queries. For this, we have also paid more than ₹80 crore to ASHAs this year."

<http://ehealth.eletsonline.com/2015/12/drtarunchaudhary/>

Enabling Connectivity



Sandeep Khurana

Vice President
 United Health Group

"The way we see healthcare technology and how the percolation of technology can happen at state and population level has two layers - foundational and advanced building blocks on top of that foundation. From foundational standpoint, eHealth and HIS projects, and telemedicine and eMamta are enabling last-mile connectivity for the poorest of the poor. What we have experienced while working in Haryana is that the data we start collecting becomes increasingly important with time. You begin to create disease registries. You are able to plot incidents of communicable diseases and non-communicable diseases on the state's map and you are able to direct your programmes at district, taluka and block levels. We have done similar work across the world and it is heartening to see that India has left behind many of the advanced countries in deploying these initiatives. Once we have this basic layer ready, we are able to run various programmes and design clinical pathways for patients with advanced morbidities."

<http://ehealth.eletsonline.com/2015/12/sandeepkhurana/>

Game Changer



Dr Vinod R Rao

Mission Director
 National Health Mission
 Government of Gujarat

"Healthcare is one of the sectors that has implications for a common man more than any other sector. There is no other sector that has so much scope of application of technology relevant to a common man than on the health sector. Over the decades, we have experimented with the application of technology and have seen remarkable outcomes. In health mission, the Mother and Child Tracking System (MCTS) has turned out to be a game changer."

<http://ehealth.eletsonline.com/2015/12/drvinodrao/>



Impacting Well-being



I A Kundan

Mission Director National Health Mission
 Government of Maharashtra

"Maharashtra is one of the leading states in terms of healthcare. We have more than 10,500 sub-centres, 1,811 primary health centres, more than 483 hospitals and delivery points up to 1,590 at sub-centre levels. Maharashtra, in all aspects, is going forward and this is an indicator for the same. There has been an exceptional reduction in IMR and MMR, around 87 per cent. We are using information technology solutions in monitoring across offices. For instance, we have got a health management information system. The Government of Maharashtra has its own software eOffice, eTendering, court case management system, eAushadhi, Blood on Call, MCTS and many more. MCTS is one good software to track IMR and MMR. It also creates a unique ID number when a woman first gets pregnant, and accordingly, the flow up plan is generated."

<http://ehealth.eletsonline.com/2015/12/iakundan/>

Session

Building Infrastructure for Making Healthcare Accessible and Affordable to all - State Perspectives

Better technology infrastructure is the first and foremost thing to be kept in mind before talking about providing better healthcare services in remote areas. It's only after that technology-driven healthcare initiatives, like teleophthalmology for treatment of eyes and telemedicine, can be thought of. And, the session lay due emphasis on the infrastructure aspect. Mobile-based monitoring of mother and child in Chhattisgarh was talked about by Dr Ayyaj Fakirbhai Tamboli, Director, National Health Mission, Government of Chhattisgarh. Facilities like GIS mapping to locate the nearest health facility were listened to by the audience with rapt attention. Apart from that, Dr Akun Sabharwal from the Drugs Control Administration shed light on online licensing, which points to the efficient use of technology.



Dr Akun Sabharwal, Director, Drugs Control Administration, Govt of Telangana, speaks on Building Infrastructure for Making Healthcare Accessible and Affordable to All – State Perspectives

An Eye-opener



Dr Sandeep Namdeo Mahatme

Mission Director, National Health Mission
Government of Tripura

Tripura holds a population of almost 37 lakh, predominantly in rural and tribal areas. However, the state faces the challenge of availability of specialised doctors (eye specialists). With 75 per cent rural population, we have only 20 doctors out of which 10 will be retiring in 2016. We also have two medical colleges with limited capacity and sudden increase in the number of eye surgeons is not possible. Therefore, making use of appropriate technology, we opted for teleophthalmology six years ago. Initially, we started with teleophthalmology services in the blocks, as they had the advantage of the dual connectivity of the blocks — traditional and mobile towers, which were specially erected for the purpose of connectivity. The patients were being screened in the BDO office and the same data was transferred to the referral hospital – IGM Hospital, the only hospital at the state level where ophthalmologists view the records and prescribe medicines online. The patients take the printout of the prescription and purchase the medicines from the chemist.

<http://ehealth.iletsonline.com/2015/12/drsandeepnamdeomahatme/>

Healthcare on Mobile



Dr Ayyaj Fakirbhai Tamboli

Director,
National Health Mission
Government of Chhattisgarh

“Chhattisgarh started with mobile-based monitoring of mother and child in 2012.

Earlier, it was a Java-based platform in mobile phones. But now, we are shifting towards Android-based tablet system. We have distributed these to 275 ANMs. It has already been implemented in urban areas and now we are implementing it in rural areas as well. We also created an application to make people aware. It is a GIS mapping-based thing, which captures the photograph of a location and its latitude and longitude. It is pushed into the system and based on that all the public health facilities have been mapped. With this map, people can locate the nearest health facility. Another mobile application provides drug availability information in public health facility, generic name of the drug. Thus, the pharmacists know about the status of the drugs available in the warehouse through a transparent ecosystem.”

<http://ehealth.eletsonline.com/2015/12/dravyajfakirbhaitamboli/>



Tech Efficiency



Dr Akun Sabharwal

Director,
Drugs Control Administration
Government of Telangana

“Telangana has 490 big manufactures and around 28,000 pharmaceutical shops. We have shifted to online licensing. It might appear strange to the IT world, but most of the pharmaceutical regulations still happen on paper and pen. We have also done flow charting and time-lining. In Telangana, now we assure that if you want to set up an industry, we will give you the licence in 30 days. There is also a penalty clause – if the file is stuck at any level, there is a penalty of ₹1,250 per day beyond 30 days, so the employee concerned has to pay from his pocket. We achieve it through barcoding and file tracking system. The entire process is on website now for manufacturers and pharmacy shops. Across the country, regulations happen in terms of areas and we have shifted from that approach to something called the verticals. We have specialised teams looking after cosmetics, vaccines, etc. The US is the only other country that does it.”

<http://ehealth.eletsonline.com/2015/12/drakunsabharwal/>



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