

elets Healthcare

SUMMIT RAJASTHAN

CONFERENCE, AWARDS & EXPO

10 July 2015, Jaipur

Heralding Healthcare



In the present scenario of efficiency challenges and budgetary constraints, technology has emerged as a key enabler in the healthcare sector, igniting innovations and improving the delivery of services. Among the Indian states, Rajasthan has emerged as one of the top states using technology for making healthcare reach to both urban and rural masses. With a view to deliberate on the healthcare innovations in the State and chalking out the future roadmap of healthcare services there, and elsewhere, Elets Technomedia, in association with the National Health Mission, Rajasthan organised the **Healthcare Summit Rajasthan 2015**. The Summit showcased how the various government agencies are successfully implementing numerous healthcare schemes and initiatives through the Public-Private-Partnership (PPP) mode. The meet also highlighted the constructive role played by development partners and health professionals, and how Corporate Social Responsibility (CSR) is being leveraged in the healthcare ecosystem of Rajasthan. We reproduce here the success stories and views expressed by healthcare professionals and other stakeholders in the field.

The Summit was a conglomeration of the leaders from state, community and government with private players, investors, development partners, social enterprises, healthcare innovators on a single platform. The event showcased various initiatives and schemes implemented by the Rajasthan Government in the health index of the people in the state. The Health Ministry and industry leaders including GE Healthcare, Philips, GVK EMRI, Vodafone Bank of Baroda, Trivector, and many more shared their contribution towards healthcare industry. The UNICEF launched eJanSwasthya, an android based application for ANMs, for better delivery of health services in the remotest area using technology. Tablets installed with this application were given away by Rajendra Singh Rathore, Minister of Medical, Health & Family Welfare, Government of Rajasthan to the ANMs.

A special issue of **eHEALTH**, focusing on Rajasthan healthcare was launched at the summit. Topics like PPP in healthcare, Corporate Social Responsibility (CSR), medical technology advancements, accessibility and affordability, best practices in healthcare were the focus of the summit. The event report carries opinions and viewpoints of the speakers who shared their opinion at the Summit.



Inaugural Session INITIATING THE BATON



**Arun Chaturvedi, Hon'ble
Minister for Social Justice
& Environment & GAD,
Government of Rajasthan**

In the state where we were not able to facilitate the basic health services, we plan to deliver them in partnership with the private players. Nearly 60 per cent of the population of Rajasthan resides in the rural areas and the state shares the majority of the border area, in such case extending health services to these areas is one of the major challenges. To overcome this challenge we are planning to set up health centres under the PPP mode.

This is possible only through usage of information and other innovative technologies. Rajasthan Government is already working under a visionary leadership and has also made changes in policies to make it industrial friendly. There are several plans that we intend to implement and some of them we are already working on. We have health data of about 1.80 lakh pregnant women through digital tracking, which exists with the government. We have also planned to integrate GPS system in our 104 services for real time information.

I hope the summit would come up with a road map for Rajasthan government to take forward the solutions.



**Dr Ashok Panagariya,
Professor Emeritus, Neurology**

India, despite its significant economic achievements its health situation is still in a predicament. We encounter a toxic combination of high cost and uneven distribution of sources. We have challenges, resources and limitations, but we need innovations as per the requirement of the state. The dual burden of non-communicable diseases and changing lifestyle in India can be dealt with providing a system such as Universal Healthcare. There is no doubt that the state government has worked in bringing down the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR). Now, we need skilled human resources, which can be achieved through step by step solutions.

Naveen Jain, Mission Director – National Health Mission, Special Secretary – Medical, Health & Family Welfare, Government of Rajasthan

In Rajasthan, various innovative works have been taken up in healthcare sector in the last few years, and, as a result several health parameters improved in the state. However, developments in certain areas are still required. Technology in the healthcare sector has advanced the reach of healthcare services to the next level.

This is for the first time that such a huge platform has been created where all the stakeholders of the healthcare system from renowned hospitals, investors, medical and nursing professionals, and ASHA workers participated. I thank Elets Technomedia and WISH Foundation for organising such an event in Rajasthan. WISH Foundation has already started working on many 'out-of-the-box' innovative works since last few months. Telecom player like Vodafone will be discussing the establishment of telemedicine centre in Rajasthan under the PPP model, which is also successfully incorporated in other states of the country.





Dr Niraj K Pawan, Additional Mission Director, National Health Mission, Government of Rajasthan

Clarifying the misconception of taking PPP as privatisation he said that in Rajasthan, PPP started with some hassles and the perception of private sector was such that Rajasthan Government might not be willing to go for involvement of private sector in the healthcare domain. PPP is different from privatisation.

The tasks that cannot be accomplished by the government due to any reason can be achieved by the private players in a more cost effective manner. The government is not withdrawing from the healthcare delivery, but the areas where the government is unable to reach to monitor or to provide quality care, that is when the involvement is required. PPP may be one of the panaceas and by working together we can chart out solutions to overcome the hurdles in the healthcare delivery system.

Soumitro Ghosh, CEO, WISH Foundation

Before asking to spend more GDP in healthcare sector, it is essential to figure out how to improve the effectiveness of the allotted sources and to be more cost effective. We spend 1.2 per cent of the GDP in the healthcare. Rajasthan healthcare has its peculiar challenges. The state has 50 per cent of the population living in rural areas. Before asking for more resources, we should look at how well we can play around with the resource available. Rajasthan has been open and supportive of new ideas and we will have to design something so that we can get the nod from the cabinet.



Samuel Mawunganidze, Chief, UNICEF Field Office, Rajasthan

Health has the potential to take the healthcare services to the deprived areas. Healthcare needs to be taken especially in the desert and in the tribal regions, which is possible through information technology. It is good to see that technology is the priority for the Chief Minister, who is willing to transform the healthcare scenario of the state.



Shekhar Agrawal, SVP & Head, Vodafone

There are significant challenges in healthcare service in rural India. Huge grants and funds that are available to state government for the healthcare sector are not being used. In overcoming these situations, a significant opportunity also comes before the private sector. In rural India due to repetition of diagnosis during a visit to the doctor adds to the financial burden that abstain people from visiting a doctor. Connectivity of rural and urban healthcare units is another area where the government should participate and actively think about it. To deal with this, a cost effective process in which electronic health record, web based services with ASHA workers and other ground level workers is the way forward. As a telecom provider, we can mobilise patient care, which is possible through the deployment of robust IT infrastructure. We play a role of identifying the process of each health centre and mobilise those processes. In the state of Gujarat, Haryana and Assam we actively participate with ASHAs and other ground workers to ensure that the data of each pregnant woman is captured through expertise and through our partner ecosystem.

Enabling Access through Disruptive Innovations

Shyam Prasad Rajan, CTO, GE Healthcare South Asia



Shyam Prasad Rajan, CTO, GE Healthcare South Asia: Stated how GE Healthcare has been delivering affordable healthcare solutions by enabling access through disruptive innovations. And, the services are particularly in the needful areas like villages and towns, where the access is limited. ‘Low cost doesn’t low tech’, he said. He further added, “Against the traditional practice in the market where low cost products involves less features, GE Healthcare has been providing innovative quality products up to 30 per cent less price”. He referred to the GE Healthcare’s successful product ‘Lullaby Warmer Prime’ used as infant warmer that makes safe and reliable thermoregulation accessible for primary care settings even in remote and rural areas. Though certain parts of the product are expensive, GE made it affordable by looking at things that can be made at low cost.

In addition, the products are designed to be user friendly so one doesn’t require special skills to operate them. For the accessibility, an ecosystem is co-created involving people like ASHA workers and other frontline health workers. “GE targets to develop 100 low cost solutions in India to address India’s and world’s healthcare challenges in the area of cancer, cardiac diseases and maternal/infant care and medical,” he added. From medical imaging, software and IT, patient monitoring and diagnostics to drug discovery, biopharmaceutical manufacturing technologies and performance improvement solutions, GE Healthcare helps medical professionals deliver great healthcare to their patients. “GE Healthcare has already established partnerships with doctors and physicians in Maharashtra, Tamil Nadu, through different projects”, Rajan added.

Public Private Partnership to Deliver Quality Primary Healthcare: Privatisation or Restoration of Citizens Rights to Good Health?



Dr Niraj K Pawan, Additional Mission Director, National Health Mission, Government of Rajasthan

Clarifying the misconception of taking PPP as privatisation, he said that in Rajasthan, PPP started with some hassles and the perception of private sector was such that Rajasthan Government might not be willing to go for involvement of private sector in the healthcare domain. PPP is different from privatisation. The tasks that cannot be accomplished by the government due to any reason can be achieved by the private players in a more cost effective manner. The government is not withdrawing from the healthcare delivery, but the areas where the government is unable to reach to monitor or to provide quality care, that is when the involvement is required. PPP may be one of the panaceas and by working together we can chart out solutions to overcome the hurdles in the healthcare delivery system.

Moderator - Soumitro Ghosh, CEO, WISH Foundation

Rajasthan Government has made the state an important station of making the PPP as a strategy to strengthen the primary healthcare system. This the first time the state has taken such step, which makes it critical. When the pressure is built through the good qualities, all the bad things are set aside.



Dr H Sudarshan, Chairman, Karuna Trust

We want to deliver good quality comprehensive primary healthcare services. We provide preventive, proactive, curative and rehabilitated services, which includes mother and child health, communicable and non-communicable diseases. But, most important is the community processes in comprehensive primary healthcare, the right way to approach. We need to have trust between the NGOs and the government.



Dr Balaji Utlal, CEO, Piramal Swasthaya

The key question is to reduce multiple key partnerships to the multiple stakeholders. The mandate is with the government to provide the basic healthcare solutions. However, there are challenges and gaps, but despite that the institutions are ready to partner with the government. Rajasthan is the earliest state to experiment with the large scale public service provision.





Pankaj Jethwani, Consultant, Boston Consulting Group

Primary healthcare as a whole needs strengthening, which includes good quality, accessible, affordable and comprehensive primary care to the population. The administrative and political will must be there to change things. The three key messages, accountability of the scheme at the basic, sub-centre, block level, district and centre is required. Secondly, the technology leveraged requires accountability, monitoring and helping doctors to make those key necessities to save life. Thirdly, it is the government's call to strengthen the primary healthcare system and the private sector is the enabler to help the government.

Lt Gen Dr K K Singh, MD, SDM Hospital, Jaipur

Sharing his experience in both government and the private sector he said, "The state has an established infrastructure which we can improve upon, a strength that Rajasthan has. To bringing in private partners inside the healthcare system, Rajasthan has accomplished both sides. The SDM Hospital has a robust outreach programme which is definite enough to have a good partnership with the Government of Rajasthan.



Himani Sethi, Head of Programmes, WISH Foundation

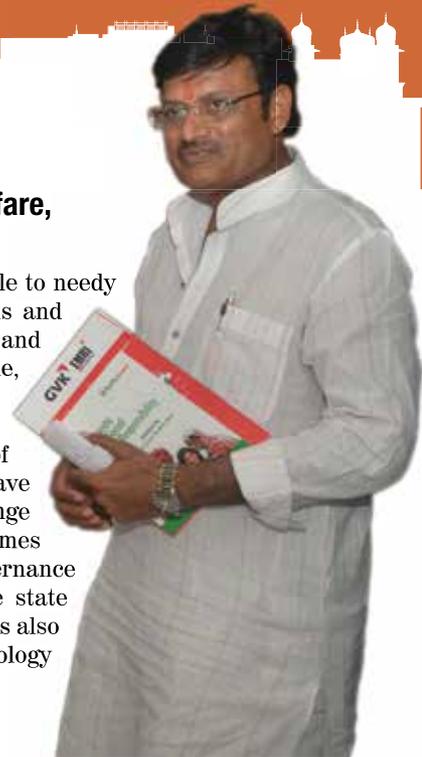
Our focus is to deliver quality and affordable healthcare for base of the pyramid (BOP) population using high potential innovations that can be scaled up. Therefore, primary healthcare is important for us. BOP constitutes a population, which is not categorised as BPL and do not get the entitlement unlike BPL and our focus is to bring affordable healthcare for this population. As a foundation, our focus is to provide funding, to identify capable innovations, to work with entrepreneurs and enterprises, to see how innovations can build the rural market. We provide on-site demonstration as we are doing in Rajasthan. We provide a platform and private partners and number of other peoples such as foundations and donors who are already working can be brought together. If we want the changes and desired impact, the primary healthcare has to be strengthened.



Technology for e-Initiatives in Healthcare in Rajasthan: Opportunities for Public Private Partnership

Rajendra Singh Rathore, Hon'ble Minister of Medical, Health & Family Welfare, Government of Rajasthan

The workshop has discussed in detail on how healthcare services can be made accessible to needy for whom the government designs various healthcare schemes. Over 125 crore Indians and particularly more than 6.5 crore people of Rajasthan are looking with hopes at the experts and intellectuals here, so that they provide best healthcare services to them. In the present time, a human being who wants to stay healthy is struck down by several modern diseases. It is the time of technology in healthcare sector where equipment identifies and also cures diseases. India is talking about e-Governance and our Prime Minister has the vision of 'Digital India', which coincides with technology aspect in health sector. Private players have several opportunities in the health sector of Rajasthan under PPP." The biggest challenge before the state government in health sector is to provide accessibility to our health schemes and services to majority of state's population in rural areas. We entered the trend of eGovernance and central government has boarded up on the 'Digital India' initiatives. We, as the state government have embarked up on initiatives involving technology. These endeavors of ours also faced resistance, but, we need to accept that there is a need for open acceptance of technology for well being of people. There is a necessity for balance in business and services.



Naveen Jain, Mission Director – National Health Mission, Special Secretary – Medical, Health & Family Welfare, Government of Rajasthan

"Many partners in this event are those who make medical equipment and those who create technological software for healthcare sector.

Rajasthan is geographically the biggest state of India. There are 13 districts that include tribal areas, so which ever national pilot projects that comes up in the state, are taken up in these 13 districts. I would suggest the partners here to come up with software's and business processing engineering that is with lower cost for makers and users," he said.

Quoting Chief Minister Vasundhara Raje, where she stated, "I want governance to be more visible than government," he further added, "I think e-governance is working towards that. Till date in Rajasthan, hospital management system, ASHA soft, the IMPACT software and other e-governance system are operational. We were able to track each sonographic tests happening in the state. Out of 18 lakh pregnancies in the state, we were able to track the record of most of the sonographic tests. Based on the performance, we are paying the ASHA workers online. I think Rajasthan is the only state where all 6,000 ASHA workers have been paid up to date till June 25th. ASHA soft is known more for analysis than just data. Through ASHA Soft, we know how ASHA is working in 34 districts."



Gaurav Sahai, Chief Manager CSO, Bank of Baroda

Our banking network has become the knowledge hub for various health schemes making it a vital part of governments' health IT initiative. Through our widespread network of ATMs, we are able to use the centre as a powerful tool for creating health awareness and educate people. Moreover, through our "gram choupal" programs, the educated employees of the bank can spread awareness through flyers and pamphlets. Further, as people use about 100 utility service payments through our bank, it becomes another interface to spread health information at the click of the mouse.

Chhitiz Kumar, CEO – Philips Capital & Head – Govt Business & PPP, Philips India Ltd

He stated that in many areas of health sector, the PPP mode can run successfully if a mixed balance is struck between the works of government and the private partners. In health sector PPP comes in a place where installation of equipments is essential, and this can be taken forward with a focus on affordability and accessibility of the system. Kumar shed light on the five successful PPP model of Phillips in health sector initiated in the country. One of them is Sawai Mansingh in Jaipur.

“It clearly indicates that you don’t have to compromise on the quality of technology while enabling access through affordability. There were no facilities earlier here. Even though there are over eight CT scanners in the area, government ends up paying Rs 18 lakh towards its maintenance annually. Meanwhile, if the same system was taken up in a PPP mode, then government can even think of revenue, besides giving accessibility in affordable price. It is an opportunity for the Rajasthan government to bring in the equipment such as CT and MRI in the district hospitals, which can be easily converted under PPP,” he added. He also added that similar equipment and clinical services are being successfully run in Hyderabad. Here, clinical experts sit at one centre to monitoring the mobile services and advice through audio-video communication. “Another example he mentioned was about the mobile cancer screening van that is being run since last three years in Chandigarh under PPP mode. Through this facility cancer is detected in stage I and II, and all the cancer diagnosis is carried out through female medical worker.”



Dr Ajay Bakshi, Managing Director & CEO, Manipal Hospitals

He said that large scale interventions can be done with the use of mobile and electronic technology in the health sector. Citing an example of a PPP model in the state of Kerala, he said that the government has decided to create women entrepreneurs to run clinics where the expertise is created by technology from private partners. Certain amount of money of the revenue goes to technology,” he said. “There are over six lakh ASHA workers in the country, but they do not have the expertise. There is a lot of possibility to enhance the capabilities of ASHA workers who remain in the frontline. “Manipal which is known for its medical education has converted a coastal town in Karnataka into a global centre for education. For training the frontline ASHA workers we can help the government, and all these are automated,” he said.

Investments in Healthcare in Rajasthan: Challenges and Opportunities



**Dr Harish Kumar,
Director, UNDP
Norway India
Partnership Initiative**

“The weakness in extending the healthcare facility to the child is implementation of the plan. We are into mobile diagnostic facility system filling the existing gap. We have designed innovations that extends utmost healthcare in the first month of a child’s life. For child’s survival, ASHA teams have

already been instructed to visit these places on priority basis. Through our innovation mobile facilities, several data that the state government did not have, except for those date from UNICEF and WHO, are being compiled. We got approvals from the Rajasthan state government to extend the facility to 10 more districts.”

Dr Sarvesh Joshi, Secretary, Jaipur Medical Association

Rajasthan is the higher exporter of patients, where 30 per cent are going to Gujarat and remaining 40 per cent are visiting healthcare facilities in Delhi NCR area. If we can cater the healthcare facility here in the state then it would be a greater boost to the doctors and investors here. But, there is a contradiction in the present scenarios where on one side corporate companies with huge investments are looking at the state with hesitation, while on the other side there are plans for low cost and free healthcare. To achieve this, there is a need for Clinical Establishments Act of the state to be changed according to the need of the Rajasthan’s scenario allowing doctors to work freely.



**S P Singh, Joint Secretary, Medical
Education, Government of Rajasthan**

“The state government is already on the path of promoting Rajasthan as a medical tourism hub. Ours is a state of heritage value with added features of well connected path of national highways to super specialty and other healthcare institution.” He underlined that there is a huge unmet demand of medical services in the state, which holds immense potential for growth in the sector. “We have world class hospitality available in the state and medical tourists are likely to increase at a rate of seven per cent per annum. To give impetus in the hospital sector, deluxe and multi-deluxe cottages are proposed in medical colleges across the state.” He further added, “To attract private investments, policies have been changed in 2006 letting medical leaders like Narayana, Manipal hospitals and the likes to establish their institution in the state. Even electricity, tax deduction systems have been tuned to be industrial friendly.” He also stated that diagnostic facility in the government hospital have been outsourced to private parties increasing the facilities. Expansion of existing hospitals and establishments of new ones (that are likely to be functional in city as well in the district areas) that have potential medical service demand are on the cards. Several institutes have already come under MoU with the government. Some of the existing investments that are around ₹120 crore is set to go up to ₹500 crore. Similarly, SMS hospital with investment of ₹100 crore, cancer hospital with the venture of ₹120 crore and other hospital investments worth of ₹300 crore are underway.

W J Vanderwal, Innovative Financing Lead – GRM Futures Palladium Group of Companies

He observed that “Indian healthcare industry is mainly the ‘impact investing’ where the investments have social impact that bring commercial gains. We basically bring group of companies together for investments. In the health sector through extending the healthcare and system, we saved lives of 15,000 babies and 1455 mothers in Bihar and Odisha.

“We would be implementing the same venture here in Rajasthan with similar passion and commitment.”

There was increased use of contraception by 2.6 billion, saving the health system 48 billion pounds. We aim to bring together investors to invest Rs. 250 crore and save lives of over 30, 000 children lives, 3,000 mothers. The numbers are large but are tangible,” he said.



Anagha Khot, Manager – Strategy & Partnerships, South Asia, Children’s Investment Fund Foundation (CIFF)



She stated, “CIFF is a UK based financial organisation. We are working with seven partners in Asia to bring about transformational change in the lives of children. “CIFF’s main focus is on the health, education and nutrition of the child. Through our Initiative - Rakshita we ensure increased child survival through improved quality of child care,” she adds, “We are also doing innovative works in collaboration with NGOs on girl child education where the attention to girl is improved in schools aged between 0-3 years. These transformative programs are in collaboration with the existing partner and also new players.”

Best Healthcare Practices in India: Lessons to be Learnt

Dr KK Kalra, CEO, National Accreditation Board for Hospitals and Healthcare Providers



He said that the healthcare industry in India is seen to be growing at a rapid pace but still its quality remains a serious concern. He said that total healthcare expenditure in India is just 3.9 per cent of GDP. Private share of expenditure is 73.8 per cent, however, the government's share is 26.2 per cent. He further said that a small negligence in healthcare might lead to the death of a patient hence

quality in healthcare has to be maintained. Dr Kalra laid emphasis on need of quality healthcare in India and said that many countries have established a system for quality services. He also pointed out that an individual is not responsible for loopholes in healthcare but the entire system is which includes process, people and other resources involved in a task. He termed healthcare as the most dangerous industry and said that safety is very important in health sector therefore certain protocols have to be strictly followed. Explaining about role and functions of National Accreditation Board for Hospitals & Healthcare Providers (NABH), he said that NABH is an institutional member of International Society for Quality in Healthcare, which gives accreditation of healthcare facilities and also provide education and training for quality services and patients' safety.

Niranjan Kumar Ramakrishnan, CIO, Sir Ganga Ram Hospital, New Delhi

Discussing on cost analysis and accounting he said, "I think a lot of hospitals do not understand the difference between costing and accounting. In accounts we put our expenses in balance sheet and we come up with profit numbers, which is not the real profit." He further added, "We do not know what is the cost of particular surgery, if someone come up with a equipment purchase, whether it is state government or individuals hospital or government hospital, decision makers do not have enough information to decide whether the equipment has to be procured or not. Outcomes analysis has to be done like number of surgeries, what is the research situation etc. So, we should try to implement outcome analysis to whatever extent it is possible because these things will increase quality of care without increasing cost of care." He further added, "Similarly with the process for the implementation of HIS or HIT solutions, one should never go for department wise implementation, the moment you get into department wise implementation your resource utilisation will be very high. Try to implement it in a uniform wise, for instance if all the specialties can be grouped together. Also every resource you hired please ensure that the quality of the resource is very good. The quality of resource is really important; please include this in your HR process."

Dr Ajit Gairola, Director NP, Government of Uttarakhand



Rajasthan is the largest Indian state constituting 10.4 per cent of geographical area of the country and accounting for 5.67 per cent of the population of India. The geographic vastness makes it a colossal task to provide proper healthcare

delivery to both rural and urban population. But, with the implementation of various progressive initiatives and schemes, the state government has escalated the health index of the people. We have started Nephrology Centres under PPP mode at Coronation Hospital, Dehradun and Base Hospital, Haldwani. We provide free dialysis services to BPL patients and for APL patients it cost around Rs. 936. The staffs are provided by the private partners, we have 10 doctors, 61 nursing staff and 14 technicians at Base Hospital, Haldwani.





**Ajay Sankhe, Director,
Bhaktivedanta Hospital,
Mumbai**

“The World Health Organization (WHO) defines health as a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity. Yet, we are so unaware of these factors. Generally, when we discuss about health it is about physical health. He discussed about the spiritual aspect of healthcare, which is missing from our healthcare system.” He suggested that if the spiritual care is a part of our healthcare and part of the policies then automatically all stages will be taken care in a proper way. He said that a Universal Holistic Principle is required as an innovation and we have done it and results are coming out to be amazing. “We have results on patients of depression, angioplasty, and cancers. This is the missing link in our healthcare discussions and this is the innovation I have brought in and urged that the policymakers may take a note of us.”



**Raghavendra Shenoy, Vice President,
Ethicon Surgical Care, Johnson &
Johnson Private Limited**

Focusing on effective frameworks for technology assessment he said, “It is very important to raise standards of our healthcare systems”. The goal of healthcare is to maximise value for patients, defined as health outcomes achieved per unit of cost spent. Everybody being providers, hospitals and medical device makers we all are working towards a common goal, which is patient safety. So, if our goal is common and if we all are trying to achieve the same goal by different means I think that all of us are in need of evidence. I want to share an article appeared in newspaper, where Tamil Nadu Medical Services Corporation has blacklisted 24 brands of drugs and medical devices in the last eight months after test found them to be substandard. Why we want to measure quality? What quality means to us? Outcome, by and large, remain the ultimate validation of the effectiveness and quality of medical care. He further said, “Now every procedure irrespective of its speciality in every kind of hospital setting the core objective is to deliver absolute high standard of quality healthcare at an affordable cost.” So what is the right framework or tool? It is the systematic evaluation of properties, effects, and/or impacts of health technology- addresses both the direct, intended consequences of a technology as well as the indirect unintended consequences Improves the allocative efficiency - by enabling policy makers make informed decisions; promoting the introduction and adoption of inventive and cost-effective medical technologies; and prevent the uptake of technology with little beneficial value.



**Dr N K Pandey, Chairman and MD, Asian
Institute of Medical Sciences, Faridabad**

I am very thankful to National Accreditation Board for Hospitals and Healthcare Providers (NABH) for setting out measurable quality standards. The outcome of that is now we share antibiotics profile with all our doctors every six months. We have cut down the 20 per cent cost of antibiotics in our hospital and we have step down from top antibiotics to medium. We are cutting down bacterial resistance that has huge cost saving for the future. We have experience that we could reduce the cost by nine per cent just by following quality standard regime. If we implement the best practices right from the nursing home to big setups we can make huge cost saving by giving the best practice.

Syed Kadam Murshed, AGM-IT, Medica Synergie, Kolkata

“Technology is not all about IT, for a dentist the technology starts from dental chair. So, if we think in that dimension, it would be better for our future innovations approach. I would like to discuss few initiatives taken up by Rajasthan government along with stakeholders such as implementation of display unit outside the hospital by Philips Healthcare and Kolkata Accident Rescue & Medical Assistance (Karma) project. We have a call centre in our hospital and we have installed eICU at public care organisations. Now, patient can have information about the availability of our doctors. Kolkata has long suffered a lack of properly established and coordinated trauma and ambulance services that can come to prompt assistance of road traffic accident victims. Kolkata police has been working to bridge this gap with 18 ambulances placed at strategic locations in the city to ferry trauma victims to the nearest hospitals. With the strategic collaboration of Kolkata police, Medica Super Specialty Hospital and Eastern India Healthcare Foundation, was inception. KARMA is a project that aims to provide 24 hours trauma care service to the people of the city. As most of the states are ahead of us I have an idea of having a preventive care call centres supported by EHR and mHealth, which in turn can reduce emergency admissions. As a result we will have less occupancy of hospital beds and less hospital stay that can promote our healthcare initiatives in a different way.



Healthcare Summit through The Lens Eye



Leveraging Corporate Social Responsibility



Naveen Jain, Mission Director – National Health Mission, Special Secretary – Medical, Health & Family Welfare, Government of Rajasthan

“We approximately receive 15,000 calls per day in Rajasthan and unfortunately out of these calls only 3,000 authentic calls are for some service, while 50 per cent of the calls are bogus. We are struggling with it to control these fake calls and approximate 1600 dispatches per day. Dispatches are less during afternoon and late night.

Dr Balaji Utlra, CEO, Piramal Swasthaya



He indicated that corporate social responsibility (CSR) plays a major role in overcoming the challenges of lack of trust between governments and corporate. He said, “It is (CSR) all about technical capabilities and managing capabilities. If the partners of CSR- corporate and government trust each other, I am sure India in less than a decade will overcome the challenges it is facing.”

Shashwat Kulshreshtha, Corporate Affairs Team, Cairn India Limited

Our CSR contributions are mainly for the health sector. Since drinking water supply is a challenging issue in the country, we, in first of its kind initiatives are setting up 350 water dissemination harbour plants across the country. We will supply the water to the households. The project is likely to roll out in next few years. On account of preventive health practices, sanitation hygiene is one important aspect. We are manufacturing sanitary napkins at an affordable price and hope that National Health Mission Rajasthan will support us.



Sumanta Ray, Chief Marketing Officer, Narayana Health



He said as part of the CSR initiative Naryana Health has introduced ‘micro health’ insurance scheme for farmers in Karnataka. “Now, all the farmers in Karnataka who are part of the cooperative society in Karnataka are paying Rs.15 a month through which they can avail over 2,600 surgical procedures in corporate and non-corporate hospital. The micro finance initiative has been administered into a trust, which is very successful.” He continued, “CSR is all about affordability and accessibility. Also, to make the health services accessible to inaccessible area, we are working with like-minded corporate companies like HP. Together we have launched over 22 fully equipped telemedicine centres.”



Prateem Tamboli, Director, Fortis Hospital, Jaipur

He shed light on the lines of social initiatives by Fortis Hospital as part of its CSR. Our initiative 'Saksham' provides basic life support training to 'first responders' who prove to be a lifesaver. 'First responders' could be anyone including a police, a driver and so on. So far over 4,500 people have been trained who can refer the patient to the right destination. "We also celebrate the birth of a girl child where we help the family in the plantation of the tree with the birth of a girl child-indicating prosperity of the girl child with the growing tree. So far over 25,000 plantations have been carried out," he said. Similarly, addressing the incidence of a large number of congenital heart diseases, Fortis hospital has rendered heart surgeries on the low cost basis. He added, "Till now we have performed over 400 such surgeries." 'Umeed' is an example, where we worked with the government and conducted preventive health check-ups for the underprivileged children. Stressing the importance of CSR, he said, "An organisation can be successful and sustainable if it addresses the problems of the society and CSR is the only solution to the problems."

Subroto Roy, Operations Head, GVK EMRI, Rajasthan

Throwing light on the GVK CSR initiatives, he said, "Our ambulance and helpline services like 108, 104 and 100 are a combination of PPP and CSR. These services have been in operation through the partnership with respective state governments. Through GVK CSR funding, we manage these companies." He added, "Sustainability remains constant in all of GVK's projects and initiatives. One of the highest priorities during project implementation and planning is safeguarding nature. Instead of being an add-on, sustainability has always been a starting point at GVK and is inbuilt in all our processes." Through these ambulance services we are able to address the issues of mother and child healthcare, road accidents, suicidal attempts and trauma cases. "In Rajasthan we handle 36 per cent pregnancy cases, 18 per cent road accidents and 46 per cent trauma cases," he informed.



Gautam Patel, Senior Policy Manager, J-Pal

He underlined the necessity of CSR implementation in the remote areas where the access is almost nil due to absence of connectivity for the sources to reach the place. As part of their CSR initiative, the company took up immunisation of the people in the remote areas of Bihar and Udaipur where the healthcare access is still rare. "We got the immunisation process done throughout the year, convincing the reluctant locals to get the immunisation done," he said.



Healthcare Infrastructure: Challenges and Opportunities

Dr Samit Sharma, Commissioner, Bureau of Investment Promotion (BIP), Government of Rajasthan



He highlighted the areas of investment opportunities in the health sector of Rajasthan. He observed that the role of private players in state's healthcare sector is increasing and widening the gap of demand and supply in health services by the public institutions. "The existing medical colleges, primary, secondary and tertiary health outlets are able to cater to only 30 per cent of patients, while, the other 70 per cent patients are catered by private players," he said. He cited the excellent transport connectivity and availability of the skilled manpower in the

state as some of the reasons for the private players to invest in the state. He also highlighted the Rajasthan government's industrial policy, offering various tax exemptions and subsidies up to 50 per cent, and also the customised tax exemption for mega project investors to encourage investments in the state.



Nagarajan M, District Development Officer, Sabarkantha District Panchayat, Gujarat

He highlighted how the RMSC model has been studied by other states that works to provide free drugs and diagnostic facilities. "65 per cent of Indians lack money to access essential drugs. Budget 2011-2012 allocation opened the way for free medicines and diagnostic facilities. He further added, "Before RMSC's creation, the state budget was not properly utilised. However, with the implementation of an appropriate methodology and leveraging the budget, the drugs were being provided to all at the government healthcare institutions. Several essential drugs are being provided by RMSC at a price difference along with free investigations."



Dr Dinesh Divedi, Executive Director (Logistics), Rajasthan Medical Services Corporation (RMSC)

He highlighted how the RMSC model has been studied by other states that work to provide free drugs and diagnostic facilities. "65 per cent of Indians lack money to access essential drugs, budget 2011-2012 allocation opened the way for free medicines and diagnostic facilities. He further added, "Before RMSC's creation, the state budget was not

properly utilised. However, with the implementation of an appropriate methodology and leveraging the budget, the drugs were being provided to all at the government healthcare institutions. Several essential drugs are being provided by RMSC at a huge price difference along with free investigations."



Dr (Maj Gen) S C Pareek, Medical Director, Bhagvan Mahavir Hospital, Jaipur

He said that the need of hospital infrastructure as a user should be taken into consideration. The need of healthcare infrastructure is evolving with the growing demand. Each specialty hospitals have specific requirement in terms of infrastructure. However, there is a need for hospital developers to come with the engineering needs like location of hospital, availability of water etc., as they are lot dependent on the companies that provide equipment like MRI, CT scanners. Another

aspect he underlined is whether to come up with single hospital building or healthcare complexes where all the individuals involved in functioning of hospital are accommodated. He also pointed that green building is the need of the hour as most of the hospitals' rooms need power for air-conditioned and other equipment utility.

U K Ananthpadmanabhan, Group President, Rainbow Hospitals, Hyderabad

He highlighted how building chains of multi-specialty and super-specialty hospital have become faster with hospital industrialist outsourcing the construction work to developers in the form of warm shell project. "In conceptualising a hospital and coming up with structure it used to take at least two-three years. But, since 2005 through warm shell project method, hospital owners started outsourcing building work to developers by giving out a plan," he added. "We are 10 year old in the field and our first hospital in Hyderabad has now multiplied more hospitals in Andhra Pradesh." Pointing on how information technology has become a part and parcel of the hospital building we recently introduced 'Rainbow digital project' where all the data is being stored in cloud. In cloud architecture we connected all our hospitals," he informed.



Dilip Patil, Managing Partner, Trivector Biomed

He discussed how the popular infection control methods including disinfectants, sanitizers, chemical fumigation Ionisers, UV lights and others have their own limitations. How use of the latest 'Plasma Technology' is proving to be effective and hassle-free, reducing the rate of contact infections and also air-borne diseases. "It is a technology that has been validated by the NASA. This technology not only disinfects effectively but also removes bad odour that accompanies the infections. In plasma technology the pathogens are attracted to the plasma, which then are killed. NASA has done it and proved. It even consumes much less electricity, and also runs for three years. Studies on the technology have been completed in different countries," he said. He also called on the Rajasthan government to take the lead in installing the technology and said would sample out devices to bring it in practice.



Harpreet Singh, Head – Channel Sales, Antriksh Group

"Tier II and tier III cities are the areas that do not have access to quality infrastructure. We are into providing world-class infrastructure and our target is to cover at least 15 of the proposed smart cities announced by the Government of India (GoI). Real estate is one sector that is non-characterised with most transaction taking place through cash, be it the purchase of raw material or land dealings. Our company as developer executes all our projects through prior documentation and currently, more than 20,000 customers enjoy our properties. We want this expertise to bring it in the healthcare infrastructure also."

Recognising Innovations & Initiatives in Healthcare



Special address

Princess Diya Kumari, Hon'ble Member of Legislative Assembly, Rajasthan

"This is one of its kind events organised in our state, which will benefit everyone right from the grassroot level, from villages to bigger hospitals. There is a huge difference between what the state was two years ago and what it is today. Being the ambassador of 'Beti Bachao', the government in the centre is committed to the cause. The difference in the female sex ratio has also decreased."



Innovative use of Technology by Hospital - Bai Jerbai Wadia Hospital for children



PPP Initiative of the Year - Bhaktivedanta Hospital Research Institute (A Project of Sri Chaitanya Seva Trust)



Best use of IT in Healthcare - MDIndia Healthcare NetworX Pvt. Ltd.



Best Use of Technology by Hospital in Rajasthan - Santokba Institute of Digestive Surgical Sciences received the Award



Best CSR Initiatives in Healthcare - GVK Emergency Management and Research Institute



Government Initiative in Healthcare - District Panchayat, Sabarkantha



Government Initiative in Healthcare Award - Aarogaysri Health Care Trust



Banking Initiative for Healthcare - Bank of Baroda



Best Multi-Specialty Hospital of the Year - Dr B L Kapur Memorial Hospital



Best Single-Specialty Hospital of the Year - Sancheti Institute for Orthopedics & Rehabilitation



Innovation for Social Cause in Healthcare - State PCPNDT Cell, Govt of Rajasthan



Best CSR Initiative in Healthcare in Rajasthan - Fortis Escorts Hospital, Jaipur



Best Multi Speciality Hospital in Rajasthan - Fortis Escorts Hospital, Jaipur



Real Estate Initiative of the year - Antariksh Group



Fertility Preservation Initiative - Trivector Biomed



IT for Public Health - UNICEF & SIHFV

Thank you

for your Immense Support and Participation

SPECIAL THANKS TO ALL OUR PARTNERS FOR MAKING THE EVENT A HUGE SUCCESS

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Medical Partner



Hospital Partner



Knowledge Partner



Nutrition Partners



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