7th elets HEALTHCARE LEADERS FORUM
NEW DELHI
CONFERENCE | AWARDS | EXPO
30th June 2017 | The Royal Plaza

Creating Roadmap for Inclusive Healthcare in India

The Indian healthcare system is undergoing a major transformation with focus sharply shifting towards making delivery of health services more affordable, accessible and inclusive, taking quality healthcare to the doorsteps of the masses. To help achieve this target, efforts of the government and the healthcare industry are geared towards disruptive innovations and technological interventions to effect incremental changes in the entire healthcare ecosystem.

As a key stakeholder of the Indian healthcare sector, Elets Technomedia organised the 7th Healthcare Leaders Forum (HLF) - 2017 in New Delhi on June 30, with clear objectives of helping the industry get rid of redundancies and bridging the existing information gaps across the country and health ecosystem to foster growth.

The seventh edition of HLF, attempted to find ways to unlock the inherent potential of the health industry and help the country achieve its health goals. The conclave was graced by Dr Jitendra Singh, Minister of State (Independent Charge) for Development of North Eastern Region and Minister of State PMO; Dr K Rajeswara Rao , Joint Secretary, Ministry of Health & Family Welfare, Government of India; Peter Taksøe-Jensen, Ambassador Extraordinary and Plenipotentiary Royal Danish Embassy, Denmark; and Arun Singhal, Joint Secretary, Ministry of Health and Family Welfare, among others.

The 7th Healthcare Leaders Forum (HLF) special issue being released at the inaugural session by Dr Jitendra Singh, Union Minister of State (Independent Charge) for Development of North Eastern Region and Minister of State PMO and Poonam Malakondaiah, Principal Secretary (Health Medical & Family Welfare) & Mission Director (NHM), Government of Andhra Pradesh, on 30th June, in New Delhi.

Inaugural Session

Healthcare for All – Taking Healthcare Services to the last Mile

Dr Jitendra Singh

Union Minister of State (Independent Charge) for Development of North Eastern Region and Minister of State PMO

"I think a great challenge before us is that on the one hand we have a huge mushrooming private sector in healthcare and on the other hand one-third of India's population is still not having access to a decent hospital bed. This is because most of this mushrooming of private hospitals is happening in the cities, urban or semi-urban areas. The private sector has its own constraints as it has to thrive and sustain itself for which they may not find means in semi-urban or rural areas. As a result, the urban patient is overtreated, while the rural patient remains undertreated.

Health is too serious an issue to be left to the government alone. In the context of patients in far-flung areas like in the Northeast India, if you have to make your services meaningful, you'll have to reach out to those who have been left out."

Dr K Rajeshwar Rao

Joint Secretary, Ministry of Health & Family Welfare, Government of India

"In the last two-three years, there is a huge attention and great number of discussions on health sector reforms, culminating into the announcement of the National Health Policy. It has a very unique feature of increasing the budgets for the health, which will be substantial in the coming years and change the growth prospects for the entire health sector.

Involvement of private sector, public private partnership (PPP), research and also the preventive healthcare will be the major focus areas under the new policy. Meanwhile, sustainable development goals of the UN significantly impact the healthcare sector indirectly, and also several states like Karnataka and Uttar Pradesh are developing their separate health strategy based on their needs and strengths. Couple of months back West Bengal also formulated a health policy. So, there is a macro national policy and also several state policies in place."

Arun Singhal

Joint Secretary, Ministry of Health and Family Welfare

"In Westen countries like the UK and Scandinavian countries, nurses and middle level professionals have played an important role in delivering healthcare.

The question Indian healthcare industry faces today is do we need a model where every doctor is a post-graduate or we adopt a model where a family doctor, who is an MBBS, takes care of most of the health problems. The other question we need to ask ourselves is that if we adopt a post-graduate doctor model then should a post graduate doctor be sent to a remote village for screening tuberculosis patients.

Today, a PG doctor is expected to stay and work in an area which is even smaller than the block level. The medical community has to think of what kind of physician assistants, nurse practitioners and other such service providers can be groomed in this country."

Abhishek Singh

Resident Commissioner, Government of Nagaland

"We did a great experiment in Nagaland some time back when we used a commoditisation policy in involving the community for managment of healthcare. What we did was the administrative authority with regard to management of ANMs and sub-centres was delegated to the village health committee which was under the village development boards of village councils, which was the replacement of Panchayati Raj system in Nagaland.

It was found that when the salary of the ANMs and doctors of the primary health centres was paid by the community, their attendance as well as their contribution in managing healthcare at the last mile was much better than when it was managed by the Health Department.

The experiment was done in Nagaland not only in healthcare but also in education and other fields also. It resulted in remarkable improvement and that is the reason why Nagaland is much ahead in national averages of most health parameters."

Dr Jagdish Prasad

Director General (Health Services) Ministry of Health & Family Welfare

"Few years ago, our fight against diseases was focused on malaria, filaria, kala azar, dengue and chikungunya, but now non-communicable diseases are emerging as the leading cause of deaths in the country. Today, 57-58 per cent of deaths are caused by non-communicable diseases like cardiovascular diseases, diabetes, cancers, respiratory diseases and stroke. We tend to ignore the mental health problem in India. But this is leading to economic losses. In India, 7-10 per cent of the people are suffering from mental health issues, which is mostly neglected. The Government of India has passed an Act to take care of this issue. In most of the states like Bihar, Uttar Pradesh, Jharkhand and West Bengal, kala azar will be eliminated by the end of 2017. We will review the status of the disease in August-September. Except in Jharkhand, where it may take one or two months more, kala azar will be eliminated from the entire country."

Peter Taksøe-Jensen

Ambassador Extraordinary and Plenipotentiary Royal Danish Embassy, Denmark

"We (Denmark) are a small country with a population of 5.5 million, but we have managed to become a frontrunner in IT-based solutions in healthcare sector. Digitalisation has become a central part of the foundation on which the Dannish health system is based. We continue to develop new ways of optimising and innovating healthcare solutions by the use of ICT."

We have a tax-funded healthcare system. We spend about 9-10 per cent of our GDP on healthcare. This means that all the citizens have universal and free access to healthcare services in Denmark.

But like many other Western countries, we are faced with financial pressure on our healthcare system. This is the consequence of an increasingly aging population also an increase in the overall dependency ratio. As the number of elders is increasing, healthcare expenditure is also increasing proportionally but the funding is staying the same or going down.

Faced with this challenge, the Dannish healthcare sector, policy makers, researchers and other relevant stakeholders have been forced to rethink and innovate and here ICT solutions and digitalisation have really played a key role.

While national challenges have incentivise the implementation of ICT in Denmark and healthcare sector, the ICT infrastructure and framework have been an important driver in the process of developing and implementing ICT solutions."

Smart Healthcare in the Era of Digital India

Panelists engaged in discussion at the session on 'Smart Healthcare in the Era of Digital India' during 7th Healthcare Leaders Forum.

Dr Rajiv K Jain

Additional Chief Medical Director (Health & Family Welfare), Ministry of Railways, Government of India

"IT is as useful as physical infrastructure in the healthcare sector. Can we have IT functioning without the healthcare infrastructure on the ground? The answer is no, it can't. In India, we have to scale up IT application in healthcare. We need to have an accessible, robust and affordable healthcare system existing on the ground. That's a prerequisite. Without the foundation, you cannot build an IT infrastructure supporting the healthcare system.

Similarly, in smart cities without a habitat you cannot have a smart city. So, it has to be synergically developed. Sometimes in order to push development of IT infrastructure, we forget that the basics of the healthcare systems are not available. We push IT too fast. That's the word of caution we need to exercise.

To build healthcare infrastructure, it takes years and years because of very nature of healthcare system that it requires diverse set of individuals, skills to deliver in a unified manner to an individual patient in a predictable fashion every time continuously. It is here the use of IT comes in to make the quality more predictable, more standardised and transparent. The use of IT in this manner needs to be embedded in the system. Here India has an advantage compared to the US."

Naveen Sharma

GM Operations & Head Business Development, Pushpawati Singhania Research Institute (PSRI Hospital), New Delhi

"We are doing a lot of CSR activities to ensure that a woman sitting in Gajraula, which is 100 kms from Delhi, can consult a super-specialist in PSRI Delhi through telemedicine. Technology and IT have been bridging the boundaries. There is an acute shortage of clinical practitioners. So, ehealth can be a viable solution to this challenge. The government should take this initiative to bring down the infrastructure cost and other healthcare costs as well."

Jay Prakash Dwivedi

Chief Information Officer, Rajiv Gandhi Cancer Institute and Research Centre, New Delhi

"We don't do healthcare. All that we do is health repair and we start it at a point where it is mostly already irreparable. Smart healthcare would be, I enjoy the health and somebody else takes care of the care part. That somebody could be a technology, an agency, a person or a process. That is the smart way to deal with it.

All that smartness can bring or technology can bring is a series of steps that can start taking care of the 'care' part. The first part is to monitor that how I am doing physically -- how much am I excercising, what am I eating and what is my sleeping habit while I am still healthy. It will help us to move from healthcare to wellness.

The second part is information. Once something goes wrong, the technology informs me that you are going to encounter some problem. Also inform the nearby hospital that there is an incoming emergency case. The third comes the alerts and reminders. It tells me that you are due for a particular test or medicine. Then comes the subjects of accessibility, affordability, arranged telemedicine, tele consultancy, etc.

There are a number of ways technology can help us move from health repair to wellness."

Dr Deepak Agrawal

Chairman of Computerisation, AIIMS, New Delhi

We needed solutions not only for healthcare professionals, but for the patient as well. IT is just a catalyst. It is not the answer to anything. When you start working..., you realise that there were lot of standard operating procedures or protocols and processes which have not been documented. IT just helps you initiate this process and put it up in a systematic way, so that quality of patient care, consistency of care can actually be put into action.

The best example of how AIIMS leveraged IT to improve delivery of healthcare remains initiation of the appointment system of our institute. In the past three years, our institute used it so nicely and further developed it that it has taken a pan-India space. At AIIMS, we are booking more than 2 million appointments a year. The system's biggest advantage is that it empowers the under privileged patients, who were earlier queuing up for hours or days to get an appointment. These small steps have improved the approach to healthcare and ensure the last mile connectivity.

Inderjeet Davalur

Group Chief Information Officer, KIMS Hospital, Hyderabad

"Essentially the way we are approaching IT or technology use in KIMS is taking the view that let me walk a mile in the patient's shoes. We focus entirely on what the patient experiences in a hopsital. Instead of taking a postmortem approach, we are tracking patients in all departments in real-time and we are using thresholds to generate alerts to operations staff."

"We are also looking at other proactive measures that we take from our past experiences and build a system around that so that we can actually make it richer in terms of a better patient experience.

We are trying to get away from all the buzz words that you keep on hearing like AI, deep learning, etc and instead think about some very basic things from a patient's standpoint."

Dr Shankar Narang

COO, Paras Hospitals, Gurgaon

"Healthcare is not only the delivery part. It is much bigger than this. It includes the life sciences part of it, where the pharmaceuticals, medical equipments, implants play a major role. It also includes the healthcare delivery right from the single doctor to polyclinics to primary, secondary, tertiary and quarter nary care. Then comes the payment part that includes TPAs, insurance companies and government agencies. I would call it a smart healthcare if all these parts of the healthcare ecosystem are integrated and connected to one platform where seamless exchange of data can take place, so that the customers or patients are not hassled.

It's not about making the solutions available but also implementation and adoption of that. To make sure that adoption of these solutions happen, I would recommend that we should take it to the level where the doctors and other service delivery personnel are trained right from the college-level or may be before that and have them integrated there itself, so that when they are ready to come on a platform they are ready to deliver the healthcare, they are more experienced and realise the advantages of these things. We should also be mindful of the e-waste we generate."

Dr Lalit Singh

Director, Clinical Solutions & Product Strategy, Elsevier Health

Speaking on how different stakeholders in the healthcare system are adopting technology and how the process of digitalisation will pan out in future, he said that technology adoption should be across the system and some progressive steps in that direction have been taken by the government as well -- first of which is giving some standards to follow -- and the next step will be initiatives like IHIP and health information exchange that will go a long way in helping the country achieve its health targets. He said that it was heartening to know that clinicians are finding technology adoption very useful. He added that the key thing is using the technology judicially and knowing exactly what we want to achieve, not withstanding whether it is public money or private money. Indian healthcare is fast moving from record management or financial module to clinical modules and connecting the dots to deliver quality healthcare in continuum.

Niranjan K Ramakrishnan

Chief Information Officer, Sir Ganga Ram Hospital, New Delhi

"When we talk to media, we highlight the patient-centric approach. But within the organisation, it is always business, administration, doctors, nurses and then comes the patient. But with the adoption of technology, the focus becomes patient-centric. Everybody believes that the system should support the patient experience -- whether it is waiting time, reducing the number of bed days or discharging procedures. The technology can really improve the patient experience. Business assumes that technology has to improve, while technology assumes that business has to coordinate. I think there has to be a marriage between the two to make the things work."

Strengthening Public Health Delivery Challenges and Opportunities

A brainstorming session on 'Strengthening Public Health Delivery - Challenges and Opportunities' in progress at the 7th edition of Elets Healthcare Leaders Forum.

Prabin H Shingare

Director, Medical and Research, Government of Maharashtra

"The main challenge in public health delivery system for the Government of India is that of manpower in rural India, especially in tribal and remote areas. If this challenge is overcome then I think there won't be any major hurdles reaching to the last mile. In rural hospitals, the Maharashtra Government has completed filling up of 90 per cent posts of MBBS doctors. Now, we have a challenge on filling up of post-graduate vacancies at district, sub-district, cottage and rural hospitals, having more than 50 beds. Notably, the Maharashtra Government has initiated a policy that doctors applying for renewal of their registration after five years have to mandatorily serve one year in the rural areas. If the doctors have served a year in the rural areas, the period will be treated as a 'bond service' to the government. This can be replicated by other states. Probably, this will help us get more and more doctors to work in rural areas."

Dr Raja Dodum

MPH, National Urban Health Mission, Government of Arunachal Pradesh

Speaking of public health, the main problem we face in my state and other parts of the Northeast region is accessibility. We have problems in healthcare financing, manpower, infrastructure, medicines and equipment as well. In a way, PPP model has helped us in strengthening the state's healthcare system. With the implementation of National Rural Health Mission in 2005, around 14 primary health centres are being run under PPP model in collaboration with Karuna Trust, a Karnataka-based NGO. These health centres are catering healthcare services really well in far-flung areas of our state.

Sanjay Deshmukh

Secretary, Medical Education, Food & Drug Administration, Government of Maharashtra

"The linkages between medical education and the public health system need more strengthening. At the level of medical colleges, we can introduce some necessary changes. In cities like Mumbai, non-communicable diseases have already crossed 10 per cent of the population. The issue needs to be addressed on priority. The average life expectancy has already reached 67.5 and we expect to take it up to 70 per cent by 2025. We're exploring to provide supplementary knowledge of allopathic medical system to doctors to practice in rural areas. In the New Health Policy-2017, we're hoping to increase the spending on health to 2.25 per cent of the GDP from the current 1.47 per cent. Probably, more spending and funding will arrive to strengthen the public healthcare system as well as the medical education system. In years to come, we should be able to achieve the policy goals of 2017."

Abhinav Agarwal

Nodal Officer, Maternal Health, Government of Rajasthan

"In order to achieve any goals in public health, we need an active participation of one-and-all. We need to be well-informed on the latest trends. We can take a simple example on how we have used technology to impart information to the grassroots level. For instance, video conferencing can be used to inform all our 48,000 ASHAs in one instance, as the grassroots healthcare is very much dependant on them. There is a need of making the system more transparent and monitoring the data. Our biggest challenge is to make available the services to the grassroots levels in which ICT can play a major role."

Dr R Harshvardhan

Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow

"Let us look at the challenges and opportunities in public health delivery through a tri-elementary approach – input, process and output.

The challenges that are available at the input level are manifold and primarily we look at infrastructure, manpower, equipment and supplies. The way the three-tier system has been designed in the public healthcare delivery, there is a topographical, geographical and heterogeneous distribution. We have to look at the challenges scientifically. In AIIMS, a study was conducted that revealed that 50 per cent of equipment in government hospitals are lying unused. If this is the state of hospitals in the country's national capital, we can imagine the state of hospitals at district level across the length and breadth of the country. There is a need of capacity building through a long-term strategic plan: There is a great disparity in need and supply. Probably, the new National Health Policy, 2017 will look into it."

Dr Supten Sarbadhikary

Project Director, Centre for Health Informatics of the National Health Portal

"Smart is basically safe and green. So, you need to keep safety in mind when you talk of smart healthcare. When we talk about public health delivery, it's not just the hospitals or healthcare providers but it involves water, sanitation and other things as well. When we talk about challenges and opportunities, the challenges are not only in the health domain, but also in the other allied domains."

Dr Nitesh Shah

Assistant Director (MA & RSBY), Rashtriya Swasthya Bima Yojna, Health and Family Welfare Department, Gujarat

"For any government, human resource (HR) is the major challenge in a public health delivery system. Through schemes like CM-SETU, Chiranjeevi Yojana and Bal Sakha Yojana, the Government of Gujarat has involved private sectors for addressing the HR issues. Infrastructure is another major challenge. To address this issue, Gujarat has initiated Mukhyamantri Amrutam Yojana and Rashtriya Sasta Bima Yojana. We've also initiated project implementation unit through which we're developing infrastructure for the health."

Medical Equipment & Devices: Building Capacity under Make in India

Experts deliberate on 'Medical Equipment & Devices: Building Capacity under Make in India' during HLF-New Delhi.

Anjan Bose

Secretary-General , Healthcare Federation of India (NATHEALTH)

"The moment inclusive healthcare is mentioned to me the following things come to my mind: universal health coverage, health for all, affordable, accessible and available across the country. India is a very diverse country. We have vast differences like European Union has from Yugoslavia to England and North Finland to South Italy. So, inclusivity is a tall order.

Among the few prerequisites for Make in India include investment, innovation, skill and infrastructure."

Rajiv Nath

Forum Coordinator, AIMED and Joint Managing Director, Hindustan Syringes and Medical Devices

"Make in India is very interesting for medical devices because we don't make most of devices in India. We import 70 per cent of the devices. Last year, the import bill was Rs 75,500 crore and electronics constituted 90 per cent of it. It is going up every year by Rs 2,500 crore or more. Even in percentage, it is not a falling figure and going up. So, definitely something is lacking in the ecosystem or policy framework, which is allowing this to happen. We want to make in India, but we need to look at why it is not being done. Is it the issue of competency, or competitiveness, or is it about the lack of capacity?

Sometimes competitiveness can be created in very adverse environment and 700-800 odd manufacturers you find, who are making in India, are the ones who had the competency and the competitiveness to survive in a very adverse environment. They have to compete against imports coming in at a 0-7.5 per cent custom duty as compared to the automotive sector, which has 150 per cent to 200 per cent duty, or even bicycles at 20 per cent duty. So, anywhere there is a duty protection, it has definitely helped the industry."

Amit Bhatnagar

Managing Director, Accuster Technologies Pvt Ltd

"Besides 'Make in India', it has to be 'Make for India' also. Not just from the market perspective but also from the design perspective. We need to design and build the medical devices according to India's challenges and context. Challenges are different from other countries because they are not only environmental but also cultural and economical.

We need to find out holistic answers, which try to meet the challenges of Indian market. We need to design products that are made for India and make in India. The challenge that I picked up is that 90 per cent of Indians are not getting quality diagnostics. I took four months to find out the reason behind it. The reason was very simple. The technology we are trying to bring in is not designed for Indian challenges. Delicate technology products are not fit to be transported to a remote location as there are challenges of availability of power and skilled manpower. Keeping all these challenges, we developed our own products. We developed a 600 gm analyser compared to 7-8 kg of heavy and delicate equipment. Further, we miniaturised the whole lab in a suitcase. We made such equipment that work from 2 degree Celsius to 50 degree Celsius, which consumes one-twentieth of the electricity of what conventional lab does."

Dr Jitendar Sharma

Director and CEO, Andhra Pradesh Medtech Zone

"Because of the positivity that our sector carries, we have not encountered any challenge that cannot be resolved. That is essentially because of the partners that we have. Andhra Pradesh is the only state in India that has achieved universal health coverage. We achieved it because of our focus on both poor as well as non-poor population. Many states in India have schemes for the poor who are given some sort of coverage in both public and private hospitals. But the essential challenge for us was how to give healthcare coverage to non-poor.

We launched a scheme on January 1 called Aarogya Raksha. Under this scheme, any person can pay Rs 100 per son irrespective of any secondary illness they have. Each individual can get Rs 2 lakh coverage per annum and is eligible for getting treatment in an air-conditioned semi-private ward in all government hospitals and almost 460 private hospitals. This was something which could not have been achieved without private sector engagement.

Before the scheme was launched, we fixed up the reimbursement prices by agreeing to keep increasing it annually in accordance with the Consumer Inflation Index. So, if you sort out such business and transactional bottlenecks it is possible to get the existing private sector on board, cover poor -- which traditionally all governments have been doing -- and also cover non-poor. To cover non-poor, by taking just Rs 100 premium per individual per month, we are spending less than what we are earning even as a government."

Chander Shekhar Sibal

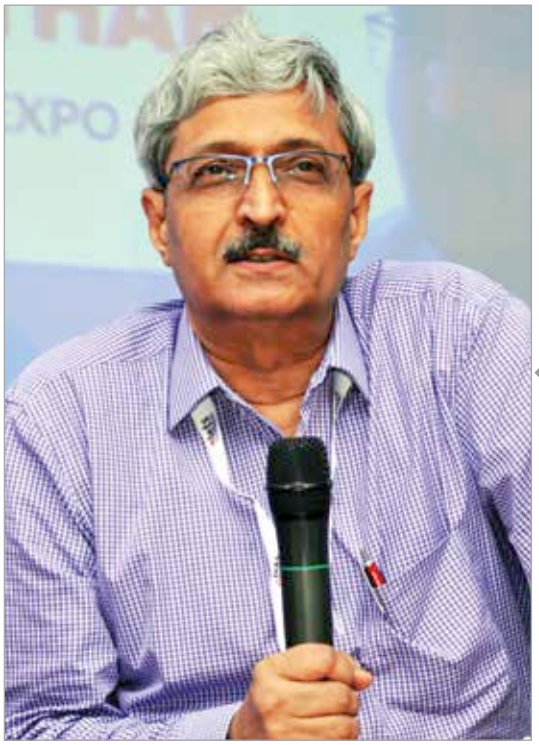
Executive Vice-President, Fujifilm India

"Fujifilm has survived because of innovation in crisis. We have adopted the changes; we brought new technologies and diversified ourselves into many businesses. Our 70-80 per cent business was in camera roll, which became obsolete after digital camera entered the market. But Fujifilm survived and thrived because we were present in many different fields like entering into medical equipment business -- one of the very important steps that the company had taken at that point in time. We are still making X-ray films, the analogue films and digital films and computer radiology systems. Healthcare IT is our backbone.

As far as medical equipment industry is concerned, India has become a very import-friendly country whereas manufacturing medical equipment is full of red-tapism, thus not allowing anybody to manufacture here."

Mainstreaming AYUSH with Modern Healthcare

The 7th edition of HLF witnessed experts discussing ways for 'Mainstreaming AYUSH with Modern Healthcare' in order to help India deliver healthcare to the last mile.



Dr Lalit Kumar

Honorary Senior Vice-President, Sulabh International

"There are about 50 diseases that are caused by lack of sanitation facilities. Now there are reports that stunting of growth is also happening because of lack of sanitation. We have constructed more than 1.5 million toilets and nine thousand toilets with biodigesters, which I think can use AYUSH material.

For mainstreaming of AYUSH, we need to provide small e-booklets or some one-two page literature to help people understand the system. A lot of communities rely on AYUSH, so there has to be some studies done in synergy with other disciplines. The placebo tag attached to the AYUSH has to be removed. We also need to have quality control on AYUSH products."

Dr D C Katoch

Advisor-Ayurveda, Government of India

"We have more than 7,70,000 registered institutionally qualified AYUSH practitioners in the country. There are 575 AYUSH teaching institutions, out of which 195 are imparting post-graduate education. For every system, we have research council just like ICMR. All these research councils have 85 field units across the country for doing validation studies, clinical studies and for product research, etc. For each system, we have a national post-graduate institution like National Institute of Ayurveda at Jaipur, National Institute of Unani Medicine at Bangalore, National Institute of Yoga in Delhi, National Institute of Naturopathy in Pune and National Institute of Siddha in Chennai. For the Northeastern region, we have Northeastern Institute of Homeopathy in Shillong. Last year, the All India Institute of Ayurveda was opened near the Apollo Hospital in Delhi.

Earlier, the manpower and infrastructure was working on a standalone basis but after National Rural Health Mission and National Health Mission came into effect some sort of integration has started.

Unlike China, where there is functional integration of infrastructure, we have started physical integration. We are also providing AYUSH facilities in Community Health Centres, Primary Health Centres and District Hospitals. More than 60 per cent district hospitals in the country have AYUSH facilities."

Dr K S Sethi

Advisor-Homeopathy, Ministry of AYUSH

"Homeopathy is more popular in India than its source country Germany. India is a leader in propagating homeopathic education and treatment with more than 300,000 institutionally qualified practitioners across the country. We have more than 200 homeopathic colleges, 43 post-graduate colleges. With co-location, people are getting benefitted and the burden on the infrastructure has been greatly reduced by AYUSH intervention. We have launched projects for non-communicable diseases like diabetes, cancer, strike and cardio-vascular diseases. It is on record that Homeopathy has helped in reduction of 70 per cent mortality.

In the areas of multi-drug resistant tuberculosis, leprosy and mental illness homeopathy interventions are very encouraging. Even nerve regeneration has been seen after homeopathic intervention. We are going to start a research project with ICMR and supported financially by AYUSH to study this. The National Institute of Homepathy has been started in Kotayam and we have one more national institute in Kolkata, where OPD witnesses more than 2,000 patients per day."

Padmapriya Balakrishnan

Deputy Chief Executive Officer, National Medicinal Plants Board, Ministry of AYUSH, Government of India

"If you see the trend in many African, Asian and Latin American countries, more than 80 per cent of the people depend on traditional medicines, which are locally available. We use medicinal plants in everyday life as food. It is already in mainstream and we have to accept it. As far as medicinal plants are concerned, our country is very rich in it. India is the only country in the world which has got the codified system of traditional medicines. We have the Shahsutra which is used for reference to treat anorectal diseases. When you compare the Shahsutra with allopathic treatment, the former is considered to be more effective. The only challenge for traditional medicine in our country is that it is very complicated. Many medicinal plants involved Emerging trends in our medicinal system have to be harvested at a particular time for efficacy."

Emerging Trends in Hospital Management and Administration and Diagnostics & Point-of-Care Technologies & Chronic Diseases Management - The Untapped Market

Panelists discussing 'Emerging Trends in Hospital Management & Administration' at the 7th edition of Healthcare Leaders Forum (HLF) in New Delhi.

Prof Dr Sanjeev Bagai

Vice-Chairman and Director-Dean, Manipal Hospital, New Delhi

"India has approximately two per cent of land area and 21 per cent of disease burden. Approximately, 25 to 30 per cent of global deaths happen in India and approximately 40 to 50 per cent of those global deaths happen among children below the age group of five years. The burden of non-communicable and lifestyle diseases is huge on adolescents and age groups beyond that.

We see patients in hospitals, administrators running the hospitals and financiers funding the building of these hospitals. In certain large metros and expensive land areas, the cost of building a hospital is upwards of Rs 2 crore per bed. Very often, we say, private healthcare is expensive but actually it is not when compared to most hospitals in the Western part of the world, looking at the sheer volume of money spent on developing infrastructure and given the world-class level of care, equipment and healthcare delivery services."

Prof Dr Nitin A Nagarkar

Director, AIIMS-Raipur

"I think the health sector per se in the entire world -- whether in Western countries or any other country -- is going to become more and more expensive in coming times. The expectation of the public is bound to increase. However, technology has its own advantages. I think the best way to leveraging the technology is through networking. If we can have peripheral facilities networked through the ICT, we can have them linked with central institutions, or similar kind of systems, where peripheral systems are loose rather than relying only on certain large hospitals or facilities in larger cities and metros. I think that should definitely bring down the cost in future."

Dr Sajan Nair

Group Chief Operating Officer, Zydus Hospital, Ahmedabad

"There has to be differences between regulatory and accreditation in accrediting agencies. It can't be made mandatory, though it's up to the people to accept the quality of standards. Let's understand why hospitals apply for accreditation. One of the reasons accreditation was started is to bring quality healthcare into the system. Ten years back we used to have one or two hospital chains across India. But now the situation has changed and now we have regional players. You don't have one single hospital fixing the standards. As we moved on, accreditation came into the system and the first to start were the corporate hospitals. Almost all corporate hospitals obtained it. It started in 2008 and as of now there are 400 plus accredited hospitals. Accreditation standards are all objective and the people delivering them are subjects. They've their subjects to interpretation of the assessments. Although the standards are good, the implementation is not monitored. That's the reason, accreditation can't be made mandatory."

Ravi Bhandari

Chief Executive Officer, Shalby Hospital, Gujarat

"Maintaining standards across different hospitals of the same chain is really bugging the industry or the chain of hospitals. We see a particular centre of excellence operating very well for a particular hospital at a particular place, but the same is not replicated at its branches. There is definitely a lot to be done in this area. Accreditation is very subjective, but at the same time, it does help us to lay down certain processes in systems — for people at other units or other hospitals of the same group — to refer to, and see, if the closest forms of replication are happening at those locations. It really remains subjective and person dependant. Hence there is bound to remain some kind of a difference between different locations of the same hospital for a particular procedure."

Dr Shuchin Bajaj

Founder Director Cygnus Hospitals, Gurgaon

"We have 10 hospitals running in small towns. The industry is very capital-intensive and bigger corporate do not want to enter small towns because they feel that returns are not big enough. We run very lean hospitals. Our cost setting up of hospital is only Rs 10 lakh per bed having cath lab, neurosurgery, blood bank, intensive care and all of them are NABH accredited. When we were starting out, it was very feasible for us to outsource departments. Initially, radiology was outsourced because we couldn't afford to buy CT Scans, MRI, Mammogram machine, high-end ultrasound, etc., and outsourcing was simple. The ophthalmology, IVF, physiotherapy units were outsourced because they've the expertise to do these works. They have doctors doing the same surgeries 100 times a day rather than us, general practitioners, who cannot get to know small-small things that are needed to make those processes very smooth and quick. Money that comes out is also not that much for us to invest. We initially used to outsource everything just because we didn't have money to set it up. But as we grew and could arrange some funding for us, after setting up 4th or 5th hospitals – we realised, more you outsource, more you cut your returns back. You're getting only a fixed percentage and you cannot really scale it up. While trying to set up hospitals at low cost, I think, it's very good to follow shop-in-a-shop model and try to get as many people involved as possible."

Neeraj Gupta

Director, Imperial Life Sciences Pvt Ltd

"On one side, we have some of the most advanced hospitals which are epicenters of medical tourism in India but on the other side we have the highest number of deaths that are below the age of five. We have so many lifestyle diseases. One of the major reasons for all of this is the gap in terms of how we see diagnostics and how we see the treatment. If we are diagnosed with any kind of cancer, we are ready to spend any amount of money to treat that. But when it comes to diagnosis, we are very old school.

We are trying to bring a preventive test, which not only takes care of basic biochemical testing but also provide a genetic makeup of each individual: what kind of disease he/she is having a predisposition for, or they're subjected to have in future. These tests are becoming cost-effective these days. Later, as these tests get more prominent and keeps going up with the larger population accepting, the cost of the testing will further keep coming down."

Neeraj Lal

Vice President and Cluster Head, Rainbow Children's Hospitals, Bangalore

"In places like Hyderabad and Bangalore, more than 60 per cent of the business comes from health insurance and credit patient. So, insurance has developed over a period of years: PPN has gone, GIPSA has come and rate management is happening.

Since the inception of cashless transactions in 2005, insurance has become more popular with so many new products launched. Earlier, about 70 per cent of the insurance was covered by companies managed by PSUs. But in the last few years, the private players have played a major role and most of the corporates have taken insurance for their employees. Most of the healthcare needs of Indians are being managed by health insurance companies. Gradually, private insurance will take major part of insurances. There are so many products that are patient-friendly. Less than 10 per cent people in India are covered under health insurance. Average plays an important role in determining the cost of insurance."

THANK YOU

for your Immense Support and Participation in making

elets

7th HEALTHCARE LEADERS FORUM

NEW DELHI

CONFERENCE | AWARDS | EXPO

30th June 2017 | The Royal Plaza

A Grand Success

Heartiest thanks to all our speakers, participants, delegates and sponsors for their contribution in making the 7th Healthcare Leaders Forum a great success. It would not have been possible without each one of you.








Skill Development Partner

N·S·D·C National Skill Development Corporation
Transforming the skill landscape

Med-Tech Partner

AMTZ
सिद्धिर्भवति कर्मजा

Supporting Partners

AIMED
NHP INDIA
सिफ्सा SIFPSA

Integrated Solution Partner

PUSHPAWATI SINGHANIA HOSPITAL & RESEARCH INSTITUTE | PSRI HOSPITAL

Imaging Partner

FUJIFILM
Value from Innovation

Clinical Solutions Partner

ELSEVIER

IoT Partner

PraanaCare

Radiology Partner

Carestream

O. T. Lighting Partner

morbros

Exhibitors

GENES2ME
Accuster
INCUBATION CENTRE IIT PATNA

hlf.eletsonline.com | #HLF_Delhi