Pre-conference Symposium: Successful healthcare models

Anchor: Mr. Anjan Bose

Speakers: Dr. Santosh Shetty, Mr. Dinesh Lodha, Prof. Abdus Farooqui, Mr. Anand Deshpande, and Dr. Adheet S Gogate


Day:            Friday

Date:            May 1st, 2015

Time:            10:00 a.m. to 1:00 p.m.

Venue:            Auditorium, Symbiosis International University, Lavale campus, Pune

Anchor:            Mr. Anjan Bose

Speakers:            Dr. Santosh Shetty, Mr. Dinesh Lodha,  Prof. Abdus Farooqui, Mr. Anand Deshpande, and Dr. Adheet S Gogate


Mr. Anjan Bose began the session with a prayer for the Nepal earthquake victims. He said that it was unfortunate that Nepal was ill prepared to cope with the natural disaster.

He made a few references to the inaugural session, and stated that healthcare education and healthcare IT are wonderful aspects of the healthcare sector. He emphasized the importance of hospitals as the basic unit and the starting point of healthcare. Other verticals included insurance and IT. He quoted Dr. Rajiv Yeravdekar: "Healthcare is a rainbow of services". He ended his introduction by stating that the focus of the session is "successful healthcare models".

Session 1

Speaker:  Dr. Santosh Shetty

Topic:  Hospitals

Successful hospital models: Dr. Santosh Shetty, Executive Director & COO, Kokilaben Dhirubhai Ambani Hospital

Dr. Santosh Shetty began by describing the current healthcare scenario. He mentioned that India is not spending sufficiently on healthcare: China spends four times as much as India, and the US fifteen. Given that public expenditure is so low, the private sector must step forward and

overcome the deficit. He estimated that a minimum of $6 trillion would be required by the healthcare sector by 2030.

He added that private healthcare players are well spread in the southern and western states. For the achievement of quality healthcare, accreditation is very important. He mentioned some successful healthcare models:

a) Tertiary care (Apollo Hospitals, Fortis, Max, Manipal, Care, and Wockhardt)

b) Charitable trust (Hinduja hospital)

c) Low cost high value (Narayana Health)

d) Single Speciality (LV Prasad)

e) Missionary (Satya Sai)

He discussed the success of the Kokilaben Dhirubhai Ambani Hospital model. It took one year of planning and three years of hard work to come up with it. It is based on the philosophy of Dhirubhai Ambani, which includes corporate social responsibility, self-sufficiency, and the importance of creation of *institution*, not hospital.

Components of Kokilaben Dhirubhai Ambani Hospital: Healthcare model

Dr. Shetty stated the key components of Kokilaben's current health care model: full-time specialists, incubation of young talent, venture capitalists, patient-centric models, all-inclusive pricing, teamwork, support of internal and external customers, and trust. Its average bed capacity is 594, full capacity being 702. The hospital caters to about 800 patients each day. The hospital has children's heart centre, robotic surgery, centre for liver transplant, and sports medicine.

Accomplishments of Kokilaben Dhirubhai Ambani Hospital (KDAH) include thirty-two drug trials, accreditations (NABH, CAP, and NABL), and JCI mock survey. Their focus is innovation in patient experience: a sixty-room hotel in the hospital, subway, and retail stores—all of these act as key differentiators. The challenges for KDAH fall in these categories: talent acquisition and retention, peak occupancy, and technology. He concluded by discussing the following: healthcare market, its life cycle, and India's positioning.

Session 2

Speaker: Mr. Dinesh Lodha

Topic: Medical Devices/Equipment Manufacturing

He began his speech by outlining the broad concept of ecosystem in healthcare, including trends and opportunities. He also introduced the audience to Samsung, the business with which he is professionally engaged.

The four pillars of the Indian healthcare industry that he described were as follows: doctor, hospital, pharmaceutical industry, insurance, medical device, and government institutions. He talked about the relationship between the various sectors in healthcare. He also mentioned some facts and figures:

The healthcare market is worth $70 billion.

The projected growth of the healthcare industry is predicted to be in the range of 12 to 14%.

The medical devices are estimated to be worth $5 billion, with a CAGR of 20%.

The Indian economy is growing at a rate of 3 to 10%, with a projected GDP rate of 4 to 5%.

It appears that the private players are the leaders in present-day healthcare industry.

He also discussed the current trends, some of which are listed below:

   a. Entry of big corporations  in tier II and III cities in India
   a. Disease-led facilities like super specialities in cardiology
   b. Medical tourism, wherein  40 to 50% of growth is expected
   c. Low cost model: the example of Narayana Hrudalaya (under the leadership of Dr. Devi Shetty)
   d.  Private equity, the government's focus on private partners, and the emergence of international trends.

He discussed the dynamics and accessibility of telemedicine and its applications in modern medicine, mergers, acquisitions, and consolidations. He emphasized the importance of rural outreach; home healthcare; and insurance, which is projected to grow by 14 to15%. He also talked about mobile health facilities and electronic healthcare records.

The speaker mentioned some significant statistics:

1. Health expenditure, which is projected to be 3.7%

2. The population of India, which is projected to be the largest by 2030

3. India needs to have 1.5 million doctors, 2.4 million nurses, and 1.8 million beds

He presented a SWOT analysis and touched upon the following: healthcare expenditure in India; insurance for IPD and OPD; lifestyle diseases, medical tourism; lack of skilled manpower; and ecosystem behaviour.

He also talked about Samsung Electronics, which has established a 2,500-bed hospital in Korea. The business has recently launched "blood analyser," a diagnostic kit, which weighs only 2.5 kg. The company focuses on life care, not healthcare. He outlined some key features of Samsung Emergency Care Solutions, which encompasses portable ultrasounds, X-Ray, CT Scan, and IVD devices. He also mentioned the activities of Healthcare Enterprise Solutions, which is a complete smart healthcare product and focuses on efficiency, productivity, and affordable cost.

Session 3

Speaker: Prof. Abdus Farooqui

Topic: Pharma

Prof. Farooqi began his session by outlining the history of the Indian pharmaceutical sector. He said that the pharmaceutical industry in India is among the highly organized sectors, which is a result of low-cost manufacturing facilities, skilled manpower, and cheap labour. The growth of the industry over the years has been phenomenal. The "Made in India" campaign is a commendable effort to put India on the global pharmaceutical map. The market segments of the pharmaceutical industry are mainly contract research, manufacturing services, and formulations.

Prof. Farooqi did a SWOT analysis of the pharmaceutical industry and concluded that the strengths are cost effectiveness and skilled manpower. India's pharmaceutical industry is expected to reach $20 billion by the end of 2015. Strategies include tie-ups with global organizations to develop new formulations. He mentioned that India's market share is 9.5% of the global market. He ranked India's top pharmaceutical companies: Ranbaxy Labs, Cipla, and Dr. Reddy's Labs. He concluded by saying that India's pharmaceutical industry is a "sunshine industry," with lot of potential.

Session 4

Speaker: Mr. Anand Deshpande

Topic:  IT in Healthcare

Mr. Anand Deshpande, President of Persistent, began the session by talking about "disruptions" in healthcare, which can be a boon. The networking effect, he said, is just getting started in healthcare. As more people use connected healthcare networks, the quality of healthcare will improve. He spoke on the following points:

1) Cloud computing: This leads to healthcare systems that are cost effective, secure, quick, and scalable.  The advantage of cloud computing is that all the medical data can be kept in one place and can be shared and used throughout one's life.

2) Mobility: Patients can connect with doctors through smart devices and smart sensors. India has the second largest mobile subscriber base after China; this lead can be used to our advantage.

3) Interactions between entities create new types of smart applications; as much as five quintillion bytes of data gets collected every day.  We can use this enormous memory in the domain of healthcare by applying the four Vs of big data: velocity, volume, variety, and veracity.

4) We live in a world of apps. This is the age of instant downloads and constant data transfer.

5) User experience will be crucial in the future. Users in the context of healthcare include patients, doctors, and third party administrators. The IT enables healthcare organizations to become more patient-centric.

Ms. Rashmi Singh, Mr. Deshpande's Associate, concluded the session by enumerating the areas of healthcare covered by IT: wellness management, automation of healthcare, and advances in cancer treatment.

Session 5

Speaker: Dr. Adheet S Gogate

Topic:  Addressing Healthcare challenges through Innovation / Entrepreneurship.

His presentation included the following key points:

a. Choice of Healthcare Industry

According to him, the healthcare market in India is missing price regulations. Much change has been witnessed since the inception of big players in the healthcare industry, which has increased the competition. He later explained that competition has led to the beginning of "Doppelganger," which is a reference to the case that the majority of treatments in India are at much lower prices

compared with those in other countries. The Indian healthcare industry is tough; it has brought down profit margins to 99% with the introduction of generic drugs.

b. Disruption

Between the last ten and twenty years, disruption of healthcare-driven activities has occurred in healthcare services. As an instance, departments in hospitals get torn apart as a result of providing care to the needy. It is expected that hospitals in the future will not exhibit physical monolith with OT and ICU, leading to genuine telemedicine.