



RECOMMENDATIONS



FICCI HEAL 2013
HEALTH - ENTERPRISE AND LEARNING

“SUSTAINABLE QUALITY HEALTHCARE”

September 2-3, 2013
FICCI, Federation House, New Delhi - INDIA

A Forum for Promoting **QUALITY HEALTHCARE**
for All through **ENTERPRISE** and **LEARNING**

Conference

Master Class

Poster Presentation

Healthcare
Excellence Awards

Networking Dinner
& Lunches



Acknowledgement

It gives us immense pleasure to come up with the "**Recommendations**" emerging out of **FICCI HEAL 2013** held on September 2 & 3, 2013 at Federation House, New Delhi. The event held on the theme "**Sustainable Quality Healthcare**" was a huge success with more than 500 participants from India and abroad contributing in the two day long deliberations on issues pertaining to the health sector in India.

We take this opportunity to convey our sincere appreciation to our support partner **Ministry of Health and Family Welfare, Government of India** and our **Sponsors** for their immense support and contribution in making this event a success. We would like to acknowledge the visionaries, **Ms Sangita Reddy**, Chairperson, FICCI Health Services Committee; **Mr Rajen Padukone**, Co-Chair, FICCI Health Services Committee & Chair, FICCI HEAL Organizing Committee; **Dr G S K Velu**, Co-Chair, FICCI Health Services Committee and **Dr Narottam Puri**, Advisor, FICCI Health Services Committee, who have encouraged us and have been the pillars of support and guidance all along. This Conference would not have taken shape the way it has if our very able session conveners had not put their thoughts and knowledge of their respective areas together to structure individual sessions. May we take this opportunity to acknowledge them, **Dr Nandakumar Jairam**, Chairman & Group Medical Director, Columbia Asia Hospitals India; **Dr Somil Nagpal**, Health Specialist, Health Nutrition and Population, South Asia Region, The World Bank; **Dr Manoj Nesari**, Joint Advisor, Department of AYUSH, Ministry of Health & Family Welfare; **Dr J Bhatia**, Chief of Laboratory Services & Projects - North India, Metropolis Healthcare Ltd; **Mr Alam Singh**, Senior Advisor, LexisNexis Risk Solutions, India and **Mr Krishna Giri**, MD-Health & Public Service, Accenture India. We would like to convey our special thanks to **Dr Sanjeev Chaudhry**, MD, SRL Religare and **Mr Murali Nair**, Partner, Ernst & Young Pvt Ltd and his team for the FICCI-EY Working Paper on "*Universal Health Cover for India: Evolving a Framework for Healthcare Reimbursement Methodologies*". Our sincere thanks to **Mr A Vijaysimha**, CEO, OneBreath Inc, for his splendid efforts to organize the FICCI Healthcare Innovations Sandbox Session and for the FICCI Knowledge Paper on "*Reinventing Affordable and Universal Healthcare through Innovation*".

Above all, we recognize the distinguished speakers and participating delegates for their commitment and involvement in the deliberations which has resulted in this set of recommendations.

Organizers

FICCI HEAL 2013

FICCI HEAL 2013

Federation of Indian Chambers of Commerce and Industry (FICCI) organized **FICCI HEAL 2013** in association with Ministry of Health & Family Welfare, Government of India on September 2 & 3, 2013 at FICCI, New Delhi. The central theme of the conference was “**Sustainable Quality Healthcare?**”.

India houses more than 17% of the world population, 21% of the global diseases and the largest burden of communicable diseases in the world, yet our healthcare infrastructure is one of the weakest. This resource shortage has resulted in a lack of quality health care that is affordable to the masses. In order to accomplish ‘Quality Healthcare for All’, we would need to integrate affordability with accessibility, quality and viability. Since private sector in India plays a critical role, contributing to 80% of healthcare delivery, there is a need for policies that will promote meaningful collaboration between the private and public sector.

The seventh edition of FICCI’s global health conference, attended by more than 500 participants, brought together all the stakeholders of the health sector encompassing healthcare providers, government officials, policy makers, representatives of embassies and multilateral agencies, medical technology and pharmaceutical companies, healthcare education providers, health insurance companies, financial institutions etc.

The conference took a comprehensive view of the challenges faced by the health care sector by discussing and debating each element and the corresponding cost implications towards delivery of quality healthcare both in the public and private healthcare sector. The significant issues included hospital planning and infrastructure, operations and innovation in technology and practice which

were discussed in great detail at the conference. The conference also reflected on the need for reduction in disease burden by focus on early diagnosis and prevention and to break the myth that adherence to quality standards would necessarily enhance cost. The event also focussed on integrating and mainstreaming AYUSH system of medicine to move towards achieving Universal Health Coverage.



While inaugurating the conference, **Dr Syeda S Hameed**, Member, Planning Commission complimented FICCI for all the good work done in healthcare for ensuring greater accessible and affordable quality healthcare for the people, especially the poor. She called for models ensuring seamless public private partnership and mass screening of the population for determining the



prevalence and necessary strategies for tackling the growing menace of non-communicable diseases. **Ms Sangita Reddy**, Chairperson, FICCI Health Services Committee implored that it's time for the country to move towards ensuring health security, on similar lines of food security. She emphasised that the underlying thought must be Universal Coverage, Prevention, Innovation and high quality execution. **Dr A Didar Singh**, Secretary General, FICCI highlighted that to achieve financial viability and sustainability in both the public and private sector, government needs to keep healthcare out of GST and extend the Tax holiday from current five years to a ten year time frame for establishing healthcare facilities in non-metros for a minimum of 50 bedded hospitals instead of the current 100. **Mr Nilanjan Sanyal**, Secretary (AYUSH), MoHFW and **Dr Nata Menabde**, WHO representative to India also addressed the inaugural session of the conference.



FICCI Knowledge Paper on “**Reinventing Affordable and Universal Healthcare through Innovation**” was released by Dr Syeda Hameed. The paper examines the various aspects of the innovation ecosystem and their support structures while liberally quoting case studies of innovative technologies that hold promise to enhance the accessibility and effectiveness of various healthcare initiatives. It recommends a number of measures that need to be driven by policy; it also examines specific activities and leveraging industry platforms in bringing about inclusive innovation.



A **FICCI-EY Working Paper** on “**Universal Health Cover for India: Evolving a Framework for Healthcare Reimbursement Methodologies**” was also released at the conference. The paper critically analyzes the current reimbursement methodologies followed for Government Sponsored Health Insurance Schemes which may compromise patient safety and dis-incentivize quality conscious providers in their quest to actively participate in making affordable and quality care for all a reality. The report also proposes a new reimbursement framework for more effective PPP in in-patient healthcare delivery.

Some of the **key messages** drawn out of the discussions are summarized as below:

- **Categorization of Hospitals:** Government would gradually shift towards a mechanism wherein providers would be graded on the basis of patient safety and quality of care. For achieving this, the government needs to look at developing national costing guidelines for differential capturing of the cost of care and mechanism to include incentives and disincentives for quality assurance.
- **Achieving Universal Healthcare:** Mr C K Mishra, Additional Secretary, MoHFW, spoke about focusing on the approach to achieve universal health coverage, identify the missing links, strengthening the public healthcare delivery system and assessing the private and public sectors contribution. According to him, the four key areas to be looked at are increased health care spending and resources; cost effective financing mechanism; technology and research and strategic investment in medical education system. He urged FICCI to create a Task Force on Sustainability and provide inputs to the government on these lines.
- **Reforms in Standardization:** Mr R K Jain, Additional Secretary, MoHFW appreciated FICCI's efforts in taking forward both National Standard Treatment Guidelines and Standards for Electronic Health Records. The current reforms in standardization are being taken up at the highest levels of the government. He also highlighted the Government's current initiative of providing free generic drugs and its intention to cover the whole country under the scheme in due course.
- **Efforts to reduce disease burden:** Provision for clean drinking water, vastly improved sanitation and hygiene standards in the country would go a long way in reducing the disease burden in the country.
- **Improving Hospital Infrastructure:** Lack of appropriate planning, inadequate skilled human resources and maintenance of healthcare facilities were identified as some of the key issues hindering the growth of hospital infrastructure in the country. To overcome these issues, it was recommended that planning should be very detailed covering all aspects of healthcare. Site and project consultant selection, awareness of building, waste and other regulatory norms and securing complete funding at planning stage itself would go a long way in better hospital infrastructure for the long term.
- **Low cost technology** was identified as a key enabler for sustainable quality healthcare. There is a strong need to develop an enabling ecosystem for facilitating healthcare innovation with active participation from industry, academia and the Government. The quantum of funding for R&D has to be increased manifold and the regulatory framework should facilitate/empower indigenous development of medical technologies.
- There is also a need to break the myth that enhancing quality would lead to higher costs. Ascertaining the value and savings accrued through enhanced quality standards over time this sentence doesn't make sense since it challenges our own statement, "savings outweigh costs". The environmental changes are creating a need for shift from organizational centric to patient centric approach to quality and a conscious measurement of outcomes.

Recommendations

Theme Spotlight Session – CEO's Panel

Indian Healthcare spending has increased at an annual growth rate of 10%. In spite of the increase expenditure, India spends 4.2% of its GDP on Healthcare against the global expenditure of 9.4%. However the larger allocation on its own does not guarantee improved access to healthcare, unless accompanied by innovative innovations at a national level. Further, there is personnel resource gap with a doctor patient ratio of 1:1500 against the WHO recommended 1:600. To make matters worse, 75% of qualified doctors serve urban areas restricting access to the rural population. Also, 80% of healthcare spending is made directly by the patients due to limited insurance availability. These factors limit equal access to care for all citizens. In order to accomplish 'Quality Healthcare for All', we would need to integrate affordability with accessibility, quality and viability.

The health status of any country will significantly influence its productivity, progress and growth. Healthcare, therefore, needs to be sustainable and sustainable quality healthcare depends on:

- a) Government spend on provision of basic health services
- b) Availability & access to healthcare facilities
- c) Balancing affordability to people and viability of services
- d) Awareness and use of preventive care



*L-R: Mr Sushobhan Dasgupta, Managing Director, Johnson & Johnson Medical India; Ms Terri Bresenham, President & CEO, GE Healthcare India; Mr Shivinder Mohan Singh, Executive Vice Chairman, Fortis Healthcare; Mr C K Mishra, Additional Secretary, MoHFW, GoI; Ms Sangita Reddy, Chair, FICCI Health Services; ED-Operations, Apollo Hospitals; Dr Ramesh Govindaraj, Lead Health Specialist, The World Bank; (Hony) Brig Dr Arvind Lal, CMD, Dr Lal Path Labs
On the podium: Mr Rajen Padukone, Co-chair, FICCI Health Services Committee; MD & CEO, Manipal Health Enterprises*

We need to address these in a very focussed and planned manner so that our healthcare eco system is sustainable for all the stakeholders as well as all end users. In India, there is a need to provide a common ground for different stake holders and work towards ensuring harmony among them, thus bridging the trust deficit between the Government and Private sector, which is essential to sustainable healthcare delivery. Hence, there is a need to:

1. Address the barriers that impede the building of a robust ecosystem for healthcare in the country i.e. issues of infrastructure, disease burden and life style diseases
2. Address the demand - supply mismatch: availability, accessibility and affordability vis a vis lack of skill pool and regional supply (both on beds and skills gap)

3. Ensure Improved quality as it addresses patient satisfaction, reduces cost, enhances affordability, leading to sustainability
4. Address the Inadequacy of quality and quantity of healthcare professionals
5. Bring in institutional credibility with private and public sectors working together especially in PPPs
6. Work towards a more cost effective Financing mechanism
7. Ensure a proper tracking of health inflation and expenditure
8. Bring in a better understanding of healthcare costing both at government and industry levels
9. Focus on research and innovation as innovative technologies and low cost interventions is an absolute essential
10. Encourage transparency and ethics in the sector

Recommendations:

1. Government needs to **increase healthcare spend** on hygiene, nutrition, sanitation and primary care which can reduce the disease burden in an affordable way.
2. Further, there is a need to create **personal health records** and **encourage screening** of diseases amongst the population.
3. **Reforms in medical education system** - Efforts need to be undertaken to create a medical educational system that nourishes innovation, entrepreneurship and addresses the skill requirement of the growing economy while addressing the regional imbalances.
4. Focus on **dynamics of Payor and Provider** - Most of India's estimated 1.2 billion people have to pay for medical treatment out of their own pockets and India's health-financing system is much more complex than those found in other developing countries. Healthcare payors and delivery systems must lead the charge in delivering higher-quality care at lower cost.
5. There is a need to do an **actual costing exercise** in order to understand the gaps between the public and private healthcare costs
6. **Encourage innovative affordable technology** and local made products. Provide opportunities to importers to bring new equipment models that are more effective as well as affordable. Extend the use of incentives.
7. Use **data for research** – There is enormous pan India data available with the government in the healthcare sector which can be used for research and development through the PPP model. This research can further help in developing various programs like effective patient safety programs in the hospitals, innovative health insurance products and other ways of improving healthcare service delivery.
8. In Conclusion - Government should create a platform where the public and private sectors walk that extra mile to build sustainable quality healthcare. It is not about regulation but about planning for the future.

Additional Secretary suggested that we set up a **FICCI Task Force** to look at some of these issues and is willing to have a meaningful dialogue and consider adoption of agreed recommendations

Universal Health Coverage - The Affordability Question

India constitutes 17% of world population, 20% of global disease burden but spends only 1% of global healthcare expenditure. The out of pocket expenditure on healthcare is about 65% and only 10% of Indian population receives healthcare subsidies. Further, there is a direct relationship between poverty and illness and it has been observed that RSBY has been more successful in the states which were already performing better on health front.

India faces problems of low health coverage, lack of quality and cheap medicines, shortage of medical skill resources, misuse of healthcare insurance etc. All these factors demonstrate that Universal Health Coverage (UHC) is essential for the country. The Indian government is moving towards UHC during the XIIth Plan period, where the role of the government as a payor and provider is enhanced. However, the private sector will still play a critical role in healthcare delivery. Together they need to work to minimise the demand-supply gap by providing affordable healthcare services. The emerging questions on Affordability are:

- How much would each step towards UHC cost, and can we afford a sustained march towards UHC?
- What will be the role of different stakeholders in this march towards affordable UHC?
- How will the numerous UHC initiatives coordinate and synergize with each other?



L-R: Dr Somil Nagpal, Senior Health Specialist, The World Bank; Dr T S Selvavinayagam, Jt Director, TNHSP/DPH, Govt of Tamil Nadu; Mr Rajeev Sadanandan, DG & JS, Labour Welfare, GoI; Mr Vijay Madan, DG and Mission Director, UIDAI, Planning Commission, GoI; Mr R K Jain, Additional Secretary, MoHFW, GoI; Dr Alexander Thomas, CEO, Baptist Hospital; Mr Krishnan Ramachandran, COO, Apollo Munich Health Insurance

Recommendations:

1. A shift of focus from **curative to preventive** care is the need of the hour. There should be an increase in government budgetary allocation, especially in primary healthcare.
2. Consider **cost reduction** like:
 - Bulk purchase of drugs and medical devices.
 - Increase in generic drugs usage in healthcare
3. Consider **uniformity across Schemes** in the components of the essential healthcare cover packages and design health insurance products that are more acceptable to the semi-urban population and help the private sector to penetrate the Tier II and Tier III cities across the States
4. Presently 40 crore individuals have **UID** (Aadhar). Use it for identification and authentication at the point of access of health care delivery, distribution, health cover, financial payments processes as well as prevention of duplication of identity. It will also assist in preventing cases of multiple claims of same individual. UID can also make easy accessibility of medical records at various service delivery points.

5. Develop **verifiable guidelines** or protocols for medical treatment and **E-health records** of the patients which will lead to quality care. Encourage practice of evidence based medicine.
6. Focus on **collaboration** between government and private sector for UHC
 - Motivating private sector by acknowledging their work and timely payments
 - Encourage Community participation
7. Use of cost effective technology for treatment. **Cost benefit analysis** should be considered for every new technology introduced
8. **Insurance** should be encouraged for secondary and tertiary treatment along with linking payment mechanism to quality and technology
9. **Increased monitoring** and controlling the use of Central sponsored health insurance schemes to prevent corruption and misuse.
10. Use of **social media** and technology enabled interventions to generate strong awareness

The government needs to increase the **budgetary allocation** for healthcare to at least 2.5% of the GDP

Hospital Planning and Infrastructure

Conventionally hospital design and project executions were focused at ensuring greatest efficiency for the hospital and the people working in them. Slowly but surely healthcare community has understood and realized the importance of hospital design on not only the cost but also on the care of patients. The changing character of healthcare and the continuing increase in its complexity have further led to greater emphasis on hospital planning and design in recent times. An ideal healthcare infrastructure should not only provide for all aspects of patient safety but should also lead to affordable healthcare. There is a need for an integrated approach to planning of hospitals in order to make them reliable and sustainable.

Some of the challenges being faced in the segment are lack of proper planning; shortage of manpower; lack of maintenance; safety (from structural and non-structural hazards) in hospitals; space allotment; lack of green initiatives as well as Regulation issues. Further, it is important that a hospital is not only economically viable but is sensitive to patients, attendants as well as environment and incorporates the best available technology at affordable costs. The government has come up with the revised version of Indian Public Health Standards (IPHS) Guidelines in 2012, which is indeed a very constructive step.

Recommendations:

Pre-design and construction

1. Pre-design - a list of requirements should be prepared well in advance keeping in mind all the aspects of hospital infrastructure and planning

2. Choose the right consultant for the project, based on the requirements, who clearly understands the behaviour and cultural parameters of the country, which play a crucial role in deciding the design parameters. Apart from that, they should have latest guidelines for hospital design under Indian Public Health Standards (IPHS) for infrastructure, equipment, manpower etc.
3. Statutory approvals and design sign off should be taken on time
4. Planning approach for a public and private hospital is different and hence should be done accordingly
5. Medical equipment should be planned before the commencement of construction
6. The construction sequence should be followed properly
7. Proper and adequate funding before and during a project should be ensured

Safety in hospitals

1. Safety from structural and non-structural hazards should be considered while planning a hospital so that they can be managed properly especially during a calamity
2. An emergency evacuation plan is extremely essential for a hospital
3. Maintenance of any hospital building as well as the equipment should be done on a regular basis and it should be budgeted for during planning.
4. A good hospital design can reduce patients' recovery time. Hence various aspects need to be considered like exposure to daylight, which is effective in reducing depression; sterile air flow and ventilation etc.
5. All hospitals should comply to at least a basic minimum level of Fire Safety and they should be maintained properly
6. Prevention of fires by the use of low flame retardant materials, circuit breakers, fuses, etc should be explored
7. Use of better smoke management systems should be incorporated.

Space Allotment & Management

1. Site selection should be done carefully in a way that is viable and project conceptualization should be done in a very planned manner
2. The hospital design should be prepared based on patient flow, adequate ease in access to other services and other considerations such as patient protection, separation of dissimilar activities and nurses' station control over patient's corridor.
3. Efficient planning for storage site for Bio Medical Waste should be done. Effluent treatment plants should be located away from the hospitals and proper labelling of wastes should be maintained for storage as well as transportation and the standards should be adhered to.
4. Crowd management using technology or IT should be built in the hospital management system
5. Adequate resting, storage and good eating facilities for the attendants of patients need to be created

Green Initiatives

1. Energy efficient buildings – use of eco-friendly material and design should be used keeping in view the BIS norms
2. Use of technology interface and especially green technology should be promoted to reduce cost burden and space in any hospital
3. Use of pre-fabrication in the building and cost-effective finishes should be increased

Regulation

1. Statutory compliances should be mandatory for all the hospitals
2. There are various clearances required from basic land acquisition to final design approvals, environmental clearance, NOC from local residents, ground water board approval for having bore well, forest department clearance for cutting or transplanting tree etc. To ease the complexity of the entire clearance there should be a single window clearance of a project, by having all the department experts available at one meeting and provide all clearances.
3. Apart from these clearances and certification, SAFE hospital concept that accounts for hospital safety parameter, is also a major concern from patient safety perspective, as a patient is more vulnerable to any natural or in-house disasters such as earthquake.
4. Proper awareness of the National Building Codes and basic codes should be advocated

L-R: Mr Peter Ruigrok, Chairman, Metaflex Doors Europe BV; Mr A K Sharma, Director, Delhi Fire Services; Dr R Chandrashekhar, Chief Architect, MoHFW, GoI; Dr Nandakumar Jairam, Chairman & Group Medical Director, Columbia Asia Hospitals India; Mr Daljit Singh, President, Fortis Healthcare; Mr Vivek Desai, MD, HOSMAC India; Mr C J Kosalraman, MD, Infrabees Project Management Consultants; Ms Ajeeta Dayal Agrawal, Sr. Environmental Engineer, Waste Management Cell, DPCC



- The **statutory compliances** should be mandatory for all the hospitals
- There should be a **single window clearance** system for all the approvals

Hospital Operations

The Operation of any hospital faces various challenges. Healthcare being a highly fragmented industry relies heavily on manpower, technology and capital. In this sector controlling costs and generating revenues is a daunting task. Further, a major challenge is to reduce operating costs in order to increase revenue and saving and at the same time maintain high quality and efficiency.

Operational cost is an amalgam of medical consumables & devices, human resource across the whole spectrum, operation and maintenance expenses, as well as hospital utilities and non-health services. The operational challenges are magnified by the huge shortfall in healthcare human resources and rising salary costs. India has just 0.7 physicians and 1.0 nurse per 1000 population vs. the global average of 1.4 and 2.8 respectively. Hence, it's critical for every type of healthcare facility today to have appropriate hospital and human resource management for optimising the cost and utilisation of resources by bringing in standard operating practices.



On the Podium: Mr Sundeep K Nayak, Jt Secy, MoHFW, GoI

L-R: Dr Devlina Chakravarty, COO & Director - Medical Services, Artemis Health Sciences; Dr Ajay Swaroop, Hony Jt Secretary & Treasurer, Board of Management, Sir Ganga Ram Hospital; Dr GSK Velu, Co-chair, FICCI Health Services; Managing Director, Triviron Healthcare P Ltd; Dr Suyash Borar, CEO, CMRI; Mr Joy Chakraborty, Sr Director-Operations, Hinduja Hospital; Dr Dilpreet Brar, Regional Director, Fortis Healthcare

Recommendations:

Some of the ways advised by the panel for achieving cost optimization are:

1. **OPEX:** A well planned OPEX budget with clear focus on cost efficiency and productivity would enable hospitals to better cost control. Standard deviation and deviations from budget helps in identifying the areas for improvement.
2. **Manpower:** Hospitals being a 24x7 service industry is necessarily labour intensive, hence it is imperative to keep manpower numbers at optimum level corresponding with the capacity utilisation.
3. **Procurement:** Hospitals should aim at centralised procurement, which could be aggregated at a company or regional level. An overall transition towards a more variable operating structure by having similar back-ended contracts with suppliers, where payments are linked to the volume of goods consumed or the quantum of services dispensed at a hospital is a good way of reducing cost.
4. **Informational Technology (IT)** – is the solution to many operational issues in hospitals. They can use newer technologies to enhance their efficiencies through:
 - a. Maximizing the use of Electronic Health Records
 - b. Setting up of advance information technology like SAP, HIS etc for the procurement of medical equipment and consumables, to reduce costs.
 - c. Allocating more funds for IT related initiatives in order to attain efficient services delivery
5. **Separate Business Units (SBU)** – Many hospitals have outsourced various services or departments such as labs, radiology, pharmacy, consumables etc to increase efficiency and reduce cost burdens on hospitals. Major value products can be stocked by the vendors within the hospital space, per case basis, for easy availability.
6. Analyse the **cost components** that have remained high over a period of time and work on reducing them.
7. Increasing efficiency through various **SIX Sigma** projects
8. **Internal Audits** by skilled personnel of outsourced services like Housekeeping, Food and Beverages etc. This will streamline the activities and keep the fear of continuous checks.
9. **Accreditations** like NABH, JCI, NABL help in bringing hospital system and working processes in place and will automatically enhance efficiency along with credibility.
10. **Care at Home services** can lead to a win- win situation for user as well as provider
11. Good **energy management structures** can bring in not only energy efficient culture within the hospital but also provide substantial reduction in energy expenses without compromising on the Quality. Simple changes like switching over to LED lighting can be really helpful.

12. Various **innovative ways** can be used to improve efficiency in day to day working of hospital staff and thereby reducing costs:
 - a. **Nurse Practitioner Programme** – Training of nurses to take up doctors job in their physical absence, under practitioners guidance
 - b. Proper utilization and **re-allocation of duties** for General Duty Assistants (GDAs)

Patient Safety

Safety of patient is the prime responsibility of the healthcare providers and ensuring quality alone cannot ensure patient safety. Every point in the process of care-giving contains a certain degree of inherent unsafety.

WHO lists medical errors as the top 10 killers in the world and are a cause of concern among healthcare professionals globally. Adverse events in healthcare are usually provoked by weak or inadequate systems within and across healthcare organisation and may result from problems in practice, products, procedures or systems. These events often have common root causes which can be analysed, generalised and corrected. Also, 50% of medical equipment in developing countries is unusable or only partly usable. This leads to substandard or incorrect diagnosis or treatment that can pose serious threats to the safety of patients.

Patient safety is a new field in India. There is no national level body looking after this aspect, neither are there any rules or regulations. Healthcare sector continues with a fragmented approach and a systems approach is lacking. National Accreditation Board for Hospital and Healthcare Providers (NABH) has incorporated patient safety performance in its standards. Corporate hospitals which are accredited by any agency and a few other apex institutes have started with patient safety activities like incident reporting, analysis of sentinel events, training and education programme for the employees.

Essentials for Patient Safety:

Patient safety improvements demand a complex system-wide effort, involving a wide range of actions in performance improvement, environmental safety and risk management, including infection control, safe use of medicines, equipment safety, safe clinical practice and safe environment of care.

- Compliance to rules, regulations, laws and byelaws, licenses, certifications & registrations since it reduces the chances of potential damage that ignorance can cause. Building safety codes, fire safety rules, drug license, radiation protection rules, AERB guidelines, laws applicable for medical gases, electrical safety, lifts and patient and human rights are some aspects without which any facility cannot be declared safe.
- Equipment Management: A well documented and operational breakdown plan is crucial for corrective and preventive maintenance of all equipment particularly life saving equipment. The management will include ensuring back up for power, medical gases, spare supply, methodic

equipment management planning and adequate training of staff in using the equipment ensures patient safety; calibration of machines saves the patient from misdiagnosis.

- Environment safety includes hygiene plan for the facility and disinfection protocol for critical, semi-critical and non-critical items, waste disposal methods, water storage systems, ignition machinery, duct and pipeline maintenance, fire escape routes etc
- Safety measures for engineering services, renovations, building materials etc are essential and if not adhered to may lead to extensive damage
- Better ways for hazardous material handling, biomedical waste management and right patient safety cycle will go a long way in keeping our patients safe.

Recommendations:

- The need of the hour is to have clearly defined **standard operating procedures**, protocols, processes, workflows and systems to implement patient safety in healthcare.
- The **principles of quality improvement** – improving quality, measuring quality and setting standards for quality – need to be embedded in.
- **Clinical Incident Management** is an essential component of a quality patient care system. A "clinical incident" is any event or circumstance which has actually, or could potentially, lead to unintended and/or unnecessary mental or physical harm to a patient
- Use of certain cardinal principles such as **Incident Reporting Systems, Risk Management Systems & leadership issues** as also the need to do an analysis of the harm as well as the **Root Cause Analysis** can help in improving patient safety to a large extent
- There is a need for seeding the doctors and nurses with knowledge about patient safety and how to differentiate between error & negligence, right from the inception i.e. student days.
- The healthcare facilities need to work on the policy of '**no blame**' and rather should have a strong surveillance culture
- There is a strong need for '**Process Literacy**', at all levels of management, for improved decision making and lower information related risks



L-R: Mr Brian de Francesca, Executive Vice President, TBS India; Dr Narottam Puri, Adviser, FICCI Health Services, Chairman-NABH & Advisor-Medical, Fortis Healthcare Ltd; Dr Arati Verma, Vice President, Max Healthcare

Claims Fraud Management

Payer - Provider Collaboration to Manage Health Insurance Fraud

For more than a decade, healthcare insurance has been one of the fastest-growing industries in several countries. Unfortunately, efforts to track and stop the astonishing amount of fraud in the industry have failed. This has not only created a hole in the pockets of insurance companies, but has equally affected all the stakeholders involved.

US estimates on health insurance frauds range widely, reasonable estimates peg it at at 6% or USD 120 billion out of USD 2 trillion annual healthcare expenditure. Certain segments, such as Medicare are more fraud prone. Frauds can be individual, for example when a patient utilizes a relative or friend's health cover to get treatment, or institutional which can be highly sophisticated with larger scams conducted by organized crime rings.

There is a growing concern among the Indian insurance industry about the increasing incidence of abuse and fraud in health insurance. In India, health insurance fraud is not really regarded as a criminal act and seems to be more tolerable socially. Neither is there a strong deterrent for abuse. Various organizations estimate an impact in the 10-12% range. However, abuse is substantially higher.

There are various process improvements that both providers and payors have enacted to reduce the potential of fraud. Some of these key processes that are already in place to deter or detect fraud were focused on in the session:

- Insurer and provider have a common responsibility to provide optimum and warranted care. Both stakeholders need to educate staff on understanding of each other's processes. Starting from pre-policy check, to pre-authorization and claim settlement, complete and correct information needs to be provided. Efforts to help individual patients can put the institution at risk and also loss of payable benefits to the patient
- The providers need to be realistic about initial quote and enhancements, it adds to delays and administrative burden.
- Pre-authorization for planned admissions need to be done well in advance.
- Complete and correct medical history and care of the patient need to be recorded properly
- There is lack of clear documentation and co-relation to the clinical rationale
- Clear communication and accountability is required at every stage
- Non-compliance and lack of integrity in staff need to be effectively monitored

Recommendations:

1. **Proposal verification call:** To ensure that the proposal form contents reflect the policyholder's understanding and specifically including confirmation that no PEDs exist. It helps minimize agent-led fraud.
2. **Pre-authorization:** It is a vital first level check and is often not adhered to in the manner required. Pre-authorization requests for scheduled surgeries must be submitted at least 24 hours before admission.

3. **Whistleblower reward policy:** Motivate individuals to alert an insurer about individual cases of fraud or systematic fraud. Engage insiders in the fight against fraud.
4. **"Name & shame" guidelines:** Publicly disclosing names of individuals and institutions involved in a confirmed case of health insurance fraud, especially when a criminal or civil case has already been filed.
5. **Education:** Fraud can happen inadvertently and due to ignorance. It is essential to create awareness amongst all the stakeholders about the impact of insurance fraud and its implications to ensure that individuals are not inadvertently facilitating fraud.

*With a view to tackle this serious threat to the Health Insurance Industry, the Advisory group of the FICCI Health Insurance Committee decided to constitute a **FICCI Task Force on Health Insurance Fraud**. The objective of the group is to deliberate upon ways and means to contain and prevent fraud. It also includes defining measures to detect fraud and also contemplate appropriate punitive measures to deal with fraud once it has been detected.*



L-R: Dr Ravi Modali, Assistant Vice President - Medical Services, Vidal Healthcare; Mr Alam Singh, Senior Advisor, LexisNexis Risk Solutions, India; Mr Rajagopal Rudraraju, Associate Vice President - Claims, Provider & Health Management, Apollo Munich Health Insurance



Does High Quality Cost Less?

When it comes to improving healthcare, most discussions revolve around the twin pillars of quality and cost - Will higher expenditures result in better care, or will better clinical outcomes help to contain costs? The association between healthcare cost and quality is still poorly understood.

With recent advances in healthcare, quality has become a pertinent issue although still controversial. Indian healthcare is also experiencing a change, with increasing focus on better quality of medical care services. With a large section of healthcare practitioners in the private sector, the government has realized the need to improve medical care services and has stepped in to regulate the quality of medical care services by introduction of various quality accreditation norms like the NABH and NABL.

High Quality means good clinical outcomes, no adverse events, and operational efficiency with minimal waste for a healthcare facility. The 'cost of quality' is the cost of not creating a quality

product or service. The cost one pays for no quality leads to patient dissatisfaction and unsafe environment, ultimately leading to increase in cost.

Adherence to Quality standards demands substantial influx of funds for

- Developing Infrastructure
- Hiring trained and qualified Manpower
- Procuring state of Art Equipment and Instruments
- Following best practices in patient care activities

However, in the long run, this initial investment pays in the form of:

- Increase in the patient clientele
- Increase in the number of Empanelment
- More suited to the requirements of international patients, thus a boon for Medical Tourism
- Less prone to legal suites
- Less Expenditure
- Less cost to the Hospital
- Reduced rate of Hospital Associated infection
- Less down-time of equipments will prevent loss of revenue
- Better maintenance of equipment will increase the life of equipment
- Less attrition rate

Hence, cost and quality are two sides of the same coin. We need to first improve on quality of our healthcare services, which also means patient safety, and then make it affordable.

L-R: Mr Antony Jacob, CEO, Apollo Munich Health Insurance; Dr Nagendra Swamy, President & Chairman of Quality Council, Manipal Hospital; Dr Shakti Gupta, Prof & Head - Hospital Administration & MS, AIIMS & R P Eye Centre; Dr Narottam Puri, Adviser, FICCI Health Services, Chairman-NABH & Advisor-Medical, Fortis Healthcare Ltd; Dr Girdhar Gyani, DG, Association of Healthcare Providers India; Dr Praneet Kumar, CEO, BLK Super Specialty Hospital; Dr Anupam Sibal, Group Medical Director, Apollo Hospitals



Recommendations:

The major challenge is how to bring Quality into mainstream healthcare delivery.

1. An increased focus on Quality of care, particularly from the view point of clinical outcomes is needed in our country.
2. We need to measure health improvement in terms of the “quality-adjusted life year,” or QALY. This number reflects how many years of life are gained as a result of an intervention, on average, per patient, per episode.
3. **Accreditation** is an extremely useful Quality tool which should be used by both the public & private sector health delivery units to improve delivery of quality care. Improved quality is not only the requirement of the patient but also of the healthcare industry – both payor and provider, as in the long run, it will result in cost benefits.

4. Focus and control on three aspects of **quality - overuse, underuse and misuse** of resources are essential and need to be embedded in any healthcare system
5. Small innovations and changes in **hospital administration systems** and processes by saving on consumables, stationery etc, reducing adverse effects and putting in place an effective HIS / IT systems can help improve quality and reduce costs in the long run
6. There are various solutions to any problem / issue in a healthcare facility. However, the decision on what solution will be used should be **evidence based** for better outcomes.
7. Healthcare professionals as well as administrators need to apply lean management principles in order to improve on the services
8. Any healthcare facility needs to ensure that the management views Quality from a perspective of High Quality Costs Less
9. There is a need to disseminate the message of Quality in healthcare to the masses in order to increase awareness, thus increasing the demand for Quality.

The government should promote '**right to quality and safe healthcare**'
instead of 'right to health'

Prevention and Early Diagnosis

Curative healthcare had been the focus of our planned efforts for a long time. Emphasis on preventive care had been on a lower priority not out of negligence but because of the burden of communicable diseases like TB, Leprosy, Vector Borne diseases, HIV/AIDS etc.

Need for preventive healthcare is expected to become even more crucial in the coming decade due to the rising incidences of lifestyle-related diseases. India is already known as the diabetic capital of the world having approximately 61 million diabetics; 65 million cases of CVD and 2.8 million cases of cancer in its population. If not checked in time, these diseases will grow to unmanageable proportions and be the leading cause of mortality and morbidity in our country, further increasing the disease burden on the economy.



Hence, prevention of these diseases and early diagnosis by using the right tool at the right time is extremely essential. Screening the general population for these diseases with blood tests under various categories at regular intervals can definitely help us diagnose and combat the bulk of non communicable diseases (NCDs).



L-R: Dr Santanu Chattopadhyay, Founder & CEO, Nationwide Primary Health Clinics; Mr Amol Naikawadi, MD, Indus Health Plus; Dr Bhaskar Jyoti Sonowal, Technical Advisor - Patient Safety & Infection Control, BD India; Dr Jagdish Prasad, DGHS, MoHFW, GoI; Dr Jatinder Bhatia, Chief of Lab Services & Projects - North India, Metropolis Healthcare Ltd; Dr Manoj Nesari, Jt Advisor, Department of AYUSH, MoHFW, GoI; Dr Om Manchanda, CEO, Dr Lal PathLabs Pvt Ltd; Mr Yoshizawa, President, TANITA Health Links

Recommendations:

1. Various stake holders need to **integrate and deliver the services in an organized manner**. Family consultation, blood testing, AYUSH, fitness, diet , with IT backup to keep follow up records, under one roof with clear focus on NCD awareness, screening and early management is the requirement of the day.
2. The concept of holistic '**family healthcare**' needs to be promoted in the country for disease prevention and early management
3. **Awareness and education** on NCDs need to be imparted at a very young age. Government should consider introducing prevention and management of NCDs at **secondary school level**.
4. **Private-public partnership** brings convergence of private sector interests and public sector goals. Innovative PPP models should be leveraged for optimal utilization of resources to address larger problems in healthcare delivery
5. **Indian systems of medicine** have a big role to play in healthy lifestyles as they provide the options, which are healthy and relevant to the Indian culture. Yoga and Naturopathy are very good examples of healthy lifestyle promotion and we should focus our attention on these modalities.
6. Advocacy of preventive health check-ups for **employees** need to be encouraged through training of HR and top management professionals
7. **Accurate medical data generation** is extremely important for knowing the exact disease load of the country and to assess preventive measures
8. **Innovative healthcare technologies** like Point of Care and Genomics, which would play a major role in early diagnosis in future, need to be strengthened

- DGHS suggested that FICCI should **adopt a district** to implement their NCD strategy as a pilot which can be replicated throughout the country
- It was also suggested that FICCI should form a **task force on Primary Healthcare**

Transforming Healthcare through Information Technology

Information Technology (IT) is increasingly playing a core role in every aspect of healthcare value chain to ensure faster adaptability of advanced technologies, reduction of service costs and provision of quality healthcare at affordable prices. The need to optimise costs and increase efficiencies is also making IT an integral part of hospital management.

India has a robust healthcare system with multi-hospital systems, primary hospitals and clinics, diagnostic centers, pharmacies, etc. Many of these entities have adopted technology to help improve performance and outcomes using existing platforms. However, healthcare IT adoption is occurring in silos and there is no communication between these entities reducing the national impact of such measures.

Further, most mHealth applications are in pilot stages. Despite showing promising results during pilot, many projects are abandoned after pilot stages, largely because they lack sustainable business model. Despite demand and obvious potential benefits, rapid adoption is not occurring.

The various gaps in Health IT have a direct impact on effective delivery of services:

1. Limited Policy Frameworks towards Health Information Systems

- Lack of Standard Implementation Guidelines
- Use of different platforms by providers that don't talk to one another
- Limited guidelines for Patient Privacy Protection

MCIT is yet to define the contours of the Health MMP – leading to creation of Silos of Technologies which are neither interfaced nor interoperable

2. Limited access to Resources and Infrastructure

- Ability to function with limited connectivity
- Sufficient Training for all personnel
- Access to Mobile devices such as PDA's and tablets for all

SWANs in majority of the States do not cater to the connectivity requirements of Primary Healthcare Infrastructures

3. Poor Coordination of Care, limiting performance driven changes

- Ability to produce standardized reports across facilities and/or States
- Non-existent national benchmarks for most clinical and administrative metrics
- Duplication of clinical services leading to high cost of care to patients

Patient Records are still manually maintained in almost all government hospitals and dispensaries across the Country



L-R: Prof K Ganapathy, President, Apollo Telemedicine Networking Foundation; Dr S B Bhattacharyya, Head - Health Informatics, TCS; Mr Krishna Giri, MD-Health & Public Service, Accenture India; Mr Maninder S Grewal, MD, Religare Technologies; Mr Anjan Bose, Secretary General, NATHealth

The recent initiative to **standardize electronic health records** by Ministry of Health & Family Welfare, GoI, would not only help in data integration and interoperability but also enable clinicians to secure access to information needed to support high quality and efficient care.

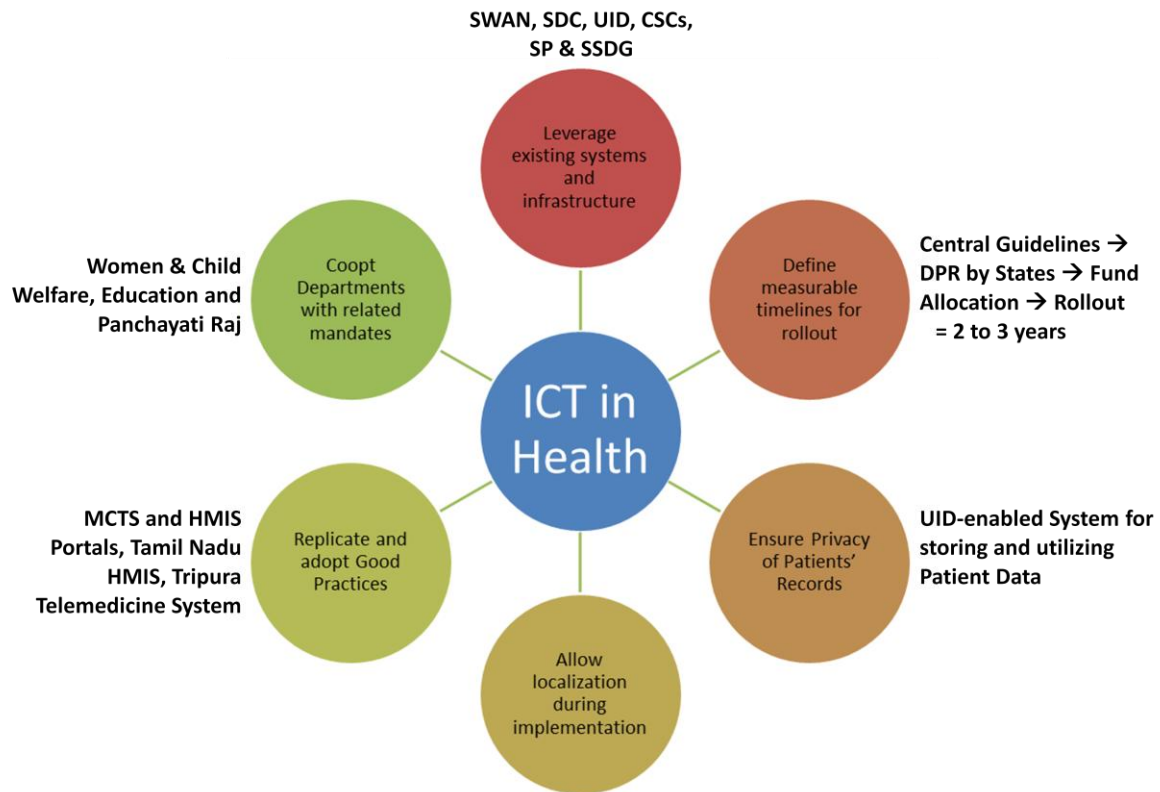
Recommendations:

Implementation of standardized Health Information Systems will help create an efficient and cost effective healthcare system in India:

Mobile services for efficient delivery of care	Convergence of Information for a Comprehensive system	Analytics Capability for targeted improvements
<ul style="list-style-type: none"> • Interactive PDA/Tablet Solutions for use on the move • Remote Monitoring for timely interventions and improved outcomes • Improving access of services through telemedicine, especially for the rural population 	<ul style="list-style-type: none"> • Important of a National Data Repository to enable “one citizen-one record” type of solution • Integration of patient experience, clinical protocols, diagnosis and outcomes to drive overall performance improvement 	<ul style="list-style-type: none"> • Monitoring of healthcare metrics in a standardized method • Increasing the use of surveillance data for improving productivity • Utilizing evidence based practices for standardization

1. **Telemedicine:** The key to success of various innovative healthcare IT projects lies in the interoperability between key stakeholders of mHealth, technology, finance, healthcare workers and government. Careful thought needs to be put about how to create incentives that encourage range of stakeholders to engage. For example, with current payment structure where remuneration is based on number of nights, the patients spend in hospital, there is little incentive for remote monitoring and treatment. mHealth will be effective if it is easy to use, cost effective and tightly integrated with existing healthcare professional work flow.
2. **EHR:**
 - i. Government should look to **fund and develop open source software** which could be provided to Government as well as other private hospitals to kick start acceptance of Health Information System.
 - ii. To encourage move towards EHR, **financial incentives/grants** should be provided to willing institutions on the lines of developed countries like USA.
 - iii. To make EHR more effective and interoperable, government should encourage Healthcare service provider to use **Common Identification Number** like Aadhar.
3. **Aggregation of data** through effective digitization will help in clinical, operational and policy decision making and can be used for public health purposes as well as medical research
4. **Patient empowerment** strategies need to be focussed on wherein e-empowerment would play an important role
5. New Hardware & Software Licenses and other IT services used in Hospitals/Diagnostics Laboratories should be exempted from **Taxes** (Sales Tax, VAT and Service Tax)
6. There is a need to bring in transparency and improve governance in health sector

Roadmap to implementing a standardized Health Information System can look into following aspects:



Low Cost Innovation in Medical Technology

Delivering affordable and quality health care to India’s billion-plus people undoubtedly presents enormous challenges and opportunities. Despite the exponential growth of scientific and technological development in India, availability of and access to appropriate and affordable health technologies and eHealth solutions is insufficient.

While the focus has largely been on bringing about affordable solutions, several healthcare operators are opting for refurbished equipment that present an alternative to the expensive and unaffordable equipment supplied. The need of the hour is to promote low cost innovation that is affordable and accessible by one and all.

Today about 75% of the Indian market is import driven. The medical devices and equipment market in India was pegged at about 3.5 billion in 2012 and is expected to reach revenues of about 6.5 billion at a CAGR of 15% by 2014. The Indian market is currently the 4th largest market in Asia.

Various challenges faced by the industry are:

- Largely import driven and dependency on imports for technology/product
- Absence of standards/ and a regulatory framework for medical devices
- Inadequate sources of seed and start-up risk capital, inadequate incentivization for success.
- Inadequately developed innovation infrastructure for prototype development, translational research, specialized testing facilities and domain experts.

- Inadequate emphasis on multidisciplinary innovation and R&D to be deployed or commercialized for social impact

L-R: Mr J Sunderrajan, Head-Strategy & Business Development, Siemens Healthcare; Mr Aditya Burman, Director, Oncquest Laboratories Ltd; Mr Krishna Kumar, Vice President - Philips Healthcare, Philips Electronics India Ltd; Dr GSK Velu, Co-chair, FICCI Health Services; Managing Director, Trivitron Healthcare P Ltd; Mr Mark Chataway, Principal Consultant, Hyderus; Mr Vikram Damodaran, Director - Healthcare Innovations, GE Healthcare India



Recommendations:

1. It is crucial for us to create an **enabling ecosystem** for facilitating innovation so that constant streams of indigenous innovations are available for market application and one that addresses cultural, infrastructural, financial and legal aspects
2. Medical Technology Industry continues to battle with a lack of regulatory awareness and attention from the governments in order to achieve scale. A **supportive regulatory system** that shall play a vital role in encouraging innovation is of paramount importance. The Government should formulate policies to create a level playing field for domestic industry and encourage manufacturing of high end products within the country.
3. **Increased allocation of funds** from government that would encourage innovation - Health Services Delivery has attracted substantial investments and a few tax incentives are being provided by the State. Within the public funded R&D grants, a significantly larger proportion should be allocated to research translating into “impact” and awarded to those who have a clearly defined roadmap and intention to achieve the impact.
4. It is essential to **promote R&D** through joint efforts between academia, industry, government as well as the customers. There is a need for creating a culture of open innovation and collaboration and working with multi disciplinary teams through outcome based science. In order to spur innovation to achieve specific national scientific and technological goals, both government funded and private philanthropically funded awards and grants should encompass the full spectrum of research, development, testing, demonstration, and deployment.
5. **Infrastructure** development is pivotal to spur the growth of the industry
6. **Incentives for the MSME and sharing of risks in innovative entrepreneurial initiatives** are required. To specifically meet the challenges in the sector like, the degree of technology adoption, small market volumes, a more stringent product development process, as well as to encourage indigenous medical technology innovation, the following specific initiatives can be considered:
 - a. Setting up of a **National Technology Mission** for a span of **10 years** entailing the following:
 - i. Identify and develop high priority devices and instrumentation used for prevention, diagnosis and treatment of “high burden” diseases vis., diabetes, cardiovascular, cancer, maternal & infant care etc.

- ii. Identify technologies that are at present being imported in the country in large quantity or have a large import value and which have a greater bearing on the cost of healthcare delivery.
 - iii. Develop devices and processes that may not be commercially available, but are required for prevention, diagnosis or treatment of diseases prevalent in our population.
- b. **Creation of Regional Centres of Excellence** (R&D cum facilitation labs) in collaboration with industry to channelize efforts of researchers on identified projects. These labs would enable quick decision making, fast approvals and release of funds together with close monitoring and quarterly review of both progress and utilization of funds.
7. **Insurance** driven demands: The rapid pace at which insurance companies in India are poised to grow, the potential for innovative health cover schemes for promotion of healthy lifestyles and preventive healthcare strategies would be the next frontier for product differentiation. If Health insurance is able to reposition itself into a complete lifecycle solution to all health related issues including maternity, preventive care, hospitalization procedures and post-operative care, it could emerge as the biggest driver in innovation leading to enhanced and affordable care.
8. Use of common facilities and platforms, like **Universities**, should be encouraged for developing innovations in the health sector
9. Sensitize and inculcate interdisciplinary **education** in primary and secondary level, motivate creative expression as part of mainstream education. Incorporate and integrate a '**Do It Yourself**' (DIY) component into programmes at school levels.

*FICCI has been active in promoting innovation across all sectors including healthcare and is a member of the **Sectoral Innovation Council** of Ministry of Health & Family Welfare. To take this agenda forward, FICCI has introduced a series of activities such as **Sandboxes, Bootcamps & B2Bs** to facilitate innovators to be globally relevant and competitive.*

*The third Healthcare **Innovation Sandbox Session of 2013**, "The Power of Co-creation" was conducted in New Delhi along with FICCI HEAL 2013 in collaboration with The Consortium for Affordable Medical Technology (CAMTech). It is proposed that the reach and scale of the innovation work would be taken to a higher level by expanding to new cities including Vellore, Mumbai, Hyderabad and more stakeholders in the next few months.*

The government must proactively encourage innovation on a continuous basis in order to create a favourable environment for incubation of new and unique healthcare delivery models that will address the three issues of affordability, availability and quality. To achieve this, the government must continue to invest adequately in the country's healthcare infrastructure and resources, provide financial support for R&D, engage actively with the academia and industry and provide necessary incentives to drive the growth of inclusive and sustainable healthcare delivery.

AYUSH

India has a rich heritage of traditional medicine dating back to hundreds of years. It enjoys the distinction of having the largest network of traditional health care, which is fully functional with a network of registered practitioners, research institutions and licensed pharmacies. Currently, the number of registered AYUSH practitioners in the country amount to 7.21 lakhs, 3195 AYUSH hospitals with 58,321 beds and 24,392 dispensaries. There are 496 ASU&H teaching institutions in the country, out of which 117 are post graduate institutions.

The AYUSH system of medicine can play a major role in promotive, preventive, rehabilitative and community healthcare. The XIIth Plan strongly advocates mainstreaming of AYUSH by integrating the readily available AYUSH infrastructure with medical education and health services.

Some of the recent developments of the AYUSH sector are:

1. Significant rise in budget allocation to AYUSH in 11th and 12th plan.
2. Significant growth in AYUSH infrastructure and further initiatives for increasing the AYUSH infrastructure under public sector.
3. Increase in accessibility of AYUSH services, awareness in society about AYUSH and Job Opportunities for AYUSH professionals through mainstreaming under NRHM
4. Increasing trend of Integration of Indian System of Medicine and conventional treatment
5. Initiatives for quality assurance of Ayurveda, Siddha, Unani and Homoeopathic (ASU&H) drugs.
6. Increasing demand for ASU&H medicines in Domestic and International market.
7. Rising sector of Wellness and Medical Tourism benefiting AYUSH sector

Major Findings of National Health Systems Resource Centre (NHSRC)

- The use of AYUSH services during the last 3 years was found in the range of 50% to 90% of households under study across 18 States.
- AYUSH treatments preferred over allopathic treatments for chronic diseases like Joint pain, skin problem, respiratory disorders, blood pressure, cardiac diseases and diabetes.
- Patients preferred the AYUSH medicines over allopathic even for acute every day illnesses like cold, cough, fever, diarrhea, difficulty in breathing, jaundice and chikungunya.
- 70% of the Allopathy doctors suggested strengthening the AYUSH system.
- In 14 of the 18 States, 80-100% of the households reported using LHT

Recommendations:

1. Mainstreaming of AYUSH by improving the availability of AYUSH treatment facilities and **integrating it with the existing delivery system** including dispensaries, district hospitals, public health centres etc to strengthen the existing public health system and work towards

Universal Health Coverage. The policies and strategies at the Central & State level need to include the integration of AYUSH system.

2. AYUSH needs to make strategic **interventions in schemes** such as Janani Suraksha Yojana, Reproductive Child Health (RCH), early breastfeeding, growth monitoring of children, ante and post natal care, etc.
3. Strengths of the AYUSH system should be further recognized and encouraged to be utilized in care delivery to curb the rising incidence of **NCDs** and for **geriatric care**.
4. There is also a need to encourage and facilitate setting up of **specialty centres** and AYUSH clinics as well as develop nationwide advocacy for AYUSH
5. **Legal provisions** for growth of AYUSH sector and for effective utilization of AYUSH specialists in National Health Programs should be enabled at Centre and State levels.
6. The **Regulatory provisions** in the sector are restrictive and need to be reviewed
7. Policies for attracting **FDI** in AYUSH sector for its growth need to be formed
8. The XIIth Plan lays emphasis on various new initiatives e.g. **School Health program, AYUSH Gram** etc need to be further strengthened through a collaborative approach amongst the industry, government, academia and the civil society.
9. Facilitate and Strengthen **Quality Control Laboratory for AYUSH**: The quantum of Ayurvedic and Homoeopathic medicines used / procured in both public and private health sectors is huge. There has been wide ranging concern about spurious, counterfeit and sub standard drugs. In order to prevent the spread of sub standard drugs and to ensure that the drugs manufactured or sold or distributed throughout the state are of standard quality, drug regulation and enforcement units need to be established in all the states.
10. There has been inadequate **research and development** for evidence of efficacy in the sector. The government should promote extensive collaborative research as well as evidence based approach to further strengthen the system.
11. Availability of **ASU&H drugs** need to be increased in the market and the supply chain needs to be strengthened.
12. Methods for creating **awareness** about AYUSH systems among allopaths, scientists and policy makers need to be developed
13. **Insurance** coverage should be extended to AYUSH health services



L-R: Mr J P Mishra, Executive Director, SHRC, Govt. of Chhattisgarh; Dr Sanjeev Chaudhry, MD, SRL Religare; Vaidya Devendra Triguna, President, All India Ayurvedic Congress; Mr Bala Prasad, Jt Secy, Dept of AYUSH, MoHFW, GoI; Dr Manoj Nesari, Joint Adviser, Department of AYUSH, MoHFW, GoI; Dr Abhimanyu Kumar, DG, Central Council for Research in Ayurvedic Science, MoHFW, GoI; Dr K R Kohli, Director of Ayurved, Govt. of Maharashtra

Other features of the conference:

One of the key features of the conference was the **Poster Presentation** on the theme “**Sustainable Quality Healthcare – My Problem, My Solution**”. More than 50 abstracts were received for this competition from professionals and students, out of which 26 were selected by the selection committee for display. Further, the following winners were selected by the Jury, comprising of **Dr Praneet Kumar**, CEO, BLK Super Specialty Hospital and **Dr Jatindra Bhatia**, Chief of Laboratory Services & Projects – North India, Metropolis Healthcare Ltd and **Dr Bhabatosh Mishra**, Sr. VP - Underwriting & Product Development, Apollo Munich Health Insurance.

Winner: Dr L Kanodia, Dr Ritu Rawat & Dr R Sardana, Indraprastha Apollo Hospital, New Delhi
Presentation: “Minimising Medication Errors – Patient Safety Our Responsibility”
A model to filter most potential and significant factors causing medication errors and formulate indigenous strategies to minimize the same

1st Runner Up: Ms Bhavna Nahata & Dr Arpita Agarwal, IIHMR, Jaipur
Presentation: “Ambulance Service Management”
A model that proposes to provide basic emergency medical care to needy patient with in a target time of 8-10 min

2nd Runner Up: Dr Mansi Gupta & Ms Anshul Kapoor, IIHMR, New Delhi
Presentation: “RFID Usage in a hospital”
RFID is a method for remotely storing and retrieving data using devices called RFID tags or transponders



[Photo: Poster Presentation during FICCI HEAL 2013]

Fifth FICCI Healthcare Excellence Awards, a platform to celebrate excellence and innovation in healthcare sector was organized in the evening of September 2, 2013 at Hotel LeMeridien, New Delhi. It aimed at felicitating organizations and individuals for their contributions to the industry by innovating for increased efficiency, affordability and improved performance of healthcare. A total of twelve Awards across three categories; Addressing Industry Issues, Operational Excellence – Public and Private Sector, along with a Lifetime Achievement Award and Healthcare Personality of the Year were presented. The Awards were presented by the well known Film Personality **Mr Ramesh Sippy** and **Mr M Damodaran** Chairman- Excellence Enablers, Chairman- the Damodaran Group, Former Chairman- SEBI, UTI & IDBI and Chief Representative –ING Group. The winners of the Awards were:

Projects for Healthcare Betterment

- * **Excellence in Medical Technology:** Vyzin Electronics Pvt. Ltd.

- * **CSR Project:** Amrita Institute of Medical Sciences & Research Centre, Cochin
- * **Others:** Vittala International Institute of Ophthalmology, Bangalore

Operational Excellence: Diagnostics- Radiology & Imaging

- * Dr Gulati Imaging Institute, Delhi

Operational Excellence: Diagnostics- Pathology Lab

- * SRL Ltd.

Operational Excellence: Small Healthcare Organization -Public Sector

- * Bardoli Satyagrah Hospital & CHC, Surat

Operational Excellence: Small Healthcare Organization -Private Sector

- * Renupower Hospital, Sonebhadra

Operational Excellence: Public Sector

- * Institute of Liver & Biliary Sciences, New Delhi

Operational Excellence: Private Sector (Multispecialty)

- * Indraprastha Apollo Hospitals, New Delhi
 - o For 'Pressure Ulcer Initiative'

Lifetime Achievement Award

- * Dr Ranjit Roy Chaudhury

Healthcare Personality of the Year

- * Dr Narottam Puri

Special Jury Recognition

Operational Excellence: Private Sector (Multispecialty)

- * P D Hinduja Hospital & Medical Research Centre, Mumbai
 - o For 'Care @ Home Initiative'
- * Fortis Hospital, Mulund
 - o For 'Celebrating YOU Initiative'



[Photo: Dr Ranjit Roy Chaudhury receiving the Award from Mr Ramesh Sippy]



[Photo: with Jury Members for FICCI Healthcare Excellence Awards 2013]

List of Speakers		
Name	Designation	Organization
Inaugural Session		
Ms Sangita Reddy	Executive Director-Operations	Apollo Hospitals Group
Mr Nilanjan Sanyal	Secretary	Department of AYUSH, Ministry of Health & Family Welfare, Gol
Dr Nata Menabde	WHO Representative to India	World Health Organization
Dr Syeda S Hameed	Member	Planning Commission, Gol
Mr Rajen Padukone	CEO	Manipal Health Enterprises
Dr GSK Velu	Managing Director	Trivitron Healthcare P Ltd
Plenary Session I: Theme Spotlight - A CEO's Panel		
Mr C K Mishra	Addl Secretary	Ministry of Health & Family Welfare, Gol
Mr Rajen Padukone	CEO	Manipal Health Enterprises
Ms Sangita Reddy	Executive Director-Operations	Apollo Hospitals Group
Mr Shivinder Mohan Singh	Executive Vice Chairman	Fortis Healthcare
Hony Brig Dr Arvind Lal	CMD	Dr Lal Path Labs
Mr Sushobhan Dasgupta	Managing Director	Johnson & Johnson Medical India
Ms Terri Bresenham	President & CEO	GE Healthcare India
Dr Ramesh Govindaraj	Lead Health Specialist	The World Bank
Plenary II: Universal Health Coverage - The Affordability Question		
Mr R K Jain	Additional Secretary	Ministry of Health & Family Welfare, Gol
Dr Somil Nagpal	Health Specialist	The World Bank
Mr Rajeev Sadanandan	DDG & JS	Labour Welfare, Government of India
Mr Vijay Madan	DG & Mission Director	UIDAI, Government of India
Dr T S Selvavinayagam	Joint Director, TNHSP/DPH	Govt of Tamil Nadu
Dr Ashwin Naik	CEO & Founder	Vaatsalya Healthcare
Mr Krishnan Ramachandran	COO	Apollo Munich Health Insurance
Panel Discussion I : Hospital Planning & Infrastructure		
Dr Nandakumar Jairam	Chairman & Group Medical Director,	Columbia Asia Hospitals India
Mr Daljit Singh	President	Fortis Healthcare
Ms Ajeeta Dayal Agrawal	Sr Environmental Engineer	Waste management Cell, DPCC
Dr R Chandrashekar	Chief Architect, Central Design Bureau	Ministry of Health & Family Welfare, Gol
Mr A K Sharma	Director	Delhi Fire Services
Mr Vivek Desai	MD	HOSMAC India
Mr Peter Ruigrok	Chairman	Metaflex Doors Europe BV
Mr C J Kosalraman	MD	Infrabees Project Management Consultants
Presentation on the Knowledge Paper		
Dr Sanjeev Chaudhry	MD	SRL Religare
Mr Murali Nair	Partner	Ernst & Young Pvt Ltd
Mr Sumit Goel	Associate Director	Ernst & Young Pvt Ltd
Panel Discussion II : Hospital Operations		
Mr Sundeep K Nayak	Joint Secretary (PMSSY)	Ministry of Health & Family Welfare, Gol
Dr GSK Velu	Co-chair, FICCI Health Services; Managing Director,	Trivitron Healthcare P Ltd
Dr Ajay Swaroop	Hony Jt Secretary & Treasurer BoM	Sir Ganga Ram Hospital
Mr Suyash Borar	CEO	CMRI
Dr Devlina Chakravarty	COO & Director	Artemis Health Services
Dr Dilpreet Brar	Regional Director	Fortis Healthcare
Mr Joy Chakraborty	Sr Director-Operations	Hinduja Hospital
Innovation Sandbox Session: The Power of Co-Creation		
Mr A Vijay Simha	CEO	One Breadth Inc
Dr Shirshendu Mukherjee	Strategic Advisor	Wellcome Trust – India
Ms Elizabeth Bailey	Director	CAMTech &
Dr David Bangsberg	Director	Center for Global Health, Massachusetts General Hospital
Mr Vijayarajan	Founder & CTO	InnAccel
Ms Rani Desai	Head	Biocon Foundation
Dr Sabahat Azim	Founder & CEO	Glocal Healthcare
Mr Ravi Kaushik	Director- Marketing	GE Healthcare

Prof V Raju	Vice Chancellor	Vellore Institute of Technology
Mr Sanjay Chaudary	Director	Tata Capital Healthcare Fund
Dr Priya Balasubramanian	Director	PHFI Universal Healthcare Initiative
Master Class I : Patient Safety		
Dr Narottam Puri	Adviser, FICCI Health Services, Chairman-NABH & Advisor-Medical, Fortis Healthcare Ltd	FICCI
Dr Arati Verma	Vice President	Max Healthcare
Mr Brian De Francesca	Director	TBS India
Master Class II : Claims Fraud Management		
Mr Alam Singh		
Mr Rajagopal Rudraraju	Associate Vice President, Claims, Provider & Health Management	Apollo Munich Health Insurance Co Ltd
Dr Ravi Modali	Assistant Vice President - Medical Services	Vidal Healthcare Services Pvt Ltd
Panel Discussion III: Does High Quality Cost Less?		
Dr Narottam Puri	Adviser, FICCI Health Services, Chairman-NABH & Advisor-Medical, Fortis Healthcare Ltd	FICCI
Dr Shakti Gupta	Prof & Head- Admin	AIIMS
Dr Girdhar Gyani	DG	Association of Healthcare Providers India
Dr Nagendra Swamy	President & Chairman of Quality Council	Manipal Hospital
Dr Praneet Kumar	CEO	BLK Super Specialty Hospital
Mr Antony Jacob	CEO	Apollo Munich Health Insurance
Dr Anupam Sibal	Group Medical Group	Apollo Hospitals Group
Parallel Session A : Prevention & Early Diagnosis		
Dr Jagdish Prasad	DGHS	Ministry of Health & Family Welfare, GoI
Dr Jatinder Bhatia	Chief of Lab Services & Projects	Metropolis Healthcare Ltd
Dr Manoj Nesari	Advisor	Dept of AYUSH, MoHFW, GOI
Dr Bhaskar Jyoti Sonowal	Technical Advisor, Patient Safety & Infection Control	BD India
Dr Om Manchanda	CEO	Dr Lal PathLabs Pvt Ltd
Mr Amol Naikawadi	MD	Indus Health Plus Pvt Ltd
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About FICCI



Federation of Indian Chambers of Commerce and Industry (FICCI)

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