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PULSE

CII Newsletter on Indian Healthcare

July
2010

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Market Scenario of Health Insurance: Current Issues of Consumers, Insurers & Providers.



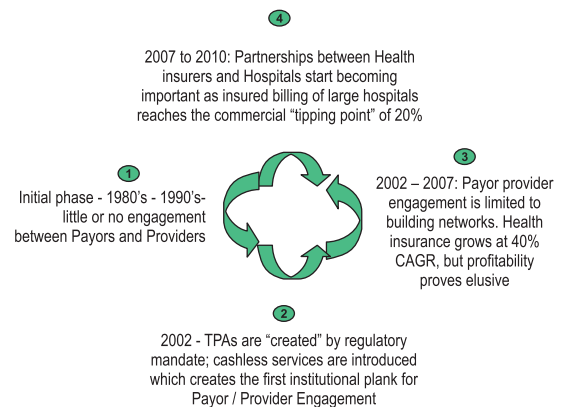
A Vaidheesh
MD, Johnson & Johnson
Medical India

Health insurance, like other forms of insurance, is a form of collectivism by means of which people collectively pool their risk, in this case the risk of incurring medical expenses. The collective is usually publicly owned or else is organized on a non-profit basis for the members of the pool,

though in some countries health insurance pools may also be managed by for-profit companies. It is sometimes used more broadly to include insurance covering disability or long-term nursing or custodial care needs. It may be provided through a government-sponsored social insurance program, or from private insurance companies. It may be purchased on a group basis (e.g., by a firm to cover its employees) or purchased by an individual. In each case, the covered groups or individuals pay premiums or taxes to help protect themselves from unexpected healthcare expenses. Similar benefits paying for medical expenses may also be provided through social welfare programs funded by the government*

Introduction of health insurance products in India by the four public sector general insurance companies was done in 1986. Since then the equation between Payors (i.e. Health Insurance Companies) and Providers (i.e. Hospitals) has come full circle. As the diagram shows, from an initial phase (upto 2000) until the functional starting of IRDA in August 2000,

when there was no engagement. The creation of TPAs in 2001, themed around the introduction of "Cashless" facilities – created the first institutional bridge between Payors and Providers.



During the next 5 years insurance companies (via TPAs) focused on building up networks of hospitals where customers could avail of care on a "cashless basis" – but there was little or no engagement between the two. For insurance companies, spread of network was more important than depth of engagement. For Hospitals, insured billing contributed only marginally to their billing, so there was little incentive to partner or engage with Insurers, at an ecosystem level.

As late as 2006, insured revenue was less than 10% of hospital billing – which meant that there was no commercial reason for Payors and Providers to find ways and means to partner with each other. Since then, the health insurance market has consistently grown at a 40% CAGR, but is still to deliver consistent profitability.

Increased penetration of health insurance, especially in the top 10 cities in India, means that for the corporatized Providers of healthcare, insured billing has reached the commercial "tipping point" of 20%. In the case of specialized, tertiary care facilities (e.g. Cancer care, Cardiac care and Maternity) this could be as high as 35 to 40%.

This tipping point is forcing Payors and Providers to develop the skills and infrastructure necessary to engage with each other in a constructive manner. The recent development between hospitals and insurance companies over provision of cashless facility – is a symptom of this deeper structural shift.

The Payor Provider Divide is a result of the creative tension generated by the following paradox: At a transaction level, the financial incentives of the two entities are not always aligned. But at an ecosystem level, the future growth of Providers is as dependent

on having access to a robust health financing mechanism as the future of Payors depends on ensuring that their customers have access to care at the point of need.

Health Insurance industry is growing and will be driving growth for general insurance companies this decade. Health insurance industry today is well positioned to develop “Global Standards of care” in healthcare industry.

Unlike many other industries, Health Insurance industry has many stakeholders with diverse expertise in various domains

from Doctors, Hospital owners, Healthcare companies, Pharma companies, TPA's, Insurers, actuarial companies, re-insurers, Insurance regulator etc. It is important that all stakeholders are aligned and work towards developing sustainable healthcare solutions. There is requirement for a common platform for Health Insurance Industry players to work together. Each member of the stakeholders may need to consider letting go short term gains for the benefit of the long term success. Successful development of Health insurance is critical for the future health of the nation. ■

April 6th 2010 the nation watched in terror, as a handful of Naxalites were able to ambush an entire CRPF battalion and killed 76 Jawans. These Naxalites did not undergo any formal combat training, they are young impressionable youths brainwashed by propaganda. The government agencies estimate that nearly 140 districts in India have been infiltrated by Naxalites, their solution is to eradicate them by force. This is exactly how the Naxalite leaders expect us to react; instead we must overcome their influence on impoverished Indians by the power of education and employment.

India currently has 320 medical colleges. According to the WHO we need to add 500 more medical colleges to make the doctor to population ratio 1 in 800. It would be unwise to let these colleges come up in the metropolitans since students here are attracted more to the glamour in finance and management industries. But by starting these colleges in areas vulnerable to Naxalite influence firstly we will be able to attract students with a service bent of mind given their backgrounds and also radically improve the healthcare delivery that is so deficient in these areas. Manufacturing industries

Industry's Perspective

Access to Healthcare for Rural Urban Disparity/ Fragmented India



Dr Devi Shetty
Chairman & MD, Narayana Hrudayalaya
Institute of Cardiac Sciences

on the other hand will not be welcomed in these areas because people view them with suspicion for various reasons as we have seen in the past with the Nano plant or the Posco factory. But with the medical college and hospitals the citizens are able to see tangible benefits in their community firsthand. Teaching hospitals provide employment to all sections of the community, it empowers women since it is so highly dependant on women and it is able to offer advanced healthcare as the expertise of the college matures.

In addition medical colleges are able to attract large number of young people who further add to the economy of that area.

The private sector cannot be involved in creating these colleges since most private colleges will require hefty capitation fees to keep their operations afloat, defeating the purpose of empowering poor villagers. These colleges must be started by the government sector with an investment of not more than 70 crore in the already existing district hospitals. To illustrate my point I would like to tell about the history of a town around 7 kilometres from my village, the town was empty except for a few wandering tigers but in 1953 an avid educationist Dr. T. M. A. Pai had the vision of starting a medical college there, the history of that town changed forever. I am a cardiac surgeon renowned for my skill, but I started as a young impressionable youth in the village of Kinnigoli underwent my medical education in that college and that college has made me what I am. Believe me when I tell you I am a standing example that medical education alone can change the future of these Naxal affected areas. ■

Technology and pharmaceutical development led the first three waves of healthcare industry innovation and have advanced enormously over the last several decades. However, there has been little change in the processes deployed by healthcare providers as they remain relatively untouched by the tools and techniques, successfully used in other industries to drive efficiency and effectiveness.

Lean and Six Sigma are methodologies, which until recently, were practiced primarily in the manufacturing industry but are now being implemented in the service industry as well. While healthcare has many unique operational nuances, there are significant functional processes that overlap across other industries. However, application of lean six sigma tools in healthcare is not as straightforward as it is in manufacturing. Healthcare has different levels of complexities and non-deterministic flows which makes process optimisation tougher. Lean and other such frameworks when adapted to healthcare, have the potential to fully unleash the power of the processes within hospitals.

Indian hospitals face some significant challenges: **Insufficient capacity, sub-optimal operational performance, in-effective cost and material management and sustaining performance.** The solutions are all capital intensive, possibly one time and not always easily implemented. The industry is in need of an alternative business model which can positively impact financial and operational issues.

Lean in Hospitals

In most hospitals, clinical processes encompass only 10-30% of total processes. Non-clinical or back office processes make up the balance. Within this area lies an opportunity

Industry's Perspective

Driving Hospital Performance to the Next Level



By **Tajinder Vohra**

Senior Vice President, Genpact Healthcare Services

to dramatically decrease costs and increase efficiency through the adoption of alternative business models. Hospitals are unable to leverage their full potential and true value which can be unlocked by applying the correct tools and methods to their individual processes.

Applying lean principles in healthcare brings significant changes in the way hospitals operate. However, lean should be applied across all departments and functions inside a hospital to fully leverage its potential. This end-to-end approach enables continuous improvements in hospital processes and makes the improvement process very deterministic instead of a discovery exercise.

Lean applied end-to-end cuts across departments, hierarchies and the operational complexities of hospitals. This covers the entire cycle of patients visiting for a treatment and hospitals getting the payment-called Visit-to-Cash (V2C), processes include:

- Admission / Discharge
- Internal patient flow within and between departments
- Clinical staff capacity
- Operating room turnover
- Supply Chain Management

- Administrative processes (billing, AR, AP)
- Equipment availability
- Pharmacy and diagnostics turnaround times

Some examples of how processes can be improved across the V2C cycle are:

- **Patient Experience** - Stitch-to-Cut cycle times impacting surgical suite availability can be improved by 4-6% in 90 days by improving the patient flow process.
- **Medical Supply Management** - Expiration of medication and obsolescence of supplies contribute 1 -3% of total operating costs of wards and can be reduced by 30% within 90 days.
- **Payments / Cash Management** - Potential exists to improve First Time Right in Billing by up-to 25-30% each by fixing avoidable and manageable root causes.

The Road Ahead

As the healthcare sector reinvents itself, it is clear that survival will now depend on not doing more of the same but viewing challenges differently and applying newer paradigms to how hospitals are structured to deliver care. Hospitals will have to move from departmental 'silos' to 'value flows' and process thinking is going to be the most important lever for hospital CEO's.

Lean has proven to be an effective tool in developing and implementing a continuous improvement blueprint of hospitals' key processes. This allows hospitals to focus on clinical excellence while being able to get maximum efficiency from support functions. It shifts the focus from managing in silos to managing processes that can be resilient and delivering sustained results. ■

The health care industry is a high capital intensive industry with long gestation periods. Operational challenges include increased length of stays and low efficiencies in supply chain management. There is a massive pressure on profit margins due to heavy capital base and leverage ratios. At current levels of investment and operating costs, most private provider models are NPV negative even with good occupancy ratios. The only way to improve profit margins would be to reduce capital costs and operating costs.

Paradigm Shift

The industry needs a paradigm shift to meet the health care needs of the country. In the developed world today over 70% of surgeries are being done on a day care basis. Day care surgical centers provide that impetus by focussing on 2 critical areas, i.e., capital cost management and operations management.

Capital Cost Management

Space optimisation creates a very capital efficient model that has better returns on capital employed and sufficient funding for its expansion plans. When compared to a typical hospital with 150 beds and a 4 OT setup, the capital cost required to set up a day care center is one tenth of the cost. The overall investment in

Industry's Perspective

Low Cost Delivery Models – Day Care Surgical Centers



Mr. Girish Rao

Managing Director and Chief Executive Officer,
Nova Medical Centers

OT suite area may be generally higher in a day care center due to advanced technology but the investment in non OT areas is negligible.

Typically, in such a center the gestation period and break even time is much lower which results in a positive cash flow very early in the business cycle. A center which has been operational for a year can actually fund another center in the second and the third years. This enables improved access since expansion is far easier as compared to a traditional hospital.

Operations Cost Management

A typical center needs one fourth the man power of a traditional 150 bed hospital.

The ability to pay for trained staff goes up and a day care center traditionally encourages access to highly qualified and experienced staff which ensures that quality of health care is maintained.

For a typical hospital with EBIDTA margins of 15 – 18%, the operational costs excluding the professional fees paid out which may be between 25 – 30% are about 52 -60%. However the operating costs of a day care center reduces multifold due to the smaller setups and therefore increased efficiencies.

Debottlenecking of high end processes such as admissions and operation times occurs due to faster turnaround times and lesser administrative hassles due to the very nature of the set up which increases the productivity of the surgeons. The model thus frees up the existing albeit burdened talent pool

Conclusion

In order to remain competitive, healthcare providers are now not only looking at improving operational efficiency but are also looking at ways of enhancing patient experience overall and the day care surgical provider provides the perfect foil. Considering the capital requirement and operational costs, it is a model that can be effectively used to foster private public partnerships. ■

Forthcoming Events

- 4th International Health Insurance Summit 9-10 September, Hotel The Grand, New Delhi
- Tourism Conclave: Integrating Tourism into Mainstream development & Medical Value Travel 8 October, Hotel Taj Palace, New Delhi (during Commonwealth Games)
- 7th India Health Summit 2-3 December, Hotel Hyatt Regency, New Delhi

Medical Tourism offers India an opportunity to build its brand as a global healthcare hub. However, the Indian healthcare industry will need to focus on select issues to capture this opportunity.

1. Build a strong Indian healthcare brand vis-à-vis other countries

India is strengthening its position as a medical tourism destination for high value medical procedures. However, its medical tourism brand needs to be strengthened vis-à-vis other countries like Thailand and Singapore which have built brands as medical tourism hubs.

The Indian Ministry of Tourism continues to take positive steps in this direction through road shows, exhibitions and extending financial support to Indian hospitals focusing on medical tourism under its Marketing Development Assistance (MDA) scheme.

2. Build stronger marketing channels to ensure deeper market access

A prerequisite for Indian hospitals will be a strong web marketing strategy and an international agents' network. In addition, hospitals will need to segment the markets for medical tourism and develop a tailored approach for each.

Industry's Perspective

Critical Issues in Indian Medical Value Travel



Shравan Talwar
CEO, Moolchand Hospital

Many medical tourists treated in India come from other developing countries in Asia, Africa or the Middle East where top quality hospitals and physicians are difficult to find. Indian healthcare needs to strengthen its marketing presence in these adjacent/near to home markets.

Developed markets like the US have large pools of uninsured patients as well as patients covered by HMOs/corporate insurance. Capturing this opportunity requires building relationships with payors in these markets.

3. Strengthening the perception of world-class quality at an affordable price

Indian physicians are recognized world-

wide for excellence with many doctors trained at international institutions. In addition, India's large population has enabled many to build capabilities by performing large volumes of complex surgeries. This world-class quality matched with price savings of over 40-90% vis-à-vis US and Europe provides an unbeatable value proposition for medical tourists.

Indian hospitals also need to leverage the perception of brand quality to differentiate themselves. The analogy can be drawn from the Indian software industry where CMM (Capability Maturity Model) recognition has helped differentiate the industry. By obtaining international accreditations like JCI (Joint Commission International), top Indian hospitals are continuing to differentiate themselves on quality.

However, it is important that broader hospitality issues around environment, hygiene, pollution and bureaucracy are addressed.

4. Managing the legal aspects and risks

Litigation, if incurred, can result in liabilities which can be many times the revenue generated. Consequently, Indian hospitals need to have a clear risk management program for this. ■

Do you Know

- Your eyeballs are three and a half percent salt
- You burn more calories sleeping than you do watching T.V.
- When you sneeze, all your bodily functions stop - even your heart
- Most dust particles in your house are made from dead skin!
- The human heart beats 30 million times a year.

Healthcare Outlook

- The industry is expected to grow to US\$79 billion by 2012
- Medical tourism is expected to become a US\$2.2 billion industry by 2012

Indian Healthcare has been going through a massive transition towards meeting the needs of the society viz availability & accessibility of affordable & accredited healthcare. About a decade back, quality in healthcare organization was perceived as scarce phenomena & perchance was more or less restricted to some informal quality management systems or ISO certification at the most. Last 10 years have brought advent of structured systems in the form of Healthcare accreditation, both national and international.

NABH initially targeted only at large hospitals has extended its scope to include standards for small healthcare organizations blood banks, & imaging centre & AYUSH hospitals. The inclusion of primary healthcare centers, AYUSH and Urban dispensaries ambulatory care centers & dental centers, is also on the cards. The hospitals standards for NABH are approved by ISQua thus bringing a global compatibility. The Standards are being accepted as a national benchmark and are being patronized by CGHS and many other organizations citing them as minimum empanelment criteria. With

Industry's Perspective

Impact of Quality & Accreditation on Indian Healthcare



Dr Yash Paul Bhatia

Managing Director, ASTRON Hospital & Health care Consultants Pvt Ltd
Founder President
Indian Health Care Quality Forum

more than 500 applicants for NABH, the phenomenon of Quality appears to be shaping up with a hopefully healthy future for healthcare organization.

As the national accreditation has been creating a great impact, the international accreditation bodies like JCI also have their presence with about 14 healthcare organizations accredited. JCI is looking at enlarging its base in the country and have been updating its standards at

regular periodicity. The latest version (4th Edition) of JCI standards has been published on 1st July 2010 and is going to be universally applicable (including in Indian hospitals) w.e.f. all 1st Jan 2011 for all surveys. There is a sporadic presence of other healthcare agencies like AHCH and others. In addition the newer concepts of lean & six sigma are also being piloted to make their impact felt on healthcare quality.

The National Health System Resource Centre under the NRHM has been working towards making district hospitals compatible with ISO based standards to broaden the healthcare quality movement in public hospitals. Some of the state like Gujarat, Kerala, Tamil Nadu, Delhi & Andhra Pradesh have started active programmes for fulfillment of quality missions. Thus one can conclude that the transition of healthcare quality towards universalization & globalization has been initiated in the last decade & appears to be stabilizing towards great future in times to come. This would have long term impact on healthcare quality with benefits to all stake holders including patients & professionals. ■

Healthcare Potential

High-growth in the domestic market arising from:

- Increasing health awareness: share in total private consumption expected to increase by 10% Increasing penetration of health insurance.
- Rapid growth in private sector companies owning and managing hospitals
- High-growth in medical tourism

Cost of comparable treatment is on

average 1/8th to 1/5th of those in western countries.

Opportunities exist in multiple segments along the value chain

- Service providers: curative and preventive in primary, secondary and tertiary care
- Diagnostics services: imaging and pathology labs Infrastructure: hospitals, diagnostic centres
- Health insurance: less than 10% of the population is covered by health insurance. The medical insurance premium

income is expected to grow to US\$3.8 billion by 2012

High growth in health insurance during 2010-2011.

- Healthcare BPO: medical billing, disease coding, forms processing and claims adjudication
- Training: large opportunity for training doctors, managers, nurses and technicians
- Investment opportunity of over US\$25 billion by 2010

Source: IBEF, Indian Healthcare Foundation, India Country Commercial Guide 2002

Over the last 50 years there have been increased efforts to utilize Information technology (IT) in our society. Every organization and department have taken initiatives to IT enable themselves but all these initiatives have not necessarily been a coordinated one. This has resulted in disparate, incompatible and heterogeneous systems being developed and used by various organizations. It has also resulted in a non-integrated nature of delivery thereby bringing in inefficiencies and errors into the process. For example availability of information for diagnosis, medication errors, duplicity of tasks etc.

IT is opening up new possibilities for the healthcare sector, which relies heavily on data. It has come up with an option of creating Health Information Exchange (HIE) for seamless movement of information between the various stakeholders of healthcare delivery. This would connect healthcare providing organizations, hospitals, physicians, and pharmacies, clinical laboratories, imaging centers, trading partners, payers, beneficiaries and other stakeholders in the private as well as

Industry's Perspective

Transforming Healthcare with IT



Mr. Anand Swaroop
Sr. Vice President, HCL Infosystems Ltd.

public sectors of healthcare industry. In addition to this, it would provide instant access to patient's information at the point of care. It acts as an interoperable within multi-org environments across disparate geographical regions safely and securely.

HIE would fabricate the foundation for future leapfrog innovations in the field of connected electronic health record, practice management, disease management and decision support

systems. Along with this, it would help people to manage their own health, help doctors in making better medical decisions and assist researchers to speed up new discoveries. All of this would facilitate in reducing the expenses incurred by the patients as well as the health insurance service providers and would bring down the premiums paid to health insurance companies.

A national infrastructure, such as HIE, with data standards will be necessary in today's scenario to facilitate seamless information exchange among different members of the healthcare network. To create such an infrastructure, active support of the government will be required in terms of change in policies, legislations and processes. With this kind of infrastructure the patients can better manage their own health as they would have access to their personal health record and other relevant health information. At the same time healthcare providers can help improve convenience for patients through better and more interactive information services. ■

Governments Initiatives:

Andhra Pradesh: IFC completes advisory work in India to expand affordable health care services through PPPs

An important step taken by the state government's vision to strengthen public health service delivery to low-and-middle-income groups. Through its first PPP transaction advisory health-sector project in India, IFC is supporting development of a comprehensive policy framework to improve availability of quality and affordable health care. IFC,

a member of the World Bank Group, has successfully completed its advisory work with the Indian State of Andhra Pradesh to help four public hospitals offer advanced diagnostics services to low and middle-income-people.

Screening OPDs to reduce workload:

DELHI: A screening OPD at AIIMS will now decide whether a patient needs to be examined by specialist or not. The Union ministry of health and family

welfare has approved the proposal to set up a screening centre in clearing the huge patient rush at the premier hospital. AIIMS sees more than 7,000 patients in its OPD every day. Many of them come with simple ailments like fever, common cold, delivery etc which can be managed even at the district level.

Sources said the Centre has agreed to release over Rs 700 crore towards infrastructure development in AIIMS. Apart from the screening OPD, a parking place and modern hostels

for students and resident doctors are also on the cards.

Uniform treatment policy for cancer coming:

To ensure that a standard protocol is adopted by doctors across the country for treating cancer, the Union Ministry of Health and Family Welfare is working on framing a uniform treatment policy for the disease. This policy will ensure patients and doctors are not confused about taking a decision on the modality of cancer treatment. Initially, guidelines will be framed for cancers of the breast, mouth, cervix, head and neck, colon and rectum.

In the absence of a standard protocol or guidelines (as in the West) there is no authority in India that can decide on a common treatment modality. The policy will help evolve uniform guidelines for best practices in cancer treatment.

Health ministry to inspect clinical trial sites from September

To ensure safety of volunteers participating in clinical trials, the ministry of health and family welfare is planning to conduct regular inspections of trial sites from September. Inspectors will audit trial sites in Bangalore, Mumbai, New

Delhi, Hyderabad, Kolkata, Chennai to check whether mandated protocols while conducting trials to bring new medicines to the market are being adhered to.

About 25 people have been trained for auditing the clinical trial sites according to Singh, and another 20 drug inspectors will be trained for the purpose. India is big for conducting clinical trials on account of the huge population and low costs. Currently, over 600 trials are taking place in India. According to Associated Chambers of Commerce and Industry, India is set to grab clinical trials business worth approximately \$1 billion by end of 2010.

Railways to set up five new Kendriya Vidyalayas

Railways on Friday said five new Kendriya Vidyalayas will be set up on railway land for imparting education to wards of railway employees and others. Under the agreement, around 50 Kendriya Vidyalayas are expected to come up in the unutilised railway land.

Railways had also signed an MoU with the health and family welfare ministry to set up health care facilities on its unutilised land for the benefit of rail travellers and people living close to railway properties.

As per the agreement, as many as 480 health care facilities are expected to be set up in major stations across India. The agreement also seeks to set up super speciality hospitals.

Gifts for Doctors:

The Ministry of Health & Family Welfare, in consultation with Medical Council of India, has recently taken more stringent steps to curb malpractices resorted to by the doctors by amending the Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002, on 10.12.2009. The amendment strictly prohibits the doctors from accepting gifts, travel facilities, hospitality, cash or monetary gains or any other favour from any pharmaceutical and allied health sector industry for self or family members. If the doctors/medical practitioner is found to be guilty, the appropriate Medical Council may award such punishment as deemed necessary or may direct the removal altogether or for a specified period from the register, the name of the delinquent doctor.

As per provisions of Indian Medical Council India Act, 1956, Medical Council of India, with the previous sanction of the Government, may amend the Medical Ethics Regulations. ■

Do you Know ?

UP ranked lowest in rural healthcare in country

According to the data, while states like Rajasthan, Chhattisgarh, Gujarat and Jammu and Kashmir have bettered their performances in the rural health sector -- the states now have surplus primary and community health centres -- like UP, others states like Maharashtra, Bihar and

Jharkhand have also performed dismally in the nationwide survey.

84 H1N1 deaths in India in past one week: Govt.

As many as 84 people have died of influenza A (H1N1) in India in the week ended August 15, an official statement from the Ministry of Health & Family Welfare said here today. The WHO, on August 10, declared an end to the pandemic but called for continued vigilance, pointing out that pandemics, like the viruses that cause

them, are unpredictable.

Of the 84 deaths, 51 occurred in Maharashtra, 7 each in Karnataka and Delhi, 5 each in Gujarat and Andhra Pradesh, 4 in Kerala, 2 in Uttar Pradesh and 1 each in Madhya Pradesh, Punjab and Rajasthan.

A total of 1155 fresh cases of the flu were reported during the week, including 507 in Maharashtra, 186 in Karnataka, 125 in Delhi, 107 in Tamil Nadu and 99 in Andhra Pradesh, the statement added.

»» CII Healthcare:

CII Corporate Wellness Awards 2010: "Promoting a Healthier Workforce for Emerging India"

The Confederation of Indian Industry and Apollo Hospitals Group constituted "CII Corporate Wellness Awards" in 2009 to promote Wellness amongst the employees. CII Corporate Wellness Awards, supported by Apollo Hospitals Group, recognizes corporate that are providing health and wellness opportunities to their employees. The Corporate Wellness Program was initiated with a view to improve the health status of Corporate India each year & would thereby establish relevant ways to plan improvement at a National level.

CII Core Group on PPP has submitted a draft document on PPP Framework in Healthcare space, to the Planning Commission.

CII Core group is working jointly with Planning Commission on PPP models

in Healthcare space for some 500 odd districts. The proposed model is a 200 bedded upgraded secondary care with 8 basic specialities in tier II/III cities (a population of 8-10 lakhs). Of the total bed strength, 34 % beds reserved for BPL/EWS beneficiaries at applicable State Government Insurance scheme and the remaining 66% at market rates. The GOI will provide one time grant upto 40% on the capital outlay.

The Core group has submitted the draft document, last week, and is continuously in dialogue with the planning commission to come to a fruitful conclusion on Public Private Partnership in Healthcare.

3rd Medical Technology Conference 2010 "Innovations in Medical Technology-Enabling India to 'Leapfrog' to the next level Healthcare" 9 July 2010, New Delhi

The Confederation of Indian Industry in an effort to facilitate the healthcare sector has

been fostering some of the key initiatives in field of Medical Technology. CII, through its Medical Equipments Division organized its 3rd edition of Medical Technology Conference in New Delhi on 9th July with the theme "Innovations in Medical Technology-Enabling India to 'Leapfrog' to the next level Healthcare"

This one day conference, spread across four plenary sessions attempted to address a wide array of subjects like: "Innovate for access, cost and convenience: collaboration from all stakeholders in the innovation ecosystem", "Impediments & Solutions to growth of this Industry", "Need for an unambiguous and supportive regulatory environment" and "Enabling India to become a manufacturing base for Medical Technology Industry". The Conference registered a strong presence of four hundred plus professionals from sundry verticals, including the speakers. Amongst the various dignitaries, conference witnessed the presence of Mr. Dinesh Trivedi, Minister of State for Health & Family Welfare; Mr. Kiran Karnik, Former President, NASSCOM; Dr. Surinder Singh, Drug Controller General of India and Mr. Arun Jha, Joint Secretary, Department of Pharma, Ministry of Chemicals & Fertilizers

CII's Healthcare active initiative to resolve the Cashless Issue

Corporate healthcare providers and Chairpersons of four PSUs including Senior Officials from TPA had a series of meeting to resolve the Cashless Issue, under the aegis of CII.

The last Meeting held in Delhi established a clarity and methodology on designing packages for a select number of procedures for Cashless hospitalization.



CII Corporate Wellness Awards were given away by Mr. Jyotiraditya Scindia, Hon'ble Minister of State for Commerce & Industry and Mr. Arun Yadav, Hon'ble Minister of State for Heavy Industry and Public Enterprises to various corporate having healthy workforce during the CII Annual General Meeting held on 12th May'2010, New Delhi.



Release of CII-Deloitte Report "Medical Technology Industry in India: Riding the Growth Curve".

(L-R), Mr. Ajay Pitre, Chairman, CII Medical Equipment Division, Mr. Dinesh Trivedi, Hon'ble Minister of State for Health & Family Welfare; Mr. Anjan Bose, Conference Chairman, Ms. Sangita Reddy, MD, Apollo Health Street and Mr. A Vaidheesh, Co-Chairman, CII Medical Equipment Division

In this constructive dialogue the providers offered to submit their packaged and non-packaged rates for 42 procedures to Raksha TPA (nodal body appointed for this task). TPAs have agreed to review these packages before including them into Preferred Providers Network (PPN) of PSU insurance companies and to update the policy holders by August end.

Dr Pervez Ahmed, CEO & MD, Max Healthcare, who led this dialogue from CII said that such constructive meetings have a fruitful outcome. Interim relief has been granted to the High end providers & majority of the corporate hospitals will be part of PPN. This will resume the cashless services which was not available to many of the patients for the past month and half. ■

»» CII Healthcare Regional Activities:

»» Eastern Region

Interactive Session with Shri Dinesh Trivedi, Hon'ble Minister of State for Health and Family Welfare

Kolkata, June 25, 2010: Sri Dinesh Trivedi, Honorable Minister of State, Ministry of Health & Family Welfare, Government of India at a CII Session on "Building Health Human Resources" in Kolkata, on the necessity on strengthening the healthcare backbone of the rural India where the private sector has not been able to value add to any considerable extent. To combat this shortage of human resources, he stressed on more and more Private- Public partnerships. Instead of propagating health tourism and creating more pressure on the healthcare system, the Minister urged for out-of- box solutions like amalgamating



Dr Rupali Basu, Chairperson, CII Eastern Region Healthcare Subcommittee along with other members submitting CII recommendations on Healthcare Sector in West Bengal to the Principal Secretary, Dept of Health, GoWB on 21 July, 2010.

the goodness of modern medicines with traditional medicines. In conclusion, Sri Trivedi apprised the Session about a three-pronged initiative by the Department of Health, Government of India that has been finalized in April 2010 which encompasses initiatives like a comprehensive National Health Portal, a 24 hr 3 digit National Emergency Media Service Number and I- HIND (Indian Health Information Development). ■

»» Northern Region

CII Organises conference on Bio Medical Waste Management.3 June 2010, Srinagar

As the Indian health sector grows, awareness about the safe disposal of the country's growing medical waste becomes imperative, driven by public



health concerns and demands for better environmental protection.

The Healthcare Sub-Committee (NR) and the J&K State Office organized a Conference on BioMedical Waste Management in Srinagar, which focused on creating a value chain for handling hazardous, toxic & lethal waste. The Chief Guest at the session, Mr Shantmanu Commissioner and Secretary Forest & Environment Department, Government of J&K, complemented CII for taking the initiative in organizing a conference on a very relevant subject, the importance, which has unfortunately been largely neglected. ■

»» CII Institute of Quality

Seminar on Hospital Infection control – Challenges ahead

29 May 2010

The Confederation of Indian Industry –Institute of Quality (CII-IQ) has organized a one day Seminar on “Hospital Infection

Control- Challenges Ahead on 29 May 2010 at Columbia Asia Hospital Yeshwantpur, Bangalore with a view to

provide a platform for knowledge sharing and dissemination of information about Hospital Acquired Infections.

Training Programme on Awareness of Hospitals and Organizational Excellence

16-17 July 2010: Chennai

The accreditation of hospitals is a public recognition of the achievement of accreditation standards by a healthcare organization, demonstrated through an independent external peer assessment of that organization’s

level of performance in relation to the standards. In this background, in order to facilitate accreditation of hospitals and organizational excellence, Confederation of Indian Industry (CII-IQ) Institute of Quality has organized a Training

Programme on Accreditation of Hospitals on 16-17 July 2010 at Chennai

The objective of the training programme was to create awareness about accreditation and help hospitals to go for accreditation.

Best Practices Sharing Mission to JCI Accredited Hospitals:

29 July 2010

Best Practices Sharing involves the capture, dissemination and sharing of a work method, process, or initiative to improve organizational effectiveness, service delivery and employee satisfaction.

The Objective of the Mission was to provide an opportunity for hospitals and healthcare professionals to interact and learn from the experiences of the two world class hospitals in their journey towards

excellence. In line with the objective CII Institute of Quality is organized a one day visit to two internationally accredited hospitals Apollo Hospital and Fortis Hospital, Bangalore. ■

»» Southern Region

Conference of cardiothoracic surgeons in October

The Confederation of Indian Industry (CII) will partner with Frontier Lifeline to organise the 20th World Congress of the World Society of Cardiothoracic Surgeons in October 2010. India had been chosen for the first time as the venue for the world conference. Its very important to prepare the country for this prestigious event and ensure maximum participation. A large number of leaders and experts are expected to attend and speak at the meeting to be held between

October 20 and 23 2010. This includes a confirmation by former U.S. Vice President Al Gore, Chief Minister M. Karunanidhi and Union Health Minister Ghulam Nabi Azad. President Pratibha Patil has been invited to inaugurate the conference. Over 1,500 delegates are expected to attend the conference, including 1,000 of them from over 90 countries.

CII - PPP will help upgrade rural healthcare

Confederation of Indian Industry (CII) - Tamil Nadu plans to prepare a roadmap to enhance the competitiveness of healthcare sector in the state, and one of

the main focus areas will be upgrading the primary health centres (PHCs) through public-private partnership (PPP).

Tamil Nadu state has 318 hospitals, 8,706 health sub-centres, 1,421 PHCs and 215 dispensaries of modern medicine. The daily average in-patient and out-patient strength is about 16,000 and 1.85 lakh, respectively.

"The state exhibits better health ratios as compared to the national average. Tamil Nadu has become the Asia's largest telemedicine service provider, with 20 per cent of the institutions using telemedicine in India located in the state." ■

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India Habitat Centre, Core 4A, 4th Floor, New Delhi-110003

Ph: 91-11-24682230-35. Fax: 91-11-24682229-2226

Website: www.cii.in

for advertising and sponsoring this publication
please contact : avinash.prakash@cii.in

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