



# FICCI HEAL 2011

HEALTH - ENTERPRISE AND LEARNING

**“From Dis-ease To Health-ease”**

September 8 & 9, 2011 at FICCI, New Delhi

## Recommendations

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



# “From Dis-ease To Health-ease”

September 8 & 9, 2011 at FICCI, New Delhi

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FICCI Health Services Division

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# Acknowledgement

It gives us immense pleasure to come up with the "**Recommendations**" emerging out of **FICCI HEAL-2011** held on September 8 & 9, 2011 at Federation House, New Delhi. The event held on the theme "**From Dis-ease to Health-ease**" was a huge success with more than 350 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** who have seen the vision on Healthcare in India through our eyes.

We would like to acknowledge the visionaries, **Mr Anjan Bose**, Chairman, FICCI Health Services Committee, **Dr Narottam Puri**, Advisor, FICCI Health Services Committee, **Dr Nandakumar Jairam**, Co-Chair, FICCI Health Services Committee and **Ms Sangita Reddy**, Chairperson, FICCI Andhra Pradesh State Council 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 session. May we take this opportunity to acknowledge them: **Mr A Vijaysimha**, Chief Strategy Officer & Vice President, BPL Ltd; **Ms Ameera Shah**, Managing Director & CEO, Metropolis Healthcare Ltd; **Mr Murali Nair**, Partner, Ernst & Young Pvt Ltd; **Dr Bhuwadesh Agrawal**, Chairman & MD, Roche Diagnostics India Pvt Ltd; **Ms Susheela Venkataraman**, Managing Director- Internet Business Solutions Group, CISCO; **Dr Praneet Kumar**, CEO, BL Kapoor Memorial Hospital; **Mr Rajen Padukone**, CEO, Manipal Health Enterprises; **Mr Ashok Kakkar**, Director- Government Business & PPP, GE Healthcare, Delhi; **Dr Somil Nagpal**, Health Specialist, Health Nutrition and Population, South Asia Region, The World Bank.

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 2011**



# FICCI HEAL 2011

Federation of Indian Chambers of Commerce and Industry (FICCI) organized **FICCI HEAL-2011** in partnership with Ministry of Health & Family Welfare, Government of India and National Accreditation Board for Hospitals & Healthcare Providers (NABH) on September 8 & 9, 2011 at FICCI, New Delhi. The central theme of the Conference was "**From Dis-ease to Health-ease**".

The fifth edition of this global health conference was an endeavour to bring together all the stakeholders of the health industry at both national and international level for deliberation and interactions on the issues faced by the Healthcare industry in India with an all inclusive view of ensuring accessible and affordable quality healthcare availability to the masses.

More than 350 participants from India and abroad encompassing Healthcare providers, Government officials, policy makers, representatives of Embassies and Multilateral agencies, Med Tech companies, healthcare education providers, health insurance companies, financial institutions etc participated in the two day deliberations.

The opening session of the conference was addressed by eminent personalities in the health sector. Keynote address on "From Dis-ease to Health-ease: A Global Perspective" was given by **Dr Mukesh Chawla**, Head, Knowledge Management, Human Development, The World Bank. **Dr P Satishchandra**, Director / Vice Chancellor, National Institute of Mental Health and Neuro Sciences spoke on "Ageing and Dementia" and **Ms Sangita Reddy**, Chairperson, FICCI Andhra Pradesh State Council and ED-Operations, Apollo Hospitals Group provided an overview of the Indian healthcare sector.



#### **Opening Session**

**L to R:** Dr Nandakumar Jairam, Co-Chairman, FICCI Health Services Committee and Chairman & Group Medical Director, Columbia Asia Hospitals India; Dr P Satishchandra, Director / Vice Chancellor, National Institute of Mental Health and Neuro Sciences; Dr Rajiv Kumar, Secretary General, FICCI; Dr Mukesh Chawla, Head, Knowledge Management, Human Development, The World Bank; Mr. Anjan Bose, FICCI Health Services Committee Chairman and Vice President, Philips Electronics India Ltd; Ms Sangita Reddy, Chairperson, FICCI Andhra Pradesh State Council and ED-Operations, Apollo Hospitals Group; Ms Ameera Shah, Co-Chair - FICCI Health Services Committee, CEO & Managing Director, Metropolis Healthcare Ltd



**The Knowledge Paper** titled "Evidence Based Medicine: A Peek in Inevitable Journey for India" was released on the second day of the Conference by **Mr Montek Singh Ahluwalia**, Deputy Chairman, Planning Commission, Gol.

One of the key features of the conference was the **Poster presentation** on the theme "**Innovations in Healthcare**". More than 70 entries were received for this competition from professionals and students, out of which 25 were selected by the Jury for display. Further, the following winners were selected by the Jury, comprising of **Dr Mukesh Chawla**, Head, Knowledge Management, Human Development, The World Bank; **Dr Nandakumar Jairam**, Co-Chair, FICCI Health Services Committee and Chairman & Group Medical Director, Columbia Asia Hospitals India; and **Mr A Vijaysimha**, Chief Strategy Officer & Vice President, BPL Ltd.

#### **Winner**

- Dr Rekha Singh Ganguly, Dr Vikas Manchanda & Dr K K Kalra - Chacha Nehru Bal Chikitsalaya (On Patient Safety Training Programs)

#### **1st Runner-Up**

- Ms Thankam Gomez & Mr Satish Kumar- Fortis Hospital, Noida (on Nursing Excellence in Delivering Quality Healthcare)

#### **2nd Runner-Up**

- Dr Anita Arora & Dr Debjani Dutta - Fortis Escorts Heart Institute (on Six Sigma Approach towards controlling surgical site infection)

#### **Students Category- Certificate of Appreciation**

- Dr Surabhi Verma & Dr Divyesh J Devaliya - IIHMR, Jaipur (on Mobile Technology: Bridging the Broken Linkages in Maternal Mortality)

Poster Presentation on "Innovations in Healthcare"



Since the Conference highlighted the need to develop sustainable innovation strategies in India, a special Session on **Showcasing Successful Innovations in Preventive Healthcare** was organized. The following five Innovators presented their successful healthcare innovation:

- "3nethra" - Dr. Shyam Vasudeva Rao, CTO, Forus Health Pvt. Ltd.
- "No Touch Breast Scan" - Mr. Mihir Shah, CEO, UE LifeSciences Inc., USA
- "Audicor" - Mr. Peter Bauer, President, Inovise Medical Inc.
- "APX 100" - Mr. Sameer Kothari, CEO, Zilico Ltd., UK
- "TouchHb"- Dr. Yogesh Patil, Co-founder, Biosense Technologies Pvt. Ltd.

**FICCI Healthcare Excellence Awards - 2011**, a platform to celebrate excellence and innovation in healthcare sector was organized in the evening of September 8, 2011 at Hotel The Lalit, New Delhi. A total of twelve Awards across three categories Operational Excellence, Addressing Industry Issues and People who moved the Needle along with a Lifetime Achievement Award and FICCI Special Award on Healthcare were presented by the Chief Guest Dr Mukesh Chawla, Head, Knowledge Management, Human Development, the World Bank and Mr Harsh Mariwala, President FICCI. The winners of the Awards were:

#### **Addressing Industry Issues**

- Sankara Eye Care Institutions India
- Apollo Hospital Group, Hyderabad
- Lions Aravind Institute of Community Ophthalmology, Madurai



◀ *Organizing Committee of the FICCI Healthcare Excellence Awards 2011*



### **Operational Excellence: Public Sector**

- Maulana Azad Institute of Dental Sciences, Delhi
- General Hospital, Gandhinagar

### **Operational Excellence: Private Sector**

- Fortis Ft. Lt. Rajan Dhall Hospital, New Delhi
- Fortis Hospital, Noida
- Shalby Hospital, Ahmedabad

Apart from the above categories, **Award for the Healthcare Personality of the Year** was given to Mr Shivinder M. Singh, Managing Director, Fortis Healthcare Ltd and Dr Hemraj Balchand Chandalia, Director, DENMARC. A **Lifetime Achievement Award** was presented to Dr Prathap C. Reddy, Chairman, Apollo Hospitals Group. Also, a **FICCI Special Award on Healthcare** was given to Nursing Fraternity, KEM Hospital, Mumbai

# Indian Healthcare Sector

Healthcare has emerged as one of the largest service sector of the economy and is expected to reach Rs. 3.5 Lakh crore in size by 2012. The public sector spend in healthcare however, is less than 20% of the total expenditure, which ranks India 171 out of 175 countries in the World! In 2009, India spent only 5.2% of the GDP on healthcare with more than 80% (4.3% of GDP) coming from the private sector alone valued at around Rs 1 Lakh Crore.

However, the health indicators of the country look abysmal compared to global averages. India has deficit of health infrastructure as highlighted by number of hospital beds per thousand populations, which are less than half of Brazil and China in spite of the fact that it suffers from disease burden (in terms of DALY) which is around 37% higher when compared to Brazil and 86% higher when compared to China. Further, the health system in India consists of healthcare providers operating within an unregulated environment, and with no standardized protocols to help measure the quality of care.

	India	China	Brazil	Global Avg.
Hospital Beds (Per 1000 population)	0.9	4.1	2.4	2.9
No of Physicians per 1000 population	0.6	1.4	1.7	1.4
No of nurses Per 1000 population	1.3	1.4	6.5	3.0
Per capita Govt. exp on health at avg. exchange rate (US\$)	15.0	69.0	317.0	517.0
Per capita Govt. exp on health (PPP int. \$)	40.0	126.0	385.0	524.0

Source: World Health Statistics 2011

Rapid growth of the Indian economy has led to change in urban and rural lifestyle that has brought about a major shift in the prevalence of disease pattern from communicable to non-communicable. This has resulted in increase in the total disease burden, which translates into huge economic loss for the nation estimated to be about 1.3% of GDP (Source: WHO, 2005). The GDP loss itself is expected to increase to 5% by 2015 estimated to be Rs 6,100,000 crore at constant base year prices of 1999-2000 (Source: FICCI-E&Y Report 2008). Although in the next decade or so, India would continue to have the demographic advantage over the rest of the world, a major concern of the government and industry would be to sustain near 10% plus growth rate with constraints of healthy and appropriately skilled population.

Health was accorded priority sector in the Eleventh Five Year Plan that brought in the required focus on health sector by the Government. However, much is required to be done in terms of increasing the public fund allocation to the sector and encouraging private sector penetration to the interiors. The industry's demand for infrastructure status has been partially heeded in making the sector eligible for support without annuity provision under the provision to Rule 3 (ii) of the Scheme for support to Public Private Partnerships. At a time when we are discussing and debating the formulation of the Twelfth Five Year Plan, FICCI believes that a focus on preventive care along with curative care should be the critical policy intervention towards a more effective healthcare system of the country.

# Recommendations

The key recommendations arising out of the conference are:

## "XIIth Plan Focus in Healthcare"

Given the huge skew in health expenditure in the country with private sector contributing 80% of the total expenditure, the XIIth plan has to start the process to restore balance in the long run. The XIIth plan has envisaged 150% increase in spending (2.5-3%) of GDP as against the current ~1% during the plan period (2012-17).

Even with significant expansion of the private sector in tier- III and tier-IV cities, greater public expenditure is required in healthcare because of the following:

- Nearly 50% of the population still remains either below the poverty line or just above where application of user fees for healthcare delivery finds no takers.
- There is no alternative to mass public health initiatives like NRHM and the proposed urban health mission.

### Recommendations:

**Health programs:** With huge differences in health outcomes across states, (Kerala & Tamil Nadu vs., Uttar Pradesh & Bihar), the planning has to address the issues to make healthcare services accessible to the remotest part of the country.

*Release of FICCI Knowledge Paper during the Open House Session on XIIth Plan Focus in Healthcare*  
L to R: Mr. Anjan Bose, FICCI Health Services Committee Chairman and Vice President, Philips Electronics India Ltd.; Dr. Syeda Hameed, Member, Planning Commission, GoI; Mr. Montek Singh Ahluwalia, Deputy Chairman, Planning Commission, GoI; Dr Praneet Kumar, CEO, Dr B L Kapoor Memorial Hospital; Dr Narottam Puri, Advisor - FICCI Health Services Committee, Chairman - NABH, Advisor - Medical, Fortis Healthcare Ltd.; Dr Rajiv Kumar, Secretary General, FICCI; Mr. P K Pradhan, Special Secretary & Mission Director (NRHM), Ministry of Health & Family Welfare, GoI; Mr Anshu Prakash, Principle Secretary, Health and Family Welfare Department, Delhi



**Equity & Allocative Efficiency:** To ensure that the benefits reach the poor, healthcare programs have to be relevant to the poor and allocative efficiency is taken into account at the planning stage. Efforts on increasing efficiency and raising quality have to be distinct from increasing access of primary care to the poor which has greater overall higher impact on access.

**Engaging the Private Sector:** With private sector dominating healthcare delivery, possibility of implementation of public health initiatives in collaboration with the private sector should be explored.

- PPP in healthcare needs to be given a fillip. A cost effective national framework needs to be put in place to utilize private sector expertise and enterprise to fulfil public health outcomes.

**Addressing healthcare manpower shortages:** to address manpower issues in healthcare, a multi pronged approach is required-

- Increase strength and scope of the ASHA and ANM worker for enhancing primary care.
- Coordinate with MCI and the Ministry of Health to allow easier norms for medical and nursing colleges to address huge shortage of doctors and nurses.
- Incentivizing specialist medical professionals like radiologists, forensic science experts etc
- Industry and government collaboration to address skill shortages in paramedics and allied healthcare professions.

**Preventive Healthcare:** Further lift to inter-ministerial coordination in projects related to preventive healthcare and national disease control programmes - water, sanitation, personal hygiene, waste management, municipal corporations etc

**Drugs:** ensure availability of the generic drugs, more prescription audit drugs and reduce the share of drugs in healthcare services from 40% in the long run. Simultaneously, there is a need for innovative approach on promoting use of rational drugs.



## "Showcasing Successful Innovations in Preventive Healthcare"

The Indian Healthcare Industry is typically characterized as a necessity which remained underserved during the transformation of the Indian economy. There is a need to develop sustainable innovation strategies to tackle the multifarious challenges faced by the Industry which present immense opportunity for healthcare organizations to create and develop scalable models in healthcare. Innovative healthcare solutions work to bringing these gaps down through technology such as tele-diagnosis, tele-consultation, clinical decision support systems and smart devices to support the frontline caregivers.

Further, preventive healthcare in India faces severe constraints when it needs to be deployed within the expanses of our country. Besides the lack of infrastructure to support sophisticated diagnostic equipment, the specific challenges that need to be addressed include huge turnout of people into these screening camps, lack of continuous power, skilled technicians and poor documentation control. What we need is a paradigm shift for a more productive and sustainable growth of our Country's economy that can be achieved when we holistically address these healthcare issues including robust development of medical technology.

### Recommendations:

- **An Enabling Ecosystem:** Create an ecosystem that encourages affordability, incentives or subsidies for promoting preventive healthcare.
- **Research & Development:** Government could encourage bold multilateral R&D efforts to look at the specific needs for operationalizing the preventive healthcare programs.
- **Information Dissemination:** Formulate a mechanism or platform where information of new innovations can be disseminated within and outside the Government implementing bodies.
- **Effective Processes:** With a prospective market support and proactive regulatory framework, appropriate and cost effective medical technologies that improve the efficacy of the National Health Programs and Screening programs can be deployed through a fast track process.

### Special Session: Showcasing Successful Innovations in Preventive Healthcare

L to R: Mr. Sameer Kothari, CEO, Zilico Ltd., UK ; Mr. Mihir Shah, CEO, UE LifeSciences Inc.; Mr A Vijay Simha, Chief Strategy Officer, BPL Ltd; Dr. Shyam Vasudeva Rao, CTO, Forus Health Pvt. Ltd.; Mr. Peter Bauer, President, Inovise Medical Inc.; Dr. Yogesh Patil, Co-founder, Biosense Technologies Pvt. Ltd.





## "Financing in Healthcare"

Financing in Healthcare is possibly one of the most important elements when we talk about the transformation of healthcare in India. India cannot continue to grow at 8% plus growth rates without being complemented by a robust social infrastructure of healthcare which in turn would remain a pipe without a robust health financing mechanism.

Since the risk to become ill is not evenly distributed over time or across populations, risk pooling which spreads financial risks from an individual to all pool members is of utmost importance in healthcare. This is more so in a country like India where currently nearly 80% of all healthcare expenditure is financed from out of pocket (OOP) which can deter people especially poor from seeking healthcare when sick or injured.

- While Government funding on healthcare has to increase to 2.5-3% of GDP as promised in the XIIth plan document, healthcare spending of the Government should be guided by the disease burden faced by the country rather than other considerations. The Global Burden of Disease (GBD) is higher in the country compared to other BRICS like China and Brazil.
- There is no scope for the health sector in India entirely funded by taxation (free of cost) which looks unsustainable even in less populous developed countries like the UK. Any temptations for a universal health coverage based entirely on public finances in India should be avoided. The course for India therefore is to put market mechanism to work even in public healthcare schemes to bring about efficient delivery of services to the poor.
- **Incentivizing private healthcare providers:** granting 'infrastructure status' to the sector would mobilize substantial resources required for quality healthcare delivery's penetration beyond the metros.



### **Plenary Session I: Financing in Healthcare**

L to R: Mr Brian de Francesca, Vice President, Telematic & Biomedical Services Group; Mr Aditya Vij, CEO, Fortis Healthcare; Mr Murali Nair, Partner, Ernst & Young Pvt Ltd; Mr Ashok K Kakkar, Director, Government Business & PPP, Wipro GE Healthcare Pvt. Ltd; Mr Harinarayan Sharma, Chief Officer-Strategy and Business Development, Manipal Health Enterprises



- The two most common financing mechanisms- private and social insurance can serve different purposes. While private insurance should be incentivized in a competitive market for the middle class and rich to have variety in offerings; social insurance should increasingly be pushed through a market mechanism to enhance efficiency and quality.
  - The Rasthriya Swasthya Bima Yojana (RSBY) is an excellent example of a sustainable PPP financing mechanism. While both the private and public sector provider can enroll for healthcare delivery on the one hand, insurance companies again both from the private and public sector compete on premiums and service to garner market share.
- **Health Savings Account:** Another method of direct risk pooling which should be promoted is the health savings account. A policy introduced compulsory savings account can be used to pay for inpatient services shifting current income into the future.
- **Leveraging the IT advantage:** Advances and expertise in information technology should be leveraged for effective identification of beneficiaries and plugging the loopholes especially for rural areas which lack on literacy and awareness parameters. Smart cards, bio metric methods used are step in the right direction.

The notion of 'Markets' being not willing and able to penetrate beyond the metros can effectively be broken if market mechanisms can be used to bring about efficient delivery of services to the poor.

## “Preventive Healthcare: Need of the Hour”

Preventive healthcare in India is still at early stages as it is inherently different from curative health care focusing on acute problems. Early detection of disease is easy to manage and reduces the economic burden on both individual and the State. The burden of non-communicable diseases is expected to double to 57% by the year 2020. The situation is further aggravated as most States have meager budgets allocated for health resulting in 80% of healthcare delivery currently being provided by the private sector, which is primarily focused on curative care.

Public programs for screening of population for critical diseases are few and in their nascent stage and private sector role has been negligent. Wellness Centres have been emerging in urban India as a result of lifestyle change and an increase in disposable income and consumption pattern. The disease burden on the economy can be reduced only when public health, preventive care and wellness programs are in sync.

### Recommendations:

- **Awareness Generation:** Equip patients and general public with information and skills in prevention and self-management. Make prevention an element of every health care interaction with special focus on schools.
- **PPP Models:** Develop programs to support a paradigm shift towards integrated preventive health care such as preventive screening in partnership with government hospitals. Some other innovative PPP models can be implemented through public health centres to reach the rural and underserved areas.
- **Budget Allocation:** Although the core strategies of NRHM include, “developing capacities for preventive health care at all levels”, there is no scope for a fixed budget allocation for this important aspect. We recommend that the public as well as private hospitals should allocate a specific budget to support preventive-promotive health services.
- **Innovations:** Health care systems can maximize their returns from scarce and seemingly non-existent resources by shifting towards innovative activities that emphasize prevention and delay in complications.
- **Health Insurance:** Preventive health checkups should be added to health insurance policies.



### Panel Discussion I: Preventive Healthcare: Need of the hour

L to R: Ms Ameera Shah, Co-Chair - FICCI Health Services Committee, CEO & Managing Director, Metropolis Healthcare Ltd; Mr Anuj Gulati, CEO, Religare Health Insurance Co. Ltd; Mr Nimish Parekh, Founder, President and CEO, Cecilia Healthcare Services Pvt Ltd; Dr Bhuvnesh Agrawal, CMD, Roche Diagnostics India Pvt. Ltd.; Ms Sangita Reddy, Chairperson, FICCI Andhra Pradesh State Council and ED - Operations, Apollo Hospitals Group; Dr Subhadra Menon, Head - Health Communication & Advocacy, PHFI; Mr Amol Naikawadi, Joint MD, Indus Health Plus Pvt. Ltd; Dr Puneet K Nigam, Senior VP - Medical Services & Quality & Chief of Laboratory Services, North India, Metropolis Healthcare Ltd.

## “How can Diagnostics improve healthcare – key challenges and recommendations”

Effective diagnosis is a prerequisite for successful therapy and early and accurate diagnosis results in timely and appropriate treatment. While nearly two thirds of medical decisions are made based on diagnostics, it comprises less than 2% of overall healthcare costs in India. Further, the penetration of diagnostic service has remained very low in India, being concentrated around metros and big cities.

In developing countries, the combined challenges of misdiagnoses and missing data not only reduce the quality of medical care but lead to flawed population health assessment and planning. Lack of regulation and standardization has led to poor to over diagnosis in India. Further, high import duty and custom clearance procedures, slow pace of approvals from statutory authorities, lack of national laboratory network for evaluation and approval of new products, lack of public awareness are some of the factors slowing down the pace of development of this sector. India is expected to take certain steps in order to meet these challenges and boost its emergence as the diagnostic capital of the world.

### Recommendations:

- **Regulation:** Stronger regulations for clinical establishments by making registration along with regular audits mandatory.
- **Promote Quality:** Accreditation of diagnostics laboratories through NABL should be promoted to attain laboratory excellence and quality assurance.
- **PPP Models:** Encourage PPP models for underserved and rural areas for improved and accessible diagnostic services.

### Panel Discussion II: How can Diagnostics improve healthcare – key challenges and recommendations

L to R: Dr Bhuwnesh Agrawal, CMD, Roche Diagnostics India Pvt. Ltd.; Dr. Dharminder Nagar, MD & CEO, Paras Hospital; Mr. Antony Jacob, CEO, Apollo Munich Health Insurance Co Ltd.; Ms Ameera Shah, Co-Chair - FICCI Health Services Committee, CEO & MD, Metropolis Healthcare Ltd; Hony. Brig. Dr Arvind Lal, CMD, Lal Path Labs; Dr. Navin Dang, Microbiologist & Director, Dr Dang's Medical Diagnostic Centre; Dr. Harsh Mahajan, Director, Mahajan Imaging Centre; Mr. Probir Das, Director / Strategic Key Accounts & Diagnostic Systems, Becton Dickinson India



- **Reduce Costs:** Costs for diagnostic services in the country need to be reduced, e.g., by waiving the custom duties and service tax.
- **Improve Linkages:** Promote hub & spoke arrangements linking hospitals in major cities with smaller ones in districts through remote diagnosis tools like tele-radiology, telemedicine, tele-pathology.
- **Innovative health insurance:** The greatest value of diagnostic services can be obtained in avoiding hospitalization. Hence, innovative health insurance products covering outpatients are required to incentivize health check-ups, optimize the healthcare and reduce suffering, costs as well as burden on the already overstretched system.
- **Incentives:** Incentivize health check-ups during public health interventions along with awareness generation to gain long term solutions for behavior change.

## “Emergency Medicine”

Emergencies and accidents are commonplace in all parts of India. Everyday, India faces the dual challenges posed by emergencies related to infections and communicable diseases and those related to chronic diseases and trauma. Adding to the burden of cardiac diseases is the growing road traffic crash incidents. The World Health Organization (WHO) has projected that by 2020 road crashes will be a major killer in India. Also, current statistics indicate that cardiac diseases and stroke will be a major cause of death and disability in 2020.

Most Indian hospitals use their designated 'casualty' area as the emergency care area which is often manned by a junior physician. In addition, triage is rarely practiced. Problems are worse in rural areas, where even the most basic emergency obstetric care has been found to be lacking.

The current Emergency Medical Services (EMS) infrastructure is inefficient due to the lack of critical components such as: a centralized administrative body, trained emergency medical personnel, a centralized emergency phone number, and quality ambulance services. There are, however, signs of change in EMS due to an increase in the number of government initiatives. The need of the hour is to create awareness about the importance of Emergency Medicine and to demonstrate its right usage.

### Recommendations:

- **Collaborations:** A collaborative effort is needed not only by the medical community, but also by other agencies and private sector to reform the emergency response system in India. By collaborating with agencies worldwide, we can bring in the essential technical expertise to truly reform the system.

*Master Class A: Emergency Medicine  
Demonstration being given by Fortis  
Healthcare Ltd*



- **Legislation for emergency services:** There is an urgent need for standardization and legislation in emergency services that would mandate a common access number with improved responsiveness by bringing together government, NGOs and private hospital, replicating the Gujarat Emergency Medical Services Authority (GEMSA) model.
- **Formation of an EMS council to include** trained paramedics, network of hospitals, a gradation of ambulance and hospitals, define physical and human resources needed for the service. This could help save lives by making access easy for all the patients.
- **Public Awareness:** With India burdened by the most traffic accidents in the world, it is important to fight this problem with awareness drives for the available services and preparedness among the general population.
- **Augment Emergency medicine education programs** in the country with introduction of simulation facilities and a variety in the trainings such as emergency ultrasound and resuscitation. Further, these programs need to be effectively regulated throughout India.
- **Career:** Stimulate the young minds of graduating physicians, nurses, and paramedics to see Emergency Medicine as a career opportunity and to influence decision makers to formulate policy conducive to fair practice and training in emergency medicine.





## “Electronic Health Records & Hospital Information Systems”

In today's healthcare practices of all types and sizes, information is both a benefit and a challenge for every provider. New information about disease and treatment is saving lives, while a lack of effectively managed data can put this information at risk. Further, more mobile populations make it difficult to transfer medical records to the point of care. Adding to the complexity, most patients are not cared for by a single physician or one organization, but by a collective process that includes nurses, consulting specialists, diagnostic technicians, and administrative staff.

Electronic Health Records (EHR) provide consolidated information about a patient's health, and can be immensely useful to the patient, clinician and hospital. Across the world, the adoption of EHR has been seen as an important means to reduce cost and improve clinical outcomes. Implementation of an EHR in any hospital requires changes to the processes followed in the hospital such as standardisation of processes and nomenclature, communication between stakeholders, changing the way medicines are administered, and the shift from experience based to standards-based care.

Ministry of Health & Family Welfare, Government of India is in the process of developing a national policy for implementation of EHR. FICCI is the coordinating agency for the process on behalf of the Ministry.

### Recommendations:

- Government should look to fund and develop open source software which could be provided to public and private hospitals to kick start acceptance of Health Information System.
- **Staff:** There is need for dedicated staff in every hospital for feeding EHR data
- **Tools:** There is need to standardize the gadgets (like palm top and electronic writing pads for prescriptions) which can be interfaced with EHR/EMR and can easily and quickly transform into health / medical records.
- **Ease of access:** There should be ease of access to EHR information to enable continuity of care (for example - single window concept or electronic flip concept which is similar to an actual manual sheet).
- **Rewarding and Certification:** Government should provide financial incentives / grants to increase the interest of doctors / hospitals who effectively use and implement HER.
- Software companies can do a lot for the community they serve and for themselves by paying more attention to the needs of the medical community and gearing up to meet them. They can also share their knowledge with the medical community about all the new innovations and software technologies.

## “Moving from Experiential to Evidence Based Medicine”

Till recent times medical practice in India has been experiential and intuitive rather than evidence based. With advancement in medical technology and diagnostics, doctors depend more and more on the modern tools and procedures for diagnosis and treatment. This has led to multiplicity of standards adopted by hospitals and medical practitioners leading to varying quality of healthcare. Further, Insurance companies use their own standards for disbursement of claims to acrimony between the healthcare providers & insurers.

FICCI emphasizes upon judicious use of investigative support and approach for decision making for choice of treatment modality. Further, we need a judicious approach in integrating the science of practice with external available evidence and clinical judgement, which need to be balanced to make good clinical decisions.

In order to catalyze and promote the practice of EBM a concerted effort is required to sustain with the involvement of all the stakeholders as under:

- **Strong framework for dissemination and implementation of evidence based medicine:**
  - Increase awareness about effective interventions and the potential gains from using research based knowledge in policy and practice
  - Identify target groups and individuals with specific roles in implementing research based knowledge in practice
  - Support individuals in specific pilot projects to evaluate potential ways to implement change in practices that seem to run contrary to current available evidence
  - Encourage national governments, institutions, or donors to commit to evidence based approaches, with effective implementation and monitoring systems



**Release of Work in Progress Report of the Standard Treatment Guidelines**  
L to R: Dr Ajit Sinha, Consultant Surgeon, Safdarjung Hospital, Vardhaman Mahavir Medical College; Dr Praneet Kumar, CEO, Dr B L Kapoor Memorial Hospital; Mr L C Goyal, Additional Secretary & Director General - CGHS, Ministry of Health & Family Welfare, GoI; Dr. T. D. Chugh, Emeritus Professor (NAMS), Sr. Consultant and Chairman, Department of Microbiology, BLK Memorial Hospital; Dr Narottam Puri, Advisor - FICCI Health Services Committee, Chairman - NABH, Advisor - Medical, Fortis Healthcare Ltd.

- **Standardization of Practice of Medicine:** In order to ensure uniformity and consistency in delivery of healthcare services, evidence-based medical practice entails following a standardized algorithm in the framework of – if not, then. This leads to elimination of personal bias & prejudices, analysis of best available relevant evidence and accommodation of patient preferences, wherever inevitable coupled with analytical appraisal of probable outcomes in similar situations.
- **Formulation of Standard Treatment Guidelines - A National Initiative:** Realising the importance of Standard Treatment Guidelines (STGs), Ministry of Health & Family Welfare, Government of India has embarked on the exercise of creating STGs for 20 specialities with help of leading specialists in each field. FICCI is coordinating this exercise on behalf of the Ministry. Experts from across the nation have been invited to formulate these STGs through a detailed process of consultation, consensus building and peer review including from their individual professional bodies such that these guidelines serve as a template for standardization leading to rational and cost effective treatment for citizens of the country. Nine completed STGs were released during FICCI HEAL 2011 by Additional Secretary, Mr L C Goyal, Ministry of Health & Family Welfare, Government of India on September 9, 2011. The final STGs will be submitted to the Ministry by end of this year for further action for adoption and roll out for implementation such that the clinical practice in these specialities is guided for paving way for universal practice of evidence-based medicine.

Press Conference during  
FICCI HEAL 2011



## "Bridging the Skill Gaps in Healthcare Sector"

Human resources occupy a central position in any health care system and various world-wide analysis have shown a strong link between the demography of healthcare workforce and health outcomes such as mortality rates. It is ironical that despite being a country of over a billion people, the greatest challenge to Indian health science is not a lack of funding but a current lack of human resources.

According to recent trends, there has been a considerable drop in youth opting for the science stream. Also, within this stream, there are few takers for subjects like biology, life sciences etc. This is indeed a grave concern considering the acute shortage of healthcare human resources, at all levels.

Although India has the largest numbers of medical colleges (335 with equal number of AYUSH colleges) compared to the developed and developing countries, 54% of the colleges are concentrated in the 5 southern states, with only 40000 students graduate with an MBBS every year. This is just 3 colleges per 10 million of our population. Only 18000 enter the post graduate level and dips further at the super specialization level. To meet the global averages, India needs to open 600 medical colleges (100 seats per college) and 1500 nursing colleges (60 seats per college) in the next 15 years. This also brings into fore the critical issue of existing quality faculty shortages in medical colleges.

Hence, we need to focus on the policy interventions and solutions needed to increase opportunities to enhance the medical, nursing, paramedical and management skill pools, attract good talent in these areas of education and augment the ongoing initiatives to bridge the demand - supply gaps. Some of the ways in which this can be achieved are:

- **Effective Regulation:** Parliamentary ratification to link the two proposed regulatory bodies - National Commission for Human Resources in Health and the National Commission for Higher Education and Research, should be expedited.



### **Panel Discussion IV: Bridging the Skill Gaps in Healthcare Sector**

L to R: Mr. Rajen Padukone, CEO, Manipal Health Enterprises Ltd.; Prof. Bimla Kapoor, Director and Professor, School of Health Sciences, IGNOU; Dr Gayatri Mahindroo, Director, NABH; Mr Debasish Panda, Joint Secretary, Ministry of Health and Family Welfare, GoI; Mr Mukesh Shivdasani, Managing Partner, Caprila Advisory; Dr Nandakumar Jairam, Co-Chairman, FICCI Health Services Committee and Chairman & Group Medical Director, Columbia Asia Hospitals India; Mr Daljit Singh, President-Strategy & Organizational Development, Fortis Healthcare Ltd.; Dr K Hari Prasad, CEO, Apollo Health City

- **Private Partnerships:** If the 550,000 beds in the 640 district hospitals are allowed to be managed by Private Medical colleges with the condition that remuneration of doctors engaged, training of the nursing, paramedical and non clinical staff and a fee per student is paid to the State Government by the private sector, would lead to a win-win situation for all. The Government would be able to provide quality healthcare with less burden on the exchequer and the private medical college would have access to infrastructure, staff and patient load. Even if 50% of the Government beds are utilized under this arrangement, we can have additional 50,000 students every year.
- MCI should allow **scaling up of Post Graduate Training in Hospitals** based on size, infrastructure, clinical staff and occupancy criteria, while stipulating norms, parameters, curriculum and also conduct or oversee the examination process. Presently such training can be provided under the affiliation of the National Board of Examinations which award the 'Diplomate of National Board' (DNB), a tried and tested system of post graduate education.
- Training of **nurses and paramedics** should be recognised in the hospitals by allowing these hospitals to be attached to allied health academic institutions, with examination being conducted by these institutions.
- Promotion of **Public Health** as a discipline at the national level and greater emphasis to public health development activities
- The 750,000 **AYUSH practitioners** may be integrated into the mainstream medical line by providing them with bridging, training and internship programs clearly stipulating the specific areas where they can provide support in the hospitals.
- Government should facilitate an ecosystem to create a pool of physician assistants, nursing assistants, technician assistants, paramedic assistants as well as patient care coordinators by **training class 12 students** in an organized manner in the hospital environment which would take off the non-clinical load from the doctors, nurses and paramedics.





## “Medical Technology - moving from Imports to Local Innovation”

Increase in medical professionals and enhanced infrastructure alone will not be able to solve India's huge unmet needs in healthcare. It needs to be supported by technology. Medical technology constitutes 40% of the treatment which is divided between equipment, diagnostics, consumables and devices (implants). One of the key drivers for cost is the lack of indigenous manufacturing and high import dependency. As a long term solution, there has to be clear directive to encourage and support any initiative or innovation in technology for that makes healthcare affordable and accessible to the common man.

India is an enormous source of intellectual capital that can be channeled for driving local innovation & manufacturing in the field of medical technology. Select MNCs and few Indian companies have tapped the potential and demonstrated considerable success in this field. It's time for more players to take the plunge and reap benefits.

Reasons for lack of interest by local companies:

- In-sufficient scale in India
- Cheap imports from countries like China
- Prevalence of inverse duty structure

### Recommendations:

- **Global Markets:** The challenge around scale can be addressed by keeping global markets in view and thereby creating quality products and solutions that are FDA/CE certified.



### **Parallel Session A: Medical Technology - Moving from Imports to Local Innovations**

L to R: Mr Ashok K Kakkar, Director, Government Business & PPP, Wipro GE Healthcare Pvt. Ltd; Mr A Vijay Simha, Chief Strategy Officer, BPL Ltd; Mr S S Yadav, Director (NRHM), Ministry of Health & Family Welfare, GoI; Mr Munesh Makhija, Chief Technology Officer, GE Healthcare; Ms Anuradha Vemuri, Director, Ministry of Health & Family Welfare, GoI; Dr Mahesh Reddy, Executive Director, Nova Medical Centers P Ltd.; Mr Rajnish Rohatgi, Business Director - Medical Surgical, Becton Dickinson India P Ltd



- **Continuous Innovation and Improvement:** A focus on innovation, continuous improvement and local value addition to cater to the vast semi-urban & rural market is required from the Indian Companies. Mere indigenization of imported devices may not provide differentiation especially while comparing it with China.
- **Custom Duty structure:** In last few years, Government of India has rationalized to a large extent the custom duty structure on medical devices. Few anomalies especially with regard to custom / excise duty on raw materials and parts for manufacture still remain and should be dispensed with at the earliest.
- **Incentives:** Government should also consider some fiscal or non-fiscal incentives to attract investment in this sector.
- **National Rural Health Mission:** NRHM is a structured program launched by Government of India to integrate several rural initiatives & programs for creating a robust healthcare delivery system in the country. Unfortunately, paucity of skilled resources has limited the success of the mission. Encouraging private participation through well-structured PPP models can support fulfillment of mission objectives especially with regard to operation & maintenance of medical equipment, training of medical staff, deployment of remote service delivery solutions etc.
- **Safeguard against Abuse:** Technology is also susceptible to abuse. A pertinent example of abuse is the usage of ultrasound technology for sex determination and selective abortion of girl child. Industry needs to actively support the Government in creating awareness, driving compliance to Pre-Natal Diagnostic Techniques (PNDT) Act and by creating innovative technology solutions that can provide safeguards against such abuse.

Delegates at FICCI HEAL 2011



## “Sustainability of Social Health Insurance Schemes”

World Bank has estimated that spending through health insurance mechanisms will continue to increase in India at an overall compounded annual growth rate of 19 percent per annum, reaching Rs 38,000 crores by 2015. Government's Social Health Insurance Schemes (GSHIS) will account for about 40 percent of the total while commercial insurers will represent most of the remainder. In 2015, spending through health insurance will reach 8.4 percent of total health spending, up from 6.4 percent in 2009-10.

Social health insurance schemes have gained momentum in last decade with Andhra Pradesh taking the lead by launching of Arogyasree. Subsequently other States and Government of India has followed suit. Together, these schemes cover over 180 million beneficiaries and involves substantial political, administrative and financial support from the government. It has been observed that most of the care provision for such schemes is being provided by smaller hospitals with less than 30 beds and quality of care has been questionable. Government has been keen on attracting the larger private healthcare providers to participate in these programmes, but the industry has been in the watch and wait mode.

Some of the key challenges that need to be overcome to make them a sustainable initiative for all concerned:

- The team in the implementing agency in several cases is very small, which affects internal controls and monitoring
- Constraints in Targeting due to problems in BPL listing
- Focus is on inpatients, especially surgical, tertiary care with weak links to primary care
- Package rates are variable across schemes and not linked to costs, which may distort provider behaviour



### **Parallel Session B: Sustainability of Social Health Insurance Schemes**

L to R: Dr T. S. Selvavinayagam, Deputy Director, Tamil Nadu Health Systems Project; Mr Jaideep Gupta, Managing Director, Apollo Hospitals Delhi; Dr Somil Nagpal, Health Specialist, Health Nutrition and Population, South Asia region, The World Bank; Mr P C James, GM, United India Insurance Company Ltd.; Dr Niti Pall, Chair and Clinical Lead, Pathfinder Healthcare Developments CIC, UK; Mr Sanjay Dutta, Head-Customer Service- Health & Motor, ICICI Lombard General Insurance Co Ltd;

- Quality of care is still a fringe issue
- Lack of awareness and information about the schemes
- Most public hospitals are in no position to compete with private, low accountability
- Insurers and TPAs face weak incentives to invest in long term cost containment

Some of the ways to address the Operational Challenges of the initiative can be:

- **Establishing a Central-Level Oversight Agency:** to prepare and enforce policies, guidelines and standards and issuing of guidelines. This entity would oversee, coordinate, monitor and evaluate all GSHISs, including the social insurance schemes (e.g. ESIS, CGHS). This agency should also work closely with the private insurance regulatory authority, IRDA.
- **Strengthening purchasing and contracting practices:** Provider contracting is one of the most important functions of scheme management and is a major determinant of network development and overall performance. GSHISs need to be much more proactive in contracting of providers and monitoring the delivery of services (even if they use an insurance company or TPA as an intermediary) in order to take advantage of their financial leverage, fostering greater value for money and improved service performance, particularly in terms of quality.
- **Reinforcing cost containment through** consolidating the purchasing power of GSHISs. One potentially effective cost containment mechanism is the channeling of heretofore separate GSHI schemes into a single institutional purchasing platform at the state level (but not necessarily a single fund) -- a purchasing unit acting on behalf of several schemes would be better able to lower rate increases than any scheme acting alone.
- **Establishing robust monitoring and data use:** The rates should also be aligned with, and preferably somewhat lower than, unit costs to minimize incentives for under- and over-provision of different services, balance billing, or favoring one type of service over another.
- **Building an Integrated Package:** A reconfiguration of insurance schemes, expansion of population coverage to both the BPL and the vulnerable non-poor populations, and deepening of benefit cover is recommended.

Standardization of the health insurance across the country will aid in effective regulation and monitoring of the sector, hence improving the penetration of health insurance.

## “Medical Accountability & Transparency”

Accountability and transparency in health care delivery are extremely important to benchmark the quality of delivery. It indicates the efficiency of this very important service. In India there has been little or no initiatives in this regard. This has left a question mark on how efficient our system is. Such a situation will also affect the fledgling medical tourism industry. Intricately linked with transparency is the need to establish that the practice is also ethical.

The violation of ethics needs to stop. Stringent measures are required to bring to book those who fail to practice honestly. The practice of expecting and accepting kickbacks from the pharma and medical equipment industry, laboratory and imaging centres, doctors and hospitals is rampant. This is cost borne indirectly by the patient.

It is high time that steps are taken to enhance the transparency, accountability and relook at the ethical aspects of health care. Some of the means recommended are:

- Effective Regulations: Both in the form of legislations as well as self-regulation is the need of the hour. We also need a strong national regulatory body that would promote ethics and transparency and help keep a check on unethical practices.
- Establishing and maintaining simple and easy to use information systems on prices, quality, volumes, performance of suppliers, etc, could help mitigate corruption risks.
- Strengthening of access to enforcement practices
- Incentivizing ethical practices
- Ethics should be an essential part of the medical curriculum in all universities



### **Debate : Medical Accountability & Transparency**

L to R: Dr Alexander Thomas, CEO, Baptist Hospital; Dr Narottam Puri, Advisor - FICCI Health Services Committee, Chairman - NABH, Advisor - Medical, Fortis Healthcare Ltd.; Dr Nandakumar Jairam, Co-Chairman, FICCI Health Services Committee and Chairman & Group Medical Director, Columbia Asia Hospitals India; Mr. Vivian Fernandes, Editor - Special Features, CNBC TV18; Mr Shivinder Mohan Singh, Chairman, FICCI Young Leaders and MD, Fortis Healthcare Ltd; Prof S V Joga Rao, Professor of Law, National Law School & Healthcare Consultant, Legal Excel; Mr. Anjan Bose, FICCI Health Services Committee Chairman and Vice President, Philips Electronics India Ltd

## Speakers at FICCI HEAL 2011

## Day 1: September 8, 2011

## Opening Session

## Session Moderator

**Ms Shobha Mishra Ghosh**, Director, FICCI

Session Chair & Welcome Address

**Dr Rajiv Kumar**, Secretary General, FICCI

## Theme Presentation

**Mr Anjan Bose**, FICCI Health Services Committee Chairman and Vice President, Philips Electronics India Ltd

## Special Address

**Ms Sangita Reddy**, Chairperson, FICCI Andhra Pradesh State Council and ED-Operations, Apollo Hospitals Group

## Special Address

"Ageing and Dementia"

**Dr P Satishchandra**, Director / Vice Chancellor, National Institute of Mental Health and Neuro Sciences

## Keynote Address

"From Dis-ease to Health-ease: A Global Perspective"

**Dr Mukesh Chawla**, Head, Knowledge Management, Human Development, The World Bank

## Concluding Remarks

**Dr Nandakumar Jairam**, Co-Chairman, FICCI Health Services Committee and Chairman & Group Medical Director, Columbia Asia Hospitals India

## Vote of Thanks

**Ms Ameera Shah**, Co-Chair - FICCI Health Services Committee, CEO & Managing Director, Metropolis Healthcare Ltd

## Showcasing Successful Innovations in Preventive Healthcare

## Session Convener:

**Mr A Vijay Simha**, Chief Strategy Officer, BPL Ltd.

## Speakers

**Dr Shyam Vasudeva Rao**, CTO, Forus Health Pvt. Ltd.

**Mr Mihir Shah**, CEO, UE LifeSciences Inc.

**Mr Peter Bauer**, President, Inovise Medical Inc.

**Mr Sameer Kothari**, CEO, Zilico Ltd., UK

**Dr Yogesh Patil**, Co-founder, Biosense Technologies Pvt. Ltd.

## Preventive Healthcare: Need of the hour

## Session Convener:

**Ms Ameera Shah**, Co-Chair - FICCI Health Services Committee, CEO & Managing Director, Metropolis Healthcare Ltd

## Chairperson

**Ms Sangita Reddy**, Chairperson, FICCI Andhra Pradesh State Council and ED -Operations, Apollo Hospitals Group

## Panelists

**Dr Bhunesh Agrawal**, CMD, Roche Diagnostics India Pvt. Ltd.

**Dr Subhadra Menon**, Head - Health Communication & Advocacy, PHFI

**Dr Puneet K Nigam**, Senior VP - Medical Services & Quality & Chief of Laboratory Services, North India, Metropolis Healthcare Ltd.

**Mr Nimish Parekh**, Founder, President and CEO, Cecilia Healthcare Services Pvt Ltd

**Mr Amol Naikawadi**, Joint MD, Indus Health Plus Pvt. Ltd

**Mr Anuj Gulati**, CEO, Religare Health Insurance Co. Ltd

## Financing in Healthcare

## Session Convener:

**Mr Murali Nair**, Partner, Ernst & Young Pvt. Ltd.

## Panelists

**Mr Aditya Vij**, CEO, Fortis Healthcare

**Mr Ashok K Kakkar**, Director, Government Business & PPP, Wipro GE Healthcare Pvt. Ltd

**Mr Harinarayan Sharma**, Chief Officer-Strategy and Business Development, Manipal Health Enterprises

**Mr Brian de Francesca**, Vice President, Telematic & Biomedical Services Group

## How can Diagnostics improve healthcare – key challenges and recommendations

## Chairperson

**Hony. Brig. Dr Arvind Lal**, CMD, Lal Path Labs

## Panelists

**Dr Navin Dang**, Microbiologist & Director, Dr Dang's Medical Diagnostic Centre

**Ms Ameera Shah**, Co-Chair - FICCI Health Services Committee, CEO & MD, Metropolis Healthcare Ltd

**Mr Antony Jacob**, CEO, Apollo Munich Health Insurance Co Ltd.

**Dr Harsh Mahajan**, Director, Mahajan Imaging Centre

**Dr Dharminder Nagar**, MD & CEO, Paras Hospital

**Mr Probir Das**, Director / Strategic Key Accounts & Diagnostic Systems, Becton Dickinson India

## Day 2: September 9, 2011

## Emergency Medicine

## Session Convener

**Dr Narottam Puri**, Advisor - FICCI Health Services Committee, Chairman - NABH, Advisor - Medical, Fortis Healthcare Ltd.

## Key Speaker

**Dr Ashendu Pandey**, Head - Medical Strategy, Quality & Fortis Emergency Services, Fortis Healthcare Ltd.

## Electronic Health Records &amp; Hospital Information System

## Session Convener

**Ms Susheela Venkataraman**, Managing Director- Internet Business Solutions Group, CISCO

## Speakers

**Dr Neena Pahuja**, Chief Information Officer, Max Healthcare

**Dr T Sunder**, Senior Consultant Cardiothoracic Surgeon, Apollo Hospitals

**Dr Divye Chhabra**, Clinical Transformation Leader-IT, Max Healthcare



### XIIth Plan Focus in Healthcare

#### Introduction

**Mr Anjan Bose**, FICCI Health Services Committee Chairman and Vice President, Philips Electronics India Ltd

#### Keynote Address

**Mr Montek Singh Ahluwalia**, Deputy Chairman, Planning Commission, GoI

#### Moderator

**Dr Rajiv Kumar**, Secretary General, FICCI

#### Panelists

**Dr Syeda Hameed**, Member, Planning Commission, GoI

**Mr P K Pradhan**, Special Secretary & Mission Director (NRHM), Ministry of Health & Family Welfare, GoI

**Mr Anshu Prakash**, Principle Secretary, Health and Family Welfare Department, Delhi

### Moving from Experiential to Evidence Based Medicine

#### Session Convener

**Dr Praneet Kumar**, CEO, Dr B L Kapoor Memorial Hospital

#### Moderator

**Dr Narottam Puri**, Advisor - FICCI Health Services Committee, Chairman - NABH, Advisor - Medical, Fortis Healthcare Ltd.

#### Chairperson

**Mr L C Goyal**, Additional Secretary & Director General - CGHS, Ministry of Health & Family Welfare, GoI

#### Panelists

**Dr Ajit Sinha**, Consultant Surgeon, Safdurjung Hospital, Vardhaman Mahavir Medical College

**Dr T D Chugh**, Emeritus Professor (NAMS), Sr. Consultant and Chairman, Department of Microbiology, BLK Memorial Hospital

**Dr Praneet Kumar**, CEO, Dr B L Kapoor Memorial Hospital

### Bridging the Skill Gaps in Healthcare Sector

#### Session Convener:

**Mr Rajen Padukone**, CEO, Manipal Health Enterprises Ltd.

#### Moderator

**Mr Mukesh Shivdasani**, Managing Partner, Caprila Advisory

#### Panelists

**Mr Debasish Panda**, Joint Secretary, Ministry of Health and Family Welfare, GoI

**Dr Gayatri Mahindroo**, Director, NABH

**Prof Bimla Kapoor**, Director and Professor, School of Health Sciences, IGNOU

**Dr Nandakumar Jairam**, Co-Chairman, FICCI Health Services Committee and Chairman & Group Medical Director, Columbia Asia Hospitals India

**Mr Daljit Singh**, President-Strategy & Organizational Development, Fortis Healthcare Ltd.

**Dr K Hari Prasad**, CEO, Apollo Health City

### Medical Technology: Moving from Imports to Local Innovations

#### Session Convener & Moderator

**Mr Ashok K Kakkar**, Director, Government Business & PPP, Wipro GE Healthcare Pvt. Ltd

#### Presentation

**Mr Munesh Makhija**, Chief Technology Officer, GE Healthcare

#### Panelists

**Mr S S Yadav**, Director (NRHM), Ministry of Health & Family Welfare, GoI

**Ms Anuradha Vemuri**, Director, Ministry of Health & Family Welfare, GoI

**Mr Rajnish Rohatgi**, Business Director - Medical Surgical, Becton Dickinson India Pvt. Ltd

**Mr A Vijay Simha**, Chief Strategy Officer, BPL Ltd

**Dr Mahesh Reddy**, Executive Director, Nova Medical Centers P Ltd.

### Sustainability of Social Health Insurance Schemes

#### Session Convener

**Dr Somil Nagpal**, Health Specialist, Health Nutrition and Population, South Asia region, The World Bank

#### Panelists

**Dr T S Selvavinayagam**, Deputy Director, Tamil Nadu Health Systems Project

**Mr P C James**, GM, United India Insurance Company Ltd.

**Mr Sanjay Dutta**, Head- Customer Service- Health & Motor, ICICI Lombard General Insurance Co Ltd

**Mr Jaideep Gupta**, Managing Director, Apollo Hospitals Delhi

**Dr Niti Pall**, Chair and Clinical Lead, Pathfinder Healthcare Developments CIC, UK

### Medical Accountability & Transparency

#### Session Convener

**Dr Nandakumar Jairam**, Co-Chairman, FICCI Health Services Committee and Chairman & Group Medical Director, Columbia Asia Hospitals India

#### Moderator

**Mr Vivian Fernandes**, Editor - Special Features, CNBC TV18

#### Panelists

**Mr Shivinder Mohan Singh**, Chairman, FICCI Young Leaders and MD, Fortis Healthcare Ltd

**Mr Anjan Bose**, FICCI Health Services Committee Chairman and Vice President, Philips Electronics India Ltd

**Dr Nandakumar Jairam**, Co-Chairman, FICCI Health Services Committee and Chairman & Group Medical Director, Columbia Asia Hospitals India

**Prof S V Joga Rao**, Professor of Law, National Law School & Healthcare Consultant, Legal Excel

**Dr Narottam Puri**, Advisor - FICCI Health Services Committee, Chairman - NABH, Advisor - Medical, Fortis Healthcare Ltd.

**Dr Alexander Thomas**, CEO, Baptist Hospital



## Delegates at FICCI HEAL 2011

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2	Dr	Aashish	Khare	Student	IIHMR
3	Mr	Abhinav	Thakur	Joint Managing Director	Accurex Biomedical Pvt Ltd
4	Dr	Aisha	Khan	Student	IIHMR
5	Mr	Ajay	Kumar	Asst Manager-Corporater Health & Wellness	Metropolis Healthcare Ltd
6	Dr	AK	Mukherjee	Director General	Indian Spinal Injuries Centre
7	Dr	Akansha	Sharma	Student	IIHMR
8	Dr	Akash	Gupta	Associate	HealthBridge Advisors Pvt Ltd
9	Mr	Alankar	Gupta	Student	IIHMR
10	Mr	Alexey S	Abramov	Deputy Trade Commissioner	Trade Representation Of the Russian Federation in India
11	Dr	Alok Chandra	Johari	President	AAS Healthcare PvtLtd
12	Mr	Aminderbir	Singh	Student	IIHMR
13	Dr	Amit	Chabra	Student	IIHMR
14	Mr	Amit	Garg	Student	IIHMR
15	Mr	Amit	Kaushal	Student	IIHMR
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17	Mr	Amit	Mookim	Executive Director	KPMG India Private Limited
18	Mr	Amit K	Sharma	Fellow	Stanford India Biodesign Centre
19	Dr	Amit Kumar	Srivastava	Student	IIHMR
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21	Ms	Anamika	Prasad	Student	IIHMR
22	Ms	Anamika	Sinha	Student	IIHMR
23	Dr	Anand	Khakhar	Member of Organ Transplant Surgery group	Apollo Chennai
24	Mr	Anand	Rudra	Project Managment Specialist, Urban Health /Water	USAID / India
25	Mr	Anil	Chaturvedi	Business Development Manager	Forus Health Pvt Ltd
26	Mr	Anindam	Basu	Student	IIHMR
27	Mr	Anish	Mehta	Works Manager	Accurex Biomedical Pvt Ltd
28	Dr	Anita	Aggarwal	Scientist	Dept of Science & Technology, Govt of India
29	Dr	Anita	Arora	Head ,Lab-Quality	Fortis Escorts Heart Institute
30	Dr	Anita	Gupta	Student	IIHMR
31	Dr	Anitha	Arockiasamy	Branch Head	India Home Health Care
32	Dr	Ankit	Khosla	Student	IIHMR
33	Dr	Ankita	Chobisa	Student	IIHMR
34	Dr	Ankur	Sooden	Student	IIHMR
35	Dr	Anu	Gupta	Student	IIHMR
36	Prof	Anupama	Sharma	Assistant Professor	IIHMR-Dwarka
37	Ms	Apoorva	Kapoor	Student	IIHMR
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39	Ms	Aridita	Datta	Student	IIHMR
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45	Dr	Ashish	Kumar	Student	IIHMR
46	Mr	Ashok	Chakrabarty	General Manager - Biomedical Engineering	Apollo Hospitals
47	Ms	Aswinder	Kaur		Fortis Healthcare Ltd
48	Dr	B B	Patel	Chief District Medical Officer- Civil Hospital Gandhinagar	Government of Gujarat
49	Lt Col	Badal	Verma (Retd)	Chief Administrator	Santokba Durlabhji Memorial Hospital
50	Ms	Bela	Asdaque	Counsellor & Director, Science & Education	Embassy of Iran
51	Dr	Bhabatosh	Mishra		Apollo Munich Insurance company
52	Mr	Bhaumik	Sanghvi	Business Development Executive	UE LIFE SCIENCES
53	Ms	Bhumika	Fialoke	Student	IIHMR
54	Mr	Bhupesh	Vishishit		E-Meditek
55	Mr	Bimal	Shah	MD	Duke Clinical Research Institute
56	Dr	Binita	Priyamvada		Ernst & Young PvtLtd
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58	Dr	Chaavi	Anand	Student	IIHMR
59	Dr	Chander	Mohan	Director	AARCE
60	Mr	Chhitiz	Kumar	Director - PPP	Philips Electronics India Limited
61	Mr	Chintan	Thaker	PRO	Gujrat Kidney & Stone Foundation
62	Dr	Chitra	Lakhotia	Student	IIHMR
63	Mr	D S	Bhaduriya		Lupin Human Welfare & Research Foundation
64	Ms	Debjani	Dutta		Fortis Healthcare ltd
65	Dr	Deep	Makkar		Primus hospitals
66	Mr	Dip Narayan	Sinha	Manager - IT & Communication	Mercy Hospital
67	Ms	Divya	Kumawat	Student	IIHMR
68	Dr	Divyesh	Devaliya	Student	IIHMR
69	Ms	Elizabeth G	Clark	Hospital Analyst	Kerala Institute of Medical Sciences
70	Mr	Frank	Goller	Chief Executive Officer	India Home Health Care Pvt Ltd
71	Dr	Fsaveta	Dewan	Manager- Medical Services	Indraprastha Apollo Hospitils
72	Dr	Garima	Mailk	Student	IIHMR
73	Mr	Gaurav	Chugh	Deputy Manager - Corporate Finance	Fortis Healthcare Ltd
74	Dr	Gauri	Shankar	Senior Associate Professor	Shri Ram College of Commerce University of Delhi
75	Dr	Gautam	Cormoli	Product Marketing Manager	Philips Electronics India Limited
76	Dr	Geeta	Bhardwaj	General Manager-Operations	MDIndia Healthcare Services (TPA) Pvt Ltd
77	Dr	Geetika	Garg	Student	IIHMR
78	Ms	Georgina	Sanderson	Director Policy & Market Access	Cochlear Asia Pacific
79	Mr	Gideon	Lundholm	Second Secretary - Political and Economic Affairs	High Commission of Canada
80	Mr	Girish	Nadkarni		IDFC Private Equity Co Ltd
81	Mr	Girish	Raghavan		GE Healthcare
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85	Mr	Gurpreet	Singh	Consultant	Max Super Speciality Hospital
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87	Mr	H P	Singh	Chief Strategy Officer	Max Healthcare Institute Ltd
88	Mr	Harinder	Singh	Facility Director	Fortis Jessa Ram Hospital
89	Mr	Harish	Pillai		Indus Health Plus Pvt Ltd
90	Dr	Harshada	Bhalerao	Student	IIHMR
91	Ms	Hema	Lal	Sr Manager - Quality & Training	Max Super Speciality Hospital (West Block)
92	Mr	Hemant	Kumar	Business Head	Indus Health Plus Pvt Ltd
93	Dr	Hillary	Lawson		High Commission of Canada in India
94	Dr	Himanshu	Maitra	Student	IIHMR
95	Mr	Himanshu	Roy	Deputy Manager- Health Insurance & Policy	Johnson & Johnson Ltd
96	Mr	Himanushu	Jagat	Student	IIHMR
97	Mr	Hiroyuki	Matsuda		Nomura Research Institute, Ltd
98	Mr	J	Manoj	National Manager-Sales	bioMerieux India Pvt Ltd
99	Dr	J	Bhatia	Chief of Lab Sevices- Projects	Metropolis Healthcare Ltd
100	Dr	J L	Meena	State Quality Assurance Officer - Gandhinagar	Government of Gujarat
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102	Ms	Jagruti	Bhatia	Lead Healthcare Advisory Services	KPMG India Private Limited
103	Mr	Jaidiya	Jeyakar	Asst Product Manager - AED	Philips Electronics India Limited
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105	Mr	Jasjit S	Mangat	Head, Access to Capital (India)	Omidyar Network
106	Mr	Jaspreet	Singh	Head - Govt & Alliances Relations	BD India
107	Ms	Jasrita	Dhir	Associate General Manager - Marketing Communication & PR	Max Healthcare Institute Ltd
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114	Ms	Kanika	Mathur	Student	IIHMR
115	Mr	Kanju	Sethi	Student	IIHMR
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118	Mr	Kedar	Tambe		Indus Health Plus Pvt Ltd
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122	Dr	Krati	Shukla	Student	IIHMR
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125	Ms	Laxmi		Professor	IGNOU
126	Dr	Leena	Chakma Laloo		Milliman India PVT ltd

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130	Dr	Mahima	Gautam	Student	IIHMR
131	Ms	Malti	Jaswal	CEO	E-Meditek(TPA) Services Ltd
132	Dr	Malwika	Kathuria	Student	IIHMR
133	Mr	Manas	Majumdar		BPL
134	Ms	Mandakini	Pawar	SrManager Quality &Accreditation	Pushpanjali Crosslay &Hospital
135	Mr	Mandar	Naikawadi		Indus Health Plus Pvt Ltd
136	Mr	Mandeep Singh	Arora	Student	IIHMR
137	Dr	Maneesha	Batra	Student	IIHMR
138	Dr	Manik	Gupta	Director Healthcare	The MDCO
139	Mr	Manish	Jain	Director -Health Policy	Johnson & Johnson Ltd
140	Ms	Manmeet Kaur	Chawla	Deputy Manager - Quality & Regulatory	Philips Electronics India Limited
141	Dr	Manoj	Nagpal	Chief of Quality & Accreditation	Alchemist Hospital
142	Mr	Manoj	Unnikrishnan		GE Healthcare
143	Ms	Mansi	Keswani	Student	IIHMR
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145	Ms	Meenakshi	Varier	Student	IIHMR
146	Ms	Megha	Dhingra	Student	IIHMR
147	Dr	MIJunaid	Rahman	Superintendent	General Hospital Ernakulam
148	Ms	Minakshi	Gautam	Professor	IIHMR-Dwarka
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151	Ms	Monika	Kejriwal		Chaithanya Integrated Healthcare India Pvt Ltd
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153	Ms	Mridusmita	Choudhury		Stanford India Biodesign
154	Mr	Mukul	Purohit	Head of Business Development	Nortons Corporate Finance
155	Mr	Murtuza	Arsiwala		Birla Sun Life Insurance Company Ltd
156	Mr	N	Chelvadorai	Chief Operating Officer	M N E Technologies Pvt Ltd
157	Mr	N K	Sagar	Editor Topix	
158	Dr	Nabin Ku	Pattnaik	Vicreo - Retina & Lasik Surgeon	Dr Pattnaik's Laser Eye Institute
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169	Dr	P V	Venugopal	Pharmaceutical and Healthcare Consultant	

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172	Mr	Parag	Varshney	National Manager - Public Private Partnerships	GE Healthcare
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174	Mr	Paritosh	Vashisht	Student	IIHMR
175	Dr	Parul	Juneja	Student	IIHMR
176	Dr	Parvez	Ahmad	Medical Director	Rainbow Hospital, Hyderabad
177	Mr	Parvinder	Bakshi		BPL
178	Dr	Pooja	Dahiya	Student	IIHMR
179	Ms	Poonam	Sharma		Fortis Healthcare Ltd
180	Mr	Prabhjit Singh	Didyala		Fortis Healthcare Ltd
181	Mr	Prashant	Gulati	Chief Operating Officer	2G Enterprises PVT Ltd
182	Mr	Prashanth	Prabhakar	Regulatory Associate	Abbott Healthcare PvtLtd
183	Mr	Praveen	Yadav	Chief Administrative Officer (TPA) Pvt Ltd	MDIndia Healthcare Services
184	Mr	Praveen	Gupta	Chief Executive Officer	Raheja QBE General Insurance Company Limited
185	Dr	Preet	Varma	Student	IIHMR
186	Dr	Preethi	Thyagaraj	Student	IIHMR
187	Ms	Priyanka	Jariwala	Student	IIHMR
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193	Dr	Rachna	Kucheria	Lead Apollo Hospitala Safe Initiative 7External Relations	Apollo Hospitals
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195	Mr	Raj	Raina		Apollo Hospitals
196	Mr	Raj	Sehgal	GM, Corporate Sales	Dr Lal Path Labs
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204	Mr	Rakesh	Sharma	Senior Director	Philips Electronics India Limited
205	Dr	Raman	Sardana		Apollo Hospitals
206	Mr	Ranjan	Choudhury	Principal	National Skill Development Corpration
207	Dr	Rashi	Dadhich	Student	IIHMR
208	Mr	Ravinder	Gaur		Dept of Science & Technology, Govt of India
209	Dr	Rlcha	Bakshi	Student	IIHMR
210	Dr	Richa	Bharti	Student	IIHMR
211	Dr	Rishi	Pathak	Student	IIHMR
212	Dr	Rit	Shukla		Milliman India PVT ltd
213	Ms	Ritu	Garg	Executive Assistant to CEO	Fortis Healthcare Ltd



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216	Dr	RVP	Singh		
217	Mr	S	Sundaram	Scientist	
218	Dr	S K	Sharma		AIIMS
219	Mr	Sandeep	Desai	Chief Executive Officer	Charutar Arogya Mandal
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221	Mr	Sandeep	Sharma	Student	IIHMR
222	Mr	Sanjay	Chaabra		BPL
223	Mr	Sanjay	Sarin		BD India
224	Mr	Sanjeev	Kumar	Student	IIHMR
225	Dr	Sapna	Bansal	Student	IIHMR
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227	Mr	Saurabh	Rajadhyax	Chief Marketing Officer	bioMerieux India Pvt Ltd
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229	Ms	Sharvari	Ubale	Student	IIHMR
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231	Dr	Shaveta	Dewan		Indraprastha Apollo Hospitals
232	Dr	Sheenu	Chaudhary	Student	IIHMR
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234	Dr	Shilpa	Jain	Student	IIHMR
235	Dr	Shiv	Sarin	Director, Prof & Head- ILBS	G B Pant Hospital
236	Dr	Shivani	Sharma	Student	IIHMR
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239	Mr	Shwetank	Verma	Asst Vice President	Richard Chandler Corporation
240	Dr	Shyam	Vasudev	President and CTO	Forus Health Pvt Ltd
241	Mr	Siddharth	Gupta	Marketing Executive	Trident Exhibitions Pvt Ltd
242	Mr	SK	Lahari	Manager	Mercy Hospital
243	Dr	Smriti	Chawla	Student	IIHMR
244	Dr	Sonali	Vatsa	Deputy Medical Superintendent	Max Super Speciality Hospital (West Block)
245	Ms	Sonam	Patni	Student	IIHMR
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252	Mr	Sumitro	Gangopadhyay	Manager - Business Analysis	Fortis
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261	Mr	Tarun Singh	Sodha	Student	IIHMR
262	Mr	Tejas	Talati	President - Marketing & Operations	Altimate Envirocare Asia Pvt Ltd
263	Ms	Thankam	Gomez	Chief, Nursing	Fortis Healthcare Ltd
264	Dr	Tushar	Bhoyar	Student	IIHMR
265	Dr	Tushar	Roy	Cardiologist	Roy Heart Care Clinic
266	Mr	Udayan	Lahiry	President & CEO	Medical Synergie
267	Mr	Ulrich	Meinecke		German Embassy
268	Dr	Ute	Schumann	Attache - Development Cooperation	Delegation of the European Union to India
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279	Dr	Vikas	Manchanda		Chacha Nehru Chikitsalaya
280	Mr	Vikas	Kuthiala	Managing Director	Falck India
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284	Dr	Vikram Singh	Chouhan	Deputy MedSuprintendent	Santokba Durlabhji Memorial Hospital
285	Mr	Vineet	Gupta	National Manager - Govt Boz	GE Healthcare
286	Ms	Vinny	Arora		Fortis- Jessaram Hospital
287	Mr	Vinod	Sahgal	Managing Director	Bajaj Capital Insurance Broking Ltd
288	Mr	Vinod	Goyal	Student	IIHMR
289	Dr	Vinod	Kumar	Medical Suprintendent	PtMohan Malaviya Hospital, Govt of NCT of Delhi
290	Mr	Vinod	Iyengar	Vice President	HMRI
291	Dr	Vipin Vasudev s	Pai	Student	IIHMR
292	Ms	Vipra	Talani	Student	IIHMR
293	Mr	Vishal	Gandhi	Vice President & Head - Life Sciences Knowledge Banking	Yes Bank Ltd
294		Vishwakirti			Apollo Hospitals
295	Mr	Vivek	Bhatnagar	Student	IIHMR
296	Mr	Vivek	Verma		Max Healthcare
297	Dr	Yogesh	Patil	Co-founder, COO	Biosense Technologies Private Limited
298	Dr	ZS	Meharwal	Director, Cardiac Surgery	Fortis Healthcare Ltd
299	Ms		Sashipriya		Aravind Eye Care System
300	Ms		Rajani	Asst Manager - Quality	Fortis Healthcare Ltd



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