RECOMMENDATIONS

“Universal Healthcare: Dream or Reality?”

August 27 - 29, 2012

FICCI, New Delhi

A forum for Promoting Quality Healthcare for All through Learning & Enterprise

Acknowledgement

It gives us immense pleasure to come up with the **"Recommendations"** emerging out of **FICCI HEAL 2012** held from August 27 to 29, 2012 at Federation House, New Delhi. The event held on the theme ***"Universal Healthcare: Dream or Reality?"*** was a huge success with more than 650 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, **Ms Sangita Reddy,** Chairperson, FICCI Health Services Committee, **Dr Nandakumar Jairam** and **Ms Ameera Shah**, Co-Chairs, FICCI Health Services Committee and **Dr Narottam Puri,** Advisor, FICCI Health Services Committee, who have encouraged us and have been the pillars of support and guidance all along. This Conference would not have taken shape the way it has if our very able session conveners had not put their thoughts and knowledge of their respective areas together to structure individual sessions. May we take this opportunity to acknowledge them, **Mr A Vijaysimha,** Partner - Medical Technology, Vita Pathfinders LLP; **Dr Manoj Nesari**, Joint Advisor, Department of AYUSH, Ministry of Health & Family Welfare; **Dr Praneet Kumar,** CEO, BLK Super Specialty Hospital; **Mr Rajen Padukone,** CEO, Manipal Health Enterprises; **Dr Somil Nagpal,** Health Specialist, Health Nutrition and Population, South Asia Region, The World Bank; **Mr Anas Wajid,** Head- Sales & International Business, Fortis Healthcare Ltd; **Mr Vivek Mohan**, Senior Director - Global Integrated Health, Abbott Healthcare Pvt Ltd; **Mr Krishnan Ramachandran**, COO, Apollo Munich Health Insurance Co and **Dr J Bhatia**, Chief of Laboratory Services & Projects - North India, Metropolis Healthcare Ltd. We would like to convey our special thanks to **Mr Murali Nair,** Partner, Ernst & Young Pvt Ltd and his team for the knowledge paper on 'Universal health cover for India: Demystifying financial needs'.

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 2012

FICCI HEAL 2012

Federation of Indian Chambers of Commerce and Industry (FICCI) organized **FICCI HEAL 2012** in association with Ministry of Health & Family Welfare, Government of India on August 27 - 29, 2012 at FICCI, New Delhi. The central theme of the conference was **"Universal Healthcare: Dream or Reality?"**.

India aims towards achieving universal health care by 2020. Global experience shows that universal health care is affordable and feasible provided there is sustained public finance. In spite of the increased public spending proposed in the 12th Plan, private out-of-pocket expenditures on health in India will remain high as compared to other countries in the world.

The sixth 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 key imperative for achieving universal healthcare in India and whether India will be able to live its dream of 'Quality Healthcare for All' in the present context as well as the steps that need to be taken to achieve this dream.

This year the conference saw a huge increase in the participation with more than 650 participants from India and abroad encompassing healthcare providers, government officials, policy makers, representatives of embassies and multilateral agencies, medical technology and pharmaceutical companies, healthcare education providers, health insurance companies, financial institutions etc.

Inaugural Session

One of the exclusive features of the conference was that it was inaugurated by **the President of India, Mr Pranab Mukherjee**. This was his first public appearance after resuming his office in July 2012. In his address the President stressed the need to evolve a universal healthcare system for the nation, calling it important for economic growth. He pitched for setting up more healthcare institutions in the country. He also mentioned, "While the aim of the government is to strengthen the public healthcare sector, we should look at ways to encourage cooperation between the public and private sectors in achieving health goals." He urged all the stakeholders to be a part of the effort to provide universal healthcare.

The conference Special Address was given by **Dr Ashok Walia, Minister of State for Health and Family Welfare, Government of NCT, Delhi**. He pointed out that a proper two-way referral linkage between primary, secondary and tertiary health services along with a proper mechanism to create health seeking behaviour amongst the most vulnerable is a critical area of attention of the Delhi Government during the 12th Plan period.

The Keynote Address of the conference was given by **Dr Michael Chamberlain, Chairman, British Medical Journal Group**. He recommended a seven-fold approach to dealing with India's healthcare needs. These include: Telemedicine, processed over 2G, 3G and 4G mobile telecommunication networks; continuous medical education (CME) and training, including an increase in the number of

medical schools and standardization of curricula; systems for revalidation for doctors, which involve mandatory CME; manpower planning; preventive medicine, public health protocols and detailed and responsive health communications; a mix of public and private initiatives and facilities and the political will to make healthcare a priority.

[Inaugural Session with the President of India, Mr Pranab Mukherjee]

L-R: Mr Ms Sangita Reddy, Chairperson-FICCI Health Services Committee & Executive Director-Operations, Apollo Hospitals Group; Dr Ashok Walia, Minister of State for Health & Family Welfare, Govt. of NCT of Delhi; Shri Pranab Mukherjee, Hon'ble President of India; Mr R V Kanoria, President, FICCI; Dr Nandakumar Jairam, Co-Chair, FICCI Health Services; Committee & Chairman & Group Medical Director, Columbia Asia Hospitals India; Ameera Shah, Co-Chair, FICCI Health Services and CEO & MD, Metropolis Healthcare Ltd

Valedictory Address

Mr Sam Pitroda, Advisor to the Prime Minister of India on Public Information Infrastructure and Innovations, delivered the valedictory address through video conference from USA. He urged healthcare professions to create a road map for universal heath cover by focusing on improving the existing health institutions and infrastructure especially in rural areas, strengthening human resources by having more doctors, nurses and paramedics, using ICT to create a health information network, giving due attention to traditional forms of medicine and practices and encouraging innovation to foster home grown solutions and business models.

Knowledge Paper

FICCI in collaboration with Ernst & Young released a Knowledge Paper on ***"Universal health cover for India: Demystifying financing needs"*** during FICCI HEAL 2012. The paper aims to provide a roadmap for achieving the "Universal Healthcare Coverage" (UHC) by answering some key questions like: (1) what will it take to deliver UHC (2) Can India afford to make UHC a reality and (3) what should be the role of government and private sectors in accomplishing this agenda, which could

well set the future of **Health Revolution** for the country.

The paper attempts to define context of possible health care demand, role of government and the private sector, financing imperatives and critical success factors for establishing and sustaining Universal Healthcare Coverage (UHC) in its true spirit with emphasis on supply-side financing.

Boot Camp and B2B Session

A Boot camp and B2B session was also organised the conference which focused on early stage innovations into healthcare technologies to build a platform under the aegis of the FICCI Health Services and bring together the various stakeholders within the innovation ecosystem. Over 30 participants and approximately 20 others joined in as observers in the boot camp from early stage healthcare and medical technology companies covering topics on global regulatory challenges, safeguarding investments through obtaining a freedom to operate and designs for competitive advantage and human safety.

The session also provided a platform for on-going engagement between the Industry professionals and early stage company founders to establish a mentoring and consulting role going forward and a place where the innovators could display their prototypes and technologies.

Master Classes were one of the key components of the Conference. The aim of the Master Classes was to have a focused discussion with the concerned stakeholders on some of the key issues which require information dissemination and handholding. Six Master Classes were conducted on August 27, 2012 as a prelude to the two day Conference, with three Master Classes running parallel at a time:

1. **Private Equity & Capital Structuring For Optimizing ROI**
2. **Process Design in Healthcare**
3. **Reforms in Education for AYUSH System of Medicine**
4. **Health Insurance**
5. **Branding of Health Services**
6. **Quality in Diagnostics**

One of the key features of the conference was the **Poster Presentation** on the theme "***Universal Healthcare***". More than 60 abstracts were received for this competition from professionals and students, out of which 24 were selected by the selection committee for display. Further, the following winners were selected by the Jury, comprising of **Dr Nandakumar Jairam**, Co-Chair, FICCI Health Services Committee & Chairman & Group Medical Director, Columbia Asia Hospitals India, **Dr Praneet Kumar**, CEO, BLK Super Specialty Hospital and **Dr Jatindra Bhatia**, Chief of Laboratory Services & Projects – North India, Metropolis Healthcare Ltd

Winner: Dr Priyamvada and Dr Shweta Yadav of IIHMR Jaipur

> *A proposed model to track the immunization status of target children for vaccination until full immunization using barcode technology and Mother and Child Tracking System*

1st Runner Up: Mr Hemendra Singh and Dr Monica Malpani, IIHMR Jaipur

A REMOTE HEALTH model to include services like Tele-Medicine, Synchronous, Asynchronous, Teleconsultation and Telemonitoring

2nd Runner Up: Dr Neha Arora, Dr Neetu Mehra and Dr Ila Shaktawat, IIHMR Jaipur

A solution to curb non compliance in medication through "Glow and Beep Caps" - It is an electronic container with high tech –top which at the time for a dose of medicine, emits a pulsing orange light

[Photo: Poster Presentation during FICCI HEAL 2012]

FICCI Healthcare Excellence Awards 2012, a platform to celebrate excellence and innovation in healthcare sector was organized in the evening of August 28, 2012 at Hotel Le Meridian, New Delhi. A total of twelve Awards across three categories Addressing Industry Issues, Operational Excellence – Public and private Sector, along with a Lifetime Achievement Award and healthcare Personality of the Year. The Awards were presented by the well known Film Personality **Mr Rahul Bose** and **Mr R V Kanoria**, President, FICCI. The winners of the Awards were:

Addressing Industry Issues

- Narayana Hrudayalaya, Bangalore
- Wipro GE Healthcare Pvt Ltd, Bangalore

Operational Excellence: Public Sector

- General Hospital, Ernakulam

Operational Excellence: Private Sector *(>100 beds, Multi-specialty)*

- Bangalore Baptist Hospital, Bangalore
- Fortis Hospital, Mulund (Mumbai)

Operational Excellence: Private Sector *(>100 beds, Super-specialty)*

- Fortis Escorts Hospital, Jaipur

Operational Excellence: Private Sector *(<100 beds)*

- Centre for Sight, New Delhi

Lifetime Achievement Award

- Dr Devi Prasad Shetty
- Dr L H Hiranandani

Healthcare Personality of the Year

- Prof Mahesh Verma

Special Jury Recognition

Operational Excellence: Public Sector

- Maulana Azad Institute of Dental Sciences, New Delhi

Operational Excellence: Private Sector

- Super Religare Laboratories Limited

[Photo: Dr L H Hiranandani receiving the Award from Mr Rahul Bose]

Indian Healthcare Sector

The healthcare sector in India has witnessed rapid growth from USD 22 bn in year 2004-2005 to USD 60 bn in year 2011-12. Further, we have made significant progress in the last six decades on various health parameters, life expectancy at birth went up from 32 years during the independence era to 65.4 years in 2011. Similarly, Infant Mortality Rate (infant deaths per 1000 live births) has dipped from 146 in 1950-51 to 47 in 2011.

However, the overall state of healthcare in the country, standards of living, undernourishment and immense burden of communicable and non-communicable diseases are also challenges that one cannot ignore. Nearly 15% of ailments go unreported, 38 crore people are under-nourished and nearly 3% of the population dips to the BPL category each year due to health related expenses.

Countries at a similar level of development have achieved much more in healthcare indicators compared to India. In health indicators, our neighbors China, Srilanka and countries like Thailand, Philippines rank much higher. All large developing economies, China, Brazil and Indonesia have taken steps moving toward Universal Health Coverage.

While India has to undoubtedly aspire towards universal healthcare in a defined timeframe, due consideration has to be given to the demand and supply side financing and role and responsibilities of public and private sector should be clearly defined. The Planning Commission is aiming at increasing the public spend on healthcare to 2.5% in the 12th Plan with focus on achieving Universal Health Cover (UHC). This is a move in the right direction, though effective implementation within the specified timeframe would be crucial for achieving UHC. The FICCI-E&Y study has estimated that UHC in India can be achieved over a period of 10 years with Government health expenditure increasing to ~4.1% of GDP and reduction of out of pocket expenses to 20-30%.

For achieving Universal Healthcare, while it is essential for government to finance the demand side, considering the crucial role the private sector plays in the healthcare delivery and other allied services, supply side incentives are equally important. There are a few **key recommendations** for the government's considerations:

- **Infrastructure status for health sector** with 100% tax deductions of profits and gains for 10 consecutive assessment years; eligibility for loans on a priority basis at concessional rates; viability gap funding by the govt. under the PPP arrangements for setting up healthcare facilities and PPP arrangements such as free/concessional land and use of public healthcare facilities for private medical colleges in focus states
- **Private sector participation** encouraged in promotive, preventive and primary care with appropriate tax incentives to primary health care chains operating beyond Tier 2 towns; and PPP models for private sector participation in screening and detection programs of the government.
- **Increase public spending on Healthcare:** The proposal by the Planning Commission to increase the spending to 2.5-3% of GDP over the 12th five year plan is the need of the hour and should be implemented on priority.

- **Service Tax waiver on health insurance schemes:** There is a pressing need to increase the safety net of health insurance in India. One measure that could help is withdrawal of service tax on health insurance premiums, thereby leading to a lowering of cost/premium for the consumer. Healthcare services are already exempt from service tax, and this benefit should be extended to health insurance premiums.

- **TDS benefit on health insurance claims:** In case of cashless arrangements of health insurance claims, the ultimate beneficiary of such health care services is the individual. Therefore TDS should not be applicable on payments made towards settlement of claims by the insurance company to the hospital on behalf of the insured.

- **R&D support**: 250% deduction of approved expenditure incurred on R&D activities related to indigenous development of medical technology should be provided.

- 250% deduction on approved expenditure incurred on operating **technology enabled healthcare services** like telemedicine, remote radiology etc. should be provided.

- To encourage move towards maintenance of **EHR (Electronic Health Record)**, financial incentives/grants should be provided to willing institutions. 250% deduction on investment made for the implementation of Electronic Health Record (EHR) should be extended.

- To promote **Health Insurance** penetration in the country, it should be mandated that organizations insure every employee for a minimum amount of Rs 1 Lakh. The employer should be allowed tax deduction on the premium paid. Moreover, the employee should have the flexibility to increase this cover; the additional premium so paid should also be tax exempt. This should be over and above the cover extended under the ESI, CGHS and other government health insurance schemes.

- The amount of tax deduction provided for **preventive health check-ups** introduced in Budget 2012-13 should be over and above the limit of Rs 15,000 towards the health insurance premium paid under section 80D. This will definitely incentivize people to undergo a preventive health checkup on a regular basis.

Recommendations

FICCI HEAL 2012

"Is medicine today corrupt?"

Selected reporting of malpractices in healthcare has painted a poor picture of the sector. However, the instances of misconduct/corruption are miniscule compared to public perception. Nonetheless, fighting corruption is paramount to safeguard the high sanctity of the medical profession in the public eye. The issue has become increasingly sensitive because of underlying financial implications as the cost of healthcare services has increased manifold over the years due to the evolution of new technologies and increased mechanization.

From an economic point of view, it is important that the public perception of increased corruption in practice commensurate with growing private healthcare be addressed vigorously. A casual approach towards the issues could lead to a backlash towards private organized healthcare in general. It could emerge as a major hurdle in the growth of the sector. The industry should be seen making sincere efforts towards self- regulation in the absence of which rigid regulations could be imposed by the government agencies citing patient interest.

Prevalence: Corruption in clinical practice is generally not systemic or institutional. Most of the individual cases of abuse are a reflection of a general degradation of the value system of the society which can be traced to other professions as well.

Remedies:

- **Design Stage**: Medical education has to be reformed so as to make a medical college sustainable outside a pure per student fees model. This would curtail the natural instinct of fresh medical graduates to cut corners to recover education expenditure.

- **Regulation:** Greater standardization in practice and treatment could greatly increase transparency and increase awareness thereby reducing discretion by practitioners.
    - Implementation of the Clinical Establishment Act with a robust framework to implement standard treatment guidelines could become a milestone in adherence to ethics.
    - A good practice guideline for clinical practitioners developed by MCI on the lines of ICMR with industry facilitation could be a great step forward.

- **Unfair Practices**: There must be clearly defined framework of ethical conduct to prevent charges of overcharging and over prescribing. The nexus between medical investigations/diagnosis tests and medical practitioners should be curtailed with the Government acting as a facilitator

- **Legal Framework:** Legal redressal of cases/instances of medical corruption should be fast tracked and institutionalized to instill greater confidence among the patient community.

- **Insurance Coverage**: Greater insurance cover both from state health insurance schemes and private health insurance through the cashless route could prove to be an ideal market mechanism to check instances of overcharging and corruption.

- **Awareness** about the good practices and contribution of medical practice to the society through positive press should be initiated. Improved transparency and consumer outreach programmes are essential to bridge the trust deficit between patients and healthcare providers.

The faith of the patients can be reinforced only when the services can be judged on the basis of independent and transparent benchmarks.

L-R: Mr Pranjal Sharma, Business Writer & Columnist; Dr Narottam Puri, Chairman-NABH & Board Member- QCI; Dr Rajiv Kumar, Secretary General, FICCI; Ms Sangita Reddy, Chairperson-FICCI Health Services Committee & Executive Director-Operations, Apollo Hospitals Group; Dr Nandakumar Jairam, Co-Chair, FICCI Health Services; Committee & Chairman & Group Medical Director, Columbia Asia Hospitals India; Mr Rajen Padukone, CEO, Manipal Health Enterprises; Dr Dilpreet Brar, Regional Director, Fortis Healthcare Ltd

"Building an Ecosystem for Successful Innovations in Healthcare"

The healthcare industry in India would be a $300 billion industry by 2020 and would be propelled by the rise of incidences of life style diseases such as diabetes, CHD, Respiratory diseases and cancers. This further puts a greater challenge on the Indian healthcare system to address creating awareness, improving access and making healthcare more affordable. 80% of the medical devices in India are imported. Innovation would play a vital role in operationalizing the intent for Universal Health coverage. Innovations in healthcare can drive access and affordability of quality of healthcare delivered. There is a need for an enabling ecosystem for innovations in healthcare delivery and to enable technologies to be developed, tested, trained and marketed through public private partnerships.

Given the context and content of innovation, addressing the gaps in time to innovate is probably a critical success factor for the innovation process. Mentoring, which begins as an altruistic activity can become a very fulfilling profession as the success of early stage companies greatly depends on them. Mentoring is all about bringing in a strategic context and a long term sustainability plan rather than being very inventor centric and product focused. At all the stages of the early stage company, mentors participate with their skills and experience to define pathways and make course corrections. Apart from creating an attractive investment environment; the other gaps that could be addressed are a creation of a more robust and transparent IP protection body and a provision for entering into advance purchasing agreements with the public health buyers.

The proposed Drug and Cosmetics Act Amendment Bill will have separate provisions for medical devices which would cover the regulatory requirements to ensure the safety, efficacy and quality of medical devices.

Recommendations:

- In India, biological innovations are happening in the area of vaccines, blood products, therapeutic proteins and advanced in-vitro diagnostic kits. Few bottlenecks that need to be addressed at government level are as below:
  - It is not possible for an innovator who is in R&D stage trying to bring up a molecule, to make a huge investment of Rs 30-35 crores. There is need for the government to step in and support the innovator and provide facilities to enable them to set up laboratories for testing their products.
  - In diagnostic kits, there is need to help innovators and entrepreneurs in developing the panels for testing and evaluation of the kits so that these can be brought into the market at the earliest.

- There is a need to promote interdisciplinary sciences such as medical material sciences, clinical/medical biophysics, clinical engineering, behavioural sciences in healthcare and clinical engineering. India would need a number of disruptive innovation in screening, diagnosis, treating and managing diseases to operationalise public healthcare. The regulatory systems need to be innovation friendly.

- We also need to build capacity in the care for the elderly. Both assistive and augmenting technologies that are affordable would need focus in our agenda for innovation. Otherwise we would be faced with a significant cost and resource burden on the national exchequer.

- Medical technology is a fledgling industry in India. We need to build a degree of self sufficiency as this is strategic to our soverignity. Most countries consider the industry and its degree of maturity important.

- Special policy initiatives need to be formulated to encourage investments into this sector to offset the higher degree of efforts and expense required in this sector.

L-R: Dr Balram Bhargav, Executive Director, Stanford India Biodesign Centre, AIIMS; Mr A Vijaysimha, Partner - Medical Technology, Vita Pathfinders LLP; Mr Anjan Bose, Secretary General, Healthcare Federation of India; Dr G N Singh, DCGI, Government of India; Mr Sushobhan Dasgupta, Managing Director, Johnson & Johnson Medical; Dr Surinder Singh, Acting Director, National Institute of Biologicals; Dr Wido Menhardt, Head- Philips Innovation Camp; Dr Vikram JS Chhatwal, Director, Medi Assist India Pvt Ltd

"Personalized Healthcare & Genomics: Evolving Trends and Impact"

Background:
Genomics refer to the study of all genes and their inter relationships in order to identify the combined influence on the growth and development of the organism. Advancement in the fields of genomics and allied technologies has the potential to transform the way medication, diagnostics and treatment is done today. Globally, amazing progress has been seen not only in genomics sequence of individuals but also the ability to decide and search for genomes. The efforts are now directed at rapidly sequencing the complete DNA genetic code of individual in a clinical lab and streamlining of interpreting all that information.

Impact of development in genomics:

- **Customized treatment solutions**: Based on the genes sequence, drugs will be prescribed in a customised way in the future. If the characteristics of the body are drawn with clear reaction mapping, customised treatment solutions can be designed which would ensure much better treatment outcomes in the future. It would not only help in better diagnosis but also in altering the course of patient's treatment.

- **Cost**: genetic sequencing derived customized treatment will not only improve the outcomes of treatment but also reduce the cost of healthcare. This is because of the fact that much of our treatment and drugs used are on experimentation and trial basis. If we are able to figure out what treatment solutions work best for our body upfront, customised treatment can reduce the cost. Since the gene pool in India is very conservative due to cultural and historical reasons, it is much simpler to make predictions compared to the trend seen in western population

Opportunities

- To develop competencies in **monogenic disorders** as it can be very rapidly mapped and applied within a community speedily.

- Since India is a melting pot of the world as almost all races and linguistic groups, it is ideal to carry out **clinical trials** to map the whole world's genome

Challenges:

- Lack of awareness and education among doctors to encourage and interpret genetic mapping is the biggest hurdle in adoption of genomics. The doctors also need to be trained on the tests required at various stages of genetic mapping.

- **Affordability** - though with rapid advancement in gene technologies, cost have decreased substantially but it still remains prohibitively high for mass adoption in emerging countries.

Health Insurance perspective: There will be significant restrictions from underwriting perspective if insurance can use genetic information. In the USA, the Information and Genetic Information and Discrimination Act however, prohibit health insurer from using that information. At a macro level, if genetic information decreases the long term cost of the insurance company, they would support any movement towards this end especially in long term critical care and high value life policies.

The opportunity offered by genomics is so extensive that it can transform the scope of medicine as it is offered currently. The need of the hour is to develop a conducive ecosystem so that the emerging opportunities in genomics are captured and India's potential to develop affordable solutions for the rapid scale up of genetic mapping and interpretation is fully realized.

L-R: Dr Rajesh Gokhale, Director, Institute of Genomics & Integrative Biology; Ms Ameera Shah, Co-Chair, FICCI Health Services and CEO & MD, Metropolis Healthcare Ltd; Mr Kapil Khandelwal, Director, EquNev Capital & XY Clinics; Mr Alam Singh, Assistant Managing Director, Milliman

"Highly Efficient Hospital Operations Management in Japan"

The healthcare sector in India faces two big challenges. First is the shortage of human resources. With the expanding upper and middle class, the number of doctors and paramedical staff are insufficient. Second is the shortage of funds. Because of this, it is difficult to set up hospitals in so many areas.

It takes time to solve these challenges. So to deal with these challenges in the short term, the healthcare sector in India should promote their hospital operations more efficiently. Increasing the operational efficiency of hospitals is consistent with increasing the quality of healthcare. For example, medical expenses in Japan are about 8.5 percent of GDP which is only about half of that in the United States. However, the life expectancy of Japanese is higher than that of the US for both men and women.

It is necessary not only just to increase the medical expenses for universal healthcare, but also to increase medical quality. Japan has various measures which improve efficiency while maintaining medical quality. In the future, India will also face the issue of escalating healthcare cost. Hence, India needs to build a quality medical system which is conscious of efficiency.

Good practices in Japan that can be emulated in India:

- **Team Medical Care**: Besides doctors, medical assistants such as nurses, technicians, paramedics, and pharmacists also play crucial roles in the care of patients. In team medical care, highly professional staff, from different medical job categories, need to work closely as a unit. They could continue to improve their specialty skills, while at the same time, function as a cooperative team to treat patients. By using this approach, it is possible to increase the quality of life of patients and to reduce the workload of doctors.

- **Regional Hospital Alignment** (RHA): RHA is based on two conditions:
  - each hospital establishes its area of expertise, and
  - referral of patients to hospitals is based on the type and chronicity of their diseases.

- **Regional Hospital Alignment Staff** (RHAS) plays a crucial role in triaging patients to appropriate hospitals based on their areas of expertise. The healthcare sector in India could develop a training program for such people. With the progress in the RHA, each hospital will be able to treat patients within their specialty, accumulate medical knowledge in their field, and improve the efficiency of hospital operation.

- **Engineering method of "work package"**: To achieve more effective hospital operations management, it is beneficial to commit to the design and construction phase of each hospital. "Work Package", one of the engineering methods used in Japan, begins from the construction design phase and looks at re-designing all operations in a hospital to reduce waste in its operations. In order to increase the efficiency of hospital operations, doctors and paramedics should be involved from the beginning of the construction design phase. Moreover, with an EPC (Engineering, Procurement, and Construction) company to carry out Operation and Maintenance, it is possible to design hospitals with efficient operations.

- **Extracorporeal Treatment Technologies**: Therapeutic apheresis would contribute to efficient operations management. Its concept - removal, fewer side effects, applicable to a wide range of circulatory diseases and less investment - is compatible with efficiency. Therapeutic apheresis can be applied to preventive healthcare as well as to medical treatment.

L-R: Dr Fumito Hara, CEO and Medical Doctor, JUNPUKAI Kurashiki Daiichi Hospital; Mr Hiromasa Komiyama, Manager, Asahi Kasei Medical Co. Limited; Mr Yasunori Tokiyoshi, Director, Japan Research Institute; Mr Toshiaki Fukuda, Manager, JGC Corporation

"Universal Healthcare: Dream or Reality?"

There is a very strong moral and economic case for Universal Healthcare. About 150 million people globally are estimated to suffer financial catastrophe each year, and 100 million are pushed into poverty because of direct payments for health services. Indians suffer a similar fate. Further, the number of ailments not being reported could be much higher, given that the sensitivity to ailments is also a function of propensity to avail health care. With an economic point of view**,** UHC implementation would entail significant up gradation of health infrastructure. This development

could potentially position the health care sector as the single-largest employer in the country, providing direct employment opportunities for almost 50 lakh people by 2022. According to a WHO study, the estimated economic loss for India due to deaths caused by diseases in 2005 was 1.3% of GDP. With an increase in the number of non-communicable diseases, this loss is expected to increase to 5% of GDP by 2015.

Empirical evidence from various studies suggests that better health may lead to increased income for an individual. It is argued that health leads to income growth through its effect on human capital accumulation — and particularly through education — provided that people have sufficient food and satisfactory educational opportunities.

The issue of universal coverage is not just a matter of economics but also policy. Small countries with limited financial resources have achieved near universal coverage with ~5% of GDP spend while countries like the USA is still far behind even after spending ~16% of GDP on healthcare.

The proposed framework should leverage India's traditional strength in finding affordable solutions to critical issues combined with a strong political will and institutional framework.

The critical success factor in achieving quantum improvement in quality and quantum of healthcare provision in the country is to invert the current focus on tertiary care towards primary and preventive care. This is important to sustain any universal healthcare framework. A broad guiding principle in this regard is that to move towards universal café, two-thirds to three-fourth of the funds have to be channeled into primary care serving ~97% of the population. The remaining (2% + 1%) population would be catered by secondary and tertiary care.

There are two clear cut approaches towards this end:

I. Supply side intervention (Traditional):

Central and state governments are increasing financial allocations to public delivery through the National Rural Health Mission (NRHM), and this has contributed to a major extension of public facilities. Government has to further strengthen the public primary care system which is plagued by inadequacy of infrastructure, lack of quality manpower, funds and managerial acumen.

To ensure that the tertiary care facilities are not over burdened, there has to be a strong gate keeping system (best practices in this respect can be learnt from Thailand, Spain and UK).

Drawbacks:

Going by past experience, the government efforts towards strengthening the public healthcare system has not been fruitful due to gross administrative and managerial lapses. The impact on the ground has been marginal and slow**.**

II. Demand Side Insurance Financing/Private financing model

Incentivize private sector investments in healthcare to channelize substantial amount of funds into primary and secondary care. To implement this, a standard benefits package for secondary and maternity care has to be defined to be delivered to the population.

Determinants:

Affordability: Comprehensive study to compare cost of procedures in various settings- public and private. Cost involved in procedures at a public facility should include all fixed costs and overheads to be reliably compared to private tertiary care facility to reach at inputs for policy level decision making.

Operational Framework: Pilot projects to try handing over of healthcare provision in a city/town/district to a private for profit body and/or NGOs active in the healthcare sector. The results would entail significant learning to shortlist and scale a workable model nationwide.

Demand Creation: to increase the utilization of existing infrastructure, demand for services has to be created. Currently, utilization of existing infrastructure is low due to quality and perception issues. The critical missing links of awareness and avilaiability of human resources need to be addressed to generate substantive demand for services. Learning's from expansion of consumer goods and services like Telecom, FMCG and Retail need to be incorporated to reach out to the masses.

Demand creation from an economic point of view would automatically fuel quality healthcare provision, discretion by the consumer and a virtuous cycle of greater reporting, higher utilization and sustainable revenue models.

Quality: Quality of care to be enhanced by breaking the information asymmetry. Outcomes related to quality of care need to be publicly available and be the foundation for payments and insurance reimbursement.

This is high time that the Government clearly defines the ways and means of reaching towards the stated goal of universal healthcare coverage. The country can ill afford expanding financing of both the demand and supply sides without a clear notion of coordination and future convergence.

L-R: Mr Murali Nair, Partner, Ernst & Young; Dr Ajay Bakshi, CEO, Max Healthcare Ltd; Mr Shivinder Mohan Singh, Executive Vice Chairman, Fortis Healthcare Ltd; Dr Nandakumar Jairam, Co-Chairman, FICCI Health Services Committee & Chairman & Group Medical Director, Columbia Asia Hospitals India; Mr Pieter Walhof, Director, Health Insurance Fund, Netherlands; Dr Nachiket Mor, Director, IKP Centre for Technologies in Public Health, Hyderabad; Dr Hari Prasad, CEO, Apollo Hospital Hyderabad; Mr Bhargav Dasgupta, MD & CEO, ICICI Lombard General Insurance Co ltd

"Showcasing Health Initiatives in States"

Health being a State subject, the State has a critical role in rolling out universal healthcare. States have different challenges due to diverse social, economic & political dimensions to be taken into consideration. Many States have been proactive and have leveraged the NRHM and RSBY programs and introduced several initiatives and schemes like Arogyasri, Yeshaswini, etc to expand their outreach in providing quality healthcare. This session helped showcase the success stories, challenges faced and collaboration opportunities for the private sector in the States of Karnataka and Bihar. Some of the salient features of the States were:

Karnataka State:

- **Integrated Medical Information and Disease Surveillance System in PHCs**: A Health Care Management, Monitoring and Information system that aims to capture beneficiary details, daily patient and disease summary, leave monitoring and digital attendance of doctors and staff. The project is in pilot stage in 140 PHCs in the State
- **Regulation of Transfer of Medical Officers Act**: The Karnataka State Civil Services (Regulation of Transfer of Medical Officers and Other Staff) Act 2011, is a major initiative towards human resource planning and management in the department.
- **E-Procurement System**: Karnataka has adopted e-procurement platform for all procurements above Rs 1 lakh, implemented through Karnataka Drug Logistics Welfare Society
- **Intervention on Retinopathy of Prematurity**: Karnataka Internet Assisted Diagnosis of Retinopathy (KIDROP) devised by Narayana Nethralaya is the first and the largest Tele-ROP network in the world.
- **Mother and Child Tracking System**: To keep track of each pregnant woman from registration till post natal care; timely identification of risk irrespective of the place of registration and tracking of every child from birth to end of immunisation
- Mobile Health clinics and Citizen help Desks
- **Integration of RCH and HIV initiatives** to concentrate on prevention of transmission of HIV from mother to Child and avoid overlapping intervention activities to make them more effective, and save on time and money

Bihar State:

- **Jan Swasthya Chetna Yatra** : Doctor led health camps at Sub Centres and Additional Primary Health Centres (APHCs)
- **Nayee Peedhi Swasthya Guarantee Karyakram** : Doctor led camp at schools to cover 0-14 boys and 0-18 girls – health card, check up, follow up treatment, medicines, etc.
- Provision of **free generic medicines** at all the health facilities: approx. Rs 150 crores worth of medicine are being provided every year
- **Recruitment** of Doctors, ANM, Nurse 'A' Grade, and Support Staff at various Health Facilities is being done on massive scale through recruitment drive in order to meet the shortage of staff. 1757 Doctors have been recruited against 2497 posts apart from a large number of specialist, nurses, ANMs and AYUSH doctors.

- First two **Nursing Colleges** have been opened in the state to impart degree in BSc Nursing, with 40 seats each.
- Nutrition Rehabilitation Centres have been opened in the District Hospitals
- New Born Care Corners in over 464 Primary Health Centers have been established

Recommendations

The following needs to be considered when a national healthcare program to achieve Universal Health coverage is rolled out:

- **Designing of UHC**: the centre needs to play a dominant role in designing UHC in a way that also recognizes state-specific differentials. The state governments should augment centrally raised funds with state-specific financing, as well as implement and roll out these funds with well-defined rules of engagement and accountability between the center and the state.
- **Regulation:** Centre should actively persuade states to notify and implement the clinical establishment act passed by the Parliament 2010.
- **Allocation of resources**: The allocation of resources to states should be as per their respective needs irrespective of contribution to funds raised.
- **Integration of existing state health insurance schemes:** the UHC program must not only integrate the centrally funded Rashtriya Swasthiya Bima Yojana (RSBY) but also existing functional schemes in Andhra Pradesh, Karnataka, Tamil Nadu, Kerala and Goa. Together, state insurance schemes provide coverage to more than 11 crore people in the country**.**
- **Access:** Government should place higher focus on states where bed density is lower than the national average; these include Madhya Pradesh, Orissa, Bihar, Haryana, UP, Assam and Rajasthan.
- **Medical education** infrastructure has to be created to enable availability of quality clinicians across the country. Currently, the five southern states account for ~50% of the medical colleges in the country.

L-R: Dr S Chandrashekhar, Joint Director (IEC & QA), Karnataka Health Systems Development & Reforms Project, Dept. of Health & Family Welfare Services; Dr Nandakumar Jairam, Co-Chairman, FICCI Health Services Committee & Chairman & Group Medical Director, Columbia Asia Hospitals India; Mr Sanjay Kumar, Secretary Health & Executive Director , State Health Society, Government of Bihar

"Nursing Skills -Trends, Challenges and Solutions"

The number of Doctors and Nurses per 1000 population in India is approximately 0.65 & 1.0 respectively. which is much less than the world average. There is a significant shortfall in nurses and nursing skills in India when compared to developed and even developing countries. Nursing forms the backbone of healthcare delivery and therefore deserves special attention from the industry and the Government. The challenge is to rapidly build a quality based nursing workforce to meet the burgeoning demands of the healthcare sector in our country. This session focused and deliberated on the challenges, issues and solutions with respect to nursing education and training and related infrastructure, demand and supply gaps and issues related to the nursing profession.

Lack of experience in specialty areas, poor communication skills, limited exposure to clinical practice during student period, cultural issues and language barriers, lack of clinical reasoning and poor perception as well as social status in many parts of the country are some of the main employment concerns in the nursing profession. Furthermore, opportunities overseas with much higher remuneration levels have significantly drained the better talent in the country leading to high attrition in all hospitals. Some of the primary reasons for increasing lack of interest in the profession are poor pay scales, not commensurate with the work responsibilities and pressure, frequent overtime due to shortage of staff and no clear career path. Accordingly, the youth of today are opting for other disciplines that are perceived as more rewarding and less taxing.

Recommendations:

- **Work environment**: It is necessary to encourage and ensure a conducive work environment and culture in hospitals in order to improve perceptions and generate interest in the profession as well as control attrition in hospital.
- **Recognition**: Hospitals also needed to ensure respect, dignity and better treatment of nurses by doctors as well as proper recognition for their work.
- **Compensation** should be on par with the market standards, with performance-based salaries, better perquisites and designations.
- **Training & development**: There should be regular training and career development, and a system of rewards and recognition.
- **Administrative responsibilities**: Nurses in India should be given hospital administrative responsibilities through structured training and development of the required competencies and with exposure to hospital administration.

L-R: Dr Bimla Kapoor, Professor in Nursing, IGNOU (Presentation); Col Binu Sharma, Vice President-Nursing services , Columbia Asia Hospital; Mr Rajen Padukone, CEO, Manipal Health Enterprises; Mr Jacob, Chief People Officer, Apollo Hospital Chennai; Ms Thankam Gomez, Executive Vice President, Health Education, Berkeley HealthEdu Pvt Ltd

"Preventive Aspect of Indian System of Medicine"

India has a rich heritage of traditional medicine dating back to hundreds of years. It enjoys the distinction of having the largest network of traditional health care, which are fully functional with a network of registered practitioners, research institutions and licensed pharmacies. Currently, the number of registered AYUSH practitioners in the country amount to 750,000 with an overall coverage of 7.3 AYUSH doctors per 1000 population. There are more than 500 teaching institutions in the country, out of which 140 are post graduate institutions.

After the Almata declaration in 1978, the World Health Organization changed its strategy from disease control to health promotion that can be achieved with diet, physical activity and lifestyle intervention. However, the Indian system of medicine has always been based on these key principles and has promoted the health centric approach more than the disease centric. Further, alternative therapies are rapidly evolving into scientifically proven methods of treatment especially in preventive care.

In the light of the fact that non-allopathic doctors constitute 48% of registered medical practitioners in the country, there is a strong need of integrating Indian Traditional Medicine with the conventional healthcare services with the aim to bridge the short term human resource gap in healthcare sector and evolve standard practices for AYUSH practice.

Recommendations:

- **Mainstreaming of AYUSH** with the national healthcare delivery system:
  - Improving the availability of AYUSH treatment facilities and integrating it with the existing delivery system including dispensaries, district hospitals, public health centres etc to strengthen the existing public health system
  - AYUSH needs to make strategic interventions in schemes such as Janani Suraksha Yojana, Reproductive Child Health (RCH), early breastfeeding, growth monitoring of children, ante and post natal care, etc.
  - There is a need to design creative initiatives to mainstream AYUSH with focus on speed, scale and sustainability. Innovation in technology, upgrading of existing infrastructure and scaling up of successful models would form the key strategies.
  - There is also a need to encourage and facilitate setting up of specialty centres and AYUSH clinics as well as develop nationwide advocacy for AYUSH
  - There should be more involvement and training of AYUSH doctors for National programs

- **Integration of AYUSH with ASHA**: Training of ASHA workers should include information and importance of the AYUSH system. Teaching manuals should be updated to include training on AYUSH.

- **Strengthening of AYUSH**:
  - AYUSH Dispensaries need to be strengthened with provision of storage equipments and making provision for AYUSH drugs at all levels
  - Facilitate and Strengthen Quality Control Laboratory for AYUSH: The quantum of Ayurvedic and Homoeopathic medicines used / procured in both public and private

health sectors is huge. There has been wide ranging concern about spurious, counterfeit and sub standard drugs. In order to prevent the spread of sub standard drugs and to ensure that the drugs manufactured or sold or distributed throughout the state are of standard quality, drug regulation and enforcement units need to be established in all the states.

- Strengthening the Drug Standardization and Research Activities on AYUSH - The major drawback in the development of AYUSH is lack of research and development activity on the drugs used for the System. There s a need to evaluate various plant drugs as well as conduct intensive research and development activities on AYUSH.

L-R: Dr Manoj Nesari, Joint Advisor, Department of AYUSH, Ministry of Health & Family Welfare; Dr Praneet Kumar, CEO, BLK Super Specialty Hospital; Dr D C Katoch, Joint Advisor, Department of AYUSH, Ministry of Health & Family Welfare

"Non-Communicable Diseases: Prevention & Control"

The socio-economic impact of NCDs is growing at a very alarming rate with nearly 63% of all deaths coming from NCDs and chronic ailments. WHO estimates that a 2% reduction in chronic disease deaths in India, over the next 10 years could result in a gain of 15 Bn USD for the country. It would however take a combined effort form all stakeholders to make a real difference to tackle this menace. The session was aimed at deliberating awareness, screening and management aspects of NCDs and showcase the work done by FICCI's taskforce in the area.

- Three pronged Intervention Plan to manage NCDs:
  i) Awareness
  ii) Screening
  iii) Disease Management

- Universal Health Screening Framework (UHSF): profiles the 'Life Events' across age groups as one dimension and lists profile of screening elements as the second dimension. The elements include measurement of health as well as screening for diseases. The UHSF framework integrates various proven screening elements to enable relationship with 'Life Events' i.e. milestone achievement from childhood through adolescence, adulthood and old age including senility. This framework can be used assess the level of NCDs in the population.

- Disease prevention & management guidelines: need to be prepared for all the diseases in way that is understood by the common man. These should be available in all the hospitals and health care centers for awareness generation and management.

- Sectors for interventions**:** Based on the deliberations and studies conducted by the knowledge partner the prime sectors where NCD program interventions are most required are:
  i) Workplace: Highest noted presence of Overweight, Hypercholesterolemia, Hypertension, Diabetes
  ii) Schools: Earliest intervention through developmental programs predominantly awareness and valuing health services.
  iii) Urban Poor/ Rural: Largest segment of population requiring robust and proven delivery mechanisms for successful interventions

L-R: Mr Rajendra P Gupta, Member, Advisory Group / TRG (Technical Resource Group), MoHFW, GoI; Hony Brig (Dr) Arvind Lal, CMD, Dr LalPathlabs; Mr Girish Rao, Chairman & Managing Director, Vidal Healthcare; Mr Vivek Mohan, Senior Director - Global Integrated Health, Abbott Healthcare Pvt Ltd; Dr Jagdish Prasad, DGHS, MoHFW, GoI; Mr Sushobhan Dasgupta, Managing Director, Johnson & Johnson Medical; Mr Amol Naikawadi, Joint MD, Indus Health Plus

SPEAKER LIST SESSION WISE		
Name	**Designation**	**Organization**
August 27, 2012		
Master Class I - Financing in Healthcare		
Dr Praneet Kumar	CEO	BLK Super Specialty Hospital
Mr Abhay Soi	CMD	Halcyon
Master Class II - Process Design in Healthcare		
Dr Sanjeevan Bajaj	Chief Operating Officer	FICCI Quality Forum
Dr Gaurav Thukral	Chief Operating Officer	Fortis (O.P. Jindal Hospital and Research Centre), Chhattisgarh
Dr TBS Buxi	Chairman-Dept. of CT Scan & MRI	Sir Ganga Ram Hospital
Master Class III- Reforms in Education for AYUSH system of medicine		
Dr Manoj Nesari	Joint Advisor	Dept. of Ayush, Ministry of Health & Family Welfare
Dr Abhimanyu Kumar	Professor	National Institute Of Ayurveda, Jaipur
Master Class IV - Health Insurance		
Mr Krishnan Ramachandran	COO	Apollo Munich Health Insurance Co
Mr Anuj Gulati	CEO	Religare
Dr Shreeraj Deshpande	Head - Health Insurance	Future Generali
Mr Sandeep Patel	CEO	Cigna India
Mr APV Reddy	Managing Director	FHPL
Master Class V - Branding of Health Services		
Dr Narottam Puri	Advisor, FICCI Health Services; Advisor- Medical; Fortis Healthcare Ltd & Chairman	NABH
Mr Anas Wajid	Head- Sales & International Business	Fortis Healthcare Ltd
Mr Pradeep Thukral	Director, Indian Medical Travel Association & Founder & CEO -	SafeMedTrip.com
Awareness Seminar- Importance of Quality in Diagnostics		
Hony Brig (Dr) Arvind Lal	CMD	Dr LalPathlabs
Ms Ameera Shah	Co-Chair, FICCI Health Services Committee and CEO & MD	Metropolis Healthcare Ltd
Mr Anil Relia	Director	NABL
Dr Anil Handoo	Senior Pathologist	BLK Super Specialty Hospital
Dr J Bhatia	Chief of Laboratory Services & Projects – North India	Metropolis Healthcare Ltd
Dr Sarjana Dutt	Asst. Director, R&D and Molecular Biology	Oncquest Laboratories Ltd.
Dr Parveen Gulati	Senior Consultant Radiologist	Dr. Gulati Imaging Institute
Dr Tanushree Sidharth	Head (Operations)	Aashlok Hospital
Dr Vivek Bhatia	Sr. Gastroenterologist	Fortis Hospital
Dr Girish Vaishnava	HOD & Sr. Consultant, Internal Medicine	Indo Gulf Hospital & Vision Mission Foundation
Dr Rajesh Makashir	President	IMA, South Delhi
Dr Aparna Ahuja	Lab Director	SRL Gurgaon

Boot Camp Sessions		
Mr A Vijay Simha	Partner - Medical Technology	Vita Pathfinders LLP
Dr Praneet Kumar	CEO	BLK Super Specialty Hospital
Mr Manikkam Palaniappan		Underwriters laboratories India
Mr Arvind Vishwanathan	Chief Strategy Officer	Xellect IP Solutions
Mr Satish Gokhale		Design Directions, Pune
B2B Meetings		
Mr A Vijay Simha	Partner - Medical Technology	Vita Pathfinders LLP
Ms Shobana Kamineni	Executive Director	Apollo Hospitals Group
Day 1: August 28, 2012		
Inaugural Session		
Ms Sangita Reddy	Chairperson-FICCI Health Services & ED - Operations	Apollo Hospitals Group
Dr Ashok Walia	Minister of State for Health & Family Welfare	Department of Govt. of NCT of Delhi
Dr Michael Chamberlain	Chairman	British Medical Journal Group
Mr Pranab Mukherjee	The Hon'ble President of India	
Mr R V Kanoria	President	FICCI
Dr Rajiv Kumar	Secretary General	FICCI
Dr Nandakumar Jairam	Co-Chair, FICCI Health Services & Chairman & Group Medical Director	Columbia Asia Hospital
Ms Ameera Shah	Co-Chair, FICCI Health Services and CEO & MD	Metropolis Healthcare Ltd
Hard Talk - "Is Medicine Today Corrupt?"		
Ms Sangita Reddy	Executive Director-Operations	Apollo Hospitals Group
Dr Narottam Puri	Advisor, FICCI Health Services; Advisor- Medical; Fortis Healthcare Ltd & Chairman	NABH
Mr Pranjal Sharma	Business Writer & Columnist	
Dr Rajiv Kumar	Secretary General	FICCI
Dr Nandakumar Jairam	Co-Chair, FICCI Health Services & Chairman & Group Medical Director	Columbia Asia Hospital
Mr Rajen Padukone	CEO	Manipal Health Enterprises
Dr Dilpreet Brar	Regional Director	Fortis Healthcare Ltd
Plenary Session I - Building an ecosystem for successful innovations in healthcare		
Mr Sushobhan Dasgupta	Managing Director	Johnson & Johnson Medical
Dr G N Singh	DCGI	Government of India
Dr Surinder Singh	Acting Director	National Institute of Biologicals
Mr Anjan Bose	Secretary General	Healthcare Federation of India
Mr A Vijaysimha	Partner - Medical Technology	Vita Pathfinders LLP
Dr Balram Bhargav	Executive Director	Stanford India Biodesign Centre, AIIMS
Dr Wido Menhardt	Head	Philips Innovation Camp
Dr Vikram JS Chhatwal	Director	Medi Assist India Pvt Ltd

Parallel Session A - Genomics: Evolving Trends and Impact		
Ms Ameera Shah	Co-Chair, FICCI Health Services and CEO & MD	Metropolis Healthcare Ltd
Mr Kapil Khandelwal	Director	EquNev Capital
Dr Kevin Davis *(VCon)*	Author-$1000 Genome and Member	US President's Committee on Genomics
Dr Rajesh Gokhale	Director	Institute of Genomics & Integrative Biologyu
Dr Srikant Raghavan *(VCon)*	Paediatric Interventional Cardiologist	Harvard
Ms Aparna Rajadhyaksha, *(VCon)*	Genomics Advisor, Metropolis Healthcare Ltd & Associate-Genetics Lab	Miami Children's Hospital
Dr Alam Singh	Senior Managing Director	Milliman
Parallel Session B - Highly Efficient Hospital Operations Management in Japan		
Mr Yasunori Tokiyoshi	Director	Japan Research Institute
Dr Fumito Hara	CEO and Medical Doctor	JUNPUKAI Kurashiki Daiichi Hospital
Mr Toshiaki Fukuda	Manager	JGC Corporation
Mr Hiromasa Komiyama	Manager	Asahi Kasei Medical Co.Limited
Evaluation of Poster Presentation		
Dr Nandakumar Jairam	Co-Chair, FICCI Health Services & Chairman & Group Medical Director	Columbia Asia Hospital
Dr Praneet Kumar	CEO	BLK Super Specialty Hospital
Dr J Bhatia	Chief of Laboratory Services & Projects	Metropolis Healthcare Ltd
The Big Debate - Universal Healthcare: Dream or Reality?		
Dr Nandakumar Jairam	Co-Chair, FICCI Health Services & Chairman & Group Medical Director	Columbia Asia Hospital
Mr Pieter Walhof	Director	Health Insurance Fund, Netherlands
Mr Murali Nair	Partner	Ernst & Young
Mr Shivinder Mohan Singh	Executive Vice Chairman	Fortis Healthcare Ltd
Mr Nachiket Mor	Director	IKP Centre for Technologies in Public Health
Mr Bhargav Dasgupta	MD & CEO	ICICI Lombard General Insurance Co ltd
Dr Ajay Bakshi	CEO	Max Healthcare Ltd
Dr Hari Prasad	CEO	Apollo Hospital Hyderabad
Awards Night - FICCI Healthcare Excellence Awards 2012"Successful Innovation"		
Day 2: August 29, 2012		
Plenary Session II - Promoting Quality in Healthcare		
Dr Narottam Puri	Advisor, FICCI Health Services; Advisor- Medical; Fortis Healthcare Ltd & Chairman	NABH
Dr Anil Relia	Director	NABL
Dr Nagendra Swamy	President & Chairman of Quality	Manipal Hospital
Dr Anupam Sibal	Group Medical Director	Apollo Hospitals Group
Dr Oliver Wagner	Medical Head of Healthcare Management	Frankfurt School of Finance & Management
Mr Rajnish Rohatgi	Director	BD Medical- Medical Surgical Systems

Plenary Session III - Showcasing Health Initiatives in States		
Dr Nandakumar Jairam	Co-Chair, FICCI Health Services & Chairman & Group Medical Director	Columbia Asia Hospital
Dr S Chandrashekhar	Joint Director (IEC & QA), Karnataka Health Systems Development & Reforms Project	Government of Karnataka
Mr Sanjay Kumar	Secretary Health & Executive Director	State Health Society, Government of Bihar
Parallel Session C - Nursing Skills -Trends, Challenges and Solutions		
Mr Rajen Padukone	CEO	Manipal Health Enterprises
Dr Bimla Kapoor	Professor	IGNOU
Mr Jacob	Chief People Officer	Apollo Hospital Chennai
Col Binu Sharma	Vice President-Nursing Services	Columbia Asia Hospital
Ms Thankam Gomez	Chief- Nursing	Fortis Healthcare Ltd
Parallel Session D - Preventive Aspect of Indian System of Medicine		
Dr Manoj Nesari	Joint Advisor	Dept of AYUSH, MoHFW
Dr D C Katoch	Joint Advisor	Dept of AYUSH, MoHFW
Dr Praneet Kumar	CEO	BLK Super Specialty Hospital
Plenary Session IV - Non-Communicable Diseases: Prevention & Control		
Mr Vivek Mohan	Senior Director - Global Integrated Health	Abbott India Ltd
Mr Vivek Mohan	Senior Director - Global Integrated Health	Abbott Healthcare Pvt Ltd
Mr Girish Rao	Chairman & Managing Director	Vidal Healthcare
Dr Jagdish Prasad	DGHS	MoHFW
Hony Brig (Dr) Arvind Lal	CMD	Dr Lal PathLabs
Mr Rajendra P Gupta	Member	Advisory Group
Mr Sushobhan Dasgupta	Managing Director	J&J Medical
Mr Amol Naikawadi	Joint MD	Indus Health Plus
Valedictory Address		
Mr Sam Pitroda	Adviser to the Prime Minister of India on Public Information Infrastructure and Innovations	

List of Participants				
Title	Name		Designation	Organization
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Dr.	Sanjeev	Bagai		BLK Hospital
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Mr	Bhupesh	Tewari		Modern Medicare
Ms	Gulmire	Ablat		JRI
Mr	Albin	Abraham		Columbia Asia
Mr	Arnab	Acharya		Fortis Healthcare
Mr	Kunal	Addvent		Apollo Hospital
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Mr	Ankit	Agarwal	Director	Alankit Life Care Ltd.
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Mr		Balkishan		Doc N Doc
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Dr	Alok	Bhatia		NeoDstress Centre
Dr	Vivek	Bhatia		Fortis Hospital
Dr	Neena	Bhatia		
Mr	R S	Bhatia	Chairman	Global Hospital & Endosurgery Institute
Dr	Praveen	Bhatia	Medical Director	Global Hospital & Endosurgery Institute
Mr	Amit	Bhatnagar		Accuster Tech Pvt. Ltd
Mr	Amit	Bhatnagar		Accurex
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Mr.	Bavish	Chakraborty	Head-Regulatory Affairs	Biomerieux India Pvt Ltd
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Mr.	Baburam	Choudhary		Acupressure Healthcare International
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Dr	Sanjay	Dalsania	Chief Quality Officer	Apollo Hospitals International Limited,
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Prof		Das		Ministry of Health & Family Welfare
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Mr	Prabhjit	Didyala		Fortis Healthcare Ltd
Mr	Patil Balkrishna	Digambarrao	Student	I N L E A D
Dr.	M. V.	Doshi	Consultant	DOC N DOC
Mr	O P	Dua		Fair Deal Insurance
Mr	Kishore	Dudani	IFS (Retd.)	Ministry of External Affairs
Mr	Rahul	Duggal	CM	The Oriental Insurance Co.Ltd.
Mr	Jun	Ebisawa		JRI

Mr	Chris J.	Fuller	General Manager	Well Be Medic (India) Private Limited
Mr	Shishir	Gandhi	Manager	MyCare Health Solutions Private Limited
Mr	Vishal	Gandhi	Managing Partner & CEO	BIORx Venture Advisors Pvt. Ltd
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