



NITI Aayog



Healthcare at Crossroads

August 30-31, 2018 | FICCI, New Delhi



QUALITY



PATIENT SAFETY



PATIENT OUTCOMES

RECOMMENDATIONS



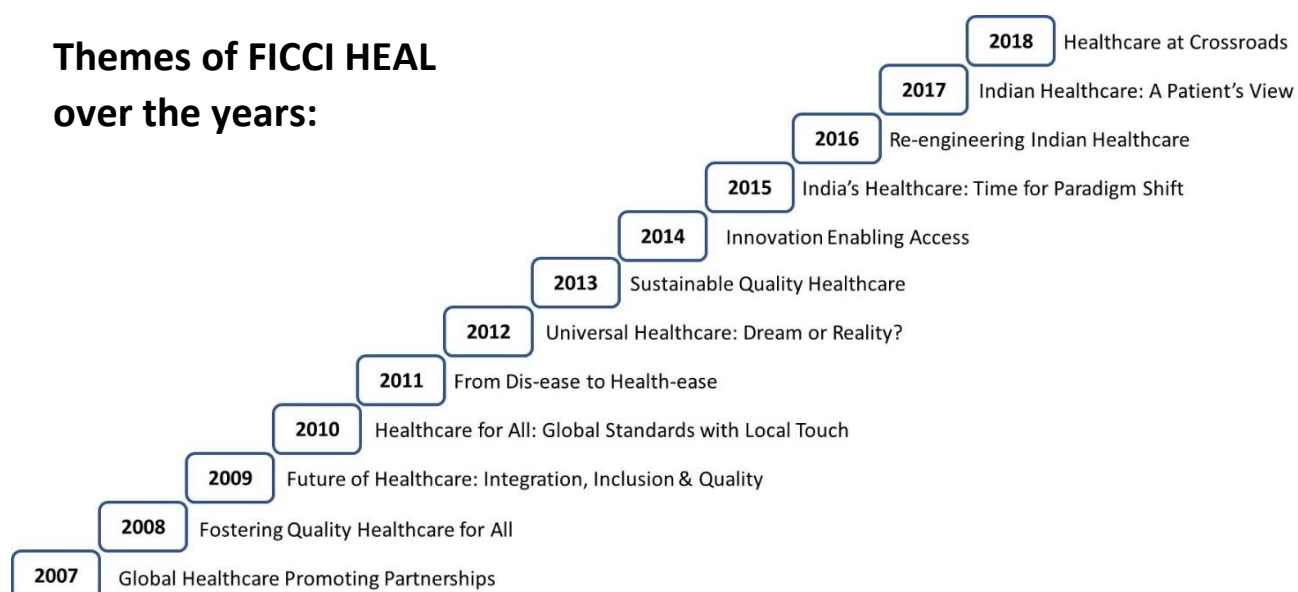
Overview: FICCI HEAL

As an apex industry chamber in India, FICCI has been leading the way by recommending reforms and bringing together the policy makers and leaders from healthcare and allied industries. **FICCI HEAL**, our annual healthcare conference, is organized every year since 2007 and has evolved as a landmark event for the healthcare industry over the years. The conference provides a valuable platform for stakeholder interaction, debate on policy direction as well as sharing knowledge and best practices.

All these years FICCI HEAL has been supported by Ministry of Health & Family Welfare and/or NITI Aayog, Government of India, and has matured as an interface between the industry and the Government to network and deliberate on all critical issues related to healthcare in the country.

In the past decade, FICCI HEAL has been graced by eminent personalities like the Hon'ble Former President of India, Shri Pranab Mukherjee; Shri J P Nadda, Hon'ble Union Health Minister of India; Dr Jitendra Singh, Minister of State for Development of NE Region and Minister of State for Prime Minister Office, Gol; Shri C K Mishra, Former Secretary, Ministry of Health & Family Welfare, Gol; Dr Michael Chamberlain, Chairman, British Medical Journal Group; Lord Billimoria of Chelsea, Member, House of Lords & Chair of Indo-British Partnership Network, UK; Mr Philip Hassen, President, ISQua & CNIS and Former CEO, Canadian Patient Safety Institute; Mr Sam Pitroda, Advisor to the Prime Minister of India on Public Information Infrastructure and Innovations; Dr Mukesh Chawla, Head, Knowledge Management, Human Development, The World Bank, amongst others.

Themes of FICCI HEAL over the years:



FICCI HEAL 2018

FICCI concluded the 12th edition of its annual healthcare conference, FICCI HEAL, on the theme **“Healthcare at Crossroads”**, on **August 30-31, 2018** at FICCI, New Delhi. FICCI HEAL 2018 was **supported by NITI Aayog, Government of India**.

The two-day conference, attended by over 350 delegates, brought together various stakeholders of health sector encompassing healthcare providers, government officials, policy makers, representatives of embassies and multilateral agencies, medical technology and pharmaceutical companies, healthcare education providers, health insurance companies, financial institutions etc. It also provided an interactive platform for deliberations by eminent Speakers drawn from both the Government as well as the Industry.

The conference highlighted the recently launched Ayushman Bharat Program of the government and included some high-impact panel discussions on issues like strategies for implementation of the program, viability and sustainability of the healthcare industry, implementation of Living Will, how a responsible media can help the growth and development of health sector in the country, implications of technology in healthcare and a roundtable on Nursing Reforms.

“Healthcare at Crossroads”

Healthcare has become one of India's largest sectors in the country, both in terms of revenue and employment. With the burgeoning investments in the sector it is expected to reach USD 372 billion by 2022 growing at a CAGR of 16%. India has world class secondary and tertiary care facilities. Technology is revolutionizing Indian healthcare through cutting-edge diagnostic and clinical technologies, rapid digitization as well as disruptive innovations in exponential technologies including Artificial Intelligence and Genomics. All these developments have led to the hospital and diagnostic segments attracting Foreign Direct Investment (FDI) worth USD 4.99 billion between April 2000 and December 2017.

Further, India's cost-competitiveness compared to its peers in Asia as well as western countries has been attracting patients from particularly from Africa, Gulf, CIS and SAARC countries, making it a favorable destination for Medical Value Travel. With 22-25% growth in medical value travel industry, it is expected to double in size from USD 3 billion in 2017 to USD 6 billion in 2018.

The dichotomy however is that India has one of the lowest public healthcare spend in the world, which has just marginally increased from 1.2% of the GDP in 2013-14 to 1.4% in 2017-2018. Further, for 16% of the world's population we have a disproportionately high share of global disease burden at ~21% coupled with one of the fastest growing incidences of non-communicable disease, mental illness and trauma.

While we have been able to reduce our Maternal Mortality Ratio and Under-5 Mortality Rate, we have missed several MDG targets. A quarter of the world's TB cases still occur in India. India ranks 125th out of 183 countries on Life Expectancy. India still lags behind the other BRICS countries as well as immediate neighbors Sri Lanka, Bangladesh, Bhutan and Nepal in Healthcare Access and Quality (HAQ) index.

Our out-of-pocket health expenditure, at 62%, is higher than in many emerging markets, pushing approximately 63 million people into poverty in India due to catastrophic health expenditures. All this is compounded with low and inequitable infrastructure and access. The public healthcare provisions remain inadequate and private healthcare suffers from being largely an unorganized and unregulated industry. Our health infrastructure, at around 1.3 hospital beds and 0.9 doctor per 1,000 people, is significantly weak as compared to other developing nations. Further, low doctor to population and nurse to population ratio leads to over burdening of responsibilities on doctors and nurses, which becomes the root cause of unintentional medical errors and misunderstandings.

The exponential growth in the sector has happened inorganically without adequate planning, development of standards, integration of technology, compliance mechanisms and scientific costing structures. This has resulted in skewed presence of tertiary healthcare facilities in metros and tier-I towns and inadequate secondary care and primary care facilities in the semi-urban and rural areas.

So, yes, it is apt to say that Indian Healthcare has been at crossroads. It is now time to reinvent to keep the growth trajectory moving upward. This calls for a complete paradigm shift in our healthcare ecosystem.

With the launch of **Ayushman Bharat** - the world's largest public funded healthcare program, the government has indeed exhibited its commitment to the healthcare needs of the citizens of India. Apart from taking the responsibility of being a payor for healthcare services, the renewed focus of the government on primary and preventive care will help us reduce the need for hospitalization and tertiary care, reducing the out of pocket as well as the catastrophic expenditure on healthcare. While Ayushman Bharat will bring 500 million people under the health protection scheme and raise the public spend to 2.5% of GDP, the challenge will be implementation of this scheme without adequate infrastructure, trained manpower, categorization of diverse healthcare facilities, clinical standards and protocols, robust quality assurance mechanism etc.

For successful implementation of government strategies, it is critical to ensure the increase in healthcare spending translates into better health outcomes and to ascertain the role of other stakeholders on the path towards Universal Health Coverage. The new paradigm should certainly aim to rationalize the cost of care delivery keeping in view the viability and sustainability of the private sector that has been catering to 70% of the country's healthcare demands and contributing almost two-thirds of the total health spend of 5.1% of the country's GDP. There is a need for policies and regulations that encourage the committed and organized private players to not only further invest in healthcare delivery in the country but also equitably engage as a key partner to deliver on the common vision of Accessible, Affordable, Quality Healthcare for All.

FICCI HEAL 2018 was an endeavour to find solutions to the various challenges – systemic, financial and infrastructural, and focus on how to leverage the available opportunities that can help increase the penetration of quality health services in the country. The conference deliberations emphasised on the need for accountability and transparency in the healthcare ecosystem and use of collaborative measures to help bridge the trust deficit amongst all the stakeholders.



Key Recommendations

Some of the key recommendations for the healthcare sector, arising from the conference deliberations, include:

- Successful implementation of Ayushman Bharat will be only possible if the government and the private sector **collaborate and realign some of the strategies** like costing of health services, standardizing clinical pathways, skilling and re-skilling of the healthcare workforce along with extensive use of technology, Artificial Intelligence and telemedicine
- There is a need to formalize a **multi-stakeholder forum** that will be a platform for continuous and strategic discussions for both - policy interventions as well as healthcare programs in the country
- Since a large proportion of the bottom 40% of the population resides in tier II, tier III cities and rural areas, where healthcare is being delivered by small private set-ups comprising the unorganized private sector. It will be crucial for the government to
 - **involve these small providers in PMJAY**, ensure the scheme is sustainable for them and help them upgrade to required quality standards
 - **provide appropriate financial incentives and support services for private hospitals** to set-up and run facilities in tier II, tier III cities and rural areas
- As viability emerges as a serious concern for the existing private establishments to empanel for PMJAY, the private sector needs to **explore newer business and operational models better suited to needs of PMJAY**. However, with rising concerns amongst the private providers regarding inadequate package rates under PMJAY, it is critical to carry out a **nation-wide scientific study on the costing of health services** across public and private hospitals
- We need to move beyond the cost of individual procedures and work towards cost of lifetime healthcare through **public-private healthcare ecosystems** to provide integrated care across the entire continuum from promotive, preventive, secondary and tertiary care coupled with an efficient referral system
- Along with affordable, accessible and quality healthcare, we also need to include the aspect of **credibility** in our practice. It is becoming increasingly important for all healthcare organizations to establish **self-governance and self-regulation mechanisms** to create accountability in their systems and operations
- While we need to invest hugely in infrastructure development specifically in non-metro cities and rural areas, we also need to work towards **operational efficiencies** and seek innovative solutions for managing the cost of care. Strategies like **economies of scale** through volume expansion as well as **bulk buying** of drugs and equipment will go a long way in reducing the costs

- The current lack of outcome measuring criteria as well as inhibition from sharing the outcomes publicly are further widening the trust deficit in the sector. We need to create benchmarks and **criteria for measuring outcomes and transparency** to help determine the quality of care provided in the country
- Although the healthcare industry is not a highly profit-making industry as compared to industries, the public perception is that hospitals are profiteering at the cost of patients. The healthcare industry needs to have **effective communication strategies** with the media, the patient as well as with the public at large
- Journalists have a responsibility to mirror the issues of healthcare comprehensively and proportionally since the readers and viewers may make important healthcare decisions based on such information provided. Hence it is important that they **investigate and report accurately** without using vague and sensational terms. There is also a need to understand the difference between an **error of judgement and negligence**
- With a treatment gap of 82-96% and spending mere 0.04% of our healthcare budget, **Mental Health** has become a critical challenge for India. There is a need to encourage dialogue, dispel the age-old myths, create awareness amongst masses and invest in infrastructure and training specialist healthcare workforce for mental healthcare
- Although the Supreme Court judgement on **Living Will** is a very positive step, the implementation process for the Will needs to be **simplified** and a **palliative care policy** needs to be integrated into the healthcare system. The pending Bill on Medical Treatment of Terminally Ill Patients (2016) needs to be enacted after appropriate modifications
- Medical professionals today are facing new challenges of tackling their 'web-informed' patients, since all information provided on the web may not be relevant or appropriate. It is critical for the healthcare sector to evolve a **health-specific knowledge platform**, which can have validated data and information that can be used by the consumers
- Artificial Intelligence (AI) and Machine Learning are helping us not only in data analysis and application but also in clinical decision making. However, for AI to be able to use the data effectively and appropriately, it is important to structure the data in a way that the machines can make the best use of it. Regulation through evidence-based guidelines and quality standards will play an increasingly significant role in **obtaining structured and relevant data**
- For developing India specific disease monitoring and personalized decision-making tools, it is essential that we develop **customized data for Indian population** that should include co-validated statistics from all demographics, representing population from urban, rural and semi-urban areas

Key Highlights of the Conference

Inaugural Address by **Shri J P Nadda**, Union Health and Family Welfare Minister, Government of India

Shri J P Nadda while inaugurating the 12th edition of FICCI HEAL on the theme 'Healthcare at Crossroads' said that "since currently there is no formal structure for policy interaction, the government is keen to **formalize a multi-stakeholder forum** that will be a platform for continuous and strategic discussions for both - policy interventions as well as healthcare programs in the country." The Minister also said that the government has brought healthcare to the central agenda for the country and has launched various programs with the key goal of making healthcare affordable and accessible to all.



Shri Nadda applauded the various ways in which the private sector has been partnering with the government, specifically for the Pradhan Mantri Dialysis Program as well as the Bio-Medical Equipment Management and Maintenance program. He also said that **such synergies need to be further explored for other programs like distribution of free drugs and diagnostics** in the country. The Minister added that, Ayushman Bharat is a historic decision and has two pillars - preventive and promotive healthcare by converting 1.5 lakh sub-centres and PHCs into health and wellness centre and the Pradhan Mantri Jan Arogya Yojana (PMJAY). For the program to be successful, it is important that the **private sector join hands with the government** in operationalizing the health and wellness centres as well as empanel themselves for the PMJAY. He also expressed that the government understands the concerns of the private sector on costing of services and is open to modifications in future.



*Ms Sangita Reddy welcoming
Shri J P Nadda*

Commending the efforts of FICCI on the release of Code of Ethics for the Health Services Industry, the Minister said, "apart from working towards affordability, accessibility and quality, we also need to **bring in credibility in the sector**". He urged the private sector to support the state governments in adapting and implementing the Clinical Establishment Act for bringing in regulation in the sector.

Keynote Address by Dr V K Paul, Member (Health), NITI Aayog, Government of India



Dr V K Paul urged the **private sector to engage actively with the government for the Ayushman Bharat program** and in providing quality care at reasonable rates. He appreciated the efforts of FICCI for facilitating government-industry interaction during the planning of Ayushman Bharat, which helped the government to understand the perspectives of the private sector. He said that we further need to work together for the identified aspirational districts, which account for 20% of India, to provide for health, nutrition and education.

Dr Paul also appreciated the FICCI Costing study **emphasising on the need for rational cost derivation** for arriving at reimbursement rates under the program and said that “NITI Aayog will review the FICCI paper and further work on costing will be done in collaboration with the industry”. He shared that the government had considered various package rates including CGHS, many state health insurance schemes as well as that of the armed forces. At the same time, the government is mindful that the rates need to be viable for long-term sustainability of hospitals and has initiated a market driven scientific costing study, which will not be possible without adequate data and support from the private sector.

Dr Paul shared his concern on **scarcity of specialists** in the country, mentioning that we need almost 6 lakhs more specialists in next few years. He suggested that private sector, being the custodian of 60% of specialty beds in the country, should also help create a pipeline of specialists through out of box ideas and suggestions.

Dr Paul applauded the industry’s endeavour towards **self-regulation** and said that “I am happy to see that the FICCI Code of Ethics for the Health Services Industry is well articulated and covers several aspects of ethical conduct including privacy, conflicts of interest, bribery and grievance redressal”. However, he said, that “we need to collectively work towards changing the mind-set of everyone to get rid of corruption in the country, only then will we be able to embark on the superhighway of healthcare”.



*(Hony) Brig Dr Arvind Lal
welcoming Dr V K Paul*

Welcome Address by Ms Sangita Reddy, Vice President, FICCI and Joint MD, Apollo Hospitals Enterprise Ltd.

Ms Reddy, during her welcome address, applauded the government for the steps taken for improving healthcare in the country and said, “With the launch of Ayushman Bharat, India is no longer at

crossroads. **Healthcare has entered the Universal Collective Super Highway.**” She added, “It is a fact that there are significant gaps in the healthcare access, but we also have the wherewithal to deliver the highest quality of care available anywhere in the world at one-tenth the prices. Now, with the implementation of Pradha Mantri Jan Arogya Yojana, we will be able to provide quality, accessible, innovative, ubiquitous and technology-enabled care to all the citizens in the future.”



Ms Reddy also informed that FICCI had been working towards creating the roadmap for Universal Health Coverage and its efforts on **Standard Treatments Guidelines** will be helpful today when used along with Artificial Intelligence and Algorithm Medicine to restore parity in the healthcare delivery system. She also said, “India’s life expectancy can surpass other countries like China and Bangladesh with the **implementation of innovative financing schemes**. This coupled with even 15-17% increase in our current per capita health spend, can help us become the most cost-

effective healthcare system in the world.” However, in order to achieve this, the government and the private sector would need to join hands and realign some of our strategies like costing of health services and work towards clear clinical pathways, skilling and re-skilling of our workforce along with extensive use of technology, AI and telemedicine.

Keynote Address by Prof. (Dr.) Dinesh Bhugra, CBE, President, British Medical Association shared the challenges faced by UK in the healthcare provisioning as well as the key aspects of evolution of NHS. He highlighted that there are reforms in NHS every two years in order to adapt to the changing needs of the population.

He suggested that, “India should **not envision healthcare in isolation** but should have a systemic approach considering other areas of development including education, employment, housing, social justice, etc”.

Dr Bhugra also recommended that along with a supply of super specialists, India needs a **renewed focus on general practitioners** for primary healthcare, for which there is a need to revamp the medical education system of the country. He added that the reformed medical education should also include **effective training on ethics and integrity** to help bridge the increasing trust deficit between the doctor and the patient.



Dr Bhugra further suggested that the country needs to **invest in research, form evidence-based policies** and explore innovative strategies for integrated care while mainstreaming the AYUSH system of medicine. He also said that India needs to invest in an IT system that is user friendly and will be able to report the desired outcomes in the format that can be best utilized by all stakeholders.

Setting the theme for the conference, **(Hony) Brig Dr Arvind Lal, Chair, FICCI Health Services Committee and CMD, Dr Lal PathLabs** said that although healthcare has become one of India's largest sectors in the country and is expected to reach USD 372 billion (INR 26 trillion) by 2022, the dichotomy is that India has one of the lowest public healthcare spend and weakest infrastructure in the world and its out-of-pocket health expenditure, at 62%, is higher than in many emerging markets.



Dr Lal commended the Prime Minister for the launch of Ayushman Bharat - the world's largest public funded healthcare program. He said that, with this program the **government has indeed exhibited its commitment to the healthcare needs of the citizens** of India. However, for successful implementation of the Program, India would need adequate infrastructure, categorization of diverse healthcare facilities, trained manpower, clinical standards and protocols and robust quality assurance mechanism.

He added, "it is becoming increasingly important for all healthcare providers to **establish self-governance and self-regulation mechanisms to create accountability** in their systems and operations. Hence, after extensive consultation with relevant stakeholders from the government and private sector, FICCI has prepared the FICCI Code of Ethics for Health Services Industry."

Dr Alok Roy, Co-Chair, FICCI Health Services Committee and Chairman, Medica Group of Hospitals gave the Vote of Thanks for the Inaugural Session and assured the Hon'ble Minister and Dr Paul that FICCI will provide its complete support for the implementation of Ayushman Bharat. He also said that, the fact that the government has realized the need for a formal platform for multi-stakeholder interactions is in itself a step ahead and members of FICCI Health Services Committee look forward to setting up of this forum soon.



Also, on the dais was **Mr Varun Khanna**, Co-Chair, FICCI Health Services Committee and Executive VP, Fortis Healthcare, who later shared that although the industry applauds the government's recent initiatives, there is a strong need to understand costs from the perspective of all relevant stakeholders- the government, the providers and the consumer. He opined that since India's healthcare model is shaped mostly by private healthcare it is important to derive rational and sustainable package rates derived by a scientific costing exercise in order to ensure appropriate costs for procedures covered under PMJAY.



Ms Shobha Mishra Ghosh, Assistant Secretary General, FICCI, who moderated the inaugural session, highlighted that FICCI, as a thought leader, has been working on numerous significant issues including affordability and access, sustainability and quality, prevention and wellness, skill gaps, technology and innovation, patient-centricity and safety as well as the roadmap for universal health coverage. She said that, “with the announcement of Ayushman Bharat Program and under the able leadership of Hon’ble Minister and Dr

Paul, we are seeing the convergence of all the work of past 12 years, which gives us immense pleasure as well as motivation to continue working towards the betterment of the healthcare sector in India”.

FICCI Study on “Demystifying Healthcare Costs: A Scientific Approach”

Healthcare in India is witnessing a paradigm shift with the launch of Ayushman Bharat- PMJAY. With implementation of the scheme going on in full steam since its launch on September 25, 2018, the dialogue between the government and the private healthcare providers has intensified over the last few months.

There are rising concerns amongst the private providers related to inadequate package rates for the procedures covered for hospitalization. However, private providers will be a crucial partner for attaining access to healthcare for over 50 crore beneficiaries, as the private sector has been providing nearly 60% of in-patient care and has contributed to 70% of bed capacity expansion in the last decade.

This calls for a scientific derivation of package rates, the bedrock of which should be an objective understanding of cost of providing healthcare services. With this as the genesis, FICCI undertook a **study on Costing of Healthcare** in India, to derive the costs associated with delivery of select medical procedures across select public and private hospitals from around the country. The 10 procedures included in the study are Laparoscopic Cholecystectomy, Inguinal Hernia Repair, Upper GI Endoscopy, Caesarean Section, Cataract Surgery, Hysterectomy, Coronary Angioplasty (PTCA), Coronary Artery Bypass Grafting (CABG), Total Knee Replacement and Transurethral Resection of the Prostate (TURP).

Methodology and findings of the study were released in a paper titled “**Demystifying Healthcare Costs: A Scientific Approach**”, by **Dr VK Paul, Member (Health), NITI Aayog**, during FICCI HEAL 2018.



Release of FICCI Study titled “Demystifying Healthcare Costs: A Scientific Approach”, by Dr VK Paul, Member (Health), NITI Aayog, during FICCI HEAL 2018

The study employed **Time Driven Activity Based Costing (TDABC)**, which has been accepted internationally as the most scientific method of arriving at costs and has also been highlighted in Harvard Business Review and in studies conducted by Karolinska Institute Stockholm. Findings of the

study reveal the impact of location and size of hospitals on various components of cost like manpower, machinery, materials and other expenses/overheads. It also highlights that AB-PMJAY package rates for the procedures are lower than the cost incurred by hospitals to carry out these procedures.

Key Recommendations arising from the study include:

- Need for a **Framework for standard package definition** (with unique nomenclature for each package) and **reimbursement tariff determination**
- Rationalized reimbursement tariff should be defined with **differential rates for stratified provider groups**, coupled with optimal payment models that orient away from fee-for-service (FFS) to mechanisms that incentivize quality, efficiency and clinical outcomes
- Mechanisms for **periodic revision of rates** in consideration of inflation and any other significant change in input costs and to ensure actual **turnaround time for reimbursement** is strictly adhered to
- Provision of **appropriate financing options** along with incentives and tax benefits to the private sector to expand service capacities

In addition to providing fundamental competence to devise sustainable package rates, studies like this can also help public and private hospitals to analyze and optimize their costs, leading to overall reduction in cost of delivery of care.

FICCI Code of Ethics for the health services industry

A major concern that the healthcare sector is facing today is the rising trust deficit – between the private sector and the government as well as between the provider and the patient. **FICCI recognises the need for transparency and accountability** in the functioning of all healthcare establishments – whether private or public. Hence, the FICCI Task Force on Accountability, along with the stakeholders from the government and industry, has developed a ‘**Code of Ethics for the health services industry**’, which encourages members to voluntarily and collectively commit to ethical professional conduct for patient care. Already, 7 other Associations, with more than 30,000 institutional and individual members; and more than 15 healthcare organizations from across India, have endorsed the Code.



Release of ‘FICCI Code of Ethics for the health services industry’, by Hon’ble Union Health Minister Shri J P Nadda and Dr VK Paul, Member (Health), NITI Aayog, Gol

The FICCI Code of Ethics was released by the Union Health and Family Welfare Minister Shri JP Nadda and Member (Health) NITI Aayog Dr VK Paul, during the conference. Declaration of the Code was handed to the endorsing associations by Minister of State for Health and Family Welfare Ms Anupriya Patel, during the 10th FICCI Healthcare Excellence Awards ceremony.

'Health for All: Building a Swastha India'

Keynote Address by **Dr Abhay Bang**, Founding Director, Society of Education, Action and Research in Community Health (SEARCH)

In India, approximately 63 million people are pushed below the poverty line every year due to the cost of medical care. For many the choice is between death and bankruptcy. With India's diverse geographic and demographic spread, the country faces a huge challenge in providing accessible and affordable healthcare to more than 1.3 billion people living across 1 million villages, hamlets and towns. The burden of diseases in India is ever increasing and the country is grappling with low spend on healthcare. There is a need to shift the focus from 'sick care' to proactive 'health care'.

Sharing his experience of setting up SEARCH with his wife- Dr Rani Bang, in Gadchiroli- one of the most deprived districts in Maharashtra, Dr Bang highlighted that in a resource constrained setting like India where approximately 600 districts are predominantly rural, treatment approach is not a very suitable approach. In 1988, Dr Bang identified Infant Mortality Rate (IMR) at 121 deaths per 1,000 births as a major health issue in the region. By training a group of local women in two interventions- Pneumonia case management and Home-based newborn care, Dr Bang was able to reduce IMR to 30. SEARCH is now working in Gadchiroli to tackle the growing menace of Non-Communicable Diseases (NCDs), through targeted control of alcohol and tobacco consumption.

Imposing the western model of healthcare on rural India is not feasible. India needs to develop its own vision of healthcare based on the Indian concept of health, which is linked with autonomy and self-reliance. However, this would need the concerted effort of all stakeholders involved- the Government, citizens, healthcare providers and the Indian industry.

Indian industry has to adopt a responsibility beyond profit generation to enhance health of the population. Businesses need to be sensitive of the health impact of their processes, products and services and focus on delivering social value to their consumers, by gradually inculcating pro-health values.



'Bridging the 'Mentally Ill' and 'Mentally strong' gap in India'

A Special Address by Ms Neerja Birla, Founder and Chairperson, Mpower

While 10 crore Indians need mental healthcare, there are only 3,800 Psychiatrists and 43 Psychiatry hospitals in India, as a result of which only 1 out of 10 Indians in need of mental healthcare receive the required care. Mental illnesses account for 1/6th of all health-related problems in the country, but India spends only 0.04% of its healthcare budget on mental healthcare as opposed to 4-5% spent by some developed countries.

A treatment gap of 82-96% reflects upon the reality of India's Mental Health status. The gap in nature of services offered, inadequate infrastructure and dearth of specialist professionals make it very difficult to deliver care and improve mental health outcomes of the nation. Lack of research in mental health has also been a huge challenge, resulting in insufficient data to identify the roots of the problems or to devise innovative models for delivery of mental health services.

Above all, mental illness is a taboo in India and this must change now. There is a need to encourage dialogue, dispel the age-old myths, create awareness amongst masses and invest in training specialist healthcare workforce and infrastructure for mental healthcare. As healthy citizens form the bedrock of any successful nation, for India to realize its full potential, it has to be ensured that the gap between the 'mentally ill' and 'mentally strong' is bridged.



Recommendations arising from the sessions

CEO's Court Martial – Does India need Private Healthcare?

Convenor & Moderator: Mr Varun Khanna, Co-chair, FICCI Health Services Committee and Executive VP, Fortis Healthcare

India's healthcare model is shaped mostly by private healthcare which accounts for nearly 60% of all in-patient care and has contributed to more than 70% of the bed capacity expansion in the last decade. It is an undeniable fact that private healthcare providers are in the "business of healthcare". And as any private investor, they demand efficiency and expect a fair return on their investment.

This session was first of its kind in a Healthcare Conference in India, wherein CEOs of some of the well-known hospitals faced some hard questions on the need for private healthcare in the country. Some of the questions asked included:

- What are the key imperatives for sustainability of healthcare industry in the country? How do we tackle severe headwinds facing the sector currently?
- How can access to quality healthcare be improved through development of Infrastructure in India? Is there a way to disrupt the cost equation to make sense out of schemes like Ayushman Bharat?
- Can clinical standards drive the quality and cost of healthcare? Is it possible to ensure quality in affordable care or will it always come with a price?
- What difference do you see in provision of care between Tier I & Tier II/III cities both in government and private setups?
- How do you attract and retain talent without adversely affecting your margins?

The aim was to bring to the forefront factual situation of healthcare industry in the country and find solutions for sustainability and viability while adhering to the three key goals – accessibility, affordability and quality of healthcare.

Highlights of the discussion:

- Though the Indian healthcare industry is likely to grow at a CAGR of 16% per annum to reach USD 372 billion by 2022, at the micro level, hospitals, which form the backbone of the healthcare delivery system, are not growing at the commonly perceived rates
- Profiteering has become a common word with reference to healthcare in the country. However, only a few hospitals are earning an EBITDA in the range of 10-12%, and most of them earn it in single digit or are operating in losses
- Developing and maintaining hospitals is a capital-intensive affair and therefore, managing costs, achieving profitability and justifiable growth are very important for any hospital venture to be

successful. The healthcare industry should be able to earn as much profit as reasonably possible, only then the sector can attract further investments

- India has ~1 bed for 1000 people while the global average is ~6 beds per 1000 population. Hence, what we fundamentally need today is capital for infrastructure development. However, securing capital is not easy in the current scenario of low rate of returns on the capital
- A hospital as an organization faces a number of challenges as they are exposed to greater risk as compared to other industries, primarily because of the complexity of operations, ensuring appropriate quality of care and humanitarian and ethical issues in providing healthcare. The financial challenges include viability and sustainability of operations and the cost recovery mechanisms
- Further, due to continuous technological advancement in treatments there is always an increased risk of faster technological obsolescence. This contributes to higher risk on capital cost invested. Sometimes, the hospitals invest in advanced equipment only to provide better care to the patients without considering the recovery cost
- Delays in reimbursement under government insurance programs is also a key challenge that the providers have been facing across the country
- Recruiting appropriate healthcare workforce and ensuring retention of qualified professionals specifically in non-metro cities is also tough
- Varying socio-economic strata and wide geographic disparities lead to diverse healthcare demands in the country creating an additional challenge for the hospitals. Setting up and operating a hospital in metros is significantly different to that in non-metro cities or rural areas
- There are rising concerns over expectations of delivering high quality care, without consideration of appropriate reimbursements
- Private sector has worked on quality and clinical standards for decades and has brought in revolutionary changes through new treatment procedures, quality drugs and advanced equipment, along with investment in healthcare workforce, technology and infrastructure
- The fact that public healthcare schemes are dependent on the private sector for delivery of services is a very clear indicator of the role of private sector in the country
- There is a need to understand that quality comes at a price. To provide quality care, the hospitals need to invest capital, time and efforts in all aspects including consumables, drugs, security provisions, housekeeping and other support services
- What India needs today is 'Healthcare' and public and private healthcare should not be seen in isolation

Recommendations for the Industry

- With increasing and changing healthcare demands we need to invest in **infrastructure development in non-metro cities**, since 70% of our population resides in non-metros but 80% of healthcare infrastructure is in metro cities

- **Managing costs** has become a strategic part of the healthcare delivery system. Hospitals need to invest in operational efficiency systems and use cost effective ways to manage their day to day costs like bulk negotiation on the rates for medical devices and drugs in order to optimize costs
- Apart from managing the costs in the hospitals, the sector also needs to consider how to **make medical devices and consumables less expensive**. Some of the suggestion given were:
 - i. Volume expansion to achieve economies of scale – Since Ayushman Bharat is expected to further expand the consumption of medical devices and consumable, we need to leverage this opportunity to achieve economies of scale and help reduce the costs
 - ii. Consolidate the distribution costs – the distribution costs for medical devices and equipment are very high and fragmented in the country. We need to work out strategies to help consolidate and reduce distribution costs, which will help reduce the overall cost of healthcare
 - iii. Manufacturing strategies need to focus more on the requirements of the country, rather than only catering to the global demands
- To help determine the quality of care provided in the country, we need to create benchmarks and **criteria for measuring outcomes and transparency**. The current lack of outcome measuring criteria as well as inhibition from sharing the outcomes publicly are further widening the trust deficit in the sector
- Many hospitals have been using the **cross-subsidy model** for providing adequate services to patients who are from low socio-economic background. However, there have been instances of misuse of such opportunities which need to be checked. The data of beneficiaries should be co-validated so that the benefit of the public insurance programs can be provided to the legitimate population
- We need to tackle the **shortage of healthcare workforce** through new approaches. Hospitals with higher bed capacities should utilize the economies of scale to be able to generate optimal salaries for the workforce. Those in non-metros need effective strategies for local hiring and skilling the available manpower, while those in rural areas need to invest in appropriate social planning to attract talent. With less than 3% of specialists available in rural areas, it is critical to increase focus on specialized training as well as infrastructure development in remote and rural areas

Recommendations for the Government

- Reimbursement rates offered under PMJAY do not even cover the cost of consumables for some procedures, for the quality of care that is expected from hospitals. For successful implementation of the scheme it is critical that the government considers **sustainability and viability of the providers**, and hence revise the rates after a scientific analysis of the actual cost of procedures. All hospitals from across the country would need to work together to provide data on the hospital costs for deriving appropriate package pricing.

- The Government needs to realign our strategies to move beyond the cost of individual procedures and work towards cost of lifetime healthcare for every citizen. Instead of individual partnerships, we need to build **public-private ecosystems** of healthcare that will be able to provide integrated care to the entire continuum from promotive and preventive care to secondary and tertiary treatment as well as efficient referral systems.



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Ayushman Bharat: A Paradigm Shift in Indian Healthcare

Chair: **Dr Indu Bhushan**, CEO, AB – PMJAY and National Health Agency (NHA), GoI

Convenor & Moderator: **(Hony) Brig Dr Arvind Lal**, Chair, FICCI Health Services Committee and CMD, Dr Lal PathLabs

Launch of **Ayushman Bharat Program** - the world's largest public funded healthcare program, is expected to bring a tectonic shift in healthcare in India. The program has two key pillars

- **150,000 Health and Wellness Centres (HWCs)**, envisioned as the foundation of India's health system in the National Health Policy 2017 to provide comprehensive primary healthcare
- **Pradhan Mantri Jan Arogya Yojana (PMJAY)**, a public health insurance scheme that will cover more than 100 million poor and vulnerable families (approximately 500 million beneficiaries) providing coverage up to INR 0.5 million per family annually for secondary and tertiary care hospitalization for over 1350 medical procedures

With Ayushman Bharat, the Government of India has placed health on the nation's priority agenda. Its successful implementation could well eliminate a major reason of indebtedness in the country, along with spurring investments in health, generating lakhs of jobs and being a driver of growth and development. However, there is a need to re-engineer the current healthcare delivery system at systemic, financial and infrastructural level through collaborative effort and innovative partnerships.

The Paradigm Shift AB- PMJAY will bring in Indian Healthcare- 5 key highlights

i. **Healthcare for the bottom of the pyramid**

Healthcare utilization pattern in India is largely skewed towards services sought by and delivered to the top 40% of the population, even in public hospitals. PMJAY will empower the bottom 40% of the Indian population to seek healthcare with a choice to avail services at public hospitals or private hospitals. Providers on the other hand will benefit from the scheme only when they provide services to the bottom 40%.

ii. **Shift in funding pattern within healthcare in India**

Traditionally, clear majority of healthcare funding by the government has been used to improve public healthcare delivery system. PMJAY will channelize public funding to support the private sector, but it is important that credible hospitals providing quality care join the scheme in large numbers.

iii. **Improved transparency of utilization of services and reimbursements**

The scheme will offer better visibility of utilization of healthcare services across the country, across varied types of beneficiaries. PMJAY utilization data can help in identifying trends, further policy planning, and preventing fraud and abuse.

iv. **Ability to stabilize escalating healthcare prices**

As the government moves towards the role of a payor, there is an opportunity to make healthcare affordable and efficient with higher volumes. However, the government's pricing methodology needs to consider costs within the healthcare delivery system.

v. **One scheme for the entire country**

PMJAY, being adopted by most of the States and UTs with its in-built portability element, will not only help reduce inequity amongst the population but also between states in terms of healthcare status.

Recommendations for the Government:

- A large proportion of the bottom 40% of the population resides in tier II, tier III cities and rural areas, where healthcare is being delivered by small private set-ups comprising the unorganized private sector. It will be crucial for the government to
 - **involve these small providers in PMJAY**, ensure the scheme is sustainable for them and help them upgrade to required quality standards
 - **provide appropriate financial incentives and support services for private hospitals** to set-up and run facilities in tier II, tier III cities and rural areas
- PMJAY, India's first step towards decentralization of healthcare, has a strong **focus on affordability**. However, a scheme of such scale will require a **360° execution, also addressing accessibility and quality concerns**. The healthcare resources- both public and private put together, available in the country are not adequate. The government needs to invest in physical infrastructure, skill development and upskilling of the healthcare workforce and appropriate technology, simultaneously
- In addition to beneficiary feedback and medical audit for 2% of all cases, **mechanisms need to be developed to evaluate quality and clinical outcomes**, including parameters like re-admission rate
- **PMJAY package rates for many procedures are inadequate** even to cover the cost incurred to deliver care
 - The government must first **outline standard treatment guidelines (STGs)** for the covered procedures and **derive rational package rates, based on a scientific analysis of the costs incurred**
 - a significant proportion of PMJAY procedures can only be delivered in tertiary care centers. It must be **ensured that the package rates are viable for tertiary care providers**

It is understood that the rates are not sacrosanct, but **course correction is required immediately** to ensure beneficiaries receive all services promised to them

- Considering the limited public spend on healthcare in India, the government should strengthen primary healthcare provision to reduce the overall cost of serving the scheme.

Operationalization of 150,000 HWCs should be put on a fast-track by exploring PPP models to improve quality of services and health outcomes of the nation

- As Ayushman Bharat is expected to bring equity and homogenization in healthcare across the states, **create a conducive ecosystem for innovations and newer models of care leveraging technology** and help them in scaling-up

Recommendations for the Industry

- The private sector can come together through organizations like FICCI to **commit to accountable conduct and create checks and balances to ensure there is no fraud and abuse**
- About 70% of the organized private sector is concentrated in top 20 cities of the country. Ayushman Bharat will create demand and paying capacity from 500 million beneficiaries most of them residing in tier II, tier III cities and rural areas. Private healthcare providers known for their quality services need to **expand their reach beyond the big cities**
- As viability emerges as a serious concern for the existing private establishments to empanel for PMJAY, the private sector needs to **explore newer business and operational models better suited to needs of PMJAY**
- Collaborate with the government** to make the scheme successful, with active participation from credible hospitals to provide quality care to poor people, **without discriminating the beneficiaries against other patients**



L to R: **Dr Harsh Mahajan**, Founder & Chief Radiologist, Mahajan Imaging; **Mr Girish Rao**, Chair, FICCI Health Insurance Committee and Managing Director, Vidal Health; **Dr Ram Narain**, Co-Chair, FICCI Swasth Bharat Task Force and ED, Kokilaben Dhirubhai Ambani Hospital; **Dr Indu Bhushan**, CEO, NHA and AB– PMJAY, GoI; **(Hony) Brig Dr Arvind Lal**, Chair, FICCI Health Services Committee and CMD, Dr Lal PathLabs; **Dr R N Tandon**, Hony Secretary General, Indian Medical Association (IMA); **Mr Vineet Gupta**, Director - Government Affairs, Varian, India

Living Will: Ensuring dignity and comfort at the end of life

Convenor: Dr Arati Verma, Sr. Vice President - Medical Quality, Max Healthcare Institute Ltd.

Moderator: Dr Narottam Puri, Advisor, FICCI Health Services Committee; Board Member & Former Chairman, NABH and Advisor – Medical, Fortis Healthcare

A living will, also known as Advanced Directive, refers to a situation where the patient gives consent for withdrawal of life support in the event that he or she is reduced to a permanent vegetative state with no real chance of survival.

Given the choice, most people want a dignified death at the end stage of life. They prefer a caring, compassionate, pain free and supportive environment rather than aggressive medical interventions that may prolong life, but without any hope of recovery. Clinical teams and families commonly face ethical and legal dilemmas while caring for patients who are terminally ill.

The Supreme Court of India, through its verdict on March 9, 2018, has recognised that the right to die with dignity was a fundamental right. The five judge bench announced that an Advance Directive by a person in the form of a Living Will could be approved by the courts.

Though this has been a landmark judgement, which may provide relief to many, questions have been raised on the implications and practical implementation of this document as the procedure set by the Supreme Court is very cumbersome. Meanwhile, there are those that have said that since it is a matter of human life, the procedure should be made stringent to prevent its misuse.

The diverse panel of this session, through their experience in medicine and law, clarified some of the concepts like need for medically appropriate and ethical care, rights of patients/family to choose dignified death at the End of Life, Medical Futility, Euthanasia and Passive Euthanasia. They also endorsed 'Living will' as a solution and way forward for ensuring a dignified end of life, suggesting a better legal framework for execution of the same.

Key observations by the Panelists:

- ◆ The panel unanimously felt that the Supreme Court judgment on Passive Euthanasia is a welcome step, however the procedure laid down for execution of the Living Will is very complicated and time consuming. There are multiple layers of approvals that need to be acquired and the process can take 3-4 weeks, while such decisions have to be taken either bedside or within a few hours
- ◆ They emphasized that such processes add to the agony of the family and will increase the mounting expenses till the decision is made by all the entities. Further, it is also very strenuous for the treating physician who would be in a dilemma to whether give his/her time to the patient or comply with the process

- ◆ The panel also explained that there are three categories of patient in the process of recognition of the Living Will:
 - i. When a patient has made a Living Will and is also able to express his/her will to the treating physician or hospital
 - ii. When a patient has made a Living Will but is not in a position to express himself/herself
 - iii. When a patient can express his/her will but has not made a Living Will

The manner in which the treating physician has to approach these three types of patients is totally different. However, the current process laid down by the Supreme Court does not recognize this difference and considers it to be a uniform process for all.

Recommendations for the Government

- ◆ The procedure for implementation of Living Will should be simple and could be on the lines of the **oath for organ donation**
- ◆ In cases, where the patient is able to express himself/herself, **the Will of the patient needs to be honoured**, rather than putting the patient and the family under the pressures of complying with the complicated procedures of taking permission from various committees
- ◆ Palliative care also needs to be integrated into the healthcare system like Government of Kerala has done through its **palliative care policy**. The government should recognize the various modifications and suggestions submitted on the draft Bill on Medical Treatment of Terminally Ill Patients (2016), and fast-track its implementation
- ◆ **Training on palliative care and End of Life care** needs to be integrated in the undergraduate medical curriculum as well as in the curriculum for nurses and other healthcare professionals
- ◆ We also need to build capacities in the system starting at the ground level. A **separate cadre of healthcare workers is required for palliative, geriatric and dementia care**. This training cannot be imparted to the ASHA workers as additional responsibility, since the skill sets required are completely different from their current skills
- ◆ At the society level, there is a need for **public awareness on naturalization of death** in our daily discourse
- ◆ The government needs to **incentivize the investments made for retirement homes** and ensure elderly care for all income levels

Recommendations for the Industry

- ◆ All hospitals need to **sensitize their workforce**– including doctors, nurses, allied healthcare, counsellors as well as administration – on ‘End of Life care’ needs. They should also build in and follow updated guidelines in their day to day operations.
- ◆ In spite of all advancements in medicine, there has to be a certain level of **treatment limitation** which is inherent to our day to day practice, especially in areas of critical or terminal illness. The healthcare professionals also need to understand that unnecessary treatment at the end of life gives stigmatization to the entire healthcare industry
- ◆ It is important that the **treating physicians are honest** with the patient and their family and provide them with **complete information** including the good and bad prognostic indicators, so that the patient or the family can make an informed decision. The doctors should try to explain the condition and the possibilities in a language understood by the patient/family and give reference to accredited websites and literature that can help them in decision making.

As an outcome of this session, FICCI has constituted a **Task Force on ‘Advance will and end of life care’** to develop actionable recommendations on simplifying the process of implementation of a Living Will and empowering citizens by sensitization and appropriately training the healthcare workforce on advance will and end of life care.



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Media and Healthcare Today

Convenor and Moderator: Dr Alok Roy, Co-chair, FICCI Health Services Committee and Chairman, Medica Group of Hospitals

Mass media - print, television, radio and internet-plays a vital role in creating public perception on policies as well as delivery of healthcare. It has an unparalleled reach as a communication mechanism and has substantial power in setting agendas, that is, *what* we should be concerned about and take action on, and framing issues, that is, *how* we should think about them.

However, the recent adverse media reports, without adequate attention to facts and perception building based on anecdotal references has led to negative influence on people in general. This has contributed majorly in creating the trust-deficit between the doctor and the patient.

In the era of digital and social media taking over the traditional media, which is increasingly influencing the patient choices, it is even more important to ensure accountability in dispersion of information. The speakers of the session deliberated on how a responsible media can help in growth and development of health sector in the country.

Recommendations for Healthcare Providers:

- **Strengthening the system:**

It is evident that there are some structural flaws in our system that do not allow the healthcare industry to grow to its full potential. The hospitals sometimes act in a certain way to overcome these flaws that has negative ramification on the media reporting. Although, it is an obligation for all stakeholders of the healthcare industry to earn some profits in order to sustain themselves, it is also imperative that the industry members evaluate themselves and adopt certain measures that will help them become more **transparent and accountable**. Some of the strategies that they can adopt are:

- The providers should work towards imbibing ethics and self-regulation along with enhancing efficiency in their systems
- The industry should adopt healthcare models like Managed Care and Value-based Care that can help bring in more accountability in the system, while reducing the cost of care
- Health insurance companies and providers need to use collective bargaining strategies for expensive equipment to help reduce the cost of treatment
- Hospitals can work together through conglomerations to procure drugs in bulk, hence further reducing the cost of care

- **Communication:** It is well known that healthcare industry is not a highly profit-making industry as compared to industries like hospitality or telecom. Yet, the public perception is that hospitals

are profiteering at the cost of patients. This is mainly due to lack of proper communication. Hence, it is important for all healthcare providers and professionals to communicate with the public and the media effectively

- Doctor – Patient: In recent years there has been a paradigm shift in patient behavior, who are becoming more informed and empowered. Patients are not only seeking answers from their care provider but are also comparing their treatment modalities through other sources of information, including internet. However, most doctors are vary of providing answers to all the questions, leading to an increase in trust deficit. Further, many health professionals receive scant training in communication and counselling.
It is hence important for the healthcare professionals to have open communication with the patient and their family members and provide adequate information on the treatment being given.
- Healthcare organization – Patient: It is also important that the healthcare providers give appropriate information on the treatment modality being considered by their team, as well as details on the cost of treatment. They also need to ensure that their final billing describes the cost structure appropriately for more transparency
- Provider – Media: Healthcare providers need to communicate effectively with the media. Since the MCI guidelines do now allow doctors to share any information about their patient and the treatment being given, the hospitals should have a media or a PR team in place, who can be the interface, especially at the time of adverse events. Further, it is the responsibility of the representatives of hospitals to provide authentic information to the media
- **Training**: The medical curriculum should include adequate training on communication, soft skills as well as counseling skills for all healthcare professionals – doctors, nurses and allied workforce. The hospitals should also consider training the doctors and other staff on how to effectively deal with media as well as on crisis management in case of adverse events like violence towards the doctors
- It is also important for the doctors to understand the difference between **opinion and judgement** when they interact with the media representatives. While giving their views, they should clarify that the statement is their own opinion and should not be treated as the verdict
- With the increasing use of social media and rise in cases of fake news, it is important that the medical fraternity takes responsibility to **keep a check on the credibility of the information** shared through digital platforms. This can be done by projecting correct information and providing adequate answers or explanation to any incorrect information that goes viral. Role of doctors as influencers on social media needs to be enhanced

- Doctors and healthcare delivery organizations should also make increasing efforts for propagating useful information on **public health issues** through media

Recommendations for Media

Contrary to the belief that journalists report on only anecdotal evidences, it was highlighted that the Media fraternity is very self-conscious and self-correcting and has been advocating the need for ethics and responsibility in journalism through various ways. They are also very cautious of fake news and are working on internal mechanisms to withhold such information from telecast. Journalists have also been reporting on many positive stories and advancements in the healthcare sector. However, there are certain recommendations that the media representatives can follow to help bridge the increasing trust deficit in the sector:

- The reporting of negative stories has increased in the past few years, as compared to the reports on achievements or positive outcomes of the sector. Journalists have a **responsibility to mirror the issues comprehensively and proportionally** since the readers and viewers may make important healthcare decisions based on the information provided through such stories. The information given out should be beneficial to all and it should be presented at the right time through the right medium
- It is also important that the journalists **investigate and report accurately** without using vague and sensational terms, which may mislead and misinform news consumers. Hospitals must be given time and opportunity to carry out their internal investigation and brief the media. It is also the media's responsibility to obtain the findings and closure report of that investigation and report accordingly
- The journalist should do his/her best to **obtain information** from all possible sources, to make sure it is complete, truthful and unbiased. Information which may offend or humiliate a person or affect the reputation of an organization should be checked more carefully
- The journalists need to understand that an **error of judgement or slight deviation from simple guidelines is not negligence**. Since medicine is a science as well as an art, there can be difference of opinion of healthcare professionals and also the same treatment or drugs may work differently for two different patients
- With pressures of live and digital media, it is becoming more and more important that health reporting is considered as a specialized field. **Specialist health and medical reporters** are better equipped to produce quality health stories. Reporters should be able to approach every story with empathy, and should not lose the objectivity of the story

- The media representatives should respect the MCI guidelines that state that **doctors cannot share any information about their practice to the Media**, they can only speak about public health issues like epidemics, sanitation etc. and the preventive measures that can be used by the population. It should be kept in mind that the information on bodily defects or diseases is in principle is private and confidential information. Hence, journalists should not approach individual doctors in situations where they are not permitted to provide any information
- Journalists should ensure that **personal opinion** of any person or healthcare professional is not projected as a fact
- Media houses also need to increase their focus on the **issues of public health**. According to a survey, only 1% of the overall broadcast time of news channels is devoted to health issues against 33% time for entertainment



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“Googlization of Healthcare”- Driving better solutions in health

Convenor & Moderator: **Dr Ravi Gaur**, COO, Oncquest Laboratories

The use of the Internet as a source of medical information has become increasingly popular as more patients ‘go online’ or ‘google’ their health concerns. With the internet easily reaching the smaller towns and villages, use of mobile phones for online search and increase in the awareness levels of the citizens, ‘googlization’ of healthcare is bound to grow. According to a research group in USA, 72% of Internet users looked online for health information within the past year. Almost 50% searched for information about doctors or other health professionals, while 38% searched for information about hospitals and other medical facilities.

Although this trend is helping patients to determine their own choice of treatment, it is leading to a change in doctor-patient relationships and medical providers are facing new challenges. These technologies may one day fundamentally shift the way healthcare is delivered and consumed.

Further, in healthcare, there is an hourly avalanche of new research papers, clinical trials, scientific studies, and patient health information, which makes it impossible for doctors to keep themselves updated. Machine Learning and Artificial Intelligence (AI) are helping us in speed-reading through not only the vast academic literature but also CT scans, Electronic Medical Records (EMR), and mountains of data from clinical trials and genomic studies. AI is also giving drug makers critical insights into who benefits most from their treatments and changing the way hospitals manage their administrative operations.

It is time that healthcare providers bring their digital marketing, delivery, technology and strategy in line with these technological advancements. The experts in this session, representing healthcare technology as well as providers, deliberated on the implications of googlization and digitalization in healthcare.

Recommendations

1. **Embrace the Benefits of the Web** - Medical professionals today are facing new challenges of tackling their ‘web-informed’ patients, since all information provided on the web may not be relevant or correct. Also, many times the patient is not able to understand or interpret the information available on the internet appropriately. Rather than asking the patient to not to look for information on the internet, it would be prudent to develop a well validated and approved health-specific knowledge platform, which can provide updated as well as correct data and information for the consumers. A website that is easy to find through web search is the foundation for any practice to constantly engage and empower patients

2. **Strategies for Healthcare providers to Address Self-Diagnosis-** Internet doesn't usually provide an accurate health reading, but that does not stop many patients from going online to look for answers to their medical concerns. Self-diagnosing patients are growing day by day. They can undermine medical professional's authority by insisting on tests that are not necessary or treatment plan which may not be effective. But, self-diagnosing patients do not usually like to hear that they are wrong. It is also important for the medical professionals to understand the changing mindset of such information seeking, self-diagnosing patient trends and modify their patient interaction methods accordingly. Providers should know what kind of information is available on the internet and should be prepared for the type of questions that the patient or their family may ask.
3. **Awareness and educative campaign covering the modern application of information technology-** Healthcare is one of the most information-intensive sectors in the country and avoiding of the rapid advances in information technology is no longer an option. Consequently, the study of healthcare information technology and systems has become central to healthcare delivery effectiveness. Awareness drive covering the modern application of information technology that is critical to supporting the vision and operational knowledge of the healthcare leaders in managing healthcare organization, need to be designed. Healthcare decision-makers must meet head-on the dynamic challenges of healthcare delivery quality, cost, access, and regulatory control.

Additionally, there is a need to integrate the Healthcare Information Systems with Quality Assurance Tracking Programs including measurement of systems inputs, processes, and outputs with special emphasis on systems outcomes research and organizational accountability to its various stakeholders and government regulators.
4. **Develop Clinical information platform-** Besides a knowledge platform for patients, there is a need for a clinical information platform that will give the doctors an opportunity to access data and clinical outcomes from their fellow practitioners and hospitals from around the world. A clinical search platform that can host curated evidence-based content will aid in clinical decision making. It is also important that information needed is easily accessible for use at the right time. Such a platform along with appropriate use of EMR and clinical decision-making tools will ensure that clinical data is available for instant use at the point of care.

It can also give clear information, actionable plan as well as provide convenience. It is also important for doctors to share their medical knowledge with patients through avenues like patient portal, web blogs, periodic newsletters etc. Giving patients the right information helps them to develop the confidence that they can overcome any health issue, no matter how complex or debilitating. When a patient wants help, they want it as soon as possible. The best way to empower patients to care about their health as a provider is to meet them where they are. This may include tele-consultations or secured text messaging exchanges; offering online scheduling and same-day appointments; and figuring out ways to reduce waiting room times and

other sources of friction by automating routine office tasks. There is a strong need to develop strategic issuing of online prescriptions, digital authentication of reports etc.

5. **Strategies and advisory for Wearables or Other Tracking Methods-** Patients are not a homogeneous group; some are healthy, others are not, and most are somewhere in between, depending on age and other social determinants. But regardless of health situation, once a person starts measuring data unique to them like blood sugar levels or body fat percentage, they are empowered to make necessary changes to monitor and improve those metrics. It gives them a simple and acceptable way to care about their health and achieve small wins that add up to huge changes over time. Wearables can be of immense benefit especially in rural areas and for non-communicable diseases.

Being successful in a fully consumer focused healthcare marketplace will require providers to fundamentally change the way they do business. Further, it is becoming increasingly difficult for the clinicians to keep pace with the enormous amount of clinical data, research papers and scientific studies that are becoming increasingly available online. AI and Machine Learning are helping us not only in data analysis and application but also in clinical decision making. However, for AI to be able to use the data effectively and appropriately, it is important to structure the data in a way that the machines can make the best use of it. Regulation through evidence-based guidelines and quality standards will play an increasingly significant role in obtaining structured and relevant data for future analysis and for use in personalized precision medicine. With access to vast patient data and use of various Machine Learning tools and algorithms there are chances of misinterpretation of the data when used for personalized medicine. Hence, it is imperative that we do not depend only on the automated tools but apply deeper learning and critical thinking appropriately for better clinical outcomes. AI and Machine Learning need to be used for augmenting intelligence.

6. **Use of more accurate and personalized data for healthcare planning and spend-** To help us in developing India specific disease monitoring, identifying hot spots and prevalence as well as augment the use of personalized decision-making tools, it is essential to develop customized data for Indian population that includes statistics from all demographics, representing population from urban, rural and semi-urban areas. It is also important that evidence-based technology is used for data collection and the information collected is subjected to multiple systems for co-validation for authenticity and precision.

Deliberations during the session also highlighted the following emerging digital healthcare technology solutions that are already, or are on the cusp of, providing real value to doctors and medical practices:

- **Patient-Generated Data-** that comes not only from wearables, but from Bluetooth scales track weight and body fat percentage, mobile apps track dietary patterns or mental health issues, other devices can help track blood sugar levels for diabetics or blood pressure to breakthroughs

in tiny biometric sensors that can be woven into fabrics and other unnoticeable places have provided accurate patient data for clinical trials, remote patient monitoring in hospitals and in homes, all of which can be integrated into most medical record systems

- **Care Management Software**– that takes advantage of modern mobile technology and patient-generated data, give patients access to their entire care team through secure text messaging, make it easy to schedule appointments, track patient health factors, and follow designated care plans given to them by providers
- **Increase in penetration of healthcare Software**– that allow practices to attract new patients, manage online reputation, modernize the patient experience, and automate the front office
- **Adoption of new technologies like blockchain** (distributed database technology) is a way to securely record data transactions between the provider and patient

Difficult as it might be, reducing healthcare’s burden on the economy while improving outcomes would be worth the effort. Strategies should be made to create a marketplace that brings together all the disparate pieces of the healthcare system onto one platform where providers, prescription benefit managers, insurance companies, medical device suppliers, diagnostic providers, CRO including clinical trials, distributors, and pharmacies must compete to serve businesses of all sizes and individuals.

Medical practices will continue to need a range of diverse digital solutions to not only help deliver better patient care but also transform their entire business and continue giving patients exactly what they need.

There is an immense opportunity to access the information available today, it is also the responsibility of healthcare industry, strategy and policy makers to leverage this opportunity through extensive analysis and appropriate use of this information for the individual patient as well as for public health at large.



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FICCI - Elsevier Roundtable

Nursing Reforms: Critical for achieving Universal Health Cover

A roundtable on ‘Nursing Reforms: Critical for achieving Universal Health Cover’ was jointly organized by FICCI and Elsevier, on August 29, 2018, as a precursor to FICCI HEAL 2018.

The roundtable was held on the backdrop of India heading towards universal healthcare with the Ayushman Bharat Program which is likely to increase the demand of healthcare services in India. Nurses and nursing professionals constitute about 75% of the workforce in Indian healthcare, which makes nursing an important sector within the healthcare sector. Over the years, Government of India (GoI) has also enhanced its focus and investment in the nursing sector. The 12th five-year plan proposed an



investment of INR 3,200 Crore in the nursing sector. According to NITI Aayog, India currently faces a shortage of 2 million nurses or nursing professionals. There is need for collective efforts by the government and private sector to address this massive gap and turn this into a huge opportunity.

Despite considerable improvement in health personnel in position (119% improvement in case of nurses), the gap between ‘staff in position’ and ‘staff required’ at the end of the 11th five-year plan was 52% for ANM and nurses. Indian nursing and healthcare sector continue to face multiple challenges such as decreasing uptake of nursing seats in nursing colleges, uneven distribution of nursing colleges in India, low employability of undergraduate (UG) nursing students, inadequate skills training, unattractive salaries, limited career opportunities, high rate of attrition and migration to global markets, and low social status for the profession in society. In view of these challenges, discussion during the roundtable was focused around the following three broad themes:

1. Quality of Nursing Education
2. School to practice (Skills focus)
3. Career progression

The roundtable brought together over 35 key stakeholders of nursing and healthcare sector encompassing representatives from key government and policy-making bodies like Ministry of Health and Family Welfare (MoHFW) and Indian Nursing Council (INC), nursing leaders and educators,

international education groups, global information and analytics companies, industry experts, hospital and nursing administrators along with non-profit academic bodies.



The roundtable discussion provided a valuable platform for stakeholders' interaction, debate on policy direction as well as sharing of knowledge and best practices. The aim was to develop recommendations on forward-looking reforms to address on-ground challenges faced by nurses and nursing professionals and drive growth in the nursing sector as well as the healthcare sector, at large.

Key recommendations:

Skills-Focused Competency-Based Curricula, Assessment and Licensing

- Match Nurse competency framework for B.Sc. Nursing, to current hospital practices, to bridge the industry-academia gap and improve UG students' readiness for practice
- Improve overall quality of nursing students through nurse exit and licensure exams for B.Sc. Nursing graduates, like National Council Licensure Examination (NCLEX) exams
- Mandate industry experience of working in a hospital for becoming a nursing teacher

Under-Graduate Nursing Curricula Upgradation

Revise the current curricula to create a competency framework matched with current hospital practices with

- mandatory internship for B.Sc. Nursing students with assigned weightage in exams, through collaboration with public and private hospitals
- provision on simulation training for specified skills and topics at the UG level
- training on soft skills, 2-3 common languages to address language barriers and AETCOM (Attitude Ethics and Communication) modules
- introduction to patient-centered-care, evidence-based-practice, quality improvement, and use of Information Technology in clinical practice (e.g. basics of HIS, EHR and Robotics) to accustom students to systems early

Use of Technology in Nursing Education and Practice

- Accreditation bodies for nursing colleges should mandate making college campuses and classrooms technology ready to enable use of digital tools for skill development like simulations, animations, e-learning and audio-visuals
- Train the faculty on how to leverage technology, for enhanced adoption of technology in nursing education and practice
- Budget allocation by nursing colleges for facilitating adoption of technology

Define Minimum Essential Skills for Nursing Graduates

- Identify the essential clinical skills along with desired competencies, for a nursing graduate to perform in a clinical set-up
- Introduce pre-clinical certification for these identified essential skills and mandate 1-2 weeks training on each essential nursing skill and competency for all nurses and UG students before they practice
- Introduce pre-clinical certification for nursing colleges without an attached hospital, where the college needs to take students to hospital in the first year for exposure to basic practices

Focus on Simulation Technologies in Nursing Teaching and Training

- B.Sc. Nursing competencies, skills and topics which can be delivered and implemented through simulation technologies must be mapped and indicated in the curricula
- Establish simulation centers to train nurses on defined number of identified competences
- Integrate simulation training in basic teacher training course
- The government should develop a viable model for investment or provide incentives for the industry to establish simulation centers in each state

Establishing State-wise Centers of Excellence (CoE) Through Public Private Partnership

- In line with the INC, Jhpiego and Government of West Bengal partnered Center of Excellence (CoE) in West Bengal, state-wise CoEs should be established to serve as the centers of education excellence as well as think tanks to the government, with high-end facilities like teacher training hubs, simulation labs, and cutting-edge content and technology solutions for teaching, learning and clinical practice

Nursing Research

- The government should develop at least one research institute in each state which can become a hub to support other institutes in the region under hub and spoke model

Incentivize Private Hospitals that provide On-the-job Skills Training to Nurses (Entry-Level and Specialists)

- Provide additional accreditation credits from NABH, to hospitals which invest in training UG Nursing graduates to bridge the industry-academia skills gap or which sponsor nurses to take up INC specialty programs through paid leaves
- Provision under Section 135 of the Companies Act, 2013, should be made to allow hospitals to utilize CSR budget to run specialist courses or training programs for healthcare workforce
- Introduce micro certification courses, designed for practicing nurses to enable them to improve and specialize in specific skills

Establish Minimum Salary and Fair Pay

- Develop a differential minimum salary for nurses, as per their performance in exit exams and completion of specialized courses
- After a defined number of years of practice, nurses must be given an option to take up specialized courses on paid study leave
- Accreditation bodies like NABH should ensure that nurses are not overloaded and underpaid with a check on adherence to nurse-patient ratio during hospital accreditation

Creating Standardized Job Levels and Career Paths for Nurses in Hospitals

- MoHFW should expedite the planned roll-out of new cadres for nurses

- Private hospitals need to create standardized job levels to rationalize salaries of experienced nurses vis-à-vis doctors for attracting talent and reducing attrition, along with creating career paths for specialized roles
- Hospital administrators must include and empower nurses at leadership level in hospital board and all levels of management

Continuing Nurse Education (CNE)

- CNEs (such as 6 months IGNOU course for mid-level nurses), planned by MoHFW, at all levels will help nurses in skilling. Standardization of these CNEs will be important and use of online modules for delivering the CNEs will help expedite the implementation

Inter-Professional Education and Training in Healthcare

- For early sensitization, a module should be included in first year curriculum of all UG health professional courses to educate students on roles, responsibilities, sensitivities and boundaries of each healthcare professional
- Doctors and nurses should be sensitized to respect each other as partners to help remove the disparity and antipathy towards each healthcare profession

Strategic communication for promoting role of Nurses

- Case studies from hospitals and healthcare organizations highlighting their initiatives focused on nurses or involving nurses in leadership and decision making should be periodically published by bodies like FICCI and INC, explicitly outlining the impact on outcomes

Future of Healthcare Zone

On the sidelines of the conference, a **“Future of Healthcare” Zone** was organized as a first time initiative in the FICCI HEAL conference. It added great value for the participating organizations as it gave them an excellent opportunity to showcase their promising innovative products, technologies, initiatives and concepts that have the ability to revolutionize the way healthcare will be delivered in the future. The participating organizations included SigTuple, Roche Diagnostics, Nayati Healthcare and Dr Lal PathLabs Ltd. The zone was highly appreciated by the delegates as well as the dignitaries who felt that more such opportunities need to be provided to help entrepreneurs and organizations to share their futuristic products and knowledge with each other.



FICCI Healthcare Excellence Awards 2018

FICCI's Healthcare Excellence Awards was instituted in 2009, with the support of Quality Council of India to recognize the efforts of healthcare organizations exhibiting excellence in various spheres. Global consulting firm- EY is the official tabulator for the awards.

This year, in its tenth edition, the awards aimed at felicitating organizations and individuals for their efforts towards increased quality, patient safety and use of technology in improving healthcare delivery at large. Over the last decade, the awards has witnessed constant growth in the number of organizations taking part, and this year, and for the second consecutive year, over **100 organizations participated, with a total of 148 applications**, which is a testimony of the extensive work and innovation which is going on in the healthcare sector.

Applications were received from a diverse mix of categories spanning - Patient Safety, Service Excellence, Skill Development, Health Insurance Product, Medical Devices/Technology, Healthcare Start Up, Social Initiative and the newly introduced category of 'Environment Friendly Hospitals'.

All the applications received were excellent projects, each having its own merits and impact in the healthcare space, and after a rigorous evaluation process, the winners were decided by an eminent Jury. The winners, both from public and private sector organizations, have been able to address the challenges in the sector, through their path breaking innovations, game changing strategies, and have improved access and affordability to quality healthcare for the common man.

The winners were announced at the gala awards ceremony, **organized on 30 August 2018 at Hotel Le Meridien, New Delhi**, in the august presence of Chief Guest of the evening, **Mr Anil Bajjal**, Lieutenant Governor – Delhi and Guest of Honours, **Ms Anupriya Patel**, Minister of State for Health & Family Welfare, Government of India and **Ms Tina Ambani**, Chairperson – Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute, Mumbai.

The doyens of healthcare were also facilitated for their notable contributions that have made significant impact on the Indian healthcare industry. The Lifetime Achievement Award was conferred to **Dr Azad Moopen**- Chairman, Aster DM Healthcare, Healthcare Personality of the Year to **Dr Girdhar J Gyani**, Director General, AHPI, and Healthcare Humanitarian Award was presented to **Dr Abhay Bang & Dr Rani Bang**, Founders - SEARCH.

Winners - FICCI Healthcare Excellence Awards 2018



Category- Lifetime Achievement Award
Winner- Dr Azad Moopen, Chairman & Managing Director, Aster DM Healthcare



Category- Healthcare Personality of the Year
Winner- Dr Girdhar Gyani, Director General, Association of Healthcare Providers (India)



Category- Healthcare Humanitarian Award
Winner- Dr Abhay Bang & Dr Rani Bang, Founding Directors, Society of Education, Action and Research in Community Health (SEARCH)



Category- Patient Safety (Hospitals)
Winner- NU Hospital
Project- Stent Register - A simple yet robust tool for identification of foreign bodies placed in patients



Category- Medical Technology/ Devices
Winner- Vita Pathfinders Consultants LLP.
Project- ZEDSCAN - A Non-Invasive, Rapid Cervical Cancer Diagnosis based on Electrical impedance spectroscopy



Category Health Insurance Products
Winner- Religare Health Insurance Co. Ltd
Project- Grameen Care, highly affordable comprehensive Health Insurance designed for Indians in Rural & Semi-Urban Markets with the objective to ensure quality healthcare within reach



Category- Healthcare Start-Up
Winner- Leowin Solutions Pvt. Ltd.
Project- Most economical and innovative/patented MozziQuit Mosquito Trap Device which attracts, traps and kills them



Category- Environment Friendly Hospital
Winner- Aravind Eye Hospital, Pondicherry
Project- Environmentally sustainable eye care delivery system



Category- Service Excellence (Diagnostic Centre)
Winner- Dr Lal PathLabs
Project- Mobile Application (Android & iOS)



Category- Service Excellence (Private Hospital)
Winner- Artemis Hospitals
Project- Connect-MD, End to end care delivery using a mobile app for Doctors and nurses, that helps virtually diagnose, treat and monitor patients on the move



Category- Service Excellence (Private Hospital)
Winner- Max Healthcare Institute Limited
Project- Enhancing Customer Experience for Ambulance and Emergency Services



Category- Service Excellence (Public Hospital)
Winner- Government Spine Institute, Ahmedabad
Project- Enhancing the customer satisfaction with quality and safe patient care



Category- Skill Development
Winner- Public Health Foundation of India
Project- Skill Building Initiatives for Primary Care Physicians in Chronic Conditions by Public Health Foundation of India (PHFI)



Category- Social Initiative (Corporates and Healthcare Service Providers)
Winner- Fortis Healthcare Limited
Project- UMEED-Dhadkan



Category- Social Initiative (Corporates and Healthcare Service Providers)
Winner- HealthMaP Diagnostics Private Ltd
Project- Work in the PPP space to offer affordable healthcare for the masses in partnerships with the various State governments



Category- Social Initiative (NGOs and Not for Profit Organizations)
Winner- ICARE Eye Hospital & Postgraduate Institute (unit of Ishwar Charitable Trust)
Project- Provide modern ophthalmic care to the rural needy at their doorsteps

Speakers at FICCI HEAL 2018

Speaker	Designation	Organization
Day 1 – August 30, 2018		
Inaugural Session		
Shri J P Nadda	Union Minister for Health and Family Welfare	Government of India
Dr V K Paul	Member (Health)	NITI Aayog, Government of India
Prof (Dr) Dinesh Bhugra	CBE, President	British Medical Association
Ms Sangita Reddy	Vice President, FICCI & Joint MD	Apollo Hospitals Enterprise
(Hony) Brig Dr Arvind Lal	Chair, FICCI Health Services Committee and CMD	Dr Lal PathLabs
Dr Alok Roy	Co-chair, FICCI Health Services Committee and Chairman	Medica Group of Hospitals
Mr Varun Khanna (On dais)	Co-chair, FICCI Health Services Committee and Executive VP	Fortis Healthcare
Mr Dilip Chenoy (On dais)	Secretary General	FICCI
Ms Shobha Mishra Ghosh	Asst. Secretary General	FICCI
CEO's Court Martial – Does India need Private Healthcare?		
<i>Convenor & Moderator</i>		
Mr Varun Khanna	Co-chair, FICCI Health Services Committee and Executive VP	Fortis Healthcare
<i>Panelists</i>		
Dr Alok Roy	Co-chair, FICCI Health Services Committee and Chairman	Medica Group of Hospitals
Mr Probir Das	Regional Representative - India & Asia Pacific and Chairman	Terumo Asia Holding Pte. Ltd. at Terumo Corporation
Mr Gautam Khanna	CEO	Hinduja Hospital
Dr Dharminder Nagar	Managing Director	Paras Healthcare
Mr Yateesh Wahal	Executive Director	Nayati Healthcare & Research Pvt Ltd
Presentation on the Knowledge Paper		
Dr Shakti Gupta	Chair- FICCI Task Force on Pricing of Healthcare and Medical Superintendent,	Dr R P Centre for Ophthalmic Sciences, AIIMS New Delhi
Mr S Manivannan	Chartered Accountant, Business Analyst and Strategist- Healthcare Management	
Panel Discussion I- Ayushman Bharat: A Paradigm Shift in Indian Healthcare		
<i>Chair</i>		
Dr Indu Bhushan	CEO	AB- PMJAY and National Health Agency (NHA), Government of India
<i>Convenor & Moderator</i>		
(Hony) Brig Dr Arvind Lal	Chair, FICCI Health Services Committee and CMD	Dr Lal PathLabs
<i>Panelists</i>		
Dr R N Tandon	Hony Secretary General	Indian Medical Association

Dr Harsh Mahajan	Founder & Chief Radiologist	Mahajan Imaging
Dr Ram Narain	Co-Chair, FICCI Swasth Bharat Task Force and ED	Kokilaben Dhirubhai Ambani Hospital
Mr Girish Rao	Chair, FICCI Health Insurance Committee and Managing Director	Vidal Health
Mr Vineet Gupta	Director - Government Affairs	Varian, India
Special Address- 'Bridging the 'Mentally Ill' and 'Mentally strong' gap in India'		
Ms Neerja Birla	Founder & Chairperson	MPower
Panel Discussion II- Living Will: Ensuring dignity and comfort at the end of life		
<i>Moderator</i>		
Dr Narottam Puri	Advisor, FICCI Health Services Committee; Board Member & Former Chairman, NABH and Advisor-Medical	Fortis Healthcare
<i>Panelists</i>		
Dr S M Kantikar	Member	National Consumer Disputes Redressal Commission
Dr Raj K Mani	CEO	Nayati Healthcare
Dr Roop Gursahani	Consultant Neurologist and Epileptologist	P D Hinduja Hospital
Mr Nirav Shah	Partner	DSK Legal
Col. (Dr) Surekha Kashyap	Professor, Hospital Administration	AFMC, Pune
Day 2 – August 31, 2018		
Panel Discussion III- Media and Healthcare Today		
<i>Convenor & Moderator</i>		
Dr Alok Roy	Co-chair, FICCI Health Services Committee and Chairman	Medica Group of Hospitals
<i>Panelists</i>		
Dr Narottam Puri	Advisor, FICCI Health Services Committee; Board Member & Former Chairman, NABH and Advisor-Medical	Fortis Healthcare
Mr T K Arun	Editor - Opinion	The Economic Times
Mr Sanjay Abhigyan	Senior Editor (Digital and Convergence)	Amar Ujala Web Services
Dr K K Aggarwal	President Heart Care Foundation of India and Immediate Past National President	IMA
Ms Gunjan Sharma	Health Journalist and Founding Editor	Healthpost.in
Keynote Address		
Dr Abhay Bang	Founding Director	Society of Education, Action and Research in Community Health (SEARCH)

Panel Discussion IV - “Googlization of Healthcare”- Driving Better Solutions in Health		
<i>Convenor & Moderator</i>		
Dr Ravi Gaur	COO	Oncquest Laboratories
<i>Panelists</i>		
Dr N Subramanian	Senior Consultant and Clinical Coordinator, Department of Urology, Uro-oncology and Robotic surgery	Indraprastha Apollo Hospital
Mr Hajo Oltmanns	Chief Commercial Officer, Clinical Solutions	Elsevier
Dr Shravan Subramanyam	Managing Director India & Neighbouring Markets	Roche Diagnostics India Pvt. Ltd
Mr Partha Dey	Healthcare Leader and SME	IBM India/South Asia
Mr Rohit Kumar Pandey	Cofounder	SigTuple
Dr Vidur Mahajan	Associate Director	Mahajan Imaging Education & Research Academy
Concluding Remarks		
(Hony) Brig Dr Arvind Lal	Chair, FICCI Health Services Committee and CMD	Dr Lal PathLabs

Delegates at FICCI HEAL 2018

Title	Name	Last Name	Designation	Organization
Mr	Aashay	Abhyankar		
Mr	Sai Prasad	Acharya	General Manager	Reliance Jio Infocomm Ltd
Mr	Nitesh	Aggarwal		Swasthya Gold
Mr	Abhishek	Aggrawal	Director – Growth & Business Strategy	CK Birla Hospital for Women
Dr	Shivali	Ahlawat		Oncquest Laboratories Ltd
Dr	Muzaffar	Ahmad	Former - Member	NDMA
	Izhar	Alam		AL Azhar Techno
Mr	Yamin	Alvi		Paras Healthcare Pvt Ltd
Mr	Mohd	Amin		Nayati Healthcare & Research Pvt. Ltd
Mr	Mohd.	Amir	Marketing Manager	Oncquest Laboratories Ltd
Dr	Mrunalini	Anand	Head Hospital Labs	Oncquest Laboratories Ltd
Ms	Areeba	Arif		Paras Healthcare Pvt Ltd
Mr	Shankha	Banerjee		Dr Lal Path Labs Pvt Ltd
	Suva	Banerjee	National Manager	HOYA Medical India Pvt Ltd
Ms	Ruma	Banerjee	Vice President - Business Operations Project	Neotia Healthcare Initiative Ltd
Dr	Shelly	Batra	President	Operation Asha
Mr	Rohan	Batra		Mpower
	Sonali	Batra	CTO & Director Development	Operation Asha
Dr	Sandeep	Bhalla		PHFI
Ms	Shweta	Bhardwaj	Manager, Government Affairs	India Medtronic Pvt. Ltd
Dr	Yash Paul	Bhatia	Managing Director	Astron Hospital & Healthcare Consultants Pvt Ltd
Dr	SB	Bhattacharyya	Founder & CEO	Bhattacharyyas Clinical Records Research & Informatics LLP (BC2RI)
Mr	Dilip	Bidani		Dr Lal Path Labs Pvt Ltd
Ms	Avanti	Birla	Promoter	CK Birla Hospital for Women
Ms	Tanuja	Bisht		Oncquest Laboratories Ltd
Mr	Anjan	Bose	Secretary General	Healthcare Federation of India
Mr	Aditya	Burman	Director	Oncquest Laboratories Ltd
Dr	Kirti	Chadha		Metropolis Healthcare Ltd
Mr	Bivash	Chakraborty	Head – Regulatory, Quality & Public Business	BIOMERIEUX India Pvt Ltd
Mr	S.	Chandran	Senior Technical Director	NIC, Ministry of Communication and IT, GOI
Dr	P S M	Chandran	President	Indian Federation of Sports Medicine
Mr	Anil	Chandwani		Dr Lal PathLabs
Mr	Anish	Charles	Manager Communications	Roche Diagnostics India Pvt Ltd
Mr	Jayant	Chaudhary		Nayati Healthcare & Research Pvt. Ltd

Title	Name	Last Name	Designation	Organization
Lt Gen	Sanjiv	Chopra		
Dr	Sushil	Choudhry	Founder & Managing Trustee	ICARE Eye Hospital & postgraduate Institute (unit of Ishwar Charitable Trust)
Dr	Mihir	Dalal	GM Clinical Admin	Kokilaben Dhirubhai Ambani Hospital
Ms	Susmita	Daspattnaik	Manager- Strategic Planning and Business Development	Hindustan Latex Family Planning Promotion Trust (HLFPPT)
Ms	Divya	Datta	Director innovation	CKS Consulting Pvt Ltd
Mr	Mitesh	Dave		Metropolis Healthcare Ltd
Ms	Anindita	Deka		Nayati Healthcare & Research Pvt. Ltd
Dr	Gunjan	Dhawan		Indraprastha Medical Corporation Ltd
Ms	Sarjana	Dutt		Oncquest Laboratories Ltd
	Krishnakoli	Dutta	Head of Government - South Asia	Elsevier
Ms	Sonya	Evanosky	VP, Finance Strategy	Chamberlain University
Mr	Arif	Fahim	Regional Director, Health Economics & Reimbursement, Asia Pacific	Abbott, St. Jude Medical India Pvt. Ltd.
	David	Flood	Director – India & South Asia	Enterprise Ireland
	William	Franck	Head - Education	Elsevier
Ms	Tamiko	Fujita	Director - Technical Service/ Global Support	Sysmex Corporation
	Anjali	Gahhot		Leowin Solutions Pvt Ltd
Dr	Shailesh	Gahukar		Post Graduate Institute of Medical Education & Research
Ms	Prarthana	Gandhi	Partner	anAmaya Capital LLP
Ms	Vidhi	Gandhi		Nayati Healthcare & Research Pvt. Ltd
Ms	Alka	Gangwar		Oncquest Laboratories Ltd
Ms	Ritika	Ganju	Partner	Phoenix Legal
	K.L.	Ganju	Consul General (Hony.)	Union of the Comoros
Dr	Kapil	Garg	Director Strategy & Business Intelligence	Paras Healthcare Pvt Ltd
Mr	Shirish	Ghoge	Head-External Affairs	Roche Diagnostic India Pvt Ltd
Ms	Meenakshi Datta	Ghosh	Former Secretary, Ministry of Panchayati Raj and Former Special Secretary, Ministry of Health & Family Welfare, GoI	
Dr	Simmardeep Singh	Gill	Chief Operating Officer	CK Birla Hospitals
Ms	Siri	GN		
Mr	Ved P.	Goel	CFO	Dr Lal PathLabs
Ms	Thankam	Gomez	President-Clinical Services	Aarohan Healthcare
Dr	K Madan	Gopal	Senior Consultant (Health)	NITI Aayog
Ms	Shirsha	Guha	Chief Operating Officer	Saint James School of Medicine, HRDS Inc.
Ms	Vrinda	Gupta	Sr. Analyst	IPE Global Ltd
Mr	Gaurav	Gupta	Scientist-D	National Informatics Centre, Ministry of Electronics & I.T., GoI

Title	Name	Last Name	Designation	Organization
Mr	Saurabh	Gupta	GM – Operational Excellence	Fortis Healthcare Limited
Prof.	Anil Kumar	Gupta	Medical Superintendent cum Professor and Head, Hospital Administration	PGIMER
Dr	Vibhor	Gupta	Manager - Clinical Excellence, Group Medical Director's Office	Indraprastha Medical Corporation Ltd
Mr	Sanat Kumar	Gupta	Business/Marketing-Healthcare	3M India Limited
Mr	Amit	Gupta		Roche
Mr	Shishupal	Gurjar	Deputy Business Manager (HYGEA)	Aimil Ltd
Mr	Manoj	Gursahani	Co - Founder	AISeo Healthcare Technologies
Dr	Girdhar	Gyani	Director General	Association of Healthcare Providers (India)
Mr	Arindam	Haldar	CEO	SRL Ltd
Mr	Jan	Herzhoff	Head of Asia - Pacific	Elsevier
Mr	Rajiv	Himmat	Head Marketing	P.D. Hinduja Hospital
Ms	Shruthi	Hiremath		
Ms	Kathy Boden	Holland	Group President	Medical and Healthcare
Mr	Giridharan	Iyer	Marketing Director - India Region	Varian Medical Systems International AG
Mr	Vikas	Jaglan		Leowin Solutions Pvt Ltd
Mr	Ankush	Jain	Sales/HIS - Healthcare	3M India Limited
Mr	Mohit	Jain	Senior Consultant	IQVIA
Mr	Manish	Jain	Director	Yes2treatment
Ms	Astha	Jain		Paras Healthcare Pvt Ltd
Mr	Hemant	Jawa		Nayati Healthcare & Research Pvt. Ltd
Ms	Deepali	Jetley	Managing Partner	Qwazent Health Search Pvt Ltd
Dr	Arun P	Jose	Senior Program Manager	PHFI
Mr	Naresh Chandra	Joshi	Head Regulatory Affairs	Fresenius Medical Care India Pvt. Ltd.
Mr	Dhiraj	Joshi		Dr Lal Path Labs Pvt Ltd
Mr	Bharat	Jukaria		Dr Lal Path Labs Pvt Ltd
Dr	Vivek	Kadambi	Managing Director Medical Director	Belle Sante Institute of Functional Medicine and Well-being
Dr	K K	Kalra		AHPI
Ms	Namrata	Kantikar		
Ms	Jyoti Narain	Kapoor	CEO	Mpower
Ms	Ritu	Kapoor		Fujifilm India Pvt Ltd
Mr	Dipesh	Kapoor		Nayati Healthcare & Research Pvt. Ltd
Dr	Uday	Kapur	Deputy General Manager - Central Medical Quality	Max Healthcare Institute
Ms	Sahjogita	Kathuria	Director RA/QA	Terumo India Pvt. Ltd
Dr	Gaurav	Katyal		Indraprastha Medical Corporation Ltd
Dr	Rajesh	Khanna	Senior Technical Advisor, Health	Save the Children

Title	Name	Last Name	Designation	Organization
			and Nutrition	
Ms	Manisha	Khanna		Oncquest Laboratories Ltd
	Srinivasa Rao	Khurram	National Spokesperson	Families Alliance for Mental Illness - National Network
	Shahzada	Khurram	National Spokesperson	Families Alliance for Mental Illness - National Network
Mr	Sanjay	Krishnan	Regional Corporate Accounts Director, APAC	Abbott, St. Jude Medical India Pvt. Ltd.
Dr	T S	Kuckreja		Nayati Healthcare & Research Pvt. Ltd
Dr	Akhil	Kukreja	Founder Director	Swasthya Gold
Mr	Vijay	Kumar	Head of Strategic Marketing & Innovation	Roche Diagnostics India Pvt Ltd
	Neeraj	Kumar		
Dr	Pushkar	Kumar		PHFI
Dr	Pintu	Kumar		AIIMS
Mr	Pranav	Kumar	Director - Business Development	Fortune Financial & Equities Services Pvt Ltd
Mr	Manoj	Kumar		Nayati Healthcare & Research Pvt. Ltd
Mr	Satish	Kumar		Artemis Hospital
Mr	Mukul	Kumar		Oncquest Laboratories Ltd
Dr	Rupak	Kumar		CDSCO
Mr	Arul	Kumaran	Scientist-D	Ministry of Electronics & I.T, Govt of India
Dr	Hema	Lal		Nayati Healthcare & Research Pvt. Ltd
Mr	Amit	Mahendru	Manager - Operational Excellence	Fortis Healthcare Ltd
Dr	Gayatri V	Mahindroo	Director	National Accreditation Board for Hospitals and Healthcare Providers (NABH), Quality Council of India
Dr	Arpita	Malani		Indraprastha Medical Corporation Ltd
Ms	Reena	Malhotra		
Mr	Sarthak	Malhotra		Oncquest Laboratories Ltd
Mr	Sandeep	Malik		Innov Medcare
Dr	Ravish	Manchanda	Principal Consultant	Health CONNEXUS
Dr	Om P	Manchanda		Dr Lal Path Labs Pvt Ltd
Mr	S.	Manivannan	Chartered Accountant & Member-	FICCI Task Force on Costing of Healthcare
Mr	RK	Mathur		
Dr (Prof)	Man Mohan	Mehndiratta	Director-Professor, Department of Neurology	Govind Ballabh Pant Institute of Postgraduate
Dr	Rakesh	Mehra	Project Manager	PHFI
Mr	P.L.	Mehta	Managing Director	Neotia Healthcare Initiative Ltd
Mr	Shrenik	Mehta	AVP Media and Digital Initiatives	Kokilaben Dhirubhai Ambani Hospital
Ms	Aruna	Mishra	Country Head - Payer Provider Solutions	Remedinet Technologies Pvt Ltd

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Mr	Pradeep	Mishra	GM Corporate CBU	Paras Healthcare Pvt Ltd
Mr	Sanjeev	Mishra		Roche Diagnostic India Pvt Ltd
Mr	Rahul	Mittal	Senior Consultant	IQVIA
Dr	Ravikumar	Modali	CEO Wellness Director	Belle Sante Institute of Functional Medicine and Well-being
Dr	Anuradha Aggarwal	Monga		PHFI
Mr	Debashish	Mukherjee	Manager	Innvolution Imaging Technologies Pvt.Ltd
Dr	AK	Mukherjee	Director General & Member Board of Governors	Indian Spinal Injuries Centre
Ms	Sukrit	Mukherjee		SigTuple
Mr	KD	Mule		
Mr	Yaseer	Naqvi		
Dr	Shankar	Narang	COO	Paras Healthcare Pvt Ltd
Ms	Puneeth	Narayana	AI Product Analyst	SigTuple
Lt Gen	CS	Narayanan	Deputy Chief IDS (Medical)	Ministry of Defence, GoI
Mr	Satish Kumar	Narula		Nayati Healthcare & Research Pvt. Ltd
Mr	Amit	Nigam	Sr. Manager Strategic Procurement & Projects	Fresenius Medical Care India Pvt. Ltd.
Mr	Ignatius Orwin	Noronha	Managing Director	Leowin Solutions Pvt Ltd
Mr	Lalit	Pandey	Assistant General Manager - Sales & Marketing	Nayati Healthcare & Research Pvt. Ltd
Mr	Navin	Pandey	Assistant Professor	Post Graduate Institute of Medical Education & Research
Mr	Neel Lohit	Pandey		
Mr	Vikrant	Patial	AGM -BD	Oncquest Laboratories Ltd
Mr	Nikhil Balwant Deshkari	Patil	Consultant	Ministry of Health, Maharashtra
Dr	Ajay	Patle	Senior Program Manager	Jhpiego
Mr	Manish	Poddar		Nayati Healthcare & Research Pvt. Ltd
Dr	Ved Prakash	Popli	Sr consultant	QRG Health City
Dr	Surbhi	Porwal	Director	GBH American Hospital
Ms	N Shaali	Pruthi		
Dr	Srinivasa Rao	Pulijala	CEO	Apollo Medskills Ltd
Ms	Monika	Puri	Senior Manager- Govt. Affairs & Policy	Roche Diagnostics India Pvt Ltd
Mr	AK	Puri		MOHFW, GOI
Ms	Monika	Pusha	Sr. Manager - Market Access, India & Subcontinent, Health Economics & Reimbursement	Abbott, St. Jude Medical India Pvt. Ltd.
Mr	Bharat	Radhakrishnan	Founder & Managing Partner	Aarohan Healthcare Services
Mr	Manish	Ragtah	Manager, Regulatory Affairs	PerkinElmer (India) Pvt Ltd
Mr	S	Raj		
Mr	Saurabh	Rajadhyax	Managing Director	BIOMERIEUX India Pvt Ltd

Title	Name	Last Name	Designation	Organization
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Ms	Shivi	Rawat	Team Leader- Strategic Planning and Business Development	Hindustan Latex Family Planning Promotion Trust (HLFPPT)
Dr	Anmol Kumar	Ray	Regulatory - Healthcare	3M India Limited
Mr	Vidur	Renjen	Director Marketing & Education, HS India & South East Asia	Elsevier
Mr	Mayank	Rohatgi	Director - Lifesciences, Manufacturing & Logistics	USIBC
Ms	ED	Rose		
Dr	Partha	Roy		Oncquest Laboratories Ltd
	Leonard	Rozario		Saint James School of Medicine, HRDS Inc.
Dr	Monica	Sabharwal	Co-owner	Healmark Healthcare
Dr	Abha	Sabhikhi	Clinical Director - Technical Head	SRL Ltd
Ms	Malti	Sachdev		Varian Medical Systems International AG
Mr	Manoj	Sahay		Dr Lal Path Labs Pvt Ltd
Ms	Rosalin	Sahoo	Research Scholar	Indian Institute of Technology, Kharagpur
Ms	Susmita	Sahoo	Investment Analyst - Public Private Partnership, Transaction Advisory Services South Asia	International Finance Corporation
Ms	Monica	Sakhadeo	Head – PHP	Indus Health Plus Pvt Ltd
Mr	Manish	Sardana	Director TIS	Terumo India Pvt. Ltd
Mr	Saket	Saurabh	Engagement Manager	IQVIA
Mr	Tarun	Saxena	National Manager, Govt Sales	Fujifilm India Pvt Ltd
Dr	Pradeep	Saxena	Additional Dy. Director General,	Dte. GHS, Ministry of Health & Family Welfare
Dr	VK	Sehgal	CHIEF (IS) North	Ministry of Petroleum & NG
Mr	Akshat	Seth	COO	CK Birla Hospital for Women
Mr	Ravinder Deep Singh	Sethi		Metropolis Healthcare Ltd
Mr	Sandeep	Sewlikar	Head - Medical and Scientific Affairs / India & Neighboring Markets	Roche Diagnostic India Pvt Ltd
	Uday Pratap	Shahi	Professor	Banaras Hindu University
Prof	UP	Shahi	MD	Institute of Medical Sciences
Mr	PS	Shahi	Technical Director	NIC, Ministry of Electronics & Information Technology, GOI
	SP	Shara	Technical Department	NIC
Dr	Naveen Kumar	Sharma	Health Information System (HIS)	3M India Limited
Ms	Gina	Sharma		PHFI
Ms	Shivani	Sharma		Nayati Healthcare & Research Pvt. Ltd
Ms	Shristi	Sharma		Nayati Healthcare & Research Pvt. Ltd

Title	Name	Last Name	Designation	Organization
Mr	Chandra Shekhar	Sharma	Vice President, Sales	Oncquest Laboratories Ltd
Dr	Gopal	Sharma	Director	Satyabhama Hospital Pvt. Ltd
Mr	SK	Sharma	Technical	DDA
Dr	Asha	Sharma	Vice President	Indian Nursing Council
Mr	Satya Prakash	Sharma	Technical Director	NIC, Ministry of Electronics & Information Technology, GOI
Mr	Yogesh Kumar	Sharma		Nayati Healthcare & Research Pvt. Ltd
Mr	Sandeep	Sharma		Nayati Healthcare & Research Pvt. Ltd
Ms	Aparna	Sharma		Paras Healthcare Pvt Ltd
Dr	Monika	Shashank	National Head	Oncquest Laboratories Ltd
Dr	Santosh	Shetty	Executive Director and COO	Kokilaben Dhirubhai Ambani Hospital
Dr.	Suman	Shree R	CEO Director	Nethradhama Super Speciality Eye Hospital
Mr	Azhar	Siddiqui	Head-Market Access (India & Neighbouring Countries)	Roche Diagnostics India Pvt Ltd
Dr	Shahab Ali	Siddiqui	Technical Manager – Health Systems Strengthening	Save The Children
Mr	Ashit	Sikka	Director TPS	Terumo India Pvt. Ltd
Ms	Upasana	Singh	Associate Manager - Health Economics & Reimbursement, India	Abbott, St. Jude Medical India Pvt. Ltd.
Maj Gen Dr	Jagtar	Singh	Director Medical Services	Indraprastha Medical Corporation Ltd
Ms	Madhulika	Singh	Regulatory - Healthcare	3M India Limited
Ms	Geeta	Singh	Principal Scientist Division	Microbiology Indian Agricultural Research Institute
Mr	Amitoj	Singh	Director	Kare Access LLP
Mr	Tejinder	Singh	Trade Officer- Healthcare - Trade and Economic Mission	Israel Embassy
Mr	Gurmeet	Singh		Elsevier
Ms	Meghna	Singhania	Editor - in - Chief	Medical Dialogues
Mr	Mukesh	Sinha	Managing Director	HOYA Medical India Pvt Ltd
Mr	Vishal	Sinha	Head-CSR projects & corporate relations	Apollo Medskills Ltd
Mr	Sidharth	Sonawat	Fellow, YES Global Institute (YGI), Asst. Vice President	YES Bank Ltd
Mr	Manish	Soni	Head Business Development	Roche Diagnostics India Pvt Ltd
Dr	Tanu	Soni	Program Coordinator	PHFI
Ms	Fatma	Sultan	Senior Artist	DDA
Mr	R.	Sundaram	Consultant	Meenakshi Mission Hospital & Research Centre
Mr	P	Sundarraaj	Head	Meenakshi Mission Hospital & Research Centre
Dr	R.K	Suri	Former Director	Ministry of Environment & Forests, Govt. of India

Title	Name	Last Name	Designation	Organization
Dr	Nagendra	Swamy	Group Medical Director, Senior President & Chairman- Quality Council	Manipal Health Enterprises
Mr	Ramesh	Swamy		
Dr	Rajiv	Tandon		Path
Ms	Anjali	Tariyal		
Mr	Rakshit	Tewari	Market Access Manager	Baxter India Pvt. Ltd.
Dr	Gaurav	Thukral	Senior Vice President & Business Unit Director	Health Care at Home
Mr	Bharath	U		Dr Lal PathLabs Pvt Ltd
Dr	Tanya	Vaish		Max Healthcare Institute
Ms	Anju	Vaishnava	Head - Regulatory Affairs	Roche Diagnostics India Pvt Ltd
Mr	Bhupesh	Vashisht	Manager	IPE Global Ltd
Mr	Kathy Boden	Verma	Senior Advisor- External Affairs	Roche Diagnostics India Pvt Ltd
Dr	Mahak	Verma		Indraprastha Medical Corporation Ltd
Mr	KS	Verma	EX - AM	IFCI
Ms	Manisha	Verma	Chief Media	MOHFW, GOI
Mr	A	Vijaysimha	Advisor	Lemelson Foundation, SINE, IIT Mumbai and Partner Vita Pathfinders
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Ms	Vanessa	Voss	First Secretary (Economic)	Australian High Commission
Mr	Vishnu Shankar	Vyas	Regulatory Affairs Leader- South Asia	E I DuPont India Pvt. Ltd.
Mr	Yogesh	Walawalkar	Head -Strategy & Marketing	Vaidya Sane Ayurved Lab Pvt Ltd
Mr	Arvinder	Walia		Max India Ltd
Mr	Ankur	Walia		Elsevier
Mr	Angra	Wang	International Region Leader, Southeast Asia and India	College of American Pathologists
Dr	Hitesh	Wankar	Assistant Manager (Empanelment)	Indus Health Plus Pvt Ltd
Ms	Priyasha	Churiwal	Lead Market Advisor – Life Sciences, India	Enterprise Ireland
Dr	Rajprabha			Indraprastha Medical Corporation Ltd

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- **Dr Alok Roy**, Co-Chair-FICCI Health Services Committee & Chairman, Medica Group of Hospitals
- **Mr Varun Khanna**, Co-Chair, FICCI Health Services Committee and Managing Director, BD India

Advisors

- **(Hony) Brig Dr Arvind Lal**, Chair-FICCI Health Services Committee & CMD, Dr Lal PathLabs
- **Dr Narottam Puri**, Advisor- FICCI Health Services and Board Member & Former Chairman-NABH

Members

- **Dr Anupam Sibal**, Group Medical Director, Apollo Hospitals Enterprise Ltd
- **Mr A Vijay Simha**, Advisor, Lemelson Foundation, SINE, IIT Mumbai and Partner Vita Pathfinders
- **Mr Gautam Khanna**, CEO, Hinduja Hospital
- **Dr Yash Paul Bhatia**, Managing Director, Astron Hospital & Healthcare Consultants Pvt Ltd
- **Ms Archana Pandey**, Senior Director-Corporate Affairs, Max India Ltd
- **Dr Arati Verma**, Sr Vice President - Medical Quality, Max Healthcare
- **Mr Aditya Burman**, MD, Oncquest Laboratories
- **Dr Ravi Gaur**, COO, Oncquest Laboratories
- **Ms Krishnakoli Dutta**, Head of Government – South Asia RELX Group
- **Mr Vidur Renjen**, Director Education- HS India & South East Asia Elsevier, RELX Group

FICCI Team

- **Ms Shobha Mishra Ghosh**, Assistant Secretary General
- **Ms Sarita Chandra**, Deputy Director
- **Mr Anirudh Sen**, Deputy Director
- **Ms Shilpa Sharma**, Consultant
- **Ms Tansi Nayak**, Assistant Director
- **Mr Kapil Chadha**, Project Assistant



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Federation of Indian Chambers of Commerce and Industry

Established in 1927, FICCI is the largest and oldest apex business organization in India. Its history is closely interwoven with India's struggle for independence, its industrialization, and its emergence as one of the most rapidly growing global economies.

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FICCI provides a platform for networking and consensus building within and across sectors and is the first port of call for Indian industry, policy makers and the international business community.

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