

JULY 2019 • Vol. 5 • Issue 4

**MONTHLY** • Pages 64

₹ 200

RNI No.: DELENG/2015/67140; Published on: Every month; Posted at Lodi Road HPO, New Delhi on 9-10th of every month

# THE AWARE CONSUMER

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## IN FOCUS

Top 5 HomeCare  
Innovations By  
Leaders In India

## HORIZONS

What Does The  
Future Hold For  
Homecare in India?

## OUT OF THE BOX

Challenges Faced  
By Home Health  
Care Services



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# An Evolving Health Care System

**HOME-BASED HEALTH CARE** in India is gaining traction and is poised for transformation. Once an unorganized and fragmented sector, it is fast catching the attention of entrepreneurs and investors and becoming an organized, technology-led industry with standards and protocols.

Devi Prasad Shetty, a cardiac surgeon based in Bangalore and founder of the Narayana Health Group (formerly called Narayana Hrudayalaya) notes, that with life expectancy increasing significantly in India, “home health care is becoming mandatory. Patients who are suffering from chronic illness like heart failure, respiratory failure and Alzheimer’s do not really need hospitalization. With advanced medical gadgets, most of the patient monitoring, which [was earlier] possible only in hospitals, can now be offered with remarkable ease at home.”

Home health care is a system of care provided by skilled practitioners to patients in their homes under the direction of a physician. Within the overall healthcare industry, home healthcare represents a small, but exciting opportunity that will grow immensely in the years ahead. The key drivers for the home healthcare industry include the increasing prevalence of chronic

diseases, favorable demographics, increasing disposable incomes, and quest for better preventive care.

The global home healthcare market is expected to reach USD 368B by 2020 at a CAGR of 8.0% during the forecast period. The home healthcare market in India is fragmented and comprises of some exciting start-ups; hospitals that have entered the segment; hospitals that have aligned with home healthcare providers; large MNCs and VC-backed firms. The Indian home healthcare market is expected to reach USD 6.2B by 2020 at a CAGR of 18.0% during the forecast period. Indian home healthcare companies are focused on elderly care; rehabilitation; diabetes management.

There is a clear focus on innovation, and companies are looking to bank on wearable medical devices that can record patient data in real time and can trigger alerts in the system for quick and pre-emptive action.

The future is to support transformation of home health and home-based care to meet the needs of patients in the evolving health care system.

The home healthcare sector in India is burgeoning and is expected to reach \$6 billion (Rs 40,000 crore) by 2020 from a \$2 billion market opportunity in 2014.



Message from the Editor-in-Chief

**POOJA KHAITAN**

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**DESKTALK**

# A NEW ERA OF **CARE**

**HEALTH HAS ALWAYS** been a critical issue for the developing nations and India is no exception. As a matter of fact, it is not easy to fulfill the daily health requirements of 1.32 billion people. Various government initiatives and programs have improved India's statistics in life expectancy at birth and communicable disease. However, the burden of non-communicable disease (cancer, diabetes, cardiovascular disease, and stroke) is on the rise. According to the World Health Organization, in India, almost 61% of deaths are caused by non-communicable diseases (NCD). Shortage of qualified doctors and hospital beds has worsened the problem.

Home healthcare is an extension of the hospital care with the potential to share the burden of healthcare infrastructure. In a nation where 23% of people die prematurely due to NCDs, home healthcare is the need of the hour to strengthen the healthcare system. These diseases often require prolonged care. People with these diseases spend a lot of time in hospital care that puts the enormous monetary burden and also makes them vulnerable to the hospital-acquired infections. In addition, it also puts an extra burden on family members as there must be one attendant with the patient all the time. Home healthcare provides the option of cost-effective treatment in the comfort of home. Studies have proved time and again that patients recover faster at home. Home healthcare also ensures that working members of the family can attend their offices without worrying about the patient.

Despite its growth, home healthcare has remained an unorganized sector due to lack of standardization and regulations. In the past, there were few startups that provided the home healthcare services. As healthcare players realized the potential of home healthcare, more players kept on joining. To help the patients choosing the home healthcare from credible players, Quality and Accreditation Institute of India (QAI) has already introduced standardization in the home healthcare industry. The standardization and regulations are the much needed encouragement to the insurance sector to include home healthcare as a standard benefit.

Though being in the budding phase, home healthcare has shown a tremendous growth during recent years. It has been estimated that the market for home healthcare in India will double within a year. The advancement of technologies and organized players have made it possible to deliver up to 70% of hospital services at home in a cost-effective manner. It won't be wrong to say that home healthcare will lead to a new era of care in the Indian healthcare system. The home healthcare facilities will transform the way people think about the medical procedures and care.



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Bringing quality healthcare at your doorstep is the primary motto of home healthcare. It is an umbrella term which includes health care services provided by both skilled (physical therapy, nursing care, doctor visits) and non-skilled medical (companion and personal care activities) professionals in the comfort and convenience of your home.

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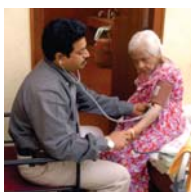
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When patients leave the hospital and return home with home nursing care, they go from highly supportive medical environments with potentially many physicians, nurses, aides, and other professionals, to non-medical environments with formal and informal caregiver support frequently supplemented by visits from home care nurses.

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JULY 2019 • Vol. 5 • Issue 4

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Published at:  
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Printed at:  
M/s. Swastika Creation  
19, D.S.I.D.C. Shed, Scheme 3,  
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Total number of pages - 64, Including Covers

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ALOK ROY

CHAIRMAN, MEDICA GROUP OF HOSPITALS

Home healthcare market In India is witnessing tremendous growth due to the rise in the aging population. The market for home healthcare services in India is set to double in the coming years



# ROUNDUP



When we harbor an excess of 1.2 billion people of the world, it becomes a crucial responsibility to catering to their survival and quality of life.

## India Is Ready For Home Healthcare Services

– By Thomas Abraham

**LONG-TERM MEDICAL CARE**, whether it be for the sick/recuperating post-surgery or the aged, is best carried out in the environs of the home, for reasons of patient-comfort, logistical convenience and economy. But to constantly monitor the condition of the patient and provide medicare at the appropriate time, the two vital requirements are professionally-competent personnel and optimal use of technology. Though nascent in India, home

healthcare providers are using both these components to good use to make their mark.

In India, the old and sick are taken care of by family members. Our society generally looks down upon families that seek outside help to take care of their sick and bedridden elders. However, in these past few years India is eminently ready to make use of professional home healthcare services. The informal

### DATA BRIEFING

The market for home healthcare in India is expected to grow at a CAGR of

**18%**

to reach US \$6.2 Billion by 2020.



**structures of support are under stress and collapsing rapidly as challenges, commitments and pace of life, compounded by disparate locations of relatives, make it difficult and stressful to provide appropriate care. While the elders are conservative in their approach of getting external help, the near and dear ones are the catalysts to bring about this change.**

## GROWTH PROSPECTS IN THE INDUSTRY

The growth factors are enormous. The current estimates for the home healthcare industry in India is approximately \$2 billion and growing at a CAGR of 20 per cent. This, since hospital facilities are inadequate to meet the national demand. While metropolitan cities have world-class facilities, the situation in tier II and III cities is not adequate to meet the demand. More importantly, for chronic ailments, there is no necessity to continue with long stays and go through the stress of re-admissions.

With appropriate use of technology, high-quality home healthcare services can be implemented and expanded to cover a wide base of population in India.

Home healthcare is becoming a significant element in the value chain of healthcare services. The government needs to take notice of this and recognise home healthcare as an industry. While there is a lot of focus on healthcare

in the recent budget, home healthcare has no mention.

To take care of the over 200-million elderly population of India, home healthcare will play an important role.

The government needs to put in place both norms and incentives to provide a fillip to this industry. Even countries like Dubai and Abu Dhabi have created norms and standards for home healthcare. The government of India needs to take a leaf from there and move rapidly.

**In the West, insurance companies cover home healthcare expenses. Not so in India now. The industry should work with insurance companies to provide cover for healthcare at home. This could be a game-changer.**

The home healthcare industry in India is still in its nascent stage. It had been an unorganised market thus far. It is only now over the last three to four years that qualified, trained and professional staff is being utilised to deliver home healthcare services. However, in the West, depending on the country, a different model is prevalent which is predicated on Senior Citizens' Homes and hospices. Basic home care services are aplenty, though, which provide assisted living in the home rather than treatment at home. The industry is well regulated in the West, whereas, there are still no standards, norms and accreditation in India. This needs to be implemented to ensure that standardised and quality services are delivered. ■

# Rise In Ageing Population Fuels

**GROWING HOSPITALISATION COSTS**, rising elderly population and a need for personalised medical attention have fuelled a rapid increase in India's home healthcare services sector, which is set to grow manifold in the coming years, say stakeholders..

The home healthcare sector in India is burgeoning and is expected to reach \$6 billion (Rs 40,000 crore) by 2020 from a \$2 billion market opportunity in 2014. The home healthcare services market is expected to double in the coming years as India is witnessing a tremendous rise in the ageing population.

"Homecare as a concept is gaining ground in India and the reasons are clinical and societal... it definitely works out cheaper to the extent of 30 per cent as compared

to the hospital cost as there is no infrastructure and other overheads. This apart, the cost of a family member needing to stay off from work is an additional saving," said Apollo Homecare CEO Mahesh Joshi.

Homecare service providers also said improved affordability, need for a personalized care for chronic and lifestyle-based diseases, changes in the traditional family system and rise of nuclear families are contributory factors in market growth.

While home healthcare services have several "clear advantages" for a section of patients over treatment in a traditional hospital, choosing in-home care for one's elderly parents or other loved ones is "not without risk".

In a developing country like

**The operators are providing an array of services, but the most sought-after include stroke rehabilitation, ICU, dentistry, oncology, attention to post transplant patients and geriatric population.**

India, where corruption has riddled through virtually all aspects of public services, with hardly any checks and balances even for the qualified doctors, the new field of home healthcare services is likely to attract unscrupulous people in this lucrative business. This could





# HHC Sector Growth In India

pose serious threats to the lives of the suffering elderly citizens who may become more vulnerable in the secrecy of individualized medical care by unqualified caregivers.

Saha, HIV/AIDS Specialist, Adjunct Professor and Consultant, Columbus State Community College, Ohio, said the Indian government should lay down a "strict and transparent mechanism and licensing system" to regulate the businesses of home health services before they are allowed to operate". In the US and other developed countries, more and more people have been opting for home healthcare services for elderly and debilitated patients for more than two decades.

According to Vivek Srivastava , Co-Founder and CEO of Healthcare at Home, the overall homecare

market is growing at a compound annual growth rate (CAGR) of 40 per cent over the past three-four years.

Cost competitiveness for in-home health services has been a major driver of their demand. Patients end up saving 20-50 per cent cost as compared to regular hospital treatment depending upon the services taken. For instance, ICU services are 40-50 per cent cheaper than those provided in hospitals. Again, oncology care at home would also be cheaper by 20 per cent compared to similar hospital facilities.

The operators are providing an array of services, but the most sought-after include COPD management, stroke rehabilitation, ICU, dentistry, oncology, baby care, attention to post transplant patients

and geriatric population. However, non-availability of comprehensive insurance coverage for these services is seen as the most important piece missing in the entire ecosystem. An insurance facility will be a game changer for the industry going forward.

Although home healthcare services are gaining considerable traction in India, they are currently not comprehensively covered by health insurance companies. We expect these policies to change in the coming years as these services prove to be an indispensable treatment option for many. The organised players in home healthcare are in discussions with leading insurance providers and hoping a couple of them would take this up as a value added service for their clients. ►



## HCAH Becomes India's First Accredited Home Healthcare Provider, Awarded The 'Mark Of Sustained Quality' By QAI

**WHEN IT COMES** to number of hospital beds and doctors, India is way below WHO recommendations. Despite home healthcare being an immediate and cost-effective solution to counter this shortage, home healthcare industry is still only about 2% of the total Indian healthcare industry. Standardization can revolutionize the home healthcare industry by making it more affordable and increasing its acceptance amongst the masses. The pioneer of ICU at home and critical care at home in India, HealthCare atHOME (HCAH), have become the first home healthcare solution provider to be accredited by QAI for their home healthcare solutions. They have been awarded the 'Mark of Sustained Quality' for maintaining high quality services to their patients at the comfort of their home, by QAI (Quality and Accreditation Institute) for a period of 3 years starting January 2019. The accreditation is another feather in HealthCare atHOME's hat which is India's largest home healthcare company with 4 lakh+ patients in 70+ cities, 25000+ ICU days and 20000+ onco/immunological procedures.

**Commenting on the achievement, Vivek Srivastava, Co-Founder and CEO of HCAH says,** "Home healthcare is the future of Indian healthcare industry. Standardisation is the key to its sustainable growth and acceptance by hospitals, doctors and patients alike. Quality and Accreditation Institute's initiative of setting standardisation norms and providing accreditation to deserving organisations is the need of the hour and a very welcome step. HCAH has always endeavoured to be a leader in setting and following quality benchmarks in India. Becoming India's first home healthcare provider to

receive QAI's accreditation and mark of sustained quality is a big step for HCAH in this direction." Founded in 2012, from Promoters of Dabur and Founders of HAH, UK, HCAH pioneered specialty critical care in India and now offers specialised packages for organ transplant, cardio, neuro and nephron specialties. HealthCare atHOME provides savings upto INR 30,000 per day to their patients and also reduce hospital re-admissions. With an overall re-admission rate of 19.4%, HCAH's re-admission rate is significantly lower than those of non-avilers or home healthcare which stands at 24.5%.

QAI is an institutional member of the International Society for Quality in Health Care (ISQua). It was set up to create an ecosystem of education, training, quality improvement and accreditation. Dr. Gaurav Thukral, COO of HealthCare atHOME was closely involved in HCAH's audit by QAI before their accreditation. **Commenting on the process, Dr. Thukral says,** "QAI designed home healthcare standards with support of a Technical Committee which comprised of health industry leaders and stalwarts of home healthcare in India. The standards rely on measurable criteria to ensure proper governance, competent human resources, adequate facility, appropriate information management, quality improvement opportunities and safe practices. The standards have been approved by the Board of QAI's Centre for Accreditation of Health & Social Care which is chaired by Prof. Dr. M. C. Mishra, former director of AIIMS, New Delhi. The organization accredits Home Health Care organizations by evaluating them on 69 standards and 278 parameters, spread across 9 chapters. ▶

# Now, Homecare Service For Cancer Patients



Though not a substitute for hospital-based treatment, homecare for cancer patients is fast picking up with several service providers making a foray into this sector.

**THOUGH NOT A** substitute for hospital-based treatment, homecare for cancer patients is fast picking up with several service providers making a foray into this sector. From administering IV fluids and oral chemotherapy drugs to providing palliative care for terminally ill cancer patients, major players like Apollo Home Healthcare Limited and Portea Medical are found providing up to 40% cancer-related treatments to patients in Hyderabad within the comfortable confines of their homes.

In fact, the homecare teams are also offering efficient post-surgical care to patients, besides assisting them with mobility issues to allow them to get on with their lives.

"The home environment is the best setting for cancer patients to recover as it allows them to remain in their comfort zone, reduces risk of infection and promotes faster recovery," said Dr Udaya Kumar Maiya, medical director, Portea Medical, a multi-city based home healthcare service provider, which has tied up with local hospitals like Basavatarakam IndoAmerican Cancer Research Hospital & Institute to provide home services.

He claimed that since their foray into Hyderabad in June 2013, Portea Medical has handled more than 45,000 home visits. However, Dr Mahesh Joshi, CEO, Apollo Home Healthcare Limited, sounds a word of

caution. While admitting to the pros of homecare, he warns people of steering clear of industry players operating in the unorganised sector. Close to 20% of the geriatric population that is served by Apollo Homecare in six cities across India comprise patients suffering from cancer. "Handling an emergency for homecare providers without having robust emergency back-up sums up the difference between organised and unorganised homecare players. The latter also lacks effective supervision and monitoring. People need to be careful of these service providers, as this concept is still new," said Dr Joshi, adding that they largely get requests for palliative care. ▶





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MC-XXXX



**QUALITY IN PATIENT CARE**





# CONSUMERS, BEWARE

- FINANCIAL
- INDEPENDENCE
- QUALITY OF CARE
- FAMILY PARTICIPATION

## Financial

One of the major advantages of home health care is that it costs less than keeping a patient in the hospital. Home health care professionals provide a full range of services for people who are discharged from the hospital but who still need certain medical services throughout the length of their recovery.

### BE AWARE

It's important to keep in mind that although placing a loved one in a residential care facility can be expensive, the cost of home care can add up over time. What may seem like the least costly alternative at first can quickly add up when you calculate the expenses of continuing to maintain a home, family members missing work to help out, and the cost of more services and care as needed. Often a person's physical needs change or increase over time, eventually making home care impractical.

## Independence

What many people like about home care is that it allows a patient to recover in the comfort and security of her own home. Patients receive individualized care designed to meet their specific needs. In many cases, home care

delays the need for families to place an elderly loved one in a nursing care facility. Maintaining independence is another primary advantage that home health services offer.

### BE AWARE

Although the above alternative gives an individual and his family more control over the type of care received, for a home care program to work successfully, someone must be responsible for finding and coordinating the needed services, along with figuring the costs.

On the opposite side of the argument, although some people do better in familiar surroundings, other individuals may end up being isolated and spend most of their time sleeping in bed. In these cases, a senior community setting such as an assisted living facility or nursing home might actually be a better option.

## Quality of Care

Another primary advantage of home care is that a person gets one-on-one attention, something she would not receive as a resident in a hospital or

nursing facility. In a nursing facility, a single staff person is often responsible for caring for 10 or more residents.

### BE AWARE

Unlike licensed nursing facilities, which are regulated by state and federal law, home care is basically an unregulated industry. If no family members are near to monitor an agency's staff, individuals who live alone are more vulnerable to potential abuse and neglect by caregivers.

## Family Participation

Help from friends and family is another reason why some people choose home care. Family members can be actively involved in a loved one's care, and caring for the person in his own home environment allows for more flexibility. This may make it easier to develop a daily routine that works for everyone.

### BE AWARE

Family caregivers who do not get enough support and respite from others can burn out quickly. It can also be difficult to handle medical emergencies at home. ▶

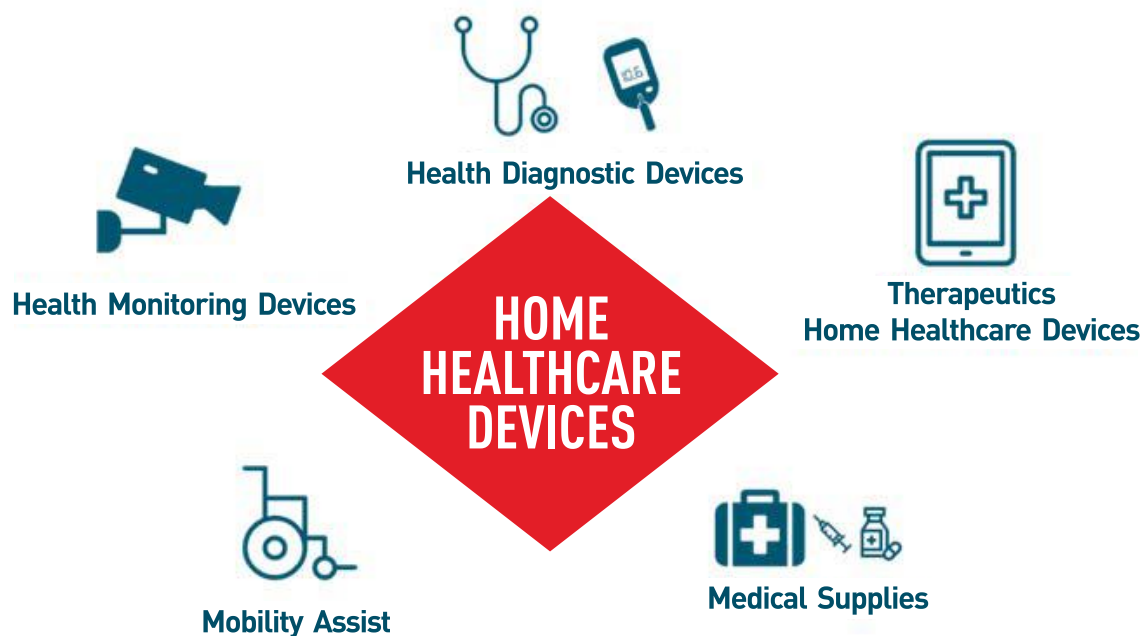


# Home Healthcare



Bringing quality healthcare at your doorstep is the primary motto of home healthcare. It is an umbrella term which includes health care services provided by both skilled (physical therapy, nursing care, doctor visits) and non-skilled medical (companion and personal care activities) professionals in the comfort and convenience of your home. Home healthcare is unique in terms of how the services are rendered, which is in the comfort of your home but just as effective, hassle free and in some cases, less expensive than that of a hospital or a clinic.





## What is home healthcare?

As families all over the world become increasingly nuclear, taking care of the health of each member of the family becomes difficult. Indeed, it is difficult for working members of the family to manage their occupational needs and the health requirements of the family at the same time. From child birth to postoperative care to general illnesses, they all require medical attention as well as personal care.

The home healthcare facility has been tailor-made to meet the needs of such dynamic families. Home health care facilities were first started in India by India Home Health Care in 2009 and now have a long list of names following in its footsteps like Health Care at Home, Zoctr, Portea, Care24 etc. In the \$100 billion Indian healthcare market, the share of home healthcare is around \$3.2 billion.

## Why do you need Home healthcare?

India is still crippled by a woeful doctor to patient ratio where there is only one doctor for every 1,674 patients. Hospitals almost always remain crowded and there are long queues at every counter, be it the billing desks or the investigation rooms. In such times, home healthcare, with its conveniences and hassle free approach, is a silver lining in the healthcare segment. Your doctor as well as the caregivers will visit you at your door step and treat you at the comfort of your home.

Also, when it comes to taking care of the health of all members of the family, especially ailing and infirmed members of the family, Home healthcare fits the bill perfectly.

## What you get from Home Healthcare?

### Doctor consultation at home

You never know when you would need to see a doctor. And when you do, factors ranging from navigating heavy traffic, lack of time etc. influence your decision, and you are most likely to put off “going to the doctor”. Another question that comes up is: “Is this doctor good” which then leads to the next question “should you opt for a different doctor”?

Home healthcare services solve all of these problems. They provide contacts of verified professionals (with reviews) at the convenience of your home. This makes the whole doctor-patient relationship more personal and the treatment more effective.

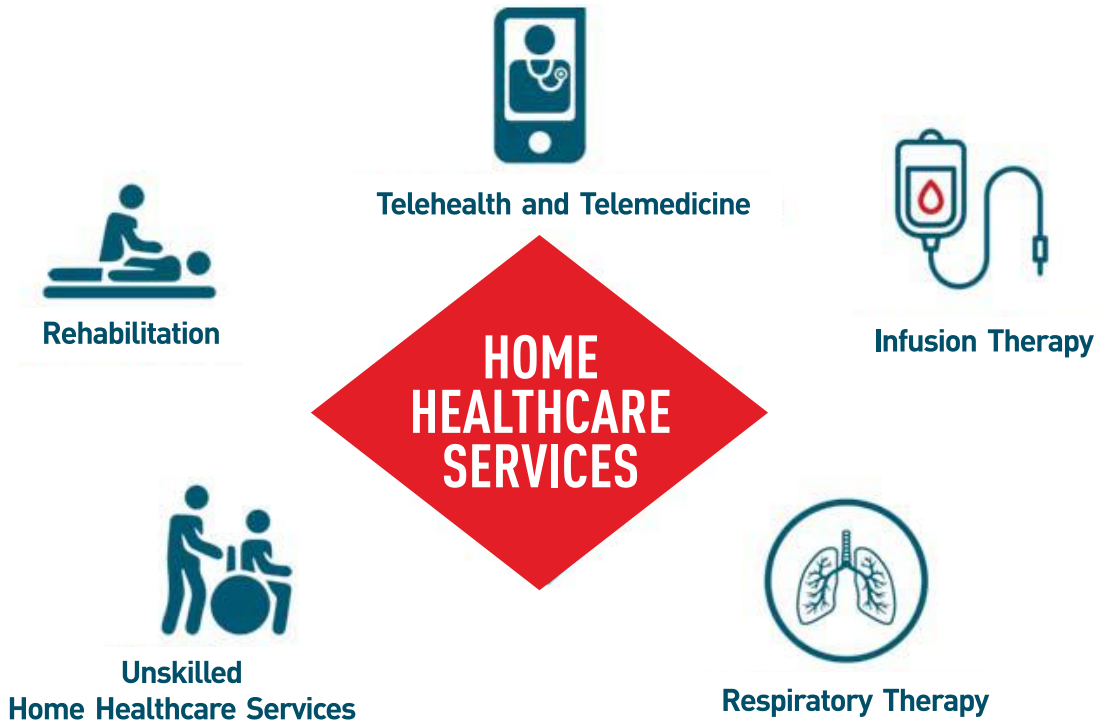
### Post natal home support



New mothers can get cold feet once they come home with their tiny bundle of joy. They could be overwhelmed by the sudden increase in responsibilities and tasks that they will







need to attend to simultaneously. At the same time they need rest to allow their bodies to recuperate from the rigors of pregnancy.

In olden days, a woman's mother and her mother-in-law would share the workload and this made the whole process easier. But in today's world, where nuclear families hold sway, this is no longer the case. In such instances, there are specially designed home support systems provided by various Home Healthcare facilities, which ensure that the mother remains stress free and can thus direct her attention on nurturing the child in a calm and happy environment.

### **Skilled nursing**

A stay at the hospital takes care of your immediate ailments but the recuperative phase usually extends beyond the days spent in the institution. Families often try hard to meet the requirements of the ailing kin, but it is not always possible. Regular monitoring of the patients, providing the necessary psychological and medical support, bandaging and dressing wounds, especially in case of post-operative treatments, all require the services of a skilled professional. Home health services make provisions for skilled nurses who can provide round the clock services to the patient. This helps the family to carry on with their work while knowing that the patient is in good hands.

### **Physiotherapy**

Various conditions require physiotherapy as a treatment.



Paralysis, fractures, nerve problems, injuries are some common causes why people need physiotherapy. Many of these patients could have issues with mobility and hence taking them for therapy sessions to a clinic can be a major problem. Just think about it, with the number of potholes in the roads showing no signs of coming down any sooner, a slight bump while travelling in a vehicle can result in discomfort or even aggravate symptoms in such patients.

This is where the home healthcare service comes in. These organizations provide trained physiotherapists who visit your home, provide the required treatment to you or your loved one and walk you through the treatment and recovery phase.

### **What does the future hold?**

Being the second most populated country in the world, the requirement for medical attention and services will keep growing in India. It would be foolish to expect that roads would be widened enough to prevent traffic jams or getting to visit a queue-free hospital billing counter will be possible in the near future. Keeping these aspects in mind it is safe to say that the need for home healthcare will increase in the coming years. It has been seen that the number of senior citizens will increase three times in the next thirty years. This will require more in situation medical attention and care than what is needed today. Also, the increasing number of people suffering from chronic diseases including cancer, kidney failure, Alzheimer's disease and others will be benefitted immensely from this module of healthcare service and lead a more self-reliant, independent and dignified life.

## HOME HEALTHCARE SERVICES IN DEMAND IN INDIA



Elderly Care



Physiotherapy



Rehabilitation



Diabetes Management

Future service are include:



Dialysis



Chemotherapy



Children with special needs

### MARKET OVERVIEW OF HOME HEALTHCARE MARKET IN THE WORLD

- Growing incidence of target diseases such as dementia and Alzheimer's as well as orthopaedic diseases is expected to stoke the growth of the home healthcare market.
- Rehabilitation services accounted for more than 59.0% of the overall home healthcare services market.
- North America dominates the home healthcare market. This can be attributed to presence of advanced medical infrastructure, high awareness among patients, and comparatively higher healthcare expenditure in the region

### HISTORY OF HOME HEALTHCARE

**1813** - The Ladies Benevolent Society, (LBS), a group of women volunteers in Charleston, South Carolina, began the first efforts at providing home care services.

**1875** - The National Nursing Association for Providing Trained Nurses for the Sick Poor was created in England.

**1890** - There were 21 home care visiting nursing associations.

**1909** - The Metropolitan Life Insurance Company began to send nurses into their policyholders' homes to provide nursing services.

**1920s** - Many of the home care agencies closed due to the poor economy and the nursing shortage during World War II. The establishment of hospitals resulted in a model where patients moved from receiving care in the homes to into hospitals.

**1950s–1960s** - It became clear that there was again a growing need for home care services.

**1965** - Medicare was established for people over 65 years of age, that home care services were once again covered by insurance.

**1980** - Omnibus Reconciliation Act:-

- Removed the limits on the number of home care visits.
- Removed the prior hospitalization requirements.
- Extended participation in Medicare home care to for-profit home care agencies.

**1989–1996** - Medicare home health care payments increased an average of 33% per year.

**1990s** - Home health care services continued to expand due to:

- Earlier hospital discharges
- Declines in nursing home beds
- Increased numbers of frail adults and elders
- Cost-based financing of home care

**1997** - There were 10,444 Medicare certified home health care agencies in the U.S.

## HOME HEALTHCARE INNOVATIONS

Few of recent home healthcare technology innovations:

- Mobile technology partners with artificial intelligence to guide patients through therapy treatments at home.
- For Alzheimer's patients, there is a tool that detects when they are having a difficult time with a specific daily task. The **artificial intelligence** reacts to emotional cues from the patients, using a microphone and camera equipment installed in the home. It then guides the patient through the task.
- Another technology, called a **"tremor spoon,"** evaluates patients with Parkinson's to evaluate and monitor symptoms.
- **Barcode Medication Administration (BCMA)**, the software was designed to improve medication administration accuracy and to generate online patient medication records. The application was created by the Eastern Kansas Health Care System and the Colmery-O'Neil VA Medical Centre. The nationally implemented Barcode Medication Administration software enables users to document electronically the administration of medications at the bedside, or where other points of care are involved. Barcode technology and real-time network connectivity are used to improve the accuracy of medication administration.

## GLOBAL HOME HEALTHCARE MARKET

- The global home healthcare market size is anticipated to reach USD 517.23 billion by 2025, according to a new report by Grand View Research, Inc., progressing at a CAGR of 7.8% during the forecast period.
- Growing geriatric population is one of the key drivers for the market. As per the Department of Economic and Social Affairs of the United Nations, population aged above 60 is likely to reach 2.1 billion by 2050.
- The demographic group is prone to chronic diseases, which require long term care and approximately 70.0% patients opting for home healthcare are geriatric.
- Diagnostics equipment accounted for just over 38.0% of the market for home healthcare equipment. The segment is poised to gain share over the forecast period, owing to increasing prevalence of diabetes, cardiovascular, and cardiopulmonary diseases.

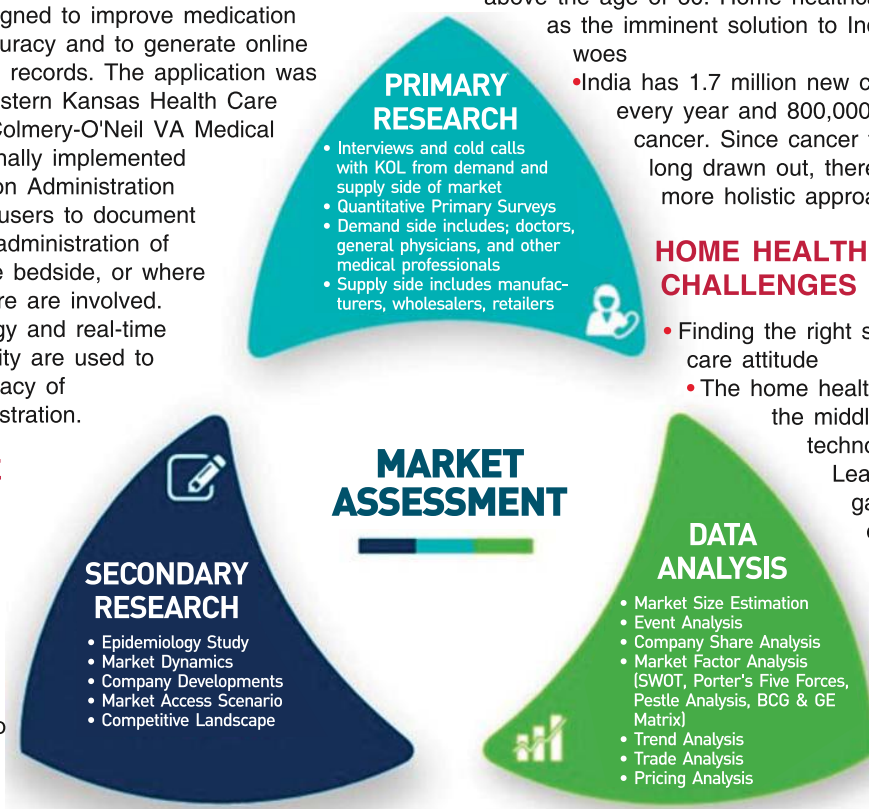
- Rehabilitation services accounted for approximately 60.0% of the market for home healthcare services. The growth of the segment can be attributed to widening geriatric population base and growing incidence rate of surgeries pertaining to trauma.
- North America held the largest revenue share in the global home healthcare market in 2016, with a share of a little over 44.0% of the overall market.

## HOME HEALTHCARE MARKET IN INDIA

- The market for home healthcare in India is expected to grow at a CAGR of 18% to reach US \$6.2 Billion by 2020.
- India is home to the second-largest geriatric population in the world. India is home to some 87.6 million people above the age of 60. Home healthcare has emerged as the imminent solution to India's elderly care woes
- India has 1.7 million new cases of cancer every year and 800,000 deaths due to cancer. Since cancer treatments can be long drawn out, there is a need for a more holistic approach.

## HOME HEALTHCARE CHALLENGES IN INDIA

- Finding the right staff with skills and care attitude
- The home healthcare industry is in the middle of a tremendous technological revolution. Learning these new gadgets takes a considerable investment of time and effort.
- Lack of clear regulation can makes it difficult to quantify what home healthcare needs to do.



## HOME HEALTHCARE MARKET DRIVERS IN INDIA

- Increase in geriatric population and child with special need in India increases number of dependency population.
- Rise in number of kidney diseases and cancer patients lead to increase demand home healthcare services.

Home Healthcare has the potential to replace upto 65% of unnecessary hospital visits in India, and costs upto <20% incurred on hospital costs. ▶

# SUPPORT THE CAMPAIGN



R<sub>x</sub>

## ANTIBIOTIC

Each film-coated tablet contains:  
Ciprofloxacin Hydrochloride IP  
equivalent to ciprofloxacin ... 500mg

Color: Titanium Dioxide

M.L. MUM/2007

Manufactured by:  
**ARCO PHARMA**

No. 123, Sector 7A  
Delhi - 110001

Dosage: As directed  
by the physician.

Do not store above 30°C

Protect from moisture.

Keep out of the reach and  
sight of children.

**SCHEDULE H DRUG**  
To be sold by retail on the  
prescription of a Registered  
Medical Practitioner only

## LOOK OUT FOR THE RED LINE

## BE RESPONSIBLE

Medicines such as Antibiotics have a Red Vertical Line on their pack to indicate that these should be consumed only on doctor's prescription.

Always complete the full course as prescribed by the doctor.

# SIGN THE PLEDGE.

[HTTP://WWW.CAUSES.COM/CAMPAIGNS/106670-RAISE-AWARENESS-FOR-SALE-USE-OF-ANTIBIOTICS-TO-COMBAT-AMR](http://www.causes.com/campaigns/106670-RAISE-AWARENESS-FOR-SALE-USE-OF-ANTIBIOTICS-TO-COMBAT-AMR)

### Campaign Partners



OPPI



Consumer Online Foundation



Healthy You Foundation



**PATIENT SAFETY AND ACCESS  
INITIATIVE OF INDIA FOUNDATION**  
a Partnership for Safe Medicines India Initiative





## **BREAKING BARRIERS IN THE INDIAN HEALTHCARE SPACE**

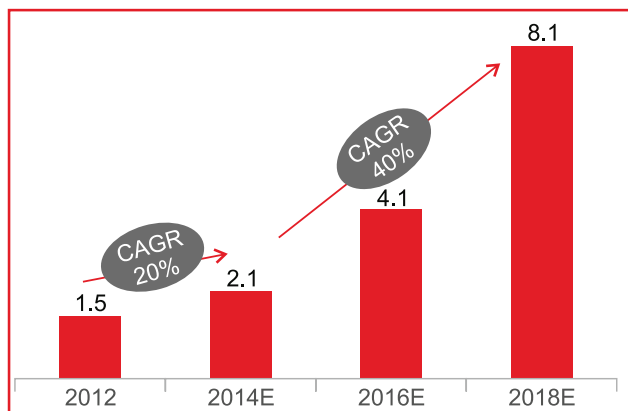
The in-home healthcare business model is about bringing essential patient care & health services to people at the convenience of their home.

**HEALTHCARE SERVICES IN** India is still an unexploited market and the Home Healthcare market currently is all set to disrupt the conventional healthcare business model and medical service space in India. Given the backing from big funding houses, the significant need gap and access to new age technology, players are taking big strides to expand their market and services to create value.

Today's world is largely driven by the word 'convenience'. From having your meal delivered at your doorstep, to the more expensive electronic purchases now possible by the click of a button, to more complex service spaces such as education and now healthcare the gamut of possibilities both in product and more recently in service sector delivery is undergoing a paradigm shift.

The in-home healthcare business model is about bringing essential patient care & health services to people at the convenience of their home. Some of the biggest benefactors of this service are ageing adults in need of regular medical care, patients recovering from hospitalization & paediatric patients. Apart from the benefit to patients in terms of convenience and cost savings, the service also helps in de-congesting hospitals for more critical care needs.

India's geriatric population is about 100 million today and is expected to grow to about 200 million by 2018. This along with the rising working population, increase in the occurrence of chronic diseases, the significant increase in healthcare awareness & the increasing need for convenience has contributed to the emergence of in-home healthcare providers in India. The global market for in-home healthcare is projected to grow at a rate of 7.7% annually and is estimated to be valued at 306 billion USD by 2018. Still, in a nascent stage, the Indian in-home healthcare market is currently valued at 1.5 billion USD and is projected to have a staggering growth of 20% over the next two years and a 40% growth rate between 2016 & 2018.



Indian Home Healthcare market is expected to grow at the rate of 40% by 2018. Source: RedSeer Analysis

- Convenience
- Lower chances of infection
- Significant cost savings
- Savings in terms of time and effort – especially for doctor visits and purchase of medicines
- Preventive care

From the consumer point of view, the in-home healthcare business model is a boon especially as the rising education & employment levels have left urban dwellers with limited time to cope with geriatric care & pediatric care needs in their households. This service is also a great saviour to expats who have their ageing parents living at home in India. Lower infection rates and the benefits of preventive treatment (Glaucoma for example) in ailing patients are the other key advantages of the service.

## Key Benefits to Consumers

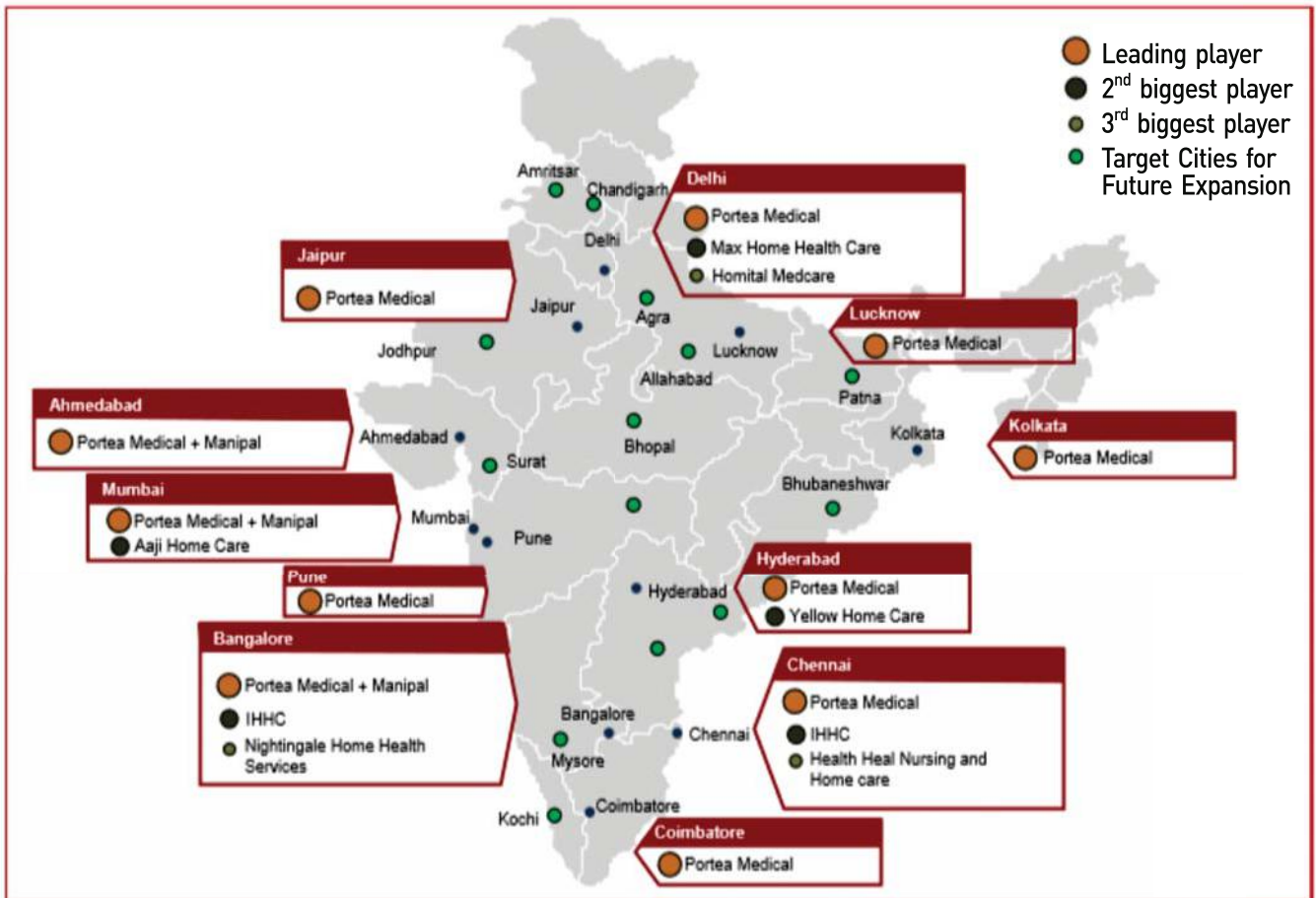
### 1. Major Players – Growth & expansion on the charts

The Indian in-Home healthcare market is dominated by a few players. Primary players in the market include Portea Medical, India Home Health Care (IHHC) & Homital. Portea Medical (established in 2012) is the most aggressive player in the market currently and is present in 11 cities and has staff strength of 600. It is also the frontrunner in technology adoption and uses an in-house app for centralized patient records, hand held devices for field staff and GPS tracking for monitoring of logistics. IHHC and Homital operate in fewer cities, but have plans of expanding to more cities in the near future. Growth and expansion are definitely on the anvil for all the players with Portea Medical leading the way, having received their first round of VC funding of 8 million USD from VenturEast and Accel Partners for a combined 30% stake, while US based Bayada Healthcare has invested in a 26% stake in IHHC.

To maximize their reach, in-house healthcare service providers are also partnering with leading hospitals and healthcare chains such as Fortis, Manipal Hospitals, Columbia Asia, Sparsh among others.

### 2. Service Offerings Rapid Service Line expansion expected

With increasing life expectancy and changes in disease patterns, the possibilities for in home healthcare is also expanding. Currently the services largely include nursing care, physiotherapy, post operative care & personalized doctor visits. Also popular are service packages for diabetic care and geriatric care. With such customized packages, in home healthcare, also leads to significant savings in both direct and indirect costs to the consumer. Experts are also exploring more application areas for in-home healthcare and service expansion is expected in



*In the next 4-5 years, Tier 2 cities will be the focus of expansion for almost all major players. Source: RedSeer Analysis*

the areas of Oncology, Dialysis and Children's Special Needs segments. In the coming months, renting of medical equipment during periods of nonusage is expected, so as to improve asset utilization and aid revenue enhancement for the players.

The most commonly availed service offerings currently are nursing and caretaker visits. Some of the services for this segment involve post surgical care, oxygen administration, suture removal and IV infusion.

Annual care packages are also fast gaining popularity; fast growing in this service segment are diabetic care and senior care services. The annual package includes regular visits from a nurse and also visits from doctors, a set number of times per week. These care packages are highly customized and prices vary from case to case.

Doctor visits and physiotherapy services are another area bringing in significant time savings to the customer.

### 3. Challenges – How players are overcoming them

Being part of an emerging market, the industry poses its own set of challenges. Some of the current challenges impeding growth are employee retention, creating

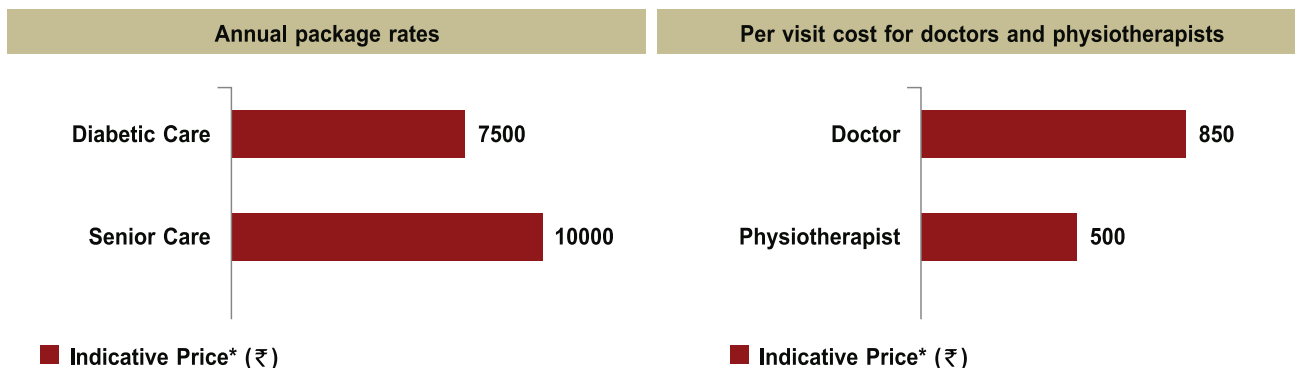
awareness, technology challenges, low margins leading to scaling difficulties, operational issues such as inconsistency in quality and lack of standard protocols for in-home healthcare training.

Major players are facing low employee utilization rate and rising wage bills.

Players are exploring options such as changing employee mix (hiring of more nurse aids/associates to reduce wage bills), building a 'network panel' of doctors/nurses to cater to excess demand that can't be handled by permanent staff and having 'On-call' staff to reduce operating costs.

Leading players such as Portea Medical believe in disrupting the industry through technology. Of the \$8 million it raised in its first round of funding, Portea has earmarked a \$2 million for investments in technology. Portea's technology applications include remote monitoring technology to aid clinicians, cloud based mobile health systems to monitor patient's vitals, real time electronic patient record update apps & in-house work allocation system to optimally allocate work to on-field staff.

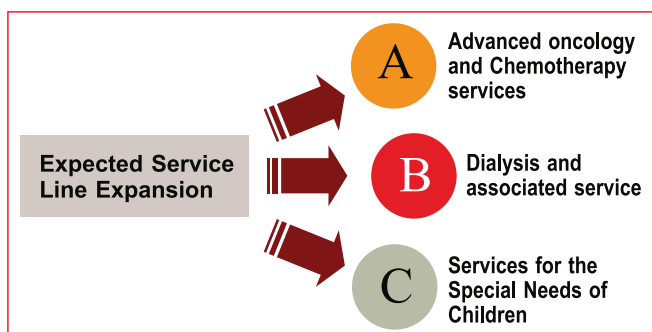




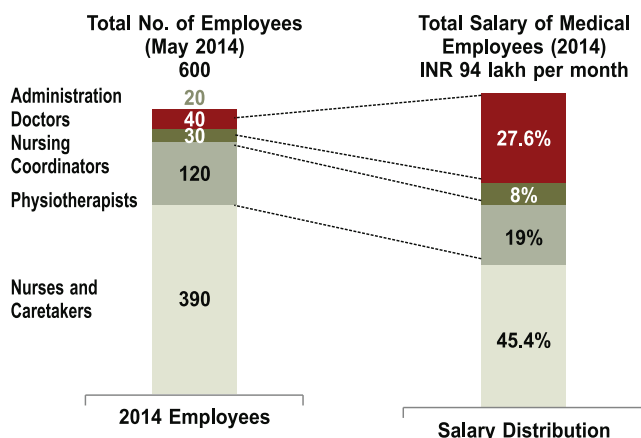
*\*Average of the prices offered by the top 3 In-Home Healthcare providers. Source: RedSeer Analysis*

#### 4. The Road ahead – Massive growth envisaged

The home healthcare market in India is all set to disrupt the conventional medical service space in the near future. Venture capitalists and investment firms have identified the market as being viable for investment, given the current healthcare demographics, socio-economic shifts



*Service Line Expansion is expected in Chemotherapy, Dialysis and Children's Special Needs segments. Source: RedSeer Analysis*



One of the major challenges is low employee utilization. A wage split snapshot of a major player is shown having employee (medical staff) utilization in the range of 50%-60% only. Source: RedSeer Analysis

and the significant need gap. This key contribution from investment firms, is helping players build scale and achieve sustainability.

**Technology will enable players in building competitive advantage.** Portea for instance is supported by a mobile app on the back end to improve efficiency and accuracy. Wearable technology with varied applications areas such as patient medical vitals monitoring are areas which are currently being explored. Operational efficiency and bottom line expansion will be driven by technology adoption and effective capacity utilization.

The business model that is followed by most players today is to have collaborations with leading hospitals to generate referrals; a major portion of today's inhome healthcare consumers come from referrals of doctors and hospital chains. In the next 4-5 years, as the major players gain critical mass, their bargaining power with hospitals is set to increase significantly. The referral fee as a % of revenue shared with Hospitals currently is around 15-20% but is expected to come down to 8-10% by 2019. Another trend that is observed is that a few leading hospital chains have started to extend their own home healthcare service. Given these two factors, **a shift from the current business model is expected in the future.**

Players are also heavily spending on marketing activities, both residential awareness programs and digital marketing (social media page, blog setup, search engine optimization and mobile app development) to increase awareness and expand reach.

**Key developments are expected in areas of insurance, regulations and service protocols.** Market operators are working towards including home health service to be part of health insurance. Strong focus is also given towards developing standard service protocols to ensure consistency in quality, which will lead to build service credibility.

Given the significant need gap, influx of VC funds, technological advances & service expansion, the health care in home industry in India, currently in its fledgling stage is set to witness massive growth in the future. ▶



## WHAT DOES THE FUTURE HOLD FOR HOMECARE IN INDIA?

- **INDIA IS A GROWING** market for home healthcare
- **Home healthcare** is gradually and steadily finding its niche in the Indian healthcare system.

According to a press release from the Government of India, the key points from the “National Health Policy, 2017: UHC and affordable quality health care services for all” are as follows quote/unquote:

- To promote quality of care, with a focus on emerging diseases and investment in promotive and preventive healthcare
- Offer access and financial protection at the secondary and tertiary care levels, free drugs, free diagnostics and free emergency care services at all public hospitals
- Envisage private sector collaboration – financial and non-financial incentives to encourage participation
- Allocate a major proportion (up to two-third or more) of resources to primary care, followed by secondary and tertiary care
- Propose establishment of National Digital Health Authority (NDHA) to regulate, develop and deploy digital health across the continuum of care

So, while this is an all-round perspective on the healthcare industry, what is the diagnosis and emerging trends as regards a specific sector: The home healthcare segment as a service provider in India and the size of the home healthcare industry in India?

### What has led to the rapid growth of home healthcare in India?

Here are some of the key issues that have impacted the growth of this sector of healthcare:

- Patients come into the Emergency Room (ER) because there's no one at home to take care or watch over them
- There is a need to provide better care for people, especially the elderly, by managing their care proactively and not reactively
- There isn't a lot of awareness or information about the benefits of

home healthcare within the Indian medical community or the Indian public

- Medical and clinical professionals are spreading the word amongst the medical fraternity on how home healthcare can play an important role in helping to better manage the patient and reduce the overall spend on healthcare by reducing hospital admissions

### Will home healthcare be the next best thing on the Indian healthcare horizon?

According to the World Health Organisation (WHO), the following numbers clearly show the healthcare scenario in India. To quote WHO:

- The doctor patient ratio in this country is 1:1674 – much below WHO's prescribed ratio of 1:1000
- It spends about 1.4% of GDP on healthcare – half that of China
- Its healthcare spend is one-eighth of developed nations such as Britain
- Globally, home healthcare segment is 3-6% of the total healthcare market.

This is a nascent market that has just one way to go and that is upwards.

### Key focus areas in the Indian home healthcare market

With an ageing population and the rapid increase in various types of chronic illnesses, there is an urgent need for quality healthcare. Private sector medical institutions and government hospitals are unable to cope since the average Indian finds them not easy to access. That's why the Indian home healthcare industry has a massive market to grow in.

Sophisticated and technologically advanced medical gadgets makes it easier to monitor patients, regardless of their location – even for the most chronic and serious illnesses including 'Alzheimers, heart failure, stroke rehabilitation and respiratory failure. There are many advantages that home healthcare services offer and for which customers are happy and willing to pay for, including:

- Convenience – cuts down on travel

time and expense

- Provides personalized attention on a one on one basis
- Recovering in the familiar and comfortable environment of one's own home

Chronic diseases are becoming very prevalent and home healthcare can make a huge impact in the management of these diseases for patients at home, so that they don't need to go through recurrent hospitalizations.

Basically, in the interest of the patients, and with the focus on providing the best, most relevant and affordable healthcare for the Indian citizen, healthcare must move out of the hospital systems and into patients' homes wherever appropriate. Home healthcare should become a key pillar in the healthcare ecosystem of India.

### The role of technology in providing home healthcare services

As this section of the healthcare services mature, we see home healthcare using more and more technology.

- Technology influences logistics management because using technology optimizes productivity
- Technology is used for providing clinical care – starting with devices that enable remotely monitoring of the patient
- Technology enables mobile devices that can be monitored from anywhere by clinicians and paramedical staff – a huge advantage in the treatment of chronic diseases

Some key areas in which technology can play a huge role is:

Monitoring the patient: Through wearable devices that can detect falls and other emergencies.

Safety: Alarm systems that can actively detect fires or floods; systems that use motion and heat sensors, to distinguish between heat that occurs during meal preparation and heat that builds up if a person forgets to turn off the stove.

Security: Camera systems that allow remote monitoring of residential spaces and visitors. ▶





**The Narendra Modi** government's ambitious National Health Protection Scheme (NHPS) for over 10 crore poor and vulnerable families are considered to be a pathbreaking step. In real numbers, an estimated 50 crore individual beneficiaries would get coverage of up to Rs 5 lakh per family per year.

## HOME HEALTHCARE

### A Beneficial Component For Patients



**AS THE WORLD** Health Organisation Celebrated its 70th anniversary on April 7, the focus and theme of that year's World Health Day was Universal health coverage: everyone, everywhere. And the slogan was "Health for All".

Call it a coincidence or a visionary thought, India had earlier that year announced path breaking schemes aimed at providing health coverage to the weakest while working for the theme health for all.

Finance Minister Arun Jaitley had launched two major initiatives aimed at universal health coverage. One was the establishment of health and wellness centres and the other a national health protection scheme.

The Narendra Modi government's ambitious National Health Protection Scheme (NHPS) for over 10 crore poor and vulnerable families are considered to be a pathbreaking step. In real numbers, an estimated 50 crore individual beneficiaries would get coverage of up to Rs 5 lakh per family per year.

This is undoubtedly the world's largest government-funded healthcare programme. This is the second major health insurance programme of the NDA government after the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY).

NHPS will be part of an umbrella Ayushman Bharat scheme, along with a preventive healthcare component worth Rs 1,200 crore. These two far-reaching initiatives under the Ayushman Bharat aims to build a New India by 2022 and ensure enhanced productivity, well-being and avert wage loss and impoverishment due to health issues.

According to WHO, "access to essential quality care and financial protection enhances people's health and life expectancy. Ayushman Bharat aims at just this – provide access to healthcare, financial protection through insurance, improve health and life expectancy and drive

economic growth while ensuring gender equality.

The government's initiatives are laudable. But this is bound to put pressure on government hospitals. The private sector's massive infrastructure must be leveraged across the entire healthcare value chain to deliver on India's need for quality healthcare and improved health outcomes.

One such initiative that is fast catching up in India's healthcare value chain is home healthcare.

Home healthcare is a distributed hospital that uses the existing unutilised capacity in patient homes to address infrastructural gaps in hospitals; it is also cost-effective. There are numerous procedures which do not need a hospital visit or the attention of doctors who are hard-pressed of time.

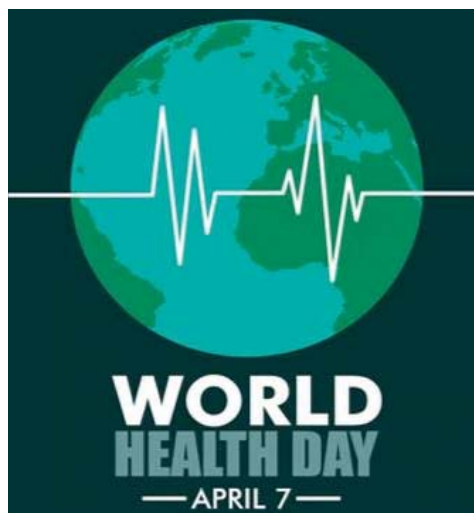
All this can be done at home.

Home healthcare also reduces the average length of stay of patients at hospitals minimising the pressure on hospital infrastructure, ensuring smooth transition from hospital to home, decreasing chances of re-admissions and offering personalised care and attention.

If India needs to focus on healthcare in fast-growing tier II and III cities, a partnership with home healthcare providers would be mutually beneficial.

Patients residing in tier III cities at a distance of around 200 km from a tertiary care centre often discontinue their treatment in the middle due to rising costs and inconveniences like travel, lack of attendants. This is where home healthcare services come into play by providing step-down care including complete ICU setup and chemotherapy delivery right at their home at a fraction of the cost.

While healthcare at home will be a critical component in India's health value chain, the government's Ayushman Bharat and partnership with private sector hospitals would make a New India by 2022 that is healthy and an economic powerhouse. ▶



Universal health coverage is WHO's number one goal. Key to achieving it is ensuring that everyone can obtain the care they need, when they need it, right in the heart of the community.

Progress is being made in countries in all regions of the world.

But millions of people still have no access at all to health care. Millions more are forced to choose between health care and other daily expenses such as food, clothing and even a home.

## "Home Health Care Can Improve The Healthcare Outcomes Per Individual"



Technology is embedded in medical management of the patients like tracking the patient outcome, knowing the health situation over longer period of time, seeing how things are progressing, understanding the interventions needed and the scope of using remote diagnostic tools left behind in patient's homes which can transmit data.

**Meena Ganesh**

MD & CEO of Portea Medical, Bangalore

— discusses the advent and impact of home health care and how it is providing better and more affordable care to chronic disease and elder care patients. Edited excerpts:





**Q A structured home healthcare industry that can deliver at scale was only established less than five years ago. How do you assess the impact home healthcare has had on the care delivery as well as the overall economic and social impact of the industry?**

The reason why home health care is important in this country is because there is a fairly large population of elderly people who are suffering from chronic diseases. Hospital beds are always at a premium and it's better for recovery to happen at home rather than in a hospital. Given all these macro factors, home healthcare was a very important part of the industry which was missing or was being delivered in a disorganized fashion. There was no control over the quality or any real clue about the actual registrations or qualifications of people, those were the people who were available to deliver a service of this nature.

In the last 4 years, this has come out as a more organized sector. We started in 2013 and thereafter few other players have also joined in. This is now a sort of inevitable or mandatory part of overall care delivery that other countries have always had and today, this has become a part of this country's healthcare infrastructure as well. What this sector does is to ensure that the predominant part of the healthcare spend, about 50%, actually happens outside the hospital and this is the space that a home health care company or a consumer health care services company like us is attending to.

What we are trying to do is to ensure that senior citizens and people with chronic diseases who have to manage their disease over a long period of time have a very strong and good supportive network for service delivery. The impact of this is that chronic diseases can be managed better, and the incidence of criticality and acuteness can be reduced and managed. The long-term impact of this will be that the overall healthcare industry or healthcare spends per individual will get better. Likewise, if people going for hospitalization are able to get home one or two days earlier than they could in the



past, there is a reduction in the overall cost. Thus it will help economically. Socially, it is always better to heal at home rather than in a hospital.

**Q How has the industry evolved in this short period of time especially in terms of use of technology and newer areas that are perhaps not originally part of the plan when the industry was set up?**

What Portea has done from day one is to ensure that technology was a part of how this business was built. Whether it is about educating customers about our business, how they access the services, or how the medical management of these patients is done, technology is sort of embedded in the entire customer journey. Using technology to manage this whole journey really helps in tracking the patient outcome, knowing the health situation of a patient over long periods of time, seeing how things are progressing, understanding the interventions needed and the scope of using remote diagnostic tools left behind in patient's homes which can transmit data. All of this then becomes a very key part of the overall care continuum.

**Q How important is the role of partnerships and collaboration in the growth of the industry?**

This is a very good question because as I mentioned earlier, one of the key areas that this industry focuses on is patients who are post-operational; those who have gone to a hospital and had a surgery. Post-surgery patient management is a significant part of this whole

## The Woman Behind The Success Of Portea Medical

*Meena Ganesh*

**#PowerWomanOfIndia**



industry. Now that is something which works in relationship or in collaboration with hospitals.

Hospitals find that having this kind of infrastructure is very important as it ensures that the patients can go home earlier. This further releases their beds earlier for actual interventions to be done rather than for patients to just recover. What it also does is to help in tracking the patient's care over long periods of time because a recovery may take months.

In the meantime, the hospitals and the treating doctor have lost track of the patient, don't know if the patient is better or worse, or whether they followed the prescription given. Thus, we become the glue between the intervention that happens and the actual outcome of the patient so that is something very beneficial to hospitals also.

**Q Coming to Portea itself can you elaborate on the progress and the innovations that are integral to your growth, not only in terms of size of the company but also in terms of depth and breadth?**

When we started Portea, we thought of going with a set number of services. However, as we started to work with patients, we realized that they wanted us to be a one-stop-shop for all their needs. For example, if someone has had a knee replacement, they don't just need a physiotherapist but also some equipments, nurse to oversee their healing, and a nursing attendant to help them be mobile. Thus, from being a service provider for few services, we've become a comprehensive solution

provider for patients. Thus, based on the needs of the patients and their condition, we come up with the full solution and that's the big change that has happened in how we work with patients.

**Q What are some of the challenges the industry faces and what is the future outlook for the industry, as well as for Portea?**

This is an industry which provides day-to-day services in patients' homes. Thus, it is a high-service intensity and high touch service industry with the need for good-quality manpower. Thus, ensuring that there is adequate supply of manpower of the kind that you need, their training, and ability to provide service on a consistent basis to a large population of patients is a big challenge for the industry.

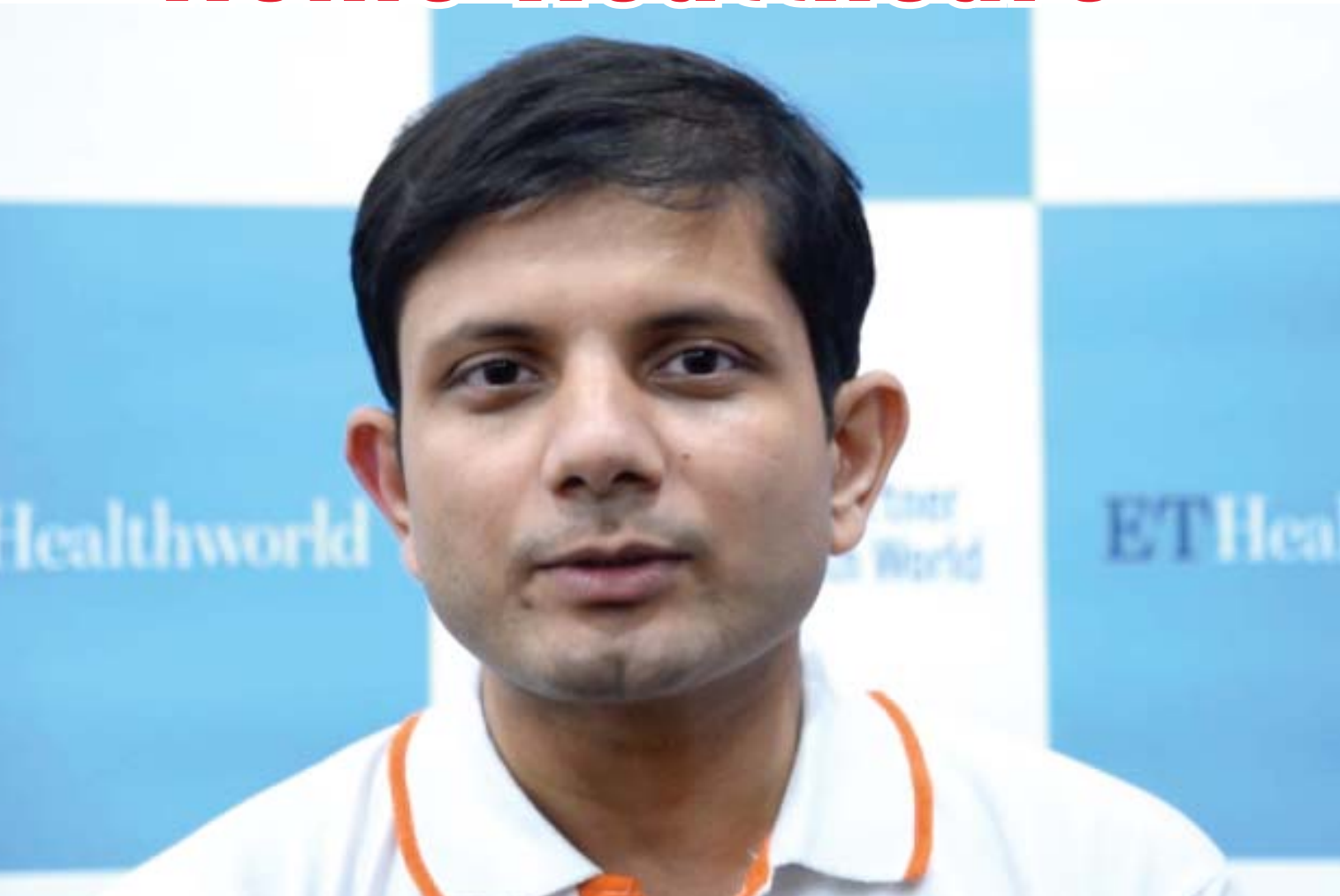
So we've spent a lot of time and effort in determining where we can get some such people, what kind of training would be ideal, what are the protocols they should be using, what kind of monitoring we should do, and how do we use technology to ensure that there is consistent delivery. We have done a lot of work to ensure that the customer experience and patient management is of the topmost quality.

In doing that also, as we started to become more specialized around some specific areas - we are in 16 cities and have 4500 people - we have also become experts with some specific patients such as cancer patients or those with neurological disorders, or elderly patients with dementia. We have now created very detailed solutions and that really helps the patient to get end to end care from one partner.

**Q Are you also collecting medical data?**

You are absolutely right. We are not only helping patients but also creating longitudinal data for the industry, for certain kind of diseases by geography and I think that is also extremely valuable. India does not have very good medical data and on-the-ground data. So, we'll become one of the key repositories of longitudinal data. ■

# "People-Centric Approach And Technology Is The Backbone Of Home Healthcare"



**Vivek Srivastava**

Co-Founder & CEO, Healthcare at Home, Noida

— talks about the advent and scope of home healthcare in India. Edited excerpts:



**Q How do you see the growth of home healthcare in India?**

Home healthcare is a very rapidly growing concept in India. The industry is growing at a CAGR of 40 odd percent. Globally if you see homecare it is about 3 to 6 percent of the total market of healthcare in that country. If you take the Indian healthcare market, it would be about 280 billion by 2020 according to reports. So that is the potential that Indian market has and the growth is beating any other market. I believe that this market is bound to grow at breakneck speeds.

**Q Tell us about your journey.**

The journey has been phenomenal. This financial year we will grow 100X. From the first complete financial year in terms of people we started with 10-15 people and now we are 1200 people. We started in Delhi NCR and now we are in 40 plus cities in India including the B2B business. We have seen the sector grow from unknown to a sector which is one of the sunshine sectors for healthcare in India.

Also, the healthcare industry is facing a crunch of not just doctors, but also qualified and trained paramedics. We have overcome this problem by educating people with non-medical background. Depending on the skill set exhibited they are trained to either nursing attendant or a phlebotomist or an ECG technician. This eases out the work pressure on nurses, helping them focus on increased number of patients.

Additionally, several hospitals are reluctant to try the concept of home healthcare. They mistake us for a competitor, instead of viewing us as an extension to their services. We try to partner with such hospitals by explaining to them our role which will help them widen the reach of doctors and physicians, by vacating the beds occupied by bedridden since a long time. Through meetings and seminars, we explain how we help in increasing the horizons of treatment for patients who are in need of immediate medical intervention, as we free up both their resources and trained staff.

## Understanding the vacuum for an organized ICU set-up provider, we decided to launch ICU at Home, says HealthCare at Home CEO Vivek Srivastava

**Q What kind of treatments do you offer at HealthCare at Home?**

Our treatments adhere to the patient's own doctor's prescriptions further backed by a Clinical Evaluation team, through a high response technology driven health monitoring system. It is used by our healthcare professionals to prepare a daily chart of the patient's health and the chart of their observations, closely monitored by both patient's doctor and our senior clinical team, ensuring that the right treatment is given to the patient.

Additionally, we follow the highest quality and clinical standards, benchmarked against those of Care Quality Commission (CQC), an independent regulator of health and social care in UK.

All this has helped us come close to our target.

**Q What are the challenges you are facing with big projects like these? How do you plan to overcome these challenges?**

One of the major challenges we face stems primarily from the view of healthcare sector in Indian community. People find this hard to believe that high-end home healthcare services are possible. They feel that they can get good services only through admittance in hospitals. We attempt to break this myth by showing evidence and experiences of existing consumers. By far, we've done over 1000+ oncology/immunology procedures at-home and have looked after more than 3,00,000 patients across India and that too, with a high customer satisfaction rate (NPS >70 per cent) since 2012.

**Q With shift in diversification towards healthcare and wellness, innovative start-ups are changing the industry scenario as a whole. How did you conceptualise the idea to start HealthCare at HOME India?**

At HealthCare at Home, we know how important it is to be by the side of your loved ones, especially when their good health isn't by their side. Patients are most comfortable in an environment familiar to them and do not prefer to move from place to place to get treated. This thought compounded with poor healthcare infrastructure in India (hospital bed ratio of just 0.9 bed/1000 population and only 1 doctor per 1,700 people), made the founders conceptualise at-home healthcare service.

Through homecare, we use the existing capacity in patient homes to take care of this huge gap in Indian healthcare, immediately and cost effectively. By shifting load off the hospitals, we can offload the doctors, allowing them to treat more sick patients. India has already leap frogged technologies in the past (mobile penetration over landline etc.) and hence this can also follow the same pattern.

**Q How does HCAH plan to change the current state of healthcare system in India via offering innovative solutions?**

HealthCare at HOME is not trying to disrupt the existing healthcare ecosystem nor is trying replacing hospitals. Our aim is to bridge the existing gaps in the healthcare delivery model keeping consumer at the

centre. You can think of us as a distributed hospital, we are using the existing capacity in patient homes to take care of infrastructural gaps, immediately and cost effectively. We work with the hospitals to widen their reach, by freeing the beds for new patients, as well as we try to offload the doctors, allowing them to treat more sick patients.

Our aim is to make healthcare affordable as well as accessible.

**Q What is your growth strategy? Is there any other merger or acquisition in the offing?**

We have a two pronged strategy, with the first pivot being the consumers. We offer a wide range of services covering around 70 per cent of all healthcare requirements of a patient starting from nominal wound dressing to performing complex procedures at home like chemotherapy and extends to management of lifestyle and chronic diseases like diabetes, hypertension etc. over consumer's lifetime. Here the strategy is to widen our geographical reach and broaden our width of services so as to be truly seen as a distributed hospital.

Additionally, we are focusing to build our B2B business. We partner with pharmaceuticals to provide services covering the patient journey starting from disease awareness to disease detection, treatment initiation, drug distribution, disease management, compliance management and showcasing clinical outcomes. With insurance companies we would in pre and post policy checks. Some of our services are getting cashless approved by insurance companies. We also work with corporates to provide all our services which we offer direct to customer. We also conduct ergonomics, stress management and other similar seminars for their employees. We engage with hospitals to help them in achieving Average Length of Stay reduction & extending community reach and engagement.

We have acquired Health Impetus Pvt. Ltd, to expand our bouquet of services to pharmaceutical companies. Also, we have formed a joint venture with M3, Inc. Japan, a media healthcare company, to improve clinical outcomes and costs for the patients and most importantly will earn their respect.

We are currently evaluating several other opportunities as well.

**Q What is your plan to upgrade or lift the healthcare system in remote areas?**

Our full gamut of services is offered in Delhi/NCR, Punjab, Mumbai and Jaipur. But, we have a hub and spoke arrangement and can reach out to a radius of over 200km from these centres for supporting patients. For E.g. via Chandigarh, we serve patients in cities such as Jammu, Shimla Patiala, Pathankot, Bathinda, Nabha, Hoshiarpur, Phagwara etc.

Moreover, we use emerging web-based technology which leads to patient's empowerment. The ailing individual and his family is more informed and educated about the services and, most importantly, the patient is involved in the process of decision-making.



**Q What are your prime focus areas under healthcare and why?**

Our key focus is on the consumers. We aim to offer cost effective healthcare solutions to patients in their home environment. Hence, we have designed a wide range of services covering all healthcare needs of patients with an exception of emergency services, surgery, and radiotherapy.

In line with our business model to become an extended arm for hospitals, we are focusing on services like critical care at home, ICU care and cancer treatments.

**Q What is the role of technology in healthcare?**

Technology I believe is the backbone of home care. No home care can survive in an effective way if technology investment is not done...

**Q As you are shifting towards super-speciality therapies like cardiology, metabolic diseases, neurological health and orthopaedics etc., don't you think logistics will be crucial for you?**

When we were incorporated, we knew that logistics would be a big challenge for ensuring seamless home health management. Hence, we have designed our services in a manner to overcome this challenge. Our services are delivered locally through our back end office and hence we can handle local logistics easily. Also, we have been paperless from day1 and all our people carry tablet devices. These help us in scheduling and tracking in a seamless way

Our technology platforms also enable us to closely monitor patient's condition. This helps us to notice an early onset of variation in patient's health, triggering an early response to cater to all sorts of situations.

**Q With the establishment of innovative services offered by online start-ups and other existing players like Lybrate (which offers online consultations by**



**experts and doctors over serious diseases), what do you think is the next big thing in the Healthcare services?**

We believe that home healthcare services are the next big thing in the Indian Healthcare industry. We are focusing on tapping this market by designing our services to support the full spectrum of home healthcare needs of patients.

Our success in reaching this goal is indicated with the fact that since our inception, revenues have grown by a multiple of 150x on a monthly basis. Additionally, now we are a 600+ people organisation from 5 people when we started operations in 2012. We are also on track for achieving break even at unit levels.

**Q Since you are expanding in major cities across India, do you have plans to take franchise model for expansion? Or would go as a standalone entity?**

For us, patient's health and safety is of paramount importance. Hence, we plan to continue as a standalone entity only as we want to exercise a strict monitoring over the services given.

We take full ownership of the patient's treatment. We train our own employees to go to the field and support healthcare delivery. This helps us ensure adherence to global safety and quality benchmarks, thereby fulfilling our promise of giving the highest level of hospital like care and treatment to patients in their home.

**Q Share the future of HealthCare at HOME India by 2020.**

As of now, HealthCare at HOME is present in Delhi NCR, Punjab, Haryana, Mumbai, Jammu, Himachal Pradesh, Rajasthan and in Bangalore, Hyderabad and Ahmedabad. Over the next year, we aim to have presence across all remaining states in India.

By 2020, our objective is to become the brand which the customer thinks of when they think of healthcare. On the B2B side, we want to become the largest and most

respected partner for the pharma companies, insurance and corporates.

**Q What is your Organisation's vision?**

The work environment and employee-employer relationship are two extremely important factors that create a great place to work in. HealthCare At Home has followed a people-centric approach since its inception in 2012. The company's values are the guiding principles for us in everything we do, and they are the bedrock on which we became a Great Place to Work in.

Most important is 'Trust'. Employees should have complete trust in the system and vice versa, else the system disintegrates. HealthCare At Home tries to generate 'excellence' amongst its employees, which is the reason why it invests in hiring, training, competency development, and continuous improvement.

We strive to be the most 'people-centric' organisation for both our customers and employees. Being people-centric helps in building credibility and trust within the customer community, which is then supported by clinical expertise. This, in turn, makes us the most comprehensive home healthcare solution provider in India.

**Q What is your company's USP?**

People are our assets. The closest business to ours – which is hospitals, have star physical infrastructure and star doctors who attract customers and generate profits.

Unlike them, we have to showcase our star employees and that too not a handful, but each and every one of them. Therefore, it is mandatory for us to continue investing in our assets and value people over profits to eventually generate profits.

We invest in training and other processes for people development first, before reaching profitability. Happy employees increase productivity and hence, we've focussed on employees throughout our journey. ■





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# THE INDIAN HEALTH CARE SYSTEM

by Indrani Gupta and Mrigesh Bhatia, London School of Economics and Political Science

## What is the role of government?

The constitution of India considers the “right to life” to be fundamental and obliges the government to ensure the “right to health” for all.

To a significant extent, India’s health sector has been shaped by its federal structure and the federal–state divisions of responsibilities and financing. The states are responsible for organizing and delivering health services to their residents. The central government is responsible for international health treaties, medical education, prevention of food adulteration, quality control in drug manufacturing, national disease control, and family planning programs. It also sets national health policy including the regulatory framework and supports the states.

The draft National Health Policy prepared in 2015 proposes that health be made a fundamental right and views government’s role as critical. If accepted, it would clarify, strengthen, and prioritize the role of government in shaping the health system.

## Who is covered and how is insurance financed?

Total health expenditures in India for 2013–2014 were 4.02 percent of GDP. Government expenditures amounted to 1.15 percent of GDP, which is lower than the average for low-income countries. Household out-of-pocket health spending was 69.1 percent of total health expenditures, making this a major component of the financing system.

**Publicly financed health insurance:** In principle, government health services are available to all citizens under the tax-financed public system. In practice, bottlenecks in accessing such services compel households to seek private care, resulting in high out-of-pocket payments.

One key initiative for making health care accessible and affordable is the Rashtriya Swasthya Bima Yojana (RSBY), begun in 2008 under the Ministry of Labour and Employment to provide health insurance coverage to families living on incomes below the poverty line. In

2015–2016, 41.3 million families were enrolled, achieving 57 percent of the target. The scheme now also includes 11 other categories of unorganized workers, with the aim of increasing coverage.

Among other health coverage schemes, the Employees State Insurance Scheme for factory workers is India’s only true social health insurance scheme, to which both employers and employees contribute. The Central Government Health Scheme is for civil servants. These schemes comprise 4 percent of total government expenditures. In addition, railway and defense employees have their own schemes, and states have schemes for their employees as well. Overall, around 8 percent of all government spending is for health coverage.

Despite these various schemes, evidence indicates that by 2014, less than 20 percent of the population was covered by any form of health coverage.

**Private health insurance:** The majority of private expenditures are out-of-pocket payments made mainly at the point of service. Despite tax exemptions for insurance premiums, there has been limited uptake of voluntary private insurance among Indians.

## What is covered?

**Services:** In principle, all services at government facilities, including preventive and primary care, diagnostic services, and outpatient and inpatient hospital care, are delivered free of charge. In practice, severe shortages of staff and supplies limit access to care. Medications on the essential drug list are free (though there are often shortages), while other prescription drugs are purchased from private pharmacies. India has one of the world’s largest publicly financed HIV drug programs, and all drugs and diagnostic services for vector-borne diseases, such as dengue fever and malaria, are free, as are insecticide-treated bed nets for malaria control. Immunizations and maternal and child health services are free as well.

Most of the services under health packages like the Central Government Health Scheme and Employees State Insurance Scheme are free. These remain the most generous of health coverage programs catering to a small section of the population, raising issues around equity. Under the RSBY insurance scheme for the poor, hospitalization services are free, up to allowable amounts.

**Cost-sharing and out-of-pocket spending:** High out-of-pocket spending (69% of total health expenditures) results in part from patient fees charged by private health care providers and, to some extent, public providers. Under the National Health Mission, described below, free care in public hospitals was extended to certain services: maternity, newborn, and infant care and disease control programs. Also, despite plans to upgrade facilities to meet benchmarks laid down by Indian Public Health Standards, the availability of staff, equipment, and drugs varies significantly between and within states, forcing patients to seek care in the more expensive private sector.

More than 63 million Indians are faced with impoverishment every year because of catastrophic health care costs.

## How is the delivery system organized and financed?

Health care services are delivered by a complex network of public and private providers, ranging from single doctors to specialty and multispecialty tertiary care hospitals.

**Public sector:** The government health care system is designed as a three-tier structure comprising primary, secondary, and tertiary facilities. In rural areas, primary health care services are provided through a network of subcenters, primary health centers, and community health centers. The subcenter is the first point of contact between the primary health care system and the community, designed to handle maternal and child health, disease control, and health counseling for a population of 3,000 to 5,000. At least one auxiliary nurse midwife or female health worker, one male health worker, and one female “health visitor” supervise six subcenters.

The primary health center is the first point of contact between a village community and a medical officer and provides curative and preventive services to 20,000 to 30,000 people. It serves as a referral unit for six subcenters and has four to six beds for patients.

Community health centers are managed and maintained by state governments and are required to have four medical specialists supported by 21 paramedical and other staff, with 30 beds, laboratory, X-ray, and other facilities. It covers 80,000 to 120,000 people.

Finally, an existing facility like a district or subdivisional hospital or a community health center is named as a fully operational first referral unit if it is equipped to provide round-the-clock emergency obstetric care and blood storage. District hospitals function as the secondary tier of public providers for the rural population. Of a total of 628,708 government beds, 196,182 are in rural areas. Government hospitals operate within a yearly budget allocation.

Despite this elaborate infrastructure, severe shortages of staff and supplies in public-sector health facilities remain. India has a doctor-to-population ratio of 1:1,674, compared with the World Health Organization norm of 1:1,000, a situation that results in acute shortages and uneven distribution of doctors. India's urban poor are especially vulnerable, given that primary care facilities in the cities are generally less organized and fewer in number than in rural communities. Lack of access to care appears to take a toll: nearly 60 percent of urban poor children have not received all recommended immunizations before age 1. Life in slums also exposes people to a variety of diseases.

**Private sector:** India's private health care sector is not well regulated. Private health care providers deliver an array of outpatient services in solo practices ranging from those not registered with the relevant medical council to trained medical practitioners to small nursing homes and multispecialty clinics. An estimated 40 percent of private care is provided by unqualified providers.

The private hospital sector has expanded rapidly, and government-sponsored health schemes also rely on private hospitals as a part of public-private partnerships. From 2002 to 2010, the private sector created more than 70 percent of new beds, contributing 63 percent of total hospital beds. Private hospitals currently provide about 80 percent of outpatient care and 60 percent of inpatient care. Until the 1980s, private-sector hospitals were mainly nonprofits run by charitable trusts. With India's economic liberalization, growing middle class, and the rise in medical tourism, the number of private, for-profit hospitals has grown substantially.

**Public sector:** Physicians working in government facilities earn salaries and are not permitted to work in private practice in most states. Other staff members such as nurses and technicians also earn fixed salaries.

**Private sector:** Physician payment in the private sector varies depending on local market conditions. Overall, private-sector physicians are better paid than their government counterparts. However, nurse salaries in the private sector have historically been low; India's Supreme Court is looking into the issue.

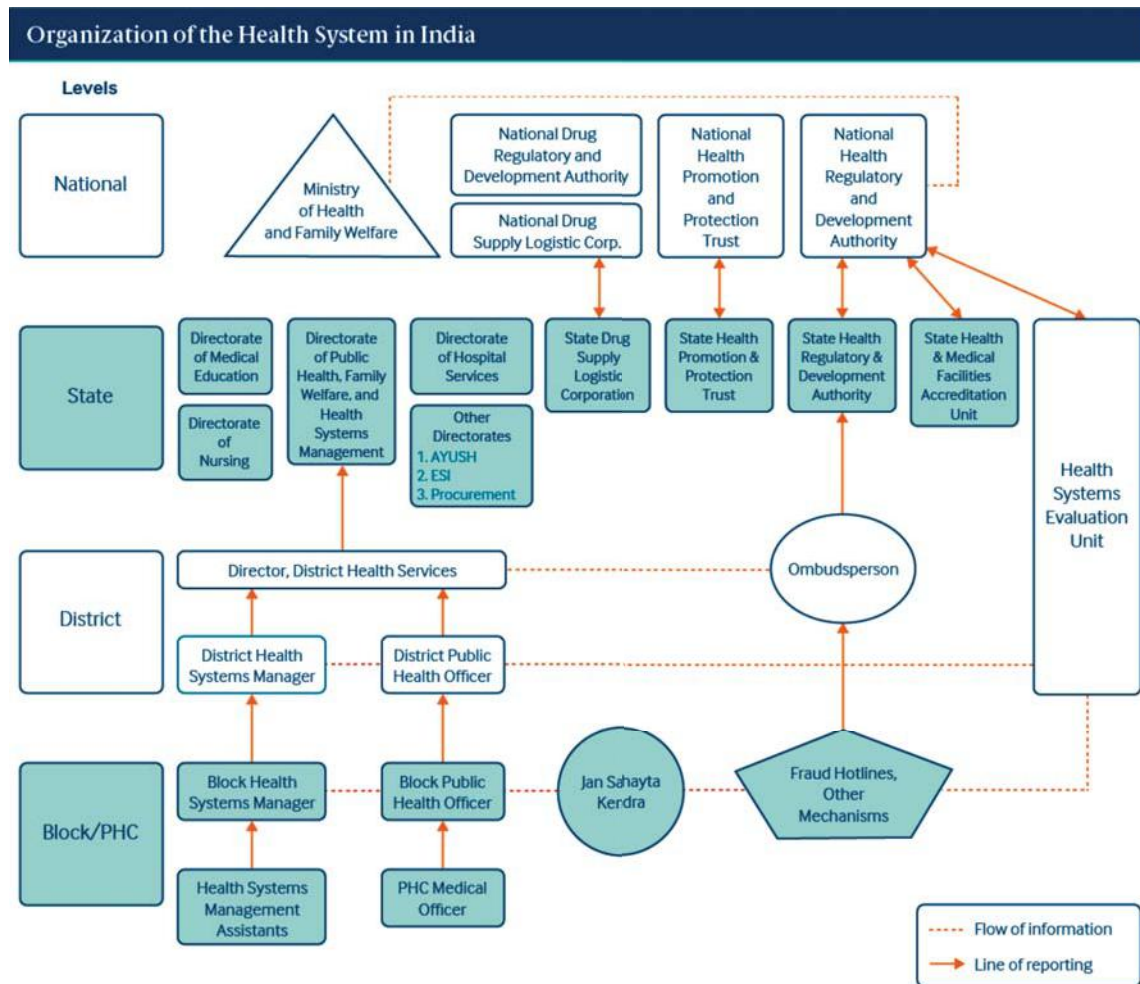
## What are the key entities for health system governance?

Public actors in the Indian health care system include the Ministry of Health and Family Welfare, state governments, and municipal and local bodies.

Each state has its own Directorate of Health Services and Department of Health and Family Welfare. District-level health services provide a link between each state and primary care services.

Other agencies involved in health system governance include the Insurance Regulatory and Development Authority, which regulates the health insurance industry, and the National eHealth Authority, which is to become the authority for development of an integrated health information system. There is lack of clarity in India with respect to which entities are responsible for regulating the private sector and for ensuring quality of care, as there are multiple agencies under different ministries.





Source: Planning Commission of India, 2011.

## What are the major strategies to ensure quality of care?

Over the years, several regulations have been enacted and authorities created at the state and national levels with the aim of protecting patients and improving quality of care. At the state level, the Nursing Home Act and State Drug Controllers ensure quality of care provided by the private sector. A major impetus to establishing patient rights was the inclusion of private medical practice under the Consumer Protection Act in 1986. To ensure quality of care and define standards for health facilities, several laws were introduced, including ones creating a national accreditation system for primary and secondary health care services. In addition, many hospitals undergo accreditation and certification from international bodies.

The Health Management Information System was launched in 2008 to monitor health programs. Currently, about 633 of 667 districts report data by facility. Large-scale surveys are periodically undertaken at the district, state, and national levels. In addition, the Indian Council of Medical Research maintains disease registries for

cancer, diabetes, cardiovascular diseases, and other illnesses.

The 2010 Clinical Establishments (Registration and Regulation) Act calls for prescribing minimum standards for all public and private clinical establishments in the country. It has come into force in certain states and in all union territories except Delhi. In addition, the law requires facilities to charge rates for procedures and services as determined by the central government in consultation with the state. The act stipulates fines and penalties if provisions are breached by any facility. A national council will oversee implementation and compliance at the national level. Similar councils at the state and district levels will be established to enforce compliance locally. This is one of the most important, far-reaching pieces of public health legislation enacted to date. However, it is up to the states to adopt this, by passing suitable resolutions in their respective assemblies. If implemented and enforced well, it could change the supply side of health care in significant ways and go a long way toward meeting the comprehensive approach to quality assurance envisaged in the draft Health Policy for 2015.

To ensure quality of medical education, a common national entrance exam is being debated. A licentiate exam will be introduced for all medical graduates, with renewal at periodic intervals.

In recent years, there has been some progress in government regulation to ensure quality. However, the pace has been slow, and implementation is a challenge, in part because there is no single authority responsible for quality assurance. The lack of a coherent approach in this area has raised concerns about the extent to which government can influence the rapidly expanding private sector to adopt ethical and standardized health services.

### **What is being done to reduce disparities?**

Significant inequalities with respect to health care access and outcomes exist between India's states, rural and urban areas, socioeconomic groups, castes, and genders. For example, children in rural areas are about 1.6 times more likely to die before their first birthday and 1.9 times more likely to die before their fifth birthday than those in urban areas. From 1991 to 2013, neonatal mortality declined by 53 percent in urban areas, compared with 44 percent in rural areas. There are also significant interstate differences in health outcomes. The social determinants of health play a significant role in health equity, with income, education, caste, and social group determining to a significant extent the distribution of health outcomes. With respect to access, it is estimated that the urban rich obtain 50 percent more health services than the average Indian citizen. Also, the number of government hospital beds per population in urban areas is more than twice the number in rural areas, and urban areas have four times more health workers per population. There is also evidence that public spending does not always translate into benefits for those most needing them.

Recognizing the lack of a comprehensive national health care system as an important factor in shaping health inequalities, the Ministry of Health and Family Welfare strengthened its flagship program, the National Health Mission. Through the program, 900,000 accredited social health activists work at the community level to promote immunization, disease control, effective breastfeeding, and healthy nutrition. Other initiatives seek to reduce maternal mortality—for example, by incentivizing women, including through cash payments, to deliver their babies in government health facilities. Recent evidence indicates that these policies have reduced disparities in maternal care.

### **What is being done to promote delivery system integration and care coordination?**

Patient care continues to be fragmented in India. There has been very little effort made to redesign how care is delivered or to promote patient-centered care. Likewise, health coverage models are fragmented, with patients given limited choice across packages.

### **What is the status of electronic health records?**

The Ministry of Health and Family Welfare in 2015 set up a National Health Portal that provides the public with information on diseases, health services, health programs, and insurance schemes. In addition, a Health Statistics Information Portal has been set up to provide information and data on health indicators, compiled from multiple sources.

Recognizing that multiple health information systems are in use across the public and private sectors, the ministry has proposed creation of the National eHealth Authority to set regulations and standards. States would be able to develop systems to suit their needs and priorities, provided they were consistent with standards set by the authority. The authority also would be responsible for developing health information systems and enforcing laws and regulations related to the privacy and security of patient health information.

### **How are costs contained?**

The Indian health system does not promote efficiencies or control costs. Studies have found that most hospital systems across states are inefficient. Lack of competition has made the public health infrastructure costly.

Some state governments have been able to control costs, especially for drugs. Tamil Nadu, for example, has a drug procurement system that relies on a centralized process that lowers prices and makes a wider range of drugs available. Since 2011, Rajasthan has provided essential medicines free of cost to patients visiting public facilities. Evidence indicates that this initiative has resulted in increased financial protection of households and better health outcomes.

There also have been efforts to make medicines more affordable and accessible by increasing the supply of generic pharmaceuticals. Launched in 2008 by the Department of Pharmaceuticals, the Jan Aushadhi scheme has opened stores to sell high-quality generic medicines at low prices. And recently, the National Pharmaceutical Pricing Authority has reduced the allowable prices of certain drugs, which could help reduce costs for consumers.

### **What major innovations and reforms have been introduced?**

The most important recent reform undertaken in India is the National Health Mission, which seeks to strengthen health systems as described above and sets national priorities for efforts such as disease control.

The Ministry of Labor and Employment's effort to expand health coverage through RSBY has also been important. In fact, the Prime Minister has recently announced a similar scheme, the National Health Protection Scheme, to extend health coverage to more of India's poor citizens.

### **However, it has not yet been implemented.**

In addition, ongoing fiscal restructuring and program cuts are likely to have significant impacts on the health sector in the future. ►



**Pyush Misra**  
Director,  
Consumer Online Foundation



Private home healthcare appears to be gaining ground in India, but this critical segment is surprisingly outside the purview of a proper regulatory framework.

## In Need Of A Proper Regulatory Framework

**EVEN THE NATIONAL** Health Policy, 2017, seems to have completely missed this segment - home health care regulations.

Till date there is no regulatory framework for the private home healthcare segment. The regulatory framework is for physical HCP (health care providers) centres only (for example, hospitals, clinics, nursing homes, laboratories, etc.). The widely popular NABH (National Accreditation Board for Hospitals & Healthcare Providers) has also not framed any healthcare regulatory framework for the private home healthcare segment.

Currently, there is no regulatory framework for the private home health segment. There are specific regulations for nursing bureaus and clinical establishments but no specific law addresses patient care at home.

With acute shortage of doctors and hospital beds across India, coupled with the dramatic increase in lifestyle diseases in urban areas and a rising ageing population, healthcare at home is emerging as a major healthcare option.

The entire market of Home Healthcare is worth above Rs 12,000 crore and so far not even one per cent of the market has been captured by all the players combined.

According to a PwC report, the demand for Home Healthcare services is expected to increase by 20 per cent on an annual basis.

Home health care appears promising, especially in view of the large-scale deficits in institutional care in India.

As per World Health Organisation (WHO), India has just 0.9 beds per 1,000 population. This is far below the WHO's recommendation of 1.9 beds per 1,000 population. With economic and financial stability on the rise, thanks to a buoyant economy, patients are increasingly veering towards personalised care through home-based healthcare services. Over 70 per cent of patient's healthcare requirements can be met at home -- excluding radiation therapy, surgery and emergency medical procedures for which hospitalisation is a must.

But in the absence of a proper regulatory framework, how the industry would evolve in the future and what would be the standards of services that the unsuspecting patients receive is left to the mercy of individual players in the industry which appears to be fast getting crowded.

To leapfrog the home healthcare scenario, a regulatory framework should be launched and the guidelines are to be followed by all private home healthcare service providers to deliver the best clinical quality to patients at home. Having a proper regulation and stipulating some minimum standards would help the industry evolve.

The National Health Policy, 2017, which was approved by the Union Cabinet on March 15, envisages the setting up of a National Digital Health Authority (NDHA) to regulate, develop and deploy digital health across the continuum of care.

Home healthcare is beyond digital... hence regulatory mechanisms beyond what NDHA envisages would need to be looked at. ▶



# Standardization Of Home Healthcare To Benefit The Aged



The Quality and Accreditation Institute (QAI) has set benchmarks for the home healthcare industry, to open doors for respectable players and medical insurers thereby benefiting a large section of the country's ageing population.

**"THE HOME HEALTHCARE** industry is ready to witness a revolution with introduction of standardization," said QAI, an institutional member of the International Society for Quality in Health Care (ISQua), which is a non-profit organization with members in over 100 countries.

"With set benchmarks, patients looking for home healthcare will now have accredited players to choose from. Health insurance companies are bound to include home healthcare in a bigger way, thus, making it a more affordable solution for patients," QAI said in a statement.

The need of home healthcare solutions in India is high owing to a growing geriatric population, increasing incidence of chronic diseases, rising demand for affordable healthcare delivery systems and shortage of hospitals beds.

Though the home healthcare industry is merely \$6.21 billion, which is 2 per cent of the total Indian healthcare market, it is likely to become an integral part of the healthcare ecosystem with an average

growth rate of 18 per cent.

"The major challenge it faces is from the unorganized sector because of which perception is limited to manservants or maids with no medical experience," said QAI.

Gaurav Thukral, COO of HealthCare at HOME and chairperson of the QAI's technical committee for drafting home healthcare accreditation standards said: "It is imminent to regulate this sector to ensure highest standards of care for our patients."

Other members of the technical committee are Swetha Tada (Apollo Homecare), Ipshita Dey (Portea), Sudhakar Mairpadi (Philips Homecare), Arkaprabha Bhattacharya (Philips Homecare), Bridget Harison (HCAH) and Mahesh Joshi (Apollo Homecare).

B.K. Rana, CEO of the Quality and Accreditation Institute said: "At QAI, our objective is to bring self-regulation through standardization in all sectors of the healthcare industry."

**QAI is the brainchild of Dr. B K Rana who is its founding CEO. Dr. Rana, former Director of NABH,**

says, "Success of healthcare solutions relies on quality. At QAI we understand that home healthcare is Indian healthcare's future. Hence, one of the first standardisation modules that we created was for home healthcare. HealthCare atHOME is a leader in India's home healthcare industry. Not only have they pioneered the concept, they are still leading the way with exceptional innovations and quality standards. QAI will continue to define standards of healthcare in India and recognize organisations like HCAH who meet the standards."

QAI's initiative of setting standardization norms and providing accreditation to deserving organisations is the need of the hour and the key to sustainable growth for the industry. It can lead to home healthcare solutions being covered by health insurance and home healthcare becoming even more affordable for the masses. ▀

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## EXPANDING HEALTHCARE DELIVERY IN INDIA



## FROM HOSPITALS TO HOME

### The Need

The concept, popular in the developed nations such as US and also developing countries akin to India such as China, is gaining ground and the reasons are obvious. India's geriatric population (aged over 60+) currently at over 100+ million is expected to grow to approx. 325 million by 2050. The burden of chronic diseases is increasing rapidly amidst aging population, sedentary lifestyles, diet changes, and rising obesity levels. It is estimated that lifestyle diseases will account for a whopping 74% of total deaths by 2030 (compared with 56% in 2008) with Cardiovascular, Cancer and Diabetes accounting for a majority. With increasing urbanization and increasing women participation in workforce, people are hard pressed to give the necessary time and attention to their aging parents. Home-based healthcare is an initiative to reach to such households beyond the boundaries of traditional hospital infrastructure.

### Players

Companies in the home healthcare market are adopting innovating models to provide access, affordability and convenience right at the patient's doorstep. Portea Medical, the pioneer in the segment was founded by Zachary Jones and Karan Aneja in 2012 and sold to serial entrepreneur couple Meena Ganesh and K Ganesh in 2013. The company is the leader in the segment and has raised over USD 45 mn in two funding rounds led by Accel Partners.

The company operates across 24 cities in India and 4 in Malaysia with 60,000 visits a month. Approx. 60% of its customer base comprises those above 60 years of age. While it does not handle emergency care, Portea focuses on general primary healthcare, post-hospitalisation care, chronic disease management and allied services. Portea is also the frontrunner in technology adoption and uses an in-house app for

centralized patient records, hand held devices for field staff and GPS tracking for monitoring of logistics.

While entrepreneurs with a penchant towards technology have been early movers in the industry, other big corporates and even hospitals have not been late in gauging the impending need as well as the potential for home-based healthcare services in India.

The Burman family (promoters of Dabur India) has ventured in the segment through Health Care at Home India (HCAH), a JV with the UK-based Health Care at Home. Established in 2013, HCAH claims to carry out roughly 5,000 visits in a month, offering services in the range of Rs 500 to Rs 20,000 per day.

India Home Health Care (IHHC), a south-India based company with operations in Chennai, Bangalore, Pune, Hyderabad has partnered with BAYADA Home Health Care, USA. Other notable players include Medwell Ventures – which acquired Nightingales Home Health Services and Mumbai-based Care 24.

Even hospitals including Apollo and Max have forayed into the Indian home healthcare market. Apollo started the service with over 500 homecare professionals offering services across Hyderabad, Chennai and Delhi. It has plans to add 13 more cities over the next 15 months with a total investment of Rs 50 crore.

The players in the industry have ambitious growth plans and intend to increase their reach to cover Tier II/Tier III cities. With players taking big strides, the industry is fast catching attention of PE investors.

## Value Proposition

The homecare business comes as a boon for the already burdened healthcare infrastructure in India. There is significant demand-supply gap plaguing the Indian healthcare system - while India accounts for 20% of the global disease burden, it accounts for only 6% of global hospital beds and 8% share of doctors and nursing staff.

Home healthcare concept complements the healthcare delivery by reducing the average length of stay, ensuring efficient utilization of existing bed capacity and reducing chances of re-admission. They can also improve the average revenue per occupied bed if they work out the synergy in the right manner with the homecare providers.

The patients and their families are also increasingly adopting healthcare services at home. It provides the comfort of home and saves the physical and psychological pressure of hospital visits and stays. Home healthcare service is also more affordable than hospital stays. With savings on real estate and infrastructure cost, the model operates at ~15-30% lower cost when compared to hospital expenses for similar treatment.

For Apollo, depending on the nature of the service, the cost could range between Rs 2,000 to Rs 3,600 for a 24-hour attendance. With life expectancy increasing significantly in India, home health care is becoming mandatory. The concept of old-age homes or assisted living is socially largely unacceptable in India and therefore there is huge demand for home-based health care facilities. It is also finding great flavor with expats who have parents at home in India and are looking for professional healthcare for them at the convenience of home.

## Key Challenges and Success Factors

Being an evolving model, the industry has its own challenges to deal with. Home healthcare is a very people intensive and execution-oriented business. Some of the current challenges include employee retention, employee utilization, operational issues such as inconsistency in quality and lack of standard protocols for

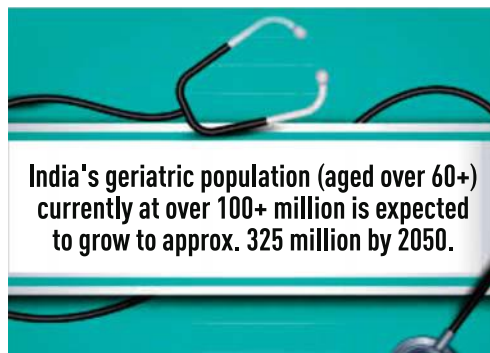
in-home healthcare training. Successful models would need strong management, medical oversight, and high-quality nurses supported by a quality controlled pharmacy.

The role of technology is critical as it facilitates strong execution be it scheduling of appointments and other logistics. Also companies are exploring options such as changing employee mix, building a “network panel” of doctors/nurses to cater

to excess demand to reduce operating costs. The margins in the home healthcare business are lower so companies need scale for the operations to be viable.

Currently most players have collaborations with leading hospitals to generate referrals – however with hospitals also entering the business, a shift from the current business models is expected. Players are increasingly adopting marketing activities, both residential awareness programs and digital marketing to increase awareness and expand reach. Some experts believe that business models that coexist with the current health care systems and networks in India will be the key to success in this market.

The home healthcare market in India is all set to disrupt the conventional medical service space in the near future. Organized players will bring in credibility, standards and accountability, which have been lacking in this area in India. This would also encourage insurance companies to cover home healthcare giving a further boost to this sector. Home healthcare is playing a critical role in expanding the spectrum of healthcare services in India providing the much needed professional care, convenience and cost benefits to a sizeable population in India that needs and is willing to pay for these services. ▶





## CHALLENGES FACED BY HOME HEALTH CARE SERVICES

Nearly 90% of those over 55 plan to stay in their homes (though roughly 20% will be forced to transfer into nursing homes or assisted living facilities).

But that still leaves up to 70% – 35 million people – aging at home and reliant on home health care.





**IT'S NO SECRET** that the home health care industry is booming. In fact, it's one of the largest growing trades nationally and internationally, with individual and franchise businesses popping up all across the country. But it's also one of the most difficult business opportunities to get a handle on. Partly because of the tremendous growth and partly because of the numerous fundamental changes occurring simultaneously, the home healthcare industry could be classified as particularly volatile.

As a result, it's expected that many different challenges will rock the industry this year, though some of these are carry-overs from years past. A few will

– 35 million people – aging at home and reliant (at least to some degree) on home health care. Those figures are staggering. India, which has a population of 1.3 billion has a senior citizens population comprising roughly 10% of this total, which, to put it simply, would mean that the demand here is far greater than even in the States.

## Finding Qualified Staff

Given this increase in demand, home health care agencies will face the challenge of finding qualified staff. Unfortunately, current estimates show that demand for capable individuals (which is already far above the



shape the way the industry grows for at least the next decade. Here are some of the heaviest hitters:

## Increasing Demand

Most countries, including India and the United States, are home to an aging population. By 2020, an estimated 17% of the entire population of the US will be 65 or older. That's 50 million men and women who will be increasing their reliance on the healthcare industry as a whole. Recent AARP survey results show that nearly 90 percent of those over 55 plan to stay in their homes (though roughly 20% will be forced to transfer into nursing homes or assisted living facilities). But that still leaves up to 70%

supply) will continue to lag behind growth for at least the next five years.

But there is hope. There are an estimated 1.3 million home health aides currently in the process of entering the job marketplace and 50% growth is expected on top of that figure by 2018. That makes this job one of the fastest growing fields in several parts of the world today.

## Regulation/Classification of Health Care Agencies

Another challenge facing the industry today is the continued (and, to some extent, increasing) battle over classification and certification. While it might be

comforting to think that many of these home health aides are certified nurses or nurse's aides, the truth is they are all too often "regular" folks who have gone through a non-standardized training program created by the company that hired them. This leads to plenty of confusion regarding just what these individuals can and can't do.

Unfortunately, many home health care agencies are being somewhat deceptive in their advertising. By marketing themselves as home health care solutions, they're creating the image of a medical professional available in the home. The reality may be that the only activities the aide actually does are to help a senior with daily life – including such tasks as dressing, meal prep, housekeeping, medication reminders and the like.

Many agencies, on the other hand, do hire nurses or at least have a floating nurse that visits a certain number of clients, a certain number of times each week. This has led to a push for both government agencies and private organizations to require some sort of standardization and regulation process to classify agencies and their employees – a challenge that agencies in this industry can expect to face in the future.

health care agencies. Shocking figures reported in the Lubbock Avalanche-Journal in 2015 showed that nearly half of all home care workers live at or below the poverty line and many of them earn lesser than fast-food workers do.

That cannot be allowed to continue, but many agencies simply cannot afford to pay more. While technology may be able to pick up some of the load (at the cost of individual jobs), there remains no clear cut answer as to how to build better wages for the backbone of this industry.

### The Lack of a Continuum of Care

While it is estimated that 60% of people 65 and older need some type of long-term care, a full 90% of older adults live in their own homes and therefore spend most of their time away from inpatient settings or providers. New solutions are needed that bring affordable, continuous care to these populations when they are in their homes and away from their providers, so that they can follow best practices and plans of care in preserving their health as well as obtaining and using health care services.

The healthcare industry faces many challenges due to a growing elderly population, increased lifespans, general population growth, and a greater number of chronic conditions. The digitization of healthcare is solving some of these issues by enhancing the quality and cost-effectiveness of patient care and support. Digital healthcare solutions can empower consumers to better engage and control their own health, moving healthcare services from the hospital to the home, a trend that is discussed at length in the Navigant Research report Capitalizing on the Nexus of IoT and Home Healthcare.

### Advances in Technology

The home health care industry is in the middle of a tremendous technological revolution. Older, outdated systems are being replaced with faster, less-intrusive and more powerful equipment. From home health monitoring systems that integrate with hospital networks to mobile pharmaceutical administrations units and beyond, technology is expanding at an ever-increasing pace...

And the home health care industry is struggling to keep up. Learning how to correctly and effectively use these new gadgets takes a considerable investment of time and effort. While some agencies are leading the pack, others are lagging behind – put off by either the added cost or the added hassle.

### Keeping Qualified Staff

Despite challenges in this area, payment is the key component to building a qualified staff for many home

### Preventable Events

Studies have shown that 64% of home health care recipients experience medication errors; similarly, falls cause 2.2 million injuries annually in adults over 65—over 18,000 of which are fatal—costing approximately \$19 billion a year. The majority of these and other preventable events occur due to failure to attend to significant changes in health status, across clinical (e.g., weight, pulse, blood pressure), behavioral (e.g., shortness of breath, swelling, chest pain), and medication adherence metrics. It is estimated that improper care coordination costs an avoidable \$25-\$45 billion a year.

### Hospitalizations

Unattended problems can lead to hospitalizations and re-admissions, both of which are highly prevalent in the home health care patient community, signifying the failure of current monitoring practices. A study of home health

care patients found that nearly 13% of participants had engaged in one or more emergent care services in the past 60 days, over 87% of which were hospital emergency room visits. Further, over one-fifth of participants reported one or more overnight hospital stays since they had begun receiving home health care services.

### Other challenges include, but aren't necessarily limited to:

- A continuing chronic problem for the HHC industry is the shortage of both registered & un-registered nurses and home health care aides [HHC aides] due to faster growth in demand and compounded by a high turnover rate. This needs to be addressed especially because this is one industry where expertise and low margins of error are more important than most.
- HHC organizations, nurses and aides are under pressure to balance their commitment to providing quality care with the need to provide cost-effective care. Since HHC is not restricted to Tier 1 cities, the HHC players have to manufacture/offer low cost products and services for the bottom of the pyramid population. The more expensive state-of-the-art equipment that the Tier-1 cities' populace might be able to afford most likely can't be afforded by the village populace too. This brings down profit margins for the providers and sometimes, operating in these cities would mean that they run on a perpetual loss.
- HHC nurses and aides workers often function under difficult conditions in the patients/clients home. Job-related stresses include cigarette smoke, alcohol/drug abuse, unsanitary conditions, air pollution, and even violence and unpredictable behavior of the patients and inmates in the home HHC nurses and aides suffer needle stick accidents, placing them at risk for blood borne pathogens, such as HIV and hepatitis which at times is more than the risk for nurses & aides working controlled hospital venues. This not only requires that more training be provided to the aides to ensure all necessary preventive measures are taken, but a lot of these accidents can't necessarily be avoided. Safety is a huge deterrent to the professionals themselves, as a result.
- Given the cost of hospitalization leading to early discharge or discharge against medical advice the HHC

nurses and aides encounter very sick and elderly patients at homes and in such cases, only so much can be done.

- Moreover, HHC nurses and aides in rural areas have to travel long distances to reach isolated clients, so the time and costs of travel adversely affect HHC services, rendering expansion to Tier-2 and Tier-3 cities even more challenging than it is for other industries.
- Patients and people are still fearful and have apprehensions about using HHC devices at home and this mindset amongst them is a major challenge that the HHC organizations will have to tackle. A lot of conscious effort has to be directed to raising awareness about the industries and its practices itself, so as to reach the entire spectrum of potential clients.
- The patients & their families are in two minds. They

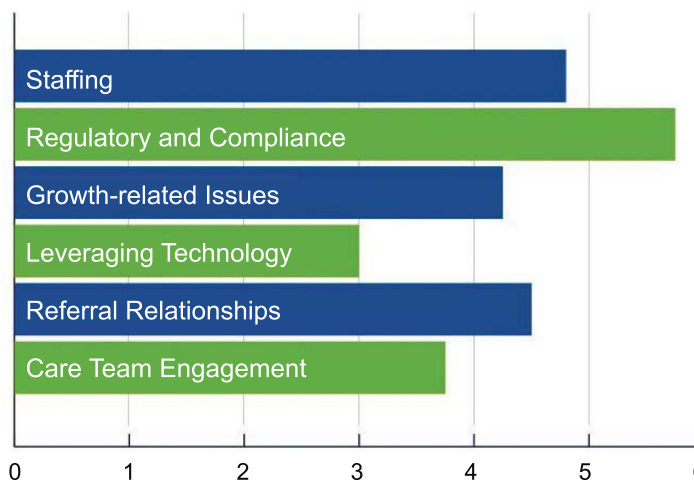
want cost-effective in-Home health Care, but they doubt the accuracy of the results and also fear survival of the patient once taken home. In addition, patients largely prefer to be treated in a hospital where they get comprehensive care under one roof. The stigma associated with this has to be erased.

- Distribution of products and services poses a challenge and constitutes a major chunk of the

cost of HHC organizations. Therefore, they have to focus to create a new cost effective way of reaching technology to patients. Some of the biggest players in the industry invest a large part of their capital particularly in the technology department for this very purpose.

- The HHC service has a large unorganized sector which raises safety and ethical issues. As organizations grow, it will become increasingly difficult to monitor practices and maintain standards across all employees and contractors.
- Lack of awareness is the biggest challenge largely restricting the service to metros and Tier I cities in India. The rural populace hasn't yet begun to admit the benefits of home care and, revenues and profit margins aside, educating them on the insurmountable benefits of HHC will simultaneously be both the biggest obstacle for growth as well as the key to breaking ground in these sectors. ▶

### Top Challenges in Home Care





# TOP 5 HomeCare Innovations By Leaders in India

**DESPITE MANY ADVANCEMENTS** in the past decade, healthcare is still a huge concern for India. India has approximately 1 million allopathic doctors for a population of 1.3 billion. Further challenges of acute shortage of healthcare infrastructure as well as regional imbalances in healthcare delivery worsen the situation. Increasing number of healthcare professional as well as healthcare infrastructure is a long term and high investment proposition. In such a situation, home healthcare is an immediate and cost effective solution to improve availability, accessibility and affordability of healthcare solutions to the masses.

in the past decade, healthcare is still a huge concern for India. India has approximately 1 million allopathic doctors for a population of 1.3 billion. Further challenges of acute shortage of healthcare infrastructure as well as regional imbalances in healthcare delivery worsen the situation. Increasing number of healthcare professional as well as healthcare infrastructure is a long term and high investment proposition. In such a situation, home healthcare is an immediate and cost effective solution to improve availability, accessibility and affordability of healthcare solutions to the masses.

For a country of our size, the numbers still have a huge potential to increase much further. While home healthcare industry faces major challenges from the unorganised players, innovations by leaders are ensuring that awareness and acceptance of home healthcare is on a steady rise.



## HealthCare at HOME: Innovation: Standardisation

One of the pioneers of home healthcare in India, HCAH continues to set standards for home healthcare. They were the first to introduce ICU at home solutions in the country. They recognised the need to take their solutions to tier II and III regions and hence, have targets to expand to all cities with a population of more than 2 lakhs in the next few years. Moreover, their focus on quality led them to support Quality and Accreditation Institute (QAI)'s standardization drive for home healthcare. HCAH's Co-Founder and CEO Vivek Srivastava says, "I strongly believe that home healthcare is an extended arm for hospitals. At HCAH we have always invested in maintaining high quality standards to ensure that we match flow of care from hospitals to home smoothly, comfortably and at a better price point for patients. Along with continued training for HCPs and advanced equipment, our most recent step

towards quality maintenance is supporting QAI in designing home healthcare standardization norms.' Promoted by the Burman family, HCAH has received investment from Quadria Capital to further support their growth path.



### **Apollo Homecare:**

#### **Innovation: Low price point**

Apollo Hospitals have extended their reach to their patient community by offering home care solutions. Coming from a hospital background, they understand the key concerns of patient as well patients' family. Hence, Apollo focuses on cost benefit as well comfort to the patient and patient's family. Mahesh Joshi, CEO, Apollo Homecare says, "Homecare as a concept is gaining ground in India and the reasons are clinical and societal. It definitely works out cheaper to the extent of 30 per cent as compared to the hospital cost as there is no infrastructure and other overheads. This apart, the cost of a family member needing to stay off from work is an additional saving."



### **Portea**

#### **Innovation: Comprehensive solutions at one platform**

Portea is counted amongst the leaders in home healthcare industry in India. They constantly adapt themselves as per needs of the patient community. Portea is also fast establishing itself as the one-stop-solution for all clinical needs of patients at the comfort of patient's home. Portea currently offers lab test solutions, pharma delivery, medical equipment rentals and sales, medical manpower deployment along with basic to advanced home healthcare solutions.



**CRITICAL CARE Unified**  
in the comfort of your home

### **Critical Care Unified:**

#### **Innovation: Focus on critical care**

CCU's differentiator is providing home healthcare solutions to critical care patients through extensive use of technology. Rajiv Mathur, founder of the organisation says, "While metropolitan cities have world-class facilities, the situation in tier II and III cities is not adequate to meet the healthcare demand. More importantly, for chronic ailments, there is no necessity to continue with long stays and go through the stress of re-admissions. With appropriate use of technology, high-quality home healthcare services can be implemented and expanded to cover a wide base of population in India."



### **Care24:**

#### **Innovation: Holistic care model**

Complete healthcare for patients requires support of multiple entities. In many cases, these entities work in silos, delivering their specialty of care separately. To add value to home healthcare solutions to the patient, Care24 looks at care from a holistic perspective by supporting flow of communication across different disciplines of care teams. "Providers are focusing on improving care quality and outcomes not only from a clinical perspective, but also from an emotional, spiritual, social and financial perspective. The goal is to improve the experience for the individual and leverage the potential for improved resource allocation and reduced costs." Says Vipin Pathak, Co-Founder and CEO at Care24.

Continued innovation will lead to home healthcare extending the reach of quality healthcare solutions to all regions of the country. With industry leaders paving the way, home healthcare can revolutionize India's healthcare industry. ▀



## **Home Healthcare**

—A Big Hope for Real Care



## Health Insurance Embraces Home Care: Cover For Home Care



Indian healthcare scenario is ready for a breakthrough in terms of reduced economic burden on the patient and the country at large.





## ICU at Home

**THE CONCEPT OF** delivering healthcare services at home is fast catching up in India. From setting up ICUs at home to delivering chemotherapy, from looking after the needs of an ageing population who cannot afford going to a hospital for physiotherapy, from post-delivery care to post-operative recuperation, home healthcare in India is fast emerging as a viable and sustainable alternative to India's struggling traditional healthcare delivery system which relies on hospitals alone.

The need and urgency for home healthcare is more in India. Hospitals in India are bursting at their seams. There is an acute shortage of beds and the physicians at hospitals are overbooked. The government's new

health insurance policy announced in the recent Union Budget for nearly 500 million households is laudable, but it might lead to an increased pressure on hospitals.

In such a scenario, home healthcare becomes a sustainable solution. Along with reducing burden on hospital infrastructure, home healthcare offers improved and personalised care to the patients as well. The biggest advantage is that caring for patients at home can become cost effective and advantageous to both the sick and the family.

With such huge advantages and with demand and popularity of these miniature, mobile and highly functional hospital like set ups being

provided by home healthcare firms, policy makers and insurance companies have started evincing keen interest. This is a significant change from just a few years back when home care was not even on the radar of insurance companies. However, with a sea change happening in this sector with respect to organized set ups and delivery of world-class services like ICU at home, chemotherapy at home, critical care at home etc., insurance companies have started extending policy cover to home healthcare.

Some insurance companies already cover home care services deemed as a logical and seamless extension of hospitalisation - pre & post hospitalization expenses. Domiciliary treatments or treatments done at home, which

otherwise need hospitalisation, are at times covered if the patient is physically incapacitated to go to a hospital or due to non-availability of rooms in a hospital. For example, home care services for the elderly get covered by a few insurance companies if recommended by the treating physician.

The government has realised the urgency of pushing primary health-care facilities under the Ayushman Bharat Nirman, there is still great inefficiency because of poor insurance coverage. Current insurance models are heavily skewed towards tertiary and in-hospital care. In the absence of adequate primary health-care facilities and no out-of-hospital coverage, people are forced to move towards tertiary care. The convergence of health insurance and home health care can bridge the gap for post-hospitalisation and improve overall health outcomes by avoiding unnecessary readmissions.

While Denmark, England, Germany and the United States have successfully formulated policies to avoid hospital readmissions, India is yet to catch up. Germany's re-admission policy introduced Diagnostic Based Grouping (DRG)-based payments to avoid unintended consequences. Hospitals receive only DRG-based payment covering both initial and re-admissions. In Denmark, readmission rates are publicly reported while payments related to the same remain unadjusted. There is immense tracking of readmission in the West in order to minimise it; this is not the case in India. Improving home health-care facilities and coverage is one such route to constrain pre- and post-hospitalisation.

While insurance companies have adequately collaborated with hospitals in the country, they have not tapped into other aspects of health care. The process consists of extensive management of partners and networks, evaluation of hospital delivery and periodic auditing to evolve. Hence, in defence of insurance companies, these

operations have already been structured at their end and allow for a rational degree of trust.

Home health care has flourished in the last few years becoming organised in the process. The truth is that it can only benefit the stakeholders involved. For instance, a lack of adequate insurance has restricted home health-care services to the relatively prosperous urban population, resulting in minimal or no penetration as far as rural and semi-urban populations are concerned.

Extending insurance to these demographics will prove beneficial for patients and insurance companies alike.

The urgency of expanding insurance coverage is critical to the industry's prospects. According to the World Health Organisation (WHO), India has merely 0.9 beds for every 1,000 Indians; a number far below WHO's recommendation of 1.9 beds per 1,000 population. There is a misconception among people that home and personalised care is costlier. However, the average monthly cost of in-home care is 20% less than that incurred in other health-care facilities.

A few insurance companies have started extending cover for certain

day care treatments and OPD procedures like haemodialysis, chemotherapy and radiotherapy. Under the Global Health Group Plan, Cigna TTK Health Insurance covers home nursing up to the full sum insured irrespective of whether it is associated with hospitalisation or not. ICICI Lombard covers few home care treatments under OPD such as physiotherapy, consultation, routine diagnostics. Bajaj Allianz Health Insurance offers discounts to policy holders who avail services of some home care service providers with whom the company has tie-ups. SBI General Health Insurance covers pre and post hospitalization expenses for 30 days before and 60 days after hospitalization including home care. Magma HDI has taken a significant leap by covering home healthcare in the ambit of its health insurance plan.

All these indicate that there is a big surge in interest of health insurance players in the home care sector. With more insurance companies set to hit the ground running when it comes to covering home care under health insurance, the Indian healthcare scenario is ready for a breakthrough in terms of reduced economic burden on the patient and the country at large. ▶



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# HOME CARE



## More Than Just A Visiting Nurse

– Katrina M. Romagnoli, MLIS, MS, Steven M. Handler, MD, PhD, and Harry Hochheiser, PhD

**WHEN PATIENTS LEAVE** the hospital and return home with home nursing care, they go from highly supportive medical environments with potentially many physicians, nurses, aides, and other professionals, to non-medical environments with formal and informal caregiver support frequently supplemented by visits from home care nurses. Patients and caregivers must struggle to absorb confusing and potentially contradictory information imparted both by multiple clinicians prior to discharge from the hospital and by home care nurses. Providers, for their part, often have incomplete understandings of home environments and patient and caregiver capabilities. Despite these difficulties, patients are largely left to themselves, expected to be engaged in their care sufficiently to own and manage their medical conditions. It is a daunting task.

Patient safety at home is as important as patient safety in hospitals. Unsafe conditions in the home can lead to unnecessary or avoidable hospitalizations. Home care decreases costs, improves health outcomes, and reduces hospital stays. Despite these benefits, problems exist. Around 13% of patients enrolled in home care experience an adverse event. The largest proportion of adverse events that occur among home care patients are related to medications, with 20%–33% experiencing a medication problem or adverse drug event. Research has found that home care personnel and informal caregivers may play a role in a substantial subset of adverse events that result in hospitalization, although further investigation is needed to understand the nature of the interaction. Insufficient attention to effective communication during transitional care from hospital to home may be one of the factors contributing to these patterns.

Relatively little attention has been paid to the underlying causes of these adverse events and how they might be prevented. Our literature search revealed a limited number of published manuscripts in this domain compared to other settings. To prevent hospital readmissions, improve patient outcomes, and save money, more attention must be paid to home care safety.

### Problems in Home Healthcare

Home health nurses experience inadequate communication of basic patient information between the hospital, primary care, and home care after hospital discharge. Home care nurses receive either too much information (i.e., all clinical documentation associated with an admission) or too little information (i.e., just the patient's demographic information, primary discharge diagnosis, and reason for the home care referral). Nurses who are not provided with actionable information must rely on patients and caregivers to share information that is hopefully relevant, appropriate, and accurate. However, patients and caregivers often cannot provide accurate information due to miscommunication, misunderstanding, and/or poor memory. Discharge instructions are given to all patients following a hospitalization, but this paperwork might be lost or discarded, hard to understand, or

### WHO NEEDS NURSING SERVICES AT HOME?

- Older people who have ongoing health problems, but who want to maintain their independence in their homes with support from professional nursing attendants
- Patients who return home after surgery, needing care, supervision and assistance
- Patients who are undergoing complicated treatment that requires the use of medical equipment and/or medication monitoring
- Adult children who want their parents to have quality elder care at home
- People suffering chronic diseases and disabilities, such as dementia, heart failure, kidney disease, or diabetes, who need careful monitoring and supervision but do not want to enter a nursing home or palliative care facility.

inappropriately focused on the primary discharge diagnosis, at the expense of providing information about comorbidities. Moreover, discharge summaries are rarely available to home care nurses. Reliance on patients and caregivers for vital information makes these nurses' jobs more difficult and puts patients at risk. When nurses must make decisions with incomplete or wrong information, adverse events can occur, resulting in potentially avoidable admissions/readmissions. From 5% to 79% of hospital readmissions may be avoidable. Improving information exchange with home healthcare would likely prevent some of those hospital stays.

Since most care providers never enter a patient's home, they have inadequate understandings of the home care environments and the general requirements of patients, caregivers, and nurses. Hospitals discharging patients, and physicians continuing to care for them post-discharge, frequently do not know what the caregivers and home care nurses need to support the patient. Home care nurses usually know these things, and they would like to see improvements in care transitions, communication, and interventions. Physicians caring for hospitalized patients are generally not in communication with home care nurses, sharing information about what happened during the hospital stay, or what was said during a follow-up visit. Conversely, home care nurses might not be able to share information about patient progress and risks with primary care physicians. Generally, none of this communication is automated or standardized, and communication of this information relies heavily on the patient and caregivers. There are standards available, such as the Continuity of Care Document (CCD), to share important information during care transitions<sup>18</sup>. In the United States, home care agencies are required to use the OASIS-C document to



share data. However, information sharing with home care nurses, patients, and caregivers is still lacking. Home care nurses would like to change this situation, but they need participation from physicians, hospitals, and healthcare systems. Better data might help convince these stakeholders of the need for change.

Blais, et al provide evidence that argues for action. In a large, national, retrospective study of Canadian home care adverse events, they found an overall adverse event rate of 4.2%, 56% of which were deemed preventable. Falls, wound infections, psychosocial, behavioral or mental health problems, and medication errors were among the most frequent causes of adverse events. 91.4% of these adverse events were associated with higher use of health care resources, 68.8% with disability, and 7.5% with death. They also found that patients contribute to 48.4% of adverse events, caregivers contribute to 20.4%, and health care personal contribute to 46.2%.

These results are consistent with our argument that better communication among clinicians, caregivers, and patients can avoid adverse events and improve the safety of home care. In our recent study, home care nurses identified a number of frequent, high-impact information and communication needs experienced by patients that have received minimal attention in the literature. These include information about medication regimens, details about the severity of the patient's condition, information about hospital discharge, non-medication care regimens such as wound care or home safety, the extent of necessary care at home, and which providers are best suited for that care. For instance, nurses told us that patients and caregivers often do not know how to properly care for wounds, follow medication regimens correctly, manage durable medical equipment, or keep their houses free of hazards. These are just a few examples of how patient and caregiver actions can lead to problems at home. Improved communication and education about these high risk problems for patients could address the most dangerous home care safety issues.

## Possible Solutions

Healthcare systems, clinicians, and researchers need to better engage home care nurses to understand their workflow, their information needs, their patients, and their work environments. In our experience, home care nurses are willing and enthusiastic participants who are eager to improve their patients' care. Researchers will find this a ripe field of study, particularly in terms of the development of new interventions designed to improve

the quality and safety of healthcare that patients receive in the home through better patient engagement strategies. For instance, hospitals often have standard discharge instructions that are provided to the patient and perhaps to the primary care physician that summarize what happened in the hospital, new treatments or medications, and other important information. Project RED (the REengineered Discharge program) provides patients and their physicians with individualized instruction booklets and other materials at discharge. These interventions were associated with a decrease in the rate of hospital readmission. Including home care nurses in that information exchange, where applicable, is a simple intervention. Another possible solution involves the development of improved protocols for reporting adverse events that occur in the home, and using this information

to determine better prevention strategies. If adverse events are poorly recorded and monitored, little hope exists in learning the patterns of these events in the home, let alone preventing them in the future. Finally, home care providers, hospitals, and physicians need to engage caregivers at a greater rate. Sick, elderly patients are likely to rely heavily on caregivers, who often contribute to adverse events because of lack of appropriate information. Developing interventions to improve caregiver communication and training in the proper care of the patient might minimize the risk caregivers introduce. Other solutions include telehealth interventions such as phone calls to the patient by the home care nurse between visits, remote physiologic monitoring, medication delivery units, and information portals providing patients, caregivers, and clinicians with consistent information.

Improvements in information sharing and communication among all clinicians and caregivers will not solve all problems in home care, nor prevent all adverse events. However, some of these changes are relatively inexpensive and easy to implement, and ought to be considered by researchers and health systems as an initial intervention. Home care nurses provide a valuable service to their patients by helping them stay healthier, reducing costs, and helping them avoid hospitals and long-term care facilities. Approaches that do not consider the input of these critical yet underappreciated healthcare providers run the risk of missing valuable opportunities to reduce adverse events and improve care received at home. The experience and expertise of home care nurses have the potential to guide substantial improvements in patient safety and care at a relatively low cost. Ignoring them is not just foolish, but dangerous. ▀





## Types Of Home Health Care Services

### What are the different types of home health care services?

The range of home health care services a patient can receive at home is limitless. Depending on the individual patient's situation, care can range from nursing care to specialized medical services, such as laboratory workups. You and your doctor will determine your care plan and services you may need at home. At-home care services may include:

- **Doctor care.** A doctor may visit a patient at home to diagnose and treat the illness(es). He or she may also periodically review the home health care needs.
- **Nursing care.** The most common form of home health care is some type of nursing care depending on the person's needs. In consultation with the doctor, a registered nurse will set up a plan of care. Nursing care may include wound dressing, ostomy care, intravenous therapy, administering medication, monitoring the general health of the patient, pain control, and other health support.
- **Physical, occupational, and/or speech therapy.** Some patients may need help relearning how to perform daily duties or improve their speech after an illness or injury. A physical therapist can put together a plan of care to help a patient regain or strengthen use of muscles and joints. An occupational therapist can help a patient with physical, developmental, social, or emotional disabilities relearn how to perform such daily functions as eating, bathing, dressing, and more. A speech therapist can help a patient with impaired speech regain the ability to communicate clearly.
- **Medical social services.** Medical social workers provide various services to the patient, including counseling and locating community resources to help the patient in his or her recovery. Some social workers are also the patient's case manager—if the patient's medical condition is very complex and requires coordination of many services.
- **Care from home health aides.** Home health aides can help the patient with his or her basic personal needs such as getting out of bed, walking, bathing, and dressing. Some aides have received specialized training to assist with more specialized care under the supervision of a nurse.
- **Homemaker or basic assistance care.** While a patient is being medically cared for in the home, a homemaker or person who helps with chores or tasks can maintain the household with meal preparation, laundry, grocery shopping, and other housekeeping items.
- **Companionship.** Some patients who are home alone may require a companion to provide comfort and supervision. Some companions may also perform household duties.
- **Volunteer care.** Volunteers from community organizations can provide basic comfort to the patient through companionship, helping with personal care, providing transportation, emotional support, and/or helping with paperwork.
- **Nutritional support.** Dietitians can come to a patient's home to provide dietary assessments and guidance to support the treatment plan.
- **Laboratory and X-ray imaging** Certain laboratory tests, such as blood and urine tests, can be performed in the comfort of the patient's home. In addition, portable X-ray machines allow lab technicians to perform this service at home.
- **Pharmaceutical services.** Medicine and medical equipment can be delivered at home. If the patient needs it, training can be provided on how to take medicines or use of the equipment, including intravenous therapy.
- **Transportation.** There are companies that provide transportation to patients who require transportation to and from a medical facility for treatment or physical exams.
- **Home-delivered meals.** Often called Meals-on-Wheels, many communities offer this service to patients at home who are unable to cook for themselves. Depending on the person's needs, hot meals can be delivered several times a week. ▶

## Good Home Healthcare Could Be A Game-Changer For Rural India

It would up quality of care for patients and be a relief to family members.

— Dr. Anil K. Rajvanshi

**LAST MONTH, MY** mother, who is 92 years of age, fell in the bathroom and broke her pelvic bone. I live in the rural town of Phaltan in western Maharashtra and to get a simple X-ray done was a nightmare.

We called the local orthopaedics hospital and they sent a ramshackle ambulance. How an old Maruti Omni van got permission to ply as an ambulance is anybody's guess. Even a healthy passenger would feel sick and his/her bones would be rattled in that ambulance while going over the pot-holed roads of Phaltan. (Some of the worst roads in the country are in Maharashtra, especially its rural areas.)

**Greedy doctors and hospitals in collusion with insurance agents sometimes fleece both the patients and the government in rural areas. A home healthcare system might alleviate this problem greatly.**

The driver of the ambulance also doubled as the paramedic and his callous and non-empathetic attitude nearly broke my mother's heel. He almost threw my mother on the stretcher! Most ambulance services in rural places are like that, with hardly any facility to help the patient.



Research Indicates Rural Patients Still Aren't Accessing Home Health Services

I had to use an old sari to tie my mother to the stretcher so that her broken pelvis did not shake very much.

At the hospital, after a good deal of arguing, we got her X-ray done quite quickly—usually the process takes far longer. Since, the pelvic bone was only slightly fractured the doctor advised complete bed rest and told us to take her home. In pelvic fracture cases there is no surgery needed but just plain bed rest so that the broken bone heals by itself. That is also the reason why I did not take her to Pune for treatment.

We brought her home and were immediately confronted by the

question of who would be taking care of her nursing needs. We tried to locate nursing care in Phaltan but were unsuccessful. Even the hospitals do not provide that facility. In rural areas, the relatives of patients end up doing whatever is required.

Finally after great difficulty and searching we got a 24-hour help (who had almost no training as a nurse) from Pune. Even this help relieved our emotional and physical stress.

Searching the net and talking to my doctor friends, I have finally been able to convert my mother's room into a home healthcare facility.

This includes an adjustable hospital bed with air mattress and a specially fabricated small wheelchair that can navigate the narrow passages of the house and can go into the bathroom. I could get all this done because of our resources and ability to spend time searching for solutions on the net. Most of the rural population does not have this luxury.

Another tragedy in rural areas is that no doctor wants to do a home visit. No matter how ill or old the patient is, they insist that he/she should be brought to the hospital or their clinic. I was able to get a person who was not an MBBS doctor, but could administer saline or do basic dressing for bed sores. That was a partial relief.

Secondly, I was greatly helped by my brother who is an orthopaedic surgeon in Australia. He constantly advised us on the basic care and telemedicine by him really helped us.

Very frequently I have seen that in rural and also in urban areas, the missing ingredient in patient care is good nursing facilities. Putting a patient in hospital (whether he or she is terminally ill or suffering from non-life-threatening ailments) means endless headaches for relatives who have to stay in the hospital, look after the nursing care of the patient and run around continuously to get medicines and medical supplies. Besides, hospitals charge exorbitant

amounts for surgeries and for lots of unnecessary tests performed on the patient.

For poor people, the Government of India has mooted quite a number of good schemes which provide hospitalisation for below poverty line (BPL) patients and take care of their bills through insurance cover. Yet I have seen these schemes misused by doctors and hospitals where they admit the patients at the slightest pretext and charge them the full amount even for minor ailments. The money is then paid to the hospital by the insurance company.

Our medical care system in rural areas is therefore quite broken, with very greedy doctors and hospitals who in collusion with insurance agents, sometimes fleece both the patients and the government.

I feel a home healthcare system might alleviate this problem greatly.

The home care system will rely on special agencies who will provide trained nurses (at nominal cost) for homes, simple equipment like small wheelchairs, beds, commodes, etc. and qualified doctors on duty who can respond through the internet, mobile phones, etc. to the queries from the nurses; under emergency conditions, they'd visit the homes. Presently there are no such agencies but they are urgently needed.

**This system will be much more economically viable than having a dedicated hospice facility.**

For the terminally ill, a home-care system which provides nursing care and basic equipment will be very beneficial. He/she will be surrounded by family, and nursing care given by trained nurses will help relieve pain. This is especially needed when the patient also suffers from dementia, as is the case with my mother. Regular hospitals are not equipped to take care of such patients.

Financially, this system will be much more economically viable than having a dedicated hospice facility. The financial arrangements on how the government can help organisations in facilitating such a system need to be worked out. A possible solution could be to provide insurance coverage for such a home-care system.

Also such a facility can provide home-care for post-operative patients or those who need continued treatment. Too often the relatives and the family have to provide prolonged post-operative care-which they are ill equipped to do. Such a facility could be a boon for those patients.

In urban areas better medical facilities, including good ambulances, can provide timely care. In rural areas, in the absence of such facilities it is very necessary to have home-care facilities. ▶

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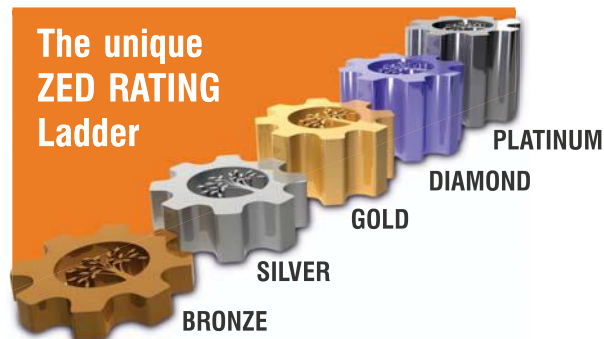




## Certification Scheme

A roadmap to  
World-class manufacturing

The unique  
ZED RATING  
Ladder



### HIGHLIGHTS

- ⚙️ A scheme by Ministry of MSME, Govt. of India
- ⚙️ Certification on the systems and processes of MSMEs
- ⚙️ Handholding MSMEs towards world class manufacturing
- ⚙️ Special emphasis on MSMEs supplying to Defence Sector
- ⚙️ Direct subsidy to participating MSMEs
- ⚙️ Creating a credible database of MSMEs for OEMS/CPSUs/Foreign Investors under "Make in India initiative"
- ⚙️ Quality Council of India (QCI) to function as the NMIU (National Monitoring and Implementing Unit) of the scheme



"Let's think about making our product which has 'Zero Defect'; so that it does not come back (get rejected) from the world market and 'Zero Effect' so that the manufacturing does not have an adverse effect on our environment"

**SHRI NARENDRA MODI**  
Hon'ble Prime Minister

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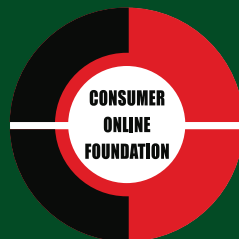
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