THE XYNTEO EXCHANGE/INDIA2022
02 APRIL 2019
HEALTHCARE STUDIO

THE XYNTEO EXCHANGE/ INDIA2022 APRIL 2019

HOSTED BY BAKER HUGHES a GE company

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THE XYNTEO EXCHANGE/INDIA2022

Growth is a powerful force. Over the past few centuries, the existing growth model has catalysed enormous progress. It has been a force for good.

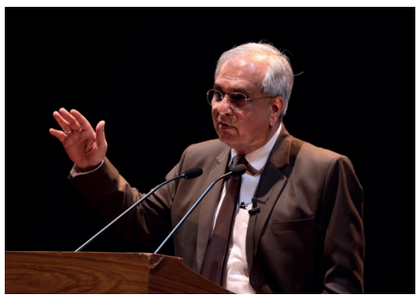
But this growth model is no longer fit for our needs – or those of generations to come. In many ways it has become a destructive force, promoting short-term wins over long-term prosperity, desolating natural resources and widening exclusion.

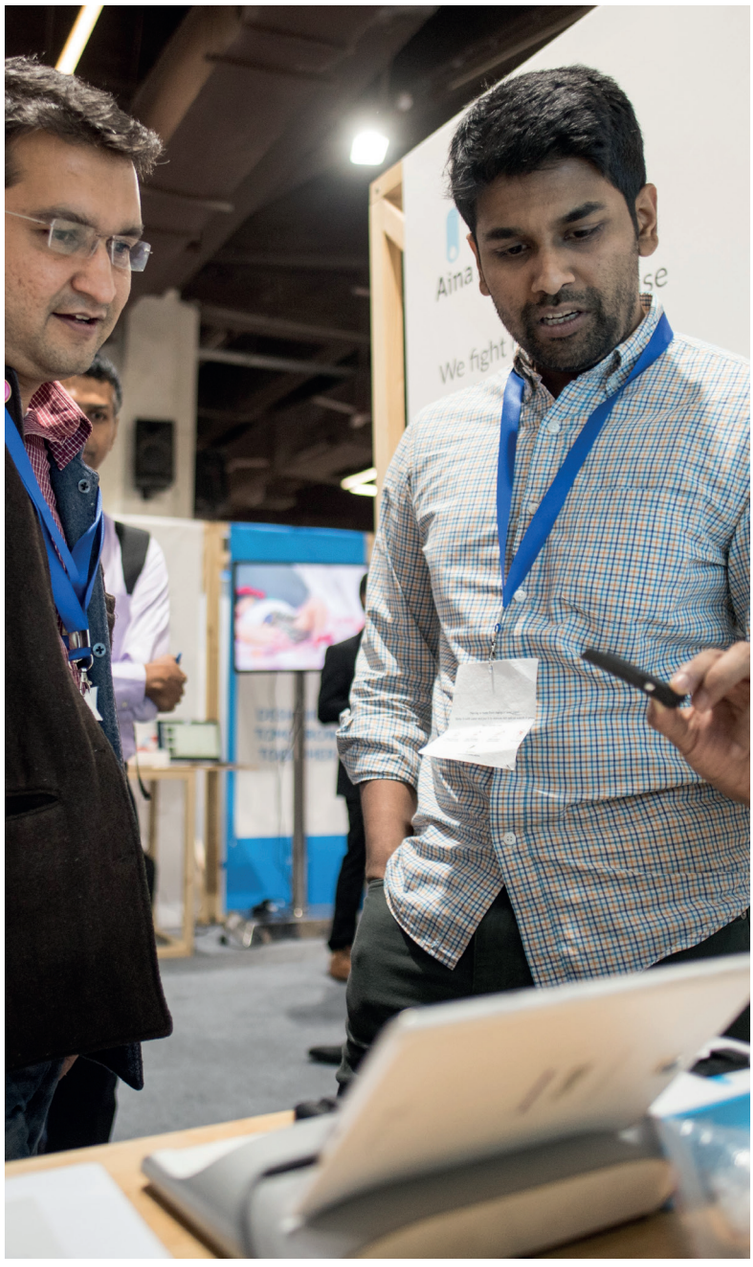
Occupying varied locations throughout the Nehru Centre, one of the most iconic buildings in Mumbai, the Xynteo Exchange/India2022 takes inspiration from a country that has the power to transform, at the same time as it undergoes its own transformation.

The Xynteo Exchange/India2022 is the annual gathering of the India2022 coalition. Launched in 2017 and powered by Xynteo, the India2022 coalition is a purpose-driven global business coalition committed to creating a new model of growth in India by 2022, the 75th year of India's independence. The Exchange is a platform to bring together leaders, capital, talent and ideas to accelerate commercial projects that can advance a new growth model. The first Exchange in 2018 brought together over 300 leaders from business, the start-up community, academia, research institutions, the arts and government.

On 02 April, over 400 leaders heard from India2022 partners – Baker Hughes, a GE Company; Hindalco, an Aditya Birla Group Company; Hindustan Unilever, Cyient, Tata Trusts, Shell and TechnipFMC about the exciting progress being made across the coalition's four impact tracks – Waste to Value, Energise, Healthcare and Sustainable Mining. We also announced the joining of two new partners – State Bank of India and WPP – at the 2019 Exchange.

Subhashini Chandran
Managing Director, Xynteo India





THE STUDIO

Healthcare access in India

At the heart of the Exchange was a series of Studios, where we brought leaders together to try to develop commercial solutions to human problems.

This year we diverged from our typical methods-based approach, with the aim to bring out as many perspectives as possible on what is surely one of India's greatest challenges and opportunities – expanding access to quality healthcare for India's so-called 'last-mile'. We set up a fishbowl-style session with more than 40 industry leaders to immerse the group in a detailed brainstorm. The aim was to hear from a wide range of stakeholders – from healthcare delivery providers to technology experts – and ideate on some of the burning questions of the day.

In 2018, India announced Ayushman Bharat – the world's largest healthcare scheme (with an expected budget of INR ~100 billion over four years), to bring the country one step closer to its goal of universal healthcare access. Ayushman Bharat seeks to provide preventive, diagnostic, and curative care for the entire population through upgraded facilities and bringing in private sector participation. Healthcare access is also a key priority for the UN Sustainable Development Goals, which aims to ensure "Good Health and Well-being" at all ages.

However, last-mile healthcare access is still a tremendous challenge in India, both in terms of access to medical personnel (poor doctor-to-patient ratio), and high-quality medical facilities (>80% of rural public clinics do not meet Indian Public Health Standards).

In addition, despite a dynamic local medical technology ecosystem, approximately 80% of all medical devices are currently imported into India, and domestic innovations are unable to scale or penetrate the tougher last-mile segment due to critical market gaps.

The Healthcare Impact Track Studio, led by Cyient, set out to understand key healthcare challenges and the disruptive models needed to improve access and use of healthcare services.

OUR FOCUS AREAS

Focus area 1:
UNDERSTANDING CURRENT CHALLENGES

India struggles with access to high-quality and timely last-mile care with multiple challenges on both demand and supply-side.

THE CHALLENGE

How might we better understand challenges faced by various stakeholders in the current healthcare ecosystem, particularly with delivery at the last-mile?

Xynteo Exchange/India2022 **Healthcare Studio**

Focus area 2:
VISION FOR THE FUTURE

Innovation at the last-mile requires multiple ecosystem partners including – government, healthcare delivery organisations, technology players and entrepreneurs, to come together to combat both demand and supply-side challenges. However, there are multiple challenges in ensuring all partners work cohesively to deliver effective solutions, including the design of care pathways and misaligned incentives among various stakeholders.

THE CHALLENGE

How might we collaborate and build capacity across the different healthcare stakeholders to improve delivery at the last-mile?

VOICES IN THE ROOM

We don't necessarily want to use the newest technology. It's about using existing and well-known technologies and applying it in new matters. The innovation comes in the application.

Krishna Bodanapu
CEO, Cyient

If we talk about innovation in healthcare in India, it is mostly sitting outside the hospitals. We need to take innovation into the hospitals. Design thinking starts with human-centred options. You then look at if it is a business viable and technically feasible option. But it must be human-centred first.

Dr Chandy Abraham
CEO, ITC's new healthcare venture

"If we had functional health centres and diagnostic facilities, in the nearest PHC, my uncle would have been alive today. This is just one example, but where we live, there are several such examples that we keep hearing of, where patients die due to lack of simplest, most basic needs, even today.

Santosh Mondhe
Social Worker

"I think technology alone is useless. It is great to hear you talk about human-centred delivery. We all live and work in our silos. We need to bring all these different stakeholders into one group. We go to different conferences, but never do we go to cross-sector conferences. One sector alone is not going to solve this. Technology is not enough.

Ruchika Singhal
Vice President, Global Health and Medtronic Labs, Medtronic

"We must move our systems away from 'fix and repair' mindset to healthcare and towards preventitative care. This is a huge market.

Sir Malcolm Grant, CBE
Former Chairman, NHS England

01

FOCUS AREA 01
UNDERSTANDING CURRENT CHALLENGES

THE CHALLENGE

India has poor last-mile access to healthcare across providers (poor doctor-to-patient ratio), infrastructure (physical facilities, medical or technical services) as well as quality of service delivery. According to the government's own statistics, 80% of rural government clinics do not meet the Indian Public Health Standards. These facilities, intended as the first point of care, are unable to provide basic primary, preventive or diagnostic services. In addition, due to multiple factors including the epidemiologic transition of non-communicable diseases (NCDs) now pose a much more major threat across the country, accounting for 62% of all mortality in adult men and 52% among women. This rise in NCDs requires early diagnostic and preventive care which is consistently missing at the last-mile.

As a result, last-mile patients often do not have access to low-cost and timely care, which can result in incurring significant financial burden as patients are forced to travel to towns and cities seeking expensive private care. About 70% of medical expenses in India continue to be out-of-pocket, with government spending on health being just 1.2% of the GDP.

THE EXPERTS

Sir Malcolm Grant
CBE, Former Chairman, NHS England

Dileep Mangsuli
CTO, Wipro-GE Healthcare

Dr Shubnum Singh
Director, Max Healthcare

Manoj Sanker
Co-Founder, NemoCare

Akshat Shah
Head Strategy and Business, UE Lifesciences Inc

Dr Taslimarif Saiyed
CEO and Director, Centre for Cellular And Molecular Platforms

Dr Rakesh Kumar Srivastava
Senior Advisor, WISH Foundation

CHALLENGES IDENTIFIED

- **The mismatch between demand and supply.** There is a lot of innovation on the horizon, but these solutions are often not designed with a deep understanding of the challenges faced at the last-mile. There are also several demand-side challenges such as patient behavioural patterns and unique localised needs which are not being addressed. Awareness of importance of prevention and wellness is still severally lacking.
- **Little use of data and analytics in decision making.** Current deployment of healthcare technologies, both urban and rural have limited data linkages between various elements of the medical ecosystem (for example, primary to secondary care, or diagnostic to curative care), and lack a data-backed approach to solution design. This often leads to multiple blind spots during implementation of such solutions. This lack of strong data and analytics also means we are two steps away from using Artificial Intelligence based healthcare solutions which are built on strong and large databases of information.
- **The epidemiological shift across countries is leading to change in the way healthcare is being demanded.** The burden of NCDs is rising, together with an increase in an ageing population across the developing world that requires a greater need for preventive and regular screening services. However, most public and private health systems are currently geared towards curative and demand-led secondary and tertiary care.
- **There is a significant funding gap for piloting innovations at the last-mile.** Private grants for medical technology device innovation are geared towards non-profits, and return seeking capital shies away from funding experimental pilots for last-mile delivery due to high risk of failure. The government has developed various programmes and schemes that support innovations, however, leakages in the system means this often does not reach the actual beneficiaries and innovators.
- **Misaligned incentives and interests result in few collaboration opportunities.** This in turn leads to fragmented and siloed approaches and a lack of systems-based thinking in designing healthcare delivery solutions. For example, while solutions can be created at primary level, linkages to higher level are often missed out due to costs associated with referral of patients and lack of consistent systems. Only once these conflicts within the ecosystem are resolved and incentives aligned can stakeholders implement collaborative, patient-centric and systems-based approaches.
- **There are multiple challenges in deployment of government schemes.** Data collection to support healthcare records needs to be at the same level as the opening of new bank accounts by the government. For example, although the Ayushman Bharat scheme talks about upgrading 156,000 sub-centres into ‘Health and Wellness Centres’ there is a huge challenge in terms of staffing these centres given the gaps in the availability of trained medical personnel.

THE EXPERTS

"New hospitals are not the answer. The answer is firstly in the individual itself and in all the interventions that you can leverage for prevention of disease. The second part is strategising the various levels of care. The most neglected care in our country is primary care. The urban rural divide is significant.

Dr Shubnum Singh
Director, Max Healthcare

"From an entrepreneur's view, we look at solutions when we look at problems. It is not a failure of the system but how we are not looking at failures that are happening right next to us. The challenge we are currently trying to solve – will a doctor be able to adopt our technology?

Manoj Sanker
Co-Founder, NemoCare

"We have to get into the early prevention and detection of disease. We know that technology can simplify and reduce costs for this.

Sir Malcolm Grant
CBE, Former Chairman, NHS England

"Firstly, we need the right match between demand and supply. Healthcare should be aligned well, like lock and key. Often this alignment is not there in the healthcare ecosystem.

Dr Taslimarif Saiyed
CEO and Director, Centre for Cellular And Molecular Platforms

02

FOCUS AREA 02
VISION FOR THE FUTURE

THE CHALLENGE

India has a thriving start-up ecosystem, including the healthcare sector, with more USD 500 million of venture capital investments in healthcare technologies in 2018. Despite this, 80% of the USD 5.2 billion of medical devices in India are imported, and indigenous devices are struggling to scale due to multiple challenges related to the current domestic regulatory environment and high cost of clinical and market validation.

With a domestic regulatory framework yet to be fully enforced (new laws were introduced in 2018), indigenous medical devices are perceived as low quality. Limited private and public sector collaboration, and a fragmented approach towards healthcare delivery, device innovation and industrialisation all contribute to prevent expansion of the indigenous market.

A key policy initiative of the government has been the announcement of Ayushman Bharat, which aims to meet the Sustainable Development Goals on Universal Health Coverage. Ayushman Bharat has two key components aimed to improve healthcare services across the multiple challenges of the healthcare ecosystem:

- Health & Wellness Centres (H&WC) – Upgrade 156,000 previously named Sub-Centres, the designated first point of care, to “Health & Wellness Centres”. The upgrade is aimed at adding preventive, diagnostic, curative and wellness-related services.
- National Health Protection Scheme (NHPS) – Provide insurance worth INR 500,000 (USD 7,100) per annum to 100 million low-income families which will allow them to seek care at any private empanelled facility without any out-of-pocket expenses.

The government has earmarked USD 170 million for this scheme. In addition, the government is actively seeking philanthropic and CSR funding to develop innovations and technology. The government is also seeking to partner with private sector players across the ecosystem, to support with various capabilities needed to deliver on the vision of Universal Healthcare Access.

THE EXPERTS

Dr Chandy Abraham
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Ruchika Singhal
Vice President, Global Health and Medtronic Labs, Medtronic

Raghu Gullapalli
Executive Director of Emerging Technologies & Business Development, LV Prasad Eye Institute

Dr Shuchin Bajaj
Founder Director, Cygnus Hospitals

Anand Madanagopal
Co-Founder, Cardiac Design Labs

Sidhant Jena
Co-Founder, Jana Care

Ananya Chandra
Principal Investment Specialist, Accelerating Growth of New India’s Innnovations (AGNIi)

Dr Nita Sachan
Head Strategy and Solutions, Medical Technology and Healthcare, Cyient

THE SOLUTION CONCEPTS

- **Strong data-based healthcare delivery systems.** Technology-based solutions can play an important role in creating robust patient databases. These can help realise strong healthcare analytics and facilitate a faster trajectory for innovations from lab to market, as well as improve decision making at the last-mile. This could be in the form of improved patient and provider experiences, health outcomes and reduced last-mile costs.
- **Move from output-based incentives to outcomes-based incentives.** By moving towards a healthcare delivery system that rewards healthcare outcomes, for example, paying doctors or hospitals for positive outcomes and not just service delivery, we could shift the ecosystem to be more patient-centric. This requires a significant investment in data-analytics to equip the system to track outcomes accurately.
- **Platforms for medical device innovators.** Innovators can greatly benefit from large ecosystem platforms that provide mentorship and avenues to experiment via pilots early on. This could allow the innovators to learn from early failures without taking heavy financial risks and allows for access to the market faster.
- **Understand last-mile patient-centric challenges through pilots and studies.** This could be done through human-centric tools to study patient journeys and pilots at the last-mile. These studies can help innovators to design customised upskilling and technology solutions for the healthcare providers, and also deliver on behaviour change needs and bridge the trust deficit in the demand-side. These can truly create meaningful solutions for the last-mile. Some of the examples shared by innovators included training school children to be advocates of good health, working with local providers who have trust and reputation at the last-mile to be agents of change and running out-patient clinics in the evening to meet the needs of day-labourers.
- **Shift focus from technology-led solutions to process and patient-centric innovations.** Identify the pivots needed for healthcare delivery through investment in preventive and primary care models that are built on principles of lean, design-thinking and hyper-localisation. These could be in the form of upskilling last-mile health workers to task shift routine procedures and provide basic primary care.

THE EXPERTS

"The lack of a collaborative mindset is a problem. Earlier the government was sceptical of private sector healthcare delivery, they saw it as only having commercial value. The biggest change for the government is that there are other models outside the public sector that can provide public value. We have had the language of conflict for a long time, but from a government point of view I think it is changing.

Ananya Chandra
Principal Investment Specialist,
Accelerating Growth of New India's Innnovations (AGNIi)

"We have to track and measure outcomes. Without that, we cannot improve. I think the trust will come if we can do that.

Dr Shuchin Bajaj
Founder Director, Cygnus Hospitals

"We went to a doctor in Bangalore who had a line of people waiting outside every day. He can provide some level of treatment to the patient but will otherwise send them to the city. The people in rural areas trust him, which is essential in India. There are many people that are able to pay to go the cities, but they are not able to go the cities for treatment. Can the doctors treat them where they are instead? I think India has different segments, and these segments must be studied differently.

Anand Madanagopal
Co-Founder, Cardiac Design Labs

"To incorporate digital health, we should focus on outcome-based delivery. We can embrace this, going forward, to inject accountability into the system.

Raghu Gullapalli
Executive Director of Emerging Technologies & Business Development,
LV Prasad Eye Institute

THE PEOPLE IN OUR STUDIO

We'd like to thank the following participants for their time, energy and creativity during our Studio at the Xynteo Exchange/India2022

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