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Learnings from First Hospital Leadership Summit

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EXCELLENCE IN HOSPITAL LEADERSHIP

Learnings from First Hospital Leadership Summit

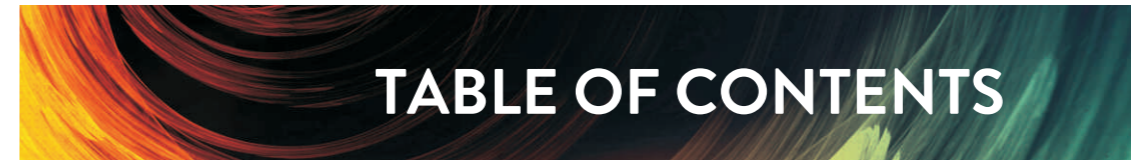


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Dr. Hilary Thomas during her presentation.



Dr. Joseph Michelli and Dr. N.K. Ganguly during their interaction with the audience.

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NOTE FROM EDITOR-IN-CHIEF



Dr. (Prof.)
Nirmal Kumar Ganguly
Past Director General, ICMR
Editor in Chief

Evolutionary face of Health Care in India

Today health care is a global industry transcending the boundaries. It needs to be designed with better communication between the care giver and care seeker to create a best fit for not only the customers they serve but also those with communities they drain. It could be areas in vicinity or it could be from any place in globe. A best fit need to be created between specialized needs of clients and the organization. In today's world because of YouTube, Facebook and Twitter this could be dynamic channel which cautiously evolves creating designs which are not only outcome oriented but also are wellness oriented which establishes a relationship which goes beyond their stay in hospital. If we take the first breath to last breath principle some clients need care at home level too and their anxiety and apprehension need to be allayed. If the journey of the client is mapped then flow of footsteps in finding the targets becomes priceless. Avoiding curiosity, interpretations, loss of time and endless wait for discharge single model do not fit everyone hence packages need to address different needs for different pockets. Hence draft financial management practices as well as hospitality values should be built into the system GEISSINGER model makes it more affordable to communities as well as enhances the reach of caregiver to the home of clients with more value added to the products. These are several models available in country and they differ vastly. Once when I was chief of ICMR, Dr. Devi Shetty

approached me with a request to survey burden of congenital heart disease in Karnataka. On asking why does he needs it, he said I want to allocate my beds according to need of the community. Another hospital was asked by Mr. Sanjay Baru to do a happiness index analysis of its clients so that they are better served. It ultimately enhanced the footfall in the hospital. A person first to come out with a global road map also started total health concept in the communities and opened up small facilities to enhance outreach, It also invested heavily on its IT capacity there by creating a data base which enhanced its ability to remain connected. Gangaram, a not for profit organization started major specialty programs which became feeder for huge number of other organizations. Medanta put up excellent management practices as its USP to enhance efficiency. Tata Memorial Centre which is a brand name for oncology cases started building capacity both in government and private sector creating a grid where case will go near thee people. Many organizations are investing in vaccines research models trying to become something like Mayo Clinic or Cleveland clinic adding a new dimension to health care. An another spectrum is LV Prasad Eye hospital, Sankar Netralaya, Arvind all Eye care institutes combining excellence in service, training, research and community services and have become global names. In any case a rendition of hospital cost and its lab as well as its HTS and lab information system integration generates lot of confidence in clients and sometimes keep the client in constant touch particularly for emergency services, India is hugely evolving market and has almost broken the glass ceiling. However internal auditing of functionality, ethical practices and its public relations powered through client research activity will make it much more accountable to clients. There is need for networking and coming together to better serve the communities.

PROLOGUE



Prof. Piyush Sinha
Executive Editor
IIM Ahmedabad

Leadership is about breaking the glass ceiling. It is about setting benchmarks – first for self and then for others. The knowledge so gained is limiting unless the world around benefits from it. This dissemination and adoption by others better the standard of living. As a side effect it set the originators as leaders.

There are several ways of becoming leaders. Most organisations would focus on the value chain of their firms to create and deliver values for customers. There are two major flaws of this approach: First, we as firms think that we are the creators of value and everyone else is consumer of value and secondly we becoming myopic in focussing on our own value chains.

Leaders across have pursued a different paradigm. They would consider everyone, including the consumer (called patient) as value creators. Also they would integrate the value chains of every stakeholder into their own value chains and build a business model that utilises this network of networks to maximise value for every stakeholder.

Today we meet here to begin a journey that would take all to newer heights through the accumulated knowledge that we all have. Although today we may see only the tip of the iceberg, we would have flagged off our journey.

As a collaborative effort between Abbott and IIMA we wish to create forums and platforms which will help us create and disseminate knowledge which is mutually fulfilling. As I said earlier, we all are both value creators and value consumers to create a network to set benchmarks and leadership in managing organisation for the good of the nation.

OUR TEAM



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FOREWORD



Bhasker Iyer
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At Abbott, our endeavor is to help people unlock their potential with the foundation of good health. By helping people live fully, we help them live not just longer, but better lives. This is embodied in our brand purpose of “LIFE. TO THE FULLEST.” We believe this can be accomplished only through an effective healthcare delivery system- one that is all about creating value for the people by keeping their interest at the core of everything we do.

All of us here are fully aware of the healthcare challenges facing us today. But what is critical is for us to come together, discuss and arrive at solutions that will help meet the huge unmet needs. How do we serve the patients better, giving them access to modern healthcare; how do we help people stay healthier and longer. Addressing these will ensure we have a healthy society and a healthier India, one where each of us can aspire to achieve our full potential.

The answer, we believe lies in collaboration. Partnerships of varying kinds have the power to disrupt traditional thinking, radically change the healthcare landscape and provide access to quality healthcare at scale. One such example that I can personally quote is Abbott’s partnership with ITC e-Choupal, leveraging their infrastructure and reach to drive awareness and diagnosis of epilepsy in rural India. A collaborative approach, we believe will ensure ‘healthcare for all’. It is this belief that has helped us put together this unique platform - The Hospital Leadership Summit.

Hospitals are where healthcare is experienced by people. They play one of the most critical roles in how healthcare is consumed or delivered to people. This Summit brings together thought leaders who will touch upon the vexing dimensions and dilemmas that healthcare leaders encounter today, deliberate on how we can create world-class customer experience in hospitals, and help hospital senior leadership teams consider strategies they must deploy to adapt and succeed in the future.

An effort of this kind is not new to Abbott. For example, in Europe, with over 17% of the population currently over 65 years and the proportion growing, increasing life expectancy threw up an unusual challenge- how can those extra years necessarily be healthy ones, one which is not burdened by the need to cope with one or more chronic disease, and one that does not threaten the viability of Europe’s healthcare system.

Abbott took the lead through its ‘Healthy Ageing’ initiative with a clear objective: to increase healthy life years of European citizens by two years by 2020. To start

Abbott took the lead through its ‘Healthy Ageing’ initiative with a clear objective: to increase healthy life years of European citizens by two years by 2020. To start with, Abbott partnered with Economist Intelligence Unit and created a multistakeholder forum- drawn from European institutions, the European Commission, patient groups, WHO, payers like NHS and relevant trade associations. This group of experts deliberated on tackling chronic disease as one of the chief ways of extending healthy life years in Europe and helped create the EIU report and knowledge repository on healthy ageing. This initiative was thereafter rolled out at a country level across Europe for discussing country level strategies.

We expect to create similar outcomes through the Hospital Leadership Summit. We have an impressive agenda and an opportunity to listen to some of the leading minds in the healthcare space today.

Understanding customers is extremely critical to deliver on their aspirations and for business success. The session on ‘understanding the Indian healthcare consumer’ will throw light on their expectation from us and how hospitals need to continuously evolve to meet their current and future needs. We will also get to hear global insights from service sector leaders on how they develop a customer centric approach in their operations. The session on ‘Future ready

hospitals’ will highlight how we can achieve quality of care at scale, what are the newer models that can shape the future of hospitals, How can hospitals improve access, provide quality patient care and still be sustainable.

As part of our larger agenda, we have also created an editorial board led by Dr. NK Ganguly and supported by Prof. Sinha of IIM Ahmedabad and other leading luminaries from the healthcare fraternity. This board will come out with periodic publications that will enable the CXOs and their hospitals address issues they face today and how they can transform in preparation for the future.

From Abbott’s perspective, we feel truly privileged to have the opportunity to work with you all in helping people live their best possible lives and achieve their potential. I am excited to bring the brand purpose of “LIFE. TO THE FULLEST” to life with you as we discuss, share



HUMAN CENTRIC PATIENT CARE

Effective leadership depends upon influence, not control, which is reflected in a leader's ability to paint a picture of a future that colleagues can embrace in the vision. At UCLA Health Sciences, this pursuit led to an elevation of patient satisfaction score from the 35th to the 95th percentile. Bindu Danee, Unit Director of Oncology/Hematology/Stem Cell Transplants notes, "From my perspective, senior leadership sold managers on the importance of creating a patient care revolution at UCLA. More importantly they specifically outlined the behaviors needed to achieve our goals and gave us the structures to guide us along the journey."

A successful implementation of a customer-centric strategy increases a hospital's ability to attract and retain customers. Customer loyalty is an attitude about hospitals and its' services. It gets reflected into intentions and behaviour of repurchase and recommendation. While in case of hospitals, loyalty through repeat visits may not be relevant, building loyalty through recommendations emanating out of positive word-of-mouth (WOM) can be a powerful tool for a successful hospital.

For achieving such successes a different approach that brings paradigm shifts in thought, processes and behaviour becomes necessary. We call this a Human Centric Care. It is an approach based on asking two essential questions for any healthcare system. "What is the system trying to achieve?" and "Who is responsible for achieving it?" As an outcome it is not only a great clinical outcome but people feel something more than just satisfied. For many patients, especially those with chronic diseases, the diagnosis, treatment, and monitoring of their diseases may involve multiple healthcare professionals. This is human-to-human healthcare, stated Dr. Joseph Michelli while suggesting the four key areas for building humancentric patient cultures in a hospital.

Defining and Inspiring Delivery of the Ultimate

Care Experience Customers do not buy goods or services: they buy offerings which render services which create value. It is not a matter of redefining services and seeing them from a customer perspective; activities render services, things render services. The shift in focus to services is a shift from the means and producer perspective to the utilisation and the customer perspective.¹ It is not good enough to deliver great clinical outcomes with great safety, we need to do it in a manner where people are respected and they not only feel cared for through healthcare but cared about by the people who deliver that healthcare. Most of the times it is the person, beyond the disease. This requires building a cadre of care providers who are committed to this cause. The hospitals would develop a broad set of communication behaviour that can be practiced in healthcare including food service, housekeeping, administration, volunteers, nurses, and doctors and address issues that go beyond the process of respectful communication. All employees need to commit to these during recruitment. This helps in setting clear baseline expectations of universal caring behaviour and sending a message that peers are also equally accountable to service behaviour in interaction with patients and other staff. Amir Rubin, COO, ULCA, notes, "Although we make it clear that you need to meet our caring expectations, our ultimate goal is to develop talent in the direction of maximum caring not punitively respond to



For many patients, especially those with chronic diseases, the diagnosis, treatment and monitoring of their diseases may involve multiple healthcare professionals. This is human to human healthcare.

Dr Joseph Michelli

1. Gummesson E (1995), "Relational marketing: Its role in the service economy", In W. J. Glynn & J. G. Barnes (Eds.), *Understanding services management*, John Wiley and Sons, New York, pp. 244 - 268

performance gaps. We need to assure that people don't willfully disregard these expectations but we are more interested in encouraging people to grow in their service

Your Diagnostic Check-up

- How aligned is your senior leadership team when it comes to a vision of service excellence? What can you do to increase that alignment?
- Have you placed the "face of the customer" in all aspects of your business discussions? Do you start meetings with customer service stories? Have you elevated your corporate vision to address aspects of compassionate care of customers?
- How have you identified the specific communication behaviors you would like to see in all interactions with customers?
- Have you outlined a broad set of service behaviors that represent expectations for interactions with colleagues and customers?
- Are customer service behaviors included in the job description of all employees?

Listening/Empathising/Adding Value

In healthcare people choose human over technology expecting them to do something machines and technologies will never be able to do. "One of the things that always bothered me about healthcare when I was a patient was that it seemed so difficult to access. It occurred to me that if you have the choice between having all the polish and not necessarily the intellectual muscle or going to another institution, say UCLA, that has all the intellectual muscle but could use a little more of the polish, the organisation with substance would be in an enviable position", Dr Michael W. Yeh, Assistant Professor of Surgery and Medicine and Program Director of Endocrine Surgery at UCLA.

The hospital has created several channels of

communication with employees and customers, such as daily leadership rounding with staff and patients, weekly CEO meals with staff, peer assessment tool rounding, engaging in discussion of authentic inquiry of the patient experience. They have also created patient advisory councils. Such interactions create mechanisms to collect and share positive stories. The leaders would emphasise and propagate stories of service excellence and care for one another and Link the excellence back to the core values of the hospital and desired customer experience. Quality can be delivered in a timely way, if we are willing to make

Journey Mapping

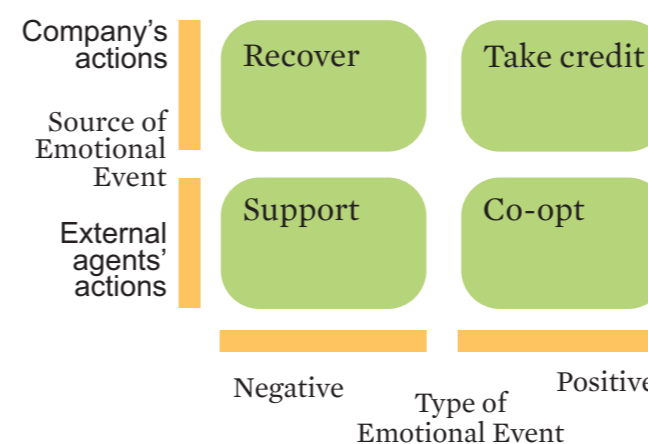
Hospitals process customers. They go through a journey that can create good reputation of the hospital as well destroy it when not managed well. Hospitals' approach to improving patient experiences by applying management science principles such as Lean and Six Sigma tend to increase the efficiency of hospital operations, but take the attention away from the "soft side" of customer service the emotions and stresses customers face throughout their experience. By integrating the principles of behavioural sciences into the structure of management of processes, Hospitals can improve the patient experience without necessarily reducing the amount of time patients spend waiting.

There are three kinds of journey mapping. The physical journey consist of physical movement steps that the patients and care takes have to take for registration, diagnostics, treatment, stay and discharge. Hospitals need to map this journey in managing the movement of traffic and queues. It a



typical time and motion study of the processes to be followed by the patients. Although on the whole every patient goes through the same journey, the actual path and processes tend to change with every patient depending in the care and treatment required. Tools like Service Blueprinting and Fishbone Diagram as well as operations research tools like Flowcharts and CPM come in handy in such exercises.

The second journey follows the same path as the physical but the experience of every customer is different. This is the emotional journey. Diagrams visualizing the emotional path of patients, called Emotionprints, enable organizations to identify critical moments of truth that the hospital needs to perform on. Emotionprints may also provide insight into the kind of emotional intelligence frontline staff need to exhibit at certain points in the service process. Meeting the 2 emotional needs of customers appropriately and at the right time can help establish emotional bonds. These bonds build relationships with customers and may explain why customers remain so loyal despite the availability of other options with



comparable functionality and lower price.³

The journey that patients take is informational. This journey starts much before the patients and care takers come into the hospital and continues long after they have left the hospital. It is well understood that health care decision by the customers involves high perceived risk, economic as well as non-economic, leading to a

heightened active information search. Most customers are in the state of uncertainty. Also there exist a very wide information asymmetry between the provider and the consumer. Consequently, in this process they use a 3600 approach and collect and share information from different personal and non-personal media surrounding them. The spokespersons include family, care takers, friends, other patients, doctors within and outside the hospital, staff of the hospital and any other opinion leaders. The digital world provides a host of information, films, discussion and conversation on most of the concerns that patients have. A hospital must create a composite picture of the information that



would be required by the patients and caretakers and the sources so that they are well prepared before they visit the hospital. There is a high chance that this will also create higher level of engagements among the audience.

Satisfaction is not enough.

Delighting the customers is not enough in today's world. To really win their loyalty, forget the bells and whistles and just solve their problems. Every healthcare brand promises growth in revenue and earnings, but only 1 in 9 achieve sustainable, profitable growth. These successful companies have twice the level of customer advocacy as their competitors. Customer loyalty truly pays off, but the tools used to manage profits are far stronger and better understood than those for measuring loyalty. As Dr. Joseph Michelli says, "Things are changing, I remember in the 80's we would measure customer satisfaction but we didn't

2. Dasu S and R B Chase (2010), "Designing the Soft Side of Customer Service." MIT Sloan Management Review, Vol. 52 (1), pp. 33 - 39

3. Noble C and M Kumar (2008), "Using Product Design Strategically to Create Deeper Consumer Connections", Business Horizons, Vol. 51(5), 441 - 50

LOYALTY & ENGAGEMENT
THE OUTSIDER EXPERIENCE

THE EMOTIONAL

..... is a **name** I can always trust.
..... **always delivers** on what they promise.

..... always **treats me fairly**.

If a problem arises, I can **always count** on ... to reach a fair and satisfactory resolution.

I feel **proud** to be a customer.

..... always treats me with **respect**.

..... **is the perfect company for people like me**.

I can't imagine a world without

really care what we got by the way of measurement because it wasn't really important even when we measured it." He further adds, "If patients can be kept alive miraculously and they are not satisfied with the process, you know you have a problem in the way you deliver patient experience." Patients who are more actively involved in their health care have better health outcomes and incur lower costs. Emotionally engaged patients are more likely to return for care and refer family and friends thereby reducing marketing and patient acquisition costs. The problems identified by engaged patients tend to be constructive in nature. Also staff engagement parallels the engagement level of patients. Hospitals should measure loyalty and engagement. It is measured in terms of advocacy as How likely is it that customer would recommend a healthcare service to a friend or colleague. The metric used is called Net Promoter Score (NPS). This tool works on a scale of 10. Customers with a score of 9 or 10 from would be considered as the Promoters of your work. If you get a 7 or 8 they are considered Passives. They may or may not like the service. If they give a 6 or below they are called the Detractors and are not happy with

your service hence provided. So, subtracting the Detractors from the Promoters, one arrives at the NPS. :

Endnote

Let's assume you have the "best of the best" products or services and customers come from great distances to acquire them. Can your consumers get that product or service when they want or need it? As many can attest, healthcare is not known for the timeliness of its delivery, although some would argue that other healthcare models perform worse on timely access. Healthcare often requires great patience. Leadership must constantly look for



THE IM-PATIENT CUSTOMERS

The Indian landscape has been witnessing unprecedented changes all around. In the last 20 years the economy has gone from being a savings to a spending to wealth creation orientations. The demographic dividends drivers have moved to the youth. The country has become global in terms of products, services and consumption. These changes have been brought due to the exposure of the consumers to the global services.

The country has very rapidly moved from being agrarian to becoming a knowledge based economy. One of the biggest drivers has been the development of networks, physical and virtual, that have created a connected world. According to the Economist, the big unknowable is how a completely networked world will change the way people work with each other. In the past, the rules of business were simple: beat the competition into submission, squeeze your suppliers and keep your customers in ignorance the better to gouge them. At least everybody knew where they stood. The new technology makes an unprecedented degree of collaboration possible, but nobody can predict how far that will reach outside the boundaries of individual firms, and how people will adapt to rapidly shifting business alliances and federations. Nor is it clear how companies will respond to ever more demanding customers with perfect market information.

The health sector is not an exception. The country has seen emergence of multiple models to meet the needs of these demanding customers.

Hospitals have evolved to create global facilities and services levels. The country has become a hub for medical tourism with patients coming from across the world. Hospitals have also shown models to deliver these services at a cost affordable to a larger part of population without compromising the quality of service. In this section, we explore the Indian health consumer in terms of their expectations, the information search behaviour and some of the value drivers for them.

The Customer Expectations

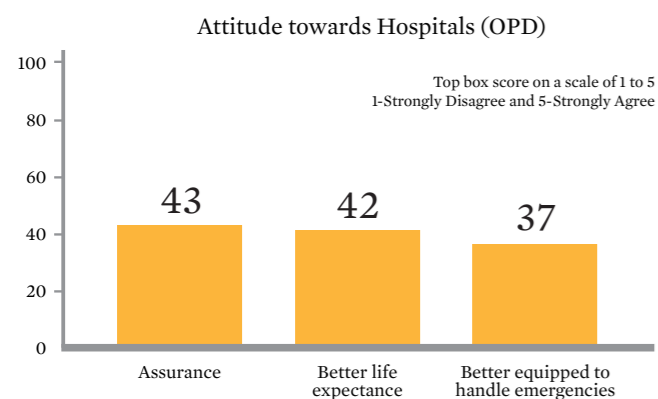
Cure is a given expectation. Most consumer expect much more. This includes care, concern, cost and commitment to service to the patient as well as care giver. A large number of customers think that hospitals are very transactional in nature and may take undue advantage of the delicate situation that the customer faces while dealing with hospital. These concerns become alarming when hospitals have to manage a large set of consumers which may be beyond the capacity of the hospitals. However, the consumer is being exposed to higher level of services not just from the health sector but also from several other service sectors from different geographies which shape their expectations. A study conducted by Abbott with the help of Nielsen brought out several glaring gaps which would need immediate attention. A panel discussion during the Summit also emphasised this phenomenon and indicated that health sector needs to buckle up and bring a new orientation to the way customers are being managed.

It is a challenging game when the target is moving at a fast pace. But that is the realities. Consumers are ever-moving targets. It gets more complex when the environment around them is hyper dynamic. With new entrants coming into the industry at a rapid rate, the changes in customer expectation take a non-



"There is a need to have a better and more holistic approach to understand the consumers."

Rama Bijapurkar



linear and sometime Brownian motion. Managing a healthcare business with these realities requires hospital to understand consumers and their expectations better. “Customers have segmented the hospitals on different basis. Some are Body part hospitals, Assembly line hospitals, Private doctor boutiques, Fancy 5-7 star hospitals and Premium yet not 7 star hospitals. There is a need to have a better and more holistic approach to understand the consumers”, says Rama.

Developing a Better Understanding of the Customers

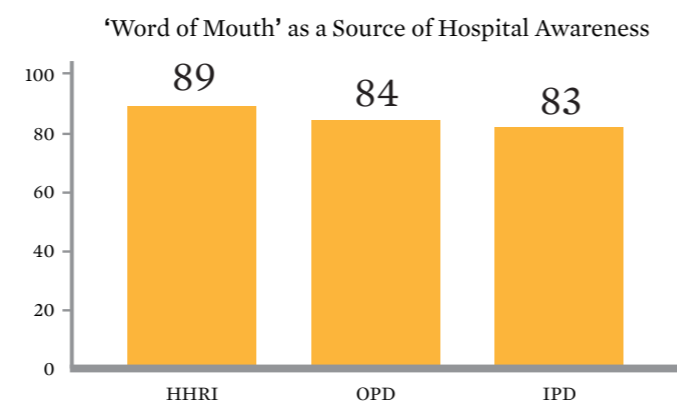
“We first need to understand who our customer is. Health care is a grudge purchase. Customers purchase medicines and other healthcare products and then repent upon them”, says Rajit Mehta. Most hospitals use segmentation methods which are limited in developing an insightful understanding of customers. Almost all of them use geo-demographics - age, income, occupation, income, geography, or diseases - for identifying their customer base. While these bases are important they can only describe a segment. They cannot describe consumption and purchase. The



“We first need to understand who our customer is. We are just at the basics and still have a journey to be followed. Huge investments are made to capture the customer information before we start any further analyses.”

Rajit Mehta

other segmentation method used is the SEC classification which is a surrogate for demographic as income was not enough to describe consumption in this country. Even this only provides what segments exist and what is the size of the segments. These still do not drive purchase, especially from a particular set of service providers and hospitals. Demographic segmentation helps in identifying who ‘would not buy’. It does not answer very definitely, who in the selected demographic segment. “We are just at the basics and still have a journey to be followed. Huge investments are made to capture the customer information before we start any further analyses. I believe investment should be made on understanding customers, their needs and preferences”, concurs Rajit.



The requirement of a firm is not who needs this service, rather it is who want it the way it delivered. This requires a style of the lifestyle of target customers who may have similar demographic profiles. This is where psychographic segmentation becomes important. “Hospitals have not invested enough in understanding their consumers. Basic marketing techniques like psychographic segmentation, targeting and need based differentiation are still nascent in healthcare”, states Mandar Vaid, McKinsey. A psychographic segmentation requires undressing the values and lifestyle of a customer which are formed due to the attitudes and beliefs of a person. These get reflected in what activities the person gets involved with, what are his opinions and what interest them more. It is a study of how the person lives his or her life. Products and service

become relevant and integral to them when they sync with the lives of the customers. Studies have found that Values and lifestyle segmentation has higher explanation power than demographic and when it is laid over demographic the power of explanation doubles. “Consumer is very much a part of hospital system. At hospitals we do not process diseases but consumers. So we need first think that how do we intent to fit into the lives of customers. We need to analyses that how do our customers live and what all factors impact their behaviour”, added Piyush Kumar Sinha, IIMA. In the absence of not using advanced segmentation, most hospitals are perceived very similar by consumers.

What do consumers want?



“Basic marketing techniques like psychographic segmentation, targeting and need based differentiation are still nascent in healthcare”.

Mandar Vaid

It is difficult for consumers to evaluate a service like healthcare. They not only are able to assess neither the outcomes nor the process. This creates a state of anxiety and stress leading to a state of helplessness. Consequently, their dependence on the hospital increases substantially. They tend to comply with whatever is suggested to them. Consumer expectations from hospitals could be classified broadly into structural (hard) and operational (soft) dimensions.

The structural factors include the infrastructure, size of hospital, availability of doctors and paramedical and other staff, existence of paramedical service within the premises and prices charged for the total as well as each of the products and services availed. The soft factors include the service experience, facility experience and convenience of location, availability and timing. The services provided to

the care givers and their experiences are also part of this set. The hard or the 'tangible' factors are used by the customers as a surrogate to judge the clinical reputation of the hospitals which help in customers deciding which hospital to choose. The soft factors, which relate largely to the pre, during and post treatment experiences, have a strong bearing on repeat visits of the customers and also a creation of positive word of mouth. When such experiences are felt by a large number of customers on a consistent basis. reputation of the hospital increases exponentially. Consequently, customers are ready to trade-off some of the structural issues. It is also being noticed that as consumers seek information more actively, it is very likely that these structural proxies may wane in importance. “As an industry, we need to understand that healthcare is not just about the patient but the support structure around it. But our industry neglects the support structure and focusses on the ailments and diagnosis of patients. We should work on developing an overall customer experience rather than just providing ailments to the patients”, opines Dr. Mudit Saxena, CEO, HCG

“Customers build different expectations from different type of hospitals. They have a clear categorisation of the types of hospitals. Now the



“At hospitals we do not process diseases but consumers. So we need first think that how do we intent to fit into the lives of customers”.

Prof. Piyush Sinha

thing is we just don't have those customers who want ailments or diagnosis. We have those customers also who want to know what I should eat so that I don't get ill. Healthcare industry needs to focus on that also. Customers want to go back to basics”, says Rama. Different segments of consumer would want a different combination of structural and fee factors. The importance of these factors in choosing a

hospital changes depending on the nature of events and interventions required. To bring back the importance of segmentation, it is also found that the value of these factors may be determined more by psychographic than demographic variables.

Social Media – A Source for Information Search

India has become one of the most active nations in terms of usage of social media. The number of Internet users in India reached 302 million by December 2014, registering a Y-o-Y growth of 32% over FY 2013. The Internet in India took more than a decade to move from 10 million to 100 million and 3 years from 100 to 200 million. However, it took only a year to move from 200 to 300 million users. 4 It is expected that by 2018 this will reach 500 million with almost 50% users from the rural areas. Similarly in China the numbers of users are expected to reach 800 million. The two countries put together would account for users much more than US, Japan and Europe put together. In both these countries the rural population is driving this growth due to the infrastructure being created by governments and private mobile service providers. The use of local language and videos will contribute further.5

“Digital world is not something fancy to Indian people. We have grown up to be digital now. So, we have aware customers. Customers know everything. Just reflect back and see, it was



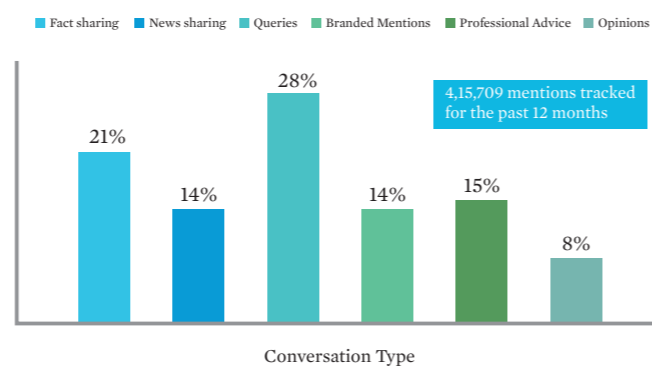
“Social media has impacted the customers to a large extent. We try to connect the virtual of a customer to the physical”.
Sangita Reddy

customer who invented a missed call not the telecom provider. If religion in India can go digital then use of digital media in healthcare can be taken as a simple trend”, points out Rama Bijapurkar. The average amount of time spent

daily on the internet by smartphone users is 2.5 hours and 75% of this time is spent in surfing social media sites, playing games and accessing entertainment. About half the US population tends to delay care or seek alternative medicine because of the lack of perceived value in traditional healthcare.6

It is found that over 80% of customers refer to word of mouth through family and friends when deciding on a hospital. However at the same

Topic Analysis by Conversation Type



time, 61% of patients are researching online to understand their illness and experiences of other customers with the doctor/hospital. “We belong to a virtual world. World of Facebook and twitter. Social media has impacted the customers to a large extent. We use social media to impact interactions and intermix the virtual with the physical space. Patient calls us or WhatsApp us to mix an appointment with a cardiac. Their job is done, rest we follow up from booking a cab till fixing an appointment with doctor and getting him back to his house. We try to connect the virtual of a customer to the physical” stated Sangita Reddy, Apollo Hospitals. Online research on preventive and wellness topics is even more prevalent. Customers are increasingly talking online about everything from preventive to curative to general healthy living. This was found in a study by Abbott that involved an analysis of 1.2 million conversations over a 12 month period. These discussions were led by women in 56% of cases. These men and women belong to ages between 25 and 45 with lower age groups being more active. More than 50% of these conversations were found on Facebook and



“Technology has acted as a facilitator for customers. It has also helped hospitals to improve customer satisfaction”.

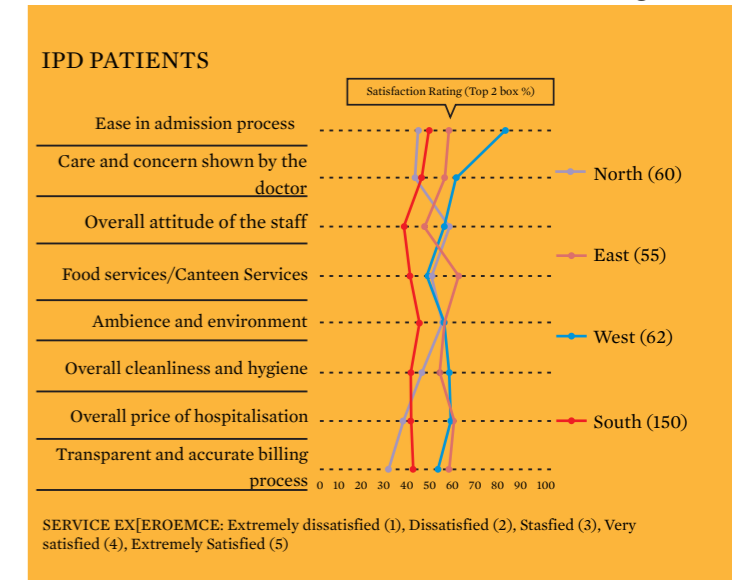
Dr Mudit Saxena

Twitter. A large majority of these conversations were happening in Bangalore, Mumbai and Delhi. A whole host of topics were discussed. The leading themes included weight loss programs for adults, mental health and relationships, heart health, living with diabetes/cancer, pregnancy and women's health and children's health. Almost 70% showed either positive or neutral sentiments. Users have used text, large and small videos, podcasts and images. The conversations included fact and news sharing, queries, opinions, professional advice and mention of brands. Digital media is even changing the role and importance of several opinion leaders. “Overall customer experience has improved to a larger extent by influence of technology. Technology has acted as a facilitator for customers”, says Dr Mudit Saxena

Almost all of these are user generated contents. A study of the websites of Indian hospitals indicated that the hospitals have miles to go before they can be useful to the customers and fit into their social media world. This study covered 12 Indian and 3 US hospitals. While most Indian hospitals were lagging in their efforts, three of them were also the best in class. These websites were evaluated on accessibility, usability, on-page SEO and number of issues per page. One of the Indian websites led all three except on-page SEO. However, most websites lagged far behind the US counterparts in all dimensions. These findings are based on a study of 3993 pages of 15 websites.

Implications for the Health Care Industry

There is a distinct need for understanding consumers better and more granularly. Hospitals must increase their investment in consumer research and process studies to deliver desirable customer experiences. This would require conducting customer satisfaction surveys, focus groups and measuring what are the consumers talking on the social media about hospitals, healthcare and their other lifestyle issues related to this domain. Hospitals need to understand how customers behave online not only for communication but also as a link to their digital



leadership strategy. With opinions being formed based on the contents, reviews and reports, consumers are becoming savvy and well informed. The traditional opinion leaders may not be as important as they were. Hospitals must learn from other series in bringing best practices into their working.

A similar understanding is also required about the caregivers as they become the ‘mouthpieces’ who talk not just to the outside world but more



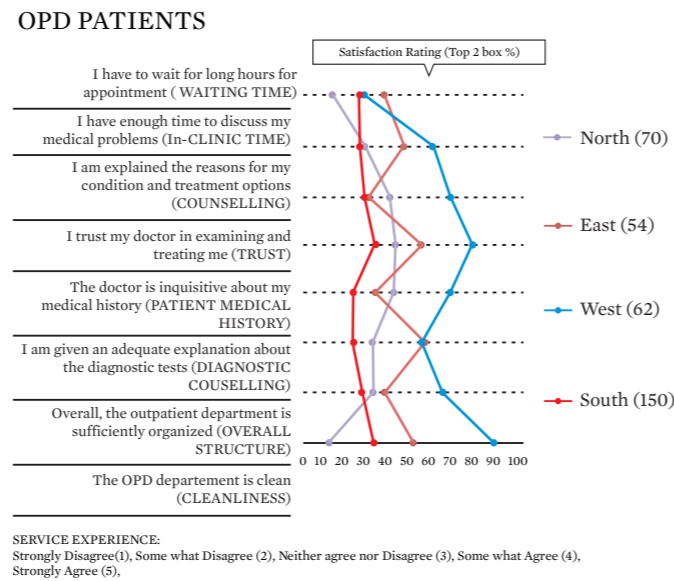
“People make the hospitals. A high level of service requires our employees to feel proud of the service and not obligated”.

Dr. D. S. Rana

6. PwC (2012), “Medical Cost Trend: Behind the Numbers”, <http://pwhealth.com/cgi-local/hregister/reg/medical-cost-trend-behind-thenumbers-2013.pdf>

importantly to fellow caregivers of other patients in the hospital. In most cases, the conversation creates a spiralling effect. With digital media in their hands, it takes only a 'like' to create and propagate their feelings. Services and facilities must be developed based on requirements of the caregiver as well.

Finally, the opaqueness of the service and higher anxiety levels of patients and caregivers should also be addressed strategically. Hospitals should work on lowering the information wall proactively. A strong two way communication at all levels and stages of service is a basic requirement. Clear instructions, directions, well informed and



FUTURE-FIT HOSPITALS

Hospitals of future would have to holistic, inclusive, effective and efficient. They would need to be fitting into the needs of the consumers much more integrally than just when needed separately. The definition of care would have to expand beyond treatment and medication. Consciousness towards community at large and the environment would have to become integral to their operations. Royal College of Physicians, London, in their report on future hospitals state that all patients deserve to receive safe, high-quality, sustainable care centred around their needs and delivered in an appropriate setting by respectful, compassionate, expert health professionals. Staff working in the hospitals wants to provide good care for their patients, and many patients experience excellent care in our hospitals every day. However, reports of the care received by patients in many hospitals makes harrowing reading. Thus in the hospital of the future:7

- Fundamental standards of care must always be met
- Patient experience is valued as much as clinical effectiveness
- Responsibility for each patient's care is clear and communicated
- Patients have effective and timely access to care, including appointments, tests, treatment and moves out of hospital
- Patients do not move wards unless this is necessary for their clinical care.
- Robust arrangements for transferring of care are in place
- Good communication with and about patients is the norm
- Care is designed to facilitate self-care and health promotion
- Services are tailored to meet the needs of individual patients, including vulnerable patients
- All patients have a care plan that reflects their individual clinical and support needs

- Staff are supported to deliver safe, compassionate care, and committed to improving quality

Optimising Customer Experience

Future - Fit Hospitals would deliver much higher levels of consumer experience that goes beyond just treating patients. They would integrate patients and care givers into their plan. Also the experience would have to be come seamless across the processes, departments and communication channels. They would use data and analytics to become more predictive than being post - hoc oriented. "Data is of immense importance to hospitals. Currently the view is very treatment oriented. We need to gather data about others aspects of the life of the customers, conversations on the social media, macro-economic scenarios and changes across the value change. Only then we would be fitting to the customers", said Dr. Badwe.



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Dr. R.A. Badwe

Hospital would also go beyond the physical boundaries and reach out to the customers. I an experiment at Geisinger's medical, home program improved clinical outcomes and reduced costs among patients with chronic diseases. A time-limited stipend was provided to physicians to promote skill development. The plan also trained the nurse case managers for improved communications infrastructure. "Similar experience at HCG has fetched good results", says Dr. Mudit Saxena.

One one hand we have technology reaching new

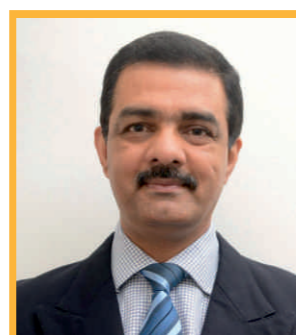
heights Hospitals would need to building partnerships with consumers by engaging them across the whole through the continuum of care. This will help the hospitals to be in tune with its customer needs and keep it relevant forever. Though data on clinical quality are readily available, patients still

rely heavily on the opinions of family, friends, and acquaintances when making healthcare decisions. Hospitals need to encourage patients who consider themselves partners with the provider to serve as advocates for the organisation. Customers who are involved in their healthcare decisions experience better outcomes and adhere to their health plans. This leads to greater loyalty and better clinical outcomes. They think more positively of the healthcare provider even in the event of adverse events.⁸

Integrating Technology

Big advances are being made in developing and discovering drugs across the world. Similarly, efforts are being made to bring breakthrough in devices too. However, hospitals need to personalize the delivery of the services to the patient. P4 medicine, a concept developed by Leroy Hood, seeks to improve the quality of life through predictive, preventive, personalized, and participatory medicine. Some of the hospitals are introducing radio frequency identification technologies to customize the environment on the basis of patient preferences. “For creating future fit hospitals we need to look at the technology and infrastructure in our own hospitals. We need to bring people in the system (nurses, attendants and doctors) together to work up for a reason. Premature data analysis is also a reason which can create hindrance in global growth. The biggest problem is that we have no data available so we cannot even think of using analytics here” opines Ramnarayan. A closer examination of the patient may even reveal new strategies for improving patient care. For example, interventional video games have been shown to increase medication compliance

rates and thus improve health outcomes among children.⁹ Similarly many discharge information decrease adherence as instructions are generic and may times irrelevant to the customers. Improving the patient experience through personalising medicine would improve health outcomes. Hospitals can tailor their delivery of services based on the demographics, technographics, and psychographics of their patients and harness the power of big data.



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Dr. Ram Narain

Hospitals also need to develop a plan to connect and measure new data. “We do not have data available. So reaching customers is very difficult. We also need to standardise practice of medicine. We should bring forward evidence based practices in healthcare system. We have already started developing IT related services in healthcare and today all our hospitals have data stored in computers. No paper work”, opines Dr. Jairam. These datasets could be classified as (a) CSOM which are objective measures relating to health¹⁰ and quality of life, such as the physical or psychological aspects of disease, complications and the speed of recovery, including the impact on quality of life. Social outcome measures relate more to the life situation, such as housing, education and employment which may be affected by their

Dimension	Type of Outcome Measurement		
Type of outcome measurement	Clinical and social outcome measures (CSOMs)	Patient Reported outcome measures (PROMs)	Patient Defined outcome Measures (PDOMs)
Measurement Tool	Naturally approved or clinically available tools already in use to collect data	Structured standardised existing is that	As yet undeveloped tools to capture locally defined outcomes
Data collection	Data being collected and available and often in the public domain	Data not routinely collected	Data not being collected

health condition; (b) PROMs as a number of structured, standardised and validated tools exist to capture people’s own reports on their outcomes – as distinct from their experiences of care or their levels of satisfaction; and (c) PDMOs as outcomes for which neither clinical data nor existing PROMs are available and new ways of capturing these outcomes need to be identified.

Initiatives like Ontario’s local health integration networks created by the Ontario government in March 2006 for planning, identifying, integrating and funding health services and priority programmes for their regions may have to be undertaken. The creation of LHINs is indicative of a global shift in health care management from a centralised model to a regional model for achieving better quality of care for patients, and significant cost savings for health service providers.¹¹

Breakthroughs in technology and the use of big data have the potential to transform medicine and create connected, more efficient healthcare. Yet health systems are struggling to benefit from these innovations. Only 20% of health outcomes depend on the strength of healthcare systems; the rest is a function of the health ecosystem. So, to keep individuals and



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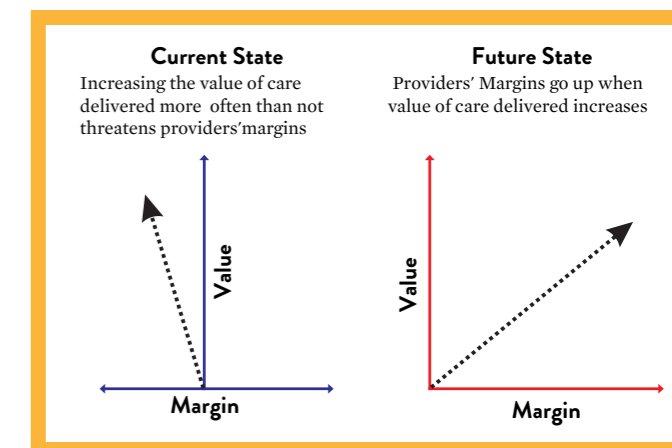
Dr. Nandakumar Jairam

populations healthy, solutions need to come from outside of the traditional healthcare space. “On one hand we are breaking the glass ceiling in terms of technological breakthrough. On the other we are still struggling to manage hygiene. How much are we for future”, asks Dr. Prabhu Vinayagam – MD, JCI, Singapore

Managing Costs

Future fit we must be more viable. The ratio of new hospitals opening and closing is not very healthy. I feel the prime gap lies in the way we follow our basic standards. We need to decide the high revenue generating areas within hospitals and invest spend money likewise. Activity based costing should as be used as real time activity based tool which will help us to see what is viable and what is not, states Dr. Abhay Soi.

Here also hospitals would need to bring a paradigm shift in the way they look at costs and change their internal-focus towards it. In most cases, there is always an attempt to reduce costs, especially when margins are under



pressure. While this seems logical it is myopic in nature and very short lived. Also volume would not necessarily drive revenues due to cost pressures. As a first step, hospitals need to make every one cost – conscious and develop a culture of judicious use of resources. “Some hospitals like NYS have changed the value-based payment to reform the product structure”. Their per-visit charge has been converted into a payment for an entire care package. Role of insurance would become vital in lowering the burden of the customers.

Such initiatives would require attention to move to enhancing return by adding to the revenues while simultaneously working on managing costs leading to improved EBDITA. This may entail initial investments in processes, equipment, technology, facilities and training which would

8. Needham Brian R (2012), “The Truth About Patient Experience: What We Can Learn from Other Industries, and How Three Ps Can Improve Health Outcomes, Strengthen Brands, and Delight Customers”, Journal of Healthcare Management, Vol 57(4), July/August, 255 – 263

9. Kato P M, S W Cole, A S Bradlyn, and B H Pollock. (2008), “A Video Game Improves Behavioral Outcomes in Adolescents and Young Adults with Cancer: A Randomized Trial.” Pediatrics, Vol 122 (2), 305 – 317

10. Outcomes Based Healthcare, “Contracting for Outcomes: A Value-Based Approach”, 2014 as presented by Dr. Hilary Thomas, KPMG, at the Summit

11. Bhandari Gokul and Anne Snowdon (2012), “Design of a patient-centric, service-oriented health care navigation system for a local health integration network”, Behaviour & Information Technology, Vol. 31, No. 3, March, 275 – 285

bear fruits over long run leading a strategic management of costs than being tactical in the approach to costs.



“We need to decide the high revenue generating areas within hospitals and invest spend money likewise. Activity based costing should as be used as real time activity based tool which will help us to see what is viable and what is not.”

Dr. Abhay Soi

Building Empowered Teams

Hospitals tend to develop strategies that are described as ‘air sandwiches’ meaning a strong strategy that is developed by the top level (healthcare administrators) and enforced at the bottom level (patients) without buy-in from the crucial middle mass (employees). No one knows the customer better than those 12 who frequently interact with customers. It is important that employees at all levels of the organization feel empowered to do what they think is best for the customers. Engagement and autonomy are critical ingredients for a high-performing workforce. Both frontline and back-office employees must believe and deliver high level of service. However, just engagement may not be necessary. Everyone – physicians, nurses, housekeepers, receptionists – must feel empowered to take decisions as appropriate for the customer at the time of the interactions. This may lead to creating teams which are cross-functional as well as cross-echelon for achieving a complete view of the customer requirements and interactions. “At Tata memorial we have created disease management groups instead of doctors of speciality. This improves the overall quality and output. We have designed an interior research group which consists of two components either in process of delivery or purpose. Incentives are being given to them depending upon the research they do”, says Dr. Badwe, TMH. Some hospitals have introduced financial incentives to encourage physicians to

implement the practice changes that were necessary for the new programmes to get off the ground.

Building Inclusivity

Hospitals need to fit the requirement of the populations. They cannot afford to be elitist. Also they cannot let the public hospitals take all the burdens. “Healthcare needs to make a reach to each and every person in this country. India still has 70% of the population that cannot reach any private healthcare service provider because of cost. Any private health care model that excludes around 70% of the population cannot extract the healthcare problem of the nation. Escapist route is to push this population to public healthcare system. So a sustainable model in private sector should be designed in a way that each and every one can extract service out of it”, says Dr. Nomal Borah. This would require innovate new strategies, methods and business models.

A large number of access enhancing initiatives do not last long, unless supported by grants or funds from government of development organisations. A holistic approach of defining and enabling access would be required. These initiatives, like Arvind eye hospitals and GNRC, are far and few in between. While doctors are



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entrepreneurs, they do not seem to be innovative on the business front. This may require the hospitals to think of their recruitment policies with a focus on building management and innovation capabilities. “Also when we talk about the quality, we need to adopt different approaches for rural and urban areas. The focus would be more on urban hospitals as they not



“Hospitals need to be cost efficient while enhancing the value delivered to the customers as well as revenues to the firm”

Dr. Hilary Thomas

only serve their population but also are a platform for global customers”, Dr. Jairam. Hospitals would need to be innovative in their approach and question well established truths about how every sliver of the value works currently and what steps would need to be taken so that a larger population is covered by a large number of hospitals and public initiatives by the governments are supported fully.

The second aspects of inclusivity are steps taken by hospitals for involving community. As a CSR initiative or as extension programme, hospital must show behaviours as expected by a responsible corporate citizen. Going forward, it

would have to be part of a corporate strategy and not one off drives that most of them undertake. The interaction would have to be more participative in not just understanding the needs of the community but also to explore opportunities of their participation in efficient management of the hospitals.

Hospitals must also be concerned about the waste generated from medical activities Improper management of waste generated in health care facilities causes a direct health impact on the community, the health care workers and on the environment due to infectious and hazardous waste. Indiscriminate disposal and exposure to such waste causes environmental and health problems for the community.

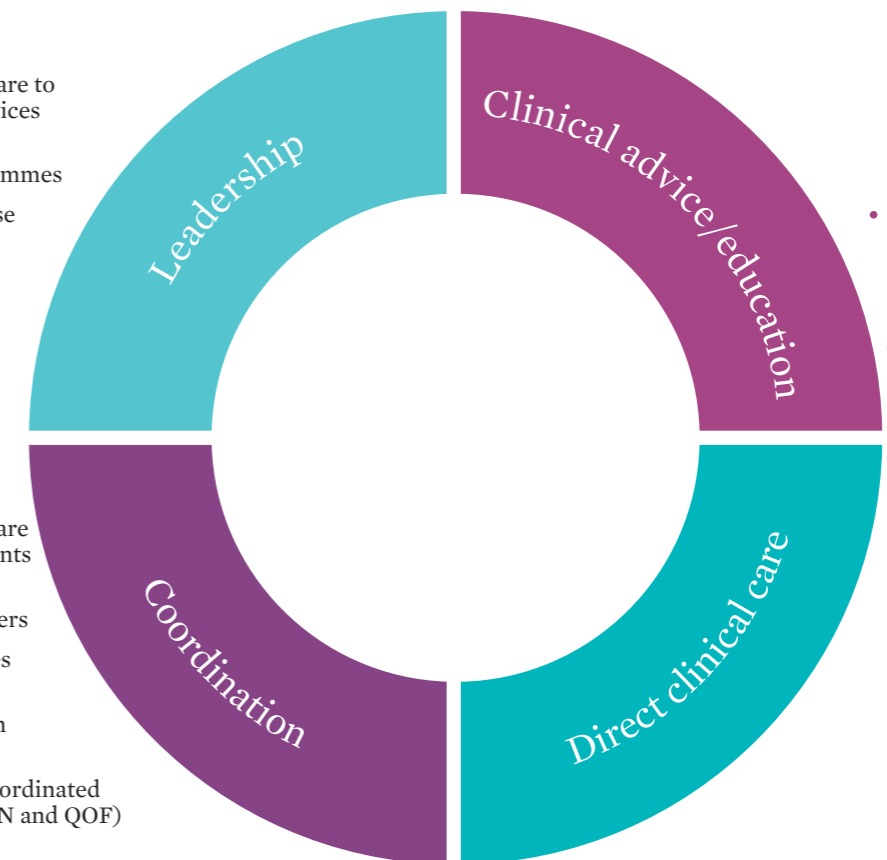
Health-care waste management in India is receiving greater attention due to recent regulations (the Biomedical Wastes (Management & Handling) Rules, 1998). The prevailing situation is analysed covering various

Leadership

- Working with primary care to support community services
- Clinical support to LTC self-management programmes
- Clinical input into disease prevention/health promotion activities
- Quality assurance for protocols and pathways
- Support for whole population needs assessment

Coordination

- Working with primary care to facilitate care treatments
- Work with acute teams and facilitate care transfers
- Work with social services and voluntary services
- Work with mental health teams
- Ensure incentives are coordinated between settings (CQUIN and QOF)



Clinical advice and education

- Virtual ward rounds and case discussions
- Advise inpatient teams on safe discharge
- Upskill and support community teams
- Support and enhance primary care services

Direct clinical care

- Community located consultants
- Home assessments
 - Outreach to instructions
- Monitor specialist services (eg oxygen service)

Extended roles for physicians in the community. CQUIN = Commissioning for Quality and Innovation; LTC = long-term condition; MDT = multidisciplinary team; QOF = quality outcome framework.



“On one hand we are breaking the glass ceiling in terms of technological breakthrough. On the other we are still struggling to manage hand hygiene. How much are we fit for future.”

Dr. Prabhu Vinayagam

issues like quantities and proportion of different constituents of wastes, handling, treatment and disposal methods in various health-care units (HCUs). The waste generation rate ranges between 0.5 and 2.0 kg per bed per day. It is estimated that annually about 0.33 million tonnes of waste are generated in India. The solid waste from the hospitals consists of bandages, linen and other infectious waste (30–35%), plastics (7–10%), disposable syringes (0.3–0.5%), glass (3–5%) and other general wastes including food (40–45%). In general, the wastes are collected in a mixed form, transported and disposed of along with municipal solid wastes. This requires specific treatment and management. Hospitals 14 would need to innovate and invest in managing biomedical wastes as well as create awareness amongst the personnel involved in health care unit.

Takeaways for Healthcare Providers

In order to remain future-fit, hospitals would need to be more effective and efficient. This

Dimensions	Diagnosis and prevention	Treatment	Health Outcomes
Common Today	Demographic Segmentation	Uptake metrics	Quality Assurance Frameworks
Possible Today	Retrospective real world evidence of optimised medicines usage	Linking medicine use to clinical outcomes	Self-tracking for clinical data generation
Future	Behavioural lifestyle modification	'One-off' treatment for care	Personalised treatments

14. Patil A D and A V Shekdar (2001), "Health-care waste management in India", Journal of Environmental Management, Vol. 63, Issue 2, October, 211 – 220

would entail remaining relevant. Change would need to be brought across the value chain stating from the health outcomes. This has implication for understand consumers from different aspects including psychographic, mediagraphic and technographic dimensions. These studies would help in remaining relevant to the customers, community and ecology. Use of data to delivered personalised medicine can become very useful in enhancing the effectiveness as well as creating customer loyalty.

Hospital would also need to go beyond the physical boundaries and connect with customer and community using several media options, especially social media. Inclusivity would be the key to success going forward. This would requires developing innovative processes and business models for ensuring delivery of high quality health service at much affordable costs while ensuring a profitable operation. Integration of concepts like shared value and tipple – bottom line into their corporate strategy would become essential in achieving the desired objectives.

GALLERY



Dr. Nandakumar Jairam with the Summit takeaways



Josh Grace shares insights about the in-patient consumer



The audience looks on during the summit



Sudharshan Jain and Bhasker Iyer along with Dr. Ram Narain



Panel members of the Transforming for the future discussion being presented the Eco-Certificate

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Mudit Khanna, Rajit Mehta, Rama Bijapurkar, Sangeeta Reddy, Prof. Piyush Sinha and Mandar Vaiya during the panel discussion on the Indian Im-patient Consumer

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