

The Makemytrips of Healthcare

Organisations like Hospital Guide Foundation and PeopleHealth India can help you find the right doctors and affordable treatment against a rather dismal backdrop of apathy and spiralling healthcare costs



:: Ullekh NP

Kolkata-based Rohit Todi, 25, always thought that the world was created to entertain him. After all he is young and has a well-paid MNC job. But many months ago he was distraught when his 55-year-old father Nathmal Todi was diagnosed with what he calls an “extremely rare” disease for which he couldn’t find any treatment in India. After a frantic search across hospitals and websites, he came across Hospital Guide Foundation (HGF), a Bangalore-headquartered NGO run by Indiritta Singh D’mello, who has several years of experience in hospital management at many “top hospitals” across the country.

D’mello suggested Todi a few names of some of the world’s most famous experts in treating aggressive systemic mastocytosis, a disorder that can cause slow organ damage, which his father suffers from. On her advice, he tried contacting famous haematologist Ayalew Teffri, unsuccessfully. Todi then tried contacting Teffri’s Indian-origin colleague Animesh

Pardanani, as suggested by D’mello. Pardanani replied and suggested that his father be given a “certain medication” to keep his health parameters in a viable range. “Until then we had spent huge sums of money in hospitals. Indiritta helped us find the right specialist thanks to her contacts with doctors and hospitals worldwide,” says Todi.

Connections, Connections

Of course, D’mello is well-connected. Her father Rudolf D’mello was a politician and an ambassador to Cuba, where she was born. Her mother Rajkumari Priti Singh, who is from the Kuchaman royal family of Rajasthan and daughter of the late Raja Pratap Singh, is a descendant of Mira Bai, the 16th century princess and Krishna devotee. After graduating from University of Oxford in philosophy, politics and economics, D’mello worked with several MNCs and hospitals before deciding to launch HGF, a philanthropic proj-

ect which, according to her, works due to the goodwill of doctors who are ready to help.

Her “extensive experience” in hospital administration means she is in touch with doctors and hospitals from around the globe. “I am putting all that to good use,” she says, emphasising that hers is a mission and a passion. “Hospitals at the moment are highly complex and commercial,” she notes. “There is so much overlap within super-speciality segments that people tend to be confused”.

Here is where D’mello steps in, opines 30-year-old Delhi-based journalist Insiyah Vahanvaty. “In this age of super-specialisation, she directs you to the right person or centres concerned,” says she. Unlike Todi, Vahanvaty heard about HGF through word of mouth. When one of her relatives had cancer and didn’t have the funds to manage expensive treatment, D’mello suggested a non-profit cancer care centre that offers free palliative care for the less

privileged. She approached D'mello several times again to check for the best specialists and hospitals for her ailing grandfather (see *Hospital Guide Foundation: How it works*).

A Case of Necessity

"Right information helps save time and money," says D'mello. "Yes, loads of money," insists a health ministry official referring to the "unscrupulous ways" of many private hospitals. According to him, the profit margins of "some" metro-based hospitals in India are as high as 70% of their revenues. "It is almost like the food business," he argues. *ET Magazine* couldn't independently verify these claims and the official didn't wish to be quoted.

A senior executive with a Delhi-based private hospital says doctors often "subject" patients to "numerous unwanted tests to justify their huge pay package. Most of them join hospitals promising to help generate huge revenues for the hospital in return for what they are paid.... It isn't possible to touch huge targets unless you sacrifice patients," he says. Doctors, for their part, have maintained that they do tests to ensure that no complaints of negligence arise in the future.

Planning Commission figures highlight the plight of the common man. It says that "private out-of-pocket expenditure dominates the cost of financing health care" in India, which is one of the world's largest 'self-pay' health care markets – meaning most patients are not covered by insurance. Even in big hospitals, only 30-40% in-patients are covered by insurance; the rest pay on their own, experts say, adding that the situation is expected to get far more grim as the Indian healthcare sector touches \$100 billion by 2015 and lifestyle diseases see a sharp rise over the next few years (see *The Burden of Healthcare and Concerns Galore*).

Worse, according to a Global Burden of Diseases, Injuries, and Risk Factors 2010 study, a collaborative project led by the Institute for Health Metrics and Evaluation at the University of Washington, India fares worse than its poorer neighbours Sri Lanka, Bangladesh and Nepal when it comes to offering health services to the citizens.

Power of Social Media

High costs of healthcare and poor health services have forced people – even the

Mission Possible
Cutting Healthcare Costs

They have made a new beginning: Bangalore-based organisations such as PeopleHealth and Hospital Guide help people get the right treatment at the right price. While the former wants to be the makemytrip of healthcare business, the latter wants to explore India's country side to offer access to the very best healthcare through tele-medicine



G Krishnamurthy

PeopleHealth India

- ✓ Founded in 2005 by former marketing professional G Krishnamurthy. It started an internet portal five months ago to cater to patients looking for cost-effective healthcare services – from health checkups to heart surgeries
- ✓ It is now connected to over 250 doctors (including surgeons), 20 hospitals and many diagnostic centres in Bangalore alone
- ✓ Helps bring down treatment costs on an average by 20-40%, claims PeopleHealth
- ✓ It hopes to put in place a nationwide network of hospitals and doctors and laboratories

How it Works

Patients get medical services for lower costs during the "lean period" – which includes festival seasons, student holidays, etc when hospitals and doctors see much fewer footfalls than other weeks of the year

Plans Afoot

Doesn't charge patients; collects transaction fee from hospitals or doctors

Hospital Guide Foundation

- ✓ Founded by Indiritta Singh D'mello, who has several years of experience in hospital management
- ✓ Patients have to fill an online form, detailing their problems
- ✓ HGF studies individual requirements and refers them to specialists/hospitals with the help of a team of experts
- ✓ It also manages to secure independent opinion from multiple specialists on what to do with a particular health condition

How it Works

Currently all services are free; D'mello has managed to get doctors – both in India and abroad – to offer their services for free "out of goodwill"

Plans Afoot

HGF is looking to raise funds to make a foray into rural India via telemedicine. It involves treating patients and offering consultation via Internet or phone



Indiritta Singh D'mello

PROFIT MARGINS OF SOME METRO-BASED HOSPITALS ARE AS HIGH AS 70% OF THEIR REVENUES. IT IS ALMOST LIKE THE FOOD BUSINESS, SAYS AN INSIDER

rich – to get to the right person to get things right, observes Todi. "I found HGF to be hugely helpful," he says.

Jagjit Soni, an Ohio, US-based vice-president at SLK Global BPO Services, who had spent around 17 years abroad, found HGF through its Facebook page while looking for tips on healthcare facilities, treatment options and hospitals in India after his mother took ill

more than a year ago. "I didn't know anything about the Indian healthcare system, having been away for such a long while," says Soni whose mother was diagnosed with a "first-stage" cancer that was curable.

HGF was a godsend and D'mello directed him to the right specialists, helping save time and costs. Until then his family was totally confused and

overwhelmed by the burden of having to check out on several hospitals and doctors to decide on whom to approach for good treatment.

D'mello, whose HGF is very active in Bangalore, Delhi and Assam, currently offers services for free. However, she is looking to raise funds to take telemedicine – offering medical consultations through a phone or Internet – to India's

countryside. In fact, “telemedicine evangelists” such as Dartmouth University professor Vijay Gadgharan have been advocating advancement of this long-distance treatment as a crucial tool to improve access to medical care for the rural poor in countries such as India.

Doing it Differently

Unlike D’mello who offers services for free, Bangalore-based PeopleHealth India saw a business opportunity in helping people cut healthcare costs. Set up five years ago, it went for an overhaul five months back to start an Internet portal to become what its founder G Krishnamurthy, popularly known as Krish, calls “the makemytrip of the healthcare business.”

While D’mello depends on the “goodwill” of doctor-friends and contacts, Krish and his team tied up with hospitals and surgeons in Bangalore, to begin with, to offer details of the costs of healthcare services at any point of time. Krish says PeopleHealth knows the “lean period” of a hospital or a surgeon or a physician thanks to its network and announces lower costs for elective surgeries, health checkups, and so on, on its portal. “Holiday season is a lean season when most people don’t go for elective surgeries. Hospitals are ready to offer ‘competitive charges’ during this period. This period also sees a lot of medical tourists coming to India,” says Krish, a former marketing professional.

Currently connected to more than 250 doctors, including surgeons, 20 hospitals and many diagnostic centres in Bangalore alone, PeopleHealth India wants to spread its network to the rest of the country over time.

HOLIDAY SEASON IS A LEAN SEASON WHEN MOST PEOPLE DON'T GO FOR SURGERIES. HOSPITALS ARE READY TO OFFER 'COMPETITIVE CHARGES' DURING THIS PERIOD

PeopleHealth also knows when several surgeons are “freer” than usual in a week. For instance, a heart surgeon may be busy with procedures four days of a week; that leaves him with three “less-crowded days”. While the surgeon would charge his regular high fee on busy days, he would opt for a lower sum on “freer” days, says Krish.

Manna From Heaven

Krish claims that PeopleHealth India has been able to bring down healthcare costs of many “patient-clients” on an average by 20-40%. While PeopleHealth doesn’t charge money from patients, it collects a transaction fee from hospitals or doctors.

It was his friends who told Ashish Kumar Ballal, former captain of the Indian hockey team, about PeopleHealth when his 75-year-old mother needed a knee-replacement surgery. Being a sportsman, he says he has reasons to be sceptical about doctors. By force of habit, he started scouting for the best doctor in town.

PeopleHealth negotiated a deal with one of the “best surgeons in the area”, says Ballal. “It is an absolutely brilliant and informative portal.” It helped him choose the best and the most cost-effective option.

“We are increasingly in need of such teams to help as we can’t scour through all the information about hospitals and surgeons and costs and arrive at a decision. These guys secure you a very decent deal,” he avers. “It was much less than what we would have had to pay otherwise,” Ballal adds without elaborating.

Similar was the experience of Brindavan, Uttar Pradesh-based homemaker Piyali whose mother-in-

\$100 BILLION

Estimated size of the Indian healthcare sector in 2015; it was \$50 billion in 2010



Burden of Healthcare

According to Planning Commission, “private out-of-pocket expenditure dominates the cost of financing healthcare” in India, which is one of the world’s largest ‘self-pay’ healthcare markets – meaning most patients are not covered by insurance

30-40%

Is the percentage of in-patients covered by insurance even in big hospitals; the rest pay on their own

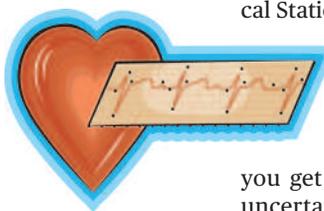
Concerns Galore

6.13 CRORE

Diabetics in India as on 2011; the figure is projected to touch 10.12 crore by 2030

6.2 CRORE

Estimated number of heart patients in India by 2015



20-40%

Is the prevalence of hypertension among urban adults; It is 12-17% among villagers

2.4 CRORE

Number of Indians expected to suffer from hypertension in 2025, with nearly equal numbers of men and women

Source: Planning Commission and industry inputs

law Champa Chaudhury had a knee replacement surgery. She was operated upon by renowned surgeon Gautham Kodikal at half the cost that was demanded by a Delhi-based private hospital, thanks to a recommendation made by PeopleHealth. “Including the travel and stay expenses in Bangalore, we had to pay less than half of the cost estimate given by a Delhi hospital,” says Piyali without naming the hospital in the national capital.

Krish says India is one of the largest self-pay healthcare markets in the world, which makes it entirely different from any developed country. “Which is why our model is expected to click well in India where the medical professional has become crassly commercialised,” he argues. A renowned Delhi-based doctor agrees, but adds that such models are only part of the system that is accused of being “rotten and corrupt”.

Way To Go

Part of the system they may be, but they bring some order to the system and hope to the needy, admits a Mumbai-based doctor who also didn’t wish to be named, saying he didn’t “want to enter the drab debate” on how corrupt the healthcare industry in the country has become. “Nobody denies it,” he agrees.

Like Chaudhury and Ballal, Ravi Sreedharan, who works with the Azim Premji Foundation, approached PeopleHealth in the time of utter distress and confusion. He was suffering from an illness that you can’t talk about to people. “Where to go, what to do, how to confide in people. All that is a problem,” he notes.

It was then that he found out about PeopleHealth, which first offered a two-page write-up on options available for treating his illness that he didn’t want to disclose. He had just returned after a long stay abroad and was shaken by the diagnosis. Thanks to Krish and his team which was well-networked with hospitals and doctors, he was soon able to easily find the right help. Unlike many in India, Sreedharan’s expenses were covered by insurance and he ended up paying virtually nothing for the treatment. “I was deeply impressed by their professionalism and the way they work.”

Business Model that Works

What is stunning is indeed the business model, says Babu CK, an entrepreneur in the healthcare business who, along with friends, has launched a cloud-based electronic medical records platform, eClinical Station, customised for Indian needs. “Yes, it is

almost like a makemytrip portal of the Indian healthcare industry. After all, unless the Taj offers you a discount rate, you never get to stay there for a lower sum of money. Similarly, in this case, you get to choose the treatment without facing uncertainty over estimated hospital costs, which are very high,” says he.

According to Halle Tecco, the young and vibrant CEO of a San Francisco-based accelerator for health tech start-ups called Rock Health, globally

medical professionals are ready to cooperate with innovators to reduce inefficiencies in the medical system. “They know the pain points and inefficiencies in the system intimately. That being said, sometimes the current structure and bureaucracy means it can take more time to get pilots and partnerships moving,” Tecco told *ET Magazine*, adding that “disruptive” technologies are required to change the face of the healthcare business.

For the time being, in India, all that looks like a far cry. However, organisations such as PeopleHealth and Hospital Guide Foundation do offer a ray of hope. ■