Meeting Record Notes

2nd Meeting of the Equitable Healthcare Access Consortium

Held on Saturday & Sunday, 7th & 8th July 2018

at DHAN Foundation, Madurai

Version 5 dated 21st July 2018

Compiled by:

Anshu Bhargava

Devendra Tayade

Prakash Satyavageeswaran

Table of Contents

1.0 Action Points

(Proposed during the meeting)

Actionable Items – *Owner*

1. Support needed to clarify a SPOC in every organization – *EHAC*
2. Support needed in the form of templates for MOU, TOR, Pilot Proposals, etc. – *EHAC*
3. Formats for clarifying the gives and gets in each partnership – *EHAC*
4. Next steps on each of the current pilots – *Pilot owners and initiators*
5. Broad framework for the EHAC – *EHAC*
6. New Pilots to be undertaken
    a. Dr. Chandrashekhar (People Tree) & DHAN Foundation – perform camps and surgeries together
    b. Dr. Roja Tumma (Global Hospital & Research Centre – Mt. Abu) & Dr. Komal Prasad (Narayana Health, Bangalore) - offer tertiary care advisory services to the former
    c. Dr. Chandrashekhar (People Tree) & LVPEI and/or AECS – focus on operational excellence/cost effectiveness and start eyecare for the People Tree
    d. Dr. Santhosh Kumar Kraleti (SAKSHAM) & Dr. Rajesh Iyer (Vikram Hospital) – consultancy on epilepsy and screening protocols by the latter
    e. Dr. Santhosh Kumar Kraleti (SAKSHAM) & Mr. Lalith Parmar (SANKALP) – work together on Thallasemia
    f. Mr. Lalith Parmar (SANKALP) & Dr. S. Chandrakumar (Kauvery Hospital) - work together on Thalassemia
    g. Dr. B. S. Srinath (Sri Shankara Cancer Hospital, Bangalore) & DHAN Foundation – on rural research
    h. DHAN Foundation & Dr. Parameshwara Munikrishna (Smiles International Institute of Colo-Proctology) – on education
    i. Mr. Krishna Kumar (Aurolabs) & Dr. Santhosh Kumar Kraleti (SAKSHAM) – on the media used to preserve cornea
    j. Mr. Krishna Kumar (Aurolabs and Dr. B. S. Srinath (Sri Shankara Cancer Hospital, Bangalore) - on low cost sutures for Oncology surgeries
    k. Dr. C. Chandrasekar, (People Tree Hospitals, Bengaluru) & Mr. Rajapandian, (DHAN Foundation) on primary, secondary and tertiary healthcare consultancy for DHAN
7. 'Shared purpose and values' Centered on SERVICE & Education: *EHAC will compile and circulate*

2.0 Participating Organizations and Participants

Organization	Participants
Action Research & Training for Health (ARTH)	Dr Sharad D. Iyengar
Address Health	Dr. Anand Lakshman
Ameya Life	Dr. N. S. D. Prasad Rao
Aravind Eye Care Systems (AECS)	Dr. Devendra Tayade Mr. Thulasiraj R.D
Arogyamarg Healthcare Diagnostics	Mr. A. Rajesh Reddy Dr. Sudha Murthy Ms. Anuradha Dr. Mahesh
Basic Health Care Services	Dr. Pavitra Mohan
DHAN Foundation	Mr. M. P. Vasimalai Mr. R. Rajapandian Ms. A. Umarani Ms. K. Ramaprabha Mr. A. Gurunathan Mr. Sadhasiva
Doctors for Seva & SAKSHAM	Dr. Santhosh Kumar Kraleti Mr. Kasinadh Lakkaraju
Global Hospital & Research Centre -Mt Abu	Dr. Roja Tumma
Indian Institute of Management - Udaipur (IIMU)	Prof. Prakash Satyavageeswaran
Indian School of Business - Hyderabad (ISB)	Prof. D.V.R. Seshadri
Kauvery Hospital	Dr. S. Chandrakumar Ms. J. P. J. Bindhu

L V Prasad Eye Institute (LVPEI)	Dr. G. Chandra Sekhar Dr. G. N. Rao Ms. Anshu Bhargava
Mohan Foundation	Mr. Ruban Victor
Narayana Health, Bangalore	Dr. C. Komal Prasad
People Tree Hospitals, Bengaluru	Dr. C. Chandrasekar
Sankalp India Foundation	Mr. Lalith Parmar
Sant Singaji Institute of Science and Management Madhya Pradesh - (SSISM)	Mr. Pranjal Dubey Mr. Prashant Sharma
Smiles International Institute of Colo-Proctology	Dr. Parameshwara Munikrishna Mr. Vamsi Mr. Akshay Ms. Shruthi
Special Smiles (Vatsalya Dental)	Dr. Srivats Bharadwaj Mr. C. R. Nitin Ms. Sharmila Udupa Ms. Sudha
Sri Shankara Cancer Hospital, Bangalore	Dr. B. S. Srinath
Swami Vivekananda Youth Movement	Dr. (Flt. Lt.) M.A. Balasubramanya
Vikram Hospital	Dr. Rajesh B. Iyer
Individuals	Prof. Ram Nidumolu
Observers	Ms. Anumeha Srivastava Mr. Adishankar Mr. Kartic Vaidyanathan

3.0 Agenda

Second Meeting of the Equitable Healthcare Access Consortium The DHAN Academy, Madurai, 7-8 July 2018		
Date	Time	Agenda
7-Jul-18	7.45 AM (Sharp)	Pick up by bus from Inspiration (AECS) guest house for drive to DHAN Academy (45 minutes).
	8.30 AM to 9.15 AM	Breakfast at The DHAN Academy Dining Hall
	9.30 AM	Assemble at conference room: 'Vaigai Hall' at The DHAN Academy
	9.30 AM to 9.40 AM	Welcome by Mr. M. P. Vasimalai
	9.40 AM to 10.10 AM	Setting the Context: EHA Consortium in the Context of the Challenges faced in Indian Healthcare System – Prof. DVR Seshadri and Prof. Ram Nidumolu
	10.10 AM to 10.50 AM	Self-introductions by participant organizations and Induction
	10.50 AM to 11.30 AM	Update on Pilots and plan for next quarter for SIICP – DHAN pilots - Session Chair - Mr. M. P. Vasimalai
	11.30 AM to 12.00 PM	Tea Break and Networking (Conference Room)
	12.00 PM to 1.15 PM	Update on Pilots and plan for next quarter for SAKSHAM – LVPEI, DHAN – LVEPI and Ameya – LVPEI pilots - Session Chair - Dr. GCS
	1.15 PM to 2.30 PM	Lunch at The DHAN Academy Dining Hall
	2.30 PM to 4.30 PM	Open session on New Pilots and Collaborations - Session Chair - Dr. B. S. Srinath
	4.30 PM - 4.50 PM	Tea Break (Conference Room)
	4.50 PM - 5.50 PM	Research Agenda - Prakash, DVR, AECS, LVPEI, DHAN - Session Chair – Mr. R. D. Thulasiraj
	5.50 PM - 6.00 PM	Wrap up – Dr. M. Parameshwara
	6.00 PM – 7.00 PM	Drive from DHAN Academy to Inspiration
8-Jul-18	7.45 AM (Sharp)	Pick up by bus from Inspiration (AECS) guest house for drive to The DHAN Academy.
	8.30 AM to 9.15 AM	Breakfast at The DHAN Academy Dining Hall
	9.30 AM	Assemble at conference room: 'Vaigai Hall' at The DHAN Academy
	9.30 AM to 11.30 AM	Discussion on way forward for the consortium - All org. reps. - Session Chair – Dr. G. N. Rao
	11.30 AM to 11.55 AM	Tea Break and Networking (Conference Room)
	11.55 AM to 12.55 PM	Next meeting – where / when / broad agenda - Open Discussion – Moderator Dr. C. Chandrasekar
	12.55 PM	Wrap up and vote of thanks – Mr. Rajapandian
	1.00 PM to 2.00 PM	Lunch at The DHAN Academy Dining Hall

4.0 Proceedings

7th July 2018

4.1 Welcome by Mr. M. P. Vasimalai

The meeting started with prayers by students of the DHAN Foundation.

Mr. Vasimalai welcomed the participants to the ancient city and rich heritage of Madurai. He quoted Vinobha Bhave from his biography "Moved by Love' in his welcome. He expressed his happiness at the way in which the EHAC has grown and the opportunity to host the meeting. He invited people who were seated in the inner circle from among the participants to light the lamp of knowledge.

4.2 Setting the Context: EHA Consortium in the Context of the Challenges faced in Indian Healthcare System – Prof. DVR Seshadri and Prof. Ram Nidumolu

Prof. D.V.R. Seshadri emphasized on the role of Dr. V in starting work on equitable access to healthcare through the Aravind Eye Care Systems (AECS). His work has encouraged and inspired many people and organizations. In India we respect the lineage of gurus, and in the lineage of equitable healthcare he acknowledged the role played by many gurus.

Prof. Seshadri spoke about the significant role of the meeting on 'Practicing Responsible Healthcare' hosted about a year and half ago by AECS, in the formation of the EHAC, today. He summarized the key points from the meeting. Mr. Thulasiraj added that the meeting was to help reconcile the extremes between the need for care and money, and not to show people as being good or bad.

Prof. Seshadri then spoke about how the first meeting of the EHAC came about in March, 2018 and summarized the outcome – the need to find synergies across participating organizations, the need for task-shifting, and the need to move the model of equitable healthcare beyond eye care. This set the background for the second meeting at Madurai. The link between healthcare, education, and livelihood was also established in the first meeting. Prof. Seshadri also shared glaring statistics on the bleak state of the majority of the Indian population in terms of their income, the access to healthcare and doctors, and their living conditions.

Next, Prof. Seshadri talked about the various paradoxes (which are simultaneous co-existence of polar opposites) that we need to grapple with in the health sector. The first is to balance the need to seek return on investment made, that is the mind AND what their heart says. The second is the paradox of idealism of purpose AND what actually can be done – the practicality of it. The third is the need to provide service to patients at the Bottom of the Pyramid AND how to make it sustainable. The fourth is the paradox of Discipline management, i.e., how to run the processes in a streamlined and disciplined manner AND the need to empower people to take initiative and have a sense of ownership. The fifth is that of caring service AND the lack of service mindset that is largely absent in India.

The only way forward is for us to innovate with our heads and our hearts at multiple levels. The first is Process Innovation. Next is Product or Service Innovation. The third is Business Model Innovation, which is what this forum is all about. How can we synergize so as not to reinvent the wheel? The 3 key words here are Networking, Synergy, and Innovation. Therefore, the tagline best suited for EHAC is, 'Enabling Actionable Conversations among Responsible Healthcare Providers.' He also recommended Dr. Sujatha Rao's book "Do we Care.'

Prof. Ram Nidumolu talked about various aspects of paradoxical thinking that are key dimensions to leadership thinking. There is a deeper truth that brings together the seemingly opposite thought streams. The next key element is contextual thinking. And the third is collaborative thinking. The fourth is about systems thinking, which brings greater value by bringing different parts together. The thinking in the Western world has become linear. However, in Indian thinking, traditionally we were used to thinking in paradoxes – the local deity is the same as the universal deity. The Western thinking was influenced by libertarian thinking, which focused on individualism. It led to the loss of thinking about universal healthcare. At the other end of the spectrum is socialistic thinking as prevails in Scandinavian countries. In this way of thinking, the individual is a product of her community; therefore, the community is important. This is also similar to negative and positive freedom. Gandhiji's swaraj meant self-mastery, which is key to paradoxical thinking.

In the Indian healthcare system, Prof. Ram commented that there is a fairly widespread stream of thought, which is about the notion of being left alone to do what one wants – libertarianism / individualism. The other notion is that of egalitarianism / socialism, which is also present in India. There is an opportunity to create an indigenous view that integrates individualism and

egalitarianism. There is a need to preserve the core and renew the periphery in healthcare. Integral thinking is the key to resolving paradoxical problems, going forward.

Mr. Thulasiraj asked about whether health insurance feeds into individualism or egalitarianism. Prof. Ram responded that traditionally, communitarianism (or community coming together) is at the heart of health care – community comes together to take care of healthcare. Even in the USA, there is a shift from individual to the community. Prof. Seshadri summarized by saying the communitarianism could be the integration between individualism and egalitarianism.

4.3 Self-introductions by participant organizations and Induction

As part of the next part of the session, Prof. Seshadri introduced in brief the old members of the EHAC. New participants introduced themselves. Dr. B.S. Srinath reflected on how the discussions till now were reflective of his own journey while setting up the hospital, reaching the community and conducting research for Cancer care. Prof. Seshadri continued the introduction of the other participants. Some of the participants introduced themselves in terms of what interventions they are currently working on.

4.4 Update on Pilots and plan for next quarter for the SIICP – DHAN pilots - Session Chair - Mr. M. P. Vasimalai

Dr. Parameshwara made a presentation on SIICP, its objectives and the how the whole initiative evolved with specific focus on Colorectal disorders. He spoke about the various initiatives undertaken by SIICP to address the challenges related to colorectal disorders and colon cancers in the country and the Hub & Spoke model that is followed with trained colorectal nurses as the Spokes and a well-trained colorectal surgeon at the district level as the Hub, which he learnt from the LVPEI & AECS models for eye care and implemented these for colorectal care. Telemedicine was introduced based on the AECS model. Based on the focus on LVPEI and AECS in eyecare, he had recently opened the country's first hospital specializing in colorectal care in Bangalore. Taking inspiration from EHAC, instead of reinventing the wheel, SIICP has started to partner with NGOs having presence across various geographies to reach the masses.

Consequentially, a major partnership with DHAN Foundation has been made, to leverage reach to the masses and create awareness of colorectal disorders and provide requisite treatment. The initiative got better acceptance thanks to the credibility of DHAN Foundation. In May 2018, 28

DHAN workers and 108 DHAN members were provided orientation on how to create awareness and care needed for colorectal patients. All of them had stories to share from the community they cover. Going forward, these DHANites now aim to share their awareness with over 45,000 people in Mysore and other regions where they have strong presence. A video on an experience by one member from DHAN Foundation was shown as part of the presentation. It is planned to further expand the collaboration in Tumkur, Kolar, Ramanagar and Chikballapur districts during July – September 2018 period.

Dr. Parameshwara declared that they would love to associate with more such organizations associated with EHAC to take their initiative on preventing and treating colorectal disorders countrywide

They are currently also in process of collaborating with Fernandez hospitals (FH) who deal with most number of maternity cases in Hyderabad. SIICP's objective through this collaboration is to reach out to the women and create awareness on colorectal disorders besides aiming to train FH's midwives and other FH paramedics on possible colorectal problems that FH's patients may have.

Mr. Vasimalai acknowledged the effort taken on such a critical cause and opened the forum for questions.

Dr. Balasubramanya sought clarity on what was the challenge faced from the Government, given that the Government and the community are permanent entities meant to facilitate such initiatives. He wanted to understand what made SIICP to not want to work with the Government.

Dr. Parameshwara agreed that the Government is a permanent entity. However, with continual replacement of bureaucrats and other key functionaries in the government, the resistance faced by his organization each time there was a change of guard in the government, made the journey very arduous.

Dr. Sharad suggested that while it would be good to correlate the incidence of colorectal disorders with the availability of toilets there could also be behavioural reasons such as dietary and sleeping habits, which could also be a cause. Dr. Parameshwara agreed that Open Air Defecation (OAD) is one of the many factors contributing to colorectal problems in the country; there are doubtless other reasons too.

Dr. Srivats requested to look at Healthcare from an overall perspective with all specialties together, taking a systemic view, as the human is an integrated whole. This may help EHAC to better serve the society. The training could cover not only colorectal disorders, but also other specialty services, that may vary across various regions.

Dr. Roja mentioned that they already have a network with projects in Rajasthan dealing directly with Asha workers. She wondered what challenges would arise in terms of feasibility and time required, if all the training needs, spanning various disease conditions of the target population, could be combined together and offered to the field-level workers.

Dr. Srinath commented on how utilizing govt. facilities where available, is always good and should not be avoided as they supplement the already thinly available resources. He agreed with Dr. Srivats on the idea of providing comprehensive care to all.

Dr. Pavitra emphasized on the need to prioritise issues relating to Healthcare. The challenge is not about running a great tertiary hospital. Instead, it was above how to integrate the learnings from each initiative into wider systems that will reach people, and specialties

Dr. Parameshwara agreed that govt. support, where available, should be taken and he could offer a training module designed to train the Dr. Roja's team on how to leverage the government resources.

Mr. Vasimalai concluded this session by suggesting that avenues for working with the government, where appropriate, ought to be explored. At a broader level, balancing the supply side and demand side systems needs focus in a low-resource country such as India. There is perhaps scope as well for advocacy on policies that foster creation of enabling systems. DHAN's success has been due to its single-minded approach of working with and collaborating with the community. He suggested that this experience could provide valuable lessons for members of the EHAC, going forward.

Tea Break and Networking

4.5 Update on Pilots and plans for next quarter for SAKSHAM – LVPEI, DHAN – LVPEI and Ameya Life – LVPEI pilots - Session Chair - Dr. G Chandra Sekhar

Dr. G. Chandra Sekhar opened the second session stating that healthcare cannot have 'care' if it is seen purely as a business. He also appreciated the role played by ISB and IIM Udaipur in getting this forum together. As organizations involved in providing specialized healthcare, he felt that we have lost sight of the human being as an integral entity. If we need to take care of healthcare at the Bottom of the Pyramid, we need to not only take care of healthcare, but also livelihood and education.

Dr. Santhosh Kumar Kraleti started the discussions on pilots being undertaken by his organization. He briefed the group about the pilots of SAKSHAM with Fernandez Hospital and SAKSHAM with LVPEI.

With Fernandez Hospitals, he mentioned a collaboration on Milk Bank and Kangaroo Mother Care, where Doctors for Seva are working on creating a curriculum for educating mothers on breast feeding. This will be used to sensitize FH's staff as well as patients (i.e., mothers). The other programme under FH-SAKSHAM is that on adolescent health, especially on alcoholism and suicide avoidance. The pilot is also looking for support in training and content for counsellors who work on substance abuse and suicide prevention.

In the LVPEI-SAKSHAM pilots, quality improvement collaboration with LVPEI for the eye banks was one of the programs. The surgeons from SAKSHAM eye banks had visited LVPEI and also conducted a self-assessment. Next step is now for LVPEI to make a team visit to their eye banks and conduct quality assessments.

Under the second pilot with LVPEI, support is being provided by LVPEI to SAKSHAM's CAMBA (prevention of avoidable blindness program) and rolling out blindness-free villages programs, by giving enhanced training to all volunteers with the help of LVPEI expert professionals.

SAKSHAM is also working with LVPEI on starting several more eye donation centres to strengthen its existing eye banks through extensive training to its eye bank technicians and grief counsellors. The government has appreciated SAKSHAM's efforts in this regard and extended support where needed. SAKSHAM is keen on providing enhanced training for ASHAs and AWW

(village level women health workers supported by the government). SAKSHAM proposes to work jointly with LVPEI on this initiative. He appreciated the role being played by EHAC to enhance the effectiveness of his organization.

Dr. Prasad Rao (Ameya Life) discussed on the pilot plans with LVPEI. The intent of the pilot with LVPEI was to include them in the screening program on non -communicable diseases, that is being conducted for over 1 lakh school children this year. This is intended to be in the form of technology and innovation support from LVPEI to support eye screening.

Mr. Rajapandian talked about SUHAM, the healthcare initiative of DHAN that includes community hospitals and clinics. SUHAM's activities span healthcare and nutrition, water and sanitation as well as community hospitals. There are 9 such community-owned and community-funded hospitals, largely in Tamil Nadu. DHAN Foundation works with the government and with private organizations. As part of this effort, DHAN Foundation – LVPEI eye camps partnerships was thought of. In 3 camps organized by DHAN, jointly working with LVPEI, over 1000 members of DHAN Foundation got screened, 15 people got eye surgeries, and 75 people got spectacles. The plan is to intensify the partnership for eye camps across more geographies. At the same time, DHAN Foundation will also work closely with LVPEI to provide livelihood support for poor patients who come to LVPEI. Further pilots include identifying in DHAN's geography of working to treat patients with retinal problems, using expertise of LVPEI.

Dr. G. Chandra Sekhar opened up the discussions to the forum. He noted the need for more collaborations among the consortium members. He observed that his personal takeaway from Prof. Ram's comments in the opening session was the need to align what gives satisfaction to an individual as well as her transformational influence as society. For instance, while doctors tend to focus on their complex sub-specializations, thereby deriving individual satisfaction from handling complex cases, there can be more value addition and community level satisfaction by providing as simple a thing as reading glasses that improves a person's quality of life tremendously.

Dr. Sharad Iyengar suggested that Ameya Life could work with the 'Rashtriya Bal Swasthya' scheme of the Government. Dr. Prasad, while accepting such a potential, responded that in reality, there were two roadblocks: one is that of most governments do not really implement the programmes that are announced and secondly, many of the government programs have only partial coverage. Ameya Life fills these gaps and there is need for more 'Ameyas'. Dr. Sharad suggested

that even more value can be added if there is stringent collection of data and this should result in peer reviewed publications. Dr. Sharad also asked about tie-up of SUHAM with government programmes and schemes. Mr. Rajapandian responded by providing details of how both government as well as community resources are used. Dr. Pavitra Mohan inquired about what happens to the children who are diagnosed as having health issues after they are screened by Ameya Life. Dr. Prasad responded by saying that for parents of affected children, eye care issues get high priority. Then come problems related to general health. Dental problems often get low priority.

Dr. Santhosh talked about the fact that SAKSHAM and others are very hands-on and therefore face difficulty in creating the Memorandum of Understanding (MOUs), Terms of reference (TORs), and other structures in partnering with other consortium members. It would be helpful if support could be provided on this front from senior members. There is also a need for a SPOC (single point of contact) in each organization, in order to streamline communications. It also needs to be clear that there is value add for both organizations.

Prof. Seshadri added that it was essential to bring out learnings from each of the collaborative projects being done in EHAC, in the form of research.

Dr. Anand Lakshman inquired about the overall agenda of the EHAC. Dr. Balasubramanya also brought in the question of the larger agenda at national level for the EHAC rather than just agenda of facilitating the pilots. Dr. B.S. Srinath said that there is no conflict between the larger and more immediate efforts of running various pilots between member organisations.

Mr. Vasimalai stated that we can take financial inclusion as an example to learn from. There are different players working on financial inclusion. What we are working on is similarly health inclusion. Mr. Thulasiraj brought up the need to not only provide equitable access to those who get healthcare, but also to those who need equitable access but are not currently able to access. Prof. Seshadri said that the focus with respect to EHAC is to provide access to good quality healthcare for those who otherwise would have no access to it. EHAC also is not explicitly a policy think tank to lobby for policy changes to be made by the government level. Instead, its core purpose is to facilitate for learning and working together. The EHAC is focused on action through creating synergies and networks. Dr. C. Chandrasekhar of People Tree Hospitals said that he is looking at learning from the others so that the same mistakes are not repeated. Ms. Anumeha Srivastava

enquired from Dr. G. Chandra Sekhar about what might be the costs and benefits to a partner such as LVPEI from a typical partnership, as the other younger and smaller partner gains and learns. Dr. G. Chandra Sekhar replied that the partnership continues to achieve LVPEI's objectives of brining equity to healthcare access (and not just in the realm of eyecare) and that is the great interest of LVPEI.

Dr. Santhosh suggested that we could have a common policy or internal document that helps in making concrete steps available for the members to provide clarity on how to achieve equitable healthcare access. The partnerships need not have detailed MOUs but can have more of a simple document outlining the respective objectives, and the gives and gets of each partner in the partnership. For instance, in the context of providing any screening services by a younger partner, DHAN Foundation's experience in working with the community can be leveraged to understand steps to be taken for follow-up after the screening.

Prof. Seshadri said that part of the motivation for the EHAC was that there is no such initiative anywhere in the world to leverage the strengths of diverse partners in healthcare, education and livelihood. The idea is to bring people together so that the entrepreneurial energies of members can be unleashed through partnerships.

Prof. Ram summarized the discussions of the session by saying that the EHAC is about doing. On the other hand, there needs to be thoughtfulness that leads to the action. He also suggested that there should not be pressure to move into consensus too quickly. There is need to allow for divergence. The EHAC is all about the next frontier of practices. There needs to be balance between abstraction and ground level action. Prof. Ram also suggested a high-level framework that doesn't constrain any of the members. He referred to Mr. Vasimalai's three actors model of Community, Enablers, and Service Providers who come together for the benefit of the beneficiaries. Since EHAC is all about ushering in change in the ecosystem, he suggested to think of change at three levels. The first level of change is about changing processes and procedures, At the next level, it is about changing the culture. The final level is to change the DNA of the individuals involved in terms of mindsets and beyond. Mr. Vasimalai suggested the need to extend and contextualize learnings from one another, rather than merely replicating, which may or may not work.

Lunch

4.6 Open session on New Pilots and Collaborations - Session Chair - Dr. B. S. Srinath

As a preamble, Mr. Thulasiraj talked about the need to keep the agenda open and be in an exploratory mode while thinking of new partnerships among consortium members.

Dr. Srinath suggested that Aurolob can consider making sutures for SAKHSHAM as well as for Global Hospital & Research Centre, Mt. Abu. Mr. Pranjal Dubey talked about SSISM providing primary education in about 50 villages. However, one of the problems they keep facing is that of lack of food – without food there can be no education. 85% of the children are malnourished. It is not clear how to deal with this situation. Dr. Srivats Bharadwaj suggested tying up with Government / Akshayapatra Foundation for mid-day meals. Mr. Prasad Rao offered to deploy one team from Ameya Life in Madhya Pradesh (in the proximate area around SSISM) for screening school children. if there are at least 20,000 children available for screening. If there are fewer children to be screened, he offered to deploy the team for some time during the year, complete the task and return to Hyderabad, their base. Mr. Pranjal has many marginalized students who are being trained in biotechnology, IT, commerce and other areas. It would be good if EHAC members can recruit them. Dr. Srinath responded that he was always on the look out for skilled persons. Government has skilling programs and Mr. Pranjal can look at it as a platform for training and placements. He suggested that the students can be trained for specific roles in medical and other areas.

Mr. Vasimalai suggested that there needs to be a well-thought-out framework for the pilots.

Dr. Rajesh Iyer said that it would be useful to have a vision and mission defined for EHAC. Dr. Srinath responded that the EHAC is more like a meta-NGO, under whose umbrella each member can take shelter at different points of time, based on the specific needs of the member. He suggested that we should leave things more fluid. He said that his understanding of equitable healthcare is that the care provided is as per what the disease demands, irrespective of who the patient is and what he or she can pay.

He moved the discussion to what challenges exist and what can be done about addressing them. Dr. Rajesh followed up by asking whether EHAC would be looking at proactively reaching out to people or whether it would help those who sought its help.

Based on the above preliminary discussions, it was decided to focus on what each member has to offer and the challenges that each faced.

Dr. Rajesh wanted to focus on preventing and treating epilepsy and asked for support to reach out to people through nurses. Mr. Thulasiraj responded with a plan on how one can focus on a particular geography, and explore possibilities for screening, mode of identification, and treatment. He also said that in the community, it is difficult to have trust and credibility for a new entrant that seeks to work with the community. Thus, partnering with someone like DHAN Foundation can help in bridging the trust deficit. Besides, DHAN also has vast manpower on the field.

Dr. Roja Tumma said that their hospital takes care of patients for free. However, for the trauma cases, they did not have specializations needed to address complex problems. At present, one of their big challenges is raising adequate funds. Dr. Srinath suggested that Dr. Ashok Mehta, who is a well-known person in Rajasthan and also a follower of Brahmakumaris, could be approached for raising of funds.

Mr. Lalith Parmar said that his organization, SANKALP works on Thalassemia. He is looking for partners to help set up thalassemia day care centers in various parts of the country. SANKALP has the technical knowledge. He was also looking for a specialized course for development sector professionals to be trained as project managers at wondered if The DHAN Academy (TDA) could offer such programs. SANKALP would be happy to share their know-how on use of technology for the NGO work. Dr. Chandrakumar said that his organization runs blood banks and would be happy to support the work of SANKALP. They could also provide basic health screening capabilities, but do not have manpower for outreach. Any NGO interested can partner with Dr. Chandrakumar. Dr. Balasubramanya talked about their leadership institute and offered to provide customized programs on project management. Mr. Ruben (Mohan Foundation) offered to connect SANKALP with blood banks in Chennai. Dr. Santhosh offered to work with SANKALP on Thalassemia centers, including providing space. Dr. Roja said Global Hospital & Research Centre, Mt. Abu, has a blood bank and would be happy to work with SANKALP on day care centres for Thalassemia patients. SANKALP agreed to work with Global Hospital & Research Centre. Dr. Santhosh also requested SANKALP to create a short curriculum that can be shared with counsellors who work in Thalassemia care. He also made similar offer to Dr. Rajesh on support

for epilepsy. He asked for the next steps in terms of flow chart of care after identification of any health issue in the patient.

Mr. Vasimalai raised the question on whether we are interested in project work or in sustainable work. It is important to do sustainable work so as to bring about real change in the long-term.

Prof. Ram suggested many of the problems and collaborations would be pair wise in most cases. However, there could be some problems that are shared by many institutions and there maybe opportunities for multi-lateral collaboration.

Dr. Rajesh also differentiated urban poor and rural poor. Urban poor eventually come to corporate hospitals. However, rural poor, even if they manage to reach hospitals, usually do so very late. Consequently, he felt that rural poor and urban poor must be looked at separately. Dr. Srinath shared his experiences of working with both urban poor and rural poor. However, in urban areas you see both, due to migration from the villages. One issue among rural poor is to ensure that the patient takes timely and correct dosage of medicine. In the rural setting, the only way to succeed is to have presence in the rural areas. Dr. Sharad shared his experience of working in the area of contraception. The challenges that they face includes the limitation that only doctors can perform abortions. The government restricts to itself to talking about menstrual hygiene and nothing about matters relating to sex. They also need supply chains that deliver into the deep interior hinterlands. Dr. Sharad would be happy to work with any organization that could collaborate to address these challenges. He also wanted to learn about home care for mental health and geriatric care. Dr. Santhosh responded that they have counselors and materials on mental health and home care.

Prof. Ram raised the possibility of having an integrated center at villages that provides different services and asked whether there is value in such an arrangement. Dr. Pavitra said that the areas they work in are so impoverished that the people living there have no options at all, unlike challenges faced by other consortium members, which are more about increasing availability or decreasing costs. They rely on nurses to get most of the work done with little support from doctors. There are few doctors willing to work in rural areas. He also invited the larger hospitals in the consortium to explore if their doctors can do their rural stints with Dr. Pavitra's organization. This exchange would also help in getting them more sensitized about the realities in the rural areas and to get more skilled in dealing with diseases in rural areas. Dr. Srinath added that most doctors who graduate prefer to stay in urban areas. Dr. Sharad pointed out that whenever there is a proposal to

get non-doctors to be trained and to do procedures, the MCI opposes this, as the fraternity of doctors see this as a threat. Thus, doctors neither work in rural areas nor allow non-doctors to be trained to perform non-critical interventions in these geographies. Dr. Santhosh cited LVPEI as a role model in task-shifting. Dr. Anand Lakshman pointed out that non-MBBS doctors, such as those in Ayurveda and those with BDS qualification (Dental) are treated as second-class citizens. Dr. Balasubramanya pointed out that reverse task-shifting is happening too. An MBBS doctor no longer deliver babies, it is only Gynecologists. This is a matter of concern.

Prof. Ram stated that there is a good opportunity in the context of the consortium to understand what combination of services and service provides can create effective partnerships. It is also important to understand how to foster trust for pair of organisations working together, and finally how would you make the collaboration financially sustainable. He also suggested that the challenges could be looked at within the existing regulatory framework as the timeline for changing the law could take a long time.

Mr. Thulasiraj suggested that there are now opportunities to work around constraints. These include deployment of technologies such as telemedicine and cloud. As per data at Aravind, 91% of patients do not meet a doctor physically. Some of AECS innovations can be adapted to other health care areas.

In response to question on standards, Mr. Thulasiraj and Ms. Anshu Bhargava said that NABH has now come out separate with eye care standards based on representations for eye care service providers. Similar representations can be made for rural hospitals. NABH has shown willingness to be open to come up with relevant standards for different arenas.

Dr. C. Chandrasekhar proposed collaborating with DHAN Foundation for 100 free and 100 subsidized surgeries. He also proposed collaboration with DHAN SUHAM for helping their community hospitals with technical and clinical support. He was willing to learn from AECS and LVPEI about how to trim costs and enhance operational excellence. He invited them to consider opening eye care in People Tree hospitals, as currently his hospital has no eyecare treatment facilities.

Dr. Srinath was looking for help of a rural organization to cover rural areas much faster. It is working on a research and clinical project to understand better about cancer in the rural areas. This

would be a long term (15 years) research project. Dr. Parameshwara proposed one more collaboration with DHAN Foundation about skilling medical / community health workers. Dr. Parameshwara also proposed a collaboration with AECS for diploma in Ophthalmology.

Tea Break

4.7 Research Agenda - Prof. Satyavageeswaran, Prof. Seshadri, AECS, LVPEI, DHAN Foundation - Session Chair – Mr. R. D. Thulasiraj

Prof. Seshadri set the context for this session. He invited Prof. Prakash Satyavageeswaran, Prof. Ram, Dr. G. Chandra Sekhar and Mr. Thulasiraj to the panel discussion and requested Mr. Thulasiraj to chair the session.

Mr. Thulasiraj reiterated that research is not about publications but about the impact we create.

He proposed a framework for research that relates the morning's discussions. Such a research agenda should address the following:

- how to deliver healthcare well,
- how to design work to deliver healthcare effectively,
- ways to create an enabling environment such as policies as an example,
- ways to enhance evidence-based treatment to influence policy,
- how to develop a suitable mindset for better sustainability and inclusivity,
- how to scale,
- ways to mainstream public health and community work, and
- finding innovative ways of coexistence of public health related activities and private medical practice / for-profit initiatives.

Prof. Ram sought to distinguish between improvement innovations and transformation innovations as the latter requires multiple players. He talked about the need to influence the mind-set and that while 'quacks' in medical practice are not good for the system there could possibly be a way to find if they could contribute in any way and co-exist with the mainstream. The need is to improve awareness and access.

Dr. G. Chandra Sekhar commented on the need of looking at it all from the perspective of the man on the ground! What is the commonest problem people are having and what is the baseline? Once the baseline is available and what is needed is known, we can introduce interventions. “What is the felt need and how do each of us address the felt need?” He maintained that comprehensive care at the right level can bring in transformation eventually

Prof. Seshadri suggested that as the consortium unfolds, the possible research questions could be on measures for the success of such partnerships, the parameters involved for a good partnership, as well as enablers and causes of failure of the partnerships. Recalling Dr. Srinath’s comment, he stressed on the need for documenting all data in a structured format that could eventually be of great use.

Prof. Prakash talked on the importance of the partnerships and the need for evidence. At an institutional level, he stressed on the need to develop credibility, which can be done by research and publications. He suggested that the challenges faced can be highlighted, which could be resolved through research.

Prof. Ram mentioned Coalitions that became successful, were the ones that help build personal relationships. He brought to the attention of the members a Harvard Business Review article he had co-authored that dealt with enablers and disablers of collaborations, which would be circulated to the members.

Mr. Thulasiraj then opened the forum for questions and discussion.

Dr. Sharad talked on the financial implication of the pilots undertaken, given that they must adhere to appropriate research design and methodology.

Mr. Thulasiraj remarked that gathering evidence for policy would need to be very rigorous and the costs could escalate if the pilots were to adhere to such stringent research design.

Dr. Anand Lakshman suggested that EHAC could consider top 20 health issues and bring up a visual atlas.

Dr Pavitra thought it a useful possibility to look into social determinants of the outcomes on different issues.

Prof. Prakash said he was aware of grant opportunities. Proposal could be written, and grants pursued, if there are interesting research problems that were being addressed.

Dr. Srinath reiterated that a large part of a research project is developing a sound project proposal. An open mind is what is needed. He stressed on the possible need for an Ethics committee going forward, as some of the research would involve delving into sensitive facets of patients' lives.

Prof. Ram stated, based on his experience over the last 20 years, that 3 things that mattered to him as a researcher were; good interesting research questions, substantial data capture and the need for thought leadership.

Mr. Vasimalai expressed interest of DHAN Foundation to do community research. However, it had to be driven by the community, which was in tune with DHAN Foundation's core ideology. DHAN Foundation would like to promote research; however, the Community should solve their own problems.

He stressed on the need for benchmarking as essential for research projects.

Dr Sharad commented on the need for actions that emanate out of research. He mentioned that there were people who were good in that type of work and suggested that EHAC should enable this as well, in order to get proper closure on the research being undertaken by it.

Mr Lalit mentioned that data can be captured for whatever work one is doing and research can come out of that. Presenting the data to the right people at right time is important; this changes the way people respond to you.

Mr. Thulasiraj queried the panel, that while we have definitely planted a seed, what could be the kind of support provided to people who want to be part of the research? Would research fellows at IIM be interested to help?

Prof. Prakash remarked that if there are research questions, given data analytic abilities, there is definitely a scope and interest for his colleagues to help

Prof. Ram cautioned about researchers working in silos. He reiterated the need for an interesting topic, availability of good data and evidence. With these, the research could lead to significant change for the better and would attract researchers' interest and support.

Prof. Seshadri agreed that deciding data collection points is crucial and proposed a need for making a research proposal template by EHAC for this purpose. Mr. Thulasiraj finally concluded the session.

4.8 Wrap up – Dr. M. Parameshwara

Dr Parameshwara ended the day with a summary of the day's proceedings. The focus of the consortium is on 'doing.' The focus will be on 'measurable actions.'

End of Day I sessions.

8th July 2018

4.9 Discussion on way forward for the consortium - All organizations' representatives – Session Chair – Dr. G. N. Rao

Prof. Seshadri opened the discussions with a focus on what the consortium is all about. He summed it up as 'Service'. Mr. Thulasiraj added that it is premature to put a firm boundary on the agenda of the EHAC. He also added that we are here to share our knowledge. Dr. G. N. Rao also added that constant innovation should be part of the EHAC DNA. We should have shared courage to innovate. Another important component, he added, is that of education for the service providers as well as the beneficiaries.

Dr. Pavitra added that inclusion should be an important component among secondary objectives. He also added that evidence-based should be an important aspect of the consortium's working. Mr. Vasimalai stated that we should be akin to 'open-source'. We should have pro-poor technology. There should also be space for scaling up the partnerships. Mr. Vasimalai articulated the shared purpose and shared values of EHAC, which include:

Equity, Integrity, Innovation, Collaboration, Mutuality, Ethicality, Transformation

Dr. C. Chandrasekhar suggested that this forum is unique. We need to innovate to empower ourselves in order to cater to the needs of the society.

Dr. Sharad said that there is increasing inequity in wealth in the country, which translates to increasing inequity in health. The Government is putting in money into healthcare to make it more equitable. Another important aspect of healthcare is that it is market-driven. We have many examples in this room of ethical market-driven healthcare solutions. Given the expertise in this room, we should look at coming up with market-driven solutions. We also need to partner in some manner with the Government. Prof. Seshadri agreed and said that each of us is free to take what we can from the EHAC in a manner that can help our respective practices. Starting from the centrality of EHAC (viz., service and education), through discussion, many outcomes emerged including partnering, pilots, policy advocacy, research, etc.

Dr. Pavitra asked if we can have a common agenda of person-centric care for all of us. Prof. Seshadri agreed that this was also the core of the Responsible Healthcare meeting (available in a separate monograph).

Prof. Ram said that it is important to have personal and fun reasons to come to the EHAC meetings. We need to think about what would make us want to come to the next meeting. Mr. Pranjal requested the members to come to SSISM and do health camps. SSISM will provide all support needed. Prof. Seshadri reiterated the request by saying it can be a combined effort of multiple members of the EHAC to provide comprehensive health check to the people in villages around SSISM. Based on this a health screening camp at SSISM for people of surrounding 200 villages has been planned in the November – December 2018 timeframe with the support of EHAC members. SSISM has also planned collaborations with Fernandez Hospitals and Vatsalya Dental.

Prof. Seshadri summarized the key points discussed in the session, talking about the core of what EHAC is about. He then provided a structure for the discussions going forward – Assumptions (environment, purpose, competencies), Vision, and Business Model.

Dr. G. N. Rao took over the session and initiated discussions on the possible assumptions for EHAC. Dr. Balasubramanya said that one assumption is that people's aspirations are growing and they are demanding. Prof. Seshadri added that India has the largest disparity in wealth in the world. Mr. Thulasiraj said that our assumptions need to be focused not on where things are but on the change and where things are headed. For instance, at AECS, there has been a shift from 70% free to 50% free. This is the kind of change we are talking about. Dr. G. N. Rao summarized by saying that we must keep an eye on the dynamic nature of the environment. Dr. Pavitra said that one of the assumptions we are making is that equitable access to healthcare can be provided ethically. Prof. Ram added that we are assuming that by coming together, we can make a difference to the environment. Dr. Parameshwara said there is a trust deficit in the society. Dr. C. Chandrasekhar agreed with Dr. Parameshwara and said that there is a need to build trust among politicians and leaders too as they represent the community. Dr. G Chandra Sekhar said that if we are working to bring care back to healthcare, the assumption is that there is no care in healthcare. Enhancing trust in the healthcare provider can happen through care.

Dr. Sudha Murthy added that there is a need to increase knowledge about the availability of services. With the introduction of the public healthcare insurance, there is going to be an explosion of poor quality, poorly regulated private healthcare. In this changing environment, it is important for the EHAC to continue to be selective in on-boarding new members to ensure that only ethical and quality healthcare providers become EHAC members. Consequently, it is essential to have

rigorous entry criteria for new members. Dr. Balasubramanya said that we are assuming that people want quality, ethical and rational healthcare. He also said that we are assuming that the members have common needs and challenges despite diverse competencies.

Mr. Vasimalai said that we are talking about a society that has imperfect markets. The demand system is imperfect. Each part of the society works differently. There are many issues that are latent in such a situation. Ms. Anshu said that the EHAC could look at the tradeoff between healthcare as something that is sustainable rather than healthcare which has profit as the motive.

Mr. Thulasiraj said that we need to validate the notion that we are the only holy cows. This may not be true!

Prof. Seshadri maintained that Service is the overriding purpose of EHAC, be it through community work or be it through research.

Mr. Thulasiraj reiterated that this is all not main stream. We need to give time to this consortium before deciding what are the core activities we will be doing. People are extremely helpful and willing to help and the group can utilize this synergy.

Dr. C. Chandrashekhar commented that while it is important to provide care ethically and equitably, it is not bad to earn profits, citing the experience at their hospital. Profits are needed to scale-up the good work.

Dr. G. Chandra Sekhar reasoned that most healthcare providers are trying to cater to two markets - rich and poor. For the rich, we get all the expensive technology and then even if any investigations are not needed, we tend to prescribe them. That’s where lies a huge problem.

Dr. G. N. Rao queried whether we should consider that healthcare should not make any profit? To which Prof. Ram Nidumolu remarked that profits are not bad. However, profits being the sole purpose of a healthcare provider, in order to create value for shareholders, is a model that should definitely change.

Dr. G. N. Rao then remarked that while we may charge for services, we should do so ethically. Poorest of the poor of our country should have the benefit of high quality care, the bottom-line being a focus on ethics and equitability in healthcare

Dr. Balasubramanya talked about the need to look at sustainability rather than profitability. The sustainability view brings a different perspective to operations. Sustainability perspective will also lead to greater trust among people.

Dr. Sharad talked about the difference between ethical and equitable. One can be completely ethical and not charge a rupee more than costs, but there will be still a section of the poor who will still not be able to afford the care. For this group, one needs to provide equitable care through donations, cross-subsidy and other sources. Dr. C. Chandrasekhar asked whether LVPEI and AECS can help other hospitals learn the cross-subsidy based model. Dr. Srinath said that there are different parameters for different diseases and the cross-subsidy is needed from the rich patients. Charging more from the rich patients is ethical when it is used for cross-subsidy. He summarized that healthcare cannot be a profit-making industry. Each individual can choose whichever model works best for him/her. Equitable needs to be so in the treatment as well.

Mr. Thulasiraj added that in healthcare there is a clinical component and there is hotel component (for the stay of the patients). There is ethically a lot of leeway in the hotel component to charge more or less or nothing.

Tea Break

Dr. G. N. Rao re-convened the session by asking participants to contribute to ideas of the purpose of the EHAC.

Mr. Thulasiraj shared that he sees the purpose as scaling, while providing inclusive and equitable health. Dr. Parameshwara focused attention on inclusive, talking about reaching the unreached. Dr. G. N. Rao added that we need to reach the unreached. Dr. G. Chandra Sekhar suggested that each of the member organisations is doing most of these things already, but through the EHAC, we need to work together to make it comprehensive and holistic to the patient. Dr. Pavitra suggested person-centered care as the core purpose of the consortium. Dr. Rajesh added that there is a spiritual dimension to the diseases and in the case of chronic issues, there is a need to talk about the karmic aspect to help the person’s long-term well-being. Dr. Balasubramanya brought in the need for family-centric perspective as illnesses affect the family and it is the family that provides continued care. Dr. Parameshwara suggest that EHAC could be collaborative, complementary, collective, creative and comprehensive.

Prof. Ram added that value is being created as a system by the EHAC through the members coming together. Ms. Anshu suggested that we can leverage documentation and knowledge, data sharing, best practices sharing through building a knowledge bank.

Prof. Seshadri proposed that we need to look at the core competencies of the EHAC. Prof. Ram also said that we need to understand the key barriers to success. For example, he said too large a scope would be a barrier. Mr. Thulasiraj suggested that the EHAC should have capability to engage the members. Mr. Rajapandian suggested that we should have sustainable development models. Dr. C. Chandrasekhar said that what we have today is a group of well-intentioned successful people. Mr. Thulasiraj added that these are also like-minded organizations. Mr. Vasimalai said that we should have vibrant connection with the community we seek to serve; that in fact is the secret for DHAN's success. Mr. Thulasiraj also said that the network should have the capacity to abstract conceptually. Dr. C. Chandrasekhar asked whether we have enough multi-sectorial representation. Perhaps we should include government also. Prof. Seshadri referred to Prof. Ram's HBR article, warning against bringing in diverse groups prematurely.

Dr. Parameshwara said that case studies of AECS and LVPEI are never discussed in medical colleges. Discussions on these organisations are needed desperately in the medical colleges. Prof. Seshadri suggested that this can be termed as engaging with medical colleges, which can be one of the purposes of the consortium. Dr. Pavitra suggested that we need to develop the ability to advise what bringing equitable healthcare means to various organizations. Dr. Balasubramanya suggested that if we can to show some of the pilots as being successful, we can include interns and students in projects to help them understand what we are together attempting to do. Ms. Anshu added that one thing that we have in the forum is immense experience. We also have diverse representation in the group. Finally, we already have working models, which one can emulate and thus avoid reinventing the wheel.

Dr. G. Chandra Sekhar suggested that we need to understand what quality means – is it the cutting edge or is it what serves the purpose in the field? Prof. Seshadri said that an important capability of the EHAC would be to communicate what is appropriate quality and technology, and this should be done based on evidence. Prof. Ram said that one area that EHAC can make a difference is to build business cases explaining why responsible, ethical and equitable healthcare organizations make business sense. Mr. Thulasiraj and Prof. Ram also suggested that there has to be capability

to do change management at the organisational and individual as well as at a deeper psychological level.

Dr. Pavitra focused on need to creating evidence to show how technology, processes and interventions have impact on people. Dr. Rajesh suggested that there could be an accreditation of EHAC, going forward.

4.10 Next meeting – where / when / broad agenda - Open Discussion – Moderator Dr. C. Chandrasekar

Dr. C. Chandrasekar led the session on when and where the next meeting should be held. He proposed Bangalore. Dr. Balasubramanya suggested Mysore. From accessibility perspective, Bangalore was finalized. Mid-November 2018 (after Deepavali) was decided as the timeline. Dr. C. Chandrasekar also suggested that we should have workshops as part of the next EHAC meeting. There can be space and time provided for break-out groups around the sessions. Prof. Seshadri suggested that Prof. Prakash can do a session on research methodology. Dr. C. Chandrasekar suggested that during the next session, we could have a session to discuss issues relating to funding of projects. Prof. Seshadri suggested that the meeting should be for 2 days. Dr. C. Chandrasekar suggested that we can have 1 day of common sessions and the second day can be inclusive of workshops and sessions. The exact venue will be finalized in a month and could either be Dr. C. Chandrasekar's hospital or Dr. Srinath's hospital, both of which have good auditoriums. The number of participants is likely to increase significantly for the next meeting. Prof. Seshadri suggested that it was essential to find inexpensive but comfortable rooms in Bangalore, close to the venue, which Dr. C. Chandrasekar and Dr. Srinath said they would explore.

4.11 Vote of thanks

Mr. Rajapandian delivered the vote of thanks.

***End of Day II session*s**