Meeting Record Notes

First Think Tank Meeting of the Consortium on Equitable Healthcare Access Held on Tuesday 6th March 2018 at LVPEI, Hyderabad

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1.0 Executive Summary

A Think Tank to address the vital issue of equitable access to healthcare was organized at L. V. Prasad Eye Institute (LVPEI), Hyderabad on 6th March 2018. This was organized under the aegis of L.V. Prasad Eye Institute, Hyderabad and DHAN Foundation, Madurai, and facilitated by Prof. D. V. R. Seshadri of the Indian School of Business, Hyderabad.

For the stability of the country, equitable access for all, irrespective of socio-economic background to three aspects essential to cross the empowerment line is vital. These are: healthcare, education, and livelihood.

LVPEI has shown the path for such equitable eye care through an extensive and well-thought-out model spanning the three states of Telangana, Andhra Pradesh, and Orissa. The key for an equitable healthcare model according to Dr. G. N. Rao, the Chairman of LVEPI, is ensuring highest quality that is comprehensive, and is delivered by a well-qualified team that has compassion as the cornerstone of working. Dr. Rao felt that this model is replicable to healthcare spanning diverse areas such as dental, oncology, cardiac, diabetes, etc. He emphasized the need for outcome-based excellence that fosters trust among the stakeholders.

Mr. M. P. Vasimalai, the Founder of DHAN (Development of Humane Action) Foundation, that has helped over one crore Indians to move from abject poverty to cross the line of empowerment, underlined the importance of enabling the community to take ownership of the various development initiatives. He also highlighted importance of working with the mainstream institutions including governments and banks.

Both highlighted the importance of 3 P's: principles, process, and practice.

Building technical competency at grassroots level, creating synergies among like-minded institutions, having a holistic perspective, and building credibility at the grassroots level are the keys to sustainability and scalability. Organizations such as DHAN Foundation and LVPEI have clearly shown that money is not a constraint when these key success factors are in place. Task shifting, i.e., training appropriate people for doing appropriate tasks at appropriate levels (primary, secondary, and tertiary levels), rather than having doctors with specialist skills look after needs at these various levels, is key to enabling the goal of equitable healthcare.

The Think Tank made the distinction between institutions having community participation and institutions playing a facilitating role in community owned-initiatives. Once the community owns these initiatives, the whole system becomes one of zero tolerance to corruption.

Some of the key suggestions from the Think Tank for all institutions trying to make a difference in healthcare include:

- Sensitizing medical students to the need
- Showcasing the opportunities and the meaningfulness of working with healthcare providers that have innovated on business models to provide equitable healthcare access
- Professionalizing the technical cadre, and

- Having a systematic and well-structured program for volunteers in the health space, similar to the Teach for India program.

The Think Tank also saw the participating organizations agreeing to pool field-level resources, thereby generating new synergies and getting better efficiencies. The meeting saw agreements on cross-pollination through immersion program for specialist doctors and agreements between institutions to work in a holistic manner on inclusive partnerships, with the organizations opening up their locations and facilities to each other for providing their respective equitable healthcare solutions.

2.0 Action Points

(Proposed during the meeting and in the last few days over email exchange by various participants)

1. GNR
    a. Conduct two pilots – Thoodukurthy and Paloncha
    b. Participating organizations can make use of the LVPEI physical infrastructure at these two locations
2. DVR
    a. Formation of a not-for-profit company or Trust to take the theme forward. This can have one full-time employee each from LVPEI and DHAN
    b. Tentative dates for next meeting in Madurai: Three months hence
    c. Setting up a website, which will act as the forum for information dissemination and for interaction
3. GCS – Mapping of the geographic presence of each of the participating organizations can be done to identify more areas where physical infrastructure and manpower can be pooled
4. Beula – Fold in rehabilitation into the partnerships with participating organizations
5. Prakash – for the next meeting at Madurai
    a. Invite more participating organizations but restrict the number of participants from each organization. Exception is made for the host organization
    b. As the next meeting is happening at DHAN, we can explore optional one day immersion programs for participants
    c. The meeting can consider how to fold in educational institutions into the agenda

3.0 Attendees

Organization	Participants (name used for referring in minutes)
Ameya Life	Dr. Prasad Rao (Prasad)
DHAN Foundation	Mr. M.P. Vasimalai (Vasi) Mr. Rajapandian (Rajapandian) Mr. Sadasiva (Sadasiva)
Doctors for Seva	Dr. Santhosh Kumar Kraleti (Santhosh) Dr. Srinivas Goud Bulkapuram (Srinivas)
Fernandez Hospital	Dr. Evita Fernandez (Evita) Dr. Pramod (Pramod) Dr. Nuzhat Aziz (Nuzhat)
LVPEI	Dr. G.N. Rao (GNR) Dr. G. Chandra Sekhar (GCS) Dr. T.P. Das (TPD) Mr. A. Ramam (Ramam) Dr. Beula Christi (Beula) Dr. Raja Narayanan (Raja) Dr. Merle Fernandes (Merle) Dr. Rajeev Pappuru (Rajeev) Dr. Prashant Garg (Prashant) Dr. Somasheila Murthy (Somasheila)
NanoHealth	Mr. Manish Ranjan (Manish)
SAKSHAM	Dr. Veda Prakash Gowda (Veda Prakash) Mr. Kasinaadh Lakkaraju (Kasinaadh) Dr. Sukumar Kare (Sukumar)
Smile International Institute of Colo Proctology	Dr. C. Parameshwara (Paramesh)
Arogyamarg	Dr. Sudha Murthy (Sudha) Mr. Rajiv Reddy (Rajiv)
Medium Healthcare Consulting	Mr. Ratan Jalan (Ratan) Dr. Rangana Sarma (Rangana) Mr. Indraneel Chatterjee (Neel)
Individual Capacity	Prof. D.V.R. Seshadri (ISB) (DVR) Mr. Srikanth Malladi (Srikanth) Mr. Ashish Galande (ISB, Rapporteur) (Ashish) Mr. Prakash Satyavageeswaran (ISB, Rapporteur) (Prakash) Ms. Swati Sisodia (ISB, Observer) (Swati) Mrs. Pratibha Rao (Pratibha) Mrs. Prema Denduluri (Prema)

4.0 Agenda

Time	Agenda
6.55 AM	Assemble at lobby of Gullapalli Pratibha Rao building (the first building on the left as you enter the campus) at LVPEI KAR Campus
7.00 AM to 8.15 AM	Campus Tour
8.15 AM to 8.50 AM	Working breakfast - 4th Floor of the Gullapalli Pratibha Rao building
8.55 AM	Assemble at the Godrej Hall on 6th Floor of the Gullapalli Pratibha Rao building
9.00 AM to 9.03 AM	Welcome by **A. Ramam**
9.03 AM to 9.05 AM	Introductions by **DVR**
9.05 AM to 9.10 AM	Context Setting by **GCS**
9.10 AM to 10.00 AM	Short perspective by each organization on their view of equitable healthcare access (LVPEI, DHAN, Ameya Life, SIICP, Special Smiles, Fernandez Hospital, Ratan Jalan, Doctors for Seva, SAKSHAM, NanoHealth) – 10 perspectives * 5 minutes each.
10.00 AM to 10.15 AM	Identifying areas of 'healthcare' that is amenable to LVPEI like model: GNR **(opening comments by GNR followed by discussions)**
10.15 AM to 11.00 AM	Identifying the critical elements that facilitate and those that hinder the scaling up of equitable access to healthcare based on the experiences of the participating organizations – **discussion moderated by GNR**
11.00 AM to 11.25 AM	Tea Break and Networking
11.25 AM to 12.15 PM	Identifying the respective strengths of each participating organization vis-à-vis the hindrances – **discussion moderated by Vasi**
12.15 PM to 12.55 PM	Capturing the key lessons from the successful models of the participating organizations – **discussion moderated by Evita, followed by synthesis by Parmesh**
12.55 PM to 1.55 PM	Identifying potential synergies and partnerships among participating organizations – **discussion moderated by TPD, GCS, DVR**
1.55 PM to 2.00 PM	Vote of thanks – **Prashant**
2.00 PM to 2.30 PM	Working lunch on campus

5.0 Proceedings

GNR started with a slide from JK Rowling about the responsibility of privilege

5.1 Welcome

Ramam welcomed the members and noted that there is a difference between the way corporate and non-profits touch lives.

He quoted Margaret Mead – "*Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."*

5.2 Introduction

DVR briefly introduced the participating organizations and the individual participants.

5.3 Context Setting

GCS then set the context of the meeting.

Livelihood, education and health are interconnected and inseparable. While each one of us is in one of the areas, there is a need to work on linkages with the other two.

Healthcare – breadth and depth – both are important, and we have representation from both in this meeting: People working as specialists as well as at the field, as generalists.

We need to leverage the power of the collective minds here (which is exponential) to look at how best we can synergize.

5.4 Brief Overview of Each Participating Organisation

LVPEI – Merle introduced the institute's pyramidal model. *Provided a brief history of the institution*. 170 vision centers operate in interior rural areas, with trained technicians. In addition, there are vision guardians: volunteers who work at the village level to provide preliminary screening. The secondary centers provide general services, whereas the tertiary centers have specialized surgeries. The institute focuses on research and education, in addition to patient care. GNR added that at every center of LVPEI, any patient walking in with an eye problem will be provided care irrespective of their paying ability. LVPEI also provides comprehensive care and not just interventions. They provide continuing care and do not conduct eye camps, which is common for other eye care providers. Going closer to the home of the poor patients through the vision guardians and vision centers provides the ability to achieve gender equity in care, which is one of the key principles that LVPEI works on.

DHAN Foundation – Vasi talked about the great constellation of professionals from healthcare and development that have assembled for the meeting. The philosophy of DHAN is to give back to society. DHAN works on three purposes – eradicating poverty, improving nutrition, and democratic governance. Its model is to enable professional management with community governance. DHAN is known for social capital formation through organizing the un-organized. Thousands of leaders emerge from this process. DHAN has evolved a four-generation process for development: education intermediation, sustainability intermediation, livelihood and enterprise intermediation, and finally civic intermediation (schools and community hospitals). DHAN Collective works on multiple initiatives including: insurance products; SUGAM that works on healthcare initiatives including anemia control among adolescent girls, sanitation and safe drinking water, etc. It also has a housing vertical. Professionalization of management in the social sector is one of the key objectives DHAN.

Ameya Life – Prasad introduced Ameya Life as a preventive healthcare organization working at school level. A team of doctors goes to a school and does screening of children and the details are recorded in Electronic Medical Record (EMR) format. The information is provided to parents or caretakers where interventions are necessary. Obesity is a common issue in private schools, and malnutrition is an issue in government schools. Eye issues are common in both. The lifestyle feedback given to children has had significant impact, with many coming back with improvements during Ameya's visit to the school during the following year. In the school during assembly, health tips given. Especially for girl children, there are separate meetings about adolescent health and hygiene. The model is sustainable, with cross subsidization from higher paying schools (Rs. 100 to Rs. 300 charged for screening a student). The ultimate goal of Ameya life is to reduce NCDs burden in long run.

SIICP – Paramesh started his unit in colorectal practice in Mandya. There is significant occurrence of piles and fissures among rural women, due to holding up excretion and not defecating when needed, due to the practice of open defecation that prevents women from defecating during the day time. There is also stigma associated in discussing these problems even with close relatives. As a consequence, people suffer silently or go to quacks. Colon cancer is also prevalent in India, but there is poor awareness of the same. SIICP is the only institute to do awareness and screening program on colon cancer in the country.

Fernandez Hospital – Evita discussed about the evolution of FH as a tertiary referral center. The philosophy is to provide care for complex cases irrespective of paying capacity, and train professionals who are involved in mother and child care. India leads in high Maternal Mortality Rate (MMR) among delivering mothers as well as newborns. There is an acute need to reduce this. There is also a need to provide support for positive experience during maternity and childbirth through trained midwifes, to ensure the well-being of future generations.

Ratan Jalan – Medium Consulting has been playing the role of catalyst in healthcare. There is a general misconception of equating healthcare with hospitals. It is important to work on primary care. There is a need to provide good clinical outcomes for primary care. This can be achieved through developing and implementing protocols for common ailments. Good quality will also require audits, which requires good medical record-keeping. Patient centricity is routinely ignored in the country. It manifests in multiple ways including lack of toilets and drinking water in clinics that cater to the poor. There is also need to keep costs down by achieving higher productivity of scare resources, viz., doctors. The transformation can happen only if there is right intent to start with. There is also the need for the belief that even the best can get better.

Doctors for Seva –Santhosh discussed about the origins of the organization from Youth for Seva. The organization aims to provide affordable and quality care, which is possible only if the current and upcoming youth are part of an inspirational movement change. The health vertical of Youth for Seva is called Doctors for Seva. There are over 2000 volunteers across India, who engage with communities and institutions. Currently the institution is funded by charity and CSR. There is a need for lifecycle approach for many of the healthcare issues (example of menstrual hygiene and pregnancy). Doctors for Seva has taken up menstrual hygiene to over 1 million adolescent girls.

SAKSHAM –Kasinaadh introduced SAKSHAM as an organization working on addressing issues surrounding 21 disabilities. The institution works on rehabilitation for all the disabilities. Its network is spread across India.

Santhosh added that treatable and preventable corneal blindness is one of the issues that SAKSHAM is working on across 36 districts in India under its CAMBA (Cornea Andhatv Mukta Bharat Abhiyan) program. They have instituted door-to-door surveys for screening blindness and have created a database of disabilities related to the eye.

NanoHealth – Manish introduced NanoHealth as an organization working on NCD (non-communicable diseases). While medicines are available for many of these diseases, mortality from these diseases continues to rise. The issue is about continuity of care as well as early detection of latent symptoms. NanoHealth is merging technology with human intervention. This starts with screening for risk profile and leveraging technology to suggest the next course of action. This is then supported by follow-up visits to the homes of the patients. All records are stored electronically. NanoHealth has been working with the government of Telangana for scale-up.

Arogyamarg – Rajesh introduced the startup as providing support for preventive health, by providing cost-driven diagnostics pricing instead of market-driven pricing, and thus providing diagnostics services at rates cheaper than even government institutions.

5.5 Defining Healthcare

GNR next proceeded to define healthcare and set the tone for the next round of discussions. He referred to the Economist article on the missing Indian middle class. The bottom 50% of India is similar to the destitute parts of Africa. There does not seem to be enough to cross-subsidize, given that only 1% of Indians earn more than Rs.1 lakh per month. LVPEI has been unknowingly addressing this for the past 30 years. Excellence with equity has been LVPEI's philosophy. Some care or second quality care is not equitable care. The facilities and doctors have to be the same for all patients, independent of their paying capacity. The principle should also be comprehensive care and not on particular intervention. Most importantly, it is essential to focus on outcomes. There is also a need to create trained workforce, which LVPEI developed in-house by looking at the needs. Rehabilitation was integrated into the institute by LVPEI as part of its drive towards comprehensiveness.

The choice of obtaining treatment as a paying versus non-paying patient is done by the patient herself. People are largely honest and people who can pay, do pay. He highlighted that there is some exploitation but LVPEI has found that it is not a big problem. Every segment of healthcare can be sustainable by providing equitable care. The need is to efficiently use the expensive resources. For example, using Ophthalmologist for refraction is an overkill. Hence at LVPEI, this is done by a separate cadre of trained professionals. Such efficient use is possible in every specialization of healthcare. LVPEI entered rural areas based on visible need for good quality eye care in the hinterland. The quality it provides in rural areas is same as that in the urban areas.

India is soon going to have a convergence of the diseases of the past with those of the present – we are #1 in TB, Leprosy and other diseases of the past, and we are going to be #1 in cancer, diabetes, and cardiac problems. When you are trusted, there is an outpouring of support from the community. Hence credibility is key. Healthcare and education is done best with community involvement.

One of the problems, brought up by Santhosh, is that there is a dearth of doctors and trained personnel in the rural areas. This is common for all healthcare areas. GNR discussed that there is a need to upskill select potentially high caliber local people to address the first level of diagnosis and treatment, until living conditions in rural areas improve to attract doctors. While it is conceivable that in the future, hospitals may extensively use artificial intelligence, GNR does not believe that this will happen in the near future, as it is important to have natural intelligence and human skills to work effectively with artificial intelligence. Paramesh added that, while earlier there were less availability of manpower in PHCs in rural areas, due to the increased supply of doctors, the PHCs and clinics have trained doctors even in rural areas. He said that this was definitely the case in Karnataka.

5.6 Hindrances to Equitable Healthcare Access

GNR – Non-availability to quality human resources is the biggest hindrance.

GCS – There is a need to segment the disease / work so that only the core work is done by the doctors and the rest is done by trained technicians / physician assistants. There is also a need to change the paradigm to include impact of the treatment on the patient's life as an important outcome for a doctor (and not restrict to just the learning that comes from handling complex cases).

Evita – There are twenty-two million births in India every year, much of it in areas that have poor healthcare facilities. Hence, there is the need for professional midwifery on a large scale to address this problem. This poses a challenge however, as acceptance of professional midwives by the obstetricians is an issue. This can however be mandated by policy changes. This is another example of what can be done to debottleneck the resource constraints in the context of obstetricians. LVPEI has done such debottlenecking of resource constraints in respect of ophthalmologists by pushing non-core work to trained technicians. This will also have a positive impact of the scourge of C-Section delivery that is a reality in India. This is important for the future well-being of the nation, as C-Section delivery leads to reduced immunity of both mother and child. The baby delivered through C-Section for example, is more prone to develop asthma in later life compared to a child born through normal delivery.

Raja – There has to be a change in the mindset in terms of what non-doctors can take care of. In the developed nations, there is acceptance of paramedics doing many things. The policy in India is to try and push doctors to rural areas, whereas, raising the bar for training of paramedics can make a big difference.

Rajapandian – Training the community health workers has helped in screening patients at the first level. Examples include screening for breast cancer and cervical cancer. This was done by community health workers, reducing the burden on doctors. There is also a need to change the policy to allow common diseases to be treated by paramedics.

Kasinaadh – Where screening is offered in rural areas, there is a significant population that does not take up the service? It may help to integrate Ayurveda / AYUSH into the basket of offerings to the patients in these areas for better uptake.

Prashanth – Health promotion is equally important (as treatment). The World Health Organization (WHO) has recognized 'task shifting' as an important strategy to address the issue of healthcare in low resource countries such as India. Task shifting allows for more of tasks to be done by non-doctors. Moreover, screening for diseases relevant to rural areas, rather than those relevant to urban areas, is important. This group should look at the relevant diseases that are relevant to the rural areas and launch initiatives that foster task shifting for the identified diseases.

Santhosh – In India only 37% of infants are given early breast feeding (within the first one hour of birth) and only 65% of babies get 6 months of continuous breast feeding. Healthcare starts with early breast feeding. Both these aspects (early breast feeding and continuous breast feeding during the first six months) are vital for the health of the child. In India, health promotion, disease prevention, public health education and demystification of healthcare are

missing. The ecosystem to nurture these four vital elements is missing. SAKSHAM has been working on the concept of 'Mother as Specialist,' where the mother acts as the therapist. Currently the focus of policy making is solely on Doctors.

GNR – Policy makers, professional and the public have to be educated and work together to bring about this change that Santhosh is talking about.

Manish – While we have been working with ASHA workers and other community level workers, it is due to adoption of technology such as tablet computers that ensure that laid out protocols are complied with.

Paramesh – 150 colorectal nurses do door to door screening in his practice in Karnataka. Task shifting has to be done to help paramedics go door to door.

GNR – Quality of education across all healthcare cadres across the country is poor. The numbers are just not sufficient. We get nurses who have never stepped into a hospital during their training before they came to LVPEI. They have a basic science degree. In many of the nursing training institutions, their subsequent nursing training is done in a classroom. The focus of even the statutory bodies is only for obtaining a certificate and not on developing deep competencies.

Ratan – How is it that ITC and HUL get MBAs from IIMs to go to Saharnpur or Bareilly? They promise a bright future through a career progression plan, which is clearly charted out up-front and communicated. In healthcare too, we need similar mechanisms. The institution needs to look after its staff, and only then the staff will look after the institution.

GNR – We have tried this at LVPEI, but this has not been very successful. We have given promises of future faculty position, higher salary, etc. as future rewards for rural postings; these have not worked.

Vasi – DHAN Foundation is an HR organization with 400 professionals. These people are owners of the organization. Identifying the right kind of people is the key. They are available. We have to really look deep. There may be 2 to 3 people out of 100 who are the right fit culturally for DHAN. The challenge is to find them. The search cost is high, but at the end of the day, the whole effort is worthwhile. These recruits are then groomed rigorously into the culture of the organization. The search process is the key. For our MBA program in development, we fan out to some 200 to 300 professional colleges to enthuse them to join the MBA program after their graduation. After all this effort, 10 to 12 students finally decide to join the program. It is still worth all the effort, because each of these people, on passing out, make a huge difference in the country, simply based on the output of their work.

Raja – Government does not provide visibility of future careers for doctors going in for rural postings during their early careers. At LVPEI, doing fellowship in their specialization of choice is the future plan for doctors who are willing to do rural stints during the early part of their careers. This kind of path needs to be adopted by the government.

DVR – What is the economic viability of door to door working? Is there sustainability? LVPEI and other similar organisations have succeeded for so many years because of their laser-focus on sustainability.

Rajesh – We need to have a multi-purpose worker that treats the most common diseases in the rural areas.

Ratan – The problem that comes up for such workers and their acceptance is that the doctors feel threatened. This creates friction.

Rajesh – The roles need to be clearly defined to overcome this perception of threat in the minds of the doctors.

Prashanth – The identity of these workers needs to be clearly communicated to the community at large to ensure that the roles are clearly defined. If this is done, physician community can understand that when the low skill tasks are shifted to the health workers, it makes their life easier.

Evita – Midwives are accountable professionals. It is not that they are low-end health workers! There is a lot of training that goes to develop a good midwife.

Somasheila – Preliminary screening of patients at the field is one of the ways to reduce the choking that happens in the larger hospitals. The patients who have issues get up-streamed to the next stage in the hospital hierarchy. At the same time, there is need to go downstream. At LVPEI, we do this well, with specialists from our tertiary hospitals periodically visiting secondary hospital to provide high-end care, in order to cater to those patients who cannot come to the institute.

Veda Prakash – there are 5 types of doctors – (1) Self-motivated and committed, which is about 1%. These are people who will work on their own in the rural areas. They do not need any extrinsic motivation. (2) 60% of doctors who are eager to work in rural as long as reasonable facilities for them and their families are available and career growth is possible (3) People for whom going to the rural areas is the only option available. However, their motivation would be low. (4) People who will go only by government mandate. (5) Those who will not go to the poor, rural hinterland, as they are focused on maximizing their wealth by serving the upper strata of the society.

Vasi – The number are simply inadequate compared to the numbers that are needed. Hence, it is important to pick people from the rural settings very carefully, train them effectively and shift tasks. The self-motivated people who will go to distant rural areas on their own are few. It is best to take local people are train them. This is a sustainable model that we at DHAN have used.

Ramam – The issue is about economics. For example, when our institute did the vision technician training for people from the rural areas who passed their Class 10 / 12, they were very happy and motivated to be posted back their own local areas after the training. Their income could provide them with a decent livelihood in their villages. This works because there is a need locally for good quality primary care and because the care providers trained by our institute also come from that area.

GNR – How do you replace ‘corporate care’ with (genuine) care for the patient?

Ratan – It is an irony that everyone in healthcare business claims to be world-class. Even small clinics in small towns tout that they are world class. We need ‘India class’ hospitals and not world-class hospitals.

DVR – Indeed this is true. Doctors and hospitals in small towns have perfected the art of transforming healthcare into a money-making business. For instance, many doctors in small towns are worth anywhere between Rs. 200 to Rs. 500 crores

GNR – Thank you all for very thought-provoking discussions over the past one hour.

DVR – It is time for a tea break.

5.7 Leveraging Strengths of the Participating Organisations

Vasi – Whenever we talk about scaling up, the impact perspective is important. When LVPEI has scaled up, the patients are feeling the impact. That is key. The need of the hour is to understand the outcomes and how this is perceived by the community. In DHAN, when families come forward and declare that they are out of poverty, that is impact. This takes time, perhaps a decade of painstaking work to show the impact. There are no quick fix solutions, contrary to what many people think. When the community feels the impact, then there is a pull effect. In this process, the community is also empowered and becomes self-sustaining.

There is a need to have a learning hub as an outcome of this meeting where we can learn from each other's experiences.

Another question that we need to think about is what generation of work are we doing? It is akin to the progression in a field like telecom, where we had the 3G that was replaced by 4G, etc. How do we differentiate between what we have been doing many years ago, vis-à-vis what we are doing now? Is there an evolution over time, based on learning in the work our organization is doing? Identifying the generation helps in planning for impact. The Government has been pushing on financial inclusion. In a similar manner, why can the Government not talk about health inclusion?

DVR – In several meetings of DHAN that I attended, I witnessed the spectacle of several people voluntarily coming forward and declaring to the audience that they have now come out of poverty and are doing well in their lives, due to the interventions of DHAN. Can we use this idea in healthcare, where poor people who have received good treatment free of cost from the healthcare providers present in this meeting come forward and talk about their experience in getting good healthcare at an affordable price? The word of mouth effect is very powerful in this context.

GNR – DHAN has done better than just pulling these people out of poverty. They have pulled people into empowerment.

Vasi – Rural, Urban, Coastal and Tribal are the four areas where DHAN works and the model is different for each area.

DVR – The strength for DHAN comes from the community. Other organization need to take a page out of this in their own context.

Kasinaadh – In SAAKSHAM, we have people who have dedicated their life for the community. Dr. Sukumar is one, a gold medalist in his medical studies, who now goes across the country, doing good work in the realm of healthcare for the poor. Having examples such as these helps others to get motivated to work for the community. An attitude of service is needed and the motivation to forgo the materialism in a competitive world.

Vasi – Can we hear from Dr. Sukumar?

Sukumar – Dr. Rao is the primary motivation for me, having left behind a very successful practice abroad and starting a world-class institution in India. Today's youth are positive and motivated. They are enthusiastic. However, the problem is that they need role models and

people who can guide them and channelize their energies. In our organization, we have grassroots-level people who help in channelizing the energies of the youth and motivating them. In Pune district, we are identifying deaf and mute children and providing intervention, helping them get back to normal lives in the mainstream society. We have done this for about 150 children till date. There are enough volunteers coming forward now to help us in this work. Yet, we still need people to channelize the energies of the volunteers and to motivate them.

Vasi – What stops you from getting professionals?

Sukumar – We have professionals, but not in adequate numbers. The situation varies in different states where we are active.

Beula – LVPEI carries out rehabilitation services from all its centers. While we comment on corporate employee mindset that is largely prevalent in the society, wherein youngsters want to get good jobs and carry on their lives, we see that this trend is changing. Many of these people, despite having high pressure jobs, want to contribute to society in a meaningful way. That is how we now have 850 active volunteers, who spend an average of 3 hours per week helping us in our rehabilitation work, although they have hectic jobs during the weekdays. We have found that it is very important for us to figure out how to involve them and channelize their energies. We have now found ways to involve them in all our activities.

Vasi – What I would like you to reflect on is your organizations' core strengths.

TPD – LVPEI's core strength is the HR. We get common people from various parts of the country to upgrade their skills by doing technical courses, nursing courses, etc. We also have tremendous focus on dignity of the patient, irrespective of paying capacity. We have well-chartered-out career paths for them. The problem is that our country is obsessed with certification, where youth are focused on getting certificates rather than learning new skills or knowledge. People don't look at competence. This is problematic. There is a need for policy makers to recognize competence-based education and promoting people based on competence and not merely based on certificates. LVPEI's focus on developing competencies at every level of staff is important. At LVPEI, people get promoted and are given more opportunities to grow, based on demonstrated competence. This is a big difference compared to what we find generally in the society.

Vasi – This is very insightful. DHAN runs People Academy, which trains community leaders. We run competence building programs for hundreds of batches of people leaders.

We also have the Tata DHAN Academy (now called 'The DHAN Academy') where we train select youngsters in a two year MBA program to work in the development sector. Placements for these people is good. We recruit several of the passing out graduates into DHAN. When we were considering UGC recognition, we were told that given our track-record and the work we are doing, UGC recognition is not needed for the DHAN Academy, since the outcomes are already excellent.

GNR – We were tempted to become a deemed university. Former vice-chancellors said that that becoming a deemed university will be the beginning of the end for LVPEI. Hence we desisted from moving forward on this.

Raja – There is little clarity on health policy even in places where you would expect such clarity. There are many hindrances, such as moving doctors without their re-doing rural stint when they move to a new state. Healthcare models that work well in one state do not meet as much success when they are moved to other states. There is a need for an enabling system to reduce these sources of friction.

Vasi –The NGO sector is the largest employer in the country. Thus, there is scope to do a lot of innovative work.

TPD – NABH is a good example of certification-based hindrance. They have come up with so many regulations that are really difficult to comply. We need a more pragmatic approach.

Santhosh – In our organization, we have thousands of volunteers. Some of them are unpaid part-time unpaid volunteers. Others are full-time workers who are paid modest remunerations. These are folks who have the heart in the right place but are not well-trained. The challenge is to find ways of bridging the gap between the large numbers of trained people required and the availability of skilled manpower. As a way of addressing this skill gap, we are experimenting with cross-training of volunteers, so that they are able to work on multiple themes. The other big challenge is to bring the heart (and humane approach) into care giving in a typical 'skill only' person. Teach For India (TfI) is a good model which Doctors for Seva is trying to emulate.

Vasi – TFI has a well-structured fellowship program. SBI also has a fellowship program, wherein young, idealistic graduates are inducted and given opportunities to work in the rural arena. After a year or two, they may choose to continue or go back into the mainstream. You need to structure and position your program suitably to be successful.

Immersion programs help trainees get connected with the poor people, especially in the rural areas. Often, these programs affect the trainees in a deep way and open their eyes and hearts to a world of alternative career options.

GNR – Why does TFI kind of approach not work among doctors? It is because this is not part of the discussions in medical colleges. There are no alternative models presented to the medical college students. The discussion is often only on money. We are more likely to get doctors from abroad to work in rural India than to get Indian doctors to go to rural areas voluntarily for work. It is necessary to bring this discussion to the medical school. This is related to the broad subject of public policy and public health that is generally absent as a subject in medical colleges. LVPEI model of 3H doctors - hands, head, and heart, seeks to impart the right service attitude among its doctors and fellows (who pursue super-specialty education at LVPEI). We believe that hands with no head and heart are useless. For a good doctor, all the three (hands, head and heart) are essential for providing compassionate care.

Evita – in order to achieve scale, we have started working with the government. One of the major problems is corruption at every level. When a baby is born, the infant is given to the mother only when she pays a bribe of a few hundred rupees. The same is the case at every stage of the mother and child care in a typical government hospital. This is overwhelming. We did not want to have a parallel hospital and system in rural areas but instead would like to work with the government to make their existing systems such as PHCs (Primary Healthcare Centres) work. However, given the menace of corruption, we are wondering about the way forward.

Vasi – We do work with the government. We keep a revolving fund. The work goes on from this fund and the government approved fund comes later. The delays in obtaining funds from the government are inevitable, since we do not pay bribes. However, this workaround has been useful in ensuring that the works go on smoothly and do not wait for want of funds. In some areas that require government interface, the local community committee deals with the local government. We facilitate the process, but the community deals with the government. Once the community takes the lead, corruption generally recedes to the background.

Rajapandian – We have steering committees for PHCs (Primary Health Centres), which include community members. The community rates these PHCs based on important parameters such as service, accessibility, etc. The community takes ownership. They don't blame and complain; instead, they are fully involved in the functioning of the government system. Not that this takes care of all problems, but it is a good start.

Prasad – We work with Telangana government. We do the screening of school children. However, the reimbursement from the government that we are entitled to comes late. As a consequence, we struggle for working capital.

Evita – How do you deal with the corruption?

Prasad – Many governments are proactive. Not all are corrupt.

Santhosh – We used to do large scale programs with government hospitals. We recommended that things like soaps, tissues, etc., should be provided in these hospitals. However, nothing happened because of corruption. One solution may be PPP (Public-Private Partnership).

Paramesh – Corruption boils down to leadership. In OBGN (Obstetrics & Gynecology), we plugged corruption, as we had an excellent department head in our medical college. She rooted out corruption completely, and this corruption-free culture continues to this day.

Sudha – we need to look at LVEPI model about bringing down costs.

GNR – It is important to ensure sustainability of the healthcare provider, without need for government subsidy. Don't depend on it. Whatever comes from the government may be treated as a bonus.

Vasi –We have faced corruption while dealing with the government. To handle this, we keep friendly relations with (upright) bureaucrats. When we have good bureaucrats, with whom we work to resolve various issues. In some cases, we look at work arounds, such as keeping a revolving fund so that the work does not stop. We may need to go a hundred times to the government department times to get the money due to us from the government. This requires extreme patience. We need a strategy to handle this.

Ramam – I am amazed that Coke reaches the remotest place in India, but not health education. This requires concerted efforts. Can we look at how DHAN and others do this? Where do we spend our efforts? Do we focus on skilled heartless providers of healthcare or unskilled 'heartful', i.e., train people who have concern for the poor?

Beula – Sadly, corruption is present in the disability certification also. For someone with vision impairment to get government benefits, it is necessary to get a certificate of disability from the government. Even to get this certificate takes a lot of effort and often one has to deal with corrupt officials.

Vasi – For this kind of think tank to really make impact, we need to meet once in three months and discuss on one issue and come out with well-documented action plans that can then be put into action.

DVR – Thank you Vasi and all of you for a wonderful session.

5.8 Capturing Key Lessons

Evita – I request each organisataion to share its learnings.

Paramesh – Ramam said a small group of people can bring about large change. The small group of people can be role models and inspirational leaders. Educated people have responsibility to help others who are less fortunate. An inter-disciplinary approach is needed to address the multitude of problems facing the healthcare sector in the country. We can emulate LVPEI model to bring changes in SIICP.

Santhosh – Community participation is key, as seen in DHAN. We work closely with Niloufer Hospital. How do we engage the local people to make Niloufer hospital a big success? Training volunteers is something we are looking at, where we can learn a lot from LVPEI's vision guardian program.

Prasad – We need not reinvent the wheel. I can use innovations from other organizations. For example, we can learn from LVPEI's screening for refractive problems using vision center staff (and not Ophthalmologists).

Kasinaadh – I now have confidence that there are many people working towards the same goals. I can clearly see synergies. I agree with Vasi that we need to have this kind of meeting once every three months.

Manish – Patience is key, as said by Vasi. Many people want to create impact overnight, but that is not possible. We need to find people who will put their heart into this kind of work.

Somasheila – The discussions in this meeting have been a revelation to me. The different models presented here have great learning value. Some of the models are self-sustaining. Others depend on funds from outside.

Beula – We have lot of scope to integrate our rehabilitation work with the work of many of the organisations present here. Collaboration is going to be the key.

Merle – I wasn't aware that colo-rectal issues was such a big problem and that it is not being addressed meaningfully, given the magnitude of the problem. I learnt that it is very important for the community to be involved in these kinds of efforts. The other key learning is to have the effective rural immersion programs for the healthcare providers to sensitise them into the realities of rural healthcare. While corruption is a reality, I learnt that the key is to be persistent to wear out the government officials with our missionary zeal.

Raja – We discussed about health seeking behavior, which applies to public as well as to healthcare professionals. Even among people with knowledge about healthcare, it does not convert to behavior. It may be useful to have high visibility individuals to talk about healthcare behaviors (for example, a diabetic actor talking about how he grappled with the problem and how he changed his behavior to overcome the health condition of diabetes). For screening programs, it may be useful to integrate screenings from multiple specialties. It will also be useful to provide some incentives for the healthcare workers, such as recognition, etc.

Prashant - Eye banking and school health program are things where LVPEI may be able to participate.

Ramam – I also see community participation as an important aspect. In my past experience, I have had positive experience in the past when we could foster community ownership of the initiatives launched.

TPD – Community ownership and empowerment are important and we are doing it. But are we doing enough? I don't know the answer, but I will be reflecting on this for many months.

Sukumar – Many of the policy makers are also sensitized to the challenge of providing quality healthcare for the masses. While working with the Government, I agree with Vasi: we need to have revolving funds. I also agree with Vasi that we should continue this meeting every three months.

Rajapandian – We have found that for doing good work, money is not a constraint. The vital ingredients are the 3Ps – principle, process, practice. I learnt that building technical capacity at grassroots level is important for delivery of high quality service.

Ratan – We need to look at the problem from a holistic perspective. We all agree that task shifting is the key to take quality healthcare to the masses. This is in my opinion a crucial point. This can address multiple issues.

Evita – I believe that we can learn a lot from the LVPEI pyramid model. Rural immersion and community involvement are also important. I learnt the need to set up a revolving fund to work with government. I take comfort in learning that other organisations present here have zero tolerance policy towards corruption.

Vasi – Our broad philosophy has been: 'We participate; the community owns.' This is important, and very different from community participation. The morning visit to LVPEI facilities was excellent for us. The Innovation Center is an excellent concept. I was impressed by the ambience and aesthetics of the hospital. This gives a positive effect. Seeing poor people coming here struck a chord within me; there is a need to start working with them intensely on the healthcare front, to alleviate their poverty. We need to continue the learning process.

GNR – I was intrigued by the way Vasi has been making notes. He has made notes of what ideas can be implemented program-wise, and what can be included in the teaching curriculum. We will be happy to facilitate the opening a DHAN counter for our non-paying people in our primary / secondary centres as a pilot, to work on poverty alleviation for this group of patients. We can think of doing some pilots with SCIIP, wherein they can work on detecting and curing colorectal problems that some of our patients may be suffering from.

Rangana – I am encouraged to see many young people taking up NGO work as career. Leadership is the key. Perseverance is important. Finally, community support is crucial for sustainability. Each of the organisations present here have their own idea, but pooling of ideas has made difference.

Nuzhat – I found the meeting preparation document very useful. The contact information (e-mails) are the most important. And will help initiate several one-to-one interactions. Overall it was a great eye-opening experience.

Srinivas – The need is for a more collaborative approach. Frequent interactions to discuss the progress are essential to maintain the momentum.

Pramod – Each one of us present here can make a difference. The Kangaroo Mother Care (KMC) has made a difference in mother and child care. Lack of reach is a problem in healthcare that we have to work on. Community needs to take ownership. It is important to understand the health problems in totality, understand what can be addressed by physician assistants, and what needs to be escalated to physicians, even if it means lower bottom lines for the healthcare provider.

Sadashiva – I learnt that the 3Cs (Culture, Commitment and Competence) are important. The morning hospital tour helped appreciate the LVPEI model.

DVR – I also urge the others who have not yet spoken so far to speak and share their learning.

Veda Prakash – The key for success is to get together frequently, complement each other and share the experiences. Corruption is an issue but as rightly pointed out by Paramesh, leadership is the key to deal with it. There are no quick- fix solutions for the myriad issues that have been surfaced in this meeting.

Rajiv – I have the highest ROI (Return on Investment) from this meeting; it was a great learning experience.

Sudha –I learnt the importance of winning trust. When you win trust of the community, that is when you get their participation.

Neel – I find that task segmenting and generating interest in the community are the key take-away.

Srikanth – The overall experience highlights the strength of the collective.

Swati – In addition to what has been said, collective group dynamics are the key.

Ashish – I wasn't aware that the healthcare sector can also be segmented when looked at in totality, from the perspective of provider organisations, doctors, patients, etc. This gives a lot of scope for potential research questions.

Prakash – I learnt how to take a holistic approach to healthcare. Over the next few months I will have to take time out to understand how to capture this in a research paradigm.

GNR – I was recently at the Vijayawada airport, where I bumped into an old acquaintance who envied him for becoming richer with each passing day. GNR was taken by surprise and asked why the acquaintance thought so? To which, he clarified that each day, lakhs of people were giving GNR blessings and thereby making him richer every day. This underscores the importance of finding ways to take healthcare to the masses.

5.9 Bringing in the Focus on Equitable Healthcare Access

DVR – Before moving on the last session, I want to take a few moments to summarize the discussion thus far. Perseverance in the key. Catch a theme that you are convinced about. Do not scale up for the sake of scaling up. The founders need to have a hands-on approach to perfect the model. Preserving the culture is important. Hire the right talent and do not succumb to hiring people because of pressures from various quarters. It is important to remember that initial growth will be slow; hence perseverance is the key. Money is not the key, if work is good, money will follow. Even the poorest of the poor will give as is demonstrated by DHAN.

It is important to create knowledge and to gain visibility as a thought leader in the chosen field, as both DHAN and LVPEI have shown. Tremendous focus on induction training is essential to get right orientation for those who are newly joining the organisation.

Organization culture needs to be reinforced continually. To keep costs low, it may not be a good idea to focus on long-term retention of all employees, as this would increase costs and make the model unsustainable. Instead, even those who move on to other lucrative jobs become ambassadors of the organisation which molded them in their initial years.

There is no need to change the world and fix all problems. It is vital to stay focused. There is no need to work with doctors and other care givers who are focused on money; there are many others who have their heart in the right place and it makes sense to get them on board.

It is important to insulate from the government, have a laser like focus on sustainability, and focus on research and training to position the organization as a thought-leader. DHAN and LVPEI have demonstrated the efficacy of such an approach. Credibility is the key to success. It is important to know when to say “no” to donors so that the original mission of the organization is not compromised.

5.10 Exploring Potential Synergies (What Next?)

GCS –Livelihood, education and health are the three pillars of stability in a society. We need to learn from LVPEI's model and DHAN's work. We need to look up to DHAN for their grass-root level work. All of us are interested to look at primary care. Prakash may help create a map of the healthcare areas of each of the organizations present in the meeting, so that it helps identify where collaboration will work best. We need to identify what are the skills required to roll out the equitable healthcare access model and what needs to be done to take this initiative forward. This is where community ownership is important and DHAN is a great example of this. At the secondary level, there is still need a need for clarity. It is important to be a good human being first and then a doctor. We should have a focused immersion program for the specialists to sensitise them to the realities of the rural hinterland. The problems with healthcare and poverty are similar. In healthcare the patient centricity is largely missing. Having a good plan for working capital will be the key to ensuring sustainability.

TPD – It is important to remember that the village-level need for medical care is different than that in the urban areas. There is a strong need for paramedics training. Community ownership will make a big difference. Creating the right eco-system to create synergies for the participating organisations is the next logical step. There is a need for inclusive partnership at all levels. Getting the vision technician at the village to multi-task (i.e., develop other complementary skills) may be a key to equitable healthcare access.

Ramam – There are a lot of opportunities for us to work together. LVPEI will be happy to collaborate through use of its existing facilities by the other participating organizations.

DVR – One major lesson for all institutes is to develop the necessary manpower, the way DHAN and LVPEI have demonstrated.

Prashant – The pyramid model has anchored the success at LVPEI. Likewise, it will be good to share the notes on each other's models and learn from them. What would help is to also share evidences that support the success of respective business models. We may look at Project ECHO in Community Healthcare that has been started in New Mexico (USA). This may give us additional learnings.

Santhosh – Thoodukurthy can be a potential pilot centre to bring together the elements of different participating organizations, in order to find synergies.

GNR – We should initiate work to launch a couple of pilots. During the next meeting, we can get into the detailing plans for these pilot. The results of these pilots can be shared in six months' time. It will be good to have a quarterly meeting of the consortium, with the next meeting being held in DHAN Foundation, Madurai.

Ratan – There is a deficit of trust in healthcare. Is there a role we have as a body to address this in some manner? Optimism, hope and objectivity have to be brought in.

DVR – I suggest that we create an Internet-based group/forum of all the participants with a potential to add more organisations as we go along.

GNR – I suggest we look at a short clip before we leave for lunch, after the Vote of Thanks.

Prashant – Thanks everyone for the very fruitful discussions.

6.0 Photos

Equitable healthcare
access to the poor
Think tank meeting organized under the aegis of
The Indian School of Business, L V Prasad Eye Institute and DHAN Foundation
ISB
LVPEI
L V Prasad Eye Institute

FIRE EXIT

Dr. G.N. Rao
Mr. M.P. Vasimala

7.0 Press Coverage

ETV Telangana TV Coverage –
https://www.dropbox.com/s/igbfkwvohti93a0/E%20TV%20Telangana-Think%20Tank.mp4?dl=0

Business Fortnight

LVPEI hosts a think tank on equitable access to healthcare, along with ISB & DHAN Foundation!

businessfortnight.com/lvpei-hosts-think-tank-equitable-access-healthcare-along-isb-dhan-foundation

News Desk, March 7, 2018

Hyderabad March, 2018: A Think Tank to address the vital issue of equitable access to healthcare was organized at L. V. Prasad Eye Institute (LVPEI), Hyderabad on today. This was organized under the aegis of L.V. Prasad Eye Institute, Hyderabad and DHAN Foundation, Madurai, and facilitated by Prof**. D. V. R. Seshadri** of the Indian School of Business, Hyderabad.

For the stability of the country, equitable access for all, irrespective of socio-economic background to three aspects essential to cross the empowerment line is vital. These are: healthcare, education, and livelihood.

LVPEI has shown the path for such equitable eye care through an extensive and well-thought-out model spanning the three states of Telangana, Andhra Pradesh, and Orissa. The key for an equitable healthcare model according to **Dr. G. N. Rao**, the Chairman of LVEPI, is ensuring highest quality that is comprehensive, delivered by a well-qualified team that has compassion as the cornerstone of working. Dr. Rao felt that this model is replicable to healthcare, spanning diverse areas such as dental, oncology, cardiac, diabetes, etc. He emphasized the need for outcome-based excellence that fosters trust among the stakeholders. "If you provide quality care, the rich will come to seek your services and the poor can be cross-subsidized from the earnings from the rich. This can be replicated as a model of healthcare, which ensures equitable access to quality healthcare to all, irrespective of their paying capacity. This is the most appropriate model for a country like India to tackle the enormous burden of disease. We will be meeting again in three months from now in Madurai and will create two pilot projects to take the initiative forward."

Mr. M. P. Vasimalai, the Founder of DHAN Foundation, that has helped over one crore Indians to move from abject poverty to cross the line of empowerment, underlined the importance of enabling the community to take ownership of these initiatives. He also highlighted the importance of working with the mainstream institutions including government and banks.

Both highlighted the importance of 3 P's: principles, process, and practice.

Building technical competency at grassroots level, creating synergies among like-minded institutions, a systematic perspective, and building credibility at the grassroots level is key to sustainability and scalability. Organizations such as DHAN Foundation and LVPEI have clearly shown that money is not a constraint when these are taken care of.

Task shifting, i.e., training appropriate people for doing appropriate tasks at appropriate levels (primary, secondary, and tertiary levels) is key to enabling the goal of equitable healthcare.

Prof. D. V. R. Seshadri said, Health, education and livelihood are three basic necessities. If we address these three, the country will be on the path of growth. Through this initiative, we are trying to create the critical mass of people who will be willing to adopt the model and make healthcare accessible to all socioeconomic sections of the society.

The Think Tank made the distinction between institutions having community participation and institutions participating in community-owned initiatives. Once the community owns these initiatives, the whole system becomes one of zero tolerance to corruption.

Some of the key suggestions from the Think Tank for all institutions trying to make a difference in healthcare include sensitizing medical students to the need, the opportunities, and the meaningfulness of working in the rural areas with the poor; professionalizing the technical cadre; having a systematic and well-structured program for volunteers in the healthcare space, similar to the Teach for India program.

The Think Tank also saw the participating organizations agreeing to pool field level resources, there by getting better efficiencies. The meeting saw agreements on cross-pollination through

immersion program for specialist doctors. The Think Tank resulted in agreements between institutions to work in a holistic manner on inclusive partnerships, with the organizations opening up their locations and facilities to each other for providing their respective equitable healthcare solutions.

Business Today

LVPEI, other non-governmental entities to evolve alternate healthcare model

BTbusinesstoday.in/sectors/pharma/lvpei-other-non-governmental-entities-to-evolve-alternate-health-care-model/story/272060.html

Invalid Date

In an attempt towards creating an alternate model of healthcare, which is strong at primary and secondary level but still not-for-profit, a newly formed think tank under LVPEI, Dhan Foundation and the Indian School of Business (ISB) held its first meeting in Hyderabad on Tuesday.

The experts discussed the formation of a model that is collaborative with like-minded institutions trying to make an impact across various verticals of healthcare.

Total 10 organisations participated in the meeting, including Doctors for Seva, Fernandez Hospital, NanoHealth, Saksham, Ameya Life, DHAN Foundation and LVPEI (LV Prasad Eye Institute) among others.

"The idea is to cross-learn from the eye care model of LVPEI and implement in other areas," said DVR Seshadri, professor at the Indian School of Business. Seshadri is also working on a book on the LVPEI model. Explaining the LVPEI model, GN Rao, chairman of LVPEI, said it was focused on economically disadvantaged groups in rural and urban areas with a pyramidal model of services offering through its satellite clinics and rural affiliates.

A not-for-profit and non-government eye care institution, LVPEI has a centre for excellence in Hyderabad, three tertiary centres - one each in Bhubaneswar, Visakhapatnam and Vijayawada - and 17 secondary and 171 primary care centres. These centres also cover the rural areas across Telangana, Andhra Pradesh, Odisha and Karnataka.

Rao said the model had worked well for the 30-year-old organisation, and that it could help to take learning to other areas. "No more than 10 to 15 per cent of the problems need to reach the big tertiary hospitals," he said, adding that one does not need "specialists in remote locations" as primary care can be provided with good quality if there are "well-trained paramedics".

The DHAN (Development of Humane Action) Foundation, which focuses on livelihood promotion, was represented by its founder M.P. Vasimalai. In existence since 1997, it has so far impacted 1.65 million poor households across 14 states.

Telangana Today (& Daily Hunt)

Hyderabad's LVPEI eyes equitable healthcare

Hyderabad: Top five to 10 per cent of the population can afford quality healthcare facilities in corporate hospitals while the rest invariably incur out of pocket expenditure to access such high quality medical services. Is it possible to come up with a model that encourages equitable access to quality healthcare facilities for all sections of society?

To create a sustainable model that can offer quality healthcare free of cost to needy patients in all disciplines, the Hyderabad-based LV Prasad Eye Institute (LVPEI) is partnering with several voluntary organisations, including well-known DHAN (Development of Humane Action) Foundation. LVPEI has decided to launch two pilot projects, one each in Telangana and Andhra Pradesh in a partnership mode with DHAN Foundation and some of the participating organisations.

The aim of the two pilot facilities will be to provide equitable healthcare to all, which means quality healthcare in all specialties to be made available for free to needy patients.

A similar model is already in place at LVPEI, where expensive high-end medical treatment in eyecare for needy patients is given free of cost by following a cross-subsidised payment model.

On Tuesday, a think tank meeting comprising senior doctors, voluntary organisations and hospitals was held at LVPEI to discuss equitable access to healthcare.

"At LVPEI we have developed an ideal healthcare model and hopefully such systems can be extended to other fields of medicine," says Founder-Chair, LVPEI, Dr. G.N. Rao.

The senior doctors pointed out that the key to equitable healthcare model is to ensure quality, which will attract even the top five to ten per cent of the population.

"We also get patients who can afford medical services outside the country. At the same time, we also have patients who can't pay for basic diagnostic tests. So, through the process of cross-subsidy, we manage to provide free treatment to the poor. Quality care is must in our model," LVPEI officials said.

To further discuss and finalize the details to set up a facility, the group of NGOs and senior doctors will meet again in another three months.

https://m.dailyhunt.in/news/india/english/telangana+today-epaper-telantod/hyderabad+s+lvpei+eyes+equitable+healthcare-newsid-83096048

జీవనోపాధి, విద్య, ఆరోగ్యం అందరికీ సమానంగా అందుబాటులో ఉండాలి

సమావేశంలో మాట్లాడుతున్న ఎల్‌వీపీఈఐ ఛైర్మన్ డాక్టర్ జీఎస్ రావు

హైదరాబాద్, ఆంధ్రప్రభ: దేశ సుస్థిరత్వం కోసం, జీవనోపాధి, విద్య మరియు ఆరోగ్యం అనేవి మూడు ముఖ్య

మైన అవసరాలని, సామాజిక-ఆర్థిక అంశాలతో సంబంధం లేకుండా వాటిని అందరికీ సమానంగా అందుబాటులో ఉండేలా చూడాలని ఎల్‌వీ ప్రసాద్ ఐ ఇన్‌స్టిట్యూట్ (ఎల్‌వీపీఈఐ) ఛైర్మన్ డాక్టర్ జి.ఎస్.రావు పేర్కొన్నారు. మంగళవారం ఎల్‌వీ ప్రసాద్ ఐ ఇన్‌స్టిట్యూట్‌లో ఆరోగ్యంలో అందరికీ సమాన అవకాశాలు అనే అంశంపై వర్క్‌షాపు జరి గింది. ఈ కార్యక్రమంలో పాల్గొన్న ఆయన మాట్లా డుతూ సమగ్రమైన అధిక నాణ్యత భరోసాతో, మంచి అర్హత గల వైద్య బృందం ఆస్పత్రిలో ఉంటే రోగితో పాటు ఆస్పత్రికి మంచి పేరు వస్తుందన్నారు. వైద్య సంరక్షణలోని భిన్న భాగాలైన దంత చికిత్స, అంకాలజీ, గుండెజబ్బులు, మధుమేహం మొదలైన వాటిలో కూడా ఇటువంటి నమూనానే అనుసరించాలని డాక్టర్ రావు పేర్కొన్నారు. ప్రతి ఆస్పత్రి అత్యుత్తమైన ఫలితాలను రాబట్టాల్సిన అవసరాన్ని ఆయన ఈ సందర్భంగా నొక్కి చెప్పారు. ఎల్‌వీ ప్రసాద్ ఐ ఆస్పత్రి తెలంగాణ, ఆంధ్రప్రదేశ్ మరియు ఒరిస్సా రాష్ట్రాల్లో విస్తృతమైన ఆలోచనాత్మకమైన నమూనా ద్వారా కంటి సంరక్షణ అనబడే ఒక ముఖ్యమైన అంశాన్ని భారీస్థాయిలో ఇటు వంటి సమానమైన ప్రాప్తిని పొందడానికి అవకాశం చూపించిందన్నారు. ధన్ ఫౌండేషన్ వ్యవస్థాపకుడు ఎమ్‌వీ వసిమలై మాట్లాడుతూ ఈ కార్యక్రమాల వలన కోటిమంది భారతీయులు లబ్ధిపొందుతూ పేదరికం నుంచి బయటపడి సాధికారికత స్థాయిని దాటేందుకు సహాయపడుతుందన్నారు. ఈ సందర్భంగా ప్రభుత్వం మరియు బ్యాంకులతో సహా పలు ప్రధాన సంస్థలతో కలిసి పనిచేయడం యొక్క ప్రాముఖ్యత గురించి ఆయన వెల్లడించారు. అందరికీ సమానంగా వైద్య సంరక్షణను అందించడంలో సరైన లక్ష్యాలను నెరవేర్చేందుకు సరైన స్థాయిలో ప్రాథమిక ద్వితీయ మరియు తృతీయ స్థాయిలో లక్ష్యాన్ని బదిలీ చేయడం అనేది ఎంతో కీలకంగా మారిందన్నారు. ఆరోగ్య సం రక్షణలో వైవిధ్యంగా ప్రయత్నించే అన్ని సంస్థలకు మేధోమథనం ఇచ్చే కీలక సూచనలు అవసరమన్నారు. పేద గ్రామీణ ప్రాంతాల్లో పనిచేయాల్సిన అవసరంపై వైద్య విద్యార్థులకు అవగాహన కల్పించాల్సిన అవసర ముందన్నారు. సాంకేతిక బృందాన్ని మరింత నిపుణు లుగా చేయడం, టీచ్ ఫర్ ఇండియా కార్యక్రమం మాది రిగానే ఆరోగ్య రంగంలో కూడా స్వచ్ఛంద సేవకులకు క్రమబద్ధమైన మరియు నిర్మాణాత్మకమైన కార్యక్రమా న్ని అందించాలని ఆయన సూచించారు.

Andhra Prabha Pg-15 (07-03-2018)

సమావేశంలో మాట్లాడుతున్న ధన్ ఫౌండేషన్ వ్యవస్థాపకుడు ఎమ్.పి.వసిమలై, చిత్రంలో ఎల్‌వీ ప్రసాద్ ఆస్పత్రి చైర్మన్ డా.జీఎన్.రావు, ఐఎస్‌బి ప్రొఫెసర్ డీవీఆర్ శేషాద్రి

మెరుగైన వైద్యం అందడం లేదు

● ఎల్వీ ప్రసాద్ చైర్మన్ డా. జీఎన్.రావు

హైదరాబాద్ సిటీ, మార్చి 6 (ఆంధ్రజ్యోతి) : దేశ వ్యాప్తంగా ప్రతి ఒక్కరికీ ఉన్నత ప్రమాణాలతో కూడిన వైద్యం అందడం లేదని ఎల్‌వీ ప్రసాద్ ఐ ఇనిస్టిట్యూట్ చైర్మన్ జీఎన్. రావు అన్నారు. ఎల్‌వీ ప్రసాద్, మధురైకి చెందిన ధన్ ఫౌండేషన్, ఇండియన్ స్కూల్ ఆఫ్ బిజినెస్‌లతో కలిసి 'థింక్ ట్యాంక్ వర్క్‌షాప్' ఎల్‌వీ ప్రసాద్ ఆస్పత్రిలో మంగళవారం నిర్వహించారు. దేశ స్థిరత్వం కోసం, జీవనోపాధి, విద్య - ఆరోగ్యం అనే మూడు ముఖ్యమైన అవసరాలు, సామాజిక - ఆర్థిక అంశాలతో ముడి పెట్టకుండా అందరికీ సమానంగా అందుబాటులోకి తీసుకువచ్చే అంశాలపై చర్చించారు. ఈ సందర్భంగా ఎల్‌వీ ప్రసాద్ ఐ ఇనిస్టిట్యూట్ చైర్మన్ డా.జి.ఎన్.రావు మాట్లాడుతూ 30 ఏళ్ల నేత్ర వైద్య రంగంలో తెలంగాణ, ఆంధ్రప్రదేశ్‌తో పాటు ఒరిస్సా రాష్ట్రాల్లో 175 ప్రాథమిక కేంద్రాలు, 18 ద్వితీయ శ్రేణి కేంద్రాలతో గ్రామీణ ప్రాంతాల ప్రజలకు వైద్యసేవలు అందిస్తునట్లు తెలిపారు. ఇదే తర హాలో దంత చికిత్స, ఆంకాలజీ, గుండెజబ్బులు, మధుమేహంతో పాటు ఇతర వైద్య ఆరోగ్యపరీక్షలను తక్కువ ఖర్చుతో, నిరుపేదలకు ఉచి తంగా అందిస్తే ఎలాంటి వ్యాధులైనా ప్రాథమిక దశలో గుర్తించే అవ కాశాలు ఉంటాయన్నారు. మధురైలో మరో మూడు నెలల్లో సమావేశ మవుతామని, దీన్ని మరింత ముందుకు తీసుకెళ్లడానికి రెండు ఫైలెట్ ప్రాజెక్టులు ప్రారంభిస్తామన్నారు. మరో ఆరు నెలల్లో తెలంగాణలో పాల్వంచ, తుడికుర్తిలో ఫైలట్ ప్రాజెక్టుగా ఒకే దగ్గర అన్ని రకాల వైద్యసేవలు అందుబాటులోకి తీసుకువస్తామన్నారు. ధన్ ఫౌండేషన్ వ్యవస్థాపకుడు ఎమ్.పి.వసిమలై మాట్లాడుతూ ధన్ ఫౌండేషన్ కోటి మంది పేదలకు లబ్ధి కలిగేలా సేవలందిస్తోందన్నారు. ప్రభుత్వం, బ్యాంకులతో సహా పలు ప్రధాన సంస్థలతో కలిసి పనిచేస్తే నిరుపేద లకు ఉచితంగా వైద్యసేవలు అందించే అవకాశాలు మెరుగుపడతాయ న్నారు. ఐఎస్‌బి ప్రొఫెసర్ డి.వి.ఆర్.శేషాద్రి మాట్లాడుతూ 90 శాతం మంది అనారోగ్య సమస్యల్ని చివరిదశలో గుర్తించడంతో సమస్యలు తలెత్తుతున్నాయన్నారు. థింక్‌ట్యాంక్ సమావేశంలో 40 సంస్థలకు చెందిన ప్రతినిధులు పాల్గొన్నారు. ఐఎస్‌బి ఎల్‌వీపీఈఐ, ధన్ ఫౌండేష న్‌లతో పాటు ఫెర్నాండేజ్ ఆస్పత్రి, మీడియం హెల్త్‌కేర్ కన్సల్టింగ్, అమేయ లైఫ్, వాత్సల్య డెంటల్, డాక్టర్స్ ఫర్ సేవా, స్మైల్ ఇంటర్నేష నల్ ఇనిస్టిట్యూట్ ఫర్ కోలో- ప్రాక్టాలజీ, సాక్షమ్, నానోహెల్త్ సంస్థలు పాల్గొన్నాయి.

Andhra Jyothi Pg-2 (07-03-2018)

గ్రామీణుల ఆరోగ్య పరిరక్షణకు సమష్టి కృషి

ఎల్వీ ప్రసాద్ ఆసుపత్రికి తోడుగా ముందుకొచ్చిన ధన్ ఫౌండేషన్, ఐఎస్‌బీ తదితర సంస్థలు

డా॥ జీఎన్.రావ్

జూబ్లీహిల్స్, న్యూస్‌టుడే: గ్రామీణ పేద లకు వైద్య పరీక్షలు, సేవలను అందించాలని ఎల్వీప్రసాద్ నేత్ర వైద్య విజ్ఞాన సంస్థ (ఎల్వీపీ ఈఐ), ధన్ ఫౌండేషన్‌తోపాటు మరికొన్ని సంస్థలు ముందుకొచ్చాయి. ఇప్పటికే గ్రామీణ ప్రాంతాల్లో ఎల్వీప్రసాద్ ఆసుపత్రి.. నేత్ర సంరక్షణకు అమలు చేస్తున్న విధానాన్ని అన్ని రకాల అనారోగ్య సమస్యలకు వర్తింపజేసి వైద్య సేవలు విస్తృతంగా అందించాలని సిద్ధమవుతు న్నాయి. బంజారాహిల్స్‌లోని ఎల్వీప్రసాద్ నేత్ర వైద్య విజ్ఞాన సంస్థలో మంగళవారం దీనిపై మేధోమథన సదస్సు నిర్వహించారు. అనంతరం విలే కరుల సమావేశంలో ఆసుపత్రి వ్యవస్థాపక ఛైర్మన్ డాక్టర్ జి.ఎన్.రావు మాట్లాడుతూ.. వైద్యం, విద్య, జీవనోపాధిలో అందరికీ సమాన అవకాశాలు అందించాలని ఈ ఆలోచన చేసినట్లు తెలిపారు. ఎల్వీపీఈఐ, ధన్ ఫౌండే షన్, ఐఎస్‌బీ, ఫెర్నాండెజ్ ఆసుపత్రి, మీడియం హెల్త్‌కేర్ కన్సల్టింగ్, అమేయ లైఫ్, వాత్సల్య డెంటల్, డాక్టర్స్ ఫర్ సేవా, స్మైల్ ఇంటర్నేషనల్ ఇన్‌స్టిట్యూట్ ఫర్ కోలో-ప్రాక్టాలజీ, సాక్షమ్, నానోహెల్త్ సంస్థల ప్రతినిధులు ఇందులో పాలుపంచుకునేందుకు ముందుకు వచ్చారన్నారు. ఎల్వీపీఈఐ ఆధ్వర్యంలో తెలంగాణ, ఏపీ, ఒడిశాలలో ఇప్పటికే 170 ప్రాథమిక, 18 ద్వితీయ ఆరోగ్య కేంద్రాలు, మూడు టెర్షియరీ కేంద్రాలు ఉన్నాయన్నారు. వీటి ద్వారా కేవలం కంటి పరీక్షలే కాకుండా ఇకపై అన్ని రకాల ఆరోగ్య సమస్యలను పరీక్షించేందుకు ప్రయత్నం చేస్తున్నట్లు తెలిపారు. పాల్వంచ, తూడుకుర్తి కేంద్రాల్లో ప్రయోగాత్మకంగా ఈ సేవలను అందించి, రానున్న రోజుల్లో అన్ని కేంద్రాల్లో చేపట్టనున్నట్లు వివరించారు. ధన్ ఫౌండేషన్ ఎగ్జి క్యూటివ్ డైరెక్టర్ ఎం.పి.వశిమలై, ఐఎస్‌బీ ఆచార్యులు డీవీఆర్ శేషాద్రి తది తరులు మాట్లాడారు.

Eenadu Pg-14 (07-03-2018)

ఎల్‌వీపీఐఇ ఆధ్వర్యంలో వర్క్‌షాప్

సమావేశంలో మాట్లాడుతున్న వక్తలు

అమీర్‌పేట, మార్చి 6, మనం న్యూస్: ఎల్‌వి ప్రసాద్ ఐ ఇనిస్టిట్యూట్ ఆధ్వర్యంలో 'ఆరోగ్యం అంశంలో అందరికీ 'సమాన అవ కాశాలు' అనే అంశం పై వర్క్‌షాప్‌ను నిర్వహించారు. ఈ వర్క్‌షాపులో ఇండియన్ స్కూల్ ఆఫ్ బిజినెస్ ప్రొఫెసర్ డి.వి.ఆర్.శేషాద్రి, ధన్ ఫాం డేషన్ వ్యవస్థాపకులు ఎమ్.పి.వసిమలైలు పాల్గొన్నారు. ఈ సందర్భ ంగా ఎల్‌విప్రసాద్ ఐ ఇనిస్టిట్యూట్ చైర్మన్ డాక్టర్ జి.ఎస్.రావుతో కలిసి వారు మాట్లాడుతూ ఆరోగ్యం విషయంలో ప్రతిఒక్కరికీ ఒకే రకమైన చికిత్స లభించాలని అభిప్రాయపడ్డారు. అందరూ ఆరోగ్యవంతులుగా ఉండాలన్నారు. విద్య, జీవనోపాధి, ఆరోగ్యం అనేవి ప్రాథమిక అవస రాలని వారు వివరించారు. ఈ మూడింటిలో సమతుల్యత పాటించిన ప్పుడే దేశం అభివృద్ధి పథంలో సాగుతుందని వారు అభిప్రాయపడ్డారు.

Manam Pg-4 (07-03-2018)

ఐఎస్‌బీ, ధన ఫౌండేషన్ ఆధ్వర్యంలో వర్క్‌షాప్

మాట్లాడుతున్న ఎల్వీ ప్రసాద్ ఆస్పత్రి చైర్మన్ జీ.ఎన్.రావు

బంజారాహిల్స్: ఎల్వీ ప్రసాద్ నేత్ర వైద్య విజ్ఞాన సంస్థ ఆధ్వర్యంలో ఆరోగ్యంలో అందరికీ సమాన అవకా శాలు అనే అంశంపై మంగళవారం థింక్ ట్యాంక్ వర్క్‌షాప్ నిర్వహించారు. ఈ కార్యక్రమంలో ఎల్వీ ప్రసాద్ కంటి ఆస్పత్రి చైర్మన్ డాక్టర్ జీఎన్.రావు, ధనా ఫౌండేషన్ వ్యవస్థాపకుడు పసిమలై, హైదరా బాద్ ఇండియన్ స్కూల్ ఆఫ్ బిజినెస్ ప్రొఫెసర్ డీవీఆర్.శేషాద్రి తదితరులు పాల్గొన్నారు. ఈ సందర్భంగా ఎల్వీ ప్రసాద్ కంటి ఆస్పత్రి చైర్మన్ జీఎన్.రావు మాట్లాడుతూ.. తెలంగాణ, ఆంధ్రప్ర దేశ్, ఒడిశా రాష్ట్రాల్లో విస్తృతమైన, ఆలోచనాత్మక మైన నమూనా ద్వారా ఆరోగ్య, కంటి సంరక్షణ అంశాల్లో వర్క్‌షాప్ నిర్వహించినట్లు తెలిపారు.

Sakshi Pg-19 (07-03-2018)

గ్రామీణ ప్రాంతాల్లోని ప్రజలకు ఉచిత వైద్య సేవలు

మన తెలంగాణ/సిటీబ్యూరో : ఎల్‌వి ప్రసాద్ ఐ ఇనిస్టిట్యూట్, ఇండియన్ స్కూల్ ఆఫ్ బిజినెస్(ఐఎస్‌బి), ధన్ ఫౌండేషన్‌ల ఆ ధ్వర్యంలో గ్రామీణ ప్రాంతాల్లో ని ప్రజలకు ఉచిత వైద్యసేవలు అందించనున్నట్లు సయుక్తంగా ప్రకటించాయి. ఈ మేరకు బం జారాహిల్స్‌లోని ఎల్‌వి ప్రసాద్ కంటి ఆసుపత్రిలో మీడియా సమావేశాన్ని ఏర్పాటు చేశారు. ఈ సందర్భంగా ఎల్‌వి ప్రసా ద్ చైర్మెన్ డాక్టర్ జి ఎస్ రావు మాట్లాడుతూ ముందుగా తెలుగు రాష్ట్రాలతో పాటు ఓరిస్సా రాష్ట్రంలోని గ్రామీణ ప్రజలకు ఉచిత వైద్య సేవలు అందించేందుకు ప్రాణాళికలు సిద్ధం చేస్తున్నట్లు తెలిపారు. ఇందులో పైలెట్ ప్రాజెక్టుగా తీసుకొని రెండు ఆరోగ్య కేంద్రాలను తెలంగాణలోని ఖమ్మం జిల్లా పాల్వంచా, నాగర్‌కర్నూల్ జిల్లాలోని తుడుకుర్తి ప్రాంతాల్లో మరో మూడు నెలల్లో అందుబాటులోకి తెస్తామన్నారు. ఈ కేంద్రాల్లో అన్ని రకాల వైద్య సేవలు అందిస్తామని వివరించారు. ఉన్నత ప్రమాణాలతో కూడిన వైద్యసేవలను ఉచితంగా అందించడమే తమ లక్ష్యమని తెలిపారు. ఐఎస్‌బి క్లినికల్ ఫుల్ ఆఫ్ ప్రొఫెసర్ ఆఫ్ మార్కె టింగ్ డి వి ఆర్ శేషాద్రి మాట్లాడుతూ రానున్న రోజుల్లో ఉచిత వైద్య సేవలు అందించేం దుకు దేశ వ్యాప్తంగా ఆరోగ్య కేంద్రాలను ఏర్పాటు చేస్తామన్నారు. దేశంలో సకాలంలో వై ద్య సేవలు అందక మరణిస్తున్న వారి నిత్యం పెరుగుతూనే ఉందన్నారు. అనంతరం ధన్ ఫౌండేషన్ ఎగ్జిక్యూటివ్ డైరక్టర్ ఎమ్ పి వశిమలై మాట్లాడుతూ పేద ప్రజల ఆరోగ్య రక్షణ కు తాము ఈ నిర్ణయం తీసుకున్నామన్నారు. తాము చేసే ఈ కార్యక్రమానికి ప్రభుత్వాల సహాయ సహకారాలు ఉండాలని అన్నారు. ఈ కార్యక్రమంలో ఎల్‌వి ప్రసాద్ ఐ ఇనిస్టిట్యూ ట్ వైస్ చైర్మెన్ డాక్టర్ జి.చంద్రశేకర్ పాల్గొన్నారు.

Mana Telangana Pg-14 (08-03-2018)

వర్క్‌షాప్‌లో పాల్గొన్న ప్రతినిధులు

ఆరోగ్యంలో
అందరికీ సమాన అవకాశాలు

నవతెలంగాణ-జూబ్లీహిల్స్

ఎల్‌వీ ప్రసాద్ నేత్ర వైద్య విజ్ఞాన సంస్థ ఆరోగ్యంలో అందరికీ సమాన అవకాశాలు అనే అంశంపై మంగళవారం ఎల్ వీపీఐలో ఒక థింక్ ట్యాంక్ వర్క్‌షాప్‌ను నిర్వహించింది. ఈ కార్యక్రమానికి ఎల్ వీపీఐ చైర్మెన్ జియెన్ రావు ధన్ ఫౌండేషన్ మధురై వ్యవస్థాపకులు ఎంపీ వసిమలై, ఇండియన్ స్కూల్ ఆఫ్ బిసినెస్ ప్రొఫెసర్ శేషాద్రిలు హాజరై మాట్లాడారు. దేశం సుస్థిరం కావాలంటే జీవనోపాధి, విద్య, అరోగ్యం అనేవి ప్రతి ఒక్కరికీ అందుబాటులో ఉండాలన్నారు.. మా ఫౌండేషన్ ద్వారా ప్రతి గ్రామంలో క్యాంపులు నిర్వహించి ఉచితంగా కంటి సంబంధ వ్యాధులకు పరీక్షలు, ఆపరేషన్స్ చేస్తున్నట్టు తెలిపారు. ఇంకా యువతీ యువకులకు ఐ టెక్నీషియల్స్‌గా ట్రైనింగ్ ఇచ్చి మావద్ద ఉపాధి కల్పిస్తున్నట్టు చెప్పారు.

Nava Telangana Pg-7 (07-03-2018)

'అన్ని వర్గాలకు
వైద్యం అందుబాటులోకి తీసుకురావాలి'

సమావేశంలో మాట్లాడుతున్న డా.గుళ్లపల్లి ఎస్.రావు, తదితరులు

బంజారాహిల్స్ (నమస్తే తెలంగాణ): పేదరికంతో బాధపడుతున్న వారితో పాటు సమాజంలోని అన్ని వర్గాలకు చెందిన వారికి వైద్య సహాయం అందేలా చూడాల్సిన అవసరం ఎంతైనా ఉందని ఎల్‌వీప్రసాద్ ఐ ఇనిస్టిట్యూట్ చైర్మన్ డా. గుల్లపల్లి ఎస్.రావు అన్నారు. బంజారాహిల్స్‌లోని ఎల్‌వీ ప్రసాద్ దవాఖానలో మంగళవారం ధన్ ఫౌండేషన్, ఐఎస్‌బీ ఆధ్వర్యంలో 'ఆరోగ్యం అందరికీ సమాన అవకాశాలు' అనే అంశంపై ఏర్పాటు చేసిన సదస్సులో డా.గుల్లపల్లి ఎస్.రావు మాట్లాడుతూ..కంటి సమస్యలతో బాధపడుతున్న వారికి సమగ్రమైన చికిత్సను అందించేందుకు ఎల్‌వీ.ప్రసాద్ దవాఖాన కృషి చేస్తున్నదని, ఇదే విధానాన్ని అన్ని దవాఖానల్లో అమల్లోకి తీసుకురావాలని సూచించారు. ధన్ ఫౌండేషన్ వ్యవస్థాపకుడు ఎంపీ.వసిమలై, ఐఎస్‌బీ హైదరాబాద్ ప్రొఫెసర్ డివీఆర్.శేషాద్రి పాల్గొన్నారు.

Namasthe Telangana Pg-2 (07-03-2018)

ఆరోగ్యంలో అందరికీ సమాన అవకాశం కల్పించాలి

పేదలకు వైద్యం అందించాలనే అంశంపై ప్రసంగిస్తున్నప్రొఫెసర్ శేషాద్రి

హైదరాబాద్,మార్చి 6 ప్రభాతవార్త : దేశ స్థిరత్వం కోసం,జీవనోపాది,విద్య, ఆరోగ్యం అనే మూడు ముఖ్యమైన అవసరాలు,సామాజిక ఆర్థిక అంశాలతో సంబందం లేకుండా అవి అందరికి సమానంగా అందుబాటులో ఉండాలని ప్రొఫెసర్ డి.వి.ఆర్.శేషాద్రి పేర్కొన్నారు.మంగళవారం వారు ఏర్పాటు చేసిన మీడియా సమావేశంలో మాట్లాడుతూ తెలంగాణ,ఏపి,ఒరిస్సా రాష్ట్రల్లో విసృత్తమైన ఆలోచనాత్మకమైన నమూనా ద్వారా అటువంటి ఆరోగ్య సరరక్షణను కంటి సంరక్షణ అనబడే ఒక ముఖ్యమైన అంశంలో బారీస్థాయిలో ఇటువంటి సమానమైన ప్రాప్తిని పొందడానికి అవకాశం చూపిందన్నారు.అదే విధంగా ధన్ ఫౌండేషన్ వ వ్యవస్థాపకులు ఎమ్.సి.వసిమలై ప్రసంగిస్తూ ఈకార్యక్రమం నుంచి పేదరిక సమాజంకు చెందిన ఒక కోటి మంది భారతీయులు లబ్ధిపొందుతూ పేదరికం నుండి బయటపడి సాదికారత స్థాయిని దాటేందుకు వారికి సహాయం పడటం జరిగిందన్నారు.ప్రభుత్వం,బ్యాంకులతో సహా పలు ప్రధాన సంస్థలతో కలిసి పనిచేయడం ప్రాముఖ్యతను ఆయన వెల్లడించారు.

Vaartha Pg-11 (07-03-2018)

'स्वास्थ्य सेवाओं की सुलभता के लिये हो एकजुट प्रयास'

हैदराबाद, 6 मार्च-(श्रद्धा विजयलक्ष्मी)

समाज के पिछड़े वर्ग तथा सीमांत क्षेत्रों तक स्वास्थ्य सेवाओं की पहुँच को सुनिश्चित करने के लिये एलवी प्रसाद आई इंस्टीट्यूट, इंडियन स्कूल ऑफ बिजनेस तथा धन फाउंडेशन द्वारा आज परिचर्चा सत्र का आयोजन किया गया। एलवी प्रसाद सभागार में आयोजित परिचर्चा सत्र में एलवी प्रसाद आई इंस्टीट्यूट के चेयरमैन डॉ.जी.एन. राव, आईएसबी के प्रो.डी.वी.आर. शेषाद्रि तथा धन फाउंडेशन के एक्जीक्यूटिव डॉयरेक्टर एम.पी. वासीमलाई ने भाग लिया। विषय पर वक्ताओं ने अपने विचार रखते हुए कहा कि विकास तथा सशक्तिकरण लक्ष्य को प्राप्त करने के लिये सबसे महत्वपूर्ण तीन क्षेत्र-स्वास्थ्य, शिक्षा तथा रोजगार हैं। स्वास्थ्य महत्वपूर्ण बिंदु है, जिसकी उपलब्धता की दिशा में कारगर और एकजुट प्रयासों की आवश्यकता है।

डॉ.जी.एन. राव ने अपने विचार रखते हुए कहा कि स्वास्थ्य सेवाओं को उपलब्ध कराने के लिये उच्चतम गुणवत्ता तथा योग्य स्वास्थयकर्मी आधार स्वरूप हैं। इस दिशा में एलवी प्रसाद ने तेलंगाना, आंध्र-प्रदेश तथा ओड़िशा में नेत्र चिकित्सा के क्षेत्र में सुविचारित तथा सफल मॉडल पेश किया है। स्वास्थ्य सेवाओं की उत्कृष्टता पर बल देते हुए डॉ. राव ने कहा कि गुणवत्तापूर्ण सेवाओं को देखकर धनी लोग इलाज के प्रवृत्त होंगे। उनसे प्राप्त लाभ को गरीबों के इलाज में सब्सिडी के रूप में इस्तेमाल किया जा सकता है। उन्होंने कहा कि इसको भी एक मॉडल के रूप में अपनाया जा सकता है, जिससे सभी को गुणवत्ता तथा विशिष्ट सेवाओं को उपलब्ध कराने का मार्ग प्रशस्त होगा। डॉ. राव ने बताया कि तीन महीने के बाद मदुरै में इस प्रकार की एक और बैठक आयोजित की जाएगी। उसके आधार पर दो पायलट प्रोजेक्ट्स को शुरू किया जाएगा। अवसर पर एम.पी. वासीमलाई ने सिद्धांत, प्रक्रिया और अभ्यास पर बल देते हुए कहा कि तकनीकी क्षमता तथा समान विचारधारा वाले संस्थानों को तालमेल स्थापित करते हुए बुनियादी स्तर पर कार्य करना चाहिए। उन्होंने कहा कि धन फाउंडेशन ने अब तक गरीबी रेखा से नीचे एक करोड़ लोगों तक अपनी पहुँच बनाकर उनको सशक्तिकरण की दिशा में अग्रसर करने का प्रयास किया है। प्रो.डी.वी.आर. शेषाद्रि ने कहा कि स्वास्थ्य, शिक्षा तथा रोजगार सर्वप्रथम बुनियादी आवश्यकताएँ हैं। अगर इनकी ओर ध्यान दिया जाएगा, तो देश स्वत: विकास के मार्ग पर अग्रसर होगा। स्वास्थ्य सेवाओं की सुलभता के लिये सरकारी तथा संस्थागत प्रयासों के साथ-साथ सामुदायिक सहभागिता की भी आवश्यकता है।

Hindi Milap Pg-13 (07-03-2018)

LVPEI pushes for equitable healthcare

CITY BUREAU
Hyderabad

Top five to 10 per cent of the population can afford quality healthcare facilities in corporate hospitals while the rest invariably incur out of pocket expenditure to access such high quality medical services. Is it possible to come up with a model that encourages equitable access to quality healthcare facilities for all sections of society?

To create a sustainable model that can offer quality healthcare free of cost to needy patients in all disciplines, the Hyderabad-based LV Prasad Eye Institute (LVPEI) is partnering with several voluntary organisations, including well-known

GN Rao, Chairman LVPEI, DVR Seshadri and MP Vasimalai at the press conference in Hyderabad on Tuesday. —Photo: Hrudayanand

DHAN (Development of Humane Action) Foundation. The LVPEI has decided to launch two pilot projects, one each in Telangana and Andhra Pradesh.

The aim of the two facilities will be to provide equitable healthcare to all, which means quality healthcare in all specialties to be made available for free to needy patients. A similar model is already in place at LVPEI, where expensive high-end medical treatment in eye care for needy patients is given free of cost by following a cross-subsidised payment model.

On Tuesday, a think tank meeting comprising senior doctors, voluntary organisations and hospitals was held at LVPEI to discuss equitable access to healthcare.

"At LVPEI we have developed an ideal healthcare model and hopefully such systems can be extended to other fields of medicine," says Founder-Chair, LVPEI, Dr GN Rao.

They said the key to equitable healthcare is to ensure quality, which will attract even the top 10 per cent of population. "We get patients who can afford services outside the country. We have patients who can't pay for basic tests. So, through the process of cross-subsidy, we manage to provide free treatment to poor. Quality care is must in our model," LVPEI officials said.

Telangana Today Pg-1 (07-03-2018)

Ways to improve equitable access to healthcare explored

OUR BUREAU

Hyderabad: A Think Tank was organised to discuss the issue of equitable access to healthcare at LV Prasad Eye Institute LVPEI, Banjara hills on Tuesday. The LVPEI along with DHAN foundation were together to discuss impartial access to health care, irrespective of socio-economic background.

Chairman of L V Prasad Eye Institute G N Rao spoke about LVPEI as it is already working on a model which assures equitable health care divided in primary secondary and tertiary levels. The model is designed in a way that it spans from grass root level with over 117 Primary health care centres in rural areas with the help of village vision complex (Trained eye care specialists) who identifies the issue and solves them, unresolved issues are sent to 18 Secondary care centres across three states in the country proving world class health care. 'Our vision is to provide world class health care to every individual the amount from the rich goes as a subsidised amount for the poor' he informed.

Clinical professor of marketing from Indian school of Business (ISB) D V R Seshadri said "Building technical competency at grassroots level, creating synergies among likeminded institutions in various medical domains like cardiology, nephrology, dental, and oncology as LVPEI and DHAN foundation has clearly shown that money is not a constraint, we have to spread the grass root model like LVPEI to other institutions because healthcare is a primary right of every individual".

Founder of DHAN foundation M P Vasimalai highlighted the importance of working with the mainstream institutions including the government and the banks a gateway to finance and to insure healthcare solutions in rural India.

This Think Tank is for all for all institutions which are trying to make a difference in the healthcare and the meaningfulness of working in the rural with the poor, professionalising the technical cadre, having a systematic well- structured program for volunteers in the health space.

The Hans India Pg-5 (07-03-2018)