Core Team Meeting Record Notes

18 November , 2018

Breakfast Meeting @People Tree Hospitals, Bengaluru

Equitable Healthcare Access Consortium

Version 4Dated 25 November 2018

Action Items

1. Every core team member may be requested to bring on board at least two organizational members who are aligned to the mission of EHAC. Such new member organisations being inducted should ideally already be providing equitable healthcare to all, irrespective of their ability to pay.
2. Rural and Urban poor will both be the target segments for EHAC's services. In addition, patients who can afford to pay but are being denied good quality healthcare will additionally be one of target segments for EHAC's services.
3. EHAC will operate as a Trust with the registered office at LVPEI - Kar Campus in Hyderabad.
4. Office bearers for an initial period of three years will be President (Dr. GNR), Secretary (DVR), Treasurer (Prakash) and CEO (Arnaz). This will be placed before the meeting of the members of EHAC for their approval at the members' meeting on 18th November 2018 afternoon.
5. 'EHAC Fellows' is the voluntary group that is being formed to drive the research initiatives of EHAC, through white papers, papers in journal articles, blogs, etc. They will also ensure progress of various pilots between partner organisations of EHAC, through suitable follow-up, etc.
6. Membership will be in 3 categories - Members in Training (No fees), Individual Members (fees: Rs. 2500 per annum) and Institutional Members (fees: Rs. 10,000 per annum).
7. As part of sensitizing young medical graduates on the need for equitable healthcare, as a first step, medical colleges in Udaipur should be identified and an orientation session on EHAC followed by a panel discussion should be organized. Dr. Pavitra, Dr. Sharad and Prakash to discuss and inform the core group on way forward on this initiative.
8. Mechanisms for funding EHAC and its various activities needs to be thought about.
9. Next meeting of the Consortium will be held in Udaipur and hosted by IIMU.

Core Committee Members Present

1. Dr. G N Rao
2. Dr. G Chandra Sekhar
3. Dr. Chandrasekar Chikkamuniyappa
4. Dr. Pavitra Mohan
5. Dr. Rajesh Iyer
6. Dr. Parmesh Chaldiganahalli
7. Pranjal Dubey
8. DVR Seshadri
9. Prakash Satyavageeswaran
10. Arnaz Dalal, ex-officio member

Observers Present

1. Anshu Bhargava
2. Swati Sisodia
3. Dr. Devendra
4. Rajashree Kallapur
5. Prashant Sharma

Meeting Notes

DVR made opening remarks to get the meeting started and set the stage on the topics for discussion.

1. Formalizing the organization
2. Re-designating Arnaz as the CEO and proposing Prakash as the Treasurer for the formal organization.
3. The need to have budgets allocated to run the Consortium and to provide for salary and an increase compensation to Arnaz. Currently Arnaz is getting paid through IIMU budget and LVPEI (for work specifically being done by Arnaz for LVPEI), and going forward, that too would need to be looked at.
4. Convergence of the next meeting - possible places could be Udaipur (as EHAC has 4 members from that area), Mohali (ISB Campus), Bhubaneshwar (LVPEI Campus), Mt. Abu (Brahmakumaris)
5. How to expand the footprint of EHAC by getting more organizations on board?

Dr. GNR inquired about the target number of members.DVR suggested that a figure of 75 members by April 2019 would provide a critical mass for the organization. Dr. GNR suggested that every member should bring in at least two new members on board, selecting such members by keeping EHAC's core ideology in mind.

Dr. Rajesh questioned as to which kind of organizations should be brought on board - nursing homes, individual doctors, or anyone who is ok with the concept of EHAC, even if they take up one free patient in a month. Dr GNR said that the person should be aligned with the core values of EHAC. Dr. Devendra said that somebody who is yet to start their operations or is in the planning stages and shares this ideology should be allowed to come onboard as a member. DVR said anyone, Doctors or organizations practicing any form of medicine (homeopathy, Ayurveda, etc.), and who has their heart in the right place should be allowed to join EHAC.

Prakash said that getting members operating at different scale would be useful as we are trying to create impact at different levels. The practicalities of deciding if they are a good fit could be dealt with by sharing a simple form where the potential member can be asked as to how they connect with EHAC's purpose, values and vision can be filled in and sent by the aspiring member, since a more quantitative questionnaire would be difficult at this stage of growth of EHAC to solicit and evaluate.

Dr. Chandrasekhar said that we should have different kinds of memberships. At a minimum, there should be two types of memberships: individual and institutional. Different members would create impact in different ways; hence invitation should be extended to all persons and organizations (of different sizes) in order to create wider impact.

Dr. Rajesh mentioned that when he tried to get his colleagues at Gunam Hospital on board EHAC, some directors asked as to what is the benefit to the hospital? In fact, according to him most corporate hospitals ask the same question. He responded to the directors, 'You do not get anything by being a member; instead, you have to provide a service to mankind.' With a broad interest in serving people from all economic strata, Gunam Hospital now understands the EHAC concept and is likely to apply for formal membership.

Dr. GNR stated that EHAC needs members who are willing to contribute to the vision. Organizations that do not have that mindset are inappropriate for membership to the EHAC.

Dr. Rajesh said it was easier to approach smaller nursing homes, individuals and take them on board. Similarly, if there are corporate hospitals that are "for profit", but set a certain percentage of their beds aside to treat the poor, they too could be potential members.

Dr. GC said that ethical practice should be a central criteria for members of EHAC. EHAC needs to ensure that the Hospitals that are on boarded as members should have ethical practice. It is not easy to assess this aspect; yet it is important to have this as a key criteria. In the hurry to get more members on board, EHAC should not bypass or dilute this criteria. He said that he was disturbed when some members mentioned during the previous day's deliberations that compensating middlemen and touts to bring patients to hospitals is a reality in today's healthcare in India. These people also thought that there is nothing wrong about this practice. If people in the core team recommend organizations based on their values and ethical practice, it would be one way of ensuring that we get the right organizations on board. In an alternate situation of organizations and individuals approaching EHAC to become members, there should be a robust selection process in place.

DVR said that the tweaking to the mission statement (that was discussed during the previous day's meeting) will be made based on the feedback received and the final version would be released soon. This document could be used to guide on-boarding of new members.

Dr. GNR said 'Irrespective of their ability to pay' should be brought in prominently in the Mission document DVR said ethical practice should also be mentioned.

Dr. Pavitra reiterated that people and organizations who the current EHAC members believe are aligned to EHAC's values should be invited to join as new members.

Dr. Rajesh said that adding "irrespective of ability to pay" straight away excludes the corporate hospitals since in these hospitals, even a tissue paper is charged to the patients

Dr. GNR stated that going forward, even though there may be a large member base, it will still be a smaller group of people who will actually be actively involved in the running of the activities of the Consortium.

Dr. Rajesh suggested that individual consultants (doctors who are part of larger hospitals and other healthcare organizations) who want to do good work to further to vision of EHAC could be invited as individual members. He said that in many cases, this mode was more likely to work rather than getting an organization that might not be aligned to EHAC values as a member.

DVR wanted consensus on membership.

The core group agreed that there would be 2 types of members - Individual and Organizational members (irrespective of the size of the organizations, all organization members would be on par as far as membership was concerned.) As the work necessitates, sub groups of smaller and bigger organizations can be formed to facilitate certain kind of work.

Dr. Chandrasekhar said that the moment primary healthcare is mentioned, half the people in a typical forum on healthcare switch off, as their area of work is not in rural areas but in urban areas and primarily in tertiary hospitals. Such people would wonder if EHAC is a relevant forum for them. Dr. Pavitra agreed to that and said that we should structure our work in to two streams - Rural and Urban poor.

Dr. GC said that a hospital located in Bangalore may not be able to directly contribute to primary healthcare but the doctors in this hospital can play a role in primary care by empowering people on the ground in rural areas by giving them the protocols required to deliver primary care effectively. He said the mindset needed to change on the contributions that can be made.

Dr. GNR said that we should bring medical students on board from the next meeting. Basically, this would help in targeting the next generation of doctors.

Dr. GC said that we need to look at the next meeting venue and target medical colleges in that area a day before the meeting to make a pitch on EHAC to them. The idea would be to orient them and have a panel discussion on ethical practices, empathy and similar such topics in an interaction for 2 to 3 hrs. This session will need to be funded.

Dr. Pavitra said that this can become an ongoing agenda of the EHAC. That is, to go to medical colleges around the country and enroll and mentor students on the EHAC philosophy. Dr. GNR said that we can invite them to the Consortium and term them as "Members in Training." There would be no membership fee for them. Dr. GC said we should plan to conduct 4 to 5 such programs per year across the country for which funding needs to be arranged. We need to identify such potential candidates for the next meeting and invite them.

Anshu added that we should have representation from the Public Health space. We should bring in students, faculty and organizations that are involved in public health. They would be able to add good value to EHAC's efforts since EHAC has primary healthcare as one of its focus areas.

DVR summarized saying that we can have 3 categories -

1. Members in training (MBBS, MD, MBA in Healthcare, etc.) - No membership fee to be charged
2. Individual Members - Rs. 2500/- per annum
3. Institutional Members - Rs. 10,000/- per annum (irrespective of size and nature of organization such as NGO, for profit, etc.)

We should, additionally, seek donations from members who can pay larger amounts, as well as from other organizations, to bridge any gap in funding needs of EHAC. We should also get current Institutional members to sponsor different aspects of the functioning of EHAC to cover some of the expenses that are incurred (such as for quarterly meetings, website development, salaries of staff, etc.) Dr. Chandrasekhar said that there is need to accelerate the new membership drive. Dr. Pavitra asked if there was a plan to raise money and the quantum of money needed for EHAC's functioning.

DVR said that currently it was only LVPEI who was funding a part of Arnaz's salary (in return for specific deliverables by Arnaz for LVPEI) along with IIMU that was paying Arnaz Rs. 15,000/- per month. He also informed that he was paying a few bills of EHAC with the hope that when the consortium becomes a legal entity having its own funds, these amounts could be reimbursed.

It was unanimously decided by the core group to have:

- Dr. GNR as the President & Chairman of EHAC
- DVR as the Secretary
- Prakash as the Treasurer
- Arnaz as the CEO

The Trust would be registered in Hyderabad and for registration of the entity, the address would be LVPEI KAR campus, Hyderabad.

Pranjal spoke about the need to have a checklist that could be used as a ready reckoner by organizations involved in the various pilots being launched. This could be used for impact assessment as well.

Anshu spoke about how the context of the pilot being undertaken by each organization needs to get translated to the person on the ground who is actually working on it.

DVR suggested that we come up with a volunteer group from among the members. They could be designated as , "EHAC Fellows". They will work on various research projects of the consortium, come up with white papers, journal articles, etc., working with other consortium members. Their services could also be used for tracking and follow-up of various pilots as well as for new initiatives of the consortium that require additional bandwidth beyond what the individual and organizational members could provide. These Fellows could work additionally on themes (such as enhancing empathy in healthcare providers, enhancing clinical hygiene in hospitals to prevent cross-infections, etc.) that they are passionate about and generate intellectual output in the form of blogs, white papers, position papers, etc. that can be uploaded on the EHAC website. The members of this 'EHAC Fellows' group have currently been identified as below. Further additions can be made in the future. They would work on a pro-bono basis and will not have to pay any membership fees. They would ideally be required to attend all consortium meetings (to the extent possible), making their own arrangements for travel and stay.

1. Anshu Bhargava (LVPEI)
2. Swati Sisodia (ISB)
3. Dr. Devendra (Aravind)
4. Rajashree Kallapur (Individual)