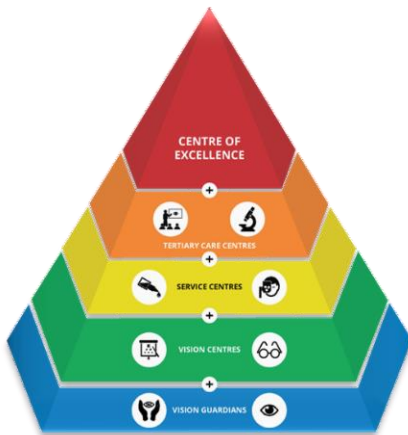


Managing Human Capital and Ensuring Organizational Sustainability

By

Dr. G.N. Rao, Arnaz Dalal & D.V.R Seshadri

Established in 1987, L. V. Prasad Eye Institute (LVPEI), a World Health Organization Collaborating Centre for Prevention of Blindness, is a comprehensive eyecare facility. Their vision is to create excellent and equitable eye care systems that reach all those in need. They are also a Global Resource Centre for Vision 2020: “The right to sight initiative.”



The Government of India has adopted “LVPEI's Pyramid Model” as an exemplary approach for Eye Care service delivery. LVPEI currently has 180 Vision Centres that provide primary care in the districts and villages of Andhra Pradesh, Telangana, Odisha and Karnataka. These are linked to Secondary Eye Care Centres, which are in turn linked to LVPEI Tertiary Centres in Visakhapatnam (Andhra Pradesh), Vijayawada (Andhra Pradesh) and Bhubaneswar (Odisha). LVPEI's Centre of Excellence (COE) at Hyderabad (Telangana) is at the apex of the Eye Care Pyramid.

Building on the foundational principles of this pyramidal care with a robust economic cross-subsidy model, LVPEI has seamlessly established successful professional, academic, and educational systems that combine innovation, scientific discovery, and the development of in-house technologies focused on improving service quality and clinical decision making.

In many healthcare circles, one would find doctors mentioning, “If LVPEI could not treat an eye ailment, nobody in the world could do it.”

Dr. Gullapalli Nageswara Rao (Dr. Rao) founded the L. V. Prasad Eye Institute in 1987, after a successful career in the United States as an academic ophthalmologist. Dr. Rao received his basic medical education in Guntur, Andhra Pradesh, and completed his postgraduate residency training in ophthalmology at the All India Institute for Medical Sciences (AIIMS), New Delhi. Dr. Rao has been honoured with several international and national awards in recognition of his services to eyecare and public health.



The uniqueness of LVPEI is its Level 5 leadership. This style of leadership is a concept developed in the book *Good to Great by Jim Collins*. Level 5 leaders display a powerful mixture of personal humility and indomitable will. They're incredibly ambitious, but their

ambition is first and foremost for the cause, for the organization and its purpose, not themselves. And Dr. Rao is the epitome of a Level 5 leader, who never wanted to become a larger-than-life hero, but went on to quietly provide extraordinary results of the organisation he built.

As the world is reeling under the impact of COVID-19, every organization, across various industries and geographies, is grappling with various issues and many have been adversely affected. On top of every leader's mind is the strategy that they need to adopt once the lockdown ends, and the steps they need to take, in order to bring back their organizations to some semblance of normalcy after these two and a half months of total derailment of their respective businesses. Many new organizations in the healthcare space are unable to pay salaries to their employees and have wound up businesses due to losses. There are others who are established organizations, who are unable to close down due to their long legacy, although closing down appears to be the only rational option open to them. It is the uphill task of dealing with the existing challenges of managing human resources, ensuring employee engagement and productivity and at the same time keeping an eye on the bottom line of their organizations. There are many difficult decisions that the heads of these organizations must make under extreme duress.

Dr. Rao spoke in great detail about the LVPEI journey in the past about ten weeks since lockdown was imposed on the country consequent to the COVID-19 pandemic. He delved into the myriad challenges that the institute faced, such as: managing employees, patient care, outreach into rural and impoverished communities in which they were traditionally operating, etc., while at all times keeping an eye on organizational sustainability.

Leading Through Crisis – Managing Human Capital

Dr. Rao spoke about the measures that LVPEI had taken since the crisis began and how all actions taken even during the peak of the COVID-19 crisis aligned at all times with their five core organizational values of Excellence, Equity, Patient First, Togetherness and Integrity. These values were akin to the guiding star that kept the organisation true to its core purpose and mission.



1. Employee & Vendor Communication

One of the first steps taken, was to ensure that communication was sent out to all LVPEI employees, across all cadres, assuring them that their jobs and monthly incomes were secure. Since LVPEI had “Equity” as its core value, the practice of fairness was not limited just the employees, but also to vendors. Thus, the institute ensured that no vendor payments were delayed. For those vendors who were considerate to LVPEI owing to the extraordinary circumstances, and offered to LVPEI that they would take their payments when the situation improved, such offers were respectfully declined. Pending payments were thus made to all vendors, to enable the institute to start operations on a clean slate after resumption of normalcy.

To reach the stage LVPEI is at today would not have been possible without a strong and committed team. The above relief measures in terms of assuring the employees their financial security, was the organization’s way of expressing its gratitude to the team for the long years of commitment and selfless service shown towards the institute.

2. Patient Safety

- **Emergency care:** All normal patient care services at LVPEI were quickly closed down and limited only to Emergency Care. The management did not want to put at risk any patients, visitors or attendants of the patients. The treatment for the COVID-19 infection were unknown to the world. Hence measures were quickly put in place to ensure that no patient was unnecessarily exposed to the risk of the coronavirus.
- **Protocols followed:** LVPEI staff was vertically divided into teams, comprising of ophthalmologists and staff across various cadres. Each of these teams was asked to work for two days a week. It was ensured that the teams did not mingle with each other. Precautions were taken, infrastructure created and tight processes were put in place spanning all patient touch points to the institute: patient arrival at the entrance gate, patients check in area, patient care area, etc. To protect everyone, social distancing, and maintaining of personal hygiene was strictly enforced within the campus. Every patient and the accompanying person had to wear a mask. Their hands sanitised and body temperatures checked, before they were allowed inside the campus. Each member of the staff was provided appropriate protective gear: face mask, visor and different types of Personal Protective Equipment (PPE) depending on the areas they were working in and the risk of exposure.
- **Telemedicine & consultation services:** Teleconsultation was being done to a limited extent in the past. However, the pandemic gave LVPEI the opportunity to enhance their teleophthalmology services to reach out to patients and provide them necessary care. The process ensured that communication was sent out to each one of their patients through all possible communication channels, to talk to them about their own health conditions, and enquire about how LVPEI could help them. Patients were also provided education on the preventive measures that they should follow. Counselling was provided to patients to allay fears about COVID-19.

LVPEI used a variety of technologies for telemedicine. The basic technology deployed was a simple tablet-based application that was used to connect rural centres to their respective secondary centre (SC), which had a telemedicine team that took care of patients who needed care through tele consulting.

Another technology that was used at the SCs was deploying cameras that clicked pictures of the eye, which were sent to the specialist at the tertiary centre to get expert diagnosis and advice, based on which treatment was provided to the patient at the secondary centre.

The Electronic Medical Records (EMR) system at the Institute was vital in handling patients during the COVID-19 crisis. Patient data was linked all the way from the field level to the primary and secondary levels, through which a lot of information and advice to the patients was given. The benefit of using the EMR became evident during the lockdown: LVPEI had been able to complete over 5000 tele consults using their 'eyeSmart' EMR system.

- **Community Care:** The colleagues in the rural network and secondary centres (SC) called up on the mobile phone network, past patients, who had been patients for the past several years and enquired about the status of their health. These patients were offered help beyond eye care. Many of the SC staff pooled resources on their own and voluntarily supported many poor families in the areas where the SCs were located. This initiative taken by the staff was truly commendable, since the management had not asked them to do so. This demonstrated that LVPEI and its staff were a part of the community they served in and not just an eyecare provider.



3. Working from home:

In health care, working from home has its limitations. Many colleagues used this time to sharpen their skills or increase their productivity in other areas. Given LVPEI's tremendous focus on research, faculty from across the network produced many more manuscripts of scholarly articles based on their work, than would have been possible during normal times. Even those who had not come out with a single manuscript in the past, were doing so now, which was a welcome development from the institute's perspective.

Another area that had taken a big boost because of available time of the faculty was the Education department. Nearly 500 world-class lectures have been prepared by the LVPEI faculty since the lockdown started. These would be made available to the entire world very soon. The Education team did a remarkable job of being very innovative and proactive. This new content was produced even while the education team continued to conduct on-line in-house educational programs for all cadres of staff.

The above demonstrates in action, the idea of finding ‘Opportunity in Adversity’. Rather than collapse under the weight of the burdens put forth by the pandemic, LVPEI demonstrated that it was possible to look for opportunities for growth, even in the midst of very trying times! The focus of all the faculty and staff during the crisis was, “What can we do now that would take LVPEI to the next trajectory?”



Organizational Sustainability – Dilemmas in Decision making

1. Building a corpus for a rainy day

Dr. Rao mentioned that he had been fortunate to gain knowledge in the form of experience in his professional life, from a variety of esteemed leaders of various organizations. He was closely associated with the International Agency for Prevention of Blindness (IAPB), which was based in London. Whilst working with them, he had come to understand that to enable research in a non-profit organization, they needed to build a reserve of a minimum of six months of operating expenses, and if possible, up to twelve months of reserves. This was based on recommendations of the British best practices and British law. Keeping that learning in mind, the management team at LVPEI decided at all times to set aside a reserve corpus to cover operating expenses for between six to twelve months, to help tide over crisis situations. Never did the top management imagine that everything that they were familiar with would collapse in an eyecare institute!

The revenue model of LVPEI had factored in a possibility that in case all the grants and donations stop, LVPEI’s Patient care would be able to continue its operations uninterrupted, based on patient revenues. The management however had never anticipated that the patient care revenues would collapse the way they did during the COVID-19 crisis. However, by following the learnings from IAPB, LVPEI had assiduously built reserves over the past ten years, which helped it to tide over the situation posed by the pandemic.

2. Being self-sufficient

Since the inception of LVPEI, given that over half of its patients are treated absolutely free, and provided world-class eyecare, many observers had the impression that the institute was perpetually dependent on donations/grants. However, in reality, within just four

months since commencement of its operations, LVPEI had never been in the red for operating expenses, which was met from the revenue that was generated from paying patients. This was akin to a typical middle-class mentality of not spending money that the institute did not have! Costs were also monitored carefully, to avoid any form of wasteful expenditure.

3. Research funding

Capital expense for research was funded by philanthropy. Operating expenses for research was funded through competitive research grants. Additionally, the institute supported from its internal resources, the salaries of those scientists that were not supported by research granting agencies. Dr. Rao was optimistic that even going into the future, once the lockdown was lifted and normalcy restored, LVPEI would not have difficulty in following the same philosophy.

4. Identifying new revenue generation streams

For offsetting the revenue losses that LVPEI might incur, they are now looking at some new areas of possible revenue generation. The Technology Innovation Group (TIG), till date had not been a big revenue generating stream, although it had developed several promising innovations. For instance, during the COVID-19, crisis a simple visor was developed by one of the engineers at LVPEI, the design of which was given away as open source, for use by all those who are interested. This device has helped thousands of healthcare workers all over the world in many organizations, both in LVPEI and outside to protect themselves.

Similarly, the LVPEI Electronic Medical Record (EMR) system was gaining significant traction. Many organizations from around the world were seeking this technology for patient care. There could be an opportunity for LVPEI to commercialize this product. There were innovations in the areas of biology, stem cells, artificial cornea, etc., that could provide LVPEI with opportunities to bring in new revenue streams. The Engineering Group, which manufactured contact lenses could usher in additional revenues streams. The way forward then would be to have the revenues from these newly identified streams, to help address possible deficits in cash flows during future crises.

Dr. Rao pointed out that LVPEI practiced a frugal in its expenditures, enabling it to build the reserves required for a rainy day. This helped it to tide over the current crisis. It was also successful in building competencies that enabled creation of parallel revenue streams that could be triggered at short notice. In his view, going forward, only those organizations that were constantly looking at the next big thing and continuously innovating, would be able to survive the uncertainties that organisations would have to grapple with, going forward.

Redefinition of eye care delivery models – Changing the game

According to Dr. Rao, the opportunities for growth in the Community Eye Care area would become better in the years to come. LVPEI had set up the network of secondary centres (SC) and Vision Centres (VT) with the idea of touching the lives of poor people in far-flung rural

communities. Going forward, that foresight was going to help LVPEI, since it now had a well-established network of eyecare centres with permanent infrastructure and facilities to provide eye care. In his view, due to fear of COVID-19 infection, eye camps would become a thing of the past, since people would be fearful of gathering in large numbers for getting their eyes checked up in the eye camps. Dr. Rao expected that the demand for care in these centres would increase in the months and years to come, since patients would be hesitant to travel long distances to get their eyes examined. The areas where LVPEI intended to provide services were close to the villages and small towns. primary centres were within 10 km to 12 km radius and secondary centres were within 50 km to 75 km radius of these communities. With this kind of a robust system already in place, LVPEI management believed that their rural eye care network would become busier once the COVID-19 crisis abated, and things reverted to normalcy. The ongoing engagement that they had with the community and the support that they received from the community would significantly help LVPEI weather the COVID-19 storm, and help it to grow to greater heights in the years to come.

Hence the way forward to reach out to the vulnerable population, was to develop permanent facilities in rural areas. Dr. Rao hoped that the government would work quickly to establish many such facilities throughout the country. They did not have to be eye care centres in isolation, but part of an integral approach of setting up general health centres for the underserved. It was the need of the hour to have many well-functioning, high- quality, comprehensive health centres in rural areas. Given the COVID-19 situation and the constraints around it, which will stay with the world for a long time to come, people would not travel to big cities in large numbers for relatively minor health ailments that can be locally treated.

LVPEI would restart operating their centres in rural areas, but not without taking the same precautions that they would take in their tertiary centres. Whether it is a rural area with low number of corona cases today or the urban areas with high number of cases, no one really knows where the danger is lurking; hence LVPEI believes in taking utmost precautions as it begins to resume operations.

Way forward for delivery of Rehabilitation Services



LVPEI was very fortunate to have one of the most dedicated rehabilitation teams. In the past eight weeks, the incredible work that they did using technology by supporting all their patients who had various kinds of disabilities in addition to blindness, was an incredible example of what commitment could achieve. They already had systems in place to provide care to people with visual disabilities, without the patients being present at the institute physically. Going forward, these models of care would be extended to more patients. It would be possible to offer rehabilitation services without

the patients being present on campus at any of LVPEI's centres. This would bring big relief to the harried parents of these patients, who are mostly children. In addition to grappling with blindness and other health setbacks of their children, they also had to cope with grinding poverty as well as long distance commuting from their homes to reach LVPEI's facilities in the past. Through technology enablement, this struggle would be obviated, and it will be possible to provide rehabilitation care at the homes of the patients.

Viability of the cross-subsidization policy of LVPEI going forward

In terms of how LVPEI would support the vulnerable population going forward, Dr. Rao did not see any significant changes taking place vis-à-vis what LVPEI had been doing for the last about 34 years. They would continue to be able to provide eyecare to the underserved populations. LVPEI had been treating people free of cost in their rural centres. At these centres, 100% of the care had been free anyway. In the secondary centres, the percentage of non-paying surgeries was 65 to 70%, which would continue uninterrupted.

With the use of telemedicine and technology innovations, LVPEI will be able to penetrate deeper into these communities and innovate on how to target a cluster comprising of a population of one thousand people. LVPEI has been privileged to have a committed community eye health team which was constantly looking for ways to reach out to people to provide them with best quality services.



In the case of other organisations that want to provide subsidized eyecare to the poor, but do not have the means to do so, they depend on the government for funding them. Many organizations even today depend on the government to provide subsidies for providing eyecare and other healthcare services. Such dependence makes these organisations vulnerable to the availability of funding from the government.

Dr. Rao hoped that this pandemic would bring about a completely different way of thinking within the government on allocation of budgets. He felt that Healthcare should be given as big a share of the budget as Defence. No war has killed as many people as this pandemic has! The government must create a healthcare system with adequate funding that would protect the health of everyone in our country.

Even within the corporate & philanthropic sectors, Dr. Rao hoped that more organizations and people would come forward to support healthcare and open their purse strings to donate towards healthcare activities in the country. These kinds of approaches would ensure that we provide the much-needed support to the underserved and vulnerable populations of our country.

LVPEI has been on a good wicket as they have never had to depend on the government for funds to support their operations. The ratio of paying and non-paying patients would continue as in the past, and hence LVPEI would not face much disruption in providing free services to the vulnerable populations.

Summary

In summary, Dr. Rao felt that in the immediate future, eyecare would go through some pain and possibly tough times. Some organizations would suffer, some solo practitioners regretfully would have problems.

What is worrying is that the younger generation of ophthalmologists, who were coming out of training programs, would find it tough to find suitable opportunities to work. This would be the situation for the next few years, not just in India but across the world. The duration would depend on how long the impact of COVID-19 would last.

Branches like Ophthalmology and eye care, Dentistry and ENT would face some problems in the near future. The branches in great demand would be internal medicine and its various subspecialties, emergency medicine, intensive care.

India already had a tradition of public – private partnerships (PPP) in eye care. This had contributed significantly in blunting the magnitude of visual disability in India. Going forward, there could be greater harmony and transparency in this partnership. Such a situation would lead to better outcomes.

The area of Public Health has traditionally always been neglected in the medical profession in the country. It is about time for this specialty to wake up. Due to the widespread nature of the pandemic in the country, this was the first time we saw a semblance of understanding in doctors and healthcare providers on the importance of public health. Dr. Rao hoped that many more medical professionals get into the area of public health as this is an area where huge opportunities exist.

Integrated Health care is an ideal that we in India should strive for, with eye care as a strong part of it, not just in the current situation, but in the future as well.

Areas where medical professionals could think out of the box include: technological innovation, biological innovation, time series-based research, etc. There is ample opportunity today in areas of vaccine development, research on drugs for viruses like COVID-19. It is the need of the hour to look into these new opportunities, rather than the traditional clinical specialities that we have been following in India for all these years.

Medical professionals would have to be willing to accept lower remuneration in the immediate future. For some time to come, incomes for doctors and allied professions would not be as good as they were before the COVID-19 crisis. This is a good time to reflect on the

debt owed to society by mankind for all the benefits we have received from it and suitably recalibrate expectations on honorariums.

Pharma companies too need to step up to the current challenge by helping to accelerate the development of the entire gamut of drugs needed for battling COVID-19. This would make medical care cost-effective. They could get into greater collaborations with medical professionals to identify their real needs and direct their drug development efforts towards that end. Going ahead, pharma companies needed to invest more into R&D to enhance indigenous innovations.

The government should come up with a robust telemedicine policy, in close consultation with practitioners, which would also help make it easy to practice telemedicine legally. At present, regulation in this realm is fuzzy.

The availability of vaccines and treatment protocols for the COVID-19 problem are not imminent; cure is still several months away. The only remedy we have available to us right now is to observe strict adherence to preventive measures for COVID-19 by following the advice of the experts.

The ingredients of a robust and healthy organisation culture include: creating an enabling environment for the staff to excel, providing them with good quality training and orientation, providing encouragement to high performers, and giving them freedom to pursue their dreams. Such a robust culture is vital in helping the organization to steer it to safety in turbulent waters.

References:

You Tube recording of the webinar on Managing Human Capital and Ensuring Organizational Sustainability-
<https://youtu.be/MFXUuHee1K8>
www.lvpei.org