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# **SYMHEALTH 2018**

National Conference on  
**Interdisciplinary Approach to Healthcare**



**Organized by**  
**Faculty of Health & Biological Sciences (FoHBS)**  
**3rd, 4th & 5th May, 2018**  
**Venue**  
**Symbiosis International (Deemed University)**  
Gram: Lavale, Tal: Mulshi, Dist: Pune- 412115

**SYMBIOSIS INTERNATIONAL (DEEMED UNIVERSITY)**

## **SUMMARY REPORT**

**4<sup>th</sup> May, 2018**

***Organized by***

**Faculty of Health & Biological Sciences**

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## SUMMARIES OF PRESENTATIONS

Friday, May 4, 2018

### Inaugural Ceremony

Dr Rajiv Yeravdekar welcomed the Chief Guest Air Marshal Pawan Kapoor, AVSM,VSM\*\* Former Director General Medical Services (Indian Air Force), Dr.Vidya Yeravdekar, Pro Chancellor of Symbiosis International University, Dr. Rajni Gupte, Vice Chancellor, Gen Tutakne , Mentor for the Faculty of Health and Biological Sciences Symbiosis faculty members and delegates. He extended his best wishes to DEP students for the career defining moment in their professional up gradation by completion of Post Graduate Diplomas.

He further mentioned the serenity of the campus and its ranking amongst the top 10 picturesque universities in India. Dr. Rajiv mentioned that SYMHEALTH 2018 is a confluence of various stake holders in involved in optimum healthcare delivery. He also emphasized the importance of communication and inter- disciplinary approach within the medical fraternity and how this needs to be overcome by forging a dialogue inter-professionally. SYMHEALTH in the initiative effort to break from the shackles of clinical care and medical care in this area of globalization and knowledge explosion. Dr. Rajiv concluded by giving an overview on the topics for the day and their relations to effective Health Care delivery.

Dr. Rajani R. Gupte, Vice Chancellor of the Symbiosis International (Deemed) University started her address by welcoming the Chief Guest, dignitaries, delegates and students. She mentioned that interdisciplinary environment is core to Symbiosis. She mentioned about the seven major disciplines Symbiosis International (Deemed University) has- Faculty of Health and Biological sciences, Management, Law, Humanities, Media and communication, Design, Engineering & Computer studies. This interdisciplinary approach creates atmosphere where students and faculty are exposed to ideas from various other faculties.

She stressed upon the fact that healthcare is posed to change the agony. She discussed the latest trends & technology in Healthcare sector like artificial intelligence & block chain that makes a huge impact and is significantly influencing healthcare delivery. She also talked about Tele mental healthcare and healthcare being provided through technology even before a person approaches the healthcare centre. At the end she extended her best wishes to the organisers and delegates for success of SYMHEALTH 2018.

Dr. Vidya Yeravdekar began her address by welcoming the audience and stating that being an obstetrician & gynaecologist she feels better connected to the audience as they all come from the healthcare field. She talked about the growing role of technology in healthcare which is influencing all aspects of healthcare delivery. Today's patient is much informed & tend to google information first about their illness even before consulting the doctor, and later on visit the doctor to verify the information. However, the use of technology in the healthcare sector has given a boost to the industry and much complicated surgeries are being performed. She mentioned about the upcoming project of Symbiosis Hospital to cater to the healthcare need of Symbiosis family and 23 adopted village in Mulshi taluka. It will be the first state of the art university hospital in the nation and will help to develop a truly progressive university.

**Guest of Honour: Air Marshal Pawan Kapoor, AVSM, VSM\*\* Former Director General Medical Services (Indian Air Force).**

Air Marshal Pawan Kapoor started his speech with a little humour and thanked Symbiosis for providing education services which needed by our country in such a beautiful lush green campus of Lavale. He shared his thoughts regarding the Symbiosis International (Deemed) University and stated symbiosis to be very well growing and an enabling institution. He also mentioned that symbiosis is been a non-static institute and developing itself in the changing environment of healthcare in our country. He discussed in detail the global scenario of healthcare and quoted statistics about healthcare expenses on global front. He stated that India is a land of paradox and mentioned the uniqueness of language, culture, food etc. and told India to be having the most ancient civilisation but is still a young country. He further told in detail the statistics of India regarding the education, economic status. he emphasized on the need of managing and incorporating technology in healthcare in India and the problems of how to utilize the robust manpower available in India. He also showed concerned about the incompetency in Indian system of healthcare and praised symbiosis institute for imparting this knowledge to its students and bridging the gap to provide holistic care to community. He gave an idea to come up with “Swasth Bharat Abiyaan” on the same grounds of “Swachh Bharat Abiyaan”. He discussed the importance of quality healthcare services in Indian healthcare scenario and emphasized that it should be available, affordable, acceptable and appropriate. He concluded the speech with a dash of humour by saying that people have to be “MAD” expanding it as “Make A Difference” to achieve the desired goals in field of healthcare.

**Digital Healthcare- Mr.Tirupathi Karthik, CEO, Napier Healthcare Solutions.**

Mr. Tirupathi Karthik began his session by talking about accessibility being the biggest challenge faced in Healthcare delivery. He emphasised on the fact that a good business model is what is needed to deliver healthcare optimally.

He spoke about various aspects to improve the healthcare delivery process by avoiding trust deficit, making the process sustainable, focussing on revenue in order to better provide to the community. He spoke extensively about how technology should be used as a resource rather than a cost by the hospital. He also spoke about sustaining growth, driving increased revenue, increasing efficiencies and lowering cost, meeting the demand of the public by implementation of technology in healthcare and using it as a competitive differentiator. He emphasized on need of Digital Operating System (Multi screens, Smart beds, Ambulance track, Mypatient care, Hopistal Monitor,etc.) and Operations Management System to ensure consistency in care delivery. He said that a Hospital should become a centralized clinical command centre with continuous monitoring.

He spoke about reshaping the patient experience by informing and educating the patients, empowering them to actively participate in their own care which in turn will save time for the hospital staff. Provide customer relationship management, revenue generation (portals for self-service, telemedicine and video consultation, referral management) thus giving more

revenue and better patient satisfaction. He concluded by saying that Strategic IT generates revenue through new business lines by introducing tele- health services, long term care, home care, patient monitoring service, referral management which in turn opens up avenues for the Health care providers by focusing on preventive health rather than curative health.

***Managing Standalone Super Specialty centre- Dr. H.P Singh, Chief of Medical Administration, Indian Spinal Injuries Centre, Delhi.***

Dr. H.P Singh began his session by talking about three biggest challenges of healthcare system that are Accessibility, Affordability, Availability and biggest opportunity of healthcare i.e. Universal Health Coverage. Next, he talked about five segments of healthcare i.e. hospitals, pharmaceuticals, diagnosis, medical equipment and supplies, medical insurance and telemedicine.

Healthcare was a key focus area under the 12<sup>th</sup> – five-year plan (2012-17). India is good in policy making but implementation of same is big challenge. Healthcare spending as a percentage of GDP (2015) was 4.2 percent. Scenario of healthcare in India is growing at CAGR at 15 percent. This acceleration is due to urbanization and increase in spending of middle class. There are three healthcare delivery quantum i.e. primary care, secondary care and tertiary care.

Standalone hospitals are defined as organizations with fewer than three hospitals, usually one and have less geographic and revenue diversity than others. Concerns of Standalone Super Specialty hospitals are Financial Sustainability, Performance, Growth, Work culture, competition, Geography and scalability. Standalone Super Specialty hospitals face lack of scale because they do not have more than one hospital and satellite centre. Other challenges faced by Standalone Super Speciality hospitals are difficulties in aligning physicians, lack of payer leverage and lack of IT vendors. In the end he mentioned few business prescriptions for Standalone Super Specialty hospitals i.e. manage cost structure, improve patient experience, leverage opportunity in improving scale, foster culture that embrace change, experiment with payment methodology.

***Performance Standards of Medical Textiles- Mr. Anthony D' Costa, Product Manager, Halyard Health India, Pvt Ltd.***

Mr. Anthony D'costa started his speech with explaining what is meant by medical textiles and the components included in the spectrum of medical textiles. He enlightened the audience about the performance standards of fabric and discussed the need for such standards in healthcare facilities in India. He mentioned infectious units when an injured patient is brought to a hospital. He further mentioned about a study being carried out regarding the reusable

surgical drapes and gowns and emphasized the need to shift from reusable to disposable drapes and gowns in today's scenario. He discussed in detail about the wicking, linting and other problems occurring due to them, to the patients, staff and medical facility. He further discussed the documented case studies of an eye surgery, valve replacement and stent implantation. He told about the classification of medical textile in details and their impact on hospitals in India. He mentioned the various clinical traits of quality barrier fabrics, laid emphasis on their importance and features these medical textiles should have in them. He further mentioned about global and Indian scenario about the percentage usage of different medical textiles in Indian healthcare facilities. He spoke about the construction of woven fabric and showed audience the difference between an old and a new linen. He explained about the spun less material and SMS material, its basic properties, features and advantages over usual green material. He also told about the global standards and guidelines to be followed by each manufacturer. He further told about the European standards. He discussed about the inflammation test and ISO standards to be followed. He mentioned in details the different categories of masks available for user for appropriate procedure. He concluded his session by briefing the audience about his organisation and their field of work.

***Changing landscape of diagnostics- Mr. Shishir Gupta, National Manager- Strategy & Innovation, Roche Diagnostics.***

He started by giving an overview of the Healthcare industry with respect to the increased investment, dual disease burden and ageing population, increased affordability, increased awareness due to increased education.

He spoke in detail about the 'Silent Champion of Healthcare – Diagnostics' which included In-vitro diagnostics (IVD) to improve Healthcare and is effective in decision making. He also spoke about the importance of Clinical diagnostics. He mentioned that diagnostics gives the patient the power of knowing along with the benefit of clinical outcomes and cost (reduces cost, reduces readmission). He spoke extensively about trying to find the right balance between innovation, accessibility and affordability. He summed up what is going on in the diagnostic's industry by stating the importance of 'Where the tests are performed, how efficiently and by whom'. He spoke about enhancing clinical value through product innovations to make it more accurate, faster and accessible. He emphasised improving the efficiency by doing more tests per square feet in shorter time while maintaining high quality. He mentioned the introduction of PPP (Public and private partnership) in diagnostics and their positive impact on a large scale as well as coming together of the govt.

He concluded by giving an insight about new Healthcare service delivery models supported by diagnostics & moving the focus from product to patient and being informed about new diagnostics tests along with being open to collaboration with government and service providers to ensure health of the patient.

***Healthcare quality & patient safety- Dr. Rajeev Boudhankar, Chief Executive Officer Bhatia Hospital, Mumbai.***

Dr. Rajeev Boudhankar started his talk by briefing about the topic and making us realize about the strong connect between quality and safety. Stating the WHO definition of Patient safety “Prevention of errors and adverse effects to patients associated with healthcare”, he also said that there is no hospital existing without patient safety event. Emphasizing on the goal of zero harm to the patient, he stated the importance of integrated patient safety system. He focused on imbibing the culture of safety and system integrated technology in hospitals. Integrated technology comprises of collective mindfulness and treating each other with respect and compassion. Healthcare safety and quality is mainly about managing patient. Thus, to avoid adverse events taking place, it is necessary to analyse the event and finding out the vulnerabilities and weaknesses in our job.

He further emphasized on the importance of converting an organizing into a learning organization. A learning organization encourages infusing creativity and innovation into the organization. He explained how the concept of safety was adopted from other fields such as airlines and nuclear plants where there the chances of risk are high. Safety culture in a learning organisation can be implemented by mapping data and establishing reporting systems. Effective use of data helps change behaviour of staff effectively bring change in organization; Proactive approach to preventing harm is necessary to reduce risk by looking into preconditions and various other aspects; Encouraging patient activation where the decision should be patient centred. He also spoke about the importance of documentation. He concluded by reviewing some of the JCI guidelines.

***Achieving operational excellence in healthcare- Mr. Dilip Jose, MD & CEO Manipal Health Enterprises.***

Mr. Dilip Jose began the session with current reality of Healthcare system. He mentioned that responsibility of clinical delivery and patient experience is to be balanced while managing costs and returns. It is influenced by different factors such as regulatory uncertainty and pricing policies, competitive industry, public trust deficit, intense activism, growing bargaining power of customer & raising cost.

Next further spoke about operational excellence which is execution of business strategy more consistently and reliably than the competitors. He mentioned that Clinical quality can be achieved by positioning outcomes and monitoring nursing dash boards, costs of treatment, certification and accreditation. Service quality can be improved by giving unique offerings, ease of doing business and delegation of authority. Operational efficiencies can be achieved by not just looking at the Healthcare organization’s profit and loss account but also by learning from other organizations. He also mentioned about knowledge management. It is not just about gaining knowledge but organization should know how to manage it. At the end he concluded by saying that operational excellence is deliberate, ongoing and integrated process.

***Managing Media-What every hospital should know- Ms. Jayata Sharma, Founder & Editor HealthBiz Insights.***

Ms. Jayata Sharma started her speech with giving a brief about how to manage media Indian healthcare. She gave detailed description regarding the various points that every hospital should know and follow while managing media for their hospital. She stressed upon the importance of sharing vital statistics and figures of hospital. She also told to share happy and positive stories and this help with the branding of the hospital. She mentioned about having delicate balance between meeting, delaying and totally missing deadlines. She also warned that Do Not Quote “off the record” as it may back fire for the hospital in some conditions.

***Session I:***

***Health Insurance: Dynamics of Cancer Care Economics- Dr. Geeta Bhardwaj GM-Operations, MDIndia Healthcare Services Pvt. Ltd. Pune.***

Dr. Geeta Bhardwaj began the session by taking the audiences opinion on Ayushman Bharat. She gave a short overview on the history of cancer through signs of cancer of spine in an Egyptian mummy. She covered in brief the topics of treatment of cancer, future of cancer, prevention and diagnosis of cancer. She spoke about the importance of early detection of cancer and the role it plays in economics to reduce the cost of treatment. She also spoke about the End of life care; supportive and palliative care. Dr, Bhardwaj spoke about the basis of economics and through a case study she covered the concepts of cancer Economics w.r.t the cost involved for the family such as scarcity of resources, cost of opportunity, trade-offs (optimal treatment at optimal cost).

She provided the statistics of projected figures in low middle and high-income groups and cost of treatments for cancer treatment in India and hence the importance of cancer economics. She also spoke about topics such as DALY (disability adjusted life years), global aging demographics and increased cost of disease (disease management, cost of disease and increased occurrence). She mentioned the importance of cancer economics especially in developing countries such as India. She primarily spoke about the importance of end of life care as well as giving the patients the freedom of making an informed decision on the choice of line of treatment. Topics that were also covered included cost components such as in-patient care, drugs and tests, out- patient treatment and emergencies as well as possible methods of reducing these costs to manage the overall budget. She also mentioned through policies that promote value in cancer delivery to ensure patient engagement in personalized care, informed decision-making in clinical setting, reduce delivery costs while upholding standards of care and reward patient centred outcomes and clinicians’ responsibility. Lastly,



she spoke about the importance of care giving and counselling along with treatment and informed decision making.

Dr. Geeta Bhardwaj concluded by giving an overview of the facility of Navya.com provided by Tata Memorial Centre. After the session several questions were raised by the audience which were effectively addressed by Dr. Geeta Bhardwaj.

## **Session II**

***Plagiarism in Clinical Trials- Dr. Viraj Suvarna, Medical Director, Boehringer Ingelheim,***

### ***Mumbai.***

Plagiarism is defined as “the practice of taking someone else's words, work or ideas and passing them off as one's own”. It is probably the most common form of scientific dishonesty found in research articles and clinical research. Plagiarism and other forms of misconduct are a growing problem in the field of medical research. The number of retracted research and published work has increased 10 fold in the past 20 years, and, as the total number of articles published continues to double annually, so does the number of retractions. Quarters of those retractions are due to plagiarism and duplication, often referred to as self-plagiarism and a larger portion of retractions are fraudulent or fabricated work.

The disclosure of cases of research misconduct in clinical trials, conventionally defined as fabrication, falsification or plagiarism, has been a disturbingly common phenomenon in recent years. Unfortunately, this rise in unethical research is having severe consequences on the medical profession. Not only is money and time being wasted trying to replicate questionable research, precious publication space is also wasted on duplicative papers. More importantly, the ethical issues are beginning to increasingly impact the level of trust that the public puts into the medical profession. Even worse, patients sometimes receive ineffective or harmful treatments based on poor or unethical research.

It seems clear that the view of misconduct as being simply the result of aberrant or self-delusional personalities likely underestimates the effect of other important factors and inhibits the development of effective prevention strategies. Although there are many potential solutions, there is no single floodgate to restraining misconduct in medical research. Stemming the tide of bad research will require a concerted effort at all levels and roles in the field of medical research—from the researchers that pen new papers to the journals themselves and even the doctors who receive the final publications. Without addressing the issue directly and broadly, the issue and its consequences are only likely to grow.

### **Session III:**

***Healthcare Associated Infections- Dr. Rohini Kelkar, Director Laboratories, Professor and Head, Dept. of Microbiology, Tata Memorial Centre, Mumbai.***

Dr. Rohini Kelkar took the delegates through her three-decade journey in the field of Infection control. She began with the first decade where infections were not being reported and recorded. Doctors were very ignorant about the process. There was an era of beginning of sterilization. Cleanliness, hygiene and sterilization were the most important processes in infection control. The next era was of reporting and recording infection control rates wherein doctors and hospitals were eager to follow the infection control practices. The management of hospitals were ready to invest in good infection control practices. Infection control nurses were appointed to combat the infection control rates. She mentioned that we cannot same infection rates for all surgeries and the rates vary significantly from surgery to surgery therefore one cannot have a common infection rate for hospitals. The third decade she mentioned was an era of accreditation, quality control and various guidelines. Though guidelines don't as statutory requirements but they definitely act as guiding principles to understand and act on infection control.

She concluded by saying that there is a positive hope that infection control guidelines will be mandatory and hospitals will come up with data of infection rates.

### **Session IV:**

***India: An ultimate destination for medical value travel? Mr. Anurav Rane, Founder & CEO- Planmymedtrip.***

Mr. Anurav Rane started his session with an introduction about his organisation and what his organisation does in the field of medical tourism. He mentioned the different terminologies in medical tourism and explain what is meant by medical tourism. He told in detail the reason behind the people moving to different countries for medical treatment. He then showed a video to the audience regarding his topic. He stated that medical tourism is not a new phenomenon and explained the same in detail then he continued further by explaining the recent scene in medical tourism. He again showed a video on how the perception on medical tourism has changed in India in recent times. He told the comparison of current medical tourism market. He further mentioned the comparative medical costs and emphasized on the need of medical tourism to the patients. His speech was further followed an interesting video on the same. He then discussed the clinical concerns and financial/resource issues further elaborating about the legal issues. He elaborated and explained the SWOT analysis on medical tourism mentioning about the strengths, weakness, opportunities and threats for medical tourism in India. He then told few success stories like a patient from Kenya, 3 years from Pakistan being treated in Noida, India. He concluded the session by showing a video on concepts of total wellness and greater well-being in India and blooming nature of medical tourism industry in India.