



SYMHEALTH 2019

National Conference on Interdisciplinary Approach to Healthcare



19 | 20 April, 2019

Venue: SIU, Lavale campus, Pune

Organized by

Faculty of Health & Biological Sciences (FoHBS)

SYMBIOSIS INTERNATIONAL (DEEMED UNIVERSITY)

SUMMARY REPORT

19th & 20th April 2019

Organized by

Faculty of Health & Biological Sciences

SYMHEALTH 2019

TABLE OF CONTENTS

S.No.	DESCRIPTION	Page No.
1	Public health agenda for India	3
2	Panel discussion Ayushman Bharat: stakeholders perspective	3
3	Inaugural ceremony	4
4	Legal aspects of healthcare delivery	5
5	Equitable distribution of medical equipment's, devices and pharma products	6
6	Strategic healthcare leadership	6
7	Universal healthcare coverage	7
8	Pharmacovigilance and Clinical data management	8
9	Consultancy in healthcare	9
10	HR in healthcare	9
11	Emerging role and opportunities for Healthcare management professionals	10
12	Multiple dimensions of communication in healthcare industry	10
13	Paper and Poster Presentation	12
14	Corporate social responsibility in Healthcare	13
15	Transforming healthcare with IT	13
16	Managing chain of healthcare facilities: <ul style="list-style-type: none"> • Dental clinics • Diagnostic centres • Hospitals 	14
17	Digital healthcare advocacy	14
18	Valedictory ceremony	15
19	Certificate distribution	

FRIDAY, APRIL 19, 2019

SUMMARIES OF PRESENTATIONS

1. PUBLIC HEALTH AGENDA FOR INDIA

-Dr. Sanjay Zodpey, Vice President Academics, Public Health Foundation of India, New Delhi

World Health Organization recognizes health as a human right and the common denominators for ensuring social well being. Public Health Agenda refers to decisions, plans and actions undertaken to achieve specific health care goals within the society.

Dr. Zodpey started his session by stating the 21st century challenges in healthcare in India and the need to have a healthy population. He did a comparative study of healthcare status in 1947 India and the status at present. He emphasized on the poverty status, gender inequality, the situation of sanitation and education in India as compared to the data available globally. He also discussed about health landscape indices regarding immunization coverage, sustainable health goals index, related to health and well being, life expectancy, infant mortality rate, etc. Dr. Zodpey also gave a detailed statistical study on the relationship between economic development and public health. He stressed upon the need for government to increase the amount of GDP expenditure in the healthcare sector to have a positive impact on indices like life expectancy and national per capita income. He also talked about the challenges associated with the low expenditure on healthcare, the shortage of clinical and non clinical staff. He also touched upon the topic of Universal Health Coverage and the point to be focused upon: affordability of healthcare, quality health service and financial protection to the public. He ended the session with the note "Creating 'Swasth Bharat' along with 'Swachh Bharat'".

(Compiled by: Bhuvijindal, Riddhi Parab, Tuhina Tripathi)

2. Panel discussion- AYUSHMAN BHARAT: STAKEHOLDERS PERSPECTIVE

-Mr. Bhaskar Nerurkar, Head of Health and Travel Administration, Bajaj Allianz General Insurance Co. Ltd. Pune.

-Ms. Gayatri Iyer- Regional Manager, National Insurance Corporation

-Mr. Arunesh Puneetha, Regional Director, Narayana Health

Ayushman Bharat Yojana or Pradhan Mantri Jan Arogya Yojana or National Health Protection Scheme or Modi Care is a centrally sponsored scheme launched in 2018, under the Ayushman Bharat Mission of Ministry Of Health And Family Welfare (MoHFW) in India. The scheme aims at making interventions in primary, secondary and tertiary care systems, covering both preventive and promotive health, to address healthcare holistically. It is an umbrella of two major health initiatives namely, Health and Wellness centers and National Health Protection Scheme. According to the National Health Profile 2018, around 43 crore individuals or only 34 per cent of India's population was covered under any health insurance in 2016-17. The remaining 64 per cent of the population is a huge customer base for the health insurance sector.

The session was headed by Mr. Bhaskar, who started the session with a little humour and introduced his co-panellists. Ms. Iyer then proceeded with her speech introducing the concept behind RSBY (RashtriyaSwasthyaBimaYojna), Ayushman Bharat and NHPS (National Health Protection Scheme). She also talked about the initial Planning commission and its transformation into NITI Aayog. She emphasized on the beneficial impact of NHPS. She concluded her speech by perks and eligibility of the scheme.

The session was then proceeded by Mr. Bhaskar where he started by appreciating Symbiosis International University for their educational services by saying that 'Pune is the home of education and Symbiosis is the kitchen'. He talked about the aspects and the need to have Ayushman Bharat and Pradhan Mantri Jan Aarogya Yojana (PMJAY) from the insurance sector's perspective. He also touched upon the political implications and the hiccups in the scheme related to government authority. Mr. Bhaskar also discussed about the technological aspects of the scheme. He explained the entire process of the RSBY beneficiaries. He also appreciated the idea behind the scheme and its possible positive impact on public health and the status of healthcare in India.

The session then moved forward to Mr. Puneetha who discussed about the anticipated challenges for public and private healthcare providers like the low rate of packages being made available to the clinical staff and the shortage of health workforce. He gave his insights on the Michael Porter's model of 'Agenda for Value Transformation' with patient centricity at the core. He also talked about the capping of prices of consumables in healthcare industry. He ended the session with a talk about PMJAY and its influence on public health.

(Compiled by: Bhuvi Jindal, Riddhi Parab, Shruti Shelar, Tuhinaa Tripathi)

INAUGURAL CEREMONY

Guest of Honour: *Mr. Prabal Chakaraborty, Vice President and Managing Director, Boston Scientific India.*

The Inauguration ceremony commenced with a video representation of Symbiosis International University's Faculty of Health and Biological Sciences (FoHBS) department. It showed the various departments and educational courses that FoHBS caters to.

Dr Rajiv Yeravdekar, Dean, FoHBS, welcomed the chief guest, Mr. Prabal Chakaraborty, Vice President and Managing Director, Boston Scientific India. Dr Yeravdekar justified the concept of SYMHEALTH by a small story of a young boy who tried to search for god and succeeded. He further welcomed all delegates, faculty members, students and audience members.

Dr Rajni R. Gupte, Vice Chancellor, Symbiosis International (Deemed University) started her address by welcoming the dignitaries, delegates, guests and students. She stated that interdisciplinary environment is core to Symbiosis University. 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. She also talked about the inter-departmental connections and platform where students get to inculcate skills like team work and hard work.

Dr Vidya Yeravdekar, Pro Chancellor, Symbiosis International (Deemed University) started her address by welcoming the guests, dignitaries and students. She mentioned the need to have

communication skills along with other pre-requisitive skills in health sciences. She talked about the interdisciplinary approach in healthcare sector. She further gave a detailed account of multi skilled approach that FoHBS uses for their health sciences students, like research methodology, finance, etc. She also stressed upon the concept of co-working of engineering skills and medical sciences skills. She wished luck to students and guests.

Prof. S.B. Mujumdar, Founder and President, Symbiosis Chancellor, Symbiosis International (Deemed University) presided over the ceremony by welcoming the chief guest, Mr Prabal Chakraborty, and dignitaries and guests. He mentioned his appreciation on the fact that Symbiosis International (Deemed University) is a health promotion University; i.e., Symbiosis International University takes care about the faculties and students physical and mental health and incorporates wellness centres which have well equipped gymnasiums, healthcare centres and psychologist counsellors; routine health checkups and fitness checks. He emphasized on the need of the hour to have a healthy mind and a healthy body.

The ceremony was officiated by auspicious lamp lighting by the chief guest, Mr Prabal Chakraborty, Dr S.B. Mujumdar, Dr Vidya Yeravdekar, Dr Rajiv Yeravdekar and Dr Rajani Gupte.

Mr Prabal Chakraborty, VP & Managing Director, Boston Scientific, India, began his address on a lighter note. He stated that complexity of healthcare arising due to multiple stakeholders, multiple information flows, unstable geopolitical environment and multiple decision making process. He focused on the stakeholders of the healthcare sector that include the government, world health bodies, patients and media. They include regulatory and pricing bodies like CDSCO (Central Drugs Standard Control Organization), NABH (National Accreditation Board of Hospitals), USFDA (United States Food and Drug Administration), DPCO (Drug Price Control Orders), etc. Mr Chakraborty mentioned the disruptive technological platforms of the future which include Artificial Intelligence, Robotics, wearable and Virtual and Augmented Reality. Managing media is another huge responsibility on the healthcare leaders. He concluded by throwing some light on the huge number of Permutation and Combination of information flows and decision making processes. Healthcare should be treated and managed as a system. He also expressed his views on how a healthcare leader ought to possess much needed skills like high level of Emotional quotient, systemic thinker, and continuous learner.

(Compiled by: Bhuvi Jindal, Riddhi Parab, Tuhinaa Tripathi)

3. LEGAL ASPECTS OF HEALTHCARE DELIVERY

- Dr. Sanjay Gupte, Medico-Legal Expert, Pune

Many decisions that healthcare professionals must make each day invoke legal and bioethical principles, and have potential legal consequences. Since the 1960s, the legal climate has changed drastically. Civil lawsuits alleging medical malpractice have become a fact of professional life for many physicians. The legal aspects of healthcare delivery help in maintaining the confidentiality and thus avoiding harm, maintaining the records and protection of data. The legal aspects also describe legal questions relating to the use of medical or public health volunteers during emergencies. An understanding of the legal aspects of healthcare delivery will help in analyzing the clarity when dealing with issues and activities that are critical to health and safety, legal liabilities and regulatory requirements.

Dr. Sanjay Gupte began the session by talking about various laws regulating healthcare in India. He projected the issues by focussing on the interpretation of law changes as per circumstances, unlicensed practitioners, quacks and midwifery. He gave an overview on consent for sterilization,

MTP (Medical Termination of Pregnancy), PCPNDT Act (Pre-Conception Pre-Natal Diagnostic Technique), surrogacy laws passed by Lok Sabha, altruistic surrogacy with the help of many case studies. He spoke about the punishments for the failure to report or to record a case. He gave his inputs on medical negligence and its implications. He emphasized on few essential components; duty to care, failure to attain standard of care. He stated that criminal negligence is the gross and culpable neglect of failure to exercise that reasonable and proper care and precaution to guard against injury which is beyond that of civil negligence. He majorly focused on euthanasia in India i.e., withdrawal of life supports to patients. He concluded the session by talking about the latest amendments in medical acts. So also, during his entire presentation, he referred various case laws of constitutional courts and commissions pronounced in respect of the medical fraternity.

(Compiled by: Bhuvni Jindal, Riddhi Parab, Tuhina Tripathi)

4. Panel Discussion- TOWARDS EQUITABLE DISTRIBUTION OF MEDICAL EQUIPMENTS, DEVICES AND PHARMA PRODUCTS

-Mr. Surendra Deodhar, VP, Reliance Life Sciences Pvt Ltd.

-Mr. Rohit Sathe, President – Health Systems for the Philips Indian Subcontinent &

-Mr. Vidhi Prasad K V, Head, Image Guided System, Wipro GE South Asia

There is a huge disparity in availability and accessibility of life saving medical equipment, devices and pharmaceutical products in different sectors of the society. The Department of Pharmaceuticals of India is working towards the initiative to source at least 50% of these domestically so as to reduce procurement and heavy import charges and also make these easily available. This will provide medical treatment to the rural populations very easily and at affordable rates.

Mr. Rohit Sathe headed the panel discussion and began the session by introducing Philips and their mission and vision. His session was mainly focused on 4 components- accessibility, speed & accuracy, value solutions and innovations. He talked about 'JUGAAD' - the very concept of innovation and the same in medical technology by giving a few examples like Wind-up Foetal Doppler, The chARM, etc. He concluded his speech by stating the importance of Artificial Intelligence and the softwares in future that can reduce the number of scans needed.

The session then moved forward to Mr Vidhi Prasad, Head, Image Guided System, Wipro GE. He began his address by talking about medical technology. He also talked about the distribution channel system. He also touched upon the E-commerce portal for Service parts & accessories like Medtronics, Siemens, Philips, etc. He expressed his views about the coming time to be a 'BtoC' business environment. He concluded the session by giving the audience to wonder about what the future scenario of medical technology will look like.

Mr Surendra Deodhar, Vice President, Reliance Life Sciences Pvt Ltd took over the session and began on a lighter note. He then proceeded to talk about equitable distribution of medicines in India, especially in rural areas, where access to these privileges is a challenge. He also touched upon the efficiency of the market in India, price reduction and profit margins that the companies enjoy. He talked about the challenges regarding the supply chain distribution of medicines and logistics that India faces due to various reasons like awareness, affordability, etc. He discussed in detail about the issue of cold chain storage which is proving to be immensely difficult to be implemented and used to ease up the medicine distribution. These issues are coupled with the huge amount of cost associated with the supply chain distribution. He concluded the session by appreciating the health promotive policy of Symbiosis University. The session was concluded by a small Q-A session between the

speakers

and

audience.

(Compiled by: Bhuvu Jindal, Riddhi Parab, Shruuti Shelar, Tuhinaa Tripathi)

5. STRATEGIC HEALTHCARE LEADERSHIP

- Dr. Simmardeep Singh Gill, Group COO CK Birla Group, Kolkata

Strategic Healthcare leadership helps in providing critical skills needed to lead strategic initiatives in the organization leading to the success of the organization. Leaders should have effectiveness in leading healthcare organizations through improved knowledge, skills and practice implementing strategic plans. Terms such as patient rights, quality, and strategic leadership have been in focal point of modern day healthcare management, and health institutions which keep up with the times need professional managers which are competent in work and have features of strategic management and leadership.

Dr Simmardeep Singh Gill, Group COO, CK Birla Hospital began his session by touching upon the very concept of strategic leadership. He talked about the increment in competition and other factors with the help of forecasted charts based on reported data. He also described the challenges associated with the business models. These include: low public spending and high out of pocket spending, talent shortage and high attrition, fragmented industry and lack of standardization. He spoke about the widening trust deficit between the patient and the provider. He stressed about the high asset business model which has put a lot of strain in the financial metrics like sinking valuation, margin pressure and payout of insurance players. Micro insurance was given key importance. He spoke about how strong fundamentals cost advantage and favourable investment environment provides many opportunities for growth. He concluded by sharing with audience the growth story of CMRI (Calcutta Medical Research Institute) which majorly focused on procurement optimisation, patient experience, clinician engagement and manpower optimization.

(Compiled by: Bhuvu Jindal, Riddhi Parab, Shruuti Shelar, Tuhinaa Tripathi)

6. Universal Healthcare Coverage

- Prof. (Dr). Sudhir Kumar Satpathy, Director, School of Public Health, Kalinga Institute of Industrial Technology Deemed to be University, Bhubaneshwar

The goal of Universal Health Coverage is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them. This requires a strong, efficient, well-run health system; a system for financing health services; access to essential medicines and technologies; and a sufficient capacity of well-trained, motivated health workers. Ensuring that every individual in this diverse nation obtains the needed health services without suffering financial hardship.

India has launched Ayushman Bharat - one of the most ambitious health missions ever to achieve Universal Healthcare Coverage. The scheme is aimed to focus at the core challenges of health coverage in India. The challenges include: the inadequate availability of health care services provided by the public and private sectors taken together; considerable variation in the quality of healthcare services in both the public and private sector as regulatory standards for public and private hospitals are not adequately defined and, are ineffectively enforced; and the affordability of health care, especially at the tertiary level.

Dr Satpathy began his session by thanking the Symbiosis International (Deemed University). He then talked in detail about the conceptual meaning of Universal Health Coverage. He emphasized on the need to have quality medicine, quality treatment, skilled workforce and the public should not face any difficulties while accessing them. He also talked about having health equity, rather than equality when it comes to Universal Health Coverage(UHC). He also stated the importance of having Primary Health Centres (PHCs), their efficiency and effectiveness in providing health to all. He stated that 80% of the Health needs can be taken care at PHCs. Further, he addressed the myths regarding Universal Health Coverage. He emphasized upon the journey of the initiation of UHC to the UHC2030 Movement vision. He then proceeded to describe some key facts about UHC and its association with the WHO. He spoke about some out of box thinking in the context of UHC in India and some aspects of 'health' in general. He gave some inputs on health system strengthening and UHC, and the current expenditure of GDP of India on public health. He concluded the session by talking about NRHM (National Rural Health Mission) and various Health Service Providers/ stakeholders. The session was proceeded by a Q-A session between the speaker and the audience.

(Compiled by: Bhuvijindal, Riddhi Parab, Shrutishelar, Tuhinaa Tripathi)

7. PHARMACOVIGILANCE AND CLINICAL DATA MANAGEMENT

- Dr. Raman Gangakhedkar, Head, Epidemiology & Communicable Diseases, ICMR

According to World Health Organization (WHO), Pharmacovigilance (PV) is defined as the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other drug-related problem. Pharmacovigilance strives to augment patient care and safety with respect to the use of medicines. The aim and scope of pharmacovigilance includes multiple factors such as medication error, counterfeit or unauthorized medicines, lack of efficacy, drug interaction, and rational prescription of medicines. Clinical data management (CDM) is a phase of clinical research that should result in solid, reliable data backed by statistics from clinical trials. Clinical data management procedures cover clinical research topics such as case report-form designing, database design, data entry, and medical coding; right from the inception to the end of the clinical research process. There is high demand to improve CDM standards so that they address regulatory requirements, and can help in the faster commercialization of products.

Dr Raman started his session with elaborating as to why is pharmacovigilance required. He stated that aim of pharmacovigilance is to detect unknown Adverse Events (AEs) at earliest and ensure patient safety. He did a comparative analysis of clinical trials and use after approval. This analysis was done on basis of number of participants, total duration of observation, vulnerable population, pharmacogenetics, concomitant medicines and dose and duration. He spoke in detail about the increasing scope of pharmacovigilance. He spoke about the key stakeholders in pharmacovigilance. He spoke in detail about the experience of drug Nevirapine and post exposure prophylaxis regarding pharmacovigilance. He further emphasized on the importance of Periodic Safety Update Report (PSUR). Inputs regarding the mandatory data fields in reporting were provided. Role of Indian pharmacopeia commission topic was touched upon by Dr Raman. He primarily spoke about the importance of Bradford Hill criteria. He further gave an overview on the national AEH surveillance and emphasized on the ICSR (Individual Case Safety Report) processor. Lastly, Dr Raman spoke about IC025 and disproportionate reporting. He concluded the session by saying that pharmacovigilance is an important activity for safety and that good data quality and its completeness is critical in signal detection.

(Compiled by: Bhuvijindal, Riddhi Parab, Shrutishelar, Tuhinaa Tripathi)

8. CONSULTANCY IN HEALTHCARE

- Mr. Lalit Mistry, Director Healthcare, KPMG

A consulting or consultancy firm is a business of one or more experts (consultants) that provides professional advice to an individual, or an organization for a fee. Consultancy firms target company executives, and provide them with consultants, also known as industry-specific specialists and subject-matter experts, usually trained in management or business schools. The deliverable of a consultant is usually advice, or a recipe to follow to achieve a company objective, leading to a company project.

Healthcare Management Consultants typically advise licensed healthcare providers and health-systems on business and administrative issues, but not clinical issues. These topics commonly include governance, operations, human resources, finance, billing, coding, transactions and marketing, but there are dozens of subcategories and specialties within the field.

Mr Mistry began his session by talking about the emerging health trends in India and speaking about the future of consulting in healthcare. He talked about the potential impact to healthcare industry by the emerging medical technology innovations, treatment innovations, proactive wellness and digital health. He discussed the drivers of healthcare; the drivers being technology improvements, market forces, costs, regulatory reform and consumerism. Mr Mistry then proceeded to talk about the major broad buckets of consultancy sector including project management, management consulting, HR consulting, etc. He stated the fact that healthcare consulting market in India is fragmented and underdeveloped mainly in operations, clinical and strategy consulting. He then concluded the session by giving a brief overview about the career path prospect in healthcare consulting and the skills required like number crunching, report writing, communication skills and the ability to travel in short periods of time and domain knowledge.

The session was proceeded by a Q-A session between the speaker and the audience.

(Compiled by: Bhuvij Jindal, Riddhi Parab, Tuhinaa Tripathi)

9. HR IN HEALTHCARE

- Mr. Kumar Krishnaswamy, Group Head- HR, Medwell Ventures.

Appropriate and meaningful management of human resources is of utmost importance in providing high quality healthcare. Human resources in healthcare are the clinical and non-clinical staffs that are responsible for delivering individual and public health. The key to the success of any healthcare organization would rely to a great extent on the knowledge, skills and ability of these human resources. In India, one of the greatest challenges is the shortage of adequately qualified healthcare professionals. Attrition and emigration of employees creates a huge dent in any healthcare organization due to the time, effort and resources that would have to be spent in hiring and training new employees. This, in turn, can indirectly increase the time of service delivery, hamper the quality of the services rendered, and escalate overall out-of-pocket expenditure. Thus, in order to achieve better outcomes, there needs to be a sharper focus on initiatives and policies to control attrition, and the effective use of talent management strategies to enhance HR practices in healthcare in India.

Mr. Kumar Krishnaswamy started the lecture on the topic emerging scenario which focused on various topics such as; emphasis on compliance, new branches in healthcare, lesser students opting for healthcare, regional restriction, galloping employment cost etc. He spoke about the huge pressure on salary cost that is to be managed and innovative recruitment. He stated that HR should focus on balancing the cost and not only recruiting. Just in time recruitment should be thought about by the HR employer. He said that communication between the patients and the employee. The HR needs to be with people on one and one basis. He gave an example that today, even CEOs have meeting with one employee at a time, understanding his family, job description, etc. According to him, emphasis should be given on training not just a mere classroom training but also on the job training. Emphasis on compliance was made by him. He said that every state is now realizing the availability of nurses and doctors is reducing and that how No-Objection Certificate (NOC) is now made mandatory. This has created a state wide restriction. He concluded the session by stating that the HR needs to be geared up for this.

(Compiled by: Bhuvu Jindal, Riddhi Parab, Shruti Shelar, Tuhinaa Tripathi)

10. EMERGING ROLE AND OPPORTUNITIES FOR HEALTHCARE MANAGEMENT PROFESSIONALS

- Dr. Dinesh Pashankar, Associate Professor, Yale University, USA

The transition from volume to value has created the need for a variety of new roles within the healthcare ecosystem. Healthcare is a rapidly changing industry. Breakthroughs in artificial intelligence, emerging issues in big data, the complexities of healthcare regulations, and new integrations between healthcare and business are all transforming the way care is delivered. But doctors and providers are not the ones implementing these innovations; healthcare administrators are. While hospital administrators are, in general, still in high demand, there is also a renewed call for specialists due to an increasingly complex and fragmented landscape. What used to be a single career has now evolved into an umbrella term for a broader field.

Dr Pashankar began the session by giving a brief outlook on his career path. He then proceeded to talk about healthcare sector in USA, the healthcare expenditure, and a comparative study with the other countries' healthcare expenditure. Further, he talked about the healthcare expenditure in India and the disease burden that India faces. He talked about the future trends in healthcare including the increase in market demand, medical tourism, rise in affordability, government policies etc. He discussed the potential positive impact of the emerging healthcare trends and how it can be beneficial to the whole industry. Dr Pashankar talked about the strong demand, rising manpower and other such factors as an advantageous situation for future India. He then related it to the opportunities for healthcare management students as upcoming professionals, government sector, consultancy, Healthcare IT, diagnostics, and the penetration of insurance industry in healthcare industry- adding to the list of opportunities. Growth in all sectors is expected to rise by 15-30 percent. Dr Pashankar concluded the session by giving an insight on health management training.

(Compiled by: Bhuvu Jindal, Riddhi Parab, Tuhinaa Tripathi)

11. MULTIPLE DIMENSIONS OF COMMUNICATION IN HEALTHCARE INDUSTRY

-Col.(Dr.) Ajay Gangoli (Retd.), Group Medical Director, Apollo Health & Lifestyle Ltd

Health communication is the study and practice of communicating promotional health information, such as in public health campaigns, health education, and between doctor and patient. Because effective health communication must be tailored for the audience and the situation, research into health communication seeks to refine communication strategies to inform people about ways to enhance health or to avoid specific health risks. Lack of communication creates situations where medical errors can occur. These errors have the potential to cause severe injury or unexpected patient death. Medical errors, especially those caused by a failure to communicate, are a pervasive problem in today's health care organizations.

Col. (Dr.) Ajay Gangoli (Retd.) started his speech by talking about why we communicate. He touched upon points such as components of communication and why is it important to communicate effectively. He spoke about the barriers to effective communication, 5 W's of communication and the pillars of effective communication. He stated that one should not underestimate the power of a non verbal message. He drew attention to the very concept of body language. He spoke about the managing complex change and the importance of effective learning. He stated that communication forms a key component and that impacts the clinicians, doctors and patients so it's important for one to communicate effectively and clearly. He also spoke about patient evaluation which covered topics like procedural fairness, interactive fairness and distributive fairness. He stated that we need to promote 3 essential questions regarding the objective of a problem, its importance and what needs to be done. He emphasised that clear health communication is very important. The session dealt with important aspects of healthcare communications. He finally concluded with a quote "Communication is the number one root cause of serious injury or death related to delay of treatment."

(Compiled by: Bhuvi Jindal, Riddhi Parab, Shruti Shelar, Tuhinaa Tripathi)

The logo for SYMHEALTH 2019 features the text "SYMHEALTH" in a large, bold, pink font, with "2019" in a smaller, pink font below it. The text is centered within a large, light yellow circular shape. A grey, stylized graphic element, resembling a medical instrument or a stylized 'S', curves around the text. In the background, a faint globe is visible.

SYMHEALTH
2019

SATURDAY, APRIL 20TH, 2019

PAPER AND POSTER PRESENTATION

Paper and poster presentation is an intrinsic part of SYMHEALTH. This year a total 35 abstract were received out of which 22 were selected, 14 for poster presentation and 4 for paper presentation.

POSTER PRESENTATION:

The following posters were selected by the jury and awarded:

POSTER PRESENTATION	AUTHORS	TOPIC
I	Dr Riddhima Surve, Dr Treville Pereira	Assessment of ergonomics to study the co-relation between physical and psychological factors with prevalence of Musculoskeletal disorders (MSD's) in practising dentists.
II	Dr Himani Patel, Dr Nikhil Patel	Pneumatic transport system (PTS) - innovative method to improve hospital efficiency, efficient system compared to manual methods.

PAPER PRESENTATION:

The following papers were selected by the jury and awarded:

PAPER PRESENTATION	AUTHORS	TOPIC
I	Amritashish Bagchi, Shiny Raizada	A comparative electromyographical analysis of biceps brachii and brachioradialis during eight different types of biceps curl.
II	Dr Prakash Rao, Dr Jeevan Nagarkar, Dr Viraja Bhat	Role of CSR expenditure in healthcare – A comparative study of select market cap ranked Indian companies.

SUMMARIES OF PRESENTATIONS

1. Corporate Social Responsibility in Healthcare

- Dr. Sitarama Budaraju, Consultant, Healthcare Projects, Tata Trust, Mumbai.

CSR has been defined by the World Business Council for Sustainable Development (2000) as: “The continuing commitment by business to behave ethically and contribute to economic Social development while improving the quality of life of the workforce and their families as well as the local community and society at large”. In health care, corporate social responsibility means that there is an ethical obligation that requires hospitals and other organizations to do something beneficial in issues such as delivering quality health care to everyone who is entitled to it.

Dr Sitaram Budaraju started his session by introducing top 10 healthcare CSR projects in India in 2018. He spoke about the current health status. He touched upon the supply side constraints namely Human resource for health infrastructure, Health financing, Pharmaceutical and supply chain and Technology. He spoke about saving life is important and not bothering about who gets the credit through various graphs. He also touched upon the key area for Auxillary Nurse Midwives’ that is soft skill training. He emphasized on training of peripheral health workers in soft skills. He ended his session by focusing on the importance of documentation support.

(Compiled by: Bhuvi Jindal, Riddhi Parab, Shruti Shelar, Tuhinaa Tripathi)

2. TRANSFORMING HEALTHCARE WITH IT

- Dr. Anirudha Malpani, Director & Founder, Malpani Ventures, Mumbai

Health information technology, HIT is information technology applied to health and healthcare. It supports health information management across computerized systems and monitors is the burgeoning specialized combination of information technology, communications, and healthcare and it is altering the course of patient care for the better.

This includes knowledge sharing, improved coordination, better outcomes, the patient’s involvement and Remarkable savings.

He started the session by showing a picture that depicted older way of treatment and the way it is now. He stated the common beliefs among the people that doctors are dinosaurs. i.e. They work in older ways than embracing any new technology. He said these days people practice eminence-based medicine not evidence-based medicines. He stated that self-diagnosis and self-prescription is very common among the people and harmful. Difference between a doctor and a machine is like the difference between a private banker and an ATM machine. He further spoke about different innovations such as Heart buds – using the smartphone as stethoscope, smartphone-based ECG monitor, peek – smartphone-based eye testing kit, propeller health- IOT for inhalers. He said that the doctors see the patients daily, doctors know the patients, then why should they wait for the engineers to do the innovation. He emphasized on 3 words hope, hype and harm. He said that there is great hope but there is great hype and harm associated with medical technology. He said that doctor need to keep up with literature. He cautioned about disadvantages and long-term negative impact of marketing through different websites. He concluded the session by saying that patients should receive information therapy from doctors. He also appreciated word of mouth marketing approach. For marketing, he suggested doctors to have personal websites which should include their specialty and uniqueness, patient’s experiences, etc. His whole session was focused on “Patient as Partner approach” and how communication is the key. The session was full of jocular remarks that made the session very interesting.

(Compiled by: Bhuvi Jindal, Riddhi Parab, Shruti Shelar, Tuhinaa Tripathi)

3. MANAGING CHAIN OF HEALTHCARE FACILITIES:

- **Dental Clinics**
- **Diagnostic Centers**
- **Hospitals,**

-Col. (Dr.) Ajay Gangoli (Retd.), Group Medical Director, Apollo Health & Lifestyle Ltd (Anchor),

-MsNishi Saini, Head- North, Clove Dental Clinics, New Delhi,

-Mr George Chemban, General Manager, Suburban Diagnostics, &

- Mr Anand Mote, COO, Aster Hospital

The session was anchored by Col. (Dr.) Ajay Gangoli (Retd.).He introduced the other speakers. Col Ganguli gave introductory of the topic and then Ms Nishi Saini took over

Ms Nishi Saini started the session with Clove dental clinics' inception. She spoke about clove dentals history and its vision and mission. She showed various graph showing clinics and dentist. She explained how to manage the services at such a big scale smoothly. Like deciding on a clinic geographical area strategically based on accessibility while giving importance to quality standards. She spoke about talent management under which she focused on intelligent recruitment. She gave her inputs on clove leadership academy which consisted of clinical excellence, leadership excellence and need based programs. She stressed upon having quality standards at every step. The clinics are supported by patient centric technology and customer care coupled with latest supply chain technology. She majorly focused on their app i.e. My Clove App which is used for strong internal and real time communication with all concerned. She stated that ethics are non-negotiable. She spoke about how the complaint management is carried out at Clove. She concluded by showing various aspects where Clove serves the need of the society.

The next session was taken over by Mr George Chemban. He started his session with an introduction about his company Suburban Diagnostic which was started by Dr and Ms Sanjay Arora. He stated that doctor patient relationships are transactional in nature. He focused on the essentials for creating a chain of business units by specifying the business strategy and alignment of goals, standardization for customer experience, standardization of people and processes and standardization of technology.

The next session was handed over to Mr. Anand Mote. He started his lecture by speaking about why healthcare chains are required.He replicated the lecture by third man's view of setting a healthcare system. He spoke about the changing landscapes in healthcare chains where he spoke about the global players who are entering the Indian market, availability of capital and importance of well-informed customers. He spoke about the strategic intents with type of healthcare leads to execution and planning. He gave a brief about types of healthcare facilities. He gave a basic template for setting up and managing a chain of healthcare facilities. He ended the session by explaining how brand is created and perceived in healthcare system.

(Compiled by: Bhuvi Jindal, Riddhi Parab,Shruti Shelar, Tuhinaa Tripathi)

4. Digital Healthcare Advocacy

- Mr. Sanjay Singh Nirwan, Director (Healthcare Practice) at Mirum India.

When technology is mentioned in the context of health care, it is often received as an impersonal, profit- or regulatory-driven interface between a provider and patient. If designed – hopefully with a clinician involved – with the purpose of actually solving a problem, digital technology will ultimately

gain favour. Examples of such tools include links and apps which provide reference information. WebMD on the consumer/patient side is a prime example. There are increasingly more digital tools for patients and caregivers to help them improve self-participation in their health care as well as to navigate the system. The challenge in the health care technology space is to make people (both providers and patients) aware of them, to facilitate use, and to incorporate relevant and actionable data seamlessly into the patient's electronic record. Technology needs to be designed in a way in which it conforms to the clinical work flow between the patient and provider.

Mr. Sanjay started the session by talking about digital statistics. He presented a digital pyramid of Maslow 2.0. He stated that healthcare has been digitalized and has been democratized. He gave some insights on healthcare search trends. Sir emphasized on Diabetes care and that one should not believe in the concept of self-medication. He spoke about Angina Awareness which is an initiative to raise awareness about the same. He stated about many initiatives such as the Caring for skin, Homecare and app for Alzheimer's patient, where he spoke about the power of this application can be integrated into mobiles and laptops. He further said that digital is helping pharma companies create reputation amongst consumers. Sir also spoke about the perks of digital healthcare such as online consultation, better networking for doctors etc. he spoke about Online Pharmacy and the channels they are using are emails and Facebook. The digital marketing, they are using is search engine marketing. Mr Nirwan tried to keep the session interactive and humorous. He concluded the session by stating the following phrase, "Wherever u go digital is not going to leave you, you have to go digital".

(Compiled by: Bhuvni Jindal, Riddhi Parab, Shruti Shelar, Tuhinaa Tripathi)

VALEDICTORY CEREMONY

Chief Guest- Surg Vice Admiral Ravi Kalra, NM, VSM, Director and Commandant, Armed Forces Medical College, Pune, & Dr. Sanjeev Kumar, IAS, Divisional Commissioner, Nagpur

The valedictory ceremony was commenced post lunch with Dr Rajani R. Gupte and Dr Rajiv Yeravdekar welcoming the chief guests, Surg Vice Admiral Ravi Kalra, NM, VSM, Director and Commandant, Armed Forces Medical College, Pune, & Dr. Sanjeev Kumar, IAS, Divisional Commissioner, Nagpur.

Surg Vice Admiral Ravi Kalra spoke about the healthcare professionals, especially management professionals being the future of the nation, leading in the front. He gave his best wishes to the delegates and other students present for their future careers.

Dr Sanjeev Kumar started his address by shedding a light on the growth, economically and socially, that India has achieved post-independence. He further spoke about the present and coming generations to be the ones taking lead of the nation and being responsible for maximum progress. He expressed his concern about employment by saying that growth is there but no jobs. He added that "Capitalism leads to inequalities in the beginning but later it leads to equalities". He then spoke about the emerging trends in technology, progress towards artificial intelligence and coupled with the changes that need to be brought in in the future workforce. He further spoke about future economy, the change in the concept of jobs and the overall picture of India. Concludingly, his inputs on the present situation of healthcare in India and its quality standards.

The certificates were distributed and SYMHEALTH 2019 was concluded.

