Human Experience

Looking Beyond
Patient Experience

"Wherever the art of medicine is loved, there is also a love for humanity."

- Hippocrates

Healthcare's next leap: humane experiences

As consumer-driven healthcare grows in popularity, healthcare providers must now focus on a positive patient experience. The COVID-19 pandemic has further accelerated the need for patient centricity, compelling many hospitals and health-tech companies to deploy technologies to address these trends. Teleconsulting, telemedicine and Uber-like ambulance services are amongst the many solutions that are now well-established in many regions.

While technologies and process enhancements have improved convenience, offering a holistic and humane experiences for patients is undoubtedly the next big opportunity. Compassion, patient dignity, appropriate communication, personalisation, healing, community involvement are a few aspects that are indirectly related to clinical care but produce a huge impact on the individual's well-being. It also demands that healthcare providers re-examine their purpose and core values and place equal focus on employee experience and wellness, create a culture of compassion, and collaborate actively with a broader technology and clinical eco-system.

This book offers unique perspectives from key actors across the healthcare provider ecosystem compelling you to reassess the efficacy of accepted patient experience metrics such as satisfaction and engagement. While compiling these astonishing insights from medical professionals, editors, technologists and patients-turned-medical entrepreneurs, it became clear that while these essays focus on Indian healthcare, the themes have global relevance:

- Patient experience is as integral to quality healthcare as clinical outcomes. Every healthcare worker must believe wholeheartedly in the values of compassion and empathy, which should guide their interactions and engagement with patients and fellow human beings.

- Respect and dignity to every healthcare consumer and staff member should be the cornerstone of every healthcare provider's mission.

- A purpose-led organisation can mobilise its staff around its core values and beliefs, which in turn fosters a people-oriented culture.

- The treatment of patients with chronic diseases should be focused on helping them lead normal lives.

- Healthcare should be focused on mental and emotional well-being along with clinical outcomes.

- Technology can play a significant role in enabling healthcare providers to enhance experiences for consumers and staff and enrich their lives.

- A policy framework that provides appropriate weightage to patient experience is required.

The voices and experiences described in these pages make it evident that the need for humane healthcare and human-centered experiences is more relevant than ever before. Focusing on these new opportunities will impact lives and create new avenues for growing medical services.

SRIDHAR VEDALA
Editor
Director, Futurewerk

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Human Interaction is Core to Delivering Outstanding Patient Experiences

Dr Gopichand Mannam

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Dr Gopichand Mannam graduated from Guntur Medical College, in Andhra Pradesh. He obtained an FRCS Edinburgh in General Surgery from the Royal College of Surgeons of Edinburgh and FRCS Glasgow General Surgery from the Royal College of Surgeons Glasgow. He further underwent extensive training in adult and paediatric cardiac and thoracic surgery at the Royal College of Surgeons, London.

In 1994, he returned to India, and after significant stints at Apollo Hospital, Medwin Hospital and CARE Hospital, started STAR Hospitals, a 320-bed multispecialty hospital. Dr Mannam has performed more than 30,000 heart procedures in his career spanning 27 years. He started HRUDAYA - Cure a Little Heart Foundation in 2005. He was awarded Padma Shri, the fourth-highest civilian award in India, for performing over 2000 free surgeries for children.

Patients and their relatives are naturally prone to high levels of anxiety and emotional distress during hospital visits. In India, the cost associated with medical care further adds to the burden already felt. Healthcare providers must therefore go beyond excellent clinical care and increasingly also address the overall emotional state of the patient. This is the first step in creating special experiences for patients and their families. In a hospital, this can only be achieved by involving everyone, from the CEO to front-line staff. Providing a positive patient experience starts with ourselves - the doctor, the nurse, the caregiver - and is a deeply personal process. At a fundamental level, medical professionals must transcend their highly logic-oriented training and develop a deeper connection to their own and their patients' feelings. The most important qualities that every healthcare professional must possess are empathy and compassion, and the ability to communicate responsively and honestly.

Patient experience is an integral part of quality medical care. Most people are now accustomed to digital experiences offered by hotels and shops across the world, and expect similar experiences from hospitals and healthcare providers. While hospitals can certainly draw on innovations from these industries to enhance convenience, simplify processes and enable seamless communication, patient experience is a much broader topic.

Empathy and compassion determine the capacity to sense the emotional state of the patient. It's all about putting yourself in the patient's position. This enables doctors and nurses to engage patients appropriately at a human level and leads to more effective communication. Even more importantly, empathy and compassion can significantly transform patient sentiment towards the hospital visit and their disease making it a more pleasant journey. Stress and anxiety also often lead to a breakdown in communication and responsiveness. People assimilate and process information differently.
The ability to establish a connect with patients and their families and appropriately communicate with them go a long way in making them feel comfortable and administering quality care. This allows the doctors and nurses to create an environment of trust and explain clinical procedures and diagnoses more effectively.

Providing a positive patient experience starts with ourselves - the doctor, the nurse, the caregiver - and is a deeply personal process.

Finally trust between doctors and patients can only be maintained through honesty. It is therefore a critical quality that all healthcare professionals have to display proactively. This also means that clinical staff should not hesitate to own their mistakes or lack of knowledge. This emotions-oriented approach, combined with clinical expertise, leads to much better clinical outcomes and provides a more holistic customer experience. At Star Hospitals, from the start, our focus has been to invest time and effort in creating a culture in which everyone at the hospital understands the importance of human side of healthcare.

Technology, if used effectively, can undoubtedly lead to greater convenience and enable better communication.

Building a patient centric organization

At Star Hospitals, empathy and patient experience is embedded at the core. It is a continuous process with the aim to include customer feedback, leadership transformation, process redesign, culture change, and adoption of new technologies. Training our staff on customer centricity, motivating them, rewarding them for aligning to our vision and values is fundamental to building our brand for the long-term. The tenets of our approach are:

Common purpose: Quality healthcare is a collective effort and everyone within the hospital must be aligned around the organizational purpose of delivering a great experience. This requires an organization wide effort and must start at the very top. The leaders who are seen as role models must believe in and contribute to the vision of delivering patient centric healthcare. Awareness about patient experience must then drive self-transformation and looking at care from a patient's perspective. Adhering to this common purpose is therefore a vital step.

Focus on patient journey: A great number of clinical and non-clinical staff members are involved in delivering a good experience at the many touch-points patients go through. A mapping of the patient journey together with all hospital staff is critical to understanding issues. This exercise not only helps in identifying key pain points but is also an opportunity to create innovative ways to enhance our ways of working.

Focus on staff journey: People are the most important part in the evolution of Star Hospitals' journey. We therefore also need to increasingly focus on the employee journey. Looking at mapping the employee journey not only helps in identifying barriers to the delivery of quality care but should also shape an organizational culture.
It further provides insights into our leadership style, organizational decision making, and training required at all levels.

Process redesign: Standard protocols have always been a key tool to ensure quality care but the delivery of outstanding patient experience requires a careful review of our way of working within the entire organization. Lapses in protocols must obviously be flagged and addressed in an easy and transparent manner.

Technology, if used effectively, can play an important role in simplifying and automating these processes and provide access to data.
This will undoubtedly lead to greater convenience and enable better communication.

When a doctor believes in god-like status and gets carried away by adulation there is a greater tendency to overlook patient experience.

Barriers to delivering experiences

There is a general tendency by most hospitals and healthcare providers in India to emphasize clinical expertise and define experience around clinical outcomes. This is due to the ways of working and established culture at most hospitals.

Incorporating a broader, more empathy-oriented patient care approach in regular staff behavior is easier said than done. Doctors and healthcare staff must become more aware of the importance of patient experience and unlearn many of their existing ways of working.
The easy access to digital channels allows patients to share their hospital visit interactions with hospital staff but also with a wider community. This feedback can be both positive and negative but more importantly provides key insights into customer expectations.

While every hospital and care provider may have unique issues, common challenges are usually the god-like aura around doctors, underestimating patient feedback, the lack of awareness amongst staff and insufficient leverage of technology.

The doctor with a god-like aura: In India, historically, doctors have almost had a god-like aura about them. This is understandable as most people are deeply grateful when they finally recover from a serious illness. This however can be a trap; when a doctor believes in this and gets carried away by adulation there is a greater tendency to overlook patient experience and even be too confident in clinical diagnostics. This eventually leads to patient dissatisfaction. Nevertheless, the corollary scenario is also quite frequent when patients do not make expected recovery in their health, the blame often falls on the doctor alone.

Underestimating the power of patient feedback: With the widespread availability of information on the internet, patients are increasingly well-informed and have a strong voice with regards to their hospital experiences. They read reviews about hospital, clinics, and individual doctors. They perform comparisons and take second opinions before making decisions on their health. They are also quick to post feedback and reviews on social media channels which can create a significant impact. We need to be aware of the fact that a patient may have had a great experience during their hospital stay but encountered a problem during billing or parking. The negative feeling will often completely reverse their initial positive assessment. It is therefore critical for all staff at the hospital to realize how their actions may impact patient and the hospital's reputation overall.

Lack of awareness and education Patient experience is sum of experiences at every touch-point within a hospital. Even a few people displaying the wrong attitude towards patients will have a serious impact. Even though there are many factors that contribute to this problem, staff social background and education levels is a critical one. This has a direct influence on values and beliefs which in turn contribute to quality standards. Unfortunately, little attention is paid to include topics such as empathy and relationship building in medical, nursing or hospital administration courses. My hope is that this attitude will change progressively.

Leveraging technology: Meaningful implementation of technology can reduce the length of time-consuming activities for nurses and doctors. This in turn would free up their time to focus on patients and enhance convenience for patients. It is important for IT teams at hospitals to also demonstrate empathy and compassion in order to look at usability and benefits from the patient and staff perspective. Unfortunately, the few technology resources within hospitals often lack a deeper understanding of patient care and experience.

Compassion,
Dignity and Respect -
Core to Human
Experiences

Dr Pramod Gaddam
CEO, Fernandez Foundation
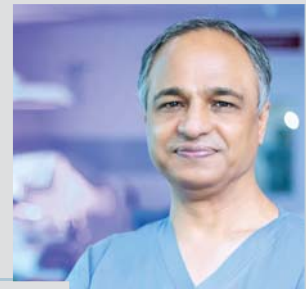
Dr Pramod has been a member of the Fernandez medical team since 1994 and took over as the Head of the Department of Neonatology in 2001. In 2009, he became a full-time working director of Fernandez Hospital.

As the Head of Neonatology, he introduced several innovations and best practices that set Fernandez apart. These innovations include introducing a Kangaroo Mother Care ward at Fernandez in 2004 and establishing a Human Milk Bank in 2007. After taking charge as the CEO of Fernandez Foundation in 2019, he has played a seminal role in establishing Fernandez Child Development Centre, which cares for children with special needs. Dr Pramod completed his MBBS from the Government Medical College, Bellary, and his MD in Paediatrics from Kasturba Medical College, Manipal.

Purpose is the heart of the experience

Digitality may completely dominate all aspects of our lives, including healthcare. Yet, the importance of human touch in a doctor-patient interaction cannot be diminished or taken away. This experience continues to be fundamental to Fernandez's way of offering maternal and childcare.

We are strong advocates of natural birthing and midwifery in line with our purpose. Alarmed by the high maternal and neonatal mortality rates in the country, Fernandez began the first in-house professional midwifery educators training way back in 2011. Midwifery care not just reduces maternal and infant mortality rates but also significantly lowers caesarean section rates. Today, we offer midwifery care to help promote and support women with natural birthing in a high-volume "client" load.

Midwifery care not just reduces maternal and infant mortality rates but also significantly lowers caesarean section rates.

In a successful pilot in Telangana, nurses working in public hospitals trained in midwifery by Fernandez Foundation are helping to increase normal births and reduce caesarean sections. They also ensure that women have a birth companion and enjoy respectful maternity care. This initiative attracted the attention of the central government. As a result, we are one of India's 14 National Midwifery Training Institutes that offer midwifery training to both state and central government.

Values - the driving force

We strive to ensure every woman we are privileged to serve experiences dignity, respect, and compassion.

Dignity is about empowerment. We ensure that our midwives and obstetricians spend time with every woman one-on-one to understand their birth preferences. We put women at the centre of their birthing journey by supporting them with choosing a birth companion and birth positions of comfort. Respectful maternity care is at the heart of all the services we offer. Privacy during birth is every woman's right. Today, our three hospitals have individual birthing rooms for every woman regardless of her socioeconomic status, thus ensuring equitable care across the board.

We don't address women birthing with us as "patients". They are mothers-to-be or women who are pregnant. We believe that calling them patients would treat pregnancy as a disease.

Integrity is about doing things that are right for mothers and babies. For example, babies with low birth weight need special care, which is initially provided as intensive care in a critical care unit. Once they stabilise, they need to be kept warm.

Conventionally, they are kept in an incubator that entails not only higher costs but also keeps babies separated from their mothers for days. We believe in Kangaroo Mother Care (KMC) technique, where babies are wrapped to their mothers' chest with a special broad strap. This skin-to-skin contact keeps them as warm as they would be in an incubator. Additionally, it makes babies physiologically more stable, enables them to bond better with their mother, have fewer serious infections, go home sooner, and breast-feed better and longer. Studies have shown that KMC babies catch up with their normal growth rate faster than babies kept in incubators. More importantly, the mother is fully involved in the care of her baby. The psychological and emotional impact on the mother helps her cope better and reduces her anxieties.

Enabling the right experiences by doing things differently

To provide high quality, evidence-based and respectful care for mothers and babies, we evaluate and adopt approaches aligned with our core values.

Specialisation with dedicated departments: Our core focus rests with the care of the mother and her newborn. We have a team of midwives, obstetricians, anaesthetists, and paediatricians round the clock to ensure safe birthing and newborn care. To help mothers and babies better, we have specialised departments such as low-risk obstetrics, high-risk obstetrics, multiple pregnancies, and foetal medicine, which experts lead.

We firmly believe that newborn care should be within maternity units and that the mother and her baby should never be separated. Our Tertiary Neonatal Intensive Care units eliminate the need to shift the baby out for medical care.

The other area we are passionate about is children with special needs. The awareness and incidence of Neuro Development Disorders (NDD) is increasing. Not many centres offer the entire spectrum of expertise - that is, Evaluation to Therapies under one roof and that too at an

At Fernandez, there are no incentives based on how many procedures one performs.

affordable cost. To fulfil this need, we set up Fernandez Child Development Centre with Divi's Foundation for Gifted Children (DFGC).

Fixed salaries for our physicians: Unlike the general trend, we decided to have our teams on fixed salaries. There are no incentives based on how many procedures one performs. This makes working in teams and following evidence-based practices easy. There is a clear understanding of protocols at every level, thus enabling uniformity and standardisation of care.

Investing in our people: We have over 2,400 employees, with 78% being women. We encourage / sponsor our employees (at all levels) to pursue higher skills or education.

> We ensure every woman who walks into our hospitals has consistent experience of respectful care, beginning from admission to discharge.

Organisation culture

Our organisational culture ensures there is no ambiguity in our employees about our core purpose, which helps us connect better with our customers. New doctors, irrespective of their expertise, are mentored by senior consultants on the job before they are on their own.

Some approaches that are unique to Fernandez are:

Clinician-led: We are a clinician-led organisation. Clinicians are integral to all non-clinical departments like quality, administration, purchase, and operations. This ensures that clinical care and safety are not compromised. For example, if it is a pharmacological product, it goes through a committee that evaluates its efficacy based on research evidence. While we encourage organic growth in leadership, we do have lateral entries to bring in fresh ideas.

Processes and transparency: We ensure every woman who walks into our hospitals has consistent experience of respectful care, beginning from admission to discharge. There is transparency through a customer's journey via honest and detailed communication. Deviations from a protocol need to be justified and discussed in an open atmosphere for future learning.

People and ownership-driven culture: We have an ownership driven culture. We operate a reasonably flat organisation structure, with no bureaucracy and ensuring an open-door policy. We encourage teams to step up and take ownership. We pride ourselves on creating a welcoming space for everybody. We focus on both the personal and professional growth of every team member.

Practice what we preach: The leader, Dr Evita Fernandez (Chairperson, Fernandez Foundation), a leading Obstetrician, has converted a successfully running private limited company (hospital) valued at a few hundred crores into a not-for-profit foundation promoting midwifery.

Our clinical research focuses on finding cost-lowering treatment options for mothers and newborns. Cost-lowering does not mean lowering standards of safety and quality.

Our mission is to make pregnancy and childbirth safe for every pregnant woman as an organisation. We achieve this by offering the collaborative midwifery model of care where the midwife is the primary carer. Obstetricians and allied specialists are called in wherever needed. Thus healthy women and women with complex medical or surgical needs are cared for by a close-knit protocol-driven team of professionals.

Fernandez Hospital, which began in 1948 with two beds, has grown into three IP facilities, with over 100 beds each, two OP facilities, and contributes to over 10,000 births every year. Our journey has been long and rewarding. Generations of mothers and babies continue to come to us, purely based on trust built painstakingly by word of mouth. Our unwavering focus will always remain respectful, equitable and compassionate care. The revenue will inevitably follow.

Dialysis Patients:
Experiencing the
Joy of Leading a
Normal Life

Kamal D Shah

Co-Founder, NephroPlus

Kamal did his Chemical Engineering from Osmania University and developed software for Apple products for about 10 years before co-founding NephroPlus. He strongly believes that being diagnosed with kidney disease is not the end of life but the beginning of a new life — albeit a slightly different life. Yes, you do have to make compromises but that does not have to prevent you from living the life you want to live. Kamal is on dialysis, swims every day, works full time, and travels regularly.

The concepts of human-centred design and customer experience have been around for a long time and have taken a prominent role recently in the context of digital transformation. While it's true that technology is an enabler for superior experiences, it cannot be a substitute for that vital human element. Such authentic experiences are only possible when a culture of empathy is embedded in the fabric of an organization and its leaders live and breathe customer experience. It must be core to the culture of the organization and its people.

A personal journey towards better care

The story of NephroPlus and what it stands for is closely linked to my personal journey. As a young graduate, many years ago, I aspired to pursue a Master's degree in the US. Within a few hours of being administered the necessary vaccines for travel, I went into kidney failure and developed a condition later diagnosed as atypical HUS, a rare kidney disorder. I had to get on dialysis immediately. I was shocked and devastated.

After a year and a half of dialysis, I received a kidney from my mother, which after initial promising results, unfortunately failed, leaving me no other option but to get back on dialysis. During an Internet search, I stumbled upon Peritoneal dialysis, a less invasive method. This was a life changing experience because it allowed me to be more in control of my health, did not require hospital visits, did away with needles and required fewer diet restrictions.

My life was normal again, almost. From the beginning, I was determined to lead a normal life, go back to work, watch movies with my friends and family, enjoy a meal outside, travel, maybe even exercise. Peritoneal dialysis gave me that freedom, it was wonderful.

During a trip in December 2004, I was at a beach in South India when the infamous Tsunami happened. Due to this, my peritoneal dialysis catheter came into contact with unclean water, resulting in an infection that made the use of this method impossible. I had to give up Peritoneal dialysis and was back to square one. If I say that I was devastated, that would be an understatement, but something inside me triggered once again and my determination to live a normal life grew even stronger. Together with my nephrologist and after some research, I started doing Daily Nocturnal Home Haemodialysis, which can be performed overnight in the comfort of your home. Even though it requires five to six 8-hour sessions per week, it was still preferable than spending endless hours at the hospital.

I wanted to avoid the hospital at all costs. My life became normal again. I was active, started swimming and worked full time.

Being customer centric means adapting services to the lives of those who consume these.

The dialysis patient at the center of care

I started sharing my experiences through a blog to help other patients lead normal lives. Through this exchange, it became clear that there was a dire need for quality dialysis in India and that nobody was truly looking at the patient's perspective. Vikram Vuppala, who had been a strategy consultant and was also passionate about building a business that changes people's lives reached out to me. NephroPlus was conceived. What started as a small 4 bed centre in Hyderabad has now grown into the largest dialysis provider in Asia with 275 centres in 3 countries serving 18,000 dialysis patients.

Why did it work? From the beginning we strongly felt that "patient experience" is at the heart of success. We began by addressing our patients as guests and were committed to making them feel as such in our centres. The setting is cheerful and bright, patients could watch TV, use Wi-Fi connection and other services. This is in stark contrast to any normal hospital setting.

We regularly hold events that combine education, entertainment and networking. They include insights from vascular surgeons, dieticians, nephrologists on how to live a normal life while being on dialysis. A still bolder initiative is the biennial multi-sport event, called the Dialysis Olympiad, organized in a stadium. The confidence boost to patients is amazing.

Being customer centric means adapting services to the lives of those who consume these. Patients often worry about not being able to perform their dialysis when traveling with their family and friends. With the network of centres across Asia giving the same feel and commitment to quality, we expect the customer experience to be consistent everywhere.

Patient experience is more than just painting the walls

Ensuring excellent patient experience every day and at scale required a relentless focus on clinical and operational excellence, technology and people.

Clinical and operational excellence is truly the key driver for high quality dialysis. We brainstormed extensively with nephrologists, technicians and other team members to come up with best-in-class protocols that are followed rigorously in all our centres. An elaborate audit mechanism performed by our quality team ensures that these protocols are followed and improved at all our centres on a continuing basis. This is the NephroPlus way.

Focusing on the right details beyond regular disease control guidelines makes a big difference. For example, ensuring high water quality requires a stringent treatment process. Regular checks are carried out on the water containers and all the dialysis machines. Optimising patient outcomes call for additional work on the part of technicians that must not only be written down but also followed up and incentivised.

Technology as an enabler
Technology is the backbone of NephroPlus and has enabled us to scale our operations to 160 cities and 275 dialysis centres.
Every dialysis centre uses the same portal for billing, materials management, clinical data management and captures every aspect of patient related information. It is impossible to ensure standardised quality without one system and as much digitisation as possible across the network.

Early on, we realised that we needed an ERP system given the growth in the number of centres. We have continuously invested in this system and are now in the middle of a major upgrade including a mobile app which was recently released allowing patients to book their sessions, view their complete investigation history, contact their nephrologist and get access to invaluable content around dialysis care. Technology also allows us to increasingly capture clinical dialysis data digitally. The analytics performed on the data have an enormous impact on how both doctors and patients can manage their well-being.

People and culture:
We realised early on that building teams with the right mindset, skills, experience and values in line with patient care would be the greatest challenge. To this end, we committed to building leadership capacity, training and fostering a strong culture across the whole company.

Leadership and capacity:
We do not believe in control-based management and therefore strive to build leadership and share responsibilities at all levels.
Even at the top level, the roles are split. Vikram, with his background in strategy consulting, looks after the financials, fund raising etc.
while I look primarily at clinical and patient-care aspects.

Training academy: Technicians go through a 2-year program in our own academy. They are trained on theoretical aspects of dialysis and our specific protocols. When they graduate, they are placed in one of our dialysis centres and go through continuous training programs throughout their professional career. As quality is such an important aspect of the service, technicians must go through an internal certification process and take specific exams twice a year.

We do not believe in control-based management.

From a career-path perspective, a technician has excellent growth opportunities. They can increasingly take more responsibilities within the centres and progress towards greater involvement at regional cluster level. With the growth of the company, many team members can become quality managers at a wider zonal or even at a country level.

Culture: As our salaries are typically slightly lower than the market, our unique culture and values are what keeps our people committed to us. A connection to our collective purpose of making lives of our guests better is important to us. The organisational hierarchy is flat and even at the size we are reaching, we still have an open-door policy.

In terms of culture, everyone obviously looks up to the lead managers. Those at the helm of quality and operations must take the lead in imbibing our work culture, acting as role model for all those on the front lines. When we hire our managers, we spend a lot of time to ensure that their values are aligned with our own and that they truly believe in changing lives rather than just doing a job.

Expansion, Vision and Courage

In India the growth scope for quality care at reasonable prices is unlimited but in order to do this successfully, taking the patient's view into account is really important. Quality care also requires building a robust platform that delivers quality outcomes on a consistent basis and keeps people gainfully engaged. Even though this calls for a lot of personal investment and time, improving lives and serving the community provides a sense of fulfilment which is at the core of our organizational culture.

Technology can
Play a Unifying Role
to Offer Holistic
Human Experiences

Tirupathi Karthik

CEO, Napier Healthcare

Tirupathi Karthik is Chief Executive Officer of Napier Healthcare Solutions Pte Ltd. A leader in Healthcare technology, Karthik has extensive business leadership experience across Asia, the Middle East and USA, particularly in the enterprise software space. He is a passionate advocate for the innovative use of technology that turns technology investments into competitive differentiators for their stakeholders. Napier Healthcare provides end-to-end technology platform solutions (Hospital Information System) for healthcare providers. Since its inception 26 years ago, Napier has been enabling seamless experience for hospitals and its patients at every touch-point. Napier's customers are spread across Australia, South East Asia, India, major Gulf countries and Africa.

Digital technologies, as we know it today, are leaving a lasting impression on people's lives. Yet, this is just the beginning. AI and technologies such as cloud have the potential to redefine our lives. Nonetheless, for these technologies to thrive and reach their full potential, they must enable extraordinary human experience, more so in the healthcare sector. However, we must understand that technology is only an enabler; it is this human centric approach that will drive healthcare providers to effectively leverage technology to enhance the lives of patients, their families, employees, vendors or in short the society as a whole.

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This was best appreciated illustratively during the global covid pandemic surge when teleconsulting services offered relief and support to people around the world who were affected by lockdowns. It was in the interest of everyone, be it the overstretched frontline staff in hospitals or the visiting public as hospital visits enhanced the risk of exposure.

Healthcare is homebound

The trend of consumerism in healthcare has been growing for several years. People in general believe that since they are paying for services, they must be treated as customers, just like in any other services sector. In countries where healthcare services are provided mostly for free, for example NHS (National Health Service) in the UK, income tax payees demand superior experience citing the taxes they pay. People are increasingly demanding delivery for services where they are, rather than where hospitals are, especially when it comes to long-term care and elderly care. In acute care situations, hospitalisation is still the choice. During the pandemic, the demand for home care became urgent as elderly visits to a healthcare facility was highly risky. Many providers who understood the urgency and the need, stepped up and embraced digitalisation to offer what people wanted. Teleconsulting and telemedicine are some examples, but many forward looking organisations expanded beyond teleconsulting and telemedicine to offer a number of new home care services. Many hospitals are transforming to offer holistic healthcare services.

The demand for services is also closely linked to demographics. Asia-Pac, the Middle East and Africa, have a relatively younger population when compared with the European countries or Japan. Naturally, in these countries with younger populations, the focus of hospitals and technology vendors has been on acute care. As they encounter ailments related to the elderly, healthcare providers are focusing on both acute care and long-term-care. Napier Healthcare was initially focused on acute care for the first 15 years, but subsequently we have integrated more to offer an end-to-end platform that offers solutions for hospitals, nursing homes, home care, day care or allied services.

Mindset Change

The service industry is intrinsically human centric. But technology adoption can take this to a different level altogether, impacting its core values in multiple ways. This would call for change in the mindset at different levels. Technology expertise is not a limiting factor here.

Holistic approach:
From an organisational perspective, offering outstanding human experience requires a holistic approach that must include patients, their families, employees, partners, suppliers and others. Technology must enable everyone who, together, can deliver their brand promise.

Various factors come into play as to how the service providers view the technology on offer. If the Singapore Health system is the reference point, being publicly funded, their requirements tend to be different from providers in South Asia such as India where 80% of healthcare providers are private. The private providers look for solutions in billing, claims, recovery of dues, inventory management etc.

Human-centric providers look at enabling their employees with tools and solutions not only to automate mundane activities but also to enhance their well-being and performance. Most providers would

The barrier to adoption of these technologies is not so much about expertise but organisational culture.

want to effectively use their limited resources and staff. In a homecare scenario, if a provider has to cover four patients during the day, they have to answer questions like what consumables to carry in the ambulance, which patient should they visit first, how should patients be grouped, what resources are required, what will be the utilisation of these resources and so on. This is where they are considering AI for optimised route planning amongst other things.

There are multiple applications of AI such as predicting the length of stay in the hospital based on patient condition, predicting occupancy of beds and planning consumables, resources, support services and other capacity utilisation-related aspects.

Another example is in the area of Radiology and adopting AI to prioritise patients who need immediate care. The solution is simple as it involves feeding a certain number of images into the machine for it to learn and perform an analysis. This solution can help Radiologists highlight cases which merit their immediate attention and thus prioritise those patients.

Again, the barrier to adoption of these technologies is not so much about expertise but organisational culture. Many of our customers work with us as partners to collaboratively innovate and deliver solutions. In particular, we are seeing the emerging role of IT to play a critical

role. Healthcare providers are recruiting technology leaders from other industries who bring best practices and also transform the culture, especially by bringing in a culture of proactive measures to address a problem.

Physicians' preference:
There is also an element of mindset change for physicians. Some physicians are so busy that there is little time for them to adopt new ways of working without disrupting their practice. In such cases the adoption of technologies such as electronic medical records (EMR), online monitoring, teleconsulting etc., tend to be limited. A mindset change is required to look at overall experience from a patient's perspective who may have to travel to hospital, wait at the hospital and end up increasing their exposure to infections.

Clinical mindset:
While this is again linked to organisational values and culture, in many developed countries like Singapore certain aspects like EMR is a given. On the other hand in many South Asian countries, they are yet to adopt EMR comprehensively. A mindset that focuses on clinical excellence can leverage data and analytics to interpret disease/recovery patterns.

Technology
adoption is a
continuous
process.

Adopting technologies to deliver outstanding human experience

When looking at technology
adoption there are many factors
to be considered.

Consumer perspective:
Technology must enable enhanced
experience for patients, consumers
and their families at every touch-
point on their journey.
A hospital information system (HIS)
enables hospitals to automate their
core processes making it seamless
for both consumers and staff to
manage various processes.
Technology adoption is a continuous
process that involves innovative
solutions and the ability to respond
to consumer needs. A model that
promotes engagement with
consumers and technology partners
is essential to continuously identify
and offer superior solutions.

Employee perspective: Technology is as important for employees as it is for consumers. Technology solutions can automate and optimise most mundane activities, provide insights from large data sets to make critical decisions, whether financial or operations related. Technology solutions can also enable staff to connect with each other, offer well-being solutions, help them plan etc.

Doctor perspective:
Data analytics and AI can play a critical role in recognising trends related to care and make important decisions about patient care and treatment.

Technology perspective:
Speed: It was most apparent during the pandemic, that the speed of response was extremely important. Organisations with legacy systems with limited capability for scaling up found it difficult to respond. Whereas others with open and cloud based systems were able to not only respond faster, but also offer newer services in shortest possible time.

Cloud: Availability without interruption, mobile access etc. are now mandatory. Most organisations are migrating to cloud based solutions. We at Napier completely re-designed our applications with a cloud architecture, to build a new platform that is aligned with current and future expectations of our customers. What used to be months for implementation and installation - provisioning of platform for customers takes only a few days now.

Flexibility and lock-in: Most customers would like to offer differentiated services and experiences to their consumers. The core systems must be flexible and offer ways to easily integrate new solutions. Also no one likes lock-in with a certain vendor or technology. We have built our platform on open source technologies.

Security: Security is an important consideration in healthcare. Privacy is a big issue and need to be managed, especially in an environment where systems are being accessed from home. Implementing security and privacy solutions at own data center may prove very expensive as compared to best in class offer by cloud providers such as Google, Amazon or Microsoft.

Healthcare providers, doctors, nurses, frontline staff are supporting us across the world. New technologies will enable them to reach millions of others who need care, contain the spread of diseases, enhance care for the elderly and most importantly offer solutions to the latest challenges without letting go of that human touch.

Leveraging
Technology for
Experiential Care

Rajiv Sikka
Group CIO,
Medanta - The Medicity

Rajiv Sikka is the Group CIO of Medanta hospitals. In a career spanning over three decades, he has the perfect blend of having worked across sectors and multiple functions - initially as a technology solution provider and now leading IT transformation. In current role as CIO, Rajiv is responsible for group IT functions covering digital transformation initiatives and IT Operations. He formulated a five-year IT roadmap and successfully rolled out multiple standardized initiatives across hospitals. Prior to joining Medanta, Rajiv had worked in Polaris as Senior Vice President for 13 years. As Enterprise Group Head, he was responsible for P&L and has worked extensively in multiple regions across the globe. Rajiv has been featured many times across healthcare informatics forums and publications, and he is a regular panelist/speaker on digital initiatives in healthcare. He is a member of CII-led National AI Forum. He is also an executive council member of CIOs of India, a 25-year-old forum of IT professionals comprising multiple CIO bodies. He is also on advisory boards of academic institutions and IT companies.

Data and digital technology have the potential to create a vastly superior patient experience and build trust between patients and healthcare providers. This trust in turn enables positive online reviews and word of mouth publicity. Furthermore, satisfied patients are more engaged with their physicians, proactively seek information on their health and care plans leading to better decisions on managing their health.

This generally leads to improved health outcomes and experiences. It is, therefore, not surprising that harnessing and providing medical information to patients play a prominent role in improving clinical outcomes.

There are hundreds of touch-points in a typical patient journey; these are both conventional and digital. The scale of large hospitals makes it more difficult to provide personalized experiences at every touch-point solely through conventional channels. At Medanta, digital channels bridge this gap by enabling a consumer experience even before the patient registers for a consultation. Patients can explore the hospital through a virtual tour on the website, learn more about the doctors and access a wealth of information about their condition. They can also carry out most transactional tasks; these include booking online appointments, paying bills, accessing diagnostic reports and using the telemedicine facility. At Medanta, digital technologies are heavily leveraged and supported by a 24x7 operation control centre.

COVID led to a phenomenal push for digitalization

Digital health technologies have existed for a long time, but their adoption by health care providers has been limited for various reasons such as unproven ROI, lack of access to technical resources and inter-operability. For example, although the Electronic Medical Record (EMR) automates workflows between different healthcare entities such as hospitals, diagnostic units and pharmacies, its adoption has been limited, making the processes inefficient and error prone.

The pandemic has compelled the health care industry to look beyond their regular strategies and has been driving the adoption of technology to offer many creative solutions.

Care away from the hospital:
Persistent infection rates forced patients and doctors to adopt remote consultations. Over the course of a few months, this became the "new normal". Remote monitoring solutions were also implemented relatively quickly for patients isolating at home. With a prolonged pandemic, doctors and patients realized that these technologies were easy to use and often more convenient than a trip to the hospital. This led to its widespread acceptance.

Remote devices:
Electrocardiography (ECG) is a life-saving diagnostic test for cardiac patients. The pandemic made ECG tests at the hospital difficult to perform and generally meant a greater Covid-19 exposure risk. Hospitals introduced an alternate solution in the form of a medical-grade hand-held ECG device. The device monitors the patient's heart parameters within the comfort of a home and is completed in less than a minute. Test results are available to the cardiologists in the hospital almost instantaneously. This has helped considerably in reducing Covid-19 infection rates linked to hospital visits.

These initiatives were enabled by digital technologies. Furthermore, smart phones, Internet penetration and their adoption by patients and care givers are making digital health a core component of care giving.

The pandemic has compelled the health care industry to look beyond their regular strategies

The huge volumes of data is still not being used very actively for treatment.

Overcoming challenges to digital adoption

Although digital adoption has increased in the past five years, it has largely been concentrated within specific functional areas. In India, most care providers face challenges related to cost, privacy, security, lack of integration standards and connectivity.

Cost:
There is currently no dearth of sophisticated technology solutions that can fully support physicians in their goal to improve clinical outcomes. However, the cost of these solutions is often prohibitive considering health care pricing points in India. This makes the adoption of these solutions very demanding.

Privacy:
The potential consequences of digitization on data privacy can be substantial and must be considered carefully before any technological implementation. Specifically, in a digital environment, ownership of

data must be clearly established. Important decisions that must be made include:

- Data ownership - should the data be owned by the patient, hospital, state, central government, or will it be even a sort of collective ownership?
- Data transfer between providers - How will data be transferred between service providers and what governance framework would apply?
- Commercial misuse prevention

With advancements in medical sciences and technology, huge volumes of data are increasingly streamed from wearable devices using IoT into Big Data platforms. This data is still not being used very actively for treatment, but diagnostics and screening processes are increasingly making use of it. There is an increasing need for a regulatory policy framework for collecting such data. This can be done based on the work already done within global best practices such as the General Data Protection Regulation (GDPR) in the EU.

Security:
As in other industries, cyber security threats are real and represent a risk to patient clinical information privacy.

A comprehensive data governance is the backbone of security and directs the implementation of proven technologies accessing and sharing data securely across entities. At a minimum, the following guidelines should be in place:

- Data must be encrypted at rest
- Its access must be authenticated and done with consent
- Audit trails should exist for all access
- Data availability and resiliency must be implemented through technological choices such as distributed storage

Lack of standards for health information exchange:
Data standardization and interoperability are the foundation for connecting the healthcare ecosystem. These are daunting tasks because they require collaboration and agreement across industry players. Nevertheless, significant progress has been achieved through the establishment of several mature standards such as SNOMED, ICD, DRL and DICOM. Furthermore, data exchange standards such as HL7, FHIR and C-CDA are also well-recognized by the healthcare industry.

Poor connectivity:
According to a recent government report, while India has over 350 internet service providers, broadband penetration remains low. This makes the provision of mobile-based healthcare a challenging mission to accomplish. Under the umbrella of the National Digital Communications Policy, the government is planning to provide extensive public Wi-Fi coverage within the next two years. Regulatory bodies such as TRAI are creating models to increase the reach of connectivity by sharing cross-sector infrastructure with utility companies and other organisations. The speed of expansion of the fibre network and the Internet will have an exponentially positive impact on "Health for All" (HEAL) objectives.

The healthcare technology market - challenges and opportunities

The market for health-tech solution providers is still in its early stages in India. With global healthcare solutions being cost prohibitive, a scene of local technology providers and start-ups have emerged in India. They offer Electronic Medical Records (EMR) and Hospital Information Systems (HIS) solutions of differing maturity levels. This has led to a gradual adoption of technology by hospitals and care providers that have increasingly realised the benefits of digitalisation in terms of quality assurance and automation at a minimum.

However, the market in India is extremely fragmented with no clear leader. Hospitals generally feel that their needs are special and demand a high degree of customisation. This has led to the prevalence of custom developed implementations instead of ready-to-deploy products.

Technology investments will eventually improve the quality of care.

Adoption of digitalization pays in the long run

Technology adoption is often not financially rewarding and creates additional burdens for small private clinics and hospitals because of additional allocation of human and other resources. But larger hospitals and healthcare service providers usually understand that technology investments will eventually improve the quality of care, patient outcomes and reduces medication errors. It pays in the long run.

Regulatory bodies must also understand that digital transformation is critical for laying the foundations to achieving the HEAL objectives, especially within primary healthcare. The government should incentivize early digital adoption for hospitals and other healthcare providers.
This approach can be readily noticed around the world in order to bring hospitals on a common platform and increase the speed of digitization. For example, the South Korean government had allocated

In most cases, these customised deployments end in failure because hospitals in India generally do not have the experience and maturity to articulate requirements properly.
To be fair, hospitals are more focused on running healthcare services and technology implementations seem more like a distraction.

The biggest challenges in rolling out HIS / EMR solutions in hospitals are speed and cost, which can be much better addressed through standard products. Additionally, the best product players usually also provide best practices and regulatory compliance as part of the product roadmap. These are important benefits that make the market quite promising.

significant funds to encourage a wider adoption of EMR to improve health information exchange across healthcare providers.

India has a set of unique challenges to tackle. The country is large, heterogeneous, densely populated and its healthcare infrastructure is still in the initial stages. In order to be effective, the digitalisation of healthcare must therefore be customized to these unique requirements. We should therefore look to best practices from similar rollouts in other countries.
It is important that government bodies and healthcare providers work in close alignment with industry experts to develop practical models that cover the whole healthcare spectrum, from preventive to tertiary care.

Home is
Where the
Elderly Belong

Tarun Sharma
Founder, Yodda

Tarun Sharma is widely recognized as a technologist, thought leader, social worker, intrapreneur and an entrepreneur within the technology industry in India. He is the founder of Yodda, a premium parent care company, and the co-founder of Mgneto, an HR consulting and recruiting company. He sits on the board of a few companies, including GlobalLogic India.

Most recently, Tarun Sharma was the Chief Executive Officer of BMC Software India Pvt. Ltd., a wholly owned subsidiary of BMC Software Inc. for the last ten years. Tarun also served as the Chief Customer Officer for Asia Pacific and Japan, responsible for ensuring customers successfully realize value from the BMC products and solutions they use. In addition, Tarun led BMC's engineering center in Ukraine.

Tarun joined BMC from Virtusa ("VRTU"), a global software services company, where he was SVP of the technology business and part of the team that took the company through its startup years to a successful IPO. Prior to joining Virtusa, Tarun co-founded EC Cubed, which was recognized in its early days as the top 100 companies to watch for in the B2B e-commerce space. The company was funded by large venture capitalists like Battery Ventures, Boston Millenia and Infosys and Cambridge Technology Partners.

Navigating a typical hospital in India can be unsettling.

Swamped with a high volume of patients, overwhelmed hospitals generally tend to compromise on patient experience. This problem is even more noticeable at government hospitals where patient volumes are considerably greater than at private hospitals.

For patients who need critical care, the troubles start even before they reach the hospital.

Ambulances are not only late, but often ill-equipped for critical care on slow roads. At the hospital, the absence of a central medical record administration system means patients are compelled to repeat diagnostic tests multiple times, and furnish paperwork related to their own medical histories to doctors and care providers. As a result, patients say they often feel a sense of mistrust towards their healthcare providers. They commonly perceive that hospitals are solely driven by profit, and are suspicious of doctor-recommended diagnostic tests and high consultation fees for the brief time spent meeting the patient.

Patients say they feel a similar sense of mistrust towards insurance companies which make the entire claims process cumbersome and frustrating. For example, even in supposedly cashless transactions, patients are regularly made to wait hours for insurance approvals. These unwieldy processes, long wait

The hospital experience is overwhelming for most consumers.

times, unreasonable payment requirements, limited availability of doctors, perceived lack of empathy from the hospital staff, and many other factors make the hospital experience overwhelming for most consumers.

Now imagine what it feels like for the elderly.

With a population of 138 million, India's elderly population forms a sizable proportion of healthcare consumers who receive care in an unfriendly healthcare environment. Moreover, with the dismantling of the traditional Indian joint-family system and a lack of a well-developed elderly care provider ecosystem, these consumers and their families want alternatives outside a hospital setting.

The
startups are
innovatively
integrating
technology
with physical
solutions.

Elder care alternatives

While hospitals are crucial for the delivery of critical care and emergency services, complementary care alternatives are rapidly growing, especially in home care where elders experience less anxiety being cared for in their own environment. Startups are leading the charge to improve the quality of elder care by bridging existing gaps in the way elder healthcare is currently delivered. These startups innovatively integrate technology with physical solutions, digitally connecting patients with appropriate health providers, and offering home care, ease of information sharing, and simplified processes to obtain care.

By collaborating with an ecosystem of healthcare providers and technology companies, these startups have galvanized traditional providers to transform their patient care. For example, Sancheti Hospital, in the city of Pune, has created Healyos, which offers most routine hospital outpatient services to people in the comfort of their homes.

Enriching the lives of the elderly with Yodda

Yodda was created with a singular purpose of addressing the needs of the elderly and enriching their lives. The motivation was borne out of my own personal journey linked to my parents' health and illnesses. Several years ago, when my father suffered a stroke, I went through the excruciating experience of interminably waiting for an ambulance that never arrived, and then driving my father around in a car to several hospitals before care was available. The precious time we lost took with it my father's mobility and speech. He passed away a few months later. Some years later, my mother was diagnosed with breast cancer, and had to undergo chemotherapy, radiation therapy, frequent diagnostic tests, and prolonged hospital stays. All these combined made the experience extremely hard on us both..

However, one thing that I am eternally grateful for is the fact that I was able to spend those last moments with them. I was lucky enough to support my parents and ensure that care was properly provided to them. I cannot imagine how my parents would have managed without me physically being there.

This experience made me reflect on the challenges faced by millions of elders across India living on their own, as well as by their family members who live away from them and lack the flexibility to be physically present to care for their loved ones. This is how Yodda - a platform for family members to ensure the well-being and diligent care of their parents– was born. Our services, solutions and tools monitor health and ensure high quality holistic care. We focus on:

Homecare:
We believe that hospitals and old age homes are not the right places for elder care unless required. Elders who receive care in the familiarity of their own environment experience significantly lower emotional stress. Home care is also logistically and financially efficient. Through our partner network of high-quality home care providers, members can access qualified doctors, nurses, care staff, medication, and health equipment. With their permissions, their parents' medical data is digitized and stored on Yodda's platform, readily accessible to relevant healthcare providers.

Healthcare services:
When hospital visits are required, Yodda provides comprehensive support services, with knowledgeable attendants who will

The issues related to old-age loneliness and depression must be addressed.

accompany elders to hospital appointments and diagnostic tests, provide emotional and logistical support, make patients aware of their circumstances and perform on-site chores such as registration, admission, bill payment, prescription purchases, etc. We also specialize in handling critical emergencies as they arise to ensure the safety of the parents under our care.

Comfortable living services:
In addition to health and emergency care, we provide convenience services to ease the daily lives of parents and their children.
These support services include running simple yet tedious errands in a timely fashion, appliance and home repairs, banking and insurance liaising services, and more.

Connected family:
Yodda ensures that elders and their families constantly communicate through various digital channels and provides transparency into their daily lives. In emergency situations, Yodda provides continuous updates to family members and seeks intervention and guidance where required.

Emotional support:
We address the issues related to old-age loneliness and depression, through community building and engagement activities led by special Yodda Envoys.

Yodda has
four unique qualities

Responsible and empathetic staff:
A lack of empathy and personal responsibility are often cited as key issues by patients interacting with healthcare providers. Yodda hires staff who understand what it means to have a calling: former members of the Indian armed forces, who are trained in emergency management, and have a feeling of urgency, empathy and an unwavering sense of duty towards the parents we seek to serve. In addition, Yodda trains its staff on how to execute various facets of elderly care.

Well-defined processes:
Yodda uses ISO certified service delivery fulfillment systems and processes, so that we deliver consistently high-quality services with efficient resources.

Improved care:
Yodda is continuously developing ways to enhance experiences for the elderly and their families by incorporating technologies such as wearables, AI/ML, real time image processing, smart devices like Alexa, wellness applications sensors, etc.

We are also looking at the application of certain technologies that will enhance the overall well-being of the elderly and connect them with broader communities.

Relationship support:
Finally, Yodda provides a dedicated team of primary care and field care representatives who facilitate proper coordination and delivery of services.

We believe that to provide reliable and consistent home care, both the physical and technological aspects of care must work in tandem.
We built our foundation on empathy, transparency, and consistency to foster trust and enhance elder well-being.

Putting the
Care in
Healthcare

Dr Bobby John

Editor, Journal of Development Policy and Practice

Bobby John focuses on ensuring health outcomes - equally at ease with processes of formulation and implementation of development policy and financing, strategic communications, or in the weeds of biomedical research, development and translation.

Bobby trained at the Armed Forces Medical College, Pune, but stepped out of a career with the Indian Army to work among the rural poor in village Kedgaon of Maharashtra, India. He subsequently worked as the Administrator for the NM Wadia Hospital in Pune, Maharashtra.

In 2004, he founded Global Health Advocates in Winterthur, Switzerland as a non-governmental organization focused on engaging all sections of society towards the formulation and implementation of effective public policies to fight disease and ill health. Today, Global Health Advocates is independently registered in the EU with offices in Paris and Brussels, as well as in Chennai, India.

Bobby also worked as the Advocacy and Public Affairs lead for the India office of the Bill & Melinda Gates Foundation between 2010-11 and as the HIV AIDS Coordinator for World Vision India between 2001-02.

In Indian clinical settings, consumer protection covers the delivery of specific clinical services and expected clinical outcomes, but not 'patient experience'. For instance, if a patient admitted into hospital for cataract surgery on the left eye is mistakenly operated on the right eye instead, the hospital is liable to pay damages for not delivering the expected clinical outcome. However, if the surgery is performed correctly, according to guidelines, but the patient has had to endure a time-consuming admissions process and rude bedside nursing care, the hospital is not liable for damages because the basic outcome was met. India's hospital operators do not see patients as consumers, and as a result, a positive consumer experience is mostly accidental, and not by institutional design.

In the early 90s, however, hospitals in India took a few small steps towards better patient experience. This was during the HIV epidemic, when hospital administrators began to discuss patients' rights, focusing on topics such as whether or not an infected individual should know their diagnosis, if an individual's consent was necessary prior to performing certain procedures, or if the individual should have the right to private counselling, etc. As a result, certain regulatory guidelines related to patient experience were introduced; however, this positive beginning did not lead to broader adoption across the healthcare sector. Today, most providers still lack focus on patient experience.

Challenges to achieving holistic healthcare

According to the preamble to the Constitution of the World Health Organization, "Health is a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity." Holistic healthcare must focus on providing for all these aspects, but there are serious discrepancies between what is and what should be. Any attempt to change the current state of healthcare in India must take into account the complex and interlinked underlying issues that need to be understood.

Social:
The absence or disregard for patient-centric care at hospitals is rooted in our collective social behaviour which is not grounded in respect for fellow humans but driven by an individual's financial and social standing. For example, patients who can pay will receive luxury stay experiences at hospitals, while patients who do not have the means often have to rely on family to bring them meals when they are in hospital. The same disregard is also common to other citizen services, such as police, emergency services, railways, clinical services and diagnostic services.

Economic:
Based on a recent survey, the average monthly salary in India is ₹32,800. However, if you examine median salaries, you get a different picture. The median salary in India is ₹16,000 month which means half the Indian population is earning less than ₹16,000 per month. This inequality has two significant implications. First, that half the population cannot access basic care, let alone good patient experience, which is only available to the privileged few who have the financial capacity. Second, with such low incomes, many individuals in the healthcare system are employed under exploitative work conditions with little training and guidance to deliver patient experience. A comparison of nurses' salaries offers a glimpse of this disparity: the salary of a staff nurse at All India Institute of Medical Sciences (AIIMS), Delhi's premiere medical institute, is approximately ₹50,000 per month, while many nurses at private hospitals earn just ₹7,000-8,000 a month.

> Our collective social behaviour which is not grounded in respect for fellow humans.

Performance measurement:
Most hospitals in India are overburdened by high volumes of patients due to the lack of primary healthcare infrastructure across the country, and patients self-referring to secondary and tertiary care specialists. As a result, hospitals have a consultation model that allows doctors very little time with patients. According to a study, it takes a doctor about an hour to note down a patient's medical history thoroughly. In contrast, another study has found that doctors in India typically interrupt patients an average of 12 seconds after they begin describing their symptoms. The dangerous implication is that doctors, pressured to see as many patients as they can, prescribe treatments without taking detailed patient history into consideration.

The success of surgeons in the hospital system is also measured by metrics such as the number of procedures or surgeries they have performed, rather than how happy their patients are with them.
This creates a cult of personality with patients lining up to meet these doctors regardless of how they are treated. In the absence of patient satisfaction survey metrics, the procedure metric has become a gold standard for hospitals everywhere, and even the new generation of medical professionals end up pursuing the same success formula.

Education:
In Europe and North America, the medical education curriculum puts emphasis on developing soft skills such as empathy and compassion, as they are known to significantly contribute to enhancing the therapeutic experience of patients who can share their anxieties and feel heard. In India, however, developing these soft skills is not part of the education curriculum.
The focus of Indian medical schools is solely to teach clinical aspects, resulting in a lack of awareness that seriously limits a medical professional's ability to deliver holistic, patient-centric care.

The consultation model allows doctors very little time with patients.

Creating a new, empathetic holistic care system

Given the complexity of India's healthcare system, a gradual approach to transforming healthcare could steer practitioners and institutions towards becoming more empathetic and compassionate, delivering positive patient-focused experiences along with clinical outcomes. This requires a concerted effort to build the following areas:

Build an inclusive framework:
The quality assurance framework that exists for clinical outcomes can be extended to incorporate patient experience, provide transparency in the healthcare delivery process, and recommend guidance and remedies for any lapses. Such a framework could also address the unhealthy dynamic that currently exists between providers who treat patients based on their ability to pay, and patients who are suspicious of the treatments prescribed by providers, especially when they include expensive diagnostic tests.

Reimagine medical education:
Today, the criteria for someone to enter medical school in India is purely academic, and restricted to those who have studied biology as part of their higher secondary education. Educators could consider taking new admissions criteria into account, including the applicant's character and intellectual traits, such as their views on being humane and considerate, and their emotional intelligence. In addition, applicants could have multidisciplinary educational backgrounds, including engineering and humanities. For example, a medical graduate with an undergraduate degree in computer science would think of a human-centric approach to designing AI solutions for healthcare. Lateral entries from other educational disciplines enrich the medical system by bringing fresh approaches to solve traditional problems.

Although healthcare is considered a collective effort, 80% of its workforce is disproportionately underpaid.

It is important that students in the medical education system understand human relations and feelings, and have the maturity and empathy to deal with them.
A first-year student who has joined right after senior secondary school might lack this maturity, understanding and experience, even if they are academically proficient. By making undergraduate studies a mandatory prerequisite to medical studies, students will gain the maturity that gives them a better understanding of people, relationships, and of their own propensity for a care-oriented profession.

Apart from medical education itself, institutions should also offer certain foundational credits in the curriculum that are required for completion of the degree.
Courses on topics such as human

centred design, individual dignity, compassion, empathy, bedside behaviour, etc. should be offered for all disciplines of study. In addition, all course content should be revised to focus on patient experience by emphasizing human empathy.

Offer equitable compensation:
The paradox is that although healthcare is considered a collective effort, 80% of its workforce is disproportionately underpaid. A new payment mechanism would ensure equitable salaries and benefits that would go a long way in not only stemming attrition and extortionist behaviours, but giving dignity to underpaid workers who spend more hours on the hospital floor caring for patients.

Build a technology platform:
Although there is huge potential for the application of technology to improve the patient experience, adoption is limited and heterogenous, with highly localized systems that do not allow information sharing between providers. A universal technology platform can be enabled to address many critical challenges that are putting hospitals under such pressure today. For example, a national universal patient data platform can

aggregate data across time and space with a single platform that captures their historical medical information, rather than patients and doctors having to spend their valuable time capturing this information again and again every time they change hospitals or doctors. This can also help doctors make informed decisions within the limited time available to meet the patient. A corollary to the lack of time is the issue of triage, i.e. examining the patient's history, identifying the potential issue, inputting the symptoms and diagnoss, and accordingly directing the patient to the right department, where care can be given in accordance with the system data provided.

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