

Case Study: Home Healthcare Solutions

Category	Content Bucket
Branding	Promotional Emailer
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	Video Messages
	Interviews
	Banner Adv.
	Patients Education Literature
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	Competition/Quiz
Surrogate	Blog
	Guest Blog
	Info graphics
	News Articles/Analysis
	Scientific Articles/Analysis
	E-Books
	Tips
	Facts
	Polls

Objective: To promote our client to its target audience i.e. families of patients with chronic diseases and the medical fraternity like doctors, nurses, physiotherapists etc.

Strategy:

- Reaching out to the target groups through specific platforms like emails, social media, website etc.
- Creating specialised content in various formats promoting the positives of availing healthcare services in the comfort of home.
- The content will be a balanced mix of branded and surrogate

Methodology:

- Over 150
- Studying the competitors i.e. hospitals and other healthcare at home services.
- Efforts will be put in to promote both the category and the brand.
- Specialised content is being created for different targets keeping their understanding levels, needs, interests and wants in mind.

Content Showcase for Home Healthcare

Till Death Do Us Part

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Many medical experts highlight that compassion is as important as clinical expertise for terminally ill patients. After spending a lifetime tending to the needs of their families, these terminally-ill patients deserve the proximity of their loved ones more than that of hospital staff.



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05 March, 2018
by Vivek Srivastava

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Health Insurance Embraces Home Care

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Indian healthcare scenario is ready for a breakthrough in terms of reduced economic burden on the patient and the country at large



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13 March, 2018
by Ashish Kumar

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Becoming an extended arm for hospitals

You can think of us as a distributed hospital using the existing capacity in patient homes to take care of infrastructural gaps, immediately and cost effectively, says **Vivek Srivastava**, Co-Founder and CEO, HealthCare atHOME



How is Indian home healthcare growing?

According to estimates, the overall Indian healthcare market today is worth ₹ 1 lakh+ crore and is expected to grow to ₹ 1.57 lakh crore by 2020, a CAGR of 23.9 per cent. Globally, the segment of home healthcare comprises 3-5 per cent of the total healthcare pie, thus there is huge scope and potential in the Indian home healthcare market.

How is it going to address the shortage of 70 lakh hospital beds?

We need over 70 lakh+ beds to cater to our population and home healthcare can help bridge this gap as it reduces the requirement of the hospital beds, which can be provided to more needy patients. Since the shortage of beds are more in tier-II & III cities, the hospitals can extend their reach without building expensive infrastructures with a home healthcare partnership.

For example, patients residing in a tier III city at a distance of around 200 km from a tertiary care centre often discontinue their treatment in the middle due to rising costs and inconvenience. With home healthcare services, step-down care including complete ICU setup can be delivered right at their home at a fraction of cost.

How is HealthCare atHOME complementing the efforts of hospitals to provide quality healthcare-delivery?

We work with the hospitals to widen their reach, by freeing the beds for new patients. You can think of us as a distributed hospital, we are using the existing capacity in patient homes to take care of infrastructural gaps, immediately and cost effectively. There are number of procedures where you do not need the hospital beds and these can be done at home. Thus, our services reduce the average length of stay of patients at hospitals minimizing the pressure on the hospital infrastructure, ensuring smooth transition from hospital to home, decreasing chances of re-admissions and offering personalized care and attention. We are focusing on services like critical care at home, cancer care, post-operative and rehabilitation care. We have successful tie-ups with leading corporate hospitals across the country in line with above business model. Second, we also improve patient satisfaction since personalized quality care is the key. Add to this, the main benefits of our services are improved safety and comfort for the patients and faster recovery because of familiar environment and proximity to near and dear ones.

Additionally, hospitals have long supported their communities, offering educational programs, health fairs and other such services. With HealthCare atHOME services, they can become more strategic to their community services enhancing foothold by reaching out and offering community based services and specialised outreach programmes. Our programmes can improve patient satisfaction

because the patients and the community starts realising that the hospital thinks about them even when they are not in hospital.

Can you elaborate on how you can increase capacity and what direct P&L advantages it can bring to hospitals?

The direct P&L advantages to hospitals are reduction in Average Length of Stay (ALOS) and Higher Average Revenue Per Operational Bed (ARPOB). Let me illustrate a case study of a critical care patient on prolonged ICU stay who has complications along with associated comorbidities. Such patients often have a prolonged recovery trajectory. Day to day needs to stay in hospital ICU for 30 days, which will cost average ₹ 70,000 per day for first 30 days, ₹50,000 per day for subsequent 30 days and then ₹30,000 per day for the rest of the days. The total monthly revenue comes out to be ₹ 15 lakhs for the hospital but almost 64 per cent of the revenue will come in the first 15 days of the stay.

However, when stable, the patient can opt for our 'ICU atHOME' service on 15th day, which will cost him ₹ 20,000 per day for next seven days, followed by ₹ 10,000 per day for next six days and ₹ 5,000 for the remaining period. This entails for 15 days of hospital ICU stay and 15 days of ICU atHOME. The effective stay at hospital got reduced to 15 days which increases the number of such ICU patients admitted in hospital from one to two assuming 100 per cent capacity utilisation. This leads to an additional revenue of approx. ₹ 4 lakhs leading to a monthly revenue of ₹ 20 lakhs as compared to ₹ 15 lakhs (27

per cent increase in revenue). More importantly, the financial burden on such patients who choose homecare as part of their total treatment reduces significantly from ₹ 15 lakhs to ₹ 11.27 lakhs (25 per cent reduction).

What are the challenge you are facing? How do you plan to overcome these challenges?

The general perception about home healthcare services is having a nurse at home or an attendant at home. We attempt to break this myth by showing evidence and experiences of at-home consumers. By far, we've done over 25,000+ oncology/immunology procedures at home, more than 20,000 ICU days at home and have looked after more than 4,00,000 patients across India and that too, with a high customer satisfaction rate (NPS +70 per cent) since 2012. Our success in reaching this goal is indicated with the fact that since our inception, revenues have grown by a multiple of 10x on a monthly basis. Additionally, now we are a 1000+ people organization from five people when we started operations in 2012.

One of the major challenges that we face is the availability of trained clinical staff. There is a great need to ensure that clinical staff is effectively trained to be able to manage patient complication at home through an exhaustive induction programme, recurring on job trainings, refresher trainings and audits. We are putting a lot of investment and efforts in this direction to create a cadre of highly trained nurse-led multidisciplinary teams. We are also benchmarking our processes similar to OIG standards and ICU compliant setup.

Taking healthcare beyond hospitals

Home healthcare has been able to step in to ensure that hospitals are able to take care of their patients beyond the hospital. **Dr Gaurav Thukral**, Chief Operating Officer, of HealthCare atHOME, gives an insight

With disease burden on the rise in India due to ailments triggered by lifestyle changes and geriatric population, the pressure on conventional delivery of medical care systems like hospitals and hospitalisation would be tremendous. One emerging option to ease this pressure is home healthcare.

There is a misconception amongst some in the healthcare industry that home healthcare is a competitor to hospitals. But, at the outset, let me say that home healthcare providers instead of competing, support hospitals as a step-down care partner. As a hospital crowding, bed limitations and burden on doctors increases, home healthcare steps in to ensure that hospitals are able to take care of their patients beyond the hospital. Hospitals now have the option to have their beds available for more patients by handing over post-operation cases or critically ill but stable patients to a partner which continues to provide the patients with quality care at the comfort of their home.

Organised home healthcare industry stands as a strong support system for the hospitals owing to their investment in world class training for their staff and high quality clinical set-ups made available at patient homes. Along with providing visibility to the hospital beyond the hospital by becoming their extended arm, home healthcare providers also become a mechanism for quick feedback and immediate action on it. The importance of closing the feedback loop has become critical due to the unbridled rise in mistrust towards hospitals.

Also, the general perception about home healthcare services is having a nurse at home or an attendant at home. This is a myth. Home healthcare providers now provide numerous oncology, immunology procedures at home, ICU days at home, emergency handling, case management and are looking after likes of patients with a high customer satisfaction rate. With availability of 24x7 remote monitoring systems, leaders of home healthcare industry are also ensuring continuation of expert supervision for the patients from hospital to home.

Some sceptics feel that hospitals may not gain financially by sending patients to home healthcare providers. That is not the case. It is just the opposite. Let us illustrate:

ICU patients with a prolonged recovery trajectory will generate higher revenues for the hospital in the initial days of hospitalisation as compared to subsequent days - that, leading to a low AUPNH (average revenue per operational bed). Home healthcare partners can provide step-down care right after those high revenue initial days, hence, reducing the A.L.C.U (average length of stay) for patients and resulting in higher AUPNH. Along with being profitable for the hospital, this



arrangement is more economically viable for the patient as well, as with significantly lower per day cost in case of services like ICU set-up at home, their total cost of treatment reduces significantly.

This proves the point that home healthcare providers are partners, not competitors to hospitals. Far from being a competitor, home healthcare can actually help hospitals build their brand and expand their reach. Home healthcare is also a solution for handling difficult long-term patients who may cause a lot of non-clinical problems for the hospital. Hence, a home healthcare partner also relieves hospitals of possible legal liabilities owing to complications which may arise due to long-term hospitalisation.

More important is patient satisfaction that the hospitals gain by sending patients to their homes with the same medical environment, medical care and attention and the overwhelming joy of being with their relatives and near and dear ones. This satisfaction is not measurable in terms of money, but in terms of the joy and relief that the patients get when they are taken care of at home with no let-up in medical care and the assurance that their treating hospital and doctors are just a phone call away.

The partnership between hospitals and home healthcare providers is not just profitable for the hospital and the individual patient, but for the country at large. Through this partnership, more number of patients can be treated by hospitals as beds get freed. India needs over 6 lakh beds to cater to the country's growing population. It is impossible to bridge this gap unless there are innovative methods like home healthcare and use of emerging technologies like wearables and remote monitoring. While metros and major cities have

super and multi-specialty hospitals supplementing the efforts of government and medical college hospitals, the pinch is felt in tier II and III cities. One way out is for hospitals in these cities to increase their bed capacity and infrastructures. But that will involve huge capital outflows which many hospitals can ill afford. The pragmatic way out is to extend their reach without building expensive infrastructures with a home healthcare partnership.

Patients residing in a tier III city at a distance of around 200 km from a tertiary care centre often discontinue their treatment in the middle due to rising costs and inconveniences of travel. With home healthcare services, step-down care including complete ICU setup can be delivered right at their home at a reduced cost.

Along with being a step-down care support system, home healthcare care helps hospitals treat lifestyle ailments like diabetes care, post-op care, obesity management and physiotherapy that need personal attention and privacy, pragmatism and post-delivery care.

While all this is in existence now, there are unstructured areas where hospitals and home healthcare would have to work in tandem. One is the rise in ailments due to the increase in geriatric population - as per the estimates 11 per cent share of population by 2025.

The second is a more worrisome gap in medicines - loneliness. Alarmed at the rise of loneliness among the aged, the UK government recently appointed a ministry for loneliness. This is because loneliness can trigger depression and aggravate existing ailments. These patients need long-term care and can only be managed at home through active support and tie-ups with hospitals. Apart from medicines, these patients need specialised individual care and attention. Treatment in such cases can be successful only when hospitals and home healthcare providers work as partners.

In short, home healthcare is a distributed hospital which build the existing capacity in patient homes to take care of infrastructural gaps in existing hospitals. And this infrastructural gap will only substantially grow in the coming years.

Already, leading home healthcare providers have succeeded tie-ups with leading corporate hospitals across the country. Such tie-ups also help improve patient satisfaction since personalised quality care is the key. Add to this are improved safety and comfort for the patients and faster recovery because of familiar environment and proximity to near and dear ones.

The bottom line is that hospitals and home healthcare providers should partner in delivering better medicines to the growing demand of a population who benchmark medicine with personalised services.

India's Growing Healthcare Burden has a Solution at 'Home'

by

Be an economic powerhouse, one critical factor is to build a healthy population - the arksharhs of the future. The other is that the nation's healthcare expenditure and the cost of facilities should not be a drag on the economy



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0 January, 2018
by Vivek Srivastava

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Win For All Solution To Tackle India's Healthcare Challenges

by

The adoption of home healthcare in India faces challenges from unorganized service providers who lack quality and credibility. Due to the unorganized sector of the home healthcare industry, the perception of home healthcare for many is limited to hiring a manservant or maid who has no medical experience



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9 March, 2018
by Vivek Srivastava

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The New Face Of Compassionate Care For Our Elders

Like

For India, which prides on its ancient traditions, modernity has brought with it many life-changing developments. One of these is the slow but sure transition of the country's traditional joint family system into nuclear families. One disturbing fallout is its adverse impact on due care and attention provided to our elders when they fall sick. This is despite all our love and affection towards elders we have had for generations.



06 February, 2018
by Dr. Gaurav Thukral

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