Press Clips :

Wednesday, June 04, 2014

Fortis Memorial Research Institute, Gurgaon :

Hindustan Times, June 04, 2014 Edition : Kolkata; Size : 125 sq.cm.; Page : 13

Children need a healthy environment

■ Academics cannot be the only focus of education - a holistic approach is the need of the hour. SHUTTERSTOCK

SURVIVAL GUIDE

SAMEER PARIKH

Our society is becoming increasingly disconnected and apathetic. We're quick to form judgments without taking the time to know each other; we no longer know who our neighbours are, and we're losing our sense of empathy and relatedness for those around us. And this is the world today's children are growing up in. Day after day, incidents of aggression and risk-taking behaviour among school-aged children are coming to fore. Despite rules and policies regarding aggression and violence, bullying in schools remains rampant.

In this milieu of aggression, low tolerance to differences and intense competition, mental health problems and depression in children are on the rise. In fact, suicide is the third leading cause of death among teenagers and early adults.

WHAT CAN WE DO?

Addressing these concerns requires a collaborative effort, wherein schools, parents, mental health professionals and the community can come together to create a healthier social environment for our children.

While we've changed the face of the world with new technology and altered social dynamics, we haven't given our children the skills and resources to cope with these changes. There needs to be a paradigm shift in the field of education, and schools need to adopt a model that focuses on life-skills training and personality growth.

Academics cannot be the only focus of education – what is needed is a holistic approach that fosters character development, social relatedness, self-confidence and preparedness for the future.

The author is director, mental health and behavioural sciences, Fortis Healthcare

Industry – *Healthcare* :

Business Today.in, Last updated on June 3, 2014, 21:14 IST :

'Focused funding has increased the attractiveness of the health-care sector'

Sarika Malhotra

***Amit Mookim**, Partner and Head of Healthcare, KPMG in India tells **Sarika Malhotra** that there have been big ticket investments in health care by PE players like GIC, Advent, TA Associates, Warburg and Olympus Capital. Their eventual exits will make for some exciting deal activity in the coming few years, he says.*

Q. What are the reasons for the growing private equity (PE) interest in health care?

A. The recession proof nature of the health-care industry undoubtedly puts it in a more favourable position as far as investments are concerned. Further the emergence of new health-care delivery models have strengthened health care proposition in the country. The year 2013 witnessed 72 PE deals worth $1.16 billion. 2012 saw PE investment of $1.07 billion spread across 65 deals. Another positive development is the launch of various health-care dedicated funds in the country. Focused funding in the sector has increased the attractiveness of the sector and created an entrepreneurial environment. Risk capital funds, including Anand Burman's Asian Healthcare Fund and Singapore and New Delhi-based Quadria Capital, are raising more money to invest in health-care companies as demand for quality medical care increases across the country.

Health care has a huge addressable market. As a country, our healthcare sector has witnessed a rather steep growth trajectory only in the last decade with the advent of the private sector. While tertiary health-care set-ups are largely capital intensive, the foray of newer, light asset models has infused new blood in the sector. The influence of technology, too, has been an important growth driver, with health-care models based on IT intervention now becoming a reality (telemedicine, telediagnostics etc); the accessibility of health care today is more than it ever was. Consequently increasing the opportunity. Emergence of new delivery models which are scalable, less capital intensive and that promise better EBITDA (earnings before interest, taxes, depreciation, and amortization) returns is one of the major reasons the healthcare sector has lured increasing PE interest. Diagnostic chains, single specialty clinics, wellness centres, refined primary care set-ups etc are all emerging models of health care.

Q. Within health care which segments are drawing more traction? Which is the fastest growing segment in health care from an investor's perspective?

A. PE funds are being increasingly directed towards frontline providers and health-care delivery services. While the deals in the sector are high valued and hence noteworthy, there have also been a number of investments in emerging models of health care. These models which include single speciality clinics, newer primary health-care set-ups, diagnostic labs etc score in terms of lucrativeness as they involve low investments, higher stakes and lesser realisation periods which translate to relatively high value multiples. Consequently, 2013 also witnessed a large number of angel and VC investments in the healthcare domain.

Diagnostic chains, specialised clinical chains, medical devices, affordable health care and personal care products are the main segments in health care which are favoured by the investors. PE investors are also interested in other segments like health-care supplies, outsourced hospital management, health-care BPOs (focusing on the US market), electronic medical records (EMR) and hospital-insurance link platforms.

Q. Going ahead how do you see the healthcare investment space unfolding in India?

A. India's health-care sector, which stood at $45 billion in 2008, grew at a CAGR (compound annual growth rate) of 15 per cent to reach $78.6 billion in 2012 and is poised to grow to $158.2 billion by 2017. The market is highly fragmented with the unorganised component accounting for some 90% of the private market. Moreover, 93 per cent of hospitals in tertiary /quaternary care are operated by private sector players and it is likely that growth in the hospital sector is expected to come mainly from private sector.

Health-care expenditure is expected to increase in the next few years, driven by a changing demographic profile, increase in consumer awareness and rise in chronic and lifestyle-related diseases. The country has been witnessing a rise in the per capita income, which is likely to pull the demand for health-care services. According to estimates, the per capita income of India is expected to grow from an estimated $78.20 in 2013 to $137.0 in 2017. The increase in the literacy rates too has led to increased health awareness among the population creating the demand for healthcare. On the specialization side, the number of people over 60 years is expected to reach 300 million by 2030, necessitating a rise in the health-care services and focus on geriatric care and other focused services

Q. Given the muted exit scenario in the last couple of years and IPOs not happening, how is the health-care exit market looking like?

A. On account of virtual shut down of the primary capital market and sharply depreciating Indian currency, PE exits in the year 2013 got tougher for country as a whole. However, the health-care sector saw an increase in the PE backed exits in the same year, indicative of the realisation of the value created by investors. The number of exits in the sector increased from 3 in 2012 to 9 in 2013. Creation of exits and improvement of operational performance of existing portfolio is now being recognised as the top priority of PE investors. The sector maintains a positive outlook in terms of exits. We believe that the sector will witness some interesting PE exits. There have been big ticket investments made by PE players like GIC, Advent, TA Associates, Warburg, Olympus Capital etc and their eventual exits will make for some exciting deal activity in the coming few years.

Q. What is the average size of investment by funds in healthcare?

A. In terms of average size of investments the increase from 2011 to 2012 was a record high with the average ticket size increasing from $9.41 million in the first half of 2011 to $31million in the first half of 2012. However the growth steadied in 2013 as the average ticket size centered in the range of $21 to $23 million.

Q. Are more funds opting for majority stake holdings? Given that health care is a very niche segments. Are the fund's representatives also working closely on day to day operations of these funds?

A. Opting for majority stake holdings has so far not been the trend in the Indian health-care sector. Very few deals of such a nature we recorded, including the investment of Peepul Capital in maternity clinic Rhea healthcare (50 per cent stake). Also the decision of minor/major stake is largely dependent on the philosophy of the fund and its operating model. Working closely on day to day operations may not be possible for fund representatives. Regardless of the niche proposition that the sector carries, funds typically do not have the bandwidth to participate in day to day operations, hence the extensive due diligence that comes with the investment deal. With increasing incidences of frauds, there has been ramping up of vigilance. However this has happened in the form of more robust reporting mechanisms and more frequent leadership updates.

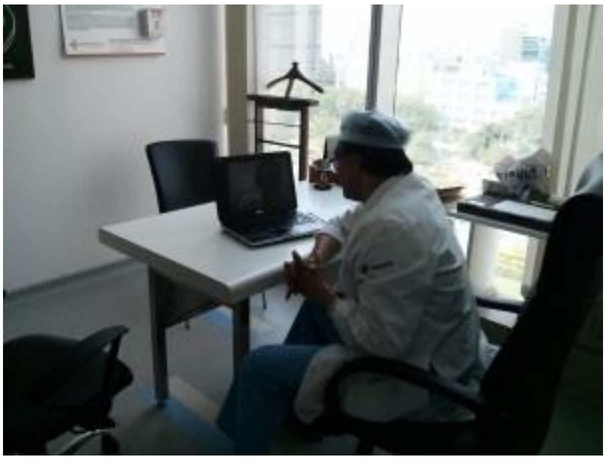
http://businesstoday.intoday.in/story/focused-funding-has-increased-the-attractiveness-of-the-health-care-sector/1/206900.html

Blogs.reuters.com, June 04, 2014

Telemedicine in India might be just what the doctor ordered

By David Lalmalsawma

Between surgeries and hospital rounds one recent day, Dr. Rajiv Parakh made a dash into his Gurgaon office for an appointment he couldn't miss: a consultation with a patient who lives hundreds of kilometres away.



Seated before his laptop in this city on the outskirts of India's capital, the surgeon listened as a patient in Bangladesh's capital Dhaka described his swollen legs. For the next 20 minutes, Parakh examined the patient via Web camera, made a diagnosis and prescribed treatment.

The bespectacled Parakh, a practising doctor for nearly 30 years, spoke in Hindi during the session, enunciating his words for clarity.

Medanta, the multi-specialty hospital where he works, started its free telemedicine service about a year ago as an outreach service for patients who cannot visit the hospital.

"In-person consultation is obviously the gold standard," Parakh told India Insight. "But if we have a doctor at the patient's end, especially somebody who he trusts and who he knows, we can be reasonably comfortable about prescribing treatment."

Medanta is one of several e-health providers that say they want to change how healthcare is delivered in India, and address the industry's two biggest problems: accessibility and lack of manpower.

India has 0.7 physicians per 1,000 people — BRIC peers Russia (5), Brazil (1.5) and China (1.5) have better ratios — and most Indians travel about 20 kilometres to reach a hospital, according to a 2012 report by accounting firm PricewaterhouseCoopers (PwC).

Having direct interaction with a specialist is nearly impossible for many patients since most specialist doctors live in cities, while 70 percent of India's population lives in rural areas.

Even in cities, health workers say hectic lifestyles and longer commutes make it tough to visit the doctor.

But with nearly 900 million mobile phone connections and over 200 million internet users, experts say wireless technology can be harnessed to decentralise India's healthcare industry, which is expected to touch $250 billion by 2020.

“Whatever you would have done in a physical hospital in the outpatient department can be achieved by sitting at home in front of a technologically enabled device like a tablet, a PC or a mobile phone,” said Debraj Shome, co-founder of MediAngels, which has specialist doctors from 15 countries on its rolls.

Health portal MediAngels has specialists from the United States and Italy available for Web chats or video calls. iClinic has telemedicine centres in smaller towns that connect patients to specialists in India’s cities. Mediphone, a countrywide medical phone service, costs 35 rupees (60 cents) per consultation.

Amit Dhiman, 33, suffered from nasal polyps and tried Medanta’s telemedicine service for a second opinion without taking a day off from work.

“We are in a corporate world, we get very less time, so I found that this medium is very useful for me because I can interact with the doctor directly without being in a queue,” said Dhiman, a data analyst with an IT services and consulting firm in the city of Noida, southeast of Delhi.

Debasis Sarkar in Siliguri, West Bengal, used the service after meeting several doctors for the treatment of his wife, a singer who developed an “inconsistent fracture” in her voice.

“After the first consultation with the doctor through this telemedicine, I could have a brief idea about the [medical] procedure which is going to take place, so I could plan my trip [to New Delhi for treatment], I could plan my finance and prepare my family,” said Sarkar, speaking by phone from Siliguri.

Several state governments such as Maharashtra and Andhra Pradesh have launched free medical helplines. There also are private companies, such as Mediphone. Started in 2011, the paid service has more than 1,000 phone calls each day seeking medical advice, with 33 percent of the calls coming from Bihar, one of India’s most underdeveloped states.

“[In Bihar] somebody was collapsing and our operators gave [the caller] advice on how to do CPR and saved a life,” said Maninder Singh Grewal, managing director at HealthFore, the healthcare solutions firm that launched Mediphone along with mobile phone carrier Airtel.

iClinic, a start-up that started operations in October, has telemedicine centres in eight towns where patients can consult around 70 city-based specialists via video conferencing. This month, it also launched a 24/7 health portal.

“We have proved the concept works. We need to now stabilize the revenue and we need to start expanding in all parts of India because today there are 12,000 towns in India which have got 3G and broadband,” said Sanjoy Mukerji, managing director at iClinic.

Newer and smarter health devices are also helping the industry’s growth. Heart and blood pressure monitors can now wirelessly transmit the patient’s data to mobile phones or a central online database accessed by telemedicine centres.

“Almost all the big manufacturers are looking at developing devices with mobile functionality,” said Ankur Bharti, a consultant at PwC India. “Telemedicine centres have started picking up in the last one year because of these devices.”

Hospital operators such as Apollo and Fortis are also stepping into telemedicine, lured by lower costs and a pan-India reach.

“Hospitals have kind of understood how remote healthcare can give them better ROI [return on investment]. The telemedicine centre that cost you 125,000 rupees ($2,120) can give you 25 percent margins by the end of the year,” said Ruchi Dass, Founder & CEO at HealthCursor Consulting Group.

Despite the benefits of telemedicine, some users don’t see neighbourhood physicians and hospitals shutting up shop any time soon.

“There is no alternative to seeing a doctor face-to-face, at least not now,” said Sarkar.

(Editing by Robert MacMillan and Tony Tharakan; follow David on Twitter at @davidlms25, Robert@bobbymacReports and Tony @TonyTharakan. This article is website-exclusive and cannot be reproduced without permission)

http://blogs.reuters.com/india/2014/06/04/telemedicine-in-india-might-be-just-what-the-doctor-ordered/

Business Today.in, June 03, 2014, 15:58 IST :

Schneider Electric trying to change Indian health-care sector in its own way

Manu Kaushik

Michael Sullivan VP, Healthcare Solutions, Schneider Electric

Schneider Electric is trying to change the **Indian health-care sector** in its own way. The French company entered India in 1963 through a joint venture with the Tata Group and later (in 1995) formed a subsidiary. Schneider is doing multiple things in India, which is among its top 10 growth markets globally.

Schneider has over a million products, with almost all used in hospitals. Michael Sullivan, Vice President of Healthcare Solutions at Schneider Electric, says the company is not differentiating itself by products. "We are differentiating by our experts, designs and the way we integrate systems," he says.

In health-care, Schneider is designing hospitals in a way that can improve the **safety of patients** as well as the bottom line. For instance, it has an operating theatre solution that works on multiple fronts in the event of a power failure. The system automatically alerts the maintenance staff about the problem. It alerts the nursing station so that nurses are aware that they are working on a power backup. The surgeons also get a time display screen in front of them telling them the exact time the power backup will last.

It is just one of many solutions Schneider is providing to leading hospital chains in India. Schneider has served over 100 hospitals so far. According to Sullivan, financial performance and patient safety are at the core of what they are doing in the health-care space. "In a technologically-advanced hospital, your chances of being harmed are one out of 10 (if you are admitted there). In an airplane, it's one in a million. It is not because the pilots are trained better than physicians or flight attendants are better trained than nurses. It is because aircraft has intelligent systems in place that bring the right information to the right person at the right time," says Sullivan.

Schneider did an analysis of all the errors that had led to death or permanent loss of function (in a hospital) and found more than 10 per cent of them (the errors) directly related to the design of the building infrastructure.

"Infant abduction is rare but when it happens, it makes international news. We have solutions to prevent it. We put a little RFID tag on the baby's wrist or ankle. When the baby is removed from the nursery and is not with the mother or nurse who also has a matching tag, it sets off alarm bells. As soon as the alarms go off, the cameras start detecting. We believe that using technology could prevent such bad events," says Sullivan.

http://businesstoday.intoday.in/story/schneider-electric-india-plans-healthcare-sector/1/206884.html

Industry – *Health Insurance* :

The Economic Times.com, June 3, 2014, 01.51PM IST :

Finance ministry may pitch for higher tax exemption on health insurance

By Dheeraj Tiwari, ET Bureau

The department of financial services had proposed a separate limit of 1.5 lakh for investment in life insurance and pension schemes.

NEW DELHI: The finance ministry is likely to pitch for a substantial increase in the income-tax exemption limit for health insurance as part of its plan to deepen insurance coverage. The ministry is examining a proposal that seeks to double the limit to 30,000 from 15,000.

According to a senior finance ministry official, the department of financial services had proposed a separate limit of 1.5 lakh for investment in life insurance and pension schemes. At present, all investment exemptions have a combined limit of 1 lakh.

"The view that emerged from that consultation was that there is an impending need to push health insurance and various measures including tax benefits should be examined," said an official aware of the deliberations.

According to the Insurance Regulatory and Development Authority (IRDA), health insurance had a 22% share in non-life market in 2012-13, which declined by around 8 basis points from a year ago. The penetration of non-life insurance, which includes health insurance, has remained near constant in the range of 0.55-0.72% over the last decade.

A final decision on the issue will be taken after considering the revenue loss from the proposal.

"We have to look into it. There will be some rebate but only after wider consultations it will be decided whether the limit can be doubled or not," another official said.

The premium paid for a health insurance policy can be deducted from the total income under Section 80D of the Income-tax Act of 1961, over and above the one available under Section 80C, which is for a limit of up to 1 lakh.

For individuals who are less than 65 years, the deduction available is up to 15,000 on health policy for self, spouse and dependent children. A further deduction of 15,000 can be claimed for paying the premium for one's parents. The limit goes up to 20,000 if either parent is a senior citizen, irrespective of the dependency status. "Other slabs will also be adjusted automatically," the finance ministry official quoted earlier said.

http://economictimes.indiatimes.com/news/economy/policy/finance-ministry-may-pitch-for-higher-tax-exemption-on-health-insurance/articleshow/35991952.cms

Industry – *International Healthcare* :

Gulfnews.com, June 03, 2104, 21:08 hrs :

Dubai healthcare sector to grow further

Staff Report

Growth driven by rising demand from the population, urbanisation, and a fluctuating lifestyle

Dubai: The Dubai healthcare sector continues to grow, primarily due to rising demand from the population, urbanisation, and a fluctuating lifestyle that contributes to an increase in chronic diseases, according to Mansoor Ahmed, regional director at Colliers International for Healthcare, Education and PPP.

"With the introduction of compulsory health insurance, and the promotion of Dubai as a regional medical hub, the healthcare sector is expected to witness further growth in demand," Ahmed said in a statement on Tuesday.

According to Colliers International's Dubai Healthcare Overview report, Dubai has experienced a medical construction boom in the last decade with the growth of the population.

Hospital bed occupancy stood at around 56 per cent during 2011 and 2012. The number of available beds in 2012 in the private sector reached 1,468, compared to 793 in 2005, marking a compound annual growth rate (CAGR) of 9.2 per cent.

"Based on the growth in the number of beds, by the year 2020, the number is expected to reach approximately 2,900, however, the occupancy levels in Dubai presently stand at 56 per cent, comparatively, based on international standards a hospital can operate efficiently up to 80 per cent occupancy levels," Ahmed said.

Colliers estimates that if the private sector achieved 80 per cent occupancy by 2020, the total number of beds required in Dubai is likely to be 2,100, he said.

According to the report, the number of outpatients in the private healthcare sector reached 5.6 million in 2012, representing a CAGR of 12.3 per cent from 2005 to 2012. By 2020, it is expected to reach as high as 14 million.

Meanwhile, inpatients in the private sector reached almost 132,000 in 2012, representing a CAGR of 26.4 per cent from 2005 to 2012. By 2020, the number of inpatients is expected to reach over 800,000.

http://gulfnews.com/business/general/dubai-healthcare-sector-to-grow-further-1.1342775