ELDERNEST

– INTEGRATED GERIATRIC HOSPITAL + HOSPICE

A Startup Idea for India’s Ageing Population

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Market Opportunity – Why Now?

Is the business logistically achievable?

India already has over 70,000 private hospitals, but <3% have dedicated geriatric or palliative care (EY-FICCI Healthcare Report, 2022).
Logistical feasibility is enhanced by public–private partnerships, insurance coverage under Ayushman Bharat PM-JAY, and availability of skilled doctors/nurses (NITI Aayog, 2021).
The model leverages hub-and-spoke logistics: urban geriatric hospitals (hub) + hospice/home-care units (spokes).

Elderly population: 149M (2022) → 347M (2050) [UN Population Prospects 2022]

Asset-light geriatric services: ₹95.7 Cr (2024) → ₹453.7 Cr (2030), CAGR 29.74%

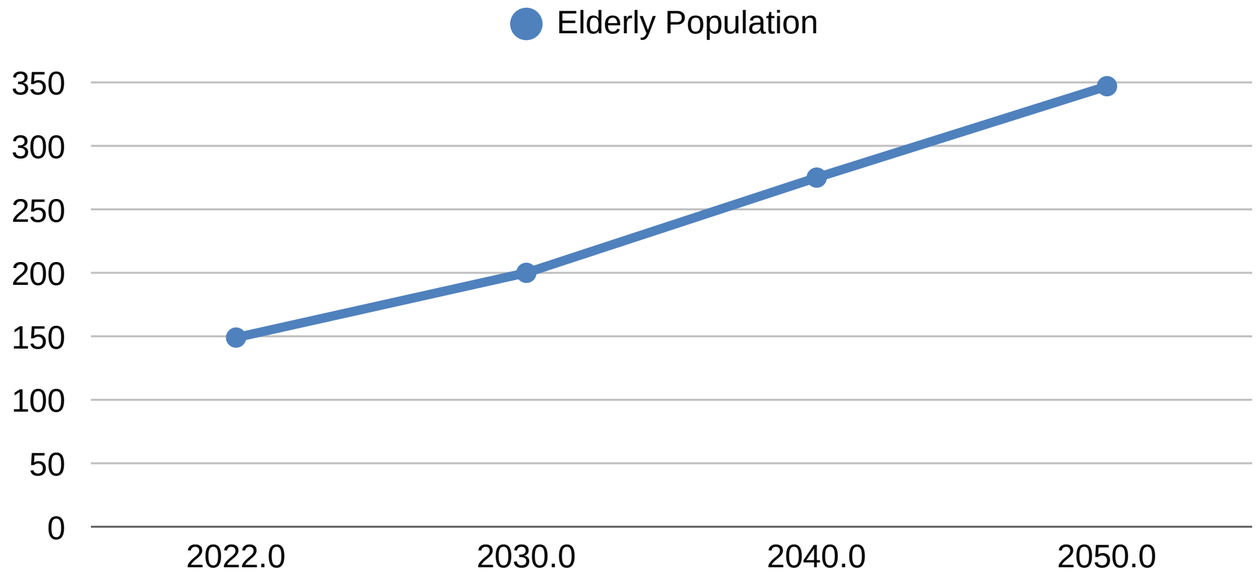
Geriatric care: $42.2B (2024) → $97.3B (2033), CAGR 9%

Hospice penetration <2% of actual need

Window of 3–4 years for first-mover advantage before large chains diversify

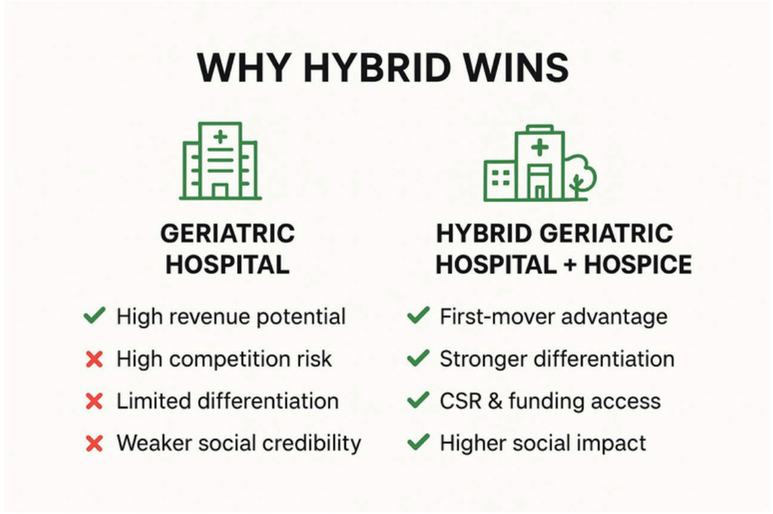
What is the trajectory of the market?

Market outlook is very strong.
Elderly population: 149M today → 347M by 2050 (UN Population Prospects, 2022).
Geriatric care market: USD 35–40B by 2030, CAGR 18–20% (Statista, 2024; Bloomberg India Aging Market, 2023).
Palliative care coverage in India: <2% of need met (Rajagopal, Indian J Palliative Care, 2021).
This is a high-growth, under-penetrated market.



Why geriatric hospital + hospice

Differentiation: You're not "just another hospital." You own the eldercare continuum → from



- Hospital-only = crowded, revenue-driven; faces saturation from Apollo, Max, Manipal
- Hybrid = First-mover advantage in integrated eldercare (Hospital + Hospice + Home Care)
- CSR pull: ₹25,000+ Cr annual CSR pool, healthcare top category (Companies Act 2013)
- Differentiation → Whole life-cycle care (treatment → chronic → end-of-life dignity)

A Fragmented & Painful Reality

- Old-age homes: non-medical, low-quality
- Hospitals: Acute care only, no geriatric specialization
- NGOs: fragmented, <2% palliative needs met (Rajagopal, Indian J Palliative Care, 2021)
- Families face emotional + financial burden
- ElderNest bridges this gap with an integrated solution

ElderNest – Integrated Solution

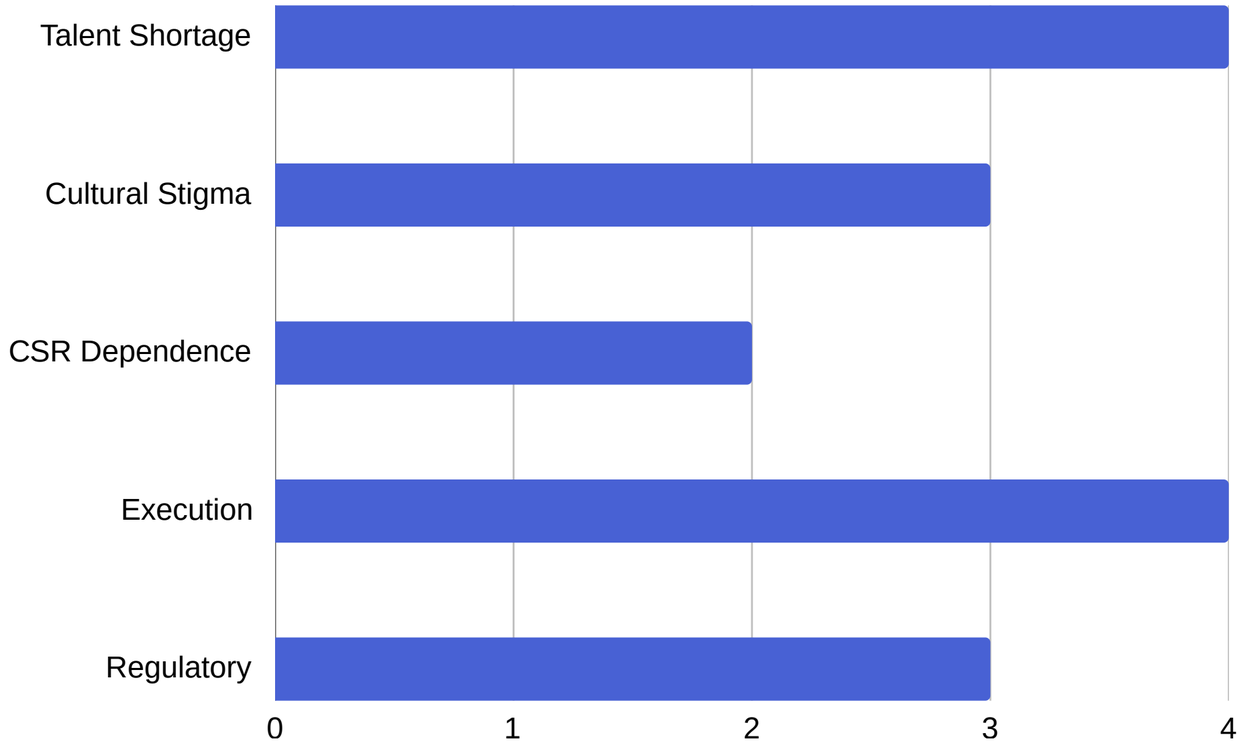
- Continuum of Care: OPD → Home Care → Rehab → Hospice → Old Age Homes
- Subscription model for families: insurance-backed elderly plans
- CSR-driven hospice care with corporate empanelment
- Technology: AI triage, EMR, remote monitoring, telehealth apps
- Hub-and-Spoke model for Tier-2/3 scalability

Risks & Mitigation

Is there a time constraint for establishing the business?

Yes — timing is critical.
By 2030, elderly population will cross 200M, but infrastructure lags far behind (NITI Aayog, 2021).
Competitors are beginning to explore this segment (Max Healthcare geriatric units, Apollo eldercare homes).
First-mover advantage is still available if executed within the next 3–4 years.
Delay risks losing market positioning to existing hospital chains diversifying into geriatrics.

- **Regulatory**: NDPS Act (opioid license) → NGO partnerships (IAPC)
- **Execution**: Slow patient acquisition → Early telehealth & marketing push
- **Financial**: CSR dependence → Diversify via rehab, home care, subscriptions
- **Cultural**: Hospice stigma → Rebranding as ‘Quality of Life Centers’
- Talent shortage → Training academy for nurses & geriatric caregivers



Competitor Analysis

Feature	ElderNest (Proposed)	Geri Care (Integrated)	Pristyn Care (Aggregator)	Maitys (Low-Cost Service)	Emoha (Home Care)
Business Model	Hybrid Asset-Light	Asset-Heavy/Integrated	Asset-Light/Surgical	Asset-Light/High-Volume	Niche/Home Care
Service Offerings	Home Care, Telehealth, Partnerships for Assisted Living, Inpatient & Rehab	Hospitals, Assisted Living, Home Care, Specialised Clinics	Secondary Care Surgeries, Diagnostics, In-House & Partner Hospitals	Home Care, Pay-on-Demand, Tech-Driven	Home Care, Assisted Living, Telemedicine
Target Segment	Middle-to-High Income	Middle-to-High Income	Middle-to-High Income	Mass Market/Affordability	Broad Market
Technology Integration	App-based platform, EHR, Remote Monitoring, Live Tracking, AI	Multi-disciplinary systems, Senior-friendly technology	"Care Buddy" App, Remote Insurance, Telehealth	MAITYS ElderTech App, Live Service Tracking	Telemedicine, Tech-enabled services
Pricing Model	Subscription, Package-based, Service-based	Comprehensive packages	Procedural, Package-based	Low-cost, Pay-on-Demand (starting at ₹2,024/year)	Subscription, Service-based
Geographical Footprint	Initial focus on Tier 1 (e.g., Gurugram) with scalable model for Tier 2/3	Chennai, Bengaluru (Expanding)	Pan-India presence (40 cities)	Pan-India presence, urban & semi-urban	Pan-India
Key Financials	Lower Capex, High Working Capital Management Focus	Significant Capex, Recently secured funding	Total Funding: ₹1,390.17 Cr	Low-cost model, Rapid growth [16]	Secured $2M funding

Phased Rollout – Combined with Stages

Stage 1 (Intro, Y1–2): OPD & Telehealth clinics, Home Care → Revenue ₹1.32 Cr → ₹2.65 Cr

Why this industry? India's aging population is surging, driving demand for specialized geriatric and hospice services. Current facilities serve less than 1% of the need, especially outside South India and for non-cancer patients.

Ideation

Market size (TAM, SAM, SOM):
TAM: India's geriatric care market was $42.2 billion in 2024, projected to $97.3 billion by 2033 (CAGR 9%).
Hospice market: Growing fast (CAGR 9–11%), substantial unmet demand for palliative and end-of-life care.

I**ndustry trends & disruption:** Rise of home/home-like care, tech integration (AI, telemedicine), personalized and value-based care, influx of private providers, and government reforms to boost coverage and quality.

Competitive landscape: Moderately fragmented; major chains dominate metros, while smaller regional players focus on assisted living and home care. Foreign entrants and PE-backed roll-ups are increasing.

Regulatory barriers and costing: Requires hospital and clinical licenses, compliance with state and national geriatric care standards, drug procurement, staff certifications, and audit controls. Quality reporting and potential insurance/NGO partnerships are crucial.

Growth potential: India's 60+ population will double by 2050; government and private insurance coverage rising; new models (at-home, hybrid) have immense headroom.

Problem-solution fit: *Existing pain point is the severe lack of integrated, quality, affordable, and accessible geriatric and palliative care—especially for non-cancer conditions and rural/urban middle classes.*

Stage 2 (Growth, Y3–5): Rehab centers (20 beds, ₹90k/month, 30–60% occupancy), expanded home care (₹25k–34k/month) → Revenue ₹7.19 Cr

Introduction

Industry
Entering: Focus on underserved Tier 2/3 cities as well as urban centers. Offer hybrid (inpatient + home) model for scalability and local adaptation.
Legal setup: Secure NABH/JCI accreditation, state health ministry clearance, partnership with local medical schools for talent pipeline.
Costing: Initial capital high due to real estate and specialized infra needs. OPEX manageable with efficient staffing, tech automation, and home care scaling.

Customer
Segments: Urban middle/upper class (primary payers), insured elderly, families in smaller cities, and migrating professionals seeking elder support.
Early adopters: Cancer/non-cancer chronic illness patients, patients seeking dignified end-of-life care, proactive families valuing professional support.

Business Model
Channels: B2C (direct admission), B2B (insurance/TPAs/referral), B2G (government/NGO tenders).
Revenue: Inpatient stays, home care packages, consultations, allied therapies, and training services. Potential for retail medication, wellness subscriptions.

Team-Based
Founders: Healthcare admin, geriatric and hospice medicine experts, operations manager.
Skills: Multi-disciplinary—doctors, nurses, physiotherapists, social workers, tech/EMR specialists.

Phased Rollout – Combined with Stages

Growth

Stage 3 (Maturity, Y6–10): Hospital partnerships (15% revenue share), Hospice scaling → Revenue ₹15.9 Cr

Industry
Expansion: New locations, service diversification (rehab, day care, telehealth). Build pan-India referral network.
Adapt: Fast adoption of digital health, AI triage/monitoring, and wearable tech.

Customer
Broader targeting: Rural expansion via mobile/home units; reach working professionals for remote-parent care solutions.
Retention: Focus on experience metrics, caregiver satisfaction, clinical outcomes tracking.

Business Model
Scale: Franchise models, managed services, partnerships (hospitals, payers, corporates).
Diversification: Add-on services like memory care, palliative day programs, and research/training divisions.

Team-Based
Cross-functional growth squads (sales, care delivery, tech support); leadership specializing in healthcare scaleup.

Maturity

Reinvestment of profits reduces external debt reliance

Asset-light rollout = capital efficiency

Industry
Leadership: Benchmark quality, outcomes, and cost against top Indian/global hospitals. Excel in regulatory compliance, clinical research, and social impact.
Consolidation: Consider mergers with large provider networks or strategic buyers; expand service lines for holistic elder care.

Customer
Brand loyalty: Alumni/family networks, subscription models, community engagement.
Advocacy: Partner with patient groups, NGOs, policymakers.

Business Model
Integrated care: Blend inpatient, outpatient, home, digital, and allied health.
Sustainability: Impact models, social enterprise arms, and inclusion of government-run health schemes.

Team-Based
Mature governance, continuous medical education, and leadership in geriatrics/palliative innovation.

Business Model & Revenue Streams

Key Partners

- Hospitals & Clinics (referrals, collaborations)
- Insurance providers & TPAs (cashless tie-ups)
- NGOs & Government agencies (tenders, grants, policy support)
- Medical schools & nursing colleges (talent pipeline, training)
- Technology partners (AI monitoring, telemedicine, EMR systems)
- Real estate developers (facilities in Tier 2/3 cities)
- International hospice/elder care organizations (knowledge transfer, accreditation)

Key Activities

- Setting up hybrid facilities (inpatient + home-based care)
- Recruiting & training geriatric/palliative staff
- Telemedicine, AI triage & remote monitoring services
- Patient/caregiver engagement & counseling
- Partnerships with insurers, NGOs, corporates for referrals
- Marketing: Awareness campaigns, community outreach
- Compliance: NABH/JCI accreditation, state licenses

Key Resources

- Tangible: Facilities, medical equipment, home care kits
- Intangible: Licenses, accreditations, EMR/telehealth platforms, brand trust
- Human: Doctors, nurses, physiotherapists, social workers, caregivers
- Financial: Investor/PE backing, insurance tie-ups
- Partnerships: Hospital networks, NGOs, corporates

Value Proposition

- Affordable, integrated geriatric & palliative care (cancer & non-cancer)
- Hybrid model: Home + inpatient, scalable to Tier 2/3 cities
- Personalized & dignified end-of-life support
- AI-driven health monitoring & digital triage for remote families
- Comprehensive support: medical, emotional, and social care
- Insurance-linked care packages, reducing out-of-pocket expenses
- Research & training hub for geriatric innovation in India

Customer Relationships

- Direct support: Patient/family counseling & dedicated case managers
- Loyalty: Family/community membership & subscription models
- Referrals: Partnerships with hospitals, NGOs, insurers
- Continuous engagement: Telehealth follow-ups, caregiver satisfaction tracking
- Community-building: Alumni/family support networks

Channels

- Direct (B2C): Admissions, home care packages
- Insurance (B2B): Cashless hospitalization, corporate wellness packages
- Government/NGOs (B2G): Subsidized beds, public-private projects
- Digital: Website, social media, telehealth apps
- Referral: Hospitals, local doctors, corporate HR tie-ups
- Community outreach: Health camps, senior associations

Customer Segments

Primary:

- Elderly patients (60+) with chronic/non-cancer illnesses
- Urban middle & upper-class families (self/insurance payers)

Secondary:

- Families in Tier 2/3 cities seeking affordable local care
- Migrant professionals arranging elder support remotely
- Insurance companies & NGOs funding elder care

Early adopters: Families seeking palliative care, cancer/non-cancer patients, urban professionals valuing structured elder support

Cost Structure

Fixed Costs:

- Facility setup & accreditation (NABH/JCI)
- Salaries (clinical + operations staff)
- Compliance/legal/licensing costs
- Insurance & accreditation fees

Variable Costs:

- Care delivery (inpatient/home-based)
- Technology (telehealth, AI, EMR)
- Marketing & awareness programs
- Staff training & continuous education
- Medicines, consumables, allied therapies
- Customer support & logistics for home care

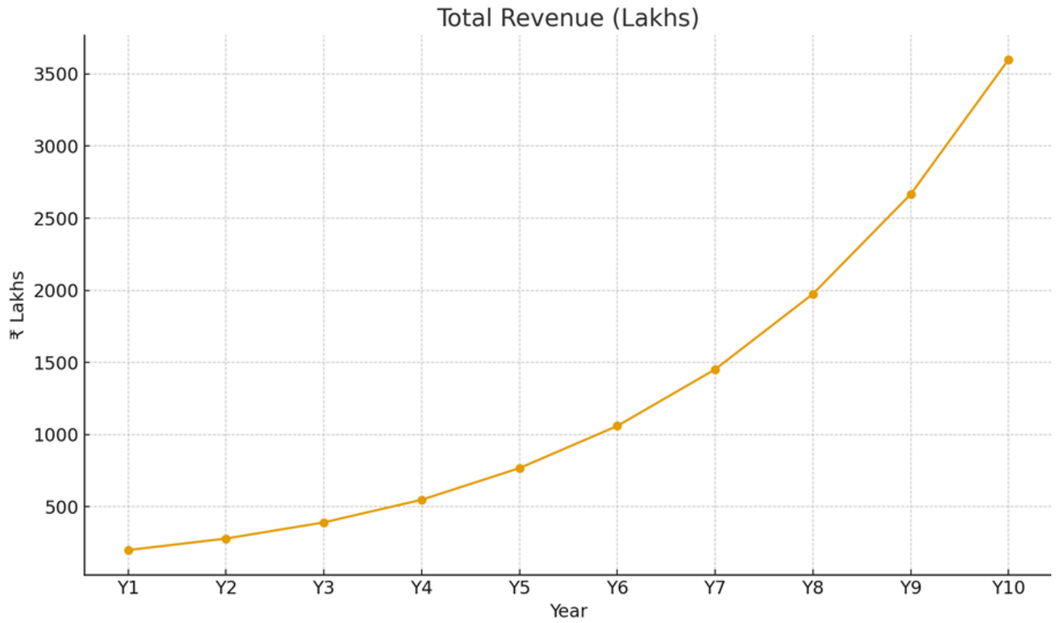
Revenue Streams

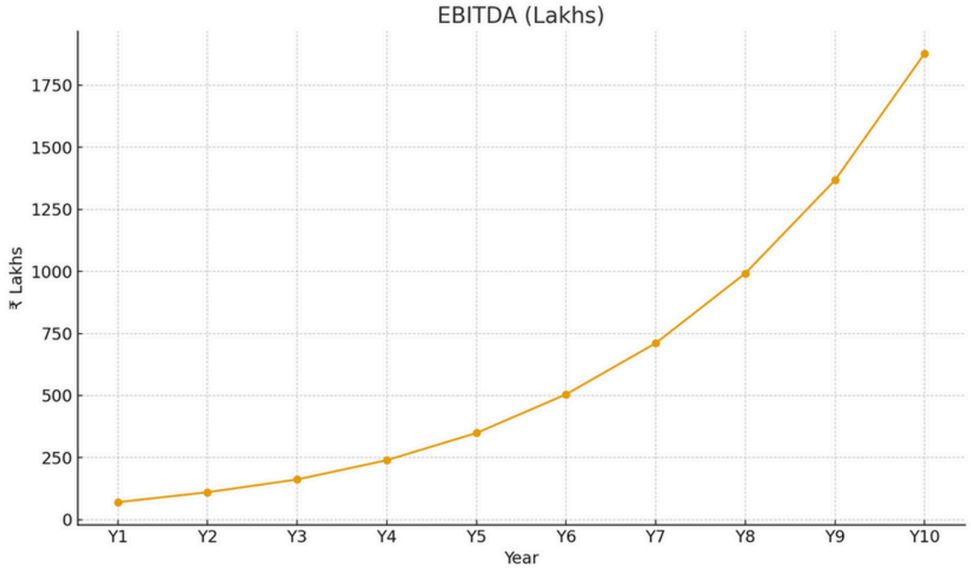
Revenue Streams

- Inpatient care packages (daily/monthly charges)
- Home care plans & subscription models
- Specialist consultations (telehealth, in-person)
- Allied therapies (physiotherapy, counseling, nutrition)
- Partnerships (insurance, corporates, NGOs, government)
- Retail sales (medication, wellness kits, assistive devices)
- Training & certification programs for staff and caregivers
- Research collaborations & grants

Financials Analysis

Revenue Mix (Y10): OPD ₹3.85 Cr, Home Care ₹2.75 Cr, Rehab ₹4.8 Cr, Partnerships ₹4.5 Cr
EBITDA: ₹70L (Y1) → ₹1878lL(Y10)
FCFF: ₹621.6 L (Y5)
Valuation: WACC 12.18% → EV ₹6300 Mn; Equity Value ₹5300 Mn





Sensitivity Analysis

Average Revenue Per Patient (ARPP) growth is the largest driver: ₹1,200 → ₹1,600

Patient volume growth: 10% vs. 20% CAGR swings valuation by ~₹1 Cr

WACC shift (11.18% → 13.18%) alters valuation ± ₹40–50L

Most upside through cross-selling + retention strategies

Conservative valuation assumptions used (Terminal Growth 3%)

Growth & Scaling Path

Expansion: Tier-2/3 city hub-and-spoke replication

Scale: Franchise & managed service models

Technology: AI triage, telehealth apps, wearable integration

Retention: Caregiver satisfaction, clinical outcomes tracking

Long-term CSR + insurance partnerships ensure sustainability

Funding Ask & Roadmap

Funding Requirement: ₹5 Cr seed for Phase I

Use of Funds: Clinic setup, tech platform, marketing, initial staff

Milestones: Y1 Gurugram pilot; Y3 20-bed rehab; Y6 3 hospital partnerships

Target IRR: >18%

Balanced investor returns + social impact branding

Why Invest in ElderNest?

- First-mover in integrated geriatric + hospice care
- Asset-light rollout ensures scalability & capital efficiency
- Market tailwinds: Ageing population, unmet hospice demand
- Balanced ROI + ESG impact
- ‘Investing in ElderNest = Investing in dignity and sustainability’

THANK YOU!