Tirumala Hospital

“Do you run a hospital, or do you do marketing? In other words, are you a doctor or a salesman?”

A reporter asked Dr. Chandrasekhar Raju, the owner of Tirumala Hospitals, a leading chain of hospitals in South India.

Dr. Raju paused for a moment before answering. “What is your background, ma’am?” he courteously asked the reporter.

The reporter, Tara, wondered if she had somehow offended the famous doctor. She timidly replied.

“I have done my graduation in journalism, Sir. Now I have enrolled in an online MBA program with a leading university-based out of Rajasthan.”

Something about the answer amused Dr. Raju. He laughed out loudly.

“Don’t you worry, I am not going to ask you whether you are a journalist or a businesswoman?”

“But I would certainly expect you to know the difference between a salesman and a marketing professional.”

“As per me, I wear twin hats. I am certainly faithful to my primary profession as a doctor. I had taken the Hippocratic oath and shall abide by it all my life. But I am a marketing person as well. I run this organization, which could not survive if I lacked marketing skills to support it. And yes, I don’t see any conflict between the two professions. If anything, they complement each other.”

“Can you please elaborate?” The young reporter asked. She was now in rapt attention. All her life, she had been brought up to think of doctors as greedy creatures who run savagely commercial practices where they fleece their customers by ordering unnecessary tests, prescribing extra medicines, and accepting kickbacks from pathology labs as well as pharmaceutical companies.

Dr. Raju was in an expansive mood with some time in his hands.

“Ok, Tara, you want to know how good a marketing person I am. Right! Of course, you don’t want to know how good a doctor I am because you would have to fall sick for that. So we will do it this way. I shall tell you all that I do here, and you would have to link it with a particular marketing element. Are you ready for it? To make it easier, let me also give you a hint that all the elements have P as their starting letters.”

Tara shook her head in the affirmative.

“Ok, let us start from here. We are sitting at the reception lounge of the Tirumala Hospital, Hyderabad. This is the first point of contact for a normal patient. Patients needing emergency care are checked in at the casualty ward.”

“For patients with disabilities or those who cannot be moved without support, we also provide an ambulance service.”

“Oh, yes, Sir. The ambulances of Tirumallah hospital are very prominent in the city. They are so prettily designed that they look more like the dressing vans of movie stars.”

“Ok, Probably, that is one of the reasons why you have noticed it,” the doctor said.

“We provide healing services in the following areas. Just turn around and read it out.

Tara swiveled her chair and studied the impressive list. A massive dashboard hung from the wall citing the various ailments that the hospital treated. They included Cardiology, pulmonology — urology, Psychiatry, and Otorhinolaryngology, among others.

“What was that again? Tara asked, trying to make sense of the last term.

Otorhinolaryngology is what laymen call ENT. The doctor smiled at the crude manner in which ordinary people mocked doctors. In reality, one had to spend umpteen hours sweating to commit terms like these to memory. The medical profession was not for the faint-hearted.

We get two types of patients here. The ones who need in-house care are admitted. We have to provide one attendant’s stay, boarding, and other services. That is why we have to run a kitchen. The chefs are specially trained to cook as per the doctor’s diet prescription.

“There is also a travel desk where patients, especially those who come from outside, we do get a large number of patients from abroad, book their travel tickets.”

“We have also started an insurance service, having tied up with an American firm.”

“Now we have a lot of information to handle. Some of them are active information used when the patient is under our care. We use ERP software to track the patient’s admission, room allotment, payment, and virtually every other aspect of their visit. The health care data of every patient who has visited this hospital during the last ten years is carefully maintained. The Information system has been designed by a leading IT company that retains a maintenance desk here to ensure the MIS is up and running 24/7.”

The data from MIS is used to upgrade our processes. For example, we check the time spent by a customer in admission and discharge and try to find out if it could be improved. All our surgeries are video recorded and are often shown to reputed surgeons to suggest improvements. The recording is also retained as evidence if we end up with some medico-legal cases.

In a sophisticated field, we have to be very careful with the kind of people we hire. We usually go to the best graduates from leading medical colleges. However, many of them have to be trained on the non-medical aspects of the profession. A large number of them need inputs in communication. We have tie-ups with some of the finest training centers for such things. The same applies to our nursing staff. And of course, as a hospital, the place must be neat and clean. We have an enormous cleaning staff to ensure that the housekeeping is good. We use the most advanced machines too.

“Well, thank you, Dr. Raju. But we have not attempted the most important question. Are you in this for money, or is there a greater purpose?”

“I will tell you a few things about what we do here. You decide about the purpose.”

“Naturally, our services carry a cost. The hospital cannot run on goodwill alone. Our doctors and staff have to be paid. The money can only come from the beneficiaries of our services, mainly our patients. However, we do differentiate between our customers.”

The patients are charged depending on the type of rooms they occupy. You might be surprised to know that the same surgery would cost you twice if you chose to admit your patient to a suite compared to a patient in the ward. Even the doctor’s visit would cost you less if you put the patient in a general ward. Don’t worry; they would still write the same prescription.

Secondly, we try to see that severe problems are charged less instead of non-essential services like cosmetic surgery. This is a form of cross-subsidization. So we have slightly inflated prices for the patients doing a nose job a little more to keep our care of heart attacks a little more affordable.

Finally, we have authorized all senior doctors to recommend three patients every month who, in their opinion, are financially distressed. Such patients are offered free treatment where our doctors use the sample medicine they get from various pharmaceutical companies.

“I got it, Sir,” Tara replied.

“But seriously, Sir, don’t you do anything for publicity?”

“Well, why not? For example, sitting with the press for interviews like this.” The doctor replied smilingly.

“We also conduct health awareness weeks during which we invite interested people to come for workshops on things like diabetes management, women’s health, and senior healthcare issues. At times we do free health check-up camps also.”“One last question. What about growth?” Tara asked.

“Well, in a country like India, there is no shortage of people needing healthcare services. The only question we face is how to provide these services while balancing the twin objectives of monetary viability and social needs. We are venturing into the interior towns of the country on a franchise model where the franchise holders would provide primary health care services while referring more serious patients to our main facilities in the nearest available city. We are also setting up clinics in some locations to be manned by our young resident doctors. We are trying out a lot of things to hit a winning formula ultimately.”

“For example, we are trying to see if we can increase the per bed revenue at our more crowded hospitals. On an experimental basis, we are trying to provide nursing and essential healthcare services to patients who have sufficiently recovered from being out of danger and can complete their recovery at their homes. Many of such patients tend to occupy our beds unnecessarily where they incur high costs and get exposed to the risks of infection for which the hospital gets blamed. We also don’t make much money on such patients as they need less medicare. If we could provide the same service at their homes, we could create a win-win situation for both of us, i.e., the patients and the hospital. The patient would convalesce at their home at a lower cost. We will also get an additional revenue stream while freeing our beds for more severe patients. We have also started a telemedicine service where patients can consult our doctors on a 24/7 service. We call this “Any time, Anywhere Medicine.” Which particular element would describe the investment required to deck up the hospital's ambulances as "film star's dressing vans"?