

INDIA BEYOND 2020 CHALLENGES & OPPORTUNITIES

DIGITAL CONFERENCE



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HEALTH CARE MANAGEMENT

Dr. Raja started his talk with these thought provoking lines : “
The innovation is called a noble innovation only when it
reaches the final version, final beneficiary”.

He says, “as far as we are concerned in India, the final beneficiaries are the rural people. Today the critical care or ICU care in India, is something like five star hotel kind of service. We can't get an ICU service for less than 30-40 thousand rupees per day. So we wanted to see whether we can cut it down and make it feasible, economical and available at the doorstep of people. If we look into the rural areas, what is going on currently is that if anyone from a rural area gets a snake bite or poisoning, or an electric shock or some small trauma or a chest pain, for them, to go to a nearby hospital even a district headquarters for a descent ICU care, the time period required to travel is at least one to two hours time. The golden hour is something that they lose. So many people suffer, even though there are no deaths, the problem is that

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they have to be transported.

And when they lose the golden time, the situation gets worsened which puts on pressure on the patients for the requirement of ICU care for one week to ten days more resulting in financial burden, emotional burden, health related burden etc. So that is when we started of doing an innovative model of making shop in shop ICU models where, in other hospitals we take the place, and then you run emergency and ICU services by giving them man power and required equipments. In that way you don't require a large time to build an ICU but its a plug in model. By that, because the establishment cost is low, we started up giving ICU care to people for less than ten thousand rupees per day. And then, when the question comes, how it is related to Dr. Kalam's art is that:

1. You can reach out to villages, rural people at their own doorstep. You could cut down the time for initiating the care.
2. Most importantly, because there are no specialists available in those places, best way was to get everybody online.

So we have connected people to telemedicine and tele ICU services. Currently, we are running around 12 setups like that

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which holds more than 250 exclusive ICU and emergency beds wherein almost 100-150 patients everyday from rural areas are getting an emergency treatment on time basis and getting their lives saved. This entire thing is based on Dr. Kalam's dream where we connect two areas:

1. Innovation in the technology by means of connecting through tele ICU care.
2. Making something feasible and available at the doorstep of rural areas.

Today in this crisis of Covid, when every other hospital in those areas was shut down, it is only the ICU services that are available at those places for emergencies. It is extremely important for the government organizations especially the bureaucrats to open up such innovations in healthcare with technological advancements”.

