

Tungabhadra Medical Assistance - Project Report

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Preamble

- Medical tourism in India is roughly estimated to be a \$6 billion industry. Medical tourism is availed by people within the country as well as internationally. Despite technical and professional advances in medical sciences, the development of medical infrastructure across the various states in India and the rest of the world is not uniform, and in some situations, it may not even satisfy minimum (essential) standards of health care delivery.
- Technological advances and scientific progression have also made healthcare delivery a more complex, accurate, and technology-dependent system. Diseases that could not be treated about 20 years ago are now amenable to safe and successful treatment. The necessity for hospitals to be technologically savvy has greatly increased healthcare delivery costs and accessibility for the general public.
- Despite the great developments in intra-hospital treatment services, many people at all socio-economic strata do not have easy access to services in the segments of pre-hospital and post-hospital care, which are essential from the customer's point of view and largely remain unattended or neglected by hospital care providers.
- Another major obstacle for customers when availing medical services is the gross information asymmetry between the commoner (non-medical) and the medical professionals and hospitals. It is hardly possible that, in today's technology-dependent world, a common man can decipher the medical treatment being delivered to him and make a reasonable decision about the correctness and quality of the treatment based solely on his/her own judgments.

- Another major drawback is the lack of standard companies offering services in medical tourism. The industry remains fragmented. Within the country, information about the availability of services has not penetrated the market and remains vulnerable to manipulation by touts, hospitals, and agents.
- TMA aims to function in this space by helping customers to identify:
 1. The right doctor and hospital for their illness.
 2. Transportation and accommodation suitable for their food, language, and lifestyle.
 3. A hassle-free experience at the hospital.
 4. Recovery and returning home.
 5. All within a pre-planned and decided budget.

Vision Statement

- To become the trusted partner in every individual's healthcare journey, facilitating hassle-free medical treatment and well-being through medical tourism.

Mission Statement

- Establishing a private limited company to manage the following responsibilities:
 1. The company operates within the domain of family medicine, aiming to modernize and revive the concept of the family physician.
 2. Our goal is to serve as a primary healthcare provider for the public.
 3. While we do not directly offer medical clinical examinations and opinions, we facilitate arrangements for the same.
 4. We strive to understand the unique needs of each individual and provide personalized care.

5. We aspire to be the most trusted advisor to patients and their families in navigating their healthcare journey.
6. Our objective is for every staff member of the company to be regarded as a valued family member by all our clients.

Planned Activities

- Eliminate information asymmetry by providing comprehensive information to patients and their families regarding various hospitals, their policies, the quality and capabilities of doctors, and overall expenses, including a detailed breakdown. This empowers patients to make well-informed decisions.
- Implement digital solutions to enhance customer experiences.
- Facilitate in-person or tele-consultation mode consultations for patients in need, especially those who are geographically distant, connecting them with top-tier doctors.
- Coordinate transportation services for patients, both domestically and internationally, ensuring safe travel to and from hospitals or clinics.
- Arrange for medical assistance during transportation to ensure the safety and comfort of patients.
- Offer knowledgeable and compassionate support to individuals seeking assistance in communicating with doctors, providing education and guidance to patients, relatives, and caregivers.
- Organize the distribution of medications, including repeat prescriptions, through home delivery or courier services.
- Coordinate home care systems, including home nursing and physiotherapy services, to provide comprehensive care to patients in the comfort of their own homes.

Organization structure

- The company will have a decentralized mode of operations with the culture of the organization becoming the binding force.
- **Business Unit:** Each territory will be referred to as a "Hub."
 1. The hubs will have staff responsible for carrying out all company activities.
 2. Each business unit develops a strategic plan aimed at ensuring its profitability and guiding it towards a successful future.
 3. Depending on the characteristics of the location, such as being in metro areas or tier 2 or 3 cities, each hub will have infrastructure tailored to its needs.
 4. All hubs will possess the same organizational capabilities, except for hotels.
 5. Managers will oversee all hubs, with all staff reporting to them.
 6. Each hub will develop a marketing plan tailored to achieving its objectives, which may include provisions for transport vehicles, accommodation, doctor appointments, home nursing and physiotherapy, home lab services, and pharmacy services.
- **Regional Headquarters** – one for each state:
 1. All hub managers' report to the State Heads, who in turn report to Regional Heads representing geographical divisions such as South India, Eastern India, Western India, and Northern India.
 2. Each Regional Headquarters is responsible for devising a plan that allocates funds to each business unit within its respective division.
- **Corporate:**
 1. The corporate headquarters is responsible for designing a corporate strategic plan to guide the entire enterprise. It makes decisions

regarding the allocation of resources to each division and determines which businesses to initiate or discontinue.

2. The company will have a Managing Director as the principal officer who interacts with the Board of Directors (elected by shareholders and nominated by the company's staff).

Verticals

- The company aims to adopt the below verticals over a period.
 1. **Medical Transport:** Including visa processing for international patients, train and flight ticket booking, taxis ranging from ordinary vehicles to luxury cars, and ambulances, including air ambulances.
 2. **Hotel Industry:** Providing accommodation for patients and their relatives, catering to their preferences regarding food, language, and entertainment.
 3. **E-Pharmacy:** Offering pharmaceutical services online.
 4. **Home Lab:** Providing laboratory services at patients' homes.
 5. **Radiology Network:** Establishing a network for radiological services.
 6. **Home Nursing and Physiotherapy Services:** Offering nursing and physiotherapy services at patients' homes.

Hub Architecture and functionality

- Hubs serve as the epicenter of TMA's operations, each covering a radius of 50-100 km.
- **Medical transport:**
 1. **Medical Taxi** – CNG-driven cabs, always new or not more than two years old, constituting 60% of vehicles.

2. **Larger Cars like EECO** – CNG-powered for bed-bound individuals, comprising 30% of vehicles.
3. **Emergency Transport** – Ambulances: Initially 10% of vehicles, aiming to become 60-70% of the entire ambulance category within each region over a two-year period.
 - a. Trauma and local transport ambulances.
 - b. Luxury ambulances for long-distance transport.
 - c. Air ambulances planned for future implementation within 3-5 years.
4. **Staffing** – All vehicles will be staffed with:
 - a. ATLS or BTLS-trained Medical Attendant (MA) and driver, both capable of functioning as either.
 - b. All staff trained in cardiopulmonary resuscitation (CPR).
 - c. Cars operated predominantly by female drivers and MAs.
 - d. Ambulances driven by a male driver accompanied by a male qualified nurse, with the possibility of an MBBS doctor if necessary.
 - e. All staff on salary plus allowances for trips.
 - f. Compulsory one-day holiday per week and applicable leave as per Government of India norms.
 - g. Multilingual staff, proficient in local language, Hindi, English, Bengali, and regional dialects.
 - h. Promoting economic independence and confidence among lower-income female populations in India.
5. **Equipment** – All vehicles equipped with
 - a. Basic monitoring systems such as pulse oximetry, BP measurement, wheelchair, walking aids, purified water, small oxygen cans, and nebulization for asthmatics.
 - b. If needed, a multiparameter monitor capable of measuring ECG.
 - c. Ambulances equipped with life-saving equipment, including transport ventilators with a battery backup of 6 hours.

- d. GPS locating mechanisms installed in all vehicles for real-time monitoring of position by patients, relatives, and control room staff.
- e. Vehicles of a particular type purchased from a single automaker and brand to facilitate better negotiation in pricing and servicing.
- f. Standard exterior color across all vehicles for brand recognition by the public.

- ***Doctor Network (Direct in-person visits)***

1. Locally prominent doctors & hospitals at every Hub territory will be engaged to offer service to our clients.
2. A list of locally prominent, eminent and competent doctors either running their clinics or practicing in hospitals will be identified, contacted and listed.
3. This list will be composed of professionals in every medical discipline.
4. The doctors will ensure priority service to the clients of TMA.
5. Doctors will be paid their consulting charges as per their norms which are prefixed either by them or the hospitals in discussion with the TMA.
6. TMA will charge 5-10% of the consulting fees as their charges, not from the doctor but from the patients.
7. A list of doctors who can offer services in the night hours will also be prepared and if necessary, will be used.
8. Hospitals will be categorized for their specialty by a standard grading system based on the technology in use, the size of the hospital, and services they offer, in a 100 km radius.

- ***Tele-consultation mode***

1. Teleconsultation with doctors/ consultants will be made available for follow-up visits or distant consultations, like patients in northeast India consulting with doctors in Tamil Nadu or Bengaluru.

2. The teleconsultation platform will be managed by TMA.
3. A list of doctors and their specialties will be prepared and displayed.
4. Teleconsultation timing will be fixed so that it doesn't affect the routine daily activities of the doctors.
5. The doctors will be provided with all the clinical information including previous consultation notes, prescriptions, Lab investigation reports, Radiology images and reports etc. through the platform services in advance so that they can conserve time.

- ***Doctor's panel for handling Emergencies***

1. A panel of doctors, MBBS, will be formed at every hub to deal with calls relating to sudden emergencies at home or in the office like falls, fainting, chest pain, stroke etc., where a medical opinion can be given immediately, and a rapid response team dispatched to the location to evaluate the patient and transport to the appropriate Centre.

- ***Call Centre***

1. Every hub will have a call Center functioning 24 hrs. because people want to talk about their problems.
2. Many patients can't exactly decide about the doctor whom they must consult as they are not certain about their symptoms.
3. TMA will have a protocol-based approach to understanding the symptoms and suggest the appropriate doctor to be consulted.
4. The Call Centre will be managed by senior Nursing professionals who are well-trained.
5. The call center will also serve to engage the patients, take feedback and be a part of the local hub office.

6. The call Center will function round the clock including on holidays.

- ***E-Pharmacy***

1. The local hubs will enable drug delivery systems by repeat prescriptions either by home delivery within 8-12 hours or by courier services within 24-48 hours.
2. A doctor, who is in the emergency panel will approve the dispensation of the drugs.

- ***Home Lab services***

1. Blood samples will be collected by the hub-employed Phlebotomists (Technicians to collect blood samples) and processed in accredited (NABL) labs in the hub limits.
2. Reports will be sent to their mobile number or email.

- ***Radiology (Scan services)***

1. Appointments will be scheduled with Scan centers locally within the Hub radius or outside the Hub service area for more advanced investigations.

- ***Home Nursing and Home Physio care including Cloud Nursing:***

1. Every hub will offer Home Nursing & Physio services with trained manpower. The Nurses may either stay at the home of the patients or visit them twice or thrice daily depending on the needs of the customer or by the assessment of the Hub's senior Nursing professionals.
2. The activities happening in the bedside of the patient will be monitored by the call center with camera and technology (Cloud Nursing)

Implementation schedule

- The implementation of the company's activities will be in phases.
 1. Phase 1
 - a. It will consist of a Platform launch, Call Centre establishment, Hub office establishment, Doctor appointment booking, enlisting of Consultants and Hospitals, and Medical Transport.
 - b. It will be launched at Salem as a pilot project to understand the technical and practical nuances of the business and later scale it up.
 - c. This phase will also promote the company in Northeastern India & Bangladesh.
 - d. E Pharmacy, Home Lab, and Radiology services will be launched within 1 month of the launch of the pilot project.
 - e. Home Nursing, Cloud Nursing and Home Physio will be offered within 2 months of the launch of the pilot.
 2. Phase 2
 - a. Based on the experience learnt in Phase 1 in a single hub, the services will be expanded across western Tamil Nadu - Erode, Coimbatore, Karur, Dharmapuri, Krishnagiri, Tirupattur, Kallakurichi centers.
 - b. The expectation is that one hub to be opened once in 25 days.
 3. Phase 3
 - a. Hubs in Metros – Bengaluru and Chennai to start with.
 - b. The hubs in Chennai will have a smaller radius – 20 km to service.

- c. Metro services should start 7-10 months after the pilot project commencement.

4. Phase 4

- a. International patients.
- b. The operations should commence by 2 years after the pilot.
- c. The hospitality industry should commence along with international operations, by building 3-star and 5-star hotels at hubs which have hospitals that can serve such clients.

Platform, Call center & Hub's General responsibilities and activities

- ***Medical tourism within India:***

1. The focus will be on Northeastern India and Central India to obtain information about availability of the medical services in various cities of India.
2. The type of medical problems and the appropriate hospital/ Doctor will be displayed.
3. The cost structure will be estimated by TMA and the patient will have an awareness about it well.
4. In case the patient wants to avail of the service at any location in the country, the local hubs will take over and offer all the services to the patient.
5. The local hubs will deploy an MA to be with the patient as their local guardian and take.
6. A list of participant hospitals will be made and negotiated with the management on the cost for TMA clients.
7. The transport to their destination from home and back to home, any tourist attractions in the local cities will be a part of the package.

8. All bills will be handled with transparency to the client.
9. All settlements to the hospitals will be made by TMA.
10. Follow-up will be arranged in Teleconsultation mode, or in-person mode depending on the convenience and needs of the patient and will be decided by the doctor treating the patient.
11. Regular enquiries about the well-being of the patient for 3 months will be made by the MA of the local hub by video calling mechanism.
12. TMA will build Hospitality centers (Hotels, home care stays or some other arrangements of such a kind) at local hubs in major cities of India to host the patients and their families.
13. In case of death or severe disability for the patient, appropriate arrangements will be made for safe and hassle-free transport to their home country.

- ***Medical tourism for international patients:***

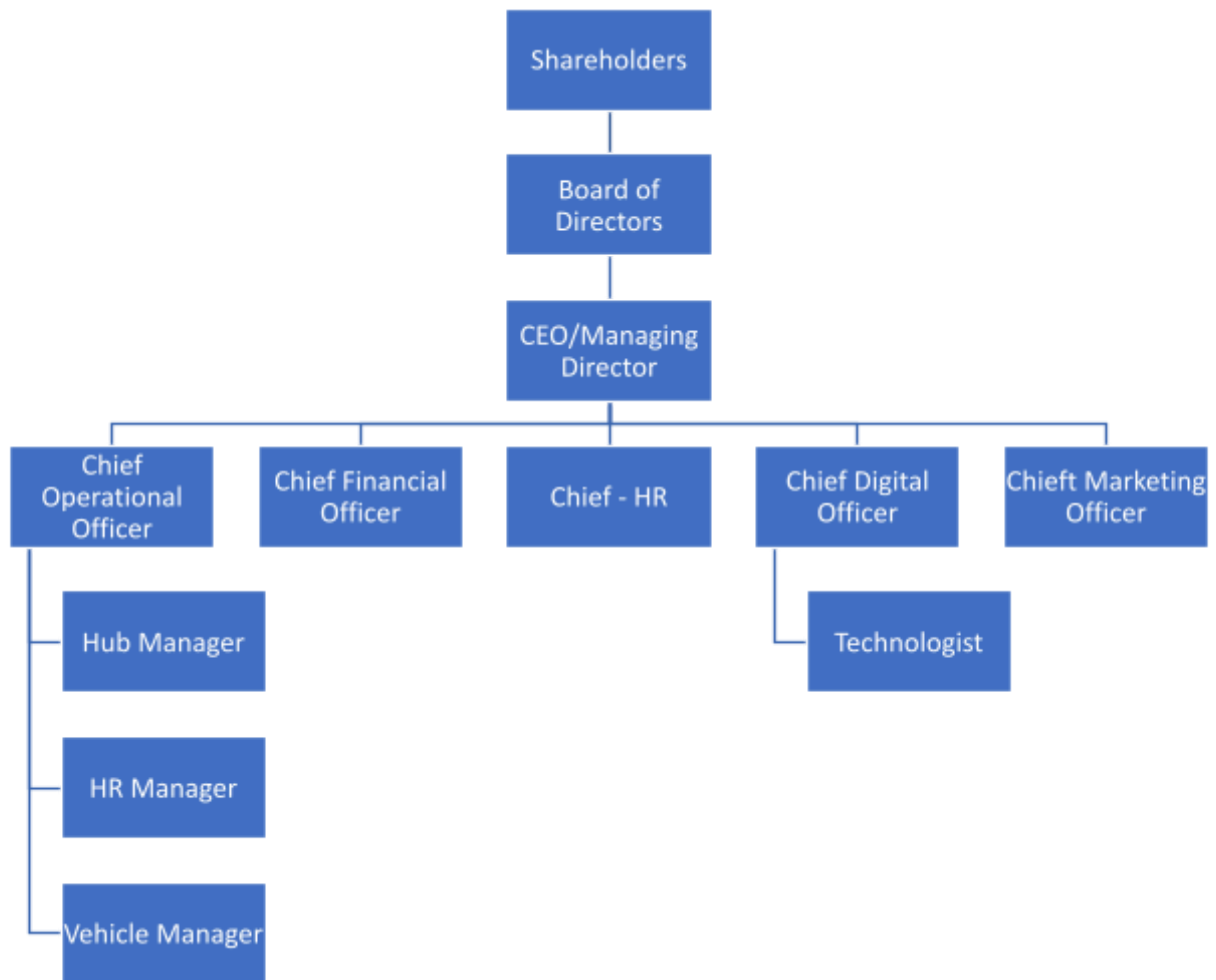
1. The same model will be adopted.
2. TMA will take care of visa processing, foreign exchange etc.
3. TMA will build 3-star- 5-star rated hotels/resorts for patients and relatives to stay.
4. Their food requirements will be taken care of by specially recruited cooks.
5. Local sightseeing will be arranged as part of the package.
6. A complete treatment package will be arrived with discussions with hospitals and paid for by the TMA. Transparency of the settlement will be our key differentiator.
7. Language translators will be employed by the TMA.

8. In case of death or severe disability for the patient, appropriate arrangements will be made for safe and hassle-free transport to their home country.
9. Police information for all foreign nationals will be handled by TMA.

In brief, TMA aims to be the trusted Indian brand in the Indian medical tourism industry at every level,

1. Local clients
2. Indian patients from different states
3. International patients.

Operation management & structure (Organizational structure)



Sources of income

- Transport: Taxi charges - Rental, MA & Driver charges, Consumables
- Call center: Basic charges for a call (Do we need to make it paid or free?).
- Teleconsultations: Percentage
- Doctor consultation: Percentage/Mark up fee
- Hospital: Percentage of the hospital charges/Packages
- Medical tourism: Percentage of the package

Expenses

- Office
 1. Office Rental
 2. Infrastructure expense
- Employee
 1. Salary
 2. Allowances
 3. Bonus
 4. Staff benefits (ESI etc)
- Vehicle
 1. Down Payment
 2. EMI
 3. Maintenance charges
 4. Fuel expenses
 5. Insurance
 6. Wear & tear like types
- Technology Platform
 - a. Technology platform
 - b. Development and Maintenance

- c. Software licenses
- d. Cloud charges
- e. IT professional salary & allowances
- f. Hardware expenses both capital & maintenance & replacement

Marketing (Holistic Marketing)

- Four key dimensions of TMA's holistic marketing are:
 1. Internal marketing — Ensuring that everyone in the organization, particularly senior management, adopts appropriate marketing principles.
 2. Integrated marketing — Ensuring the utilization and combination of various methods for creating, delivering, and communicating value in the most effective manner possible.
 3. Relationship marketing — Cultivating robust and multifaceted relationships with customers, channel members, and other marketing partners.
 4. Performance marketing — Understanding the returns to the business resulting from marketing activities and programs, while also addressing broader concerns including their legal, ethical, social, and environmental impacts.
- **Segment: People who are travelling for medical needs.**
 1. Local population in the nearby regions of a particular hub
 2. People who need to travel for serious issues like Neuro, cardiac care or Oncology care to places like a metro.
 3. People in underserved geographies like northeast INDIA, WEST BENGAL, Jharkhand,
 4. People in Bangladesh, Sri Lanka, Maldives travel regularly to Tamil Nadu for medical treatment.
 5. Later, in European and North American markets and Gulf countries.
- **Place:**
 1. Local population:
 - a. Local transport to metros or Hub hospitals.
 - b. Emergency guidance through call centers.
 - c. Tele consultations
 2. Northeast & Bangladesh:
 - a. Tele consultations.
 - b. Hospital consultation and Doctor appointments, Admission and treatment including surgery.
 - c. Follow-up teleconsultations.
 - d. Yearly in-person review if need be.
 - e. Services are offered in Neuro, cardiac, once, Joint replacement, and Spine.
- **Products:**
 1. Transport:
 - a. Local – Taxi
 - b. Critical – Ambulances
 - c. Later – Air Ambulances
 - d. Travel arrangements by booking agency for train, air.

2. Accommodation:
 - a. Local hotels, Oyo
 - b. Hospital admissions
 - c. Own Hotels at a later stage
3. Consultations:
 - a. In-person appointments with doctors
 - b. Tele consultation
 - c. Emergency advice & help
4. E- Pharmacy at every Hub
5. Home Lab services at every Hub
6. Home Nursing
7. Home Physio

Thanks

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