THE STUDY OF EMERGING NEED OF HOME HEALTHCARE FOR THE GERIATRIC POPULATION OF INDIA

Dissertation Submitted to

The IIHMR University, Jaipur

For the partial fulfilment for the award of the degree of Master of Business Administration (MBA)
in

Pharmaceutical Management by

Dr. GUNJAN SHRIVASTAVA

Under the Supervision and Guidance of

SAURAB KUMAR BANERJEE
Dean & Associate Professor in Pharmaceutical Management,
IIHMR, Jaipur

DECLARATION BY STUDENT

I hereby declare that this dissertation titled The Emerging Need of Home Healthcare for the Geriatric Population in India is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Name of Student: Dr. GUNJAN SHRIVASTAVA

Date: 17th June, 2022

Certificate

This is to certify that **Gunjan Shrivastava** in Partial fulfilment of the requirements for the award of the degree of **the MBA-Pharmaceutical Management** from the IIHMR University, Jaipur has successfully completed her internship at **Portea Medical** during March 21, 2022 to June 17, 2022.

Place: Bangalore
Date:

Mr. Kaleemulla Kashif
Pharma Business Head
Portea Medical

CERTIFICATE

This is to certify that dissertation titled The Emerging needs of Home Health Care Services for the Geriatric Population of India is a record of the research work undertaken by Gunjan Shrivastava in partial fulfilment of the requirements for the award of the degree of Pharmaceutical Management from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific and analytical.

Faculty Guide: Saurabh Kumar Banerjee
IIHMR University, Jaipur

School: IIHMR University,
Jaipur

Date: 17/06/2022

ABTRACT

This study is based on the emerging need of home healthcare services for the elderly population of India. In the past few years and also given the current pandemic situation, home healthcare has been in high demand and most of the people are actively utilizing these services. Among them, mostly are the aging population of India who are the major users of home healthcare services.

Objective: To observe the need for home health care services, among elderly patients in India and How satisfied are the patients with the Home Health care services.

Methodology: The study is descriptive in nature and the data has been collected from a number of secondary sources.

Key Results: The geriatric population dependency ratio in India is 14.2 percent.
The Ministry of Health and Family Welfare launched NPHCE in 2011 to address the health requirements of India's senior citizens.
In India, home health care began operations in 2009, and Portea Medical is the current market leader in terms of presence, with 40+ locations across the country.
The chronic diseases affecting the aging population in the country, are Heart disease (31%), Urinary problems (15%), Hypertension, Diabetes (38%) and diabetes (12% each).
Patients in home care frequently require help with instrumental activities of daily living (IADL).

Conclusion: The country's population is ageing, and the prevalence of non-communicable diseases is rising. Elderly care services constitute the largest part of the home healthcare services market. Home health care is a widely established technique for a cost-effective approach that results in higher patient satisfaction, reduced hospital bed occupancy rates, and lower hospital infection rates around the world.

Keywords: Geriatric population, home health care, nursing, chronic diseases, higher patient satisfaction, aged, Covid 19, pandemic, India, vulnerable population

ACKNOWLEDGEMENT

Presentation, creativity, and encouragement have always been crucial to every project's growth.

Many people have best owned their blessings upon me in the accomplishment of this Dissertation report, and heart promised support. I wish to convey my sincere thanks to all the people directly or indirectly involved in this report.

I am immensely obliged to the management of IIHMR University for giving me the opportunity
to complete my Dissertation report.
I feel grateful to my mentor Mr. Saurabh Kumar Banerjee, Associate Professor, Institute of Health Management Research, IIHMR University, Jaipur, for his indebtedness and profound sense of appreciation, whose valuable guidance & kind inputs that I received during the Dissertation helped to shape the present work as its show.

Last but not the least, my thanks and appreciation goes to those people who were directly or
indirectly involved in helping and motivating me throughout the project within the stipulated
time period.

(Dr. Gunjan Shrivastava)
BDS & Pursuing MBA (Pharmaceutical Management),
IIHMR University, Jaipur

Table of Contents

THE EMERGING NEED OF HOME HEALTHCARE FOR THE GERIATRIC POPULATION OF INDIA

INTRODUCTION

Geriatrics refers to the medical care of the elderly people. People above 60 are included in elderly. There are more than 100 million elderly people in our country who are suffering from various kinds of physical, psychological and economic problems. The life expectancy rate of our country has gone up from 20 years in the beginning of the 20th century to 62 years today with the advancement in our medical care facilities, the fertility rate has reduced, and this is in turn has made our elderly population the fastest growing sections of the society. As per the reports, in 1901 we had only 12 million old people and by 2025 India is likely to have around one 177 million of them. The elderly population is growing at an increasing rate. The predicted rapid increase in our country's ageing population (projected to reach 95 million by 2011 and 120 million by 2014), infers that the major problems faced by the seniors of our society cannot be treated as a family concern alone. Nearly 75% of this elderly resides in rural areas. Therefore, it's high time that the government takes some firm steps to help the aging population to live a healthy and peaceful life.

While for the younger and middle-aged population who are medically fit and functional it's easy to get an access to the usual healthcare facilities, that is provided by our government bodies. However, the major problem arises with the older population who need proper healthcare and active aging programs to keep them independent, fit and healthy. In addition to this, if reports are to be believed then the Indian geriatric population faces several social issues such as loneliness, elder abuse, neglect, lack of income security and poor access to healthcare.

Geriatric population is usually neglected and brings with them many medical social, psychological and economic problems creating a huge burden on the country. It is the need of hour to know about problems of geriatrics for their timely detection and management in order to improve quality of life of the elderly and thus decreasing the burden of the country.

OBJECTIVE

- To understand the current Home Healthcare market in India.
- To observe the need for Home Health Care services, among geriatric population in India.

REASEARCH QUESTION

- As we know there are many elder patients in India, so we want to know how many elder patients are getting the Home Healthcare Services?
- How many elder patients are willing to get the Home Healthcare services?
- How effectively are Home Healthcare providers are satisfying patients by giving them the proper and desired services?

RESEARCH METHODOLOGY

- **Study Design:** Exploratory followed by Descriptive study
- **Sampling Method:** The unit of analysis are Healthcare company, Google Scholar Research and Secondary data provided by the company.
- **Sample size:** 30
- **Data Collection:** Research and Survey
- **Study Duration:** 3 Months

REVIEW OF LITERATURE

The top 7 highly cited articles are shown in the table below, of the top 7 highly cited articles, 2 studies were original research with a cross-sectional design, 4 were secondary data and one was a review paper. The topics ranged from need for home healthcare among elderly population in India, their unmet needs, and how satisfied are the patients with the Home Healthcare services, and the major concerns of the geriatric population to the way forward.

NAME OF THE ARTICLE	DATE of Publication	Author	Objectives, Tools, Key findings
Need for home health care services among elderly patients.	20.08.2019	Mr. Adithya. S Mr. Ranganath. C	**Objective**: To determine whether elderly individuals require home health care services. **Tools:** 100 senior patients were chosen using a non-probability handy sampling technique. **Findings:** The majority of the people polled (94 percent) said they needed home health care. The majority of the respondents (45%) stated that their family required home health care once a month, and that they would prefer to have services such as blood pressure monitoring (18%), temperature pulse respiration (TPR) monitoring

			(11%) and wound dressing available (9 percent).
Geriatric health care in India - Unmet needs and the way forward	16.06.2017	Prabha Adhikari	**Objective**: To investigate the concerns that Indian senior's experience, which include loneliness, elder abuse, neglect, a lack of financial security, and limited access to health care. To summarize the Government of India's efforts in this regard and the shortcomings in the schemes' execution. **Tools:** We must divide the elderly into three categories. It is incorrect to categorize people based on their chronological age;

			instead, we must categorize them based on their functional and cognitive condition, as the groups' health-care needs would differ. **Findings**: The government's resources may not be enough to meet the requirements of this massive population. By 2050, India's geriatric population will account for 20% of the total population. Non-governmental organisations (NGOs) must step forward to provide assistance. The government should grant assistance to NGOs so that they can deliver low-cost services. To build geriatric health-care facilities, all medical colleges and private health-care institutions must collaborate with the government. The national programme must be implemented as soon as possible throughout the country. Every hamlet and city must rapidly establish mobile units, day-care centres, active ageing centres, and hospices.

Elderly Care in India: Way Forward	5.09.2016	Mane Abhay B	**Objective:** To study the road ahead to manage the aging population of India **Findings:** From the grass roots to the national level,comrnunity based geriatric services should be envisioned with active engagement of all stakeholders and participants in social, economic, and political leadership. In order to respond to the ageing population, social and technological advances are required. Collaborations between the government, care providers, insurers, and patients are
			Necessary before any major changes in aged care can be implemented.
Caring for and keeping the elderly in their homes	15.09.2015	Susan McRoy	**Objective:** how the elderly are Cared for at home, with a focus on who provides care for the elderly in their homes and how technology aids caregiving. **Tools:** secondary sources like journals, research papers and articles **Findings:** More complex healthcare in people's homes, assisted by a range of caregivers, is becoming more necessary and popular. Increased used of technology ,

			such as software systems, networked health monitoring equipment , telephony, has been brought to enable home caregiving to bridge the gaps and help direct and monitor such scenarios
Geriatric health in India: Concerns and solutions	1.07.2008		**Objective:** TO study the Strategies to Improve the Quality-of-Life of the Elderly
			Findings: Screening camps for Cataracts and non-communicable diseases, as well as mobile clinics, could help reach out to the senior population in difficult- to-reach places. Advocacy with non-governmental organizations (NGOs), philanthropic groups, and faith-based organizations could all help.

Geriatric health policy in India	18.10.2016	N Sherin Susan Paul, Mathew Asirvatham	**Objectives:** to study the geriatric policy in our country **Tools:** review of various research articles and papers **Findings:** Any programme for the elderly should incorporate and involve the family or caregiver, as this is still the primary source of assistance for the old in India. Aside from the aged pension plan, additional initiatives and policies for caregivers should be established.
Home Health Care: The Missing Link in Health Delivery System for Indian Elderly Population	05.12.2017	Ankit Singh	**Objective:** To research the current state of India's private home health care business and to promote the benefits of home health care for the elderly. **Tools:** reviewed various research papers and articles **Findings:** The increase in the number of private home health service providers in the last decade, as well as the Indian elderly population's increased preference for home health services, clearly indicate that there is a gap in the market for home health services for the Indian elderly population that is still untapped in the public sector.

Patient Feedback on Home Health care services by Portea

The Analytical study was done to identify the satisfaction of the geriatric patients on the home care services provided by Portea Medical in different cities like:

1. Bangalore
2. Mumbai
3. Chennai
4. Cochin
5. Kolkata
6. Lucknow
7. Nagpur
8. Gurgaon

The analysis of the patients done on the basis of locations, where services are provided to the patients by Portea.

In Bangalore, the survey was done where the Portea has provided the different services, in which the survey came out to be like;
Total no. of patients = 10 patients
Total no. of patients who were Unsatisfied with the service = 1 (Covid vaccination service)
Total no. of patients who were satisfied with the service = 6 (Diagnostics, LTN, STN, Physiotherapy)
Total no. of patients who Needs improvement in the service = 3 (Diagnostics)

In Chennai, the survey was done where the Portea has provided the different services, in which the survey came out to be like;
Total no. of patients = 4 patients
Total no. of patients who were Unsatisfied with the service = 1 (Home infusion service)
Total no. of patients who were satisfied with the service = 2 (LTN and Nursing attendant)
Total no. of patients who Needs improvement in the service = 1 (Nursing attendant)

In Cochin, the survey was done where the Portea has provided the different services, in which the survey came out to be like;
Total no. of patients = 2 patients
Total no. of patients who were Unsatisfied with the service = 0
Total no. of patients who were satisfied with the service = 1 (STN)
Total no. of patients who Needs improvement in the service = 1 (STN)

In Gurgaon, the survey was done where the Portea has provided the different services, in which the survey came out to be like;
Total no. of patients = 2 patients
Total no. of patients who were Unsatisfied with the service = 1 (Nursing attendant service)
Total no. of patients who were satisfied with the service = 1 (Covid Vaccination)
Total no. of patients who Needs improvement in the service = 0

In Lucknow, the survey was done where the Portea has provided the different services, in which the survey came out to be like;
Total no. of patients = 4 patients
Total no. of patients who were Unsatisfied with the service = 2 (STN, Equipment service)
Total no. of patients who were satisfied with the service = 2 (Nursing attendant)
Total no. of patients who Needs improvement in the service = 0

In Kolkata, the survey was done where the Portea has provided the different services, in which the survey came out to be like;
Total no. of patients = 2 patients
Total no. of patients who were Unsatisfied with the service = 0

Total no. of patients who were satisfied with the service = 1 (Nursing attendant)
Total no. of patients who Needs improvement in the service = 1 (Diagnostics)

In Mumbai, the survey was done where the Portea has provided the different services, in which the survey came out to be like;
Total no. of patients = 3 patients
Total no. of patients who were Unsatisfied with the service = 0
Total no. of patients who were satisfied with the service = 3 (LTN, Nursing attendant)
Total no. of patients who Needs improvement in the service = 0

In Nagpur, the survey was done where the Portea has provided the different services, in which the survey came out to be like;
Total no. of patients = 2 patients
Total no. of patients who were Unsatisfied with the service = 0
Total no. of patients who were satisfied with the service = 1 (Home infusion)
Total no. of patients who Needs improvement in the service = 1 (Physiotherapy)

METHODOLOGY

The study is descriptive in nature and the data has been collected from a number of secondary
sources like review article, government reports, websites and research papers. The data has been
represented with the help of pie charts and graphical representations.

Search Strategy - database of scientific literature like PubMed, and Google Scholar, including a wide range of publications. The keywords for developing the search strategy were determined using published review articles on Home Healthcare in India. By using

asterisks, I tried to retrieve all the possible. Thus, a title search query was performed, considering it avoided large numbers of false positive articles but would have missed only some of the true articles.

Inclusion and exclusion criteria- Studies published in journals and exclusively undertaken in India were included. I screened the title of all identified articles to ensure the reliability of the search and reviewed the abstract in case of any confusion regarding the relevance of the article. In the case of papers without abstracts, I screened the full texts.

Books, book chapters, book series and errata documents were excluded to restrict the analysis to literature in peer reviewed journals. The journals and articles in languages apart from English were excluded.

Data Analysis- The Google Scholar search retrieved 50 documents, all of which were manually reviewed by me and documents were excluded. Of the 20 excluded documents, 12 were not relevant to geriatric population and 8 were from countries other than India. Finally, I retrieved 30 documents for analysis. Of the articles retrieved, the majority were original articles, reviews, editorials, and others such as conference papers. The retrieved documents were published in 10 peer-reviewed journals. The total number of citations for the 30 documents, at the time of data analysis, was 100 excluding self-citations by the authors. The average number of citations per article was 4.50. All the publications were available in English.

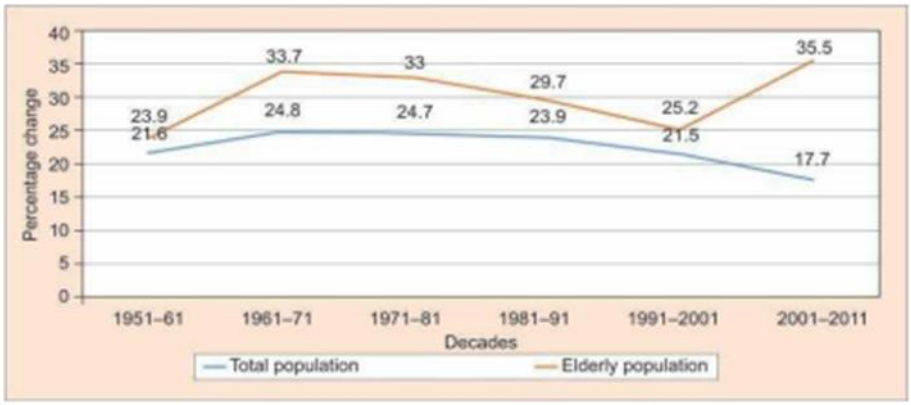
Also, I have surveyed on the basis of Company data for the result of Patient Satisfaction on the service provided by the Portea, the company has provided different services to the Geriatric patients in different cities, the patient satisfaction plays an important role in the company's growth, therefore I have surveyed and analysed the data of patient satisfaction on the services.

RESULTS

Present scenario

India's population is expanding at a 1.2 percent annual rate, 86% percent of the population is
over the age of 60. In comparison to the male category that is 8.2% and the female subgroup has a higher percentage of those aged 60 (9%).
It's also worth noting that the entire population's decadal growth rate is on the down, Whilst the old population's growth rate in the second decade is on the rise.

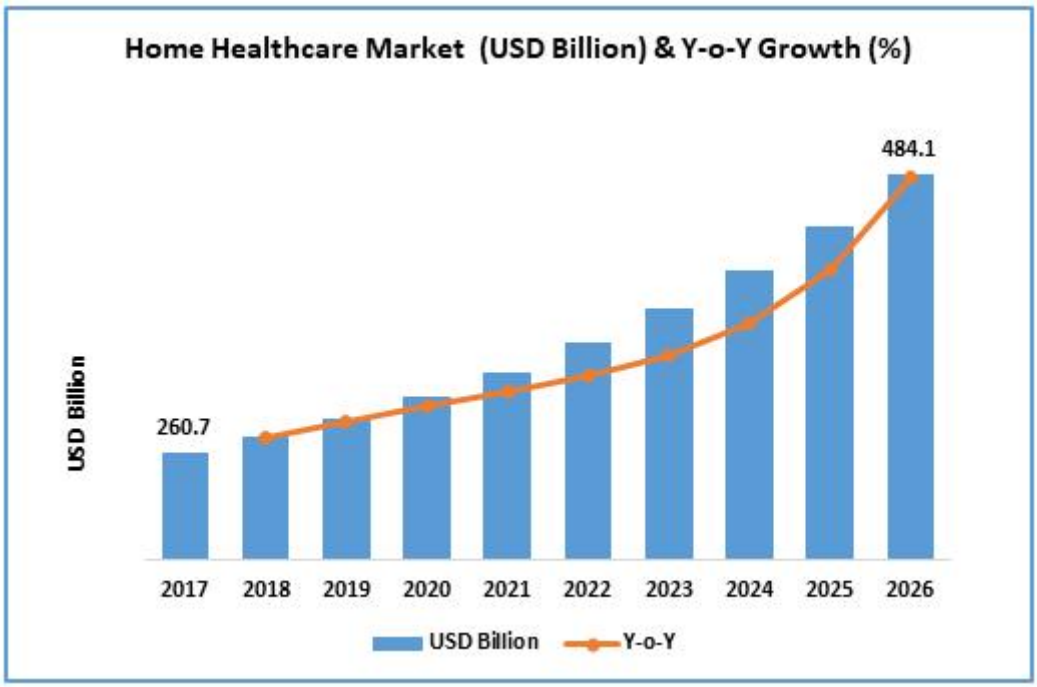
The geriatric population dependency ratio in India is 10.2%. In this context, there have been various studies done which further reveals that by 2050, more than 19% of India's overall population will be over 60 years old. Similarly, by 2050, the reliance ratio will have risen
to 31%.
According to Indian census data, the number of senior females has outnumbered the number of
elderly males in the last two decades, reversing a previous trend. It's also worth noting that this
poses a significant risk to older females, who are more dependent than their male counterparts. In
2011, the female old age dependency ratio was 14.5 compared to 13.6 for men.
It was also discovered that women are disproportionately significant users of home healthcare
services, and that consumption increases gradually as the age goes up. Both tendencies can be seen in Indian demographics, as women's life expectancy increased more than men's
between 1990 and 2003, with low mortality, fertility, and high life expectancy listed as explanations for this shift.
India's ageing population contributes significantly to the country's attractiveness as a market for home health care providers.



India's Home healthcare & what has the government done

Many home healthcare service providers in our country offer geriatric care; however, the service kind, service price, and service packaging differ from one company to the
next, and organizations are still working to find the ideal fit for the Indian market. The Ministry of Health and Family Welfare launched NPHCE in 2011 to address the health requirements of India's senior citizens. The interventions were developed in the geriatric areas like preventative, curative, and rehabilitative domains. It is recognized in NPHCE that India lacks the model, such as home-based care and insurance for the aged, to meet the demands of the elderly In India, for example, poor insurance schemes only cover persons under the age of 65. Domiciliary visits for home-bound patients at the sub centre level are incorporated into NPHCE according to operational criteria, supporting the concept that home
health care is now regarded a measure to enhance the situation of old people even by
government agencies in India. While NPHCE and IPOP address as pacts related to institutional healthcare, there's to the aspects are facilitated by NGOs all over the country with public and private funding. Few NGO initiatives to deal with the health

and social problems of elderly in India are Age well Foundation, **Alzheimer's** and Related Disorders Society of India, Calcutta Metropolitan Institute of Gerontology, Ekal Nari Shakti Sangathan (ENSS), Guild for Services, HelpAge India, Heritage Foundation, Nightingale MedicalTrust, Silver InningsFoundation & Sulabh International services for Widows in Ashrams



Indian health-care system's home health-care segment is increasingly perceived as an appealing
investment opportunity. In the beginning, the bulk of organisations targeted metros and tier 1
cities based on information gathered from their own websites. More home health care firms, such
as India Home Health Care, Portea Medical, Nightingales, Apnacare, Health Heal, and others,
are in the southern half of India, primarily in the Bengaluru, Chennai, and Hyderabad areas. In India, home health care began operations in 2009, and Portea Medical is the current
market leader in terms of presence, with 40+ locations across the country. In the year 2013, it

began operations. The year 2013 marked a watershed moment in India's home health care industry, as Bayada a US-based company, entered the market. It purchased a 26 percent ownership in Chennai-based India Home Health Care and then provided funds to several additional firms. To mention a few, Portea Medical raised $8 million from Accel Partners and
VentureEast, Medwel Ventures bought Nightingales for an undisclosed sum in 2014, and Homital Medcare got its start with start-up money from RR Energy. In 2016, key players made
strategic acquisitions such as Portea Medical, further acquired Health Mantra to improve their
records management system, and PSTakeCare, which acquired PSTakeCare so that it could enter
into a proven platform for getting in touch with their clients such as Super specialists and specialists with patients.
Home health care is now expanding to different areas of our India, such as Mumbai, where Zoctr, Arooj Home Health Care, Portea, India Home Health Care, Nightingales, and Care 24 have extended their presence, and Kolkata, where Tribeca Care and Portea are the leading players. Pramati Care and Health Care at Home are creating a presence in NCR-Delhi.

Socioeconomic Challenges for the Elderly

Geriatric people face a variety of socioeconomic issues, such as the loss of a spouse, economic
uncertainty, social isolation, and failure to get pensions on time, among others. In India, the elderly
not only labour to sustain themselves, but also contribute financially to their families. Almost 66
percent of persons over the age of 60 are married, 32 percent are widowed, and roughly 3% are
separated or divorced (2011 Census). Women are far more likely than males to be widowed, with
48 percent of older women and only 15 percent of older men being widowed. Women experience
more adversity because they are more likely to be financially dependent on men. In India, living
accommodations for the elderly were not a concern until recently because elderly people were
treated with exceptional respect and care in their families. In India, the majority of the elderly still
live with their children, but around a fifth live alone or only with their spouse and must therefore
handle their material and physical requirements on their own. As people get older, they become
more financially reliant. After retirement, about half of the elderly have some form of

personal
income in the form of social security benefits such as pensions, provident funds, life insurance
policies, post office deposits, savings bank interest, and non-service pensions. People in rural and
urban India receive financial incentives as part of various government health programmes and
programmes for the aged, which will be described in the following sections. The elderly's income
is sometimes insufficient to meet their basic needs, as well as their wishes to purchase gifts for
their grandchildren on special occasions. They are frequently perceived as financially reliant on
their progeny. Almost one-third of the elderly are completely or somewhat reliant on others, such
as relatives, acquaintances, and neighbours, and elderly women are more reliant than males.
Overall, it indicates that the elderly continue to rely heavily on their income to sustain themselves
and their families. Because of the rapid Covid19 outbreak and subsequent lock-down, lower and
middle-class households are currently facing a significant burden in caring for their senior population.

How did COVID-19 affect the geriatric population in India

Many programmes aimed at the senior population have been implemented in our country in recent
decades, but we still lack the necessary number of geriatric health clinics, geriatric physicians, and
carers to care for our elderly. During this difficult time of the Covid 19 pandemic, it is past time
to look forward in a good approach to dealing with these insufficiency issues. In India, geriatrics
is a relatively new specialty of medicine, with most practising young doctors knowing little about
the clinical and functional implications of ageing. The elderly in India, as well as their caretakers
and healthcare providers, acknowledge that bad health is an aspect of senility. The growing senior population in India, combined with increased public awareness of health

issues, is predicted to place significant strain on the health-care system in general, and geriatric care in particular. In 2011, the United Nations Population Fund (UNFPA) conducted a survey in seven Indian states (Himachal Pradesh, Kerala, Maharashtra, Odisha, Punjab, Tamil Nadu, and West Bengal) to gain a better understanding of the socioeconomic and health implications of ageing, as well as the elderly's ability to access and use various government welfare programmes.

According to the poll, 7.6% of the elderly in India (about 7.9 million people) have trouble doing daily activities. Senior women, on average, have more difficulties executing ADLs than elderly males. Because economic output is usually carried out by youths and adults - the productive forces - the ageing of the population has an impact on society's economic progress. Depending on population variety, socioeconomic situation, cultural and traditional traditions, ageing challenges vary across geographical locations. Despite the fact that India is a country with a diverse demographic and geographical makeup, one thing remains constant among its citizens: love and respect for one another, particularly among the elderly. Individuals at various phases of life rely on their families for social and financial assistance. The move from a joint to a nuclear family had an impact on the elderly's status as well as the family's ability to care for them. Increased mobility for work opportunities, urbanisation, capitalism, labour division, and industrialization all contributed to changes in family structure. This issue could be addressed by community-based voluntary support and viable formal support systems for senior people with chronic diseases and impairments.

Providing homes for the elderly, as well as domiciliary care systems and communication technologies, may help to bridge the gap between the young and old generations. Demographic factors like very old, women, those living alone and unmarried are more likely to enter long term care institutions. Predictors of social placement of an elderly to an institution are mainly social selection and allocation processes in health delivery system and risk factors that delay nursing home placement.

Important reasons for entry into institutions are unavailability and unwillingness of family members to take care of geriatric population as well as availability of care- taker in private

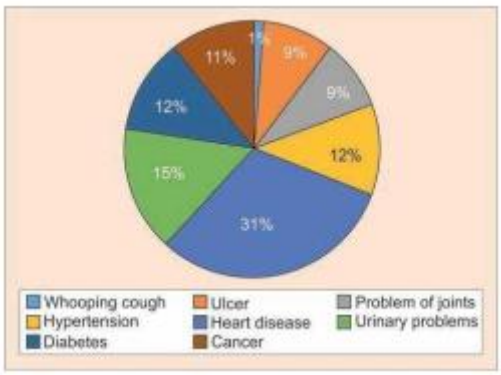
as well as government institution. Conditions viz., living arrangement, perception that institutions are good alternatives and persons involved in decision making in family influence institutionalization of elderly. Institutionalized elderlies are heterogeneous in terms of demographic characteristics, physical and mental conditions, service utilization patterns, prognosis and life expectancy. Few factors facilitating entry of elderly people in institution are status of elderly within the family, social issues, existence of nursing home, heterogeneity of nursing homes, behavioural ethnography of nursing home life and resident outcomes and attitude and behaviour of nursing home personnel.

Most prevalent Geriatric health conditions and the most used home healthcare services

Another study of The National Home and Hospice Care Survey results showed that the Medical/skilled nursing services were the most commonly used service by patients, followed by personal care and therapy services. Other services were used less frequently, such as continuous home care, counselling, pharmaceutical administration, occupational therapy, and social services.

Medical/skilled nursing services are generally required for the treatment and management of chronic diseases.

If we discuss about chronic diseases affecting the aging population in the country, then there a few major health conditions that is seen in our geriatric population. To name them, we have heart disease (31%), urinary problems (15%), hypertension, Diabetes (38%) and diabetes (12% each). Given that the elderly population makes up the majority of home health care patients, it's no surprise that health conditions common among the elderly are among the most common conditions requiring management help.



The skilled Nurses provide not only treatment and management for chronic diseases, but also
education and training to assist senior citizens better take care of their health problems. A qualified nurse, for example, may teach a patient with hypertension how to use a blood pressure
monitor or a patient with diabetes how to use a glucometer. With age, the need for assistance
with personal care, often known as activities of daily living, grows. Eating, bathing, dressing,
and getting around the house are examples of Activities of Daily Livings (ADL). The percentage of non-institutionalized persons 65 and older who need assistance with ADLs grew as they became older. It was discovered that more than fifty percent of the patients in home care got assistance with minimum
1 ADL. Bathing or showering was the most common ADL that required assistance, followed by
dressing, moving to or from a bed or chair, and using the restroom. Patients required assistance
walking, which was not considered an ADL. Patients in home care frequently require help with
instrumental activities of daily living (IADL). Driving, cooking meals, performing housekeeping,
shopping, managing finances, managing medication, and using the telephone are examples of
IADLs. Almost half of respondents 65 and older in the National Home and Hospice Care Survey
said they needed assistance with at least one IADL.

Doing light housework, making meals, administering medications, and shopping were the most
prevalent IADLs for which assistance was provided. Home health care providers not only give

direct assistance with ADLs and IADLs, but they also provide training to help home health patients improve their capacity to conduct ADLs and IADLs on their own.

According to another study conducted on elderly people seeking treatment at various Bangalore hospitals, most of the subjects stated a need for home health care services. The majority of the participants stated that their family needed home health care once a month and that they mostly would prefer to use services such as blood pressure monitoring, temperature, pulse & respiration (TPR) monitoring and wound dressing and administering injections and medicines.

Because of the rising frequency of lifestyle diseases and desire for quality and economical treatment, the skilled sector dominated the market in 2019 with over 85% revenue share. For home-bound patients recovering from an acute accident or illness, skilled services such as nursing care and physician/primary care services provide ongoing and coordinated treatment.

Furthermore, by delivering the same level of care at a lower cost, these services minimize unnecessary hospital stays for patients and family caregivers, as well as major medical expense.

Grooming, washing, clothing, personal care, and other daily living support are all included in untrained homecare services. Laundry, meal preparation, and housecleaning are all included in this category. These services are booming because they fill in the gaps in care and assist meet unmet needs that aren't covered by trained care. Furthermore, rising disposable income and rising demand for tailored care contribute to the segment's rise.

The number of people infected with the new coronavirus and suffering from respiratory problems is extremely high and growing at an alarming rate. COVID-19 can cause acute respiratory distress syndrome, which can result in serious lung damage in severe cases. Patients with chronic conditions like cancer, arthritis, and diabetes may avoid going to the hospital. Home healthcare services are a lifesaver in the midst of the pandemic. They are safer and effective when compared to hospital services for non-emergent cases.

CONCLUSION & RECCOMENDATION

The country's population is ageing, and the prevalence of non-communicable diseases is rising.
Elderly care services constitute the largest part of the home healthcare services market. Home health care is a widely established technique for a cost-effective approach that results in higher patient satisfaction, reduced hospital bed occupancy rates, and lower hospital infection rates around the world.
Home health care services must be at the national level and coordinated as care packages that are tailored to patients' needs and delivered in their homes.

According to the findings, the majority of senior patients felt a need for home health care services in the future, and the majority of them stated that their family needed home Health care services in the future. The majority of them stated that their family needed home health care services at least once a month. Because the study found that older patients have a high demand for home health care services, it is suggested that a training module be developed and nurses be prepared to give effective home health care services. Access to these services will be important, since high costs are a huge barrier to entry and are pushing the home health care system toward market failure. Indian policymakers should recognize this gap and adopt a home health care policy that emphasizes the building of infrastructure for home health services. Indian policymakers should also design an insurance system to increase the availability of home health services for the elderly in India.
In India, the home healthcare sector is poised to challenge traditional medical services in the near future. Given the present healthcare demographics, socioeconomic transformations, and substantial need gap, venture capitalists and investment firms have identified the industry as being suitable for investment. This important contribution from investment firms is assisting players in achieving size and long-term viability. Players will be able to get a competitive advantage thanks to technological advancements. Emoha, for example, is backed up with a mobile app that improves efficiency and accuracy. Wearable technology is now being investigated for a variety of purposes, including patient medical vitals monitoring.

Technology
adoption and optimal capacity use will boost operational efficiency and bottom-line expansion.
Most players' current business model is to collaborate with top hospitals to generate recommendations; a significant number of today's in-home healthcare consumers are referred by
doctors and hospital chains.
As the main players reach critical mass in the next 4-5 years, their bargaining power with hospitals is expected to skyrocket. To raise awareness and expand reach, players are substantially
investing in marketing operations, including both residential awareness, campaigns and digital
marketing (social networking page, blog setup, search engine optimization, mobile app development). Insurance, laws, and service norms are all expected to see significant changes.
Market participants are attempting to make home health care a covered benefit under health
insurance.
A strong emphasis is also placed on building standard service processes to assure quality consistency, which will help to establish service credibility. This channel will be used as a conduit for all healthcare products and services. The home healthcare industry may not have a
large percentage of income now, but it is expected to grow as more medical services are added,
including pharmaceutical needs, medical equipment, hospital appointments, patient records,
chronic disease management, and other medical services

REFERENCES

1. Singh JP. Problems **of India's** changing family and state intervention. Eastern Anthropol 2010 JanMar;63(1):17-40.
2. Bloom DE, Mahal A, Rosenberg L, Sevilla J. Economic security arrangements in the context of population ageing in India. Int Soc Sec Rev 2010 Jul;63(3-4):59-89.
3. de Meijer C, Wouterse B, Polder J, Koopmanschap M. The effect of population aging on healt
   expenditure growth: a critical review. Eur J Ageing 2013 May;10(4):353-361.
4. Maples MF. **Spirituality, wellness and the "Silver Tsunami":** implications for counseling.
   Alexandria (VA): American Counselling Association; 2007 [cited 2007 Aug 28].
   Available from:http://counselingoutfitters.com/vistas/vistas07/ Maples.htm.
5. Maliakkal AV,Sun AZ. Home care program reduces hospital readmissions in patients with congestive heart failure and improves other associated indicators of health. Home Health Care Manage Pract 2014 Apr;26(4):191-197.

6. Han SJ, Kim HK, Storfjell J, Kim MJ. Clinical outcomes and quality of life of home health care patients. Asian Nurs Res (Korean Soc Nurs Sci) 2013 Jun;7(2):53-60.
7. Singh B. **CMR's** India Home Healthcare Report 2016. Bengaluru: CMR; 2016 [cited 2016 Jul 22]. Available from: http://cmrin- dia.com/cmrs-india-home-healthcare-report-2016/.
8. Population growth (annual %). (n.d.). Retrieved September 03, 2017, from https://data.worldbank.org/indicator/SP.POP. GROW?locations=IN.
9. Government of India, Ministry of Statistics and Programme Implementation, Central Statistics office. Elderly in India. New Delhi: Government of India; 2016.
10. United Nations. World Population Prospects: The 2015 Revision. United Nations Department of Economic and Social Affairs Population Division. Geneva; United Nations; 2015.

INTERNSHIP REPORT

INTRODUCTION

After the second year semester exams came to an end, I got placed at one of the leading home health care company in India that is Portea Medical in Bangalore. Ever since then it has been a great learning experience for me where I get to learn new things and enhance my skills every day. The home health care market in India is slowly gaining a lot of importance and post COVID the demand for Home health care services, especially for the aging population of the country has more increased. Most of the people are reluctant to go the hospitals and prefer getting a health check-up done at their homes. In the coming years the Home health care market is believed to further expand and become a part of the lives of a major part of the population of our country.

OBJECTIVES-

- To understand the Mission, vision, goals and culture of the organization
- To understand my roles and responsibilities in the organization and improve my networking skills
  To develop an understanding of the product/services that I was going to deal with
- To develop a strategic plan for the services offered by our organization
- To understand the concerns of our clients related to the services offered and come up with a plan to deal with them

ORGANIZATION PROFILE –

Portea Medical delivers quality care with compassion. Portea is serving in almost 40+ cities. We bring world class medical care into our patients' homes and aim to make primary healthcare not only more accessible, but also more affordable and accountable to our patient's needs.
With Portea, you can be sure that you will receive hospital-quality healthcare in the comfort of your home. We provide doctors, nurses, physiotherapists, Nutritionist, Phlebotomists, exercise and yoga trainers for home visits who have passed our rigorous hiring standards and have had their backgrounds and medical knowledge verified by senior doctors. We facilitate lab tests at home and medical equipment rentals, making health care more accessible for our patients.
Portea Medical's clinical procedures were developed in consultation with leading home
healthcare professionals in the United States, ensuring that you receive only the highest quality medical care; all of our doctors are members of international medical accreditation bodies. As a result of using our services, our patients are able to stay in their homes longer, save money, and have peace of mind.

SEVICES PROVIDED

Critical Care at Home

- Care plans are personalized for understanding needs and are planned to provide tall quality, affordable and simple to execute wellbeing administrations. Domestic is where mending happens best.
- Portea ICU@Home services are for Patients who are not within the intense stage of their ailment but still require intensive care.
- ICU@Home administrations incorporate the care and supervision of profoundly prepared critical care advisors, specialists and medical attendants and at a essentially lower cost than that of a healing centre stay.
- The clinical strategies have been created in interview with driving clinics and renowned specialists, guaranteeing the most elevated quality therapeutic care.

Physiotherapy

- Portea's physiotherapists recuperate patients within the consolation of their homes. They assess, diagnose, and create a treatment arrange which changes depending on the patient's needs.
- A physiotherapy session is often of an hour, depending on the criticality of the issue. The experts help with fundamental and progressed development works out to make strides the patient's mobility.
- The sessions can be done on both online as well as offline mode as per the client's convenience.

Other Physiotherapy Services

- Back Torment Treatment at home
- Sports Harm Treatment at home
- Post-Surgical Rehab at home
- Paralysis Treatment at home
- Parkinson Infection Treatment at home
- Cerebral Paralysis Treatment at home
- Spondylosis Treatment at home

Lab Tests At Home

- Portea is collaborated with the best NABL certified labs within the nation. We too have a group of experienced phlebotomists, who collect tests from patients' domestic. Booking a lab test is quick and simple. Once a quiet books a test, the phlebotomist goes as per concurred time space and collects the blood/urine test.
- These are sent to our NABL certified lab accomplices. Inside 24-48 hours of collecting the test, we send out precise reports to patients by means of email.
- We give total wellbeing check-up bundles and person lab tests for you and your family.
- Our wide extend of lab tests incorporates Total Blood Number, Fasting Blood Sugar (FBS), Postprandial Blood Sugar (PPBS), HBA1C, Thyroid Profile (T3,T4 and TSH), Lipid Profile, Pee Test, CRP Blood Test, Cholesterol Test, Dengue Blood Test, Vitamin Test, Kidney Profile and other test as per requirement.

Medical Equipment

Respiratory Care

- Respiratory gadgets like progressed homecare ventilators, BiPAP, CPAP, oxygen concentrator & beat oximeter Geriatric & Versatility Care

- Portea's comprehensive extend of geriatric and portability care incorporates discuss sleeping pads, wide run of clinic beds, wheelchairs, versatility helps like walker, strolling adhere etc.

Cardiac Care

- Cardiac extend of restorative gear incorporates ECG, multipara screen, syringe pump, implantation pump etc. which are vital for individuals enduring from cardiac problems.

Mother & Child Care

- Both the mother and child require the finest care conceivable post-delivery.
- Portea brings to you a extend of mother and infant care items like breast pumps, infant weighing scale, bottle sterilizers, infrared thermometers etc.
- If the clients require any therapeutic gear for lease or buy, they can get it from Portea. They got to check from the thorough restorative gear catalogue and lease or purchase the specified one online, through e-mail or over a phone call. The equipment will be delivered at your doorstep.

Nutritionists and Eat less Counsellors

- For appropriate slim down allocation of the persistent concurring to the prerequisite and the treatment.
- Counsels and follow the quiet to the right count calories regimen.

Trained attendants

- The prepared specialists give care to those in require, within the consolation of their homes.
- They can offer assistance with individual preparing, bolstering, versatility, verbal pharma ceutical, checking of vitals and more.
- As per prerequisite, the clients can enlist the administrations of a prepared specialist for 12 hours or 24 hours.

Nursing care

Portea's in-home medical caretakers exceed expectations in giving administrations such as:

- Post-surgical Care
- Senior care
- Incessant care
- Tracheotomy
- Urinary Catheterization Care
- Wound care
- Infusions, and IV infusion

Diabetic care

• They are continuously administered by a senior specialist. The clients can elect a 12 / 24-hr care from a Portea in-home nurse.

Diabetic Care Plan

- Portea's Diabetes Care Program is created with a vision to assist individuals oversee their Diabetes in a characteristic and comfortable way.
- Portea's expert advocates will work with the client to assist you track, oversee and lower your blood sugar levels.
- The advisor will make a personalized slim down arrange for the clients depending on their inclinations and ways of life.
- Portea's group of Diabetic medical attendants and nutritionists work closely (on phone) with each quiet to assist them on a extend of issues, with the overarching point to extend blood sugar levels.

Counselling

- Portea gives the administrations of prepared and compassionate advocates to conduct sessions from the consolation of the clients domestic through Sound calls, Video calls or offer domestic based directing services.

Elder Care

Portea Wellbeing Prime is a yearly Healthcare arrange, in which each selected client gets a dedicated Wellbeing Supervisor.
The Wellbeing Director assist takes care of all wellbeing prerequisites for the client, such as
Specialist Consultation, Doctor's visit, lab test and such.
Depending on patients' needs and Specialist Proposals, a total yearly healthcare arrange is made for each quiet, and incorporates administrations such as:

- Physiotherapy at Home
- Specialist Domestic Visits
- Lab Test
- Specialist Tele-consultation
- Total Bone Assessment
- Pro Consultations
- Passionate Counselling
- Sustenance counselling

- Diabetes management
- Eye Check-up
- Dental Care and Much More

Doctor Consultation

- Find doctors on call through Portea and then they pay a visit at the comfort of the clients home.
- Not only does the doctor on call service saves time but it is also convenient to do the booking online.
- They assess, diagnose and treat the client depending upon their need. Portea's general physicians have years of experience in the medical field and will treat the clients with patience and compassion.

Vaccination

- Portea's experienced nurses visit patient's home and help with vaccination at home.
- They also provide vaccination at corporate offices for employees. They offer Flu/H1N1, HBV, HAV, Typhoid, Pneumonia, chicken pox, DTP, MMR, meningitis, cholera, HPV/cervical cancer and Zoster vaccines.
- Other vaccines can be made available on request

COVID care

- People with mellow suspected cases or those released from clinic post treatment of COVID-19 can look for domestic care administrations for progression of therapeutic care.
- These restorative bolster administrations are given through Portea's experienced medical attendants, specialists and wellbeing experts. Portea moreover offer Domestic Isolate administrations for COVID-19 additionally give disinfectant kits.
- Portea's Home Isolation Program consists of medical care and advisory services that are required to take care of COVID-19 patients to complete 10 Days of the quarantine period. The program assists both asymptomatic & mildly symptomatic COVID-19 patients. The team of experts provide comprehensive counselling to the patients covering Do's & Dont's during the "Home Isolation" period, at the safety and comfort of their home. The clients are just a call away from an expert consultation through a video/ voice call, who will advise them and monitor all their medical needs remotely.
- Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special

treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop severe illness. The best way to minimise serious complications is to ensure daily monitoring of the symptoms and vitals through an expert and to get access to critical care as and when required. Portea with its Home isolation program contains the daily follow up of COVID positive patients to reduce any adverse health outcomes.

- Portea Medical - India's largest home healthcare service provider presents "COVID Armour,"- a specially designed offering to help the apartment or gated societies manage COVID within the community in a much safer, accessible and affordable way.
- Portea's COVID Armour, offers Home isolation, 24*7 COVID Helpline, Doctor Teleconsultation, COVID Consumables, Oxygen Therapy, Home Sample Collection and more at the comfort of the client's community.

Get Tested for COVID at the Safety of Your Home

- Firstly, the clients have to book an appointment
- Doctor Consultation on Call to discuss your symptoms
- Clinician Visit for Sample Collection at Home
- Sample Processing at an ICMR Approved Lab
- Reports within 48-72 hours

Diet and Nutrition

- To assist you in driving a full life, Portea has outlined a comprehensive wellbeing administration plan called 'PORTEA ACTIVE' to form regular living a sound and blissful experience.
- The Portea Dynamic program with its 3 center offerings is designed to absolutely bridge that hole between "What you're doing right now and what ought to you be doing".
- In people with therapeutic conditions, case, corpulence, thyroid, diabetes, tall cholesterol etc. the sustenance plans are customized accordingly.
- Portea has specialized nourishment programs for each of the categories recorded below: Family Nutrition

❖ Sports Nutrition
❖ Ladies Nutrition
❖ Weight Management
❖ Clinical Nutrition
❖ Geriatric Nutrition
❖ Paediatric Nutrition
❖ Youthful Nutrition

New-born and Mother Care

- Portea offers a carefully outlined Kanga and Roo program. It could be a postnatal care program that takes the workload and the stresses absent from the modern parents.
- Under the Kanga and Roo program Portea assigns a therapeutically prepared care supplier to assist the mother with new-born childcare additionally offers after conveyance care for mother.
- Kanga and Roo program will assist you adapt with:

❖ The vulnerability of how best to care for your small one
❖ The beginning challenges of nourishing and postoperative recovery
❖ The total alter in life as you knew it sometime recently the delivery
❖ Taking a small time off, whereas somebody trusted takes care of your baby

Portea is present in 40+ cities.

PROJECTS UNDERTAKEN –

- Patient Support Program and patient Assistance Program for the corporates
- PSP models for Chronic Diseases designed for Corporates
- A briefcase model designed for Portea, named MedBucket which is a medical briefcase
- Designed PSP model for Diabetes, Chronic Heart Failure, Hypertension, PolyCystic Ovary Syndrome.
- Strategic management for the Healthcare and Pharma companies on the basis of their requirements.
- Designed commercials for the Corporate projects and data analysis
- Product management for LTN and STN
- Doctor tele-consultation
- Appointed Dieticians/Nutritionist for the session on Irritable Bowel Syndrome
- Managing and Supporting the ASHRAY support program for patients

KEY LEARNINGS –

Due to long term of illness in people after the covid, people are facing many major chronic diseases and not willing to visit the hospitals due to reinfection. Therefore Portea offers the home health care services to the patients.

I have prepared the PSP models for corporate sectors for the Chronic Diseases like Diabetes, Hypertension, Chronic Heart failure and PCOS.

Portea has also collaborated with many corporates like Alkem, BSV, Mylan, Emcure, DRL, VLCC and many more. As a Strategic and solutioning manager of the Medybiz (Pharma sector of Portea), my work has been to initiate a dialogue with the corporates, explain them about the entire process of our corporate strategies and PSP plan, and resolve their issues.

I also had to create a document that had all the details of the Patients who need PSP Plans like the commercials, on site requirements, manpower etc. This project is still in the process of happening and I got an opportunity to improve my
communication skills, interact with such big corporates and learn how to resolve their queries. It also gave me an opportunity to improve my internal networking skills since the Strategic management team has to closely work in relation to the operations, marketing, finance and customer support team.

ASHRAY – this is a Patient Support Program undertaken by Portea under which we are planning to support the patients by providing them medical services at home for the Chronic diseases and the Delivering of the medicines. As a part of this project I had to first do a bit of research about the process and procedure of the PSP models going in different companies and them made the models with respect to Portea and partnered companies of different states in India. Further I had to make a document comprising the various hospitals and corporate sectors which are using PSP and want to collaborate with the Portea to take their models ahead in the leading market.
Further I had to make a proposal to investors in order to raise funds for our ASHRAY
project wherein I had to pitch to them, explain them about the current status of awareness and population suffering from the diseases in our country.

Health Prime- It is our product especially designed for the elderly population of our country. Due to the pandemic situation the leads for health prime had reduced and our aim was to increase the demand again so we as a team decided to revamp the product. We conducted a lot many brainstorming sessions to understand the loopholes and ways to resolve the problem. In order to revamp the product we made changes in our already existing packages and plans and curated them depending upon the need of the clients. A lot of market research was done from our side to understand the current requirements of the aging population. We also did a competitor analysis, tried understanding about the services and products that

they have to offer and also closely observed their commercials to understand how we can improve upon our commercials and product. We worked closely with the marketing team to decide upon the final design of the brochure and the e-mailer that could be forwarded to the B2C team to attract more clients since presentation of our product was also of prime importance. The revamped product is expected to go on floors by August and we still are working on improving it

Doctor Tele-consultation – Portea provides doctor tele-consultations for their in-house patients. Doctor tele-consultation is not a stand-alone product of Portea. However due to COVID, we now have a dedicated helpline number for our corporates wherein their employees can make a call on our helpline number and we connect them to our doctors. It's only through our portal that the doctor calls the clients. So we decided to sell doctor tele-consultation as a stand-alone product as due to the, pandemic situation, it has gained a lot of importance and more and more people are using this service. I got a chance to prepare the structural plan for doctor tele-consultation wherein I had to do the market research, study about our competitors, their customer segment, presence across the country, their specialties and the services they are majorly providing to their clients. Further I compared them with Portea's offerings and analysed the areas where we need to improvise upon to make this product a success. We further have to make a market strategy keeping in mind the present market requirements.