FEASIBILITY STUDY OF HOME HEALTHCARE FACILITIES AT LILAVATI HOSPITAL, MUMBAI

IIHMR UNIVERSITY®
Celebrating 35 Years of Institutional Excellence

Lilavati Hospital and Research Centre
More than Healthcare, Human Care

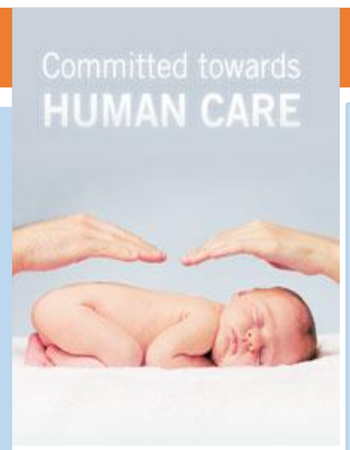
About the Organization

- Their journey began with a humble opening in 1997 with 10 beds and initially 22 doctors. Today, LHRC has increased its capacity several folds and has a total of 323 beds with one of the largest Intensive Care Units (ICUs), 12 Operation Theatres with advanced facilities, and more than 300 consultants.
- The vision of the founder was to provide unmatched healthcare services to the common Man. This vision was also shared by his wife Late Smt. Lilavati Kirtilal Mehta and hence the hospital was named after her.

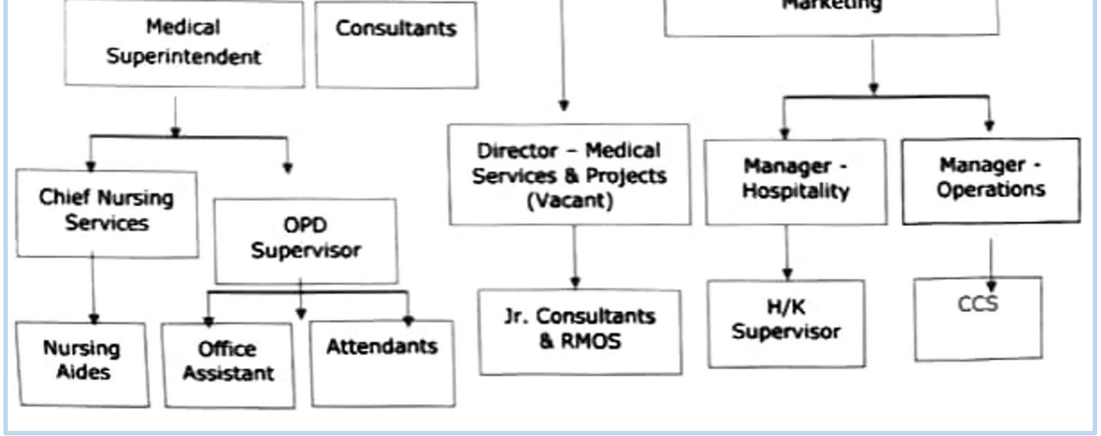
Mission and Motto

MISSION- *"To provide affordable healthcare of international standard with human care."*
MOTTO- *"More than healthcare, human care"*

LILAVATI HOSPITAL & RESEARCH CENTRE believes in '*Sarvetra Sukhinah:Santu, Sarve Santu Niramaya:*' which means 'Let all be blissful, Let all stay healthy'.



Organization Structure



THE PROJECT

LILAVATI @ HOME
Home-healthcare vertical by Lilavati Hospital and Research Centre

A homecare model. Why now?

The term "home health care" refers to medical treatment or assistive care for patients beyond the hospital setting in the comfort of their homes.
Medical professionals or professional caregivers visit individuals' homes to provide some sort of help or care.
There are two primary types of home health care:
Medical care
Non-medical care

- The home healthcare market in India was evaluated at USD 5.2 billion in 2019, which is predicted to expand at an increasing CAGR of 19.2 percent between 2020 and 2027. (source- silicon India)
- The dependency on home healthcare solutions in India is still nascent compared to the countries.
- Also, the ever-increasing geriatric population and disposable income are complementary factors for fueling the market in the forecasted period.

Why is it suitable for LHRC?

LHRC is a standalone building with limited infrastructure, which restricts expansion.
With a bed count of 323, it becomes difficult to accommodate the high patient footfall.
LHRC has a brand image that has established trust among patients over decades.
No restrictions for the patient's friends and family visiting.

Aim &Objectives

Aim: To assess the provision of affordable home-healthcare facilities of international standard in the comfort of home at LHRC.
Objectives: To provide recommendations to the hospital for-

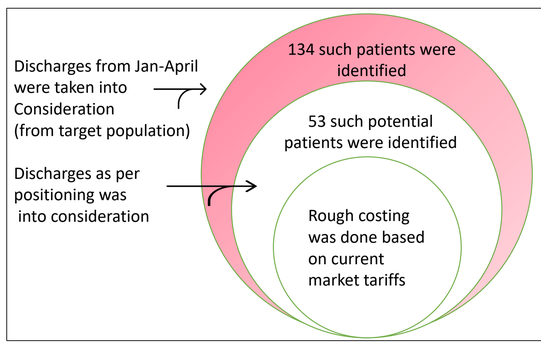
- retention of patients discharged at other facilities.
- avoid business leakage.
- increasing the revenue with vertical expansion.
- reducing the stress and burden of patient's caregivers.

Swot analysis of Lilavati @ Home

Strengths	Weaknesses	Opportunities	Threats
Established reputation & brand name.	Lack of awareness among patients.	New market to tap.	Competition from other healthcare startups
Niche patient database.	Terminal /acute medical emergencies.	Expansion of new vertical	Denial of grant.
Extensive network of doctors, nurses and paramedical staff	Medico-Legal issues	Promote lab diagnostics	Patient safety & legal matters related.
NABH & NABL ACCREDITED		Attract quality physicians and staff	Patient dissatisfaction.

The launch plan
Services LHRC plan to offer

Medical	Non-Medical
Doctor's consultation.	ICU set up at home.
Nursing services.	Attendants.
Physiotherapy.	Instruments set up at home.
Critical/Semi-critical care.	Long-term & short-term care.
Palliative treatment.	
Lab & diagnostics	
Dietician consult.	



Scanning of external environment-Porters 5 forces

NEW ENTRANTS	BUYERS	SUBSTITUTES	SUPPLIERS	COMPETITORS
• Jaslok hospital • Hiranandani hospital • Saifee Hospital	• Patients • Care givers • Corporate companies	• Apollo homecare • Aaji care • Advino healthcare • Sarvodya healthcare • TATA 1MG • e-Next ICU	• PROCare Advisors • Portea Healthcare • HDU healthcare • Maxtech Healthcare PVT LIMITED	• Max @ HOME • S.L Raheja, A Fortis Associate Hospital • Pd Hinduja National Hospital & Research Centre • Kokilaben Dirubhai Ambani

Feasibility study(financial) launching new vertical- Lilavati@ Home

- Values that can be achieved

Sub-verticals	Quarterly revenue
Lab	1,41,08,400
Physiotherapy	10,30,200
Instruments & ICU setup	2,48,250
Nursing	11,32,200
Doctor consult	1,90,000

- Cost required to carry out the venture

Sub-verticals	Quarterly cost
Lab	2,40,000
Physiotherapy	24,00,000
Instruments & ICU setup	6,18,120
Nursing	1,24,125
Doctor consult	4,80,000
Marketing	5,00,000
Retired nurse for staffing	2,00,000

Rough estimates (quarterly)		
Revenue	Cost	Profit
1,67,09,050	45,62,245	1,21,46,805

Inhouse vs outsourcing

Inhouse home healthcare model
PROS
- Established brand name.
- Well-established network of doctors.
- Uniform organization structure.

CONS
- Will require manpower training.
- Will require additional pooling of funds.
- Medico-legal aspects become complicated (ex. certifying death, claims)
- Difficult breakeven in the initial phase.

Outsourced home healthcare model
PROS
- Presence of autonomy.
- Already developed mechanism
- Developed pool of working staff and system
- Live tracking and legalities understood.

CONS
- Doctor–organization discrepancies can arise.
- Lack of organizational structure.
- Accountability demanded by patients might not be fulfilled.

STP

Segmentation
- **Geographical**- within in 50 km radius of Lilavati initially and has easy access to an ambulance.
- **Psychological**- fear of hospitals /contracting diseases- medical condition (Parkinsons', Alzheimers).
- **Behavioral-** wanting ease of home/difficult recovery at the hospital
- **Situational-** nuclear family, single parent/ single caregiver, many responsibilities

Target audience
- Our primary target is patients discharged from Special, Deluxe,Super deluxe & Executive suites.
- The secondary target is long-term care patient who requires assistance at home/goes to care facilities.

Positioning
- Patients discharged at home from ICU/Stroke Unit.
- Patient discharged to other facility.
- Patient discharged from Cardiology, Ortho, & Neurology were taken into account.

CONCLUSION

Outsourcing to an agency with accountability and stable partnership is suitable and advisable to initially launch the vertical Lilavati@Home.

→ Further once we understand the Modus Operandi of the home health care model, we can plan of establishing & devising one of our own.

LEARNINGS

- Retaining the old patients adds more value than pulling in new ones.
- Importance of proper discharge summary and record maintenance.
- Pre-requisites of homecare setup.

CHALLENGES

- Rift between medical and non-medical staff.
- Data is not disclosed easily to interns.
- Due to the short interval of internship, disinterested in keenly teaching/ mentoring

SUGGESTIONS

- To increase revenue in standalone hospitals, vertical expansion is more suitable than increasing the tariff.
- Enhance cross-departmental communications.

Usefulness of the internship

- Gained first-hand knowledge about hospital marketing.
- Got an idea about the scope of the healthcare industry in the coming years.
- Networking and understanding how MOUs work between doctors, hospitals, and various stakeholders

Presented by- Dr. Bindya Panchal
Roll no- 1486
Batch- MBA HM 27
Organization mentor- Mrs. Priti Patil.
University mentor- Dr. Varsha Tanu.