

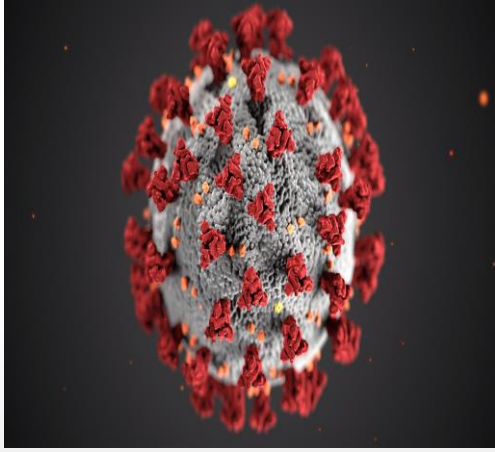
# Presentation On Summer-Training

**Part 1 : Research report on COVID-19 pandemic crisis:  
Dual economic burden on private hospital sector  
sustainability.**



**Part 2 : Report on online course E- Health: More than  
just an electronic health record.**





# COVID-19 Pandemic

## Crisis:

Dual economic burden on private  
hospital sector sustainability



# CONTENT



## Introduction



## Methodology



## Objectives



## Data analysis And Discussion



## Recommendations



## Conclusions

# Introduction

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- The healthcare sector in India is one of the major contributors to India's economy is also experiencing the wrath of corona virus outbreak
- The private healthcare sector reckon for 80% of all the hospitals with 60% of the bed capacity.
- Private players experienced a sharp decline in the business during and post lockdown.
- Elective surgeries and medical tourism the two biggest revenue generators for the sector in India has suffered the most. A downfall of around 70-80% is experienced in private hospitals business.

# Top players of private healthcare sector

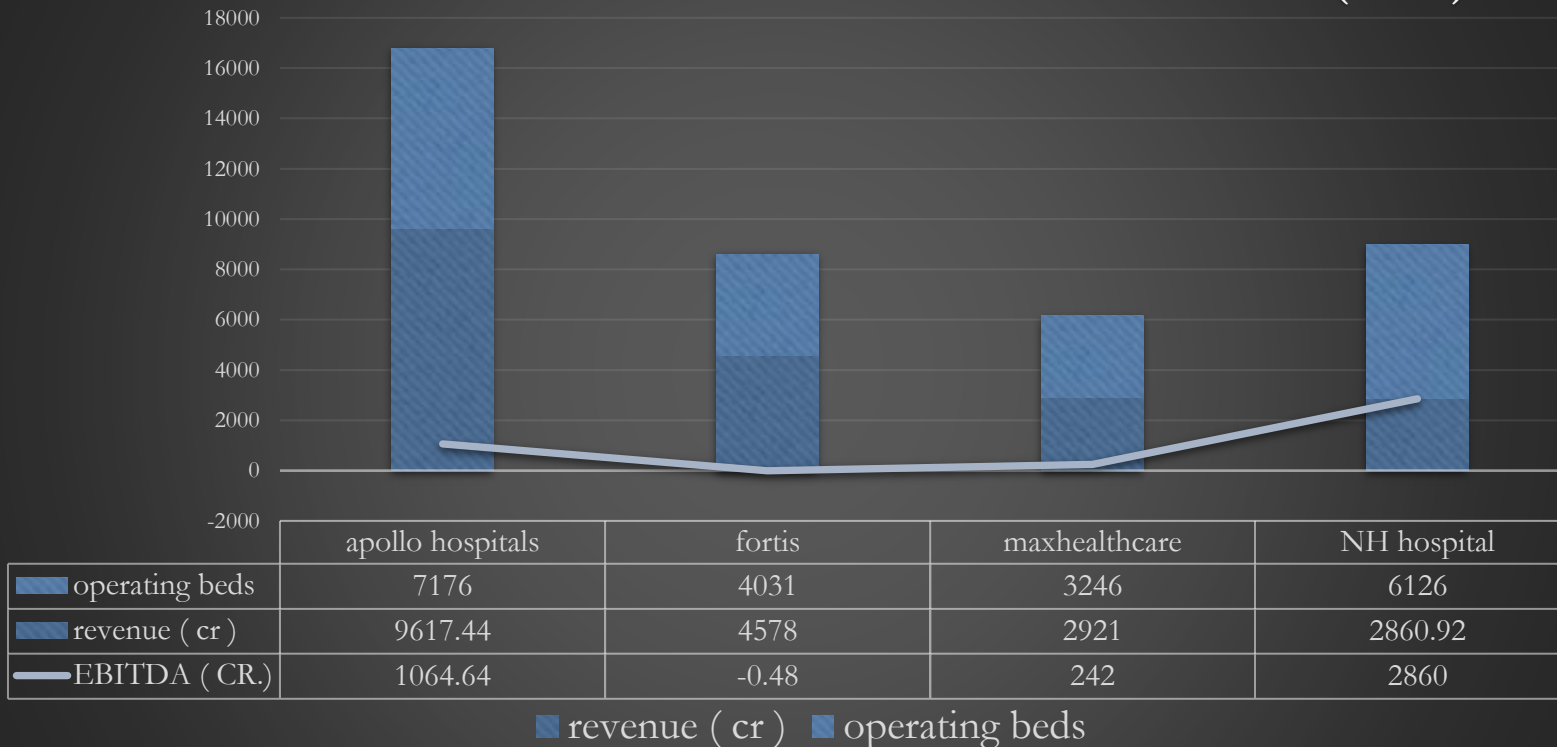
Apollo hospital

Fortis hospital

Max healthcare

Narayana Health

FINANCIAL MATRIX COMPENDIUM (FY19)



The occupancy rate for these hospitals is between 65-70%. With strict lockdown measures being imposed to contain the outbreak of COVID-19, hospitals witnessed a drop in occupancy level to mere 40%

# **Research question**

What is the impact of COVID-19 virus outbreak and lockdown strategy to control it over the financial outcome of private hospitals in India?

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## **Aim**

the study aims at assessing the impact of Covid-19 pandemic outbreak over private hospital sector financial sustainability.

## **Research objectives**

- To determine the effect of COVID-19 crisis over the private hospital sector financial sustainability in India.
- To give suggestions regarding financial measures required for the sector sustainability.

# **RESEARCH METHODOLOGY**

**KEY RESEARCH QUESTION**- What is the impact of COVID-19 outbreak over the financial outcomes of private hospital sector?

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To answer this question our study gets streamlined to the methodology for identifying the secondary data for assessing the COVID-19 outbreak impact on private hospitals by assessing the performance of different financial KPI'S of hospitals.

## **Study design**

Descriptive semi-systematic literature review design.

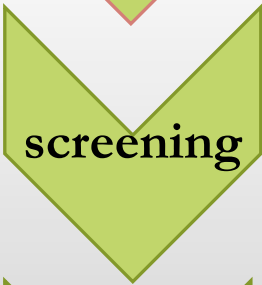
## **Sample size**

20 articles and reports were included in this study

# Research method design



- articles identified using E-database
- Pub-med, google scholar etc



- articles screened by title and abstract



- articles and reports assessed for eligibility
- inclusion criteria ( private hospitals financial reports pre and post COVID time-series)



Reports and articles included in the research (n=20)



# Data Analysis

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- Private healthcare sector is the bedrock of capacity and capability in India, constituting
- more than 60% of the beds- 8.5 to 9 lakhs
- more than 60% of patient influx
- 80% of physician strength

# Assessment for Immediate COVID impact

|                     | PRE- COVID | DURING LOCKDOWN     |
|---------------------|------------|---------------------|
| FOOT FALL           | 100        | 30-20 (70-80%) DROP |
| OCCUPANCY<br>In Cr. | 70%        | 50-60% DROP         |
| REVENUE             | 100        | 50-40 (50-60%) DROP |
| EBITDA %            | 10-15%     | 4-5% (60-70%) DROP  |

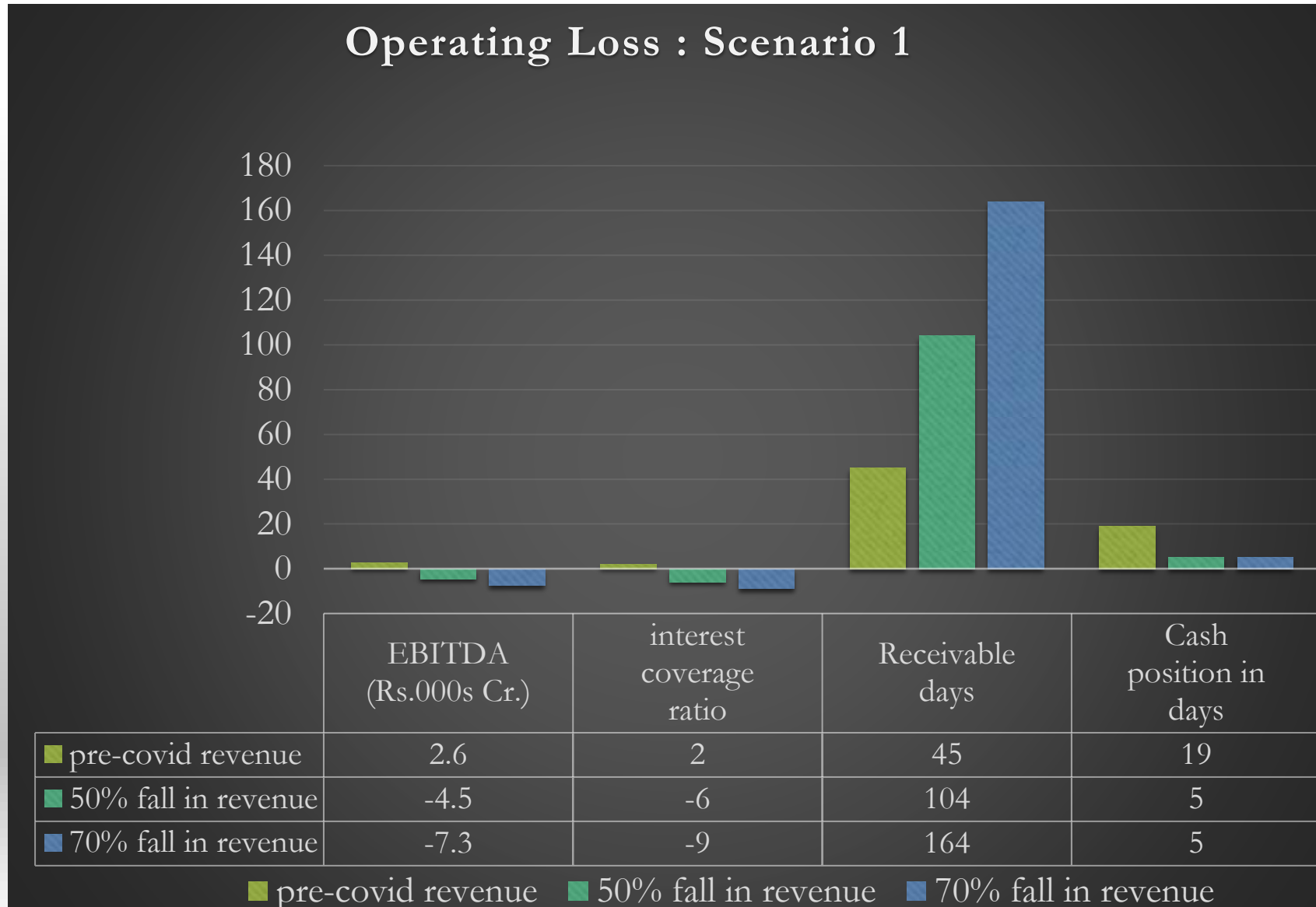
To assess the immediate COVID impact in the last week of march P&L study for march week wise revenue and occupancy levels for 10 hospitals was done by FICCI.

The total revenue of private hospital sector in India is around Rs 2.4L with an EBITDA approximately 13%

| <b>CATEGORY</b>             | <b>FIXED COST</b> | <b>VARIABLE COST</b> | <b>EBITDA %</b> |
|-----------------------------|-------------------|----------------------|-----------------|
| <b>Tertiary<br/>(n=51)</b>  | 65-70%            | 30-35%               | 13%             |
| <b>SECONDARY<br/>(n=23)</b> | 75-80%            | 20-25%               | 14%             |
| <b>OVERALL<br/>(n=74)</b>   | 65-75%            | 25-35%               | 13%             |

**To understand the expenditure cost composition of operating a hospital, data of 74 private hospitals were studied by FICCI to analyse the percentage of fixed-cost, variable cost, and EBITDA levels.**

# Scenario 1 (Lock down = 1 month)

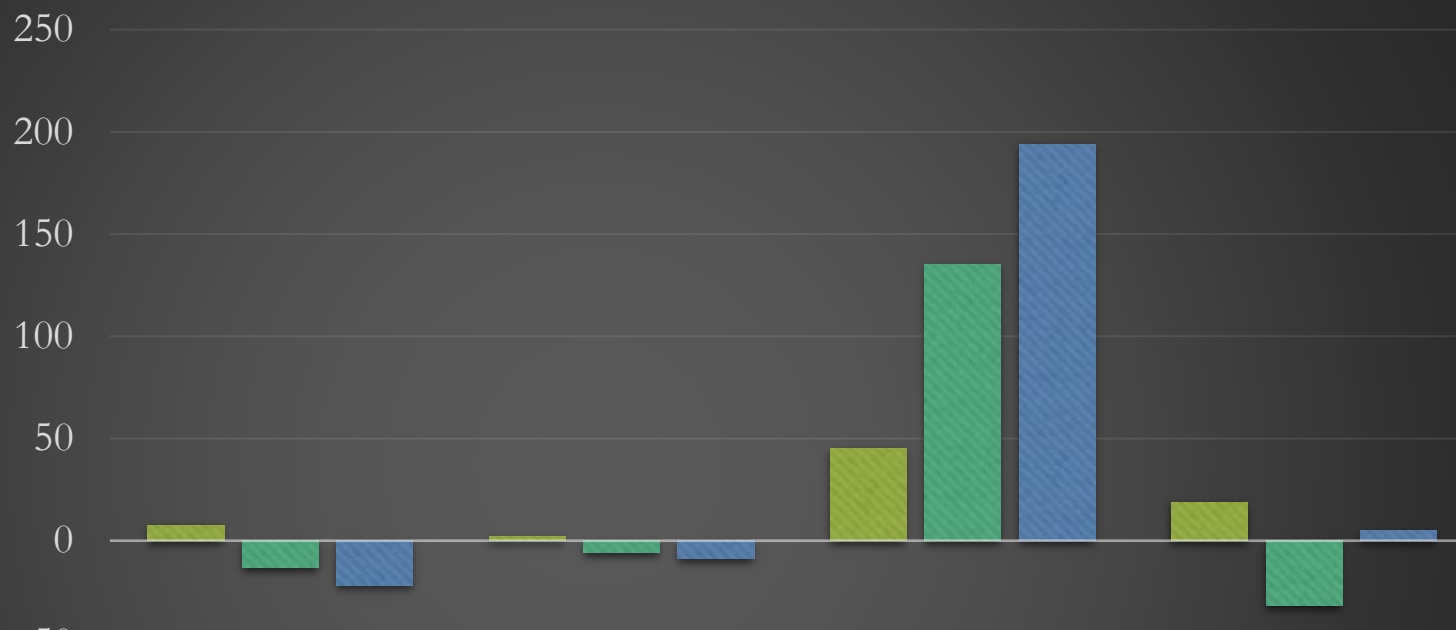


Detailed impact  
assessment for  
private hospitals  
for 1month  
lockdown scenario  
comparing  
pre-covid levels,  
50%fall in  
revenue, 70%fall  
in revenue

Source-FICCI

# Scenario 2: Lockdown (1 quarter)

Operating loss : Scenario 2



|                     | EBITDA (000s Cr.) | Interest coverage ratio | Receivable days | cash in position days |
|---------------------|-------------------|-------------------------|-----------------|-----------------------|
| pre-covid revenue   | 7.7               | 2                       | 45              | 19                    |
| 50% fall in revenue | -13.4             | -6                      | 135             | -32                   |
| 70% fall in revenue | -21.9             | -9                      | 194             | 5                     |

pre-covid revenue 50% fall in revenue 70% fall in revenue

Detailed impact assessment for private hospitals for 1 quarter lockdown scenario comparing pre-covid levels, 50% fall in revenue, 70% fall in revenue

# DISCUSSION

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- Corporate hospitals will experience a loss of around 14,000-24,000 crores within the first quarter of the year
- Interest coverage ratio which is already at 2 will get further constrained to negative value.
- The revenue generated for the sector in FY21 is also expected to experience a down steep by 30-40%.
- The loss will also result in early single digit or negative EBITDA percentage

# Private hospital sectors are currently facing a dual burden unlike other sector

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- The private hospitals in India were already trembling for financial profits in pre-COVID state, thus this sudden drop in demand impacted the cash flow to maintain regulatory operations.
- Minimum scope to reduce the fixed expenses and increase in costs in context of infection, need for personal protection equipment and other resources to deal with the virus outbreak

# RECOMMENDATIONS

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- Liquidity infusion
- Direct/indirect tax dispensation
- Fixed cost rebate
- Wavier on license renewal fee



# CONCLUSION

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- The impact of coronavirus pandemic is clearly visible in the financial market ,the hospital sector face a major turmoil as they were directly affected by the disease.
- Adding more manpower-surplus, equipment and consumables to ensure a safe and efficient healthcare model need money influx
- Massive drop in elective surgeries, international patients and OPD footfalls resulted in a crashed system
- Thus the sector need financial government support to sustain .

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# Part 2

# E-health : More than just an electronic health record



## **COURSE NAME**

e-Health, more than just an electronic health record. (By The University of Sydney)

## **PLATFORM USED**

Coursera

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## **COURSE DURATION**

15 Hours (5 modules, 5 weeks)

## **COURSE DESCRIPTION**

The MOOC, "eHealth: More than just an electronic record", aims to equip the global audience of health clinicians, students, managers, administrators, and researchers to reflect on the overall impact of eHealth on the integration of care.

It explores the breadth of technology application, current and emerging trends, and showcases both local and international eHealth practice and research.

The entire eHealth Course consists of 5 modules and takes about 5 weeks to complete.



# **OBJECTIVES OF THE COURSE**

- 
- ➡ What is e-health and the direction in which it is steering into
  - ➡ The type of data we collect in terms of health and how it can be used to alter future
  - ➡ How consumers can now participate with use of new technology in their healthcare decisions
  - ➡ Use of e-health in bettering coordination and efficient delivery and the hurdles



# COURSE CONTENT

## **Module -1**

**What is E-health?  
Fundamentals of E-health  
and where it is heading**

## **Module -2**

**Health in our  
hands**

## **Module -3**

**Data and  
quantified self**

## **Module-4**

**Interacting with health  
professionals using new  
technologies**

## **Module -5**

**E-health in professional  
practice**

# Learning methodology used the course

**Video  
lecture**



**Reading  
material**



**quizzes**



**Applicative  
assignment**



# KEY LEARNINGS FROM THE COURSE

## Module-1

- ➔ Comparing e-health definitions
- ➔ Intersecting e-health domains impact healthcare
- ➔ Fundamental principles of e-health
- ➔ Rate your own awareness of e-health
- ➔ Appreciate current and future challenges of e-health.

## Module-2

- ➔ Understand the potential of mobile technology to support shift from healthcare to health
- ➔ Describe example of wellness and healthcare mobile apps currently in use

## Module-3

- ➔ Consider strategies for including mobile health apps in your professional practice
- ➔ Be aware of issues around the design and evidence for effective health apps

## Module-4

- ➔ Describe a range of innovative e-health interactions
- ➔ Evaluate the advantages of technology based e-health service in improving healthcare
- ➔ Consider new models of healthcare supported by tele-health, social media and apps.  
E-health use for professional development

## Module-5

- ➔ Reviewed a variety of case-based examples of E-health professional practice
- ➔ Provide an evidenced based rationale for adopting an e-health strategy
- ➔ Describe how would you anticipate the strategy improving healthcare service for both yourself and health customers

# Thank-you

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