Summer Training at
Columbia Asia Referral Hospital,
Yeshwanthpur

1. **Preventive Healthcare- An Assessment of the healthcare initiatives promoted among the Corporate**
2. **Assessing the driving factors and the of scope of medical/diagnostic services for referral marketing in healthcare industry**

By
Abhinav Maurya

Under the guidance of
Dr. Suresh Joshi

MBA Hospital and Health Management
2015-2017

The IIHMR University, Jaipur
2016

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that, **Dr. Abhinav Maurya** student of MBA hospital and health management from The IIHMR University, Jaipur has undergone summer training at **COLUMBIA ASIA HOSPITAL BENGALURU** from **1st April 2016** to **31st May 2016.**

The candidate has successfully carried out the study designated to him during summer training and his approach to the study has been sincere, scientific and analytical.

The summer training is in fulfillment of the course requirements.

I wish him success in all his future endeavors.

Col (Dr) Ashok Kaushik
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The IIHMR University, Jaipur

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COLUMBIA ASIA

31st May 2016

To whomsoever it may concern

Columbia Asia Hospitals Pvt. Ltd. presents this letter of internship completion to **Dr. Abhinav Maurya** from **IIHMR, Jaipur** in recognition of successfully completing the Internship from **1st April 2016 to 31st May 2016** at **Columbia Asia Referral Hospital Yeshwanthpur.**

During the internship training, Abhinav was competent, professional and focused in his tasks.

His efforts in participating and contributing to the project are commendable.

We wish him all the best in all his future endeavors.

Columbia Asia Hospitals Pvt. Ltd. Bengaluru 560 075

Tanu Tewari
Sr. Manager Training and Development

Acknowledgement

I, Dr. Abhinav Maurya, a student of MBA-HM- 20 at IIHMR Jaipur, would like to sincerely express my heartfelt gratitude to:

- Mr. Tufan Ghosh, Chief Executive Officer, Columbia Asia Hospital, for granting me the opportunity for training.
- Mr. Vinay Kaul, Senior Vice President of Marketing and Sales, Columbia Asia Hospital, for granting me the opportunity for training, along with guidance and encouragement in the whole journey of my training.
- Mr. Tanu Tiwari, Senior Manager Training and Development, Columbia Asia Hospital, for granting me the opportunity for training.
- Mr. Allen Mathias, Manager Training and Development, Columbia Asia Hospital, for coordinating our whole Summer Training in a very educative and fun manner.
- Mr. Ramprasad, Marketing Head, Columbia Asia Hospital,Yeshwanthpur for being my mentor and project guide for the entire period of my training. His rich experience has tremendously helped me in identifying areas where I lack and what characteristics I must develop in myself for the future.
- I would like to thank whole of Marketing Team of Columbia Asia, IMO Team, CARHY and Hebbal Hospital of Columbia Asia for all the guidance and help required in the whole of my Summer Internship Journey and arranging for the exposure of other departments of the Hospitals.
- Dr. Suresh Joshi, Professor IIHMR University, for being my mentor and helping me in my project activity through his invaluable suggestions and vast experience.
- Mr. Hem Bhargava, Placement Officer, IIHMR Jaipur, for facilitating my training at Columbia Asia Hospital.

Observational Learning

Introduction

The summer training is an integral part of the course curriculum of MBA-HM at IIHMR Jaipur. As part of the course, students at the end of their first year are required to undergo training of two months to get an in-depth exposure to the various departments in the organization, as well as take up projects as per the requirements of the organization where the students get training. What is most crucial is to build a base of knowledge about the structure and functioning of the hospital, which can be used to understand and apply concepts in the subsequent study tenure at IIHMR Jaipur.

During my summer training at Columbia Asia, there were numerous learning experiences. These were enhanced due to the projects undertaken at the hospital, which are listed as follows:

- **Preventive Healthcare- An Assessment of the healthcare initiatives promoted among the Corporates**
- **Assessing the driving factors and the of scope of medical/diagnostic services for referral marketing in healthcare industry**

A brief report of the training of two months is presented below with the details of tasks undertaken and lessons learnt during the training.

Organization Profile

Columbia Asia is an international healthcare group operating a chain of modern hospitals across Asia. Columbia Asia Hospitals Pvt. Ltd. is one of the first healthcare companies to enter India through 100% foreign direct investment (FDI) route. The Columbia Asia Group is owned by more than 150 private equity companies, fund management organizations and individual investor.

The Columbia Asia "model hospitals" are the result of a 13-year development effort that combines 'best class of care' with 'best technology' practices, all under one roof hence differentiating itself from the rest of the hospitals.

Columbia Asia hospitals are clean, efficient, affordable and accessible. The innovative design of the hospitals, from their manageable size to their advanced technology, is focused on creating positive experience for patients.

The first hospital in India commenced operations in 2005 in Hebbal – Bangalore and currently Columbia Asia operates eleven facilities. The group has presence in Ahmadabad, Bangalore, Mysore, Kolkata, Gurgaon, Ghaziabad, Patiala and Pune.

Columbia Asia branches in Bangalore

YESHWANTHPUR WHITEFIELD HEBBAL DODDABALLAPUR

Columbia Asia Referral Hospital Yeshwanthpur - Bangalore, is an international healthcare group that brings its entire bouquet of services, highly qualified doctors practicing internationally benchmarked standard protocols, excellent nursing services in very modern surroundings with hospitality a key aspect of service delivery.

The hospital with a built up area of over two hundred thousand sq. ft. with 160 beds to cater to the needs of community and offering comprehensive medical services, the hospital has highly qualified doctors, nurses, and support staff to ensure the best quality of care, and the hospital follows internationally benchmarked standards in medical, nursing and operating protocols, the propriety electronic medical record management and information system makes patient experience convenient.

Vision: We have a passion for making people better.

Mission: To deliver the best clinical outcomes in the most effective, efficient, and caring environment.

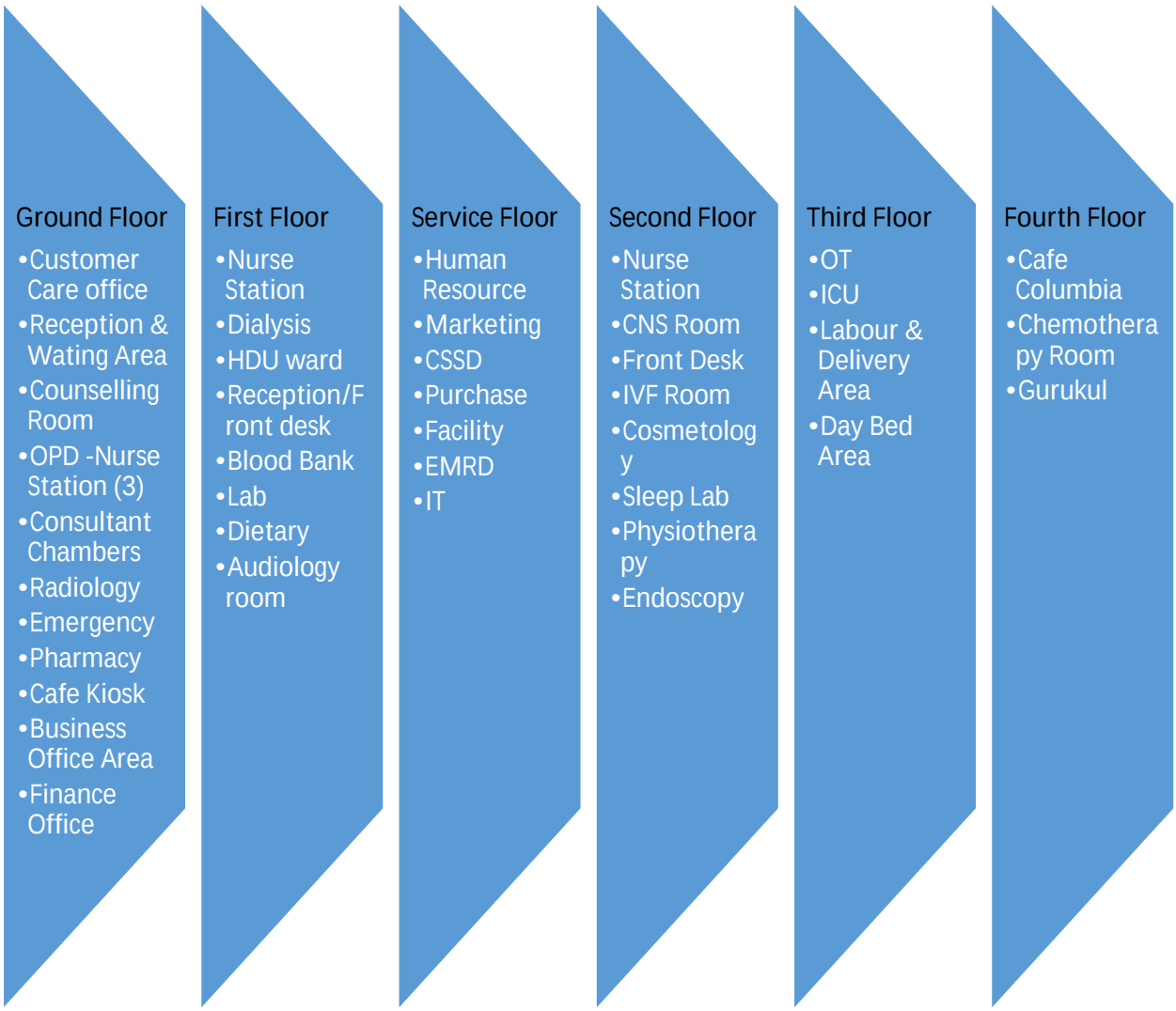
Value system: Customer first
Excellence
Teamwork
Integrity
Caring
Community

Rules:

1) Though shall not steal (or) lie
2) Though shall not disrespect to your colleagues
3) Though shall not be absent
4) Though shall not drink and smoke on duty
5) Though shall not abuse any drugs
6) Though shall not wilfully tarnish the images of organization

COLUMBIA ASIA YESHWANTHPUR

ORGANOGRAM



Infrastructure and Services: Columbia Asia today serves more than one million patients every year. Our hospitals offer comprehensive clinical programmes that are supported by a list of ancillary services (ICU, NICU, physiotherapy, referral lab, teleradiology/telemedicine, pharmacy and imaging facilities).

A comprehensive electronic medical records system forms the core of the hospital information system (HIS) that supports clinical decision making. While four of our hospitals are already accredited by NABH, the rest are under process. We cater to healthcare needs of international patients from developed and developing countries.

The hospital offers a wide range of clinical services such as Obstetrics &Gynecology, Internal Medicine, General Surgery, Pediatrics, Ophthalmology, Ear, Nose & Throat, Urology, Gastroenterology, Dermatology, Orthopedics and Plastic Surgery. Qualified and experienced medical personnel and technicians ensure healthcare delivery of the highest standards. Columbia Asia Hospital – today considered as one of the best hospitals in Bangalore. The hospital has international standard infrastructure and follows globally benchmarked standards of medical, nursing and operating protocols and is rapidly becoming the preferred healthcare destination for International Patients.

Patient-Centered Care: We pride ourselves on our service standards, the people working with us and the clinical expertise extended to patients. Our mission is to provide effective and affordable care in a clean and caring environment.

We have a hospitality-based approach wherein our patients are treated as guests. Our processes are technology-driven, making it convenient for patients to use our services. All our medical programmes are underpinned by an uncompromising belief and practice of ethics, excellence and strict clinical governance.

- **<u>Specialties at Columbia Asia Hospital</u>**
  - Anesthesiology
  - Bariatric Surgery
  - Cardiology
    - -Interventional Cardiology
    - - Non- Interventional
    - - Pediatric
  - Cardiothoracic and Vascular Surgery
  - Critical Care Medicine
  - Dermatology and Cosmetology
  - Emergency Medicine
  - Endocrinology
  - ENT
    - -Endoscopic Surgery

- Bone Anchored Hearing Aid (BAHA)

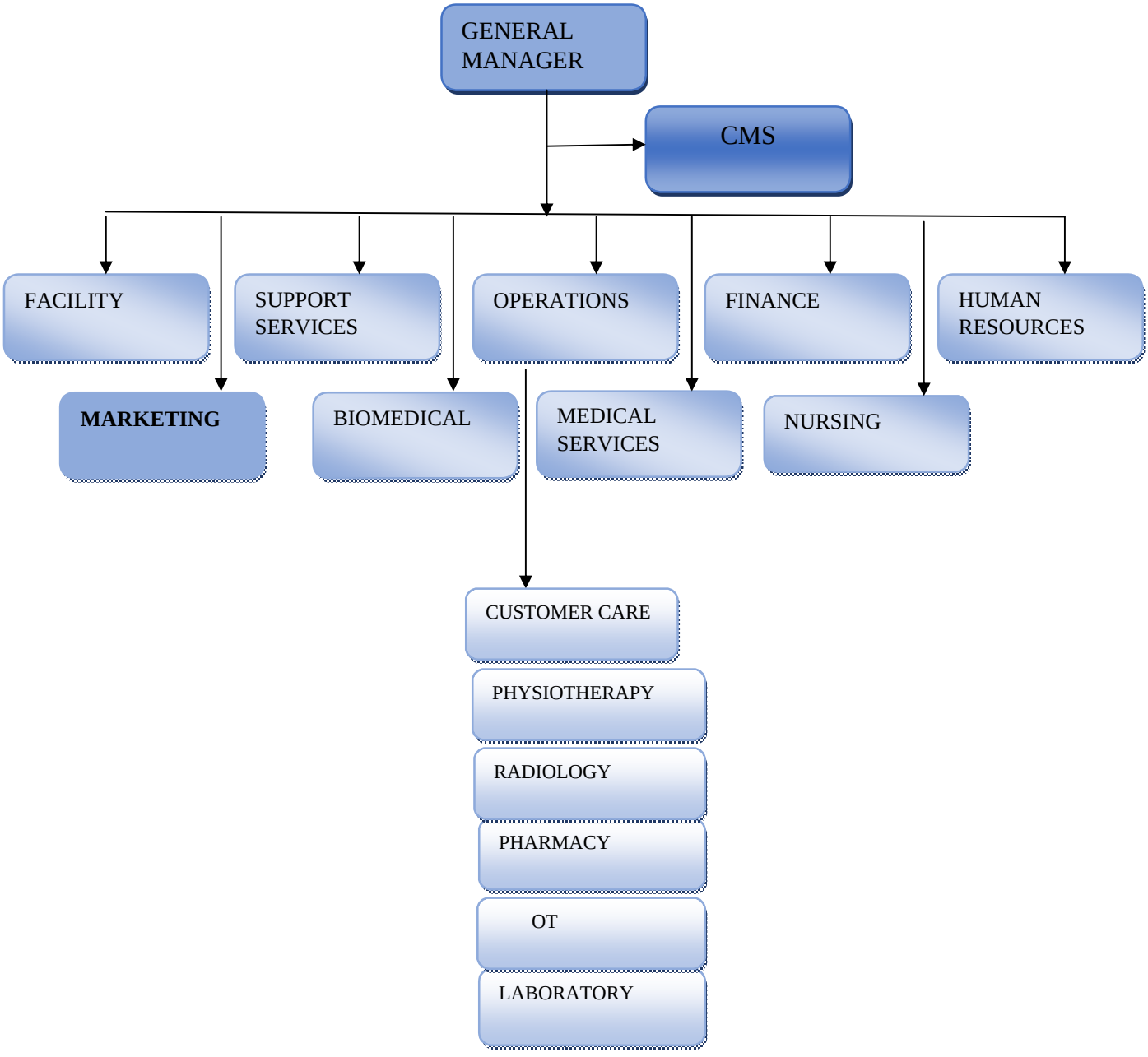
- Gastroenterology
- General Surgery
  - Minimally Invasive (Laparoscopy) Surgery
- Infectious Diseases
- Internal Medicine
- Medical Oncology & Clinical Hematology
- Neonatology
- Nephrology and Renal Transplant
- Neurology
- Neurosurgery
- Nutrition & Dietetics
- Obstetrics and Gynecology
  - High Risk Pregnancy
  - Advanced Laparoscopic Surgery
- Ophthalmology
- Orthopedics Surgery
  - Joint Replacements (Knee/Hip)
  - Supports medicine &Arthroscopy
  - Shoulder Surgery
  - Pediatric Orthopedics
- Pain Management
- Pediatric Gastroenterology
- Pediatric Surgery
- Pediatrics
- Plastic & Reconstructive Surgery
  - Hand Surgery
- Psychiatry
- Pulmonology
- Reproductive Medicine & IVF
- Rheumatology
- Surgical Gastroenterology
- Surgical Oncology
- Urology
- Vascular and Endovascular Surgery
- Wound Care

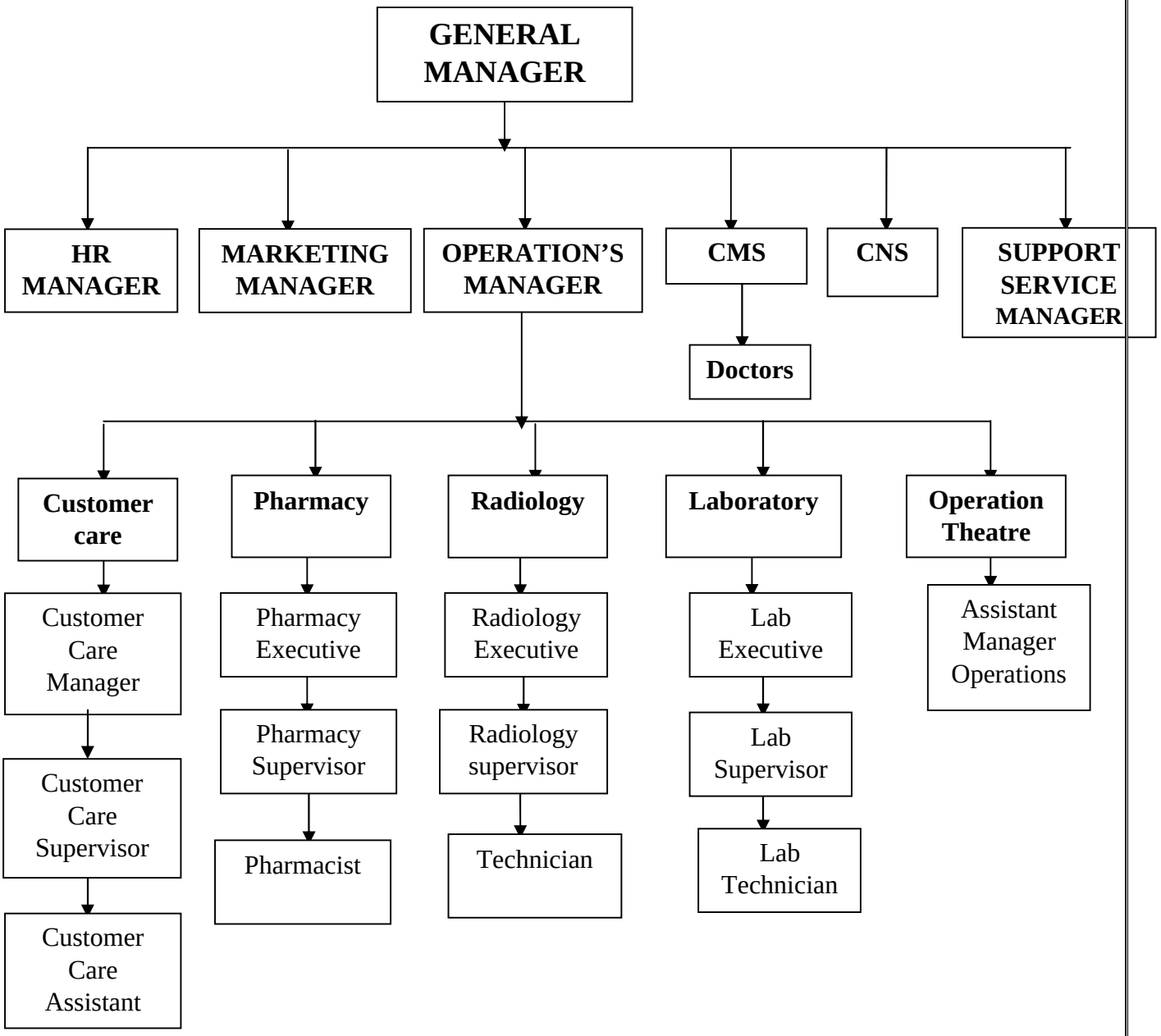
Services and specialties at Columbia Asia Hospital Yeshwanthpur

- 24-Hour Emergency services
- 24-Hour Laboratory Services
- 24-Hour Radiology Services
- 24-Hour Pharmacy
- 24-Hour MRI & CT Services
- Major Operating Rooms

- 160 bedded Inpatient Facility
- Ambulance Services
- Cath Lab
- Dedicated Labor and Delivery Suite
- Dialysis Center
- Endoscopy Suite
- Integrated Clinics
- Intensive Care Unit (ICU)
- Pediatric Intensive Care Unit (PICU)
- Level 3 Neonatal Intensive Care Unit (NICU)
- In-house Columbia café
- Nutrition and dietetics
- Outpatient Specialist Clinics
- Physiotherapy
- Preventive Health Screening

ORGANOGRAM OF HOSPITAL





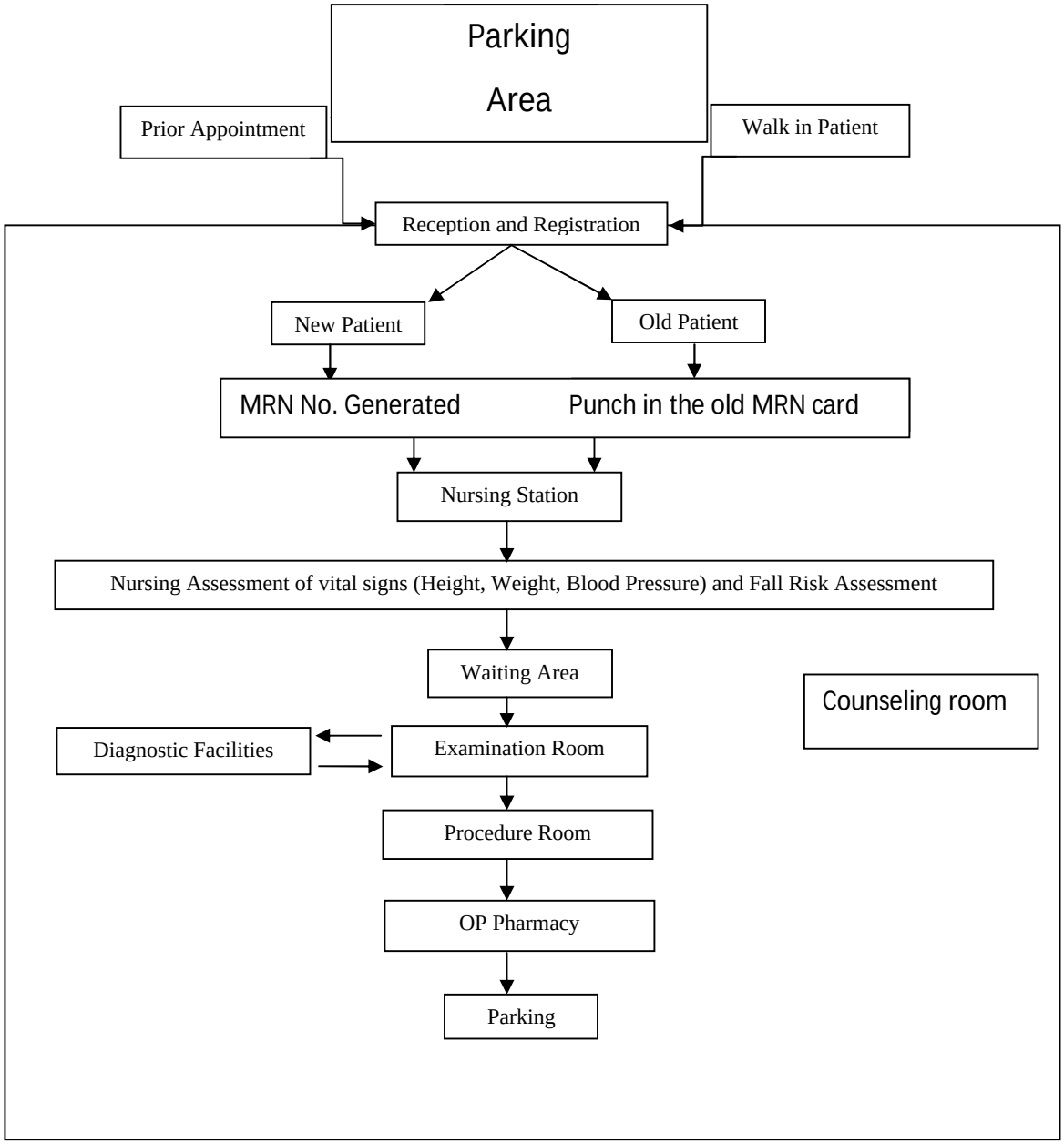
2D. General Findings

I will attempt to present my general findings in the form of process flow sheets, in the order of my visit to the departments.

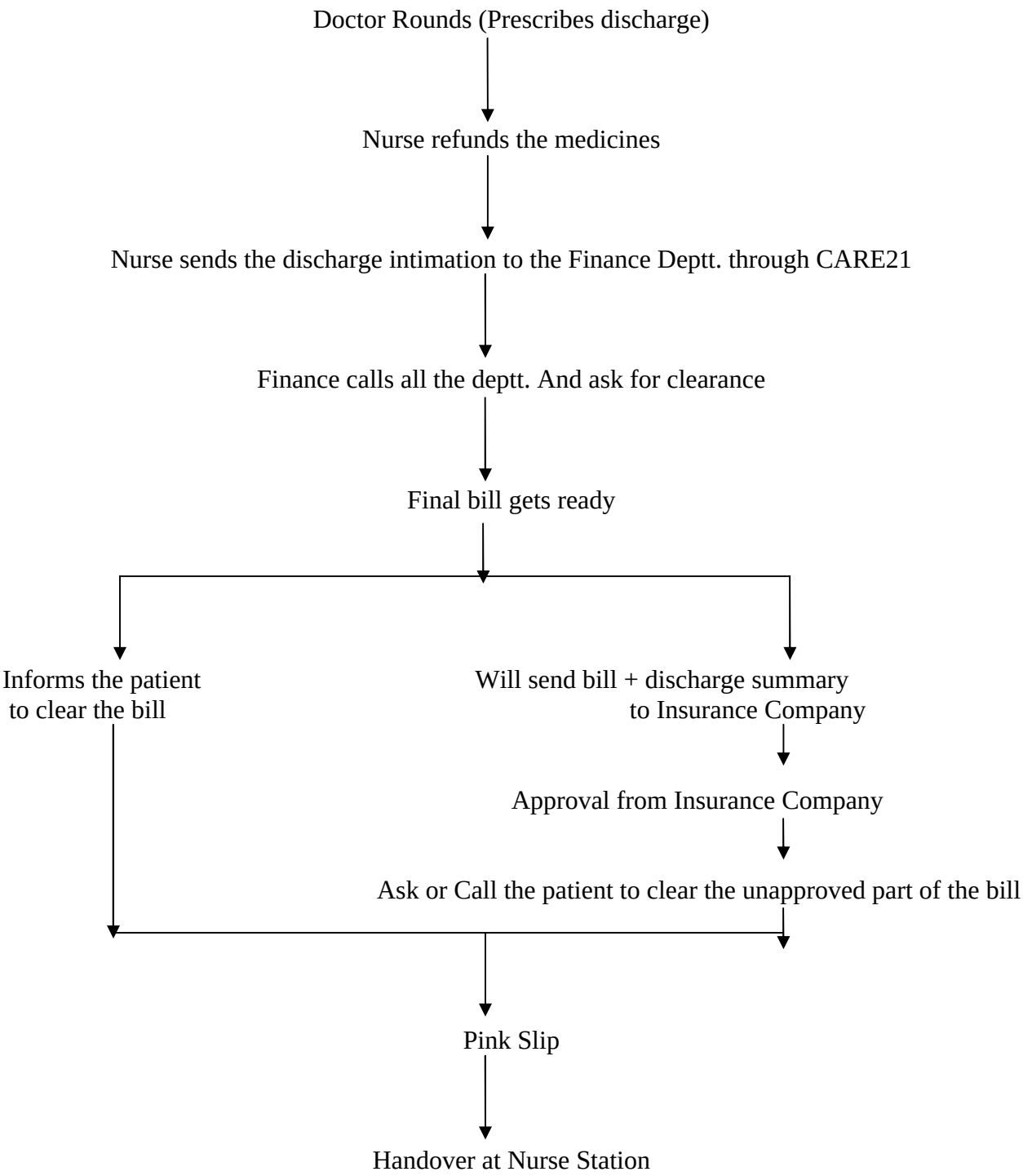
OPD

There are two OPDs as General OPD, located on the ground floor, while Cardiac OPD is on the 1st floor, Gynaec and Nephro on 2nd floor, Gastro OPD on 3rd floor and Oncology OPD on 4th floor. The General OPD has in total 27 Consultants Room along with Immunization Room, Procedure room and Nursing room. The daily volume of Out patients is around 600/ day.

Quality Indicators –
Waiting time for Consultation
Time taken for admission
Waiting time for discharge
The general process flow that is followed in all the OPDs is as follows:



Discharge Summary



Customer Care

Services:-

- **Enquiry Desk**- Enquiry is manned by a customer care assistant 24hrs/day, and is supervised by the customer care supervisor. Handles all doubts, new registration, enquiries and questions concerning the services Columbia Asia provides.
- **Console**- Handles internal calls (call transfers and enquiry) and external calls (call transfers, enquiry, scheduling appointments, rescheduling and dissemination of the information concerning health checks and other hospital services.
- **OPD**- Processing of appointment schedules and consultation with the respective consultants**.**

  Nurse Station (A) - Consultation payment and visit activation for OPD-A and health check-ups patients, vitals check

  Nurse Station (B) – Consultation payment, visit activation, vitals check, vaccination for OPD-B patients and payment for lab reports and radiology reports.
- **Inpatient Services**- Customer service assistant will guide and accompany the patient/patient attender through all formalities of the admission process.
- **Health Check-ups**- Offer different health check-up packages for men and women of different ages tailored to their requirements.

HR Department

The services for this department include:

- Job recruitment & analysis
- Assessment of application
- Interview processes
- Joining formalities
- Performance appraisal
- Compensation & benefit
- Training & development
- Employer engagement & relation
- Management info system

Marketing Department

The department of Marketing Columbia Asia, develops and implements various hospital marketing/public relations programs to create a positive awareness of the hospital, its staff, and services in the primary and secondary area the hospital serves. The department is reflective of the idea, goal and vision of The Columbia Asia Hospital.

The department also forms the communication link between the services offered and the patients served. The department tells the who, what, when and where of the programs and events. Three leading activities that promote hospital image are Corporate marketing, Referral marketing, Digital Marketing.

Activities of the Marketing Department

Phase One : 1. Facilitate corporate tie-ups for both inpatient and outpatient ,

2. Health check –up tie-ups and

3. Credit client service

Phase Two : 1. Maintaining the existing tie-ups and

2. Renewing contracts.

3. Maintaining commmunication channel

Support Service Department

Services:-

- Support services shall consist of facility maintenance, bio-medical, housekeeping linen & laundry, security and food services
- Support services shall ensure that all fixed assets are tagged, that their movements are monitored and that proper records are maintained
- The hospital shall ensure that movement of items in and out of the premises is done after obtaining due authorization and with relevant supporting documentation

Housekeeping Department

Services:-

- The primary function of housekeeping department is to ensure overall cleanliness and maintenance of all areas of hospital
- The housekeeping department will use a combination of a efficient procedure, appropriate tools and methods with trained man power thereby ensuring a hygienic atmosphere in the hospital
- Deep cleaning (top to bottom) in critical areas like OT, ICU, NICU twice a month and in other areas once a month
- Room deep cleaning is done on Sundays
- Checklist is provided in each room, to be filled daily
- Different chemicals for different areas of the hospital, Basilocite for OT and BHU, R1 for washroom, R2 for floor cleaning
- Maximum cleaning is done before 10:30 am (before rush hours)
- Maximum 20 minutes per room

Linen & Laundry

- All the linen transferred to linen exchange sheet
- When the dirty linens are handed over to the vendor its entered into laundry exchange sheet (Three copies- Linen department, Security, Vendor)
- Five stocks are maintained-
  -Laundry stock
  -Patient stock
  -Linen stock
  -Store stock
- Linen Life Cycle- (min) 200/cycle and (max) 300/cycle

Cafeteria

- The food services shall be managed in-house and will be referred as Cafe Columbia
- The food services shall ensure that the food served is presentable, palatable and safe for consumption
- The hospital serves 6 meals a day to the patients, with dietician consultation (included in room charges)
  -Breakfast with tea/coffee
  -Mid-morning soup
  -Lunch
  -Snacks with tea/coffee
  -Dinner
  -Night cap milk
- Shop act licence and FDA licence
- Patient feedback is taken daily

Security

- The security department is responsible for the overall safety and security of the hospital infrastructure, the external customers and internal customers

EMRD (Electronic Medical Record Department)

The medical records department is responsible for maintaining medical records in a standardized and professional manner in order to protect patient confidentiality while allowing adequate access to providers in order to promote quality patient care.

Coding and release of information are some of the other major duties performed in medical records department.

Services:-

- Compiling of daily hospital census and reporting to authorized personnel

- Updating statistics of all OP and IP census to monthly statistics
- Collecting discharge files from all the wings
- Systematic maintenance of medical records
- Coding as per ICD norms

Finance Department

- Finance department provides reports and analysis on expenditure and income throughout the year, setting budgets and providing financial information and support.

Pharmacy

Services:-

- Strict formulary followed-only 2 brands are allowed per molecule, formulary controlled centrally
- Only online prescription are allowed, no retail prescriptions are entertained
- Cash collected by an employee of finance department
- Possess NDPS licence
- Department/ wing wise indent schedule
- Drugs are arranged alphabetically
- NDPS drugs are kept in double lock & key
- Expiry & near expiry drugs and high value drugs are stored separately
- DTC committee for introduction of new formulations
- ABC, VED analysis implemented in the store
- Inventory count done weekly

Radiology

Services:-

- The department is committed to the high profile, high quality, precise, timely diagnosis and interventional procedures in a safe and caring environment

- Provide tele-radiology facilities that conform to the international standards of care to our referring consultants and hospital

EQUIPMENT:-

- CT Scan
- MRI
- Digital X-ray machine
- Mammography machine
- USG machine

Laboratory

The laboratory is a full service facility located on the ground floor near the OPD. It was NABL accredited

Serivices:-

The functional components of laboratory were-

- Microbiology
- Biochemistry
- Hematology
- Cytology
- Histopathology
- Immunology
- Serology

Accident and Emergency

Emergency medical services are dedicated to offering immediate, acute medical care out of the hospital or in an emergency room. The aim of emergency medical services is to provide treatment to those in need of urgent medical care.

At Columbia Asia Hospital, emergency department and emergency room is equipped with all the necessary facilities to administer the right emergency medical services.

WHEN TO CONTACT EMERGENCY MEDICAL SERVICES-

- Choking
- Breathing difficulty or stopped breathing
- Severe or mild head injury with/without loss of consciousness, vomiting or abnormal behavior like aggressiveness
- Injury to spine or neck
- Seizure that lasted for 3-5 minutes
- Bleeding that is not controlled and is heavy

EMERGENCY CARE IN COLUMBIA ASIA HOSPITAL:-

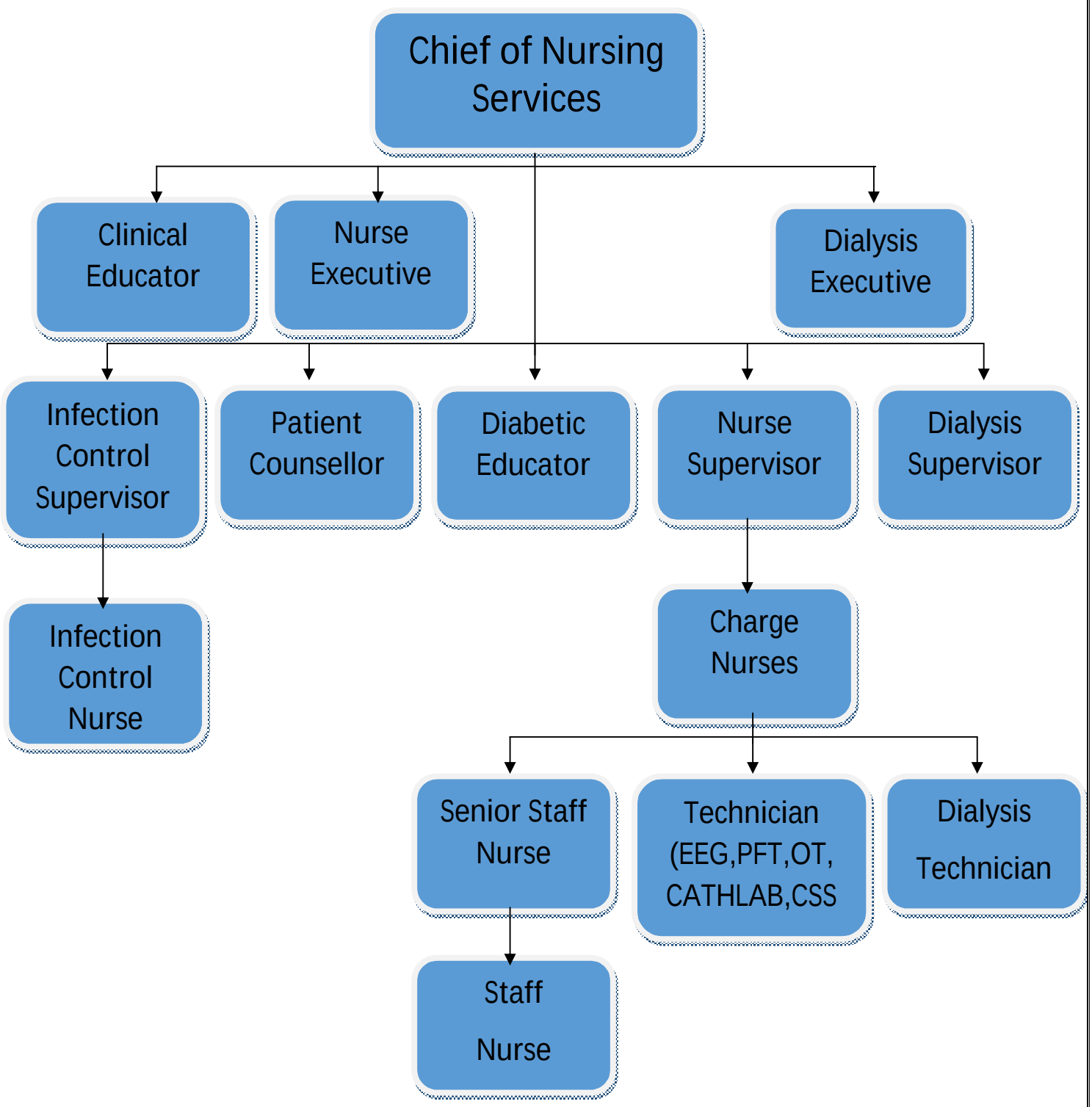
Once the patient reaches the emergency room, the first step is to assess and stabilize the patient. The concerned specialist is informed and investigations are started. Depending on the treatment proposed patient may be admitted to ICU or ward. In some cases, patient may be treated as an out-patient. Support of the laboratory and radiology department is available round the clock.

Operation Theatre

The objective of operating room is to provide highest level of surgical care to patients undergoing surgical treatment.

PROCEDURE:-

- Pre-operative care
- Pre anaesthesia checkup
- Surgical procedure
- Post-operative care


Chief of Nursing Services
Clinical Educator
Nurse Executive
Dialysis Executive
Infection Control Supervisor
Patient Counsellor
Diabetic Educator
Nurse Supervisor
Dialysis Supervisor
Infection Control Nurse
Charge Nurses
Senior Staff Nurse
Technician (EEG,PFT,OT, CATHLAB,CSS
Dialysis Technician
Staff Nurse

CSSD (Central Sterile Supply Department

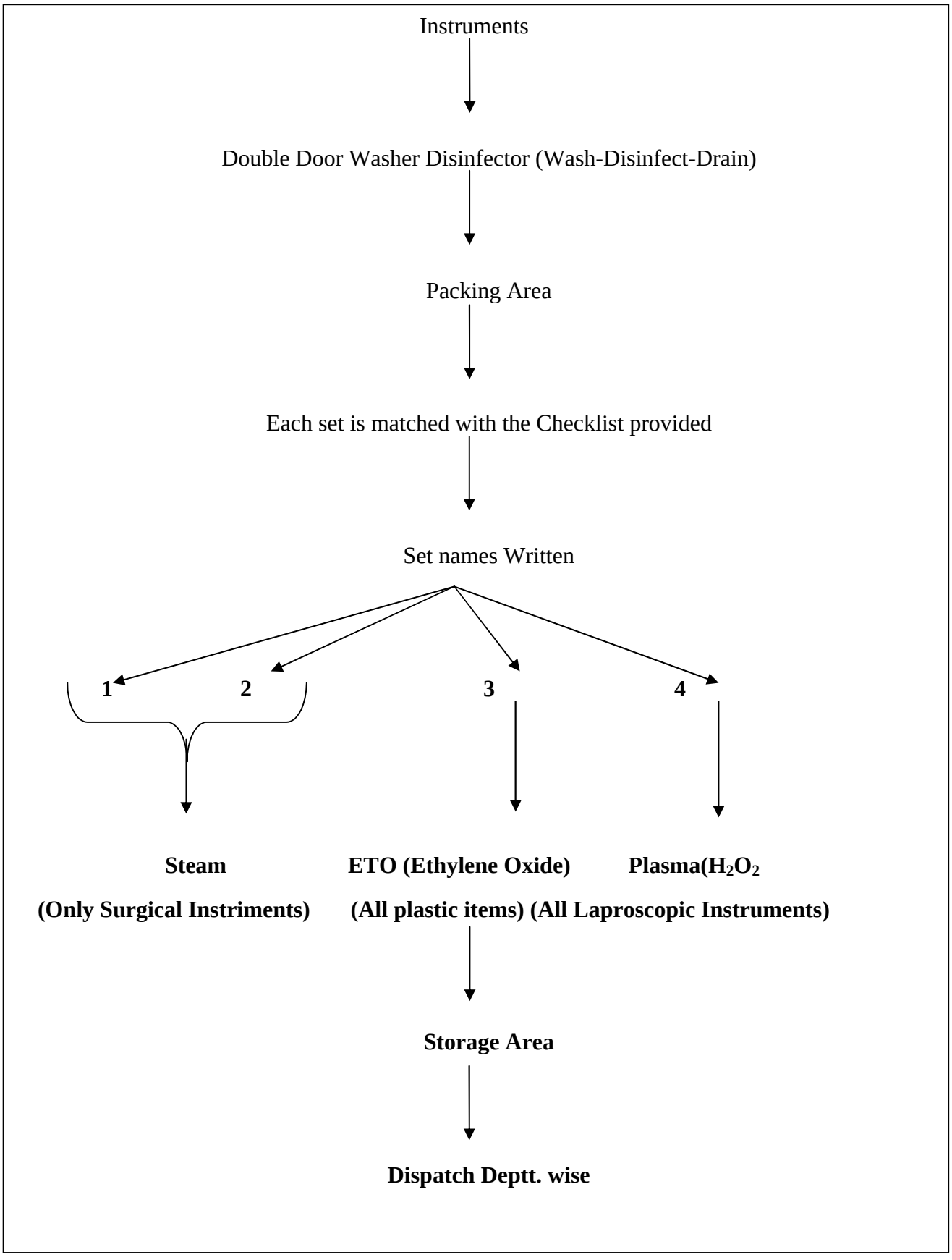
The Central Sterile Supply Department provides complex services including the preparation of sterile medical supplies for the surgery rooms.

The Central Sterile Supply Department provides specialized hygienic operations (complex pre-sterilization preparation, high-temperature sterilization, low-temperature sterilization) whose outputs are sterile medical supplies.

Services:-

- Disinfection, mechanical treatment, special treatment of all medical supplies
- Organizing and completing surgical instruments into sets
- Visual control of completeness, preparation and packing of surgery room cloths
- Moist heat sterilization
- Ethylene oxide sterilization

Process Flow



ICU (Intensive Care Unit)

It is located on first floor. Intensive care unit cater to patients with severe and life-threatening illnesses and injuries, which required constant, close monitoring and support from specialist equipment and medication in order to ensure normal body functions. Patients may be transferred directly to an ICU from emergency department if required, or from a ward if the rapidly deteriorate, or immediately after surgery if the surgery is very invasive and the patient is at high risk of complications. It is a 35 bedded ICU. The break-up of beds are as follows-

SICU	12
MICU	5
PICU	2
CCU	8
CTVS	8
NICU	9
HDU	4

NICU (Neonatal Intensive Care Unit)

This specialty unit cares for neonatal patients who have not left the hospital after birth. Common conditions cared for include prematurity and associated complications, congenital disorders resulting from the birthing process.

Physiotherapy

The objective of physiotherapy is to provide effective rehabilitation for a variety of musculoskeletal, neurological, respiratory conditions and other medical problems related to physiotherapy for patients in Columbia Asia hospital. The physiotherapists within Columbia Asia Hospital are committed to providing a service that is responsive to the needs of the patients, innovative and based on current evidence and research.

A Project Report

On

A. Preventive Healthcare- An Assessment of the healthcare initiatives promoted among the Corporates

TABLE OF CONTENTS

1. Introduction

Preventive health care holds enormous promise for the competitiveness of Indian companies and for the country's economy in the global arena. In an era when the service sector is gaining pre-eminence, the value of the individual employee has increased more than ever before. Employees with specialized skills are the focal point on whose well-being and performance the productivity of a company rests. In a highly competitive corporate environment, companies cannot afford the absence of their employees due to sickness, caused by a sedentary lifestyle, etc., or a poor performance at the workplace due to poor health. Preventive, as opposed to curative healthcare has become the preferred option in most developed countries as it increases the productive capability of the nation. According to the World Health Organization (2005), the estimated loss in India's national income due to heart diseases, stroke and diabetes in 2005 was US $9 billion compared to US $3 billion for Brazil. These losses are projected to exceed US $200 billion in the next decade, unless preventive measures are taken in which case, an accumulated economic growth of US $15 billion can be expected.

About 10 years ago, when one spoke of companies focusing on employee health and wellbeing, it usually meant the organization's health insurance plan or medical facility available to staffers if they were unwell. Nowadays, any talk about employee health could mean a customized portfolio of services. The organization now are well aware of the fact that the health scenario of their corporate setup reflects not only the health status of its employees but also the management of employee health has the potential to directly impact on the reputation of a company in this age of free information where corporate reputations are increasingly becoming fragile. More and more jobs are now sedentary or desk-bound with the advent of the computer. Studies show that long hours of seated work increases the employee's risk for several conditions such as obesity, upper body pain (arm, hand, neck and shoulder) and mental stress. Thus, for modern business organizations, it is important to maintain and improve the health of its human resources so that the employees feel that their company looks after their well-being. Hence, the workplace has become a critical place for successful prevention strategies and the employers have an important role to play in changing the sedentary lifestyles of employees by providing a facilitating environment and infrastructure to motivate employees to undertake physical exercise and stress-relieving measures like yoga or gym together with regular check-ups and counseling for preventive health care. Some of the often used corporate programs include biometric screenings, on-site health checks, exercise and diet consultation, counseling sessions and lifestyle and behavior coaching initiatives.

Preventive healthcare is pacing at a growth rate of 25 per cent in the past five years. As per the KPMG report India's preventive healthcare market, estimated at over $800 million, has a market potential of over 300 million clients.

This changing workplace scenario in corporates comes in handy for the promotion of corporate marketing by the hospitals or the wellness provider. The healthy corporate set up goes hand in hand with the business opportunity for the care provider. This is witnessed by a rapid growth in preventive health check-ups and booming number of players in the market for the same.

Wellness programmes present a more holistic approach towards employee health. As companies understand the impact of chronic diseases on their employees and then on their businesses, they acknowledge the need for healthy employees. They are beginning to understand the need to move from *disease management* to *health management*.

Companies have started to identify their individual needs and wellness requirements. They may offer the usual benefits like preventive health check-ups, health risk assessments and gym memberships. Some wellness programmes also provide additional benefits that are not normally covered under health insurance plans like *curative services* (e.g., vaccination, yoga and meditation classes) and rehabilitative healthcare services (e.g., physiotherapy, pre- and post-natal care, etc.)

2. Literature Review

A literature search was performed to identify published studies related to the views of consumers on generic drugs. The search was limited to full paper articles published in English. However, this review gives a broad reflection of substantial research performed across different countries including Indian studies. Electronic databases searched include ResearchGate, PubMed Central, BioMed Central, J Occupational Medicine, ScopeMed, Oxford Journals and British Medical Journal.

As per the study of Rasmussen SR et al (2007) in a randomized trial the authors compared two intervention groups (A and B) and one control group. Both intervention groups were offered a broad (multiphasic) screening including cardiovascular risk and a personal letter including screening results and advice on healthy living. Individuals in group A could contact their family physician for a normal consultation whereas group B were given fixed appointments for health consultation. Group B and (A) significantly gain 0.14 (0.08) life years more than the control group. The effect in group B is, however, better than in group A with no significant differences in costs. Preventive health screening and consultation in primary care in 30- to 49-year-olds produce significantly better life expectancy without extra direct and total costs over a six-year follow-up period. Another research project by Phillips, J. F. (2009) was accomplished to examine the effectiveness of one approach to control rising health care costs and contain corporate financial responsibility--the establishment of wellness and health risk screening programs to improve the health of employees. The final contribution of the study is to suggest an explanation for the costs which appear to be holding their own in terms of the national average. While this cannot be statistically verified, it does seem that the active participation of these companies in wellness programs could be a factor. This is an impressive number of companies that have recognized wellness programs as a potential means to reduce employee health care costs. In regards to specific programs, at least 50 per cent of respondents answered that they have smoking cessation, employee fitness, counseling, and health risk screening and bio-metric screening programs.

Despite insurance for curative care, prevention is attractive because the choice is between completely preventing the illness and incompletely curing it. Many large firms pay health care claims of their employees. These firms have an added incentive to invest in prevention for improving employee productivity and reducing absenteeism. According to the study conducted by the Public Health Service (1992) for the United States, 81 per cent of worksites with 50 or more employees offered at least one health promotion activity such as curbing smoking, health

risk assessment, blood pressure control, weight control and exercise. More than 25 per cent of the firms surveyed claimed the reduction in health insurance costs as one of the top two or three reasons for health promotion programmes. The assessment by Aidoo H et al (2015) reveals that more staff has high health risks they are not aware of and that health risks varied across the different categories of health workers. Health risks are higher among senior staff and management members. Adoption of regular health educational and health promotion activities as well as health surveillance procedures to identify risk among all category of workers are essential to improve health of workers and promote positive social climate at the work place.
As per ASSOCHAM's corporate employees' survey result 2015, around 42.5% of the sample population are suffering from depression or general anxiety. Obesity is the second hard hit disease that was observed among the respondents, with 23% of the sample corporate employees suffering from obesity alone can modify occupational morbidity, mortality and injury risks that can further affect workplace absence, disability, productivity and healthcare costs. High blood pressure (B.P) and diabetes are the third and fourth largest disease with a share of 9 per cent and 8 per cent respectively as suffered among the corporate employees. Spondolysis (5.5 per cent), heart disease (4 per cent), cervical (3.0 per cent), asthma (2.5 per cent), slip disk (1 per cent) and arthritis (1.5 per cent) are the diseases that are mostly suffered by corporate employees. The study indicates that dedicated workout (exercise) can delay or prevent diabetes, some cancers and heart problems. It even reduces feelings of depression and anxiety. However, lack of exercise may increase risk factor for developing headaches.

3. Rationale

The healthcare scenario in the corporate world has now become the point of discussion for the academic scholars as well as researchers, owing to the changing corporate profile as well as due to the transition in disease profile of the country. While the lifestyle disease has been on the rise especially targeting the working individuals, taking preventive measures can help check the increasing number. So purpose of this study is to further generate awareness about employee well-being and assess and engage the private sector in taking steps to improve health standards of their employees through preventive health care.

4. Research Questions

- What is the perception of the corporate regarding healthcare needs of their employee?
- What is the corporate doing to fulfil their employees' healthcare needs?

5. Objective

To assess the healthcare scenario of the corporate workplace and the healthcare initiatives promoted among the Corporates in the sub urban regions of North Bengaluru.

6. Methodology

6.1 *Study Design*

Descriptive Cross-sectional Method Study (Quantitative).
This quantitative study include a scheduled based interview conducted through a proposed set of questionnaire (see Annexure A), to assess the workplace health scenario of the corporate and their inclination towards preventive healthcare.

6.2 *Study Setting*

The study is conducted among the corporate HRs, Admin Managers or person concerned with employee engagements for the corporate in the sub urban regions of North Bengaluru. A simple random sampling method was used in the study.

6.3 *Sample Size*

The sample size for the study is 50 respondents including a mix of corporate HRs, Admin. Managers or person concerned with employee engagements for the corporate.

7. Ethical Considerations

Participants were informed and reminded that they may refuse to answer any and all questions and may discontinue their involvement in the study at any time.

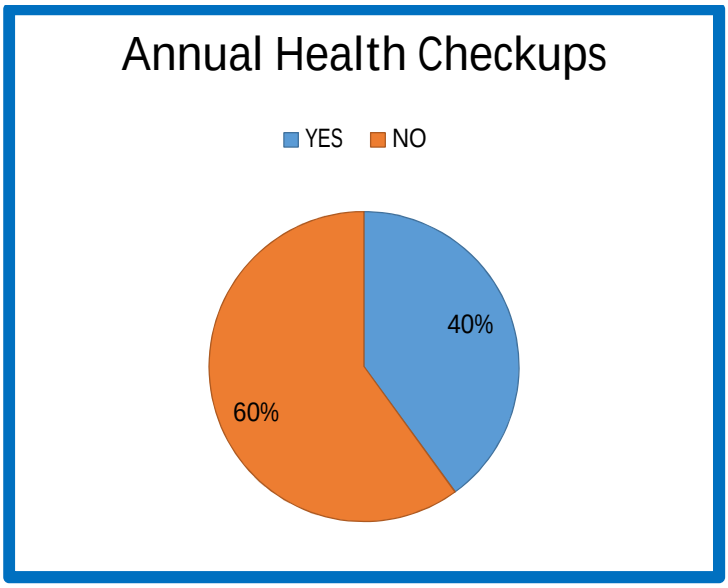
8. Data Collection

Quantitative data was collected as a part of this study, using the above mentioned tools.

9. Analysis plan

The data was analyzed using Microsoft excel

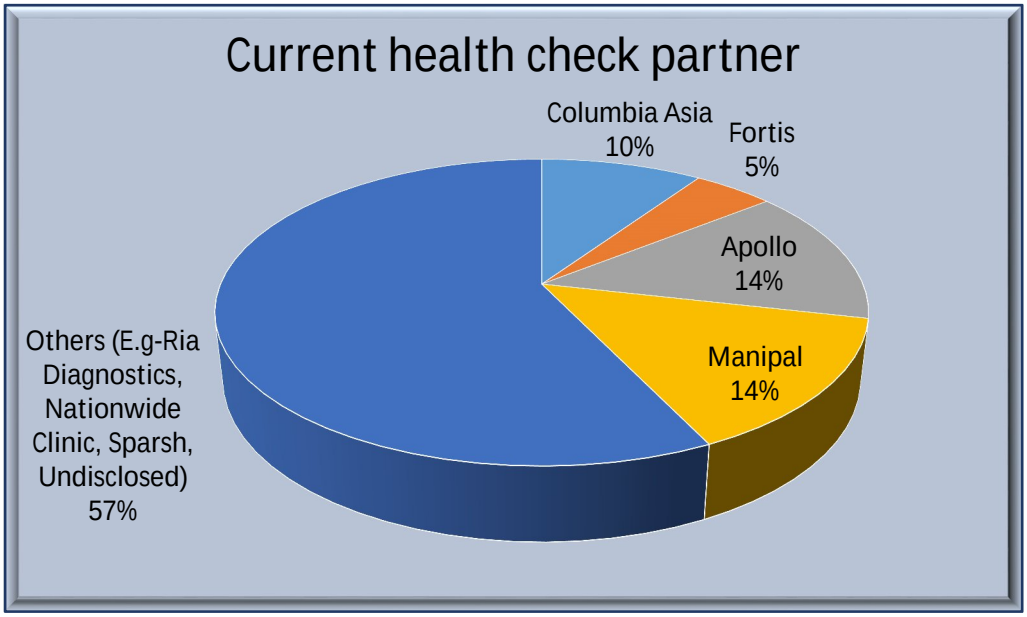
10. Observation and Analysis



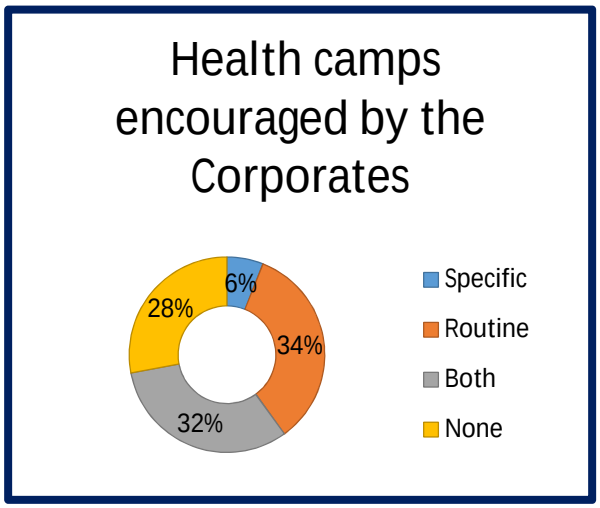
As per the findings, 40% of the corporate have annual health checkup for their employees. This creates a window of opportunity for the hospital in two ways-

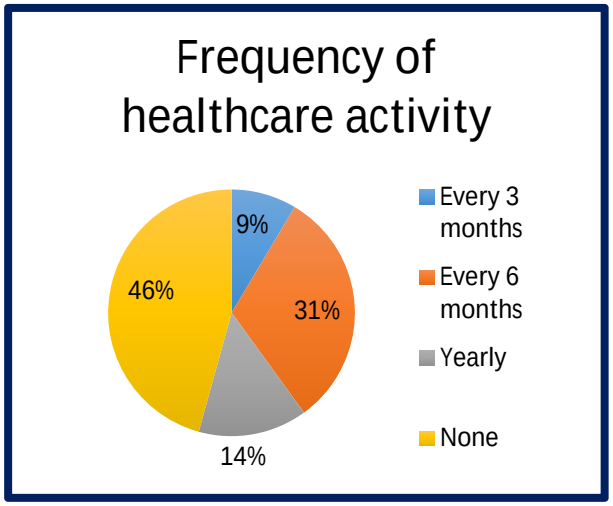
i) Follow up with the corporates who have existing tie ups with other healthcare partners and project the key hospital services that differentiates it from other market players.

ii) To reach out to corporate that still do not have annual executive health check-ups and more importantly telling them the benefits of the tie up with respect to the employee health benefits that ultimately benefits the organization.



The study gave the following statistics of the present health check partner of the corporate. The data helps us to position ourselves better than the competitor (current health check partner) when we reach out to the corporate for using our services.





Around 72% of the sample study of the corporate encouraged some form of health camp in their premises. Also 31 % of the corporate conducted a healthcare activity (health screening, health talks) every 6 months. This reflects the increasing trend of corporate turning actively to preventive healthcare. This not only is highly beneficial for the health awareness for the employees but also gives the hospital or healthcare delivery organization the platform of branding and getting the database as future leads.

11. Recommendation

Preventive healthcare is the most cost-effective strategy not only for a country with scarce financial resources, but also for resource-rich companies whose rising health spending is

affecting their business results and competitiveness. On the hospital part, the need is to focus more on 'Top of the Mind Recall' by-

- Conducting more free health-check-ups to create footfall and in the long run create loyalty.
- With the fast moving world, the hospital needs to have a specific plan for the education, awareness and promotion of setting up a Telemedicine Unit or an Implant (Wellness centre) in the corporate premises. Free sessions with potential Corporate HR's need to be worked out for the same. The services have immense benefit for the organization so can be a key differentiator for the hospital.
- Also on the awareness part, the employees need to be sensitized more on the importance of preventive health checks which gives dual benefit of prevention of any new illness and early detection of any present illness if any.
- Branding and Communications play a handy role in turning patients to the desired hospital. The corporate even if getting healthcare services from a TPA or Insurance Company may turn up at the hospital doorsteps through branding activities done in the corporate premises.
- Looking at the changing corporate culture, the hospital needs to strongly pitch in for health talks focusing specifically on lifestyle changes and new generation issues of health.
- Moreover, another good strategy is to get a good deal settled with the Insurance TPA, who has a good stronghold in the corporate world. But this should be followed up with conduct of healthcare event in the corporates so that the brand recognition is there.
- Things that matter also lies in the clinical side as delivering a world class service to any corporate employee who visits the hospital will itself be the best brand promoter for the hospital.

12. Conclusion

The workplace health scenario has seen and is undergoing a sea change, when it comes to employee wellbeing. An important aspect that employers need to understand as they develop strategies around wellness initiatives is the quality of service provided by the service providers. The corporates are proactive in giving their employees the best of healthcare facilities. So this transition to preventive healthcare directly relates with the business opportunity in store for the hospital. It's a win-win situation for both the sides, and in this process it's the overall healthcare status of the corporate entity that gets improved manifolds.

13. References

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14. Appendices

Annexure A (Questionnaire for Corporates)

COLUMBIA ASIA

1. Name of the Corporate:
2. HR personnel Name -
3. Designation -
4. Mobile/contact number -
5. Email address -
6. Number of employees-
7. Beneficiaries covered- Yes ☐ No ☐
8. If yes, number of beneficiaries-
9. Insurance cap per person-
10. Name of the TPA provider-

11. Do you provide annual health check-ups to your employees? Yes ☐ No ☐
    (If No, skip to Q-16)

12. Do you conduct pre-employment health check-up of your employee?
Yes ☐ No ☐

13. If Yes, who is your current health check partner? Columbia Asia ☐ Fortis ☐
Apollo ☐ Manipal ☐

If others, specify _____

14. What is the average price per employee for the annual health check-up tie-up? _____

15. What is the average price per employee for the pre-employment health check-up tie-up? _____

16. Are you satisfied with your existing health check provider? Yes ☐ No ☐

17. Does your existing health check provider offer you value added services like Basic Health screening camps; educational health talks etc...For your employees?

Yes ☐ No ☐

18. How often are, Basic Health screening camps or Health talks conducted for your employees by your health check provider or TPA partners?

Every 3 Months ☐ Every 6 Months ☐ Yearly ☐

19. What type of health camps do you encourage? Specific(Nutritional,diabetic) ☐
Routine ☐ Both ☐

20. Do you provide any special health care services to your women employees during pregnancy and maternal care Yes ☐ No ☐

21. Do you have any wellness centres/medical implant/ first aid centre or any doctor or nurse visiting your organization premises?(If No, Skip to Q-24) Yes ☐ No ☐

22. Do they maintain the Employee Health record? Yes ☐ No ☐

23. Where do they refer the patients to?

Columbia Asia ☐ Fortis ☐
Apollo ☐ Manipal ☐

If others, specify _____

24. Is your organization interested in exploring an option of setting up a Wellness Clinic within the premises for employee health benefit?

Yes ☐ No ☐

25. Will your organisation be interested in Tele medicine services? Yes ☐ No ☐

26. Are the employees efficiently utilising the TPA services? Yes ☐ No ☐

27. Do you cross check the services of the hospitals as conveyed to you by the TPA?

Yes ☐ No ☐

28. Are you satisfied with the healthcare coverage provided by the TPA?

Yes ☐ No ☐

29. Do you have an medical emergency tie-up with any hospital for your employees, If yes please specify _____

30. Do you take a feedback from your employee regarding the services provided by the referred hospital? Yes ☐ No ☐

31. The insurance cover is mainly used for? Cardiac Surgery ☐ Neuro Surgery ☐
General Surgery ☐ Maternity problems ☐

A Cross-Sectional Study

On

Assessing the driving factors and the of scope of medical/diagnostic services for referral marketing in healthcare industry

TABLE OF CONTENTS

1. Introduction

Traditional forms of healthcare marketing seek to expand your practices overall visibility. This sort of marketing focuses on advertising campaigns, website SEO, directory listings, social media, email & direct mail marketing, & PR opportunities. It's a great way to define your practice and your physicians as a brand, and to spotlight your presence online and in the community, so individuals nearby know you and keep you in mind when the need arises. This sort of passive marketing is a perfect way to generate visibility to potential patients, and as patients seek to become more and more informed about the physicians and ailments, they increasingly turn to the internet to research their healthcare providers before making an appointment.
Healthcare referral marketing takes a different approach. Rather than connecting directly with the patient, this form of marketing establishes a connection between the practice and the potential referring physician. If a practice or physician has the time and ability to network, they may do this themselves- often through conferences, learning events, and networking groups.

Today, healthcare entities - whether they are vendors, physicians, hospitals or health plans - realize that referral marketing has many advantages. It brings in clients at little or no cost. A single referral can generate a series of leads, as satisfied customers tell other people they know. Referrals are usually more trusting individuals, not skeptical of the value of your organization because they are confident in the person, friend or business associate that referred them. As a result, these leads are easier to bring into the fold as potential clients or patients. In short, referrals are an effective means of lead generation. Referral marketing in healthcare has multiple angles to it. The referral to a tertiary care hospital can be due to the absence of a clinical service like diagnostics, ICU, NICU etc. or in need of a complex higher end procedure.

Referral of patients from primary care physicians to specialists may affect the process of patient evaluation, treatment, and continuity of care and can affect clinical outcomes and costs. Approximately 4.5 % of all patient visits in the United States result in referral, and physicians receive up to 45% of new patients by referral. For the primary care physician, the referral decision involves not only whether the patient needs to be referred to a specialist, but also which specialist should be chosen to see the patient. The lack of facilities in a primary clinic also forces the general physician to refer the patient.

2. Literature Review

A literature search was performed to identify published studies related to the views of consumers on generic drugs. The search was limited to full paper articles published in English. However, this review gives a broad reflection of substantial research performed across different countries including Indian studies. Electronic databases searched include ResearchGate, PubMed Central, BioMed Central, ScopeMed, Oxford Journals and British Medical Journal.

A study conducted by Beltramini RF et al (1992) on Informational influences on physician referrals on 1,800 physicians differing in specialty and years in practice found that program information, patient Input, and location affects physician referrals. The study suggested a need for specialists and other organizations interested in managing physician referrals to establish and maintain a network of relationships among those physicians referring patients and specialists being referred to through personal communication, maintain a pool of knowledgeable professionals willing to supply relevant and current information to physicians, and to provide complete and prompt feedback information to the referring physician. While the study on to test the impact of patient, physician and community-level variables on the referral rate by Chan BT et al suggests that community type, not specialist supply, predicts variations in referrals. This study improves our understanding of the impact of physician gender and age on referrals.
A field survey of more than 1,000 physicians uncovered their attitudes and choice criteria pertaining to referrals in a study by Javalgi R et al on how physicians make referrals. The authors explore attitude and behavioral differences and the resultant marketing implications.
A study on Predictors of patient referrals by primary care residents to specialty care clinics by Bertakis KD et al (2001) inferred that Patients who were referred to specialty care were significantly older, had poorer physical health, and saw their primary care physicians more often than patients who were not referred. Thus Patient variables, as well as physician practice style, have an important impact on the specialty referral process.

The importance of inclusion of referring physicians as partners in the hospital's relationship marketing program is highlighted by the study by Ponzurick TG et al. As per the study, in exploring this relationship, medical and hospital facility characteristics that referring physicians find important in making patient referrals to specialty care hospitals are identified and analyzed. The results lead to the development of strategic initiatives which hospital marketers should consider when developing relationship marketing programs designed to satisfy their referring physicians. The decision to refer patients to a specialist is not based on clinical factors alone. The relationship between the referring physician and the patient and between the referring physician and consultants, the capabilities of the referring physician, whether the physician has the specialist board's certification and the insurance coverage accepted by the specialist all may influence the referral decision states a study by FM Hajjaj et al (2010)

A study by Kraig S. Kinchen et al using a cross-sectional study design, we surveyed a stratified national sample of 1,252 primary care physicians serving adults found out several factors to be of major importance when choosing a specialist. The importance of patient convenience, previous experience with the specialist, specialist board certification, and insurance coverage accepted by specialist.

3. Rationale

Early studies have examined aspects of the process of choosing specialists for patient referral. These studies, however, were limited in geographic representation and in the diversity of physicians included, and may not reflect the composition of the physician workforce and the environment in which many physicians practice in the current Indian scenario. Also, the process of referring a patient has now been in focus due to the multivariate factors attached to it. The

objective of this study was to determine the factors (tertiary care hospital characteristics, patient outcome, interaction between patient and specialist, and interaction between primary care physician and specialist along with patient characteristics) that primary care physicians consider most important when selecting specialists to make a higher end referral. The study also assesses the requirements of smaller clinics, nursing homes for medical/clinical services along with diagnostic services.

4. Research Questions

- What are the factors that influence the decision making of the primary care doctor for referring a patient?
- What is the status of clinics/nursing homes/hospitals in terms of acquiring diagnostic and clinical facilities?

5. Objective

To assess the factors driving the referral marketing in healthcare industry and the scope of medical and diagnostic services required by the clinics/nursing homes/hospitals in the sub urban regions of North Bengaluru.

6. Methodology

6.1 *Study Design*

Descriptive Cross-sectional Method Study (Quantitative).

This quantitative study include a scheduled based interview conducted through a proposed set of questionnaire (see Annexure-B), to assess the factors on which the decision for referral to a hospital is made. It also analyses the importance of patient outcome in driving referral marketing and helps in getting the status of diagnostic and clinical facilities required by the clinics/nursing homes as part of the referral network.

6.2 *Study Setting*

The study is conducted among the general practitioners specialist doctors practicing in the clinics, nursing homes and hospitals in the sub urban regions of North Bengaluru. A simple random sampling of practicing physicians around the region was conducted.

6.3 *Sample Size*

The sample size for the study is 180 respondents including a mix of general practitioners, physicians and specialist doctors.

7. Ethical Considerations

Participants were informed and reminded that they may refuse to answer any and all questions and may discontinue their involvement in the study at any time.

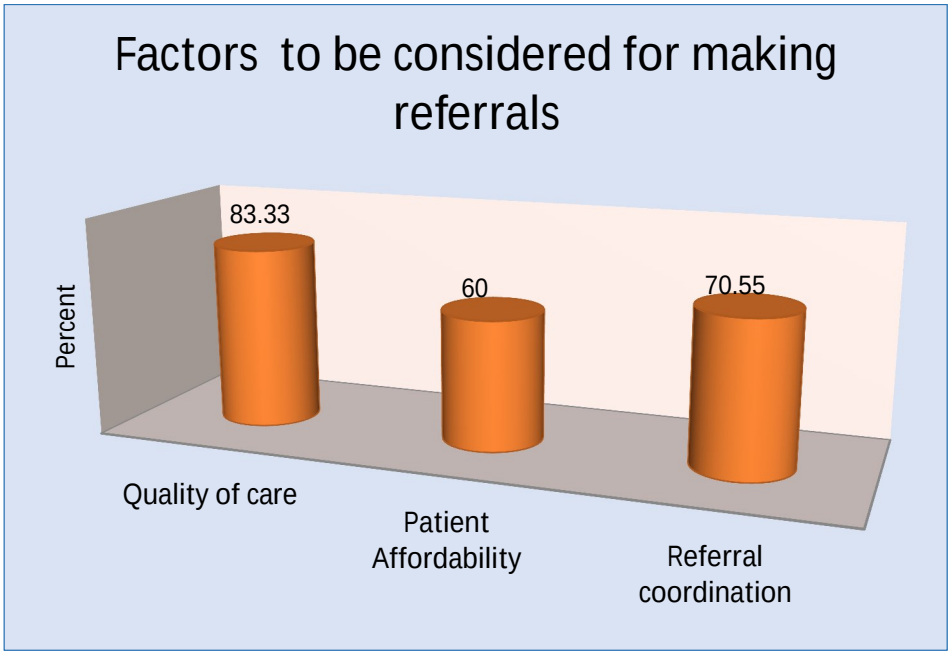
8. Ethical approval

Not applicable

9. Data Collection

Quantitative data was collected as a part of this study, using the above mentioned tools.

10. Observation and Analysis



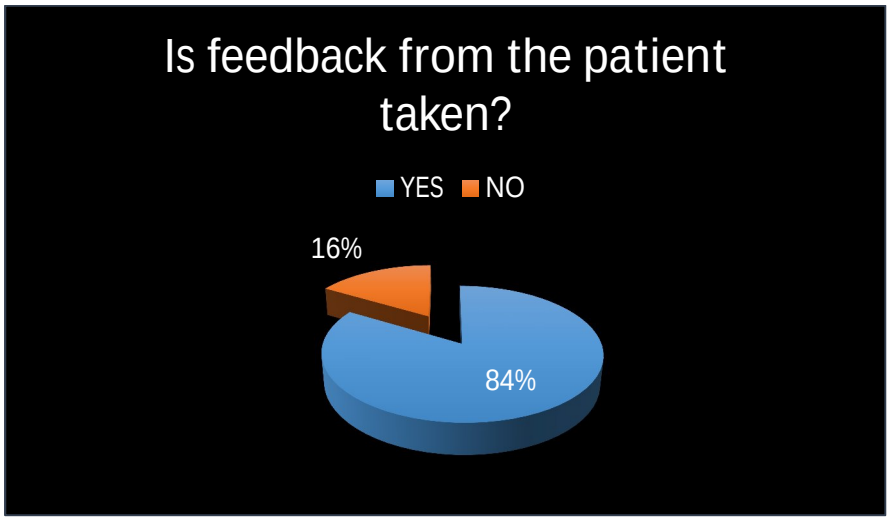
a) The data collected points out the fact that Quality of care to the patient is the most critical driver (83.33%) that guides the physician or the specialist doctor to refer patient to the tertiary care hospital. Quality of care can be assessed by the patient outcome which itself has multiple indicators. Outcomes metrics can fall into three categories:

- clinical (e.g. functionality outcomes),

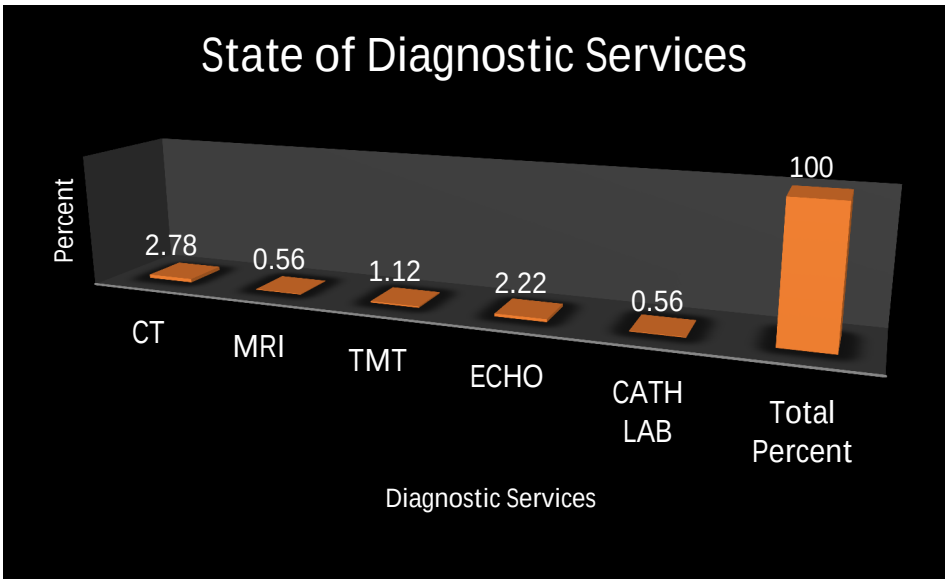
- operational (e.g. Length of Stay), and
- service (e.g. patient satisfaction

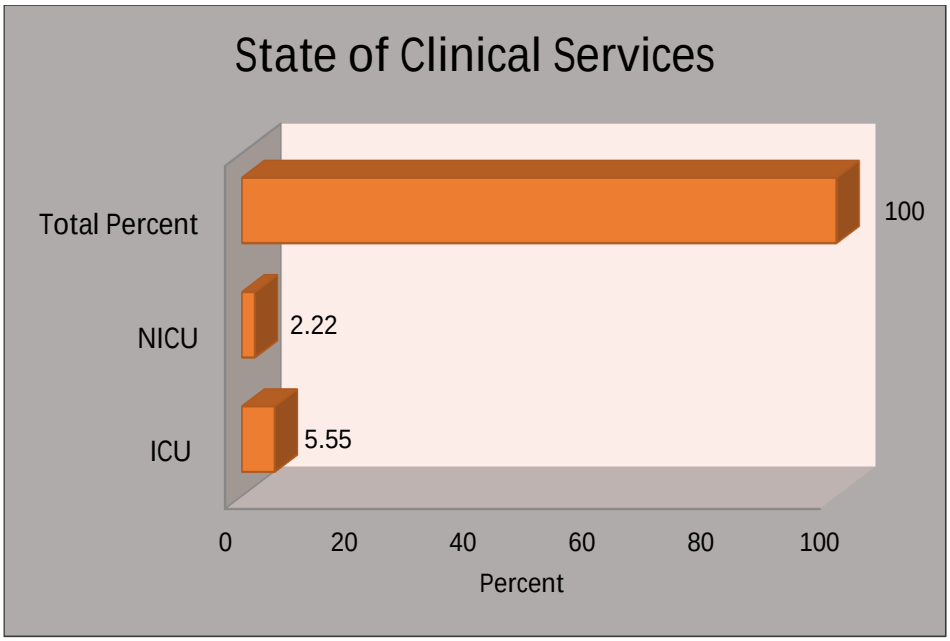
b) It was found that 70.55% of doctors gave importance to proper feedback and follow up of the case in case of making a referral decision. This highlights the need of standardized referral coordination with the referral doctor that also helps in building a good relationship with the primary care physician. Also proper follow up with the patient is a must for a healthy referral network.

c) Patient affordability accounts for 60% as a factor responsible for the primary care physician to make a referral choice.

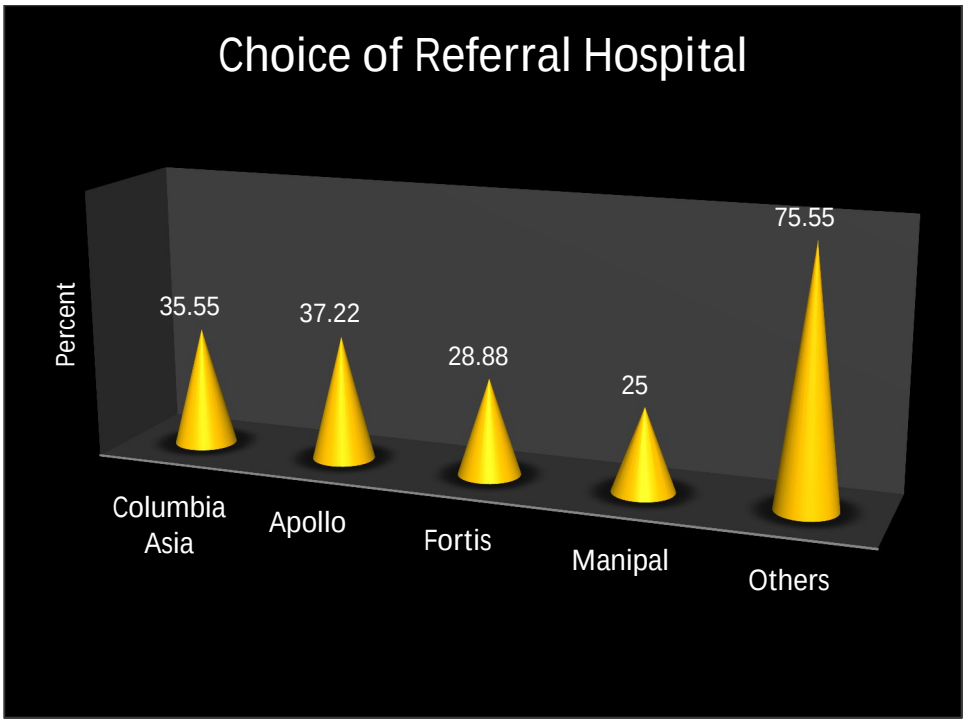


Another finding from the survey is that 84% of doctors take feedback from their referred patient regarding the outcome of the treatment in terms of improvement in their clinical condition as well as the hospitality services provided to them. This finding gets important as the referral doctor will take a note of the patient experiences in the hospital referred and will be an influencing factor while deciding to make the next referral decision.





It's also a visible fact that small clinics, nursing homes and hospital do not have the provision of diagnostic and clinical services present in their workstations. They mostly rely on forming an exclusive partnership with the other entity and this provides the hospital a window of opportunity to pitch in and offer exclusive tie ups for services like NICU Retrievals, CATHLab etc. The institutional partnership can help the hospital in a major way as the patient coming for a diagnostic service becomes a good lead to have OP/IP services in the same hospital.



The graph above indicates the referral hospital options that the clinics, nursing homes of the study area generally choose to send the referral patients to. While we observe that the referral to Columbia Asia is 35.55%, and the other competitors in the market (Apollo, Fortis, Manipal) is around 25-37%, the referrals to other hospitals has been the top preference for referring the patient. This fact can be understood due to multiple reasons such as-

1. Closeness of the Hospital to the Clinic/Nursing Home
2. Compared to the hospitals mentioned above, cost of treatment is less.
3. The doctor prefers to refer patients to nearby hospitals until it's a very complex procedure.
4. Any revenue sharing tie ups with the nearby hospital/diagnostics.

11. Recommendation

Quality of care comes as the most important factor that drives the referral market or in other words the decision making of the primary care physician. The focus areas include care in all aspects – be it clinical outcome, operational (length of stay) or the patient services.

When it comes to Columbia Asia Hospital, Quality of care is of highest international standards and the hospitality is uncompromised. Some of the facts that make Columba Asia unique in itself is –

- No Differential Procedural Pricing

- OP to IP conversion is only around 3.5% (industry average is around 6.5-7%)
- NABH accredited (JCI in process)
- Analysis of Customer feedback
- Standardized critical pathways of care
- Streamlined referral network mechanism

Thus the need of the hour is to communicate the above mentioned key points of excellence to the referral physicians and convince them about the highest quality standards of the hospital and further educate the referring doctor about your capabilities, the kinds of cases where you can help, and other case management particulars.

Another vital and core aspect of referral marketing is Referral Coordination.The objective of Referral Coordination is to improve patient care by creating a seamless referral transition among primary and specialty care physicians. This can be done by keeping in mind the following measures-

- Develop and maintain a database or spreadsheet with information regarding all current and potential referring physicians.
- Set up introductory meetings to help establish stronger relationships.
- Find out how the referring physician would like to receive information regarding the referred patient. (E-mail, Phone Call, SMS)
- Report patient outcomes promptly to the referring physician, using their preferred method of communication.

The key is having a systematic method that identifies present and prospective referral sources, establishes and maintains a business relationship, constantly monitors and measures the referral process, guards against competitive erosion, routinely improves service, resolves problems quickly, expands your referral base, and regularly produces timely management reports.

12. Conclusion

Referral marketing has been rested upon various factors in the past but there is a shift to be seen now. Rather than referring a patient solely on cost factor, the doctors now use multi pronged approach. Apart from affordability, quality of care provided and the feedback and follow-up for the referral doctor as well as the patient have taken the front seat for referrals. Arguably, referral marketing is one of the most important aspects of marketing for any healthcare practice. Large, successful hospitals have been reaching out daily to general practitioners to present to them their range of treatments and reasons to refer patients to the hospital.

13. References

1. *Kraig S. Kinchen et al. (2004).Referral of patients to specialists: factors affecting choice of specialist by primary care physicians*
2. *Referral Strategies for Engaging Physicians : Cindy DeCoursin et al*
3. *Physician Referral Marketing. Why you need it: Doug Bennettet al Bennett Group*
4. *Healthcare Marketing : A paper by Scott Public Relations(2012)*

14. Appendices

Annexure B (Questionnaire for Referral Doctors)

COLUMBIA ASIA

1. Name of the Hospital/Clinic/Nursing Home-
2. Name of the Doctor-
3. Qualification-
4. Mobile/contact number –
5. Email address –
6. Number of-
   (Skip, if it's a Clinic)
   - Beds-
   - OT-

7. On an average, how many patients you see in a day?
   - <10 ☐
   - 10-30 ☐
   - >30 ☐

8. Do you have the following services?
   - Cath Lab Yes ☐ No ☐
   - TMT Yes ☐ No ☐

- ECHO Yes ☐ No ☐
- CT Yes ☐ No ☐
- MRI Yes ☐ No ☐

9. If No, where do you refer your patients to?
   - Columbia Asia Yes ☐ No ☐
   - Fortis Yes ☐ No ☐
   - Manipal Yes ☐ No ☐
   - Apollo Yes ☐ No ☐
   - Others _____

10. Do you have the following services?
    - ICU Yes ☐ No ☐
    - Neonatal ICU Yes ☐ No ☐

11. If No, where do you refer your patients to?
    - Columbia Asia Yes ☐ No ☐
    - Fortis Yes ☐ No ☐
    - Manipal Yes ☐ No ☐
    - Apollo Yes ☐ No ☐
    - Others _____

12. On an average, how many patients you refer for higher complex treatment in a month?
    - <5 ☐
    - 5-15 ☐
    - >15 ☐

13. Where do you refer your patients for higher end cases?
    - Columbia Asia Yes ☐ No ☐
    - Fortis Yes ☐ No ☐
    - Manipal Yes ☐ No ☐
    - Apollo Yes ☐ No ☐
    - Others _____

14. What factor/s you take into consideration while referring a patient to a multi-speciality hospital? (Multiple responses possible)
    - Quality of Care ☐

- Patients Affordability
- Distance from your hospital/nursing home ☐
- Proper feedback and follow up by the referral hospital ☐
- If any other reason, specify- _____

15. Do you take a feedback by your patient of the services provided by the referred hospital?

- Yes ☐
- No ☐

16. Which of the following services would you like to have with Columbia Asia Hospitals? (Multiple responses possible)

- Interested in
    a. ICU ☐
    b. NICU ☐
    c. Cath Lab ☐
    d. TMT ☐
    e. ECHO ☐
    f. MRI ☐
    g. CT scan ☐
    h. Higher end cases referral/ Complex case Referral ☐