IIHMR UNIVERSITY

Institute of Health Management Research

MBA Hospital and Health Management

Batch-21st (2016-2018)

Hospital Management

Strategic Management

Term Examination

Time - 3 Hour **MM-70**

The question paper contains __4__ printed page.

Q. 1. Read the case and answer the questions given below -

For once India is fast catching up with other developing countries. But rather than being a matter of celebration this development is bound to ring alarm bells all over. India faces a major challenge to rein in its growing diabetic count. India with 63 million diabetic patients is leading the race to become the diabetes capital of the world. Will our present health system be able to breach the growing encasement of the diabetes?

According to WHO, Diabetes is a chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces. Insulin is a hormone that regulates blood sugar. Hyperglycaemia, or raised blood sugar, is a common effect of uncontrolled diabetes and over time leads to serious damage to many of the body's systems, especially the nerves and blood vessels.Treatment of diabetes involves lowering blood glucose and the levels of other known risk factors that damage blood vessels. Interventions that are both cost saving and feasible in developing countries include:

- Moderate blood glucose control. People with type 1 diabetes require insulin. People with type 2 diabetes can be treated with oral medication, but may also require insulin.
- Blood pressure control
- Foot care

Other interventions include:

- Screening and treatment for retinopathy (which causes blindness)
- Blood lipid control (to regulate cholesterol levels)
- Screening for early signs of diabetes-related kidney disease.

These measures should be supported by a healthy diet, regular physical activity, maintaining a normal body weight and avoiding tobacco use.

This indicates that diabetic patients require regular medical guidance and support for effective management of the disease. And technology can be used effectively to provide the required knowledge and support.

Though there are various organizations in US and UK which offer a Diabetes Helpline to reduce the gap between the patient and medical advice but in India such use of technology is still untapped. The need for a service which is easily accessible and helps in counselling the patient about the personal diabetes control is so imperative.

Background

With increasing burden of disease and with rising prospects of medical tourism in India there exists a huge opportunity for a service which can fill this void.

Hospital CGV is a multi-speciality hospital situated at the centre of the country's capital city. It offers services for cardiology, orthopaedics, neurology, urology, nephrology, gynaecology, ophthalmology, and endocrinology. Since diabetes is a complex disease affecting various organs hence the endocrine department has to offer a comprehensive service in association with all the other specialities. It has a super specialised department of Endocrinology headed by Dr. X, Director of endocrine Department, who has recently been awarded as the Top 100 doctors in India. The team of Endocrinology comprises of one Senior Resident doctor, one Junior Resident Doctor and a Senior Diabetes Educator. The team attended approximately 7000 patients in the year 2012 which is expected to rise by 20% every year. Due to the market reputation of the Hospital brand and the Director of the Department, a lot of patients come from other states of the country and even across the borders through medical tourism. Of these 7000 patients approx 60-65% of the patients suffered from diabetes. 60% of these patients were new registrations and 40% were follow-up cases.

The Hospital has a unique registration process named CPRS (Computerized patient recording system) where a unique identity of every patient is generated when he visits the hospital for the first time. All the reports and medical history of the thus registered patient is stored with the help of CPRS software and the information is easily accessible to the hospital staff through the unique identity.

The endocrinology team answers around 30 calls a day and replies to 5-6 emails per day for OPD patients only. The patients often misuse this service as they avoid the follow up visit and get their queries resolved without paying for them. Since many patients are outstation residents and few are international, they are often not able to receive timely consultation.

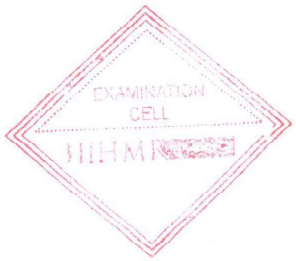
In order to overcome such problems of providing service the organisation planned to introduce a 24*7 DIABETES HELPLINE for its registered patients.

Features of Diabetic Helpline

The diabetes helpline was suppose to have the following features.

1. It offered to provide answers to the queries regarding
   - Blood glucose goals
   - Nutrition
   - Medication regimens and how medications work
   - Complications of diabetes and their treatment
2. The queries were to be attended by Diabetes Nurse Educator, Doctors and Senior Consultant after retrieving patient's previous records and reports.
3. The patients' queries were to be resolved through phone, e-mails and videos.
4. The registered patients had access to
   - Medication Reminder Services
   - Daily news updates regarding Diabetes
   - Updates about latest technology
   - Counselling about caller's personal diabetes control
   - Information on the latest medications and research

5. "Online consultation" could be provided to patients who are not able to visit the hospital for follow up consultation. These patients could mail their test reports and receive consultation.



Helpline Tariff Packages

The service was planned to be introduced in 2 packages:

PACKAGE 1		PACKAGE 2
• 6 Calls/Month • 2 e-mails • Videos		• 15 Calls/Month • 6-8 e-mails • Online Consultation • Medication Reminder Services
COST	Rs.100-300	Rs.500-800

Response to Diabetic helpline

A better understanding of perception and response of the prospective users was developed to assess the feasibility and acceptability of the services

Majority of the patients gave positive response. They demanded to maintain confidentiality of patient information. The patients wanted to have a section to give their feedback, on the consultation. They wanted more information on Dietary Consultation and a prompt response. A few of them were International patients, so they requested for special information to be provided for frequent travellers. The patients even requested to have quarterly or half yearly package so that they didn't have to pay monthly and the total cost could also be thus brought down.

Outstation and international patients were more interested in Package 2 whereas the local residents were interested in package 1. It was also noted that patients in the age group of 40-59 years showed greater interest in this service as they were technological more advanced and also had very little knowledge about the disease.

In order to reduce the burden on the current staff and have effective cost management the organization planned to outsource the helpline service by collaborating with a call centre which is specialized in providing healthcare services. They also planned to have an in-house team comprising of a Dietician, a diabetes nurse educator, a pharmacist and a resident doctor who would be devoted for the helpline service.

The Caveat

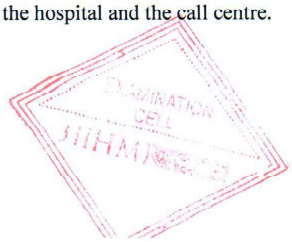
Few patients refused to accept this service as they were local residents and thus preferred to visit the Doctor personally. Patients with controlled diabetes rarely visited the hospital and hence were not interested in such kind of service.

Outstation patients and international patients from Afghanistan did not have access to internet. Patients with Nephrology complications and those who were on dialysis had to visit the hospital in person after every 2-3 days and hence got there queries resolved in person. The organisation was earlier offering other homecare helpline services like collecting blood samples from patient's doorstep etc. which had shown poor patient satisfaction before. Such patients were thus little apprehensive to accept this new service.

Conclusion

One of the major advantages of introducing this service was to reduce the gap between the patient and medical assistance. The patient can thus be under the continuous guidance of his trusted doctor as the doctor is easily accessible through effective use of technology. The proposal was thus approved as it turned out to be financially feasible. Moreover it was a win-win situation for both patient and the hospital.

To transform this basic facility into a frequently used service it requires a well defined implementation strategy to facilitate effective co-ordination between the hospital and the call centre.



One of the major challenges this service will face is maintaining the confidentiality of the patient information. As the organisation has to share large amount of data base with the external call centre hence it exposes the organization to a greater risk of legal implications of maintaining patient confidentiality. Another challenge for this service is that it is new. It may have low acceptability initially and if the quality of service delivery is not maintained then the service may be rejected by the customers and it may lead to business failure.

Questions

1. Do you think the pricing done for the two tariff packages for diabetic helpline is appropriate? Comment. 10 Marks
2. What strategies should the hospital incorporate to market the diabetes helpline? 20 Marks
3. Will the helpline service be able to replace the concept of meeting the doctor face to face and will the patients trust the information provided through the helpline? Make an operational strategic plan and HR Strategic plan for the service. 40 Marks