Over a 33-year period, India’s Apollo Hospital Group has served more than 45m people as part of a healthcare system tasked with providing services to a population exceeding 1.3bn in India. The calculus of supply versus demand, simple but exigent, is what drives Apollo to integrate value-based care on an individual basis throughout its health delivery ecosystem.

Value-based personalisation: India’s Apollo Hospital Group

Health services in India are attempting to evolve from fragmented treatment of disease to building personal relationships focused on achieving and maintaining health. This means reducing interactions with individuals as patients and increasing interactions with them as a knowledgeable steward of their own health. Achieving this requires building a new, data-driven dialogue based on value or on what is most important to the individual.

Apollo Hospitals, a chain of hospitals in India that has pioneered private healthcare, every year provides upward of 350,000 in-patient and more than 5m outpatient services. This volume offers an opportunity for robust data collection and analysis, which is then used to scale and improve learning and treatment at the level of specific conditions and also in the design of pilot programmes to improve not only the individual’s but also the provider’s experience.

“We were started 33 years ago with our first hospital in Chennai. Now we are 69 hospitals and we have an entire health ecosystem. But what got us here today is not what is going to help us stay where we are and where we need to go in order to meet the needs of the 1.3 plus billion Indians,” says Dr Subbiah Viswanathan, chief operating officer and enterprise head of transformation at Apollo Hospital. “We also see patients from over 120 countries, so it is our strategy to transform the organisation even as we continue to treat patients in our existing systems of care.” By re-examining how service lines are structured, Apollo intends to move from catering to millions of consumers at a time to catering to one patient at a time.
Leveraging scale

The scale and scope of Apollo extends from beginning to end of the care continuum. Besides hospitals, the Apollo ecosystem includes primary clinics, specialty care clinics, a health insurance company and the largest pharmacy chain in India, with more than 2,400 pharmacies.

India is today facing a crisis in the growing prevalence of non-communicable disease or “lifestyle diseases”, such as diabetes and cardiovascular diseases, thus Apollo has placed greater emphasis on preventive programming. This requires data collection and monitoring at a large scale, starting at the pharmacy level, which looks at buying patterns, providing insight to underlying chronic conditions and indications of compliance based on insurance claims data. All of this data help build a holistic picture that is used to provide an experience customised to the patient while providing a comprehensive view of illness patterns.

An unusual opportunity within the ecosystem, given its age, is the ability to do a generational analysis, giving insight into how to provide care that spans generations within a family. “We have patients that have come to us that since then have had children and now grandchildren. So there are three generations of people and histories we have,” says Dr Viswanathan. For example, in India, the prevalence of Type II diabetes is one of the highest in the world. If one generation has diabetes that is not properly managed, the higher the likelihood that the next generation will also develop it. Being able to verify generational medical family history, he says, is an opportunity to proactively implement preventive healthcare by offering interventions tailored to an individual from a common pool of service requirements across a broad patient base. The outcome is keeping individuals out of the hospitals, thus reducing costs and increasing efficiency.

Looking forward: partnerships

Resource scarcity is not merely a function of supply and demand in India but also of geography. A pilot public-private partnership between Apollo and the state government of Himachal Pradesh is addressing the challenge of remoteness and difficult terrain through telemedicine in the town of Kaza, which is located 12,000 feet above sea level, and in Keylong, located 16,000 feet above sea level. Using email, as well as voice and video consultation, Apollo has been remotely managing care from very basic health needs and guidance to quaternary-level care consultation and diagnosis for more than 60,000 people. At Apollo, the programme is proof of concept that technology can be used to provide value-based healthcare to areas where health services are inaccessible or scanty.

In a system where public health expenditure accounts for less than 1.5% of GDP,1 driving value across a health system will increasingly require building multi-stakeholder collaboration. Keenly aware of the resource constraints, Apollo uses its ecosystem to incubate and test programmes and to garner and disseminate knowledge, thus mitigating the risk for the government when piloting programmes in the public health system. Based on its own digital transformation efforts and lessons learned, Apollo has strongly advocated for a national common set of standards for provider electronic health or medical records systems. Apollo is a member of a national advisory council that recommends standards for clinical documentation. Apollo has worked to establish a consortium of medical device providers, hospitals and pharma companies tasked with recommending how private enterprise might better engage with the public sector. “We are actively engaging government and industry to what should be the key focus to move the country forward,” Dr Viswanthan says. In a health system serving 1.3bn people, focus is the key.

1 http://data.worldbank.org/indicator/SH.XPD.PUBL.ZS

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