Financial Times India Consultation

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Participants:

- **Lalitesh Katragadda ((Indihood, Avanti Finance, co-founder Google India)**
- **Nivruti Rai - Intel country head**
- **Puneet Chandok Amazon Internet Services president**
- **Gagandeep Kang, executive director, Translational Health Science and Technology Institute - leading virologist**
- **Manish Gupta, head of Google Research India**
- **Shobana Kamineni, Exec Vice Chairperson, Apollo Hospitals**
- **Ganesh Ramachandran CIO Alkem**
- **Sathya Prathipati, senior partner, McKinsey India**
- **Anirudh Roy Popli, McKinsey**
- **Ashwin Naik, author, entrepreneur**
- **Ramanan Laxminarayan Director, Centre for Disease Dynamics**
- **Ramesh Raskar MIT**
- **Prashant Tandon 1mg https://www.1mg.com/**
- **Prabhdeep Singh Stanplus**
- **Rekuram Varadharaj Healthi**
- **Ruchir Mehra Remedo**
- **Dhaval Shah Pharmeasy**

This summary was prepared by the Commission Secretariat based on notes offered by Mr Andrew Jack. Comments from the discussion have been anonymised.

Key Takeaways

Potential

- The role of the broader ecosystem: individuals willing to pay, logistics, payment systems
- The opportunity of current low health spending/head: creates a large room for innovation, leapfrogging, rethinking healthcare from the ground up
- The future is outside hospitals: a shift to wellness
- Leverage the power of the community, health coaches, not just focus around hospitals
- Average 2 min consultation time with Doctors now, patients don't listen to recommendations

- Alternative payment models: via employers, insurers
- The acceleration of digital health triggered by Covid
- The potential of technology: the explosion of biomarkers, the sharply falling costs
- Scope for sensors/wearables etc to collect vital signs, observe, build risk models
- Gamification to change behaviours
- The cloud can help structure data: 1bn unstructured clinical documents created/year
- Audio transcriptions, video, images – potential to collect, analyse
- "Health tech" is vibrant: over 1,000 companies are active in India, over $1.5bn in funds raised
- In the absence of "good high tech", there are dangers/opportunity costs of sub standard/no-tech players

Challenges:
- Poor quality broadband, below capacity required for data transfer, need 5G, infrastructure support
- Need to digitise the supply chain for drugs: two-thirds of pharmacy supplies are concentrated in 2,000 of India's 19,000 ZIP codes
- The need to shift from process to outcome certification (eg exit not entrance exam for qualifications)
- Trust: extremely delicate balance. "Most technology has not empowered but exploited people"
- How to measure what impact digital technology can bring beyond "business as usual"
- Data exploitation: still a serious concern. Orissa – Singapore accessing data for $1/patient
- Liability: Who do you blame if the AI model is incorrect?
- Human factors: identifying the person at risk much easier than changing behaviours
- Deep learning: has more accuracy than humans but makes mistakes more confidently
- Absence of a trained workforce
- Big growth in cybersecurity risks with Covid - concern over payment gateways
- Technology must be intuitive to ease access in Tier 2, 3
- Inequity: 40m Indians are active on the internet but 1.3bn are only sparingly online
- Affordability
- Accountability

Recommendations:
- Develop and operationalise Indian health stack(s): discoverable/unified patient ID across providers; patient retains access/control/primacy;
- Remove "data friction" between organisations, systematic view
- Ensure trust- "the oil that prevents friction"

- Mobile data should reside on device, not be stored in the cloud, use of APIs
- Vs Models should be distributed: shared centrally without exposing the data
- Make digital assets/output a public good
- Explore deferred incentive models, to enable innovation with reward once future benefit realised. Example: via national non-speculative coin, blockchain
- Infrastructure support required, systems should be required to operate with low bandwidth
- Calibration of deep learning errors required – higher standards of accountability required for technology
- Interoperability, streamlining of data structures to bring together NGs, vendors etc
- Strengthen health worker education standards, continuing education important
- Refocus health analysis from spending to outcomes (eg US spends too much, India too little!)
- Reconstruct healthcare around people not systems/hospitals
- Reengineer technology for access
- Measure what impact digital technology/multiple interventions can bring beyond "business as usual"

Actions already under way:
- Indian health stack
- The role of government/Aasham Bharat to reach the "bottom of the pyramid" - still finding its way
- Teleconsulting in primary care in 3 states; accelerated by Covid; the importance of education: already training 100,000 healthworkers digitally; project with Microsoft on cardiac risk, working with Indians around the world
- Chronic patient management: there is safer interaction through digital platforms
- Ambulances: build an emergency stack to gather (example: information from car company on airbag use at a crash, Apple Watch vital signs – understand how many ambulances to send, where to bring patients)