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)