

**Proceedings of the
Two days - Virtual National Conference on
RECENT TRENDS IN BUSINESS
(RBT-1.0)**

22nd & 23rd Sep - 2021

**Chief Editors
Dr.C.S.Edhayavarman
Dr.A.Vanitha**



**Organised by
Research Department of Business Administration
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Dr.C.S.Edhayavarman

Dr.A.Vanitha

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THE PSYCHOLOGY OF INNOVATION: BENCHMARK MODELS FOR AFFORDABLE HEALTHCARE DELIVERY THROUGH DIFFERENTIATED SERVICES – EVIDENCE FROM INDIA

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***Abstract:** Healthcare face sector faces huge challenge in general and salient during the COVID-19. They need to improve both in medical and economic outcomes. It is essential by keeping the needs of patients which are becoming more complex due to their socio-economic and diverse backgrounds in a country like India. The role of technology, innovation and operationalization of innovation with well differentiated services will enable the healthcare delivery model far more effective. This will be measured in controlling the cost in every aspect to the best. It is great to assess and understand the benchmark healthcare delivery models, it is great to explore breakthrough delivery models and practices, build leadership capabilities and enhance one's own ability to improve patient care through the psychology of innovation and uniqueness in their services. This descriptive paper aims to present a rudimentary analysis and understanding select models of effective and affordable healthcare delivery with the lessons to be learned for other budding healthcare services providers. The paper presents an intensive content analysis of healthcare delivery of Arvind Eye Care System (AECS), Narayana Hrudayalaya (NH), Adyar Cancer Institute (WIA), and Jaipur Foot. These four impeccable institutions of healthcare delivery had nothing left to prove for their innovation in their chosen field of healthcare specialization and uniqueness in serving the 'Bottom of the Pyramid (BoP). These four organizations possess a magnificent vision, mission and goals to address the need of the patient's in an affordable manner with supreme quality too in place. This paper aims to present their vision, innovation psychology, customization and co-creation and their business model impact in the customer experience and contribution to society at large.*

Key Words: Healthcare, Innovation, Affordable, Business Model, Bottom of the Pyramid

I. Introduction:

The healthcare sector in India occupies centre stage in connecting various stakeholders such as academics, practice, policy-makers, and healthcare service professionals to deliver an efficient and cost effective medical care to patients. There is a paradigm shift to deliver the healthcare from mass standardized service to customized patient centric service by empowering the patient over these post liberalization era in India. The role of government and private healthcare service providers in India is catalytic in making the quality healthcare delivery viable, affordable and accessible. They have used the Information and Communication and Technology (ICT) in an extensive manner and reached the unreachable through their distinguished services. At this crucial juncture of pandemic, healthcare is in its most critical phase of pandemic wave I and II, it is a great opportunity to reflect some of our healthcare service providers who proved their metal in their intensity in innovation driven approach to delivery their healthcare service to their select target audience, especially the BoP market. Healthcare has become one of our biggest thought sectors both in terms of revenue and employment. The growing emphasis is growing on effectiveness of service delivery, positive patient experience towards and attention in resolving patient real needs.

A strong and a firm service minded hospital management is to make the change happen. An effective policy making, training requirements and eliminating the road blocks to serve better are in the to-do list of healthcare service providers in a time-to-time manner. The emphasis of patient empowerment through technology enables service over the last two decades in a phased

manner. These business models of healthcare services are 'Quint-essential' for marginalized and economically vulnerable section of the society. India is seeing an unprecedented growth in the healthcare delivery which is rearranging itself to address the needs of the market. Innovation is the biggest trump card to scale the services and enhance the delivery of quality healthcare services to all. The innovation has to be mooted not only from R&D department but also holistically from its entire stakeholders such as doctors, clinical researches, service staffs and administration team. It has to follow both top-down and bottom-up approach.

Consequently, a sense of greater need for the top management to know and understand the business model diversity and for administrators to understand both patients cares. To bridge the gap between ideal and actual approach to innovation in the healthcare industry, it is imperative that a need for a structured programme of learning, implementation and continuous up-gradation. Healthcare is moving out of the realm of just medical professionals. Given the change in the market setting, demographical shift, technological up-gradations and ensuring quality healthcare services without any difference between haves and have-nots, this paper tries to understand and present the four live Indian healthcare services provider's cases in a convincing manner that how to build a vision, psychology of innovation and building a model for affordable healthcare delivery to seize their new opportunities. The objective is to understand how they demonstrated the key dimensions such as arriving a viable, profitable and scalable healthcare business through thought-provoking piloted customer value propositions, market-centric strategies and frugal innovations and passionate services over a long span of time.

II. Innovative Healthcare Services - Preventive, Promotive and Curative:

Taken together, each of the healthcare streams in focal areas has led to innovations. The sources of the ideas are predominantly frugal in nature. A section of consumers may be willing to pay a premium for the quality healthcare services. It is essential to customize the same quality to all sections of the target market by tailoring their products and services to address those needy and deprived fragments of the society. The key to this strategic intent is applying the innovation in healthcare services to preventive, promotive and curative. It is significant to learn from the healthcare service organizations as a potential benchmarks and solid track record with passionate vision and mission to serve their customers. The strategies adopted to develop a learning organization that engages an innovative delivery of healthcare, creative service concepts through content analysis, design thinking and to understand data analytics and artificial intelligence and their application to health care delivery. The critical challenges lie in capability to deliver efficient and affordable care. The service providers must find meaningful ways to manage our resources more efficiently and effectively, transform healthcare delivery, embrace technology, strategies and support innovation and entrepreneurship. This dilemma of opportunity and challenge demands specialized management capacity - healthcare leaders with concrete managerial competencies. Newer delivery models are emerging, entrepreneurship is booming. The potential and realization of Foreign Direct Investment and Venture Capital (VC) are flowing. Indian healthcare service providers are seen as options for healthcare tourism with a bright hope to millions of people across the world.

III. Review of Literature:

Robert E. Quinn and Anjan V. Thakor (2018): According to the author, an organization is not just earning more profit or maximizing the economic value in the short or long-run. It is more important to the aspirational aspect of serving the stakeholders and society something meaningful and worthy. This is further explained that how it involves people and make a substantial difference from others, and offers a great support. It is certainly clear that higher purpose of an organization means mostly economic aspect of understanding about a firm.

Amy C. Edmondson (2011): The author says that the astuteness of learning from failure is very much unquestionable for further growth. Unfortunately, most of the organization rarely does that. It is due to a lack of inclination to learning and that too from failure. Managers are all commonly having this quality irrespective of their industry background such as pharmaceutical, financial services, telecommunications, construction, healthcare etc. The one exception is space research organizations such as National Aeronautical Space Administration (NASA) whom

genuinely want to learn from their failure in order to overcome it. This acts as a benchmark for organizations to learn from failures in order to improve their future performances. A responsible and intent-to-grow firm must devote their time to after-action review meetings, continuous feedback and scope for improvement reviews and the like. But, even after such an emphasis and painstaking articulation, there is hardly any change due to the fact that majority of the managers have pre-conceived notion about the failure in the wrong way.

Dolan J. Robert (1997): According to the author, the father of modern management Peter Drucker articulated more than five decades from now that any business organization has only two basic functions namely marketing and innovation. The central role of marketing in the enterprise stems from the fact that marketing is the process via which a firm creates value for its chosen customers. Value is created by meeting customer needs. Thus, a firm needs to define itself not to by the product it sells, but by the customer benefit it provided.

Prahalad C.K. (2003): The author says that it is important to recognize that the world is changing. Therefore, they can't simply only reengineer their current business but also need to innovate in response to those changes. What are the things that are changing around them in terms of customers, technology, Competition and demographic shift? How they need to adapt to that changes?"It is critical to understand really understand change in this order is less of a technical problem. But it is more mindset and organisational issue. Therefore, they need to pay attention to how they shift the mindset of the organisation in order to bring about this innovative change.

Prahalad C.K. and Hammond Allen (2002): The author says that big corporations should solve big problems and what is a more pressing concern than alleviating the poverty that 4 billion people are currently mired in? However, it is hard to argue that the prosperity of technology and pooling of the human resources and address the real-time needs and opportunities at the bottom of the pyramid. Moreover, it is earlier done by national and international development agencies as a part of their accountability for performance since early 1950's. It is important to note down that the MNCs must participate in these markets and set a new standard and establishing a new market-driven paradigm to address the BoP market. They are the potential and hotbeds for democratization of commerce and best possible opportunity to experimentation.

Prahalad C.K. and Gary Hamel (1990): The author says that the concepts of core competencies are the fountainhead of new business development. The MNC's must refocus themselves for strategy at the corporate level. The top management and leadership should have a conviction to explore the opportunity of their core and allied products to a new market segment in an appropriate manner and exploit economies of scope. Only if the firm is articulate their hierarchy of core competencies, core product and market centric shift to customer centric business units which is fit to fight enough in the marketplace.

Hamel Gary and Prahalad C.K. (1994): According to the author, a company's intention to organizational transformation objectives typically includes cost reduction, empowerment of employees, portfolio management, downsizing and quality enhancement are integral part of the business. There are intensive aspiration and competitiveness issues such as lack of growth, eroding margins, and reduced market share are naturally drive in enforcing the restructuring. In the mean time, it is an opportunity to move non-performance or under-performance to performance oriented corporate strategy. "

IV. Research Objectives:

1. To learn the vision and mission of these organizations and their design for excellence in their chosen field of operation.
2. To understand their interest towards customizing their service and continuous quest for Excellence ser consumer interest in customization and uniqueness changed after the COVID-19 pandemic
3. To learn their operating systems along with their Value Proposition and Strategy
4. To explore the psychology of innovation and immense intensity to improve.
5. To find out the best possible way to apply the lessons to improve the healthcare ecosystem

6. To recognize the emerging trends in the healthcare industry and innovate

V. Discussion and Interpretations:

a. Design for Excellence: Focus on the core competencies required to design and lead a competitive health care delivery organization: strategy, operational design, teamwork, and leadership.

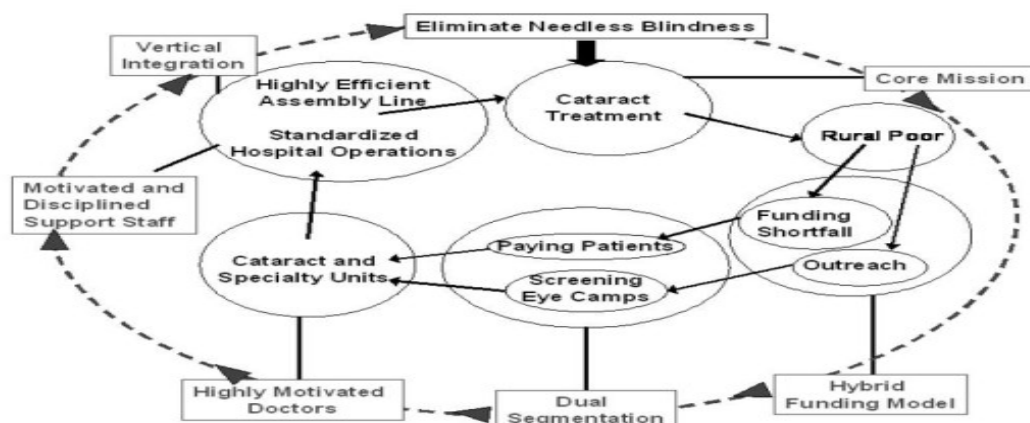
WIA (Adyar Cancer Institute): A comprehensive centre of cancer was established in South India and second one in the country. First pediatric Oncology Centre in the country was established. The Institute introduced the technique of Lymphangiography in the diagnosis of lymphoid tumors.

AECS: Healthcare delivery model where it creates value for its entire customer base but captures the value only from a part of it. Aravind is able to provide free-of-cost or at cost, high-quality service for 50-60% of its patients who are poor or 'non-paying' by using the profits generated from the 40-50% of the paying patients. It offers the undifferentiated quality of service across the patients based on their economic fragments over the last four decades. AECS has achieved the service excellence through the following imperatives; **Singular Vision:** Dr.V. was passionately pursued the focus on 'eliminating blindness'. **Hybrid Business Model:** The hybrid model ensures the cash-flows from the patients who are able to pay the quality services and cross-subsidize services for the poor and needy. It helped the Aravind to develop a eye-care specialty services with basic and cataract surgery. The doctors of Aravind and has the opportunity to get more training through higher number of operations and become better qualified. They achieved high volume, high quality and economies of scale by lowering the cost and business model in order to provide service perspective of delivering a cataract surgery Aravind could be as low as of US\$50, while US\$3,000 in the developed nations. **Get ready to serve the under-served target consumers:** The community and outreach programmes are helpful to scale Aravind to achieve the goal of serving the large spectrum of the society.

NH: The organization aims to deliver high quality service, affordable price and technology driven by leveraging their strength and cross learning and benchmarking world-class practices.

JF (BMVSS): Deliver all its assistance including artificial limbs calipers and other aids and appliances totally free of charge to the poor. The other segment is paying a marginal and affordable price.

Illustration: Virtuous Cycle of Performance of Aravind



Virtuous Cycle of Performance at Aravind.

Source: Kasturi Rangan & Thulasiraj, "Making Sight Affordable," *Innovations*, Vol. 2, No. 4, 2007

b. Value Proposition for Strategy: Analysis for Understanding: Company's operating system aligns with its strategy & value proposition with the present competitive environment.

WIA (Adyar Cancer Institute): The key value proposition is to create a medical system that treats the cancer illness in a preventive and curative manner with social justice. The term social justice is implied that there is no differentiation between the have's and have not's. The strategy is to achieve the Economies of Scale (EoS) by treating high volume of patients with differentiation in price based on the affordability to pay.

AECS: Aravind offers a low cost yet high quality eye care without any compromise in service delivery. The affluent segments of consumers are highly attracted due to the sophisticated eye-care and customized service delivery. The cost differentials are only in terms of types of room luxury alone, rest of the service remains the same without any qualification.

NH: A commitment of creating an affordable, globally benchmarked heart-care with a unique business model.

JF (BMVSS): Design considerations with the intention to create a sophisticated and customized artificial limb that more closely resembled a natural foot. It was lighter and totally tailored for local demands. The aim is to resolve real-time gaps in the limb replacement services.

c. Management and Performance with Purpose: Discover key tenets of service excellence, negotiation, and human capital management.

WIA (Adyar Cancer Institute): Dr.Muthulakshmi Reddy, a great Visionary followed by Dr. Krishnamurthy put WIA in the map of the world as an incredible institution with utmost conviction of service mindfulness and continuous technological up-gradations. Dr.V.Shanta took the organization to the next level by ensuring the inclusivity, induction of academic programmes, oncology specialization for child care etc. Now, the organization has completed 75+ years and act as a one of supreme centre of oncology in Asia and best among the world. Yet, the service to poor goes up to 40% of its total capacity to poor and marginalized.

AECS: Dr.Govindappa Venkataswamy Naidu is the chief architect of Aravind with immaculate will to serve the poor, especially those who are not able afford quality healthcare. The management team under Dr.V. worked in the holistic aspects of Ophthalmology and ensured a purpose driven organization. Within a short period (a decade itself), Arvind achieved the superlative position as a world's largest healthcare service delivery provider. Now, AECS is a front runner in the field of eye care with a stupendous reach of eye care with more than 25 millions of operations every year. The management is active in enabling ICT approach, outreach programmes to induct rural areas which are uncovered by producing own intraocular lenses in a cost effective manner.

NH: Dr. Devi Prasad Shetty is the Chairman of Narayana Health, and also an Executive Director. The dynamic management with a stellar group of board of governors and a brilliant management team strives to run the organization effectively. It involves strategic leadership.

JF (BMVSS): Mr. Devendra Raj Mehta, Founder and Chief Patron with a brilliant team of experts in the different streams in promoting the free service to really underprivileged. The organization aims to keep the dignity of life is the chief motto.

d. Innovate and Improve: Master the strategies to develop a learning organization that rewards innovation, to create new service concepts through design thinking, and to understand data analytics and artificial intelligence and their application to health care delivery.

WIA (Adyar Cancer Institute): Pioneered the awareness of cancer through scientific diagnosis, early detection, continuous R&D up gradations and incorporate those changes rapidly in patient care.

AECS: Aravind is very much alert in strategizing their value delivery model through tangible results such as the volume of quality surgeries done. It set the core mission of the hospital

and the primary purposes of its founding were to address the requirements of the vast numbers of poor, who live mainly in rural areas. Aurolab is the critical success of Aravind in producing affordable high quality intraocular lenses and exporting to other countries.

NH: Works on technological innovations to bring down costs. For example, NH had brought down the cost of manufacturing ECG machines. It brought down the cost of ECG (Electro Cardio Grams) machines from US \$750 to less than \$300. It unbundled the cost of both hardware and software of ECG machines and had its own ancillary firms to write the software and facilitate to read the data from ECG machine to a personal computer. NH is also monetizing the software to any other service provider to use and not charge any licensing fee. In addition to this experiment, NH collaborated with Texas Instruments (TI) to develop a digital X-ray. The original product cost of manufacturing was upto US\$82,000, whereas the product NH and TI developed it just with US\$300, The intention of this continuous innovation is not just end-up in profit rather human service. It is asserted by the founder of this organization Dr.Shetty was quoted “We will give these to government hospitals. There is hardly any need of a radiologist.” Assembly line approach to healthcare delivery with more than 10% of all the heart surgeries in India performed at NH h. Unique Healthcare City Model leveraging economies of scale and scope for lowering healthcare costs

JF (BMVSS) Assembly line method: The entire process, from measuring and fabrication to fitting and training resembles an assembly line approach. The manufacturing processes are kept simple and practical, and are continuously refined along with the design of the product. While doing so, the product quality is never compromised. **Procurement at subsidized rates:** It is important to keep the costs under control where the input materials are obtained from local areas. Based on the motto and vision, many suppliers are willingly ready to offer raw materials to BMVSS at an optimal rates. For instance, accessories such as socks are supplied at an 80% discount on the market price by a vendor that otherwise supplies these products to Reebok and Nike. **Cutting the Overhead Costs:** There are various efforts that are made periodically to cut the overhead costs as low as possible. As of now, there are 22 BMVSS centers across India operate largely from the local Govt. Hospitals. The hospitals premises are used for production as well as service to the patients. The society’s office bearers do not serve tea at their meetings, and also carry drinking water from their homes. Travel is not reimbursed unless inevitable towards the work at hand. At around 4% of the total budget, the administrative expenses of BMVSS are among the lowest in the world for any organization of its kind. **Recycling:** The waste products generated during the manufacturing process of the Jaipur Foot are auctioned through open bidding. The buyers often recycle the waste.

VI. A Meta Analysis of Renowned Quality & Affordable World Class Healthcare Service Providers from India

Dimension	WIA ¹	AECS ²	NH ³	JF ⁴
Founded on	1952	1976	2000	1975
Founder Name	Dr.Muthulakshmi Reddy	Govindappa Venkataswamy	Dr.Devi Shetty	Dr.Mehta
Specialization	Oncology	Ophthalmology	Cardiology	Prosthetic Limbs
State	Tamilnadu	Tamilnadu	Karnataka	Rajasthan

¹ Women’s Indian Association (WIA) – Adyar Cancer Institute, Adyar, Chennai

² Aravind Eye Care System (AECS), Madurai

³ Narayana Health (NH), Bengaluru

⁴ Bhagwan Mahaveer Viklang Sahayata Samiti (BMVSS), Jaipur. It is popularly referred as Jaipur Foot (JF)

Core Competency	Passionate Service; Research Driven Approach; Social Justice and Equality of Patients irrespective of their SEC Background; Non-Commercial.	Ensuring Technology Affordable to all sections of the society; Research-driven approach; Community Outreach Programmes Passionate Services	Innovation & Efficiency; Compassionate Care; Excellences as a Culture; Respect for all Accountability	Product Design and Comfort Customization to Individual Needs; Affordable to Poor Quality Standards
Target Customers	Poor and Economically Underprivileged Customers; Lower Economic Strata and Middle Class Consumers	Needy yet Unaffordable Population; Downtrodden and Economically underprivileged Consumers; SEC – B, C D (Lower Middle to Upper Middle Class Consumers	Economically vulnerable sections of the society; Middle Class and Lower Middle Class; Quality healthcare from other neighbouring countries (Medical tourism)	Financial Weak and Underprivileged; Economically and Socially Vulnerable disabled with limb problems; Sufferers of livelihood and employment due to disability (both poor and SEC B & C)
Innovation Effectiveness	Expert in Clinical research and Research Driven Care for different types of Cancers from sensing to cure International Centred R&D Activities pertaining Cancer	Strong R&D towards lens production; Collaboration with more than 50+ academic, research, funding, ICT firms, NGO's etc to deliver a holistic eye care services to its target segments	Intensive healthcare services through Finding a doctor; ICT enable healthcare delivery; Linking with appropriate insurance schemes; "iCare", which encompasses innovation and efficiency, Compassionate-care, Accountability, Respect for all, & Excellence as a culture.	Special Priority in R&D; Technical Committee Steering from IIT – Madras, Delhi and Mumbai; MoU with ISRO; d. Improvement of Design with MIT, USA and Dow Chemicals,
Service Differentiation	Zero bias based on the economic background; Compassionate about the treatment; Timely Services	Scalability of meeting the crowd with appropriate service; Maximum effectiveness in restoring the health of the eye; Service is the motto which is delivered all through by its different stakeholders	Professional Approach; Quality care Insurance Schemes Linkages; Technological Strength to co-ordinate the efforts of all the stakeholders; Effective commercialization to poor and needy	Continuous up-gradation in the product development; Customization to individual customer's based on their need; Attitude to help the poor by creating a strong support.
Service Reach and Coverage	Chennai & Pudukottai; A research division, a college of Oncological sciences & preventive oncology, provides state-of-art treatment. Annually, over 15,672 new patients & 140,935 follow-up cases.	Over 46 lakhs Paid Patient Care and over 7 lakhs free patients in and around Madurai region, Pondicherry and other regional centres.	21 hospitals across India + 1 Cayman Islands and 6 heart Centres	International Destinations: 5+ Countries; India: 3 States (Rajasthan, Kashmir and Haryana; 22 branches across India

Infrastructure & Facilities	535 beds; 40% are paying beds and the remaining are general beds where patients are boarded & lodge free. 40% of the patients are treated totally free; remaining patients pay a nominal amount.	Tertiary Eye Care Centres: 7 & Secondary Eye Care Centres: 7	19 Hospitals; 7500 Beds; 1500+ Full Time Doctors; 17 Cities; 15000+ Associates	More than 35,000 beneficiaries every year with reference to poor and marginalized; 25+ service centres across India
Employee Skill	Produces: Trained doctors, Academicians, Oncology Professionals, staffs of national and international repute with opportunity for higher practice	Trained Outreach volunteers; Trained Medical Professional with compassion and service mindedness; Technicians with strong R&D Skill	Trained doctors, nurses and para-medical professionals	Trained regional centres staff with great sense of sensitizing the need; A strong R&D team, and product designing.
Vision	No human being, without any social or economic divide, should undergo suffering because of any cancer diseases.	Provide compassionate and quality eye care affordable to all	Innovation, Efficiency, Compassionate Care, Accountability, Respect for all and Excellence as a Culture	Ensure economic & social rehabilitation of the disabled & regain their mobility. Make them confident & productive
Leadership & Board of Governors	http://cancerinstitutewia.in/CIWIA/governingbody.htm	https://aravind.org/board-of-trustees/	https://www.narayanahealth.org/leadership	https://www.jaipurfoundation.org/who-we-are/leadership-team.html
Entrepreneurial Orientation	Dispel the myth of Cancer & bring a scientific temper, benefits the society especially those who are vulnerable	To eliminate blindness through a sustained quality health care with special focus to poor.	Delivering professional healthcare services in an affordable manner.	To deliver a innovative solution to livelihood, dignity and employment
Contribution to Society	Awareness & Hope of Survival, Education & Service	Service to Underprivileged and poor; World class affordable healthcare	Innovation in cardiac surgery; Public Private Partnership Healthcare Business Model;	Dignity, right to live, livelihood to millions of disabled people;
Subsidiary	Education & Training Programmes: College of Oncological Sciences Research Innovation: Clinical Research & Molecular Oncology	Eye Bank: Aravind Integrated Eye Bank Services/ Education & Training: Aravind Post Graduate Institute of Ophthalmology/ Research: Aravind Medical Research Foundation Dr.G.Venkataswamy Eye Research Institute/ Consultancy & Capacity Building: Lions Aravind Institute of Community Ophthalmology Ophthalmic Supplies & Equipment	NH College: Clinical Research Programmes; Workshop & Conference	R&D Centres: BMVSS R&D Center; GAIT Lab Collaborators: ISRO; Mahaveer K Mina Medaline – Colombia Further; National Disability Institute, Kabul, Afghanistan; Global Rainbow Foundation, Mauritius Economic and Social Council of the United Nations
Logo				

Service Motto	Treatment of any cancer patient irrespective of his/her social or economic status	Intelligence and capability are not enough. There must be the joy of doing something beautiful.	Health for All & All for health	Enabling the disabled,
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VII. Conclusion: These four Indian organizations having nothing left to prove and present delivery of health services without deviating from their vision. They were able to meet the needs and preferences of the most poor and vulnerable with the help of innovation and commercialize them in a democratic manner. The challenges of health care delivery such as ill treatment of poor due to their socio-economic status, affordability, not geographically covered were found to be common. This paper argues that there should be improvement of quality of health services in an inclusive manner with the psychology of innovation and tailor according to the need of the customer with due attention to the needy. The healthcare eco-system has to grow faster with frugal innovation in place with an integrative approach similar of these organizations. The upcoming healthcare service provider's must develop a strong business and service commitment to deliver affordable service care as a profitable option, not as a charity. It warrants a visionary leadership and collaborative approaches such as co-creation, reverse innovation and inclusive decision making with partnership of a variety of groups. Despite wide focus on improvement of the existing healthcare eco-system in government and private players, there is still a low satisfaction with healthcare services and poor perceived accessibility in country like India. It is due to the huge population with very little system to meet the demand. The innovation momentum is the major elements in fixing the gap and scaling up the reach of cost-effective healthcare access to people without any basis of differentiation and evolving responsive healthcare organizations in the market space.

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