

PAHAL Partnership to Scale Up Glocal Digital Dispensaries

Reaching the Unreached



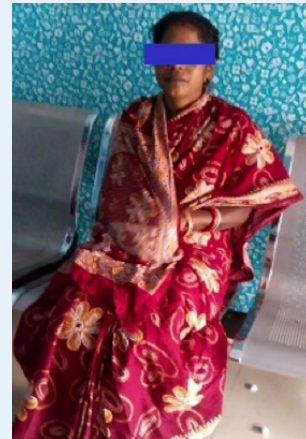
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Introduction

It was during early December in 2017, when a 40 year old woman “Shanti” (name changed) walked into Kalimati Digital Dispensary accompanied by her family members. Her condition seemed critical with visual symptoms of shivering. Further enquiry revealed that the shivering was persistent from past few weeks and she has been experiencing severe body ache. She had visited the local health provider but failed to find any respite. She was advised to visit the recently opened Glocal Digital Dispensary by one of her neighbors.



The initial diagnostics and confirmatory tests were done by the nurse, after which a detailed online consultation was facilitated with the doctor. The doctor prescribed medicines, and the prescription was printed through a printer at the dispensary, at the push of the button. Shanti was explained the dosage and timing of the medication. The entire consultation took less than 25 minutes.

A week later, she visited the dispensary again, but this time she looked healthy and smiled. She informed, “I am feeling much better now. Earlier all my family members used to visit the local doctors, where we faced problems such as non-availability of doctors or medicines, long waiting hours and on many occasions extraordinary high costs”. But now she would recommend everyone to visit the Digital Dispensary to receive consultation from the best doctors from the city.

Background

India has made significant economic progress, sharply reducing extreme poverty. However, its achievement on human development is far from satisfactory. India has one of the poorest health indicators globally. A new health index launched at the UN General Assembly ranks India 143 out of 188 countries. The availability of health infrastructure and health professionals in India is inadequate in proportion to its population, with less than 8 qualified doctors per 10,000 people¹ against global average of 15 doctors per 10,000 population.

Nearly 75% of dispensaries, 60% of hospitals and 80% of doctors are located in urban areas, where only 23% of the population resides.² Most of the medical practitioners are concentrated in metros/tier I cities, especially in the prosperous areas. Rural, peri-urban areas and urban slums lack adequate access to quality primary healthcare. Primary healthcare refers to the first level of contact between individuals and families with the health system. The Public healthcare facilities in India suffer from inadequate infrastructure, shortfall in trained manpower, absenteeism and poor quality of care. Much of the care delivered in underserved areas is through private unlicensed providers commonly called Registered Medical Practitioners (RMPs) or “quacks”. Due to unavailability of timely healthcare, over 39 million people are pushed into health

¹ Allopathic Doctors registered with MCI, 2017

² Rural Health Statistics Government of India Ministry of Health and Family Welfare Statistics Division, 2014-15

Introduction

related poverty each year. Improving medical infrastructure, by standardising diagnostic procedures, building rural clinics, developing streamlined health IT systems, and improving efficiency is one way to uplift the state of primary care in India.

Given the advances in technology and increasing internet penetration in India, Telemedicine has emerged as a promising solution by improving accessibility and strengthening last mile healthcare delivery.³

PAHAL

PAHAL (Partnerships for Affordable Healthcare Access and Longevity), a joint initiative of United States Agency for International Development (USAID) and IPE Global, aims to provide catalytic support to growth stage scalable social enterprises in developing affordable & quality healthcare solutions for the urban poor. PAHAL is a collaborative platform which seeks to connect, capacitate and catalyze innovative social enterprises focused on improving health outcomes among urban poor communities.

The PAHAL Platform

The project has collaborated with healthcare provider networks consisting of 700+ hospitals, 1,000+ doctors and over 15,000 community workers and owning an exclusive health care delivery model with the objective of reaching out to 10 million urban poor and reducing out of pocket expenditure by 30%.



Strategic Framework

PAHAL has adopted a holistic ecosystem approach to strengthen and scale market based healthcare solutions to improve access to quality healthcare for underserved urban communities. The project focus is to identify innovative business models, and then provide them with Technical Assistance, Market Access and Access to Capital.



³ The Growing Demand for Primary Health Care In India-Varun Gera, CEO, HealthAssure

PAHAL had partnered with Glocal Healthcare Systems as a key partner to demonstrate its telemedicine solution – G1 Digital Dispensaries as a market led solution, which has the potential to increase access to quality and affordable healthcare for the urban poor and scale up substantially.



Glocal Healthcare Systems Private Ltd

Glocal Healthcare Systems Private Limited (“Glocal”) is a social venture that seeks to bring quality healthcare to the underserved population in India through an integrated model of comprehensive primary & secondary care hospitals, digital dispensaries and technology. Glocal provides patient centric healthcare at some of the most affordable rates in India. The business model of Glocal health care lays emphasis on financially self-sustaining and low price points. Glocal is managed by a strong multidisciplinary team, led by the founder, Dr. Sabahat Azim, a medical doctor and former bureaucrat.

Glocal operates a chain of 10 hospitals in tier II cities in the States of West Bengal, Bihar, Orissa and Uttar Pradesh. Glocal uses technology extensively to ensure efficiency of operations and learning across both the clinical and administrative aspects of healthcare delivery. In addition, Glocal has developed technology enabled primary healthcare centers – “G1 Digital Dispensaries” for under-served areas.

G1 Digital Dispensary

Overview

The G1 Digital Dispensary is a telemedicine solution, which enable access to doctors and quality healthcare at affordable price points. Each Dispensary caters to a population of about 25,000. It is manned by a set of qualified nurses, laboratory technician and pharmacist. G1 digital dispensaries provide the following services:

Consultation: The patients are connected to empanelled certified doctors (General physicians and Specialists) and offered consultation through video conferencing using the Hellolyf⁴ and aided by LitmusDX.⁵

Investigations: Vitals such as Pulse, BP, temperature, weight and height are measured and laboratory investigations such as blood sugar, haemoglobin, HCV/HBSAG, urine examination, pregnancy related tests and blood tests for malaria, dengue, typhoid are advised to patients along with tests for Biochemistry analysis.

Medication: Followed by investigations, generic medicines are prescribed which is then collected through an automatic dispensing equipment LitmusRX.

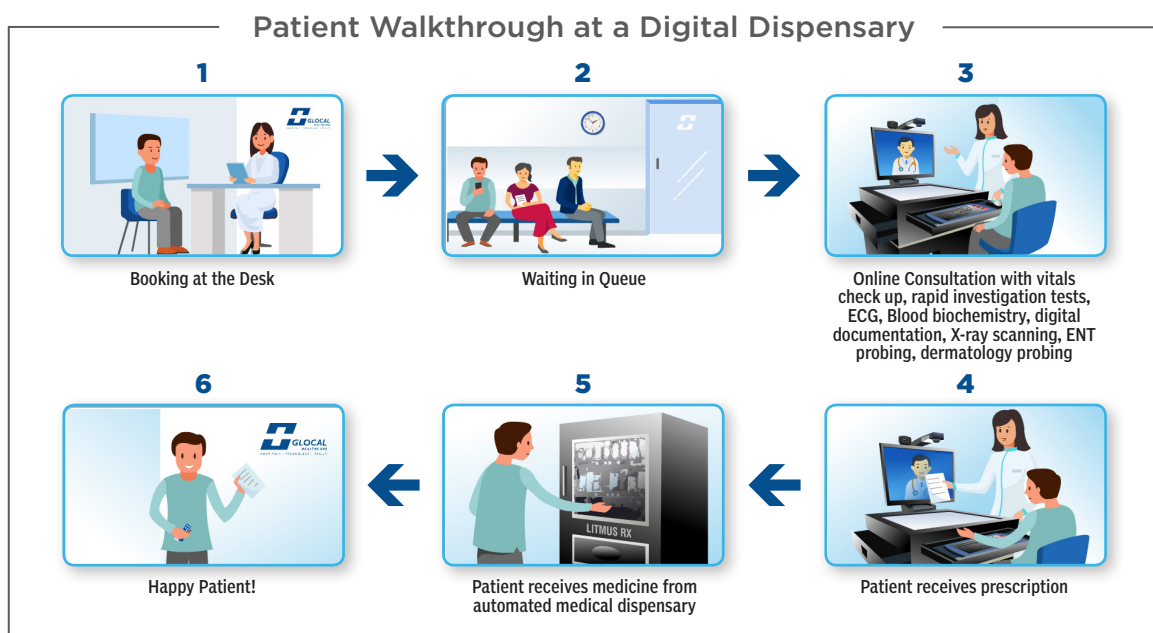
CONSULTATION	Hellolyf: A telemedicine suite (hellolyf.com) connects doctors to patients in the Digital Dispensary through Video Conferencing.			
	LitmusDX: A Sematic Algorithm based suite (litmusDX.com) allows doctors to differential diagnosis, titrate dosages, check investigations interpret them real time, check for treatment protocols, titrate.			
INVESTIGATIONS	Vitals: Pulse, Blood pressurer, temprature, weight, height.			
	Pregnancy	Blood Sugar	Hemoglobin	HCV/HBSAG
	Urine (10 parameters)	Malaria	Dengue	Typhoid
	Biochemistry Analysis: (41 parameters - Lipid, Liver, Renal, Emergency, Electrolyte, General biochemistry panels - 12 minutes)			
	LitmusRX: Automatic dispensing of medicines prescribed by doctors.			
MEDICATION	Generic medicines as per doctors prescription.			

Cost of Care: A G1 dispensary can serve a patient at an average price of ₹250 per episode (including consultation, basic tests and medicines).

⁴ **Hellolyf** - A web interface and Telemedicine suite (hellolyf.com) connects doctors on video

⁵ **LitmusDx** - An advanced, AI aided tool for the Doctor for accurate diagnosis and prescription according to Evidence Based Protocols with drug safety check

A snapshot of a typical patient walkthrough at a digital dispensary is portrayed in the image below:



PAHAL Partnership

The objective of the PAHAL partnership was demonstration of G1 Digital Dispensaries as an integrated, technology-led model for delivering comprehensive quality and affordable primary healthcare for the underserved. PAHAL provided Technical and limited Self-Learning Assistance aimed to de-risk and scale up the market led model for Glocal Digital Dispensaries. With the support from PAHAL, matched by its own investments, Glocal set up retail model of 8 digital dispensaries across West Bengal and Jharkhand.

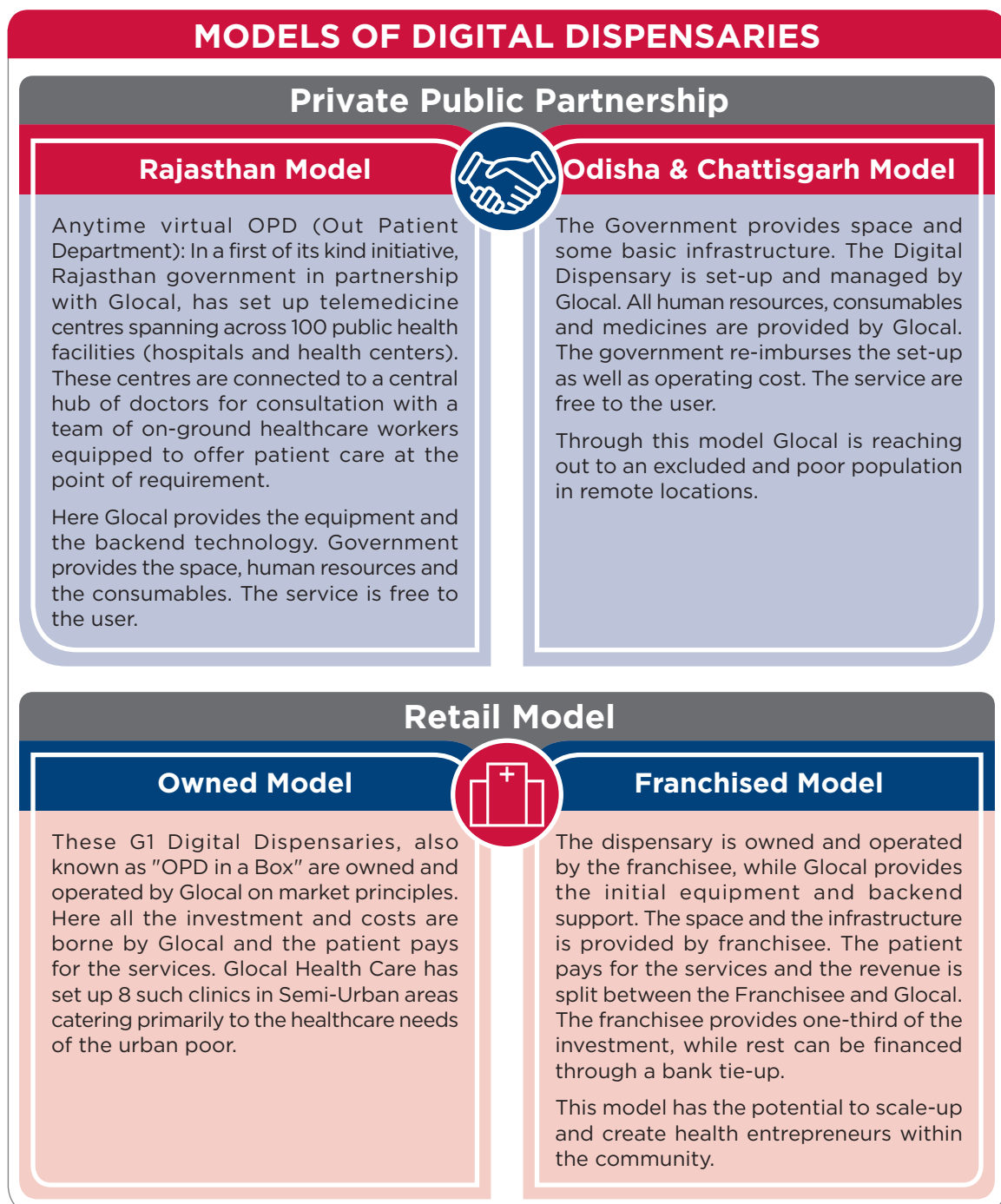
S. No.	Centre Location	State
1	Alinagar	West Bengal
2	Bagula	West Bengal
3	Bolpur Bus Stand	West Bengal
4	Bolpur Station	West Bengal
5	Daulatabad	West Bengal
6	Jamtara	Jharkhand
7	Kundahit	Jharkhand
8	Nala	Jharkhand

PAHAL also provided advisory to Glocal for raising impact investments for strengthening and scaling up G1 digital dispensaries. Glocal's digital dispensaries today have scaled up to 150 locations, working under different models, while enabling access to affordable primary care to more than 3 million underserved.

G1 Digital Dispensary

Implementation Models of Digital Dispensaries

Glocal has entered into Public Private Partnerships (PPP) with State governments of Rajasthan, Odisha and Chhattisgarh to set up digital dispensaries. It has also developed a franchise model for expansion. Following are the models under which the digital dispensaries are operating:





Following are the state-wise split of existing Digital Dispensaries:

STATE	PPP	RETAIL	TOTAL
Rajasthan	100	1	101
Odisha	27	0	27
Chhattisgarh	3	0	3
Jharkhand	0	3	3
West Bengal	0	7	7
Bihar	0	8	8
Uttar Pradesh	0	1	1
TOTAL	130	20	150

Learnings So Far

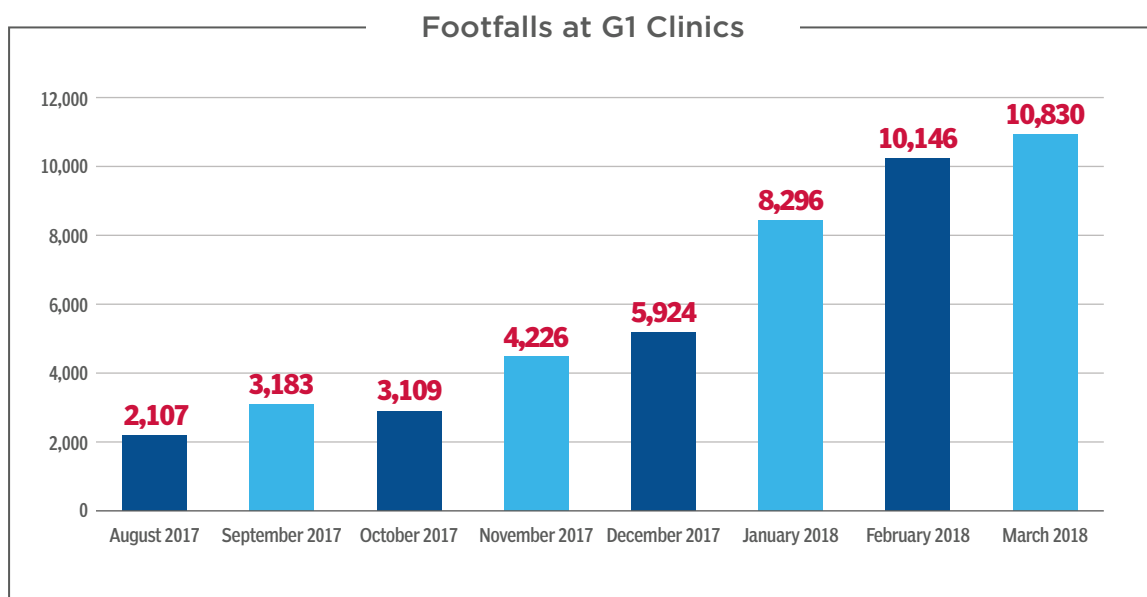
The MIS data from all digital dispensaries, interaction with beneficiaries and Glocal team threw up early trends and challenges which provide insights for the potential as well improving the model.

Early Trends

Reception by Community

Though initially apprehensive about the whole system, once people experienced it, they were quite excited about the model. Some of the perceptions shared:

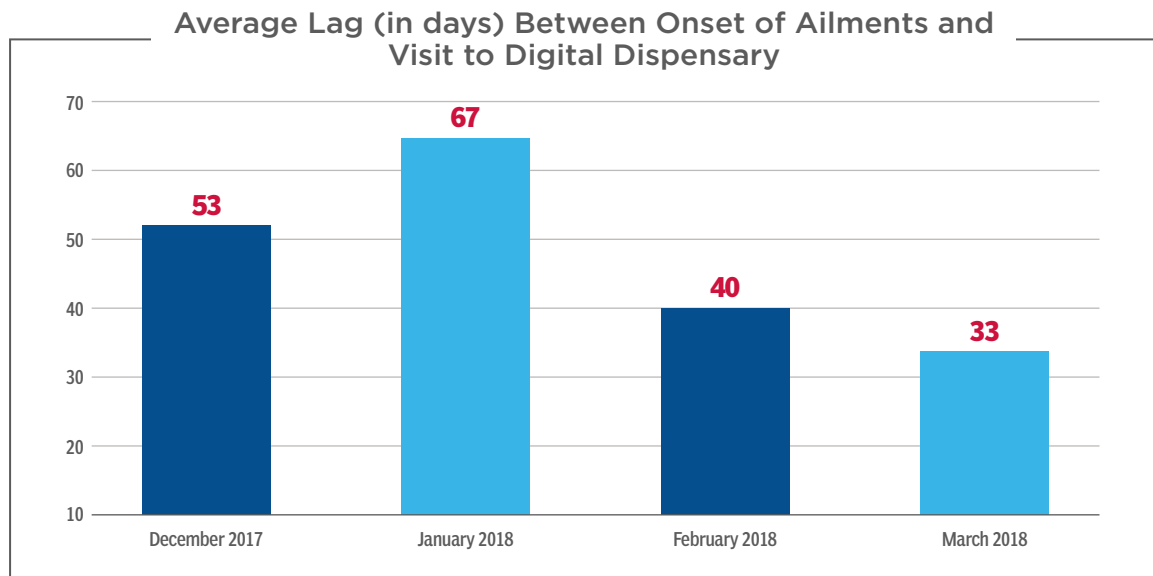
- ❖ Video interface was the strength for effective outreach in the community.
- ❖ A wider basket of services and tests were provided at the G1 clinics.
- ❖ Tests were done on the spot and accurate results were generated instantly.
- ❖ Convenient clinic time, where qualified technicians were available from 10am to 6pm.



Data from August 2017 to March 2018 showed increasing trend in patient footfalls. The rise in the consultancies clearly depict the growing acceptability of this innovative healthcare solution. Patients who visited digital dispensaries had prior satisfied consultancies with other practitioners (34% patient visiting rural centres and 14% patient visiting semi-urban).

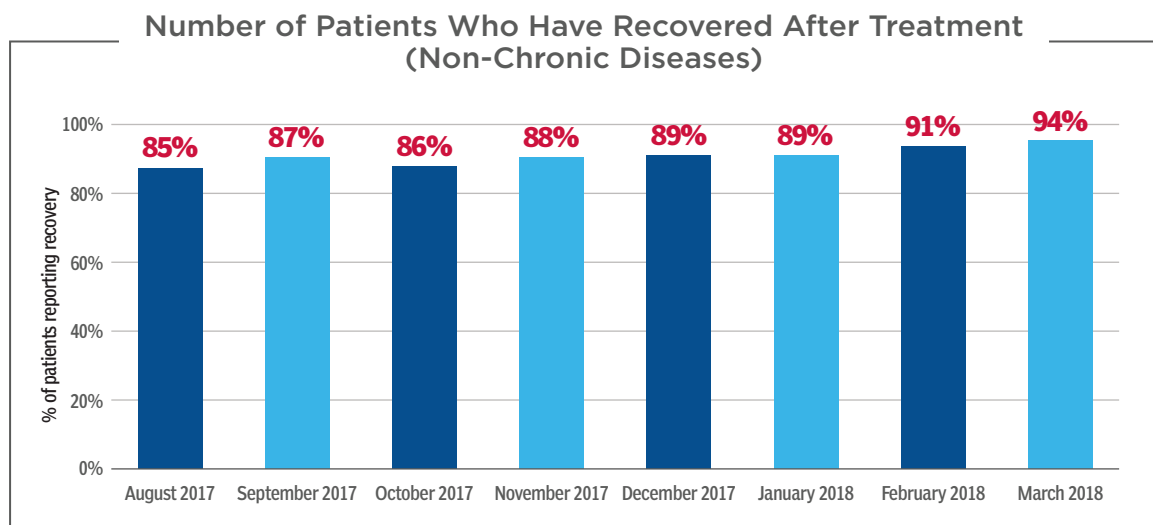
Improved Healthcare Seeking Behaviour

Data indicates an improved health seeking behaviour, evident with decrease in the average lag between onset of symptoms and visit to digital dispensary. This indicates that the Digital Dispensary has contributed in improving the healthcare seeking behaviour (Figure 2).



Improved Quality of Care (QoC) at G1 Digital Dispensaries

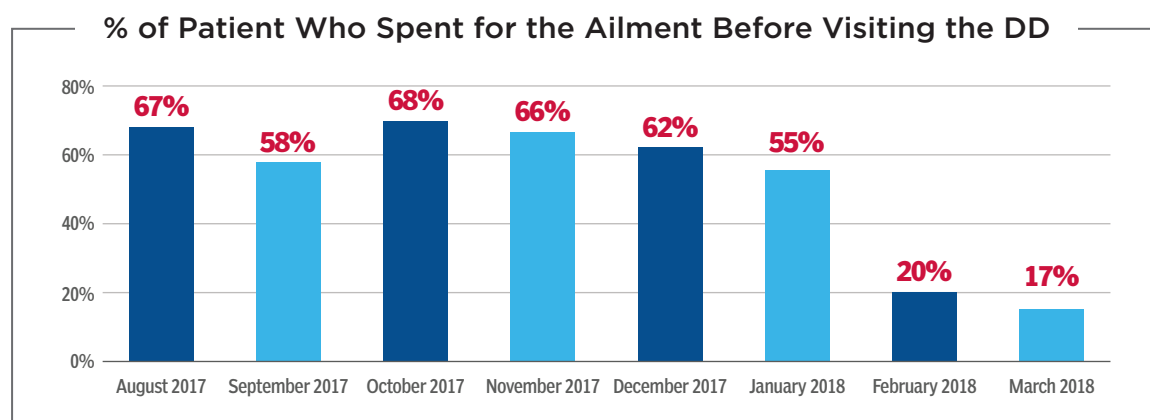
Early recovery due to treatment indicates good QoC. Data shows that 82% visiting patients reported recovery of ailment in August 2017 which rose to 94% in March 2018. This can be attributed to the dedicated Customer relationship management (CRM) team which seeks feedback from every visiting patient within 7-10 days from the date of the visit. The feedback includes enquiry into the improvement of symptoms (Figure 3).



Learnings So Far

High Out of Pocket Healthcare Expenditures

According to the data, a high percentage of patients spent money on treatment before coming to the Digital Dispensary. The average amount spent by these patients were ₹11,700 for semi-urban centres and ₹4,200 for rural centres respectively. This was an extremely high expenditure, despite the availability of free services at the public facilities. This provides credence to the preference for seeking care from private providers. The digital dispensaries can offer primary care at an average price of ₹250 per patient and can reduce out of pocket expenditure drastically.



Positioning of the Dispensary to Ensure Accessibility

Positioning of the dispensary needs to be done strategically in high population areas. Most patients' visited the Dispensary were from the near vicinity (72% in rural centres and 58% from semi-urban). Majority (i.e. 92%) reported easy accessibility and used their own vehicle to reach the facility (72% in semi-urban and 93% in rural centres).



Challenges

Competition with Local Practitioners

A study titled 'The Health Workforce in India', published in June 2016, revealed that 57% of those who claimed to be allopathic doctors did not have any medical qualifications. In rural areas, it was found that only 18.8% of such allopathic doctors had a medical qualification. This indicates the abundant prevalence of unqualified medical practitioners who are the major care providers. Naturally they will pose a major challenge in increasing patients' footfall in a Digital Dispensary.

Emergency Situations

On many occasions, patients arrive with emergency conditions and such cases could not be taken up at the Digital Dispensary, but required immediate referral to the nearby Hospital. In many centres, especially rural, ambulances are not readily available, which poses a challenge.

Internet Connectivity and Electricity

Digital Dispensary is dependent on uninterrupted power and seamless internet connectivity with at least 2 Mbps bandwidth for its smooth functioning. In rural areas of India, both these inputs are in shortage. Power back-up in the form of battery/generator solves this issue to a great extent but increases the operations cost. Lined internet connectivity is again dependent on power together with its own downtime. Usage on wireless services in the form of data-card has been a workaround.

High Attrition of Qualified Nursing Staff

Qualified nursing staff of both GNM and ANM cadre are required to man the digital dispensaries. However, there is a high attrition rate as either they prefer government opportunities or are not readily available locally which is a major impediment. Glocal has been able to keep the attritions low but the risk remains.

Conclusion



The G1 Digital Dispensaries aim to expand primary healthcare to underserved and remote areas. They offer a compelling value proposition for the underserved population:

Access to Doctors: Makes certified doctors available at difficult to reach areas

One Stop Shop: Offers doctors, diagnostic tests and medicines closer to the community

Quality Care: Qualified doctors, an efficient Decision Support System and genuine generic drugs ensure standardized quality care

Reduce Costs: A G1 dispensary can serve a patient at an average price of ₹250 per episode, compared to average spend of ₹680 (rural) and ₹840 (urban) reported in the National Sample Survey, 71st Round, 2015.

The model combines cutting edge technology with the implementation experience of the Glocal team and hence represents a scalable model. Early trends from the field suggests increasing acceptance and efficacy of the model.

It is too early to comment on the retail model. It will take time to build volumes of paying customers to achieve sustainability. The PPP models have been a good way to expand care rapidly. Glocal has already expanded the model to 130 locations in partnership with governments of 4 states. Government of Odisha and Rajasthan have been awarded for implementing Glocal's telemedicine solution. Despite best of the efforts it would be difficult to take qualified doctors to remote areas, with little support system. However, the G1 digital dispensaries have a potential to make affordable and quality healthcare accessible to the poor in the low resource settings, particularly in semi-urban and rural areas.

 LOCAL
SOLUTIONS



Pahal

Partnerships for Affordable
Healthcare Access and Longevity

Urban Health (USAID) Project

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