

Brief Study

India's healthcare sector growing at a strong CAGR of 15%, health service in rural India remains critically flawed with a serious shortage of facilities, manpower, and quality. According to WHO World Health Statistics 2012, only 43.5% of all villages in the country have a doctor. The situation is further plagued with issues such as doctor nonattendance, decrepit infrastructure, shortage of supplies, and a lack of monitoring of the entire setup. Despite numerous government efforts, access to basic healthcare is non-existent, costly and unreliable for majority of the poor population.

Recognizing this gap, SLK HOPS has set up Rural Health Centers (RHCs) that are armed with necessary screening instruments towards remote diagnostics. To ensure efficient operation, the RHCs enabled with a technology platform called 'HOPS eClinics' allows for centralized monitoring of key metrics such as patient vitals, daily checks and management of patient records etc., also supports seamless integration and communication with urban doctors for specialized treatment and consultation. HOPS eclinics has been especially designed to work in areas with sporadic electricity and internet. SLK HOPS currently runs RHCs across Gujarat, Chattisgarh, Karnataka in conjunction with CSR partners, NGOs, and other government bodies. The company is also setting up its own centers in rural urban areas from August 2015.

SLK HOPS work in collaboration with the rural communities to develop the ecosystem for its service delivery model. The company conducts free health camps to build trust and awareness, and train people to work with them as health workers. The highly innovative service delivery model ensures quality care through technology assisted last mile solution and generate better livelihood across the rural population. SLK HOPS with the plan to set up 100 health centers in by 2016, aims to impact 2 million people.

Through partnerships with multiple stakeholders like healthcare providers, social development organizations, government agencies, corporate entities etc., SLK HOPS intends to provide a technology & health-monitoring platform that will help the stakeholders achieve their social and commercial objectives.

Model:

Delivering affordable and accessible primary care at a village level by setting up Rural Health Centers (eclinics) through technology enabled solution that seamlessly connects the rural population with urban hospitals for consultation and escalations enabled via a Hub and Spoke model.

Theory of Change: If technology is leveraged to address the critical health needs on the ground, then the rural population can avail primary and secondary care at reduced time and money. If rural populations are connected to medical infrastructure in urban areas and across geographies **then it can significantly lead to improved rural health and well being.**

Eclinics / Health Camp Initiative

Setting up mobile, patient monitoring station to measure vitals to help doctors at remote location to guide in a right direction. A new perspective towards preventive health care ecosystem.

Business Case

Grassroot / Urban Peripheries Patient Centric

A vital kit to handle body vitals, eye check, glucose, ENT, dermatology, basic pathology & other measurements for Prenatal and Neonatal checks to be sent over to experts at distant location for guidance. Benefiting the health services at doorsteps reducing the expenditure on Logistics and travel towards getting a treatment. Only spending when needed.

Community Centric

An effective medium to cater services to the community in need with a standard health care service provided through experts from remote location. A social cause achieved with effective ICT utilization

Setting up tele-health-clinics in rural areas adopted by Industries to serve preventive/health check facilities and redirecting them to apex centers as required

Model is towards deploying vitals monitoring kits, Prenatal, Neonatal, Diabetes Check, primitive pathology test and

Case Model

Tele-Health Clinic Check

Vitals

- BP, Pulse, 12 Lead ECG, SPo2, Spirometer, Temperature & Diabetic Check

Prenatal

- BP, Fetal Pulse, Temperature, Hemoglobin, Height, Weight

Neonatal

- Respiratory Rate, Height, Weight, Bilirubin Check and temperature

Ophthalmology Check

- Anterior, Posterior Check, BP, Glucose, Cataract

Basic Pathology Test

- Blood Sample

Operation Model

- SLK would deploy all the Kits at Primary Center or Clinics Set up by Organization
- Technician Training on Field or Deploy Technician at Health Clinics
- Operate the portal and KPO center for Diagnostics
- Onboard a Village / Center on behalf of the Organization

Financials

Organization Setup

- One time Set up fee
- CAPEX or Rental Mode as planned
- OPEX cost paid to the Operator

Operator Agency

- Deploy Individuals in Field
- Doctor's KPO and Reporting

Business Prospects

Patient Centric

- At home Check up through TeleClinics
- Point the Patients to right directions
- Social Responsibility towards health care
- Save on Logistics and Travel

Operator Centric

- Manage Multiple Clinics under One roof
- Standard Health Check up
- KPO execution with multiple doctors under One roof for diagnostics

Budget requirement for Setup eclinics

- For Dedicated Set Up a One Time Cost towards the Medical Devices along with TeleClinics Platform to be deployed
- Costing for basic Screening to be performed covering the above mentioned Test with the Doctors Consultation.

Segments

Work in collaborations with CSR front, Government PHC Set Ups, setting up Health Camps at Regular Intervals

Impact to Date

Address the Social Responsibility towards health Check Up at Doorsteps. Create more bonding relations with the Grassroot population

IPD Follow Up Support

- On Identification of Disease collaborate with Nearest Trust Hospital / government Hospital towards Patient IPD registration
- Follow Up Service on the Status of the Patient
- Update the Records for the Donor.

Outline of the Test Covered

| | |
|---|--------------------------------------|
| Identification of Infectious Disease (CBC, RBC, Malaria, HbSAg) | PATHOLOGY TEST |
| Anemia (Hb) | |
| Diabetes (Blood, Urine Sugar) | |
| Blood Group Identification, HIV | |
| Identification of Kidney Disease – Stone (Urine) | |
| Jaundice (Urine, HbSAg) | |
| Pregnancy test (Urine) | |
| Lipid Profile | |
| HB1AC | |
| Eye Check up (Cataract, Glaucoma, Retinopathy) | |
| Blood Pressure, Pulse, SpO2, ECG | HEART ISSUES |
| Lungs, Screening for COPD & TB via Spirometer | LUNG AND ASTHAMATIC SCREENING |
| Intra Oral Dental Check, Ulcer | CANCER SCREENING |
| BP,PULSE, FETAL PULSE ,HB | PRENATAL SCREENING |

Financials (CAPEX)

| | |
|---|-----------------------------|
| Kits Cost - Medical Devices to screen & monitors patients vitals and parameters - Min IT Infrastructure Set Up Required - Training Local Entrepreneur to utilize the kits - Software Platform | INR 10,00,000 |
| Reporting Infrastructure - Doctors | INR 100 Per Patient |
| ICT Infrastructure and Management | INR 20 Per Patient Per Year |
| Pathology Diagnostic Center for Basic Test Set Up | INR 5,00,000 |

Note:- If only CSR plans to buy the kits and Operate on its own. SLK would only be technical implemented

Financials (CAPEX) – EYE Screening – Mobile

| | |
|--|-----------------------------|
| Kits Cost (Eye Screening) - Eye Kits - Kits Which are Mobile For Villages - One day Per Village | INR 5,00,000 |
| Infrastructure - Bike Per Kit - A Place to Sit - Laptop to Interface | INR 60,000 |
| ICT Infrastructure and Management | INR 50 Per Patient Per Year |

Note:- If only CSR plans to buy the kits and Operate on its own. SLK would only be technical implemented

Financials (OPEX) / Month – ALL

| | |
|--|-------------------|
| Internet Connectivity | INR 1000.00 |
| Technician / Local Entrepreneur - A male and female both - Local Marketing Person within a Village or Rural Area | INR 15,000 |
| Maintenance and Support for Devices/ Provided from the Vendor | INR 5,000 |
| Other Miscellaneous Cost - Accessories and Medical Products needed for Screening - Other Awareness for Screening Costing | INR 5,000 |
| TOTAL | INR 26,000 |

Model

Investment coming from

- I. Banks
- II. Corporate Houses

Gujarat CSR Authority Identifies an NGO to manage the Funds

- I. Coming from Banks as Loan to Local Entrepreneur
- II. Health Screening Payments Management

Process

A. Provide Loan to Local Entrepreneur to Buy Medical Kits

- a. Local Entrepreneur trained to work on the kits
 - i. Screens the Patient
 - ii. Creates Awareness about health check up

- iii. Registration
- iv. Connect Doctor in Medical Knowledge Process Unit over Voice Call when required. Set up done by the Vendor

b. Maintenance and Support if Any required Provided from Vendor (SLK)

- i. Identifies a Local Person and Trains for IT / Software and Medical Kits Maintenance/Support when required.

B. Financials

a. Average Cost Per Patient Visit

| | |
|--|--------------|
| 1. Screening Charges | INR 100 |
| 2. Miscellaneous | INR 50 |
| 3. ICT Infrastructure, Data Records Management | INR 20 |
| 4. Doctors Reporting | INR 100 |
| TOTAL | 270 * |
| Screening Cost per Patient EYE | 150 |
| Logistics Cost Per Patient | 10 |
| Doctors Reporting | 50 |

- Charges may change in future based on economics change.
- If Eye Kits are remove from the Offering then Average Costing would be Lowered to INR 200-220 Per Patient
- **For Eye Screening Average Costing would be INR 210**

b. Average Patients Per Day is 20

C. Payments and Working

For 20 Patients Per Day and 25 Days Working

| Monthly Revenues | Opex Costing | Bank Loans | Payments to Vendor-Doctor | Average Profit / Month |
|------------------|--------------|------------------------------|---------------------------|------------------------|
| INR 1,35,000 | INR 26,000 | INR 40,000 (Appx ROI 2 year) | INR 60,000 | INR 7,000 |

Screening Without Eye

| Monthly Revenues | Opex Costing | Bank Loans | Payments to Vendor-Doctor | Average Profit / Month |
|------------------|--------------|------------------------------|---------------------------|------------------------|
| INR 90,000 | INR 15,000 | INR 23,333 (Appx ROI 2 year) | INR 40,000 | INR 10,000 |

Screening Eye

| Monthly Revenues | Opex Costing | Bank Loans | Payments to Vendor-Doctor | Average Profit / Month |
|------------------|--------------|------------------------------|---------------------------|------------------------|
| INR 1,00,000 | INR 25,000 | INR 23,333 (Appx ROI 2 year) | INR 40,000 | INR 10,000 |

Transactional Financial Flow

1. Screening Charges is paid to the Local Entrepreneur.
2. Miscellaneous is paid to the NGO or Operating Agency to Monitor the Work, execute necessary payments, and operate & Arrange Accessories like Gels and Other Stuff for Screening.
3. Doctors Charges and ICT Infrastructure is Paid to the Vendor/Technical Partner to Operate.
4. Maintenance and Support Cost Per Month is Paid to the Technician Locally.

Additional Workings

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|--|------------------------------|
| Only Kits/Device Rental /Day basis Covers deployment of Kits on the Field and necessary ICT platform Training provided to Team in-house to manage the show for Onsite training travel cost on actuals. | INR 8,000 |
| Pathology Test | |
| Price for Pathology Test Not Covered in the Financials above | |
| Partnering with SLK covers - Phlebotomist, Blood Reports, Logistics along with Duly signed by authorized Pathologist. SLK Would manages the partnership with Pathology labs across Gujarat. - A platform to View Reports and Manage Records | Average INR 550 - 600 |
| Data Management / Year | |
| Management of Information Per Patient Per Year, Reporting and ICT Platform Usage | INR 20 |

Note: - No Pre-Investment from CSR to be done.