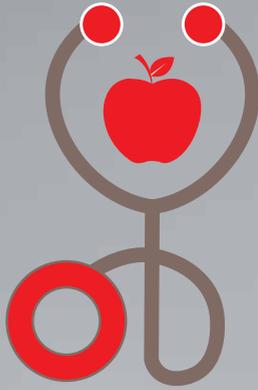


# Outlook

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spotlight



## Healthcare: GETTING INTEGRATED, CONNECTED & EFFECTIVE





# HEALTHCARE: GETTING MORE INTEGRATED & CONNECTED

In the past decade, the healthcare industry in India has witnessed unprecedented boom. The focus has been on integrating super multi- speciality services which aim to be more patient-centric and people savvy. Well-equipped healthcare delivery systems that match world-class technology and infrastructure providing impeccable medical services are now available in such hospitals mushrooming on the Delhi-NCR landscape. Outlook shares the views of some leading doctors of the capital about the overall health scenario in the country, and what makes such healthcare centres popular.



**T**he measure of a nation's growth does not rest only on its economic growth but also on the human development indices, which raises the moot point as to how healthy is the healthcare services, especially in a country like India that is still grappling with the issue of a teeming and an ever-increasing population.

The state of healthcare is critical to a nation's progress and prosperity and India is burdened under medical care inadequacies. The reportedly skewed doctor-patient ratio of 1:1800, however, is also posing a hurdle in uniform and critical healthcare services reaching the grassroots. However, the change has set in for the better, but is yet to gather a speedy pace to fill the gaps of demand and supply in healthcare services.

Today, the healthcare ecosystem in India is at a transitional stage where the health in-

dustry having several streams such as traditional medicine, alternative medicine, modern medicine and even health tourism is catering to diverse medical needs of a wide cross-section of people from varied socio-economic backgrounds.

As the growth of India's healthcare industry is reportedly poised to cross USD 280 billion by 2020, the over-all scenario looks optimistic. The reason for this upward looking graph for healthcare and wellness can be attributed to increased awareness, easy accessibility to premium medical care facilities, conducive demographics, higher purchasing and spending capacity, a burgeoning health insurance industry and medical tourism. Lifestyle changes, largely not healthy, has triggered many ailments and diseases and is the major reason for the sharp growth in healthcare.



## REACTIVATE THE LIFE IN HEART FAILURE Make More Tomorrows Possible

**(DR. ANAND KUMAR PANDEY)**  
MD, DM, FACC, FESC, FCSI, FSCAI, FICC,  
Director, Clinical Administrator & Unit Head  
Dept. of Cardiology, Max Hospital, Patparganj, Delhi

**T**he normal healthy heart is a strong, muscular pump and pumps blood to the lungs and all body tissues. The body depends on the heart's pumping action to deliver oxygen and nutrient rich blood to the body's cells. When the cells are nourished properly the body can function normally.

Heart failure is a condition in which the heart cannot pump efficiently enough to meet the body's need for blood. Contrary to its name, heart failure does not mean the heart has failed completely. It is a term used to describe a heart that cannot keep up with its workload due to which the body may not get the oxygen that it needs.

In simple words Heart Failure (HF) is a clinical condition in which a functional or structural abnormality of the heart results in the common symptoms of exertional shortness of breath and tiredness. Chronic heart failure is common (prevalence 1% to 3% in populations, increasing with age to 10%), debilitating, detectable, and treatable and has a major economic impact on public health systems. The prognosis is poor depending on severity at the time of presentation; 50% of treated patients are dead within 4 years.

So in HF patients with reduced ejection fraction (HFrEF), perhaps implementation of good medical therapy is more important than any innovation science". A simple clinical evaluation by physician with combination of certain blood tests, ECG and Echocardiography can make a diagnosis of heart failure. Ejection fraction of less than 50% is taken as cut off to diagnose of heart failure however ejection fraction of less than 30% is a serious matter of concern.

"In what seems on the surface to be a paradox, the prevalence, incidence, and mortality of HF are all climbing steadily despite the dazzling progress in the diagnosis and therapy of all forms of cardiac disease."

"HF may be considered to be the last great battleground of cardiac disease"

**Any patient with heart failure should be taken seriously as Heart Failure can be deadlier than many cancers, 5 year Death Rate of Many Cancers is Much Less Than Heart Failure :-**

- ♦ Breast Cancer : 11%
- ♦ Hodgkin's Lymphoma : 15%
- ♦ Non-Hodgkin's Lymphoma : 31%
- ♦ Colon and Rectum Cancer : 35%
- ♦ Leukemia : 43%
- ♦ Heart Failure : 48%

### Impact of Heart Failure

- ♦ More than one million heart failure hospitalizations occur every year.
- ♦ It is a number one cause of hospitalisation for patients more than 65 years of age
- ♦ Heart failure patients are at high risk of repeated hospitalisation - 40% of patients die or are rehospitalised within 6 months
- ♦ One in four heart failure patients are at high risk of repeated hospitalisation
- ♦ Heart failure patients aged ≥65 years are rehospitalised within 30 days of discharge

### Mortality due to Heart Failure in overall population with diagnosis of heart failure is a matter of concern

- ♦ In-hospital death rates range from 2-17% for patients with HF
- ♦ One year death rates for patients hospitalized with HF vary between 17-45%
- ♦ On average, a female patient hospitalized for HF will only survive 1.7 years
- ♦ For men, a patient hospitalized for HF will survive on average 2.3 years

### Even Mild to Moderate (NYHA class II) - Patients Are at High Risk

- ♦ In a clinical trial with median follow-up of ~3years
- ♦ 34% of NYHA Class I and II Patients died
- ♦ 42% of NYHA Class III and IV Patients died

### Mortality due to Heart Failure

Mortality rates in heart failure are high even for patients compliant with the best available treatments

- ♦ 50% Die within 5 years of diagnosis
- ♦ Sudden Death is the Most Frequent Cause
- ♦ 45% of cardiovascular deaths are due to sudden death

Mildly symptomatic patients are at a higher risk of sudden death, but the overall risk of death increases with escalation of NYHA class

After a hospitalisation, heart failure patients may never regain their previous quality of life

Risk of mortality from heart failure increases with repeat hospitalisations. One year mortality rates for heart failure patients remain high and one in five heart failure patients die within one year of diagnosis

### Impact of Heart Failure - Quality of Life

- ♦ Heart failure can severely affect patients' social capacity and emotional health
- ♦ 63% of heart failure patients report symptoms that are consistent with depression
- ♦ Heart failure can place a huge burden on patients, their families, and society as a whole

40% of patients struggle to socialise or engage in daily routine activities with friends or family

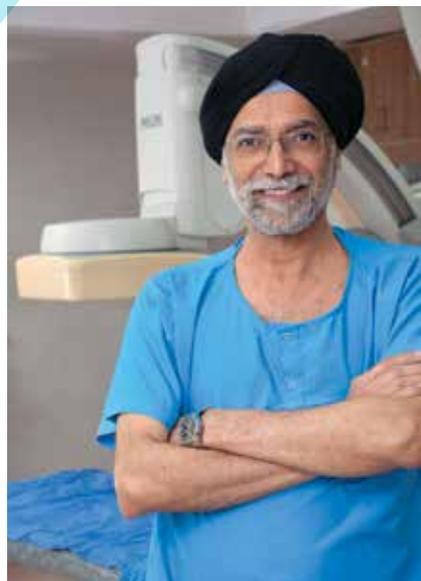
More than 60% of patients reported difficulty with recreational pastimes, sports, or hobbies

### Heart Failure - Unmet Needs

There is underutilization of guideline-directed medical therapy for HF patients and a large of patients are not given optimum medical therapy. There are a large number of options beyond medical therapy such as AICD (a pacing device to control the rhythm and sudden cardiac death), CRT-D (pacing device to improve heart functions and also preventing sudden death), Ventricular assist devices which can be used as bridge to transplant or also as a final treatment.

But only 20% with an indication to have a cardiac resynchronization therapy device are implanted and less than 10% have an implantable cardioverter-defibrillator

If you have been diagnosed with heart failure do not worry you are not alone. There are more than 10 million Indians with heart failure. Fortunately with advanced treatment you may live longer and enjoy good quality of life.



Dr. (Surg Cmde) V.S. Bedi, Chairman & Senior Consultant, Dept of Vascular & Endovascular Surgery, Sir Ganga Ram Hospital, New Delhi, summed up the healthcare scenario of the country in a nutshell saying, "Healthcare in India has always been a major challenge in view of large & diverse population of the country with majority of the population living in rural areas. Post-independence only government hospitals and charitable hospitals were providing healthcare and it's only in the 80's that the corporate healthcare started functioning. The corporate healthcare sector has grown by leaps and bounds in term of providing good infrastructure and latest technologies due to which India has become a centre of medical tourism." As Past President, World Federation of Vascular Societies and Past President, Vascular Society of India, Dr. V.S. Bedi has vast exposure to the healthcare systems in India as well as globally. He further ob-

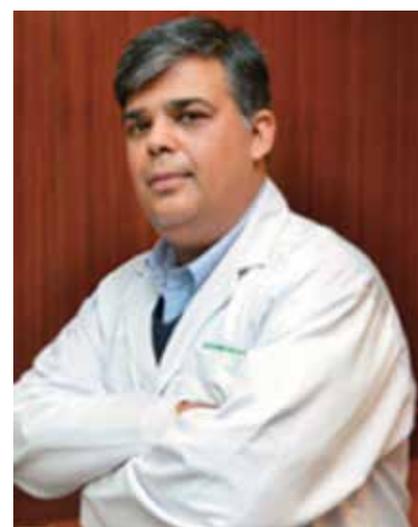
served, "Unfortunately, the public sector all over the country and especially the primary healthcare in villages and towns has failed to grow at the same pace. Therefore, we have a situation where healthcare in the urban areas is extremely good but people from small village and towns are dependent upon the primitive healthcare for their daily medical issues. They have to visit major cities for getting advanced treatment which comes at a much higher cost and has affordability issues. Health insurance in the country is still evolving and one hopes that the centralised healthcare module proposed by the government will go a long way in alleviating the problem of rural healthcare. The GDP on healthcare needs to be augmented to almost 10% like the European countries. This is the only way that medical infrastructure in rural areas can come up, thus balancing the requirement of primary and tertiary healthcare system in India."

Stating that state-of-the-art technology treatment is very quick, precise, hygienic and with minimal invasion Dr. Vikas Sethi, Vice Chairman and Senior Consultant, Dental Department, Sir Ganga Ram Hospital observes, "Today, in dentistry, we talk about CAD / CAM technology for dental crowns and bridges. The meaning of this term is Computer Assisted Design and Computer Assisted Manufacture. By using this technique, the patient requires lesser visits to the dentist and also gets better fitting dental crown and bridges. With CAD/CAM technology after preparing the tooth with help of scanners pictures are taken intra orally which are in 3D format and are relayed to a milling machine. A block of ceramic is then milled perfectly according to the data. Thus, this technique reduces the chair and laboratory time to fit a crown."

Technology has seeped into every branch of medical treatment. Adoption of IT in healthcare services, easy access and

quick exchange of health information, use of advanced analysis of vital data for reaching accurate clinical decisions, community health management, and creating of new healthcare delivery models are major breakthroughs making medical services effective besides making it more integrated and patient centric.

India has the advantage of having some of the best world-renowned doctors in many of its private and government hospitals, who are striving to put the healthcare services on track. Private hospitals in particular are contributing towards a better quality of healthcare, even if it comes for a cost, which is anytime much lower in comparison to treatment and surgery expenses in other countries. A virtual boon, hospitals in India are attracting patients from other developed and developing countries making medical tourism robust.



Another thriving area in the health business that is gaining momentum rapidly is the health insurance services. The overall quantum of health insurance may have increased, but it is largely limited to urban areas. In far-flung rural areas, people continue to spend from their own pockets and are burdened with additional costs that affects them financially. However, the increasing penetration of health insurance is expected to make healthcare affordable, encouraging people to be more health-conscious seeking preventive healthcare and curative services which again augurs well for the healthcare industry.

**According to the World Health Organization (WHO), most of the healthcare expenditure in India - which averages \$75 per capita - comes from the private spending of households. About 72 percent of residents of rural areas and 79 percent of residents of urban areas use private healthcare services.**

**Healthcare services in India has set foot into a new era of hope and a healthy life for its masses.**

# MIV Therapeutics P Ltd.

## COMMITTED FOR QUALITY

*Journey So far...* Once a small scale company, transformed into a highly respected and transparent group with good governance. Highly capable management with excellent track record. MIV Therapeutics (India) Pvt. Ltd. was incorporated in 2003 with 4 employees in core; now it rises to 100 employees all over India. MIV Therapeutics (India) Pvt. Ltd. has an operation in domestic (India) as well as internationally in various countries.

### Management:

The company works as a team of professionals ably headed by the Board of Directors and every functional head is qualified to justify the participation in company's growth and the growth of the industrial infrastructure.

These heads are further supported by the qualified subordinates to achieve the goals as team to deliver their functional activities and responsibilities.

Thus with thorough delegation of responsibilities with inert support and zeal of the colleagues and associates, the company moves forward swaying across for future growth

India Healthcare Awards, 2018 Awards honour the doers and pioneers in spectacular style as the Healthcare Industry joins in to facilitate across india's top Doctors, Clinics & Hospitals, Healthcare Providers, Nursing Homes, Medical Devices and Hospital Equipment Companies. Diagnostic Laboratories, Medical Educational Institutions, Nursing Training Centres, Health Insurance Companies.

The best performers and greatest innovators in the industry will vouch for the fact that success comes only by determination, devotion and creating exceptional services. These awards intend to inspire others towards bigger and better achievements.

Miv Therapeutics has been awarded by India Healthcare Awards 2018 in category of India's Best Innovative Medical Devices Company.



**Rajesh Shrivastava**  
Director

**WE,**  
**MIV Therapeutics (India) P Ltd. Stand for integrity of our people, our products and our partners. We are committed:**

- To provide the life saving products that are safe and effective.
- To continuously improve the effectiveness of our Quality Management System, our products and our services.
- To meet the regulatory requirements and to satisfy the needs of our customers and partners.
- To deliver high quality products and services to achieve total customer satisfaction.

**The products manufactured by us provide state of the art medical technology that improves the quality of life for the patients we serve.**



India Healthcare Awards 2018 at Taj Hotel New Delhi



## PANCREATIC CANCER: NUTS AND BOLTS

**M**ore than 1300 patients die every day in India due to cancer. More than 70% of these cancers are diagnosed in the population of age groups between 30 to 70 years. Two new cancer cases are detected every two minutes at some part of India.

Pancreatic cancer is a disease of elderly, usual age of diagnosis of majority of cases is around 60 years. The incidence of pancreatic cancer in India is 0.5-2.4 per 100,000 men and 0.2-1.8 per 100,000 women. Lots of research is going on and revolutionary drugs were discovered every day across the globe. But Slight change was seen in survival rates of pancreatic cancer over time since 1970. Majority of pancreatic cancer cases are diagnosed in very advanced stage because patients don't tend to show any symptom specific to disease until much later, by the time of which the disease has already spread to other organs in the body.

There aren't any noticeable signs or symptoms in the early stages of pancreatic cancer. Patients usually seek medical attention in advanced stage with some nonspecific symptoms like Jaundice, Light-coloured stools, Dark urine, pain in the upper or middle abdomen and back, Weight loss for no known reason, Loss of appetite and feeling very tired. The di-

agnosis of pancreatic cancer requires CT scan, MRI, tumour markers, endoscopy and Biopsy which are done at physician's discretion after detailed clinical examination.

If the cancer is at an early stage, which is confined within the pancreas and has not spread to the lymph nodes or other areas of the body, thensurgery is the treatment of choice. Chemotherapy is a treatment of cancer by using anti-cancer medicines which kill cancer cells or stop them from multiplying. When chemotherapy is used in addition to surgery it is known as adjuvant chemotherapy. This aims to kill any cancer cells which may have spread away from the primary tumour. However, in advanced stage, surgery will not be possible and chemotherapy with the intent of symptom relief and maintaining quality of life is the only option.

Pancreatic cancer often causes weight loss and weakness from poor nutrition. These symptoms might be caused by treatment or by the cancer itself. So meticulous diet plan with nutritional supplements as prescribed by doctor is a must. Exercising, stopping smoking might lower the risk of the cancer growing or coming back, but not proven. Support from Friends and family, religious groups, support groups, professional counsellors may



**Dr. Vineet Talwar**  
Co – Director – Medical Oncology  
Rajiv Gandhi Cancer Institute and  
Research Centre

be required at some part of the treatment and follow up to cope up with the stress of the patient.

There has been an increase in awareness and better medical facilities in India now, but still there is a wide gap between survival rates for cancer patients between India and most countries. Reasons are many. One plausible reason is that cancer in India is diagnosed in later stages resulting in the treatment being complex and the probability of beating cancer at the root level also goes down. This could be due to lack of awareness, sufficient information and socio-economic factors. Genetic constitution of an individual cannot be altered. What can be altered, improved upon is health education. ■

## Swadeep Srivastava, a healthcare evangelist wins top honor, "Excellence through Technology Innovation in Medical Services" by Legal League Consulting at The CXO +GC Leadership Summit 2018

**S**wadeep Srivastava, Managing Partner and Chief Belief Officer of IndiaVirtualHospital.com received award for "Excellence through Technology Innovation in Medical Services" by Legal League Consulting at The CXO +GC Leadership Summit 2018 for his excellent body of work in the field of healthcare communications and delivery. The award was presented to him by Dr Lalit Bhasin, President, Bar Association of India.

His new venture, IndiaVirtualHospital.com, an integrated tertiary care ecosystem is at the forefront in addressing the numerous challenges faced by patients and domestic medical travelers when they look out for treatments. India Virtual Hospital is a digital web and mobile based platform which acts as a medical concierge for all healthcare and medical needs of the masses. This portal is made highly credible with doctors, healthcare professionals, patient guides on board. The India Virtual Hospital team is trained to support and help patients manage their medical and surgical care. We help patients and their families take an informed decision with expert consultations, working out the best treatment

plan, coordinating with hospital team for hospitalization and procedure providing much required counseling for patients and their family members along with post operation recovery needs and services.

IndiaVirtualHospital.com is also bringing in disruption through Trust Doc, India's 1st technology-driven, Specialized Treatment Opinion platform by Industry Veterans like Government-Retired Super-Specialists (Ex-AIIMS, PGI etc.). TrustDoc.in aims to provide patients with an expert opinion by very senior retired specialist doctors who have served in the best government hospitals across India.



Today Trust Doc has India's 100+ government-retired senior doctors and specialists covering over 20+ specialities. All one has to do is get in touch with us by either calling at 9999-668-222 or sms trustdoc to 56677 or register at easy-to-navigate online portal, trustdoc.in or mailing us at contact@trustdoc.in.

This year's CXO+GC Leadership Summit 2018 witnessed the felicitation of eminent personalities and different organizations excelling in the field of business, law and healthcare. Some of the other winners at the CXO+GC Leadership Summit 2018 were Padma Shri Shahnaz Hussain who was given Lifetime Achievement Award, Dr Lalit Bhasin, President, Bar Association of India, Rajiv K. Luthra of Luthra & Luthra Law Offices.

Eminent jury and speakers from diverse fields shared their opinions and statements regarding challenges faced in India's health sector and measures undertaken to rectify them, Indian Economic Reforms focusing on improving business climate and productivity, New Companies Act, Make In India, Digital India, GST & De-monetisation, Removal of sectoral investment limits, Re-capitalisation of Public Sector Banks etc. ■



## Stay Heart Plus

### Did You Know

India is witnessing nearly two million heart attacks a year and a majority of the victims are youngsters. Men living in cities are three times more prone to heart attacks than people living in villages. As for women, the risk rises significantly after menopause.\*

Have a jolly good heart with this four-pack lipids controller



Only for the use of Doctors, Hospitals and Laboratories

#### LIPID CARE

- A natural cardio-protective offering total cholesterol control without adverse side effects
- It is made with well-known and safe lipid controlling herbs such as Arjuna (Terminalia arjuna), Harjor Amalaki and Vana Tulsi
- Helps to lower harmful LDL & triglycerides, while promoting HDL in the blood.
- A mild blood-thinner, it helps reduce cardiac work load even as its antioxidants protect the heart tissue.



#### FLAXSEED OIL

- It's abundant in heart-friendly Omega-3 fatty acid called alpha-Linolenic acid (ALA) which promotes good cholesterol.
- Plays a role in burning body fat & supports a healthy cardiovascular system.
- It is rich in antioxidants that help reduce the damage from stress & daily intake of this healthy oil offers a lot of goodness.



#### LHC

- It supports healthy liver function and leads to better and faster fat metabolism, which in turn leads to healthier cholesterol level, thus a healthier heart.
- Enriched with medicinal property of Bhumyamalaki (Phyllanthus niruri), Punarnava (Boerhaavia diffusa) and Kutuki (Picrorrhiza kurroa).
- Helps to repair damaged liver and kidneys by reducing toxicity and regenerating damaged cells.



#### TULSI GREEN TEA LEMON GINGER

- A blend of Tulsi, Premium Green Tea, ginger and lemongrass, this is a delicious blend that helps in fat-fighting.
- An energising blend that awakens the senses
- Refreshing aroma with a zing of lemon grass

HEALTHY CONSCIOUS LIVING

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\*Source - <http://www.sciencedirect.org/health/cholesterol-and-indians.html>



# TO YOUR HEALTH !

## BP > 130/80 IS NOW HYPERTENSION

It all started with the realization that “HYPERTENSION” could be defined as that level of BP above which investigations and treatment for it does more good than harm “

(Evans and Rose 1971). In 2010, hypertension was the leading cause of death and disability-adjusted life-years worldwide, and a greater contributor to events in women and African Americans compared with whites. It is the cause for 57% of stroke and 24% of coronary heart disease deaths in India. Worldwide about 54% of stroke and 47% of ischemic heart disease are attributable to it. BP rises with age in both sexes. Rise is greater in those with higher initial readings (“tracking”). By the previous cut off of > 140/90, about 32 % population of the world was hypertensive. Now with the cutoff lowered in 2018 to 130/80 there is an overnight increase of 14 % in the number of hypertensives in the world !. 2017 guidelines are an update of the JNC 7, published in 2003. BP should be categorized as normal, elevated, or stages 1 or 2 hypertension. Normal BP is defined as <120/<80 mm Hg; elevated BP 120-129/<80 mm Hg; hypertension stage 1 is 130-139 or 80-89 mm Hg, and hypertension stage 2 is  $\geq 140$  or  $\geq 90$  mm Hg. Prior to labelling a person with hypertension, it is important to use an average based on  $\geq 2$  readings obtained on  $\geq 2$  occasions. The lifetime risk for developing hypertension is 93% for African Americans, 92% for Hispanics, 86% for whites, and 84% for Chinese adults!. The prevalence of hypertension is lower in women compared with men until about the fifth decade, but is higher later in life. Systolic BP continues to rise throughout a

lifetime, while diastolic BP rises till the 5th decade and then starts decreasing in old age. Antihypertensive drug treatment should be initiated at a BP  $\geq 130/80$  mm Hg with a treatment goal of <130/80 mm Hg. Nonpharmacologic interventions to reduce BP include: weight loss for overweight or obese patients with a heart healthy diet, sodium restriction, and potassium supplementation within the diet; and increased physical activity with a structured exercise program. Usual impact of each lifestyle change is a 4-5 mm Hg decrease in SBP and 2-4 mm Hg decrease in DBP; but diet low in sodium, saturated fat, and total fat and increase in fruits, vegetables, and grains may decrease SBP by approximately 11 mm Hg. In low-risk adults with elevated BP or stage 1 hypertension with low ASCVD risk, BP should be repeated after 3-6 months of nonpharmacologic therapy without “tablets” i.e dietary modifications, exercise, weight loss etc. Adults with stage 1 hypertension and high ASCVD risk ( $\geq 10\%$  10-year ASCVD risk) should be additionally managed with antihypertensive drugs with repeat BP in 1 month. Adults with stage 2 hypertension should be treated with combination therapy of 2 drugs of different classes with repeat BP evaluation in 1 month. For adults with a very high average BP ( $\geq 160$  mm Hg or DBP  $\geq 100$  mm Hg), more prompt evaluation and drug treatment followed by careful monitoring and upward dose adjustment is recommended. Initial therapy for stage 1 hypertension includes thiazide diuretics, CCBs, and ACE inhibitors or ARBs. Two first-line drugs of different classes are recommended with stage 2 hypertension and average BP



**DR. ASIT KHANNA**  
MD, DM, FACC, FESC, FSCAI  
Senior Consultant Cardiology  
Max Super Speciality Hospital, Vaishali

of 20/10 mm Hg above the BP target. Remember, even tiny reductions in BP count. A reduction of BP by just 2 mm reduces risk of death from stroke by 10 % and form heart disease by 7 %.

Among Indians approx 33% urban and 25% rural Indians are hypertensive. Of these, 25% rural and 42% urban are actually aware of their hypertensive status., only 25% rural and 38% urban Indians are being actually treated and only 10% rural and 14% urban Indians have their HT under control !

In India, we are blessed with complimentary sciences like Ayurveda and Homeopathy, Unani etc. which have several effective remedies for hypertension. These medicine and techniques like Pranayama act as complementary measure to Allopathic medicines. It was wrong to believe that these complimentary sciences/treatments cannot be taken together. Taken after expert advice and under due care, all these therapies are collectively effective and can act as “Dose reducing” methods of each other. Combined with lifestyle changes, dietary restrictions, tobacco and alcohol restriction, weight control and regular exercise, these multiple sciences are probably going to be effective in controlling in BP in more than 70-80% hypertensive cases, if not more instead of the dismal 10-14% control rates that we have presently.