

t e c h n o p a k

technopak
healthcare
OUTLOOK

a quarterly report by technopak

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trends
2009

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OUTLOOK

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'Healthcare Outlook', a quarterly feature is an effort by the Technopak Healthcare team to explore the dynamic changes that are occurring in the industry in India today.

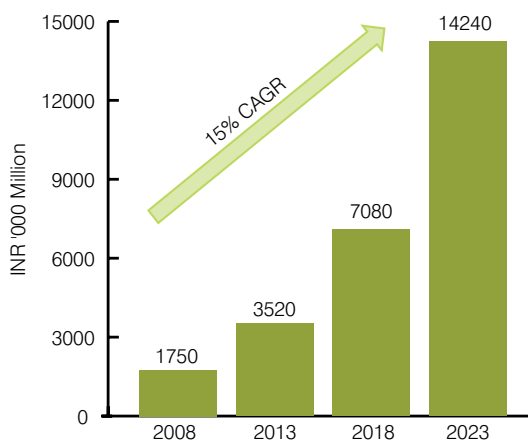
We at Technopak understand the need for continuous and intensive assessment of the world's largest service sector industry. With this quarterly report we intend to provide an insight of the key trends and underline the opportunities in this recession proof industry.

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Overview

“Healthcare is one of the few industries which has time and again shown itself to be the last to be impacted by the downturn in the economy.”

Indian Healthcare Industry: Growth Projection



The Imperatives:

- Growth of health insurance coverage
- Renewed focus on public private partnership
- Corporatization of medical education
- Fiscal concessions in the budget
- Increasing government role in financing healthcare
- Increased demand for medical value travel
- Steady revenue cycle
- Viable real estate options

With the clouds of economic uncertainties looming over the world, today few countries or sectors are immune to this downturn. Global demand is slumping as the developed world plunges into what could be their deepest recession since the 1930s. However a few industries have been relatively insulated from this downturn. Healthcare is one of these which has time and again shown itself to be the last to be impacted by the downturn in the economy.

In the Indian healthcare sector there is no data to substantiate the correlation between a slowdown in the economy and its impact on healthcare sector. However this has been well documented in the developed economies. When the dot com bubble burst in the US in the 1990's healthcare was the only sector where the number of jobs increased in the coming decade. Over 1.1 million jobs were added in Healthcare while every other sector saw a reduction in the number of people employed.

The fiscal concessions given in the budget for a tax holiday in tier II and tier III cities has already resulted in a flurry of activity in these towns. Besides the current hospital operators, corporate houses and international healthcare chains are looking at the prospect of taking their branded models of healthcare delivery beyond the current urban conglomerates in which they operate. The experience of players who have ventured into these towns has been very encouraging.

Besides hospitals other emerging healthcare segments like healthcare retail, diagnostic chains, assisted living centres, day care ambulatory surgery clinics and centers for alternative medicine are increasingly attracting investments. The renewed focus on Private Public Partnerships brings together the operational efficiencies of the private sector and the mammoth infrastructure of the public sector surging growth in the dormant public sector hospitals.

The accessibility to quality healthcare in the private sector which was limited due to the high cost is dramatically changing with the advent of health insurance as the preferred tool to finance healthcare expenditure. The phenomenal growth of the health insurance players coupled with the entry of newer players will help in further penetration of this product.

The proposed corporatization of Medical Education will address one of the roadblocks to the growth of the industry i.e. shortage of trained manpower. The renewed focus of the new US administration to provide healthcare benefits to over 40 million uninsured citizens would aid the growth of Medical Value Travel and the Medical outsourcing market

Though there is a temporary slowdown in investments in Indian healthcare industry, past investment figures as well as future studies reveal tremendous potential for healthcare in the coming decades. According to emerging markets private equity association (EMPEA), PE investments in India's healthcare sector have tripled from \$126 million in the first half of 2007, to \$459 million between January and June 2008.

Given the highly skewed demand supply equation we expect healthcare to sustain its growth even in the new paradigm of muted economic growth.

trend 1

Public Private Partnership: The current imperative

Indian healthcare is witnessing a renewed interest in Public-Private Partnerships as a measure to spur growth in this sector. Internationally the Public Private Partnerships (PPP) have proved to be successful models in providing care. The United Kingdom government has used PPP in financing, construction and facility management for many public hospitals. In Australia this model has been introduced in more than 50 public hospitals through several different mechanisms.

For a PPP to be successful in healthcare sector, especially in a developing economy like India, there has to be a perfect synergy between the two partners supported by their respective strengths.

Public Private Partnership models are primarily based on a harmonious arrangement between the public sector objective of providing equitable healthcare services with the private sector's aim of building a scalable and financially sustainable business model. Furthermore the benefits of such a partnership ensure economies of scale, exchange of skills and expertise between both the sectors. This would lead to optimum utilization and equitable provision of public resources which till date has been a challenge.

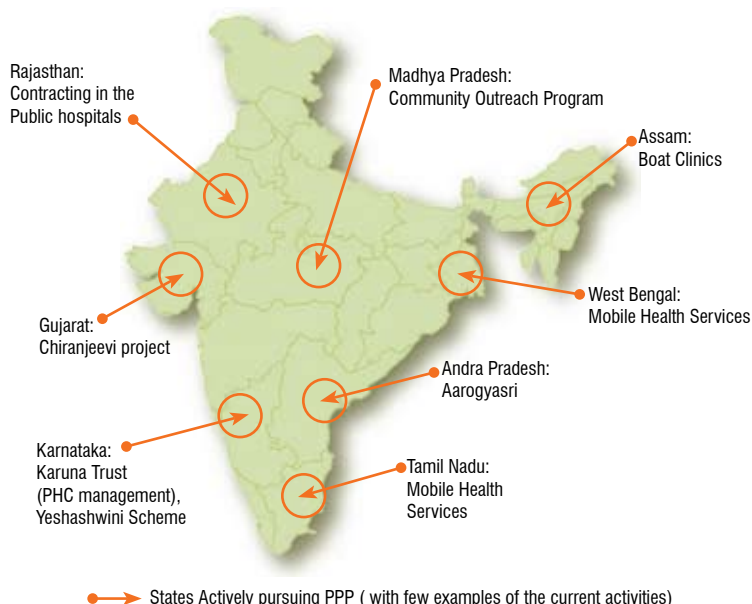
This change in role is further strengthened by the evaluation of individual advantages the two sectors hold. While the government is in the best position to finance the infrastructure; the private sector excels in operations and management hence improving the overall quality of the care.

Advantages of this Model:

- Economies of scale
- Improving quality and efficiency
- Exchange of skills and expertise between the public and private sector
- Optimum utilization of public resources
- Equitable healthcare
- Broad range of services

The Challenges Today:

- Absence of a governance structure
 - Less Accountability
 - Unclear deliverables/KRAs
 - Political intervention
- Ambiguity in the process of identification and insurance cover



trend 2

Corporatization of Medical Education: The impact

What's lacking in Medical Education?

- Insufficient seats both at Graduate and Post Graduate level
- Inadequate infrastructure
- Lack of qualified faculty base
- Outdated curriculum
- Inadequate exposure to technology
- No mechanism to monitor Continuous Medical Education

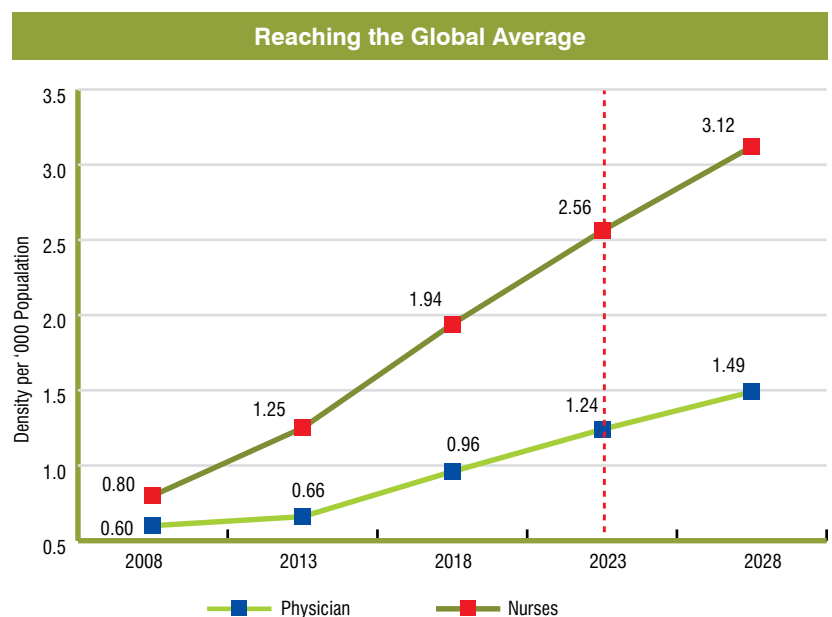
What are the Entry Barriers for Corporates?

- As of now, only trusts and societies in private sector are entitled to establish Medical college
- The statutory requirement of a single plot of 25 acres of land for establishment of medical college
- Annual seats for the students for graduate and post graduate courses needs to be optimized

One of the pivotal factors to sustain the projected growth of the healthcare industry in India will be the availability of a trained healthcare workforce. The quality and density of health work has a direct correlation to the positive health outcomes of any country. With a view to increase the skill set base, the government is now looking at allowing corporate entities to venture into Medical, Nursing and Paramedical education.

The healthcare manpower added every year is not sufficient to keep pace with the growing healthcare demand today. India produces over 30,000 Medical graduates every year from over 290 Medical colleges, and only 12,000 Post graduate seats are available. With this small annual medical manpower entering the mainstream, one can only imagine the lamentable gap between the educational capacities in this sector versus the requirements. To fulfill the additional requirement of health manpower, it is essential to explore a range of partnership/ collaboration options with the private / Corporate sector.

Emergence of AMC Model: The government's initiatives and changing guidelines will spurt the growth of Academic Medical Centers in the times to come. Academic Medical Centers are the conglomeration of research, direct patient care & education facilities. Such an integrated clinical setting facilitates high quality delivery of care, better training and research. This gives it a distinct edge over stand alone medical colleges. Such settings also help attract the best talent pool by offering them a broader perspective to their work. Considering the huge shortfall of doctors, nurses and paramedics, the healthcare industry is now looking at this format with a hopeful eye on filling this vast need gap.



To meet the global average of 1.24 physicians and 2.56 nurses per thousand population in coming 15 years, India needs to open 600 medical colleges (100 seats per college) and 1500 nursing colleges (60 seats per college).

trend 3

Med-polis : The emerging healthcare cities

The concept of a medical or health city stands unprecedented in India. This is basically a one stop shop for all the healthcare needs of an individual, besides having a whole lot of other components like Educational Institutions, Hospitality, Retail & Commercial and Residential Complex sprawled across acres of land.

Medical cities bring along all components of healthcare, education, research and skill development under one roof, thereby increasing the quality of care and services offered to the patients and other consumers. It provides a great opportunity to the providers to set-up a world class infrastructure within the reach of the target population.

In what could be the beginning of a healthcare renaissance, health cities could change the way healthcare delivery, medical education and research & development is conducted in India.

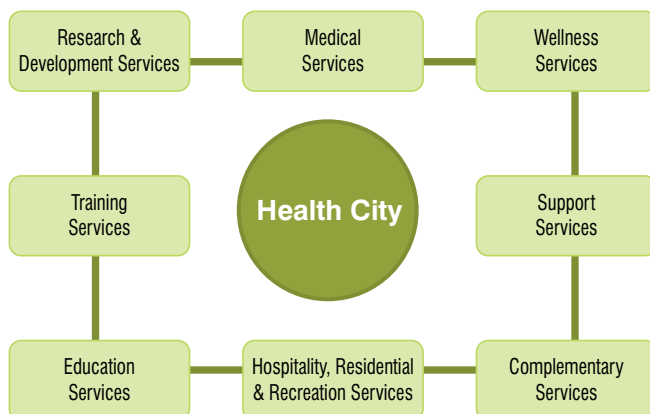
The aim of a Med-polis is to create an eco-system for development and offering of medical services through it with super specialty hospitals of international standards, ancillary facilities, research institutions, health resort, rehabilitation centres and residential apartments . It will translate into a self sustainable township, training medical manpower, generating jobs in various disciplines and ensuring overall development of the region. It provides an opportunity to bring all stakeholders i.e. the providers, the professionals, the researchers, the service facilitators and the care seeker under one roof. Such a confluence can itself provide a platform leading to new business avenues.

Given the favorable factors in India, we envisage the growth of Med-polis resulting in steady delivery of healthcare.

Texas Medical Center

1. World's largest Medical District
2. 46 institutions (specializing in every imaginable aspect of health care) that includes 13 renowned hospitals and 2 specialty institutions, 2 medical schools, 4 nursing schools, and schools of dentistry, public health, pharmacy, and virtually all health-related careers.
3. Clinics, offices, and other facilities in neighborhoods throughout Houston and one of the major contributor to Texas economy.

Healthcare City: Concept



India Upcoming Projects

- Healthcare City in Hyderabad Economic City
- Mihan Healthcare City in Nagpur
- Global Healthcare City in Gurgaon
- Fortis Medicity in Gurgaon and Lucknow
- Chandigarh Health City in Chandigarh

trend 4

Secondary Care Hospitals: Unleashing the potential in smaller towns

What's lacking in the current secondary care facilities?

- Few organized healthcare players
- Uniform care delivery
- Standardized clinical protocols
- Transparency in charged tariff

A 100-150 Bedded Operational Model

- The format will bridge the gap for the unmet need for upgraded secondary care.
- Will act as an intermediary in integration of continuum healthcare delivery from primary to tertiary care.
- The model will be low cost and high quality catering to large denominator of the middle class population.
- The model is self sustainable, offering wide range of medical services
- Is scalable to multiple locations in tier II and tier III cities, spatially distributed across the country.

Typical Financials of a Secondary care hospital:

- Cost per bed ~ 40 lakh (without land)
- Capex to Annual Revenue = 1:1
- EBIDTA Margins ~ 25%
- Breakeven time ~ 18 months

Given the clinical service mix, lower capital expenditure and appropriate technology, this model insures itself against the risk factors which are likely to afflict a bigger facility.

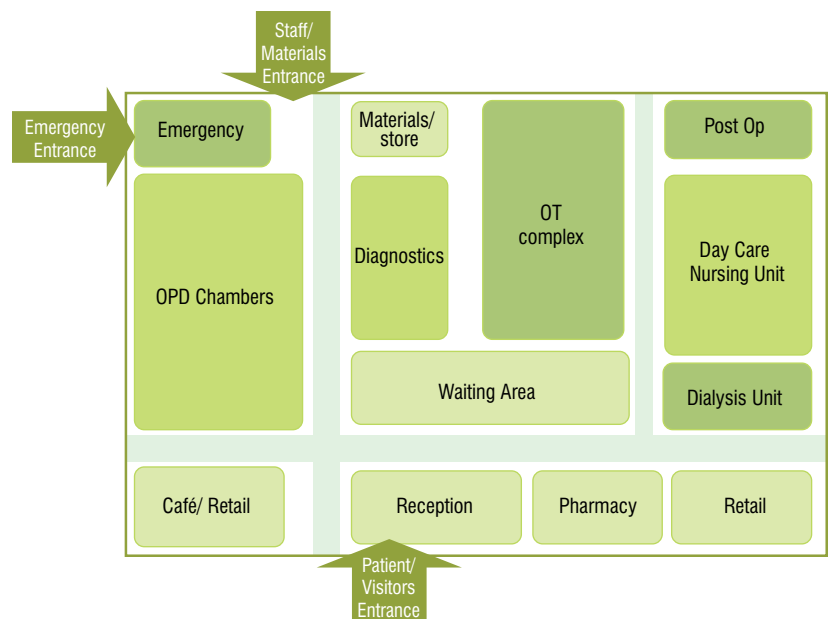
Majority of ailments (almost 80%) can be diagnosed and treated completely in secondary care set-ups. Traditionally Indian hospitals have opted for a multispecialty format with a focus on tertiary care. While this has been a successful model in the metros, its replicability in tier II and tier III cities is limited. Moreover there is a negligible presence of organized secondary care providers in these markets.

There is a latent demand for quality healthcare provider in India's smaller cities & towns. Besides their own population, these towns also attract a large proportion of patients from rural areas. It is estimated that more than 46% of the patients travel over 100 kilometers from small towns to these facilities to seek proper medical care. (Source: Technopak's India Healthcare Trends '08).

The five year tax holiday announced in the last budget for hospitals having more than 100 beds will give a further impetus to the growth of hospitals outside the metros. Thus, we envisage the majority growth of hospital beds in the secondary care delivery format in the Indian healthcare will be in tier II & III cities.

The Win Win Paradigm

For Patients	For Providers
<ul style="list-style-type: none"> • Easy accessibility • Cost effective care • Quality care • Can avail of health insurance plan/products. 	<ul style="list-style-type: none"> • Lower capital and overhead cost • Lesser competition • Better outreach and penetration • Enhancement of patient loyalty base • Feeder to tertiary care hospitals



trend 5

Designing Cost Effective Infrastructure: A green approach

Cost effectiveness implies optimum utilization of time and resources to achieve better quality infrastructure, as compared to that achieved with conventional methods. Cost effective does not imply Low-Cost.

Cost effectiveness can be achieved by adopting strategies and measures that encompass all possible elements such as : Human Resource, Technologies, Operations and Design & Planning. Organizations such as JCI (Joint Commission International) provide guidance on achieving these project goals.

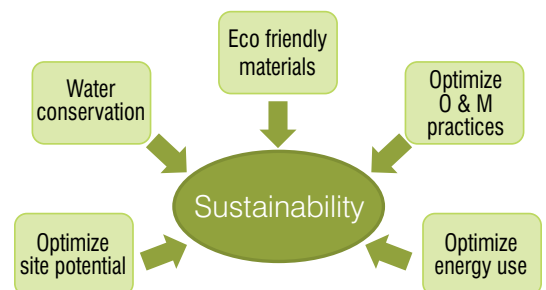
Project Management can be an effective tool in optimizing performance at every stage of the project in addition to offsetting any additional costs or delays that may occur elsewhere. Along with Inception Management, a project manager should at all times know the project cost and its budgetary implications. This "Design-to-Cost Model" approach is very efficient in controlling costs at every stage of the project. During Design Management, with appropriate design and planning, efficiencies for the complete life cycle of the project can be achieved. Healthcare infrastructure being largely operations and services driven, this stage becomes extremely important. Procurement Management which encompasses the sourcing and purchasing of goods, materials and services, helps in efficient resource management and contracting. The stage of Construction Management involves good phasing strategy, proper scheduling for every activity and correct identification of staging areas. Facility Management provides for total integrated service solution encompassing both building fabric and services.

An integrated approach towards cost-effective design



Key features of Design-to-Cost Model:

- Understanding of clients affordability viz-a-viz project vision.
- Understanding and integration of First Cost and Life Cycle Cost models for a project.
- Understanding of the cost drivers of a project.
- Establishment and allocation of target costs for every resource or component of project.
- Value engineering for better alignment of target and actual cost estimates.



Sustainability: Green buildings result in long term benefits, in terms of running cost of the facility. Certification guidelines such as Leadership in Energy and Environmental Design (LEED) help achieve sustainability across the life time of the project.

Cost benefits

On average, green buildings are 28% more efficient than conventional buildings and generate 2% of their power on-site (photovoltaic)

An average kWh reduction in energy use of 30% and an average peak kW reduction of 40%

trend 6

Newer Partnerships: Catalyzing growth of healthcare delivery

Various Partnership Models

Build-Operate-Transfer (BOT)

BOT is a form of project financing, wherein a private entity receives a franchise from the private or public institution to finance, design, construct, and operate a facility for a specified period, after which ownership is transferred back to the funding entity.

Built-Lease-Transfer (BLT)

Ownership of the infrastructure facility is transferred to the government upon completion of construction, and the concessionaire is granted the right to operate the facility and receives government payments based on its operational performance for a specified period of time.

Real Estate Investment Trust (REITs)

A corporation or trust that uses the pooled capital of many investors to purchase real estate and manage income property and/or mortgage loans.

Propco/Opco

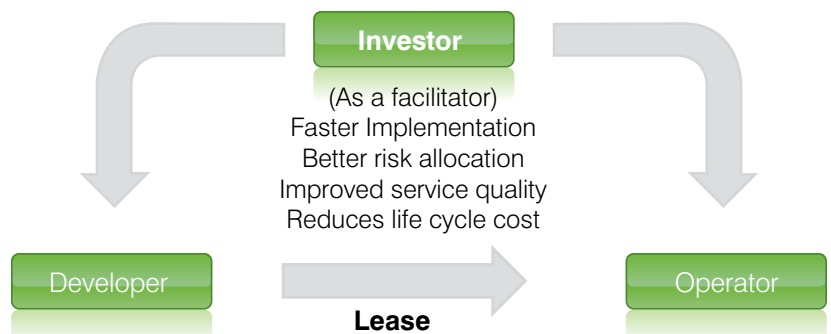
Consists of two entities which focus on their core competence; Propco – develops the property and Opco- operates the property.

Given the highly skewed demand supply equation, Indian healthcare needs to look at innovative models to propel its growth.

One such concept is the Propco/Opco arrangement. In this, one party owns the property assets and leases it to another party that operates it. The advantage of such arrangement is that the entire business generates profit from the property leased and the operating profit left after rent. Moreover, the capital expenditure is lower for the operator.

Another important model is the Build-Lease-Transfer (BLT) model which is a variant of Build-Operate-Transfer (BOT) model. In BOT, the private player builds & operates the facility on a government or another private player's land and after a fixed period of time transfers the ownership to that player. Whereas in BLT, the private player builds and then leases the facility to the government or a private player for a fixed term such as 25 yrs after which the ownership is transferred to that player. A modification that can be brought about here is a joint venture between the asset owner and operations owner. BLT ensures better coordination, risk allocation and speedy completion of the project.

To answer the high land cost obstacle Real Estate Investment Trusts (REITs) can be brought into picture. REITs are a tax-advantaged entity designed specifically to own and sometimes operate real estate. REIT pays no corporate taxes but must distribute at least 90 percent of its taxable income to shareholders annually in the form of dividends. The guidelines for notifying REITs is yet to take off in India.



trend 7

Appropriate Technology: Optimizing healthcare delivery

Medical Equipment is one of the largest components of investment in healthcare. No other industry uses such a wide range of technology for its operational efficiency. Therefore, it is becoming increasingly important to manage medical equipment to contain costs, and yet be able to improve efficiency, quality and performance from the equipment being used.

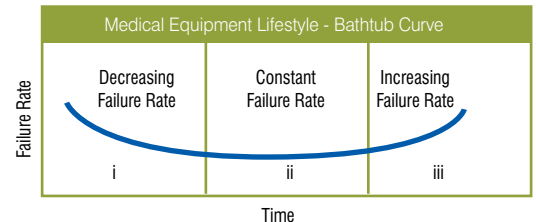
The first step in this management process is to make sure the Hospital buys the most appropriate equipment. Planning is the initial step in the overall management of medical equipment in a health care institution.

The entire equipment planning process needs to be managed and overlooked by an advisory group in consultation with Management, Administration, Physicians, Finance and Accounting, Biomedical Engineering, Construction and Services team, Information Technology (as required) and Clinical specialty (as required).

The cost of Medical technology needs to be considered over its complete life cycle as has been depicted in the adjoining graph. It has been estimated that proper medical technology planning can bring down medical equipment life time costs by about 20%.

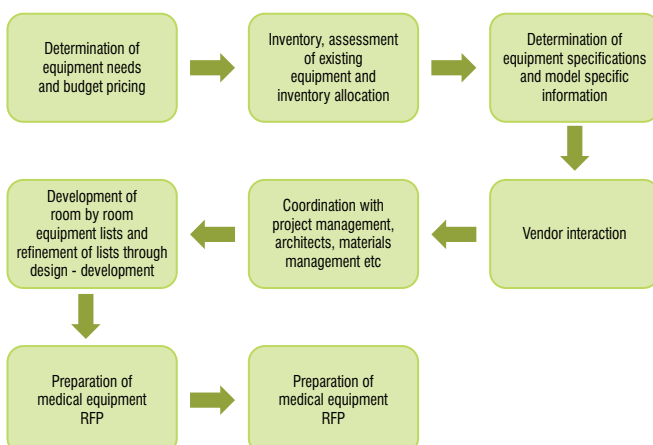
Medical Technology: The Imperatives

- One of the major components of capital expenditure in hospitals
- High cost of operations and maintenance
- Increased importance in determining clinical outcomes
- Fast rate of obsolescence
- Maintaining cost over the life cycle
- Plan for obsolescence and replacement
- Increasing failure rate with time



- i: Decreasing Failure Rate, system acquires stability
- ii: Constant Failure Rate
- iii: Increasing Failure Rate, Equipment wear-out period

Steps in Equipment Planning:



Key factors to be considered during the planning process to acquire appropriate technology:

- Ownership
- Budget
- Catchment area
- Level of care
- Specialty
- Type of hospital
- Volume of patients
- Anticipated revenue generation

trend 8

Lean Thinking: Improving the bottomline

“Lean Thinking basically means doing More with Less.”

Lean principles come from the Japanese manufacturing industry. The term was *first coined by Professor James P. Womack and consultant Daniel T. Jones*

ADVANTAGES

- Improves Patient Outcomes and satisfaction
- Fast and efficient healthcare servicing the patient
- Shorter patient lead-times
- Empowered and motivated staff
- Improves Staff Satisfaction
- Flexible, educated, cross-trained staff
- Continuous improvement culture – Sustainable and long-term
- Improved cost effectiveness

In spite of the recent economic recession hitting the markets across the globe which has caused a domino effect in almost all the industries there's one industry that remains largely insulated against any kind of slowdown, and that is Healthcare. The healthcare sector including hospitals are still making profit and generating revenues but definitely facing eroding margins which can be attributed to the rising manpower and consumables cost.

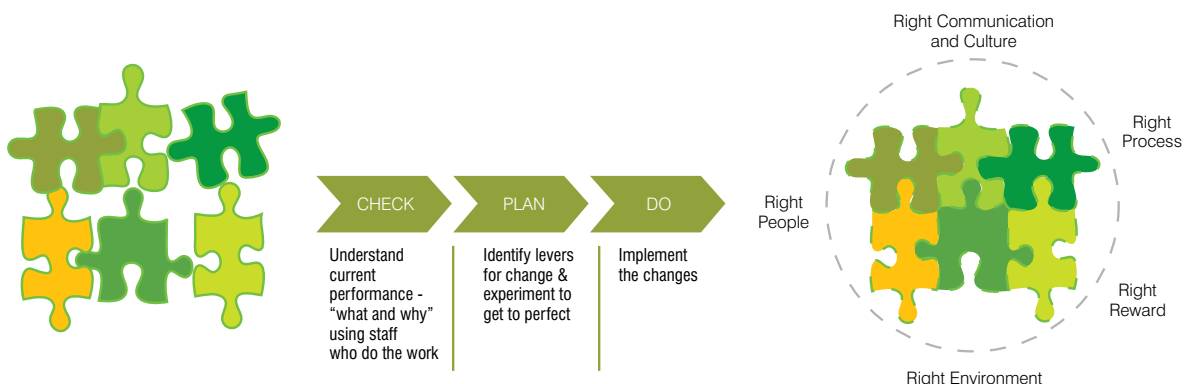
Hence in today's scenario to ride the storm of recession, the best advised methodology would be reduction and minimization of waste (process/ material) by adopting “Lean” methodology.

Lean Thinking which was principally limited to manufacturing industries, is now in vogue in more services sectors including healthcare. Lean thinking begins with driving out waste so that all work adds value and serves the patient's needs. Lean thinking in health care organization, can lead to positive impact on productivity, cost, quality, and timely delivery of service.

Common areas to reduce waste in healthcare

Overproduction	Lab reports printed when not needed
Movement	Walking to get equipment and medication, chart, hunting for other care members
Inventory	Stock of forms, supply closets, drawers full of outdated items
Processing	Redundant capture of information upon admission, multiple recording and logging of data, writing by hand rather than via PC
Waiting	Patient waiting rooms, waiting for call backs, waiting for equipment for supplies
Transportation	Patient moving from location to location, equipment moved to patient location, information triplicates

Lean Thinking Approach



trend 9

Clinical Protocols : Standardizing care

The standardization of health practices in terms of clinical protocols and actual delivery produces superior outcomes, reduces error probabilities and provides transparency on the effectiveness of the treatment.

In many large medical practices the frequency of medical staff rotations is high, resulting in difference in the clinical experience and judgment leading to variations in treatment plans. In the absence of disease-specific protocols, each clinical provider relies upon his/her own level of expertise and judgment when approaching patient education, assessment, and treatment. This resulting variability in inpatient care leads to develop clinical protocols defining set standards of practice.

The Clinical decision-making is no longer the exclusive domain of the health care practitioners. Consumers, as patients and as business providers, have more influence over the decision-making process, greater access to information regarding health care practices and measures of quality. The providers are being held more accountable for their clinical decision-making and are being scrutinized on the use of inpatient stays, procedures, tests, and technologies.

The core objective of Clinical Protocol is to prevent, detect, diagnose, control and treat the patients. In addition to this the hospital administration should view protocols as an important tool in the efforts to standardize the medical care and to reduce several kinds of risk to patients, healthcare providers, medical insurers and health plans, to achieve the best balance between cost and medical parameters.

Adoption of Clinical Protocols in India will result in standardization of care and cost reduction.

Clinical Protocols: The Imperatives

- Better direction for health care policy development
- Stimulus for professional self-improvement.
- Comparative information for consumers to support a "buy right" strategy.
- Development of performance- based education, certification & recertification processes.
- Licensing based on compliance with standards
- Reimbursement decisions based on guideline compliance
- Basis for shared patient and physician decision making
- Framework for malpractice decisions
- New textbooks organized around guidelines

Types of clinical processes that merit the development of protocols :

1

High risk procedures and surgeries such as CABGs

2

Expensive procedures, such as Organ Transplantation or complex diagnostic work-ups

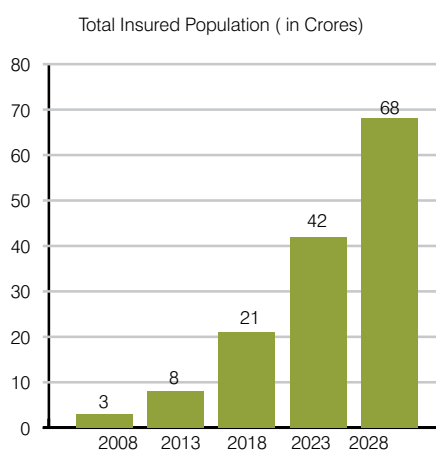
3

Procedures or diagnostic work-ups for which significant overuse has been documented such as back surgery or cesarean section

According to a recent American Survey, adoption of Clinical Protocols can reduce Healthcare costs by 25%.

trend 10

Health Insurance: The changing scenario



Insurance Companies Settling Claim by themselves

- Insurance Companies
- Bajaj Allianz General insurance
- Reliance General Insurance
- ICICI Lombard
- Cholamandalam MS General Insurance Company
- Star Health and Allied Insurance Company

Ever since the opening of Health Insurance to private sector, there has been a phenomenal increase in Health insurance and its extent of cover. The increase in the incidence of lifestyle diseases coupled with the rising cost of health care has further spurred the growth of this sector. This has led to an exponential rise in the number of people purchasing the health insurance products.

There has been a 60% growth in the premium of health insurance in the last year which makes it the fastest growing segment in general insurance portfolio.

Over the years there has been a shift in insurance companies policy in using Third Party Administrators (TPA). TPAs were envisaged as an interface between the insurance companies and consumers for better claims management and value added services such as cash less hospitalization. However recently we have seen that most insurance companies prefer to keep this role in house. This is principally because services from the TPA have been below expectation and the high volume has made it cost effective for the insurance companies to settle claims themselves. TPAs need to reinvent themselves to add value to the claim settlement process. There may also be a case for revisiting the regulations.

Hospitals across the country will soon be rated according to the standard of medical facilities and healthcare they provide and the patients will be able to make an informed choice. The Insurance Regulatory Development Authority and the Health Ministry are taking active steps to implement this.

Health Savings Account (HSA) could be a good alternative for health care financing in India. Already successful in Singapore, in this mechanism some portion of the individual's income is deposited in HSA. This saving can only be used by individuals for his/her medical needs.

Foreign Direct Investment (FDI) to increase to 49% from 26%.

- The capital flow would increase in the sector
- Top international health insurance companies enter into India
- More stand alone health insurance companies may come up.
- Better products and processes

What we can expect in 2009?

- Out-patient consultation, Dental covers with some rider policies
- Enhanced daily hospital cash benefits
- More comprehensive critical illness cover
- Better disease management cover
- Increased overseas medical insurance benefits

India's First Primary Research Report on Healthcare Sector

India Healthcare Trends 2008



The report is compiled using extensive primary data, to serve as a treasure trove of information for stakeholders in making informed business and investment decisions.

India Healthcare Trends 2008 traversed across 40 towns in Urban India.

We spoke to three target segments:

Consumers: 11,000+ households across socio-economic classes A, B, C.

Physicians: 750+ physicians spread among five streams - General Practitioners, Internal Medicine, Surgeons, Obstetrics and Gynecology and Pediatrics.

Hospitals: 250+ hospitals representing public and private facilities.

Our coverage is for four zones of the country, as well as population strata as follows:

- 3 million+
- 1-3 million
- 500,000 to 1 million
- 200,000 to 500,000
- Less than 200,000

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About Technopak

A leading **Management Consulting firm** offering **strategic advice, start up assistance, performance enhancement impetus, consumer insights** and **capital advisory**, to leading **Indian and International companies**, operating in **Retail, Food and Agriculture, Consumer Products, Fashion (Textiles & Apparel), Healthcare, Hospitality, Education, Entertainment** and **Real Estate** sectors

Services We Offer

Business Strategy

Assistance in developing value creating strategies based on consumer insights, competition mapping, International benchmarking and clients capabilities

- Corporate Strategy
- Organic Growth Strategy
- Growth through Partnerships and JVs
- Value Based Management

Start-Up Assistance

Leveraging operations & industry expertise to 'commission' the 'concept' on a turnkey basis

- Design and Build Start-up Organisation
- Assist in Installing Business Infrastructure
- Develop and Implement Business Processes

Performance Enhancement

Operations, industry & MOC expertise to enhance the performance and value of client businesses

- Organisation Effectiveness
- Productivity Enhancement
- Supply Chain Improvement
- Cost and Capital Efficiency
- Sourcing base Effectiveness

Consumer Insights

Holistic consumer understanding applied to offer implementable business solutions

- Shopper Insights
- Trend Insights
- Design and Innovation Insights

Capital Advisory

Supporting business strategy and execution with comprehensive capital advisory in our industries of focus

- M&A
- Due Diligence – commercial & financial
- Fund Raising
- Corporate Finance

The Healthcare Practice is uniquely positioned to advice clients based on its expertise in the Indian scenario, insight into consumer behaviour in India and its access to the best international practices. The Healthcare Practice provides the whole gamut of services from concept to commissioning for the healthcare delivery chain.

Healthcare Segments We Serve

- Healthcare Providers
 - Network Hospital Systems
 - Tertiary Care - Centers of Excellence
 - Charitable Trust Hospitals
 - Academic Medical Centers
 - Ambulatory Care Centers
 - Boutique Healthcare Centers
- SEZs and Medi-Cities
- Payors / Health Insurers
- Government Organizations
- NGO's / Funding Agencies
- International, Private and Public Sector Banks
- Private Equity / Venture Capital Funds
- Transaction Advisors for PPP

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