



KRYPTA ANALYTICA

We shape future

Research :

This presentation details insights into the present Healthcare ecosystem of India, the gaps/opportunities to capitalize.

Incremental Objective

The idea is to **operationalize a franchisee model**, with partnership of local entrepreneurs, setting up healthcare delivery infrastructure (a small telehealth enterprise and remote/mobile healthcare delivery) outpost in tier 2, 3 , 4 centers, creating the tier system whereby only the sickest need to go away from primary and secondary to territorial / regional centers .

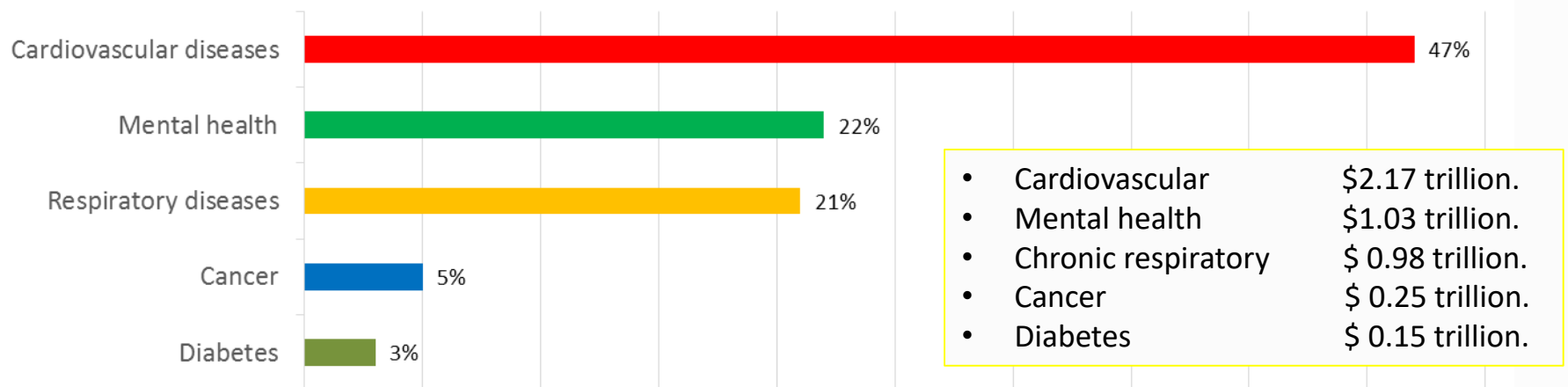
The aim is to broadly achieve four key objectives:

- Provide preventive healthcare at the point of care, leveraging technology to increase access , affordability and archiving , with the aim of considerably reducing the incidence of NCDs.
- Enterprise management (Start-up India); Franchisee model, with partnership of local entrepreneurs.
- Local job creation; To promote local participation / economic growth.
- Skill generation (Skill India) ; Nursing and Midwifery educational setup for both skills and scale (shortfall of **4 million Nurses**) .

Industry Facts / NCDs time bomb

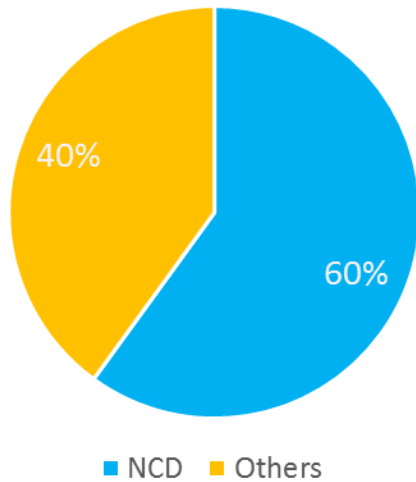
- World Health Organization estimates that by 2030, loss from NCDs such as cardiovascular disease and cancer, chronic respiratory diseases and diabetes account for nearly 60 % in India.
- India is slated to lose \$4.58 trillion between 2012 and 2030 as a result of NCDs + mental health according World Economic Forum and the Harvard School of Public Health study. (Globally cumulative output loss of US\$ 47 trillion -2030).

Contribution (%) of Each Disease to Lost Economic Output for India, 2012-2030

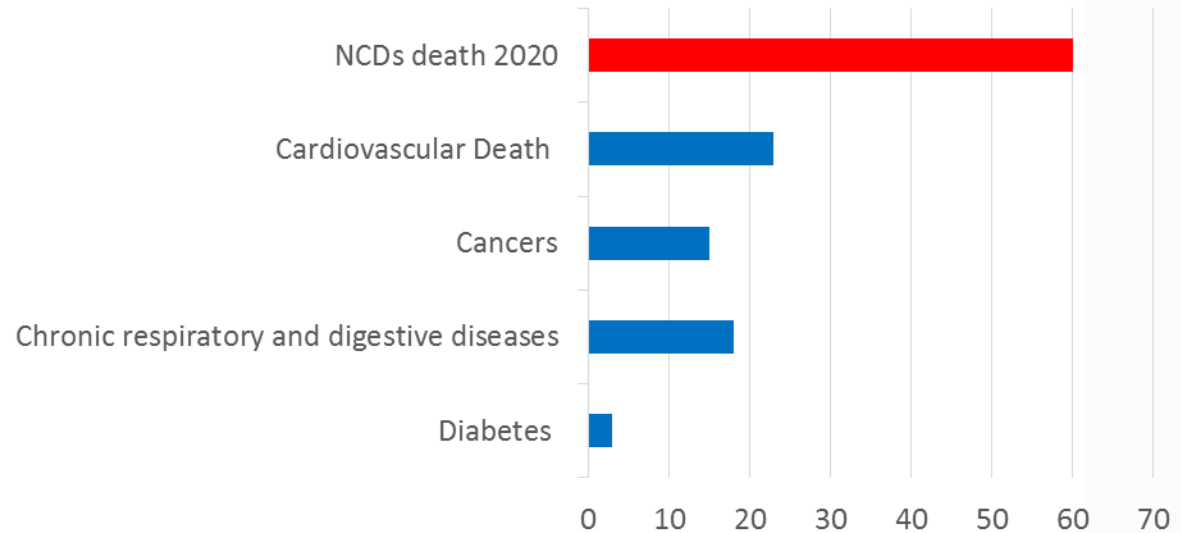


The health time-bomb ticks.

Death Projection 2030



In India 60 million will have premature death by 2020



- Probability of dying during the most productive years—between 30 and 70—from one of the four main non-communicable diseases is a staggering 26%. Which means that a 30-year old individual has a one-fourth chance of dying from these diseases before the age of 70 years.
- The economic burden of these lifestyle diseases accounts for about 40% of all hospital stays and roughly 35% of all recorded outpatient visits.

Market Opportunity

Target segment

Preventive Healthcare / Diagnostic / Pharmaceutical / Wellness / Medical pilgrimage.

Market Size

US\$ 100 billion and is expected to grow to **US\$ 280 billion** by 2020, with a CAGR of 16.6 per cent.

Present Focus Ailment

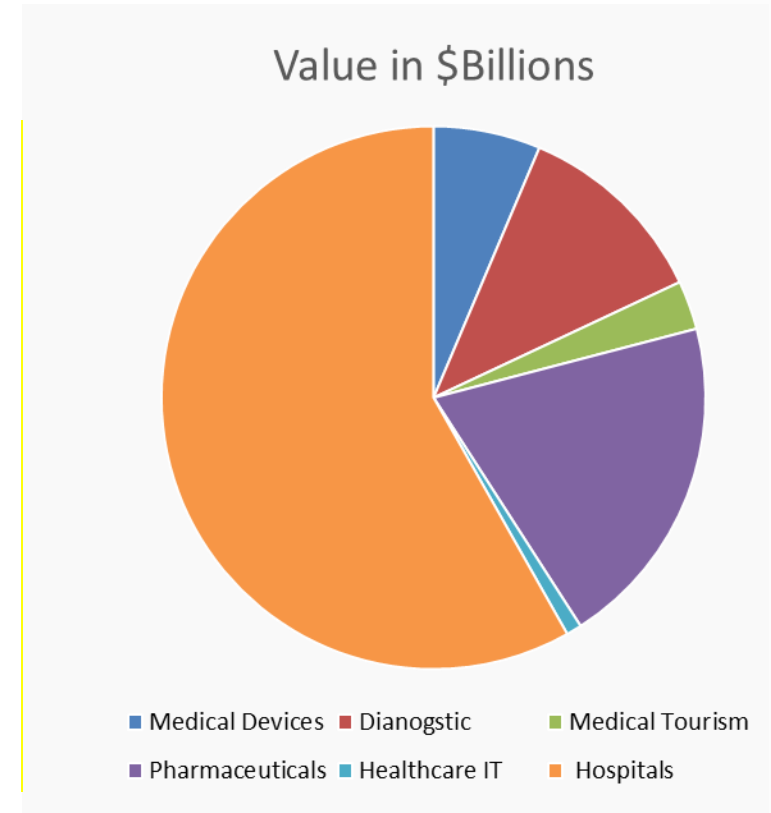
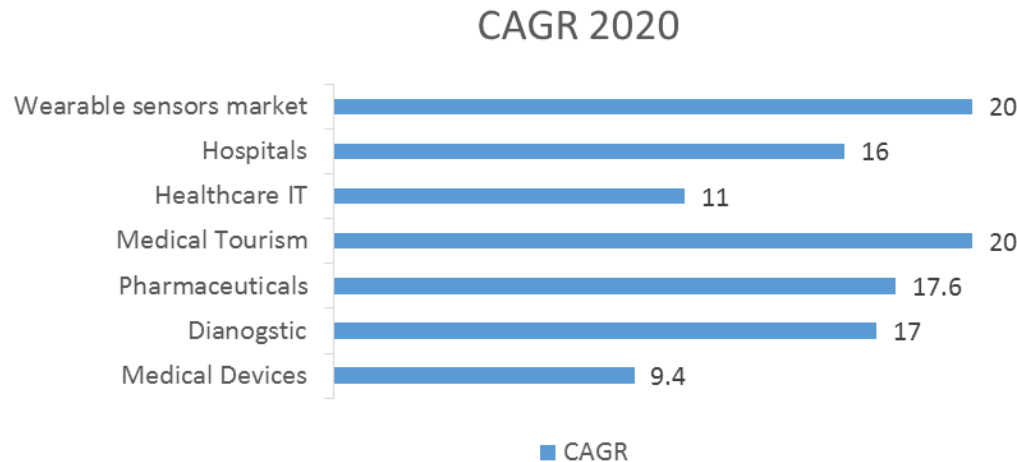
Cardiac / Diabetes / Pregnancy and neonatal & child care & Geriatric care.

Target Market

- Our initial target market would be tier 1 (non-metros) 2 , 3 center .
- Later partner with NGOs for mobility care delivery in tier 4 and 5,6 center.
- Post success of this customer base we will target metros , along using it as healthcare hubs for intrabound medical travelers from tier 1, 2,3,4,5 center .

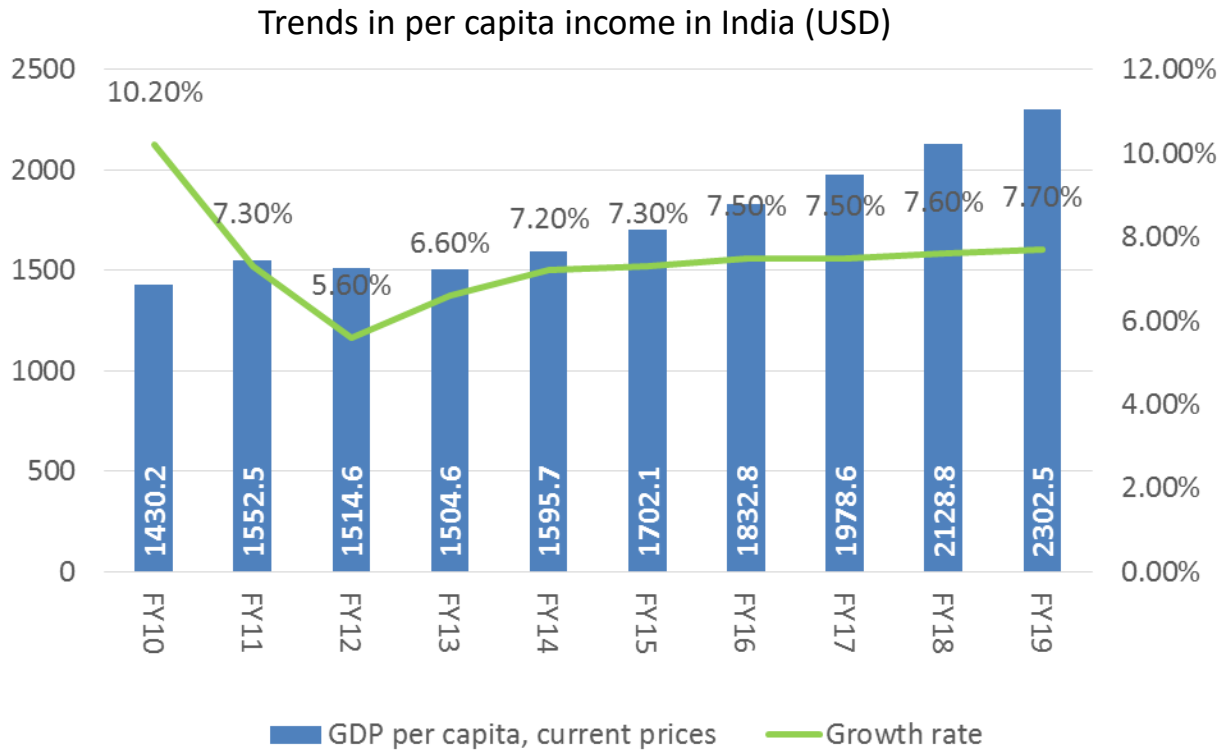
What Imputes us for this Segment

Our envision to Success



US\$ 100 billion and is expected to grow to **US\$ 280 billion** by 2020 (CAGR of 16.6 per cent) with an estimated population growth of 1.2% annually and a 15% annual rise in healthcare spending due to changing demographics and rising income levels.

Rising Income, Ageing Population Key Demand Drivers.



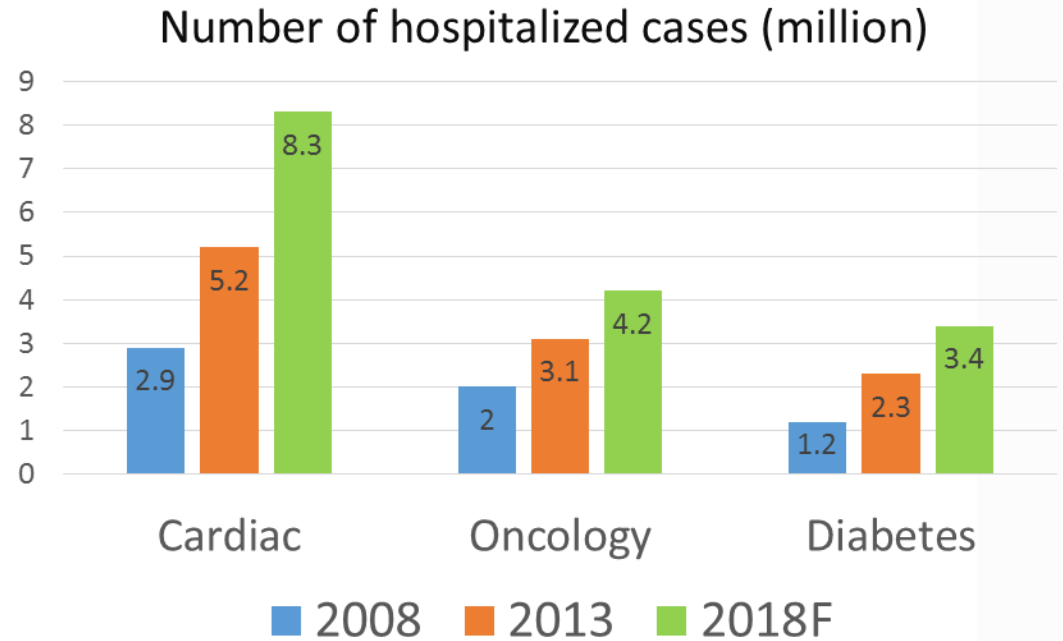
- Household savings are expected to grow to **\$ 397.78 billion** - 2015E from \$ 89 billion in 2000
- Financial savings are expected to grow to **\$ 200.52 billion** - 2015E from \$ 45 billion in 2000

- Per capita income is expected to increase at a CAGR of 7.6 per cent over 2014–19.
- Per capita expenditure on healthcare estimated valued at **68.6 billion** with CAGR 5 % (2008-15E).
- By 2030, India will have around **180 million** people in the age bracket of 60+years.

Lifestyle Diseases and Growing Awareness Increased Hospitalizations

CAGR of hospitalized cases from 2008 –2018:

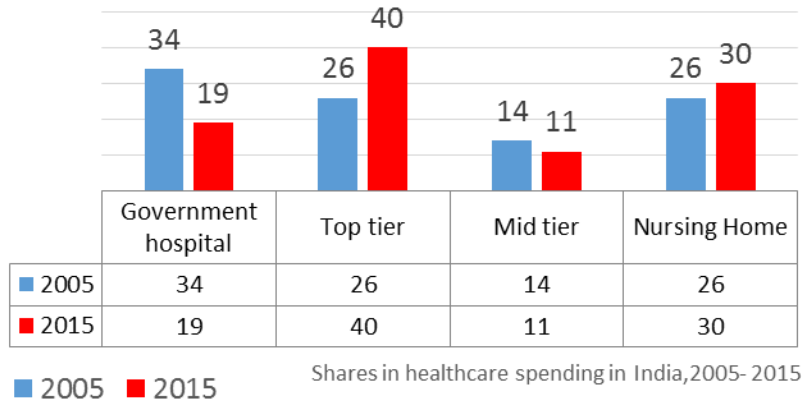
- Cardiac – 18 %
- Oncology – 16 %
- Diabetes – 19 %



- Increased incidences such as heart disease, obesity and diabetes have contributed to rising healthcare spending by individuals.
- The economic burden of these lifestyle diseases accounts for about 40% of all hospital stays and roughly 35% of all recorded outpatient visits.

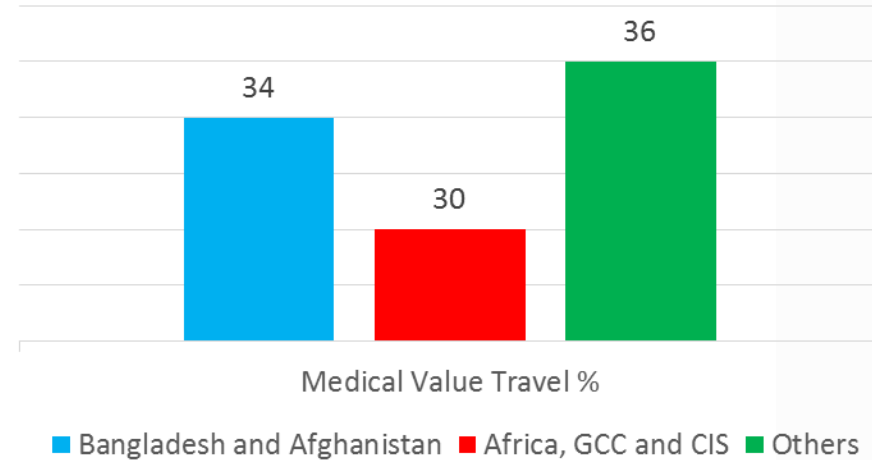
Medical Tourism: Intrabound / Inbound.

Intrabound : Patients travelling within the country



- A major portion of secondary, tertiary and quaternary healthcare institutions comes from private sector with a concentration in metros + tier 1 centers.
- Over 72% of the rural and 79% of urban population rely on private hospitals for treatment.
- **Medical Tourism Brokers** : Helping patients getting quality care at a negotiated price lower as compared to a “walk in” patient. It is a win : win situation for the patient and broker.

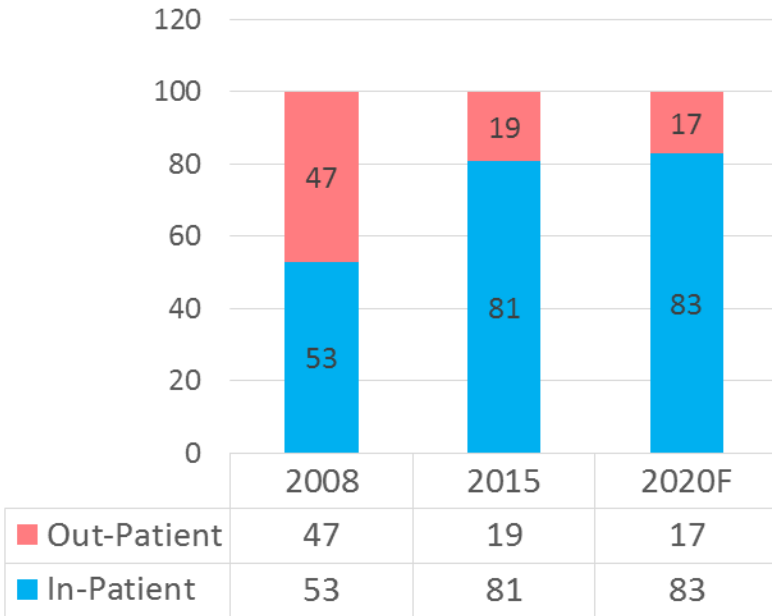
Inbound / Patients Beyond Borders



- The Indian medical tourism industry is expected to \$ 8 billion in 2020 (CAGR of 20%).
- In 2015, India is likely to see 3.2 million medical tourists annually.
- Yoga, meditation, Ayurveda and other traditional methods of treatment are major service offerings, attracts European nations / Middle East .

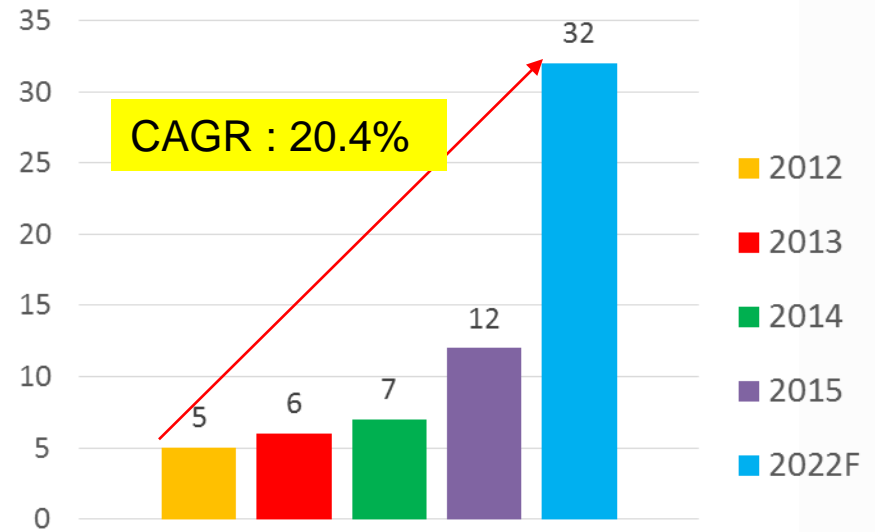
Growing In- Patient / Out – Patient and Diagnostic Market

Market size of In-Patient/Out-Patient



- Over 2015-20, the In-Patient market is expected to grow at a CAGR of **13 %**.
- Over 2015-20, the Out-Patient market is expected to grow at CAGR of **10 %**.

Market size of diagnostic market (\$ billion)

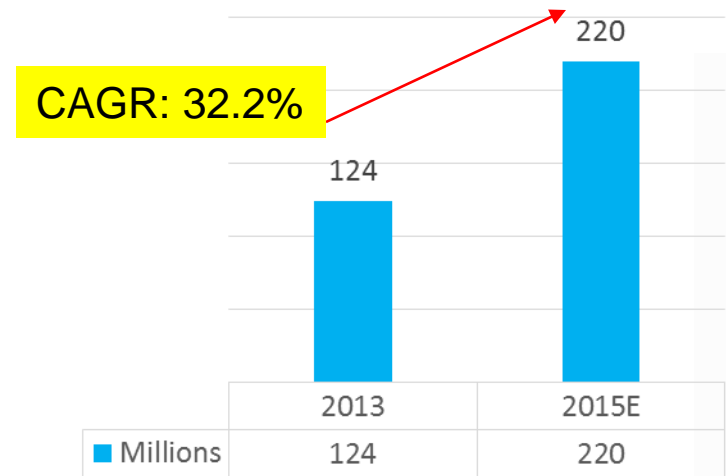


- Over 2012-22, diagnostic market is expected to grow at a CAGR of 20.4 % to **\$32 billion** from \$5 billion in 2012.
- In Diagnostic market is split between imaging holds 30 % and pathology 70 % share respectively.
- IVD Equipment market is expected to grow further, (15 % CAGR from 2012 to 2015).

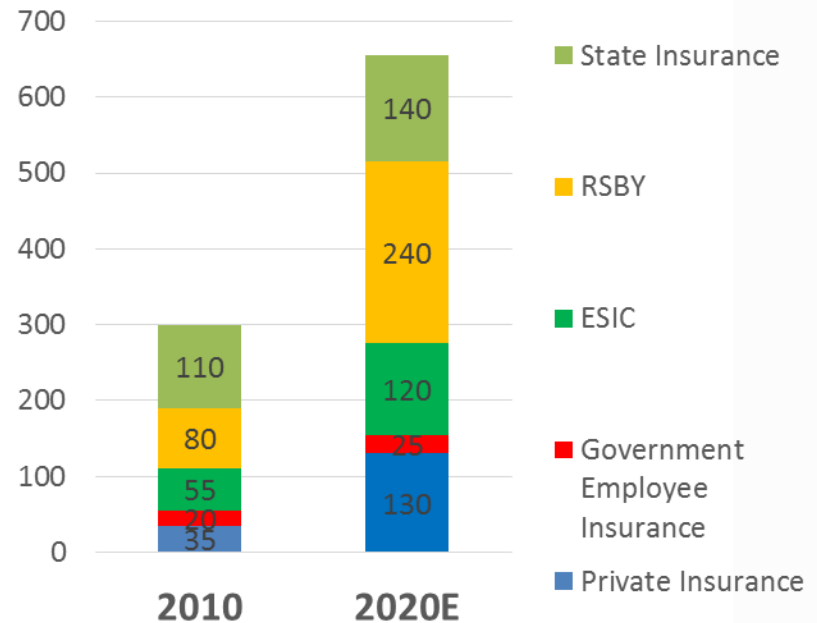
Health Insurance Markets

- Only **1.5 - 2 %** of total healthcare expenditure in India is currently covered by insurance providers.
- At \$ 0.71billion (till May'15), the health segment seized 27.7 % share in gross direct premiums, higher than 23 % in FY14.
- Private insurance coverage is estimated to grow by nearly 15% annually till 2020.

Health insurance penetration (million policies)

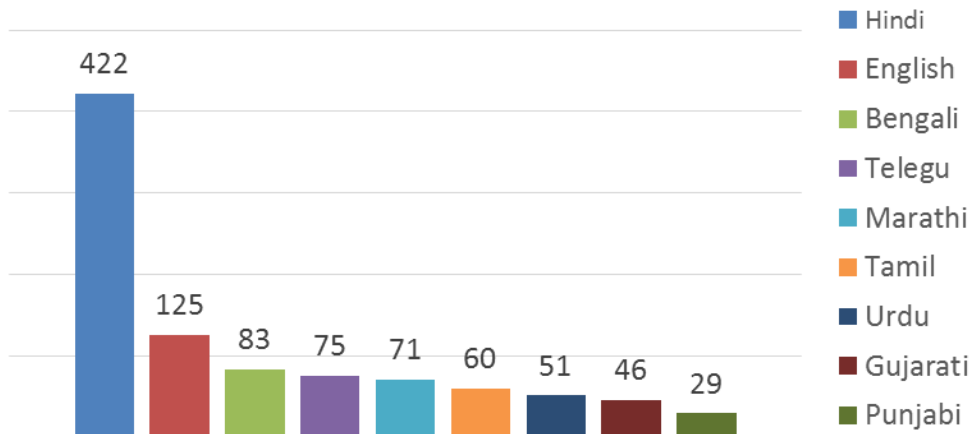


Population covered by health insurance (in million)

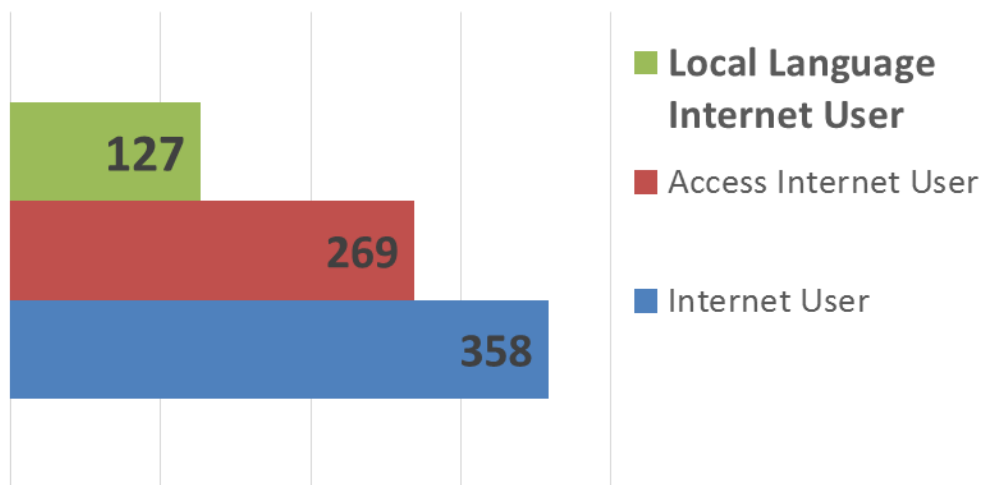
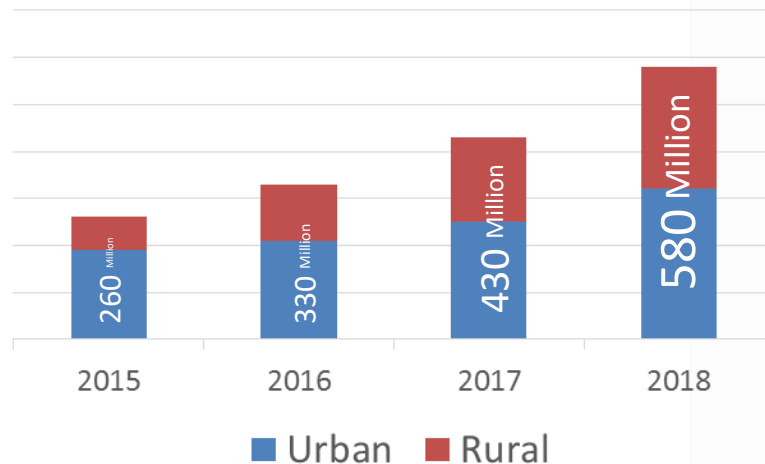


WHY UX IN REGIONAL LANGUAGE / LOCAL CONTENT

Regional Language Speaker- Million
June 2015



India Internet Population to Reach Half a Billion by 2018



The class of 2018 will be more rural, older, more gender-equal, more mobile and more regional than their counterparts of today using regional language content online more than 60 % from 45 % in 2013.

Present market identification, need.

- Data released by the National Sample Survey Organization (NSSO) in June 2015. Over 72% of the rural and 79% of urban population rely on private hospitals for treatment.
- According to the 52nd NSSO report per hospitalization cost increased to **Rs.18,268** in 2014, leaving out medication.
- Where chronic treatment medication is 70% high the normal.
- About 3% of Indians fall into poverty annually due to health-related expenses.
- Currently short by around **2 million Doctors and 4 million Nurses.**
- Another **2 million new beds** needed by 2025 just to get to reasonable benchmarks.
- About 70% of the supply of healthcare services is concentrated in urban India , which accounts for only 30% of the population.
- A quarter of Indians covered by health insurance only .

Short coming

- Healthcare in India is biased towards curative care , geared towards secondary and tertiary care, where the focus is on treating very sick patients.
- Primary care, which is significantly less costly, is unorganized and largely not covered by insurance.
- In medical emergency situations, the lack of reliable available patient health information at the point of care still impacts millions of people each year, leading to adverse health conditions and even death.

STRATEGY REPORT

Good health at low
cost at your home.

A sustainable healthcare ecosystem based on a wellness-oriented culture, focusing on prevention, early diagnosis, intervention and monitoring / archiving.



Why should you offer

- 1. Managing the long-term repercussions of NCDs is vital to economic and social progress. More than 5.8 million Indians lose their lives to NCDs each year.
 2. Inadequate medical personnel / Infrastructure : Therapy at low cost on site , it would create the tier system whereby only the sickest need to go away from primary and secondary centers.
 3. Currently, 5.3% of its population is aged 65 or older, and this is expected to increase to 9.2% by 2035. (United Nations Population Division, 2012; Wolf et al., 2011).
 4. Societal Changes : Due to changes in the family structure — from the multi-generation family under one roof, to the nuclear family — many adult children are facing challenges in caring for their elderly parents.
- **Good health at low cost at home.**

Increased intensity of diseases, their monitoring, management and awareness increases the need for continuity care pre/post-hospitalization.

What should be offered?

A sustainable healthcare ecosystem based on a wellness-oriented culture, focusing on prevention, early diagnosis, intervention and monitoring / archiving.



EHRs (Electronic health records).

MedRunner vision is to provide proactive personalized quality healthcare at affordable prices at your home and creating an eco system of 24/7, 365 days monitoring, awareness and wellbeing to those who need it.

EMRs (Electronic medical records) & **HIEs** (Health information exchanges).

MedRunner mission is to partner with Doctors, Hospitals & Clinics, Pathology and create a regional/central repository for health records—where it can be accessed easily by doctors and hospitals improving quality of care and clinical outcomes and to come together and build lasting relationship with patients and families, for their wellbeing and awareness.



How should be offered?

Shifting the payment model from a fee-for-service to a capitation model and ensuring data capture at points of care.

Partial or Blended Capitation:

A single payment is made for a defined set of services, while other services involved in a patient's care are paid for on a fee-for-service basis.

We offer to the user.

Regular / specialized and professional health checkup plans and home care solutions.

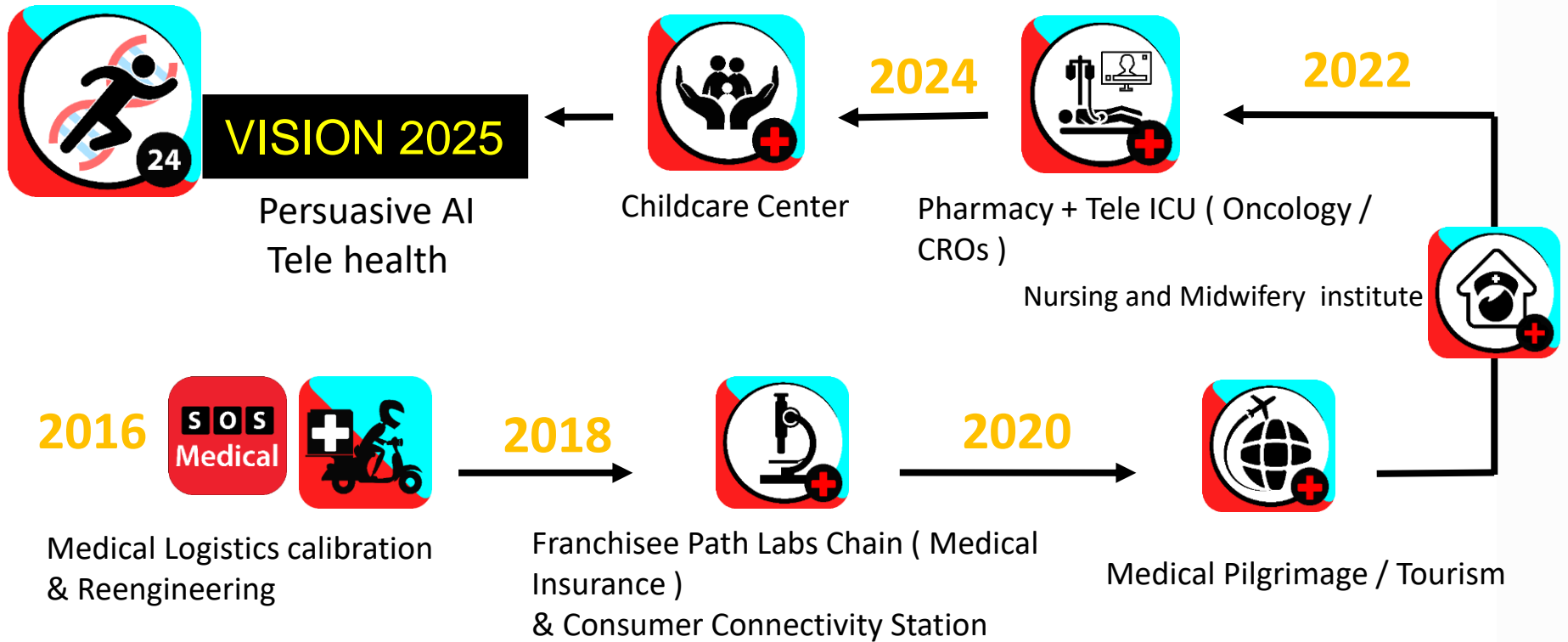
Good health at low cost at your home.

Therapy , monthly diagnostic at low cost on site and capture all patient health information at the point of care using technology to increase access , affordability and archiving .

Roadmap

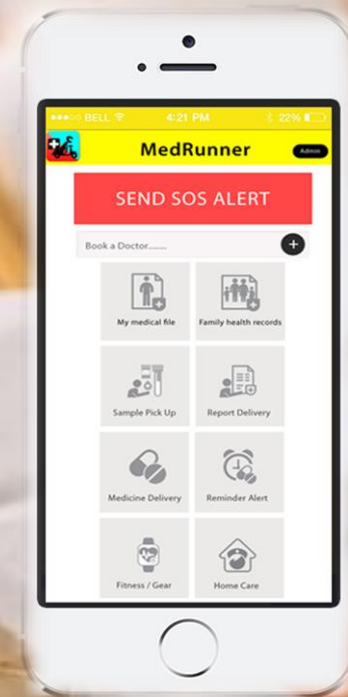
Prescriptive Analytics ('The long the view , the wiser the intension.' Warren Buffett)

First Create a grid based healthcare delivery ecosystem for maximum accessibility and acceptability.



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Beta
Launched

Source :

Link:

- <http://www.who.int/features/2015/ncd-india/en/>
- <http://www.ibef.org/industry/healthcare-india.aspx>
- <http://www.livemint.com/Politics/Zby15Ina0eFq8P7uAvSkeL/NCDs-mental-illnesses-to-cost-India-458-trillion-by-2030.html>
- <http://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/indian-medical-tourism-industry-to-touch-8-billion-by-2020-grant-thornton/articleshow/49615898.cms>

PDF

- http://www3.weforum.org/docs/WEF_EconomicNonCommunicableDiseasesIndia_Report_2014.pdf
- www.ibef.org/download/Healthcare-August-2015.pdf
- apps.who.int/iris/bitstream/10665/148114/1/9789241564854_eng.pdf
- www.who.int/nmh/publications/ncd_report_full_en.pdf
- https://www.pwc.in/assets/pdfs/...2012/healthcare_financing_report_print.pdf
- www.bain.com/Images/2015_DIGEST_NATHEALTH.pdf
- http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf

Classification of centres (tier-wise)	
Population classification	Population (2001 Census)
Tier-1	100,000 and above
Tier-2	50,000 to 99,999
Tier-3	20,000 to 49,999
Tier-4	10,000 to 19,999
Tier-5	5,000 to 9,999
Tier-6	less than 5000