



# TALK GIVEN TO STUDENTS OF IMT NAGPUR

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### DR PANKAJ GUPTA

Dr. Gupta has over 18 years of Healthcare industry experience which enabled process improvements, IT cost reduction, organization change management, and business transformation through implementation of Healthcare-IT solutions for Hospitals, Life-sciences and Pharma companies.

He leverages healthcare business knowledge and technology insight to provide business transformation across all healthcare stakeholders.

Dr Gupta is a qualified Dental Surgeon with a PGDCA and a Special Diploma in Bioinformatics, followed by an Executive Management program from IIMB.

Dr Gupta is on the advisory board of IIMR Delhi, a leading healthcare management institute.

Dr Gupta is also engaged in building products in Healthcare BI and Mobile Healthcare space.

Clinical transformation of Max Healthcare using IT as a change agent. Handled the complete ITO as the P&L leader.

Healthcare-IT standards consulting for a large HIS company in US.

Provided strategy consulting to a large pharmaceutical packaging company to conceptualize and build the first ever online comprehensive chronic care management program.

Setting up of captive offshore centre for CERNR, a market leader in Hospital information systems, for R&D, cost arbitrage and market outreach.

At FCG, Conceptualized and implemented business transformation services for large US hospitals e.g. by building 24/7 IT operations support.

As part of PMO planned and implemented the first FDA validated offshore services centre in India for a UK based Pharma company.

led a project for building an intelligent configurator to support the selection of DNA molecules for the Microarray plates in a leading Bio-Tech company in CA, involved in the Human Genome project.



# HEALTHCARE MANAGEMENT IS A DIFFERENT PARADIGM!

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# DIFFERENT THOUGHT PROCESS – ENGINEERS VS DOCTORS

## ENGINEERS ARE LEFT BRAIN DRIVEN

Engineering education is by numbers, graphs and grids.

Whereas Medical education is all by colors, pictures, shapes and impressions.

Human brain naturally thinks in terms of colors, pictures, shapes and impressions.

Management paradigms emerged from engineering disciplines, so they designed it to work with numbers, graphs and grids.

The technology is yet to develop to a point where it can mimic the human brain.

## DOCTORS ARE RIGHT BRAIN CREATURES

Reddish,  
Rounded  
, Raised

123@,  
A+B=#?  
, &



## HARD TO BUILD A COMMON LANGUAGE

Healthcare and IT knowledge needs to exist in the same brain and needs to be processed together by the same processor.

The idea of putting a Domain expert with IT team doesn't work in Healthcare.

Healthcare experts talk Greek and Latin jargon which IT folks don't understand.

## MUST INVEST TIME TO MAKE IT WORK



## ART AND SCIENCE OF MEDICINE

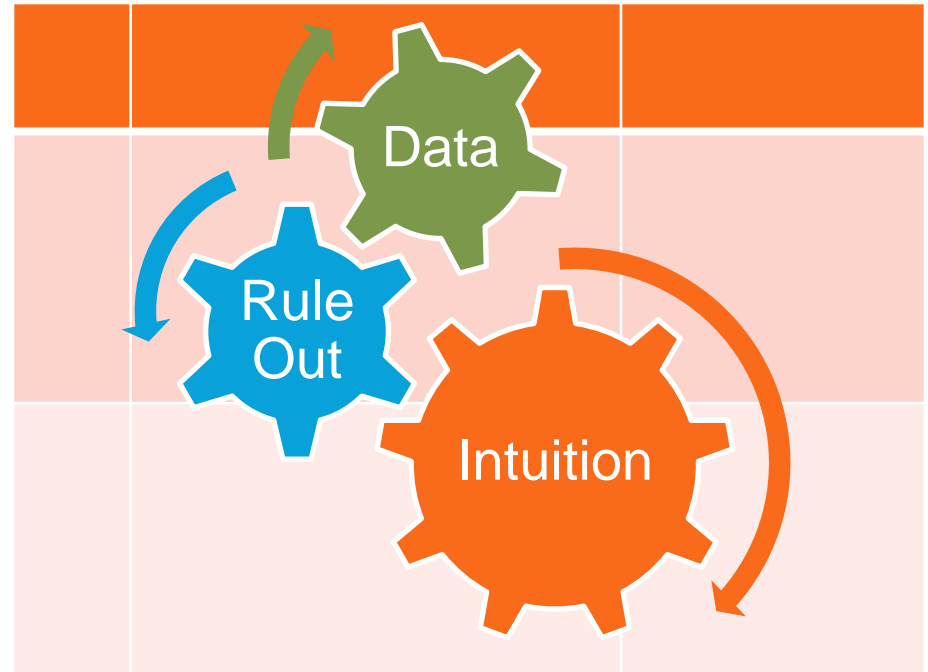
Clinicians think in terms of lists and rule-out one by one to reach a decision.

Intuition developed with experience plays a vital role in decision making.

Whereas engineering discipline thinks in terms of 2-by-2 tables and makes decisions based upon numbers from hard data.

Intuition developed with experience has no place in engineering disciplines.

## DOCTORS ARE TRAINED TO TRUST INTUITION



## ASSEMBLY LINE DOESN'T APPLY TO HEALTHCARE

Healthcare is not an assembly line.

Doctor-Patient relationship is like that  
of Priest-Disciple relationship  
completely based upon trust.

You remove the trust factor and no  
patient will ever want to go under the  
knife of a surgeon, no matter what  
quality standards are applied.

## PATIENTS NEED INDIVIDUAL PLAN



## COST AND BENEFITS GO IN OPPOSITE DIRECTIONS

Cost of the Healthcare is Bourne by the payer [Employer, Insurance or Govt], whereas the benefits go to the patient.

The payers believe that increase in productivity will pay for the cost of healthcare in the long-term; however this has never been proved.

Cost of Healthcare goes in one direction and the benefit goes in opposite direction.

This is exact opposite of what happens in any transaction based industry.

## HEALTHCARE DEFIES COMMON LOGIC





## DON'T APPLY 80-20 RULE BLINDLY TO HEALTHCARE

Management principles like 80-20 rule cant be applied blindly to healthcare.

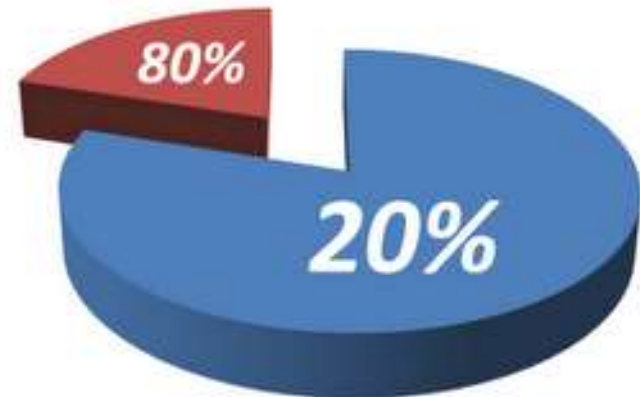
Hospitals earn 80% of their revenue from 20% of the investments.

Rest 80% is spent for treating diseases that provide 20% of revenue.

Emergency medicines and high-end antibiotics expire without usage.

Any other industry will optimize on the non-performing investments and save lot of costs, but the hospitals can't ignore these non-performing investments else morbidity and mortality will shoot up.

80% OF REVENUE COMES  
FROM 20% INVESTMENTS



## GOD DIDN'T GIVE SOURCE CODE AND USER MANUALS

No one can ever document all the requirements in Healthcare projects.

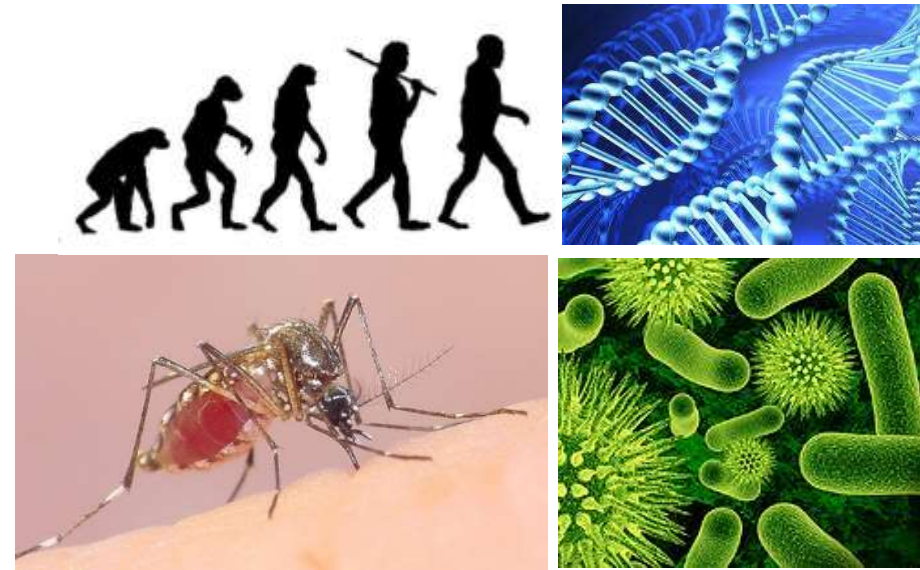
Because doctors know only small% of the human body and rest is guess work.

All industries except a few like Outer Space Exploration, deal with things made by man.

Whereas in Healthcare you are dealing with a machine made by god!

Variation is by design not by error – Evolution!

## MAN AND DISEASE ARE CONSTANTLY EVOLVING



## HEALTHCARE PROCESS ARE DYNAMIC BY DESIGN

Processes in a hospital are dynamic and change at the drop of a hat.

In emergency doctors need to take over everything outside the system and then the systems have to catch-up post-facto.

Process dynamism is need of the process itself rather than an externality.

Majority of the known systems are designed for a standard process and workflow.

Healthcare needs systems that can adjust itself in response to a dynamic situation.  
Human brain is such a system – Any Other?

## CURRENT SYSTEMS DON'T MIMIC DYNAMISM



## DOCTORS AND NURSES ARE UBIQUITOUS

Doctors and nurses are ubiquitous in the hospital setting and can be giving orders anywhere in the hospital.

The orders are executed almost simultaneously.

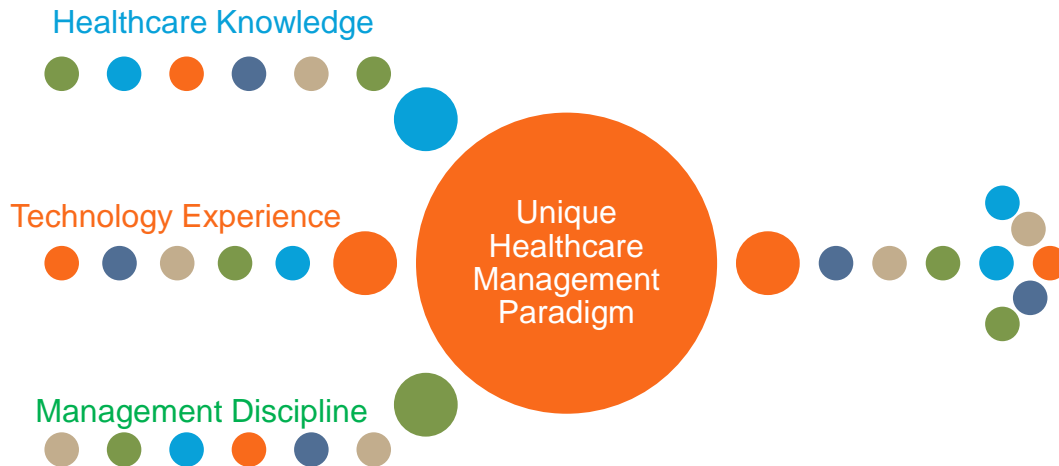
There is little time to switch between order entry system and order fulfilment systems!

## 56% OF MEDICAL ERRORS HAPPEN AT ORDERS STAGE



\*Source: Bates et al JAMA 1995; 274:29-34.

GOD DIDN'T CREATE THE  
UNIVERSE IN SILOS



CROSS FUNCTIONAL  
KNOWLEDGE IS THE KEY

Learning and absorbing the Healthcare knowledge takes time.

Therefore quickly training the IT and management resources in healthcare domain knowledge and deploying them on Healthcare projects is seldom useful.

Also rotation of resources is not possible because you need to lock the Healthcare experienced resources for higher value projects.

Healthcare-IT and Healthcare management resources continue to increase in value with every cycle.

# UPFRONT CONSULTING MODEL

**Traditional  
Consulting  
Model**

Sugar coat  
difficulties

Work mainly in  
the boardroom

Project Based

Short Term

We  
guarantee  
unique  
value  
based  
outcomes

**TG  
Consulting  
Model**

Say it like it is

Work in the  
trenches too

Relationship/O  
utcome Based

Long Term



# ADMIRE – WIN ADMIRATION 360 DEGREES

- **Authenticity** - Be Completely Authentic. Stand True under ALL circumstances.
- **Distinction** - Stand out in the crowd professionally and socially.
- **Magnanimity** - Take the high route in your dealings. Be a Nobel.
- **Impartiality** - Act without fear, favour or ill-will.
- **Reliability** - Be reliable every time. Reliability is the harbinger of growth.
- **Excellence** - Excel in every aspect of work. Refuse to be ordinary.

### NEW HEALTHCARE CONSULTING PARADIGM

Management and technology consulting by combining deep healthcare expertise with paradigm shifts in strategy, operations, technology and performance management.

- Building Next Generation Practices
- Defining Market Entry and Growth Strategies
- Rationalizing and Maximizing healthcare investment portfolios.
- Streamlining Healthcare Processes through Optimization Methodologies
- Leading Clinical Transformation using Technology
- Boot-Strapping Healthcare Organizational Change Management
- Deploying Healthcare Service Innovation Strategies
- Providing Technology evaluations and deployment strategies
- Analyzing Root Causes and Risk Management Approaches
- Decision Support for C-Level.
- Executing Quantitative Program Management Projects

CLINICAL AND BUSINESS  
TRANSFORMATION TO  
ACCELERATE RETURNS





## QUOTE FROM MOTHER OF NURSING

“The effect on sickness of beautiful objects, on variety of objects and especially brilliancy of colours, is hardly to be appreciated. Such cravings are usually called the “fancies” of patients but these “fancies” are the most valuable indication of that which is necessary for their recovery. People say that the effect is only on the mind. It is no such thing. The effect is on the body too. Little as we know about the way in which we are affected by form and colour and light, we do know this: that they have an actual and physical effect. Variety of form and brilliance of colour in the objects presented to patients are an actual means of recovery”

- Florence Nightingale

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