HCG is one of India’s leading cancer care hospitals offering the finest care through innovative treatment methods, cutting edge technology and extensive research. It became the single largest cancer network in India with 15 centres across India and Sri Lanka within a span of ten years. As cancer is an extensive, capital-oriented speciality in health care, HCG follows a ‘Hub and Spoke’ model where the secondary centres in tier II cities are linked with centre of excellence and thus, provides same treatment to all across the country at an affordable price.

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Acknowledgements

This case study on HEALTH CARE GLOBAL ENTERPRISE LTD (HCG) has been complied after thorough primary and secondary research on the organization. Information has been assimilated from several individuals who have made significant contribution in the development of this case study. ACCESS Health International would like to give special acknowledgement to Dr. Ajay Kumar, Chairman, HCG for granting us the permission to visit the organization and sharing with us the relevant information needed for the case study. We would also like to thank all the team members for sharing with us their inputs and hospitality.

And most importantly, we would like to express gratitude to Rockefeller Foundation, Results for Development Institute, Indian School of Business and all the team members working with Centre for Health Market Innovations (CHMI) for their support and contribution, without which the case study would not have been possible.
HEALTH CARE GLOBAL ENTERPRISE LTD (HCG)

In 1989, Dr. Ajai Kumar, along with four other oncologists, launched the first comprehensive cancer center in the country offering a full suite of oncology services – the ‘Bangalore Institute of Oncology’.

In 2002, Bangalore Institute of Oncology in collaboration with another flagship hospital ‘Curie Center of Oncology’ founded a holding company called Health Care Global Enterprises (HCG).

Today, HCG Enterprises is the Largest Cancer Care Network in South Asia with 15 centers across India and Sri Lanka. It treats 28,000 new patients every year. It is a successful Physician-led initiative with over 350 doctors being empaneled as partners.

Background

Cancer currently causes 12 percent of all the deaths globally. Estimates indicate that in approximately 20 years’ time, the number of annual cancer deaths will increase from about six million to 10 million.

Cancer prevalence in India also is currently estimated to be around 2.5 million, with over 800,000 new cases and 550,000 deaths being reported each year. The common sites for cancer in Indian males are oral cavity, lungs, oesophagus and stomach and in Indian females they are cervix, breast and oral cavity.

The disease is associated with a lot of fear and stigma in the country and over 70 percent of the cases report for diagnostic and treatment services in advanced stages of cancer, resulting in poor survival and high mortality rates.

Principal factors contributing to the projected increase in cancer prevalence –

- Increasing proportion of elderly people in the world (in whom cancer occurs more frequently than in the young people)
- Overall increase in awareness levels which leads to early detection
- Life style changes
- Rising incidence of certain forms of cancer such as lung cancer resulting from tobacco use

The line of treatment for cancer depends on the type of cancer, the stage of the cancer (how much it has spread), age, health status, and additional personal characteristics. There is no single treatment for cancer, and patients often receive a combination of therapies and palliative care.
The Government of India first recognized the need to address this disease and developed its first statement on cancer control in 1971. In 1984, it formulated the National Cancer Control Programme for India. Under this programme, 22 Regional Cancer Centres (RCCs) have been established and cancer care facilities have been made available in many medical colleges and some private and charitable hospitals in the country.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Schemes</th>
<th>Current status</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Primary prevention of tobacco-related cancers</td>
<td>- Financial assistance to voluntary organizations</td>
<td>- 205 cancer treatment centers; 22 regional cancer centers;</td>
</tr>
<tr>
<td>- Early diagnosis and treatment of cervical cancer</td>
<td>- District cancer control scheme</td>
<td>- 325 tele-therapy units; 113 remote brachytherapy machines</td>
</tr>
<tr>
<td>- Extension and strengthening of therapeutic services including pain relief, on a national scale, through regional cancer centers and medical and dental colleges</td>
<td>- Financial assistance for cobalt unit installation</td>
<td>- Availability of oral morphine tablets in registered medical institutions since 1991</td>
</tr>
<tr>
<td>- Development of oncology wings in government medical college hospitals</td>
<td>- Assistance for regional research and treatment centers</td>
<td></td>
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</tbody>
</table>

Over the past 20 years, policies related to tobacco control have been strengthened and in April 2003, India also enacted a comprehensive national law for tobacco control to control use and sale of tobacco and related products. However, no screening programmes have been organised for any of the common cancers in the country. Overall, the programme has mainly contributed to the development of radiation oncology & other services rather than making any headway in the direction of prevention and early detection.

**The innovation**

HealthCare Global Enterprises Ltd, (HCG) started with the vision of becoming the leader in oncology care, by making high quality cancer care accessible across the nation. It performs extensive research and develops innovative treatment methods to provide the finest cancer care. Supported by the most advanced technology, these aspects help make cancer a manageable health condition and improve the quality of life of the patients.

**HCG’s Mission**

To create a fulfilling environment where doctors and staff advance the future of cancer care through cutting edge patient care, clinical research and technology; enabling patients to achieve longer and better lives.
HCG is amongst the few institutions in the world that adopts CyberKnife, the world’s first non-invasive whole body robotic radiosurgery system. It does not believe in palliative care and treats the cancer patients with advanced technology and research in order to eliminate the term ‘palliative care’ from cancer care.

**Business Model**

HCG adopts a “hub-and-spoke model” to provide comprehensive treatment so that patients have access to full range of services from prevention, screening, diagnosis, treatment, rehabilitation and supportive care. The hub has state-of-the-art equipment, which is gradually phased out to the satellite centers. Spokes utilize the services from the hub, thereby reducing travel for patients. Each region has a “Regional hub” for pooling the resources which helps manage the clinical care at the spokes through telemedicine. The “Spokes” are satellite hospitals in the adjoining area of the “Regional hub” which provide the first point of contact for the patient. Patients undergoing
chemotherapy or radiation therapy have to travel daily, hence the satellite hospitals reduce travelling costs for the patient.

**The ‘HCG Difference’**

The HCG difference lies in its approach towards the treatment of cancer. Prior to medical advancement, palliative care was the predestined option for many patients, where they had to live their remaining life with best possible pain management. The objective of palliative care was not to find cure but to provide the best possible quality of life for each remaining day of life.

However, inspired by the medical advancement in the US and other developed countries, Dr. Ajai Kumar, Chairman, HCG feels that the term ‘palliative care’ has to be removed from cancer treatment terminology. According to him all types of cancers can be cured, provided sufficient research and modern technology is made available.

HCG thus conducts extensive research and adopts innovative treatment methods to provide the finest cancer care. For instance, investigator initiative trial is a kind of research used in treating the patient, where tissue samples are taken and responders & non responders are analysed. Apart from research, HCG has also invested heavily on advanced technology to treat cancer.

**Service delivery**

HCG is equipped with extensive diagnostic equipments like PET CT, C T Scan, Digital Mammography, Gamma Camera, Ultrasonography and X-ray to diagnose the disease. Once the patient gets diagnosed with cancer, s/he is treated in three different ways: surgery, radiation and chemotherapy.

All the high end equipments needed for diagnosis and treatment are available at the hub, which is the centre of excellence, and the satellite hospitals are equipped with the basic equipments and are connected through telemedicine facilities. Thus each patient centric facility integrates all essential
aspects of medical, surgical, radiation oncology, imaging, pharmacy services, research and patient support services.

### Awareness creation

HCG creates awareness about its services through various health education and awareness generation programs.

**Pink hope**- is one of the major awareness generation programs of HCG. It is a patient support group that is used to create awareness on breast cancer and Leukaemia. It was started in May 2009 with the aim of showing the public living examples of patients who have already undergone the treatment process. It is used to instil positive feelings and attitude among patients and till now 200-300 patients have been counselled through this program.

**Stop smoking. Add years to your life**- is a program that motivates the public to quit smoking. This program is given high priority as tobacco is the single leading cause of cancer. The unique aspect of this program in comparison to the conventional de-addiction programs is that it uses principles from psychotherapy, yoga and nutrition to help people quit smoking. Consultants at HCG believe that yoga plays a vital role in quitting smoking as it not only builds the confidence in an individual but also improves the lung capacity through breathing techniques.

**Cancer wellness program**- is designed to reduce stress and teach ways of coping effectively with cancer during radiotherapy and chemotherapy. Since the diagnosis of cancer causes severe psychological distress in a majority of the patients, this program teaches simple yoga postures, yogic relaxation, pranayama and mediation techniques to reduce stress. It integrates the latest concepts in stress management with traditional yogic wisdom.

Apart from all these programs, HCG also publishes “**Ray of Hope**”, a cancer care awareness series. This magazine covers the latest trends in cancer care and educates the public on prevention and early detection of cancer.
As in any other health care organisation, human resources play a vital role in HCG’s growth. HCG has a workforce of 2000 people consisting of doctors, nurses and other support staff and adopts various methods and strategies to keep the employees motivated and committed towards their work. The human resources department is responsible for the recruitment, selection and training of manpower. Recruitment is done through tie up with colleges, consultants and job portals. After recruitment, nurses undergo supervisory training for three months after which they nurse independently. HCG conducts six month oncology certificate program and after successfully completing the program, they are paid good salaries.

HCG adopts an effective performance appraisal system where each cadre has defined key results areas (KRA) against which their performance is evaluated every year. For example, the key results area for the radiation therapy technician will be his/her ability to-

- Handle mould room procedures
- Counsel patients & his/her relatives
- Handle CT simulation procedures
- Communicate the treatment plan to consultants/physicist/team members
- Deliver radiation therapy on machines such as Cobalt, LINAC, IGRT, IMRT
- Document as per documentation & legal requirements

The HR team of HCG conducts market analysis every year in order to retain staff and provide them with benefits at par with the market scales. The survey thus updates their market knowledge on current salary and benefits being provided by other players.

As a career planning mechanism, employees are promoted to higher levels every two years. HCG also offers DNB (Diploma in National Board) courses for doctors to specialise in oncology. With an effective HR strategy in place, HCG claims an attrition rate of 2-3 percent, which is very less compared to 20-30 percent in other hospitals.
Quality

HCG stands for its quality and improved life of patients. It has a dedicated quality team with five permanent staff and more that 90 internal quality auditors. It also has a quality improvement committee and a quality core committee.

Quality Policy

“Enabling patients to achieve longer and better lives”

Internal auditors perform audits at an interval of six months and submit non-compliance report to the respective departments. The departments rectify it and if needed discuss the same with the committees.

Every department has a set of process documents and quality indicators and is required to submit the data once in 45 days for comparison with past performance indicators. The data is also benchmarked against international standards.

HCG believes that customer feedback is the best approach to continuous quality improvement. Hence, it uses an external agency to collect feedback from in-patients and prepare a detailed report on the same. If any complaints are received, the details are shared with the concerned department for necessary action. The quality department also collects feedback from outpatients on a regular basis.

HCG is in the process of getting NABH (National Accreditation Board for Hospitals & Healthcare Providers) accreditation and its lab is accredited by NABL (National Accreditation Board for Testing and Calibration Laboratories)

HCG Accomplishments

According to Dr. Ajai Kumar, Chairman, during the initial period of establishment, HCG faced many challenges such as non availability of qualified specialists, inadequate support staff, inadequate research & development and non availability of resources. However, each road block was
meticulously addressed and the organisation was gradually expanded. The major road block of financial resources was tackled with the support of equity investors like IDFC private equity, Evolence India Life Sciences Fund (EILSF) and Premji Invest.

Today, the network hospitals together have 1000 dedicated oncology beds. All the HCG network hospitals put together see 24,000 patients a year; perform 800 radiation treatments, 120 surgeries and 500 chemotherapy infusions per day.

<table>
<thead>
<tr>
<th>S No</th>
<th>Disease</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>C N S Cases</td>
<td>153</td>
</tr>
<tr>
<td>II</td>
<td>Bone &amp; STS Cases</td>
<td>121</td>
</tr>
<tr>
<td>III</td>
<td>Skin Disorders</td>
<td>25</td>
</tr>
<tr>
<td>IV</td>
<td>Haematological Disorders</td>
<td>560</td>
</tr>
<tr>
<td>V</td>
<td>Head &amp; Neck Cases</td>
<td>672</td>
</tr>
<tr>
<td>VI</td>
<td>G.I.T.</td>
<td>900</td>
</tr>
<tr>
<td>VII</td>
<td>Thoracic Cases (Lung)</td>
<td>269</td>
</tr>
<tr>
<td>VIII</td>
<td>Gynaecological Cases</td>
<td>492</td>
</tr>
<tr>
<td>IX</td>
<td>Breast</td>
<td>856</td>
</tr>
<tr>
<td>X</td>
<td>Thymoma &amp; Others</td>
<td>1</td>
</tr>
<tr>
<td>XI</td>
<td>Uro-genital Cases</td>
<td>249</td>
</tr>
<tr>
<td>XII</td>
<td>Miscellaneous</td>
<td>369</td>
</tr>
<tr>
<td>XIII</td>
<td>Ophthalmic Cases</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Total Diagnosed Patients</td>
<td>2128</td>
</tr>
<tr>
<td></td>
<td>No. Of Patients Not Yet Diagnosed</td>
<td>1905</td>
</tr>
<tr>
<td></td>
<td>Total No. Of New Patients Visited</td>
<td>4033</td>
</tr>
</tbody>
</table>

**HCG Foundation- An approach towards affordable care**

HCG Foundation was founded in 2006 to help ensure that no cancer patient is deprived of quality treatment because of financial constraints. It adopts various methods to make the medical care affordable such as - giving concessions on ward nursing charges, treating patients through HCG Foundation Fund and providing free medicines through pharmaceutical company tie-ups. HCG has also introduced an *EMI scheme* (monthly instalments) for the patients who cannot afford to pay at
one go. They are allowed to pay 25 percent as down payment and 75 percent in instalments. As collateral for this, post-dated cheques are received from the patient.

HCG foundation has come up with an art gallery called ‘Swasti-Art for cancer care’, where the goal is to spread the public awareness and appreciate the role of art in society. The funds raised through this art gallery are being used to support the cancer patients. A separate space has been provided to display these arts in the hospital.

**Triesta Life Sciences**

Triesta Life Sciences is a subsidiary of HCG that combines scientific expertise and medical resources. It is the back bone of HCG’s clinical research activities. Triesta Sciences has a nationwide network of oncology sites actively recruiting patients for clinical trials. The state of art laboratory at Triesta is well equipped to carry out any investigative test for cancer diagnosis, treatment and prognosis.

Investigator initiative trial is one of the major clinical trials that help in patient treatment. Triesta is playing an important role in the movement towards personalised medicine by developing tests that can help physicians identify how patients are likely to benefit from the targeted therapies. Triesta specializes in oncology clinical trials Phase I-IV and BA/BE studies, with vast experience in solid tumours.

The Research and Development at Triesta serves to create an accelerated bridge between basic research and clinical implementation. Triesta’s state-of-the-art research program promotes and fosters research collaborations and strategic partnerships with local, national and international Universities, Research Institutes and Biopharma companies.

**Future Ahead**

As cancer epidemics gather pace in India and threaten to harm individuals, families, and the society at large, a comprehensive strategy for their prevention and control is needed. Since HCG has evolved this comprehensive approach over the years, it now wants to scale it up rapidly. Some of HCGs future plans are
- Build a personalized medicine services enterprise with worldwide reach, based on accredited quality standards and a unique, specialized diagnostic test portfolio
- Leverage esoteric reference lab to improve patient outcomes with targeted testing
- Fully utilize the capacity of the molecular testing infrastructure of Triesta beyond captive needs of HCG
- Acquire Indian and global clients & markets (Asia, EU, US)
- Leverage in-house patient care and global clients to improve test protocols, and create novel tests for patient base

References

3. HCG publication materials.
Disclaimer

The case study has been compiled after primary and secondary research on the organization and has been published after due approval from the organization. The case has been complied after field visit(s) to the organization on October 2010. The author of the case or ACCESS Health International are not obliged or responsible for incorporating any changes occurred in the organization after receiving the due permission from the organization to publish the case. The case study has been developed with a specific focus to highlight some key practices/interventions of the organization and does not cover the organization in its entirety.

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