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IMA HBI National Conference 2026 - A Transformative Milestone in Tumkur, Karnataka Empowering Hospitals Through Innovation, Training & Collaboration 28–29 March 2026

The **IMA Hospital Board of India (IMA HBI)** successfully hosted its **National Conference 2026** in Tumkur, Karnataka on the 28th and 29th of March, bringing together a diverse and influential gathering of healthcare leaders, hospital administrators, policymakers, and practitioners from across the country.

The conference emerged as a vibrant platform for **thought leadership, policy dialogue, and capacity building**, reflecting IMA HBI's ongoing commitment to strengthening hospital systems and enhancing the quality of healthcare delivery in India.

A Conference with Purpose and Vision

Centered around the evolving needs of modern healthcare institutions, the conference focused on addressing real-world challenges faced by hospitals, including operational efficiency, regulatory compliance, quality standards, and sustainable management practices.

Through insightful sessions, expert interactions, and collaborative discussions, participants explored innovative approaches to improving hospital administration and delivering patient-centric care in an increasingly complex healthcare environment.

Launch of Transformative Initiatives

A defining highlight of the conference was the launch of three key initiatives designed to empower hospitals and healthcare professionals:

Hospitals Helpline

A dedicated support system aimed at assisting hospitals in navigating operational, legal, and regulatory challenges, providing timely guidance and expert solutions.

Hospital Management Course

A structured academic initiative to build managerial competencies among healthcare professionals,



We welcome our New IMA HBI Members

- Dr Vishwanath V Shindholimath, Gokak
- Dr Ramesh B Patagundi, Gokak
- Dr Kiran Pujar, Gokak
- Dr Yallappa A Gudagudi, Gokak
- Dr Bharati V Patil, Gokak
- Dr Sachin R Benachinamardi , Gokak
- Dr Kempanna Kallappa Haligoudar , Gokak
- Dr Umesh S Nippani, Gokak
- Dr R D Patil, Gokak
- Dr Gangadhar Umarani, Gokak
- Dr Anand Yattinamani, Bangalore, Gokak
- Dr Manjunath V Shindholimath, Gokak
- Dr Muttanna S Bavalatti, Gokak
- Dr Gopal Sharma, Nangloi Delhi
- Dr Sachin Malhotra, Agra
- Dr Avinash Kumar, Haryana



equipping them with essential skills in administration, finance, operations, and leadership.

NABH Training Course

A focused program to support hospitals in achieving accreditation standards, promoting quality assurance, patient safety, and continuous improvement in healthcare services.

These initiatives were formally inaugurated by Dr. Sarbari Dutta, Honorary Secretary General of the Indian Medical Association, marking a significant step towards institutional strengthening and professional development.

Distinguished Leadership and Dignitary Presence

The conference was graced by an eminent panel of national leaders and dignitaries, reflecting the importance of the event at both professional and policy levels:

- Dr Piyush Jain, Dr R.V. Asokan, Dr J.A. Jayalal, Dr Gurulingappa, Dr Shivakumar Utture, Dr Venkatachalapathi
- The event was further elevated by the presence of distinguished ministers from the Government of Karnataka:
- Dr G. Parameshwara and Shri. Dinesh Gundu Rao
- Their presence underscored the growing recognition of the need for stronger collaboration between policymakers and healthcare providers.

Participation, Reach & Impact

The conference witnessed remarkable engagement and outreach:

350+ delegates participated in person, representing hospitals from various regions

Over 3000 viewers joined virtually via YouTube, reflecting widespread interest

13 new hospitals enrolled as members of IMA HBI during the event

The sessions were rich in content, focusing on **practical challenges, emerging trends, regulatory frameworks, and quality benchmarks**, making the conference both informative and impactful.

Acknowledging Excellence in Organization

IMA HBI expresses its sincere gratitude to the dedicated organizing team whose tireless efforts ensured the grand success of the conference:

Dr Prabhakara, Dr Siddalingeswar, Dr Thiyagarajan, Dr Suresh Babu, Dr Arjun

Special appreciation is extended to the **IMA Tumkur team** and the **IMA Karnataka team** led by Dr Veerabadraiah, whose meticulous planning, coordination, and commitment made the event highly successful and memorable.

Conclusion

As healthcare continues to evolve, initiatives like these play a crucial role in equipping hospitals to meet future challenges with confidence and competence. With its proactive approach and leadership, **IMA HBI continues to drive impactful change, ensuring better healthcare delivery for all.**



Minutes of the IMA HBI High-Level Meeting on Health Insurance

Date: 13th April 2026, Time: 09:00 PM – 11:00 PM, Mode: Virtual (Zoom Platform)

Agenda of the Meeting

1. Review of ongoing engagement with insurance stakeholders (GIC, CII, IRDAI)
2. Discussion on key challenges in health insurance affecting hospitals
3. Framework for Common Empanelment
4. Scientific determination of package rates
5. Implementation challenges of National Health Claims Exchange (NHCX)
6. Strengthening grievance redressal mechanisms
7. Strategic roadmap for advocacy and policy intervention

Proceedings of the Meeting

The meeting commenced under the chairmanship of Dr Anilkumar J Nayak, National President, IMA, who emphasized the urgency of addressing systemic issues in the health insurance ecosystem that are adversely impacting healthcare providers across the country.

Dr K M Abul Hasan, Chairman, IMA HBI, formally welcomed the participants and presented a comprehensive overview of IMA HBI's ongoing engagements with:

General Insurance Council (GIC)

Confederation of Indian Industry (CII) working groups

IRDAI-constituted committees and advisory forums

He elaborated that IMA HBI is actively participating in multiple working groups addressing:

Hospital categorisation

- Package rate standardisation
- National Health Claims Exchange (NHCX)
- Common empanelment frameworks
- Grievance redressal mechanisms

Key Issues Presented

1. Common Empanelment Challenges It was highlighted that current empanelment practices tend to exclude small and medium hospitals, despite their compliance with Clinical Establishments Act (CEA) norms. IMA HBI strongly advocated for inclusivity and equitable participation.
2. Package Rate Fixation. The existing package rates were widely considered irrational and unsustainable. It was stressed that:
 - Rates must be scientifically derived

- Both fixed costs (infrastructure, manpower, compliance) and variable costs (consumables, inflation) should be factored in
 - Regional variations must be considered
3. NHCX Implementation Concerns Members expressed serious concerns regarding:
 - High implementation costs for small hospitals
 - Lack of trained manpower
 - Need for capacity-building initiatives
 - Risk of digital exclusion for smaller setups
 4. Administrative Bottlenecks in Insurance Operations Several operational issues were raised:
 - Reduction in pre-authorisation amounts
 - Arbitrary discounts imposed by insurers
 - Denial of justified claim enhancements
 - Significant delays in claim settlements
 - Deliberations by Senior Leadership
 5. Senior leaders, including past National Presidents and state representatives, provided valuable input. There was a unanimous consensus that:
 - The current insurance ecosystem requires structural reform
 - IMA must play a central advocacy role
 - A unified national strategy is essential

Key Decisions and Action Points

1. Continued Strategic Engagement

IMA HBI will intensify its engagement with GIC, CII, and IRDAI working groups. Inputs from all state branches will be systematically collected to ensure a representative approach.
2. Package Rate Framework
 - Legal consultation has permitted dialogue on pricing frameworks
 - However, caution is advised in view of ongoing Supreme Court proceedings
 - A formal negotiation mechanism will be developed
 - Annual revision of package rates based on inflation and input costs is essential
3. Hospital Categorisation Model
 - Hospitals to be classified into:
 - Primary Care
 - Secondary Care
 - Tertiary Care

- Further classification based on Tier 1, Tier 2, and Tier 3 cities
 - Strong recommendation that NABH accreditation should not be the sole criterion for categorisation
4. Direct Benefit Transfer (DBT) Initiative
- IMA HBI will initiate discussions with the Union Health Secretary
 - If necessary, escalation to the Hon'ble Prime Minister will be pursued
 - A high-level stakeholder consultation meeting in New Delhi will be organised
5. Strengthening State-Level Participation
- Formation of dedicated Health Insurance Cells at the state level
 - Each state to nominate representatives for coordinated action
 - Development of a centralised IMA HBI Insurance Database for evidence-based advocacy
6. Common Empanelment Policy
- All willing hospitals with valid CEA registration must be eligible
 - Ensuring fairness, transparency, and non-discriminatory inclusion
7. Patient Transparency Measures
- Introduction of a Customer Information Sheet
 - Mandatory disclosure of package rates for procedures
 - Empowering patients with informed choice regarding hospital and treatment options
8. Addressing Operational Inefficiencies
- Before implementing common empanelment, the following must be streamlined:
 - Rationalisation of pre-authorisation practices
 - Elimination of arbitrary discounts
 - Transparent claim enhancement processes
 - Timely settlement of claims
9. Grievance Redressal System Reform
- Establishment of at least three independent Grievance Redressal Forums
 - Creation of a permanent secretariat for continuity
 - Advisory Board members to have a tenure of three years
 - Rotational representation to ensure fairness and inclusivity
10. Caution on Rate-Freezing Models

- Serious concerns were raised regarding rate-freezing clauses, particularly in reference to AIOS empanelment models
- Members were advised to exercise utmost caution before entering into such agreements

11. Way Forward

A one-day national brainstorming session in New Delhi will be organised

The session will include policymakers, insurers, hospital representatives, and other stakeholders

Objective: to develop a unified and actionable national strategy

Conclusion

The meeting was widely regarded as a landmark and strategic milestone in IMA HBI's efforts to reform the health insurance landscape in India. There was a strong consensus on the need for:

- Scientific pricing mechanisms
- Inclusive empanelment policies
- Strengthened grievance systems
- Policy-level interventions

IMA HBI reaffirmed its commitment to safeguarding the interests of healthcare providers—especially small and medium hospitals—while ensuring transparency, fairness, and patient-centric care within the insurance ecosystem.

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SC Panel frames ICU norms for hospitals



New Delhi: An expert committee formed by Supreme Court has laid down minimum standards for intensive care units (ICUs), defining what hospitals must have to qualify as possessing an ICU- covering infrastructure, equipment and staffing. The framework mandates a dedicated ICU space with access to emergency services, operation theatres and laboratories, along with power backup, sanitation and proper layout. Bedside essentials include oxygen, suction and electrical points, along with equipment such as monitors, ventilators, defibrillators, crash carts, infusion and syringe pumps, glucometers and ECG machines staffing is central to the norms. ICUs must be led by trained doctors and be manned round the clock, with higher nurse-to-patient ratios than in wards - ranging from 1:2 to 1:3 and up to 1:1 for critically ill or ventilated patients supported by allied healthcare staff.

The guidelines also emphasise continuous monitoring, life-support systems and strict infection control protocols as essential to ICU care. The norms are part of "Guidelines for the Organisation and Delivery of Intensive Care Services", a report drafted by a three-member committee and vetted by medical experts, and endorsed by the court as "practical, implementable and necessary as a minimum standard for an ICU". A bench of Justices Ahsanuddin Amanullah and R Mahadevan has asked states and Union territories to submit action plans identifying gaps and implementation strategies by May 18.

The Supreme Court-appointed panel - comprising AIIMS doctor Nitish Naik, additional solicitor general Aishwarya Bhati and advocate Karan Bharioke - has said clinical judgment should guide decisions on the level of care required. Dr Harsh Mahajan, chairman of Mahajan Imaging Lab and one of the experts who vetted the guidelines, said it recognises gaps in rural and remote areas and suggests measures such as interim staffing norms and linking smaller ICUs with higher centres through e-ICU or tele-ICU support. Dr Saumitra Rawat of Sir Ganga Ram Hospital, part of group that vetted the guidelines, said, "The new guidelines classify ICUs into levels, making it mandatory for even entry-level units to meet defined norms,".

NEW RULES AT A GLANCE

- MINIMUM ESSENTIALS**
 - > Dedicated ICU space with power backup
 - > Oxygen, suction, electrical points at every bed
 - > Ventilators, monitors, defibrillator, crash cart
- STAFFING**
 - > Trained doctors, 24x7 coverage
 - > Nurse:patient ratio 1:2-1:3 (1:1 for critical cases)
 - > Allied staff support
- 3 LEVELS OF ICU**
 - Level 1** Basic stabilisation, single-organ support
 - Level 2** Continuous monitoring, multi-organ care
 - Level 3** Advanced care, multi-organ failure
- CARE NORMS**
 - > Continuous monitoring & life support
 - > Strict infection control
 - > Shift stable patients out of ICU

Centre to states: Standardise hospital rates



Thiruvananthapuram: A directive from the Centre to state govts has put private hospital billing under the spotlight. The Union department of financial services, in a letter dated April 8, 2026, to chief secretaries of all states and Union Territories, has called for uniform package rates for common medical procedures and transparent billing in private hospitals, identifying inconsistent pricing as a key factor driving up health insurance premiums. The letter notes that while India's health insurance market is growing at around 9% annually, with premium volumes crossing Rs 1.2 lakh crore in 2024-25, rising healthcare costs are simultaneously creating an affordability problem for policyholders.

Calling for regulatory tightening within the existing legal framework, the Centre has urged states to enforce provisions of the Clinical Establishments Act, 2010 and push for standardised package rates across hospitals. It has also stressed the need for stronger grievance redressal mechanisms to address disputes among hospitals, insurers and patients.

A significant part of the letter addresses the lack of standardisation in treatment protocols. Citing the Clinical Establishments Rules, 2012, it states that hospitals are required to follow standard treatment guidelines issued by central and state govts. Adherence to these guidelines, it says, would reduce variations and unnecessary procedures and help contain claim costs.

The Centre has also called on states to ensure hospitals adopt digital systems for claims processing, specifically through the National Health Claims Exchange (NHCX) platform, to standardise health insurance data flows and improve transparency across stakeholders. Taken together, these measures are expected to standardise care quality, foster patient trust and lower overall claims exposure.

Public health experts, however, say implementation will be the real challenge. "The absence of a credible medical and financial audit system makes it difficult to bring uniformity to treatment packages, including doctors' fees, in the private sector. This can be addressed through a joint mechanism involving the IMA and the govt. An independent regulatory body with medical, legal and administrative experts is essential to evaluate practices and bring in meaningful standardisation," said Dr S S Lal.



The push on billing transparency comes alongside broader health sector reforms under the Centre's "Compliance Reduction and Deregulation" initiative. Under Phase II, the Centre has proposed allowing practitioners registered with any state medical council to practise across states without fresh registration, aimed at easing doctor shortages in rural and border areas. It has also proposed a single-window clearance system for healthcare establishments, replacing the current requirement for approvals under multiple laws.



Healthcare has been talking about “Patient-Centered Care” for decades. So why does it still feel so impersonal?

Courtesy: Athena MaI, MD.,

Because we changed the language and intention, but we didn’t change the system. We say “patient-centered”, but visits are still rushed and care is still designed around throughput, not relationships.

Here’s where the disconnect happens:

1. Time is constrained You can’t build meaningful, relationship-based care in 10–15 minutes while also documenting, ordering, coordinating, and staying on schedule.
2. Incentives are misaligned We say we value prevention, trust, and continuity, but the system pays for visits, procedures, and volume. So we end up optimizing for what’s measured, not what actually keeps people healthy.
3. Power hasn’t shifted “Patient-centered” often still means: Healthcare leaders design the system, then try to make it feel more personal. But patients and frontline clinicians are rarely involved in shaping how care actually works.

So we end up with a version of patient-centered care that sounds right...but doesn’t feel any different. It’s a design problem.

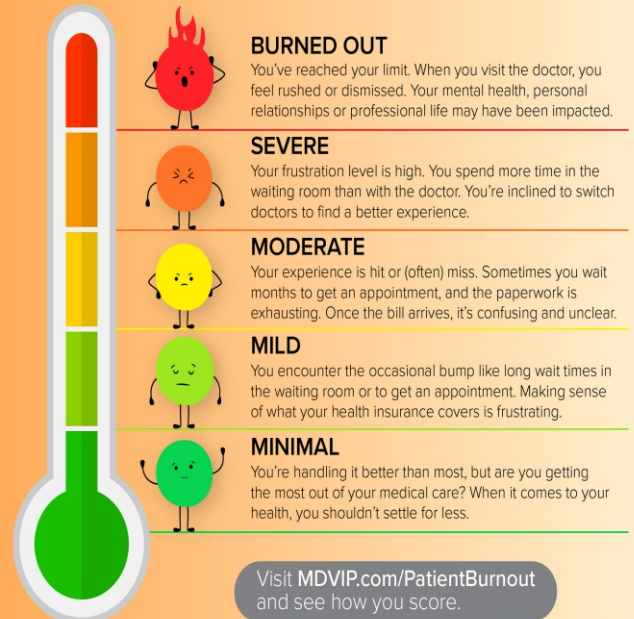
If we want care to truly feel human-centered, we have to go beyond language and: -

- Create time for relationships
- Align incentives with health, not volume–
- Share power in how care is designed

Patient-centered care won’t feel real until the system is designed to truly support it.

PATIENT FRUSTRATION INDEX

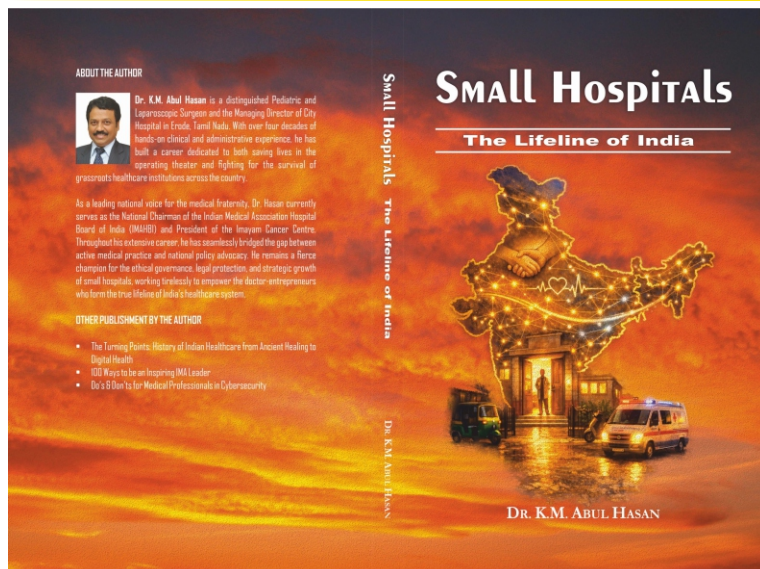
Half of Americans scored “burned out” or “severe,” indicating high frustration with the healthcare system.



Visit [MDVIP.com/PatientBurnout](https://www.mdvip.com/PatientBurnout) and see how you score.

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“The real story of India’s healthcare unfolding soon.”



The Hospital of the Future will Compete on Human Experience - And Clinical Hospitality Is the Bridge. Courtesy: Biju George

"Hospital of the future will compete not only on clinical outcomes, but on the quality of human experience it creates. Clinical Hospitality is the bridge between these two imperatives. And the future is now".

I've shared this thought many times with healthcare leaders across India and beyond. Every time, the room goes quiet for a moment. Because deep down, we all know it's true.

We've mastered clinical excellence, advanced technology, protocols, and outcomes. Yet patients today choose (and recommend) hospitals where they feel seen, respected, and truly cared for as human beings, not just as medical cases.

Recent Press Ganey data shows inpatient patient experience scores still lag pre-pandemic levels, despite modest gains elsewhere. Meanwhile, research from Deloitte reveals a clear truth: hospitals with top patient-experience ratings achieve average net margins of 4.7%, compared to just 1.8% for those with low ratings. Better experience drives loyalty, elective volumes, adherence, and stronger financial performance.

This is where Clinical Hospitality comes in. It's the deliberate fusion of clinical precision with genuine hospitality principles. Warm welcomes, empathetic communication, seamless coordination, dignity in every interaction, and healing environments that reduce anxiety and support recovery.

It's not about luxury lobbies. It's about culture and daily behaviors that turn good hospitals into destinations of choice.

Doctors, nurses, administrators, CEOs and leaders, Ask yourself: Are your patients leaving with clinical confidence along with emotional trust? Is your team energized or just exhausted?

In an era of choice and medical consumerism, competing on outcomes alone is no longer enough.

Forward-thinking organisations are already bridging this gap, and seeing higher satisfaction, better staff retention, and real business impact.

Clinical Hospitality is not a nice-to-have add-on. It is the missing link that turns good hospitals into great ones and great ones into destinations of choice. That's why I created Award winning PeX First Clinical Hospitality Trainings and Consultancy.

Practical, evidence-based programs designed for healthcare teams in India and beyond. We help you audit experience, train every level of staff, build consistent compassionate systems, and deliver measurable ROI. We don't have to wait for "the hospital of the future." It's already here.

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IMA HBI Participates in IRDAI Interaction Meeting – Strengthening Healthcare–Insurance Synergy

The **IMA Hospital Board of India (IMA HBI)** had the privilege of participating in a high-level interaction meeting with Ajay Seth, Chairman of the Insurance Regulatory and Development Authority of India, held at Hyatt Regency New Delhi on 17th March 2026.

This important meeting brought together key stakeholders from the healthcare and insurance sectors with the shared objective of fostering stronger collaboration and addressing long-standing challenges within the healthcare financing ecosystem. Discussions were centred around improving transparency, enhancing operational efficiency, and ensuring a more patient-centric approach to healthcare delivery in India.

A significant highlight of the meeting was the inclusion of **IMA HBI in the Insurance Working Group**, where it will represent the perspectives and concerns of hospitals across the country. This inclusion reflects the growing recognition of IMA HBI's role in bridging the gap between healthcare providers and insurers.

The working groups have been entrusted with addressing several critical domains that directly impact the healthcare ecosystem:

- **Joint Code of Conduct:** Establishing standardized ethical and operational guidelines to promote trust, accountability, and uniform practices between hospitals and insurers.
- **Categorisation of Healthcare Providers:** Developing structured parameters for classification to ensure fair evaluation, better empanelment processes, and appropriate reimbursement frameworks.
- **Adoption of National Health Claims Exchange (NHCE):** Facilitating digital integration and seamless claim processing to reduce delays, enhance transparency, and minimize disputes.
- **Focused Studies:** Undertaking in-depth analysis of claim trends, comparison between cashless and reimbursement models, and studying the impact of medical inflation on healthcare costs.
- **Basic Product and Wellness Cover:** Designing patient-friendly insurance products with an emphasis on preventive healthcare and wellness initiatives.



The deliberations emphasized the need for **data-driven decision-making, digital transformation, and mutual trust** between stakeholders to create a sustainable and efficient healthcare financing model. IMA HBI's participation in this initiative marks a **significant milestone** in its ongoing efforts to advocate for hospitals and contribute to policy-level discussions. It also reinforces its commitment to ensuring that both healthcare providers and patients benefit from a more streamlined, transparent, and equitable insurance ecosystem.

This collaborative initiative is expected to pave the way for **progressive reforms**, ultimately enhancing the quality of care delivery while ensuring financial protection and accessibility for patients across India.

IMA HBI Represents Hospitals at GIC Round Table Meeting

Advancing Collaboration for a Sustainable Healthcare Ecosystem

Mumbai | 19 February 2026



The **IMA Hospital Board of India (IMA HBI)** actively participated in a significant **GIC Round Table Meeting** held in Mumbai on 19th February 2026. Representing hospitals across the nation, IMA HBI brought forward key concerns and practical insights from the healthcare provider community.

The round table served as an important platform for meaningful engagement between insurers and healthcare providers, fostering open dialogue on critical operational, financial, and ethical issues affecting the delivery of healthcare services in India.

A Platform for Constructive Dialogue

The meeting facilitated in-depth discussions on longstanding challenges within the healthcare–insurance interface. Key concerns raised by hospitals included complexities in empanelment policies, inconsistencies in reimbursement mechanisms, delays in claim settlements, and the growing need to safeguard clinical autonomy.

Participants emphasized that strengthening trust and transparency between insurers and healthcare institutions is essential to ensure a balanced and efficient healthcare ecosystem that ultimately benefits patients.

Key Areas of Deliberation

Scientific and Transparent Costing Mechanisms

The need for rational, evidence-based costing frameworks was strongly highlighted to ensure fair reimbursement aligned with the actual cost of healthcare delivery.

Protection of Clinical Autonomy and Patient Choice

IMA HBI underscored the importance of preserving the independence of medical professionals in clinical decision-making, ensuring that patient care remains the top priority without undue external influence.

Addressing Payment Delays and Financial Sustainability

Delayed payments and claim settlement issues were identified as major challenges impacting hospital operations. The discussions stressed the importance of timely reimbursements to maintain financial stability and uninterrupted patient care services.

Strengthening Insurer–Provider Collaboration

The meeting highlighted the need for continuous engagement, improved communication, and mutual understanding to build a cooperative and trust-driven relationship between stakeholders.

Structured Grievance Redressal Mechanisms

The establishment of transparent, efficient, and time-bound grievance redressal systems was proposed to address disputes and concerns in a systematic manner.



Towards a More Transparent and Equitable System

IMA HBI's participation reflects its ongoing commitment to representing the interests of hospitals while contributing constructively to policy-level discussions. The deliberations reinforced the importance of **data-driven policies, ethical practices, and collaborative frameworks** in strengthening the healthcare–insurance interface.

Looking Ahead

The insights and outcomes from this round table are expected to pave the way for **progressive reforms** that enhance trust, improve operational efficiency, and ensure sustainability within the healthcare sector.

With active involvement in such high-level engagements, **IMA HBI continues to play a pivotal role in shaping a more transparent, patient-centric, and resilient healthcare ecosystem in India.**



MARKETING IN HEALTH CARE – DIGITAL

Dr. T.N. Ravishankar

Clinical services, operations, accounting and other functioning of a healthcare would not matter if there is no demand and if not known to the persons who need it. Marketing is both an art and science as we say about medical practice.

It is about getting, keeping and growing customers (patients) through creating, delivering and communicating superior customer value. It is careful planning and execution using the state of art and tools and techniques.

And that tool is Digital in the present age. Every hospital not only have a CEO, CFO a Chief Marketing officer to strive in this competitive scenario. In the present internet fuelled environment where consumers, competition, technology and economics forces rapid changes the budget allocation for marketing must done even if you are organised in a village or tire two or three cites.

The presence of Google is known to everybody. Yahoo was the fist online information provider. Google has overtaken them and occupies 90% of the market in digital communication and information. Blackberry is not in the market where APPLE has swallowed them. Service, information to the customers is the way to expand your business and to engulf your competitors.

For a mid-size hospital, the marketing budget should generally be set at **3–5% of gross revenue to maintain current growth**, or **8–14% for aggressive growth strategies**. A common, effective approach is allocating a percentage of revenue, with higher percentages needed in competitive markets or for specialized services.

This cost will include the Human resource as well the strategies adopted to peculate the information to the community.

The holistic marketing concepts revolve around Relationship marketing, Integrated marketing, internal marketing and performance marketing.

Connecting with the Clients (patients) need to implement all the above fats in the limited way in amid size hospital, with Digital technology standing alone on reach and feasible financially.

Value of Digital Marketing

1. Enhanced Visibility and Reach

Digital platforms allow hospitals to reach patients beyond their immediate locality. A investment that need to have return on investment must be known to all possible customers. Health services is needed for all, people travel by any means to reach to the best possible services and unique one. Hence your services and their specialty must be taken to as fare as possible and Digital technology is the best and easy possible.

Search engine optimization (SEO) ensures that hospitals appear in patient searches for specialties, services, or emergency care. In the days of reaching the Google for locating your destination, reaching to the health service with their ailment or the specialist is available in the online search which is called the search engine option. The services available in your hospital must be exposed with the medical terminology that we serve. (pregnancy, missed abortion, congenital anomaly, MTP, etc.)

Social media presence builds awareness among younger, tech-savvy populations. The parents at their native place while the offspring in city or in cosmopolitan city always search for the best hospital around their parents' place of live which will be in tire two or three towns. Most of the present-day Master health checkup done by home diagnostic services.

2. Cost-Effectiveness

Compared to print or television advertising, digital campaigns are significantly cheaper. The print and television are only to expose the new product or service on a particular day when you have a visible VIP to market it. the cost involved must be tagged with the cost of the product in the present day of business.

Pay-per-click (PPC) and targeted ads ensure spending only on relevant audiences. This is the advantage of Digital marketing when the service can be exposed only to needy patients and pay for the same which is integrated in the marketing



platforms. Small hospitals can allocate modest budgets yet achieve measurable impact.

3. Patient Engagement and Trust

Blogs, videos, and webinars help educate patients about preventive care and hospital services. Online reviews and testimonials build credibility. Transparent communication fosters trust, especially in sensitive areas like maternity, pediatrics, or chronic disease management.

This is an indirect way of promoting your hospital within the ethical guidelines of the National medical commission for the practicing Doctor, though NMC cannot control the hospitals directly.

4. Data-Driven Decision Making

Analytics tools track patient inquiries, appointment bookings, and campaign performance. Insights into patient demographics guide service expansion and resource allocation is possible in digital marketing analyzing the data that is available in the hospital reception.

All corporates use their data to promote new services. If the hospital gets patient from a specific region or locality it is necessary to take extra measure to promote in that environment the services and consultants.

Modalities of Digital Marketing

1. Website Optimization

- A hospital's website acts as its digital front door.
- Features should include service listings, doctor profiles, appointment booking, and emergency contact.
- Mobile-friendly design is critical, given India's high smartphone penetration.

2. Search Engine Marketing (SEM)

- SEO ensures organic visibility in Google searches.
- Paid search ads target specific keywords like "cardiology hospital in Chennai" or "24-hour emergency care."
- Local SEO (Google My Business) is vital for neighborhood hospitals.

3. Social Media Marketing

- Platforms like Facebook, Instagram, and LinkedIn enable hospitals to share patient stories, health tips, and event updates.
- Live Q&A sessions with doctors build credibility.

- Community engagement campaigns (blood donation drives, vaccination camps) strengthen brand identity.

4. Content Marketing

- Blogs and newsletters on preventive health, lifestyle diseases, and treatment options attract organic traffic.
- Video explainers simplify complex medical procedures.
- Infographics and case studies enhance patient education.

5. Email and WhatsApp Marketing

- Appointment reminders, health check-up packages, and seasonal campaigns (e.g., dengue awareness) can be shared directly.
- Personalized communication increases patient loyalty.
- WhatsApp groups for chronic care patients (diabetes, hypertension) foster ongoing engagement.

6. Online Reputation Management

- Monitoring patient reviews on Google, or Justdial is essential.
- Prompt responses to feedback demonstrate accountability.
- Positive ratings improve search visibility and patient trust

The above features depend primarily on your hospital's website and all are tagged with it. Hence it is imperative that a well designed and attractive web site is the source for expanding your services.

It being a one-time investment and a small amount for your maintenance. Every activity of the hospital and special services that are unique in your area of practice provided by your hospital must be a regular feature in your website.

We always are of the opinion that people in smaller towns do not access health services from online. When they are updated on politics and film by this modality we should also use the same to reach them to expand our business.

A person nominated for all the activities can from within the organization as most of it can be outsourced at very nominal financial commitment.