# Service marketing in health care industry in indiatrends, challenges and strategies.

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Abstract-This paper examines the growth of service marketing in health care industry in India, the growth of the service sector has long been considered as indicative of a country's economic progress. Economic history tells us that all developing nations have invariably experienced a shift from agriculture to industry and then to the service sector as the main stay of the economy. The Indian healthcare sector is estimated to reach US\$ 100 billion by 2015, growing 20 per cent year-on-year (y-o-y), as per rating agency Fitch. The industry is expected to touch US\$ 280 billion by 2020, on the back of increasing demand for specialised and quality healthcare facilities. "India is a very important market for many reasons. The government continues to invest in healthcare. The healthcare is expanding across the country. There is a growth opportunity and they continue to invest very much in India. There is so much innovation in India," highlighted by Mr Adam H Schechter, Executive Vice President and President, Global Human Health Division, Merck. The report highlighted that focus of the industry will shift towards capitalising the potential of tier-III and rural areas. Emerging sectors, such as bio-generics and pharma packaging will also pave way for the pharmaceutical market to continue its upward trend during the forecast period (FY 2012-FY 2014). In India, 80% of all the healthcare expenditure is borne by the patients. Expenditure borne by the state is 12%. The expenditure covered by insurance claims is 3%. As a result the price sensitivity is quite high. The high level healthcare facilities are out of reach for the patients. The Indian healthcare story is not about cost advantage only. It has a high success rate and growing credibility.Indian specialists have performed over 500,000 major surgeries and over a million other surgical procedures including cardio- thoracic, neurological and cancer surgeries, with success rates at par with international standards. The success rate of cardiac bypass in India is 98.7 per cent against 97.5 per cent in the U.S. India's success in 110 bone marrow transplants is 80 per cent. The success rate in 6,000 renal transplants is 95 per cent. Structure and financing of healthcare is changing rapidly future managers in healthcare sector to be prepared to deal with evolving integrated healthcare delivery systems technological innovations an increasingly complex regulatory environment restructuring of work increased focus on

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preventive care improving efficiency in healthcare facilities and the quality of the healthcare provided managing finances including modernization, expansion plans and brand extensions optimizing efficiency of a variety of interrelated services.

#### LIntroduction:

The world economy nowadays is increasingly characterized as a service economy. This is primarily due to the increasing importance and share of the service sector in the economies of most developed and developing countries. In fact, the growth of the service sector has long been considered as indicative of a country's economic progress. Economic history tells us that all developing nations have invariably experienced a shift from agriculture to industry and then to the service sector as the main stay of the economy. This shift has also brought about a change in the definition of goods and services themselves. No longer are goods considered separate from services. Rather, services now increasingly represent an integral part of the product and this interconnectedness of goods and services is represented on a goods-services continuum.

# A. Definition and characteristics of Services

The American Marketing Association defines services as - "Activities, benefits and satisfactions which are offered for sale or are provided in connection with the sale of goods." The defining characteristics of a service are:

Intangibility: Services are intangible and do not have a physical existence. Hence services cannot be touched, held, tasted or smelt. This is most defining feature of a service and that which primarily differentiates it from a product. Also, it poses a unique challenge to those engaged in marketing a service as they need to attach tangible attributes to an otherwise intangible offering.

- 1. Heterogeneity/Variability: Given the very nature of services, each service offering is unique and cannot be exactly repeated even by the same service provider. While products can be mass produced and be homogenous the same is not true of services. eg: All burgers of a particular flavor at McDonalds are almost identical. However, the same is not true of the service rendered by the same counter staff consecutively to two customers.
- 2. Perishability: Services cannot be stored, saved, returned or resold once they have been used. Once rendered to a customer the service is completely consumed and cannot be delivered to another customer. eg: A customer dissatisfied with the services of a barber cannot return the service of the haircut that was rendered to him. At the most he may decide not to visit that particular barber in the future.
- 3. Inseparability/Simultaneity of production and consumption: This refers to the fact that services are generated and consumed within the same time frame. Eg: a haircut is delivered to and consumed by a customer simultaneously unlike, say, a takeaway burger which the customer may consume even after a few hours of purchase. Moreover, it is very difficult to separate a service from the service provider. Eg: the barber is necessarily a part of the service of a haircut that he is delivering to his customer.

## Types of Services

- 1. **Core Services:** A service that is the primary purpose of the transaction. Eg: a haircut or the services of lawyer or teacher.
- **2. Supplementary Services:** Services that are rendered as a corollary to the sale of a tangible product.

# Difference between Goods and Services

Goods	Services
A physical commodity	A process or activity
Tangible	Intangible
Homogenous	Heterogeneous
Production and distribution are separation from their consumption	Production, distribution and consumption are simultaneous processes

Can be stored	Cannot be stored
Transfer of ownership is possible	Transfer of ownership is not possible

## B.Health Care Industry In India:

Health care industry is a wide and intensive form of services which are related to well being of human beings. Health care is the social sector and it is provided at state level with the help of central government. Health care industry covers hospitals, health insurances, medical software, health equipments and pharmacy in it. Healthcare Industry Largest in the world with revenues over \$3 trillion Indian healthcare industry is worth about Rs.100, 000 crores, accounting 5% of GDP Fastest growing industry in India with CAGR of about 30% employs about 80 lakh people directly and indirectly – (IT industry employs only about 5 lakh).

The Indian healthcare sector is estimated to reach US\$ 100 billion by 2015, growing 20 per cent year-on-year (y-o-y), as per rating agency Fitch. The industry is expected to touch US\$ 280 billion by 2020, on the back of increasing demand for specialised and quality healthcare facilities. India is the most competitive destination with advantages of lower cost and sophisticated treatment. "India is a very important market for many reasons. The government continues to invest in healthcare. We see that healthcare is expanding across the country. There is a growth opportunity and we continue to invest very much in India. There is so much innovation in India," highlighted Mr Adam H Schechter, Executive Vice President and President, Global Human Health Division, Merck.

#### C.Market Size

Private equity (PE) and venture capital (VC) investments in the healthcare industry in India are increasing rapidly. In 2012, the industry absorbed US\$ 1.2 billion across 48 deals, according to research firm Venture Intelligence.

The hospital and diagnostic centre in India has attracted foreign direct investment (FDI) worth US\$ 1,542.35 million, while drugs & pharmaceutical and medical & surgical appliances industry has registered FDI worth US\$ 9,783.31 million and US\$ 584.14 million, respectively during April 2000 to December 2012, according to data provided by Department of Industrial Policy and Promotion (DIPP).

Indian pharmaceutical industry is projected to show double-digit growth in near future owing to a rise in pharmaceutical outsourcing and rising investments by multinational companies, as per RNCOS report titled 'Indian Pharma Sector Forecast 2014'. The report highlighted that focus of the industry will shift towards capitalising the potential of tier-III and rural areas. Emerging sectors, such as bio-generics and pharma packaging will also pave way for the pharmaceutical market to continue its upward trend during the forecast period (FY 2012- FY 2014).

#### D.Trends and Investments

Healthcare providers in India plan to spend Rs 5,700 crore (US\$ 1.05 billion) on IT products and services in 2013, a 7 per cent rise over 2012 revenues worth Rs 5,300 crore (US\$ 981.50 million), according to a report by Gartner. It is expected to grow to 3.9 per cent to reach Rs 1,720 crore (US\$ 318.52 million) in 2013, with most of this growth coming from enterprise communication equipment.

Further, the hospital services market, which represents one of the most important segments of the Indian healthcare industry, is expected to be worth US\$ 81.2 billion by 2015, as per a RNCOS report.

Some of the major investments in the sector include:

- Temasek Holdings, Singapore's state-owned investment company, has invested Rs 140 crore (US\$ 25.92 million) in the cancer care provider HealthCare Global Enterprises (HCG)
- LifeCell International Pvt Ltd has won funding of Rs 35 crore (US\$ 6.48 million) from Helion Venture Partners. The investment will be used to increase LifeCell's market awareness and penetration in the country, said Mr Mayur Abhaya, CEO and MD, LifeCell
- Spice Global has made an investment of Rs 400 crore (US\$ 74.07 million) in a new healthcare foray to launch multi-speciality Saket City Hospital in the New Delhi. The hospital will have 1000 bed capacity by the end of its third and final phase, expected by mid-2016
- International Finance Corporation (IFC) is planning to invest around US\$ 25 million in the India 2020 Fund II, a successor fund to India 2020 Fund I. The new fund has a target size of US\$ 125 million and will focus on investing in Indian small and medium enterprises (SME) in healthcare, education, rural consumption and agribusiness
- Sri City, an integrated business city near Chennai, has signed a memorandum of understanding (MoU) with Medical Research Foundation of Sankara Nethralaya to establish an eye care hospital and research facility inside the industrial complex

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- Apollo Group of Hospitals has launched its telemedicine service in Yangoon, Myanmar. The facility will allow Myanmar to consult Indian doctors and have accessibility to quality treatment and latest medical technology. As per company's press statement, the network will primarily provide infrastructure supports like Tele-Education, Tele-Medicine, Internet, videoconferencing and voice over internet protocol (VoIP) services via satellite and fibre optic network
- Dubai-based health care major, DM Healthcare plans to invest Rs 2,300 crore (US\$ 425.92 million) in Kerala over a period of three years. The Group aims to provide quality healthcare to people across geographies. The firm has close to 1,000 beds in India and is looking to take this up to 4,000 in two years' time by establishing clusters of 'Hub and Spoke Hospitals' in the Tier II and III cities
- Fortis Healthcare International plans to sell its 64 per cent stake in Dental Corporation Holdings Ltd, Australia, to UK-based Bupa for A\$ 270 million (US\$ 284.62 million). The firm's businesses span diagnostics, primary care, day-care specialty centres, and hospitals

#### E.Indian Healthcare Sector structure

The sector comprises hospital and allied sectors that include:

- (a) Medical care providers that includes physicians, specialist clinics, nursing homes and hospitals
- (b) Diagnostic service centers and pathology laboratories
- (c) Medical equipment manufacturers
- (d) Contract research organizations and pharmaceutical manufacturers
- (e) Third party support service providers
  - In India, 80% of all the healthcare expenditure is borne by the patients. Expenditure borne by the state is 12%. The expenditure covered by insurance claims is 3%. As a result the price sensitivity is quite high. The high level healthcare facilities are out of reach for the patients.
  - Among the top five therapeutic segments, gastrointestinal and cardiac are experiencing both high volume and value growth. Opthologicals, cardiovascular, anti-diabetic and neurological drugs continue to top the growth list. The antiinfective, neurology, cardiovascular and antidiabetic segments have witnessed a high number of new product launches in recent years.

#### F.Current Healthcare Landscape

Amount spent on healthcare - 103,000 crores / annum

- 86,000 crores is the Healthcare delivery market
- 17,000 crores is the Retail pharma market

# Key findings of current private spending

- Private spending on healthcare delivery 69,000 crores
- 61 % of this is spent on OPD services, 44,000 crores Indicates low levels of affordability and a disease pattern dominated by infections
- 39 % on IPD services = 25,000 crores
- 85 % of IPD spend is in 5 areas : cardio, cancer, accidents, infections and maternity.

#### II.Road Ahead - 2012

- Private spending on healthcare delivery 156,000 crores because of an increase in population will lead to increase treatments
- Change in socio-economic mix will lead to 8 % increase in treatment rate and 30 % increase in avg. price paid
- Change in prices 26 % increase in price per treatment
- Change in mix of diseases 50 % increase in prevalence of lifestyle diseases will lead to 12% increase in treatment rate & 7 % in price and this would lead to a change in GDP from 5.2% to 6.2%
- Richest 15% will account for 50% of all private healthcare spending & 60% of inpatient spend
- Private spending would increase by another 39,000 crores if the insurance is likely to impact on middle-income households approx. 350 million in 2012, leading to achieving GDP spending to 7.5% and private spending on healthcare delivery to 195,000 cr.

# A.Healthcare Fact File

Parameters	Current	By 2012
No. Of Beds	1.2 beds per 1000	9,14,543 In addition
No. Of Doctors	50,00,000 doctors	6,25,130 In addition
No. Of Nurses	0.8 per 1000	8,36,000 In addition
Infant Mortality Rate	34:1000	10:1000
Maternal Mortality Rate	4:1000	1:1000
% of population	12.00%	50.00%

Insured		
Total Private Spending	69,000 Crores	156,000 Crores
OPD Spending	44,000 Crores	82,000 Crores
Hospitals	30,000 hospitals approx	17300 In addition
Primary Health Centres / Community Health Centres	1,50,000 approx	1,64,000 In addition
Retails chemist outlets	3,50,000	24,000 In addition
Medical Colleges	229	179 New
Estd Current mrkt size	103,000 Crores	1,80,000 Crores
Average life Expectancy	63.3 years	74 years

# Investments plan in Healthcare

The sector has been attracting huge investments from domestic players as well as financial investors and private equity (PE) firms. Funds such as ICICI Ventures, IFC, Ashmore and Apax Partners invested about US\$ 450 million in the first six months of 2008-09 compared with US\$ 125 million in the same period a year ago, according to an analysis carried out by Feedback Ventures. Feedback Ventures expects PE funds to invest at least US\$ 1 billion in the healthcare sector in the next five years.

- According to a Venture Intelligence study, 12 per cent of the US\$ 77 million venture capital investments in the July-September 2009 quarter were in the healthcare sector. As part of its 'Healthymagination' initiative, GE will spend US\$ 3 billion over the next six years on research and development, provide US \$2 billion of financing over the next six years to drive healthcare information technology and health in rural and underserved areas, and invest US\$ 1 billion in partnerships, content and services.
- The government, along with participation from the private sector, is planning to invest US\$ 1 billion to US \$2 billion in an effort to make India one of the top five global pharmaceutical innovation hubs by 2020.

- The Ajay Piramal Group-owned private equity (PE) firm, India Venture Advisers, will launch its second US\$ 150 million healthcare fund next year.
- Leading international clinic chain Asklepios
   International is gearing up for a foray into the
   Indian healthcare market. As part of the 2.3 billion
   euro group's strategy to enter the sub-continent,
   Asklepios is mulling the launch of a US\$ 100 to
   US\$ 200 million fund.
- Gulf-based healthcare group Dr. Moopen is investing over US\$ 200 million for setting up hospitals and eye-care centers across India.
- Healthcare major, Fortis Hospitals plans to invest US\$ 55 million, to expand its facilities pan-India.

#### III. Characteristics Of Health Care Industry:

# A.Risk Pooling

The pooling of risk is one specific characteristic of the health care industry. Pooling risk means insurance companies are willing to cover all people under a health-care insurance policy with the belief that the least-risky will subsidize the most-risky. In essence, healthy younger people will pay more into their insurance to cover the costs of the sick, who pay less for the cost of care than what they use. Risk pooling is beneficial for large companies who have numerous employees. A smaller company, however, may be at a disadvantage if two out of five of its employees have a preexisting condition: The insurance companies may charge the group too high of a price for insurance as a result of too few people covering the "risk" for the sick employees.

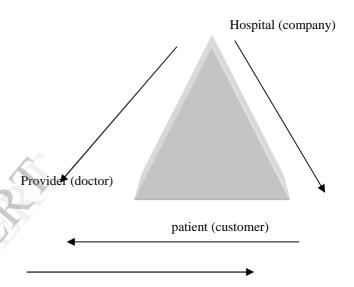
#### B.Price of Service for Consumers

The price of health care services for consumers is based on two things: If the consumer is covered by insurance, the expense for the service is based on whatever price was negotiated between the hospital and insurance company. If the consumer is not covered by insurance, the cost for consumers is based on whatever price the hospital determines. Arthur Garson and Carolyn Engelhard, authors of the book "Health Care Half-Truths," explain how people have far less bargaining power than insurance companies when it comes to negotiating the cost of health care services. Thus, consumers without insurance pay more for these services or they go without care.

#### C.Pricing of Goods and Services

The cost of the negotiated goods and services depends on patents and the length of time the product has been on the market. For instance, if a new prescription drug is introduced on the market and has a patent; its cost will be exponentially higher than 20 years from now. The price is also influenced by basic rules of supply and demand. A common, routine checkup that every physician knows how to perform will be less expensive than a brain surgery that only a few doctors can perform. Who pays the bill is a third factor: if a manufacturer knows their product's sale will be covered by Medicare, they can charge a higher price, knowing the customer can pass the full cost to the government. Roger Leroy Miller, author of "Economics Today: The Micro View," explains this over use of service as a result of the government paying for Medicare as one reason for the high cost of American health care.

Service Triangle In Health Care Industry:



The healthcare triangle is the relationship between the provider, the patient, and the payor (insurer). This leads to complexity in the way the information systems are constructed.

#### IV.P's Marketing Mix In Health Care Industry:

#### A.People

The patients, clients, customers, prospective patients, providers, staff, management - everyone - involved in the healthcare organization, facility, or practice. The people who deliver a service are a significant ingredient in the product itself. Consumers evaluate service and satisfaction based on perceptions and personal interactions. A patient doesn't have much insight to a physician's clinical skills, but they will know if they are pleased based on dealt with them as a person.

#### B.Product

Presenting the correct product (goods and/or services) with values that meet or exceed the needs and expectations of the target market. The primary determinant is in knowing that customers perceive and receive value and satisfaction by way of your healthcare practice or organization. Both tangible and intangible to satisfy the new wants and demands of the consumer. Service products of the hospitals normally have the following features quality level, accessories, packaging like offering full health check-up, product line and brand name.

#### C.Price

The amount paid in exchange for the value received. Price must be competitive and lead to profit, but may vary within promotional and/or bundle purchase options. Price is a toughie in the healthcare industry. Sometimes there are few or no options: Price is what it is, or maybe it's paid through an individual's insurance. Elective care or cosmetic procedures, of course, are a different animal. Anywhere in this spectrum, price is also a function of value, competition in the marketplace, and affordability. Take a serious look at those areas where there is flexibility, and be open to adjusting prices.

#### D.Promotion

The many and various forms of communicating with the target audience to effectively present benefits, answer needs and inspire action. For this list, it's convenient that Promotion begins with a P, but some healthcare professionals react negatively to the "retail" or "blue-lightspecial" connotation. A better label for this category is communications, meaning all the direct and indirect ways of expressing yourself (your practice, your brand, your services) to those who need and want your services. This includes both personal and direct interaction (one-to-one, inspiring referrals), and interacting with many (advertising, public relations, publicity). In all instances, this is done in a professional way. The objective is to critically examine how, where and when you let others know about what you can do for them. (And those in need want this information.) This is also where you consider changes in the media that's in play. A few years ago, nobody had a website. And a few moments ago, Social Media Marketing had yet to be invented. Some newspapers have disappeared or gone online only. Magazines and other publications, online and in print, adjust to capture audiences.

Eg: AIDS awareness camp and Blood Donation camp.

#### E.Place

Presenting products or services to the customer (patient, client, end-user) in the right place and at the right time. The most obvious "place" is the office, facility, SurgiCenter—where the product meets the user. In healthcare, the place for purchase decision is often separate from where and when product/service is delivered. Keep this spectrum in mind...a change in location can impact the decision to buy. And it's likely that more than one "place" is involved when there are multiple providers in the practice and or multiple offices. (Importantly, place can also refer to your marketplace demographics, or even the world if you deliver services over the Internet.)

#### F.Packaging

What the customer perceives and experiences about you, your product/service—tangible and intangible—in every form of visual contact. (Sometimes "Physical" or "Physical Evidence.") This is not only the hands-on, physical container of a physical product...the definition is also experiential, and often more so for healthcare marketing. Look at this through the end-user's window, and everything counts. Take a fresh look—as if for the first time—at the appearance of the physical office or location, the impression of your reception area, the look and feel of brochures and website, and even the appearance of staff.

# Positioning

How your brand, product or service is perceived in the hearts and minds of customers and prospective customers. Think of positioning as what you would want people—both patients and prospective patients or customers—to say about you? Would they use the same words that are part of your marketing message? Acknowledged experts in positioning, authors Reis and Trout, say that what your customers think and say about you is an absolute critical success factor. And that saw cuts in both directions—positively and negatively

# EMERGING TRENDS IN HEALTHCARE:

Emerging trends In Healthcare Secondary & Tertiary Care requires large investment, viable bed size, technological obsolescence, Increasing corporatization, Venture capital funding Slow, but emerging private health insurance/TPA Global alliances Listing of companies Felt need for professional management "Sick" hospitals "Marketing" of services M&A, Brand buying, Brand extension, franchising , Rating of hospitals (CRISIL, ICRA) Accreditation by TPAs Recertification of Doctors (in future) Spiraling hospitalization costs Epidemiology: 500,000 cancer patients added p.a. 40 million diabetics 60 million patients 70-80

million senior citizensObesity, psychiatric patients. IRDA, Private Insurance Tele-medicine.

Quality standards: Medical audit, accreditation & other standards Waste disposal (State Government) ISO JCAHO (USA Standard) NABL Blood Banking (GOI standards) Licensing & inspection (under consideration) Protocols for clinical trials Consumer protection act (private hospitals)

# OPPORTUNITIES IN INDIAN HEALTHCARE INDUSTRY:

India is one of the top 3 countries where companies plan to spend the most R&D dollars over the next 3 years. Favoured destination ahead of countries like Israel, Philippines, Canada, China, Ireland & Russia in terms of Overall Climate (Gartner Report, January 2003). Some of the top medical/technical universities in Asia. The clinical community is populated with English speaking, westerntrained graduates. Beyond Cost Advantage, The Indian healthcare story is not about cost advantage only. It has a high success rate and a growing credibility. Indian specialists have performed over 500,000 major surgeries and over a million other surgical procedures including cardio- thoracic, neurological and cancer surgeries, with success rates at par with international standards. The success rate of cardiac bypass in India is 98.7 per cent against 97.5 per cent in the U.S. Indias success in 110 bone marrow transplants is 80 per cent. The success rate in 6,000 renal transplants is 95 per cent. Indian Economy growing at 8%+ despite global economic meltdown. Size of the Indian Healthcare Industry - US\$35 billion - contributes over 5% of GDP and offers employment to over 4% population. Indian Healthcare Industry - Growing at Rapid pace of 18%+ - fastest in the world. 600,000 practicing physicians, 15,000 hospitals, 875,000 hospital beds, 737,000 nurses, 170 medical colleges, 350,000 retail pharmacies, 18,000 new doctors every year, 50,000 pathology laboratories. 280 million strong upper middle and middle class population, with 10 - 12 million high income group which could afford the lifestyle of their western counterparts. By 2012 industry size is expected to increase to \$60 billion.• India spends 5.1% of GDP on health - government spending is increasing. Per capita expenditure on health is US\$80 in year 2001. Two thirds of healthcare spending is out of pocket, I.e. about US\$20 billion is private spending. Indian Healthcare Industry Life expectancy in India has improved from 37 years in 1951 to 63 years in 2001 and improving. Expanding working population group - 65% by 2020. Reasonably Recession Proof due to growing domestic demand. Healthcare infrastructure in India is dominated by government hospitals.

#### FUTURE OF HEALTHCARE INDUSTRY:

The current healthcare infrastructure in India is inadequate. The overall number of beds, physicians and nurses is low compared to other developing countries and international averages. The situation is worse in the case of tertiary beds

and specialist physicians. The quality of provision too is poor due to the dominance of unqualified practitioners and sub- optimal size of facilities. Higher Investment in Training required. Meeting the expected demand in 2012 will require and investment of US\$25 billion. An additional 750,000 beds will be required (from 1.5 million today to 2.25 million in 2012), of which 150,000 beds need to be tertiary beds. The number of doctors and nurses enrolled in medical colleges and nursing schools will have to triple over the next 10 years. Additional 520,000 student's physicians will be required by 2012. The bulk of the investment will need to be made by private providers• Total Healthcare Market in India could increase from US\$35 billion today to US\$60 billion by 2012. Preventive Healthcare market is for over 160 million people – largely funded by corporate / government sector.

# HEALTHCARE SECTOR IN INDIA: STRATEGIC REVIEW (BUDGET 2012-13)

the Indian healthcare (HC) industry is witnessing growth at a rapid pace and it is expected that thesector will touch 238.76 billion by 2020. Health sector in India has seen some of the most dramatic growth stories in past decade. Ranging from improved health care facilities to low cost treatment the success of the health sector has been primarily driven by private enterprise. There has been a huge improvement in the R D facilities in the nation. A number of major players in the healthcare sector are actively participating in the growth through expansion plans and putting in huge investments in the sector.

# CHALLENGES IN HEALTH CARE INDUSTRY

Structure and financing of healthcare is changing rapidly. Future managers in healthcare sector to be prepared to deal with evolving integrated healthcare delivery systems technological innovations an increasingly complex regulatory environment restructuring of work increased focus on preventive care improving efficiency in healthcare facilities and the quality of the healthcare provided managing finances including modernization, expansion plans and brand extensions optimizing efficiency of a variety of interrelated services (e.g. those ranging from inpatient care to outpatient follow-up care) managing the growing aspirations of doctors (compensation, revenue sharing, high-end equipment, specialized courses etc.) High turnover of para medical staff including nurses Social 'Marketing'.

# CONCLUSION:

The massive growth in the healthcare industry, huge investments would offer several opportunities for Indian companies to create 'win-win' situations and there would be emerging opportunities for professionals as well in the near future.

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