Insights Series

Issue 34
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transforming-the-system-of-care

Rethinking cancer care

A patient-centered best practice out of India

A thought leadership paper on "Transforming the system of care"

SIEMENS Healthineers

Preface

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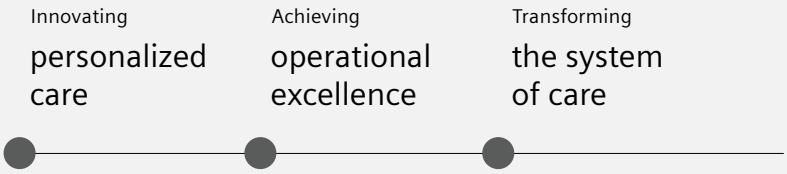
The Siemens Healthineers **Insights Series** is our preeminent thought leadership platform, drawing on the knowledge and experience of some of the world's most respected healthcare leaders and innovators. The Series explores emerging issues and provides you with practical solutions to today's most pressing healthcare challenges.

At Siemens Healthineers, we pioneer breakthroughs in healthcare. For everyone. Everywhere. By constantly bringing breakthrough innovations to market, we enable healthcare professionals in:



Our **Insights** portfolio is an integrated collection of events, speaking engagements, roundtable discussions, and an expanding array of print and digital platforms and products all carefully curated to share ideas, encourage discussion, disseminate original research and reinforce our position as a healthcare thought leader.

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Executive summary

In a country with a large population, where too many citizens are deprived of quality healthcare, his vision is to create a world-class center that makes cancer care available to all seeking it, irrespective of their financial capacity and geographical location.

HCG is well known for never turning a patient away. Twenty percent of their patients are below the poverty line and cannot afford to pay for healthcare services. How the company has achieved this tightrope walk of serving the poor and the needy and closing patient care gaps, while consistently leveraging high utilization and reducing the cost of care per patient, has generated great interest around the world.

The model used by HCG is based on a hub-and-spoke approach. The hub is in Bengaluru, and 20 spokes span Tier 2 and 3 cities across the country. By virtue of this model, patients visit the spokes in close proximity for diagnosis, routine treatment, and follow ups. They are sent to the hub in Bangalore only if and when there is a need for more intensive care.

By decentralizing care through the spokes, the model makes basic cancer services available to patients who would not normally be able to access care. And by centralizing more intensive and expensive care in one hub, HCG leverages high utilization while reducing the cost of care per patient. Thanks to this astute model, cancer care has become accessible and affordable to all.

Introduction

HealthCare Global Enterprises (HCG)

Key figures (as of 2022)

22 comprehensive cancer centers[a]
3 multi-speciality clinics
>5,500 employees
>2,000 beds
>120,000 new patients per year

Equipment

32 Linear accelerators
17 PET-CT scanners
80 operation theaters

Healthcare planners in India have to face a multitude of daunting challenges. India is the seventh-largest country on earth by land mass, but it has the second-largest population, with more than 1.4 billion people—nearly one fifth of the world's population. India is still very much a developing economy,[2] and that is evident from the state of the country's health system. Though India has in principle adopted a universal healthcare system, it is a deeply challenged one, tasked with delivering care to a far-flung and diverse population. The quality of available care in several rural parts of the country is significantly lower than in urban areas. Physician and resource shortages are an ongoing problem in the deprived regions of India.

Against this backdrop, the Bangalore Institute of Oncology was incepted in 1989, with the goal of consistently providing high quality cancer care to all segments of India's population. Over time, the organization enhanced its patient-centric model, improving its ability to provide available and affordable oncological services.

In 2005, the company became HealthCare Global Enterprises (HCG). The new organization's stated vision was "Adding life to years by redefining healthcare through global innovation." Seventeen years later, HCG has made significant headway turning that vision into reality.

[a] *21 comprehensive cancer centers in India, 1 center in Kenya*

"In life and at work, I follow a simple principle aimed at simplifying complex situations. Unless we simplify them, we don't arrive at solutions but only end up multiplying problems. If one succeeds in simplifying an issue, one has understood the issue well."

Dr. Ajaikumar[1]
Executive Chairman, HealthCare Global Enterprises Limited

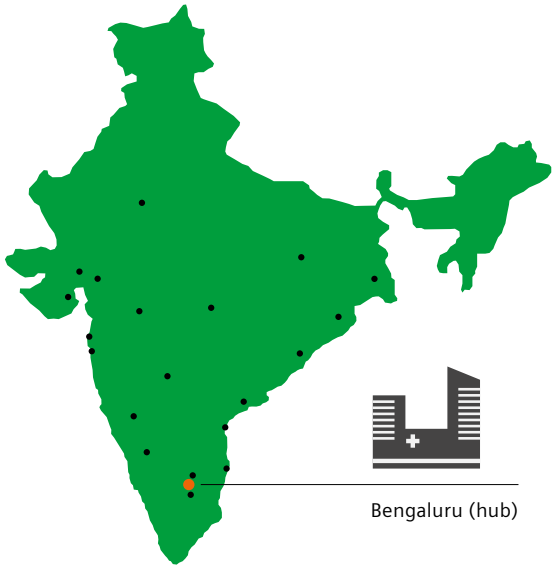
Today, the company has brought advanced cancer care to the doorsteps of millions of people. It is one of the largest cancer care providers in India, with a network of 22 comprehensive cancer centers. The company relies on a highly qualified and specialized workforce of approximately 400 oncologists and more than 1,800 nurses, and all of its centers are equipped with the advanced technology needed to provide high quality cancer care through surgery, radiation, and medical oncology, all under one roof. More than 120,000 new patients place their trust in HCG every year.

HealthCare Global Enterprises is the realization of one man's dream. Dr. Ajaikumar, a visionary "doctorpreneur" and a passionate oncologist, deeply believes that world-class healthcare should be made available to all, and cost should never become a barrier. HCG is the manifestation of his resolve to provide world-class cancer care to everyone who needs it.

Comprehensive cancer centers across India

≈400
oncologists

>1,800
nurses



The challenge

The challenges facing an entrepreneur setting out to improve cancer services across India are easily identified, however daunting they may be. Indeed, these challenges are well known to healthcare planners in a great many other jurisdictions They can be classified into two basic categories: Availability and Cost.

Availability

Availability and demand are flip sides of the same problem. When almost one in every five people on the planet lives in your country, you know you are going to have to provide the whole range of cancer services, and availability will invariably become an issue. In India, there were 1.2 million cancer cases in 2011, and 1.3 million in 2021.[3] That number is expected to rise to 1.4 million by 2024.[3] The triggers of this projected rise range from demographics of a ballooning population to growing exposure to risk factors such as tobacco, alcohol, processed food, and air pollution.

Even more daunting than the numbers India knows about are the numbers it is not aware of. Recent reports suggest that there are a huge number of undetected cancer cases in the country, and that the actual number of cases is somewhere between 50% and 100% higher than reported.[4]

India also has significant challenges with early cancer detection, a prerequisite for collective cancer care. One study has shown that the rates of early detection for cervical cancer, stage I or stage II, sit at just 10% in India, versus 91% in China, 71% in the U.S., and 70% in the UK.[4]

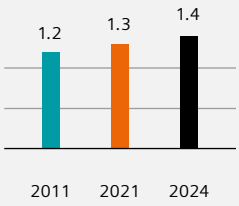
A further challenge to availability comes in the form of healthcare providers—specifically their numbers, and their locations. Simply put, there are far too many people for the number of healthcare providers, and the rural/urban divide makes that situation much worse.

India has about 17 active health workers per 10,000 people, far below the WHO's threshold of 44.5 trained health workers per 10,000.[5]

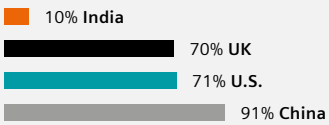
In terms of the number of doctors, the basic numbers are somewhat better. In 2019, India had 0.93 physicians per 1,000 people.[6] That is fewer than countries such as the U.S. (2.64) and Germany (4.39), but it is close to the WHO recommended ratio of 1 doctor per 1000 people.[6,7] The big problem in India, though, is that too many patients live in doctor-deprived regions. Sixty-five percent of Indians live in rural areas.[8] However, only 41% of doctors and 37% of hospital beds are in rural areas.[9,10] The rest are in cities. For the majority of people who live in India's rural and sparsely populated areas, the only way to obtain healthcare is to travel long distances, which can be expensive and burdensome.

Rising demand

Cancer cases per year[3]
in million



Early detection for cervical cancer
(stage I or stage II)[4]



"If we get bogged down by the cost, we will never deliver value. This is especially true of healthcare where the epicentre of all the action is a patient seeking the right treatment and quality of life. The quality of treatment hence needs to be the best on offer irrespective of its cost and financial implications. In the long run, value always triumphs over the cost."

Dr. Ajaikumar[1]
Executive Chairman, HealthCare Global Enterprises Limited

In the context of cancer, this means that many people are not diagnosed because they have not visited a doctor for screening or cannot obtain care because the nearest hospital or cancer specialist is too far away.

Cost

As noted above, India does have a universal healthcare system, but it is at best only a partially successful one. The number of public hospitals that provide services to the poor is on the decline, while the number of private luxury hospitals that cater to the wealthy and to medical tourists is on the rise.

Medindia is a leading online provider of health information, applications and services for consumers, doctors and healthcare professionals. In 2015, the Medindia Medical Review team sounded a warning about the fact that people from poorer sections of Indian society who have a greater need for medical attention receive less care than people who are rich and have fewer needs.

"Due to the high cost of healthcare, poorer people delay treatment, and this aggravates their existing health problems. With limited public healthcare options, people are forced to make large out-of-pocket payments at the point of service. It is estimated that 100 million people fall into poverty each year only because of their healthcare costs."[11]

Seven years after that warning, the situation remains grim. The average income in India is US$ 2,000–2,500 per year. Out of this already low income, approximately 55% of overall healthcare expenses have be paid out-of-pocket.[12] The average Indian would have to work for several years to afford cancer care in India, and several decades to afford it in a country such as the U.S.

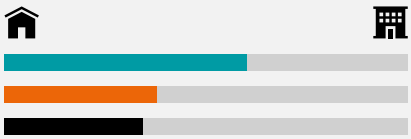
Limited availability

Active health workers
per 10,000 people[5]

17 in India

44.5 WHO threshold

Rural population[8–10]



- 65% **People in rural areas**
- 41% **Doctors in rural areas**
- 37% **Hospital beds in rural areas**

Limited ability to pay

2,000–2,500

Average income
(US$, per year)

55%

Out-of-pocket healthcare expenditure[12]

The solution

HCG had a fair idea going in what the challenges were going to be. They were entering a healthcare environment known for providing limited availability to care generally, and to cancer care specifically, and where a great many patients did not have the purchasing power generally regarded as necessary to access high-end cancer services.

What they have accomplished, and where they accomplished it, is in many ways remarkable. HCG has become a market leader in India. They have addressed the near-constant need for investment in costly technology. They have made cancer services available to millions of people who might previously have gone without. And in the process, they are a model for other healthcare systems around the world who face similar constraints and could benefit from HCG's experience.

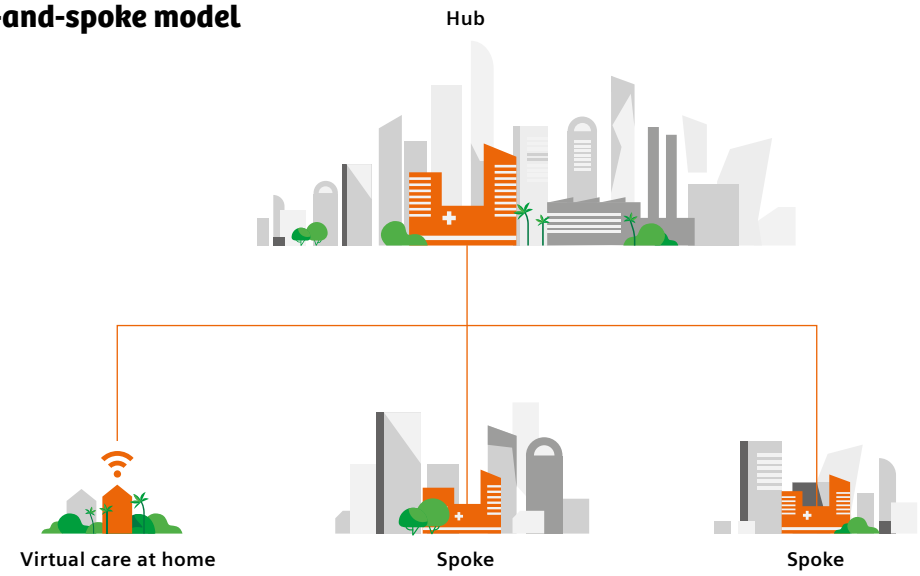
Availability: Closing patient care gaps through decentralization

Hub-and-spoke

To address the availability problem, HCG adopted a "hub-and-spoke" approach to cancer services. The team understood that early detection, followed by treatment, are key to controlling the spread of cancer. And a prerequisite for this is that screening services and early treatment be available for patients, in close proximity to their place of residence.

The hub-and-spoke approach serves the above need. Under this model, the hub is in Bengaluru. There are 20 spokes in Tier 2 and 3 cities across the country, so that patients are able to present themselves without traveling long distances and high travel cost or time lapses.

Hub-and-spoke model



The spokes focus on diagnosis, routine treatment, and follow-up. They are equipped with laboratory, pathology, linear accelerators, nuclear radiology, radiology, and radiation oncology. Essentially, they act as gateways to the hub. The typical patient journey starts with screening and diagnosis at the spoke. Post diagnosis, if required, the patient is sent to the hub for treatment. Post treatment, the spokes take back responsibility for the patient, for follow-up chemotherapy and routine treatments.

HCG has been able to manage the cost of developing new spokes primarily through astute brownfield investments, collaborating with existing facilities in the areas where they want their spokes to be, and upgrading those facilities by investing in capital such as new diagnosis or radiation equipment. A real benefit of this approach is that it in effect brings local doctors under the HCG umbrella—a way of introducing the organization and establishing immediate recognition and credibility within the community.

Virtual care

In addition to spreading its physical presence far and wide, HCG has also understood, and acted on, the need to expand a virtual presence. As Dr. Ajaikumar succinctly puts it, "I've always had this concept of a virtual hospital—one where the parking lots are empty, but the hospital is still doing good. That's the ideal situation we should strive to bring about."

The COVID-19 pandemic provided all the justification Dr. Ajaikumar would ever need to deepen his interest and faith in virtual care. HCG significantly expanded its telehealth capabilities during the pandemic, ensuring that patients only come to the hospital when that in-person visit is absolutely required. Otherwise, they receive access to a virtual visit via email with appointment details, and can then join the visit via web browser or a mobile app.

Cost: Reducing the cost of care through centralization

HCG never turns a patient away. The core belief is that everyone should have access to health care. Consequently, approximately 20% of HCG's patients are below the poverty line and cannot afford to pay for treatment. 60% are from the middle class, and another 20% are affluent, often able to pay for extra luxuries and services such as upgraded rooms.[13] This top-line money is used by HCG to subsidize the discounts and free services it offers to poorer patients.

It is a measure of Dr. Ajaikumar's gift for innovation—his exemplary "doctorpreneurship"—that has improved availability of care through decentralization, while making costs manageable enough to subsidize lower-income patients through centralization; specifically, through the care he offers at his hub in Bengaluru.

Patients' ability to pay

20%
affluent

60%
middle class

60%
below poverty line

"My vision is to have one defining standard of high-end care across centers in India and the emerging market. We have to create a model where patients are able to tolerate the cost of treatment, without having to borrow money or sell land or make impossible sacrifices."

Dr. Ajaikumar[1]
Executive Chairman, HealthCare Global Enterprises Limited

Essentially, HCG is able to manage the high costs of cancer care and make services available and affordable for all patients, without sacrificing outcomes, by centralizing the most cost-intensive tasks. This reduces the cost of care per patient and allows for the generation of additional revenue streams.

The hub in HCG's hub-and-spoke model, the Centre of Excellence in Bengaluru, performs high-end imaging, therapy, and other complicated procedures. In addition, the hub supports the HCG spokes by providing access to centralized quality control and assurance services, established treatment protocols, and centralized treatment planning services, e.g. for robotic radiosurgery. Finally, the hub provides tele-radiology services, digital pathology services, and access to advanced technologies like molecular imaging and nuclear medicine.

"Today I can proudly say that whatever technology MD Anderson has, we have it at our center in Bengaluru," says Dr. Ajaikumar.[14]

HCG's use of the hub-and-spoke model combines the advantages of both decentralization and centralization. Through the above-mentioned decentralization via the spokes, HCG can close patient care gaps and drive utilization. Thanks to centralization at the hub, HCG can leverage high utilization and reduce the cost of care per patient. PET imaging is a clear example—where other providers perform, on average, three to five PET CT scans per day, HCG performs 20.

Leveraging other providers

HCG has been able to keep up, and sometimes lead the way in new technology, by offering its services to other providers, thereby creating additional revenue streams. If investment in a particular piece of equipment cannot be justified based on the HCG patient base alone, equipment can be purchased and made available to other providers for a fee.

This approach enabled HCG to become one of the first hospitals in India to begin working with Cyberknife. Not only were external specialists such as radiation oncologists, neurosurgeons, urologists given access to the equipment for a fee, but they could also request training, again for a fee.

Similarly, HCG's US$1.5 million investment in a cyclotron, a mini nuclear reactor that produces raw materials for PET CT scanners, was partly amortized by selling raw materials to other hospitals.[13]

HCG also provides telemedicine, teleradiology, and telephysics offerings to other national and international hospitals for fixed fees, and they share laboratory space with other organizations for rent.

Healthcare is about people

Beyond the continual focus on the twin issues of availability and cost, HCG spends much of its time focusing on having highly qualified people delivering the services offered and ensuring the best possible experiences for the people receiving those services.

A top-notch workforce for the best possible care

HCG believes that the most valuable resource of any oncology center is its workforce—the physicians and nurses. The center of excellence in Bengaluru brings in specialists from all over India. They come to HCG because they know they will find modern technologies, highly efficient processes, and the latest research. Moreover, they can be sure that they are working with highly competent and well-trained colleagues.

The experts at HCG work closely to make excellent treatment plans available for patients. In cancer care, it is crucial to provide the right treatment at the right time and in the right way. HCG follows a centralized planning system to establish protocols and care plans from surgery and radiation to chemotherapy and immunotherapy. It is a team effort with the needs of the patient as the sole focus.

Building a culture of compassion to improve the patient experience

In healthcare today, there is a great deal of focus on patient experience. HCG believes that patients must feel as comfortable as possible in a situation that is almost by definition uncomfortable. Cancer is a dreaded disease, and cancer patients tend to be extremely vulnerable. A culture of compassion and support is hence critical.

Compassion. Comfort. Respect. The HCG team has seamlessly woven these elements into the fabric of the care that it offers. When patients are in the hospital, they are in the care of not only doctors and nurses but also social workers. At the hub in Bengaluru, one social worker takes care of four beds, working with the patients on pain management, emotional issues, diet, and holistic physical exercises such as yoga.

HCG also adheres to the concept of integrative oncology. Family members are included in the care process as much as possible, so that they gain an understanding of the illness their loved one is dealing with, and thereby provide the best possible support throughout the entire therapy period.

Needless to say, patients tend to feel most comfortable at home. The hub-and-spoke model allows them to receive much of their care either at home or nearby, without having to travel long distances.

Conclusion

If you ask him what makes his team proudest about HCG, Dr. Ajaikumar will point to its success in delivering world class cancer treatment and outcomes in a country where healthcare spending is low, and a great many patients have little or no money.

He will explain, for example, how well HCG's patient outcomes compare to other high-quality cancer care providers in other parts of the world—including, as the Harvard Business Review has noted, in developed countries.[15] HCG recently compared its 5-year survival rate for breast cancer with that of a major cancer provider in the U.S. The 5-year survival rate at HCG is 83%, while the rate at the U.S. hospital is 81%.

HCG's international sites

In addition, HCG's success and growth are also reflected on the financial side. HCG has tripled its revenues in the last ten years.

The other point Dr. Ajaikumar would highlight is that he and his team are not interested in resting on their laurels. As successful as they have become at offering cancer treatments, they are working just as hard to help their patients avoid the need for treatment. To that end, they have made prevention integral to their focus.

HCG has garnered a lot of attention in India with its highly effective social media prevention campaigns. One memorable HCG ad shows adults puffing on a cigarette through their children's mouths, highlighting the fatal effects of tobacco on smokers as well as their families. The HCG vision may be "adding life to years," but they are also keenly interested in adding years to life.

They are also interested in growing their organization and continuing to expand the availability of cancer care to those who need it. "My vision is to have one standard of high-end care across centers in India and the emerging markets," says Dr. Ajaikumar. The company has its sights set squarely on Africa. It already operates a site in Nairobi, Kenya, and is looking for other partnerships in countries such as Democratic Republic of the Congo, Ethiopia, Nigeria, Tanzania, and Uganda. In addition, HCG now operates sites in Baghdad and Ho Chi Minh City, and it is on the lookout for other sunrise opportunities to expand across Asia. All of HCG's international sites are linked to the hub in Bengaluru. The "G" in HCG stands for "Global," which symbolizes its ever-expanding horizon across the globe.

Suggested follow-up on

siemens-healthineers.com/insights/transforming-care-delivery

- Insights Series, Issue 29:
  Dealing with the "Surge after the Surge": Key strategies for a successful post-pandemic cancer program. Available at: **siemens-healthineers.com/insights/news/cancer-care-after-covid**

- Insights Series, Issue 13:
  Sight to the world: How Aravind improves access to care for millions. Available at: **siemens-healthineers.com/insights/news/sight-to-the-world.html**

- Insights Series, Issue 7:
  Do one thing, and do it better than anyone else. Available at: **siemens-healthineers.com/insights/news/martini-klinik-specialization-optimization.html**

Information:

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Dr. BS Ajaikumar is the Executive Chairman of HealthCare Global Enterprises Ltd (HCG). He founded HCG to realize his vision of making advanced cancer care accessible to all. He has been the driving force behind HCG's growth since its inception. He has served as the CEO from 2005 to Jan 2021. Dr. Ajaikumar's contributions to the field of cancer care in India and his success as a first-generation physician entrepreneur have been widely recognized. He has been awarded the Ernst and Young Entrepreneur of the Year Award, the CII Regional Emerging Entrepreneurs Award, and the BC Roy Award by the Indian Science Monitor. Dr. Ajaikumar is also the recipient of the Karnataka Rajyotsava Award. Dr. Ajaikumar has been a practicing oncologist in the US and India for over three decades. He completed his residency training in Radiotherapy from the MD Anderson Hospital and Tumour Institute of the University of Texas, and his residency training in Oncology from the University of Virginia Hospital, Charlottesville. He received his MBBS from St. Johns Medical College, Bangalore.

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References

1. Ajaikumar BS. CyberKnife at HCG: a look back in time [Internet]. For a better tomorrow: From Being to Becoming. 2022 [cited 2022 Mar 10]. Available from: **sunrisepossibilities. wordpress. com/2022/03/03/ cyberknife-at-hcg-alook-back-in-time/**

2. United Nations. World Economic Situation and Prospects [Internet]. New York; 2020. Available from: **un.org/ development/desa/dpad/wp-content/ uploads/sites/45/WESP2020_Annex.pdf**

3. Dsouza NDR, Murthy NS, Aras RY. Projectionof cancer incident cases for india—till 2026. Asian Pacific Journal of Cancer Prevention. 2013;14(7):4379–86.

4. Ernst & Young. Call for Action: Expanding cancer care in India. 2015.

5. Karan A, Negandhi H, Hussain S, Zapata T, Mairembam D, De Graeve H, et al. Size, composition and distribution of health workforce in India: why, and where to invest? Human Resources for Health. 2021;19(1):1–14.

6. OECD. Doctors [Internet]. [cited 2019 Nov 6]. Available from: **data.oecd.org/ healthres/doctors.htm**

7. The Indian Express. India on track to achieve WHO-recommended doctorpopulation ratio: NITI Aayog member Vinod Paul. 2021 Aug 10; Available from: **indianexpress.com/ article/india/india-on-track-to-achieve-who-recommended-doctor-population-ratio-nitiaayog-member-vinod-paul-7446562**/

8. The World Bank. Rural population (% of total population)—India [Internet]. 2020. Available from: **data.worldbank.org/ indicator/SP.RUR.TOTL.ZS?locations=IN**

9. Deutsche Welle. COVID in rural India poses parallel health care crisis. 2021 May 5; Available from: **dw.com/ en/covid-in-rural-india-poses-parallel-health-care-crisis/a-57433472**

10. Anand S, Fan V. The Health Workforce in India: Human Resources for Health Observer Series No. 16 [Internet]. 2016. Available from: **who.int/hrh/resources/ 16058health_workforce_India.pdf**

11. DMello S. How Accessible is Healthcare to the Rich and Poor in India? Medindia4u.com [Internet]. 2015 Aug 3; Available from: **medindia.net/news/ healthinfocus/how-accessible-ishealthcare-to-the-rich-and-poor-inindia-151803-1.htm**

12. The World Bank. Out-of-pocket expenditure (% of current health expenditure)—India [Internet]. 2019 [cited 2022 Mar 10]. Available from: **data.worldbank.org/indicator/SH.XPD. OOPC.CH.ZS?locations=IN**

13. Herzlinger RE, Ghorawat A, Krishnan M, Saggi N. Hub and Spoke, HealthCare Global, and Additional Focused Factory Models for Cancer Care. Harvard Business Review. 2013;(MBAs 2012):1–29.

14. Agrawal R. HCG makes cancer care accessible virtually amid COVID-19 with Microsoft Teams [Internet]. Microsoft Stories India. 2020 [cited 2022 Mar 10]. Available from: **news.microsoft.com/ en-in/features/hcg-virtual-consultations-cancer-microsoft-teams-covid-19-crisis/**

15. Govindarajan V, Ramamurti R. Delivering World-Class Health Care, Affordably Delivering World-Class. Innovative hospitals in India are pointing the way. Harvard Business Review. 2013;(November).

At Siemens Healthineers, we pioneer breakthroughs in healthcare. For everyone. Everywhere. By constantly bringing breakthrough innovations to market, we enable healthcare professionals to deliver high-quality care, leading to the best possible outcomes for patients. Our portfolio, spanning from in-vitro and in-vivo diagnostics to image-guided therapy and innovative cancer care, is crucial for clinical decision-making and treatment pathways.

Built on a history of innovation going back more than 125 years and with unique strengths in patient twinning, precision therapy, as well as digital, data, and artificial intelligence (AI), we are well positioned to take on the biggest challenges in healthcare. We will continue to build on these strengths to help fight the world's most threatening diseases, improving the quality of outcomes, and enabling access to care.

As a leader in the industry, we aspire to create better outcomes and experiences for patients no matter where they live or what health issues they are facing. We innovate sustainably to develop scalable solutions that can be tailored to the needs of healthcare providers, and the local health infrastructures.

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