HIGH SCHOOL OF INSURANCE AND FINANCE - SOFIA

Department of Insurance and Social Security

ABSTRACT

of a dissertation on a topic:

TO DEVELOP AN INNOVATIVE HEALTHCARE BUSINESS MODEL, SOCIO VENTURE PARTNERSHIP (SVP), TO PROVIDE THE AFFORDABLE HEALTHCARE SERVICES

for the award of educational and scientific degree "Doctor" in doctoral program "Finance, Insurance and Social Security" in the professional field of Economics

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The dissertation consists of an introduction, a presentation in three chapters, and a conclusion with a general volume of 226 pages. In the main text, the tables are 23 and the figures 35. The one used literature consists of 433 sources, and in addition, there are ten applications. The author of the dissertation is a doctoral student of independent preparation at the Department of Insurance and Social Security of the Higher School of Insurance and Finance – Sofia.

COMPOSITION OF THE SCIENTIFIC JURY:

1. Prof. Dr. __________________________
2. Prof. Dr. __________________________
3. Prof. Dr. __________________________
4. Prof. Dr. __________________________
5. Prof. Dr. __________________________

The public defense of the dissertation will take place on …………………….. from ………. in the hall of the Academic Council of VUZF University at a meeting of the scientific jury appointed by order of the Rector.

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I. GENERAL CHARACTERISTICS OF THE DISSERTATION

Relevance of the researched topic

The relevance of this study lies in the fact that access to affordable health services is the critical challenge facing the bottom of the pyramid (BOP) segment in India due to the high cost of medical treatment and the focus on increasing profits in core business practices. Through their Corporate Social Responsibility (CSR) contributions, Indian companies fund Non-governmental organizations (NGOs) that work with health care providers to provide affordable health services to socially marginalized sections of society, also known as BOP patients. The problem with companies CSR initiatives is, first of all, that they can change over time and circumstances and range from organizing funding to social or voluntary projects, depending on the interests and financial condition of the company. Second, NGOs are dependent on charitable donations and/or government subsidies; therefore, there is uncertainty about the future continuation of health services for patients with BOP.

Today, NGOs face the challenge of continuing to address health and social care issues due to a lack of consistent financial support and an unsustainable work model. Therefore, enabling NGOs to achieve a stable financial source and develop a scalable and reproducible model for social change has become particularly relevant. Therefore, theoretical and practical research in the field of social entrepreneurship to understand the creation of social value in the provision of affordable health care and the design of a framework for innovative health business models is an urgent need. In India, little research has been conducted on accessible and affordable healthcare for patients with BOP through innovative healthcare business models. Thus, it is necessary to study concepts for innovative health business models in accordance with a positive foreign experience in this regard and, on this basis, to develop a concept of a strategic partnership to provide affordable health care for patients with BOP in India. In other words, it is necessary to offer recommendations aimed at improving both theory and practice in the field of improving the healthcare system in India.

Object and subject of the research

The object of research is the healthcare system in India and the process of developing and implementing an innovative business model for access to health services in it.

The subject of the dissertation is the role of medical professionals, socially responsible investors, and NGOs as participants in the development of an innovative business model of healthcare in India, as well as the behavior of self-insured patients and socially disadvantaged patients as healthcare users.

Aim and tasks of the dissertation

The aim of the study is based on a detailed analysis of the state and development of the health system in India to bring out the problems in its functioning and to develop an innovative health business model based on the relationship and strategic partnership between medical professionals specializing in dental services, socially responsible investors and non-governmental

organizations in order to provide support to the socially disadvantaged by ensuring affordable health services for self-insured patients and patients with BOP.

In connection with the achievement of the goal of the research in the work, the following **main tasks** are formulated:

1. To study the nature and features of the health system in India.
2. To derive the prerequisites and identify the problems in the development of the health system in India.
3. To analyze the relations between the subjects in the healthcare system in the country.
4. To present the healthcare funding system in India and, on this basis, to develop a funding model that provides consistent financial support to non-governmental organizations.
5. To develop an affordable scheme for calculating the cost of subsidized health services for patients with BOP.
6. To present the role of socially responsible investors in improving the health system in India.
7. To substantiate the importance of corporate social responsibility as a factor for development in healthcare.
8. To develop a new innovative business model in healthcare to provide continuous and affordable health services to the population in the country.

Research thesis

The main **research thesis**, which is defended, is that the development and introduction of a new business model in healthcare will lead to the improvement of the relations between the entities that implement it and, through innovations, will provide continuous accessible health services to self-insured patients and socially disadvantaged patients in the country.

Research methodology

The research is based on a **systematic approach** in considering the issues and analyzing the problems. For the purposes of the research, modern **basic methods** have been used, such as:

- analysis and synthesis of theoretical concepts and statistics;
- inductive and deductive method for making the main conclusions and generalizations;
- method of observation, comparative method, and logical description;
- research of fundamental literature sources, normative sources, and Internet sites;
- graphic and statistical tools for presenting the received information;
- A four-step “Action Research” (AR) methodology is applied, according to which the cycle of “diagnosis”, “planning”, “taking action”, and “assessment of action” is repeated until the result is achieved. This methodology allows the researcher to obtain “real”, “solid”, and “deep” information that is considered relevant, relevant, and relevant to this type of research.

The main statistical data for the analysis in the separate parts of the dissertation is taken from medical bills of dental services centers, survey questionnaires, interviews conducted with self-insured patients, patients with BOP, professionals specializing in dental services, socially responsible investors, and volunteers of NGOs.

The data processed are presented in the form of tables, diagrams, and charts using a specialized statistical software product MS Office Excel 2013.

Limitations in the scope of the study

This research is limited to business model innovation development in healthcare settings. A relatively small sample of 15 patients is selected from 525 available patients based on the size of the healthcare setups. The two healthcare service providers that participated in this study are also intentionally chosen from a range of hospitals and healthcare service providers that exist in the Mumbai region of India. As a result, a number of possible limitations emerged that include:

- The social enterprise company is not legally completed by the local council owing to the complexity of the legal paperwork.
- The study is led for only three months after the establishment of the SVP with the income sharing of the three months, which does not give enough time to serve enough patients with BOP, thus diminishing confidence in proving the benefits of the healthcare scheme under the newly established SVP.
- Within the three months of implementation, the project demonstrates the benefit to SVP but did not get enough time to test the funding support to patients with BOP in case of loss incurred by the healthcare service providers.
- The entire study is in a limited geographical area.
- Three action research cycles are completed due to time constraints.

Approbation of the dissertation

The dissertation was discussed at a meeting of the Department of Insurance and Social Security at VUZF University – Sofia.

A research project has been developed by the doctoral student, the results of which are presented in the practical part of the dissertation. On the topic of the dissertation, four articles are published in scientific journals.

II. STRUCTURE AND CONTENT OF THE DISSERTATION

The content of the dissertation is structured as follows:

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   - 1.2. State of the health services market in India
   - 1.3. Identifying and analyzing the risks associated with the effectiveness of the health system in India
   - 1.4. Demographic factors and trends related to the health of the population in the country
   - 1.5. The need to reform the health system in the country
   - 1.6. Development of Health Care Policy, Governance, and Strategy in India
   - 1.7. Health financing in India
2. Challenges for healthcare development in India
   - 2.1. Prerequisite for the development of the healthcare system in India
   - 2.2. Problems facing the health system in the country
   - 2.3. Guidelines for healthcare development in India
   - 2.4. Relationship and interaction between subjects in conducting accessible health care in India
     - 2.4.1. Role of non-governmental organizations in the country's health system
     - 2.4.2. Role of medical professionals (doctors) and Private Healthcare Clinics in the healthcare system of India
     - 2.4.3. Impact of social entrepreneurship on the development of healthcare
     - 2.4.4. Corporate Social Responsibility as a Development factor in healthcare
     - 2.4.5. The development of the healthcare system through Socially Responsible Investment
   - 2.5. Strategic Partnerships and Innovation in the Healthcare System of India
     - 2.5.1. Prerequisites for development of the strategic partnership between the subjects in the health system
     - 2.5.2. Role of Non-profit Organizations in Strategic Partnership
     - 2.5.3. The Role of Innovation in Healthcare to Improve Health strategic partnership

Conclusions and summaries to chapter one

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THEORETICAL-METHODOLOGICAL ASPECTS OF INTRODUCING AN INNOVATIVE BUSINESS MODEL FOR AFFORDABLE HEALTHCARE IN INDIA

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    1.2. Historical overview of the origin and evolution of the concept of healthcare business model
    1.3. Categorization of the business model
    1.4. Components and business model frames
    1.5. Accessible healthcare as a factor in developing the business model
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    2.1. Outline the problems and purpose of the study
    2.2. Identify the tasks and the actions of the study
    2.3. Choice of research method
    2.4. Determining Data Collection Methods - Interviews, Observations, Documentation, and Archival Evidence
    2.5. Defining methods for data analysis
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3. Preparation and development of the project for the introduction of an innovative business model in healthcare
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        3.1.3. Tasks in the structure of the project
    3.2. Stages in the development of innovative business process
        3.2.1. Conceptual framework and assessment of innovation in the business model
        3.2.2. Identify the scale of innovation of the business model
        3.2.3. Concept of Business Model and Strategic Partnership
        3.2.4. Integrating innovation into a business model with a strategic partnership
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Conclusions and summaries to chapter two

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III. SYNTHESIZED PRESENTATION OF THE DISSERTATION

INTRODUCTION

The introduction argues the relevance of the topic of the dissertation for innovative healthcare business models on the basis of a strategic partnership to provide affordable healthcare to patients with BOP in India. The research thesis is defined, the object and the subject of scientific research are indicated. On this basis, the aim of the dissertation is formulated, as well as the tasks for its achievement. The used methods and normative are presented in the field of healthcare in India. The structure of the dissertation is specified with a brief description of the content and essence of the three chapters, as well as the performed scientific-practical research of innovative healthcare business model.

Chapter One. Status and prospects for the development of the health system in India

The first chapter presents the status and prospects for the development of the healthcare system in India. In this chapter, the focus is to gain an understanding of the essence and characteristics of the healthcare system and the need to improve the healthcare system in the country. The chapter tries to define both theoretical and practical issues facing the health system and the prerequisites for the development of India's healthcare system.

In Point 1, the characteristics of the health system and the health services market in the country are presented. It also examines the risks associated with the effectiveness of the health system and determines the factors impacting the functioning of the health system. Moreover, it deals with the healthcare position in India and discusses the measures taken by the government to improve healthcare in India. The section also provides a brief background on the current status of the healthcare services market in India. It assesses the important role of the public, state, and central government in the reform of the health system in India. It argues for a reform of the existing healthcare system by restructuring government legislative reforms and management and institutional transformations. The section also calls for strengthening healthcare services through the development of healthcare policy, governance, and financing in India. This section provides the suggestion that public investment in the healthcare sector should be increased and suggests possible options for financing healthcare in India.

In Subpoint 1.1, attention is focused on the characteristics of the health system in India. It is observed that the healthcare services in India vary from one healthcare service provider to another. There are predominantly three categories of healthcare services: line services, staff services, and auxiliary services. The healthcare services, such as out-patient services, inpatient services, emergency services, intensive care units, and operation theaters, are line services. The employee's services are basic sterile supply, diet, laboratory, radiology, and nursing. The auxiliary includes registration and indoor care records, stores, transport, mortuary, and security. It is noted that the Indian healthcare delivery system is divided into two main components – public and private. The government, i.e., public healthcare, includes limited secondary and tertiary care institutions in major cities and focuses on offering basic healthcare facilities in the form of primary

healthcare centers (PHCs) in rural and slum areas. The private sector offers a significant concentration in the metro, tier I, and tier-II towns for the majority of secondary, tertiary, and quaternary care institutions. It is stated that the Indian healthcare industry has more private structures than public ones: about 68% of the existing hospitals and 37% of the inpatient beds in the country belong to the private health sector, and most of these are located in urban areas.

In Subpoint 1.2, the state of the health services market in India is highlighted. It is pointed out that India is an underdeveloped country with 40% of its population living below the poverty line, with the Human Development Index in the ranking of the world 130 out of 189. The total expenditure on health by the central Government of India is 6% of the Gross Domestic Product (GDP), and current public expenditure is 1.1% of GDP. Even though spending per capita on health issues increased from $21.00 in 2000 to $45.00 in 2009, it does not seem to improve the healthcare situation in India. Every year, 2.2 million infants and children die due to preventable illnesses, and 100 000 mothers die during childbirth, and half a million people die of tuberculosis. About five million people suffer from HIV/AIDS, and numerous die of diarrhea and malaria.

It is also found that approximately 12.4% of Primary Health Care Centers and 27.8% of the Sub-Centers have regular procurement of drinking water; 14.2% and 28.5%, respectively, do not have electricity; the 7.5% and 8.1% are hardly accessible; 54.3% and 47% are without telephone or computer connection. In addition to these issues, the absence of specialized amenities encourage patients who need particular treatments to go to secondary and/or tertiary hospitals, which are not already accessible to many patients.

In Subpoint 1.3, the risks associated with the effectiveness of the health system in India are identified and analyzed. It is observed that the healthcare infrastructure in India is overburdened due to the increasing population causing a challenge for the health system, which includes the epidemiological shift, demographic transition, and environmental changes. The issues with maternal and child mortality, HIV/AIDS, and other communicable diseases creates an immense strain on the health system of India. The potential risks that affect the state of the health system are grouped as political risks, economic and financial risks, resource risks, institutional risks related to the sustainability of organizations and the sustainability of organizations. The main risk factors that have a negative impact on the functioning of the healthcare system in India and necessitate its reform are highlighted, including First the division of rural and urban populations into strands. Approximately 70% of the rural population in India has limited access to PHC, and hospitals relying on alternate healthcare and government schemes. Second, the existence of poor living conditions. Third, the need for an effective payment system. Fourth, the rapidly aging population. Fifth, the manifestation of risks related to environmental degradation.

In Subpoint 1.4, demographic factors and trends related to the health of the population in the country are outlined. It is noted that the demographics of India represent a young population with 57 years of median life expectancy and 26 years of median age. More than 50% of India's population is found to be below the age of 25 and more than 65% below the age of 35. The demographic pattern of India over the last few decades has shown a steady decline in the crude birth rate and the crude death rate from 39.2 and 17.2 in 1965-70 to 20.4 and 7.4 in 2010-15. The

Infant mortality rate and total fertility rate seems to have consistently decreased during this period. The annual exponential population growth rate has begun falling and has reached 1.64% as per the 2011 census. The population growth and rate of decline in birth rate are likely to accelerate in the next decade further.

In Subpoint 1.5, the need to reform the health system in the country is highlighted. This section reviews the reforms in the healthcare industry in India using comprehensive measures in policy, governance, and financing. It assesses the reforms needed in the Indian healthcare industry and argues that the policies used at each juncture are incompatible with the objectives it aimed to achieve. It uses a framework to assess healthcare reforms in India to find that further action is required in the healthcare sector than provided by central and state governments. The insufficient budget allocated for public health programs and the reluctance and incapacity of the government to bear primary and secondary care obligations culminated out of pocket funding and service fee charges to healthcare providers. This section also discusses recent reforms in addressing the lacunae but are limited by the pervasive dominance of the private sector, limiting the choice of policy tools available to the government.

In Subpoint 1.6, development of healthcare policy, governance, and strategy in India is described. It provides an introduction to the National Health Policy (NHP) 2017 and explains the goals, objectives, and how it differs from earlier health schemes. This section of the chapter also explains the feasibility of NHP policy and the need for reforms in the healthcare services funding. The NHP policy focuses on extensive care, the system of referrals to regulate patient flows, the output-based purchase of private services to fill gaps, the provision of free medicines, diagnostics, and emergency services in all government centers, the strengthening of urban health, infrastructure and resources in underserved areas and the integration of all domestic health programs and the provision of Ayush services. The section also compares India's NHP policy with the UK's NHS policy and describes the shortcoming in the NHP policy

In Subpoint 1.7, the focus is on the financing health system in India. This section discusses the financing of healthcare and analyzes the mechanism of the healthcare financing used among the Indian population. In India, the financing of the health system is realized in three main ways. First, through social health insurance. Second, Private Health Insurance, and Third, Mutual Healthcare Insurance. However, the main mechanism of financing healthcare in India is out of pocket expenditure. Thus, increasing the role of government health expenditure is critical if India is to enhance health results and access equity. The section of the chapter suggests a new health financing strategy using the following mechanism: First, modifications in macro policy in how funds are allocated can bring about a significant enhancement inequity through decreasing the inequalities between rural and urban regions within the current public healthcare financing. Second, nearly 80 percent of medical graduates are receiving virtually free education from medical schools, and the government should demand compulsory public service for at least three years from graduates as a return for the social investment. Third, the government shall raise further resources by imposing health taxes on health-degrading products such as cigarettes, alcohol, and tobacco.

It is concluded that the growing out-of-pocket expense financing of the healthcare system shall be replaced with a combination of public finance and collective financing options such as social insurance and other methods of collective fund-raising.

In Point 2, the focus is on the current challenges and problems faced by the Indian healthcare industry. In this section, dynamic changes in political, demographic, and socioeconomic characteristics that present the challenges, opportunities, and impacts on the economy and development of the health profile of society are reflected. In order to uplift the development of the healthcare segment, the prerequisites and factors for developing the health system are discussed. In this section, an attempt has been made to analyze the challenges of public health in India and guideline is recommended what can be done to develop the health system in India. This section also focuses on examining the relationships between actors that contribute to the development of the healthcare system in India. The role of the state, non-governmental organizations, private health clinics, doctors, and social entrepreneurship in solving the problems in healthcare is outlined. The section of the chapter raises questions related to the need to increase corporate social responsibility, the health culture of the population, social investments, and innovations in the health sector. The section also explores strategic partnerships encouraged by the Government of India and innovative strategies and recognizes their role and contribution in achieving the country's health objectives of supporting accessible access to essential, quality, and affordable healthcare services.

In Subpoint 2.1, the prerequisite for the development of the healthcare system in India is outlined. This section provides an overview of the prerequisite required for developing the healthcare system in India. It highlights dynamic changes underway in the country's political, demographic, socioeconomic, and epidemiologic characteristics that present the challenges and opportunities for the country:

- First, the political and diversity in religious and belief systems.
- Second, demographic transitions in the urban area.
- Third, the socioeconomic factors influencing the economic performance of the country.
- Fourth, increasing prevalence of the chronic disease in the population on the epidemiological front, typical of nations that boost national wealth.
- Fifth, the state and quality of the environment, as well as opportunities for its protection and improvement through a complex of mechanisms – economic, environmental, and legal – to protect the life, health, and working capacity of the population. It is stated that all of these challenges will increase the demand for healthcare services and develop the need for establishing guidelines to address the healthcare challenges by means of employment in the private sector, increasing revenue levels, enhanced provision of medical experts, enhanced government investment in health infrastructure.

In Subpoint 2.2, problems facing the health system in the country are outlined. This section discusses the challenges in the key segment of the health care sector in the country. It is pointed out that India has only 1.27 beds accessible per 1000 individuals, which is less than half the worldwide average of 2.6. There are 369 351 government beds in urban areas and mere 143

069 beds in rural areas. It is observed that the amount of skilled physicians in the nation is not enough to meet Indian healthcare's increasing needs. In addition, the proportion of rural physicians to inhabitants is six times smaller than that of metropolitan regions. About 74% of the graduate physician's job in India is in urban colonies that make up only about one-fourth of the population. Therefore, the problems in the healthcare system in India are categorized into issues of inequality, socio-economic-political issues, and the unregulated development of private healthcare.

In Subpoint 2.3, guidelines for healthcare development in India are described. This section of the chapter suggests guidelines to address the healthcare challenges to develop the health system in India. It discusses the framework suggested by the World Health Organization (WHO). These frameworks are applied in the Indian health system to analyze the challenges and propose the guiding principles for the development of the healthcare system with variations in the models. The first framework discusses trends over time in the price, access, and quality/outcome dimensions of the iron triangle across countries. The second framework demonstrates the interrelationship of cost, access, and quality.

In Subpoint 2.4, the relationship and interaction between subjects in conducting accessible health care in India are described. It seems healthcare provision is an important issue for India and other developing countries. In recent years, the Indian healthcare system is forced to adapt to changing conditions related to society, the healthcare market, the introduction of new medical equipment and technologies, public health, and the development of the government and private healthcare industry. In the context of these changes, the new role of the state in overcoming problems related to morbidity, poverty, birth rates, and the provision of affordable health care to the population is emerging. In this sense, this section of the chapter aims at justifying the relationship between the subjects that contribute to the development of the health system in India. The section raises current issues in the context of health reform in the country, namely:

First, deriving the types of subjects that have an impact on the development of the health system;

Second, outlining the role of NGOs in India's health system;

Third, justifying the importance of doctors and private health clinics in providing affordable healthcare in India;

Fourth, revealing the influence of social entrepreneurship and social investments on the development of healthcare;

Fifth, presentation of the advantages of corporate social responsibility and the strategic partnership for the development of the health system;

Sixth, Analyzing the impact of healthcare innovations on the provision of quality health services in the country.

In Subpoint 2.5, the focus is on the strategic partnerships and innovation in the healthcare system of India. It is stated that the Indian government encourages strategic partnerships and also recognizes their role and contribution in achieving the country's health objectives to provide quality and affordable healthcare services. They emphasize the significance of formulating policies that encourage public-private partnership (PPP) development in India. It is found that

partnerships between Government and private institutions, Government and non-profit organizations, as well as a non-profit organization and health institutions for-profit (private), are increasing in India. The strategic partnerships for healthcare require three steps: First, basic research that usually takes place in cooperation with universities and studies institutes. Second, partnerships occur at the drug development level in cooperation with businesses involved in drug development and manufacturing in pharmaceutical and biotechnology. Third, the actual delivery of healthcare.

This section describes the key components of partnerships, a framework for partnerships, and stages of establishing partnerships. A framework is proposed in this section to assess the stages of the partnerships and their evolution along seven dimensions encompassing the level of engagements, importance to mission investment of resources, the scope of activities, interaction levels, managerial complexity, and strategic value. The factors used for strategic partnerships such as level of cooperation, quality of relationships, and level of joint intervention and decision-making to define distinct kinds of public-private partnerships are discussed in this section of the chapter. The four common categories of partnerships with NGOs are philanthropic, reciprocal exchange/cross-related marketing, independent value creation, and independent value creation are discussed.

The section of the chapter also discusses improving access to essential healthcare services through innovation, namely - technological innovation, making healthcare service more cost-effective than current measures available; social innovation, to guarantee that vital healthcare services are delivered; and adaptive to contextualize the implementation of health services in local environments, involving both suppliers and communities. The section discusses the role of innovation playing an active role in assisting the least developed countries in tackling health challenges through the commercialization of intellectual property, implementation of research, and the role of healthcare entrepreneurs.

Chapter Two. Theoretical-methodological aspects of introducing an innovative business model for affordable healthcare in India

The second chapter presents the theoretical-methodological aspects of introducing an innovative business model for providing affordable healthcare services in India. This chapter brings clarity into what stands behind the business model and business model innovation concept in healthcare by providing a review of the most common themes used in defining business model elements. It also discusses the relationship between the concept of a business model, on the one hand, and innovation and strategic partnership, on the other. The chapter also describes the methodological approach to implement the innovative business model to provide affordable healthcare.

Point 1 describes the features of the business model and its strategic relevance to the healthcare setting. The section elaborates on a substantive definition of the business model, and a historical study describes the conditions under which the healthcare business model emerged. It also introduces the categories and components of the business model frameworks. The section also

includes a review on factors of business model development and accessible healthcare as a factor of developing the healthcare business model.

In Subpoint 1.1, the business model is defined. An attempt is made to define a business model as a conceptual method that includes a collection of elements and their relationships and enables a particular healthcare establishment to articulate its business logic. The business model's place in the healthcare establishment is noted as the blueprint of how the healthcare provider. It is stated that the business model serves as a constructing plan that enables the healthcare provider to design and realize the "business structure and systems that constitute the healthcare provider's operational and physical form". The business models are found to tackle the creative, proactive, and continuous implementation of efficiency-enhancing approaches while reducing risks to the environment and community to foster economic benefits.

In Subpoint 1.2, the history of the concept of a business model in healthcare is explained. It is noted that the history of business model creation has just over 100 years. The historical development of the business model concept begins with the conceptualization, the first use of the term being found in the year fifties. It seems that the business model as a concept appeared in the first scholarly articles in the 1950s and 1960s; it only became prominent in the late 1990s. The term "business model" first appeared in an academic paper in 1957 and first appeared in the title and abstract in 1960. The evolution of the business model concept took place in five periods. The periods constructed from the literature detailing the business model concept's history are outlined in detail in this section. In this section, an overview of various types of business models that have been under discussion in the healthcare industry since the invention of the term business model such as Bricks and clicks business model, Hub and spoke model, Franchise model, Loyalty business model, Subscription/Membership business model are provided. This section of the chapter also describes the history of the healthcare business models in the developed economies.

In Subpoint 1.3, the categorization of the business model is presented. It is stated that the business model categorizations are lists that present an unordered set of business model types; some provide business model categorizations based on fundamental criteria that place business model types relative to each other. The categorization is based on the criteria of elements of the business models. The categories of the business model are identified on the basis of the criteria, such as intuitively sensible, comprehensive, clearly defined, and conceptually elegant. Based on these criteria, business models are classified into three categories: overarching business model concepts, taxonomies, and instance level. The categorization is applied for the design and management of the business models. In the healthcare system, the value proposition element of the business model is classified into three categories, which are described in this section of the chapter.

In Subpoint 1.4, components and business model frames are discussed. It is observed that the compositional components that describe what a business model is made up of are closely linked to the business model framework. In this framework, the elements are grouped into four pillars: customer interface (segments, relationships, and channels), product (value proposition), infrastructure management (activities, resources, and partners), and financial aspects (revenues and

costs). Business model frameworks address what a business model is made-off. The elements of the business model framework are referred to as a component. The most well-known and widely used framework is the Business Model Canvas. The Business Model Canvas is provided as a common language to describe, visualize, evaluate, and change business models. In this section, an overview of business model frameworks by presenting a few prominent examples and highlighting some commonalities and differences are provided. The section also describes the study conducted on the healthcare business model in India and developed countries.

In Subpoint 1.5, the attention is on accessible healthcare as a factor in developing the business model. It is observed that the business model provides a coherent and integrated perspective of how a healthcare provider generates revenue and profits by combining value proposition and value constellation. The value proposition and value constellation guarantee that revenue outweighs expenses and therefore makes the healthcare provider viable and socially profitable. The dimension of the social profit equation, which is exclusive and a significant cornerstone for healthcare establishment that has a significant socially-focused mandate and aims to be financially self-sustainable. The so-called "social enterprises" are found near to what contemporary health care establishments are striving for. It is, therefore, important to consider social enterprises not only in terms of the delivery of health services or even generally in terms of promoting the advantages of a healthy lifestyle, but even in terms of offering an alternative mechanism to tackle the healthcare issues among the low-income communities. This section elaborates and analyzes the social enterprises in India and developed countries.

In Subpoint 1.6, the focus is on analyzing the impact of the COVID-19 crisis on the business model. This section begins with the challenges faced by healthcare service providers in delivering medical treatment to the patients. It is experienced that during the time of the pandemic, the medical workforce declined, intensive care units became short of rooms, and healthcare costs increased dramatically. The combination of a growing list of complications in COVID-19, lockdown to prevent the spread of viruses, lack of vaccination, and a rising shortage of COVID-19 diagnosis centers put a tremendous burden on the healthcare system in India. The section further describes the impact of the crisis on the business models in the context of the previous dot-com crisis, financial, and tsunami crisis. It explains six different types of impacts of a crisis, identifying different ways in which a crisis can affect a business model, such as antifragile, robust, adaptive, suspended, aided, and retired business models. The section also presents the opportunities for organizations to be innovative in redesigning their existing business models, developing new business models; designing alternative services; and/or rethink their service delivery channels and mechanisms, and to look for strategic partners.

Point 2 outlines the methodology of the study for building the business model in healthcare. This section describes the methodology using the principles of action research in order to develop a procedure for building a business model. It is noted that action research is a technique that has two objectives: action and study. Action is to bring about change in some group or entity or system, and study to improve awareness by the investigator or user, or both. The section also identifies the prerequisites of a methodology for developing business models, outlines the purpose

of the study, data collection methods, data analysis, and describes ethical considerations while conducting the action research in the healthcare setting.

In Subpoint 2.1, the problems and purpose of the study are outlined. It is observed that due to the focus on profit maximization in mainstream healthcare establishments practice, healthcare to common people is unaffordable in India. The challenge with CSR initiatives of corporates is that it changes with time and circumstances, and range from organizing donations to international social/voluntary projects, depending on the interests and financial status of the company. Second, NGOs are dependent on charitable donations and government subsidies. This section finds that affordable and high-quality healthcare products and services are still unavailable for patients with BOP. It is noted that medical professionals with business sense always exist who have entrepreneurial skills and want to work to better society but has a constraint of financial funding, lack of support, and guidance. The section points out that since social enterprises make a strong, quick, and transparent impact on society, it's important to build and encourage more and more social entrepreneurs as compared to the CSR solutions from corporates.

This section also states the purpose of the study is to develop an innovative healthcare business model through a strategic partnership between the medical professional, social investor, and NGO to provide accessible and affordable healthcare to all the segments of the society in India, particularly patients with BOP. Based on the problem statement, the following main research question is proposed: "How do healthcare professionals with entrepreneurial skills, investors with a social mission, an NGO set up a business model to provide affordable healthcare to all in India"?

In Subpoint 2.2, the main tasks and the actions of the study are identified. This section details the business model concepts and definitions as the suggested framework built on current business model conceptualizations. It deliberates the understanding of strategic partnership processes and key characteristics of a successful strategic partnership by dividing it into three phases. It also elaborates on the revision of healthcare business model concepts to position business model conceptualization by integrating with the strategic partnership process.

In Subpoint 2.3, the research method is discussed in detail. It is pointed out that the goal of embracing qualitative research methods for a particular study is to understand a particular phenomenon from the perspective and behavior of those who are experiencing the phenomenon. The section describes many qualitative research methods such as Grounded Theory, Case Study, Ethnography, Action Research, Narrative, Historical Studies, Conversational Analysis, Discourse Analysis, Ethnomethodology, and Phenomenological. This section examines the most common research methods used in business and management and specific research methods applicable to the healthcare and business model innovation research area. It also carries out a comparative study to determine the appropriate use of research methods. In the comparison of applied research methods, it is found that the action research method is the most suited research methods to conduct the study of innovative healthcare business model and is further recommended for improvements.

In Subpoint 2.4, the focus is on determining data collection methods and archival evidence. It is stated that qualitative research tools are used to collect data, which includes surveys,

interviews, observations, and record analysis. These data collection methods are discussed in this section. It also describes the advantages and drawbacks of each data collection method. The section also elaborates on the storage strategies of data collected.

In Subpoint 2.5, methods for data analysis are defined. It is noted that in action research, data are generated from active participation in the organization's day-to-day happenings and through engagement in the action research cycles with others. Therefore, data seems to be generated by the researcher rather than collected from others. The data analysis involves with-in and comparative case analysis of field inputs to detect patterns and regularities. Each case of the action research cycle is analyzed using the coding process, which is described in detail in this section.

In Subpoint 2.6, ethical considerations in the study, informed compliance, data protection, and confidentiality are discussed. This section describes specific guidelines, rules, and policies relating to research ethics. It also provides a clear direction for the application of ethical principles and for ethical behavior while conducting the research. It demonstrates the process used to address the ethical considerations and dilemmas followed the cycles of the action research process. The section outlines ethical requirements for research, confidentiality and anonymity, and informed consent in research.

Point 3 outlines the preparation and development of the research project for the introduction of an innovative business model in healthcare**.** This section provides the conceptual framework employed during the action research cycles in order to develop and analyze the new innovative business model through strategic partnerships between the NGO and private healthcare clinics. It also elaborates on criteria to evaluate business model innovation and its success. The section also provides a description of how a business model is integrated with the strategic partnerships, together with the emerging innovation that results in a new concept of socio venture partnership (SVP) to offer affordable healthcare. The section also presents a framework to test action research, which is aimed at drawing more concrete conclusions regarding the process of integrating the strategic partnership during the business model innovation process, eventually developing a new theory of SVP in the field of management, social entrepreneurship, and business model innovation. The chapter ends with identifying research gaps.

In Subpoint 3.1, the attention is focused on preparing the project for implementing the business model. It begins with outlining the project management process and tools that are used to manage the implementation of the business model in the healthcare context. It is stated that the project management process includes the scope of the project, indicators and project outcomes, and tasks in the structure of the project. The section outlines the scope of the present project that is restricted to the healthcare service providers in the city of Mumbai, India. The goal of this study is described in this section is to examine the constraints faced by the poor while accessing health care facilities, the degree to which these services are used by the poor and needy population, and the trend of poor population spending on health care services in Mumbai City of India. It identifies and outlines the problems faced by the poor population in searching for affordable healthcare services, especially in general and private hospitals.

This section defines critical indicators of the goal of healthcare services that includes patient safety, effectiveness, timeliness, patient-centered, efficiency, and equity. The outcomes are generally conceptualized to include disease progression medical indicators, patient-reported health status or functional status, health status and quality of life satisfaction, service satisfaction, and health services costs. The outcome of the project expected is a social enterprise established on the conceptual framework of Socio Venture Partnership with three stakeholders - medical professional, the social investor, and NGO offering affordable healthcare to the patients with BOP. This section also explains the execution of various tasks in the structure of the project using the project management process. This section describes a variety of tools, processes, and techniques for tracking and managing project time, expense, performance, and scope to maximize the chances of success.

In Subpoint 3.2, stages in the development of innovative business process are highlighted. It offers a detailed explanation of business model development in a healthcare setting that moves towards innovative business. The section takes together the business model framework and service innovation space, discussing innovation activities – offering, process, and position innovation in each element of the business model. It is found that the business model as a whole is considered a pattern for innovation in the service business. In healthcare, process innovations seem to be the selection and addition of services delivery partner, the inclusion of the customer segment, and stakeholders. The key issues related to innovation activities in a healthcare service-based business model in each business model component are summarized in this section.

This section also describes the innovation process that provides "new combinations" of resources and equipment, and the business models have a role in identifying the way healthcare service providers present their customers with the value proposition and create and capture the economic value. Thus, a business model innovation is defined as a replacement in the business model made by the healthcare establishment to provide the product or services offering that is not previously available. It also examines how does a business model innovate with a change of a business model component. This part of the section also discusses the scale of identifying the innovation of the business model.

The section also discusses the concept of strategic partnership and business model together. It is stated that strategic partnerships are cooperative arrangements of collaboration between two or more individual organizations. These can arise from a wide range of motivations and purposes, take a variety of forms, and occur across vertical and horizontal boundaries. This section identifies the prerequisites and key characteristics of successful strategic partnerships by dividing into three phases; the initiation phase, the execution phase, and the outcome.

It is observed that the development of three main types of innovation strategies is changing the business model into an innovative business model. The three types of innovation in the business model discussed in this section are the following: industry model innovation, revenue model innovation, and enterprise model innovation. One of these innovations strategies or all of them is found to be developed and integrated into the business model during the various phases of strategic partnerships. The partnerships are established when the healthcare establishment

integrates its innovation activities into the business model. The section concludes with the analysis of the relationship between business performance, partnership, and innovation.

In Subpoint 3.3, the role of business model innovation in the healthcare system during the COVID-19 crisis is highlighted. The section begins with the role of innovation in fostering innovative business models in terms of value proposition and the intermediating supply and demand in emergency healthcare delivery during the COVID-19 crisis. Innovation in healthcare becomes increasingly relevant during the crisis, and businesses need to reconsider their business models according to the epidemic situation to take advantage of opportunities that innovation offers. The innovation process outlines in this section illustrated the practical steps that many healthcare organizations had taken in exploring the benefits of innovation during the pandemic. It explains the seven trends identified by The Board of Innovation that emerged in 2020 that are challenging in the creation of new business model innovation. The section describes the typologies of sustainable business model innovation and confirms the increase in business model innovation during the crisis sparked by the COVID-19 pandemic.

Chapter Three. Practical-applied aspects related to the implementation of an innovative business model for affordable health care in India

The third chapter presents the practical applied aspects of implementing an innovative business model for providing affordable healthcare services in India. The chapter describes the action research approach to implement an innovative business model. The results of the study are presented in this chapter.

In Point 1, the nature and features of the process of implementing an innovative business model in healthcare are described. It is found that the concept of action research aligns well with the principle of innovation in the business model. Innovation in the business model seems to be implemented through changes in organizations by taking actions. Specifically, innovation in healthcare establishments is incremental and relies on experimentation with trial and error to enable healthcare establishments to innovate from these actions. This is found fitting well with action research, which in turn requires intervention to alter circumstances and therefore implement an innovative business model from those actions. It is found that action research in healthcare is a transformative approach that continuously innovates in healthcare to improve patient experiences and health of the population, reduce the healthcare cost, and improve the experience of healthcare providers. This section elaborates action research cycles by explaining how the business model is innovated, what actions are taken to develop the strategic partnerships between NGO and healthcare clinics, what outcome is achieved in the form of new innovative business model termed as socio venture partnerships, what challenges are encountered during the execution of the projects, as well as what adaptations take place.

In this section, action research is described as a collaborative tool represented as a four-phase cyclical process of critical inquiry – plan formulation, action, outcome observation, and reflection. Specifically, the Spiral Action Research Cycle by David Coghlan and Teresa Brannick is used for this project. The cycle of “diagnosing”, “planning”, “taking action”, and “evaluating

action" is repeated until the output is achieved. The overview in this section also introduces and provides background information on the subjects, case organizations and explains and addresses the "actions" that have been taken to make it easier for the organization to innovate its business model. Non-governmental organizations, patients with BOP, and private healthcare clinics established in partnership with medical professionals and social investors are the subjects in this action research project, as illustrated in Figure 1.

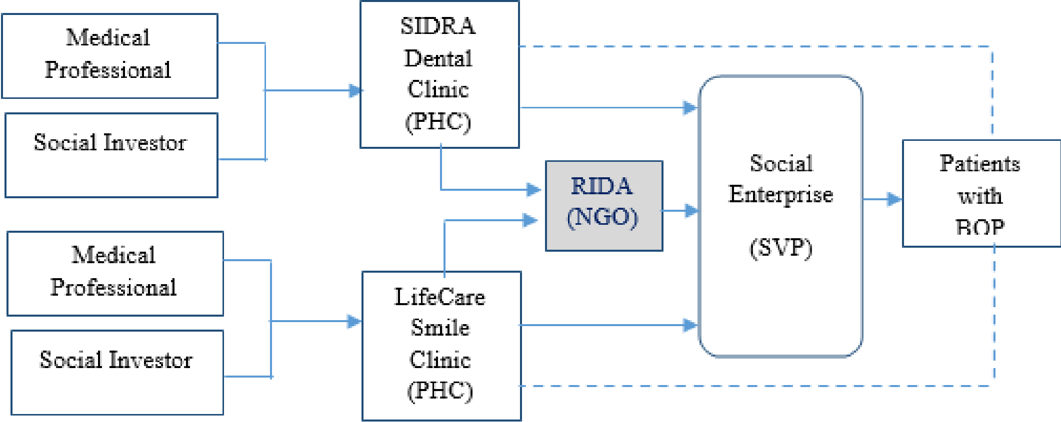

Figure 1. Schematic representation of the relationship between the subjects.

In Subpoint 1.1, the use of action research to implement change in healthcare establishments are highlighted. It is noted that action research is a research methodology that aims at both action and knowledge-creation. Therefore, the findings are found both an intervention and a research outcome. The action research project consisting of three cycles of diagnosing, planning actions, taking actions, and evaluating actions that took place from June 2019 to May 2020 are described in this section, as shown in Figure 2.

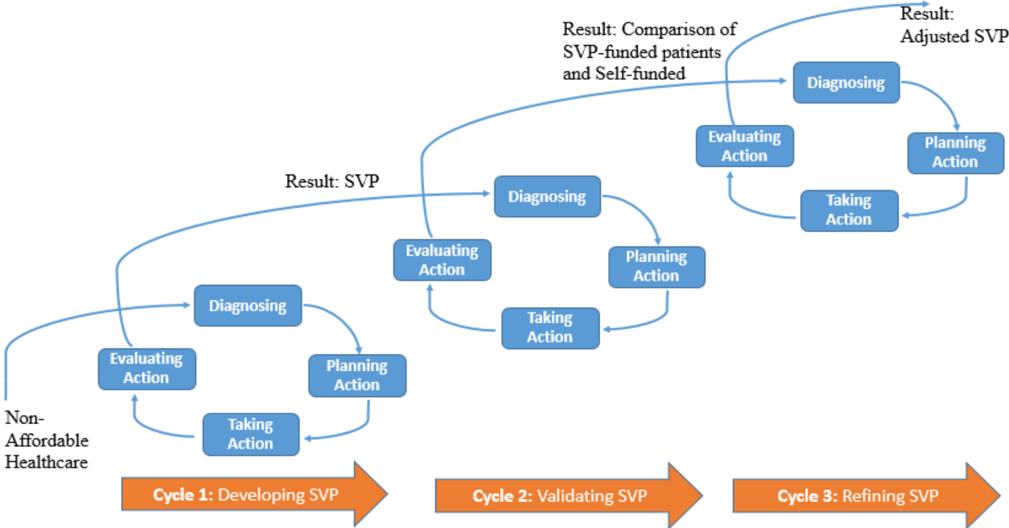

Figure 2. Presenting three cycles of action research cycles in the timeline.

The three cycles of action research are executed to integrate the innovation in the business model and strategic partnerships to develop a new innovative business model; Socio-Venture partnership (SVP) is described in detail in this section.

In Subpoint 1.2, the focus is on the development of a new conceptual framework of socio venture partnership for an innovative business model. This section answers the "how" part of the research question "How do healthcare professional, investor, and NGO form a strategic partnership, socio venture partnership (SVP), to establish a new innovative business model"? in which a framework is presented that suggests how to incorporate strategic partnership processes into the cycle of innovation in the business model. It describes the development of a new innovative healthcare business model based on a strategic partnership between the medical professional, the investor with the social mission, and an NGO in the first cycle of this action research project. In this cycle of action research, the steps of "diagnosing", "planning", "taking action", and "evaluating action" are conducted, and the output of SVP is achieved. The four steps of the first cycle described in this section are the following:

- Diagnosing – the consistent funding issue to NGO is identified by reviewing the current healthcare projects of NGO, interviewing the volunteers and stakeholders of the NGO, and reviewing the billings and records of the healthcare service provider.

- Action planning – an action plan to develop an innovative business model by establishing a partnership between the healthcare service provider and NGO is prepared by designing a new pricing structure for SVP (revenue model change in the theory of business model innovation), establishing a new social enterprise (enterprise model change), and including patients with BOP in the consumer segment of SVP (industry model change).

- Action taking – the equity partnership is structured, also known as SVP, between the healthcare service provider and NGO, who submitted the documents to the legal council. A project management approach is applied to help the researcher effectively take action.

- Evaluating Action – a study is conducted to validate the constant funding to NGOs, testing the SVP model.

The four steps of the first cycle of the action research project to develop SVP are discussed in detail in this section.

In Subpoint 1.3, the focus is on the validation of newly developed socio venture partnership for affordable healthcare services. The validation of socio venture partnership developed through the integration of the strategic partnership with business model innovation to use them in practice is described in this section. It is pointed out that an empirical study is conducted in the second cycle of the action research project to validate the SVP sustainability in the healthcare setting. In this second cycle of action research, the steps of "diagnosing", "planning", "taking action", and "evaluating action" are conducted. The following part of the research question is addressed in this section to validate the SVP: "How do healthcare professional, investor, and NGO set up a new innovative business model based on a strategic

partnership, socio venture partnership (SVP), to make the cost of the healthcare service affordable to patients with BOP"?

The four steps of the second cycle of action research to validate the SVP described in this section are the following:

- Diagnosing: The price affordability issue of the healthcare services to the patients with BOP is described by interviewing the patients with BOP and reviewing the medical billings, patient profile, and medical records of the patients with BOP with the review of their household income.

- **Action planning:** An action plan is prepared to conduct a comparative study on medical treatment costs between self-insured patients and patients with BOP of SVP.

- Action taking: The medical treatment of 5 patients with BOP with funding support from SVP and record of treatment of 5 self-insured patients on similar healthcare services. Collection of medical records, invoices, and billing data, interview with self-paying patients, and patients with BOP carried out in this phase and described in detail.

- Evaluating Action: A comparative study of the medical billing of self-paying and patients with BOP is conducted to validate the affordable healthcare service to patients with BOP.

This section focused mainly on outlining the affordability of the healthcare services attribute of the validation through the four phases of the second action research cycle.

In Subpoint 1.4, adjustment and refinement of socio venture partnership to ensure the continuity in affordable healthcare are outlined. This section raises the concern related to continuous funding to the case NGO and affordable healthcare to patients with BOP validated in the previous section. It is observed that the SVP framework is not viable during the time of the winter season due to slow patient volume and lowest operating margins. The reduction in profitability or in the event of incurring loss by the healthcare service provider, the equity share of SVP also seems to impact negatively, causing a halt on the fund flow to the SVP. The solution found is to add new healthcare service providers in new geographical areas as a strategic partner. The partner expansion seems to increase the patient volume and adds a new source of revenue generation to NGOs.

In this section, the third cycle of the action research project is described that adjusted and refined the newly developed SVP model for healthcare based on a strategic partnership between NGO and healthcare service providers. This section describes the steps of "diagnosing", "planning", "taking action", and "evaluating action", and the output of refined SVP is outlined in detail. The four stages of the third cycle are the following:

- Diagnosing – the inconsistent funding due to the low-volume of patients is identified by analyzing the current fund flow from private healthcare clinics to SVP during the winter season and reviewing the balance sheet and profit and loss statement of SVP. In the event of loss to the private healthcare clinic causing zero profitability to SVP, the price affordability issue of healthcare services for patients with BOP is determined by interviewing patients with BOP during this period.

- Action planning – an action plan to alter the SVP by adding a new healthcare service provider is made by adopting the same pricing structure as SVP. The action plan included a comparative study on medical treatment costs between self-insured patients and patients with BOP of refined SVP.

- Action taking – the equity partnership between the case NGO, earlier healthcare service provider, and new healthcare service provider is restructured, and the documents to the legal council are resubmitted. The medical treatment of five patients with BOP with support of refined SVP and the documentation of the care of five self-paid patients on similar health facilities. Collection of medical records, invoices, and billing information, interview in this process with self-paying patients, and patients with BOP of both the healthcare service providers.

- Evaluating Action – a study is conducted to validate the constant funding to NGOs, and a comparative study of the medical billing of self-insured and patients with BOP is conducted to validate the affordable healthcare service to patients with BOP.

The four steps of the third cycle of the action research project to refine the SVP are discussed in detail in this section.

Point 2 examines the effects of the socio venture partnership on continuous and affordable healthcare. This section presents an analysis of learning experiences as a result of overall reflection and reports findings from data collected through interviews, focus group meetings, surveys, and reflective journals in relation to the research questions for this action research study. The section of the chapter discusses the findings that emerged from the three action research cycles and the relation with relevant theoretical aspects, especially from the business model innovation and strategic partnership literature. It analyzes the aspects that became apparent in a detailed way to describe the healthcare transformation from affordable aspects to more sustainable and affordable that form the basis for a business model innovation to function in the context.

This section also presents an overview of surveys on affordable healthcare that are conducted in Mumbai, India, between January 2020 and April 2020. It is noted that the summary is not exhaustive and does not include all the surveys that have been carried out in these months. The only surveys on affordable healthcare are mentioned that are either based on private healthcare clinics, NGOs, or interviews conducted in Mumbai. The questionnaire is sent out to 50 registered patients, including patients with BOP. A total of 10 patients returned the questionnaire duly filled out. The survey is based on a questionnaire form consisted of 50 questions and grouped into three main sections. The section outlines the patient's interview that is conducted to obtain the data related to the expenditure of medical treatment and experience of healthcare services through SVP. The focused group discussion and interviews with the medical professionals, social investors, and volunteers of NGOs are carried out and elaborated in this section.

The results of the individual interviews focused discussion, surveys, empirical data, and reflective learning is shortly summarized in the following subsections.

In Subpoint 2.1, the results of interviews to evaluate the impact of socio venture partnership are examined. This section describes and analyzes the interviews and focused group discussions conducted with the medical professionals, social investors, and NGO, the questions asked concerning the respondent's decisions for joining the strategic partnerships.

The results of the interview on "peculiarities of involvement of stakeholders in the strategic partnership of socio venture partnership" shown in Figure 3 highlights the main reason behind strategic partnership to innovate a new business model to offer the affordable healthcare is related to "social involvement" connected to the social mission of medical professionals and social investors to "provide subsidized medical treatment to patients with BOP". The second and third most mentioned reasons stated by medical professionals and social investors are "avoiding the loss of revenue due to discounted treatment to the deserving patients" and "leveraging the benefits of tax exemption by the government on the treatment to the patients with BOP". Thus, social involvement is the main reason that seemed to be particularly important to the strategic partners of private healthcare clinics.

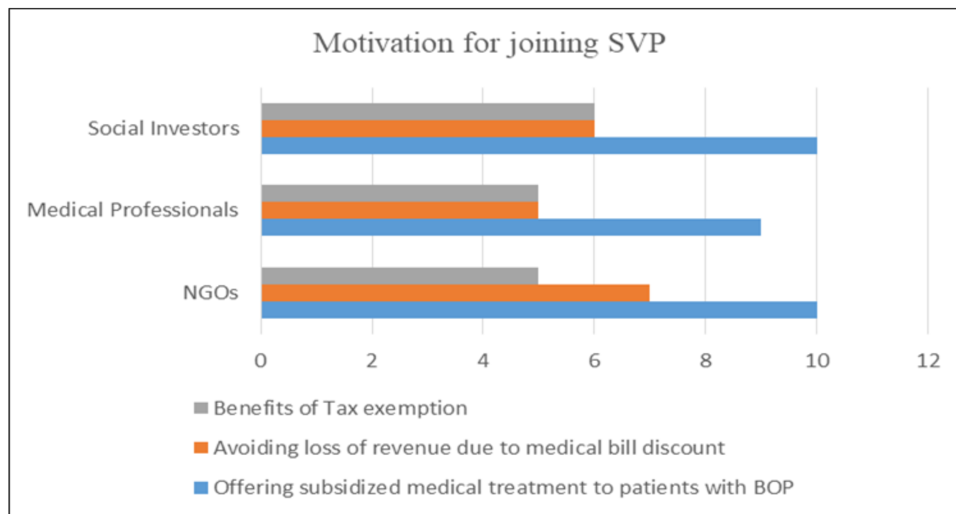

Figure 3. Motivation of NGOs, Social Investors, and Medical Professional.

On "Innovation as a driver for affordable healthcare at the bottom of the pyramid", the result indicates that the NGO and partners of private healthcare clinics changed the component of business types to achieve the goal that generated social value. It is found that the revenue model element of the new business model is designed by changing the healthcare services fees for patients with BOP. The Enterprise model component involved setting up a new social enterprise, a joint venture equity partnership between a private healthcare clinic and the case NGO. The industry model involved the inclusion of patients with BOP. The subsection describes the creation of a special purpose entity, termed as SVP, during partnership execution that reconfigured the healthcare business model based on a joint venture agreement with the pre-decided equity ratio of private healthcare clinics and NGOs respectively, and negotiated healthcare services pricing. The empirical research results provided evidence that revenue,

industry, and enterprise model are indeed essential elements to be considered as part of the innovation process of the overall business model and should, therefore, also be considered as part of the overall business model.

The subsection also reports on the structure of the SVP to determine the cost affordability of the medical treatment. The fundamental principle of SVP structure, generating a profit, and supporting patients with BOP is through cross-subsidization. This section captures the experience and gains a deeper understanding, the interviews of the patients, both self-insured and patients with BOP, using a stratified sampling technique, in which different people with different functions are interviewed.

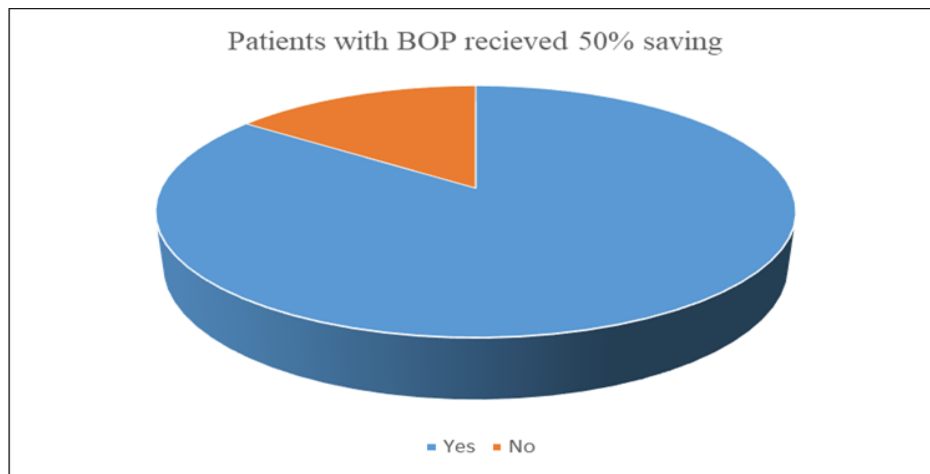

Figure 4. Patients with BOP receiving 50% or more cost savings.

This section also describes the experience of cost-saving with SVP, as illustrated in Figure 4 that 85 percent of patients with BOP reported that they saved 50% or more in health expenses through SVP. The results of the interview confirmed the 50 percent subsidy in the medical treatment cost to patients with BOP that made the healthcare services affordable.

In Subpoint 2.2, the focus is on survey evidence of the factors affecting the accessibility of affordable healthcare. This section provides an overview of survey results and analysis on affordable healthcare that are conducted in Mumbai, India, between January 2020 and April 2020. The section presents measures regarding factors affecting access to healthcare through socio venture partnerships by self-insured patients and patients with BOP that included availability, accessibility, affordability, adequacy, and acceptability. The survey conducted with the patients is measured each dimension of access to healthcare services of SVP. After measuring each dimension of the access to healthcare, the overall degree of satisfaction with the access to the SVP is also measured, taking into account all the dimensional variables, as shown in Figure 5.

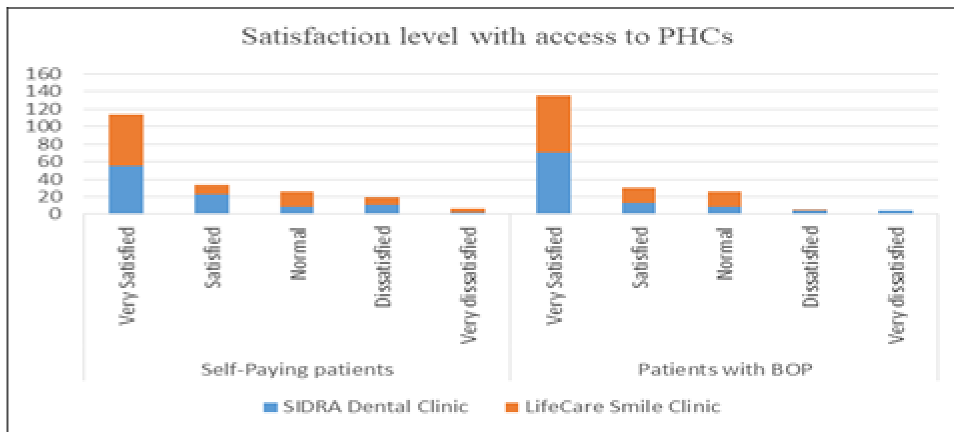

Figure 5. Perceived satisfaction level of patients with access to SVP.

The analysis of the results of the survey questionnaire is performed to achieve answers to research questions related to access to affordable healthcare services through SVP. It is found from the analysis that affordability in access to private healthcare clinics is more prominent than acceptability and adequacy dimensions through socio venture partnerships. The accessibility of affordable healthcare to different socioeconomic groups, especially patients with BOP, met the expectation of SVP that affected the selection of private healthcare clinics to a large extent. In addition, the perceived satisfaction with individual factors and the overall access is found to be directly linked to the private healthcare clinics of the SVP being visited.

In Subpoint 2.3, the effectiveness of contemporary socio venture partnership in affordable healthcare is empirically investigated, and the results are presented. This section describes the approach used to answer the research questions related to the comparative cost-effectiveness analysis of the financial data collected from the healthcare establishments and the medical billing and invoices of the patients before and after the formation of socio venture partnership**.** The section enlightens the role of SVP that includes the continuity in the fund flow to the NGO from SVP by collecting the financial data from private healthcare clinics and NGOs. It also analyzes the profit and loss statement of the private healthcare clinics before and after SVP formation and refinement and reports its findings. The section reports the interesting result, as shown in Figure 6, that the SVP plays a critical role in providing the continuity of fund flow to the case NGO, thereby offering affordable healthcare to patients with BOP.

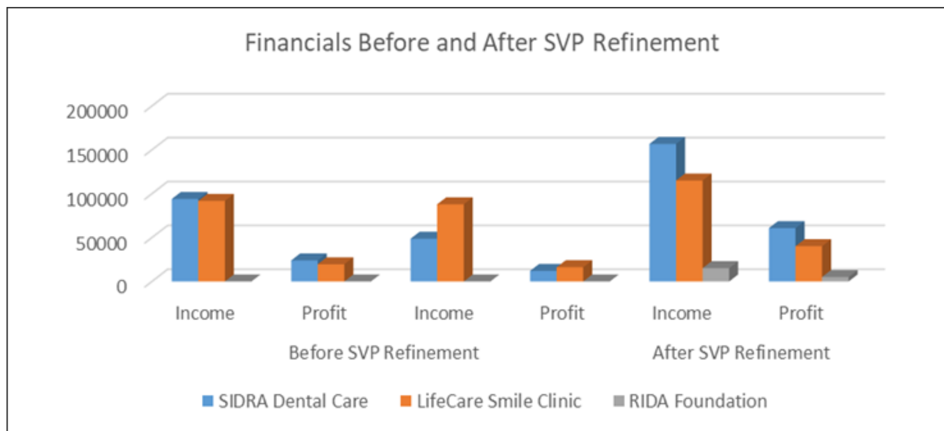

Figure 6. Percentage of income and profit from refined SVP.

The analysis from the results of medical billing data shown in Figure 7 demonstrated that the patients with BOP received the healthcare services at a 50% lower cost compared to the medical treatment cost to the self-paying patients. It is evident that the RIDA-FUHC discount card scheme ensured the availability of affordable healthcare services to patients with BOP. The result of this socio venture partnership is a cost-benefit to the patients with the BOP segment.

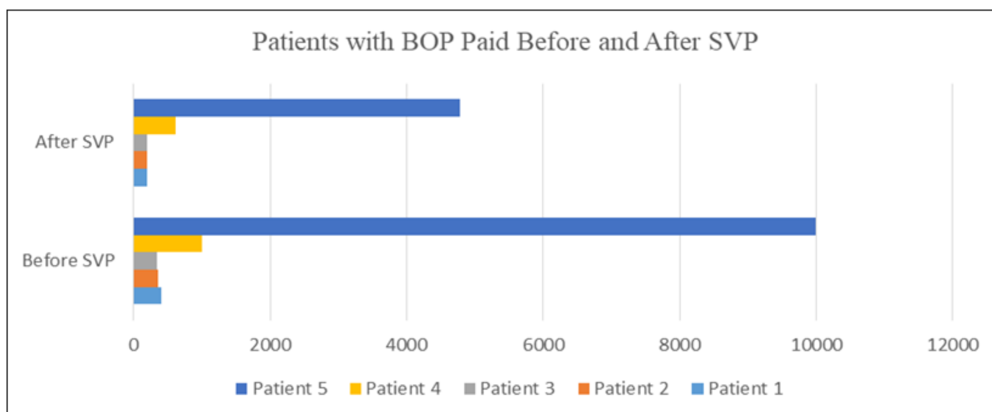

Figure 7. Comparision of medical treatment cost before and after SVP.

This section also reports the implication of the SVP framework developed during the business model innovation through the strategic partnership between private healthcare clinics and NGOs. The SVP is found to have a number of potential difficulties; however, its potential for better delivery of health care services has led to its more frequent implementation in the Indian subcontinent. This section highlights several methodological implications for business model innovation and strategic partnerships for accessible and affordable healthcare services.

The section describes the first implication of action research studies for the evaluation of strategic partnerships that includes a full description of the interventions that have been implemented. Second, evaluation analysis is considered not only the impacts but also the intermediate outcomes and environmental determinants. Third, innovative intervention to be

carried out both at the business model and at the partnership level. Finally, the SVP framework should direct the collection of trackable indicators.

Point 3 addresses the benefits and contributions of the research study. It is stated that the study contributes to both academics and practitioners in a number of ways. The section begins with a discussion on the benefits of the research study for practice. Based on the action research experience, it explains how action research facilitates innovation in the business model that combines with a strategic partnership. The section reports various benefits of the action research project, which often go beyond the research project's goal: improving healthcare quality, improving accessibility, providing the BOP segment with affordable healthcare, and becoming more reflective about improving healthcare performance.

This section also summarizes the research process and the empirical findings. The following subsections present key contributions of the research project, which is built upon a theoretical foundation from entrepreneurship, social entrepreneurship, socially responsible investor, business model innovation, and strategic partnership literature, matched to a qualitative study and tested on a sample of two healthcare establishments. This section presents both the research study limitations as well as suggestions for further study to assist other researchers in this field.

In Subpoint 3.1, the focus is on the benefits of the study for the subjects of the study that included patients with BOP, doctors, social investors, non-governmental organizations, the scientific community, and society at large. This section describes the benefits of the action research study. First, the benefits for individuals and teams are discussed in terms of imparting the knowledge through training and workshops on project management, communication, and interview techniques. Second, the benefits for case organizations and non-profit organization is deliberated in detail. The increase in earnings of doctors, investors, and private healthcare clinics and continuous fund flow to NGOs are discussed in this section. Lastly, the benefits to society in terms of affordable healthcare to society and new employment in the healthcare sector are discussed.

In Subpoint 3.2, the empirical finding of the study is summarized. This section reviews the research on how do medical professionals, social investors, and NGOs form a strategic partnership to develop a new innovative business model, socio venture partnership (SVP), to offer affordable healthcare to patients with BOP. This section briefs the literature review, research design, and methodology used to conduct the research, particularly describes the action research cycle, the conceptualization of new SVP, and analysis of the results of the research. The section also explores how the Business Model Innovation system is used as an ongoing process to represent and capture the lessons from past research action cycles.

In Subpoint 3.3, the contributions of the research study are discussed. This section provides an explanation of valuable theoretical contributions to the existing studies of social entrepreneurship, strategic partnership, and business model innovation, specifically in healthcare sectors. First, this section describes the increase in knowledge contributing to academics with support from an empirical study on trends related to the health of the Indian

population, challenges and issues in the health system, and proposal to reform the health system. Second, it contributes to the study of business models and innovation carried out in small and medium-sized organizations. Third, it contributes to the theorization of social entrepreneurship and innovation, characterized as an embryonic subject of academic investigation.

The impacts and contributions of this research study's results are magnified with the practical methodology adopted. This section also describes the practical model as a method for making healthcare affordable with a new concept introduced as a socio-venture partnership. The section describes three contributions to business professionals when applying the business model innovation in practice. These are the Business Model Innovation, integrating Business Model Innovation with a strategic partnership, and Socio-Venture Partnership (SVP).

In Subpoint 3.4, further research direction is discussed. This section describes the areas for future research. It lays out the basis for further development of the SVP framework for the effectiveness of the healthcare value chain that helps other researchers in the field of social entrepreneurship. The section recommends a number of areas for further research. First, it recommends to include longitudinal analysis following a strategic partnership throughout its lifetime to obtain more information about the ongoing dynamics of the partnership. Second, it recommends performing research in different healthcare sectors. Third, the section includes the recommendations to conduct the research in other contexts and industries beyond healthcare settings to expand the results of the SVP study. Fourth, it suggests to carry out organizational learning in measuring innovation's effectiveness. Fifth, the section recommends completing the legal formation of social enterprise, SVP, to provide continuous and affordable healthcare to patients with BOP. Last, it recommends to include the dissolution criteria of the legal entity in the JVA agreement.

CONCLUSION

The conclusion presents key conclusions and summaries on the functioning of the health system in India. The benefits of the innovative healthcare business model in India are presented, which are presented in the following areas:

- For patients – The patients with BOP received healthcare services at a fifty percent lower cost compared to self-insured patients for medical treatment. Even self-insured patients received a discount in the healthcare services through the innovative healthcare business model.

- For doctors – Saving the loss of revenue due to discounted treatment to the patients is the benefit for the doctors. Another benefit is leveraging the advantage of tax exemption by the government on the treatment of patients with BOP.

- For investors – Enabled investors to make a meaningful investment in healthcare and make a big difference in the lives of disadvantaged sections of the population.

- For health facilities – Improved income in the business is found with a substantial profit gain due to an increase in the number of patients. The other benefit to the health facilities is from the government office in exempting income tax.

- For non-governmental organizations – The benefit to NGO's is the consistency in the funding to help patients with BOP, and the addition of new services to its existing members as new healthcare service provider brings new healthcare services.

- For the scientific community – The theory of business model innovation and strategic partnership has been further developed to contribute to the creation of a new theory of "social partnership" in the field of health. The research aims to reduce ambiguity about the concepts of the business model and its innovation processes in healthcare and we hope to assist researchers in their future developments in this field.

- For society – By providing healthcare services to patients with BOP, these socially disadvantaged sections of the population are integrated into society, preventing many long-term effects such as psychological or physical health degradation, chronic unemployment, stress, etc. The innovative healthcare business model is an outstanding source of employment for disadvantaged groups and a capacity creator for the society.

The conclusion presents the results of the study, which confirm the main hypothesis that in India, continuous and affordable health services can be provided to patients with BOP with a strategic partnership, a new innovative health business model in partnership with a medical professional, social investor, and NGO. The study reveals that collaboration between health care providers and NGOs has been developed in the past to provide affordable health care for patients with BOP in various types of corporate social responsibility, philanthropy, and volunteer work. Nevertheless, due to the differences in the inflow of funds to NGOs, most of the formed collaborations lack continuity in the provision of affordable health services. Following the creation of SVP and the growth process, SVP is found to be an integrated and joint venture with a new creative business model, providing patients with BOP with comprehensive and affordable health services. Based on the comparative study of the costs of medical treatment between patients with BOP and self-insured patients, the conclusions are formed that patients with BOP are provided affordable health services.

IV. REFERENCE ON THE MAIN CONTRIBUTING MOMENTS IN THE DISSERTATION WORK

1. The demographic factors and trends related to the health of the population in India are analyzed, and the risks related to the efficiency of the health system in the country are identified.
2. A description of the health system in India is made, and the problems in its functioning are formulated, and on this basis, the proposals for the implementation of health reform in the country are substantiated.
3. The state and tendencies for development of the market of health services in India are studied, and the necessity of application of a new business model in healthcare is proved.
4. The role of innovation and social entrepreneurship in improving healthcare in India is justified, highlighting the benefits for patients, doctors, healthcare providers, investors, and society at large.
5. An innovative business model has been developed based on a strategic partnership between medical professionals specializing in dental services, socially responsible investors, and NGOs to provide support to the socially disadvantaged by ensuring affordable healthcare for patients in India.

V. LIST OF PUBLICATIONS ON THE TOPIC OF THE DISSERTATION

1. Аслам Кан. (2020). Взаимоотношения между субектите на системата на здравеопазването в Индия. – Панорама на труда, бр. 2/2020, ISSN 2683–0612 (Online), www.panoramonline.eu.

2. Aslam, M. (2019). The Healthcare System in India - Prerequisites, Problems, and Directions for Development. International Journal of Humanities and Social Science Review, 5(4), 25-34.

3. Aslam, M. (2020). Healthcare Reforms in India – Policy, Governance, and Financing. International Journal of Education and Social Science, 7(1), 58-69.

4. Mohammed, Aslam. (2020). Nature and features of the healthcare system in India. Money & Culture Magazine, 1/2020, 40-53.

DECLARATION
FOR AUTHORITY AND RELIABILITY

The undersigned Mohammed Aslam Khan, a Ph.D. student in the Department of Insurance and Social Security of High School of Insurance and Finance at VUZF University, Sofia,

I DECLARE:

The thesis used in this dissertation was not previously submitted at this or any other university to meet the criteria for an application for another degree or qualification. The dissertation does not contain, to the best of my knowledge and belief, any material previously published or written by another person except where reasonable reference is made.

Date: 20.01.2021 Author of the dissertation: