GROUP PRACTICE – DISHA
A SUCCESS STORY

Dr. Debasish Bhattacharya
Chairman, Disha Eye Hospitals
Columbus went to discover India
He discovered America instead

But he did
Because he sailed out

Much in life occurs
more by default
than by design
By default, I started practicing in Barrackpore because it was my home town.

And I did not get the conventional Govt. job after MS.

Got a “kick in the back” from a City Nursing home that I designed.

Little did I know,

3 crore people had to cross my home town from the neighboring districts to go to Kolkata, the only city of West Bengal.

My practice grew leaps and bounds.
By default we got land for Disha on the railway line close to the station

- **Today**

  Our hospital is a visible reminder of our services on B.T. Road to 10 lacs people who commute to the city every day
Disha’s Inception Time was

Magic years of 90s

When inspiration of Institutions like Aravind, SN, REI, AIIMS

The teaching of AIOS for private practitioners like me

Vibed India towards a unique capacity building

The innovations of modern ophthalmology

Anybody who wanted to do anything did it
The Right Mix of the Group
I was lucky to have friends like them

- Who would maximize my practice in their free time even before we started DISHA
- They were in Govt. jobs
- We were from the same medical college
- 38 to 41 years a perfect age to sail out
- I was the senior most, the proposer and had the most to give
- We complemented each other
- Me a *Cataract* surgeon, TKH, *Glaucoma*; Basak, *Cornea*; Sinha, *Retina*
- We were colleagues and not subordinates
We agreed to …

• The All Out Approach
• I left my practice
• They sacrificed their Govt. jobs to start Disha Eye Hospitals
• A Private Ltd. Companionship on 1st May 1997
• We all worked on a salary of Rs. 10000/month
• Stable Board
• They hold 10% each for their sweat equity I hold 70% for my contributions
• Initial footfalls 3 thousand IOLs and 20 thousand patients were available from my practice to start with
“All patients can come to you”

“Charge every patient”

Health is Pride. Never say poor because it effects Pride.
DISHA.... Respecting Abilities ....

- Our goal is simple – to provide quality eye care to everyone respecting their ability to pay

- We knew poor quality is very costly

- The common man’s pride propelled us from a small town practice to a state of art tertiary care hospitals
60 thousand paid surgeries, 7 lacs OPD, 20,000 lasers/Yr. In 3 hospitals with 45 full time consultants and 400 staffs

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In DISHA we believe

Senior Doctors’ Reputation Transfers as Growth to the next generation
In DISHA we believe

Individual Branding
Promotes Personal Effort
which Contributes
efficient Hospital Performance
In DISHA... We encourage ourselves to go out learn and present

And the trend continues today

Grand Prize, ASCRS 2010
In DISHA.... We believe in Doctors governance.

Doctors Administer while they work
Senior staff supervise at work
In DISHA.... We believe in Collegiality of Doctors

Doctors Tea room is the board room where opinions crystalizes into strategies and decisions
In DISHA.... We believe

Only Happy doctors

Give Happy patients
Best practices in India are Group Practices

Which prompts us to Give knowing we will Get

We may say they are family but the common world is

FAITH
I met a young friend’s family after a long time.

Their cuddly baby daughter, my favourite stood in front of me 5’ 6” tall.

In awe I said “my baby is a lady now”.

She smiled as if in repentance of our good times.

“Uncle, I had no other option”.

Continuity Propagation Growth is not Optional.
Changing Time Defining Moment ... 

Today do we...

• Continue in our small town or run for affordability to cities and even small towns.

• Have friends or just work associates in a cosmopolitan nuclear family overloaded with affordability

• Put effort to win a patient and develop a WOM brand or just get paid for our work

• In the time run sacrifice todays comfort for a more efficient future

• Rely on technology to simplify critical Ophthalmology into a more convenient one
As affordability progresses ...

- Can organised hospitality replace individual effort?
- Can campaigned proximal visibility replace WOM?
- Can noncommittal Ophthalmology (specs, investigations, interventions, refractive) become central to committal Ophthalmology?
- Will the young pride to gift their parents hospitality and synthetic technology care in their convenient visible hospital?
We have to respect their time and follow our value to address proximities.

**2012**

- Durgapur (200 KM away) in Steel city a 20,000 sq. ft. multi specialty hospital
- Baguiati a 8000 sq. ft. peripheral city cataract surgi centre
- Baranagar a 3500 sq. ft. peripheral city OPD

**2013**

- Howrah a 20,000 sq. ft. Multi specialty hospital
- Behala a 8000 sq. ft. peripheral city cataract surgi centre
- New town 50 thousand sq. ft. city hospital

**2014 ...**

- The tall structures have to be spooked with smaller out patient services

By structured organisational growth and financial understanding
Health concepts are slow to change
We need not beat their minds
We have time to reduplicate with responsibility
Thank You