



April at LVPEI

Our Institute's stated policy is that "Nobody shall be denied care in any of our campuses irrespective of their ability to pay, however complex and expensive the care may be". This pledge was fulfilled one hundred percent in letter and spirit during all these nearly twenty eight years, thanks to many friends who helped us in so many ways. We subjected this to a test recently by selecting two groups of patients with a specific diagnosis and audited their medical records for any possible discrimination in care between paying and non-paying groups at our Hyderabad campus. What came out made us extremely happy with the results showing NO difference, and that too in a campus providing the highest level of tertiary care. This is a true testament to the commitment of everyone in our team towards making "Equity" such an integral part of our organisational DNA.

Giving the benefits of the best of technology to the most neglected of populations is another objective of ours. This is getting gradually translated into action at our Centre for Innovation - SRUJANA. This centre is attracting increasing number of engineering, technology and design students who come and experiment with their ideas for varying durations. We have had two annual workshops and the third one will be held this coming July. Over five hundred applicants from all over India competed for the one hundred slots available, an indication of the enormous interest and the potential available. This response augurs well for the possibilities that can emerge out of these creative minds. We are looking forward to yet another productive workshop. These engineering interns have become part of the diverse groups of youngsters from medical, ophthalmological, optometric, public health, business and basic research students interning with us from around the world.

On the rural eye health front, we are delighted that the secondary centre inaugurated just over a month ago had an operational cost recovery of 146 percent, even while more than 60 percent of surgical procedures were performed at no cost – reaffirming that "high quality comprehensive care" is possible to ALL people while achieving financial self-sustainability through those who can afford to pay in these rural communities. "Quality" is what attracts these paying patients. This happened while our very first secondary centre, now about 18 years old achieved a 139 percent cost recovery during the same period with similar nonpaying surgical proportion. The key factors appear to be quality, access and leadership.

Our Vision Centre score has climbed to 117 this month. I feel very gratified that this latest centre is named after my paternal grandmother, a lady who was widowed in her early twenties and struggled for many years to raise her two sons ultimately having the satisfaction of seeing my father (her second son) become a successful ophthalmologist. This centre is located in a village close to where she spent almost her entire life. I am not sure how much of eye care she got in her life but now the entire population of 50000 around the village has access to high quality comprehensive eye care. We are thankful to Operation Eyesight Universal for its support to develop this centre coupled with contribution from some of our family members.



All this looks even brighter as a young lady travelled from London, England for her LASIK procedure drawn by the reputation of the Institute, which happily for her and to our delight, conformed to her expectations.

We had our usual share of awards and honours again from both national and international organisations and to all the recipients, I offer my compliments.

I close with the story of how our surveillance system of neonatal units for Retinopathy of Prematurity (ROP) benefits children with many potentially blinding conditions. One such was a one day old baby, found to be afflicted with congenital glaucoma and immediate surgery has helped her to get a life with normal sight. Our team at the Bhubaneswar campus and its Miriam Hyman Children's Eye Care Centre needs to be applauded for this.

- Gullapalli N. Rao