

TechSparks Winner : Rajesh Sukumaran, Co Founder, Pellucid Systems

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One of the reasons health care has become so expensive over the years is that each and every particular department – radiology, ophthalmology, cardiology, ultrasound – has developed in isolation. Each field has its very own infrastructure, processes, and applications which are particular to each one. For instance, ophthalmology department needs to buy a separate ophthalmology solution, which is fundamentally very different from a radiology solution.

Attempting to solve this and save hospitals and health care centres money costs is Pellucid Systems, a startup that is looking to provide a cloud based diagnostics platform. Yourstory catches up with Pellucid Systems co-founder Director of Business Development Rajesh Sukumaran.

How Pellucid networks was founded

Pellucid Networks was started by myself and Ravi Padmanabhan. It all started out when we were together in a company called Matrix view. Ravi's principally a medical solution specialist, and had started a company that had in-turn been acquired by Matrix view for tele-radiology products. This was about 4-5 years ago. Both of us got talking after a while, and we felt that health-care as being an area where a lot of things can be done.

What they were trying to solve

One thing we really understood was that in health care, the technology employed is at least 5 years behind other technologies. And that happens for a reason. In health-care you need dependability much more than anything else – you need reliability and dependability more than cutting edge technology. We saw that there is a huge opportunity in actually bringing IT best practices and latest technology into health care. One thing that we clearly noted was that the existing health care solutions, they're very silo-ed. To install a solution, you need to buy a license which is expensive, and the solution will require its own hardware. That's really where health-care is today.

We thought about bringing a salesforce.com model to health-care, wherein we could deliver on-demand applications to the health sector. So anybody, say an imaging centre wants a solution, it could be up and running in days as opposed to weeks. And they wouldn't have to pay a hefty upfront fee. Its all on a pay-per-use model.

Their model

We decided to concentrate on one particular niche to start with. So we started of with radiology and we kind of build the solution in such a manner that the framework can be adapted to everything else. We didn't want to build as per the current generation solutions. So we built a framework, and then we built the department specific practices on top of the framework.

Product

The entire suite of solutions will be delivered over the Internet browser. You don't have to install anything. We decided that radiology is an area where we want to build our platform, or suite of applications, so we decided to target that segment. It runs from a cloud – in health-care it could be a private cloud or a public cloud. When I say a private cloud, I mean large centres might have their own infrastructure and data centre

to host a solution. If they can't really afford the infrastructure, they can use our clouds, which is highly secure.

One advantage of having all your data at one central location as opposed to different silos, is that a patient can now access all his/her images and medical history. We also enable collaboration between the referring physician and the centre, or the hospital department. The entire suite of collaboration platform is employed along with the whole solution. You can chat, you can video-conference, and have discussion forums on a particular image.

Marketing



Bangalore, might sit in Mysore, or might be anywhere in the world. We also give them centre management solutions, we also give them solutions so that all these images can be archived.

We also provide all of these solutions on-demand. The solution works on a monthly basis as opposed to a one-time license. In fact, the way we modelled the whole solution was like a telephone connection, similar to an airtel connection. So we have various plans, and have

a pay-as-you go plan.

Customers

Well, the solution was launched in January early this year. Since then we have had fantastic traction. At the moment, I can say that at least 300 patient studies go through my system every single day, and these are diagnostic cases. And I have over 40 centres growing as of this month. We have one of India's largest growing diagnostic chains as our customer, and we have also an installation in Singapore, where we essentially replaced a GE system.

In terms of uptake it's been quite good. And this is because of a number of reasons: The number one reason is its truly low cost, which includes low capital cost, low risk, and low trial cost. It can be deployed in a matter of days as opposed to weeks or months. And pretty much zero configuration -- because of the nature of being on the web.

Funding

We are a Venture backed company; that's principally one of the reasons why we were able to build a solution sitting in our lab before we went out into the market. So we've been quite grateful to have investors who came in very early, even when the company was started. We were backed by this VC firm, or angel investment firm as I would call it, Mercatus Capital. MC backed us 16 months ago, with the initial capital required to set up the company. They also helped us with markets in Singapore and the Asian countries.

Challenges

One challenge is the mindset of people. Health care centre owners tell you that healthcare data is very confidential data. They would like the data to be at their centre and control it, rather than let it lie somewhere in the cloud. To overcome this resistance, I ask them that if they can do all their monetary transactions online, why cant they do it with medical information. It is as secure as a banking application is.

In terms of other challenges, we are one of the pioneers of on-demand applications specifically in health-care. But that being said, a large player like GE or Siemens also could launch a solution. What I really feel is, that for somebody as large as that it would make more sense to eye us as a partner or an acquisition target, rather than building a solution from scratch.

Talent acquisition and retention

Talent acquisition is a problem – we're in a niche area, so we always need people who've had some sort of exposure to health-care. The domain expertise is something very difficult to get. We've been quite lucky to get good people right from the initial days. None of the employees that we really wanted to stay have left.

Rural eye clinics

We're also working with Aravind Eye hospitals where we are building a one-of-a-kind tele-ophthalmology network, which is very similar to tele-radiology. They're using it currently to serve the rural population – for instance they have vans that go to the villages and conduct health camps, and these vans are equipped with wireless Internet connections. The patient goes into the van and there is a machine that takes a snapshot of the eye. Using the Internet, it is sent through our systems to the hospital itself, where the grader– who reads the image – conducts the diagnosis, and can send a report back almost in real time. If a patient has a serious problem, they can get him back in the same van, and perform further investigation or surgery at the hospital.

Pipeline

Well besides a commercial launch of the tele-ophthalmology network, we are also looking to expand to other areas like cardiology. This is slightly different – while the imaging part in radiology or ophthalmology involves still images, cardiology requires video.

We also intend to move into gynaecology – we will be able to track right from ante-natal to pre-natal to the entire cycle of the pregnancy. We're building systems to keep track of everything for the period of 9-12 months. We'll ensure it is a collaborative process of treatment. Because of the nature of it being online, even the mother or the husband can participate in the whole treatment process.

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