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Rising Cost of Hospitalization, Option of Treatment In The Comfort Of Home Drive Domiciliary Care Boom

HEALING AT HOME

Pushpa Narayan & G Balachandrar | TNN

Shanmugam S, 81, completed his 10-day hospital stay in his bedroom last week. He had begun treatment for pneumonia in the ICU of a private hospital when his doctor suggested shifting him to his house. The home healthcare agency arranged for nurses in two shifts, his vitals were monitored remotely, he had 24/7 access to clinicians, and medications were sent home. "I was on a ventilator initially, and was told I would need respiratory support and intensive care," he said. Moving home cut his daily care cost from ₹50,000 to ₹12,500.

Once an option for affluent families or terminally-ill patients, home healthcare is now an extension of hospital care in urban areas. "Rising medical costs, longer life expectancy, and an ageing population preferring recovery in familiar surroundings have increased demand for professional care at home," said Apollo Home Health Care Ltd Director Harshad Reddy. India's market, estimated at \$8-10 bn — nascent compared to the \$400 bn global segment — is growing at 20% annually. And one in four hospitalised patients will require long-term professional care, he said.

Only 2% of India's home-care market is organized, but this share is expanding. Urban caregivers, facing rising non-communicable diseases (NCD) incidence and better access to health systems, are recognizing the opportunity. "Most older people living by themselves are willing to use technology. At least 70% of care — diagnosis, medication delivery, routine consultations — can be done at home," said Dr. Avinash Rajkumar, Founder & MD, Nurture Out-Reach Medical Service (NORMS). "We have facilities to create safe environments with life support in people's homes."

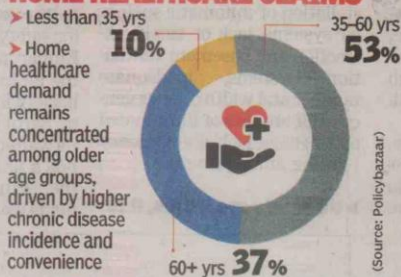
A decade ago, when hospitals and agencies such as NORMS pushed home healthcare, persuading families was difficult. Clinicians had to extend the trust built inside hospitals into patients' living rooms. Ten years ago, Apollo Hospitals served 150 patients a day in two cities; now they serve 2,000 patients across more than a dozen cities. Kauvery Hospitals and others report similar growth. NORMS, which started with just 20 patients a month in 2011, now cares for around 100 patients.

Structured home-care models — with treat-



Illustration: G. Jay Theophilus

HOME HEALTHCARE CLAIMS



(Source: Policybazaar)

ing doctors overseeing recovery, trained nurses following hospital protocols, and continuous reporting systems — helped institutionalize the sector. "There is temptation to seek treatment from the unorganized sector, where neither professionalism nor quality of care is assured," Dr. Avinash said. "But the market is recognising the need for professional healthcare."

Meanwhile, younger patients are also choosing domiciliary care. Hospitals and startups now offer tech-enabled nursing, physiotherapy, intensive monitoring and even select minimally-invasive procedures

outside traditional hospital settings.

For some specialties, home care helps cut costs. Senior transplant surgeon Dr. Anil Vaidya of Carvue-Madras Transplant Associates says his team has reduced the cost of bowel transplants by more than 50% in two years by shifting much of the pre-hospital care to patients' homes and using more economical, but effective infection-prevention drugs. Bowel transplants are considered when the intestine has been removed, or in cases of obstruction, Crohn's disease or congenital anomalies.

"When we began transplants in the late 2000s in Chennai, it cost ₹50 lakh for pre-transplant and transplant procedures, and many opted out," Dr. Vaidya said. "Over the last two years, we have done more than a dozen."

Most bowel transplant patients require parenteral nutrition for two months before surgery — a hospital stay that earlier cost ₹25 lakh, excluding the ₹25-₹30 lakh transplant and post-operative bill. "By identifying medicines that reduce infections and allowing patients to stay at home with hospital-supported nursing, medical bills for the two months dropped to ₹3 lakh, from ₹25 lakh," he said.

Insurance companies are responding to the shift, expanding coverage for domiciliary and step-down care. Star Health & Allied Insurance Company entered home healthcare services in July 2023 and now offers them in more than 200 locations, with strong traction in the South. "Nearly 3,000 customers from TN have availed our Home Health Care services since launch," said Anand Roy, MD & CEO of the company.

He said rising lifestyle diseases, high hospitalization costs and the needs of ageing patients are driving the shift, supported by teleconsultations, digital health systems and trained clinical staff in smaller cities. The insurer's pathway involves teleconsultation, a 3-5 day protocol-driven care plan and continuous telemonitoring. Coverage is cashless for eligible customers and focuses on conditions such as dengue, viral fever, respiratory infections and UTIs (urinary tract infections).

Bajaj General Insurance, which entered the segment in 2020, offers services across metros and tier-II markets, including TN. "Domiciliary hospitalization and home nursing have become an essential part of health coverage," said Arnabh Saxena, Chief Technical Officer - Commercial. Bajaj provides nursing care, teleconsultation, ambulance support, preventive checks and domiciliary care through partner networks on a referral-based model. Some services are cashless, others reimbursed.

Insurance aggregators say improved coverage and stronger remote-care technology are accelerating uptake. "Home healthcare is expanding on the back of wider insurance coverage and rapid tech-led innovation," said Siddharth Singhal, Head of Health Insurance, Policybazaar. Most plans already include domiciliary hospitalization benefits, often cashless through empanelled partners. Advanced monitoring systems, he said, will drive the next leap: "Digital ICUs and AI-enabled remote monitoring will make specialist-level care possible at home."