

2025 India Hospital Priorities Survey Findings

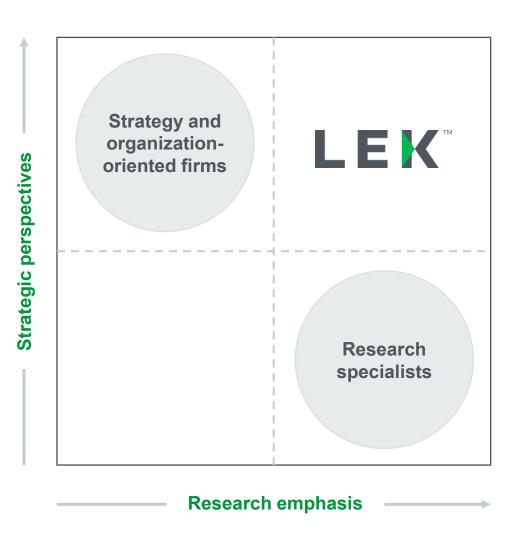
Summary Materials

August 2025

These materials are intended to supplement a discussion with L.E.K. Consulting. These perspectives will, therefore, only be meaningful to those in attendance. The contents of the materials are confidential and subject to obligations of non-disclosure. Your attention is drawn to the full disclaimer contained in this document.



L.E.K. is a consulting firm uniquely positioned to deliver the strategic perspectives of a large strategy firm combined with the granular insights of a research specialist



L.E.K.'s key points of differentiation



Hands-on senior team with deep expertise

L.E.K.'s partner-led execution model ensures depth of insights and an actionable strategy.



Fact-based approach

Data-driven and highly analytical approach leveraging world-class market insight capability; conclusions are based on facts, not conjecture or "prepackaged solutions".



Industry thought leadership

High-caliber team of Ph.D.s, M.D.s, and MBAs regularly publishing insights and engaging with market leaders and innovative challengers.



Bias to action

Acknowledgment that solutions have no value unless they can be readily acted upon. Deep experience working with management teams to develop actionable strategic plans.



L.E.K.'s heritage as a transaction advisor has created a working style enabling high-quality, rapid execution.



L.E.K. covers all parts of the healthcare ecosystem with deep expertise across all major practice areas

L.E.K. Healthcare Sector Overview



L.E.K. capabilities

- ~75 full-time healthcare-focused managing directors / partners globally across nine vertical and five horizontal practices
- Hundreds of dedicated healthcare consulting staff around the world (plus hundreds more in critical supporting functions)
- Global network of **10,000-plus** healthcare industry executives, experts, clinicians, thought leaders (for research and industry insights)
- Hundreds of projects per year with a diverse range of large-cap, mid-cap and PE-backed clients
- Industry-leading thought leadership and IP (e.g., best-in-class methodologies, benchmarks, market fact-bases, industry surveys)
- Recognized as a leading advisor for growth strategy, M&A support and solving key strategic and complex business issues



Every year, L.E.K. surveys several hundred hospitals across the APAC region to understand their priorities and support medtech companies and healthcare operators in making key decisions

L.E.K. conducts an annual survey of several hundred decision-makers at key hospitals in the APAC region, including India, to better understand how key strategic priorities and purchasing behaviors are shifting

The survey addresses issues relating to the financial outlook of hospitals, top operating priorities in the next few years, and the impact of digitalization on hospitals and their relationships with healthcare companies



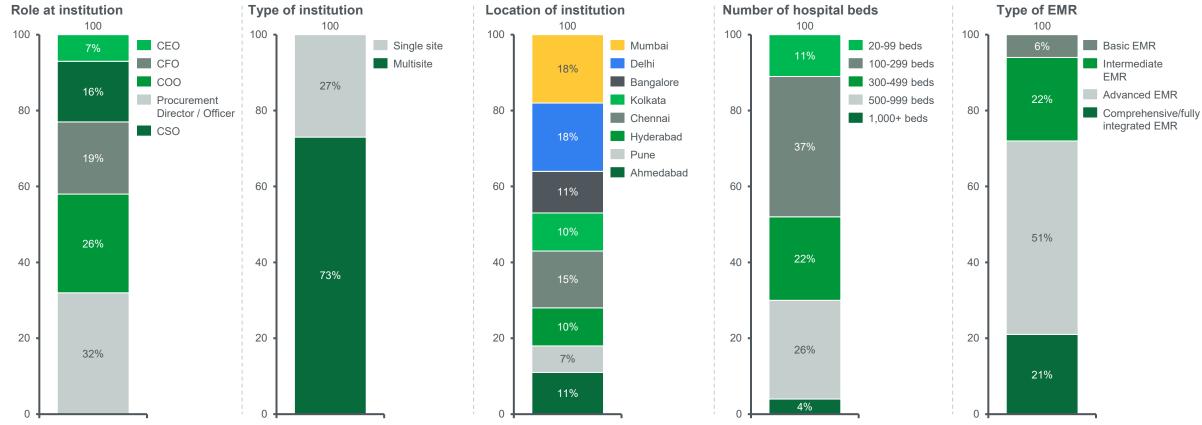
The insights gleaned from these surveys enable healthcare companies to make informed decisions, including:

- Which stakeholders to engage and how
- How to tailor their product and service value propositions to address hospitals' priorities
- How to leverage digital channels and enhance their service offerings/engagement models



L.E.K.'s 2025 hospital priorities survey included directors across hospital types, sizes and locations

L.E.K. Hospital Priorities Survey India respondent mix Percentage of respondents (N=100)



Note: EMR= electronic medical record

Hospital leaders in India expect budget growth and investment in clinical expansion and new service lines



- Virtually all private hospitals expect to have a budget surplus in the next three vears
- Clinical staff salaries are currently the largest expenditure category and are expected to have the greatest budget growth going forward
- Out-of-pocket payments make up ~50% of funding for private hospitals in India; government funding accounts for <5% of total private hospital funding



Operating priorities

- Addressing staff shortages and investing in IT infrastructure top the list of strategic priorities
- Most hospitals expect to expand their bariatric, geriatric and cosmetic surgery clinical specialties
- Hospitals are employing a variety of techniques to standardize and streamline purchasing, with an emphasis on medical consumables and surgical instruments



Go-to-market

- Cost is the most critical purchasing criterion, but physician preference is also important, particularly for lower-value purchases
- There is more opportunity for medtech/channel partners to support hospitals with maintenance, particularly PE-owned sites, across the different buckets of capex items
- Nearly half of hospitals have at least some restriction on using foreign products

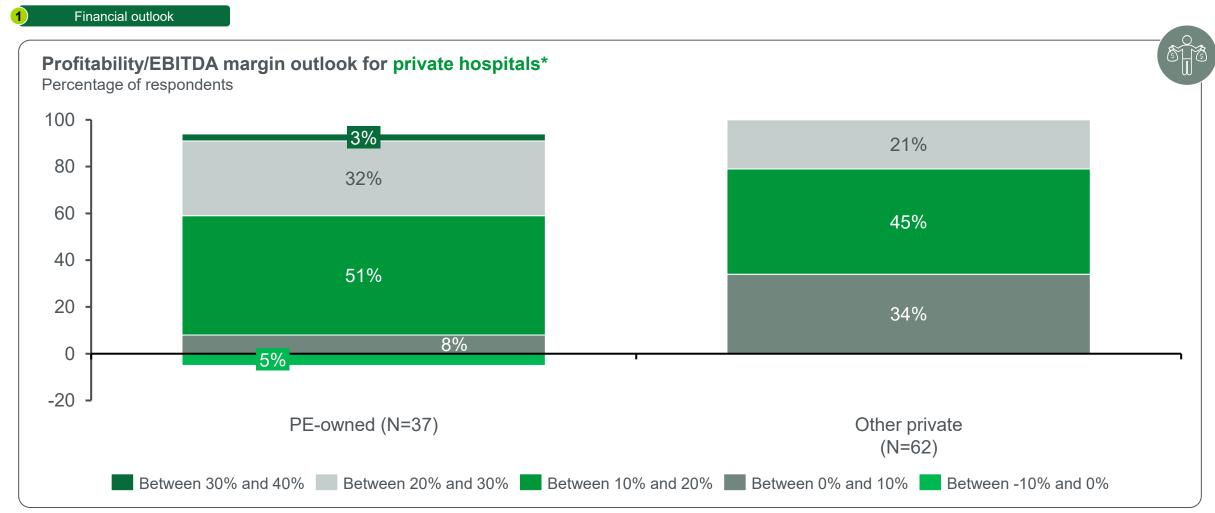


Digitalization

- Hospitals that have invested in more comprehensive/advanced EMR systems/digital stacks are starting to launch initiatives and proactively look for ways to monetize their data
- · Fear of job replacement and lack of IT infrastructure today are key barriers to further adoption of digital solutions



PE-owned private hospitals have a larger proportion of high profitability locations, compared to other private hospitals offering potential purchases of medtech equipment

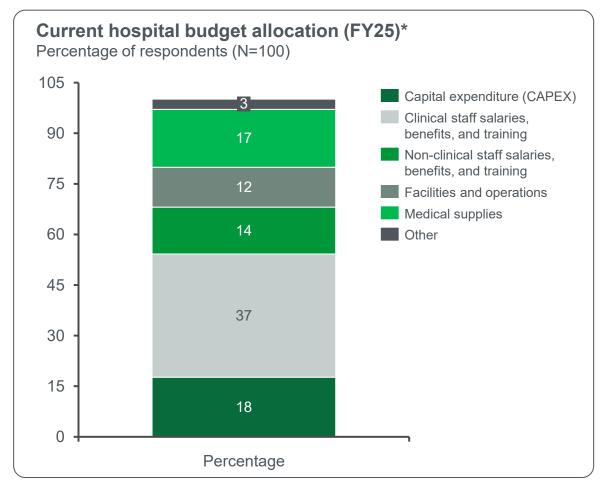


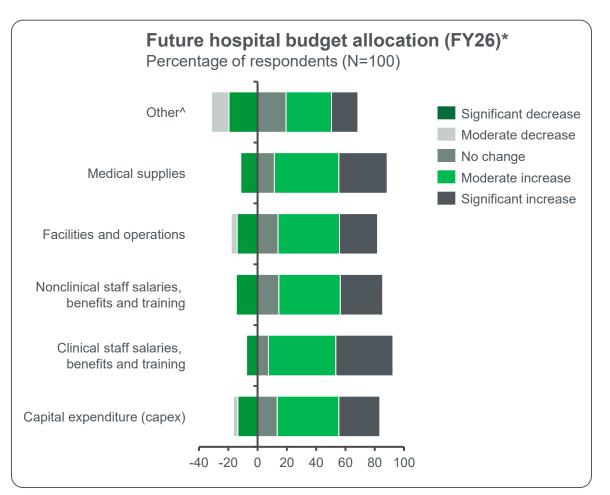
^{*}Survey question: What do you expect your hospital's EBITDA margin to be in the next three years? Note: PE= private equity; EBITDA= earnings before interest, taxes, depreciation and amortization Source: L.E.K. 2025 APAC Hospital Priorities Survey



Capital allocation and budgets across private hospitals are generally increasing, clinical staff salaries continuing to be the largest item





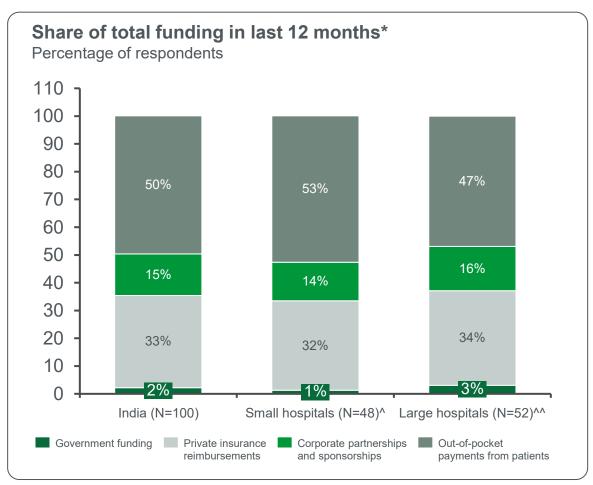


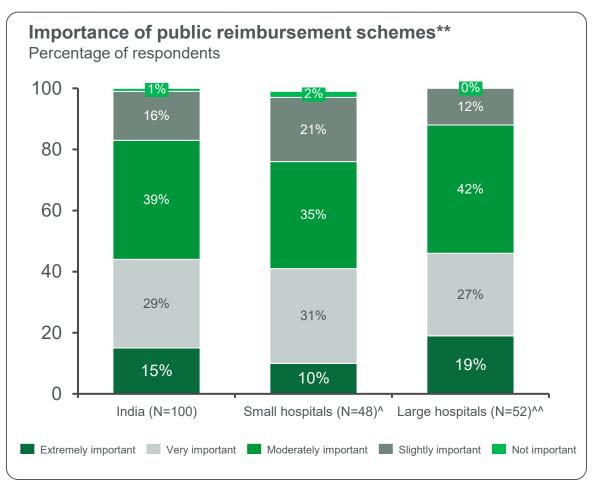




Approximately half of total payments come from out-of-pocket sources; large hospitals have greater dependence on public reimbursement schemes





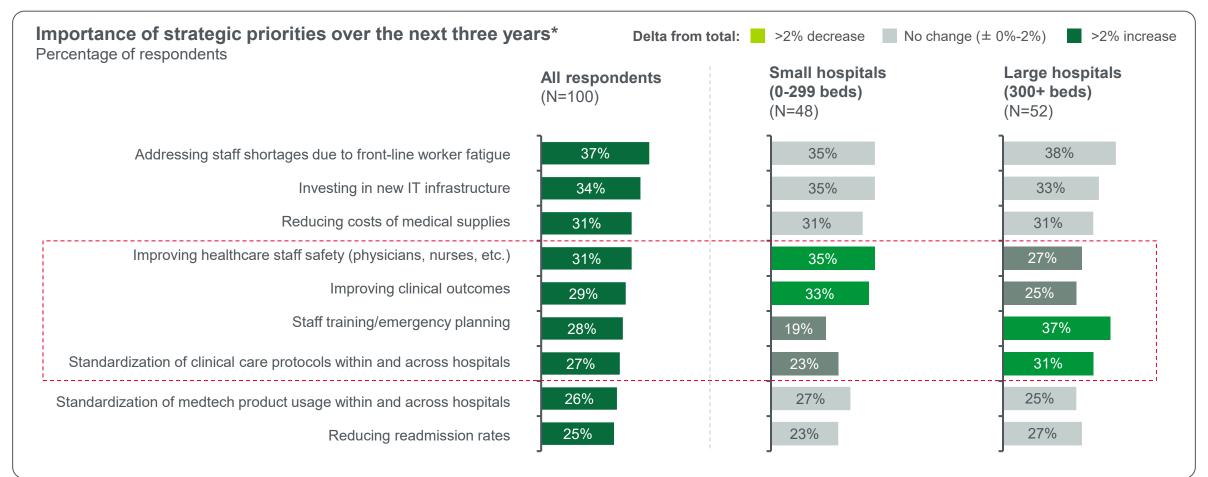


^{*}Survey question: Please estimate the percentage of your hospital's total funding over the last 12 months from each of the following sources? **Survey question: How important are public reimbursement schemes? ^ 0-299 beds: ^^ 300+ beds



While addressing staff shortages and IT infrastructure are universal priorities, small and large hospitals have differences around safety, outcomes, training and standardization

Operating priorities



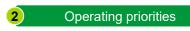
*Survey question: How important are the following strategic priorities for your hospital over the next three years? (Please select top five)

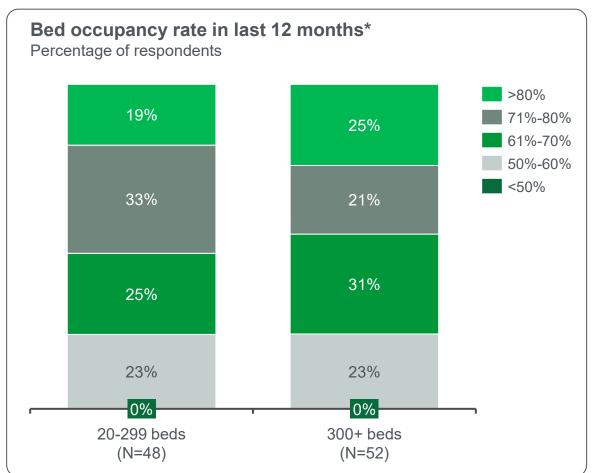
Note: IT= information technology

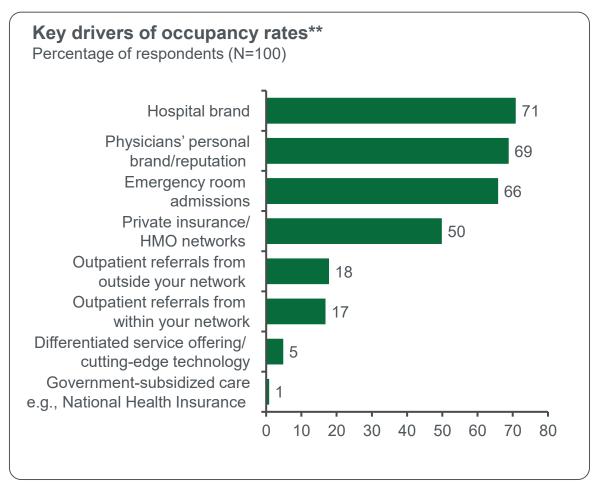




Hospital bed occupancy is largely driven by physician and hospital brand as well as emergency room admissions; operators have an opportunity to do more with their referral flows







^{*}Survey question: What is your hospital's average bed occupancy rate over the last 12 months? **Survey question: What are your three largest drivers of inpatient admissions? Select two Note: HMO=health maintenance organization

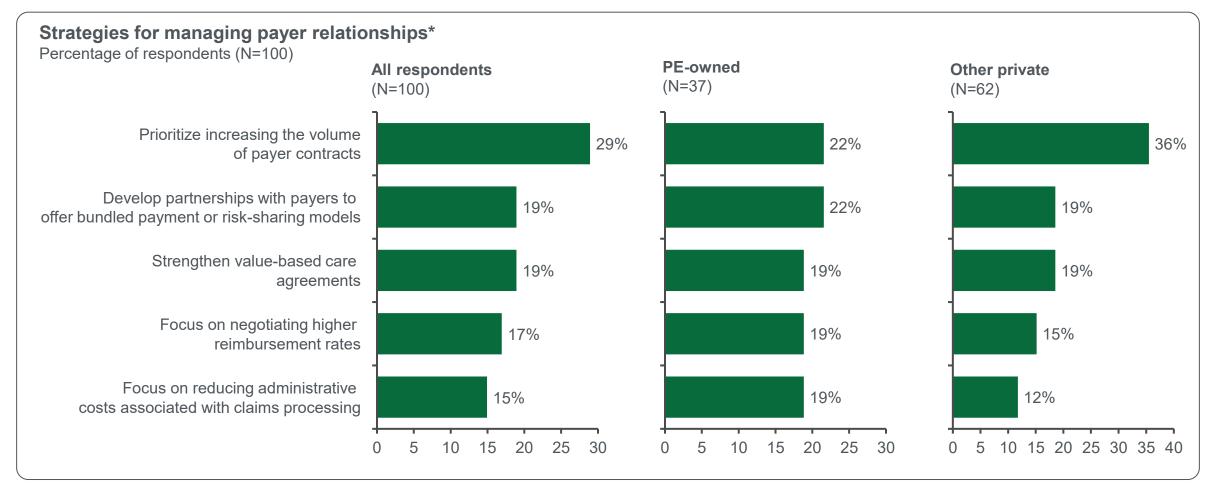
Source: MHLW; Central Social Insurance Medical Council; L.E.K. 2025 APAC Hospital Priorities Survey; L.E.K. research and analysis



PE-backed hospitals are using a more expansive set of strategies to manage their payer relationships; however, non-PE backed private hospitals are still trying to increase the contracted volumes

2

Operating priorities



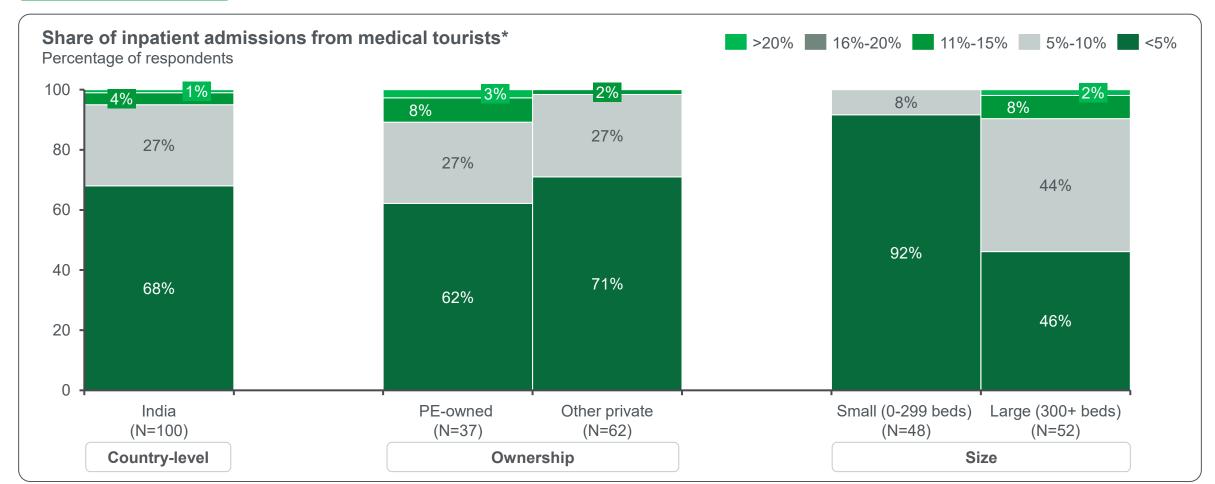
*Survey question: What is your primary strategy for managing relationships with payers?

Note: PE=private equity



Larger hospitals/PE-owned hospitals are faring better at attracting international medical tourists





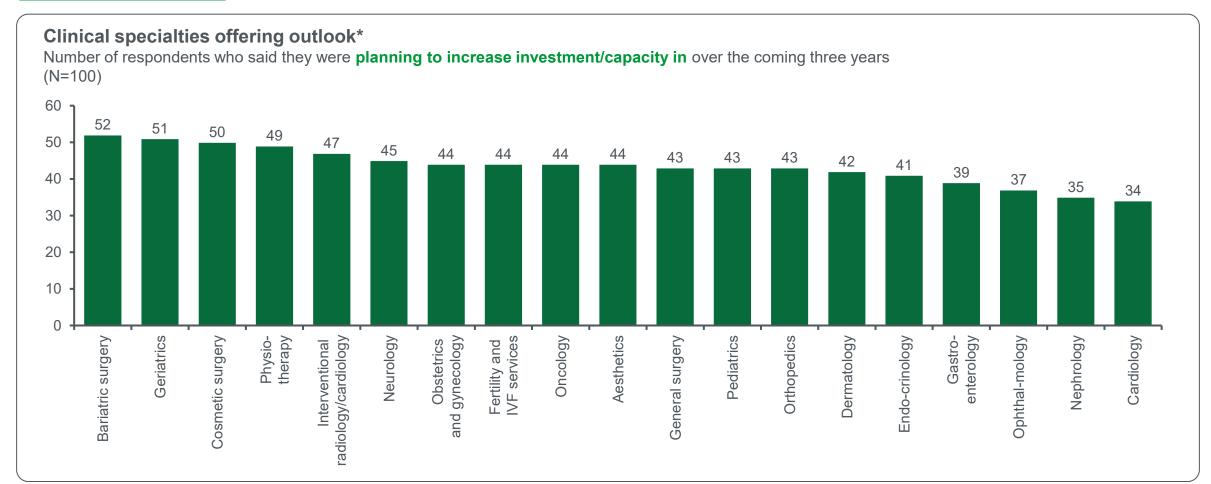
^{*}Survey question: Medical tourists account for what percentage of your admissions (nonresidents of the country your hospital is in) in volume of inpatients? Note: PE=private equity



Bariatric surgery, geriatrics and cosmetic surgery are targets for increased investment/capacity over the coming three years

2

Operating priorities



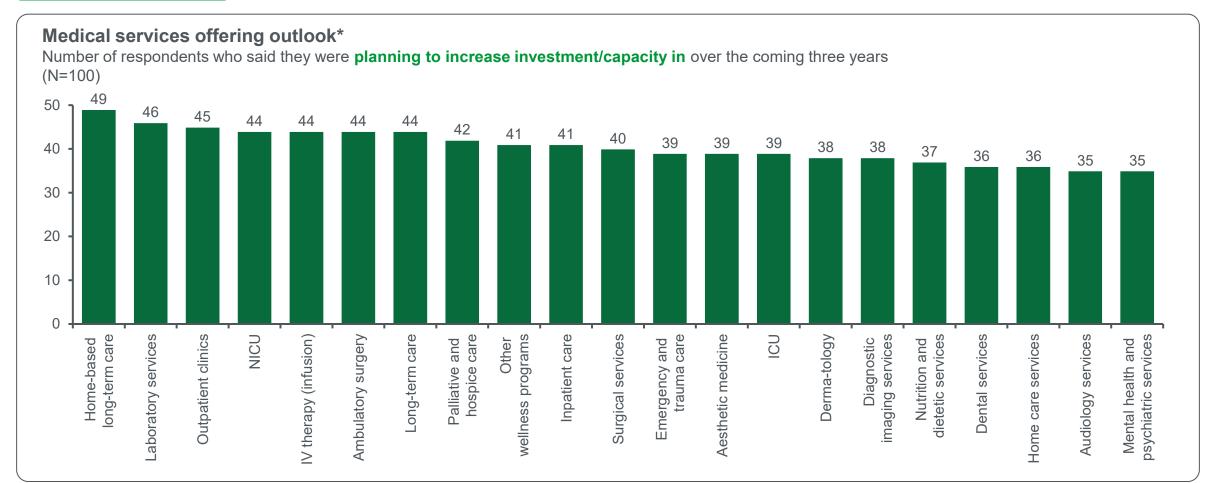
^{*}Survey question: What are the expected changes in your clinical specialties (e.g., dedicated beds, specialists, clinics, subspecialties, specialty-specific technology offerings) over the next three years? Note: IVF=in vitro fertilization



Hospitals expect to increase their investment in home-based long-term care, lab services and outpatient services



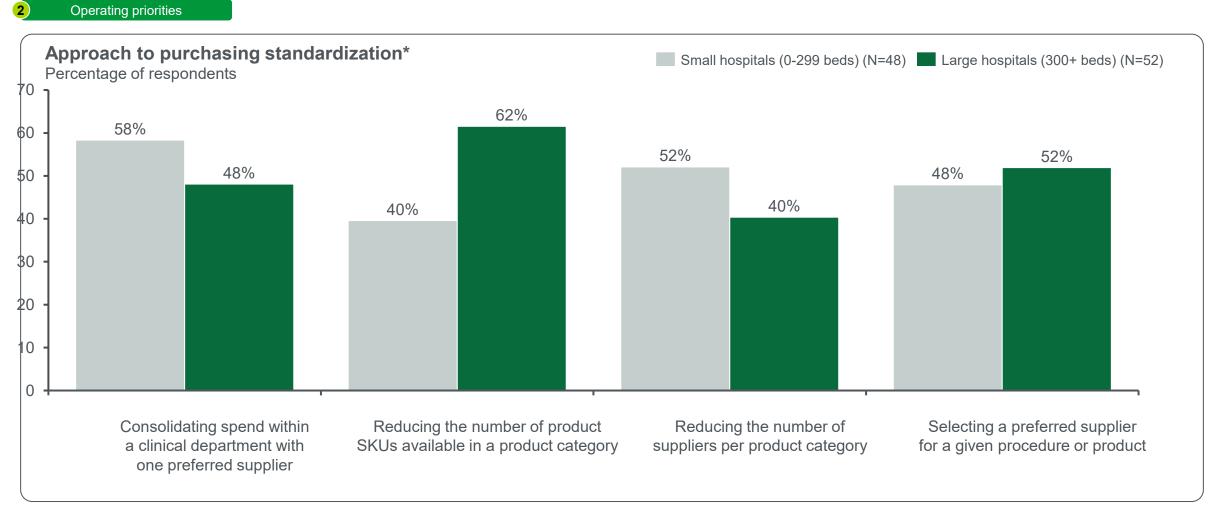
Operating priorities



^{*}Survey question: What changes do you expect to see in the medical services offered at your hospital over the next three years? Note: NICU=neonatal intensive care unit; IV=intravenous; ICU=intensive care unit Source: L.E.K. 2025 APAC Hospital Priorities Survey



Large hospitals standardize purchasing by reducing the number of product SKUs per category while small hospitals do so by consolidating spend with a preferred supplier in each department

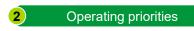


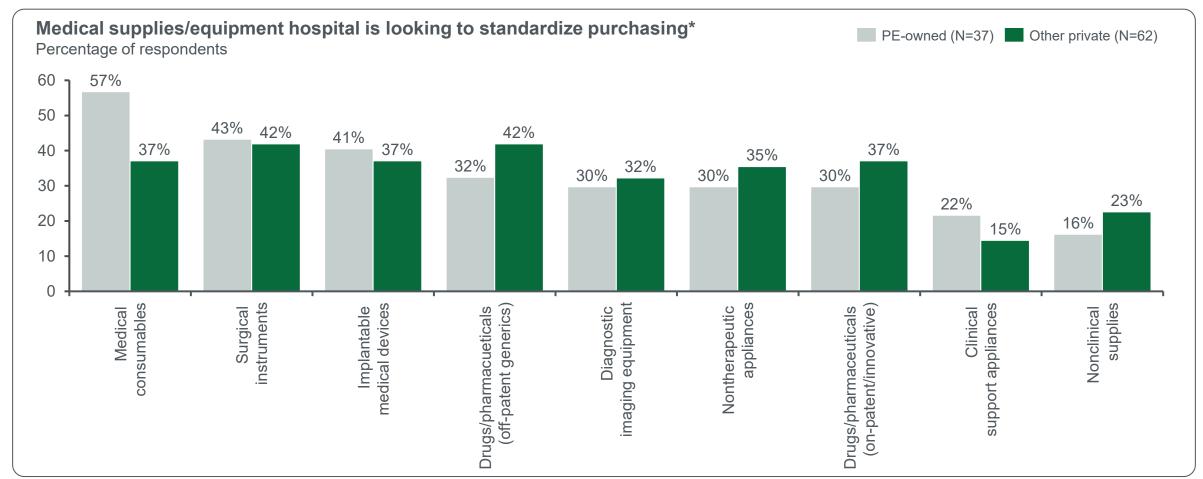
^{*}Survey question: Please indicate which of the following approaches your hospital uses to standardize the purchasing of medical supplies/devices

Note: SKU=stock-keeping unit



Purchase standardization is most anticipated for medical consumables for PE-owned private hospitals, while other private hospitals prioritize surgical instruments and off-patent drugs



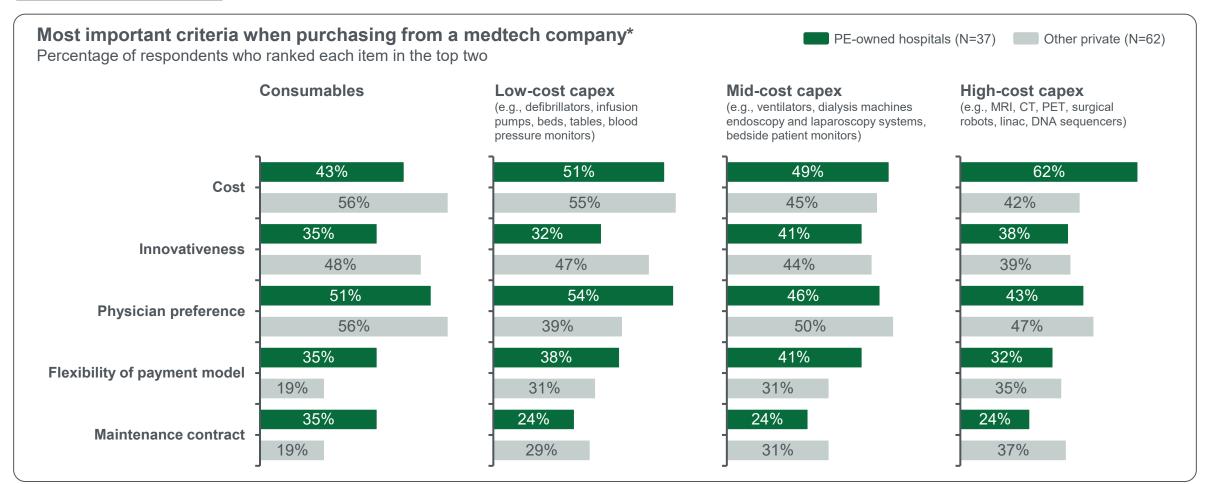


^{*}Survey question: Please select top three medical supplies/equipment that your hospital is looking to standardize the purchasing Note: PE=private equity



Cost and physician preference are important both for PE-owned and other private hospitals; importance of maintenance contract increases with capex cost





^{*}Survey question: When purchasing, rank the following items in order of importance when choosing a manufacturer. Note: PE=private equity; MRI=magnetic resonance imaging; CT=computed tomography; PET=positron emission tomography; linac=linear accelerator Source: L.E.K. 2025 APAC Hospital Priorities Survey



CEO is important stakeholder across various expenditure levels, though procurement and practicing physicians are influential for low- to mid-cost capex

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Go-to-market

Most influential position for medical device purchasing decisions overall, by type of institution*

Ranked by number of respondents indicating first decision-maker by row

	Consumables	Low-cost capex	Mid-cost capex	High-cost capex
		(e.g., defibrillators, infusion pumps, beds, tables, blood pressure monitors)	(e.g., ventilators, dialysis machines endoscopy and laparoscopy systems, bedside monitors)	(e.g., MRI, CT, PET, surgical robots, linac, DNA sequencers)
India (N=100)	CEO	Procurement	CEO	CEO
PE-owned (n=37)	CEO	Procurement	Practicing physician	CFO
Other private (n=62)	CEO	Practicing physician	CEO	CEO
Small hospitals** (n=48)	CEO	CFO	Procurement	CEO
Large hospitals** (n=52)	CEO	Procurement	Department head	CEO

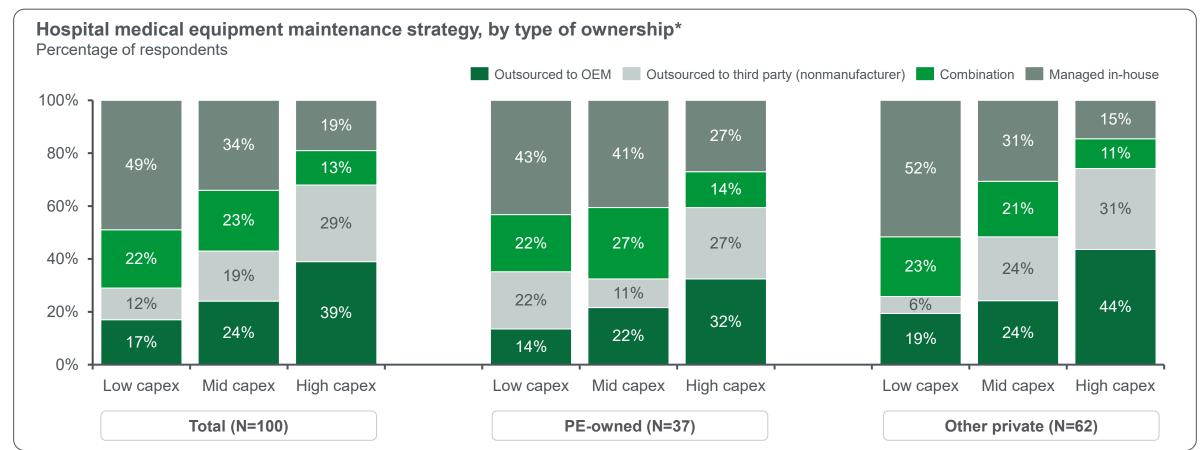
Role: CEO CFO Procurement Practicing physician Department head

^{*}Survey question: When making a significant capital purchase, please rank the following stakeholders in terms of their influence on the decision-making process; **Small hospitals: 0-300 beds, large hospitals: 300+ beds Note: CFO=chief financial officer; PE=private equity; MRI=magnetic resonance imaging; CT=computed tomography; PET=positron emission tomography; linac-linear accelerator Source: L.E.K. 2025 APAC Hospital Priorities Survey



There is more opportunity for medtech/channel partners to support hospitals with maintenance, particularly PE-owned sites, across the different buckets of capex items





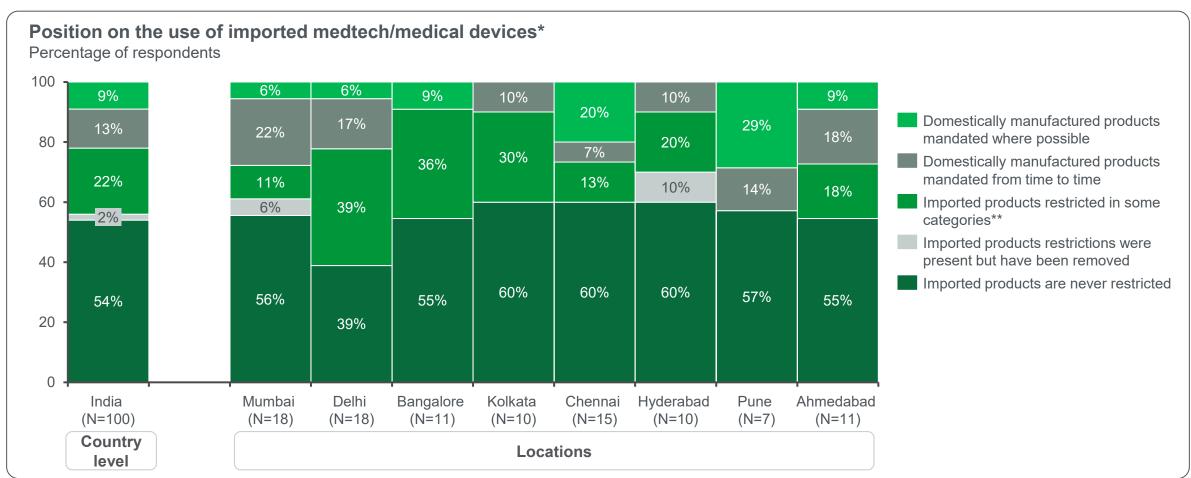
^{*}Survey question: How is the maintenance of your hospital's capital equipment primarily managed?



Note: Low-cost capex (e.g., defibrillators, infusion pumps, beds, tables, blood pressure monitors); mid-cost capex (e.g., ventilators, dialysis machines, endoscopy and laparoscopy systems, bedside patient monitors), high-cost capex (e.g., MRI, CT, PET, surgical robots, linac, DNA sequencers); PE=private equity; OEM=original equipment manufacturer; MRI=magnetic resonance imaging; CT=computed tomography; PET=positron emission tomography; linac=linear accelerator

Delhi-based private hospitals encounter restrictions on imported medical devices at a greater rate than other regions

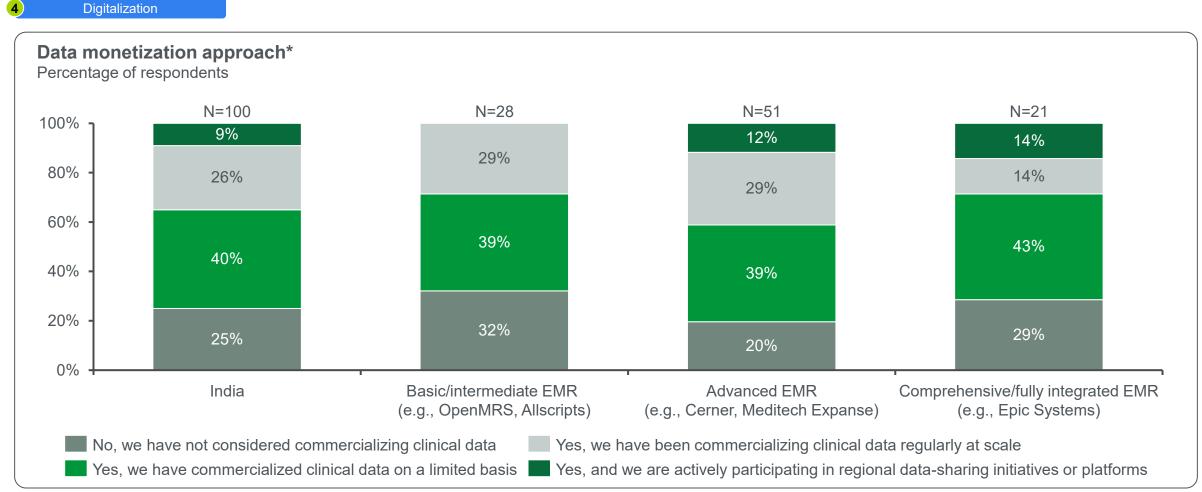




^{*}Survey question: Which of the following statements best describes your hospital's attitude toward the use of imported medtech/medical devices products? Note: **Includes categories where locally manufactured medtech/medical devices products offer good value for money Source: L.E.K. 2025 APAC Hospital Priorities Survey



Those who have invested in more comprehensive/advanced EMR systems/digital stacks are starting to launch initiatives and proactively look for ways to monetize their data



^{*}Survey question: Has your hospital considered commercializing clinical data (with patient consent or appropriately anonymized) available to pharmaceutical or medtech companies for research, clinical trials or other approved purposes?

Note: EMR=electronic medical record

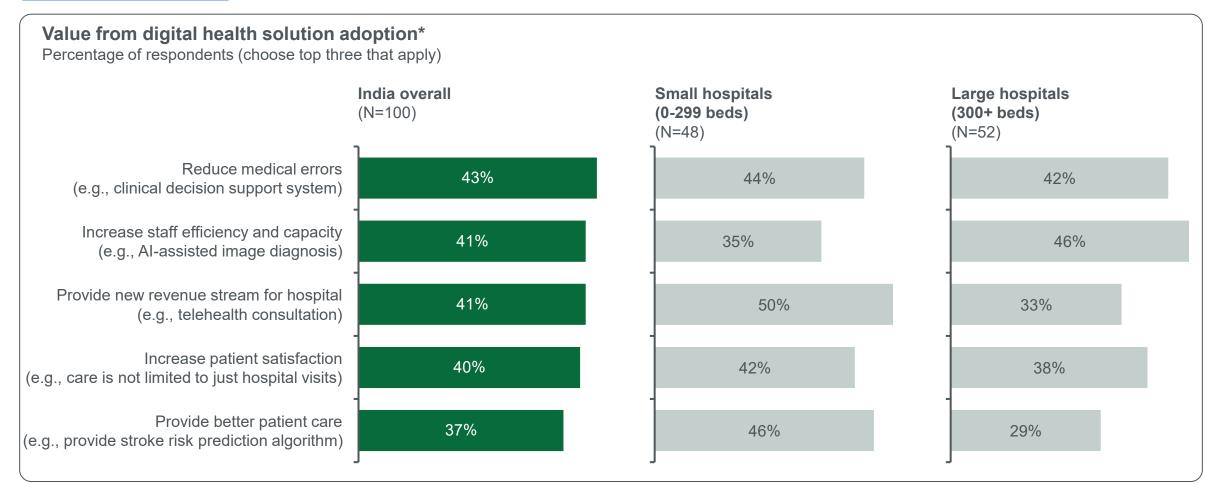
Source: L.E.K. 2025 APAC Hospital Priorities Survey; L.E.K. research and analysis



The perceived value from digital solutions varies by institution size, with small hospitals seeking revenue streams and large hospitals focusing on increased efficiency



Digitalization



^{*}Survey question: What value do you think digital health solutions will likely bring about for your hospital? (1=not likely, 7=very likely)

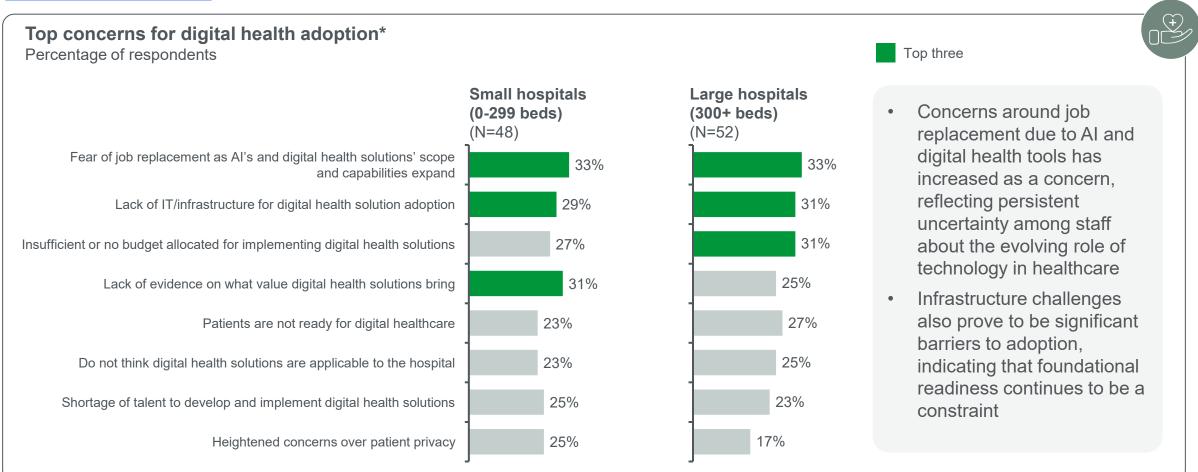
Note: Al=artificial intelligence



Uncertainty over job replacement, lack of IT/infrastructure and budget-related challenges are top concerns for digital health adoption in hospitals



Digitalization





Note: IT=information technology; Al=artificial intelligence Source: L.E.K. 2025 APAC Hospital Priorities Survey



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