

Lessons Learned From Aravind

In 1976, Dr. Govindappa Venkataswamy established Aravind Eye Hospital in a small rented house in Madurai, India. His mission was simple, but his vision was grand: to eliminate needless blindness by providing compassionate, high-quality eye care. What started humbly is now a model of innovative health care and the largest provider of eye care worldwide.

The inspiring story of Aravind offers medical practitioners a tremendous opportunity to learn how we can better provide patients with high-quality, cost-effective health care. Recent changes in the US health care system emphasize the importance of using existing resources more effectively. In their recent article, Lewallen and Thulasiraj described what they perceive to be the key elements to Aravind's success¹:

1. Good management. Aravind follows the premise that no one should be doing a job that someone with lesser qualifications and a lower salary could do competently. Outcomes are continually monitored to ensure that quality is maintained in this task shifting. Encouraging supervision and a strong sense among members of the support team that they are contributing to an important effort help to maintain morale.

2. High-quality surgery. One bad outcome can dissuade many patients from undergoing cataract surgery, so those at Aravind go to great lengths to guarantee high surgical quality and a positive experience for patients. Closely measuring surgical outcomes improves organizational processes and fosters outstanding eye care.

3. A team approach to service delivery rather than an emphasis on the surgeon's role. Superb paramedical personnel are critical to efficiency. The clinical team includes not only medical personnel but also dedicated counselors,

who take the time to explain to patients the details they want to know but are often afraid to ask. Counselors ensure that patients understand their own role and responsibilities in postoperative care and follow-up.

4. A tiered service system. This model allows Aravind to offer free surgery to all who need it and to subsidize care completely through fees paid by wealthier patients who choose additional services such as fine food, private rooms, or amenities.

5. High productivity. Assembly line-like efficiency does not undermine the humanity of medical care. Procedures are not rushed but rather systematically performed in an extremely precise and standardized fashion.

6. A partnership with community organizations. Many such organizations facilitate eye screening and help provide financial support and other

resources. Aravind guides these organizations and carries out the eye screening processes.

7. Strong leadership. The individuals in positions of leadership forgo greater personal gain in order to ensure that the poor are served. Strong leadership underpins the tremendous work ethic of the entire Aravind team.

From an institutional standpoint, improving productivity, standardizing operational processes, providing patient-centered care, and ensuring rigorous quality-assurance processes allow us as glaucomatologists to maximize our value to patients and to society. I myself feel inspired by how the vision of one man in India could so dramatically affect ophthalmic care worldwide. Let us imagine how great a difference we could make by working together for the common good of our patients. We are fortunate to practice medicine during these exciting times. ■



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1. Lewallen S, Thulasiraj RD. Eliminating cataract blindness—how do we apply lessons from Asia to Sub-Saharan Africa? *Glob Public Health*. 2010;5(6):639-648.