Postal Registration No. MCN/242/2024-2026, Published on 27th of every previous month. Posting date: 30th &31st of every previous month.
Posted at Bandra East Post Office,Mumbai-400051. Registered with Registrar of Newspapers under RNI No. MAHENG/2012/46040

TOTAL NUMBER OF PAGES 40

Healthcare Radius

JANUARY 2025
VOL. 14 ISSUE 4 • ₹100

2026

[illegible]

The industry is set to shift gears as green, digital, and traditional care converge

Published by ITP Media (India)

INDIA HEALTHCARE OUTLOOK

The industry is set to shift gears as green, digital, and traditional care converge

India's healthcare sector is stepping into 2026 with a rare convergence of technology, sustainability, and indigenous capability. Artificial intelligence is shifting from pilots to core infrastructure, robotics is standardising surgical precision, and remote care is expanding specialist reach beyond hospital walls. Green hospitals are embedding resilience into design and operations, domestic MedTech is lowering costs and strengthening supply chains, and AYUSH is integrating into mainstream chronic care. Together, these trends point to a system focused on access, efficiency and outcomes, as hospitals prepare to deliver quality care at scale for the decade ahead.

By Team HR


6

AI-DRIVEN CARE: TOWARDS CLINICAL INTELLIGENCE

In 2026, AI will be essential healthcare infrastructure, reshaping how Indian hospitals diagnose, document, and deliver care.

India's hospitals are entering a year when artificial intelligence will stop being an experiment and start behaving like infrastructure for care, cutting across diagnostics, documentation, rehabilitation, and hospital operations.

Multiple research firms now converge on the view that India's AI in healthcare market is at an inflection point, with revenues currently under the billion dollar mark but expected to grow multi fold over the next decade. According to data released by IMARC Group, AI in healthcare market in India is expected to reach $4,165.26 million in 2033, growing from $333.16 million in 2024, exhibiting a CAGR of 30.78%. With market estimates pointing to such rapid double digit growth, 2026 is expected to be less as a year of pilots and more as a test for AI in healthcare.

According to BlueWeave Consulting, the segment is expected to reach $6.5 billion by 2030. Another agency, Zion Market Research, suggests the market may reach $17.75 billion by 2032, reflecting accelerating adoption of AI not only in tertiary hospitals but also in diagnostics, population health, and emerging generative AI applications.

Urology leads the surge as robot-assisted surgery scales across multiple specialties.

From pilots to practice

The most striking shift for 2026 is how deeply AI has already embedded itself into day to day workflows in Indian hospitals, especially in radiology, pathology, and operations. At Sri Balaji Action Medical Institute and Action Cancer Hospital in Delhi, Group Medical Director Dr Sanjeev Gupta explains, "In healthcare, AI has already moved well beyond pilot use and it is now embedded in select high impact clinical and operational workflows, particularly in imaging decision support and hospital operations such as bed management and patient flow analytics."

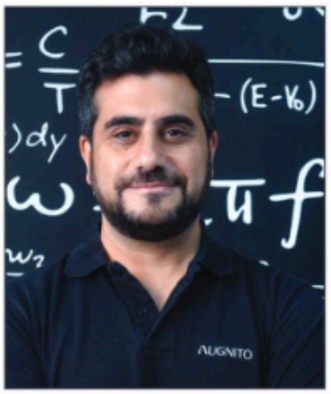
Stating that AI-enabled tools are embedded within diagnostic workflows and risk stratification processes at Neotia Bhagirathi Woman & Child Care Centre and Neotia Getwel Multispecialty Hospital, Parthiv Neotia, Jt MD – Ambuja Neotia Group and Sr VP – Indian Chamber of Commerce, said, "These systems assist clinicians by identifying subtle patterns, prioritising high-risk cases, and generating early alerts in time-sensitive and complex multispecialty scenarios. The measurable outcomes include faster diagnostic reporting, improved preparedness in acute cases and enhanced clinical responsiveness particularly in environments where speed and accuracy can meaningfully influence outcomes."

In radiology, AI tools are now routinely used to prioritise scans with suspected intracranial bleeds, lung nodules, or cardiac abnormalities, cutting turnaround times for emergency and high risk cases by an estimated 25% to 30% while improving diagnostic consistency for overburdened clinicians.

Operationally, Dr Gupta notes that "AI driven bed management and patient flow analytics have helped

Dr Sanjeev Gupta, Sri Balaji Action Medical Institute and Action Cancer Hospital, Delhi

Ms Aditi Ohri, Co-Founder, Mr Yoda



Rustom Lawyer, Augnito

Vijay Karunakaran, Rewin Health

us optimise ICU and ward utilisation, reducing avoidable delays in admissions and transfers without compromising clinical safety." Rather than replacing clinical judgement, an AI assisted radiology triage system integrated into the hospital information system (HIS) and picture archiving and communication system (PACS) functions as an early warning and prioritisation layer, enabling clinicians to focus attention where it is most urgently needed and shortening diagnostic waiting periods that directly shape patient experience.

Parthiv Neotia, Ambuja Neotia Group

Intelligent workflows

Beyond the scanner room, the quiet revolution is happening in documentation and hospital administration, where AI is taking friction out of clinician workflows and freeing up scarce time. As Rustom Lawyer, co founder and CEO of Augnito, puts it, "AI in Indian hospitals is now delivering value beyond pilots mainly by taking friction out of clinician workflows – documentation, coding and triage – and by improving operational responsiveness, which directly benefits both doctors' time and patients' faster care." Ambient clinical documentation tools, integrated into electronic medical records, are shifting the workflow from documenting after the visit to capturing at the point of care, with clinicians reviewing and signing rather than authoring notes from scratch.

In one evaluation of ambient documentation, the time spent per note decreased by nearly a minute, a seemingly modest gain that compounds significantly at hospital scale where thousands of notes are generated each month. Large enterprise deployments of voice driven AI documentation have reported productivity uplifts of over 40 per cent, with tens of hours saved per doctor each month and documentation turnaround times reduced by several hours, translating into cleaner records, faster coding and billing, and more available face time with patients.

In radiology, AI tools are routinely used to prioritise scans with suspected intracranial bleeds, lung nodules, or cardiac abnormalities.

An important shift enabled by AI is the move from episodic treatment to longitudinal care, observes Parthiv Neotia of Ambuja Neotia Group. "Rather than viewing each hospital encounter in isolation, AI allows patterns to be understood across the patient's entire care continuum. This supports earlier intervention, stronger follow-up, and a meaningful shift toward preventive and proactive healthcare. When continuity improves, clinical conversations become more assured, decisions more balanced, and care more humane," Neotia says.

According to Augnito's Lawyer, the year 2026 will be about treating such AI capabilities as core infrastructure, not point tools, with investments clustering around interoperability, workflow native AI embedded into hospital systems, and governance frameworks aligned with India's Digital Personal Data Protection Act, 2023 to manage consent, audit trails, and cybersecurity.

Personalised predictive care

Parallel to hospital automation, AI is transforming diagnostics and rehabilitation, nudging the system towards more continuous, predictive and personalised care. In the rehabilitation space, Vijay Karunakaran, founder and CEO, Rewin Health, observes, "AI enabled immersive virtual reality therapy has moved decisively from pilots to routine clinical practice across stroke, post operative

orthopaedics, oncology related functional decline, geriatric balance disorders, sports injuries and chronic pain."

Using AI driven motion tracking and kinematic scoring, therapists can objectively measure balance, mobility, coordination and adherence, enabling personalised treatment, early intervention when progress plateaus, and stronger continuity of care after discharge, particularly for elderly, stroke and cancer patients.

This data rich approach has yielded higher adherence and completion rates, stronger functional gains in gait and upper limb use, better pain tolerance and emotional wellbeing in oncology and chronic pain cases, and reduced dropout through remote engagement, all while allowing therapists to supervise multiple patients simultaneously. Karunakaran of Rewin Health stresses that these outcomes are backed by scientific evidence, with rehabilitation programmes supported by AI enabled VR now published in multiple peer reviewed journals, underscoring a maturation from experimental gadgetry to clinically trusted digital therapeutics at scale.

Data, trust, regulation

If 2026 is to mark the mainstreaming of AI driven care, the foundations of data quality, clinician trust, and regulatory compliance will be decisive. Dr Gupta's team at Sri Balaji Action Medical Institute and Action Cancer Hospital adopted a phased approach to AI deployments, starting with retrospective validation on anonymised in house datasets, then running AI in parallel with human interpretation, and only later moving to live triage once transparent performance metrics and clear accountability structures were in place. Patient data privacy and regulatory compliance were addressed through strict data governance protocols, on premise processing where required, and alignment with prevailing digital health guidelines, ensuring that automation never undermines clinical safety or confidentiality.

In precision diagnostics, Ms Aditi Ohri, Co Founder, Mr Yoda, explains, "AI has moved well beyond pilot use and today functions as a core operating layer across patient access, diagnostics, genomics and preventive care delivery, with multilingual clinical chatbots and advanced analytics supporting patients and clinicians throughout the care journey."

AI powers automated result interpretation, longitudinal trend analysis, and early risk flagging across metabolic, micronutrient, and inflammatory markers.

AI also powers automated result interpretation, longitudinal trend analysis, and early risk flagging across metabolic, micronutrient, and inflammatory markers, as well as complex genomics, pharmacogenomics, and nutrigenomics, cutting report preparation time by around 50% for clinicians and genetic counsellors while converting dense technical outputs into clearer, guided insights for patients.

Towards infrastructure status

Looking ahead, industry leaders converge on the view that AI will increasingly serve as the backbone of hospital wide and system wide decision making rather than as scattered add ons. Dr Gupta anticipates that "predictive analytics will guide capacity planning, workforce deployment, infection control and length of stay optimisation on a regular basis, while AI combines imaging, lab data and clinical history into actionable insights so that physicians can deliver more personalised care pathways."

Similarly, Mr Yoda's Ohri argues that, over the next two years, "AI will shift healthcare decision making from episodic testing to continuous, predictive and personalised care by learning from each patient's cumulative history and proactively suggesting diagnostics, preventive check ups and care pathways rather than reacting to isolated reports."

For AI-powered HealthTech solution providers, this means prioritising investments in clean data capture, standards-based interoperability, workflow-native AI, and robust governance models. They also need to keep doctors in the loop, reduce cognitive load, and maintain trust as algorithms become more powerful.

With national digital health infrastructure expanding under initiatives like the Ayushman Bharat Digital Mission (ABDM) and regulators sharpening focus on data protection, 2026 is likely to be remembered less for dramatic AI breakthroughs and more for the quiet but profound integration of AI into the plumbing of Indian healthcare – where it helps clinicians deliver safer, faster and more consistent care at scale while keeping human judgement firmly at the centre.

controls temperature sensitive areas like ICUs and operating theatres while allowing natural or mixed mode ventilation in low dependency zones, and efficient vertical planning using stairs and ramps for non critical movement to cut reliance on mechanical transport.

Ar Hardik Pandit, APICES Studio

Dr Bakul Chandra, Renascent Consultants

Dr Dilshad Khan, Cocoon Hospital, Jaipur

These design moves are complemented by energy efficiency upgrades. Dr Bakul Chandra, Founding Partner and Mentor, Renascent Consultants, says, "HVAC improvements, such as installing variable frequency drives on pumps and air-handling units, demand-controlled ventilation OTs and ICUs, and improved chiller sequencing, can reduce energy consumption by 15–30%. LED lighting combined with occupancy and daylight sensors may deliver 50–70% lighting energy savings. While rooftop solar contributes a smaller share of total demand (around 8–15%), it provides long-term tariff stability and predictable savings."

For Bengaluru's SOUKYA International Holistic Health Center, green healthcare means aligning with responsible healthcare practices while delivering clear operational and cost benefits. Dr Suja Issac, Co-Founder & Executive Director, SOUKYA International Holistic Health Center, says, "The installation of rooftop solar panels has reduced dependence on grid electricity, improving energy efficiency and lowering the centre's environmental impact. Water conservation through rainwater harvesting has reduced reliance on municipal supply. In waste management, segregation at source has streamlined disposal processes and ensured adherence to regulatory standards."

Operations and patient comfort

On the operations side, hospital leaders increasingly describe sustainability as an operating discipline rather than a public relations gesture. At Cocoon Hospital in Jaipur, Unit Head Dr Dilshad Khan explains: "Sustainability has been considered as an operational discipline rather than a symbolic initiative, with tangible benefits coming from optimisation in energy use, water stewardship and biomedical waste management."

Dr Khan notes that energy efficient HVAC systems, LED lighting and intelligent building management systems have reduced overall power consumption while maintaining strict temperature and air quality standards in clinical areas, and that on site water treatment and reuse for non clinical applications have meaningfully lowered freshwater dependence in water stressed Rajasthan.

Cocoon Hospital's Dr Khan stresses that these changes are not just about utilities but also about experience and trust: "Natural lighting, improved indoor air quality and quieter, energy efficient systems have contributed to calmer clinical environments, particularly in maternity and neonatal care, where patient comfort and safety are paramount, and patients increasingly associate these design elements with quality and wellbeing."

This view is echoed by Ar Hardik Pandit, Director,

Image courtesy: Renascent Consultants

GREEN HOSPITALS: HEALING WITH SUSTAINABILITY

Hospitals confront climate, cost and quality pressures as sustainability shifts from optional badge to core operating strategy in 2026.

India's hospitals are entering a decade when climate resilience and clinical care can no longer be separated, and green infrastructure is becoming a strategic lever for patient safety, operating margins and long term asset value. With the green building movement scaling rapidly and global green hospitals investment growing at double digit rates, 2026 is set to be the year when sustainability metrics move from the margins of hospital projects into their core planning, financing and accreditation decisions.

The global green hospitals market is expected to reach $75.4 billion by 2028, growing from $45.81 billion in 2024, according to data released by The Life Sciences Research Company. The factors contributing to this growth include decarbonisation goals, resource constraints, and policy pressure on sustainable health infrastructure.

In India, the surge in green construction is visible in the broader built environment data. The Indian Green Building Council (IGBC) reports over 18,310 projects with green footprint of over 15 billion sq ft, making India the second country with largest green building footprint in the world.

Architect and planner Ar Anshuk Punmia, Co-Founder and Principal Architect, House Of Lines, notes: "India's green healthcare market is estimated at $1 billion to $1.5 billion, growing at 18% to 20% annually, with scope spanning energy efficient buildings, water recycling, waste management, renewable energy, and sustainable procurement."

The global green hospitals market is expected to reach $75.4 billion by 2028, growing from $45.81 billion in 2024, according to data released by The Life Sciences Research Company.

Against the backdrop of India's national commitments to reduce emissions intensity and expand non fossil power capacity, green hospitals provide a tangible route for the health sector to contribute to climate goals while improving resilience to heatwaves, water stress and extreme weather events that already threaten service continuity.

Design and resource considerations

At the design board, climate responsive architecture is shifting from an optional enhancement to a baseline expectation in new institutional projects. Ar Mihir Desai, Director, HOSMAC, says, "The intersection of climate risk and public health in India makes climate responsive hospital architecture no longer optional, but essential, because hospitals are among the most energy and water intensive building typologies in a country facing rising temperatures, water stress and extreme weather events."

Ar Desai points to the growing adoption of frameworks such as GRIHA and the IGBC Healthcare rating, which are being treated less as compliance checklists and more as performance tools that shape energy consumption, lifecycle cost and even accreditation outcomes.

From a practical standpoint, HOSMAC's Ar Desai highlights strategies like façade optimisation on south, east and west elevations to reduce solar heat gain, adaptive HVAC zoning that tightly

Dr Suja Issac, SOUKYA International Holistic Health Center

Ar Mihir Desai, HOSMAC

Ar Anshuk Punmia, House Of Lines

APICES Studio, who points out that hospitals are "traditionally highly energy intensive, 24×7 operations" and that passive design approaches using orientation, shading and suitable materials, combined with biophilic layouts incorporating green roofs, courtyards and large windows, can simultaneously reduce energy use and support better recovery environments.

Ar Pandit adds, "By using recycled steel, bamboo, mass timber, low-VOC paints, non-toxic adhesives and locally sourced materials ... and integrating nature in the form of green roofs, vertical gardens, courtyards and large windows for daylight and views, hospital designs don't just become more sustainable but also contribute to optimal patient recovery outcomes."

Financial impact

The financial logic for green hospitals is becoming clearer, especially as investors and lenders embed environmental, social and governance (ESG) criteria into their credit decisions. Ar Punmia of House Of Lines says that by 2026 "sustainability metrics will influence accreditation, operating costs, investor perception and capital allocation, making green design and operations standard for new large hospital developments nationwide rather than a niche differentiator." He describes how integrating passive design, daylight optimisation, rainwater harvesting and grey water reuse from the outset reduces long term reliance on municipal supplies and stabilises operating costs in urban markets facing energy and water constraints.

From a consulting and capital allocation perspective, Dr Bakul Chandra says, "Energy initiatives generate the fastest and most measurable returns because hospitals operate 24×7 with high base electrical loads," adding that water reuse and waste optimisation provide strong resilience and compliance benefits that lenders increasingly recognise as risk mitigants.

Dr Chandra cites 'The Graphic Era Hospital in Dehradun' as an example where an IGBC Gold rated design, built around courtyards, natural ventilation in non critical areas, energy efficient systems and water reuse, has lowered energy intensity per bed, simplified compliance audits and positioned the facility as "a durable, low risk asset with strong lifecycle economics, where sustainability became a marker of institutional competence rather than ideology."

The Indian Green Building Council (IGBC) reports over 18,310 projects with green footprint of over 15 billion sq ft, making India the second country with largest green building footprint in the world.

Looking into the future

Looking to 2026 and beyond, industry experts expect sustainability benchmarks and green ratings to move upstream into hospital strategy rather than remain end of project badges. Dr Khan of Cocoon Hospital believes that accreditation bodies and regulators will tighten sustainability linked criteria, associating green compliance with quality and safety standards, while lenders and investors factor environmental performance into capital allocation, favouring hospitals with measurable frameworks around energy efficiency, water neutrality and waste minimisation.

According to Ar Desai, by 2026 sustainability metrics will increasingly shape investor confidence, capital allocation and hospital valuation, particularly for multi speciality projects, making climate responsive planning integral to core business decisions rather than an add on.

Dr Isaac of SOUKYA International Holistic Health Center says, "From a planning perspective, there will be investments in climate resilient infrastructure and improved power reliability, ensuring continuity of care. Initiatives such as efficient waste segregation and better air quality management will become integral to everyday operations, delivering long-term cost efficiency."