



POST MORTEM on DIAGNOSTICS POST COVID 19

The New Normal

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Brief Recap (Is the pandemic

“OVER”?)

- Beginning of the pandemic – India was unprepared for the challenge of “diagnosing” COVID in 1.4 billion people
 - Single apex institute of Virology – NIV, Pune
 - March 2020, ICMR approved and NABL accredited labs come into the picture – In Kerala DDRC SRL, Ekm – first private lab to start testing
 - Only labs with NABL accredited molecular testing were able to seamlessly begin testing
 - In 3 months POCT tests available
 - By Feb 2021, testing available in 1800+ labs (>700 in pvt and >1100 in govt)
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CHALLENGES in starting COVID testing

- Equipment – Expensive, capital intensive
 - Accreditation – Meticulous and sometimes lengthy process
 - Manpower Requirements – Skilled hands scarce
 - Regulatory compliances
 - Real time data updation and documentation (IT and Staff)
 - TAT pressures (travellers, ICU and theatre settings etc.)
 - Rate controls by government (4500 → 1700 → 500 → 300 in Kerala)
 - “Breaking point” situations during peak waves – capacity enhancement on a war footing
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Revenue Stream Disruptions



Fall in non COVID business (> 50%)



Frequent rate changes – forecasting return on investment difficult



Long term consequences of scaling up testing with demand were unforeseen



Business strategy formulation virtually impossible

....and after all this with falling sample loads (< 100 tests @300 INR)

What do we do with the

- Additional manpower (Professional and Unskilled)
- Equipment (huge sample load capable)
- Accreditation and regulatory certification – rigorous, continuous quality control
- Is it prudent to setup and do molecular testing only to cater to a “once in a century” event

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WAY FORWARD – Discussion points

- Investing in molecular testing – “COVID only” vs “non COVID capable” ?
 - Will increasing scope of testing help in long term viability – e.g. other infections panels, oncology panels ?
 - Is continuing NABL accreditation worthwhile only for molecular testing with falling sample loads ?
 - Additional investment (COVID only start ups) – Setting up routine testing like biochemistry /haematology
 - Cost viability – e.g. use extraction free kits
 - Should the medical fraternity embrace more molecular level diagnostics which may justify continuing the service
 - Retain manpower
 - Utilise equipment
 - Add to routine revenue
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THANK YOU

