



IIMC-CRC-2017-09

IIMC CASE RESEARCH CENTER (IIMCCRC)

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JUNE 2017

GNRC LIMITED¹

Dr. Nomal Chandra Borah, Founder and Chairman-cum-Managing Director (CMD), GNRC Hospitals, looked out of the window as the sun sets on the emptying parking lot of North Guwahati facility of his multi-specialty healthcare organization. The last day's OPD patients were being ferried back to their villages and hamlets, as Dr. Borah reflected on another animated discussion from earlier in the day with his close-knit decision-making group including his three children, daughters Priyanka and Satabdee, and son Madhurjya. The three children had joined their father's multi-specialty healthcare organization after the completion of their formal education and training. The second generation was in agreement with Dr. Borah's core philosophy of making healthcare affordable and accessible. Expansion and growth was on everyone's mind, and everyone believed that they could achieve new heights by devising a strategy for growth, optimizing processes, and reorganizing resources. However, the question of how this could be achieved was the crux of the debate.

Dr. Borah wanted to replicate the ultra-low-cost healthcare model of North Guwahati facility across multiple locations in India, which in itself would be challenging. Further, the aspiration of the second generation entrepreneurs was not limited to expansion within India, as they considered the presence of the GNRC brand across Asia. GNRC was already in the process of setting up a facility in rural West

¹ Case writer Ami M Shah prepared this case under the guidance of Professor Ashok Banerjee and Professor Suren Sista of IIM Calcutta. The case has been prepared solely as a basis for class discussion and not as an endorsement, a source of primary data, or an illustration of effective or ineffective management.

Prof. Ashok Banerjee and Suren Sista of the Indian Institute of Management Calcutta developed this case study as the basis for class discussion rather than to illustrate the effective or ineffective running of an organization.

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Bengal, in close vicinity of Kolkata. Several questions emerged as a result of constant discussions and debates during office hours, and even at home during meal times. Was it possible to replicate North Guwahati model in metros, and in other tier I and tier II cities of India? What would be required to recreate the North Guwahati model? How could they better mobilize resources to enhance productivity; were there other models of healthcare service that were able to deliver better on the promise of affordable and accessible healthcare, which they could learn from? While their brand was well known in their home city? How could they extend their brand as a professional healthcare service provider? Should they consider only the east and north-east India markets for expansion? What about expansion to rest of the Asia, starting with south-east Asian markets?

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