



13.04.2020

Dear CK MISHRA JI

Since the COVID pandemic preparedness started in our Country, AHPI has been having regular and detailed discussion with our 17-chapter presidents and secretaries to assess what was happening on the ground. As you are leading the most important empowered group on COVID hospitals etc., we shall like to bring to your notice the concerns and suggestions based on inputs from the state leaders meeting on 8<sup>th</sup> April 2020;

1. Most of the states have not yet approached private sector for providing hospitals/ wards for COVID. This may be as number of cases are still within capacity of government hospitals. But it is important that we plan in case number increase. Some states have issued orders/ advisories but have different approaches. It was suggested if states could broadly follow a similar approach.
2. It was suggested that mapping be done for each district to ascertain need in terms of ICUs, normal beds and quarantine beds etc. For example, the norm of minimum number of ICU beds for each million population be assessed, which will become key issue in case critical patients suddenly emerge. Recommendations made by joint industry group is attached where AHPI (Dr GYANI) was the convener. This can become guiding
3. It is good to note that Rajasthan has issued order to create 15217 quarantine beds, but quite a few tertiary care private hospitals are listed there. Such hospitals should be kept for COVID treatment as quarantine can be done in simple hospitals or even in hostels, guest rooms etc.
4. Odessa is one state which has involved private sector to operate designated COVID facility with clear agreement including cost. The staff are being kept close to hospital with 14-days working followed by 7-day gap and so on. This should become the norm. AHPI Odessa president is managing these facilities and will be happy to share the details. Few state governments (AP, TELANGANA, WB etc.) have taken over hospitals but with no financial agreement or details whatsoever.
5. Shortage of PPEs remains a major challenge. Government need to prepare list of suppliers based on their meeting the required criteria including price. In the absence of this, there is unnecessary chaos, which can be detrimental to safety.
6. Testing centers need to be increased. Even labs within NABH accredited hospitals could be used for PCR testing. Supreme Court order for free testing at private labs along with reimbursement by government is welcome step. Government can establish PORTAL by which once test reports are submitted the reimbursement gets transferred to the lab. The labs being small entities will not be in position to sustain credit for longer time period. AHPI has done statistical analysis (enclosed) of testing done so far and results are assuring.
7. Lastly hospitals all across, expressed serious concerns about the financial sustainability as they try to maintain full strength in-spite of only 20-30% patient load. Few suggestions came which can lessen the financial burden i.e. **(a) exemption from GST on input supplies, (b) waiver on PF and ESI contribution for next 3-months and (c) subsidy on electricity tariff (d) Under VIVAD se VISHWAS scheme, an additional benefit can be given for private hospitals allowing only 25% payment of the disputed tax, owing to their significant contribution to the nation.**

*P.S. I (Gyani) was today morning invited by AAPI (American Association of Physicians of Indian origin) through 90-minute conference call, wherein they wanted to learn about Indian preparedness by hospitals. All American doctors on call were highly appreciative of our measures.*

All AHPI state chapters stand by with the government in all respects to fight the pandemic.

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Director General, AHPI

Dr. Alexander Thomas  
President, AHPI