"TOWARDS A HEALTHY INDIA: AHPI'S BLUEPRINT FOR CHANGE"



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INTRODUCTION

AHPI is registered as not for profit society and represents vast majority of healthcare providers in India. It functions through 20-regional chapters covering entire India. It advocates with government and related bodies to achieve universal health coverage. It also works for building capacity in Indian health systems with focus on patient safety and making healthcare accessible and affordable.

Healthcare is a priority in any democracy, as access to healthcare is considered as a fundamental human right. Prioritizing healthcare helps reduce social and economic inequalities by providing all citizens, regardless of their socio-economic status, with access to essential health & wellness services. Moreover, healthy citizens are more productive, contributing positively to the national economy.

In order to achieve above, India needs to realize **Universal Health Coverage**, which is characterised with making healthcare; (i) available, (ii) accessible, (iii) affordable and (iv) acceptable (quality).



MAKING HEALTHCARE INFRASTRUCTURE AVAILABLE

We need to make available hospital beds and necessary healthcare workforce including doctors, nursing staff and allied health personnels. India presently has less than 2.0 beds per 1000 population, against WHO norm of 3.5 beds per 1000 population. While our Tier-I towns in general have adequate presence of hospital beds, Tier-II and Tier-III towns are grossly short of such facilities. Hon Prime Minister at the time of launch of Ayushman Bharat in year 2018, had proposed to have 3000 new 100-bedded hospitals in Tier-III towns, as that only will make Ayushman Bharat effective. This has not happened due to various valid reasons. AHPI had suggested to incentivise private sector to set up such hospitals by way of providing; cheaper loans, cheaper electricity, accord single window clearance, tax holiday for 5-years and facilitating providing land (if land is given by government, then hospitals may provide healthcare at Ayushman Bharat Rates and these hospitals can be named as Ayushman Bharat Hospitals. Such hospitals may be allowed to receive CSR funds as CAPEX).

Human Resource is another key component for making healthcare available. If we combine allopathic and AYUSH doctors, we are more than meeting WHO norm of one doctor per 1000 population. But when it comes to availability of specialists, we have huge shortage. We are known to have 75% shortage of specialist doctors in community health centres. The only way is to open 4-5 PGI Chandigarh kind of medical colleges exclusively for PG courses. Such colleges can be established just around 200-bedded hospital and would be very cost effective as compared to UG medical colleges.



We may allow 300+ bedded hospitals to have one medical college. Same is case with nursing staff and allied health technicians. We may allow 100+ bedded hospitals to have nursing school. This will again be most cost effective, as compared to setting up of new institutes. We need to operationalize in fast-track mode, the National Nursing & Midwifery Commission & initiate reforms in nursing education & their career progression. Same is case with National Commission for Allied & Healthcare Professionals, which is taking too long a time, having been gazetted in year 2021. Effective functioning of two commissions for nursing & allied health workforce is not only necessary for our own healthcare needs but has huge potentials in generating employment within as well as exporting abroad.

IMPROVING ACCESSIBILITY

After availability, the next key component is making healthcare accessible. For example, the primary care centres should be located within 5-km or 30-minutes travel time and secondary care CHCs or district hospitals are located within 10-km or 60-minute travel time. There need to be uniform distribution of health facilities within state/ district. AHPI study has revealed massive gap in this respect. For example, Karnataka has 4.2 beds per 1000 population, whereas Bihar has only 0.3 beds per 1000 population. Even within the states, there is huge disparity from one district to other. Considering that more than 85% of tertiary care beds are with private sector and these are concentrated within Tier-I and some in Tier-II cities, it should be urgent priority that government incentivise private sector to establish 100-bedded tertiary care hospitals within Tier-III cities, without which making healthcare accessible will remain a distant DREAM.



MAKING HEALTHCARE AFFORDABLE

As per WHO universal health coverage is defined as; providing health services to population at the cost, what it can afford. Government of India has launched PMJAY as component of AYUSHMAN BHARAT by which about 40% of India's population is provided with insurance cover of 5-lakh per family. Government has recently decided to include senior citizen with 70+ age to be part of PMJAY. This is very welcome step as coverage will increase from present 40% to nearly 50%. Then we have other schemes like CGHS, ECHS, ESI, Employer insurance and then private insurance. All put together we can say that sizeable population will have some or other insurance cover. PMJAY remains main scheme by which BPL population is assured of healthcare. But this will work only if we have healthcare available and accessible as covered vide (i) & (ii) above.

How do we make PMJAY effective: While a sizeable number of private hospitals are empanelled with PMJAY, most tertiary care hospitals have not joined. Even those empanelled are not enthusiast about admitting patients. Reasons are all known; firstly, the reimbursement rates are low. These do not meet operational expenses for tertiary care hospitals. Government needs to carry out scientific study through Institute of Cost accountant of India. Second is about inordinate delay in making reimbursement. This affects small and big hospitals alike. Government needs to introduce 1% interest in case payment is not made within one month. This will make government offices accountable.

MAKING HEALTHCARE ACCEPTABLE

This component is aimed at Quality & Patient Safety, by which we ensure that healthcare is being provided based on standard treatment guidelines. We have NABH accreditation in our country,



by which hospitals are advised to follow SOPs and monitor adverse events to imbibe culture of patient safety. We need to promote NABH accreditation so as to eventually cover all hospitals and nursing homes. National Quality Assurance program by NHSRC (MOHFW) is similarly doing good work for public sector hospitals and needs to be supported.

PREVENTIVE HEALTHCARE

We spend huge finances on curative health. The need is to shift focus on promotive and preventive aspects of healthcare which will drastically cut down financial burden and keep population healthier. We need to launch nationwide campaign on preventive aspects of healthcare through community like Gram Panchayats, Local Bodies, Educational Schools, RWAs, and Enterprises etc. We need to convert all sub-centres and urban health centres operational as 'Health & Wellness Centres' with education material on preventive health in local language, screening for communicable and non-communicable diseases. Utilize trained AYUSH doctors for promotive health aspects as long as they are not part of curative care under allopathic stream. High intensity promotion for 'Fit India Movement' covering need for physical exercise and YOGA. Similarly strengthen Occupation Health & wellness schemes at all enterprises.

There is need to launch nationwide campaigns for vaccination including **adult immunization**, maternal and child health, and focus on non-communicable diseases like diabetes, hypertension, cancer etc. Government may consider providing free or subsidized vaccines to adults like; Influenza, HPV (for women to safe guard from cervical cancer), Zoster, Pneumococcal etc. for better disease control. Continue & expand the Swachh Bharat Abhiyan to achieve



complete sanitation coverage. Ensure access to clean and safe drinking water for all communities. Launch public awareness campaigns about the importance of balanced diets using millets.

PUBLIC HEALTH ISSUES

In any welfare state, public health institutes need to be accountable and professional. There are countries where people prefer public health institutes over private. Can we think of putting public health institutes under autonomous board in each state with part funding coming from government and part generated by board. We need to establish strict referral system (sub-centre-PHC-CHC-District Hospital-Medical College-AIIMS) so that we do not crowd AIIMS kind of institutes for treating primary level of ailments. **We need to focus on new emerging threats like mental health, geriatrics, stroke, cancer, impact of climate on human health etc.** There is need for strengthening of Geriatric Services-Facilities for senior citizens, inclusion of senior citizens in the PMJAY scheme (which has been done), removing/ reducing GST for senior citizens private insurance. Likewise, there is need to establish 'Emergency & Trauma Care centres. Government may even empanel trauma centres working at private hospitals to take care of road accident patients and those coming for cardiac and stroke incidents. There is need to create central fund for treating accident victims at any nearby public/ private hospitals.

So far as mental health issues, AHPI has taken initiative to establish criteria for dementia friendly hospitals. AHPI is also actively working to raise awareness on STROKE among community as well as helping smaller hospitals in adopting protocols for treatment of stroke.

USE OF HEALTH INFORMATION & MEDICAL TECHNOLOGY

Technology is going to be integral component in the process of healthcare delivery. There are two distinct yet interdependent components of technology used in healthcare; (i) **Healthcare Information Technology (HIT)**, which focuses on management of hospital processes including, electronic health records, patient information management software, telemedicine platforms and very useful clinical decision support system that provides clinicians with clinical knowledge and ability to help decide appropriate treatment plan and (ii) **Medical Technology** (MedTech), which focuses on development and application of devices and equipment used in medical treatment, diagnosis, and monitoring including; Diagnostic Equipment: MRI machines, X-ray machines, CT scanners, Therapeutic Devices: Insulin pumps, pacemakers, dialysis machines, Monitoring Devices: Blood glucose monitors, ECG machines, Surgical Instruments and Robots: Scalpels, forceps, and robotic surgery systems, Prosthetics and Implants: Artificial limbs, joint replacements, cochlear implants etc. Most of medical equipment are imported. There is urgent need to promote indigenization of high-tech medical equipment. **Andhra Pradesh MedTech Zone in VIZAG** is doing very well in this initiative. There are 4-other Medical Device Parks proposed i.e., Telangana, Himachal Pradesh, Tamil Nadu and Kerala, which need to be put on fast track.

Ayushman Bharat Digital Health Mission launched by Government of India is game changer. It needs aggressive push including making available ABHA card and implementing portability of medical records. Government may introduce financial incentives for private hospitals and professionals to be part of ABDHM, including establishing electronic health records.



TAXATION

While the healthcare sector in India is large and growing rapidly, we are committed to providing high-quality healthcare services to our patients and are continuously striving to ensure compliance with all applicable tax regulations. However, the ineligibility of healthcare service providers to avail Input Tax Credit (ITC) due to exclusion of healthcare sector from GST regime has raised the huge concern on the operations of the industry. Enabling this industry to avail Input Tax Credit (ITC) would not only ensure that the ITC chain is intact but will also make compliances easier and ensure that the input taxes are not loaded into the cost of healthcare services.

As the healthcare services are exempted from GST, the services availed by the Hospitals also needs to be exempted from paying tax or allowed to get ITC. Further, with a view to provide high quality services we have to make a huge capital investment on infrastructure like leasing of land, buildings, plants, machineries, equipment etc. to enhance the standards of this industry. By not providing the benefits of availing ITC on our investments, it will cost hospitals a huge expenditure amounting to 3-4% of total revenue which will have ultimate impact on the patient's bills. We also urge to the Government to reduce the GST on life saving equipment like ventilators, monitors, anaesthesia equipment, and batteries of all lifesaving equipment and likewise on health insurance services.





CONCLUSION

Paper has outlined some of the simple steps by which India can achieve universal health coverage in near future. We need to prioritize in making healthcare available and at the same time accessible. Concerted efforts are needed to ensure financial sustenance of private health sector. For this to happen, private sector needs to be incentivised, which in time to come will prove to be game changer. Insurance schemes in general and those by central and state governments need to be restructured in terms of financial viability for providers and which has bearing on patient safety at large. There is need for promotive and preventive health initiatives through government fast tracking operationalizing of Health & Wellness Centres and at the same time involving local bodies and NGOs to educate community on adopting sanitation and good nutritional practices.

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