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ISSN 09708178-7

STEALTH AIR
The Silent Performer

HAVELLS
VEN AS THE INDIAN HEALTHCARE sector has grown manifold over the past few years to become one of the largest contributors to the country’s GDP, it is still at nascent stage. Reason? Making quality healthcare accessible to a billion-plus population is a challenge that the government, entrepreneurs and medical practitioners are trying to overcome. But here lies the opportunity too.

The Indian healthcare market is growing at a CAGR of 17 per cent (2008-20) and is expected to reach $280 billion in 2020. Even then, the doctor-patient ratio in the country is abysmally low at 1:1,700, a report jointly published by KPMG and Ficci suggests. It states that India accounts for 21 per cent of world’s disease burden, and what’s worse is that the out-of-pocket expenditure in the country is as high as 62 per cent of total healthcare spending.

Another set of data available with healthcare-focused fund Quadria Capital shows that the rural sector accounts for 70 per cent of communicable disease and 50-70 per cent of non-communicable diseases. At present, 60 per cent hospitals, 75 per cent dispensaries and 80 per cent doctors are located in urban areas servicing only about 30 per cent of the country’s population.

So, going by the current figures, what does the future of healthcare sector look like? What we need today is a unified approach for long-term solutions, which would help in optimising disease-care to preventive and promotive care as well as patient centricity through data-driven, efficient technologies.

Going forward, most services and therapy models will start moving away from concentrated locations such as hospitals and clinics to people’s phones and homes. There will be huge empowerment and self-intervention, enabled through technology, by individuals and clinician intervention will move towards areas of serious illness and judgemental calls. Even there, clinicians will be hugely dependent on technology and innovations to deliver services. “Healthcare models for decades were designed for non-chronic ailments, which in the future will pivot to solving chronic ailments,” says Amit Varma, co-founder and managing partner of Quadria Capital.

Echoing the same sentiment, Nilaya Varma, Partner and Head, Government and Healthcare Practice, KPMG.
in India says, "In next 10-15 years, the Indian healthcare system is expected to leverage technology in revolutionising healthcare, streamlining processes and addressing traditional challenges."

Newer platforms enabled by artificial intelligence, machine learning and deep learning will help low to mid-level therapy solutions without the need for direct clinician intervention and, in some cases, where clinician interventions will be required, they will be delivered without the need for visiting hospital or the physician. "Surgeries will be aided by live robotic interventions and implants will be custom made through 3D printing. Further, the use of genetic and other forms of specialised testing will be standard of care for all complex chronic and rare disease," says Quadria Capital’s Varma.

While there is immense opportunity in the adoption of the disruptive and new models of delivery, the challenge lies in the pace of implementation wherein support from regulators and education to users will be key in bringing about this change. Besides, inadequate healthcare workforce, lack of healthcare infrastructure, low insurance penetration, high out-of-pocket expenditure and disparity in rural and urban healthcare are some of the ongoing issues plaguing the sector, says KPMG’s Varma.

According to data available with NatHealth, approximately 63 million people fall into poverty each year due to lack of financial protection for their healthcare needs. Going forward, Universal Health Coverage is the primary goal. The government’s National Health Policy 2017 and Ayushman Bharat-National Health Protection Mission (AB-NHPM) will go a long way to achieve the goal of ‘Health for All’. “Over the next 10-15 years, we will see a new Indian healthcare ecosystem with main focus on prevention and wellness, quality service, financial access and affordability, says Anjan Bose, Secretary General, NatHealth.

The government has announced an unprecedented Rs 5 lakh medical insurance cover per year for 10 crore families or 50 crore beneficiaries across the country. Besides, announcement of 24 new medical colleges should also have positive impact on health education. “With corpus of Rs 1,200 crore, setting up 1.5 lakh healthcare centres should bring good health closer to every household,” says Bose. “These centres will provide free essential drugs and diagnosis,” he adds. Private sector partnerships through health PPPs are slowly gaining acceptance in the market. This too is eventually expected to lead to improved healthcare access in the country.

All in all, healthcare is one of the largest sectors in the country, both in terms of employment generated and revenue earned, so much scope exists for enhancing healthcare services. So, which sectors within healthcare are expected to gain traction? Experts point out that primary care and wellness will benefit or change the most in terms of paradigm in the coming years. Governments and private sector are focusing to inculcate the habit of managing health in order to lower the need for secondary and tertiary interventions.

And within the sector, healthcare IT, home healthcare, super-speciality market, and telemedicine and digital healthcare are the areas to watch out for. In terms of procedures, though, robot assisted surgeries, coronary interventions and IVF treatment, among others, are expected to dominate the market.
60% health care cost spent out of pocket in India: NATHEALTH

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Out of pocket medical expenses make up about 60% of all healthcare costs in India and the National Health Protection Scheme is expected to help people to meet their healthcare needs, said National Healthcare Federation of India –NATHEALTH -- in New Delhi on April 10.

It claimed, “Presently, a very small percentage of the population in the country has health insurance coverage.” According to NATHEALTH, inadequate access to capital has been one of the biggest roadblocks for the growth of Indian healthcare sector.

Today, the government spends only about 1.4% of its GDP on healthcare, which is one of the lowest spends globally. There is a need to focus more on raising investment in healthcare in the country, said NATHEALTH.

Mr Daljit Singh, President, NATHEALTH, says, “The Health Policy envisages setting up a regulatory body-National Digital Health Authority- to govern and regulate digital health.”

He said, “Going forward, for an efficient and effective mass mediclaim scheme, the sector expects that the Authority would be established immediately to leverage the benefits of digital health. Digital health would be a very powerful catalyst in realizing the goal of Health for All.”

Mr Anjan Bose, Secretary General, NATHEALTH “As part of Ayushman Bharat Mission, NHPS would require strong partnerships among stakeholders and with this collaborative spirit, we should be in position to make our healthcare ecosystem robust and more inclusive.”
Healthcare funds not adequate

FC BUREAU

New Delhi

In India where out-of-pocket expenses are around 60 per cent of GDP on healthcare, which is one of the lowest spends globally, there is a need to focus more on raising investment in healthcare in the country, it said.

Inadequate access to capital is one of the biggest roadblocks for the healthcare sector’s growth, said Anjan Bose, secretary general, NatHealth. NatHealth, a multi-segment collaborative platform, has extended all its support to stakeholders in the sector.
आयुष्मान भारत योजना को गति देने की तैयारी

स्वास्थ्य मंत्रालय ने तैयार की रणनीति। नेटेंशनल क्युआर्टर्स, बीयरेक्स और इलेक्ट्रॉनिक मेडिकल एसोसिएशन (आईएमए) जैसे देश के शीर्षस्थ स्वास्थ्य संगठनों के साथ सक्रिय सहयोग की है।

वर्तमान में, एक सरकारी एंड्स द्वारा बनाई जा रही रणनीति में शामिल है। यह रणनीति उपक्रम के साथ सहयोग के माध्यम से स्वास्थ्य सेवाओं को लागू करने में मदद करेगी। यह रणनीति उपक्रम के साथ सहयोग के माध्यम से स्वास्थ्य सेवाओं को लागू करने में मदद करेगी।

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For claim ratio below 85%, insurer can pocket 15%, give rest to govt

ABANTIKA GHOSH
NEW DELHI MAY 4

INSURERS in the National Health Protection Mission (NHPI) will have to return a share of the premium collected from the government for failing to meet a healthy claim ratio.

The government has told insurers that they will be under obligation to return part of the premium collected if they fall short of the 85-per-cent claim ratio. For any claim rate below 85 per cent, the insurer can keep a maximum of 15 per cent of the unclaimed premium and return the rest to the government.

The government has communicated to the insurers during the stakeholders consultation on Wednesday. Indu Bhushan, the CEO of Ayushman Bharat, explained that if only 50 per cent is consumed in medical claims of the total annual premium paid to an insurance company, the insurer cannot take the entire remaining sum. It will have to return 35 per cent of the premium amount to the government at the end of the year, and taper the remaining 15 per cent.

Bhushan told The Indian Express: “A decision has been taken that for a claim rate up to 85 per cent insurance companies can keep the balance. For anything below that, they will have to return the money to the government. That way we will prevent any windfall gains for insurance companies.”

Bhushan said the idea of the scheme is that “beneficiaries should get the maximum benefit, not the hospitals or insurance companies”.

Claim ratio is calculated as the total value of all claims paid by the company divided by the total amount of premium collected in a financial year. A claim ratio of 75-90 is usually thought to be an indicator of a robust claim settlement system by an insurer.

Under NHIP, an annual health cover of Rs 5 lakh will be provided to 10.34 crore “depriv ed” families as per Socio-Economic and Caste Census (SEC) data. For beneficiaries, it will be available at the point of use. Wednesday’s consultation was attended by representatives from leading general and stand-alone health insurance companies, and hospitals (super-specialty, general, multi-speciality and hospitals from Tier-1 and Tier-2 towns), and representatives from industry bodies such as CII, FICCI, IBDA, NABH, NatHealth and QCI. Besides Bhushan, the secretaries (health) Alk Santra and director (Ayushman Bharat) Dr Anurag Agarwal represented the ministry.

At the last consultation in Mumbai, held before the Union cabinet approved the NHPI proposal last month, insurance companies had said that the scheme could not be financially viable for them. For anything short of a premium of Rs 2,500 per year per family, sources present at the second meeting said that estimates had “rationalised” since then and are now close to the Niti Aayog’s drawn up estimate of an annual Rs 0.82 per family.

One of the concerns insurers raised at the meeting was that the reverse bidding — in which the top three bidders are allowed to revise their bids — should not be done for this programme, and that eligibility conditions be relaxed to ensure more entrants in the insurance sector with less than three years experience can bid as well.

The government has already decided on pre-authorization for “moral hazard” procedures such as on average sections and restriction of some of them to just the government sector, its health insurance package, “moral hazard” is the tendency of insured people to buy or sell additional health care interventions irrespective of their actual needs, leading to an expected increase in the cost of health care. But all these till now have been negotiated between the government and the insurers.

Deliveries within the insurer companies were focused on how to get the most competitive rates, without compromising the quality of health care services and prevent frauds. Representatives from hospitals highlighted the need for timely payments for their services by insurance companies in trust. They were appreciative of the claim management process that hae been incorporated in the Mission.