Overseas medical tourists look elsewhere on higher costs

India is losing its sheen as a destination for medical tourism as factors such as costly hotel rooms are prompting patients to turn to countries such as China and Thailand.

A considerable number of medical tourists from countries such as Kenya, Nigeria, Afghanistan and Uzbekistan used to avail facilities in India but the flow has declined, according to the latest data available with the tourism ministry.

Medical tourists from Afghanistan fell from 69,231 in 2016 to 55,681 in 2017. Similarly, medical tourists from Uzbekistan declined from 9,564 in 2016 to 8,300 last year.

A total of 5,530 and 7,490 medical tourists traveled from Nigeria and Kenya respectively in 2017, lower than 20563,9,277 and 8,701 respectively.

The numbers from neighbouring Pakistan also came down from 3,953 in 2016 to 1,785 last year.

“One of the major reasons for the decline in medical tourists is the increase in goods and services tax (GST) on hotels in India, which is now around 28%,” Earlier, the tax rate used to hover at 18-19%. In other countries, this percentage is far less. Now, this perception has set in that India has become costlier for medical treatment,” said Satyajeet Rajan, director general tourism, at the ministry.

In India, hotel rooms costing 17,500 and more per night attract a GST of 28% while those costing 12,500-17,500 attract 18% GST.

Tourism ministry officials said most medical tourists prefer luxury hotels which attract the higher GST slab.

“Even Airbnb stays have also become costlier in India. Several patients going by the cost incurred on overall medical treatment in India are looking for alternatives; diverting from India, they are choosing China and Thailand as medical destinations,” said Rajan.

India however continues to receive a steady flow of medical tourists from Bangladesh due to its proximity to West Bengal, he said, adding the ministry is hopeful of a rebound in medical tourists from Africa.

“We are engaged in several exhibitions across the world and other initiatives to promote medical tourism in India,” said Rajan.

While the government considers medical tourism is booming, health experts believe the industry is evolving and requires active support and participation from all stakeholders.

“Streamlining visa norms is an area which needs immediate attention from the Indian government,” said Ramnath Malajjan, director, orthopaedics and joint replacement at Max Hospital, Salt Lake, New Delhi.

“The waiting period of getting medical visa is long due to additional procedures involved, and the physical presence of patients is required at embassies. Besides, the medical tourism industry in India is also facing some other bottlenecks. One such is medical insurance. Some overseas companies refuse reimbursement.”

The government is supporting the efforts to promote medical tourism by extending the visa on arrival status scheme to 150 countries.

“However, the fact is that the healthcare sector in India currently competes with a number of healthcare providers in Asia who enjoy preferential tax regimes and various concessions announced by their respective governments,” said Anjan Bose, secretary general, NATHEALTH, an inclusive institution representing small and medium hospitals.
Healthcare Comes Home

Affordable nursing at the doorstep is the new fad for many in urban India

BY LACHMI DEB ROY

HEN S.P. Kamra (75) returned home from hospital after treatment for a stroke, his family members were worried. Completely bed-ridden in his Delhi home, Kamra needed constant and expert care. As his son, Praveen, looked for options, someone suggested home care services. From monitoring Kamra’s ventilator parameters, to maintaining an input-output chart for fluid balance, chest and limb physiotherapy, to changing his body position every hour, even providing psychological support, the expert attendants from the private service provider, Health Care at Home, did everything to nurse him back to health. And his son, Praveen, could not have been happier. “With the support and the treatment, my father’s health status has improved...he has been weaned off the ventilator and his vitals are within the normal level. His neurological conditions have improved too. With physiotherapy, his lower limbs have gained back strength,” Praveen tells Outlook. “Psychological support and counselling by the attendants (also) helped him get well faster.”

Hundreds of miles to the west, in Mumbai, the family of K. Jayakanthan also faced a similar dilemma. The 82-year-old woman was suffering from severe pneumonia besides advanced dementia. Her son, K Sampath, then turned to Zocor, another home healthcare service. “Initially, we were taking care of our mother. But later we realised that we need trained help. Zocor provided us with two trained nurses, an ayah and a male attendant,” says Sampath. “We are very happy with their services. They know all the medical procedures and they check the parameters regularly. Most importantly they are very helpful.”

Once the domain of the neighbourhood ayah or the even the untrained domestic help, post hospitalisation care at home is now provided by professional experts in urban areas of India, where the gap between the number of patients and hospital beds is huge. Data from the National Health Profile 2017 show that there is just one government hospital bed for every 2,046 people. One research shows that India shares more than 20 per cent of the global disease burden, it accounts for only eight per cent of doctors and six per cent of hospital beds. Private hospitals work on the ALOS (average length of stay) model—the increased availability of hospital beds translates to more surgeries and hence higher revenue. Hospitals prefer to discharge patients who are stable and use the infrastructure for surgeries and other medical procedures for critical patients.

Experts say the demand for home healthcare services is growing exponentially due to several reasons including high hospitalisation costs, rising elderly population, need for personalised medical attention, dismantling of traditional joint family, lack of quality healthcare service network and increase of non-communicable diseases that require care, but not necessarily hospitalisation. According to an estimate by the University of Pennsylvania, the home healthcare industry in India is estimated to grow from Rs 7,800 crore in 2018 to Rs 91,000 crore by 2025.

The rising number of senior citizens—about 150 million—is also fuelling the industry. In a
country with an increased movement of people globally for work, elderly parents or family members with chronic diseases are often left behind, and alone. And approximately 29.2 per cent of the elderly population suffers from depression and this is mainly because of loneliness. Swadeep Srivastava, managing partner of IVH SeniorCare says, “Loneliness and depression among the elderly population is our main concern...What patients of depression require is company, someone with whom they can enjoy some quality time. If they are living alone, their mental condition deteriorates even faster. The care managers talk to them and keep them engaged. They are more like buddies. They take the elderly citizens for a walk and if there is any medical requirement, they get in touch with the doctors.” Thiyagarajan Velayutham, founder and MD of India Home Health Care (IHH) says that home healthcare services offer many advantages including convenience, especially in a big metro where getting to and from hospital can be “difficult, time consuming and expensive”.

Rising chronic diseases are also forcing people to look at home healthcare so that they don’t need to go through frequent hospitalisation. Nurses, doctors and attendants serve the patients’ needs in their own homes, covering even complex services like setting up a temporary ICU. Home healthcare services are also more affordable than hospital stays, operating at approximately 15 per cent to 30 per cent lower cost than hospital stays (see chart). “Our solutions provide 30 to 60 per cent savings on similar hospitalisation costs. Patients choose us for our deep domain expertise in specialised areas like cancer care,” says Nidhi Saxena, founder and CEO of the Mumbai-based Zoctr Health Network. Swadeep Srivastava says his company also employs ex-defence personnel, who are able to handle any kind of crisis swiftly and have high integrity. “Some people are not comfortable about a stranger coming home to take care of them. If it is a defence personal, the family members are also at peace because they know that they are in reliable hands,” he adds.

DELHI-based geriatric specialist P.C. Rai, however, has a word of caution. “For bed-ridden patients this is an extremely good option. The problem starts when the nurses are not trained,” he says. Another doctor, who did not want to be named, also says that lack of trained and dedicated staff is a big issue in home healthcare. In case of acute medical emergencies, they are not very reliable, especially in the case of aged patients,” he says. It’s also not possible to transport sophisticated instruments for the use of just one person.

Then there are other issues. Homecare health service is yet to be brought under any regulatory authority, leaving patients without any mechanism to seek compensation in case anything goes wrong. The regulatory framework in the National Health Policy 2017 only covers hospitals, clinics, nursing homes and laboratories. Besides, home health care in India is not covered by most health insurance policies including the much-touted Ayushman Bharat Mission, launched recently by the Centre covering 100 million people in the first round. “Now the government’s main focus is on health insurance. Hence, it is high time for insurers to include home care to quickly grow and increase their scope of coverage. Insurers can provide it as a separate or add-on service to differentiate their product offerings,” says Delhi-based Anjan Bose, secretary general of Health Care Federation of India.

For all the drawbacks, home healthcare is growing in popularity across the country. When Mumbai-based Amar Kazi (75) injured his spine after a fall, it is his caregivers at home who nursed him back to health. “I was bed-ridden and needed help to move around. My daughters have their own family responsibilities and cannot come and live with me all the time...The attendants are trained...they take care of all my needs, starting from taking me for walks, to bathing me, giving me medicines, massaging me regularly. They are like my shadow.” For many like Kazi, there is nothing like home. And care at home...