Delhi: Industry body backs healthcare reforms

NATHEALTH suggested that the private sector could work with the government in order to increase the number of DNB seats across the country.

New Delhi: A top healthcare industry body, NATHEALTH, has recommended to NITI Aayog to consider a number of reforms that would allow private hospitals across the country to offer Diplomate of National Board (DNB) seats to their full potential and capacity. This recommendation was made in light of shortage in the number of specialty doctors in the country. NATHEALTH suggested that the private sector could work with the government in order to increase the number of DNB seats across the country.
NATHEALTH recommends reforms for DNB capacity development through PPP

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Private Sector can work with Government to increase capacity of DNB (Diplomate of National Board) seats across India: NATHEALTH

In view of shortage of specialists doctors in the country, Apex Healthcare Industry body NATHEALTH urged NITI Aayog to consider a slab of reforms which would go a long way in allowing private hospitals to offer DNB seats to their true capacity and potential.

In order to increase the number of doctors and specialists in the country, NATHEALTH commended NITI Aayog and Governments efforts so far and said that private sector can work with the government to increase DNB seats across India.

“the objective of increasing the number of DNB seats can be met with greater participation from the private sector. The challenges and opportunities have been identified in the private sector which can lead to the creation of a desirable ecosystem for the private hospital to be inclined to invite more DNB students,” NATHEALTH said in a statement.

DNB (Diplomate of National Board) accommodation is currently geared to each individual hospital unit, based on its fulfilling the eligibility criteria independently. This limits the number of eligible units and subsequently the total number of DNB seats in a hospital chain. Although individual units might not qualify by themselves, they can qualify if they can locate their DNB students in different units of the same hospital group.

Apart from making modifications to the base-speciality ratio classes, NATHEALTH recommends inclusion of new courses in various streams like non-surgical, non-interventional specialties like Ophthalmology, Diagnostic Radiology, etc. in order to increase the number of specialists.

Citing examples of Manipal Hospitals, NATHEALTH President Dr. Sudarshan Balse said, “we have a large main unit hospital but multiple smaller satellite units which do not qualify independently but have the capacity as a chain to expand the intake of DNB students significantly. Moreover, infrastructure like libraries can be created at a central location within the hospital group and not replicate for each satellite unit thus leveraging common assets and reducing costs.”

According to NATHEALTH, the base to number of specialties allowed for DNB should be related to allow for more specialties per unit bed in private hospitals. Especially in underserved areas, smaller units should be able to host DNB programs by such efforts.
NATHEALTH recommends reforms for DNB capacity development through PPP

While commending the NITI Aayog’s efforts so far, NATHEALTH has said that the private sector can work with the government to increase the capacity of DNB (Diplomate of National Board) seats across India.

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Reforms for DNB Capacity Development through PPP Mooted

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Looking at a scenario where there is a shortage of specialty doctors in the country, NATHEALTH, the apex healthcare industry body, has urged the NITI Aayog to consider a slew of reforms that would go a long way in allowing private hospitals to offer DNB seats to their true capacity and potential.

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Currently out of 40,000 PG seats in India, only 6,500 come from the DNB system. NATHEALTH recommendations came at a time when the NITI Aayog plans to increase DNB PG seats to 22,000 by 2022. This will not only help NITI Aayog in achieving its 2022 targets but will also help private sector in enhancing their capacity. (Source: The Tribune)

DNB (Diplomate of National Board) accreditation is currently granted to each individual hospital unit, based on fulfilling the eligibility criteria independently. This limits the number of eligible units and subsequently the total number of DNB seats in a hospital chain. Although individual units might not qualify by themselves, they can qualify if they can rotate their DNB students in different units of the same hospital group.

NATHEALTH recommends reforms for through PPP

Apart from making modifications to the bed-to-specialty ratio clause, NATHEALTH recommends inclusion of new courses in various streams like non-surgical, non-interventional specialties like Dialysis, Diabetology etc. in order to increase the number of specialists.

Citing example of Manipal Hospitals, NATHEALTH President Dr. H. Sudarshan Balal said, “We have a large main unit hospital but multiple smaller satellite units which do not qualify independently, but have the capacity as a chain to expand the intake of DNB students significantly. Moreover, infrastructure like libraries can be created at a central location within the hospital group and not replicated for each satellite unit thus leveraging common assets and reducing costs.”
Providing Affordable Rural Healthcare Ecosystem In India Is Need Of The Hour

Rural ambulances, mobile check up vans, healthcare kiosks and use of telemedicine are ways to achieve this.

For all the gratified talk about India’s health sector and the medical tourism hub it has turned India into, the truth remains that our healthcare system is highly inequitable. Even today, a large section of our population has to travel more than 100 km to access basic healthcare. Data collected by NSSO in 2010 found that 86% of all trips taken for medical purposes were by rural Indians. According to estimates, urban centres are home to almost 70% of the doctors and almost 60% of the country’s hospital beds despite having less than 30% of the total population.

Government estimates suggested that as on March 31, 2017, only 4,156 posts for specialists were filled in Community Health Centres as against a requirement of 22,696. From lack of access to high cost of services, rural patients face several hurdles to healthcare that limit their ability to avail the care they need.

Pradhan Mantri Jan Arogya Yojana or Ayushman Bharat programme which promises to benefit 1074 crore poor and deprived rural families, has raised much hopes. However, establishing an affordable and accessible healthcare ecosystem in India requires a wider approach that includes creating the required human resource and raising awareness among rural Indians.

Barriers to affordable healthcare access in rural areas

Low Health Literacy

Poor health literacy disables a patient’s ability to comprehend health information and instructions from their healthcare providers. Sometimes, due to the low health literacy, rural residents get reluctant to visit a healthcare facility as they don’t have confidence of communicating with a healthcare professional. At the same time, it also translates into low awareness about chronic diseases and symptoms that must be taken seriously. It is important therefore to have a functioning primary healthcare service closer to the doors of rural people.

Long distance commutation

According to a NAIHAC/PHC report released in 2017, 50% of beneficiaries travel more than 100 kms to access quality medical care as about 70% of India’s healthcare infrastructure is concentrated in the top 20 cities. The requirement of long distance commutation increases costs and inconvenience and often results in discontinuation of treatment. For people living with chronic diseases such as hypertension, diabetes, heart disease etc who require frequent visits to outpatient healthcare facilities, this can have serious consequences on health.

Workforce Shortage

India faces a shortage of doctors and allied healthcare professionals and this shortage is even more glaring in rural areas where it severely limits access to healthcare and negatively impacts health outcomes. Poor medical infrastructure in rural India also acts as an impediment in attracting qualified and trained health professionals. The government’s ambitious Ayushman Bharat scheme which envisages establishing of 150,000 health and wellness centres cannot succeed without addressing the human resource gap in rural areas.
Patient-care Equipment in Hospitals: A Tale of Two Compromises

Hospital beds, surgical tables & other patient-care equipment market is rapidly growing. However, the ecosystem stands compromised both in terms of quality and care.

The Indian healthcare sector finds itself at the crossroads of growing, quality care and a holistic development. Such pivotal decisions demand a focus on policy intervention and alignment with the needs of the people, the sector with several segments such as providers, medical technology devices, diagnostics among others, has embraced new innovation models to meet the requirements of modern-day patient care. In India, the advent of a new healthcare ecosystem is the result of the need for creating a comprehensive model to ensure the safety of patients.

The patient care equipment category consists of hospital beds, including intensive care beds, surgical care beds, stretchers, OT tables, lights and other medical furniture. To equip the Indian hospitals, both foreign and domestic players are contributing with their innovation and best in class patient care equipment and services.

**Market Dynamics**

Accessibility enabled smart medical beds have the potential to become the sector of advanced, comprehensive and patient-centric healthcare ecosystem. The global hospital beds market is expected to attain a size of USD 31.6 billion by 2025, according to PIB’s market research. Hospitals are anticipated to invest more in interactive and smart beds of medical beds, with sales forecast (in billion) for approximately USD 2.5 billion presently and USD 74 billion in 2025. According to the industry estimates, in 2017, the Indian hospital beds market was estimated at Rs. 750 crore with 12,000 units. The hospital beds category holds a 50 percent of the hospital furniture industry. This segment is expected to continue to grow at 10-12 percent year on year, with 20,000-30,000 additional beds every year to go to the OT, surgical and emergency segment. The Indian hospital beds and patient care segment is valued at USD 1.5 billion in 2025, increasing at a CAGR of more than 3 percent from 2018 to 2025. In 2017, the Indian OT tables market was estimated at Rs. 550 crore with sales of 1,500 units while the intensive care segment with 900 units constitutes 30.5 percent of the total market.

NATHEALTH seeks more DNB seats in private hospitals

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NEW DELHI: In view of the shortage of specialty doctors in India, the apex healthcare industry body-NATHEALTH has urged the NITI Aayog to consider a slew of reforms which would allow private hospitals to offer Diploma of National Board (DNB) seats to their true capacity and potential.

"The objective of increasing the number of DNB seats can be met with greater participation from the private sector. The challenges and opportunities have been identified in the private sector which can be explored to create a desirable ecosystem for the private hospitals to be inclined to invite more DNB students," NATHEALTH has said in a statement.

Apart from making modifications to the bed-to-specialty ratio clause, NATHEALTH recommends inclusion of new courses in various streams like non-surgical, non-interventional specialties like dialysis, non-invasive cardiology, diabetology, etc. in order to increase the number of specialists.

NATHEALTH President Dr. H. Sudarshan Ballal said, "We have a large malnourished population in rural and semi-urban areas which can be treated by DNB doctors. They can function as the family medicine doctors and add to the primary care in rural areas."

"Hospitals need to employ full-time doctors for the DNB program. About 50% of the faculty could be part-time. Diplomas are not considered eligible for faculty nominations for DNB program. If diplomas can be considered for faculty it would be easier to expand seats," said NATHEALTH Secretary General Siddhartha Bhattacharya.

NATHEALTH has also recommended that MoHFW can be signed with accredited private hospitals having excellent track record in conducting DNB programs in District Hospitals/ Chantable hospitals on a fee-sharing basis, if required. This will greatly help in increasing the number of DNB seats in the country by bringing more capacity under the ambit of DNB programs and better utilization of existing training infrastructure."
Elections 2019: Where is healthcare placed?

Healthcare in Indian politics is far ahead from the US concerns, French reality or Finnish liabilities. It is more of an afterthought in the current Indian election.

By Rashmi Nadan | ETHealthworld | May 20, 2019, 03:39 IST

Navi Dalir: Where is healthcare placed in Indian politics? It depends much on what the leaders or the political parties’ promise and these promises are based on the premise of the understanding, awareness and the priorities of the electorate.

During 2018 mid-term US elections, the exit polls revealed that 41 % of the voters rated healthcare as their prime concern and number one issue for their voting rights. Last week, President Trump remarked that the Republican party will become the party of healthcare. 2020 elections in the US is inching towards healthcare as the key focus area! So much for the health of healthcare in the US.

Way back in 2000, WHO rated France as the best overall health care provider. Thanks to their election where the core agenda was healthcare.

Last month, the government in Finland resigned because it failed to push through its healthcare reforms.

While BJP government promises to increase the health budget to 2.5% of GDP, but not until 2025. The Indian National Congress (INC) manifesto promises 3% of GDP, but only by 2024.

“We should draw attention to the fact that India needs to allocate a higher public spend on health - three times more than the current spending,” says Siddhartha Bhattacharya, Secretary General, NATHEALTH.

Our politicians find more lucrative subjects like caste, class and communal issues to whet their electoral appetite. They never realise that India is one of the fastest growing economies in the world and secondly we are emerging as one of the best international medical tourism destinations. Political parties need to rethink here.

“Practical approach to the requirements of the healthcare is a must and not seen in any of manifestos released,” says Dr. Nandakumar Jairam, CEO, Chairman GMD & Columbia Asia Hospitals, India Pvt Ltd. He adds that Ayushman Bharat is certainly ambitious and a very good kind of a plan, however there are many holes in it which prevents it from delivery.

Election manifestos come with an array of promises that are neither taken seriously by the parties or even by the voters but certainly the document reflects the party’s ideology to ignite the healthcare debate and discussion.

For BJP, the Sankalp Patra promises to take Ayushman Bharat to the next level - health for all. The current manifesto promises to activate telemedicine and the diagnostic laboratory facilities at the wellness centres by 2022 to ensure that primary medical care comes closer to the doorstep of the poor.
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According to NATHEALTH, the bed to number of specialties allowed for DNB should be revisited to allow for more specialties per unit bed in private hospitals. Especially in underserved areas smaller units should be able to host DNB programs by such efforts.

Based on bed capacity of the hospital, number of specialties under DNB should be raised further for capacity building with a slab based categorization depending upon the bed capacity of the hospital. For instance, a hospital with 150-200 bed capacity should be allowed at least 5 specialties instead of the existing 3 specialties. 100-150 Bed category hospitals should be allowed at least 4 specialties instead of existing 2. The healthcare industry body further suggests an additional category of 75-100 beds hospitals with permission for 3 specialties.