

Healthcare Affordability- Expectations Vs Cost!

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Indian Healthcare sector is at crossroads. In recent past, there have been incidents of various types with wide publicity in print and visual media, as well as social media, creating doubts about efficacy, honesty and rationality of private as well as public health sector. There is a strong need for dispassionate analysis of the situation to arrive at an optimal solution.

It must be noted that the attacks on doctors are not a recent phenomenon but increased frequency is a worrying factor. If one takes healthcare industry as 100%, doctors form only 25% component of this sector; rest is formed by various stakeholders over which neither doctors have control nor do they have any say in their functioning. There is also disparity of regulation. For example there is medical council, CPA, and many other laws for doctors but for other stakeholders there are no specific laws except central laws like Drugs and Cosmetics Act etc. This dichotomy of regulation creates an unhealthy situation for overall healthcare delivery. Basic purpose of any healthcare model is to offer patient optimal treatment, taking into account patients medical problems and his/her expectations about the treatment. There is at present wide gap in the achievement of these two goals, this is the root cause of the problem.

Reasons for this widening gap needs to be understood. The disease profile of the country has changed over the past 20yrs. Now lifestyle diseases form almost 50% of the disease profile as against 20% two decades ago. Management of diseases like Diabetes, Hypertension, Cancer etc. require strong preventive strategies which includes patient education, regular screening, very early detection, very active participation of community etc. Once these diseases become clinically apparent then the management and treatment of complication becomes costly. The prevention involves very robust patient and social participation. At present, almost 80% healthcare is provided by private sector. This sector has traditionally given more importance to aid higher input of technology and stress on clinical treatment. One hardly finds any private sector hospital having community data about lifestyle diseases in its area of operation. This coupled with very low insurance coverage (approximately 11%), the load of lifestyle disease complication, is borne unequally by public and private sector. The cost of these complicated treatment is usually high, for which 90% patients have to pay out of their pockets; this is inherently untenable proposition. This creates discord between healthcare providers and patients/community leading to various

unpleasant incidents.

It is necessary for private healthcare sector to think about different models of costing for providing treatment. The current model of A LA CARTE treatment is inefficient, leaving doctors as well as patient dissatisfied. It must be emphasized that private sector, in market dominated economy, cannot provide free treatment and some method of payment will be always necessary. This will require out-of-box ideas, and formal management training models may not work. This will involve joint participation of community in their area of operation and medical profession. There is also an urgent need for impartial transparent grievance redress cell in each hospital.

The gap between patient's expectations about his treatment, including cost of treatment, and actual treatment model which includes various factors like drugs, technology, surgeries etc. is widening and needs to be bridged to avoid unpleasant incidents. It needs to be stressed that a patient who is ill and enters a hospital is not in frame of mind to be fully satisfied. Healthcare sector should strive to reduce patient's dissatisfaction. This dissatisfaction goes on snowballing at every step during his treatment and stay in most of the hospitals, and efficient resolution of this dissatisfaction is very vital for health of the patient and that of the hospital.

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