

Home Healthcare: The Missing Cog of Universal Healthcare

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Health accessibility and affordability remain a crucial healthcare problem even in the 21st century. Therefore World Health Organisation chose “Universal Health Coverage” as the theme for World Health Day 2019.

Swadeep Srivastava, Managing Partner, and Founder IVH SeniorCare says, “The theme for the World Health Day is in lines with the current healthcare needs. India is doing well on the affordability front, however, accessibility remains a problem due to lack of infrastructure in the remote areas of states with difficult topography. Home healthcare services can do wonders in creating the last mile connectivity. IVH SeniorCare has been able to deliver healthcare services to remote areas with the help of its home managers and medical professionals. It is time when home healthcare should be brought under the ambit of Ayushman Bharat to achieve universal health coverage”.

Agreeing with Swadeep Srivastava Vivek Srivastava, CEO, HealthCare atHOME said, “India is struggling with a shortage of medical infrastructure and skilled manpower. While Ayushman Bharat is a significant step in the direction of increasing affordability, accessibility of quality healthcare still remains a concern. Home healthcare is an immediate, cost effective and comfortable alternate to make quality healthcare affordable, accessible and available in all parts of the country without heavy investments on infrastructure. Standardisation is the key to increasing credibility and adoption of home healthcare solutions in India. HCAH has become India's first home healthcare player to get accredited by QAI and awarded 'Mark of Sustained Quality' by them. Moreover, we also believe that upskilling existing medical resources like nurses and physiotherapists plays a crucial role in ensuring high quality care. Hence, HCAH has invested in specialisation courses for nurses and physiotherapists so that more skilled manpower can be made available for healthcare”.

Dr. Kapil Kochhar, Additional Director, Department of Laparoscopic & General Surgery, Fortis Hospital Noida, said, “Hospitals should start considering home healthcare as their extension instead of competition for holistic healthcare. Patients are always

willing to go back home early but are afraid of any unforeseen problems. Once they are assured of home help they will be happy for early discharge. Home healthcare does not replace the hospital services but decreases the hospital burden by taking less critical patients out of the hospitals. This in turn help hospitals to free their beds for more critical patients and improves their revenue per bed. Some known corporate hospitals understood this fact and partnered with home healthcare providers for their patients. Moreover as a large number of patients are using insurance to get their treatment so this also decreases the financial burden on insurance companies and they might also pay for home care. The situation is a win-win scenario for the patients, hospitals and the partnered home healthcare companies”.

Meena Ganesh, MD & CEO of Portea Medical says, "The urgency of expanding insurance coverage to home healthcare sector is critical to the industry's prospects. According to the World Health Organisation (WHO), India has merely 0.9 beds for every 1,000 Indians; a number far below WHO's recommendation of 1.9 beds per 1,000 population. There is a misconception among people that home and personalised care is costlier. However, the average monthly cost of in-home care is 20% less than that incurred in other health-care facilities”.

Rajiv Mathur, founder of Critical Care Unified says, “While metropolitan cities have world-class facilities, the situation in tier II and III cities is not adequate to meet the healthcare demand. More importantly, for chronic ailments, there is no necessity to continue with long stays and go through the stress of re-admissions. With appropriate use of technology, high-quality home healthcare services can be implemented and expanded to cover a wide base of the population in India.”

India started working towards the universal problem of affordability and accessibility with the introduction of Ayushman Bharat. The scheme gave a family cover of Rs. 5 lac to socioeconomically weaker section and roped in many private sector hospitals to deliver the services. Sadly, most of the roped in hospitals are situated in the urban localities and last mile accessibility remains a point of concern in the country with diverse cultures and topography.