# What Ails the Health Care Delivery System of Our Country: An Analytical Study

Mona Prashar
Associate Professor
Chandigarh University
Mona.usb@cumail.in

AshishRawat
MBA(Chandigarh University)
Ashish.005@gmail.com

### **Abstract**

## The concept:

There has been tremendous progress in the health care delivery system of the world. Technological advancements have changed this sector almost into a miracle delivery sector in the sphere of human care and longevity. These advancements entail the age by age curative therapies and treatment regimes. From clinical tests to state of the art surgical procedures using sophisticated equipment and promoting deep reach incisions and joining processes. These are being discussed frequently and very commonly. Organtransplants, have brought about rare feats where the blind can see and the dead have given birth. It seems magical and supernatural but is being practically done in the medical world of health care delivery.

## **Methodology:**

The methodology followed for this paper is in the use and analysis of primary and secondary data. This data has been gathered from formal reports, industrial estimations and popular tabloid descriptions. The Health Care industry has a tremendous amount of data filtering through estimations, assessments and clinical tests. All the relevant data was meticulously collected, collated, just in tabular and graphical form and then explained textually.

# The Findings:

Several factors combine to ensure that the healthcare delivery sector is constantly evolving. However, the efforts are somewhat defeated in India by the inherent obstacles like vast population, object poverty and stretched resources.

## **Applications:**

The current research work investigates the painstakingly slow progress being made by our country in this field. The biggest lacuna is the lack of adequate standards that verify the quality and level of accuracy of the procedures in place. Several areas also need standard operating procedures.

## **Key Words:**

Health, curative, therapies, treatment, surgical, standard operating procedures

## **Introduction:**

The healthcare delivery industry of India includes the teamwork of hospital management firms, healthcare maintenance organizations and a variety of medical and biotechnological products. These products and services are essential and even during economic meltdowns people continue to require medical attention and medicine to overcome disease in fact the volume of footfall in medical care facilities tends to go up. This sector is therefore much more concerned with sickness and less sensitive to business cycle fluctuations.

It is a fact that the health care delivery industry is an amalgamation of sectors that lie within the economic system and which is positioned to provide the goods and services necessary for treating patients with several stages of care viz:

- (i) Curative
- (ii) Preventive
- (iii) Rehabilitative
- (iv) Palliative

The health care delivery industry is considered one among the world's largest and fastest-growing industries. It consumes over 10 percent of the gross domestic product or GDP. It is considered among the top money making industries even in the most developed nations. Health care is an enormous part of any country's economy.

The health care industry has the intangible quality of human touch and a currently serviceoriented dedication. The harsh reality, however, is that the industry is a full blown business catering currently to:

- (i) Hospitals
- (ii) Nursinghomes
- (iii) Homehealth care
- (iv) Specializedclinics
- (v) Organizationsthat provide alternative medical treatments

All these are being operated as major profit churning organizations. Simply put, health care today is all about big business – withits focus sharpening on driving profits higher. The health-care delivery industry provides:

- (i) Diagnostic
- (ii) Healing
- (iii) Rehabilitation
- (iv) Preventiveservices

The intent overall is the provision of the most cost – effectivetreatments and conducting diagnostic tests that need to be accurate and efficient according to world standards.

#### The State of Health in India

There are numerous government run programmes. Some of them can be named as:

- (i) The TB programme
- (ii) The Polio programme
- (iii) The Malaria programme
- (iv) The Mother Child Reproductive Health Programe
- (v) The AIDS programme
- (vi) The Hepatitisprogramme

Healthcare is the largest money spinning sector. It rakes in revenue and provides a large chunk of the employment. The entire composition of healthcare comprises the following:

- (i) Hospitals
- (ii) Medical devices
- (iii) Clinical trails
- (iv) Outsourcing
- (v) Telemedicine
- (vi) Medical tourism
- (vii) Infrastructure

## **Investing in Indian Healthcare Delivery**

There is no dearth of innovative talent in India in any of the fields of healthcare coverage. All that is required is a direction and focus. To maintain the excellence in the delivery of standard, quality products there is a vital need to provide the proper resources also. This is the sphere where many of the efforts tend to fail.

It is no small claim that over 80 per cent of the antiretroviral drugs that are being used globally to combat AIDS (Acquired Immuno Deficiency Syndrome) are manufactured, tested, replicated and supplied by the Indian pharmaceutical firms. No doubt there is significant scope in enhancing the healthcare services in India. Rural India accounts for over 70 per cent of the population. It is definitively a potential demand source.

In recent years the health care delivery has attracted Foreign Direct Investment (FDI) worth USD 3.59 billion from April 2000 to March 2016 Department of Industrial Policy and Promotion, 2017.

Themajor investments in various spheres of the Indian healthcare industry can be seen in the following:

Table No. 1: Recent Investments in Health CARE Sector in India

5	Sr. No.	Investor Name	Investment	Purpose of Investment
			Size in USD	

1	Cisco Systems Inc		To deliver affordable specialty healthcare services to patients remotely in various parts of the country using its Virtual Expertise Digital Solution.			
2	CureFit	15 million	Accel Partners, IDG Ventures and Kalaari Capital on the day of its inception.			
3	Aster DM Healthcare	88.94 million	Kerala-based healthcare projects			
4	Aster DM Healthcare, a Dubai-based healthcare conglomerate	16.31 million	Ramesh Hospitals, a multispecialty chain headquartered in Vijayawada			
5	Address Health	1.5 million	Expand its model of school-based neighbourhood clinics and school health programmes in Bengaluru.			
6	Abraaj Group, a Dubai based Private Equity (PE) investor	buy a majority stake	Indian firm Quality CARE India Ltd, which runs CARE Hospitals			
7	Qatar-based Non- resident Indian's (NRI)	192.71 million	Hugeworld-class healthcare project in Kochi			
8	Apollo Hospitals Enterprise (AHEL)	222.36 million	Add another 2,000 beds over the next two years			
9	Malaysia-based IHH Healthcare Berhad	192.84 million	Buy 73.4 per cent stake in Global Hospitals Group, India's fourth-largest healthcare network,			
10	Temasek Holdings Pvt Limited	17.74 per cent stake	Punj Lloyd Limited in Global Health Private Limited, which owns and operates the Medanta Super Specialty Hospital in Gurgaon.			
11	CDC, a UK based development finance institution	48 million	NarayanaHrudayalaya, a multi-speciality healthcare provider. Expand affordable treatment in eastern, central and western India.			

12	Apollo	Health	and	20-21 million	acquired Nova Specialty Hospitals
	Lifestyle	Li	mited		
	(AHLL)				
13	IHH Heal	thcare Be	rhad	45.4 million	51 per cent equity stake in Hyderabad-based
					Continental Hospitals Limited

# **Historical Perspective on Some Government Initiatives**

The major initiatives of the Government of India in the field of Indian healthcare are given Table No. 2 as follows:

• In September 2018, the Government of India launched the. It is a

**Table 2: Government of India Initiatives in the Health Sector** 

Sr. No.	Scheme/ Initiative	Purpose				
1	Ayushman Bharat-National Health	centrally Sponsored Scheme contributed				
	Protection Mission	at a ratio of 60:40 for all States, 90:10 for				
		the North Eastern States and 60:40 for				
		Union Territories. The center will				
		contribute 100 per cent for Union				
		Territories that do not have legislature.				
2	Mission Indradhanush	For improving coverage of 90%				
		immunisation in the country				
3	In April 2018 signed Memorandum of	Facilitate improvement of public health in				
	Agreement (MoA) between India and	India				
	World Health Organisation					
4	In May 2018, financial outlay USD	Approved for FY2017-18 to FY2019-20				
	2.30 billion approved of Rs 14,832	for overall health care				
	crores					
5	In May 2018, USD 170.14 million	Setting up All India Institute of Medical				
	approved	Sciences (AIIMS) in Deoghar, Jharkhand.				
6	In March 2018, the Union Cabinet of	Approved the continuation of National				
	India	Health Mission with a budget of USD				

		13.16 billion from 1st April 2017 to 31st
		March 2020.
7	In April 2018, approved Memorandum	Cooperation in the field of medical
	of Understanding (MoU) with the	products
	medical agencies of BRICS countries	
	April 2018 signing of Memorandum	facilitate in improving public health in
	of Agreement (MoA) between India	India
	and World Health Organisation	

## **Research Methodology**

Both Primary and Secondary data was collected. The primary data was collected by using questionnaires and in-depth interviews with a variety of stakeholders. The secondary data was collected from newspapers, magazine and the internet to obtain the maximum information about the Indian healthcare sector.

## The tools of investigation were:

- (i) The Questionnaire which was framed included open-ended and close-ended questions.
- (ii) In-depth Interview Schedules for conducting individual face to face interviews.
- (iii) Focus Group Discussion (FGDs). Here groups of 10-20 people interacted with each other on the subject.

## **Study Objectives**

- (i) To examine the Healthcare Sector for best practices in improvement of the health care delivery services.
- (ii) To promote standardizing of the choosen methods that could lead to advancement of the health care sector in various sphere
- (iii) Cast a close look at Primary, Secondary and Tertiary health care provision in the country and obtain the views of the common man.
- (iv) **Facilitate Management of Disabilities:** Such disorders are rarely if even covered by the best possible care by various health care providers.

(v) Improving patient safety through Ensuring improved Quality of Care: Patientsafety is to be improved in terms of security and data confidentiality. Ensuring the best methods of care giving and reducing the cost by improving efficiency.

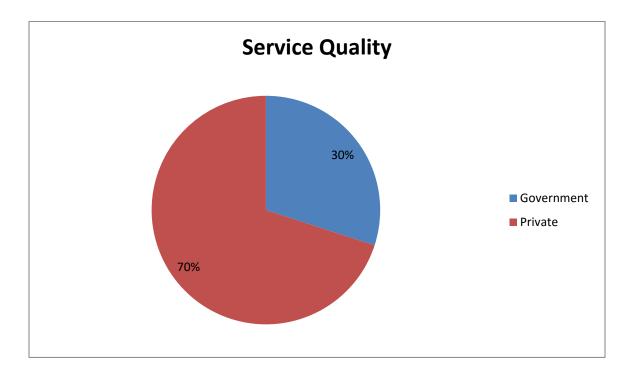
# **Need and Scope of the Research Work**

This study fulfills the objectives of ascertaining how the various health care services being provided are able to promote the satisfaction levels of the people.

Sections of the health care services including hospitals. It also covers the level of awareness people have about the health care delivery services being delivered in the public and private sectors.

## **Data Findings**

Figure 1: Comparison of Service Quality



Themost illustrative responses received pertained to a comparison of the services being provided in the private and public hospitals. It was not a revelation that the common man's satisfaction with the quality of services being provided in the private hospitals was much more higher than their experiences in the public sector. The overall views of the respondents on health care delivery in government run hospitals was rated rather poorly as compared to the private sector hospitals. This is a significant finding whereby comparatively lesser expensive and widely broad-based government provided health care services are sidelined instead of the more expensive private hospitals.

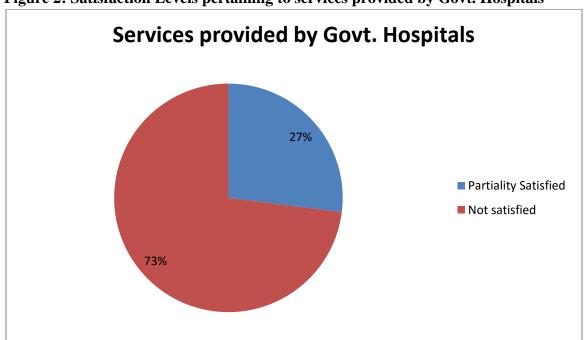


Figure 2: Satisfaction Levels pertaining to services provided by Govt. Hospitals

The satisfaction levels of the respondents were indicative of the fact that the general public is most distressed about services being provided at government health facilities. There were 73 per cent of the respondents who expressed their total dissatisfaction with the government health care delivery services. Only 27 per cent reportedly were satisfied.

Table No. 5: Patients Satisfaction with Money Spent on Treatment in Private and Public Hospitals

Sr. No.	<b>Expenses on Treatment in government</b>	Expenses of	on	treatment	in	private
	Hospitals	Hospitals				

1	Very less	Very expensive					
2	Treatments is very poor or almost negligent	Treatment satisfactory					
3	Danger of half-baked doctor	Doctors are specialists who have learnt at the best facilities					
4	No confidence in the ability to provide care	The environment itself provokes a sense of confidence in the patients and attendants					
5	Doctor, staff least concerned	The entire staff is kind, helpful and show that they care.					

Thus, the disturbing facts revealed in the study are:

- There is much required to be done to bring the Indian health care delivery system to world class level
- The government efforts need to be standardized against the highest world standards
- The privates sector needs to increase its outreach
- The government needs and to work on image building of health sector through example.

## **Limitations of the Study**

- ❖ Wrong information provided during filling up the survey performas.
- Questionnaire data inputs not satisfactory due to wrong or insufficient answers from respondents.
- Many people hesitated, did not have enough time or gave inadequate responses to the questionnaires.
- ❖ Most private hospital owners avoided the survey and did not want to participate in the study.
- Conditions of certain government hospitals were too poor to fit queries in the questionnaire.
- ❖ Several people lackedadequate knowledge on various aspects of the questionnaire.

## **Conclusions and Recommendations**

Through our study we can conclude that according to most people the private hospitals are providing better services as compared to the public hospitals. Most people showed a marked preference for private healthcare centers. But they want better services at low cost because people with low wages cannot afford treatment fee or expenses.

Results from the study provide:

- (i) Informationabout patient satisfaction
- (ii) Patients perception of the quality of care being provided
- (iii) Overallpatient satisfaction
- (iv) Behavioral aspects of patients in both public and private hospitals
- (v) Infrastructural aspects
- (vi) Thefinancial aspects

All of the above need special attention, focus and functional implementation integrity to meet the demands of the health care sector in India.

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