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Review Of Research



ROLE OF HEALTH CARE IN INDIA- PRESENT & FUTURE



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ABSTRACT

Introduction – ESIS- CGHS- Public Health care- Change Scenario- Private Health care –PPO-HMO-Comprehensive Health care-EMS- Aeromedical Transport – Future- PTC- AED- Conclusion

KEYWORDS:Healthcare , Public health care system ,pharmaceuticals, business houses .

INTRODUCTION:

Healthcare today is the world's largest and fastest growing industry. In India healthcare is a US\$ 17 billion industry accounting for 4% of GDP. Public health care system is responsible for spending of 1% of the GDP (effectively about Rs1000 per capita). In contrast approximately 3% of the GDP (an average of Rs.3675 per capita) per annum is spent in the private sector



on healthcare. With the demand for healthcare far exceeding supply, India's healthcare industry is expected to grow by around 13% a year for the next five years.

Today, the average Indian is spending more on his well-being than ever before. The proportion of households in the low income group has declined from 59% in 1990, to 49% in 1996 and more urbanization has increased the middle & higher income groups from 14% to 20%. Increase in purchasing power of the middle class, higher literacy rate, awareness and education on preventive and curative health care, have all made the Indian an active participant in the health care, rather than a

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passive recipient.

PUBLIC HEALTH CARE

The Indian population has reached a 1,027 million figure according to the 2001 census. The public health care delivery system has long been catering to nearly 75% of the Indian population comprising rural India and the lower income / below poverty line group in urban India. Various national health programmes health insurance schemes like ESIS and CGHS, primary & secondary health centres, municipal and government hospitals are the only options for the middle and lower income groups, who cannot afford the treatment in private hospitals.

CHANGING SCENARIO

It is well known that the government is not able to cope with demand of the healthcare services. The focus had been on medical care and not on comprehensive quality healthcare. Infrastructural bottlenecks in public system have made the State and Central Governments to invite private players to deliver critical healthcare. There is a big opportunity for private healthcare to fill up this gap. As such there is a huge growth potential for the private players in this growing market.

Financial aid from bankers, venture capitalists, pharmaceuticals, business houses & World Bank assist the private players. Third Party Administrators, large Cooperate presence and privatization of Insurance have changed the scenario of the healthcare industry in India. In the US, private health insurance is a US\$ 800 Million business, likely to swell to US\$ 4 Billion. In India expectations are same.

Healthcare has evolved into a competitive, performance –driven industry, which demands the best management skills related to manpower, technology and finance .As healthcare entrepreneur, one has to deliver the right information at the right time to the right people, keeping in mind-”quality patient care” Financers want minimal waste, patients want quality care and the organization aims to balance quality & cost.

PRIVATE HEALTH CARE

32% of the national bed strength is in the 150 plus private corporate hospitals. Tatas, Apollo, Wockhardt, Escorts, Max India, Fortis, Piramal, Ispat, Duncan,Escorts etc. have been the major contributors. There is an estimated demand of another 80,000 beds per year for the next five years. Influx of patients into India from other developing countries for state-of –the –art medical and surgical care, as also the increase in medical tourism, have been an incentive for further investment and involvement of the private sector in the healthcare industry. With the advent of Managed Care Systems in the form of Preferred Provider Organization (PPO)- which will transform in to Health Maintenance Organization (HMO) in long run, the private health care industry is now poised to undergo a drastic change. This will encourage private health care entrepreneurs to promote India as a Regional Health Care Hub.

COMPREHENSIVE HEALTH CARE

Comprehensive Health Care comprises of pre-hospital, hospital and post-hospital medical management. Most private institutions in India provide state-of the art medical and surgical care. Post-hospital medical care and follow–ups are being given due consideration, but the major lacuna today is in Pre-hospital medical management in India. Emergency Medical Services (EMS) have been a long neglected area and can to a great extent influence comprehensive quality health care.

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Air Ambulance Services form an integral part of the EMS program anywhere in the world. Medical evacuation and rescue operation by air were so far the prerogative of only the Indian Armed Forces. No Air Ambulance service was provided by public health care delivery system, except in cases of national disasters and emergencies. The advent of Air Ambulance Services in the private sector in India has made rapid aeromedical transport of civilian patients, significantly reducing pre-hospital morbidity and mortality. Transporting patients to modern medical facilities also increases the potential for generating revenues for hospital.

AEROMEDICAL TRANSPORT

Aeromedical transport has come a long way from the earliest known use of flying craft for aeromedical purpose in Europe during the Napoleonic Wars. In 1870 during the Prussian siege of Paris, hot air balloons were used to evacuate the wounded out of the city. The earliest known use of civilian airplanes used for air medical transport occurred in the 1930s in the United States. The first hospital –controlled helicopter program began in Loma Linda, California in 1972.

Today, air evacuation are made possible in the private sector using OK Jets, King Air C90 and B200, Pilatus, Lear Jet, Bell 206, 212, 412, Ecureuil, Augusta, Eurocopter etc. Dedicated air ambulances with all intensive care facilities on-board and trained medical personnel have made it possible to evacuate any casualty: the commonest indications being cardiac, trauma, neurological, requiring surgical intervention, organ transplantation etc. There are few clinical reasons for refusal for transportation, but none is absolute. All air worthy portable medical equipment including monitors, life packs, ventilator, defibrillator, suction, spinal boards, neck collars, vacuum splints, head immobilizers, portable oxygen cylinders, infusion pumps, medical emergency boxes, telescopic stretchers, reeves stretcher, vacuum mattresses, and other items needed for any emergency medical and rescue services are carried on-board. Knowledge & understanding of physical, physiological and psychological constraints imposed by the flight environment, allows the attending flying doctor to anticipate and prevent clinical problems that may occur in flight or at other stage of transfer. India Aeromedical Services has till date, evacuated more than 300 patients on air ambulance and repatriated over 70 patients all over the world.

FUTURE

Schedule commercial airlines like Lufthansa now carry patients in special compartments called Patient Transport Compartments (PTC). These are mobile transport units on-board Boeing 747 aircrafts, that include a stretcher, seats for doctors and medical flight assistant, medical equipment, drugs, oxygen system and material for medical treatment. This has revolutionized aeromedical transport on long-haul flights.

All commercial airlines carry a physician's kit, a first aid kit and most international airlines have now AED's on-board for in-flight medical emergencies. Aircrew and ground crew in these airlines are trained in the use of AED's and basic life support techniques. Telemedicine now enables patients to be monitored, if not treated, by specialists on the ground, advising on-board emergency medical care.

EMS is of equal significance to the astronaut on-board the space shuttle. As manned space missions become longer and more demanding, there is an increasing risk that space dwellers will require medical care that exceeds the capacity of their habit. At least two Soviet manned space missions have evacuated members back due to medical problems.

The EMS and Air Ambulance industry in India is still at the infancy stage. Many problems still need to be tackled in order to boost the pre-hospital medical management and finances. Lack of

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helipads of major hospitals in India makes it difficult to reduce the transportation time to the hospitals. Primary evacuations are also not possible in India due to landing restrictions and infrastructural problems. Various regulatory restrictions by the govt. authorities like no permission to take private ground ambulances up to the aircraft for loading & offloading the casualties, no priorities given to medical emergency flights, no airport passes for doctors and other staff working for Air Ambulance Services, and no night landing or take-off facilities at quite a few airports make operations difficult for air ambulance companies.

The service is prohibitively expensive for common man due to high cost of air turbine fuel and so subsidy from state or central government. Corporate or business houses offer no financial help as also no contribution is obtained from major hospitals. Government or private health insurance plans in India unfortunately do not cover the individual's expenses for air ambulance services, all making it more difficult for the existing private air ambulance in this industry to survive.

CONCLUSION

In India the reasons for using air ambulance transport seems very appropriate ; namely to provide rapid transportation of the patients to specialized centers to tertiary medical care. India being such a large country with nearly 75-80% of its population living in the rural area, this type of specialized medical service can save many precious lives, only if there was a health insurance plan available to cover this service for common man. The fact that a patient is being transported by air does not alter his patient status. Our aim should be to provide modern, safe and convenient air transportation to patients, Keeping in mind that patients are not cargo, patients are not passengers, patients are patients. A multitude of factors indicate a promising future for healthcare in India. The private sector has brought about a radical change in the healthcare industry in India. In this changing scenario, the global health care industry is looking towards the Indian sub- continent to play a major role. There is no one right answer to solve the complex healthcare dilemma. Active discussion of all reasonable ideas needs to continue. We need to be proactive about health care reforms so that confusion and ignorance do not hinder the ability to continue to have the best health care in the world.

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