AHPI

NEWSLETTER

April 2019 Vol. 04 | Issue 01

Inside

Association of Healthcare Providers (India)

'Educating & Advocating for Well Being of Common Man'

2nd Floor, Indian Medical Association House, Indraprastha Marg, New Delhi - 110002, India

Ph : +91-11-23379480, 23379751
Email : contact@ahpi.in, Web : www.ahpi.in

From the President's Pen

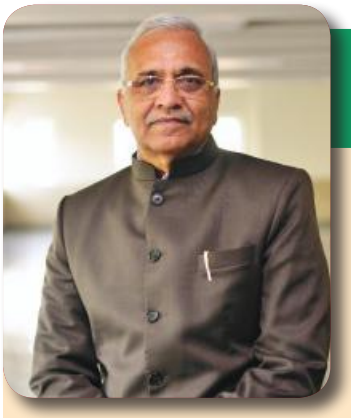
Association of Healthcare Providers (India) represents the vast majority of healthcare providers in India. It is registered under Indian Society Registration ACT- 1860 as "not for profit" organization. It educates to its members and at the same time, advocates with the government, regulatory bodies and other stake holders on issues, which have bearing on enabling its member organizations in delivering of Universal Healthcare Services to the community at large.

AHPI undertakes advocacy for healthcare reforms and issues related to infrastructure, taxation, tariff, health insurance etc. The AHPI Institute of Healthcare Quality develops and conduct various healthcare courses focusing on patient safety, quality, technology, management and related issues.

Healthcare is on cross roads. Governments are consciously and seriously looking at implementing UHC. Considering that over 60% IPD beds are with private sector, it is imperative for government to include private sector in designing schemes for delivering UHC. AHPI has important role to play on behalf of member hospitals in making sure that interest of private sector is taken in consideration including financial sustainability.

AHPI is working with full intensity on motto: 'Educating & Advocating for Well Being of Common Man'. Healthcare being state subject, AHPI has established 14-regional/state chapters, to deal with specific advocacy issues. President (s) of each chapter is represented on the AHPI Governing Board, which provides platform for sharing and learning from each other.

Through pages of newsletter, I invite all chapters and members to lead the change in making Healthy India.



From the desk of DG-AHPI

Healthcare services of late have rightly come in focus by all concerned; be it the government, industry or the society at large. All these years, healthcare has been receiving lip services, but things have changed, thanks to increasing health consciousness among the population.

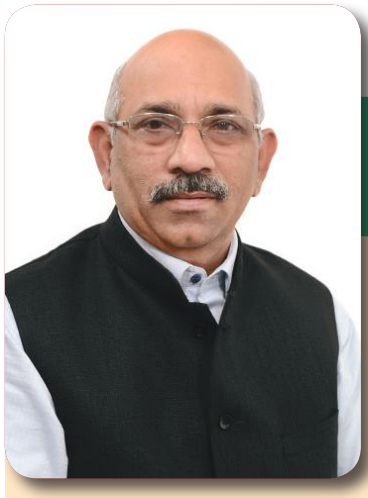
There is awakening about preventive aspects of healthcare and that only will help the nation reduce the disease burden. This needs to be promoted and sustained by all stakeholders, including government, regulatory bodies, insurance agencies, healthcare providers, NGOs and the community at large. Health and Wellness Centers proposed under the AYUSHMAN BHARAT, if implemented correctly, will provide boost to the long-time objectives and making a healthy India.

The new health policy announced by the government provides raising of healthcare expenditure to 2.5% of the GDP.]This, when compared to global practices, still falls short by way side, but there is silver lining as the private sector has come forward and has invested almost 3.5% of GDP as compared to 1.2% by the government.

The private sector has the capacity to invest even more, but for the reasons that industry of late has come under severe regulatory and financial sustainability constraints. The fact is that with the launch of AYUSHMAN BHARAT PMJAY, coupled with other existing government insurance schemes, it is estimated that more than 60% of the population will be covered.

This should ideally raise demand for more hospitals in tier-II/III cities. Private sector is more than willing to invest and has even suggested to the government to facilitate single window fast track clearance. But as the reimbursement under these schemes is found to be so low, the industry is on a back foot to make any more investment.

AHPI is putting efforts and is in continuous dialogue with the government and hopes to find amicable solutions, which will incentivize opening of more hospitals in deficient regions and which are necessary to make universal health coverage a real success.



From Dr K K Kalra

Advisor, AHPI

There is debate going on transiting healthcare delivery model from 'fee for service' to 'value (outcome) based care'. Such a model calls for defining outcomes at national level and deciding on their monitoring/ measurement. Government and private sector have to join hands in working out modalities for operating such a model. Small number of hospitals have taken initiative in monitoring of outcomes, but vast majority of hospitals find it difficult to comprehend with very idea of getting in to such a model. In any case there are challenges in capturing and analysing of data. Even bigger issue is whether we are ready to share the outcomes with public at large. Looking at the trend in developed nations, we will have to follow the model, sooner than later. It is important to first open up the debate in wider perspective among industry. We need to then work on capacity building measures. We will have to prepare for teams of professionals who can work on defining and implementing of model within the existing healthcare systems in hospitals. Regulatory/ empanelling bodies at some point will also pitch in. Association like AHPI has opportunity to prepare industry for this big change including educating clinicians to adopt diagnoses and treatment algorithms to have measurable and improved outcomes.

Quick Reads

Cancer Meds See Huge Caps

The National Pharmaceutical Pricing Authority (NPPA), under Ministry of Chemicals & Fertilizers, recently put out list of 390 anti-cancer non-scheduled medicines with the MRP reduction up to 87%. The revised prices have come into effect from March 8, 2019.

This would result in annual savings of around Rs 800 crore for the patients, the government said in a statement.

In February, the NPAA decided to put 42 anti-cancer drugs under a 30% Trade Margin cap. Manufacturers and hospitals were directed to convey revised MRP, to be effective from 8th March, 2019, based on the Trade Margin (TM) formula.

Some 390 brands i.e. 91% of the 426 brands reported by manufacturers, have showed a downward price movement due to this decision.

The move was taken because the average out of pocket expenditure for cancer patients is 2.5 times that for other diseases. This way, about 22 lakh cancer patients would be able to save valuable savings, as per the government.

The Trade Margin rationalisation for 42 anti-cancer drugs was rolled out as Proof of Concept, stressing on the new paradigm of self-regulation by the Industry. The manufacturers of these 42 drugs have been directed not to reduce production volumes of brands under regulation.

The full list of brands with revised MRP is easily available at nppaindia.nic.in. dia.nic.in.

Range	No. of Brands
75% & above	38
50% to <75%	124
25% to <50%	121
Below 25%	107
Total	390

AHPI's 6th Annual Conclave

Conducted on: February 15 & 16, 2019

Founded in year 2012, Association of Healthcare Providers (India) - AHPI has been organising its annual conclave, which as the name symbolises, is a gathering of its members to deliberate on the current status of industry and find solutions to problems being faced by the members. This year, it was the 6th annual conclave, which was held during 15-16th February 2019 at NCR Delhi. The first conclave was held at Bangalore, followed by

Hyderabad, Mumbai, Chennai and the last one at Cochin. This gives an opportunity for regional issues to get highlighted in addition to specific issues at respective locations.

Theme of the 6th conclave was 'Outcome Based Healthcare Delivery Systems'.

The conclave agenda included eight sessions, five of which were on day one and three on day two, followed by a valedictory speech. The sessions were as follows:

Emerging Challenges – Road Ahead

This session was chaired by Dr YP Bhatia, CMD ASTRON with speakers Dr Girdhar Gyani DG-AHPI, Mr Umesh Gupta HR-Fortis and Dr JS Thakur from PGI Chandigarh. Dr Gyani provided overall context of the session and presented current health status of country and compared with few indicators from SAARC and BRICS nations. He quoted from WHO, a study on effectiveness of health systems from 191 nations and showed that effectiveness does not necessarily comes only from quantum of health spending and narrated the key factors, which can deliver effective universal health coverage. Mr Umesh Gupta brought out that healthcare reforms depend upon availability of human resources and went on to stress on need of developing human resource including doctor, nurse and allied health. Healthcare is indeed going to be the largest employer therefore this sector needs specific emphasis and attention by government and all stake holders. Recent initiatives by government on restructuring of MCI and Allied Health are pointer in this direction. Dr JS Thakur elaborated on the nation's disease burden in general and in particular the non-communicable diseases (NCDs). He presented the research work done at PGI and showed the factors which are largely responsible in spread of NCDs. He summed up with key mitigating factors by which country can cope up with the challenge and reduce the disease burden arising out of NCDs.

National Health Outcomes

Ms Elisabeth Staundinger, President-Siemens Healthineers, Asia Pacific spoke on the theme topic i.e. outcome-based healthcare. Considering that cost and quality are currently the global key concerns in healthcare delivery, more so in developing countries, this session generated lots of interest among delegates. With her vast exposure, she outlined importance of outcomes in the healthcare delivery, more so when human safety was involved.

Dr JL Meena, GM-National Health Authority presented PMJAY model of Ayushman Bharat, the scheme, which is by far the biggest social healthcare insurance scheme launched anywhere in the world. It is expected to cover 40% of India's population with cashless treatment of 1350-secondary/tertiary care medical procedures. It is going to empanel 20-25 thousand hospitals including private and public hospitals to provide services to beneficiaries. The third presentation was on very important topic i.e. 'Patient Centric v/s Patient Driven Healthcare' by Dr Abha Agarwal. She has long experience in working in USA, where she is known to have turned around low performing hospitals into competitive hospitals. She presented that patients will have decisive say in defining of care path and care plans along with principle doctor in future hospitals. Patient driven hospitals in that respect are one notch higher than patient centric hospitals.

Futuristic Models in Health-care Delivery

Presently, most developing nations including India are short on availability of healthcare structure. India, for example, has 1-bed per

1000 population as against the WHO norm of 3-beds per 1000 population. Under such circumstances, we need to look for alternative modes to cater to healthcare needs of population. Col (Dr) Ashvini Goel presented practical model of telemedicine, which can be every effective in delivering of care in remote areas. He presented that with little training and putting up of inexpensive infrastructure we can connect the population at remote areas with specialist sitting at urban headquarters. Ms Meena Ganesh presented home healthcare model, which is being projected as the future of healthcare more so for chronic and geriatric patients. Both the presentation showed huge potential in supplementing of conventional infrastructure of healthcare and tide over the shortage of beds in the country. population. Col (Dr) Ashvini Goel presented practical model of telemedicine, which can be every effective in delivering of care in remote areas. He presented that with little training and putting up of inexpensive infrastructure we can connect the population at remote areas with specialist sitting at urban headquarters. Ms Meena Ganesh presented home healthcare model, which is being projected as the future of healthcare more so for chronic and geriatric patients. Both the presentation showed huge potential in supplementing of conventional infrastructure of healthcare and tide over the shortage of beds in the country.

Did you know?

By 2030, America will have at least 40,800 unfilled posts for physicians

Value Based Financing/ Sustainability

This is the area which is of great concern to the industry. With launch of Ayushman Bharat and along with existing state insurance schemes, it is expected that about 75% of population will be covered under one or other government supported scheme. While on one hand, it is big step in direction of providing universal health coverage to the population, the way reimbursement is being paid to hospitals, has raised serious concerns for the industry. Firstly, the rates of medical procedures have been fixed without any scientific study and

are found to be illogical and irrational. Over and above payment to hospitals is delayed for months. This has pushed hospitals to the brink of unsustainability. Mr Dilip Bidani, CFO, Radiant Health, presented analysis of various financial heads in function of hospital and provided practical inside of innovative modes of futuristic healthcare financing.

Ms Malti Jaswal from National Health Authority spoke on bundled payments, which is going to be futuristic way of reimbursement in general and government health insurance schemes in particular. There was wide spread concern from delegates as they raised questions about costing of procedures in Ayushman Bharat. She presented NHA point of view and assured delegates that revision of costing was under way and stressed upon hospitals to partner in the scheme.

New Vistas in Hospital Management

This session had two of very senior speakers from industry including Dr Harish Pillai, Country CEO of Aster Hospitals and Mr Vishal Bali, Executive Chairman-Asia Healthcare Holdings. Dr Pillai spoke on 'Transformational Leadership' and stressed that healthcare industry was indeed passing through challenging time. Managing cost and quality were two conflicting challenges and require competent leaders to take charge. He stressed upon need of empowerment so as to motivate staff at all levels to take ownership of processes.

Mr Bali spoke about present status of healthcare in the country and came out with some of the futuristic models by which country could achieve goal of universal health coverage. He also brought point of regulatory measures initiated by government, some of which were coming in the way of sustenance of industry.

Improving Clinical Outcomes

Healthcare quality is characterised largely by clinical outcomes and to secondary extent by managerial or service outcomes. The session was chaired by Dr Narottam Puri and Co-Chair by Dr Keshav Rao from Fortis Healthcare. Dr Sanjeev Singh, MS-AIMS presented all important talk on involvement of clinicians in undertaking clinical outcomes. He emphasised that clinician's first need to be formally trained on doing clinical audit as this subject is not even covered in the UG/PG level curriculum. He raised concern that very few hospitals were able to undertake comprehensive clinical audit. He also suggested that there was time that clinical outcomes of hospitals should be made public and should become criteria for compensation like done in some of the developed countries under 'pay for performance' model.

Dr Jothi Clara, Chief Clinical Governance Officer Kauvery Hospitals, presented role of nursing staff in improving of clinical outcomes. She suggested that nurses need empowerment at nursing council level so that they can be assigned with more responsibility to be partner with clinicians. Dr Bishnu Panigrahi, CEO Kalinga Institute of Medical Sciences presented model under which clinicians need to take leadership role for each speciality and develop team work between clinicians, nursing staff, administration, quality, pharmacy and diagnostic. He was of opinion that teamwork only can help in minimising medical errors and improve clinical outcomes.

Improving Managerial Outcomes

This session was all about improving service quality and operational efficiency. Dr Arati Verma-Sr. VP Medical Quality Max Healthcare chaired the session. There has been perception that healthcare industry was not focussed on efficiency the way are other industry like automobile, IT etc. AHPI invited KAIZEN institute to present their model of lean management, which has proven tools to cut down wasteful processes and streamline the workflow so as to add

value. Presentation was appreciated and has given boost in our efforts to apply statistical and TQM tools in healthcare industry. Then there was presentation on green concepts by Mr Josh Karliner from USA, which once again focussed on effective utilisation of precious resources like water, electricity and balancing of carbon footprint.

Hospitals of Future

Ms Unni Silkoset, Regional Director for South Asia, Laerdal Medical, made interesting presentation on 'High Reliable Hospitals'. Future indeed belong to technology driven hospitals including use of 3D printing, use of AI and making of Smart Hospitals. All these interventions are aimed at improving accuracy, ease of diagnostics and being patient centric. Mr Suresh Subramanian from BIOCON and Mr Krishna Chellapa from Fresenius Medical Care, were other speakers.

Valedictory

Dr Devi Shetty delivered the valedictory speech. He demonstrated using an App on his mobile the patient engagement and real time data sharing. This will help surgeon to have up to date information in real time, which can help him in taking critical decision in the midst of surgery. He also highlighted need to increase number of PG seats without which no amount of finance can improve the health indicators like IMR/MMR.

At this occasion Ms Ritu Maheshwari, IAS, DM Ghaziabad and Ms Kanchan Verma, IAS, VC-GDA were present as the Guests of Honour.

AHPI Award for Excellence in Healthcare 2019

AHPI's 5th edition of awards were presented during this conclave. The award categories are unique. The categories in which AHPI recognizes excellence are:

- Patient Friendly
- Green Hospital
- Best Hospital to work for
- Quality Beyond Accreditation
- Excellence in community engagement
- Nursing Excellence
- Best State with maternal and child health services

The awards have been designed on basis of an objective criteria. Based on the application submitted by hospitals, field visit is made by the senior and qualified assessors to evaluate on ground the application and impact. The assessment reports are then evaluated by the jury. This year AHPI recognized 46 healthcare organisations, which have achieved success in various fields. The award function took place at Hotel Radisson Blu, Kaushambi on 15th Feb 2019. Hon Minister of State for External Affairs Gen V.K Singh presented the awards to the respective healthcare organizations.

Picture Gallery

Climate Change and Role of Healthcare Industry

The National Health Conclave 2019 on the theme "Climate Change and Health - Role of the Health Sector", organised jointly by the AHPI and the Public Health Foundation of India on the 23rd of March 2019 at Manekshaw Centre in New Delhi was well attended, with the participation of over 150 experts

Climate change is poised to become what the prestigious British medical publication The Lancet has called "the biggest global health threat of the 21st Century". Global climate change is no longer an ominous future threat but a dawning reality – one that is already creating disturbing shifts in the natural and human environment and eroding the delicate balance of our planet's ecosystem and the species that depend on it.

Climate change isn't just bad for the planet's health—it's bad for people too. People's health is being damaged today by climate change through effects ranging from deadly heatwaves in Europe to rising dengue fever in the tropics. Billions of hours of farm-work have been lost during high temperatures and global warming has damaged the ability to grow crops. A recent international study in the Lancet says that many more people will be exposed to extreme weather events over the next century than previously thought—a potentially catastrophic risk to human health—that could undo 50 years of global health gains.

Surge of health issues

Climate change brings changes through rise in temperature, air pollution and water borne diseases. The heat stress results in respiratory diseases. Increase in temperature also leads to bronchitis asthma. Extreme weather also means fire, flooding, storm etc. which can lead to displacement, hunger, impaired livelihood and which finally may result into mental health issues too.

The top five health hazards of climate change include vector-borne diseases (malaria, dengue and chikungunya), temperature and heat-stress related health effects (heat exhaustion and heat stroke), health effects of air pollution (mainly respiratory and cardiovascular illnesses), diarrhoeal and other water-borne illnesses during acute climatic events and malnutrition from affected crop production and reduced crop diversity. Rising temperature negatively affects work output (in India 75 billion hours of labour lost in 2017). "Increased temperature leads to increase use of air conditioners, which leads to more greenhouse gases in the atmosphere," says Dr. Alex Thomas, President, AHPI. In addition, decreased agricultural production impacts health nutrition and economic development of the country.

India has been saddled with the dubious distinction of housing 15 out of the world's 20 most polluted cities, with the capital city Delhi ranked as 11th. The pollution sources range from burning of fossil fuels, vehicular pollution, industrial pollution, construction activities, crop burning, brick kiln activities, solid waste/trash burning and poor overall waste management techniques across sectors leading to pollution of air, water and soil.

The health-related issues therefore include steady increases in respiratory, cardiovascular and gastro-intestinal illnesses, skin rashes, and eye and throat allergies from polluted air and water. "Pollution is seen to be major cause of rise in non-communicable diseases in India," says Dr. Girdhar Gyani, Director General, AHPI. As per WHO data on global disease burden for India, cardio-vascular disease account for 20%, mental health 19%, respiratory diseases 7% and cancer accounts for 6% of overall disease burden in India.

Additionally, the rising levels of air pollution contribute to growing incidence of lung cancer. Waste water from polluting industries often enters the ground water and affects agricultural produce by entering the food chain. "The presence of heavy metals, pesticides in crop produce eventually affect crops and nutritional diversity with resultant malnutrition in vulnerable populations," says Dr. Poornima Prabhakaran, Deputy Director, Centre for Environmental Health, Public Health Foundation of India.

The indirect effects of poor agricultural production often result in poor mental health and stress-related spikes in farmer suicides. An often-overlooked informal sector comprising the electronic waste recycling communities in many metropolitan cities are exposed to a whole range of pollutants during their collection, dismantling and recycling processes with resultant health

Dr. Alex Thomas,President, AHPI

Dr. Girdhar Gyani, Director General, AHPI

effects ranging from respiratory and skin infections to delayed effects on cognitive development of children exposed to high lead levels in these populations.

"Varying air pollution levels have been linked to high rates of morbidity and mortality," says Dr. KK Aggarwal, President Heart Care Foundation of India.

Increase in the number of patients with asthmatic symptoms is also seen. "An increase in patients with restrictive and obstructive as well as combined (restrictive & obstructive) lung function deficit is seen," Dr. Thomas says. Increase in the number of hypertensive patients and abnormal mental development in children has also been reported. In a number of cohort studies in the United States and Europe, relatively small incremental changes in the concentration of fine particulate pollution of 5 to 10 micrograms per cubic meter has been associated with measurable changes in mortality rates and life expectancy.

Dr. Poornima Prabhakaran, Deputy Director, Centre for Environmental Health, Public Health Foundation of India

Role of healthcare service providers

Healthcare providers have a critical role to play as "first responders" to all impacts of pollution and climate change related health events. This entails not just complete readiness to recognise and deal with the various diseases through both requisite knowledge and health personnel capacity building, but also by equipping the health infrastructure to cope with the rising burden of pollution-related diseases.

This capacity-building necessarily should be developed and incorporated at all levels from training at medical and nursing schools, in curriculum building for hospital administrators and affiliate healthcare workers like laboratory and technical staff besides public health engineers, to continuing awareness building at all levels of the health system in the private and public health care sector. This will ensure a holistic preparedness of the health sector to handle disease burden that results from escalating pollution and climate change.

"Healthcare providers can also contribute to reducing the carbon footprint of their operations through climate-friendly practices and by moving towards climate-smart healthcare," Dr. Prabhakaran says.

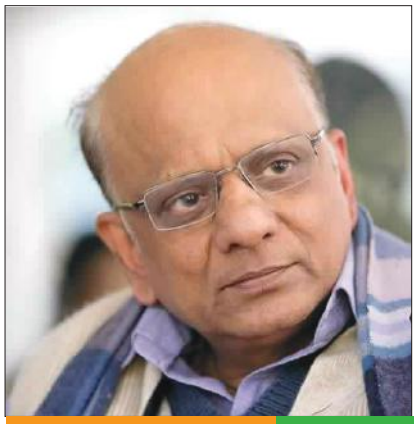
Government has come out with ambitious plan under Ayushman Bharat to set up 1.5 lakh Health & Wellness Centres, which will be focussing on promotive and preventive healthcare. These will also have screening facilities for NCDs. Private sector is mainly focussed on curative care. "We need to involve and incentivise the private sector to come forward and be part of community education related to various diseases due to climate changes," Dr. Gyani says.

Healthcare providers must create awareness regarding the climate change and its impact among the public visiting hospitals. "Public education about climate change should be included in every prescription and be given the same level of importance as smoking," says Dr. Aggarwal. Health centres need to be climate smart and resilient with appropriate surveillance facilities, adequate lab services. "Health sector overall must be in a state of preparedness with response capabilities, effective communication and information services systems," said Dr. Thomas.

Challenges on the go

The challenges could be in the form of lack of awareness amongst existing practitioners about the health impacts of climate change as these concepts have been missing in training curricula of healthcare professionals in the past. For example, tobacco as an established risk factor for lung cancer or cardiovascular illness has been taught in medicine for several years now. Air pollution is essentially the new tobacco and embedding this knowledge within our trainings based on growing evidence will take a while. If we mention air pollution as a cause of disease the insurance does not cover, as it comes under natural disaster. "There are no measurable indices available with them for indoor pollution," Dr. Aggarwal said.

Bearing in mind that time can be a major constraint amongst practising physicians, this can be achieved through developing various channels and packages for awareness and capacity-building – climate-change-themed short-term training and continuing medical education programes, conferences, webinars, training of the trainer modules, that can seek to educate healthcare providers on the impending health burden resulting from climate change and rising levels of air, water and soil pollution are an immediate necessity. Building health infrastructure to deal with this additional disease burden could also be a limiting factor,



Dr. KK Aggarwal, President Heart Care Foundation of India

but could be dealt with by effective planning and resource allocation within National and State Climate action plans.

The major challenge is non-availability of doctors and nursing staff. We have presently 0.6 doctor per 1000 population against WHO recommended 1-doctor for every 1000 population. This shortage does not encourage doctors to go to tier-II/III cities. Our community health centres have about 80% vacant positions for specialists and that is big handicap to combat disease burden. Other challenges are in terms of meeting the required structural modification ensuring optimization of natural resources of water, land & soil and not to forget safety and affordability. Also, for an existing healthcare set up to convert its facilities into a green hospital would be a challenging task.

Role of government

Effective policy-making has a major role in preparing the health care sector in becoming climate-ready and well-prepared to deal with

the growing disease burden from pollution and climate change. There is a definite role for cross-sectoral engagement in dealing with the rising pollution levels and health must be central to all policies. "Environmental impact assessments must necessarily be coupled with health impact assessments in order to build the evidence base for effective policy-making," Dr. Prabhakaran says. The National and State Climate Action Plans can address the health sector role by appropriate planning and dedicating resources for health sector preparedness and resilience –building for climate action.

Ricky Kej's performance was exhilarating, meaningful extremely well received by the audience and was able to carry across the message of the conclave very effectively

Green houses gases from burning of fossil fuel like coal, oil, gases are main causes in global warming. About 80% of energy comes from such fuels and it is difficult to find easy alternatives. Although India contributes about 2% of total carbon emission from fossil fuels, it is likely to experience extreme weather events. India's 2/3rd population depends upon climate sensitive sectors like agriculture, fishery, forest and therefore all the more concerns. Government therefore needs to increase efforts to develop & utilize alternate sources for energy like solar, wind, tidal, geothermal and atomic.

But as that is going to be long term goal, government can strengthen the surveillance of epidemic disease in potential regions. "Government can conduct timely weather forecasting and decimating among population," says Dr. Gyani. Government needs to improve environment and health education among community through gram panchayats. Finally government should focus on improving sanitation, supply portable drinking water and supply nutritious food to vulnerable population. Government needs to promote and incentivise greening of already functioning hospitals and to legislatively ensure upcoming hospital and healthcare centres conform to the statutory requirement to decrease the impact on climate change and conserve natural resources for the coming generations. "Prioritising and appropriate utilisation of available funds aimed at implementing the concept of Green hospitals for India," Dr. Thomas says.

Initiatives in place

Initiating power conservation through use of natural energy sources, such as solar energy within the hospital premises, rain water harvesting, energy conserving buildings, Supreme Court graded action plan can be done. Ayushman Bharat scheme launched in September 2018 is one major initiative to combat the disease burden. On reducing Green House, government is promoting solar power generation in big way. Same is case with atomic energy. Weather forecasting is being strengthened which will prepare community to combat such calamities like heat, flood etc.

The Public Health Foundation of India and the Centre for Chronic Disease Control have initiated work in this space through the establishment in February 2017 of a Health and Environment Leadership Platform (HELP) with the aim to coalesce health sector leadership for environmental issues. Through this initiative, a network of nearly 7300 hospitals from across the country and across all levels of the health system have come together to learn, implement , advocate and endorse programmes and strategies for combatting air pollution , becoming climate –resilient and climate-friendly in their operations. (https://www.ceh.org.in/activities/help/about/).

Doctors for Clean Air (http://lcf.org.in/dfca/) is yet another initiative launched in December 2018 by the Lung Care Foundation to build championship amongst healthcare professionals for air pollution issues. Both the above initiatives are in collaboration with Health Care Without Harm (https://noharm.org/) that aims to lead the global movement for transforming healthcare worldwide by reducing its own environmental footprint through its Global Green and Healthy Hospitals and other programs even whilst empowering health systems to become climate – resilient and climate-smart in all their operations.

Learnings

In Italy an air pollution level of 10 is a national alert! India needs to strengthen its systems more. For example, Kerala has highest literacy rate and therefore, the best IMR as once mothers are literate, they take care on new born better. We need to strengthen our governance model starting from the Gram Panchayats. The concept of ADARSH Village initiated by government is the first step in the right direction.

AHPI too, along with Foundation for Quality, has initiated the SMART VILLAGE movement where a village is evaluated on the basis of parameters like education, health, environment, security etc. and where emergency preparedness is included.

Community education is the key and that can mitigate all kind of risk factors.

The Indian healthcare players have themselves showcased front-runner innovative practice. Some of these have been documented as case studies to serves as exemplars for other players in the Indian health sector to emulate (https://www.ceh.org.in/resources/case-studies/).

Quick Reads

May 12 - International Nurses Day - Florence Nightingale's birthday

Theme for Nurses Day 2019 is "Nursing: The Balance of Mind, Body, and Spirit".

Nurses Week, which is celebrated from May 6-12, is timed to conclude on Florence Nightingale's birthday. While Nightingale is often recognized for transforming nursing from a service to a profession, far too few recognize her as one of the first safety and quality leaders in health care. She developed and implemented action plans to improve sanitary conditions during Crimean war and made handwashing, bathing, and other principles of asepsis and infection control mandatory and demonstrated reduction in mortality by two-thirds using these basic measures of infection control. She was an early proponent of evidence-based care. Nightingale was dubbed "The Lady with the Lamp" because of her habit of making rounds at night.

Shaping the future of healthcare delivery

In the past few years, the healthcare sector has made significant advancements owing to technology. The miniaturization of medical devices and more powerful wearables continues to transform both prevention and cure in healthcare. Due to this, we now have access to large amounts of real-time data serving as the foundation for AI (artificial intelligence) and ML (machine learning) to create future solutions for the sector.

For instance, the healthcare industry will become smarter to ensure better delivery of care. Predictive analysis will aid doctors with smart algorithms that mine their patient's data set, complete with previous diagnoses, treatments or genetic information. AI and ML will help doctors diagnose and predict the likelihood of treatment success.

Dr. Sunita Maheshwari, Chief Dreamer & Loop Closer, TeleRadiology Solutions

One of the principal differentiator that distinguishes a developing society is how well the healthcare needs of its people are answered. There is an imperative need to provide quality healthcare to everyone without discrimination.

India is leapfrogging the use of technology innovations such as mobile health devices, technology integration with healthcare data and telemedicine strategies, which could reduce the burden from the health system while still trying to boost healthier lives, reducing disabilities and increasing life expectancy. This trend will continue to evolve as there will be a shift in population profiles, disease burden and care protocols and a future will emerge where chronic diseases are things of the past, patient dependency on public healthcare systems is minimal and more preventive care is sought for.

What the future looks like

Smart hospitals, where making the most of advances in digital technology, data on knowledge, patient diagnostics and treatment flows together in a participative way is the future of Indian healthcare. Designing a holistic view of the patient's journey and improving the patient experience are key to delivering high-value care. "Futuristic healthcare in my opinion, for India, would ensure that every person has access to medical advice either in person or remotely," says Dr. Sunita Maheshwari, Chief Dreamer & Loop Closer, TeleRadiology Solutions.

This would involve linking all primary health centers to specialist centers via telemedicine devices (B to B) as well as affordable patient to doctor mobile teleconsultations (B to C). Many patients in India do not have access to a doctor even though India produces 60000 medical doctors each year. "Healthcare spending in India has been among the lowest as compared to other countries," Dr. Aashish Chaudhary, Managing Director, Aakash Healthcare, says. It is a very important indicator for health of the community. This year only 2.2 % is allocated

Dr. Aashish Chaudhary, Managing Director, Aakash Healthcare

to healthcare out of the total budget, currently health spending is only 1.15-1.5% of GDP.

Digitalizing healthcare is the most important enabler for expanding precision medicine, transforming care delivery, and improving patient experience. AI being applied to everything from data acquisition, to interpretation, and the automation helps generate actionable insights to not only improve treatment quality but healthcare organizations' efficiency. "Automation will

Vivek Kanade, Executive Director, Siemens Healthineers

make healthcare more efficient, resulting in the earlier and more efficient treatment of patients," says Vivek Kanade, Executive Director, Siemens Healthineers.

There are a couple of things that comes Meena Ganesh's mind, MD & CEO, Portea Medical regarding futuristic healthcare in India. "First would be the current application of technologies such as AI and ML as a powerful gateway to predictive and insight-oriented healthcare in the future. Apart from this, the vast amount of digital patient data being gathered at present will enhance diagnoses and treatment, with time. I also inherently see the advent of outside of hospital healthcare driven by technology in India as something that will fill the need gap in this area."

What is the aim?

In healthcare, the main aim is to reduce time and costs via optimized processes and accuracy, while increasing reliability and the quality of the results. The devices are also expected to be oriented toward human capabilities so that they eliminate or at least minimize physical and mental strain. High-quality design improves functionality and makes it easier to integrate the device into hospital workflows. "The aim is to make sure that products are safe for patients and users and to rule out human error, such as treatment errors," says Mr. Kanade. The medical devices need to be designed in such a way that users should be able to operate the medical products effectively, efficiently, and satisfactorily.

Telediagnostics i.e teleradiology,

Meena Ganesh, MD & CEO, Portea Medical

Quick Reads

eRespirocare will bring benefits for far flung asthma patients

India is a land of opportunities & innovations. Healthcare sector especially is one of most advanced and most innovative. The challenge is to develop technologies that are affordable and can also reach the masses.

Contributing to the cause of 'affordable care', IIT Indore has developed an intelligent, low-cost and easy to use digital auscultation based integrated diagnostic system that provides a seamless connect between patients in rural areas and specialist doctors, for an early diagnosis of lung-related diseases. The prototype has been named as eRespirocare.

Early screening and diagnosis of symptomatic cases through eRespirocare will not only help in timely detection and initiation of treatment but will also result in significant reduction in morbidity and mortality due to respiratory diseases, IIT Indore was quoted as saying.

In many far-flung areas, the barefoot doctor, an Accredited Social Health Activist (ASHA), is a source of medical care and the need for a smart device facilitating a remote access of doctor to a patient is a necessity. eRespirocare uses digital auscultation coupled with information technology (IT) platform and artificial intelligence (AI) based machine learning approaches, and gives a potent tool into the hands of ASHA workers.

By using eResiprocare, people in remote areas suffering from respiratory problems like asthma, chronic obstructive pulmonary disease (COPD), pneumothorax, and infections like pneumonia and tuberculosis, can be diagnosed through a specialist sitting in city.

The system has been so successful that it was named as the best technology development of the year by the institute.

The device can also store auscultation data of individual patients, which can be useful in future follow-up of patients with chronic lung diseases. ASHA workers in villages can be easily trained to capture digital auscultation through eRespirocare and share the same with a specialist medical doctor along with relevant history of illness.

Specialist medical doctors will be able to listen to auscultation data of a patient and can clinically correlate outcomes of machine learning algorithms with other symptoms recorded by ASHA worker.

healthcare centre.

telepathology, teleophthalmology – are meant to accurately diagnose diseases from a distance and have moved beyond the pilot stage to actual implementation in different parts of the world, including India. Telemedicine has huge benefits; it takes medical help to patients where none existed before, diagnoses a medical condition much before it becomes untreatable. A survey conducted by SGPGIMS (Uttar Pradesh, India) on a tele-follow up program for patients from Orissa state revealed that 99% patients were satisfied with using telemedicine technology. So clearly, a telemedicine consultation can achieve a high satisfaction level with patients if done well.

Telemedicine, robotics, home health and more...

Additionally, using newer devices with telemedicine rather than just a video conferencing link has increased the scientific value of the telemedicine consultation. The 'tools' of telemedicine eg digital stethoscopes (to listen to the heart and lungs), digital otoscopes (so one can see inside the ear), oxygen saturation probes (to assess the oxygen level in the patient), blood pressure monitors, have served to make the telemedicine consultation more scientific and data based. "In a vast country such as India and continent such as Africa where large tracts have patients but no doctors, telemedicine truly has the potential to change the lives of patients," says Dr. Maheshwari.

The future of healthcare delivery would be seamless, personalized, instantaneous, nurturing, and cost-effective. Home healthcare ticks all these boxes and thus validates its expected exponential growth in the country. For instance, Portea offers the home services most demanded by patients and their families such as doctor visits, round-the-clock attendants, nutritionists, and medical equipment on monthly bases in addition to chemotherapy, rehabilitation, physiotherapy, dialysis, even ICU care. "It is important to understand here that a hospital ICU setting costs between Rs 35,000 to 50,000 per day, whereas a similar setup at home ranges from merely Rs 7,500 to Rs 10,000 a day," says Ms. Ganesh.

Plus, it enables emotional bonding between patients, families, and health staff alike, improving health outcomes.

"All these factors put together define home healthcare as the inevitable future of healthcare delivery," adds Ms. Ganesh. These will strengthen in terms of personalization, accuracy, seamlessness, and cost-effectiveness with the integration of predictive analytical technologies such as AI and ML.

According to a new report from Tractica, the healthcare AI market is expected to surpass $34 billion worldwide by 2025. The shift from paper-based records to more integrated and efficient systems of digital health records as a key driver of the technology's exponential growth will inevitably enhance healthcare services. Insights gained with the help of ML and data analytics can take the form of medical treatment recommendation, patient data processing, medical diagnosis assistance, and automated report generation. The time saved will allow visiting doctors for more integral consultation and interaction with home patients as well.

Robotics too form a major part of healthcare when we see the future. "Speaking as an orthopaedic surgeon, robotic surgery has been increasingly chosen as an option to address human error," Dr. Chaudhary says. The use of robots has proved to reduce the human errors and the technology will continue to advance in the future.

These robots will become more accurate thus better helping with preoperative imaging, planning, registration and cutting.

Mechanical alignment, implant position and soft tissue balance play important role in the success of treatment. It is extremely important to place the implant in near perfect alignment. Precise implant positioning reduces wear and tear of the joints, and augments the life of the implant. In conventional technique, only 70% - 80% of the cases would obtain ideal positioning of the prosthesis.

Challenges to futuristic ideas

Home healthcare will increasingly be seen as a major part of Indian healthcare with each passing year, and its own challenges lie in lack of adequate insurance coverage, recruitment of skilled nurses and allied health professionals, and government influence. The digital integration within Indian healthcare is further incurring challenges such as up-skilling hospital employees and guiding their expansion.

Ms. Ganesh is of the view that while on the road to futuristic ideas, India will also need to expand infrastructure to cater to the growing demand. As we move towards modernizing Healthcare in India, major challenges include

• Paradigm shift towards value based healthcare

Value-based healthcare takes a holistic, view of care. This paradigm shift accounts for the quality of patient's entire healthcare journey and relates it to the overall cost of care.

• Highly competitive environment

With ever increasing patient expectations there is an increasing pressure on healthcare providers to deliver more and better care within limited budgets and at the same time remain competitive.

• Scarcity of skilled manpower

"With increasing focus on improved healthcare in our country, it is imperative for us to focus on creating and retaining a vast pool of skilled manpower across the healthcare sector," Mr. Kanade says. The private sector dominates healthcare delivery across the country, while the public sector remains under-financed and short-staffed leading to rural populations being underserved.

• Affordability-who pays for this?

The ever-increasing cost of healthcare delivery is one of the key challenges that private healthcare service providers' face in present day. "If the patient pays for healthcare, then it needs to be affordable, if the government pays, then they need to ensure long term sustainability so these systems last forever, irrespective of which government is in power," Dr. Maheshwari says.

• Investment in workforce through insurance Government should develop policies for insurance at birth for every citizen of the country, like the west where health insurance is mandatory. History suggests that no country can thrive without a robust healthcare system and policies.

Poor health of the workforce shall certainly impact GDP per capita adversely, reducing productivity. If the government neglects preventive care, there shall be an increase in the number of diseases and in turn the government and the people will have to spend more tackling them.

• Higher spending in education

Government needs to increase investment in education infra for higher education of doctors and short-term curriculum for support staff. The industry requires specialized and highly skilled resources. As a result, a large increase in demand, for nurses in particular, is anticipated in times to come. "In order to fill the current healthcare workforce gap, India needs to focus not only on increasing the educational institutes, but also the quality of education," says Dr. Chaudhary.

The wave of future in healthcare innovations across healthcare organizations already are deploying mobile technology, mobile devices, wearable technology, remote monitoring, telemedicine and information sharing platforms all are transforming healthcare to solve some of the problems in the healthcare industry today. And in the foreseeable future, drones, robots and artificial intelligence will breakthrough in healthcare that are performed by humans, to reduce variability, cost and error whilst providing 'quality' healthcare system.

Revised AHPI State Chapters (2019-21)

North Zone Chapter

Name and Particulars	Chapter Designtion
Jugdiep Singh, Regional Managing Director, SPS Hospital, Ludhiana	President
Mr Joydeep Das Gupta Director India Operation GIOSTAR RESEARCH INSTITUTE USA - Chandigarh Centre Zirakpur	Vice-President
Dr Ashok Gupta, Owner, Drishti Hospital, Panchkula	Secretary
Dr. Neeraj Kumar, Owner, Chaitanya Hospital Chandigarh	Member
Dr. Amrit Pal Singh Bedi, Consultant Surgeon from Jalandhar & Consultant Kailash Group of HOSPITALS	Member
Dr. Shailenderjeet Singh, Owner Nulife Hospitals Amritsar Punjab	Member
Mr Sandeep Mengi, Founder & Managing Director Maharashi Dynanad Hospital, Jammu	Member
Dr Naveen Chitkara, Owner NHS Hospital, Jalandhar	Member
Dr Avinash Gupta, Patiala,	Member
Dr Gurpreet Singh Gill, Director, Adesh Medical Unit, Bhatinda,	Member

Gujarat Chapter

Name	Chapter Designation	Organisation Name
Dr Bharat Gadhavi	President	Reginal Director- HCG Hospitals
Ms Neha Lal	Secretary	GCS Medical College, Hospital & Research Centre, Ahmedabad
Dr. Anish Chandarana		Consultant - CIMS Hospital
Shanay Shah		Shalby Hospitals
Dr. Vishvadeep Goyal		COO, Apollo Hospital
Mr Kartik Joshi		Bhalilal Amin Hospital, Baroda
Nimisha Gandhi		Sterling Hospital, Ahmedabad

Delhi NCR Chapter

Name	Chapter Designation
Dr PN Arora, Yashoda Superspeciality Hospitals, Ghaziabad	President
Dr CM Bhagath, Bhagat Hospitals, Delhi	Vice-President
Dr Sunil Khetarpal, Rajiv Gandhi Cancer Institute, Delhi	Secretary
Dr Sunil Dagar, Yashoda Superspeciality Hospitals, Ghaziabad	Jt Secretary
Dr Saurabh Gahlote, Sarvodaya Hospital, Faridabad	Jt Secretary
Mr Sandeep Dawar, Medanta Medcity, Gurgaon	Member
Mr Rohit Kapoor, Apollo Hospital, New Delhi	Member
Mr P Kaushik, Max Healthcare, Delhi	Member
Ms Prachi Singh, BLK Hospital, Delhi	Member
Dr Sanjiv Kumar. Director IIHMR Delhi	Member
Mr Satish Kapur, Apollo Hospital, New Delhi	Member
Dr Sippy Malhotra, Jaipur Golden Hospital, Delhi	Member
Dr Gaurav Agarwal, Max Healthcare, Ghaziabad	Member
Cdr Navneet Bali, NH Dharamshila Hospital, Delhi	Member
Dr HS Chhabra, ISIC	Advisor
Dr Ajay Bedi, DMA	Advisor
Dr KK Sethi, DHLI	Advisor
Dr VK Goyal,DMA Nursing Home & Medical Establishment Forum	Advisor
Dr Sunil Saggar, Shanti Mukund Hospital	Advisor

A Matter of Signing

Association of Medical Biochemists of India vs. Medical Council of India-Reg

Contention was that medical practitioners possessing post graduate qualification in the aforesaid specialties of (1) Pathology (2) Biochemistry and (3) Microbiology – are entitled to sign / counter sign a laboratory reports pertaining to their respective specialties

Association of Medical Biochemists of India's representation dated 12.01.18 and along with the WP (C) No 2158/2018 filed by them before the honourable High Court of Delhi, has averred that in order to ascertain different diseases or the health of the human body through laboratory tests, three broad streams of medical science with specialization are available i.e. (1) Pathology (2) Biochemistry and (3) Microbiology. It is further averred that a medical with postgraduate qualification in any of the aforesaid specialties can clinically correlate any laboratory report regarding their field expertise to give their opinion on the same for the future course of treatment of the patient. Thus, the association's contention is that medical practitioners possessing post graduate qualification in the aforesaid specialties of (1) Pathology (2) Biochemistry and (3) Microbiology – are entitled to sign/ counter sign a laboratory reports pertaining to their respective specialties.

The complaint

The association has stated in the petition that the honourable High Court of Gujarat, while dealing with the legality of laboratory technicians running independent laboratories were not entitled to do so, the honourable supreme Court in SLP No. 28529/2010, while deciding the appeal thereform, vide order dated 12.12.2017 had held that "the stand of the MCI that laboratory report can be counter signed only by a registered medical practitioner with a postgraduate qualification in pathology is correct.

Also, the association is aggrieved by the letter dated 14.12.2017 as issued by MCI to the Director, National Accreditation Board for Testing and Calibration Laboratories, wherein MCI had communicated the aforesaid order dated 12.12.2017 as passed by the honourable Supreme Court. The association has by way of the said writ petition sought that the MCI may be directed to clarify that a laboratory report pertaining to the field of Biochemistry can be counter signed by a registered medical practitioner who possesses a postgraduate qualification in Biochemistry and that the MCI letter dated 14.12.2018 be quashed.

It was brought to the attention that the observation of the Hon'ble Supreme Court, in its judgement dated 12.12.2017 that only pathologists, registered with the State Medical councils can sign the laboratory reports, has to be understood in the background of the matters being considered for adjudication. The issue before the Hon'ble Supreme Court, was in reference with and restricted to pathologists, evidently so since the original matter filed before the Hon'ble High Court of Gujarat being Special Civil Application No 17485/2006 has been preferred by the association of pathologists.

Clear bifurcations

The judgement of the Hon'ble Supreme Court dated 12.12.2017 has to be seen in a holistic manner in order to ascertain its true meaning and has to be understood keeping in mind the underlying reason behind the same, which being that any person possessing inadequate knowledge/qualification should not independently conduct and/or sign the laboratory reports. Therefore, any person who is a registered medical practitioner having the requisite postgraduate medical qualification in pathology, microbiology, biochemistry may sign/counter sign laboratory reports. However, it has to be borne in mind that the registered medical practitioner shall sign/ counter sign the laboratory reports in their respective field of specialization/subject, that is to say a pathologist shall sign/counter sign a pathological report, a microbiologist shall sign/counter sign a microbiological report and a biochemist shall sign/counter sign a biochemical report so on and so forth. Also, in order to dispel any ambiguity in this regard it was brought to notice that the Ministry of Health and Family Welfare, Government of India, has on 21.05.18 notified an amendment to the Clinical Establishment Rules, 2012 {hereinafter CEA rules}. By virtue of this amendment the ministry has included Rule 8 A in the CEA Rules which inter alia provides as under:

"8A: Minimum Standards for Medical diagnostic Laboratories (or Pathological Laboratories) – Every clinical establishment relating to diagnosis or treatment of diseases, where pathological, bacteriological, genetic, radiological, chemical, biological investigations or other diagnostic or investigative services, are usually carried on with the aid of laboratory or other medical equipment, shall comply with the minimum standards of facilities and services as specified in the Schedule".

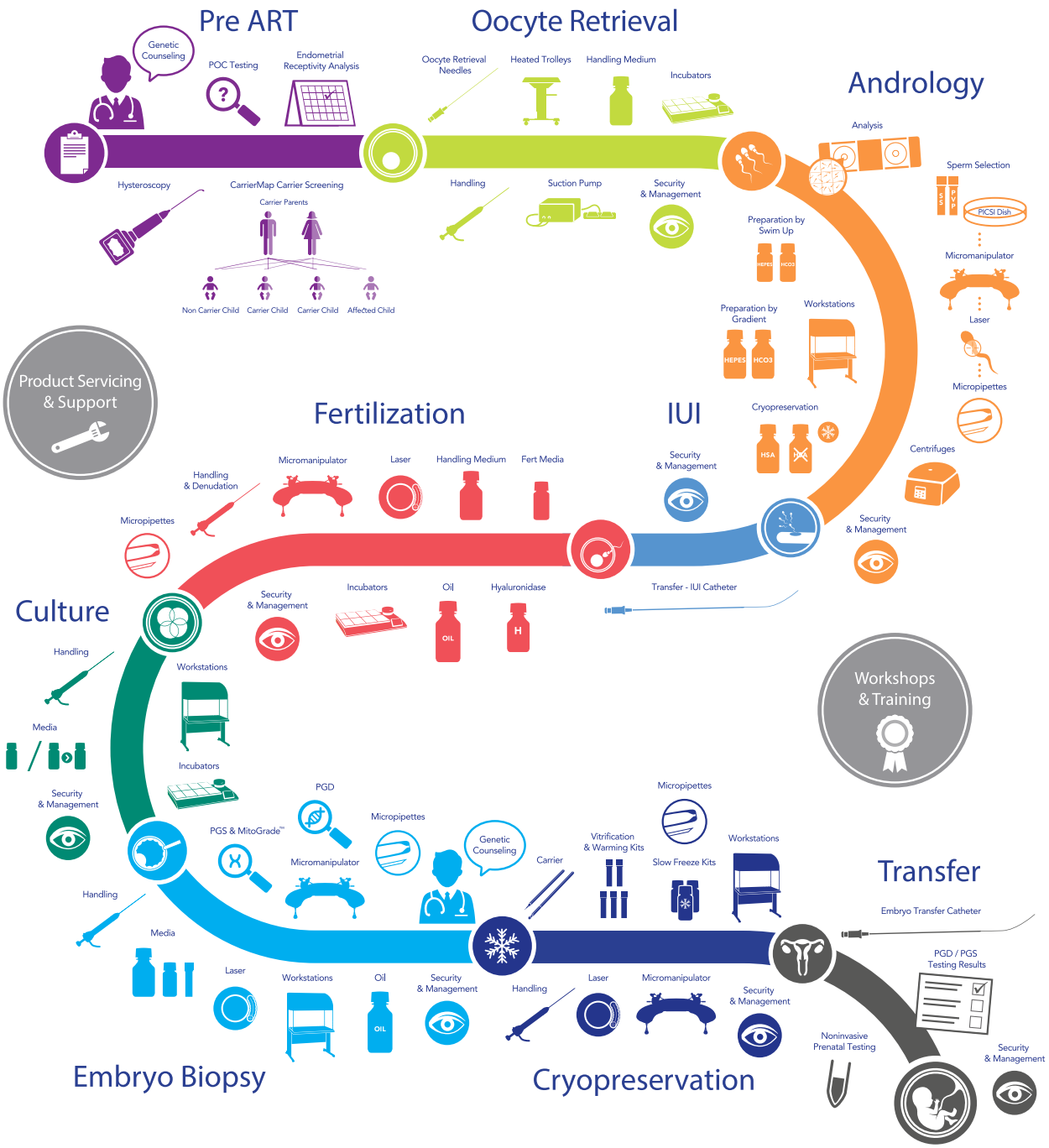
This amendment clearly lists the type of laboratories, their scope of services and the qualifications of the authorized signatories for each type of laboratory. Further, it clearly distinguishes between and authorized signatory who is essentially responsible for the authenticity of the laboratory test report and the essential qualifications of the individuals where-ever interpretation of the lab results or opinion thereon are required. With reference to the latter, for a basic composite type of laboratory it has to be registered medical practitioner with an MBBS qualification; for medium and advanced type of laboratories the authorized signatory should have Doctor of Medicine (MD) Diplomate of National Board (DNB) in pathology or biochemistry or medical microbiology or laboratory medicine or diploma in clinical pathology or bachelor of medicine and bachelor of surgery (MBBS) with Doctor of Philosophy (PhD) in any of the subjects above.

Law of the Land

The position regarding medical qualifications of authorised signatory constitutes part of statutory rules notified by the Government of India. It constitutes the law of the land and is required to be followed by all concerned. Thus, any ambiguity arising out of the order dated 12.12.17 of the Hon'ble Supreme Court stood dispelled with effect from the date of the above notification of Ministry of Health and Family Welfare, Government of India, i.e. 21.05.18. Based on aforesaid, it is stated that the authorised signatory of the laboratory test report should be in conformity with the Rules laid down by the Ministry of Health and Family Welfare, Government of India under the Clinical Establishment Rules, 2012. A copy of these Rules is enclosed for your ready reference.

CooperSurgical

Fertility and Genomic Solutions



Next Generation ART Solutions

ORIGIO India Private Limited

C-401, Delphi, Hiranandani Business Park, Powai, Mumbai-400 076, Maharashtra, India

Tel.: +91 22-49280000 | Fax : +91 22-49280010

Website : www.coopersurgical.com / www.origio.com