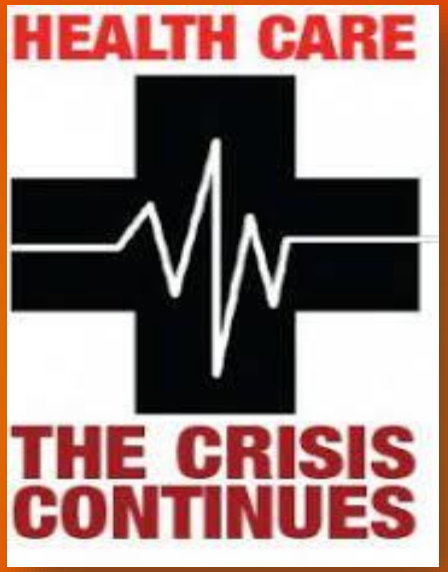
Enhancing Health - Enriching Life

HEALTH CARE CRISIS
-WAY OUT?



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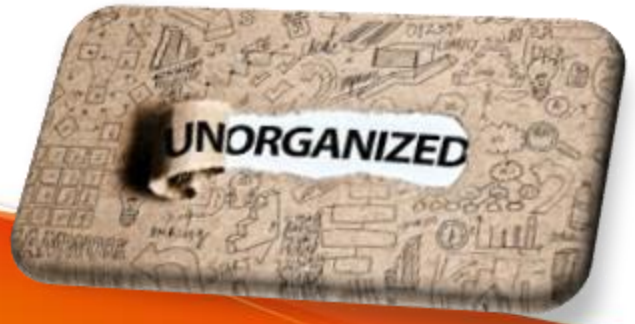
AFIFA

Enhancing Health - Enriching Life

We are facing a healthcare crisis since

1. Governments have not priotrised healthcare and other public goods
2. Epidemiological shift to non communicable disease
3. Out-of-pocket expenditure has gone up

4. Advanced Medical technology is unaffordable for masses
5. Online Referral system has just started in Karnataka – AB Ark
6. Patient transportation system is non-existent



Health Cover for our population

- 30 crores of Citizens go to Govt. Hospitals
- 20 Crores of Citizens have Group insurance
- 5 crores have Personal health insurance
- 14 crores pay from their pocket
- Remaining 71 crores have no medical cover (50%)

As a result out of 50%

1) 40% of sick do not seek healthcare
2) 6 % go to unqualified
3) Out of pocket expenditure is sinking the patients into poverty. (60 million families are below poverty line)
4) Private healthcare market has grown by 70%

Government Schemes

There is gap between allocation and utilization

Allocation to health is around 1.2 to1.35% of GDP where as demand is for 2.6% of GDP.

(Thailand -8%)

Utilization of funds is only 28%

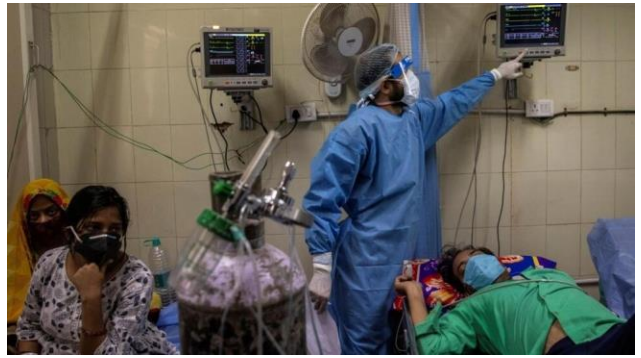
Current Scenario

- Only 25% Health Cess collected is allocated to health budget by union Govt.
- 18% GST on Health Insurance Policies
- 5% GST on Insulin and Hepatitis diagnostics.
- Private hospitals are increasing cost despite full GST exemptions and huge number of sops.
- Increase in sum assured under subsidized social health insurance will only help private sector only.

Health Infrastructure mission of Central Govt.

To build Block level Health, Wellness centers Integrated District Public Health Labs.

Facing Challenges of funds and Maintenance by State Govt.



Due to non-utilization fund, allocation is slashed in subsequent budgets by finance ministry.

Hence inflow is shrinking annually whereas the demand is increasing.

Central govt. provides Human resources only up to 2025-26 for District Hospitals under it’s scheme.

Where as state govts. have to bear burden of recurring expenditure subsequently which looks unaffordable

HEALTH RESOUCES

- Urgent need for rationalizing investment by Govt. in training infrastructure (Land, Building, Capital expenses, HR, Operative expenses)
- Govt. should allow Pvt. Medical colleges to use its faclities by charging USER fees to improve the hospitals income.
- Using digitization and professional management cost can be brought down
- NMC,NCI, DCI, RCI, PCI, AHS and Para medicals boards should be tasked to rationalize the budget.

Man Power Crisis

Govt. Hospitals have 30% vacancies due to non-availability of trained staff because of shortage at all levels

Safety and Security of Professionals.

Low renumeration

Inadequte Infrastructure and supplies

No scope of self improvements professionally and economically.

Corruption and Nepotism demotivates devoted professionals.

Interference by Politicians and pressure groups in postings and promotions and transfers.

Healthcare Hierarchy :

1.Village Health Center (ASHA)

2.Anganwaadi Center (ICDS)

3.Maternity and Child Healthcare Center served by GNM

4.Sub PHC Centers (Community Nurses)

5.Primary Healthcare Centers (Doctors)

6.Community Healthcare Centers (Broad Specialities)

7.District Hospitals (Super specialities and Diagnostics)

8.Medical colleges (U.G)

9.Research Hospitals(P.G & Research)

First four gross root -level units are neglected

Lack Transportation for Diagnosis

Management of Emergency and Elective patients.

Huge crowds at Specialty Centers

70% of patients can be managed at peripheral hospitals

Lack of referral system wastes Doctors' time.

Lack continous training of Nursing and Paramedical staff impairs the quality of service.

NATIONAL HEALTH SERVICE OF U.K.

Free Service is not sustainable

- NHS will shift to greater digitization, preventive medicine and more community based rather than hospital based care.

-Mr. Starmer, Prime minister of U.K.

We still depend on Western Research results and data of which do not connect to our country’s local health care challenges

Lack of Research in Medical Services due due to poor allocation of funds

Research scholars leave the country seeking better infrastructure, recurrent supplies and better renumeration

Lack of Health screening,

Primary care,

Timely referrals to appropriate institutions are adding to challenges to appropriate treatment.

We are on a downward spiral in health status.

ADDITIONALCHALENGES-
Lack of Public Goods

Nutrition

Housing

Clean Water

Functioning toilet

sewage system

Proper wage for labourers

Fair and remunerative price for their products

Hence private health care stepped in to cater to the demand with huge investments at urban areas.

Private institution has several problems

A.Land at Prime Locality

B.Buildings according to town planning, NABH, NABL, JCIA norms including fire protection, security, Power supply, Medical gases, Biomedical waste management.

C. Need water, power and internet for 24X7

D. 40 odd permissions/ Licences.

This needs huge investment – Rs. 40 Lakhs per bed.

Due to competition-

Middle men

Marketing personnel

Referral charges

Interest for loans-12%

Dividend to investers -18%

Only 30% of the bill goes for patient care.

D. Modern electronic equipments have 3-5 years of life span which need to be maintained and replaced periodically

E. Attrition rate of medical staff is very high since they leave for higher training or better prospects They have to be paid above market average salaries to retain them.

Inflation of medical products and drugs is 15%.

Healthcare problems are episodic and unexpected

Hence expenditure cannot be budgetted

Smaller Hospitals are closing since they cannot compete and provide all services under one roof

Private health care is offordable only forHNI&HIG Inaccessible to LIG & PwD.

MIG's options are limited to Health insurance and saving for healthcare contigencies.

PRIVATE HEALTH INSURANCE

To face all the problems current way is to hand over to Private Health Insurance

Problems:

a. Premium for needy eg. Senior Citizen is high
b. Premium lapse after one year.

HEALTH INSURANCE

c. Several exclusions
d. Waiting period
e. Co-Payments
f. TPA for cash -less payments add to expenditure
g. Restriction in ward, OPD management, Day care services
h. Do not cover pre- and post admission expenditures
i. Do not cover Dental, Maternity care etc.
j. Claim rates is 70% so no profit
k. Do not provide Preventive and Rehabilitation services

HEALTH NINSURANCE

Misuse by Insured,

False claims

Excess billing to offset delay and profit.

Health insurance itself is a **bleeding portfolio.**

CURRENT SCENERIO IS ALARMING

13.4% of rural and 8.5% urban population pay medical bill out of pocket.

40% denied themselves of health care.

20% availed free GOVT. services

Remaining availed unqualified at their neighbourhood

WAY OUT IS

THE THIRD FORCE

Civil society organizations are to be put under one Umbrella of

Community Contributory Healthcare Programme.

AFIFA proposes
Social Health Assurance Protagonist Enterprise
(S.H.A.P.E)

S.H.A.P.E.

Steps:

A. Form Welfare Society in your locality

Or add health as additional activity of existing society

B. Minimum 100 members.

C. Collect epidemiological data of members

D. Classify them into 5 groups according to age and means

D. Refer accordingly to appropriate centers.

REFFERAL SYSTEM

1. High Networth Individuals (HNI) to JCIA Hospitals.
2. High Income Group (HIG) to NABH Hospitals
3. Middle Income Group (MIG) to Group Insurance hospitals
4. Low Income Group (LIG)to Govt. Hospitals & Private Medical Colleges
5. Person With Disabiality(P.W.D)to Geriatric,Palliative,Rehabilitation Centers

Cross Subsidy under SHAPE

- Contribution of subscription/Premium from Affluent Member
- to less affluent
- HNI will support two PwD & One LIG (30% Extra)
- HIG will support one LIG & One PwD (20% Extra)
- MIG will support one LIG (10% Extra)
- Totally
- 3 presons support PwD with 30 %
- 2 persons support LIG20%

C. Prescribe subscription/ Premium to HNI, HIG, MIG, LIG

D. Build corpus fund from contribution for use during contigencies.

E. Recruit a team of women to work as

ACCERETED TELEMEDICINE AMBASADORS (ATMA)

F. They will be primary contacts for community connecting with service providers (Govt., Private or Charity)

G. Train, Deploy and Supervise them

ACCREDITED TELE MEDICINE AMBASADORS (ATMA)

- Women are care givers universally
- All social, Economical, Political upheavals affect women more
- They are empathetic and connect with the sick better
- Being Healthcare provider as ATMA is mentally satisfying
- Giving proper guidance and taking them to correct facility.

F. Enable them with Telemedicine AI Technology

G.Provide Digital Devices

H.Conduct Documentation and Medical camps

I. Empanel Healthcare Providers with negotiated tariff

K. ATMA cadre will escort the patients through Healthcare institutions

L.Develop Referral System – Emergency and Elective Streams

M.Conduct Regular Medical checkup, Initial treatment, vaccination, Health awareness camps periodically

N.Involve Local community and political activists, Govt. officials and Policy makers

O. JOIN Group Health Insurance Schemes till you have built your capacity to manage members funds.

GROUP HEALTH INSURANCE

- Group of minimal 100 members
- Low premium
- Corporate Buffer from total premium paid by the group for any excess amount of bill, under the discretion of Group Administration
- No waiting period
- OPD, Lab Tests, Imaging and Medicines covered
- SHARIA compliant “ Takkaful” Scheme
- Insurers have empanelled healthcare providers and their tariff finalized.
- Cover OPD, Investigations, hospitalization and post discharge expences also
- Have claims settlement department

COMMUNITY CONTRIBUTION OPTION

Collect Health status data for further research and development and costing

Build a Medical Emergency corpus to pay for unexpected exigencies

Invest or Partnership in Affordable Primary Healthcare Institutions with your savings

HEIRACRHY

AFIFA

(NON-PROFIT COMPANY)

SOCIAL HEALTH ASSURANCE PROTOGONIST ENTERPRICE (S.H.A.P.E)

ACCRETIDATED TELE MEDICINE AMBASADORS (ATMA)

- **COMMUNITY CONTRIBUTION**
- **GROUP HEALTH INSURANCE**
- **ADVOCACY & CONNECTIVITY**

CONCLUSION

AFIFA has planned for

Social Health Assurance Protagonist Enterprise (SHAPE)

Developing an ATMA cadre

Bringing all stake holders on a single platform

Pooling our savings for a contigency fund

Option for group insurance with ‘SHAPE’ as a guarantor.

Medical and Financial Audit to eliminate misuse

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- **LET US UNITE &SERVE**

THANK YOU FOR YOUR PATIENT HEARING