

Healthcare IT as a top of the line job

WHAT'S NEXT? Anandhi Ramachandran discusses the prospects of careers in the healthcare industry

The Indian Healthcare industry is growing at a tremendous rate owing to the initiatives being adopted for strengthening coverage and services and increasing healthcare expenditure by public as well as private players in addition to the widespread adoption of technology. It is predicted that by 2020, the market will touch \$280 billion and its Healthcare Information Technology (HIT) counterpart will grow 1.5 times more than the current growth of nearly \$1 billion.

The most recent flagship government initiative, Digital India, through its e-health initiative, is set to address information asymmetry and below par access at remote areas through technology and portals. The new National Health Policy 2017 advocates extensive deployment of digital tools for improving the efficiency and healthcare outcomes through the establishment of National Digital Health Authority (NDHA).

The improvements in public healthcare

spending, increased focus of the providers on better financial management, growth in consumer health awareness, their pursuance for quick response, quality care, nearness of the healthcare unit all in tandem with expansions in technology have resulted in taking the healthcare out of the confines of the hospitals towards a paradigm shift in usage of digital technologies. Some of the newer technological advancements are:

- Electronic health record
- Portal technology (Collaborative data exchange online)
- Sensors and wearable technology
- Telemedicine, telehealth
- Mobile devices (mobility), Remote, real-time locating tools
- Cloud computing
- Wireless communication

All these have resulted in an explosive growth in areas like public-private partnerships, consultancies, development of novel medical devices, analytical tools,

medical tourism, and also triggered a concomitant opening of doors to fast growing job opportunities in HIT sector.

Work environment

A career in HIT enables remarkable opportunities to bring in value, quality, reliability, efficiency, cost-effectiveness and better healthcare outcomes. Students and professionals with a dual passion for IT and medical, allied health sciences have a great career possibility in this field. The timing for such a career choice could not be better: healthcare providers now confront a huge procedural shift from traditional methods of service provision, to interaction with digital records, online monitoring, workflow automation, telemedicine and mobile based practices.

This has ensured an increased dependency on HIT specialists within all types of medical and non-medical settings in all geographical areas of the country catering directly or indirectly to healthcare sector - private practices, hospitals, nursing homes, laboratories, public health agencies, insurance providers, consultancies, and software companies.

The working environment confronting a HIT professional is defined by the level to



which the employer has adopted the technology. The job responsibilities include a plethora of tasks from optimising the new systems to providing training, documentation, maintenance, trouble shooting to requirement gathering, designing for a new system as well.

Qualification

A career in healthcare information technology requires training in computer science, business management and domain knowledge related to hospital or public health. Anyone with an appropriate Bachelor's or Master's degree (BSc, BSc Nursing, BPharm etc) or with medical (MBBS, BDS) or computer degree (BTech) is eligible to enter the field.

They need to follow it up with special courses in HIT like the one offered by International Institute of Health Management Research (IIHMR), Delhi. IIHMR offers an AICTE and NBA accredited two-year programme with specialisation in HIT that trains the budding professional in requisite HIT skills.

Requisite skills

In addition to good computer application and process understanding, a successful HIT specialist should possess the following skills: knowledge of healthcare delivery workflow, problem-solving and critical thinking, market research capabilities, strong verbal and written communication, attention to detail and to customer service, meeting the needs of the internal department as well as those of clinical and

business customers, team work, ability to quickly learn and adapt, as both healthcare and technology are dynamically changing fields.

Specialised skill training in any one of the upcoming areas like big data analytics, system maintenance, user interface testing, cloud computing, mobile computing, social media marketing, mHealth, Telemedicine etc will further help advance the career prospects. There are numerous opportunities for career advancement from technical to administrative roles. The HIT specialists may find themselves in various roles.

Future

Many healthcare service providers have already implemented HIT at different stages and many more are slowly joining the bandwagon. They are being supported by IT companies too. In addition, public hospitals are also gearing towards digitalisation to meet greater efficiency. There will be no dearth of opportunities in this evergreen field in the upcoming years as India moves towards digital and affordable healthcare.

(The author is associate professor, IIHMR Delhi)

Dealing with management

The scope of healthcare industry is widening tremendously, bringing in a large pool of growth in terms of employment

SANJIV KUMAR & SUMESH KUMAR

Today is the era of multispecialty hospitals where doctors are busy with clinical work and neither has time nor skills for management. This should be taken care of by hospital managers. They need to go through the daily complexities and strategic decision making. The demand for professional managers is high in healthcare institutions.

Pursuing postgraduation in this field opens up opportunities in diverse healthcare segments such as bio-pharmaceutical, health insurance, clinical research, government sectors, and many others. There is a high level of work satisfaction and remuneration. Also, one has the flexibility of working at varying locations from the non-urban communities to metropolitan cities.

Students gain practical knowledge about the nuances to administer the healthcare facilities from a domestic as well as global perspective. There is a dire need to train the managers with appropriate skills. The skills required for such managers are:

Interpersonal skills: The ability to

interact well with the staff and clients is very important for these professionals. Some believe that these skills are innate but the reality is that with proper training and practice they can also be developed.

Leadership skills: They include the ability to delegate authority, motivate others and communicate effectively. This helps them to take thoughtful decisions and meet deadlines.

Analytical and goal setting skills: This will enable a professional to collect, scrutinise and analyse information effectively. It will also help in efficient decision-making. Students are engaged in research projects. Goals should be set in accordance with the data analysed. The success of the manager depends on the extent of goals he achieves.

Entrepreneurial skills: The ability to take initiatives, grab opportunities, take risks and make decisions in uncertain situations are the key skills for successful managers.

In the current scenario, the scope of healthcare industry is tremendously widening, bringing in a large pool



of opportunities in terms of employment. Besides the doctors and other paramedical staff, this industry, looks forward to qualified and specialised management professionals who can handle the administrative and the management needs well.

The job profiles involve management of the internal affairs of hospi-

tals. They must deal with critical problems encountered by hospitals and other healthcare agencies and respond favourably to such adverse situations. Usually, these candidates are placed in community hospitals, rehabilitation facilities, outpatient clinics, and hospices with flexible work timings.

Some of the other job roles available in this field are hospital administrator, healthcare finance manager, medical director, HR recruiter, blood bank administrator, pharmaceutical project manager among others.

The writers are director, IIHMR and assistant professor, IIHMR, respectively

Put the 'care' back into health

Apart from increasing spending, governments must ensure delivery of quality, accessibility, availability and affordability

SUMESH KUMAR / SANJIV KUMAR

India can certainly do a lot to improve public health. Money is not the only constraint, even though we have been crying hoarse that the Government needs to double or triple its spending on health. There are many other things that need to be streamlined.

Improving healthcare delivery systems ought to be the subject of intense policy deliberation and debate because the development of the country hinges on the health of its citizens.

State of our children
Where does good health begin? With children. Unfortunately, statistics in this regard are not too flattering. Almost half of all deaths of children below 5 is due to under-nourishment. About 44 per cent of children below 5 are underweight. Some 72 per cent of infants are anaemic.

Inadequate sanitation-safe water triggers the infection-malnutrition cycle. If our children don't get the right start to life, they will remain undernourished and underdeveloped compared with children in the rest of the world.

Where does this leave our future workforce? We will remain an unhealthy nation with human re-

sources that function below par. Our physical strength, mental health and overall well-being are and will continue to be compromised. This has far-reaching consequences on the country's economic and social development.

It's clear that investing in health is investing in the future. The Government spends about 1.15 per cent of its GDP on healthcare. This needs to increase to at least 2.5 per cent over the next few years to make any appreciable difference.

Bad health hampers performance, productivity and negatively affects human capital development. Health must remain a priority for State governments as well.

The governments need to work collectively to ensure delivery of quality, accessibility, availability and affordability. Quality is driven by market forces, but when supply is limited compared to demand, it takes a back seat. The governments and health regulatory bodies must ensure that quality standards and minimum patient safety protocols are enforced.

The increase in public health spending should be accompanied by changes in where that money is spent. A substantial part of public spending should be channelised into primary health, as committed in the health policy of 2017.



Desperate The state of public health
VSUDERSHAN

Offering better primary care will help reduce the number of cases where diseases or complications progress to a point where they require expensive and aggressive treatment at tertiary healthcare centres and cannot be cured.

To make it work
For a national health system that works, we need more medical and nursing schools and thousands of health workers, particularly in rural areas. What is urgently required is a multi-layered, qualified, trained and committed workforce. We need a large number of health

management professionals to run facilities and programmes efficiently. Healthcare is one of the largest sectors both in terms of employment and revenue generation. It has grown at a compounded annual growth rate of 16.5 per cent and is likely to be worth \$200 billion by 2020.

But NSS figures over the last two decades show a decline in the share of public hospitals in treating patients. This could give monopoly to private players to hike prices of diagnostics and medical treatment.

High healthcare costs and lack of insurance coverage penetration often result in greater out-of-pocket expenditure for diagnosis, consultation and treatment.

Still, people today prefer private healthcare despite its whopping cost because of the dismal quality and lack of accessibility and accountability of public healthcare in both rural and urban India.

Clearly a lot needs to change. The doctor-to-patient, patient-to-bed, and equipment availability-to-utilisation ratios need to improve. The unbridled rise in the cost of secondary and tertiary care treatment in urban areas need to be checked. Communication and coordination skills among hospital staff and doctors, soft skills and time management, emergency health manage-

ment, crisis management, and supply chain management need to improve drastically. A multi-pronged approach is necessary, and its implementation needs to start immediately on fast-track basis.

Public intervention in healthcare delivery needs to include monitoring of both public and private delivery systems; ensuring authentic diagnostic facilities at affordable cost; supplementing healthcare with better municipal services—clean air and water, pest control, good sanitation and sewage systems, proper treatment of waste and, including healthcare awareness and physical fitness in the school curriculum.

A robust public healthcare system is essential for transforming the socio-economic trajectory of India. Many problems arise because healthcare systems in hospitals and clinics are not managed well.

We need people who are qualified and trained as hospital managers and who can take care of management-related issues so that doctors can focus on providing the clinical care they are trained for.

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Move on generic drugs laudable, engage all stakeholders

By Dr Sanjiv Kumar

All stakeholders agree that the recent move by the Union government asking physicians to prescribe generic drugs is a good initiative but many have concerns especially regarding the quality of drugs which need to be addressed.

What is a generic drug? All drugs start as branded drugs. Pharmaceutical companies spend a large amount of money in research and development of new drugs. In order to recover these costs (average \$1.2 billion for each drug), the drugs are patented by the companies to prevent anyone else from selling the drug for a defined period of time (10-15 years). After this patent period is over, the patent expires and other companies can make and sell this drug, now called generic.

The generic drugs may be prescribed in two ways - as generic (only generic name) or generic brand (generic drug with manufacturer's name in bracket). Generic drugs are in no way inferior, it is the same drug, but at a later stage in the life cycle of a drug. A generic drug may be made and sold by a different company and may have different colour, packaging and inactive ingredients but the active ingredient is the same.

Governments all over the world promote generic drugs to bring down expenditure on healthcare. In India annually, about 32 million people get pushed below poverty line because of expenditure on medical care. About two-thirds of this expenditure is on medicines, making it a major reason of poverty (NHSRC estimates). Generic medicines are cheaper than brand-name drugs and hence will substantially reduce expenditure on health. In the US, the generic drugs that draw a large number of manufacturers average the cost falls to about 20% (US FDA).

The world is moving towards generic drugs. Let us take examples of two countries - US and Canada. In the US, generic and over-the-counter drugs account for about 80% of the sale. In the 2009, the main suppliers of generic drugs (about 40%) in the US were India and China. In Canada (2011 Canadian Medical Association Journal), generic drugs accounted for more than three-quarters of all prescriptions, but accounted for only 20% of spending on pharmaceuticals.

The Medical Council of India and the Indian government have recently accelerated their efforts to promote prescription and use of generic drugs to bring healthcare



within the reach of the poor. The government is committed to achieve universal healthcare and move towards "right to health" as stated in the recently released 2017 national health policy.

Promoting generic drugs nationally builds on the rich experience across states especially in Rajasthan and Tamil Nadu which are the pioneers in introducing generic drugs in the public health system. In medical colleges, future doctors are taught about pharmacological compounds (generic drugs) only. They later learn about branded drugs from representatives or promotional

activities of the pharmaceutical companies. According to the United States Food and Drug Administration, the generic drugs are important options that allow greater access to healthcare for all Americans. They are copies of brand-name drugs and are the same as those brand name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use.

Healthcare professionals and consumers can be assured that FDA-approved generic drug products have met the same rigid standards as the innovator drug. All generic drugs approved by FDA have the same high quality, strength, purity and stability as brand-name drugs. And, the generic manufacturing, packaging and testing sites must pass the same quality standards as those of brand name drugs.

Who loses and who gains with the promotion of generic drugs? It is important to understand who gains and who loses by promotion of generic medicines and the position being taken by different stakeholders in the current debate on generic drugs in India.

The government must address the concerns about promotion of generic drugs. Despite convincing scientific evidence that

generic drugs are equivalent to branded medicines, there remains an undercurrent of fear towards generics in India. Even with very effective quality control in countries like the US, there have been concerns.

A study in the US found that of 43 editorials in scientific journals, 53% expressed negative views concerning generic substitutions for branded cardiovascular disease pharmaceuticals mostly due to advertising by brand companies against generic drugs and some generic drug scandals. In India, the main concern raised by professional bodies is that the quality regulatory mechanism is weak. This may adversely impact on health outcomes.

World's pharmacy

Large generic manufacturers which have made India "the pharmacy of the world" meet international standards of quality control, but the manufacturers catering to the domestic market may not. Corruption and inducements that often lead to substandard drugs being sold in the market remains a major concern. Another concern is that the choice of manufacturer of generic drugs will shift to the chemist from the doctor which may affect quality of care if the medicine is substandard.

The government needs to strengthen regulatory mechanisms and address corruption and inducements to assure availability of quality generic drugs to the public nationally. The pharmaceutical industry needs to encourage all manufacturers to adopt good manufacturing practices, voluntarily or through legal enforcement.

The recent decisions by the Medical Council of India and the government to promote generic drugs is welcome and will increase availability of medicines at affordable cost and contribute to reducing poverty.

The concerns of the Indian Medical Association and other professional bodies regarding quality of generic drugs need to be seriously addressed by the government. It is important for the professional bodies to collaborate with the government in improving access to affordable quality medical treatment including medicines.

There is a need for the government to engage all stakeholders in its noble efforts to improve access, affordability, timeliness of high quality medical care to reach universal healthcare and move towards right to health in the country.

(The writer is Director, International Institute of Health Management Research, New Delhi)

स्वास्थ्य देखभाल प्रणाली की चुनौतियों को कम करना है: कुलस्ते

नई दिल्ली, संवाददाता। केंद्रीय स्वास्थ्य एवं परिवार कल्याण राज्यमंत्री फग्गन सिंह कुलस्ते ने कहा है कि देश की मौजूदा स्वास्थ्य देखभाल प्रणाली को कई चुनौतियों का सामना करना पड़ रहा है, विशेषकर ग्रामीण और दूरदराज के क्षेत्रों में। कुलस्ते ने कहा कि स्वास्थ्य देखभाल प्रणाली की इन्हीं चुनौतियों को कम करना है। अंतर्राष्ट्रीय स्वास्थ्य प्रबंधन अनुसंधान संस्थान (आईआईएचएमआर) के आठवें दीक्षांत समारोह में दिए गए अपने संबोधन में कुलस्ते ने ये बातें कहीं। इस समारोह में 80 विद्यार्थियों को अस्पताल और स्वास्थ्य प्रबंधन में स्नातकोत्तर डिप्लोमा से सम्मानित किया गया। जयपुर के आईआईएचएमआर विश्वविद्यालय के अध्यक्ष एस. एस. डी गुप्ता और आईआईएचएमआर सोसाइटी के ट्रस्टी सेक्रेटरी ने समारोह का उद्घाटन किया। इसमें 100 से अधिक विद्यार्थियों, अभिभावकों और संकाय सदस्यों ने हिस्सा लिया।

स्वास्थ्य प्रबंधको की बड़ी जरूरत : कुलस्ते

नई दिल्ली। केंद्रीय स्वास्थ्य एवं परिवार कल्याण राज्यमंत्री फग्गन सिंह कुलस्ते ने कहा है कि देश की मौजूदा स्वास्थ्य देखभाल प्रणाली को कई चुनौतियों का सामना करना पड़ रहा है, विशेषकर ग्रामीण और दूरदराज के क्षेत्रों में। कुलस्ते ने कहा कि स्वास्थ्य देखभाल प्रणाली की इन्हीं चुनौतियों को कम करना है। अंतर्राष्ट्रीय स्वास्थ्य प्रबंधन अनुसंधान संस्थान के आठवें दीक्षांत समारोह में दिए गए अपने संबोधन में कुलस्ते ने ये बातें कहीं।

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GST in healthcare sector: hoping for positive impact

By Dr Sanjiv Kumar and Dr Sumesh Kumar

To make the Indian Tax system more uniform, Goods and Services Tax (GST) has been introduced in India from July 1, 2017. It has been hailed as the biggest tax reform since independence.

Parties on both sides of the political divide say it is a good initiative but may disagree on preparedness to implement and the rates on various goods. It will include all taxes at various stages of value addition in the production process of goods and services - that is buying raw material, manufacturing of components and final product, warehousing, and transportation and final sale to customer.

These taxes were levied by multiple authorities such as local (municipalities), state and central governments. The final customer will pay GST while purchasing from the last dealer. Thus, it is not a new tax but replaces all taxes which were levied at all the previous stages in production and sale process with one tax. Now there is one tax with two components - state component and central.

The state component will go to the state in which final transaction took place and the central component will go to central government. The GST is expected to increase the government revenue as tax evasion will be checked and many services that were not under the service tax regime will come under GST. The increase in government revenue will improve investment in health and the social determinants of health.

It will also provide transparency and certainty in the tax system. It will improve the ease of doing business. India's current standing globally in ease of doing business is 130 out of 190 countries. Globally, GST is seen as a simple, efficient and successful form of indirect tax reform which will contribute to accelerate economic growth by replacing the current multiple, inefficient, irrational and complex indirect tax system in India.

Most of the countries (160) in the world, especially the ones with a developed economy have GST or similar tax system, some have been in place for more than 50 years. These include France (first to implement in 1954), China (1994 modified in 2016),



Japan, Malaysia, Australia, New Zealand, Singapore and Canada. Globally, there are more than 40 models of GST.

India's GST system is closer to that of Canada with two components (state and central). The countries introducing GST have faced short-term disruptions such as protests, inflation spikes, burden on small businesses etc, before the benefits start emerging.

India has four slabs of taxes (5, 12, 18, 28 and on some goods sin tax of 40%) where almost all other countries have

only one slab. There is no doubt that GST is going to affect almost every sector of the economy in India, so the experts are trying to analyse their respective sectors and their growth under the umbrella of GST.

GST and healthcare sector: Healthcare is one of the fastest growing sectors of the economy with lots of potential in terms of revenue and employment. Healthcare is a wider term that mainly includes pharmacy, medical devices, medical insurance, diagnostics and other components of medical care. The GST is going to affect all the components of healthcare in various ways.

GST and pharmaceutical industry: About two thirds of the out of pocket expenditure on healthcare is on drugs in India. The burden of all the taxes on drugs in general was about 13% in the pre-GST period and the current GST is 12% as a whole including ayurvedic drugs. The medicines for HIV/AIDS, malaria, tuberculosis and diabetes will be imposed 5% GST.

The GST on drugs produced under excise-free manufacturing zone is yet to be clarified. The best thing for the pharmaceutical companies is that their cost of purchase is

going to reduce. The GST will give hassle free business environment to the pharmaceutical companies.

GST and medical devices and equipment: The manufacturers of medical devices and surgical equipment are proposed to be taxed 12% under the GST. The previous burden of taxes on the medical devices and equipment was over 13% including all the bunch of taxes.

So 1% tax benefit is visible under the new tax system for the medical device and equipment industry. This will clearly give a boost to the industry and the consumer will also share the benefits in terms of lower price and affordability.

GST and health insurance: There is lot of scope for health insurance in India where the coverage under health insurance is only 18% in urban and 14% in rural India in 2016. The GST rate on the insurance sector is 18% as against 15% service tax in the pre-GST era. It clearly indicates that the health insurance premiums are going to increase.

GST and diagnostics: There is an expected rise in the prices of diagnostics

such as blood tests, X-rays, MRI and strip-based diagnostics as they are put under either 12% or 18% slab which is higher than the previous tax rate. In the pre-GST era, the 10-15% of out of pocket expenditure is on diagnostics which is expected to increase in the post GST period.

The GST will certainly increase the government revenue with more transparency in the tax system that will further simplify the tax structure. The economy is expected to grow at a faster rate. Every sector of the economy would have its share in the growth of the economy including healthcare sector.

In a broad spectrum, it is an analysing phase for the healthcare sector to see the impact of GST. The experts of the healthcare sector are confident that the post-GST period will bring in strategic change and create a positive environment by minimising the obstacles and complexities in the growth and have a positive impact to bring down the cost of health. (Dr Sanjiv Kumar is Director and Dr Sumesh Kumar, Associate Professor at International Institute of Health Management Research, New Delhi)

AFTER HOURS / BOOKMARK

LEAD REVIEW



DO WE CARE?



India's Health System

K. Sujatha Rao

SOLVING HEALTHCARE ISSUES

EVEN AFTER NEARLY seven decades of Independence and a 8-9 per cent growth rate in the recent past, two-thirds of Indians do not have access to tap water and a clean toilet, over a third are malnourished, while a million-and-a-half children die before they turn five. Millions continue to die or suffer from communicable diseases such as tuberculosis, malaria, and other infectious diseases, which are not only treatable but also at an incredibly low cost. Such systematic inequities necessitate the negotiating presence of a strong and assertive state.

The directive principles under Article 47, states, "the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties". Nowhere does India's Constitution explicitly state



BY ASHOK K. AGARWAL

health as a fundamental human right. Sujatha Rao, former Union Health Secretary, in her book, *Do We Care? India's Health System*, has analysed the challenges facing India's health system.

The initial chapters deal with evolution of India's health system, health financing and governance issues. The second part of her book has a critical analyses of implementation of polices. The evolution of

the health sector in India beginning with the Joseph Bhore Committee (1946) to the developments in the initial years after Independence and constituting the various Expert Committees to Alma-Ata Declaration (1978) and going on to the First National Health Policy in 1983 is appropriately described.

Rao argues that healthy people generate wealth and that ill-health and disease significantly impact the growth momentum. India's 40 per cent young and productive population can be, and is, an enviable advantage, but only if they are healthy. Sick people do not produce wealth. Clearly, India's tragedy has been its failure to provide access to fundamental public goods — clean air, safe water, sanitation, hygiene, nutritious food, and basic healthcare — and ensuring security to vulnerable populations from health

expenditure shocks.

The cavalier manner in which health budgets were reduced by the Central government during the three years of the 12th Five-Year Plan (2012-17) exacerbates such apprehensions. Reduced public spending and the aggressive pushing of public-private partnerships can be a dangerous cocktail in these times.

The book also gives a vivid account of privatisation of medical education, as also nursing and allied services, which has grown exponentially since 1993 on account of three factors — liberalisation of the economy, fiscal crises and the insertion of Clause 10(a) to the Medical Council Act of 1956 that centralised all powers for the sanction of colleges, determining student strength, and introduction of courses in the health ministry. This reduced the role of the MCI to that of an

■ COUNTRY NEEDS HOSPITAL MANAGERS

Minister of state for health and family welfare Faggan Singh Kulaste has said that the country needs trained hospital managers. He was speaking here at a convocation hosted by International Institute of Health Management Research. "The national health policy stresses the promotion of health and wellness for all. With this objective in mind the government has decided to upgrade



one lakh fifty thousand sub centres into health and wellness centres across the country." SD Gupta chairman, IIHMR Jaipur University.

Rashtriya Sahara – page – 5 , 7th june, 2017

स्वास्थ्य प्रबंधकों की देश में होगी बड़ी जरूरत : कुलस्ते

नई दिल्ली, ब्यूरो। केंद्रीय स्वास्थ्य राज्य मंत्री फगगन सिंह कुलस्ते ने कहा कि स्वास्थ्य सुविधाओं की आपूर्ति मजबूत करने के लिए देश में बड़ी संख्या में योग्य स्वास्थ्य प्रबंधकों की जरूरत होगी। कुलस्ते ने यह भी कहा कि राष्ट्रीय स्वास्थ्य नीति, 2017 में सभी के लिए सेहत और कुशलता के उद्देश्य के साथ सरकार ने देश में डेढ़ लाख उप केंद्रों को स्वास्थ्य केंद्र में उन्नत करने का फैसला किया है। वह कल यहां इंटरनेशनल इंस्टीट्यूट ऑफ हेल्थ मैनेजमेंट रिसर्च आईआईएचएमआर के आठवें दीक्षांत समारोह को मुख्य अतिथि के तौर पर संबोधित कर रहे थे। कुलस्ते ने स्वास्थ्य क्षेत्र के समक्ष ख़ासकर ग्रामीण और सुदूर इलाकों में कई चुनौतियां होने की बात स्वीकार करते हुए कहा कि हमें संसाधनों, विशेष रूप से मानव संसाधनों के बेहतर प्रबंधन की जरूरत है। इस मौके पर 80 छात्रों को अस्पताल और स्वास्थ्य प्रबंधन में स्नातकोत्तर डिप्लोमा प्रदान किया गया। चार विद्यार्थियों को अलग अलग क्षेत्र में उत्कृष्ट प्रदर्शन के लिए स्वर्ण पदक से सम्मानित किया गया।

स्वास्थ्य प्रबंधकों को देश में बढ़ेगी मांग: कुलस्ते नई दिल्ली संवाददाता। केंद्रीय स्वास्थ्य राज्य मंत्री फग्गन सिंह कुलस्ते ने कहा कि स्वास्थ्य सुविधाओं की आपूर्ति मजबूत करने के लिए देश में बड़ी संख्या में योग्य स्वास्थ्य प्रबंधकों की जरूरत होगी। कुलस्ते ने यह भी कहा कि राष्ट्रीय स्वास्थ्य नीति, 2017 में सभी के लिए सेहत और कुशलता के उद्देश्य के साथ सरकार ने देश में डेढ़ लाख उप केंद्रों को स्वास्थ्य केंद्र में उन्नत करने का फैसला किया है। वह कल यहां इंटरनेशनल इंस्टीट्यूट ऑफ हेल्थ मैनेजमेंट रिसर्च आईआईएचएमआर के आठवें दीक्षांत समारोह को मुख्य अतिथि के तौर पर संबोधित कर रहे थे। कुलस्ते ने स्वास्थ्य क्षेत्र के समक्ष खासकर ग्रामीण और सुदूर इलाकों में कई चुनौतियां होने की बात स्वीकार करते हुए कहा कि हमें संसाधनों, विशेष रूप से मानव संसाधनों के बेहतर प्रबंधन की जरूरत है।

‘स्वास्थ्य प्रबंधकों की बढ़ेगी मांग’ नई दिल्ली। केंद्रीय स्वास्थ्य राज्य मंत्री फग्गन सिंह कुलस्ते ने कहा कि स्वास्थ्य सुविधाओं की आपूर्ति मजबूत करने के लिए देश में बड़ी संख्या में योग्य स्वास्थ्य प्रबंधकों की जरूरत होगी। कुलस्ते ने यह भी कहा कि राष्ट्रीय स्वास्थ्य नीति, 2017 में सभी के लिए सेहत और कुशलता के उद्देश्य के साथ सरकार ने देश में डेढ़ लाख उप केंद्रों को स्वास्थ्य केंद्र में उन्नत करने का फैसला किया है। वह कल यहां इंटरनेशनल इंस्टीट्यूट ऑफ हेल्थ मैनेजमेंट रिसर्च आईआईएचएमआर के आठवें दीक्षांत समारोह को मुख्य अतिथि के तौर पर संबोधित कर रहे थे।

‘Healthcare system faces challenges in rural areas’

TRIBUNE NEWS SERVICE

NEW DELHI, JUNE 4

Admitting that healthcare delivery system in the country is faced with many challenges, Minister of State for Health and Family Welfare Faggan Singh Kulaste stressed the need for trained hospital managers to cater to the growing healthcare needs and optimal utilisation of available resources in the country.

Kulaste was addressing the eighth convocation of the International Institute of Health Management Research here.

The minister said the healthcare delivery system is facing many challenges, especially in rural and far-flung areas, and also touched upon the Central government’s National Health Policy, 2017.

The government has decided to upgrade 1 lakh 50 thousand sub centres into health and wellness centres in a timebound manner, he said.

New frontiers in medicine

As healthcare providers move to digital platforms, more career opportunities come to the forefront

■ ANANDHI RAMACHANDRAN

The Indian healthcare industry is growing at a tremendous pace, thanks to initiatives being adopted to strengthen coverage, services, increasing healthcare expenditure by public as well as private players and the widespread adoption of technology. It is predicted that by 2020, the market will touch US\$280 billion and its Healthcare Information Technology (HIT) counterpart will grow 1.5 times more than the current growth of nearly US\$1 billion. The recent flagship government programme, Digital India, through its e-health initiative, is set to address information asymmetry and sub par access in remote areas through technology. The new National Health Policy 2017 advocates extensive deployment of digital tools for improving healthcare outcomes, by setting up a National Digital Health Authority (NDHA).

Improvements in public healthcare spending, increased focus on better financial management, growth in consumer health awareness, pursuit of quick response, quality care, and nearness of the healthcare unit, all in tandem with expansions in technology have resulted in taking healthcare out of the confines of the hospitals towards a paradigm shift, with the usage of digital technologies.

Newer technological advancements have resulted in explosive growth in public-private partnerships, consultancies, development of novel medical devices, analytical tools, medical tourism and also triggered a concomitant opening of doors to fast-growing job opportunities in the HIT sector.

Students and professionals



Emerging field: Intersection of medical and digital care.

with a dual passion for IT and medicine, or allied health sciences have a great career possibility in this field. The timing for such a career choice could not be better: healthcare providers now confront a shift from traditional methods of service provision to interaction with digital records, online monitoring, workflow automation, telemedicine and mobile based practices. This has ensured an increased dependency on HIT specialists within all types of medical and non-medical settings. The job responsibilities include a plethora of tasks from optimising new systems to providing training, documentation, maintenance, trouble-shooting, requirement gathering, and design.

A career in HIT requires training in computer science, business management and domain knowledge – related to hospitals or public health. Anyone with an appropriate bachelor's or master's degree (BSc., BSc.

Nursing, B. Pharm.), medical (M.B.B.S, B.D.S) or computer degree (B. Tech) are eligible to enter the field. They need to follow it up with special courses in HIT like the one offered by International Institute of Health Management Research (IIHMR), Delhi.

Skills required

In addition to good computer application and process understanding, a successful HIT specialist should possess the following skills: knowledge of healthcare delivery workflow, problem-solving and critical thinking, market research capabilities, strong verbal and written communication, attention to detail and customer service, meeting the needs of the internal department as well as those of clinical and business customers, and teamwork. Also, the ability to learn and adapt, as both healthcare and technology are dynamically changing fields. Specialised skill training in any one of the up and coming areas like big

Freshers may expect salary packages anywhere from three to eight lakhs per annum.

data analytics, system maintenance, user interface testing, cloud computing, mobile computing, social media marketing, mHealth, or telemedicine will further help to advance the career prospects.

There are numerous opportunities for career advancement, from technical to administrative roles. HIT specialists may find themselves in various roles. To name a few: healthcare IT executive, health informatics technician, chief medical information officer, healthcare business analyst, project manager/developer/trainer, EMR consultant/implementation manager, clinical information manager/associate, HIT research associates, and mHealth and telemedicine specialists.

Freshers may expect salary packages anywhere from three

to eight lakhs per annum. Work experience equips professionals with more knowledge of HIT and makes them adaptable to shoulder advanced responsibilities culminating into quick career growth in terms of job and salary advancements.

Future ahead

Many healthcare service providers such as Max, Fortis, Medanta, AIIMS, and Shankara Netralaya have already implemented HIT at different stages, and many more are slowly joining. They are being supported by IT companies such as Deloitte, Cerner, Alscrypts, Wipro, Napier, TCS, Reliance, and Akhil Systems through their products and services. In addition, public hospitals are gearing up for digitalisation. There will be no dearth of opportunities in this evergreen field in the coming years, as India moves towards digital and affordable healthcare.

The author is Associate Professor, IIHMR Delhi.

ANGRY REACTION

■ Survey finds delay in attending to patient one of the causes of frustration

Many doctors face ire of patients and kin

DC CORRESPONDENT
HYDERABAD, JULY 9

Three out of four doctors have faced the threat of violence — either physical or verbal — from patients or relatives during the course of their work, according to a survey carried out by the International Institute of Health Management Research (IIHMR) and the Indian Medical Association (IMA). About 12 per cent of them were subject to physical assault.

The survey found that 75 per cent of doctors faced verbal abuse, which is the most common form of violence and 51 per cent complained of threats.

Those who were physically assaulted stated that they felt angry, frustrated and scared. They also felt fatigued and suffered from low self-esteem thereafter. The survey was published in the *National Medical Journal of India*.

The survey found that most of the attacks on doctors occurred during peak



LOSS OF A NEAR ONE

- The Indian Medical Regulation 2002 sets down the following actions to be taken on daily basis for prevention and regulation of violence against medical professionals:
- Transparency regarding the hospital, staff and the treatment should be followed.
- Proper coordination with the local and state medical associations necessary.
- False promises should be avoided at any stage of the treatment.
- Immediate police complaints should be made at the time of violence with evidence.
- Proper record-keeping of every patient.
- Patient's grievance should be redressed with the utmost care. A separate committee can be formed for the same.
- INFORMATION SHOULD BE DISPLAYED IN THE HOSPITAL THAT ANY VIOLENCE OR SIMILAR ACTIVITY ON THE PREMISES IS A PUNISHABLE OFFENCE.

hospital hours, emergency medical interventions or post-surgery.

It found that patients and their relatives often get frustrated due to lack of coordination between the hospital administration at the time of admission, delay in attending to the

patient, demand of advance payment, withholding of the dead body pending final settlement of hospital bill and unethical practices by certain doctors.

The situation at hospitals is becoming risky as physicians, however con-

scientious or careful, cannot tell what day or hour a patient or his relatives would resort to malicious accusation, blackmail or file a suit for damages.

The survey found that patient's lack of understanding of technical matters, unreasonable high

expectations and high cost of healthcare were some reasons that the patient and their relatives resorted to violence against doctors.

Dr Sanjiv Kumar, director of IIHMR, said, "There are 156 laws applicable to hospitals, but it is not the

remedy to bridge the trust gap between medical professionals and public. Doctors need to introspect their conduct as sensitivity is one of the most important factors in dealing with emergency cases and those being treated in intensive care units. The relatives have to be handled with care and the hospital unit must not demand money at every stage."

Prof. A.K. Agarwal, who was a part of the survey, said, "There is a need to understand behavioural issues that govern relatives. This requires appropriate management by the hospital administration. The doctor-patient communication must be clear and transparent. Doctors must not make tall claims and critical issues must be properly explained to the patients and their relatives. One person from among the patient's relatives should communicate with the doctor. Too many relatives make things difficult for doctors."



लाइफ स्टाइल को बदल नॉन-कम्युनिकेबल डिजीज से बचें

योग व हेल्दी डाइट पर फोकस करें: संजीव कुमार



सिटी रिपोर्टर • भारत में तेजी से स्वास्थ्य सेवाओं को मजबूत करने और लोगों की वर्तमान स्वास्थ्य आवश्यकताओं को पूरा करने का प्रयास किया जा रहा है। मगर इसके बावजूद देश में नॉन-कम्युनिकेबल बीमारियां जैसे ब्लड प्रेशर, शुगर, कैंसर व क्रोनिक डिजीज बढ़ती ही जा रही हैं। इन बीमारियों को कम करने के लिए किस तरह के कदम उठाने की जरूरत है, इसी तरह के मुद्दों को इंटरनेशनल इंस्टीट्यूट ऑफ हेल्थ मैनेजमेंट रिसर्च, (आईआईएचएमआर) ने शहर के एक रेस्टोरेंट में पत्रकारों वार्ता की।

आईआईएचएमआर दिल्ली के निदेशक संजीव कुमार ने कहा कि आज की सबसे बड़ी जरूरत लाइफ स्टाइल को बदलने की है। क्योंकि लाइफ स्टाइल में बदलाव लाकर ही ऐसी बीमारियों को कम किया जा सकता है। इसमें योग,

कसरत, सुबह-शाम सैर और हेल्दी व संतुलित आहार अहम हैं। नमक कम खाएं, तंबाकू को नो कहें। इस मौके पर हिसार सीएमओ डॉ. जेएस ग्रेवाल, पीएमओ डॉ. दयानंद और अर्बन हेल्थ मिशन से डॉ. जितेंद्र शर्मा व डॉ. तरुण भी उपस्थित थे।

स्वास्थ्य सेवा सुविधाओं में हिसार आगे

डॉ. जेएस ग्रेवाल ने हेल्थ केयर में हिसार जिले की निरंतर वृद्धि पर प्रकाश डाला। उन्होंने बताया कि हिसार की वृद्धि दर स्वास्थ्य सेवा सुविधाओं में हरियाणा से अधिक है। उदाहरण के लिए, हरियाणा में बाल मृत्यु अनुपात 33/1000 (एनएफएचएस-4) है, लेकिन हिसार में 25/1000 (एमडीआर 5, एनएफएचएस 4 (2015-16) है, हरियाणा में माताओं का मृत्यु अनुपात 127 है, लेकिन हिसार में 99 है।

एक करोड़ लोगों की मौत बीमारियों की वजह से

अमर उजाला ब्यूरो

हिसार।

भारत तेजी से स्वास्थ्य सेवा को मजबूत करने और लोगों की वर्तमान स्वास्थ्य आवश्यकताओं को पूरा करने का प्रयास कर रहा है, इसके लिए स्वास्थ्य सेवा विशेषकर ग्रामीण क्षेत्रों में इजाफा करने की आवश्यकता है। ये बातें इंटरनेशनल इंस्टीट्यूट ऑफ हेल्थ मैनेजमेंट रिसर्च, (आईआईएचएमआर) दिल्ली के निदेशक संजीव कुमार ने हिसार के लजीज रेस्टोरेंट में मंत्रकारों से बातचीत करते हुए कही।

इस मौके पर उनके साथ सीएमओ, हिसार डॉ. जेएस ग्रेवाल, पीएमओ डॉ. दयानंद और अर्बन हेल्थ मिशन से डॉ. जितेंद्र शर्मा और डॉ. तरुण भी उपस्थित थे। उन्होंने बताया कि अस्पताल और क्लीनिकों में स्वास्थ्य देखभाल प्रणालियों को अच्छी तरह से प्रबंधित नहीं किया जा रहा है। अस्पताल प्रबंधकों के रूप में योग्य और प्रशिक्षित लोगों की जरूरत है और जो प्रबंधन से संबंधित मुद्दों का ध्यान रख सकें, ताकि डॉक्टर नियमित चिकित्सा उपलब्ध कराने पर ध्यान दे सकें, जिसके लिए वे प्रशिक्षित हैं। आईआईएचएमआर दिल्ली जैसे संस्थान इस संबंध में प्रबंधन प्रशिक्षण प्रदान करते हैं।

यह बीमारियां प्रमुख रूप से बढ़ी डॉ. कुमार ने कहा कि रक्तचाप, मधुमेह



हस्वास्थ्य सेवाओं को लेकर जानकारी देते चिकित्सक।

अमर उजाला

और कैंसर प्रमुख जानलेवा बीमारियों के रूप में उभरी हैं। भारत में लगभग 1 करोड़ लोगों की मौत बीमारियों के कारण होती है, जिसमें लगभग 60 लाख हृदय रोग, कैंसर, मधुमेह इत्यादि के कारण मौत के ग्रास बन जाते हैं। 12 लाख लोग घायल होने और दुर्घटनाओं से मर जाते हैं।

यह है प्रदेश और हिसार की स्थिति हरियाणा में गर्भवती महिलाओं के लिए निर्धारित निरीक्षण की संख्या 45.1 प्रतिशत और हिसार में 40.5 प्रतिशत है। हरियाणा में जो महिलायें बच्चे के जन्म से पहले संपूर्ण देखभाल करवाती हैं उनका प्रतिशत 19.5 और हिसार में उनकी संख्या मात्र 9.4 प्रतिशत है। इस स्थिति को सुधारने के लिए, मातृ एवं बाल स्वास्थ्य सेवाओं को सुदृढ़ करने की आवश्यक है। हरियाणा में केवल 21.4 प्रतिशत और हिसार में 29.6 प्रतिशत

नवजात शिशु कार्यकर्ताओं द्वारा स्वास्थ्य की देखभाल प्राप्त करते हैं। हरियाणा में पूर्ण टीकाकरण कवरेज 62.2 प्रतिशत और हिसार में 75.3 प्रतिशत है। हरियाणा में 29.4 प्रतिशत और हिसार में 23.5 प्रतिशत कुपोषण है। हरियाणा में 71.7 प्रतिशत और हिसार में 66.4 प्रतिशत बच्चे एनीमिया से ग्रस्त हैं।

हिसार की वृद्धि दर स्वास्थ्य सेवा सुविधाओं में हरियाणा से अधिक हिसार के सिविल सर्जन डॉ. जेएस ग्रेवाल ने बताया कि हिसार की वृद्धि दर स्वास्थ्य सेवा सुविधाओं में हरियाणा से अधिक है। उदाहरण के लिए, हरियाणा में बाल मृत्यु अनुपात 33/1000 (एनएफएचएस-4) है, लेकिन हिसार में 25/1000 (एमडीआर 5, एनएफएचएस 4 (2015-16) है, हरियाणा में माताओं का मृत्यु अनुपात 127 है, लेकिन हिसार में 99 है।