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BULLETIN OF HOSPITAL BOARD OF INDIA

Budget 2016-17: Key announcements for healthcare

New Delhi: Every year, the budget brings new and key developments for every sector. This year, right in the beginning of the speech, the Finance minister announced the nine pillars of the economy one of which was obviously identified to be healthcare. Keeping a limited, yet focused approach, this year's budget brought forward a number of key developments for the health sector. These are as follows.

Allocation of budget.

Total Allocation for social sector including education and health care combined has been declared as Rs 1,51,581 crore.

New Health Protection Scheme

The Finance Minister expressed concern that a serious illness of family member(s) causes severe stress on the financial condition of poor and economically weak families, shaking the foundation of their economic security. In order to help such families, the Government will launch a new health protection scheme which will provide health cover up-to rupees one lakh per family, the Finance Minister said. For Senior citizens of the age 60 years and above belonging to this category, an additional top-up package up to Rs.30,000 will be provided.

3000 NEW Jan Aushadhi Stores

The government will set up 3,000 new generic medicine stores across the country to tackle the shortage of drugs in rural areas, Finance Minister Arun Jaitley said on Monday.

"For the better availability of generic medicines in the country, especially in the rural areas, the government has decided to open 3,000 new generic medicines stores," said Jaitley, presenting the budget for 2016-17 in the Lok Sabha.

National Dialysis Programme

The FM also announced the launch of a National Dialysis Programme to address the high costs involved in the renal dialysis processes under a PPP mode.

Under the programme every district hospital will have the facilities of renal dialysis, so that people do not have to travel to the expensive hospitals of metro cities, he said. At least 2,000 new dialysis centres will be started in the country under the programme.

Elaborating on the National Dialysis Services programme Mr. Jaitley said about 2.2 lakh new patients of 'End Stage Renal Disease' got added in India's sick list every year resulting in additional demand for 3.4 Crore dialysis sessions. The Minister said with only 4,950 dialysis centres in the country mainly in the private sector and mostly in major towns, the demand could not be adequately met.

Upcoming HBI Event

HBI Board Meeting will be held on 06.03.2016
at IMA HQRS, New Delhi

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Budget 2016: Duty waiver for dialysis equipment to cut costs for renal patients

"Almost 2.2 lakh new patients of end-stage renal diseases get added in India every year, resulting in an additional demand for 3.4 crore dialysis sessions

New Delhi: In a move that will likely cut charges of dialysis procedures for patients with kidney ailments, finance minister Arun Jaitley today announced duty exemptions on certain parts of kidney dialysis equipment in the Union Budget 2016.



Exemptions on basic customs duty, excise countervailing duty (CVD) and special additional duty (SAD) would contribute to arresting India's high non-communicable disease (NCD) and out-of-pocket (OOP) healthcare expenditure burden, according to the finance minister. Only 50% of India's dialysis demands are met because the 4,950 centres currently existing here are largely concentrated in the private sector and major towns, explained Jaitley.

"Almost 2.2 lakh new patients of end-stage renal diseases get added in India every year, resulting in an additional demand for 3.4 crore dialysis sessions," said Jaitley in his speech at the Parliament. "Each dialysis session costs around Rs2,000 an annual expenditure of more than Rs3 lakh," he said, adding that most families had to incur additional costs for frequent long distance trips to access these dialysis services.

The move is being seen as a step towards increasing affordability for treatment against NCDs. "While you cannot pick up all (NCDs) simultaneously, this means you are reducing the cost down further for dialysis treatment at least," said Anjan Bose, Secretary General, Healthcare Federation of India.

Encourage Healthcare Start-Ups

The government's start-up policy released a few days ago is aimed at stimulating growth and development of the economy by encouraging more entrepreneurs to commence manufacturing goods/ providing services from India itself. Barrier to entry have been diluted, a large corpus of seed funds have been earmarked, tax benefits have been extended and regulatory requirements have been significantly done away with. So, a large part of what was required to provide an adrenalin boost to this initiative has already been covered in this policy itself. There is no specific mention for healthcare though which implies that the Government has not focused on any infrastructure or priority sector in this policy; instead, it aims to use this to further its 'Make in India' initiative. For start-ups engaged in manufacturing goods in the priority sector of healthcare, the budget should provide a longer tax holiday than the three years just announced – a period of five years would be ideal. There should be higher investment by the government directly and through the PPP mode to increase the human resources required at all levels in the healthcare sector. Encouragement should be provided in various forms (financial and otherwise) to the Indian medical professionals engaged in the healthcare sectors overseas, to return to India.

Budget 2016: Medical device industry hopes for 'Make in India' sops

Industry representatives are waiting for sops like increased fund allocation and tax holidays to push manufacturing in the sector.

New Delhi: Even as controversy revolves around the high prices global drug makers charge on cardiac stents, orthopedic implants and intra-ocular lenses, India's \$4 billion medical devices industry has called for many measures to bolster its business prospects.

With the union budget closing in, industry representatives are waiting for sops like increased fund allocation and tax holidays to push manufacturing in the sector.

A tax holiday would make it easier for medical technology companies to set up new manufacturing plants, according to Varun Khanna, India and South Asia managing director of Becton, Dickinson & Co. (BD), a global medical technology company. "It should be imperative to create an enabling environment to enhance infrastructure and investments across the healthcare ecosystem," he said.

Increasing government support for domestic manufacturers by way of allocating a portion of the 'Startup India' funds towards medical devices R&D would drive innovation in the sector, according to Apoorva Patni, Director, Patni Healthcare. This would help in the creation of devices that are tailored to Indian patients needs, he said.

Increasing fund allocation towards innovation, science and technology would also promote better linkages between the industry, academia and R&D labs, added Khanna.

At the same time, importers are still calling for a relaxation in medical device import duty, which the government recently hiked to 7.5% from 5%.

Around 70% of India's medical device needs are catered to by imports. "The increase can be an impediment towards providing quality patient care in India," said Khanna, adding that reducing the duty would likely reduce the overall cost of treatment.

Industry representatives fighting the recent hike argue that raising the tariffs would neither incentivise self-reliance

among indigenous manufacturers nor ensure quality products at more affordable rates.

Stents provided by global manufacturers, for instance, undergo a stringent development and testing phase.

"When we develop a new drug-related stent, we destructively test at least 60,000 devices over a span of several years," Jason R. Weidman, Vice President and General Manager, Medtronic Coronary and Renal Denervation, earlier told ET in an interview. "I doubt that, with the rapidity that some of these products (in India) have come out, they've done what we've done," he added.

Relaxing the duty would also enable better penetration of medical devices in the country and may also attract Foreign Direct Investment (FDI) in the sector, added the Advanced Medical Technology Association (AdvaMed), an association of medical device manufacturers.

Process Requirements for Statutory Compliance in hospitals

1. A documented policy affirming the commitment of the management to uphold, support and comply with all the laws of the land.
2. Availability of copies of all the Acts / Judgments of various courts applicable to the health care facilities, their thorough study and understanding by the management and other staff responsible for their implementation.
3. Starting a statutory compliance register with the master list of all applicable acts and the following details in r/o every act.
 - ❖ The title of the Act / regulation
 - ❖ The actions required to be taken by the hospital (one time / recurrent)
 - ❖ A master list of all the certifications / licenses applicable along with date of last renewal / next renewal, fees to be deposited, documents to be forwarded, address of the office and the official responsible.
 - ❖ Check list of periodic reports to be sent along with periodicity, date, address of dispatch and the official responsible for preparing / submitting the report to the MS office by specified date.
 - ❖ Communication to all heads of department about the activities that are illegal by law, for ensuring strict compliance.
4. The list may be reviewed every year / every time a new facility is added or expanded in the hospital so that the requirements may be incorporated in the master list.
5. Documenting the responsibility for timely renewal of the licenses / certifications and submission of the reports and returns
6. Availability of a check list of all other actions to be taken in r/o every regulation, for instance, under PNDDT Act some of the actions to be taken are as follows:
 - ❖ Registration of all USG machines held on the charge of the hospital
 - ❖ Submission of report on the ultrasonologists / radiologists employed by the hospital, initially as well as on any change subsequently
 - ❖ Report to be forwarded every month giving details of the USG done on pregnant ladies, giving justification, and the findings, on the prescribed format.
 - ❖ A notice is to be prominently displayed in the radiology

department informing the patients that sex determination tests are prohibited under the PNDT Act and these tests are not carried out in this hospital.

❖ Management and the HOD Radiology department are to ensure by discrete monitoring, that the statute is being complied with.

7. Completion of all the pending actions without any delay such as:

❖ Renewal of licenses / Certifications

❖ Display of notices related to PNDT Act, free bed facilities, mandatory treatment of A & E cases, prevention of crime against women, registration certificate, services available in the hospital, system of redressal of grievances of patients.

❖ Availability of schedule of charges at the front desk, billing, OP, A & E, etc.

8. To ensure monitoring and compliance of rules and regulations, following committees are in place.

❖ Infection control committee

❖ Hospitals ethics committee

❖ Hospital safety committee

❖ Medical audit committee

❖ Nursing audit committee

❖ Equipment management / audit committee

❖ Pharmacy and therapeutics committee

❖ Medical records committee

Another 10,000 beds in Delhi Hospitals by 2017: Satyendra Jain

Delhi health minister Satyendra Jain said that the government will add 10,000 beds in its hospitals by 2017, among a slew of other facilities including free insurance for people.

“We will transform the healthcare of Delhi by March 2017 and add another 10,000 beds for the hospitals with free insurance services to masses of Delhi,” said Jain speaking at the India Hospital Summit-2016 here.

Jain, however, refused to seek more money for health services in the upcoming budget session.

“Budgetary allocations for improved health and medical services are more than sufficient in my view and I won't seek higher allocations for them,” said Jain at the event organised by the PHD Chamber of Commerce and the Delhi health department.

Jain also disclosed that the government would shortly create a central warehouse that would preserve medicines for three months, the distribution of which would be outsourced to all government hospitals in Delhi for their timely delivery.

Plan to bring 15,000 retiring Indian-origin British doctors to India

The Global Association of Physicians of Indian Origin (GAPIO) on Saturday said it was planning to bring 15,000 retiring Indian-origin British doctors to provide expertise to short staffed medical institutions in India.

“With huge shortage of doctors in India, we are trying to bring in services of about 15,000 retiring doctors from the United Kingdom to provide their expertise to the short staffed medical institutions across the country,” Ramesh Mehta, president of the British Association of Physicians of Indian Origin (BAPIO), said in a statement.

Mehta, who is also the vice president of GAPIO, said that out of the 1.2 million Indian doctors working across the globe, 50,000 work in Britain.

Non-profit organisation GAPIO calls Indian-origin doctors to interact and share their learning with each other annually at its conference.

The first day of the two-day event featured talks on “Changing trends in the management of Type 2 diabetes”, “Antibiotic abuse and how to minimise it”, “Advances in IVF treatment”, and “Progress in minimal invasive surgery in Gynaecology” among others.

Nearly 500 doctors are participating in the 2016 GAPIO international conference that will end on Sunday.

Union Chemical and Fertilisers Minister Anant Kumar will release a special postal cover during the conference, the statement added.

Centre Hints At Possibility Of Exit From Air India, Hospital Sector

The NDA government on Saturday indicated the possibility of its exit from Air India and from the hospital sector, a month after a committee of secretaries recommended that it start planning to get out of air services.

“In times to come, the DoPT will chalk out a possible plan for exit of government sectors from hospitals, air services, etc, and a sunset clause will be attached to every new scheme,” minister of state in the prime minister's office Jitendra Singh said on Saturday, according to an official press release.

The release was issued after Singh addressed a meeting of the department of personnel and training to review the action plan for the year.

Sources in the ministries of health and civil aviation maintained they were “not aware” of the government's privatisation plans, as disclosed by the minister.

Singh later told HT, “There is no decision on privatisation of these sectors. What the government is looking at is what its optimum participation in these sectors should be. These are issues that will be thrashed out later.”

But Public Health Foundation of India president Dr K Srinath Reddy said it was absolutely necessary for the government to stay significantly involved in the healthcare sector. “AIIMS, PGIs and other such (institutes) provide quality healthcare without commercial motives. These hospitals are also major training centres for doctors. Institutes like AIIMS, PGIMER have benefitted the private sector as well as the best doctors in private hospitals come from there,” he said.

Last month, a group of 12 secretaries — including S Jaishankar (foreign), Rajiv Mehrishi (home), Shaktikanta Das (economic affairs) and PK Malhotra (law) — had recommended that the government start planning to get out of sectors like air services, hotels and travel agencies to bring Prime Minister Narendra Modi's mantra of 'minimum government, maximum governance' to fruition.

It was one of eight such groups constituted by Modi to come up with ideas for transformative changes in 'good governance — opportunities and challenges'.

At the review meeting, Singh also said the DoPT proposed to reduce the number of tribunals from 36 to 17 and reduce or restructure 685 autonomous bodies/institutions. He said a mechanism would also be worked out to ensure information available on official websites or portals are not sought under the Right To Information Act, a move to “Reduce pendency and workload accruing from such queries”.

Now MBAs to Run Government Hospitals

Delhi government has taken steps to reduce the burden of the medical doctors by hiring MBA professionals to run the administrative facilities at the hospitals.

Until now, the senior doctors had the dual responsibility of clinical and administrative aspects of the hospitals facilities. In order to reduce the burden of senior doctors the government has initiated a change in the work structure and differentiation of responsibilities. The move is aimed to provide relief to the existing senior doctors in the hospital to facilitate their time in more clinical work

MBA's will now join Delhi government hospitals for the post of administrators and other support staffs in administration. According to the sources the candidates for the required posts will get appointment from the Delhi state Health mission (DSHM), Government will hire the MBAs for period of one year, and based on satisfactory performance, appointment period will be increased in due time. These MBA professionals will have the monthly salary package as Rs 1 Lacks (One lakh) for the administrative professional and Rs 60,000 for the assistant administrator post

With this initiative doctors would have relief from the double work burden and they will be able to devote more time to the patients for the betterment of their health. Moreover, with this idea the government plans to hit another issue by tackling with the shortage of medical professional in the Capital as the clinicians will now be able to dedicate more time to the patients.

M-Health App Caters to Those in Need of Medical Assistance



Mumbai : Taking note of the various problems faced by patients and their kin who are in dire need of medical and health related services, a Kurlabased Chartered Accountant has developed 'Mhealth', an Android app that caters to 12 major and other allied needs.

According to Chartered Accountant Kiran Damle, the

app will cover medical and health services in Mumbai, Thane and Navi Mumbai.

"The main features of the Mhealth app include hospitals and related services, blood banks, ambulance services, organ donation, health care centres, NGOs operating patient helping equipment centres," he said.

"Information on 24hour pharmacies will also be provided along with information on generic medicine, dialysis centres, nursing services, heart care centres, cancer care centres and NGOs giving financial help for medical purposes to patients in need of help," he added.

Damle said any patient or relative in need of any blood group, after logging in the details of the patient and the hospital, will get a list of 10 blood donors in vicinity of the stated hospital.

Besides, the donors too will get a message on their mobile about urgent requirement of certain blood group.

"Many times relatives in unfamiliar localities often find it

tough to locate nearby 24 hour pharmacies, pharmacies selling generic medicines. Another problem faced at times of medical emergencies is to locate ambulance services nearby," he said.

The app will also have list of NGOs which offer financial help for medical purposes to needy patients, he said.

Damle said there are many NGOs and private organisations that offer medical equipments like crutches, walkers and other nursing services on hire.

Replying to a query, he said at present there are no plans to include doctors as already there are apps dedicated to it.

Courtesy - Medical Dialogues

Benefits of IT in Health Care

TANGIBLE BENEFITS (QUANTIFIABLE)

❖ Increasing productivity of high cost resources in the hospital eg:

- Consultants / Specialists can attend to more patients during OPD timings
- Surgeons can carry out more operations thus using the Operating Theatres, ICCUs, more effectively
- Pathological Labs can report more tests without errors
- Diagnostic Labs, Cath-Lab, CT – MRI etc, can handle more patients

❖ Prevent / Reduce

- Wastage / pilage / expiry of expensive medical stores items / pharmacy items
- Revenue leakage
- Inventory / equipment maintenance costs
- Staff cost – mainly administrative
- Time to recover outstanding from credit patients and insurance companies

INTANGIBLE BENEFITS (QUANTIFIABLE)

❖ Increased satisfaction of patients and their families due to

- Less anxiety due to availability of correct information for planning and during emergencies
- Less waiting in queues
- Timely delivery of reports
- Prompt and accurate billing
- More transparency / less chances of errors
- More personalized services and less errors nursing on account of reminders and alerts.

❖ Increased satisfaction of Doctors / Surgeons / Physicians on account of

- Better planning and scheduling of OPDs, OTs, ICUs, etc.
- Saving precious time with reminders / alerts and availability of patient status.
- Online availability of patient medical records and investigation reports can dramatically improve line of treatment
- Prompt and accurate settlement of honorariums removes the drudgery of keeping track of personal accounts.

❖ Hospital management benefits

- Better controls despite higher volumes
- Higher responsibilities / accountability at all levels
- Better and Faster implementation of management policies
- Quick decision on important issues due to accurate and fast MIS.

❖ Hospital Staff benefits

- IT helps them carry out their SOPs more efficiently
- No need to 'remember' important things which affect patients as all important transactions are recorded systematically on the computer
- Less Paperwork.