

Stakeholder contribution in healthcare

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Ramakrishnan NK. Stakeholder contribution in healthcare. J Nurs Res Pract. 2017;1(1):18-19.

Who is responsible for making it work for the common man? William Bradley Brad Pitt's echoed the health of healthcare, "Let us be the ones who say we do not accept that a child dies every three seconds simply because he does not have the drugs you and I have. Let us be the ones to say we are not satisfied that your place of birth determines your right for life. Let us be outraged, let us be loud, and let us be bold."

Here is how I want to be outraged and loudly ask few questions to myself?

- Am I denied quality healthcare because of my demographics, my financial status, my employer/payer's limitations, number of siblings I have and the last but not the least lack of influence?
- Who is responsible for my health - My parents, Environment I live, my

government or individual?

- Who is determining the quality of the healthcare?
- Who is dominating the healthcare Industry?

A simple matrix, without any quantitative and qualitative analysis for proving with facts but the hearsay knowledge and assumptions maps the responsibility of various stakeholders in the industry and criteria that defines the role of them:

Who is dominating healthcare in India?

Quick analysis:

TABLE 1:
All the stakeholders listed in the table

Criteria	Investors & Hospitals	Renowned doctors	Paying Patients	Poor Patients	State Government	Central Government	Insurance Companies	Pharma & equipment	Healthcare IT
Inevitable force in Indian healthcare	√	√	√	√	√	√	√	√	√
Are there any alternative options?	X	X	-	-	X	X	√	√	√
Social preference over Commercial interest	X	X	-	-	√	√	X	X	X
Demand meets Supply	X	X	X	X	X	X	X	√	√
Systematic & standardized approach	X	X	X	X	X	X	X	X	X
Socio-economic equality	X	X	-	-	X	X	-	-	-
Attention to the spending capacity of the population	X	X	√	√	√	√	X	X	X
Major contributors to the quality of the healthcare	√	√	√	X	X	X	X	X	√
Major contributors towards affordable healthcare	X	X	X	-	√	√	X	X	√
Major contributors enabling accessible healthcare	√	√	√	-	√	√	X	√	√
Major contributors towards increased cost of healthcare	√	√	√	√	√	√	√	√	√
Possesses the potential to reduce the cost of healthcare	√	√	√	√	√	√	√	√	√
Who is probably dominating in Indian Healthcare?	√	√	X	X	√	X	X	√	X
Who should ideally dominate in Indian Healthcare?	X	X	√	√	√	√	X	X	X

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Received: November 27, 2017, Accepted: December 04, 2017, Published: December 11, 2017



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Stakeholder analysis

- All the stakeholders listed in the Table 1 are the inevitable forces in defining the Indian Healthcare.
- Nearly 70% of Indians are still paying from their pocket there is always an alternative for payer services (1).
- Also, the current out of pocket expense allows the patient to choose the hospital of their choice and always there are alternate options.
- The demand & supply gap in public healthcare is as huge as 1: 30,000 medical officers for the population covered (1).
- Contribution of private player is increasing and according to the reports 70% of new beds are added during 2002 to 2010 (1).
- The lack of systematic and standardized approach is evident in the way the primary healthcare is addressed. According to the Rural Health Statistics report the short fall 49.1% of doctors (2).
- According to the census of India 2011, 70% of population is still in rural areas where the accessibility to healthcare is a big challenge (3).
- As early as 1982, the health management information system was introduced. Health being the state subject and quality of the implementation of HMIS in many states were not adequately equipped with the right data collection process. Lack of data resulted in lots of manual records capturing and thus lack of quality of information to take right decisions (4).
- Sharing of Private healthcare information is compilation of administration data and less of clinical and expenditure information. This is another key challenge for the controlled cost & affordable healthcare to the common man (5).

Developing countries have unique challenges and complexities while dealing with healthcare (6). Some of the key issues are as follows:

- Rural versus urban divide: Though the respective governments have devised rural specific public health programs (e.g. National Rural Health Mission - NRHM in India) still there is a huge gap in terms of quality of the healthcare between rural and urban.
- Payment Mechanism: Payer mechanism needs to be strengthened in developing countries. Again for e.g. in
- India, more than 75% of population is paying out of their pocket for the quality healthcare. Penetration of Insurance & other payment is evolving now.
- Primary Healthcare: Cost of treating a patient in the primary care level is much lesser than treating the same diseases at tertiary care. With the billions of populations facing basic health concerns such

as HIV, TB, Malaria and malnutrition, it is extremely important to strengthen the primary healthcare system.

- Cost and availability of medicine: Pharma sector being the largest consumer of healthcare budget from the patient perspective, lots of innovation is required to bring the cost of medicine.
- Medical Devices: Most of the medical devices are imported by the developing countries which increases the cost of healthcare and dependency on other countries. Manufacturing, support and services of medical devices by the local market is a key strategy to bring the cost of healthcare down.

Five steps process that may probably bring in some possible change in the healthcare (7):

- Government should exclusively focus on wellness and private hospitals may focus on sick care (treating the diseases) (8).
- Make Primary Healthcare a basic right and Government / employer should offer it as a mandatory benefit.
- Pharmaceuticals, Equipment Manufacturers & Health IT entrepreneurs should have a “focus group on affordable healthcare” instead of thinking about increasing the cost of healthcare on the name of innovation.
- Every individual is responsible for his/her own health. This should be taught from the school days.
- Please consider Health as a way of life and not a profit-making industry! (9).

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