

INDIA SITUATION CONSIDERING HEALTH CARE SECTOR: A VIEWPOINT

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Paper Received: 15.06.2021 / **Paper Accepted:** 30.07.2021 / **Paper Published:** 01.08.2021

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Abstract

Hospitals, medical supplies, insurance for health, clinical trials, telemedicine, and medical tourism are all part of India's healthcare sector. The regulatory framework for contemporary medicine, Indian Systems of Medicine (Ayurveda, Yoga), and Homoeopathy has been completely overhauled in recent years, making medical education another significant area of government reform. These reform initiatives seek to enhance the doctor-to-population ratio in the nation, ensure universal standards for medical education, and develop curricula appropriate for India. A stipulation to establish a Medical Assessment and Rating Board (MARB) is included in the National Medical Commission Act 2019, that superseded the Medical Council of India. MRB will grade institutions based on the calibre of education/training they provide. In the disciplines of nursing, dentistry, and allied health, similar improvements are also anticipated. Government-to-government collaborations with specific nations as well as geographic regions on accessible and inexpensive healthcare services (medical appreciate travel, telemedicine, tele-radiology) and goods (medical devices of all categories) will result in complementary and equitable outcomes given the gradual breakdown of established global value chains caused by COVID-19 and the consequent local versions of "aatmanirbhar" emerging in several resource-constrained countries.

Keywords: Health Care, Medical, India.

Introduction

The capacity of systems to securely exchange and communicate patient health information amongst various healthcare organisations. Interoperability promotes coordinated care across various care settings, avoids test duplication, and allows for seamless information flow. Technologies that allow for remote patient monitoring, virtual consultations, and telemedicine services are referred to as telehealth and remote monitoring. These technologies improve patient access, allow for remote patient monitoring for long-term diseases, and offer an alternative method of delivering healthcare.

Systems that compile and analyse clinical data to produce insights and support clinical and operational decision-making. Analytics and reporting. Through data-driven insights, these systems can assist evidence-based practise by measuring outcomes, identifying trends, and other things. It's crucial to keep in mind that different healthcare organisations may have different clinical core systems, and that clinical technology utilisation is always changing. These systems will be integrated in order to increase clinical effectiveness, patient safety, and the ability to deliver evidence-based care.

Review of Literature

Mehta (2020) [1] As we understand more about the mechanism and severity of the disease, the management with coronavirus disease-2019 (COVID-19) is changing. Over the past several months, a number of randomised controlled trials (RCTs) including meta-analyses have been released. Several interventions and treatments that were promising in the early stages of the epidemic have now failed to demonstrate efficacy in well constructed trials. Over the last few months, knowledge of oxygen delivery as well as ventilation techniques has also increased. The Indian Society of Critical Care Medicine (ISCCM) has put together an addendum with updated information after reviewing the new material that has surfaced since the release of its policy statement in May.

Stephen (2007) In order to effectively fulfil the medical, community, spiritual, and emotional requirements of terminally ill patients as well as their families, hospice must provide palliative care. Hospice's main objective is to improve people's standard of life while they make their final journey rather than trying to prolong life or expedite death. Some medical professionals believe that symptom management during palliative care, particularly the administration of opioids and sedatives, may lead

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patients to pass away earlier than they otherwise would. On the other hand, preliminary data suggests that using hospice care may actually help certain patients live longer.

Many medical professionals and members of the general public have the opinion that drugs used to treat symptoms in hospice patients could expedite their demise. On the other hand, hospice providers have the clinical impression that hospice might lengthen some patients' lives. We looked at the difference in terminally ill patients' survival times between those who used hospice services and those who did not. Retrospective statistical analysis was done on a few cohorts using major paid case databases for Medicare beneficiaries for patients with congestive heart failure (CHF) and five different forms of cancer.

From 1998 to 2002, we examined the overall survival of 4493 people from a group of 5% of all Medicare beneficiaries in relation to six precisely specified suggestive markers. The mean lifetime remained 29 days higher with hospice patients compared for non-hospice patients across all six patient categories. Additionally, hospice patients who had CHF, lung cancer, pancreatic cancer, & colon cancer had considerably higher average survival times ($P=0.08$). For those suffering from breast or prostate cancer, there was no statistically significant difference in mean survival between hospice and nonhospice patients. Enrollment in hospice is not statistically associated with shorter survival periods across all categories analysed, but it is for some terminally ill patients. [2, 3, 4]

Our findings apply to situations where a clinician is absolutely certain that the patient would pass away within three years, highlighting the necessity to validate these results. The claims-based method substituted death within three years for a clinical judgement to recommend hospice. [6, 8]

Analysis

This type of globalisation is necessary due to the COVID-19 pandemic's impact on the socio-medicoeconomic landscape, the profiteering of previous global value chains, the inadequacy or damage to the health infrastructure in both developed and developing nations, economies of scale, and the growing strategic demand for health care ownership.

India can benefit from its growing diplomatic influence and global stature in this situation. A solid chance to co-create/collaborate, service captive markets, and incorporate medical safety

into the larger national security agenda may be found, in particular, in India's cooperation with the bloc of 50 African countries.

India is steadily establishing a distinctive Indian healthcare narrative. Another of the few emerging nations with original answers applicable to the entire worldwide South. Its surrounding area's medical tourism attests to this. The Indian Development Partnership has constructed medical facilities including hospitals and offering training including medical services to its greater area and to Africa, often remotely via telemedicine.

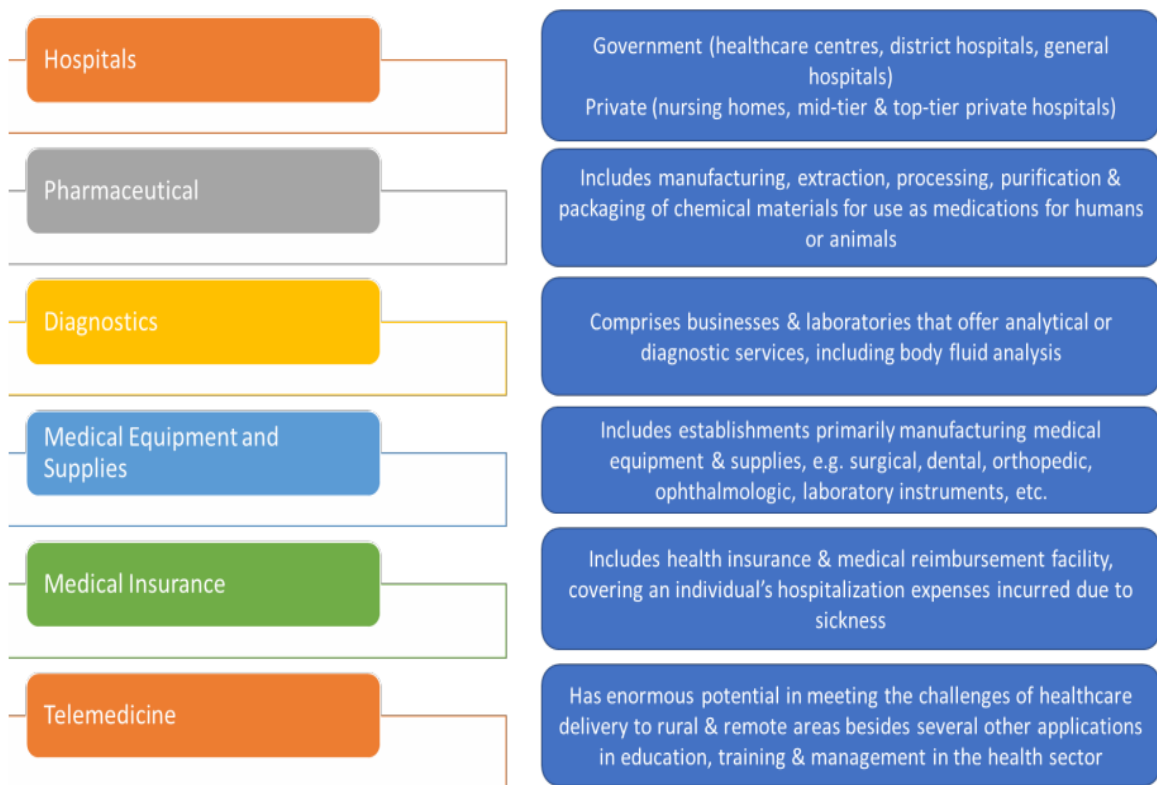
Ability to synthesise and integrate the numerous foreign cooperation operations now being carried out by various sectors of government is necessary for an integrated health diplomacy that may capitalise on Indian strengths & match it to Indian needs at the international level.

It is necessary to approach health diplomacy in a "purpose-driven" and non-siloed manner, and to put in place structures that allow a "whole-of-government" approach to this crucial field.²⁰ The private sector, which plays a significant role in the health sector, would need to be given access to FDI and technology in India.

Further, if we are to make the shift to a knowledge economy, improving the capability of Indian healthcare research and development (R&D) is crucial. The ability to conduct research and development is in turn dependent on finances that are allocated in accordance with agendas crafted by internationally significant entities such as multilateral organisations, global health initiatives, pharmaceutical firms, academic institutions, and non-state organisations.

To make sure that its urgent issues are taken into account in these debates, India needs to showcase its top concerns on this international arena. Antibiotic resistance, pathogen research, vaccine development, biotherapeutics, antibody development, diagnostics, early detection systems, health system readiness, and socioeconomic interventions are among India's top objectives.

Particularly over the past five years, the country's healthcare industry has expanded quickly, having a Compound Annual Growth Rate (CAGR) approaching 22% since 2016. In terms of income and employment, the healthcare sector has grown to be one of the biggest in India.



Conclusion

Indian healthcare sector's digitisation and insurance industry growth would create more jobs. Personnel will be needed, for example, through the National Digital Health Mission (NDHM), to digitise family records from the community level up to the facility level. To support such activities, it is necessary to have the human capacity, particularly professionals qualified in disciplines like HIT (Health Information Technology), Health Informatics, and Medical Informatics (also known as Clinical Informatics). Third, there are now more opportunities for employment creation thanks to the 2018 introduction of Ayushman Bharat.

A team that includes an MLP, ANMs, ASHAs, and a male health worker would oversee every one of the 150,000 health and wellness centres (HWCs) that the programme is expected to construct. Therefore, to administer the HWCs, around 150,000 trained and self-employed certified MLPs will be needed. The Pradhan Mantri Jan Arogya Yojana (PM-JAY), the other pillar of Ayushman Bharat, has started the shift towards demand-side financing & strategic purchasing.⁶ Expanding PM-JAY and putting more effort into enhancing health insurance coverage in general would eventually lead to the creation of new jobs because doing so necessitates assisting with the capacity building of both purchasers (health insurance agencies) as healthcare providers.

The development of insurance programmes will also result in the creation of jobs for data analysts, coders, and actuaries who will model public spending. These positions are essential for both facilitating the execution of long-term purchasing contracts and uncovering fraud. Initiatives under Ayushman Bharat will also encourage the education of nurses and other allied health professionals towards the provision of skilled support services within secondary and tertiary care.

There may be a considerable increase in work opportunities due to India's home healthcare market's anticipated rapid expansion. After all, the home healthcare sector has the potential to generate up to 200,000 blue-collar employment annually across 50 Indian cities. Numerous experienced patient attendants and carers, including those from rural locations, might find work in this field. Additionally, it can generate up to 50,000 opportunities for women every year in nursing and attendant/caregiver positions.

Conflict of Interest

There is no conflict of interest between the authors in this manuscript.

References

1. Mehta, Y, Chaudhry, D, Abraham, OC, Chacko, J, Divatia, J, Jagiasi, B, et al (2020). Critical Care for COVID-19 Affected Patients: Position Statement of

- the Indian Society of Critical Care Medicine. *Indian J Crit Care Med*, 24 (Suppl 5), S225-S230.
2. Bartley, JM, Olmsted, RN & Haas, J (2010). Current views of health care design and construction: practical implications for safer, cleaner environments. *Am J Infect Control*, 38, 1-12.
 3. Shukla, Vijay and Yadav, Dr. K.P. (2017). A Study on Software Accuracy Estimation with Different Techniques. *Cosmos Journal of Engineering & Technology*, 7(2), 1-6.
 4. Kumar, Puneet (2003). Impact of Education on Consumer Behavior with Social Change. *Indian MBA.Com*, 22 December, 2003.
 5. Yadav, Rajesh Kumar (2015). A Critical Analysis on Comprehensive and Continuous Evaluation. *Globus Journal of Progressive Education*, 5(2), 1-2.
 6. Neugene, Rowan S. Cu (2021). The Level of Adherence to Treatment Regimen and Holistic Health Status of Patients from Selected Hemodialysis Units: Basis for Nursing Interventions. *Globus An International Journal of Medical Science, Engineering and Technology*, 10(2), 26-31.
 7. Luongo, JC, Fennelly, KP, Keen, JA, et al (2016). Role of mechanical ventilation in the airborne transmission of infectious agents in buildings. *Indoor Air*, 26, 666-78.
 8. Connor, Stephen R., Pyenson, Bruce, Fitch, Kathryn, Spence, Carol and Lwasaki, Kosuke (2007). Comparing Hospice and Nonhospice Patient Survival Among Patients who Die within a Three-Year Window. *JPSM*, 33(3), 238-246.
 9. Kissane, D.W., Love, A., Hatton, A. and et al. (2004). Effect of cognitive-existential group therapy on survival in early-stage breast cancer. *J Clin Oncol.*, 22, 4255-4260.