

somewhere in India..



AFFORDABLE QUALITY HEALTHCARE



Dr. Sunil Chandy
Director
CMC Vellore

A farmer consumed pesticide because of extreme poverty,

Was treated for two months in our ICU Was given a bill for 1,64,000

He looked at the bill and said, "I wanted to die because I did have one tenth this amount "Can I borrow Rs 60 for another bottle of poison"?

Health

- · Healthcare costs leading cause of poverty
- GDP 1.03 % lowest in the world
- 60% out of pocket expenditure
- Insurance penetration < 10%
- Indian Healthcare long way to go

1800's



Systems

- · Public Hospitals free, underpowered
- State sponsored schemes free, limited
- Insurance co-pay, high premium
- Fee for Service near complete insurance

Models of AHC

- · Cross-Subsidy CMC, Aravind
- Economy of Scale CMC, NH
- PPP NHP draft
- · Charitable Trusts philanthropy
- CSR-potential avenues

World Class Care, Affordably

- Cost comparisons US vs Indian Hospitals
- Strategies Hub and spoke asset utility Customised innovations ow salaries Asserting frugality Volume based economy

V. Govindarajan & R. Ramamurthi HBR

Components of Healthcare

- Infrastructure
- Manpower
- Consumables
- · Systems IT, Technology

Manpower

· Skill, expertise and mission

Multitasking

Task-shifting

· Automation vs Outsourcing

Reducing Extravagance

· Reduce - the need

• Reuse - as many times

· Recycle - with safety

· Rethink - do you really?

Western Extravagance

• 43 stents and pacemakers - in three years

· change of scrubs, gloves, shoe overs

• catheters, needles, consummables

• hand scrubs - 16 times more expensive

Drugs

- One each just in case
- · Antibiotics Miropenemania
- Vítamíns
- · Brand-manía Plavíx
- · Ranitidine, Oxygen, Urinary Caths

Scans and Statins -scam

Mushrooming of scan centres

· Cardiac CT - commercial gimmick

· Statins - lowering the baseline

• maging - unnecessary

Systems

- Electronic Medical Records
- Tbased solutions
- · Software, Licence, AMC and Upgrade costs
- · Airconditioning
- Quality parameters -

Evidence??

Lowering baselines

· Changing guidelines

· Rapid Use of Technology - Robotics

· Rapid discard of Old - Cobalt, BMS

Christian Medical College, Vellore





MILESTONES

Single be ensary

Schell Hospital for Women and Children (40 Beds)

Training Course for compounders

First "Roadside" Dispensary

Nursing School – Diploma Course

Medical School for Women - LMP Course

Hospital on present site in Thottapalayam (267 beds)

Medical School moved to College Hill campus

Medical College - MBBS Degree Course

College of Nursing - Degree Course - India's first College of Nursing

First reconstructive surgery on leprosy patients in the world



Medical Postgraduate Courses – MD and MS

First Kidney Transplant in India



India's First Bone Marrow Transplant



College of Nursing Community Health Programme (CONCH)

Infant Open Heart Surgery

First carotid bifurcation stenting procedure in India



First trans-septal carotid stenting procedure in the world

First trans-jugular mitral valvuloplasty procedure in the world

First Bone Marrow Transplant in a six month old baby

First whole body irradiation for a bone marrow transplant patient

First Intra cytoplasmic sperm injection baby

First Liver Transplantation

Ida S. Scudder Centenary Center for Women and Children

1900 - 1950

1950-1970

1970-2000

2000-2014

New Life Centre (Leprosy Rehabilitation)

Mental Health Centre

Rural Health Centre

Pharmacy Diploma Course

First Successful Open Heart Surgery in India

First Middle-ear Microsurgery for Deafness in India

First Rehabilitation Institute in India



Nephrology Department

Laying of foundation stone at Chittoor campus Social responsibility award

GFATM Award to CON

OPD Services, Chittor Campus

NABH Accreditation

CMC-EQAS, Department of Clinical Biochemistry has been accredited by the NABL

Department of Transfusion Medicine and Immunohaematology was accredited by the NABL

The Department of Clinical Microbiology has been granted the NABL

National Citizens' Award
India's Best Employer Award
H1 grading by Investment Information

and Credit Rating Agency
CON designated WHO Collaborating

Centre for Nursing and Midwifery Development
First Live Donor Liver Transplant

First Live Donor Liver Transplant
First Surgical Ventricular Restoration (SVR)
Infectious Diseases Training and Research Cent

New Fitch Hostel for AHS women students

MMM Award for excellence in healthcare

Gurukul jyoti Award

OUR DAILY SPREAD



OP - 7796 (average 6900)

IP - 2100

Operations – 162

Births -52

Bed Occupancy 78.7%

Avg. Length of stay 5.8 days

Both -And



cost-cutting

salary

reduce reuse recycle no frills





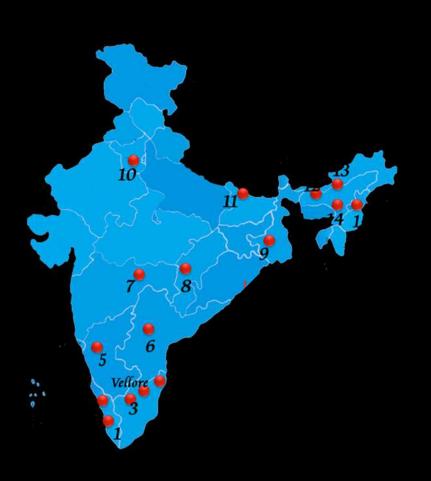
Road Traffic



Non-Intentional Injury, Industrial and Accidental



The Changing India



- Population
- Economy
- Urbanization
- Widening Social Gaps
- Ethical Values
- Political Changes
- Epidemiological Transition

New Challenges for Costly Care

- · Trauma Road Traffic Accidents
- Lifestyle Diseases
- Environmental Disease
- Cancer
- Geriatrics





Scaling – Up



Cutting Costs





Affordable Quality



Technology!!!????

- · Technology is over-stated
- Technology is a good slave, bad master
- · Technology is a chameleon
- · Technology drives business not service

Government

• Misery Taxes - electricity at entertainment

• Service Taxes - contracts, outsourcing

• Luxury Taxes - AC in CU's

• E5 - whether you give care or not

To the unknown

patient

who lost his life

fighting

the costs of healthcare





Thank You



Number of medical colleges 1980/2014





45% medical practitioners have no formal training;

700,000 unqualified doctors

India has 8,40,000 doctors

7 doctors for 10,000 patients

(USA: 25 doctors for 10,000 patients)

Late presentation Issues

- Transfer rural to urban difficult
- Financial Issues Tertiary Cancer Care Centres
- Logistic Issues delays in TCC,
 places to stay
 loss of work and wages
 malnutrition, infections
 exhaustion and return
- Cultural Issues male dominated registry
- initial non-oncology inappropriateness

Cancer

- Urban 30% Rural 70 % 50 % of cancers in rural India
- 95% of facilities in urban india
- Doubling in next 30 years
- population
- early diagnosis
- median life span 45 to 66 (now)
- Hinterland late detection
- changing lifestyle
- urbanization
- hardly any facilities in rural India

Issues

- Rural Cancer mortality is double
 - late detection
 - few facilities
 - biopsy logistics
- Out of pocket expenses
- Regional centres needed

Scaling up

- Rural Comprehensive Cancer Centres
- Urban TCC → Rural CCCs
 - Adoption
 - Appropriate Technology
 - Availability of Onco Team
 - Access to care
 - Tele oncology