

Unhealthy Binaries

As India moves towards creating structures for universal healthcare with the National Health Protection Scheme, we need to get rid of some bugaboos that have kept important providers of healthcare out of the purview of public good in India. The first, most deep-rooted misleading belief, is that private practitioners are less suited to deliver healthcare services than public healthcare professionals. This is based on the baseless presumption that private practitioners are committed to profit while government doctors exist to serve the public. The second is that health outcomes of patients are immaterial, that there is no need to track patients or maintain records, spending more money on healthcare is enough. Consequently, it is believed that all that is needed is ideological goodness and commitment. That there is no need to create institutional systems to either rope in private practitioners into the public health system or to keep track of patient outcomes anywhere.

One result that we see is in the barrage of criticism that is designed to create fears that the National Health Protection Scheme (NHPS) will promote corporate hospitals and put healthcare out of reach of the people. Whether it does or not will depend on the institutional systems that are put in place to regulate the NHPS.

An institutional infrastructure that tracks health outcomes is not difficult to set up. All that tracking health status really means is that patient outcomes like disease, death, infection and so on, be regularly ascertained, reported and monitored. In some countries, it is routine to set up such reporting systems. They even set up disease-specific registers in which a variety of hospitals and physicians participate. In India, till date, there has been no institutional framework fixing such key indicators, nor is there any general rule mandating that these should be reported regularly, whether in the public or private sector. Since India already had enough IT professionals for setting up such systems, we conclude that the need to track patient status is not given the importance it deserves.

Doctors, like all professionals, whether in the public or private sector, respond to institutional signals. If there is an institutional requirement to report patient-related indicators by the government, that in turn would pressurise the managements of private institutions to set up systems for tracking health status. Currently, this is not the case. In the absence of system-wide requirements, it is merely ideology and individual conscience that determines the quality of care available to patients. Systems that are driven only by ideology and individual conscience can hardly perform optimally.

It is counterproductive to insist that private practitioners should not be an integral part of the overall government effort to provide good healthcare to people. Such an insistence makes the notion of maintaining disease-specific countrywide registers in which individual doctors and hospitals participate almost impossible.

The fact remains that a truly universal healthcare system is driven by protocols that care for the patient and integrate all practitioners. Once such a system is put in place along with regular reporting, the distinction between private and public becomes meaningless.

Today, it is even more simple to operationalise patient tracking. This is merely a matter of setting up a simple user-friendly software application. This could be used to record patient data on a few key parameters. Many state governments like Maharashtra, Andhra Pradesh and Tamil Nadu use such software applications for secondary and tertiary care programmes. These applications could be modified for patient tracking.

To successfully put care and quality back into healthcare, it is important to set up this kind of

system to track the health status of patients. Whether we spend one rupee or one thousand rupees, whether we use public healthcare professionals or private practitioners, will matter far less. Tracking health status will. The effectiveness of resource use has little to do with the size of resources made available.

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