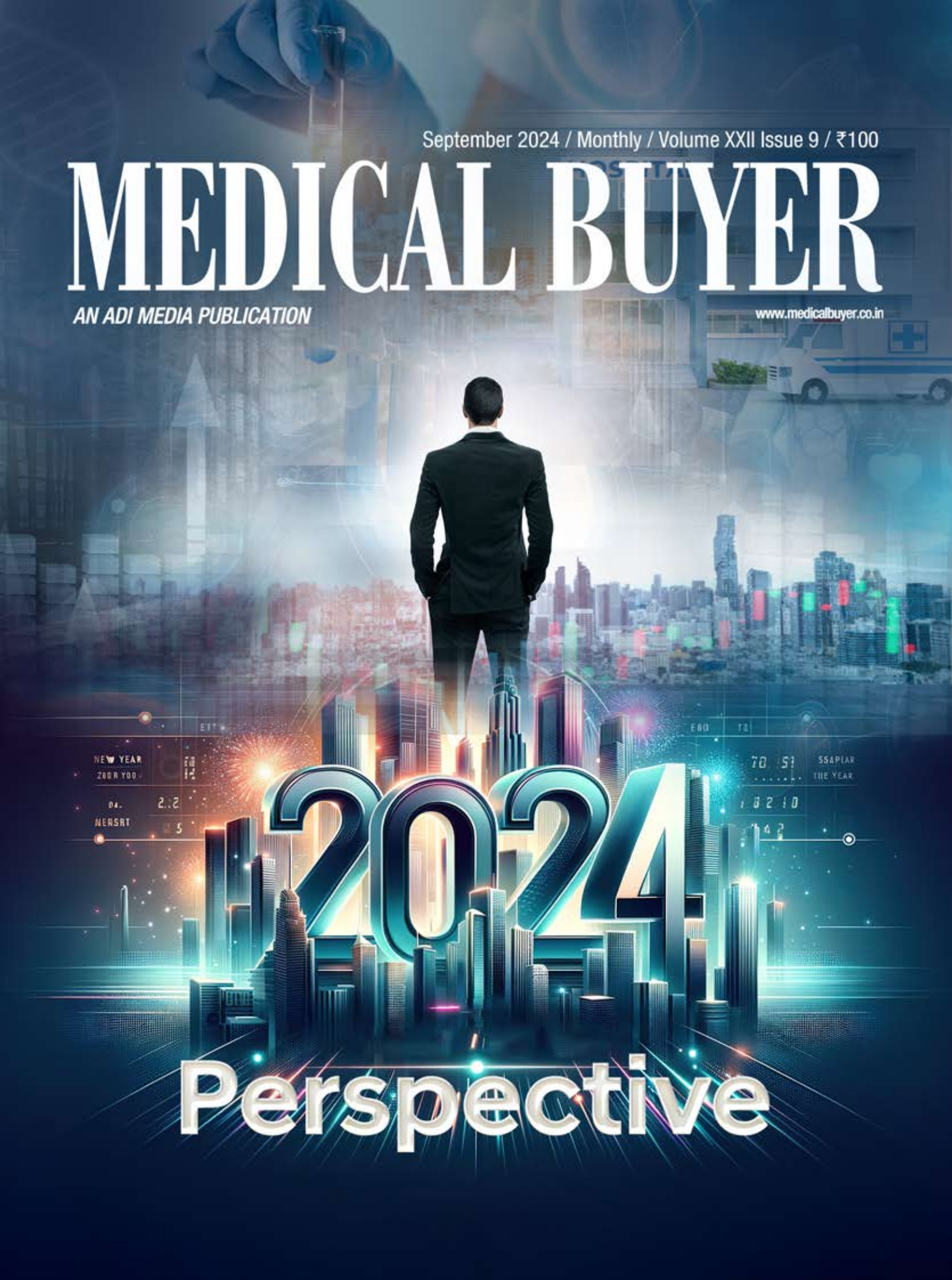
September 2024 / Monthly / Volume XXII Issue 9 / ₹100

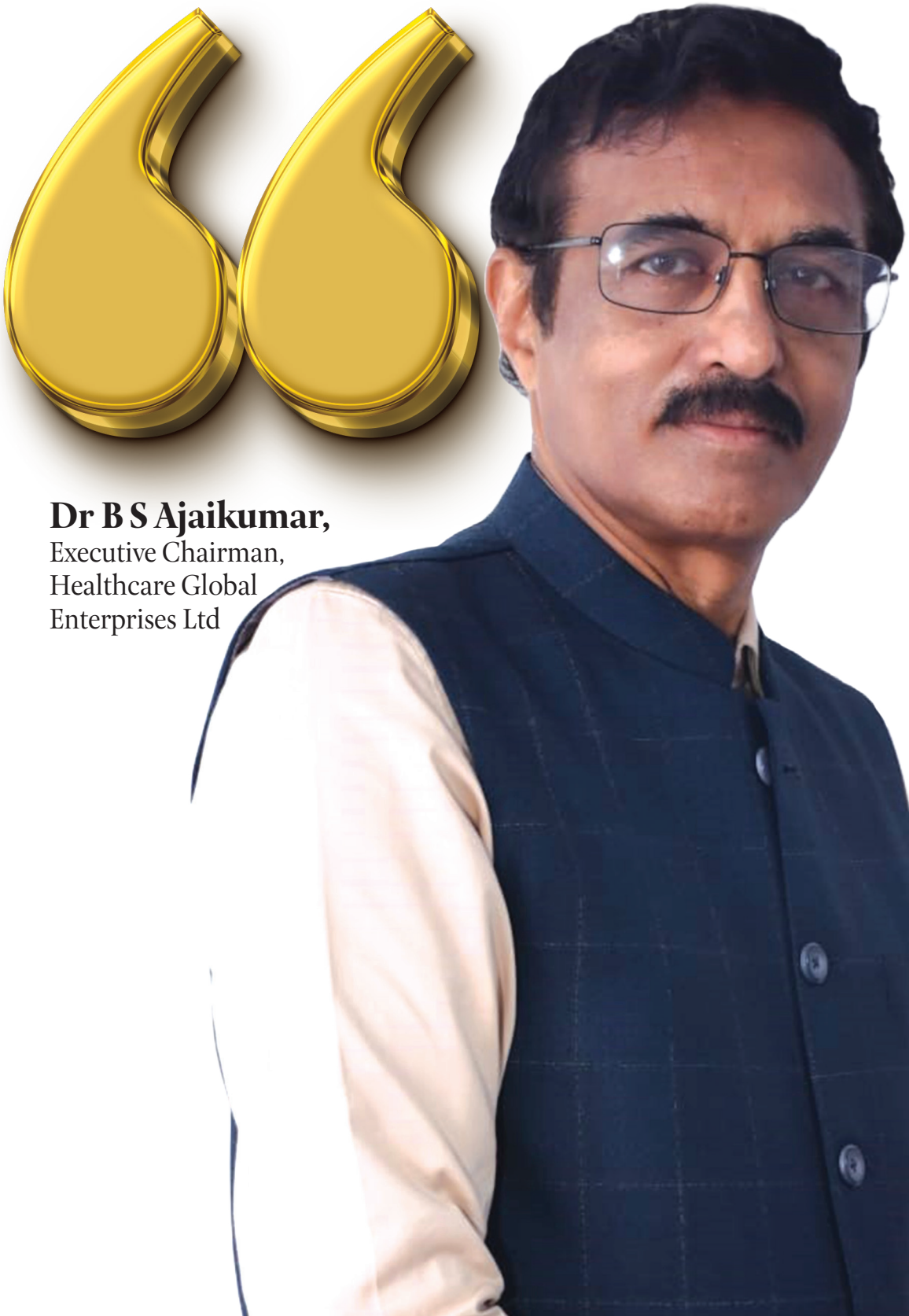
MEDICAL BUYER

AN ADI MEDIA PUBLICATION

www.medicalbuyer.co.in



Future of healthcare – Sunrise possibilities on the horizon



Dr B S Ajaikumar,
Executive Chairman,
Healthcare Global
Enterprises Ltd

The story of Indian healthcare has been a mixed bag of the good, bad, and the ugly. If we were to summarize the scenario in terms of the good and the not-so-good, there is a lot on both sides that merits either a deeper probe or a wakeup call toward moving up the value chain of excellence and innovation.

Let us begin with the positives. Technological advancements, research breakthroughs, and clinical excellence have truly revolutionized healthcare in India, bettering outcomes and quality of life for patients and improving access to medical services. In the context of cancer, technology has played a key role in bringing it to the level of a chronic disease like hypertension, diabetes, and heart disease.

Laser and robotics have together made cancer treatment a daycare proposition. While laser technology has transformed certain treatments like that of early-stage laryngeal cancer, robotics has improved advanced-stage cancer outcomes, with its haptic sensory feedback adding value through better site visualization, and human error mitigation.

Overall, technology has helped in cancer staging, and adopting a multi-disciplinary approach to cancer care. Genomics and molecular diagnostics have been the torch bearers of early detection as also precision medicine, helping clinicians provide the right treatment, the very first time. Going forward, we should see many breakthroughs in robotic surgery, laser therapies, extended reality, molecular targeted imaging, digital pathology, and cellular immuno-oncology therapy. The value chain of technology will dramatically reduce the divide between the bench and the bedside. Doctors will be able to study key patterns emerging out of biological and clinical data to make early interventions tailored to individual patient needs. Artificial intelligence will help make diagnosis accurate, minimize relapse risks, and reduce mortality rates. We are not far from the day when customized cancer vaccines and gene editing will attain mass level. The diversity of omics – genomics, proteomics, metabolomics, transcriptomics, and radiomics – will institutionalize precision medicine.

Now, coming to the flip side, nothing much has changed even after 75 years since independence. India is still a country of two bewilderingly different nations – one comprised of affluent and middle-class people with access to quality healthcare facilities, and the other made up of deprived individuals at the bottom of the pyramid, who have no option but to avail of second-rate healthcare.

The quality of healthcare penetration in Tier-II and Tier-III cities remains a glaring concern in India. The doctor–patient ratio is heavily tilted in favor of urban areas despite the growing demand for quality healthcare services in Tier-II and Tier-III cities across all communicable and non-communicable diseases. Our towns and villages are perennially deprived of professionally managed and well-equipped hospitals. No surprise because competent doctors, nurses, administrative and housekeeping staff, and healthcare activists are not willing to work in these areas in their search for better employment prospects in bigger cities.

Unless we build a robust grassroots healthcare system for the community at large, healthcare providers and healthcare seekers will have to turn to metros for seeking job opportunities or for availing medical treatment.

The government, I reckon, will be most effective if it plays the role of a neutral watchdog. Rather than run hospitals, it can monitor the performance of private hospitals, incentivizing the efficient ones and penalizing the errant units. It will do well to form an autonomous regulatory body to monitor the fund allocation and on-ground performance of private hospitals and insurance companies.

Policy making will vastly improve if the government constitutes an advisory body comprising domain experts, technocrats, research scholars, and government officials to discuss and decide what is best for the sector. Among other things, the government must create an endowment fund for funding critical healthcare schemes and initiatives. It can raise substantial funds by monetizing impaired assets, selling off unused real estate, and divesting stakes in loss-making ventures. Once the corpus is built, purposeful withdrawals can be made from the investment income of the fund.

Talking of healthcare, our country is still obsessed with lowering the cost of services at any cost. Given such a mindless approach, it is a foregone conclusion that quality of treatment and outcomes should be largely sacrificed on the pretext of affordability. To what avail would *low cost* be if the outcome itself is negated from the healthcare equation?

A quality-conscious hospital needs sustainable revenues to employ the best of people and technology. Advancement in cancer care obviously carries a substantial price tag. Broadly speaking, there are three key expense areas – one, toward recruiting and retaining a quality talent pool comprising doctors, specialists, nurses, and other support staff. If they are not paid what they are worth, they can easily relocate to the West, lured by well-paying jobs; two, toward adopting best in class technologies like digital PET scan, adoptive radiotherapy, and also for training our staff on the same; and three, for creating a safe margin for ploughing back into the system.

Offering subsidized rates to all patients, rich and poor, can never help a hospital achieve sustainable growth. For long, healthcare conversations have been largely fixated on the cost factor, which has severely impacted the quality aspect. It is my earnest hope that going forward, we will see more conversations around the need for adopting a value-based model to make the most of the virtues of cross subsidy, such that all patients, rich or poor, urban or rural avail of the same quality of care but the affluent patients will pay a premium and poor patients will avail of subsidized rates. ■