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## Health care delivery system in India and linkages to medical tourism

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**Abstract**

The health care delivery in India is taken care of by the constituent states and territories in India. The Government of India runs Government hospitals and primary health centers (PHCs) to reach out to the masses. Various schemes of the Government have been initiated by the Government in ensuring health of the masses. Ayushman Bharat is National Health Protection Scheme developed by the government of India. The scheme will cover over 10 crore vulnerable and poor families, roughly 50 crore beneficiaries by providing coverage upto 5 lakh rupees per family per year for tertiary hospitalization and secondary care.

Ayushman Bharat Scheme, alternatively known as National Health Protection Mission will include the on-going centrally sponsored schemes - Senior Citizen Health Insurance Scheme (SCHIS) and Rashtriya Swasthya Bima Yojana (RSBY). Ayushman Bharat National Health Protection Mission will provide a distinct benefit cover of Rs. 5 lakh per family per year. The benefits of the scheme are portable all over the country and a beneficiary covered under the scheme will offered cashless benefits from any private/public empanelled hospitals across India.

The present article is a theoretical framework establishing the linkages between the Health Care Delivery System and Medical Tourism in India.

**Keywords:** Health care, primary health centres, medical tourism

**Introduction**

Tourism and healthcare are an integral part of economic services and an important source of foreign exchange. Globalization has not only promoted a culture of consumers, it has also led to the mushrooming of corporate hospital, seized with the necessity to maximize profits and expand their coverage. Due to an enhancement in medical tourism, corporate interests in the medical care sector are looking for opportunities beyond the national boundaries. This is the genesis of the 'brand image' of medical care health centers, which will help the medical tourism industry.

The Indian medical industry faces stiff competition from countries like south Africa, Bangkok and Argentina, to name a few, as these countries offer quality ancillary services along with internationally accredited medical treatments. Therefore, while building their brand image, hospitals now emulate international standards and thereafter, apply for international accreditations. Indian hospitals stand to gain bargaining power by projecting a professional and world-class image. Moreover, the Indian medical industry is now combining the old image of India, that of snake charmers, the Taj mahal and elephants, along with the new age image of professionalism and holistic therapies in order to attract global medical tourists.

Branding a hospital and its services, not only entails establishing unique logos and advertising campaigns, but it also entails devising marketing and branding strategies that are resilient in the changing marketing environment, and are consistent with the services offered. Moreover, patient experience also plays an important role in the brand building process. While building up their brand image, hospitals need to evaluate their services from a patient's viewpoint. As patients visit hospitals for their individual needs, hospitals should to identify those needs and cater to them effectively.

Building a world-class hospital brand not only necessitates a distinctive brand identity, it also involves generating an element of trust amongst patients. Hospitals concentrate on aspects like service delivery, staff-patient interaction, innovations in medical procedures and clinical

proficiency to generate trust in patients. Consistency in service delivery and error-free service too form an integral part of customer satisfaction and help hospitals in generating confidence amongst patients. Hospitals can accelerate their branding process by portraying true information about themselves and avoiding false claims that could not only damage their reputation but also dissuade international patients. Branding a hospital is a continual and protracted process and results are visible only if the quality of service provided is consistent, prompt and distinctive.

Indian hospitals now understand the potential of being a "brand. Major" branded" players in the medical industry, for instance Apollo Hospitals and Wockhardt, have set benchmarks in terms of brand image. These hospitals have not only benefited by the branding exercise but now continue their branding efforts in order to retain the momentum of success. Following the example of these branded hospitals, many corporate hospitals have initiated strategies to build up their brand image, a discerning brand image that spells their USP. Private hospitals and trust-run hospitals are slowly mounting this brandwagon too. Branding a hospital not only entails imparting information regarding its service through normal channels of advertising or communication, for instance billboards or commercials; but it also involves communicating the quality of patients' experiences through informal channels or "word-of-mouth".

### The Indian health care system

The constitution of India considers the "right to life" to be fundamental and obliges the government to ensure the "right to health" for all <sup>[1]</sup>. To a significant extent, India's health sector has been shaped by its federal structure and the federal-state divisions of responsibilities and financing. The states are responsible for organizing and delivering health services to their residents. The central government is responsible for international health treaties, medical education, prevention of food adulteration, quality control in drug manufacturing, national disease control, and family planning programs. It also sets national health policy including the regulatory framework and supports the states. The draft National Health Policy prepared in 2015 proposes that health be made a fundamental right and views government's role as critical <sup>[2]</sup>. If accepted, it would clarify, strengthen, and prioritize the role of government in shaping the health system.

India has a vast health care system, but there remain many differences in quality between rural and urban areas as well as between public and private health care. Despite this, India is a popular destination for medical tourists, given the relatively low costs and high quality of its private hospitals. International students in India should expect to rely on private hospitals for advanced medical care.

Studying in India offers a number of health challenges that students from developed countries may be unused to, so it is important to know how the health care system in India operates in the event you need it. Health care in India is a vast system and can be much like the rest of the country: full of complexity and paradoxes.

### Organising and financing of the Indian health care delivery system <sup>[3]</sup>

Health care services are delivered by a complex network of public and private providers, ranging from single doctors to specialty and multispecialty tertiary care hospitals.

#### Public sector

The government health care system is designed as a three-tier structure comprising primary, secondary, and tertiary facilities. In rural areas, primary health care services are provided through a network of sub-centers, primary health centers, and community health centers <sup>[4]</sup>. The sub-center is the first point of contact between the primary health care system and the community, designed to handle maternal and child health, disease control, and health counseling for a population of 3,000 to 5,000. At least one auxiliary nurse midwife or female health worker, one male health worker, and one female "health visitor" supervise six sub-centers.

The primary health center is the first point of contact between a village community and a medical officer and provides curative and preventive services to 20,000 to 30,000 people. It serves as a referral unit for six sub-centers and has four to six beds for patients. Community health centers are managed and maintained by state governments and are required to have four medical specialists supported by 21 paramedical and other staff, with 30 beds, laboratory, X-ray, and other facilities. It covers 80,000 to 120,000 people.

Finally, an existing facility like a district or sub-divisional hospital or a community health center is named as a fully operational first referral unit if it is equipped to provide round-the-clock emergency obstetric care and blood storage. District hospitals function as the secondary tier of public providers for the rural population. Of a total of 628,708 government beds, 196,182 are in rural areas <sup>[5]</sup>. Government hospitals operate within a yearly budget allocation.

Despite this elaborate infrastructure, severe shortages of staff and supplies in public-sector health facilities remain. India has a doctor-to-population ratio of 1:1,674, compared with the World Health Organization norm of 1:1,000, a situation that results in acute shortages and uneven distribution of doctors <sup>[6]</sup>. India's urban poor are especially vulnerable, given that primary care facilities in the cities are generally less organized and fewer in number than in rural communities <sup>[7, 8, 9, 10]</sup>. Lack of access to care appears to take a toll: nearly 60 percent of urban poor children have not

<sup>3</sup> Indrani Gupta and Mrigesh Bhatia, *London School of Economics and Political Science; The Indian Health Care System* international.commonwealthfund.org

<sup>4</sup> Ministry of Health and Family Welfare, Annual Report, Chapter 1: Organization and Infrastructure, 2015; accessed Oct. 13, 2016.

<sup>5</sup> Central Bureau of Health Intelligence, National Health Profile (NHP) of India, 2013; accessed Oct. 13, 2016.

<sup>6</sup> Parliament of India, Rajya Sabha, The Functioning of Medical Council of India (Ministry of Health and Family Welfare), Report No. 92, March 8, 2016; accessed Oct. 13, 2016.

<sup>7</sup> Office of the Registrar General & Census Commissioner, India, Census 2011; accessed Oct. 13, 2016.

<sup>8</sup> Ministry of Health and Family Welfare, National Health Mission, Indian Public Health Standards, 2013; accessed Oct. 13, 2016.

<sup>9</sup> Gupta and S. Chowdhury, "Urban Concerns and Their Impact on Health in India," in K. Eggleston (ed.), *Policy Challenges from Demographic Change in China and India* (Shorenstein Asia-Pacific Research Center, 2016).

<sup>10</sup> Ministry of Health and Family Welfare, National Urban Health Mission: Framework for Implementation, May 2013; accessed Oct. 13, 2016.

<sup>1</sup> A. Gudwani, P. Mitra, A. Puri *et al.*, *India Healthcare: Inspiring Possibilities, Challenging Journey* (McKinsey and Co., Jan. 2012).

<sup>2</sup> Ministry of Health and Family Welfare, National Health Policy 2015 (draft), Dec. 2014

received all recommended immunizations before age 1. Life in slums also exposes people to a variety of diseases.

Private sector: India's private health care sector is not well regulated. Private health care providers deliver an array of outpatient services in solo practices ranging from those not registered with the relevant medical council to trained medical practitioners to small nursing homes and multispecialty clinics. An estimated 40 percent of private care is provided by unqualified providers<sup>[11]</sup>. The private hospital sector has expanded rapidly, and government-sponsored health schemes also rely on private hospitals as a part of public-private partnerships. From 2002 to 2010, the private sector created more than 70 percent of new beds, contributing 63 percent of total hospital beds.<sup>12</sup> Private hospitals currently provide about 80 percent of outpatient care and 60 percent of inpatient care.<sup>13</sup> Until the 1980s, private-sector hospitals were mainly nonprofits run by charitable trusts. With India's economic liberalization, growing middle class, and the rise in medical tourism, the number of private, for-profit hospitals has grown substantially<sup>[14]</sup>.

### Public sector

Physicians working in government facilities earn salaries and are not permitted to work in private practice in most states. Other staff members such as nurses and technicians also earn fixed salaries.

### Private sector

Physician payment in the private sector varies depending on local market conditions. Overall, private-sector physicians are better paid than their government counterparts.

However, nurse salaries in the private sector have historically been low; India's Supreme Court is looking into the issue<sup>[15, 2, 8]</sup>.

### Healthcare scenario and medical tourism in India

Under the Indian Constitution, health is a state subject. Each state therefore has its own healthcare delivery system in which both public and private (for profit as well as nonprofit) actors operate. While states are responsible for the functioning of their respective healthcare systems, certain responsibilities also fall on the federal (Central) government, namely aspects of policy-making, planning, guiding, assisting, evaluating and coordinating the work of various provincial health authorities and providing funds to implement national programmes. The organization at the national level consists of the Union Ministry of Health and Family Welfare (MoHFW).

In each State, the organization is under the State Department of Health and Family Welfare that is headed by a State Minister and with a Secretariat under the charge of the Secretary/Commissioner (Health and Family Welfare) belonging to the cadre of Indian Administrative Service

(IAS). The Indian systems of medicine consist of both Allopathy and AYUSH (Ayurveda, Yoga, Unani, Siddha and Homeopathy). Each regional/zonal set-up covers 3–5 districts and acts under authority delegated by the State Directorate of Health Services. The district level structure of health services is a middle level management organisation and it is a link between the State and regional structure on one side and the peripheral level structures such as Primary Healthcare (PHC) and Sub-Centre on the other.

### Indian healthcare market

The healthcare market is split into five segments.

#### India: A premier healthcare destination<sup>[16]</sup>

Over the years, India has grown to become a top-notch destination for medical value travel because it scores high over a range of factors that determines the overall quality of care. Imagine a complex surgical procedure being done in a world class global hospital by acclaimed medical specialists at a fifth to tenth of what it normally takes! That's India. From quality of therapy, range of procedural and treatment options, infrastructure and skilled manpower to perform any medical procedure with zero waiting time, the list of benefits of travelling for medical treatment in India is many.

### Facilities

The high-end healthcare system in India is as good as the best in the world. India maintains not only a robust accreditation system but also a large number of accredited facilities (about 275 such facilities that match any global infrastructure). India has a good number (22) of JCI (Joint Commission International) accredited hospitals and compares well with other countries in Asia. These set of approved hospitals in India can provide care at par or above global standards.

### Frontier technologies

Cutting edge technology to support medical diagnostics and medical procedures are employed by specialists in medical facilities. All recognized hospitals have invested a lot in supportive technology and operative techniques. Complicated heart surgeries, cancer care and surgeries, neuro and even general surgeries require high-end technology to continually better outcomes, minimize complications, enable faster recovery and reduce length of hospital stay. The recent advancements in robotic surgeries, radiation surgery or radio therapies with cyber knife stereotactic options, IMRT / IGRT, transplant support systems, advanced neuro and spinal options are all available in India. India's medical management and acclaimed specialists are quite comfortable in challenging themselves to new frontiers to provide solutions, always building on their expertise.

Communicate, talk to the doctors in the accredited facilities prior to your visit and they will study your needs and customize the treatment for you!

### Finest doctors

India has not only hospitals with world-class facilities but skilled world-class doctors and medical personnel too. The country has the largest pool of doctors and paramedics in South Asia (1.2 million Allopathic doctors. 0.17 million

<sup>11</sup> Ministry of Health and Family Welfare, National Health Policy 2015 (draft), Dec. 2014

<sup>12</sup> A. Gudwani, P. Mitra, A. Puri *et al.*, India Healthcare: Inspiring Possibilities, Challenging Journey (McKinsey and Co., Jan. 2012).

<sup>13</sup> Ministry of Health and Family Welfare, National Health Policy 2015 (draft), Dec. 2014;

<sup>14</sup> *Ibid.*

<sup>15</sup> H. Chhapial, "Now, Equal Pay for Private and State-Run Hospital Nurses, Recommends Committee Set Up by the Indian Nursing Council," Times of India, Sept. 23, 2016.

<sup>16</sup> <http://www.indiahealthcaretourism.com>; Department of Commerce Government of India

dental surgeons, 2 million nurses). Many of them have established their credentials as leaders around the world. India's medical history spans thousands of years through Ayurvedic and alternate medicine forms. There are about 0.8 million formally trained Ayurvedic doctors. With a large number of doctors, there is a high level of competency and capability in adoption of newer technologies and innovation and fresh treatment methods. It is a wonderful example of higher quantity leading to higher quality and vice versa.

### **Financial savings**

Quality of care is what attracts people. However, quality services should not be beyond the affordability of the patient who requires it. If quality comes at an affordable cost it is an unbeatable advantage. This confluence of highest quality and cost advantage is unique for India. The benefit is unimaginable when it comes to major treatments such as for leukemia where the difference in cost is 10 to 20 times. For other treatments, it could be anything from a fifth to a tenth when compared to Western countries and 80 to 90 per cent of what is charged in other South Asian medical destinations. The estimated 600,000 people who step into India from other countries do not do so for cheap healthcare but for quality healthcare at an affordable cost. They are not compromised at any level, but regain health at a fraction of the cost.

### **Fast track – Zero waiting time**

Quick and immediate attention for surgeries and all interventions are assured in India. Getting an appointment for bypass surgery or a planned angioplasty in certain countries takes almost 3-6 months. And there these treatments are very costly too. It's zero waiting time in India for any procedure, be it heart surgery, kidney care, cancer treatment, neuro-spinal procedure, knee/hip/joint replacements, dental, cosmetic surgeries, weight loss surgery etc.

### **Feeling the pulse**

For greater understanding between patients and healthcare personnel, the warmth and hospitality of Indian hospitals is a big factor in choosing India as a healthcare destination. Among the top medical destinations of the world, India has the highest percentage of English language speaking people. Amidst the variety of culture and traditions, if there is one thing that is common in India, that is the English language. If other language options are essential, there are expert interpreters who will be arranged by the hospitals.

### **Growth and opportunities of medical tourism in India**

India has a rich 5000- year - old civilization, which is recognized for its cultural and religious diversity with varied geographical landmarks. India offers not just treatment but spiritual and mental healing as well. India needs to club together a couple of 'patties' because alternative healing therapies like yoga, Naturopathy, Ayurveda and the like are nurtured on a strong base for a prolonged period of time. Yoga and meditation has gained importance in recent times, particularly to the people from the west. Therefore, the entire package that India offers to its potential medical tourists is unique in nature.

Growth and opportunity for Indian medical tourism industry also has challenges ahead, which emerge from different sectors one important challenge that the country is facing

comes from infrastructure - both health infrastructure and intra - city travel infrastructure. On one hand, India has a vast population with significantly lower level of health awareness. Besides, due to fund crunch development of health infrastructure did not reach its standard.

Information regarding the health and medical facilities available in India should be easily available to the medical tourists who are interested to visit India for medical purposes. Here India lags behind its competitors like Malaysia, Thailand, and Singapore who constantly update the information regarding the medical facilities they provide. Last but not the least, the picture of India before the developed world is still a country with abject poverty, malnutrition and hunger. Medical tourists, having this image in their mind, hardly believe that the country can provide world class medical facility to the developed country patients, which affect the country's prospect as destination for Medical Tourism.

Since 2000, India has started to come out as a destination for medical tourism and gradually has become a giant in this field. But to develop it as a more important medical destination, the government should take certain steps. India should be more connected through air services and more flights should connect Indian metro cities with the rest of the world so that foreign patients can easily reach any Indian city.

Government should invest more in its medical infrastructure so that general level of healthcare is improved. More and more participation in world trade and healthcare related fairs will make the foreigners aware about the kind of medical facility India can provide to them and the costs as well. Above all it should not only maintain but also improve its treatment quality, so that from the humanitarian view und more people are benefited.

Medical tourist or health tourist has become a significant aspect of the global healthcare and travel industry. India, with its medical skill pool and associated infrastructure, has emerged as an important 'health care' destination. A Confederation of India industry (CII) and McKinsey study predicts an optimistic 25% rise in revenue from medical tourism every year. This could generate additional craning of Rs 50 to 100 billion by 2012.

The Government of India has recognized the tremendous potential of the medical tourism industry. It has introduced the medical visa to facilitate easy travel for foreign patients, formulated guidelines for prescribing minimum requirements for Ayurveda and Panchakarma centers and announced a whopping \$56.5 billion investment for the medical tourism industry.

In sharp contrast to the Private Sector player in the industry, Public Health Care Services are poor in India. The private sector contributes to nearly 80% of the health care expenditure. In other words, it is the private players (corporate hospitals) which are actually pushing medical tourism. The medical tourism industry is unregulated and there are no self-regulatory guidelines in India or abroad <sup>[17]</sup>.

### **Services provided by medical tourism facilitators**

Medical tourism facilitators play a key role in the medical tourism sector. Medical tourism facilitators also play a major role in making your medical travel easy and

<sup>17</sup> Source: Handbook for Medical Tourists to India ISBN 978-81-904055-6-0

comfortable. A good medical tourism facilitator provides the following services:

- Customizes Treatment Packages
- 24\*7 Support & Guidance
- Assistance for Medical Visa Letter
- Prompt Doctor Appointments
- Hassel Free In-Patient Admissions
- Precise Money Exchange
- Safe accommodation as per Patients Budget
- Provision for Local SIM Cards
- Eminent Interpreters
- Guidance for End-to-End Transportation
- Appeasing Tourist Packages
- Post Treatment Follow-Ups

### Medical Tourism-Issues and Challenges

Medical tourism is a market combination of healthcare and tourism sector. Medical tourism is growing day by day internationally as well as domestically. People travel a foreign region to get a medical treatment than many issues and challenges arise. Due to this medical tourism is facing many problems and challenges, these are technological, language barriers etc.

Medical tourism also creates problems for the host country and destination population. There are many advantages of medical tourism as well as drawbacks. Medical tourism is an emerging concept for the travel and tourism industry.

In ancient time people travel from one country to another, one destination to another for getting medical treatment like a hot spring bath, medical therapies etc. But the current scenario changed, today people travel due to many reasons like as to get affordable best medical treatment in the developing country, no waiting list etc.

Medical tourism is facing many issues and challenges. Some are following as:

- **Follow-up Problems:** The follows up cares is very difficult in medical tourism. If a patient gets an infection or other problems after surgery after going to his own country, then there is not any well-established follow-up cares in medical tourism.
- **Language Barrier:** Cultural and language barriers are the major issue in front of medical tourism. If the medical staff does not understand the language of the patents then the whole process becomes difficult for the patient.
- **Lack of Infrastructure:** People are traveling from the developing country to a developing country for medical treatment. These developing countries have not a well-established world-class infrastructure. There are many

problems like as proper water and power supply, poor quality food and poor hygiene in hospitals.

- **Lack of Professionalism:** The medical staff in most developing countries lacks professionalism and behavioral aspect. The soft skills of medical workforce like warmth, concern, and friendliness are still underdeveloped.
- **Difficulties in Promotion:** The developing countries are suffering from the problems of promotion of medical tourism. There is a lack of quality accreditation and regulation in hospitals and other medical service provides. There is no uniform pricing and standardization of services that cause a barrier in building customers trust on the services offered.
- **Rule and Regulation:** One of the serious concerns in medical tourism related to differences in law in different countries. There is no standard law in medical tourism all over the world. There is unrealistic and weak law in medical tourism. This is a major challenge faced by medical tourism.
- **Organs Trafficking:** Most of the world banned transplant tourism because organs often come from vulnerable people. However, organs can still be purchased on the black market.

### Challenges Faced by Medical Tourism in India

- Commercialization of the profession is one point which some doctors are not comfortable since the personal doctor-patient relationship will be missing.
- Secondly, there is a recuperation for patients who avail of treatment abroad. While cosmetic or dental surgery might not require extensive aftercare, orthopedic or heart bypass surgery might require the patient to be under post-treatment observation for some time, this would be best under the doctor who has treated him and who is fully aware of his condition.
- Thirdly, there is the issue of insurance cover, insurance companies in developed countries provide cover for treatment availed of in other countries only when the standard of services is the same as the patient's home country. Some countries provide insurance cover only for treatment taken in their country.
- Poor power supply even to hospitals.
- No Industry standards followed in hospitals.
- Inequalities in the medical services provided by Government and private hospitals will increase.
- Brain drain from government sector to private sector.
- Increase in medical costs for local people.

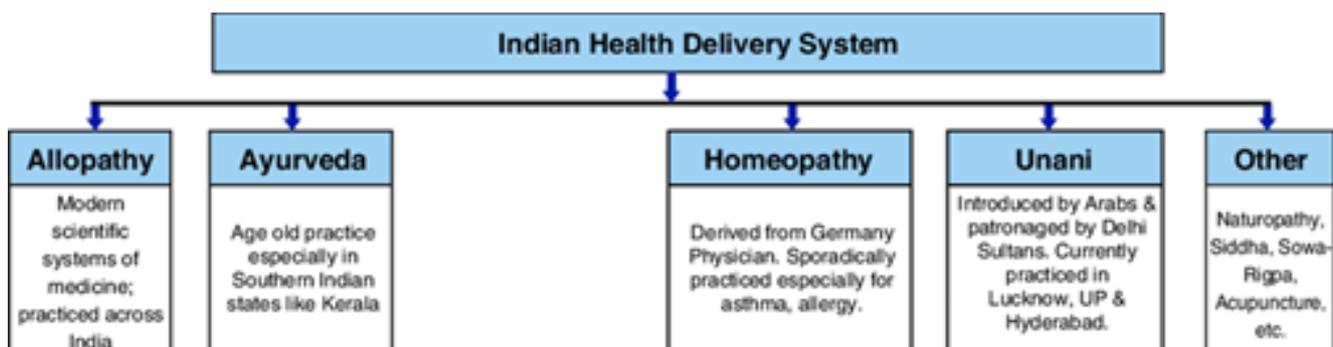


Fig 1: Shows Indian delivery system

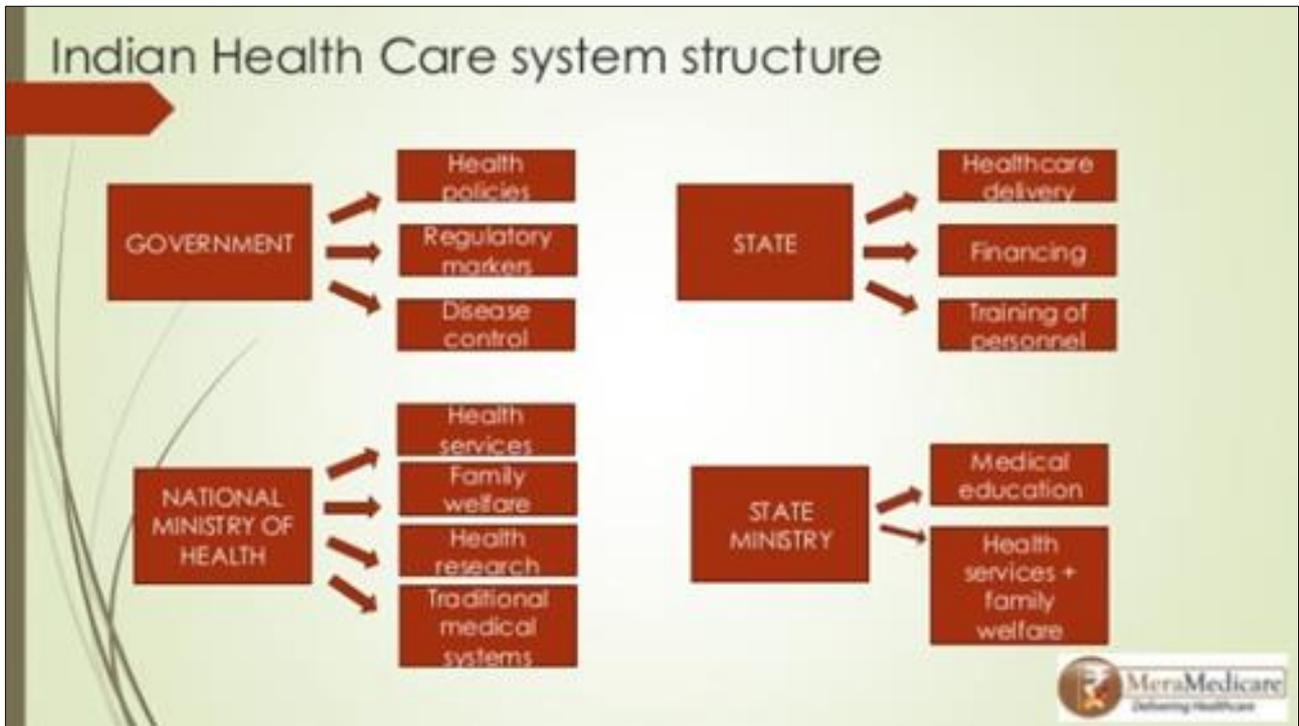


Fig 2: Shows Indian care system structure

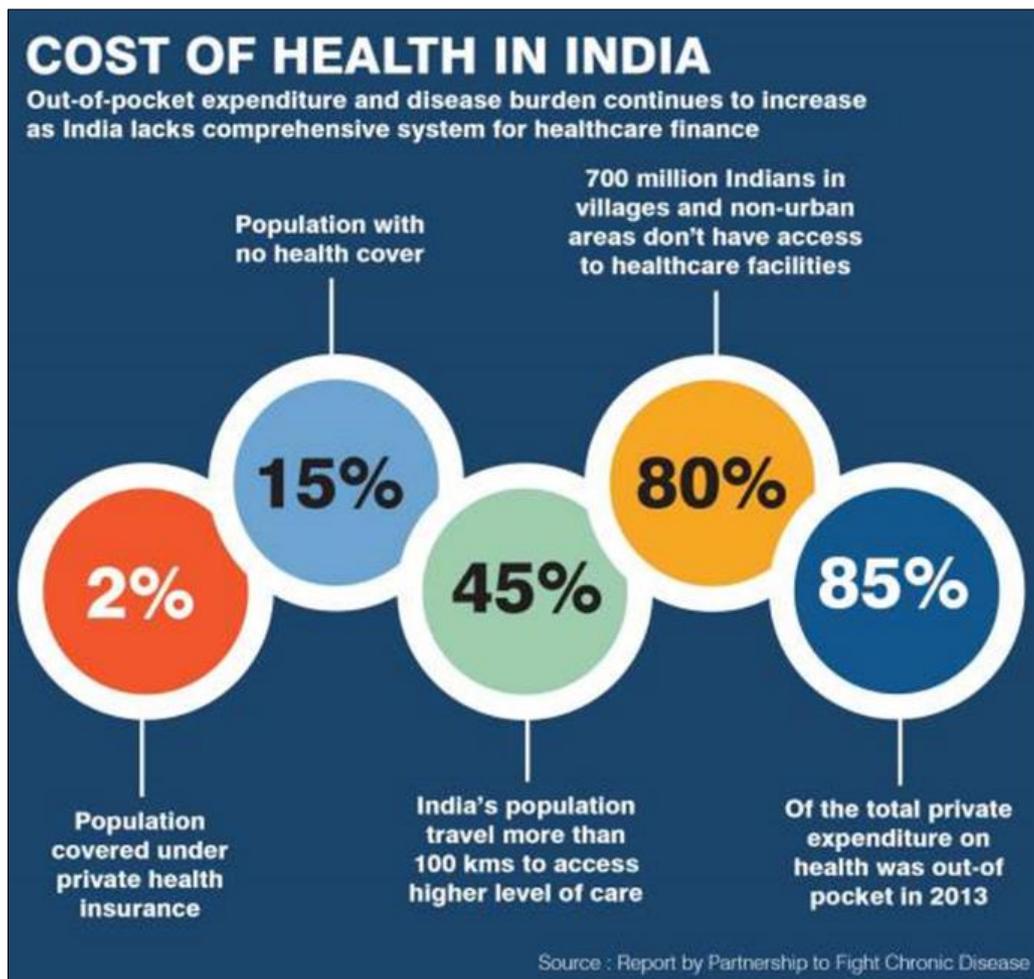
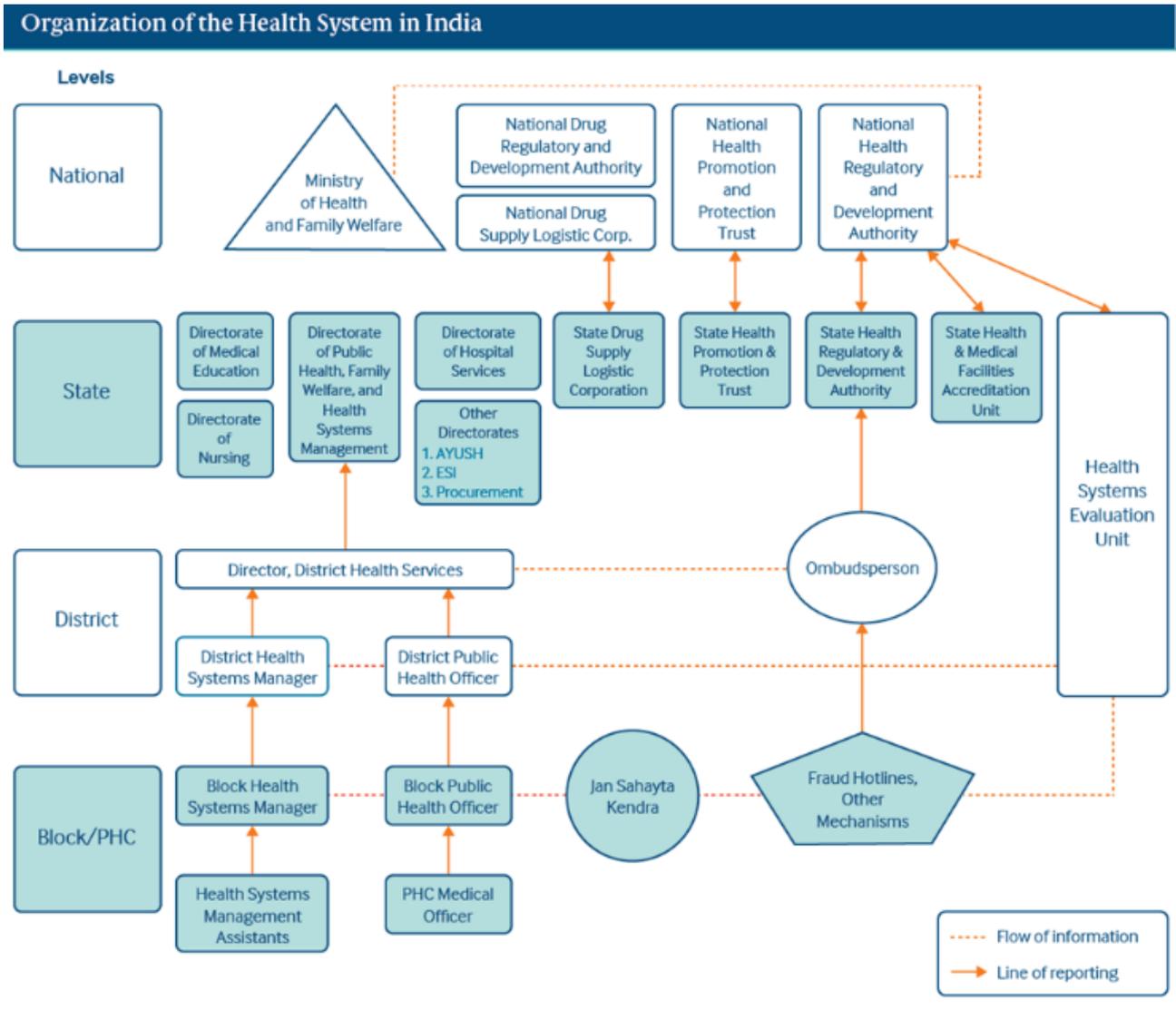


Fig 3: Shows cost of health in India



Source: Planning Commission of India, 2011.

**Fig 4:** Organization of the health system in India

**Table 1:** Indian Healthcare Market

1.	<b>Hospital</b>	Government Hospitals - includes Healthcare Centres, district hospitals and General hospital Private Hospitals - includes nursing homes, mid-tier, and top-tier private hospitals.
2.	<b>Pharmaceutical</b>	Includes the manufacture, extraction, processing, purification, and packaging of chemical materials to be used as medications for humans or animals
3.	<b>Diagnostics</b>	Comprises businesses and laboratories that offer analytic or diagnostic services including body fluid analysis
4.	<b>Medical Equipment and Supplies</b>	Includes establishments primarily engaged in manufacturing medical equipment and supplies, such as surgical, dental, orthopaedic, ophthalmologic, and laboratory instruments, etc.
5.	<b>Medical Insurance</b>	Includes health insurance and covers an individual's hospitalization expenses and medical reimbursement facility incurred due to sickness

**Conclusion**

According to CII, India was unique as it offered holistic medicinal services. With Yoga, Meditation, Ayurveda, Allopathy and other systems of medicines, India offered a unique bundle of services to an individual that was difficult to match by other countries. The very ambitious Ayushman Bharat Scheme, alternatively known as National Health Protection Mission however has made difference in India but definitely fall short on the results end. There is a comprehensive and concerted effort from all the players in the health care delivery and others in the medical system. The medical tourism -domestic and international, inbound

and outbound have to not only work in isolation but with cohesive efforts of the others in the system.

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