

Concept Paper



Re-Imagining Indian Healthcare



DIRECTORS FORUM

A Strategic Initiative of the Institute for Healthcare Quality. Mumbai.



Re-Imagining Indian Healthcare: Delivering Value in Resource- Poor Contexts.

Healthcare the world over has failed in delivering value. The simple but surprisingly oblivious reason is we have not focused on delivering value. It is not Governments, Providers, Payors, Patients who are to be blamed but all of us. The failure is not individual failure but a collective and fundamental one: We have not defined value, we have not organized care to do so, we have not incentivized to make value happen. The fault is not in our stars: the nature and structure of healthcare is universally dysfunctional. We need to redefine healthcare: organize, measure, improve and pay for care that provides the best outcomes for the lowest cost.

Even though this diagnosis was made by Prof Michael Porter of Harvard Business School, in the context of developed countries, its implications for countries in resource poor settings is equally far reaching. We often ask how much should developing countries invest in healthcare and hope to get a number eg India passed its universal healthcare bill into law on 15th march 2017 and has committed to increase healthcare expenditures to 2.5% of GDP in order to make healthcare universally affordable. This welcome news is still about through-put not the result. Only if the healthcare delivery system redesigned to maximize value ie the care outcome per rupee spent on care, can universal health coverage translate into universal healthcare. The state does not and cannot deliver value by itself. In addition to the access deficit the public health service suffers from a trust deficit.

The idea of access to care is the mother of all healthcare problems, yet is not independent of other problems: cost and quality. India is challenged in all three fronts. Containing cost is not an isolated exercise in risk pooling, fixing prices or reducing choice. It must be substantiated in the context of improved outcomes which are the results of the delivery processes. Encouraging private provider participation in public services would hazardously increase utilization and in a fee- for- service environment fuel costs.

Agenda for Change:

“Creation of value for patients should determine the rewards for patients, should determine the rewards for all other actors in the system. Since value depends on results, not inputs, value in health care is measured by the outcomes achieved not the volume of services delivered”

– Prof. Michael Porter.



- ❖ Make the healthcare system patient centric.
- ❖ Improve access and participation of patients.
- ❖ Ensure transparency of the outcomes and costs of care.
- ❖ Strive for universal healthcare.

- ❖ Integrating the supply chain in healthcare provision.
- ❖ Improve quality and reduce cost of medications and tests.
- ❖ Avoid over diagnosis and unnecessary testing.
- ❖ Benchmark excellence across geographies.



- ❖ Create models of care delivery that minimizes hospitalization.
- ❖ Enhance the effectiveness of boards of healthcare organizations.
- ❖ Build public private partnerships.
- ❖ Design delivery models for chronic diseases.

- ❖ Introduce Quality and Cost into Healthcare Curriculum.
- ❖ Clarify the benefits of right kind of competition.
- ❖ Re- examine the nature of professional incentives.
- ❖ Emphasis the moral foundations of healthcare.



- ❖ Build integrated practice units that deliver value to patients.
- ❖ Improve participation of patients through shared decision-making.
- ❖ Assure safety of patients.
- ❖ Build delivery models around medical conditions.

- ❖ Encourage competition on value.
- ❖ Cost across the care- cycle.
- ❖ Share access to Centers of Excellence.
- ❖ Create innovative payment models.



- ❖ Adopt information technology to promote seamless integration.
- ❖ Create a report card that empowers the public.
- ❖ Promote inter-operability between platforms.
- ❖ Enhance analytic capability.

Directors forum will imagine and create the future healthcare system by being a collaborative agent.

Work –in-Progress.....