रत की सूचना प्रौद्योगिकी की विशेषता ने वैज्ञानिक रूप से हिज्रुल के विकास में महत्वपूर्ण योगदान दिया है। इसी तरह का गूडराज भारतीय स्वास्थ्य के क्षेत्र में तकनीकी का नजर झिलम रखता है।

130 करोड़ से ज्यादा भारतीय नागरिकों के लिए, हर तरह का स्वास्थ्य सुविधाओं का लाने के लिए, प्रधानमंत्री मोदी के विस्तार भारत के वैज्ञानिक को आमंत्रित किया जा रहा है। उन्हें सोशल मीडिया पर विकसित स्वास्थ्य का अनुपालन कराना है। इसके लिए, भारत के स्वास्थ्य विभाग के तहत राष्ट्रीय महामार्ग पर नए ड्रोन का काम करता है।

इंटरनेशनल इंडिया कॉर्पोरेट ने भारत के विभिन्न हाईटेक क्षेत्र में बड़ी रुचियां दिखाई दी है।

वैज्ञानिक उपकरणों, तकनीकी हैल्थकेयर, फार्मेसी और फार्मेसीक्यूर्स से संबंधित क्षेत्रों में काम करते हुए, उन्हें भारत के अर्थव्यवस्था के क्षेत्रों में विकास के लिए अपनी भूमिका निभाते है।

○ फेसली हैल्थ पॉलिंग - यह वाक्य एक क्रैमिक्युलार हैल्थकेयर का पहल है। इसमें बैठना के एक-एक सतर्क की हैल्थ की रिपोर्ट का ड्रिंक किया जा सकता है। इसके लिए, हजारों वाणिज्यिक व्यक्तियों ने जानकारी दी जाती है।

○ हैल्थकेयर भारतीय - 25 फोर्म्स की वैल्युज व्यवस्था के द्वारा भेजी जा रही है।}

Punjab kesari – 3rd Nov 2017
Page NO-1
Revamping healthcare

Indias' IT potential and technology can help improve healthcare in the country

Fortunately, there is no dearth of local and global players to back India for a technology make-up, especially in healthcare. They would be more than willing to partner with the Indian government to drive health-tech forward.

Indian and multinational companies could collaborate to provide enabling technology and medical devices under the 'Make in India' Initiative.

The government has been telling this story since the launch of the PM's 11th Five Year Plan, India 2020. In 2020, Prime Minister Narendra Modi launched the 'Make in India' initiative, with a vision to make India a global hub for manufacturing and technology.

The initiative aims to help Indian businesses compete with their global counterparts, and it has been successful in attracting foreign investment and boosting the country's manufacturing sector.

Millennium Post, 3rd Nov page no – 9
India’s disease burden is shifting towards NCDs

In India, more than 35% of all outpatient visits and 40% of all hospital stays are attributed to non-communicable diseases—cardiovascular diseases account for 24% of total deaths in India, chronic respiratory diseases 11%, cancer 6% and diabetes 2%

Chronic Lifestyles due to urbanisation, globalisation, trade and marketing, and increasing life expectancy because of medical and technological advances have, in recent years, contributed to a shift in disease burden from communicable to non-communicable diseases (NCDs), the world over. NCDs are a group of diseases or medical conditions that are not always transmitted by infectious agents, but acquired through unhealthy lifestyles or environmental factors. NCDs are usually chronic in nature, affecting individuals for an extended period of time, sometimes lifelong, and are generally slow in progression.

Long list

The commonly identified NCDs include cardiovascular diseases, stroke, chronic lung disease, cancer, diabetes, high blood pressure and mental disorders. NCDs are often erroneously assumed to be a priority area only for high-income developed countries, and seen as diseases of old age. Data, however, shows that 60% of NCD deaths occur in low- and middle-income countries, and a quarter of them occur before the age of 60 years.

In India, like any other developing country, is also affected with a heavy burden of NCDs, while still grappling with the ‘unfinished agendas’ of communicable diseases, and an endemic child health issue. Of late, NCDs have become a major cause of mounting disease and death burden in the country.

Scary statistics

Today, NCDs account for 65% deaths worldwide, and 74% deaths in India. According to a 2012 study, 39% of all outpatient visits and 40% of all hospital stays in India are attributed to NCDs.

Statistics for 2013 revealed that while cardiovascular diseases account for 54% of total deaths in India, chronic respiratory diseases account for 11%, cancer for 6% and diabetes for 25% deaths occurring in India every year. The latest figures would understandably be much higher. With changing lifestyles and environmental factors, one can expect further increase in incidence. In fact, unless massive efforts are taken to prevent and control them, the burden of NCD mortality is only going to rise.

Risk factors

According to the World Health Organisation (WHO), most NCDs are the result of four major risk factors—namely tobacco use, physical inactivity, unhealthy diet and excessive consumption of alcohol. High blood sugar, obesity, high blood pressure and raised cholesterol levels are also metabolic risk factors that lead to NCDs. Air pollution is an additional risk factor in India.

Tobacco use: It is one of the prime risk factors, which could lead to serious health hazards and death. Tobacco, inhaled or in other forms, can cause chronic lung problems, cancers and cardiovascular diseases.

Long-term excessive consumption of alcohol, too, increases the risk of high blood pressure, cardiovascular disorders, stroke, heart failures and cancer.

Sedentary lifestyle: High intake of sugar, salt and saturated fats, and lack of physical activity are associated with increased risk of Type 2 diabetes, hypertension, obesity, hyperlipidemia, cardiovascular diseases, some cancers and metabolic syndrome. High fat and high calorie foods that people, especially the younger generation, are increasingly consuming today, have been associated with obesity. Many studies have established a link between NCDs and obesity or overweight gain in general. According to WHO estimates, more than 2 million deaths, every year, are caused by obesity.

Other high risk factors: NCDs, maternal and child health problems, and communicable diseases are not increasing on a parative. Pregnant mothers have one in six chance of having pre or induced hypertension and a similar proportion runs the risk of gestational diabetes. Adverse pregnancy and newborn health problems are more likely in mothers with these conditions. Even those who escape through this period somehow could suffer from hypertension and diabetes later in life. Those with NCDs are more likely to get infections. For example, diabetes and cancers reduce immunity and make one more susceptible to infections and these are likely to be more severe in those with NCDs.

Immediate interventions

India’s healthcare delivery system has been traditionally focused on communicable diseases, maternal and child health problems. Efforts need to be directed towards strengthening governance and reaching the service providers in the country’s health systems, both in public and private sector, towards prevention, early screening and treatment, and measures and modalities to reduce the burden of NCDs.

The major risk factors need to be identified and addressed. Provision for cost effective, quality healthcare services across the country need to be made to control the growing incidence of NCDs.

In 2010, the government had launched the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke. It lays stress on health promotion, early diagnosis, management and referral of cases, and strengthening infrastructure and capacity building of health providers. India is also the first country to develop specific national targets and indicators aimed at reducing the number of global premature deaths from NCDs by 25% by 2025. However, challenges abound in attempting to tackle the diverse population-based NCD needs.

A whole-of-population approach has to be adopted, covering different population groups with appropriate interventions—healthy population, population with risk factors, population with NCDs but not yet aware, and populations with established NCDs. The interventions include promoting healthy lifestyle, risk factor screening, early treatment and care, disability limitation and rehabilitation.

A holistic approach can tackle the challenges posed by the growing burden of NCDs.
हॉट कैरियर के हॉट आपूर्णता

इस गैर-प्रमुख क्षेत्र में अपनी-अपनी परम्परा के क्षेत्र का तुरंत स्तर करने वाले व्यक्ति अपने जरिये की शुरुआत देने के लिए आगे बढ़ते हैं। ये एक इंट्रोडाक्शन है जो कुछ शिक्षा के में झूठ करने के लिए आगे बढ़ते हैं।

लैपटॉप के साथ वीडियो कैरियर विकास है।

लैपटॉप के साथ वीडियो कैरियर विकास है।

अब ये सबक़ता कारियर विकास है।

ये शाही लोगों का वेदान्त जागरूक जोने के लिए प्रेरित करने का काम करते हैं।

जॉब प्रारंभ

व्यवसाय सबसे पहले के पैसे को जानने वाले लोगों को जानने की जरूरत है। ये अपने अपने साथ एक नया फैंस संयोजन के रूप में आते हैं।
We need to put ‘care’ back into healthcare

What is urgently required is a multi-layered, qualified, trained, committed workforce.

By Dr Sanjiv Kumar and Dr Sumesh Kumar

India can certainly do a lot to improve public health in the country. Spending a lot more money may seem to be the obvious answer. But money is not the only constraint, although we have been crying ourselves hoarse that the government needs to double or triple its spending on health. There are many other things that need to be streamlined to ensure quality healthcare for our citizens.

Improving healthcare delivery systems ought to be the subject of state policy deliberation and debate because development of the country hinges on the health of its people.

But where does good health begin? It begins with our children. Unfortunately, statistics in this regard are not too flattering. India is far behind the rest of the world in terms of the number of malnourished children, shockingly double that of Sub-Saharan Africa.

- Almost half of all deaths of children under the age of five years is due to undernourishment
- 44% of children under the age of five are underweight
- 72% of infants are anaemic
- Inadequate sanitation, safe water trigger infectious malnutrition cycle.

If our children do not get the right start in life, they will remain undernourished and underdeveloped, and worse off than their children in the rest of the world. Where does this leave our future workforce? We will remain an unhealthy nation with human resources that function below par. This has far-reaching consequences on the country’s economic and social development.

At the moment, the government spends about 1.8% of GDP on healthcare. This needs to increase to at least 2.5% over the next few years to make any appreciable difference. Bad health hampers performance, productivity and negatively affects human capital development. Given our federal structure, we need to ensure that health remains a priority for the central as well as state governments.

The central and state governments need to work collectively to ensure the four main prerequisites of a good healthcare system: quality, accessibility, affordability and affordability. The government and health regulatory bodies need to ensure that quality standards and minimum patient safety protocols are enforced.

The increase in public health spending should be accompanied by changes in where that money is spent. A substantial part of public spending should be channelled into primary healthcare, as committed in the 2017 health policy. Offering better primary care will help reduce the number of cases where diseases or complications progress to a point where they require expensive and aggresive treatment at tertiary healthcare centres or cannot be cured at all.

For a national health system that works, we need more medical and nursing schools and thousands of health workers, particularly in rural areas. What is urgently required is a multi-layered, qualified, trained and committed workforce. We need a large number of health management professionals to run facilities and programmes efficiently.

Public sector monopoly

The healthcare sector in India is one of the largest sectors both in terms of employment and revenue generation. It has grown at a compounded annual growth rate of 16.5% and is expected to worth $20 billion by 2020.

But National Sample Survey (NSS) figures over the last two decades show a decline in the share of public hospitals in treating patients. This trend could over time give private players a virtual monopoly, leading to steep hikes in prices of diagnostics and medical treatment.

High healthcare costs and lack of insurance coverage often result in greater out-of-pocket expenditures for diagnosis, consultation and treatment. Still, people today prefer private healthcare, despite the whopping costs, because of the dismal quality and lack of accessibility and affordability of the public healthcare system in both rural and urban India.

Clearly, a lot needs to change. The doctor-patient, patient-to-bed, and equipment availability-to-utilisation ratios need to improve. The unbridled rise in the cost of secondary and tertiary care treatments in urban areas need to be checked. Communication and coordination skills among hospital staff and doctors, soft skills and time management, emergency health, crisis and supply chain management need to improve drastically.

A multi-pronged approach is necessary, and its implementation needs to start immediately on a fast-track basis.

Public intervention in healthcare delivery needs to include:
- Monitoring of both public and private delivery systems
- Ensuring authentic diagnostic facilities at affordable costs
- Supplementing healthcare with better municipal services - clean air and water, pest control, good sanitation and sewage systems, proper treatment of waste - and including healthcare awareness and physical fitness in school curricula to ensure preventive healthcare.

A robust public healthcare system is essential for transforming the socioeconomic trajectory of India. We need people who are well trained and placed as hospital managers and who can take care of management-related issues so that doctors can focus on providing clinical care, which they are trained for.

(Deccan Herald – Date- 2nd Oct. 2017, Page No- 11)
Gorakhpur deaths were preventable: IIHMR Director

Weeks after the Gorakhpur tragedy that claimed 39 young lives in a span of 48 hours, Dr Sanjiv Kumar, Director of Indian Institute of Health Management Research (IIHMR), said the deaths could have been prevented.

Of the 60 deaths reported between August 7-11, 12 were due to Japanese Encephalitis. Oxygen supply was disrupted for two hours on Thursday night and as per the State Health Minister, there were no deaths reported in those two hours.

“As a doctor, one will say that the deaths may not have occurred during these two hours but would have followed soon after or would have left lifelong effects due to irreversible brain damage caused by lack of oxygen,” said Dr Kumar.

In his report, Dr Kumar also compares previous years’ figures. In the previous three years, the average number of deaths in August were 567 (2014), 688 (2015) and 587 (2016); or about 19-22 deaths per day.

The reported deaths of 60 from August 7-11, however, come to an average of 12 per day, which is less than the annual average for the previous three years.

Dr Kumar also spelled out three key factors that need to be addressed. “While the exact reasons will be revealed in the fact-finding committee’s report, there is a need to address the corruption,” he said.

In this particular case, the Pushpa Sales Private Ltd had stopped supplying Oxygen as their bills worth Rs 63 lakh had not been cleared since November 23, 2016. The company had written more than 12 reminder letters, many copied to District collector and state authorities.

The second fault line is overcrowding due to lack of facilities in primary health centres as well as district hospitals.

The third is the delay in the prevention of Japanese Encephalitis, despite the availability of technologies to prevent mosquito breeding and vaccine.

“The workload on health-care providers needs to be looked into, he said, adding that lack of basic amenities like electricity and water even in tertiary care hospitals must be addressed.”
Meet the managers of healthcare

There was a time when a doctor would manage the books as well. In the last decade or so, as hospitals got a corporate make-over, demand for healthcare managers rose as well. In the age of multispeciality hospitals, doctors prefer to concentrate on their core skills and the management is usually taken care of by hospital managers. The managers handle the complexities of day-to-day working and strategic decision making in the hospital. The demand for professional managers is high in healthcare institutions. They take care of the management aspects that help doctors do what they are required to.

**SKILLS TO WIN**

There is a dire need to train and develop skilled hospital managers. Some of the skills needed for this profession are:

**Interpersonal skills:** The ability to interact well with the staff and clients is very important for a professional and healthcare professionals are not an exception. This is the pre-requisite of success. Even if these skills are not innate, with training and practice these skills can also be developed.

**Leadership skills:** These include the ability to delegate assignments, motivate others and communicate effectively. This skill helps the managers to take decisions wisely and find ways to meet the deadlines.

**Analytical skills:** These enable a professional to collect, scrutinize and analyse the information effectively. These help in efficient decision making.

**Goal-setting skills:** Setting appropriate goals is very important for a professional. The success of a healthcare manager also depends on the goals he achieves and in what time line.

**Entrepreneurial skills:** The ability to take initiatives, grab new opportunities, taking risks and making decisions in uncertain situations are the key skills of successful managers.

Besides the doctors and other paramedical staff, the healthcare industry employs qualified and specialised healthcare management professionals, who can take care of the administrative and management needs.

**JOB PROFILE**

Healthcare management professionals are required to manage the internal affairs of the hospital. They also have to deal with critical management problems encountered by hospitals and other healthcare agencies and respond favourably to such adverse situations.

**BENEFITS OF THE MANAGEMENT COURSE**

Postgraduate courses in healthcare management are attracting students owing to several benefits and the widening scope. Some major benefits that these programmes promise are:

- Training and certification open up career opportunities in diverse healthcare segments such as Biopharmaceutical organisations, health insurance organisations, clinical research organisations, government sectors, financial organisations, NGOs
- The industry promises professional satisfaction. Remuneration is also very competitive. Also, you have the flexibility to work at various locations— from rural areas to metropolitan cities.
- Students gain practical knowledge about how to manage the healthcare facilities from a domestic as well as global perspective.

*Quote by Dr. Soniya Kumar, Director and Dr. Suresh Kumar, Assistant Professor, IIMR, New Delhi*
directly related to healthcare sector - private practices, hospitals, nursing homes, laboratories, public health agencies, insurance providers, consultancies, and software companies. The working environment confronting an HIT professional is defined by the level to which the employer has adopted the technology. The job responsibilities include a plethora of tasks from optimizing the new systems to providing training, documentation, maintenance, trouble shooting, to requirement gathering, designing for new system as well.

**Education and Requisite Essential Skills**

A career in healthcare information technology requires training in computer science, business management and domain knowledge related to hospital or public health. Anyone with an appropriate bachelor's or master's degree (BSc, BSc Nursing, BPharm etc) or with medical (MBBS, BDS) or computer degree (B'Tech) are eligible for entering the field.

In addition to computer application and process understanding, a successful HIT specialist should possess the following skills: knowledge of healthcare delivery workflow, problem solving and critical thinking, market research capabilities, strong verbal and written communication, attention to detail and to customer service, meeting the needs of the internal department as well as those of clinical and business customers, team work, ability to quickly learn and adapt as both healthcare and technology are dynamically changing fields. Specialized skill training in any one of the upcoming areas like big data analytics, system maintenance, user interface testing, cloud computing, mobile computing, social media marketing, mHealth, Telemedicine etc will further help to advance the career prospects. There are numerous opportunities for career advancement from technical to administrative roles. The HIT specialists may find themselves in various roles. To name a few:

- Healthcare IT Executive
- Health Informatician Technician
- Chief Medical Information Officer
- Healthcare Business Analyst
- Project Manager/Developer/Trainer
- EMR consultant/Implementation Manager
- Clinical information manager/ associate
- HIT research associates
- mHealth and telemedicine specialists

Fresh graduates may expect salary packages anywhere between three Lacs per annum to eight Lacs per annum. Work experience makes the professionals equipped with more knowledge of HIT and adaptable for advanced responsibilities culminating into quick career growth in terms of job and salary advancements. This requires having the necessary perseverance to see through oneself in the job be it any role with hard work, open to learning and grit determination.

**Future Ahead**

Many healthcare service providers to name a few; Max, Fortis, Medanta, AIIMS and Shankara Netralaya have already implemented HIT at different stages and many more are slowly joining the bandwagon. IT companies like Deloitte, Cerner, Atrias, Wipro, Niap, TCS, Reliance, Akhil Systems and others through their products and services, are supporting them. In addition, public hospitals are also gearing towards digitalisation to meet greater efficiency. There will be no dearth for opportunities in this evergreen field in the upcoming years as India moves towards digital and affordable health care. **HEB**
HCM: सेवा भाव का नया नजरिया
हैल्थकेयर प्रबंधन में बनाएं करियर

अस्पताल प्रबंधन

सहायक चिकित्सा अधिकारी

स्थायी प्रमुख प्रमोटर डिप्लोमा

जेडी दिमित्रा पूर्वोत्तर अधिकारियों

रोगी सुरक्षा और गुणवत्ता प्रबंधन

समकालीन

प्रशिक्षण कार्यक्रम के प्रशिक्षण, ज्ञान तैयार करने, डिजाइन और प्रशिक्षण कार्यक्रम के विकास के लिए जिम्मेदार है।

करियर जोन

परिचालित प्रशिक्षण अस्पताल अधिकारियों और स्तरीय प्रबंधकों का प्रशिक्षण देने के लिए जिम्मेदार है।

रोगी सुरक्षा और गुणवत्ता प्रबंधन समन्वय

हम पर स्थानीय आयुर्विज्ञान के तीन कार्यक्रमों का प्रशिक्षण करते हैं और एक भी नए कार्यक्रम के लिए आयुर्विज्ञान और स्वास्थ्य के साथ-साथ प्रसार में जिम्मेदार भी होते हैं।
BE A HEALTHCARE MANAGER

Besides doctors and other paramedical staff, the healthcare industry today, looks for qualified and specialised healthcare management professionals who can handle administrative needs, says DR SANJIV KUMAR

The postgraduate courses in Healthcare Management are gaining a lot of recognition owing to its many benefits & scope. The trained professionals get in-depth knowledge and understanding regarding holistic management of health services.

SKILLS REQUIRED

Some of the skills that are in focus in the preparation of healthcare managers are:

1. Interpersonal skills: The ability to interact well with the staff and clients is very important for a professional, and healthcare professionals are not an exception to it. This is the prerequisite of success of any professionals. Some people believe that these skills are innate, but the reality is that with proper training and practice, these skills can also be developed.

2. Leadership skills: These skills include the ability to delegate authority, motivate others, and communicate effectively. It helps the managers to take thoughtful decisions and in meeting the deadlines.

3. Analytical skills: These skills enable a professional to collect, scrutinize and analyze the information effectively. These skills are required to take efficient decision making. Students are engaged in research projects and given research-based assignments and dissertation.

Goal setting skills: Appropriate goal setting is very important for a professional. Prior to goal setting, all the resources must be analyzed and then goals should be set accordingly. The success of the manager also depends on the extent of goals he achieves.

Entrepreneurial skills: The ability to take initiatives, grab new opportunities, risk-taking abilities and decision making in uncertain situations are the key skills for a successful manager.

In the current scenario, the scope of healthcare industry is tremendously widening, bringing in a large pool of opportunities in terms of employment. Besides the doctors and other paramedics of staff, the healthcare industry today, looks forward to qualified and specialised healthcare management professionals who can handle the administrative and the management needs well.

JOBS PROFILES

The job profiles offered to healthcare management professionals involve management of the internal affairs of the hospital or medical institutions. Being a professional in health care management, you also have to deal with critical management problems encountered by hospitals and other healthcare agencies and required familiarity to such adverse situations. Usually, these candidates are placed in community hospitals, rehabilitation facilities, outpatient clinics, and hospices with flexible work timings.

Some of the other jobs include that a person can get placed in, upon pursuance of post graduation in healthcare management, are as a hospital administrator, healthcare finance manager, medical director, HR recruiting, blood bank administrator, pharmaceutical project manager, etc.

Today, the healthcare industry has identified and realized the importance of management professionals and specialized administrations staff for supporting medical infrastructure and healthcare facilities. The trained professional develops diverse knowledge and understanding to holistic management of healthcare services. They are sought after by government as well as the private corporate sector.

The writer is director, AIMA Delhi.