HEALTHCARE IT as a top of the line job

WHAT'S NEXT? Anandhi Ramachandran discusses the prospects of careers in the healthcare industry

The Indian healthcare industry is growing at a tremendous rate owing to the initiatives being adopted for strengthening, coverage and services and increasing healthcare expenditure by public as well as private players in addition to the widespread adoption of technology. It is predicted that by 2020, the market will reach $230 billion and in Healthcare Information Technology (HIT) counterpart will grow 5.5 times more than the current growth of nearly 5 billion.

The most recent flagship government initiative, Digital India, through its e-health initiative, is set to address information asymmetry and hence paves access to remote areas through technology and portals. The new National Health Policy 2017 advocates extensive deployment of digital tools for improving the efficiency and healthcare outcomes through the establishment of National Digital Health Authority (NDHA).

The improvements in public healthcare spending, increased focus of the providers on better financial management, growth in consumer health awareness, post-pandemic response for quick response, quality care, nearness of the healthcare in and out of hospitals towards a patient-centric usage of digital technologies. Some of the newer technological advancements are:

- Electronic health record
- Telehealth (Collaborative data exchange platform)
- Sensors and wearable technology
- Telemedicine (remote health)
- Mobile device technology
- Remote telemedicine devices
- Cloud computing
- Wireless telecommunication

All these have resulted in an explosive growth in areas like public-private partnerships, consultancy, development of new medical devices, analytics tools, medical tourism, and also triggered a constant opening, it seems to be a growing job opportunities in HIT sector.

Work environment

A career in HIT enables remarkable opportunities to bring in value, quality, efficiency, cost-effectiveness and better healthcare outcomes. Students and professionals with a dual passion for IT and medical allied health sciences have a great career possibility in this field. The timing for such a career choice could not be better as healthcare providers now confront a huge procedural shift from traditional methods of service provision, to interaction with digital devices, online monitoring, workflow automation, telemedicine and mobile-based practices.

This has ensured an increased dependency on HIT specialists within all types of medical and non-medical settings in all geographical areas of the country, especially in the private sector – private practices, hospitals, nursing homes, laboratories, public health agencies, insurance providers, consultancies, and software companies.

The working environment confronting a HIT professional is defined by the level to which the employee has adopted the technology. The job responsibilities include setting up of practice, organizing the new system, preparing the practice, maintaining, troubleshooting to requirement gathering, designing for a new system as well.

Qualification

A career in healthcare information technology requires a computer science, business management and domain knowledge related to hospital or public healthcare. Anyone with an appropriate Bachelor’s or Master’s degree (BSc, BSc Nursing, BPharma) or with medical (MBBS, BDS) or computer degree (B.Tech) is eligible to enter the field.

They need to follow it up with special courses in HIT like the one offered by International Institute of Health Management Research (IIHRM, Delhi). IIHRM offers an AICTE and NBA accredited two-year programme with specialisation in HIT that trains the building professional in requisite HIT skills.

Requirements

In addition to good computer application and processing understanding, a successful HIT specialist should possess the following skills: knowledge of healthcare delivery system, problem solving and critical thinking, market research capabilities, strong verbal and written communication, attention to detail and 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.

Specialised 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, eHealth, Telemedicine etc will further help enhance the career prospects. There are numerous opportunities for career advancement from technical to administrative roles. The HIT specialist may find themselves in various roles.

Future

Many healthcare service providers have already implemented HIT at different stages and many more are slowly joining the bandwagon. They are being supported by IT companies too. In addition, public hospitals are also moving towards digitalization to meet greater efficiency. There will be no dearth of opportunities in this evergreen field in the upcoming years as India moves towards digital and affordable healthcare.

(The author is associate professor, IIHRM Delhi)
Dealing with management

The scope of healthcare industry is widening tremendously, bringing in a large pool of growth in terms of employment

SAJJU KUMAR & SUDHESH KUMAR

Today is the era of multispeciality hospitals where doctors are busy with clinical work and neither has time nor skills for management. This should be taken care of by hospital managers. They need to go through the daily complexities and strategic decision making. The demand for professional managers is high in healthcare institutions.

Pursuing postgraduation in this field opens up opportunities in diverse healthcare segments such as bio-pharmaceutical, health insurance, clinical research, government sectors, and many others. There is a high level of work satisfaction and remuneration. Also, one has the flexibility of working at varying locations from the non-urban communities to metropolitan cities.

Students gain practical knowledge about the nuances of administering the healthcare facilities from a domestic as well as global perspective. There is a dire need to train the managers with appropriate skills. The skills required for such managers are:

**Interpersonal skills:** The ability to interact well with the staff and clients is very important for these professionals. Some believe that these skills are innate but the reality is that with proper training and practice they can also be developed.

**Leadership skills:** They include the ability to delegate authority, motivate others and communicate effectively. This helps them to take thoughtful decisions and meet deadlines.

**Analytical and goal setting skills:** This will enable a professional to collect, scrutinize and analyse information effectively. It will also help in efficient decision-making. Students are engaged in research projects. Goals should be set in accordance with the data analysed. The success of the manager depends on the extent of goals he achieves.

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

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 paramedical staff, this industry looks forward to qualified and specialised management professionals who can handle the administrative and the management needs well.

The job profiles involve management of the internal affairs of hospitals. They must deal with critical problems encountered by hospitals and other healthcare agencies and respond favourably to such adverse situations. Usually, these candidates are placed in community hospitals, rehabilitation facilities, outpatient clinics, and hospitals with flexible work timings.

Some of the other job roles available in this field are: hospital administrator, healthcare finance manager, medical director, HR recruiter, blood bank administrator, pharmaceutical project manager among others.

The writers are director, HOD and assistant professor, JSSM, respectively.
Put the ‘care’ back into health

Apart from increasing spending, governments must ensure delivery of quality, accessibility, affordability and availability

State of our children

When does good health begin? With crevices. Unfortunately, this is not an isolated scenario any more. Almost half of all deaths of children below 5 is due to undernourishment, about an equal part of children below 5 are overweight, 30% of children are anemic. "Underweight infants weigh behind the diagnosis and treatment. They are usually underdeveloped and underdeveloped compared with children who are properly nourished. Where does this leave our future?" We will remain an unhealthy nation with human resource that functions below capacity. We will remain a country where physical strength, mental health and capability will continue to be compromised. This will have long-lasting consequences on the country’s economic growth, investing in the future is investing in the country. The Central Government has taken steps to improve over the next few years to make any appropriate decisions.

Health barriers: how we act

Health barriers primarily come from internal human capital development, health itself must remain a primary focus of government policies. The government must study the situation of health care, assess the quality, accessibility, affordability and availability of medical care to reduce market barriers, but where supply is limited, cost is high. It takes a healthy mind. The government and better health indicators mean more than quality standards and norms. Patient satisfaction greatly improves.

The impact of private health insurance needs to be reduced as in the country that is more a barrier to the poor, a substantial part of public spending is needed. The impact of private health insurance needs to be reduced as in the country that is more a barrier to the poor, a substantial part of public spending is needed. In this context, we need to make it work for a national health system that assists us, but does not leave us out. Health workers, particularly in rural areas, where we need to make it work for a national health system that assists us, but does not leave us out. Health workers, particularly in rural areas, where we need to make it work for a national health system that assists us, but does not leave us out. Health workers, particularly in rural areas, where we need to make it work for a national health system that assists us, but does not leave us out. Health workers, particularly in rural areas, where we need to make it work for a national health system that assists us, but does not leave us out. Health workers, particularly in rural areas, where we need to make it work for a national health system that assists us, but does not leave us out. Health workers, particularly in rural areas, where we need to make it work for a national health system that assists us, but does not leave us out. Health workers, particularly in rural areas, where we need to make it work for a national health system that assists us, but does not leave us out.

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Move on generic drugs laudable, engage all stakeholders

By Dr. Sarju Kumar

A male patient’s case highlighted the recent move by the Indian government encouraging patients to use generic drugs in order to check the spread of many diseases. The same is noticed especially regarding the disease of diabetes, as per the succeeding diagnosis.

What is a generic drug? All drugs start as branded drugs. Pharmaceutical companies spend a large amount of money on research and development of new drugs. In order to recoup these costs (running $3.2 billion for each drug), the drugs are patented by the companies to prevent anyone else from selling the drug for a defined period of time (10-15 years). After this period, new companies can apply for licensing, and the patent will expire.

The generic drugs may be prescribed in two ways: by the doctor directly or by the patient under a pharmacy. In comparing to the branded drugs, the generic drugs are not so much inferior, it is the same drug, but at a lower price in the cycle of a drug. A generic drug is not the same drug and sold by a different company and may have different colour, packaging and inactive ingredients but the active ingredient is the same.

Government moves over the world promote generic drugs to bring down expenditure on healthcare. In India, about 33 million people get below poverty below the poverty line and medical care. About two-thirds of the expenditure on medicines, making it a major reason of poverty. Generic drugs are cheaper than branded-name drugs, hence will substantially reduce expenditure on health. In the US, the generic drugs that are less expensive than their branded versions in the United States (USFDA)

The world is moving towards generic drugs. It is a good example of countries – US and Canada. In the US, generic and over-the-counter drugs account for about 80% of all drug prescribed. In the 2001, the prescription of generics is about 45% in the US were branded and 55% generics. In Canada (CIPI Canadian Pharmaceutical Association Journal), generic drugs accounted for more than 80% of all prescription drugs, account for only 20% of spending on pharmaceuticals.

A national Council of India and its Indian government has recently accelerated their efforts to procure and use of generic drugs and save healthcare within the reach of the poor. The government is committed to achieve universal healthcare and move towards "right to health" as stated in the recently released 2011 national health policy.

Promoting generic drugs nationally builds on the rich experience across states, especially in Rajasthan and Tamil Nadu where the patient assistance programs and other initiatives have been implemented. In India, the Indian Pharmaceutical Association, and the Indian Medical Association has been instrumental in promoting the use of generic drugs.

The Indian government must address the concerns about promotion of generic drugs. Despite convincing evidence that generic drugs are equivalent to branded medicines, there remains an unconfirmed interest from many governments. The pharmaceutical industry needs to ensure that manufacturers continue to use the same standards to ensure quality, safety, and efficacy of generic drugs. The unconfirmed interest from many governments. The pharmaceutical industry needs to ensure that manufacturers continue to use the same standards to ensure quality, safety, and efficacy of generic drugs.

World’s pharmacy

Large generic manufacturers who have made India “the pharmacy of the world” are not the most important indicators of quality, safety, and efficacy. The unconfirmed interest from many governments. The pharmaceutical industry needs to ensure that manufacturers continue to use the same standards to ensure quality, safety, and efficacy of generic drugs. The unconfirmed interest from many governments. The pharmaceutical industry needs to ensure that manufacturers continue to use the same standards to ensure quality, safety, and efficacy of generic drugs.
GST in healthcare sector: hoping for positive impact

By Dr. Sunil Kumar and Dr. Sushil Kumar

The impact of the Goods and Services Tax (GST) on the healthcare sector is significant. The introduction of GST has brought about major changes in the taxation structure of the sector. The state companies will go to the state in their fiscal transactions and the central component will go to central government. The GST is expected to increase the pharmaceutical sector's revenue as it includes all transactions related to medicines, medical devices, and hospital services that were under the service tax regime will come under GST. The increase in government revenue will improve investments in health and the social development of health.

The new GST regime will provide transparency and accountability in the tax collection process. It will also simplify the filing of returns and other tax-related procedures. The GST regime will also help in reducing the tax burden on the healthcare sector, which is critical for its growth.

The GST has also introduced the concept of input tax credit, which will help in reducing the tax liability for healthcare providers. This will make it easier for them to manage their finances and focus on providing quality healthcare services.

In conclusion, the implementation of GST in the healthcare sector is a positive step towards creating a transparent and efficient tax system. It will help in reducing the tax burden on the sector, thereby fostering its growth and development. The GST regime will also promote investment in the healthcare sector, which is crucial for improving the overall health of the population.
EVEN AFTER NEARLY seven decades of Independence and a 8–9 per cent growth rate in the recent past, two-thirds of Indians do not have access to tap water and a clean toilet, over a third are malnourished, while a million-and-a-half children die before they turn five. Millions continue to die or suffer from communicable diseases such as tuberculosis, malaria, and other infectious diseases, which are not only treatable but also at an incredibly low cost. Such systematic inequities necessitate the negotiating presence of a strong and assertive state.

The directive principles under Article 47, states, “the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties”. Nowhere does India’s Constitution explicitly state health as a fundamental human right. Sujatha Rao, former Union Health Secretary, in her book, Do We Care? India’s Health System, has analysed the challenges facing India’s health system.

The initial chapters deal with evolution of India’s health system, health financing and governance issues. The second part of her book has a critical analysis of implementation of polices. The evolution of the health sector in India beginning with the Joseph Bhore Committee (1946) to the developments in the initial years after Independence and constituting the various Expert Committees to Alma-Ata Declaration (1978) and going on to the First National Health Policy in 1983 is appropriately described.

Rao argues that healthy people generate wealth and that ill-health and disease significantly impact the growth momentum. India’s 40 per cent young and productive population can be, and is, an enviable advantage, but only if they are healthy. Sick people do not produce wealth. Clearly, India’s tragedy has been its failure to provide access to fundamental public goods — clean air, safe water, sanitation, hygiene, nutritious food, and basic healthcare — and ensuring security to vulnerable populations from health expenditure shocks.

The cavalier manner in which health budgets were reduced by the Central government during the three years of the 12th Five-Year Plan (2012–17) exacerbates such apprehensions. Reduced public spending and the aggressive pushing of public-private partnerships can be a dangerous cocktail in these times.

The book also gives a vivid account of privatisation of medical education, as also nursing and allied services, which has grown exponentially since 1993 on account of three factors — liberalisation of the economy, fiscal crises and the insertion of Clause 10(a) to the Medical Council Act of 1956 that centralised all powers for the sanction of colleges, determining student strength, and introduction of courses in the health ministry. This reduced the role of the MCI to that of an
COUNTRY NEEDS HOSPITAL MANAGERS

Minister of state for health and family welfare Faggan Singh Kulaste has said that the country needs trained hospital managers. He was speaking here at a convocation hosted by International Institute of Health Management Research. “The national health policy stresses the promotion of health and wellness for all. With this objective in mind the government has decided to upgrade one lakh fifty thousand sub centres into health and wellness centres across the country.” SD Gupta chairman, IIHMR Jaipur University.

स्वास्थ्य प्रबंधकों की देश में होगी बड़ी जरूरत: कुलस्ते

नई दिल्ली में, केंद्रीय स्वास्थ्य वर्ग ने नया उन्मूलन रूप में कुलस्ते ने कहा कि स्वास्थ्य सुविधाओं को अधिकतम उपयोग करने के लिए देश में पढ़ी सज्जा में शामिल होना चाहिए। कुलस्ते ने कहा कि राष्ट्रीय स्वास्थ्य नीति, 2017 में सभी को लिए सहायता और सुधार के उद्देश्य से सभी सरकार ने देश में उन्नत स्तर के स्वास्थ्य केंद्रों में उन्नति करने का फैसला किया है। यह फैसला इंटरनेशनल स्टीयर्स ऑफ इंडिया डिजिटल स्वास्थ्य गेमेसीट रिसर्च एंड एनालिस्ट आरआईएनएफसी के आयोजन विश्वसनीय समावेश की मुख्य अवधियों के लिए पर संयोग कर रहे हैं। कुलस्ते ने एक स्वास्थ्य क्षेत्र के संगठन चार्टर हस्ताक्षर गर्ने और सूचना की आवश्यकता के लिए स्वास्थ्य क्षेत्र के लिए स्वास्थ्य क्षेत्र के लिए स्वास्थ्य प्रबंधन की कला बनाने के लिए शपथ ग्रहण की गई। यह विरासत को अभी अभी क्षेत्र में उन्नत प्रवर्तन के लिए स्वास्थ्य पदक से समाधी किया गया।
स्वास्थ्य प्रबंधकों की देश में बढ़ेगी मांगः कुलस्ते
नई दिल्ली, सवाददाता। केंद्रीय स्वास्थ्य राज्य मंत्री फर्मन सिंह कुलस्ते ने कहा कि स्वास्थ्य सुविधाओं की आपूर्ति मजबूत करने के लिए देश में बढ़ी संख्या में योग्य स्वास्थ्य प्रबंधकों की जरूरत होगी। कुलस्ते ने यह भी कहा कि केंद्रीय स्वास्थ्य नीति, 2017 में सभी के लिए संकल्प और कृतितता के उद्देश्य के साथ सकारात्मक ने देश में ए० लाख उप केंद्रों का स्वास्थ्य केंद्रं में उन्नयन करने का कौशल किया है। वह कहा कि इंटरनेशनल इंस्टीट्यूट ऑफ हेल्थ मैनेजमेंट रिसर्च आउटॉफरमस्केर आईजीएफएमजे को आदर्श दीक्षा और समायोजन को मुख्य अंतर्गत के तौर पर संबंधित कर रहे थे। कुलस्ते ने स्वास्थ्य क्षेत्र के संक्षेप खासकर ग्रामीण और सुसंसार इंडिया में कई बुनियादियों होने की जरूरत स्वीकार करते हुए कहा कि हर संसाधन, विशेष रूप से आम लोगों के वेतनप्रदाय की जरूरत है।
‘Healthcare system faces challenges in rural areas’

Tribune News Service

New Delhi, June 4

Admitting that healthcare delivery system in the country is faced with many challenges, Minister of State for Health and Family Welfare Faggan Singh Kulaste stressed the need for trained hospital managers to cater to the growing healthcare needs and optimal utilisation of available resources in the country.

Kulaste was addressing the eighth convocation of the International Institute of Health Management Research here.

The minister said the healthcare delivery system is facing many challenges, especially in rural and far-flung areas, and also touched upon the Central government’s National Health Policy, 2017.

The government has decided to upgrade 1 lakh 50 thousand sub centres into health and wellness centres in a timebound manner, he said.
New frontiers in medicine

As healthcare providers move to digital platforms, more career opportunities come to the forefront

ANURAG RAMACHANDRAN

The Indian healthcare industry is growing at a tremendous pace, thanks to initiatives being adopted to strengthen coverage, services, increasing healthcare expenditure by public as well as private players and the widespread adoption of technology. It is predicted that by 2020, the market will touch US$260 billion and its Healthcare Information Technology (HIT) counterpart will grow 1.5 times more than the current growth of nearly US$1 billion. The recent flagship government programme, Digital India, through its e-health initiative, is set to address information asymmetry and sub par access in remote areas through technology. The new National Health Policy 2017 advocates extensive deployment of digital tools for improving healthcare outcomes, by setting up a National Digital Health Authority (NDHA).

Improvements in public healthcare spending, increased focus on better financial management, growth in consumer health awareness, pursuit of quick response, quality care, and awareness of the healthcare urals, all in tandem with expansions in technology have resulted in taking healthcare out of the confines of the hospitals towards a paradigm shift, with the usage of digital technologies.

Newer technological advancements have resulted in explosive growth in public-private partnerships, consultancies, development of novel medical devices, analytical tools, medical tourism and also triggered a concomitant opening of doors to fast-growing job opportunities in the HIT sector.

Students and professionals with a dual passion for IT and medicine, or allied health sciences have a great career possibility in this field. The timing for such a career choice could not be better: healthcare providers now confront a shift from traditional methods of service provision to interaction with digital records, online monitoring, workflow automation, telemedicine and mobile-based practices. This has ensured an increased dependency on HIT specialists within all types of medical and non-medical settings. The job responsibilities include a plethora of tasks from optimising new systems to providing training, documentation, maintenance, trouble-shooting, requirement gathering, and design.

A career in HIT requires training in computer science, business management and domain knowledge – related to hospitals or public health. Anyone with an appropriate bachelor’s or master’s degree (B.Sc., B.S.C. Nursing, B. Pharm.), or computer degree (B. Tech) are eligible to enter the field. They need to follow it up with special courses in HIT like the one offered by International Institute of Health Management Research (IIHMR), Delhi.

Skills required

In addition to good 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 customer service, meeting the needs of the internal department as well as those of clinical and business customers, and teamwork. Also, the ability to learn and adapt, as both healthcare and technology are dynamically changing fields. Specialised skill training in any one of the up and coming areas like big data analytics, system maintenance, user interface testing, cloud computing, mobile computing, social media marketing, mHealth, or telemedicine will further help to advance the career prospects.

There are numerous opportunities for career advancement, from technical to administrative roles. HIT specialists may find themselves in various roles. To name a few: healthcare IT executive, health informatics technician, chief medical information officer, healthcare business analyst, project manager/developer/ trainer, EMR consultant/implementer manager, clinical information manager/associate, HIT research associates, and mHealth and telemedicine specialists.

Freshers may expect salary packages anywhere from three to eight lakhs per annum. Work experience equips professionals with more knowledge of HIT and makes them adaptable to shoulders advanced responsibilities culminating into quick career growth to terms of job and salary advancements.

Future ahead

Many healthcare service providers such as Max, Fortis, Medanta, AIMS, and Shankara Netralaya have already implemented HIT at different stages, and many more are slowly joining. They are being supported by IT companies such as Docware, Cerner, Abcscripts, Wipro, Napi, TCS, Reliance, and Akhil Systems through their products and services. In addition, public hospitals are gearing up for digitalisation. There will be no dearth of opportunities in this evergreen field in the coming years, as India moves towards digital and affordable healthcare.

The author is Associate Professor, IIHMR, Delhi.
Many doctors face ire of patients and kin

DC CORRESPONDENT
HYDERABAD, JULY 9

Three out of four doctors have faced the threat of violence — either physical or verbal — from patients or relatives during the course of their work, according to a survey carried out by the International Institute of Health Management Research (IIHR) and the Indian Medical Association (IMA). About 12 per cent of them were subject to physical assault.

The survey found that 15 per cent of doctors faced verbal abuse, which is the most common form of violence and 51 per cent complained of threats.

Those who were physically assaulted stated that they felt angry, frustrated and scared. They also felt embarrassed and suffered from low self-esteem thereafter. The survey was published in the National Medical Journal of India.

The survey found that most of the attacks on doctors occurred during peak hospital hours, emergency medical interventions or post-surgery.

It found that patients and their relatives often get frustrated due to lack of coordination between the administration and the patient, demand for advance payment, withholding of the dead body, pending settlement of hospital bills and unethical practices by certain doctors.

The situation, at hospitals is becoming risky as physicians, however conscientious or careful, cannot tell what illness or hour a patient or his relatives would resort to maliciousness, blackmail or file a suit for damages.

The survey found that patients’ lack of understanding of technical matters, unreasonable high expectations and high cost of healthcare were some reasons that the patient and their relatives resorted to violence against doctors.

Dr Sanjay Kumar, director of IIHR, said, “There are 150 laws applicable to hospitals, but it is not the remedy to bridge the trust gap between medical professionals and public. Doctors need to introspect their conduct as sensitivity is one of the most important factors in dealing with emergency cases and those being treated in intensive care units. The relatives have to be handled with care and the hospital unit must not demand money at any stage.”

Prof. A.K. Agarwal, who was a part of the survey, said, “There is a need to understand behavioral issues that govern relatives. This requires appropriate management by the hospital administration. The doctor-patient communication must be clear and transparent. Doctors must not make tall claims and critical issues must be properly explained to the patients and their relatives. One person from among the patient’s relatives should communicate with the doctor. Too many relatives make things difficult for doctors.”
लाइफ स्टाइल को बदल नॉन-कम्युनिकेबल डिजीज से बचें
योग व हेल्दी डाइट पर फोकस करें: संजीव कुमार

सिर्फ रिपोर्टर • भारत में रेती भी स्वास्थ्य सेवाओं को मनमुड़ करने और लोगों की सर्विंग स्वास्थ्य आकर्षकताओं का पुष्ट करने का प्रयास किया जा रहा है। यह इसके अनुसार देश में नॉन-कम्युनिकेबल बीमारियों के लिए कंट्रोल प्रेरण, सुग्र, कैंसर व अन्य डिजीज बढ़ती ही जा रही है। इन बीमारियों को कम करने के लिए, किसी तरह के उपचार उपलब्ध कराने की जरूरत है, इसी तरह के सुग्र को उपचार करने के लिए रेटेक्स, इंड़रेक्स, एफ़ टीएच मैनेजमेंट फर्म, (आईएसएमआईए) ने शहर के एक रेटेक्स में उपचार की भव्यता की।
आईएसएमआईए दिल्ली के मिशनर संजीव कुमार ने कहा कि अपने किसी भी सभी बढ़ता जानकार लाइफ स्टाइल को बदलने की है।
केवल तार्किक स्टाइल में बदलाव लाकर ही ऐसी बीमारियों को कम किया जा सकता है। इसमें योग, कसर, सुग्र, राम और हेल्दी व सहजता आहार अभ्यास है। नए क्षेत्रों रचा, तत्कालीन जो नॉन-कम्युनिकेबल बीमारियों को उपलब्ध कराने का प्रयास किया जा रहा है।

स्वास्थ्य सेवा सुविधाओं में हिसार आगे
डॉ. जीएस ग्रीन ने हेल्दी केंटर में उपचार की भव्यता की निर्देश गृह द्वारा दिखाया जाएगा। उन्हें साइफ ने कि हिसार की डीढ़ दर स्वास्थ्य सेवा सुविधाओं में हरियाणा से अधिक है। उदारपण के लिए, हरियाणा में बाल मूल्य अनुपात 33/1000 (एप्स्कॉर) है, लेकिन हिसार में 25/1000 (पूर्वस्तील 5, एप्स्कॉर 4, 2015-16) है, हरियाणा में माता-पिता का मृत्यु अनुपात 127 है, लेकिन हिसार में 99 है।
एक करोड़ लोगों की मौत
बीमारियों की वजह से

अमा उजाला व्यूहरा

हिसार।

भारत तेजी से स्वास्थ्य सेवा को मजबूत करने और लोगों की वर्तमान स्वास्थ्य आवश्यकताओं को पूरा करने का प्रयास कर रहा है, इसके लिए स्वास्थ्य सेवा विशेषज्ञ मंत्री के इरादे करने की आवश्यकता है। इस लिए इंटरनेशनल इंस्टीट्यूट ऑफ हेल्थ मैनेजमेंट रिसर्च (आईआईएचएमआर) दिल्ली के निदेशक संजय कुमार ने हिसार के लोकल रेषिटेंट के साक्षात्कार से बालांत करोड़ कर कहा है।

इस मौके पर उनके साथ सीमाधी, हिसार डा. येशु तेलंक, पोएकियर्ड डा. दामोदर और अर्णन हेल्थ मिशन से डा. हरिनाथ शर्मा और डा. तरंग ने उपस्थित थे। इसके निदेशक का अनुभव शर्मा के जीवन के साथ बना जाता है। 12 लाख मीडिकल परामर्श और दुरुपदारों से मर जाते हैं।

यह है पटरी और हिसार की तिथि हिरण्यां में गंभीर महसूसों के लिए निर्भर निर्णय की संख्या 45.1 प्रतिशत और हिसार में 40.5 प्रतिशत है। हिरण्यां में जो महत्वपूर्ण बच्चों के जन्म से पहले पूर्ण देखभाल करती हैं उनका प्रतिशत 19.5 और हिसार में उनकी संख्या मात्र 9.4 प्रतिशत है। इस संघ में देखभाल की सुरक्षा के लिए, माता एवं पिता बच्चों स्वास्थ्य सेवाओं की सुरक्षा करने की आवश्यकता है। हिरण्यां में केवल 21.4 प्रतिशत और हिसार में 29.6 प्रतिशत नवजात शिशु कार्यक्रमों द्वारा स्वास्थ्य को देखभाल प्रारंभ करते हैं। हिरण्यां में पूर्ण टॉटल करेज 62.2 प्रतिशत और हिसार में 75.3 प्रतिशत है। हिरण्यां में 29.4 प्रतिशत और हिसार में 23.5 प्रतिशत कृपेय प्रभाव है। हिरण्यां में 71.7 प्रतिशत और हिसार में 66.4 प्रतिशत माता-पिता रिसर्च से प्रबल है। हिसार की बुद्धि दर स्वास्थ्य सेवा सुविधाओं में हिरण्यां एवं अधिक हिसार के सूची सर्वे डा. जोसफ ने चिकाहा कि हिसार की बुद्धि दर स्वास्थ्य सेवा सुविधाओं में हिरण्यां से अधिक मात्र है। इसके लिए, हिरण्यां में बाल मृत्यु अनुपात 33/1000 (एनएफएचएस-4) है, लेकिन हिसार में 25/1000 (एनएफएचएस-5, 4 (2015-16), हिरण्यां में माता-पिता की मृत्यु अनुपात 127 है, लेकिन हिसार में 99 है।