

LEVERAGING COLLABORATIVE INNOVATION TO HANDLE INDIA’S COMPLEX HEALTHCARE CHALLENGES

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ABSTRACT:-In the presence of unique situation-(complex challenges on one hand and lucrative opportunities on another hand), effective collaboration are the only solution for handling the unique situation. It is necessary that various stakeholder should come on a common platform to develop new technology, to reduce curative cost, to enhance awareness regarding preventive measures, thus, making healthcare services affordable and accessible to all.

A developing country like India, where the huge space is awaiting for the required improvement in healthcare, a united and collaborative approach can accelerate and provide quality healthcare services at affordable rate with ease of access. Further, this is possible when each every stakeholder of collaborative chain identifies the innovation across the individual domain and hence would be able to add value for every stakeholder in the collaborative chain, as output of previous stakeholder in the collaborative chain would be the input for next stakeholder in the collaborative chain.

Key Words: Healthcare, Innovation, Collaboration, Stakeholders, affordable and accessible.

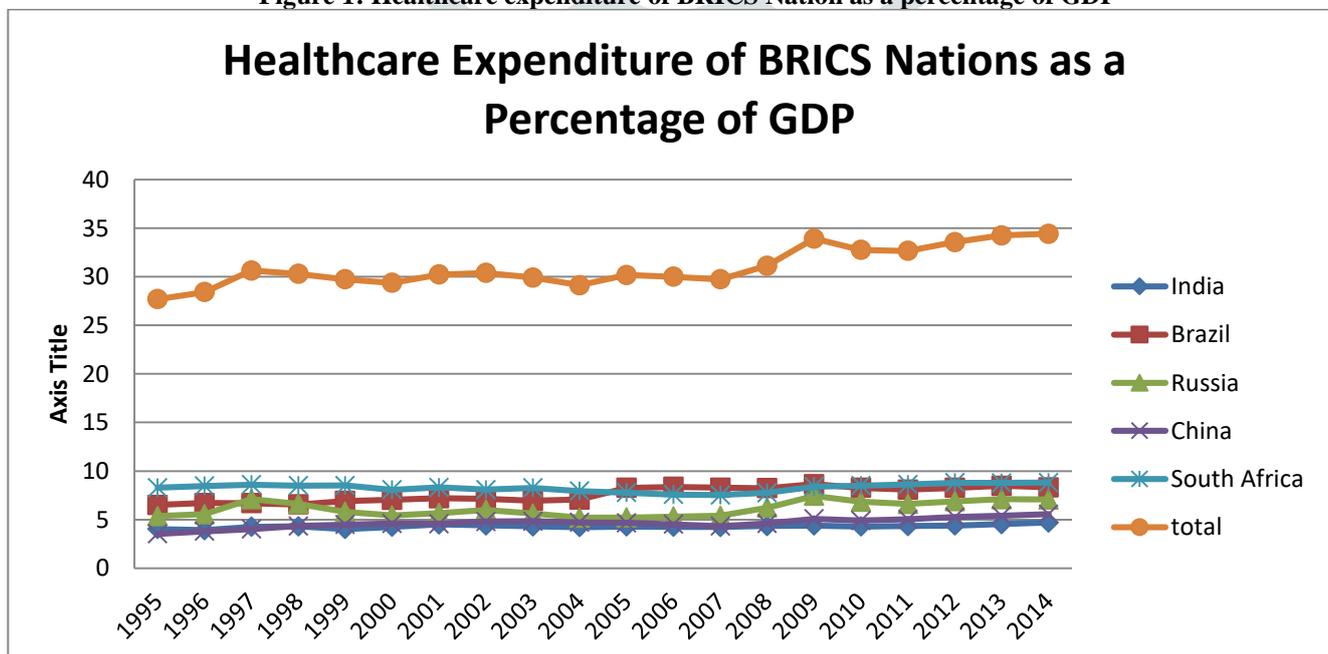
INTRODUCTION:

Indian healthcare sector- current snapshot: Undoubtedly, India has been rightly branded as incredible as the remarkable economic, political and cultural developments over the past two or three decades have made India a geological force. Undoubtedly, Indian healthcare is known for its strengthened presence on global platform. According to one industry report, Indian healthcare sector is supposed to grow at an estimated rate of 19% annually to reach US dollar 280 billion by the year of 2020¹ and with this India would be a recognized health care hub equipped with world class and standardized healthcare solution.

In past few decades, the private sector is continuously growing and has become the major source of healthcare services; there is increase in percentage of availability of beds. In the year 2002 and 2010, the percentage of bed availability was 49% 63% respectively². According to NSSO 2008, the share of private sector regarding in-patient admissions is 60 percent and regarding outpatients’ consultation it was 78 percent. The pharmaceutical market is increasing at 15 percent and 20 percent annually.

The government has been continuously introducing number of reforms to uplift the healthcare sector in India. The focus on developments goals in 11th and 12th five year plans have led to huge success mainly in the area of primary child and maternal health and infection diseases. The NRHM (National Rural Health Mission) has been succeeded in achieving the health system reforms³.

Figure 1: Healthcare expenditure of BRICS Nation as a percentage of GDP



Source: [http:// www.indexmundi.com/facts/india/health-expenditure](http://www.indexmundi.com/facts/india/health-expenditure)

There are millions of Indian citizen who are not able to afford as well as not able to reach the quality healthcare as these healthcare services are out of their access and reach¹. There is considerable shortage of trained nurses and allopathic doctors (only 1.65 per 1000 population) as compared to WHO (World Health Organization) guideline (2.5 trained nurses and doctors per 1000 population)

Regarding the bed capacity and hospital availability, it is again much below(0.9 per 1000 population) as compared to global average 3 per 1000 population and WHO guideline (3.5 per 1000 population)⁴.

Regarding the total healthcare expenditure as a percentage of GDP (3.9 percent of GDP) when compared to BRICS nations, it is again very low (5.2 percent in case of china, 8.9 percent for Brazil, for South Africa, 6.2 percent for Russia)⁵.

However, this would not mean that Indian healthcare has not progressed in past few decades. In Indian healthcare sector, the private healthcare sector has contributed significantly. In last two decades, there has been increase in the preference of private hospital over public hospitals in both rural and urban area. As per 71st round of NSS, regarding rural people preference for hospital services, in 1995 and 1996 the private hospitalized cases was 56 percent in comparison to public hospitalized cases 44 percent while In the year 2014, in rural areas, the private hospitalized cases was 58 percent in comparison to public hospitalized cases 42 percent. The urban people also preferred private hospitals over public hospital. In the year 1995-1996, the private hospitalized cases was 57 percent in comparison to public hospitalized cases 43 percent while in the year 2014, in urban areas, the private hospitalized cases was 68 percent in comparison to public hospitalized cases 32 percent (see Figure 2 and 3 respectively).

Figure:2 Distribution of hospitalised cases (in percentage) in rural areas

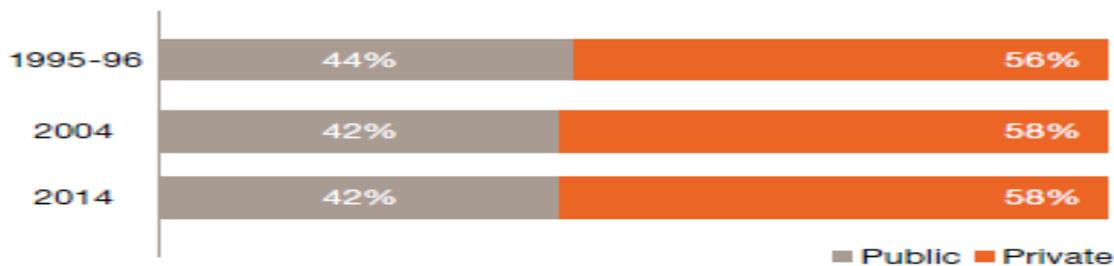
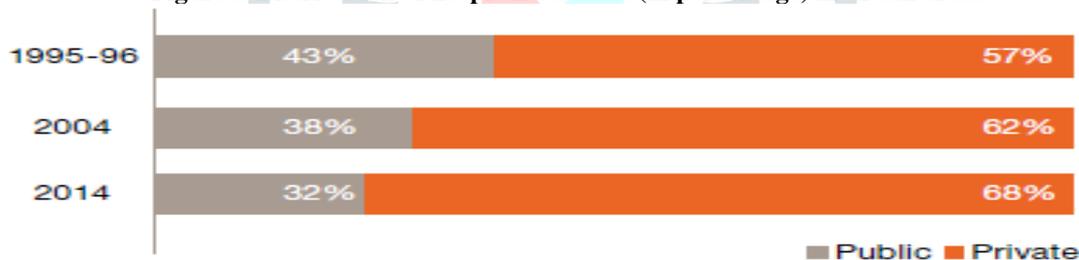


Figure:3 Distribution of hospitalised cases (in percentage) in urban areas



Source: 71st round of NSS

But, still there are certain significant issues like inequity in affordability, access to quality health care that are yet to be tackled by the Indian health care sector on one hand; and huge opportunities that are yet to be grabbed on the another hand.

In view of this complex situation of health care, it is crystal clear that all the challenges can neither tackled by a neither single stakeholder, nor all the opportunities can be grabbed by a single stakeholder. Collaboration of stakeholders is, therefore, can offer the best solution of complexities of healthcare sector.

The major health challenges in India:

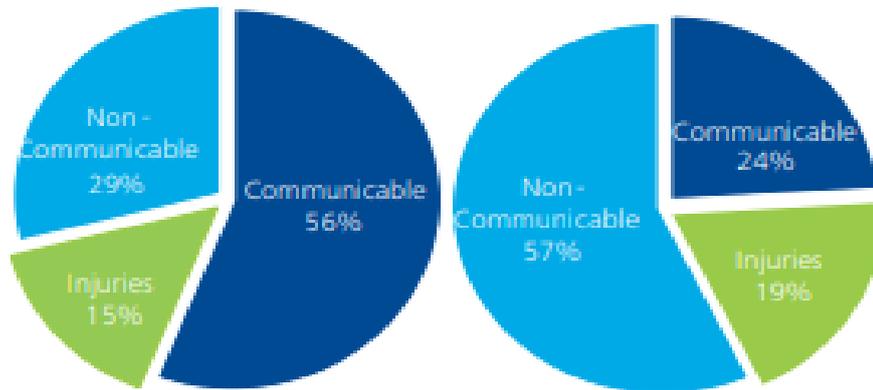
Being a developing nation, India is passing through a phase of great healthcare challenges like malnutrition, poverty and threats of changing lifestyle diseases. All these challenges are interconnected in such a manner in a circle that one challenge is cause of next challenge-poverty is major cause of malnutrition and malnutrition is the main cause of ill health and sickness.

Presently, India is wrestling with a non-communicable disease such as diabetes, cardiovascular diseases chronic respiratory diseases, cancers, and other diseases. The non-communicable diseases are supposed to account for 60% of all deaths in India and hence making these diseases the prominent cause of death, besides communicable, injuries and, prenatal, maternal and malnutrition related conditions.

Further, Non communicable diseases are creating negative and dual impact on both health and economical growth and the productivity. There is the probability of death at the most productive years of one’s life - ages 30 to70 due to one of the four major non-communicable diseases is high (26%). India is standing at the edge of losing USD 4.58 trillion on or before 2030 due to non-communicable diseases and mental health conditions⁵. Moreover, Elder Indians are going to account of 20% of all India’s population by the year 2050, which implies that Indian healthcare costs might jump considerably as a number of Indian people will need healthcare services in the form of preventive care ,regular follow-up and frequent hospitalizations⁶. It has also been estimated that by the year 2010 and 2020, healthcare expenditure on elderly Indians will increase at CAGR of 22% to 44 billion USD.⁷

There are several reasons of the poor health of Indian people but low public expenditure is one the prominent and main reason. No doubt, private health care sector has promoted the preventive healthcare via CSR (Corporate social responsibility) initiative, but still there are certain shortcomings in the programme as these programme failed to prevent hygiene-related, non-communicable diseases and water borne. There is also lacuna in the programme in terms of health related education and health awareness.

Figure 4: The changing disease pattern in India – 1990 and 2020



Source:

http://www.whoindia.org/en/Section20/Section385_1095.htm

As per WHO world development report, that there is an expectation of 78 percent increases in the non communicable diseases on the part of India by the year 2030. The diabetic cases are also expected to increases from 60 million in the year 2011 to 100 million by the year 2030. Regarding the age, it has been estimated that 97 million Indian citizen would be the age of 60 or more in comparison to 64 million Indian citizen in the 2010.

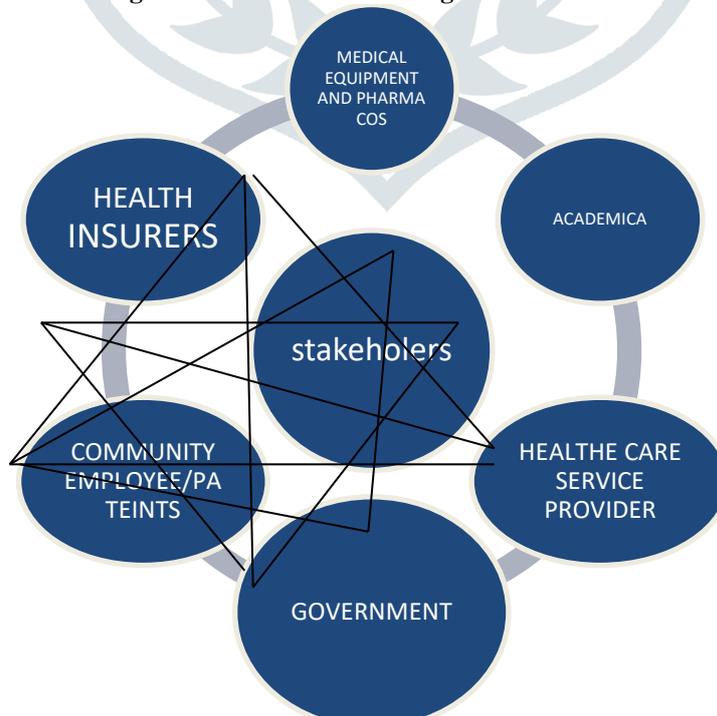
Hence, there is immense and considerable pressure on Indian Health Care Sector due to fast changing healthcare needs and epidemiological transition. Non-communicable diseases are posing a great threat to Indian health care sector.

COLLABORATE TO INNOVATE- Collaborative Innovation can tackle health care challenges: To tackle these demographic and epidemiological transitions in India, the concept of innovations is of great value. A number of diagnostic centers and hospital chain have started this approach for prevention of diseases.

Prevention has a crucial role in making the population healthcare and hence can be a great solution for reducing the healthcare curative cost, decreasing the unprecedented pressure on limited resources of healthcare in India and thus making healthier and productive human beings in India.

This new era of healthcare system has to combine the skilled doctors and skilled managers. It has also broadened the concept of health and should include a wide range of stakeholders like financiers, insurers, research development, information technology and policy makers etc.

Figure5: Collaboration among various stakeholders



Source: Researcher’s Own Creation

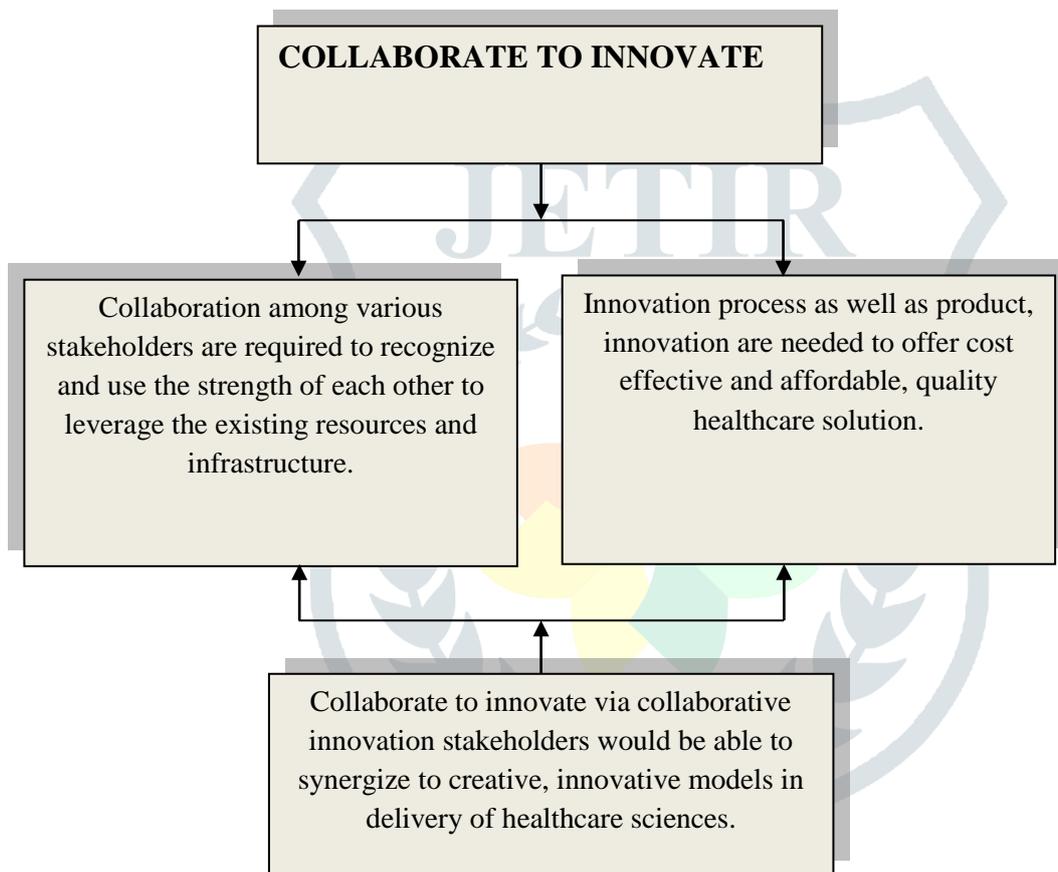
The main goal of Indian healthcare system are various such as enhancing the reach and access to its customers, enhancing efficiency in terms of service delivery and cost but not least is standardizing the quality of healthcare services to global healthcare standards. Hence, collaborations between various stakeholders are a pre requisite to fulfill these three goals.

Collaboration can increase the reach as well as affordability of healthcare of quality health care services:-

In the presence of unique situation-(complex challenges on one hand and lucrative opportunities on other hand) effective collaboration are the only solution for handling the unique situation. It is necessary that various stakeholder should come on a common platform to develop new technology, reducing curative cost, enhancing awareness regarding preventive measures, making healthcare services affordable and accessible and enhancing healthcare funding.

A developing country like India, where the huge space is awaiting for the required improvement, a united and collaborative approach can accelerate provided each every stakeholder of collaborative chain identifies the innovation across the individual domain and hence would be able to add value for every stakeholder in the collaborative chain, as output of previous stakeholder in the collaborative chain would be the input for next stakeholder in the collaborative chain.

Figure 6: Key to improve access, quality and efficiency of healthcare sector



Source: Researchers' own creation

Recent Trends-Collaboration between Various Healthcare Service Providers:

There are number of healthcare service providers over the healthcare continuum such as primary, preventive, tertiary, and rehabilitators. All these service providers are required to come along and to collaborate to build an efficient and seamless chain. Not only horizontal but also vertical integration is required to streamline the whole process of business, that service can be more and more accessible to right clients with effectiveness and efficiency.

Given the rising real estate cost, complicated business environment and intense competition, huge number of healthcare service provider have started to explore innovative and new business models to grab the enlarged patient segments.

There are number of advantages in making investment in collaboration between curative and primary healthcare. On the other hand this investment helps in preventing the complications of chronic disease; on the other hand it helps in reducing the overcrowding in secondary and territory by managing and handling simpler health problems and diseases at the first and primary level and hence, enabling them to focus on more complex and high end treatments. This, in turn, would improve the whole process, in term of efficiency and cost effectiveness.

In Birmingham, UK, the Coloston Health Centre, developed a model in which interaction between secondary and primary care is being carried on to manage the care for patients having mental health problems at primary level. A consultation-liaison model has been developed. The visiting consultant psychiatrist would support and would offer advice regarding handling of mental health issues to the general practitioners. In this model, collaboration was carried on with the help of mobile phones to hence consultations to various specialists. At a later stage these mental health specialist has to become the part of and remain in the attachment with the hospital and thereby specialist and general health practitioners would be able to work alone to deliver the integrated therapies and primary care to the mental patients.

CONCLUSION:

Given the rising real estate cost, complicated business environment and intense competition, huge number of healthcare service provider are required to be united vertically and horizontally to explore innovative and new business models to grab the enlarged patient segments. There are number of advantages in making investment in collaboration between curative and primary healthcare.

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