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Improving Access
to Healthcare in India

## A Strategic Roadmap

Introduction

Providing quality healthcare on an equitable, accessible and affordable basis across all segments of population is the aspiration of all stakeholders. Yet, there is a distant gap between aspiration and ground reality.

In 2012, IMS Health undertook a landmark study "Healthcare Access in India - What is the current status?" to gain a comprehensive view of achievements that have been made to date and the key challenge areas that remain. Using a large quantitative survey, the study mapped the current healthcare status in a comprehensive manner, identifying clear gaps in healthcare access. Subsequently, the seminar on "Access to Healthcare – Challenges & Way Forward" organized by OPPI (Organization of Pharmaceutical Producers of India) brought together views from various stakeholders to identify areas of improvements and necessary action plan that needs to be carried out to improve healthcare access.

What this paper attempts to do is define a strategic roadmap to improve access to healthcare. This paper is based on the findings from the IMS healthcare access study, views of stakeholders based on the access seminar ("Access to Healthcare – Challenges & Way Forward") and independent analysis carried out by IMS.

We are hopeful this paper acts as a guideline for various stakeholders to take necessary steps to improve the healthcare access situation in India.

We would also like to thank the members of Access & Affordability Working Group of OPPI and PhRMA (Pharmaceutical Research and Manufacturers of America) for their support and contribution towards the paper. The contributions of Neeraj Vashisht, Amardeep Udeshi, Asit Sabat, and Kushesh Gupta in preparing this report are gratefully acknowledged.
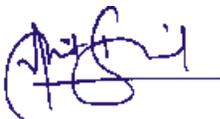
Amit Backliwal
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Background

Expanding healthcare access is a critical priority for public and private sector alike. The extent of change and improvement in India's healthcare system over the past decade is remarkable. With a goal of achieving improved healthcare, the Government of India has steadily increased its share of spend on total healthcare – from 21% in 2004 to 31% in 2011 [1] and has spent significantly on both awareness and delivery of healthcare through its key national level programs including National Rural Health Mission (NRHM), National Urban Health Mission (NUHM), Rashtriya Swasthya Bima Yojana (Hospital insurance scheme), and Pradhan Mantri Swasthya Suraksha Yojana (PMSSY). Many such other initiatives of Government of India, as well as private sector actions and public-private-partnership programs, have all contributed to this progress. Yet more remains to be done. Providing quality healthcare on an equitable, accessible and affordable basis across all segments of population remains a distant dream.

Understanding the current state of healthcare access is an important and foundational element for determining priorities, resource allocations and goals for the future. In this regard, IMS conducted a comprehensive healthcare access study in 2012 covering nation wide survey of more than 14,000 households and interviews of more than 1000 doctors. IMS healthcare access study mapped the current healthcare status comprehensively and identified gaps in healthcare access. Following the access study, the seminar "Access to Healthcare – Challenges & Way Forward" also highlighted the key barriers to effective healthcare access. It underscored the need for coordination across stakeholders to address access issues.

IMS healthcare access study, access seminar and numerous dialogues in the country indicate that a strategic roadmap to improve healthcare access is necessary.

Objective of the Paper

The objective of this white paper is to define a strategic roadmap to guide future improvements in access to healthcare.
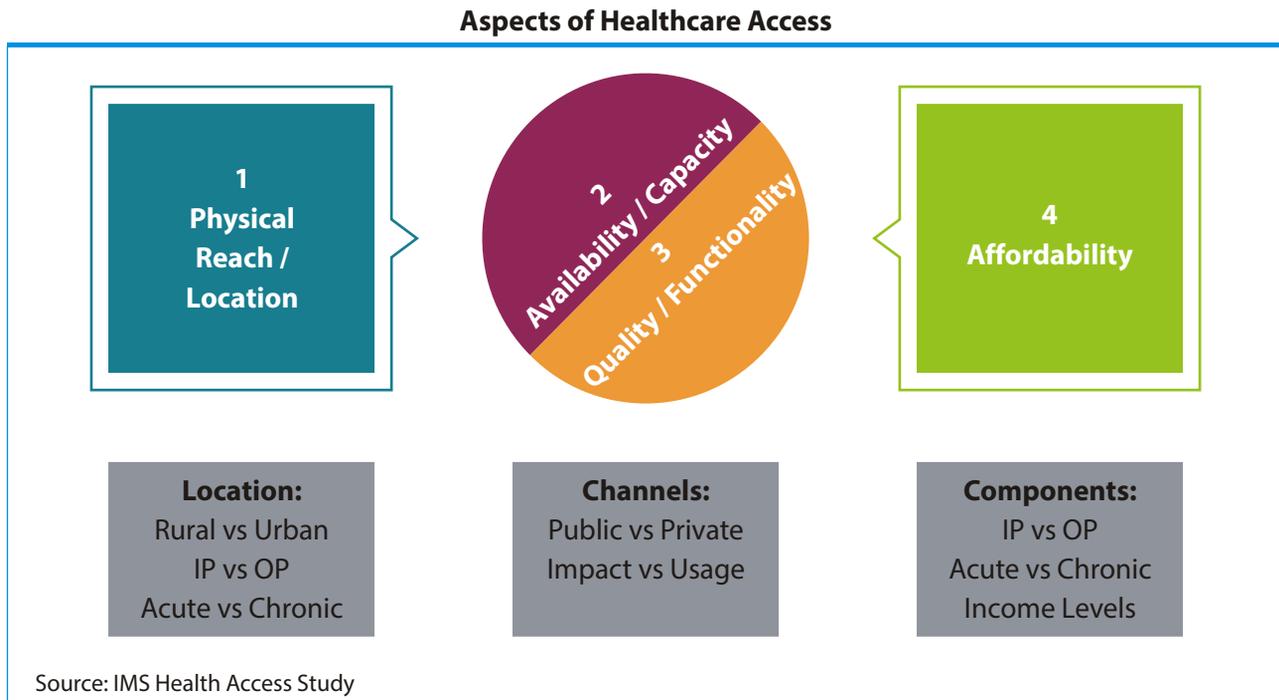
The paper
* Summarizes the **current state of healthcare** access in India.
* Identifies **key issues** and **root causes** that cause barriers to access.
* Defines **potential solutions** to overcome the key issues.
* Defines an **implementation roadmap** to implement the solutions.

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1 Public share of healthcare spend - Source: www.databank.worldbank.org

Current state of healthcare access in India

Patient's perspective

For an effective access to healthcare, an individual should be able to easily receive optimal preventive and curative care without adverse financial impact. IMS healthcare access study clearly showed 4 Key dimensions of healthcare access - Physical reach, Availability of HCPs and medicines, Quality of care and Affordability of treatment. Obstacles in any aspects constitute a Healthcare Access Gap.

Aspects of Healthcare Access

1
Physical Reach / Location

2
Availability / Capacity

3
Quality / Functionality

4
Affordability

Location:
Rural vs Urban
IP vs OP
Acute vs Chronic

Channels:
Public vs Private
Impact vs Usage

Components:
IP vs OP
Acute vs Chronic
Income Levels

Source: IMS Health Access Study

The study laid out the current situation of access to healthcare. Key highlights are mentioned below:

- Healthcare Access in India remains an urban and private phenomenon.
- Physical reach continues to be an issue in rural areas but the issue of availability and quality in the public channel is a bigger concern.
- Inadequacies in infrastructure, unavailability of healthcare workers & medicine and longer waiting time in public facilities continue to push people into seeking private care.
- In the absence of health coverage, affordability becomes a challenge on account of the unintended overuse of the private health channel.

Thus, it is the gap in availability that results in affordability challenges and hence impacts overall healthcare access.

Healthcare Provider/Industry perspective:

The seminar "Access to Healthcare – Challenges & Way Forward" brought together view points of various stakeholders including government, healthcare practitioners and industry. A summarized assessment of their viewpoints regarding current healthcare access situation is highlighted below.

Government's viewpoint:
- Healthcare infrastructure and availability of healthcare practitioners are challenges especially in rural areas.
- Several initiatives have taken place to improve the overall healthcare environment; however effective implementation is still a challenge.
- Collaboration with private players is essential to meet these challenges.

"IMS healthcare access study has already given a detailed prospective of how the situation is and what is the basic cause of access and what should be addressed. The fact is that we have lack of access and that lack of access is of course due to lack of infrastructure" Dr B.K. Singh (Director, Department of Pharmaceuticals)

Healthcare practitioners' viewpoint:
- Poor working conditions is a big barrier to attract healthcare workers to rural areas.
- Redeploying existing resources in rural areas is more important than trying to train fresh resources to practice there.
- Infrastructure and availability of basic facilities are key concerns which results in patients opting for private care facilities.

"I've stayed in a rural place. I had scorpion bite and snake bite. So it's not easy to go to remote area and work", Dr Shashank Joshi (Consultant Endocrine & Metabolic Physician - Lilavati Hospital)

Industry's viewpoint:
- Limited healthcare infrastructure, low quality of care and high cost of service are key barriers to healthcare access.
- Scarcity of state-of-the-art medical knowledge in remote areas further acts as hindrance to access to quality healthcare.
- Creation of infrastructure, expanded awareness, capacity building should be the priority areas to improve access.

"We all know, for many of us who have been into the interiors, while by strict definition there is access, but still there is lot of work to be done on the quality of health care and access which is hardly available over there, even though it may be affordable" Ranjit Shahani, (Vice Chairmen & Managing Director, Novartis)

Considering the perspectives of both patients as wells as healthcare providers/industry, the prioritized areas that need to be improved can be classified as follows:
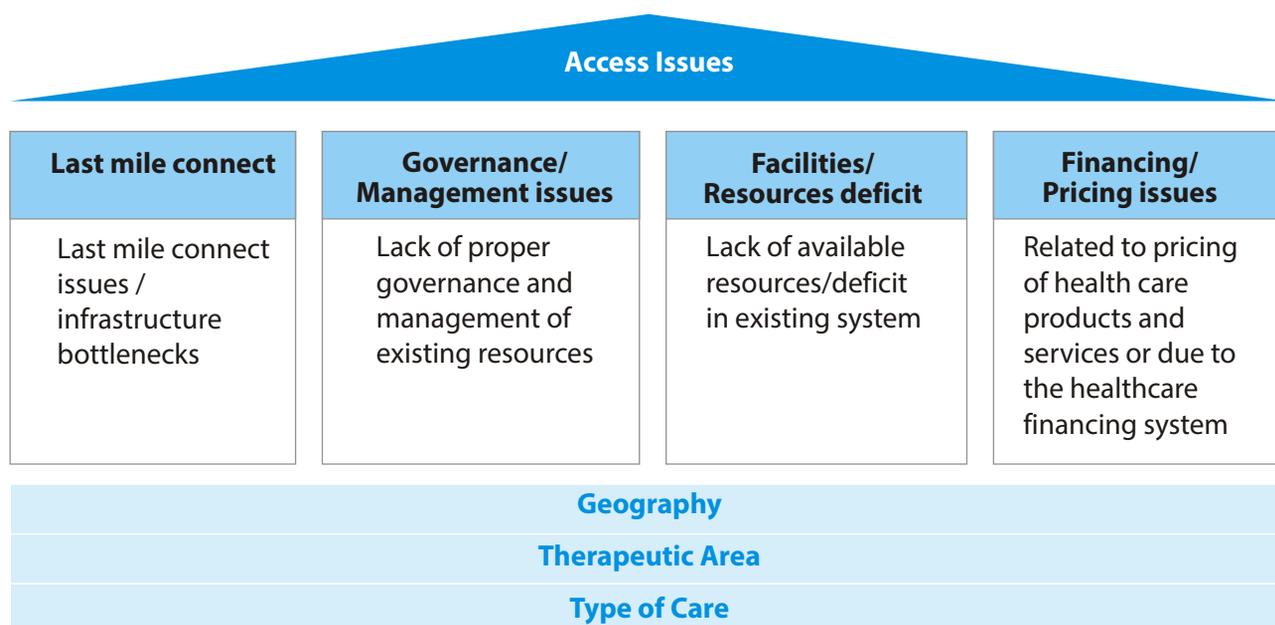
- Fixing gaps in "**Availability**" should be the top priority.
- As availability is addressed, we will also need to focus on addressing "**Quality**".
- At the same time we also need to improve "**Affordability**" of healthcare.

Prioritized Access Dimensions	
Availability	Availability of Infrastructure Availability of Healthcare workers (HCWs) Availability of Medicines
Quality	Quality of care in healthcare systems
Affordability	Affordability of healthcare products and service

Key Issues to access and potential solutions

Framework for Issue identification and framing of Solutions

There are several issues that plague the healthcare system and cause barriers towards access to healthcare. These issues can be broadly classified under four categories as highlighted below. The extent of issues can vary based on the type of geography, therapeutic area and type of care[2].

Access Issues			
Last mile connect	**Governance/ Management issues**	**Facilities/ Resources deficit**	**Financing/ Pricing issues**
Last mile connect issues / infrastructure bottlenecks	Lack of proper governance and management of existing resources	Lack of available resources/deficit in existing system	Related to pricing of health care products and services or due to the healthcare financing system

Geography
Therapeutic Area
Type of Care

Source : IMS analysis

Ultimately these issues can be addressed by taking corrective, targeted and solution oriented approach. The approach can be **reallocation based,** where solution is more focused on re-allocation/facilitation/ governance of existing resources. Some issues may require **capacity augmentation** where focus is on adding capacity to bridge the capacity gap, where as some can be addressed through **awareness building**.

In the next section, we make an attempt to bring together the root causes of key issues that cause barriers to access and possible solutions to overcome these barriers. The solutions are targeted towards improving the key access levers as outlined earlier i.e.-Availability, Quality and Affordability.

2 Primary, Secondary and Tertiary

Root Cause analysis and Potential Solutions

Targeted Improvement area: Availability of Infrastructure

	Issue Dimensions			
	Last mile connect	**Governance/ Management issues**	**Facilities/ Resources deficit**	**Financing/ Pricing issues**
Root Cause	• Lack of basic infrastructure to support health care needs	• Non functional infrastructure	• Lack of physical infrastructure • Infrastructure skew towards urban	• Low public spend on healthcare
Targeted Improvement Guidance	• Collaborate with private players to improve basic infrastructure to support healthcare needs	• Invest in maintenance of current facilities / equipments to ensure they remain functional and fully utilized	• Emphasis on mobile medical units to reach under-served geographies • Deliver subsidized/free healthcare in pvt. facilities to under-served geographies / poor population • Equip PHCs with technology devices to improve efficiencies and also deliver super specialist consultation services (tele-medicine)	• Increased public spend on healthcare • Leverage collaboration models with private players to create and operate healthcare facilities

Targeted Improvement area: Availability of Healthcare workers

Issue Dimensions				
	Last mile connect	**Governance/ Management issues**	**Facilities/ Resources deficit**	**Financing/ Pricing issues**
Root Cause	• Poor working condition in rural areas	• High absenteeism • Low salaries in public sector • High attrition	• Insufficient supply • Shortage of trained workers • Inequitable distribution of supply	• Low public spend on healthcare
Targeted Improvement Guidance	• Incentivize HCWs and improve working conditions to attract them to work in public sector and in rural areas • Mobilise local HCWs to work in remote places	• Develop systems to reduce absenteeism and improve efficiencies (EMR, dispensing etc) • Develop HR policies to incentivize and promote those HCWs who perform better • Give option to public sector employee to continue job post retirement • Replicate best operational practices from one healthcare centre to other	• Increase seats in existing medical colleges • Open new medical colleges especially in non-southern states • Leverage tech solutions (telemedicine) to deliver HC services • Leverage mobile technology to develop innovative healthcare delivery model • Upgrade existing HCWs to take up higher responsibilities (train AYUSH doctors to take up primary care functions) • Contract-in services of local private doctors on part time basis in Govt. sector	• Incenthive private sector to fund setting up of private colleges and training centers

Targeted Improvement area: Availability of Medicines

Issue Dimensions				
	Last mile connect	**Governance/ Management issues**	**Facilities/ Resources deficit**	**Financing/ Pricing issues**
Root Cause	• Lack of infrastructure for storage of medicines for temperature sensitive drugs	• In adequate supply chain management • Lack of scientific demand estimation approach	• In adequate fund for medicines in public HC facilities	• Low public spend on healthcare
Targeted Improvement Guidance	• Build low cost infrastructure for cold chains to ensure vaccines and other temperature sensitive medicines reach the patients in the best condition	• Strengthen the demand forecasting and supply processes using robust tech solutions • Strengthen TNMSC like models further and roll out in more states • Enter into long term contracts with reputed suppliers, so that supplier is assured of demand and Govt is assured of supplies	• Collaborate with private players to set-up and run medicine distribution • Use private pharmacy channel to provide free drugs to patients who have been prescribed drugs in Govt.	• Increase share of medicine spend with respect to overall healthcare spend • Prioritize medicine spending based on the patient needs • Build cost efficiencies in medicine procurement

Targeted Improvement area: Quality

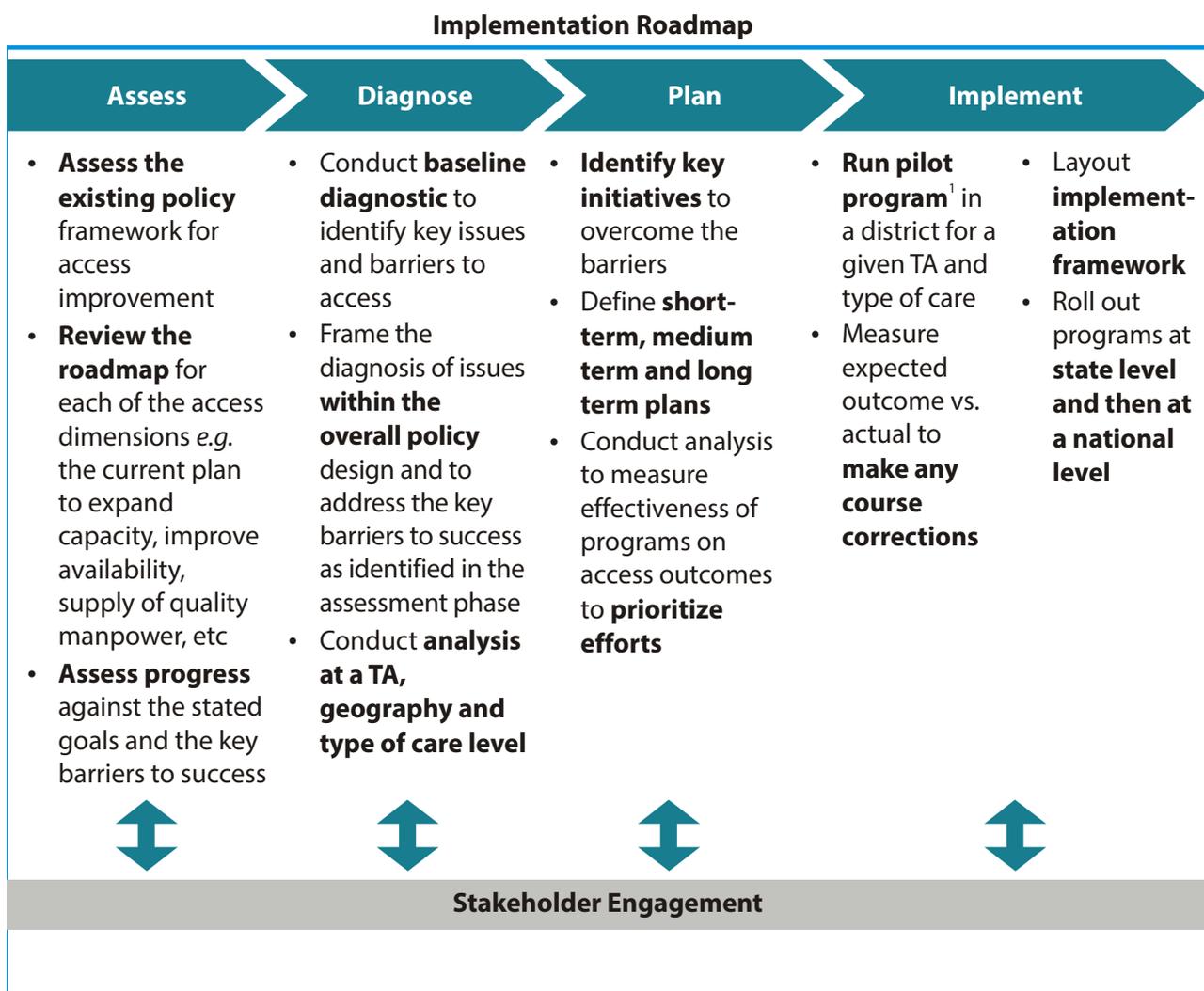| Issue Dimensions			
Last mile connect	**Governance/ Management issues**	**Facilities/ Resources deficit**	**Financing/ Pricing issues**
Root Cause • Lack of basic infrastructure to support HC infra	• Cleanliness and hygiene in healthcare facilities • Quality of Medicines supplied / counterfeits • Mis diagnosis by qualified doctors	• Quacks practicing medical profession • Lack of adequate diagnostic facilities • Lack of medical awareness about latest diagnosis and treatment protocols among HCWs	• Low public spend on healthcare
Targeted Improvement Guidance • Collaborate with private players to improve basic infrastructure to support healthcare needs	• Strengthen existing initiatives such as NABH accreditation • Define measurable standards of performance to deliver high level of quality • Initiate structural reforms to improve systemic issues like accountability, work processes, governance and management	• Develop systems and processes to check illegal practices by quacks and have a penalizing system to prohibit them • Conduct CME (Continuing Medical Education)activities for HCWs to increase medical awareness	• Leverage collaboration with private players to build more diagnostic centers

Targeted Improvement area: Affordability

Issue Dimensions				
	Last mile connect	**Governance/ Management issues**	**Facilities/ Resources deficit**	**Financing/ Pricing issues**
Root Cause		• Irresponsible use of medicine and diagnostic procedures • Sub optimal use of generics • Lack of focus on preventive care • Channel diversion to high cost alternatives • Lack of awareness among patients	• Low coverage of insurance • Lack of outpatient coverage in insurance • Lack of availability of low cost healthcare delivery model	• Low public spend on healthcare • High cost of IP care • High prices of patented medicines
Targeted Improvement Guidance		• Develop policies and processes to curb irrational use of medicine • Emphasize on increased uptake of generics • Strengthen Jan Aushadhi initiative • Intensify enrolment of all BPL families in Govt sponsored healthcare insurance • Increase awareness of public insurance schemes	• Expand scope of insurance cover for public healthcare insurance to include middle class population • Expand coverage of insurance to include OP care • Collaborate with private players to develop low cost innovative healthcare delivery model	• Incentivize private sector to deliver free/subsidized care to poor/lower middle class section • Encourage trusts/NGOs to deliver subsidized IP care services to those who cannot afford • Adopt innovative pricing model for the poor and needy • Adopt co-payment financing for private insurance for high cost treatments • Run disease specific programs for severe diseases with high treatment cost for poor segment of patients • Encourage community based private insurance for the poor • Increase availability of financing schemes for high cost IP treatments

Based on the root cause analysis and targeted improvement guidance highlighted above, it can be inferred that the issues around last mile connect need to addressed through capacity building initiatives to improve the existing bottlenecks in the system. Solutions for the issues related to governance/management need to be primarily centered around **reallocation** / facilitation of existing resources. For issues related to facilities/resources deficit as well as financing, solutions need to be centered around **capacity augmentation**. At the same time solutions should focus on **awareness building** to improve the effectiveness of existing as well as new initiatives. Collaboration with private players is a critical success factor to bridge the access gap.

Implementation Roadmap

The recommended solutions highlighted in the section above can be used as a general guiding principle for identifying key improvement areas for implementation. However in-order to have a larger impact on access we recommend a scalpel approach by conducting a deeper analysis at a Therapeutic area, geography and type of care level. This will help in identifying specific leverage areas and enable prioritization of scarce resources. We recommend conducting pilot programs before complete rollout to validate the effectiveness as well as feasibility of the solution. Key learnings from the pilot can be incorporated for the final roll-out. . Health being a state subject, we recommend starting at the state level.

Following chart is a broad generalization of the implementation roadmap that can be followed.

Implementation Roadmap

Assess	Diagnose	Plan	Implement
• **Assess the existing policy** framework for access improvement • **Review the roadmap** for each of the access dimensions *e.g.* the current plan to expand capacity, improve availability, supply of quality manpower, etc • **Assess progress** against the stated goals and the key barriers to success	• Conduct **baseline diagnostic** to identify key issues and barriers to access • Frame the diagnosis of issues **within the overall policy** design and to address the key barriers to success as identified in the assessment phase • Conduct **analysis at a TA, geography and type of care level**	• **Identify key initiatives** to overcome the barriers • Define **short-term, medium term and long term plans** • Conduct analysis to measure effectiveness of programs on access outcomes to **prioritize efforts**	• **Run pilot program**[1] in a district for a given TA and type of care • Measure expected outcome vs. actual to **make any course corrections**	• Layout **implement-ation framework** • Roll out programs at **state level and then at a national level**

Stakeholder Engagement

As highlighted above, implementation roadmap needs to define short term, medium term and long term plans. The following chart gives an indication of the priority of issues that need to be addressed and the potential timelines for implementation.

Notes 1) Primarily for shot term plans

Implementation Timeline →

Impact on Access ↑

		Short Term (1 to 2 years)	Medium Term (2 to 4 years)	Long Term (> 4 years)
	Availability	Governance / Management [1]	Facilities / Resource Deficit-Medicine Last mile connect - HCW	Facilities / Resource Deficit-Infra Facilities / Resource Deficit-HCW Last mile connect - Infra Financing / Pricing [1]
	Quality	Governance / Management		Last mile connect Facilities / Resource Deficit Financing / Pricing
	Affordability	Governance / Management	Facilities / Resource Deficit	Financing / Pricing

Notes: 1) Infrastructure, HCWs and Medicine
2) The solutions to these issues across each access dimension can be found from the section "Root cause analysis and Potential solutions"

The focus on the short term should be on fixing issues related to governance/management. In the medium term issues related to resource deficit for medicines and affordability need to be addressed which will augment capacity and further improve access. Along with this focus should also be given to remove the last mile connect issues with respect to availability of Healthcare workers. Capacity building initiatives and financing issues need to be looked at from a long term as this requires more time and resource to get implemented. Active collaboration with industry players will be essential at all stages to drive successful implementation.

Overall, a pilot based approach with continuous stakeholder engagement will be essential for effective implementation.

Conclusion

In summary, all dimensions of issues require attention and improvement. However, fixing the governance and management issues through facilitation /reallocation of resources should be the immediate goal in-order to have the necessary impact on access outcomes in short term. From a long term objective the capacity building initiatives will help in further eradicate the bottlenecks in the healthcare system and bring about a systematic transformation. At the same time creating awareness of existing as well as new initiatives is going to be a critical success factor. It requires a coordinated effort from all stakeholders to drive this change and improve the healthcare access situation in India.

About IMS Institute

The IMS Institute for Healthcare Informatics is a catalyst for innovative, collaborative relationships among key decision makers in the healthcare sector. Leveraging best-in-class market intelligence, the Institute brings together policy makers, researchers, academia and private sector to develop and deliver the research necessary to advancing healthcare around the world.

IMS Institute for Healthcare Informatics was established by IMS Health to provide key policy setters and decision makers in the global health sector with unique and transformational insights into healthcare dynamics. It is a research-driven entity with a worldwide reach that collaborates with external healthcare experts from across academia and the public and private sectors to objectively apply IMS' proprietary global information and analytical assets that accelerate understanding and innovation critical to sound decision making and improved patient care.

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