NITI Aayog's Healthcare Plan

What is the issue?

- The NITI Aayog has proposed a 15-year plan for Indian healthcare.
- There is a concern that the arrangements in this proposal would deprive the personal touch in the health care of a patient.

Why is there such a concern?

- A health care company had set-up a prolific prototypical multispecialty group practice in the U.S.,
- There was a concern that such arrangements would be bereft of the personal touch in patient care were vociferously raised.
- This continued through the evolution of more organised structures like Health Maintenance Organisations (HMOs) in the forthcoming years.
- This were criticised for turning healthcare into a marketable commodity sold by unfeeling healthcare providers in supermarket-like institutions.

Why is this problematic proposition?

- The NITI Aayog's report entitled as "Health Systems for a New India: Building Blocks - Potential Pathways to Reform" outlines prospects of such an infelicitous turn in Indian healthcare.
- While the report makes otherwise worthy proposals for health system strengthening the proposal to consolidate small practices into larger business-like organisations appears problematic on multiple fronts.
- That nearly 98% of healthcare providers have less than 10 employees is identified as a negative trait, to be dealt with through a set of incentives and disincentives favouring consolidation.
- Apart from cost and competition-related concerns, an enthusiastic pursuit of it could portend commodification of healthcare from the bottom-up.
- The report's bent towards the U.S. HMO model further adds to such a foreboding.

Why a patient-physician relationship is needed?

- Loyalty and longitudinality form vital pillars of this relationship.
- The structure of these is built upon a substratum of **mutual trust, warmth, and understanding** that accrues over time between a patient and their

personal physician.

- Momentary and haphazardly physician-patient interactions in a system that limits access to one's 'physician of choice' are incapable of fostering such enduring relationships.
- It is in this context that the role of a family physician becomes instrumental.
- A family physician's longitudinal relationship with their patient helps in a better understanding of the patient's needs and expectations and in avoiding unnecessary clinical hassles and encounters.
- This in turn reflects in better outcomes and increased patient satisfaction.
- Widespread commercialisation of care over the past few decades has entailed that the family physician is a dying breed in India today.

What are the advantages of small clinics?

- Studies show that healthcare received in small clinics scores higher in terms of patient satisfaction than that received in larger institutions.
- This increased satisfaction manifests as better compliance with the treatment regimen and regular follow-ups, culminating in improved clinical outcomes.
- Disregard for this aspect in health services design is bound to entail a sizeable cost to the health system.
- However, the non-urgent nature of this problem keeps it from assuming significance to policy-makers.
- As a result of which doctor-patient relationship considerations are largely invisibilized in the policy discourse in favour of more pressing concerns like lack of funds and manpower.
- As India looks forward to a long-term healthcare plan, neglecting this consideration could be of sizeable consequence.

What is the need for empathy?

- **Myth** - Considerations regarding emotive aspects of healthcare such as empathy and trust are disparate from hard-headed health policy and system design considerations.
- **Reality** - These considerations are entirely agreeable to cultivation through careful, evidence-based manipulation of the health system design and its components.
- It would necessitate, among other measures, installing an inbuilt family physician 'gatekeeper' in the health services system who acts as the first port of call for every registered patient.
- The NITI Aayog's long-term plan provides a good opportunity to envisage such long-called-for reforms, but that would require not the U.S. model but the U.K. model to be kept at the forefront for emulation.

- We have already taken an encouraging step by introducing Attitude, Ethics, and Communication (AETCOM) in the revised undergraduate medical curriculum.
- The plan needs to be revisited to ensure that healthcare clinics delivering patient care don’t transform into veritable supermarket stores marketing medical services any further.

Source: The Hindu

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