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"Healthcare in J&K : Setting the Right Priorities"

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Kashmir – A pioneer

**Kashmir is the first state to focus on speciality care ,
and the model was later copied by other states .
‘Lalla- Ded’ was the first specialized hospital
for ‘Obs & Gynae’ in the country**

**Kashmir is first state to set up the Task Force for
Healthcare Reforms**

Healthcare Delivery

“ Healthcare is never delivered by big, star rated or internationally accredited facilities , but by individual doctors , nurses and health workers’. There is no point in building hard infrastructure if it fails to attract the soft infrastructure”

Rajendra Pratap Gupta

National & Regional imbalances are similar

“ India is like a continent with about 1.2 billion population, but still, if one has to count the centers of excellence in healthcare , we fumble in search of names beyond 4, and this is a serious national & regional healthcare problem”

Rajendra Pratap Gupta

Healthcare Challenges in the Valley

“ The first big challenge for healthcare in J&K is to stop exodus of the skilled healthcare resources & the next one is to send healthcare professionals to hilly & remote regions to deliver healthcare. The state is losing about 50 % of its productivity due to deficiencies in the healthcare system ”

Rajendra Pratap Gupta

Citizens & non-medicos are not involved in healthcare planning

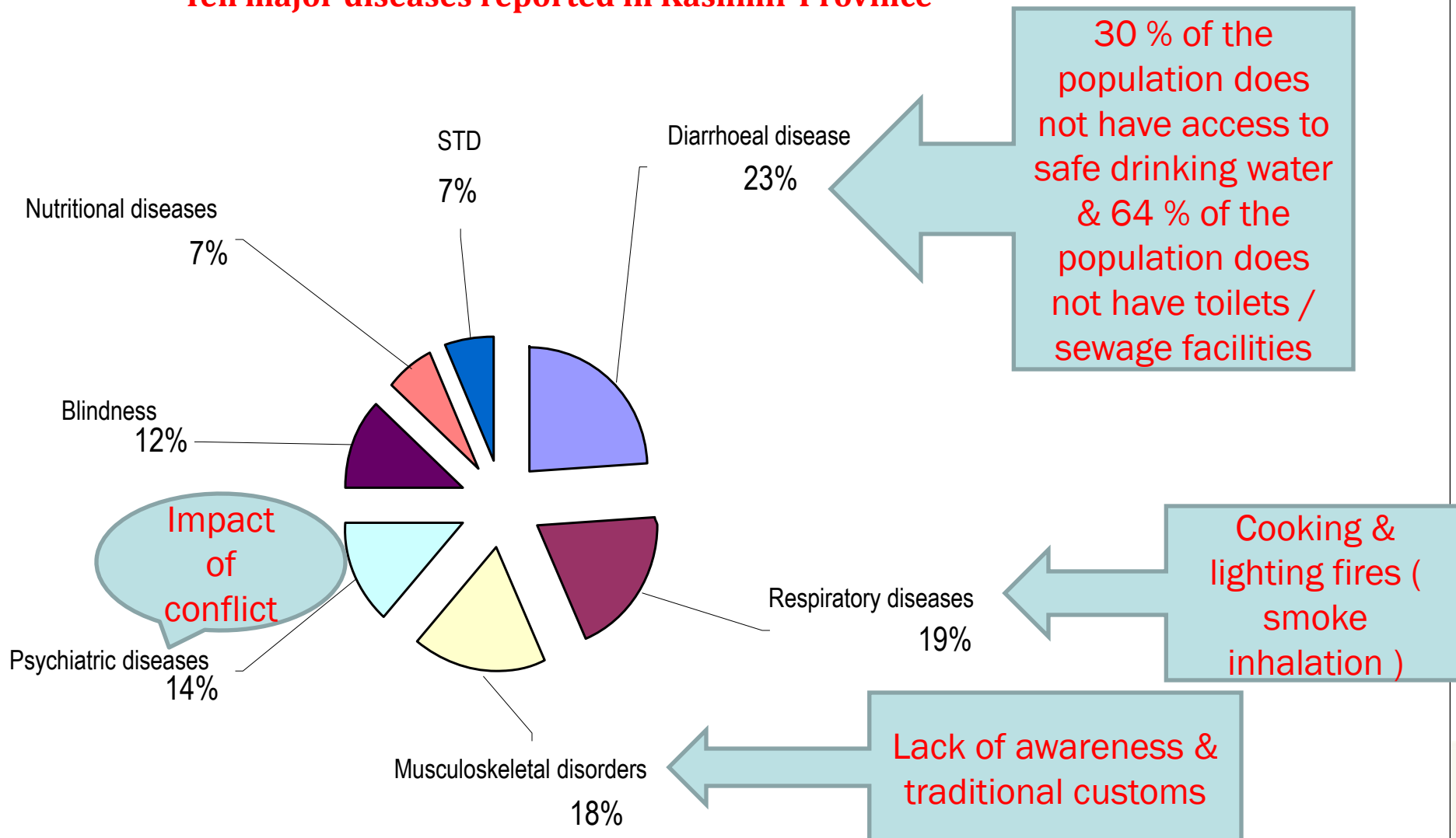
“ All healthcare systems revolve around doctors , hospitals & pharmaceuticals, as the lobbies are strong . The healthcare systems thus built are ‘Doctor’ or ‘Hospital’ centric & not ‘Patient’ centric. If we wish to build an effective healthcare system , we need to involve the patients in the healthcare planning ”

Rajendra Pratap Gupta

Challenges for Policy Makers

- Clinical Manifestation of unrest is a serious healthcare challenge
- Reproductive health disorders are present in more than 60 % of women (National Family Health Survey)
- Post traumatic stress disorder (PTSD) & other psychosocial disorders needs to be addressed on an urgent basis . Chronic stress leads to physical & mental problems , and are impacting the productivity of the state
- Speciality care is concentrated in a few towns . Thus leading to lack of trust in local facilities and overuse of specialty care (e.g. SKIMS gets 2000 patients a day , but of them , 1200 can be handled by PHC or district hospitals !)

Ten major diseases reported in Kashmir Province



Infrastructure mismatch leads to poor health indicators !

Infrastructure *

- ▶ **J & K requires 1666 Sub centers & has 1907**
- ▶ **Requires 271 PHC's & has 375**
- ▶ **Requires 67 CHC's & has 85**
- ▶ **Only has 6 emergency hospitals for the entire state**

Human Resources

- ▶ ***Needs 340 specialist doctors at CHC's to be functional but only has 135***
- ▶ ***Number of pediatric doctors needed at CHC's is 85 but only has 17***
- ▶ ***Number of Physicians needed at CHC's is 85 and has only 44***
- ▶ ***Obs & Gynaecologists needed at CHC's is 85 & has only 28***

Lack of support staff

- **2282 female MPW at sub-centers & PHC's are needed but only has 1794**
- **There is a requirement of 375 female health assistants at PHC & only 27 are there**
- **375 male health assistants are needed and only 89 are there**
- **There is a need of 970 nurses and midwives but only 403 are in place**

Level	Facilities (as per IPHS standard)
District Hospitals	Mostly available
CHC	Some are available
PHC	Unsatisfactory
Sub Centers	Alarming

* Facilities report Kashmir Div.

“Patients have to travel 16 Kms to reach a PHC !!”

Chief Minister , J&K, 4th Feb 2011

Critical care is in a “critical state”

**In a region where more people die of road accidents than in militancy –
the whole of Jammu has just 2 Neuro-Surgeons**

**Last 4-5 years , more than 4000 people have died in more than 16000
road accidents in the state**

Build small but well equipped facilities instead of more of SKIMS or GMC's

“ The state needs to build smaller hospitals (5-30 beds) in all the 22 districts and beyond, which can cater to the healthcare needs of the locals. Today , when people realise that, finally they will end up going to SKIMS or Chandigarh or Delhi or Mumbai for treatment , they directly go to these places & avoid going to local facilities . This has lead to overuse of speciality care and underuse of primary & local healthcare facilities ”

Rajendra Pratap Gupta

Rural Development holds a key to Universal Healthcare

“ If rural populations are migrating to urban & developed towns , how can we expect doctors to move to rural or remote places ? Let’s understand that doctor’s do have families and until the family’s requirements are addressed during rural postings, rural postings will never match government’s planning & expectations . So rural development holds the key to successful healthcare delivery in rural areas ”

Rajendra Pratap Gupta

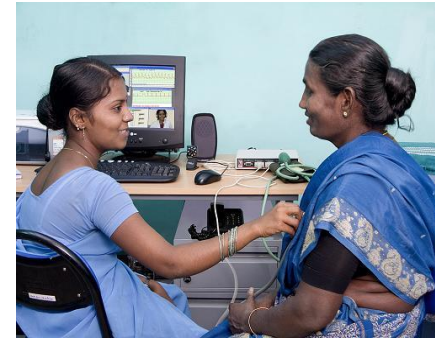
What is needed to retain staff in the valley or in non-urban areas ?

- Properly equipped facilities to diagnose and treat patients locally
- Good educational , recreational & job facilities for the children & families of healthcare professionals
- Safety & security of family & belongings
- Great (not just good !) connectivity with the nearest towns
- Disproportionately higher salaries with incentives like participation in trainings abroad for rural postings and out of turn promotions for rural healthcare staff

Leveraging Technology & mobile Healthcare network

- ▶ **The valley must consider setting up mobile healthcare centers that are equipped to perform minor surgeries**
- ▶ **Use mobile health for dissemination of health related information**
- ▶ **Start a toll free IVR based nurse helpline for basic Q & A & guidance**
- ▶ **Set up a community radio**
- ▶ **Leverage the chemists network for basic health checks, and train the pharmacists to handle basic queries and refer appropriately**





“Key to building a successful healthcare system is to first identify & separate the ‘Urgent’ (Short term) and, ‘Important’ (Long term) needs and, set the right priorities to start and not try to do everything at one go !!”

Rajendra Pratap Gupta

Prioritizing the ‘Urgent’ & ‘Important’

“ **Urgent issues** to be addressed are to create an ecosystem to check the exodus of doctors & para- medical staff , building smaller but well equipped facilities , providing better amenities in non-urban areas, addressing reproductive health disorders amongst women, PTSD & building a referral system . **Important issues** would be right forecasting & planning long term , technology backed healthcare system , addressing child health, chronic stress ,focus on day surgery centers & building a network of healthcare counselors . The goal be that people need not have to travel outside the valley for treatment in the next 5 years; rather people come to valley for the best treatment ”

Rajendra Pratap Gupta

- Within the next 6 months , come out with a status paper on ‘The Current status of health- care in J&K’ for each district
- Map the healthcare needs right up to the panchayat / block level
- Identify the ‘Urgent – Short term’ & ‘Important- Long term’ goals for healthcare in each of the 22 districts for the next 5 years
- Leverage the vast chemist network and roll out additional primary and preventive care services through chemists
- Incorporate basic health awareness in secondary education

- Come up with a referral policy , so that the precious time of the speciality doctors is not wasted
- Come up with a NCD policy for the state
- Start an ambulance service that is equipped to prevent fatalities due to accidents & other emergencies
- Telemedicine Network needs to be used extensively
- Set up & Involve SHG (Self Help Groups) in rural healthcare delivery in every village

- Focus on community counsellor model for health awareness
- Work out the plan to execute mobile technology backed remote care model to send routine alerts and for seasonal outbreaks
- Set up a Trauma , Emergency / Critical care & organ transplant delivery network for each town – “Golden Hour Clinics” , where the patients can reach within 30 minutes
- Become the first state to set up Patient Groups
- Conduct an annual patient satisfaction survey

- Have a focus to build a measureable & outcome driven healthcare system
- Develop KPI's for addressing each of the healthcare challenges
- Incentivize staff on outcomes (achievements of KPI's)
- Set up the country's first Medical Technology & Innovation Research Institute
- Each action item should be backed by a minute execution plan, with dedicated teams to execute it in a defined time frame

Detailed agenda on healthcare reforms & other recommendations are available at :

www.dmai.org.in

www.rajendra.groupsite.com

Thanks

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- Views presented are personal
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