

# Delivering e-Health in India

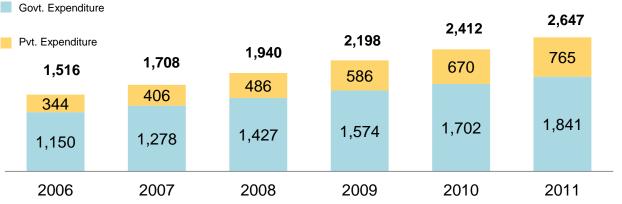


# **Current Status of Healthcare in India**

# Despite India's economic prowess, It still lags behind in global and regional standards for healthcare

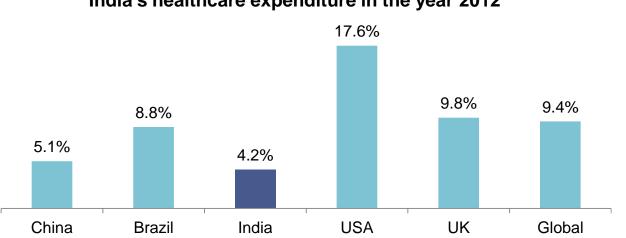
As a result, India loses 6% of its GDP annually due to premature deaths and preventable illnesses, as estimated by a World Bank report

### Total Expenditure on Healthcare in India



**Even though the** expenditure on health has been rising over the past few years...

### India's healthcare expenditure in the year 2012

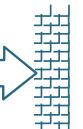


...The health expenditure in India (as percentage of GDP) is still lagging behind other BRIC countries and **Global Standards** 

# While the system structure has evolved over the past 50-60 years, three major challenges persist

Indian healthcare system continues to suffer from underfunding and poor governance which have created significant inequities in providing basic health care

Despite the momentum caused by various reforms, Indian Healthcare faces three major challenges



### Substantial gaps in healthcare infrastructure

Hospital bed density in India has stagnated at 0.9 per 1000 population since 2005 and falls significantly short of WHO laid guidelines of 3.511 per 1000 patients' population.

### Low Healthcare Insurance Coverage

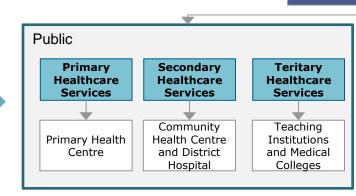
Leads to high levels of out of pocket spending: Nearly 80% of healthcare spend in India is out-of pocket, which when coupled with the fact that healthcare spending is rising faster than the household income paints a bleak picture

Healthcare System in India

### Inadequate Medical Manpower

India is currently known to have approximately 600,000 doctors and 1.6 mn nurses. This translates into a resource gap of approximately 1.4 mn doctors and 2.8mn nurses according to WHO guidelines

There is a huge inequity in utilization of facilities at the village, district and state levels with state level facilities remaining the most strained





# Use of IT tools as enablers of efficient and optimal Healthcare delivery

# Information Technology has been making inroads into the Health sector in India leading to a slew of systems that are being used very satisfactorily

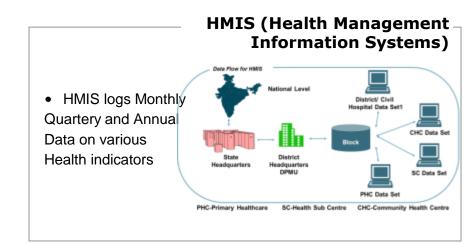
There are a few National Level Health IT Programs which utilize technology and data capture methodologies.

# MCTS (Mother and Child Tracking System):

- Launched in 2009 across the country to support India meeting the Millenium Development Goal and especially so by Empowered Action Group States (EAG)
- It captures data of pregnant mothers, new born children along with service providers in name based format
- Incorporation of Electronic payments and direct benefits transfer through Aadhar is an endeavour to improve delivery of services and benefits enabled by this system

# State Level Programs

- TamilNadu, Maharashtra, Rajasthan and Gujarat have implemented Drug Supply Chain systems to achieve cost and time efficiency.
- Tripura, TamilNadu and Rajasthan have implemented Hospital Information Systems to achieve operational efficiency
- Andhra Pradesh, TamilNadu and a few more have implemented a system to monitor the medical health Insurance offered to the BPL patients.



# Other Programs

- Integrated Disease Surveillance Program (IDSP): for early detection and response to outbreaks.
- Nikshay: online tool for monitoring TB control program. Similar programs for Malaria (NAMMIS) and AIDS (NACO) etc. have also been put in place

# **Snapshot of existing IT in Indian Healthcare**

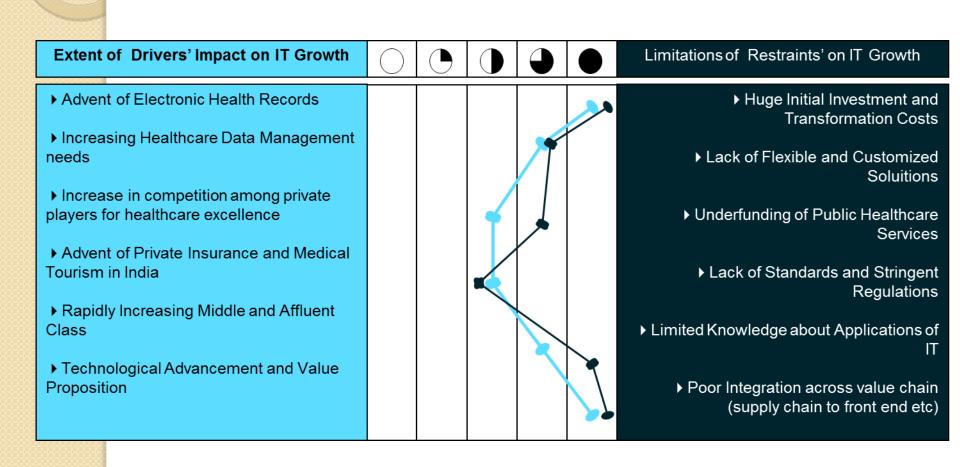
# The adoption of IT in Health facilities in India is woefully short of acceptable global benchmarks

The adoption is sporadic and unregulated, with the bigger hospitals taking a more prominent share of IT implementation

	Less than 50 Beds	50-100 Beds	100-250 Beds	More Than 250 Beds
Clinical Decision Support System				•
Clinical Information System				
Hospital Information System			•	
Picture Archiving and Communication System				
Laboratory Information System	•		•	
Telemedicine				
Mobile Technology				
Electronic Medical Record				
O-5% • 5-25% • 25-50% • 50-75% • 75-100%				

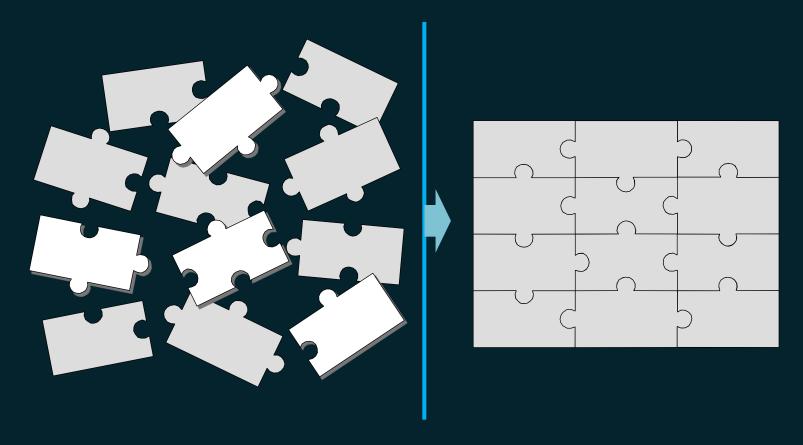
# It is imperative to understand the various drivers and roadblocks of IT adoption in health, in order to ensure their successful implementation

Key drivers of IT growth are hindered by restraints that render the progress ineffective when taken as a whole



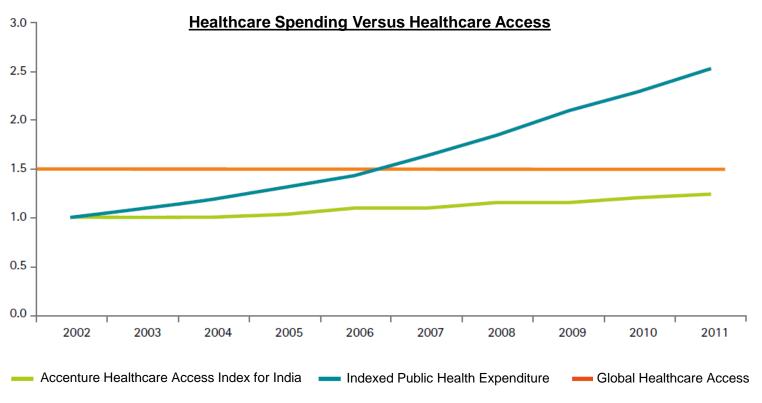
# **Shifting Landscape: Accenture's View**

From "Infrastructure Focus" to "Productivity Focus"



# While both spending and access have improved over the past decade, we argue that the returns on increased healthcare expenditure have been suboptimal

This possibly indicates that a larger funds allocation for healthcare cannot by itself guarantee better access to healthcare unless accompanied by powerful and innovative interventions to improve the healthcare ecosystem



# Recommendations

# A coherent holistic effort incorporating latest IT tools and technology is the way forward to counter and overcome the challenges plaguing healthcare delivery

Hospital
Information
Systems and
Records
Digitization

# **Automation of Supply Chain**

# Empowering Citizens through Information Dissemination

### Handheld Based Data Collection

Analytics enabled Real Time Disease Surveillance

### Will result in:

- Standardized medical records to meet regulatory compliance
- Improve accessibility
- Increase patients payout through insurance
- Medical tourism and need to meet international standards like
   JCI

### Leads to:

- · E-procurement,
- Efficient inventory management at all levels
- Tracking of consumption and expiry dates till PHC and Sub-Centres
- Management of Supply interruptions
- Eliminate stock outs due to nonsupply and expiry
- Transparency in drug procurement
- Counterfeit Tracking

### A portal would start:

- Providing information and services transparently to public
- Citizen portal implementation would lead to Better Messaging, Greater Efficiency, and Improved Citizen Engagement.
- The entire healthcare system will be under one roof within a state

### Advantages are:

- Significant cost savings
- Data collection at source
- Effective feedback loop integration (through prompts, video chats etc.) which can therefore support diagnostic decisions
- On the spot basic analytics
- Real time
   information
   availability to
   decision makers

### Such as:

- examining
  aggregate and
  identified data
  routinely collected by
  clinical and other
  information systems
  automatically and in
  real time for trends
  and anomalies
  suggestive of
  disease outbreaks.
- Using prediagnostic data, syndromic surveillance aims to provide timelier identification of disease outbreaks

## 1. Hospital Information Systems and Records Digitization

Hospital Information System can help overcome several challenges like accessibility, portability, affordability, awareness but one of the biggest advantages it offers is enabling patient-centred coordinated care.

Key objectives for implementing hospital information system are:

- Integrated healthcare delivery through efficient processes\workflows with focus on improving citizens experience
- Maintain and access patient electronic health record at point of care delivery for informed decision making across
  different care settings
- Unique patient identification in different care settings across states and centre
- Exchange of data between different healthcare delivery units at primary, secondary and tertiary across public and
  private sector
- Improve quality of services
- E-referral or electronic referral enables the seamless transfer of patient information from a primary to a secondary treating practitioner's hospital information system.

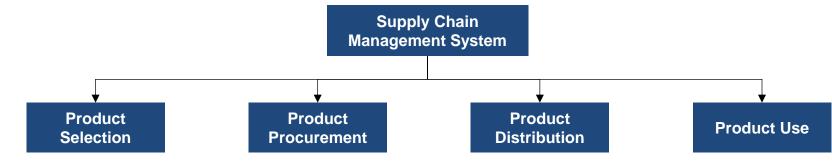
### The need of having digitalized medical record is to:

- Standardize the medical records to meet the regulatory compliance
- 2. Improve the accessibility
- 3. Increase in patient getting paid by insurance
- 4. Medical tourism and need to meet international standards like JCI

## In our view the digitization of medical record to take place in following steps:

- 1. Tertiary level hospitals to start off with as early adopters as the infrastructure is available to support this
- 2. Private hospitals providers as they have the required systems in place and need to train the man power
- The small medical hospitals which require these system to meet the regulatory compliances and health insurance requirements
- 4. Outpatient clinics which are not part of any medical facility.

### 2. Automation of Supply Chain



The key objectives for implementing supply chain management system for drugs, vaccines and medical supplies should be as follows:

- E-procurement, including auto procure for low value items
- · Efficient inventory management at all levels
- Tracking of consumption and expiry dates till PHC and Sub-Centres
- Management of Supply interruptions
- Eliminate stock outs due to non-supply and expiry
- Transparency in drug procurement
- Counterfeit Tracking



# 3. Empowering Citizens through Information Dissemination

A Citizen portal is expected to serve as a single point of access for consolidated health information and services. Keeping population diversity in mind, portal should have multi lingual support. The portal should be available both on web and mobile (also through an SMS/IVR gateway).

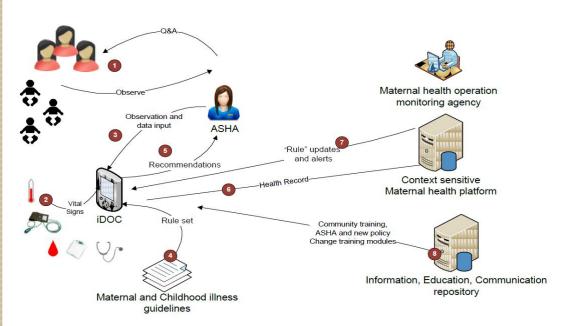
 With the introduction of state health portals for citizens, the use of citizen health portals is likely to skyrocket. If that happens, the impact on health care would be quite significant

Transformational 2. Online Registration View Patients electronic Transactional health record Download birth and death 1. Get Appointment certificates Grievances Clinical trials information and Informational Find Drug availability enrollment Blood Availability Order tests online Find Doctor Bed availability in Healthcare Make Payment Find ASHA centres Organ Donation Registration Find Hospital Rate a doctor or Hospital Blood Donor Registration Find Blood Bank Download: Symptoms checker Find Pharmacy - Registration forms Healthcare webinars Health Programs and eligibility - Scheme forms Check insurance details First aid and Emergency - Education material Bookmark and Share Symptom and Diseases Maintain PHR by uploading Get Expert opinion Treatment and Side Effects documents Chat with physician online IEC Material View Patient Reports Newsletter Poll and Survey Affinity Groups and Healthcare tools and Healthcare News communities applications for self Helpline Numbers Blogs monitoring Links "Ask a question" to blogging Reports – Statistics and health physician indicators Reminder and Alerts Ambulance availability Feedback and Invite a friend

### 4. Handheld Based Data Collection

Given the limitations of providing hard IT infrastructure in the vast reaches of rural India, handheld based data collection modules would result in significant advantages:

- Significant cost savings
- Data collection at source (rather than periodic data updation)
- Effective feedback loop integration (through prompts, video chats etc.) which can therefore enable diagnostic decision support
- On the spot basic analytics
- Real time information availability to decision makers



# Such a system presents the following benefits to a healthcare system:

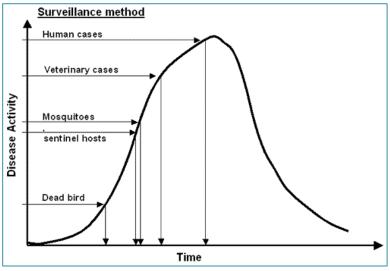
- Increases the process efficiency in hospitals
- Semi-skilled outreach workers can deliver quality healthcare at the point of contact
- Doctors freed up from routine data collection activity, and can focus on diagnosis
- Increase catchment area: due to outreach program run by hospitals (if they so desire)
- Data collected can be used for pro-active follow up and measurements

### 5. Analytics enabled Real Time Disease Surveillance

The economic impact of infectious disease outbreaks is massive. It ranges from over USD 50 Billion in the case of the SARS pandemic, to less than USD 500 Million for the European epidemic of Avian Influenza . CDC (Center for Disease Control, USA) estimates that by the time human cases of any infectious disease are seen; almost 50% of the epidemic life cycle has elapsed (demonstrated in case of West Nile Virus).

This results in a huge economic burden, not just in terms of containment and treatment costs, but also due to economic loss.

With Real Time Surveillance, these costs, and 'time-to-reaction' are significantly lowered, leading to not only economic savings, but a much more efficient outbreak intervention mechanism as well



Estimated Sensitivity of West Nile Virus Surveillance Methods

Real time surveillance

### Middleware for integration of disparate data sources

Aims to integrate various data collections systems.

Examines aggregate and de identified data routinely collected by clinical and other systems automatically and in real time for trends and anomalies suggestive of disease outbreaks.

## Earlier Warning Systems through Syndromic Surveillance

Aims to provide timelier identification of disease outbreaks than can be attained through traditional surveillance methods. Syndromic surveillance could be applied to detect serious but low-frequency threats such as bioterror attacks

# **Global Case Studies**

# Australia – Personally Controlled EHR

Australia has embarked on an ambitious strategy to transform its healthcare. This strategy revolves around the concept of "Connected Health" and its key characteristics are:

- A nationwide personally controlled electronic health record (PCEHR) system under development for initial deployment in July 2012.
- Investments in point-to-point technologies such as electronic referrals, electronic discharges and event summaries and electronic transmission of prescriptions.
- Significant investment in interoperable infrastructure-including health identifiers (with support by national privacy legislation) interoperability standards and a national compliance body to review, test and certify solutions
- · Various programs for delivery of clinical information systems to primary and secondary care settings
- · A national vendor accreditation scheme

Corner-stones of the Strategy

### **Healthcare IT adoption**

The AUD\$467 million investment in the national PCEHR program is a cornerstone of Australia's e-health strategy. The country's National e-Health Transition Authority and the Commonwealth Government are seeking to deliver a national PCEHR system by 1 July 2012

### **Health Information Exchange**

While Australia is relatively well advanced in healthcare IT adoption, particularly in primary care, compared to some countries in the study it lags somewhat in sharing health information across the system.

### **Insight Driven Healthcare**

Historically, individual organizations have shared healthcare data among themselves, but this is expected to change as the PCEHR system is deployed and enhanced

# Singapore – National Electronic Healthcare Record (NEHR)

Singapore's National Electronic Healthcare Record (NEHR) is the cornerstone of its connected health strategy.

The NEHR, which was developed in collaboration with more than 200 clinicians and suppliers, is a summary of healthcare profiles and a consolidated view of a patient's current problems, medications and investigations. The NEHR initiative includes enterprise architecture and standards for interoperability and health information exchange, unique patient identifiers and robust information governance arrangements. The plan is to incorporate learning in phases and exploit rapidly developing technologies.

There are two important trends driving further progress towards connected health in Singapore.

- There is significant growth in portable computing through mobile phones and tablets.
- Singaporeans are becoming more proactive in managing their own health.

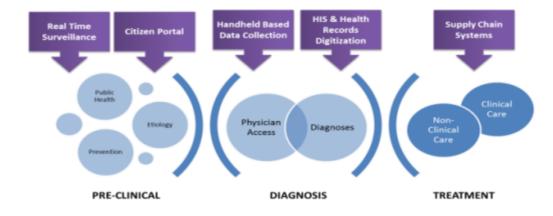
Experts predict that citizens themselves will soon become powerful advocates of connected health and increasingly expect their healthcare providers to make use of healthcare IT.

## **Accenture's Point of View**

# The Journey to "Connected Health"

## Journey to Connected Health

recommended interventions will have а potential impact throughout the patient life cycle in the healthcare system. They can address several inefficiencies in the healthcare value chain in India. and provide increased healthcare citizens. without access to significantly increasing the spending on the same.





While the recommended interventions would help India "bend the curve" as far as healthcare access is concerned, it would, in the long term, look at technology and connectivity to continuously improve the state of its public healthcare system. This would involve creating greater connectivity between the various care systems and eventually lead to clinical efficacy, shared knowledge and care transformation.

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Locations not exhaustive; (#) indicates centers in more than one city











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Delhi Kolkata

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1000 in consulting

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CMM Level 5 Certified, e-SCM certification under-wav

#### **Fast Facts**

- Languages Supported: English, French, German, Italian & Spain
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