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To Ascertain the Challenges and Risks Associated With Regards to Organization and Management of Healthcare Services to Foreign Nationals

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Abstract

Health care or healthcare is the maintenance or improvement of health via the prevention, diagnosis, treatment, amelioration, or cure of disease, illness, injury, and other physical and mental impairments in people. Health care is delivered by health professionals and allied health fields. Medicine, dentistry, pharmacy, midwifery, nursing, optometry, audiology, psychology, occupational therapy, physical therapy, athletic training, and other health professions are all part of health care. It includes work done in providing primary care, secondary care, and tertiary care, as well as in public health. Access to health care may vary across countries, communities, and individuals, influenced by social and economic conditions as well as health policies. Providing health care services means "the timely use of personal health services to achieve the best possible health outcomes". Factors to consider in terms of health care access include financial limitations (such as insurance coverage), geographic barriers (such as additional transportation costs, the possibility to take paid time off of work to use such services), and personal limitations (lack of ability to communicate with health care providers, poor health literacy, low income). Limitations to health care services affect negatively the use of medical services, the efficacy of treatments, and overall outcome (well-being, mortality rates). Health care systems are organizations established to meet the health needs of targeted populations. According to the World Health Organization (WHO), a well-functioning health care system requires a financing mechanism, a well-trained and adequately paid workforce, reliable information on which to base decisions and policies, and well-maintained health facilities to deliver quality medicines and technologies. An efficient health care system can contribute to a significant part of a country's economy, development, and industrialization. Health care is conventionally regarded as an important determinant in promoting the general physical and mental health and well-being of people around the world. An example of this was the worldwide eradication of smallpox in 1980, declared by the WHO as the first disease in human history to be eliminated by deliberate health care interventions even to foreign nationals.

Keywords: *healthcare, management, foreign, nationals, challenges, risks, economy, medical.*

Introduction

India is committed to achieving Universal Health Coverage as part of the Sustainable Development Goals. In the Union Budget 2021-22, the Government allocated a sum of INR 2, 23,846 Crore for health and wellbeing, up from the 2020-21 budgetary allocation of INR 94,452 Crore. 12 Between FY15-FY21 BE India's public health expenditure as a percentage of GDP increased from 1. 2% to 1. 8%. 12 India's National Health Policy (2017) aims to increase Government spending on health to 2. 5% of GDP by 2025. 13 The Policy emphasises greater investment in preventative and primary healthcare; access to and financial protection at the secondary and tertiary care levels as well as the

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provision of free drugs, diagnostics and emergency care services at all public hospitals. Further, the Policy envisages private sector collaboration, including the use of financial and non-financial incentives to encourage participation. The Indian Government has undertaken several major reform efforts to strengthen the healthcare sector over the last few years. The flagship initiative of the Government, Ayushman Bharat, for instance, seeks to comprehensively strengthen the health system right from the primary level to tertiary care, thereby signalling a marked shift in focus from the implementation of vertical health programs. Its first dimension is focused on building the next generation primary healthcare system through a network of HWCs to promote good health as well as detect diseases early, which is especially critical in the context of India's rising non-communicable disease (NCD) burden. As of 23 February, 2021, 60,520 HWCs were operational in India also to foreign nationals. [1,2]

Primary care is often used as the term for the health care services that play a role in the local community. It can be provided in different settings, such as Urgent care centers that provide same-day appointments or services on a walk-in basis.

Primary care involves the widest scope of health care, including all ages of patients, patients of all socioeconomic and geographic origins, patients seeking to maintain optimal health, and patients with all types of acute and chronic physical, mental and social health issues, including multiple chronic diseases. Consequently, a primary care practitioner must possess a wide breadth of knowledge in many areas. Continuity is a key characteristic of primary care, as patients usually prefer to consult the same practitioner for routine check-ups and preventive care, health education, and every time they require an initial consultation about a new health problem. The International Classification of Primary Care (ICPC) is a standardized tool for understanding and analyzing information on interventions in primary care based on the reason for the patient's visit also to foreign nationals[3,4]

The term "secondary care" is sometimes used synonymously with "hospital care". However, many secondary care providers, such as psychiatrists, clinical psychologists, occupational therapists, most dental specialties or physiotherapists, do not necessarily work in hospitals. Some primary care services are delivered within hospitals. Depending on the organization and policies of the national health system, patients may be required to see a primary care provider for a referral before they can access secondary care.

In countries that operate under a mixed market health care system, some physicians limit their practice to secondary care by requiring patients to see a primary care provider first. This restriction may be imposed under the terms of the payment agreements in private or group health insurance plans. In other cases, medical specialists may see patients without a referral, and patients may decide whether self-referral is preferred.

In other countries patient self-referral to a medical specialist for secondary care is rare as prior referral from another physician (either a primary care physician or another specialist) is considered necessary, regardless of whether the funding is from private insurance schemes or national health insurance. [5,6]

Tertiary care is specialized consultative health care, usually for inpatients and on referral from a primary or secondary health professional, in a facility that has personnel and facilities for advanced medical investigation and treatment, such as a tertiary referral hospital.

The term quaternary care is sometimes used as an extension of tertiary care in reference to advanced levels of medicine which are highly specialized and not widely accessed. Experimental

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medicine and some types of uncommon diagnostic or surgical procedures are considered quaternary care. These services are usually only offered in a limited number of regional or national health care centers

The National Medical Commission Act 2019, which replaced the Medical Council of India, includes a provision for a Medical Assessment and Rating Board (MARB), which will rate institutions on the quality of education/training imparted. With the incremental dismantling of established global value chains due to COVID-19 and the resultant local versions of "aatmanirbhar" emerging in several countries grappling with resource generation, government-to-government collaborations with individual nations or regional blocks on affordable and accessible healthcare services (medical value travel, telemedicine, tele-radiology) and products (medical devices of all categories) will lead to complementary and equitable globalization 2. 0. This version of globalization is necessitated by the emerging socio-medico-economic situation post the COVID-19 pandemic, profiteering of old global value chains, inadequate/badly affected health infrastructure in developing and developed countries alike, economies of shared scale and a growing strategic need for health security ownership. India's diplomatic and emerging international clout can prove to be an important strength in this scenario. In particular, India's agreement with the block of 50 African nations (Lucknow Declaration) can be a good opportunity to co-create/collaborate as well as serve the captive markets alongside integrating health security into the overall national security agenda. [7,8]

A comprehensive health diplomacy which can leverage Indian strengths and match it to Indian requirements at the international level requires an ability to synthesize and blend the various international cooperation activities already being undertaken by different branches of Government. A "purpose-driven" and non-siloed approach to health diplomacy and structures that facilitate a 'whole-of-government' approach to this critical area are required. 20 India will need to tap FDI and technology for the private sector which has an important role in our health sector. Further, upgradation of Indian healthcare research and development (R&D) capacity is paramount if we are to transition into a knowledge economy. R&D capacity is in turn dependent on funds which are channelled in accordance with agendas that are fashioned by globally influential players including multilateral bodies, global health initiatives, pharma companies, academic institutions and non-state actors. India needs to project its priorities on this global stage to ensure that its pressing problems are factored into these discussions. Indian priorities include antimicrobial resistance, studies on pathogens, vaccine technologies, biotherapeutics, technologies for antibodies, diagnostics technologies, early warning systems, health system preparedness as well as social and economic interventions even for the foreign nationals [9,10]

Discussion

An ageing population with a growing middle class and greater longevity will boost the demand for health services in India as well as increasingly favour wellness and preventative services. Additionally, an increase in the prevalence of lifestyle or chronic diseases coupled with higher purchasing capacity will enhance the demand for specialised healthcare. Health insurance coverage is also expected to increase significantly on account of rising income levels and urbanisation. Several recent policy measures will also help to drive the growth of India's healthcare sector. These include increase in public health expenditure to 2. 5% of GDP by 2025; implementation of several large-scale and ambitious initiatives like Ayushman Bharat; commitment from the Government to invest USD 200 Billion in medical infrastructure by 2024 as well as the roll out of various schemes under the Aatma Nirbhar Bharat Abhiyaan.

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Health insurance contributes 20% to the non-life insurance business, making it the 2nd largest portfolio. According to the India Brand Equity Foundation, the gross direct premium income underwritten by health insurance grew 17. 16% year-on-year to reach INR 516. 37 billion (approx. USD 6. 87 Billion) in FY20. 14 This growth was projected taking into account the rising income levels, increasing awareness in urban areas and growing lifestyle related health demands. Market size of the health insurance sector was calculated by taking into account the number of lives covered and the price per life. The penetration of private health insurance in India is less than 10%. Pharmaceutical exports are expected to continue witnessing positive growth. As per a report prepared by EXIM Bank of India, the country's pharmaceutical sector is ripe for the creation of an export hub on account of several factors – the product is among the top 20 export items from India; a globally ranked company is present in India; India is among the top 10 global exporting countries and the global export share of India is rising compared to the last 5 years.

The Government recently introduced access of 5% on import of certain medical goods to help finance healthcare infrastructure and services. 1,14 This increases the cost of importing medical devices in India thereby supporting domestic manufacturers. There are significant growth opportunities in India's diagnostics sector. Over the next few years, growth is expected to continue at a fast pace. Diagnostic and pathology centres are also expanding their offering to include various kinds of services in specialised areas like cardiology and neurology. A challenge for the sector currently is that it is highly fragmented, divided between organised labs, standalone and hospital-based centres. Large investors are, however, building hub-and-spoke structures, thereby consolidating the industry. The notification of the Clinical Establishment (Central Government) Rules, 2019, will also lead to standardisation and better quality. Another area of growth is miniaturised diagnostics as it is now becoming possible to diagnose many conditions very cheaply with a small hand-held device or an add-on to a smartphone. The capability of such devices is increasing exponentially as is their potential to diagnose a large number of ailments instantly at a low cost. [11,12]

Many types of health care interventions are delivered outside of health facilities. They include many interventions of public health interest, such as food safety surveillance, distribution of condoms and needle-exchange programs for the prevention of transmissible diseases.

They also include the services of professionals in residential and community settings in support of self-care, home care, long-term care, assisted living, treatment for substance use disorders among other types of health and social care services.

Community rehabilitation services can assist with mobility and independence after the loss of limbs or loss of function. This can include prostheses, orthotics, or wheelchairs.

Many countries, especially in the west, are dealing with aging populations, so one of the priorities of the health care system is to help seniors live full, independent lives in the comfort of their own homes. There is an entire section of health care geared to providing seniors with help in day-to-day activities at home such as transportation to and from doctor's appointments along with many other activities that are essential for their health and well-being. Although they provide home care for older adults in cooperation, family members and care workers may harbor diverging attitudes and values towards their joint efforts. This state of affairs presents a challenge for the design of ICT (information and communication technology) for home care[13,14]

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Results

Post-operative care is an important part of the home healthcare segment. Many large hospitals are now offering it with extensive continuum of care. Technology-enabled healthcare companies offer sophisticated critical care at home, including advanced facilities like respiratory services (home ventilation), sleep apnoea care, palliative care, cancer support services, post trauma/ accident care and specialised rehabilitation services (such as pulmonary, neuro, and cardiac rehabilitation; speech therapy). Additionally, end-of-life services are on offer for terminally ill patients as well as personalised care plans formulated in conjunction with doctors. The home healthcare process includes elements like in-depth clinical evaluation of the patient, systematic clinical audits, availability of highly qualified and expert ICU caregivers, equipment augmented by futuristic tech-based apps, remote monitoring of patients and round-the-clock supervision of patient health by ICU doctors. Even the previously unthinkable advanced care such as haemodialysis and chemotherapy are now making their way into the home healthcare arena. [20]

The healthcare workforce comprises a wide variety of professions and occupations who provide some type of healthcare service, including such direct care practitioners as physicians, nurse practitioners, physician assistants, nurses, respiratory therapists, dentists, pharmacists, speech-language pathologist, physical therapists, occupational therapists, physical and behavior therapists, as well as allied health professionals such as phlebotomists, medical laboratory scientists, dieticians, and social workers. They often work in hospitals, healthcare centers and other service delivery points, but also in academic training, research, and administration. Some provide care and treatment services for patients in private homes. Many countries have a large number of community health workers who work outside formal healthcare institutions. Managers of healthcare services, health information technicians, and other assistive personnel and support workers are also considered a vital part of health care teams[15,16]

It is envisaged that the fundamental approach to medicine could change drastically in the years to come with the entire human biology getting represented as data and patterns. Doctors will increasingly be assisted by machine intelligence and eventually, a large number of cases could possibly be handled largely by machines, with only more complicated cases requiring doctor consultations. Given that India has a shortage of qualified doctors, AI Doctor could be a longterm solution, especially in rural and remote areas. A leading NATHEALTH provider engaged with a State Government in a PPP project covering 182 Electronic Urban Primary Healthcare centres (E-UPHCs). With a footfall of 12,000 on a daily basis, the program has touched 5. 2 Million lives over two years and has brought quality healthcare within the reach of all citizens, by significantly leveraging technology. [19]

Conclusion

Despite its substantial and increasing importance to health systems and inclusive economic growth, the relationship between international trade in services and health worker mobility has been largely unexplored. However, international health worker mobility and trade in services have both been increasing rapidly, and at a growing pace in recent years. Trade in services frameworks (global, regional, bilateral) are an important vehicle for health worker mobility. In this paper we analyse the commitments made in the context of the General Agreement on Trade in Services (GATS) and regional and bilateral trade agreements that cover services. Although there is room for more and deeper commitments, undertakings related to health worker mobility are already made in many trade agreements, with commitments more numerous and deeper in the regional and bilateral agreements than in the context of GATS. In addition, trade in services frameworks contain

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flexibility to strengthen and advance ethical health worker mobility, in accordance with the principles and recommendations of the WHO Global Code of Practice on the International Recruitment of Health Personnel. A strengthened collaboration between health and trade stakeholders could therefore serve to significantly expand sustainable development worldwide. There is potential for health stakeholders to strategically leverage trade dialogue and agreements to meet health system needs. Building on available tools, trade in services could help address the concerns of the health sector by ensuring that health worker mobility can respond to worldwide demand, while explicitly addressing health systems concerns across countries. [17,18]

The quantity and quality of many health care interventions are improved through the results of science, such as advanced through the medical model of health which focuses on the eradication of illness through diagnosis and effective treatment. Many important advances have been made through health research, biomedical research and pharmaceutical research, which form the basis for evidence-based medicine and evidence-based practice in health care delivery. Health care research frequently engages directly with patients, and as such issues for whom to engage and how to engage with them become important to consider when seeking to actively include them in studies. While single best practice does not exist, the results of a systematic review on patient engagement suggest that research methods for patient selection need to account for both patient availability and willingness to engage. [21]

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