Chapter-5

Issues Facing Healthcare
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5.1 Social Insurance Issues

The Indian government offers various social insurance programs which have defined benefits, and eligibility requirements with explicit provision to account for income and expenses. These are funded by governmental taxes or through premium paid by the participants. When the participants of the survey were asked if government had schemes for patients below poverty line, 100% respondents indicated that they had one.

5.1.1 Budget allotted by the government and sufficiency of the budget

33 respondents of Hisar indicated that the government had allotted 10001-5000 rupees for their yearly treatments. While the respondents (67) indicated that government schemes had allotted 5000-10000 yearly medical budget for the poor in their area.

The respondents were then asked if these allotted budgets were sufficient to fulfill their medical needs, to which 64% respondents indicated that they these funds were sufficient and 19% respondents indicated that they were more than sufficient for them. The results reflect that 83% respondents were satisfied with the funds allotted by the government for their medical expenses. Only 17% respondents indicated that these funds were not sufficient, so we can speculate that these patients were suffering from chronic diseases which require continuous treatment procedures and thus would require more funds.
5.1.2 Areas where Budget is allotted and who decides where to spend these funds

The budgets are allotted for treatment, medications, maintenance and other miscellaneous things in times of emergencies. The respondents were asked about the percentage of budget allotted in these areas. 96% respondents indicated that 70-100% of the budget is allotted for treatment and remaining 4% respondents indicated that 45-65% budget is allotted to it. In terms of medications majorly 96% respondents indicated that 20-40% of the budget is spent on medications. 5-15% budget was spent on maintenance after a disease or injury is treated. Another 5-15% is allotted for miscellaneous procedures.

All the respondents across all the district areas indicated that the government had given them the rights to decide where they want to put in their allotted funds during treatment procedures.
5.1.3 Healthcare Professionals and their level of cooperation

97% respondents indicated that health care professional of different levels work in their district. Out of these 97 respondents 86 respondents indicated that they cooperate with them in times of need.

Out of these 86 respondents, 66 respondents indicated that level of cooperation of private practitioners is highest. 14 respondents indicated that Anganwadi workers allotted by governmental schemes work for their health treatments. 8 respondents indicated that community health communities also work towards providing health care facilities. 4 respondents indicated that they relied on traditional healers and another 4 respondents indicated that they relied on dais.
5.1.4 Healthcare facilities available in the area

There are a number of schemes which have been put in place by the government over the years. The respondents were asked about the schemes which were available in their region. Majorly 19% respondents indicated that they were utilizing the facility of ESIS. Another 19% indicated that they utilized, Rashtriya Swasthya Bima Yojana (RSBY). 18% respondents indicated that they used Rajiv Arogyasri Scheme (RAS). 14% respondents indicated that they had CGHS dispensaries in their area.

Other schemes and yojana’s available to the respondents include, Kalaignedar, Vajapayee Arogyasri Scheme (VAS), and Yeshasvini as indicated that 8%, 12% and 10% respondents.
5.2 Financial Issues

The population in the rural sector faces serious financial problems in terms of cost of treatment, medicines, cost of transportation involved in reaching healthcare centre. In this section the respondents would be asked about the financial issues they face in terms of healthcare in India.

5.2.1 Who finances the healthcare services?

The state government has various schemes for poor people of India so that they don’t face problems while paying for their treatment. 38% of the total sample population indicated that, the state health ministry pays for their healthcare services. 30% respondents indicated that The National Indian Health Ministry pays for their financial health services. 14% respondents indicated that they pay for their services on their own. 18% respondents relied on private and international donations.
5.2.2 Transportation cost involved in reaching healthcare centre

Majority of respondents i.e. 36% indicated that they usually get to the hospital/clinic in their area through public transport. 35% respondents indicated that they have to hire taxi in order to reach hospital/clinic. 16% respondents indicated that they have their own vehicle which they use to reach healthcare centre. Remaining 13% respondents indicated that they generally walk to the nearby healthcare centre.
46% respondents indicated that they usually spend 10-50 rupees on transportation for their every visit to healthcare centre. 45% respondents indicated that they have to spend more than 50 rupees in every visit. While remaining 9 respondents indicated that they spend max 10 rupees on transportation.

![Chart](chart.png)

**Chart 5.7: Amount of money spent on transportation per visit**

More than half of the sample population i.e. 57% indicated that it is average to find public transport i.e. sometimes it is easily available while sometimes they find it difficult. 28% respondents indicated that they are easily available. Remaining 15% respondents indicated that public transport is hard to find.

### 5.2.3 Cost of Treatment per visit

Nearly half of the sample population i.e. 48% indicated that they spend 100-500 rupees every time they visit healthcare centre. 24% respondents indicated that 500-1000 rupees are generally spent on their every visit. Only 3% respondents
indicated that they spend more than 1000 rupees per visit. Remaining 25% respondents indicated that they spend a meager amount of less than 100 rupees per visit.

![Chart 5.8: Average cost of treatment per visit](image)

5.2.4 **Computer and Internet service access charges**

To this question respondents gave mixed responses, wherein 48% respondents indicated that it was affordable while 46% respondents indicated that it was expensive for them. Only 1 respondent indicated that the internet and computer accessing was cheap. Remaining 5% respondents indicated that they find these services very expensive.
5.3 **Political Issues**

The government applies different health policies in order to cater to the needs and prevailing circumstances. However, due to inter-political conflicts some of the policies of schemes can get sacked which ultimately affects the healthcare system. India has unique, demography, diversity, social and political system which makes the job of policy makers a big challenge. Respondents were asked if the government is working in their area to improve healthcare facilities and if not in what areas it is lacking.

5.3.1 **Government providing proper healthcare facilities and if government is making any efforts to improve healthcare facility in the area**

Nearly half of the sample population i.e. 47% wasn’t satisfied with the facilities provided by the government in the healthcare sector in their area. 28% of
the respondents agreed that government is working in their area to provide healthcare facilities. 25% respondents didn’t know about the ongoing government initiatives in healthcare sector.

54% respondents indicated that government is not making any efforts to improve the healthcare facility. 31% respondents indicated that government had set up new healthcare facilities and also improved equipment and other facilities in these centers. Remaining 15% respondents said that they were aware of any such improvements.

![Chart 5.10: Government Initiatives to provide and improve healthcare facility](image)

**5.3.2 Reasons behind improper healthcare facilities in the area**

In this question the respondents were asked about the reasons which they felt were responsible for improper health care facilities in their area.
In terms of *infrastructure*, 42% respondents agreed that there was lack of infrastructure and another 42% indicated that the infrastructure facility is improving. Remaining 16% were aware of the developments.

51% respondents agreed that their area lacked *resources* which would be helpful for the development of new healthcare facilities. 38% respondents indicated that there was no dearth of resources in their area. 11% respondents didn’t know anything related to lack of resources.

55% respondents denied that there was any *discrimination* on the basis of sex, caste or religion which prevented development of healthcare facility. 29% respondents agreed with it and remaining 19% didn’t know.

Only 29% respondents indicated that there was dearth of *qualified doctors* in their area. 58% respondents denied same and said that there were many qualified doctors in their area. Remaining 13% respondents indicated that were aware of any such thing.

In terms of *budget allotted* by the government for healthcare facilities 68% respondents agreed that inadequate amount of budget was allotted by the government in their area. Only 25% respondents disagreed and rest 7% respondents said that they didn’t know.

When asked about the *inter-political conflicts* which affect the growth and development in the area, 42% respondents chose to say that they didn’t know. 45% denied of any such inter-political conflict in the area and only 13% respondents agreed with the same.
5.4 Technological Issues

The modern concept of health care is like a jigsaw consisting of a large number of pieces. It is impossible to see the whole health care picture without fitting all pieces together. Technology can help us see a picture of the health care sector, but sometimes we cannot see the wood for the trees. Technology can help the stakeholders of the health care game (i.e. patients, physicians, nurses, managers, etc.) interact more efficiently. Also, the amount of data that can be managed by means of the new Information and Communications Technologies (ICTs) is growing with each passing day, and these data must be properly used to improve the reliability, efficiency and quality of the health care sector.

However, due to lack of basic technological tools it is impossible to bring about a change in the healthcare system. The population in the rural setup fails to access basic technological advances due to lack of resources.
5.4.1 Access to computer and level of computer literacy

87% respondents indicated that they have access to computer either at home or nearby café and only 13% respondents denied the same.

Out of these 87 respondents 40 respondents rated their computer proficiency as good and 40 respondents indicated that their computer related proficiency was average and they knew only the basic functions and operations. 4 respondents indicated that they were good and remaining 3 said that they had poor computer knowledge.

![Chart 5.12: Level of Computer Proficiency](chart)

5.4.2 Access to internet and level of understanding of internet technologies

86% respondents indicated that they had access to internet on the computer that they were using at their home or at the nearby cyber café. 13% respondents indicated that they didn’t have any access to internet and remaining 1 respondent indicated that she wasn’t aware if they had access to internet in their computer.
Out of these 86 respondents, 9 respondents rated their understanding level as very good and 46 respondents indicated it good corresponding to a cumulative 55 respondents. 30 respondents rated their proficiency as average and only some respondents rated it poor.

![Chart 5.13: Level of Internet Proficiency]

5.4.3 Technological Issues faced in area

Out of the problems which people can face in terms of technology, majorly 82% respondents indicated that they feel that the cost of operation of computer and internet is expensive for their pocket.

Other issues like old and unreliable equipment for internet, unsuitable working style and also computer and lack of broadband connection were cited by 42%, 24% and 30% respondents respectively.
Other issues like, lack of computer availability, lack of computer knowledge, poor internet connectivity in the area, fear of computers and lack of information regarding how these services are operated were cited by nearly 15-20% of the respondents.

Chart 5.13: Technological Issues faced in the area

5.5 Medical Profession Issues

In this section the respondents were asked about the medical facilities available in their area and what diseases are highly prevalent. This would give an idea about the facilities which are currently available and the ones which are lacking. Also the prevalence of diseases would help in gathering information which diseases can be treated using e-Healthcare facility.
5.5.1 Healthcare Facilities available in respective area

The healthcare facilities which are essential for any health care centre should be easily available for the patients. When the respondents were asked about the healthcare facilities in clinics or hospitals in their area most of them indicated that they had these facilities.

Nearly all the healthcare facilities had, examination room, operation theatre, separate delivery room, patient waiting room, in order to conduct specific and general surgeries.

Other facilities like ambulance, telephone, computer, pharmacy, laboratory, and fridge for medicaments were also easily available.

However, these facilities lacked separate immunization rooms, or separate rooms for men and women. Also not all the hospitals had cars which could pick and drop the patients.

75% respondents indicated that essential medicaments are mostly available in the nearby pharmacy and 16% respondents indicated that they are always available. Only 9% respondents complained that they were hardly available or sometimes not available.

5.5.2 Waiting time at the healthcare facility, and availability of specialized doctors

Mostly 49% respondents indicated that it took a waiting period of nearly 11-20 minutes before they get to meet the doctor and 48% respondents indicated that there is a waiting period of 20-30 minutes. Only 3% respondents indicated that they have to generally wait for nearly more than an hour to get their check up done. The
main reasons cited by the respondents were lack of resources and qualified staff which adds to time.

66% respondents indicated that specialized doctors are always available and 29% respondents indicated that they were most of the times available. Remaining 5% respondents indicated that they were rarely available.

5.5.3 Doctor explains the health problem in detail. If No, Why?

Nearly one third of the sample population indicated that doctor explains them with what problem they are suffering. While 63% respondents indicated that the doctor explains the health problem in detail and remaining 37% respondents indicated that they were not told about their health problems.

These 37 respondents were then asked about the reasons why they were not told about their health problems in detail. Majorly 17 respondents i.e. 45% indicated
that they will not understand anyways. 12 respondents indicated that doctors don’t have time to explain as indicated by 33% respondents. Remaining 8 respondents i.e. 22% indicated that since there is huge line in the waiting room doctors prefers not to waste time in explaining the problem in detail.

**Chart 5.16: Reasons why doctor doesn’t explain health problems to patients in detail**

5.5.4 Major healthcare problems prevalent in the area

Of all the diseases which could be prevalent in the area, majorly 24% respondents indicated that people suffer from flu, cold and cough, 16% respondents indicated that hepatitis is prevalent, 15% respondents indicated that tuberculosis was found in their area and another 15% respondents indicated that water borne diseases like, jaundice, typhoid, cholera were prevalent due to poor sanitation conditions.
Other diseases like, cardiovascular diseases, cancer, malaria, reproductive tract infections, HIV/AIDS, and accidental injuries were other problems which people suffer from however they were less prevalent in the area.

![Chart 5.17: Major Health problems prevalent in selected districts](image)

5.5.5 Trust on services and medical advice given in healthcare facility

95% respondents agreed that they trusted the medical services and advice given to them in the healthcare facility and only 5% respondents denied which clearly reflects that the people are satisfied with the healthcare facility in the area.

5.6 Asymmetric Information Issues

Most of the population relies on health insurance and medi-claim policy which have restricted facilities stringent exclusions and the reluctant delays in reimbursements, and practitioner malpractices and the lack of standards. The real problem with regard to health insurance is that health care is extremely expensive.
In the employment based market the employer makes a significant contribution towards premium, thus shielding the employee from the true cost of insurance. In insurance market there is information problem and the information problems can be divided into Asymmetric information and Non-existent information. The asymmetric information problems are Lemons, Adverse selection, moral hazard and principal agent.

5.6.1 Health insurance policy taken by respondents and the quality of their service

91% respondents across three districts indicated that their family was insured with health insurance policy and out of these 91 respondents 81 respondents i.e. 89% indicated that they were satisfied with the quality of services offered by their insurers.

![Chart 5.18: Health Insurance policy taken and its quality](image)
5.6.2 Information Asymmetry among patients

The respondents were first asked if they were being charged more than what they should be charged by the medical insurers. To this 42 respondents i.e. 46% indicated nodded with agreement. 23 respondents however denied and trusted their insurers. Remaining 29% respondents indicated that they weren’t actually aware if they are being charged extra.

In terms of delays in the reimbursement of finances from government and insurance companies after the treatment, 41 (45.5%) respondents agreed that they had to face delays while remaining 50 (55.5%) respondents denied it.

78 respondents i.e. nearly 85.7% respondents indicated that have to monetary restrictions on the amount available for the health treatment per year on the basis of their income, their age etc. Only 14.3% respondents denied that they had to face such restrictions.

Also the respondents were asked if they were given only selective information regarding healthcare processes. To which, 90% respondents disagreed that the insurance companies hide any information related to their health also 74% respondents denied that procedures applied while treatment are also hidden from them.

However, respondents agreed that treatment options and cost of treatment are sometimes hidden from them so that insurers can claim extra money.
**Chart 5.19: Information Asymmetry observed among patients**

### 5.6.3 Affordability of premiums and flexibility in paying expenses

The respondents were also asked if their premiums were affordable to pay to know if the insurers charge higher premiums without calculating the premiums based on the income of the respondents. 68 respondents i.e. 75% agreed that premiums were affordable. Remaining 23 respondents i.e. 25% however denied.

When asked if the respondents had the flexibility of paying their expenses, only 21 respondents i.e. 23% agreed while remaining 70 respondents disagreed with the corresponding to 76.9% of the sample population.
5.6.4 Do respondents tend to not take care of their health because they are insured?

Moral hazard is the tendency of individuals to after their because of insurance. Just because they are insured, they may not take care of their health condition. Even if they are affected by health problems, they can get the treatment with the assistance of the insurer. Hence they fail to take any preventive measures. However, when we asked the respondents only 4 respondents agreed that they didn’t take any preventive measures because they are insured rest all 87 respondents denied such act.

Chart 5.20: Affordability and flexibility in paying premiums