

(HS232)

HEALTH CARE MANAGEMENT

- Engineering in Healthcare sector
- Medical imaging - MRI
- Surgery - laser surgery
- Simulation & Training - (Training apps that provides healthcare)
- Artificial joints - (changing parts of body - knees)
- Cardiac Implants (for heart)
- Neural Engineering - it deals with nerves
- Mobile Health - (mobile apps become instrumental)
- Healthcare IT
- Regenerative Medicine (some of them ^{tissues} regenerative but many of them artificially made)
- Independent living (shows no. of steps and how many litres you have drink in smartwatch feature)

④ Aim of course: The main aim of this course is to introduce students of healthcare, determinants of healthcare, and framework for healthcare management.

Holistic soundness
Holistic approach

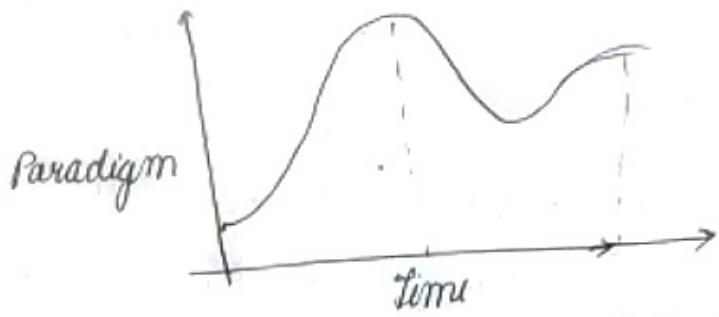
⑤ Health: The word health derived from the old english word 'hale' which meant a state of being sound, and was generally used to infer a soundness of the body.

- WHO defines health as:
A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (1948)
- Finland and Bhutan - highest happiness Index

- Pakistan - lowest happiness index
- WHO: Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity (1998)
- Saracchi (1997) defines health as a condition of well-being, free of disease or infirmity and a basic and universal human right.
- Bircher (2005): defines health as a dynamic state of well-being characterized by physical, mental and social potential that meets the demands of a life in accordance with age, culture and personal responsibility.
 - Q: Is health a state or ability? (Netherlands 2009)
 - Argued for the revision of definition of health as 'static' ^{autonomous}
- Henriëtte van der Horst (2010): states health can be regarded as a dynamic balance b/w opportunities and limitations, shifting through life and affected by external conditions
- Public Health: refers to all organised measures (whether public or private) to prevent disease, promote health and prolong life among the population as a whole.
- Paradigm according to need of community or according to C-S (AT) need paradigm shift.

Paradig

- ① Survival → the preser
- Medical →
- ② Prevention → Recent par
- ③ Dom of I → Protect (
- ↳ Promote
- ↳ Prevent
- ↳ Provide
- ↳ Partner
- ④ Pillars of I →
- (i) Availability
- (ii) Infrastructure
- (iii) Accessibility



④ **Survival health**: When a person fall sick you go to doctor and he prescribed a medicine to cure the health.

- Medical professionals has a great care to health.

⑤ **Preventive health**: When paradigm shifts to preventive health

Recent paradigm of public health is health promotion

⑥ **Aim of public health**:

i) Protect (from infectious diseases)

ii) Promote (awareness among them about healthy habits)

iii) Prevent (prevent them from falling sick) food, home, cloth

iv) Provide (provide them a good environment and basic amenities)

v) Partner (partner with communities and service providers)

⑦ **Pillars of public health**

(i) Availability of resources - man power, medicine, medical equipments, ambulances, health care ctr etc

(ii) Infrastructure: (the place where services will be provided)

(iii) Accessibility: (a) **PHYSICAL ACCESSIBILITY**: (hospitals are not located near middle of village)

It is a big problem in rural areas.

(b) ECONOMIC ACCESSIBILITY: (are you able to pay the medicine)
- specially for people who has BPL card.

(c) SOCIAL ACCESSIBILITY: (in terms of caste, gender, transgender)
- Doctor is from upper caste and service users are from lower caste, they are mistreated.

(iii) Acceptability: (every society has different value system)

(iv) Utilization: That will lead to sustainable public health.

④ Health care: The prevention treatment and management of illness and the promotion of mental and physical well being through the services offered by the medical and allied health professions.
doctor, nurses, chemists, pathologists etc

⑤ Primary Health care: It is an approach to provide everyday health services that focus on patients, clients, families and communities working with a team of health professionals.

- The ultimate goal of primary health care is better health for all
- WHO has identified five key elements to achieving that goal:
 - i) reducing exclusion and social disparities in health (universal coverage reforms)

i) organising health services around people's needs and expectations
(service delivery reforms)

ii) integrating health into all sectors (public policy reforms)

iii) pursuing collaborative models of policy dialogue (leadership reforms)

(v) increasing stakeholder participation (everybody is a stakeholder in PH)

• Primary healthcare needs to be delivered close to the people, thus should rely on maximum use of both lay and professional health care practitioners and includes the following eight essential components:

- (i) education for the identification and prevention/control of prevailing health challenges.
- (ii) proper food supplies and nutrition, adequate supply of safe water and basic sanitation.
- (iii) maternal and child care, including family planning.
- (iv) immunization against the major infectious diseases.
- (v) prevention and control of locally endemic diseases
- (vi) appropriate treatment of common diseases using appropriate technology
- (vii) promotion of mental, emotional and spiritual health.
- (viii) provision of essential drugs.

• Health disparities: Health disparities are the differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific population groups.

• Health resources and services administration : defines health disparities as population specific differences in:
(i) presence of diseases

- (ii) health outcomes
- (iii) quality of health care
- (iv) access to health care services

• Many different populations are affected by disparities. These include:

- Racial and ethnic minorities
- Residents of rural areas
- Women, children, the elderly
- Persons with disabilities

* Causes of Health disparities:

Health disparities result from multiple factors including:

- Poverty
- Environmental threats Natural (disasters)
by man (nuclear weapon, waste, pollution)
- Inadequate access to health care
- Individual and behavioural factors (lifestyle practices)
- Educational inequalities

* Health disparities in India

- Regional variation among states
- Place of residence
- Age and sex group of population

- Kuposhan Bharat Chodo
- Obesity
- Integrated Child development Program (ICDP/ICDS)

④ Health equity: Equity in health in the absence of systematic disparities in health

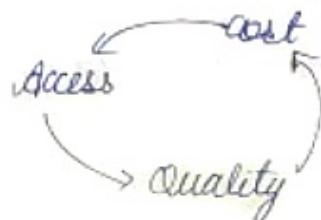
- Achieving health equity ensuring access to care
- Health equity is achieving the highest level of health for all people
Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups especially for those who have experience socio-economic disadvantage or historical injustices (Healthy people 2020)
- The essential elements of the various definitions of health equity are:
Health inequities are unjust, unnatural and avoidable differences in health status.
They are beyond the control of individuals, meaning they are systematic problems.
They are sustained over time and generations and are beyond the control of individuals.

* Equity vs Equality:

- * Equity: involves trying to understand and give people what they need to enjoy full and healthy lives.
- * Equality: aims to ensure that everyone gets the same things in order to enjoy full healthy lives.
- Equity is the means, equality is the outcome.
- Understanding the difference b/w equity and equality helps us to

recognise and respond to differences in health and well-being that are unfair unavoidable and changeable.

Health equity



• Determinants of Health

- * → what makes some people healthy and others unhealthy?
 - How can we create a society in which everyone has a chance to live long healthy lives?

→ The range of personal, social, economic and environmental factors that influence health status are known as determinants of health

- Demographic characteristics
- Social characteristics
- Economic characteristics

Demographic characteristics
Scientific study of population Population distribution

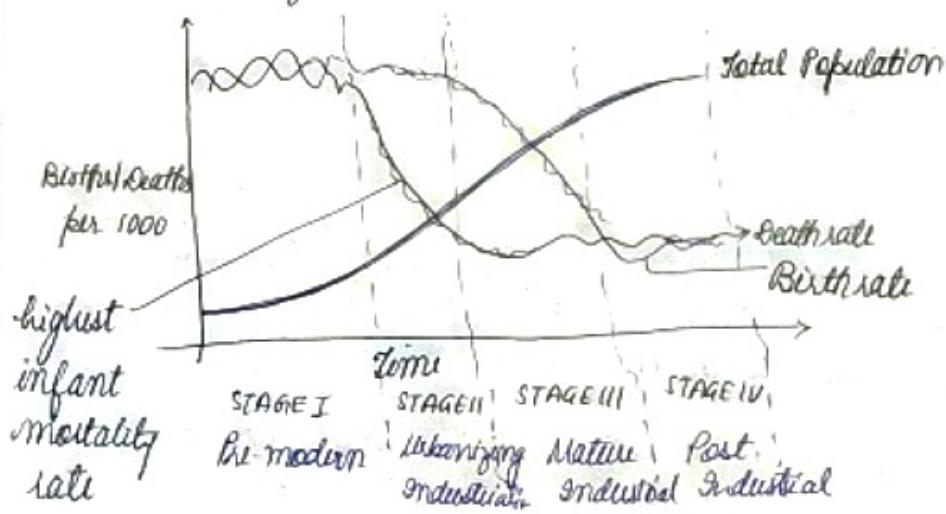
- Population size } → Population distribution
- Growth rates }
- Age structure } - in each age group how many people are there
- Sex structure } → Population composition

Population change

- ④ Factors that influence population change:
 - ⇒ Fertility (how many children are born)
 - ⇒ Mortality (Death rate)
 - ⇒ Migration

Demographic Transition:

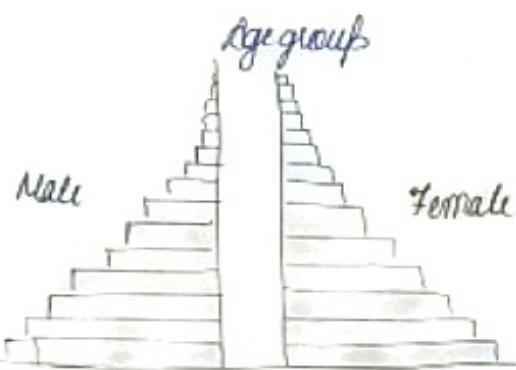
- The demographic transition is a model that describes population change over time.
- 1929 Warren Thompson is the one who introduced Demographic transition
- It represents the transition from high birth and death rates to low birth and death rates as a country develops from a pre-industrialized to an industrialized economic system.



- Children become liability (stage III)
- Did not consider migration, only birth and death rates

Population pyramid

A diagrammatic representation of the age and sex of a population.



vertical axis represents age groups

horizontal axis represents population size

Demographic Determinants of Health

① Sex ratio: Number of females per 1000 males

② Dependency ratio: Population below 15 yrs and above 65 years, who are dependent on the working population is known as Dependent population

$$\text{ratio} = \frac{P_{<15} + P_{>65}}{P_{15-65}}$$

③ Demographic Dividend: Advantage of having a young population

Implications for Health status

- India contributes to a fifth of the world's share of disease
- National Commission on Macroeconomics and Health (2005) has classified health conditions as:

- (i) Communicable disease
 - (ii) Maternal and child health conditions
 - (iii) Non-communicable disease
 - (iv) Accidents and injuries
- Age distribution of prevalence is different for different diseases

For example:

- Asthma and Tuberculosis (Age specific)
- Jaundice and Malaria (No age specific)
- Reproductive health (Age specific) (No sex specific)
- HIV / AIDS (depends on lifestyle) (communicable or non-communicable)
- Cardiovascular diseases (Age specific)

SOCIAL DETERMINANTS OF HEALTH

- Social determinants of health are the conditions in which people are born, grow up, live, work, age and the systems put in place to deal with illness.
- SDH are non-medical factors that influence health outcomes.
- These have an important influence on health inequities - the unfair and avoidable differences in health status seen within and between countries.

- Research shows that the social determinants can be more important than healthcare or lifestyle choices in influencing health. for eg, numerous studies suggest that SDH account for between 30-35% of health outcomes.
- Addressing SDH appropriately is fundamental for improving health and reducing longstanding inequities in health, which requires action by all sectors and civil society
- These circumstances are in turn shaped by a vastly wider set of forces : economic, social policies and politics at global, national and local levels.

Place and Health

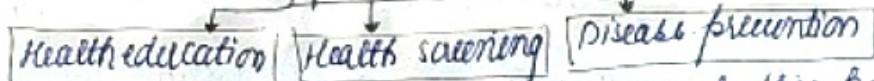
- Household
- Neighbourhood - geographical
- gated community - (IIT Patna) provide more security for people who are living in this community
- Place of residence
- Help-seeking behaviour

Social Determinants of Health

Social D. = Health Place

- Place of residence (type of housing, living conditions within the place → physical and mental health)
 - help-seeking behaviour = go & seek help from a counsellor/medical person
- Educational status: ^{degree} the quality of education
- Quality of education

health promotion → sustainable good health for everybody



- Early screening can prevent most of the disease → education can make this happen
- Ethnic composition: different castes, tribes, religion → In India
 - Native people are less prone to suffer from health cond. (not always)
 - In western countries, health cond. white > Asian > Black
- Linguistic composition:
- language became a very imp. role to communicate with doctor) → Man kharab lgta hai! Meetha Meetha dard!
- becomes prominent in rural areas
- Religion (as everyday practice)

Among Jews and Muslims → genetically related diseases
as married within their community

Chatt Puja: prays sun god → Vitamin D

→ max amount of UV rays are produced at that time

→ fasting → high source of Na = squash (Kaddu Bhat)
carbohydrates

→ fast (have reservoir)

→ One of the reason of infertility is lack of Vitamin D

→ Religion also teaches discipline

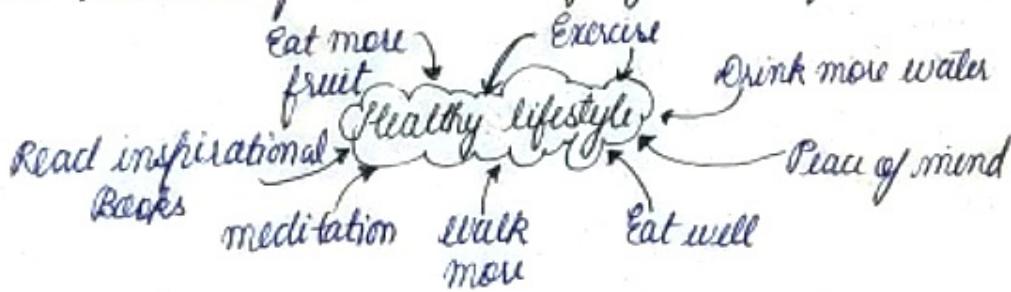
→ meditation → improves your mental place
you rejuvenate yourself

Religion can be good or bad but it is the way of life.

In Canada, the first nation people get so much issues and they have bad health condition as they do not have proper income, in extreme north, drugs type of food is less, they consume lot of alcohol.

Geography of secular India
Devarshi
+ Sri
Other name Shridhantha

- With the onset season of monsoon, we stop eating non-veg as at that time, poultry items are infected, also that is breeding season of fish
- Nelainoskiy: When science stops, religion starts
We use religion, to make people acceptable of that
- Caste: social division of society
 - Imp. role in lifestyle practice, food habits, occupation
 - is very instrumental ~~with~~ service provider and seekers
- When you control all other factors, then caste come out as the main factor especially in case of women.
- Culture: tradition that we follow
- Culture is ideas, customs & social behaviour of a particular people or society
it determines what we consider to be healthy and what not.
(in lifestyle)
- Gonds, Orao → largest tribes of Jharkhand
 - They consider mild pain or something to be healthy also
 - Some areas → healthy means obese
 - In some culture, alcohol is consider to be healthy.
might be related to weatheric conditions
 - Some = Junk Food In some culture ⇒ raw meat/fish {Nagaland}
specific intestinal fl
- Culture doesn't change overnight
- 1st attribute of culture is language, last is food



- What is healthy and what not comes from culture → Then they will visit doctor

non-weg as
is breeding season
of fish

- Culture also influences the helpseeking behaviour
- Japanese → throughout the year drink lukewarm water → hence less respiratory disease
- Japan → good life expectancy (more than 100 yrs also!)

④ Gender: social construct sex: biological ♂

LGBTQs

→ It is imp. because resource allocation (and this starts from household)

→ Not only in terms of food but also healthcare facilities

→ More women die during pregnancies

→ During Medieval time, that was their concept when women were treated as commodities. Also at that time, transgender people were also suffered.

→ Mumtaz → died at the time of her 15th pregnancy

→ Then after that when British came, they passed:

Criminal law → they classified transgender people as criminals

→ Some other - classified transgender as mental ill

→ That seed which was sown, is still there

→ Gender itself is the outcome of culture and culture is very place specific

gender

These stopped
themselves
from health
facility.

Culture ← → Place

→ If you educate a woman then you will educate a family ☺

→ Exposure to crime, violence and social disorder

• not only the physical health but also mental health and social health

④ Public safety: People who feel safe, have longer life
we are considering here as community

④ Standard of living: Better S.O.L. → more hygienic, better place, nutritious diet, improves process of socialisation

ragaland
specific intestinal pro.

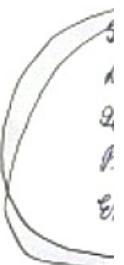
I will visit
doctor

- ④ Transportation options:
- ④ Social support: support which we get from families, friends...
 - ⇒ act as emotional cushion
 - ⇒ Earlier there were joint families, but now we have nuclear families
 - social support acts as very imp. in case of mental health
- ④ Social norms and attitudes
- ④ Availability of resources to meet daily needs
- ④ Exposure to mass media and emerging technologies
 - eyesight, mental health, they become more cranky, less appetite
- ④ Access to healthcare services

↳ disease rate
 ↳ health service
 ↳ hospital care
 ↳ self-rated health

WHO-1.49 dollar

Poverty has



25/Jan/2024

- Maret → wrote a book on Social determinants of health
 - ↳ Medical doctor in Australia
- Social epidemiology Neighbourhood and Built Environment

• More than

- greater in
- The main
- paid emp.
- Employment

Economic determinants of Health

① Demographic

② Social DOH

③ Economic DOH

- There is a persistent correlation world-wide b/w low income and poor health
- The financially worst off experience the highest rates of illness and health.
- This applies when diff. measures of health are considered:
 - death rates

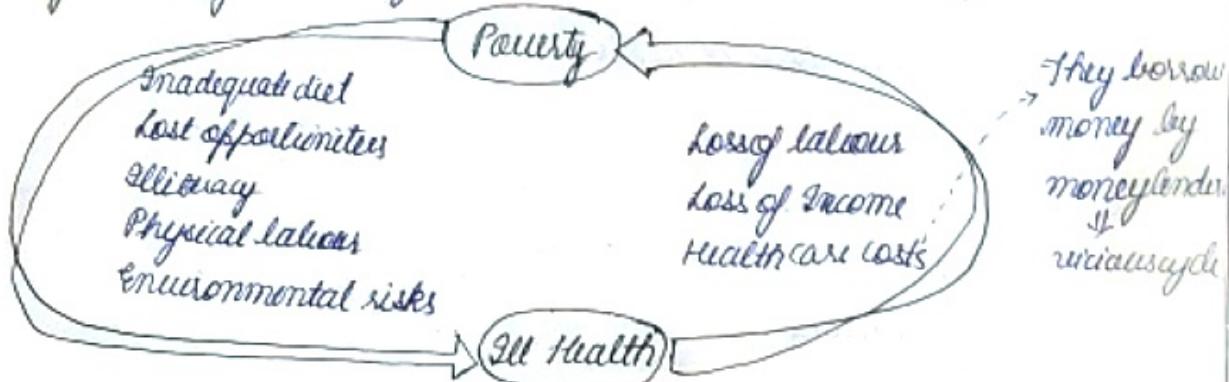
- Occupation
- workers & workplace
- cancers
- accident

- disease rates
- health services use
- hospital admissions and
- self rated health {you rate your health}

Poverty

WHO=1.99 dollars per day

Poverty has long been recognised as an imp. determinant of ill health



- More than 10% expenditure of those people is on health

Income Distribution

- greater income inequality is associated with raised mortality
- the main factor determining adequate income is participation in paid employment.
- Employment is an imp. determinant of health.

Occupational Health

- Occupational health deals with all aspects of the health of the workers has several determinants, including risk factors at the workplace leading to
 - cancers
 - accidents

- respiratory diseases (especially in leather factory etc)
- hearing loss (manufacturing factory)
- circulatory diseases
- stress related disorders
- communicable diseases and other

Employment and working conditions in the formal or informal economy embrace other imp. determinants

- working hours
 - salary
 - workplace policies concerning maternity leave, health promotion etc
 - protection provisions etc
- it gives a kind of security to employees

Primary activities

farming, mining etc ragpickers
 extreme weather condition, insect bites, snake bites, heat cold wave, maybe wild animals
 (environmental risk factors)

Manufacturing activities

accidents, hearing loss, eyesight, skin diseases (Physical nature)

service sector activities

stress, body posture related disease, obese, eyesight, anxiety, depression
 various gynaecological problems (lifestyle practices)

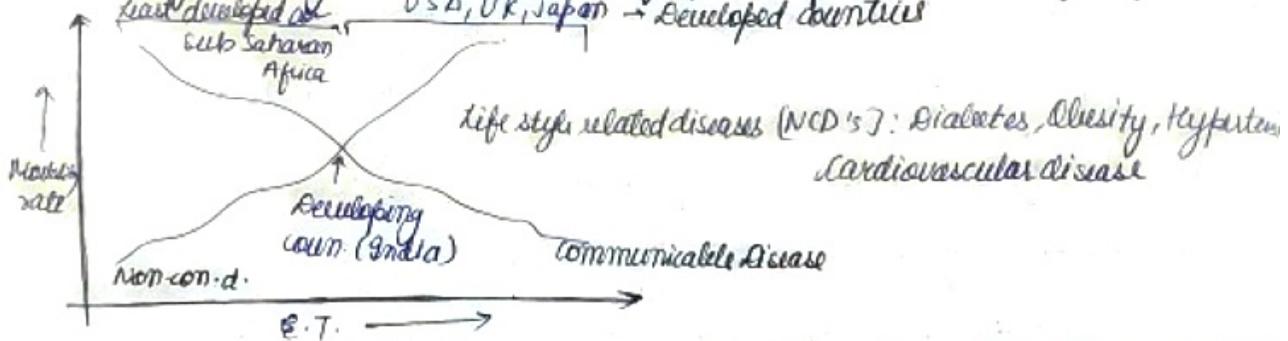
- Every sector is associated with health problems but there is difference in type of problems.

30/Jan/2024

One of the most imp. det. of Health = Education
Health education is the need of the hour

EPIDEMIOLOGICAL TRANSITION

- A theory stating that the prevailing forms of illness changed from ->
~~poor developed~~ USA, UK, Japan → Developed countries



- not only what we eat affects us, but the various things available around us affect us.

- With technology, we can take preventive and curative steps to protect us from them

Era of Health Promotion

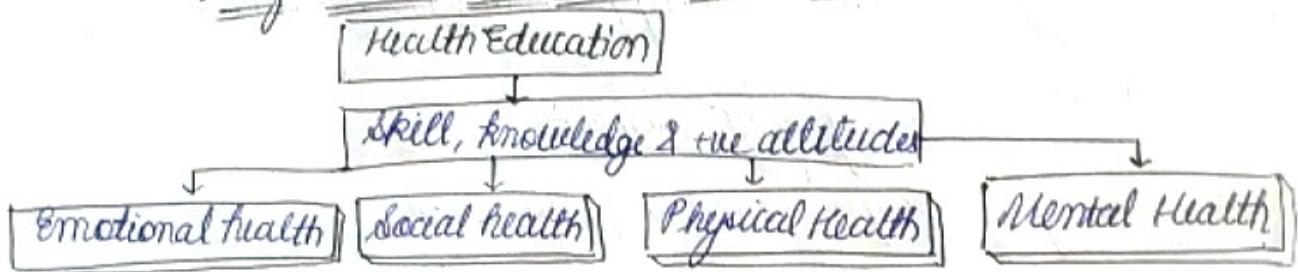
- Health disparity - a major concern in public health.
- Ottawa Charter in 1986 pioneered Health Promotion
Capital: Canada
- Enable people to deal with their health issues but also to overcome the existing health disparity
- Amalgamation of advances & in knowledge, raising concerns about human rights and tackling emerging threats to health.
- aims at building capability of individuals by inculcating skills and confidence among them through Health Education

is the process that will teach health promotion

Health Education

- Education is one of the most imp. contributions to health
- Education provides information, knowledge & wisdom to people.
- The purpose of health education is to truly influence health behaviour of individuals & communities as well as living and working conditions that influence their health
- Behavioural changes → takes a lot of time to change
- Health Education is often visible and tangible as it often includes educational programs and skills building group or ind. activities

why should care about health education



Health literacy to Health consciousness

- Main component of health education is health literacy
- WHO ... personal characteristics and social resources needed for individuals and communities to access, understand, appraise & use information and services to make decisions about health (2015)
- Relevance of critical literacy
- Paula Fierre's concept of "critical consciousness"
what you think is right for them
Most of the govt. policy fails due to critical consciousness.

- Amartya Sen's framework of health capabilities

Lopsided dev.

It is not only ↴

→ 2 most imp pillars of development
Health & Education

Health education in India → Informing, Educating & Empowering

- Inception of health education in India can be traced back to 1956
Establishment of CHER

- Various organisations at state and central levels
- Infrastructure attempts failed to bring desired results
- Tools used were ineffective e.g.: newspapers, posters and pamphlets used
- "Motivational manipulation" {No results were seen?}
- Training of health personnel at various stages
- Developing curriculum for the same
- Service providers' perspectives given prominence
- Lopsided paradigm of health promotion as service user's perspectives neglected

→ Push inf: service providers feel to give

→ Pull inf: what do they (public) want (O.C.)

Then an lot of emphasis on push inf, hence poli. fails

- Pts: Second Rock Edict of Ashoka at Girnar, Gujarat
In all country, At Ashoka's time, during travel they have provision of water, some medicines & all for people & animals

- Ayushman card → BPL → 5 lakh → free treatment → they don't know it

7/ Feb/2024

- 4th February = World Cancer Day

Cancer Grab (2024)

Everyone deserves access to cancer care

- On Feb 4th → Debunk the myths

(01)

(02)

(03)

(04)

We don't need to cancer... There are no There is nothing I I don't have the talk about cancer signs or symptoms can do about cancer Right to Cancer

- Cancer is one of the largest killers of disease in India

- Some of the cancer is communicable also

- Oral and lung cancer → In India, most men died tobacco smoking (lifestyle related diseases) kind of cancer

- Most of women in India → breast cancer and cervical cancer
Cancer Fact sheet

- Cancer is a leading cause of death worldwide, accounting for 7.6 million deaths.

- India has nearly 3 millions cancer patients.

- A million new cases are reported in India every year.

- Deaths from cancer worldwide are estimated to reach 13.1 million deaths in 2030.

- Lung and oral cancer is the most common among men

- Cervix and breast cancer is the most common among women

- Tobacco use is the most important risk factor for cancer causing 22% of global cancer deaths and 71% of global lung cancer deaths.

- Lung, stomach, liver, colon and breast cancer cause the most cancer

- Mortality: incidence of death (happened only once)
 - Morbidity: " falling sick (any no of times) deaths each year.
 - Cancers such as breast cancer, cervical and colorectal cancer can be cured if detected early and treated properly.
 - There are more than 100 types of cancers; any part of the body can be affected.
 - $\frac{1}{5}$ th of all cancers worldwide are caused by a chronic infection for eg. human papillomavirus (HPV) causes cervical cancer and the hepatitis B virus (HBV) causes liver cancer
- Morbidity
- (causes high incidence
high prevalence)
- The prevailing condition of disease in a population
 - The frequency of disease, both its incidence (how diseases spread through a population over time) & its prevalence (how much disease is encountered in a population at a given moment).

Sources of Morbidity Data

- Surveillance systems & registries
- Health surveys
 - National Family Health Survey
 - Annual Health Survey
- Causes of death reports

Measuring Morbidity

- Incidence Rate: the rate at which people are diagnosed with illness

$$\text{Incidence Rate} = \frac{\text{number of new cases}}{\text{population at risk}} \text{ depends on disease}$$

⇒ lung cancer → age restriction (new infants, very old age ...)

Some assumption we need to take

- ④ Prevalence rate: The no. of people with a morbidity condition divided by the total population
 High IR, low PR - we are tackling it
 May be low IR, high PR = Diabetes, cardiovascular disease
- Some useful definitions
- ⑤ Cohort: A group of people sharing a common temporal demographic experience who are observed through time.
 - Eg: Birth cohorts { similar exp. with similar time }
 { health hazards they face are similar }
 - Marriage cohorts
 - School class cohorts
- ⑥ Cohort analysis: Observation of a cohort's demographic behaviour through life or through life in many periods. Rates derived from such cohort analyses are cohort area measures.

* One of the main cohort analysis:

⇒ life expectancy at birth: no. of yrs a person is expected to live

↓ people belonging to same Birth cohorts have similar life expectancy

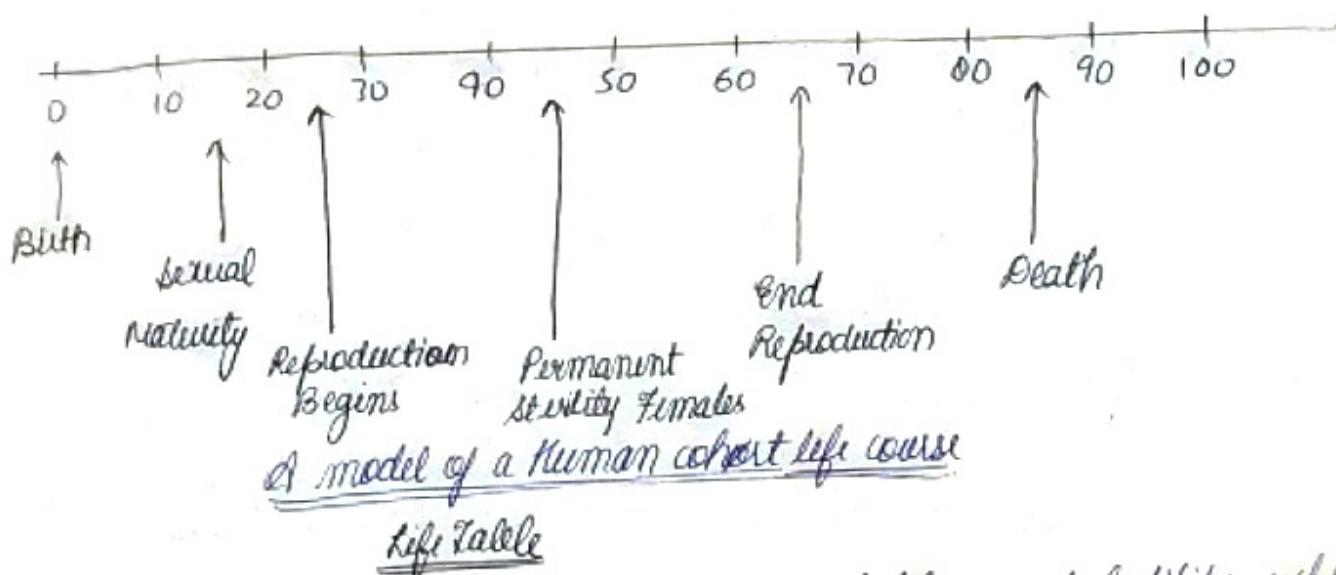
↑ → why - education, technological benefits, critical education, better medical facilities, awareness, yoga

8/7/2024

- ⑦ Life expectancy at Birth: The avg. no. of yrs that a new born could expect to live if s/he were to pass through life exposed to the age and sex-specific death rates prevailing at the time of his/her birth

birth, for a specific year, in a given country, or geographic area

- proxy variable → instead of taking all variables, if we take certain variables
 - ↳ literacy, health condition
 - ↳ life expectancy at birth is one p.v. in some development criteria



A life table is a description of the mortality and fertility experience of a group of people (called a cohort) as they proceed through life.

HEALTH CARE SYSTEM

organized plan of Health service

- The complete network of agencies, facilities and all providers of health care in a specified geographic area
- Health services: Any service (i.e. not limited to medical or clinical services) aimed at contributing to improved health or to the diagnosis, treatment and rehabilitation of sick people
Includes both gov. service and private funded service for the betterment of the people

- Services could also be creating awareness about cancer, causes or anything.
- Rehabilitation is also a health service
- ④ The elements of health care system embrace the following:
 - ⇒ personal health care services for individuals and families ^{Individual}
 - ⇒ the public health services needed to maintain a healthy environment ^{Population}
 - ⇒ sanitation, providing proper vaccines at a community level
 - ⇒ Teaching and research activities ^(Health promotion)
prevention / detection (diag. to disease); providing medicines at doorstep
 - ⇒ third party (health insurance) coverage of system services ^{Financial guarantee to access health care}
- ④ Healthcare is now the world's largest industry - with a value and cost 3 times greater than the banking sector
In Today's world
Health as the indicator of development (more than economic wealth) as "HEALTH IS WEALTH"
- Now, not only pharmaceutical companies are in health care systems but a way more of ^{the} fields {stakeholders} ^{laymen}
- Primary care: basic care provided in health care service provided by ^{Healthcare} staff, bp check up, vaccination, check-ups as professionals base of health care system
- Secondary (acute) care: accidents, injuries, learning emergency, more level of specialization then for you need a referral, can be direct entry also

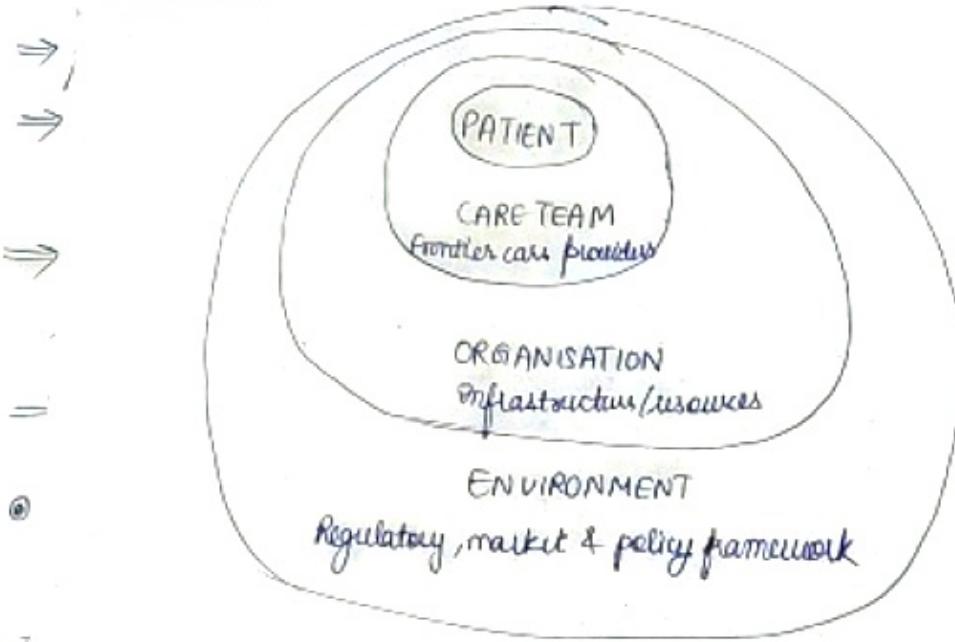
- Tertiary care ⇒ very specialised service provided
⇒ chemotherapy, cardiovascular diseases
⇒ you have to come through referral from a doctor
- Respite care ⇒ if a person is recovered from a disease then after
⇒ physiotherapy ⇒ maintain rate of recovery, or
- Restorative health: addictions, alleles, lifestyle related, mentally
⇒ cancelling, correction homes, rehab
⇒ good social atmosphere
⇒ generally for a long period time (at least for few months)
- Continuing care: physically or mentally challenged people, old age etc
⇒ they need care continuously
⇒ not time bounded
⇒ technology ^{becomes} ^{in this} very important, { wheelchair } { walking }
⇒ health care provider need not always a human with S.
can be some robot or some tech—

- study of old people = geriatric study
- health care system is divided into 4 "nested" levels
 - This concept was given by 2 people: Ferlie and Shortell
 - (i) the individual patient
 - (ii) the care team : which includes professional care providers (eg. pharmacists and others), the patient, and family members
 - (iii) the organisation (eg. hospital, clinic, nursing home etc) that supports the development and work of care teams by providing infrastructures and complementary resources;

iv) political and economic environment : (e.g. regulatory, financial,

- & payment regimes and markets), the conditions under which organizations, care teams, individual patients, and individual
- 1. care providers operate.

④ 2. 9/02/2024



Ques 7

The Patient

- Patient-centered health care system
 - consumer driven health care \Rightarrow Patient as "customer" / "client"
 - Role of patient has changed
 \Rightarrow A scholar, Margaret Stacey
 - She says, new healthcare sector evolved in such a way that when we are trying to do the things to the people
 - All the things are according to the need of people
 - healthcare sector is evolving manifold
 - \Rightarrow Patient \rightarrow they are also ^{part of} decision making process
- gym
food items
spa

- service user = Patient
- mitochondria of health care sector = Patient
- Patient is the most imp. unit in health care sector

CARE TEAM

is very vast; anybody can be health service provider

- ➔ The various players involved in care team : doctor, counsellor, social worker, etc.
- ➔ Changing dynamics b/w these players per group, technology

Now, the care team is also became professional & specialised agency}

THE ORGANISATION → enables healthcare team to function

- The physical space where the care team provides care to patient
- Hospitals, clinic, nursing homes
- Decision-making systems ^{cost into construction} _{can be smaller / larger} ^{are now govt funded} _{in terms of employing people} → financially funded
- Operating system (managing the data of Patients) → maintaining Privacy of People _{should be digitized to make the work easy}
- Processes (financial, administrative, human-resource and clinic)
- Business level

⇒ There is lack of accountability in India → of doctors as compared to west

13/2/2024

- These days, health care system is emerging as business
 - ↳ Paras hospital in Patna → funding by corporate players
- O.S → also in case of payments
- Biomedical waste → that needs to be managed
 - ⇒ if not, then lead to many diseases, best method → incineration
- IGIMS → has this in Patna (only)
 - food in hospitals
 - Processes: who is paying for it

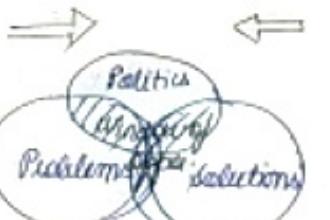
- They should also disseminate information to the people
- Resources → human infrastructure
 (5000) - India
- * Doctor Patient ratio
- * Nurse Patient ratio
- * Hospital bed ratio
- ⇒ Political and Economic environment (earlier only 2%, now more than 12% of budget 2021)
- ⇒ relates to the Policies how health system is funded
- General government expenditure on health as % government's total expenditure
- Per capita total expenditure on health
- Govt. also introduced concept of 2nd referral & secondary unit
- Ayushman Bharat → upto 5 lakh treatment fee, to all people of BPL family BPL
App. both to govt. as well as private hospital
Transgender people can also get this benefit
- Pradhan Mantri Matruvva Yojana
 6000 rupees → cum 9 month

• Janani Suraksha Yojana → was not good policy

* Nested layer

capacity building

coalition building



Policy learning

capacity building

Agenda setting