

Measures For Providing Effective Health Care for Telangana

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HYDERABAD: The State of Telangana has to plan for expansion of hospital services in the state. Scarcity of funds, difficulty in recruitment of health care professionals and paramedical staff and the problems related to general management of government hospitals are likely to cause hindrance to the scheme.

As of 2005, there were a total of 40,338 beds in Telangana of which 21,264 are in the private sector. In terms of the state population (2011 Census) ratio to hospital beds, this works out to be nearly 875 persons per bed. This ratio compares favourably with the AllIndia ratio of 1,250 persons per bed (2001). The district-wise figures show that apart from the Hyderabad-Ranga Reddy metropolitan area only two districts (Karimnagar, Warangal) have ratios near the Telangana average.

DISTRICT	Total population 2011 in Lakhs	Private beds	Govt beds	Total Beds	Beds per population	BPL House holds	Medical premium (Rs. in Lakhs)
Karimnagar	38.11	1721	1452	3173	863	4.94	1482
Adilabad	27.38	394	1414	1808	1676	3.93	1179
Medak	30.31	662	1228	1890	2139	3.61	1083
Mahbubnagar	40.42	431	1723	2154	1299	4.96	1488
Khammam	27.98	1649	1325	2974	1185	3.32	996
Warangal	35.23	2127	1859	3986	874	4.33	1299
Nalgonda	34.84	1087	1312	2399	1064	4.76	1428
Nizamabad	25.52	1482	1138	2620	2021	2.84	852
Ranga Reddy + Hyderabad	93.06	11711	7623	19334	207	5.67	1701
All Telangana	352.85	21264	19074	40338	875	25.88	7764

All other districts would need additional beds in order to come up to the State average.

The worst, oddly, are Nizamabad and Medak both economically developed districts. Deficit districts need priority. Building hospitals is one way to making healthcare available. Here, three different models offer themselves.

First, is the BOOT model where private sector Builds, Owns, Operates and eventually Transfers the hospital to the State after a prescribed period. Second is to link a hospital facility to a medical, dental and nursing college and allow the college to subsidize healthcare through fees earned from students. Guidelines involving financing, collaboration, quality teaching should be applied across the board.

The main problem with all these models is the low capacity of BPL households to pay for services. There are over one crore BPL households in the state which are unevenly distributed across the state.

The Telangana state government should make use of the Universal Health Insurance scheme devised by the GOI and insure all the 26 lakh BPL households for a premium of 300 per annum. It would enable a family of five to have a health cover of Rs 30,000 per annum (both premium and cover amounts could be negotiated upwards overtime).

The cost to the state government would be Rs 77 crore per annum to cover all BPL households. The system should be cash less and patient need not deal with billing. Pricing of specific services is fixed by the insurer. Smart cards could be issued to track expenditure and performance. Insurance companies can reimburse the costs directly to the hospital service provider, who will need to keep data and present accounts subject to verification.

This insurance cost will be in addition to the estimated Rs 2,700 crore (201314) share of Telangana in the AP health budget. The BPL households could avail any health care facility -- private, government or charitable and pay for the services using their policy cover. This would empower them and allow them a choice of the health care provider they feel is best or nearest.

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