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Private Practitioners Perspective Regarding Healthcare Delivery in Private Sector in Jammu and Kashmir

KEYWORDS: private practitioners, healthcare, private sector.

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ABSTRACT ***Background:*** *Private sector plays an important role in health care delivery system. Through a wide network of healthcare facilities, this sector caters to the needs of both urban and rural population and has expanded widely to meet increasing demands. The role of the private health sector in developing countries remains a much-debated and contentious issue. Critics argue that the high prices charged in the private sector limits the use of health care among the poorest, consequently reducing access and equity in the use of health care. Supporters argue that increased private sector participation might improve access and equity by bringing in much needed resources for health care and by allowing governments to increase focus on underserved populations. However, little empirical exists for or against either side of this debate.* ***Methods****: 168 private practitioners were enrolled in the study and assessed using self -reported questionnaire.* ***Results:*** *The study revealed that 64.28% practitioners interviewed were postgraduates with M.D/M.S degrees or higher. With 35.71% had 11 to 20 years of experience of private practice. All the doctors have their own clinics. The consultation fee mostly was between rupees 100-200. 70.23 percent of the doctors were based in urban areas and 9.5% of the doctors in the rural areas. The geographical distribution pattern for doctors reflected the same urban bias so evident in all developing countries. The study found that doctors maintained very poor patient records and there were few feedbacks. The study also revealed that practitioners refer patients to other centers. This study showed that a majority of practitioners prescribe sub-standard medicines. With 57.14% practitioners accept having knowledge about accreditation, and only 23.81% doctors occasionally attend continuing medical education programmes.* ***Conclusion****: Since the private practitioners are preferred especially for the treatment of ailments, they should be made socially accountable. Referral protocols should be evolved. A continuous medical education programme for physicians should be introduced to improve quality care. The people have begun to suspect the medical ethics of the private practitioners as more and more evidences of malpractices are coming to light. This has made the regulation of the private practitioners necessary for the betterment of the society. This study points to the deficiencies regarding health care in private sector*

Introduction:

Deficiencies in the public sector health system in providing health services to the population are well documented. The inability of the public health sector has forced poor and deprived sections of the population to seek health services from the private sector. Evidence indicates that, in many parts of India, the private sector provides a large volume of health services but with little or no regulation. The private sector is the main provider of primary health care for the poor in many low and middle income countries. India ranks among the lowest in the world in public spending on health, but the private spending is one of the highest. Private sector provision rose from 8 per cent in 1947, and may be as high as 93 per cent of all hospitals, 64 per cent of all beds, 80 to 85 per cent doctors, 80 per cent of all outpatients and up to 57 per cent inpatients. In India, the private sector, which is estimated to include 80% of all qualified doctors, 75% of dispensaries and 60% of hospitals, remains an important health care provider, catering to between 75 and 80% of those seeking health care in urban and rural areas (1, 2). Eighty-seven percent of the total health care expenditure is reported to be in the private sector and 85% of the total health expenditure is out- of-pocket (1). Despite the role that the private sector plays as a major health care provider, it continues to be neglected by the public health system in the delivery of care for illnesses of public health importance and functions as a parallel sector, totally unregulated(3,4).

The characteristic of private practitioners will have significant implication on the cost, access and quality of services offered by them, understanding these characteristic is essential to influence the behavior of practitioners. These insights help to design and introduce mechanism to monitor and regulate the sector effectively and help to overcome the deficiencies. This paper describes some of the various characteristic of private medical practitioners and analyzes their implications. Using data in the state of Jammu and Kashmir. The paper attempts to describe views on the determinants of medical practice growth, patient load, and referrals within the sector, payment methods and their determinants, financing mechanism used by them , patient concern and risks associated with private practice. The views and their level of awareness about broad objectives of various regulations in health care are exposed.

Methodology:

This study was carried out to assess deficiency in healthcare delivery in private sector. A questionnaire was sent to private practitioners practicing in state of Jammu and Kashmir. Practitioners willing to participate were included in the study while those not willing to participate were excluded. 168 doctors responded to our questionnaire. Respondents include both graduates (having MBBS/BDS degree) and post graduates, super specialists (having MD/MS degree). The questionnaire consists of set of close ended and few open ended questions which pertained to their operational activities of private practitioners and their

Volume : 5 | Issue : 11 | November 2015 | ISSN - 2249-555X

opinion regarding cost, quality of care ,years of experience, and regulatory mechanism affecting private medical practice. It was knowledge Attitude Practice (KAP) Study. Semi-structured proforma regarding private practitioner's perspective of healthcare was made. After taking informed consent and Ethical clearance for fieldwork was obtained. The study was carried out in nursing homes and in private clinics in thirteen districts of j&K over a period of 4 months.

Data collected was tabulated and analyzed using the Statistical Package for Social Sciences (SPSS) software.

Results and observations:

There has been a general increase in health care demand, because of the growth in population, growing urbanization and increase in income levels. In the survey 38.09% of the respondents have experienced growth in their practice, while 39.28% practitioners have 1-5 years of experience. Experience is rated as most important factor in practice growth 64.29% respondents in the study were having post-graduation or super specialization degrees, while 17.85% were graduates(Table 1).

Most private doctors work in chambers in private clinics in town (48.8%) and in cities (21.42%) than in rural (9.53%) settings (Table 4). 64.2% private practitioners suggest that they see about 1-5 old patients and 50% practitioners see 1-5 new patients per day.(Table 2) In the present survey ,we find that 10% doctors have a maximum patient load of 40 or more. While examining the patient load of private practitioners, no distinction was made between new patients and old patients in the questionnaire.

67.9% respondents reported optimum infrastructure at work place. In the present survey 50% practitioners charge rupees 50-100 on a fee for service basis, while 5.95% didn't charge anything from the patients. 82.15% practitioners charge fee for a period of two weeks,(Table 4) among which 62.7% respondents were satisfied with their fee for services, 26.2% practitioners were not satisfied with fee structure, with 10.71% reported it being less compared to hard work they are doing, and 73.8% couldn't provide any suggestion/reason of not being satisfied with the fee structure. 88.1% respondents report that they keep proper documents for the services, with them, while 59.52% respondents reported that they don't make records at work places.(Table 5) The survey shows 92.85% private doctors refer patients to other specialists, and in 7.1% of cases, the referrals are quite frequent. 46.4% respondents receive feedback from the referral centers. In case of investigations 70.23% of doctors refer patient frequently or most often to diagnostic facilities. Table 3 provides information about referral services. When referring to specialist, the doctor generally refer to particular individuals. However in case of diagnostics, 83.3% doctors do not generally ask the patient to go to particular place. Doctors do, however, give suggestions if patients seek information about where they should go for diagnostic tests.

In the present survey, we prepared a list of various undesirable practices in private medical sector and asked the doctors what they think is the prevalence of these practices. Table 5 reports the response of doctors about the aspects of practices. Prescribing substandard drugs to patients is ranked as the first major 78.57%,prevalent medical practice by respondents. Which is followed by over prescription of the investigation/drugs,(47.6%) followed by fee splitting(41.66%).71.4% private doctor's prescription is influenced by medical representatives.

The role of state is critical in mitigating the undesirable effects of private practices. Regulation is one important intervention to address some of the issues arising. In general; respondents feel that regulations are an effective way of protecting the interest of patients and overall medical practice.61.9% doctors' report having registration of their work place with appropriate authorities. While 57.14% private doctors report having knowledge of accreditation. 33.33% doctors are aware about legislation. 95.23% doctors report that patients are satisfied, while only 9.52% doctors have conducted surveys for satisfaction. 83.33% doctors in this survey reported that they are aware about health care cost only 40.47% doctors are aware about health care financing methods. 35.84% patients are covered by 1-20% reimbursement.23.81% doctors do attend CMEs.(Table 5)

TABLE 1.
Provides the number of years of experience and specialization of the respondents in the study.
Characteristic of respondents:

Experience in years	Respondents (N)	(%)	Specialization	Respondents (N)	(%)
1-5	66	39.28	MBBS	26	15.47
6-10	42	25	PG	94	55.95
11-15	34	20.24	SUPER-SPECIALIST	14	08.33
16-20	26	15.48	BDS	04	02.39
>20	0	0	OTHERS	30	17.86

TABLE 2. No. of patients:

NO OF Patients Consulted/Day	Old Patients		New Patients	
	N	%	N	%
1-5	108	64.29	84	50
6-10	38	22.62	48	28.59
11-15	10	5.95	18	10.7
16-20	4	2.38	14	08.33
NO ANSWER	8	4.76	4	02.38

TABLE 3. Practices of patient referral to specialist doctor and for diagnostic investigations:

Recommending for	Referrals		Diagnostic Investigations		
Frequency	N	%	Frequency	N	%
Never	6	7.14	Biochemical	33	39.2
Less often	60	71.4	Hematological	32	38.09
Often	12	14.28	Pathological	23	27.38
Very often	6	7.14	Radiological	43	51.19
Feed Back	39	46.4	Microbiological	16	19.04
			All	9	10.71
			None	4	4.76

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TABLE 4. Characteristics of PMP's

Demographic Settings of Clinics				Fee Charges (in rupees) / Consultation			Infrastructure				Expenses in Year		
Urban		Rural		Free Charges in Rs/Consultation	n	%	Optimal	Sub-Optimal			Year	n	%
					n	%	n	%	1-5	66	39.28		
Cities	Towns	n	%	Free	10	5.95	114	67.90	54	32.1	6-10	42	25
n %	n %												
36 21.43	82 48.81	16	9.52	50 - 100	50	29.77					11-15	34	20.25
				100 -200	84	50					16-20	21	12.50
				>200	24	14.28					>20	05	2.97

TABLE 5. Prevalence of certain practices:

Aspects of practice	Prevalence							
	Yes	No	No Re-sponse	Less often	Often	Very often	Never	Can't say
Fee-splitting practices	70 (41.67%)	88 (52.38%)	10 (5.95%)	-	-	-	-	-
Over prescription of drugs	80 (47.62%)	78 (46.43%)	10 (5.95%)	-	-	-	-	-
Prescription of Substand-ard drugs	-	-	-	74 (44.05%)	44 (26.20%)	14 (8.33%)	26 (15.47)	10 (5.95)
Influence of medical representative	120 (71.42%)	44 (26.02%)	04 (2.38)	-	-	-	-	-
Registration of work place	104 (61.90%)	60 (35.72%)	04 (2.38%)					
Knowledge about ac-creditation	96 (57.14%)	68 (40.48%)	04 (2.38%)	-	-	-	-	-
Awareness about health-care financing method	68 (48.48%)	76 (45.24%)	24 (14.28%)	-	-	-	-	-
Aware about health care cost	140 (83.33%)	8 (4.77%)	20 (11.90%)	-	-	-	-	-
Awareness about legisla-tion	56 (33.33%)	70 (41.67%)	42 (25%)	-	-	-	-	-
C M E	40 (23.41%)	124 (73.81%)	04 (2.38%)					
Maintenances of Records	60 (35.72%)	100 (59.52%)	08 94.76%)					

Discussion:

The efficiency and effectiveness of private health care sector is subject to complex set of distortions and imperfections which interact with moral hazard problems and information leading to less satisfying overall performance with high costs. In Jammu and Kashmir, private sector is actively involved in public health care provision in both urban and rural areas .The private sector generally fails to address cost minimizing concerns and lacks mechanism to ensure adequate quality and access of care, frequently cited as an example is excessive investigations, promoting more expansive care. The existing payment method used for providing services, which in majority of cases is out of pocket, creates perverse incentives. Since additional diagnostic procedures are additional source of income for the doctors.it is argued that the physician is likely to maximize these services. The review of the private health care sector in Jammu and Kashmir suggest that growing costs of private health care ,widening equity and access problems, and concerns about quality of care, are emerging as major issues, and are set to threaten the basic fabric of health care system. The presence of strong public health delivery system is important to check many of these undesirable and unintended consequences of private sector.

The widespread growth of private sector, and the lack of effective mechanism to address associated problems is making health sector more and more vulnerable to problems and they are surfacing as obvious concerns, it is therefore argued that government have an important role in instituting processes and mechanisms to ensure the provisions of safe and appropriate health services from this sector.

Among the major complaints against private practitioners is that of overcharging, not providing the personalized care they claim to provide, subjecting patients to unnecessary tests, consultation, not providing information about diagnosis and treatment. There is no rationale behind the level of fees charged by them as the law of market operates. Referrals are made to specialists and laboratories for a kickback.

70.23% private practitioners were practicing in cities and towns. A study by (Ashtekar Mankad and Raimance 2004 revealed that private hospitals tend to be located in cities and towns, with hardly any in hinterland [5]. This probably is due to new entrant's gene-rally finding it difficult to start their own practice. To overcome this, the preference is to start practice in well established location.61.90% of private

Volume : 5 | Issue : 11 | November 2015 | ISSN - 2249-555X

establishments were registered. In 2006, the Govt. of India constituted a working group of clinical establishments, professional services regulations and accreditation of healthcare infrastructure for the11th five year plan[6]. Very surprisingly, there has been little or no effort to evolve any kind of guidelines or minimum standards for clinics and nursing homes in the private sector.Govermental efforts have largely been concerned with guidelines and standards for its own institutions. 82.14%of PMP's were Qualified. Another study showed that 41% were unqualified[7].23.81% PMP'sattended CME.The MCI formulated a code of ethics in (2002) stating that members should complete 30hour's of CME every five years in order to register as doctors. Only about 20% of doctors in India have complied with the code, as it is not legally binding[8]. 47.62% of PMP's were over prescribing drugs. A study by Das and Hammer (2007) commented that urban India pays a lot of 'money for nothing in the private health sectors there is lot of expenditure on unnecessary drugs[9].5.95%PMP's don't charge anything from the patients. Many private sector facilities offer poorer patients free or less expensive care, discount prices, free samples of medicine, deffered payments plans and payment in-kind, paving the way of their popularity (Chaktabory,2003)[10]. In present study 35.71%of PMP's maintain records of patients our finding are almost in line with the study conducted by Enashi Gaunguli ietal that showed only 40%of PMP's maintain minimal record of their patients[11]. Survey shows 92.85%PMP refer patients to other specialties and in 7.1%of cases referrals are quite frequent. In a study by Enashi Gaunguli etal only 20% guided them to proper refrels[11]'.refers are frequently in J&K by PMP, which enables a PMP to spend less time on clinical diagnosis and to examine more patients. The survey finding suggest that PMP's are spending less time on clinical diagnosis and depend more on referrals and diagnostic tests. This will have cost and quality implications .cost of care goes high due to irrational use of practice, which include over prescribation of drugs excessive diagnostic investigations and unnecessary referrals to specialties. In a survey it has found that on an average it is much higher compared to treatment in Govt. hospitals.

Conclusion:

The study revealed that 64.28% practitioners interviewed were postgraduates with M.D/M.S degrees or higher. With 35.71% had 11 to 20 years of experience of private practice. All the doctors have their own clinics. The consultation fee mostly was between rupees 100-200. 70.23 percent of the doctors were based in urban areas and 9.5% of the doctors in the rural areas. The geographical distribution pattern for doctors reflected the same urban bias so evident in all developing countries. The study found that doctors maintained very poor patient records and there were few feedbacks. The study also revealed that practitioners refer patients to other centers. This study showed that a majority of practitioners prescribe sub-standard medicines. With 57.14% practitioners accept having knowledge about accreditation, and only 23.81% doctors occasionally attend continuing medical education programme.

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