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The Analytical Gaps In The Healthcare Services In India For The Strategic Decision Makers: A Butterfly Approach.

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ABSTRACT: Only a healthy body and mind can direct the steps for nation's development. Many plans or strategies in this regard continuously constitute a major portion of expenses, both in the yearly financial budget and in the five year plans. Plans made by the Government are adequate, but become ebb ornament in the hands real beneficiaries (especially the rural people), which justifies that something lies between the 'decision' and 'implementation'. The above said 'something' is a strategic gap between actual plan and their execution on the ground level. The real issues are not the external infrastructure but the internal facilities related to medical equipments, skilled physicians, and paramedical staffs, which have not been addressed properly till now in India that justify the above said gap. The statistical reports of researchers and Government show that burden of healthcare expenses are mounting on the health care victims. Some control mechanisms were initiated, still these fails to serve the purposes. On these contextual backgrounds, the following research problem is defined.

Problem Statement

The research problem for the current research can be defined as "can the strategic gaps be visualized and addressed to make the primary health-care services reach the real beneficiaries".

Objectives of the study:

To analyse the dimension associated with the current health care position in India, (2) to visualize the strategic gaps logically from the literatures and facts, and (3) to propose the probable mechanisms to address the strategic gaps

Research Design & Methodology:

This study follows the descriptive research design by analysing the literatures only which logical reaches strategic gaps between the dimensions of present health care position of the nation with respect to the proposed mechanism to address these gaps.

Originality

This paper is having its novelty by proposing the strategic gaps of over-all primary health care system in India. These gaps visualised by logical arguments along the issues of plans, policies & strategies of the health care sector and pitfall in the implementation processes. Appropriate strategies both in Govt. & non-Govt. level can be formulated and implemented by out-comes of this study.

KEY WORDS: Strategic gaps, Logical arguments, primary health care, Planning, Decision, Butterfly model

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I. INTRODUCTION

'Health is Wealth', a famous saying directs the attention towards importance of 'health' for human being in the society. If we are not healthy (physical, mental and social well being), wealth means nothing to us. A healthy body and mind is an asset for a developing nation. But India being the 2nd highly populated country contains a large mass of inaccessible people in terms of health care. Many places in India are still impregnable in getting the primary health care. Many plans and estimated cost budgets are occupying a major place in the yearly financial budget and the in the five year plans. Although the plans and cost made by the Government are adequate in the paper but is insufficient in actual use. This shows that the fault lies somewhere between decisions and their implementation.

The Govt. expenditure allocation towards health care in India was 136763 Cr. in year 2013-14, 159491Cr. in year 2014-15 and Rs 165944 Cr. in 2015-16 ("Public Health Expenditure in India," n.d.), which shows that the Govt is placing the health care as one of top priority in its list of expenses and strategic decision

making. The total expenditure done towards the public health-care in the year 2015-2016 is Rs 157729/- Crores ("Public Health Expenditure in India," n.d.), which is a significant amount for India but lead to insignificant result. The underprivileged people are the unreachable clans who are not yet given proper care in term of health care supplies.

The reason behind the inaccessibility of health care facility is nothing but the gap between actual plan and the work execution. In the recent years many hospitals are built and many are under progress. We have seen the infrastructural development of the healthcare sectors in terms of building, but the internal constraints like lack of supplies, lack of equipment, insufficiency of skill doctors and staffs at the hospital and lack of technical people without proper training at the primary level have become real issues. Handling massive flow patients is hardly possible with the existing internal facilities.

Another flaw of the Government leys on budget plan relating to controlling mechanism and the appraisal factor for the heathcare sector is making the above constraints more complex. Year by year many budget plans are made without proper appraisal system. Every year new ideas are implemented without nullifying the flaws of the previous strategies and plans, leading to the overlapping of activities and continuous prevailing of the flaws, ultimately contribute to the strategic gaps of health care sector in India. This gives rise to greater burden of health care cost on the general mass.

Although the health expenditure made by the rural people is 6.05% and the expenditure of the urban people is 4.91 % ("Percentage Share of Household Expenditure on Health and Drugs in Various States during Eleventh Five Year Plan | Open Government Data (OGD) Platform India," n.d.), still the rural people, the real beneficiaries, are the victims of poor healthcare services. For this purpose health insurance would be the best alternative, but the knowledge regarding the health insurance has not been realised in true sense by our needy citizens. Further, many treatments are so expensive, which is hardly affordable for the lower income group people. In this context, the available health insurance policies offered to the needy group is still not properly governed. So the expenditure made by the poor people is not properly addressed by the decision makers. It is also a major issue that health insurance comes from the General Insurance, without any return after the date of maturity against the premium deposited, if not undergone any claims by the insured people.

The important issue in the health insurance sector is the issue of awareness and knowledge regarding the facilities provided by the health insurance companies of the real beneficiaries. Many people are not aware of the health insurance product and its advantages in the modern day world. Apart from the above aspect there are many difficulties like misconceptions of general citizens relating to the life insurance with health insurance, documentation complexity of the health insurance products, delay in the receipt of the claimant amount and ease of insurance transactions by the common men. These are the reasons that only 17%of the total population is availing the health insurance product (The Hindu, 2017). According to the study by the Organisation for Economic Co-operation and Development in 2011, not only developed but also some developing nations have achieved the 100% health insurance coverage for its entire population. E.g. Australia, Canada, Japan, Portugal and many other nations (Martin, 2017). It is just not the need of the people but also the need of the nation to make the 100% health insurance coverage as the decision maker of those countries recognise that the common men are indirectly participating and delivering the responsibilities of the Govt./decision maker, which bridge the possible gaps between strategic decisions and their implementations. In India the health insurance sector is mostly dominated by the private organisations having 79% of the total holding and only 21% health insurance facility is provided by the PSU organizations (Gupta, 2007). This clearly shows that, the health insurance is neglected by the Govt. and not major steps are taken for the participation of common people in the developmental processes. Hence various gaps between 'decision' and 'implementation' is visualized in India. In this context, the following research problem is defined.

1.1 Problem Statement

Health care facilities may be significant for the urban people but is still a hard reach and far reach product for the rural citizens of the country. This may be attributed to improper strategies & policies or to ineffective implementation of the policies or to any uncontrollable dimensions of the human society or to 'something in between' the above three aspects. The advanced knowledge base and technology made these three aspects understandable and function-able. So, emphasis needs to put on the term – 'something in between'. In this context the problem statement refers to "can the strategic gaps be visualized and addressed to make the primary health-care services reach the real beneficiaries".

1.2 Objectives of the study:

1-To analyse the dimensions associated with the current health care position in India.
2- To visualize the strategic gaps logically from the literatures and facts.
3- To propose the probable mechanisms to address the strategic gaps

1.3 Relevance

This topic is relevant as it found out the managerial issues in the health care sector that leads to the irrelevant strategic decisions prevailing in the sector, which resulted in failure of serving the purposes (reach to the lower level of society) of real health care services. So, this study is contemporary in nature dealing with strategic decision making as the gaps between 'decisions' and 'implementation' are addressed substantially.

1.4 Research Design & Methodology:

Descriptive research design is adopted in this study. Mostly the reviews of some empirical studies, theoretical research works, case studies and survey results are studied with the logical arguments to propose the strategic gaps. The analyses shows the dimension of present health care position of the nation and visualize the gaps with respect to the above said logical arguments, so that the probable mechanism can be proposed to address these gaps.

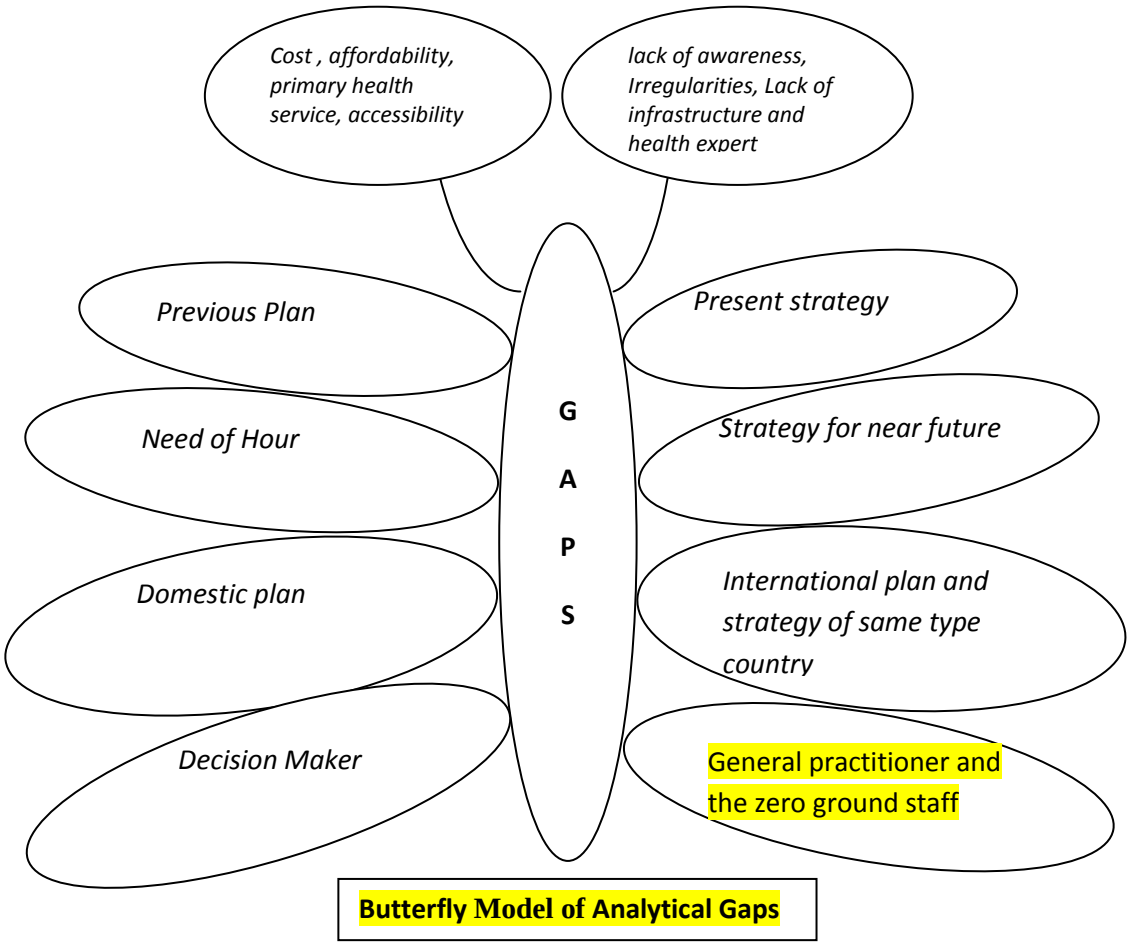
II. LITERATURE REVIEWS

The focus of the current study is substantiated by various literatures, data from the Govt. data-base, theoretical research works, case studies and survey results. The gaps can be addressed by the decision makers with the help of "butterfly model".

2.1 Analytical gaps of the Health care sector in India:

The analytical gaps of the health care sector in the current study are shown in the butterfly model. The receptor antenna of the butterfly shows us the consequences of the gap and the body of the butterfly shows the overall gaps of healthcare sector.

Figure-1



Butterfly Model of Analytical Gaps

The antennas of the butterfly sense some symptoms separately from the surroundings, which in current research are the healthcare issues of the Indian society both from the consumers' perspective and from the decision-makers' perspective. These sensing points are the symptoms of the gaps that prevail due to the

individual as well as the combined effects of four separately proposed gaps. The decision maker or the planner or the strategists must go in consistent, not parallel, with the sensing points (symptoms) to minimize the effect of the gaps as both the feathers of the butterfly must be synchronised to fly comfortably.

From the other side it can be expressed that the gaps lead to those problems (symptoms) that have the probabilities of danger for nation in near future. Thus, in order to diminish the effect of the above said symptoms (minimizing the said social/national problems), the strategists or planners need to address these issues continuously and integrally in their relevant decisions. The social problems (symptoms) can only be solved by minimizing the gaps of the decision and their expected results.

Every feathers of the above said butterfly are not isolated from each other as gap prevails not just on one area but the aggregation of multiple areas that lead to over all gap (the body of butterfly) of the health care sector in India. Like a butterfly with strong feather but light weight body can make a good flight, a health care sector with fewer and narrow gaps between those areas can give good governance and can result in strong nation. The feathers are jointly showing that simultaneous minimization of the above said gaps can give better results to the real beneficiaries, the rural India, of the nation. These gaps have to be visualised by the decision makers, so as to build new and better ways for the smooth functioning of the health care sector. The problems, according to proposed model, in the healthcare sectors exist because there is a gap between the expected and the actual performance of the health care decisions. Here the receptors of the butterfly indicate the problems or the consequences of the non-coinciding factors between the expected and actual work that has to be done in any country.

These overall gap (body of the Butterfly) constitute the gaps of -

- flaws of previous plans and the dimensions of the present strategy,
- issues related to the need of the hour and the strategies for the near future,
- domestic plan and the comparative international plan in the same context,
- decision makers and the real practitioners of the decisions.

2.1.1. Flaws of previous plans and the dimension of the present strategy

The controlling mechanism of the health care sectors failed as we have seen that the Govt. expenditure has subsequently risen through many years but yet the health expenditure for a common man from his salary/wages has also rise. This shows that although Govt is spending a lot but never took the lessons from its previous plans and never took any corrective measures in its present strategy. So the gap arises between the flaws of previous plans and the implementing the measures in present plans/strategies. This gap ended with the huge cost of health care for common people of India.

2.1.2 Issues related to the need of the hour and the strategy for the near future.

Major parts of the health care budgets are spent on the reactive services rather than the proactive services of the health care. Because of above reason, a gap between the need of the hour (present need) and making the strategy accordingly for near future, which justified by the absence of the sufficient primary health care services.

2.1.3 The gap between domestic plan and the respect to international plan with the same context

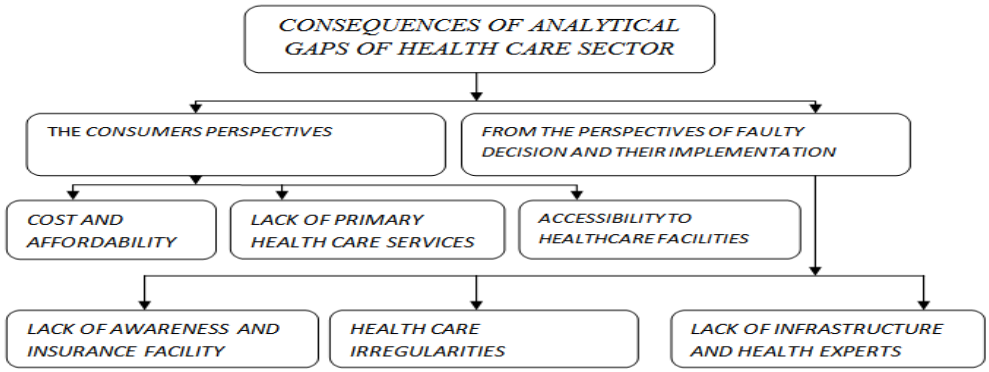
Not only developed countries but also the developing countries of the world like Malaysia, Israel, South Africa etc have shown their efficiency in the health care sector because of adoption of revolutionary ideas and plans for better effect. Even the country like China with a vast population has emerged in the efficient field of health facility. One of the ideas was the health insurance for the common people. Even many countries have their policies of 100% health insurance for common people. India has still lack in matching its policies with the international standard that justify a gap between domestic and international policies. This results in the lack of awareness and availability of health insurance products, which create a health care cost burden for the common people.

2.1.4 Gap of decision makers and the real practitioners.

The role and involvement of real decision makers in a democratic country like India is less than it is expected to be, which shows that without knowing the ground zero difficulties of the health care sector, decisions are made. And eventually without the ground zero knowledge, the plans are failed in recent years. The practitioners of the health care, the persons associated with patients and other consumers of the health care products, must be taken in to consideration and must be given chance of participation in decision making or plans for health-care sector. The gaps arise when the decision makers and the real practitioners are different. This is seen by the irregularities in the health care sector and the unavailability of health care experts and the infrastructures that are required in Indian scenario.

2.2 Consequences of the gaps of the health-care sector in India:

Figure-2



2.2.1 Cost and affordability signifying the gaps

India is a huge populated country with its larger mass residing in the rural areas, depending mostly on agriculture. About 75% of the rural India have the earning of just Rs 33 as their per head income (Tewari, 2015). With this low income, it is very difficult for them to afford the costly health care services. Friedberg, M.W., Hussey, P.S. and Schneider E.C. (2010), supported the fact that a country with larger mass can avail the primary health care, if they get the quality facility with less cost. So, more studies are needed to find out the cause of higher health care cost, which will help to better health care facility with less cost (Laberge, M., Wodchis, W.P., Barnsley, J. and Laporte .2017). Reducing the cost of primary health care will have impact on the socioeconomic health equality and will reduce unnecessary hospitalization (Kringos, Boerma, Van Der Zee, & Groenewegen, 2013).

2.2.2 Lack of Primary health care:

India has always lack of adequate primary health care, which should be universally accessible to individuals and acceptable to them. It is an approach to health beyond the traditional health care system that focuses on health equity-producing social policy. It is the basic essential elements and objectives to attain better health services for all (Mona, 2016). Friedberg, M.W., Hussey, P.S. and Schneider E.C. (2010) said that population with larger primary health care orientation will have better result in terms of low-cost health-care. It is well known that the primary health care target can be achieved through more number of technical experts and physicians relating to the concerned community. In this context, Neuwelt, et al. (2009) explained that population health goals can be achieved through collaboration between general practitioners, nurses, other primary health care workers, and communities, together with health promotion and public health practitioners. Better health care is expected through involving every trained person in the field of health sector. Prinz, S.T. and Soffel, D. (2003) suggested that primary health care target can be achieved by involving the private primary physicians as the govt practitioners are not sufficient in numbers. Yano, E.M. and et al. (2007) said that the veteran health administration can be a key fact for the development and reforms of general health practise in the primary health-care sector. These problems of quality improvement and resource sufficiency can be solved by involving the veteran practitioners. For a good health care system in any nation, it is most essential to implementation of HMIS (health management information system), which improves the effectiveness, efficiency, and give a flexible framework. For implementation of HMIS the required capital cost can recover within two years with full operation. (Krishnan, Nongkynrih, Yadav, Singh, & Gupta, 2010)

2.2.3 Accessible to Health care facility

As per the national health profile-2013, compiled by the Central Bureau of Health Intelligence (CBHI), there are 628708 beds are available in 19817 Government Hospitals including CHCs in the country (GOI, 2014), which reflect that it is a nightmare for the common man to avail the Govt. facility of the health care, those who reside in the interior rural areas of India. On the other hand, the geographical disadvantages of rural India (more than 65% of the population) are making the above problem more complex as it has been seen in all most all media vehicles that the above said common men are travelling minimum five kilometres to reach a Govt hospital taking five hours to a patient and medical ambulance should not be imagined in this case. Further, the poorness of the interior rural areas of India is in such a level that availing transportation offered by the private parties to reach to the Govt. hospital becomes an un-achievable dream. In this scenario availing private health care services with own cost should not come to the picture at all. India even does not have 1 bed per 1000 people which shows the worthless side of health care facility and its accessibility to the common men (Sinha, 2011)

2.2.4 Faulty Decisions and implementation.

The main reasons for which the healthcare consumers are suffered are the faulty decisions and their implementations. The decisions are taken on the superficial survey bases without looking at ground zero reality. The previous plans are not properly referred and checked, which make the overlapping of works with respect to their targets. This gives rise to ineffective resource utilization in health-care services, the main pillar of nation's development

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2.2.5 Lack of awareness and insurance facility

The health-care expenditure of the Government has increased in few years as Rs136763 Crores in year 2013-14, Rs 159491Crores in year 2014-15 and Rs 165944 Crores in 2015-16 ("Public Health Expenditure in India," n.d.) are allocated for the health-care services in India, but still people are much unaware about the relevant Govt policies. Public awareness is much important in the proper implementation of the policy and this awareness can only be possible through proper healthcare promotion. In this context Kay, M. K. (2007) suggested that the effects of marketing on the integrated health delivery systems required reconsideration as the economic cost for the health care facility is increasingly unsustainable. Further, the awareness and the marketing have to be consumer driven. Rooney, K. (2009) explained that Consumer-driven healthcare marketing has immense impact on the concerned organisations, which have dared to experiment and implement it. And the costs of investing in new technology enabled marketing opportunities are lower than traditional. Lieneck, C. and Greathouse, D.G. (2015) found from their study that experiential learning is an effective and widely accepted method of learning in the healthcare administration and communication in health care marketing. So, the previously said concept of 'veteran administration' is justified here, especially in Indian context to address the gap between 'decisions' and their 'implementations'.

2.2.6 Health care irregularity

Currently about 90% of private sector hospitals offering various health-care services in India is disorganized. The traditional health care system should need to revise by looking at growing population. So, it is needed to increase the consumer awareness, health insurance exploration, private sector participation on government policies integrally with consumer affordability (Mehra, 2016). In consistent with the above findings, Sodhi & Singh (2016) explained that the cost of the health care is increasing rapidly and cost of the health insurance also unaffordable in our system due to poor monitoring and lack of proper regulation over the concerned private sector, which can be check through various measures. Government need to implement regulation to QoS (assess service quality) by which government can facilitate professional networks that redesign and co-ordinate health-care and use of information technology and other management tools enable the performance improvement. Complex and value added treatments require responsibility-driven services. So, Government need to enact regulations that facilitate affordable treatment; steer market forces for responsive service delivery for complex and value added treatments; nurture network that offer health services along efficiency – responsiveness continuum (Prakash, 2015). Around 70% of the rural health care providers are providing service without formal training. Further, providing the formal training to the health care service provider is long run process and both in rural and urban areas, there is very small difference in the trained and untrained service providers (Das et al., 2012). All the above literature logically refer that the real practitioners are not involved in the decision making, hence the concerned gap is arising in Indian health-care sector.

2.2.7 Lack of infrastructure and health expert.

The Investment in health sector has been rising continuously but it rarely realized that the problem does not lie with amount investment but with the allocation in the non-priority areas and deficit funding in the priority sectors. The insufficiency in technical work force makes the above problem more complex. Health care could be better by providing better work force, better service providers and meeting the infrastructure need. Friedberg, M.W., Hussey, P.S. and Schneider E.C. (2010), said that service providers in terms of knowledge based primary health-care functions and delivery of primary health care will have beneficial effect on the quality, outcome and cost of healthcare of the nation. To support him, Neuwelt, et al. (2009) explained that population health goals can be achieved through collaboration between general practitioners, nurses, other primary health care workers, and communities together with health promotion and public health practitioners. It is also suggested by Prinz, S.T. and Soffel, D. (2003) that primary health care target can be achieved by involving the private primary physicians as the govt practitioners are not sufficient in numbers. To increase the work force it is suggested by Yano, E.M. and et al. (2007) that the veteran health administration can be a key fact for the development and reforms of general health-care practices in this sector. The problems of primary care-based quality improvement and authority expanded, and resource sufficiency can be solved by involving the veteran practitioners. To improve the infrastructure, it needs to improve the number of rooms, receptions and follow up the availability of drugs (Narang, 2011). Thus, it can be said that all four gaps can be realized and

addressed by the decision makers simultaneously on the basis that the butterfly take a smooth flight with strong, not bulky, body with combined action/function of feathers.

III. ORIGINALITY/CONTRIBUTION

This paper is having its novelty by proposing the analytical gaps of over-all primary health care system of India. These gaps visualised by logical arguments along the issues of plans, policies & strategies of the health care sector and pitfall in the implementation processes through a model, proposed in this study as 'butterfly model'. Analytical gaps through the said model suffice the strategy formulation & implementation process to be taken in future.

IV. CONCLUSION

The problem arises in any society is the reflection of the gaps that exist between the actual and expected result of any social plan made by the planners or strategists or leaders. The problems of the cost and affordability, the accessibility issue, the issues of primary health care, lack of awareness of health insurance, irregularities in health care facilities, the absence of proper infrastructure and the health care expert unveil the prevailing gap of plans made and the actual performances with the ground zero realities. The gaps that result in above said problems are due to the non-recognition of flaws of previous plans and the dimension of the present strategy, the gap between the need of the hour and the strategies made for the near future, the gap between domestic plan with respect to international plan on the same context and gap of decision makers and the real practitioners. So, for the effectiveness of the plans and smooth functioning of the health care sector, these gaps have to be addresses by the planners and strategists according to the logic of the butterfly model.

V. MANAGERIAL IMPLICATIONS

Strategic gaps with logical arguments can be addressed by the decision makers in future, both in the Government level and in the private organizational level. Current flaws along the said gaps can be put right in coming budgets or plans.

VI. LIMITATIONS & DE-LIMITATIONS

Only literature based conceptualization may not unveil every truth, so some empirical evidences will be helpful to address the said gaps in India like highly diversified populated country. The proposed model can be more meaningful, if case-studies will be taken into consideration. Further, the strategic gap can be more realized, if it can be compared with the health-care systems of those countries that have similar situation as of the Indian scenario. So, the future researchers should consider these aspects.

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