

Discontinued after 1947, time ripe for Indian Medical Services' re-introduction

Medical Experts say Yes; seek roll-out to boost public healthcare sector and address the wide gap between demand and delivery

Medical experts representing public and private sector have underscored the need to re-introduce Indian Medical Services, akin to Indian Administrative Service, to boost the public healthcare sector and address the wide gap between demand and delivery.

They have submitted a five-point agenda to the government to roll-out of IMS.

Think Change Forum (TCF), an independent think tank dedicated to generating new ideas and finding solutions for navigating through a new changing world recently held a panel discussion titled 'Is it time for India to resurrect Indian Medical Services?'. The discussion highlighted the imperative of strengthening the public healthcare system and emphasised the pivotal role that IMS can play in achieving this objective.

The IMS will help bring the sheen and trust back to public health sector which has been lost to private sector; help stop brain drain from public medical services by attracting and retaining the best medical talent; allow for superior healthcare outcomes with better managed facilities and processes, as no longer generalists will be managing the specialists, the experts at the panel discussion said.

It will reduce health crises and reduction in tertiary cases by improved preventive healthcare at primary levels and enable seamless coordination between states and the centre for healthcare policy making.

The IMS was present during the British era but was discontinued after Independence. Current government has made commendable efforts in healthcare and has implemented impactful schemes like Ayushman Bharat.

However, still the gap is huge, requiring systemic changes, the experts noted.

In the five-point agenda, the experts have emphasised an excessive reliance on the private sector for meeting healthcare demands of Indian citizens.

Overall, the healthcare infrastructure is fractured and falls short of providing quality and effective healthcare at scale. These shortcomings primarily stem from inefficient bureaucratic management rather than lack of skills among healthcare professionals. An IMS will help bring the sheen and trust back to the public health sector which has been lost to the private sector, they said.

Dr Rajesh Gupta, Additional Director, Pulmonology and Critical Care, Fortis Healthcare, Noida, said, "The majority of the Indian public relies on the private sector for healthcare services, with 60 per cent of inpatient admissions (IPDs) and 80 per cent of outpatient visits (OPDs) occurring in private facilities."

The second point highlighted challenges in staffing the public healthcare system with skilled doctors. Lack of incentives for these highly educated professionals to work under generalist administrators has resulted in brain drain.

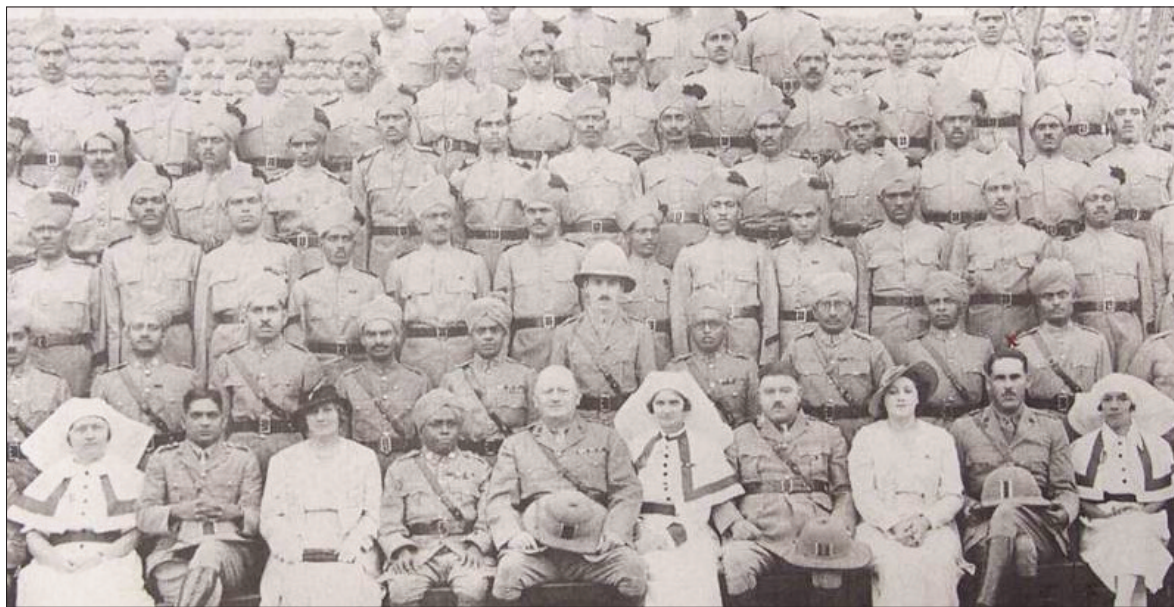
To retain quality doctors and ensure health security for the population, there is an urgent need to establish IMS, which will help stop brain drain from public medical services by attracting and retaining the best medical talent, the expert said.

Dr Sharad Kr Agarwal, the immediate past national president of IMA, said, "The implementation of IMS holds the promise of enhancing service quality through induction of skilled doctors and addressing the persistent doctor shortage, especially in rural areas. Crucial to its success is equipping the cadre with ample facilities and resources comparable to those provided to IAS or IPS officers." "This will ensure that doctors are incentivized to join IMS, drawn by a clear career trajectory and motivated to serve communities, even in remote areas," he said.

The third point in the agenda underscores the necessity of superior health outcomes for the citizens with better managed facilities and processes, which will happen when no longer generalists will be managing the specialists.

Meanwhile the fourth point focusses on an urgent need to avert growing incidences of health crises and reduction in tertiary cases, which can happen by improving preventive healthcare and delivery at primary healthcare levels. An effective IMS will enable this, which in turn reduces the cost of health for all stakeholders.

The last point highlights that an IMS will be able to enable seamless coordination and cooperation between the central and state health departments, for improved national healthcare policies for the country.



NOW, TASK FORCE ON BRAIN HEALTHCARE

The Union Health Ministry has constituted a 'National Task Force on Brain Health' to improve accessibility and quality of brain healthcare at primary, secondary and tertiary level.

According to an office memorandum issued, brain health is an emerging and growing concept that encompasses preventive, promotive and rehabilitative domains to provide and ensure brain health for all as part of universal health coverage and to accomplish SDGs.

Disorders of the nervous system are the leading cause of disability adjusted life years (DALYs) and the second leading cause of death globally, accounting for 9 million deaths per year, the memorandum said.

In the past three decades, most studies in India have shown a high disease burden for specific diseases including stroke, epilepsy, headache, Parkinson's disease, and dementia, mostly reported for the urban Indian population.

Despite progress in improving access to national health care, disparities persist based on socioeconomic status, age, geography, and gender.

A pragmatic approach for effective strategies on surveillance, prevention, acute care and rehabilitation is needed urgently to provide easily accessible services for promotion, protection and recovery of neurological health and care in India, the OM said.

"Accordingly, it has been proposed to constitute a 'National Task Force on Brain Health' with technical experts in the field of neurological care and science, and concerned ministries to review the gaps in depth and make recommendations," it said.

According to the terms of reference of the task force, it will recommend pathways to improve accessibility and quality of brain health at primary, secondary and tertiary health care level.

It will also recommend specific action to be taken for strengthening and creating a robust, structured system to provide effective, timely diagnosis, treatment and care to patients with neurological disorders and formulate strategies for promotion, management and prevention of neurological disorders in Ayushman Aarogya Mandirs.

The task force will recommend ways to create systems for supportive rehabilitation infrastructure, equipped to provide services and interventions aimed at enhancing overall well-being and functioning for individuals living with Neurological conditions.

The task force will submit its report by July 15.

'65 YEARS' AGE CAP REMOVED ON HEALTH INSURANCE

Marking a significant departure from the conventional constraints that limited individuals in securing comprehensive coverage, and with a view to widen the market and foster adequate protection from healthcare expenses, insurance regulator IRDAI has removed the age limit of 65 years for individuals buying health insurance policies.

By abolishing the maximum age restriction on purchasing health insurance plans, the Insurance Regulatory and Development Authority of India (IRDAI) aims to foster a more inclusive and accessible healthcare ecosystem, ensuring adequate protection against unforeseen medical expenses.

As per the earlier guidelines, individuals were allowed to purchase a new insurance policy only till the age of 65. However, with the recent amendment, which has been effective from April 1, anyone, regardless of age, is eligible to buy a new health insurance policy.

In a recent gazette notification, IRDAI said, "insurers shall ensure that they offer health insurance products to cater to all age groups. Insurers may design products specifically for senior citizens, students, children, maternity, and any other group as specified by the Competent Authority."

Besides, insurers have been mandated to offer health policies to individuals with pre-existing medical conditions of any kind.

Consequently, insurers are prohibited from refusing to issue policies to individuals with severe medical conditions like cancer, heart or renal failure, and AIDS.

According to the notification, insurers are allowed to offer premium payment in instalments for the convenience of policyholders.

Travel policies can only be offered by general and health insurers, it said.

There is no limit on AYUSH treatment coverage. Treatments under systems like Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homeopathy will receive coverage up to the sum insured without any cap, it said.

Policyholders with benefit-based policies can file multiple claims with various insurers, enhancing flexibility and options, it said.

The proposed regulation seeks to handle the complaints and claims of senior citizens via a specialised channel, ensuring a more tailored and responsive approach to their requirements, it added.