



Consumer Concerns in the Health Care Sector in Assam – Findings and Way Forward

1. CUTS Project (COHED)

Various imperfections in the market of health care services remain due to the combination of a number of factors, including huge information asymmetry between consumers and the providers, lack of coherence in policy formulation and implementation between the Centre and State, absence of proper regulatory oversight, etc. These imperfections have led to proliferation of market malpractices, which provide greater commercial benefits to providers, to the detriment of the consumers.

In June 2010, CUTS embarked on a project (*Collusive Behaviour in Health Care Delivery in India: Need for Effective Regulation*, referred to as the **COHED Project**, www.cuts-ccier.org/COHED) to study some of these inter-relations (arrangements) between providers in the health care value chain in two states of the country – **Assam and Chhattisgarh**. In **Assam**, this project was implemented in cooperation with the Action North East Trust (**the ANT**) in Guwahati, Bongaigaon and Nagaon. A multiple-stage survey and analysis methodology was developed and the same was employed for obtaining results.

2. Key Findings

Some of the main **key findings** of the **first stage (consumer survey) of the study** are enumerated below:

- A high tendency of choosing private health care facility (often to suit convenience and save time, etc.) existed among a majority of the respondents.
- A change in consumer attitude towards health care is essential to ensure that available (public) health care services are utilised to their full potential.

- An extremely high frequency of referral (to diagnostic clinics), combined with the prevalence of ‘cuts’ for referring doctors, was noted. This is an extremely pernicious arrangement and should be curbed.
- In spite of having received medical treatment at a public hospital, consumers buy medicines mostly from private sources. This raises the cost of health care for consumers further.

The **key findings** that emerged from the **second stage (prescription analysis) of the study** were:

- A large number of respondents bought medicines from private sources while getting treated at public hospitals. A significant percentage of drugs that were obtained by consumers from private sources seem to have been available in the respective Hospital Stock Lists.
- Non-availability of drugs in public hospitals was the main reason for relying on private sources for obtaining medicines. A big chunk of medicines from the State List of Essential Medicines was absent in the surveyed hospitals.
- Some of the medicines that were not available in the Hospital Stock List had substitutes, but those substitutes were never provided.
- A glaring fact was the high percentage of incompleteness of diagnosis, as revealed from the analysis of prescriptions. Three-fourths of the population (75 percent) covered in Assam did not bear any evidence of ‘signs and symptoms’ and/or ‘preliminary diagnosis’ in them.

3. Recommendations and Way Forward

On the basis of the review and the field work undertaken, certain recommendations have been made to ensure that a more **consumer-friendly health care system** is evolved. These are segregated into two specific categories: (i) issues for policy and (ii) issues for consumer awareness and actions.

Issues for Policy Advocacy

- ***Procurement and Distribution of Drugs*** – The State Government should urgently ensure that medicines are available in the public hospitals. For this, state-level policies and ‘action programmes’ should be developed and implemented urgently.
- ***Public Display of Hospital Stock of Medicines*** – It should be mandatory for public hospitals to publicly display their stock of medicines and the figures (of current stock) should be updated on a day-to-day basis and displayed in a prominent location in the hospital.
- ***Periodic Scrutiny of Prescription Patterns*** – This should be initiated by the State Government and implemented in cooperation with the local civil society organisations.
- ***Monitoring of Chemist/Pharmacist Shops in Close Proximity of Public Hospitals*** – The State Government authorities should undertake periodic (and ‘unannounced’) visits to private chemists outside public hospitals and also get feedback from consumers visiting them.
- ***Greater Attention to Patients*** – Doctors need to spend more time on the consumer seeking health care, or else face action.
- ***Identify ‘Good Practices’ within the State and Replicate Them*** – The study reveals that there are ‘good practice’ hospitals that exist. It is necessary to develop a system of ‘performance evaluation’ of public health care institutions and recognise those which have been doing their job well. Efforts should also be made to explore the possibility of emulating such ‘good practice cases’ in the other public health care institutions.
- ***Adoption of the Clinical Establishment Act 2010*** – All the states should adopt this at the earliest to ensure a minimum standard of health care for consumers.

Issues for Consumer Awareness and Actions

- ***Need to Be More Cautious in Choosing Health Care Providers*** – Consumers seem to be very casual in choosing health care providers and often visit those providers who are located nearby. It is important that they choose providers who have an established good performance record.
- ***Approach Consumer Forum for Redressal*** – Consumers are unaware that they can complain against unfair and deceptive practices of doctors to the State Consumer Forum and get redressal.
- ***Raise Demand for Generic Drugs*** – Consumer should demand generic drugs. When they visit pharmacists with prescriptions with generic drugs written on them, they should ask the pharmacists to provide them 3-4 brands of each of the generic drugs from which they can make a choice.
- ***Demand Discounts from Pharmacists*** – Like any other consumer good/services, consumers should ask for discount on the price of medicines (MRP) from the pharmacists. It is a practice to sell medicines at MRP only.

CUTS encourages the media across the state of *Assam* to take cognisance and raise issues related to consumer concerns in health care to enhance greater public awareness and stimulate further reforms in health care services in the interest of the ordinary consumer.
