

Meet on collusive behaviour in health care delivery



State-level inception meeting on Collusive behaviour in health care delivery in progress.

■ **Staff Reporter**
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A DIVERSE group of stakeholders from Chhattisgarh met at the state-level inception meeting of the project, 'Collusive behaviour in healthcare delivery in India: need for effective regulation', that it is critical to collect proper evidence of collusive practices to address such practices.

The meeting organised, in Raipur, by consulting agency SUTRA and CUTS Centre for Competition, Investment and Economic Regulation, included representatives from civil society organisations from across the State, State Government representatives, media and other key stakeholders. The main objective was to elucidate the purpose of this project, brainstorm on the impact of collusive behaviour in healthcare delivery in the State, and explore possible remedial measures. SUTRA and CUTS would be undertaking a research to document evidence of collusive/deceptive practices in healthcare delivery from selected towns of State and raise a discourse on how to address them. Deputy Director Rijit Sengupta, representing CUTS, gave a brief overview of the project, specifically its purpose and anticipated results. He opined

that 'In spite of a large number of players operating in the various segments of the healthcare value chain in India, there has hardly been any impact on the cost of healthcare services, which continue to be fairly high'. He observed that 'anecdotal evidence indicate towards a linkage between such high costs of healthcare and the tacit arrangements/agreements that exist between various players in the healthcare delivery sector'. The project endeavours to sensitise consumers/users about the impact such practices have on their disposable incomes, and educate them of the existing policy/legislations for redressal.

Speaking about access, cost and quality of healthcare facilities in the State, Dr Kamlesh Jain from the State Health Resource Centre, Chhattisgarh indicated that, 'there is a distinct rural-urban divide with regards to healthcare provision in the state. Most of the private hospitals are located in towns, while only public health facilities are located in the rural areas. Positions of medical officers in these public health facilities have been lying vacant'. As a result of non-availability of public health facilities, rural folk are forced to get healthcare from private facilities in the urban areas, and pay considerable amounts for that. Such expens-

es are compounded by high prices that private healthcare providers extract from the consumers through collusive practices.

Dr Jain asserted that State Government has recently come up with policies and schemes to enhance establishment of (private) healthcare in the rural areas to enhance access, but the real challenge lies in the implementation of these policies/schemes. He stated that the media needs to play a key role in the process by disseminating information about these policies/schemes among the stakeholders. S Srinivasan, a renowned healthcare expert representing Jaipur-based LOCOST, indicated that there is a need to collect evidence from various sources about collusive behaviour and document them to stimulate actions by regulators and even professional associations in the State and also at the National-Level. Right to Information Act could be utilised to gather such information as well. He illustrated through certain examples of the various types of evidences that could be collected to establish collusive practices and their impacts on consumers, especially the poor. Srinivasan also cautioned that the recent acquisition of many Indian drug companies by MNCs would lead to increase of drugs prices in the near future, due to the dominance of specialised drugs in the product line. This would result in consumers having to shell out more money for medical healthcare, given that doctors would be under pressure from these companies to prescribe high-cost specialised drugs as compared to the generic medicines. Finally, he indicated that there is a need for the government to play a much greater role in regulating the healthcare sector, in the interest of the consumers.

Among the various questions raised by the participants, there was particular interest on how the bargaining power of consumers can be enhanced, so that s/he is not always at the mercy of the doctor. It was unanimously felt that there is a need to identify a group of conscientious medical professionals at the state-level for providing prescription advisory services on a voluntary basis to guide consumers.