



Creating an Ecosystem for Healthcare Providers

10 years of the Association of Healthcare Providers (India)





The background is a vibrant, abstract composition of overlapping, semi-transparent shapes. Large, flowing bands of color in shades of blue, orange, red, and purple sweep across the frame. Interspersed among these bands are various sized circles in matching colors, some appearing as if they are floating or attached to thin white lines, reminiscent of a stylized atomic model or a celestial system. The overall aesthetic is modern and energetic.

MESSAGES BY LEADERS



It is a matter of pride and delight to note that the Association of Healthcare Providers India [AHPI] has successfully completed a decade of fruitful service.

I congratulate each and every member of the association for the constructive role they have played in ensuring the remarkable growth of AHPI into an effective organization.

Over the years India's healthcare has received immense boost with AHPI playing a crucial role in ensuring affordable, accessible quality healthcare to all our citizens.

The coming decade will see an interesting mix of maximization of preventive and wellness aspects of healthcare, with technology complimenting it, so that the aim of universal healthcare is achievable.

Dr Devi Shetty
Chairman,
Narayana Health,
Founder-Patron, AHPI



Congratulations to the Association of Healthcare Providers India (AHPI) on successfully completing 10 years of service to the healthcare industry. Your dedication and commitment to improving the healthcare system in India is commendable. I would like to appreciate your ongoing support to the National Health Authority (NHA) in the adoption of the Ayushman Bharat Digital Mission (ABDM). Your contribution through constant engagement and advocacy with state chapters about the positive impact of digitisation of health has been invaluable in helping us achieve our goals of providing better healthcare to all citizens. The healthcare providers represented by AHPI are key stakeholders in building an integrated Digital Health Ecosystem in the country and NHA is glad to accelerate this collective vision together.

Wishing you many more years of success!

Best wishes,

Dr R. S. Sharma
CEO,
National Health Authority



I am happy to learn that the Association of Healthcare Providers India [AHPI] is bringing out a “Coffee Table Book” chronicling the sequence of events of over a decade of its glorious existence.

This “Coffee Table Book” will enable the readers to visually experience the growth and achievements of AHPI, encompassing various fields of Healthcare in our country and in doing so, its meaningful interactions with the various governmental and non-governmental organisations.

This compilation would help the future generations to understand the contributions of AHPI and also acknowledge the valuable services of those connected with it.

My sincere appreciation to all those who have partaken in this successful journey.

Dr Vinod K. Paul
Member, NITI Aayog



Delighted to learn that AHPI is bringing out a Coffee Table Book on the occasion of the Global Conclave 2023. Ever since its formation in 2012, AHPI has rendered yeoman service towards provisioning of healthcare for all.

Going through the book is akin to the reader being taken on a voyage through the years in the past while savouring the several landmark milestones the organisation has left in its wake.

I wish AHPI continued success in its noble endeavour.

Jai Hind!

Air Vice Marshal (Dr) Sadhna S. Nair VSM
Principal Medical Officer,
Headquarter Training, Indian Air Force



The driving force behind transforming healthcare in India

My heartiest congratulations to the team and members of the Association of Healthcare Providers – India (AHPI) on completing a successful journey of 10 years. AHPI has stood by its commitment of working towards a healthy society and a healthy India, while enabling healthcare providers to serve the community effectively.

AHPI has been working on policy- and advocacy-related subject matters since its inception. The association was among the first ones to bring accredited hospitals under one umbrella to share best practices. It is the effort of the team and the 19 functional state chapters which is putting forward regular recommendations and inputs to the government, local bodies and healthcare providers in order to work towards the benefit of the society and mankind.

During the past decade, we have seen how AHPI has actively been leading national and international health dialogues through its associations with government bodies, leading industry organizations and healthcare providers. AHPI has also been instrumental in empowering healthcare professionals through various discussions, events and training programmes. It is commendable that AHPI's recently launched book *Perils in Practice: The Prevention of Violence against Healthcare Professionals* jointly with the Indian Medical Association (IMA), focused on the well-being of healthcare professionals.

I am impressed seeing the AHPI team marching forth in their undeterred determination to work towards their motto of 'Educating & Advocating for Well-Being of Common Man'. Wishing them all the very best!

Dr Azad Moopen, MD, FRCP
Founder Chairman and Managing Director,
Aster DM Healthcare



Greetings from the Indian Medical Associations Headquarters and wish you a very Happy New Year!

I am happy to note that AHPI is completing its successful 10 years, and in this connection, they are releasing a "Coffee Table Book" on 10th February 2023 at their 10th AHPI Global Conclave in Jaipur.

IMA has been actively working with AHPI from the beginning on many areas of public interest like ESIC, CGHS Rates and Hospital Management.

The medical profession needs regular updation of knowledge based on the day-to-day experiences as well as exposure to patients. Organizing such celebrations and releasing these kinds of books will definitely go a long way in enriching and updating the knowledge base of the medical professionals by way of interactions and sharing of experience among the readers and participants.

I humbly request all healthcare organisations to join hand with us for the cause of the medical practitioners to fight the ill practices against modern medicine like "mixopathy and violence etc."

Our simple and clear motto is "One for All – All for One"... a cohesive, collective, enhanced, communicative approach to break all sectorial walls and bring all clinicians to one platform to help in building a healthy nation.

I convey my best wishes and regards to the organizers and authors and wish AHPI grand success.

Long Live IMA!

Dr Sharad Kumar Agarwal
National President, IMA



I would like to congratulate the Association of Healthcare Providers – India (AHPI) on reaching its 10th glorious year of existence.

AHPI, representing a vast majority of hospitals, has worked closely with the government, regulators and provider hospitals on many important and sometimes difficult issues. It has truly been the interface between the government and private providers trying to build and grow the healthcare system of our country.

I would like to specifically make note of the tremendous contribution of the current president Dr Alexander Thomas and Director General Dr Girdhar Gyani along with their team members in taking AHPI to great heights.

I wish them the very best in their future endeavors and congratulate them once again on this wonderful journey.

God Bless!

Warm regards,

Dr H. Sudarshan Ballal
Chairman,
Manipal Hospitals



Greetings from the Public Health Foundation of India!

Heartiest Congratulations on the 10th Anniversary of AHPI!

India has made significant progress in healthcare delivery over the past decades. The public sector took several initiatives for strengthening primary healthcare with increased focus on non-communicable diseases and enhancing quality of healthcare at all levels of facilities. The COVID-19 pandemic further added impetus to adoption of technology and innovations in delivering quality healthcare. In the coming decades, the world will have to deal with many unprecedented challenges as well as opportunities. To navigate through the emerging 'macro trends' affecting our populations' health, we all should gear up to deal with the aging population, rising mental illnesses, changing patterns in ethnic compositions due to migrations and displacements, changes in healthcare delivery systems, explosion of information technologies and changing needs of the public health workforce. We recognize that a transformational change in the health of the population needs a collaborative approach and close alignment with the country's public health priorities. With this approach, the PHFI and AHPI have collaborated to develop and implement programs for healthcare staff and primary care physicians to train them in common mental disorders, emerging technologies in healthcare, delivery of quality healthcare and providing knowledge updates on COVID-19 during the pandemic. Both organizations have also come together to organize National Health Conclaves on various themes such as non-communicable diseases, mental health and climate change. I firmly believe that our collaboration has been productive over the years and we will continue to work together in more areas to improve India's health outcomes.

I would like to congratulate AHPI on completing 10 years and offer my best wishes for future endeavours.

Thanks,

Warm regards,

Professor Sanjay Zodpey, MD, PhD, DSc (Honoris Causa)
President, Public Health Foundation of India



I am honoured to send this note of appreciation and good wishes to the Association of Healthcare Providers – India on the occasion of its flagship event, the AHPI Global Conclave 2023 on the 10th and 11th of February at Jaipur. AHPI has been at the forefront in unifying the efforts of various healthcare sectors in ensuring equitable accessibility in meeting the healthcare needs of the people of this country. The unparalleled contribution of this organization has helped scores of hospitals to adopt measures to ensure affordability, safety and improving quality in delivering their services.

AHPI has reached out to nurses across the country in various ways to support them. On this occasion, I would like to place on record with gratitude the support and guidance provided by Dr Girdhar Gyani and the team which made few nurse leaders to join together to start the Association of Nurse Executives India during the AHPI Global Conclave in 2017. Since then we have enjoyed close association and support in all our endeavours. We at ANEI would definitely look forward to expanding this partnership in strengthening our efforts to improve the standard of healthcare delivery and ensuring the nurses, which is the largest healthcare workforce, their rightful place in this vital service industry.

AHPI Global Conclave 2023 deals with most relevant, contemporary and vital issues facing healthcare by the best resource persons. The delegates of the conference would immensely benefit not only from listening to the sessions but also from live interactions and networking. I, on behalf of the Association of Nurse Executives India, wish the organizers and delegates all the very best for a grand and memorable conference experience.

Warm regards,

Sincerely,

Capt Ajitha Nair
National President,
Association of Nurse Executives India (ANEI)



It gives me immense pleasure in extending my warmest greetings to the Association of Healthcare Providers – India (AHPI) on reaching its successful 10th year with its vision to have a healthy India, encompassing all sections of the society and community. I am also happy to know that a coffee table book is being published on this occasion. I strongly believe that it would be an excellent medium through which the activities and involvements of AHPI can be showcased.

I sincerely laud the efforts of AHPI in its commitment to realize its mission of comprehensive healthcare which is affordable and accessible to all.

My best wishes to AHPI for greater success in scaling newer avenues for patient care, safety and quality.

Warm regards,

Dr N. C. Borah
Founder & Chairman, GNRC Hospital



Heartiest congratulations to AHPI on completing 10 glorious years. The organization has done stellar work in working with important stakeholders across the Government and the healthcare ecosystem and has been an active representative of healthcare providers in India. Under the able and experienced leadership of Dr Alexander Thomas and Dr Girdhar Gyani, AHPI has advocated with the Government and raised awareness on many important issues relevant to building a healthy India and achieving the objectives of universal health coverage. It is also extremely commendable that within a decade AHPI has been able to establish itself as a Pan-India association with 20 functional state chapters across India.

I wish AHPI success in all its future endeavours.

Dr A. Raghuvanshi
MD and CEO,
Fortis Healthcare Limited



It is indeed a matter of great pride that AHPI is completing ten years of its existence. It is a matter of greater pride to see what it has been able to achieve in such a short time.

Dr Girdhar Gyani and Dr Alexander Thomas have been the backbone of both AHPI and CAHO. The focus of AHPI on advocacy is helping the hospitals to survive economically and legally and that has helped CAHO to focus on quality and patient safety-related issues.

I wish this symbiotic relationship to grow further.

CAHO congratulates AHPI on this special milestone of completing ten years!

Dr Vijay Agarwal
President,
CAHO



The background is a vibrant, abstract composition of overlapping, semi-transparent shapes. It features large, flowing bands in shades of blue, orange, red, and purple. Scattered throughout are various sized circles in colors like cyan, magenta, yellow, and purple. Some circles are solid, while others are semi-transparent, creating a layered effect. A white horizontal bar is positioned in the lower third of the image, containing the text.

CELEBRATING A DECADE OF AHPI



Dr Alexander Thomas, Founder and President, AHPI



Celebrating a Decade of AHPI

It all began in the year 2012 in Coimbatore. Dr Devi Shetty, Dr Prem Nair, other senior healthcare leaders and I were attending the ANBAI General Body Meeting, when the discussion turned toward the need for a nationwide association of hospitals. Subsequently, Dr Girdhar Gyani, former Secretary General of the Quality Council of India, was approached to be involved in setting up such an association. The founding member hospitals Narayana Hrudalaya, Amrita Hospital and Bangalore Baptist Hospital played a significant role in its formation. Thus was born the Association of Healthcare Providers – India (AHPI), a not-for-profit organisation representing the vast majority of healthcare providers in our country.

Over the last ten years, AHPI has grown steadily in strength and recognition to become India's largest representative body of healthcare institutions, with a combined membership strength of over 20,000 hospitals and healthcare providers across

the country, 20 state and regional chapters, and secretariats in both Delhi and Bangalore.

In this short time, the association has transformed the landscape of the healthcare sector in India and won accolades for its contributions. The AHPI state chapters meet every month to discuss and troubleshoot relevant issues, creating a platform for expert advice and guidance from a huge network of hospitals. AHPI works closely with sister organizations ANBAI (the Association of National Board Accredited Institutions, which works in the area of post-graduate medical education), CAHO (the Consortium of Accredited Healthcare Organisations, which works for quality healthcare), and more recently, Vayah Vikas (an organisation for older adults). AHPI was instrumental in the formation of the Association of Nurse Executives India (ANEI), which is now an effective national organization.


Through their grassroots work, advocacy and national lobbying, AHPI has brought about crucial policy

changes, conducted research, training and capacity-building for its member organisations on numerous topics, promoted knowledge-sharing through its conclaves and 50-plus publications, liaised and supported government and private hospitals during India's battle with Covid, and collaborated with national and international bodies, all to further the ultimate aim of affordable, accessible, quality healthcare for all in India.

Below is a snapshot of AHPI's key successes and the far-reaching impact it has had across the nation:

Policy and Advocacy

AHPI has facilitated several policy changes impacting the health sector including operational policy, medical education, research, community and public health, healthcare costing, health insurance, violence against healthcare professionals, allied health, diagnostics, telemedicine, drugs and pharmaceuticals, and medical devices and equipment.



AHPI campaigned successfully for the NMC regulations of registered medical professionals, special electricity rates for hospitals in Karnataka, the withdrawal of luxury tax in hospitals, rolling back the service tax on the healthcare sector (“misery tax”), and making violence against doctors a non-bailable offence. AHPI’s efforts resulted in significant changes for medical education in the country, countering the shortage of specialists by increasing the number of medical graduate and post-graduate seats, securing equivalence of DNB and MD degrees, and bringing down the cost of medical education. It enabled a unified representation by the CGHS working group (AHPI, IMA, FICCI, ASSOCHAM and NATHEALTH) and was consequently fruitful in getting funds released from the Government to clear the backlog of CGHS dues. These achievements have led to AHPI being represented on several high-level committees such as the IRDAI Health Insurance Consultative Committee, NHA, the National Education Policy committee, and committees of the Government of

India on medical education, allied health, and others. With the Ministry of Education, AHPI was involved in the group that created training modules for 40 lakh teachers on the early detection of mental stress or mental illness in school children. AHPI was responsible for instituting a Think Tank on Health with the National Law School of India University, carrying out the first study on costing in healthcare with the Government of Karnataka, and initiating the implementation of barcoding drugs and devices.


AHPI promotes digital health and encourages the use of technology by its member hospitals and has used technology including AI in various areas like radiology, telemedicine, ICUs in tier-II cities, healthcare delivery, infection control and patient safety. AHPI conducts training and certification in technology and healthcare with the IISc and supports health technology start-ups. *The Future of Healthcare: Transforming with Technology*, published last year, was one of the first books on technology written

specifically for the country’s healthcare professionals.

In its unrelenting push for quality in healthcare, AHPI has worked closely with the National Accreditation Board of Hospitals and Healthcare Providers (NABH) and encourages its member hospitals to strive for NABH accreditation. AHPI’s work led to entry-level accreditation being made mandatory for the empanelment of hospitals through the IRDAI, leading to the potential empanelment of about 33,000 hospitals. AHPI lobbied with the government to incentivise accreditation, helped private and government hospitals obtain NABH accreditation, and led committees for NABH accreditation of government hospitals, including NIMHANS in Karnataka. The first book on patient safety and quality in India, titled the *Handbook of Healthcare Quality and Patient Safety*, is now on its third edition.

Public-Private Partnership

Underlining the reliance of the country on the private health



sector for the majority of healthcare delivery, AHPI has forged strong partnerships between the public and private health sector. Many states have benefited from this robust partnership with AHPI, especially during Covid. In Karnataka, many district hospitals and taluk hospitals were upgraded to training centres where AHPI played a pivotal role in training the faculty, and helping district and taluk hospitals obtain accreditation with NBE. AHPI works closely with the Ministry of Health and Family Welfare to promote and support two flagship programmes of NHA: the Pradhan Mantri Jan Arogya Yojana and the Ayushman Bharat Digital Mission.

Training and Capacity-building

AHPI offers numerous training programmes in collaboration with premier organizations such as CMC Vellore, NLSIU, IISc, PHFI, IIST, NSDC, HSSC, TLLLF, universities and others, in multiple areas such as mental health, technology,


law and ethics, communication, quality, patient safety and Covid-related topics. An ongoing project is being conducted with the Ministry of Defence to recruit and train paramedics retired from the tri services into private healthcare organisations. In total, AHPI has trained over 7000 healthcare professionals through 200 training workshops. In addition, AHPI has conducted nine global conclaves and three national health conclaves, all of which have been significant knowledge-sharing platforms where awards of excellence are presented to qualifying member hospitals under various categories.

Publications

AHPI has produced over 50 impactful publications on various relevant issues, not only for its member organisations, but also for the healthcare community at large. Most of its publications are available online to download for free, in order to be as far-reaching as possible. The publication titled *Communicate. Care. Cure.*

A Guide to Healthcare Communication initiated a nationwide movement in healthcare communication, which led to the incorporation of healthcare communication among the *NABH Accreditation Standards for Hospitals (4th Edition)*, and subsequently to the inclusion of a communication skills module (the AETCOM module) within the MBBS and PG curricula for medical students across India. Similarly, AHPI's work in the area of health and climate change led to the publication of *Climate Change and the Health Sector: Healing the World* (with PHFI), with AHPI becoming part of a national committee under the MoHFW to revise the curricula to build capacity with regard to climate change in the future health workforce.

Other publications from 2021–2022 include *Health Law and Ethics: Critical Reflections* (with NLSIU), *Perils in Practice: The Prevention of Violence Against Healthcare Professionals* (with the Indian Medical Association), and *In Sound Health: A Handbook*



on Sound, Music and Health. AHPI has also produced several white papers on the topics of chronic care, climate change and health, the reformation of higher medical education, community and public health, natural disasters, and the safe reopening of airports and schools post-Covid, among others.

Covid-19 Crisis

During the pandemic, AHPI created the National Working Group on Covid comprising AHPI, IMA, CII, FICCI, ASSOCHAM and NATHEALTH. Through its state chapters, AHPI worked closely with the Central government, State governments, member hospitals and other associations for advocacy and implementation to support India's battle against the pandemic, and facilitated the setting up of dedicated Covid hospitals with ICU beds and ventilators; organising training, equipment, supplies, vaccine distribution, and resources, including the provision of oxygen concentrators

and oxygen generation plants; as well as producing relevant publications and organizing webinars. With NSDC, AHPI trained and certified over 3000 frontline Covid warriors, and with the Global Coalition for Covid-19 Medical Care (GCCMC-WIPRO), AHPI trained another 1500 healthcare professionals. AHPI also lobbied with the Government and private sector donors to provide funds for families of healthcare workers who died while treating Covid patients. AHPI took the lead in rapidly setting up expert committees to develop health-based recommendations to enable various sectors to safely reopen and start rebuilding the country's economy.


Legal Outcomes

AHPI aims to empower its member institutions through knowledge of our country's legal framework: a book on law and ethics for healthcare workers titled *Health Law and Ethics: Critical Reflections* was published with NLSIU; the NLSIU PGDMLE diploma course was conducted for healthcare

professionals onsite at CMC Vellore; and a 24/7 legal helpline for healthcare institutions was set up. AHPI has taken the legal route to address long-standing issues relating to arbitration, GIPSA, nurses' wages, consent forms, etc. The AHPI Tamil Nadu State Chapter presented a petition on costing, and the Madurai High Court in response passed the judgment "No pricing without costing". The judgment for the minimum wages case was to appoint a technical committee with adequate representation from stakeholders.

Collaborations

AHPI has collaborated with international bodies such as UNESCO, USAID, World Bank, Royal College of Surgeons, Royal College of Nursing, EPiHC, Gates Foundation, ISQUA, Veritas, the Asian Hospital Federation, the Healthineers Executive Summit (Frankfurt), the Green Hospitals Asian Conference (Singapore), and the Global Healthcare College of Sweden; with national bodies such as ISRO, IMA, the Indian



Air Force, DRDO-DEBEL, Indian Institute of Science, National Law School of India University, Public Health Foundation of India, Quality Council of India, NSDC, NABH, HSSC, the Harvard Club of India, NABH, NHA, IRDAI, ICMAI, IIM, XIME, NASSCOM, CII, FICCI, ASSOCHAM, NATHEALTH, AMTZ, BIS, IFE, APAO, NIAS and NCBS; with Union and State bodies (Govt. of Karnataka, Chandigarh University, Rajasthan Skill Development Corporation, West Bengal University of Health Sciences, Bombay Stock

Exchange); with NGOs (ASHA Foundation, SOCH), and corporate set-ups (KPMG, WIPRO, Qess Corp). AHPI has mentored health technology companies, healthcare leaders and healthcare providers.

Research

AHPI is involved in pioneering research with ISRO (QUEST, NHRRP, geotagging applications, climate-related products under the NICES Programme, etc.), DRDO

(thermoregulation in newborns) and Vayah Vikas, inStem and BBH (interventions in ageing – sarcopenia).

Recognition

AHPI's exemplary contributions have had a significant impact on medical education and healthcare in India, for which it has been recognised and applauded nationally and internationally, including by the Government of the United Arab Emirates for contributions during the Covid crisis.





AHPI'S CONTRIBUTION TO HEALTHCARE SECTOR – AN ANALYSIS



Dr Girdhar Gyani, Founder and Director General, AHPI




The AHPI Journey 2012–2022

Introduction: The Association of Healthcare Providers (India) came into being on 21 December 2012 when it was duly registered under the Society Registration Act, 1860. I was privileged to be one of the eight founding members who were signatories of the Memorandum of Association as well as the Member Secretary of Society. The founding members in their wisdom decided that AHPI would be 'Not for Profit' and accordingly did not keep any fee for membership. The motto was finalized as "Educating & Advocating for Well-Being of Common Man". The cardinal principle was to work with government, civil society and all stakeholders to implement universal health coverage in letter and spirit. Four components of UHC were identified as making healthcare **available, accessible, affordable and acceptable** in terms of quality and patient safety. It was also decided to align our efforts with **Sustainable Development Goals** in general and related to healthcare and well-being in particular. As AHPI completes

10 years in service to the profession of healthcare and related aspects, it is time to introspect and analyse our achievements and review/revise our Vision, Mission and Objectives as appropriate.

Universal Health Coverage: As India is embarking on an ambitious target of achieving UHC for all during the 12th plan period, AHPI, in right earnest, has been analysing and working along with the government to achieve all components of UHC to provide comprehensive health security for all in the country. AHPI was the first to ascertain that unless we have an adequate number of specialists, **availability** of healthcare will remain a distant dream. AHPI, under the leadership of Dr Devi Shetty, launched the movement Equal UG–PG Seats. AHPI in the past 10 years has been emphasising on this. In the year 2014, we had 50000 UG and 18000 PG seats. By the close of the year 2022, this number has gone up to 95000 UG and 50000 PG seats. AHPI along with ANBAI has played a key role in raising DNB-PG seats

to 12000, which has more than doubled from 2014. AHPI was the first to reveal that whereas the share of the private and public sectors in the number of hospital beds was nearly equal in proportion, the private sector's share in provision of tertiary care beds was more than 85%. Considering that tertiary care is delivered by large hospitals, AHPI undertook a survey and came out with a directory of private hospitals having more than 100 beds. It showed a heavily skewed distribution of tertiary care beds in our country. For example, the state of Telangana was found to have 125 hospitals with 100+ beds, out of which 115 were in the twin cities of Hyderabad and Secunderabad. Similar was the case with most other states. Same was the case with medical colleges. This study was able to draw the attention of policy makers as it resulted in poor accessibility of care in general and tertiary care in particular. Most of the deficient states have now begun to focus on establishing medical colleges in each district as compared to crowding dominant districts with multiple medical colleges.



The year 2018 witnessed a landmark decision by the government of India by way of launching the world's largest social healthcare welfare scheme Ayushman Bharat, extending free healthcare services to 500 million underprivileged population. AHPI was invited at a global conference held at Frankfurt in the same year to present how India with meagre 1.3% of GDP investment could carry out such a task. I presented the practicality of the project and also pointed out that private sector was contributing about 3.4% of GDP in health sector to make it viable. At the time of the launch of the scheme, the Honourable Prime Minister invited the private sector to set up 3000 new 100-bed hospitals in tier-III towns to meet the demand arising out of the scheme. AHPI was the first to submit a paper giving a 4-point formula to make this possible. These points were (i) providing subsidised loan, (ii) providing electricity at subsidised rates, which presently was being given at commercial rates, (iii) setting up agency to give single-window clearance for statutory/regulatory


requirements and (iv) facilitating acquiring of land through local bodies. As we are given to understand, the government is coming out with a scheme to provide subsidized loans and other conditions to make this happen. Coupled with an increase in the number of specialists, India can achieve 3.5% beds per 1000 population to make healthcare available as well as accessible.

Making healthcare **affordable** is strongly linked with the financial sustainability of hospitals. With 40% population with AB and another 10% with central government schemes like CGHS, ECHS, ESI etc., and most of them receiving services through empanelled private hospitals, it is important that hospitals are compensated/reimbursed at appropriate rates. AHPI has been engaging with the government on fixing the reimbursement rates on a scientific basis. AHPI has also indicated that if rates are not fixed on a scientific basis, the healthcare industry will not be able to sustain itself and it will also discourage the private sector from

new investment in general and in tier-III towns in particular, which is so intimately linked with the success of the AB scheme. The Honourable Minister of Health and National Health Authority has responded positively, and we hope to get the rates fixed on a scientific basis.

Vision for Healthy India: AHPI came out with a comprehensive document 'Vision for Healthy India', which was submitted to the government of India. This in a way provides a kind of road map, which addresses some of the basic issues to realise universal health coverage. It lays greater emphasis on promotive and preventive aspects of health, which if implemented in the right manner, can greatly reduce the burden arising out of curative care. AHPI has now adopted this document as policy framework, duly adopted by AHPI General Body. While the document covers the approach in detail, the gist of the same is appended below:

1. **HEALTH AND HEALTHCARE:**
Greater emphasis needs to be laid



on preventive care through awareness and lifestyle modification among the community at large. This should include nutrition, drinking water and sanitation. Similarly, healthcare should be holistic and not on a piecemeal basis. Improved health levels and innovative ways for people to stay healthy should be the mainstream.

2. HEALTH IS NATIONAL AGENDA & INTEGRATED IN ALL POLICIES:

Given their universal and multi-sectoral nature, each SDG has a relationship to health and well-being, and so there is an urgent need to elevate health to a higher level of priority and importance in many national contexts. AHPI is committed to work with the government in line with its motto 'Educating & Advocating for Well-Being of Common Man'

3. THE MOST VULNERABLE ARE PRIORITIZED:

All the dimensions of marginality (availability, accessibility and affordability) should be taken into consideration while working on Ayushman Bharat HBP 2.0, which includes working on restructuring of the government social insurance schemes to

enable participation by private sector hospitals on equitable basis.

4. CITIZENS AND COMMUNITIES ARE ENGAGED IN A WHOLE-OF-SOCIETY APPROACH:

We believe that engaging communities in decision-making, planning, and implementing programs and policies that impact their own health and well-being can lead to sustainable changes.

5. IMPROVING HEALTHCARE INFRASTRUCTURE TO IMPROVE ACCESS AND AVAILABILITY:

For achieving 'Health for All,' the first and foremost step has to be to ensure that we have the necessary infrastructure in terms of healthcare establishments and healthcare professionals as appropriate and facilitate making primary, secondary and tertiary care accessible in deficient regions.

6. DIGITAL HEALTH & INNOVATION TO WIDEN ACCESS:

Digital technology can help healthcare providers overcome their current accessibility issues. Services will be delivered more widely and reach remote rural regions. Digital health can make health systems more efficient and


sustainable, enabling them to deliver good quality, affordable and equitable care.

7. MAKING HEALTHCARE AFFORDABLE YET SUSTAINABLE:

Working closely with governments to realize 'Universal Health Coverage' with focus on affordability and safety. This can be achieved by improving operational efficiency and at the same time ensuring that hospitals operations remain financially sustainable in delivering quality care.

Capacity Building Measures:

While the main objective for any industry association like AHPI is to engage with the government and regulatory agencies on various advocacy issues to enable members to provide intended healthcare services to the community at large in a seamless and conducive environment, an associated component by way of 'Capacity Building' is necessary with focus on improving operational efficiency (making care affordable) and inculcating patient safety (minimising medical errors) at all levels. Keeping this in mind, AHPI has designed a



few training courses for its members. For example, the 'Certified Infection Prevention & Control Nurse' has made a huge impact on empowering nursing staff in minimizing hospital-acquired infection. AHPI has been the first to advocate making available LINK-ICN at each nursing station, rather than having only one or two ICNs. Similarly, the 'Certified Healthcare Quality Practitioner' develops hospital staff including doctors, managers and nursing staff as competent quality professionals who can take ownership of quality practices in clinical and managerial areas. This has led to developing a culture of quality and led to overall improvement in quality care and safety.

AHPI has always focussed on skill development and upskilling of healthcare professions. At the behest of the Honourable Prime Minister, AHPI took up the task of training front-line healthcare professionals as COVID Warriors under the scheme launched by the National Skill Development Corporation. In fact, AHPI came out to be the only body who could undertake this program and

trained 3000+ COVID warriors with the help of its proactive hospitals. With the success of this program AHPI has ventured into a skill development mission for allied health workforce. AHPI has been advocating with the government that India was in position to supply healthcare workforce to the entire world. NSDC has appointed DG-AHPI as ADVISOR for Skill Development Programs for the international market.

AB National Digital Health Mission:

Keeping in view that making good the shortage of specialists and the hospital beds will take some time, the government has launched the 'Digital Health Mission' in fast-track mode. The National Health Authority will be implementing this mission and AHPI has been roped in as industry partner to drive the mission through its vast network of hospitals under 20 regional chapters. One of the major components under this mission will be to help NHA in generating a database of hospitals, nursing homes, clinics and doctors and also facilitate patients in generating their own Health Card apart from training

of healthcare professionals on ABDM. This is indeed a major yet important task being undertaken by AHPI.

Way Forward: With visionary leadership and converting challenges into opportunities, AHPI in a short span of one decade has emerged as a singular voice of healthcare providers in taking up advocacy issues with the government and stakeholders. Also, AHPI is working closely with the government on game-changing initiatives under AYUSHMAN BHARAT, which have the potential to make India as VISHWA GURU in healthcare. In addition, AHPI is conscious of challenges which the industry is currently facing including negative perception among the community, increasing medico-legal cases and violence against healthcare professionals, financial sustainability, patient safety and quality of care and increasing NCD burden. AHPI today covers the entire country through 20-strong regional chapters which bring varied expertise to one table, and with that strength, we are confident of overcoming challenges and keep moving to meet our motto to work for the Well-Being of the Common Man.

The background is a vibrant, abstract composition of overlapping, semi-transparent shapes. It features large, flowing bands in shades of blue, orange, red, and purple. Scattered throughout are various sized circles in colors like cyan, magenta, yellow, and purple. Some circles are solid, while others are semi-transparent, creating a layered effect. A white horizontal bar is positioned in the lower third of the image, containing the text 'BEGINNINGS'.

BEGINNINGS



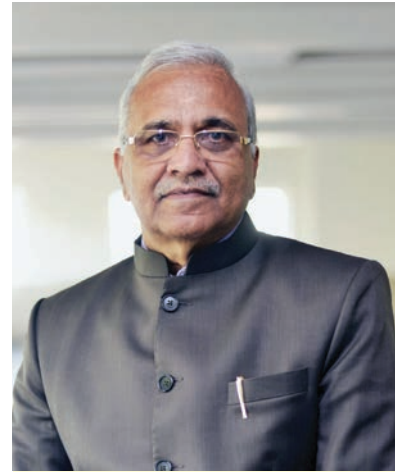
AHPI FOUNDER MEMBERS



Dr Devi Shetty



Dr Alexander Thomas



Dr Girdhar Gyani



Dr Bhabatosh Biswas



Dr Prem K Nair



Dr S Rajasekaran



Dr Narendra Trivedi



Dr B Somaraju



EARLY MEETINGS

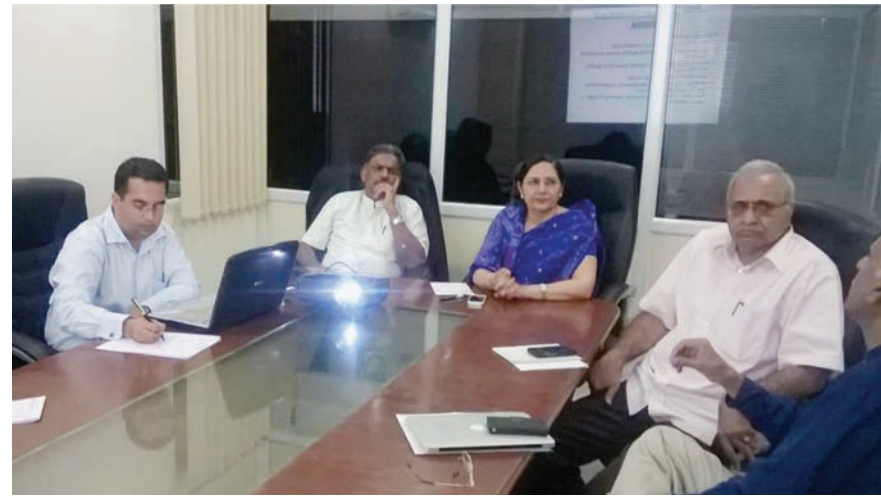




SISTER ORGANISATIONS [ANBAI, CAHO, VAYAH VIKAS AND ANEI]



Association of National Board Accredited Institutions [ANBAI]



Consortium of Accredited Healthcare Organizations [CAHO]



Vayah Vikas, an organization for older adults



Association of Nurse Executives in India [ANEI]



POLICY AND ADVOCACY



NATIONAL IMPACT

Increase in UG/PG Seats



Save the Doctor Campaign to increase UG/PG seats in Medical Education

Rollback of "Misery Tax"

A Letter to the Aam Aadmi — About Misery Tax —

Dear Friends,

You are probably not aware that the Central Government has proposed a 5% service tax on healthcare in the recent budget. What are its implications?

If you undergo any heart surgery, you must pay Rs.5,000 to 10,000 or more as service tax. If you are unfortunate and suffer from cancer, then you will be charged anywhere in excess of Rs.20,000 as service tax.

Do not be misled by the Government's justification that only air-conditioned hospitals will be charged this tax and hence only rich patients will be taxed.

For your information, not a single operation theatre or blood bank can legally function without air-conditioning.

The Government spends less than 1% of our GDP on healthcare. The only other government in the world which spends less than us is the Government of Pakistan. 80% of our national healthcare cost is borne through private expenditure.

It is Government's duty to provide us with affordable healthcare instead of increasing the cost by adding more taxes. Even our poorest villagers who pay Rs.5 to 10 for micro health insurance are charged 8% service tax.

My fellow citizens, quality healthcare remains beyond the reach of most of us partly because hospitals pay sales tax, customs duty, entry tax, VAT, electricity bills at the highest tariff bracket and even luxury tax. Everyday, I see patients who have sold their homes or borrowed money beyond their means to save their child's life. I do not have the heart to tell them that from today they will be charged an additional Rs.5000 to 10,000 as service tax.

Less than 10% of our population can afford heart, brain or cancer surgery. In the process, we perhaps produce the largest number of young widows in the world. Healthcare cost is the commonest cause of rural indebtedness.

We must all act against this injustice. So, let us choose Saturday, the 12th of March as 'Misery Day'. I request every citizen to assemble at 11 am near the Governor's house of every state with a petition to roll back this 'Misery Tax'. Please pass on this request to everybody you know.

Thanking You,

Dr. Devi Shetty,
Narayana Hrudayalaya
devishetty@narayanaaya.com



Subsequent to this letter and other representations, Dr. Devi Shetty and Dr. Alexander Thomas met Shri. Pranab Mukherjee, Hon'ble Union Finance Minister and this tax was rolled back.



DNB Equivalence



With Dr K.K. Talwar,
Former Chairman, MCI

Communication in Healthcare Included in Medical Curriculum



With Dr Jayshree Mehta, Former President, MCI

CGHS

CGHS WORKING GROUP



First CGHS working group formed by AHPI with prominent Healthcare Associations

Climate Change Impact on Health to be Included in Medical Curriculum

F.NO65/NCDC/NPCC/11/2022-23/Medical Curriculum CEO/IN
 Government of India, MoHFW
 National Centre for Disease Control
 22 Shamaath Marg Civil Lines Delhi 110054

SPEED POST

Dated: 30 January 2023

01 FEB 2023

Meeting Notice

In order to include climate change, air pollution & heat wave and their impact on health in the teaching syllabus and to have uniformity in curriculum across various National councils/commissions a committee is constituted under DG DGHS, MoHFW, Govt. of India as Chairperson

The committee will take initiatives to revise the teaching curricula of under graduate and postgraduate courses in respective disciplines to help in build capacity as regards to climate change in future health workforce. The members of the committee are as below:

1. Dr. Vijayendra Kumar, Member (UGMEB) Nominated Member from National Medical Commission, Pocket- 11, Sector 8, Dwarka Phase 1, New Delhi- 110077
2. Nominated member or President Dental Council of India, Arwan-E-Galib Marg, Kotla Road, Temple Lane, Opp. Mata Sundari College for Women, New Delhi- 110002
3. Dr. Punitha Ezhilarasu, Senior Consultant INC & Ex-Dean of CMC College of Nursing, Vellore - Nominated Member from Indian Nursing Council, 8th Floor, NIDCC Center, Plot No. 2, Community Center, Okhla Phase-I, Delhi- 110020
4. Nominated member or Chairperson National Commission for Homoeopathy, JLN BChC Anusandhan Bhawan, 61-65, Institutional Area, Janakpuri "D" Block, New Delhi- 110058
5. Dr. Atul Babu Varsaney, Member Board of Ayurveda - Nominated member from National Commission for Indian System of Medicine, Min. of AYUSH, Govt. of India; JLN Bhartiya Chikitsa Ayan Homoeopathy Anusandhan Bhawan, 61-65, Institutional Area, Janakpuri "D" Block, New Delhi- 110058
6. Prof. Minu Bajpai, Executive Director National Board of Examination, MoHFW, Govt. of India, Medical Enclave, Ansari Nagar, Ring Road, New Delhi-110029
7. DDC, Medical Education or Representative, MoHFW, Govt. of India, Nirman Bhawan Maulana Azad Rd, Delhi 110001
8. Dr. Alexander Thomas, President, Association of Healthcare Providers (India), 404, Ashoka Estate, Barakhamba Road, Delhi 110001
9. Prof. (Dr.) M. Meghachandra Singh, Director Professor, Community Medicine Deptt. Maulana Azad Medical College, Bahadur Shah Zafar Marg, Delhi -110002
10. Dr. Jugal Kishore, Professor & Head Community Medicine Deptt. VMMC & Safdarjung Hospital, MG Road, Safdarjung Campus, Ansari Nagar West, Delhi 110029

A meeting is scheduled at 11.00 AM on 09/02/2023 date at 445-A, DGHS, Nirman Bhawan, Delhi. Members are requested to kindly attend the meeting and confirm their attendance in advance at npcdnhq.ncdc@nicde.gov.in. Those who cannot join in person, may inform so, so that they can be connected by Video Conferencing.

Members are requested to review the existing curriculum and come prepared with their observations during the meetings.

(PRAKASH DOVAL)
 ADMINISTRATIVE OFFICER

Nominated to GOI Committee

Retain Autonomycity of National Board of Examinations



ASSOCIATION OF HEALTHCARE PROVIDERS - INDIA
 Educating & Advocating for Well Being of Common Man

To, Shri. Narendra Modi
 Honorable Prime Minister of India 21.01.2023

Respected Sir,

Sub: Request to retain autonomy of National Board of Examinations.

The Association of Healthcare Providers India (AHPI) which represents the vast majority of healthcare providers in our country is a not for profit organisation registered under the Indian society registration act of 1860.

Over the years the AHPI along with the Association of National Board Accredited Institutions (ANBAI) has been playing a significant role in furthering Post Graduate Medical Education in our country through its member Healthcare Institutions.

At this juncture it is of relevance to recall that setting up of the National Board of Examinations in the year 1975 by the Government of India was a decision which dramatically revolutionized the availability of medical specialists across the country, utilising the available resources both in the private and public Healthcare sectors without burden on the Governmental exchequer.

It is noteworthy that the National Board of Examinations has been able to train specialists under uniform standards with absolute transparency in training, evaluation and certification. The NBE stream of Postgraduate Medical Education has been instrumental in enhancing the number of post graduate seats from 4500 in 2016 to more than 13500 in 2022 through 1000 participating institutions, in 80 disciplines.

Notable amongst the achievements of NBE is the sharing of diploma courses in 2020 through which stream more than 2500 seats are being made available at district and sub-district levels enabling provision of the much needed specialist man power on a pan India basis to the most needy patients of our country. This has played a pivotal role in the success of Ayushman Bharat.

Also, the National Board of Examinations in its present form and structure which is a valuable asset of the country has the capacity to enhance the number of PG seats, as per the requirement of the country.

Alongside this the NBE has envisaged to enhance the academic activities on an internet based platform, whereby international students would be provided an opportunity to further their skills through various Post-Doctoral Fellowship courses in our country, which would be a matter of great pride and honour to India.

With this impeccable and prestigious track record of having successfully evolved and implemented a parallel stream of postgraduate medical education in our country, which is the backbone of providing high quality and efficiently trained specialist, the NBE should be further strengthened and encouraged.

The proposed move by the Government of India to merge the National Board of Examinations as the fifth autonomous board under the National Medical Commission would be detrimental to the post graduate medical education system in our country, as it would adversely affect availability of specialists and in turn availability of best care to common man.

It is therefore, requested that the proposal of merger of NBE with NMC may be reconsidered, and NBE be permitted and encouraged to continue in its present form as an autonomous body under the Ministry of Health and Family Welfare, Government of India in the best interest of the health of the citizens of our country.

Warm regards,


 Dr. Alexander Thomas
 President, AHPI


 Dr. Giridhar J Ganti
 Director General, AHPI

Bangalore Office: No 29, 1st Floor, G.V.R. Plaza, Bellary Road, Hebbal, Bangalore - 560024
 Telephone: +91-80-2353 9000 Email: alexthomas.ahpi@gmail.com
 Delhi Office: 404, Ashoka Estate, Barakhamba Road, New Delhi - 110001
 Telephone: +91-11-4309 5694; Email: contact@ahpi.in
 Website: www.ahpi.in

Letter to Hon'ble Prime Minister



ADVOCACY FOR NBE, MCI EQUIVALENCE AND INCREASE IN SEATS



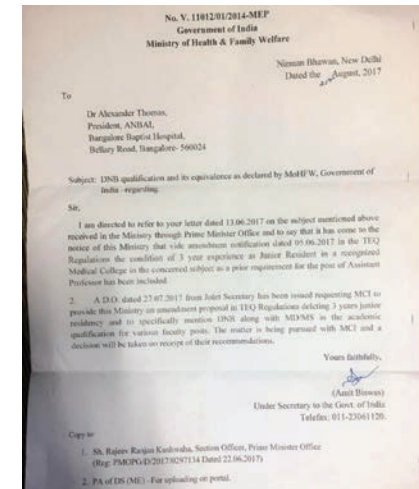
With Shri. J.P. Nadda, Union Health Minister, MOHFW



For DNB equivalence at Prime Ministers Office [PMO]



Smt. Preeti Sudan, Union Health Secretary, MOHFW



DNB qualification and its equivalence as declared by MOHFW, GOI



LOBBYING FOR FAIR REIMBURSEMENT FOR GOVERNMENT SCHEMES



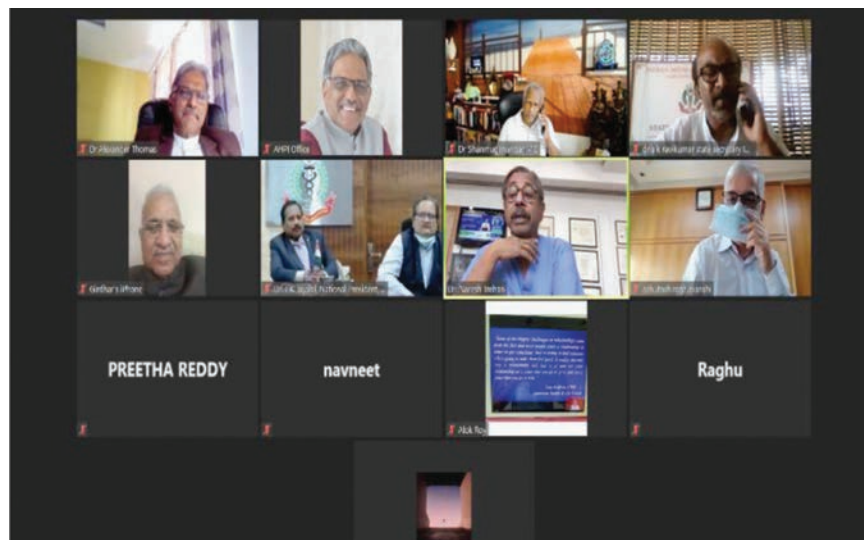
Press meet regarding CGHS & GIPSA issues



IAS Officers Association regarding CGHS pending dues



Honourable Health Minister, Gol Officials and hospitals meeting regarding CGHS issues



First CGHS Working Group with AHPI, IMA, FICCI, ASSOCHAM and Nathealth



PARTNERING WITH IRDAI FOR REFORMS



With the Chairman, IRDAI



IRDAI Health Insurance Consultative Committee, meeting with Chairman



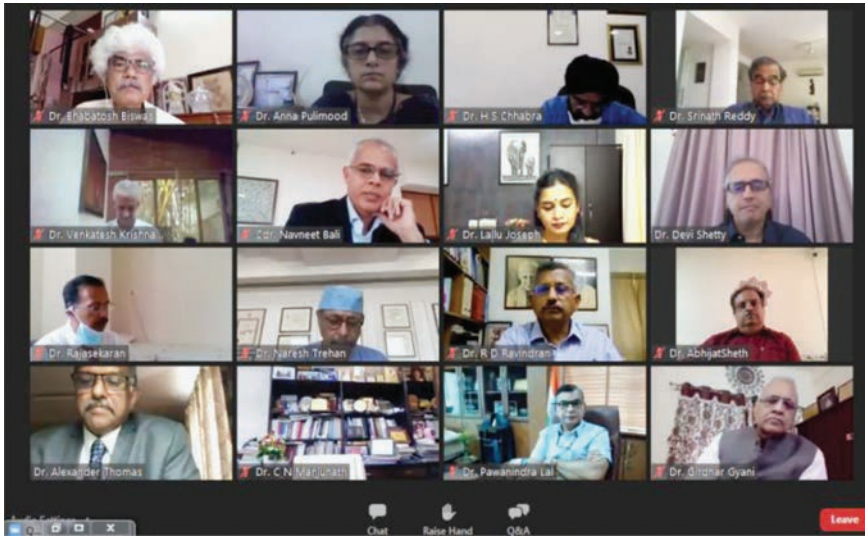
With Member, Chief General Manager – IRDAI & CEO NABH



IRDAI team



ADVOCACY AND POLICY



Discussions with Healthcare Leaders: Welcomed the Government's Move to Improve Higher Medical Education in India by Introducing Post-Graduate Diploma Courses in Eight Medical Specialties under the National Board of Examinations



Protest on Violence Against Medical Professionals



Committee on Medical Education of the National Education Policy [NEP], GOI



Think Tank on Health under the aegis of National Law School of India University



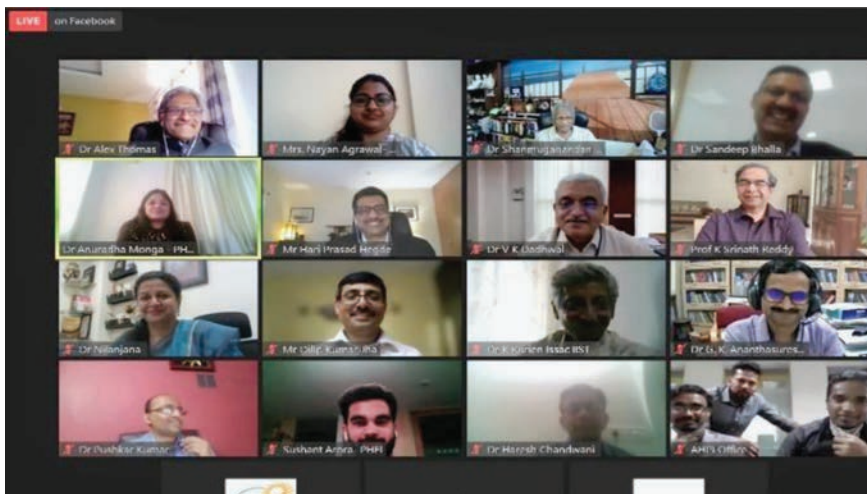
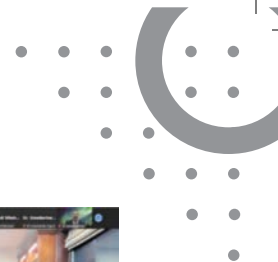
Study on Costing with Government of Karnataka



Module on Empowering Teachers on Early Detection of Mental Stress/Illness in School Children with the Ministry of Education & Literacy, Government of India.



Implementation of barcoding drugs and devices



Inauguration of the Certificate Course in Healthcare Technology with IISc, IIST, PHFI & AHPI



Release of the book *The Future of healthcare: Transforming with Technology*



NABH Strategy Meeting



With NABH Team

Entry-Level Accreditation by IRDAI

**INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY OF INDIA
NOTIFICATION
Hyderabad, the 12th July, 2016
Insurance Regulatory and Development Authority of India
(Health Insurance) Regulations, 2016**

"All such providers offering cashless services for allopathic treatment shall meet with the pre-accreditation entry level standards laid down by National Accreditation Board for Hospitals (NABH) or such other standards or requirements as may be specified by the Authority from time to time within a period of two years from the date of notification of these Guidelines. (Explanatory Note: Network Providers are to visit NABH website for details regarding procedure for obtaining the necessary accreditation)"

Ref notification: IRDA/HLT/REG/CIR/146/07/2016 dated 29.07.2016

IRDAI notification



NABH accreditation for Government Hospitals in Karnataka



Release of the First Book on Quality in Healthcare



AHPI assisted the National Institute of Mental Health and Neurosciences [NIMHANS] with their NABH Accreditation



With Chief Minister, Chief Secretary, Government of Karnataka



White Paper on Aspirations for the Elderly in India



With Deputy Chairman of Planning Commission on Universal Health Coverage



National Steering Committee with IMA to review ethical and legal perspectives of healthcare in India



National Steering Committee Meeting on PCPDNT Act with IMA, IFUMB & others



Release of Green Standards at Hospitals by AHPI



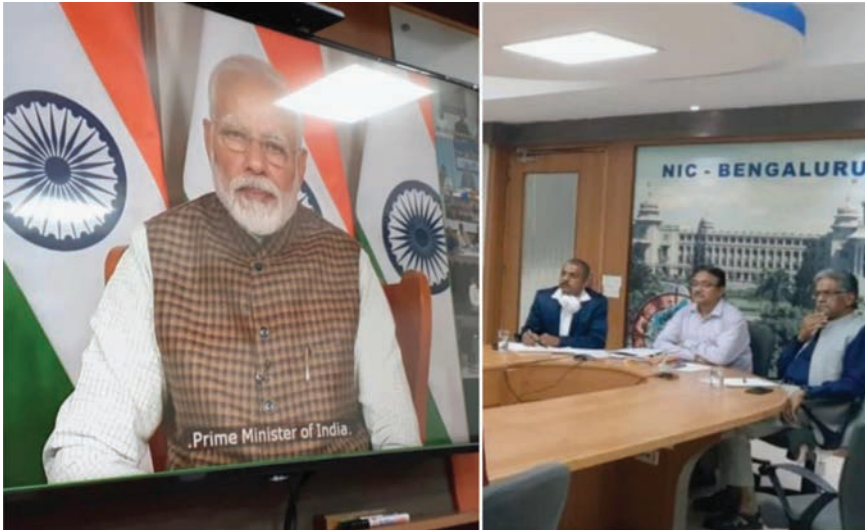
Release of the first Directory of Hospitals in India



Comptroller and Auditor General of India



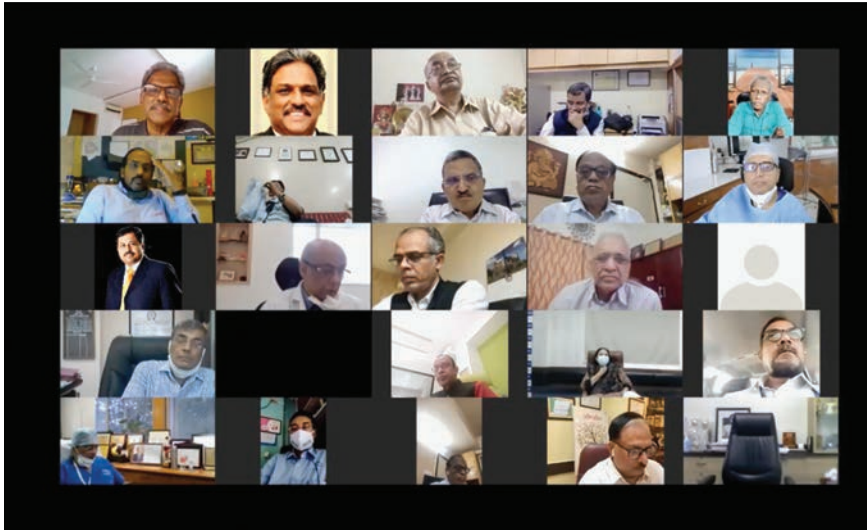
Sustainable Development Goal 3, Government of Karnataka



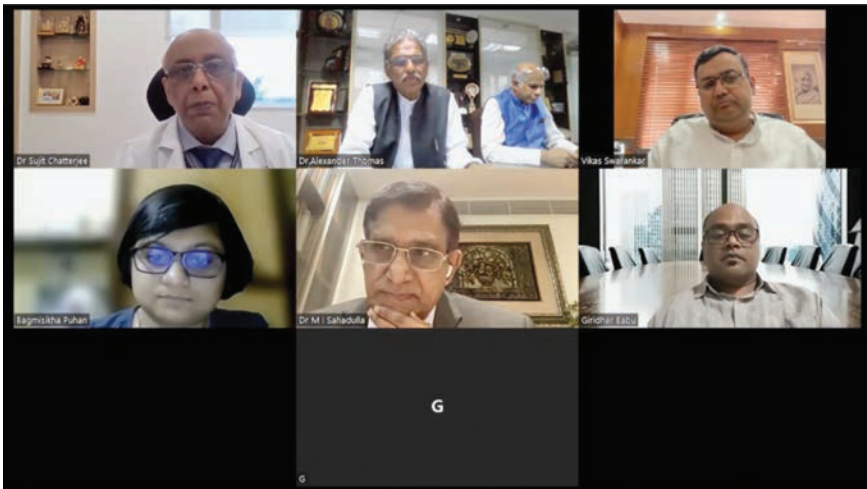
Virtual meeting with the Hon'ble Prime Minister and offices of the Health Minister, relating to health and environment



Union Labour Minister regarding ESIS dues to hospitals



Patient Grievance Redressal Forum [APGRF]



AHPI's Policy & Advisory Committee



With Shri. Om Birla, Speaker, Lok Sabha



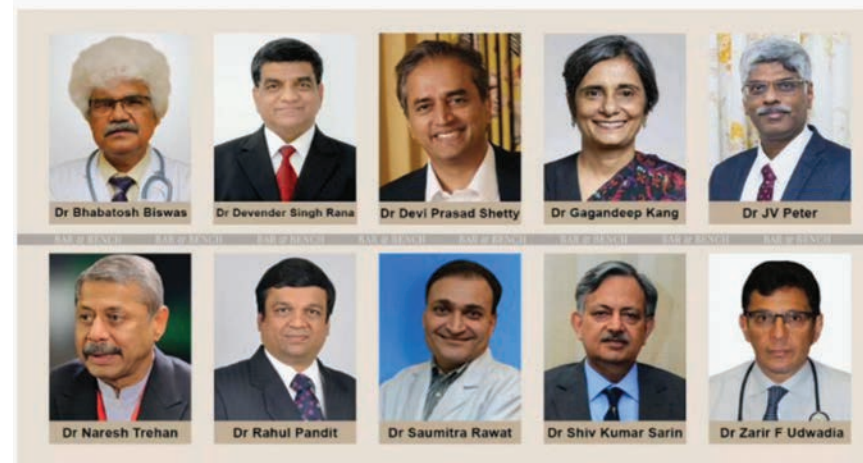
Institutional Strengthening to Accelerate Actions for a TB and Drug-Resistant TB in India



Presenting the document "A Vision for Healthy India" to Honourable Health Minister, Government of India

[BREAKING] Supreme Court sets up National Task Force to streamline oxygen allocation, ensure availability of essential drugs, medicines

The NTF will specifically address issues relating to streamlining of oxygen allocation to different states, and review and suggest measures to ensure availability of essential drugs and medicines.



12 member National Task Force as constituted by SC

National Task Force to Streamline Oxygen Allocation



PUBLIC-PRIVATE PARTNERSHIP



PUBLIC-PRIVATE PARTNERSHIPS AND OTHERS



Inauguration of Train the Trainers of DNB PG Diploma Course with Government of Karnataka, SIHFW, AHPI and ANBAI



Public-Private Partnership with ANBAI and Government of Karnataka



Dr Girdhar Gyani, DG-AHPI, with the then President of India Dr Abdul Kalam during his tenure as Secretary General-QCI



Collaboration with ISRAEL embassy for tech innovations in healthcare across India



With Hon'ble Governor of Maharashtra





TRAINING AND CAPACITY BUILDING



Signing of MoU with Public Health Foundation of India [PHFI]



Signing of MoU with Society for Emergency Medicine India [SEMI]



With the Live Love Laugh Foundation for Certificate Course for Mental Disorder [CCMD]



Signing of MoU with AHPI, TLLLF and PHFI for the Certificate Course for Mental Disorder [CCMD]



Signing of MOU with AHPI, IISc, IIST, PHFI for the Certificate Course in Healthcare Technology [CCHT]



Master Trainers Communication Workshop for the faculty of the Rajiv Gandhi University of Health Sciences [RGUHS], Government of Karnataka



Skill development at the Indian Air Force [IAF]



AHPI Karnataka, ARTIST and HSSC to train and certify maternal care assistants across India



NLSIU-CMC Vellore collaboration

05 DEC
3:00PM TO 5:00PM(IST)

Agenda

- Welcome**
Mr. Hari Hegde
Senior Vice President & Global Head – Operations Wipro Ltd. **3.00 pm**
- Keynote**
Dr. Alexander Thomas
President, Association of Healthcare Providers **3.06 pm**
- Keynote**
Prof. K. Srinath Reddy
President, Public Health Foundation of India **3.12 pm**
- Overview of Basic Learning Module (scope content faculty certification)**
Dr. Sandeep Bhalla
Director-Training Public Health Foundation of India **3.18 pm**
- Vote of Thanks**
Dr. Vijay P V
Advisor GCCMC, Partner Integra Ventures **3.24 pm**
- Session 1 - Basics of COVID-19 & Protection against COVID-19**
Dr. Varun Arora
Associate Professor in Dept. of Community Medicine, Pt. B.D. Sharma Post Graduate Institute of Medical Sciences, Rohtak, Haryana **3.30 pm**

For registration & inquiry : <https://gccmc.in/events> For more details please contact : Info@gccmc.in [+91 77956 55973](tel:+917795655973)

Collaborated with WIPRO – GCCMC (Global Coalition for COVID Medical Care) and PHFI in creating e-learning modules for management of COVID-19



TRAINING PROGRAMMES BY AHPI



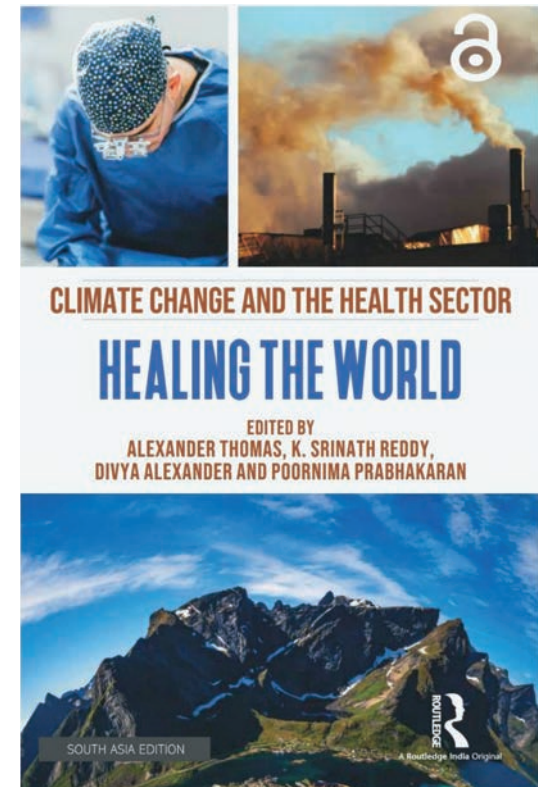
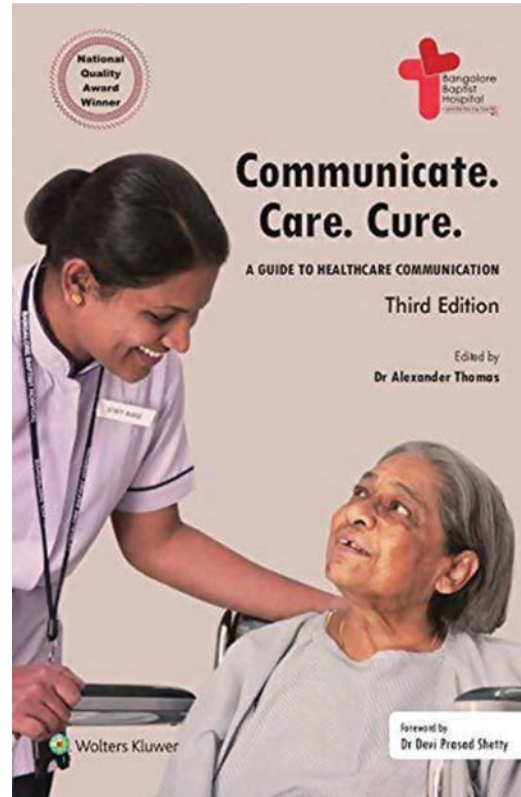
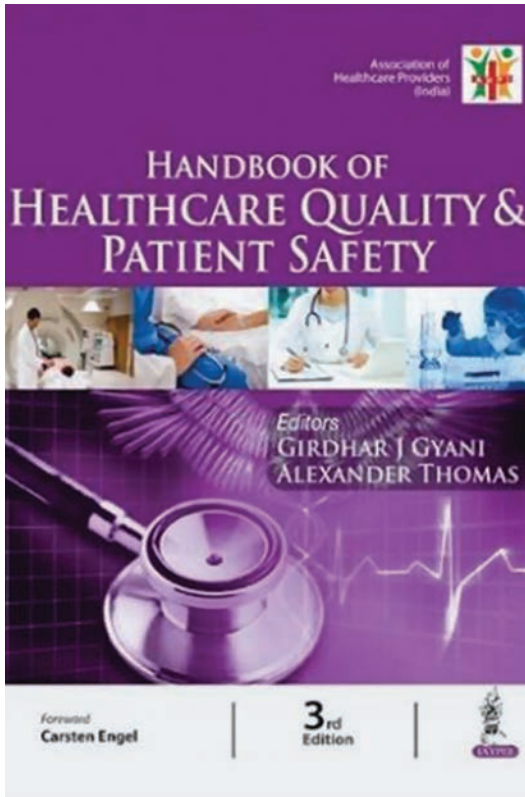


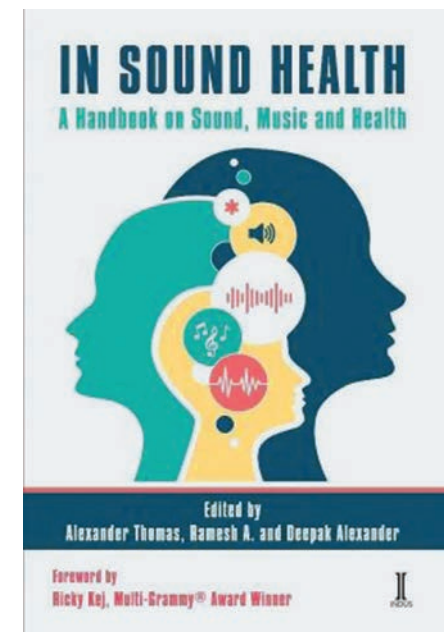
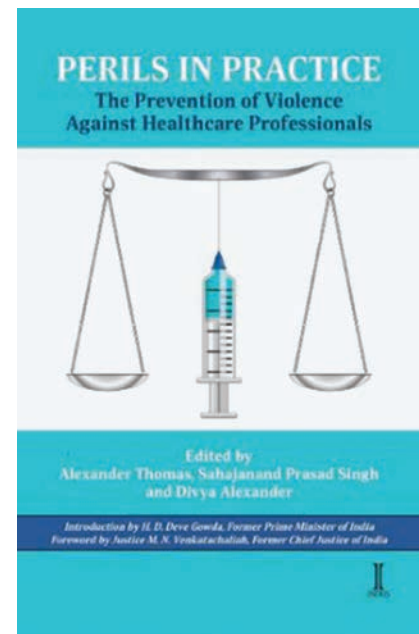
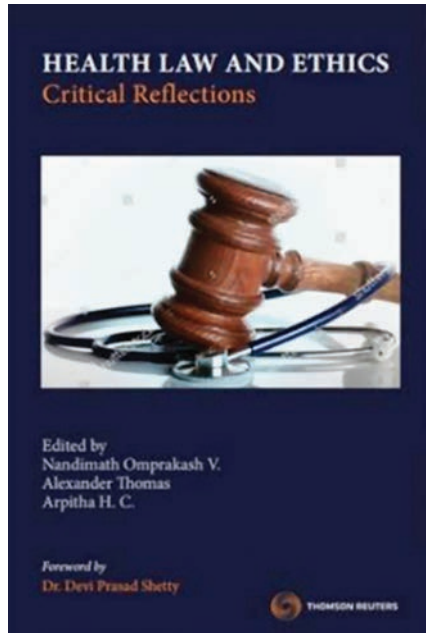




The background is a vibrant, abstract composition of overlapping, semi-transparent shapes. Large, flowing bands in shades of blue, orange, red, and purple sweep across the frame. Interspersed among these bands are various sized circles in colors like cyan, magenta, yellow, and purple. Some circles are solid, while others are faint or partially obscured. The overall effect is a sense of dynamic movement and modern design.

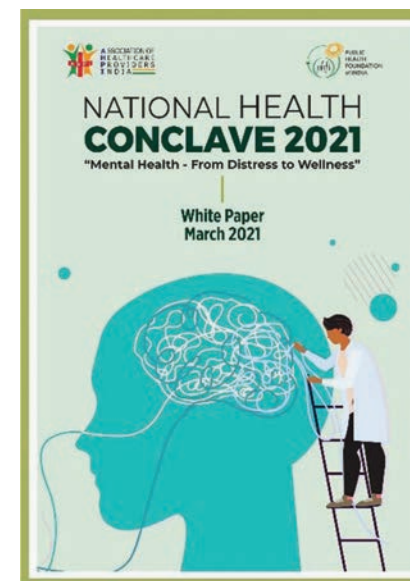
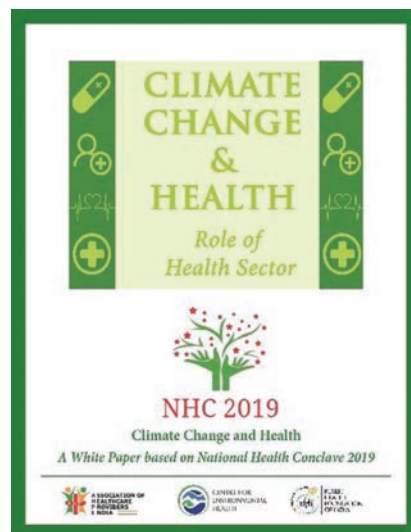
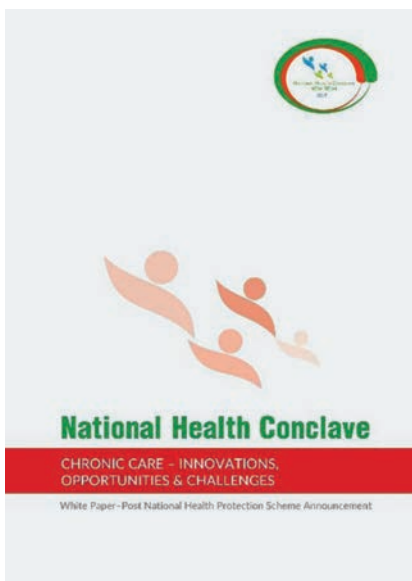
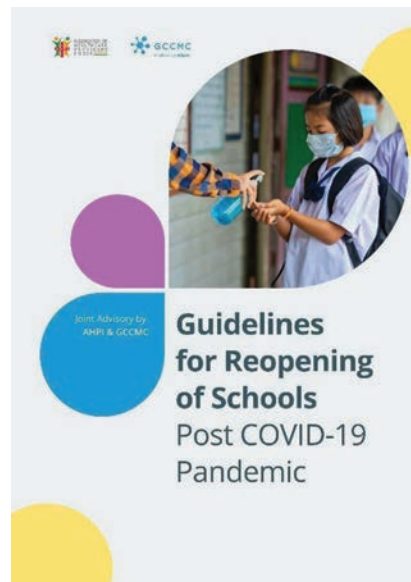
AHPI PUBLICATIONS

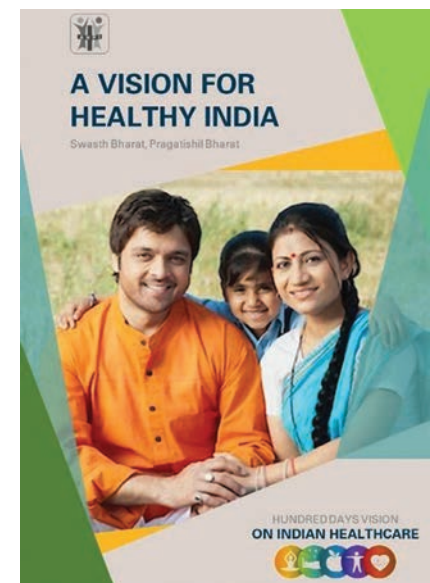
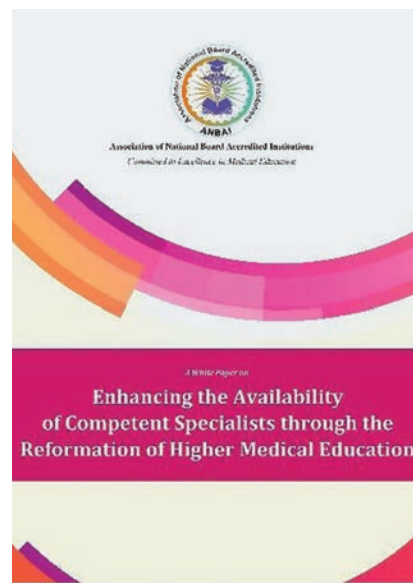
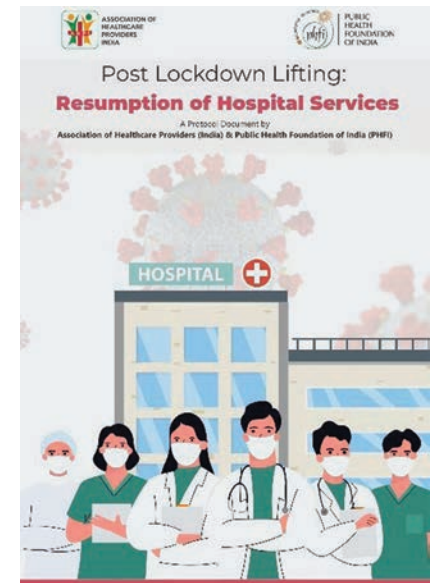
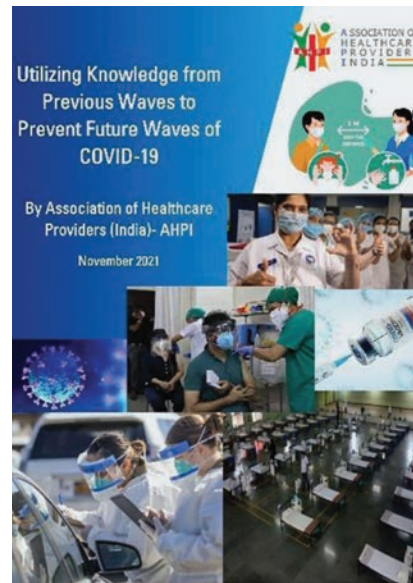






WHITE PAPERS







RELEASE OF PUBLICATIONS



Release of the third edition of the *Handbook of Healthcare Quality & Patient Safety*



Release of the second edition of *Communicate. Care. Cure.*



Release of the third edition of *Communicate. Care. Cure.*



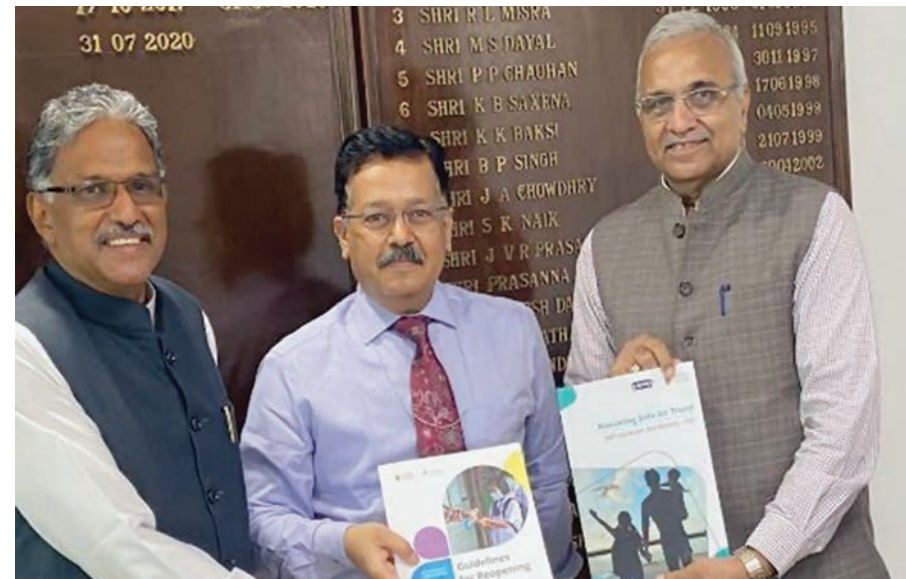
Release of *In Sound Health: A Handbook on Sound, Music and Health*



Release of *Perils in Practice: The Prevention of Violence Against Healthcare Professionals*



Handing over of White Paper on "Resuming Safe Air Travel" to MOHFW and Ministry of Civil Aviation



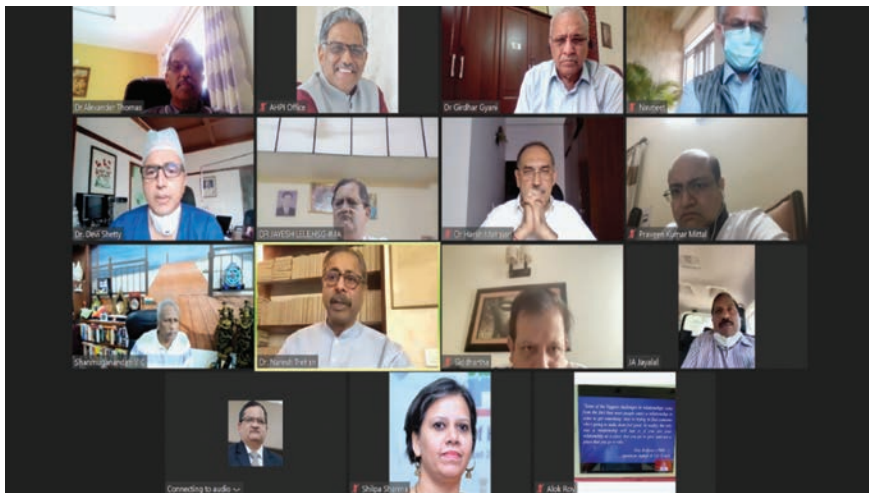
Handing over of the document "Guidelines for Reopening of Schools" to Department of Education and MOHFW



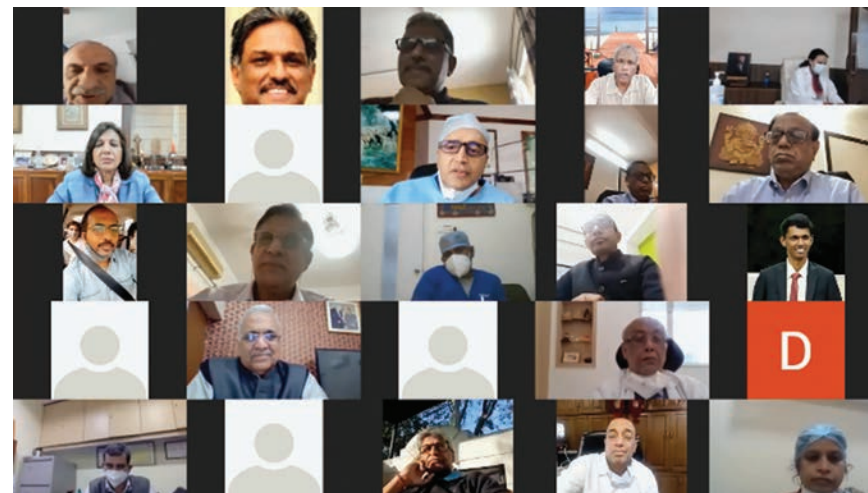
AHPI – COVID-19 PANDEMIC



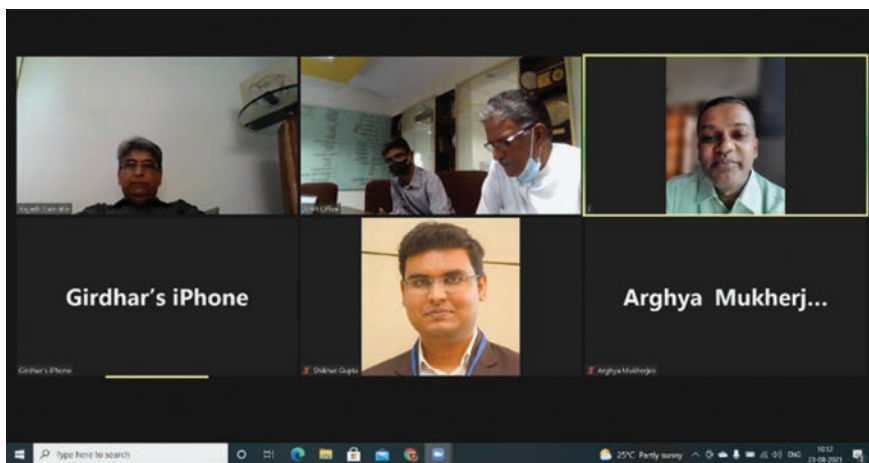
AHPI – COVID-19



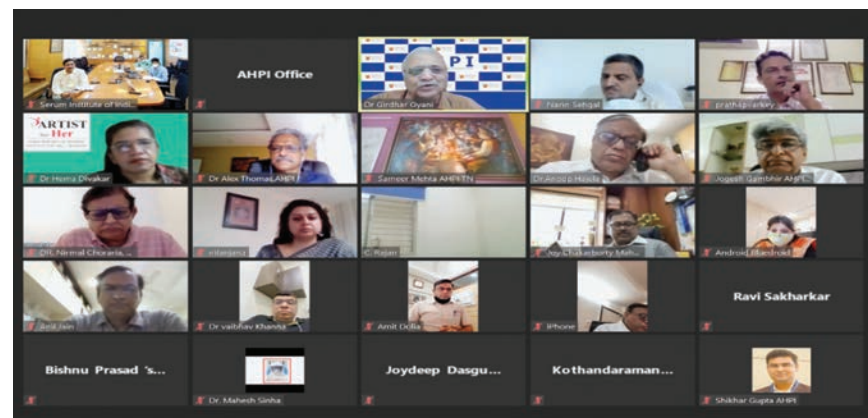
National Working Group of COVID second wave with IMA, CII, FICCI, ASSOCHAM & NATHEALTH



AHPI State Chapter Office Bearer's meetings during the pandemic



Helping teachers getting vaccination across India – with NITI Aayog



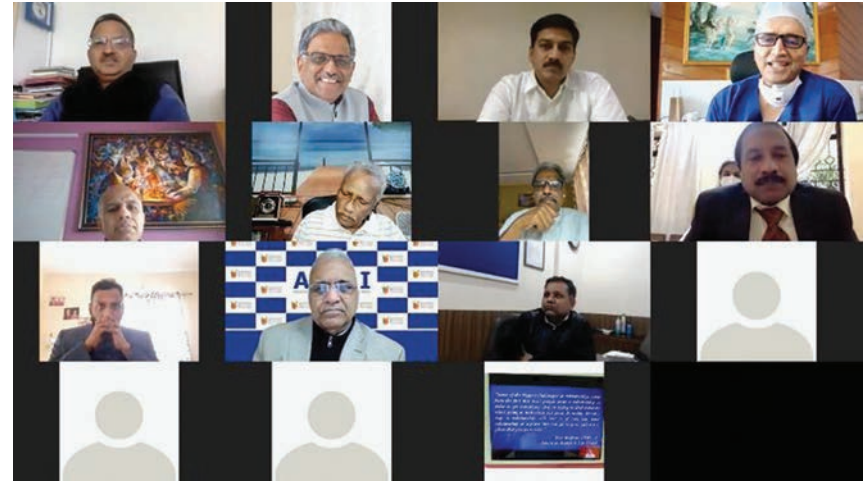
Equal distribution of vaccination to all the hospitals - AHPI was in discussions with Serum Institute, Sputnik and Johnson & Johnson



AHPI supported many of its member hospitals with oxygen plants, oxygenators, anaesthesia machines & consumables etc. supported by Amazon and others



AHPI facilitates financial help to family of COVID martyrs from Mankind Pharma



Healthcare Sector represented by IMA, AHPI, FICCI, ASSOCHAM, INDIAN CHAMBER OF COMMERCE, and NATHEALTH for suggestions to the Government during the pandemic



COVID FRONTLINE WARRIORS TRAINING AT VARIOUS MEMBER HOSPITALS UNDER PMKVY 3.0





The background is a vibrant, abstract composition of overlapping, semi-transparent shapes. Large, flowing waves in shades of blue, orange, red, and purple sweep across the frame. Interspersed among these waves are various sized circles in colors like cyan, magenta, yellow, and purple. Some circles are solid, while others are faint or partially obscured. A thin white line arcs across the upper right quadrant, passing through a yellow circle. In the center, three small white dots are arranged horizontally. In the bottom right corner, two small white dots are arranged vertically. The overall aesthetic is modern, clean, and energetic.

COLLABORATIONS



Collaboration with ISRO on Research Projects and Technology in health care



Impart Skill Development at Indian Air Force [IAF]



AHPI – NIMHANS NABH accreditation



Quality Council of India



MoU with Association of Indian Medical Device Industry



AHPI-ISRO joint collaboration on Research Projects and Technology in Healthcare



MoU with The Institute of Cost Accountants of India



Times of India: celebrating 175th year of their publications



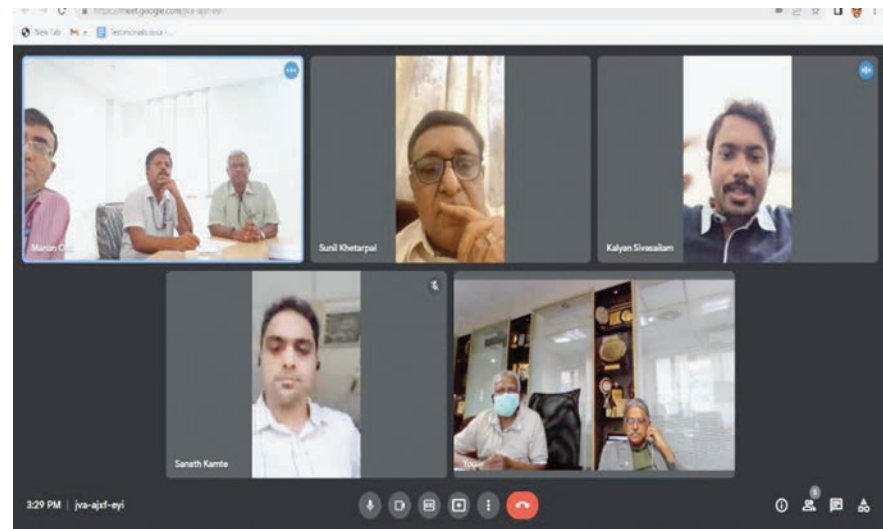
Project Thermoregulators in new born with DEBEL



AHPI Felicitated by NIMHANS for assisting them with NABH Accreditation



Collaboration with Royal College of Surgeons, CMC Vellore, and Government of Karnataka for paediatric surgery



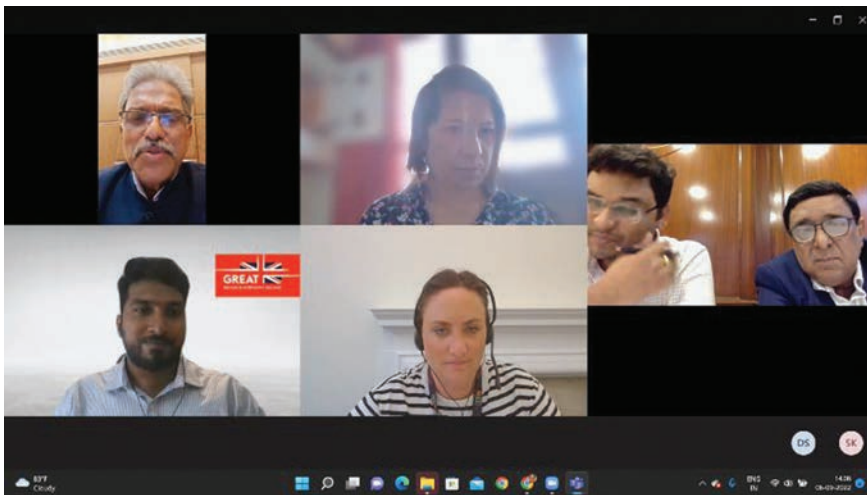
DEBEL DRDO project on organ transport



Training of GDAs at Amrita Hospital, Faridabad –
A project with Sony India, Kedman & AHPI



MoU With Rajasthan Skill and Livelihoods Development Corporation, Government of Rajasthan



Royal College of Nursing and British Deputy High Commission



MoU with Qess Corp Limited on training of healthcare professionals



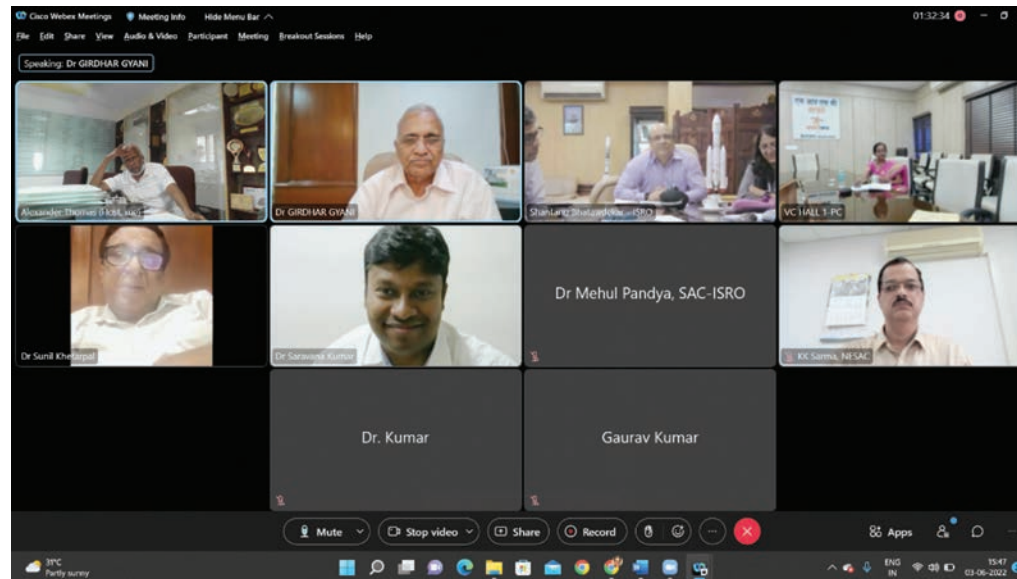
Management course with Xavier Institute of Management [XIME]



Gates Foundation



Healthcare Sector Skill Council [HSSC]



Scientific Secretary, ISRO



The background is a vibrant, abstract composition of overlapping, semi-transparent shapes. Large, flowing waves in shades of blue, orange, red, and purple sweep across the frame. Interspersed among these waves are various sized circles in blue, yellow, and purple. Some circles are solid, while others are semi-transparent, creating a layered effect. A thin white line arcs across the upper right quadrant, passing through a yellow circle. In the center, three small white dots are arranged horizontally. In the bottom right corner, two small white dots are arranged vertically. The overall aesthetic is modern and dynamic.

RESEARCH



HEALTH QUALITY UPGRADATION ENABLED THROUGH SPACE TECHNOLOGY [QUEST] – A STUDY WITH ISRO, SEMI AND AHPI



Presenting the results of the study to Chairman, ISRO



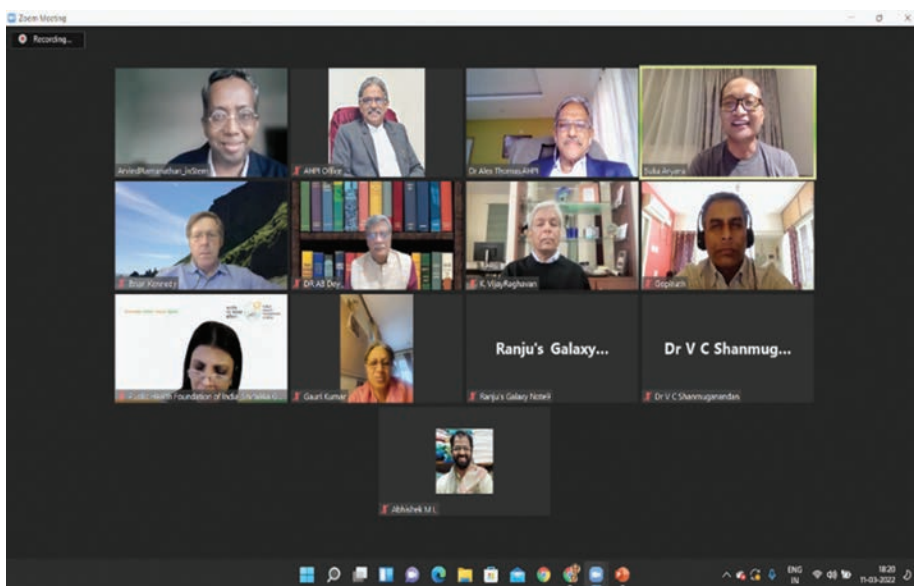
Participating Hospitals of the Study at ISRO, Head Quarters, Bengaluru



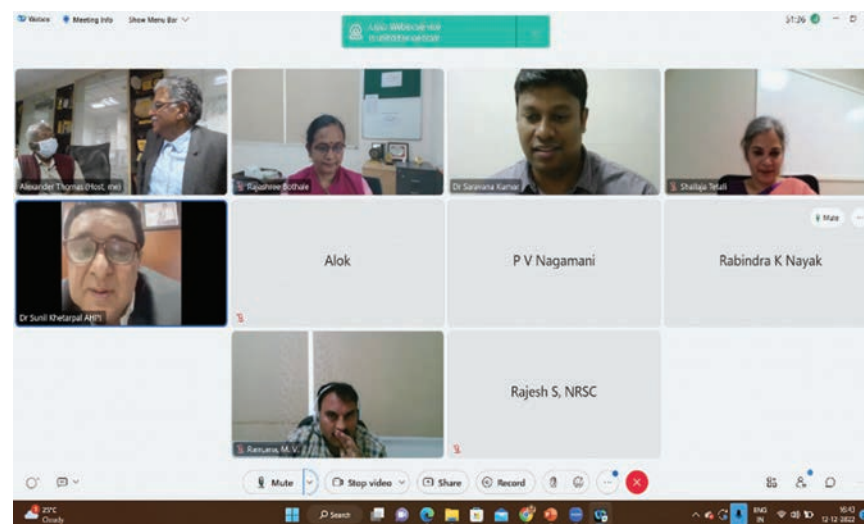
Health QUEST Inauguration at ISRO Headquarters, Bangalore



INTERVENTIONS IN AGING [SARCOPENIA] – A STUDY BY VAYAH VIKAS, INSTEM AND BANGALORE BAPTIST HOSPITAL (BBH)



National Sarcopenia & Frailty Group (NSFG)



ISRO scientists regarding the climate-related products under the NICES Programme



The background is a vibrant, abstract composition of overlapping, semi-transparent shapes. It features large, flowing bands in shades of blue, orange, red, and purple. Scattered throughout are various sized circles in colors like cyan, magenta, yellow, and purple. Some circles are solid, while others are semi-transparent, creating a layered, ethereal effect. The overall color palette is bright and celebratory.

RECOGNITION AND AWARDS



INTERNATIONAL RECOGNITION FOR AHPI



AHPI receives “Waterfalls Global Awards” by Government of UAE, one among 15 from across the globe; winners were presented to His Highness Sheikh Mohammad bin Zayed Al Nahyan, the President of the United Arab Emirates and the ruler of Abu Dhabi.



OTHER RECOGNITIONS



Lifetime Achievement Award from CAHO



IMA Dr. M. G. Garg All Time Achievement Award 2022



FICCI Healthcare Excellence Award



Dr S Guru Shankar, Past President Tamil Nadu Chapter, receiving the Medical Excellence Award for best services towards the healthcare of the society



Dr M. I. Sahadulla, President, AHPI Kerala Chapter, receiving the Lifetime Achievement Award from Trivandrum Medical College



Dr Yash Sharma, Secretary, North Zone Chapter, being felicitated by the Honourable Health Minister of Punjab



Dr. Satyajit Singh, President, Bihar Chapter, being honoured by *Times of India*

STATE CHAPTERS

AHPI today has 20 functional chapters in Andhra Pradesh, Bihar, Chhattisgarh, Delhi NCT, Gujarat, Haryana, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra and Goa, North East 1 [Assam, Meghalaya, Tripura, Sikkim], North East 2 [Manipur, Mizoram, Nagaland, Arunachal Pradesh], North Zone [Punjab, Chandigarh, Himachal Pradesh, Jammu & Kashmir], Odisha, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh and Uttarakhand, West Bengal.



ANDHRA PRADESH



Meeting with Hon'ble Health Minister relating to CGHS issues



Dr Murali Krishna Vonna
President



Mr T. Ch. Mouliswara Rao
Secretary



Dr Tirumala Prasad
Past President



BIHAR



Dr Satyajit Singh
President



Dr Santhosh Kumar
Secretary



Meeting with Honourable Deputy Chief Minister cum Finance Minister of Bihar



CHHATTISGARH



Meeting with Health Secretary of Chhattisgarh



Dr Rakesh Gupta
President



Mr Atul Singhania
Secretary



Dr Mahesh Kumar Sinha
Past President



DELHI NCT



Cdr. Navneet Bali
President



Dr. Narin Sehgal
Secretary



Dr. P. N. Arora
Past President



Dr. C. M. Bhagat
Past President



Executive Committee Meeting



GUJARAT



Mr Neeraj Lal
President



Dr Biren Chauhan
Secretary



Dr Nirmal Choraria
Past President



Executive Committee Meeting



HARYANA



Dr Sanjeev Singh
President



Dr Sandeep Dawar
Secretary



Executive Committee Meeting



JHARKHAND



Jharkhand Chapter Meeting with Honourable Governor regarding non-payment Issues with the various schemes in the State



Mr Jogesh Gambhir
President



Dr Rajesh Kumar
Secretary



Dr Anant Sinha
Past President



KARNATAKA



Dr Sushil Jathanna
President



Dr Priya Goutham
Secretary



Dr Naresh Shetty
Past President



Dr Ajai Kumar
Past President



Executive Committee Meeting



KERALA



Dr M. I. Sahadulla
President



Mr Prathap Varkey
Secretary



Dr Harish Pillai
Past President



Dr Benny Joseph
Past President



Executive Committee Meeting



MADHYA PRADESH



Dr Anoop Hajela
President



Dr Rahul Khare
Secretary



Meeting with Union Minister Shri. Prahlad Patel for exemption of Hospitals for NOC for ground water extraction



MAHARASHTRA AND GOA



Dr Tarang Gianchandani
President



Dr Anup Marar
Secretary



Dr Sujit Chatterjee
Past President



Mr Bomi Bhole
Past President



Executive Committee Meeting



NORTH EAST 1 [ASSAM, MEGHALAYA, TRIPURA, SIKKIM]



Executive Committee Meeting



Dr Harsha Bhattacharya
President



Mr Rohit Upadhyay
Secretary



Dr N. C. Borah
Past President



NORTH EAST 2

[MANIPUR, MIZORAM, NAGALAND, ARUNACHAL PRADESH]



One-Day Academic Discourse on COVID-19 Pandemic



Dr Palin Khundongbam
President



Dr James Elangbam
Secretary



NORTH ZONE

[PUNJAB, CHANDIGARH, HIMACHAL PRADESH, JAMMU & KASHMIR]



Dr Sudhir Verma
President



Dr Yash Sharma
Secretary



Dr Amandeep Kaur
Past President



Executive Committee Meeting



ODISHA



Dr Dipak Mitra
President



Mrs Nilanjana Mukherjee
Secretary



Dr Bishnu Panigrahi
Past President



Executive Committee Meeting



RAJASTHAN



Dr Ashok Khandaka
President



Mr Sukanta Das
Secretary



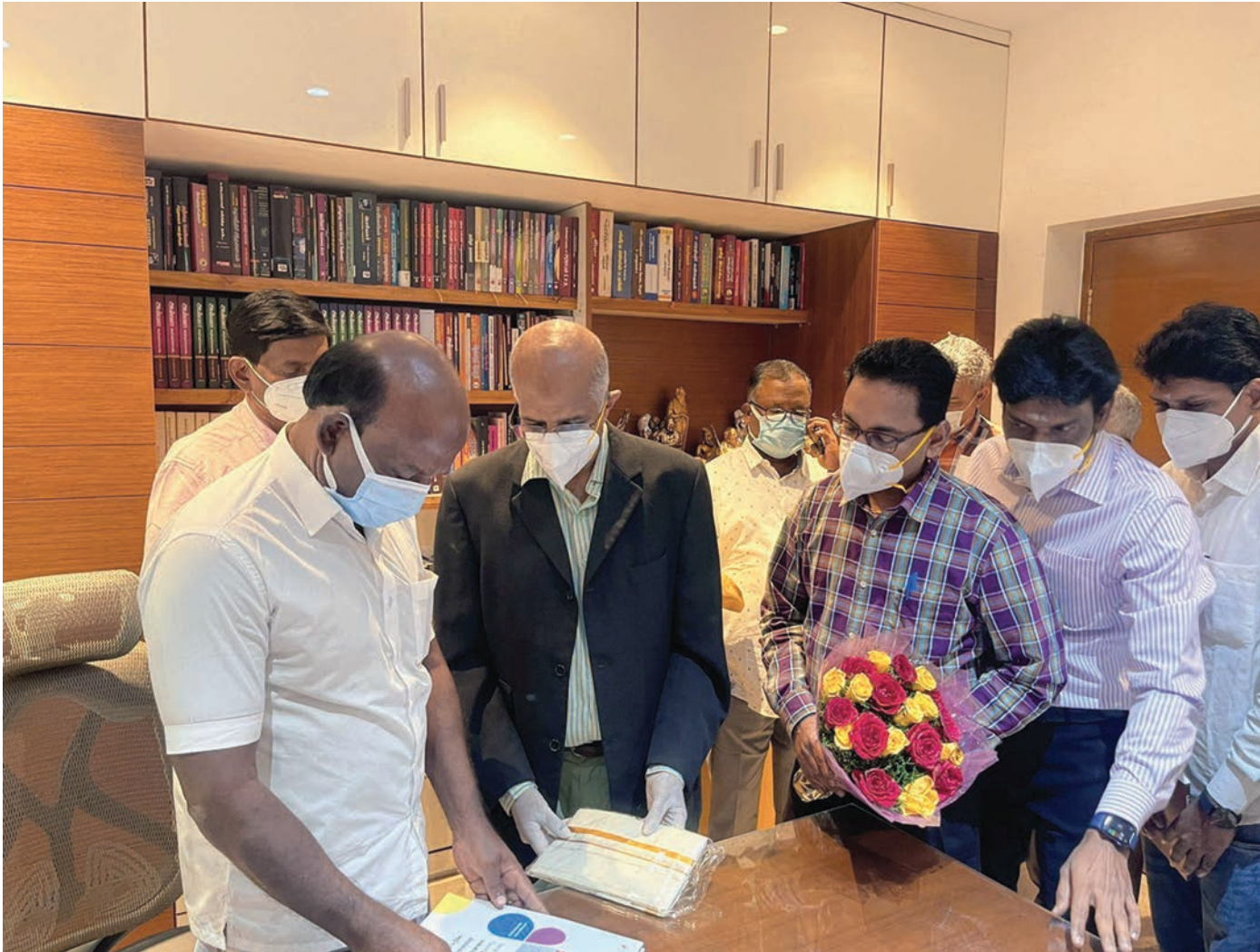
Dr Vikas Swarankar
Past President



Executive Committee Meeting



TAMIL NADU



Handing over of the White Paper on Reopening of School [Tamil version] to the Health Minister of Tamil Nadu



Mr Sam Mehta
President



Dr Kothandaraman
Secretary



Dr S Gurushankar
Past President



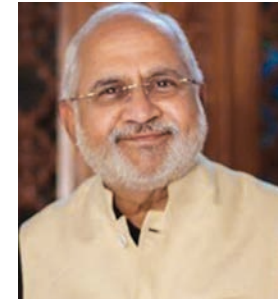
TELANGANA



Meeting with CEO, NABH



Dr B Bhaskar Rao
President



Mr Govind Hari
Secretary



Dr A L Basile
Past President



UTTAR PRADESH AND UTTARAKHAND



Dr Atul Kapur
President



Mrs Upasana Arora
Past President



Prof [Dr] Hem Chandra
Past President



Executive Committee Meeting



WEST BENGAL



Dr Alok Roy
President



Dr Sumit Kumar Khan
Secretary



Dr Saumitra Bharadwaj
Past President



Dr Bhabatosh Biswas
Past President



Executive Committee Meeting





AHPI GLOBAL CONCLAVES AND NATIONAL HEALTH CONCLAVES



2012 CONCLAVE ON PATIENT-FRIENDLY HOSPITALS, BENGALURU, KARNATAKA





2015 SUSTAINING OF HEALTHCARE SERVICES FOR WELL-BEING OF COMMON MAN, HYDERABAD





2016 AFFORDABLE AND SAFE HEALTHCARE FOR ALL, MUMBAI, MAHARASHTRA





2017 FUTURE MODEL OF HEALTHCARE: INTEGRATED CARE, CHENNAI, TAMIL NADU





2018

IS QUALITY HEALTHCARE SUSTAINABLE? ISSUES, CONCERNS & SOLUTIONS, KOCHI, KERALA





2019 OUTCOME-BASED HEALTHCARE DELIVERY SYSTEMS, NEW DELHI





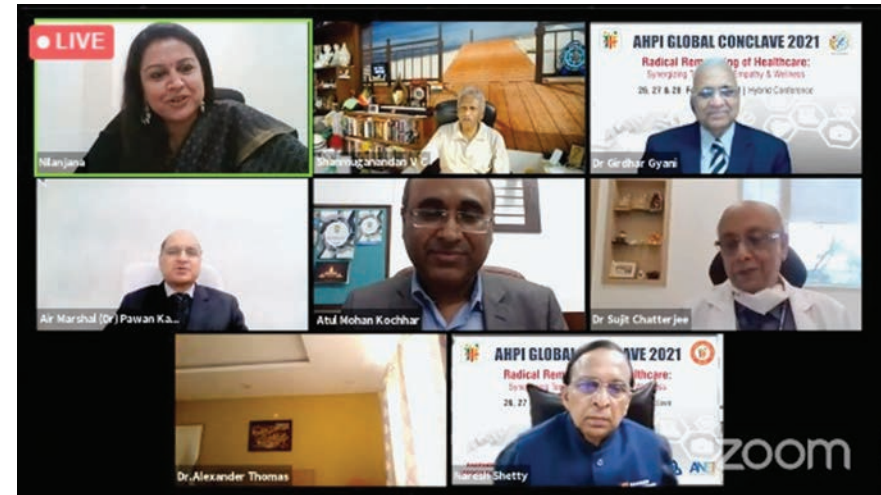
2020

RE-IMAGINING HEALTHCARE FOR THE NEXT DECADE – DELIBERATING EMERGING CHALLENGES & SOLUTIONS, BENGALURU, KARNATAKA





2021 RADICAL REMODELLING OF HEALTHCARE: SYNERGISING TECHNOLOGY, EMPATHY & WELLNESS [VIRTUAL CONCLAVE]





2022 APPLYING INDUSTRY BEST PRACTISES IN HEALTH SECTOR: FOCUSING ON VALUE-BASED PATIENT HEALTH OUTCOMES, MUMBAI, MAHARASHTRA





2023 INTEGRATIVE MODEL FOR HEALTHCARE DELIVERY: FOCUSING ON TECHNOLOGY, COST & PATIENT WELL-BEING, JAIPUR, RAJASTHAN





2017 NATIONAL HEALTH CONCLAVE [NHC]: CHRONIC CARE – INNOVATIONS, OPPORTUNITIES AND CHALLENGES, NEW DELHI



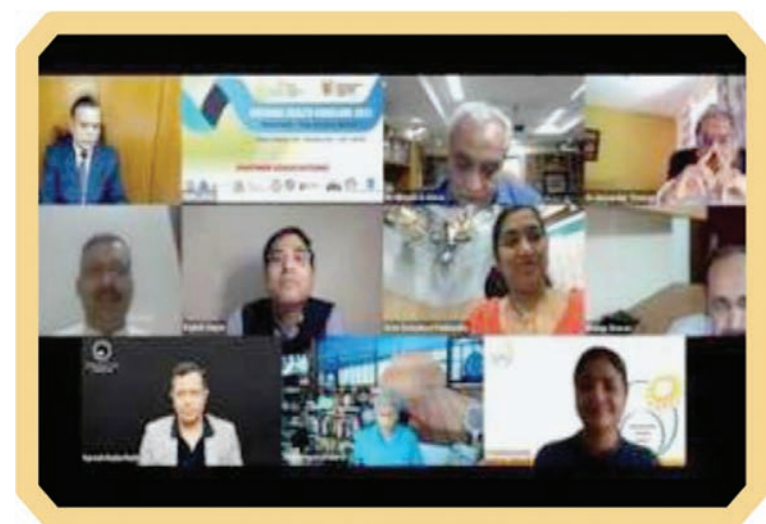
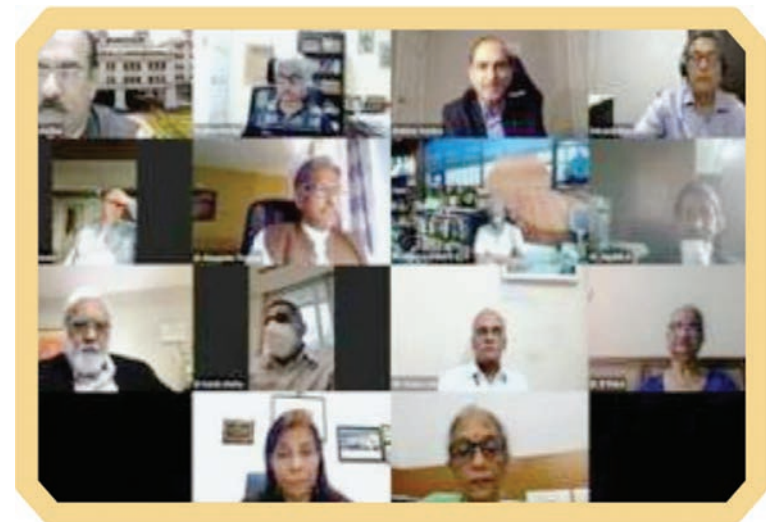


2019 NATIONAL HEALTH CONCLAVE [NHC]: CLIMATE CHANGE & HEALTH – ROLE OF HEALTH SECTOR, NEW DELHI





2021 NATIONAL HEALTH CONCLAVE [NHC]: MENTAL HEALTH – FROM DISTRESS TO WELLNESS [VIRTUAL]





2023
**NATIONAL HEALTH CONCLAVE 2023 "HAPPY & HEALTHY AGING ...
THE BEST IS YET TO COME", SCHEDULED ON THE
29TH OF APRIL 2023, BENGALURU, KARNATAKA**

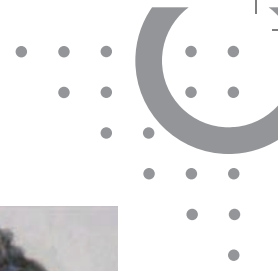


Organizing Committee Meeting

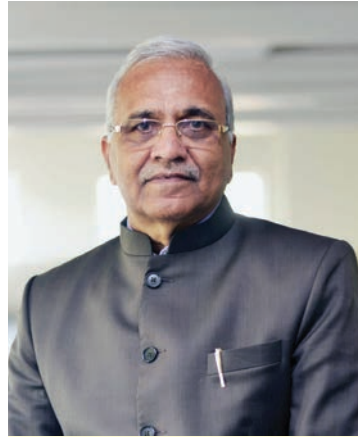


The background is a vibrant, abstract composition of overlapping, wavy bands in shades of blue, orange, red, and purple. Scattered throughout are various sized circles in colors like cyan, magenta, yellow, and purple. Some circles are solid, while others are semi-transparent, creating a layered effect. A white horizontal bar is positioned in the lower third of the image, containing the text 'AHPI SECRETARIAT'.

AHPI SECRETARIAT



President
Dr Alexander Thomas



Director General
Dr Girdhar Gyani



Director
Dr Sunil Khetarpal



Advisor
Dr V C Shanmuganandan



Deputy Director
Mr Shikhar Gupta



Assistant Director
Mr Antony George



Program Officer
Ms Armeen Afaq



Program Officer
Ms Tarvinder Kaur



Office Manager
Mr Shadrach Thangaraj



Executive Assistant
Mr Jerald James



AHPI – INTERNATIONAL



Hanoi, Vietnam



Rehabilitation & Senior Care Exhibition, South Korea.



Dubai Health Authority [DHA]



Green Hospitals Asia Conference 2019 (GHAC), Singapore.



Sri Lanka Medical Association (SLMA)



ISRAEL



Dubai



Germany

NEWS & PRESS CLIPS

Pvt hospitals yet to get ₹1,300 cr CGHS dues, services stalled

By Ananya Kulkarni
ananya.kulkarni@timesofindia.com

Private hospitals have stopped offering services under the Central Government Health Scheme (CGHS) due to immediate delays in receiving outstanding dues of over ₹1,300 crore from the government.

According to a person in the know, several CGHS empanelled hospitals have applied to the government to surrender their membership, but despite a series of meetings with union health ministry officials, pending dues have not been cleared for over six months, he added.

The development has also affected the 4.2 million CGHS beneficiaries, who get treated at subsidised rates at empanelled hospitals as well as wellness centers. Out of the total

CGHS claims of ₹300 crore, fully worth ₹500 crore have so far been cleared.

In October, all major private hospital executives attended a meeting with CGHS Director General to resolve the issue but to no avail.

All hospitals are frustrated with constant delays in clearing pending CGHS bills. We have been discussing with the authorities since June. With our constant efforts, CGHS is releasing small amount, which is insufficient for bigger hospitals. While hospital's pending bills are over, CGHS is clearing bills, the need of the hour is to clear pending bills in full to break the cycle. Dr Girish Goyal, the coordinator of the CGHS working group for private healthcare providers, said in an interview. Hospital executives are planning to meet the health minister in December.



The pending Central Government Health Scheme dues have not been cleared for over six months.

Goyal added.

"Big hospitals like Medanta, Fortis, Narayana, Apollo, Max, and Manipal are pillars of the CGHS. If they withdraw their registration, the scheme will fail. So far, we have managed to stop them, but most small hospitals have started discontinuing the services. Goyal, who is

also the president of Association of Healthcare Providers of India (AHPPI), said. Recently, the government issued an MoA memorandum of agreement directing hospitals to accept new guidelines under the CGHS, threatening to de-empanel them if they refused to do so. However, the

terms have been rejected by hospital operators. "We have been telling the government to revise CGHS rates as they were not changed since 2014. However, the government has sent us revised MoA," directed hospitals to offer 20% discount on medicines, 10% on consumables. It has also scrapped the condition of 75% payment within 15 days, mentioned in the existing MoA," he said.

The development has also affected the 4.2 million beneficiaries, who get treated at subsidised rates under CGHS.

The existing MoA of hospitals empanelled with CGHS will be valid till 31 December.

In Delhi, for example, we see retired government officials, MPs and MLAs going for treatment at selected CGHS hospitals like Medanta, Fortis,

Narayana, Max and Manipal. We called a meeting of all tertiary care hospitals and we have decided not to accept the fresh MoA," said Goyal.

Last year, the ministry had moved the CGHS on National Health Authority (NHA) platform to offer health-

care services to eligible beneficiaries as and when possible. The Centre is also pushing private hospitals to join Ayushman Bharat PM-JAY scheme. "In our last meeting, the health minister urged our hospitals to get empanelled for Ayushman Bharat but the poor experience with CGHS is not helping us to join PM-JAY, especially due to rate differences and payment delays."

He said, "The NHA is trying to ensure that at least minimum standards are in place in hospitals. He said, "Some years ago, when the NABH (National Accreditation Board for Hospitals) came up with its accreditation criteria for accreditation, there are at least 45,000 hospitals in India that will never get the certification in their lifetime."

"These hospitals won't even make the effort because it involves a lot of infrastructure requirements, investments - capital and human resources - that are probably beyond

OCTOBER 8, 2023

Ensuring minimum standards in hospitals

Standards evolved even for smaller hospitals

HEALTH MISSION

Namya Kantam

COENMIA: "When we enter a hospital, we are looking at great risk to ourselves."

Dr Girish Goyal

Dr. Goyal, who dropped in at the Times office for a chat during his day trip to Chennai to launch the project.

There are two sets of standards, recently released by the Government of Karnataka, and they are classified as Basic, and Advanced level. A specialty hospital can only apply for the latter, while any hospital with any number of beds can compete at the basic level. These standards were evolved under the aegis of the Association of Healthcare Providers (AHPPI), by Dr. Goyal and his team, working in tandem with researchers in the US, trying to remain as close as possible to the NABH prescription. As the nomenclature makes it clear, specifications are made at the basic level. "Some have raised the question of dilution of standards, but what we must realise is that we are actually bringing some standards to hospitals which otherwise will not even make an effort. The point is, if you cannot even

ensure patient safety."

It might take hospitals up to three or four months to prepare for the basic level, and those aspiring for the advanced level, another six months, according to R.G. Menon, Managing Director, ACMI Consulting. Getting into the basic level, and keeping up the performance, will also be seen as a stepping stone for subsequent levels, including NABH accreditation, he adds. More information is available at: ahpi.in

Dr. Goyal explains further, "Once we have a few hospitals registered, we also intend to drive this like a people's movement, as is happening in the US - we are going to 'scare' patients into choosing hospitals with certain set patient standards."

Under the consumer act for it, it is unlikely that the demand for safe healthcare will burgeon into a movement.

It might take hospitals up to three or four months to prepare for the basic level, and those aspiring for the advanced level, another six months, according to R.G. Menon, Managing Director, ACMI Consulting. Getting into the basic level, and keeping up the performance, will also be seen as a stepping stone for subsequent levels, including NABH accreditation, he adds. More information is available at: ahpi.in

Smoking ban gets stricter in bars, restaurants in state

'Smoking area must, habit should be discouraged there too'

By Ananya Kulkarni
ananya.kulkarni@timesofindia.com

TO DISCOURAGE smoking in smoking areas in these places, there is a prohibition on smoking, but also hanging chains, white, ashtrays and matchboxes.

Acting on the findings by Global Adult Tobacco Survey (GATS), which says that the health of the general public is affected by passive smoking, the government issued a circular on November 17, enforcing a strict ban on smoking in public places.

The circular says hotel owners will have to notify the local bodies for creating a designated smoking area, if there is any violation, there are chances that the licence of the owner may be cancelled.

population, like hotels, bars, restaurants, pubs and clubs, club having more than 30 seats, and non-smoking areas have been created.

As per the Cigarettes and Other Tobacco Products Act (COTPA), 2003, there is a strict ban on smoking in public places where there is density of



Acting on the findings by Global Adult Tobacco Survey (GATS), which says that the health of the general public is affected by passive smoking, the government issued a circular on November 17, enforcing a strict ban on smoking in public places.

engaging in smoking in the smoking area.

The rule also prevents the owners from hanging chains or tables and even keeping ashtrays and matchboxes. The hotel owners will have to get necessary permits from the local bodies for creating a designated smoking area.

The move will help in protecting thousands of staff and non-smoking customers, especially women and children, from the harmful effects of second-hand smoking.

The new circular was part of the inter-ministerial meeting.

Shri. Anand Kumar, Minister for Health, Government of Karnataka, said in a statement. He said, "The move will help in protecting thousands of staff and non-smoking customers, especially women and children, from the harmful effects of second-hand smoking."

The new circular was part of the inter-ministerial meeting.

The new circular was part of the inter-ministerial meeting.

The new circular was part of the inter-ministerial meeting.

The new circular was part of the inter-ministerial meeting.

The new circular was part of the inter-ministerial meeting.

IRDA: Hospitals must meet accreditation norms

IRDAI has issued a circular to all hospitals, asking them to meet accreditation norms. The circular says that hospitals must meet the accreditation norms of the National Accreditation Board for Hospitals (NABH) to be eligible for insurance coverage. IRDAI has also issued a circular to all insurance companies, asking them to ensure that hospitals meet the accreditation norms before providing insurance coverage.

IRDAI has also issued a circular to all insurance companies, asking them to ensure that hospitals meet the accreditation norms before providing insurance coverage.

IRDAI has also issued a circular to all insurance companies, asking them to ensure that hospitals meet the accreditation norms before providing insurance coverage.

IRDAI has also issued a circular to all insurance companies, asking them to ensure that hospitals meet the accreditation norms before providing insurance coverage.

Govt withdraws luxury tax on ICUs

Public anger that poured online

Today even the smallest hospitals too have ICUs and treatment in ICU is not a matter of luxury.

He said: "There are several methods and ways through which the government could have mobilised resources. It is very unfortunate that such an insensitive decision has come from Siddaramaiah who has been hailed as the best Finance minister and has the credit of presenting highest number of budgets. This is a clear example of state slipping into utter bankruptcy."

A miffed Siddaramaiah rushed back to his home office at noon and convened a meeting of the head-bonchos of the commercial taxes and finance departments to seek clarity on the order which had snowballed into a controversy.

According to sources in the chief minister's office (CMO), Siddaramaiah lost his cool for not having been kept in the loop about such an order and also about the representations made against it by a few city hospitals.

The commercial taxes

Siddaramaiah's intervention comes as a breather to private hospitals as they were left with no option but to pass the burden on to the patients. If the tax was levied on ICU occupants.

A multi-specialty hospital owner, who did not want to be identified, feated backlash from the taxmen, said: "We were planning to reduce the ICU charges to avoid collection of luxury tax from patients and instead increase the nursing charges. But Siddaramaiah's directive comes as a respite."

However, the CM was not convinced and he orally ordered the commercial tax officials to withdraw the order, and directed the finance department to issue a fresh notification to this effect immediately.

New insurance guidelines likely to improve standards in state hospitals

The new insurance guidelines are likely to improve standards in state hospitals. The guidelines will require hospitals to meet certain accreditation norms and to provide better services to patients. The guidelines will also require hospitals to have a dedicated ICU and to have a dedicated staff for ICU patients.

Pvt. hospitals threaten to discontinue cashless facilities for ESIC beneficiaries

Dues of Rs. 100 cr. making it difficult for hospitals to function

Ashish Yashwanth

BENGALURU: Upset with the outstanding dues of over Rs. 100 crore from the Employees' State Insurance Corporation, private hospitals empanelled with ESIC to provide super-specialty treatment to beneficiaries have threatened to discontinue cashless facilities from September 1.

Announcing this at a press conference, representatives from the empanelled hospitals, who came under the banner of Association of Healthcare Providers India (AHPHI), said the decision to discontinue the cashless facilities was taken as the huge outstanding accumulated over the last two years was making it difficult for member hospitals to function.

"This has hit our cash flow and we can no longer continue

SLOWDOWN PHASE



Around 15% beneficiaries availing themselves of super-specialty treatment in empanelled private hospitals

providing cashless facilities. Although we have been appealing to the ESIC and all authorities concerned to clear our bills, it has been in vain," said Alexander Thomas from AHPHI.

He said, in the interim, beneficiaries could avail super-specialty services at a concessional rate by paying in cash, which they can later get reimbursed from ESIC.

Joseph Pasanga, facility director, Narayana Health City, said more than half of the outstanding dues were to be paid to Narayana Health.

"The discussion with ESIC authorities, including Union Labour Minister, Union Labour Secretary, Karnataka Principal Secretary (Labour) and ESIC Director, have yielded no results," he said.

Dr. Thomas said the member hospitals of AHPHI wanted uniform guidelines to ensure

speedy settlement of claims. "We have also requested for revision of prices as the existing rate is not viable to render quality care," he said.

ESIC Director V. Sreedevi attributed the problem to lack of manpower in the corporation.

"We have requested the hospitals to continue providing the services for the time being. We have also assured them that efforts would be made to clear the outstanding amount at the earliest," she said.

Ms. Sreedevi said she had written to the Union Ministry in this regard. "We are expecting a reply in a week and hope to clear the bills shortly," she added.

Relief for private hospitals as Centre releases ₹250 crore

TIMES NEWS NETWORK

New Delhi: The Centre released nearly Rs 250 crore under the Central Government Health Scheme (CGHS) — over the past month — to clear dues towards treatment of its beneficiaries at select private hospitals, the Indian Medical Association (IMA) and Association of Healthcare Providers, India (AHPPI), said in a statement on Friday.

The associations claimed that the action was consequent to submission of a memorandum and meeting with Union state finance minister Anurag Thakur and other CGHS officials. They added: "While the total outstanding was close to Rs 1,000 crore, the approved outstanding from CGHS as on date was Rs 450 crore, which hospitals would get forthwith."

IMA and AHPPI would continue to insist that all outstanding amount was paid on urgent basis, as the hospitals — being pushed to the brink of unsustainability — would be constrained to suspend cashless services, officials said.

Last month, AHPPI — that claims to represent some of the country's top hospitals, including Max, Fortis, Medanta and BLK — had approached the Prime Minister's Office (PMO) demanding payment of dues with respect to treatment of CGHS and Ex-servicemen Contributory Health Scheme (ECHS) beneficiaries. Dr Giridhar J Gyani, the director general of AHPPI told TOI the government owes about Rs 245 crore (Rs 165 crore CGHS and Rs 80 crore ECHS) to the Max group of hospitals, Rs 225 crore (Rs 70 crore CGHS and Rs 155 crore ECHS) to the Fortis group and Rs 73 crore (Rs 42 crore CGHS and Rs 31 crore ECHS) to Medanta Medcity.

चेतावनी: बंद कर सकते हैं कैशलेस उपचार, नागरिक सुविधाओं पर होगा असर निजी चिकित्सकों ने सरकार से की उपचार शुल्क के भुगतान की अपील

पत्रिका न्यूज नेटवर्क
rajasthanpatrika.com

बंगलुरु, इंडियन मेडिकल एसोसिएशन, एसोसिएशन ऑफ हेल्थ केयर प्रोवाइडर्स इंडिया (एचपीआई), फेडरेशन ऑफ हेल्थ केयर एसोसिएशन्स ऑफ कर्नाटक व प्राइवेट हॉस्पिटल्स एंड नर्सिंग होम्स एसोसिएशन (पीएचएनएन) ने केंद्र सरकार को स्वास्थ्य योजना (सीजीएचएस) और पूर्व सैनिक अंशदायी स्वास्थ्य योजना (इसीएचएस) के सहित केंद्र सरकार के कर्मचारी, पेंशनभोगी और इनके परिवारों के कैशलेस उपचार में अमरमता जताते हैं। कारण, लंबे समय से सरकार ने उपचार शुल्क का भुगतान नहीं किया है।

एचपीआई के संयुक्त निदेशक डॉ. वीरस भणुमनंदन ने सोमवार को संबाददाता सम्मेलन में कहा कि भुगतान में देरी के कारण अस्पताल अधिक दबाव में हैं। अस्पताल चलाना मुश्किल हो रहा है। चिकित्सकों और कर्मचारियों को



वेतन तक देने में अस्पताल प्रबंधकों को कई स्तर पर परेशानी हो रही है। सीजीएचएस और इसीएचएस के लाभार्थियों के उपचार का सैकड़ों करोड़ रुपए केंद्र सरकार पर बकाया है। उदाहरण के लिए सरकार पर नौ अस्पतालों का करीब 650 करोड़ रुपए बकाया है। जिस पर सरकार ब्याज भी नहीं देती है।

डॉ. भणुमनंदन ने कहा कि अगर ऐसे ही चलता रहा तो निजी अस्पताल कैशलेस उपचार बंद करने पर मजबूर हो जाएंगे। अस्पताल केंद्र सरकार स्वास्थ्य योजना के अंतर्गत वर्ष 2014 से एक ही दर पर उपचार करते आ रहे हैं। सरकार की ओर से उपचार खर्च संबंधित एक अध्ययन के अनुसार

उपचार के लिए अस्पतालों को जितनी राशि सरकार देती है, वह खर्च का करीब 40 फीसदी ही होता है। देश भर में सीजीएचएस के करीब 32 लाख और इसीएचएस के करीब 5.5 लाख लाभार्थी हैं। सीजीएचएस और इसीएचएस और पेंशनर्स एसोसिएशन को कई बार समस्या से अवगत कराया गया है, लेकिन जवाब नहीं मिला।

सम्मेलन में मौजूद नारायण हेल्थ सिटी के अध्यक्ष डॉ. देवी प्रसाद शेट्टी और मंगलपाल अस्पताल के अध्यक्ष डॉ. सुदर्शन वल्लताल ने सरकार से जल्द से जल्द भुगतान की अपील की। भुगतान में हो रही देरी के कारण उत्पन्न विभिन्न समस्याओं पर प्रकाश डाला।

Centre owes ₹2Kcr to private hospitals

Government does not have the infrastructure or money for the schemes such as Ayushman Bharat, says forum

Private hospital associations oppose insurance companies' monopoly

Dr Ravindra, Private Hospitals and Nursing Homes Association president, said, "The GIPSA insurance companies control 70% of health insurance in the country and are using this monopoly to dictate rates, which are unviable. While the initial agreement with hospitals in Bengaluru included 53 procedures, they kept adding more. Since 2017 we have been opposing this and in 2019 they held a meeting when we said we would be forced to stop using their insurance."

However, he said that none of the demands they signed upon were adhered to. He added that of 230 hospitals in the city, 130 have not renewed their contract with insurance companies as they were negotiating absurd rates.

EXPRESS NEWS SERVICE @bangalore

SIX major hospitals in Karnataka are owed approximately Rs 100 crore in terms of Central Government Health Scheme (CGHS) and Ex-servicemen Contributory Health Scheme (ECHS) reimbursement, according to Association of Healthcare Providers India (AHPPI).

"The government is supposed to reimburse the hospitals from 15 days to 1 month after the scheme has been utilised by the patient. However, Rs 100 crore has been pending for major private hospitals in the state for anywhere between a few months to two years," said Dr V C Shanmugasundaram, Joint Director, AHPPI, who did not name the hospitals.

A sum of Rs 2,000 crore is overdue to various private hospitals in the country by the central government for CGHS and ECHS, according

AMOUNT PENDING FROM CGHS AND ECHS



- Narayana Health - Rs 15 crore for CGHS in Bengaluru
- HCG - Rs 2 crore for CGHS and Rs 5.7 crore for ECHS in Bengaluru
- Apollo - Rs 50 crore for CGHS and ECHS in Karnataka
- Fortis - Rs 14 crore for CGHS, ECHS and ES
- Ramaiah - Rs 2 crore for CGHS and Rs 2 crore for ECHS

to various private medical associations who held a press meet in the city on Monday.

Dr Giridhar Gyani, Director General, AHPPI, said, "Government does not have the infrastructure or money for these schemes such as Ayushman Bharat."

In fact, 90 per cent of the hospital beds are under private sector along with 65 per cent of tertiary care which is most important. The government has not done costing of medical procedures and the

and pending dues from them.

A senior doctor said the situation has reached a point where private hospitals are unable to sustain because of this. If the situation persists, it is feared that lakhs of hospital employees will lose their jobs.

Dr Devi Shetty, chairman and founder of Narayana Health, said, "CGHS should adopt interest rates if there is a delay in reimbursement. This aspect exists in Ayushman Bharat."

Dr H Sudarshan Ballal, chairman of the Medical Advisory Board of Mangal Hospitals Group, said, "We need pricing to be viable as well as bills to be paid on time from the government. We have not renewed the CGHS contract..

Inflation also needs to be considered when ascertaining cost of procedures. This must be done or else quality of healthcare will fall."

The background is a vibrant, abstract composition of overlapping, semi-transparent shapes. Large, flowing bands in shades of blue, orange, red, and purple sweep across the frame. Interspersed among these bands are various sized circles in colors like cyan, magenta, yellow, and purple. Some circles are solid, while others are semi-transparent, creating a layered, ethereal effect. The overall palette is bright and modern, with a soft pinkish-purple base color.

GALLERY







