



Minutes of AHPI State Chapter zoom video call meeting held on 3rd June 2020

Participants:

Dr. Alex Thomas, President, AHPI
Dr. Girdhar Gyani, Director General, AHPI
Dr. V. C. Shanmuganandan, Advisor, AHPI
Ms. Neelam Kachhap, Author, India Med Today.
Mr. Viren Shetty, COO, Narayana Health
Dr. Sreenivas, Vice-President, EMR & Pricing, Narayana Health
Dr. Voona Murali Krishna, President, Andhra Pradesh Chapter
Dr. C M Bhagat, President, Delhi NCR Chapter
Dr. Sanjeev Singh, Secretary, Delhi NCR Chapter
Dr. M I Sahadulla, President, Kerala Chapter
Dr. Anup Hajela, President, Madhya Pradesh Chapter
Dr. Rahul Khare, Secretary, Madhya Pradesh Chapter
Dr. Sujit Chatterjee, President, Maharashtra & Goa Chapter
Dr. Ashwini Jogade, Secretary, Maharashtra & Goa Chapter
Dr. Bharath Gadhavi, President, Gujarat Chapter
Mr. Jogesh Gambhir, President, Jharkhand Chapter
Dr. Naresh Shetty, President, Karnataka Chapter
Dr. Naveen Thomas, Secretary, Karnataka Chapter
Dr. Sachin Jhavar, Secretary, Rajasthan chapter
Dr. Vishnu Reddy, Secretary, Telangana Chapter
Dr. Saumitra Bharadwaj, President, West Bengal Chapter
Dr. Bishnu Panigrahi, President, Odisha Chapter
Ms. Nilanjana Mukherjee, Secretary, Odisha Chapter
Dr. Amandeep Kaur, President, North Zone Chapter
Mr. Joydeep Das Gupta, Secretary, North zone Chapter
Dr. Anil Jain, Secretary, Chhattisgarh Chapter
Dr. Palin Khundongbam, President, Manipur Chapter & Convenor Northeast Chapter

Meeting Started by welcoming all State Office bearers by President and DG-AHPI

Dr Alex briefed bearers about activities carried out by AHPI in the past week.

1. MOUs between Hospitals & AHPI need to be signed for invoking arbitration in Illegal deduction case of CGHS-UTI.
2. Letters to suppliers have been sent to reduce the AMC cost by at least 20%
3. FMGE program designed by AHPI, ANBAI and Ramaiah Institutions is set to start from July. Members were requested to help in spreading the word.
4. Webinars are being conducted regularly, and information is being shared on all AHPI's social media platforms and groups.
5. Hospitals soon to be part of MSME, assurance given by MSME Ministry
6. ESIS dues data collected and submitted to minister of Labour
7. Dr Palin and Ms. Nilanjana have agreed to be part of media cell

8. Dr. Devi Shetty and Dr Harish Pillai have agreed to support AHPI's Media cell and its activities.
9. AHPI has decided to come up with Position paper based on state chapter's weekly discussion. Ms Neelam has been put-in in-charge of collating and preparing the same with support from Dr Sedevi
10. AHPI will be preparing the Costing document for Covid patients in private hospitals. Suggestions welcome

Dr Gyani added;

1. MSME Limit is raised to 50 Cr. for medium scale and accordingly, differentiation between manufacturing and service sector has been removed. Hospitals can apply once it is listed
2. A petition has been filed by Mr Sachin Jain in Hon Supreme court seeking free treatment of COVID patients in the hospitals which are provided with free land. AHPI has decided to implead

Dr Sanjeev provided COVID Update pertaining to guidelines and other technical aspects.

1. Dr Sanjeev informed that both Nasopharyngeal and oropharyngeal tests need to be done in Labs to confirm the positive status of corona patients. RTPCR is confirmatory, Antibody test is recently being permitted and soon to be used for conducting tests in the country.
2. From 12th may onwards antigen Covid testing has been approved by FDA, soon to be recognized test in India, True NAAT and CB NAAT also has been approved
3. No test is mandated for elective surgery, earlier order by ICMR has been withdrawn
4. Methylprednisolone used by US hospitals has seen good response in ICU, but no clinical trials yet.
5. There's a Change in discharge policy, Now 2 negative test before discharge is not recommended, and 3 symptoms free days is recommended discharge.
6. Contact surveillance is required for positive patient comes to hospital, secondary contact testing is withdrawn along with quarantining.
7. All Pvt. and Government Medical Colleges will be approved to conduct RTPCR testing provided they have BSL2 lab.
8. Masking, Disinfecting, Social distancing and hand hygiene remains main 4 tools for Infection Prevention & Control.
9. A symptomatic patients who become positive and those undergo procedure during asymptomatic period, the notion that recovery is poor it is not valid.
10. Korean study found out that people who got re-infected had dead virus.

Costing inputs by Mr. Viren Shetty and Dr Srinivas

1. Mr. Viren suggested few COSTING methods being practiced in NH for Covid patients
2. He mentioned that there is lot of Cost Variation in treating the Covid patients
3. Few patients will have high cost for their treatment.
4. They have done Flat Packaging without breakup, with all high end drugs and few consumables being charged extra on actuals.
5. Packages decided as per General ward, ICU with ventilation and ICU without Ventilation

West Bengal- Presented by Dr. Saumitra Bharadwaj

1. COVID testing now can be done by every hospital and lab
2. Rise in asymptomatic patients
3. Govt. allowing asymptomatic to stay at home
4. IPD beds being increased in accordance of heavy loads of Covid patients
5. In the state, packaging issue will remain sensitive and Costing will vary because of varied nature.
6. Demarcation of Covid and Non-Covid Hospitals may not be there in coming days due to surge in Covid cases and limited healthcare facilities in state

Telangana- Presented by Dr. Vishnu Reddy

1. No testing is being allowed in Pvt. Hospitals
2. Increase in Covid cases with more patients coming out of containment zones fearing Community Spread
3. No packaging system right now.
4. One line packaging is not recommended
5. No Clarity on Insurance Companies for reimbursing the cost of PPEs
6. Costing ranges in ICU without ventilator 40-50k and ICU with ventilator 50-60k

Odisha - Presented by Dr Bishnu Panigrahi and Ms. Nilanjana

1. COVID hospitals are separate in the state
2. As per Odisha PPP model, General ward are being paid 3000 Rs, Critical care units at the rate of 8500 Rs per day per bed, drugs and consumables on actuals by Government
3. Average Costing comes approx. Rs 7000 per day
4. Clarity required on insurance companies approval of packages.

North Zone- Presented by Dr Amandeep Kaur

1. Covid cases are rising
2. Pvt hospitals have started taking the patients but have been told by Govt. to demarcate with dedicated premises for Covid and Non Covid
3. Costing is an issue when affording demanding patients seeks high end services, Pvt. single rooms, Pvt. nurses resulting in variation in costs of treating, mainly asymptomatic/mild infections cases

Manipur and Nagaland - Presented by Dr Palin and Dr Sedevi

1. Cases are rising due to migrants
2. Testing have been increased
3. Private hospitals not admitting any patients as per Govt. instructions
4. Migrant Returnees are being tested
5. Precautions being taken in Pvt. Hospitals while attending all patients
6. Low cost approved PPEs is now locally available
7. COVID Guard fee of Rs 150 charged from patients
8. In Nagaland Dr Sedevi informed -Rates are already low as Rs 130 for OPD Consultations but no additional costs are being charged for Covid so far
9. Hospitals have been trying to reduce unnecessary expenditures,
10. Staff with salary of Rs 20,000 or less per month are getting the salaries in full but others

with higher salaries are being deducted by 30%

MP-Presented by Dr Anup Hajela

1. MP test positivity have come down to below 3
2. Infection is now spreading in greener areas as well but reduced in Cities
3. State Health department distributed free HCQs to all health workers
4. Advisory received from CPCB for categorization of health industry to no industry category, with no water and hazardous content, if implemented will be beneficial. Hospitals will be converted in orange category if advisory is being followed, however State Pollution Control Board is reluctant to adopt the guidelines for now.
5. AMC and CMC increased for ventilators and other equipment's.
6. Costing will be difficult task for Covid patients
7. Reimbursement by insurance of PPEs need to be discussed.

Maharashtra - Presented by Dr Sujit Chatterjee

1. Covid cases are increasing
2. Tests have been ramped up
3. Not keen on packages
4. Insurance companies may not agree to packages,
5. Complication while treating the Covid Patients may increase the costing, one line packages may not able to cover as variations will be there.
6. Use of Remdesivir is now permitted and soon shall be used on critical patients

Karnataka- Presented by Dr Naresh Shetty

1. Covid Patients are slowly increasing, mainly are from other states
2. Govt. proposed its own scheme pricing when patients sent by govt. to hospitals
3. Several models including Odisha, Maharashtra and Delhi have been analysed to suggest costing to government,
4. Govt. being also told that several disease Packages will be added in co morbid conditions
5. Govt. being also told that 50% more than CGHS rates to be given if not listed in Govt. scheme.
6. Suggested rates are 15K for General, 25K for ICU and 35K for ICU with Ventilator
7. It is being advised that Capping should only be done during COVID times

Kerala - Presented by Dr Sahadulla

1. Covid cases are increasing
2. Govt. medical colleges and hospitals are only treating so far Covid patients
3. No costing pattern as no Pvt. Hospital is treating patient

Jharkhand - Presented by Mr. Jogesh Gambhir

1. Covid Cases are increasing due to Migrants returning back

2. Govt. medical colleges and hospitals are only treating so far Covid patients
3. Pvt Hospitals which were made as Covid facility are not yet paid by govt.
4. Hospitals to be segregated as Covid and Non Covid completely before being taken over as majority hospitals are smalls with less than 100 beds in state.
5. Odisha model of pricing can be replicated if advocated by govt.
6. Suggested Cartel strategy for suppliers -AMC CMC costing

Delhi NCR-Presented by Dr C M Bhagat

1. Various problems due to numerous orders by govt for Covid
2. Various doctors association advising their members on their own, contrary to ICMR guidelines and also not revising once revised by ICMR and Govt. creating confusion among specialists.
3. Isolated incidences being highlighted by media creating wrong perception
4. As per Govt. orders COVID and NON Covid patients are to be treated in same hospitals, hospitals which are more than 70 beds to set aside 20% of beds for COVID patients
5. Order of keeping 20% beds reserved for Covid patients will create Problems as many hospitals do not have separate blocks or buildings and chances of spreading infection to non Covid will be high.
6. Order is challenged in Delhi High Court, and the Govt. has been asked to file a reply.
7. Pvt Labs are being threatened to not issue positive results verbally by govt.
8. Asymptomatic patient not to be reported or tested, verbal orders received
9. Govt. is unresponsive to letters by AHPI and other associations
10. Hotels have been converted into Covid care centres attached by hospitals for technical and healthcare assistance to patients.
11. Pvt hospitals can charge their own rates for treating Covid Patients
12. Hospitals adding extra costs on regular charges for insurance and cash patients for PPEs and other consumables used.

Chhattisgarh-Presented by Dr Anil Jain

1. Increase in number but slow pace
2. Govt hospitals treating patients
3. Pvt hospitals not treating but to be kept ready to be acquired as conveyed by govt
4. Reimbursement Models were suggested by govt per day per bed basis and per day for the whole hospital basis. Discussion is going on to fix charges
5. Non covid patient cost is increased due to use of PPEs
6. Extra charges for PPEs in Ayushman Bharat Patients

Andhra Pradesh - Presented by Dr Murali Voona

1. Govt is taking up and treating COVID Patients so far
2. Testing is not allowed in pvt sector
3. Arogyashree has given packages-15 types of packages been suggested for scheme beneficiaries
4. Govt is planning to take up pvt sector hospitals, Reimbursement Models is being discussed
5. Insurance companies are not reimbursing for PPEs
6. One line Packaging may not be feasible for Covid.

7. It is suggested that without an MOU no pvt hospital should be taken over by govt as it may create problems for receiving the payment.
8. Additional charges being charged from NON Covid patients as cost of additional PPEs
9. MSME registration is ON in udyog aadhar portal
10. Hotels are being converted into paid quarantine centre

Closing Remarks by Dr Gyani-

1. Cost models is to be worked out,
2. Cost Reality to be brought out
3. Engage with the media else Media will keep on publishing the one side of story damaging the reputation of the private sector.