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Performance and Problems of Public Healthcare Providers in Mizoram

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Abstract

Health economics has not been extensively studied at research level in Mizoram. As such, there have been only few studies regarding the provision of health facilities and its impact on the economy. As Mizoram is one of the smallest states rampant with critical illness such as cancer, cardiovascular disease and other lifestyle related diseases such as diabetes and hypertension. Besides the social cost, a study of the economic cost of provision of health and healthcare facilities is one of the most important and much needed studies in economic literature. This paper primarily aims at assessing delivery of health and healthcare facilities to patients in a public hospital. The study finds that public healthcare provision in Mizoram is a quintessential paradigm for the provision of free and basic universal healthcare services the society.

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1. Introduction

Better health is central to human happiness and well-being. It also makes an important contribution to economic progress, as healthy population lives longer, is more productive, and saves more. A good health is achieved by following a few collective patterns which are health related. If we follow this logic we will also realize the importance of having healthy lifestyles which will add to the benefits of having a healthy life. Achieving and maintaining health is an ongoing process, shaped by both the evolution of health care knowledge and practices as well as personal strategies and organized interventions for staying healthy. Therefore, good health is a priceless blessing in life. The famous saying 'Health is Wealth' highlights the importance of good health in our life.

Health economics has not been extensively studied at research level in Mizoram. As such, there have been only few studies regarding the provision of health facilities and its impact on the economy. As Mizoram is one of the smallest states rampant with critical illness such as cancer, cardiovascular disease and other lifestyle related diseases such as diabetes and hypertension. Besides the social cost, a study of the

economic cost of provision of health and healthcare facilities is one of the most important and much needed studies in economic literature. This paper primarily aims at assessing delivery of health and healthcare facilities to patients in a public hospital.

Tokita*et. al.* (2000) estimates healthcare expenditure functions by age groups and in-/outpatient in order to find the determinants of healthcare expenditure in Japan. The result suggests that difference of the per capita medical expenditure among the prefectures is mainly due to disparities of the number of beds and doctors per capita. (Tokita, Chino, & Kitaki, 2000). Kjerstad (2003) writes that in Norway, a new system of Activity Based Financing (ABF) for general hospitals was introduced on a comprehensive basis in July 1997. The main purpose of the reform was to increase activity so that more patients could receive treatment more quickly without reducing the quality of care. His study concludes that the reform has had significant impact on the number of patients treated. (Kjerstad, 2003). It is a truism that a strong political will is the prerequisite for any reform policy, Twose*et. al.* (2004) comments that the 'Thai Policy' is a bold reform driven by top level political imperatives and incorporating many innovative features. (Towse, Mills, & Tangcharoensathien, 2004). Since the financial cost of healthcare is an important factor with respect to access to healthcare facilities, Yadav (2007) in a cross sectional study conducted at the Government Medical College Hospital, shows that owing to inflation and rising costs of commodities, some people from the upper middle class can no more afford the costs incurred in the private medical sector and have to therefore seek medical services of a government hospital. (Yadav, 2007). Also, Toth (2013) highlights that there seems to be a correspondence between the healthcare models adopted national contexts and the ideological orientation of the governments that have instituted them. Most laws instituting a system of social health insurance have been advanced by conservative governments, while those instituting a national health service have been passed by social democratic governments. The resulting clashes between governments and competing interest are largely attributable to the institutional setting. Thus, his study concludes that in the period from 1945 to 2000, those countries where political power was more concentrated implemented a national health service. Conversely, those countries where political power was more dispersed tended to maintain a system of voluntary or social health insurance. (Toth, 2013).

2. Research Method

The study is based on secondary data. Secondary data from Civil Hospital, Aizawl for the period of April, 2018 to March, 2019 is collected for this study. Further, secondary data is also collected from the Health Directorate of Mizoram Government, Economic Survey, Census of India, NSSO data and other Government reports. Relevant information pertaining to this study is also collected from various e-resources, books, and journals. Civil Hospital Aizawl has been selected as a representative of all other public hospitals in Mizoram since it has the best facilities as well as the most number of indoor and outdoor patients in Mizoram.

3. Result and Analysis

Results and analysis of this study have been highlighted in the folloing sub-sections.

3.1 Performance of Public Hospitals in Mizoram

The performance of Public Hospitals in Mizoram with special reference to Civil Hospital, Aizawl has been highlighted below:

- A total of 394,968 patients availed healthcare services during 2018-19 financial year (FY), i.e., 1st April to 31st March, 2019. The Out Patient Department (OPD) had the larger share of patients' visit since Casualty is for only emergency services whose occurrence cannot be anticipated.
- A total of 273,475 new cases were registered in both the department and 121,493 old cases were registered—those recurring cases or where patients consulted OPD departments more than once. Since there cannot be any new case regarding casualty department, the number of new cases is nil.
- There had been a slight degree of information asymmetry and moral hazard since the ratio of new cases to old cases is merely 2.25:1, i.e., for every 2.25 new cases registered, there is 1 old case registered. However, it cannot be solely argued that information asymmetry and moral hazard exist because many patients required recurring treatment where full treatment cannot be done in one single visit.
- The total patient care represented as TPC was 394,968 (The total number of people availing the healthcare services of Civil Hospital, Aizawl). The total number of OPD patients was 349,885 out of which the month of October (2018) recorded the highest number of OPD patients with 33,337 and April (2018) had the lowest with 26,705.
- The total number of emergency cases attended during the base period was 45,083 where May (2018) recorded the highest number with 4,090 patients and February (2019) had the lowest with 3,324 patients.
- Medicine department recorded the highest number of patients attended with 57,360 patients consulting the department during the mentioned period. The daily average was also the highest in this department with 204.85 patients being attended daily—this calculation also considers Sundays and holiday—throughout the base period.
- Dietician department recorded the lowest with only 831 recorded and a daily average of barely 2.96. Dressing, cardiology, diabetic clinic, Antiretroviral Therapy (ART) and Opioid Substitution Therapy (OST) departments recorded a higher number of old cases as compared to new cases since these departments mainly deal with recurring patient care where complete patient care cannot be done on one single visit.
- The total number of new cases registered in OPD was 277,741 and 117,227 old cases were registered. The daily average of patients in all the departments during the base period is 65.380.
- The total number of admission issued during 2018-19 financial year, or the base period was 13,881 out of which 12,816 were from OPD and 1,065 from casualty. The bed strength of Civil Hospital Aizawl is 270 and with the total number of admission issued, the average number of patients per bed was 51.41.
- A total of 17,727 operations were done during 2018-19 financial year out of which 6,589 were major operations and 11,138 were minor operations. 48.56 operations are done every day during the mentioned period, out of which major operations and minor operations constituted 18.05 and 30.52 respectively as calculated by the number of days, i.e., 365 days during the base period.
- The total number of live birth during 2018-19 financial year was 4,017 as compared to barely 56 stillbirth. Male live birth was greater than female live birth with 2,031 as compared to 1,986 female live births. However, the ratio of male to female live birth was barely 1.02 males per 1 female.

- The infant mortality rate of 13.94 is way below the national (India) average which is 33 and also below the state (Mizoram) average of 21.
- The total number of discharge was 13,649 out of which 13,006 were discharged alive. The number of deaths that occurs during the base period was 643 out of which 254 patients met their death before 48 hours of being hospitalized and 389 after 2 days or 48 hours of staying at the hospital. The ratio of alive to death discharge is 20.22, i.e., for every single indoor patient death, there were 22.22 patients discharged alive.
- In total, indoor patients spent a total of 75,999 days during the base period and the average length of stay was 7.43 days with 83.45 per cent bed occupancy rate. The bed turnover ratio—the number of times there is a change of occupant for a bed during a given time period—during this period was 4.16 (out of a total of 270 beds). March 2019 recorded the highest number of hospital days while total indoor patient census is highest in January 2019.
- There are a total of 270 beds with Maternal and Pregnancy (MPW) and Orthopaedic ward having the highest bed strength with 30 beds respectively. ICU has the lowest bed strength but recorded the highest number of death with 153 since only critical patients are admitted.
- The total number of admissions issued during the base period is 13,881 out of which 13,006 patients were discharged and a total of 643 patients were discharged dead. MPW had the highest number of admission with 3,502 and cabin ward the lowest with 161.
- The highest number recorded (indoor patient admission) in a particular month during the base period was January and February 2019 and the lowest was December 2018. The total of maximum (any one day) is 2945 and minimum (any one day) is 2,362. The difference between maximum and minimum recorded census is 583.
- A total of 906,296 investigations were done during the mentioned period out of which laboratory investigations had the highest amount with a total of 823,632 and bronchoscopy the lowest with only 96 investigations done.
- A total of 73 autopsies were done during the base period and there were 2,511 cases referred outside Mizoram in which healthcare services cannot be availed by patients due to certain predicaments such as unavailability of experts, investigative equipment and infrastructural facilities.
- There were 3,827 MHSC and RSBY/PMGSY beneficiaries during the base period. One interesting finding from this particular analysis is that there were 4 months where MHSC beneficiaries were nil and 3 months in RSBY/PMJSY beneficiaries.

3.2 Problems of Public Hospitals in Mizoram

Problems being faced by Public Hospitals in Mizoram with special reference to Civil Hospital, Aizawl have been highlighted below:

- The current staff strength of Civil Hospital, Aizawl, i.e., 423 is insufficient to cater the needs of indoor and outdoor patients. The staff strength, especially doctors and nurses has to be increased in order to provide efficient and good quality healthcare services.
- The existing laboratory and testing facilities is insufficient to cater to the needs and demands of ever increasing patients. Patients have to wait for quite a long time in order to have investigations on

their illness especially on CT scan and X-ray. As such, the existing facilities have to be increased and upgraded.

- Since availing medical reimbursement through healthcare schemes such as MSHC and RSBY typically takes a long and arduous process, this has to be improved by lowering administrative barriers and other process. This improvement will further enhance the efficiency as well as increasing the reputation of Civil Hospital, Aizawl.
- Most of the healthcare services beneficiaries of Civil Hospital, Aizawl are people from rural areas. Since this is the case, a question arises as to how well the hospitals in other districts function. This has to be examined and investigated by the concerned authority and take up necessary actions regarding the improvement of public healthcare services in rural areas.
- The infrastructural facilities at large have to be upgraded. As of now, patients with disabilities that require wheelchair cannot move around freely as most of the buildings do not have wheelchair friendly alleys and stairs.
- Most of the buildings are cramped and congested during peak hours which can be quite obnoxious for patients. This has to be improved by upgrading and creating more space for patients who wait for their turn to consult doctors.

4. Conclusion

From the above findings and discussions, it can be said that public healthcare provision in Mizoram is a quintessential paradigm for the provision of free and basic universal healthcare services the society.

References

[i] Kjerstad, E., "Prospective Funding of General Hospitals in Norway: Incentives for Higher Production?", *International Journal of Health Care Finance and Economics, Vol. 3 (4)*, pp.231-251, December 2003.

[ii] Tokita, T., Chino, T., & Kitaki, H, (2000),"Healthcare Expenditure and The Major Determinants in Japan",*Hitotsubashi Journal of Economics, Vol. 41 (1),* pp.1-16, June 2000.

[iii] Toth, F., "The choice of healthcare models: How much does politics matter?", *International Political Science Review, Vol. 34 (2)*, pp. 159-172, March 2013.

[iv] Towse, A., Mills, A.,& Tangcharoensathien, V., "Learning from Thailand's health reforms",*British Medical journal, Vol. 328 (7431)*, pp.103-105, January 2004.

[v] Yadav, J. U.,"Reasons for Choosing a Government Hospital For Treatment", *Indian Journal of Community Medicine, vol. 32 (3)* , pp.235-236, March 2007.