

Study on Disclosure by Private Hospitals in Delhi: Evidence on Compliance of Regulations

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Part I

Introduction

Introduction

Regulatory framework not in tandem with development in health facilities

- Profile of hospitals has changed in last 7 decades
 - State owned or charitable
 - Private clinics
 - Private practitioners moved on as small entrepreneurs (maternity homes, 10 bedded nursing homes, hospitals etc.)-
 - 1980s - Trust hospitals
 - 1990s larger & commercial hospitals, multi-speciality hospitals, shift from Trust to money oriented hospitals
 - Mid 90s Corporate hospitals
- Slow pace of reforms of regulations for regulating health facilities

Introduction

State capacity & challenge

- Pace of reforms across states more uneven
- Health is State subject
- Model set of regulations designed by Central authority is no guarantee

Introduction

Case study

- *The Clinical Establishment Act, 2010*¹ - February 2012 to regulate health facilities.
- Adopted by 10 States
(Arunachal Pradesh, Himachal Pradesh, Mizoram, Sikkim, Uttar Pradesh, Rajasthan, Bihar, Jharkhand, Uttarakhand and Assam) ;
- Adopted by all the Union Territories **except Delhi**
- Health facilities in Delhi - continue to be regulated by outdated laws
 - *The Delhi Nursing Home Act, 1953* - private hospitals and nursing homes
 - *Delhi Shops and Establishment Act, 1954* - private clinics

¹ *The Clinical Establishment Act, 2010* covers all the institutions as independent or as establishment (such as hospital, nursing home, dispensary, clinic, sanatorium etc) that provides services for diagnosis, treatment or care for illness, injury, deformity etc in any recognised system of medicine (such as Allopathy, Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy), owned, managed or controlled by Government or Trusts (public or private), Corporation or Society, Local authority or single doctor except those managed, controlled or owned by the Armed Forces. But these can be regulated only if the states adopt the Act, till then worrisome situation of exorbitant rates, lack of transparency, apathy towards patients with poor quality of services, mal-practices by hospitals will remain unaddressed issues.

Introduction

Need to revisit the existing regulatory framework

- Patient preference for private sector
- Hospitalisation cases reporting to private health facilities
 - Rural - 58%
 - Urban - 68%
- Existing regulatory framework is defunct and fragile

Introduction

Objective

- To identify the regulations on disclosure requirement for the health facilities in Delhi
- To collect evidence of compliance of the disclosure requirements by the health facilities

Part II

Regulations on disclosure

Regulations on disclosure for health facilities

Direct responsibility- *The Delhi Nursing Home Act, 1953*

- *The certificate of registration issued for the speciality in respect of a nursing home shall be kept affixed in a conspicuous place in the nursing home. (Section 5(3))*
- *The owner and/or the keeper of the Nursing Home shall ensure that the charges levied by the Nursing Home for the various services available in the Nursing Home are permanently displayed. (Rule 9 on display of charges)*

Regulation on disclosure for health facilities

Vicarious liability - MCI Code of Ethics, 2002²

- *Physicians shall display as suffix to their names only recognized medical degrees or such certificates/diplomas and memberships/honours which confer professional knowledge or recognizes any exemplary qualification/achievements. (Section 1.4.2)*
- *Payment of Professional Services: The physician, engaged in the practice of medicine shall give priority to the interests of patients. The personal financial interests of a physician should not conflict with the medical interests of patients. A physician should announce his fees before rendering service and not after the operation or treatment is under way. Remuneration received for such services should be in the form and amount specifically announced to the patient at the time the service is rendered. It is unethical to enter into a contract of "no cure no payment". Physician rendering service on behalf of the state shall refrain from anticipating or accepting any consideration. (Section 1.8)*

² Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002

Part III

Approach & Methodology

Approach & methodology

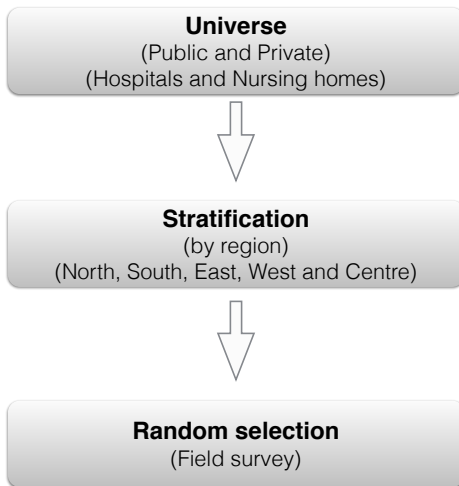
- Survey instrument- designed to check compliance of the four regulations identified on disclosure
- Random sampling for selection of hospitals
- Field work - observation for evidence on compliance of regulations

Survey instrument

Questions to check compliance of regulations on disclosure

- 1 Does the hospital conspicuously display its registration certificate?
- 2 Does the hospital display the rates/ charges for its various services publicly?
- 3 Does the hospital display the qualifications of its health professionals publicly?
- 4 Does the hospital display the fees/ consultation charges of the health professionals publicly?

Sampling



Regional distribution of the sample

Number of hospitals/health facilities by region

Universe - number of hospitals and nursing homes						
Number	North	South	East	West	Centre	Total
Private	274	183	113	306	57	933
Public	16	6	10	12	9	53
Total	290	189	123	318	66	986

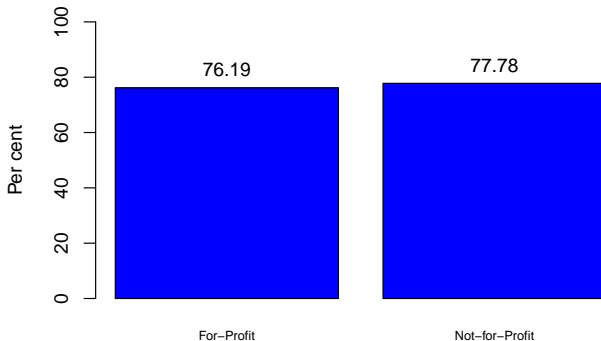
Sample - number of hospitals and nursing homes selected for survey						
Sample	North	South	East	West	Centre	Total
Private	21	13	9	24	5	72
Public	7	5	5	5	6	28
Total	28	18	14	29	11	100

Percentage distribution of sample						
Private (%)	29.2	18.1	12.5	33.3	6.9	100
Public (%)	25	17.9	17.9	17.9	21.3	100

Part IV

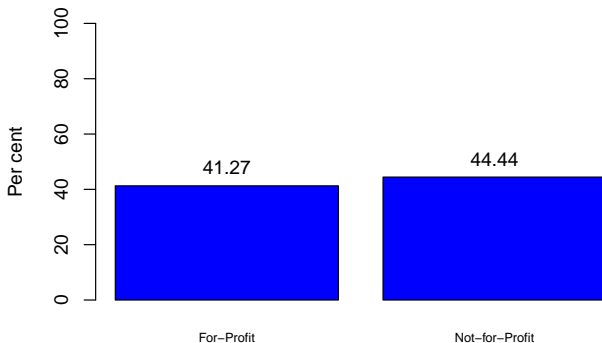
Findings

Display of registration certificate



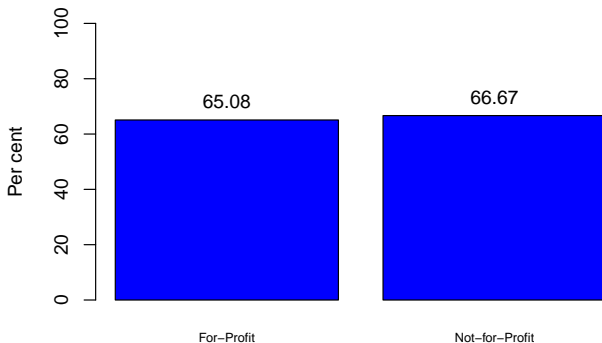
- *24% of the “for-profit” and 22% of “not-for-profit” private hospitals do not comply with the regulation on disclosure*

Display of charges/rates for hospital services



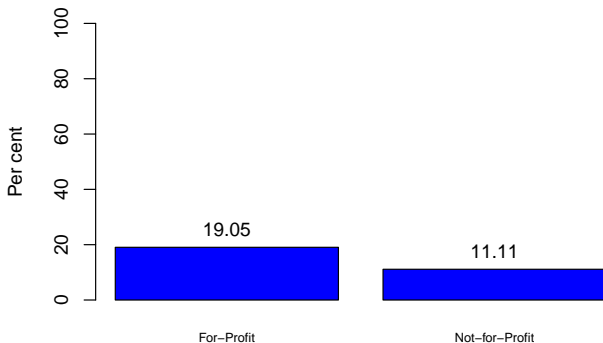
- 41% of the “for-profit” and 44% of “not-for-profit” private hospitals do not comply with the regulation on disclosure
- 18% of the “for-profit” and 11% of “not-for-profit” private hospitals complied partially

Display of doctors' qualification



- 30% of the “for-profit” and 33% of “not-for-profit” private hospitals do not comply with the regulation on disclosure
- 5% of the “for-profit” private hospitals complied partially

Display of doctors' fees/ consultation charges



- 79% of the “for-profit” and 89% of “not-for-profit” private hospitals do not comply with the regulation on disclosure
- 2% of the “for-profit” private hospitals complied partially

Summary of findings of the study

- Public hospitals outside the purview of regulations
- Not very significant difference on compliance by the “for-profit” and “not-for-profit” private hospitals and nursing homes
- Compliance level of hospitals & nursing homes in private sector to regulation on disclosure through display of:
 - Valid registration certificate - 76.4%
 - Rates/charges of services - 41.7% (16.7% partially compliance)
 - Qualification of health professionals - 65.3% (4.2% partial compliance)
 - Fees/consultation charges of health professional - 18% (1.4% partial compliance)
- Need for stronger compliance regulatory framework