

Research Paper



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ULTRA MODERN HEALTH SERVICES WITH MEDICAL TOURISM, SPECIAL REFERENCE TO SCB, MEDICAL COLLEGE, CUTTACK, ODISHA

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ABSTRACT

HHealth service in Odisha is the bird eye view. It could not be ignored, due to the presence of more malnutrition and more MMR and the lack of good medical facility. This paper is indicating a new thing of medical services in ERP mode. Medical tourism in India is a bird eye view subject in both central and state list. Medical tourism en-contenting the total share of the total tourism have been increasing from this 2 decades, indicates a historical review of the Indian ethical "Charak" Focus of the historical medical hub of the world. Different analysis focused here to the infrastructure Fourier and suggestional analysis for further improvement in the Indian medical and health system as well as in the service sector. Here en-focused item related indicators to the health are taking into account. The special reference to the Sriram Chandra Bhanja Medical College, Cuttack Odisha (The main Health Hub Of Odisha) we better known as the lender of last resort in medical service on the poor state like Odisha's health sky. We re-name it as the best satellite of health service in Odisha medical sky. The infrastructure in the state specially the health is measured in different measures here that what is the indicator to attract the medical tourism to the medical? i.e. Decreasing negligence rate and bed occupancy rate. How it will help the future medical tourism market and also the genuineness of the market.

KEY WORDS: Special Medical Processing Zone (SMPZ), Medical Negligence Rate (MNR), Bed Occupancy Rate (BOR)

INTRODUCTION

The vibrating service sector Tourism sector have impacted so much on contributing the economic condition not only the sector but also the entire nation according to the regional potential. It have an international as well as global effect according to its different hospitality and peculiarity. It is accelerating growth and prosperity, employment generation, raises national income and improve in the balance of payments of Indian economy. Tourism sector can also be considered the backbone for allied sectors, like hospitality, civil aviation, and transport. Sensing the importance and worth of the sector, Indian Government has invested abundantly for the development in this

sector. It has been partially successful with increase in foreign tourist arrivals over the last decade, courtesy "Incredible India Campaign"

As the rapid growth of the welfare state and its budgetary focus, it is our right to get better health through different schemes provided by the Govt. tends to focus on Wagner's law of growing public expenditure. India, the big constitution of the world is focusing on different form of medical health facility to its citizen through different scheme in different state as it is a non the state concurrent list. Now with privatisation scheme on medical health facility to the citizen through different nursing home and clinic should revise. It is encompassing the regulation by the Govt. for their



service in different area with special multi facility hospital in different region. Some region has also some specialisation service to that region in our nation, not in our nation, but in the overall world.

Govt. is also providing so much schemes for foreign Direct Investment on this matter, which facilitate foreign hospital network, drugs, pharmaceutical industry, free flow of labours, doctors for different medical purposes, multi-claim integrated medical service, telemedicine last but not least the e-commerce in the ground of medicine delivery to the door of the patient. It will create a revolution in the medical and health service as well as social sector of the national service industry and third sector of our nation. So Govt is taking so much initiative for single Window operation (SWO) for different hospital network in the market. This was done through shifting subsidies in terms of cheap land, concessions for equipment and drug import, placing these institutions on government panels and making them a part of government insurance schemes in addition to providing trained personnel and expert physicians through state supported medical education (Bare 2000).

The Eighth and Ninth Five Year Plans emphasised primary healthcare for the underprivileged and the importance of involving the private, corporate and voluntary sectors in provisioning of medical care. The Ninth Plan also talked of alternative financing, thereby bringing in the policy of opening up healthcare to private insurance (Government of India 1992, 1997). Thus, the business interests of those other than professional providers of health care found a place in the articulation of the plan as well as health policy (Government of India 2002).

OBJECTIVE OF THE STUDY

- The pattern of medical tourism in different years.
- Infrastructure patient ratio and co-related to the state.
- The patient pattern in the nation and the participation in the state.
- Comparative analysis of the patients SCB Medical college, cuttack, Odisha .

LITERATURE REVIEW

Literature review related medical is very rare, specially related to specific to the region is very rare., but the data which is related to the information regarding or related to the medical tourism and the methodology with the conclusion are so important to fix up such type of psychological fixation of particular concept of the

data in this article. In this literature I have gone through different annual report journal article as well working paper which is related to the medical tourism and the medical infrastructure of the nation and also the data related to the medical facility of the Govt.(both Central and State Govt.)

•Review on medical tourist according to G. Saravana Kumar, R. Krishna Raj,).

According to G. Saravana Kumar, R. Krishna Raj, (2015) the people involved in the profession is empirically studied by this paper. In this paper we see that the data is Indian healthcare institutions are increasingly going for international accreditation of hospitals and clinical laboratories. He has taken different state and their network for development of the medical network in different under developed state as well as the data related to the disease related to the different diseases or diseases pattern with their better facility and specialist on different place for their treatment in the medical of the state. He has written this article on the journal “International Journal of Pharmaceutical Sciences Review and Research” titled as “Status, Growth and Impact of Medical Tourism in India” 34(1), September – October 2015 on page no 286.

•Review on medical tourist according to Mrs. Soumya Sonalika,

According to Mrs. Soumya Sonalika,(2015)the people involved in the profession is empirically studied by this paper. In this paper we see that the data is on different form of medical tourist and their process and organogram of that tourist, with management and suggestion study of the data which is quenching towards the marketing, organisational behaviour related to the whole India with the management perception and quality control system analysis here. She has written this article on the journal “GJRA - GLOBAL JOURNAL FOR RESEARCH ANALYSIS” titled as “Medical Tourism :- A Developing Concept” 34(1), September – August, 2015 on page no from 60.

• Review on medical tourist according to Ajay Bakst and A. K. Vera,).

According to Mrs. Ajay Bakst and A. K. Verma,(2012)the people involved in the profession are empirically studied by this paper. In this paper we see that the data is on different form of medical tourist and their pattern of tourist to different form according to their medical tourism to different state in India having the best primary data. Conceptualising with different good analytical terms like medical economical trip, tourist

per capita expense etc. She has written this article on the journal "Journal of Hospitality and Management Tourism" titled as "Domestic medical tourism in India: Some facets" Vol. 4(2), pp. 29-58, July, 2013.

• **Review on medical tourist according to Sunita Reddy, Imrana Qadeer).**

According to Sunita Reddy, Imrana Qadeer (2010) the people involved in the profession is empirically studied by this paper. In this paper we see that the data is on different form of medical tourist related to total Asia which is explaining the data on different marketing promotional activities related to the national focus for the nation. They both have written this article on the journal "EPW" titled as "Medical Tourism in India: Progress or Predicament?" May 15, 2010 vol xlv no 20, 2010.

• **Review on medical tourist according to Babu P George, G. Anjaneya Swamy**

According to Babu P George, G. Anjaneya Swamy (2010) the people involved in the profession is empirically studied by this paper. In this paper we see that the data is on different form of medical tourist system development in India and the prospective income potential in Indian economy also. They both have written this article on the journal "Journal of Hospitality Application and Research (JOHAR)" titled as "MEDICAL TOURISM: AN ANALYSIS WITH SPECIAL REFERENCE TO INDIA.

HYPOTHESIS

The most of the alternative hypothesis is to test through this data analysis H_1 . That are

- The medical tourist of the state is growing significantly from time to time.
- There is close relationship Quality policy and Medical tourism.
- Medical tourism is influence by Bed occupancy rate and negligence rate of the state.

METHODOLOGY OF THE STUDY

The data will be sourced from the different Govt. Website and that are the secondary sources of data. In the sense we say that the data will be taken from the ministry of Health and family wealth fare and the annual report of FICCI. The data is of 2 type one is primary data which is from SCB Medical College, Cuttack with primary data and the secondary will be extracted from State ministry of health and family welfare both from central as well as the state.

The primary data will be collected the data about the medical tourist pattern of that medical college,

which will deal with the data of the pattern of medical patient, the form of patient their seriousness, income level, state and out of state pattern with proper form of analysis. The data will be collected from sample survey of different patient and their attendant in the medical college.

The another main focus is on Secondary data, which will extracted from different website of Govt. Annual report of State Directorate of Health and development and Annual report of ASSOCHAM, India. Other Source of data is from journal article as the method of research review of the state in this study.

This study will be focus the relational study of different medical tourist to the consumption pattern, family pattern and the income pattern of the patient and also the income of the attendant with their relation. As per the study different test will be formed to test the sample study to the infrastructure of the particular place related to the medical facility to the particular patient of the medical. The infrastructure medical bed ratio which related to the medical tourism as compare to the specialist and the cost of the medical expenses at the metro town to the lower income and middle income group.

AREA OF STUDY

My area of study is very specific, that I am taking the very developed district of Odisha, i.e. Cuttack, which is called as the medical capital or hub of health and medical tourism of Odisha. Here we see not only the people from state but from the outside of the state as well as from different continent for its special treatment in the particular region. The health problem related to the cardiac, brain, orthopaedic, nerve, eye, and different transplant case here is very much low cost than any other state as well as hospital in different state of India. So it very sensitive to the area for this study.

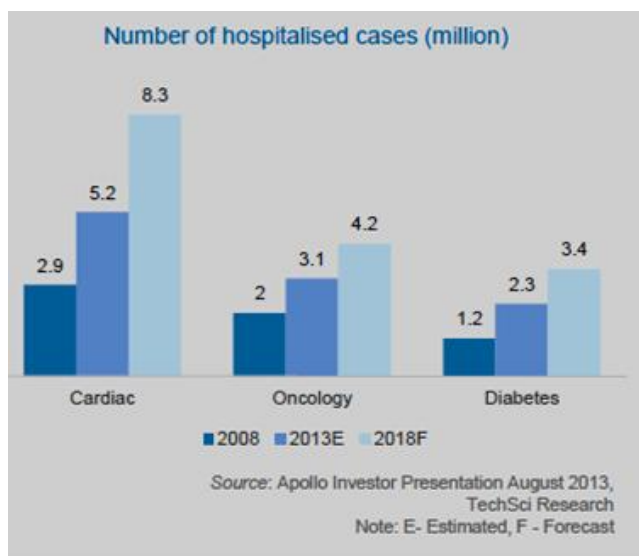
Introduction

Tourism combined with visit for medical treatment is called as medical tourism. The OECD (Lunt, 2010) differentiates between medical and health tourism. Medical tourism encompasses all those services that consumers use when travelling with the intention of getting some form of treatment. Medical tourism is used often synonymously with health tourism, but however health tourism can be differentiated from medical tourism, where health and wellness tourism indicates travel for taking rejuvenation and alternative therapies and spas. Medical tourism encompasses primarily on bio-medical procedures combined with travel and

tourism. (Whittaker 2008,). Medical treatment is costly in most developed countries and also they have to wait for long time to get treatment under various schemes like NHs in UK. The cost difference is huge-open heart surgery costs up to \$ 70,000 in UK and \$ 1,50,000 in US, but in India in best hospitals it could cost between \$ 3000 to \$ 10,000. Knee surgery costs around Rs 3.6 lakhs in India (\$ 6000) in Britain it costs \$17,000. Dental, eye

and cosmetic surgeries cost three to four times more than in India. Medical tourist usually gets a package that includes flights, treatment, hotels and usually post-operative vacation and rejuvenation therapies. (Amit Sen Gupta 2008).⁴ India has the best hospitals in the world. The global medical tourism industry was estimated at USD10.5 billion in 2012. It is expected to grow at a CAGR of 17.9 per cent from 2013-19 to reach USD32.5 billion in 2019.

Figure :1 No of Hospitalised Case. (Business standard 2nd Dec 2013)



According to this graph the growing hospitalised case are growing from time and the approximately more people will requiring so much hospitalised cases in Indian on the coming future. This graph is showing that more case will be form on cardiac case for which hospitalisation is required in this disease as compare to both oncology and the diabetes. So the future infrastructure on this matter is very feasible on this matter.

REASONS FOR BETTER GROWTH OF MEDICAL TOURISM IN INDIA

Medical tourism in India is expected to grow at the rate of 30 % in 2015 and India’s decision to offer medical-M-visa- on- arrival to citizens of 180 countries will be a big boom for the medical tourism Industry In India. Health tourism is gaining momentum in India and by 2015 it will become \$ 5 Billion business as per Mc.kinskey study (2002). Hospitals also advertise for preventive health checkups for family members accompanying the patients in addition to alternate medicine services (Peacock 2009).Govt. is providing good visa service related to the medical case in India on the Rule 42A, which getting very flexible according to the patient required at different time on different

form of t service. The Indian Healthcare sector currently represents a USD 40 Billion industry(KPMG,ASSOCHAM,2011)

Indian healthcare institutions are increasingly going for international accreditation of hospitals and clinical laboratories. Currently, there are 16 JCI approved hospitals in India. They are: (1) Ahalia Foundation Eye hospital, Palakkad (Kerala), (2) Apollo Gleneagle hospitals (Kolkata), (3) Apollo hospitals (Bangalore), (4) Apollo hospitals (Chennai), (5) Apollo hospitals (Hyderabad), (6) Asian heart Institute (Mumbai), (7) Fortis Escorts heart hospitals (New Delhi), (8) Fortis Hospitals (Mohali), (9) Fortis Hospitals (Bangalore), (10) Fortis hospitals (Mumbai), (11) Indraprastha Apollo Hospital (New Delhi) (12) Moolchand Hospitals, (New Delhi), (13) Narayan Hrudayalaya (Bangalore), (14) Satguru Partp Singh Apollo Hospitals (Punjab), (15) Shroff Eye hospital (Mumbai), and (16) Sri Ramachandra Medical Centre (Chennai).⁷ Among the selective countries shown in Chart 3.1, India ranks second in number of JCI hospitals, next only to Thailand.

Medical tourism not only results for monetary gains, but also helps to strengthen our country’s credibility, globally. It acts as a growth driver for

numerous other sectors, such as tourism, hospitality, logistics and aviation, by means of contributing to their market size pie and generating employment. Availability of highly talented human resource, coupled with technological advancement, enables India to provide cross border services, such as tele-medicine, tele-surgery and tele-diagnosis; along with process outsourcing services such as medical transcription, back office support, coding and billing, etc. Furthermore, India has developed a strong presence in providing advanced healthcare services, e.g. organ transplants and cardiovascular procedures, with a high success rate. Moreover, less/no waiting time in hospitals for admission and treatment makes the country an attractive destination for medical tourism. Indian hospital chains have achieved quality standards and received accreditation from international bodies, such as Joint Commission International (JCI), indicating eminence of care that matches international standards. These certifications have helped these players position themselves among the foreign patients as one of the favoured destinations to get treatment from. Due to the abovementioned positive factors, the medical value

travel market is expected to grow by a CAGR of 30 per cent between 2014 and 2019.

The cost of surgeries attracting the patient from the different continent to our domestic medical tour market for 2 type of things 1. The cost of the medical expenses in different country is very more than as our domestic country. 2. the quality of hospitality and the medical treatment of india is very nice as compare to other. 3. there are different alternative medicines like Unani, Sidha, PanchaSweda and many more domestic alternative medicine are available in our nation. 4. The more good thing is that our religious and tradition is also merged with this treatment and the medicinal form of our nation. So this is the main cause of attracting the foreign tourist in India.

According to the attracting point of different country is enfocused on this graph that in India medical market the main focus is cost reduction in the market. According to the Ministry of health and Delloitte Medical Tourist Association in India report Indian cost of medical tourism is very less as compare to US i.e. 94% less.

Figure - 2: Cost of Surgeries in different Countries

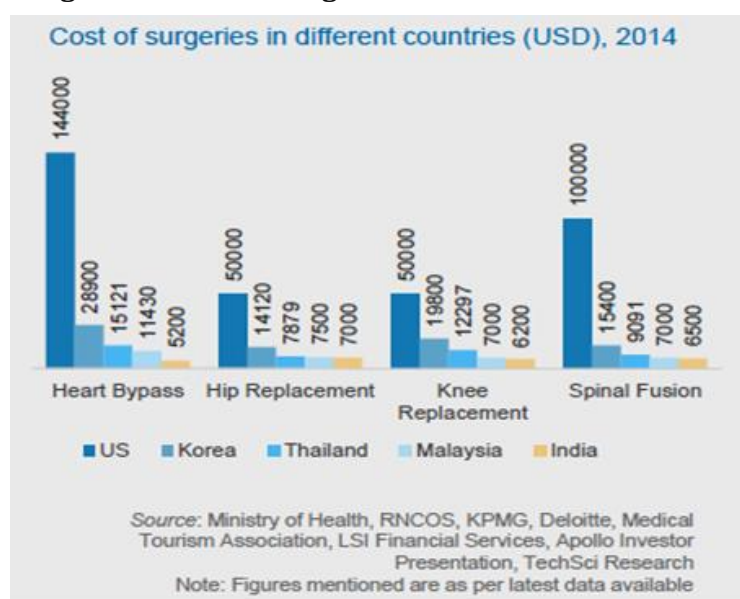


Table : 1 – Value of Travel Market in India

Year	value of Medical Travel Market in India (USD billion)
2014	2.8
2015	3.6
2016	4.6
2017	6.1
2018	8
2019 ^E	10.6

*E*Expected*

In this table we see that there is a increasing market value of the medical tourist id different year and also in the market we see that it is increasing 25% in different year.

Figure-3 Health Spending as a percentage of GDP.

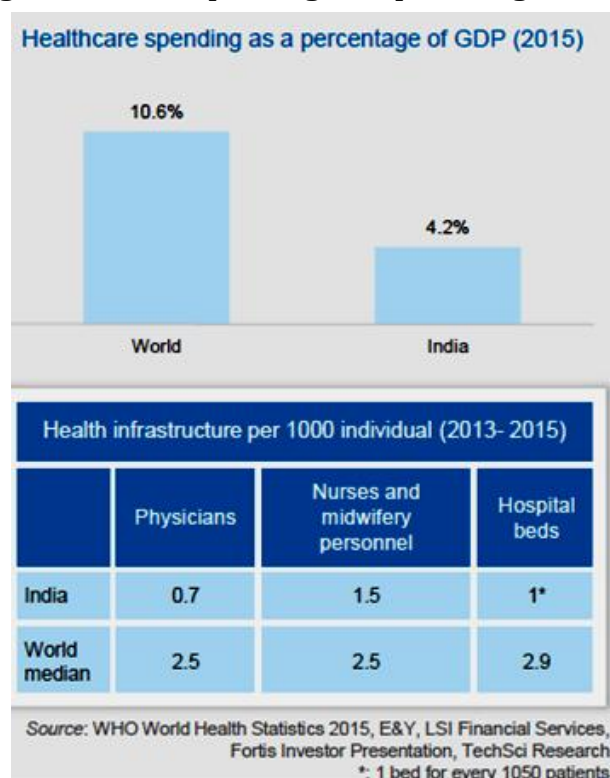


Table : 2- Foreign Tourist and Medical Tourist In different year.

Year	Total Foreign tourist arrival	Medical Tourist travel
2009	5.16	2.20%
2010	5.77	2.70%
2011	6.3	2.20%
2012	6.57	2.60%
2013	6.96	3.40%

ODISHA MEDICAL INFRASTRUCTURE AND THEIR IMPLICATION

At the state level, some state governments participate in healthcare tourism expos abroad. Kerala has made concerted efforts to promote healthcare tourism, leveraging Ayurveda. Karantaka is setting up Bangalore International Health City Corporation. Maharastra has granted the industry status to the tourism activity such that this sector gets all benefits/ incentives given to all other industries. Gujarat announced a separate policy for medical tourism.

Odisha has a robust healthcare scenario with facilities for treatment of almost all emergencies. The state has impressive 0.8 beds per 1,000 populations, which is better than the national average. However,

considering the WHO recommendation of three beds per 1,000 populations, the shortfall in the number of beds till 2025 is 1,17,160. Even at one bed per thousand population, the gap is 17,437 hospital beds till 2025", added the report.

The statistics for India’s health infrastructure are below that of other large countries. The U.S. has one bed for every 350 patients while the ratio for Japan is 1 for 85. In contrast, India has one bed for every 1,050 patients. To match bed availability to the standards of more developed nations, India needs to add 100,000 beds this decade, at an investment of \$50 billion.1

The industry has also made various initiatives. Healthcare centers have established world class infrastructure to attract international patients. They set up comprehensive diagnostic centres, imaging centres,

and world class blood banks. Hospitals are constantly upgrading technology. Some hospitals have established special wards for international patients. Some are tying up with travel/tour operators to offer healthcare tourism as a single service package. Few hospitals are in the process of continuous innovation of products, services and facilities to give better value to the customers. While doing so, some hospitals are focusing on cost effective-customer oriented technology. Many healthcare centers are increasingly participating in international trade fairs/exhibitions to promote medical tourism. The medical tourism in India has also gained a boost with an increase in investments and FDI from international players.

**PATTERN OF MEDICAL TOURISM
SCB MEDICAL COLLEGE,CUTTACK,
ODISHA**

SCB Medical college is one of the best and the most crowded hospital not in Odisha, but in India. The comparative analysis to various over crowded hospital in India is as equal as to SCB Medical college of Odisha. It is called as the “ health hub of Odisha” Many serious patients are coming here for their

treatment from many medical colleges and the hospitals for its treatment and hospital infrastructure. Not from Odisha , but from outside of Odisha patients have been taking the cost effectiveness benefit from this organisation. The out of State medical tourism to this organisation is from west Bengal , Andhra Pradesh, Chhatish Garh like state due to the availability of good famous specialist and the infrastructure, low fees and conferences. It leads towards low death rate in different department. The data has been taken from the Superintendent of SCB Medical college, Cuttack is showing that the departmental death rate is decreasing from the year 2012-13 from 0.80% to 0.56% in 2015-16. It is a good information on the performance of the medical in the different years.

The patients enrolled in different years have been increasing 2013-14 it was 1.07%, 2014-15 it was 13.01% and in 2015-16 it was 14.21%. So it is showing that it is increasing from time to time having comprising both OPD (out- Door Patients) and the IPD (In-door patients) in the .

Table:3:Different patients SCB and Departmental Death Medical College,Cuttack , Odisha.

Years	2012-13	2013-14	2014-15	2015-16
OPD	888272	1099328	1257337	1444361
IPD	110128	120880	121703	130656
Total patients	998400	1220208	1379040	1575017
Departmental Death	7993	8450	8583	8781
% of death to patient	0.80%	0.69%	0.62%	0.56%

The graph indicating that the rate of negligence rate in the medical is decreasing over the different years i.e. 2012-2016. The medical negligence rate is decreasing from time to time. It is calculating according to the death rate of different year to the

death rate in the hospital. Some time some people raised the negligence of different departments but our data analyses that the negligence rate is decreasing.

The hospital negligence Rate is calculate as in the formula i.e

$$\text{Medical negligence Rate } f(x) = I_r + \sum_{n=1}^{\infty} \left(P_0 \sin \frac{M_e}{b_a} + P_a \sin \frac{d_r}{b_a} \right)$$

- I_r = irregularity visiting of the doctors
- P_0 = Patients admitted before (According to the register both in OPD & IPD)
- P_a = Existing Patients in IPD
- M_e = Mid-term medical exit
- b_a = Admitted in the bed,
- d_r = Death rate.

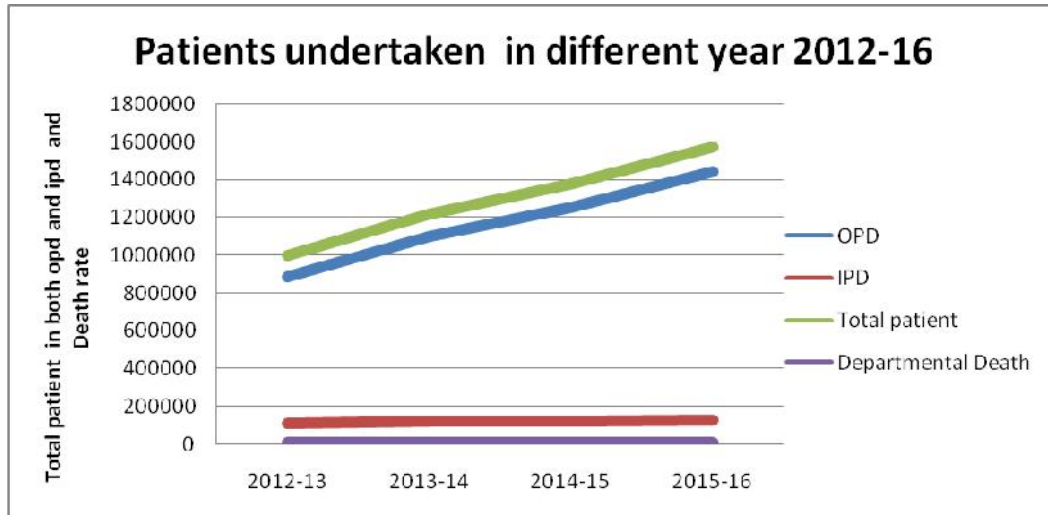
According to the data provided here, we see that the death rate is decreasing accordingly . So we confirm here that the medical college is performing well in the market and it sustain itself towards the quality medical tourism in Indian medical tourism in Indian market.



Table :4:Collection of fees and expenditure in Different years.

Year	2011-12	2012-13	2013-14	2014-15	2015-16
Users collection fee	109395302	117190439	131617590	141238017	157842883
Expenditure	128595695	128682539	130758171	127500778	111586569
% of Deficit to surplus	-17.55%	-9.80%	0.65%	9.72%	29.30%

Figure -4 : Patients Undertaken from the year ,2012-16



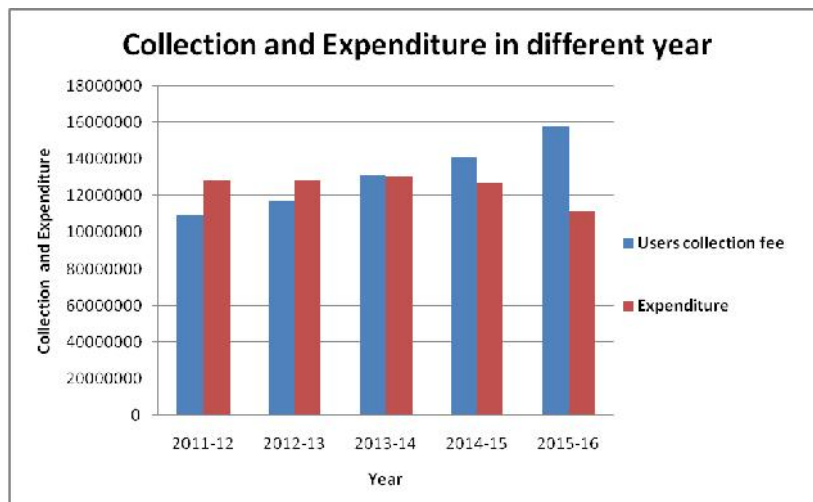
*Source : Admin. Department, SCB Medical College, Cuttack , Odisha

The graph is showing that departmental death rate is very slow and decreasing from time to time., which is very close to the existing IPD rate which related to the intensive care unit and serious patients. Here the graph shows that the medical tourism is increasing from time to time and this SCB medical college is going towards the better eligibility of national good medical hospitality club.

According to the data provided by the administrative report of different years, the collection fees and the expenditure of the SCB Medical

college is en-succumb in a balancing position. Before some 2 years the data is reflecting that the gap between this expenditure ad earning is decreasing , but now it is showing that there is surplus fund in the hospital. The surplus fund is due to the huge amount of collection of fees in the medical as per the medical bed and also the paid service in the college for the out door patients . This is a journey from deficit to surplus in the total market i.e. in 2011-12 from 17.55% deficit to 29.30% surplus in the year 2015-16. So it is indicating a good number of improvement in the medical tourism and the medical service in the state.

Figure- 5:Collection and Expenditure in Different years



The graph indicating that there less gap in the year 2013-14 , which is the year of reformation in the medical financial back ground. And after that there is indicating the surplus in SCB, Medical. It is the signature of good formation here. The future is very lucid here that the tourism , special tourism market is growing very well in Odisha, and the growing medical tourism in Odisha will sure increasing.

CONCLUSION

India needs to start looking at healthcare investments as a boost to the health of the country, which in turn can lead to better productivity, provide employment to millions, generate forex for the country and offer entrepreneurship opportunities to the nation's youth. All in all, investment and focus on healthcare is expected to be the harbinger for a healthy India. Medical tourism and the competition on the global health market promote technological advances and improved medical infrastructure. This study is very local , but it has a very long impact on future of the medical tourism of state as well as in the nation. The main requirement is hospitality and the specialised research unit for further development on this tourism. This study is also used for evaluating the medical service and medical tourism eligibility and fixing the eligibility of the medicals in our nation , which will attract many medical tourism in india like emerging nation. A special medical Processing Zone(SMPZ) like SEZ should be formed for our foreign medical tourist in different part of nation for further development on this track, which will encontent with it the tax heaven as well as the visa or special flexible visa facility for the foreign patients through this SMPZ . With the increasing disease burden, the healthcare sector in the country is in dire need to get the right policy framework and infrastructure impetus.

Main SWOT (Strongness, weakness , Opportunity and threat) analysis for this tourism is taken into realisation , which will indicating and formulating a new way for this new tourism market in the state(Shanmugam, 2013) in the health care system. A special budget allocation will be formed for this research and development (R & D) to reduce the death rate , maternal mortality rate ,medical negligence rate, bed occupancy rate, Child death rate and better infrastructure which is indicated through this analysis.

BIBLIOGRAPHY

1. Babu P George, L. G. (2010). *MEDICAL TOURISM: AN ANALYSIS WITH SPECIAL REFERENCE TO INDIA*.
2. FICCI. (2015). *Healthcare: The neglected GDP driver*. FICCI.
3. Foundation, I. B. (January,2016). *HEALTHCARE*. <http://www.ibef.org>.
4. G. Saravana Kumar, R. K. *Status, Growth and Impact of Medical Tourism in Indi*. 34(1), 284-291.
5. *India Healthcare: Inspiring possibility challenging journey*. (December,2012). New Delhi : Mc Kinsey company.
6. JANMEJAYA SAMAL, R. K. (2016). *An Evaluation on Medical Education, Research and Development of AYUSH Systems of Medicine through Five Year Plans of India*. 10(5).
7. ONICRA credit Rating Agency, I. (December,2013). *Emerging Trends indian healthcare Industry*. ONCRA.
8. Padhi, M. M. *EMERGENCE OF TOURISM IN THE SUSTAINABLE GROWTH OF INDIA: AN EMPIRICAL ANALYSIS*. 1 (8).
9. SCB MEDical Administrative Department, C. (2011-16). *Administrative Report, SCB Medical College, Cuttack, Odisha. Cuttack , Odisha* .
10. Shanmugam, K. (2013). *Medical Tourism in India: Progress, Opportunities and Challenges*. chennai: MADRAS SCHOOL OF ECONOMICS .
11. Sonalika, M. S. (August,2015). *Medical Tourism :- A Developing Concept*. 4 (8).
12. Sunita Reddy, I. Q. (May 15, 2010). *Medical Tourism in India: Progress or Predicament?* xlv no 2 (2).
13. Verma, A. B. (July, 2011). *Domestic medical tourism in India: Some facets* . 4(2).