Prof. DR. S. ARULRHAJ  M.D, F.R.C.P (Glasg)
CHIEF PATRON
IMACGP - INDIA
HEALTH SCENARIO TODAY

- 128 crore population.
- 70% Villages.
- Health Care 30 - 40%
- 79% Safe drinking water.
- 24% Adequate sanitation
- Infection High
- Life Style Diseases Rising
HEALTH SCENARIO  INDIA

- Primary Care Ignored
- Hi-tech Tertiary Hospitals
- Quackery
- Counter sale of Drugs
- Gov. Health Care not satisfying users
- Private Health Care Primary, Secondary, Territory - Fragmented – 70 % OPD- 80 % IPD
- No Standardization of Health Institutions
- No SOP
- Doctors Poorly Paid Servants
- Cost is High
- Insurance Growing
DOCTORS INDIA

Registered with MCI – 8,52,195 Highest World
Specialists – 2,79,695
GP – 5,72,500
Medical Colleges: 362
Govt: 168
PVT: 194
Number of Medical Graduates / Year – 47688
PG Admissions / Year – 14,500
DNB Admissions / Year – 5,000
Brain drain - Domestic and International
GOVERNMENT

• Health Budget low- 1% of GDP
• Health Care planning has serious lapses.
• Common National Health Agenda is lacking
• Health is state subject
• Laws Too many. Safety ?
• Implementation of Laws variable & biased.
• Pvt Health Care 70%. No promotion or Incentives
• National health policy on the anvil

PRIMARY CARE GOING TO AYUSH?
HOW INDIAN HEALTH CARE SCENARIO TO BE?
HOW TO REALISE THIS FACT? FAMILY DOCTOR

PRIMARY HEALTH CARE
Primary healthcare is a commitment to equitable and affordable care for all people, ensuring citizen-centered services needed to live a healthy and productive life.
A GENERAL PRACTITIONER (GP) is a medical practitioner who treats acute and chronic illnesses and provides preventive care and health education to all ages and all sexes. He has skills in treating people with multiple health issues and comorbidities, individual, family and community.

Classic GP is knowledgeable yet compassionate.

Ann Lech, BMJ
FAMILY PHYSICIANS PROVIDE

- Prevention & management of acute injuries and illnesses
- Hospital care for acute medical illnesses
- Chronic disease management
- Maternity care
- Surgical care
- Well-child care and child development
- Primary mental health care
- Rehabilitation
- Supportive and end-of-life care
- Health promotion
Family physicians are relationship-oriented, which ensures…

• Good relationships with other physicians and health care providers.

• Better patient understanding of complex medical issues and improved participation in the care process.

• Less expensive and better healthcare experience for patient.

• Family Doctor is a member of the Family
IT IS PERHAPS DUE TO THE DISAPPEARANCE OF THE HUMAN TOUCH IN MODERN MEDICINE THAT PEOPLE ARE REVERTING TO ANCIENT SYSTEMS SUCH AS AYURVEDA, SIDDHA, AND ALTERNATIVE SYSTEMS OF MEDICINE.

THE HINDU JUNE 15, 2006
LETTER TO EDITOR

THE ARTICLE EXPOSES THE FATE OF INDIANS AT THE HANDS OF DOCTORS AND HOSPITALS. DOCTORS’ PRIORITIES SEEM TO HAVE CHANGED. COMMUNITY HEALTHCARE BECOMING THE CASUALTY. DOCTORS NEED TO RECOGNISE THEIR RESPONSIBILITY TOWARDS THE COMMUNITY. IT IS FOR THE MEDICAL COLLEGES TO PRODUCE MORE FAMILY PHYSICIANS THAN SPECIALISTS.

THE HINDU JUNE 16, 2006
YESTERYEARS - GP

- Only one Doctor- General practitioners
- Diagnosing all diseases
- Managing all diseases
- Performed Surgeries
- Conducted Deliveries
- Managed Children
- Doctor worshipped like God
- Commanded respect in Family and Society
- Was a Family Member
- Friend Philosopher Guide
YESTERYEARS

- REVERENCE NEXT TO GOD, FRIEND, PHILOSOPHER, GUIDE, FAMILY MEMBER
- JACK OF ALL TRADES
- CLINICAL ACCUMEN
- MEDICAL EDUCATOR TO PUBLIC
- SYMPTOMATIC RELIEF
- NO LITIGATION PROBLEM
- BACKBONE OF HEALTH
- LONG LASTING PATIENT DOCTOR RELATIONSHIP
- BETTER COMMUNICATION AND FRIENDLINES
- AVAILABLE - ACCESSIBLE - AFFORDABLE
FAMILY PHYSICIAN TODAY

- POOR IMAGE
- NO U.G. TRAINING IN FAMILY MEDICINE
- MEDICAL COLLEGE – PG?
- NO GLAMOUR FOR FAMILY MEDICINE
- PATIENT EXPECTATIONS HIGH
- HOSPITAL BASED CARE
- TEAM WORK
- CORPORATE MANIA
PATIENT – DOCTOR RELATIONSHIP TODAY

POOR PAYMENT - HUGE COMPENSATION

OUTLOOK

CANE YOU TRUST YOUR DOCTOR?

Every 11th Indian doctor has a malpractice case against him or her.

The health sector is India's most corrupt industry. It grabs 28 per cent of all bribes paid in the country.

The law is woefully inadequate to bring erring doctors to justice.
PATIENT – DOCTOR RELATIONSHIP

Medicine revolves round anxiety – Patient anxiety of death and disability and Doctor anxiety of having to do the right thing and also to do it right.

Japi July - 2000
TODAY GP

- GP in the back bench
- Speciality and subspecialty in forefront
- 80% population needs GP
- 20% need specialisation
- Doctors are turning specialists
- Patients are specialist oriented
- Healthcare is not accessible
- Healthcare is expensive
- Litigations
- Assaulted and molested and murdered
- Doctor Defensive
- Depicted as money maker
WHY THIS U TURN

• Doctors favour specialization
• Patients want specialists
• Doctor patient relationship bad
• Media negativity
• Poor communication skills of Doctors
• No Budget for Health Public
• Not accepting Treatment Failures and Death

NO TRAINING IN FAMILY MEDICINE
HOW TO RECTIFY

• Doctors must lead this crusade
• Make people understand Primary care is basic
• Promote communication skills for Doctors
• Structure healthcare delivery – Primary / Secondary /Tertiary
• Media Must promote primary care
• More primary care physicians must appear
• Primary care must be curriculum for UG and PG
What IMA has done to strengthen primary Care in India?

• IMA College of General practitioners 1963
• Vision: Strengthen primary Care India, Creating Qualified Family Doctor
ORGANIZATIONAL STEPS TAKEN

1947: American Academy of Family Physicians
1952: Royal College of General Practitioners - UK
1954: CANADA
1958: AUSTRALIA
1961: PHILIPPINES
1963: IMACGP
1971: SINGAPORE
1973: MALAYSIA
1974: SRI LANKA   NEW ZEALAND
1978: WONCA
FAMILY MEDICINE - INDIA

- IMACGP - 1963
- Dr. P.C. Bhatla
- FCGP - EXAM
  - HONY
- WONCA-FOUNDER
- CME BOOK LET
1996-98
DEAN-DR.S.ARULRHAJ
FCGP-MALAYSIA
FAMILY MEDICINE INDIA-Journal
DFM-INDIA
MD-FM
CERTIFICATE COURSES
HQ-CHENNAI 2007

COMMITTED TO STREGTHEN FAMILY MEDICINE IN INDIA/GLOBAL

www.imacgpindia.com
PGIM COLOMBO
1998-MOU
9 EXAMINATION
280 CANDIDATES
270 QUALITIED FP
TODAY - IMA EVARSITY -online
- E-LEARNING
- OWN DFM/FFM
MD-INDIA

- MCI APPROVED
- POOR TAKERS
- DNB – FM
- SRMC- 2009
- PGIM - 2006
  - ONLINE
  - RESEARCH
  - STUDENTS
- UK –Masters in FM
CERTIFICATE COURSES

• Fellowship certificate in Diabetology
• Fellowship certificate in Practical cardiology
• Fellowship certificate in Echo cardiology
• Fellowship certificate in Toxicology
• Fellowship certificate in Practical nephrology
• Fellowship certificate in Practical dermatology
• Fellowship certificate in Community critical care
• Fellowship certificate in Reproductive health
IMA CGP ACHIEVEMENTS

• FM recognized specialty by MCI
• FM department in medical colleges accepted
• PM/MOH wants more FP
• DFM Indian universities
• 1000 qualified FP pool - Created
• MD – FM conducted, June 2011
WHAT IS NEW?

- MRCGP (UK)
- PGDEM - GWU
- IPPC-SYDNEY
- PALLIATIVE CARE
- HOSPITAL MANAGEMENT
- EXECUTIVE FELLOWSHIP
- IMA EVARSITY
  - www.imaevarsity.com
Why not choice?

• No Department of Family Medicine
• No Undergraduate Exposure
• No Faculty
• No Clinical Postings
• No Rural Postings
• No Popular PG
• No Government Positions
• Mindset of youth, public

• Effective primary care reduces need for Tertiary care
PRIMARY CARE STRENGTHENING IS THE NEED OF THE HOUR FOR HEALTHY INDIA

MOH, 2011
CHMM 2012
Effective training of undergraduates.

Post graduation 2 years rotation in medicine, pediatrics, surgery, obs. & gyn., psychiatry, emergency care etc.

Rural post 6 months Under supervision of senior practitioner for 6 months - Community training vital.

Treated as speciality.

Remunerations like a subject specialist.

Regular updating must.

Teaching institution should have separate Family Medicine department, OPD & Faculty.
STRENGTHENING PRIMARY CARE IN INDIA

- Affordable diagnostic and information technology in primary care
- Safe and effective drugs at affordable cost.
- Public private partnership
- Chronic care of patient outside hospital
- High quality Researchers and Teachers in primary care
- Community involvement (Antenatal, Vaccination, )

Mala Rao, BMJ, 2012, 344:3151
FM-INDIA-FUTURE

- QUALIFIED POOL/ GPs
- DNB
- DFM-INDIA
- DFH
- MD -INDIA
  -COLOMBO
  -UK
- Masters in Family Medicine
  -CMC Vellore & MGR University
- MRCGP
- DEPT FM
IMA Evarsity

www.imaevarsity.com

• Knowledge online virtual classroom
• Skills Clinical rotation
• Blended learning
• Credits system too
• University approved
• 80% Healthcare needs Primary Care
• 20% only needs Tertiary care
• 80% of Young Doctors are lured by that 20%
• 20% only settle for Primary care out of Chance
WHEN IT WILL HAPPEN?

• Universal Health Coverage through Primary care physicians

• Future is Family Medicine
RESEARCH IN GENERAL PRACTICE

- Very essential, Tremendous scope
- Useful data from field not available
- Follow up studies of patient after hospital discharge
- Growth monitoring, vaccines, studies on obesity, diabetes, cancer and other non-communicable diseases
- Drug trials
- Observation and research on herbal preparation after standardization
- Many articles in USA, UK are by primary health care takers in Lancet, BMJ, JAMA.
WHAT’S THE FUTURE OF FAMILY MEDICINE?

E-HEALTH

- Electronic health record (EHR)
- Online appointments
- Web-based patient education
- E-visits
- E-Learning
Comprehensive Rural e-Healthcare Network

**Village Health Center**
- Computer & Accessories
- Power backup
- ReMeDi hardware, client software and Other Medical equipment
- Operator
- Internet connectivity

**Hospital**
- Doctors
- Computers with Accessories for Doctor clients
- Power Backup
- Digital Signature Facility

**Central Server**
- ReMeDi server application
- Storage / backup hardware
- High Availability
- Internet for Clinics and External Doctors
- Physically located either at the Service Provider or Clinic/Hospital

**Wireless Internet**

**Clinics / labs / pharmacy**
- Computer with Accessories
- Internet Connectivity
- Power backup
- ReMeDi client software, optional Hardware
- Lab test facility, referral handling
- Digital signature facility

**Individual doctors**
- Computer with Accessories
- Connectivity with internet
- Power backup
- ReMeDi telemedicine client software
- Digital signature facility
“It is not possible for every one to own a computer or to use a computer for health, but smart phones comes in handy, and so, for sure, all aspects of healthcare will finally converge to mHealth”
Above: CSFS Full-time Physician consulting with a patient from his Samsung tablet. Dr. Pawlovich is available whenever there is an emergency in the communities, or when the nurses need his assistance.

Above: When a patient is behind closed doors on a telehealth visit with Dr. Pawlovich, this is what they experience in real-time.
Primary Health Care Brazil

The TELECARDIOLOGY model developed to support primary healthcare in Minas Gerais, Brazil, has produced good clinical and economical results. As a consequence, it is now a regular health service in the State, covering 660 of the 853 municipalities and integrated to the healthcare system. It has also been expanded to secondary and emergency care. The model and technology characteristics permit the replication in other parts of the world.
India initiative in mHealth

- **EMRI** – Innovative emergency response model
- **HMRI** – Remote advice and mobile Solutions
- **Aravind Eye** – Low cost eye-care model leveraging Telemedicine- Diabetic Retinopathy
- **Mobile based high risk expectant mothers tracking system** – MM dropped by 93% …………………….and this is not enough
- **The National Optical Fibre Network** (NOFN) is a project to provide broadband connectivity to over two lakh (200,000) Gram panchayats of India at a cost of Rs.20,000 crore ($4 billion).
- Various categories of like e-health, governance by
- Pilots tried in 7 states and rollout in march 2014

**HMIS Coverage**
- ANC
- Delivery
- Delivery outcome
- PNC
- Immunization
- Family Planning
- OPD
- IPD
- JSY Incentives
- Severe Anemic
- High Risk Pregnancy

**SPECIALIST CARE TO VILLAGES**
eDhanwanthari - Rural Telemedicine Facility (www.edhanwanthari.in):
- Connects rural / community hospitals with tertiary / speciality hospitals, along with videoconferencing
- Interface of biomedical equipments with system
- Creation, storage, uploading of patient records
- Supports tele-pathology, tele-radiology, telecardiology, tele-ophthalmology and tele-education
- Deployed at 8 PHC/CHCs & 4 specialty hospitals in Kerala
- Accessible to 1.70 lakhs people in Tirur taluk of Kerala

mDhanwanthari - Mobile Telemedicine System:
- A unique system with its compact design that enables easy reach to rural location
- Van integrated with medical equipments i.e. X-Ray, Ultrasound, Haematology Analyzer, ECG with a suitable power back-up and communication setup
- Useful for early detection of diseases like TB, Diabetes, Hypertension
- Health awareness through video screening
- Deployed at 22 locations of Cherthala taluk of Kerala
- Accessible to 4.4 lakhs people of the taluk
SAH Model Tuticorin

- Tamil
- Health messages
- Dr. availability
- Appointments
- Doubts clearing
- Drug Reminders
- Visit Reminder
- Records
- Diagnostic services
- Tele-ICU
- Tele-Radiology
- Tee-ECG
- Tele-Neurology
- Tele-Consultation

Sending ECG and ECHO with Android mobile App
Sending Clinical photos with Android App
Sending Chest X ray and MRI with android mobile App

IMACGP - INDIA
SAH MOBILE APP

• A comprehensive Hospital Management System is imperative to facilitate seamless integration of all functions in a Hospital so that Doctors can do what they are best at- **provide the best patient care.**
• **Deliver a better Healthcare experience to your patients**

  - Making practice seamless-The experience is better for the and patients alike with round the clock online

• Paperless appointment management
• Least manpower requirements
• Instant information retrieval
• Timely treatment decisions
• Information sharing between healthcare professionals
• Store and retrieve patient information for compliance
• Customer Satisfaction &Retention
“Health for all “ – Primary care

HEALTH REACHING THE UNREACHED – DIGITAL PRIMARY CARE
VISION OF IMACGP FUTURE OF FAMILY MEDICINE

• Department of Family Medicine in university medical college teaching hospital
• Strong speciality
• 2 Years training after graduation – Diploma
• 3 Years training - MD
• Regular updates – Online and Print
• Acute and Chronic care strengthened
• MCI/DNB Recognizing Distant Learning MD
• STANDADISE FAMILY PRACTICE
• ACCREDIDATE FAMILY DOCTOR CLINIC
HEALTHY INDIA

• Health fundamental Right
• Health Budget – At least 5% of GDP
• Primary care Access for all
• Emergency care access 24hours
• Structured Health care – Primary, Secondary & Tertiary
• Continuum of care to NCD/ Chronic disease
• Patient confidence / Believe Doctor
• Doctors Patients Cordial Relation
• Doctors must equally care all patients
• Patient safety Doctors safety
• ICT in Health care
Choose to be a Family Doctor, India