

An Overview of Outsourcing in Health in A Tertiary Care Center in Delhi- A Secondary Data Analysis

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Abstract: In this world of diversity and rapid growth it's difficult for anyone to do things alone. This is especially true in health where constantly rising prices, changing disease patterns, and increasing use of sophisticated technology for diagnosis and treatment have made it virtually impossible to imagine any single organization providing services without some type of institutional partnership(1). This study looks at profile of the patients being referred to private sectors as a part of public and private partnerships in health sector in a tertiary care ESI (Employee State Insurance) hospital in Delhi. It was a descriptive record based study done between August to October 2016. Data of patients being referred to private sector for admission and management for different diseases were taken from record between 1st January 2016 to 30th June 2016. A total of 5085 patients were referred in which 53.6% were males and 46.4% were females. Out of total patients 74.4% were dependents of the insured person. Most (40%) of the patients were referred for management of cancer.

Conclusion: outsourcing to private sector has been proved beneficial for the insured persons and their dependents and most of the outsourcing was done for the management of cancer.

Keywords: outsourcing, Public private partnership, ESIC

I. Introduction

Employees' State Insurance (ESI) Scheme of India is a multidimensional social security system tailored to provide socio-economic protection to worker population and their dependants covered under the scheme. Besides full medical care for self and dependants, that is admissible from day one of insurable employment, the insured persons are also entitled to a variety of cash benefits in times of physical distress due to sickness, temporary or permanent disablement etc. resulting in loss of earning capacity, the confinement in respect of insured women, dependants of insured persons who die in industrial accidents or because of employment injury or occupational hazard are entitled to a monthly pension called the dependants benefit(2). There are many hospitals and dispensaries under ESI scheme where insured persons and their dependents can utilize medical and other benefits where no extra charges are lavished. The services which are not available in these facilities but required by the beneficiaries are fulfilled by outsourcing it with the private partners as a cashless manner.

Over the last decade, outsourcing has become one of the major issues in health care. Two major concerns are related to public health care outsourcing practice. The first one involves the suitability of the outsourcing strategy in the public sector, principally with reference to the outsourcing of essential clinical services. The second one relates to the actual benefits of the outsourcing practice in health care, in terms of cost reduction and increasing efficiency. The healthcare sector is currently facing dwindling bottom lines and increased regulatory compliance. Faced with ever-increasing costs, outsourcing in the healthcare sector is experiencing exponential growth as several health care centers & hospitals have now begun to outsource a diverse range of services for better operational benefits.

Earlier, the healthcare industry limited its outsourcing model to medical transcription and medical data entry, but, as the awareness about the benefits of outsourcing is growing, they have started outsourcing services pertaining to healthcare information management systems, Big Data, clinical research, medical billing, and patient data security systems, amongst others. Some of the unique advantages delivered by quality healthcare non-medical operations outsourcing include elimination of critical mistakes, reduced training costs, ability to focus on quality patient care, Significant Cost Savings without compromising on quality of Service. Healthcare organizations which choose to outsource do not need to worry about additional expenses such as organizing staff training sessions, employee education, etc. The outsourcing partner takes care of all staffing requirements and ensures that their employees are up to date with the latest technology pertaining to the exact outsourcing requirements of the client. With an outsourcing partner looking after all the non-medical processes and operations, the health care providers can focus on delivering high-quality patient care. Outsourcing helps health care providers to reduce their tedious management and administrative workload, while focusing their attention on high-quality patient care.

One of the most significant advantages of outsourcing healthcare services is the reduction in overall costs and hospital expenses without requiring to compromise with the quality of patient service. (3,4,5)

This paper looks at the profile of the patients being referred to private sectors for the services which are not available in this hospital or are not available at the time of their need.

Material and method: this was a cross sectional, record based study which was done between August to October 2016 in Employee State Insurance hospital, Basaidarapur which is a 600 bedded hospital running under Ministry of Labour government of India established by ESI act, 1948. Records of all the patients who were referred between 1st January 2016 to 30th June 2016 were taken. Template was generated and analyzed through MS excel. Permission from head of the institution was taken prior to starting the study

Results: A total of 5085 patients were referred in which 53.6% were males and 46.4% were females. Out of total patient's 74.4.2% were dependents of the insured person. Most (40%) of the patients were referred for cancer management.

Total 5085 patients were referred for different ailment from this hospital from January to June 2016 of which 2726(53.6%) were males and 2359(46.4%) were females. Out of total patients 1301(25.6%) were insured persons themselves and 3784(74.4%) were dependents (table 1 and table 2).

Table 1: Profile of the patients being referred from January to June 2016:

Month	Male	Female	Total
January	437	365	802
February	481	390	871
March	445	405	850
April	508	404	912
May	434	440	874
June	421	355	776
Total	2726	2359	5085

Table 2: Relation of the patients being referred from January to June 2016

Month	Self	Dependent	Total
January	199	603	802
February	244	627	871
March	184	666	850
April	241	584	912
May	223	565	874
June	210	566	776
Total	1301	3784	5085

Out of total 5085 patients, 2016(39.65%) of the patients were referred for management of cancer. 852(16.75%) patients were referred for Cardiology, 791(15.55%) for Dialysis, 377(7.4%) for MICU care, 363(7.12%) for Nephrology, 251(4.9%) for Neurology and Neurosurgery, 210(4.13%) for Gastroenterology, 147(2.9%) for Urology, 71(1.4%) for Ophthalmology, and 7(0.12%) for Orthopedics management (table 3).

Table 3: Different departments in which patients were referred from January to June

Serial no.	Department	No. of patients	Percentage
1.	Oncology	2016	39.65
2.	Cardiology	852	16.75
3.	For Dialysis	791	15.55
4.	Medical ICU	377	7.40
5.	Nephrology	363	7.12
6.	Neurology & neurosurgery	251	4.90
7.	Gastroenterology	210	4.13
8.	Urology	147	2.90
9.	Ophthalmology	71	1.40
10.	Orthopedics	07	0.12
Total		5085	100

II. Discussions

Hospitals and healthcare systems are facing increased financial difficulties because of the balanced budget allotted towards health. As a result, healthcare executives face the challenge of reducing costs while maintaining quality patient care. One of the strategic tools healthcare executives use to meet this challenge is outsourcing. (6)

Many reasons have been given for outsourcing, such as focusing on core competencies, reducing costs and improving efficiency, reducing risk, and improving the management of labor, to name a few Outsourcing can be considered to be an important tool that health care management may use to reach their objectives.(7)

ESIC hospital is an insurance hospital which runs by the contribution of employee in the organized sector, their employer, contribution from the state and the central government. Employee whose income is up to

Rs 15,000 can only be insured through ESI. As the cost of medical management of diseases has been increasing continuously, it has become difficult for the patient to get super specialty treatment done outside the insurance cover. It is also very difficult for this organization also to have super specialty services on its own everywhere as it has pan India presence. So outsourcing has been proved boon for patients and their dependents because it is available to them at cost effective manner and also as par with their satisfaction. This has reduced the cost in terms of manpower, infrastructure, office and managerial burden too.

Most of the beneficiaries were referred for oncology management. The reason is due to non availability of oncology facilities in this hospital and the high cost of its management outside. Similarly there were large number of patients who were referred for cardiology, dialysis and nephrology management. This could be explained by the high prevalence of these diseases in the population and patients need urgent care for the same. It was also seen that large number of patients were referred for medical intensive care unit (MICU) care. This may be explained by the fact of shortage of MICU beds and its urgent need. So it can be understood that how outsourcing has benefitted the organization as well the beneficiaries at the most crucial time. It has been observed also that they are more satisfied by the services provided to them in the private sector.

Organizations may expect to achieve many different benefits through successful outsourcing, although there are significant risks that may be realized if outsourcing is not successful (8, 9). It is also said that outsourcing favors private sectors and it is unsustainable (10). Therefore the responsibility lies with policymakers to put their full weight behind this and unfair advantage to particular firms should be discouraged.

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