

## DR THOMAS CHANDY

Director of orthopaedics, joint replacement and sports medicine Hosmat Hospital, Bengaluru



**IN HIP REPLACEMENT SURGERY,** newer surfaces have been developed such as ceramics instead of metal for the ball of the hip and the use of a very high wear resistant, high-density polyethylene for the surfaces of the hip. The other development is in arthroscopy of the knee, shoulder, elbow, wrist and ankle. Tumour surgeries, too, have seen a lot of advancements. In bone tumours, say, at the knee joint, the tumour is removed and the adjacent bone replaced without having to amputate the leg. In the shoulder, a reverse arthroplasty is now common for severe rotator cuff tear.

Stem cell treatment is also coming into the picture. Ligament stem cell is in the experimental stage. For the spine, stem cells are being used to regenerate the discs. The other new development is partial joint replacement such as a partial knee replacement or unicompartmental replacement, but it is only for patients between 45 and 60 years and only if one half of the joint is affected. In orthopaedics, 3D printing is very useful. Metal 3D printing is used to create specific, customised implants for patients.

## Bhubaneswar

Rank	Hospitals
1	All India Institute of Medical Sciences
2	Apollo Hospitals
3	AMRI Hospitals
4	Kalinga Institute of Medical Sciences
5	IMS and SUM Hospital
6	CARE Hospitals
7	Kalinga Hospital
8	Capital Hospital
9	Hi-tech Medical College and Hospital
10	Sparsh Hospitals and Critical Care

## Mumbai

Rank	Hospitals
1	Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute
2	P.D. Hinduja Hospital and Medical Research Centre
3	Lilavati Hospital and Research Centre
4	Jaslok Hospital and Research Centre
5	Bombay Hospital and Medical Research Centre
6	King Edward Memorial Hospital and Seth Gordhandas Sunderdas Medical College
7	Fortis Hospital, Mulund
8	Breach Candy Hospital
9	Dr. Balabhai Nanavati Hospital
10	Sir H.N. Reliance Foundation Hospital
11	Apollo Hospitals
12	Dr L.H. Hiranandani Hospital
13	Saifee Hospital
14	Sir J.J. Group of Hospitals
15	Lokmanya Tilak Municipal General Hospital

## Ahmedabad

Rank	Hospitals
1	Apollo Hospitals
2	Zydus Hospitals
3	Sterling Hospitals
4	Care Institute of Medical Sciences (CIMS Hospital)
5	Civil Hospital
6	Narayana Multispeciality Hospital
7	HCG Hospitals (Multispeciality)
8	Shalby Hospital
9	SAL Hospital
10	Saviour Hospital

NOVEMBER 25, 2018 • THE WEEK | 97

## Best Hospitals (zonal ranking)

### North

Rank	Hospitals	City
1	All India Institute of Medical Sciences	Delhi
2	Postgraduate Institute of Medical Education and Research	Chandigarh
3	Medanta-The Medicity	Gurugram

### South

Rank	Hospitals	City
1	Christian Medical College	Vellore
2	Apollo Hospitals	Chennai
3	Jawaharlal Institute of Postgraduate Medical Education and Research	Puducherry

### East

Rank	Hospitals	City
1	Apollo Gleneagles Hospitals	Kolkata
2	AMRI Hospitals	Kolkata
3	All India Institute of Medical Sciences	Bhubaneswar

### West

Rank	Hospitals	City
1	Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute	Mumbai
2	P.D. Hinduja Hospital and Medical Research Centre	Mumbai
3	Lilavati Hospital and Research Centre	Mumbai

## SYSTEM SUPPORT

Vijay Kumar, whose mother and sister were diagnosed with dengue, benefited from PM-JAY



SANJAY AHLAWAT

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NOVEMBER 25, 2018 • THE WEEK | 89

## COVER STORY

### BEST HOSPITALS

## Best Hospitals-Government (zonal ranking)

### North

Rank	Hospitals	City
1	All India Institute of Medical Sciences	Delhi
2	Postgraduate Institute of Medical Education and Research	Chandigarh
3	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow

### South

Rank	Hospitals	City
1	Jawaharlal Institute of Postgraduate Medical Education and Research	Puducherry
2	Madras Medical College	Chennai
3	Nizam's Institute of Medical Sciences	Hyderabad

### East

Rank	Hospitals	City
1	All India Institute of Medical Sciences	Bhubaneswar
2	Institute of Post Graduate Medical Education and Research and Seth Sukhlal Karnani Memorial Hospital	Kolkata
3	Calcutta National Medical College and Hospital	Kolkata

### West

Rank	Hospitals	City
1	King Edward Memorial Hospital and Seth Gordhandas Sunderdas Medical College	Mumbai
2	Civil Hospital	Ahmedabad
3	Sir J.J. Group of Hospitals	Mumbai

been running successfully, issues around pricing might be less, he said, but "the problem will be compounded in states such as Uttar Pradesh, Bihar and even Delhi, which have no experience of an insurance scheme".

Dr Dinesh Arora, deputy CEO, NHA, said within the existing rates, states could increase the costs up to 40 per cent. "Teaching colleges get an extra 10 per cent; NABH (National Accreditation Board for Hospitals and Healthcare Providers) accreditation gets an extra 15 per cent; backward areas get 10 per cent extra; and the state itself can raise the rates by 10 per cent," said Arora.

One of NHA's top priorities has been to ensure that frauds and system abuse do not occur. "The

system has 100 fraud triggers," said Arora. "For instance, we had a case of reimbursement claim for two deliveries in about six months. The system will catch the fraud." In the next six months, he said, the large amount of data generated through the scheme will allow experts to analyse trends—say, if a disease is being seen more in a particular area.

Most experts said the intent behind PM-JAY was good and it held promise, but it would take at least a couple of years before the successes and failures could be assessed. On the ground, it would mean that Kumar's mother and sister would get free treatment, not because of a technical glitch, but because it was their right. ●

hospitals would be initiated through the scheme, allowing government hospitals to provide for services through the private sector. Government hospitals have also been given directives on how to use the money from reimbursements—25 per cent would be paid to the staff to encourage them.

The processes might be in place, but the success of the scheme will depend largely on the private sector. "Around 90 per cent of tertiary care procedures are done in the private sector," said Dr Girdhar Gyani, head, Association of Healthcare Providers of India. "The success of the scheme will hinge on adequate infrastructure. For instance, a state such as Telangana has 167 hospitals with more than 100 beds, whereas Madhya Pradesh, a state perhaps double its size, has only 80 such hospitals."

Dr D.S. Rana, chairman, Sir Ganga Ram Hospital, Delhi, said the scheme would have to tackle the twin challenges of infrastructure and manpower. "The government would have to encourage the private sector to set up in rural, remote areas by providing soft loans, incentives and land subsidy to ensure that the infrastructure part is taken care of," said Rana. "More medical colleges need to be set up to cater to the huge demand for doctors and paramedical staff." He called for ramping up of existing health care infrastructure in the public sector, including primary and community health centres, which will help in reducing tertiary care procedures.

Any discussion of the private sector engagement with the scheme is bound to bring up the issue of package rates—the bone of contention between private hospitals and the government. Gyani said that though the government had agreed to revise the rates, the fresh exercise would take at least six months. In states such as Gujarat, Maharashtra and Tamil Nadu, where state health insurance schemes had

## DR SUDARSHAN BALLAL

Chairman Manipal Health Enterprises Pvt Ltd, Bengaluru



**INTERVENTIONAL NEPHROLOGY SERVICES** for patients with failing vascular access is a relatively new development. State-of-the-art cath labs and qualified interventional nephrologists and radiologists today offer a variety of services for failing vascular access, including placing day care tunneled dialysis catheters.

Pre-natal genetic analysis in diagnosing adult polycystic kidney disease is possible now. Genetic diseases like congenital nephrotic syndromes and Fabry disease are also being diagnosed, thanks to genetic testing.

In the last few years, there have been many advances in renal replacement and organ support namely haemodialysis, hemodiafiltration, continuous renal replacement therapies and slow low-efficiency dialysis. These newer dialysis modalities are beneficial in renal replacement for critically ill patients with haemodynamic instability.

Many innovations in the surgical field of transplantation like laparoscopic donor nephrectomy, single incision laparoscopic donor nephrectomy and transvaginal laparoscopic donor nephrectomy have resulted in scarless surgeries. Robot-assisted renal transplantation has also become quite popular and results in quicker recovery, less pain and smaller scar with quicker healing.