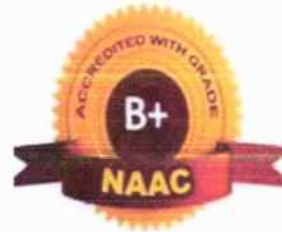




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**INSTITUTIONAL POLICY OF INTEGRATED  
HEALTH CARE**



**National Assessment & Accreditation Council**

**IQAC CELL**



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# INSTITUTIONAL POLICY OF INTEGRATED HEALTH CARE

## 1. INTRODUCTION

Recently integrative medical approach came forward with the optimism of providing an affordable and practical solution to the global healthcare crisis, especially in developing countries like India. Department of AYUSH, under the Ministry of Health and Family Welfare proposed a new approach by integrating Ayurveda, Siddha, Unani, and Homoeopathy with Allopathic system to ensure health for all citizens across the country.

Integrated service delivery is “the organization and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money.” “Integrated health services” can refer to multi-purpose service delivery points – a range of services for a catchment population is provided at one location and under one overall manager. The specific 'shape' of integrated services at primary, secondary and tertiary levels of care will certainly look different because the different levels have different functions and staffing patterns. “Integrated health services” can refer to multi-purpose service delivery points – a range of services for a catchment population is provided at one location and under one overall manager. The specific 'shape' of integrated services at primary, secondary and tertiary levels of care will certainly look different because the different levels have different functions and staffing patterns.

World Health Organization has recently published ‘WHO Traditional Medicine Strategy 2014-2023 in order to provide strategic guidelines for countries to promote, protect and utilize regional traditional medicine systems.

As a definition of health, i.e. “Health is a state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity”. However, Indian definitions of health date back to early Ayurvedic texts framing health in a much broader sense. The Sanskrit word swasthya means “to be in equilibrium with the self”. It implies equilibrium of Dosha Dhatu Mala Agni along with pleasant condition of soul, organs and mind. “Svasminstiteitiswasth”



meaning “those who are in equilibrium in the above manner are considered to be healthy” is the full meaning for the Sanskrit word Swastha.

This policy document seeks to widen the conceptualization of health with the broader definition of health as a dynamic equilibrium between an individual, and his/her environment and society. This is in consonance with the thinking regarding the social determinants of health, and enhancing the strength and resilience of individuals and communities to sustain and improve their health and well-being.

## 2. GOAL

The attainment of the highest possible level of good health and well-being of all people in the community through a preventive, primitive, curative and rehabilitative healthcare system, with universal access of quality and affordable healthcare services with inclusion of all developmental policies.

## 3. OBJECTIVES

The purpose of this Integrated Health Care Policy is a written policy document to provide clear direction for,

- ❖ Long-term, outcome-oriented directions and priorities for population health, within the resources that institute can mobilize and identifying strategies based on scientific and ethical norms.
- ❖ Ensure commitment and continuity over time and promote standardization
- ❖ legitimize existing guidelines and implementation of strategies and interventions
- ❖ Commits financial and human resources and help in strategic thinking and planning
- ❖ Brings together all health elements in one document which ensures consistency and maximizes the use of available resources, reducing chances of misinterpretation
- ❖ Clarifies the role and responsibilities of staff, define lines of communication and identify coordination, mechanism and structures.
- ❖ Reflect system views, going beyond individual diseases/health problems.
- ❖ Add a new dimension of health education for community empowerment.
- ❖ Allows for optimal growth and development of integrated health systems.



#### 4. GUIDING PRINCIPLES AND VALUES

The following principles, values and commitments will guide the Integrated Health Policy,

- ❖ Equity and Social Justice.
- ❖ Respect for the dignity and individuality of each person.
- ❖ Universality: Systems and services are designed to cater to the entire population- not only a targeted sub-group. Care is taken to prevent exclusions on social diversity.
- ❖ People-centered quality services: Health services will only be delivered through institutional structures but also designed, managed and monitored keeping in mind the aspirations, rights and entitlements of patient and community. It will be effective, safe and convenient provided with dignity and confidentiality with all facilities across all sectors being assessed, certified and appropriately incentivized to maintain the quality of care.
- ❖ Inclusive partnership with public orientation
- ❖ Medical Pluralism
- ❖ Subsidiarity : To ensure responsiveness and greater participation, decision-making should be transferred to a decentralized level as is consistent with practical considerations and institutional capacity.
- ❖ Accountability: Financial and performance accountability, transparency in decision making and the elimination of corruption in healthcare system.
- ❖ Professionalism, integrity and ethics
- ❖ Learning and adaptive system: knowledge and evidence-based, learning from the communities they serve.
- ❖ Affordability: As the cost of care rises, the focus settles on affordability.
- ❖ Sustainability: This should be promote all levels through participation, an adaptive system approach and the involvement of all stake- holders

#### 5. DURATION OF THE POLICY

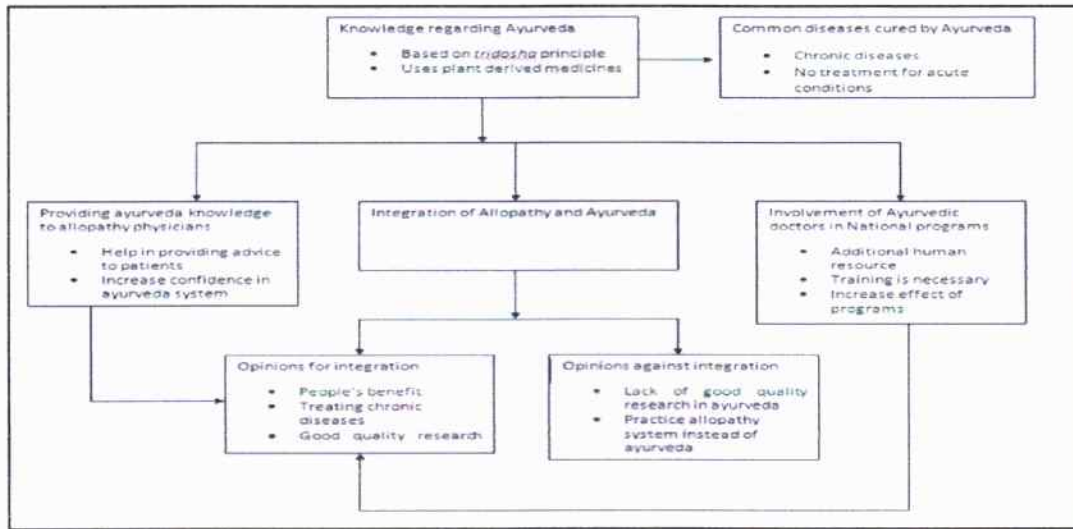
This policy document could guide the strengthening of health care system for the next 10 years. Monitoring and evaluation needs to be incorporated every year to assess the progress of implementation of the policy. Each department can review and revise the policy depending on dynamic epidemiological and demographic profile of the population .



## 6. THE SCOPE OF THE POLICY

Institutional Integrated Health Policy interventions broadly comprise three dimensions:

- ✦ **Healthcare strategies to promote health**
- ✦ **Social policy initiatives that address the local & social determinants of health and inequities**
- ✦ **Preventive care of individual factors, life style determinants, community empowerment through Ayurveda.**



## 7. POLICY DIRECTION

This section contains healthcare policy interventions that promote public health and impact the entire population. The policy operates multi-dimensionally both within medical/healthcare services as well as with various other sectors related to health promotion. The policy interventions are organized in line with the WHO health system framework which identifies six building blocks of health systems (health services, human resources, health information systems, medicines/vaccines/health technologies, health financing, governance and regulation). It also builds on socially embedded effective local health traditions and AYUSH systems.



## 8. HEALTHCARE SERVICE

A comprehensive set of essential health services with special emphasis on health promotion and preventive healthcare, using well-articulated and transparent criteria based on the epidemiological, technological, geographical, economical and socio-political situation of the community shall be put forward. Efforts will be made to involve community based groups in order to ensure effective demand for health services; and to promote community participation in the planning and delivery of health services.

The institution shall refine this from time to time the comprehensive health services including, primitive, preventive, curative and rehabilitative healthcare. These shall be provided free of charge to citizens in all public health facilities with partnerships involving not-for-profit private providers to strengthen primary healthcare.

**8.1.1 Accredited Social Health Activist (ASHA):** The ASHA is a link between the Health system and the society. There is one ASHA for every 1000 population and for lesser population in hard to reach areas and tribal areas. Institute has motivated them by providing matching grant to ASHA through which she will get matching grant according her work done every month. Further it is apt to consider raise in her earnings , motivation and life security through career progression policies

**8.1.2 Establish Health and Wellness Centers at sub-centre levels:** The existing health sub-centers shall be converted into Health and Wellness Centres not just in name but in spirit and practice. The goal of this would be to address the Social Determinants of Health such as poverty, gender-based inequalities, water and sanitation, child under-nutrition and others, and seek convergence at the village level across all departments, rather than merely following an illness-based approach.

**8.1.3 Improve the offer of services at secondary care levels :** This shall commit to strengthening the quality of services and availability of specialty and super-specialty care in its , vicinity.

**8.1.4 Preventive, primitive and curative mental health services :** Existing health worker capacity shall be enhanced to improve early detection, continuous care and management of mental





health problems. Parenting skills, life skills education, school and college mental health programmes with counselors, help lines for suicide prevention will be strengthened or initiated.

In the medical practice and create an enabling environment for effective involvement of traditional practitioners as well as exploring traditional medicinal plants.

#### **8.1.5 Center of excellence in service improvement:**

Institute will establish center of Excellence to maximise health efficiency and effectiveness in specific health-related fields such as on communicable diseases, non- communicable diseases, social determinants, health systems, community health, health promotion etc.

#### **8.1.6 Sustainable low cost diagnostic services:**

This shall strengthen the health services to support disease control programmes including emerging and re-emerging diseases. This is development of low cost accredited diagnostic centers in nearby taluka and will operate through a professionally managed autonomous intercollege body on a not-for-profit basis, they could charge the actual fee to recover running costs instead of wholesale privatization. Each diagnostic centre/ facility will organize and manage the delivery of expected services, based on its level.

#### **8.1.7 Treatment protocol, referral protocols and management:**

Institute will move towards the integration adoption of standard operating procedures and standard treatment guidelines to ensure quality and transparency in health, in Ayurved ,Allopathy and AYUSH systems of medicine which shall be periodically updated.

#### **8.1.8 Urban and rural healthcare services**

Institute has established its own Health Camp Mission. An integrated inter-sectored framework of health services and action campaigns will be implemented with an increased focus.

#### **8.1.8 Emergency Services Entity**

Institute has in place a very efficient emergency service . It is recommended that the number of ambulances with advanced life support system be increased as per requirement. Availability of



Emergency Ambulance service within the radius of 20Km of institute covering every Village will ensure a much faster reach of emergency transport across the region.

### **8.1.9 Identify sustainable and health service-based screening services**

Screening for diseases and other health problems is an important measure of primary prevention. The institute shall ensure availability of good quality screening services for health conditions that are amenable to early detection. Guidelines for choosing health conditions amenable for screening shall be prepared and implemented through the government health services.

### **8.2.0 Chronic conditions and the care of the elderly**

The Institute needs to develop its own cost-effective and culturally appropriate solution to address the health and care needs of the elderly. A community-centred approach where care is provided in synergy with family support with higher levels shall be the focus. Existing health services will be carefully upgraded to ensure sufficient availability of beds and infrastructure for palliative care and geriatric care, and wherever needed, specialised geriatric care facilities shall be set up in an integrated manner linking with the existing health services.

### **8.2.1 Improve the quality of healthcare in public facilities and monitor quality and safety in the private sector**

The Institute commits to improving and sustaining high quality health services as well as monitoring and facilitating high quality health services in the private sector, in the interest and safety. The Institute implement a quality assurance strategy and a programme to monitor, improve and sustain the quality of healthcare as effective care delivered in an efficient manner, is accessible, acceptable and patient-centred, equitable and safe. The institute shall implement credible and voluntary graded accreditation systems such as NABH to ensure that healthcare services comply with an acceptable quality standard.

### **8.2.2 Improve the relevance of public health and medical education**

All courses have provision of a specific time frame for skill building at undergraduate and postgraduate levels. All public health training institutes must have a close collaboration with the district health system in order to provide student with exposure to public health practices. The



institute will promote inter-professional education through short- term courses across medical systems.

### **8.2.3 Health Workforce Training**

While identifying training needs and providing opportunities for training the organizations needs to ensure the appropriate redeployment of health workers on completion of their training. In addition, appropriate human resource training and continuous professional development and career progression (Ex: public health, medical education, DNB courses, laboratory training, nurse anesthetist) should be present. Post-graduate training is a part of capacity building and will remain a function. To improve retention of health workers in hard-to-reach areas, affirmative action shall be applied in the following areas:

- a) Promoting multi-skilling and multitasking of the health workforce
- b) Ensuring that health personnel interact in a professional, accountable, and culturally sensitive way with patients
- c) Improving management of the existing health workforce by putting in place attraction, retention, and motivational mechanisms for the workforce.

### **8.2.4 Right skill in the right place and the right number of staff**

The institute shall incorporate the Health Workforce Strategic Plan outlining that the right number of staff, with the right skills, is in the right place to deliver the health services. The institute will update staff norms/skills- mix by care level based on research periodically.

### **8.2.5 Workforce Integration**

The institute will develop guidelines for optimal utilization of AYUSH /Alternate Medical practice, preferably in preventive, primitive areas and, safeguarding against malpractice and misconduct.

### **8.2.6 Public health education**

The institute will strengthen public health education, research and training to carefully select motivated staff at different levels to support health program management as well as hospital



management. The institute will provide appropriate career paths for public health administration, medical practice, health system research and training to all staff.

### **8.2.7 Integrate single health insurance plan**

In line with the commitment Institute will provide a health insurance plan to improve efficiency of workforce.

### **8.2.8 Health Financing approaches**

The institute will introduce and periodically revise equitable and timely disbursement of funds to health facilities.

### **8.2.9 Grievance Redressal**

The institute recognises the important role of ombudsman for health and recognises the role in terms of addressing public grievances. The Institute has own grievance redressal committee to take disputes or complaints regarding healthcare services.

### **8.3.0 Environmental health and medical waste disposal**

The policy recognises that health is intricately linked to the environment within which people live, both within households, as well as with respect to the air, water, noise and the larger climatic variations. Institute will provide proper audit systems like Surya Biomedical waste system, green audits etc. to take care. This will help to provide linkages and collaborations to waste management systems.

#### **8.3.1 Health systems research:**

Research and evidence are important inputs into institute policy, programmes and practice. This shall be empowered and strengthened to establish a research cell in that organization with the support. This shall include research on modern medicine, healthcare and AYUSH systems.

#### **8.3.2 Environment and health:**

Efforts will be made to increase community awareness about the inter-linkages between environment and health. Environment friendly policies and practices will be introduced.



### 8.3.3 Policy Encouraging Healthy Lifestyles

As mentioned above, modifiable lifestyle factors are desired to be an important integral part of health policies. This is primarily because it demands fewer resources and brings perceivable changes. The policy shall identify broad directions towards interventions that promote and protect health at an individual level such as;

- Reduction of smoking/tobacco consumption regulations
- Reduction of alcohol consumption regulation
- Reduction of risky sexual behavior
- Reduction of consumption of unhealthy junk food
- Promotion of balanced diet
- Promotion of physical activity

The policy proposes a comprehensive and innovative approach to addressing the health agenda

### 8.3.4 Preventive and primitive measure for self-care

**Know your health** - Identification of individuals prakriti is a comprehensive understanding based on physical, psychological and social identity by using already validated methods and tools. This will form the basis for advocacy of diet and lifestyle customized to the individual as preventive and promotive measures.

Identification of prakriti will be advocate though trained Ayurveda physicians at HWCs, PHCs, DHs , close by Ayurveda colleges and National level Institutes. This is a highly skilled and personalized activity requiring about one hour per person. This may be under taken both at institutional and community level through camps and at schools.

It has been proposed that the prakriti will be mentioned in the health card of the individual.

1. **Dinacharya ( daily routine)**
2. **Ritucharya ( Seasonal routine)**
3. **Dietetics**



The policy defines the health objectives, principles, orientations, and strategies aimed at achieving the highest standard of healthcare. It also outlines a comprehensive implementation framework to achieve the stated policy, vision and objectives.

Finally, the policy defines the monitoring and evaluation framework to enable tracking of the progress made in achieving its objectives. The monitoring of progress shall be based on the level of distribution of health services, responsiveness of health services to the needs of the people, progress in respective disease domain areas, including both proximal and distal determinants of health and the policy interventions of health-related sectors.

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