
Emergency Medical Services in Telangana: GVK – EMRI Model

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I. Introduction:

Emergency Medical Services (EMS) in the United States refers to the ambulance services that respond to the scene of medical and surgical emergency, stabilizes the victim of sudden illness or injury by providing emergency medical treatment at the scene and transports the patient to a medical facility for definitive treatment. Emergency Medical Services system on the other hand refers to a mechanism for accessing the system and reporting an emergency; prehospital service delivery; transport mechanisms; definitive, specialty and rehabilitative care facilities; public education; participation and prevention processes; resource allocation and financing structures; and coordinating the role of collaborating organizations. The GVK Emergency Management Research Institute (EMRI) has reached out to about thirty million emergencies saving a million lives through the emergency care system. The emergency care service is a unique public private partnership (PPP) model between state governments in India and several private players, the largest being the GVK Emergency Management Research Institute. The Institute was the pioneer private player in India and has transformed a virtually non-existent emergency care space into one that is comparable with the developed countries. The Institute provides coverage to 750 million people across fifteen states and two union territories in India at an annual per capita cost of less than a quarter of a dollar.

II. Ideology

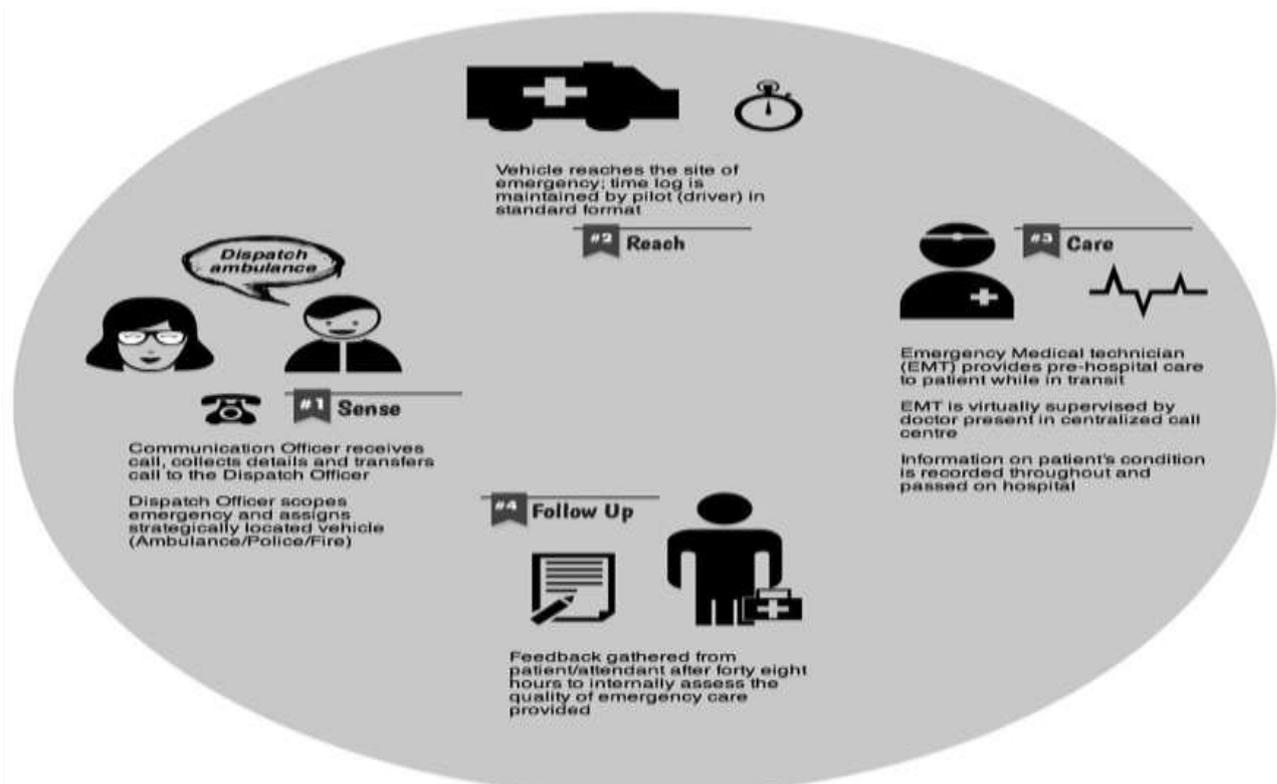
Every life saved at GVK EMRI is a reflection of the combined effort of a team of dedicated professionals. Thanks to their tireless efforts, today, 108 is a symbol of hope, trust and reassurance. GVK EMRI has in place, meticulously chalked-out processes that ensure speedy, effective emergency services designed to save lives. A four-pronged approach: SENSE – REACH – CARE – FOLLOW- UP, is aimed at a holistic delivery of the most sophisticated Emergency Management Services.

III. Operations - “Golden Hour Reach”

The objectives of reliability, comfort, cleanliness, hygiene, timeliness, and financial viability must all be met with extreme accuracy. The ambulances operated by GVK - EMRI are designed in-house to meet the needs of Indian patients and are built to provide safety, comfort, and prevent the patient's injury or sickness from worsening.

The 108 hotline is a toll-free number that customers can dial in the event of a medical, police, or fire emergency. A single call centre at the state level coordinates all calls. On the ground, typically one ambulance is stationed for every 100,000 people. Three drivers and three paramedical emergency technicians staff each ambulance. Every fifteen ambulances are overseen by two supervisors. The service is provided at no cost to the user. Pickup must take place within twenty minutes near metropolitan areas and forty minutes in rural areas, according to care standards. The four steps depicted below are part of a typical emergency response procedure flow.

Operational Model – GVK EMRI



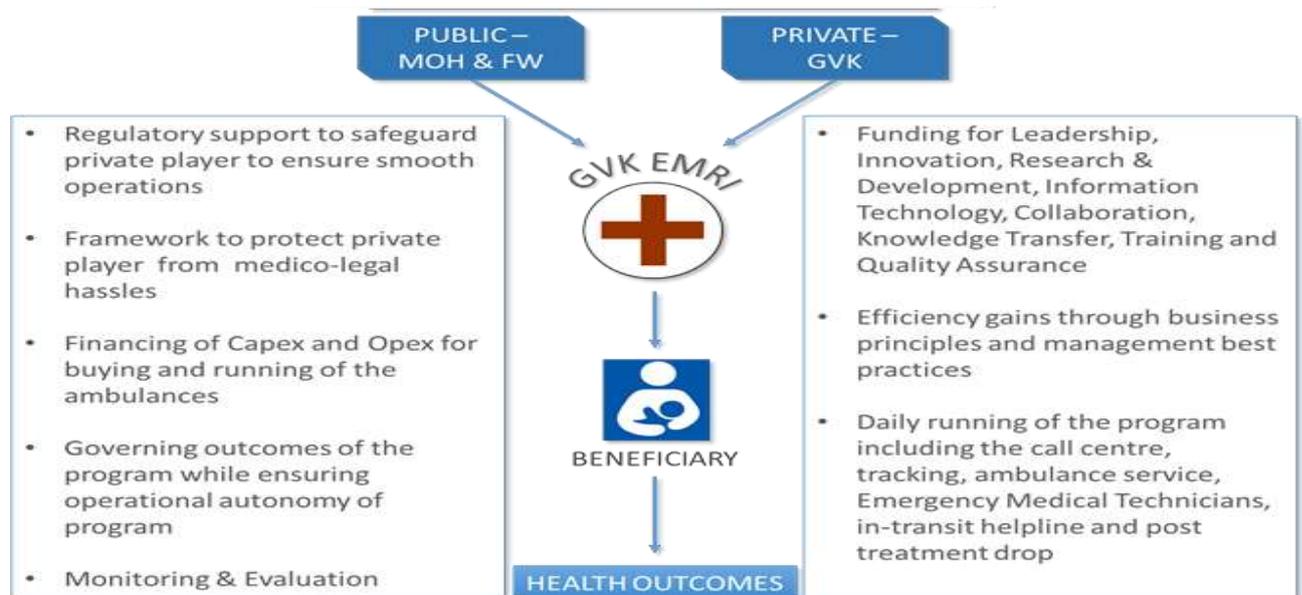
Source: www.accessh.org

The Emergency Management Research Institute built the largest model for emergency response services within a health system that was barely equipped to support this innovation. The need for this service was large, but the demand for it was not well articulated to attract private players in this segment. To catalyze a strong demand, the Institute engaged in several community sensitization activities. This helped improve awareness of emergency care.

IV. The Partnership

The GVK Emergency Management Research Institute and the state governments have formed a unique cooperation. The risk-sharing financing arrangement is unusual. The GVK Foundation is responsible for leadership, innovation, information technology, collaborations, research, knowledge transfer, and quality assurance, while the government funds the capital and operational costs of running the ambulances.

The government offers crucial regulatory support to ensure consistent operations. This assistance also shields the Institute, a private provider, from legal liability. The government plays a significant role in managing the service's outcomes while maintaining the service's operational autonomy. The Institute, as the commercial provider, contributes to the management and design of the service, which helps to increase the efficiency of public funds



spent on emergency response management.

Source: www.accessh.org



V. Effectiveness of GVK-EMRI Model:

a) On Access:

For a large part of India, access to affordable healthcare services is a challenge. Access to care is worse for vulnerable groups, including women, children, the elderly, and low-income populations from remote rural and tribal areas. The technology driven 108 partnership addresses the issue of equitable access to emergency services by providing free emergency care to all people in India, rich and poor, rural and urban alike.

b) On Health Outcomes:

the Emergency Management Research Institute was just beginning to grow, India contributed about twenty three percent to the global burden of maternal deaths. Institutional deliveries were as low as 40.7 percent (NHFS-3, 2005-06). Low numbers of institutional deliveries contributed to a high maternal mortality rate. The universal reach and specific focus on pregnancy related emergencies are estimated to have contributed to a fifteen percent reduction in the maternal mortality rate in Andhra Pradesh (Jena, Bharadwaj, & Rao, 2009). Without the risk of oversimplification, we can assume that the contribution of the emergency response service to reduced maternal mortality across the country is also significant. Similarly, the Institute is likely improving the survival rates of traffic accidents. The emergency response service reaches more than twenty percent of all emergencies due to road traffic accidents.

c) On Household Finances:

The GVK Emergency Management Research Institute has also contributed to a reduction in out of pocket household expenditure on transport to the hospital by thirty seven percent in Andhra Pradesh (Bergkvist, Wagstaff, Katyal, Singh, Samarth, & Rao, 2014).

d) On Public Finances:

It is important to gauge the partnership through the impact it has on public finances and the output it can generate for every dollar of public money spent. The illustrations below compare the Emergency Management Research Institute service and the United States 911 emergency service on several outcome parameters and the costs incurred to achieve these outcomes.



VI. Conclusion

The GVK Emergency Management Research Institute provides a compelling case for closing the gaps in pre-hospitalization treatment and emergency transportation. The Institute also serves as a model for the private sector's extension of innovative practices through public-private partnerships. The service is an example of how latent demand can be accessed through a private sector push. EMRI is undoubtedly a historic landmark in the provision of health care in the nation. To its credit goes the achievement of bringing Emergency medical response on to the agenda of the nation. The only danger in this stage is the danger of complacency and the abandonment of caution and basic systems of governance in a fit of populism and competitive promotion of what seems a certain winner. It is in this spirit of such caution mixed with a commitment to achieving universal ERS that these recommendations are made. The service also serves as an example of how a public-private cooperation may successfully solve a significant healthcare gap in a low- or middle-income country. The Institute's concept, implementation, and ongoing management all provide valuable lessons for other states and countries interested in forming a public-private cooperation to provide essential services.

References:

National Commission on Macroeconomics and Health. (2005). Report of the National Commission on Macroeconomics and Health. New Delhi: Ministry of Health and Family Welfare, Government of India.

Jena, B., Bharadwaj, D., & Rao, G. R. (2009). Strategy towards achieving Safe motherhood in India: A Case study of GVK EMRI. Hyderabad.

NHSRC. (2012). Publicly Financed Emergency Response and Patient Transport Systems Under NRHM. Ne Delhi: NHSRC.

Bergkvist, S., Wagstaff, A., Katyal, A., Singh, P., Samarth, A., & Rao, M. (2014). What a Difference a State Makes: Health Reform in Andhra Pradesh. The World Bank.

<http://www.emri.in/>

www.accessh.org
