



Ayushman Bharat

India is presently undergoing enormous transition in healthcare system. Increased income and health consciousness among the majority of the classes and the introduction of private healthcare financing are driving the change.

Healthcare in India is largely underpenetrated, with government expenditure at around 1.25% of the GDP and an underperforming public healthcare ecosystem. Currently, Indian health financing scene raises number of challenges such as increase in health care costs, high financial burden on poor, eroding their financial resources, increasing burden of new diseases and health risks. Further, primary care and public health functions have not been given so much importance due to under-funding of government health care.

Recognising the imperative to protect India's poor and addressing the challenges previously faced by other government schemes, the government has announced world's largest government-funded health programme 'Ayushman Bharat'. The programme covers primary, secondary and tertiary healthcare. It is a major step to ensure healthcare access to 10 crore families or approximately 50 crore population, with INR 5 lakhs insurance cover per family per year. Beneficiaries are being selected on the basis of the Socio-Economic Caste Census (SECC) data of 2011.

The scheme, if implemented properly, could be a game changer for health care and insurance sector in India. It will enhance access to health care including early detection and treatment services by a large section of society who otherwise could not afford them. Health being a state subject, state ownership and commitment will be critical for the success of the programme. This flagship scheme is likely to benefit more than 37% of the population, meaning that nearly all the poor and vulnerable families will be covered. The Ayushman

Bharat programme is apparently driven by two main aims, strengthening primary health care which has been lacking in the country and offering financial protection to families from catastrophic expenditure.

Considering financials of the scheme, government should try to ensure that both insurers and customers get reasonable rates which will ensure efficient management. In this case, government would be a price negotiating entity and for such a large-scale program, it will have more negotiating power to ensure both price and the quality from the service providers.

As per the scheme, states will decide and devise their own ways. For most states, funding will be shared in the ratio of 60:40 with Centre contributing the majority. The North Eastern states, Himachal Pradesh, Uttarakhand and J&K, will however, enjoy 90:10 funding ratio. Each state will need to create an apex body funded by the Centre that will implement and monitor the scheme. The three types of models which shall be used for implementation are trust model where the bills will be reimbursed directly by the government, insurance model where the government will pay an amount to an insurance company that in turn will pay the hospitals and mixed model in which trust and insurance company both will be there.

To ensure every patient receives quality treatment, each empanelled hospital will have an 'Ayushman Mitra' to assist patients with the procedure. Moreover, there will be regular auditing and monitoring of the hospitals as well as a redressal mechanism will be in place for patients.

Some of the challenges that the scheme may face post implementation are enrolment of ghost beneficiaries, impersonation in connivance with cardholders and hospital, conversion of OPD patient into an IPD patient, deliberate blocking of higher priced package, doctors performing unnecessary procedures, etc.

For the successful implementation it's better to set up an independent body within the ministry of health & family welfare to plan, coordinate and provide technical support to states, including capacity building and development of standards and guidelines for the programme.

Given its massive scale, implementation will need a mission-mode approach with integrated efforts from multiple departments, private and public stakeholders, and a comprehensive information education communication (IEC) and behaviour change communication (BCC) strategy. Outreach programmes will be more significant in states that don't have existing government-sponsored health insurance schemes.

The first milestone under Ayushman Bharat envisages the setting up of around 1.5 lakhs health and wellness centres that will provide comprehensive healthcare. While the Government has made an allocation of INR 1200 crores, it also envisages contribution of private sector via CSR as well as from philanthropic institutions.

The scheme is hugely dependent on technology right from beneficiary identification and authentication, to seamless transfer of paperless data and claim settlement which could pose another hurdle in implementation. Many locations have low penetration of high-end data and

mobile connectivity. So, implementing a digital system in one go across India may not be feasible.

About 1350 treatments and surgical procedures have been identified for which package rates will be fixed. The scheme aims to generate repositories on hospitals, providers and other human resource and the insurance sector will be assisted with the management of claim costs in case of fraudulent claims. The data generated during the implementation of the scheme will help in designing better and targeted health programmes in the future.

Government must look at a healthcare system with an integrated digital technology platform, which could have millions of combinations to check for medical necessity, safety and coding.

It is expected that Ayushman Bharat will positively impact the current healthcare ecosystem in the country by focusing on low-cost, good-quality drugs and centralised procurement. It will help in building capacities for effective claims management, clinical audits and hospital scrutiny. It will push for the development of IT infrastructure in healthcare sector which will further reduce the costs. It will also help the government in identifying additional sources of financing and setting up regulators to ensure fair competition.

The scheme will have a multiplier impact on the healthcare and sectors like pharmaceutical, diagnostics and medical devices, hospitals, insurance, third party administrators, digital and IT service providers and the overall Indian economy by way of employment generation.

Engagement with all the service providers involved in the scheme would ensure greater control by the governments over them and their prices and quality of services. Finally, the scheme is innovative and path-breaking in the history of public health in India, which may have a transformative impact if implemented in an effective and coordinated manner.

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