Pradhan Mantri Jan Arogya Yojana
Ayushman Bharat
PM-JAY

Ayushman Bharat

Journey of Health
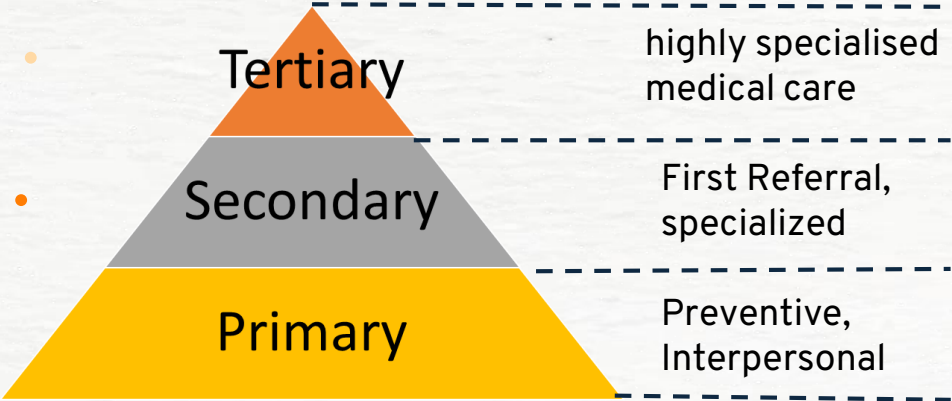
A Critical View on India's Ambitious Policy

01

Introduction

Healthcare
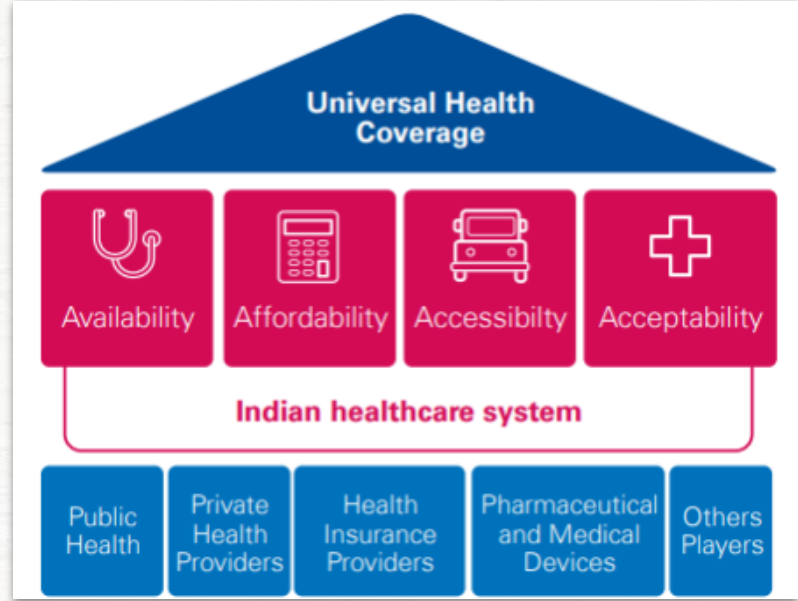
Universal Health care & Outlook of
Ayushman Bharat - Core Concept

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Universal Health Coverage

Availability Affordability Accessibilty Acceptability

Indian healthcare system

Public Health | Private Health Providers | Health Insurance Providers | Pharmaceutical and Medical Devices | Others Players

Tertiary — highly specialised medical care

Secondary — First Referral, specialized

Primary — Preventive, Interpersonal

Healthcare Levels

"Universal health coverage (UHC) means that **all people** have **access** to the f**ull range** of **quality health** services they **need**, **when** and **where** they need them, **without financial hardship**"

UHC: development

The context
Changing global perspective of Health

The systems So Far
Focus so far on epidemics

National Health Policy
1983

Five Year Plans

SDGs -3
"Ensure healthy lives and promote well-being for all at all ages"

National Health Policy
2017

PM-JAY
The Way Ahead

Pradhan Mantri Jan Arogya Yojana
Ayushman Bharat
PM-JAY

02

Structure
Of The Scheme

Healthcare A Burden ?

Maid

1. **Minimum** Earnings
2. **Supports** Family Members
3. Probably Government **School Going Kids**
4. No **Scope** of Good Private Health Care
5. **Dependent** on Government Hospitals

Driver

1. **Minimum** Earnings
2. **Supports** Family Members
3. Probably Government **School Going Kids**
4. No **Scope** of Good Private Health Care
5. **Dependent** on Government Hospitals

What will they do in a Medical Emergency?

Loan = Getting Poor

COMMENT

Medical debt a major cause of poverty in India

About 55 million Indians were pushed into poverty in a single year due to patient-care costs, as per a study India.
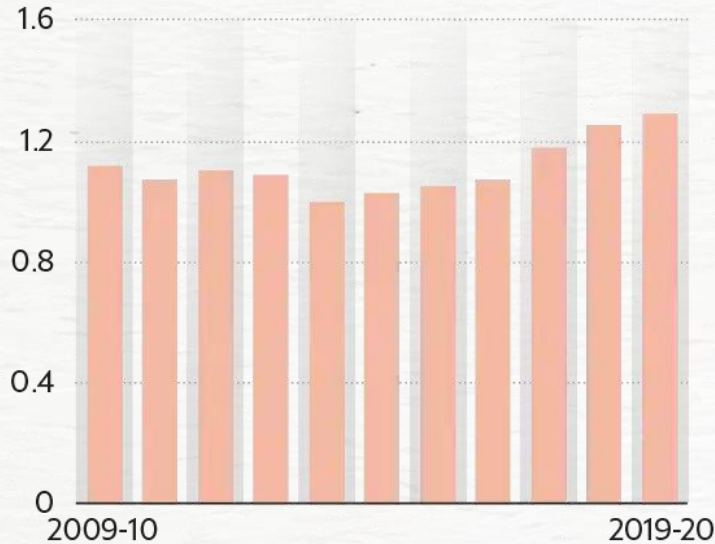
SHARE ARTICLE   🎧 Listen   f 2   🐦   🟢   📰 3   💬   🔗   😊 100%   A -   A +

Medical debt a major cause of poverty in India

Health a low priority

India's public health expenditure was just 1.29% of GDP in 2019-20. In 2018 too, the country lagged behind BRICs peers as well as developed nations.

India's (centre plus states) public expenditure on health (as % of GDP)

Value	
1.6	
1.2	
0.8	
0.4	
0	2009-10 2019-20

Source: National Health Profile 2019, Government of India; CARE Ratings' calculations

Public expenditure on health in 2018 (as % of GDP)

Country	Value
Japan	9.2
Brazil*	3.9
China	2.9
US	14.3
South Korea	4.8
Italy	6.5
UK	7.5
Germany	9.5
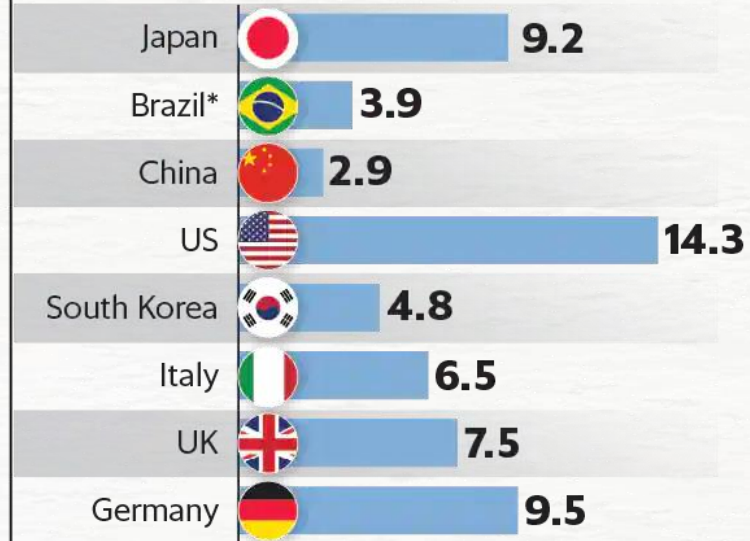
*For 2017

Source: OECD, Conta-Satélite de Saúde

Published in The Mint - 8 Apr 2020

Insurance

Institutionalization

KEY OBJECTIVES

1. Reduce **out of pocket** hospitalisation expenses

2. Provide **Insurance Linkage**

3. **cashless benefits** from any **public/private empanelled hospitals** across the country.

4. **control costs**, the payments for treatment - **package rate**

5. **strengthen** the critical **healthcare network** from village to block to the district to the regional and national level
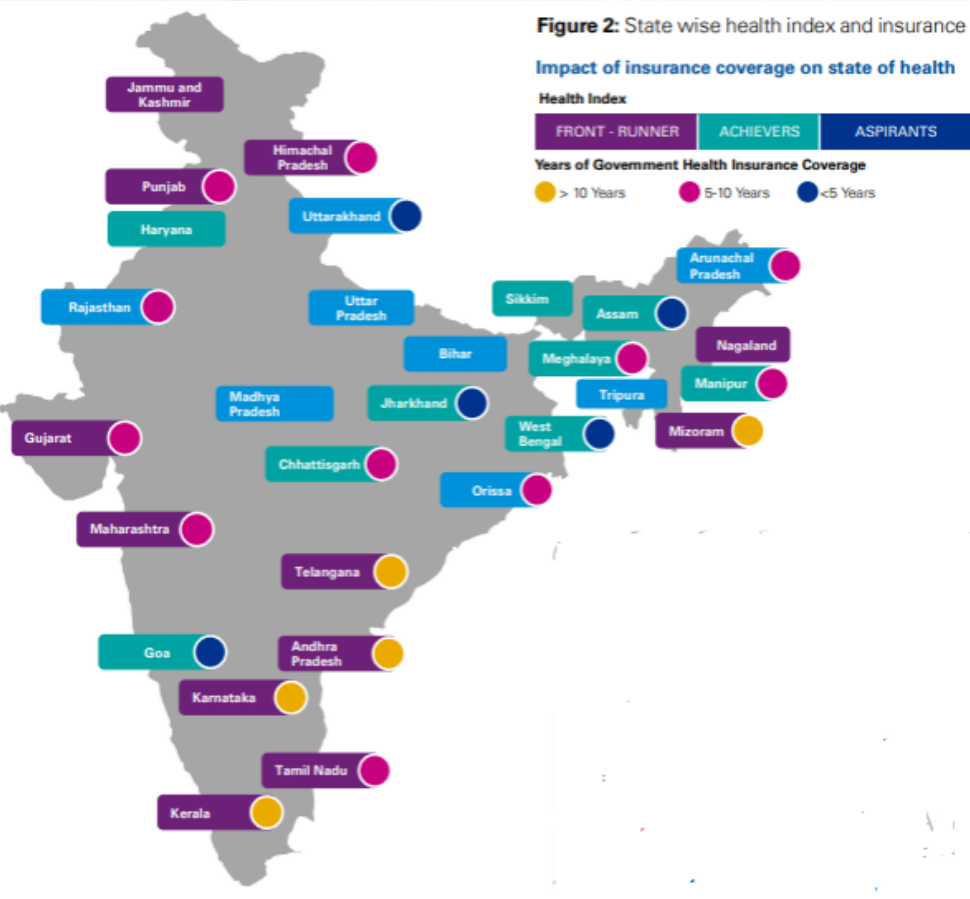
Figure 2: State wise health index and insurance c...

Impact of insurance coverage on state of health

Health Index

| FRONT - RUNNER | ACHIEVERS | ASPIRANTS |

Years of Government Health Insurance Coverage
- > 10 Years
- 5-10 Years
- <5 Years

National Level Plan

National Health Authority

⬇

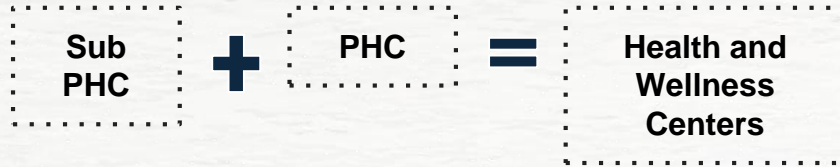Ayushman Bharat National Health Protection Mission Agency

⬇

State Health Agency

⬇

Trusts/ Insurance Companies

⬇

Private Hospital / Public Hosp.

The Key Change

Sub PHC **+** PHC **=** Health and Wellness Centers

1. **Comprehensive** Primary Health Care services
2. **Neonatal and infant** health care services
3. Screening, Prevention, Control and Management of **Non-Communicable** diseases
4. **Management** of Common **Communicable Diseases** and Outpatient care
5. Family planning
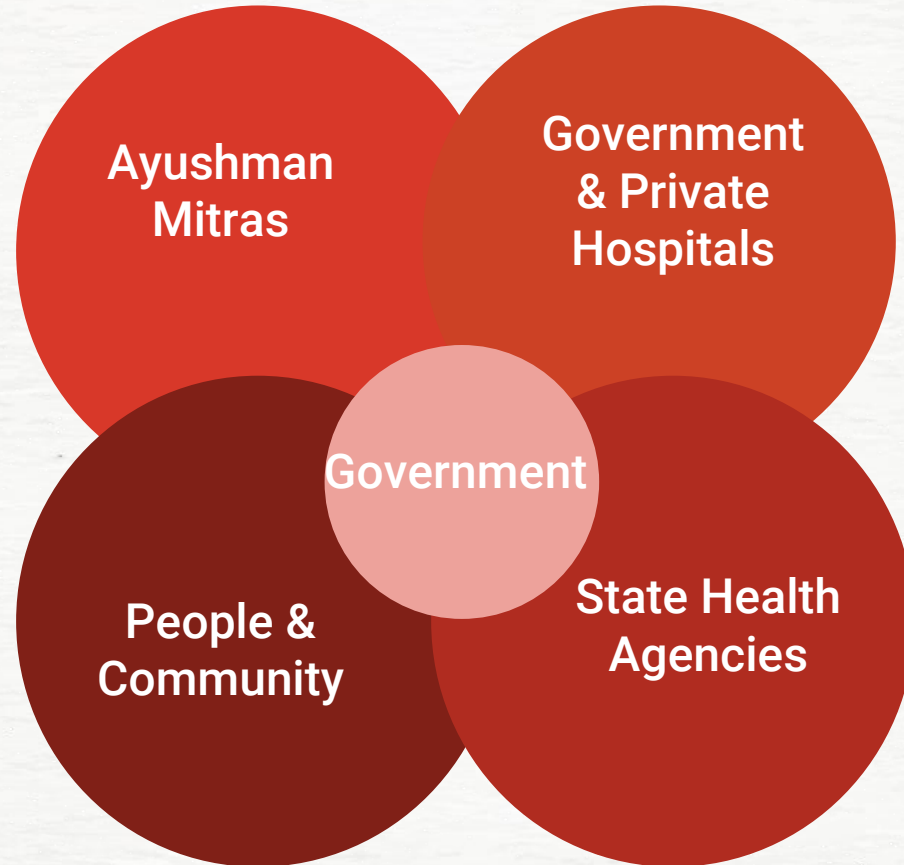6. Ophthalmic and ENT problems
7. **Emergency Medical Services.**
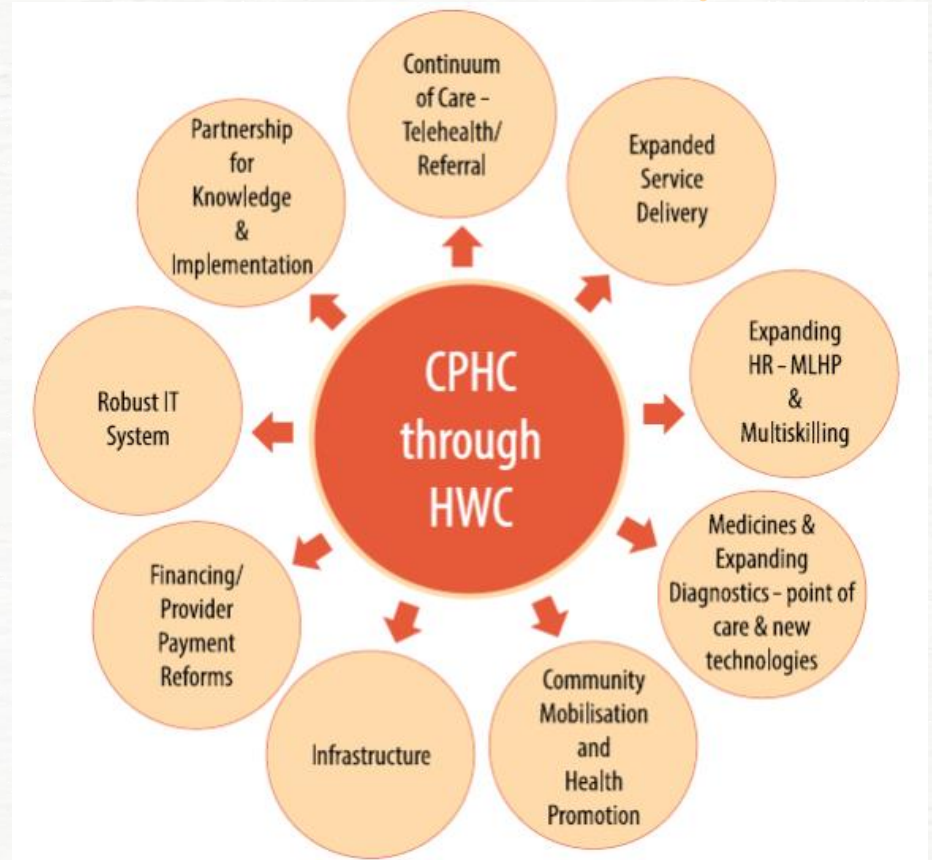
03

Implementation
Of Scheme

Stakeholders, Pillars of Action and Challenges

Stakeholders of the Scheme

Ayushman Mitras

Government & Private Hospitals

Government

People & Community

State Health Agencies

Critical Pillars of Action

Scheme Design
Preventive & Promotive Health through H&WCs.
Cashless Hospitalisation.

Structures/ Organisation
NHA- Implement the Scheme.
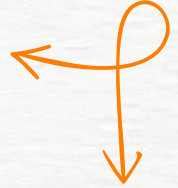SHAs- Full Autonomy include to non-SECC.

IT Systems
Transform hospital system, electronic records, transaction between patients, hospital and payer

On Boarding of States
Flexibility, choice and freedom to operate and administer at the state level.

Challenges in Implementation

- **Economical Sustainability**
  - Funding models for long-term sustainability.
  - Government spending is 1.2% of GDP.

- **Concentration of Health Services in Urban Areas**

- **Ever Increasing Population & Disease Burden**
  - Low penetration of health insurance and high out-of-pocket spending for healthcare services.

- **Unawareness among People**
  - Uneven geographic distribution of poor families makes it difficult to find out the real targeted beneficiaries.

04

Eligibility

Eligibility Criteria

RURAL AREAS

- Households with only one room with Kucha walls and roof.
- No adult member in the age group between 16 and 59 years.
- No adult male member in the age group between 16 and 59 years.
- Disabled member and no-abled bodied member in the household.
- SC and ST
- Landless households and major sources of income are through manual casual labour.

Urban Areas

- Beggar
- Domestic worker
- Ragpicker
- Cobbler/Street Vendor/Hawker/Other service providers on the street.
- Plumber/Construction Worker/Mason/Painter/Labour/Welder/Security Guard/Coolie
- Sweeper/Mali/Sanitation Worker
- Artisan/Handicrafts Worker/Tailor/Home-based Worker
- Driver/Transport Worker/Conductor/Cart or Rickshaw Pullers/Helper to Drivers or Conductors
- Shop Workers/Peon in Small Establishment/Assistant/Helper/Attendant/Delivery Assistant/Waiter
- Mechanic/Electrician/Repair Worker/Assembler
- Chowkidar/Washer-man

Package

- Ayushman Bharat – PMJAY provides a cover of up to **Rs. 5 lakhs per family per year**, for secondary and tertiary care hospitalization
- As a beneficiary of the scheme, families, as well as individuals, can avail nearly **25 specialities**
- Medical and surgical expenses cannot be reimbursed simultaneously. Also, if there are multiple surgeries, in the first instance the surgery with the highest cost will be paid. For the second you will receive 50% and the for the third it will be 25%
- Does not take into consideration **pre-existing illnesses**

PPP Model?

05

Operational Guidelines

Achievements and Gaps

Primary, Secondary & Tertiary Care, State Schemes, Health & Wellness Centers

Operational Guidelines

Converting SHC to HWC
SHC covering population of 3000-5000 to be converted.

Outreach services
Through **Mobile Medical Units, Health camps, Home visits & Community based interactions.**
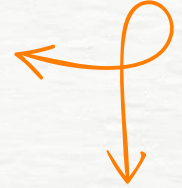
PHCs to HWC
All **PHCs** in rural and urban area
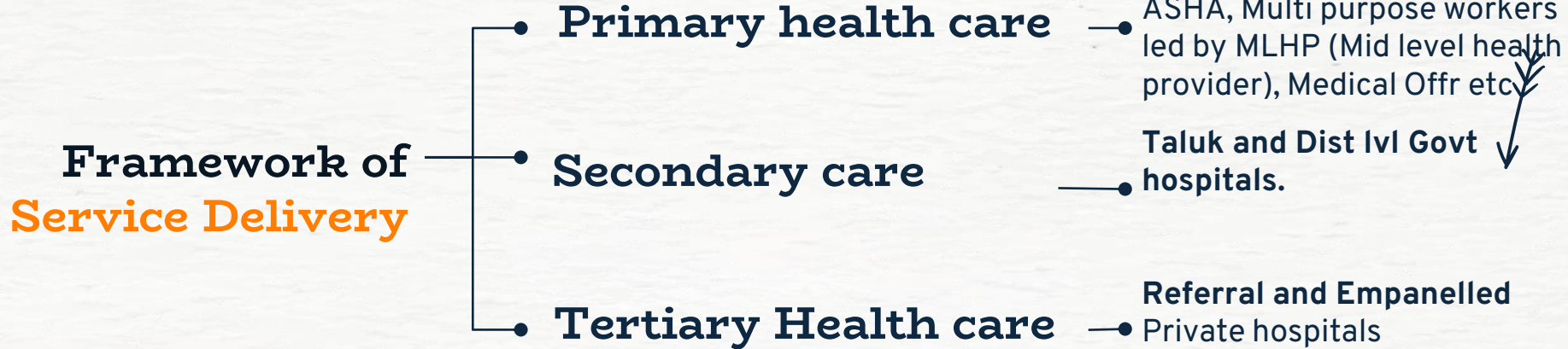
Continuum of Care
To ensure **Equity, Quality, Universality and Prevent Financial hardship**

Operational Guidelines

Framework of
Service Delivery

- **Primary health care** → **SHC, PHC, HWC** consists of ASHA, Multi purpose workers led by MLHP (Mid level health provider), Medical Offr etc

- **Secondary care** — **Taluk and Dist lvl Govt hospitals.**

- **Tertiary Health care** → **Referral and Empanelled** Private hospitals

Key Achievements

- **Within 2 Years of its Inception -** *More than 1 crore ppl have benefited from this Scheme.*
  - These treatment were worth more than 13412Cr.

- **Growing network of 21,565 Public and Private Empanelled hospitals.**

- **Hospital Ranking dashboard.**
  - Based on beneficiaries feedback.

Key Gaps

Problems of Fake beneficiaries/ Corruption

Absence of Private Health care infra

Only 3% of Private Hospitals are eligible for this scheme.

Insufficient Insurance cover

Takes care of only 30% of Hospital charges in case of serious illnesses.

Financing

Center - State Financing 1

Ratio of 60: 40

Center - State Financing for NE states 2

Ratio of 90 : 10

Transfer to State Govt. 3

Through ESCROW Account

06

Digitisation
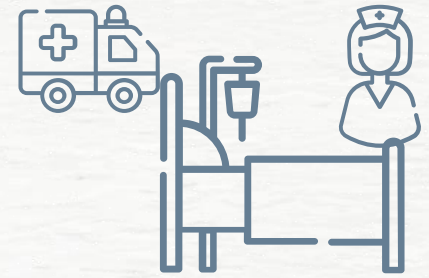## ABDM, ABHA and Gaps

Ayushman Bharat Digital Health Mission

Ayushman Bharat Health Account (ABHA)

Health Professionals Registry (HPR).

Health Facility Registry (HFR)

Benefits of ABHA number

Unique & Trustable Identity

Establish unique identity across different healthcare providers within the healthcare ecosystem

Unified Benefits

Link all healthcare benefits ranging from public health programmes to insurance schemes to your unique ABHA number

Hassle-free Access

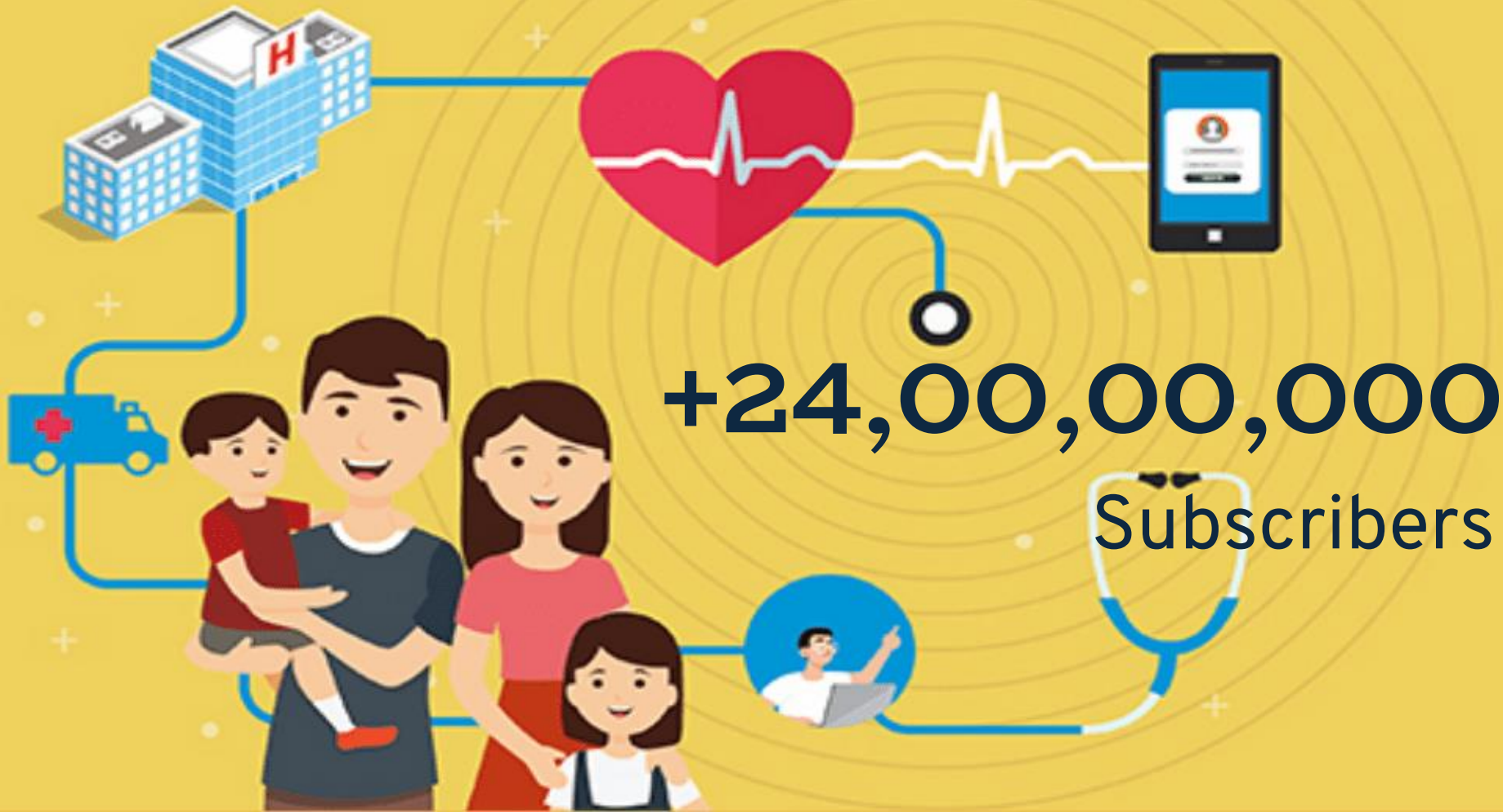Avoid long lines for registration in healthcare facilities across the country

Easy PHR Sign Up

Seamless sign up for PHR (Personal Health Records) applications such as ABDM ABHA application for Health data sharing

+24,00,00,000

Subscribers

Home / News / India / Only 240 million sign up for health ID

Only 240 million sign up for health ID

1 min read . Updated: 28 Sep 2022, 12:39 AM IST

Priyanka Sharma

Photo: Mint

"*Data privacy has emerged as a concern particularly in the healthcare sector. The digitization of health records has led to an increased risk of data breaches and cyber-attacks.*

…We are working to use anonymization techniques to remove personal identifying information before using the health data for public health research, policy making, disease surveillance etc. Anonymization of data will ensure that the privacy of the individual is protected."

07

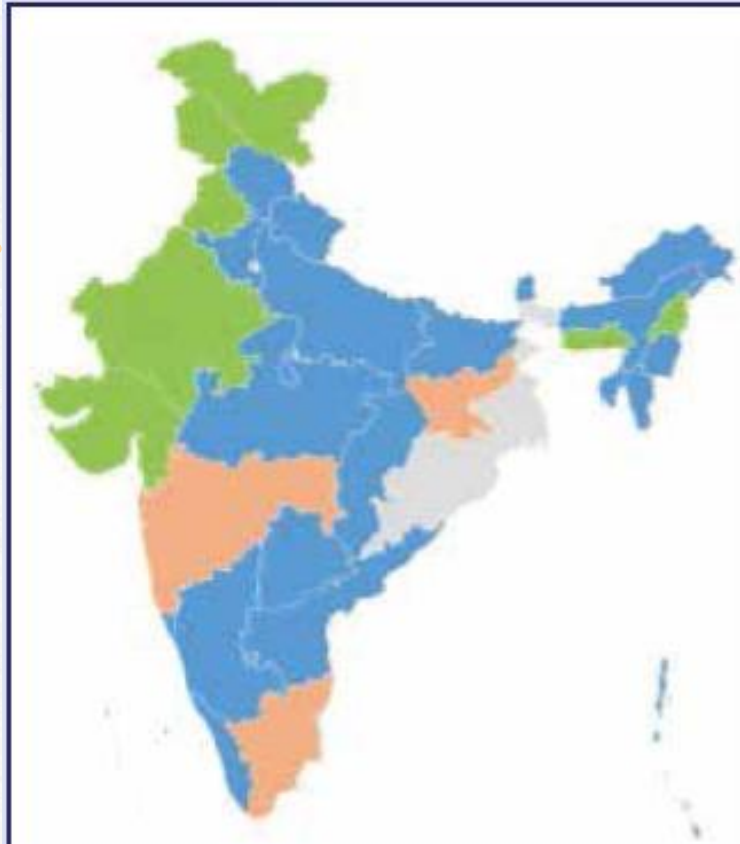## Status

Of Implementation

Status of Implementations

NHA has provided participating states/UTs with the flexibility to choose between three modes of implementation for the scheme.

1. Trust mode
2. Insurance mode and
3. Hybrid mode

1. Trust mode – SHA makes payment
2. Insurance mode – Insurance company makes payment
3. Under hybrid mode – Insurance company is appointed for certain amount of coverage and claims not covered under the insurance limit are paid directly by SHA to EHCPs.

Status of Implementations

| Modes of Implementation (#States/UTs)	% of beneficiaries covered
Trust (22)	59.7%
Hybrid (3)	21.4%
Insurance (8)	18.9%

Status of Implementations

- As of February 2021 around 1.59 crore hospital admissions worth Rs. 19,714 crore were registered.

- 2,5,870 hospitals have been empanelled so far which include public, Government of India and private hospitals.

Public Hospital 12776

Private Hospitals 12302

GOI Hospitals 792
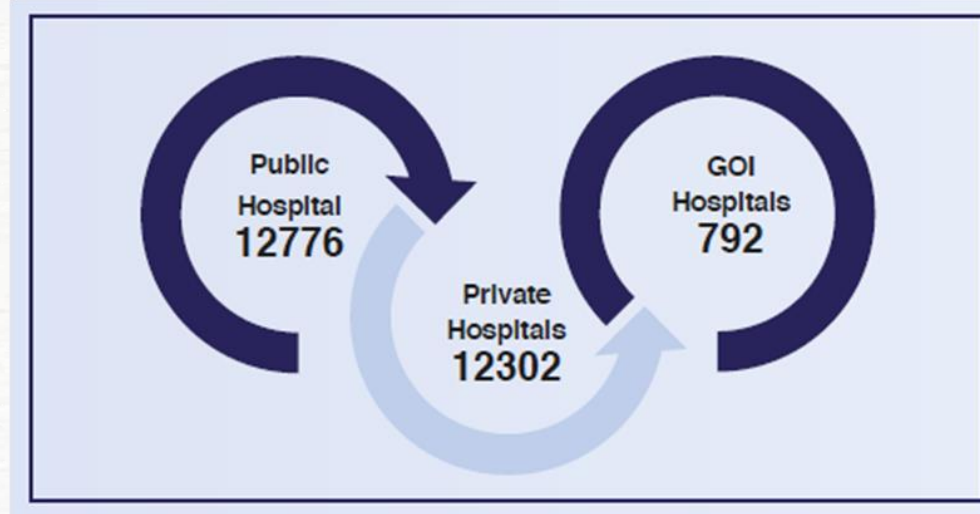
Important Milestones of the Scheme
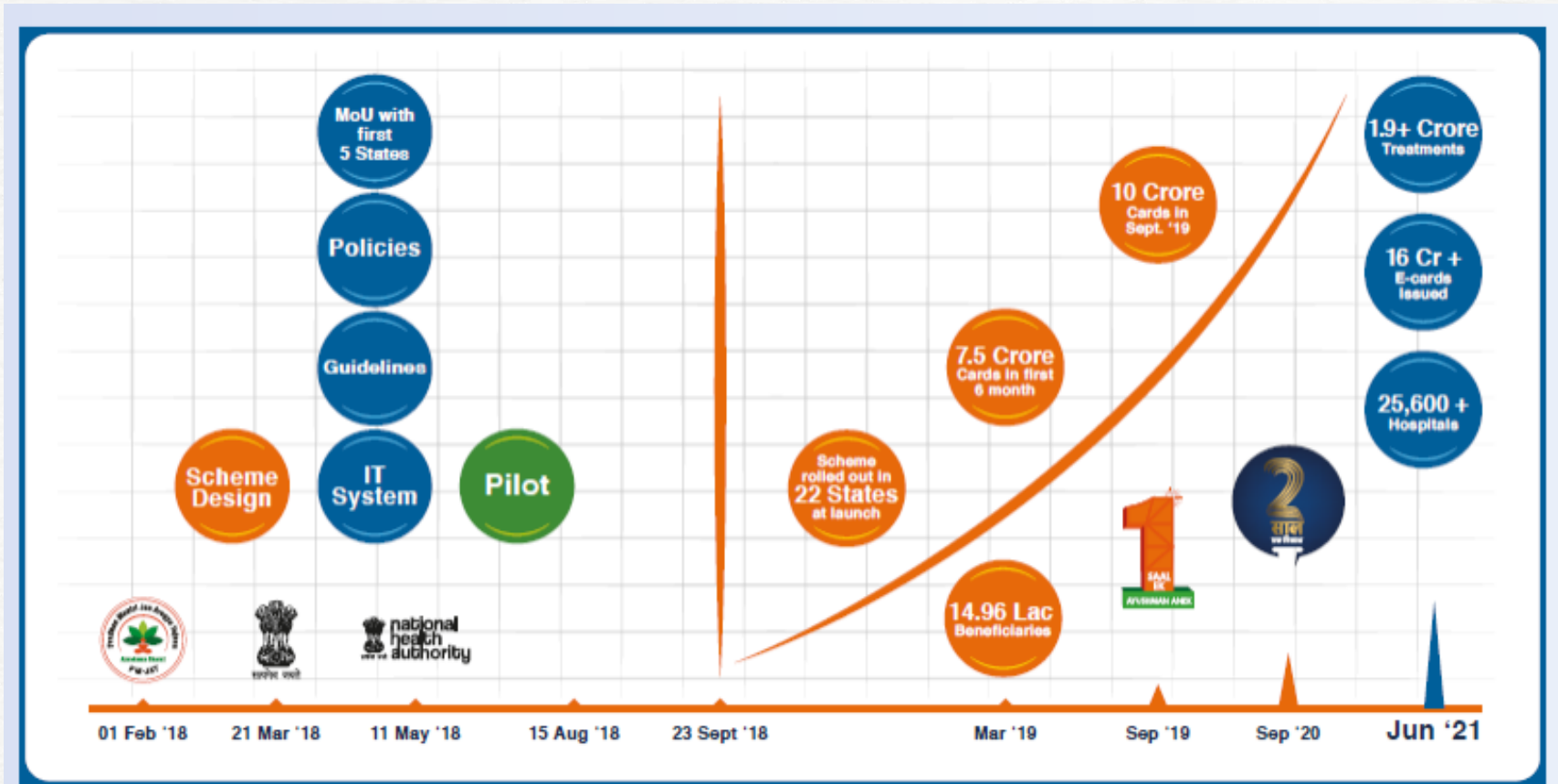
Way Forward

- Beneficiary identification drives in collaboration with State Health Agencies.
- Managing existing partnerships with international organizations and countries.
- Public Awareness and Capacity Workshops.
- Internal Skill Development workshops to strengthen the existing system.

THANK YOU

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