

AYUSHMAN BHARAT: SILVER LINING IN HEALTH CARE

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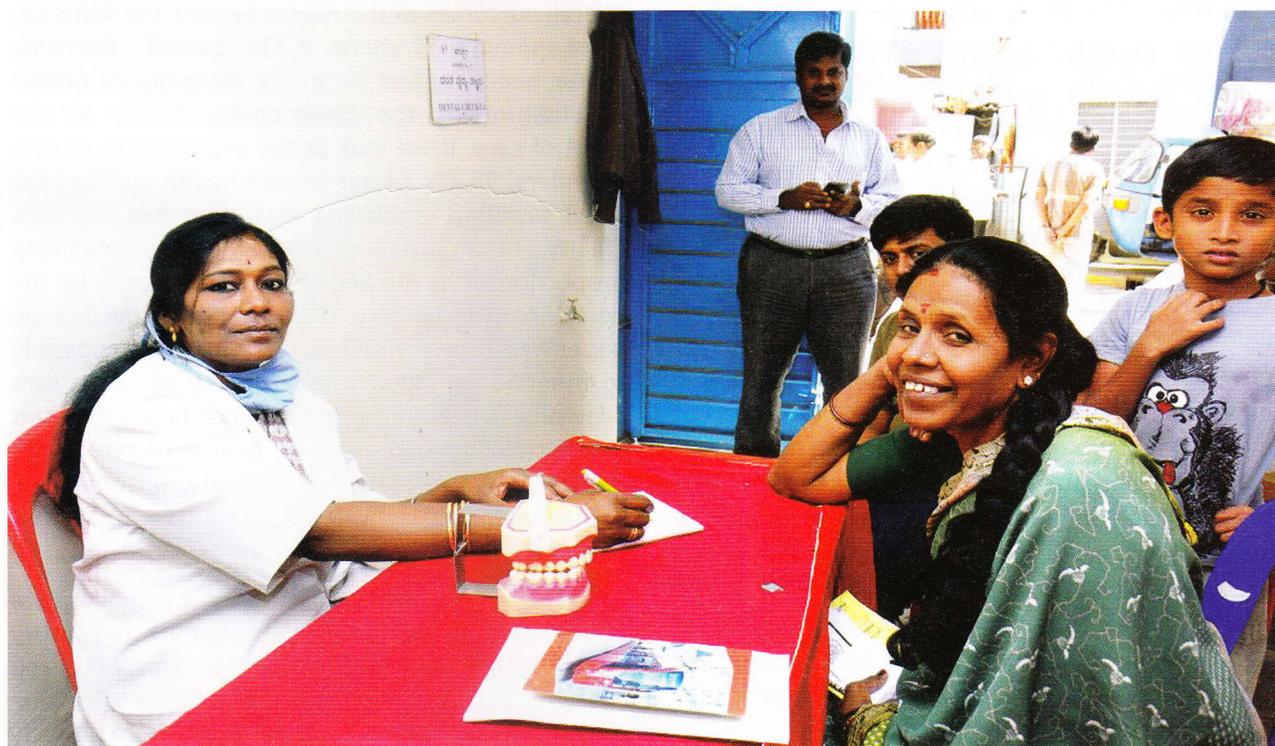
Ayushman Bharat, with its two components- Health & Wellness Centres (H&WCs) and PM Jan Arogya Yojana (PMJAY)- is an attempt to move from sectoral and segmented approach of health service delivery to a comprehensive system-based one. It undertakes path breaking interventions to holistically address health; adopting a continuum of care approach- addressing prevention, promotion, primary and ambulatory care; as well as secondary and tertiary care requiring hospitalized treatment.

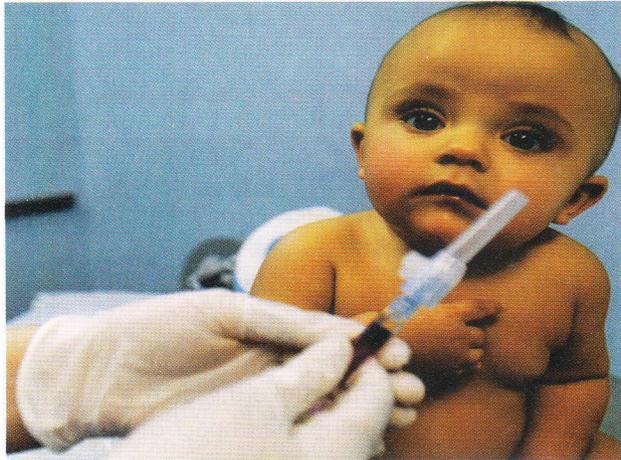
WHO defines quality of care as “the extent to which health care services provided to individuals and patient populations improve desired health outcomes”. To achieve this, health care must be safe, effective, timely, efficient, equitable and people centred. In a setting, where we are struggling to meet the ever rising demand for access to health services on account of various constraints – financing, availability of skilled human resources, inadequate and unevenly distributed health care infrastructure, under-developed regulatory infrastructure to name just a few- our health system has a long distance to cover. Amidst all the serious challenges and concerns pointed out, the initiation of *Ayushman Bharat* provides the proverbial silver lining. For the first time in India, we have witnessed health becoming a part of the mainstream politics. Moreover, what is refreshing is the fact that we are taking a more comprehensive

health system approach- addressing all the levers affecting it - rather than tinkering at the margins. In this article, we examine the impact of these new initiatives on the quality of health care in India. Before we delve into this aspect, it would be useful to recapitulate the initiatives under this initiative.

Ayushman Bharat:

When the Government of India announced *Ayushman Bharat* in the Union Budget for 2018-19, it signalled its intent to take health promotion and health care to the centre of the political discourse. However, some critics were sceptical as to whether a programme of such dimensions could be launched within such a short time-span. With the launch of both components: the Health & Wellness Centres (H&WCs) on 14th April and the PM Jan Arogya Yojana (PMJAY) on 23rd September, the Government has amply demonstrated that the





budgetary announcements not only had a strong political backing, but also sent out a clear signal that there is growing consensus in the higher echelons of policy making that investing in a good health system is critical to building a prosperous India.

The H&WCs are proposed to provide Comprehensive Primary Health Care (CPHC), covering both Mother and Child Health services, Communicable as well as Non-Communicable Diseases (NCD), including free essential drugs and diagnostic services. In addition, they will also be responsible for providing a range of preventive and life style related services such as vaccination, screening for early detection of diseases as well as Yoga.

The Pradhan Mantri Jan Arogya Yojana (PMJAY)- by far the “world’s largest fully government funded health insurance program”- is aimed at providing financial protection for those seeking hospitalized care. PMJAY will provide a cover of Rs 5 lakhs per family per year, against 1350 most commonly occurring disease conditions requiring secondary and tertiary care hospitalization. A minimum of 10.74 crore (approximately 50 crore beneficiaries) of the poorest and most vulnerable families will be covered. To ensure that nobody is left out (especially women, children and elderly) there is no cap on family size and age in the scheme as well as no exclusion on ground of pre-existing conditions. The benefits under the scheme are portable across the country and the health care services can be availed of by the beneficiaries in a network of empanelled facilities- both public and private. The transaction is completely cashless and paperless in so far as the beneficiary is concerned.

Interpreted in a literal sense, *Ayushman Bharat* is a promise for long lives to Indians. In other words, it is about mortality avoidance. But increasing life expectancies cannot be the only goal, if we also simultaneously cannot guarantee well being by minimizing morbidity. Our National Health Policy 2017 aptly articulates our goal as “attaining the highest possible level of health and well-being for all at all ages, through preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without any financial hardship”. *Ayushman Bharat*, with its two components- Health & Wellness Centres (H&WCs) and PM Jan Arogya Yojana (PMJAY)- is an attempt to move from sectoral and segmented approach of health service delivery to a comprehensive system-based one. It undertakes path breaking interventions to holistically address health; adopting a continuum of care approach- addressing prevention, promotion, primary and ambulatory care; as well as secondary and tertiary care requiring hospitalized treatment.

Present Situation:

In the absence of a strong Government stewardship, the Indian Health System has evolved almost by default. As a consequence, it exhibits extreme fragmentation on multiple dimensions- financing, organization and regulation. This has a major impact on the quality of care as well as overall outcomes of the Health System. For instance, a whopping 67% share of the overall financing of our health system is in the form of out of pocket Expenditure by the Households, mostly at the point of care. If we look at the organization of care providers, 95.3% of our private health facilities are small facilities employing less than five workers. Clearly, in a situation where an overwhelming proportion of health seeking occurs directly by the households from very small private providers on paper based prescriptions, it is virtually impossible to monitor or regulate the quality of such care provision. The Government facilities face a different set of challenges in ensuring quality of care: huge patient load, lack of accountability, absenteeism, management gaps and fixed salary based payment incentives.

This is further compounded by inadequate investments in creating an appropriate regulatory infrastructure and framework. This has ensured that India’s healthcare sector exhibit a striking range of quality in available services - from globally

acknowledged best in class facilities providing innovative and quality healthcare at comparatively cheaper prices to facilities that are overburdened and/or delivering an unacceptably low level of care. Recent studies have highlighted low levels of provider knowledge (both public and private sector) and have found evidence of large “know-do gaps” between providers’ knowledge and the kind of care provided. In addition to this, lack of incentives in the health systems, lack of evidence-based information in the market, combined with a lack of accountability among providers and poorly functioning governance systems in the health system are the main reasons responsible for low quality of care being provided.

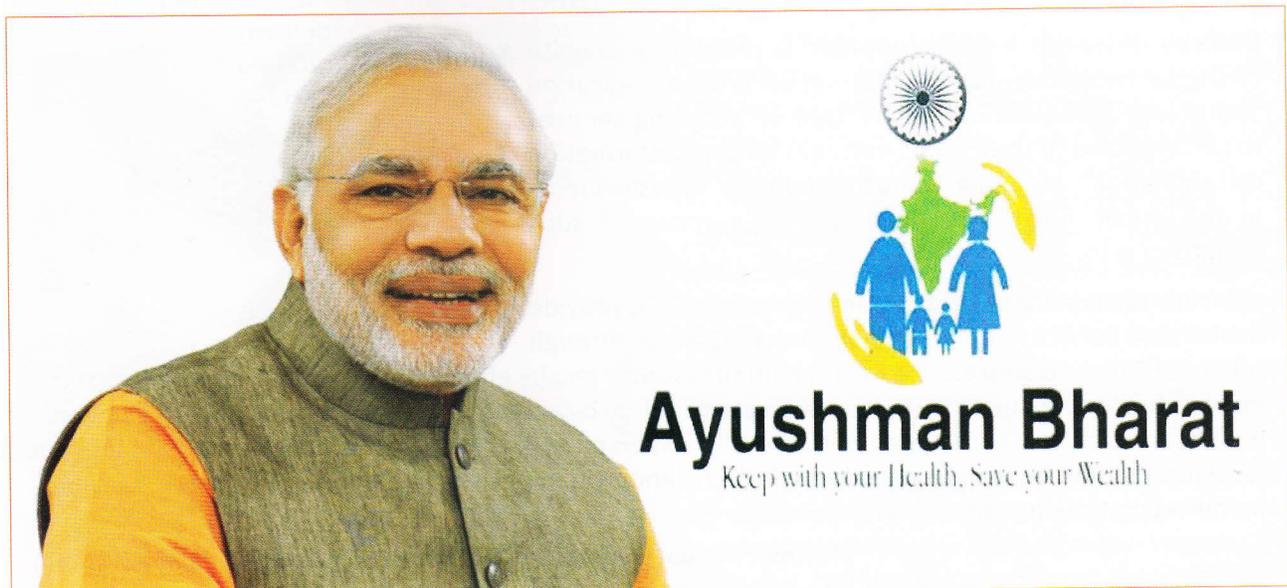
The current legal framework for regulation of medical services is under the Clinical Establishment (Registration and Regulation) Act, 2010, Drugs & Cosmetics Act, 1940 and the various Acts governing the profession such as Medical Council of India (MCI) and other related professional councils. The weaknesses in our regulatory framework are well documented. For instance, The Clinical Establishment Act is yet to be adopted by many of the State Governments. Even where they have been adopted, implementation remains patchy. The MCI has been repeatedly hauled up by the Supreme Court as well as the Parliamentary Standing Committee on health and a legislation to replace MCI by a National Medical Commission.

What is the likely impact of Ayushman Bharat?

The key question is “will the Centre’s flagship ‘Ayushman Bharat’ scheme ensure quality healthcare?”. The fear is that by empowering the poor

to access hospitalized care by providing them with financial cover, a sudden spurt in demand for health care along with very competitive reimbursement rates for the identified packages, quality may get compromised. However, although it is early days for the scheme, I am optimistic that the potential benefits to the health system far outweighs the risk factors. Besides the equity argument of ensuring access to hospitalized care to those who were so far excluded due to financial reasons, I see huge efficiency gains in organizing citizens into large risk pools and creating big centralized payers such as the National Health Agency (NHA) and the State Health Agency (SHA) under the Ayushman Bharat. The asymmetric relation between between the provider and the health seeking households is set to undergo a fundamental transformation. From a situation where the provider calls the shot vis-à-vis unorganized households, large payers are in much stronger negotiating position to seek accountability from providers; not only in terms of the prices for services rendered but also in terms of quality. This payment based accountability works well in sync with the legislation based enforcement of accountability, since the providers find a payment incentive in complying with the quality norms.

The accountability is further enforced through insistence upon compliance to empanelment norms in order to be registered as a provider with the respective NHA/ SHA. Since the payers would be carrying out inspections of the health facilities against standardized checklists both at the empanelment stage and also during the operations stage, it would provide the necessary impetus to the provider to plug the gaps between their existing



infrastructure, procedures and human resources and what is required of them by the payer. NHA is now in the process of developing Standard Treatment Guidelines (STGs). As and when the adherence to STGs is enforced, facilities will be obliged to follow the standard operating procedures rather than a free for all approach prevalent now. But the process of ensuring strict adherence needs to be gradual, so that the compliance burden on the empaneled providers does not become unmanageable.

Another lever to induce quality improvement by providers is through payment based incentives. For instance, the NHA has announced that National Accreditation Board for Hospitals (NABH) accredited providers will be paid 15% higher and entry level NABH facilities will be paid 10% higher for the same package than non-accredited ones. Admittedly, there is an increasing awareness of quality on the part of providers with a movement towards voluntary accreditation through NABH, but the proportion of such facilities represents a miniscule fraction of overall number of providers. Such payment incentives will also accelerate this process. There is also a stated policy intent to introduce pay-for-performance for the health personnel in the H&WCs. While the detailed contours of such policy is awaited, I believe that such payment incentives could have transformative impact on the quality of care transacted in these centres improving the overall efficiency of the system.

It is also quite evident that given the measurement and data challenges that India faces, the ability of the National and the State

governments to initiate the desired policy changes and to take appropriate action to improve quality of care is severely constrained. This has a serious deleterious effect upon the overall governance and accountability of the Health System. Another potential gamechanging impact of the Ayushman Bharat would be through the establishment of the Technology Platform and a common IT system to ensure availability of real time data pertaining to health system-of course, subject to privacy constraints. Enormous amounts of data would now be instantaneously available for analysis to multiple researchers and enforcement authorities. This would give a serious boost to the quality movement in our health system, further the use of evidence in making policy decisions and would enable pushing for behavioral change on the part of the providers

Conclusion:

Improving the quality of health care at the system level requires a focus on governance issues, improving public-sector management, building and augmenting institutional capacities as well as promoting a culture of data-driven approach. Ayushman Bharat has initiated a number of these steps in the right direction, but they constitute a small sub-set of a large number of steps that need to be taken to drive the quality process in the Indian health care system. This is just the beginning of a long and an arduous journey.

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E-GOVERNANCE INITIATIVES

Ministry of Health & Family Welfare is promoting eHealth or Digital Health i.e. use of Information & Communication Technology initiatives in the direction of "reaching services to citizens" and "citizen empowerment through information dissemination" to bring about significant improvements in the public healthcare delivery. The purpose of such initiatives is to:

- Ensure availability of services on wider scale.
- To provide health care services in remote & inaccessible areas through telemedicine.
- To address the health human resource gap by efficient and optimum utilization of the existing human resource.
- To improve patient safety by access to medical records and helps reduce healthcare cost.
- To monitor geographically dispersed tasks and effective MIS for meaningful field level interactions.
- To help in evidence based planning and decision making.
- To improve efficiency in imparting training and capacity building.

(Source : Annual Report 2017-18, Ministry of Health & Family Welfare)

