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A STUDY OF AYUSHMAN BHARAT PM-JAY SCHEME AS AN ENABLER OF SOCIAL UPLIFTMENT

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ABSTRACT

Providing Universal Health Care to the population at large is the dream of any society. India ranks very low in provisioning for healthcare to its citizens, particularly, its poor and those living in rural areas. Ayushman Bharat is a revolutionary scheme which aspires to provide entire gamut of health services to every citizen. It has the prospect of changing the face of the society. This paper discusses the details of the scheme, its key features and challenges in implementation.

KEYWORDS: *Health-Care, Insurance, Ayushman Bharat, PM-JAY*

INTRODUCTION

Good Health and Well-being is the third goal of Sustainable Development Goals (SDG's) of UNDP. Universal Health Coverage forms a fundamental pillar of achieving the desired objective of SDG (3). India is pledged to the SDG's and obligated to achieve the associated targets. Universal Health Care (UHC) takes prime importance in a developing country like India which has to battle social and economic challenges to ensure the Health and Security of all its citizens.

"Healthcare need is not only uncertain and unpredictable but also catastrophic to families living on the margins. Poor and vulnerable families not only spend money out-of-pocket (OOP) due to ill health but also have to suffer wage loss to seek healthcare. Estimates suggest that in India, around 50 million households fall in poverty annually on account of OOP healthcare expenditures" (Selvaraj, Mahal, 2014). One of the reasons for high rate of OOP expenditures is limited access to healthcare in public sector, which compels patients to seek care in the private sector. Evidence suggests that "a dynamic interaction between three factors forces patients towards private sector in India: (i) healthcare provisioning dominated by private sector, (ii) high share of private expenditure as compared to public expenditure in THE, and (iii) scarcity of public services on account of deteriorated public health sector" (Channon, Selvaraj, et.al 2016).

LITERATURE REVIEW

Even after 70 years of Indian independence, healthcare is one of the sectors in the country which is still underserved and has barely scratched the surface. As per reports, "while 78% of the Indian population resides in rural areas, only 2% of medical professionals are available in those areas. Also, the Government-Financed Health Insurance Schemes (GFHIS) often face challenges in implementation. As per National Sample Survey (NSS) 2014, only 11.3% of the bottom 40% (10.5% covered by government insurance) population has any insurance coverage". (Bansal Sameer, 2018)

"The total health expenditures (THEs) in India remained at 4.7 per cent of gross domestic product (GDP) in 2014. The contribution of public health expenditure also remained stagnant at 30 per cent, which is one of the lowest among LMICs.(Low and Middle Income Countries)" (Rahman, Karan et.al, 2017).

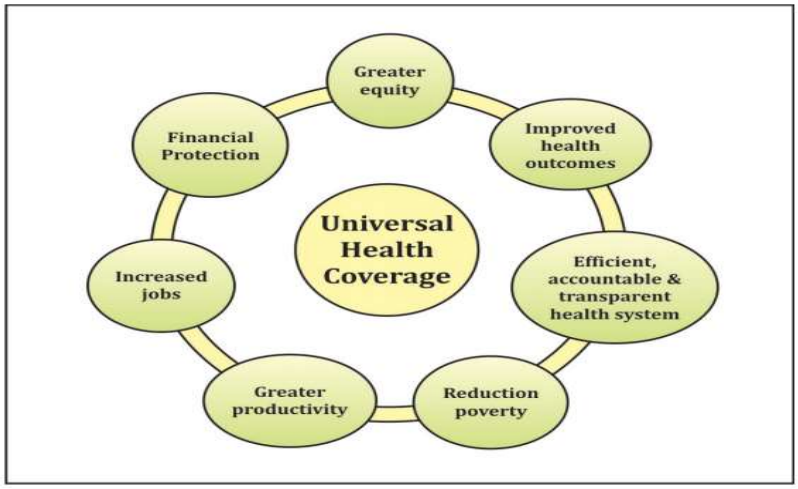
"The High Level Expert Group (HLEG) on Universal Health Coverage (UHC) was constituted by the Planning Commission of India in October 2010, with the mandate of developing a framework for providing easily accessible and affordable healthcare to all Indians. While financial protection was the principal objective of this initiative, it was recognised that the delivery of UHC also requires the availability of adequate healthcare infrastructure, skilled health workforce and access to affordable drugs and technologies to ensure the entitled level and quality of care given to every citizen. Further, the design and delivery of health programmes and services call for efficient management systems as well as active engagement of empowered communities." (The High Level Expert Group (HLEG) on Universal Health Coverage (UHC), 2011). A Universal Health Care program should ideally address not just insurance but assure delivery of services to the needy and be sustainable by involving all the stakeholders.

India's responsibility to its citizens has resulted in Ayushman Bharat, a high profile scheme to bring healthcare to the poorest of poor. The Ayushman Bharat moves away from piece-meal approach to improve health care and encompasses a holistic approach. It connects two vital parts of delivery of UHC which are prevention and protection. Ayushman Bharat adopts a continuum of care approach, comprising of two inter-related components, which are - Health and Wellness Centres (HWCs) and Pradhan Mantri Jan ArogyaYojana (PM-JAY).

"Estimates suggest that in India, around 50 million households fall in poverty annually on account of OOP (Out of Pocket) healthcare expenditures". The high out of pocket expenses is due to the fact that public sector lags far behind in providing even the basic healthcare while private sector is costly. While years of neglect of health sector has resulted in poor public infrastructure and delivery, the private sector has stepped in with its own agenda to make profits. The private sector has a 'target audience' which rarely includes the bottom of the pyramid. "private sector accounted for 75 per cent of total outpatient visits and 62 per cent of total inpatient visits in India in 2014 and the contribution of OOP payments as per cent of THE was 61 per cent in 2012" (Channon, Selvaraj, et.al 2016). In such a situation it becomes imperative that the government intervenes and ensures equitable distribution of services.

"Given such a scenario, it is desirable to move towards UHC-based health system where complex and dynamic private sector is efficiently regulated and market competition and choices are used as tools to enhance quality of care and reduce cost of care. Given the fact that social determinants of health play key role in equity, all efforts should be made for multi-stakeholder engagement in design and delivery of an inclusive and pluralistic UHC-driven health care system." (Zodpey Sanjay, Farooqui Habib, 2018).

Universal Health Care has been defined differently by different people according to the needs it serves for that community. The HLEG defines UHC comprehensively as "Ensuring equitable access for all Indian citizens, resident in any part of the country, regardless of income level, social status, gender, caste or religion, to affordable, accountable, appropriate health services of assured quality (promotive, preventive, curative and rehabilitative) as well as public health services addressing the wider determinants of health delivered to individuals and populations, with the government being the guarantor and enabler, although not necessarily the only provider, of health and related services".(The High Level Expert Group (HLEG) on Universal Health Coverage (UHC), 2011)



(Source: The High Level Expert Group (HLEG) on Universal Health Coverage (UHC), 2011)

Figure 1

"To address the policy challenges and fill critical gaps in achieving UHC, the National Health Policy (NHP)-2017 has been approved by the Union Cabinet"(Press Information Bureau, GOI, National Health Policy, 2017). The objective of this policy is to bring quality health care services to every citizen at a price that he can afford.

"To translate its vision of the NHP-2017 into reality, the Government of India has approved Centrally Sponsored *Ayushman Bharat*-National Health Protection Mission (AB-NHPM). Socio-Economic Caste Census (SECC) database shall be used to identify target beneficiaries of the proposed scheme." (Press Information Bureau, Ayushman Bharat, 2018).

"Evidence suggests that tax revenue is a key determinant in progress towards UHC in low- and middle-income countries (LMICs). To generate an additional $9.86 public health spending per capita, the tax revenue needs to increase by $100 per-capita"(Gourtsoyannis, Basu, 2015). Not only financing and institutionalization are critical for achieving UHC, but also measuring progress towards UHC is equally important. The three core dimensions of UHC proposed by the WHO(World Health Organization , 2014) are "the proportion of a population covered by existing healthcare systems, the range of healthcare services available to a population, and the extent of financial risk protection available to local populations"(Rahman, Karan et.al, 2017).

Ayushman Bharat PM-JAY: The Path-Breaking Solution

"Ayushman Bharat PM-Jay is the largest health assurance scheme in the world which aims at providing a health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 10.74 crores poor and vulnerable families (approximately 50 crore beneficiaries) that form the bottom 40% of the Indian population".

"The benefits of INR 5 Lakhs are on a family floater basis which means that it can be used by one or all members of the family. The RSBY had a family cap of five members. However, based on learnings from those schemes, PM-JAY has been designed in such a way that there is no cap on family size or age of members. In addition, pre-existing diseases are covered from the very first day. This means that any eligible person suffering from any medical condition before being

covered by PM-JAY will now be able to get treatment for all those medical conditions as well under this scheme right from the day they are enrolled"(https://pmjay.gov.in/about/pmjay).

"Key Features of PM-JAY

- PM-JAY is the world's largest health insurance/ assurance scheme fully financed by the government.
- It provides a cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization across public and private empanelled hospitals in India.
- Over 10.74 crore poor and vulnerable entitled families (approximately 50 crore beneficiaries) are eligible for these benefits.
- PM-JAY provides cashless access to health care services for the beneficiary at the point of service, that is, the hospital.
- PM-JAY envisions to help mitigate catastrophic expenditure on medical treatment which pushes nearly 6 crore Indians into poverty each year.
- It covers up to 3 days of pre-hospitalization and 15 days post-hospitalization expenses such as diagnostics and medicines.
- There is no restriction on the family size, age or gender.
- All pre–existing conditions are covered from day one.
- Benefits of the scheme are portable across the country i.e. a beneficiary can visit any empanelled public or private hospital in India to avail cashless treatment.
- Services include approximately 1,393 procedures covering all the costs related to treatment, including but not limited to drugs, supplies, diagnostic services, physician's fees, room charges, surgeon charges, OT and ICU charges etc.
- Public hospitals are reimbursed for the healthcare services at par with the private hospitals."
- "The cover under the scheme includes all expenses incurred on the following components of the treatment.
- Medical examination, treatment and consultation
- Pre-hospitalization
- Medicine and medical consumables
- Non-intensive and intensive care services
- Diagnostic and laboratory investigations
- Medical implantation services (where necessary)
- Accommodation benefits
- Food services

- Complications arising during treatment
- Post-hospitalization follow-up care up to 15 days"

Challenges in Implementation

Most of the health-care amenities are concentrated in urban hence it is difficult to achieve the goal of end-to-end services in rural India. Also, the internet connectivity is not good in many parts leading to disruption in data collection and payment process.Another challenge is the awareness about the program. Despite government outreach, the population at large is uninformed about the same. One of the biggest challenges in implementation of the scheme is Fraud. A major fraud is Ghost Admissions, committed by fraudsters in connivance with private service providers at the Service Centres. Fake e-cards are made for fraudulent beneficiaries showing them as relatives of genuine beneficiaries. Serving more than ten crore registered users and a vast geography spanning the entire country, it becomes very difficult for the government to immediately flag a ghost admission from a fraud one. Multi-Speciality corporate Hospitals are not participating in the scheme as they do not find it viable. According to them, the rates fixed for different procedures does not justify the cost of providing it. Upward cost revision for standardised package treatments has not been done hence they have kept out of the scheme.

DISCUSSIONS

Ayushman Bharat is one of the biggest scheme of its nature in the world. With this scheme, the government is trying to provide not just health insurance but, health assurance. It is a holistic service which begins from prevention, moves to procedure and includes post treatment care. It has the potential to bring millions out of disease related poverty. Considering the ever increasing population and rising diseases, it really is a mammoth task. Overcoming many implementation challenges should remain the single focus of the government. The scheme requires further integration of private and public services. Data is the backbone of such mass based movement. A strong IT infrastructure and Data capture is essential particularly to avoid frauds. A sound implementation with suitable safeguards can change the society for better.

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