

Ayushman Bharat-A Transformative Initiative of India's Healthcare Delivery System

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Abstract— Ayushman Bharat-National Health Protection Mission (AB-NHPM) is an initiative undertaken by the Government of India to transform the healthcare by providing health insurance to the underprivileged sections of the Indian society. The scheme provides secondary and tertiary care cover to more than 100 million economically disadvantaged and vulnerable families. Indian Government introduced the policies that incentivize the growth of the entire ecosystem of health-care innovators by bringing innovators under the umbrella of Ayushman Bharat. Healthcare delivery, wellness centers, pharmaceutical and medical technology companies, and health insurance providers play a critical role in the success of the scheme. The scheme brought out presenting outputs and outcomes, in addition to budgetary outlays, that enabled greater accountability among the executing agencies of various government schemes. The present paper discuss the role of Health and Wellness Centres (HWCs) in transforming the existing Sub Centres and Primary Health Centres in India. The paper highlights the Key features ,benefits and accomplishments of the Pradhan Mantri Jan Arogya Yojana (PM-JAY) Mission since introduced from 2018. The overall impact of the initiative is that it has improved access to healthcare for poor and vulnerable households.

Keywords— Ayushman Bharat- -Accomplishments-Access to COVID19- Concerns - PM-JAY

I. INTRODUCTION

Health is instrumental to an individual's education, income and overall development. Providing better healthcare to citizens promote economic well-being of the nation. India cannot realise its demographic dividend without its citizens being healthy. Despite its economic strength and growing global stature, India continues to face the multiple challenges in health. Every year crores of Indians are pushed below poverty line because of shattering expenditure on healthcare. In India the triple burden of disease is a challenge of the day. The first one being the high maternal mortality rate, infant mortality rate and prevalence of communicable diseases, the second one being high and rising incidence of non-communicable diseases such as cancer, diabetes and hypertension and the third burden of infectious diseases such as dengue, malaria, Tuberculosis, Nipah ,Hepatitis, AES and COVID 19 pandemic .In India health spending is mostly out-of-pocket because nearly 70% are private hospitals. Health insurance is largely private and the urban poor cannot afford private care. The financial healthcare support by the Government is inadequate. The government's vision is that the best health care should be accessible to the poorest of the poor as a matter of a right. The health care landscape in India is undergoing a dramatic transformation and has therefore made health a national priority.

II. INDIAN HEALTH CARE DELIVERY

Healthcare has become one of India's largest sectors - both in terms of revenue and employment. Healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. The Indian healthcare sector is growing at a brisk pace due to its strengthening coverage, services and increasing expenditure by public as well private players. The healthcare market is expected to increase three-fold to ₹ 8.6 trillion (US\$ 133.44 billion) by 2022. The Government of India aims to increase healthcare spending to three percent of the Gross Domestic Product (GDP) by 2022. India has become one of the prime destinations for Medical tourism; it is currently a \$2 billion industry. India has many super-specialty hospitals, highly qualified medical professionals, tele-medicine and Government incentives to promote health tourism.

III. AYUSHMAN BHARAT (AB)

Ayushman Bharat, a flagship scheme of Government of India, was recommended by the National Health Policy 2017. It was launched as to achieve the vision of Universal Health Coverage (UHC) to meet Sustainable Development Goals (SDGs). Ayushman Bharat (AB) is an attempt to move from a selective approach to health care to deliver

comprehensive range of services covering preventive, promotive, curative, rehabilitative and palliative care. Ayushman Bharat, the innovative scheme is to "leave no one behind" under health care approach. The approach, comprises of two inter-related components, which are Health and Wellness Centres (HWCs) and Pradhan Mantri Jan Arogya Yojana (PM-JAY)

Component 1: Health and Wellness Centers (HWCs)

In 2018, the Government of India has approved for creation of 1,50,000 Health and Wellness Centres (HWCs) by transforming the existing Sub Centres and Primary Health Centres. These centres are to deliver Comprehensive Primary Health Care (CPHC) bringing healthcare closer to the homes of people. They cover both maternal and child health services. It also diagnoses non communicable diseases and provides free essential drugs. Health and Wellness Centers are envisaged to deliver an expanded range of services to address the primary health care needs of the entire population in their area, expanding access, universality and equity close to the community. HWC deliver services beyond Maternal and child health care services have included Oral, Eye and ENT care, mental health and first level care for emergencies and trauma. The emphasis of health promotion and prevention is designed to bring focus on keeping people healthy by engaging and empowering individuals and communities to choose healthy behaviours and make changes that reduce the risk of developing chronic diseases and morbidities.

HWCs have sprouted up across India to bring vital health care services closer to people's homes at no cost. In two years only 28,005 HWCs (Economic Survey, January 2020) have been set up and this is not even half of the target to be achieved by 2022. The target by the government is to build 1.5 lakh centres by 2022. The Government aimed to convert Sub Health Centers (SHCs) and Primary Health Centers (PHCs) into HWCs. Though the number of PHCs, Community Health Centres (CHCs) and Sub-Centers have gone up to 1,89,784 in 2018 from 1,82,709 in 2014, there is shortage of manpower. There is a shortfall of 4,002 physicians against the requirement of 5,335 at CHCs (Rural Health Statistics, 2019). Against the requirement of 157,411 male health workers in SCs, there is a shortfall of 98,063. In PHCs there is a shortfall of 17,459 specialist doctors against the requirement of 21,340. In private hospitals out of five major components of expenditure namely doctor's fee, medicines, diagnostic tests, bed charges, medicines and others, people spend the most ₹ 6,818 on medicines per hospitalisation per patient (National Sample Survey, November 2019). Health and Wellness Centres (HWCs) set up under Ayushman Bharat has planned to expand the services of preventive, promotive, rehabilitative, and curative care to elderly and palliative healthcare services. Mid-level healthcare provider and community health

workers, will be trained to offer these services and will also facilitate tele-consultation with a doctor at the nearest Primary Health Centre for those who require specific treatment. For instance in Karnataka nearly 9,000 HWCs be established by 2022 and so far 1,930 such sub-centres are recognized and 364 of these are in urban areas. A total of 1, 33, 84,332 women and men, thirty years of age and above have been screened for common Non-Communicable Diseases (NCDs) at these HWCs.

To strengthen the delivery of CPHC Maternal Child Survival Programme is providing technical assistance to five high-focus states like Assam, Chhattisgarh, Jharkhand, Madhya Pradesh and Odisha and seven northeastern states Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura. Through MCSP's technical support, they provide medication and family planning commodities to the needy and also providing them with health and wellness activities. MCSP believes that voluntary family planning is one of the pathways to build a strong economy and the Program is helping more than 11 million eligible couples to access high-quality family planning services through the HWCs in its 12 intervention states. It is estimated that for every dollar spent on family planning, the return on investment is \$6 (UNFPA), which is helpful for countries like India with a large population.

Component 2 : Pradhan Mantri Jan Arogya Yojana (PM-JAY)

The second component under Ayushman Bharat is the Pradhan Mantri Jan Arogya Yojana or PM-JAY as it is popularly known. This scheme was launched in September, 2018 by the Hon'ble Prime Minister of India, Shri Narendra Modi. India has 269 million people (21 percent of the total population) under the poverty line and the poor families cannot afford to spend to cure significant diseases and led to death. They have to sacrifice their savings and face financial constraints. But now due to the Ayushman Bharat Yojana 2019, such poor families will get rid of such problems to a large extent.

Ayushman Bharat PM-JAY is the largest health assurance scheme in the world which aims at providing a health cover of ₹5 lakhs per family per year for secondary and tertiary care hospitalization to over 10.74 crores poor and vulnerable families covering 50 crore beneficiaries that form the bottom 40% of the Indian population. The households included are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively. PM-JAY was earlier known as the National Health Protection Scheme (NHPS). It has replaced the then existing Rashtriya Swasthya Bima Yojana (RSBY) launched in 2008. PM-JAY, includes families that were covered in RSBY but are not present in the SECC 2011 database. PM-JAY is fully funded by the Government and cost of implementation is

shared between the Central and State Governments.

Key Features of PM-JAY

- PM-JAY is the world's largest health insurance scheme wholly supported by the Central and State Governments.
- The cover per family per year is extended upto ₹5 lakhs for secondary and tertiary care hospitalization across public and private empanelled hospitals in India.
- The scheme is expected to benefit 10.74 crore poor and vulnerable entitled families
- PM-JAY provides cashless access to health care services for the beneficiary at the approved hospitals.
- PM-JAY is expected to mitigate catastrophic expenditure on medical treatment to crores of Indians pushed into poverty.
- It covers up to 3 days of pre-hospitalization and 15 days post-hospitalization expenses such as diagnostics and medicines.
- The scheme doesn't restrict on the family size, age or gender.
- All pre-existing conditions are covered from day one.
- 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.

Benefits of the Scheme

Benefit cover under various Government-funded health insurance schemes in India have always been structured on an upper ceiling limit ranging from an annual cover of ₹30,000 to ₹3,00,000 per family across various States. PM-JAY provides cashless cover of up to ₹5,00,000 to each eligible family per annum for listed secondary and tertiary care conditions. 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

The benefits of ₹5,00,000 are on a family floater basis which means that it can be used by one or all members of the family having a family cap of five members. In addition, pre-existing diseases are covered from the very first day. 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. NHA revises health benefit packages of PM-JAY scheme when situation arise.

IV. ACCOMPLISHMENTS OF PM-JAY

Flagship health assurance scheme got top national honour for successful implementation of sustainable eGovernance initiative. 21,565 hospitals have been empanelled across India to ensure optimal accessibility to the eligible families. Out of the total hospitals empanelled, 53% are private, especially multi-specialty. There are 9 hospital admissions every minute across the hospitals in India. The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) marked one crore treatments, worth approx. Rs. 13,412 Crore in less than 20 months since its launch on 23rd September 2018. (NHA, 20th May 2020). The website and call centre with toll-free helpline no. 14555 had significantly helped in guiding patients to seek healthcare as well as to send their feedback and grievances for timely redress. The multi-lingual call centre is providing round the clock support, answering 45 lakh calls. In today's digital India, more than 1.5 crore people have used the mere *pmjay.gov.in* website, to check their eligibility. AYUSH Ministry has agreed for a flat rate of ₹4,000 per day for hospitalisation in a routine ward, and the average length of stay of a patient could be 14 days costing ₹56,000 and could extend up to 28 days costing ₹1.2 lakh. Similarly, cost for Yoga and Naturopathy related to above disorders has been pegged at ₹1,000 for each specialty per day of hospitalisation. Ayushman Bharat is one of the revolutionary steps of new India and the scheme is expected to create 11 lakh new jobs in the next five to seven years which will make it the second largest employment creator after the railways. The scheme's big achievement is that 46 lakh people have been pulled out of the "darkness of disease" in just a year of introduction of the scheme. Gujarat, Tamil Nadu, Chhattisgarh, Kerala and Andhra Pradesh have emerged as the top performing States with free secondary and tertiary treatment worth nearly ₹7,901 crore availed under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY). This is a milestone achievement of Ayushman Bharat PM-JAY and sought to narrow the gender gap in the use of healthcare services. Of the 1,393 health benefit packages under PM-JAY, 116 are women centric, 64 are for only men while 1,213 are common to both. Use by women patients is higher in 10 specialties — OPD diagnostics, radiation oncology, follow-

ups, palliative care, burns management, ophthalmology, pediatric cancer, PHC and surgical oncology. However, in others like pediatric surgery, general medicine, urology and cardiology utilisation by male patients is higher. Among the three major specialty services provided by PM-JAY—oncology, cardiology and nephrology a majority of the users of oncology services are women. Of late the NHA has empanelled 53 hospitals, mostly from Assam, Uttar Pradesh, and Chhattisgarh. The NHA has also approved 857 new hospitals for empanelment through the regular mechanism from states like Karnataka, Gujarat, Uttar Pradesh, Tamil Nadu, Rajasthan and Chhattisgarh.

V. CONCERNS REGARDING EXECUTION OF PM-JAYSCHEME

- The share of National Health Mission (NHM) in the total health budget has consistently declined since 2014-15 from 61% to 49% in 2019-20 whereas the allocation for PMJAY increased by 167% and National Rural Health Mission (NRHM) is increased by a meager 2%. The fund allocation for the Health and Wellness Centres have been put under the NHM Pradhan Mantri Jan Arogya Yojana (PM-JAY) and thereby HWCs would have to come at the cost of existing interventions under the NHM.
- Under the PMJAY the private sector contributes 53% and the operation of health facilities are undertaken under the Public Private Partnership (PPP) mode. This is being not accepted by the people in few states. The Private sector is unregulated and many have not adopted the Clinical Establishment Act. Private hospitals are found doing procedures reserved for Public hospitals and are levied crores of Rupees as fine. 171 hospitals have been de-empanelled.
- Under this scheme there is a shortage of key health personnel. 75% shortfall of obstetricians and gynecologists and over 80% shortfall of surgeons, physicians and pediatricians at community health centres. The health workers are appointed on contract basis with low salary pack but with heavy workload.
- Poor infrastructure facility exists by not giving due consideration for providing power and water supply. Nearly one fourth and one sixth of HWCs are suffering without power connection and irregular water supply
- Since the scheme protects 40% of the poor, it fails to secure those individuals, who depend on the organized sector with no access to health insurance.
- The package rates being given to the empanelled hospitals remains a vexed area. A clear vision and understanding on the package rates are yet to evolve. There are chances for of inaccurate implementation and the delay in execution of the plan.
- Though after a year PM-JAY has impressive numbers to show, it still faces challenges of sustainability, synchronization and financial fulfillment. Patients are delivered last mile services because the Government is not disbursing the funds timely.
- Delhi, Telangana, West Bengal and Odisha have not implemented the health protection plan. Delhi government quotes that the existing Health scheme itself has wide coverage; Odisha Government has pointed out their state scheme Biju Swastya Kalyan Yojana has special provisions like an extra Rs 2 lakh cover for women, which the Ayushman scheme lacks; West Bengal refused to pay its share of the expenditure and opted out from the scheme.
- Other issues are increasing population, disease burden, the concentration of health services in urban areas, and lack of awareness of the scheme among a major chunk of entitled beneficiaries.
- The uneven geographic distribution of poor families also makes it difficult to find out the real targeted beneficiaries. The Ayushman Bharat lacks in rational pricing and health insurance for all as it covers only a section of the population.
- There is duplication in inclusion of services which are already in existence in the state Governments schemes. For Example the procedures including dialysis, cataract, and caesarean deliveries were earlier covered by other existing government schemes.
- Currently, PM-JAY cashless insurance up to ₹5 lakh for poor families only offers hospitalisation based on allopathic medicine. Ayurveda, Yoga, Unani, Siddha and Homeopathy is not included and found not feasible
- According to data provided by the National Health Authority (NHA), the number of treatments for 825 types of unique critical non-Covid procedures by both private and government facilities across the country dropped over 20 per cent between February and April. The number of procedures performed in these packages came down to 1,51,672 from 1,93,679 during this two-month period.

VI. AB-PMJAY's SERVICE TO PEOPLE TO GET ACCESS TO COVID-19 CARE

The Central Government is providing free testing and treatment of Coronavirus under the Ayushman Bharat Scheme from April 2020 onwards with India registering increase in number of confirmed cases to more than a lakh. Due to the current situation of Novel Coronavirus (COVID - 19) outbreak, many medical colleges, civil hospitals and district hospitals which were otherwise treating bulk of AB-PMJAY patients are being converted as dedicated COVID-19 facilities in States. With the launch of this new mechanism called Hospital Empanelment Module (HEM) Lite, patients suffering from serious illnesses, such as

cancer, cardiac issues and diabetes that require continuous treatment, will be able to continue getting inpatient services without the fear of contracting the infection. The mechanism will also help in empanelling dedicated COVID-19 hospitals as well. Hospitals can empanel themselves for a temporary period of three months through a simpler, user-friendly online system available on the scheme's website www.pmjay.gov.in. Testing and treatment of COVID-19 is already available for free in public facilities. Now, more than 50 crore citizens, eligible under the health assurance scheme will be able to avail free testing through private labs and treatment for COVID-19 in empanelled hospitals. The empaneled hospitals can use their own authorised testing facilities or tie up with an authorised testing facility for the scheme. These tests would be carried out as per the protocol set by Indian Council for Medical Research (ICMR) and by private labs approved/registered by the ICMR. Similarly, treatment of COVID-19 by private hospitals will be covered under AB-PMJAY. Within 2 months of empanelment 2132 Ayushman beneficiaries have received free treatment under the scheme for Covid-19 and more than 3,000 beneficiaries have been tested freely. Right now the system is able to take care of patients, but when there is a surge the public system may not be able to help. That's when Ayushman Bharat will be important. The Government of India is making persistent efforts to expand testing and make treatment of Covid-19 available for free to all 53 crore beneficiaries of Ayushman Bharat PM-JAY

VII. CONCLUSION

The government should adopt innovative funding models for long-term sustainability along with delivery and quality. Increased states' participation and inflation-adjusted rates for procedures could help India progress towards its universal health care goal. Providing insurance covers alone will not improve the health system in the country. Rather, there is a need to build robust health care infrastructure in the remotest corners of the country where people have easy access. As suggested by the Indian Medical Association (IMA) Government hospitals should be removed from the ambit of the scheme as services are already provided free of cost. The government should fund public hospitals directly because under this scheme, the fund is transferred through insurance companies. The insurance companies step towards profit maximization rather than quality health care delivery. The scheme has improved access to hospitalization across the country, with large numbers of beneficiaries enrolled and a high insurance cover. However, it is not yet clear that the scheme is helping the most vulnerable cross existing barriers to access medical help and be protected from excess interventions. Given the large public spending on the program, greater transparency and more data are sorely needed to evaluate these issues. Around ₹6,400 crore only

allocated in the two consecutive budgets because of low utilization of funds as eligible beneficiaries were untraceable. Budget allocation needs to be increased to realize the purpose of the scheme. The outcome-based monitoring of schemes will need to be institutionalised and strengthened including through state-level capacity building workshops with the planning departments of states. The State Governments are expected to similarly set up State Health Agencies (SHA) to implement PM-JAY. The National Health Agency has to play a critical role in fostering linkages of PM-JAY with health and related programs of the Central and State Governments. The linkage between HWCs and PMJAY has to be strengthened which in turn will improve the backward and forward referrals and enhance overall healthcare services, especially to the poor. As suggested by AMA the need of the hour is "Tax funded" universal health coverage rather than the "for profit" insurance model. Though the Ayushman Bharat had reached few thousands in the corona warfare so far, things may change depending on how long the virus lasts.

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