

AYUSHMAN BHARAT

Pradhan Mantri Jan Arogya Yojana (PM-JAY)

Key issues in the Indian health sector

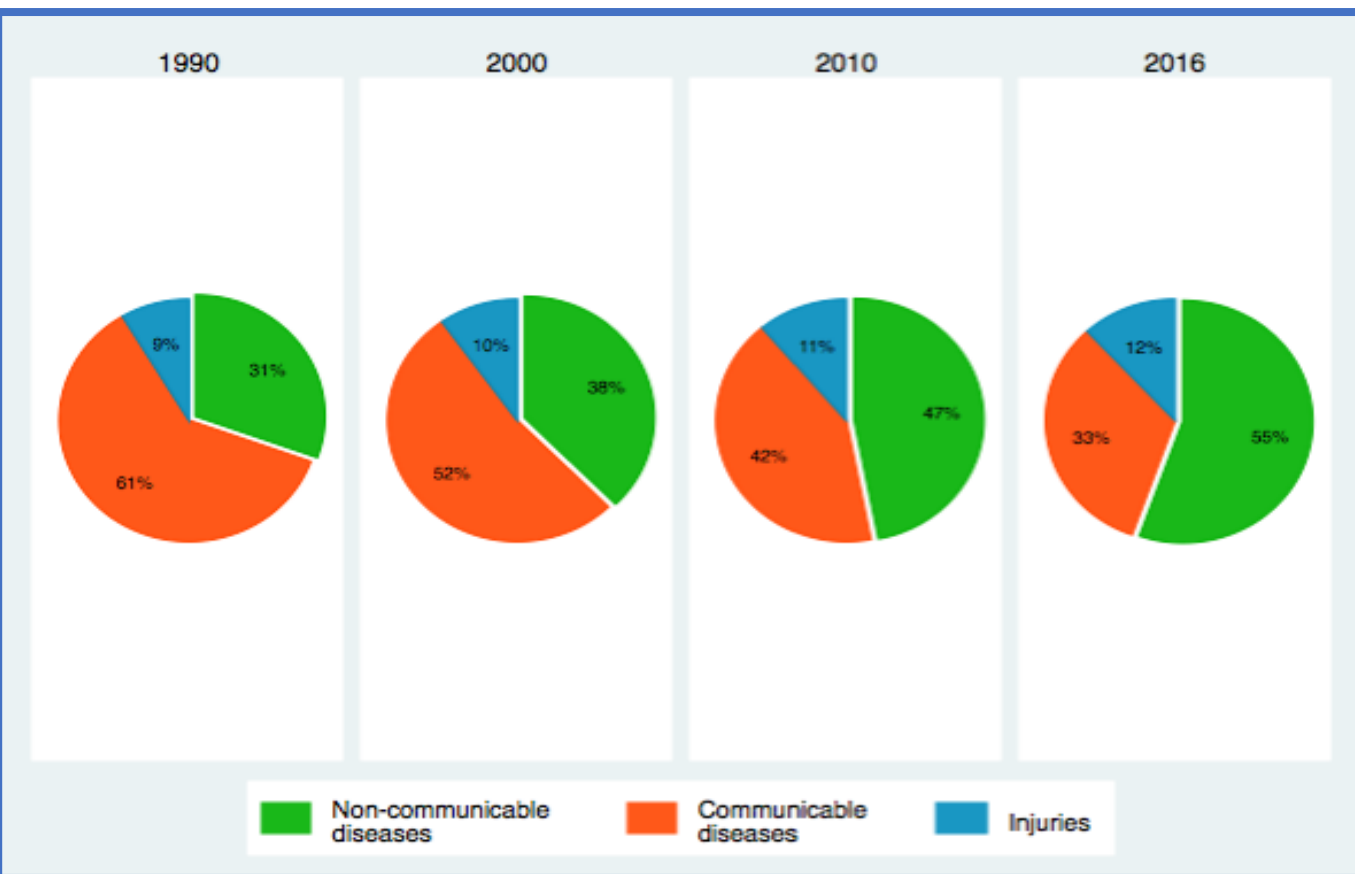
Changing pattern of diseases, especially among the poor

Low level of government funding on health

Inequities in access to health services

Uneven quality of health services

India facing triple burden of disease



1

An epidemiological transition from communicable diseases to non-communicable diseases

2

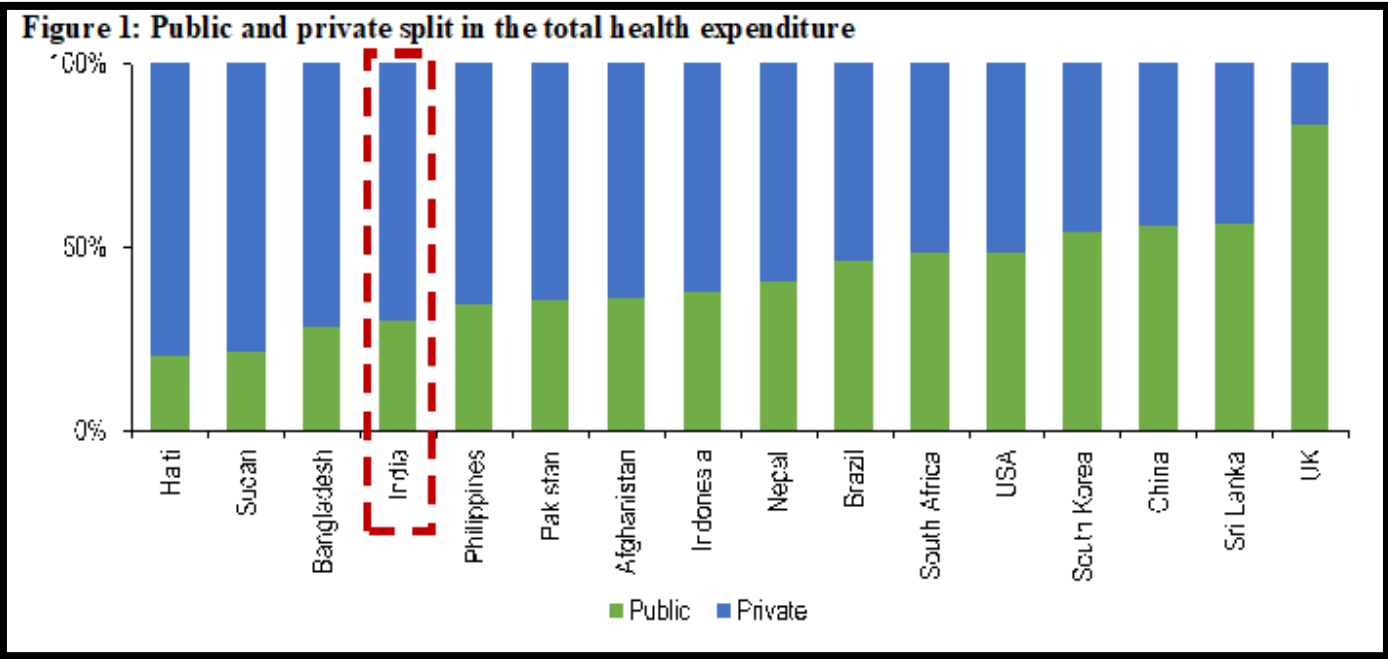
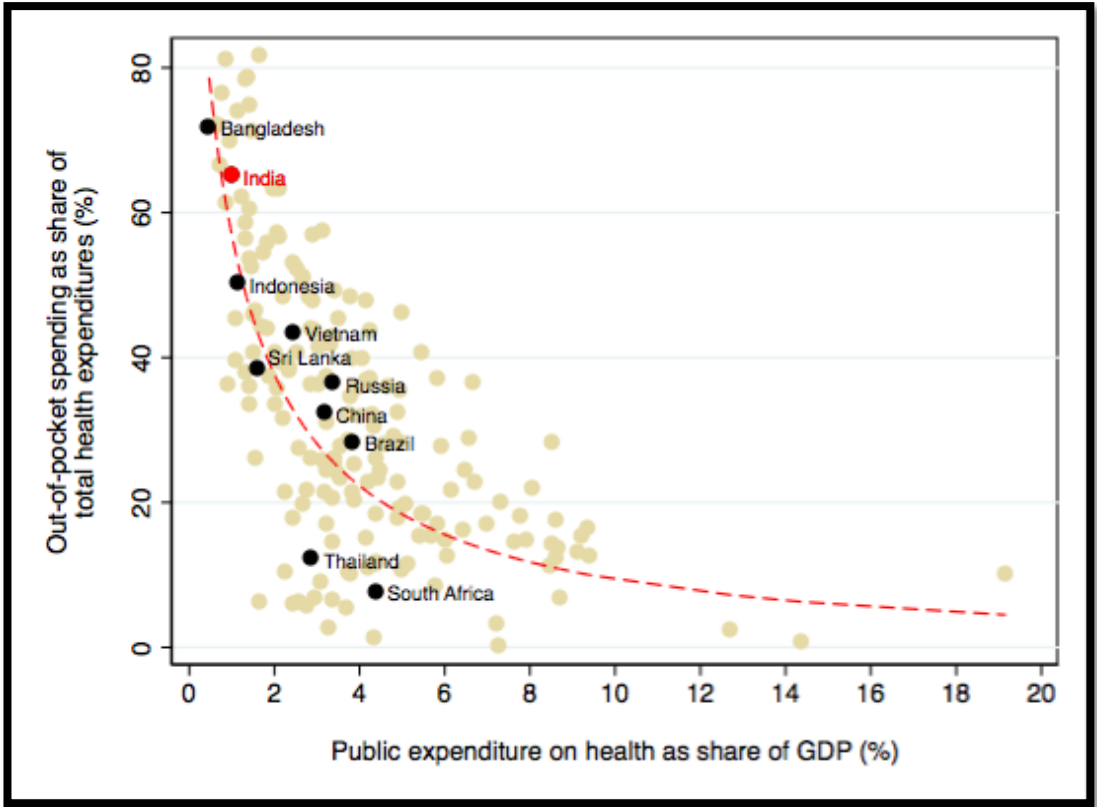
Non – Communicable Disease burden has grown from 30% to 55% between 1990 and 2016

3

Epidemiological trends indicate greater need for hospitalisation for serious NCDs

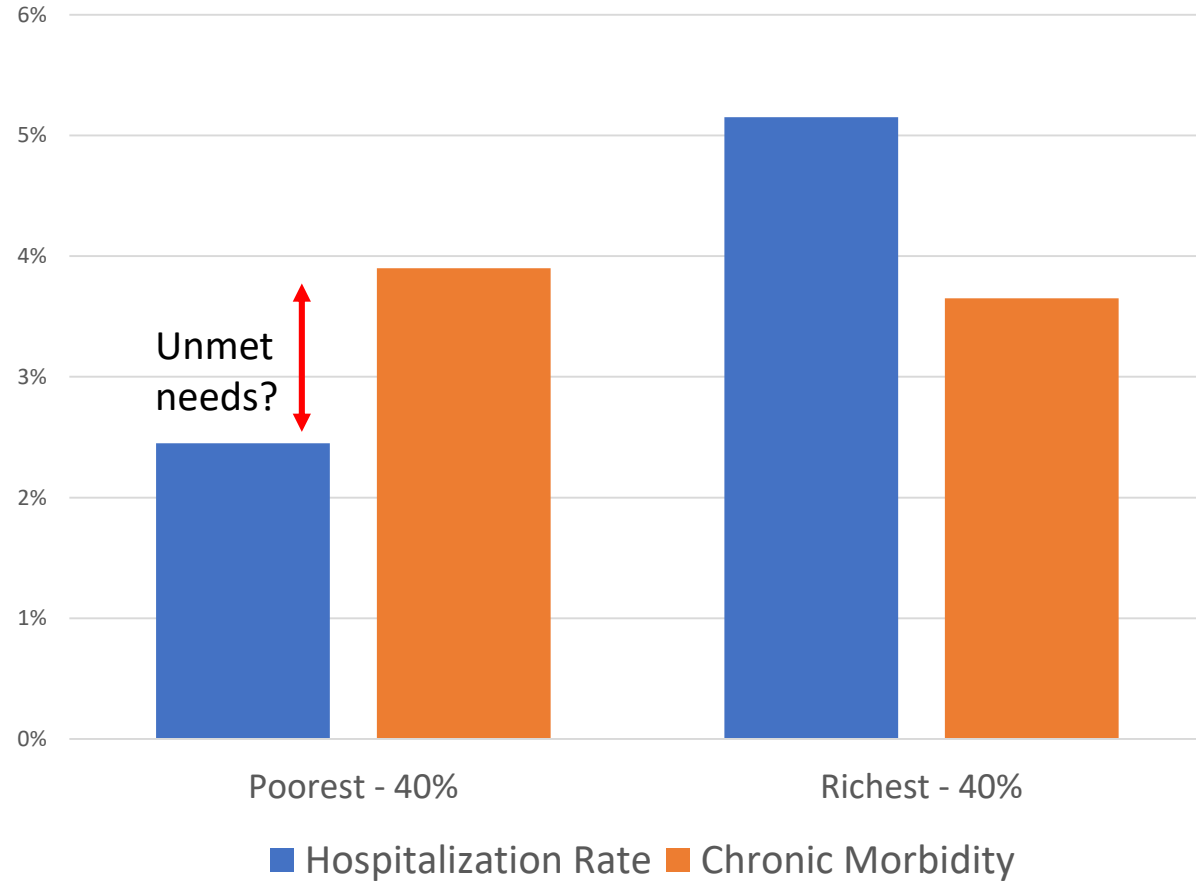
Source: National Health Profile 2018

Health financing in India needs to be augmented



Source: Global data: Global Health Expenditure Database and World Development Indicators

The poor have lower utilization of health services despite higher disease burden



Unmet health care needs of poorest 40%

- Chronic Morbidity – The incidence of chronic morbidity between the poorest 40% and richest 40% is comparable
- Hospitalization Rate – It is significantly lower in poorest 40%. Reason could be related to awareness, access and affordability of health care services

Source: Chronic morbidity: IHDS 2011-2012
Hospitalization Rate: NSSO 71st (excludes childbirth)

Inequitable access and distribution of health resources

Market failures preventing access and quality of healthcare



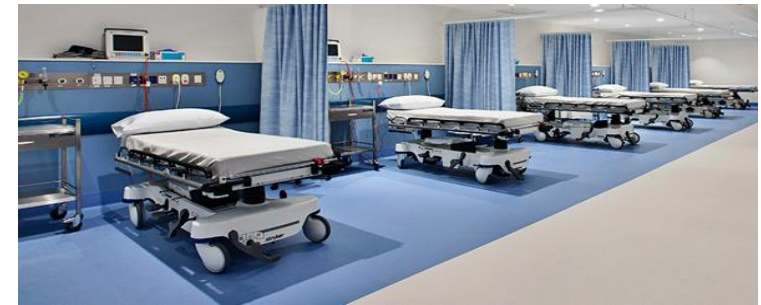
70% of India's populace lives in rural areas*



75% of rural households earn less than Rs 5,000 per month*



~80% of Indian doctors are in urban areas



74% of health care services provided by private players

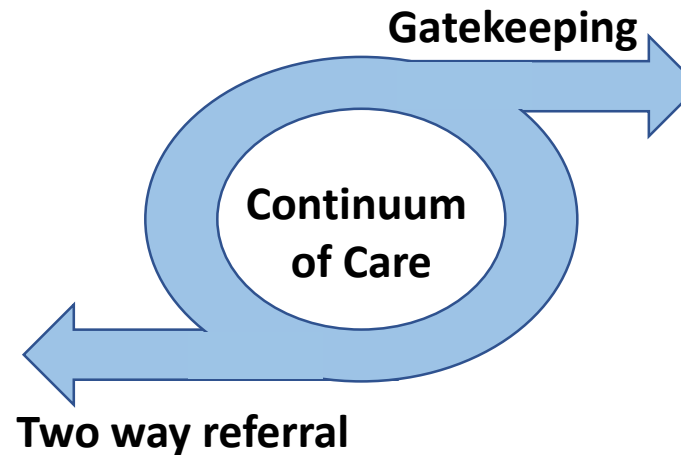
~70% of higher end secondary and tertiary beds are in the tier 1 cities

*As per SECC 2011

Ayushman Bharat: Vision for holistic health

Health & Wellness Centres
(HWCs)

**Comprehensive Primary
Health Care**



Pradhan Mantri Jan
Arogya Yojana (PM-JAY)

**Secondary and Tertiary
care**

Introduction to PM-JAY

5 lakh per family per year for **secondary and tertiary care**

10.74 Crores poor & vulnerable families entitled as per SECC

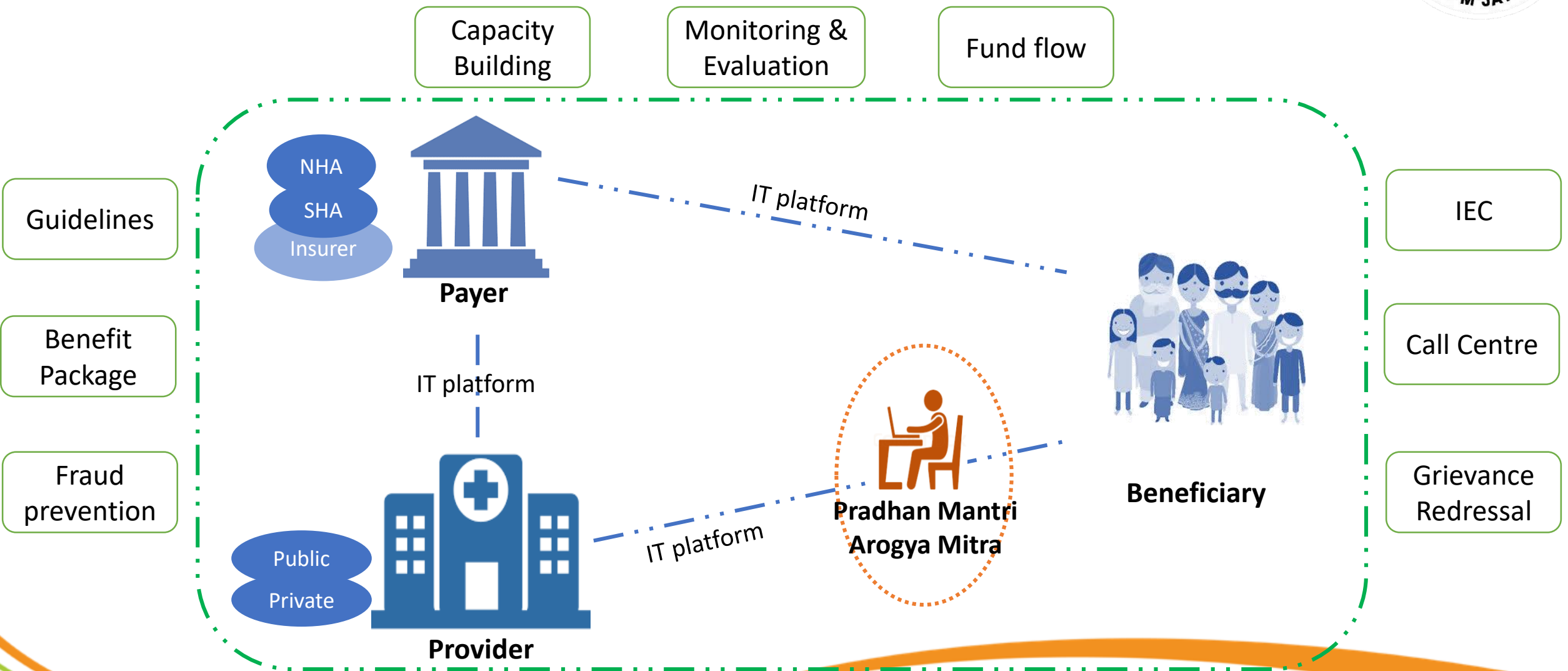
No cap on family size, age or gender

All pre – existing conditions are covered; pre & post hospitalization expenses

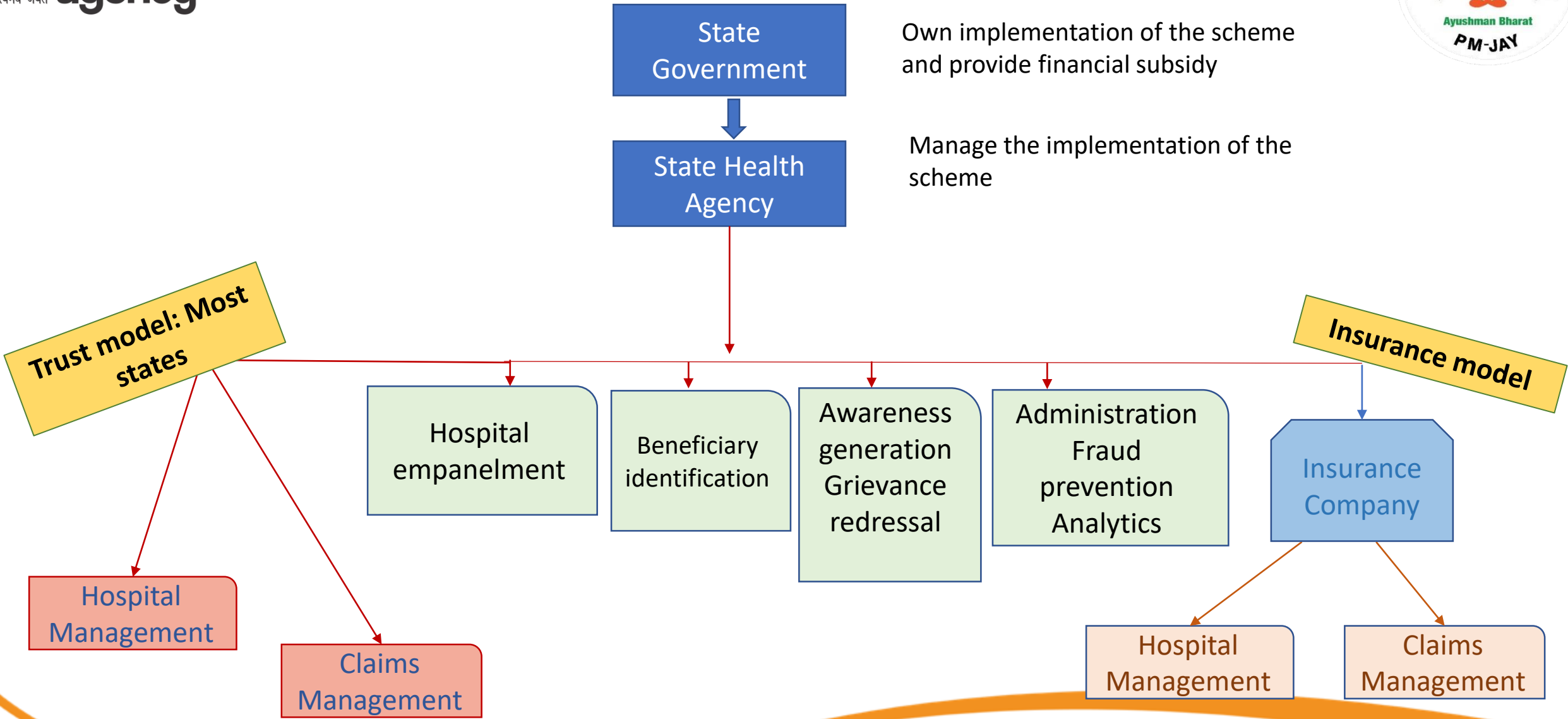
Cashless and paperless treatment in case of hospitalization

Portable across the country in all public or empaneled private hospitals

Ecosystem of the Scheme



Innovative approaches in PM-JAY



Key features of PM-JAY



- ❑ **Convergence** with various Central and State health insurance/ protection schemes
- ❑ States can expand the scheme both horizontally and vertically (Co-branding)
- ❑ **No formal enrolment** process required – entitlement through SECC data
- ❑ Identity validation through Aadhaar (No denial in absence of Aadhaar), ration card etc.



Key features of PM-JAY



- ❑ **Mandatory pre-authorisation** for all tertiary and select secondary conditions
- ❑ Robust safeguards to prevent frauds/ abuse – Triggers and alerts, medical audits etc.

- ❑ Creation of **robust, interoperable and flexible IT platform** as backbone
- ❑ Platform connecting various stakeholders



- ❑ **Cost control through fixing package rates in advance**
- ❑ Some procedures reserved for public hospitals
- ❑ Outcome based incentives
- ❑ Payment within 15 days

PM-JAY promoting quality of care...



Choice with beneficiary : Natural preference towards quality care



Minimum eligibility criteria



Standard Treatment Guidelines



Incentive for NABH accreditation



Data for monitoring of fraud and abuse



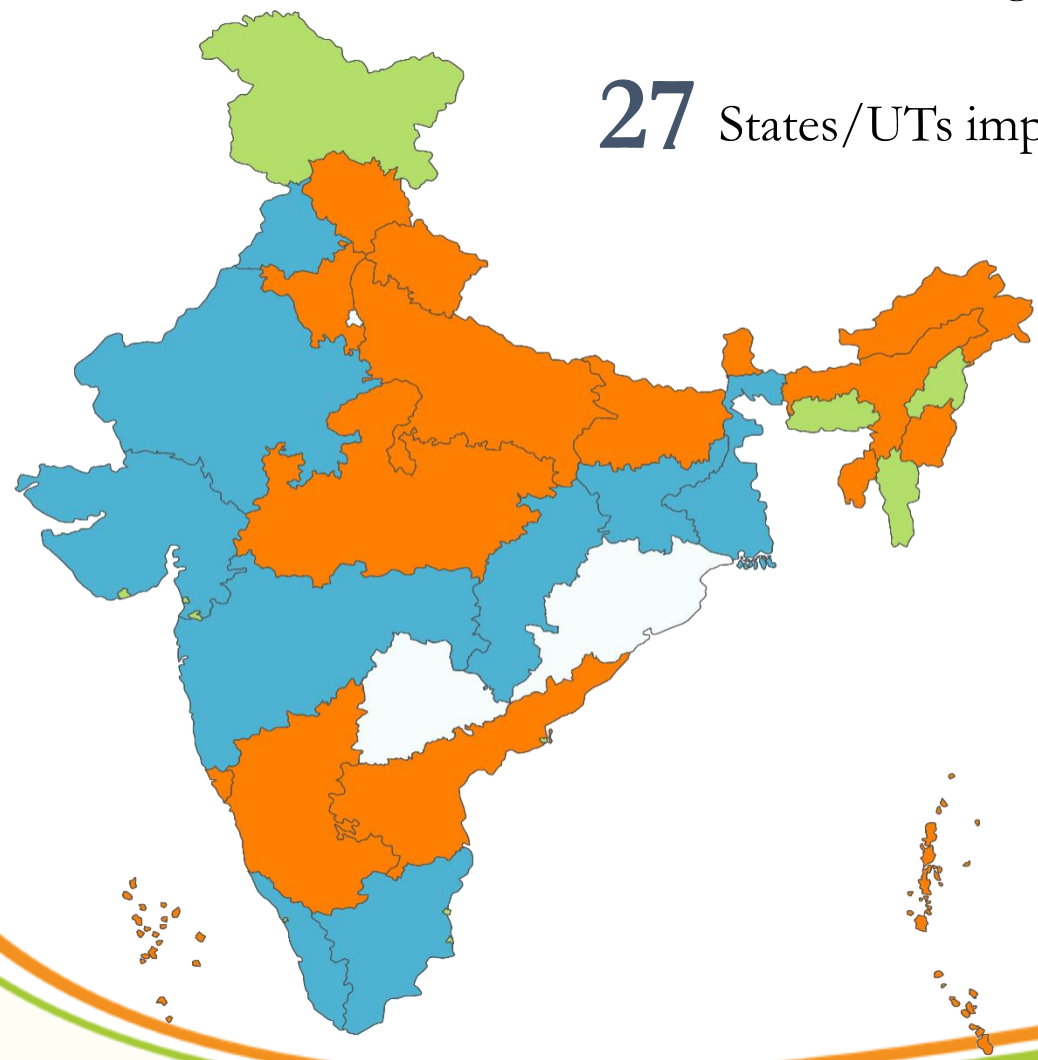
Beneficiary feedback and usage patterns

Different States have followed different modes for implementation of PM-JAY

33 States/UTs signed MoUs

27 States/UTs implementing

- 7 Insurance Mode
- 17 Trust Mode
- 9 Mixed Mode



- | | | |
|------------------------|-------------------|--------------|
| Mizoram | Himachal Pradesh | Chhattisgarh |
| Meghalaya | Haryana | Gujarat |
| Nagaland | Tripura | West Bengal |
| Dadar and Nagar Haveli | Uttar Pradesh | Rajasthan |
| Daman and Diu | Uttarakhand | Kerala |
| Jammu and Kashmir | Lakshadweep | Tamil Nadu |
| Puducherry | Andaman & Nicobar | Jharkhand |
| Andhra Pradesh | Chandigarh | Maharashtra |
| Assam | Karnataka | Punjab |
| Arunachal Pradesh | Goa | |
| Bihar | Manipur | |
| Madhya Pradesh | Sikkim | |

PM-JAY gaining traction

Access

6,524 (43%)

Public hospitals empaneled/process

8,562 (57%)

Private hospitals empaneled/process

Service delivery

3.86 lakhs

Patients treated

531.3 crores

Amount authorized for treatments

Outreach

11.16 lakhs

E - cards generated

9.58 lakhs

Calls answered

31.84 lakhs

Website hits

PM-JAY will disrupt the health sector in a significant way

Scale

Population, benefit packages,
financial cover

Demand side financing

Cash on delivery

Collective bargaining

Services, consumables, devices

Private sector

Meaningful engagement



PM-JAY

ushering in a new era

1. Increasing access

Better health, longer lives, reduce inequities



2. Reducing catastrophic health shocks

Financial protection, no impoverishment



3. Infusing quality, affordability and accountability into health system

Standard treatment guidelines, IT enablement and control on prices



4. Changing the healthcare ecosystem

Strengthening of public health system- Public hospitals keep their earnings, compete with private
Tier II and III cities, small and medium size hospitals

5. Creating massive job opportunities

Massive investment, specialized health sector and allied jobs



6. Reducing fragmentation in the health sector

One health system – public and private will better complement each other



7. Future is irreversibly locked to UHC

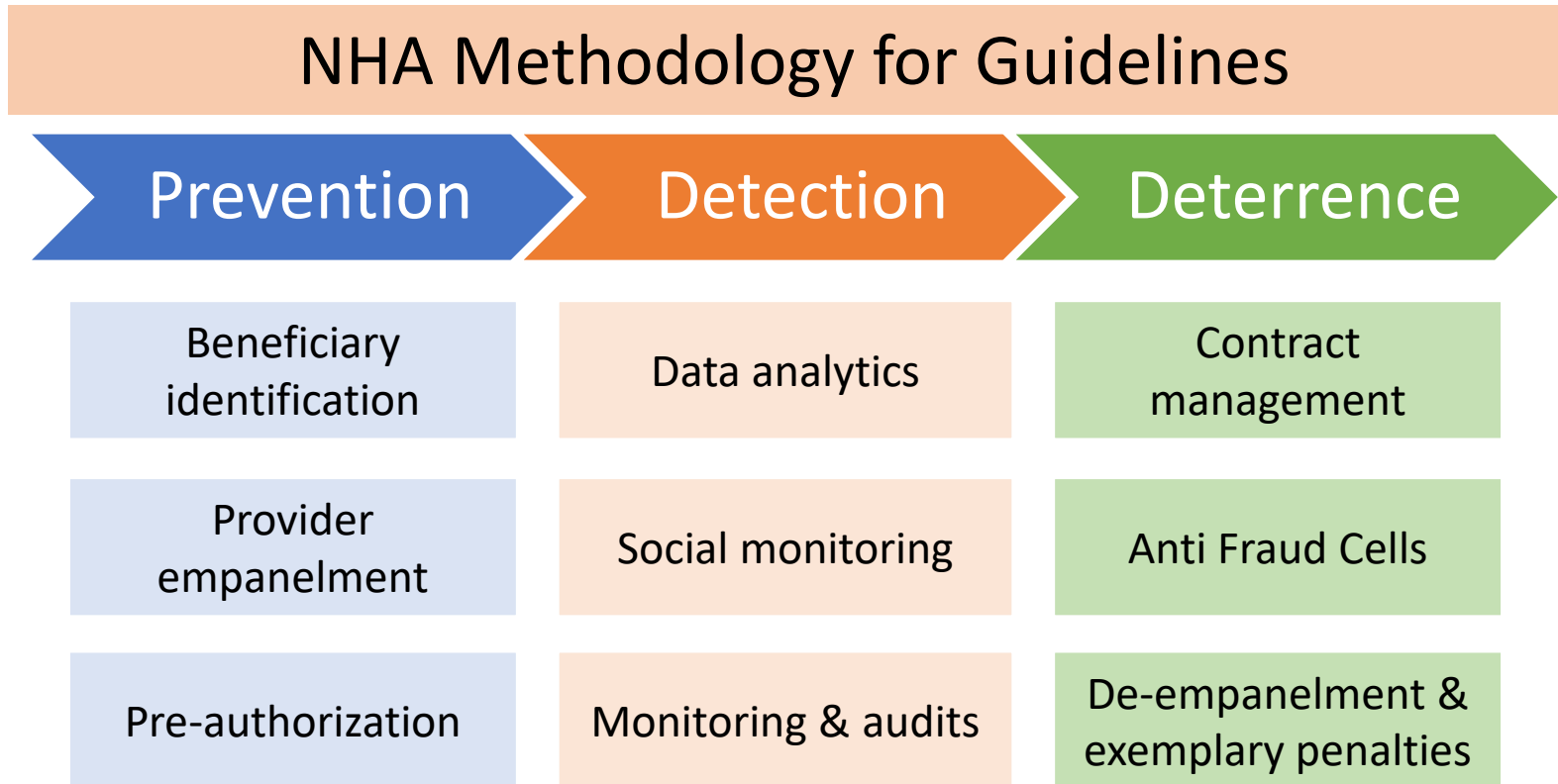
Top of political and development agenda



Global examples of reducing OOPE through insurance

- **Thailand** – introduction of general government revenue funded UHC scheme for the informal sector
- **Turkey** – consolidated schemes and pools and funds through its Universal Health Insurance reform
- **Germany** - world's oldest national social health insurance system started in 1889
- **South Korea's** National Health Insurance Scheme (NHIS) provides funds to health facilities not in the form of line-item input budgeting but for each service they actually provide to Korean citizens. The same applies to Germany, Thailand and Turkey, among numerous other countries.
- **Indonesia** – created a single national pool of funds and purchaser of health services
- **Ghana** – coverage with national health insurance program initiated more than 10 years ago

PM-JAY strategy to mitigate fraud and abuse...



PM-JAY is a big leap towards universal health coverage...

- 43% families (~10.74 crore) targeted under PM-JAY
- 68% families (~17 crore) can be covered under PM-JAY and other government funded health schemes combined
- Close to 80% families (~20 crore) can be covered under PM-JAY, other government funded health schemes, private insurance, CGHS, ESIS, Railways, ECHS etc.



THANK YOU