AYUSHMAN BHARAT - GS II MAINS

Q. The AB-PMJAY is a paradigm shift from sectorial, segmented and fragmented approach of service delivery to a better converged and need based service delivery of secondary and tertiary care. Examine (15 marks, 250 words)

News: *Over half of Ayushman Bharat beneficiaries used scheme to access private care; 53% patients in five southern states*

What's in the news?

- Over six years since the Centre's flagship health insurance scheme Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) was launched in 2018, two-thirds of the total money spent under the scheme each year went to private hospitals across the country.

Key takeaways:

- The scheme is jointly funded by the Centre and the states in the ratio 60:40 (90:10 in the case of North-East and hilly states).
- Government hospitals account for 58% of all facilities empanelled.

Ayushman Bharat:

- The Ayushman Bharat means 'long live India' scheme.
- It is a progression towards promotive, preventive, curative, palliative and rehabilitative aspects of Universal Healthcare through
    - Access of Health and Wellness Centers (HWCs) at the primary level.
    - Provision of financial protection for accessing curative care at the secondary and tertiary levels through engagement with both public and private sector (PM-JAY).

Features:

- It is the world's largest health insurance program covering more than 10 crore families and NHPS.
- It will incorporate the ongoing centrally sponsored schemes (CSS) such as
    - Rashtriya Swasthya Bima Yojana (RSBY)
    - Senior Citizen Health Insurance Scheme (SCHIS)

Key takeaways:

1. National Scale:

- It is a national initiative launched as part of National Health Policy 2017, in order to achieve the vision of Universal Health Coverage (UHC).
- It will meet the relevant Sustainable Development Goal (SDG) and its underlying commitment, which is "leave no one behind".

2. Focus:

- The scheme focuses on providing increased access to quality of healthcare, free medication and diagnostic services for people with low financial status.
- It mostly covers poor, deprived rural families and identified BPL (below poverty line) families from both urban and rural India defined as per Socio-Economic Caste Census (SECC) data.
- The aim is to ensure that the poor & needy do not fall back into poverty.

3. Number of Beneficiaries:

- It will target about 10.74 crore poor, deprived rural families and identified occupational category of urban workers' families as per the latest Socio-Economic Caste Census (SECC) data covering both rural and urban.
- The scheme is dynamic and aspirational and will update as per SECC data.

4. National Health Authority:

- The NHA was set-up to implement the PM-JAY in India.
- It is an attached office of the Health Ministry, with functional autonomy.
- The NHA is governed by a Governing Board chaired by the Union Minister for Health and Family Welfare, and it has its own CEO.

5. Financial Coverage:

- Ayushman Bharat - National Health Protection Mission (AB-NHPM) will have a defined benefit cover of Rs. 5 lakh per family per year (per family).

6. Portable Benefits:

- Benefits of the scheme are portable across the country and a beneficiary covered under the scheme will be allowed to take cashless benefits from any public/private empanelled hospitals.

7. Entitlement-based:

- ABY-NHPM will be an entitlement based scheme with entitlement decided on the basis of deprivation criteria in the SECC database

8. Both Private and Public Hospitals:

- The beneficiaries can avail benefits in both public and empanelled private facilities

9. Cost Control through Pre-decided Rates:

- To control costs, the payments for treatment will be done on a package rate (to be defined by the Government in advance) basis.

10. Flexibility to States:

- One of the core principles of Ayushman Bharat - National Health Protection Mission is to co-operative federalism and flexibility to states

11. Escrow Account for Funds Transfer:

- To ensure that the funds reach SHA on time, the transfer of funds from Central Government through ABY - NHPM to State Health Agencies may be done through an escrow account directly.

12. IT Platform for Smooth Running and Fraud Control:

- In partnerships with NITI Aayog, a robust, modular, scalable and interoperable IT platform will be made operational for paperless, cashless transactions.

13. Financial Impact on Families:

- In-patient hospitalization expenditure in India has increased nearly 300% during the last ten years (NSSO 2015).
- More than 80% of the expenditure is met by out of pocket (OOP).
- Rural households primarily depended on their 'household income / savings' (68%) and on 'borrowings' (25%), while urban households relied much more on their 'income / saving' (75%) for financing expenditure on hospitalizations, and on 'borrowings' (18%).
- Out of pocket (OOP) expenditure in India is over 60% which leads to nearly 6 million families getting into poverty.

Significance:

It will impact the reduction of Out Of Pocket (OOP) by

- Increased benefit cover to nearly 40% of the population, (the poorest & vulnerable).
- Covering almost all secondary and many tertiary hospitalizations. (except a negative list).
- Coverage of Rs.5 lakh for each family, (no restriction of family size).
- Increased access to quality health and medication.
- Timely treatments, improvements in health outcomes, patient satisfaction, improvement in productivity and efficiency, job creation thus leading to improvement in quality of life.

Criticisms:

1. Insurance Based Model:

- It is an insurance based model with the government paying the premium.
- Experts feel the right model for India is the one seen in Europe - vast expansion of public facilities, more public hospitals, more super specialities, more tertiary hospitals, more district level hospitals, more primary health centers, more doctors and nurses, more beds and free public healthcare.

2. Scope for Fraud:

- The government has called on companies to build an IT framework that can identify and trigger alerts for "suspicious" transactions

3. Lack of Hospitals and Trained Staff:

- The quality and number of hospitals in Tier 3 and Tier 4 towns and urban areas is either very poor, or non-existent.
- So as the AB-PMJAY raises expectations and people rush for get treated, a lack of hospitals can lead to frustration.

The AB-PMJAY is a paradigm shift from sectorial, segmented and fragmented approach of service delivery through various national and State schemes to a bigger, more comprehensive and better converged and need based service delivery of secondary and tertiary care.