Ayushman Bharat – Creating Universal Health Care (UHC) YouTube Lecture Handouts

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## Does India Need Ayushmaan Bharat Universal Healthcare for All? Answer Writing - Writing Wednesdays [https://www.youtube.com/watch?v=XMY8_8eBUyY]

As per WHO, "UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care."

Examples of Universal Health Care

- Israel - 1995 National Health Insurance Law. The state is responsible for providing health services to all residents of the country, who can register with one of the four National Health Service funds.

- Singapore - government ensures affordability, largely through compulsory savings and price controls, while the private sector provides most care.

- Germany - does not operate a single-payer system. Instead, everyone living in Germany is required to maintain health coverage

- Denmark – healthcare paid largely from taxation with local municipalities similar to Scandinavian countries.

- Canada – 1999- comprehensiveness, universality, portability, public administration and accessibility – mostly public funded but provided by private sector
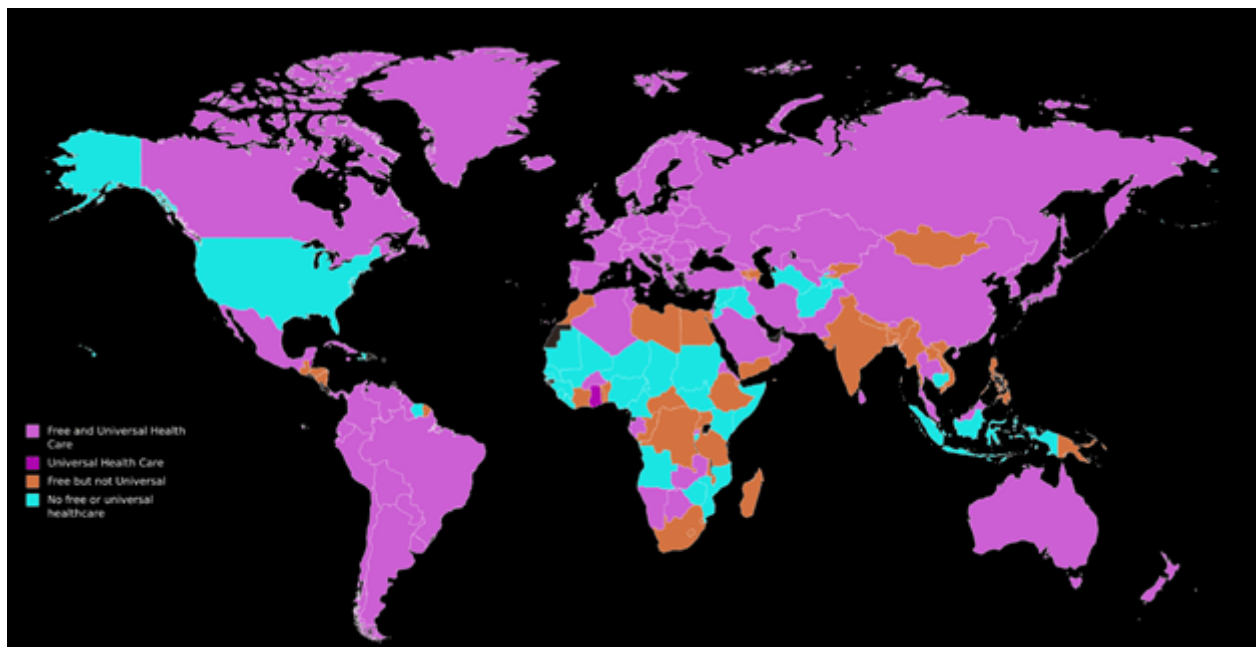
Why?

- UN – aims to have all member states universal healthcare by 2030
- At least half of the world's population still do not have full coverage of essential health services.
- About 100 million people are still being pushed into "extreme poverty" (living on 1.90 USD or less a day) because they have to pay for health care.
- Over 800 million people (almost 12% of the world's population) spent at least 10% of their household budgets to pay for health care.

4 Categories

- Reproductive, maternal childcare
- Infectious disease
- Non-communicable disease

- Service capacity and access

- See what services are covered, how they are funded, managed and delivered

Ayushman Bharat

Ayushman Bharat - National Health Protection Mission will subsume on-going centrally sponsored schemes - Rashtriya Swasthya Bima Yojana (RSBY) and Senior Citizen Health Insurance Scheme (SCHIS) .

Ayushman Bharat consists of two major elements:

National Health Protection Scheme - provide cashless treatment to patients

Wellness centres - provide primary care to the patients Official WebSite

PHC is focusing largely on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH + A) and communicable diseases.
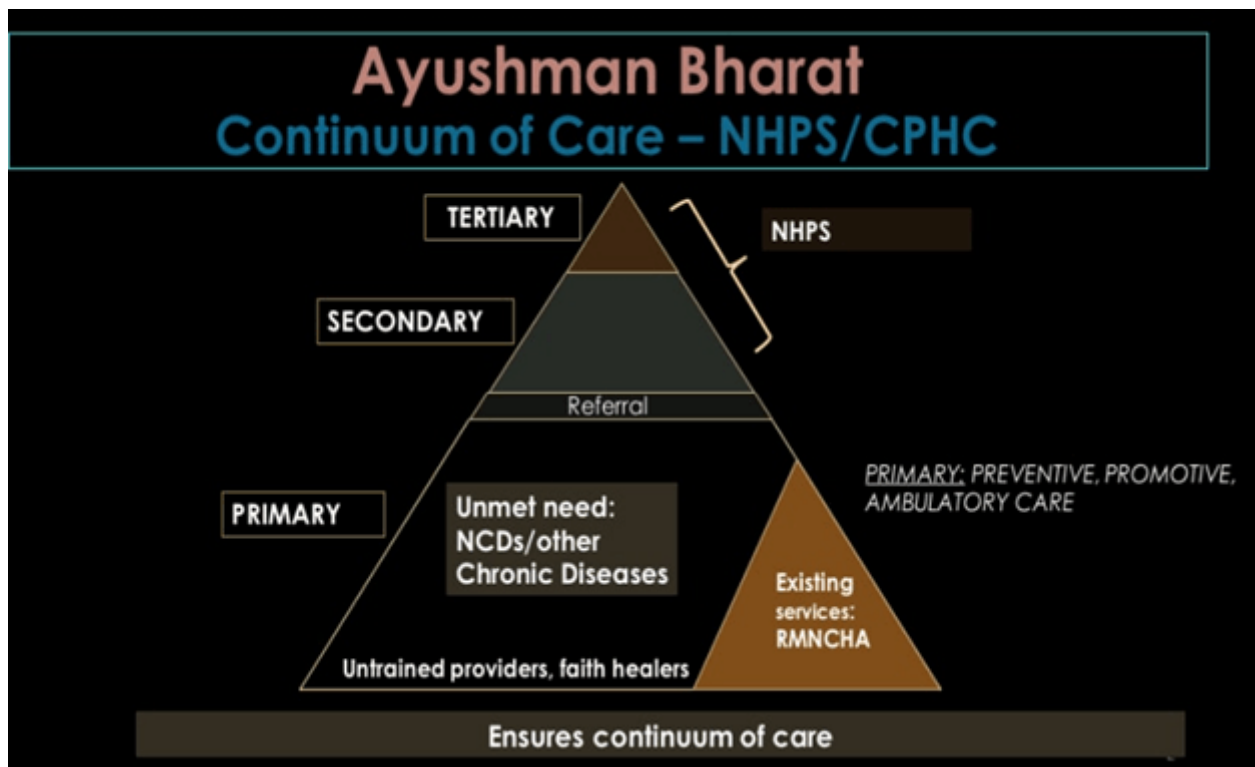
Government's vision of development, Swasth Bharat, Samriddha Bharat (Healthy India, Prosperous India) . To fulfil the vision of Health for All and Universal Health Coverage, enshrined in the National Health Policy 2017

Govt. increased annual limit per family from ₹ 30,000 to ₹ 1,00, 000 w/additional "top-up" of ₹ 30,000 for senior citizens

High out-of-pocket expenses in India stem from fact 76% of Indians get health insurance

Scheme will cover over 10 crore poor & vulnerable families (approximately 50 crore beneficiaries) providing coverage upto 5 lakh rupees per family per year for secondary & tertiary care hospitalization.

Ayushman Bharat-National Protection Mission (NHPM) Salient Features

Impact

- Major step towards universal health coverage.
- Poised to largest public funded health insurance scheme in world.
- In synergy w/Comprehensive Primary Health Care (thru 1.5 lakh health & Wellness Centres) , strengthen public health infrastructure.
- Will contribute immensely to ease of living & enable beneficiaries to health facilities from any part of country
- Will cater unmet needs of population which remained hidden due to lack of financial resources.
- Will lead to:

- Timely treatments

- Improvements in health outcomes

- Patient satisfaction

- Improvement in productivity & efficiency

- Job creation leading to improvement in quality of life

Salient Features

Aimed to protect poorest from catastrophic healthcare spending.

Will protect about 50 crore people (from more than 10 crore families)

These people belong to poor & vulnerable sections, identified thru Socio Economic Caste Census (SECC)

This will give underprivileged families financial support required when faced w/illnesses requiring hospitalization.

Proposed benefit coverage: ₹ 5,00, 000 /- per family, per year

Increased benefit cover to nearly 40% of population, covering almost all secondary & many tertiary hospitalizations

No restriction on Family size:

Ensuring all members of designed families specially girl child & senior citizens get coverage. Suggested to preferably make woman as head of family

Services shall be:

Cashless & paperless

At point of service

In both public & empanelled private facilities

Portability anywhere in country

Provision for providing e-card to all enrolled families.

AB-NHPM will leverage on Comprehensive Primary Health Care thru 1.5 lakh Health & & wellness centres for preventive, promotive & curative care will ensure seamless continuum of care. Will avoid overcrowding & improve quality of care at secondary & tertiary facilities, & provide universal health coverage & make services equitable, affordable, & accessible.

Proposed to do away w/smart card based identification system as under RSBY & move to SECC database & Aadhaar based identification system. However, no person will be denied benefits in absence of Aadhaar.

States will be free to choose modifies for implementation.

They can implement thru insurance company or directly thru Trust/Society or use mixed mode

Strengthening of Public Health Care System- Public hospitals will get additional funds thru claims received from insurance companies/Trust for treatment given to beneficiaries.

A well-defined Complaint & Public Grievance Redressal Mechanism, actively utilising electronic, mobile platform, internet as well as social media, is proposed to be put in place

AB-NHPM would create robust safeguards to prevent misuse/fraud/abuse by providers & users

Pre-Authorization will be made mandatory for procedures w/moral hazard.

Benefits

- Create 2 lakh jobs in 5 years

- Increased benefit cover to nearly 40% of the population, (the poorest & the vulnerable)

- Covering almost all secondary & many tertiary hospitalizations. (Except a negative list)

- Coverage of 5 lakh for each family, (no restriction of family size)

Beneficiary Level

- Government provides health insurance cover of up to ₹ 5,00, 000 per family per year.

- More than 10.74 crore poor and vulnerable families (approximately 50 crore beneficiaries) covered across the country.

- All families listed in the SECC database as per defined criteria will be covered. No cap on family size and age of members.

- Priority to girl child, women and senior citizens.

- Free treatment available at all public and empaneled private hospitals in times of need.

- Covers secondary and tertiary care hospitalization.

- 1,350 medical packages covering surgery, medical and day care treatments, cost of medicines and diagnostics.

- All pre-existing diseases covered. Hospitals cannot deny treatment.

- Cashless and paperless access to quality health care services.

- Hospitals will not be allowed to charge any additional money from beneficiaries for the treatment.

- Eligible beneficiaries can avail services across India, offering benefit of national portability. Can reach out for information, assistance, complaints and grievances to a 24×7 helpline number - 14555

Health System

- Help India progressively achieve Universal Health Coverage (UHC) and Sustainable Development Goals (SDG) .

- Ensure improved access and affordability, of quality secondary and tertiary care services through a combination of public hospitals and well measured strategic purchasing of services in health care deficit areas, from private care providers, especially the not-for profit providers.

- Significantly reduce out of pocket expenditure for hospitalization. Mitigate financial risk arising out of catastrophic health episodes and consequent impoverishment for poor and vulnerable families.

- Acting as a steward, align the growth of private sector with public health goals.

- Enhanced used to of evidence based health care and cost control for improved health outcomes.

- Strengthen public health care systems through infusion of insurance revenues.

- Enable creation of new health infrastructure in rural, remote and under-served areas.

- Increase health expenditure by Government as a percentage of GDP.

- Enhanced patient satisfaction.

- Improved health outcomes.

- Improvement in population-level productivity and efficiency

- Improved quality of life for the population

✏️ Mayank