IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)
An International Open Access, Peer-reviewed, Refereed Journal

ASSESSMENT OF RAJASTHAN STATE'S JOURNEY TOWARDS UNIVERSAL HEALTH COVERAGE

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ABSTRACT: India is the world's second-most populous nation with an estimated 1.38 billion inhabitants. In 2019, the Indian economy was estimated to be the fifth-largest in the world by nominal GDP and the third-largest in purchasing power parity (PPP) terms. The Indian Healthcare system is currently at a very critical juncture, where it not only needs to overcome key healthcare issues but also needs to progress towards the path of Universal Health Coverage (UHC). The current healthcare system of the country is burdened due to the limited access to healthcare, insufficient availability of manpower, sub-optimal quality of health services andhighout-of-pocket(OOP)expenditure.InIndia, every year, nearly 50 million people are pushed below the poverty line owing to healthcare expenditure. A mere coverage of services is not enough to combat such a burden. Therefore, the current health system requires amechanism for providing holistic quality care to patients that can fill major healthcare gaps, provideextensive healthcare coverage and improve health access for patients. With the release of National Health Policy 2017, the government laid the foundation of UHC in the country and the launch of Ayushman Bharat (AB) is a big leap towards the vision of 'Health for all'. The design of Ayushman Bharat provides comprehensive coverage in all theverticals of healthcare delivery - primary, secondary and tertiary care. It aims at developing a system that delivers the entire range of preventive, promotive, curative, diagnostic, rehabilitative and palliative care services. This research article analyses and provides critical reflections and effective implementation of Ayushman Bharat Mahatma Gandhi Rajasthan Swasthya Bima Yojana. To be effective and impactful in achieving the desired health outcomes, there is a need for getting both design and implementation of Ayushman Bharat Yojana right, from the very beginning. If implemented fully and supplemented with additional interventions, the Yojana can prove a potential platform to reform the Rajasthan State healthcare system and to accelerate the State's journey towards universal health coverage. Methods included key stakeholder interviews, analysis of secondary datasets on beneficiaries and claims: private/publicbeneficiaries, disease wise, procedure wise and package wise. Enrolled hospitals were identified in Jaipur district and their service availability, structural quality and process of care, and out-of-pocket payments were assessed.Findings showlimited capacity in identification of beneficiaries, designing the benefit package, empanelment of facilities, monitoring and regulation and fraud detection. Many of these are 'sine qua non' for the success of the health insurance scheme. The insurance schemes require enough trained staff, and a well-functioning Information technology (IT) system to implement the program.Health sector is a specialized field where a successful outcome requires getting both design and implementation right. The quality of services delivered needs to be assured by achieving Indian Public Health Standards (IPHS) and actively engage with existing resources inthe Indian health care and insurance market.

INTRODUCTION

The limited access, insufficient availability, sub-optimal or unknown quality of health services, and high out-of-pocket expenditure (OOPE) are amongst the key health challenges in India. These challenges exist alongside a global discourse to achieve universal health coverage (UHC) – increasing access to quality healthcare services at affordable cost, by all people, and in times of fast economic growth in India.To effect the realization of Universal Health Coverage, the government introduced the Ayushman Bharat Yojana to bring the healthcare services within the reach of thecommunity.Considered as world's biggest government health programme, the scheme aims at providing secondary and tertiary hospitalization to poor and economically vulnerablefamilies across the county, in addition toestablishing Health and Wellness Centres (HWC). On another hand, the initiatives under AyushmanBharat Yojana would support building a New India and ensure the wellbeing of people, enhanced productivity, prevent wage loss, reduce financial hardship, create jobs and boost the healthcare sector.

Overview	Rajasthan
Name of the Scheme	Ayushman Bharat-Mahatma Gandhi Rajasthan Swasthya Bima Yojana
Date of roll-out (Ayushman Bharat PM-JAY)	1st September 2019
Mode of Implementation	Hybrid
Name of the Insurance company (if applicable)	New India Assurance Company
Name of the ISA/TPA	No TPA/ISA
Description of the State Scheme	The State Government of Rajasthan launched its flagship health insurance scheme, Ayushman Bharat-Mahatma Gandhi Rajasthan Swasthya Bima Yojana in 1 Sept 2019 by merging exiting state Bhamasha Swasthya Bima Yojna with ABPMJAY.
Name of State Health Agency (SHA)	Rajasthan State Health Assurance Agency
Name of CEO of SHA	Mr Hemant Kumar Gera, IAS
Address of SHA	Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur, Rajasthan

For the implementation of the scheme, suitable models are being considered withthe involvement of the private sector to ensure widespread and effective reach of the initiative. Such arrangements would focus on infrastructure development, service delivery, technologies, and standardization of practices, capacity building and economies of scale.
For Instance, data sharing and analytics could help in assessing the percentage of claims approved and rejected and thereasons thereof. Given that premiums paid by the government to the insurers are much lower in ABMGRSBY than market rate for equivalent health insurance schemes, insurers may be rejecting claims due to financial unviability. These metrics should be measured at hospital, region and District-level to compare performances.
The National Health Agency recently roped data analytical firms for proactive frauddetection. Instead, the government could itself start measuring and reporting the amount of claims submitted by hospitals and families, which is the starting metric to look at frauds.

DATA SOURCES AND METHODOLOGY

The analysis is carried out using Ayushman Bharat-Mahatma Gandhi Rajasthan Swasthya Bima Yojana database, which gives detailed information on enrolled public and private hospitals in Jaipur District.These hospitals provide medical services to the individuals who are insured under the state-sponsored insurance scheme which is operated by an insurance company. The medical services are provided to the insured through the cashless facility. As of March 2020, the database had a list of about 622 enrolled hospitals, although the larger sets of 592 are private and 30 are public hospitals.

Tools used and description of data obtained concerning study objectives

Tool	Description
Key Stakeholders interview guide	An interview method with health care providers who administer Ayushman Bharat Mahatma Gandhi Rajasthan Swasthya Bima Yojana to understand the requirements, demands and grievances to provide health provisions in an improved way.
Review of Key Documents	Contracts, Programme reports, policy documents, evaluations etc. Retrieved through ABMGRSBY website, state government offices such as state nodal agencies (SNA), and central level policymakers.
Facility availability	Data set of enrolled public and private hospitals sourced from ABMGRSBY database.
Claim Data	Data set of Claims sourced fromABMGRSBY database

RESULTS AND DISCUSSIONS

Different criteria's are identified, categorized and assessed from the database and can be explained and discussed in the following major categories:

1. Hospitals enrolled/empanelled
2. Claim count/raised
3. Claim amount
4. Package count and amount
5. Package blocked

The scheme was designed by the central government and was presented by the state government for its implementation with the flexibility to make changes to suit the local context.

Composition of Enrolled Hospitals in Jaipur District

Category	Data
Enrolled Hospitals	Public 30 Private 592 Total 622
Health Benefit Packages	4,433
Age-Group Wise Utilization	Maximum >50yrs - 33 % Minimum 0-18yrs – 12%
Package Wise	Public Hospital Claim - Count - 206387(14.4%) Private Hospital Claim–Count - 1227738(85.6%)
Claim Wise	Public Hospital Claim Amount -1862128069(14%) Private HospitalClaim Amount11400878106 (86%)

The healthcare providers got enrolled in the scheme to provide quality care to beneficiaries.

The enrolled public hospitals were found to be less as compared to privatehospitals/facilities. In Jaipur of a total of 622 potential facilities, 30 are public and remaining 592 are private as expressed in Figure 1.

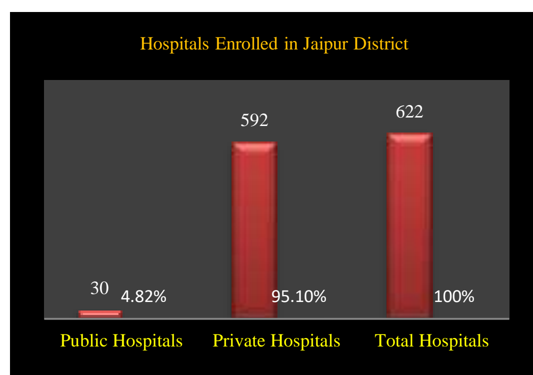

Figure1

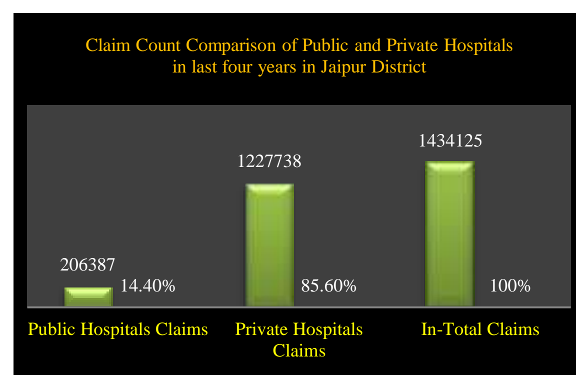

Figure2

This shows lack of information dissemination to the beneficiaries about:

1. Package
2. Location of hospitals.
3. Liquidation of transportation cost to which beneficiaries were entitled by the providers.
4. No provision of food to the beneficiaries in the hospitals although this was the part of the package.
5. Providers not sharing information on pre and post-hospitalization benefits.

Due to these major overviews the claim count raised and claim amount is high in private hospitals as compared to public hospitals as shown in Figure 2 and 3 respectively.

As per the database the package namely General Ward (Per day):Unspecified - Description of ailment to be written, has the maximum claim count and claim in amount in both private and public hospitals as shown in Figure 4.Higher amount of secondary and tertiary package are being booked in recent years

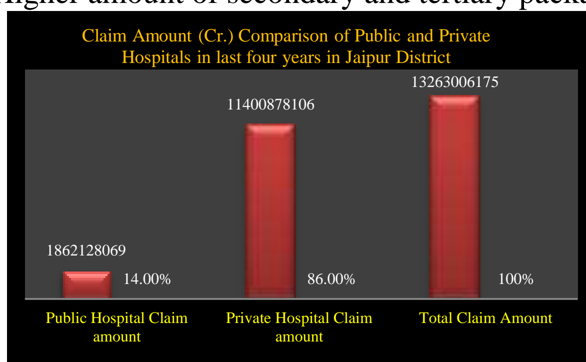

Figure 3

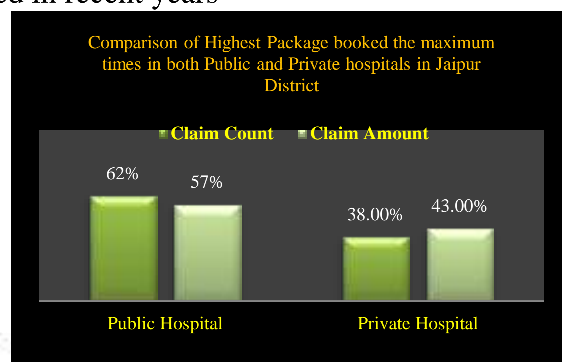

Figure 4

showing in the increase in the claim ratio of the package more than 300k in tertiary and more than 50k in secondary packages as shown in Figure 5and 6.

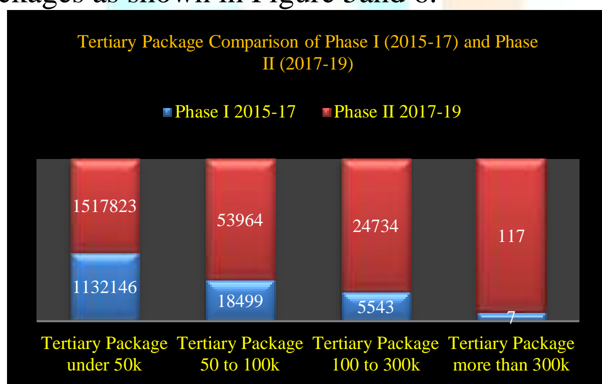

Figure 5

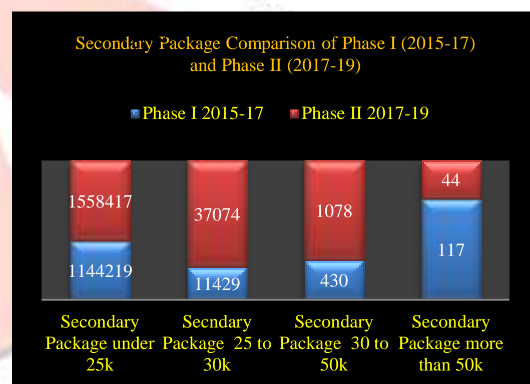

Figure 6

High claim ratio may be one of the reasons for frauds and abuse of the scheme and inadequate package rates can make scheme unviable for both private and public hospitals. Hence, a robust IT infrastructure is needed which not only track real-time data but also conduct data mining to identify frauds. Detailed fraud prevention guidelines and a penalty structure for violation should be established.

CONCLUSION

There are many critical gaps in public health services due to which empanelled hospital count is so low. The claim counts as well as amount both are high in the private sector clearly showing the inadequate infrastructure in the public sector. The availability of skilled human resource is a challenge. The doctor-to-patient and nurse-to-patient ratio are very low. Weak strategy for resource creation, optimization and in the rationalization of public hospitals especially in the rural areas.One of the reasons for the increase in same packages blocked and sudden increase in secondary and tertiary packages in private hospitals directing Fraud depicting the high claim ratio. This attribute towards abuse of the scheme. On the other side, in the public sector, it shows an increase in ALOS which is inversely proportional to Quality Patient Care Services, an important critic against Public Health Services and de-motivates the people to avail the services and forced by default to choose private sector resulting in high OOPE shows weak monitoring and supervision despite the scheme being cashless. Government must be more accountable for Scheme Implementation, Careful Monitoring and Control to ensure effective Claim Management and measure Health Outcome and increase Confidence in the system.

RECOMMENDATIONS

1. Patient Engagement:

Active engagement provides the right to hold others accountable. The success of the scheme largely depends upon citizen/patient engagement, higher awareness of the initiatives, basic understanding of inclusion and exclusion that shall enable better patient navigation and prevent from fraudulent traps.

2. Provisioning of standardised care:

Provisioning of standardised care should be a key priority under Ayushman Bharat in coming times.GOI had developed Standard Treatment Guidelines (STGs), Mandating the implementation of STGs and robust monitoring is likely to drive quality and standardize care across unstandardized providers.

3. Hospital Performance and Grading Index: Adopting a grading system designed to assess hospital performance and develop quality index with rating. Such a grading index and rating shall provide navigation support to every patient on the quality of healthcare services imparted by a hospital.

4. Learning academy and E-learning system: The system can be strengthened further by developing national/ state level learning and development portal utilizing E-content, innovative tools, online and classroom-based interactive learning, gamification, on-demand training videos, learning pathway, etc. A mix of campus and e-learning system could be leveraged tohost content sourced from multi-sectoral partners to provide mandatory and on-demand skilling training and certification.

5. Integratingtechnology: Technologies will be key enablers in this initiative and journey considering various constraints including skilled workforce.

6. Re-thinking private as partners:Many of the large private healthcare players with significant capacity, and investment are yet to shift their business model and strategy. The current mixed picture raises the question of who else may be willing to take up the opportunities created by Ayushman Bharat and suggests that there may be space for new market entrants.

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