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Emerging Health Care Model in India: Roadmap for Universal Health Coverage

Tabish S A

FRCP, FACP, FAMS, MD HA (AIIMS), Doctorate in Educational Leadership (USA)
Sher-i-Kashmir Institute of Medical Sciences, Srinagar
Correspondence: Professor, M9, Rawalpora Housing Colony, Sanat Nagar, Srinagar-190005

Abstract: ***Ayushman Bharat-National Health Protection Scheme (AB-NHPS) is the largest government-sponsored healthcare scheme in the world aimed to provide healthcare facilities to over 10 crore families (8.03 crore families in rural and 2.33 crore in urban areas will be entitle), covering urban and rural poor families as per the socio-economic census of 2011. It will also benefit the lower middle-class, middle-class and upper-middle class by job opportunities in the medical sector as new hospitals will open in Tier-2 and Tier-3 cities. This scheme is targeted at poor, deprived rural families and identified occupational categories of urban workers' families. To ensure that nobody is left out (especially women, children and the elderly), there will be no cap on the family size and age under the AB-NHPS. The scheme will be cashless and paperless at public hospitals and empanelled private hospitals. It will cost the exchequer around INR 5,000 crore this year because of the time taken to rollout the scheme. The scheme will cost INR 10,000 crore when it is rolled out across India next year. AB-NHPS is largely seen credit positive for insurance companies as it will aide in higher premium growth as it will help grow health premiums and provide insurers with cross-selling and servicing opportunities. At a time when cost of private health care is shooting up, a universal health insurance scheme is expected to be lapped up by the poor. The scheme can be a step in the right direction to reach out to the poorest of the poor just before the next elections. Will NHPS ensure healthcare for all and wellness for all is a matter of time to see.***

1. Introduction

On 15th of August 2018, on the occasion of India's 72nd Independence Day, Prime Minister Narendra Modi announced his government's new national healthcare program: Ayushman Bharat-National Health Protection Mission (NHPS). The program, referred to as 'Modicare,' is the most expansive government-initiated medical coverage program of its kind the world over. Under the program, the government will extend a health plan of INR 500,000 per annum to 10 crore families in India. The program comprises over 1,000 treatment plans. Building on its predecessor, the RashtriyaSwasthyaBima Yojana (RSBY), which offered a coverage of INR 30,000 to each household, the new scheme marks a 1500% increase in the coverage offered to each family. The NHPS was formally launched on 25 September 2018.

The Origins of National Health Protection Mission

On 1st February 2018, Finance Minister Arun Jaitley presented the Union Budget and introduced the nation to the proposal for a massive healthcare scheme that would far outstrip all its national and international contemporaries both in terms of expenditure and scope.

The push for the Ayushman Bharat-National Health Protection Mission stems from the decision of several State/Union Territory Governments and Central Ministries to provide their own individual healthcare programs for specific demographics. In order to be able to prioritise health care at a national level, the Government of India and healthcare experts identified the need for an overarching program that would both contribute to and coordinate the efforts of the more localized and specialized schemes such as the Senior Citizen Health Insurance Scheme (SCHIS) and the RashtriyaSwasthyaBima Yojana (RSBY).

The RashtriyaSwasthyaBima Yojana (RSBY), introduced in 2008 under the Ministry of Labour and Employment, serves as the foundational block for the new Ayushman Bharat-National Health Protection Mission, with the latter building on the former to provide a more comprehensive healthcare plan. So far, under the RSBY, the Central government was responsible for funding 75% of the expenditure and the remaining 25% was to be funded by the State governments. The RSBY it was introduced in 15 states and was primarily intended to aid families Below Poverty Line (BPL). The RSBY was shifted to the Ministry of Health and Family Welfare (MoHFW) in April 2015.

The Modicare scheme has drawn comparisons with the Affordable Care Act spearheaded by former United States President Barack Obama. Indeed, the scheme has been designed drawing inspiration from the Obamacare model, a move that has been recognized as the Indian government's commitment to creating a universal healthcare program that guarantees protection to everyone in need. In his speech during the unveiling of the budget in February 2018, Finance Minister underlined the government's commitment to the mission, saying, "India cannot realize its demographic dividend without its citizens being healthy."

The Proposal & The Plan

The NHPS will assist 500 million people from financially struggling families. Census statistics peg the number for 41.3% of the entire population. The government will establish a national health agency to supervise the functioning of the NHPS at the state level- the Ayushman Bharat National Health Protection Mission Agency (AB-NHPMA). At the local level, the state healthcare institutions will bear the responsibility of enforcing the National Health Protection Scheme (NHPS). The Central government is likely to advise State governments to formally establish a State Health Agency (SHA); the State governments will not have to create a new institution but can instead repurpose an

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existing entity such as an insurance agency, a Non-Profit, Society or Trust to serve as the SHA.

As a stepping-stone to the NHPS, the government intends to establish Health and Wellness Centres under the umbrella of the AB-NHPS. The purpose of these centres will be to treat cases of non-communicable illnesses and extend primary care to children and young mothers. The proposal also includes plans to distribute essential medicines and diagnoses free of cost.

The NHPS will include an insurance ceiling for every family and 4 in 10 Indian citizens will be able to seek secondary and tertiary treatment in private and government hospital. Secondary treatment plans will incorporate medical care provided by highly trained healthcare practitioners both for short duration inpatient stays in critical cases as well as outpatient care. Tertiary healthcare services will be extended to patients admitted for extended periods needing the expertise specialists.

To be able to successfully meet the increased scope of responsibility and make healthcare universally accessible to all its citizens, the government will establish more Government Medical Colleges and Hospitals. The aim is to run at least 1 medical college per 3 parliamentary constituencies. Currently, there are 479 medical colleges associated with the Medical Council of India (MCI) serving 543 parliamentary constituencies. The bulk of these colleges are centered in and on urban areas, thus contributing to the disparity in healthcare access across the country.

The 2011 socio-economic caste census (SECC) is to be used to establish a list of those in need of care under the new scheme. Entitlement to the program will also be informed by the deprivation criteria as highlighted by the SECC guidelines. Some of the markers are:

- Scheduled caste/Scheduled Tribe families; landless households dependent on manual casual labour for earnings.
- Households headed by females lacking adult male relatives between 16 and 59 years of age.
- Rural households consisting single room structures with ‘kuchha’ (non concrete) roofs and walls.
- Households without any adults aged between 16 and 59 years.
- Disabled individuals with no able-bodied of-age family.
- Bonded laborers in rural areas who have been legally released.
- Families without shelter in rural areas.
- Primitive tribal communities in rural areas.
- Those surviving on alms in rural areas.
- Families dependent on manual scavenging in rural areas.
- In urban localities, the government has earmarked 11 occupation groups that are eligible for aid under the program.

The costs of the NHPS will be divided between the Central and State Governments in accordance with the ratios decided by the applicable Ministry of Finance rulings of the time. The expenses will be decided based on the current market-informed premium in States/UTs where insurance companies will oversee the administration of the scheme. In States/UTs where a Society/Trust will administer the scheme, the expenses incurred or the premium ceiling (whichever is lower) will decide the Central government’s share, as per the prearranged ratio.

2. The Scope of the Scheme

The NHPS will not only reach 500 million vulnerable citizens, it also marks an inclusive approach to healthcare in that it shuns parameters such as age groups and family size.

The program will incorporate widely-requested medical treatments and services such as coronary bypass surgery, C-section and knee replacement at prices that are 15-20% lower than those extended by the Central Government Health Scheme (CGHS). The NHPS will incorporate close to 1354 treatment packages and will offer specialty services such as cardiology, orthopedics, ophthalmology, oncology and urology. The health ministry is also looking into treatment plans for more critical cases such as cancers. Apart from the actual treatment itself, the scheme will also provide relief for ancillary expenses incurred by patients and their families while seeking medical intervention: consultation fees, medicines, patients’ meals, diagnostic tests, surgical supplies and equipment and procedural costs will be covered under the scheme. Also included are expenses such as registration fees, general ward stays and nursing. The program willalso consider expenses incurred before and after hospitalization as well follow-up meetings.

In the event that a patient requires multiple surgeries, the most expensive first procedure will be provided for under the scheme, and the subsequent second and third procedures will receive partial funding at 50% and 25% respectively. Expenses beyond this limit will have to be paid by the patients themselves.

The final draft of the proposal highlights certain determinants that will define eligibility criteria and claims categories. These include details such as the minimum duration of hospitalization and authorization of interventions before and after surgical procedures. These determinants have been finalized considering the suggestions of the Indian Council of Medical Research (ICMR) and NITI Aayog.

The Modicare program prioritizes patients and families but will also benefit private hospitals. Hospitals affiliated with the National Accreditation Board for Hospitals & Healthcare Providers (NABH) will receive a 10% boost for entry-level institutions and a 15% boost for advanced level institutions, while those functioning in underdeveloped settings will also be awarded a 10% increase.

The Potential of NHPS

The potential of NHPS is best understood in terms of the reduced costs to be enjoyed by beneficiaries. Depending on the complexity of the surgery, patients could enjoy rebates of as much as INR 50,000.

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These discounts are best appreciated in terms of costs incurred at private hospitals versus those under the NHPS. For example, a C-section would cost approximately INR 150,000 at a private hospital and INR 90,000 under the NHPS. An angioplasty at a private hospital may cost anywhere between INR 150,000 and 200,000 while beneficiaries of Modicare will be able to undergo the treatment between INR 50,000 and INR 60,000. While exact prices may change from year to year, these comparisons do lend weight to the argument that the NHPS cover will spell significant savings for its beneficiaries.

Treatment programs under the Ayushman Bharat-National Health Protection Mission will include psychiatric treatments as well as pediatric care. The CGHS (Central Government Health Scheme) prices have informed the structure of the NHPS model. Owing to the greatly reduced costs and the resultant savings, patients will now be able to opt for more treatments should they need them. The long view of the new Ayushman Bharat healthcare plan is that the comprehensive coverage offered by the program will also have a ripple effect on general healthcare, eventually prompting healthcare providers to take the competitive pricing into consideration and reduce industry rates for the regular client as well.

An Overview of Healthcare in India

India, with a total of 1,349,985,632 (1.34 billion) individuals is the second most populous country in the world. India represents almost 17.85% of the global population, implying one out of six people on this planet is of Indian origin. With the population growth rate at 1.2%, India is predicted to cross 1.53 billion in population by the end of 2030.[1]

India's rapidly growing population is caused by significant factors like poverty, illiteracy, high fertility rate, rapid decline in the death or mortality rates and immigration from Bangladesh and Nepal.

Health expenditure

A large percentage of Indians purchase health care from the private sector, which causes the high proportion of health care-related expenditure. To reduce this burden, the government must strive to improve the availability and affordability of generic and essential medicines in the market. This is possible because India possesses a huge pharmaceutical industry which is a major source of generic medicines globally.

In India, where people on an average, incurmore than70 percent out of the pocket cost on medical facilities, health crisis is often a precursor to financial crisis. There are about 57 percent unqualified medical practitioners with just 1 in 5 doctors in rural India qualified to practice medicine, where pharmaceutical companies are having a field day at the expense of the wellbeing of millions of people, according to an WHO estimate.[2] Private sector can play a complementary role, not a supplementary role. India can have a free market, but “market in its place” of course with a price regulatory mechanism.

If the public sector cumulatively incurs 30% of the total health expenditure, the consumers bear the remaining health expenditure (70%). Household health expenditures include out of pocket expenditures (95%), which refer to the payments the individuals make directly at the point of services and not covered under any financial protection scheme, and insurance (5%). The highest percentage of out of pocket health expenditure (52%) is for the purchase of medicines, followed by payment for services at private hospitals (22%) and diagnostic centers (10%), as well as for patient transportation and emergency rescue (6%). Out of pocket expenditure (71%) is typically financed by household revenues. Nearly 86% of the rural and 82% of the urban populations are not covered under any scheme of health expenditure support. Therefore, this huge out of pocket health care expenditure forces nearly 7% of the population below the poverty threshold every year.

From among the total number of persons covered under health insurance in India, three-fourths are covered by the government-sponsored health schemes, while the remaining one-fourth are covered by private insurers. Regarding the government-sponsored health insurance, more claims have been made than the premiums collected, i.e., the returns to the government have been negative.

The NHPS will at first provide coverage for hospitalization at the secondary and tertiary health care levels. However, most of the out of the pocket expenditure borne by the consumers goes towards the purchase of medicines (52%) as mentioned earlier. Most often, these purchases are incurred for patients not requiring hospitalization.[3]

According to a Public Health Foundation of India estimate, around 55 million Indians were driven to poverty in a single year because of having to pay for their own health care and 38 million of them dropped below the poverty line due to expenditure incurred for medicines alone. According to this study, published in the British Medical Journal, noncommunicable diseases like cancer, heart diseases and diabetes are responsible for the biggest slab of spending on health by the households called “catastrophic expenditure”. [4]Health expenditure is termed catastrophic if it consumes 10% or more of the overall household expenditure.

Access to Health Care

Access to healthcare in India has been largely limited to urban areas both because of infrastructure and expenses. The NHPS has been specifically designed to assist the financially struggling sections of the population. The primary thrust of the program is to help those in need, and if the program proves sustainable, it will eventually be of use to the greater general population as well. As of the launch, the primary concern is funding and securing long-term, viable investments.

The NHPS needs an expenses fund of more than INR 100,000 lakh crore (USD 1,000 billion). Securing these funds might prove difficult and cynics have pointed that the 2016 Union Budget included a health plan intended to offer coverage of INR 100,000 per family and said plan has not been enacted as yet, which may signal some challenges down the road to the NHPS.[5]

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Research proves that developed nations that prioritize national healthcare choose to invest in their citizens' wellbeing as a means of building a strong and economically stable country. The Heritage Index of Economic Freedom 2018 details the financial strengths enjoyed by citizens across the world and states that top ranking countries are marked by their investment into universal healthcare programs. India is placed at 130 out of 180 countries in the research.[6]

Another challenge facing the healthcare community in India is the inadequate doctor-to-population ratio. *The Health Workforce in India* report of the World Health Organization finds that there are approximately 79.7 doctors per 100,000 people in India.[7]

According to World Health Organization's Ranking of the World's Health Systems, India is placed at 112 and France tops the list. French have a Universal Healthcare System.France's excellence in health care delivery is probably due to two major factors: it is extraordinarily open and communicative with patients and families which reaps significant patient safety benefits; and it has far more doctors per capita so physicians want patients and patients get a choice. Poor ranking thus necessitates the transformation and reform in health care in India.[8]

The Ayushman Bharat program hopes to improve the healthcare scenario in India by correcting the struggling per capita expenditure at the standard Purchasing Power Parity (PPP). Purchasing Power Parity can be understood as the net outlay on a specific good/service after the expense has been normalized by taking the exchange rate into consideration. World Bank data shows that India's per capita expenditure registered at $267 in the year 2014, staggeringly lower than the universal average of $1,271. India has ranked lower than other developing Asian countries such as Indonesia and African countries such as Djibouti and Gabon, which have an average healthcare per capita expenditure of $338 and $599 respectively.[9]

NHPS in A Nutshell

The key takeaways about the Ayushman Bharat-National Health Protection Mission are:

- Over 10 crore Indian families will benefit from the program and be eligible for INR 500,000 in medical coverage per annum.
- The program will offer care at both public and private hospitals within its network, and public hospitals will automatically count as 'network hospitals' on a permanent basis.
- The RSBY and SCHIS pre-existing schemes will be absorbed into the NHPS.
- Working with NITI Aayog, the NHPS will develop a dynamic, interoperable and integrated IT network that will facilitate electronic, cashless payments. The system will promote paperless transactions and prevent/identify cases of exploitation, fraud and misappropriation. The government is preemptively planning to reinforce the idea with a Grievance Redressal Mechanism.
- The government will process payments on the basis of a package rate, which will encompass all expenses related to the treatment as decided by the government. Transactions will be cashless for beneficiaries.
- Treatments involving some degree of moral risk will have to receive prior clearance.
- A dedicated CEO will be assigned control of the scheme to oversee its administration and implementation.
- The government will craft an extensive media and outreach program incorporating print, electronic and traditional media along with social media, outdoor programs and IEC materials. These will be designed to raise awareness and enthusiasm about the Ayushman Bharat-National Health Protection Mission and promote direct engagement between the government, the program recipients and stakeholders.
- The Ayushman Bharat National Health Protection Mission Governing Board (AB-NHPMGB) and the Ayushman Bharat National Health Protection Mission Council (AB-NHPMC) will be established to ensure efficient implementation and to synchronize the efforts of the Central and State governments.
- Pre-existing conditions will be incorporated into the package from the very beginning.
- The benefits of the scheme will be transferrable across the country.
- Beneficiaries will receive a transport allowance for each hospital visit.
- The program will be structurally flexible in order to account for demographic changes and new census findings as and when they may arise.

Currently, 80% of the inpatient costs are funded directly at the time, with 68% of people using their savings to fund treatments and another 25% borrowing funds. Since close to 40% of the Indian population will be covered by the NHPS, these statistics and the debts associated with medical care are going to drop significantly. A greater number of people will be able to access timely and appropriate healthcare and many complications from advancing illnesses will be avoided as people will no longer have to ignore their conditions for lack of financial means. The Ayushman Bharat scheme aims to not only provide affordable universal healthcare and promote national health, it will also contribute to an improved national healthcare environment, generate employment opportunities and augment quality of life at a large scale.

Capacity Building

Besides the NHPS, the government plans to set up 150,000 Health and Wellness Centers under the Ayushman Bharat program, to provide treatment for noncommunicable diseases and disburse primary care to young mothers and children. Free supply of essential medication and diagnostics is also in the pipeline.

To satisfy the growing demand for accessibility to health care, more Government Medical Colleges and Hospitals are being planned to fulfill the goal of having at least one medical college for every three parliamentary constituencies. At present, 479 medical colleges are affiliated to the Medical Council of India (MCI) as against 543 parliamentary constituencies. However, an uneven spatial distribution is evident, with more colleges clustered around the urban centers.

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The number of doctors per 100,000 population is also below the ideal. According to a World Health Organization (WHO) report, *The Health Workforce in India,* the country has only 79.7 doctors on average, per 100,000 people.[10]

According to the data compiled by the World Bank, India's health expenditure per capita was $267 in 2014, very much lower than the world average of $1,271. The per capita spending on health care in India is also less than that of the other developing countries like Indonesia, and the African countries of Djibouti and Gabon, where the average citizen spends $338 and $599, respectively, on health care.[11]

As per a report of Ministry of Health and Family Welfare (government of India), there is a 22 percent shortfall in Primary Health Centres while 80 percent of posts in Community Healthcare Centres in rural India are vacant. Out of about one million doctors only 10 percent work in public sector. There is one doctor for every 10,000 people, one hospital bed for every 2000 people and one government hospital for every one lakh people in India.[12]Another reportof Comptroller and Auditor General of India states that there is a 27 percentage shortage in clinical equipment and 56 percent shortage in non-clinical equipment in government hospitals. [13]

The NHPS will cover nearly 1354 packages that have been finalized by the Health Ministry. Around 23 specialties from Cardiology to Oncology to Ophthalmology, Orthopedics and Urology, are cited for inclusion in this package. Some even include special treatment for complex diseases akin to cancer.

All the public hospitals will be deemed empaneled under the scheme, while the private hospitals will be empaneled based on specific criteria. The Ministry of Health has set up a committee under the chairmanship of the Director General of Health Services which is in the process of finalizing the empanelment criteria for private hospitals.[14]

Employment generation

The expansion of operations in the private sector will produce the 'largest chunk' of jobs focused on providing implementation support at the Central and State levels.

The AB-NHPM is expected to generate more than 100,000 'long-term' skilled and semiskilled employment opportunities in the next four years, most of which will come from the anticipated expansion of private hospitals. The expansion of operations in the private sector will provide the 'largest chunk'. Nearly 25,000 hospitals will be empaneled in the scheme to satisfy the health care service demands. The AB-NHPM is also expected to create over 900 jobs for the government agencies managing the scheme, 1500 jobs for the insurance companies, 60,000 skilled workforce jobs in the new hospitals that have adopted the scheme, and 12,500 'Ayushman Mitra' jobs to guide the patients. Moreover, 80,00,000 'short-term' jobs will likely be created during the roll-out of the mission, for the construction of new hospitals and expansion of the existing ones.

In order to inform the beneficiaries about AB-NHPM, the government is likely to hire approximately 200,000 people on ground, for a short term.

It is argued that the scheme may include a few limitations as it may not necessarily drive the creation of more numbers of private sector hospitals because of the low reimbursement pre-fixed rates for the treatment packages. It is felt that in its present form, this scheme will not be financially viable for the private hospitals to expand to the under-served areas, because the rates of the treatment packages have clearly not been scientifically set.

One of the major concerns is from where to get the specialist doctors, as India is already facing a shortage of such doctors. Insufficient numbers of specialists are being trained in the country. Over the last few years, although the government has increased the number of medical seats in medical colleges in India by 10-20%, more seats will be necessary to produce sufficient numbers of specialists.

By 2030, India will need 2.07 million doctors to reach a doctor-population ratio of 1:1,000. This implies a growth of 151% registered doctors in the country between 2010 and 2030, according to the study estimates. In fact, the 'current ratio of practicing doctors to population is a mere 4.8 per 10,000. The total number of Allopathic Doctors registered (up to 2016) were 1,005,281. There is an increasing trend in the availability of Allopathic Medical Practitioners, Dental Surgeons and Nurses per 100,000 population over the years. The number of Dental Surgeons registered with Central/State Dental Councils of India up to 31.12.2016 was 1,97,734. while that of registered AYUSH Doctors in India as on 01.01.2016 was 7,71,468. There are 3123 Institutions for General Nurse Midwives with admission capacity of 125,762 and 777 colleges for Pharmacy (Diploma) with an intake capacity of 46,795 as on 31[5t] March, 2016. There are 14,379 government hospitals with 6,34,879 beds in the country. Rural areas have11,054 hospitals with 209,010 beds and the urban areas have 3,325 hospitals with 4,25,869 beds. As 70% of India's population lives in rural areas, to cater to their needs, there are 1,55,069 subcenters, 25,354 Primary Health Centers and 5,510 Community Health Centers in India as on March 2016.[15]

To achieve the target of doctor-population ratio of 1:1000 an impeccable growth rate of the registered stock of doctors by 151% is essential, in the 20-year period from 2010. Moreover, it may be noted that even 1 doctor per 1000 people in the aggregate may not necessarily ensure adequate access of doctors in the rural areas. A genuine commitment to provide adequate, equitable, and sustainable health care to the rural population is to innovate and mandatorily introduce a special cadre of practitioners for rural areas on a pan-India basis. Given the rather insufficient growth rate of 14.41% achieved in the stock over a 5-year period between 2010 and 2014, the projected 151% appears to be an almost impossible target to achieve within the remaining 15-year period.[16]

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3. Impact and Implications

The NHPS may exert a transformative impact if it is effectively implemented in a coordinated manner. It is rather doubtful if the NHPS scheme, which primarily offers support to the clinical services like hospitalization, can help to fix the broken public health system prevalent in the country. Most Primary Health Care centers constantly experience a paucity of doctors and even district hospitals function without specialists.

Health care in India is presently in a state of transition. Infectious diseases continue to remain a threat to health and economic security. At the same time, the country needs to confront the emerging challenge of chronic lifestyle (noncommunicable) diseases such as cardiovascular diseases, diabetes, and cancer, which are now the leading causes for mortality. Moreover, rapid industrialization and urbanization have further accelerated the rate of morbidity and mortality due to injury, particularly in terms of motor-vehicle accidents. Therefore, India today, is living under the shadow of a triple burden of disease: communicable diseases, lifestyle diseases and emergent infection.

To cope effectively with these challenges, the government of India approved the largest government-funded health program, the NHPS with the objective of providing secondary and tertiary health care, mainly for hospital care. This scheme will likely benefit above 37% of the population, implying coverage will be extended to nearly all the poor and vulnerable families. The implementation will cost the government INR 12,000 crore, with the Central and State governments sharing it on a 60:40 basis, respectively.

Further, the government has announced the setting up of or conversion of 150,000 subcenters in the country into so-called "Health & Wellness" centers which will offer a set of services including maternal and child health services, mental health services, vaccinations against selected communicable diseases, and screening for hypertension, diabetes, and some types of cancer. The subcenters which at present serve about 5000 each, are manned by only two paramedical staff.

The NHPS is driven by two main aims, viz., to strengthen the availability of primary health care which has been lacking in the country and to offer financial protection from catastrophic expenditure, often encountered when a family member falls ill and requires long-term health care.

For a claim ratio of up to 85%, the insurance companies can retain the balance. For any amount below that, they will need to return the money to the government. This will prevent any windfall gains for the insurance companies. The beneficiaries should enjoy the maximum benefit. Insurers will need to return a share of the premium collected from the government for failing to meet a healthy claim ratio. Claim ratio is calculated as the total value of all the claims paid by the company divided by the total amount of premium collected in a financial year. A claim ratio of 75-90 is usually accepted as an indicator of a robust claim settlement system by an insurer.[17]

4. Implementation is Key

The NHPS, if correctly implemented, could be transformative and innovative by enhancing the accessibilityto health care, which will include early detection and treatment services for a large section of society who would otherwise be unable to afford them. This initiative could help the country advance towards universal health coverage and equitable access to health care. As health is a State subject, ownership and commitment by the State will be critical for the success of the program.

The NHPS is not likely to be able to fix the broken public health system in the country. The most critical issue continues to be the limited and unequal distribution of human resources at various levels of health services. Most Primary Health Care centers experience a perennial shortage of health professionals and even district hospitals are functioning without specialists.

Unless the human resource situation is addressed, public sector health care will remain low in quality and largely unacceptable, forcing patients to seek help from the private sector. It is felt that the NHPS is likely to benefit the private parties more than the government health services. This will ultimately be unsustainable and even detrimental for the poor, for whom the scheme is primarily envisioned.

To accomplish effective implementation an independent body or agency may be established within the Ministry of Health & Family Welfare to plan, coordinate, and supply technical backstopping to the States, including capacity building and development of the standards and guidelines needed for this program. Such a unit will ensure a uniform and systematic approach to implement this program across the country.[18]

Massive galvanizing of the healthcare system including careful coordination with healthcare providers is the key to success. The opportunities for graft have to be addressed.

Looking Ahead

Although India has made some progress in improving the quality, the broader economic and social costs of poor quality of care are projected to cost a huge amount. India will need to focus on the UHC and ensure that those services are of high quality. Quality care is an absolute requirement for universal health coverage.

A good health care system needs more money as well as properly trained health professionals and good hospitals and clinics. Establishing more primary health facilities, distributed evenly throughout the country and within the reach of low-income families, is vital. Focus on health services research is critical. Health education must reach the out-of-reach, ordinary people living in rural and remote regions. Medical education needs to be revamped to produce the doctors of the twenty-first century. More general practitioners are required to serve the population.

Health care at its essential core is a public good. Its demand and supply should not be allowed to be regulated solely by the market. Health policy must consider the progress made

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in mitigating poverty and providing health care to the poor, addressing the inequalities, generating employment, promoting preventive selfcare and reducing the risks and coping with lifestyle changes.

Zero tolerance for corruption must be ensured. Poverty should be eradicated. The management of the health care delivery system should be professionalized and strengthened. The private sector should be regulated and its role clearly defined. Special attention must be focused on a sound and dependable referral system. The prevailing health inequalities must be addressed through a much higher level of transfer of public resources for provision and financing.

5. Conclusion

If effectively implemented, the NHPS is expected to make a substantial difference in the Indian health care system over the next decade. Being the largest health insurance plan, from a global perspective, its vision is to cover 50 crore beneficiaries (poor and vulnerable).

The implications involved in the Indian health care sector need to be understood in terms of its potential impacts on the patients, providers and payers, i.e. the government. The scheme covering 100 million families, is expected to generate greater patient demand for the health care system, induced by the increased population coverage and enhanced cover amount per family, as well as procedural ease. The scheme is likely to close the gaps between the north and south of the country, between the urban and rural divide, so far as the demand and supply are concerned. Thus, health inequalities will be addressed to a large degree.Drafting of a comprehensive policy framework and implementation of stated objectives is critical to the implementation of NHPS.

India requires an integrated approach to reach out to the whole population and train the various service segments providing them. In a scenario of mass inclusion, where 100% of the population has health insurance cover, India needs to focus on the Universal Health coverage. affordable health care must reach the unreached and the NHPS is a commendable step in that direction.To achieve the troika of quality, affordability and access in healthcare system, community participation in health policy, planning and delivery is essential.

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Key Messages:

- India launches National Health Protection Mission
- Will cover more than half a billion population of Indian poor
- Largest Health financing/insurance scheme of the world
- A step towards Universal Health Coverage
- If properly implemented will transform the healthcare in India
- Can be a model for other countries to emulate

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