

Concerns in Ayushman Bharat

What is the issue?

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- \bullet The Ayushman Bharat-National Health Protection Mission (AB-NHPM) needs a relook, given the implementation concerns with it. $\$
- Click <u>here</u> to know more on the scheme.

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Why AB-NHPM?

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• Rising out-of-pocket expenditure (OOPE) of the citizens is a key concern in the healthcare sector.

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- Among different sources of healthcare financing, 67% of the total health expenditure comes from households' pockets.
- Health expenses push about 7% of the population below the poverty threshold every year.

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• In this backdrop, the government launched the Ayushman Bharat-National Health Protection Mission (AB-NHPM) to reduce OOPE.

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Is it a workable measure?

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• The AB-NHPM shares its objectives with the Rashtriya Swasthya Bima

Yojana (RSBY) scheme.

- RSBY sanctioned Rs 30,000 health insurance coverage per family per year for secondary and tertiary hospitalisation.
- In the nearly 9 years of RSBY's existence, the scheme objectives are yet to be met.

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- The quality of healthcare provisioned under the RSBY was compromised because of insufficient coverage.
- In this respect, the Ayushman Bharat scheme is a positive step up, with an increased coverage limit of Rs 5 lakh.
- However, some less-desired aspects of the RSBY are reflecting in the AB-NHPM scheme as well.
- The capacity of increased coverage to reduce the actual OOPE is limited in the current form of this scheme.

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What are the continuing concerns?

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• Coverage - Despite the increase in coverage amount, the AB-NHPM is limited to only inpatient care.

- The Rs 5 lakh cover is intended for secondary and tertiary care 'hospitalisation' only.
- The outpatient expenditure, which forms a major part of OOPE, has been left out of the ambit of the AB-NHPM. \n
- Poorer people, functioning on daily income, tend to avoid hospitalisation due to the associated loss in working income. \n
- Therefore, outpatient care inclusive of diagnostics and medicines needs to be insured for them.
- **Private players** Private sector participation in healthcare services has been increasing at a quick rate in urban areas, while remaining more or less constant in rural areas.

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- In 2014-15, over 68% of hospitalised cases in urban areas, and 42% in rural areas, got recorded in private hospitals.
- Even in top-performing states with the highest government health expenditure, the spending in private sector in OOPE form is quite high.
- But the scheme, in its current form, may not be able to account for this rising private players' participation.
- The increase in compensation under AB-NHPM holds value only when it is able to induce insurance coverage for healthcare services provided by the private sector.

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• The list of hospitals empanelled under the scheme does contain many private hospitals.

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• But under the single rate card provision of the scheme, the private sector's willing participation seems unlikely.

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- This is because the prices proposed under the rate card fall much below the expectations of private sector healthcare providers.
- Medical packages list Preparing the entire medical procedure list at the central level is a potentially suboptimal move.
- This is a challenge given the heterogeneity in healthcare needs and disease prevalence across the country.
- A study under the India State-Level Disease Burden Initiative highlights the need for state-specific health interventions.
- There are comprehensive inequalities in disease burden and its causes across states.

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 \bullet So there is a deep-rooted need for disease-specific interventions, with specialised attention to associated risk factors. $\mbox{\sc h}$

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What is to be done?

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• Cooperative federalism can go a long way in addressing the above challenges.

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• States' role needs to be enhanced at planning stages, a shift from their current role as implementers.

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 \bullet E.g. states could be given the responsibility of preparing the medical package list

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- \bullet This will encourage cost-effective accounting for inter-state variation. $\ensuremath{^{\text{h}}}$
- Also, if poorer states could set up lucrative prices for healthcare packages, it could augment private investment in these states.
- \bullet So, while the objective of the scheme is welcome, the implementation challenges deserve some serious thought. \n
- Increased states' participation and inflation-adjusted rates for procedures could help India progress towards its universal healthcare goal.

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Source: Financial Express

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