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### Review Article

## Health Care Revolution: Ayushman Bharat

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### Abstract

India is a country with population of 133.92 Cr (2017). Due to the weak economic conditions people are unable to afford their health care thereby pushing 4.6 % of population below poverty line. It has also been noticed that three fourth of Indians spend their substantial part of earning on purchasing various medicines and drugs for treatment of their ailment and other health related issues. In year 2018 there was announcement of Pradhan Mantri Jan Arogya Yojana for welfare of common masses by government of India. It covers more than 10.75 populations. Each family under scheme acts benefits insurance cover of Rs 5 Lakhs. The aim of the scheme is to provide the health care service as well as health insurance to population deprived of secondary and tertiary care service. Various government and private hospitals are empanelled under this scheme. The scheme is implemented through health and wellness centres existing over the length and breadth of country for non-communicable diseases, palliative, mental, dental, geriatric care etc. Centres are also equipped with basic medical tests. On basis of SWOT analysis conducted it has been found versatile for population. Hence scheme is going to revolutionize the health care practice prevalent in India as it increases and continue to increase access to quality health care services to the common populace of our nation.

**Keywords:** Ayushman bharat, healthcare, SWOT analysis, population, challenges, out of pocket expenditure (OOP)

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### 1. Introduction

India has a vast health care system and there is significant improvement in health care system over last three decades. Despite this India faces many challenges in health sector. Some of them are human resources, health infrastructure, out of pocket expenditure, changing disease epidemiology, less health insurance coverage etc. More than half of our population are not covered under any form of health protection and must pay for their own expenses. People who cannot afford has to borrow money and sell their assets to meet their health care needs.

By launch of Ayushman Bharat scheme government of India ensures universal access to quality health care service. PMJAY will increase India's progress for sustainable development goal and achievement of universal health coverage.

Ayushman Bharat is a national health protection scheme covers more than 10.75 Cr. People. The health protection scheme has offered a benefit cover of Rs 500,000 per family per year launched by Prime Minister Narendra Modi. The scheme will consider many expenses like medical and

hospitalization expenses and includes secondary and tertiary care procedures. It also covers medical packages.

### Objectives (1)

- Stress on wellness of poor families
- Medical benefits for poor families
- At nearer distance health and wellness centres are established so as no one have to travel at for long distances

### Benefits

- Free treatment provided at enrolled private hospitals and public hospitals at time of need.
- Includes secondary and tertiary care hospitalization.
- Health insurance cover of Rs 500,000 per family per year
- Preference to women, girl child and senior citizens

- All prior existing diseases are included. No hospital can refuse treatment
- We can approach the services by cashless and paperless means
- There is 24\*7 helpline service for information, grievances and complaints
- Service is available across the country

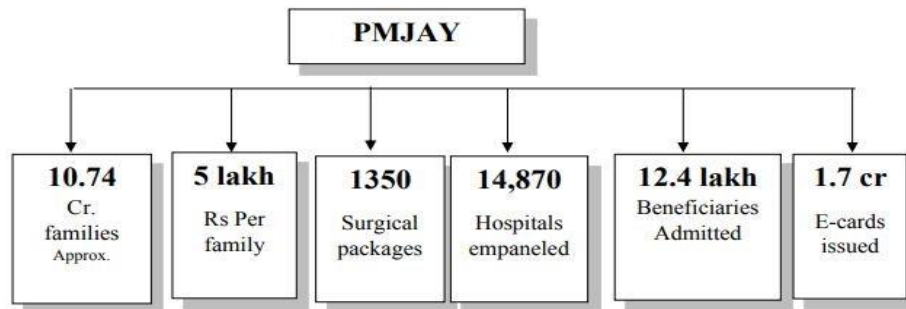


Figure 1. Overview of scheme (1)

### Population under scheme (2)

People covered under scheme are divided into 2 categories:

- Rural area categories
  - They include: families with 1room kuccha house, landless households etc.
- Urban area categories
  - They include: beggars, cobblers, labours, painters

### Requisite for hospital empanelment under PM-JAY (3)

Hospital empanelment is pursued with respective state health authority approval under criteria mentioned below:

- Hospital should be spacious with 10 in patient's beds and staff as per norms.
- It should consist of adequately qualified nursing and medical staff.
- Engaged and fully equipped medical services.
- Services like ventilator support , blood bank, dialysis unit, post op ICU care, X ray facility, pharmacy etc. it can be outsourcing or in house preference to NABL accredited laboratory.
- 24 hours ambulance service.
- Round the clock emergency facilities by technically qualified staff.
- Intensive care unit is mandatory in case of intensive care services when offered.
- Records maintenance.
- Local / state health authority makes legal requirements applicable.

- Enrolment with income tax department.
  - Adequate waiting area for patient and safe water facilities.
  - Generator and round the clock electricity supply.
1. Services should be in compliance with biomedical waste management act.
  2. Proper safety measures in case of fire.
  3. IT hardware requisite as mentioned by national health authority.

### 2. Documents requirement for PM-JAY card (1)

**Identification details:** Applicants must create their identification details. They can use their Aadhaar card or PAN card for identification.

**Age proof document:** It is required to ensue if the person is responsible enough to enroll his family in this scheme or not. Every person can take part, but enrolment is done only by adult who is earner of the family.

**Contact information:** It includes mobile no, email, phone number and address to contact the person enrolled.

**Caste certificate:** It is required as people who belong to reserved category will require their caste certificate so that they can enjoy other benefits introduced to them under this scheme.

**Family structure:** This information also to be mentioned to show if the family is joint nuclear.

**Income certificate:** It represents the annual income of a person which is a must to get enrolled under the scheme. People who come under the given annual income criteria maximum 5 lakh per year will only get the benefits of the scheme.

### Patient Access to PM-JAY (1,2)

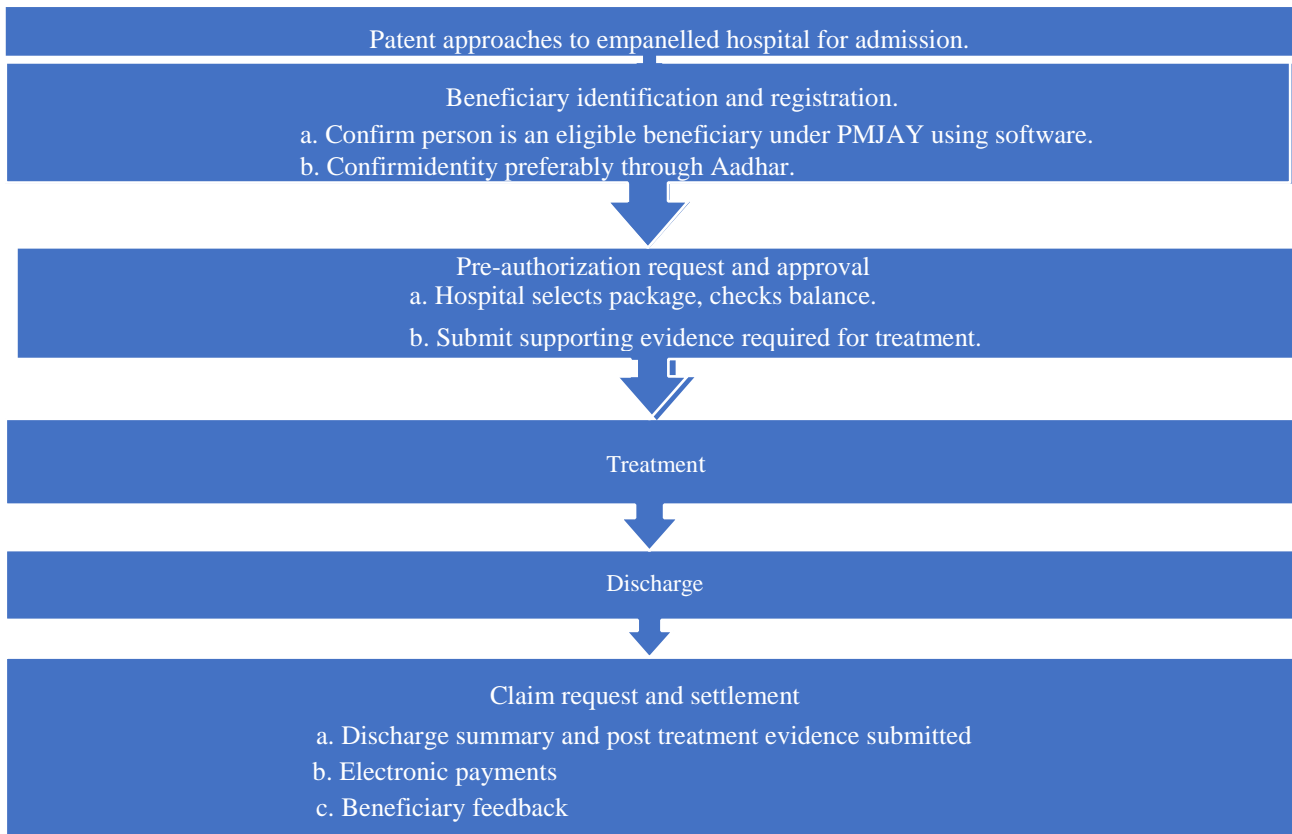


Figure 2. Process of availing care under PM-JAY

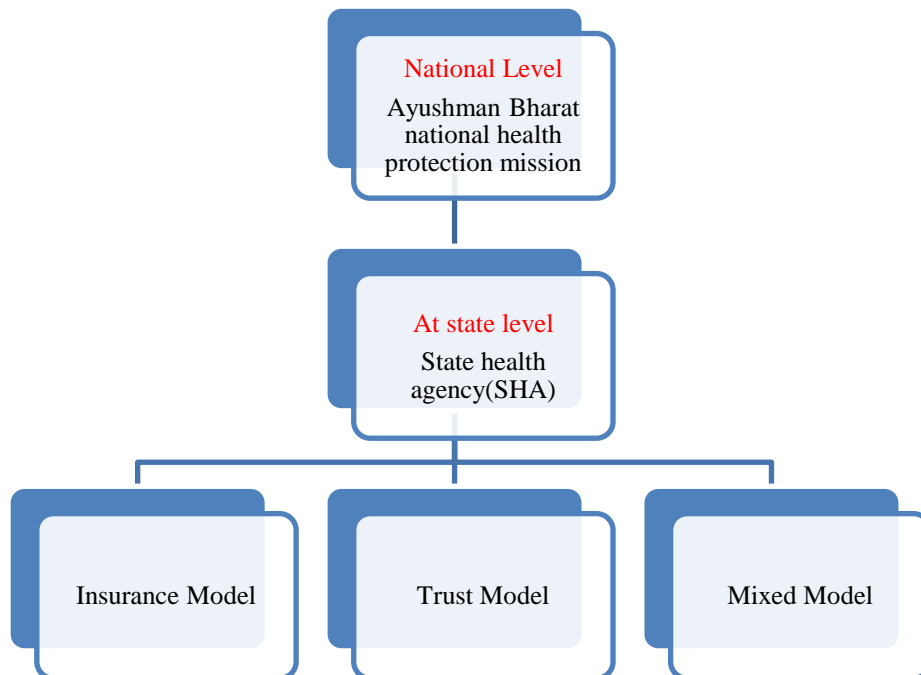


Figure 3. Implementation procedure

3. Implementation Strategy (4, 5)

Ayushman Bharat – national health protection scheme will be implemented through schemes like Rastriya Swasthya Bima Yojana (RSBY) and the Senior Citizen Health Insurance Scheme (SCHIS) which is ongoing centrally sponsored health insurance. Many people in society could not afford

the secondary and tertiary care so this scheme provide strength to those poor and deprived classes

The yogna is implemented through Health and Wellness Centres and are developed in the primary health centre or sub-centre in the village and will provide curative, promotive and preventive care for non-communicable diseases, palliative, mental,

dental, geriatric care etc. These centres would be equipped with basic medical tests.

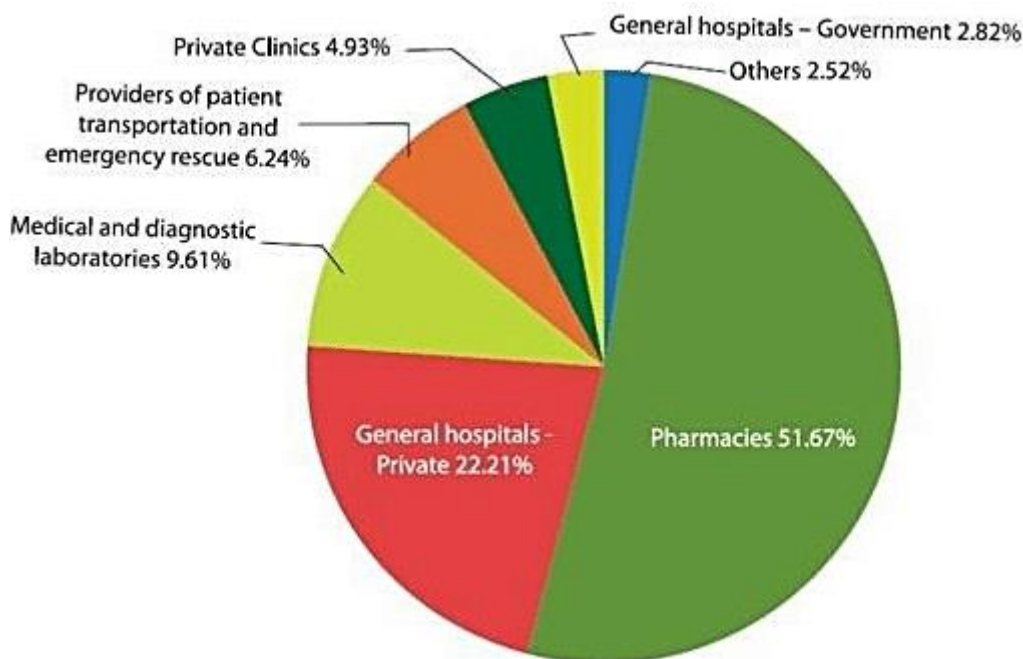
At the national level to manage, an (AB-NHPMA) would be put in place.

- States/ UTs would be advised to implement the scheme by a dedicated entity called State Health Agency (SHA)
- State can either use an existing Trust/ Society/ Not for Profit Company/ State Nodal Agency (SNA) or set up a new entity to implement the scheme

It was run by contribution of Central Government & State Government(60+40)

**4. Impact of Ayushman Bharat on Out Of Pocket Expenditure (6,7)**

- Out of pocket expenditure is payment of money directly that may or may not be reimbursed later from third party source.
- People spending on healthcare in India has been in the range of 1.01-1.3% of GDP between 2008 and 2015 and it then changed to 1.4% in 2016-17.
- Hence population spending on out of pocket expenditure in India is nearly 70% and it is quite high in comparison with other countries of the world.



**Figure 4.** Out of pocket expenditure on health care by providers (2013-2014) percentage

It is clear that the reduction of out of pocket expenditure will be the major impact on basis of:

- Increase in benefit cover to about 40% of the population (the vulnerable and poorest)
- All secondary and many tertiary hospitalization coverage.

- 5 lakh per family coverage, (no restriction on family size or age)

According to ministry of finance guidelines sharing of premium payment between central and state government in specified ratio of 60:40 respectively. The sum of spending funds will be implemented through insurance companies and will rely on market premium paid in state/UTs.

**Table 1** SWOT Analysis (8)

Strength	Weakness	Opportunities	Threats
There is an apparent shift of focus of government from child health, reproductive and disease specific areas to comprehensive primary health care.	It only includes health and wellness centres (HWCs) which is only a part of primary health care system and hence limited access.	Adjustment with National Health Portal 2017 and National Institute for transformation of India	Change in priorities of elected governments or political leadership.
There is noticeable change in focus to vulnerable and deprived	Minimum focus on reform of wider health system	Desired communal accountabilities to expedite	Limited interests by Indian states.

population from poor only.		implementation due to broad media and public attention	
Political dedication level enhanced.	It constitutes a major part of out of pocket expenditure.	Focus on universal health coverage at global and national level.	Focus on HWCS only and the other broader health system needs ignored.
Recognition of correlation between better health and economic growth of India.		Encourage developments of universal models and strategies to strengthen entire health care system in India.	Inappropriate attention on one of two initiatives.

### Influence of scheme on healthcare system (9)

- With the result of this yojna proliferation of hospitals will be seen especially in tier I and tier II cities and also improvement in equipment and infrastructure.
- Employment rate in health sector are set to expand.
- Reduction in out of pocket utilization and in its own expenditure risk in value for money.
- Scheme will have a positive influence on present healthcare environment of nation by highlighting lower price, supreme quality drugs and centralized procurement.
- Effective claims management, clinical audits and hospital scrutiny will be enhanced under the scheme.
- It will also increase the growth of IT infrastructure in medical sector that will taper the costs.
- It will assist government in determining supplementary sources of funds hence ensures fair competition for regulators.

### 5. Conclusion

Expenditure on healthcare for public in our nation is lower than 2% (GDP) gross domestic product and system also consist of number of flaws regarding workplace, availability and superiority of facilities being provided. AB-PMJAY offers financial health protection for population who comes under poverty. Due to healthcare scheme, services became accessible for poor and deprived and it also added quality to the healthcare services further is a unique chance to boost the health of millions of Indians. However there is need to overcome substantial challenges in order to enable these benefits to be perceived by our nation's population. To do so it is required to study the threats and weakness of scheme and financial protection measures should be taken. Moreover wide amendments should be made for public and private providers in order to fulfill the stated goal of offering universal health coverage for public. For favourable outcome, the programme should depend on a developed and fully resourced public sector not only to implement but to deliver and scrutinize this scheme in a better way. This yojna provides the country an

opportunity to fix the shortcomings in matters like quality control and governance which will shift India's progress from underdeveloped to stated aim of UHC provision. PMJAY lead to digitalization of records and resulting in benchmark for best practice in nation. Now poor people have choices in terms of quality and safety. There are trust based collaborations with pharmacy sectors, insurance companies, private hospitals etc. Execution and in process operation of the programme should be monitored in order to make sure that the goals are fulfilled in a defendable way. This way harmful outcome can also be avoided as it has been observed that population under scheme submit fake bills to the private hospitals. In many cases hospitals were convinced by the patient to claim amount granted under the scheme. Scheme will only be successful when we people as citizens understand our responsibilities and be honest to the government.

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### Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

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