

Affordable Healthcare: Is it doable?

A Sinha FRCS(Tr&Orth)

Consultant Orthopaedic Surgeon

Editor, BIDA Journal

Former President of the Welsh Orthopaedic Society
and British Indian Orthopaedic Society



Abstract: Globally healthcare is managed by a combination of Government funded and private insurance allocations. UK is unique, as the government funded National Health Service ethos serves the whole nation. USA had introduced Obamacare in 2010, which has been repealed partially in 2017. India with its massive population and poor health infrastructure has initiated a reform in its delivery of healthcare by the introduction of Ayushman Bharat. How could the UK participate and transfer the skills of the NHS to this new concept of the healthcare delivery to India and other commonwealth partners?

INTRODUCTION

The NHS in the UK is like a religion, which binds the whole nation. This has never been more true now as the NHS team of Healthcare workers and the support team are fighting to save the lives of the nation from the relentless onslaught of COVID-19. The principles and values, which guide the NHS binds the together the communities and people it serves and the staff who work for it (Box 1).

Box 1: Principles of the NHS

1. The NHS provides a comprehensive service, available to all
2. Access to NHS services is based on clinical need, not an individual's ability to pay
3. The NHS aspires to the highest standards of excellence and professionalism
4. The patient will be at the heart of everything the NHS does
5. The NHS works across organisational boundaries
6. The NHS is committed to providing best value for taxpayers' money
7. The NHS is accountable to the public, communities and patients that it serves

Globally, healthcare is managed by each country by both free government sponsored funds and private insurance facilities. Even the richest country in the world, the USA has struggled for several years to provide affordable healthcare to millions of uninsured Americans. It was in March 2010 that Obamacare, formally known as the Patient Protection and Affordable Care Act (ACA) came into force as a comprehensive healthcare reform signed into law¹. The Affordable Care Act was designed to reduce the cost of health insurance coverage for people who qualify. The law includes premium tax credits and cost-sharing reductions to help lower costs for lower-income individuals and families. It also allows children to remain on their parents' insurance plan until age 26. However, Obamacare was heavily criticised by his successor. Attempts by the new government in 2017 to repeal the law altogether were not successful. However, the government substantially scaled back its outreach program

to help Americans sign up for the ACA and cut the enrolment period in half.

NATIONAL HEALTH POLICY OF INDIA

India remains a country with among the lowest levels of public health spending, despite the government's commitment to expand funding. India is bound to become the most populous nation in the world in the near future. For most Indian citizens, quality healthcare has remained a luxury good. It is a well-known fact that the private healthcare attracts almost 60 – 80% of the population for their health needs, even by those who can't really afford it². Every year more than 6 crore Indians are pushed into poverty because of catastrophic out of pocket medical expenses³. A sample survey in 1956 indicated that 40% sell their assets for private care⁴. The WHO measured overall health efficiency in 191 countries placed France and Italy the top two with UK in 18th place, USA 37th and India 105th (WHO report Series 30)⁵.

The Indian Constitution makes the provision of healthcare in India the responsibility of the state governments, rather than the central federal government. It makes every state responsible for raising the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties⁶. The National Health Policy was endorsed by the Parliament of India in 1983 and updated in 2002, and then again updated in 2017⁶.

The private healthcare sector is responsible for the majority of healthcare in India, and most healthcare expenses are paid directly out of pocket by patients and their families, rather than through health insurance. Government health policy has thus far largely encouraged private sector expansion in conjunction with well-designed but limited public health programmes.

INTRODUCTION OF AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA IN INDIA

I was appointed to a Primary Health Centre in 1983 after my post graduation. I served the State Health service there for 2 years. The villages all around were farming communities

with virtually no emphasis on improving the level of education and physical health. Although I enjoyed my period with another senior colleague, the facilities at the Health centre were meagre and very basic and the district hospital was approximately 40 miles away. I would be keen to know the progress of the facilities at present. What I am pleased about is the introduction of a government funded health insurance project, which was launched in Sept 2018 by the Government of India, called the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY)⁷.

Scheme

The scheme envisions to alleviate the condition of 50 crore poor and vulnerable Indians aiming to provide free health coverage at the secondary and tertiary level to its bottom 40% deprived population. It encompasses a number of schemes. The Central Government Health Scheme offers health services through Allopathic and Homeopathic systems as well as through traditional Indian forms of medicine such as Ayurveda, Unani, Naturopathy, Yoga and Siddha⁷.

Ayushman Bharat scheme is the world's largest and fully state sponsored health assurance scheme, which covers a population of the combined size of USA, Mexico and Canada⁷.

Ayushman Bharat involves a two-pronged approach of improving the comprehensive primary healthcare infrastructure on the ground with the rollout of 1.5 lakh Ayushman Bharat - Health and Wellness Centres (AB-HWC) across the country by 2022, and offering substantial financial protection to the poorest 50 crore Indians with secondary and tertiary healthcare insurance (Box 2). This massive project has tremendous potential.

Box 2: Provisions of the Ayushman Bharat PM-JAY scheme (www.pmjay.gov.in)

- PM-JAY is a health assurance scheme that covers 10.74 crores households across India or approx 50 cr Indians.
- It provides a cover of 5 lakh per family per year for medical treatment in empanelled hospitals, both public and private.
- It provides cashless and paperless service to its beneficiaries at the point of service, i.e. the hospital.
- E-cards are provided to the eligible beneficiaries based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC 2011).
- There is no restriction on family size, age or gender.
- All previous medical conditions are covered under the scheme.
- It covers 3 days of hospitalisation and 15 days of post hospitalisation, including diagnostic care and expenses on medicines.
- The scheme is portable and a beneficiary can avail medical treatment at any PM-JAY empanelled hospital outside their state and anywhere in the country.

So far, 25 States and Union Territories have adopted the PM-JAY scheme, except three states: Odisha, West Bengal

and Telangana. Deputy Chief Minister Manish Sisodia, who also holds finance portfolio, made the announcement while presenting the Delhi budget in the assembly that it would implement the Ayushman Bharat – PM-JAY scheme in Delhi from fiscal 2020-21. The Centre has initially identified 50 crore beneficiaries, with many states going further and choosing to widen the population coverage. It is clear that the scheme will also be instrumental in building a larger risk pool, taking India closer to the target of universal health coverage.

Benefits

The benefits anticipates for universal coverage of the population for health and nutrition (Box 3) The Niti Aayog (National Institution for Transforming India Commission) had proposed a premium of Rs 1,032 per family under the Ayushman Bharat scheme (www.niti.gov.in). Several states have negotiated lower rates. As many as 22 states have adopted the trust model, while others have opted for the hybrid model where the scheme will be managed jointly by insurance companies and the state.

Box 3: Benefits of Ayushman Bharat scheme

- Increased benefit cover to nearly 40% of the population, (the poorest & the vulnerable)
- Covering almost all secondary and many tertiary hospitalizations. (Except a negative list)
- Coverage of 5 lakh for each family, (no restriction of family size)

This will lead to increased access to quality health and medication. In addition, the unmet needs of the population, which remained hidden due to lack of financial resources, will be catered to. It is predicted that this will lead to timely treatments, improvements in health outcomes, patient satisfaction, improvement in productivity and efficiency, job creation thus leading to improvement in quality of life.

As of November 28, 2019, 63.7 lakh beneficiaries had availed of hospitalisation services. Almost 20,000 public and private hospitals across India have been included under the scheme. The central government is now reviewing the two-year-old index by adding new benchmarks to ensure a more realistic picture.

In the current COVID-19 crisis, it is to the great advantage to the public that hospitals enlisted under the scheme can use their authorised testing facilities to facilitate the COVID-19 tests. They would be carried out as per protocol of the Indian Council for Medical Research (ICMR) and by private labs approved or registered by it.

Challenges

The Ayushman Bharat scheme has faced some challenges in its year and a half journey, mainly that of fraudulent medical bills⁸. In response, AB-PMJAY intends to involve a robust information technology infrastructure overseeing transactions and locating suspicious surges across the country.

INTERNATIONAL BENCHMARKING

Global social developments such as films, television and the Internet, as well as travel and migration, have given the citizens and patients of many countries an image of life in other nations. This exposure has put health systems around the world under pressure to deliver what is available elsewhere, as citizens increasingly recognize that their own health systems could be improved.

There are distinct differences between international and national frameworks of individual countries. Therefore, benchmarking would be essential for comparative assessments of performance. The policy-makers are provided with a benchmark that allows them to identify in which areas they are performing above or below expectations. Even more importantly, it provides them with an impetus to understand what is driving reported performance, as well as guidance on where to look for potential solutions.

Properly conducted country comparisons of performance may provide a rich source of evidence and exert powerful influence on policy. It offers the potential for the evaluation of national performance and policies. This helps the policy makers to design reform. It also promotes accountability and engages the public. However, the growing appetite for cross-country performance comparisons and benchmarking amongst countries, citizens and the media gives rise to new risks. Caution is required as initiatives that rely on poorly validated measures and biased policy interpretations may lead to seriously adverse policy and political impacts.

WHO and the OECD have been instrumental in collecting comparable data across a range of countries, as well as producing reports to provide analysis and interpretations of these data. Finally, the EU has also been very active in not only collecting data but also in funding large-scale research projects to promote advances in the collection and analysis of data for performance assessment.

The 2000 World Health Report (WHR2000) identified three fundamental goals for a health system: improving the health of the population it serves; responding to the reasonable expectations of that population; and collecting funds to do so in a way that is fair⁵.

ROLE OF THE COMMONWEALTH - NHS GLOBAL

Of the Commonwealth countries UK, Australia and New Zealand are one of the top 20 countries with the best healthcare facilities⁹. Health is measured by three key components by the Legatum Institute, a London based research Institute: a country's basic mental and physical health, healthcare infrastructure, and the availability of preventative care⁹.

UK has tremendous experience in managing the NHS since 1948. The NHS ranks as one of the best healthcare systems on the planet, a jewel in the crown of the British welfare state. Being a lead commonwealth nation, it has responsibility of ensuring the welfare of the member nations.

The NHS is increasingly engaging in global health work, with growing interest from NHS staff for overseas learning

opportunities and an increasing demand for NHS expertise and services globally¹⁰. Health Education England has been working with a number of countries, responding to requests for support on workforce development, creating placements for professional groups, matching NHS workforce need with overseas training requirements and seeking out new bilateral relationships to strengthen workforce development in the NHS and overseas. This partnership has been in Asia (West Bengal in India) and in several countries in Africa.

The Improving Global Health (IGH) programme is a unique and innovative scheme run by Health Education England (HEE). They recruit volunteers from the NHS who are awarded a Fellowship and are known as IGH Fellows. Each IGH Fellow completes a placement for six months - working with an overseas partner in a resource-poor setting.

There have been attempts by NHS Global to establish hospitals in Chandigarh and in Hyderabad in India. The former did not go ahead and the latter has stopped midway. This is perhaps due to lack of cooperation between the negotiating NHS Global UK representatives and the local state government (unpublished sources).

CONCLUSION

There is still a long way to go. The NHS Global has a lot to offer in terms of Education, Training and Governance to impart a patient-centred healthcare concept. All this would require considerable cooperation between member states. The introduction of Ayushman Bharat Scheme in India is centred towards the ethos of making healthcare available to every individual. The NHS is based on similar principles. Therefore, it would be an opportune time for closer ties between the UK and India.

Till then each country would have to address their health needs and respond and design systems according to their people's needs. My view is that maintaining health of nations should be a global responsibility with close cooperation and transfer of skills and expertise to achieve affordable healthcare for every citizen.

"For the progress of mankind, every individual would require a healthy mind, a healthy body, intelligence and soul". Pandit Deen Dayal Upadhyaya. "The real wealth is the health of the individual and not the gold and the diamonds." Mahatma Gandhi.

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