As PMIAY gains more beneficiaries, govt may hike funding for scheme

The no. of people seeking treatment under the scheme is rising, prompting need for more funding in budget

Neeva Chandra Sharma

Modicare report card

Aayushman Bharat Pradhan Mantri Jan Arogya Yojna aims to provide health insurance to more than 100 million poor and vulnerable families. The premium is paid by the government and the scheme offers a health cover of Rs 5,000 per family per year.

What is needed?

- Measurement of other socioeconomic aspects and issues related to governance and policy to capture multidimensional nature of health financing
- More tertiary healthcare facilities in rural areas
- Health infrastructure
- More ground studies and assessment
- Mandatory health insurance for all

Source: Ministry of health and family welfare

Mint Graphi

The picture and does not fully describe the complexity of issues," said Shri Statistics and Programme Implementation

We need to work on expanding the supply of tertiary care services, currently located in large cities, to tier-II and tier-III cities.

INDU BHUSHAN
CEO, Aayushman Bharat

Makesh, joint director, National Sample Survey Office Coordination
NEW DELHI

29- January 2019

CIRCULATION – 6,50,000

The Pioneer

GREAT BUDGET EXPECTATIONS

Early prognosis key to treatment

The most important thing we need to know is that when the system is...
Siddhartha Bhattacharya, Secretary General, NATHEALTH, speaks about the job trends for healthcare in the coming times.

Healthcare is a high priority industry and a source of major employment globally. India has a large shortage for doctors, nurses and allied workers against WHO standards. The shortage is more acute as one moves from urban to peri-urban and rural areas. With the right policy framework, skilling, partnerships and an enabling digital standards and connectivity, it is possible to grow the sector while creating employment.

The Government of India has made a commitment towards universal health coverage with the announcement of Ayushman Bharat. This will entail creation of jobs across different spectrums of healthcare like preventive, promotive and curative spectrum. In the coming times, there will be a greater focus on delivering care in frontline communities where people live and integrate the continuum of care through digital health and data analytics. It is possible that with the right interventions and financing, healthcare sector can be one of the top three employment generators in India, providing stable and quality employment across all economic cycles.

Human resources for health, including health professionals and supporting human resources at all levels, are a key input in the delivery of health services. Expenditures on human resources across the public and private sectors account for an average 69 per cent of total health system expenditures across countries from all regions of the world. In India, the sector is substantial and employs around 5 million citizens. According to the most recent data for India, there are 0.7 physicians and 1.7 nurses per 1,000 inhabitants (WHO, 2014), which is an estimated 0.9 million doctors and 2.4 million nurses away from the WHO recommended levels of 1.1,000 and 2.5:1,000, respectively. Additionally, each physician on average requires support from 5.6 full-time employees such as nurses and administrators. As such, if India commits to increasing public expenditure on health, meeting international human resource targets alone would create millions of jobs. Importantly this growth would benefit all levels of health care professionals from physicians to allied healthcare professionals and administrative staff.

Job trends in future

With shortage of medical staff and the contemporary socio-economic structure, it is challenging to convince medical professionals to relocate in rural regions and we can’t expect this situation to change drastically in the next decade(s).

Therefore, in the interim, we need to explore options on how to harness technology to convert complex workflows into simpler ones by translating jobs into standardised care pathways that can be automated and delivered under supervision of a competent doctor or a technician. If we breakdown medical interventions into processes, it can be carried out with adequate skill and training by any frontline and allied healthcare workers and nurses. Thus, leveraging frontline and allied workers for healthcare delivery under the supervision of doctors, using technology, is going to be a major trend. Another major trend will be the way healthcare data is generated, preserved, shared and analysed for intelligent decision making based on big data, AI and machine learning.

In future, there will be a shift in the nature of the jobs. Beyond growth in existing roles, we will see new roles that leverage technology and enable better interpretation of data and decision making to improve quality and services delivery. Moreover, the interaction between machines and humans will be seamless. The skillset is going to be more
NATHEALTH recommends expanding PM-JAY to provide health insurance to all

PBD BUREAU
NEW DELHI, JAN 21

To create a robust healthcare ecosystem in the country and to take Pradhan Mantri Jan Arogya Yojna (PM-JAY) under Ayushman Bharat Mission to the next level, a peak healthcare body NATHEALTH urged the government to make health insurance coverage mandatory for all citizens in a phased manner initially covering the organised sector. NATHEALTH, in its pre-budget recommendations to the government, also suggested introduction of a Healthcare Infrastructure Upgradation Fund and sought ‘National Priority’ status for healthcare sector.

In view of very low penetration of health insurance in the country, out-of-pocket spending for healthcare services is very high. For an effective management of population health universal health insurance would act as a powerful catalyst.

“The major reason for the low penetration of health insurance is because it is currently optional. While the government has taken laudable steps to introduce a health insurance scheme for weaker section with PM-JAY, it is request- ed that the government could also explore making health insurance coverage mandatory for all citizens,” said Siddhartha Bhattacharya, Secretary General, NATHEALTH.

In its Pre-Budget recommendations, NATHEALTH said, “Starting with organised sector, employees could be given the option of either paying their ESI contribution or purchasing insurance from any IRDA regulated insurance company. Scaling up PM-JAY to all citizens including middle and upper middle class needs to be done in the next phase.”

According to NATHEALTH, adequate funding in the healthcare sector is a major concern, hence a priority sector status would push financing and funding to the sector. Underlining the importance of Priority sector status, the apex industry body said, “This will channelize funds from the banking sector to create necessary healthcare infrastructure and meet societal objectives of the Government of India.”

Though healthcare was included in the harmonized master list of infrastructure sub sectors by the Reserve Bank of India in 2012, long-term financing options are still not available for healthcare providers.
'Govt should expand PMJAY on priority'

Experts from health sector opine that the govt should also focus on building better infrastructure for healthcare industry

ST CORRESPONDENT

Panck: Experts from health sector expressed that early diagnosis and timely treatment of non-communicable diseases (NCDs) and expanding Pradhan Mantri Jan Arogya Yojna (PMJAY) under Ayushman Bharat Mission should be on the topmost priority of the government for the budget that will be tabled on February 1.

Speaking to Sakal Times, Anil Ratnamedi, Joint Managing Director at Indus Health Plus, said that NCDs are expected to comprise more than 75 per cent of the country’s illnesses by 2025. “Early diagnosis and timely treatment of NCDs through preventive healthcare can be helpful in reducing the burden on the healthcare system,” said Ratnamedi.

He further added that personal genetic tests should also be included specifically in the healthcare definition for GST under the national health mission.

“Scientifically advanced prevention tools like genetic testing can contribute in personalizing the health and wellness aspects for an individual thereby reducing the curative costs. Moreover, specific tax benefits for preventive healthcare should be given to corporates on pre-employment basis, so that they are motivated to invest in their employees’ health and well-being,” said Ratnamedi.

He added that the government should also focus on building better infrastructure for the healthcare sector which is a long pending demand and should be given priority in the new budget.

Expressing his views, Siddharta Bhattacharya, Secretary General, NATHEALTH, a leading healthcare service provider, said that to create a robust healthcare ecosystem in the country it is important to take PMJAY under Ayushman Bharat Mission to the next level. “In view of very low penetration of health insurance in the country, out-of-pocket spending for healthcare services is very high. For effective management of population health universal health insurance would act as a powerful catalyst,” said Bhattacharya.

He further added that adequate funding in the healthcare is a major concern, hence a priority sector status would push financing and funding to the sector.

“This will encourage entrepreneurship and newer business models which are the need of the hour for improving access, availability and quality especially in Tier 2, Tier 3, Tier 4 cities and rural areas.”

Healthcare will help in the process of enabling development of innovative long-term financing structures for healthcare providers apart from creating an attractive environment for domestic production of medical equipment, devices and consumables while also catalysing research and development,” added Bhattacharya.
Early pregnancy key to treatment

T he treatment you need to do it fast. Often it is the first line of treatment which is a cure. A patient with cervical cancer is a treatment with surgery. With a large variety of procedures, including radiation, chemotherapy, and surgical treatments, the right treatment for each patient will depend on factors such as the stage of the cancer, the patient’s overall health, and the patient’s personal preferences. Treatment for cervical cancer typically includes surgery, radiation therapy, and chemotherapy. Unless you are able to detect the signs of cervical cancer early, treatment will be a challenge for doctors and hospitals.

In 2016, the World Health Organization estimated that cervical cancer was the second most common cancer globally, with an estimated 570,000 new cases and 275,000 deaths. In the United States, an estimated 13,000 new cases of cervical cancer were diagnosed in 2016, and about 4,000 women died from the disease.

The squamous cell carcinoma of the cervix has a peak incidence in women aged 25 to 45 years. There is an increased risk of developing cervical cancer in women with multiple sexual partners, women with a history of sexually transmitted infections, and women who have used oral contraceptives for more than five years. In the United States, the Pap smear is recommended for women aged 21 to 65 years, and the HPV vaccine is recommended for girls aged 11 to 12 years.

The Global Burden of Disease study estimates that cervical cancer was the fourth most common cancer in women globally in 2013, with an estimated 520,000 deaths. In the United States, the estimated number of cervical cancer deaths in 2016 was 4,060.

The United States has one of the lowest cervical cancer death rates in the world, with a death rate of 5.9 deaths per 100,000 women in 2015. However, the United States has one of the highest cervical cancer incidence rates in the world, with an incidence rate of 4.3 cases per 100,000 women in 2015.

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In future, there will be a shift in the nature of the jobs. Beyond growth in existing roles, we will see new roles that leverages technology and enables better interpretation of data and decision making to improve quality and services delivery. Moreover, the interaction between machines and humans will be seamless. The skillset is going to be more
about interpreting data and harnessing the power of machine learning and analytics to develop decision support systems to accurately interpret results. Artificial intelligence will create higher-end opportunities. Many of the core repetitive skillsets may get redundant as machines will automate those processes. Therefore, the industry will have to re-tool and re-skill itself in the modern age.

How prepared are our workforces for this change?

As India prepares to deal with the twin challenges of communicable and non-communicable diseases in the decades ahead, a remodelled healthcare delivery system will have to take shape. The system needs to be agile and responsive to the needs of chronic care being delivered as close to people’s home as possible. There is also a better need to forward and backward integrate the referral pathways. The major growth in the industry will come out of the emergence of care delivery models in ambulatory care centers, clinics, and to the home. Modern healthcare focuses on slowing or arresting chronic disease progression, minimising hospital care and reducing the impact of chronic disease.

The industry growth will lead to horizontal and vertical integration of the value chains, which will lead to future workforce to be more patient centred, value driven, and knowledge focused. There is a need to address future health needs associated with 21st century challenges, including demographic, epidemiological and technological changes, including considerations on transformation of health workers’ education, new types of jobs, career progression.

The need to attract the right talent

Healthcare industry can be an engine of economic growth. The industry can offer immensely satisfying career where one can positively touch many lives apart from achieving good career growth. As the industry consolidates, grows and attains a critical sector status, there is a need for active engagement between industry and education to develop the technical, clinical and leadership talent that can propel the industry into next level. Apart from attracting the right talent, industry will need to retain the talent and provide meaningful career opportunities to many of its doctors and nurses who find better opportunities outside India. This will entail significant medical education reforms and locating future centers of medical education closer to high employment catchment areas. Healthcare can look at skilling models in other industries like Information technology where there is a significant expertise in working with education system in India to develop employable talent through rapid skilling and aptitude development.
As PMJAY gains more beneficiaries, govt may hike funding for scheme

The no. of people seeking treatment under the scheme is rising, prompting need for more funding in budget

Neetu Chandra Sharma
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NEW DELHI

The litmus test for Prime Minister Narendra Modi's ambitious healthcare scheme Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna (AB-PMJAY) has begun with an ever increasing number of beneficiaries seeking medical treatment under the programme, prompting the need for increased financing in the budget.

The scheme which is completing five months, has attracted much attention from across India. Modi reiterated that AB-PMJAY highlighted his government's emphasis on the health sector and was a big step to ensure universal health coverage for the masses.

The Union health ministry claimed that so far more than 900,000 patients have availed treatment worth ₹1,338 crore under the scheme.

The next step for providing quality and universal health coverage is also being debated.

AB-PMJAY, dubbed 'Modicare' and labelled as the world's largest health insurance scheme, aims to provide health cover for secondary and tertiary hospitalisation to nearly 40% of the population, or more than 100 million poor and vulnerable households, based on the socio-economic caste census (SECC) database. The premium is paid by the government and the scheme offers a health cover of ₹5 lakh per family per year.

A research paper published in the latest issue of Indian Journal of Public Health, which used the National Sample Survey Office (NSSO) data released in 2015, revealed that ailing people account for 8.9% and 11.8% of the rural and urban population, respectively, while a majority did not have any health cover.

"Although infrastructure in urban India fares better than that found in rural areas, it is still largely dependent on the level of living of the family. The percentage distribution of sources of finance for hospitalised treatment captures only a part of the picture and does not fully describe the complexity of issues," said Shri and Publication Division, Ministry of Statistics and Programme Implementation who is also the author of the research paper.

"It is also important to measure other socio-economic aspects and issues related to governance and policy to capture multi-dimensional nature of health financing. More tertiary healthcare facilities in rural areas and health infrastructure, more ground studies and assessment and mandatory health insurance for all could be considered," he added.

Considering the very low penetration of health insurance in India, out-of-pocket spending for healthcare services is very high. For effective population management, experts said that universal health insurance will act as a powerful catalyst. They also said that to create a robust healthcare ecosystem and take AB-PMJAY to the next level, the government should make health insurance mandatory for all in a phased manner.

"The major reason for the low penetration of health insurance is because it is currently optional. While the government has taken laudable steps to introduce a health insurance scheme for the weaker section with AB-PMJAY, the government could also explore making health insurance coverage mandatory for all citizens," said Siddhartha Bhattacharya, secretary general, NATHENET, a healthcare service provider. "Starting with organized sector, employees could be given the option to either pay their employees' state insurance (ESI) contribution or purchasing insurance from any Insurance Regulatory and Development Authority (IRDA)-regulated insurer. Scaling up PMJAY to all citizens, including middle and upper middle class, needs to be done in the next phase."

As India drives towards making healthcare more accessible, affordable and inclusive, quality will be key, given that low-quality healthcare, if scaled, can set the clock back.

"Quality improvement in India will require a dedicated authority to develop policy framework to support quality measurement and improvement strategies," said Krishna Reddy, country director, ACCESS Health International, an advisory and implementation partner.
Nathealth recommends expanding PM-JAY to provide Health Insurance to all

JAMMU, JAN 24:

To create a robust healthcare ecosystem in the country and to take Pradhan Mantri Jan Arogya Yojna (PM-JAY) under Ayushman Bharat Mission to the next level, apex healthcare body NATHEALTH urged the government to make health insurance coverage mandatory for all citizens in a phased manner initially covering the organised sector. NATHEALTH, in its pre-budget recommendations to the government, also suggested introduction of a Healthcare Infrastructure Upgradation Fund and sought ‘National Priority’ status for healthcare sector. In view of very low penetration of health insurance in the country, out-of-pocket spending for healthcare services is very high. For an effective management of population health universal health insurance would act as a powerful catalyst. “The major reason for the low penetration of health insurance is because it is currently optional. While the Government has taken laudable steps to introduce a health insurance scheme for weaker section with PM-JAY, it is requested that the Government could also explore making health insurance coverage mandatory for all citizens,” said Mr Siddhartha Bhattacharya, Secretary General, NATHEALTH. In its Pre-Budget recommendations NATHEALTH said, “Starting with organised sector, employees could be given the option of either paying their ESI contribution or purchasing insurance from any IRDA regulated insurance company. Scaling up PM-JAY to all citizens including middle and upper middle class needs to be done in the next phase.”

According to NATHEALTH, adequate funding in the healthcare is a major concern, hence a priority sector status would push financing and funding to the sector. Underlining the importance of Priority sector status, the apex industry body said, “This will channelize funds from the banking sector to create necessary healthcare infrastructure and meet societal objectives of the Government of India.” Though healthcare was included in the harmonized master list of infrastructure sub sectors by the Reserve Bank of India in 2012, long-term financing options are still not available for healthcare providers. “Priority Sector status to healthcare will help in the process of enabling development of innovative long-term financing structures for healthcare providers apart from creating an attractive environment for domestic production of medical equipment, devices and consumables while also catalysing research and development,” added Mr Bhattacharya. Access to timely credit with priority status and funding by creating a specific fund for healthcare infrastructure and innovation would facilitate access to capital for the sector. These funds would encourage entrepreneurship and newer business models which are the need of the hour for improving access, availability and quality, especially in Tier 2, Tier 3, Tier 4 cities and rural areas. The government can consider providing the seed capital for such funds. “It is a well-established fact that a robust healthcare system drives GDP growth in the presence of adequate investments and a conducive environment, by not only acting as a productivity and employment generator, but also as a magnet to attract foreign exchange earnings and provide opportunities for innovation and entrepreneurship. Healthcare sector is faced with the challenges of establishing hospitals at high costs with real estate prices surging.
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Further, there are also associated issues such as the relatively high cost (capital and operational) of providing healthcare services including medical technology upgradations, which results in stretched payback periods, thus limiting the investment appetite of players in the healthcare value chain,"

NATHEALTH said in its recommendations.

Other recommendations of NATHEALTH include incentives to medical value tourism, Zero rating GST on healthcare services and health insurance premiums, incentivising capacity building, promotional policies for private providers, and exemption of custom duty on medical cyclotron among others.

These are long standing suggestions from the Industry and are critical to expedite investment in capacity building especially in Tier 2 & 3 cities, which will go a long way in ensuring that the dream of Universal Healthcare is translated into reality for the citizens of the country.
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According to NATHEALTH, adequate funding in the healthcare sector is a major concern, hence a priority sector status would push financing and funding to the sector. Underlining the importance of Priority sector status, the apex industry body said, “This will channelize funds from the banking sector to create necessary healthcare infrastructure and meet societal objectives of the Government of India.”

Though healthcare was included in the harmonized master list of infrastructure sub sectors by the Reserve Bank of India in 2012, long-term financing options are still not available for healthcare providers.

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Access to timely credit with priority status and funding by creating a specific fund for healthcare infrastructure and innovation would facilitate access to capital for the sector. These funds would encourage entrepreneurship and newer business models which are the need of the hour for improving access, availability and quality, especially in Tier 2, Tier 3, Tier 4 cities and rural areas. The government can consider providing the seed capital for such funds.

“It is a well-established fact that a robust healthcare system drives GDP growth in the presence of adequate investments and a conducive environment, by not only acting as a productivity and employment generator, but also as a magnet to attract foreign exchange earnings and provide opportunities for innovation and entrepreneurship. Healthcare sector is faced with the challenges of establishing hospitals at high costs with real estate prices surging. Further, there are also associated issues such as the relatively high cost (capital and operational) of providing healthcare services including medical technology upgradations, which results in stretched payback periods, thus limiting the investment appetite of players in the healthcare value chain,” NATHEALTH said in its recommendations.

Other recommendations of NATHEALTH include incentives to medical value tourism, zero rating GST on healthcare services and health insurance premiums, incentivising capacity building, promotional policies for private providers, and exemption of custom duty on medical cyclotron among others.

These are long standing suggestions from the Industry and are critical to expedite investment in capacity building especially in Tier 2 & 3 cities, which will go a long way in ensuring that the dream of Universal Healthcare is translated into reality for the citizens of the country.
NATHEALTH recommends expanding PM-JAY to provide health insurance to all

JAMMU Jan 24

To create a robust healthcare ecosystem in the country and to take Pradhan Mantri Jan Arogya Yojna (PM-JAY) under Ayushman Bharat Mission to the next level, apex healthcare body NATHEALTH urged the government to make health insurance coverage mandatory for all citizens in a phased manner initially covering the organised sector.

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SREE TIMES NEWS
JAMMU, JAN 24

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In view of very low penetration of health insurance in the country, out-of-pocket spending for healthcare services is very high. For an effective management of population health universal health insurance would act as a powerful catalyst.

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Access to timely credit with priority status and funding by creating a specific fund for healthcare infrastructure and innovation would facilitate access to capital for the sector. These funds would encourage entrepreneurship and newer business models which are the need of the hour for improving access, availability and quality, especially in Tier 2, Tier 3, Tier 4 cities and rural areas. The government can consider providing the seed capital for such funds.

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Other recommendations of NATHEALTH include incentives to medical value tourism, Zero rating GST on healthcare services and health insurance premiums, incentivising capacity building, promotional policies for private providers, and exemption of custom duty on medical cyclotron among others. These are long standing suggestions from the Industry and are critical to expedite investment in capacity building especially in Tier 2 & 3 cities, which will go a long way in ensuring that the dream of Universal Healthcare is translated into reality for the citizens of the country.
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PBD BUREAU

NEW DELHI, JAN 21

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Experts from health sector opine that the govt should also focus on building better infrastructure for healthcare industry.

Pune: Experts from health sector expressed that early diagnosis and timely treatment of non-communicable disease (NCD) and expanding Pradhan Mantri Jan Arogya Yojana (PMJAY) under Ayushman Bharat Mission should be on the topmost priority of the government for the budget that will be tabled on February 1.

Speaking to Sakal Times, Amol Naikwadi, Joint Managing Director at Indus Health Plus, said that NCDs are expected to comprise more than 75 per cent of country’s disease by 2025. “Early diagnosis and timely treatment of NCDs through preventive healthcare can be helpful in reducing the burden on the out of pocket expenses and overall economic growth of the country. I strongly recommend the limit of Rs 5,000 on preventive health checkup under section 80D should be increased to Rs 10,000 per person annually, or a separate section to be created for wellness for tax reimbursement so that prevention gets its due credit,” said Naikwadi.

He further added that personal genetic tests should also be included specifically in ‘Healthcare’ definition for GST under exemption notification.

Technologically advanced prevention tools like genetic testing can contribute in personalising the health and wellness aspects for an individual thereby reducing the curative costs. Moreover, specific tax benefits for preventive healthcare should be given to corporates on per employee basis, so that they are motivated to invest in their employees’ health and wellbeing,” said Naikwadi. He added that the government should also focus on building better infrastructure for the healthcare industry which is a long pending demand and should be given priority in the new budget.

Expressing his views, Sridhartha Bhattacharya, Secretary General, NATHALITI, a leading healthcare service provider, said that to create a robust healthcare ecosystem in the country it is important to take PMJAY under Ayushman Bharat Mission to the next level. “In view of very low penetration of health insurance in the country, out-of-pocket spending for healthcare services is very high. For effective management of population health universal health insurance would act as a powerful catalyst,” said Bhattacharya.

He further added that adequate funding in the healthcare is a major concern hence a priority sector status would push financing and funding to the sector. “This will channelise funds from the banking sector to create necessary healthcare infrastructure and meet societal objectives of the Government of India. Priority sector status to healthcare will help in the process of enabling development of innovative long-term financing structures for healthcare providers apart from creating an attractive environment for domestic production of medical equipment, devices and consumables while also catalysing research and development.” added Bhattacharya.

He added that these funds would encourage entrepreneurship and new business models which are the need of the hour for improving access, availability and quality, especially in Tier 2, Tier 3, Tier 4 cities and rural areas.