KERALA.HEALTH

Anubhav sadas 2.0

Cross Learning Workshop

Cross - Learning Workshop REPORT

5 December 2024

Organised by

സ്റ്റേറ്റ് ഹെൽത്ത് ഏജൻസി

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Cross Learning Workshop

Cross Learning Workshop:
Anubhav Sadas

The State Health Agency, Kerala decided to initiate a series of cross-learning sessions to understand and address the challenges, solutions, and prospects for efficiently managing publicly funded health financing programs through deliberations and experience sharing by various States and experts in the sector.

The first of its series was organized on 31st May 2023. State presentations and expert panel discussions were held on the themes **a)** Mode of implementation, **b)** Claim adjudication, and **c)** Strategic purchasing of care from private providers & strengthening public hospitals. The sessions were attended by SHA representatives from Tamil Nadu, Karnataka, Maharashtra, Uttar Pradesh, Madhya Pradesh, Meghalaya and Chhattisgarh. Experts from the State Planning Board, National Health Authority (NHA), World Health Organisation (WHO), World Bank, National Health System Resource Centre (NHSRC), Administrative Staff College of India (ASCI), officials from the State's Health Department and Private Hospitals' representatives were also present for the discussions.

Through the course of the workshop, SHAs shared their best practices and experiences. Discussions were held on strategic purchasing of healthcare services by adopting various practices such as reserving packages for public institutions, cutting costs through differential package rates, provider empanelment based on stringent quality criteria, adopting new payment mechanisms such as DRG, institutional strengthening, leveraging technology for monitoring, and linking performance with the outcome.

Post workshop, SHA has carried out an analysis of the discussion points and feasibility of implementing the learnings. The policy recommendations for cost control mechanisms were mostly an outcome of these learning sessions and subsequent analysis done by SHA.

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Smt. Veena George,

Hon'ble Minister for Health, Women and Child Development,

Virtually Inaugurated the workshop

Based on the learning from the previous session, SHA conducted a second series of cross-learning sessions. As the State is moving to the 15th year of a mass state-funded health protection program (Comprehensive Health Insurance Programme CHIS, fully funded by the Government of Kerala was launched in 2008), the focus of this year is to explore the future direction of publicly funded health financing schemes that prioritizes health outcomes and optimization of resources for sustainability while expanding the scope of service.


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PREMAGIC


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Session 1

Focusing on Treatment Outcomes

Kerala has consistently been recognized as the best-performing state in terms of the overall number of claims raised and the share of public hospitals over the past few years. While the number of beneficiaries receiving treatment under the scheme is significant, it is equally important to assess how the treatment has enhanced individuals' quality of life and to evaluate the quality of care provided. This focus is a crucial aspect of Universal Health Coverage. Emphasizing treatment outcomes not only boosts accountability and transparency but also fosters innovation and prioritizes preventive care, ultimately leading to improved health outcomes for all citizens.

Evaluating outcomes is essential for the effectiveness and sustainability of PM-JAY KASP in Kerala. By focusing on outcomes, the State can ensure that public funds are efficiently utilized to provide high-quality care that leads to significant health improvements. Prioritizing treatment outcomes not only enhances individual health but also strengthens public trust in the healthcare system and supports ongoing investment in these crucial programs.

Recognizing the importance of evaluating treatment outcomes, SHA Kerala has undertaken an outcome evaluation process for high-value claims. This study has offered valuable insights into treatment outcomes as well as the overall quality of the State's health system.

STATE PRESENTATION – KERALA

Kerala's Experience in Conducting Outcome Assessment-Key Findings and ACSC Analysis

Dr. BIJOY E.
Joint Director, Operations,
The State Health Agency, Kerala.

State Program Manager,
National Health Mission Kerala.

Kerala has placed significant emphasis on strengthening its primary healthcare system to address health concerns at an early stage. This approach aims to reduce the reliance on costlier secondary and tertiary care services. A key to moving to this initiative involves studying and enhancing ambulatory care services, which play a crucial role in ensuring accessible, affordable, and timely healthcare for the population. By prioritizing primary care, Kerala seeks to create a more sustainable healthcare model that effectively manages health issues at their onset, thereby minimizing the need for advanced medical interventions.

The use of claims data has enabled the state to analyze trends in healthcare utilization, focusing on high-cost conditions and specialties such as Cardiology, General Medicine, and Paediatrics. This data-driven approach ensures the identification of areas where resources are allocated for the most significant impact, and further recommendations have been provided accordingly.

Community-based health initiatives focus on detecting diseases early and delivering timely care, ensuring patients are treated before conditions worsen.

Kerala emphasizes achieving optimal health outcomes by adhering to Standard Treatment Guidelines (STGs) and implementing a patient-centered approach. This strategy ensures a balance between quality care and cost-effectiveness, maximizing the impact of public health investments.

Strengthened data quality management and monitoring through clinical audits, mortality reviews, and medical team engagement.

CHALLENGES SUBDUED

Community-Based NCD Prevention Programs:

Improved integration of field-level programs for community-level identification and management of preventable conditions has been demonstrated through initiatives such as the SWAAS program under the Nava Kerala Karma Padhathi and the Ardham Missions. These programs primarily focus on targeted prevention and management of non-communicable diseases.

Addressing the Financial and Clinical Impact of NCDs:

As the state experiences a dual burden of diseases with an increasing non-communicable disease (NCD) burden, the financial impact of high-cost NCDs has been identified. Clinical outcomes have been assessed, paving the way for improved prevention, management, and financial optimization strategies.

Resource Optimization:

Optimized utilization of healthcare resources by aligning public health investments with quality outcomes and cost-effectiveness.

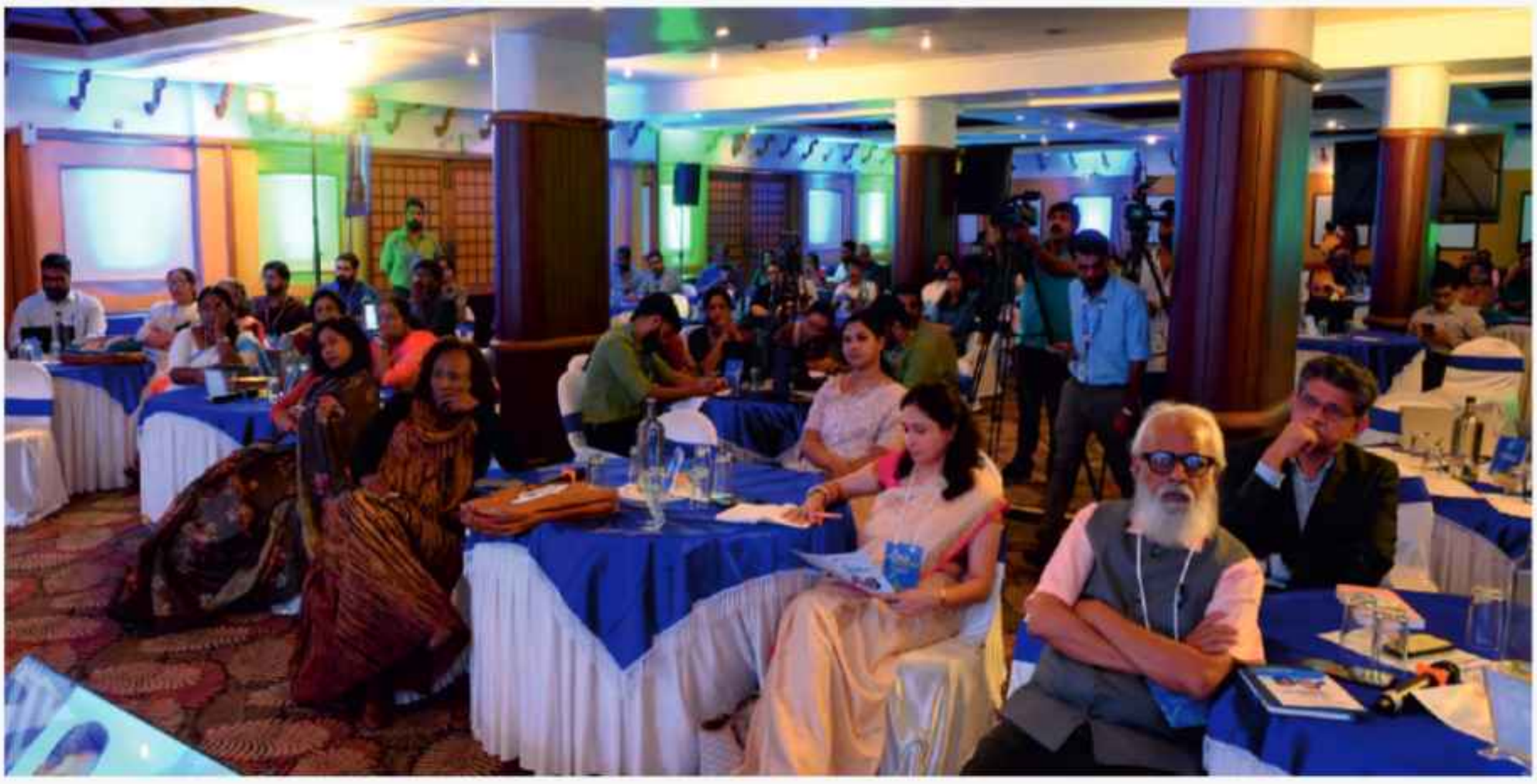
STATE PRESENTATION - JAMMU & KASHMIR

Improving Quality of Care - State experience and learnings by Jammu & Kashmir

Mr. Muzafir Ahmad
State Health Agency J&K

Jammu & Kashmir has emerged as a pioneer in implementing value-based care initiatives under the National Health Authority, setting a benchmark as one of the first states to adopt this transformative approach to healthcare delivery.

Jammu & Kashmir has been implementing the AB PM-JAY/SEHAT scheme to ensure universal health coverage, including financial protection and healthcare accessibility. Approximately 25.60 lakh families are eligible under the scheme, with 97% verification (24.89 lakh families). The scheme covers 10.06 crore eligible beneficiaries, with 85.57% (8.61 crore) registered and Ayushman cards generated. The State follows innovative approaches like the "Gaon Gaon Ayushman" campaign for door-to-door registrations and community engagement. In FY 2022-23, healthcare quality improved significantly, with 33 hospitals achieving NABH/QCI certifications.



HIGHLIGHTS

- Community-Centric Enrollment Initiatives: Innovative campaigns like "Back to Village" and "Gaon Gaon Ayushman" have enhanced outreach and facilitated door-to-door beneficiary registration
- Reduction in Out-of-Pocket Expenditure (OOPE): Over ₹1671 crore saved, highlighting the scheme's effectiveness in providing financial protection to beneficiaries
- Strengthening Private Healthcare Delivery: Increased empanelment of private hospitals from 35 in 2020 to 133, diversifying healthcare access and fostering job creation
- Improved Beneficiary Feedback Mechanisms: QR code-based feedback forms and a dedicated call center (104) ensure effective collection and response to patient experiences
- Quality Assurance in Healthcare: Focused efforts to achieve NABH/QCI certifications for hospitals, with 33 certified facilities and ongoing support for more

CHALLENGES SUBDUED:

- Complex Documentation Process: Beneficiaries faced challenges in providing physical documents for enrollment and preauthorization. A digital verification mechanism streamlined this process
- High Insurance Premiums and Claims Ratio: Addressing fiscal sustainability by optimizing claims management to keep risk under control

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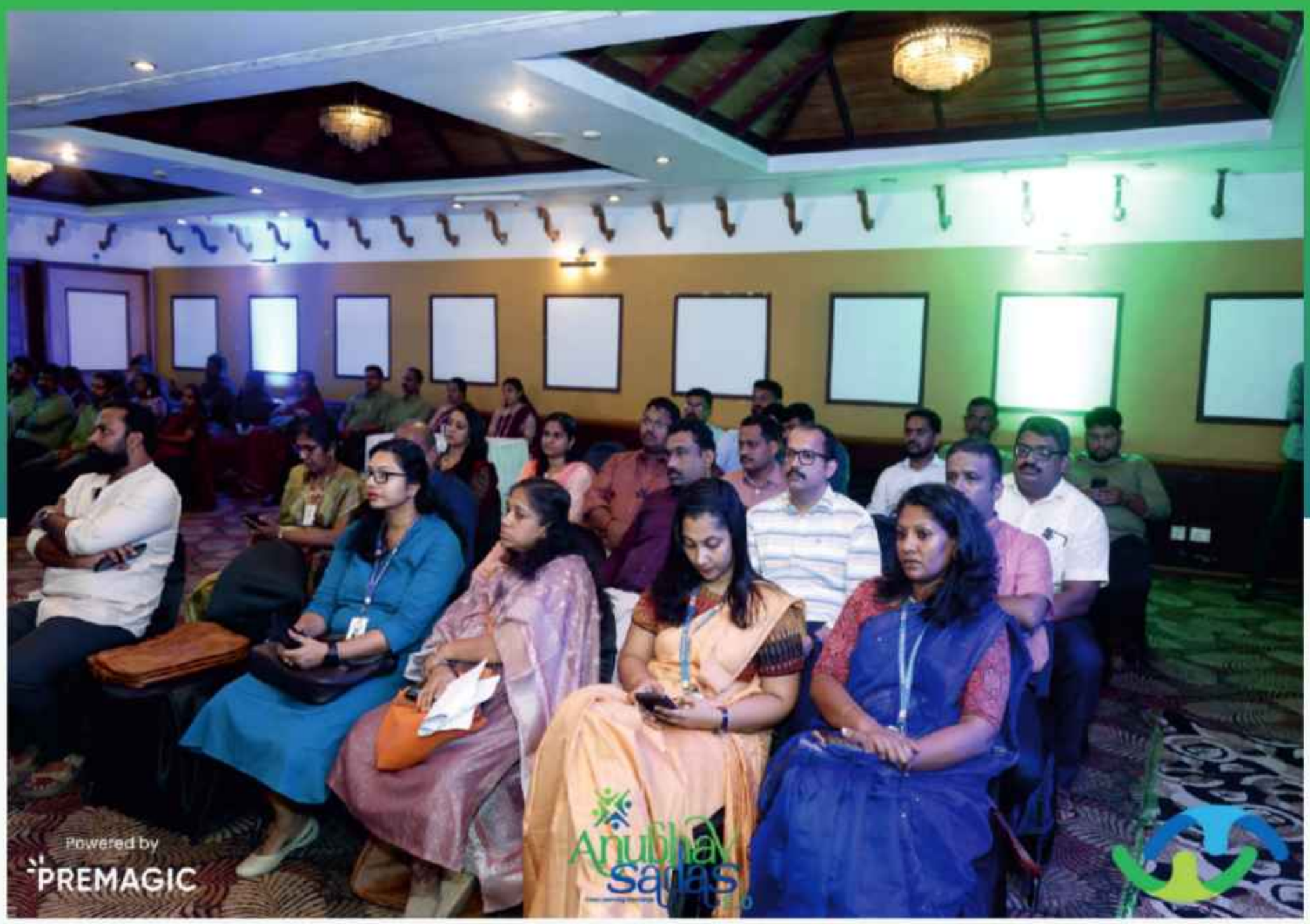

RECOMMENDATIONS:

- Expand Universal Health Coverage: Scale the model of the SEHAT scheme to cover all residents, aiming for comprehensive health coverage
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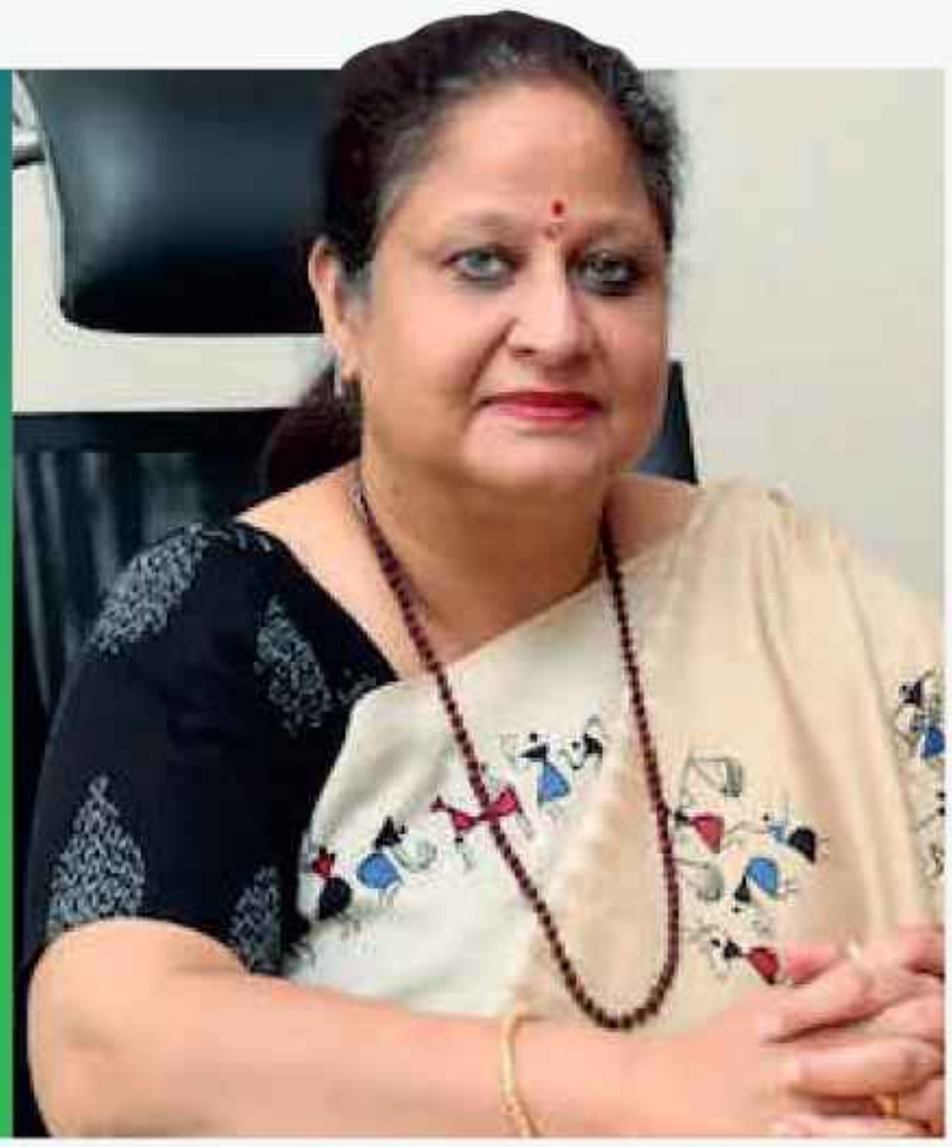
- Enhance Quality of Care Through Accreditation: Provide technical support and incentives for hospitals to achieve quality certifications (NABH/QCI).
  Regularly monitor milestones for improvements
- Strengthen Anti-Fraud Mechanisms: Establish a State Anti-Fraud Unit (SAFU) with advanced analytics for detecting and preventing fraud. Implement strict penalties for malpractices to ensure scheme integrity
- Promote Digital Integration: Leverage technology for seamless beneficiary enrollment, claims processing, and service delivery to minimize delays and enhance user satisfaction
- Optimize Financial Sustainability: Introduce measures to manage insurance premiums and claims ratios, ensuring fiscal health and future investment potential

STATE PRESENTATION - UTTAR PRADESH

Value-Based Care (VBC) State experience and learnings by Uttar Pradesh

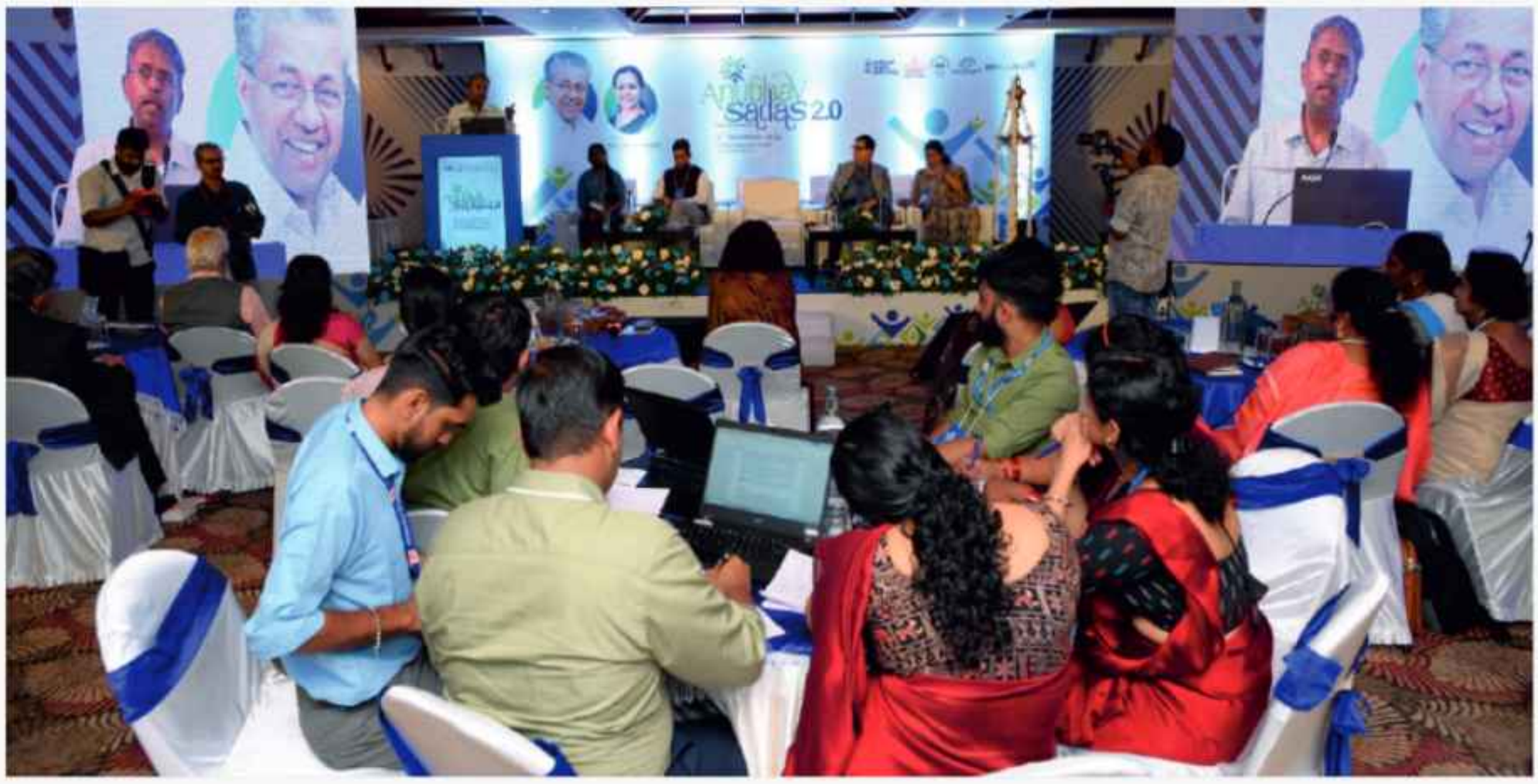
Ms. Sangeetha Sing IAS

Uttar Pradesh has been implementing the Ayushman Bharat PM-JAY since September 2018 in Trust mode, covering over 2 crore families, equivalent to approximately 9 crore individuals. The State has also introduced additional health initiatives, such as the Mukhya Mantri Jan Arogya Abhiyan (MMJAA) and a cashless scheme for State employees.



New data sets for vulnerable groups, including BOCW, AAY, PVTG, journalists, and 60+ single senior citizens, have been integrated into the scheme. The total expenditure under the scheme has surpassed ₹8424 crore.

The State utilizes the Health Benefits Package (HBP) to offer diverse treatments and has implemented monitoring mechanisms for both Patient Reported Experience Measures (PREMS) and Patient Reported Outcome Measures (PROMS).



BEST PRACTICES

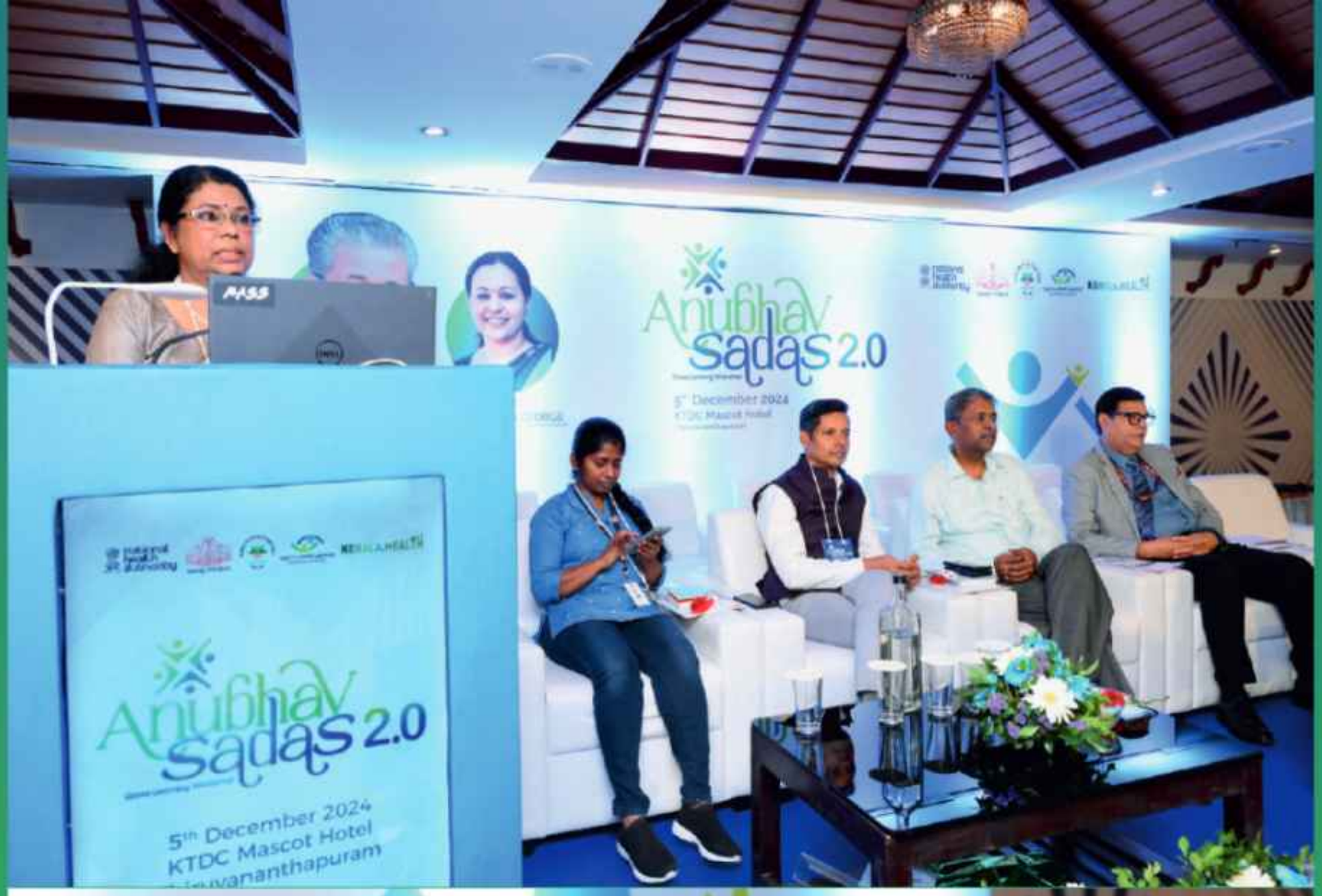
- Patient-Centric Helpline: UP has utilized its state helpline for PM-JAY, collecting PREMS and PROMS data through structured questionnaires
- Data-Driven Insights: Implemented the widely recognized EQ-5D-5L tool for PROMS, offering a detailed understanding of healthcare impact across five health dimensions
- Cost-Free Treatment: Beneficiaries reported high satisfaction with the cost-free treatment and timely healthcare services
- Extensive Coverage: Inclusion of vulnerable and underserved groups through comprehensive data sets
- Robust Monitoring: Stringent mechanisms to capture and address patient feedback, ensuring quality and reducing Pocket Expenditure (OOPE)

CHALLENGES SUBDUED

- Hospital Admission Difficulties: Addressed by streamlining preauthorization processes to minimize delays, ensuring emergency patients receive immediate care with a unique number issued by the call center
- Out of Pocket Expenditure: Measures implemented to reduce unexpected costs related to medicines, diagnostics, and consumables
- Behavioral Issues: Enhanced training for Arogya Mitras to improve patient interactions and discourage malpractices like charging fees
- Mortality Data: Continuous monitoring and reporting, with deaths under 1%—a significant insight for policy improvements

RECOMMENDATIONS

- Strengthen Admission Protocols: Automate preauthorization systems further to ensure seamless hospital admissions
- Expand Data Collection: Broaden the use of tools like EQ-5D-5L across various treatments to assess long-term outcomes
- Improve Staff Training: Conduct periodic training for Arogya Mitras and healthcare staff to enhance patient satisfaction
- Monitor Financial Practices: Implement stricter controls to eliminate OOPE and ensure cost transparency
- Increase Awareness: Organize statewide campaigns to educate beneficiaries about entitlements and proper usage of PM-JAY cards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STATE PRESENTATION - KERALA

Digital solutions for continuum of care & better treatment outcomes And Experience from Kerala in using SHAILI App for NCD management.

Dr. Bipin Gopal

State Nodal Officer NCD,
Dept. of Health & Family Welfare,
Govt. of Kerala

Kerala's experience with the SHAILI app highlights the use of digital solutions in managing Non-Communicable Diseases (NCDs) and improving treatment outcomes. Key goals of the initiative include:

- Population-based screening for NCDs in individuals over 30 is conducted through existing capacities and services, including outreach camps and NCD clinics at public health institutions such as PHCs, CHCs, and others
- Creation of an NCD registry with support from local self-government institutions
- Providing affordable and comprehensive treatment to diagnosed patients to prevent complications
- Offering health education to reduce risk factors associated with NCDs

Limitations of the Paper-Based System: Initially, NCD screening was conducted using paper forms in four districts, where ASHAs collected responses. However, this system had several limitations such as the collected data was stored in PHCs without proper collation, analysis, or evaluation. The project was abandoned after eight months due to inefficiencies.

Introduction of SHAILI App: To overcome the paper-based system's challenges, the SHAILI app was developed by E-Health as a mobile solution for ASHAs. This Android-based app converted the paper-based CBAC forms into digital format.

CHALLENGES FACED:

- Integrating data from Janakeeya Arogya Kendrams and health facilities for effective patient tracking
- Tracking patients visiting private and AYUSH hospitals
- Ensuring proper screening and follow-up compliance

During Round 2, screening programs for leprosy, depression, hearing, vision, and elderly health issues were introduced, broadening the scope of care. Provisions for patient tracking through UHID and ABHA IDs are being incorporated, ensuring better continuity of care. Additionally, linkages with portals such as Janakeeya Arogya Kendrams and the eHealth Hospital Management System are under development. A mobile app is being deployed for field staff to streamline the capture of screening data and follow-up processes. Furthermore, GIS tools have been integrated into the SHAILI app to enhance geospatial health monitoring and planning.

The app led to several positive outcomes, including:

- A comprehensive NCD registry
- Registry of risk factors
- Segregation of diseases by age and gender
- A line list of affected populations
- Linkages with national programs and a life-course approach to disease management
- The initiative resulted in:
- Improved health planning
- Authentic health budgeting
- Evidence-based strengthening of health systems

CHALLENGES SUBDUED

Recognizing the rising burden of NCDs, the state has implemented measures to ensure that patients receive appropriate and timely escalations in care, improving overall health outcomes for these chronic conditions

INTERNATIONAL PRESENTATION – VIETNAM

International experience on ACSC (Vietnam) coordinated through the World Bank)

Ms. Huong Lan Dao

Senior Health Specialist, World Bank

Drawing from international experience, Vietnam's study on Ambulatory Care Sensitive Conditions (ACSC) offers valuable insights into managing preventable diseases through effective primary care interventions. The presentation highlights key learnings and practical experiences from this study, providing a robust framework that Indian states can adapt to strengthen their healthcare systems and address preventable conditions more efficiently.

Assessing Primary Health Care Effectiveness: Analyzing Hospitalizations for Ambulatory-Care Sensitive Conditions.

Experience from the Vietnam study

Primary health care (PHC) plays a vital role in preventing illness and reducing avoidable hospital stays. In Vietnam, conditions known as ambulatory-care sensitive conditions (ACSCs) can often be managed effectively at the PHC level. However, high hospitalizations for these conditions indicate gaps in PHC services and contribute to rising healthcare costs.

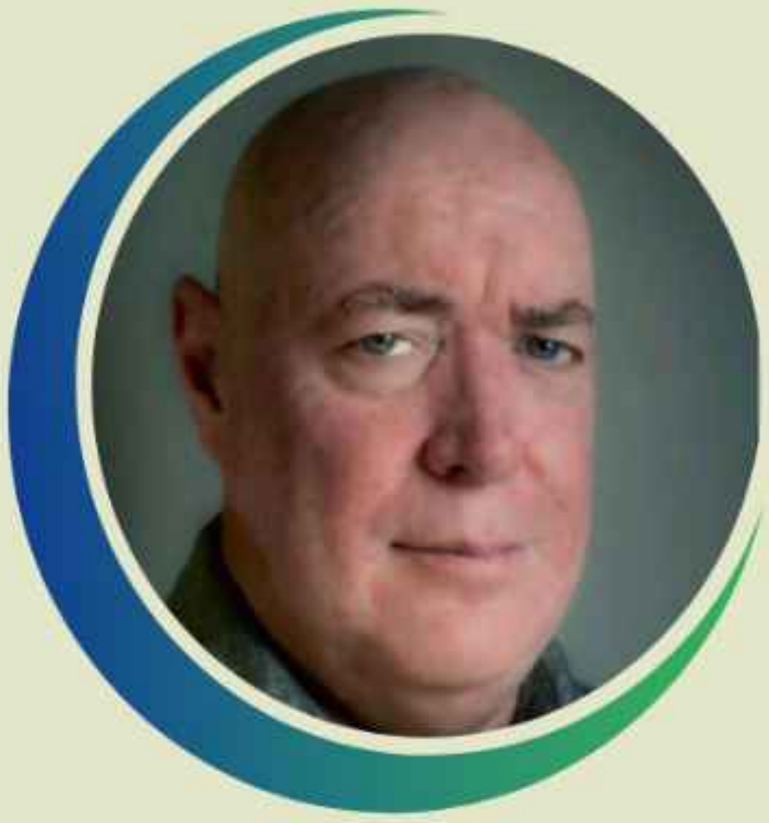
Viet Nam Social Security (VSS) is committed to addressing these challenges to ensure the sustainability of the social health insurance (SHI) fund. Calculating potentially preventable hospitalization (PPH) rates is a low-cost strategy that uses existing administrative data. This data, available since 2017, includes:

- Diagnosis codes (ICD-10) to identify ACSCs
- Age for standardization, and Procedure codes to exclude severe cases

By routinely calculating PPH rates, Viet Nam can monitor health system performance, focusing on outcomes rather than just inputs, and evaluate performance at provincial and district levels. These results can help prioritize diagnoses for action, guide interventions tailored to specific ACSCs by age, sex, location, or other factors, and address the needs of disadvantaged groups.

To maximize the impact of these findings, further engagement with clinicians is necessary. This study examines PHC in Viet Nam, focusing on ACSC hospitalizations and how routine analysis of PPH rates can strengthen health system performance

INTERNATIONAL PRESENTATION – UNITED KINGDOM



Mr. Hugh Guire

NICE, International and NICE Scientific Advice, United Kingdom

A presentation from the National Institute for Health and Care Excellence (NICE), UK, showcased how the implementation of quality indicators has significantly enhanced healthcare delivery in London. By focusing on measurable standards, NICE has demonstrated the transformative impact of evidence-based practices on improving patient outcomes and driving healthcare excellence.

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE)

NICE INDICATORS:

The National Institute for Health and Care Excellence measures outcomes that reflect the quality of care or process linked by evidence to improved outcomes. Evidence-based and underpinned by NICE quality standards NICE guidance or other sources of high-quality evidence. Indicator development reflects national priorities and includes an assessment of validity.

A measure that aims to describe as many details as possible about a system to help understand, compare, predict, improve, and innovate is meant as an indicator. Which may be used to understand how a system is working, and monitor the performance of the system.

Hold a system to account, national incentivized frameworks thus focused to develop quality outcomes framework(QOF) which is non incentivized national program focusing on improvement adding local improvement packages

NICE INDICATORS:

DEVELOPMENT PROCESS: Working on prioritization drafting and appropriate committee review which is focusing committee review was described as the main menu of nice in the development process.

PRIORITIZATION: Increase the likelihood of improved patient outcomes, decrease the likelihood of harm from overtreatment, and improve personalization of care. committee consideration includes importance, evidence base, specification, feasibility, acceptability, and risk leading to validity

RECOMMENDATIONS :

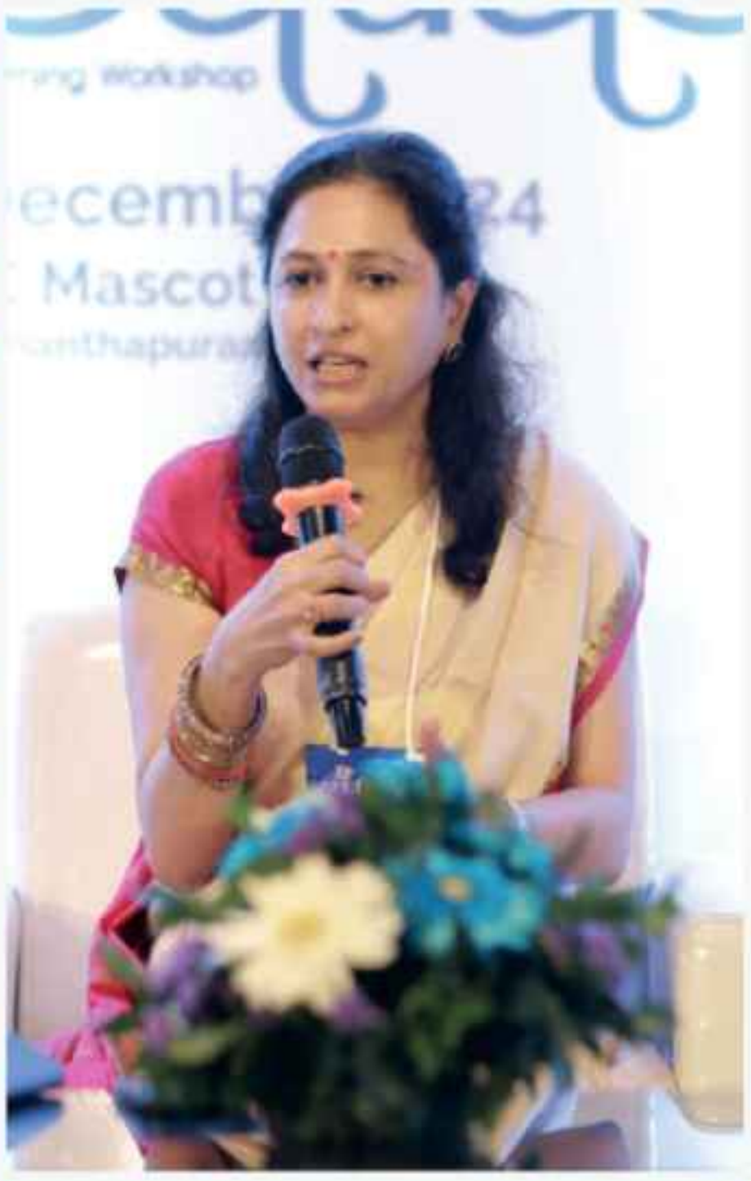
- Local quality improvement by desktop review to assess the availability of existing data
- Population level reporting on variation in outcomes improvement through quantitative analysis of relevant data.
- Minor charges to existing pay for performance indicator
- Qualitative feedback from a workshop of experts, patients, and service providers
- New pay for performance indicators
- Quantitative data extraction and qualitative feedback
- Quality improvement modules
- Organisational and technological changes

Engaging clinical communities: The develop ment of quality improvement modules, supported by NICE, serves as a powerful tool to incentivize continuous quality improvement cycles. By following the outlined steps to enhance the quality of care and services using NICE guidelines, healthcare providers can systematically address gaps in care. Furthermore, the principles of implementing evidence-based guidance into practice are strongly recommended to ensure better quality care, ultimately leading to improved patient outcomes and more effective healthcare delivery.

Session 2

PANEL DISCUSSION

Continuum of Care as a means for better treatment outcomes, reduced Government expenditure, and lessened OOPE



The key policy issues that the panel considered were

- How clinical community can be engaged for continued quality improvement
- How to institutionalize the outcome assessment for future services
- Challenges and opportunities for continuum of care in Kerala's public health system
- Leveraging technology for continuum of care
- Focus areas for continuum of care (NCD)
- How the continuum of care can be coordinated with action points for the next 2-3 years to key stakeholders

Moderated by Dr. Sudha Chandrasekhar, Advisor for SHA Kerala, the technical session led by panel members Dr. N. Krishna Reddy, CEO of ACCESS Health International, Dr. Abey Sushan, Manager of Urban Health at NHM, Dr. Pankaj Arora, Director of Hospital Policy and Quality Assurance at NHA, and Dr. Sheena Chabra, Expert at the World Bank, was a premier discussion that focused on the need for a continuum of care.

Dr. Sudha Chandrasekhar introduced Kerala as a pioneer in the utilization of the PMJAY ecosystem. The current focus is on the continuum of care, linking quality healthcare at primary, secondary, and higher levels through the NHA, which has adopted value-based care as a policy component.

Dr. Pankaj Arora remarked that India is a country where it is challenging to ensure quality healthcare for all due to its vast and diverse population. He emphasized the paradigm shift from volume-based care to value-based care. The NHA focuses on the quality of service provided by empaneled hospitals to beneficiaries through STG and encourages Value-Based Care not only for incentives but also as a comprehensive approach to their business development, where patient satisfaction holds significant value for hospitals. Plans include conducting a gap analysis for benchmarking with the existing 183 quality certification parameters. There is also a focus on strengthening the call center system, as the beneficiary feedback call connection rate is currently at 30%, which needs improvement. Kerala has implemented mobile number correction during patient registration.

The audit of mortality is 100% at the NHA, with an audit of the audit also mandated through PMJAY at the NHA. This is considered the best model for analyzing outcomes and learning patterns for effective implementation.

Dr. Krishna Reddy discussed the impact of digitization on practitioners in providing quality care. Models across countries are monitored by ACCESS Health. Key points include:

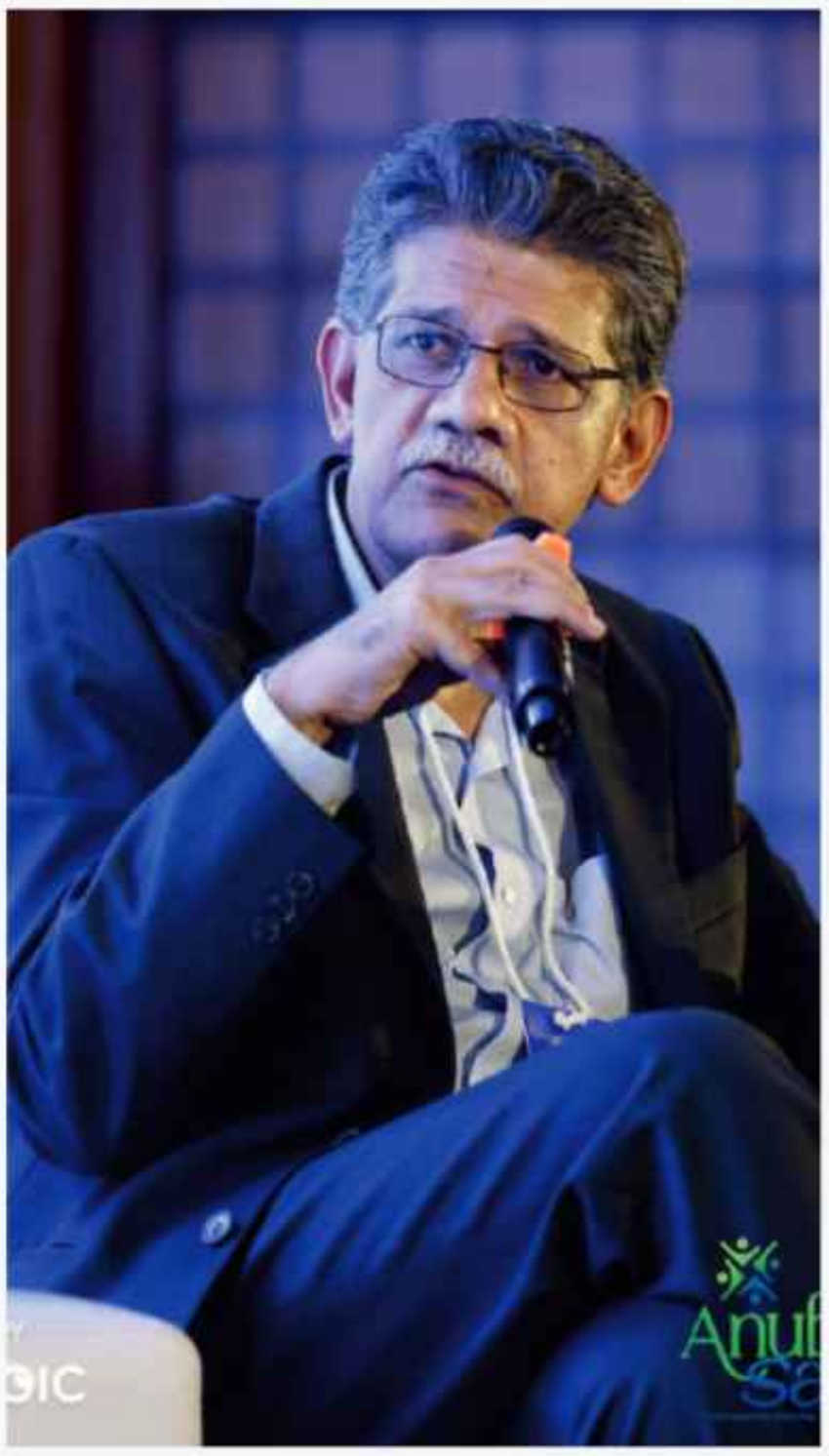
The need for a Care Coordinator to define their role in quality care Medical record handling with the introduction of ABHA as a secondary method for care enhancement

Defining care pathways for NCDs and the competencies of personnel involved at all primary, secondary, and tertiary levels, similar to pathways established for maternal care, TB, and HIV

The need for a Care Coordinator to define their role in quality care Medical record handling with the introduction of ABHA as a secondary method for care enhancement

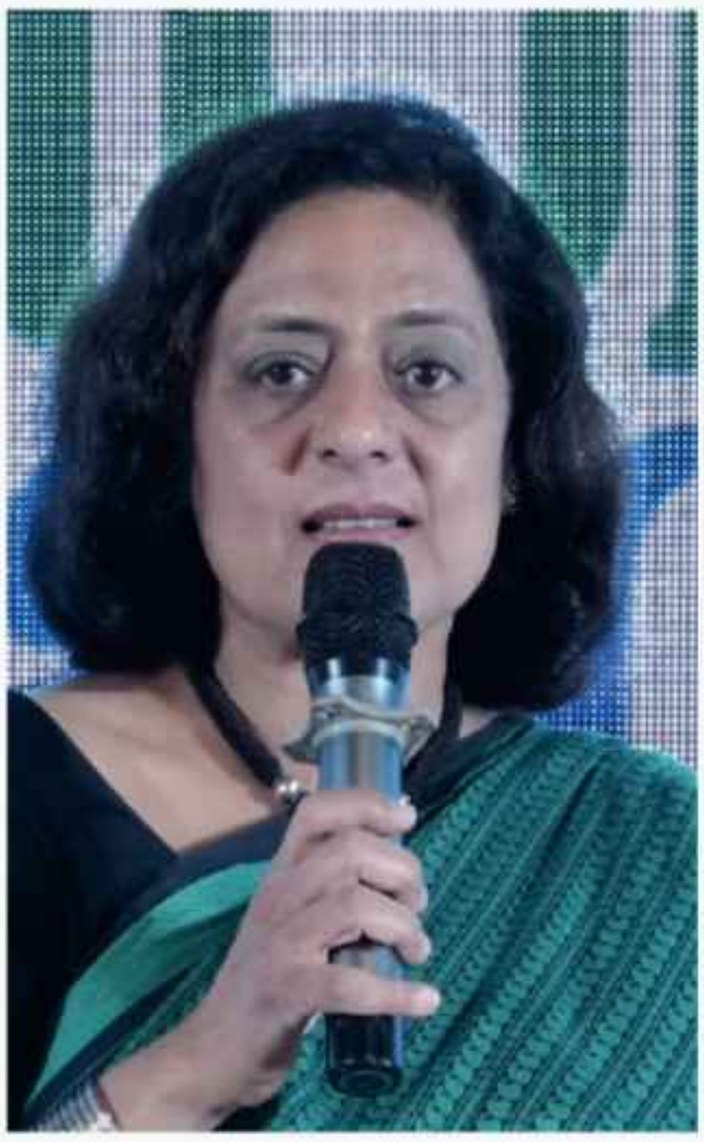
Formulating practice guidelines to manage deviations

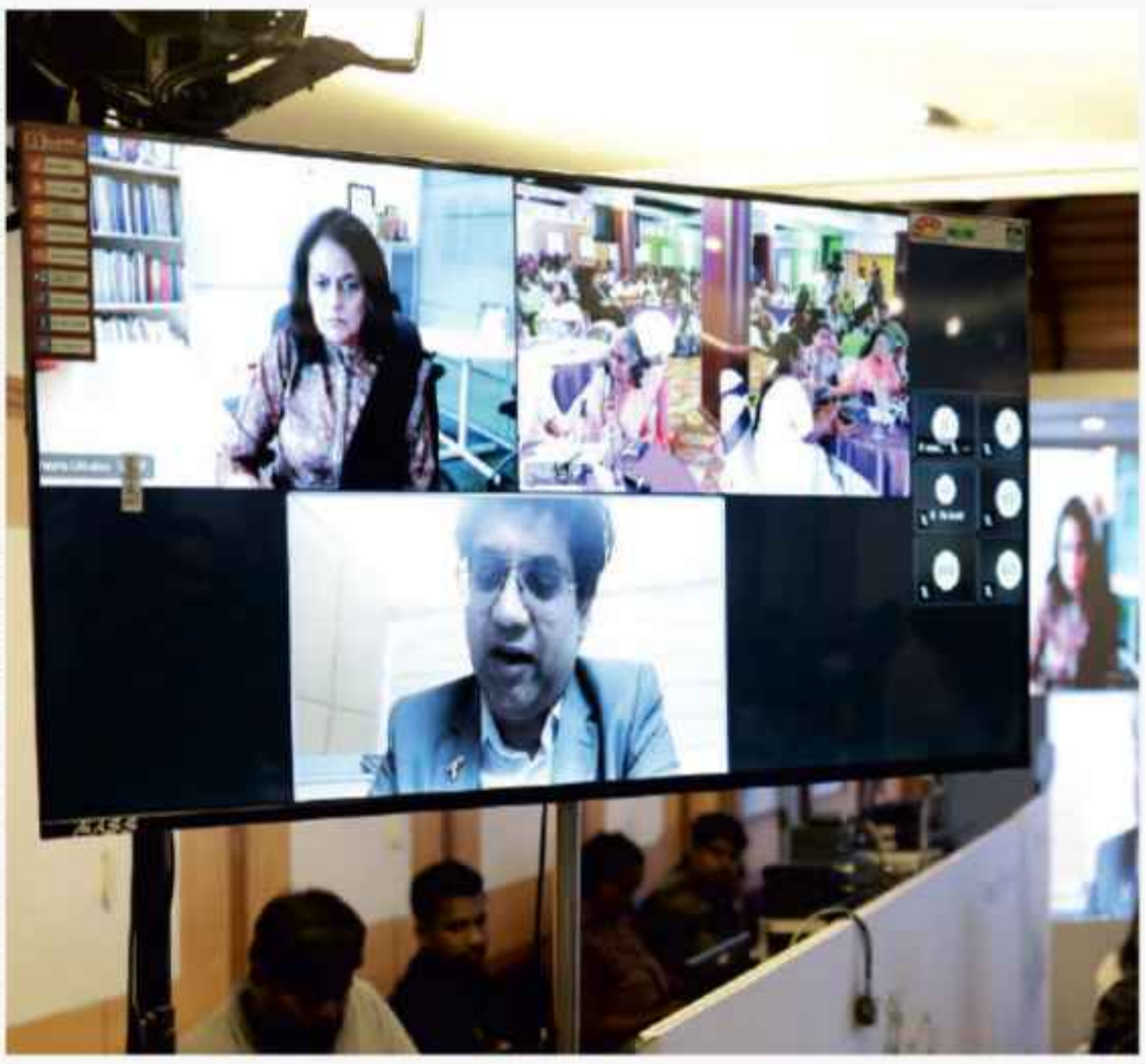
HPR, HFR, and ABHA ID digitally connect the dots in the health ecosystem. Governance can be enhanced with a few tracer indicators at a large population level by monitoring them to reduce the NCD curve and prevent premature NCD deaths



He emphasized that it is crucial to identify discontinuation of care due to cost, where unbundling chronic and acute care can be effective. The care pathway impacts the unbundling of packages. For intensive care, the transition from ICU to ward and then discharge should engage a primary care nurse for continued care through patient vitals monitoring. Heart failure re-hospitalization is at 50%, each costing ₹1 lakh. Follow-up according to severity yields high results.

Dr. Sheena Chabra discussed NCD care through ambulatory care mechanisms and their results. Ambulatory care-sensitive conditions are amenable to promotive care, preventive care, and management at frontline primary care facilities. From the patient's perspective, this approach helps avoid unnecessary hospitalization, providing care at the community and primary levels.





From an economic efficiency perspective, addressing morbidity at the community level can lower overall morbidity rates. Kerala and Vietnam have conducted ACSC analyses and started making recommendations, but more focus is needed at the national level to identify and target 4-5 specific conditions, conduct detailed analyses, monitor outcomes, and integrate these findings into the health ecosystem. Globally, it is estimated that 10-15% of case admissions are avoidable.

States need to focus on the quality of care, with a $500 million program aimed at enhancing health services and governance in India, piloted in states such as AP, TN, Orissa, UP, Punjab, Meghalaya, and Kerala. The focus is on strengthening CBHC at various levels, beginning from village, block, district, state, and national health facilities.

An important pillar is HWC Arogyamandir, which ensures accreditation through NQAS and the quality of care. The focus is on building awareness, promoting lifestyle modifications, and proactive screening.

The second pillar involves implementing comprehensive strategies in seven priority states, providing a platform for cross-learning, and systematically sharing best practices.

Dr. Abey Sushan shared insights on the continuum of care in Kerala. The state has a robust IT mechanism with minimal administrative expenses. Kerala's e-health system spans 600 institutions, involving 26,000 ASHAs, and is set to roll out to over 46,000 health workers across the community. Unique health IDs created by ASHAs at the community level serve as a thread to ensure the continuum of care.

The catastrophic effect of NCDs has led to an increase in dialysis centers and a revised palliative care policy in 2019 to include palliative care services under LSGs. An effective palliative care mechanism exists for Category 1 patients, while Category 2 patients are attended to at JAKs. Plans are in place to link palliative care digitally, and rehabilitative services under LSGs are associated with palliative care. Additionally, off-loading of OP care is being implemented.

KEY TAKEAWAYS:

Strengthening for Primary Care: ASHA plays a pivotal role in primary care, serving as the first point of contact in the community. Empowering them through enhanced training programs, equipping them with modern tools, and improving their understanding of NCD management can significantly boost primary care delivery and complete the loop of care coordination in NCD service provisioning. Through the technology-integrated pathways, ASHA can identify, track, and manage early signs of chronic diseases within the community.

Large Scope for Interdisciplinary Teams in Healthcare Pathways: Integrating interdisciplinary teams, including doctors, nurses, ASHA workers, and other healthcare professionals, is essential for establishing comprehensive care pathways. Each team member can bring their expertise and responsibilities to address the multifaceted challenges of NCDs, ensuring holistic and patient-centered care. Such collaboration can reduce care fragmentation and improve the coordination and efficiency of healthcare services.

Expanding NCD Care Through Continuum of Care at the Community Level: A continuum of care approach ensures seamless healthcare services from prevention and diagnosis to treatment and follow-up. This can be achieved by creating awareness about NCDs, improving screening mechanisms, and ensuring timely referrals and follow-up care. Expanding this model at the community level would ensure that patients receive uninterrupted care, reducing the burden of untreated or poorly managed chronic conditions

Developing a Risk Score for NCDs in India: Currently, India relies on the WHO scorecard for NCD risk assessment, which may not fully align with the country's unique health challenges and population needs. Developing an India-specific risk score would enable more accurate identification of high-risk individuals and improve targeted interventions. This score could integrate locally relevant factors such as dietary patterns, genetic predispositions, and socio-economic conditions to better address NCD risks.

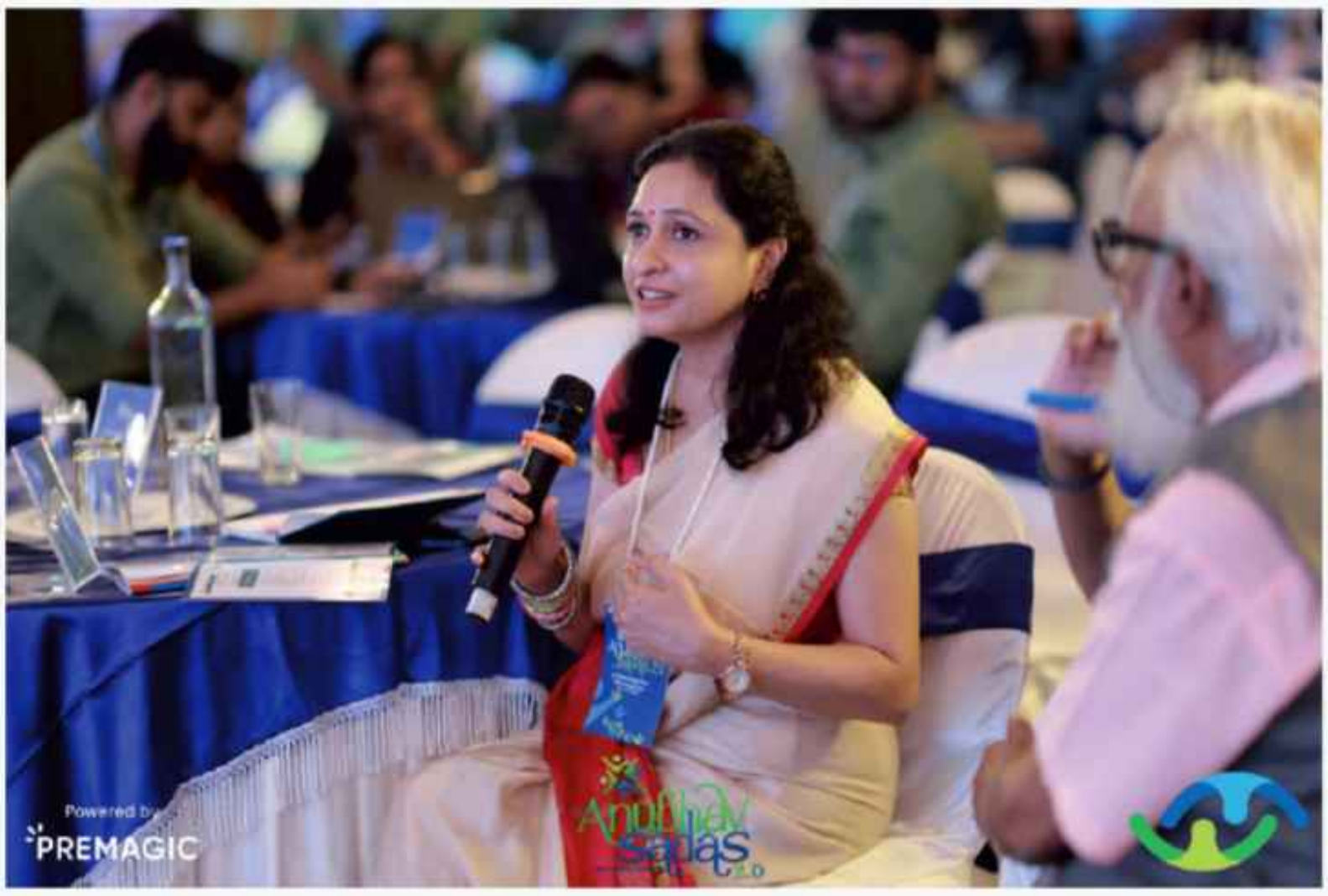
Evaluating Cardiac Care Follow-Up Packages Under PMJAY KASP: PMJAY KASP has provisions for follow-up care packages for cardiac patients, but a systematic evaluation of their utilization is necessary. By analyzing trends, identifying gaps, and taking corrective actions, the program can ensure that beneficiaries avail themselves of necessary post-treatment cardiac care. This includes improving awareness among patients, ensuring seamless package delivery, and addressing potential logistical or operational barriers.

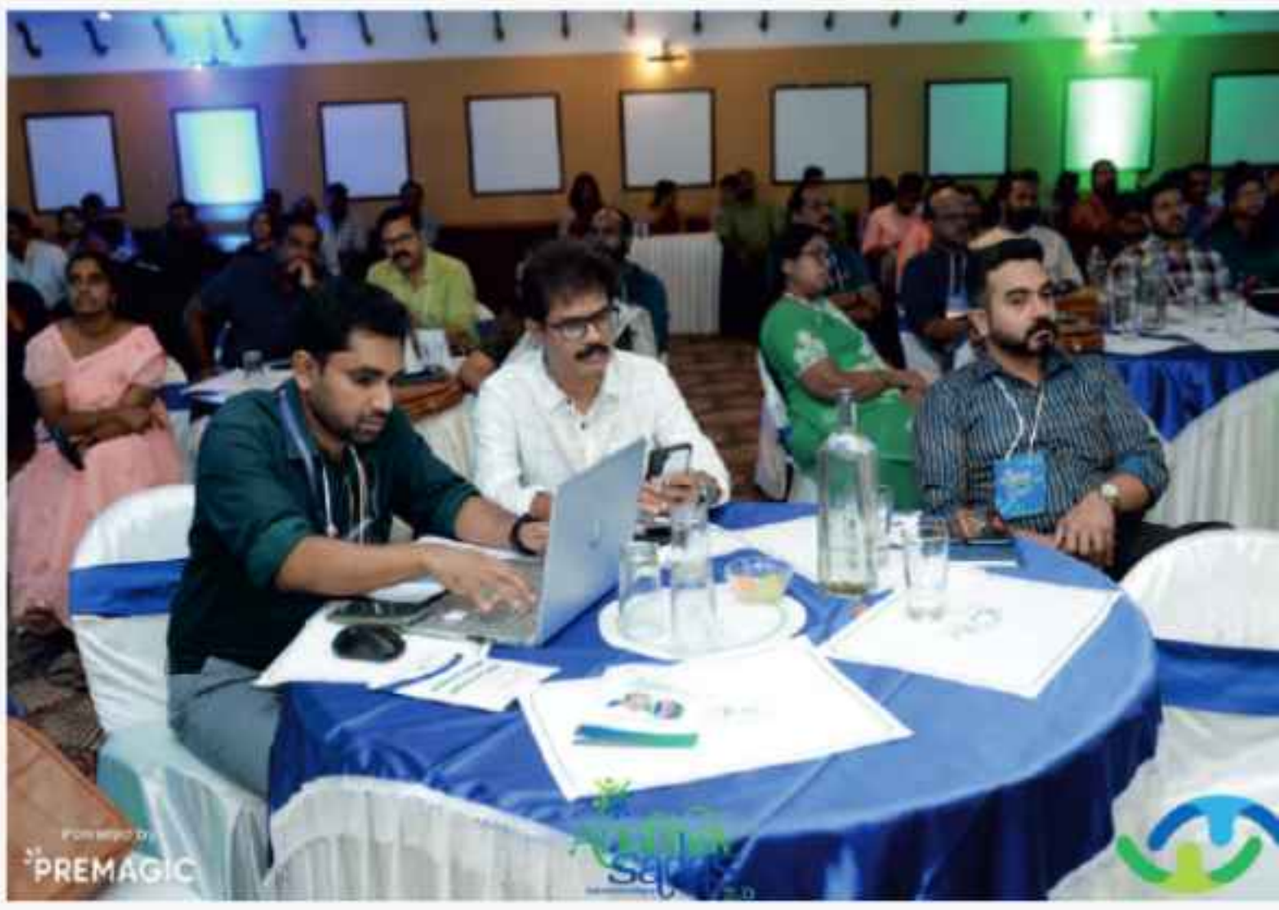
Need for Corrective Actions to Ensure Accessibility to Follow-Up Care:
Follow-up care for cardiac patients is critical to prevent complications and reduce re-hospitalization rates. Corrective actions, such as streamlining referral processes, ensuring affordable access to follow-up services, and leveraging technology for patient tracking, can significantly enhance the effectiveness of care pathways

Session 3

STATE EXPERIENCES ON EXPANDING COVERAGE

The session commenced with an overview of Kerala's current coverage status under various health schemes, highlighting its progress and challenges in advancing Universal Health Coverage (UHC). This was followed by valuable experience-sharing from states like Himachal Pradesh, Karnataka, and Rajasthan which have expanded their health schemes by tailoring them to state-specific priorities. The discussion also included insights from Ghana's international experience in ensuring enrolment and retention in health programs, providing a global perspective on strategies for sustaining health coverage. These deliberations set the stage for exploring resource optimization, health financing, and the integration of public and private sectors to enhance healthcare delivery and coverage.





STATE PRESENTATION -

KERALA

Health Financing Landscape of Kerala-Schemes, Population, Expenditure and Financial Status

Dr. BIJOY E.

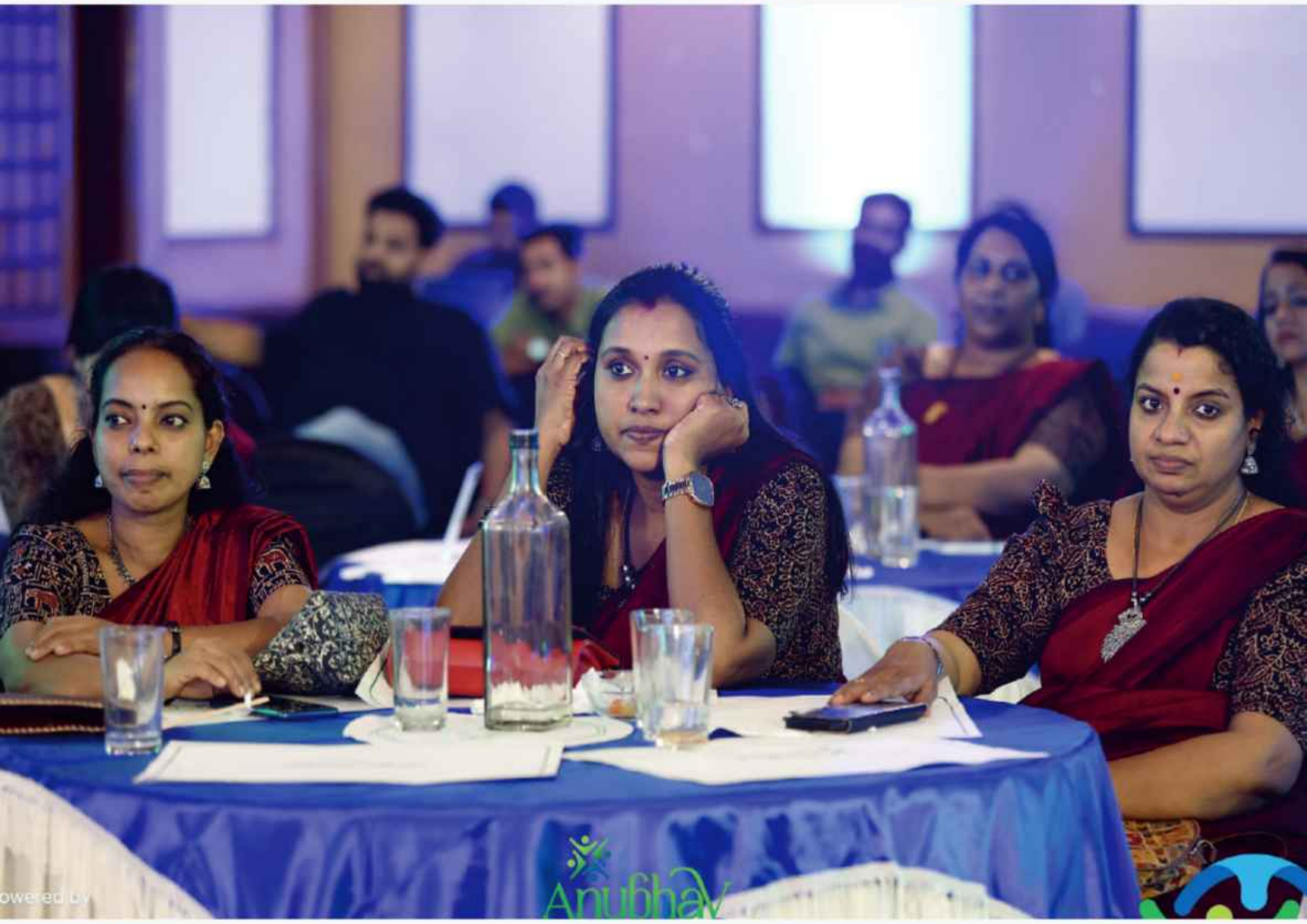
Joint Director, Operations, The State Health Agency, Kerala, and State Program Manager, National Health Mission Kerala.

BEST PRACTICES

- Integration of public and private healthcare systems to expand access through comprehensive schemes like KASP and PM-JAY
- Provided cashless benefits for specific groups, including children under 18 through Arogyakiranam and children with profound hearing loss via the Sruthitharangam scheme, with extended support for cochlear implants and therapy until age 25
- Development of robust insurance coverage systems like MEDISEP, covering government employees and their dependents
- Bundled dialysis episodes to reduce adjudication workload and improve efficiency in claim processing
- Adopted National Health Authority (NHA) package rates (HBP 2.0) with careful adjustments to control outflow while aligning with national standards
- Reserved 486 high-cost packages under specialties like oncology and interventional neuroradiology for public hospitals to optimize public sector utilization
- Maintained high public hospital utilization rates under PM-JAY/KASP, placing Kerala among the top states for leveraging public facilities
- Centralized procurement of medical supplies proposed to reduce expenses and improve service delivery
- Strong emphasis on convergence with other state schemes to widen access to healthcare packages and resources

CHALLENGES SUBDUED

- Reduced healthcare costs by reserving specific procedures for public hospitals and introducing differential payment structures
- Utilized claims data to identify funding priorities and address disparities in resource allocation
- Managed rising health insurance expenditure, with Kerala bearing 90% of the costs, by introducing cost-saving measures such as package prioritization and risk convergence
- Studied ambulatory care management to optimize healthcare delivery and reduce unnecessary hospitalizations
- Enhanced financial sustainability and service availability through careful monitoring and periodic updates to claim processing systems



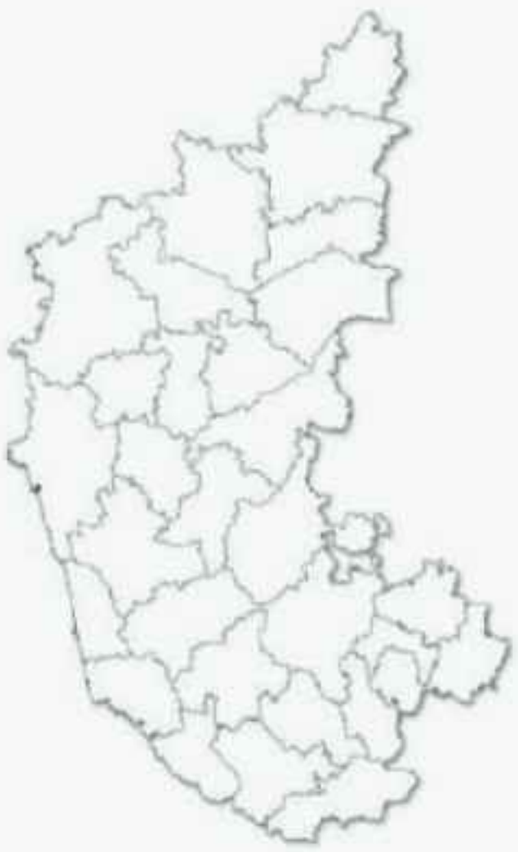
STATE PRESENTATION -

KARNATAKA

EXPERIENCE SHARING ON THE CO-PAYMENT MODEL BY KARNATAKA

Dr. SPHURTHI SAGAR

AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA - CM's AROGYA KARNATAKA (AB PMJAY-CM's ArK)



The integrated scheme AB PMJAY-CM's ArK launched on 30th October 2018, has significantly expanded healthcare access in Karnataka, covering 31 districts and benefiting 5.09 crore individuals. The scheme operates through a robust network of 3,554 empaneled hospitals, including 2,964 public and 590 private facilities. Hospital empanelment is conducted through thorough physical verification by the District Empanelment Committee, ensuring quality standards. In FY 2023-24, 108 new hospitals were empaneled (29 government and 79 private), while in FY 2024-25, an additional 41 hospitals joined the network (5 government and 36 private). The scheme provides coverage for 1,650 procedures, ensuring comprehensive healthcare services to beneficiaries across the state.

The treatment procedures are categorized as follows: Procedure 2A, Simple Secondary, is available in government hospitals, with 294 cases reported. Procedure 40, Simple Secondary Government, is designated for MBBS doctors and performed in government hospitals. Procedure 2B, Complex Secondary, involves 251 cases and is typically offered in government hospitals based on availability, with the option to seek treatment at a private hospital if necessary, upon referral and patient choice. Procedure 3A, Tertiary, involves 934 cases and is provided in specialized tertiary care centers. Lastly, Procedure 4A, Emergency, with 171 cases, allows treatment in both government and private hospitals without the need for a referral.

The special feature practiced in Karnataka for providing quality care was expressed as the provision of simple treatments practiced in government hospitals. Complex and specialty care facilities can be availed at government as well as referred to private hospital

Universal Health Coverage (UHC) being the main focus of Karnataka's emphasis on the model of expanding existing schemes, Dr. Sphurthi ensures that all individuals have access to the full range of quality health services they need. This goal is attained because of the assurance of quality care guaranteed by the government. To be with the society knowing the needs excellent data collection. The secret mantra practiced across Karnataka is appropriate to date updating and timely upgradation

APL COPAYMENT MODEL: The uptake of APL beneficiaries under the scheme since inception contributes to 13% whereas BPL category uptake is 87%

RECOMMENDATIONS FOR PUBLIC HOSPITALS - A MODEL FROM KARNATAKA

- All Public Health Institutes deemed empaneled and monitored by AB-ArK cell
- Ring fencing" for basic secondary procedures (2A) in PHIs
- Gatekeeping mechanism of 2B and 3A procedures through Online Referral system in case of unavailability of services in Govt hospitals
- Earmarking 40 Simple Secondary General Procedures to be performed by MBBS doctors at the PHC level
- Cost-cutting measures- Differential payment
- 50% cost-simple secondary care procedures; 75% cost-all specialities except Cardiology; 100% cost -Cardiology
- Additional HR-Claims Executives were deployed to upload claims under AB-Ark in the high-load PHIs (DH, MC, and TH) & freelance DEO at CHC and PHC
- Auto-approval of 2A and 2B procedures for Govt facilities
- Green channel payment during high claim pendency

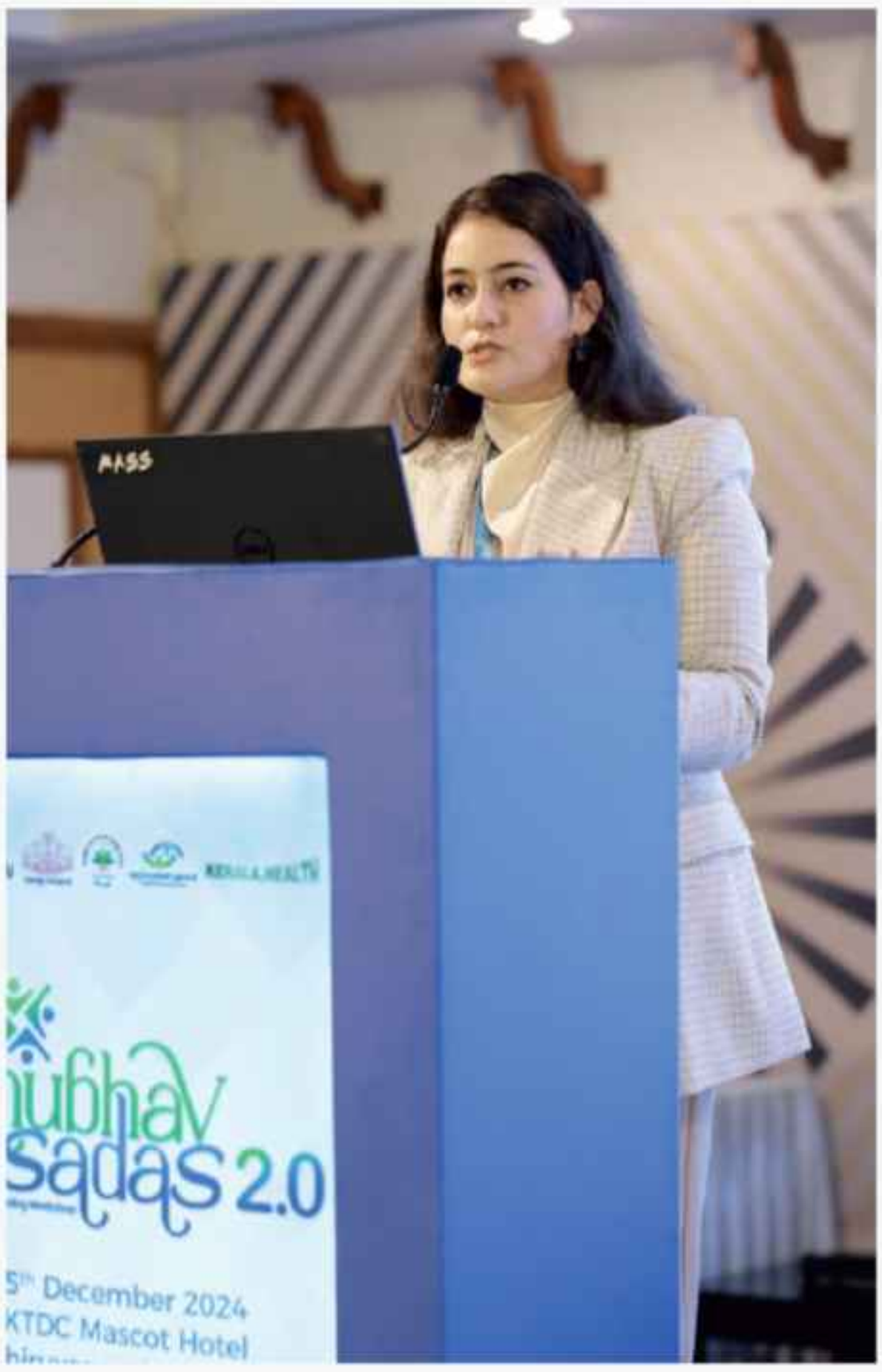
STATE PRESENTATION -

RAJASTHAN

Experience sharing on scheme expansion by Rajasthan

Dr. PRIYANKA PANDIT,
Health System Officer, World Health Organization

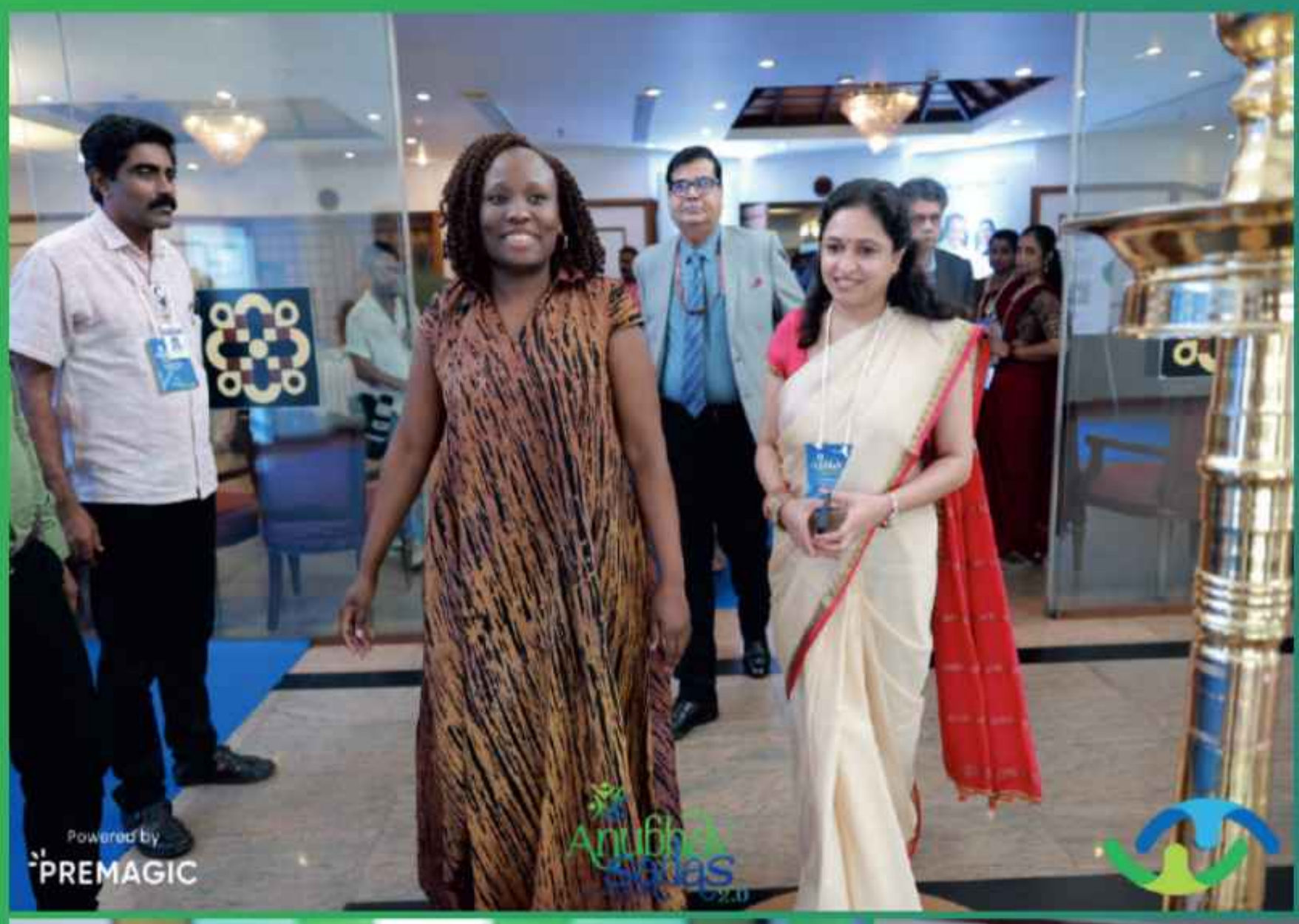
Mukhya Mantri Ayushman Arogya Yojna (MAA Yojna) (Scheme Expansion)



The Mukhya Mantri Ayushman Arogya Yojna (MAA Yojna) is a state health insurance scheme aimed at providing financial protection for medical treatment to all residents, excluding government employees and pensioners. The scheme offers cashless healthcare services for hospitalization, surgeries, and critical treatments at empaneled hospitals.

Expansion efforts focus on increasing outreach by forming partnerships with more hospitals, improving public awareness through campaigns, and ensuring wider beneficiary enrollment. The scheme uses differential premium slabs based on family size and income levels to ensure affordability for low-income families, while higher-income families may pay a nominal premium. Beneficiaries can enroll via self-registration or through assistance from Local Medical Knowledge (LMK) centers. The expansion aims to cover a broader population, ensure timely renewals and payments, and maintain an efficient healthcare system for vulnerable groups.

The MAA Yojna expansion strategy aims to increase coverage through a mix of general revenue and contributory mechanisms. It is available to Rajasthan residents with a Jan Aadhar card, excluding those under RGHS. Beneficiaries can enroll via self-registration or through e-Mitra centers using Jan Aadhar. Senior citizens above 70 years are also covered. Additionally, there is a tentative proposal to include workers under the BoCW and ESIC. Key learnings include implementing a cooling period to reduce adverse selection, reserving fraud-prone packages for government hospitals, and excluding unspecified packages. Recommendations from GMCs are being sought for certain packages, and there are new provisions in the RFP for improved scheme management.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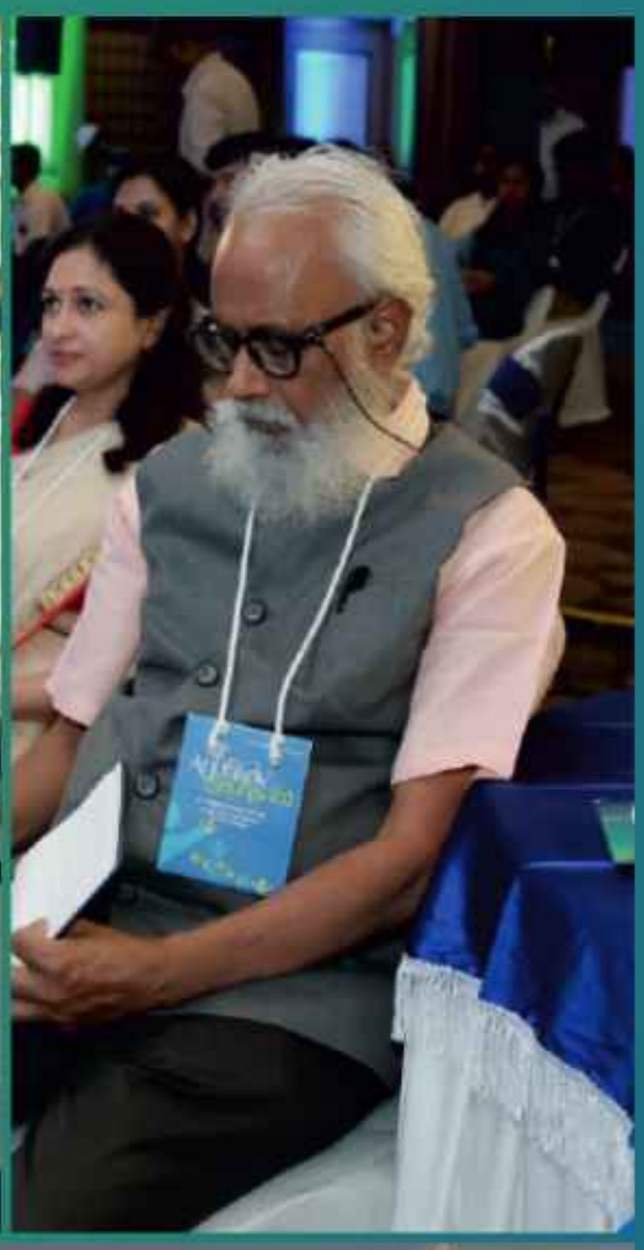


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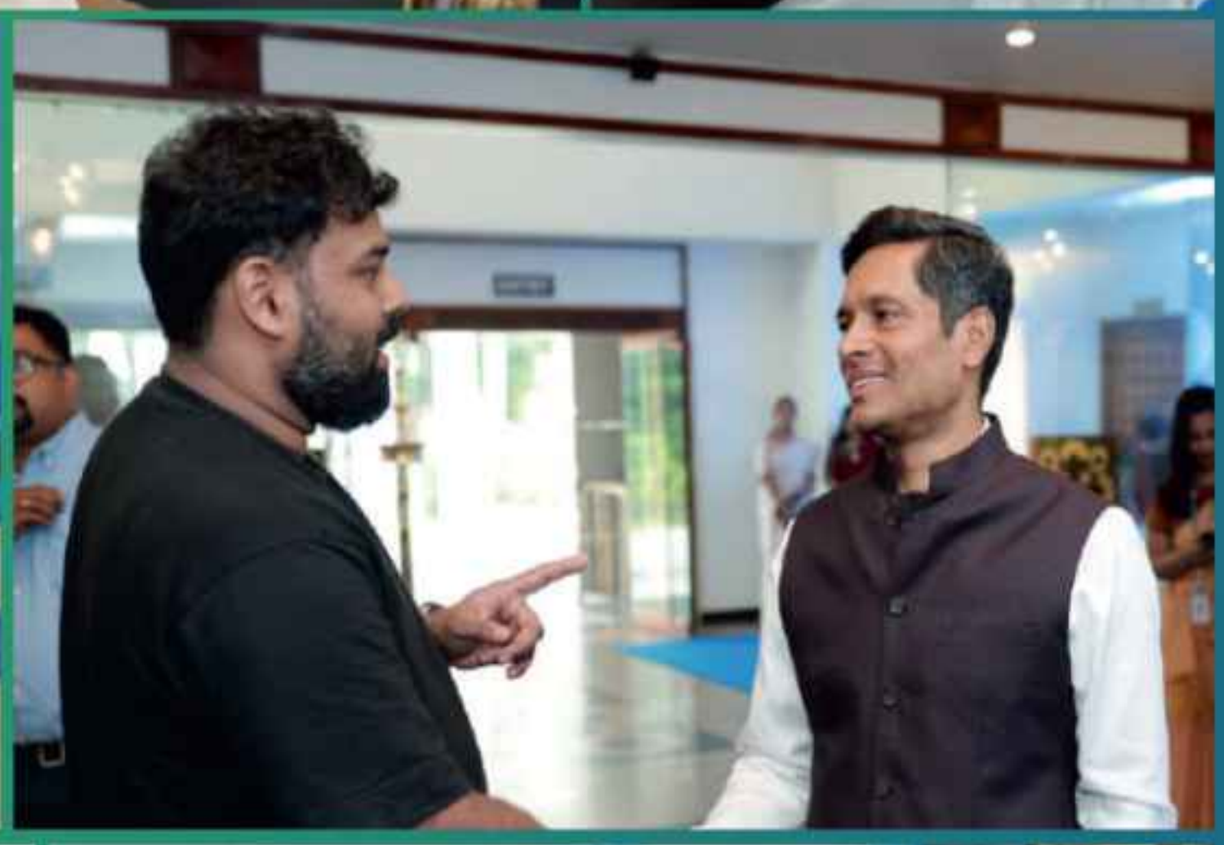


STATE PRESENTATION -

HIMACHAL PRADESH

Experience sharing on expanding coverage through a contributory scheme by Himachal Pradesh

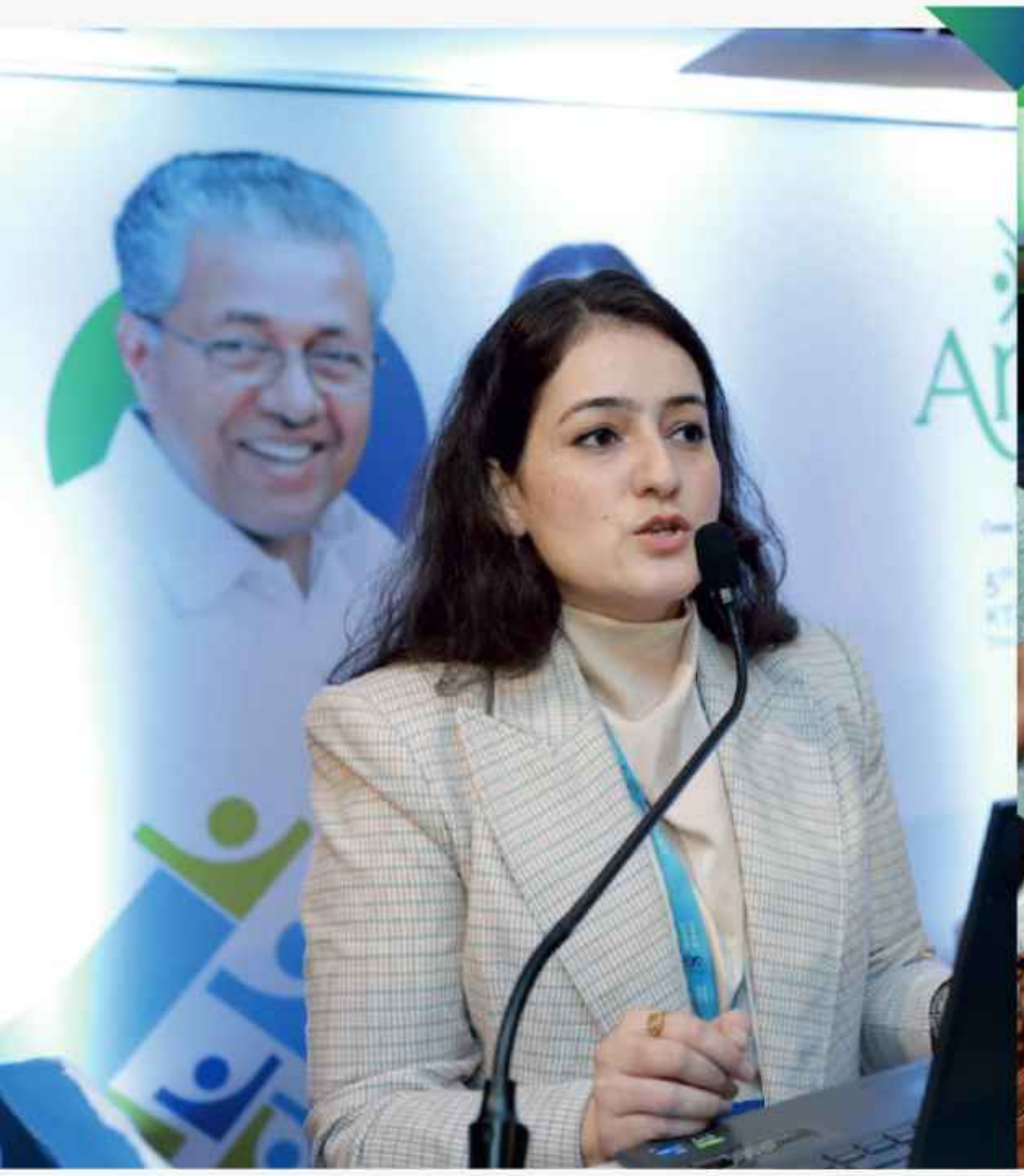
Dr. PRIYANKA PANDIT,
Health System Officer, World Health Organization

Himachal Health Care Scheme- Himcare Expanding Coverage Through Contributory Scheme

The Himachal Health Care Scheme (HIMCARE) is an initiative by the Himachal Pradesh government aimed at providing health insurance coverage to its residents. It primarily targets economically disadvantaged families, offering them financial protection for medical treatments. The scheme is designed to expand healthcare access by integrating a contributory model, where both the government and beneficiaries contribute to the fund.

Under HIMCARE, eligible families receive health insurance benefits, including cashless treatment for hospitalization, outpatient care, and other medical services. The scheme covers a wide range of medical treatments, including surgeries, maternity care, and critical illnesses.

With the introduction of the contributory model, individuals can also voluntarily contribute to the scheme for enhanced coverage. This approach helps extend the program's reach, ensuring that more residents, including those with higher incomes, can benefit from health insurance while making the scheme financially sustainable.



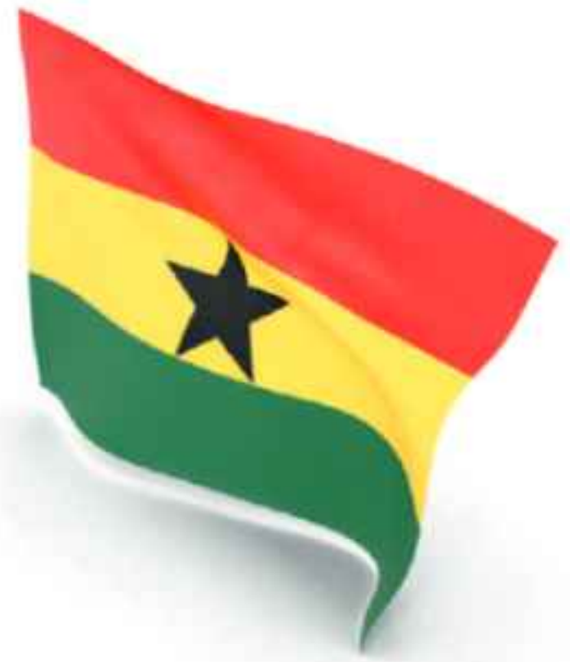
Recommendations include:

- Continuous or periodic enrollment to avoid adverse selection
- Tiered premium rates based on economic status to ensure affordability and sustainability
- Flexibility in enrolment/renewal windows to accommodate beneficiaries who miss the standard period
- Timely reimbursement to hospitals to maintain provider participation
- Public awareness campaigns to promote year-round coverage and prevent late enrolments

These actions will help ensure HIMCARE's long-term success and broaden its reach while maintaining financial sustainability. The expansion strategy for the HIMCARE scheme focuses on broadening coverage and ensuring accessibility for all residents of Himachal Pradesh, except for government employees and pensioners. It introduces a differential premium slab, where premiums are tiered based on the economic status of beneficiaries, making the scheme more affordable for low-income families while ensuring its financial sustainability.

The eligibility criteria are expanded to include all state residents, allowing more people to benefit from health coverage. Additionally, the beneficiary enrollment mechanism is designed to be flexible, offering both self-registration through an online portal and registration via Local Medical Knowledge Centers (LMKs), which will make the scheme accessible even in remote areas and for those with limited digital literacy. This comprehensive approach aims to enhance the scheme's reach, inclusivity, and overall effectiveness.

INTERNATIONAL PRESENTATION - GHANA



Experience in enrolment, renewal, and retaining beneficiaries - Ghana.

Ghana's NHIS Experience

Presenter: Mr. Christian Ashiabhor,.
Director, Membership and Regional Operations,
NHIS, GHANA

The National Health Insurance Scheme (NHIS) in Ghana was established in 2003 through Act 650 to address the significant challenges posed by the "Cash and Carry" system of healthcare. Under this prior system, patients were required to pay out-of-pocket before receiving any medical services, which led to inequities in access to healthcare, especially for the poor and vulnerable. Recognizing the need for a more inclusive healthcare system, the NHIS was introduced to provide financial risk protection and improve access to healthcare services for all residents. The scheme was further revised in 2012 under Act 852, expanding its mandate to include broader social health protection policies. This revision reinforced the commitment to achieving universal health coverage by ensuring that every Ghanaian, regardless of socio-economic status, could access quality healthcare services without facing financial hardship.

The National Health Insurance Authority (NHIA), the governing body of the NHIS, is driven by the overarching goal of achieving universal health insurance coverage for all residents and visitors in Ghana. The NHIA focuses on promoting equity in healthcare by prioritizing access for the poor and vulnerable populations. By addressing systemic inequalities, the NHIA ensures that quality healthcare is a right, not a privilege, for every individual.

To achieve inclusivity, the NHIS is designed to accommodate diverse population groups through tailored membership categories:

Formal Sector: Workers in both the public and private sectors who contribute to the Social Security and National Insurance Trust (SSNIT).

Poor, Vulnerable, and Indigent Groups: These individuals, identified by the Social Welfare Department, include LEAP (Livelihood Empowerment Against Poverty) beneficiaries, orphans, prisoners, and children in school feeding programs. Such groups are covered under special provisions.

Informal Sector Workers: People not formally employed, such as traders, artisans, and farmers, are also eligible for NHIS membership, ensuring comprehensive coverage.

To promote equity and ensure access for the most disadvantaged, the NHIS has an exemption policy that waives premium payments for certain groups. Certification for these exemptions is conducted through district social welfare offices. The exempt groups include the poorest populations, prisoners, orphans, and individuals in orphanages, among others, allowing these vulnerable groups to access healthcare without financial barriers.

As of 2023, Ghana's population stands at 32,147,119, with the NHIS providing active coverage to 17,843,416 individuals, representing a 55.5% coverage rate. The scheme recorded 4,550,071 new memberships, accounting for 25.5% of total coverage, while 13,293,345 members renewed their subscriptions, reflecting a renewal rate of 74.5%.

Membership Renewal and Access

- To simplify the renewal process and enhance accessibility, the NHIS has introduced multiple options for members
- Renewals can be completed via mobile (by dialing *929#), the MyNHIS app, SMS alerts, and mobile van outreach programs
- Additional features, such as checking policy expiry dates and renewing via mobile money, have made it more convenient for members to stay covered
- The benefit package includes coverage for essential health services such as mental health treatment, kidney dialysis, and other critical interventions, ensuring comprehensive care

Retention Strategies

- The NHIS employs innovative strategies to retain members and encourage continuous enrollment
- Technology-Driven Renewals: Mobile renewal systems and SMS alerts ensure ease of access
- Community Outreach: Dedicated programs and institutional sensitization activities raise awareness about NHIS benefits
- Annual Health Checks: Members are entitled to free annual health checks, including additional benefits such as mental health and dialysis services
- NHIS Month Celebrations: Special events during December include waivers of registration and renewal fees to incentivize membership

Challenges Subdued

- Despite its successes, the NHIS faces several challenges that hinder its optimal functioning
- Illegal Co-payment Demands: Some patients are required to make unauthorized payments, which undermines the scheme's objectives
- Rising Demand for Services: There is increasing pressure to expand the benefit package to include more services
- Economic Challenges: Inflation and fluctuating exchange rates impact the scheme's financial sustainability
- Connectivity Issues: Poor internet access in remote areas hampers the efficient delivery of services
- Logistical and Funding Constraints: Limited resources affect the scheme's ability to scale operations and address systemic inefficiencies

Adaptable Lessons for Other Countries

- The NHIS offers valuable lessons for countries aiming to establish or improve their national health insurance systems
- Political Will and Commitment: Sustained support from all political parties is critical to the scheme's success
- Enabling Legislation: A robust legal framework ensures the long-term sustainability of health insurance programs
- Innovative Financing Models: Exploring alternative funding mechanisms can enhance financial resilience
- Pro-Poor Exemptions: Comprehensive exemption policies promote equity by protecting vulnerable populations
- Decentralized Implementation: A bottom-up approach ensures that healthcare delivery aligns with local needs
- Technological Integration: Leveraging e-health tools like e-claims, e-receipts, and mobile enrollment streamlines processes, making healthcare more accessible and efficient.

The NHIS in Ghana has made significant strides towards achieving universal healthcare coverage, with a focus on equity and protection for vulnerable populations. The use of technology, along with strategic renewal and retention methods, has played a key role in maintaining and expanding coverage. However, challenges such as economic constraints and logistical issues still need to be addressed to ensure the sustainability of the scheme.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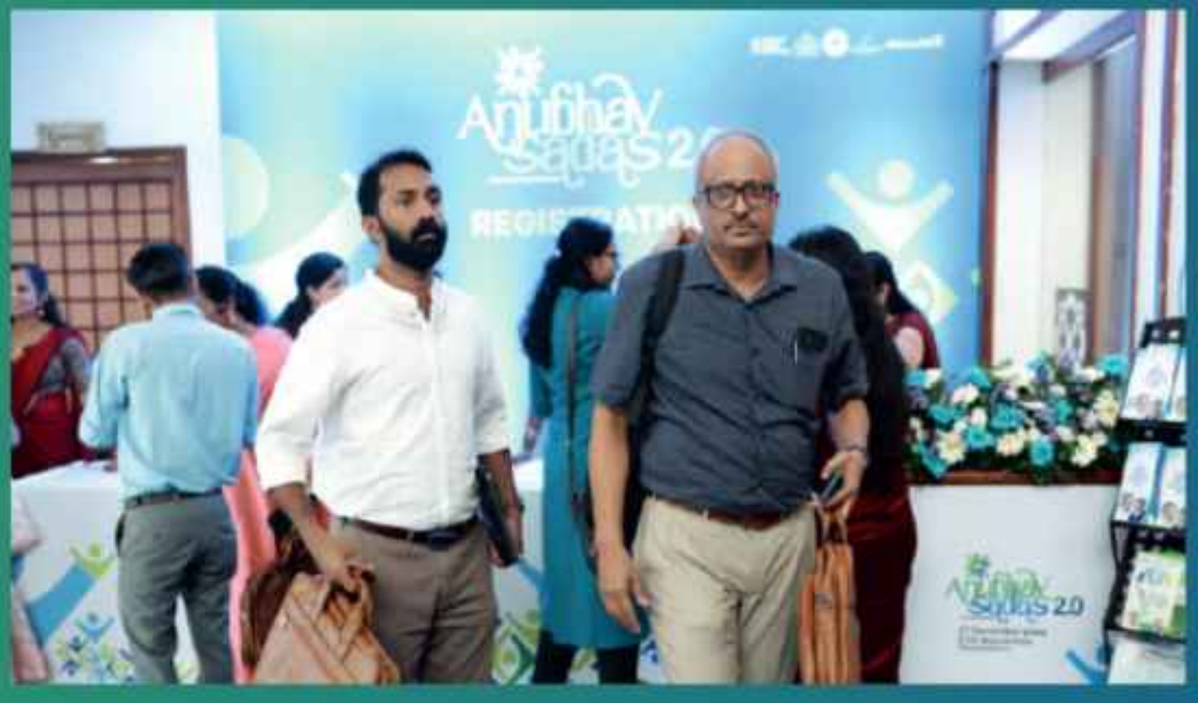
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Session 4

RESOURCE OPTIMIZATION AND EXPANDING THE HEALTH PROTECTION SCHEME FOR ACHIEVING UNIVERSAL HEALTH COVERAGE

PANELISTS

1 **Dr. PK Jameela**
Expert Member, Planning Board, Govt. of Kerala

2 **Dr. Rathan Kelkar, Executive Director-SHA,**
Member Secretary, State Planning Board, Govt. of Kerala

3 **Moderator**
Prof. V.R Muraleedharan,
Professor Emeritus, IIT Madras

4 **Shri.Ghayas Uddin Ahmed-Joint Secretary &**
Financial Advisor, NHA

5 **Dr. Grace Achungura-**
Techincal Officer (Health Financing for UHC-HCF), WHO India

The panel discussion on "Resource Optimization and Expanding the Protection Scheme for Achieving Universal Health Coverage" brought together a diverse group of policymakers, health financing experts, and healthcare professionals. The session aimed to explore strategies for expanding universal health coverage (UHC) while optimizing resources to ensure equity, quality, and sustainability in healthcare delivery.

The discussion was framed around critical questions, including:

- Expanding Coverage: How can the state ensure comprehensive health protection for all its citizens?
- Resource Mobilization: What innovative strategies can states adopt to generate resources for current and future needs? What are the key revenue sources, trends, and opportunities for additional revenue generation?
- Strategic Purchasing: What should be the priorities in terms of services to purchase, providers to engage, and cost considerations to maximize impact?
- Utilizing Reimbursements: How can reimbursement funds received by public hospitals under various schemes be leveraged to strengthen healthcare capacity and quality?

The panel highlighted that Universal Health Coverage (UHC) ensures all individuals can access the full range of essential health services—spanning health promotion, prevention, treatment, rehabilitation, and palliative care—without facing financial hardship. Achieving UHC involves:

- Building Strong Health Systems: Rooting healthcare delivery in community-based, equitable, and efficient systems
- Ensuring Affordability: Protecting citizens from catastrophic out-of-pocket health expenditures that often drive families into poverty
- Developing a Skilled Workforce: Creating a well-trained and adequately distributed health workforce

The discussion emphasized that UHC is not just a health agenda but a critical pillar of social protection and economic stability. The panel proposed **premium collection models** as a viable approach for expanding health protection to all citizens. A structured, inclusive premium system can provide financial sustainability while ensuring coverage for every demographic:

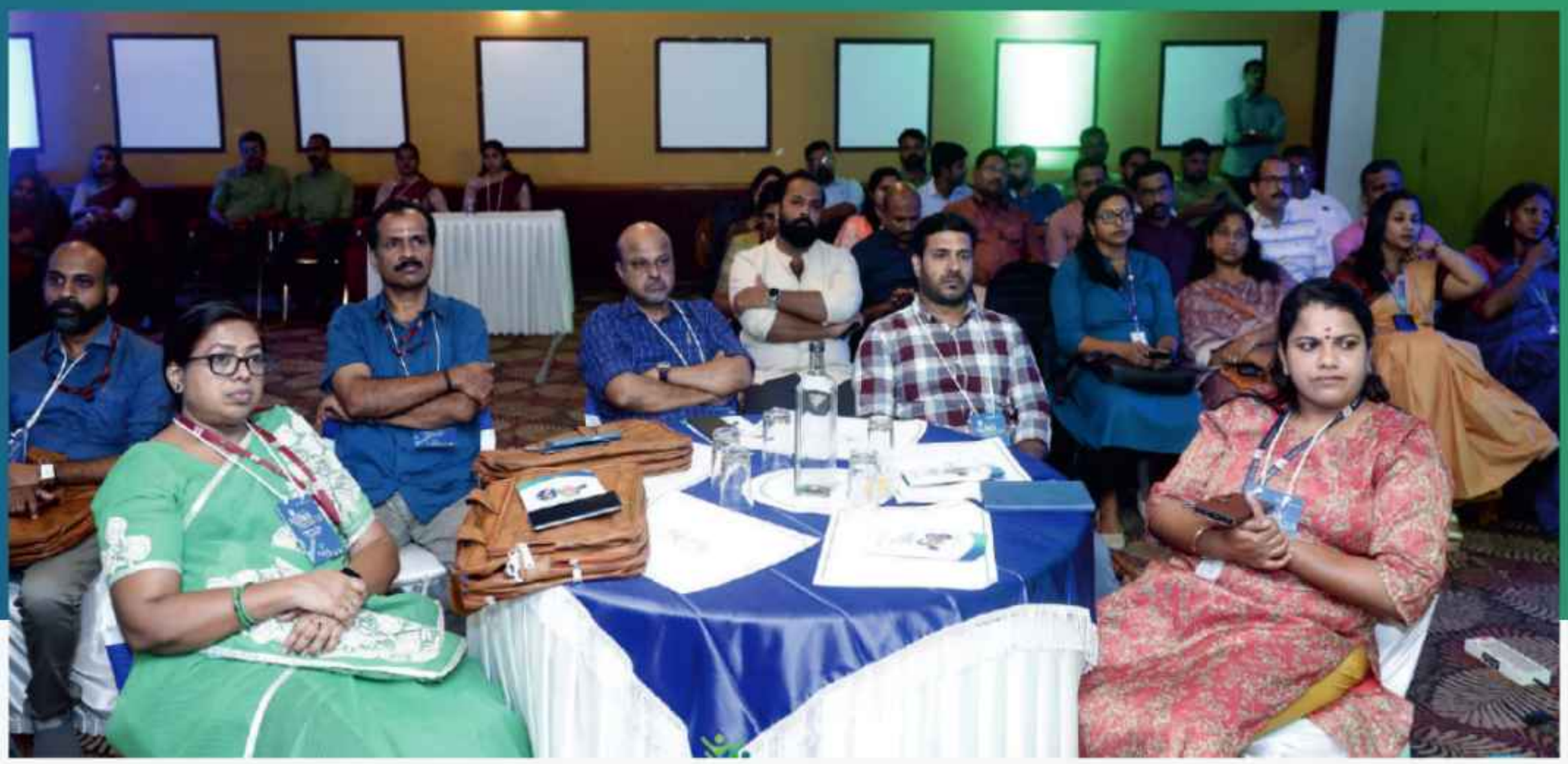
Tailored Premiums with Cross-Subsidization: Premium rates can be categorized based on financial status, where higher-income groups pay more to subsidize lower-income groups. This approach ensures equitable access to health protection coverage regardless of financial standing.

Subsidy Management: Regular review of subsidy levels is necessary to align with actual needs and avoid over-subsidization.

Innovative Resource Mobilization: The panel suggested imposing taxes on items such as beverages or other consumer products to generate additional revenue for health financing. To strike a balance between affordability and accountability, the panel recommended introducing co-payment and co-sharing of premiums:

Co-Payment: Patients pay a nominal portion of healthcare costs, encouraging judicious use of services while ensuring affordability. However, it is crucial to set these amounts at levels that do not deter access to necessary care.

Co-Sharing of Premiums: The cost of health insurance premiums is shared between the government and individuals. This model fosters shared responsibility while reducing the financial burden on the state.



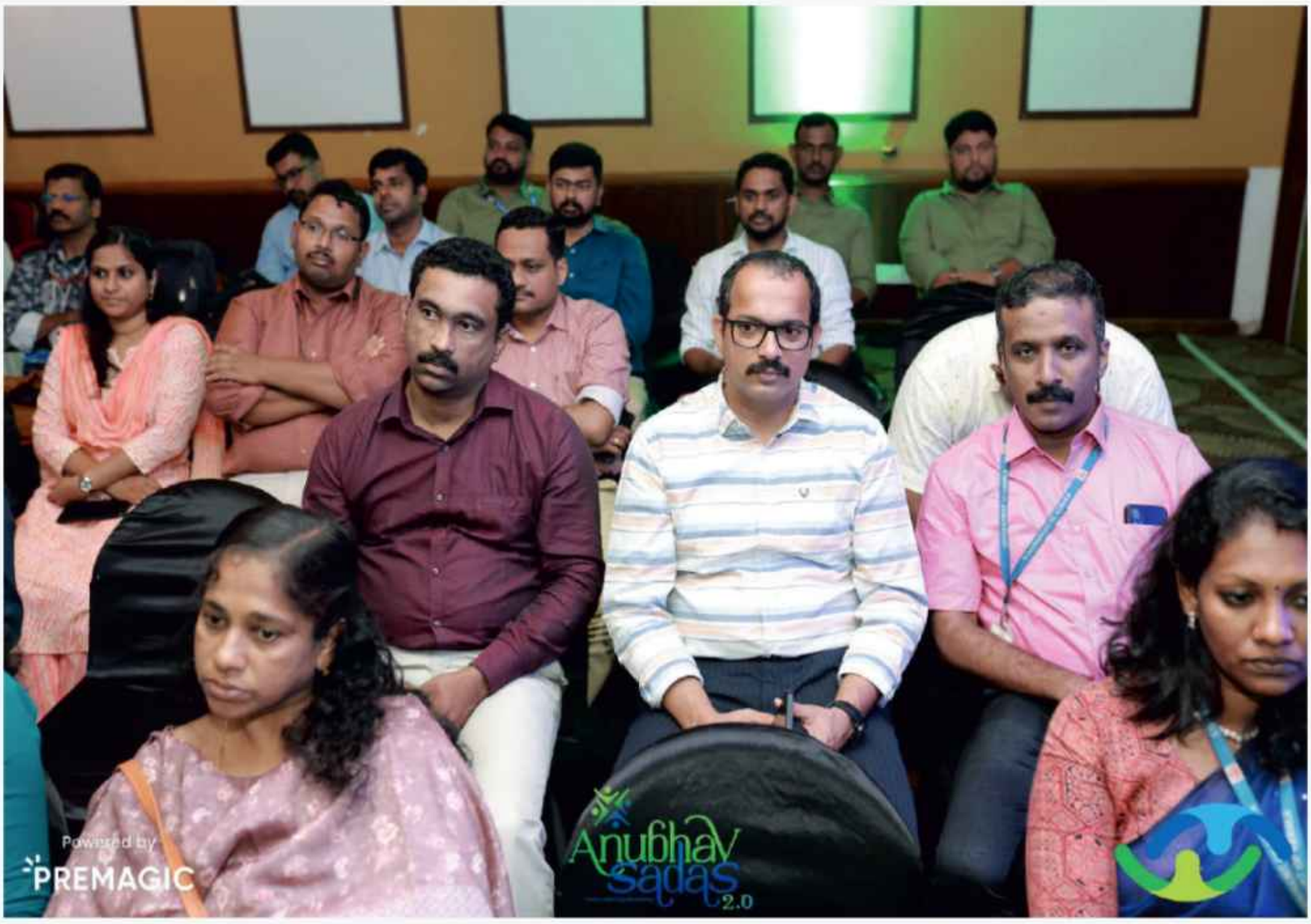
The panel underscored the importance of **integrating emerging health protection programs** into existing frameworks like Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY). Streamlining various government health schemes under a unified umbrella can minimize redundancies, improve efficiency in resource allocation, and ensure consistent quality of care across programs. This integration approach simplifies healthcare delivery, optimizes fund utilization, and enhances patient outcomes.

The concept of **differential package pricing** for public and private Empanelled Healthcare Providers (EHCPs) was identified as a key strategy for resource optimization

Leveraging Public Hospitals: Since public hospitals are government-funded, their lower operational costs can support efficient service delivery to a larger population. Reinvesting reimbursement funds into public hospitals strengthens their capacity, enabling them to provide high-quality, low-cost care. Additionally, reserving certain health benefit packages exclusively for government EHCPs can channel funds toward improving public healthcare infrastructure and extending services to underserved areas.

Balancing the Load: Differential pricing prevents overcrowding in public hospitals while ensuring effective utilization of private facilities.

Recognizing the financial strain faced by states in implementing AB PM-JAY, the National Health Authority (NHA) plans to increase the central government's share of funding.



Key Lessons and Strategies for Achieving UHC

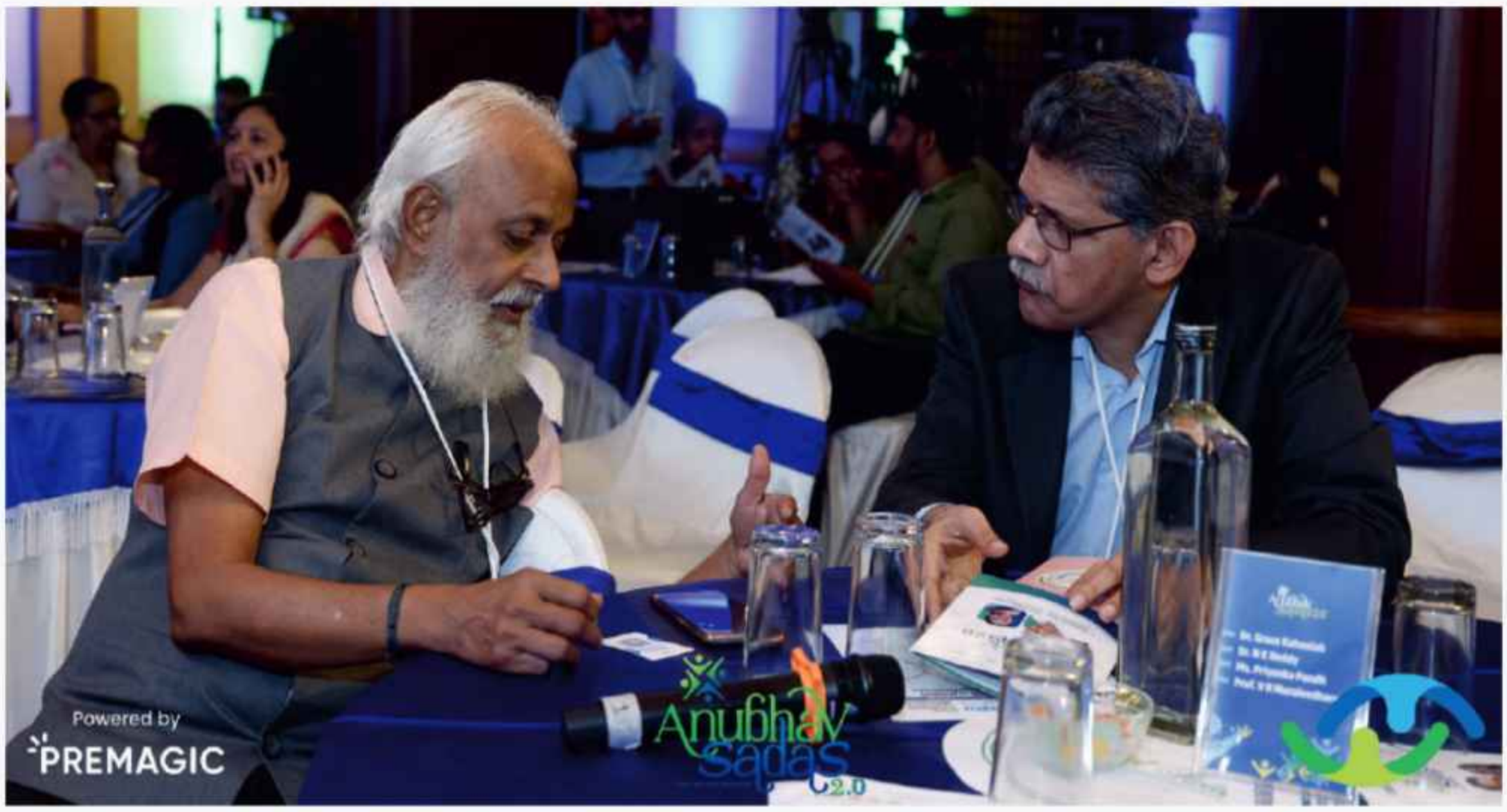
The panel discussion concluded with several actionable recommendations that can serve as adaptable lessons for other states and countries:

- Political Will and Commitment: Sustained political support is crucial for the success of UHC initiatives
- Enabling Legislation: A robust legal framework ensures accountability and long-term viability
- Innovative Financing Models: Exploring taxation, public-private partnerships, and alternative funding mechanisms is essential
- Focus on Vulnerable Populations: Pro-poor exemptions and targeted interventions promote equity
- Decentralized Implementation: A bottom-up approach ensures that healthcare services align with community needs
- Technological Integration: Leveraging digital tools like e-claims, mobile enrollment, and e-receipts improves efficiency and accessibility

The panel provided a comprehensive roadmap for optimizing resources and expanding health protection schemes to achieve UHC. By adopting innovative strategies, fostering integration, and prioritizing equity, states can strengthen their healthcare systems, ensuring that no one is left behind. The focus on sustainability and financial protection reflects a commitment to creating resilient health systems capable of delivering quality care for all.

KEY TAKEAWAYS

- Countries and States which participated in the workshop shared their experience in implementing the scheme. Learning and best practices followed, in terms of Value-Based Care, focus on quality care and continuity of care, Resource Optimization, and Expanding the Protection Scheme for Achieving Universal Health Coverage
- There is significant scope for integrating field-level programs aimed at community-level identification and management of preventable conditions. This approach can serve as a strategic measure for disease prevention while optimizing resources, particularly in a state where healthcare spending is higher
- Optimized utilization of healthcare resources can be achieved by aligning public health investments with quality outcomes and cost-effectiveness
- As the state focuses on treatment outcomes through a quality-centric approach, the global and state-level experiences from similar interventions will provide valuable insights and pave the way for implementing comparable initiatives
- Large scope for interdisciplinary teams in ensuring healthcare pathways
- Under PMJAY KASP, follow-up packages for cardiac care need to be evaluated for utilization trends, identification of gaps, and corrective actions needed to ensure that cardiac follow-up care is available through PMJAY
- Uttar Pradesh recommends strengthening staff through training and expanding the database
- Jammu and Kashmir focuses on expanding Universal Health Coverage through Scaling up the model of the SEHAT scheme, Enhance Quality of Care Through Accreditation, Strengthen Anti-Fraud Mechanisms, and Promote Digital Integration
- NHIS in Ghana with a focus on equity and protection for vulnerable populations. Using technology, along with strategic renewal and retention methods, has played a key role in maintaining and expanding coverage



Summary of the Discussions

The discussions highlighted state-level recommendations and international experiences, presenting actionable insights for strengthening healthcare systems.

Recommendations From Jammu & Kashmir:

- Expand Universal Health Coverage: Extend the SEHAT scheme to provide comprehensive coverage for all residents
- Enhance Quality of Care Through Accreditation: Facilitate hospitals in obtaining quality certifications (NABH/QCI) and monitor progress through regular evaluations
- Strengthen Anti-Fraud Mechanisms: Establish a State Anti-Fraud Unit (SAFU) with advanced analytics to detect and prevent fraud. Enforce penalties for malpractices to safeguard the scheme's integrity
- Promote Digital Integration: Utilize technology to improve beneficiary enrollment, claims processing, and service delivery, enhancing efficiency and user satisfaction
- Optimize Financial Sustainability: Implement strategies to manage insurance premiums and claims ratios, ensuring the scheme's fiscal health and sustainability

From Uttar Pradesh:

Similar recommendations as those from Jammu & Kashmir, emphasizing universal health coverage, accreditation, anti-fraud measures, digital integration, and financial sustainability

Experience from Vietnam Study:

Primary Health Care (PHC) is critical in managing ambulatory-care sensitive conditions (ACSCs) effectively to prevent unnecessary hospitalizations and reduce healthcare costs. High hospitalizations for ACSCs indicate gaps in PHC services

Recommendations from NICE-UK:

Reinforce the role of PHC to address gaps in service delivery and ensure efficient management of preventable conditions

Recommendations from Himachal Pradesh

- Enable continuous or periodic enrollment to reduce adverse selection
- Implement tiered premium rates based on economic status for affordability
- Offer flexibility in enrollment and renewal windows to accommodate late applicants
- Ensure timely reimbursement to hospitals to maintain provider participation
- Conduct public awareness campaigns to promote year-round coverage

Recommendations from Rajasthan

- Partner with more hospitals to increase outreach and accessibility
- Introduce a cooling period to reduce adverse selection and fraud
- Reserve fraud-prone packages for government hospitals and exclude unspecified packages
- Finance the scheme through a mix of general revenue and contributory mechanisms
- Include workers under BoCW and ESIC to expand beneficiary coverage
- Utilize e-Mitra centers and self-registration for easy enrollment

Recommendations from Ghana

- Secure political will and commitment from all parties for successful implementation
- Develop a strong legal framework to support health insurance operations
- Explore innovative financing mechanisms for long-term sustainability
- Provide extensive exemptions for vulnerable populations
- Adopt a decentralized, bottom-up approach for efficient healthcare delivery
- Leverage e-health tools, such as mobile enrollment, e-claims, and e-receipts, to streamline processes.

Summary of Key Takeaways from Panel DiscussionsPanel Discussion

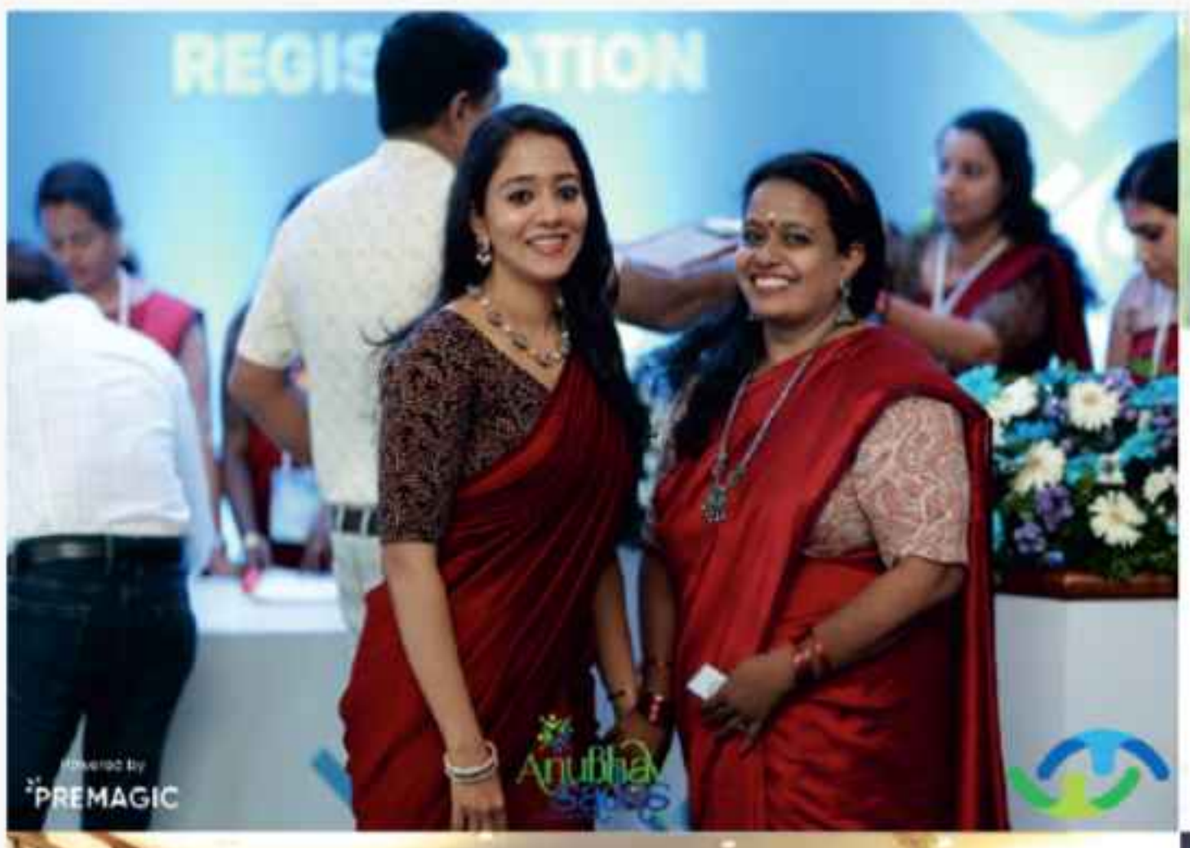
Panel Discussion 1:

- Empowering ASHAs for Effective Primary Care: ASHA workers, as the first point of contact in communities, play a pivotal role in managing non-communicable diseases (NCDs). Enhancing their training, providing modern tools, and integrating technology can improve early identification, tracking, and management of chronic diseases
- Integrating Interdisciplinary Healthcare Teams: Successful management of NCDs or any ambulatory care sensitive condition management requires collaboration across multiple disciplines. Interdisciplinary teams comprising doctors, nurses, ASHAs, and other healthcare professionals are essential for comprehensive care pathways, reducing fragmentation and improving care coordination
- Expanding Continuum of Care for NCDs: A continuum of care approach, which spans prevention, diagnosis, treatment, and follow-up, is crucial. Creating awareness, improving screening, and ensuring timely referrals and follow-up care at the community level will ensure patients receive uninterrupted healthcare, reducing the burden of untreated chronic conditions.
- Developing an India-Specific NCD Risk Score: The current WHO NCD risk score does not fully address India's unique health challenges. Developing a country-specific risk score that incorporates local factors such as dietary patterns, genetic predispositions, and socio-economic conditions will enable more targeted interventions
- Evaluating and Strengthening Cardiac Care Follow-Up: Systematic evaluation of the follow-up care packages for cardiac patients under PMJAY KASP is necessary to identify gaps and improve awareness and accessibility. Corrective actions, including streamlining referrals and leveraging technology for patient tracking, will enhance the delivery of essential post-treatment care, preventing complications and reducing re-hospitalization rates

Panel discussion 2 : Expanding Universal Health

- Expanding Coverage for All Citizens: States should aim to expand health coverage using a cross-subsidization model. Higher-income groups pay higher premiums, which subsidize lower-income groups, ensuring universal access to health protection. Regular review and adjustment of subsidies are crucial to meeting actual needs
- Resource Mobilization for UHC: States can generate revenue for healthcare through taxes on products like beverages while considering co-payment and co-sharing mechanisms for health insurance premiums. These measures balance affordability with financial sustainability
- Strategic Purchasing for Effective Healthcare Delivery: States must prioritize what services to purchase, from where, and at what cost. Differential pricing for public and private empaneled healthcare providers (EHCPs) helps optimize government funds, ensuring efficient use of resources especially for States with resource crunch. The government should focus on enhancing public healthcare infrastructure while ensuring that government funds are directed appropriately, especially for underserved areas
- Improving Public Hospital Efficiency: Ensuring reimbursement amounts received by public hospitals are effectively used to improve capacity and quality of care is vital. Simplifying the healthcare process by integrating various health protection programs under AB PM-JAY will minimize redundancy and improve efficiency
- Sustainability of AB PM-JAY: After five years of AB PM-JAY implementation, the National Health Authority (NHA) acknowledges the need for increased central government funding to sustain and expand the scheme, ensuring broader coverage and accessibility

In conclusion, both discussions emphasized the need for strategic resource allocation, integration of technology, and strong community-based healthcare approaches to enhance health coverage and strengthen primary care, particularly in managing chronic conditions like NCDs. These measures ensure that healthcare remains affordable, accessible, and sustainable while improving overall health outcomes.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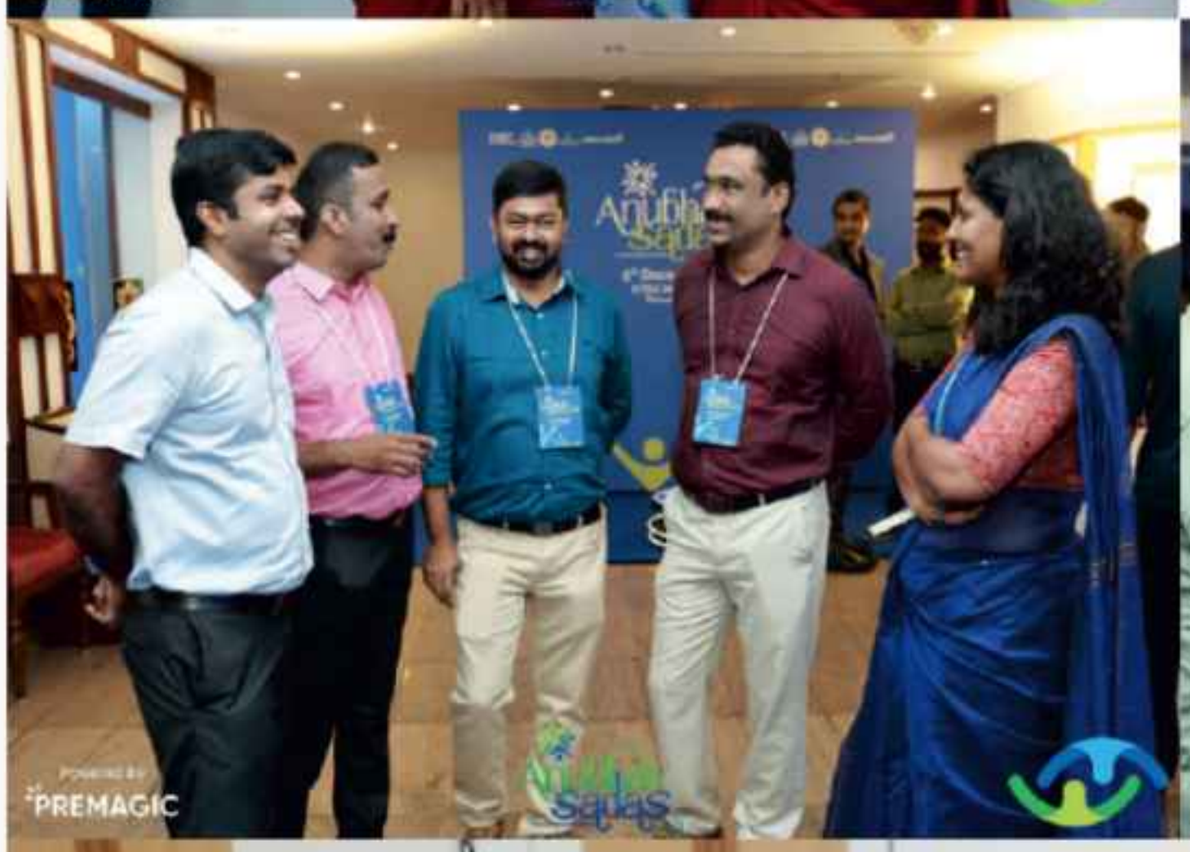
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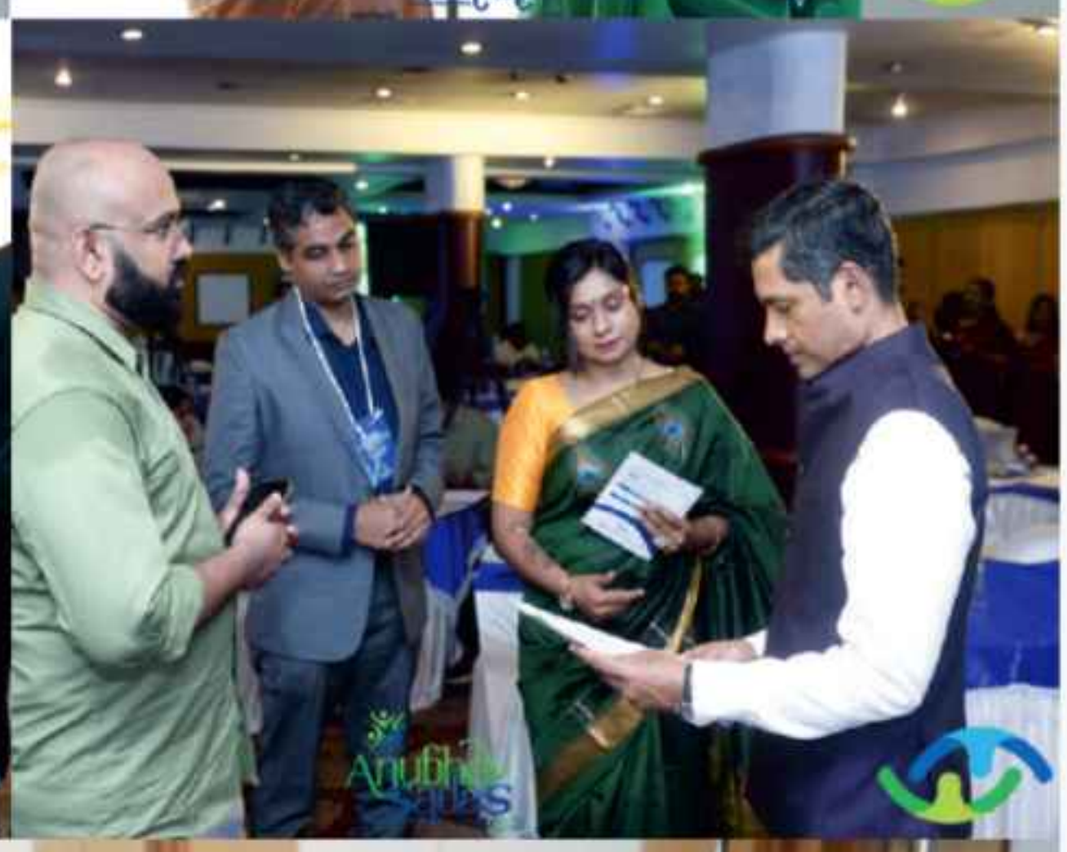

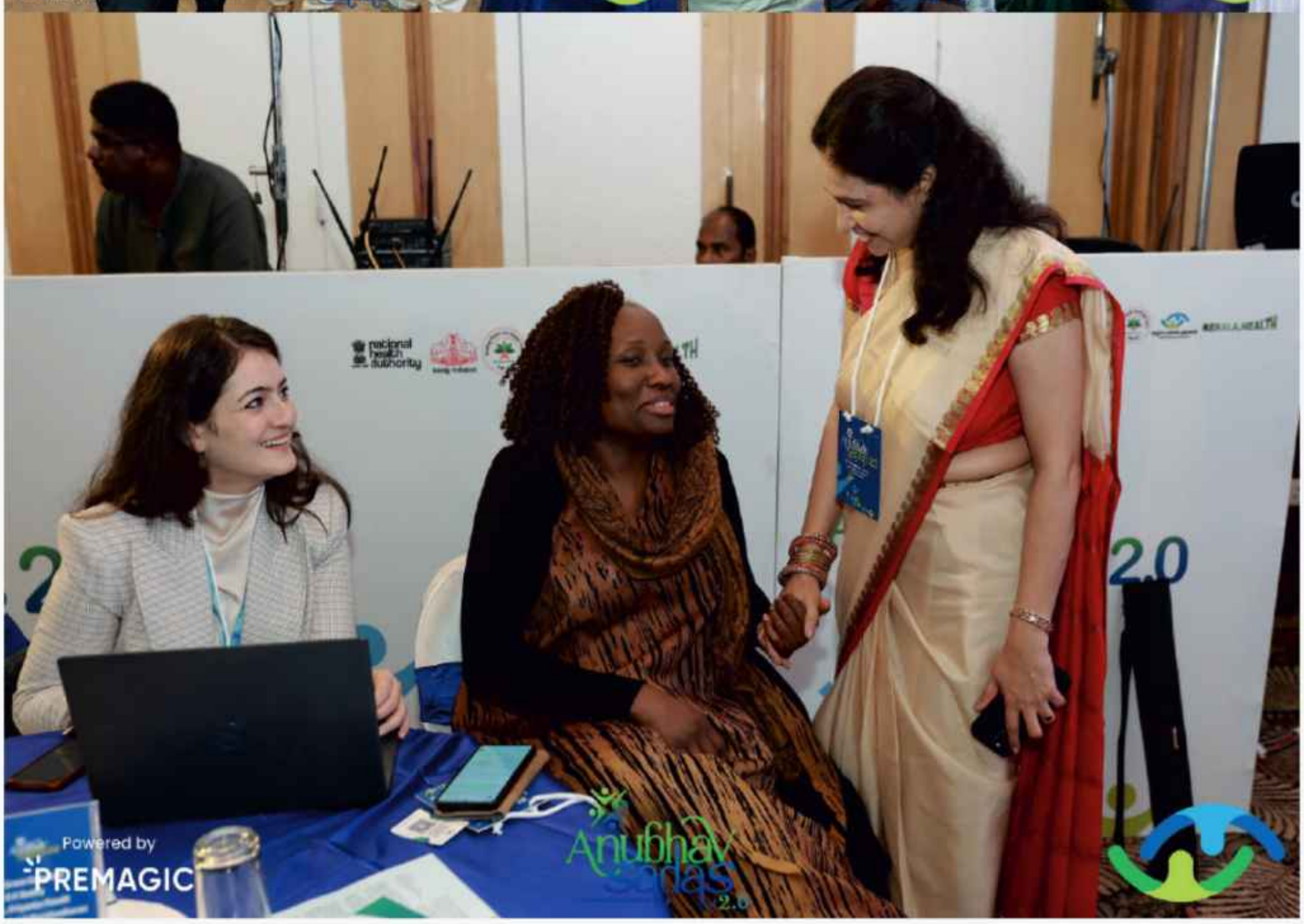
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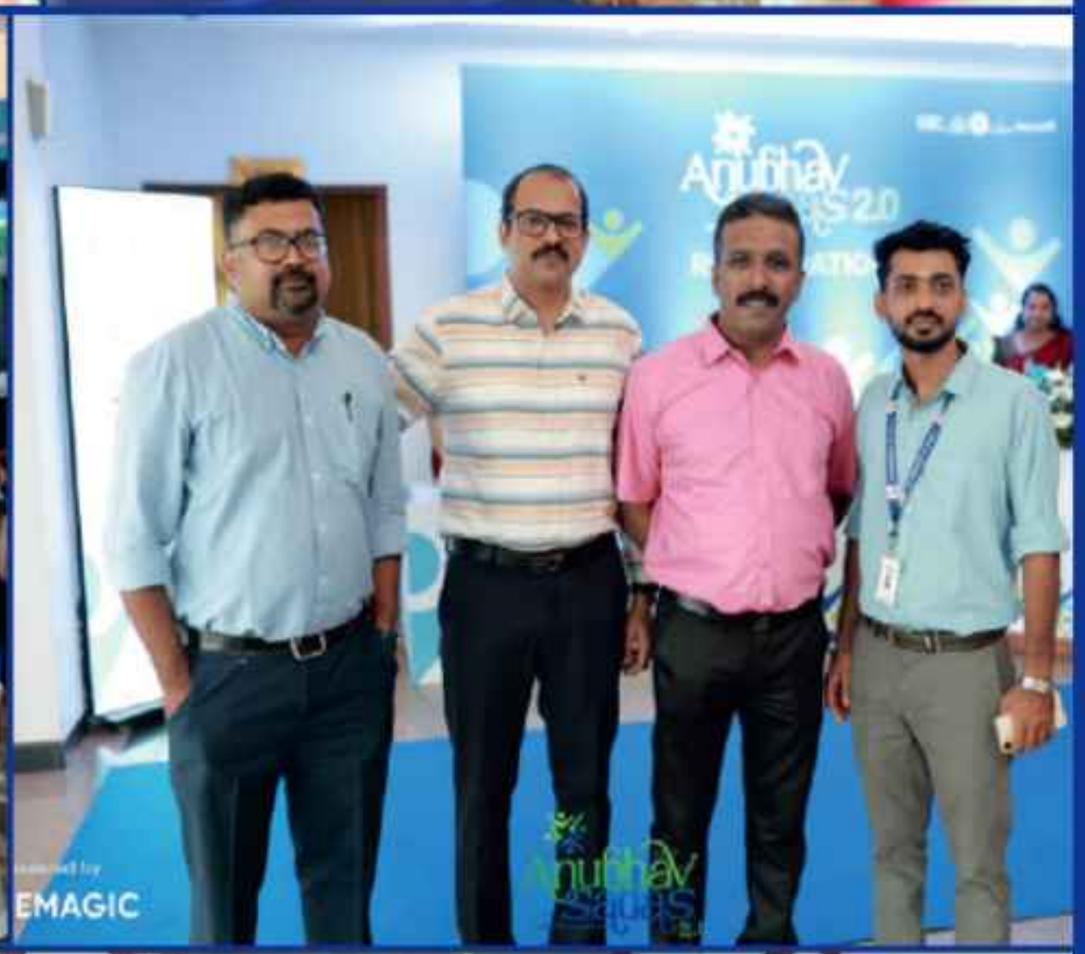
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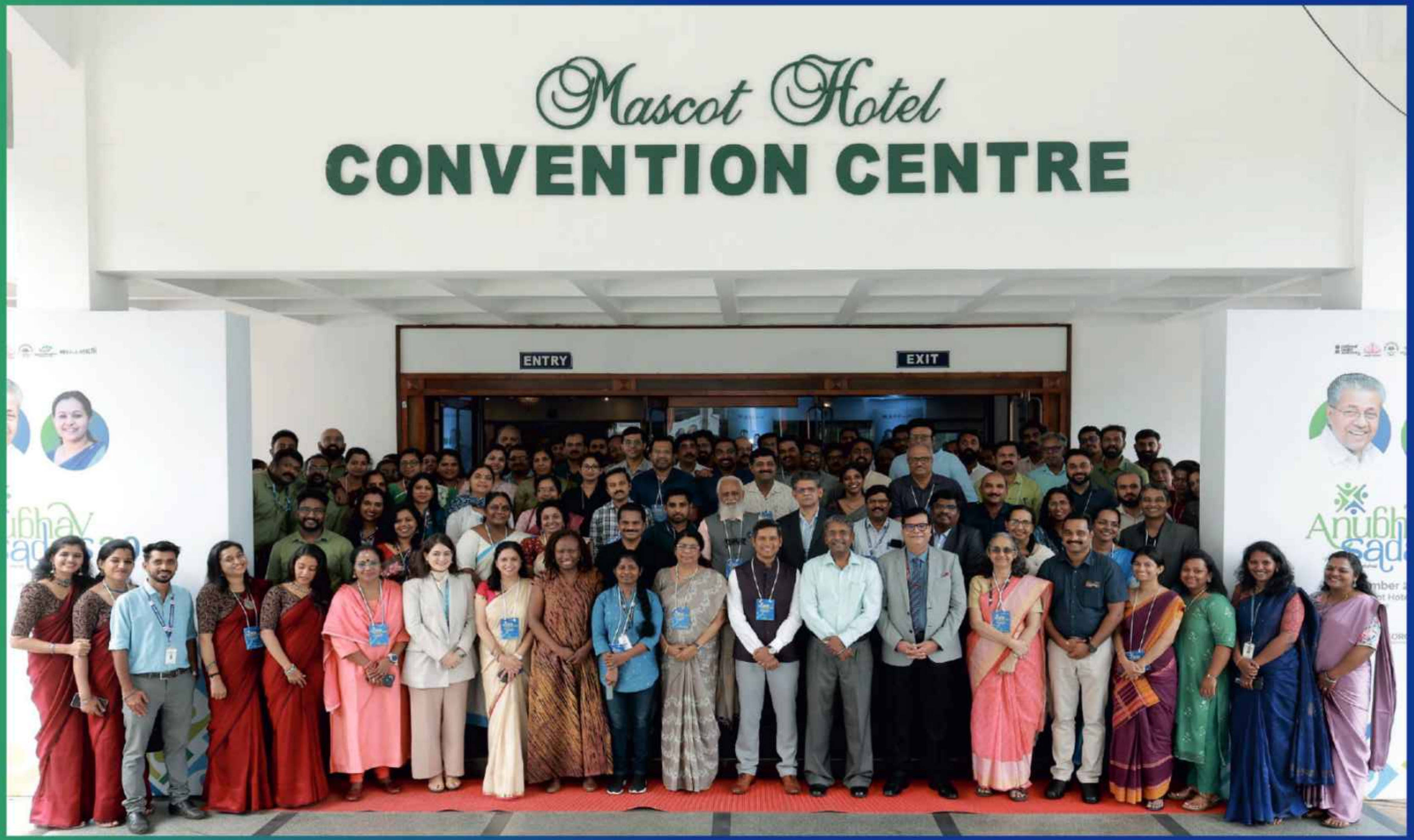

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Cross Learning Workshop