



## Special Article

## “Ayushman Bharat: Heralding a new era in health care”



Ayushman Bharat is an umbrella mission of the Prime Minister which has two components (Fig. 1). The first is a mega initiative of creating a future-ready comprehensive primary health care (PHC) of India. The focal points of this are the Health and Wellness Centres (HWCs). Although there is a modest spotlight on this component, it is absolutely far-reaching and will touch lives of all Indians.

The second one is the ‘Pradhan Mantri Jan Arogya Yojana’ (PMJAY) that aims to provide health assurance to more than half a billion Indians.

Thus, Ayushman Bharat is a composite of two pillars, and one without the other is incomplete. Indeed, one without the other is a distortion, but together they represent transformation of the health sector.

### 1. Comprehensive Primary Health Care through Health and Wellness Centres

Primary health care comprises entry-point ambulatory services and preventive and promotive health action. The primary health system provides a range of outpatient services including curative, diagnostic, rehabilitative, and palliative care (Fig. 2). These services need to be close to the people – a 30-minute walk is what we would put as an outer range where it should be located. The purpose of preventive and promotive health services is to create a healthy population, a *nirogi samaj*. It translates into a correct lifestyle – healthy diet, physical activity, yoga, hygiene and safe sex; shunning alcohol, smoking and drugs; healthy habitat; wearing helmets and seat belts and so on.

Countries with strong primary care have a higher life expectancy, better health outcomes, greater public satisfaction, lower medication use and lower overall healthcare costs compared to those with less emphasis on primary care but with similar income levels. Countries well known for strong primary care include the United Kingdom, Canada, Sweden, Norway, Thailand and Brazil. A country without primary health care is doomed to have huge failures in the health sector and beyond. Among the ills of the US health system is not having a robust primary care and the system ends up spending more than 15% of its GDP on health and yet has poorer health outcomes and profound inequities, compared with the countries with strong primary health care systems in Europe.

Primary care is the foundation of any nation's health system. It was thought that primary care was only for the mothers and children, and noncommunicable diseases were the domain of hospitals. In fact, it has become the reverse now. The challenge now is to address the residual maternal and child mortality by treating sick children and mothers in hospitals. On the other hand, the way forward to address hypertension and diabetes on a large scale is primary prevention through a good lifestyle and secondary

prevention by screening individuals and managing their conditions early – in the primary care setting.

If we detect diabetes in a farmer who is 33 years old and we treat him as optimally as possible, he will avoid the need for a kidney transplant at 55 years when his children are yet to be married. Approximately 10% of the Indian population is diabetic, and an overwhelming proportion does not even know they are. About 30% adult Indians are hypertensive and are unaware of their condition. India faces an enormous burden of mental health disorders. Where are we going to look after them? The era is gone when they were incarcerated. Now, it is all at the primary care level, in the home setting.

Primary health care is also an enabler of human development and a convergent platform for health, nutrition, wellness and sanitation. We must remember that primary health care in the world is always the business of the government, the public sector. The National Health Policy 2017 envisages public spending on health of 65% or more on primary health care. In countries such as the UK, Australia, Canada, the Netherlands and Sweden, 80–90% of the federal budget on health is spent on primary care.

In the UK, primary care is run by general practitioners (GPs). Every citizen is attached to a specific general practice. The GPs receive extra training after graduation and are helped by nurses, physiotherapists and other support staff. They get reimbursed on the basis of the population size served by them, and then, of course, there is some performance benefit. You go there for a sore throat, you go there for a breast examination for cancer and you go there for a follow-up for diabetes.

What do we have in our country today? We have focused on reproductive, maternal and child health and common communicable diseases. These were important, and we delivered. When we got Independence in 1947, the average life expectancy was 27 years; can you think what it means? Today, the life expectancy is 68 years. Since 2000, we have gained 10 years of life expectancy. We are saving an extra 13-lakh children each year compared with 2000. But we have been able to focus on only 15% of the agenda. Thus, tackling hypertension, diabetes, cancer screening, mental health, eye disease, ear nose and throat (ENT) problems, dental care and care of the elderly is not within the scope of our primary care.

#### 1.1. Health and Wellness Centres

The concept is very simple. We have in the rural areas subcentres each covering about a 5000 to 6000 population. Five or six of these are connected to a Primary Health Centre (PHC). These subcentres and the primary health centres will be upgraded to play a much more comprehensive role, in terms of an expanded range of services, infrastructure, human resources, medicine supplies,

1. Health & Wellness Centres for Comprehensive Primary Health Care
2. Pradhan Mantri Jan Arogya Yojana (PMJAY) for health assurance

Fig. 1. Key components of Ayushman Bharat.

### Primary Health Care

“A health system that provides

- a. entry-point ambulatory services for a comprehensive range of diagnostic, curative, rehabilitative and palliative care, close to people, and
- b. prevention and promotion services as well as efforts to tackle determinants of ill health locally.”

Adapted from the 'Report of the Task Force on Comprehensive Primary Health Care', MoHFW 2016

Fig. 2. Key components of suggested Primary Health Care.

diagnostics and technology. The commitment of the government is to create 150,000 Health and Wellness Centres by the year 2022 for all of India.

The focus on reproductive, maternal and child health and communicable diseases (TB, malaria, leprosy, etc.) will be intensified. There will be screening and treatment of diabetes, hypertension and three common cancers (mouth, cervix and breast). Eventually, this will include care of the elderly, mental health, eye and ENT disorders and palliative care (Fig. 3). On the other side of wellness, integration with *ayush*, yoga, physical activity promotion, healthy diets, vector control, *swachh*, lifestyle modification and tobacco cessation will be promoted. The aim is to create a healthy society that has healthy behaviours. We should neither be undernourished nor overweight. We need to connect with potentially depressed individuals to tackle their mental health problems, we need to ensure that our elderly do not have vitamin deficiencies or bedsores and we need to ensure that palliative pain relief is available to the poorest – through primary care.

How will it work? Each subcentre HWC will be served by an additional worker, a mid-level provider in addition to two auxiliary nurse midwives (ANMs). The mid-level provider will be a nurse practitioner with special training to be able to perform extra tasks. The PHC HWC will be led by a doctor. There will be healthcare packages, free drugs for the common diseases and there will be point-of-care diagnostics. The information and technology (IT) system will be an integral part for two-way communication for teleconsultation, referrals and follow-up care. There will be a family health card (today a manual one, tomorrow an electronic version, i.e., our health *aadhaar*). This will eventually become the precursor of the electronic health record of each citizen.

On the 14th of April 2018, this mission was launched by the Honourable Prime Minister in Jangla, Bijapur, in a remote district where this became the first official HWC.<sup>1</sup>

<sup>1</sup> By 22nd March 2019, 15,000 HWCs were made functional across the country, as planned.

## 2. Pradhan Mantri Jan Arogya Yojana

Now, we come to the second pillar of the Ayushman Bharat which officially goes by the name of the PMJAY. This aims to provide hospitalized care to more than 50-crore individuals of our country. Thus, this is about hospitalization or inpatient care. PMJAY was launched on the 23rd of September 2018 in Ranchi.

The beneficiary 10.74-crore families form the lowest two quintiles of our population. This is not just the below-the-poverty-line population but also an additional layer of vulnerable families above that. Eventually, as the PM said in his Independence Day speech, other people will also be covered in the health assurance system – it is only a matter of time. Each family has a cover of 5-lakh Indian rupees per year. The scheme is being run in partnership with state governments. The budget is shared too, typically in a ratio of 60:40 (centre:state share).

Now, the key thing here is that the PMJAY connects the private sector and public sector once and for all (Table 1). This is because the services for PMJAY could be secured by the beneficiary from public hospitals or empanelled private ones. Age, preexisting illness and size of family are no bar in this policy. The beneficiary goes to the point of care and checks his or her name on the computerized list (helped by a facilitator called the Arogya Mitra), and then all he or she needs to show is a proof of identity. The existing Socio-Economic and Caste Census (SECC) database is used identify the beneficiaries. You just ask whether or not you are included in the list. In a sense, every potential beneficiary has already been enrolled. A massive effort was made to inform the beneficiaries through the rural development and health departments. A website and toll-free number were activated. The Honourable PM also wrote letters to the individual beneficiary's families.

The PMJAY is a transparent process, it is cashless, there is no copayment and it is practically paperless. It will be a portable system across the nation once all the states join. Then, if a person belongs to Rajasthan and he falls sick in Punjab, he can take treatment in Punjab from a Punjab-empanelled hospital, and Rajasthan will reimburse the cost, and vice versa.

### 2.1. Packages

The packages and their costs were determined after a long exercise by the Directorate General of Health Services. Then, the NITI Aayog reviewed and improved them. The PMJAY has more than 1050 packages. The 5-lakh corpus covers practically everything except transplants and cosmetic surgery. It covers knee replacements, stent procedures, intensive care of the newborn, treatment for cervical cancer, abdominal emergencies and so on. We have reserved some procedures which are tricky for the public sector. In the private hospital, we are looking at no-frills care without compromising quality.

Package rates are adjusted upwards (typically by 10% for each criterion) if a hospital is National Accreditation Board for Hospitals (NABH) accredited, if it is a teaching hospital or if it is located in one of the 115 aspirational districts. State governments are also permitted to have a marginal upward revision. Further, if a state was paying a higher rate for a package as a part of its existing scheme, it could continue with that rate, at least for the present. The ideal basis of package rates should be cost studies, but such studies were available in no more than 15–20 packages. Hence, we had to depend upon the market-discovered rates from the state schemes, the central government health services scheme, etc. In addition, a huge effort was mounted to check the rates charged by a cross section of hospitals, particularly in tier 2 and 3 cities.

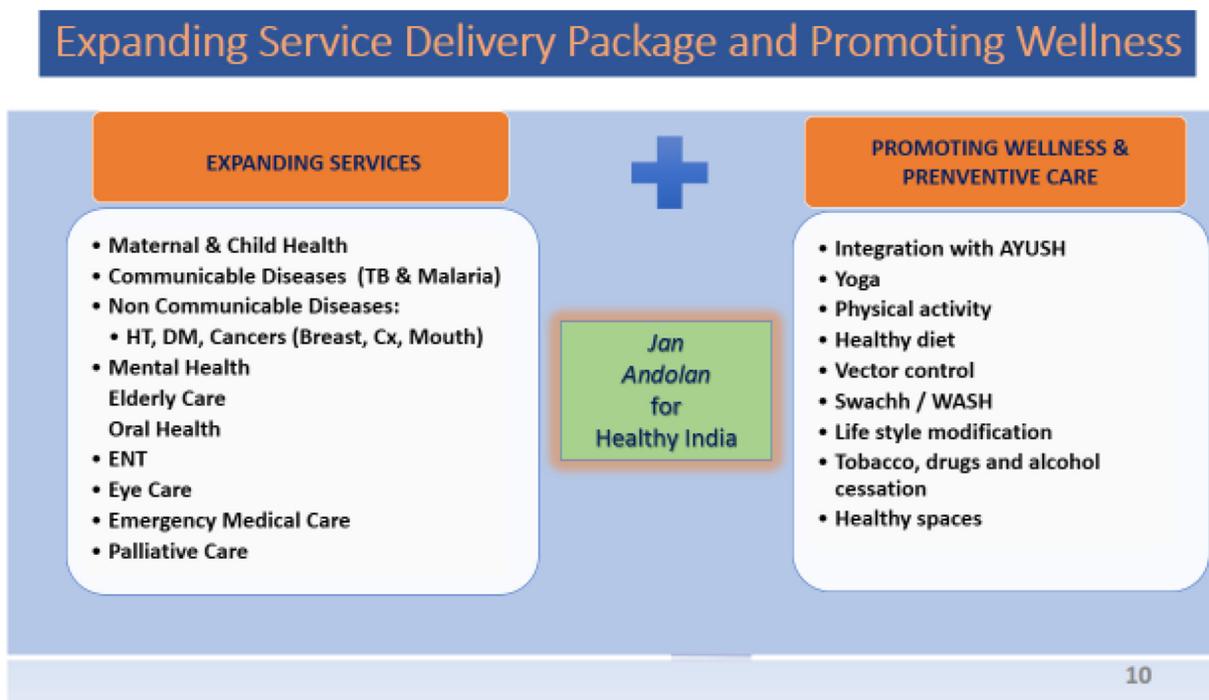


Fig. 3. Comprehensive primary health care through health and wellness centres. DM, diabetes mellitus; TB, tuberculosis; ENT, ear, nose, and throat.

**Table 1**  
PMJAY – key features.

- Hospitalizations for secondary and tertiary care
- A cover of 5 lakhs per family per annum for 10.74 crore poor and vulnerable families or 50+ crore people; identified by SECC criteria
- Age, pre-existing illness - no bar, size of family - no bar
- Services provided at public and empaneled private hospitals
- IT driven, cashless and paperless benefits, potentially portable across the nation
- Packages cover stay, diagnostics, treatment, food and post-discharge medicines
- Cost control through fixing package rates

## 2.2. Hospitals

Public sector hospitals are empanelled by default, but they will have to follow the same norms. Private hospitals apply on the web portal. The responsibility for empanelment for that matter of implementation will lie with the states. We have made a commitment that claims will be settled in 14 days. We are very mindful of the fact that we will get a bad name because of delayed payments like the Central Government Health Scheme (CGHS), etc.

The government is framing standard treatment guidelines because they define the way we should perform our clinical tasks. For the future, the cost-of-care studies have already been started both in the private and public sectors so that the next time around, it is not the empiric estimates or market rates that define the price, rather the package rates will be evidence-based and encompass fair profit margins.

Fraud prevention is a big worry and potentially a big challenge, but we have the benefit of learning from our state schemes, but even more from the world over. Worldwide, an overall 8% of the money spent in healthcare schemes is stolen by fraudsters. India is perhaps even more vulnerable. Strict beneficiary identification and strict hospital empanelment processes are critically important. Preauthorization, audit, hotline and a feedback system will help.

Artificial Intelligence can be used to detect unusual data trends that may indicate fraud. The system will also build in deterrence and punishment principles.

The PMJAY is more or less a health assurance scheme rather than a health insurance scheme. Only a very few states have engaged insurance companies for claims management. All others handle all aspects of implementation including claims through respective state health agencies directly. Nationally, the PMJAY is governed by a National Health Authority (NHA) under the Health Minister. All states except Odisha, Telangana, West Bengal and Delhi have joined the scheme. As of 31st March 2019, 18-lakh beneficiaries have availed of care under the PMJAY.

## 3. Ayushman Bharat: heralding a new era

Ayushman Bharat is a turning point in India's development journey and a game-changer for the health sector.

Its goals are:

1. **Increased access to health care as never before:** Let us take the PMJAY beneficiaries – can they ever dream that they can have a laparoscopic cholecystectomy in a top private hospital? They were never on its doorstep; they were going to some public hospital with pain. Now, very simple people will walk into private hospitals for care as their entitlement. We need to respect them. Similarly, they can get a regular supply of medicine for diabetes through the HWCs. Ayushman Bharat has expanded the range of services accessible to the poor as never before.
2. **Reducing out-of-pocket expenses:** In our country, each year, seventy million people who are above the poverty line fall below it because of health care–related expenses. HWCs will offset the cost of drugs and diagnostics which will be made available free. Approximately 32–37% of out-of-pocket expenses (OOPs) are due to hospitalization. Thus, this chunk of OOPs would be deducted for 50-crore beneficiaries of the PMJAY. The catastrophic expenses, which is when more than 25% of the household

- expenditure occurs on health, will be averted in the beneficiaries. A rickshaw puller will not have to sell his rickshaw to have his knees replaced.
3. **Infusing quality, affordability and accountability:** This is the heart of the message that I wish to give.
    - a. **Quality:** Without regulating or putting in another law like the Clinical Establishments Act, the PMJAY will spur adherence to quality standards. The empanelment criteria is one entry point for this. Then, we have standard treatment guidelines, medical audits and, above all, patient feedback. Tomorrow, patient safety standards and clinical outcomes can be tracked and incentivized.
    - b. **Affordability:** No matter what we may say, the PMJAY package rates will now determine the price of clinical care serving as benchmarks.
    - c. **Accountability:** We are taking feedback from our beneficiaries; they will tell us whether the doctor looked after them well, whether the nurse was nice or not or whether the hospital overcharged or told lies. Thus, we all would have to be accountable in both public and private sectors. Is n't it good for India and our health system?
  4. **Health sector expansion is imminent:** Massive investment in our health system is foretold with the demand created by the PMJAY. More than 2500 hospitals are expected to come up in tier 2 and tier 3 cities. Small- and medium-sized hospitals will have a great future as they are close to people. Potentially, as many as 7 million jobs, especially for women, will be created
  5. **A system-level change will occur:** India is witnessing a system-level change in the health sector. Earlier, we will pick up a few health priorities and will ask how many doctors and nurses are required and what infrastructure is needed for only that set of priorities. Thus, we will build a special care of the newborn units or have delivery points. This is a diagonal approach in public health language. With Ayushman Bharat, we are now committing ourselves to the system as a whole. Primary care is comprehensive, not selective. Services for the PMJAY beneficiaries now encompass 'everything', from brain tumours to strokes, from nephrotic syndrome treatment to nephrectomy and from dengue shock to cholecystectomy. Our care is now holistic.
  6. **Health is at the centre of the development debate:** This has happened for the first time in the history of India's healthcare sector. Health was the key highlight of the budget of 2018. The health sector and health care are at the centre stage of the development debate and discussion – it is a very proud moment for health stakeholders because this will take us far. Health was never an election issue in India. On the other hand, healthcare commitments decide who wins the election in Australia or the UK.
  7. **Poverty alleviation will be accelerated:** Ayushman Bharat will reduce poverty not just by denting the out-of-pocket expenses. More importantly, both primary care and health assurance will increase longevity and ensure a healthier population. Ayushman Bharat is an investment lever and a job generator. All this will enhance national productivity. Good health is the key to realizing our demographic dividend.
  8. **India is on a sure path to Universal Health Coverage:** Universal health coverage (UHC) is about having access to health care without financial hardship. Primary care is the path to UHC by ensuring services close to people and by preventive and promotive action. With added population inclusion and fiscal participation by the states, it is possible that eventually the PMJAY, even in its current format, could cover 60- to 70-crore people of India. Undoubtedly, together the PMJAY and the Health and Wellness Centres are a comprehensive effort of India towards the goal of Universal Health Coverage.

Ayushman Bharat has heralded a new era in health and development in India.

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