Government of Karnataka
Department of Health & Family Welfare

Suvarna Arogya Suraksha Trust

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Making it happen: Universal Health coverage for tertiary care in Karnataka, India

KACHCON 2015
31st October 2015

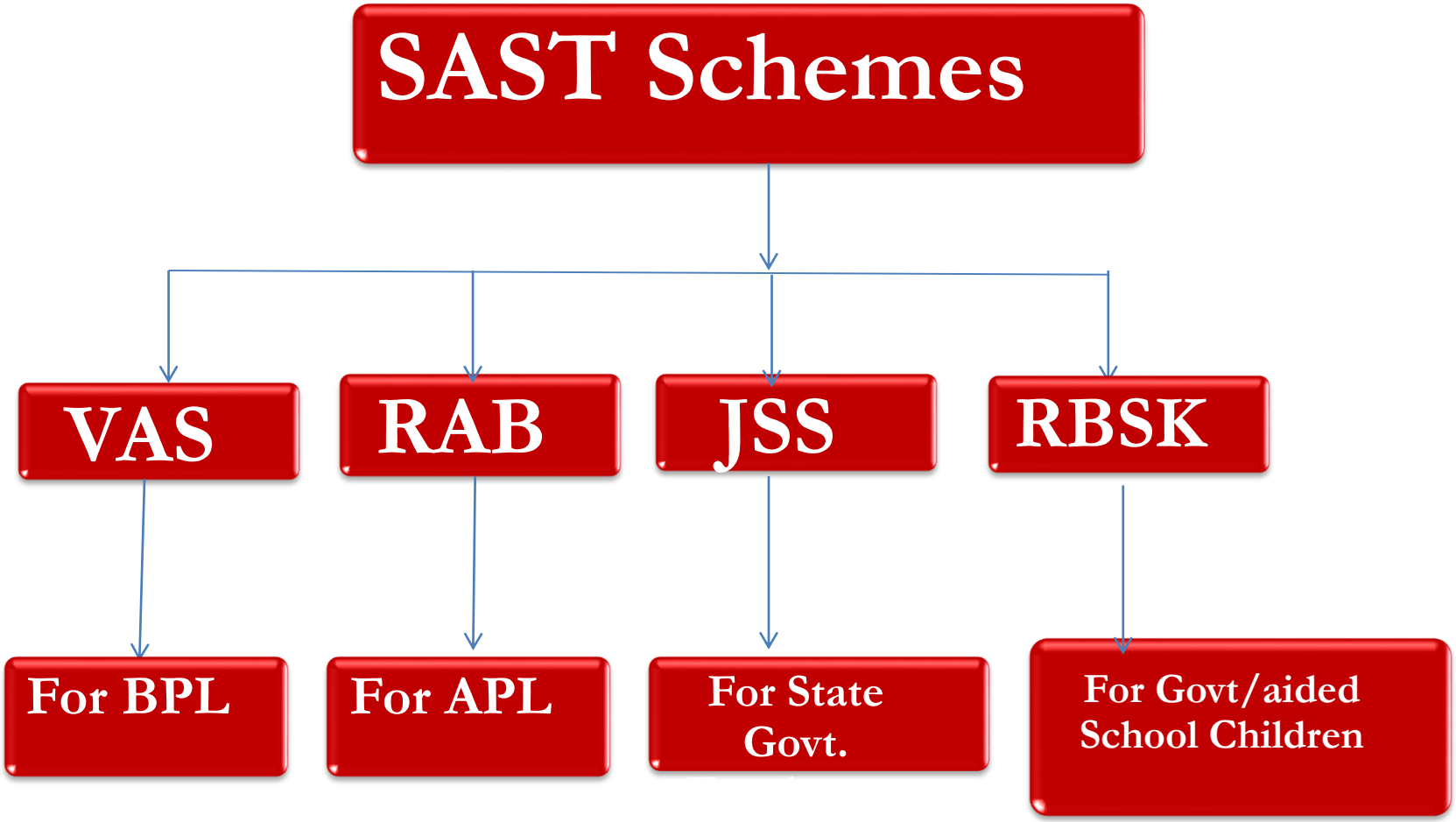
Dr. P Boregowda, Dr. Sudhashree Chandrashekar, Dr. Vishwaradhaya, Suresh Wesley

To achieve the objectives of Universal health coverage in Karnataka for tertiary care Suvarna Arogya Suraksha Trust was created

IMPLEMENTATION

- ***Special Purpose Vehicle established under Trust Act***
- **The Chief Minister - Chief Patron**
  The Minister for Health & Family Welfare & The Minister for Medical Education – are member patrons
- **SAST Governing Bodies**
  - **Board of Trustees.**
  - **Executive Committee**
  - **Empanelment & Disciplinary Committee**

Schemes implemented by SAST to achieve universal health coverage in tertiary sector



BPL-Below Poverty line population
APL-Above Poverty line population

Why Health assurance?

- Majority of the Government Hospitals are not equipped to treat beneficiaries with Tertiary ailments.

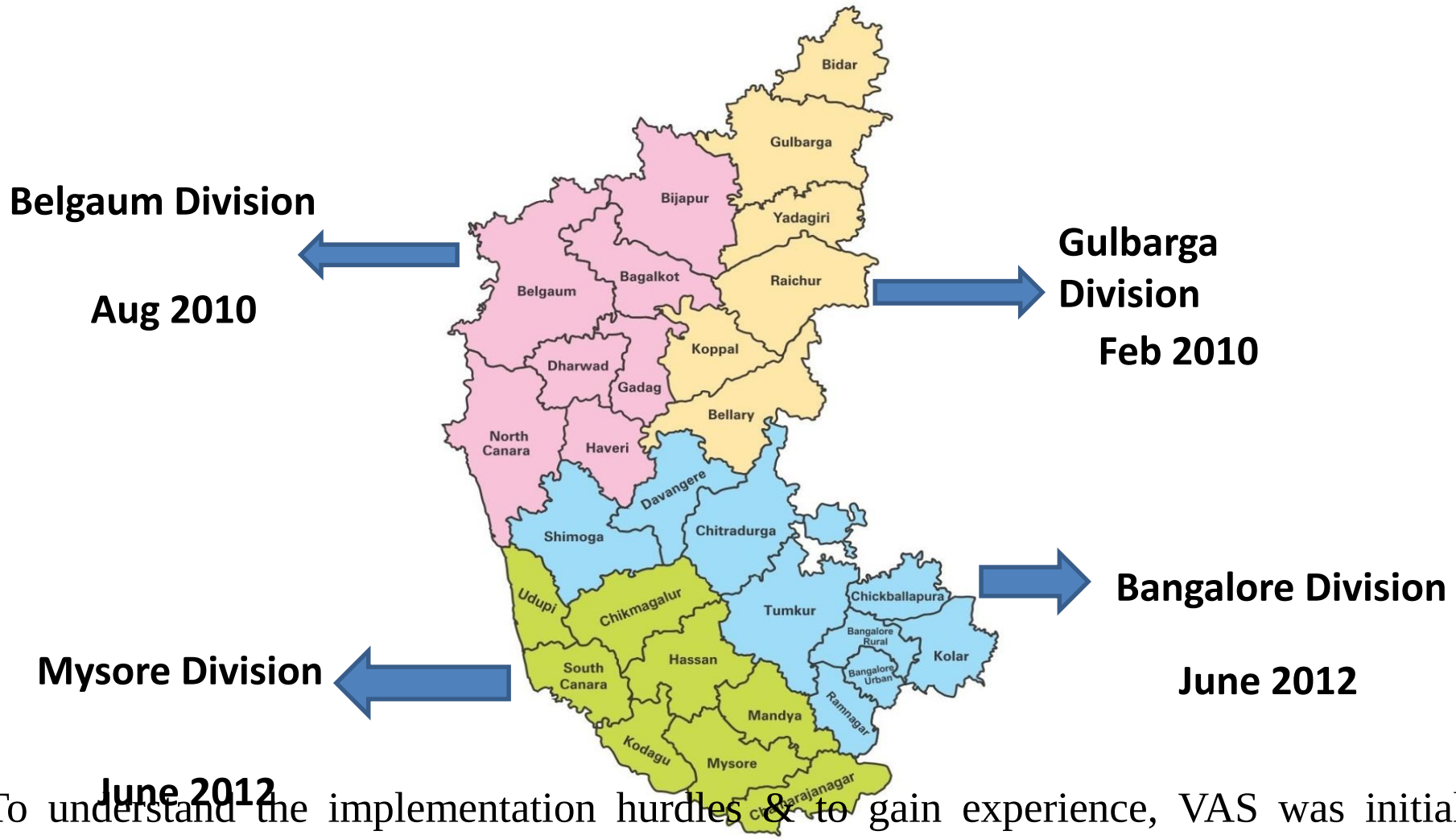
- In 2009-10, VAS was introduced by GoK wherein all BPL card holders were automatically enrolled to be eligible for free tertiary treatment in network of super specialty hospitals through PPP mode.

- The main objective of the scheme was to reduce Out Of Pocket (OOP) expenditure among BPL families and to have access to quality Tertiary Healthcare .

Vajpayee Arogyashree Scheme

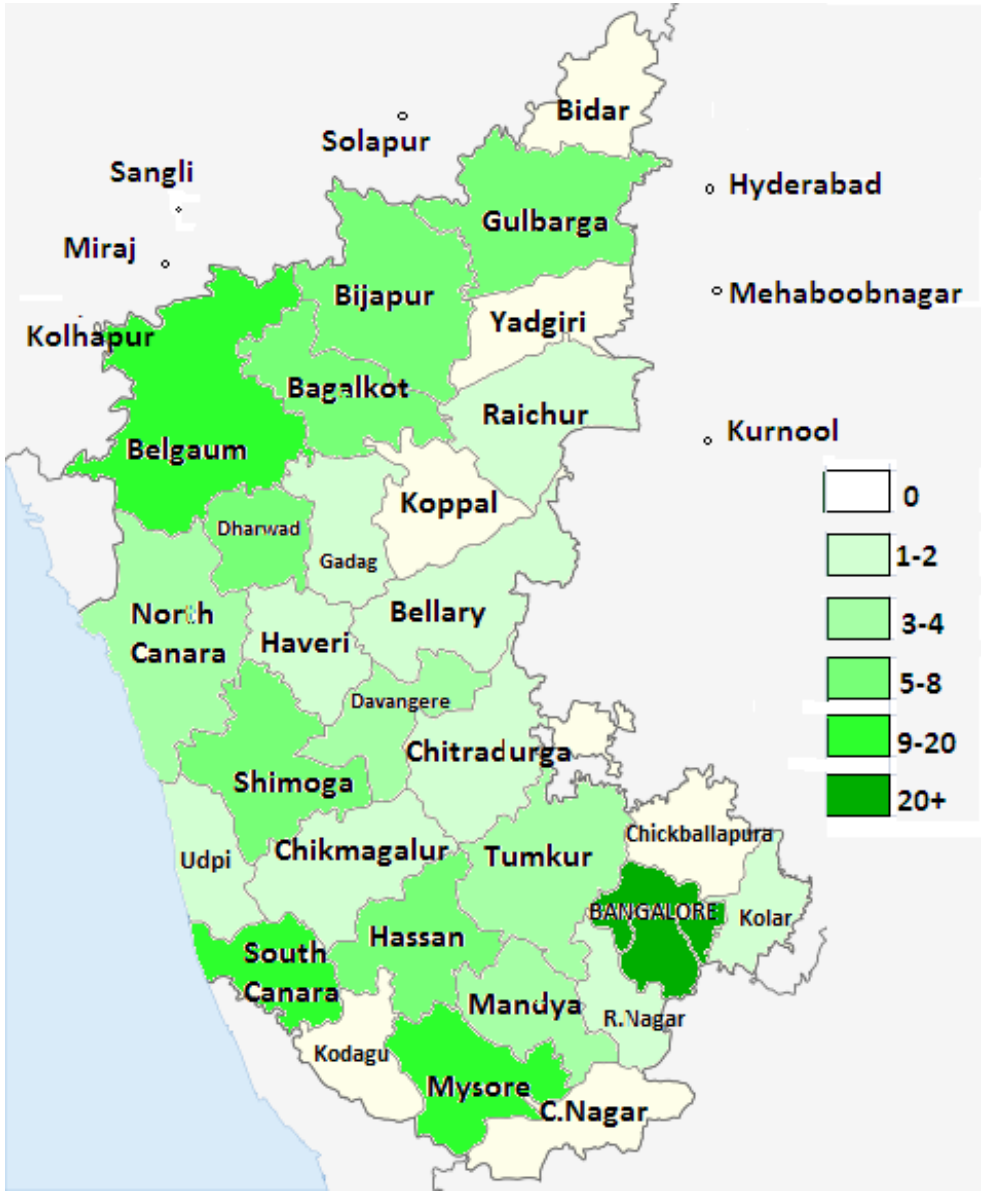
For BPL Families

VAS was Implemented in a phased manner



To understand the implementation hurdles & to gain experience, VAS was initially piloted in the backward divisions of Gulbarga & Belgaum in 2010 & was scaled up throughout the State from June 2012 onwards.

Empaneled Hospitals- Density



- **Total Hospitals :194**
- **Government : 25 Hospitals**
- **Private Hospitals : 119**
- **Outside State : 40 Hospitals**

VAS BENEFITS

Assurance to VAS Beneficiaries: Rs **1,50,000/-** on family floater basis + **Rs.50,000/-** as buffer on case to case basis

Benefit Package list and rates are fixed: **449 procedures** covered along with **60 Follow-up Packages**

The transaction is truly **cashless**



Arogyamitra kiosk in every Network hospital to provide information to beneficiaries

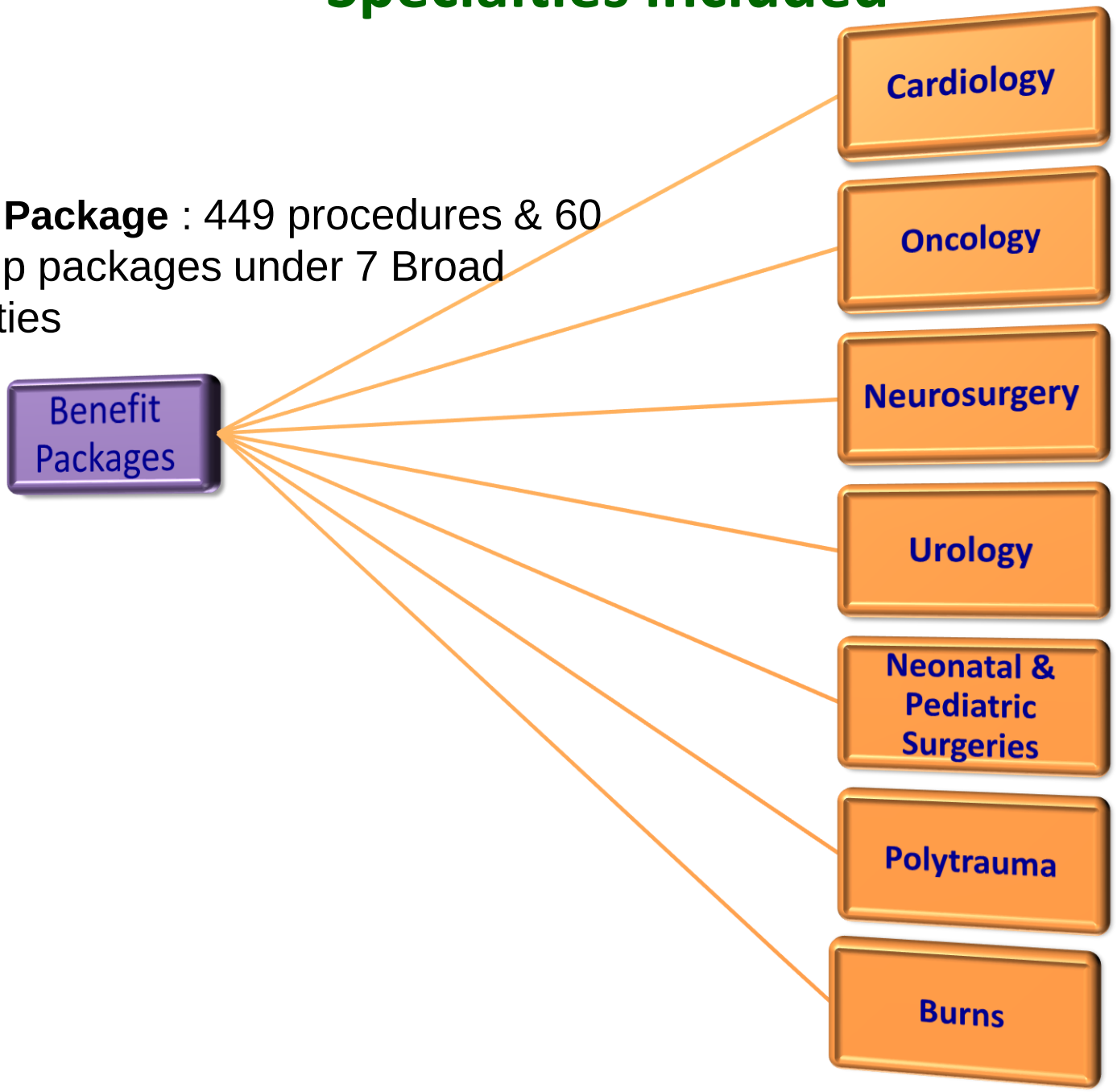
KIOSK / Information Centre

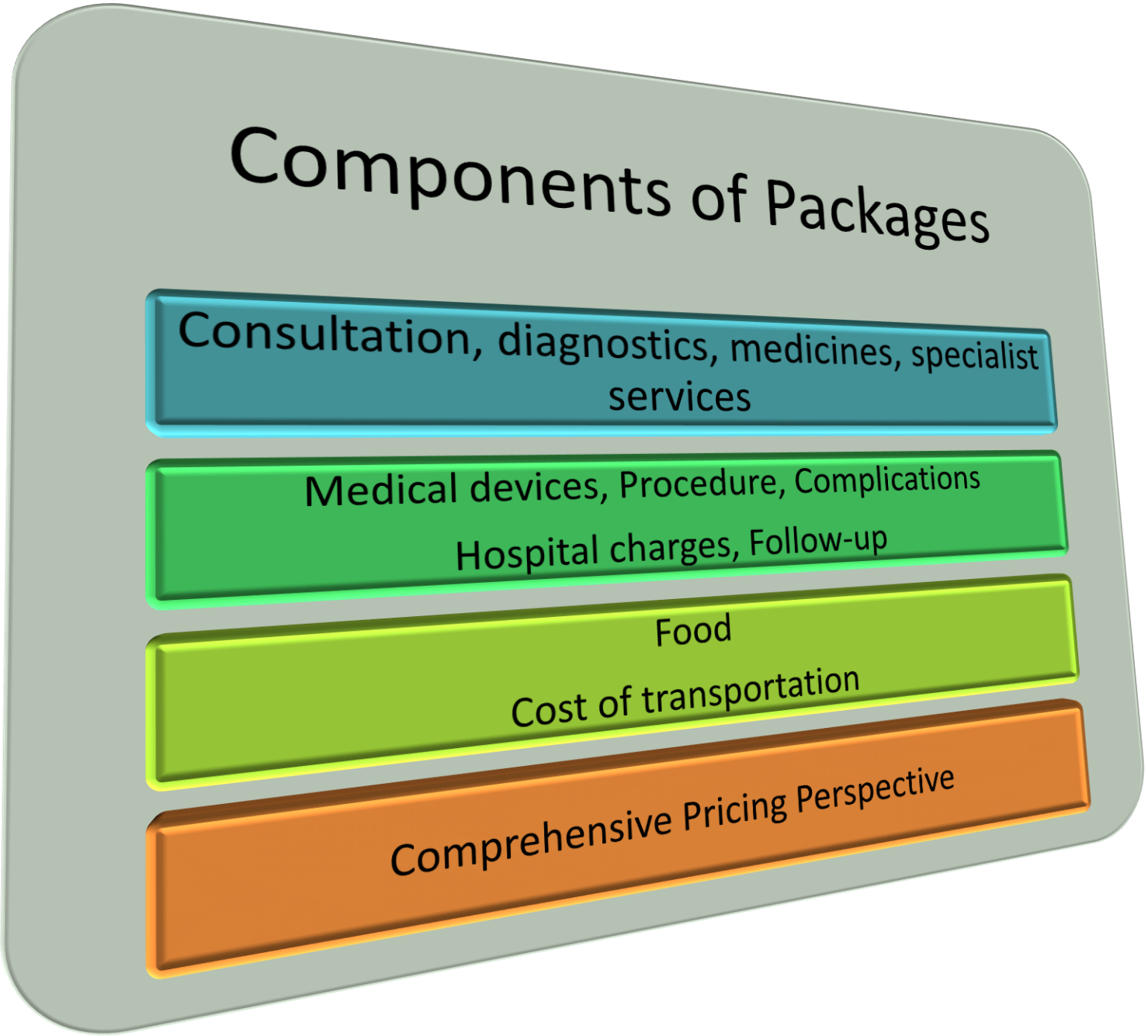


KIOSKS functional in all 30 Districts,146 Taluk hospitals and in all NwH to facilitate beneficiaries.

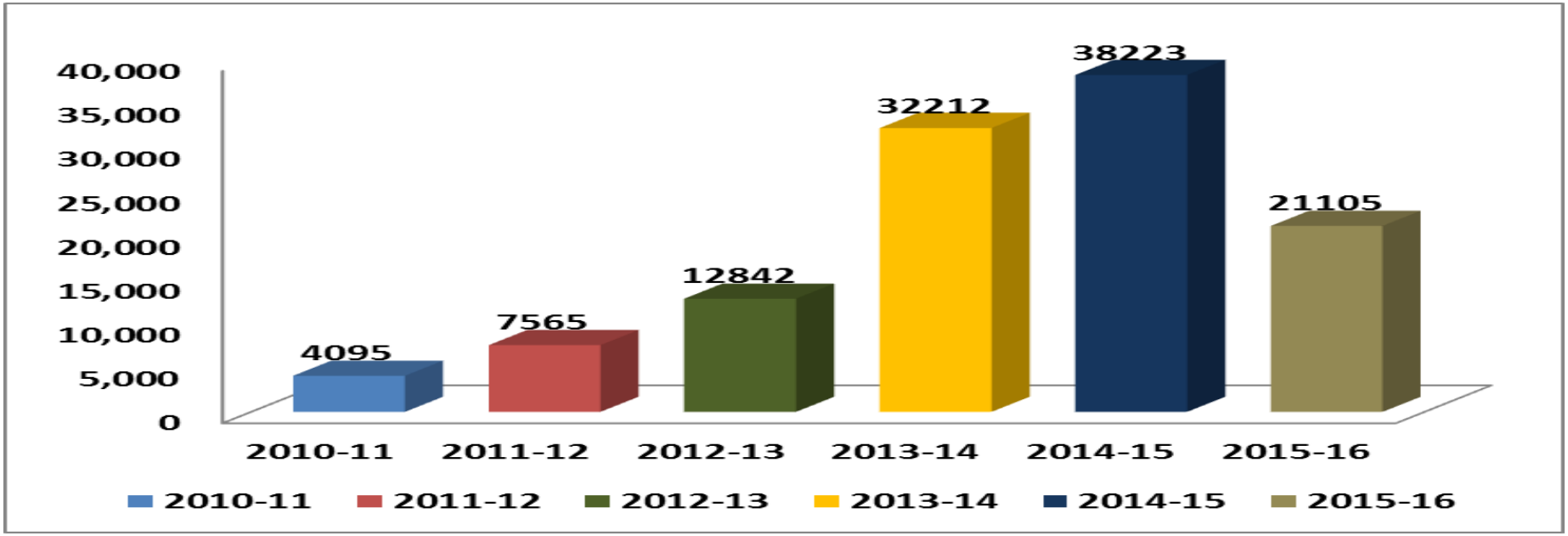
Specialties included

Benefit Package : 449 procedures & 60 follow-up packages under 7 Broad Specialties



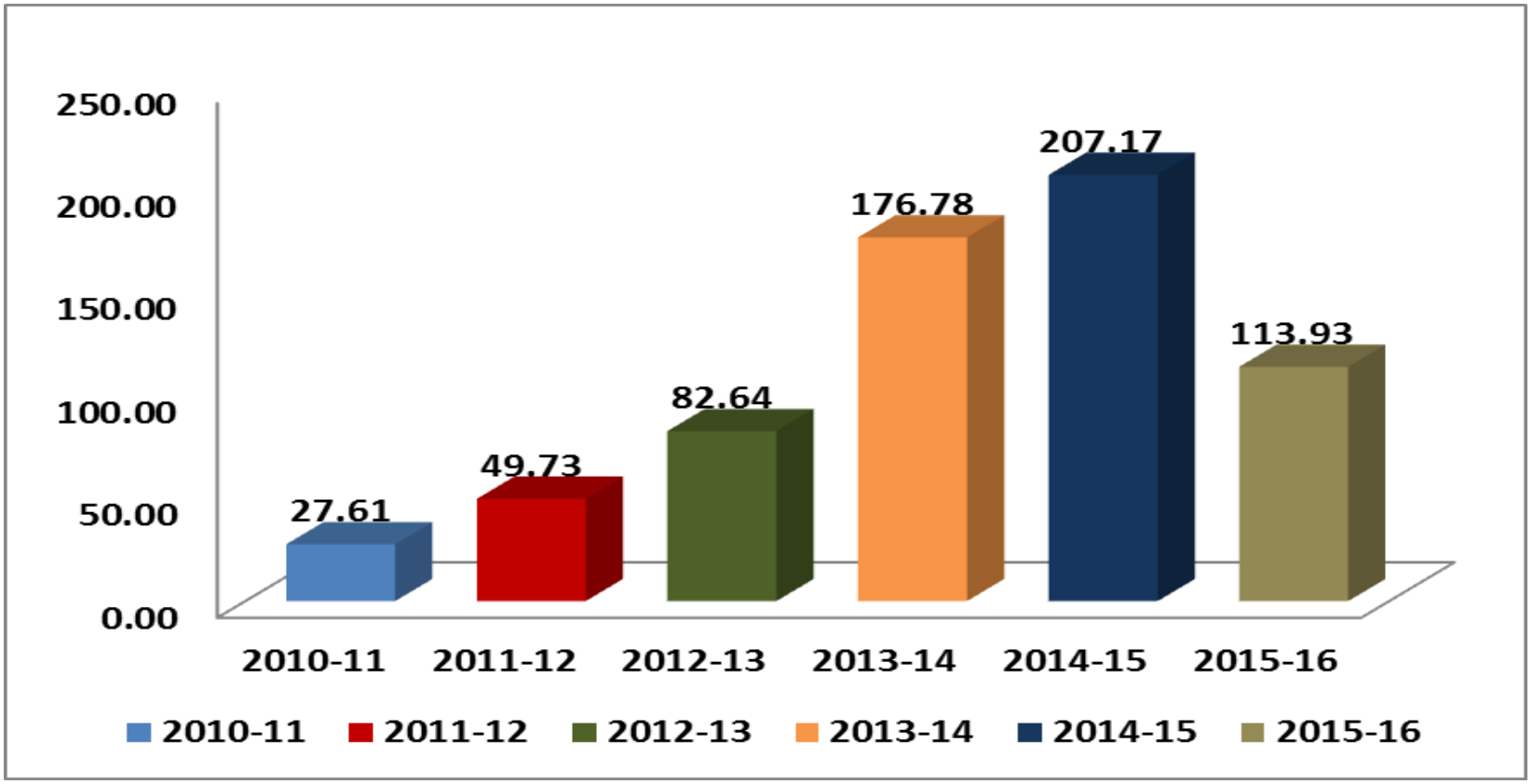

Components of Packages
Consultation, diagnostics, medicines, specialist services
Medical devices, Procedure, Complications
Hospital charges, Follow-up
Food
Cost of transportation
Comprehensive Pricing Perspective

Utilization of VAS



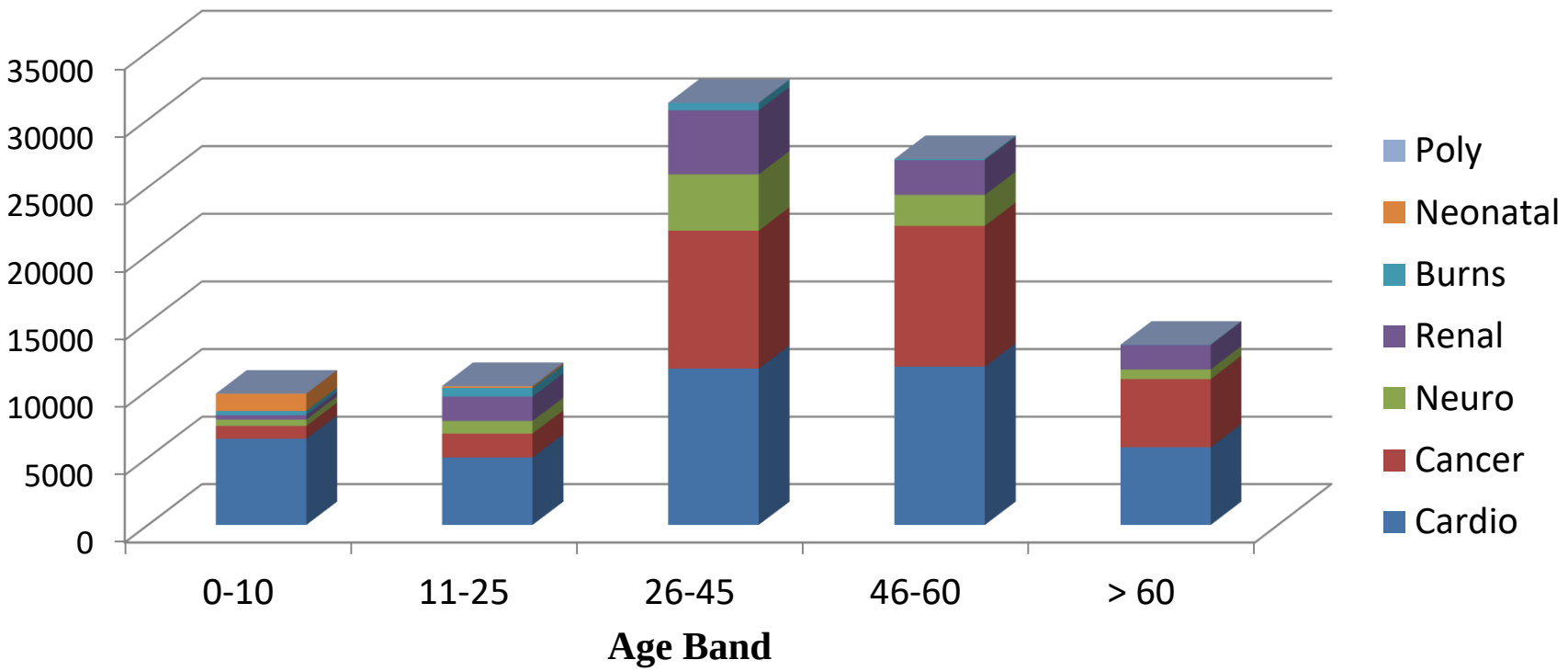
- The number of beneficiaries has increased by more than nine fold over the years.
- Cumulatively, the total number of beneficiaries is 1,07,999 & the total expenditure is Rs. 616.82 crores.
- Cardiology & Cancer together account for 75 % of the total cases treated with Cardiology – 44 % & Cancer – 31 %.

VAS scheme expenditure over the years



Of the budget allocated amount of Rs. 140.01/- crores for 2015-16, 81% of the allocation has already been spent in the months of April to September 2015.

Specialty & Age wise Distribution



- The above chart depicts Age Wise quantum of beneficiaries treated
- The maximum number of cases treated falls in the most **productive age group of 26 years to 60 years** constituting about **64 %** of the total cases treated.
- The major contributors across all age groups are Cardiology and Cancer

Two new Schemes launched January 2015



Rajiv Arogya Bhagyascheme

For APL Families

Objective

- Financial protection for the Non-BPL Population against catastrophic spending on Tertiary Healthcare service
- Making Tertiary Health care accessible and affordable for non- BPL population
- To better the Morbidity and Mortality status of the Non-BPL population

Salient differences from VAS

- For **NON-BPL** population-APL card

✓ Semiprivate and Private ward **rates** are declared by **Hospitals**.

✓ **No Camps**

✓ SAST intends to **publish** the declared rates of the semi-special and special wards of all the empanelled hospitals.

✓ **Copayment** by beneficiaries-**30%** for General ward and **50% PLUS** for other wards

✓ **Contents** of the Package(Inclusions and exclusions)

The package rates **includes**

- Registration charges,
- Ward Charges for the duration of the stay,
- Surgery/procedure charges,
- Investigation charges (if it is part of the treatment),
- Postoperative Ward/ICU/ventilator Charges,
- Consumables used while treatment like stents, implants, valves, prosthesis, grafts etc., and
- Medicines required in the period of Hospital stay.

The Package rates **does not include**

- Preoperative investigation charges,
- Diet charges,
- Transportation charges,
- Post discharge medicine charges,
- follow-up charges,
- non- medical charges and
- ambulance charges in case of death

Mobile APP for RAB scheme

Mobile APP for RAB scheme

- Mobile APP for RAB scheme was launched, to assist the beneficiaries to choose the hospital due to the varied rates - *Choose, compare and decide your choice of hospital to receive tertiary care.* The Mobile App would facilitate the beneficiary by providing following required information -
  - Hospitals located within the distance of his/her choice.
  - It will also display hospitals which are empanelled to treat the particular procedure with the rates for Semi Private and Private wards.

Jyothi Sanjeevini Scheme

For Govt. Employees and their dependents

Beneficiaries

- All State Government Employees and their dependent family members are covered Identified by **Karnataka Government Identity number** uploaded in the human resource management database.

- The Govt Servants and their dependents shall not be eligible ,If the benefits are already availed in any of the other Govt. Sponsored health schemes like Arogyabhagya of Police department, etc

Differences from VAS

- No financial cap per family
- Best of the Central Government Health Scheme and VAS rates are considered while fixing the General ward rates
- Provision for treatment in Semiprivate and Private Ward which is based on range of Pay.
- Supplementary packages for Consumables like stents/implants etc .

The package rates **includes**



Entitlement of Wards pertaining to the Pay Scales :

Sl. No.	Range of Pay	Category of Wards/Class of Accommodations to which entitled	Rates
1	Upto Rs. 16,000/- per month	General Ward	As per rate list of Annexure III of MOU
2	Rs. 16,001/- to Rs. 43,200/- per month	Semi Private Ward	10% higher than general ward rates
3	Rs. 43,201/- & above	Private Ward	25% higher than general ward rates

If the beneficiary desires to go for higher ward than entitled for , the difference amount shall be borne by the beneficiary and the hospital has to obtain a written consent .

RASHTRIYA BALA SWASTHYA KARYAKRAM (RBSK) SCHEME

Beneficiaries - The Rashtriya Bala Swasthya Karyakram (RBSK) Scheme is for -

- Children of 0-6 yrs. from Rural & Urban slums
- 6-18 yrs. Children studying in 1-12th Std Govt. & Govt. Aided Schools

- **Specialties covered** – 4 specialties that is Cardiac, Cardio thoracic, pediatric surgeries, oncology & Neurosurgery, are covered.
- **Treatment provided** – include 102 procedures under SAST specialties
- **Financial limit** – – is Rupees 1.5 lakh per family in each fiscal year; CASHLESS type. In special conditions, additional amount of Rupees 50000, can be sanctioned.
- **Number of network hospitals –** 45 hospitals are empanelled under SAST for providing RBSK scheme in Karnataka including 1 hospital outside the state.

To provide Health Security to the people of Karnataka, SAST, an autonomous body was established to implement Tertiary care schemes on a project mode.

Scheme Name	Year	Target population	Population Coverage in %
Vajpayee Arogya Shree (VAS)	2009-10	All BPL families in Karnataka	69%
Rajiv Arogya Bhagya (RAB)	2014-15	All APL families in Karnataka	19%
Jyothi Sanjeevini (JSS)	2014-15	All State Government Employees and their dependents .	5%
Mukhya Manthrigala Santhwana Scheme(MSS)	2014-15	Accident Victims on the roads in the territory of Karnataka	100%

About 93% of Total Karnataka population is being covered by SAST, balance 7% covered under other Government & Private Insurance.Thus Karnataka Is the first state in the country to move towards UHC in Tertiary Sector.

How we did it?

- **Effective Care:** delivering health care that is adherent to an evidence base and results in improved health outcomes
- **Efficient care:** delivering health care in a manner which maximizes resource use and avoids waste;
- **Accessible Care:** delivering health care that is timely, geographically reasonable,;
- **Equitable Care:** delivering health care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical loca- tion, or socioeconomic status;
- **Acceptable Care:** patient-centred,
- **Safe care:** delivering health care which minimizes risks and harm to service users.

Initiative for effective care

- **Well defined treatment procedures:** covers priority high burden diseases - **7** tertiary specialties, **449** procedures
- **Standard treatment guidelines:** for oncology, Neurology and cardiology
- **Follow-up protocols** are developed for Cardiology and Neurology upto one year post treatment. De-centralisation of follow-up to district hospitals
- **Arogyamitra:** The ambassadors of health placed in all Taluk CHCs and Network Hospitals to guide and facilitate the identified patients in getting appropriate care at the appropriate time and place.

Initiatives for efficient care

- **Benefit package rate:** fixed In consultation with independent specialists Costing study of 12 hospitals and 25 procedures is underway to assess the appropriateness of pricing.

- **Gate Keeping:** Implementation Support Agency (ISA) and trust , a strong **two tiered** control mechanism is in place for approval of both preauths and claims to control misuse, misappropriation and unwarranted surgeries.

- **Dynamic IT platform:** On line platform functional right from Hospital Empanelment to Scheduling of Health Camps to Preauth Approvals to Claims Settlement and sending important alerts to beneficiaries.

- **E Medical Health Records-**All details of the patients and investigationr reports, treatment history is available in the online database which facilitates analysis.
- **Timeliness:** Preauths are approved within 24 hours & claims are settled within 7 days through RTGS.

- 92 % of the preauths now being approved within 24 hours. Of these, 54 % are approved within 6 hours & 9 % within 7-12 hours.

Initiatives for Acceptable care

World Bank Impact Study-Published in BMJ

Key Results

- Reduction in OOP expenditure by 64 %.
- Reduction in Mortality rate by 68 % among BPL families compared to VAS non-eligible households.

"Insuring poor households for efficacious but costly & underused health services significantly improves population health in India"

(Sood N et.al, BMJ 2014;349, Published 11 September 2014)

Appropriate Use Criteria (AUC) & Cardiac Care study

Study assessed 600 patients from 28 hospitals in Karnataka for 300 CABG and 300 Stent procedures.

In our study 90 % of the sampled cases were appropriate, only 10 % of the cases

Making quality care available to beneficiaries

- Incentivizing hospitals to move towards **NABH accreditation**. 2% of total claims amount for full accreditation and now planned 2% of entry level, 5% for progressive and 10% for fully accreditated hospitals.
- NABH entry level accreditation mandatory for empanelment of new hospitals under the SAST scheme
- Already empanelled hospitals have been given two years to achieve entry level accreditation for continuation of empanelment
- NABH sensitization workshop has been organised for full accreditation land entry level this year. More than 60 hospitals participated and 20 hospitals have applied for entry level accreditation
- Hospital infection control practices assessment underway

Adequate monitoring of safe delivery of services through empanelled hospitals

- An independent agency has been contracted to assess the processes and implementation of SAST schemes
- Patient satisfaction feedback and beneficiary hospital visit and home visits undertaken and corrective measures taken
- Mobile application to display rates/distance of available NWH to give more informed choice to the patients to choose the hospital
- Surprise visits to hospitals to monitor the service delivery
- Call centre 24/7 to receive grievances, provide information and follow-up well being of beneficiaries and take feedback is functional.
- Grievance co-ordinator to address issues at the state level
- **Mortality audit cell set up:** The main aim is to evaluate trends in causes of mortality over time and address specific issues to reduce hospital related deaths and improve quality of patient care.

Challenges encountered and how they were resolved

Patients being charged for investigations

Empanelment discipline committee addressing these deviations by network hospitals and enforced the decision to impose penalties for the deviations, which is as follows;

- For the first time deviation double the amount collected, second deviation 3 times the amount collected, and for third time deviation 4 times the amount collected.
- If this is continued dis-empanelment of Hospital.

Patients paying for transport

Empanelment across the border was permitted to address access and transport problems

Challenges encountered and how they were resolved

Sudden reduction in empanelled hospitals from 134 to 73 hospitals with 61 hospitals not continuing their empanelment due to delay in payment for claims submitted

Strengthening IT system to make online transactions for both approvals and clearing claims through RTGS within 7 days which helped in bringing back the hospitals who had moved out and now 194 hospitals are under SAST network

Lack of skilled manpower especially super specialists

Allowing flexibility of schedules for specialists in less developed districts of the North, by allowing visiting privileges in more than one hospital and empaneling all.

Incentivizing government doctors and Involving govt. medical colleges with certain specialties to be a part of the scheme

Challenges encountered

Hospitals were only performing high cost procedure

Revision of pricing through a consultative process with involvement of both private and public sector specialists by forming consultative committee for each speciality

Lessons Learned- 1

Government stewardship crucial

- It is indispensable for steering the process during implementation and for sustainability
- Strong administrative leadership to operationalize and scale up the scheme
- Clear governance structure with key policy makers sharing responsibility and quick decision making

Lessons Learned 2
Maintaining the true spirit of Public Private Partnership

- Leveraging the available strong pool of public and private providers in the state
- Clear, defined Empanelment criteria and binding MOU and ensuring adherance to it in letter and spirit
- Flexibility within a defined framework- For eg: Relaxation of Pre-authorisation approval for Emergency cardiac and other procedures.
- Comprehensiveness of the Packages and Competitive Consultative Pricing
- Complete online transactions reducing TAT and ensuring timeliness of care to beneficiaries has been a driving force to retain the hospitals participation in the scheme

Lessons Learned 3
Ensure Financial Sustainability of Schemes

- State health Budget funds Vajpayee Arogya Shree Scheme(VAS) for Below Poverty line beneficiaries

- Shortfall for VAS resources raised through World Bank's –Pay for results initiative and Phased approach for geographic expansion across the state

- Co-financing from other department funds

  For eg: Jyothi Sanjeevini Scheme funded by Department of Personnel and Administrative reforms

- Central government partnership to share financing for Rashtriya Bala Swasthya Karyakram

- Co-payment by beneficiaries for Rajiv Arogya Bhagya Scheme for Above Poverty line beneficiaries

Summary

Thus with all these initiatives SAST is leading an example for ensuring quality care for government sponsored health schemes in the country.

- This has proven that the SAST model of purchasing healthcare services from the private sector for providing tertiary care is **scalable** and **replicable** by other States/developing Countries.
- The Government of India has recognized the organization structure of SAST and has been recommending all the states to follow the **SAST model** for implementation of Rashtriya Swasthya Bima Yojana.
- This is truly a **significant recognition** of the successful implementation of the schemes by Suvarna Arogya Suraksha trust.
- **For more information visit www.sast.gov.in/home**



Thank You