

Editorial

Novel Healthcare Initiatives and the Challenges Ahead

In a densely populated country like India, healthcare has always remained a tense situation in healthcare. Our nation is currently undergoing a state of health transition wherein infectious diseases continue to pose a major threat. At the same time, chronic noncommunicable diseases like diabetes and cancer are on a “never seen before” upsurge. This is being powered not only by the socioeconomic, demographic and environmental changes but also by factors such as urbanization and sedentary yet stressful lifestyles.

New Initiatives

In an endeavor to improve the healthcare services, this year, the Indian government unveiled what is termed as the “World’s largest government-funded health programme” titled *Ayushman Bharat* Scheme. This novel, flagship health initiative has two distinct dimensions: the National Health Protection Scheme (NHPS) for cashless treatment to patients) and the Health and Wellness Centres (HWCs) for providing the basic primary care). The NHPS aims to provide health cover of ₹5 lakh per family per year for hospitalization in secondary and tertiary care facilities with no cap on the size of family or age of family members. A nationwide network of 1.5 lakh HWCs will be created by transforming the existing subcenters and primary healthcare centers by 2022 to serve as “people-centric nuclei” for providing comprehensive primary health care, covering both maternal and child health services and noncommunicable diseases, including free essential drugs and diagnostic services. The prime objective is to focus on the wellness of the poor and vulnerable families, who fail to access appropriate care and treatment due to financial constraints. The scheme will be cashless and paperless at both public and empanelled private hospitals.

Strengths and Limitations

In the current scenario, there is a lack of effective gatekeeping and referral, leading to fragmentation of the health care services. *Ayushman Bharat* is an attempt to move from sectoral and segmented approach of health service delivery to a more comprehensive need-based healthcare service. However, owing to the large mass it caters as the target population, proper implementation, and continuous monitoring is the biggest challenge. It has to be ensured that each beneficiary gets the advantages on a fairly regular basis and also that funds are provided by both state and central on 40:60 ratio for implementation in each state.

Impact on Health Care Professionals and Service Providers

The private hospitals will have to agree to terms such as package rates, adherence to standards and guidelines, ethical practice, and transparency. For this, the rates standardized should be in agreement with the consortium of hospitals, so that lack of empanelment does not pose a threat to the scheme.

Our current healthcare scheme lags far behind in the number of doctors available to what is required to cater one of the most populated countries in the world. Secondly, quality is a big concern. While we have quality standards such as National Accreditation Board for Hospitals NABH and National Accreditation Board for Laboratories (NABL) in place, compliance with these standards is a concern in itself. Therefore, the hospitals and doctors providing quality care under this scheme need to be both recognized and incentivized appropriately.

Impact on Diagnostics Laboratories

The health ministry is believed to be working on a policy to regulate medical diagnostics tests in the country, which will include standardizing the tests and capping their prices to make them affordable for the poor. The government has already commenced its efforts in this direction by capping prices of dengue tests at INR 600 during the outbreak of the seasonal fever. Very recently, World Health Organization (WHO) released a list of 113 diagnostic tests out of which, 58 were listed for detection and diagnosis of a wide range of common conditions, and the remaining 55 tests are designed for detection, diagnosis, and monitoring of “priority” diseases such as HIV, malaria, tuberculosis, hepatitis B and C, HPV and syphilis. Based on this list, the *NITI Aayog* is to prepare a list of tests for which prices will be regulated.

Multiple issues have to be addressed in *Ayushman Bharat* in terms of empanelment of diagnostic tests before it can be implemented at a pan-India scale. Firstly, servicing costs are variable and location-based, e.g., the cost in Delhi is very different from that in the Andaman and Nicobar islands. Secondly, quality standards will vary widely especially when NABL accreditation is not mandatory for the functioning of laboratories under this scheme. Thirdly, there is no mention of the lacuna that exists between the cost of medical equipment, instruments and patent procurements that have a direct bearing in the determination of market price. Fourthly, there is no mention in the scheme for newer procedures and clinical methods for certain chronic diseases that are still evolving and technologies continuously innovating.

Road Ahead

We hope that the features of the policy will also touch upon these issues related to diagnostic tests. Moreover, there is wide support and belief in the need for implementation of the Clinical Establishment Act—that regulates laboratories. The fulcrum of change is *Niti Aayog*, and almost everyone in the healthcare industry is keen to associate themselves with it; right from medical device manufacturers to pharma firms, health tech platforms to the health care professionals. However, what the program needs is clear thinking and internally designed implementation roadmap. Would *Ayushman Bharat* be a game changer in the Indian context or is it just old wine served in a new bottle; only time will tell. It is expected that around 50% of the families would receive coverage in the first year. The biggest challenge is not of resources for the scheme, but for the actual implementation at the grass root level.

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