

HEALTH INSURANCE AND STATE SPONSORED HEALTH SCHEME- ANDHRA PRADESH IS A ROLE MODEL

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ABSTRACT

BACKGROUND

Because of increasing cost of state-of-the-art health care and inability of the public health care to provide the services, a state sponsored health care system is required as such services are not within the reach of a common man. The Government of Andhra Pradesh introduced state sponsored health insurance in the form of Rajiv Aarogyasri now called NTR Vaidyaseva in 2007 for below poverty line population.

MATERIALS AND METHODS

We have analysed the data of NTR Vaidyaseva trust and studied the utility of services from years 2007 to 2017.

RESULTS

A total of 1044 diseases are covered under the scheme. 10 days of post discharge medication are given. 273 corporate hospitals and 149 Government Hospitals are brought under the purview of NTR Vaidyaseva trust. 171 Medical therapies and 873 surgical therapies are listed under the scheme.

A total of 2.4 million procedures were preauthorized from 2007 to 2017. Oncological procedures constituted 23.61%, Polytrauma 14.93%, Nephrology 12.86%, Cardiac and Cardiothoracic surgery procedures 10.65% and genitourinary procedures numbered around 7.77%. Total number of varieties of procedures authorized are 1044 considering the preauthorized amount in crores of rupees Cardiac and cardiothoracic surgery procedures claimed 27.33%, Polytrauma 16.04%, Oncology 13.10%

CONCLUSION

The State Government sponsored health scheme as a cashless program for selective diseases through a network of public and private hospitals and ensures quality health care for BPL people. This scheme is extended to the middle and upper class people through a payment of specific premium. The programme is successful in Andhra Pradesh and can be extended throughout the country.

KEYWORDS

NTR Vaidyaseva, Health Insurance, State Government sponsored health scheme.

Abbreviations- BPL- Below Poverty Line, ESI- Employment State Insurance, NTRVS- NTR Vaidyaseva.

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BACKGROUND

Healthcare has become expensive for the common population of India both BPL and Middle income group. India's public health system is not able to meet the health requirements of people because of poor funding and utilization¹ Any major illness in the family financially upsets people particularly those subsisting on daily wages. In Andhra Pradesh Rajiv Aarogyasri health scheme was initiated in 2007 and is now called NTR Vaidyaseva. This scheme covers more than 1044 diseases and procedures

through a network of recognised hospitals by an expert panel of Physicians and administrators. Majority of the patients treated by this cashless treatment facility are either cardiac or cancer patients. Health insurance can improve the access to costly medical procedures for poor and middle class population^{2,3}

Aim

To study the pattern of utilization of State Government sponsored scheme for various diseases

MATERIALS AND METHODS

Dr. NTRVST maintains electronic case records of all the treated patients. We have analysed the diseases for which preauthorization was taken and the amounts preauthorized were studied from the data given in their website.

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RESULTS

Population Coverage
150.95 Lakhs Families of the State
Eligibility Card: White Ration card issued by Department of Civil supplies, Govt. of Andhra Pradesh
Financial Coverage
Sum insured per family- Rs. 2,50,000/- per year
Benefit on floater basis can be availed by individual
Table 1. Population Coverage

Active Hospitals in Andhra Pradesh from 2007 to 2017			
Hospital type	Number of Hospitals	Total number of Beds	Dr. NTR Vaidyaseva Beds
Corporate	273	29029	7257
Government	149	18665	4666
Total	422	47694	11924
Table 2. Empanelment Status in Andhra Pradesh and Number of Beds Available			

Specialities	Basic Speciality	Super Speciality
Medical (171 Therapies)	1. General Medicine with Intensive care 2. Paediatrics (with IC, Neonatal, general) 3. Dermatology 4. Psychiatry 5. Pulmonology (Chest diseases)/Infectious Diseases	1. Medical gastroenterology 2. Cardiology 3. Nephrology 4. Neurology 5. Endocrinology 6. Rheumatology
Surgical (873 Therapies)	1. Casualty (Polytrauma) 2. General Surgery 3. Orthopaedics and Prosthesis 4. Gynaecology and Obstetrics 5. ENT and Cochlear Implantation 6. Ophthalmology 7. Oncology	1. Surgical Gastroenterology 2. CT Surgery 3. Neurosurgery 4. Urology 5. Plastic Surgery 6. Paediatric Surgery 7. Surgical Oncology 8. Medical Oncology 9. Radiation Oncology
Table 3. Speciality Services Provided		

Category	No. of Therapies preauthorized	Preauthorized Amount (in crs of Rs.)
Oncology	5,70,535 (23.60%)	823.03 (13.10%)
Polytrauma	3,60,957 (14.93%)	1007.45 (16.04%)
Nephrology	3,10,803 (12.86%)	419.79 (6.68%)
Cardiac and Cardiothoracic surgery	2,57,538 (10.65%)	1716.91(27.33%)
Genito Urinary surgeries	1,87,776 (7.77%)	499.81 (7.95%)
General Surgery	1,47,665 (6.11%)	409.63 (6.52%)
Neurosurgery	1,06,171 (4.39%)	468.95 (7.46%)
Paediatrics	96,053 (3.97%)	276.30 (4.39%)
Neurology	76266 (3.15%)	176.41 (2.80%)
Orthopaedic Surgery and procedures	73875 (3.05%)	167.23 (2.66%)
Cardiology	74266 (3.07%)	229.55 (3.65%)
ENT Surgery	59814 (2.47%)	91.69 (1.46%)
Ophthalmology Surgery	54,311 (2.24%)	84.64 (1.34%)
Gynaecology and Obstetric Surgery	40,144 (1.66%)	109.68 (1.75%)
Table 4. Category Wise Therapies Preauthorized from 01-04-2007 to 31-03-2017		

Similar cashless tertiary care services are provided to the above poverty line people by payment of premium by Arogya Raksha scheme. State sponsored health scheme is extended to Government employees by employees health scheme and also to the physically disabled.⁴

Summary of Results

A total of 15 million families are covered under the programme since 2007. 273 corporate hospitals and 149 Government Hospitals are brought under the purview of NTR Vaidyaseva trust. Out of a total of 47694 beds 61% are in the Corporate sector and 39% are under Government sector. Empanelment of the hospitals is done strictly on the basis of

available medical personnel and infra structure as per set Guidelines. 171 Medical therapies and 873 surgical therapies are listed under the scheme.

A total of 2.4 million procedures were preauthorized. Oncological procedures constituted 23.61%, Polytrauma 14.93%, Nephrology 12.86%, Cardiac and Cardiothoracic surgery procedures 10.65% and genitourinary procedures numbered around 7.77%. Total number of varieties of

medical procedures authorized are 1044. Medical procedures are 171 and surgical procedures are 873 in number.

Considering the preauthorized amount in crores of rupees Cardiac and cardiothoracic surgery procedures claimed 27.33%, Polytrauma 16.04%, Oncology 13.10% and Nephrology 6.68%, Genito-Urinary surgery 7.95%, Neuro surgery 7.46% and General Surgery 6.52%. Patients of pulmonary disease constitute less than 1 percent, though the number of pulmonary disorders are high in general medical practice.

DISCUSSION

India is a country of large population. It is not possible for the Government of India to provide state of the art technology medical services for all the population.⁵ The data reveals that the total number of beds in the private sector in the corporate hospitals is 60% of the total exceeding those in the public sector.⁴ Andhra Pradesh model suggests Government assistance to the below poverty line and encouraging people for payment of medical insurance from the youth or beginning of professional careers can meet the medical requirement for tertiary care for selective procedures. However, primary health care should be taken up thoroughly.³

Even in United States experience suggests the rising costs of health care services are putting burden on family budgets, the nation's businesses, and the costs of private and public insurance. Majority of non-elderly Americans receive health care coverage through their employer today, the availability and affordability of job-based coverage has been gradually eroding, putting more low- and middle-income working families at risk of being uninsured without any coverage for their health needs.⁴

The data from NTR Vaidyaseva trust from Andhra Pradesh reveals claims are for predominantly cardiac and cardiothoracic procedures, oncology, Poly trauma, Nephrology and Urological procedures. Claims for General Medical, Pulmonology and other basic specialties are minimal. In fact pulmonary diseases constitute 0.75% total diseases for which preauthorization was given. Though predominant medical problems are pulmonary the problems requiring tertiary medical care are low.⁵

Health care requirements are challenging to the Government. 73% of India's population are in rural areas with poor health care facilities and 26% of population are below poverty line. 4.1% of GDP is spent on health.⁶ World health organization envisages improved role of Government of India to improve access to quality health care to all the people of India.⁷

Health insurance is emerging as an important tool in meeting the financial requirements of health care needs either by community-based health insurance or by payment of premium by individual families.⁸ State sponsored health scheme alone cannot decrease the health care burden on below poverty line population. Strong referral system and fundamental changes in health care system are needed to decrease the financial burden.⁹

Corporate hospitals take care of the complicated problems but do not take care of the day to day problems of the patients. Primary health care is equally important otherwise health care system becomes inefficient.⁹

Health care planners regard health care as financially nonrewarding. There are new challenges in the form of cardiovascular diseases, diabetes mellitus and its complications, chronic lung diseases, cancers apart from infectious diseases and new challenges of HIV. 80% of outpatient care and 60% inpatient care is provided by the corporate sector and it is not within the reach of a common man.¹⁰

Network hospitals in NTR Vaidyaseva, state sponsored health scheme provide cashless service for those holders of Vaidyaseva cards. Medical camps are conducted under the programme in rural areas to increase the awareness and selecting the cases and these two factors increased utilization of the scheme and made it a success.^{9,11}

There is growing evidence that the level of health care spending in India - currently at over 6 per cent of its total GDP-is considerably higher than that in many other developing countries. Public system health care is inadequate because of inadequate financing. There is a need for alternative finances, including provision for medical insurance at a much wider level. Revamp of the health system with expanded and improved health insurance facilities, is therefore essential.¹²

Improvement in primary care can increase the quality of life, decrease the morbidity and mortality of people and reduce the health care costs.⁹ Countries which paid attention to primary care reaped the benefits. In India only schemes like CGHS and ESIs include primary care as a part of health package.¹³

Neglected Focus on Ambulatory Care

Many of the health schemes do not concentrate on post treatment ambulatory care. Andhra Pradesh, Tamil Nadu, Maharashtra and Telangana health services apart from ESIs and CGHS schemes provide for ambulatory care after treatment.¹³

Defective primary care increases the cost of health care and makes health care system ineffective. Primary care and ambulatory care should be given priority apart from tertiary health care services.¹³

Universal access to health care facilities by education and changes in the state sponsored scheme and periodic review can achieve social justice and reduce health care expenditure.¹⁴

Health status of the population is considered as an important indicator for economic development. Health insurance in India is in primitive stages. The Government can provide health insurance for the below poverty line population and the same services can be provided to others over a low cost premium to improve health outcomes.¹⁵

This state sponsored medical programme experience suggests us that primary medicine should be given priority and must be handled by the Government. Problems of primary health care, nutrition, immunization and treatment

of day to day ailments must be given top priority and sufficient funds should be allotted to the same. In fact, many authors expressed that by the Vaidyaseva programme primary health care is neglected. Primary health care is equally important.

It is universally believed that there are irregularities, false claims and fraud at the level of patients and hospitals. Strict measures should be taken to plug the loopholes.

One great advantage with the programme is huge amount of medical data is available for analysis as every document is scanned. If such programmes are extended to the entire country we can produce huge volumes of reliable medical information which can be utilized for writing textbooks from Indian point of view.

Despite all success of the Vaidyaseva programme, there is no provision for treating diseases like Malaria, Enteric Fever, Diarrhoea and viral fevers that threaten the existence of rural population and cause considerable burden

CONCLUSION

State sponsored health scheme like NTR Vaidyaseva is really helping the common man. It is time for us to think of such programme at national level with contribution of both central and state Governments. Primary health care should be given top priority. I feel Andhra Pradesh experiment is a role model for the entire nation.

Suggestions

State government sponsored health care projects for specific diseases are useful for BPL families, ESI and State Government employees and their families. Quality control should be strictly maintained by periodic examination of network hospitals and ensuring quality services and drugs. Extension of similar services through a centralized program can help patients throughout the country and best quality treatment can be given to patients from specialists of highest calibre depending on the need. Primary health care should be given as a priority apart from treatment of specific diseases by the Government/Corporate hospitals. Outpatient services should be provided by all the hospitals including private practitioners and nursing homes for treating diseases that can be treated on outpatient basis and simple inpatient care on a simple premium.

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