



Government Policy &
Initiatives
How Do We Engage?

Introduction



Purpose

- **Flag** - Government Policy & Schemes Health
- **Examine** – how healthcare institutions engage schemes & policies
- **Devise way forward**
 - Immediate - Preparation – 18th Panel Discussion
 - Short term – engage with these present policies
 - Long term – engage with the government – Shape policies

Government Policy & Schemes



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- Ayushman Bharat – PMJAY
- National Board of Education – DNB programme
- Clinical Establishments - Standards
- Education Policy 2019
- National Digital Health Blueprint



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Ayushman Bharat



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- **Launched in 2018** – Flagship – UHC
 - Poor & marginalised – quality healthcare
- **Health & Wellness Centres** – Comprehensive primary healthcare
- **PM JAY** – Public funded insurance scheme
 - 5 Lakh cover family/year
 - 32 / 36 states & UT signed MOUs with Central Government
 - Eligibility – Those appearing in the SECC Database & Certain occupations
 - Secondary & Tertiary care – empanelled hospitals



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Scheme



- **States have either one of the models**
 - Insurance model – Kerala, Rajasthan, Punjab
 - Trust model – Assam, MP, UP
 - Mixed model – Maharashtra, Gujarat
- **Empanelment process**
 - Through the website of AB
 - Criteria – given – qualify – empaneled

Advantages of Empanelment for Hospitals



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- Provide quality care – marginalized
- Increase numbers of resource poor - treated
- Utilisation of unused beds
- Rural hospitals – proportion income 50%
- MOU – payment within 15 days
- Part of Nation Building – Contributing - UHC



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Challenges

- Empanelment process – meet criteria
- Training of staff – very important
- Paper work goes up – time spent
- Number of procedures not covered
- Some packages unreasonably low
- Communication lacking - requirements
- Rejections of claims – frivolous reasons
- Perception – all free treatment



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National Board of Examination



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- Government increasing MBBS seats
- Proportionate increase PG seats – inadequate
- Expensive proposition – increase PG seats
- Government – increase PG diploma seats – quick & low cost
- Co-opting private hospitals – adopt DNB course



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Criteria for Hospitals



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For broad speciality

- 100 Beds- 1 speciality
- Minimum 30 beds speciality
- 150+ beds- 3 specialities
- More than 200+ More than 3 specialties.

Unit

Faculty

- Two consultants:
 - PG - 8 years Post PG experience
 - PG - 5 years post PG
- Candidates
 - 2 candidates

Family Medicine

- New Criteria – being developed



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Recognition of DNB Qualifications



- Approved GOI, included – 1st Schedule - IMC Act 1956,l
- Eligible
 - specialist post
 - faculty member - hospital including training / teaching institute

Advantages



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- Source of HR for Hospitals
- Quality of Consultants improve -Academically oriented
- Quality and standards care improve
- Trainees may stay on and commit to rural work – service oriented
- Trainees – may treat patients with better care & dignity
- Build a consultant base



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Challenges



- Fee for joining DNB is relatively High
- Faculty requirement to be maintained
- Libraries – to be built –maintained – cost
- Availability – candidates – rural settings
- Stipend for candidate – high
- Managing Students – discipline is an issue
- Getting new courses - challenge

Clinical Establishments Act

- CCH – Came together – 2012
- Devised Standards & levels of care - Instead of Bed nos.
- Member in the committee – impact standards
- Time for renewal of registration
- Draft New standards have been circulated – Government incorporated our document.

National Education Policy 2019



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- Moving - Access & Equity – Quality
- Knowledge economy & society – skill – lifelong learners
- Skills, values, aptitude – contribute – socio, economic & political transformation



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Technical & Vocational Training – NEP 2019



- Push – UG include Vocational training
- Healthcare education - training – Allied health professionals
- Huge job creation potential
- Importance – wellbeing – Country
- WHO – 80 million health sector jobs - 2030

Medical Education



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- Global Shift – curative – holistic approach
 - wellness, preventive & curative
- Recognition – AYUSH
- Replace silos – interactive integrated health science framework

Medical Education



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- Curriculum & Pedagogy – improve
- Compulsory rotation – internship
- Exit exam 4th year – result – doctors on the front lines
- Expected Result of medical Education – MBBS doctor –
 - Medical skills
 - Diagnostic skills
 - Surgical skills
 - Emergency skills



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Nursing Education



- Move – BSc Nursing
- GNM – phased out
- Nursing education – improved & Strengthened
- Accreditation Nursing Colleges – every 5 years
- National Accreditation Body

Nursing Education



- Nurse Practitioner Course - compensate – lack of doctors
- Professional development pathways – created
- CNE & Renewal of licence guidelines – formed
- Indian Nursing Register – Create
- INC – Role to be reviewed & amended

Advantages & Challenges



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- Nurse practitioners – Critical care
- N P - Public Health – opportunities
- Creating of NP cadre – important
- GNM – abolished - 2021
- Impact - Rural nursing schools to up grade to colleges
 - Expense – infrastructure & Faculty
 - Standards may fall of BSc course



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Allied Health Professionals



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- Focus – AHP – Cost effective healthcare delivery
- Standardised Syllabus – Pan India
- Prepared – State Universities & AHP Boards
- Health Sector Skill Council – Partnering – course – accessible - affordable



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Allied Health Professionals



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- New Bill being presented
- 2 Not-for-profit – members council
- Final document not given Awaiting information
- Status – present trained personnel too be addressed



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Critique – NEP 2019



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- Constitutional rights – not addressed - NEP 2019
- Talks about values – Does not demonstrate – Character building
- Against accreditation for regulation – healthcare
- GNM – abolition – problem rural hospitals – employment
- Welcomed Allied Health Professional



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National Digital Health Blueprint



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- NHP 2017 – creation – digital health ecosystem
- Integrated health information system
 - Improve efficiencies
 - Transparency
 - Citizen’s experience
 - Public & Private Healthcare



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Advantages



- Highest level – health & wellbeing – All
- Better access, quality care – lower costs
- Citizen Centric
- Continuum of Care
- Efficiency, Accountability & performance
- Shift from silos to holistic health ecosystem
- Federated National Health Information Architecture
- Efficiency - response outbreaks of disease
- Standardisation of procedures, processes etc.

Challenges



- Health – State subject coordination?
- Centralised collection – Central Control
- Cost of healthcare – as investment
- Equipment for data collection – lab tests expensive - expensive
- Personal data – what safeguards
- What is meant by consent – How information is used
- Legal Framework?

Conclusion



- Important to engage with policy & schemes
- Ground realities – best know – encourage – engagement
- Need to be heard
- Opportunity – to engage – Policy makers – implementer

Thank you

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Group Discussion - Dynamics



- Form groups of 5 each
- Chose 2 topics relevant for you
 - Ayushman Bharat – PMJAY
 - National Board of Education – DNB programme
 - Clinical Establishments – Standards
 - Education Policy 2019
 - National Digital Health Blueprint

Group Discussion – Questions



- Do you promote the 2 chosen schemes – yes/no
- If no, why? If yes, why?
- If yes, your suggestions to take it forward