

Title: Assessing surgical care equity among disadvantaged populations in India under Pradhan Mantri Jan Arogya Yojana

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Background: Pradhan Mantri Jan Arogya Yojana (PMJAY), globally the largest publicly-funded health insurance scheme with over 500 million beneficiaries, was formulated to provide financial risk protection against health expenditures among the socioeconomically bottom 40% of Indian population.

Study Objective: To understand equity in surgical care provision for PMJAY beneficiaries.

Methods: We reviewed data from 7 policy briefs and 6 working papers by the National Health Authority on early implementation years of PMJAY relevant to surgery under 5 dimensions: public-private health sectors, gender, age, surgical specialty, and geographical distribution.

Findings: As of 2021, 12863 of the 27000 hospitals empanelled under PMJAY provide surgical care. Of these, 6737 are private while 5794 are publicly owned. Of the total 1393 packages offered, 1083 are surgical. 26,73,251 (51.5%) submitted claims were for males while 25,17,899 (48.5%) were for females. Most claims for cataract, oncology and cardiac procedures were from 40-65, 45-55, and 51-70 ages, respectively. 12% of the total surgical claims came from general surgery vs. 1% from hysterectomy packages. Cardiovascular thoracic surgical packages are the most expensive costing 3225 crore INR (424 million USD) for 480,000 beneficiaries. As of August 2019, the 115 aspirational districts from 30 states had fewer specialized surgical hospitals than other districts.

Conclusions: While the scale-up of overall surgical care is necessary, equity cannot be sidelined. Programs to provide surgical care among people from poor & rural regions are arguably the most important. PMJAY needs to cater to the needs of young populations from economically backward districts.



Assessing Surgical care equity among disadvantaged populations in India under Pradhan Mantri Jan Arogya Yojana (PMJAY)

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Background

- The lack of affordable healthcare is one of the most significant barriers to achieving universal healthcare coverage (UHC) in several low- and middle-income countries (LMIC) including India.
- The commonly used indicators for tracking means of health financing include: % population facing catastrophic health expenditure (CHE) defined as the proportion of the population with out-of-pocket expenditure (OOPE) greater than 10% of their pre-health shock total incomes and that facing impoverishing health expenditure (IHE) defined as the proportion of the population with OOPE greater than the relevant poverty line (or other relevant international) threshold.
- Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) globally the largest publicly-funded health insurance scheme with over 500 million beneficiaries, was formulated to provide financial risk protection against health expenditures among the socioeconomically bottom 40% of Indian population.
- Here we try to understand equity in surgical care provision under PMJAY.

Methods

We reviewed data from 7 policy briefs and 6 working papers by the National Health Authority on early implementation years of PMJAY relevant to surgery under 5 dimensions: public-private health sectors, gender, age, surgical specialty, and geographical distribution.

Findings

- Public – Private split:**
- As of 2021, 12863 (49.21 percent) of the 27137 hospitals empanelled under PMJAY provide surgical care. Of these, 6737 are private while 5796 are publicly owned.
 - As per Health Benefits Package (HBP) 2.0 released in 2020, PMJAY provides 872 packages of which 611 (69.9%) were surgical, 262 (29.9%) were medical, and one unspecified package. These packages cover 1592 procedures of which 540 are surgical (33.9%) and 1052 are surgical (66%).

Figure 1: Empanelment of hospitals in public & private sectors



Figure 2: Surgical claim volumes in public & private hospitals

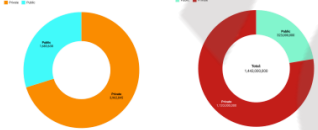


Figure 3: Surgical claim values (USD) in public & private hospitals



Figure 4: Mortality rates (%) in public & private hospitals across specialties



Figure 5: PMJAY empanelled hospitals providing surgical services



Figure 6: % Female pre-authorizations across surgical specialties



Figure 7: % Female pre-authorizations for surgical procedures



Figure 8: Package and procedure counts across surgical specialties



Figure 9: Age distribution of hysterectomy claims under PMJAY



Figure 10: Age-wise distribution of claims submitted for oncology services



Figure 11: % Claim volumes at private hospitals for general surgery under PMJAY



Figure 12: Ratio of surgery preauthorizations with and without districts and geography



Conclusion

- Surgical specialties and packages accounted for 61% and 75% of all claims by volume and monetary value.
- Women make up 38% of high-value claims, compared to 48% of all PMJAY claims. The higher male share of high-value claims (62%) was due to men having a higher prevalence of cardiovascular diseases, which resulted in greater use of cardiac-surgery packages. Cardiovascular thoracic surgical packages are the most expensive costing 3225 crore INR (424 million USD) for 480,000 beneficiaries.

References

1. <https://www.prajya.gov.in/facts-dissemination-research>
2. National Health Authority. Health Benefit Package - 2.0. Published online June 1, 2021. Accessed March 25, 2022. https://pnjay.gov.in/sites/default/files/2021-06/National-Master-for-Website_0.pdf

Conclusion

- While the scale-up of overall surgical care is necessary, equity cannot be sidelined. Programs to provide surgical care among people from poor & rural regions are arguably the most important. PMJAY needs to cater to the needs of young populations from economically backward districts.

References

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2. National Health Authority. Health Benefit Package - 2.0. Published online June 1, 2021. Accessed March 25, 2022. https://pnjay.gov.in/sites/default/files/2021-06/National-Master-for-Website_0.pdf