Gap Analysis In Hospital Empanelment For Tertiary Care Specialties

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INTRODUCTION

National Health Authority (NHA) is the apex body responsible for implementing India's flagship public health insurance/assurance scheme called "Ayushman Bharat Pradhan Mantri Jan Arogya Yojana" & has been entrusted with the role of designing strategy.

VISION

The Vision of PM-JAY for the next five years is:"Achieving SDG 3.8: Ensuring financial protection against catastrophic health expenditure and access to affordable and quality healthcare for all"

MISION

The Mission of PM-JAY for the next five years is: "Creating the world's best health assurance programme on an efficient and technologically robust ecosystem"

Over 50 crore Indians are covered under the scheme with an insurance cover of Rs. 5 lakhs per family. PMJAY provides comprehensive hospitalisation cover for secondary and tertiary care. PMJAY provides financial support for secondary and tertiary care hospitalisation expenses to about 500 million of India's poorest households through various insurance models with care delivered by public and private empanelled providers.

OBJECTIVE

- To review tertiary care specialities of both public and private hospitals which are empanelled and non-empanelled under AB-PMJAY.
- To identify the gaps where none of the hospitals is empanelled having with tertiary care specialties.

METHODOLOGY

Secondary Data Collection

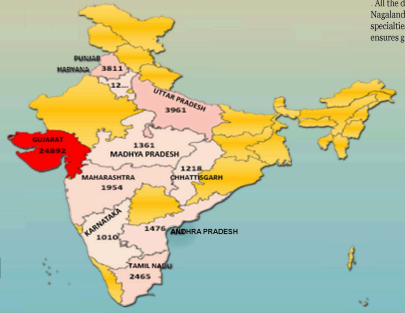
- NHA portal
- AB-PMJAY dashboard
- Journals and reports

Descriptive Analysis

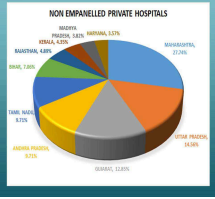
- Data cleaning
- Determine the cause of trends and correlations between variables.

FINDINGS

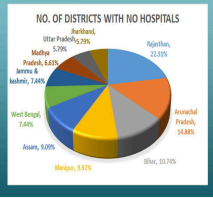
The darker region(Gujarat) of the map shown below has the highest(24892) count of hospitals empanelled under PMJAY and Karnataka has least(1010) count of hospitals empanelled including both public and private.



Below pie chart shows the non-empanelled private hospitals under PM-JAY. Maharashtra is the state with highest count of non-empanelled hospitals.



The pie chart shown below represent number of districts having no hospitals where rasjathan has the highest count and Jharkhand has the least count.



OBSERVATION

01 Majority of states provide aadditional care to its beneficiariesby creating network except Ladakh and Dadra and Nagar Haveli.

02 All the districts of Chandigarh, Gujarat, Nagaland, and Punjab offers tertiary care specialties in the empanelled hospitals which ensures good quality healthcare services

03 159 districts in total where there are no hospitals empanelled for the treatment of beneficiaries.

CHALLENGES

According to some hospitals there is no need of empanelment as they already have enough patient base or for them there is no sufficient profits.

Some of the hospitals are not aware about this scheme and its benefits or they are not approachable to NHA due to connectivity issue.

Regional barriers or language is another issue for NHA to approach or empanel them.

RECOMMENDATIONS-FOR NHA

- Non-empaneled hospitals need to be actively pursued to ensure additional care to the beneficiaries close to their homes.
- Explore available specialties in the hospitals which are non-empaneled to permit selective empanelment.
- If hospital is interested in empanelment, then permit selective empanelment for a particular specialty where there is a gap and aware everyone through innovative IEC
- If there are no hospitals in particular districts, then look up for tie up or referral facilities from neighboring districts..