**Arogya Manthan 2022
New Delhi, India**

24-26 September 2022

Contents

List of Abbreviations

Aapke Dwar Ayushman	ADA
AAUY	Atal Ayushman Uttarakhandh Yojana
AB PMJAY	Ayushman Bharat Pradhan Mantri Jan Arogya Yojana
ABDM	Ayushman Bharat Digital Mission
ABHA	Ayushman Bharat Health Account
BFA	Beneficiary Facilitation Agency
CCNPMIS	Coordinating Commission for the Negotiation of Prices of Medicines
CSC-VLEs	Common Service Centres-Village Level Entrepreneur
DQAS	Daily Quick Audit System
DRGs	Diagnosis Related Groups
EHCPs	Empaneled Health Care Providers
EHR	Electronic Health Records
EMR	Electronic Medical Record
HCX	Health Claims Exchange
HFR	Health Facility Registries
HIE-CM	Health Information Exchange E Consent Manager
HIMS	Hospital Information Management System
HIRA	Health Insurance Review & Assessment Service
HTA	Health Technology Assessment
HWCs	Health and Wellness Centers
ICERs	Incremental Cost-effectiveness Ratios
IEC	Effective Information, Education and Communication
IHACPA	Independent Health and Aged Care Pricing Authority
IHPA	Independent Hospital Pricing Authority
KASP	Karunya Arogya Suraksha Padhathi
KBF	Karuniya Benevolent Fund
KYC	Know Your Customer
MSBY	Mukhyamantri Swasthaya Bimayojana
NEC	National Efficient Cost
NEP	National Efficient Price
NHA	National Health Authority
NHIS	National Health Insurance Services
NHM	National Health Mission
OOPE	Out-of-pocket Expenditure
OPD	Outpatient Department

PBS	Pharmaceutical Benefits Schedule
PHC	Primary Health Care
PHIs	Public Health Institutions
PHR	Personal Health Record
RBSK	Rashtriya Bal Swasthya Karyakram
SBCC	Social and Behavior Change Communication
SCEP	State Capability Enhancement Project
SGHS	State Government Health Scheme
SHA	State Health Authority
UHC	Universal Health Coverage
UHI	Unified Health Interface

Acknowledgements

Document version: 21 March 2023

Executive Summary

India launched the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY) in 2018 with the aim of achieving Universal Health Coverage (UHC) and three years later, the Ayushman Bharat Digital Mission (ABDM) to facilitate the transformation of the health sector.

To commemorate the launch of these schemes, as well as reflect on lessons and chart the future, the National Health Authority (NHA), charged with managing these schemes, organised Arogya Manthan 2022 on 24-26 September 2022 in New Delhi, India. Opened by the Honorable Ministers of Health and Information and Communications Technology, the event comprised twelve sessions across two streams, one on UHC and the other on digital health. International experts were invited to share their experiences and there were over 500 participants. The Health Intervention and Technology Assessment Program (HITAP), Ministry of Public Health, Thailand, was invited to share Thailand's experience of utilising Health Technology Assessment (HTA) for decision-making for health. In parallel, there was an exhibition of various initiatives on health in the country.

The event was successful and showcased the developments in efforts to achieve UHC and digitalisation of the health sector. Key issues emerged around scalability, platformisation, learning from national, sub-national and international best practices as well as from other sectors, effective engagement of stakeholders and ensuring interoperability between systems. The discussions thus set a tone for the next phase of these programmes.

Introduction

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY) is the largest public health insurance scheme in the world that is fully funded by the government. It was launched on 23rd September 2018 by Prime Minister Shri Narendra Modi of India. It sought to address several issues that India faced, notably, high out-of-pocket expenditure on health at almost 60 % of total health expenditure, one of the highest in the world, as well as catastrophic health expenditure. These issues push nearly 6 crore (60,000,000) people into impoverishment. The implementation of PMJAY is a step towards achieving Universal Health Coverage (UHC) and it provides INR 5 lakhs (500,000) per family annually to cover secondary and tertiary hospitalisation services to over 10.74 crore (107,400,000) vulnerable families that are the bottom 40 % of the population.

Three years later, on 27th November 2021, the Ayushman Bharat Digital Mission (ABDM) was established to facilitate digitisation of healthcare and provide an interoperable digital health ecosystem. The Ayushman Bharat Health Account (ABHA) IDs have been created (about 25 Crore (250,000,000) since the ABDM rollout) as well as 158,000 health facilities have been registered, including linking more than 5 million health records digitally.

The National Health Authority (NHA) organised Arogya Manthan 2022 on 25th and 26th September 2022 to celebrate four years of AB PMJAY and one year of ABDM. Both, AB PMJAY and ABDM, are flagship schemes of the Government of India that were launched to promote accessible and affordable healthcare and create a digital health ecosystem driven by digital innovations to support integration of the digital health infrastructure of the country. The agenda for the conference is provided in Appendix 1.

The NHA invited international experts from many countries, including from the Health Intervention and Technology Assessment Program (HITAP), Thailand to speak at the conference on the topic of "HTA for Evidence Informed PMJAY Decisions: What to Buy, Whom to Buy & Price?" to share experiences from Thailand on utilising HTA on decision-making in Thailand as well as how it helps the government fund interventions offering good value-for-money and avoid funding interventions that offer low or no value. The list of participants from HITAP and invitation letters are provided in Appendix 2 and 3, respectively.

This report summarises the proceedings of the conference and highlights lessons learned, with supporting documents in the Appendix.

Arogya Manthan 2022
Summary of Discussions

Inaugural session

AB PMJAY

Dr. R.S. Sharma, Chief Executive Officer, National Health Authority, shared the key milestones of AB PMJAY and ABDM during the inaugural session. NHA has created an interoperable infrastructure through two pillars of India's Ayushman Bharat namely PMJAY and ABDM, which aims to create an accessible, affordable, and quality healthcare ecosystem. This will help three groups of people in the country:

i. citizens – health cover for 500,000 INR per family per year for the bottom 40% of the population.

ii. healthcare providers – promote health claims processing by health digitisation as well as enabling the accessibility to patient's longitudinal health records.

iii. policymakers – help them to view and analyse public health at national level as well as implement effective policies at the local level.

There are several key initiatives under AB PMJAY including the implementation of "Aapke Dwar Ayushman" (ADA) which issued free PVC cards to an additional 6 crore (60,000,000) beneficiaries, the utilisation of e-Rupi prepaid vouchers for diagnostic services and drugs, the
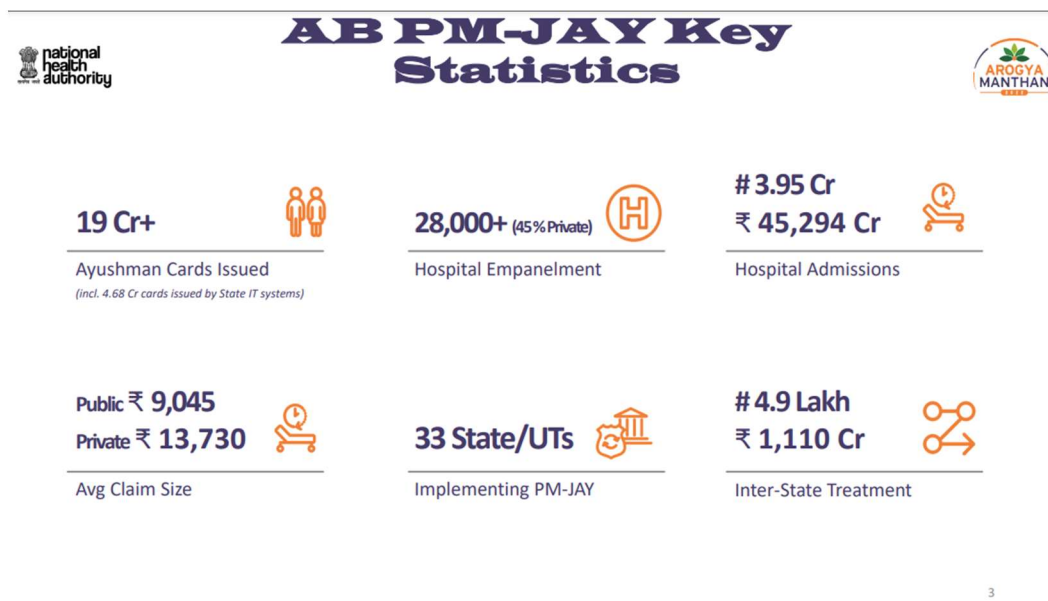
Figure 1 AB PMJAY Key Statistics
Source: https://abdm.gov.in/arogyamanthan#publications

launch of a green channel payment that is an upfront payment after claims submissions for

hospitals with credible history of claims submission, the transformation of the health benefit package in 2022 separating drugs, diagnostics and consumables as well as making changes to pricing based on regional variation.

ABDM

The ABDM includes three initiatives comprising Unified Health Interface (UHI) namely telemedicine and lab and drugs APIs, Health Information Exchange E Consent Manager (HIE-CM) i.e. health records and Health Claims Exchange (HCX) i.e. health claims.
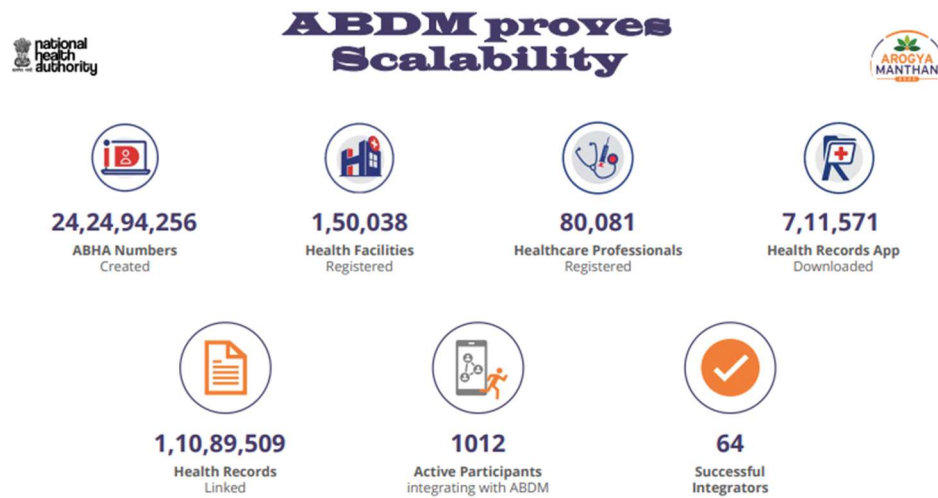
Figure 2 ABDM Key Statistics
Source: https://abdm.gov.in/arogyamanthan#publications
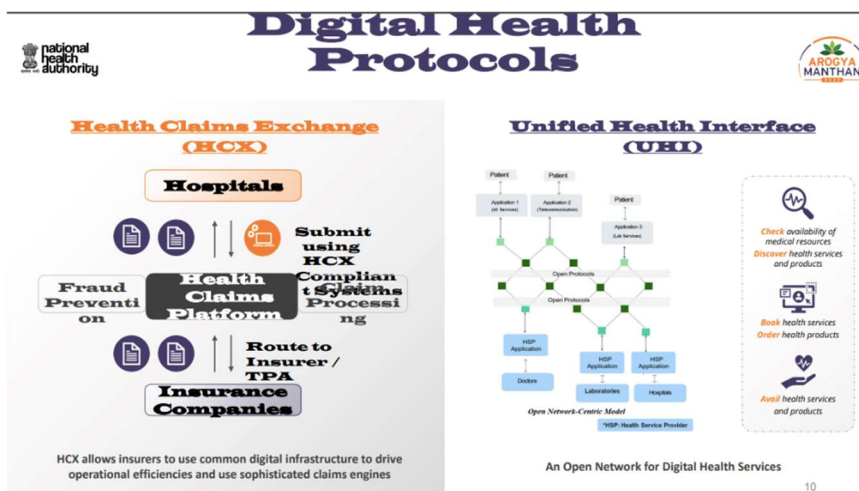
Figure 3 Digital Health Protocols
Source: https://abdm.gov.in/arogyamanthan#publications

The examples of Aarogya Setu, a contact-tracing app, and Co-WIN, vaccination booking and vaccination certificates verification app, was provided. These two applications were launched during the COVID-19 outbreak and will be adapted to drive digital health solutions. The Aarogya Setu application will be relaunched as a Health and Wellness application, while Co-WIN will be used as a universal immunisation platform.

The NHA aims to enhance participation across the ecosystem i.e. policy intent and administrative structure, robust technological framework, participation by all stakeholders which are important steps towards UHC.

Session 1: Roadmap for Universal Health Coverage in India

In this session, selected State Health Authorities (SHA) shared their best practices so as to learn from one another and gain insights from international experiences to achieve UHC.

Uttarakhand

The entire population has been covered by one central government scheme (ESIC, CGHS, ECHS), AB PMJAY through SECC, Atal Ayushman Uttarakhandh Yojana (AAUY) and State Government Health Scheme (SGHS). The AAUY was launched after AB PMJAY on 25th December 2018 and the SGHS was launched on 1st January 2021.

The state innovations and best practices included:
  i.   Daily Quick Audit System (DQAS) in 2019 to improve efficiency and reduce fraud of claims being processed by hospitals;
  ii.   Timely claims payments to the hospitals within 7 days;
  iii.   Emphasise de-empaneling hospitals that were found to have fraud;
  iv.   Opportunities for hospitals to review their rejected claims;
  v.   Mandatory beneficiary verification form and certification of hospital's claims payment.

However, they are facing challenges that need to be addressed e.g. lack of healthcare services in some areas due to the geography i.e. rural and hill areas, low participation of private healthcare providers in hill areas, overlap in databases, fraud in hospitals.

Meghalaya
Meghalaya adopted an approach based on six pillars of the State Capability Enhancement Project (SCEP) to address critical development challenges. The six pillars comprise political supportability, identify and address systemic challenges, accountability and agency, effective use of data and research, citizen-state relationship: responsive systems, and local leadership through problem solving.

Additionally, the Meghalaya Health Policy 2021 was launched as a guiding framework for UHC in the state to address the technical challenges they are facing. There are three dimensions,

including curative health institutions, preventive demand and supply side interventions, enabling policies and other measures.

Additionally, the state government also encourages ownership of the people on health and nutrition by building a strong community through the Village Health Councils. This channel allows people to discuss their common health challenges as well as discuss potential health infrastructure projects to be implemented based on the needs of the community.

Way forward for UHC in India

One of the speakers identified the way forward for UHC in India, as listed below:

1. Reduce out-of-pocket expenditure
2. Enhance public spending and invest in health systems
3. Advance health security and resilience
4. Operationalise and strengthen Health and Wellness Centers (HWCs)
5. Ensure the effective implementation of medicines and diagnostics
6. Engage with the private sector
7. Robust health information system
8. Reform financing in health sector – invest more money in the healthcare system
9. Raise the poverty line to approximately 6-700 million so as to increase number of beneficiaries
10. In 10 years, transform the NHA into a National Health Board that oversee benefit package prices and payments as well as an interoperable IT system

Session 2: Promoting Interoperability in Digital Health

India's health ecosystem is currently fragmented. There are 15 NHA portals for recording and storing patient health data. However, these health records are not linked, making it difficult to evaluate the entire picture of patient conditions. The main goal of this session was to learn from global experiences and highlight the challenges around interoperability in digital health.

All speakers agreed that interoperability was critical, and that government support is required to facilitate and monitor the process. The digital ecosystem must also be built in a discoverable platform with a clear network protocol.

To ensure interoperability, three factors must be taken into account:
1. System identity and credentialing is needed to ensure that data is transferred from one platform to another securely and seamlessly. Every platform should be trusted to the same extent.
2. Transaction of the interoperability of claims to address issues such as reconciling claims when participants/members are registered in more than one platform.

3. Data interoperability is another key factor. All key players must consider how healthcare records are transferred from one hospital to another and linked together. For non-electronic health records, there the question of integrating data within and outside the system remains.

Speakers highlighted that the challenges in interoperability were: 1) regulation (there is a need for policy to establish protocol and regulation), 2) infrastructure (e.g. network/connectivity), 3) user-friendliness (i.e., how to create a portal that is simple and generalisable), 4) data safety (e.g. how the data is used, stored and analysed), 5) human resources (e.g., the capacity building needed for health care workers (HCWs) and ensuring they are licenced and trained).

Session 3: Provider Payment and Hospital Incentives: Enhancing the Efficiency of PMJAY

In this session, speakers talked about the concepts and experiences of different provider payment models used across the world, including value-based care form of reimbursement to incentivise providers based on the quality of care provided and a case-mix tool, based on groups of diagnoses and procedures, i.e., Diagnosis Related Groups (DRGs) to make provider payments and drive performance.

Under PMJAY, hospitals are paid on a case-by-case basis for majority of the procedures, a per diem (per day package rate) for certain medical packages, a line-item budget, and an additional package rate for public hospitals. Furthermore, over and above the base rate for the packages, incentives for location (metros/aspirational districts) (10%), teaching hospital (10%), and accreditation (10-15%) are provided.

It was highlighted that the structure and overall process are as important as the quality of service. Clinical quality care is not only restricted to the treatment effectiveness but also patient experiences, such as waiting time and politeness. As a study case, Malaysia has developed a DRG system, but it is based on a structure from the United States, which poses challenges in terms of implementation, particularly when quantifying cost data. As a result, it was suggested that the system be built with the local context into consideration. To test the system's suitability, it was recommended to first, learn the context of the setting, then adjust the model based on the information gathered.

Session 4: Adoption of Digital Health: Bringing Stakeholders together

The key stakeholders for digital health system included healthcare facilities, health professionals and large-scale infrastructures service providers. This session brought key partners together to share their experiences of using digital health and discussed how it could be improved.

Digitisation of health records and the adoption of it to primary health care (PHC) was emphasised in the discussion. One of the speakers suggested that India move forward from an Electronic Medical Record (EMR) to Personal Health Record (PHR) paradigm.

The adoption of telemedicine in primary health care is one of the examples of PHC digitisation. However, the concern is whether PHC really be digitised as inclusiveness and equity need to be taken in to account. The implementation of digital health still needs more action from stakeholders for capacity building e.g. software developers work based on the standardised guidelines, the readiness of healthcare providers. One example to encourage stakeholders, especially hospitals is the NHA to provide them certificate for connecting their back-end systems to ABDM and give the recognition.

Session 5: Health Technology Assessment for Evidence Informed PMJAY Decisions: What to Buy, Whom to Buy & Price?

International cases studies were shared on how Health Technology Assessment (HTA) evidence can help improve the implementation of a publicly funded health insurance programme by considering the health benefit package, pricing and standard treatment guidelines.

Mexico
Mexico actively used HTA by using cost-effectiveness analyses for price negotiation. This was done through the establishment of Experience and learnings of Coordinating Commission for the Negotiation of Prices of Medicines (CCNPMIS) in 2008 in order to reduce public expenditure on pharmaceuticals as the country was trying to achieve UHC[1]. One key lesson learned for other countries shared by the speaker is that HTA needs to evolve to respond to the challenges on the transformation of public investment in health that increases over time.

Australia
Australia established the Independent Hospital Pricing Authority (IHPA) to ensure efficient funding for Australian public hospital services by estimation of an annual National Efficient Price (NEP) and National Efficient Cost (NEC). Additionally, the organisation develops national classifications (i.e. ICD-10-AM, ACHI, ACS classification system) for healthcare and other services delivered by public hospitals. In August 2020, it was expanded to become Independent Health and Aged Care Pricing Authority (IHACPA), to cover costing and pricing on aged care to the Commonwealth Government.

The process of determining the NEP in 2022/23 included: 1) developing classification systems, 2) collecting and cleaning data, 2.1. removing another Commonwealth funding, 3) developing cost model in 2019 and 2020, after which the IHPA and working groups will have the authority to project underlying costs or price indexation, lastly, they will determine NEP and NEC for 2022-2023.

HTA helps countries on direct government funding in terms of informing subsidies. Australia's main funding schemes that require HTA are Pharmaceutical Benefits Schedule (PBS), Medicare Benefits Schedule, Protheses List as well as National Immunisation Program and National Blood Program. Flexibility in the use of HTA evidence, including Incremental Cost-effectiveness Ratios

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[1] doi: 10.2471/BLT.12.106633

(ICERs), is crucial in Australia and this has increased the number of therapy options available to patients.

Thailand

Dr. Yot Teerawattananon presented the Theory of Change for using HTA that has been applied in Thailand. A better process of topic identification for benefit package involving all stakeholders e.g. health professionals, academicians, patients, technology vendors, policymakers and conducting a stakeholder consultation meetings as part of the HTA study. In addition to submitting topics by letter or face-to-face, topic can also be submitted through an online portal: https://hitap-ucbp.mahafun.net/propose.html.
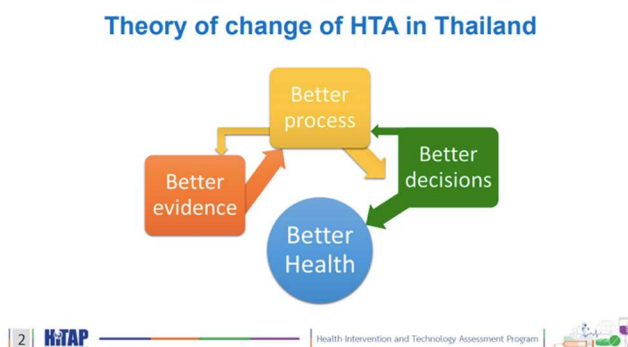
Figure 4 Theory of change of HTA in Thailand

Figure 4 Thai HTA process guidelines

In order to bring a better decision, participatory and responsive governance in Thai UHC is a key principle underscoring the process. Participatory governance involves citizen participation i.e. citizen representation in UHC governance which allows citizen to voice their concerns. A responsive governance system requires government responsiveness that is transparent, accessible and equitable.

Session 6: Digital Health: Privacy and Security at the Core

As the country is going through the digital health ecosystem under the implementation of ABDM, data privacy and security have been prioritised, concerning the protection of personal health records.

This session involved stakeholders to identify and ensure health data privacy and security as well as to address key innovative solutions on digitisation of the health sector in the country.

Four main principles of the ABDM mission were shared during the discussion:
1. Privacy and security in all building blocs of the National Digital Health blueprint should be by design since its beginning
2. Federated architecture i.e. decentralisation in autonomous organisation
3. Minimalistic approach i.e. collect only the data needed

4. Citizen-centric

One of the speakers stated that "digital is global, regulation is local". It implied that technology moved rapidly which brings unpredictability though establishing regulations takes time and is a long and slow process, for example, to approve a legislative bill. Thus, privacy and security needs must be balanced with the developments in the field.

In order to build an efficient digital health ecosystem, the government, the private sector and individuals, all the stakeholders need to be a part of building this ecosystem. Additionally, the platformisation of interoperability is also critical in this process.

The combination of three P's that India must work on together for digital privacy and security, including principles, platforms and protocols. This entails the establishment of a holistic or integrated principles and guidelines in terms of privacy and security. Importantly, protocols will enable good innovations as well as interoperability, while preserving privacy and security.

Session 7: Best Practices of Implementing ABDM

The ABDM, as mentioned above, was launched by India's Prime Minister, Sh. Narendra Modi, on 15th August 2020, with a national rollout on 27th September 2021. The ABDM aimed to build an integrated healthcare system that connects practitioners and patients digitally by providing them with access to real-time health records. This initiative seeks to promote prompt and structured healthcare across the country to create a national digital health ecosystem that supports UHC in a way that is efficient, accessible, inclusive, affordable, timely, and safe.

The session were opened by presentations from representatives from states across India, such as Govt. of Andhra Pradesh, Govt. of Bihar, Govt of Karnataka, and Govt. of Uttar Pradesh. The representatives shared their journey in implementing ABDM, progress, achievement, and challenges. These are summarised below:

Govt. of Andhra Pradesh
The implementation of ABDM started in October 2021. Key achievements of implementing an e-Hospital software were: 1) the highest health IDs recorded in the country (34,015,800); 2) all government doctors were registered; 3) 14,182 government health facilities were registered and planning to register all health facilities.

Govt. of Bihar
The Bihar government signed the contract for starting the implementation of ABDM on 6th September 2022. They have verified 98% of public health facilities and 86% of health care professionals. Below is the scope of Bihar's health system digitalisation:
- Hospital Information Management System (HIMS)
- Citizen/Web Portal
- Smart Mobile App for Citizen and Health Workers
- Electronic Health Records (EHR)

- Integration with existing State applications
- Performance Management and Rating system
- Centralised IT Helpdesk / Incident Management
- ABDM Compliance and Integration

Govt of Karnataka

The challenges in implementing ABDM in Karnataka are data privacy and security, e-hospital customisability, and having multiple platforms for linkage. It was also highlighted that developing a user-friendly platform and making it useful for researchers is critical. Stakeholder discussion is required to determine which information can be shared or used for research.

Govt. of Uttar Pradesh

The main achievements so far had been: 1) Health Facility Registries (HFR) IDs have been generated for almost all Government Health facilities, including facilities of Medical Education and Sub-centres and 2) District Verifier IDs have been created for all 75 Districts, and private health facilities are being verified. In order to expand coverage, District Health Authorities are encouraging all private health professionals and facilities to register with the portal by explaining the benefits. A regular meeting is also held to clear doubts, familiarise them with the portal, and assist them in learning technical aspects.

A few challenges highlighted in the presentation were: 1) there is a lack of a clear guideline for HFR verification by district verifiers, 2) multiple national digital solutions lead to creation of multiple IDs making it difficult for patients to remember and repeated work for health workers, and 3) interoperability between different systems.

Session 8: Digitising Health Insurance in India

During this session, stakeholders discussed the enablers and barriers to developing innovative solutions for the digitisation of the health insurance sector in India moving forward.

One of the challenges regarding digitising health insurance in India is the need for cooperation between stakeholders. Currently, the number of stakeholders such as insurance companies and hospitals, is low. As a way forward, encouraging hospitals to use digital systems and move away from a paper-based approach is important. However, the digital infrastructure needs to be ready. Not only hospitals, but insurance companies also need to adopt digital systems. Regarding the claims management, the existing steps of the system should be improved. Moreover, in order to integrate with technology, enhancing the quality of the system and quality of care needed to be taken into account. Lastly, the country might leverage more in the digital space e.g. through e-markets or the insurance market. Other challenges that were discussed are the detection of fraud during health digitisation, disconnect between the design and delivery, appropriate prices from health insurance. These barriers will need to be addressed for the country to enhance its health digitisation.

Digitisation is a game-changer that brings transparency to the system as all data can be tracked through records. This will lead to the reduction in cost, improvement on effectiveness and quality,

and welfare for all will be promoted. From a patient's perspective, digitalisation will increase accessibility to doctors, ability to see feedback from providers, have the records on hand, increase interoperability between providers without problem of discontinuity. From the government's perspective, they will know which policy does not work and needs to be improved.

In order to digitise the health insurance sector, one needs to understand the insurance requirement at large, the gaps at present and how the digital space can help in ensuring the delivery of the right product to the end customer at the least cost.

A representative from South Korea also shared their work on digitisation in health insurance. They have an organisation called Health Insurance Review and Assessment Service (HIRA). Their system's main service includes a medical fee claim portal, provider profile portal, healthcare resource reporting portal and HIRA review and evaluation data submission system. There are two additional services, drug management (drug utilisation review system) and data public service (citizens portal and open access big data). They emphasised that unity, interoperability, and transparency are key factors that would bring an efficient digital health insurance scheme.

Session 9: PMJAY - Best Practices by States, Empowering stakeholders & Enhancing Reach

Best practices from states, union territories with a distinct geography and regional context were exchanged in the session. The session explored how they implement health insurance schemes and as well as empowered stakeholders to adopt the innovative practices to accelerate the adoption of the scheme and ensure its efficacy.

Karnataka
In 2017, the state implemented the State Health Policy and Vision document 2025 that planned to provide a cashless primary, secondary and tertiary health care to the poor and vulnerable population. To achieve this goal, they launched the assurance scheme called Arogya Karnataka in March 2018. After that in September, the AB PMJAY was launched, and the state integrated these two schemes together under the name of Ayushman Bharat – Arogya Karnataka (AB-ArK).

In Karnataka, an Online Referral System has been set up to ease the referral process, ensure transparency, and have an audit trail. In an online referral process, specialists will diagnose the patient and decide whether to refer them to a higher health care facility. The specialist will enter the patient's AB-ArK ID and reference details. If the referral is approved, an Online Referral card will be generated and send to the patient. Patient can use this card in their preferred health care facility.

In terms of the way forward, they emphasised the need to improve quality of care in several ways such as improving the turn-around time or TAT for Referral and Claims Settlement, strengthening specialty services in Public Health Institutions (PHIs), increasing claims processing doctors, ensure quality services in all PHIs/ private hospitals, importantly, enforcing AB PMJAY Ark as a mandatory scheme in the private health care sector.

Chhattisgarh

There are several health schemes that the state implemented before the scheme convergence in 2019, including Sanjeevani Sahayata Kosh-State Sponsored Scheme, Chief Minister Child Heart Protection Scheme (CMCHPS)- State Sponsored, Rashtriya Bal Swasthya Karyakram (RBSK) - Centre Sponsored, PMJAY, Mukhyamantri Swasthaya Bimayojana (MSBY) - State Sponsored.

Convergence is needed as there were several difficulties and overlapping mandates during the implementation of diverse schemes, for example duplication of funds, higher costs and inefficient monitoring, various eligible criteria, duplicated of beneficiaries and same services in different schemes, multiple IT platforms which leads to repeated reports and makes it difficult for tracking and monitoring the schemes, among others.

Chhattisgarh is the state that has the highest number of Ayushman card KYCs (Know Your Customer) generated, with more than 1.25 Crore (12,500,000) of Ayushman Cards implemented during the ADA initiative . They have several strategies for achieving this. One of them is to involve the Common Service Centres-Village Level Entrepreneur (CSC-VLEs) to reach the citizen at the village level. The VLE will be given recognition certificates for the achieving the highest cards in the district, as a motivation for them. Additionally, SHA district and State Coordinators frequently visit field.

Jammu and Kashmir (J&K)

The union territory shared its experience on beneficiary identification and the feedback mechanism. They are one of the union territories that is leading on providing free and cashless treatments to the entitled beneficiaries. They implemented the beneficiary feedback mechanism to improve patient experience and reduce out-of-pocket expenditure (OOPE) on patientcare. As a result, they developed the beneficiary feedback mechanism through two platforms, 1) using QR code in all empaneled health care providers (EHCPs) in J&K; 2) through the 104 call center of National Health Mission (NHM). Besides the reduction of the OOPE in EHCPs, this mechanism helps them to improve the quality of service, reduce fraudulent activities, empower beneficiaries to seek their benefits etc.

GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit)

GIZ has been working with India in terms of supporting the country in several areas, including improving the health system. GIZ is focusing on communication strategy to improve card creation, as part of its support for achieving UHC. There have been several attempts to roll-out on effective Information, Education and Communication (IEC) and awareness campaign, however the scheme has made a low number of card creation and services uptake. Therefore, communication strategies must be adopted to achieve positive influence on knowledge, attitude, and behavior. The GIZ generated Social and Behavior Change Communication (SBCC) - the systematic application of theory-based driven communication processes to aid transformation at the individual, community, and social levels – to push a greater impact on scheme utilisation and behavioral change.

Their strategies are to conduct a SBCC workshop for capacity building of the selected state on IEC resources, create a greater understanding of existing communication strategies, support states for creation of their communication action plans, establish a strategic awareness roadmap to influence

the beneficiaries and prompt them about the scheme, encourage beneficiaries to use benefits from the scheme to achieve UHC.

Madhya Pradesh (MP)
The SHA of MP shared their challenges of implementing their Ayushman Bharat Niramayam regarding the receptiveness of government institutions and limited participation of public institutions. Therefore, they established the Beneficiary Facilitation Agency (BFA) to solve these challenges. Before the establishment of BFA, there was a low PMJAY scheme uptake. After the establishment, they had a claim processing improvement and result as pre-authorisation and claims rejection down by 100%, more than 50% decrease in out of TAT cases, and increase in tertiary care packages.

Moreover, the SHA launched an Anti-Fraud Mechanisms Utilization, including having a call center, concurrent audit, multiple fraud detection channels. As a result, 99% of AB cards are Aadhaar verified; further, through this process, fraud in AB cards was identified and led to 3.58 lakh (35,8000) cards being disabled at that time. A number of cards have been rejected in concurrent audit, enabling of penalty provision to the fraud card generation, launch the campaign to ensure 100% Aadhaar Authentication.

Kerala
The state of Kerala shared about their IEC and utilisation of public health ecosystem. They have their own health scheme called Karunya Arogya Suraksha Padhathi (KASP) which provide 5 Lakh INR (500,000) per family per year. This reduced catastrophic OOPE through the improvement of accessibility to quality health care for the vulnerable population. It also helped the bottom 45% of the population access public and private hospitals.

Kerala has implemented their IEC through newsletters, social media, engaging community-based organisations, including through wall paintings etc. This facilitates the identification of all eligible beneficiaries under the scheme, empowers beneficiaries, reduces fraudulent activities; more broadly, it empowers citizens to have their ownership of their health, improves hospital empanelment and ensures easy access to free treatment.

The hospital kiosk was utilised in every empaneled hospital in the state to facilitate the beneficiaries and patients which will reduce the long line of registration in the hospital. Moreover, the SHA conducted a workshop on IEC activities to citizens including migrant labour, schools, community, and social gatherings.

Besides KASP, there are other state schemes which they plan to integrate into the PMJAY ecosystem which are Karuniya Benevolent fund (KBF) and Arogyakiranam.

Session 10: International Best Practices of Digital Health

The objective of this session was to understand the similarities and differences between the digital health structure in India and other countries, to understand key challenges in the implementation of digital technology and adoption process by healthcare providers and healthcare users, and to understand key issues in scalability, streamlining and efficiency improvement.

Australia
Participants learned that the Australian government is heavily involved in the overall digital health system, with support from both public and private bodies. The initiative began in 2009, with all patients being required to have personally managed e-medical records. The concept took three years to develop, and the electronic medical records went live in 2012. Now, this system has become a standard practice in Australian hospitals where patients can also access their health history in "my health record" platform. As "change" is always uncomfortable, people will need time to adjust to their new habits and adopt digital recording as their new way of life.

Estonia
Around 20 years ago, Estonia learned from Finland, Denmark, Canada and the UK on their digital health system and implemented their own system in 2009. Throughout the implementation, the main issue has been about transparency. Every access will leave a trail, and patients have no control over which data can be accessed by others (e.g. hospitals, HCWs, researchers). Patients should have control over their own data and must consent on how it is used. The system must be designed to be user-friendly and customisable.

South Asia
The speaker shared that the key elements in developing a framework for health record digitalisation are 1) infrastructure, 2) the technology architecture, 3) application and user experience, 4) the system's capacity, which includes both technological capacity and the capacity of those who will use the data, and lastly 5) governance (e.g., policy, legal regulation, implementation, and finance). To increase the adoption of digital health, a campaign emphasising the benefits of telemedicine is required.

Session 11: Ensuring Accessibility, Affordability and Quality in Healthcare through AB PM-JAY

The session's objective was to share experiences and learn from thought leaders, policymakers, and global experts and envision the future progression of the scheme.

Behavioral insights: experience from the UK
One of the speakers highlighted that a behavioural insight approach could be applied to many existing change levers:

1. Information provision: changing the information provided to people

2. Environment design: redesigning the environment in which decisions are made or the space in which activities are completed
3. Process design: redesigning the process people must follow to perform a behaviour
4. Incentives: changing the costs or benefits that incentivise or motivate a behaviour
5. Systemic Rules: changing the fundamental rules that govern behaviour, such as regulations, laws, or policies

An example from a study in the UK showed that reminding patients about appointments has reduced the cost of missed hospital appointments. The messages were sent to more than 10,000 outpatients at Barts Health National Health Service (NHS) Trust five days prior to their appointment at no additional cost. Each message was developed to test a different theory about why people might be compelled to attend:

- The first message made it easier for people to cancel their appointment by providing the service phone number;
- The second message encouraged people to attend by highlighting that most people do so;
- The third message reminded people that not attending their appointment costs the NHS approximately £160.

The last text message that highlighted the cost of missed appointments reduced missed hospital appointments from 11.1% to 8.5%. Over one year, this message could prevent 5,800 missed appointments in the hospital in which it was tested.

NHS England has developed a patient referral system interface to notify them on hospitals with limited capacity. The main feature of this platform is colour-coded notification such as:
- Red 'Limited Capacity' to flag overburdened clinics. If these were selected, a pop-up message encouraged considering other options.
- A green box listing three local options with spare capacity.

In East London, these changes resulted in a 38% reduction in referrals to clinics with long waiting times. NHS England is now rolling out the alerts system nationally as a tool for regional teams to quickly address capacity problems in their local health systems.

South Korean system
In South Korea, the health insurer is divided into two agencies based on their function:
- National Health Insurance Services (NHIS): Contribute to all social security programs, premium collection, fund management, and reimbursement to providers.
- HIRA: responsible for claims review, assessment of the appropriateness of health care, and purchasing decisions (including payment system design).

There is a health insurance policy committee that makes major decisions such as premium contribution, pricing (medical care and pharmaceuticals), benefit package, and etc. The committee comprises 25 members (including experts from payers, providers, and public interests) and is chaired by the Vice Minister of Health and Welfare.

The decisions on which benefit package to cover at which level of cost sharing with patients should be based on objective criteria through a transparent process. Inherently, priority setting process is associated with value judgment (cost-effectiveness alone is not enough). Public participation is needed for value judgment to ensure fairness.

Session 12: Way forward for digital health in India – Opportunities and Challenges

In this last session, the way forward for the country's effective and efficient establishment of digital health through ABDM was discussed by summarising the key takeaways from the previous sessions.

It was highlighted that the future is digital. ABDM can be a very transformative intervention, and there should be a framework that allows innovative solutions on the future such as Co-WIN. In order to promote a digital health ecosystem, the country should foster diversity and enable interoperability, themes that were brought up several times during the conference. This transformative system will benefit all stakeholders who are policymakers, doctors, patients, etc.

The architecture of the framework is critical for creating an efficient ecosystem. However, one of the challenges faced by several states and organisations is low participation and engagement from stakeholders like doctors, hospitals and patients. The organisations involved have to implement a campaign or programme to show the impact and value of how this will benefit them such as the Aadhaar card. An example from Ladakh was given, where users can register with a QR code and show their Aadhaar number information. This helps them to reduce the time and long que in hospitals. After they show the QR code, they will receive an Outpatient Department (OPD) card. Such initiatives are instructive to others in the country and can pave the way towards a digitalised health system.

Lessons learned

The sessions reflected that India has made significant progress in advancing towards UHC through AB PMJAY scheme. Additionally, they place a strong emphasis on ABDM to establish a digital health ecosystem. There are many lessons from implementing schemes and digital programmes at the state and national level and both initiatives are being levered for achieving UHC.

In terms of content, the team needs to understand the background or context of the country's health system before the visit, for example, the structure of India's federal system for health. HITAP was able to engage with partners once again from India that it had collaborated with in the past and learn from their experience, on HTA, UHC and digital health. In addition, given the large number of stakeholders attending the meeting, there were opportunities for networking with both national, state, and international participants. This was found to be a useful venue to make these connections, especially given the growing interest in digital health in Thailand and among HITAP's partners. The approach of recognising best practices at the state levels also appears to have contributed to creating a dynamic space, especially in digital health. In addition, the organisers had an active communications strategy, encouraging and showcasing participants' activities related to the conference on social media as well as having a booth to capture inputs from participants.

In terms of HITAP's internal processes for preparing for a country visit, there are several lessons in terms of logistics. Regarding the overall budget for the country visit, one must ensure that there is enough time to prepare for the financial process, and to ensure all necessary documents are in place after the visit (receipts, flight tickets as well as other documents that is a proof of payment) when returning the money to the office. Other processes, for example, flight booking, visa application, accommodation reservation, money exchange, understanding the local transportation requirements also need to be kept in mind.

More than 500 participants from around the world attended the Arogya Manthan 2022 and it was delivered successfully. We have learned a lot from this conference not only on the content, but also the management of the conference. This might serve as our main takeaway as we can adapt and improve in order to give a well-organised event in the future.

Appendices
Appendix 1 – Agenda

AROGYA MANTHAN 2022
सुरक्षित-भारत, स्वस्थ-भारत

AGENDA

Day 1: 25th September 2022

Time	Sessions	
8:30-9:30 am	Registration	
9:30-09:45 am	**Expo Inaugural**	
9:45-11:15 am	Inaugural Session	
11:15 -11:30 am	Tea Break	
11:30 - 1:30 pm	**Session 1:** Roadmap for Universal Health Coverage in India	**Session 2:** Promoting Inter-operability in digital health services through Unified Health Interface(UHI)
1:30 - 2:30 pm	Lunch Break	
2:30 - 4:00 pm	**Session 3:** Provider Payment and Hospital Incentives: Enhancing the Efficiency of PMJAY	**Session 4:** Strengthening ABDM partners ecosystem
4:00 - 4:30 pm	Tea Break	
4:30 - 6:00 pm	**Session 5:** Health Technology Assessment for Evidence Informed PMJAY Decisions: What to Buy, Whom to Buy & Price?	**Session 6:** Digital Health: Privacy & Security at the core

Day 2: 26th September 2022

Time	Sessions	
9:30 - 11:00 am	**Session 7:** Best Practices by States implementing PMJAY & ABDM	**Session 8:** Digitizing Health Insurance in India
11:00 -11:30 am	Tea Break	
11:30 - 1:00 pm	**Session 9:** Strengthening PMJAY: Empowering stakeholders & enhancing reach	**Session 10:** International Best Practices in digital health
1:00 - 2:00 pm	Lunch Break	
2:00 - 3:30 pm	**Session 11:** Way forward for PMJAY	
3:30 - 3:45 pm	Tea Break	
3:45 - 5:15 pm	**Session 12:** Roadmap for digital health in India– opportunities and challenges	
5:15 - 6:00 pm	Awards & valedictory session	
6:00 pm	High Tea	

Appendix 2 – List of Participants from HITAP

1. Dr. Yot Teerawattananon, Secretary General of the Foundation & Senior Researcher, Health Intervention and Technology Assessment Program (HITAP)
2. Chayapat Rachatan, Project Associate, HITAP
3. Dian Faradiba, Project Associate, HITAP
4. Saudamini Dabak, Head of International Unit, HITAP

Appendix 3 – Invitation letters

national health authority
सत्यमेव जयते
VIKRAM PAGARIA, IRS
Joint Director (NDHM)

भारत सरकार
Government of India
राष्ट्रीय स्वास्थ्य प्राधिकरण
National Health Authority

सत्यमेव जयते

Date: 08ᵗʰ September 2022

Dear *Dr. Teerawattanon,*

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY) and Ayushman Bharat Digital Mission (ABDM) will complete 4 years and 1 year of its inception on 23ʳᵈ September & 27ᵗʰ September 2022 respectively. Both AB PM-JAY and ABDM are the flagship schemes of Government of India that were launched to achieve the vision of Hon'ble Prime Minister of India to promote accessible and affordable healthcare and create a digital health ecosystem driven by digital innovations to support integration of digital health infrastructure of the country.

To celebrate the journey of both the schemes and mark their anniversaries, National Health Authority (NHA) is organizing Arogya Manthan 2022 on 25ᵗʰ & 26ᵗʰ September 2022 at Hotel Ashoka, Chanakyapuri, New Delhi.

It gives me immense pleasure to invite you to the Arogya Manthan 2022 as a panelist for the session on "Health Technology Assessment for Evidence Informed PMJAY Decisions: What to Buy, Whom to Buy & Price?" scheduled on 25ᵗʰ September. The session would focus upon how national and state HBPs can benefit from experiences of other countries and international best practices to optimize healthcare reimbursement through strategic purchasing mechanisms guided by HTA evidence; and to discuss initiatives of the NHA for use of economic evidence in PM-JAY decisions.

As a subject matter expert in the field of healthcare you have worked extensively in the areas pertaining to Health Technology Assessment. With such vast experience by your side, the conference would be enriched with your vision, thoughts & ideas.

The event would bring together global and national experts from healthcare sector along with Government officials, representatives from academia, think-tanks, industry, and media on a common platform to deliberate, collaborate, share learnings and experiences and ideate on the future evolution of these flagship programs. It will also converge the vibrant ecosystem of startups,

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government health programs, insurance companies and health care providers and provide them with a platform to demonstrate how they are using technology to serve the public in the healthcare domain.

A Health Expo is also being organized along the sidelines of the event that will showcase key innovation areas under both the schemes leveraging new age technologies. In addition, health tech companies and start-ups providing innovative health technology solutions will be showcasing their products/applications.

I'm pleased to know that you have confirmed your participation and are delighted to welcome you here in Delhi. My colleague Dr. Malkeet Singh (hpqa.shtas1@nha.gov.in / +919988272050) will connect with your office to share further details about logistics.

Look forward to seeing you on the panel.

Yours sincerely,

(Vikram Pagaria)

To,
Dr. Yot Teerawattananon,
Founder and Senior Researcher
Health Intervention and Technology Assessment Program (HITAP),
Thailand

Date: 08ᵗʰ September 2022

Dear Ms. Dabak,

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY) and Ayushman Bharat Digital Mission (ABDM) will complete 4 years and 1 year of its inception on 23ʳᵈ September & 27ᵗʰ September 2022 respectively. Both AB PM-JAY and ABDM are the flagship schemes of Government of India that were launched to achieve the vision of Hon'ble Prime Minister of India to promote accessible and affordable healthcare and create a digital health ecosystem driven by digital innovations to support integration of digital health infrastructure of the country.

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Look forward to seeing you at the event.

Yours sincerely,

(Vikram Pagaria)

To,
Ms. Saudamini Dabak,
Head, International Unit,
Health Intervention and Technology Assessment Program (HITAP),
Thailand

Date: 08th September 2022

Dear Ms. Rachatan,

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY) and Ayushman Bharat Digital Mission (ABDM) will complete 4 years and 1 year of its inception on 23rd September & 27th September 2022 respectively. Both AB PM-JAY and ABDM are the flagship schemes of Government of India that were launched to achieve the vision of Hon'ble Prime Minister of India to promote accessible and affordable healthcare and create a digital health ecosystem driven by digital innovations to support integration of digital health infrastructure of the country.

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Page **31** of **70**

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Look forward to seeing you at the event.

Yours sincerely,

(Vikram Pagaria)

To,
Ms. Chayapat Rachatan,
Health Intervention and Technology Assessment Program (HITAP),
Thailand

VIKRAM PAGARIA, IRS
Joint Director (NDHM)

भारत सरकार
Government of India
राष्ट्रीय स्वास्थ्य प्राधिकरण
National Health Authority

Date: 08th September 2022

Dear Ms Faradiba,

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY) and Ayushman Bharat Digital Mission (ABDM) will complete 4 years and 1 year of its inception on 23rd September & 27th September 2022 respectively. Both AB PM-JAY and ABDM are the flagship schemes of Government of India that were launched to achieve the vision of Hon'ble Prime Minister of India to promote accessible and affordable healthcare and create a digital health ecosystem driven by digital innovations to support integration of digital health infrastructure of the country.

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Look forward to seeing you at the event.

Yours sincerely,

(Vikram Pagaria)

To,
Ms. Dian Faradiba,
Health Intervention and Technology Assessment Program (HITAP),
Thailand

Appendix 4 – Thank You Letter

national health authority
सत्यमेव जयते

Dr. R. S. Sharma
Chief Executive Officer
D.O. No.S. 12014/116/2022-NHA

सत्यमेव जयते

भारत सरकार
Government of India
राष्ट्रीय स्वास्थ्य प्राधिकरण
National Health Authority

September 29, 2022

Dear Mr. Teerawattanon,

I wish to place my sincere thanks and appreciation to you for taking out time to be the chair for the session on "**Health Technology Assessment for Evidence Informed PMJAY decisions: What to buy, from whom to buy & at what price?**" on 25th September 2022 during **Arogya Manthan 2022**. As you know, Arogya Manthan 2022 was organized to celebrate four years of AB-PMJAY and one year of ABDM, the two flagship schemes implemented by the National Health Authority. Your expertise and experience helped in fruitful discussions during the plenaries. I am sure that your insights will help us develop our future strategies in the implementation of our flagship schemes.

I wish you all the best and hope that you continue to be engaged with National Health Authority.

Yours sincerely,

(R.S.Sharma)

Mr Yot Teerawattanon
Founding Leader
Health Intervention and Technology Assessment Program,
Thailand

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Appendix 5 – Concept Notes

Session 1: Roadmap for Universal Health Coverage in India

Concept note on session "Roadmap for Universal Health Coverage in India"

Arogya Manthan 2022

Background:

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) was launched on 23rd September 2018, as a step towards Universal Health Coverage (UHC). The Scheme aims to cover poorest 40% of the population covering over 50 crore Indian population with an insurance cover of 5 lakh per family per year to protect them from catastrophic health expenditure incurred in secondary and tertiary care. Further, the second pillar of Ayushman Bharat (AB-HWC) aimed to transform 1.5 lakh sub-centres and primary health centres into Health and Wellness Centres to provide affordable and quality primary care to the last mile.

The National Health Authority (NHA) along with the help of Ministry of Health and Family Welfare (MoHFW) will be celebrating the 4th anniversary of AB PM-JAY and 1st anniversary of Ayushman Bharat Digital Mission (ABDM) as **'Arogya Manthan 2022'**. The two-day event is scheduled for 25th-26th September 2022. It is expected to bring together global and national experts from healthcare sector along with Government officials and State Health Agency officials to deliberate and collaborate for drawing the future roadmap of both the flagship schemes. The event will comprise of formal and technical sessions, and panel discussions, as well as an expo on digital health wherein leading innovators from across the country will showcase their digital health solutions.

About the session "Roadmap for Universal Health Coverage in India":

For this event we would like to invite national and international speakers for panel discussion session on **" Roadmap for Universal Health Coverage in India"** which is to be held on day 1 (25th September, 2022).

India is committed to achieving Universal Health care for all by 2030, which is fundamental to achieving the other Sustainable Development Goals. UHC entails ensuring all people have access to quality health services – including prevention, promotion, treatment, rehabilitation, and palliation – without incurring financial hardship. The concept covers three key elements — access, quality, and financial protection.

The objectives of this session in the form of a panel discussion mainly focus upon:

1) Understanding the implementation of UHC in other countries

2) Getting an insight into the best practices with respect to achieving UHC

3) Understanding the key challenges in expanding the cover for the population without any health protection

4) Financing models of healthcare delivery

5) Role of Government beyond provider of healthcare

6) Enhanced participation by private sector

7) Creating continuum of care between AB PM-JAY and AB HWC.

8) Convergence of Schemes and risk pooling.

9) Any other relevant issue to be addressed

Session 2: Promoting Interoperability in Digital Health

Background

The health ecosystem is currently fragmented with multiple touchpoints and disaggregated data sets that exist in siloes. At an individual level, it affects patients as they lack a seamless end-to-end digital health experience; and at an aggregate level, it impacts the healthcare ecosystem at large as it hinders health research efforts by the government. Hence, it is imperative to build an open and interoperable network that can enable health facilities as well as patients to interact with each other in a seamless manner.

India has made strides in building interoperable solutions in across sectors. These include solutions like Unified Payment Interface (UPI) in banking; Open Network for Digital Commerce (ONDC) in commerce; and most recently, Unified Health Interface (UHI) Gateway, Health Claims Exchange (HCX), and Health Information Exchange and Consent Manager (HIE-CM) in healthcare. India is also aligning to global interoperability standards by adopting the Health Fast Healthcare Interoperability Resources Specification (FHIR) as a standard to facilitate the exchange of healthcare information between stakeholders. These crucial elements form a part of the larger shift away from siloed infrastructure to that of an open and interoperable ecosystem that can enhance discoverability, promote competition, and benefit the end-users.

Since countries across the globe have had different journeys in adopting interoperable solutions and have faced various barriers through this journey, facilitating discussion allows countries to learn from each other and collaboratively work towards a common goal. Given that India is at a nascent stage in digital health, there is a need to identify and understand the ways in which interoperability can be leveraged and operationalised to deliver better health outcomes for all.

About the Session

Objectives

- Highlight the need for interoperable systems to enable digital health service economy
- Discuss global learnings and highlight the challenges that interoperability is solving globally
- Understand how countries can overcome the barriers to interoperability and achieve cross-border interoperability
- Identify the improvement in global health care outcomes that interoperability can achieve
- Showcase examples of interoperable building blocks
- Outline the future roadmap for interoperability in India

Topics to be covered

- Unpacking 'interoperability': Need, Concept and Benefits

- Challenges that interoperability is solving globally
- Examples and use cases of interoperability across countries and sectors
- Improvement in health care outcomes that interoperability can achieve
- Achieving cross-border interoperability: Adoption of global health data standards
- Future roadmap for interoperability in India

Session 3: Provider Payment and Hospital Incentives: Enhancing the Efficiency of PMJAY

Arogya Manthan

Session 3: Provider payment and hospital incentives - drivers for enhancing efficiency of PM-JAY

Background

As India celebrates the implementation of four successful years of PM-JAY, it is important to acknowledge the contributions of PM-JAY in taking India forward on the UHC agenda. NHA is making continuous efforts to further strengthen the scheme and evolving strategic priorities. As part of these efforts, building on the strong foundation of implementation of PM-JAY in 33 states and union territories, NHA is increasingly focusing on the strategic purchasing and quality-of-care agenda, as this is central to improving health outcomes.

To strengthen the scheme, prioritizing expanded engagement with providers and ensuring quality of services with the existing providers is recognized as one of the key strategic priorities. This session focuses on discussing the concepts and experiences of different provider payment models used across the world including value-based care form of reimbursement to incentivize the providers based on the quality of care provided and a case-mix tool based on groups of diagnoses and procedures, i.e., Diagnosis Related Groups (DRGs) to make provider payments and drive performance.

Value-based healthcare is a healthcare delivery model in which providers are paid based on health outcomes of patients. It differs from a fee-for-service or capitation model, wherein providers are paid based on what services they deliver. In a Value based healthcare, the "value" is not in the number of services delivered but based on measuring the health outcomes. Thus, value-based care models center on patient outcomes and how healthcare providers can improve quality of care. PM-JAY aspires to introduce such models of value-based care best suited to the local context, thereby ensuring that people centered approach is the premise of PM-JAY's evolution while ensuring increased provider engagement.

Another model that is known to drive efficiency is the DRG system, wherein the purchaser pays hospitals based on a predefined, formula-based payment rate for the procedure and not for the length of stay and strives to inform these rates via continuous collection of cost data. This incentivizes the appropriate use of services with a reduction in length-of-stay, efficient use of diagnostic and treatment procedures, and reduces overall bed capacity. It is key to health system efficiency as it reduces unnecessary, lengthy, and potentially dangerous use of hospital care. DRGs have gradually been adopted as a case payment system for reimbursing hospitals in most developed countries including US, United Kingdom, Israel, Australia and many Low and Middle Income Countries (LMICs) such as Thailand, Philippines, and countries in Eastern Europe.

Under PM-JAY, the hospitals are being paid on case-based bundled payment for most procedures, per diem (per day package rate) for certain medical packages and line-item budget and additional package rate for public hospitals. In addition, incentives for location (metros/aspirational districts) (10%), teaching hospital (10%), accreditation (10-15%) are being provided over and above the base rate for the packages. Due to the inefficiencies of the current payment system the hospitals

have room for upcoding, increasing the length of stay (for medical packages), include additional codes by exaggerating the clinical conditions to improve the reimbursement to the hospital for that package. Until now there has not been a robust application of patient classification systems to PM-JAY services. To reduce the inefficiencies and based on the learnings from other countries, NHA is piloting the DRG system in 5 states, i.e., Chhattisgarh, Haryana, Kerala, Maharashtra, and Meghalaya.

Objective
To develop an understanding of the basic concepts, distil international and state experiences on provider payment mechanisms including Value based care and the DRG system of provider payment, and discuss the potential opportunities and challenges in adopting these models at scale under PM-JAY to enhance private sector participation and enhance provider performance.

Session 4: Adoption of Digital Health: Bringing Stakeholders Together

AROGYA MANTHAN 2022

Technical Session 4: Adoption of Digital Health: Bringing Stakeholders Together

Background

Digital Health in India is at its nascent stage and is gaining momentum with the rollout of the Ayushman Bharat Digital Mission (ABDM). The major leverages to ABDM have been the introduction of the Digital India initiative and the usage of teleconsultation and e-prescriptions during the pandemic. The transformation of the banking system, and payment systems with the help of technology have laid the path to transforming the Indian healthcare eco-system through ABDM. However, the roadblocks of having appropriate laws for privacy and security, required infrastructure, and change management for adoption need to be addressed. Digital Health in India has a wide scope of opportunities for healthcare professionals, facilities, health-tech companies, policymakers, insurance companies, citizens of India, and much more. The adoption of ABDM will lead to the attainment of the objective of the National Health Policy, 2017, and Sustainable Development Goal number 3 regarding "Well-being for all at all ages".

About the Session

The Ayushman Bharat Digital Mission (ABDM) aims to develop the backbone necessary to support the integrated digital health infrastructure of the country. It will bridge the existing gap amongst different stakeholders of Healthcare ecosystem through digital highways. The Digital Health has multiple stakeholders like Doctors, Hospital Administration, Health tech companies, Health system solution providers amongst others.

NHA has been working closely since the launch of the ABDM pilot on 15.08.2020 with the various Solution providers to support them in integration process with ABDM. There are multiple solution providers in the eco-system which are now part of the integrated digital health infrastructure. The key partners/stakeholders in this digital journey are the health care facilities, health professionals and large-scale infrastructure service providers. The session on Adoption of Digital Health: Bringing Stakeholders Together is aimed at discussion amongst the representatives of such stakeholders and see how ABDM adoption can be improved through various intervention/nudges/facilitation.

The session will discuss the following aspects –

1. The understanding and expectation of the Healthcare professional from ABDM and Digital Health as a whole
2. The role expectation from NHA/ABDM increasing the adoption of Digital Health
3. How to inculcate the various aspects of Digital Health in the regular acts for health ecosystem, capacity building, behavioral changes, technology support etc.
4. Any other methodology(ies) for enhanced adoption

Session 5: HTA for Evidence Informed PMJAY Decisions: What to Buy, Whom to Buy & Price?

Arogya Manthan 4.0

Day 1 (25th September 2022), Session 5 (4.30-6.00 pm): HTA for Evidence Informed PMJAY Decisions: What to Buy, Whom to Buy & Price? Session Objectives:

1. To discuss Indian and international case studies and experiences on how HTA evidence can help optimise the delivery of a publicly funded health insurance program by making decisions for health benefit package, pricing and standard treatment guidelines.
2. To discuss recent developments at the NHA for increasing the use of HTA evidence in national and state level PM-JAY decision making.
3. To deliberate how the NHA and SHAs can use HTA in updating HBPs, efficient pricing, and STGs.

SESSION OUTLINE			
Chair: Dr. Eduardo González Pier (Senior Director of Health Financing at Palladium and Former Deputy Minister of Health, Mexico) **Co-Chair:** Ms. S Aparna IAS (Secretary, Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers) **Moderator:** Prof. Shankar Prinja (Executive Director and Division Head – HP&QA, National Health Authority)			
Session Title	**Duration**	**Outline of the Session**	**Session Lead**
Welcome Address, Context Setting & Introductions	5 Minutes	- Welcome and introduction of the Chair & Panellists - Context setting: Recent AB PM-JAY initiatives	Prof. Shankar Prinja ED–HP&QA, NHA
Presentation Country Experience: Mexico	10 Minutes	- Use of HTA for healthcare reimbursement in Mexico: implementation model and enablers - Experience and learnings of Coordinating Commission for the Negotiation of Prices of Medicines (CCNPMIS) - What other countries (especially India) can learn from journey of Mexican Healthcare System	Dr. Eduardo González Pier Senior Director of Health Financing at Palladium and Former Deputy Minister of Health, Mexico

Presentation Country Experience: Thailand	10 Minutes	• Process & Governance Structures for Stakeholder Engagement in HTA Ecosystem • Impact of HTA on NHSO (Budget Impact & Improved Access)	Dr. Yot Teerawattananon, Founding Leader – HITAP, Ministry of Health, Thailand
Presentation Country Experience: Australia	10 Minutes	• Establishing cost surveillance data for pricing decisions (IHPA role) • Process of evaluation and use of HTA evidence for HBP decisions	Professor Kirsten Howard, Member, PBAC, Australia
Remarks by the Co-Chair	10 Minutes	• What can India learn based on the international experiences of Thailand, Mexico and Australia?	Ms. S Aparna IAS Secretary, Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers
Panel Discussion			
1. Ms. S Aparna, IAS Secretary, Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers, GoI	40 Minutes	• How can the CDSCO help in certification of new medical devices which are submitted to the NHA for inclusion in PMJAY health benefit package? • What is the current policy of the NPPA support for drug pricing, and what is the role of value-based pricing for high-cost drugs?	**Chair:** Dr. Eduardo González Pier (Senior Director of Health Financing at Palladium and Former Deputy Minister of Health, Mexico) **Co-Chair:** Ms. S Aparna IAS (Secretary, Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers) **Moderator:** Prof. Shankar Prinja (Executive Director and Division Head – HP&QA, National Health Authority)
2. Dr. Yot Teerawattananon, Founding Leader – HITAP, Thailand		• What are the criteria for inclusion of new interventions in HBP in Thailand? • In terms of the Thai experience for setting up the HTA systems for decision making, and its evolution over the years, what are the operational steps which may be relevant from PMJAY perspective?	
3. Dr. G Karthikeyan, Professor Cardiology, AIIMS, New Delhi		• What should be the strategies to build greater agreement of clinician community for using HTA evidence? • How can HTA evidence be used to inform development of	

		standard treatment guidelines for PMJAY in India?	
4. Professor Kirsten Howard Member, Pharmaceutical Benefits Advisory Committee, Australia		• What can PMJAY learn from experiences of PBAC/MSAC in reimbursement? • How much emphasis should be placed on consumer or beneficiary reported outcomes on price adjustment?	
5. Smt. Anu Nagar Joint Secretary, Department of Health Research, Government of India		• Can you describe the HTAIn establishment and how it has contributed to decisions on public financing in India? (Hints: SES, cataract, cervical cancer screening) • How the HTAIn institutional framework can support NHA and SHAs to address their needs of inclusion of therapies in HBP and pricing? (Hints: May give examples of anticancer study)	
Concluding Remarks by Chair	5 Minutes	Chair: Dr. Eduardo González Pier (Senior Director of Health Financing at Palladium and Former Deputy Minister of Health, Mexico)	

Session 6: Digital Health: Privacy & Security at the Core

Background

In recent years, data privacy has emerged as a concern particularly in the healthcare sector. The digital health ecosystem conceived under the ABDM gives highest priority to the protection of personal health records. Health data being sensitive personal data, the need for maintaining confidentiality, security and privacy of the health records is critical. The mission is based on the principle of privacy and security by design for the protection of personal health records. Further, ABDM is based on the principles of federated architecture and consent-based processing which ensures enhanced security and privacy of health records of individuals. The federated architecture ensures that the health records are stored in a decentralized manner. The consent-based processing ensures that the personal health records are not shared and processed without the consent of the individual. The individual has the full control of their health records.

The Honourable Supreme Court of India has envisioned privacy as the fundamental right. The unwanted disclosure of health data can prove to be a high risk for the rights and freedom of the individuals. With digitization of health records, the risk of data breaches and cyber-attacks is increasing, and individuals' health records are at risk of becoming vulnerable to a breach. Hence while designing all the building blocks of ABDM, privacy and security elements have been incorporated right from its inception. Each building block namely Healthcare Professional Registry, Healthcare Facility Registry and ABHA have voluntary consent and disclosure of information at their core. The responsibility of ensuring privacy of health does not end with the design of ABDM. The larger role has to be played by the healthcare providers who will have to instill the culture of trust and transparency for the patients. They need to ensure that only limited data is collected from the patients, the data is accessed by the healthcare workers on a 'need to know' basis, awareness & training is provided to their staff etc.

Currently, individuals tend to misplace their physical health records and generally don't have access to them at the time of need. Creation of digital health records will facilitate the availability of longitudinal history of citizens' health records and in turn will help the healthcare providers in providing efficient   treatment to them. The mission also aims to use anonymization techniques to remove personal identifying information before using the health data for public health research, policy making, disease surveillance etc. Anonymization of data will ensure that the privacy of the individual is protected. In the long term, the anonymized data generated under ABDM will serve as an added benefit to the larger society. Looking at the benefits of ABDM, the privacy and security concerns need to be addressed by incorporating suitable technical and organization measures under ABDM so that these concerns do not become a barrier for adoption of the mission.

About the Session

In the said event, National Health Authority (NHA) is hosting a session titled "**Digital Health: Privacy and Security at the core**". The event will be held on **25 September 2022** from **16:30 hrs to 18:00 hrs** at **The Ashok** (main event venue) in New Delhi, India.

The session aims to provide stakeholders with an opportunity to identify and address the key issues concerning data privacy and security of health data along with seeking innovative solutions for the

Session 7: Best Practices by States implementing ABDM

Background

Ayushman Bharat Digital Health Mission popularly known as ABDM was launched by Hon'ble Prime Minister Sh. Narendra Modi on 15th August 2020, and subsequently the National roll out on 27th September 2021. The mission aims to create an integrated healthcare system linking practitioners with the patients digitally by giving them access to real-time health records. This will promote prompt and structured healthcare across the country with an objective to create a national digital health ecosystem that supports universal health coverage in an efficient, accessible, inclusive, affordable, timely and safe manner. To achieve this, digital building blocks in the form of digital public goods in federated architecture are being commissioned based on a wide range of data, information and infrastructure services, duly leveraging open, interoperable, standards-based digital systems ensuring the state of art security, confidentiality and privacy of health-related personal information.

After the national roll out of the mission States/UTs are continuously striving to enhance the adoption of ABDM and have implemented innovative approach and strategy for the implementation and achieving milestones of this mission

About the Session

- *State shall be given a time slot to talk on how they have been driving the adoption of ABDM with special emphasis on population of ABDM registries.*
- *How States are coping with change management of Stake Holders.*
- *States may showcase their best practices though audio/visual elements like videos, ppt, recorded beneficiary interactions etc*

Session 8: Digitizing Health Insurance in India

Background

Digitization has been one of the most significant driving forces of recent global development. The launch of Ayushman Bharat Digital Mission (ABDM) and creation of Ayushman Bharat Health Account (ABHA) has the potential to not only transform the healthcare service delivery but also India's health insurance industry. In India, the health insurance industry is underpenetrated and underserved. There is a huge scope for the private firms for scalability and efficiency improvement.

Digitizing health insurance has the potential to decrease healthcare costs of the masses, provide early and better diagnosis, increase insurance tech startups and act as an engine for economic growth. With an interoperable digital health eco-system through National Digital Health Ecosystem (NDHE) under ABDM, companies can assess the potential health risk and make informed decisions based on patient's verified medical history.

Furthermore, S&P Global Market Intelligence data indicates that India is the second-largest insurance technology market in Asia-Pacific, accounting for 35% of the US$ 3.66 billion insurance-tech focused venture investments made in the country.

Currently, much of the claim processing interactions between the payer, provider and beneficiary is manual with cumbersome processes involved. It is time-consuming, expensive and has operational overheads. Absence of requisite standards make it fragmented, with each insurance company or their technology provider creating their own standards, preventing interoperability. The current model is not scalable enough to support low value, low duration claims which requires large automation to be in place for processing. This tedious process gives poor patient experience and may lead to delay in timely treatment.

To overcome the challenges of health insurance industry and to improve the patient experience in delivering the services on-time, ABDM has envisaged to formulate Health Claim Exchange (HCX) Platform which provides an interoperable, machine readable, auditable, verifiable, explainable, and open standard based communication protocol among payer, provider, and beneficiary to enable automation of the claims processing for health insurance.

The goal of HCX specification:

1. Provides an open standard for enabling automation of interaction between the parties.
2. Enables high volume of claims processing
3. Enables claims processing for low value and low duration insurance
4. Enables transparent and explainable claim decision
5. Facilitates faster and verifiable payment against claims
6. Enables claims processing of hyper-personalised policies
7. Enables data sharing for research & innovation,
8. Enables real time fraud and abuse prevention

With the strengthening of rural digital infrastructure, stable data connections, increased use of smartphones and cheaper internet access costs, firms are relying heavily on the concept of establishing direct contact with customers. Owing to ABDM, an expanding digital health eco-system, the future of health insurance industry depends on evaluating and stepping into innovative operating models.

On the margins of Arogya Manthan, National Health Authority (NHA) is hosting a session titled "**Digitizing Health Insurance in India**". The event will be held on **26 September 2022** from **9:30am-11:00am at Ashoka Hotel** (main event venue) in New Delhi, India.

The session aims to provide stakeholders, a platform to address the opportunities and challenges and to put forward innovative solutions for the digitization of health insurance sector in India.

Objectives of the session may include:

1. Key issues in scalability and efficiency improvement in digital health insurance sector.
2. Streamlining of operations, digital customer interaction improvement, and automation in digital health insurance.
3. Contribution of private sector, startups and other concerned stakeholders in the development of a sustainable digital health insurance industry in India.
4. Challenges for development of digital health insurance sector in India and addressing key issues like privacy, social equity and misuse of data.
5. Implementation of HCX Platform by ABDM within the healthcare ecosystem.

Session 9: PMJAY: Best Practices by States, Empowering stakeholders & Enhancing Reach

Concept note on session 9: "PMJAY: Best Practices by States, Empowering stakeholders & Enhancing Reach" for Arogya Manthan 2022

Background:

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) was launched on 23rd September 2018, as a step towards Universal Health Coverage (UHC). The Scheme aims to cover poorest 40% of the population covering over 50 crore Indian population with an insurance cover of 5 lakh per family per year to protect them from catastrophic health expenditure incurred in secondary and tertiary care.

The National Health Authority (NHA) along with the help of Ministry of Health and Family Welfare (MoHFW), Govt. of India will be celebrating the 4th anniversary of AB PM-JAY and 1st anniversary of Ayushman Bharat Digital Mission (ABDM) as 'Arogya Manthan 2022'. The two-day event is scheduled for 25th-26th September 2022. It is expected to bring together global and national experts from healthcare sector along with Government officials and State Health Agency officials to deliberate and collaborate for drawing the future roadmap of both the flagship schemes. The event will comprise of formal and technical sessions, and panel discussions, as well as an expo on digital health wherein leading innovators from across the country will showcase their digital health solutions.

About the session "PMJAY: Best Practices by States, Empowering stakeholders & Enhancing Reach"

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana has achieved more than 19 crore Ayushman cards issuance and 3.8 crore admissions in 4 years of launch of the scheme. This achievement was possible because of the efforts and cooperation from all stakeholders across the AB PM-JAY ecosystem.

The success of any Government scheme in a vast country like India with such diverse systems and people is only possible with innovations and adaptations at the implementation level. Irrespective of a state's prior experience in implementing health insurance/assurance programmes, every state/UT has built upon their own strengths based on their geographical, political and local scenarios and have adopted innovative practices to accelerate the scheme utilisation and its efficacy

Session 10: International Best Practices in Digital Health

Concept note on session 10: "International best practices in Digital Health" for

Arogya Manthan 2022

Background:

Ayushman Bharat Digital Mission (ABDM) is a national mission which aims to create a national digital health ecosystem that supports universal health coverage in an efficient, accessible, inclusive, affordable, timely and safe manner, that provides a wide-range of data, information and infrastructure services, duly leveraging open, interoperable, standards-based digital systems, and ensures the security, confidentiality and privacy of health-related personal information.

The National Health Authority (NHA) along with the help of Ministry of Health and Family Welfare (MoHFW) will be celebrating the 4th anniversary of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) and 1st anniversary since the national roll out of ABDM as 'Arogya Manthan 4.0'. The two-day event is scheduled for 25th-26th September 2022. It is expected to bring together global and national experts from healthcare sector along with Government officials and State Health Agency officials to deliberate and collaborate for drawing the future roadmap of both the flagship schemes. The event will comprise of formal and technical sessions, which will bring together national and global experts in healthcare domain as well as an expo on digital health wherein leading innovators from across the country will showcase their digital health solutions.

About the session- "International Best Practices in Digital Health":

For this event we would like to invite various international speakers for panel discussion session on **"International Best Practices in Digital Health"** which is to be held on day 2 (26th September, 2022).

Digitization has created an ecosystem which makes health systems more efficient and sustainable, enabling them to deliver good quality, affordable care. Digital health makes quality healthcare affordable in hard-to-reach areas. The importance of digital health increases in the time of emergencies and pandemics especially when it comes to women, children and the vulnerable population. With the help of this session, we aim to understand and appreciate the best practices in the digital health space worldwide.

The **objectives** of this session can mainly focus upon:

1) Understanding the similarities and difference between the digital health structure in India and in other countries
2) Getting an insight into the best practices with respect to digital health across the globe
3) Getting an overview of the digital architecture in the healthcare sector
4) Understanding the key challenges in implementation of digital technology and adoption process both by healthcare providers and healthcare users
5) Understanding key issues in scalability, streamlining and efficiency improvement
6) Any other relevant issue to be addressed

Session 11: Ensuring Access, Affordability & Quality in Healthcare through PM-JAY

<u>**Arogya Manthan 2022**</u>

Session 11
<u>Ensuring Accessibility, Affordability and Quality in Healthcare through AB PM-JAY</u>

Date: *26th September, 2022*   **Venue:** *Convention Hall 1, Ashoka Hotel*

<u>Session Brief:</u>

<u>PM-JAY Context:</u>

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) is targeted at the bottom 40 percent of India's population or about 50 crore poor and vulnerable people to provide health assurance.

PMJAY is completing its four years of operation and steadily moving towards achieving its vision of achieving Sustainable Development Goal 3.8 of "Ensuring financial risk protection against catastrophic health expenditure and access to affordable and quality healthcare for all." PMJAY is currently implemented in 33 states/UTs covering 19.1 crore beneficiaries with 3.56 crores of hospital admissions to date.

<u>Session note:</u>

The objective of the session is to share experiences and learn from thought leaders, policymakers, and global experts and envision the future progression of the scheme.

In addition to NHA's focus on challenging areas such as increasing coverage and beneficiary awareness, refining the technology in use, and improving quality of care, there is a need to address larger objectives such as ensuring continuum of care, addressing the missing middle, integrating the digital health infrastructure under ABDM with PM-JAY, convergence of various government schemes, inclusion of futuristic technologies for broader public health benefit, etc.

Technological integrations, bridging gaps between Health & Wellness Centers and PM-JAY empaneled hospitals will facilitate holistic healthcare provision to beneficiaries across primary, secondary, and tertiary care including pre/post-treatment care. This ensures a complete continuum of care. Inclusion of the missing middle will help significantly in progression towards Universal Health Coverage and reducing out of pocket expenditure on health. Increasing the use of technologies such as artificial intelligence and machine learning will help with better forecasting of needs & resources, surveillance, fraud monitoring and actuarial capabilities.

All these objectives are building blocks towards PM-JAY's ambition to achieve the goal of ensuring Universal Health Coverage. Based on the experiences and ideas of global experts, a robust roadmap will be developed by the National Health Authority. The session will mark a cornerstone to PM-JAY's progress on achieving the objective of quality affordable healthcare for all.

Session 12: Way Forward for Digital Health in India – Opportunities and Challenges

Session 12: Way forward for digital health in India – opportunities and challenges

Background

Digital Health in India is at its nascent stage and is gaining momentum with the rollout of the Ayushman Bharat Digital Mission (ABDM). The major leverages to ABDM have been the introduction of the Digital India initiative and the usage of teleconsultation and e-prescriptions during the pandemic. The transformation of the banking system, and payment systems with the help of technology have laid the path to transforming the Indian healthcare eco-system through ABDM. However, the roadblocks of having appropriate laws for privacy and security, required infrastructure, and change management for adoption need to be addressed. Digital Health in India has a wide scope of opportunities for healthcare professionals, facilities, health-tech companies, policymakers, insurance companies, citizens of India, and much more. The adoption of ABDM will lead to the attainment of the objective of the National Health Policy, 2017, and Sustainable Development Goal number 3 regarding "Well-being for all at all ages".

About the Session

The Annual celebration of the National Health Authority implementing two major schemes; Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) and Ayushman Bharat Digital Mission (ABDM), is named "Arogya Manthan", and is scheduled from September 25 to 26, 2022. During the event, various technical sessions will be organized covering key aspects of the healthcare sector.

Digital Health is an important aspect to revolutionize the national healthcare eco-system and NHA is inclined toward an inclusive approach for the same. The technical sessions in 2-day long program will also cover other important aspects of digital health namely;

1. Interoperability in digital health services through a Unified Health Interface (UHI)
2. Connecting ABDM ecosystem stakeholders
3. Privacy and Security in Digital Health
4. Digitizing health insurance in India
5. International/States best practices

The session on "Way-forward for Digital Health in India – Opportunities and Challenges" is aimed at shaping the future steps for effective and efficient implementation of Digital Health in India through the implementation of ABDM. The session will specify the key takeaways and learnings of previous sessions and discuss the way forward.

It will be a 90 minutes session to discuss the following aspects –

1. Summary and key suggestions from previous sessions
2. Way-forward for the effective and efficient implementation of ABDM through –

a. Mandating the usage of ABDM-compliant systems in government programs and facilities
b. Incentivization schemes and technology support to facilities, especially, small clinics, hospitals, labs, etc.
c. Any other methodology(ies) for enhanced adoption
3. Important aspects for adoption and enhancement of ABDM

Appendix 5 – Travel Pack

Travel and Logistics Guide		
"Arogya Manthan 2022" *To celebrate the journey of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY) and Ayushman Bharat Digital Mission (ABDM) that will complete their 4 years and 1 year subsequently*	**Venue for meeting:**	Hotel Ashoka, Chanakyapuri, New Delhi, India
	Dates of Meetings:	25-26 September 2022

Contact Persons:
1. Ms. Chayapat Rachatan +66 910 760 266 (WhatsApp) / +66 927 934 315 (For India)
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4. Dr. Malkeet Singh +91 998 8272 050

Programme		
Day 1: 24 September 2022		
Time (local)	**Items**	**Focal Person(s)**
9:00	Arrive at Suvarnabhumi Airport	CR, DF
Depart: 12:35 (ICT) Arrive: 15:20 (IST)	Travel to Delhi	CR, DF
15:20-16:15 (IST)	Travel from Delhi Indira Ghandi International Airport to Shangri-La Eros New Delhi Hotel (30~40 mins drive)	CR, DF Local transportation organised by Dr. Malkeet Singh Pre-paid taxi options available at airport Or get taxi via application Uber/Ola

		Uber App store: https://apps.apple.com/us/app/uber-request-a-ride/id368677368 Play store: https://play.google.com/store/apps/details?id=com.ubercab&hl=en&gl=US Ola App store: https://apps.apple.com/us/app/ola-cabs/id539179365 Play store: https://play.google.com/store/apps/details?id=com.olacabs.customer&hl=en&gl=US
Depart: 17:55 (ICT) Arrive 20:55 (IST)	Travel to India	SD, YT
20:55-21:45 (IST)	Travel from Delhi Indira Ghandi International Airport to Shangri-La Eros New Delhi Hotel (30~40 mins drive)	YT, SD Local transportation organised by Dr. Malkeet Singh Pre-paid taxi options available at airport Or get taxi via application Uber/Ola Uber App store: https://apps.apple.com/us/app/uber-request-a-ride/id368677368 Play store: https://play.google.com/store/apps/details?id=com.ubercab&hl=en&gl=US Ola App store: https://apps.apple.com/us/app/ola-cabs/id539179365 Play store: https://play.google.com/store/apps/details?id=com.olacabs.customer&hl=en&gl=US

Day 2: 25 September 2022		
Time (IST)	**Items**	**Focal Person(s)**
8:30-9:30	Registration at Hotel Ashoka <mark>See the full agenda here</mark>	All
9:30 – 11:30	Inaugural session	All
11:30-13:30	Session 1: Roadmap for Universal Health Coverage in India Session 2: Promoting Inter-operability in digital health services through Unified Health Interface (UHI)	Session 1: CR Session 2: DF Take meeting note
14:30-16:00	Session 3: Provider Payment and Hospital Incentives: Enhancing the Efficiency of PMJAY Session 4: Strengthening ABDM partners ecosystem	Session 3: DF Session 4: CR Take meeting note
16:30-18:00	Session 5: Health Technology Assessment for Evidence informed PMJAY Decisions: What to Buy, Whom to Buy & Price Session 6: Digital Health: Privacy & Security at the core	Session 5 Speaker: YT Take meeting note CR, SD Session 6: DF
Day 3: 26 September 2022		
9:30-11:00	Session 7: Best Practices by States implementing PMJAY & ABDM Session 8: Digitising Health Insurance in India	Session 7: DF Session 8: CR Take meeting note
11:30-13:00	Session 9: Strengthening PMJAY:	Session 9: CR Session 10: DF

	Empowering stakeholders & enhancing reach Session 10: International Best Practices in Digital Health	Take meeting note
14:00-15:30	Session 11: Way Forward for PMJAY	All
15:45-17:15	Session 12: Roadmap for Digital Health in India – opportunities and challenges	All
18:00	Event ends	
20:00	Arrive at Delhi Indira Ghandi International Airport (~30 mins drive from Ashoka Hotel)	All Transportation organised by: Dr.Malkeet Singh
23:15-7:25	Travel to Singapore	YT
23:30-5:25	Travel to Bangkok	CR, DF, SD

TRAVELLERS (ROLE)

1. Dr.Yot Teerawattananon/YT (speaker)
2. Ms.Chayapat Rachatan/CR (participant; focal point)
3. Ms.Dian Faradiba/DF (participant)
4. Ms.Saudamini Dabak/SD (participant)

FLIGHT DETAILS

Departure Flight	Return Flight
BKK – DEL | Flight # AI 333 24 September 2022 Depart at: 12:35 Arrive at: 15:20 **(Traveller(s): CR, DF)**	**DEL – BKK** | Flight # TG 316 26 September 2022 Depart at: 23:30 Arrive at: 27 September 5:25 **(Traveller(s): CR, DF, SD)**
BKK – DEL | Flight # TG 315 24 September 2022 Depart at: 17:55 Arrive at: 20:55 **(Traveller(s): SD, YT)**	**DEL – SIN** | Flight # AI 380 26 September 2022 Depart at: 23:15 Arrive at: 27 September 7:25 **(Traveller(s): YT)**
	SIN – BKK | Flight # TG 410 28 September 2022 Depart at: 20:40 Arrive at: 22:00

(Traveller(s): YT)

Booking reference
1. CR: Airline booking code for AI Departure: 66VVI7 | TG Arrival: 63DPWI
2. DF: Airline booking code for AI Departure: 66VRWQ | TG Arrival: 63IQD8
3. SD: Departure and Arrival: 63ELN7
4. YT: Check-in reference: 6RSN3K

All times are local to airport.
You may view and download your itinerary here

ACCOMMODATION DETAILS

Dates:	24 – 26 September 2022
Hotel Name	Shangri-La Eros New Delhi (https://goo.gl/maps/mR61LX3vdrbvxRMx7)
Telephone Number	+91 11 4119 1919
Address	19, Ashoka Rd, Janpath, Connaught Place, New Delhi, Delhi 110001, India
Airport Pickup	Organised by: Dr. Malkeet Singh
Booking Reference	Organised by: Dr. Malkeet Singh
Rooms	Organised by: Dr. Malkeet Singh Breakfast is provided at the hotel. Lunch and dinner are optional at our choice. Wi-fi is available. Iron and Ironing Board are available.

TRAVELLING TO INDIA

Please prepare the following documents:
1. Passport and copy of your passport (get from CR)
2. Flight ticket (get from CR)
3. Copy of Electronic Travel Authorization (ETA) e-Visa
4. Invitation letter (see here and get the copy from CR)
5. Self-declaration form (print-out)
6. Vaccination certificate (register and download from Morporm and print-out)

Guidelines for international travellers arriving in India
A.1. Planning for Travel
- Submit complete and factual information in self-declaration form on the online Air Suvidha portal (https://www.newdelhiairport.in/airsuvidha/apho-registration) before the scheduled travel, including last 14 days travel details.
- Upload a negative COVID-19 RT-PCR report* (The test should have been conducted within 72 hrs prior to undertaking the journey)

or Certificate of completing full primary vaccination schedule of COVID-19 vaccination**.

- Each passenger shall also submit a declaration with respect to authenticity of the report and will be liable for criminal prosecution, if found otherwise.

A.2. Before Boarding

- Only those passengers who have filled in all the information in the Self Declaration Form on the Air Suvidha portal and uploaded the negative RT-PCR test report or Covid -19 vaccination certificate of having completed the primary vaccination schedule** are allowed for boarding.
- At the time of boarding the flight, only asymptomatic travellers will be allowed to board after thermal screening.
- All passengers shall be advised to download Aarogya Setu app on their mobile devices.
  - App store: https://apps.apple.com/in/app/aarogyasetu/id1505825357
  - Play store: https://play.google.com/store/apps/details?id=nic.goi.aarogyasetu

A.3. During Travel

- If any passenger reports symptoms of COVID-19 during flight, he/she shall be isolated as per

protocol.

A.4. On arrival

- Thermal screening would be carried out in respect of all the passengers by the health officials

present at the airport. The self-declaration form filled online shall be shown to the airport
health staff.

- The passengers found to be symptomatic during screening shall be immediately isolated and

taken to medical facility as per health protocol. If tested positive, their contacts shall be
identified and managed as per laid down protocol.

- The following protocol post arrival shall also be followed
  - A sub-section (2% of the total passengers in the flight) shall undergo random post- arrival testing at the airport on arrival.
  - Such travellers in each flight shall be identified by the concerned airlines (preferably from different countries). They will submit the samples and shall be allowed to leave the airport.
  - If such travellers are tested positive, their samples should be further sent for genomic testing at INSACOG laboratory network.
  - They shall be treated/isolated as per laid down standard protocol.
- All travellers will self-monitor their health for next 14 days of arrival.

- If travellers under self-health monitoring, develop signs and symptoms suggestive of COVID-19, they will immediately self-isolate and report to their nearest health facility or call National helpline number (1075)/ State Helpline Number.

The guidelines for international travellers arriving in India have been reviewed & formulated taking a risk-based approach. Government of India have amended the protocols for international travellers as mentioned below:
- Submit self-declaration form on the Air Suvidha portal: https://www.newdelhiairport.in/airsuvidha/apho-registration
- Download your application here: https://www.newdelhiairport.in/airsuvidha/allairports or via your registered e-mail and print out.
- Carry a Certificate of completing *full primary vaccination schedule of COVID-19 vaccination (to be verified by Airport officials)
- *Countries which exempt Indian citizens fully vaccinated with Nationally recognised or WHO recognised vaccines are allowed for relaxation under Certificate of completing full primary vaccination schedule of COVID-19 vaccination. List of countries (Thailand and Indonesia are included i.e. primary vaccination schedule completion certificate is accepted)
- Register your international vaccination certificate via Morprom application (receive the digital certificate within 5 mins)
- Self-monitor their health for next 14 days of arrival
- 2% of passengers per flight will be randomly tested upon arrival. If such passengers found to be symptomatic or tested positive, shall be managed as per laid down standard protocol.

Source: https://www.newdelhiairport.in/covid19
- Visa
  - Thai Citizens holding valid Diplomatic & official passports are exempt from the requirement to obtain visa for travel to India for a period not exceeding 90 days.

https://embassyofindiabangkok.gov.in/eoibk_pages/NzY
  - Thai citizens holding E-visa, please print out and carry a copy of the Electronic Travel Authorization (ETA) at the time of your arrival in India. Download your E-visa: https://indianvisaonline.gov.in/evisa/StatusEnquiry

Dress code
Business attire
Reimbursement
- Please retain all original receipts where possible.
- Please keep boarding passes and provide to CR
- In order to be reimbursed sim card or transport expenses, please submit the receipt/photo of taxi meters and receipts of expressway (if any) and submit to CR for reimbursement after the meeting.
- Amount for per diem, USD 90/day/person, will be transferred before departure.

GENERAL INFORMATION ABOUT INDIA

Currency
Currency The local currency is the Indian rupee (INR, ₹).
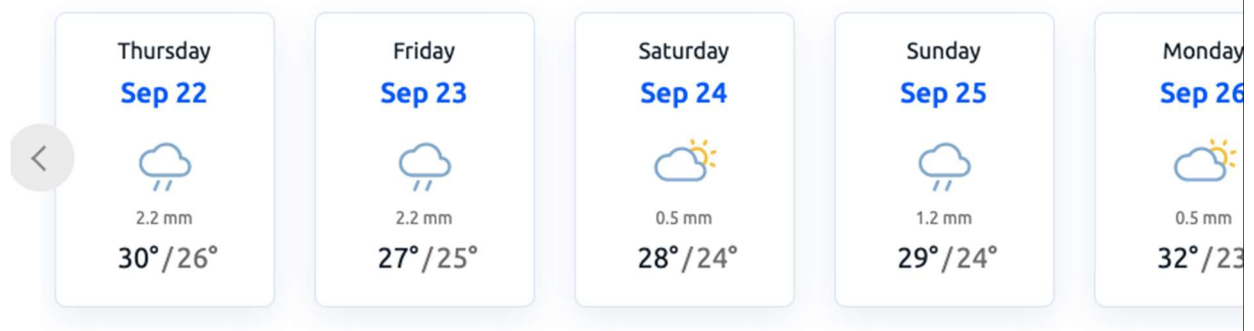
1 USD = approx. INR 81
1 THB = approx. INR 2

Weather
The weather in New Delhi is cold and humid, with a medium chance of light rain shower. Daily temperature during the visit will be around 24°C to 32°C. All activities will be indoor but do pack warm clothes and/or umbrella in case you choose to go outside.

Delhi weather in September 2022

🌡 Click on a day for an hour by hour weather forecast

Thursday	Friday	Saturday	Sunday	Monday
Sep 22	**Sep 23**	**Sep 24**	**Sep 25**	**Sep 26**
2.2 mm	2.2 mm	0.5 mm	1.2 mm	0.5 mm
30°/26°	27°/25°	28°/24°	29°/24°	32°/23

Electricity
For India there are three associated plug types, types C, D and M. Plug type C is the plug which has two round pins, plug type D is the plug which has three round pins in a triangular pattern and plug type M is the plug which also has three round pins. India operates on a 230V supply voltage and 50Hz.

Type C	Type D
Type M	
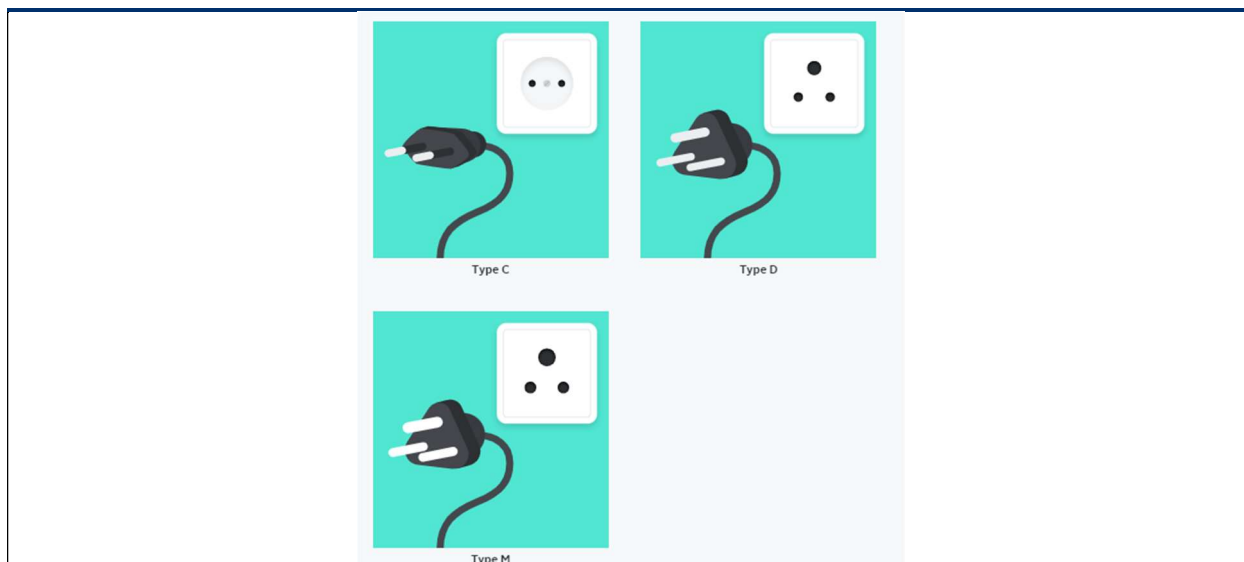
TRAVELLING TO BANGKOK

Before boarding
- Get printout ticket from CR
- Please prepare documents for check-in
  1. Flight ticket (flight number, seat number)
  2. Vaccination Certificate

On arrival
- SD and DF to fill out TM.6 (90 days report). This form usually distrubuted during flight (only for non-Thai)
- Please keep receipt of transportation (e.g., taxi or ARL) you take to reach home

Background information
The National Health Authority is organising Arogya Manthan 2022 to celebrate the journey of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY) and Ayushman Bharat Digital Mission (ABDM) that will complete their 4 years and 1 year consequently. Both AB PM-JAY and ABDM are the flagship schemes of Government of India that were launched to achieve the vision of Hon'ble Prime Minister of India to promote accessible and affordable healthcare and create a digital health ecosystem driven by digital innovations to support integration of digital health infrastructure of the country.
HITAP has been supporting HTA development in India since 2016, when it co-hosted a high-level awareness raising event and conducted a topic selection workshop. Since then, HITAP has hosted partners from India in Thailand including the core team from the Department of Health Research (DHR), Ministry of Health and Family Welfare, in January 2017. HITAP has conducted trainings on HTA and provided support on conducting HTA studies, engaging with academic and state level institutions. It has also partnered with Christian Medical College (CMC) Vellore in regional initiatives such as the COVID-19 Vaccination Policy Research and Decision Support Initiative in Asia

(CORESIA): a regional study on vaccination certificates. HITAP has continued to support the establishment of HTA in India for which there are few requests from partners throughout this year. HITAP had been requested to hold a knowledge exchange session with the State of Kerala on Peritoneal Dialysis (PD) experience in Thailand through the World Health Organisation (WHO). Additionally, the National Health Authority (NHA) requested HITAP's support on the establishment of DRG pricing in India. HITAP's work in India has been supported by the International Decision Support Initiative (iDSI) and the Access and Delivery Partnership (ADP).

List of relevant projects/activities in India:
Programme overview: https://www.hitap.net/en/research/177860
Webinar on Lessons Learned from India on COVID-19 Response:
https://www.hitap.net/en/181965
Mission Report: A Course on Vaccinology for Clinical and Public Health Practice:
Policy Symposium and Workshop: https://www.hitap.net/en/documents/177967
Mission Report: Visit by Delegation from Ministry of Health, Chhattisgarh State, India to Learn about UHC Implementation and Challenges in Thailand:
https://www.hitap.net/en/documents/177930
Report: Awareness raising event and topic selection workshop:
https://main.icmr.nic.in/sites/default/files/reports/Report%20of%20Health%20Technology%20Assessment%20%28HTA%29-%20Stakeholders%27%20Consultative%20Workshop.pdf
Report: International Symposium on Health Technology Assessment and Side Meetings with Partners https://www.hitap.net/en/documents/182992

Appendix 6 – Photos During the Conference

Figure 5 (From the left side) Ms. Dian Faradiba, HITAP; Ms. Chayapat Rachatan, HITAP; Dr. Yot Teerawattananon, HITAP; Dr. Malkeet Singh, NHA and Ms. Saudamini Dabak, HITAP in front of the conference

Figure 6 Inaugural session

Figure 7 Dr. Yot Teerawattananon made his presentation on HTA for UHC in Thailand during Session 5

Figure 8 Ms. Saudamini Dabak (above) and Dr. Yot Teerawattananon (bottom) were interviewed by the NHA.

Figure 9 HITAP met with our partner in India, Dr. Kavitha Rajeskar, Department of Health Research (DHR) (bottom), Dr. Aamir Sohail and Oshima Sachin (top), DHR