



DOCUMENTATION OF PROCESS FOR CUSTOMIZATION OF STANDARD TREATMENT GUIDELINES

AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA (AB PM-JAY)

JANUARY 2021

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Disclaimer: The main objective of this process document of National Health Authority (NHA) is to give an overview of the process entailed in coming up with a set of Standard Treatment Guidelines (STGs) / guidance documents specific to Health Benefit Packages under AB PM-JAY. These STGs have been prepared for guidance of processing team and transaction management system of AB PM-JAY for processing claims of relevant procedures. It will also serve as a guidance tool for the hospitals and the medical audit teams. However, these STGs don't provide any guidance on clinical and therapeutic management of patients. In that respect, the hospitals and physicians may refer to other relevant material as per the extant professional norms. The content of the document may be reproduced / cited with due acknowledgment of the original publication, AB PM-JAY and NHA.

Cite as: "Sudha Chandrashekhar, Vipul Aggarwal, Ajai Agarwal, Rimi Khurana, Neetika Ashwani. Documentation of Process for Customization of Standard Treatment Guidelines for Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY), National Health Authority. January 2021. Accessible at: https://pmjay.gov.in/standard_treatment_guidelines"

Acknowledgements: Special thanks to Dr. R.S. Sharma, CEO, NHA; Dr Indu Bhushan, Former CEO, NHA; Dr Praveen Gedam, Additional CEO, NHA; Dr JL Meena, Joint Director (SPE), NHA for their overall strategic guidance and facilitating the process. We acknowledge with gratitude the contribution and support provided by Dr Balram Bhargava, Secretary, Department of Health Research (DHR), Ministry of Health & Family Welfare, Government of India and Director General, Indian Council of Medical Research (ICMR) and Dr CS Pramesh, Director, Tata Memorial Hospital (TMH), Convener, National Cancer Grid (NCG), all NHA colleagues; the World Bank Team (Sheena Chhabra and Owen Smith); for their feedback and suggestions.

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National Health Authority

18 November, 2021

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) is the flagship scheme of the Government of India and the world's largest health assurance scheme that provides a cover of up to ₹5 lakh per family per year, for secondary and tertiary care hospitalization to over 10.74 crore vulnerable entitled families (approximately 50 crore beneficiaries). PM-JAY provides cashless and paperless access to over 1,670 health benefit packages across a network of over 25,000 empanelled hospitals and health care providers in the country.

Development of the Standard Treatment Guidelines (STGs) is a key step towards delivering minimum acceptable standard of care as per extant norms. National Health Authority (NHA) has been the pioneer in the introduction of the guidance documents for processing health benefit packages. The objective of STGs is to serve as a guidance tool by providing mandatory document requirements for health benefit packages for Medical Coordinators (MEDCO), Preauthorisation Processing Doctors (PPDs), Claim Processing Doctors (CPDs), treating doctors, empanelled healthcare providers (EHCPs), Third Party Administrators (TPAs), Implementation Support Agencies (ISAs), State Health Agencies (SHAs) and medical auditors. STGs aid in delivering better healthcare outcomes by establishing accountability, timeliness of processing claims/payment, and verifiability of such standardised best practices and processes.

These documents are based on the standard treatment workflows / guidelines developed by DHR-ICMR, National Cancer Grid (NCG) lead by Tata Memorial Hospital (TMH), Ministry of Health and Family Welfare (MoHFW), states, published literature, expert inputs, and professional associations. After being introduced on August 15, 2020, 599 STGs have already been released and integrated within the transaction management system (TMS) for 1,191 procedures listed under AB PM-JAY. With STG dashboards configured in the IT systems, the process to ensure compliance has been streamlined and the monitoring of deviations has become more effective.

In light of their contribution & support, I would like to express my gratitude to MoHFW, DHR-ICMR, Tata Memorial Hospital, and all the stakeholders involved in building the Standard Treatment Guidelines. With the help of this cohort, we intend to continuously update and revise these guidelines based on emerging evidence and improvise the design of the scheme based on experience in implementation.


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1. ABBREVIATIONS

AB PM-JAY	Ayushman Bharat Pradhan Mantri Jan Aarogya Yojana
CTVS	Cardiothoracic and Vascular Surgery
COPD	Chronic obstructive pulmonary disease
CPD	Claims Processing Doctor
CABG	Coronary artery bypass grafting
DHR	Department of Health Research
D&C	Dilation and curettage
EHCP	Empanelled Health Care Providers
ENT	Ear, Nose, Throat
FICCI	Federation of Indian Chambers of Commerce & Industry
FAQ	Frequently Asked Questions
HWCs	Health and Wellness Centres
HP&QA	Hospital Policy & Quality Assurance
ISA	Implementation Support Agency
ICMR	Indian Council of Medical Research
IEC	Information Education Communication
IT	Information Technology
IPD	In-patient department
IDF	Ipas Development Foundation
IABP	Intra-Aortic Balloon Pump
IOL	Intraocular Lens
MoA	Memorandum of Association
MoU	Memorandum of Understanding
MoH&FW	Ministry of Health and Family Welfare
NAFU	National Anti-Fraud Unit
NCG	National Cancer Grid
NHA	National Health Authority
NHS	National Health Service
NICE	National Institute of Health and Care Excellence
OPD	Out-patient department
PTCA	Percutaneous transluminal coronary angioplasty
PPD	Pre-authorization Processing Doctor
PHCs	Primary Health Centers
SFIOL	Scleral-Fixated Intraocular Lens
SPE	Service Provider Engagement
STG	Standard Treatment Guidelines
STW	Standard Treatment Workflows
SHA	State Health Agency
SDGs	Sustainable Development Goals
SHCs	Sub health Centers
TMH	Tata Memorial Hospital
TPA	Third-party Administrators
TMS	Transaction Management System
UT	Union Territory
UK	United Kingdom
USA	United State of America
UHC	Universal Health Coverage
UHCs	Urban Health Centers
WHO	World Health Organization

2. OUTLINE OF THE PROCESS DOCUMENT

2.1. Standard treatment guidelines (STGs) for Efficient Health Care

A minimum standard of care is needed by every individual seeking medical treatment in a healthcare facility or by a healthcare professional. For any clinical conditions, it is imperative for health caregivers to be guided by standard care guidelines/pathways to complement them to provide an acceptable level of quality care to the patients. Hence formulating STGs could be a beacon for health care.

Given the emphasis that is being placed on health under the various ministries of the Government of India, methodical planning like STG could provide an umbrella for medical professionals and for patients too. This is not just an ambitious step but an essential one that could revolutionize health care not only in India but probably in most developing countries. It would entail keeping the

finger on the pulse to include newer developments in the fields covering a plethora of diseases. The following document covers the advantage of STGs, its methodology in the application, and how it could prevent fraud treatments in high-risk areas.

As has been detailed later in the document, many STGs/ clinical guidelines/ clinical pathways have been formulated for years by various clinical bodies/ federations/ organizations. However, this is the first attempt made, especially through the largest Government-funded public health insurance/assurance scheme, to not just have package specific guidance documents but also have them integrated into the IT system to enable uptake and adherence to the guidelines. Further, a dashboard specific to these STGs has also been developed for monitoring and analysis purposes.

3. INTRODUCTION

3.1. Ayushman Bharat Pradhan Mantri Jan Aarogya Yojana (AB PM-JAY)

Ayushman Bharat, a flagship scheme of Government of India, was launched as recommended by the National Health Policy 2017, to achieve the vision of Universal Health Coverage (UHC). This initiative has been designed to meet Sustainable Development Goals (SDGs) and its underlining commitment, which is to "leave no one behind".

Ayushman Bharat is an attempt to move from sectoral and segmented approach of health service delivery to a comprehensive need-based health care service. This scheme aims to undertake path breaking interventions to holistically address the healthcare system (covering prevention, promotion and ambulatory care) at the primary, secondary and tertiary level.

Ayushman Bharat adopts a continuum of care approach, comprising of two inter-related components, which are -

- Health and Wellness Centres (HWCs)
- Pradhan Mantri Jan Arogya Yojana (PM-JAY)

Health and Wellness Centres (HWCs): These centers seek to promote individuals and communities to adopt healthy lifestyles and take control of their health by bringing services closer to the community. They are therefore free to users and provide a wide variety of services including maternal and child health services, care for non-communicable diseases, palliative and rehabilitative care, oral, eye and ENT care, mental health etc. To ensure continuum of care, 1,50,000 health and wellness centers will be set up with improved infrastructure, assured availability of drugs and diagnostic services along with strengthening of referral mechanisms and community linkages.

The HWCs herald a whole new scene in increasing responsiveness of health care services and in reaching the needs of marginalized sections of society with primary health care teams. Several Sub health Centers (SHCs), Primary Health Centers (PHCs) and Urban Health Centers (UHCs) are going to be made into Health Wellness Centers by 2022.

The second component under Ayushman Bharat is the **Pradhan Mantri Jan Arogya Yojana or AB PM-JAY** as it is popularly known. This scheme was launched on 23rd September 2018 in Ranchi, Jharkhand by the Hon'ble Prime Minister of India, Shri Narendra Modi. National Health Authority (NHA) is the Nodal Agency set up for scheme implementation and oversight.

AB PM-JAY is the largest health assurance scheme in the world which aims at providing a health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 10.74 crores poor and vulnerable

families (approximately 50 crore beneficiaries) that form the bottom 40% of the Indian population.

The primary objectives for launching AB PM-JAY were to ensure comprehensive coverage for catastrophic illnesses, reduce catastrophic out-of-pocket expenditure, improve access to hospitalisation care, reduce unmet needs, and to converge various health insurance schemes across the States.

The benefit cover under the scheme includes INR 5,00,000 on a family floater basis which can be used by one or all members of the family. AB PM-JAY has been designed in such a way that there is no cap on family size or age of members. In addition, pre-existing diseases are covered from the very first day. This means that any eligible person suffering from any medical condition before being covered by AB PM-JAY will now be able to get treatment for all those medical conditions as well under this scheme right away without any waiting period.

4. RATIONALE FOR STANDARD TREATMENT GUIDELINES

"Standard Treatment Guideline (STG) is a systematically developed statement designed to assist practitioners and patients in making decisions about appropriate health care for specific clinical circumstances" – World Health Organization (WHO) (1)

4.1. Purpose and Content

An effectively implemented guidelines (STGs) is advantageous for beneficiaries, healthcare providers, supply managers, and health policy makers.

Global Scenario

Back in 1999, when clinical guideline development was soaring in Europe, North America, Australia, New Zealand, and Africa, a published article (2) mentioned the potential benefits and limitations of developing clinical guidelines across health care professionals, patients, and health systems. The focus was clinical guidelines being the only way to improve quality of care, and limitations were on the quality in the development of

the guidelines, including the group members, influence of opinions and clinical experience, and optimization of patient's perspective. The article emphasized on rigorous development of evidence-based guidelines minimizing the potential risks, or it could lead to suboptimal, ineffective, or harmful practices.

STGs are currently in use in parts of the United States, Europe, Latin America, Asia, Africa, and the Western Pacific. As has been seen that improper use or misuse of medicines in the treatment of any medical condition is rampant, which can be detrimental to people. The idea behind having STG is to have standardisation in terms of treatment and promote effective and efficient treatment options.

Such guidelines may be used at different stages of the therapeutic process. It could include medical supplies as also following prescribed treatments. It could assist in better diagnosis and look at preventive services. As STGs are disease-specific, a publication of relevant documents and their proper updation would help medical practitioners. If implemented properly, STGs can be inclusive in their application (1).

Even after two decades, we stand at the same platform with an overwhelming minimal size of literature in some specialties. Guidelines are developed by the expert panel and are graded differently from evidence-based practices, which increases the individual variability among care providers and might have a difference of opinion. Developing homogenous clinical care can also be considered difficult to implement as patients, and clinical circumstances are heterogeneous. Hence, some variability and flexibility in the practices were productive. The study focused on the importance of the following parameters, clearly defined scope of the guideline, grading system of evidence-based practices, external peer review, and regular updating (3).

The Agency for Healthcare research and quality addressed the challenges in measuring care co-ordination using electronic data. These included (4):

1. Underutilization of health IT system capabilities and clinical workflow barriers.
2. Lack of data standardization and limited health IT system interoperability.
3. Unknown clinical data quality in electronic data sources.
4. Limitations in linking data.
5. Technical hurdles to accessing data.
6. Business models that facilitate competition rather than cooperation.

Potential solutions addressed to the above-mentioned challenges included structured data fields into the IT systems instead of text free writing and utilizing support staff to enter some information helps in care co-ordination; mapping consistencies in the coding system at the granular level example like medication units, laboratory results, diagnosis, etc. It also covered developing indicators for the evaluation of reliability and accuracy of IT data; linking data to policymakers and public overcomes privacy barriers; designing the IT system for easy accessibility of data to end-users, and financial support to help overcome business model barriers that have hindered information sharing and care co-ordination.

Indian perspective

Studies from India explicated developing guidelines from many States and authorities, but major limitations as stated in KOLI et al. (5) in implementation included "multiplicity, paucity of Indian literature, failure to periodically revise guidelines, failure to tailor them according to the level of healthcare and a lack of availability and accessibility" making India dependent on the quality of evidence from developed countries. It was also noticed that in the UK, one statutory body (NICE) developed, promoted, and disseminated the guidelines nationally, whereas the USA, on the other hand, had multiple agencies framing the STGs based on high-quality evidence. USA STGs and NICE guidelines did not reveal the cost of treatment and nor strategized on levels of healthcare.

Other studies (6,7) explained the main challenges for initiating the STG development process itself, including a vague understanding of the mechanism, onboarding expertise panel, challenges to streamline specialists and generalists, international adaptation of pragmatic approach, time constraint, lengthy process, and financial support to sustain the task force. However, adapting/adopting evidence-based guidelines should be allaying to the local context tailored to diverse clinical practice, varied resource settings, and acceptance by the prescribers. Though there are many standardized adaptation frameworks available, a uniform global approach, especially for developing countries, can ease the process to suit the local context. Investments in a National nodal agency to either adopt, adapt or develop STGs along with dissemination, impact evaluation, and timely revision were considered crucial.

All in all, there is a substantial evidence on the benefits of STGs focusing on rationalizing health care services, thereby improving the quality of care. However, standardization of developing frameworks, grading evidence-based practices, local context research for effectiveness of interventions, peer review, easy availability of the guidelines, finance allocations, increasing awareness, multiple revisions, decreasing multiplicity, feedback and update, standard electronic abstraction approach, and monitoring and evaluation are the key takeaways not only for the development but also for sustainability throughout the organizational strata including healthcare professionals, policymakers, patients, and insurers.

4.2. Advantages as stated by WHO (1)

The uses of STGs are multifarious and can take under its wings health care givers, health care officials, supply management personnel, and patients.

- **Health care providers**

- Provides standardized guidance to practitioners
- Encourages high quality care by directing practitioners to the most appropriate medicines for specific conditions
- Encourages the best quality of care since patients are receiving optimal therapy
- Utilizes only formulary or essential medicines, so the health care system needs to provide only the medicines in the STGs
- Provides valuable assistance to all practitioners, especially to those with lower-level skills
- Enables providers to concentrate on making the correct diagnosis because treatment options will be provided for them

- **Health care officials**

- Provides a basis for evaluating quality of care provided by the health care professionals
- Provides the most effective therapy in terms of quality
- Provides a system for controlling cost by using funds more efficiently
- Provides information for practitioners to give to patients concerning the institution's standards of care
- Can be a vehicle for integrating special programs (e.g., diarrhoea disease control, acute respiratory infection (ARI), tuberculosis control, malaria) at the primary health care facilities using a single set of guidelines

- **Supply management**

- Utilizes only formulary or essential medicines, therefore the health care system needs to provide only medicines in the STGs
- Provides information for forecasting and ordering (because medicines and quantities for common diseases will be known)
- Provides information for purchase of pre-packaged medicines
- **Patients**
- Patients receive optimal pharmaceutical therapy
- Enables consistent and predictable treatment from all levels of providers and at all locations within the health care system
- Allows for improved availability of medicines because of more consistent use and ordering
- Helps provide improved outcomes because patients are receiving the best treatment regimens available
- Lowers cost

4.3. Points considered while drafting AB PM-JAY guidelines

- Incomplete and inaccurate guidelines could provide misinformation leading to wrong consequences. Care needs to be taken to shun misinformation for care providers. Inappropriate or ambiguous guidelines would do more harm than good. Hence, this aspect should receive attention while drafting proper guidelines.
- STGs should not be limited to evaluation of a patient or a given fit of a standard treatment as it would give wrong signals of security.
- In a rapidly developing field of medical care with latest developments in diagnostics and treatment, although developing and updating guidelines at regular intervals is a humongous task it must be done before they get obsolete.

4.4. Aim and Objectives

The aim of having STGs was to develop guidelines for AB PM-JAY Health Benefit Packages by adoption and customization of available Standard Treatment Workflows developed by DHR/ICMR, National Cancer Grid (NCG), State Guidelines, Ministry guidelines, and other globally accepted standard treatment protocols as per the scheme's requirement.

The objectives of STGs are to aid the Pre-authorization Processing Doctor (PPD) and Claims Processing Doctor (CPD) at the time of pre-authorization and claims processing by specifying the mandatory documentation required and specific things to look for in these documents for the prescribed procedure; to help prevent and control fraud and abuse; to provide quality care to the beneficiaries by bringing uniformity in documentation across empanelled healthcare providers; and to serve as a Guidance Tool for treating doctors, Empanelled Health Care Providers (EHCPs), Third-party Administrators (TPAs), Implementing Support Agency (ISAs), State Health Agencies (SHAs) and medical auditors.

4.5. Process carried out at DHR/ICMR for developing STWs

It was felt that various prevailing treatment guidelines were not easy to follow and hence were not properly utilized by the busy clinicians in India as the workload is

much higher than other smaller countries. This led to the formulation of Standard Treatment Workflows (STWs) that were designed in such a manner that they were user-friendly at the same time keeping in mind the feasibility of the country's health system in the background. Department of Health Research-Indian Council of Medical Research (DHR-ICMR) created a three-peer review mechanism to give a concrete shape to the workflows. Subject expert group committees were formed by inviting clinical experts from Premier Medical Institutes, Medical Colleges and private sector. A Secretariat was created staffed by clinical scientists and lead by a Public Health Expert with sound clinical background to navigate the discussions in a format that was resource stratified. An Editorial Board was created to streamline the care pathways. The Advisory Committee gave supportive supervision to the whole exercise.

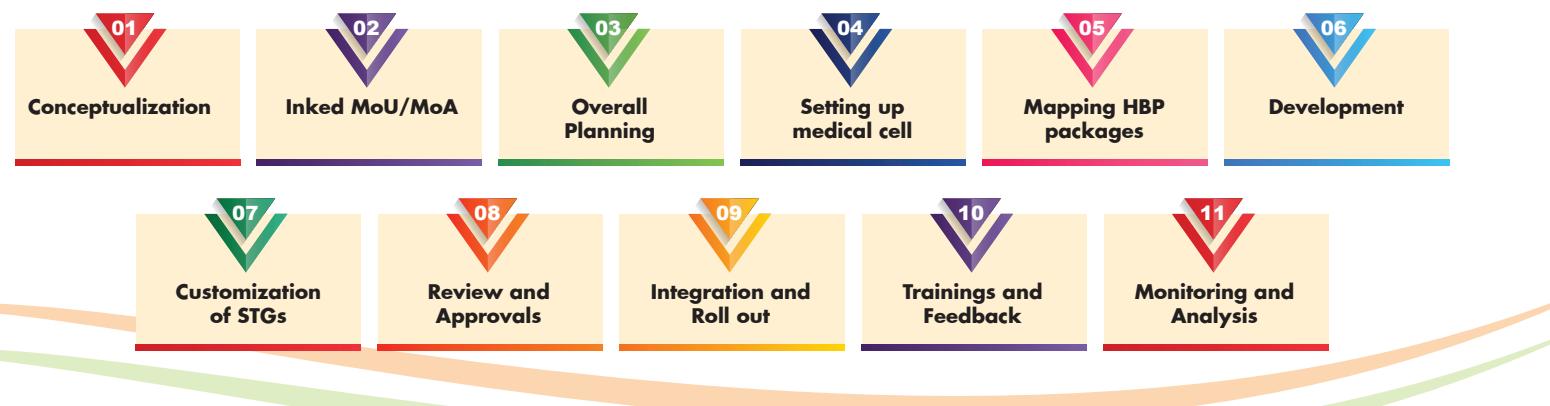
ICMR STWs were developed to formulate treatment algorithms for common and serious medical and surgical conditions for both Out-patient Department (OPD) and In-patient department (IPD) management at primary, secondary and tertiary levels of India's healthcare system that are scientific, robust, and locally contextual (8). The objective of these STWs was to ensure appropriate disease management and quality services through judicious use of hospital-based interventions and the creation of stronger referral linkages with other levels of care.

5. DEVELOPMENT PROCESS OF AB PM-JAY STGs

Establishing STGs is a long-drawn process that involved deliberations and discussions, onboarding experts, etc., a

basic methodical practice that was adopted by all practitioners

Figure 1: The process flow adapted by NHA from conceptualization to rolling out the STGs



6. CONCEPTUALIZATION

With the vision of Universal Health Coverage, the National Health Authority (NHA) worked in collaboration with Department of Health Research (DHR/ICMR) and Tata Memorial Hospital (TMH)/ National Cancer Grid (NCG) to rationalize the Health Benefit Packages (HBPs) and to have STGs in place for better implementation of the AB PM-JAY scheme.

The STGs would enable standardization of treatment protocols across all empanelled healthcare providers, control fraud and abuse, deliver cost effective and quality care to the patients under the scheme. Starting with the most abuse prone packages, the aim was to have in place guidelines for all the Health Benefit Packages under AB PM-JAY.

7. INKED MoU/ MoA

- NHA had inked a Memorandum of Association (MoA) with DHR/ ICMR to provide support inter alia, in developing STWs for various disease conditions / benefit packages under AB PM-JAY and undertake costing for rationalisation of health benefit packages studies.
- Simultaneously, MoA was also signed with Tata Memorial Hospital (TMH) lead NCG to provide guidance for developing Oncology packages and guidelines.

- Subsequently, NHA also signed a Memorandum of Understanding (MoU) with Ipas Development Foundation (IDF) as they approached to volunteer in providing support in drafting some of the Obstetrics and Gynaecology STGs in their area of expertise and field experience.

8. OVERALL PLANNING

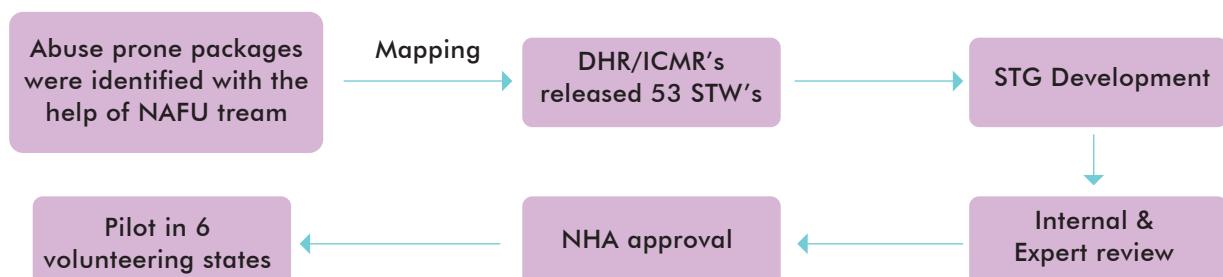
For the development and execution of the STGs, the process was strategically divided in two phases.

8.1. Phase I

In Phase-I of the development, STGs were conceptualized and introduced only for the most abuse prone packages (Annexure 1). These were identified with the help of National Anti-Fraud Unit (NAFU) team at NHA. Sixty such packages were identified; duplicates were removed and were mapped with the 53 Standard Treatment Workflows released by ICMR. These guidelines and workflows were

customized for the AB PM-JAY packages and STGs were developed. The developed STGs underwent extensive internal and external expert review and were approved for piloting in six volunteering States. The feedbacks shared by these States during the orientation and pilot were considered and documents were revised.

Figure 2: Process of developing and piloting abuse prone packages

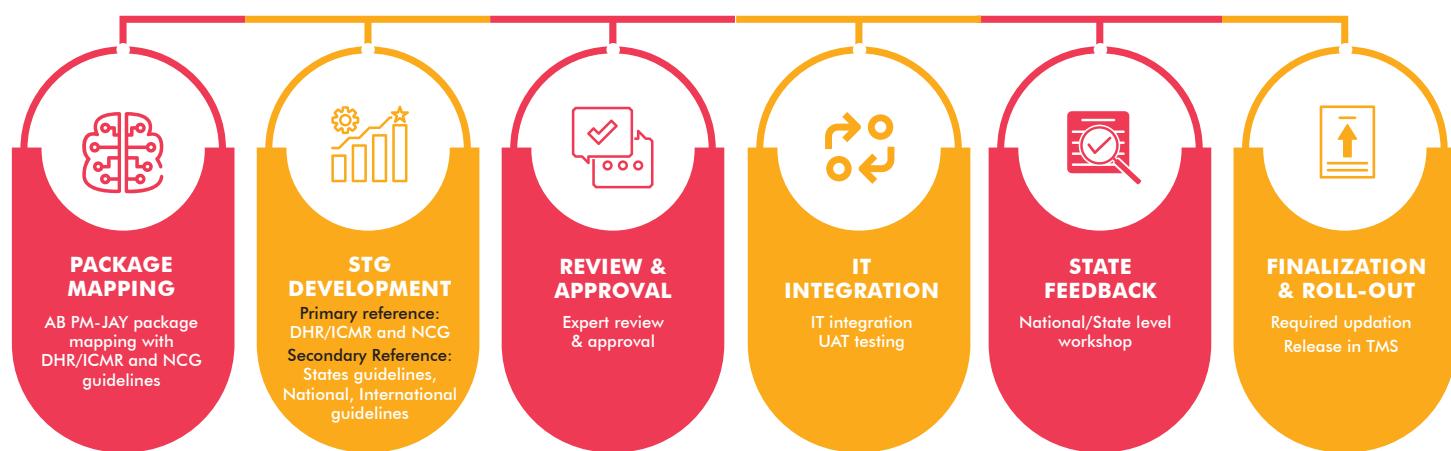


8.2. Phase II

During the pilot, many States had put up requests for developing STGs for more packages and the exercise was extended to all Health Benefit Packages in Phase-II. Since only 53 ICMR STWs were available, other sources of guidelines were explored for reference. Various national and international guidelines such as those of Ministry of Health and Family Welfare (MoH&FW), State guidelines, NCG guidelines, WHO, NHS / NICE guidelines,

World Bank, Federation of Indian Chambers of Commerce & Industry (FICCI) guidelines etc. were referred. Similar to phase-I, these were mapped with AB PM-JAY packages and STGs were developed. The STGs underwent internal and external expert review. The STGs approved by NHA were then integrated in the Transaction Management System (TMS) and rolled out nationally in batches.

Figure 3: Exploring and adapting wide range of guidelines for further integration

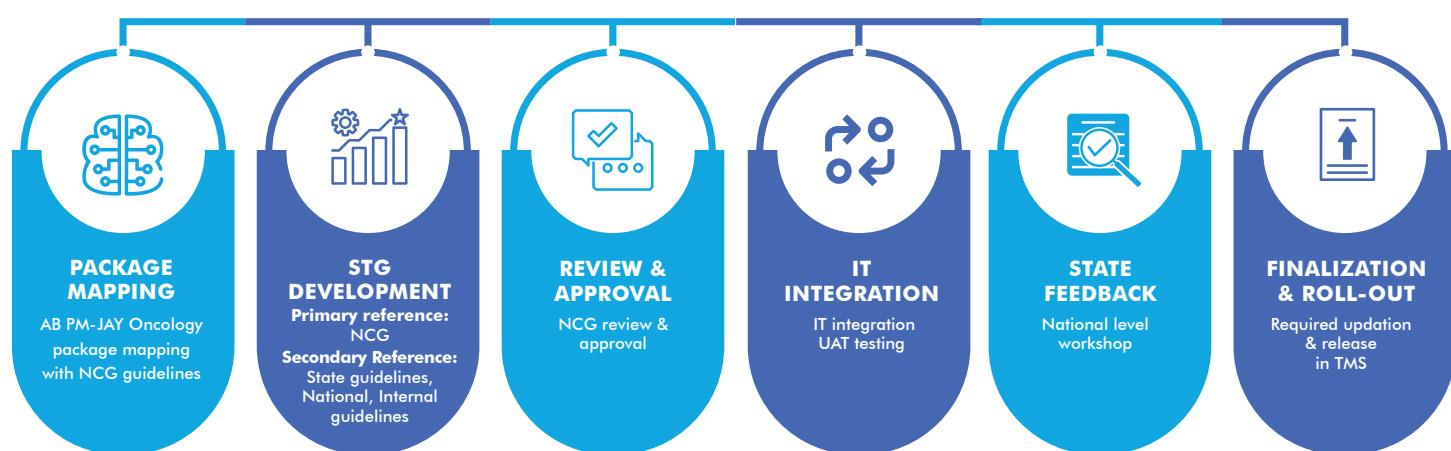


8.2.1 Oncology STGs

Simultaneously, for the rationalization of Oncology packages, TMH lead NCG in co-ordination with NHA worked parallelly for development of Oncology

STG documents. A similar process was followed for Oncology packages and a roadmap was established for implementation.

Figure 4: Systematic roadmap for development and implementation of Oncology STGs



After repeated discussions and meetings with the TMH team, the procedures/diseases for STGs were divided based on anatomical sites and drafted accordingly. The respective teams of surgical oncology, radiation oncology

and medical oncology reviewed the AB PM-JAY STG's and provide guidance and support in finalising the documents as per the extant NCG guidelines, prevailing treatment norms and best practices in the field.

Guidelines covering relevant HBP 2.0 Radiation / Surgical / Medical Oncology packages classified as per Anatomical sites	
Bone & Soft tissue tumour	Neuro-oncology
Breast cancer	Paediatric
Gastrointestinal	Thoracic
Gynaecological	Urological
Head & Neck	Miscellaneous
Leukaemia and lymphomas	

9. COMMITTEE FORMULATION

A Medical Cell was constituted by onboarding a set of Specialty Experts, with the approval of competent authority at NHA.

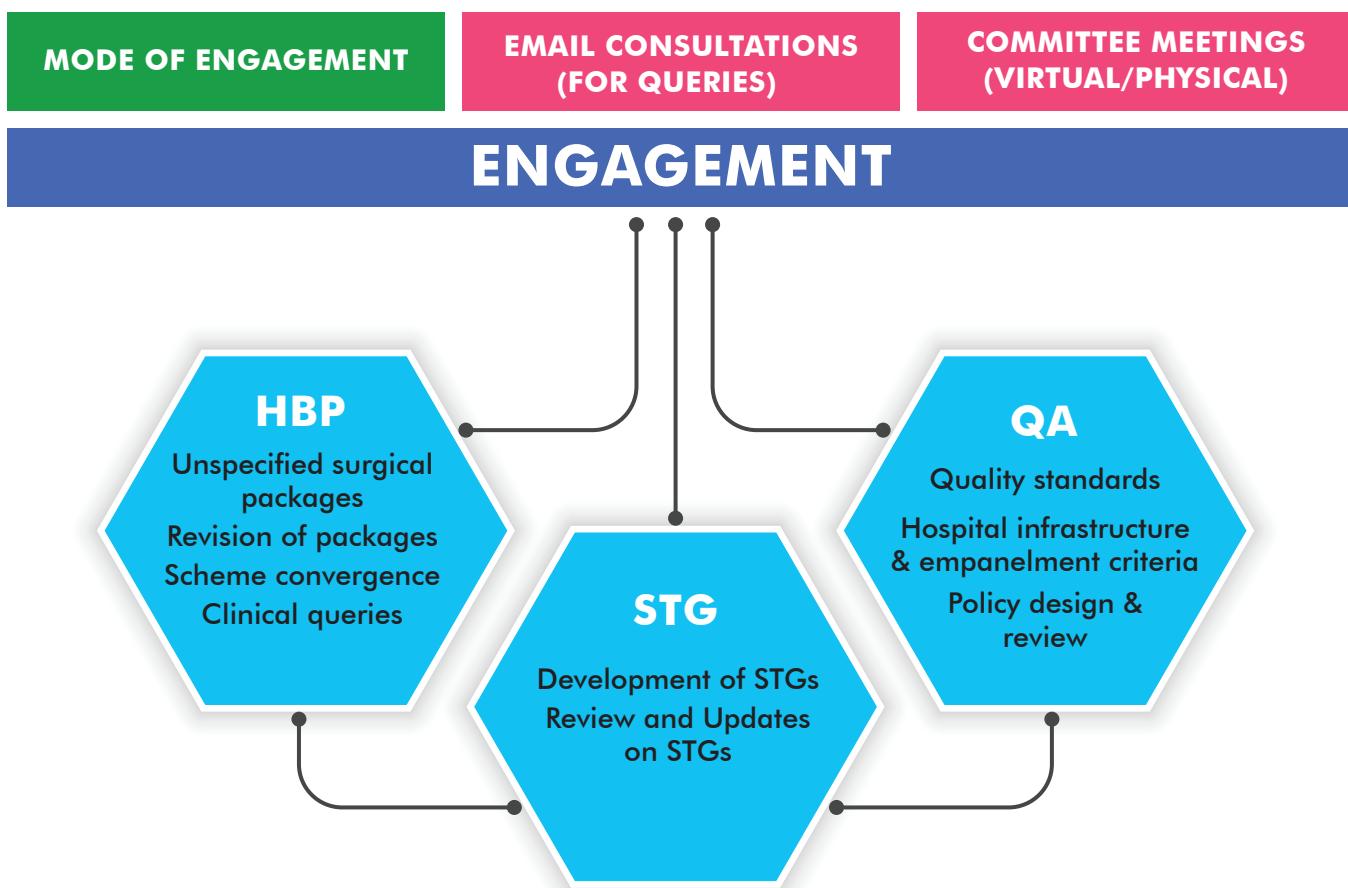
A formal process for onboarding was put in place and the experts were finalized to support and guide NHA.

Figure 5: Comprehensive process adopted for committee formation

- 1** HBP 2.0 rationalisation specialist committee considered for medical call
- 2** Committee chair/co-chair/active member/nominated expert were selected
- 3** Formal letter sent from director HPQA for onboarding and sharing their undertaking CV's
- 4** Referrals sort from experts from institutes of national eminence for few specialities
- 5** Documentation completed for consenting experts
- 6** List of experts finalised and put up for formal engagement

The main objective of medical cell was for engaging experts in the overall development and rationalisation of HBPs' and review of STG documents.

Figure 6: Engagement of Specialists



Overall objectives of the Medical Cell include:

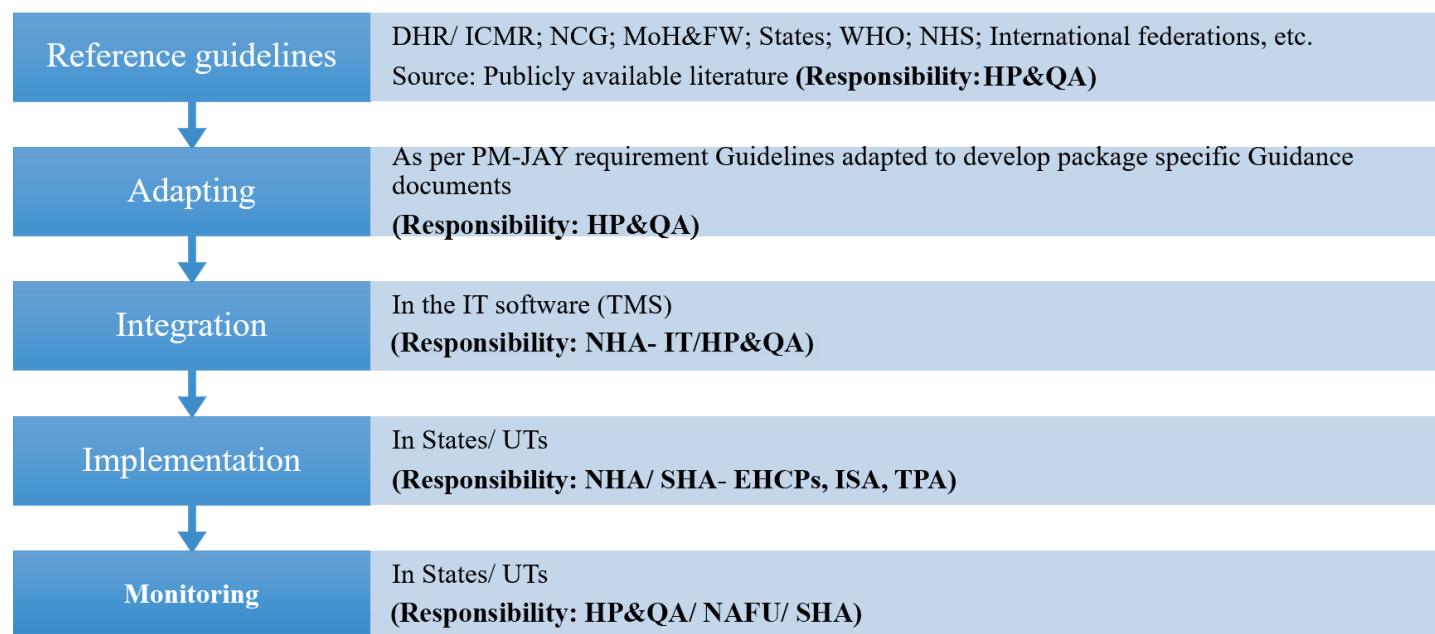
- Provide expert guidance in the field of their clinical practice for supporting NHA in Health Benefit Packages, STGs, Quality Assurance, Hospital empanelment, etc.
- Advise NHA in developing specialty specific policies/ treatment guidelines for seamless implementation of the Health Benefit Packages.
- Aid NHA in identification and monitoring of fraud/ abuse during claims adjudication process and in designing package specific fraud prevention guidelines.
- Support research and analytics activities of NHA by providing technical guidance in their subject areas.

10. ROLES AND RESPONSIBILITIES

The roles and responsibilities for implementation & roll out of STGs are divided across NHA and SHA. Implementation of STGs is a collaborative effort of all stakeholders. The Hospital Policy & Quality Assurance (HP&QA) division at NHA referred to the available guidelines and literature for adapting them to the AB PM-JAY packages and developed package specific guidelines.

Once reviewed and approved, the HP&QA and the IT team at NHA integrated them in the TMS (one of the IT platform of NHA). Once integrated, it is the responsibility of NHA, SHA, EHCPs, ISA and TPAs to ensure that these are implemented in the field and monitored by NHA and SHA.

Figure 7: Multi-Stakeholder collaboration for seamless application



11. STRUCTURE OF GUIDELINES

The NHA team had deliberations with experts of varied specialties and with consensus designed a format for the developing guidelines. The structure was broadly divided into four different parts and an introduction.

11.1. Standard treatment guideline (Structure)

The Introductory part which comprises of Package and procedure along with its HBP2.0 and HBP1.0 code covered under the STG, Minimum qualifications (Essential and Desirable) of the treating doctor, the empanelment criteria such as those pertaining to minimum essential infrastructure required for performing that procedure for example a Cardiac Cath

lab for performing Coronary Angiography, etc. and a Disclaimer which states that this document has been prepared for guidance of MEDCO, PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the Pre-auth and claims of all AB PM-JAY packages. The hospitals can also refer to this document to have an insight on how the pre-auth and claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to other relevant material as per the extant professional norms and the professional judgment of the healthcare professionals should be used for management of the patient.

Part-1

For Empanelled Healthcare providers – It gives the Guidelines for Clinicians and Healthcare Providers. This includes key clinical pointers such as signs, symptoms, indications, contraindications, admission, discharge and referral criteria, etc. It will also guide the MEDCO to select the appropriate package by guiding on what to look for in the documents/ clinical notes of the patient and give a glimpse of the standard treatment workflow referred. This part also lists down the mandatory documents required to be submitted by the EHCPs both at the time of pre-auth and claims submission. This will help reduce the number of queries raised to the hospital and the processing time as well if all the documents are complete and submitted on time. It aims to ensure uniformity of documentation and quality of care to the beneficiaries.

Part-2

For processing doctor (PPD/ CPD) - this section contains the guidelines for the processing team i.e. the PPD and

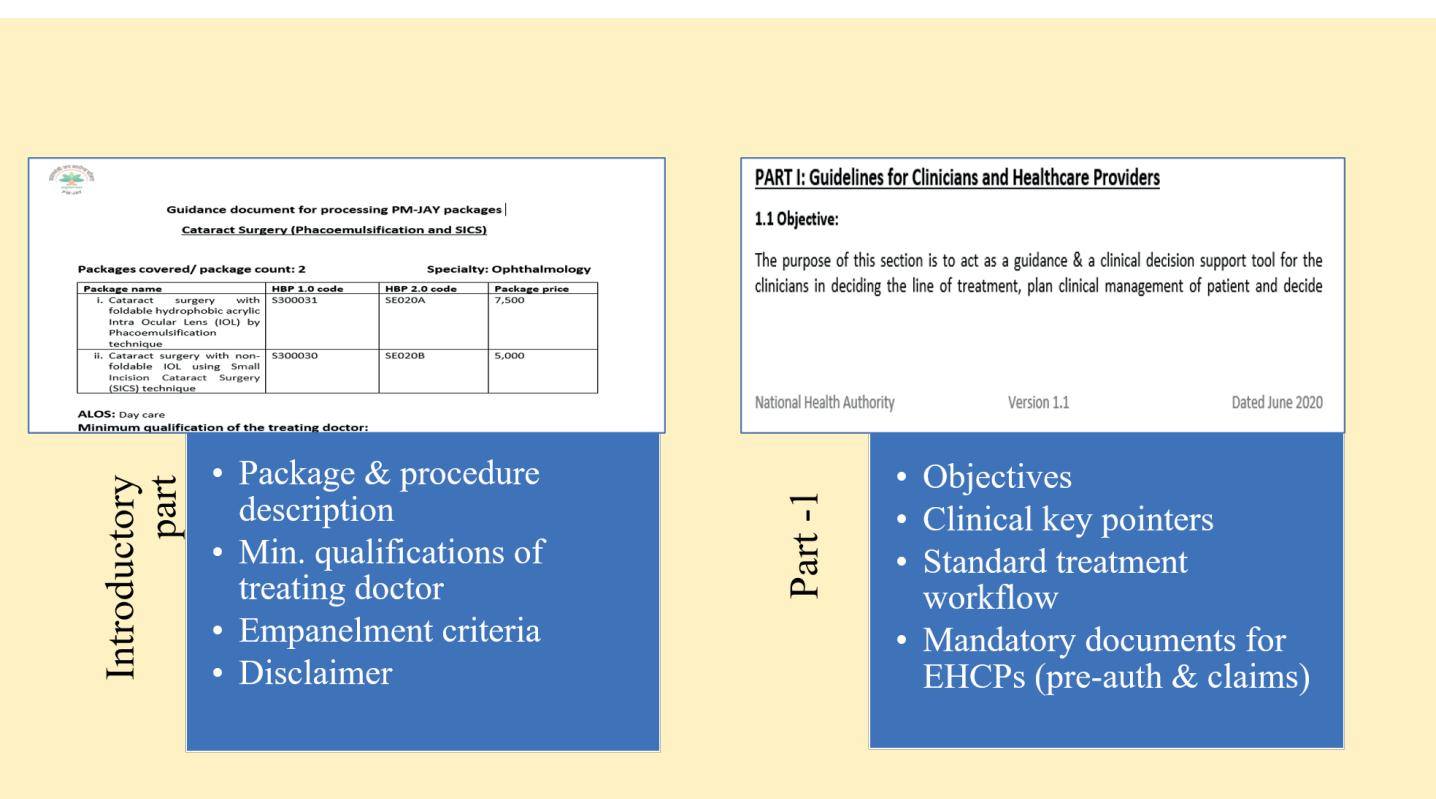
CPD. It will guide them to determine the mandatory documents like relevant investigations, clinical notes, past history, etc. to look for in the case. The questions in it are specific to the procedure/package selected.

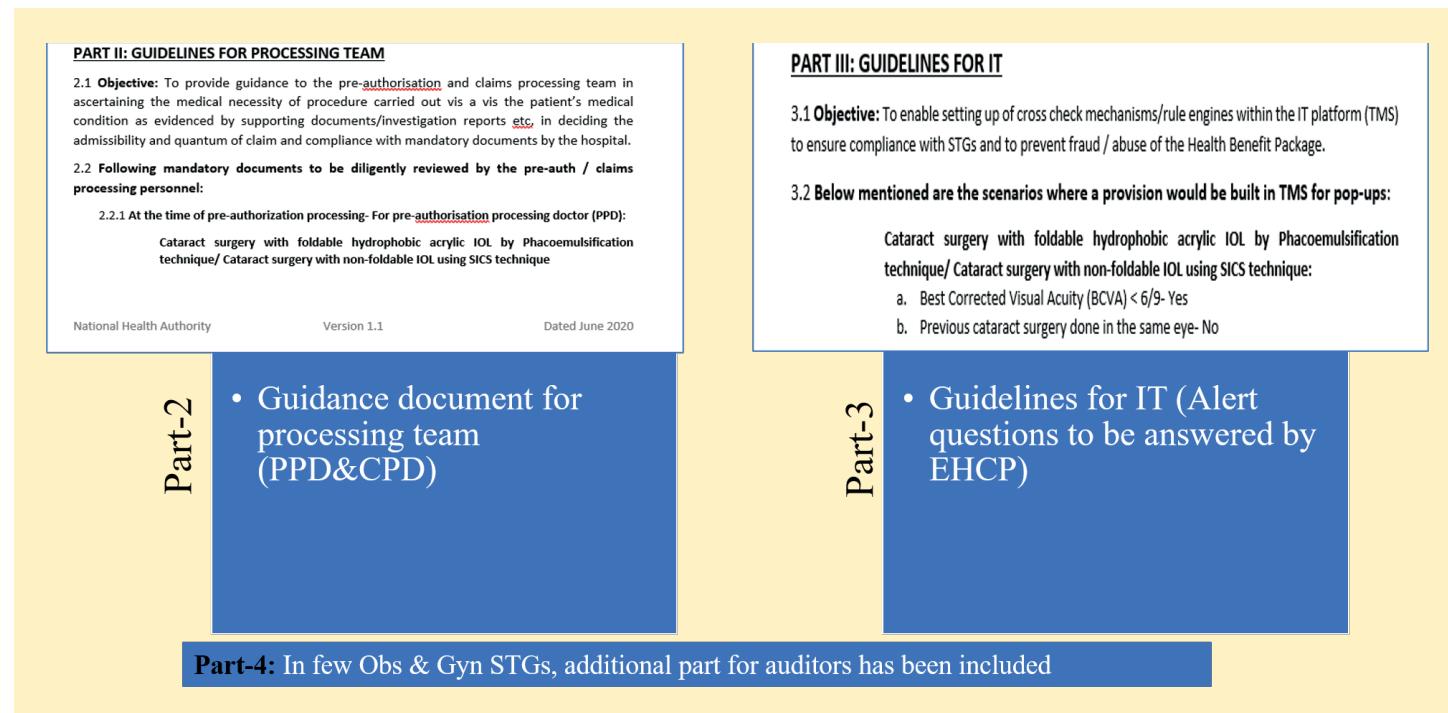
Part-3

IT guidance document - It includes one or more most significant alert question(s) at the hospital level. This part has been incorporated in the TMS in MEDCO questionnaire. It will help in setting up cross check mechanisms/ rule engines and prevent booking of wrong package.

In very few Obstetrics & Gynecology STGs, a Part 4 has been included that contains guidelines for Medical Auditors for some abuse prone packages.

Figure 8: Four segments of STG structure





11.2. Structure for Oncology STGs

The structure for Oncology guidance documents was developed with the support of TMH/NCG on similar lines as those for other specialties with a few modifications as these were developed site wise such as breast,

neurology, head & neck, urology, etc. The applicable medical, surgical and radiation oncology packages were mapped and clubbed together in one document for each of these sites.

Figure 9: STG framework for Oncology guidance documents

<ul style="list-style-type: none"> ▪ Specialty & Packages covered ▪ Min. qualifications of treating doctor ▪ Empanelment criteria ▪ Disclaimer ▪ Ref. NCG Guidelines ▪ Objectives ▪ TNM classification & Staging ▪ Medical Oncology <ul style="list-style-type: none"> ▪ Packages covered ▪ Mandatory documents (pre-auth & claims) ▪ IT alerts ▪ Surgical Oncology <ul style="list-style-type: none"> ▪ Packages covered ▪ Mandatory documents (pre-auth & claims) ▪ IT alerts ▪ Radiation Oncology <ul style="list-style-type: none"> ▪ Commonly used RT protocols ▪ Packages covered ▪ Mandatory documents (pre-auth & claims) ▪ IT alerts ▪ Acknowledgments 	 <p>Guidance document for processing PM-JAY packages for Breast Cancer</p> <p>Specialty & Packages covered: Medical Oncology: 19 Surgical Oncology: 9 Radiation Oncology: 19 The supporting annexures provided may be referred for more details on procedures covered, indications, contraindications, mandatory document, etc.</p> <p>1. Minimum qualification of the treating/operating doctor: Medical Oncology: DM/ DNB (Medical Oncology) MD /DNB Medicine with a minimum 2 years of training in Medical Oncology at a certified Centre (Fellowship in Medical Oncology) Surgical Oncology: MS/ DNB (General Surgery) (An additional training in reconstructive and plastic surgery may be mandatory if whole breast reconstruction with microvascular procedure planned) Radiation Oncology: MD/ DNB/ DMRT (Radiation Therapy)</p> <p>2. Special empanelment criteria/linkages to empanelment module- Essential Medical Personnel: 1. Radiation Oncologist 2. Medical physicist and Radiation Technologist</p>
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12. DEVELOPMENT OF STGs

A systematic, rigorous process flow was adhered to finalize the STG guidance document, as shown in Table 2. Once developed by the NHA team, the drafts were overseen by an in-house medical expert, modified, and thereafter shared with the respective specialty Expert for vetting and approval. Revisions were based on expert feedback that included length of stay, minimum qualifications and infrastructure, clinical content, mandatory documents, questionnaire, and triggers. The

suggestions for cross-specializations and changes in costs and package name/procedure for respective packages were added to proposed amendments. Simultaneously, many packages/procedures that were under cross-specialty underwent review and approval of multiple experts.

The last step in the process, the expert-approved document, was then put up to the competent authority at NHA for final approval and roll-out.

Table 2: Extensive review process and finalization of STGs

DOCUMENT DRAFT	VERSION
First version prepared by the NHA Team	V1
Version reviewed by the NHA internal Medical Expert	V2
Version revised and sent to Specialty Expert for review	V3
Version approved by the Specialty Expert	V4
Version approved at NHA, uploaded on website and released	V5

Table 3 summarizes the work done in the STG development. A total number of 625 STGs were developed by aligning complex systems of the process covering 1572 procedures from 24 different specialties.

Since the launch of first set of STGs that was made live on 15th August, 2020, subsequent sets have been regularly integrated and released in AB PM-JAY IT platform.

Table 3: Total number of STGs developed

S. NO.	SPECIALITY	TOTAL NO. OF STGS DEVELOPED	TOTAL NO. OF PROCEDURES COVERED
1	Burns	6	20
2	Cardiology	18	21
3	CTVS	62	117
4	Emergency Medicine	5	6
5	ENT Surgery	22	47
6	General Medicine	66	102
7	General Surgery	45	89
8	Intervention Neuroradiology	11	15
9	Mental disorders	7	7
10	Neonatology	9	10
11	Neurosurgery	33	65
12	Obstetrics & Gynaecology	48	76
13	Oncology (Medicine)		
14	Oncology (Surgery)	80	540
15	Oncology (Radiation)		
16	Ophthalmology	20	51
17	Oral & Maxillofacial Surgery	8	15
18	Orthopaedics	52	137
19	Paediatric Medicine	19	31
20	Paediatric Surgery	17	35
21	Plastic & Reconstructive Surgery	12	22
22	Polytrauma	11	20
23	Urology	72	128
24	Infectious diseases	2	4
Total		625	1572

13. PILOT STUDIES

Pilots were initiated in some States (Table-4) to roll out the STGs and have first-hand feedback from the States on their acceptability and any suggestions on the initiative. Initially, abuse prone packages were oriented to the teams. For the pilot the pre-final version was considered to receive State feedback. Capacity building and pilot of the STGs as given in table-4 were conducted.

During the orientation session, feedback of States and hospitals were taken and were considered for further development of STGs. States were encouraged to share continuous feedback on the STGs. Subsequently, the release of STGs was initiated with the first batch released on 15th August 2020.

Table 4: Summary of pilot testing

PILOTS INITIATED	STATUS	STATE
Cataract	Pilot completed	Assam
Haemodialysis / peritoneal dialysis	Pilot completed	Manipur
Coronary artery bypass grafting (CABG) & Percutaneous transluminal coronary angioplasty (PTCA)	Pilot completed	Kerala
Respiratory failure due to any cause	Pilot completed	Haryana
Haemodialysis / peritoneal dialysis	Pilot completed	Andhra Pradesh
Feedback from clinicians on overview of Standard Treatment Guidelines and Haemodialysis package	Session conducted	Chandigarh
Severe sepsis and Septic shock	Suspended due to lockdown	Punjab
Acute exacerbation of Chronic Obstructive Pulmonary Disease (COPD)	Suspended due to lockdown	Tripura

13.1. Training done with States

As a constructive step forward, training sessions were conducted during the piloting phase which gave better insight for operationalization of the roll out. The training module included orientation about the STGs, its significance and how to process them. Teams across India were given instructions about how to upload files & related data, other requirements.

The orientation was carried out pan-India and had an encouraging feedback. Orientation and training of States/ UTs/ EHCPs were undertaken before the launch and is a continuing exercise. For continuous training and updates for the States, presentations, online training videos, Frequently Asked Questions (FAQs), user manuals, and modules were developed and are available on the AB PM-JAY website https://pmjay.gov.in/standard_treatment_guidelines under a separate heading of STGs.

Photograph 1: Extensive training sessions during piloting stage



14. PUBLISH AND DISSEMINATE

As planned, an official launch was done on 15th August 2020 by CEO, NHA, wherein the first batch of 10 STGs was launched and rolled out nationwide.

Photograph 2: Virtual Official Launch of STGs by Dr. Indu Bhushan, Former CEO, NHA

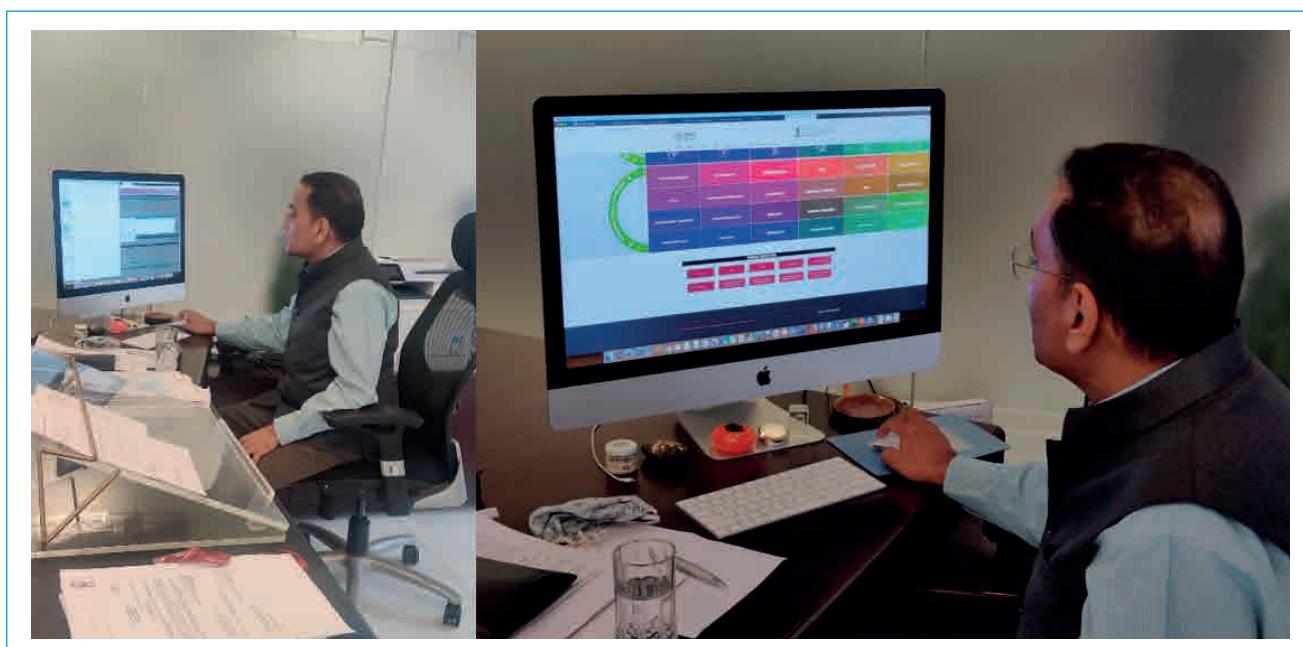
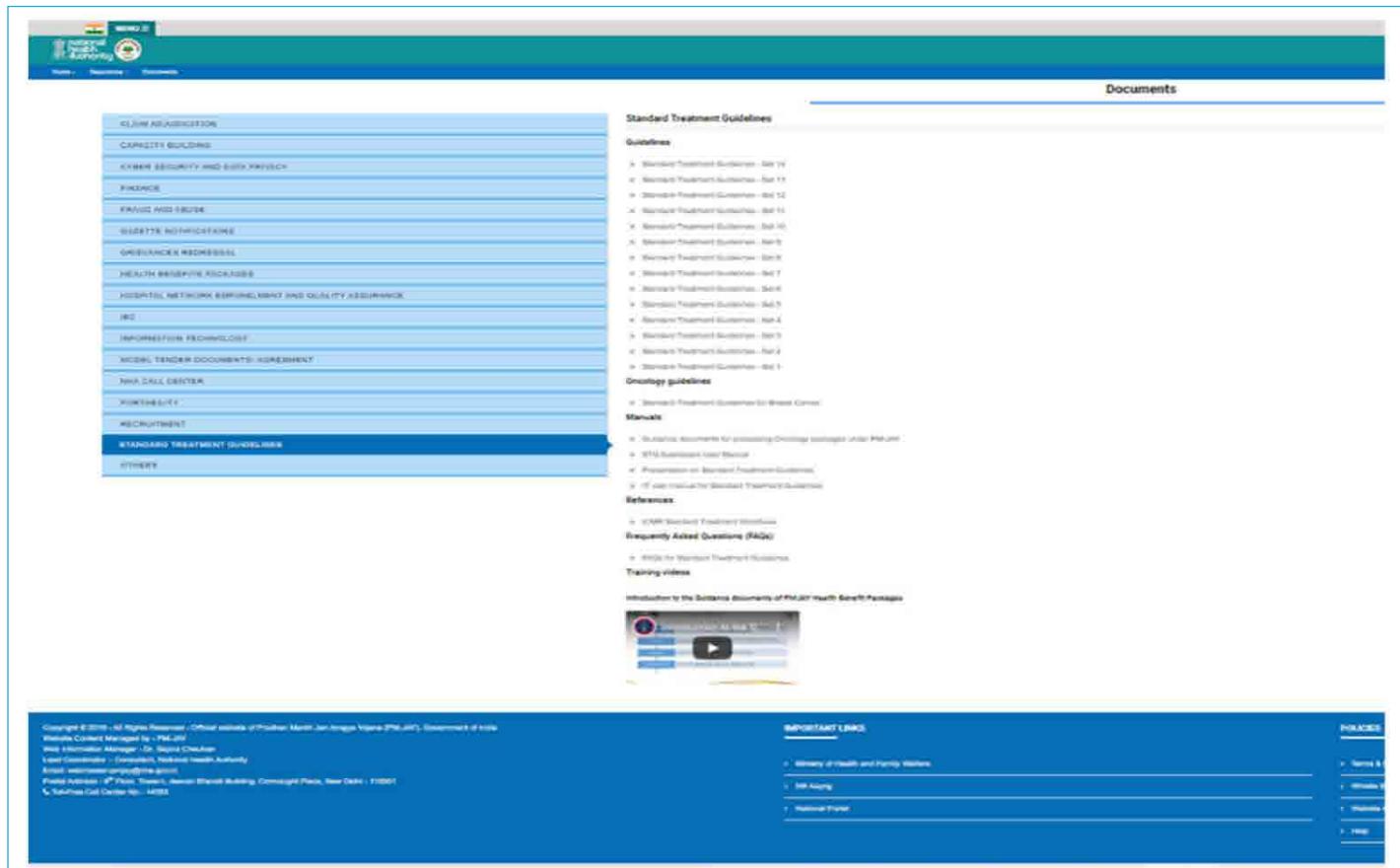


Figure 10: Snapshot of STG portal on AB PM-JAY website



Post launch feedback sessions were conducted with the States of Kerala, Jharkhand, Gujarat. NHA continued to

take feedback from the States during field visit such as Assam, Bihar, Tamil Nadu, Jharkhand, etc. in a structured format as given in figure 11.

Photograph 3: Post launch Kerala Feedback

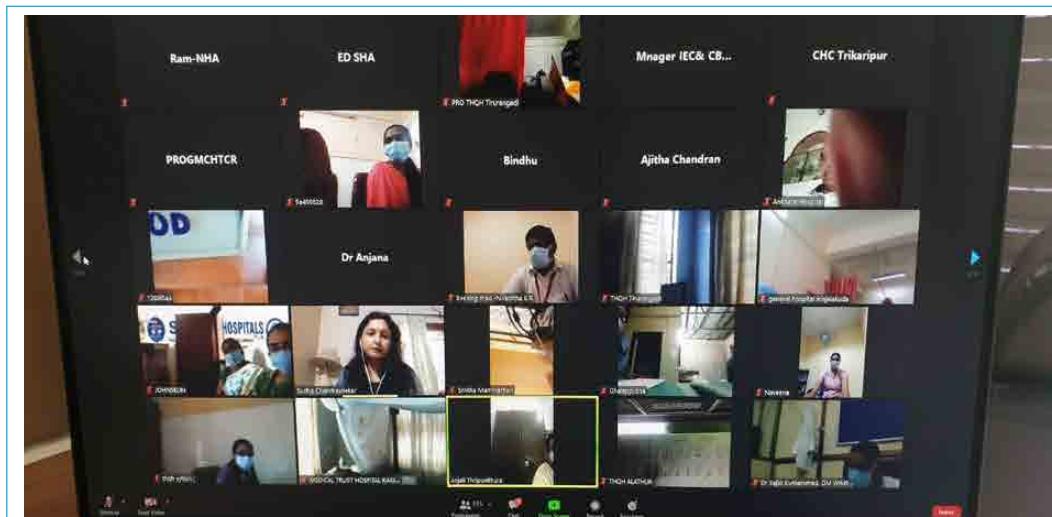


Figure 11: Captured feedback from the States

Feedback questions (CPD)		
Status	Scale (1 to 5)	Remarks
Are the hospitals uploading relevant mandatory documents (post launch of STGs)		
Are the STGs helpful in processing claim		
Are the STG documents easy to understand		
User friendliness of STG questionnaire		
Is there often a mismatch in answers of Medco & PPD	Yes/ No	
Impact on queries raised to hospitals	Increased/ Decreased	
Any IT related issues (downloading/ uploading doc/ any other related to STGs)		
Any other feedback		

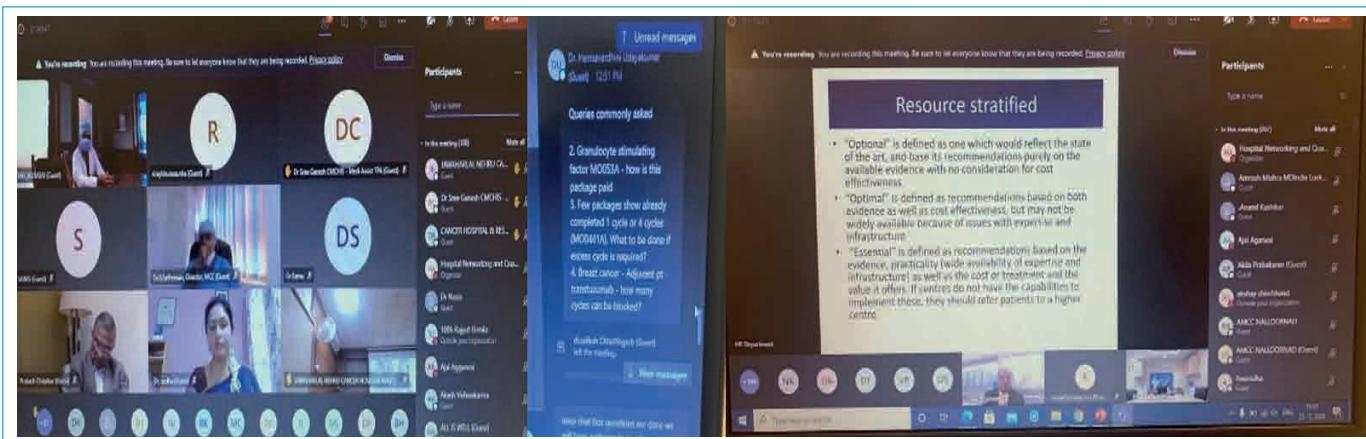
Feedback questions (PPD)		
Status	Scale (1 to 5)	Remarks
Relevance of mandatory documents suggested in STGs		
Are the STGs helpful in processing pre-auth		
User friendliness of STG questionnaire		
Ease of understanding the STG document and questionnaire		
Are the hospitals still uploading wrong mandatory documents		
Impact on queries raised to hospitals		
Any IT related issues (downloading/ uploading doc/ any other related to STGs)		
Any other feedback		

Feedback questions (MEDCO)		
Status	Scale (1 to 5)	Remarks
Were the STG documents useful and give clarity on the package specific documentary requirements (overall)		
Were you able to download the documents easily		
Do you read/ refer the document while initiating pre-auth/ claims	Yes/ No	
Ease of understanding the content of STGs		
User friendliness of STG questionnaire		
Did it help you easily identify the mandatory documents required		
Any IT related issues (downloading/ uploading doc/ any other related to STGs)		
Any other feedback		

After the successful launch and roll out of the STGs of various specialties, parallelly, an exclusive training session in collaboration with the NCG was undertaken for all empaneled Oncology Specialty hospitals in the

AB PM-JAY States, prior to the launch of Oncology STGs. A detailed process flow of Oncology STGs was demonstrated as integrated in the IT platform through a training module and the SHAs along with their teams were also walked through the STG dashboard.

Photograph 4: An orientation and interaction session with AB PM-JAY empaneled hospitals by the NHA and NCG representatives



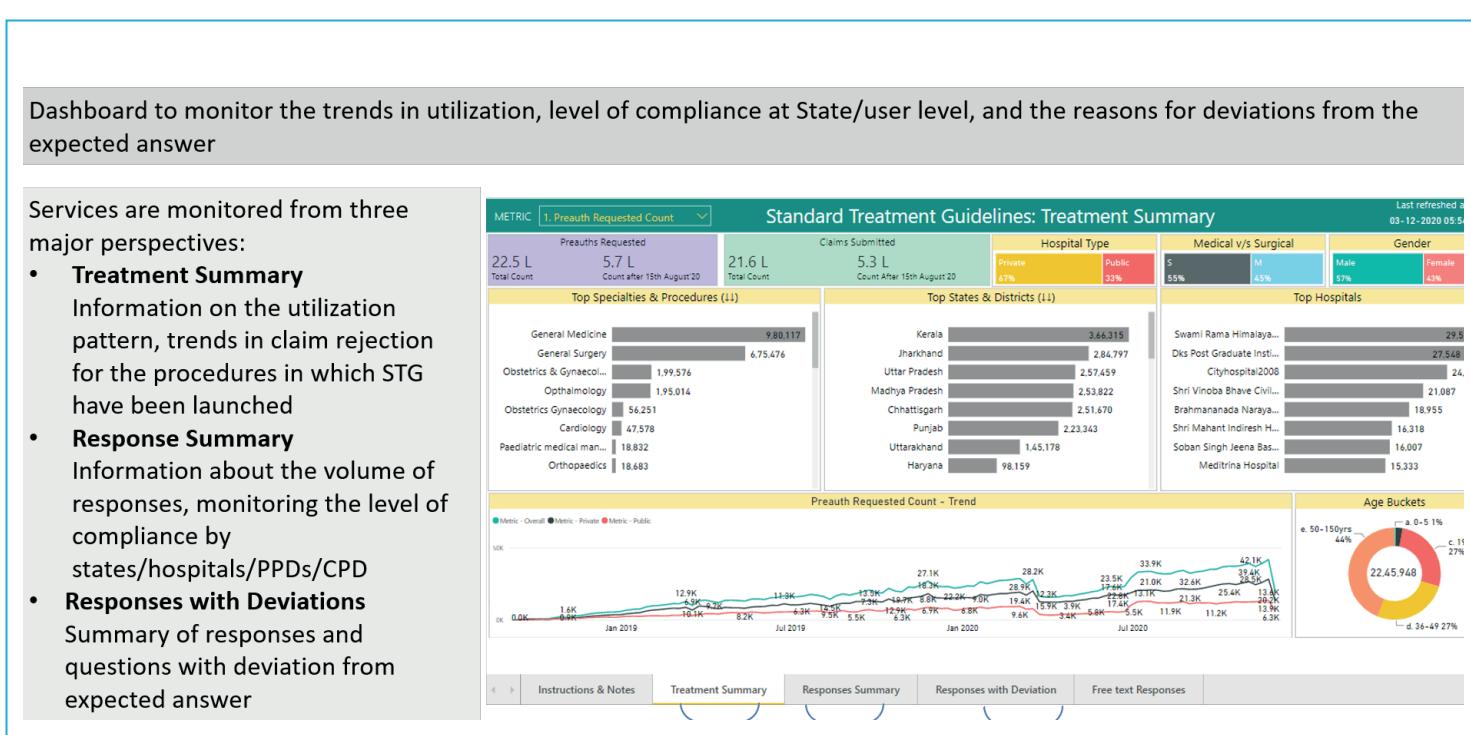
15. MONITORING AND ANALYSIS

NHA plans to continuously monitor the adherence to these guidelines through data analytics and artificial intelligence tools. STG dashboard was developed for overviewing the utilization of packages for which STG had been launched, highlighting areas of further analysis and monitoring. With the objective of monitoring the level of compliance, improvement in quality of mandatory documents, areas that need trainings, inputs from M&E team, NAFU team and IT team were taken. M&E team helped in finalizing the design and data points to monitor on the dashboard. Currently, the dashboard shows data only for States that use AB PM-JAY IT system and the packages in which STG have been launched. The SHAs have also been given access to this dashboard through their State specific dashboard IDs. An orientation training of SHAs and their

teams was conducted online before the dashboard was made live in December 2020.

Moving forward, the States using their own IT software (some of the Brown field States) have been requested to have the STGs integrated in their State specific IT system to have uniform implementation across the country. STG dashboard is open to States for continuous self-monitoring at their level. NAFU team also utilises the inputs from this dashboard as triggers to monitor flagged cases by either desk audit/field audit. The idea is to infuse not only efficient adoption of STGs but also to set exemplary patterns for inclusion of modern technologies (IT platform for recording and monitoring, Artificial Intelligence (AI) /Machine Learning (ML)) for delivering better quality health care and providing better insights to policy recommendations.

Figure 12: Overview of STG dashboard



15.1. STG dashboard- Key analytics

- Overall summary page will depict monitoring the trends in utilization, level of compliance at State/user level, and the reasons for deviation from the expected answer.
- Treatment summary page of the dashboard will help the users to monitor the trends in utilization across state/district, specialty/procedure, and hospitals.
- Response Summary page of the dashboard helps users in monitoring the level of compliance by states/hospitals/PPDs/CPDs. It does so by highlighting the highest deviation from the expected response to the questions in guidance documents. Deviation refers to the response which is different than the specified answer to each question.

- Responses with deviations provides visibility into the reasons for which there are deviations. Analysis of responses help in realizing the areas of training needs or relaxation of mandatory document based on level of care. It will also help in identifying gaps in package design, renaming, and infrastructural challenges highlighted by respondents in case of deviating from the expected answer

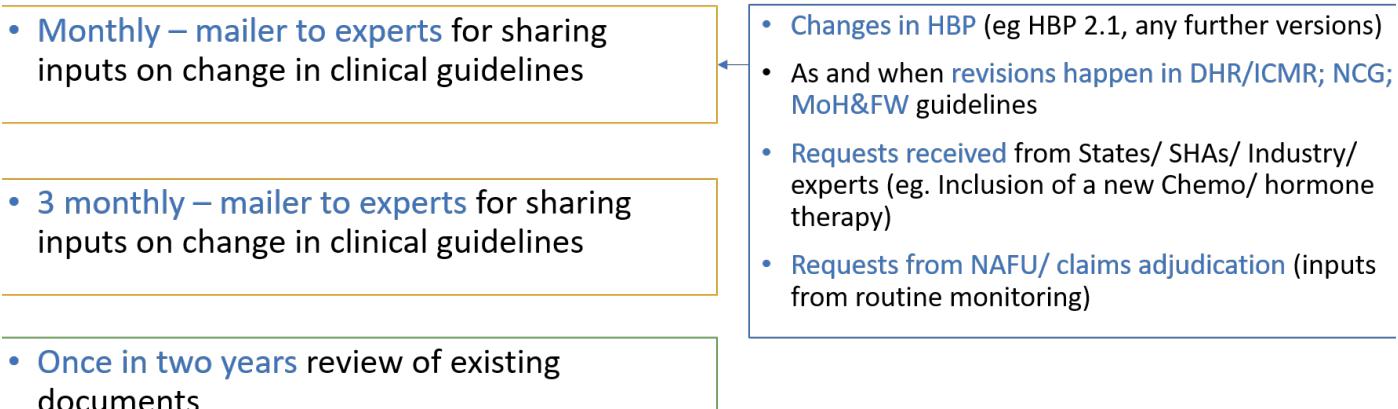
This data will be utilized to undertake impact evaluation studies on the use of STGs for certain packages in selected States/Districts and as evidence/inputs for future policy decisions.

16. REVISE AND UPDATE

To keep abreast with the revision and rationalization of AB PM-JAY Health Benefit Packages and the changes in treatment/clinical recommendations, it is imperative that Standard treatment guideline development remains a

continuous process. STGs should be updated regularly to reflect changes in accepted treatment strategies. If a regular schedule for updating the STGs is not used, they might quickly lose their credibility.

Figure 13: Devised plan for STGs regular review and update



16.1. Implementation/ compliance monitoring

- The compliance monitoring of STGs is open to States/UTs through STG dashboard.
- NAFU would monitor flagged cases-desk audit/ field audit in order to assess the efficacy.

- Other options for cardiology/CTVS/ oncology monitoring are also being planned in consonance with the discussion with certain volunteering institutions/organizations of National repute especially using recent technological capabilities such as Artificial Intelligence / Machine Learning, etc.

17. CHALLENGES AND LESSONS LEARNT

17.1. Challenges

1. Limited availability of MoH&FW & DHR-ICMR reference documents

ICMR had recently released only 53 Standard Treatment Workflows (STWs). Similarly, limited guidelines were available under Clinical establishment act/ MoH&FW/state guidelines that could be mapped with AB PM-JAY packages. Some of them were old and not updated. Thus, publicly available information/ protocols/ guidelines in many national and international journals were also referred for getting relevant information and ensuring updated guidelines are shared with experts for their review and approval.

2. Disease/ Diagnosis to procedure mapping

Most of the STWs/ clinical protocols of ICMR / MoH&FW/ NCG were disease/ diagnosis based. These had to be mapped with the procedures under AB PM-JAY. Many a times, for developing one STG, multiple procedures and multiple disease-based guidelines had to be mapped.

3. Non availability of many experts for timely feedback especially during pandemic

Most of the experts are nationally / internationally acclaimed clinicians from some of the most reputed medical hospitals and colleges in the country.

Especially during the current pandemic and due to their engagement in additional tasks /responsibilities, the feedback from experts took a lot of time for review and finalization of the documents. Specialty prioritization had to be done based on availability of experts. Online discussions and personal follow-up were also done to ensure speedy review by experts.

4. State wise auto-approved and government reserved packages

Many States have different packages as auto-approved and government reserved in contrast to the national master. The STGs for these States had to be integrated in IT system accordingly.

5. Pilots couldn't be completed due to limitation on travel due to pandemic

Pilots & orientation were conducted in 6 States/UTs only-Assam, Manipur, Kerala, Haryana, Andhra Pradesh and Chandigarh. Rest of the planned pilots had to be aborted due to the pandemic.

6. Limited implementation in States using their own IT system

Some States are still using their State specific IT platform which limits the utilization of integrated STGs in these States except for portability cases. A separate orientation was held, and the IT documents required for customization were shared and followed up by sending communications to these States to integrate at the earliest.

7. Initial plan for 30 abuse prone and 100 most utilized procedures was scaled up to all packages

Development of STGs was conceptualized with an intent to develop the guidelines for only 30 most abuse prone packages and 100 most utilized procedures. However, this was later extended to all packages under HBP2.0 and corresponding HBP1.0 packages. The sudden increase in the requirement of STGs for all procedures was coupled with limited dedicated human resource for undertaking this task for development, review and integration in IT for which the team was later expanded.

8. Packages for most of the specialties were non-rationalized

Many of the specialties where the packages were not rationalized in HBP2.0 and were adopted as it is at HBP1.0 rates including duplicacy in some packages across specialties. As a result of this some of the specialized mandatory investigations required could not be justified in the existing packages rates. While making STGs it was observed that, the non-rationalized packages of HBP 1.0 duplicating especially across specialties also had different rates. This also led to issues in mapping procedures as well. These will be addressed in the next revision of health benefit packages 3 (HBP3.0). Many States are still transitioning to HBP2.0 and STGs had to be mapped with non-rationalized packages of HBP1.0.

2. Only most essential mandatory documents to be included for public hospitals

Some relaxation has been given to public hospitals for mandatory documents for each procedure considering the limited resources available and patient load in these hospitals at the time of pre-authorization. For private hospitals, mandatory documents have been kept stringent to prevent fraud and ensure quality care is given to the beneficiaries.

3. Interlinkages of different IT modules (TMS with HEM)

Interlinkages within the AB PM-JAY IT modules- TMS and HEM are being worked out to ensure that the packages are booked and carried out in the hospitals having minimum required infrastructure and by doctors having minimum required qualifications.

4. Developing FAQs, online training sessions and modules for States

Due to the requirements of continuous capacity building of hospitals/processing teams due to turn over of staff in each State/ district, online training videos and modules have been developed for Training of Trainers (ToTs) for States and hospitals. All queries received during online orientation have been translated to Frequently asked questions (FAQs) which are readily available on the AB PM-JAY website. With a view to ensure quality care for COVID-19 testing & treatment, immediate development of Standard Treatment Guidelines for these packages has also been done.

5. Comprehensive rationalisation of all health benefit packages

Given the feedback from experts and other stakeholders while developing the STGs, a process to rationalize the health benefit packages has been initiated.

17.2. Lessons learnt

1. Customisation of the available guidelines to match the available on-ground resources

Many guidelines referred for developing STGs had limited information pertaining to aspects like minimum infrastructure and qualifications of the treating doctors. Also, at times these were too ideal, which had to be matched with the on-field availability of the resources while striking a balancing between essential and ideal.

18. FUTURE VISION AND ROADMAP

The teams involved in formulating comprehensive STGs understand the necessity of the programme not as a one-time effort but a continuous process. With this objective, empanelment of hospitals (Hospital empanelment module (HEM 2.0)) which would be empowered to synchronise with the STGs has already begun. The empanelment criteria have been drawn from the guidance documents and the minimum requirements for hospitals to get into this criterion is formulated.

Based on the inputs received from Experts and States (SHAs) an interim revision has been done in HBP 2.0 with the addition of a few more packages (now termed as HBP 2.1) which is in the process of being integrated so as to include new packages and procedures for common diseases. After consulting speciality experts, the packages would be finalized and drafted accordingly and STGs for the same would be developed.

This is indeed an ambitious venture under AB PM-JAY and concerted efforts can make it successful for better healthcare delivery and attain global standardisation.

18.1. Way Forward

The trajectory ahead lies to complete integration and release of remaining STGs. It will be imperative to have periodic orientation and training in States/UTs/EHCPs. Systematic review of feedback from States/ hospitals/ TPAs & ISA (through States) will go a long way for strengthening of STG implementation. There is also a necessity of monitoring adherence and conducting impact evaluation to these guidelines through data analytics entailing IT platforms on certain specific packages in selected states. This will help modifications and updating of the STG development process in the due course.

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8. <https://stw.icmr.org.in/>

19.1. Link to STGs:

<https://pmjay.gov.in/resources/documents> or
https://pmjay.gov.in/standard_treatment_guidelines
Please share your queries at : stg.hnqa@nha.gov.in

20. ANNEXURES

Annexure 1: Top 50 abuse prone & most utilised packages taken up for implementation of initial 30 Standard Guidance documents

S. NO.	PACKAGE/ PROCEDURE	SPECIALTY	HBP 2.0 PACKAGES COVERED
1	Cataract	Ophthalmology	2
2	Iris Prolapse repair, Secondary Intraocular Lens (IOL), Endophthalmitis, Scleral-Fixated IOL (SFIOL)	Ophthalmology	4
3	Acute exacerbation of COPD	General Medicine	1
4	Hysterectomy	OBS & GYN	6
5	Caesarean Hysterectomy	OBS & GYN	1
6	Respiratory failure due to any cause	General Medicine	1
7	PTCA	Cardiology	1
8	Systemic Thrombolysis	Cardiology	1
9	CABG	CTVS	1
10	Low cardiac output Intra-aortic Balloon Pump (IABP) insertion post-operatively	CTVS	1
11	Acute glomerulonephritis	General Medicine	1
12	Urinary Tract Infection	General Medicine	1
13	Asthma	General Medicine	2
14	Acute severe malnutrition	General Medicine	1
15	D&C (Dilatation & curettage)	OBS & GYN	1
16	Polypectomy	OBS & GYN	2
17	Epistaxis treatment - packing	ENT	1
18	Atrial Fibrillation	General Medicine	1
19	Hemodialysis/ peritoneal dialysis	General Medicine/ nephrology	3
20	Emergency management of Ureteric Stones	Urology	1
21	Epilepsy	General medicine/ neurology	2
22	Stroke	General medicine/ neurology	4
23	Pneumonia	General Medicine	1
24	Severe pneumonia	General Medicine	1
25	Acute bronchitis	General Medicine	1
26	Dengue	General Medicine	3
27	Severe sepsis	General Medicine	2
28	Acute encephalitis syndrome	General medicine/ neurology	1
29	Diarrhoea	General Medicine	2
30	Total Knee Replacement	Orthopaedics	2

Annexure 2: Agenda for the State Workshop

State: Manipur

Location: Imphal, Manipur

Day: 3rd - 4th January 2020

Who all should participate: State Staff from SHA, IT team, ISA (PPD, CPD), Staff (PMAM, Medco, AB PM-JAY nodal staff) from 2 Hospitals (preferably 1 private and 1 public, selected for undertaking pilot of Dialysis Standard Treatment Guidelines (STG)).

S. NO.	TOPIC	TIME	SESSION CONDUCTED BY
DAY 1: 3RD JANUARY 2020			
1	Health Benefit Packages HBP 2.0 orientation Discussion on Rationalising health benefit packages in Manipur	9:30 AM - 1:00 PM	Dr Sudha
LUNCH		1:00 PM-2:00 PM	
2.	STG orientation Presentation / brief overview on the STGs Orientation on 'Dialysis STG' Discussion on the IT document of Dialysis STG Demo of the IT module for Dialysis STG Discussion on STG	2:00 PM – 4:00 PM	Dr Sudha & STG team
3.	Presentation & Discussion by State SHA on implementation of scheme in Manipur- (Current status, Challenges and way forward)	4:00 PM – 5:00 PM	SHA
DAY 2: 4TH JANUARY 2020			
1.	Presentation & Discussion on AB PM-JAY Quality Certification Guidelines for Achieving Bronze/Silver/Gold Certification (Online Registration Process for AB PM JAY Certification)	9:30 AM - 11:30 AM	Dr Rimi Khurana
2.	Hospital Empanelment online certification process		

Annexure 3: Development of Frequently Asked Questions (FAQs) for STGs

Based on the pilots, trainings and feedback received from the States, FAQs were developed and published on the website.

21. GENERAL FAQs

1. What are AB PM-JAY STGs?

Standard Treatment Guidelines (STGs) are being introduced for each health condition/procedure under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana Health Benefit Packages. AB PM-JAY has customized the available clinical protocols/- Standard treatment workflows from Department of Health Research/Indian council of Medical research (DHR/ICMR), National Cancer Grid, State & MoH&FW guidelines, professional specialty associations guidelines, International guidelines e.g. WHO, World Bank, relevant specialty journal publications.

2. What is the alternate name given to these documents?

These are also called as Guidance documents for AB PM-JAY packages.

3. Who all need to refer to these guidelines?

These are advisory guidelines primarily for the empaneled hospitals, Medical coordinators (MEDCO), Pre-auth panel doctor (PPD), Claims Panel doctor (CPD), audit teams to give them an idea on package specific key clinical pointers, mandatory documents, questionnaire in the form of a check list.

4. What is the purpose of these guidelines?

These guidance documents are prepared with the following purpose:

- a. Aid in processing of pre-authorization & claims document
- b. Prevention & control of fraud and abuse
- c. Provide quality care to the patients
- d. Guidance tool for treating doctors, empaneled health care providers (EHCPs), Third Party Administrators (TPAs)/Implementing support agencies (ISAs), State health agencies (SHAs) and medical auditors

5. What is the structure of the AB PM-JAY STG document?

AB PM-JAY STG comprise of 4 parts:

A) Introductory part:

- a. Package & procedure description
- b. Min. qualifications of treating doctor
- c. Empanelment criteria
- d. Disclaimer

B) Part I: Guidelines for Clinical and Healthcare providers

- a. Objectives
- b. Clinical key pointers
- c. Standard treatment workflow
- d. Mandatory documents for EHCPs (pre-auth & claims)

C) Part II: Guidelines for processing team

- a. Guidance document for processing team (PPD&CPD)

D) Part III: Guidelines for IT

- a. Alert questions to be answered by EHCPs/Medco

6. Where are these guidelines available?

The released guidelines are available on AB PM-JAY website at link: https://pmjay.gov.in/standard_treatment_guidelines or <https://pmjay.gov.in/resources/documents> (under Standard Treatment Guidelines)

7. Can the guidelines be downloaded?

Yes the guidelines can be downloaded from AB PM-JAY website at the following link: https://pmjay.gov.in/standard_treatment_guidelines or <https://pmjay.gov.in/resources/documents> (under Standard Treatment Guidelines)

8. How many STGs will be released & integrated?

The STGs for 1572 AB PM-JAY HBP2.0 packages and corresponding HBP1.0 packages have been developed and are being integrated and released in batches. The first batch of 10 STGs was made live on 15th August 2020 in AB PM-JAY IT system.

9. Is it mandatory to follow these guidelines?

This document has been prepared for guidance of MEDCO, PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the Pre-auth and claims of all AB PM-JAY packages. The hospitals can also refer to this document so that they may have the insight on how the pre-auth and claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to other relevant material as per the extant professional norms. The decision for admission, discharge, approving/ disapproving the case will depend on the decision of the treating doctor, the hospital and the processing team. Ultimately the professional judgment of the healthcare professionals should be used. Deviations from the guidelines may be monitored and enquired into by experts to check if these were justified or not.

10. Are there any training documents/ manual available on use of STGs?

Yes, the STG presentation and STG IT training manual is available on AB PM-JAY website link: https://pmjay.gov.in/standard_treatment_guidelines. Training videos and online training module have also been developed and are available at the AB PM- JAY website on the above link.

11. What will be the use/ benefits of these STGs?

- a. It will help standardize the documents being submitted by the hospitals
- b. Lead to reduction in number of queries and repeat transactions
- c. Decrease unnecessary delay in processing of pre-auth and claims and aid timely payment to hospitals
- d. Bring in more accountability at all levels- MEDCO, PPD, CPD
- e. Improve quality of care by avoiding unnecessary treatment with focus on appropriateness of care
- f. Promote choosing the relevant package as per the patient requirement
- g. Prevent fraud and abuse

12. Will the deployment of STGs have an impact on a States policy with the insurance company?

STGs should not have any impact on the policy with the insurance company, since the package rates are not impacted. In fact, it intends to help prevent fraud and abuse, improve quality of care of the patients and reduce the number of queries raised to the hospitals.

13. Some State sponsored schemes are implementing Standard treatment protocols? Then what is new in AB PM-JAY STGs?

Yes, some State sponsored schemes are implementing Standard Treatment protocols. However, all those are manually being referred so far. Under AB PM-JAY, STGs have been integrated in the IT system in the form of mandatory documents, questionnaire. Minimum qualifications of the treating doctor and minimum infrastructure requirement have also been clarified which will be linked to the empanelment module soon. Our guidelines also have drawn upon the existing state guidelines wherever available.

14. Are these STGs also applicable to State schemes also?

States can consider adopting it for their other state schemes as well.

15. Will the STGs be applicable to government reserved packages also?

Yes. STGs will be applicable to all government reserved packages also.

21.1. Process specific FAQs

1. What are the key changes in TMS workflow with the introduction of STGs?

- The guidelines are available for download
- The mandatory documents have been rationalized
- A mandatory checklist (in the form of a questionnaire) has been included

2. Is it mandatory to fill the questionnaire or Can MEDCO/ PPD/ CPD proceed the case in TMS without filling the questionnaire?

Filling the questionnaire in the TMS is a mandatory step for raising a pre-auth, initiating claim and processing a pre-auth and claim for both public and private hospitals.

3. What happens if the answer filled is opposite to the expected answer? Will it lead to rejection of the case?

If the answer filled is opposite to the expected answer it will not lead to rejection but the PPD/ CPD should raise a query to the MEDCO in case of any concerns and seek clarification.

4. Are the mandatory documents same for public and private hospitals?

Yes. For public hospitals, for certain packages, requirement of mandatory documents has been reduced. In case SHA decides to make any document non-mandatory it must intimate, giving justification and take concurrence of NHA. (email: stg.hnqa@nha.gov.in)

5. Will the questionnaire differ with each procedure?

Yes, the questionnaire is different for each procedure. Few questions may be common to all, but most are customized as per the requirement of the procedure.

For e.g. Barcode for implant is asked only in those cases where implant has been used. Similarly, specific investigations are asked for each procedure.

6. Already some questions are asked at PPD/ CPD level? How is STG questionnaire different from those existing?

The questions that were asked so far at the PPD/ CPD level were medical audit questions by the auditors. The STG questionnaires are for MEDCO, PPD and CPD and are integrated in the IT system. The response to these questions may be monitored by the auditors.

7. Will the STGs enable introduction of auto query feature for PPD/ CPD?

No. Currently the auto query feature is not enabled for PPD/ CPD with the introduction of STG.

8. How does one confirm that they have opened/ referred/ read the STG?

Currently this feature is not enabled. We hope that the pop up will remind the concerned to open and refer the STGs as this will come for each case of the specific package whenever it is booked/processed.

9. Can the SHA decide to make certain mandatory documents non-mandatory?

In case SHA decides to make any document non-mandatory it must intimate, giving justification and take concurrence of NHA. (email: stg.hnqa@nha.gov.in)

10. Can a State/ UT opt for using STGs for a few packages only as per the requirement of the State/ UT?

No. The STGs for all packages will be integrated in the IT system in a phased manner. States cannot pick and choose only for specific packages.

11. Can a State/ UT do away with STGs for government reserved packages?

No. We are moving towards quality of care across both public and private hospitals and would be working towards standardized approaches. The public hospitals are also paid at par in most states so accountability to public funds is uniform across type of hospitals to ensure quality of care to beneficiaries.

12. Can the State/ UT start to implement STGs with only private hospitals?

Yes if absolutely needed for a short time-frame but eventually it has to be extended to all hospitals, but the same has to be officially conveyed to NHA with justification- e-mail: stg.hnqa@nha.gov.in and obtain concurrence.

13. Some States have changed the mandatory document requirement for certain packages. What about uploading mandatory documents for such packages in these States?

The SHA may share details of such packages through e-mail: stg.hnqa@nha.gov.in and the reason for their decision to NHA for concurrence. However, the change will only be made at the State level if NHA approves and not at the national level. For portability cases the national mandatory documents will still continue to be applicable.

14. Are these STGs also applicable to those States who are using their own IT software (other than NTMS)?

The adoption of STGs by all States/UTs is mandatory. NHA recommends that all SHAs migrate to IT system developed and maintained by the NHA. Till this is done, the States which are using their own IT software are encouraged to adopt these in their system as well, at the earliest. NHA has initiated time-bound facilitation of this process. However, for portability cases for specific packages it will be applicable as and when they are integrated in NTMS.

15. What are the implications for non-compliance?

It is mandatory to upload the mandatory documents and fill the questionnaire. The steps have to be followed to initiate the pre-auth, discharge or process the case. It will lead to accountability on the person filling the questionnaire. If the answer filled in is opposite of the expected answer without due justification may lead to raising a query by the PPD/ CPD. The monitoring of adherence to STGs

will also be done at the national level by NHA and necessary directions to concerned states/hospitals will also be issued as and when any major deviations are noticed.

16. Mandatory documents were required earlier also. Then what is the change after the introduction of STGs?

Mandatory documents have been rationalized with the introduction of STGs.

17. Can the PPD/ CPD reject a case if the mandatory document hasn't been uploaded/ a wrong document has been uploaded?

PPD/ CPD must raise a query in such a case and clarify from the hospital and then follow the rejection process as established by the States/ National Health authority under Claims Adjudication. The claims adjudication manual is available at <https://pmjay.gov.in/resources/documents> (under Claim Adjudication)

18. Will there be an autogenerated standard remark of the case being rejected if the relevant mandatory document is not uploaded?

No such remark will be generated. The PPD/ CPD must raise a query in such a case and clarify from the hospital. If even after such query, the document is not submitted in 7 days, the claim may be rejected.

19. What is the significance of questionnaire tab?

Selecting the questionnaire tab will open the questionnaire list. It is a check list for hospitals, PPD and CPD to confirm that all required documents have been uploaded and checked for necessary details.

20. Will there be a warning sign/ pop-up alert for MEDCO at the time of blocking any package if there is any mismatch between the package booked and age/ gender of the patient?

This feature is currently available for gender in TMS for MEDCO as well as PPD & CPD. Further, certain questions for some packages have also been included in specific STGs to verify this mismatch.

21. Will the STGs and its questionnaire be applicable for Bulk approval at SHA level as well?

This is not applicable currently for bulk approval by SHA. The SHA may use the STGs for further guidance in individual cases.

22. Are STGs available for surgical complications also?

STGs will be made available only for those surgical complication package that are available in HBP2.0 and corresponding HBP1.0 packages. For e.g. 'Excessive bleeding requiring re-exploration', etc.

23. How will the PPD questions appear in auto approved cases?

For auto approved cases, the PPD questions will appear in CPD questionnaire.

24. Government reserved packages and auto approved packages may vary from State to State. What about such cases?

In such cases the STGs will be deployed as per the State specific government reserved and auto approved packages.