**Scope of Work**

Landscape Analysis- Accreditations and Certifications for improving quality of healthcare under Pradhan Mantri Jan Arogya Yojana

1. **BACKGROUND**

Quality of care in health services is one of the key elements on the path to Universal Health Coverage (UHC), and critical for India to achieve the health goals under the Sustainable Development Goals (SDGs). The launch of the Ayushman Bharat reform by Government of India in 2018, aims at making interventions in primary, secondary, and tertiary care systems, covering both preventive and promotive health, to address healthcare holistically. With two program components of Health and Wellness Centres for comprehensive primary care and Pradhan Mantri Jan Arogya Yojna (PM-JAY) for secondary and tertiary hospital care the vision is ensure wellness and continuity of care. With a hospital cover of Rs Five Lakhs per family PM-JAY brings the unique opportunity of strategic purchasing from public and private hospitals and can influence the access and quality of hospital care and reduce catastrophic expenditure on hospitalization for the 40 percent of the population covered.

However, on the supply side India’s health delivery system is highly privatized, fragmented and comprising of small to medium hospitals managed and run as independent proprietorship business, facing challenges of financing, infrastructure, and human resources which, affects standards and quality of care. In three years, PM-JAY has built a hospital network of over 2900 public and private hospitals. While PM-JAY empanelment criteria address some of above concern to some extent, however there is an urgent need to increase standardized care in highlight fragmented network.

Accreditation is a globally recognized as regulatory intervention which can help in keeping oversight on quality of care. In context to PM-JAY at national level there is a Quality Certiﬁcation programme a joint initiative by National Health Authority (NHA) and Quality Council of India (QCI) that focus on accelerating certification for hospitals at various levels. Hospitals achieving PM- JAY Bronze certifications are provided 5% higher package rates respectively. Further, if an empanelled hospital attains entry level NABH accreditation, it is incentivized by reimbursing the cost of treatment at a rate which is 10 per cent higher that the standard package rates. Similarly, a PMJAY empanelled hospital attaining full NABH accreditation is paid 15 percent higher rate.[[1]](#footnote-2) Similarly the introduction of pre accreditation entry level program of the National Accreditation Board of Hospitals and Healthcare Providers (NABH) in partnership with the Insurance Regulatory and Development Authority (IRDA) aims to provide entry level certification to hospitals which are participating in cashless insurance schemes. More recently, 15% incentives have been added for public facilities certified by National Quality Assurance Standards (NQAS). Additionally standard treatment guidelines have been issued. Despite several initiatives the pace of accreditations has remained gradual and incremental.

ACCESS Health International provides implementation supportto the State Health Agencies in Uttar Pradesh and Kerala in implementation of PM-JAY towards building state leadership in evidence-based implementation, use of efficient, multisectoral and cost-effective interventions for increasing beneficiaries’ access to quality healthcare, improved experience and reduced out of pocket expenditure. One of the thematic areas of the state engagement is quality and increasing value-based care under PM-JAY. Towards this end ACCESS Health is undertaking an analysis to understand the landscape of accreditations and certifications in India to develop models and interventions that support state health agencies advance the agenda of increasing accredited hospitals in the network as a first step towards standardizing care.

ACCESS Health is contracting ISOS Consultancy in undertaking a landscape analysis towards developing models for states to increase accreditation.

1. **LANDSCAPE FRAMEWORK**

**Objectives**

Develop a set of scalable models/intervention for State Health Agencies to enable PM-JAY hospital network to advance their commitment to patient safety and quality through certifications and accreditations.

**Areas of Study**

Taking into consideration the above context and objectives the proposed analysis plans to explore the following themes, which have been selected with a focus on identifying scalable solutions. This is designed as an applied study which uses existing learnings, current context, opportunities to suggest models which can adopted by states.

1. Understand the policy evolution and implementation framework of accreditations in India and its impact on patient safety and quality.
2. Explore and identify the current knowledge, barriers, bottlenecks, motivations of both public and private hospitals towards accreditation and certifications and ecosystem support for scale up. Focus is understanding the detractors and drivers (infrastructure, human resources, financial, change management, IT systems, incentives, mandates etc.,).
3. Explore the challenges faced by the accreditation and certifying organizations and intermediaries in faster adoption of accreditation.
4. Identifying promising models and interventions from states which has accelerated the pace of accreditations.
5. Explore technology and digital transformation to increase capacity and capabilities for rapid scale up and adoption among network hospitals.

For each of the above theses specific areas of enquiry will be identified with a focus on actively seeking solution-oriented output.

**Methodology**

The analysis will adopt a mixed methods framework combining, desk research, outreach with the hospitals and qualitative in-depth interviews with ecosystem stakeholders at national and state level. While the desk review research will be comprehensive, the hospital outreach and state qualitative study will be limited to select states. The states will include Uttar Pradesh and Kerala. Additionally, 2 states will be shortlisted to provide geographical representation. We propose Maharashtra and Assam.

1. **Desk Research –** a international and national literature review will be conducted around the above themes. This will include review of books, journals, peer reviewed journals, study reports, websites, articles, and media report.
2. **Hospital Outreach-** the objective of the hospital outreach is to bring in first hand perspective of the PM-JAY network hospitals on the challenges, demand for accreditations and ecosystem support required to fulfil the commitment to patient safety and quality. This will be key to understand the demand.

A structured tool will be created and administered with the hospitals in the selected states. The sampling would be stratified random and cover 60-80 network hospitals of various sizes, categories, certified vs non-certified, types of certification / accreditations etc across the four selected states. The outreach will be conducted through online or telephonic discussions and interviews of the various categories of key respondents / informants like top management, hospital administrators and quality managers depending on the category of hospitals.

1. **Stakeholder Consultations-** one on one and small group stakeholder consultation will be facilitated to bring together diverse viewpoints.

* **Policy Makers and Regulators -** National Health Authority, Ministry of Health & Family Welfare, Insurance Regulation & Development Agency, Employee State Insurance Corporation.
* **Implementers** - State Health Agencies, National Health Mission, Private Insurance Companies & Third-Party Administrators.
* **Accreditation and Certification Organizations-** NABH, National Health Systems Resource Centres.
* **Professional Bodies and Association**- NATHEALTH, Indian Medical Associations, Association of Healthcare Providers, Consortium of Accredited Healthcare Organisations,
* **Intermediaries- Accreditation Support Agencies**

1. **Expert Review Workshop** - The draft landscape report and models/interventions developed will be presented to a diverse panel of expert stakeholders for review and comments. This exercise is expected to provide insights to identifying and prioritizing the high impact recommendations and solutions of the report.
2. **APPROACH & SCOPE**

The study will be done in four stages as detailed below. The work plan and the timeline are also presented below.

**Stage I – Final Scoping, Literary Review Primary Level and Validation of Report, Hospital Survey Tool Development and Policy Brief Structure**

* Develop study design in participation with ACCESS health. This will include detailed mapping / listing of stakeholders at national and each state level to be mapped. This would also include the IDI / Stakeholder discussion tools to be used for each level of stakeholders.
* Conduct mapping of the various literature review sources and quick review of the content to scope the scope and depth of coverage of various issues pertaining to healthcare quality and accreditation in Indian context.
* Develop a preliminary structure of the report with possible issues of coverage of issues and themes based on first level of literature review and analysis and preliminary landscape mapping from various sources. This preliminary structure proposed would be then shared / presented to a select group of experts / stakeholders for a primary buy in and guidance in terms of issues and themes that may be possibly covered by the report and policy brief.
* Develop and field test tools for hospital survey along with sampling plan.

**Stage II – Literature Review, Stakeholder Consultations and Network Hospital Study**

* Conduct stakeholder interviews at national and state level. The stakeholder consultations are planned to be done on both direct meeting and interviews and through video / audio conferencing as per availability and convenience of the identified stakeholders.Each stakeholder meetings would be captured using notes and transcripts / discussion minutes developed as output covering salient points covered in the consultation. Audio recordings of the consultation may not be practical since it may not be permitted by many of the stakeholders.
* Conduct hospital survey- this will entail a standard survey tool and administering it across 4 states. PM-JAY network hospitals would be approached, and discussions /questionnaire-based interviews conducted with key respondents / informants to collect the data. Data checking and validation would be done concurrently and follow up calls done for clarifications in case of missing information, discrepancies, and clarifications.

**Stage III – Analysis & Report / Deliverables Drafting**

* This stage would focus on synthesis and analysis of data collected through literature review, stakeholder consultations and network hospitals survey. A few brainstorming sessions would is expected between the Access Health team and research team in flushing out key ideas and recommendation of the report especially to ensure stakeholder buy in at national and state level.

**Stage IV – Expert Panel Review, Report and Policy Brief Finalisation and Dissemination Activities**

* The draft report and policy brief draft would be presented to a select panel of experts and stakeholders on a workshop mode and their feedback sought on various issues and suggestions made to improve the potential buy in from targeted beneficiary stakeholders.
* The report and policy brief would be updated based on the input received from the workshop and final draft version developed in discussion / reviews with Access Health team.
* The research team will also participate / support any dissemination session of the report organised by Access Health targeting any policy makers / stakeholders or through any event / conference forums.

**Deliverable**

1. Comprehensive Landscape Analysis Report with models
2. A short policy brief of 4-5 pages benefitting key policy making stakeholders with a roadmap for the national level adoption of these suggested models / solutions
3. A presentation and dissemination to a selected body of stakeholders

**Gantt Chart**

| **Activities/Deliverables** | **May 23-31** | **June 1-15** | **June 16-30** | **July 1-15** | **July 16-31** | **Aug 1-15** | **Aug 16-30** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Finalize the Study Design including tools and survey instruments. |  |  |  |  |  |  |  |
| Finalize list of documents for desk review |  |  |  |  |  |  |  |
| Finalize list of Stakeholders for In-depth interviews across the ecosystem. |  |  |  |  |  |  |  |
| Mapping of existing models/interventions across country |  |  |  |  |  |  |  |
| Complete the desk review report, with key themes for validation/additional information. |  |  |  |  |  |  |  |
| Conduct the Hospital Survey |  |  |  |  |  |  |  |
| Conduct the IDSs |  |  |  |  |  |  |  |
| Develop first level findings from desk review, hospitals survey and IDIs and potential solution |  |  |  |  |  |  |  |
| Presentation and discussion/validation with expert groups or stakeholders |  |  |  |  |  |  |  |
| Finalize the first draft report with findings and models (workflow details) |  |  |  |  |  |  |  |
| Finalize the report/brief and PowerPoint presentation |  |  |  |  |  |  |  |

**Budget**

The total budget for proposed engagement will be INR 13,45,200inclusive of taxes

**Bank Account Details**

|  |  |  |
| --- | --- | --- |
|  | **Name of the Beneficiary** | Isos Consultancy Services Pvt. Ltd. |
|  | **Bank Name** | Axis Bank Ltd. |
|  | **Account Number** | 909020042466448 |
|  | **Bank Address** | 4th Cross Rd, HRBR Layout 2nd Block, Kalyan Nagar, Bengaluru, Karnataka 500043 |
|  | **IFSC Code** | UTIB0000734 |
|  | **Swift Code** | AXISINBB227 |

**Remuneration**

The entire fee/compensation, not exceeding INR 13,45,200inclusive of taxes would be paid to the account mentioned above held by the Institute of Isos Consultancy Services Pvt. Ltd.

**Milestones for Payment**

|  |  |  |
| --- | --- | --- |
| **Sl.**  **No** | **Milestone** | **Disbursement** |
| 1 | Submission of Study Design with Tools for KII and Hospital Survey  Deliverable – Study Design and Tools | 30 % |
| 2 | Completion of the Desk Review and plan for the field work  Deliverable- Desk Research Report and Field Work Plan | 20 % |
| 3. | Completion of the Landscape Assessment  Deliverable – Presentation with findings and models | 30 % |
| 4. | Completion of final report with stakeholder inputs  A short policy brief of 4-5 pages benefitting key policy making stakeholders with a roadmap for the national level adoption of these suggested models / solutions  A presentation and dissemination to a selected body of stakeholders | 20% |

**Term of Contract**

This contract period is from **May 23, 2022** to **August 31, 2022.** Isos Consultancy Services Pvt. Ltd will be engaged under the agreement from the date of signing the contract till the date of closure as mentioned above**. The contract will be considered closed when the deliverable is received, and final report is submitted.**

1. https://pib.gov.in/PressReleseDetailm.aspx?PRID=1738169 [↑](#footnote-ref-2)