TAMIL NADU HEALTH SYSTEMS PROJECT

CHIEF MINISTER’S COMPREHENSIVE HEALTH INSURANCE SCHEME

THE INTERNATIONAL CONFERENCE ON HEALTH INSURANCE

*Bonne Sante’16*

PROJECT DIRECTOR,
Tamil Nadu Health Systems Society,
No. 359, Anna Salai, DMS Annexe Building,
Teynampet, Chennai – 600 006.
Topic: Inaugural Address & Valedictory Address
Dr. C. Vijayabaskar, Hon'ble Minister for Health, Government of Tamil Nadu.

About the Speaker

Dr. C. Vijayabaskar is the Hon'ble Minister for Health, Government of Tamil Nadu. The Hon'ble Minister is a Medical Doctor and also holds a Law Degree. He served as Health Minister from 2003. He has become the Health Minister at a young age of 39 years. He is very dynamic, energetic and provides valuable inputs for the various health programs in the State. Dr. C. Vijayabaskar is an excellent orator. He has an in-depth understanding of the Health Department. He has provided critical inputs for the successful implementation of CMCHIS. The Hon'ble Minister firmly believes in conducting evidence based monitoring reviews, conducts frequent field visits and is result oriented.

Topic: Special Address & Presidential address in Valedictory
By Dr. J. Radhakrishnan, I.A.S, Secretary to Government, Health and Family Welfare Department, Government of Tamil Nadu.

About the Speaker

Dr. J. Radhakrishnan is an Indian Administrative Service officer and has served as District Collector of Salem and Thanjavur. During his stint as District Collector, Nagapatinam, he carried out the massive Tsunami relief operations which were seen as India's timely response to a great human tragedy.

As Secretary, Health and Family Welfare Department, he has initiated several new programs. He has consolidated the Muthulakshmi Reddy Benefit Scheme, led the Health Department towards opening more new Medical College Hospitals and increased the number of medical seats, provided the framework for Urban Health Mission. Due to his untiring efforts the IMR has come down to 21 and MMR to 69 in the State of Tamil Nadu. He
coordinated all departmental efforts towards preventing break out of epidemic during December 2015 floods.

**Topic: Welcome Address & Key Note Address & Wrap up and Way Forward**

**Dr. Darez Ahamed I.A.S., M.D., NHM & Project Director (i/c), Tamil Nadu Health Systems Project**

**About the Speaker**

He presently holds the post of Managing Director, NHM & Project Director (i/c), Tamil Nadu Health Systems Project. A doctor turned IAS Officer, who has received the Prime Minister’s Award for “Excellence in Public Administration” in the civil services has made the backward Perambalur district attain national prominence by carrying out several developmental works like initiated state resident hub when he was a District Collector.

He has won appreciation for protecting girl children by checking on foeticide and female infanticide through various strategies like involving VHNs and ANMs in constantly holding up counselling sessions with the families and properly explaining the State Government Schemes such as the Muthulakshmi Reddy Scheme. The sex ratio was increased from 85 live births of girls per 1000 boys to 1016 in 2 years. His office has stopped >450 child marriages of all religions. After stopping child marriages ‘Sigaram’ a program he has launched will ensure those girl children to study further with facilities for stay in the school and colleges from the Government fund.

**Topic: Felicitation**

**Selvi. Neeta Rao, Country Officer, USAID:**

**About the Speaker**

Neetha Rao holds the post of Country Officer of United States Agency of International Development.
Topic: Felicitation & Provider – Payer linkage and emerging trends

Mr. Ariful Hoda, CMD, UIIC

About the Speaker

Shri Ariful Hoda has assumed charge as Officiating Chairman-cum-Managing Director of United India Insurance Co.Ltd. on 8th June, 2016. Shri Ariful Hoda is an Economic Graduate and is also a Fellow of Insurance Institute of India. Shri Hoda began his career as a Direct Recruit Officer of 1980 batch in National Insurance Company and has worked in various capacities in various parts of India including North East region.

He joined United India Insurance Co.Ltd. as Deputy General Manager in August 2008 after putting 28 years of Service in National Insurance Co.Ltd. He was promoted as General Manager in October 2012. He is a Council Member of Insurance institute of India and is a Director in Agricultural Insurance Company Ltd. Delhi.

Topic: Felicitation

Thiru S. Natarajan, I.A.S., Project Director, TN AIDS Control Society:

About the Speaker

Thiru S. Natarajan, I.A.S., joined civil service in 2005. He belongs to Ramanathapuram District. He is holding the post of Project Director, TN AIDS Control Society. He served as Thiruvarur District collector and Project Director (i/c) in TNHSP.
Topic: Felicitation & Role of Government in Strengthening the Public Health System to handle future challenges

Dr.P.Senthil Kumar, I.A.S., Special Secretary to Government:

About the Speaker

Dr.P.Senthil Kumar, I.A.S. is currently Special Secretary to Government, Health and Family Welfare Department. He did his Master of Public Health in graduation National University of Singapore and Harvard University and Ph.D in IARI, New Delhi. He was working previously as Transport Commissioner, Commissioner of Municipal Administration, Joint Chief Electoral Officer (Computerization), District Collector, Dindigul district.

Topic: Felicitation & Improving Health Insurance to cover Drugs and Diagnostics

Ms.Apoorva, I.A.S., Managing Director, TN Medical Services Corporation

About the Speaker

Ms.Apoorva, I.A.S., joined civil service in 1994. She is holding the post of Managing Director, Tamil Nadu Medical Services Corporation since 18.06.2016.

Topic: Felicitation


About the Speaker

Thiru.Mohan Pyare, I.A.S., joined civil service in 1985. This Officer belongs to 1985 IAS Batch. Has done M.Sc., (Physics) from Bihar University, M.Tech. (Applied Optics) from IIT Delhi, M.Phil (Social
Dr. K. Rajeswara Rao, I.A.S., Joint Secretary, Ministry of Health & Family Welfare, Government of India.

About the Speaker

Dr. K. Rajeswara Rao, I.A.S. holds the post of Joint Secretary in Ministry of Health and Family Welfare in Government of India and he is handling all activities relating to RSBY. He joined in Civil Service in 1988 (Batch 1988, Tripura M-T Cadre). He completed his Ph.D. in Social Sciences from the University of Jamia Millia Islamia, Delhi in 2011 and Post Graduate Degree (M.A. in Sociology), 1994, Annamalai University, Tamil Nadu.

Topic: Vote of Thanks

Dr. T.S. Selvavinayagam, Additional Director, TNHSP, Chennai.

About the Speaker

Dr. Selvavinayagam is an Health Administrator and holds a Masters degree in Community Medicine and has 22 years of experience in the field of Public Health. He is the Director of Institute of Community Medicine, MMC and also the Additional Director at TNHSP handling the Comprehensive Chief Minister’s Health Insurance Scheme and NCD Control program. He has played a key role in designing the CMCHIS program, creating a framework for corpus fund for government hospitals, devising
Standard Operating Procedures for high end surgeries, monitoring and implementation of the program at the field level. TNHSP was awarded the e-health award for Chief Minister’s Comprehensive Insurance Scheme by Tami Nadu Government for 2012 and 2013.

He has also been involved in conceptualization, participation and contract negotiation with Bloomberg Global Initiative for Smoke Free Chennai Project. Dr. Selvavinayagam, has organized the strategic planning meeting for revamping school health programme under National Rural Health Mission. His key focus area is Universal Health Coverage.

**Topic: Challenges and Solutions for Achieving Universal Health coverage through insurance**

**Dr. Girija Vaidyanathan, I.A.S., Additional Chief Secretary to Government of TN**

**About the Speaker**

Dr. Girija Vaidyanathan, is Civil Servant having joined the Indian Administrative Services in the year 1981 in Tamil Nadu cadre. She has wide experience in the design and financing of schemes in the development sector, having spent nearly fifteen years in the Health, Nutrition and Environment sectors at various leadership positions.

During her tenure as Mission Director of the State Health Society, Tamil Nadu received the award for best performance among the Non EAG states. She has been directly involved in the implementation of various programmes in the health sector, with specific focus on improvement of maternal and child health and strengthening of the public health system in the state. Dr. Vaidyanathan, who has the degree of Doctorate in Health Economics from the Indian Institute of Technology, Chennai is keenly interested in research which impacts policy formulation especially e-Governance activities of the health sector.
Topic: Effective linkage & support supervision under Health Insurance

Thiru .Pankaj Kumar Bansal, I.A.S., Managing Director, Chennai Metro Rail Limited, Chennai.

About the Speaker

Mr. Pankaj Kumar Bansal joined the Indian Administrative Service in the year 1997. He is a M-Tech in Thermal Engineering from IIT- New Delhi. He served as District Collector in the Thiruvallur, Dharmapuri and Sivagangai districts. He received the Prime Minister’s Award for best District Collector for implementation of NREG in Namakkal and Sivagangai Districts.

During his tenure as Project Director, TNHSP National Award (Gold) for e-governance 2011-12 was presented to Health Management Information Systems, Tamil Nadu Health Systems Project, Department of Health and Family Welfare, Government of Tamil Nadu for exemplary Re-use of ICT Based solutions. Award for active involvement, support and guidance for implementation of Free Hearse Services from His Excellency the Governor of Tamil Nadu.

During his stint as Project Director, TNHSP and Mission Director, National Health Mission, he has strengthened the CEmONC services in the State of Tamil Nadu. He also accelerated the procurement of hardware and software for HMIS, successfully up scaled the NCD programming primary, secondary and tertiary care institutions in all Districts.
**Topic: Improving the Health protection coverage by convergence**

**Dr.P.Bore Gowda, Executive Director, Suvarna Arogya Suraksha Trust, Government of Karnataka.**

**About the Speaker**


He got Servant of the Poor Award in total sanitation campaign in Shimoga District. He has been declared as National resource person in the field of total sanitation. The International Publishing House, New Delhi has honored for the exceptional performance in the chosen area of activity by awarding the Best Citizen of India.

**Topic: Key objectives of Biometric – smart card: Challenges & key take aways. Future road map: seeding Aadhaar, RFD and mobile based CRM**

**Mr.Sathya Shankar, Chief Executive Officer, Alchemist Infosystems:**

**About the Speaker**

Mr.Sathya Shankar is an expertise and 25+ years experience in leading & delivering multi-site, multi-platform, inter-disciplinary high technology enterprise Products & Solutions for multi-geographies in Asia, Africa and North America - Enterprise Mobility, Sensor Data, Acquisition & Networks with Short Range Data Wireless and IOT, e-Security based e-governance, Large Scale Biometrics, Smart Cards & RFID, Medical Equipment & Healthcare, Digital Signal Processing, Digital Image Processing & Visualization Solutions for Clinical Applications Workflow Automation & ERP Applications.

Topic: Transparency in empanelment and regulation of Hospitals

Mr. Praveen Yadav, CEO, MD India:

About the Speaker

Praveen Yadav is the Chief Administration Officer for MD India Healthcare TPA, headquartered in Pune, Maharashtra. He hails from Uttar Pradesh & has been associated with MD India since its inception in 2000, making him one of the first employees of the company. He has been instrumental in creating a lean mean team for seamless implementation of services for the Healthcare Insurance Products across India. Under his leadership, MD India has grown from a team of 40 members to 4000+ today, servicing over 9 crore members under health insurance. With his guidance, MD India has been awarded many accolades, the most prestigious being the Asia Insurance Awards 2014, as the “Best Service Provider of the Year”. He is a Bachelor of Physics from the Pune University & a Marketing MBA holder. Though a graduate in Marketing, he excels in Operations & Techno-commercial planning. He is a strategist with a vision of making MD India a consistent service provider with a difference. In his leisure time, he loves to drive fast cars, play badminton. He is passionate about Indian Classical Music. In addition, he has published many articles in Insurance Journals & is a faculty member at the National Insurance Academy & the Symbiosis College for MBA in Health Insurance, Pune. One of his quirks is, “If everything is fine, something is wrong......”

Topic: Misuse prevention

Mr. Girish Rao. CMD, Vidal:

About the Speaker

Mr. Girish Rao, Managing Director Vidal Health has more than 25 years of experience in Customer Service, Sales and Marketing functions. Mr. Girish Rao’s rich experience includes domestic and international assignments in industries spanning health insurance, consumer durables, telecom and web enabled services.

He co-founded TTK Healthcare Services Private Limited (TTK HCS) in 2002 and positioned the organization as a customer centric and innovative service provider. As a founder of Vidal Healthcare, a wellness company, he has acquired TTK Healthcare TPA (which is now known as Vidal Health TPA). He has been instrumental in building it into India’s leading Third Party Administrator (TPA), servicing leading public and private sector insurance companies.
Topic: Provider & Consumer Analytic
Dr. Vikram Chhatwal, Chairman, Medi Assist India TPA Pvt Ltd

About the Speaker

Vikram Chhatwal, Chairman and CEO, provides strategic vision and guidance to the Medi Assist Group. Under his leadership, Medi Assist has grown to become India’s largest TPA and is fast transforming into one of the most preferred health benefits and wellness partner for discerning corporates across the country.

Previously, Vikram served as the CEO of Reliance Health Ventures Limited, where he was instrumental in setting up the Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute. He was also the founder and CEO of (erstwhile) Apollo Health Street.

Vikram graduated with a medical degree from the Jawaharlal Nehru Medical College, India and obtained a PhD from National University of Singapore for his work in the field of genesis of cancer. He went on to study at the Fletcher School of Law and Diplomacy, Boston. He also holds an MBA in international business from Ecole Nationale des Ponts et Chaussees, France.

Topic: Improving Diagnostic Services through CMCHIS:
Dr. N. Manickavel, Medical Superintendent, Sri Ramachandra Medical College

About the Speaker

Dr. N. Manickavel is currently holding the post of Medical Superintendent at Medical Superintendent, Sri Ramachandra Medical College & Research Institute Research, Sri Ramachandra Hospital, Porur, Chennai – 600 116 since July 2016. He did his graduation and post graduation in General Surgery from Govt. Stanley Medical College. He was served as special trainee in the Department of General Surgery & Urology in Govt. Stanley Medical College Hospital. He joined Govt. Service on Nov, 1990. He served in various Govt. Health facilities and Medical Colleges. He retired as Associate Professor of General Surgery, Stanley Medical College, Chennai/ Superintendent Government Peripheral Hospital, Tondiarpet, Chennai – 600 081 on 31 st May 2016.
**Topic: Improving CMCHIS Software Application**

Mr. Ravipati Ramanjaneyalu, Senior Consultant, TNeGA, Government of Tamil Nadu

**About the Speaker**

Ramanjaneyulu Ravipati have completed B-Tech in Electronics & Telecommunication and having 21 + years of overall experience with extensive experience in Data Center Design and manage, planning, organizing, and managing staff and overall IT operations of fast growing enterprise IT infrastructure which includes maintaining, supporting, and optimizing key functional areas, particularly Storage, Network, Server, Security etc. Currently working as a Senior Consultant - Technology Management, State e-Governance Mission Team, in Tamilnadu e-Governance Agency, earlier worked as a IT Infrastructure Head in IVRCL Limited.

**Topic: Sharing Experience of JIPMER under CMCHIS**

Dr. Santhosh, Additional Professor and Head of Cardiology, Coordinator, JIPMER Quality Council

**About the Speaker**

He is a full time faculty in one of the three Medical Institutes of National Importance under Government of India. He is Heading the department of Cardiology and he is the examiner for DM and DNB Cardiology. He is an eminent and Interventional Cardiologist routinely performing Pediatric and Adult cardiac Interventions

**Topic: NHM Role in Strengthening Public Health Systems:**

Mr. Manoj Jhalani, I.A.S., Joint Secretary, Ministry of Health & Family Welfare, GOI

**About the Speaker**

He is an MP cadre IAS officer of 1987 batch. He has had an extremely rich and wide experience in leading, coordinating, and monitoring the design and implementation of policies and programmes of social and economic development at national, state, district and sub-district level.
He is presently handling the desk of Joint Secretary (Policy) in the MOHFW and oversees the implementation of Ministry’s flagship programme of National Health Mission (NHM) and is the nodal officer for UHC in the Ministry. He has completed his MBA in Public Service from the University of Birmingham, U.K. with distinction and B. Tech. in Electrical Engineering from I.I.T., Kanpur.

**Topic: Role of Insurance in Strengthening of Health System**
**Dr.T. Sundararaman, Dean, School of Health Science Studies, Tata Institute of Social Sciences, Mumbai.**

**About the Speaker**

Dr T. Sundararaman, is currently Professor and Dean of the School of Health Systems Studies in Tata Institute of Social Sciences. An MD in Internal Medicine from Madras University he spent the first 22 years of his professional life as a member of the faculty and Professor of Department of Internal Medicine, JIPMER. He then moved to working with public health systems - for first 5 years as head of the State Health Resource Centre Chhattisgarh from 2002 to 2007 where he pioneered the Mitanin programmes and state health sector reforms and then as executive director of National Health Systems Resource Centre, from 2007 to 2014 where he developed and led an institution providing technical support to the many initiatives undertaken under the National Rural Health Mission. He was also the member secretary of the Sector Innovation Council in Health. He also served as visiting faculty for one year in the Dept. of Social Medicine & Community Health in Jawaharlal Nehru University and as adjunct faculty in the dept. of humanities of IIT Chennai. All along he has also been an activist for health rights and an organizer of people’s health movements. He has published a number of research papers and popular books on strengthening public health services and on health policy.
**Topic: International and National Insurance models with policy perspectives expanding demand side health financing in India**

**Dr. Nishant Jain, Senior Technical Specialist (Health Insurance & Health finance), GIZ/Advisor to Government of India & RSBY team**

**About the Speaker**

Dr. Nishant Jain is currently working as Deputy Programme Director with social security programme of German Development cooperation (GIZ) in India.

He is an international expert in the field of health systems, health financing and health insurance and is advising Governments of various countries. He has designed many State Government Health Insurance Schemes in India and currently working as advisor to many state Governments.

Dr. Nishant Jain is one of the leading researchers in the field of health financing and health insurance in India and has published on various journals.

He has done Doctorate in Health finance from Indian Institute of Management, Ahmedabad.

**Topic: Role of pharmaceutical and equipment in bringing down healthcare cost**

**Thiru. Shambhu Kallolikar, I.A.S, Managing Director, TN Slum Clearance Board, Government of Tamil Nadu.**

**About the Speaker**

Thiru. Shambhu Kallolikar holds the post of Managing Director, TN Slum Clearance Board, Government of Tamil Nadu.

Shambhu Kallolikar was Joint Secretary in the Department of Pharmaceuticals, Government of India. During his stint as Joint Secretary, he has lead international delegations on Pharma, Bio Technology to European Union, Brussells. He was part of the delegation to the conference on modernisation of Pharma Sector in Soviet Russia and has lead delegations on Pharma and related issues to Ukraine and Algeria. He was part of the team involved in devising the Pharma pricing policy of the
Government of India. He has the unique distinction of acting as District Collector Pudukottai and later at Tiruvarur. He has authored a book on Rain Water Harvesting.

**Topic: Challenges in including new packages & its implications**

**Thiru.M.S.Shanmugam, I.A.S, Additional Secretary to Government, Industries Department, Government of Tamil Nadu**

**About the Speaker**

Thiru. Shanmugam serves as the Additional Secretary to Government, Industries Department, Government of Tamil Nadu. Mr. Shanmugam is a Member of the Indian Administrative Service. He served as Chairman of Southern Structuralis Limited and also served as a Director of Tamil Nadu Salt Corporation Limited, Tamil Nadu Cements Corporation Limited, Tamil Nadu Industrial Investment Corp. Ltd. and TICEL Biopark Limited.

Mr. Shanmugham, during his tenure as Project Director introduced the High Risk Pregnant mothers screening system intended to further reduce the MMR, prepared TNHSP for a smooth transition beyond September 2015. He was a part of recently concluded GIS last year.

**Topic: Financial Sustainability & Questions for future**

**Dr.P.Umanath I.A.S, Director, Rehabilitation, Government of Tamil Nadu.**

**About the Speaker**

Dr.P.Umanath joined the Indian Administrative Service in the year 2001. He began his career as Assistant Collector Trainee at Tirunelveli in 2002. Later he served as Sub-Collector of Nagapattinam & Deputy Secretary in the finance department before becoming District Collector of Coimbatore.

He is a man of integrity, straight forwardness, pleasing personality easily approachable, courteous, politically neutral and never got into any controversy.
He was able to get funds from the state and central for several projects and Coimbatore in the first district to get a state government sponsored information technology part under his excellent administration.

**Topic: Role of health Insurance in prevention, screening and treatment of select NCDs and risk factors involved**

**Ms. Sangeetha Carol Pinto, Operations Officer, World Bank:**

**About the Speaker**

[Image]

Ms. Sangeeta Carol Pinto is currently the Operations Officer, Health, Nutrition, Population Global Practice, The World Bank, India. Sangeeta Carol Pinto is a determined foot soldier of the development world who would like to be remembered for getting the job done to make a positive difference. Sangeeta has a Bachelor’s degree in Chemistry and Master’s in Business Administration. She started her career in the publishing world, having serendipitously found her calling in travel writing and environment journalism. Seven exciting years later, she gravitated to the health sector in India. Sangeeta has been with the Health, Nutrition and Population Team of the World Bank India Office since 2006. In her current role as the Operations Officer, Sangeeta is credited with turning around problem projects in the South Asia and East Asia Pacific Regions and ensuring these achieve stated development objectives. She has been part of the Bank Task Team managing the Tamil Nadu Health Systems Project. She currently co-leads the ICDS Systems Strengthening and Nutrition Improvement Project and supports the Accelerating Universal Access to Early and Effective TB Care, Bihar Integrated Social Protection Strengthening and the Tejaswini: Socioeconomic Empowerment of Adolescent Girls and Young Women in Jharkhand

**Topic: How can Data assist in Policy Discussions**

**Mr. P. Balasubramanian, Additional Director, Dept. of Economics and Statistics**

**About the Speaker**

[Image]

He has 29 years of experience in the field of applied statistics (Statistical modeling and data analysis). He is having broad experience in various domains namely academic (quality), Analytics, clinical trials, Economics, Commerce, Agriculture domains including over 15 year in managerial capacity. He is proficient in forecasting techniques, time series
analysis etc., Strong analytical and research skills as evidenced from doctoral degree and four publications. He has experience in handling data bases for statistical analysis, in using SAS for data analysis.(PROC REG, PROC ARIMA etc.)

**Topic: Health Insurance: What works? Evidence from evaluations:**

**Dr. Shagun Sabarwal, Associate Director - Training, J-PAL South Asia**

**About the Speaker**

Shagun Sabarwal is the Associate Director of Capacity Building at J-PAL South Asia and the Director of CLEAR (Centre for Learning on Evaluation and results) South Asia. Based in New Delhi, Shagun leads J-PAL’s and CLEAR’s efforts to strengthen the monitoring and evaluation capacity of various stakeholders including Governments and Policymakers in the South Asia region to ensure that policy is driven by evidence. She provides strategic oversight and leads CLEAR South Asia’s portfolio and supports the senior management at J-PAL in overall organizational strategy and management.

She holds a doctoral degree in Public Health from Harvard University and brings with her extensive experience in working in research and evaluation on a range of topics including gender, maternal and child health, violence against women and adolescent health. Prior to joining J-PAL Shagun was evaluation specialist with 3ie and a Fred H. Bixby Post-doctoral Fellow at the Poverty, Gender and Youth program at the Population Council, New Delhi Office.

**Topic: Chairperson**

**Mr. Keshav Desiraju, I.A.S., Former Secretary, Ministry of Health and Family Welfare, GOI:**

**About the Speaker**

Keshav Desiraju has recently retired from a career with the Indian Administrative Service and in 2013 was Secretary, Health & Family Welfare to the Government of India. He continues to remain engaged with issues in public health, particularly mental illness and mental health, primary health care and community health, and serves on the board of several non-profit organizations in the sector.
**Topic: Inclusion of Primary care**
**Dr. K.Kolandasamy, DPH & PM, Tamil Nadu.**

*About the Speaker*

Dr. K. Kolandasamy is the Director of Public Health and Preventive Medicine in Tamil Nadu. He has 21 years of experience in public health. He served the Epidemic Control Programme as a Joint Director, Health Services in Vellore and as Deputy Director in the Theni district. His areas of expertise include Maternal and Child Health, Communicable Diseases Prevention and Control and Disaster Mitigation. He aided the disaster management during super cyclone relief in Odhisa, landslide relief in Coonoor, tsunami relief and food relief in Nagapattinam, Thane Cyclone relief in Cuddalore and building collapse relief in Moulivakkam.

He is highly qualified with a Masters in Applied Epidemiology, Diploma in Industrial Hygiene, Post Graduate in Health and Family Welfare, Post graduate in Global Health and MCH, Diploma in Bio Ethics. He has a vision to strengthen the Public Health System by focusing on prevention strategies.

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**Topic: Implementation of CMCHIS in CMC, Vellore with focus on Chronic Diseases**

**Dr. Shibu Jacob, Assistant Professor (Nephrology), Christian Medical College, Vellore**

*About the Speaker*

Dr. Shibu Jacob is currently working as Assistant professor, Department of Nephrology, Christian Medical College, Vellore. He is interested in Dialysis and Kidney transplantation.
**Topic: Coverage of Psychiatric illnesses in CMCHIS**

Dr.K.V.Kishore Kumar - Director, The Banyan and Banyan Academy and leadership in mental Health.

**About the Speaker**

He has won awards for the Best Scientific paper, Royal college of Psychology, London, UK.1995 and One more special award by the honorate Chief Minister Karnataka State for work with homeless mentally ill in Bang lox in 2007. He has got membership in many professional social and boards. He also got Academic recognition as Project Officer, Honorable Consultant, Resource person, District Co-ordinator, Member of Task force, member of National Conductive Committee, Member of Need Assessment group in Disaster Management, District evaluator DMHP. He was a single man mission to evaluate the psychological need, of the population after the kargil war. He has contributed many International and National Assignment journal, Books, Manuals and interactive computer sakd video learning modules. He dedicated his entire service to the care of mentally ill.

**Topic: Challenges and innovations in enrolling beneficiaries**

Mr.Arul Prathan Singh, Director, Madras Securities Printers Pvt. Ltd.

**About the Speakers**

Mr. R. Arul Prathan Singh is a Director of the company and is an MBA in Finance from Cardiff University, UK. He plays an active part in the New Business Opportunities of the Company and is key in the growth of the company and in the manufacturing process.

He is also responsible for the international growth of the company and in developing new and unique products.

He possesses vast experience in different areas of Security Printing such as Bank’s Cheques and other Security Documents, Postage Stamps and Postal Stationery, Excise Stamps and other Taxation Stamps, License Stickers, Computerised and Manual Receipts Corporate Security Documents, etc., His innovative concepts and knowledge of advanced technologies in Security printing of the above Security documents help the company to keep pace with the fast changing Global Scenario.
Topic: Role of (IMA) Indian Medical Association in implementation of CMCHIS & Strengthening of Health System

Dr.C.N.Raja, Secretary, IMA, NHB

About the Speaker

C.N.Raja is holding the post of Secretary, Indian Medical Association, Nursing Home. A Senior ENT and Head & Neck Surgeon with 35 years of experience. Assistant Professor in Ear, Nose and Throat for 3 Years in Chengalpattu Medical College. Worked in the United Kingdom for 6 Years at Various Hospitals as ENT Surgeon. First Paediatric Cochlear Implant Surgeon in the rural part of Tamil Nadu. Currently Practicing as ENT and Head & Neck Surgeon at Annai ENT and Head & Neck Care Centre

Topic: Impact of CMCHIS on Government Health Facilities with regard to District Hospital perspective

Mr.K.Nantha Kumar, I.A.S., District Collector, Perambalur District

About the Speaker

He holds the post of the District collector in Perambalur district. Reached zenith of excellence and astonishing achievement by securing 30th rank in all India civil services examination in the year 2006 at his age of 26 years due to his sincerity, commitment and hard work. He completed his schooling in Namakkal Government school and Engineering in Pollachi Mahalingam college. While working in private sector he prepared for civil services examination. He was offered railway traffic system in UPSC on his second attempt itself.
Topic: Primary care in Cancer Possibilities and obstacles:  
Dr.V.Shanta, Chairman and Executive Chairman, Cancer Institute (WIA), Chennai:  

About the Speaker  

Dr.V.Shanta was born in a distinguished scientific family of India in Chennai. Her immediate grand uncle and uncle were both Noble Laureates. She graduated (M.B.B.S.) in 1949, D.G.O. in 1952 and M.D, in Obstetrics & Gynecology in 1955. In April 1955, she joined the fledgling Cancer Institute, established in 1954 by the Womens’ Indian Association Cancer Relief Fund, as its Resident Medical Officer in preference to the Asst. Surgeon’s Post in the Women & Children’s Hospital, Madras, to which she had been selected by the Madras Public Service Commission. 

Dr.V.Shanta is at present Chairman & Executive Chairman of the Cancer Institute (WIA) Chennai. 

Her entire medical life over 50 years has been dedicated to the mission of organising care of Cancer patients, the study of the disease, its prevention and control, the generation of specialists and scientists in different aspects of Oncologic Sciences. She has played an important role along with Dr. Krishnamurthi in the development of the Cancer Institute (WIA) from a cottage hospital of 12 beds to a major comprehensive Cancer Centre of national and international stature. She has played a pioneering role in all the achievements of the Institute. 

She was on WHO Advisory Committee on Cancer till March 2005. She was also Convener of the State Advisory Board on Cancer. She has been Chairman of the INDO-US Collaborative Group on Lymphoid Neoplasias (Indian Chapter), member of many ICMR Committees, member of the ICMR Task Force on Registries and member of the Syndicate of the Anna University. She was President of the Indian Society of Oncology (88-90), President of the Asian & Pacific Federation of Organisations for cancer control (97-99) and President of the 15th Asian & Pacific Cancer Conference (1999). She has participated in a number of Scientific International Collaborative Programmes.
Apart from many awards from public and official organisations for her contribution to the advances in management and control of Cancer, she was the recipient of major National and International Awards.

She has published over 95 papers in national and international journals, contributed chapters in Oncology books, delivered many prestigious orations and participated in many international and national conferences.

**Topic: Strengthening of Government Health facilities by CMCHIS**

**Dr. J. Cecily Mary Majella, Prof. of Cardiology, Madras Medical College & Hospital, Chennai.**

**About the Speaker**

Dr. J. Cecily Mary Majella is a consultant and Interventional cardiologist at Institute of Cardiology, Madras Medical College and Hospital.

A committed personality dedicated to extending the frontiers of cardiology by research, she has received many awards and prizes at cardiology conferences including D.P. Basu Young investigator award in cardiology in 2014. She has authored articles in European heart Journal and global heart journal and has credit many International and National presentation. She has also authored 3 Chapters in textbook of International cardiology.

**Topic: Health Insurance as a tool to bring down Out of Pocket Expenses (OOPs)**

**Dr. Sakthivel Selvaraj, Senior Public Health Specialist, Public Health Foundation of India**

**About the Speaker**

Dr. Sakthivel was a Takemi Fellow (Post-Doctoral Fellow at Harvard School of Public Health, Boston, US) and a Fulbright Scholar during 2006-07. He has a Ph.D. in Health Economics (1996-2001) from Jawaharlal Nehru University, New Delhi.

Dr. Sakthivel Selvaraj is a Health Economist who is currently engaged in teaching and research in the area of healthcare financing, pharmaceutical economics and equity in healthcare financing and delivery in India.
Earlier, he was engaged as a Health Economist in the National Commission on Macroeconomics and Health (NCMH), Ministry of Health and Family Welfare, New Delhi during 2004-05. S. Sakthivel also served as Consultant to the National Commission on Enterprises in the Unorganised Sector in India and as a Fellow at the Institute for Human Development (2005-06). Prior to joining NCMH, he was engaged as Research Associate in the Institute of Economic Growth (2002-04).

**Topic: Media as a viable and effective player for health insurance and strengthening health systems**

*Mrs. Pushpa Narayanan, Times of India*

*About the Speaker*

She holds the post of Senior Assistant Editor in Times of India. She covers health issues in Times of India since 1999.

**Topic: Impact of CMCHIS on Government Health facilities – DME institutions:**

*Dr. R. Vimala, M.D., Director of Medical Education, Government of Tamil Nadu*

*About the Speaker*

Dr. R. Vimala was born on 10th October 1958 and did her schooling at Coimbatore and later she completed her MBBS at Coimbatore Medical College in 1982 and joined Government service at Primary Health Centre at Melathur in Thanajvur District on 8th June 1987 and did her Post graduation in Pathology at Thanjavur Medical College between 1988 and 1990 and joined as Tutor in Pathology at Thanjavur Medical College on 1st April 1990 and become a Professor of Pathology at Coimbatore Medical College on 3rd June 1998. She became a Dean at Theni Medical College on 2nd March 2010. She was a Dean of Coimbatore Medical College and Madras Medical College and Rajiv Gandhi General Hospital, Chennai becoming the Director of Medical Education on 18th March 2016. During her days in teaching she has presented many papers in Indian and International Journals in histopathology and specifically on oncology.
**Topic: Impact of CMCHIS on Government Health Facilities – DMS Institutions**

**Dr. K. SENGUTTUVAN, M.D., Director of Medical and Rural Health Services:**

**About the Speaker**

Dr. K. SENGUTTUVAN a post Graduate in MD in General Medicine with over 3 decades of experience. Since 1986 he had gained experience both in Rural service and for the past 10 years, he holds several senior administrative positions in Medical Department of Tamil Nadu Government. He has Conducted more than 600 Chief Ministers Health Insurance Camps in Rural Areas as Specialized in Medicine for 5 years during in Rural Services. He played a prime role in expanding the services of CEmONC Centres, NICU and implementation of Revision of Medical Code, Organ transplantation, Pre-Concept Pre Natal Diagnostic Techniques Act and Ambulance Services in Tamil Nadu Health Services.

**Topic: CMCHIS Process Analysis**

**Dr. Muraleedharan, Professor, IIT, Madras**

**About the Speaker**

Dr. Muraleedharan has been the Professor of Economics in the Indian Institute of Technology (Madras) since 2000 having been involved in teaching at IIT Madras from July 1988. At present he is the Member of the Mission Steering Group of the National Rural Health Mission (Government of India). Currently, he is the Co-VicePresident of the Health Economics Association of India.

He graduated in 1981 with M.A (Honours) Economics, and then qualified for the degree of Ph.D. in Healthcare Economics, Indian Institute of Technology, Madras in the year 1988. He completed the Post-Doctoral Research, namely Takemi Fellow in International Health, Harvard School of Public Health, Boston (USA) in 1995-96. He also completed a Fellowship in History of Malaria, Rockefeller Archive Center (New York) May-June 1999. He is a Welcome Trust Fellow in the History of Medicine, December 1998. He has also served as the Head of the Department of Humanities and Social Sciences, IIT Madras.
Topic: NSSO Data

Mr. Anup Karan, Associate Professor, Public Health Foundation of India &
Mr. Uma Kanth Dash, professor of Economics, IIT (Madras)

About the Speakers

Anup Karan is currently working as Associate Professor at the Indian Institute of Public Health Delhi (IIPHD). He is an economist by basic training with Master's degree in Economics (Ranchi University, India) and D.Phil. in public health (health economics) from the University of Oxford. He completed ‘Research and Advanced Training in International Health’ from Harvard School of Public Health as a Takemi Fellow.

His core area of research includes health, employment and poverty and their interlinkages. Over the years, he has made significant contribution to the literature on inequality in healthcare financing and its consequences on households’ living status in India. He has published research papers on issues such as inequality in payments for healthcare, poverty and catastrophic impacts of out-of-pocket payments, economic impacts of non-communicable diseases, impacts of health insurance on financial risk protection etc. in different peer reviewed international and national journals.

About the Speaker

Umakant Dash is a Professor in the Department of Humanities and Social Sciences, Indian Institute of Technology Madras. Umakant specializes in Health Financing and Policy. He obtained his Ph.D in Energy Economics from IIT Kanpur and also holds a Diploma in Health System Management from Tulane University, US. Prior to joining IIT Madras in 2004, he worked as a faculty member in the Economics & Finance and later as Group Leader of the Management Studies in the Birla Institute of Technology and Science, Pilani (Rajasthan).

His primary research interests are in the economics of health care and corporate finance. His research projects pursue questions of equity, efficiency and risk protection in Indian Health System and are funded by DFID, Rockefeller Foundation and World Bank. He is also involved in collaborative research (through RESYST, CREHS, GHLC) with other partners from countries like South Africa, Thailand, Bangladesh, Ethiopia, Nigeria, Tanzania, Kenya and UK. His recent publications include, “Good Health at Low cost 25 years on: lessons for the future of health system strengthening”, Lancet (2013), where an attempt was made to explore why some countries have achieved better health outcomes than
others at a similar level of income. He is also member of various committees and task force at the national level.

Dash teaches courses like Health Care Economics, Econometrics, Financial Economics, Economic Evaluation of Health Care Programmes, Macroeconomics at both undergraduate and post graduate level.

**Topic: State Health Accounts**

**Mr. Indranil Mukhopadhyay, Senior Health Economist, Public Health Foundation of India**

**About the Speaker**

Indranil is a Senior Research Associate and WTP Post-Doctoral Fellow at Health Economics and Financing Unit at Public Health Foundation of India, Delhi. At the Health Economics unit, he works on various themes related to Universal Health Coverage, including health accounts, health financing, access to medicines and vaccines, health insurance, inequalities. He is also a visiting faculty at Dr. B. R. Ambedkar University, Delhi, and Tata Institute of Social Sciences, Mumbai where he teaches Health Economics. Indranil has a PhD in Health Economics from Centre of Social Medicine and Community Health, JNU, New Delhi. He has also completed his MPhil in Public Health and MA in Economics from JNU.

Indranil has ten year of research experience in the area of health financing. At PHFI, Indranil is currently leading the Health Accounts work in six Indian states as a Co-Investigator in the research project “Strengthening Eco-System for Sustainable and Inclusive Health Financing in India”. Indranil is an author in the forthcoming India focused Health Systems in Transition Series (HiTS) report. Indranil is part of the Asia Regional Flagship Course since 2014 as a trainer. His post-doctoral work is on provider payments mechanisms.

**Topic: SRDH: A tool for Beneficiary identification & Authentication**

**Thiru. T. K. Ramachandran, I.A.S., Principal Secretary to Government, Department of Information Technology, Government of Tamil Nadu**

**About the Speaker**

Thiru. T. K. Ramachandran, I.A.S served as Managing Director and Director of Tamil Nadu Newsprint and Papers Ltd. since June 2010 until January 9, 2012. Thiru. Ramachandran belongs to the 1991 batch of Indian Administrative Services. He has served Government of Tamil Nadu in various capacities including Collector
and DM in Ramanathapuram and Villupuram, Deputy Commissioner of Corporation of Chennai, Project Director of TN Road Sector Project, Project Director of Sarva Shiksha Abhiyan (SSA). His interests include Education, E-Learning, E-Governance and IT Policy, Urban Development, Infrastructure and Development Economics. Has received several awards and citations from Government of India and State Governments. He holds B.Tech. (Hons.) (IIT, Kharagpur); M. Tech. (CS) (IIT, Delhi) and Master in Public Policy (Princeton University) as 'World Bank - Robert McNamara’ fellow. His hobbies include writing, Indian classical music and trekking.

**Topic: Welcome Address**

**Dr. Ravibabu Sivaraj, Joint Director, CMCHIS**

**About the Speaker**

A Pathologist with Under Graduation and Post Graduation from Madras Medical College has vast Experience in Blood Banking and Transfusion Medicine. Has served as Deputy Director and Joint Director Blood Safety at The Tamilnadu State AIDS Control Society and was appointed as Member Specialist - Advisory Board of The Indian Council of Medical Research, the Highest body for Medical Research in India, as Specialist in Transfusion Medicine. He has been in the Implementing group for Health Insurance at TNHSP for the last 5 years and has been on the National Task force for The Implementation of the National Health Insurance Programmes. He has a number of papers to his credit at Both National and International Level.

**Topic: Vote of Thanks**

**Selvi. V. Kalaiarasi, D.R.O., Chief Minister’s Comprehensive Health Insurance Scheme**

Selvi. V. Kalaiarasi holds the post of District Revenue Officer in Chief Minister's Comprehensive health Insurance Scheme since 22.8.2013. She belongs to Madurai revenue unit and worked as Tahsildar, Thirumangalam, Special Tahsildar Social Security Scheme, Election Tahsildar, Madurai, Special Tahsildar Refugees and special Tahsildar Land acquisition, (Madurai South) National highways.

She worked as Excise supervisory officer and District Backward classes and Minority Welfare officer, Chennai in the cadre of Deputy Collector.
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<tr>
<td>09:00 a.m.</td>
<td>Registration</td>
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<tr>
<td></td>
<td>Inaugural Function (09:30 am to 11:00 am)</td>
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<tr>
<td>09:30 a.m.</td>
<td>Thamizh Thai Vazhthu</td>
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<tr>
<td>09:35 a.m.</td>
<td>Lighting of Kuthu Vilakku</td>
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<tr>
<td>09:40 a.m.</td>
<td>Welcome Address</td>
<td>Dr. Darez Ahamed, I.A.S., Mission Director National Health Mission &amp; Project Director, Tamil Nadu Health Systems Project, Government of Tamil Nadu.</td>
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<tr>
<td>09:50 a.m.</td>
<td>Felicitations</td>
<td>Ms. Neeta Rao Country Officer, USAID.</td>
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<tr>
<td>09:50 a.m.</td>
<td></td>
<td>Thiru. A. Hoda Chairman cum Managing Director, United India Insurance Co. Ltd.</td>
</tr>
<tr>
<td>10:30 a.m.</td>
<td>Special address</td>
<td>Dr. P. Senthil Kumar I.A.S., Special Secretary to Government, Health and Family Welfare Department, Government of Tamil Nadu.</td>
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<td></td>
<td>Thiru. Mohan Pyare. I.A.S., Additional Chief Secretary, Indian Medicine &amp; Homoeopathy, Government of Tamil Nadu.</td>
</tr>
<tr>
<td>10:30 a.m.</td>
<td>Inaugural address</td>
<td>Dr. K. Rajeswara Rao I.A.S., Joint Secretary, Ministry of Health &amp; Family Welfare, Government of India.</td>
</tr>
<tr>
<td>10:55 a.m.</td>
<td>Vote of Thanks</td>
<td>Dr. T. S. Selvavinayagam. M.D., D.P.H., D.N.B., Additional Director of Public Health, Government of Tamil Nadu.</td>
</tr>
<tr>
<td>Time</td>
<td>Topic</td>
<td>Speaker</td>
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<tr>
<td>11:00 a.m. - 11:30 a.m.</td>
<td>National Anthem.</td>
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<tr>
<td>11:30 a.m. - 11:50 a.m.</td>
<td>Key Note Address: Highlights &amp; Critical evaluation of CMCHIS</td>
<td>Dr. Darez Ahamed, I.A.S., Mission Director, National Health Mission &amp; Project Director, Tamil Nadu Health Systems Project, Government of Tamil Nadu.</td>
</tr>
<tr>
<td>11:50 a.m. - 12:10 p.m.</td>
<td>Plenary Session 1: Challenges and solutions for achieving Universal health coverage through insurance</td>
<td>Smt. Dr. Girija Vaidiyathan, I.A.S., Additional Chief Secretary to Government, Government of Tamil Nadu.</td>
</tr>
<tr>
<td>12:10 p.m. - 12:40 p.m.</td>
<td>Plenary Session 2: Learning experience of RSBY and convergence of National Health Insurance with State Health Insurance</td>
<td>Dr. K. Rajeswara Rao, I.A.S., Joint Secretary, Ministry of Health &amp; Family Welfare, Government of India.</td>
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<tr>
<td>12.40 p.m. - 01:00 p.m.</td>
<td>Open Discussion &amp; Concluding Remarks</td>
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<tr>
<td>01:00 p.m. - 02:00 p.m.</td>
<td>LUNCH BREAK</td>
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### Day 1: Thursday, 25th August, 2016 – Afternoon Session

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<td>02:00 p.m. - 02:15 p.m.</td>
<td>Introduction</td>
<td>Chairperson / Moderator</td>
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<td>02:15 p.m. - 02:35 p.m.</td>
<td>Effective linkage &amp; Support supervision under Health Insurance</td>
<td>Mr. Pankaj Kumar Bansal. I.A.S., Managing Director, Chennai Metro Rail Limited, Government of Tamil Nadu.</td>
</tr>
<tr>
<td>02:35 p.m. - 02:55 p.m.</td>
<td>Provider – Payer linkage and emerging trends</td>
<td>Mr. A. Hoda, Chairman cum Managing Director, United India Insurance Co. Ltd.</td>
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<tr>
<td>02:55 p.m. - 03:15 p.m.</td>
<td>Improving the health protection coverage by convergence</td>
<td>Dr. P. Bore Gowda, Executive Director, Suvarna Arogya Suraksha Trust, Government of Karnataka.</td>
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<tr>
<td>03:15 p.m. - 03:30 p.m.</td>
<td>Key objectives of Biometric – smart card: Challenges &amp; key take aways. Future road map: seeding Aadhaar, RFD and mobile based CRM</td>
<td>Mr. Sathya Shankar Chief Executive Officer, Alchemist Infosystems</td>
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<td>03:30 p.m. - 03:45 p.m.</td>
<td>Improving CMCHIS Software Application</td>
<td>Mr. Ravipati Ramanjaneyulu, Senior Consultant, TNeGA, Government of Tamil Nadu.</td>
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<td>03:45 p.m. - 04:15 p.m.</td>
<td>Discussion and Concluding Remarks</td>
<td>Chairperson &amp; Moderator</td>
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**Day 1: Thursday, 25th August, 2016 - Afternoon Session**

**Hall 2**

**Technical Session 1: Improving CMCHIS - Track 2**

**Chairperson:** Smt. Dr. Girija Vaidiyanathan, I.A.S., Additional Chief Secretary to Government,

**Moderator:** Dr. V.R. Muraleedharan. Professor, IIT, Madras

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<tr>
<td>02:00 p.m. – 02:10 p.m.</td>
<td>Introduction</td>
<td>Chairperson / Moderator</td>
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<tr>
<td>02:10 p.m. – 02:30 p.m.</td>
<td>Transparency in empanelment and regulation of Hospitals</td>
<td>Mr. Praveen Yadav, Chief Administrative Officer, MDIndia Healthcare Services TPA Pvt. Ltd.</td>
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<tr>
<td>02:30 p.m. – 02:50 p.m.</td>
<td>Misuse prevention</td>
<td>Mr. Girish Rao. CMD, Vidal Healthcare TPA Pvt. Ltd.</td>
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<tr>
<td>02:50 p.m. – 03:20 p.m.</td>
<td>Provider &amp; Consumer Analytic</td>
<td>Dr. Vikram Chatwal, Chairman, Medi Assist India TPA Pvt. Ltd.</td>
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<td>03:20 p.m. – 03:40 p.m.</td>
<td>Improving Diagnostic Services through CMCHIS</td>
<td>Dr. N. Manickavel, Medical Superintendent, Sri Ramchandra Medical College.</td>
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<td>03:40 p.m. – 03:55 p.m.</td>
<td>Sharing experience of JIPMER under CMCHIS</td>
<td>Dr. Santhosh, Head of the Department (Cardiology), JIPMER, Puducherry.</td>
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<tr>
<td>03:55 p.m. – 04:15 p.m.</td>
<td>Discussion &amp; Concluding Remarks</td>
<td>Chairperson &amp; Moderator</td>
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<td>04:15 p.m. – 04:30 p.m.</td>
<td>Tea Break</td>
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<td>Time</td>
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| 04:30 p.m. - 05:00 p.m. | **Plenary Session 4:** NHM Role in strengthening public Health Systems  
  Mr. Manoj Jhalani, I.A.S., Joint Secretary, Ministry of Health & Family Welfare, Government of India. |
| 05:00 p.m. - 6:00 p.m. | **Hall 1**  
  **Chairperson:** Dr. Darez Ahamed, I.A.S., Mission Director, National Health Mission & Project Director, Tamil Nadu Health Systems Project, Government of Tamil Nadu.  
  | Introduction  
  MDIndia Healthcare Services TPA Pvt. Ltd.  
  Vidal Healthy TPA.  
  Medi Assist India TPA Pvt. Ltd.  
  Govt. Medical College & Hospital, Theni.  
  Billroth Hospital, Chennai.  
  Gem Hospital, Coimbatore.  
  Madras ENT Research Foundation, Chennai.  
  Deepa Hospital, Tiruppur.  
  Suraksha Hospital, Salem. |
| 05:00 p.m. - 6:00 p.m. | **Hall 2**  
  **Chairperson:** Smt. Amudha, I.A.S., Commissioner Food Safety  
  | Introduction  
  Govt. Madras Medical College & Hospital, Chennai.  
  Govt. Medical College (Paed. Dept.), Vellore.  
  Meenakshi Mission Hospital, Madurai.  
  Narayana Hrudhalaya, Bangalore.  
  Dr. Thiru Neuro Hospital, Salem.  
  Vivekanada Hospital, Namakkal.  
  Govt. District Head Quarters Hospital, Ramanathapuram.  
  Govt. Primary Health Centre, Ramanathapuram District.  
  Beneficiaries - 3 |
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<td>07.00 p.m. -</td>
<td>Light Music &amp; Dinner</td>
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<td>Onwards</td>
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<td>09.00 a.m. -</td>
<td>Plenary Session 5:</td>
<td>Dr. T. Sundararaman,</td>
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<td>09:30 a.m.</td>
<td>Role of Insurance in</td>
<td>Dean,</td>
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<td>Strengthening of Health systems</td>
<td>School of Health Sciences Studies,</td>
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<td>Tata Institute of Social Sciences, Mumbai.</td>
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<td>09:30 a.m. -</td>
<td>Plenary Session 6:</td>
<td>Dr. Nishant Jain,</td>
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<td>10:30 a.m.</td>
<td>Panel Discussion</td>
<td>Sr. Technical Specialist,</td>
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<td>International and</td>
<td>(Health Insurance &amp; Health</td>
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<td></td>
<td>National Insurance models with policy perspectives and</td>
<td>Finance),</td>
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<td>expanding demand</td>
<td>GIZ/ Advisor to Government of</td>
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<td>side health financing in India</td>
<td>India &amp; RSBY Team.</td>
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<td>11:30 a.m. -</td>
<td>Challenges in</td>
<td>Mr. M.S. Shanmugam. I.A.S.,</td>
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<td>11:45 a.m.</td>
<td>including new packages &amp; its</td>
<td>Additional Secretary to</td>
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<td>implications</td>
<td>Government, Industries</td>
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<td>Department,</td>
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<td>Government of Tamil Nadu.</td>
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<td>11:45 a.m. -</td>
<td>Financial</td>
<td>Dr. P. Umanath I.A.S.,</td>
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<tr>
<td>12:00 Noon</td>
<td>Sustainability &amp; questions for future</td>
<td>Director, Rehabilitation,</td>
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<td>Government of Tamil Nadu.</td>
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<td>12:00 Noon -</td>
<td>Role of Health</td>
<td>Ms. Sangeeta Carol Pinto,</td>
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<tr>
<td>12:15 p.m.</td>
<td>Insurance in</td>
<td>Operations Officer,</td>
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<td>prevention, screening and treatment of</td>
<td>World Bank.</td>
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<td>select NCDs and risk factors involved</td>
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<tr>
<td>Time</td>
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<td>11:15 a.m. – 11:30 a.m.</td>
<td>Inclusion of Primary Care</td>
<td>Dr. Kolandasamy, Director of Public Health &amp; Preventive Med. Government of Tamil Nadu.</td>
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<tr>
<td>11:30 a.m. – 11:45 a.m.</td>
<td>Implementation of CMCHIS in CMC Vellore with focus on Chronic Diseases</td>
<td>Dr. Shibu Jacob, Assistant Professor (Nephrology), Christian Medical College, Vellore.</td>
</tr>
<tr>
<td>11:45 a.m. – 12:00 p.m.</td>
<td>Coverage of Psychiatric Illnesses in CMCHIS</td>
<td>Dr. Kishore Kumar.K.V., Director, BANYAN.</td>
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<td>12:00 p.m. – 12:15 p.m.</td>
<td>Challenges and innovations in enrolling beneficiaries</td>
<td>Mr. Arul Prathan Singh, Director, Madras Security Printers Pvt. Ltd.</td>
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<tr>
<td>12:15 p.m. – 12:30 p.m.</td>
<td>How can Data assist in Policy decisions</td>
<td>Dr. P. Balasubramanian, Additional Director, Department of Economics and Statistics.</td>
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<td>12:30 p.m. – 12:45 p.m.</td>
<td>Health Insurance: What works? Evidence from evaluations</td>
<td>Dr. Shagun Sabarwal, Associate Director-Training, J-PAL, South Asia.</td>
</tr>
<tr>
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<tr>
<td>12:15 p.m. – 12:30 p.m.</td>
<td>Role of (IMA) Indian Medical Asscn. In implementation of CMCHIS &amp; strengthening of Health Systems</td>
<td>Dr. C.N. Raja, Secretary, IMA NHB.</td>
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<td>02:25 p.m. – 02:40 p.m.</td>
<td>Impact of CMCHIS on Government Health Facilities with regard</td>
<td>Mr. K. Nantha Kumar I.A.S., District Collector, Perambalur District,</td>
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<tr>
<td>Time</td>
<td>Session Title</td>
<td>Speaker</td>
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<td>02:40 p.m. - 02:55 p.m.</td>
<td>Primary care in Cancer Possibilities and obstacles</td>
<td>Dr. V. Shantha, Chairman, Cancer Institute (WIA), Chennai.</td>
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<tr>
<td>02:55 p.m. - 03:05 p.m.</td>
<td>Strengthening of Govt. Health Facilities by CMCHIS</td>
<td>Dr. Cecily Mary Majella, Prof. of Cardiology, Govt. Madras Medical College &amp; Hospital, Chennai.</td>
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<td>03:05 p.m. - 03:15 p.m.</td>
<td>Health Insurance as a tool to bring down Out of Pocket Expenses (OOPs)</td>
<td>Dr. Sakthivel Selvaraj, Sr. Public Health Specialist, Public Health Foundation of India.</td>
</tr>
<tr>
<td>03:15 p.m. - 03:25 p.m.</td>
<td>Media as a viable and effective player for health insurance and strengthening Health Systems</td>
<td>Mrs. Puspha Narayanan, Times of India.</td>
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<td>02:20 p.m. – 02:35 p.m.</td>
<td>Role of Government in strengthening the Public Health system to handle future challenges</td>
<td>Dr. P. Senthil Kumar, I.A.S., Special Secretary to Government, Health and Family Welfare Department, Government of Tamil Nadu.</td>
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<tr>
<td>02:35 p.m. – 02:45 p.m.</td>
<td>Impact of CMCHIS on Govt. Health Facilities - DME institutions</td>
<td>Dr. Narayanababu, Director of Medical Education, Government of Tamil Nadu.</td>
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</tbody>
</table>
In order to achieve the objective of Universal Health Care to the People of Tamil Nadu, the Government has issued orders in G.O.Ms.No.169 Health and Family Welfare Department dated: 11th July, 2011 for implementation of New Insurance Scheme, called Chief Minister’s Comprehensive Health Insurance Scheme. The scheme was inaugurated by the Hon’ble Chief Minister on 11th January, 2012. The sum assured is Rs.1/ lakh per year per family along with a provision to pay upto Rs.1.5 lakh per year per family for certain specified 77 procedures. Hence upto 4 lakhs coverage is being provided to each family in 4 years. This scheme will cover 1016 procedures which include 23 important diagnostic procedures and 113 follow up procedures. Since the existing contract is nearing completion, it has been proposed to conduct a two day International Conference on Health Insurance on 25 – 26 August, 2016 at the Confluence Banquets & Resorts, Mahabalipuram as a means to examine CMCHIS in the light of Policy, Implementation, Outcome & end user perspectives and draw lessons.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>02:55 p.m. – 03:05 p.m.</td>
<td><strong>CMCHIS Process Analysis</strong></td>
<td>Dr. V.R. Muraleedharan, Professor of Economics, Indian Institute of Technology (Madras).</td>
</tr>
<tr>
<td>03:05 p.m. – 03:15 p.m.</td>
<td><strong>NSSO Data</strong></td>
<td>Mr. Anup Karan, Associate Professor, Public Health Foundation of India &amp; Mr. Uma Kanth Dash, Professor of Economics, Indian Institute of Technology (Madras).</td>
</tr>
<tr>
<td>03:15 p.m. – 03:25 p.m.</td>
<td><strong>State Health Accounts - Tamil Nadu</strong></td>
<td>Mr. Indranil Mukhopadhyay, Senior Health Economist, Public Health Foundation of India.</td>
</tr>
</tbody>
</table>
to move forward. The objectives of the conference are as follows 1. To steer CMCHIS as an effective health care financing tool for strengthening Health Systems to achieve Universal Health Care. 2. To learn the best practices of Health Insurance Schemes implemented by other States / Nations for incorporation into the existing CMCHIS. 3. To see the outcomes and trends in performance and evaluate the relevance of Health Insurance Scheme in the light of SDGs.

4. To bring in National & International expertise to lay down a road map for the future. The expected outcome of the conference is to lay down a clear cut roadmap for achieving Universal Health Coverage and providing quality Universal Health Care through effective reforms. The learning of the conference will be incorporated into the upcoming tender for CMCHIS. There will be plenary session, panel discussions, and technical sessions by galaxy of national & international speakers and interactive sessions. Around 800 delegates are expected with the background of policy makers, implementers of CMCHIS, Insurance Payers, third party administrators, Health Care Providers, scheme Implementers from other states / countries, GOI officials and different other stakeholders including WHO, UNICEF & World Bank officials.

FELICITATIONS and OPENING REMARKS:

The conference topics are based on three main themes viz. 1. Improving CMCHIS 2. Expanding CMCHIS 3. Strengthening Public Health Systems

1. HEALTH SECRETARY

The Health Secretary welcomed the gathering and said that CMCHIS is the Flagship programme of the Government with UIIC. At present, about 1.59 crore families have been enrolled with CMCHIS. The Claims ratio stands at 107%. The Health Secretary deliberated how much more people can benefit by refining the
Scheme with the aim of attaining the 2023 MDG goals. Many goals pertaining to MCH, disease control, both communicable disease and NCD have been attained. Globalisation and industrialisation have to bring in the concept of free treatment. From PHC to tertiary care to hospitals per day IP alone is 80000. But today in Tamil Nadu, accessibility has improved and the focus should be on patient satisfaction. With this intent, and no preconceived notions, avoiding spurious correlations, balancing of intent and underlying changes with no compromise on quality to be deliberated. The challenges and bottlenecks in implementing can be conceived from other models in a dispassionate way.

2. Honourable Minister for Health & Family Welfare
The Health Minister lauded the Scheme performance, the flagship programmes of the Government that 270 crores have been spent for High End Procedures with a Claims ratio at 107%. New benchmarks on par with developed countries having similar scenarios have to be developed. Important thing is progress made and success achieved by the Scheme.

3. Other dignitaries offered felicitations.

Topic:-
Key Note Address Highlights and Critical evaluation of CMCHIS.

SESSION: Plenary 6

DATE: 25-08-2016  TIME: 11:30 am - 11:50 am

Speakers Profile:

NAME: DR. DAREZ AHAMED. I.A.S

DESIGNATION: Mission Director, NHM,
Project Director i/c CMCHIS,

DEPARTMENT: TNHSP
PLACE: GOVT OF TAMIL NADU

Synopsis:

- The Project Director welcomed the Gathering; he was talked briefly about the CMCHIS scheme policy, implementation, and way to go forward.

- He was explained about the Preauth and claims distribution secured according to the card distribution.

- He has mentioned about the Mean preauth amount and claims amount has decreased, the coverage and access issues to be addressed.

Topic:-
Challenges and solutions for achieving universal health coverage through insurance

SESSION: Plenary 1
DATE: 25-08-2016

Speakers Profile:-
Name: DR. GIRIJA VAIDIYANATHAN
Designation: I.A.S
Department: ADDITIONAL CHIEF SECRETARY TO GOVERNMENT
Place: GOVERNMENT OF TAMILNADU

DR. GIRIJA VAIDIYANATHAN started “The goal of universal health coverage (UHC) is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them.

- Basic requirements of UHC is a strong, efficient, well-run health system that meets priority health needs, besides financing to avoid financial hardship by facilitating access to essential medicines and other health technologies besides. Sufficient capacity of well-trained, motivated health workers provide the services needed in all settings with priorities. It is noticed however that all people irrespective of economic status utilise public hospitals with a majority of poor and the underprivileged.

- Coverage: Though 90% of those ailing sought formal care in the state, roughly 35% of OP and IP care is utilized in public sector. Those to be covered are to be determined.

- Services covered: Growing burden of Chronic and Non communicable diseases. Essential Health Package (EHP) to be defined.

- Financial Protection: Out of pocket expenditure in public system lower than private system. Existing insurance scheme does not address costs of outpatient care.

Role of insurance was outlined as follows: Guiding principles for UHC by WHO

1. reduce direct payments,
2. maximize mandatory pre-payment
3. establish large risk pools

Use general government revenue to cover those who cannot afford to contribute

Challenges:
• Expand the existing government funded insurance scheme to achieve more coverage
• Adopt and adapt the Central Government insurance scheme to provide better access and more financial protection to the people by strengthening the public system
• Develop a system of responsive resource allocation for the public sector through these funding schemes

Build a system of oversight to regulate the costs and quality in the public and private sector
Effective linkage and Support supervision under Health Insurance

**Speakers Profile:**

**NAME:** Mr. Pankaj Kumar Bansal, I.A.S.

**DESIGNATION:** Managing Director, CMRL

**PLACE:** Govt of Tamil Nadu, Chennai.

- Mr. Pankaj Kumar Bansal, I.A.S., was former Pd TNHSP addressing on Linking to other programmes. He suggested integration with the following programmes: UHC, NHM, RBSK, RCH, DEIC, Differently abled, Dental packages, Mental Health to expand the coverage of CMCHIS towards Universal Health Coverage by focussing on **Primary care** to address chronic diseases. The primary care will help us reducing the health expenditure long term.

1. **Community monitoring:** Coordinating with JD and DD Health for understanding the disease load of the location.
2. **Analysing the percentage of smart card distributed and co relating it with state incidence rate of state bench mark to understand/monitor justified incidence**
3. **Challenges in monitoring and rectification of errors** - The strict enforcement of the penalties and suspension may affect the beneficiaries from accessing care from these facilities.

**Challenges in Regulating Govt. Health facilities**

1. Adherence of guidelines
2. Poor knowledge of platform Usage
3. **Procedural lapses like Delay in Submission of Preauth Preauth Applied after the surgery without securing EI Numbers, Preauth applied after the discharge of patients ,Delay in Claim Submission, Improper and inadequate documents ,Poor response for need more info for both preauth and claims**
4. **linkages between TNMSC and DC Procedures conducted**

**Improving the Utilization in Govt. Health Facilities**

1. The Govt. health facilities can be retrained in the workflow of the application software and the process of insurance claims.
2. The protocols and the user manuals can be made available in the the website.
3. The software helpdesk can be established to rectify the software issues which may cause the delay in claim submission.
TOPIC:
Provider-payer linkage and emerging trends

SESSION: TECHNICAL SESSION 1
DATE: 25-8-2016      TIME: 3.00PM-3.15PM

Speakers Profile:-

NAME: MR. A. HODA
DESIGNATION: CHAIR CUM MANAGING DIRECTOR
DEPARTMENT: UNITED INDIA INSURANCE CO, LTD
PLACE: GOVERNMENT OF TAMILNADU

Synopsis:-

• The speaker was explained about the % of India’s population is covered through insurance.

   Going forward real time online interaction with the provider and payer for grievance redressal can be enabled.

   ☑ To provide medical facilities to BPL families, the Government is offering insurance cover free of cost.

   ☑ Govt. is improving the facilities in all govt. hospitals for providing better medical care.

   ☑ New trends in health insurance are critical illness coverage, health insurance portability, combo products (Life and Health), coverage for special group like PLHA (People living with HIV and AIDS) etc.

   ☑ With constant interactions between the service providers and the insurance company disputes if any can be resolved for better service delivery to the beneficiaries.

TOPIC:
“IMPROVING THE HEALTH PROTECTION COVERAGE BY CONVERGENCE”

SESSION : TECHNICAL SESSION 1

DATE : 25-8-2016             TIME: 3.15 pm - 3.30 pm

Speakers Profile:-

NAME : Dr. Bore Gowda,
DESIGNATION : Executive Director,
DEPARTMENT : SuvarnaArogyaSuraksha Trust,
PLACE : GOVERNMENT OF KARNATAKA

Synopsis:-

The speaker was explained the Schemes implementation by SAST to achieve universal health coverage especially in tertiary sector.

All the above health schemes except RSBY is implemented under Assurance Mode under one roof integrating various schemes thus convergence using trust model.

He gave a brief explanation of advantages of trust mode everything under one roof. Enrolment Rate -100%, Strong Responsive- Grievance redressal. Low premium (rs212 59% reduction), High coverage, Low administrative cost, Gate keeping, Flexibility of package rate. Ensured cashless treatment and services.

60% of the total population covered by the existing schemes in Karnataka. Achieving Universal health coverage in Tertiary care through existing schemes for Karnataka.

Summary:

SAST has already achieved comprehensive coverage of tertiary care and initiatives are needed to ensure the same in secondary care with better co-ordination and pooling of resources through convergence of not just one scheme but multiple scheme already being implemented in Karnataka through assurance mode.

TOPIC:
Key objectives of Biometric- smart card: Challenges & key take aways.  
Future road map: seeding Aadhar, HFD and mobile based CRM

SESSION: TECHNICAL SESSION 1  DATE: 25-8-2016  TIME: 02:10 P.M-02.25 P.M

Speakers Profile:-
NAME: MR. SATHYA SHANKAR
DESIGNATION: CHIEF EXECUTIVE OFFICER
DEPARTMENT: ALCHEMIST INFOSYSTEMS
PLACE: Chennai

Synopsis:-
• The speakers talked about the assurance for Insurance, To create a secure IT ecosystem for financial viability of the scheme, for all the stakeholders against identity theft Demand to Quality healthcare, Identity Management by Multi-factor Authentication Provides irrefutable proof for Identity -> Name, Address, DOB, Gender
• He was elaborated about the advantages and components of smart cards. Insurance Requirements: Secure Storage, Digitally signed, Secure Access and Biometrics

Benefits:
• Smart, secure & reliable Identity Card, Facilitate easier Identification, Provides irrefutable Information in MRZ, Family mapped data. Truly authenticated data. Database mapped with PDS data.
• Enumeration Forms duly signed by VAO/RI.
• Only Two fingerprint biometrics and family photograph AFIS De-duplicated Data.

Challenges:
• Realization of Enrolment Policy & Guidelines, Availability of
• Beneficiary Database, Secure Identity Management,
• Implementation of Biometrics, Biometric De-Duplication, Delivery of Beneficiary Cards
• Identity Verification & Biometric Authentication @ Hospitals
• Migrated records were not updated

Key Takeaways
• Seed Aadhaar or alternatively rebuild from NPR/SECC Aadhaar database
• Transcode Aadhaar Numbers (field already available)
• Launch other complimentary National insurance schemes
• Encourage usage with other State Schemes

Future Vision
create an advanced electronic infrastructure backbone for

- Quick Access to Government schemes
- Introduction of Single Card for Multiple Applications & Government Schemes
- Contactless card benefits are Tap & Go, Hermetically Sealed, Up to 10 years and Best ROI.
TOPIC:

Improving CMCHIS software Application.

SESSION: TECHNICAL SESSION 1

DATE: 25-8-2016          TIME: 03.25P.M - 03.40P.M

Speakers Profile:-

NAME: MR. RAVIPATI RAMANJANEYULU
DESIGNATION: SENIOR CONSULTANT
DEPARTMENT: TNeGA
PLACE: GOVT OF TAMIL NADU

Synopsis:-

- MIS web application – automated features, Smart Card & Biometry -
online tracking Member identity with the help of smart card & AFIS
(Automated Finger Print Identity System).
- Online empanelment & grading, Health Camp – Scheduling, Referral,
Tracking & Reporting
- Pre-authorization submission & approval, Claims submission and approval
by P.O at Chennai.
- Electronic transfer of money
- District Kiosk - Enrolment, Issuance, Post Issuance Related Services
  (Modification, splitting, reissuance ). De-duplication of smart card by
  verifying with the 1.58 Crores data base
- State of art of “Cloud Computing” & “Go Green” Servers
  A dedicated server is a physical server require servers running
  24/7/365 and high levels of data security.

CMCHIS Software Application Challenges

- Application Performance issue while access in peek Hrs
- Bulk Images and Scanned documents to upload data for claim’s
- Linking or seeding of Aadhaar
- De-duplication of cards
- Getting Regular Backup
- Getting the Data in required format

Health Standards: EHR standards, ICD-10, HL-7, DICOM, SNOMED-CT, ATC,
LOINC etc

Challenges

- dependence on IT for delivery of services
- Leakage/theft and unauthorized/misuse of confidential information &
critical data
- Corruption (loss of integrity) of important data
TOPIC:
“Transparency in Empanelment & Regulation of Hospitals”

SESSION: TECHNICAL SESSION 1

DATE: 25-8-2016       TIME: 2.25 pm - 2.40 pm

Speakers Profile:-

NAME: Mr. Praveen Yadav,
DESIGNATION: Chief Administrative Officer,
DEPARTMENT: MD-India Health Care TPA Pvt., Ltd.,

Synopsis:-

The speaker was explained about the Empanelment of Healthcare Providers for any Scheme is based on PIECE.

- P - Peace thru Trust
- I - Infrastructure available
- E - Expertise available
- C - Cost effectiveness
- E - Emergency Services

The healthcare providers are to be Self Regulated & Disciplined by practicing as per the Medical Gold Standard, Evidence Based Medicine.

Way Ahead: surveys & studies which paved the way “Quality”, some of them being –

1. NABH – National Accreditation Body for Healthcare Providers
2. Clinical Establishment Act
3. WHO – Patient Safety Protocol
5. JCI – Joint Commission International Accreditation

The accreditation factors in –

- Outcome Based measurements Control Mechanisms & SOPs
- Continuous Improvement

The Future:

- The future of Provider Networking for Mass schemes such as the TNCMCHIS would be based on Accreditations like the NABH.
The incentives for being accredited are already in place, however there needs to a penalty approach too, if the non accredited hospitals continue to not follow the standards defined, within a time frame.

Disruptive mechanisms in Empanelment would encompass fair competition amongst hospitals to have the best measures of Quality Outcomes & Patient Safety Protocols.
TOPIC:- Misuse prevention

SESSION: TECHNICAL SESSION 1

DATE: 25-8-2016 TIME: 02:40P.M – 02:55 P.M

Speakers Profile:-
NAME : MR. GIRISH RAO
DESIGNATION : CMD
DEPARTMENT : VIDAL HEALTH TPA

Synopsis:-

• The speaker gave brief introduction. He was mentioned about “Prevention of Misuse” The frame work of CMCHIS was discussed including Hospital Grading, Weekly reviews and Review of medical outlier - mortalities / morbidities / medical negligence

• Challenges in claims management such as Medical Management Packages, Un-indicated Medical Management, Surgical Management: Un-indicated Surgical Management, Duplication of Digital imaging evidence including INTERNET IMAGES, Medical Negligence etc was outlined Managing Volume by Pattern recognition is the key to identifying potentially fraudulent claims. By Common standards of computing analytics. Mandating daily progress to be recorded in case sheets – strengthens pattern recognition of overbilling or inflated length of stay, or drug costs with standardizing monitoring standards to Prevent draining of beneficiary’s Sum Insured and Standardize Clinical Protocols like Tumour board review prevents misuse

Most common reasons for misuse and arbitration: is Unable to obtain care – denial by hospital, Insurance [ TPA] Payments over and above the package rate.

Recommendation: Improving identification of Misuse

2. Hospital – Infrastructure & Process Protocols, Accelerated implementation of NABH.
3. Technology options for Triggers, Identification of duplication of Digital images etc.
4. Stringent action : Legal recourse, Permanent de-empanelment.
**TOPIC:** Provider & Consumer Analytics

**SESSION:** TECHNICAL SESSION 1

**DATE:** 25-8-2016  
**TIME:** 02:55P.M - 03:10 P.M

**Speakers Profile:**

**NAME** : DR. VIKRAM CHATWAL

**DESIGNATION** : CHAIRMAN

**DEPARTMENT** : MEDI ASSIST INDIA TPA PVT.LTD.

**PLACE** : BANGALORE, KARNATTAKA

**Synopsis:**

The speakers talking about data analyses in CMCHIS. He was explained about Indian Healthcare, Industry Infrastructure.

Expanding to Tier II and III Cities

Exploring New Models

Targeting New Segments - Primary Care, Chronic Care and Ambulatory care

Focus on PPP

Management Contracts

The speaker highlighted the better comparison data analysis using software Geographic Information, Inpatient Dashboard, Package utilization, Outpatient Dashboard (Focus on NCD’s) and Demographics. The Opportunity: Avoidable hospital emergency department visits directly correlate with primary care physician supply.
Summary recommendation:

• Integrating Primary care and NCD Data with Inpatient Programs and significantly reduce the number of Avoidable Admissions

• NCD Screening and Interventions can be targeted more effectively.

TOPIC:

Improving diagnostic services through CMCHIS.

SESSION: TECHNICAL SESSION 1

DATE: 25-8-2016  TIME: 03:10 P.M - 03.25 P.M

Speakers Profile:

NAME: DR.N, MANICKAVAL
DESIGNATION: MEDICAL SUPERINTENDENT
DEPARTMENT: SRI RAMACHANDRA MEDICAL COLLEGE
PLACE: CHENNAI

Synopsis:

Contributions:
The speaker has elaborated about the various modalities of clinical services in Dept of Radiology SRI RAMACHANDRA MEDICAL COLLEGE and HOSPITAL, Chenai.

Achievements through CMCHIS:

a. No. of Beneficiaries - 8192
b. No. of Interventions done - 6842
  c. No. of Surgeries done - 3845
d. No. of Non surgical cases - 4347

Suggestions.

1. To include other diagnostic procedures for betterment of the patient.
2. To include other interventions and procedures under CMCHIS.
3. To include cosmetic procedures.
4. Tamilnadu CMCHIS has earmarked 56 common surgeries to be carried out exclusively for the Government medical colleges.

5. These services can be extended to the private institutions and medical colleges for better service to the general public.

TOPIC : SHARING EXPERIENCE OF JIPMER UNDER CMCHIS

Technical Session 1 – Improving CMCHIS – Track 2  3.40 pm – 3.55 pm

Speaker:
Dr Santhosh Satheesh DM, Additional Professor and Head of the dept of Cardiology, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Pondicherry, INDIA

1. Patients treated TNCMCHIS in JIPMER 2013-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of patients treated</th>
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<tbody>
<tr>
<td>2013</td>
<td>2238</td>
</tr>
<tr>
<td>2014</td>
<td>7760</td>
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2. CARDIOLOGY PERFORMANCE UNDER CMCHISTN IN JIPMER

3. TNCMCHIS – How it benefits JIPMER?
• More Patients able to be treated free of cost
• Fully Computerized Online System Improves Efficiency, Transparency
• JIPMER Learning how to cater to Insurance Patients with Cash Less settlement.
• Ability to perform more surgeries and procedures.

4. How TNCMCHIS benefits from JIPMER

• High Quality Procedures across spectrum of specialties under one roof
• World Class Facilities
• Procedures done at Lowest Cost compared to Corporate Hospitals due to NO PROFIT, Cross Subsidy Policy
• Major Stress on Quality and Safety impacts on low complication rates and greater patient satisfaction.

5. Challenges
1. Inadequate Reimbursement Amount compared to cost of Treatment
2. Many advanced procedures routinely done at JIPMER not covered under the Scheme
3. Non Standard Queries following bill submissions
4. Inability to do post admission authorization for majority of emergency admissions

• Role of Biometrics based approvals
• More codes under clinical Immunology, Neurology, Endocrinology / Neology, Medical Oncology
• Standardize the Queries
• Rationalization of Rates for Procedures

Conclusion
- JIPMER and TNCMCHIS has benefited each other from this unique collaboration by
  - Treating more patients form the poor socioeconomic strategy With High Efficiency
- There is a significant scope for Improvement and Strengthen the collaboration to achieve our common goal-
- COST EFFECTIVE, HIGH QUALITY MEDICAL CARE FOR THE COMMON MAN
**TOPIC:**

**NHM Role in Strengthening Public Health**

DAY 1: 25th August 2016- Evening Session 04:30 pm– 05:00 pm

Plenary Session-Hall -1

**Speakers Profile:-**

**Mr. Manoj Jhalani I.A.S.**

Joint Secretary,
Ministry of Health and Family Welfare,
Govt of India

**Synopsis:-**

- The Speaker explained about the role of NHM is the investment in public health to strengthen Health systems- infrastructure, human resource, drugs & equipment etc,
- Create architecture for integration of vertical programmes & provide flexibility to States/ UTs effective inter-sectoral convergent action.
- Central share in public spending on health increased from 20% to 32%.
- Public spending on health increased from 0.9% to 1.16% of GDP
- **N(R)HM - Main Approaches** - Communitization, Need Based Planning & Financing, Improved Management, Health System Strengthening, More money for health More health for money
- NRHM –consist of Mission, communicable disease pool, NCD pool and the infrastructure maintenance.
- E- Health & Management Information System to monitor the performance of individual health facilities. Mother & Child Tracking System (MCTS), NIKSHAY to tracking of all patients of Tuberculosis.
- Integrated Disease Surveillance Programme – IT system to monitor / predict disease outbreaks
- **Health financing** is concerned with the mobilization, accumulation, allocation, and utilization of resources in order to help countries make progress towards objectives such as UHC

- Critical Programs under NRHM: JSSK, RBSK, RKSK, NUHM, NCD, E-Health and MISs
- Achievements in terms of health indicators - IMR, MDG, Polio, MMR, Childbirth expenditure, utilization of health services, out of pocket expenditure, OPD attendance, IPD, institutional deliveries.
FREE PAPERS/INTERACTIVE SESSIONS/SHARING OF EXPERIENCE

Day 1: 25th August 2016

Session: 05:00 pm to 06:00pm

MDINDIA Healthcare services (TPA) Pvt Ltd

Dr Britto Chezian, CMO.

Highly professional company with great values with the size of 4000+ employees. District wise presence of DPOs, DMOs, DVOs & DCs. Field Staff, Project Staff, Preauth & Claims Doctors, Specialist Panel Doctors, Presence of LOS in every hospital..

ACHIEVEMENTS

- Maintaining transparency in empanelment.
- Ensuring high standards of health care through surprise checks to the hospital
- Effective preauth approval and Periodic pre & post claim auditing.
- Recommending suspension for guilty hospitals. Show cause notices to erring hospitals.
- Ensuring cashless delivery of the scheme and Strict vigilance to prevent fraud & abuse
CONTRIBUTIONS AND ACHIEVEMENTS

Totally 8663 peoples were treated under CMCHIS in Govt Theni Medical College hospital, earning an amount of Rs 12,13,98,086/- under CMCHIS.

Free Investigations CT / MRI Done Under CMCHIS.

Many Replacement Cases were done under CMCHIS- 46 Total Hip Replacements & 31 Total Knee Replacements.

A special case treated under CMCHIS was a case of Guillain Barre Syndrome, treated with intravenous immunoglobulin under ventilator care through Tracheostomy.

BATTERY CAR FOR AGED / INABILITY PERSONS

SUGGESTIONS

1. Department of Anesthesiology and Ophthalmology wants to include more packages

2. Minimum 50% CMCHIS Fund utilized to be by individual Departments.
The Madras ENT Research Foundation

First Cochlear Implantation done in 1997 & first Auditory Brainstem Implantation in 2004. Created Auditory Habilitation Professionals in Country. Overall prevalence of deafness in India - 0.2%, auditory impairment - 6.3% (2011 census), around 3 million profoundly deaf children. Deafness in Tamil Nadu - 0.6%

Challenges

**Pre-Implantation**- Lack of awareness (Medical, Technology & TNCMCHIS), Acceptance - Social stigma and Prohibitive Cost

**Peri-Implantation**- Surgeons., Infrastructure & Facilities

**Post-Implantation**- Experienced Team of Audiologist, trained & experienced resource personnel; Accessibility to rehab centres, Sustained use of Implant – service facility, availability of spares; Motivation of the family – Mentors & Social Workers, Integration in school.

Factors influencing outcome Early identification and intervention, Consistent Re/habilitation, Involvement of the family, Language. Accessibility to the Clinic and Supported Mainstreaming

**Satellite Centers**- Accessibility, Increases the regularity, Reduces financial burden, Increases the awareness

Suggestions

- To provide only FDA products
- To subsidise spares and accessories
- To increase the duration of therapy from one year to two years.
- Early identification program – New born Hearing Screening
- National Network of rehabilitation centres.
- To choose good committed centres, never compromise of quality
- Methods to integrate implantees in society.
Established in April 2002 with largest Hospital Network in India

In CMCHIS – Lead TPA with 40% - Share Handling 14 districts-Covering 167Cr Lives

Focus on quality, efficiency and accuracy

**Critical Analysis of CMCHIS**

Provided Equality, Accessibility, Quality in Healthcare.

**Suggestions**

- Expanding coverage: Geriatrics, Wellness packages etc.
- Increasing Flexibility: To cover any lifesaving treatment if indicated.
- Coverage to APL families.
- Quality - Implementation of NABH criteria
- More Technology solutions - For enrolment & beneficiary data, Misuse & Fraud identification.
- Increase in Sum Insured to cover unexpected / additional illnesses.
Deepa Hospital, Tirupur.
Dr. P. Senthil Kumar M.S. Ortho., Managing Director

Role in CMCHIS

Total no of surgical Cases - 2191
Reconstructive surgery - 683
Total Knee Replacement - 667
Total Hip Replacement - 183
Varicose Veins - 196
Other Cases - 462

Achievements

• Highest no of Cerebral palsy children corrective surgery
• Highest no of TKR for Valgus Knee
• 683 DEFORMITY CORRECTIVE SURGERY
• HIP ILLIOPSOAS RECESSION ADDUCTOR TENOTOMY KNEE FLEXOR RELEASE TA Z PLASTY - ALL DEFORMITIES CORRECTED IN SINGLE SITTING
• TENDOACHILLES LENGTHENING, OSTEOTOMY
• BEST SERVICE TO DISABLED CHILDREN
Introduction
Total knee Replacement (TKR) success rate of over 95%.
The outcome of TKR surgery is pain free and mobile joint.
The Challenges faced TECHNICAL and FINANCIAL were addressed by CMCHIS

Way forward in CMCHIS – suggestions
• Need for knee replacement surgery registry – State level
• US/UK/Sweden/Germany – Register
• 60 – 70% surgeries under CMCHIS in TamilNadu
• Inclusion of Revision TKR surgeries
• To include trauma surgery in CMCHIS for private hospitals
• Assess recent trends and developments in the health care Industry
TOPIC:-
Role of Insurance in strengthening Health Systems.

SESSION: PLENARY SESSION 5
DATE: 26-8-2016 TIME:09:00 AM-09:30 AM

Speakers Profile:-
NAME : DR. T.SUNDARARAMAN
DESIGNATION : DEAN (SCHOOL OF HEALTH SCIENCES STUDIES)
DEPARTMENT : TATA INSTITUTE OF SOCIAL SCIENCES
PLACE: MUMBAI

Synopsis:-
- Expectations of insurance is to improve care, by increasing revenue and the accountability in public hospitals. It is not possible to cover all, as it is supply driven rather than demand driven and to help access in the current policy of empanelment or authorization process. Lot of poor seen in un empanelled hospitals, or face problem in claims processing. Insurance has best cost recovery. It is away from budget with always quality benchmark. Oop expenses in public hospital remains high & planned non use of the card, Incentives should be in which way group or individual. There is Cherry picking of cases, ethical and fairly priced activities are to be insured.

- The demographics of Thailand is similar to Tamil Nadu. 70% is govt funded for health care & 38% goes to universal care scheme. Budget is presented to ministry of finance with capitation rate of 35.8 % out patient & 41.9 % in patient.

- The structure for the Universal coverage scheme is by Financial flow ( outpatient care will go to dist depends on the population ) & Inpatient is to disease related groups. Financial flow of UC ( Universal Coverage) fund. Certain disease which could vary across the districts they have different pattern.
**TOPIC:** Role of Insurance in strengthening Health Systems.

**SESSION:** PLENARY SESSION 5

**DATE:** 26-8-2016  **TIME:** 09:30 AM-10:30 AM

**Speakers Profile:**

**NAME:** DR. Nishant Jain

**DESIGNATION:** Sr. Technical Specialist (Health Insurance & Health Finance)

**DEPARTMENT:** GIZ / Advisor to Government of India RSBY. & Team

**Synopsis:**

**Challenges to the system:** Fragmentation within health system, Lack of continuum of care approach, Lack of patient track system. System has to link primary care with insurance. Thus insurance play a major role in health financing reforms in broader sense.

- Constructive partnerships by all the stakeholders is required and mandatory. Especially academicians, state and central governments. Everyone should go along with Eco system and understand each stakeholders

**Panel discussion**

1. **Dr. Sunil Rangaraj**
   - Kerala Experience
   - Other departments do play very important contributing role while implementation. For example, labor dept., forest dept.
   - Considering user problems, systemic approach is required
   - Tamilnadu Private Clinical Establishment Act, 2010 it has not be adopted. Lack of awareness on functionality of Acts within system.
   - Highlighted the unethical practices, frauds within system.
   - Lack of regulation implementation
   - Lack of Information on private hospitals and their activities.
   - Implementation of TPCEA was flagged.

Dr. Bore Gowda

1. Experiences of Karnataka health insurance scheme is the convergence of different schemes under one umbrella. Standard treatment guidelines are formed within oncology based on the context. Standardized guidelines are required
TOPIC:- Challenges in including new packages and its implication

Role of Insurance in expanding CMCHIS.

SESSION: PLENARY SESSION 5

DATE: 26-8-2016 TIME: 11:30 AM - 11:45 AM

Speakers Profile:-

NAME: Mr. M.S. Shanmugam I.A.S.,

DESIGNATION: Additional Secretary to Government,

DEPARTMENT: Industries Department, Government of Tamil Nadu.

PLACE: Chennai.

Synopsis:-

Reservations of procedures and corpus fund.
Options available. Issues in including the procedures. background & concept of new packages.
To include Long term, palliative, domiciliary care & left out diseases.
Oop is 80% elderly high morbidity from chronic diseases.
Aim of palliation is to lead a quality of life, immaterial of the outcome of the diseases.
Issues in Long term care at the private hospitals:
  a. Financial burden for the family and for the state large population to cover.
  b. Old age patients are bed ridden to avoid hospital stay & cross infection.
  c. Ethical questions of inclusions what & whom to include & what not to.
  e. Specific types for domiciliary care – option RSBY way.
  f. Care for elderly.

  • The speaker started session by highlighting 1016 packages apart from 63 Diagnostic care included in CMCHIS Scheme.
  • The Structure of his presentation covered where as following Background and concept of new packages, Issues Including the new packages, options available and about Reservation of procedures and Corpus Fund.
  • Inclusion of new packages can be Long term care, Palliative care, Domiciliary care and other left out diseases.
  • Added Why to insure for Long term or Palliative care? Reporting that due to increased Morbidly from Chronic disease, have long term health care needs.
  • Understanding of concepts Palliative care is given to patients along with routine treatments and to whom the disease cannot cured by routine treatment.
• Inclusion of these will improve the quality of life for ill patients and avoid complication.
• Inclusion of these Long term care Reality! Cannot be done in private hospital because high rental charges and leads for block of bed.
• Inclusion of these packages may be included in the "Reserved" category.
• The speaker briefed on Challenges of Inclusion of Long term packages as:
  : The sheer numbers, Financial burden for state, Ethical question such as What and Whom to be included and absence of documentation of institutional scope for fraud.
• Restriction of Long Term care due to Reserved and De-Reserved of procedures.
• The Speaker finally ended session by displaying a video of Frontline capturing with status of NEED OF LONG TERM CARE to be included in scheme.

  **Gist:-**

1. Increase in burden on the exchequer.
2. Increase in demand on the public facilities if the items are reserved.
3. Uncovered, yet important disease might get related.
4. Restrictions due to reservation & dereservation of procedures.

  **Abstract:-**

Bed ridden patients to avoid hospital stay. Emphasis on palliation – leads to quality of life immaterial of the outcome of the disease.

**LONG TERM CARE AT PRIVATE HOSPITAL:**

1. Old age patient are bed ridden to avoid hospital stay and cross infection.
2. Financial burden for the state is to cover the large population
3. Ethical questions of inclusion like what and whom to include and what not to
4. Absence of systematic documentation of institutional responsibilities – scope for frauds
   Specific types for domiciliary care- RSBY way
5. Ideally it must be bundled into the insurance
6. Care for the elderly.
**TOPIC:-**

Role of Insurance in strengthening Health Systems.

**SESSION:** PLENARY SESSION 5

**DATE:** 26-8-2016  **TIME:** 09:30 AM-10:30 AM

**Speakers Profile:-**

**NAME:** DR. P. Umanath, I.A.S.,

**DESIGNATION:** Director,

**DEPARTMENT:** Rehabilitation, Government of TamilNadu.

**PLACE:**

**Synopsis:-**

- Financing of health sector and insurance based health care schemes in states. Interpretation of GDP in terms of expenditure is 30%.

- Bulk of the fund is a fixed expenditure like salary, pensions etc. and that’s the constrain as the government can’t stop paying.

- Predominantly the schemes are states funded but in the recent years centre has contributed.

- In TN social sector expenditure is ranks high

- The difference before and after the intro of CMCHIS. There are arguments built a justification that the insurance is an replacement of the system. But that’s wrong. In TN while introduction 900 crores, now the same expenditure is 2700 crores. The actual expenditure tripled. But in insurance expenses has increased from 100s to 1000s crores due to increase of beneficiaries and not because of increase in premium or other things. Oop is high.
TOPIC:-
Role of Insurance in strengthening Health Systems.

SESSION: PLENARY SESSION 5
DATE:26-8-2016 TIME:09:30 AM-10:30 AM

Speakers Profile:-
NAME : Ms. Sangeetha Carol Pinto,
DESIGNATION : Operations Officers,
DEPARTMENT : World Bank.

- Globally NCD is a major burden of disease. In the next two decades, cancer and heart diseases would make to global disease burden. WHO cube for UHC, the Z axis in which comprehensive package services is emphasized. Financing and implementation of primary care programs was focused. MDG related services are well established for most of the countries. Functional network of public health, empowered and accomplished experts in the department of health. Free emergency transportation and TNMSC is managing and maintenance effectively. The state has an appetite for assessment and evaluation and learning from it. CMCHIS is a stepping stone to UHC.

- TNHSP: NCD prevention, screening and treatment program was initiated
- The opportunistic screening was initiated and followed up with treatment and counselling as well.
- As output, lot of outreach was done. Community based counselling as well.
- Clinical interventions had a positive result
- Graphical presentation explaining about the colposcopy and hysterectomy covered under CMCHIS from April 2012 to July 2016 was explained.

Challenges and Fixes
- Difficulty building awareness and buy in to screening program
- Adherence to screening and treatment protocols
- Regular supply of drugs and reagents and functional equipments
- Overworked, stretched public health and transfers.
- Going forward
- Evidence based communication campaign is required
- Integrating CMCHIS with HMIS
- Use of technology for follow up for patients
- Agreement on and adherence to protocol in both public and private sectors
**TOPIC:** Role of Insurance in strengthening Health Systems.

**SESSION:** PLENARY SESSION 5  
**DATE:** 26-8-2016  
**TIME:** 09:30 AM - 10:30 AM

**Speakers Profile:**

**NAME:** Dr.P.Subramanian,  
**DESIGNATION:** Additional Director,  
**DEPARTMENT:** Department of Economics and Statistics. CHENNAI

**Synopsis:**

DES is patterning with CMCHIS- Pilot effort to develop analytical tools  
Structured approach from evidence policy  
• Single data sources might not give the entire picture, so collect it from different source.  
• As data analytics relies on secondary data sources, should collect primary data support the secondary evidences.  

Informed decision making process  
• Components: Evidence, monitoring data, administrative data and survey data.  
• Requirements- HR etc.  

Some analytical tools and business models  
• Dash boards (static and dynamic), predictive modelling and classification tool(basically explorative in nature)  

Bar chart: claim amount payer zone wise, pattern origin to destination for care and inter district migrants.  
GIS: Chennai they generally go down (migration for various treatment and care). These maps should be periodically conducted to analyse the trends.  

Predictions forecast: Production of principal crops and economy (CAGR )  
• Forecast for average claim in two different approach  
• Developed a forecast by combining both the approaches  
• Trends:  
• Classification tools: purpose is to segregate in to few categories by which we can identify the influencing factor. Decision tree analysis (first node). Dash boards to be developed

**Suggestions:**

Extension of palliative care to rural area, NCD.  
Olden days lot of arthritis cases. We conduct camps and make compulsory BP check up and blood sugar. BP and DM is more and under control through PHC follow up. Why cant you try? All the stakeholder are here. Anything you start is difficult. But the palliative care for the rural areas will be of useful.  
Q: Any initiative to create awareness to come out of fear and apprehension about the sure.
**TOPIC:** Role of Insurance in strengthening Health Systems.

**SESSION:** PLENARY SESSION 5

**DATE:** 26-8-2016  
**TIME:** 09:30 AM - 10:30 AM

**Speakers Profile:**

**NAME:** Dr. Shagun Sabarwal,

**DESIGNATION:** Associate Director - Training,

**DEPARTMENT:** J-Pal South Asia.

**Synopsis:**

- The Speaker started with a brief introduction of J-PAL organisation started in 2003 with a mission to ensure that policies driven by Evidence and Research is translated into action.

- Described the Theory underlying in Insurance, decision to be made while Enrolment i.e. insurance fee, Initial health conditions and cognitive and critical factor.

- The speaker described Importance of Theoretical Considerations as – Adverse Selection (voluntary health insurance) and Scream Skimming.

- Design and Implementation of these schemes – Enrolment, Targeting and Programme eligibility.

- The speaker ended up the session what can be done to improve enrolment and benefit needy as much as possible.
TOPIC:- INCLUSION OF PRIMARY CARE

EXPANDING CMCHIS

SESSION: PLENARY SESSION 5

DATE: 26-8-2016 TIME: 11:15 AM - 11:30 AM

Speakers Profile:-

NAME: Dr. Selvavinayagam,

DESIGNATION: Director, Institute of Community Medicine

DEPARTMENT: MMC. Chennai

For UHC:
1. To ensure better access/availability of services close to the community
2. Decrease load at tertiary care
3. To increase the awareness
4. To decrease OOPs

PACKAGES:
1. Screening through AMma Arogya Thittam (25 tests) –Hptn/Dm/Cancer cervix, breast, oral
2. Simple uncomplicated management of hypertension /Diabetes using generic drug
3. High risk pregnancy package example ecclampsia
4. Management of fever, dehydration and diarrhea
5. Follow up of major procedures

FINANCIAL SUSTAINABILITY:
1. Wellness package – 100% claims state fund
2. Cost is sharing
3. Linking with NHM- NPCDCS/RCH

EXPECTED BENEFIT:
1. Increase awareness
2. Morbidity profile for planning interest
3. Early diagnosis and treatment
4. Strengthening of primary institutions
5. Overall decrease in Health care cost

- To ensure better access-Reduce load at tertiary care-To increase health awareness-To reduce Better outcome
- Packages – amma arogya thittam- management of uncomplicated cases-identify complicated cases, management of uncomplicated fevers-follow up care with better cost
- Financial sustainability- use of generic drugs, negotiate pric-cost sharing-linking with NHM
- Expected benefits- health awareness-morbidity profiling for better planning-early diagnosis and management-reduction in OOPE
- Que To: Dr. Selva Vinayagam : any plans to introduce insurance to APL
  - Coverage base will increase and will bring down premium-planning
  - Tracking of patients from primary to tertiary care. – already planning, have to have a mechanism for data sending and sharing
  - Introduction of variations in treatment procedures- how do you ensure person is not denied treatment on the basis of logistic issues? - patient treatment is the first priority- emergency call centre 24/7 and get emergency intimation number and get services done-minimal protocols during emergency-nodal person in hospital can contact CMOs- grievance meetings on every week.
TOPIC: Implementation of CMCHIS in CMC Vellore with focus on chronic diseases.
Expanding CMCHIS.

SESSION: SESSION 2
DATE: 26-8-2016  TIME: 11:30 AM-11:45 AM

Speakers Profile:
NAME: Dr. Shibu Jacob,
DESIGNATION: Assistant Professor (Nephrology),
DEPARTMENT: Christian Medical College.
PLACE: Vellore

Synopsis:
UHC means quality health for all. NCD will be the biggest burden of India.

Advantages of Scheme:
1. Poor can afford the quality treatment.
2. Highly specialised case become affordable.

preauthorization makes the hospital to lose time & bed.

- On utilization of CMCHIS in CMC - 1st person’s experience on insurance and health care
- Issues with the actual implementation of insurance at the ground level-pre authorization and evidence submission - problem with blocking of the bed (2days)-what if scheme is not allowed-what if the package is lower than the actual cost-how often is the package being revised? - unpredictable casualties in treatment (how is it being covered)-
- Questions- Any provision for quality outcome? what if patients need more care-how is it going to be paid off- stringent fixing of the cost for procedures-will you allow for co-payment-online audit of performance by CMCHIS?
- Advantage of CMCHIS in CMC- no difference between scheme and no scheme-quality and affordable treatment
- Disadvantages- Tariff-unexpected events not accounted for-pre authorization issues -forced to accept mediocre treatment plan-loss of bed in busy ward
Psychiatric disorders deserves low priority & 1 in 4 families suffer from these disorders. If diagnosed within 4 weeks and treated, 70% of patients can be recovered from illness. Often associated with metabolic disorders & complications occur if untreated. In 2013-2014, the distribution by the government increased from 18-25%

Suggestions:
1. Policy issue for covering mental disorders.
2. Scale up money on Public spending
3. Reallocate Resources for finance, manpower, etc...
4. Expand preventive & primary care
5. Reduce overreliance of households on Pvt Pharmaceuticals
6. Expand public procedure to reduce health care costs in insurance.

- Status of mental health issues in India - High - mostly recoverable - rurally skewed - severe impacts - associated physical disorders - mental health poverty nexus - poor access to care
- Have Mental health bill - UHC, mental health policy, 2013
- Limited attention for mental disorders though impact and need are high - crucial need
- Insurance as a method of intervention - improving quality of life - need to cover common mental health issues in insurance - offer same priority as physical illness - in the context of primary care mental health issues to be included so as to increase quality of life
TOPIC:-
Role of Insurance in strengthening Health Systems.

SESSION: PLENARY SESSION 5
DATE: 26-8-2016          TIME: 09:30 AM - 10:30 AM

Speakers Profile:-
NAME : Mr. Arul Prathan Singh,
DESIGNATION : Director,
DEPARTMENT : Madras Security Printers Pvt. Ltd.

• How large coverage was achieved and implemented successfully-
• Benefits of scheme - cashless service, low probability for duplication
• Enrollment process and challenges - field enrollment and district kiosk, IEC camps, 1.3 cr families in 6 months - lack of awareness-connectivity issues
• Card issuance process - biometric authentication-
• Future roadmap - integration with aadhar - possibility to CMCHIS card with other social welfare schemes
TOPIC:- Role of IMA in implementation of CMCHIS and Strengthening of health system _ Expanding CMCHIS.

SESSION: 2        DATE:26-8-2016        TIME:12:15 PM-12:30 PM

Speakers Profile:-

NAME : Dr.C.N. Raja,
DESIGNATION : Secretary,
DEPARTMENT : IMA NHB.Chennai

Synopsis:-

• In Tamil Nadu 30000 members in IMA and 4000 hospitals are registered with IMA Nursing home boards.
• Monthly Medical camps are being conducted at rural areas to create awareness.
• High end procedures being done through the scheme- huge number of patients benefited-
• IMA-role in implementing national programmes- health provisioning-hospital provisioning-co-ordination with the government –meeting the quality and standard of private hospital-ensure use of standardized equipment and procedures
• Suggestions- grading of the hospitals – revision of packages consulting IMA – private hospitals should be allowed to offer services – patients should be allowed to chose hospitals and doctors-regular meetings with IMA NHB, complaint on empanelled hospitals to be consulted with IMA-only allopathic doctors be allowed to do TPA – focus more on primary and secondary care

Abstract:-

High end procedures under CMCHIS are being done majorly in private hospitals. The high end procedures are Cochlear implantation ,Renal , Liver & Bone marrow Transplantation. There are about 30000 members and 4000 hospitals from Tamil nadu are registered in IMA. IMA conducts monthly camps in rural areas for treatment and to create health awareness . It also conducts regular sensitization meeting to get entry level NABH accreditation.
**TOPIC:** Role of Insurance in strengthening Health Systems.

**SESSION:** PLENARY SESSION 5  **DATE:** 26-8-2016  **TIME:** 09:30AM-10:30AM

**Speakers Profile:-**

**NAME:** Mr. K. Nanthakumar, I.A.S.,  
**DESIGNATION:** District Collector, Perambalur.  
**PLACE:** Perambalur

**Advantages**

- Impact of CMCHIS fund has improved quality of hospitals.
  
  Additional infrastructure due to CMCHIS helps to cover maximum population coverage.
  
  Strong referrals to government hospitals due to quality improvement with the help of CMCHIS support.

**Benefits of CMCHIS**

- Infrastructure  
- Quality Improvement  
- Financial autonomy  
- Healthy competition

**Issues**

- Systematic hiring  
- Seed Money  
- Empanel all GHs
TOPIC:-Role of Insurance in strengthening Health Systems.

SESSION: PLENARY SESSION 5

DATE:26-8-2016  TIME:09:30 AM-10:30 AM

Speakers Profile:-

NAME : Dr.V.Shantha,
DESIGNATION :Chairman,
DEPARTMENT :Cancer institute (WIA).
PLACE: Chennai

Synopsis:-

1 Disparities exists in cancer care due to various social-economic factors which leads to high load on hospital
1 Opportunistic screening is a tool for cancer care
1 Major Problems- Late disease, poor survival
1 Solutions- Early detections through cancer education and awareness
1 Screening Programmes- Breast, cervical cancer
1 Comprehensive screening services for common accessible cancers across the state satellite centers in each district.
1 Issues in Vaccination
   1 Compliance rate is low and Follow up is not easy
   1 Contacting all eligible women
   1 Low participation, Social stigma
      Interventions
   1 Insurance coverage for screening
   1 Centralized Data Managements
TOPIC:-
Role of Insurance in strengthening Health Systems.

SESSION: PLENA RY SESSION 5

DATE: 26-8-2016  TIME: 09:30 AM-10:30 AM

Speakers Profile:-

NAME : Dr. Ceicily Mary Majella,
DESIGNATION : Prof. of Cardiology,
DEPARTMENT : MMC.
PLACE: Chennai

• Advantages
• 2012 is the golden era in the GH
• CAG is been increasing from 2011 from 450 to 1680 per year
• Successful stenting from 90 (2011) to 577
• Permanent pace maker from 30 to 90 per year
• ASD device closure 157 cases been deployed under CMCHIS
• 46 cases of PDA double the previous years.
• Interesting vase of balloon mitral valvotomy.
• PTMC in a kyphosis patient Balloon pulmonary vaolvotomy and balloon aortic valvotomy successfully did 8 cases.
• Coaction of aorta was done for 12 cases. Requested the other doctors to refer such cases under CMCHIS.
• Restenosis was operated with balloon dilatation.
• RSOV device closure. First in the world to youngest age (11 yr old)
• VSD device closure in the last did 4 cases.
• Gerbode defect was closed for 2 cases.
• VSR device closure for 10 patients. – India’s largest and second in the world.
• Cardiac transplant in a 20 yr female from a blinded donor.
TOPIC:-
Role of Insurance in strengthening Health Systems.

SESSION: PLENARY SESSION 5
DATE: 26-8-2016 TIME: 09:30 AM-10:30 AM

Speakers Profile:-
NAME: Dr. Shakthivel Selvaraj,
DESIGNATION: Sr. Public Health Specialist,
DEPARTMENT: Public health Specialist of India.
PLACE: Chennai

Synopsis:-
1. Government schemes goals - Reduce out of pocket spending
2. Can we reduce out of pocket health care given govt. Budget?
3. Current Public expenditure on health in TN per capita - 1011.12 and Private expenditure - 3124, both private and public - 4333
4. Pharmaceutical medical goods services spending is of 41% from overall household spending. Next is Inpatient care of 21%.
5. Outpatient care especially medicines covers huge out of pocket household spending.
6. In Tamilnadu, out of pocket spending with public hospital is around Rs. 2000 compared to private hospital Rs. 3000. At public hospital, transport and other costs are involved.
7. Out of pocket t expenditure has been better off compared to All India expenditure in Tamilnadu, but inpatient care has not reduced.
TOPIC:-

Role of Insurance in strengthening Health Systems.

SESSION: PLENARY SESSION 5

DATE: 26-8-2016 TIME: 09:30 AM-10:30 AM

Speakers Profile:-

NAME : Mrs. Pushpanarayan,

designation : Sr. Assistant Editor,

department : TOI.

place: Chennai

Synopsis:-

Media is still far from creating awareness on Health

Importance of health reporting in media

Media Ethics

Research by media helps health policy intervention
TOPIC:- Role of Government in strengthening the public health system to handle future challenges

SESSION: SESSION 3

DATE: 26-8-2016 TIME: 02:20 PM-02:35PM

Speakers Profile:-

NAME : Dr.P.Senthil Kumar, I.A.S.,
DESIGNATION : Special Secretary To Government,
DEPARTMENT : Health & Family Welfare Department.
PLACE: Chennai

Synopsis:-

1) Government health care facility are in 3 levels. Primary- DPH, Secondary- DMRHS & Tertiary- DME.
2) 35% of the population are utilising the public health systems & 65% are using Private health systems. But viseversa in employment 65% in public & 35% in private. We have to improve the public.
3) Challenges are human resources, finance, upgrade phc & urban PHC- unequal distribution of phc in urban (secondary & tertiary)
4) Human Resources issues:a) creation, recruitment & retention of permanent staff.
b) Dealing with contract staff.
c) Training & motivation of staff.
d) Increase in public perception & satisfaction in public facilities 7 continuous training.
5) Number of registered doctors 119378 (1.5/1000), migration - 7412.

6) Financing the public health system: support from the state government apart from NRHM funds / CAP’s.
Options: cost containment, strategic purchase, centralised service, additional taxes, copayment, empanelment of PHC, technological upgradation(unique ID-like adhar) need for expanding urban PHC.

- Provided overview of government health care facilities organogram with respect to Primary, Secondary and tertiary care.

- Literature pertaining to Tamil Nadu indicates 65% of people are still availing services in private sector vis a vis 35% in public sector indicating the need to improve the public facilities.

- Unprecedented Challenges plaguing the system like underfinancing of Public health systems, lacunae in human resources and pressing need for technological upgradation etc. were highlighted.

- Creation, recruitment and retention of permanent staff still a roadblock.

- Tamil Nadu has devised mechanisms to augment the absorption of workforce.

- Call for action to improve public perception

- Medical services recruitment board to cut short the time taken to fill the vacancies in health facilities.

- Expanding the models like TNMSC for cost cutting, strategic purchasing and adopting a framework of centralized services.

- Clamour for advanced facilities was condemned, rather centralized facilities and centralized care was appreciated by speaker.

- Deliberations should be held on introduction of copayments/ additional cess.

- Empanelment of PHC’S can also be considered.
TOPIC:-

Role of Insurance in strengthening Health Systems.

SESSION: PLENARY SESSION 5

DATE: 26-8-2016             TIME: 09:30 AM-10:30 AM

Speakers Profile:-

NAME: Dr. Narayana Babu,

DESIGNATION: Head of Department,

DEPARTMENT: KMC.

PLACE: Chennai

ADVANTAGES-

1. Total number of beneficiaries: 5.75 lacs
2. Total amount earned: 708 crores
3. 24 hrs staff nurse care
4. Advanced NICU wards: 27084 babies
   Revenue: 41.8 crores
5. Breast milk bank in medical college institutions
7. IMCU Wards equipped with 959 ventilators
8. Dialysis Ward, Maternity ICU and shelter for patient attenders
9. 302 Ultrasounds, Pediatric cPAP, C arm in Ortho OT
10. Cochlear transplant so far done was 289 cases
11. Acute myocardial infarction, Cleft Lip reconstruction surgery, Surgical oncology, Central hepatectomy, Total Hip replacement and Total Knee replacement

12. Special Drugs


14. State of the art liver transplant theatre

15. State of art post op ward.(44184 surgeries)

16. IMCU-959 Ventilators for poison, snake bite cases.

17. Shelters for patient attendants, battery cars.

18. Renal transplant(454 cases)


20. Complicated cardiac surgeries, FIBRO scan with budget of 1.5 crores through CMCHIS

21. Technology like smart boards.

22. Total hip replacement productivity increase, morbidity decrease
TOPIC: - CMCHIS PROCESS ANALYSIS
Role of Insurance in strengthening Health Systems.
SESSION: PLENARY SESSION 5
DATE: 26-8-2016 TIME: 02:55PM-03:05 PM

Speakers Profile:-
NAME : Dr.V.R. Muraleedharan,
DESIGNATION : Prof. of Economics,
DEPARTMENT : IIT. Chennai

Synopsis:-
Objective:
1. To understand and analyze how effectively the scheme has been functioning in fulfilling its objective

Methodology:
1. As per UIIC 2. Household data cover 7000 families

Concepts
1. Round the year enrolment
2. Reservation of service to public sector
3. Percentage of claims increase 35 – 40% Government
4. Claim of female ratio also increased
5. Average amount of Reimbursement also declined in Govt sector
6. Time from first submission to final settlement is increased.
7. Approval to settlement is 7 days

Suggestions:
1. To include people with income more than Rs72,000 with minimum initial premium
2. To extend the coverage
   ▪ National international equipments available in NICU wards. State of art technology.
   ▪ State of the art liver transplant theatre
   ▪ State of art post op ward.(44184 surgeries)
   ▪ IMCU-959 Ventilators for poison, snake bite cases.
   ▪ Shelters for patient attendants, battery cars.
   ▪ Renal transplant(454 cases)
   ▪ Pediatrics new born ventilators reduced Neonatal mortality cases.
   ▪ Complicated cardiac surgeries, FIBRO scan with budget of 1.5 crores through CMCHIS
   ▪ Technology like smart boards.
   ▪ Total hip replacement productivity increase, morbidity decrease
TOPIC:-
Role of Insurance in strengthening Health Systems.

SESSION: PLENARY SESSION 5

DATE: 26-8-2016      TIME: 09:30 AM - 10:30 AM

Speakers Profile:-

NAME: Mr. Anup Karan, &
Mr. Umakanth Dash, (Prof. of Economics) IIT

DESIGNATION: Associate Professor,

DEPARTMENT: Public Health Foundation of India &

PLACE: Chennai

Synopsis:-

1) Stage 2 stratified sample and the state was divided into four regions - The coastal, Northern, Southern, Coastal & Inland
2) In the absence of clinically validated survey, self-reported ill health can be taken as the health status
3) Changes in the composition of the demography.
4) Change in level of expectations for good health
5) Report was in favour of Females in Tamil Nadu
6) Fever, Skin and Musculoskeletal case reporting is high in 2014 in TN
7) NCDs affects all quintiles and communicable diseases affects lower quintiles
8) Person, Age, Sex, Income, Education, Individuals from Households in Urban areas are likely to report high
9) Public sector in total outpatient care in TN is 34.6%
10) Mental, Neuro and Gastro cases in public sector is doing well
11) Share of Public sector in total hospitalisation
12) Share of Public and Private sector in total hospital care utilisation by Socio economic Groups in TN 2014 was 52.7%
13) 11% of income is spent on Health as OOPs
• morbidity patterns and differentials
• utilization
• OOPE
• maternal and child healthcare
Info used for analysis:
-- household characteristics and demographic particulars
-- particulars of spell of ailment of household members during last 15 days.
-- the age pyramid in TN reflects considerably higher bulging in higher age compared to rest of India.
-- Morbity pattern has increased over last 2 rounds.
-- Chronic cases incre4asing due to changes in morbidity patterns.
-- causes of high reporting– change in composition of demography, better access, high expectations, change in awareness etc,
-- more female report illness in TN but in CMCHIS utilization more towards the males.
-- Policy relevance
strong evidence of reporting differences by age, gender, income and education Individuals from households with high consumption tend to report more.
Outpatient care experienced increase.
Share of public sector in total outpatient care in TN AND ALL India increased 26-34(2004-2014)
CVD, share of public sector in total hospitalization -35% in public system.
-- fever, injury and obstetric cases more public facities
-- 47.3 in poorest quintile still going to private system.
-- 45.5% of ST’s going to private.
-- those who don’t have scheme have 40% less chance of seeking care.
-- reasons for not availing govt facility- available, quality not satisfactory, 48.7
-- OOP private- 695 and 90- public
Observations
-- J shap r/s between age and morbidity
-- age pyramid in TN reflects higher bulfing at higher age groups.
-- gender differences observed. Women high morbidity.
-- share of public intitutions in all the rural outpatient episodes is app 50 %
Health accounts as a tool for policy making
Suggestions
-- rise of chronic disease in TN. SHOULD BE TAKEN AS SERIOUS THING
-- Share of public sector in total treatment – 35%. 65% still bear the burden
-- if public system in strong in TN, why 40% of poorest are out of the schemes purview.
-- OOP for outpatient is more than inpatient like all India, component of drug and diagnostic is still high.
-- insurance? where is the gap? Is it related to awareness?
=== more efforts on IEC to make people aware are required.
TOPIC: - State Health Accounts
Role of Insurance in strengthening Health Systems.

SESSION: PLENARY SESSION 3

DATE: 26-8-2016 TIME: 3:15 PM-3:25 PM

Speakers Profile:-

NAME : Mr. Indranil Mukhopadhyay,
DESIGNATION : Senior Health Economist,
DEPARTMENT : PHFI.
PLACE : Chennai

Synopsis:-

1) Magnitude and pattern of health are pending in the state. There is flow of funds. Money spent on health by the govt. For the current year is 3.8% of GDP. And for the pvt. Is 2.7%. Patient may lose 20 yrs of life and often less attended. Nearly 400 mental disorders are covered by Govt. Of india. Many require O.P. Treatment and only 10% require I.P. treatment. Some Patients goes through Crisis & remission due to comorbid substance misuse. Despite of Resources there is a treatment gap of 70%. If properly treated, Absenteeism will be reduced by 44%.

HOW THE HEALTH ACCOUNTS WORK GUIDE THE POLICY MAKING?

- Discussed the functional definition of health accounts. Mapped the money flow within health system between sources, intermediaries and providers. Various data used to capture

Broad findings:

- 3.8% of state GDP in healthcare, 1.1% by government, from ’04-05 to 13-14 share of public is increasing. Of which 69%-households, govt 24.2% source of financing
- Large part of money is not pooled to protect people from financial catastrophe. Local bodies paying significant role in spending for health.
expenditure by health functions- 29% inpatient, 18% outpatient curative care, 29% pharma. Large part of inpatient and medical goods from households. providers receive money in what proportion- retail pharmas, general hospitals

• IP curative care more than one third of govt spending goes followed by OP curative care. Critical policy question we are grappled with- cost of care: comparison of public and private sector. Public subsidy per hospitalization case- 14,180 per episode and 1,369 per episode

- **Policy issues**
- scale up public spending substantialy
- reallocate resources to meet emerging health challenges
- expand primary and preventive care
- reduce overreliance of households on private pharmacies
- expand public procurement

**Abstract:**

If Psychiatric Disorders are included then many patients will be benefited and they can lead a better quality of life.

**SRDH – A tool for Beneficiary Identification & Authentication**

Mr Shanmugam,

ILFS technologies

- 9 different modules
- Module 1: User Management – Role of admin user, admin user hierarchy. Admin role Vs type matrix
- Seeding- linking adhar card with the department database. Exact matching and probable match in the database was explained.
- Module 2: Search – advance search and simple search.
- Module 8: Master
- Module9: citizen registration and login
- Authentication and EKYC services is the key module. Bio-metric, mobile and demographic authentication. Explained the authentication process.