

Title: Coverage of palliative care services in private insurance providers in India - a qualitative evidence synthesis.

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Introduction: The burden of chronic diseases and the need for palliative care is increasing in India. Private insurance coverage plays a pivotal role in mitigating the financial burden of chronic disease care.

Aim: To assess the coverage of palliative care services by private insurance providers in India, delving into the nuances of plans, and their limitations.

Methods: The top 12 private health insurance providers were identified after reviewing 8 Indian policy broker websites. A qualitative evidence synthesis was done after reviewing policies with the highest premium and critical care plans of each listed private provider. Official brochures from these policies were analyzed systematically, using keywords (palliative care, terminal care, hospice care, cancer, geriatrics, older patients, end-of-life care, pain, chemotherapy) identified following a literature review along with an in-depth analysis to assess the coverage of palliative care services for chronic diseases with a focus on cancer.

Results: Among 12 comprehensive care plans and 12 critical care plans analyzed, 'cancer' was mentioned in 50% of comprehensive and all critical care plans, while 'chemotherapy' appeared in 33% of comprehensive and 8.3% of critical care plans. All other keywords were absent in all plans. An in-depth review found that only two plans mentioned clear inclusion criteria for cancer. All critical care plans had a maximum entry age limit of 65 years. The definition and parameters of cancer care coverage were frequently ambiguous.

Conclusions: There is a need for greater attention and clarity to incorporate comprehensive palliative care coverage for cancer and other chronic illnesses.



Coverage Of Palliative Care Services In Private Insurance Providers In India

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INTRODUCTION

Palliative care alleviates suffering by identifying and treating physical, psychosocial, and spiritual issues. Most adults needing palliative care have chronic diseases like cardiovascular diseases (38.5%), cancer (34%), chronic respiratory diseases (10.3%), AIDS (5.7%), and diabetes (4.6%).

Long-term palliative care poses significant financial challenges. In India, only 12.8% of the population is covered by government insurance. Private insurance plays a crucial role in easing the financial burden, ensuring comprehensive and dignified palliative care for those with life-limiting illnesses.

OBJECTIVE

To assess the coverage of palliative care services by private insurance providers in India, delving into the nuances of policy frameworks, limitations, and potential avenues for improvement

METHODOLOGY

In this qualitative evidence synthesis, a content analysis approach was used to assess private health insurance policies in India. We analyzed 8 policy broker websites and identified the top 12 insurance companies common to each. Criteria included the highest coverage individual healthcare plan, critical illness plan, and senior health care. We meticulously analyzed 27 policy wording documents, excluding those not publicly available. (Fig 1.0)

Keywords related to palliative care were identified using Pubmed Mesh search, and reviewing relevant published literature. Keywords associated with palliative care provision were identified for thematic analysis.

Keywords included :

- Synonyms- Palliative, Terminal, Hospice, End Of Life Care, End Stage, Rest Care
 - Diseases- Cardiovascular Diseases ,Cancer, Chronic Respiratory Diseases, AIDS And Diabetes.
 - Symptoms-Pain, Neuropathic Pain/Neuropathy, Visceral Pain, Depression, Anorexia, Insomnia, Nausea, Vomiting, Constipation, Diarrhea, Delirium, Restlessness And Dyspnea.
- Themes were then coded as (Present/ Absent- 1/0).

RESULTS

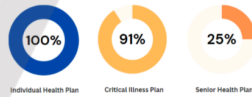


Fig 1.0: Policy wording percentage found on public domain

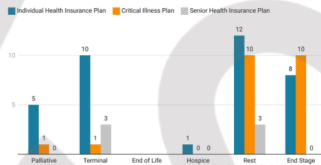


Fig 2.0: Frequency of presence of synonyms of palliative care.

- Palliative treatments were included in 41% of general and 9% of critical illness plans. (Fig 2.0)
- End-stage disease coverage was found in 66% of general and 90% of critical illness plans, with kidney, liver, and lung diseases being the most commonly covered.
- Hospice care was covered by only one policy.

- Rest cure, Rehabilitation and Respite Care were permanently excluded in all of the policies.
- Any services for people who are terminally ill to address physical, social, emotional and spiritual needs were excluded

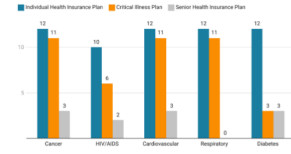


Fig 3.0: Frequency of presence of diseases requiring palliative care.

- Although cancer was mentioned in all the documents (Fig 3.0), carcinoma in-situ, pre-malignant, borderline malignant, Carcinoma in-situ of breast, CIN1,2,3, Thyroid cancer, Prostate Cancer, non-invasive melanoma, Gastrointestinal stromal tumors and more were excluded.
- Domiciliary Hospital care for COPD, asthma was excluded.
- HIV/AIDS was mentioned as an exclusion criteria in all critical illness plan. 70% of the 10 individual policies that mentioned HIV, excluded the coverage.

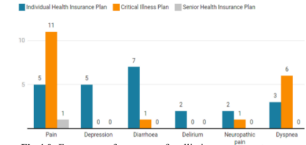


Fig 4.0: Frequency of presence of palliative care symptoms

- Dyspnea was included in 11% individual and 54% critical illness policies as a part of End stage Lung Failure. (Fig 4.0)

- Pain was the most common symptom mentioned in 41% of individual and all of critical illness documents; however, pain management coverage was only mentioned clearly by one policy. (Fig 4.0)
- Diarrhea was an exclusion criteria in domiciliary hospitalization management.

DISCUSSION

Limitations – Due to lack of proper definitions in palliative care the criteria for justifying coverage was not accurate. The premium for policies and reimbursement could not be studied.

Recommendations – Inclusion of palliative care coverage by private policy providers which covers majority of the population of our country. A public platform with all policy information. Coverage for age groups that most require palliative care.

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