Overview

Government of India launched Ayushman Bharat-Health and Wellness Centers (AB-HWC) program in 2018 which is now remaned as, Ayushman Arogya Mandir (AAM), with the aim to shift focus from selective to comprehensive approach in delivering health care services. This transformative shift envisaged under the Comprehensive Primary health Care (CPHC) policy, however, requires simultaneous and coordinated structural, technological, and behavioral shifts.

Together with our partners, Final Mile, an assessment was conducted in Satara district using a Human Centered Design to enable Ayushman Arogya Mandirs as hubs for delivering primary health care. The objective of the assessment was to:

a) Provide a behavioral lens to understand the challenges of building a model AAM.

b) Use a behavioral approach to address challenges with referral pathways.

Human Centered Design and behavioral lens

Qualitative exploratory research was conducted in an iterative and phased approach with cycles of research and development. Starting with a “Discovery” phase to build an understanding of the behavioral barriers and enablers in implementation of AAM guidelines at both supply and demand side using a semi-structured in-depth interview guide. Stakeholders critical in planning and implementing health policies, health care providers and end-users were interviewed followed by thematic analysis.

13 Problem reframes

- Build a 'holistic' understanding of AAM / CPHC for providers.
- Enable providers with capacity to work “as a system" versus “in a system.”
- Evolve community perceptions and choices through leveraging moments of transition.
- Build relevance and coping for 'prevention' of hypertension/ diabetes among providers and community.
- Build relevance and coping for 'early management' of hypertension/diabetes among providers and community.
- Build coping to drive early detection of cancer.
- Redesign the telemedicine experience to align with patient goals.
- Redesign the telemedicine usage and targets to align with the provider's ground realities.
- Provide alignment of specific device uptake to the goals of the providers.
- Create community accountability as a part of the role of Jan Arogya Samitis.
- Reorient facility staff involved with data from data entry to data management.
- Enhance motivation and mental imagery of quality from being superficial to being embedded in every facility activity.
- Promote AAM as the first referral unit and facilitate movement across the system.
In the next “Design” phase, an intervention was designed around one of the prioritized themes followed by prototyping workshop with end-users and health care providers to further strengthen the identified intervention.

**Discovery phase findings**

Discovery phase findings revealed that health service and health seeking behavior are intricately linked with one another within the scope of Ayushman Bharat where community's experience, beliefs and perceptions influence care seeking behavior. Key focus areas relevant to enabling CPHC through AAM guidelines such as human resource, capacity building, referrals, diagnostic, telemedicine, quality etc. were also identified. Based on these diverse multi-layered insights into the health system, AAM services and health seeking behaviours, 13 problem reframes were produced.

**Design phase findings**

Referrals was identified as the prioritized focus area to promote AAM as the critical first referral unit and a system of interventions, 'Redesign of Referral Experience' was developed to shift provider's view of their role in referrals and improve the experience of patient referral within the government system.

To tackle problem reframing, following 5 interventions were prototyped-

- Connecting providers at different levels
- Building ownership of patient's entire health care journey
- Bottom-up redesign of referral network
- Reframe referral communication to act as a means to cope
- Communication of purpose of AAM to community

Based on the prototyping workshop, a system of solutions geared towards both providers and community was framed comprising of:

- **Structure for provider-patient interaction**
  To enable providers to reduce uncertainty and build coping for patients by highlighting to them, patients' needs and ways to address them.

- **Process for tracking patient movement**
  To restructure and communicate the tracking process for effective record keeping and streamline the patient movement within the system.

- **Communication of provider's role in referrals**
  To drive an intrinsic motivation among providers to understand their role in referrals holistically by building empathy towards patients and other providers.

**Redesigning of referral pathways in Satara**

A well-designed referral system is essential to promote AAM as the critical first step in achieving continuum of care and improving patient experience as they navigate through the system. Post-understanding the challenges involved in the upward and backward flow of referral linkages, PATH is providing support in optimizing patient pathways to

**Rationale for prioritizing referral**

- Overburdened tertiary care hospitals due to direct walk in and unnecessary referrals
- Enabling gatekeeping
- Enabling patient tracking
- Streamlined referral & back referral
- Linkage of screening to confirmatory diagnosis & treatment to enable continuum of care
- Non-emergency referrals viewed as the patient's responsibility
improve overall patient experience, system efficiency, and outcomes. PATH team conducted a ground level assessment to understand referral flow across facilities and found several gaps. To address the gaps following measures were adopted-

- Revision of the referral form for AAM to capture adequate information which improves patient experience.
- Revision of OPD register for AAM to include referrals and follow up for efficient tracking of referred patients.
- Development of a cue card to help health care providers in better communicating the referral information with the patient.
- In addition to this, convening a convergence meeting among various stakeholders such as Civil surgeon, DHO with health care providers to improve ownership, and enhance communication amongst different levels of care for strengthening back referral as well as tracking mechanisms.

The current work is around streamlining processes, enhancing communication between health care providers, integrating technology, and tailoring care plans to address the unique needs of different patient segments. Engagement and convergence of intradepartmental stakeholders, such as the civil surgeon and district health officer, is also being carried out to sensitize health workers on their crucial role in streamlining the referral mechanism in the district.
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