

## Policy Implementation Lab: Explore Suvarna Arogya Suraksha Trust (SAST)

### Day 1: 8 May 2017, Monday

8:30am - 9:00am	<b>Registration and Tea</b>	
9:00am - 10:00am	<b>Introduction, Goal Setting and Ice-Breakers</b>	Dr. Rathan Kelkar, NHM Karnataka Rajen Makhijani, TCD-IIC
10:00am - 12:00pm	<b>1. Governance Structures</b>	
20 mins	1a. What is the SAST model?	Dr. Rathan Kelkar, NHM Karnataka
40 mins	1b. SAST model at work: Grievance Redressal Mechanism Benefit Packages	Mr. Anand, SAST Dr. S Chandrasekhar, SAST
45 mins	1c. GROUP EXERCISE: Choices and Trade-offs inherent in different models	TCD-IIC (facilitator)
12:00pm - 1:00pm	<b>Lunch</b>	
1:00pm - 2:30pm	<b>2. Hospital Empanelment</b>	
20 mins	2a. SAST Empanelment Guildlines and Process	Dr. Koradhanya Math, SAST
20 mins	2b. TCD results from 400 hospital survey	Neha Mehra, TCD-IIC
45 mins	2c. GROUP EXERCISE: How to align stakeholders	TCD-IIC (facilitator)
2:30pm - 3:00pm	<b>Coffee</b>	
3:00pm - 4:15pm	<b>3. Claims Management &amp; Fraud Detection</b>	
45 mins	3a. Demonstration/Walk Through of Pre-Authorization Claims Processing Information Technology	Dr. Narayan, SAST Dr. Rohith Metrani, SAST Dr. Sharath, SAST
30 mins	3b. Medical Audits for Better Outcomes	Dr. S Chandrasekhar, SAST
4:15pm - 6:15pm	Site Visit to Selected Hospitals	

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### Day 2: 9 May 2017, Tuesday

9:00am - 9:30am	<b>Tea</b>	
9:30am - 10:00am	<b>Reset and Reconnect</b>	Rajen Makhijani, TCD-IIC
10:00am - 11:45am	<b>4. Beneficiaries &amp; Utilization</b>	
20 mins	4a. Increasing beneficiary enrolment	Dr. Arindam Nandi, TCD-IIC
20 mins	4b. A reflection on RSBY utilization	Dr. Arindam Nandi, TCD-IIC
20 mins	4c. So how do the end beneficiaries feel?	Neha Mehra, TCD-IIC
45 mins	4d. GROUP EXERCISE: Strategies to induce behavior change	TCD-IIC (facilitator)
11:45am - 12:00pm	<b>Short presentation by IIC team embedded with SAST</b>	
12:00pm - 1:00pm	<b>Lunch</b>	
1:00pm - 2:30pm	<b>5. Success Measurement</b>	
15 mins	5a. Video on Connecting Impact Evaluation to Program Implementation	Prof. Anup Malani, TCD-IIC
30 mins	5b. Different Tools for Evaluation: Impact Evaluation, Cost Effectiveness, Benefit Cost Analysis	Dr. Arindam Nandi, TCD-IIC
45 mins	5c. GROUP EXERCISE: How do you measure impact?	TCD-IIC (facilitator)
2:30pm - 2:45pm	<b>Coffee</b>	
2:45pm - 3:45pm	<b>6. Convergence and Change</b>	
30 mins	6a. National Health Protection Scheme	Ministry of Health & Family Welfare (tbd)
30 mins	6b. SAST Convergence Strategy	Dr. Sudha Chandrasekhar, SAST
3:45pm - 5:00pm	<b>Reflections   Closing</b>	

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### Topic 1: Governance Structures

SAST, a special purpose vehicle under MoHFW, administers universal health coverage (UHC) through its portfolio of schemes. SAST implements its agenda through both a trust model as well as an insurance-led model and can draw lessons from both models of service delivery. It is now poised to converge nearly half of Karnataka's state healthcare budget to eliminate redundancy and improve efficiency of the state's healthcare agenda. In this session, participants will discuss the trade-offs and advantages of different modes of UHC delivery and explore the conditions necessary for the success of each.

### Topic 2: Hospital Empanelment

Through this topic we raise the larger question of stakeholder incentives. We explore how program design can create aligned or perverse incentives, and how best to manage and allocate risk and responsibility in a program. What would it take for the hospital sector – private or public – to participate actively in UHC programs? SAST will share its experiences in managing this difficult stakeholder and the TCD will share the results of a 400-hospital study undertaken by Sarojini Rao, a PhD student at the Department of Economics at the UChicago.

### Topic 3: Claims Management & Fraud Detection

Continuing with the group discussion format, the participants will be divided into small groups and asked to think of processes within their organization that currently use technology/automation to improve efficiencies and consider what they could or would like to use for further improvement. SAST will provide a demonstration of its indigenous IT platforms to address claims management and pre-authorization as well as share how it designed a new strategy of fraud detection that places the medical audit at the front and center of its strategy.

### Topic 4: Beneficiaries and Utilization

Why is beneficiary participation both in terms of uptake of insurance (RSBY) and utilization so low? TCD will present an analysis of utilization data and work collaboratively with participants to extract learnings to apply to the next generation of UHC schemes. The TCD will also draw policy implementation lessons from the research of Vani Kulkarni (University of Pennsylvania) and Stefan Ecks (University of Edinburgh), who conducted an ethnographic survey to better understand how beneficiaries interacted with RSBY infrastructure. Participants will share their own experiences with what strategies work in influencing behavior change in beneficiaries.

### Topic 5: Success Measurement

IIC-TCD facilitators will lead two skills-focused sessions on how practitioners can use impact evaluations to measure impact and manage program success. The first session will focus on the benefits of using impact evaluations to inform program implementation, drawing examples from the sustained partnership between the IIC-TCD and SAST. The second session will cover key tools for evaluation, including Impact Evaluation, Cost Effectiveness and Cost Benefit Analysis, in order to enable participants to better read and act on evaluation results.

### Topic 6: Convergence and Change

To conclude the Policy Implementation Lab, we turn our attention to upcoming changes in the universal health coverage landscape and think through how the tools and strategies discussed throughout the workshop translate to the National Health Protection Scheme (NHPS). As NHPS replaces RSBY, we use this session to learn about the thinking that has informed the changes that NHPS will bring. SAST shares its preparation to implement NHPS and to converge programs to eliminate redundancy and increase efficiency of existing programs.