Grand Health Insurance- for Sustainable Health Security, Improving Health and Life Expectancy- for People of India.

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Disease is but deficiency or excess of three life forces
defined in learned texts as air, fire and water.

The body requires no medicine if you eat
Only after the food you have already eaten is digested.

Tiruvalluvar The great Tamil Bard Philosopher

I INTRODUCTION

(a) What is Health

A traditional definition says that Health is a state of **complete** physical, mental and social **well-being**, and not merely an absence of disease or infirmity[1].

A good complexion, a clean skin, bright eyes, lustrous hair with a body well clothed with firm flesh, not too fat, a sweet breath, a good appetite, sound sleep, regular activity of bowels and bladder and smooth, easy, co-ordinated movements. All the organs of the body are of unexceptional size and function normally; all the special senses are intact; the resting pulse rate, blood pressure and exercise tolerance are all within the range of "normality" for the individual's age and sex. In the young and growing individual there is a steady gain in weight and in the mature this weight remains more or less constant at a point about 5 Ibs. more or less than the individual's weight at the age of 25 [1].

The WHO definition of health mentioned above is idealistic rather than realistic. Ideal health will always remain a mirage. Health in this context is to be considered a potentiality — to be promoted, to be supported, for the maximum good of the maximum number. In working for positive health, the role of health experts or doctors is the same as that of a gardener faced with insects, moulds and weeds. Their work is never done [1].

Richard Smith former Editor and Chief of BMJ, in his article pursuing health & fleeing disease, says that doctors are interested in disease and not health and medical text books are massive catalogue of diseases [2].

Thinking in terms of disease has become counterproductive. "The time has come", to abandon disease as the focus of medical care. The changed spectrum of health, the complex interplay of biological and non-biological factors, the aging population, and the inter individual variability in health priorities render medical care that is centered on the diagnosis and treatment of individual diseases at best out of date and at worst harmful. A primary focus on disease may inadvertently lead to under treatment, over treatment, or mistreatment [3].

(b) Health for All and Primary Health Care

In 1977 the 30th World Health Assembly resolved that the main social target in coming decades for Governments, as for the WHO, should be 'the attainment by all citizens of the world by the year 2000 A.D. of a level of health that will permit them to lead a socially and economically productive life'. This goal got coined into a slogan,Health for All by the Year *2000 A.D.* Health for all meant that every individual should have access to Primary Health Care [4].

The Alma-Ata Conference held in 1978strongly reaffirms that health, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector [4,5].

Health For All means that health is to be brought within reach of everyone in the world. And by "health" is meant a personal state of well being, not just the availability of health services – a state of health that enables a person to lead a socially and economically productive life. Health For All implies the removal of the obstacles to health – that is to say, the elimination of malnutrition, ignorance, contaminated drinking water and unhygienic housing[4,5].

Health For All depends on continued progress in medical care and public health. The health services must be accessible to all through primary health care. Medical care alone cannot bring health to in hovels. Health for such people requires a whole new way of life and fresh opportunities to provide themselves with a higher standard of living [6].

The adoption of Health For All by government, implies a commitment to promote the advancement of all citizens on a broad front of development and a resolution to encourage the individual citizen to achieve a higher quality of life[6].

PHC did not achieve Health For All by the Year 2000 or till date!. A considerable part of world's resources, is now spent on armaments and military conflicts. Hence providing sustainable healthcare took the rear seat [7].

II HEALTH PLAN ANDINVESTING IN HEALTH

Food and shelter are both basic human needs, even more critical to survival than health care. Why should health care be any different, then? Sure, health care costs are exorbitantly high, but, once the existing schism between pay or and patient is eliminated, costs will decrease necessarily. In fact, the exorbitant costs are, in part, the direct result of our historical attempts at treating health care differently [8]

Meanwhile as affluent countries got together to form world organizations like the WHO, the medical and pharma lobbies in the USA saw big opportunities in converting Healthcare into Medical(Disease)care and struck upon quick fixes and short-term goals based upon surrogate markers like Blood sugar, HBA1c, Cholesterol/Lipid profile, ideal (desirable)-height/weight(to whom), Blood pressure etc. With advances in Biotech and instrumentation plus improvements of skills in cardiovascular surgery and anesthesiology care came the era of ubiquitous 'CABBAGE' (CABG) and a plethora of secondary and primary coronary artery stentings! Add to this scenario, the drug developments bringing in STATINS as the universal pancake , 'glitazones' as the ultimate answer to euglycaemia (in turn the ultimate goal for diabetes control & complications) all these developments resulted not in improvement in Health-indices but in mortality rates due to ADRs and interventions [9].

Exponential increase in Corporate style Medicare Hospitals, Master Health check-ups, and Health Insurance plans raking in huge profits at the expense of the rich, corporates, and governments; set in motion new promotional forces, and targets which were solely economy-oriented and hardly health oriented; and the plot of Health Care for all became a pipe dream!! [9]

III NATIONAL HEALTH SERVICE (NHS)

(a) NHS in Lik

It was born out of a long-held ideal that good healthcare should be available to all, regardless of wealth .The NHS officially came into being in July 1948, in the wake of World War II, to replace an inadequate system of volunteer hospitals that had, during the war, come to rely on government funding [10].

Each of the four countries of the United Kingdom has a publicly funded health care system referred to as the **National Health Service** (**NHS**). The terms "National Health Service" or "NHS" are also used to refer to the four systems collectively. All of the services were founded in 1948, based on legislation passed in 1946, 1947 and 1948, by the Labour Government that had been elected in 1945 with a manifesto commitment to implement the Beveridge Report recommendation to create "comprehensive health and rehabilitation services for prevention and cure of disease"[11].

The NHS is a rare example of truly socialized medicine. Health care is provided by a single payer — the British government — and is funded by the taxpayer. All appointments and treatments are free to the patient (though paid for through taxes), as are almost all prescription drugs[12].

The NHS was nothing but a "politically controlled state monopoly that is inefficient, outdated, and unsustainable," It sentences thousands of critically ill people to death by putting them on waiting-lists a year or more long, or by denying them life-saving drugs made in Britain and exported elsewhere. Britain has the most nationalised health service in the developed world and suffers the consequence of having the worst health service in the developed world, in never-ending crisis, causing unnecessary misery and premature death [13].

(b) The US Plan

National health care spending is climbing by more than 7 % per year,outpacing economic growth by a substantial margin [14]. As health care costs have climbed,so has the number of people without health insurance in the United States, even during a period of overall economic growth [14]. In 2004, according to U.S. Census data, nearly 46 million people of all ages were uninsured, an increase of 6 million over 2000[14].

Two of five (41%) working-age Americans with incomes between $20,000 and $40,000 a year were uninsured for at least part of the past year—a dramatic and rapid increase from 2001 when just over one-quarter (28%) of those with moderate incomes were uninsured . Adults with incomes

under $20,000 were still the most likely to be uninsured: more than half (53%) had spent time uninsured in the past year [14].

IV ENVISAGEDSUSTAINABLE GRANDHEALTH ENSURANCE PLAN

This has three functioning modules successfully incorporated in it.

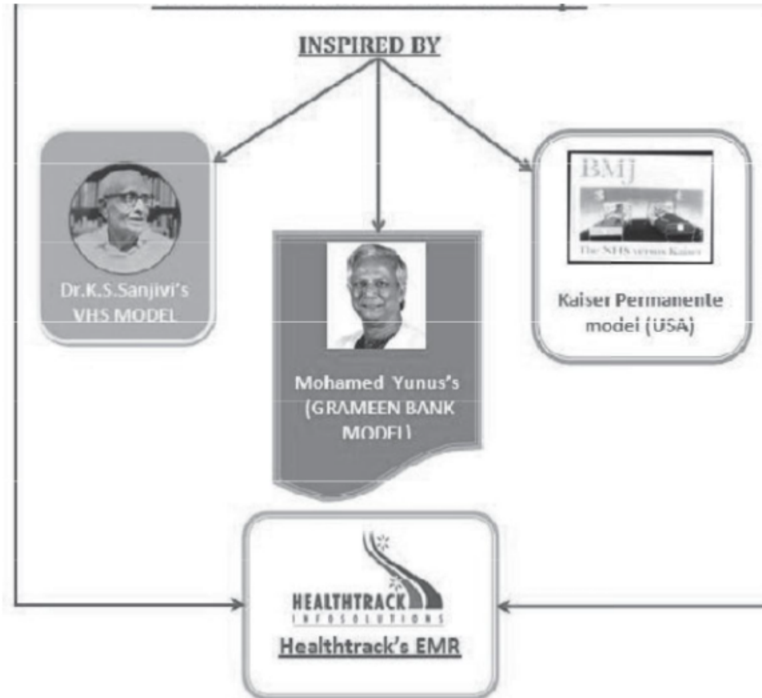

Fig 1 Nano Health Insurance Concept

(a) VHS Chennai

Dr. K.S. Sanjivi was a pioneer in promoting the concepts of community health care and holistic approach to medicine much before they became popular [15].

In 1958 Krishnaswami Srinivas Sanjivi (1903–1994) was an Indian medical doctor, gandhian, social worker and brilliant physician founded the Voluntary Health Services in Chennai, a medical facility serving the lower and middle-class people of the society, by building up a great institution from nothing more than a dream. Its basic concept was prevention and cure of diseases and an income-based insurance scheme for the entire family. The institution has grown over the years to become a tertiary care 405 bedded referral hospital [16].

The Voluntary Health Services Model (Chennai, India) which grades its beneficiaries into 4 economic groups and has a premium of a small 0.5% of the annual income of its beneficiaries [16].

This model projects PREVENTIVE, PROMOTIVE as well as CURATIVE aspects of Healthcare and has as its goal, the lessening of the tertiary care burden. It also has a national plan for outreach primary care centres with a central facility to train the personnel (Handpicked from the locality, where the PHC is situated) and mould them into multipurpose community health workers on the lines of what was much later labelled as ANGANWADI HEALTH WORKERS [17,18,19].

The *USAID* had recognized Voluntary Health Services as the nodal centre in India for spreading its AIDS awareness programme throughout south India for its AIDS prevention programme and entrusted several million $ for this purpose; which was successfully achieved. This has been followed by the *Bill* Gates foundation which is presently routing a very large donation for helping to treat HIV/AIDS victims as well as for preventive efforts, in this vitally important Public Health problem [20].

(b) Kaiser Permanente – California (USA)

KP is an integrated managed care consortium, based in Oakland, California, United States, founded in 1945 by industrialist Henry J. Kaiser and physician Sidney Garfield. KP is a pre-paid integrated system consisting of three distinctly separate, but related entities: a health plan that

bears insurance risk, medical groups of physicians, and a hospital system. The financial incentive is to provide high quality, affordable care and manage population health rather than generating high volume of compensable services. Both the health plan and the medical group are aligned and accountable for a global budget, and only contract directly with one another for the provision of medical services. All three entities share in the goal, reflected in the organization's capitated payment system, of keeping patients healthy while optimizing utilization. This alignment is crucial in KP's effort to maintain affordability for their purchasers and members [21].

KP's quality of care has been highly rated and attributed to a strong emphasis on preventive care, its doctors being salaried rather than paid per service, and an attempt to minimize the time patients spend in high-cost hospitals by carefully planning their stay [21].

KP Model has been studied and admired way back in 2002 by The British Medical Journal who compared it with the National Health Service model of the UK and stated that the Kaiser Permanente model was superior to the National Health Service primarily because of the increased use of the Information technology by the former and it's online personal Health Records that can be accessed by its doctors and nurses in emergencies and other situations, so that the quality of treatment improved considerably because of the background information available at the click of the mouse [22].

This aspect of instant availability of personal Health Records drastically reduces the dangers of Adverse Drug Reactions (ADR) and medical errors which together accounted for more than 200,000 documented deaths in 2007[9].Thus it can be seen clearly that the success of real health care provider-model should lie in an IT based model that has a comprehensive and validated Online Interactive Electronic Patient Health Record System[9].

(c) The Grameen Model

The Grameen Bank is a Nobel Peace Prize-winning microfinance organization and community development bank founded in Bangladesh in 1976 by Professor Muhammad Yunus at University of Chittagong. It makes small loans (known as microcredit or "grameen credit") to the impoverished without requiring collateral. The name Grameen is derived from the word gram which means "rural" or "village" in the Bengali Language [23].

Grameen Bank is founded on the principle that loans are better than charity to interrupt poverty: they offer people the opportunity to take initiatives in business or agriculture, which provide earnings and enable them to pay off the debt. The bank is founded on the belief that people have endless potential, and unleashing their creativity and initiative helps them end poverty [23,24].

Muhammad Yunus shows the outlook behind why Grameen Bank runs the way it does, saying, " When you hold the world in your palm and inspect it only from a birds eye view, you tend to become arrogant, you do not realize things become blurred when viewed from an enormous distance. I opted instead for the" worms eye view." ... The poor taught me an entirely new economics. I learned about the problems they face from their own perspective [23,24].

V HEALTH INSURANCE VS HEALTH ASSURANCE

(a) **Health Insurance** is basically profit motivated economic activity (any insurance) [25]. This cannot serve in a universal use in a large population like India with highly varying economic capability.

(b) **Health assurance** which is being spoken often by politicians and many non-governmental philanthropic foundations is again by and large rhetoric where the end result is neither audited or evaluated honestly [25].

(c) **The proposed Health Ensurance** on the other hand is a scheme in which a parent or grandparent would make sure that their children/grandchildren get at the time it is required. For eg.a parent puts money in the bank for the education of their progeny 10 years later and thus ensures that this specific education is got for their children at the time intended (10 years later) that is ensurance [26].

The Grand Health Ensurance was conceived because of a direly felt need for a world class health insurance facility/model that would be inclusive of all economic sections of any society globally, as well as, exclusively catering to the special needs of the premium groups of the premium payers; in short his concept is a versatile solution resulting from the amalgamation of all the validated, salient features of 3 outstanding experiences in the fields of Community Health Care dispensation and community economic uplift– in India, U.S.A. & Bangladesh [15,16,21,23].

The Grand Health Ensurance concept takes inspiration from all the above 3 efforts in transforming the society's aspirations in to reality by proposing a Health Ensurance concept that would tap as premium 1% of the annual income of the highest economic groups giving them premium care in terms creature of comforts and facilities they expect in their health care needs, while

including *GRATIS the* *2* other groups viz. the Subsidized group and smallest economic group– with each premium group registration[15,16,21, 23,26].

The medical facilities and services however will be the same for all the 3 groups under one roof (The multi specialty e-hospital) In popular parlance the Grand Health Ensurance concept could be compared to an international jetlinemodelwhich takes the premium First class, the business class, the economy plus and the economy class all in the same plane to the same destination successfully [26].

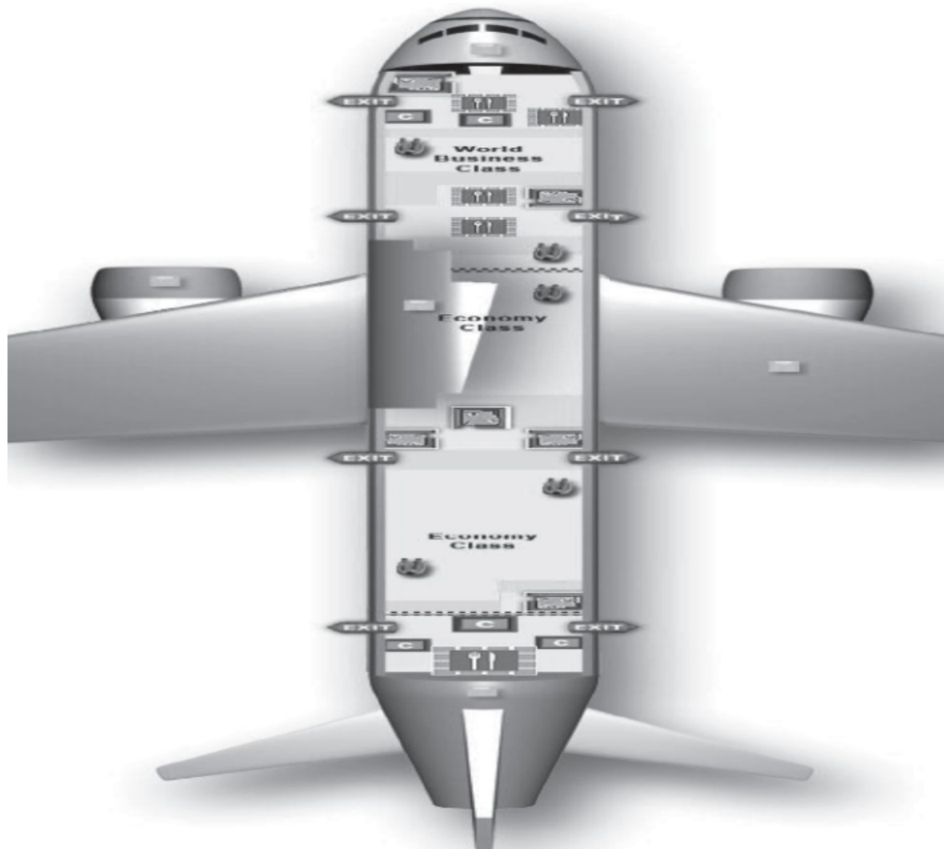

Fig. 2 Jet Liner Model

Grand Health Ensurance is a revolutionary, completely transparent & inclusive Health ensuring model where the affordable persons pay 1% of their total income and this automatically covers the Health Ensuranceof 1 –4 persons of their choice like :

Close relatives (Parents, Siblings)(and)
Dependents and Domestic Helpers (Children's Nannies & Drivers, etc…)
This concept is

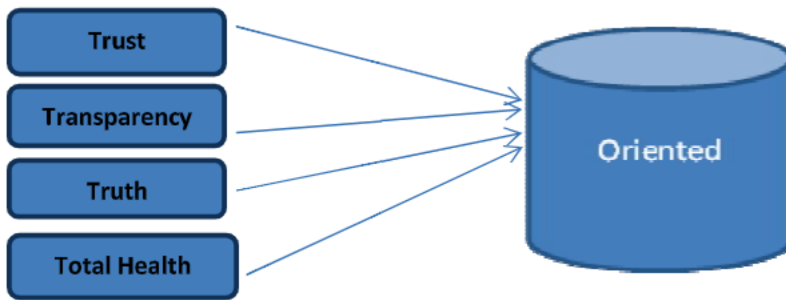

Fig 3 Grand Health Ensurance Model

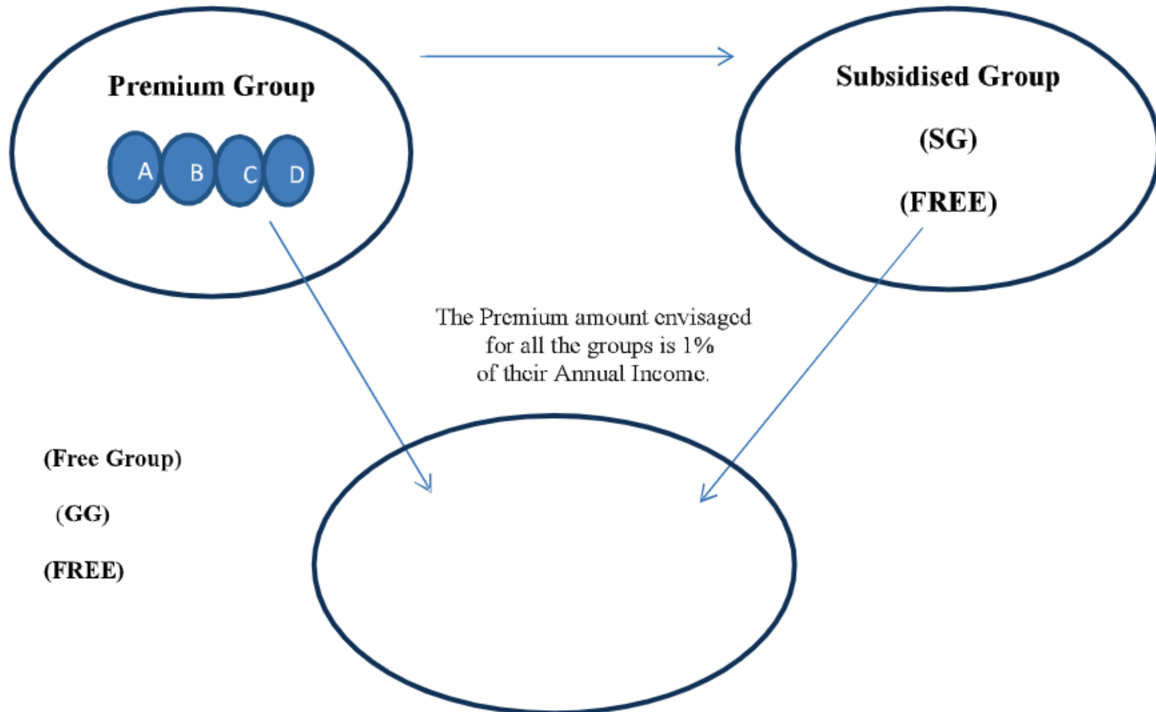

Fig 4 Grand Health Ensurance

All values in Indian Rupees (INR)

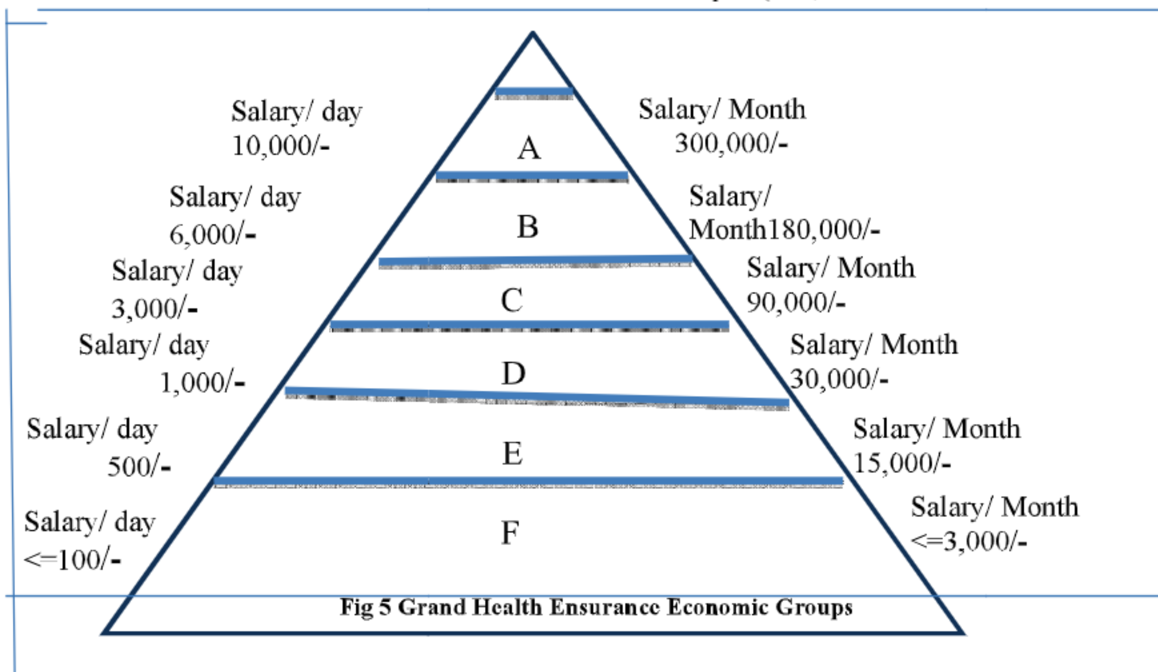

Fig 5 Grand Health Ensurance Economic Groups

Envisaged Premium Categories in the Grand Health Ensurance Plan
All Values in Indian Rupees (INR)

Salary / Day	Salary Month	Fig 5 Grand Health Ensurance Economic Groups	Income	s
100 & less	3000	1	1%	Free/ Grand Group (GG)
500	15000	5	1%	Free/ GrandSubsidised Group (SG)
1000	30000	10	1%	Premium'D
3000	90000	30	1%	Premium'C'
6000	180000	60	1%	Premium 'B'
10000	300000	100	1%	Premium 'A'

Table 2
Envisaged Revenue from the Grand Health Ensurance Plan
All Values in Indian Rupees (INR)

Number of Persons Ensured	Annual Premium	Annual Income from Premium	Categories
1,00,000	360	3.6 Crores	Free/ Grand Group (GG)
1,00,000	1,800	18 Crores	Free/ GrandSubsidised Group (SG)
1,00,000	3,600	36 Crores	Premium'D'
1,00,000	10,800	100 Crores	Premium'C'
1,00,000	21,600	200 Crores	Premium 'B'
1,00,000	36,000	360 Crores	Premium 'A'

Total annual premium collection will be 741.60 Crores.

Note: If 100,000 persons are enrolled in each category the Total Premium will be 741.60 Crores. For groups (F) Free & Subsidized Group & (E) Subsidised& Free Group the total Annual Premium for 100,000 persons each amounting to 21.6 crores can easily be waived & absorbed by groups A to D.

The premium paid by 4,00,000 persons (Group A-D) will be 720 crores can provide full health cover for the other 2,00,000 persons free of cost.

Table 3
Additional (FREE) Beneficiaries for Premium Groups with GHE model

Premium Group	Free Beneficiaries
Premium Group 'A'	2 SG + 2 FG
Premium Group 'B'	1 SG + 2 FG
Premium Group 'C'	1 SG (or) 2 FG
PremiumGroup 'D'	1 FG

F: Free, SG: Subsidized

VI WHAT ARE THE HIGHLIGHTS OF G.H.E.?

(a) Once you are registered there are no more tedious forms to be filled or permission required; No questions are asked about past, present or future illnesses or diseases . Once registered, all health problems are automatically covered fully. You are treated as a dignified and respected partner in our Health Care Services Venture. Your positive feed-backs and inputs will be sought to be implemented by the organization to better the Quality of service Quotient.

(b) Unnecessary medical or surgical or other interventions (which cause more harm than good)are scrupulously avoided.

(c) You get an exclusive, unique and secured on-line EMR which could be retrieved anywhere in the world, any time you are faced with medical problem or emergency to assist your doctors(a very important life-saving medical tool)not available in most insurance systems in the world.

WHERE WILL THE GHE ModelBE AVAILABLE for view
@TAG –VHS Diabetes Research Centre

VII LIMITATIONS OF GHE

(a) Extensive use of I.T.–Infrastructure needed.

(b) Training of all the participants in this venture (doctors, Insured persons, administrative staff, etc.)

(c) Certain contagious diseases like cholera, Pox, HIV/AIDS etc. will be excluded from/cover by GHI. But-customized packages could be worked out for special situations and cases.

(d) Certain highly specialized medical/surgical modalities (eg. Stem – cell therapy /complex cardiac surgeries etc) would be out-sourced to affiliated and accredited institutions only if recommended by our panel of experts, when the charges will be borne by the G.H.E.

(e) For GHI concept to become a national success it needs the backing of all participants who should co-operate in improving their own health and also enabling in giving HEALTH CARE FOR their kith and kin [24].

VIII CONCLUSION

The present Indian health sector scenario of governmental efforts supplemented by the failed health care models that are in vogue in countries like U.S.A, U.K, etc., are clearly inadequate and ineffective, to provide health for all at affordable rates or free of charge for the huge bottom layers of the pyramid of our population, totalling nearly 700-800 millions. The efforts of NGOs does not even touch the fringe of the problem. So, presently the private/corporate sectors are ruling the roost and making the public believe that corporate (high-end-tech & expensive) health-care is better than the governmental efforts in its general (public) hospitals. The political efforts to appease the vote bank by giving various governmental schemes for Free healthcare programmes for which its own hospitals are ill-equipped has landed huge revenue into the corporate sector by the PPP model.

Grand Health Ensurance is a revolutionary, completely transparent & inclusive Health ensuring model where the affordable persons pay 1% of their total income /annum and this automatically covers the Health Ensurance of 1-2 persons of their choice for 1 year. It also takes in its fold centuries old ancient Indian Wisdom enshrined in the health and healing model of Ayurveda, as well as the authentic Homeopathy and the various forms of Energy Therapies in its armamentarium.

This Health care model is self generating, economically sustainable and can be scaled up or down to cover the entire country and our 1.2 billion plus population for effective improvement of people's Health Expectancy Quotient. The TAG VHS Diabetes Research Centre (unit of VHS Diabetes Department) has been functioning since March 2011, and treating patients based on this Health care model.

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