Government Support to Peritoneal Dialysis Program in Kerala

M. Sreelatha
Professor & HOD, Department of Nephrology, Government Medical College, Kozhikode

Abstract: Continuous Ambulatory Peritoneal Dialysis is a very useful mode of Renal Replacement Therapy for elderly patients, young children and in those with severe heart disease. Kerala Government is very much supporting this form of RRT. So that a large number of poor patients are benefited.

Keywords: Peritoneal dialysis, CKD, Health Insurance.

Introduction

a) CKD in India:

CKD is rapidly turning into a global epidemic and India is not an exception to that. In India too, there is a significant burden of CKD with variable figures obtained from various sources. There is still need for a robust data collection and voluntary participation from the nephrologists and kidney care provider community so that actual prevalence and incidence could be found.

Current figures obtained from sources suggest an approximate prevalence of CKD at 800 per million population (pmp)(1). Yearly incidence of End Stage Renal Disease in India has been approximately suggested at 150-200 per million population(2). Increasing burden of this ESRD pool has also been highlighted by the fact that the age adjusted ESRD incidence has been suggested at 175 per million population (pmp) and prevalence at 350 per million population(3). This ESRD incidence is increasing by 7% per annum driven by rapid emergence of the diabetic nephropathy, increasing number of patients with hypertension and changing lifestyle.

b) Kerala- at a glimpse

Kerala is a state in the South-West region of India on the Malabar Coast. As per census 2011, Kerala has a population of 33.4 million. A rough estimate of CKD patients at Kerala is suggested at 6000-8000 approximately (proper data not available), with a Peritoneal dialysis population of approximately 350 patients. If we go by the therapy initiation trend of peritoneal dialysis from January 2014 till October 2014, there has been doubling of initiation trend of peritoneal dialysis compared to the initiation trends in 2012. Public funding in the peritoneal dialysis space has a lot to do in this change of trend in the initiation numbers. PD contribution trend from public sector has increased from 20% in the year of 2012 to 70% by the year of 2014 (Baxter India RHC estimate). Availability of funds from various Government schemes offers convenience to the nephrologist and patient community in going ahead with the therapy comfortably, as most of the therapy cost otherwise would have to be borne by the patients themselves which act as a critical barrier in deciding a therapy option for the patient.
Government support for PD program in Kerala:

Various healthcare schemes and initiatives by Government of Kerala and the Government at the center have financially helped in taking the peritoneal dialysis program ahead in the State of Kerala.

Various healthcare schemes present in the State of Kerala:

1) Karunya Benevolent fund:

Under Karunya, families with income below Rs. 3 lakh per annum (these would also include those above the poverty line) are given financial assistance up to a maximum of Rs 2 lakh. The ailments covered under the scheme are cancer, heart disease, kidney trouble and palliative care. For some diseases like haemophilia the assistance is up to Rs 3 lakh. The treatment under the Karunya scheme was initially provided through the government medical colleges and hospitals. But now 62 private hospitals have been accredited to the scheme.

Patients can apply through the district lottery office or through the district-level committees set up for the purpose. However, the grant is provided directly to the designated hospitals. After the launch of the scheme nearly 124 draws have been made and the profits estimated at around Rs 255 crore formed the core of the KBF.

In 1967, when the Kerala government launched lotteries, it was the first state to do so in the country. After trying out some special-purpose lotteries like draws for sports, education and welfare of jawans, the state government decided to launch Karunya lottery in 2011-12. The department set aside the revenue from this lottery to fund the Karunya scheme (4).

All patients on CAPD can apply for Karunya Fund and will be sanctioned with Rs. 2 lakhs and as per doctor prescription, the CAPD bags will be sent directly to patients home on a monthly basis till the 2 lakhs is over.

2) Rastriya Swasthya Bima Yojana (RSBY)- Govt. of India:

Rashtriya Swasthya Bima Yojana (RSBY, literally "National Health Insurance Programme"), is a government-run health insurance scheme for the Indian poor. It provides cashless insurance for hospitalisation in public as well as private hospitals. The scheme started enrolling on April 1, 2008 and has been implemented in 25 states of India. A total of 36 million families have been enrolled as of February 2014. In the starting RSBY is a project under the Ministry of Labour and Employment. Now it is transferred to Ministry of Health and family welfare from April 1, 2015.

Every "below poverty line" (BPL) family holding a yellow ration card pays ₹ 30 registration fee to get a biometric-enabled smart card containing their fingerprints and
photographs (5). This enables them to receive inpatient medical care of up to ₹30,000 per family per year in any of the empanelled hospitals. Pre-existing illnesses are covered from day one, for head of household, spouse and up to three dependent children or parents (6).

Kerala government got sanction to implement the scheme in all districts in 2008-2009.

3) Comprehensive Health Insurance scheme plus (CHIS-PLUS):

In the 2008-09 budget itself, the Ministry of Finance, Govt. of Kerala, announced a health insurance scheme named Comprehensive Health Insurance Scheme (CHIS) which would be beneficial for those who come under the non-RSBY populace. As per this scheme, the beneficiaries who belong to the BPL category should have to pay Rs.30 per annum and the state government will meet the remaining expenses. While those belonging to the APL category would have to pay the full premium which includes the cost of the ‘smart card’. This scheme has been launched in 14 districts of the state. Highly beneficial for the families other than those in the below poverty line (BPL) group, the RSBY-CHIS card holders will get treatment facilities for three fatal diseases of heart, kidney and cancer at government hospitals listed in the CHIS scheme. Home based treatment like CAPD is also included RSBY – CHIS Programme, so that patients can buy the bags under this scheme from hospital for 1 lakh/year. This can be renewed every year.

An RSBY-CHIS card holder should register his / her name at the nearest hospitals listed in the CHIS PLUS programme. Registration is free of cost.

Comprehensive Health Insurance Agency of Kerala (CHIAK) is the Nodal Agency constituted to identity and implement the RSBY-CHIS health insurance schemes for the welfare of the workers in Kerala.

The Comprehensive Health Insurance Agency Kerala (CHIAK) is now also executed through various Akshaya centres which are in charge of distributing the application forms in the state. CHIAK has been implemented in the state in association with Life Insurance Corporation (LIC). It is known that around 7.5 lakh people are now the beneficiaries in Kerala. Kerala is one of the pioneer states which had implemented the scheme "Comprehensive Health Insurance Scheme (CHIS) providing care for cardiology, oncology and nephrology patients.

Benefits of Comprehensive Health Insurance Agency of Kerala (CHIAK)

- Medical care of Rs.30,000 annually for those families which can be benefitted from any of the networking hospitals.
- Coverage of health services related to surgical nature
- Pre-existing conditions or diseases will be covered under this scheme, except few.
- Transport allowance of Rs.100 per visit (Annually Rs.1000)
- Pre and post hospitalization will be provided which includes 1 day prior to hospitalization and up to 5 days from the date of discharge from the hospital.

4) Project Thalolam:

This particular project was started with a joint effort by the Ministry of Health and Ministry of Social welfare under Govt. of Kerala with an intention to treat children (below 18 years) admitted to hospital with serious diseases which includes all types of kidney disease.
5) **Arogyakiranam:**

With the motto of “Health for All” Arogyakiranam - a comprehensive health package for children up to 18 years was launched by the Govt. of Kerala. This cover all OP treatments of children.

As per the scheme the State government takes up the total responsibility of the health of all children in the State under the age of 18 at government hospitals regardless of their BPL/APL status, and provide them free medical care for all chronic diseases, including cancer, heart and renal disorders. State government is fully committed to ensuring equity in health care in the State. Also the scheme is being implemented utilising the Central funds that the State gets under the Rashtriya Bal Swasthya Karyakram (RBSK) (7)

Rashtriya Bal Swasthya Karyakram, (RBSK, literally meaning National Child Health Programme) is an important initiative by National Health Mission under Ministry of Health and Family Welfare, Govt. of India. RSBK is aimed at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability (8).

6) **Tribal Healthcare Funds:**

State Govt. of Kerala initiated this additional healthcare fund out of the National Rural Health Mission fund to extend financial support in order to improve the efficacy of healthcare facilities of the needy patients from backward places of Kerala in the face of alarming rate of infant mortality reported from the tribal families of the region. All tribal patients will get CAPD bags at free of cost under this scheme lifelong (9).

**References:**

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