



# OVERVIEW OF STGs & THEIR IMPACT ON QUALITY OF CARE

# BACKGROUND

- Since 15<sup>th</sup> August 2020 for all HBP procedures under AB PM-JAY in a phased manner
- Advisory Guidelines for:
  - EHCPs
  - MEDCO
  - PPD/CPD
  - Audit Team
- PM-JAY STGs Include
  - Package specific Key Clinical Pointers
  - Mandatory Documents
  - IT Questionnaire Pop-Up

# AIM & OBJECTIVE

## Adjudication

Aid Adjudication Team (PPD/CPD): Mandatory Documents & Specific clinical pointers



## Fraud

Aid in Preventing Fraud and Abuse of the Scheme



## Quality

Ensure access to Quality Care for PM-JAY Beneficiaries



## Guidance

Guidance tool for Clinicians, EHCPs, SHA, IC, TPA, ISA



# PROCESS FLOW

Review of Guidelines and Literature to identify indications and mandatory documents

Step 1



Step 2

Draft STGs mapped to HBP Procedures and reviewed internally

Review of Draft STGs by Medical Cell Experts of NHA

Step 3



Step 4

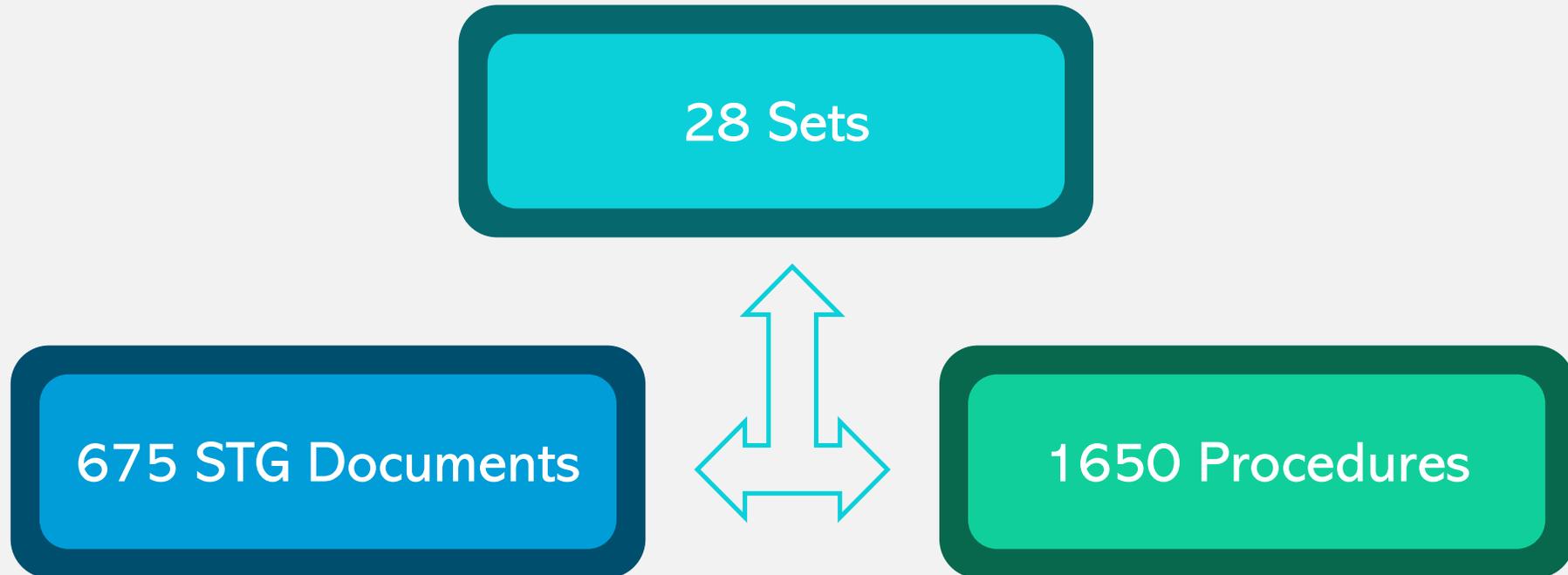
Approval by Competent Authority

Upload in PM-JAY Website and Integration in TMS

Step 5



# CURRENT STATUS



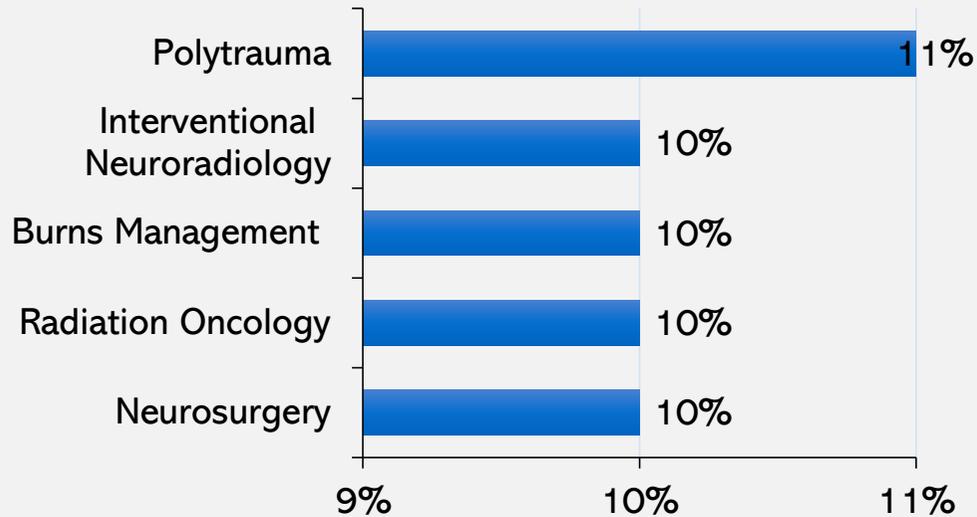
[https://pmjay.gov.in/standard\\_treatment\\_guidelines](https://pmjay.gov.in/standard_treatment_guidelines)

# KERALA STG RESPONSE SUMMARY

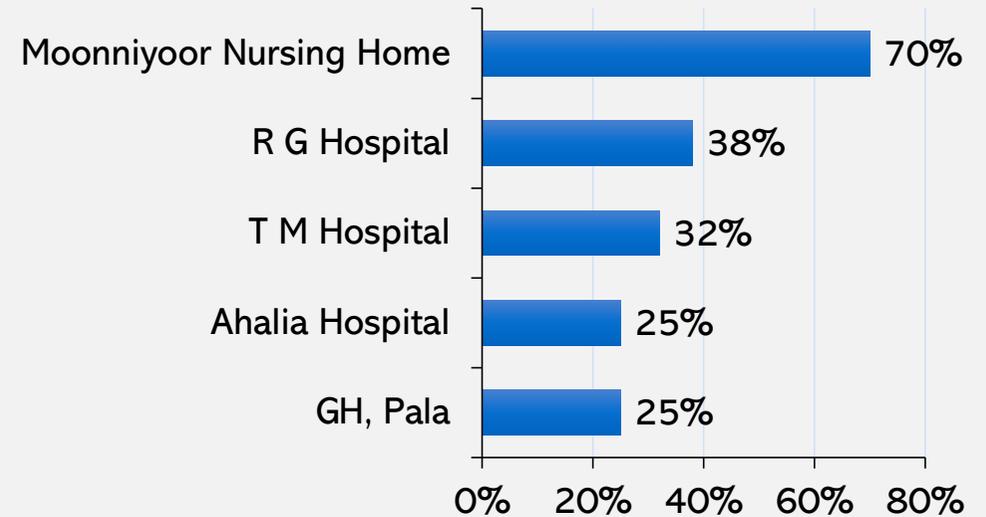
August 2020 – May 2022

Total Responses: 5,62,59,152  
Deviated Responses: 34,88,318 (6.2%)

## Deviation Across Specialities



## Deviation Across Hospital



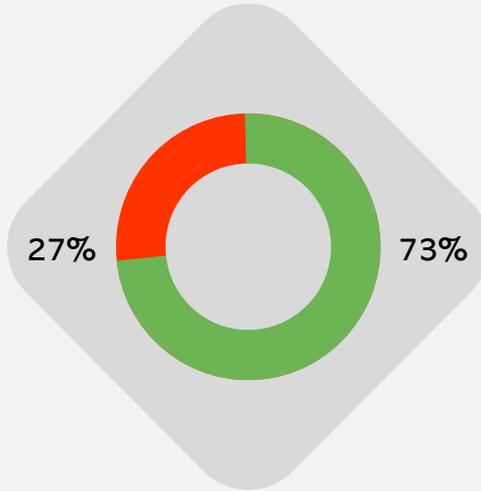
# APPROPRIATENESS OF CARE

## 4 Medical Oncology Packages Exclusively Indicated in Metastatic Cases Selected

HBP Code	Package Name	Procedure Name	TNM Staging	Indications
M0001C	CT for CA Breast	<b>Weekly Paclitaxel in metastatic setting</b> Paclitaxel 80mg/m <sup>2</sup> every week	Any T, Any N, M1	Stage IV
M0001K	CT for CA Breast	<b>Carboplatin + Gemcitabine</b> Gemcitabine - 1000mg/m <sup>2</sup> D1 D8 Carboplatin AUC 2 D1 D8 Gemcitabine - 1000mg/m <sup>2</sup> D1 D8 Carboplatin AUC 5-6 D1 only	Any T, Any N, M1	Stage IV
M0001M	CT for CA Breast	<b>Fulvestrant</b> Fulvestrant 500 mg D1 D15 D28 then every 28 days	Any T, Any N, M1	Stage IV
M0001O	CT for CA Breast	<b>Exemestane</b> Exemestane 25 mg orally daily (q 3 monthly)	Any T, Any N, M1	Stage IV

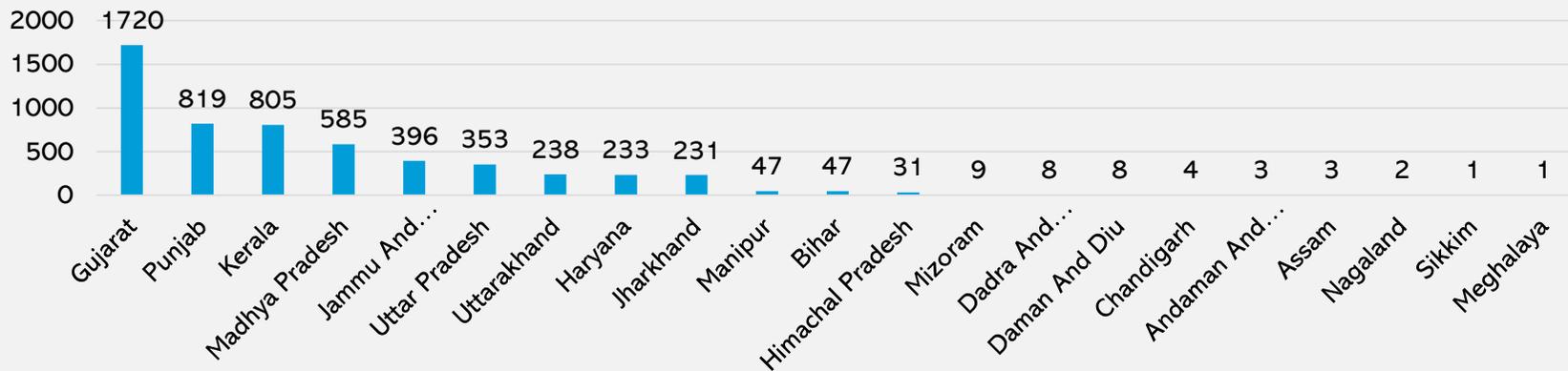
# APPROPRIATENESS OF CARE

7578 Claims

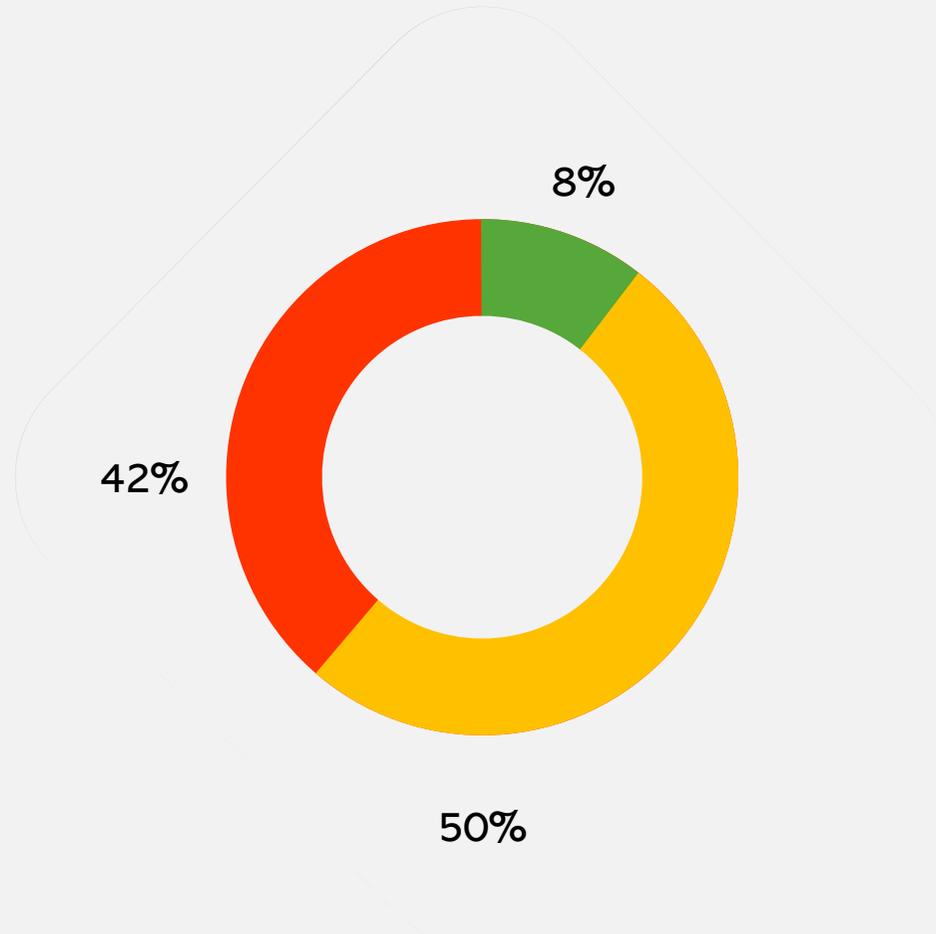


5544 Claims

Valid Entries Claim Proportion - State Profile



# APPROPRIATENESS OF CARE



For women with node-negative post-mastectomy disease, PGIMER Health Technology Assessment (HTA) shows:

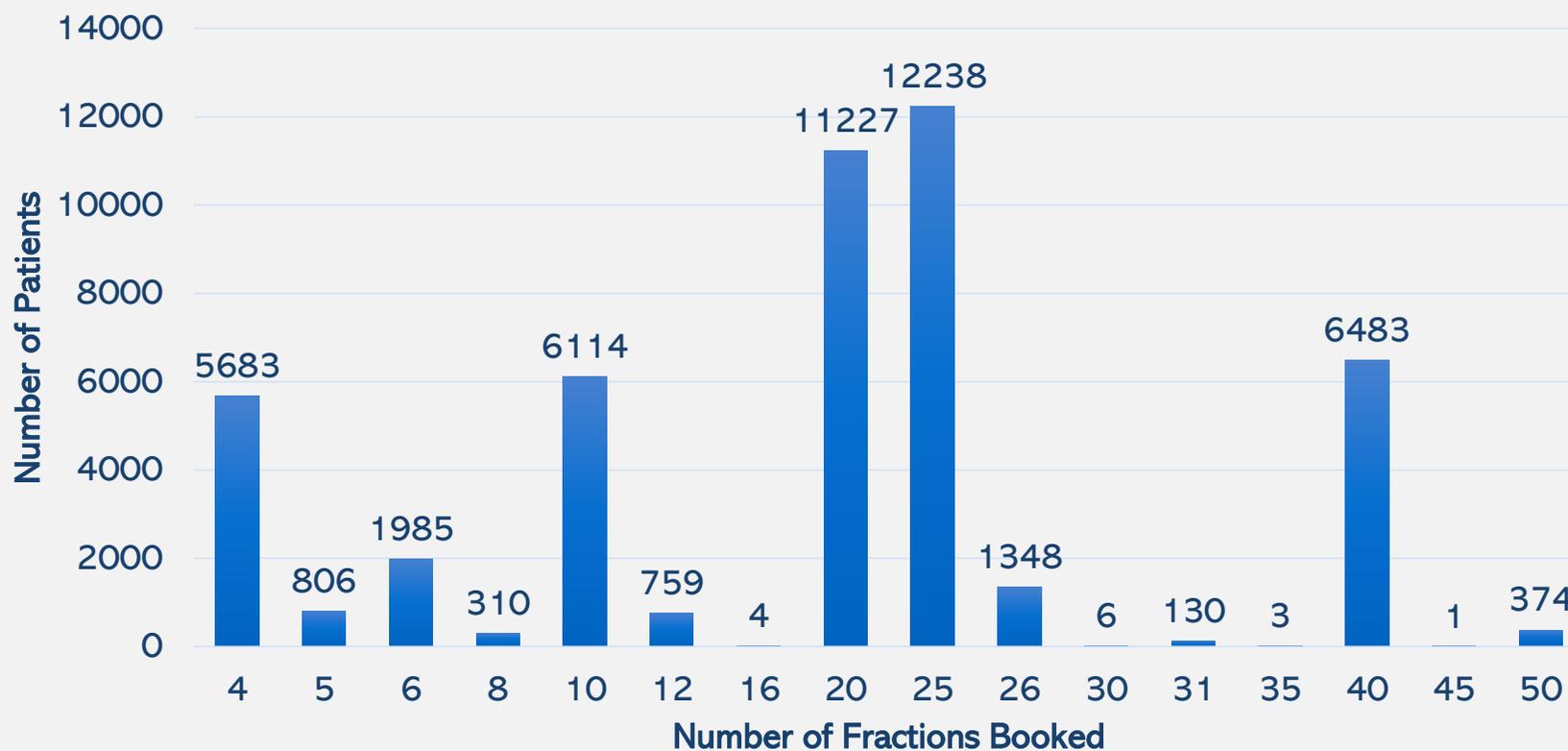
1. No radiotherapy scenario (chemotherapy/hormone therapy or HER2 targeted therapy): Lesser Costs and Higher Health Benefits than the scenario where radiotherapeutic intervention was given.

Exceptions:

- Margins  $< 1$  mm or margin positive,
  - Primary tumour  $> 5$  cm, and
  - $T > 2$  cm +  $< 10$  axillary lymph nodes removed + grade 3 / ER-negative/ LVI + patients;
2. Hypo-fractionated regimen of 2DRT and 3D-CRT (up to 16 fractions) was more cost-effective than a 5-week conventional regimen of 2DRT, 3DCRT, and both 3 and 5-week regimens of IMRT.

# APPROPRIATENESS OF CARE IN CA BREAST

Distribution of post mastectomy patients based on fraction booked for cancer care



The PMJAY can save around **INR 52.80 crores** annually; by making two evidence-based revisions:

1. Restrict pre-authorization approvals for 'NO' breast cancer patients after mastectomy; with an exception to the following sub-groups of the patients:
  - a) Margins <1mm or margin positive,
  - b) Primary tumour >5cm, and
  - c) T>2cm + <10 axillary lymph nodes removed + grade 3 / ER-negative/ LVI positive
2. Amendment in the Radiation Oncology Standard Treatment Guidelines recommending only up to 16 fractions per breast cancer patient post-mastectomy.
3. Avoid unnecessary exposure to radiation and limit damage to healthy tissue of the patients.

# CONCLUSION

1

Improved  
Quality of Care

2

Improved  
Health  
Outcomes

3

Improved  
Consistency of  
Care

4

Improved  
Efficiency of  
Health Care

5

Cost  
Effectiveness of  
Treatments

6

Rational use of  
Drugs and  
Diagnostics

7

Evaluate  
Quality of Care

Advantages for Adherence to STG

Decrease in  
Disputed  
Claims



THANK YOU

