

Summary of the proposals submitted under the BHSRC Grant

Financing Novel Diabetes Prevention and Management Models

- Indian School of Business, Hyderabad
- Institute of Public Health, Bangalore

Overview of the study – This study aims to identify existing Diabetes Prevention and Management models of public-private engagement in India and understand how these can effectively operationalize the current mixed health systems to reduce health systems costs over the long term. This could be through reduced emergency care and hospitalizations at the hospital level, increased use of the primary care facilities, and improved coordination between primary and secondary care levels to avoid care duplication; thus, saving precious time and resources for both patients and the system.

Study Objectives

1. To identify the existing public-private engagement models in India for diabetes (and other major NCDs) prevention and management
2. To assess the cost involved in implementing a diabetes prevention and management program at a community level via public-private engagement
3. To identify the prospective payer(s) for implementing such models at scale

Data collection on existing innovative public, private, public-private engagement models in India

A thorough review of published literature, in the English language, will be conducted on:

- Public, private, public-private engagement models for primary prevention/ early detection, referral, and management of NCDs (Diabetes, hypertension, cardiovascular diseases (CVD)).
- Existing financial models in healthcare in India, such as public-funded insurance schemes, user-fee model, etc.

Data collection to assess the cost involved in implementing a diabetes prevention and management program

Based on the findings from the literature review, and interactions with healthcare organizations and policymakers, the team will identify three current delivery models on chronic disease management for a detailed study and cost analysis. The choice of these models will be based on the relative strength of their proven impact and the potential feasibility of scaling them up at the national or state level.

A case research methodology will be used for the detailed analysis of the three delivery models.

Output. The economic model will assist in cost-effectiveness analysis of intervention models based on:

Type 2 Diabetic Deaths averted	Quality-adjusted life years (QALYs) gained
Cost of treatment through the patient lifecycle	Incremental cost per QALY gained

The incremental cost per QALY gained provides a nuanced comparison between choices for a policy decision. Through a triangulation of insights from qualitative data and the modeling study, a subjective comparison can be established to conclude on appropriate delivery models for diabetes screening/management in India.