DISSERTATION

On

Study on Out of Pocket Expenditure of beneficiaries under Pradhan Mantri Jan Arogya Yojana in Valsad district, Gujarat

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HEALTH STREAM

INTRODUCTION

- As per WHO, out of pocket expenditure has great effects in low income countries and its common in India. In a recent survey it was found that the population which is covered under health insurance is only 15% in india.[1] According to NFHS factsheet-4 (2015-16) only 28.7 % of household are there in which any usual member is covered by a health scheme or health insurance.[2] In 2013-14, India's expenditure in health sector was 1.2% of GDP which is increased to 1.4% in 2017-18.[3]
- In the development of India, health always has an important part. To achieve the universal health coverage or health for all, Indian government launched Ayushman Bharat, an initiative induced by hon'ble prime minister in 2018. Pradhan Mantri Jan Arogya Yojana is the second component in which poor and vulnerable families are provided with health protection[4]

ABOUT DISTRICT VALSAD

- In Valsad district Ayushman Bharat is in its initial stage. It has been launched here in September, 2018. Six blocks are there in Valsad district; Valsad, Pardi, Vapi, Kaprada, Umargam and Dharampur. There are total 6,04,387 beneficiaries in Valsad district. Each block has given target of beneficiaries to verify under PMJAY. There are three bodies who are responsible for making cards of beneficiaries; CSC (Common Service Centre) government run digital sewa, which are providing various business and government services to people and are information, communication and technology enabled delivery points , VCE or e-gram (voluntary computer entrepreneur), DEO (Data Entry Operator) at PHC, CHC level.

- Aadhaar card and ration card are two necessary documents are needed for card making. BIS (Beneficiary Identification System) is software where beneficiary gets approval for card. There are two levels in BIS. First level approval is given by insurance company's district coordinator, medical officers and second level approval is given by state authorities.
- In Valsad district:
- Total estimated beneficiaries: 6,04,387
- Total beneficiaries verified: 1,87,280
- Total empaneled hospitals: 14 (private hospitals)

  71 (public hospitals)

OBJECTIVES

- **Primary objective:** to estimate the proportion of PMJAY beneficiaries incurring OOPE at PMJAY empaneled hospitals in district Valsad, Gujarat.
- **Secondary objective:** to estimate the extent of OOPE incurred by PMJAY beneficiaries at PMJAY empaneled hospitals in district Valsad, Gujarat.

PROCESS OF AVAILING SERVICES

1. Patient hsopitalization
2. Beneficiary Identication and registration
3. Pre-Authorization request and approval
4. Treatment
5. Discharge
6. Claim request and settlement

PURPOSE OF RESEARCH

- The purpose of this project is to find out the catastrophic expenditure incurred by PMJAY beneficiaries. Ayushman Bharat is said to be the largest public health insurance and will reduce the out of pocket expenditure of public. This research helps us to know whether PMJAY beneficiaries are incurring OOPE. And if beneficiaries are incurring OOPE then in which domain they are incurring.

RESEARCH METHODOLOGY

- **DESIGN AND STUDY POPULATION**
- A Descriptive study was conducted among the beneficiaries of Pradhan Mantri Jan Arogya Yojana in Valsad district of Gujarat. The study consisted of patients who already availed services under PMJAY and if any patient refused or unwilling to be a part of study then next patient is taken. The patient data was taken from empaneled hospitals in Valsad. The study was conducted from February 6,2019 till May 6, 2019 by administering interview schedule to the patients.
- **SETTING**
- The study setting was patient's home who availed services under PMJAY and got discharged from hospital in the months from February 6, 2019 till may 6, 2019 in Valsad district of Gujarat.

RESEARCH METHODOLOGY

- **Sampling size and technique**

Out of PMJAY empaneled hospitals five hospitals were taken where more claim had been done. List of beneficiaries were selected based on availability from the hospitals having more patients with claim. So, Convenience sampling was adopted where were we surveyed 200 discharged PMJAY beneficiaries.

- **Data collection method**

Data was collected by using structured interview schedule. On different domains data was collected like socio-demographic profile of the patient, out of pocket expenditure incurred on drugs, diagnostics, transportation and hospital stay.

- **Data analysis**

General characteristics of beneficiaries of PMJAY were described. Data was entered in Microsoft excel 2019. Overall proportion of beneficiaries who incurred OOPE overall, on various domains like drugs, diagnostics, hospital stay and transportation were calculated.

RESEARCH METHODOLOGY

- The proportion of general characteristics of respondents in various domains like age, family type, occupation, qualification of respondent caste and monthly income of family were calculated. Beneficiaries were asked whether they have heard about Ayushman Bharat and have knowledge about PMJAY and also from where they have made their card.
- Overall median OOPE and domain wise in four sections were computed. Overall median and range for the beneficiaries who incurred OOPE on drugs, diagnostics, hospital stay and transportation from home to health facility and from health facility to home was estimated. Patients were also asked about the type of services they have availed. The transportation expenditure for both the sides is clubbed together. They were also asked about Rs 300 that used to be given to the beneficiaries at the time of discharge. Then, beneficiaries who had paid for their transportation and did not get 300rs is considered as out of pocket expenditure.

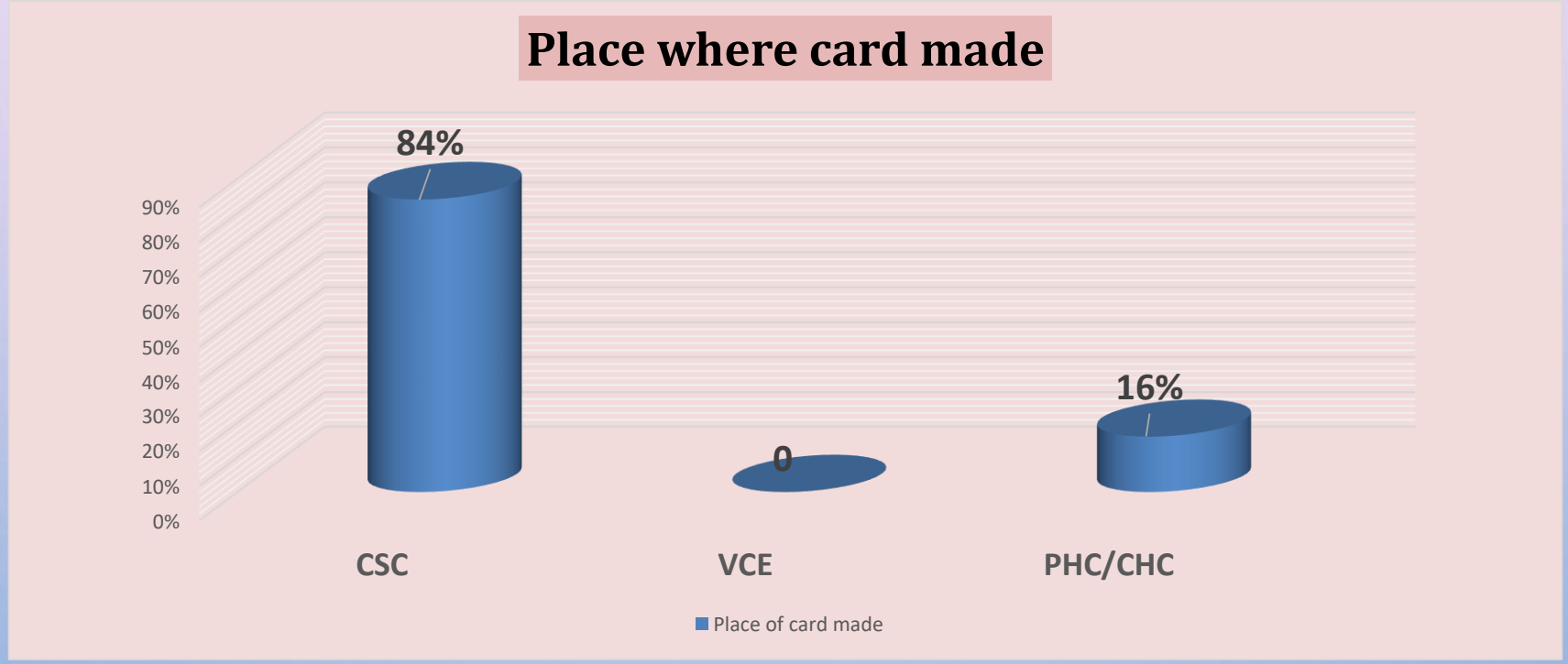
RESULTS

- 200 discharged patients were surveyed who are beneficiaries of PMJAY. The median age of respondents was 35 years and the range were from 14 years to 85 years. Out of 200 patients, 91% lived in joint families and 9% lived in nuclear families. The beneficiaries who had attended school till middle level were 55% while 36% of beneficiaries had attended till higher secondary level. 46% of beneficiaries were agriculture laborers. Among the beneficiaries 83% were from unprivileged section of the society such as schedule caste. The median monthly income of the family of beneficiaries was Rs 7700 with the minimum of Rs 3500 and maximum of Rs 70,000 per month.

RESULTS

		N=200	
S.no.	General characteristics		n(%)
1	Age	Median(range)	35(14-85)
2	Type of family	Nuclear family	18 (9%)
		Joint family	182(91%)
3	Occupation of family head	1 Agriculture	92(46%)
		2 Government service	3(1.5%)
		3 Unskilled laborers	66(33%)
		4 Own business	0(0)
		5 Unemployed	34(17%)
		6 Other (specify)	6(3%)
4	Educational qualification of patient	1 Never attended	2(1%)
		2 Middle level	110(55%)
		3 Secondary Level	14 (7%)
		4 Higher secondary	72(36%)
		5 Diploma / Graduate and above	2(1%)
5	Caste	1 General	4(2%)
		2 OBC	6(3%)
		3 Schedule caste	166(83%)
		4 Schedule tribe	24(12%)
6	Monthly income	Median(range)	7700 (3500-70,000)

About the place, where card has been made patient and their family members were asked where their card has been made. Out of 200 beneficiaries, 84% have made their card at Common Service Centre and 16% of made it at PHC/CHC centers.
VCE has been initialized few months back only.



- **TYPE PF SERVICES AVAILED:**
  Beneficiaries were asked what type of services have they availed. Out of 200 beneficiaries, 27.5% of them have availed services under general medicine, 24% of them took services under general surgery. Among beneficiaries 23% were treated under cardiology package. Rest 25.5% of patients availed services like oncology, neurology, urology, surgical-oncology and obstetrics and gynecology.

S.no.	Services availed	N=200	n (%)
1	General surgery	48	24
2	General medicine	55	27.5
3	Orthopedics	17	8.5
4	Cardiology	46	23
5	Polytrauma	8	4
6	Oncology	9	4.5
7	Neurology	6	3
8	Urology	8	4
9	Surgical oncology	1	0.5
10	Obstetrics and Gynecology	2	1

PROPORTION INCURRING OOPE:

Patient were asked whether they have been given Rs 300 cash from hospital at the time of discharge or not. Among 200 beneficiaries 94% of beneficiaries were paid with Rs 300 and 6% of beneficiaries were not paid with 300rs.

Overall OOPE of beneficiaries in all the domains taken together was 26.5%. Proportion of beneficiaries who incurred OOPE on transportation was 23.5% but reimbursement was done for their transportation money. Out of 26.5% , only 3% beneficiaries incurred OOPE in diagnostic tests.

S.no.	Characteristics	N=200	n(%)
1	Paid	188	188(94%)
2	Not paid	12	12(6%)

S.no.	Characteristics	N=200	n(%)
1	OOPE on hospital stay	0	0
2	OOPE on drugs and consumables	0	0
3	OOPE on diagnostic tests	6	6(3%)
4	OOPE on transport	47	47(23.5%)

Out of 23.5%, 6.3% beneficiaries were those who did not get reimbursement. These 6.3% considered as actual OOPE under PMJAY

S.no	Characteristics	N=47	n (%)
1	Paid for transportation and got Rs 300	44	44(93.6%)
2	Paid for transportation and did not get Rs 300	3	3(6.3%)

EXTENT OF OOPE:

- The overall median (range) of expenditure was 160 (20-1200). Patients who spent money on transport and did not get paid Rs. 300 for transportation from hospital are considered as OOPE for transportation. Median (range) OOPE of diagnostic tests done by beneficiaries was Rs 500(100-1000). Except transportation and diagnostics tests no OOPE done on any other domains which are hospital stay and drugs.

S.no.	Characteristics	N	Median(Range)
1	Overall OOPE	9	Rs160(20-1200)
2	OOPE on transportation who are not given 300 rs	3	Rs450(70-1000)
3	OOPE on diagnostic tests	6	Rs 500(100-1000)

SOURCE OF EXPENDITURE:

Out of 53 beneficiaries, 56.6% spent money from their own savings and 43.3% borrowed money from their friends or relatives.

S.no.	Characteristics	N=53	n(%)
1	From existing savings	30	30(56.6%)
2	From borrowing from friends /relatives	23	23(43.3%)

SUGGESTIONS

- Ayushman Bharat is one of largest public health insurance scheme in India yet. Lots of beneficiaries are getting the benefit of this scheme.
- As per the project still some of beneficiaries are having OOPE in transportation and diagnostic investigations. Government should ensure the transportation of beneficiaries or it should be ensured that people are getting Rs.300 after discharge as transportation expenses.
- There should be a monitoring system for issuing of Rs 300 e.g. SMS from beneficiaries and from the issuer. So that there would be no manipulation from any side.
- Private hospitals should be reviewed frequently to ensure the smooth working of scheme and to ensure that beneficiaries should not have any OOPE.

CONCLUSION

- Ayushman Bharat is doing exceptionally well in Gujarat state. Most of the beneficiaries did not face any OOPE in any domain. In our study overall proportion of beneficiaries incurring OOPE was 9.3% and median (range) was Rs 160(20-1200). Health seeking behavior has been improved among beneficiaries. Beneficiaries know about the scheme and its benefits.

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