Institute of Health Management Research, Jaipur

STUDY TO ASSESS THE ENROLMENTS, AWARENESS AND THE IMPLEMENTATION OF AYUSHMAN BHARAT IN MORBI DISTRICT OF GUJARAT, INDIA

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Abstract

The Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) scheme is a health insurance model currently being implemented by the government of India. It is a model, however, still in nascent state, subject to tensions and value testing. This short study undertaken in the Morbi district of Gujarat reveals that AB-PMJAY cover the population living Below the Poverty Line (BPL). Whereas, there is discrepancy in the consistency of information and knowledge regarding the scheme among the beneficiaries who are themselves continuing to incur high out-of-pocket expenses.

There are thus severe issues in Awareness and accountability within the AB-PMJAY scheme. Unless the public health delivery system is strengthened and the private sector regulated and indeed monitored, the scheme will not yield the desired results, and the cost of healthcare will further escalate for the poor. Ayushman Barat is successfully implemented in the Morbi District of Gujarat.

INTRODUCTION

- On 21st March 2018, the Union Cabinet chaired by the Prime Minister Shri Narendra Modi has approved the launch of a new Centrally Sponsored Scheme having central sector component under Ayushman Bharat Mission anchored in the Ministry of Health and Family Welfare (MoHFW), Govt. of India
- Prime Minister Narendra Modi has launched programmes of Ayushman Bharat National Health Protection Mission in Chhattisgarh on 14th April 2018
- Ayushman Bharat -National Health Protection Mission (AB-NHPM) is a National Health Protection Scheme, which will cover over 10 crore poor and vulnerable families (approximately 50 crore beneficiaries) providing coverage up to 5 lakh rupees per family per year for secondary and tertiary care hospitalization
- It will subsume the on-going centrally sponsored schemes – Rastriya Swashthya Bima Yojna (RSBY) and the Senior Citizen Health Insurance Scheme (SCHIS)

INTRODUCTION

1. The two major initiatives under this Program

(i) **Health and Wellness Centre**:- The National Health Policy, 2017 has envisioned Health and Wellness Centres as the foundation of India's health

- Under this 1.5 lakh centres will bring health care system closer to the homes of people
- These centres will provide comprehensive health care, including for non- communicable diseases and maternal and child health services
- These centres will also provide free essential drugs and diagnostic services
- The Budget has allocated Rs.1200 crore for this flagship programme
- Contribution of private sector through CSR and philanthropic institutions in adopting these centres is also envisaged

(ii) **National Health Protection Scheme:-**

- The second flagship programme under Ayushman Bharat is National Health Protection Scheme, which will cover over 10 crore poor and vulnerable families (approximately 50 crore beneficiaries) providing coverage upto 5 lakh rupees per family per year for secondary and tertiary care hospitalization
- This will be the world's largest government funded health care programme
- Adequate funds will be provided for smooth implementation of this programme

BACKGROUND

- RSBY was launched in the year 2008 by the Ministry of Labour and Employment and provides cashless health insurance scheme with benefit coverage of Rs. 30,000/- per annum on a family floater basis [for 5 members], for Below Poverty Line (BPL) families, and 11 other defined categories of unorganised workers
- To integrate RSBY into the health system and make it a part of the comprehensive health care vision of Government of India, RSBY was transferred to the Ministry of Health and Family Welfare
- During 2016-2017, 3.63 crore families were covered under RSBY in 278 districts of the country and they could avail medical treatment across the network of 8,697 empanelled hospitals
- The NHPS comes in the backdrop of the fact that various Central Ministries and State/UT Governments have launched health insurance/ protection schemes for their own defined set of beneficiaries
- There is a critical need to converge these schemes, so as to achieve improved efficiency, reach and coverage

SALIENT FEATURES-AYUSHMAN BHARAT

Salient Features

- Ayushman Bharat - National Health Protection Mission will have a defined benefit cover of Rs. 5 lakh per family per year
- Benefits of the scheme are portable across the country and a beneficiary covered under the scheme will be allowed to take cashless benefits from any public/private empanelled hospitals across the country
- Ayushman Bharat - National Health Protection Mission will be an entitlement based scheme with entitlement decided on the basis of deprivation criteria in the SECC database
- The beneficiaries can avail benefits in both public and empanelled private facilities
- To control costs, the payments for treatment will be done on package rate (to be defined by the Government in advance) basis
- One of the core principles of Ayushman Bharat - National Health Protection Mission is to co-operative federalism and flexibility to states

- For giving policy directions and fostering coordination between Centre and States, it is proposed to set up Ayushman Bharat National Health Protection Mission Council (AB-NHPMC) at apex level Chaired by Union Health and Family Welfare Minister.
- States would need to have State Health Agency (SHA) to implement the scheme
- To ensure that the funds reach SHA on time, the transfer of funds from Central Government through Ayushman Bharat - National Health Protection Mission to State Health Agencies may be done through an escrow account directly θ In partnership with NITI Aayog , a robust, modular, scalable and interoperable IT platform will be made operational which will entail a paperless, cashless transaction
- In order to ensure that the scheme reaches the intended beneficiaries and other stakeholders, a comprehensive media and outreach strategy will be developed, which will, include print media, electronic media, social media platforms, traditional media, IEC materials and outdoor activities

GUJARAT STATE PROFILE

The population of Gujarat was 60,383,628 (31,491,260 males and 28,948,432 females) according to the 2011 census data.

According to NFHS-4 More than 4 in 10 of Gujarat's households (45%) are in urban areas. On average, households in Gujarat are comprised of 4.6 members. (13%), headed by women, with (11%).

More than one-tenth (11%) of households in Gujarat have households belong to a scheduled caste, (15%) belong to a scheduled tribe, and (41%) belong to an other backward class (OBC), and (15%) belong to a scheduled tribe. Less than one-third (31%) of Gujarat's household do not belong to scheduled castes, scheduled tribes, or other backward classes.

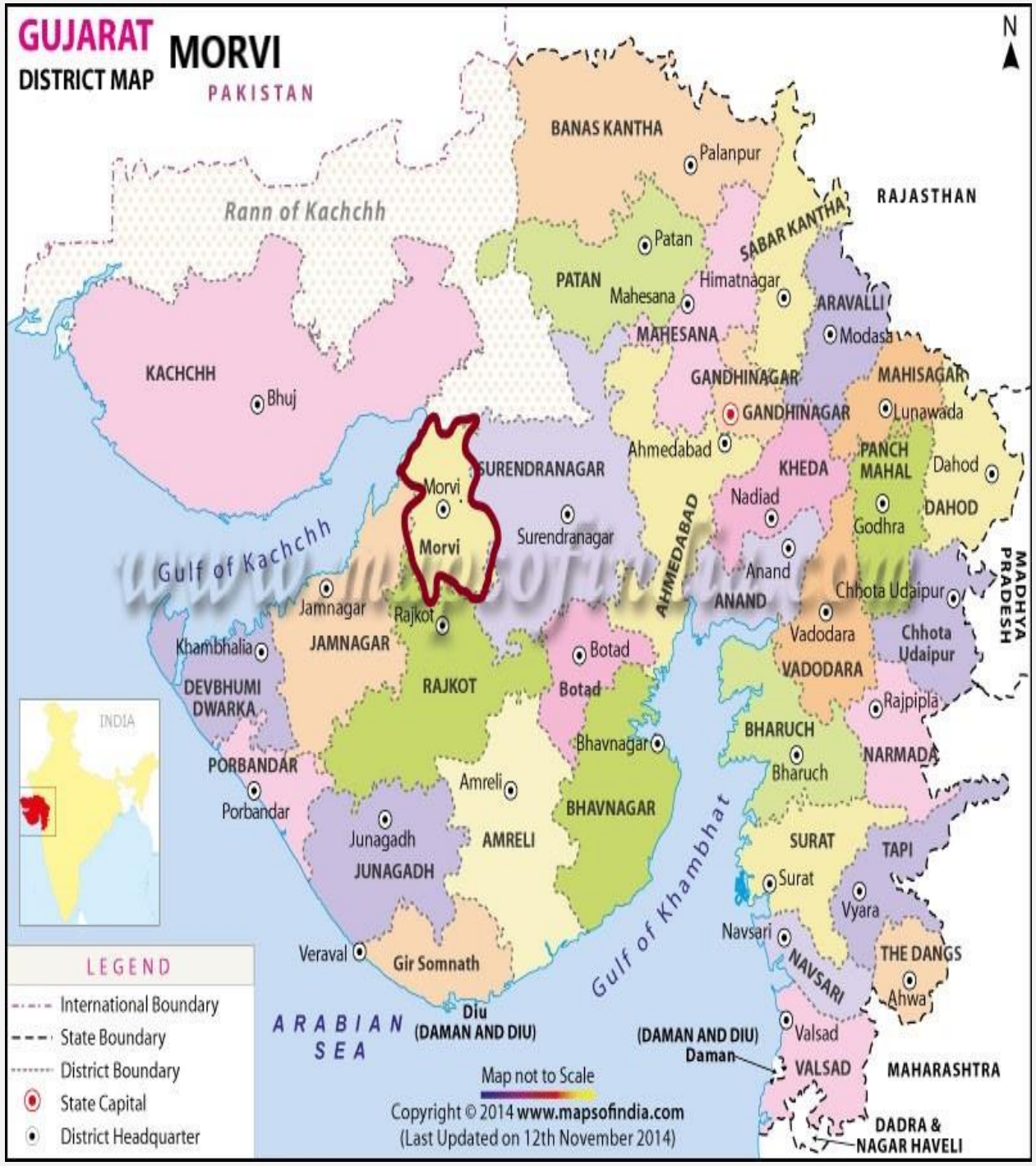
More than three-quarters (77%) of households in Gujarat live in a pucca house and almost all households (96%) have electricity.

According to this measure, 73 percent of women age 15-49 and 90 percent of men age 15-49 are literate.

Demographic Characteristics of Morbi District

Morbi District is in the Gujarat State, India. The district has 5 talukas - Morbi, Maliya, Tankara, Wankaner (previously in Rajkot district) and Halvad (previously in Surendranagar district). Morbi city is the administrative headquarters of Morbi district. As per 2011 census data, the city had a population of 2,10,451 and average literacy rate of 83.64%.

This district is surrounded by Kutch district to the north, Surendranagar district to the east, Rajkot district to the south and Jamnagar district to the west.



TOTAL NO. OF SERVICES IN STATE & DISTRICT

TOTAL NO. OF SERVICES IN STATE

Particulars	No. of Services
District Hospitals	24
Sub District Hospitals	30
Community Health Centers	300
Primary Health Centers	1208

NO. OF SERVICES IN DISTRICT

Taluka	No. of District Hospitals	No. of Sub District Hospitals	No. of Community Health Centers	No. of Primary Health Centers
Halvad			1	5
Maliya Miyana			1	3
Morbi		1	1	6
Tankara			1	1
Wankaner			1	4
Total	0	1	5	19

AYUSHMAN BHARAT IN GUJARAT

The world's largest health insurance scheme, Ayushman is meeting India's most beneficiary in Gujarat hospitals. So far, under the scheme of the Central Government, insurance is being given to the people in 29 states annually for five lakh rupees but for this the beneficiaries have got the highest number of Gujarat.

In Gujarata Ayushman bharat launched in 23 September 2018 and Morbi was the first district to perform knee replacement surgery in India under Ayushman Bharat scheme.

The AB-PMJAY scheme is currently functional in all the districts of Gujarat. 25% of all the total of **19222248** BPL families have been enrolled for the purpose of the scheme (Table 1). The enrolment rates vary across the districts with Amerili having the highest (50.3%) and Narmada the lowest (11%) rates (Table 1). The district of our study – Morbi – has a total of 1,24,096 BPL families out of which currently 62,012 families (50.2%) have been enrolled and is on second position.

AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA(PMJAY)

PROGRESS REPORT AS ON 4th May 19

S.NO	Name Of District	Estimated Beneficiaries	Total Beneficiaries Verified	Total Approved	Percentage
1	AHMADABAD(438)	1948588	299654	299120	15.37800705
2	AMRELI(439)	413449	208107	207925	50.33438223
3	ANAND(440)	669407	124519	124468	18.60138899
4	ARVALLI(672)	303817	111821	111759	36.80537955
5	BANAS KANTHA(441)	964877	297702	297252	30.85388086
6	BHARUCH(442)	491800	131787	131455	26.79686865
7	BHAVNAGAR(443)	588795	124891	124520	21.21128746
8	BOTAD(676)	123943	61295	60894	49.45418458
9	CHHOTAUDEPUR(668)	452343	123686	123623	27.34340976
10	DANG(444)	150061	56087	56064	37.37613371
11	DEVBHUMI DWARKA(674)	86112	34221	34195	39.74010591
12	DOHAD(445)	894628	241404	241217	26.98372955
13	GANDHINAGAR(446)	354363	104019	103967	29.35379822
14	GIR SOMNATH(675)	180763	85987	85878	47.56891621
15	JAMNAGAR(447)	415092	68015	67942	16.38552417
16	JUNAGADH(448)	550404	145504	145313	26.43585439
17	KACHCHH(449)	591143	98933	98758	16.73588286
18	KHEDA(450)	784071	129735	129647	16.54633318
19	MAHESANA(451)	594058	214586	214021	36.12206216
20	Mahisagar(669)	364808	123082	122978	33.73884345
21	MORBI(673)	124094	62339	62276	50.23530549
22	NARMADA(452)	373941	113956	113587	30.47432616
23	NAVSARI(453)	519973	208784	208702	40.15285409
24	PANCH MAHALS(454)	538111	138067	137907	25.65771746
25	PATAN(455)	534503	193756	193513	36.24974977
26	PORBANDAR(456)	167636	58705	58685	35.01932759
27	RAJKOT(457)	884845	211175	211016	23.8657618
28	SABAR KANTHA(458)	520954	167393	167265	32.13201166
29	SURAT(459)	2168469	344463	342935	15.88507837
30	SURENDRANAGAR(460)	560806	92775	92579	16.54315396
31	TAPI(641)	461949	151489	151478	32.7934469
32	VADODARA(461)	840061	170610	170281	20.30923945
33	VALSAD(462)	604387	186971	186844	30.93564223
	Total of All Districts	19222248	4885518	4878064	25.41595551

The Morbi District

District of the study, Morbi, had a total of 434 AB-PMJAY cases as of April 2019. The majority of cases (81%) were from private hospitals while only (19%) were from public hospitals. The information accessed from the District Programme officer (DP0) shows that compared to private hospitals, a higher percentage of cases from public hospitals were rejected by the Insurance company (Table 2).

Hospital selection

Data was collected from one public hospitals and five private hospitals in the Morbi district of Gujarat. The selection of the hospitals was based on those with the highest number of cases served under the AB-PMJAY scheme, as per data provided by the District Programme Management Unit (DPMU). One public hospital with the highest number of hospitalizations were selected for our study. The private hospitals were selected through convenience sampling from among those with the highest utilization.

Table 2:- Number of Cases in Public & Private Facility

Type of Facility	No. of cases
Private	354
Public	80
Total	434

Table 3 : Details of sample hospitals

Name of hospital	Type	Number of cases under the ab-pmjayscheme as of april 2019	No. Of respondents
General hospital	Public	80	07
Krishna multispecialty hospital	Private	59	15
Ayush hospital	Private	235	22
N r doshi hospital	Private	28	09

OBJECTIVE

- The main objective of the study is to assess the Enrollments, Awareness And implementation of the Ayushman Bharat scheme in Morbi District of Gujarat
- And to identify AB-PMJAY Policy gaps and program inconsistencies in terms of enrolment; information dissemination; service utilization; empanelment; availability of services in hospitals; and the extent of out-of-pocket expenditure incurred by beneficiaries.

Setting of the study: Morbi, Gujarat

Study period: Three Months (4, February- 3 May, 2018)

RESEARCH METHODOLOGY

Research Design

Descriptive Cross-sectional Study.

Type of Data collection

Primary data collection: -Primary data was gathered through patient interviews availing the AB-PMJAY scheme both from public and private health facilities and was collected during Feb to April 2019. The selection was done as per patients available on the particular days researchers visited the hospitals.

Secondary data collection: Secondary data was collected from the AB-PMJAY website www.pmjay.gov.in first accessed in March 2019 and then in April 2019. Data analysis was undertaken on equity aspects: enrolment; coverage; hospitalization and empanelment.

Data Collection Technique- Primary data are collected with help of questionnaire, analysis is done with MS- Excel.

Sampling : Probability Sampling

Sample size:

n=52

Where n= Number of Ayushman Bharat Card holder Patient

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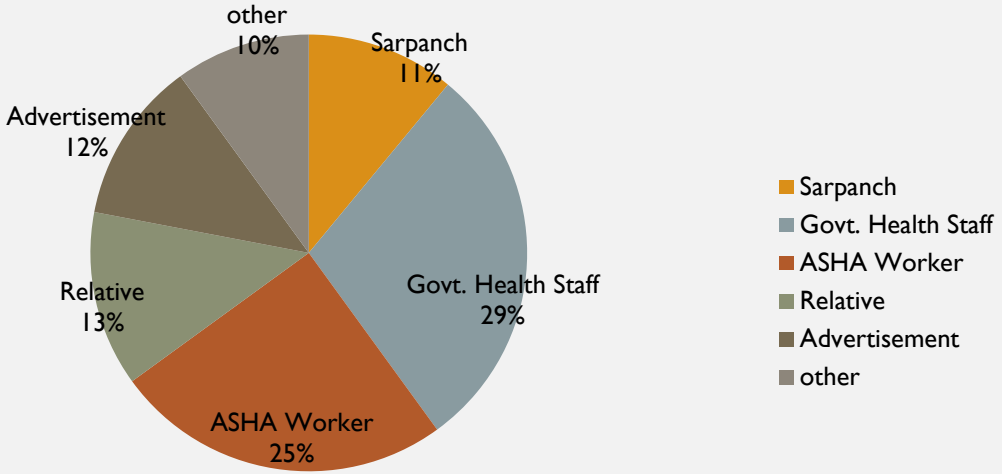
KEY FINDINGS OF THE MONITORING

During the study 52 beneficiaries were intervied who were admitted and treated at public and private sector hospitals.
40% (21) of the respondents were female and 60% (31) male (Table 4).
There were 5 male and 2 female respondents from public hospitals with 26 male and 19 female respondents from private hospitals.
Most of the cases were aged between 19 and 59 years.
Among the respondents, around one fourth was not literate. Though the average number of family members of the respondents was 5, significantly, 16% had more than five members in their family.

Table 4: Distribution by demographic characteristics (n=52)

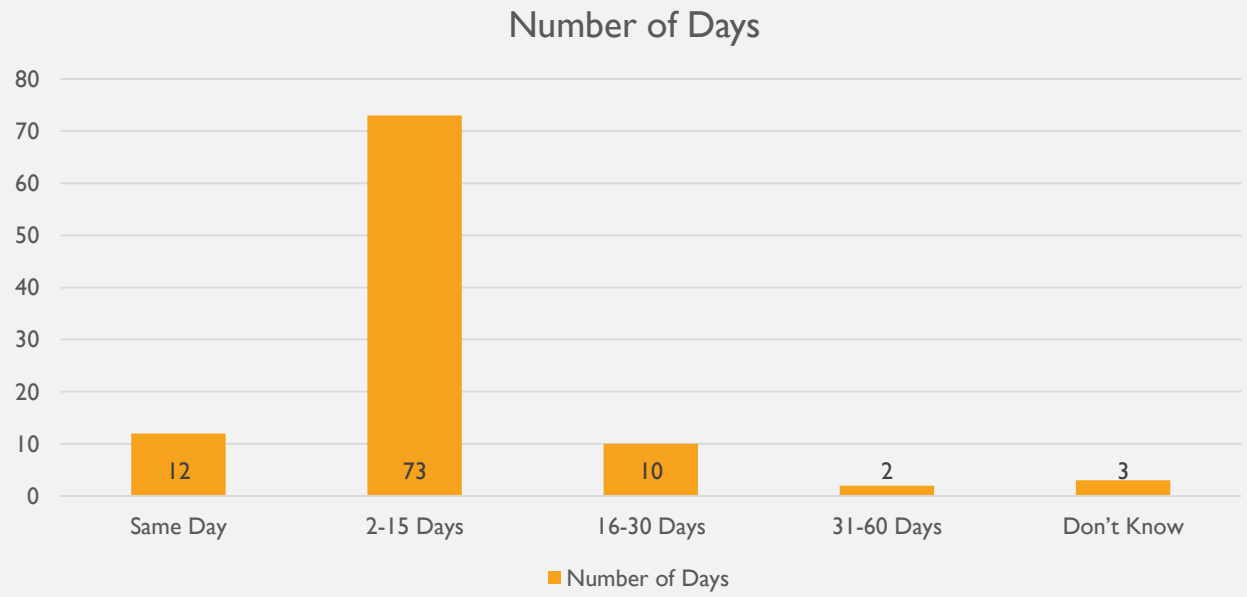
Particulars		Percentage%	Number
Sex	Female	40	21
	Male	60	31
Age	Below 5 years	0	0
	5-18 years	8.5	4
	19-59 years	53.5	28
	60 years and above	38	20
Level of schooling	Primary	48	25
	Secondary	25	13
	illiterate	21	11
	illiterate but can write name	6	3
Number of family Members			
	1 -4	36.5	19
	5-6	32.5	17
	more than 6	31	16

Figure 1: Source of information about Ayushman Bharat



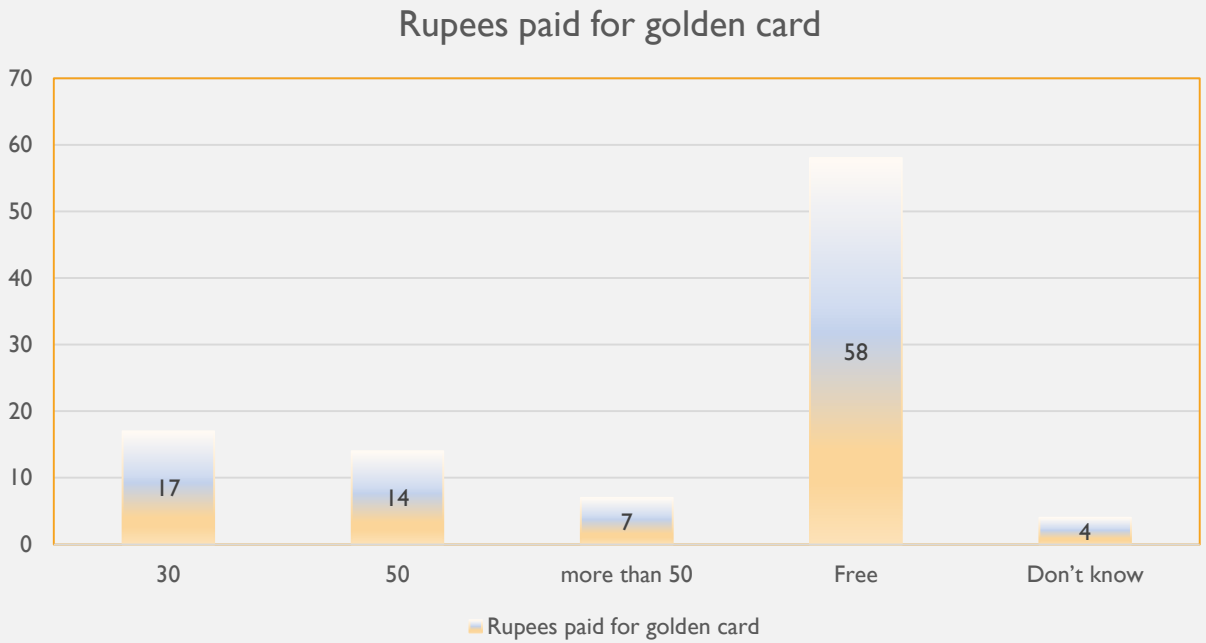
During th visit it was observed that a significant number of the respondents came to know of the scheme through Government health Staff (29%), 25% respondents said from ASHA while 13% said relatives , 11% stated sarpanch. None of the respondents affirmed that they had received Ayushman Bharat information through TPA.

Figure 2: Waiting time for the Golden Card



The average number of days taken to receive the Golden Card is 8 days. 12% of the respondents received the card on the same day, whereas for the rest, the time taken to receive their cards ranged from two to an excess of 60 days (Figure 2).

Figure 3: Money Spent to get Ayushman Bharat Card



From the study it is evident that (58%) majority of beneficiary get enrolled for free and 17% respondents stated that they pay 30 rupees, while 14% said that they pay 50 rupees to get Ayushman Bharat (Golden Card) while the remaining 4% don't know how much they pay to get the Golden card. According to the AB-PMJAY guidelines beneficiary have to pay rupees 30 at CSC, PHC, &CHC for golden card and in hospital its free of cost for patient who requires treatment.

Enrolment onto the Ayushman Bharat scheme is undertaken by the CSC Manager. And Hospital & PHC CHC can also print the card. Our study found that one third (45%) of Respondents issued their golden cards from Hospital itself. and 40% of respondents get their cards from CSC and remaining one fourth patients don't know from where they get their card. At the time of enrolment, both thumbprints and photos were effectively taken of all the respondents. All the respondents reported paying the registration fee of Rs 30.

Figure 4: Where beneficiary get Ayushman Card

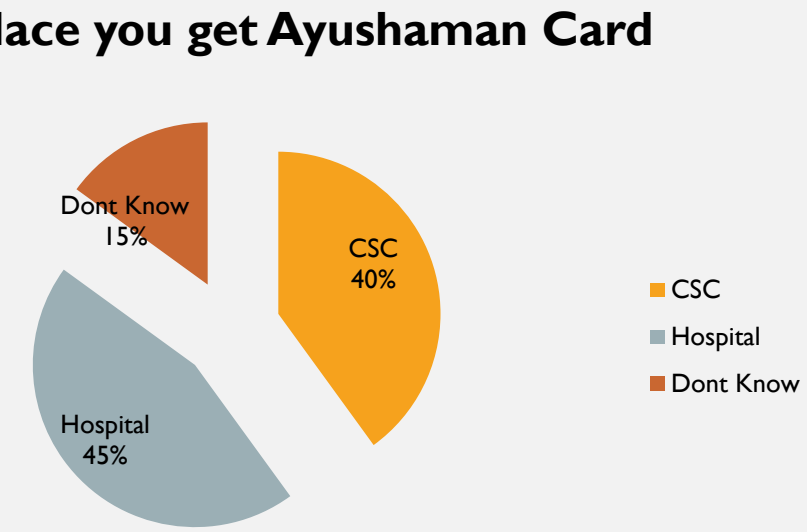
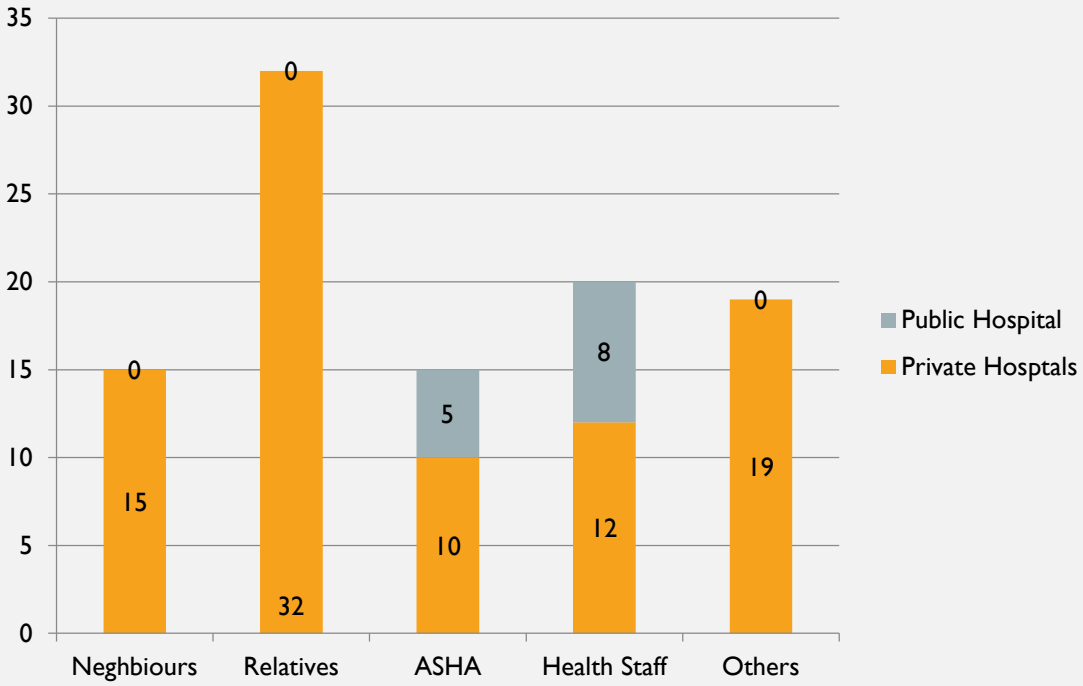


Figure 5: Who suggest respective facility



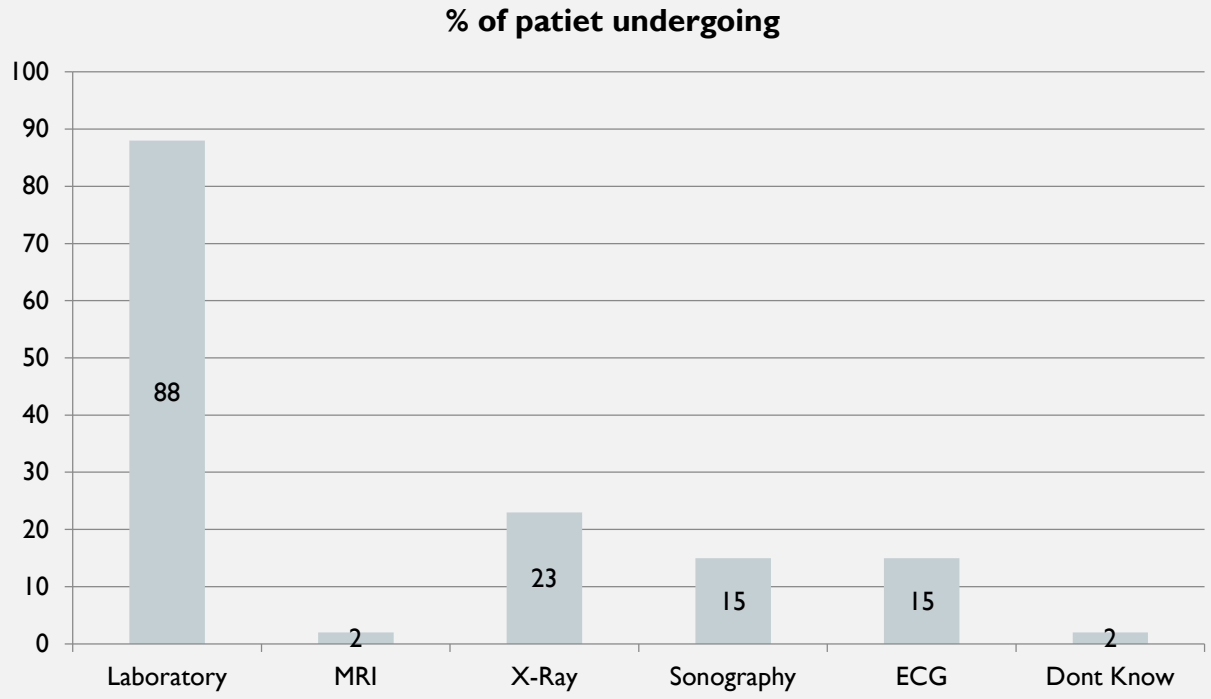
The respondents were asked during the visit who had suggested services/treatment from the respective hospital: 15% stated neighbors; 15% stated the ASHA as the source of information; 32% said that relatives who enrolled them were the source of information; 19% stated that health staff and 19% stated that others had recommended access services from a particular hospital. If we compare the respondents at the public facility and the private facility, it was found that 87% of the patients at former were informed to access services from private facility while only 13% the health staff and ASHA Workers suggested Public hospitals (Figure 4).

In terms of the reasons for which medical care and assistance was sought, 32% said they did so because of Surgery; 23% stated Medicine; 5% said they came for Delivery; 5% due to abdominal pain, and 19% because of Orthopedics. Other than this, 16% sought treatment for Paralysis and Dialysis .

Table6: Reason For Hospital Visit

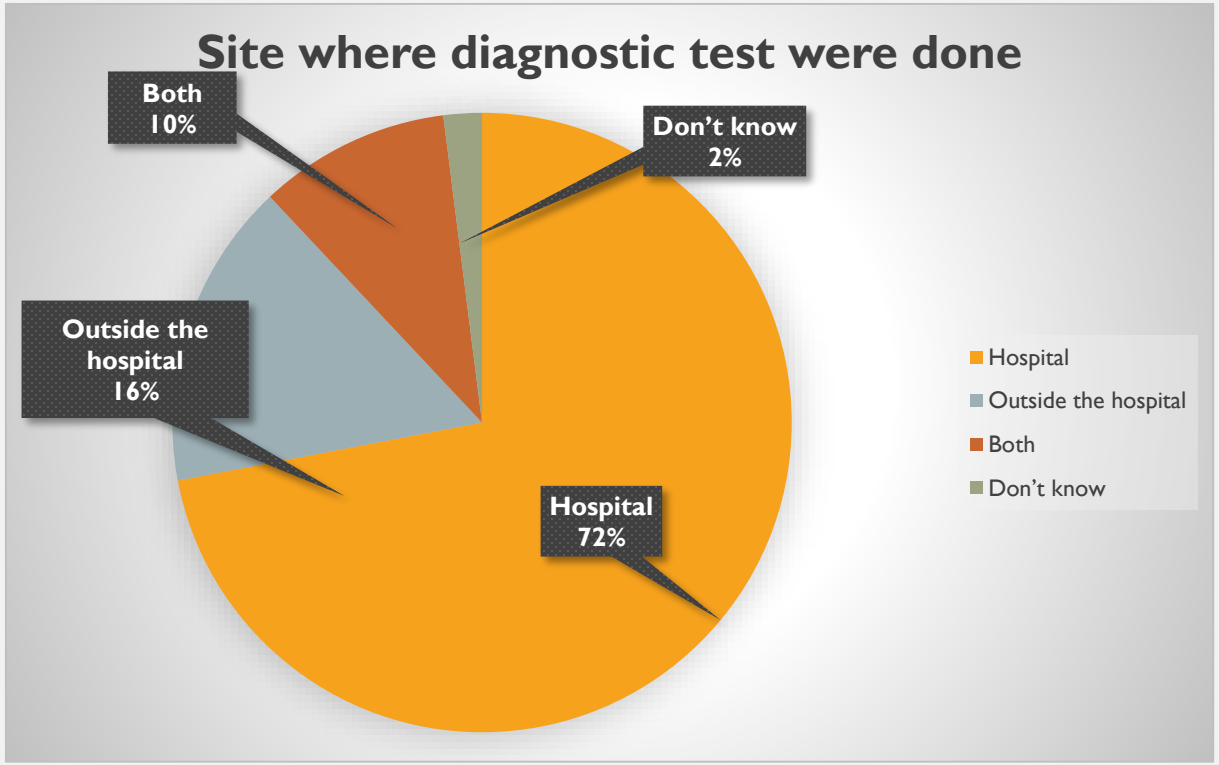
Reason for Hospital visit / admission	Male % (n=31)	Female % (n=21)	Total % (n=52)
Medicine	24	19	23
Surgery	34	28	32
Abdominal pain	3	10	5
Delivery	0	14	5
Orthopedics	18	19	19
Others	21	10	16

Figure 6: Diagnostic tests (n=52)



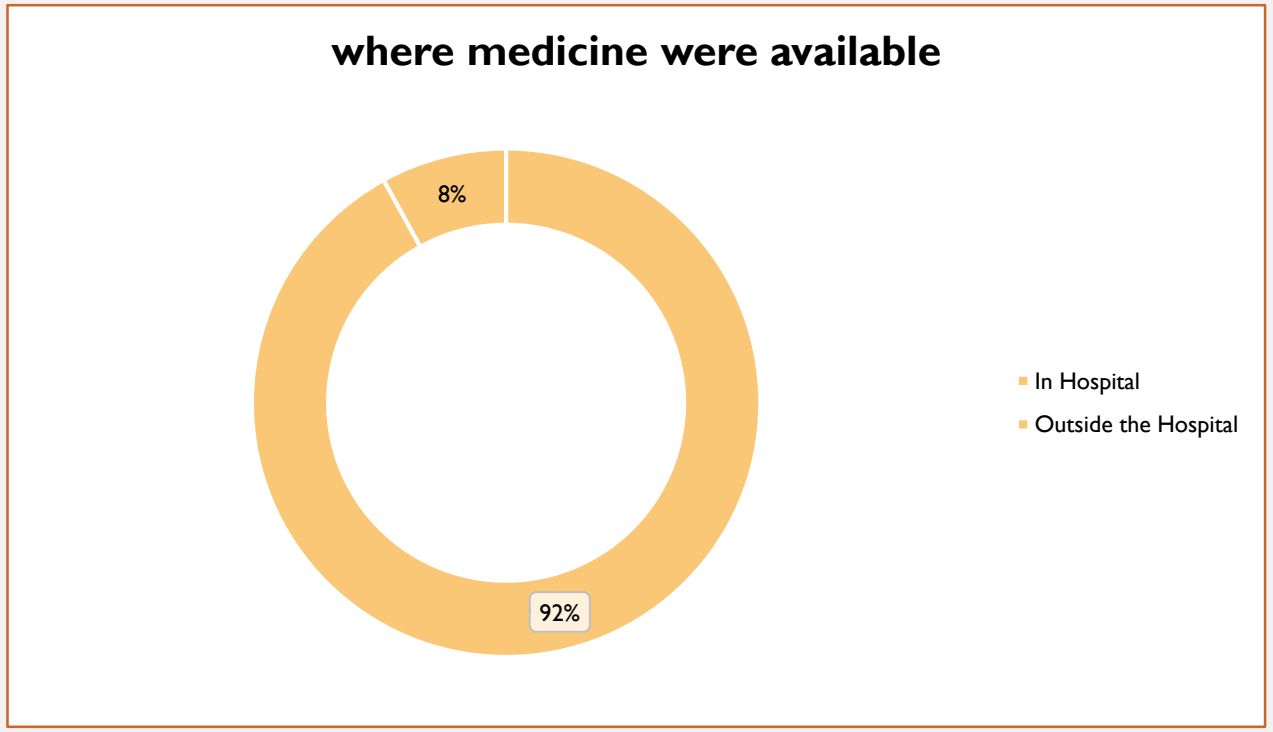
Diagnostic tests were indicated for all of patients. Patients in the public hospital and private hospital were asked to get diagnostic tests done. Of the patients who were prescribed tests, nearly all had to get their blood tested (Figure 6). Other tests were those of X-Ray (23%); Sonography(15%); ECG (15%) and MRI.

Figure 7: Site of diagnostic test



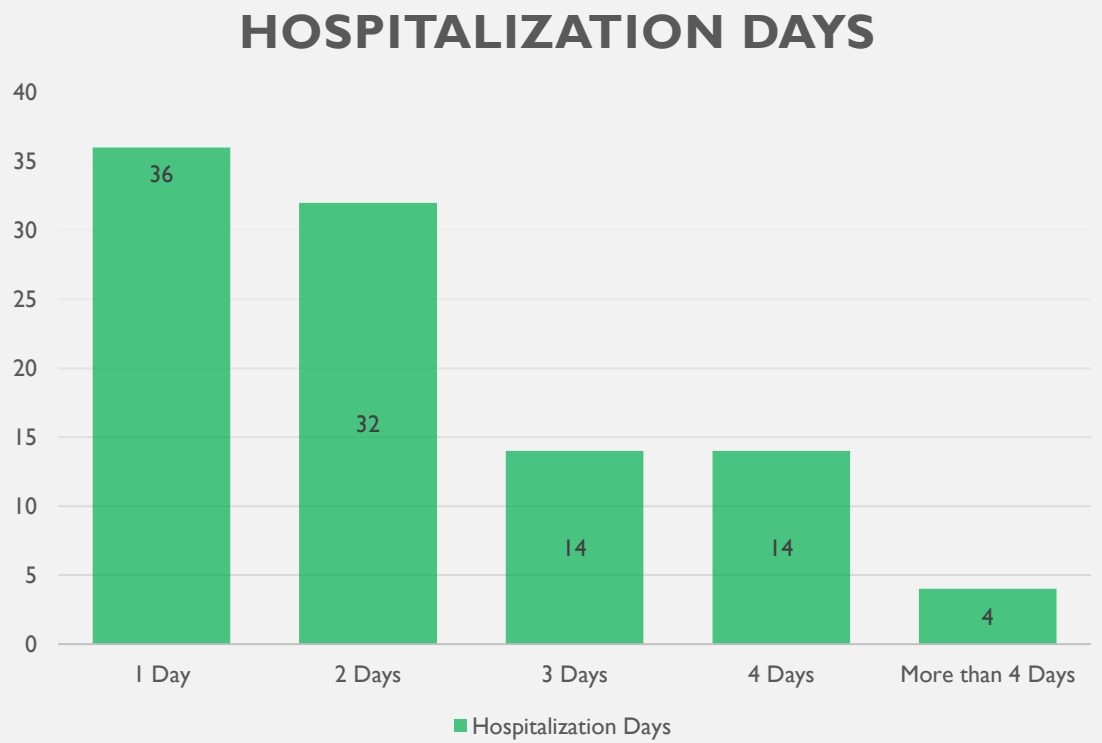
In 72% of cases, the requisite tests were undertaken on site at the hospital itself, with 16% of cases being undertaken outside the hospital in private laboratories & 2% Dont Know where the test has been done (Figure 7)

Figure 8: Availability of medicines



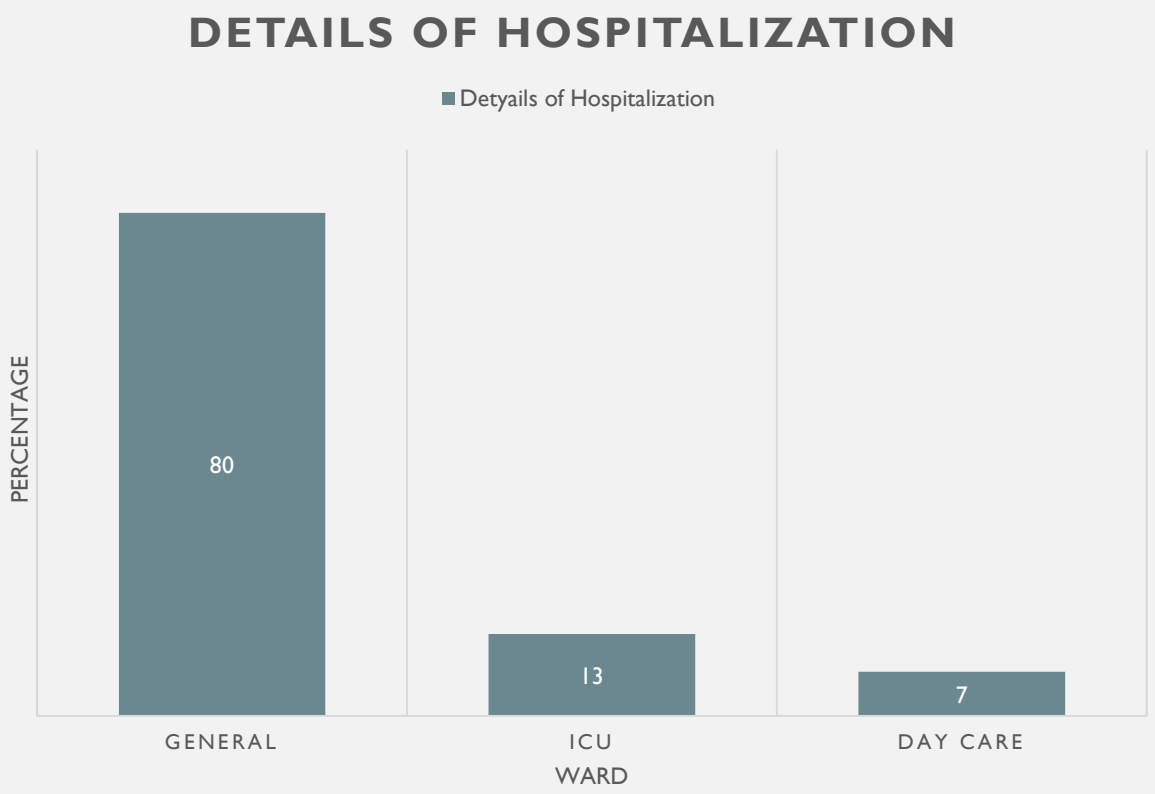
For 92% of the respondents, medicines were available in the hospital while for 8%% of patients, medicines had to be purchased from private pharmacies (Figure 8).

Figure 9 : Number of Days patient admitted in Hospital



The average days of hospitalization recorded were Two. Though all patients were recorded as being hospitalized. 7 of these patients were from the public hospitals and 45 were from private sector hospitals.

Figure 10: Details of hospitalization



Of the persons hospitalized, (80%)most of them were admitted to the general ward (Figure 10). Furthermore, 13% of patients were in ICU & remaining 7% required a form of procedure during their stay.

From this study respondent stated that they don't have to pay any type of bills related to medicine, diagnostic tests and doctor fees. So majority of respondents were satisfied by this Scheme and they are getting good quality of treatment due to this scheme.

Figure 11: Out-of-pocket expenditure

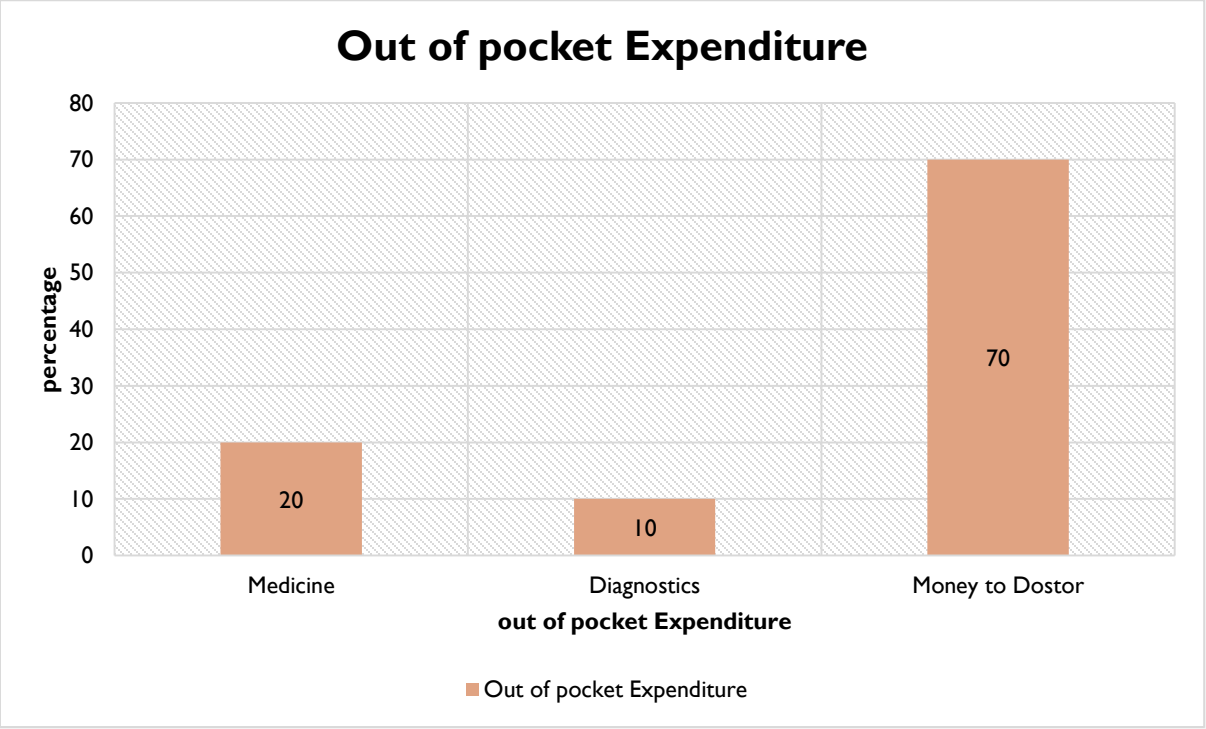
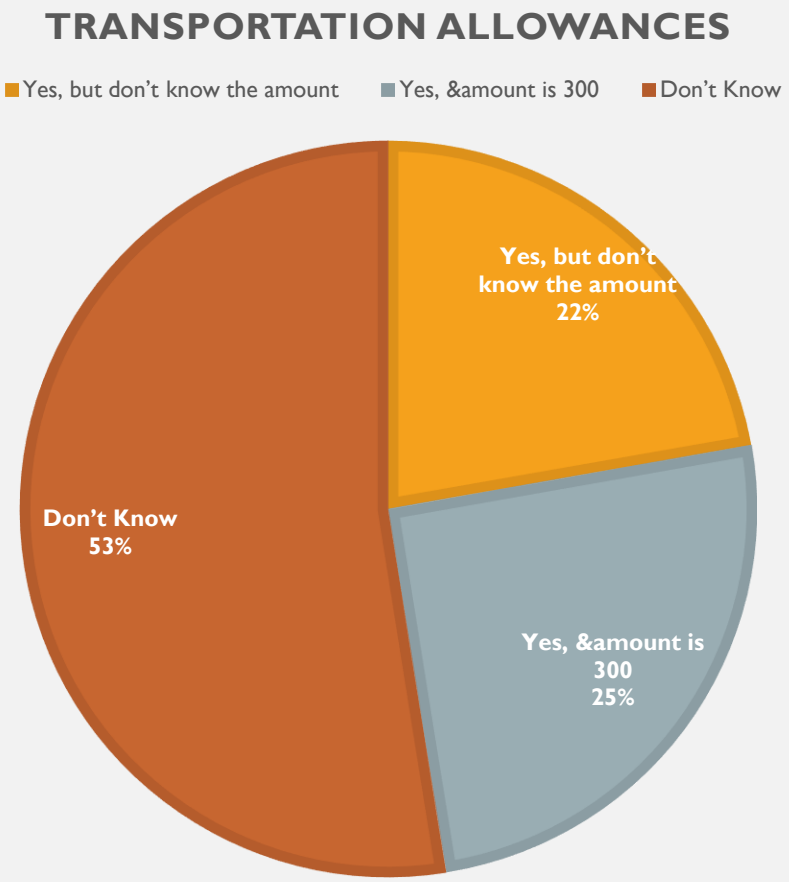


Figure 12: Transport Allowances in Ayushman Bharat



Majority of patients were not aware of provision of transport cost allowance in Ayushman Bharat whereas, 22% of them where aware of that allowance but were not aware of exact amount under this provision & only 25% of them were well aware of cost of transportation allowances.

DISCUSSION

- **Coverage of Poor Families in District**

- Enrolment and coverage of the poor: Analysis of secondary data shows that half of BPL families in the district and 25% from State have been enrolled onto the AB-PMJAY scheme. It also emphasizes the need for Number of family members covered: According to new GR that comes on by the end of April Stated that there is no limit for family members to be covered under this scheme.

- AB-PMJAY Awareness study shows that Government Health Staff (29%) have played an important part in introducing the scheme to the people while in rural areas ASHA (25%) also proved instrumental in facilitating scheme access. Nevertheless, community awareness regarding the details of the scheme was low. And only 65% were aware of amount covered under scheme. A brochure along with the list of hospitals was to be distributed at the time of enrolment, as scheme protocol. Consequently, the respondents saw PMJAY as a health insurance scheme; they were unaware of pre and post hospitalization coverage; diagnostic, transportation, follow-up

SUGGESTIONS

- More awareness regarding Ayushman bharat – national health protection scheme should be there among the people.
- So that more and more enrollments will be done
- No poor should be left behind
- identifying the reasons for low enrolment, as well as the necessity for stricter monitoring of the ASHA and Other Health Staff For Awareness and formulating strategies in order to ensure that the poorest are not excluded.
- Awareness camps should be conducted and provide ICE material with the list of empanelled hospitals & the surgery is done under hospital under this health scheme.

Discussion

Enrolment procedures

It was observed from the study that the Golden Card has to be given to the beneficiary after it is approved by SHA the normal time to deliver the card is 8 Days.

The enrolment procedure itself did not cause inconvenience incurring little financial burden other than Rs 30 and 50 per registering family. Whereas, In hospitals it was free of cost for those who needs treatment

Requisite scheme information such as the list of empanelled hospitals, an AB-PMJAY brochure or key phone numbers of the respective officials was lacking.

Empanelled institutions

In Morbi 19% of the empanelled facilities are public And 81% of the empanelled hospitals are from the private sector.

In Morbi district their majority of Hospitals are of orthopedic, the first keen replacement was done in Ayush Multispecialty Hospital, Morbi under this scheme.

Out-of-pocket expenditure

From the study it was evident that they don't have to pay any money to doctors and for medicine and for any diagnostic test so patients are satisfied with this scheme.

More than half of beneficiaries were not aware of transportation allowances under this scheme.

Suggestions

- More and more enrolments should be done and golden card should be delivered within 8th day of registration as per guidelines by SHA.
- Hospitals play a very important role in awareness as there is a direct contact between patient and doctor
- Patient trust doctor so they can easily guide about the health insurance scheme.
- Csc manager should take only 30 rupees for black and white golden card and for leminated they will charge 50 according to the guidelines
- Strict monitoring should be there to ensure all these guidelines are implemented on the field and paper less and cash less services are provided to the benificieary.

RESULT

- It was evident from the study that the implementation of Ayushman Bharat Scheam is succesfull in morbi district of gujatat. sample of 52 beneficiaries who were admitted and treated at public and private sector hospitals. 40% (21) were female and 60% (31) male (Table 4). Most of the cases were aged between 19 and 59 years.
- Respondents came to know of the scheme through Government health Staff (29%),
- However, Patients remain unaware of the details of scheme entitlement and usage. Although awareness regarding the amount available under the scheme was high(65%).
- According to the AB-PMJAY guidelines beneficiary have to pay rupees 30 at CSC, PHC, &CHC for golden card and in hospital its free of cost for patient who requires treatment.
- 83% of Patients were aware of Golden Card verification. In 7% of cases, the Arogya Mitra had requested the card be verified.
- The average waiting time for verification of Card was 5-15 minutes.
- For 92% of the respondents, medicines were available in the hospital while for 8%% of patients, medicines had to be purchased from private pharmacies (Figure 8).
- Though the average number of family members of the respondents was 5, significantly, 16% had more than five members in their family.

CONCLUSION

AB-PMJAY is successfully implemented in the Morbi district of Gujarat, people are well aware of scheme and utilising it affectively.

It reduces the out of pocket expenditure

It provides the medical benefits to poor families by covering almost secondary and tertiary hospitalization.


Vivo V9
Dual Rear Camera


Vivo V9
Dual Rear Camera


Vivo V9
Dual Rear Camera


RATHOD KALUBHAI HARJIBHAI
YOB : 1965
MALE
PH3QDXP3N
GUJARAT
Vivo V9
Dual Rear Camera


Vivo V9
Dual Rear Camera


KORADIYA ISUBBHAI
MAHAMADBHAI
YOB : 1952
MALE
PSARATZ12
GUJARAT
Vivo V9
Dual Rear Camera


UGARIBEN HIRJIBHAI
YOB : 1955
FEMALE
Vivo V9
Dual Rear Camera

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THANK YOU