STUDY ON OUT-OF-POCKET EXPENDITURE IN PATIENTS ADMITTED IN CARDIOLOGY DEPARTMENT UNDER PMJAY IN A TERTIARY CARE HOSPITAL IN UTTARAKHAND

Under The Supervision and Guidance Of

Dr. Dhirendra Kumar

Prepared by-
Dr. Himadri Mamgain
1297
MBA-HM(2021-2023)

CONTEXT

INTRODUCTION

The major policy goal in the health sector globally is to achieve Universal Health Coverage (UHC).

The recent National Sample Survey (NSS-75th round) report reveals that only 19.1% of the urban and 14.1% of the rural population is under any kind of health protection coverage.

AB-PMJAY, the world's largest public-funded social health insurance scheme is a by-product of National Health Policy 2017 recommendations to achieve Universal Health Coverage.

It was launched on 23rd September 2018.

Ayushman Bharat PM-JAY is the largest health assurance scheme in the world.

The program's objective is to offer a health coverage of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization.

It targets over 10.74 crores of poor and vulnerable families, which approximately amounts to 50 crore beneficiaries.

These beneficiaries represent the bottom 40% of the Indian population.

The vision of PMJAY is to achieve the Sustainable Development Goal (SDG) 3.8 which ensures financial protection against catastrophic health expenditure and access to affordable and quality healthcare for all.

Out Of Pocket Expenditure

The OOPE in India is over 60% of the Total Health Expenditure (THE).

OOPE can be further classified into various groups like expenditure on medicines, expenditure on diagnostic services, medical equipment, and prosthesis.

The Ayushman Bharat Pradhan Mantri Jan Aarogya Yojana (AB-PMJAY) is a significant initiative implemented by the Indian government.

Its aim is to provide financial health protection to the population and reduce out-of-pocket expenditure (OOPE) borne by households.

OBJECTIVES

General Objective

To evaluate the out-of-pocket costs borne by cardiology patients who were admitted under PMJAY to a tertiary care facility in Uttarakhand.

SPECIFIC OBJECTIVES

To evaluate the direct and indirect medical costs spent by patients who were admitted to the cardiology unit of a tertiary care facility in Uttarakhand under PMJAY.

To compare the costs that patients incurred before and after receiving preauthorization under the programme.

METHODOLOGY

01 Study Design and Study Period

- Descriptive cross-sectional study
- February 2023 - May 2023

02 Study Tool

- Pretested semi-structured questionnaire
- Excel
- SPSS version 20

03 Inclusion Criteria

- Patients admitted directly to the Department of Cardiology under the PMJAY scheme in the hospital was included in the study.
- Patients seeking treatment in the Department of Cardiology under the PMJAY scheme after a referral from other departments in the hospital.
- Patients admitted during the study period i.e., from February 2023 to May 2023 were interviewed.

04 Exclusion Criteria

- Severely ill patients were excluded.
- Patients seeking the treatment package which is not included in the Health Benefits Packages of PMJAY were excluded.
- Patients who were not eligible/covered under the PMJAY scheme were excluded.
- Patients who refused to take part in the study were not included.

METHODOLOGY

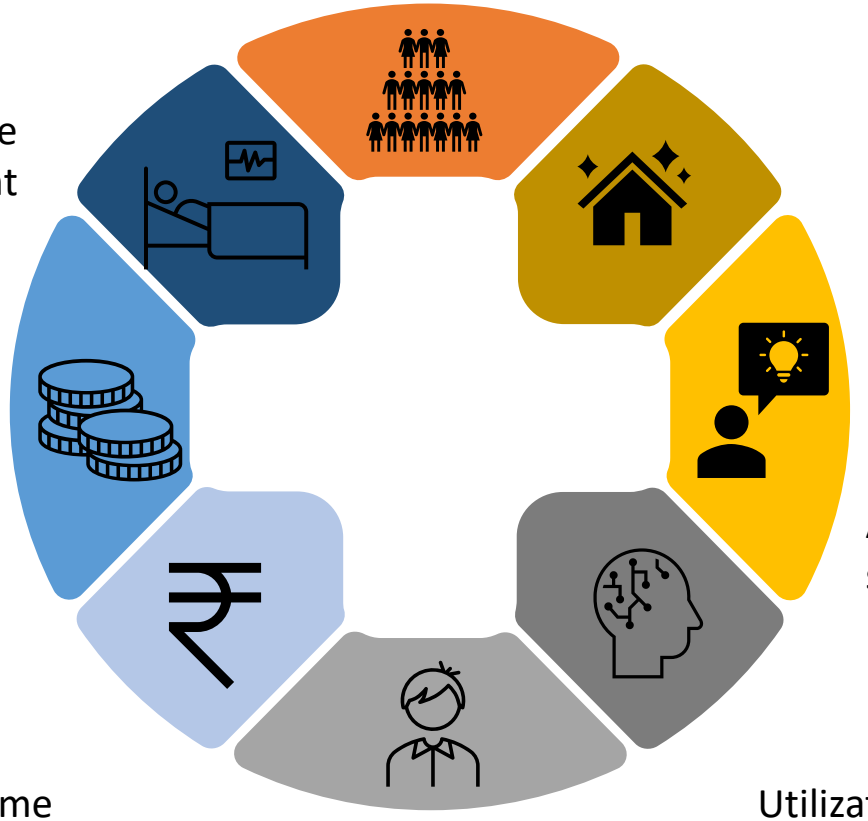
- The study was conducted among the patients admitted to the hospital under the PMJAY scheme.
- Sample size- 200
- The interview schedule consisted of eight sections-

Details of hospitalization and health expenditure incurred to treat the particular illness at the current health facility

Out of Pocket Expenditure for treating the particular illness in the last one year

Comparison of Mean OOPE per visit in the last year with OOPE at the current health facility

Patient satisfaction with the scheme



Utilization of the PMJAY scheme

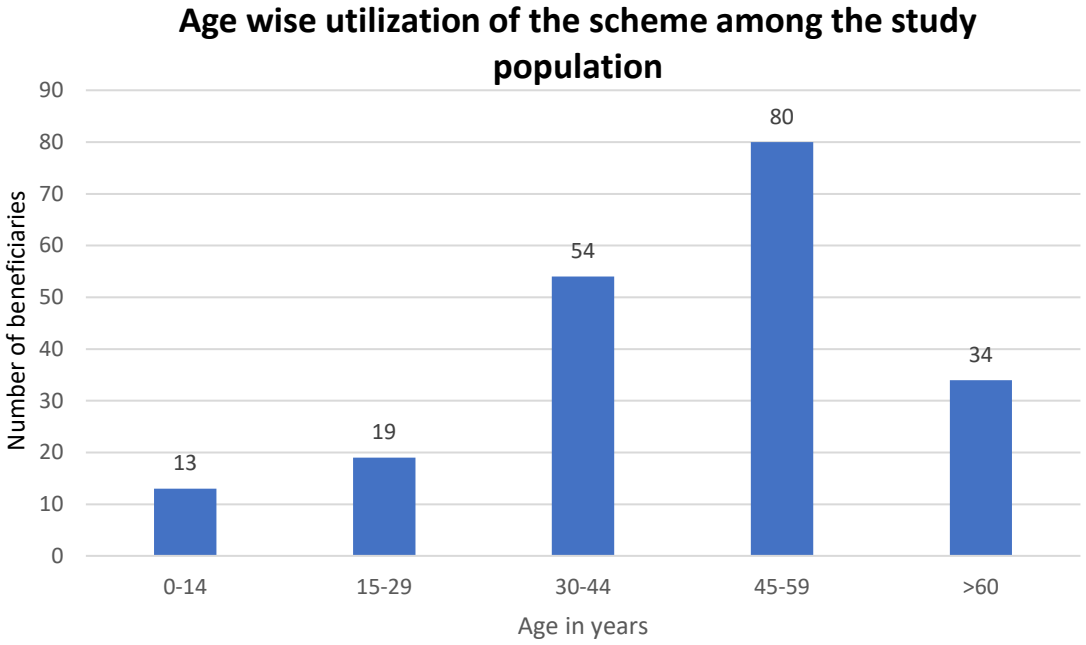
Awareness of the PMJAY scheme

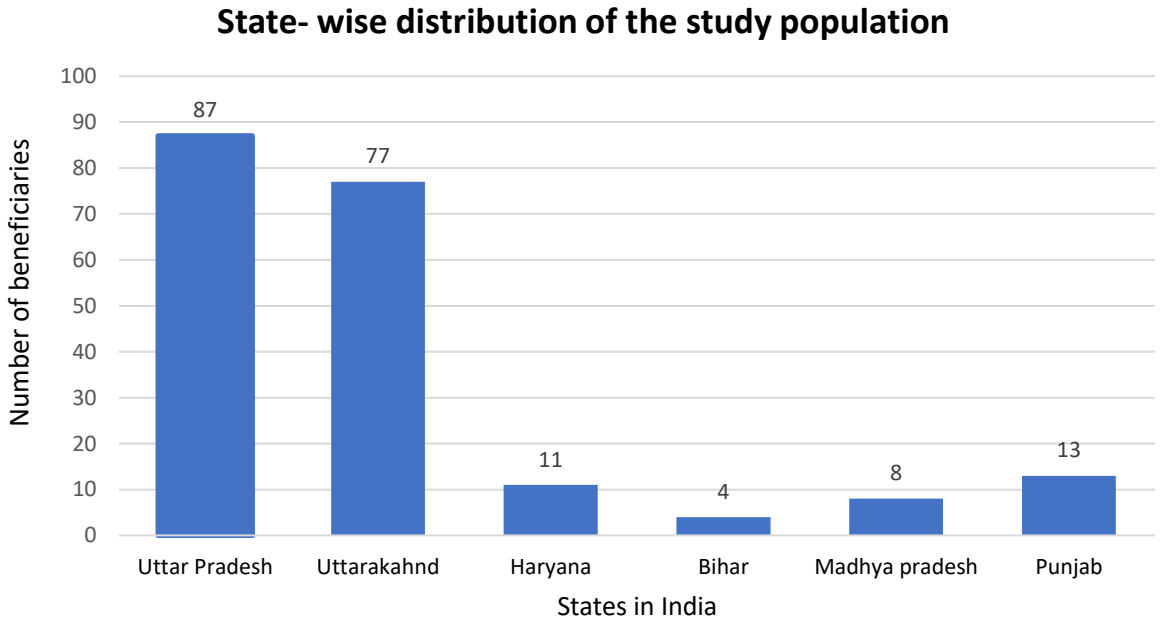
Household characteristics of the study population

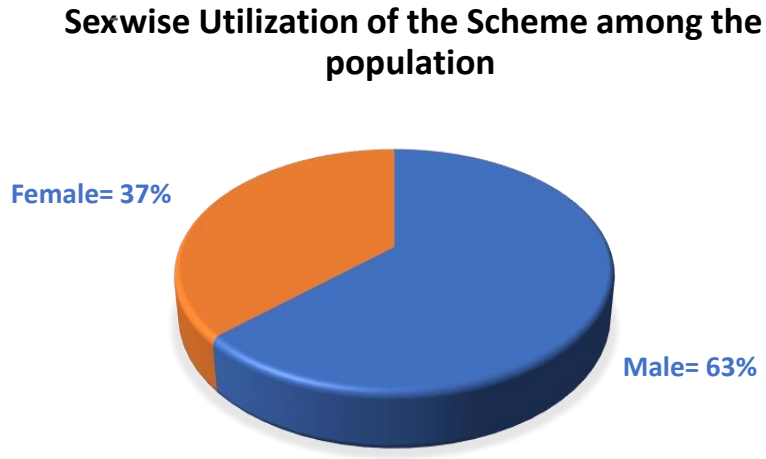
Sociodemographic profile of the study population

Study findings

Sociodemographic profile of the study population







Occupation of the study population

Occupation	Number		Total	Percentage
	Male	Female		
Unemployed	41	3	44	22%
Student	11	6	17	8.5%
Housewife	0	37	37	18.5%
Daily labourer	34	11	45	22.5%
Farmer	15	9	24	12%
Skilled worker	9	6	15	7.5%
Self-employed	16	2	18	9%
Total	**126**	**74**	**200**	**100%**

History of Chronic illnesses in the study population

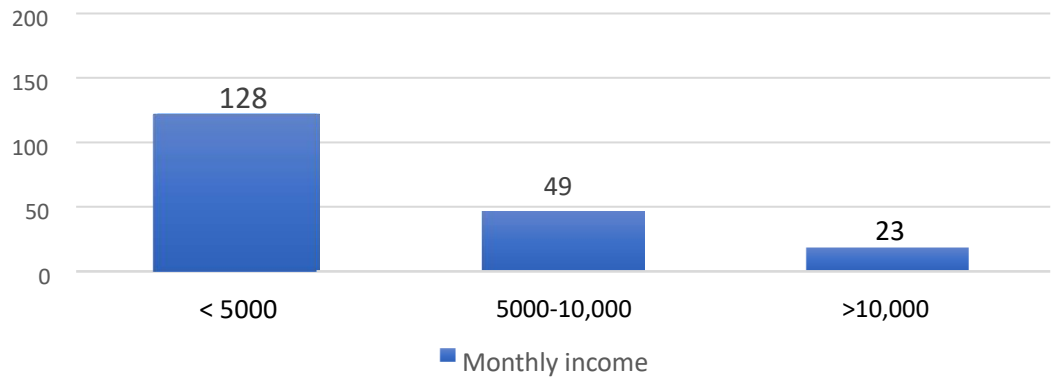
Chronic illness	Number	%
Known Chronic illnesses present	147	73.5%
No History of chronic illness in the recent past	30	15%
Status not known	23	11.5%
Total	**200**	**100%**

HOUSEHOLD CHARACTERISTICS OF THE STUDY POPULATION

Average Family Size of the study population

No. of members in the family	Number		Total	Percentage
	Rural	Urban		
Only Single member	2	7	9	4.5%
2	9	5	14	7%
3	18	18	36	18%
4	61	16	77	38.5%
5	37	12	49	24.5%
≥6	10	5	15	7.5%
Total	**137**	**63**	**200**	**100%**

Monthly income of the family among the study population



Per capita income of each member of the family per month

Per capita income	Number	Percentage
< 1,000	83	41.5%
1001-1500	76	38%
1501-2000	23	11.5%
2001-2500	7	3.5%
>2500	11	5.5%
Total	**200**	**100%**

AWARENESS OF THE PMJAY SCHEME

Awareness of the financial coverage per family per year

Cover	Number	Percentage
Till Rs. 30,000	26	13%
Up to 2 Lakhs	18	9%
Up to 5 Lakhs	154	**77%**
Don’t know	2	1%
Total	**200**	**100%**

Awareness of the type of hospitals providing PMJAY scheme benefits.

Type of hospital	Number	Percentage
All Public Hospitals	86	**43%**
All Private Hospitals	16	8%
Only empaneled Public & Private hospitals	94	**47%**
Don’t know	4	2%
Total	**200**	**100%**

AWARENESS OF THE PMJAY SCHEME

Awareness of service coverage under the PMJAY scheme

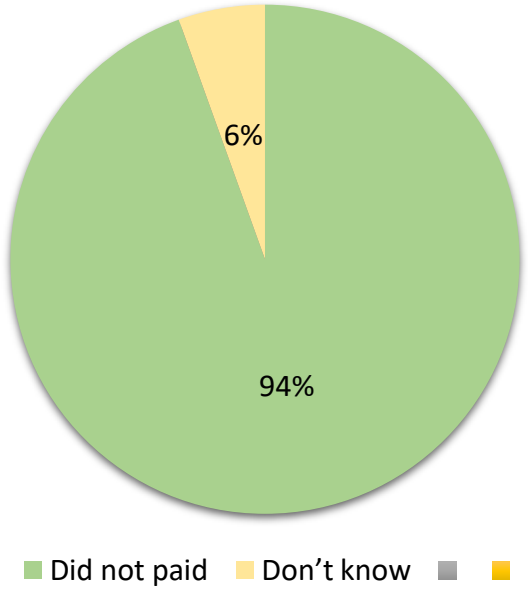
Type of service	Number	Percentage
Both OPD & IPD services	93	46.5%
Only OPD Services	20	10%
Only IPD services	87	**43.5%**
Total	200	100%

Awareness of the eligible members covered per family under the scheme

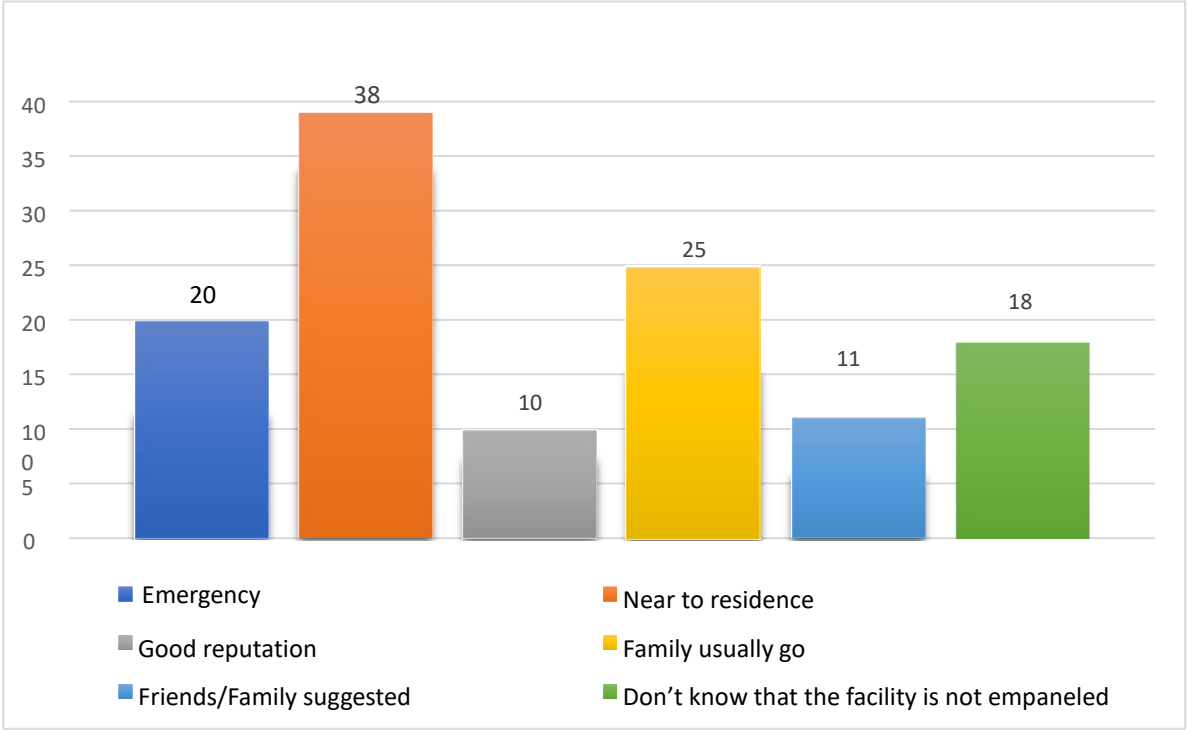
Number of members/family	Number	Percentage
Max 4 members /family	8	4%
Max 5 members/family	45	22.5%
All the members of the family	146	**73%**
Don’t know	1	<1%
Total	200	100%

UTILIZATION OF THE PMJAY SCHEME

Utilization of PMJAY Scheme



Reason for choosing a PMJAY non-empanelled hospital



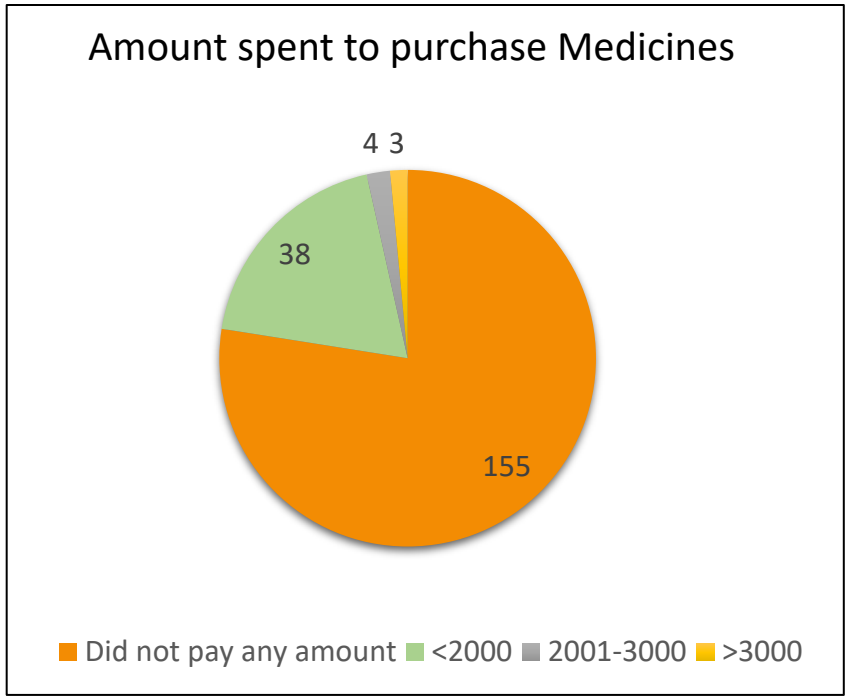
Details of hospitalization and health expenditure incurred to treat the particular illness at the current health facility

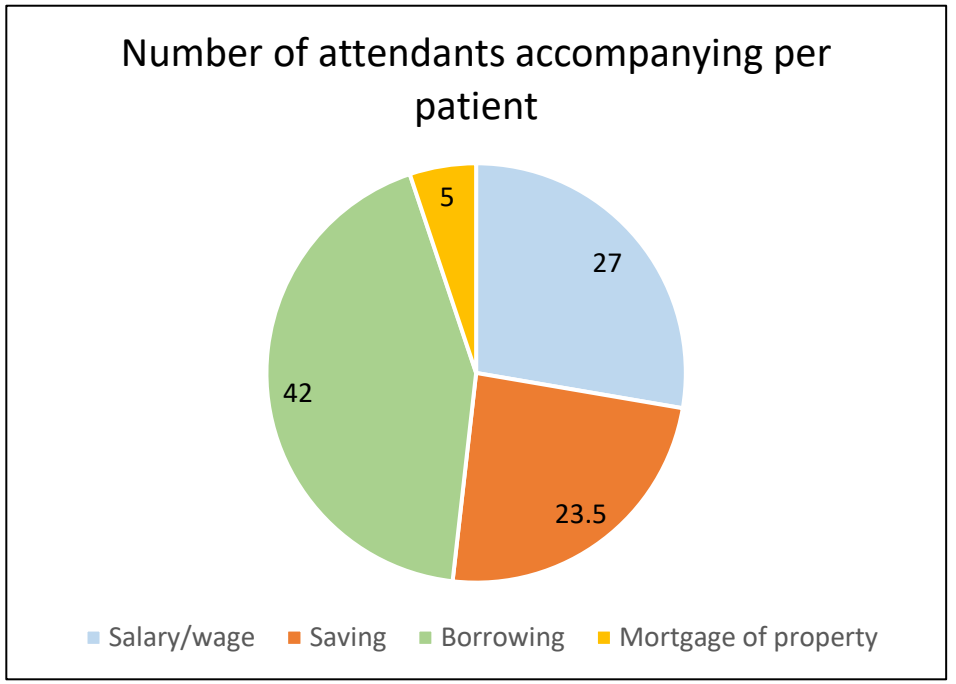
Duration of hospitalization

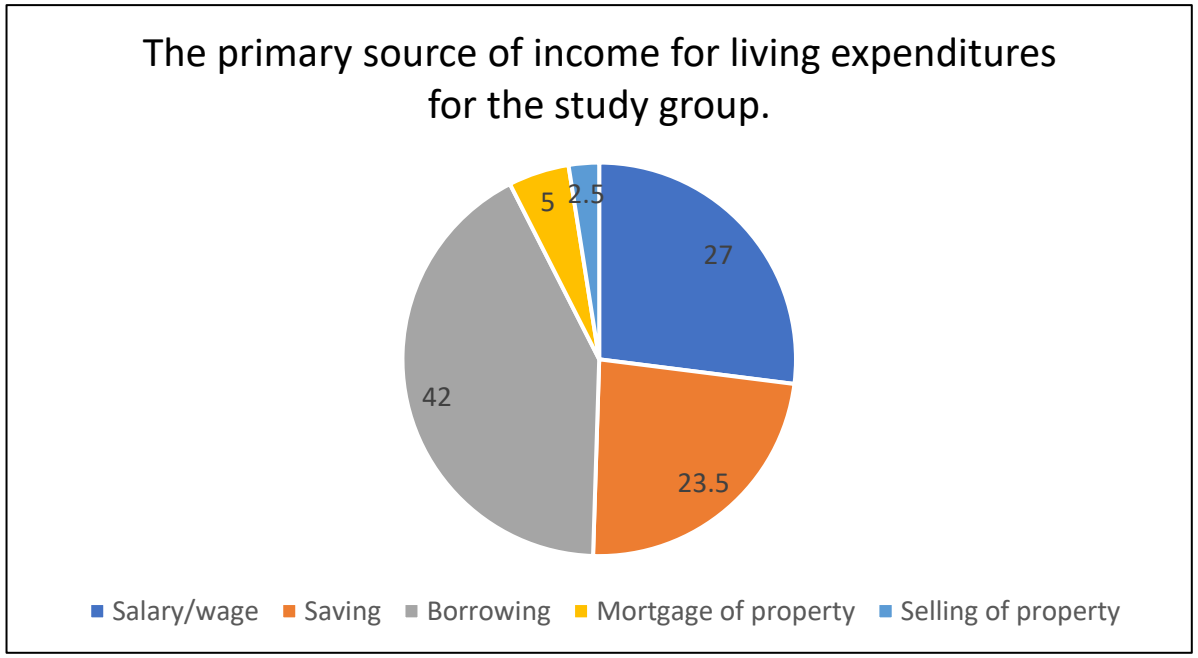
Duration	Number	Percentage
Only 1 day	52	**26%**
2 days only	74	**37%**
3-5 days	44	**22%**
6-7 days	20	10%
>7 days	10	5%
Total	200	100%

Amount spent on Diagnostic charges

Amount Paid (In Rs.)	Number	Percentage
Did not pay any amount	170	**85%**
<2000	18	9%
2001-5000	8	4%
>5000	4	2%
Total	200	100%


Amount spent to purchase Medicines
4 3
38
155
Did not pay any amount
<2000
2001-3000
>3000


Number of attendants accompanying per patient
5
27
42
23.5
Salary/wage
Saving
Borrowing
Mortgage of property


The primary source of income for living expenditures for the study group.
5
2.5
27
42
23.5
Salary/wage
Saving
Borrowing
Mortgage of property
Selling of property

Amount spent on Food during the hospital stay

Amount Paid (In Rs.)	For patient		For attendant(s)	
	Number	Percentage	Number	Percentage
Did not pay any amount	89	44.4%	0	0
<1000	86	42.8%	158	78.8%
1001-2000	25	12.8%	19	9.7%
Total	**200**	**100%**	**177**	**88.5%**

Amount spent on accommodation for seeking treatment

Amount Paid (In Rs.)	For patient		For attendant(s)	
	Number	Percentage	Number	Percentage
Did not pay any amount	181	90.3%	151	75.6%
<1000	17	8.4%	22	11.2%
1001-2000	2	1.3%	4	1.6%
Total	**200**	**100%**	**177**	**88.5%**

Daily wage loss during treatment

Amount Paid (In Rs.)	For patient		For attendant(s)	
	Frequency	Percentage	Frequency	Percentage
No wage loss	78	39.1%	98	49.1%
<300	64	32.2%	44	22.1%
301-500	48	24%	35	17.2%
>500	10	4.7%	0	0
Total	200	100%	177	88.5%

Number of days of wage lost for seeking the treatment

Number of days of wage lost	For patient		For attendant(s)	
	Frequency	Percentage	Frequency	Percentage
No wage loss	78	39.1%	98	49%
<3 days	27	12.8%	20	10%
4-6 days	29	14.7%	18	9.1%
7-10 days	37	18.4%	16	8.1%
>10 days	29	15%	25	12.3%
Total	200	100%	177	88.5%

Amount spent on transport for seeking treatment

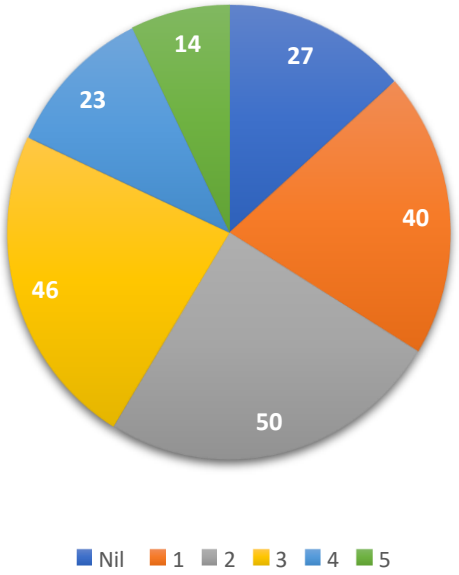
Amount Paid (In Rs.)	For patient		For attendant(s)	
	Frequency	Percentage	Frequency	Percentage
<1000	71	35.3%	64	32.5%
1001-2000	81	40.3%	86	42.8%
2001-3000	48	24.4%	27	13.1%
Total	**200**	**100%**	**177**	**88.5%**

Information provided to the patient about the cost involved in treating in advance and about the money left in the smartcard.

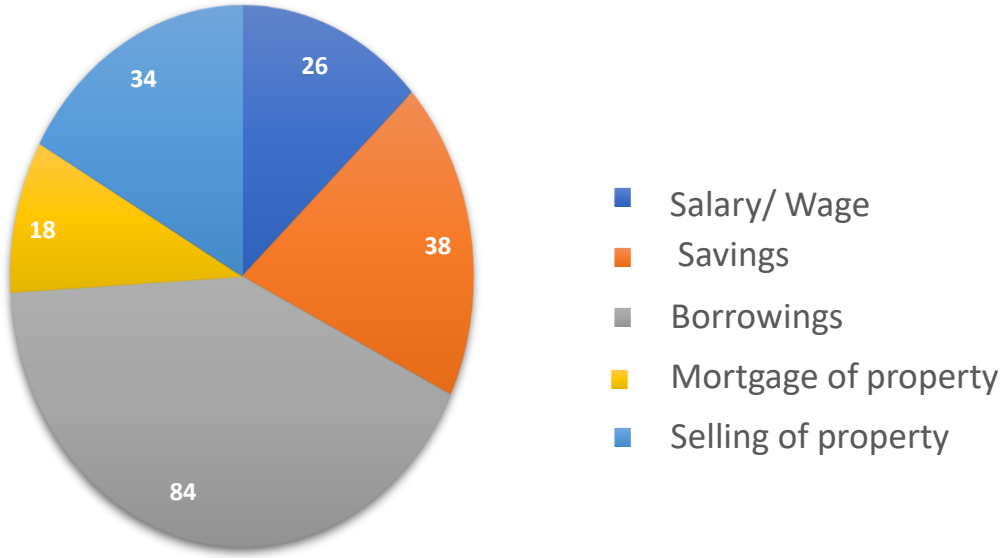
Information is given regarding	Yes	No	Total
The cost involved in treating	24	176	200
Money left in the smartcard	8	192	200

Out of Pocket Expenditure for treating the particular illness in the last one year

Number of In-patient hospital visits by the study population in last 1 year



Source of funds for covering expenses income



Direct expenditure

Bed charges

The total amount paid for bed charges	Frequency	Percentage
<1000	18	10.5%
1001-2000	22	13%
2001-3000	44	**25.6%**
3001-5000	52	**30%**
>5000	37	**20.9%**
Total	173	100%

Diagnostic charges

Amount Paid (In Rs.)	Frequency	Percentage
<1000	11	6.5%
1001-2000	22	12.6%
2001-3000	29	17%
3001-5000	60	**34.7%**
5000-10000	37	**21.3%**
>10000	14	7.9%
Total	173	100%

Direct expenditure

Medicine Charges

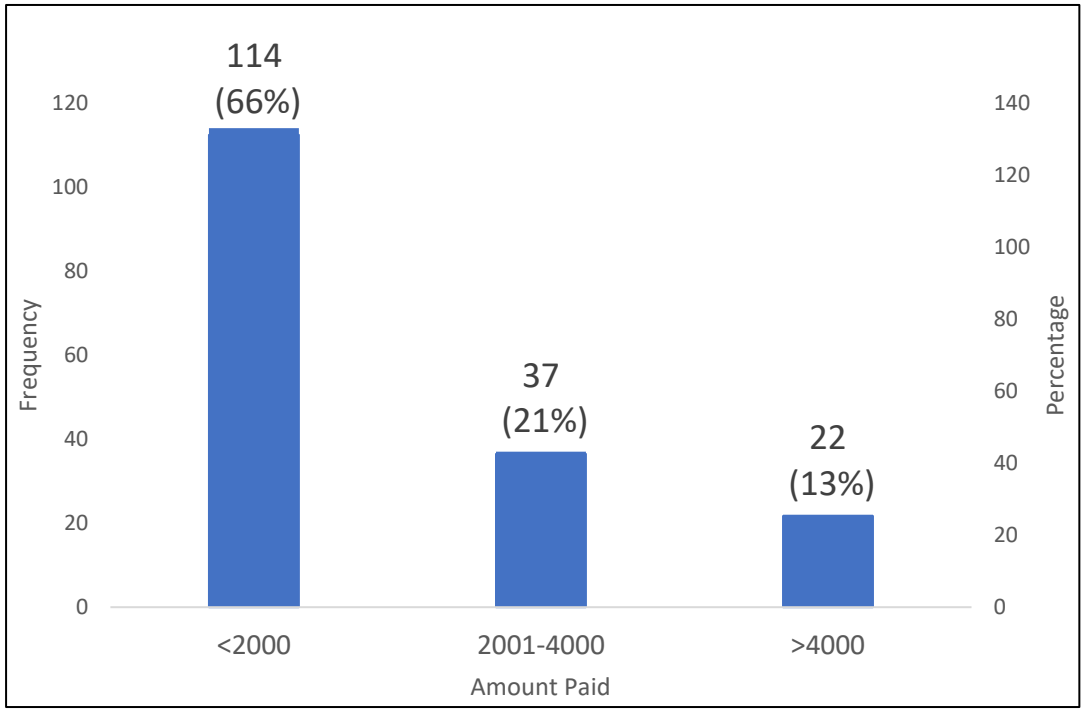
Amount Paid (In Rs.)	Frequency	Percentage
<2000	14	8.3%
2001-4000	72	**41.2%**
4001-6000	33	**19.1%**
>6,000	54	**31.4%**
Total	173	100%

Doctor’s consultation fee

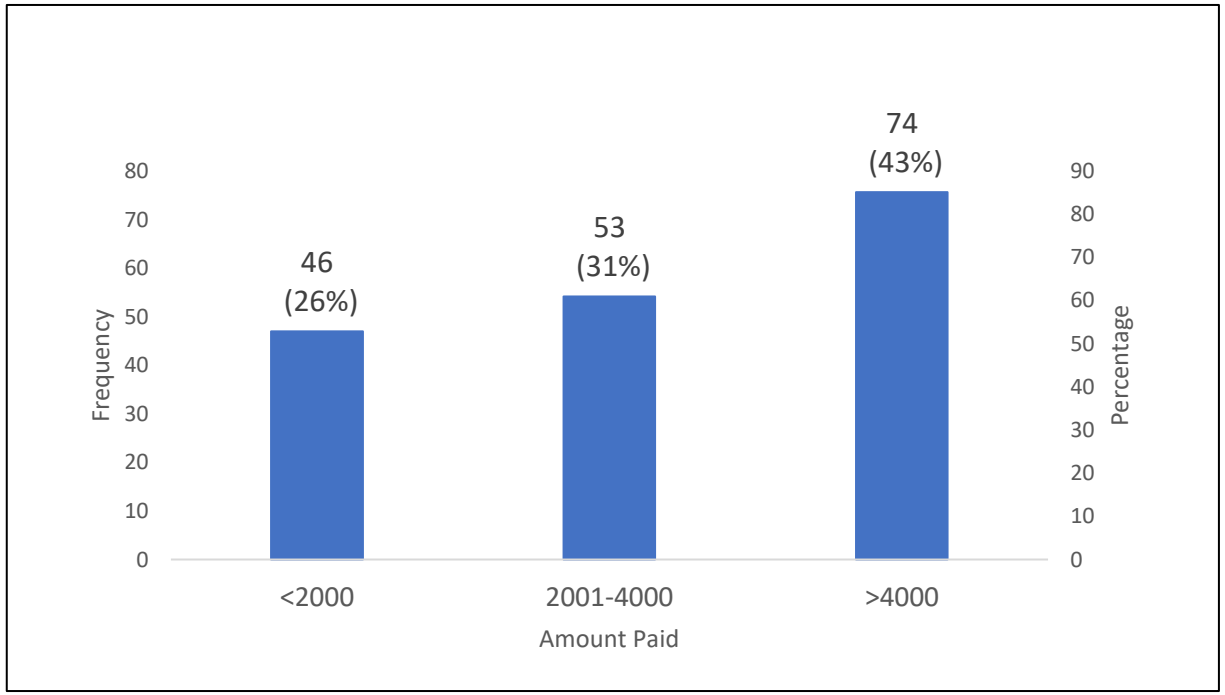
The total amount paid for consultations	Frequency	Percentage
<1000	127	**73.6%**
1001-2000	33	**18.8%**
2001-3000	9	5.4%
>3000	4	2.2%
Total	173	100%

Indirect expenditure

Amount spent on accommodation for seeking treatment for both patient & attendant



Amount spent on transport for seeking treatment for both patient & attendant



Indirect expenditure

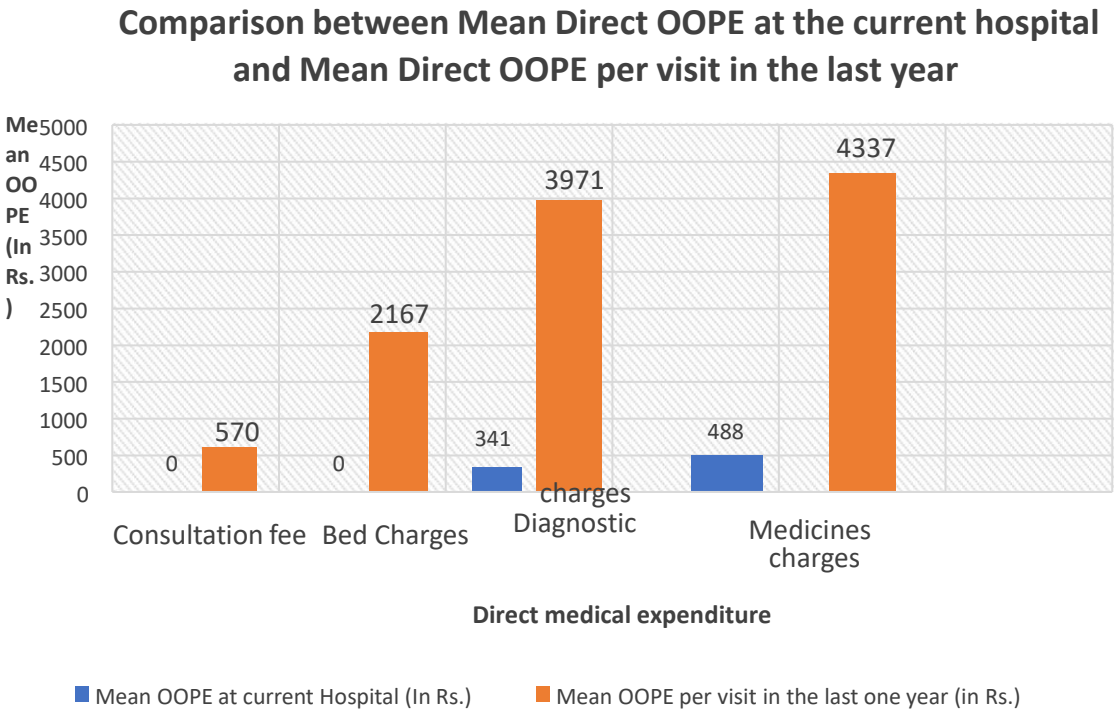
Daily wage loss during treatment

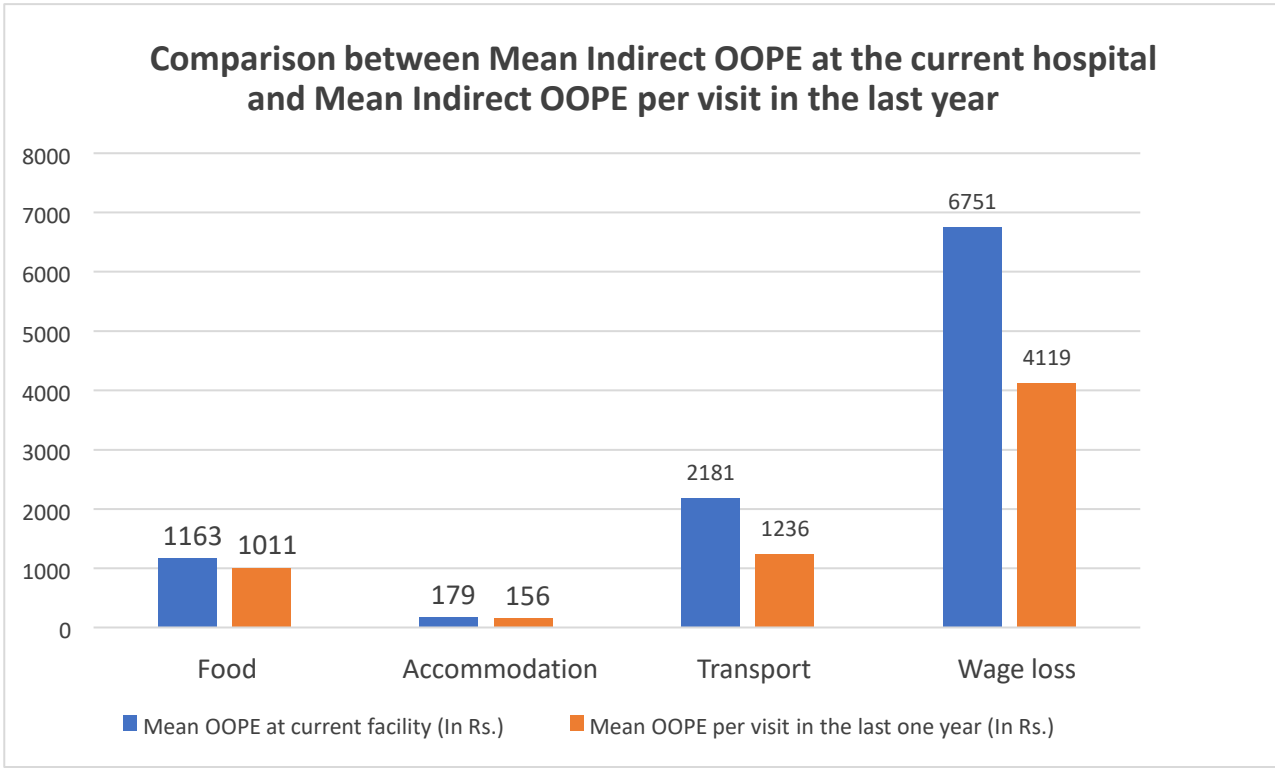
Amount Paid (In Rs.)	For patient		For attendant(s)	
	Frequency	Percentage	Frequency	Percentage
No wage loss	67	38.6%	86	49.5%
<300	57	32.9%	42	24.5%
301-500	39	22.4%	36	20.6%
>500	10	6.1%	9	5.4%
Total	173	100%	173	100%

Number of days of wage lost for seeking the treatment

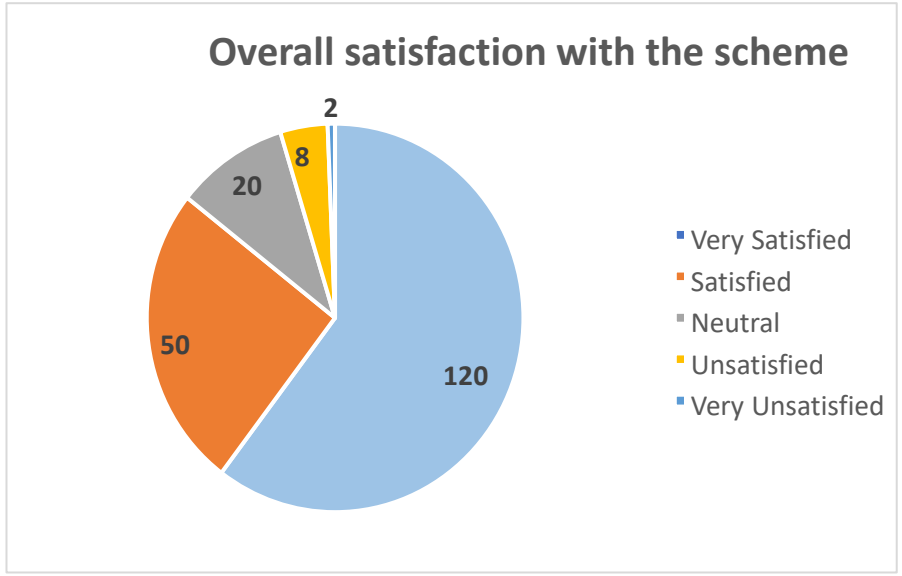
Number of days of wage lost	For patient		For attendant(s)	
	Frequency	Percentage	Frequency	Percentage
No Wage loss	67	38.6%	86	49.5%
<3 days	13	7.6%	18	10.5%
4-6 days	34	19.5%	26	14.8%
7-10 days	24	14.1%	21	11.9%
>10 days	35	20.2%	22	13.3%
Total	173	100%	173	100%

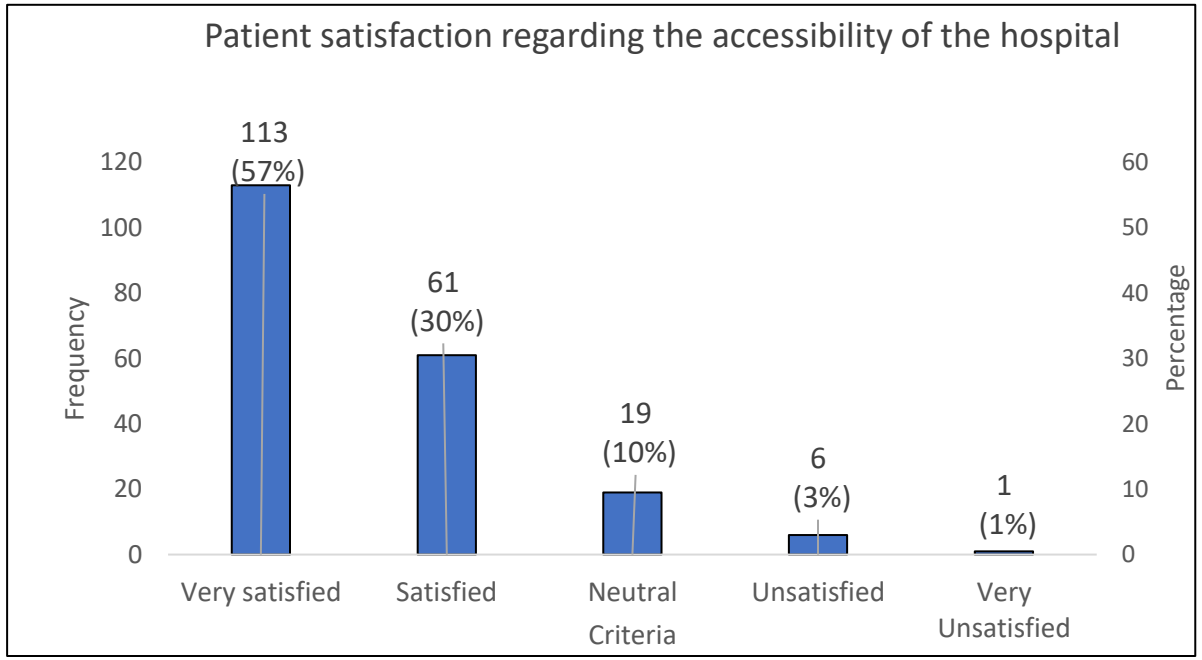
Comparison of Mean OOPE per visit in the last year with OOPE at the current health facility





PATIENT SATISFACTION WITH THE SCHEME

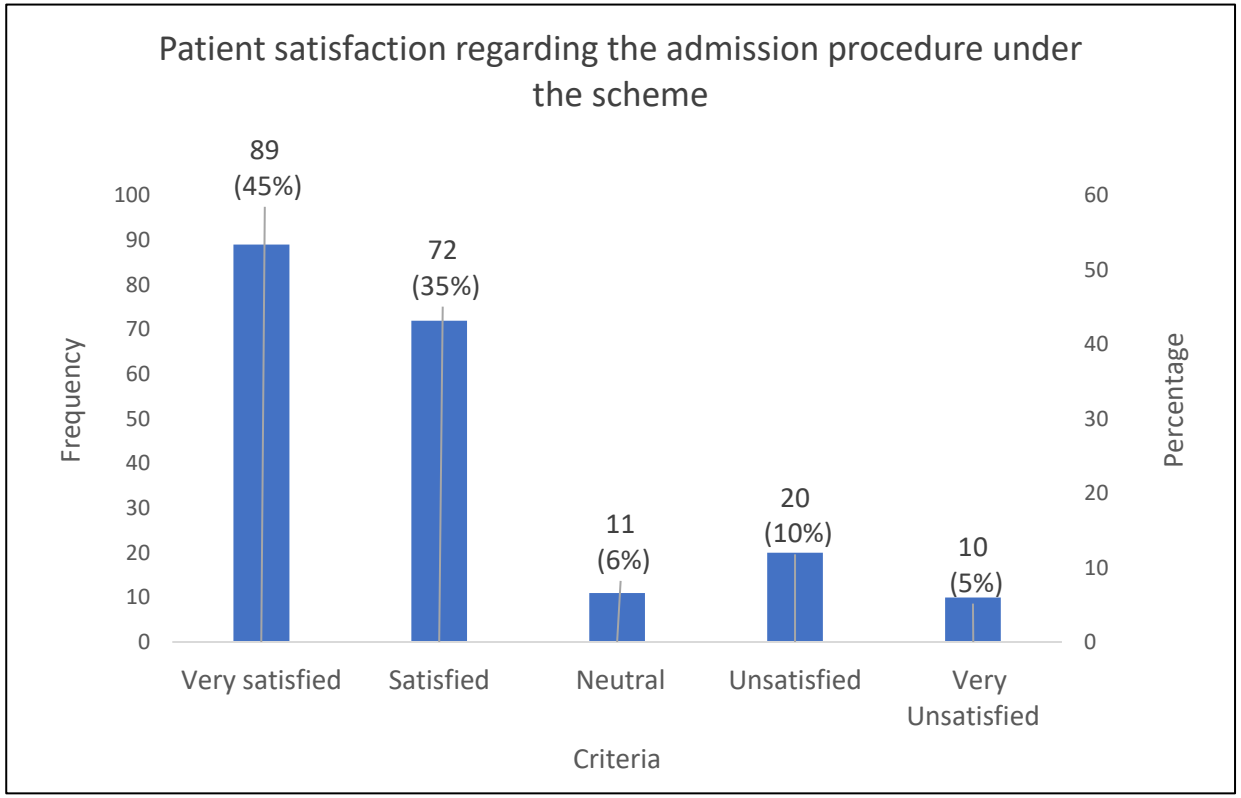


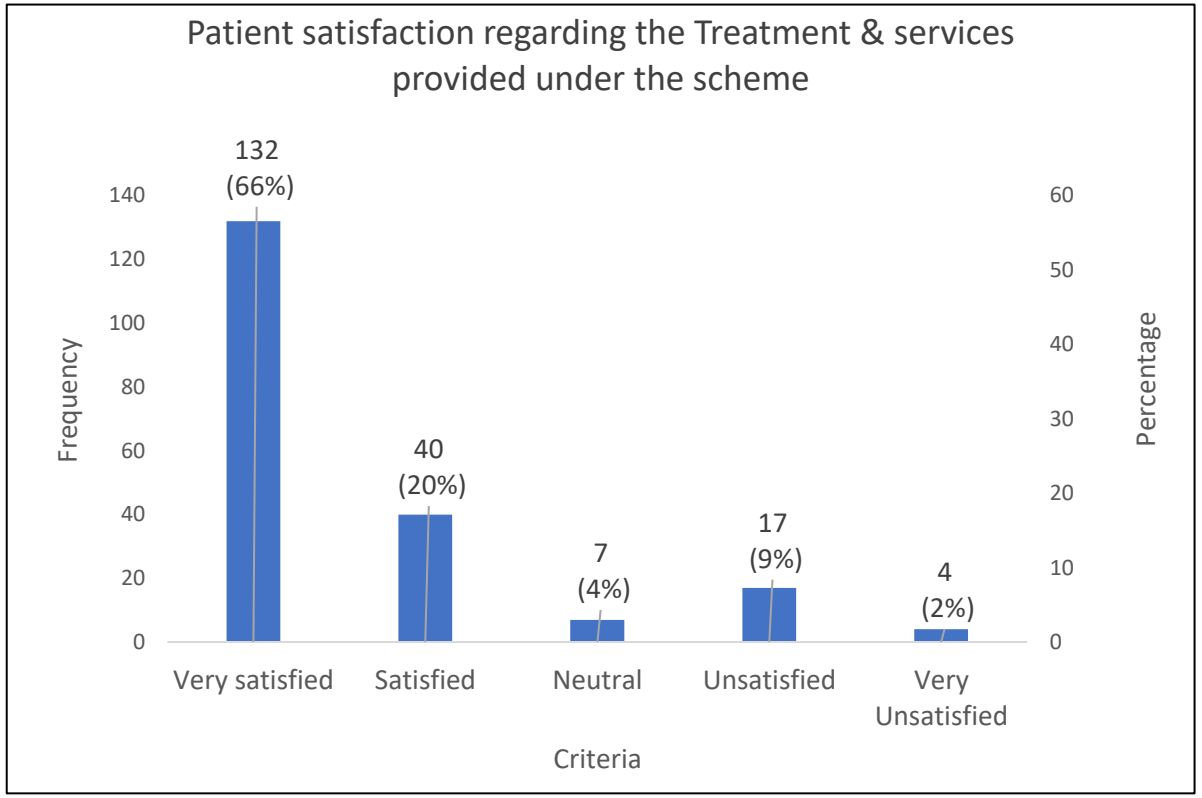


Role of Ayushman Mitra in the discharge process and follow-up advice and date, discharge card given at discharge

Criteria	Yes		No	
	Frequency	%	Frequency	%
Ayushman Mitra Assisted in discharge process	142	71%	58	29%
Follow up advice and date, discharge card given	164	82%	36	18%

PATIENT SATISFACTION WITH THE SCHEME





CONCLUSION

- The study findings revealed that patients face a significant financial burden when seeking cardiology care, with substantial out-of-pocket expenses for diagnostics, treatments, medications, and post-treatment care.
- This highlights the challenges faced by patients and their families in accessing and affording necessary healthcare services.
- This study helps to identify the financial burden faced by patients admitted to the cardiology department under PMJAY in a tertiary care hospital in Uttarakhand.
- The research findings provide insights into the effectiveness of PMJAY in providing financial protection to patients in need of cardiology care.
- It is important to acknowledge the limitations of this study-
  - This study was related to a single empaneled public health hospital in Uttarakhand.
  - There may be chances of recall biases.

RECOMMENDATIONS

1. By understanding the out-of-pocket expenditure, policymakers can design interventions to reduce the financial hardships experienced by patients and their families.
2. The study can contribute to evaluating the overall performance and impact of PMJAY, guiding policy revisions and enhancements.
3. Healthcare providers and the hospital administration can explore strategies to minimize out-of-pocket expenditure by improving pricing transparency, billing practices, and cost control measures.
4. The network of the empanelled hospitals in the tier-I and tier-II cities may be enhanced and some additional incentives may be given to motivate the hospitals in those cities to get empanelled under the scheme.
5. Hospitals can introduce patient-level efforts to generate awareness about the PMJAY scheme to make informed choices through increased awareness.

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THANK YOU