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ASSESSING AWARENESS, UTILIZATION AND SATISFACTION REGARDING SERVICES UNDER AYUSHMAN BHARAT (AB-PMJAY) IN A TERTIARY CARE HOSPITAL OF NORTH INDIA: A CROSS-SECTIONAL STUDY

Community Medicine

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ABSTRACT

An efficient health care can significantly contribute to country's economy, development and industrialization. Unfortunately, due to increase in health care expenses and unexpected illness, many families or individuals pay for health services out of their own pockets and been pushed into poverty. The main aim of Universal Health Coverage (UHC) is to make the individual or community to access the health care they require without any financial hardship. So in order to achieve UHC, Ayushman Bharat scheme has been launched by the government of India. Present study had been framed with an objective to assess awareness, utilization and satisfaction regarding services under ayushman bharat(AB-PMJAY) in a tertiary care hospital of Himachal Pradesh (H.P.). **Material and Methods:** This was an institutional based study with cross-sectional study design and was carried out between the period of January 2020 to October 2021. Data collected was coded and then was entered in Microsoft-excel spreadsheet and was analysed using SPSS version 24. **Results:** 8.3% were previously beneficiary under RSBY/other health insurance scheme and 99.1% had ever heard about AB-PMJAY. Nearly half (49.4%) of the study participants were aware of the coverage provided under AB-PMJAY and 35.1% knew about the type of care provided under AB-PMJAY. **Conclusion:** There is need to create awareness regarding services under AB-PMJAY available at private health institutions, availability of services in other states and regarding grevience redressal system. There is need to sensitise Pradhan Mantri Arogya Mitra (PMAM) to send timely text messages regarding claim and other necessary information and to create a monitoring and evaluation system for a successful implementation of the scheme.

KEYWORDS

INTRODUCTION

Healthcare affordability is a major determinant to access and utilization of health services [1]. With its huge population of 1.36 billion and the government spending just 1.2% of its GDP on health, about 22% population of India living below poverty line (BPL) is often found struggling to get comprehensive treatment for their ailments, especially tertiary level healthcare[2-5]. Situation gets worse due to impoverishment caused by OOPE for availing health services which is as high as 63.2% in the country[6].The reasons for more than half of the households falling into poverty has been shown to be ill health and OOPE for health[7]. Over and above this, these estimates did not include those people who are already living below poverty line and are pushed further into destitution. The poor patients are more price sensitive to healthcare and are less likely to avail healthcare as compared to rich when they are ill, more so in the rural areas[8]. The likelihood of a poor patient foregoing medical care due to financial costs has increased over time in both rural as well as urban populations[9]. The misery of the poor section is further intensified due to lack of financial risk protection against costs incurred for medical treatments.

Health care delivery in India is going through a process of transition, more so the tertiary speciality care of chronic diseases like Diabetes, Hypertension, Cardiac diseases, Kidney or Liver failure, Mental illness and Cancer. Even in public hospitals where treatment cost is low patients have to bear several direct and indirect costs that is OOPE which impoverish them further. Delay in diagnostic and curative procedures can lead to deaths of several thousands of poor patients[10].Most of hospital admissions in rural and urban areas are paid either by bank loans or by selling off their assets. Utilization of prepayment schemes, such as health insurance, can reduce OOPE and reduce the risk of CHE. There are certain risk pooling mechanisms in India like Social health insurance system, private health insurance schemes which have been designed to provide health benefits to the contributers or insurers and those who are not enrolled or are not in condition of paying premiums are not at all benefitted hence the Government of India has announced Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). It has been launched by Hon'ble Prime Minister on 23rd September 2018 ensuring health cover of up to INR 5 lakhs per family per year for secondary and tertiary care hospitalization. It also includes 3 days of pre-hospitalization and 15 days of post-hospitalization expenses for medicines, follow-up, consultation and diagnostics. As per socio-economic caste census (SECC) 2011, 10.74 crore vulnerable families (approximately 50 crore beneficiaries) are entitled for availing the services[11]. PMJAY is one of the largest fully Government-financed health protection schemes of the world. There is no cap on family size, age or gender and is cashless and paperless service through public and private empanelled hospitals[12]

There is already a paucity of published literature regarding AB-PMJAY thus the present crossectional study had been framed with an objective to assess awareness, utilization and satisfaction regarding services under ayushman bharat (AB-PMJAY) in a tertiary care hospital of Himachal Pradesh (H.P.). The resultant findings from the current study may help in providing valuable inputs for improvement in AB-PMJAY scheme so as to reduce impoverishment among the socio-economically deprived and vulnerable population of society.

MATERIALS AND METHODS

- **Study Design:** This was an institutional based study with cross-sectional study design.
- **Study Period:** The study was carried out between the period of January 2020 to October 2021.
- **Study Settings:** The study was conducted at Dr Rajendra Prasad Government Medical College Kangra at Tanda, District Kangra, Himachal Pradesh.
- **Study Unit:** Beneficiary of AB-PMJAY scheme admitted in the hospital.
- **Sample Size:** Assuming AB-PMJAY reduces household OOPE expenditure of total health expenditure of household from 30.0% [13] to 10.0% a sample size of 336 patients was calculated at 5.0% level of significance and 80.0% study power. The sample size was calculated using the formula $n=4pq/E^2$ [63] where p=30%, q=70% and E=5% was taken.
- **Recruitment Of Study Participants:** Patients were recruited from the AB-PMJAY counter, Medical Superintendent Office, Dr. RPGMC, Kangra at Tanda and were visited in the respective ward at suitable time. A suitable time of interview with patient was fixed as per his/her convenience.
- Patients were recruited from the main and allied clinical departments of Medicine and Surgery.
- Participants were provided full information about the study using participant information sheet. An informed consent was taken from the respondent and assent in case of pediatric patient below 7 years of age. It was filled during the stay of the beneficiary in the hospital and in some cases at the time of discharge of the patients. The key person to give information was either the patient or spouse or relatives of the patient.
- **Inclusion Criteria:** Patients of all age who were admitted under AB-PMJAY scheme and patients who were willing to participate in the study.
- **Exclusion Criteria:** Patients who were not found on the bed in the ward or gone for radiological investigations or pre-anaesthetic checkups ; patients who were not willing to participate in the study due to severity of disease or critical condition.

Ethical clearance for the study was obtained from the Institutional

Ethics Committee of Dr Rajendra Prasad Government Medical College (Dr RPGMC) Kangra at Tanda, Himachal Pradesh India.

Data Analysis

Data collected was coded and then was entered in Microsoft-excel spreadsheet and was analysed using SPSS version 24. Categorical data was analysed and presented using frequencies and percentages and Quantitative data was analysed and presented using mean and standard deviation.

RESULTS

Out of total 336 participants, 212 (63.1%) were males and 124 (36.9%) were females. Majority (78.0%) were above 30 years of age.

Table 1: Distribution Of Study Participants Based On Department Of Admission.

Department	N (%),(n=336)	95% CI
Medicine and allied departments	101 (30.1)	25.4-35.2
Surgery and allied departments	235 (69.9)	64.8-74.6

Majority (69.9%) of patients were admitted in Surgery and allied departments and 30.1% were admitted in Medicine and allied departments (Table 1).

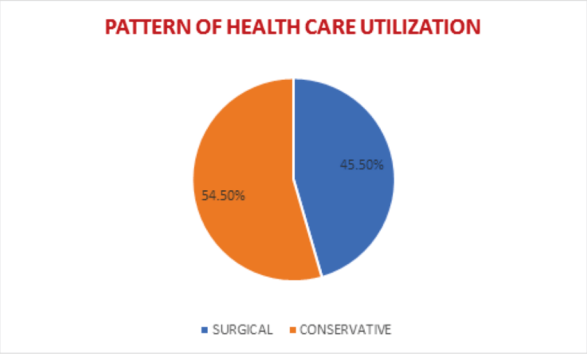

Figure 1: Pattern Of Health Care Utilization Among The Study Participants.

Majority (54.5%) of patients received conservative treatment as compared to surgical treatment (45.5%)(Figure 1). 8.3% were previously beneficiary under RSBY/other health insurance schemes and 99.1% had ever heard about AB-PMJAY.

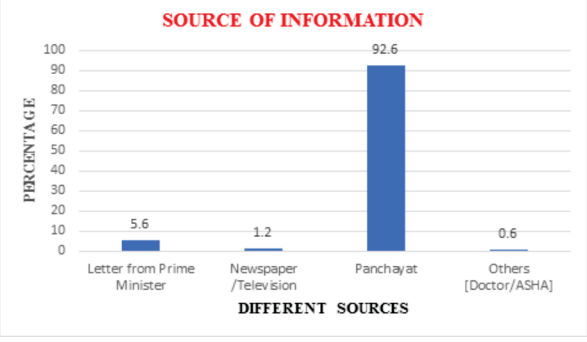

Figure 2: Distribution Of Study Participants Based On Source Of Information Regarding AB-PMJAY

Panchayat was the main source of information about AB-PMJAY among majority (92.6%) of the study participants and others were letter from Prime Minister, news paper, television, ASHA/Doctor etc (Figure 2).

Table 3: Distribution Of Study Participants Based On Level Of Awareness About AB-PMJAY For Assessment Of Financial Expenditure Pattern Among Recipients Of AB-PMJAY At Tertiary Care Hospital, Himachal Pradesh, India 2020-21.

Characterstics	N (%),(n=336)	95% CI
AB-PMJAY coverage	166 (49.4)	44.1-54.7
Type of care provided under AB-PMJAY	118 (35.1)	31.2-40.3
AB-PMJAY services at private hospitals	37 (11)	7.8-14.7
AB-PMJAY benefits in other states	116 (34.5)	29.7-39.8

Nearly half (49.4%) of the study participants were aware of the coverage provided under AB-PMJAY and 35.1% knew about the type of care provided under AB-PMJAY. A few (11%) were aware that the services are also covered by private hospitals and 34.5% knew that the services can be availed in other states also (Table 3).

Table 4: Distribution Of Study Participants Based On Feedback Regarding AB-PMJAY Services In The Hospital.

PMJAY services	N (%), (n=336)	95% CI
Received text message for admission acknowledgment	86 (25.8)	21.5-30.6
Received any text message about claim amount	68 (20.2)	16.3-24.9
Received any text message about final amount and free medicines	7 (2.1)	1.1-4.2
PMAM provided necessary information	85 (25.3)	20.2-29.2
Awareness regarding grevience redressal system	23 (6.8)	4.3-9.8

25.8% received text message for admission acknowledgment, 20.2% received any text message about claim amount and 25.3% received necessary information from PMAM. Few (6.8%) were aware of grevience redressal system and participants who received any text message about claim amount and free medicines were relatively represented less (2.1%) (Table 4).

Table 5: Distribution Of Study Participants Based On Satisfaction About Services Under AB-PMJAY.

Characterstic	Poor N (%)	Satisfactory N (%)	Good N (%)	Excellent N (%)
Satisfaction with service in hospital	8 (2.4)	46 (13.7)	282 (83.9)	0 (0.0)
Satisfaction with quality of service	5 (1.5)	13 (3.9)	318 (94.6)	0
Satisfaction with quality of treatment	1 (0.3)	11 (3.3)	324 (96.4)	0
Satisfaction with behavior of doctors/residents	0	4 (1.2)	332 (98.8)	0
Satisfaction with behavior of nursing staff	0	7 (2.1)	329 (97.9)	0
Satisfaction with behavior of lab staff	0	9 (2.7)	327 (97.3)	0
Satisfaction with behavior of class IV/supporting staff	0	10 (3)	326 (97)	0
Satisfaction with file management system	0	9 (2.7)	327 (97.3)	0
Overall satisfaction	0	9 (2.7)	322 (95.8)	5 (1.5)

Majority (97.6%) were satisfied with services (satisfactory to good) in the hospital and all (100%) were satisfied with behavior of doctors and other staff in the hospital (Table 5).

DISCUSSION

Health care is the most essential services required in the community for prevention, treatment, rehabilitation and preventive care. An efficient health care can significantly contribute to country's economy, development and industrialization. Unfortunately, due to increase in health care expenses and unexpected illness, many families or individuals pay for health services out of their own pockets and been pushed into poverty. The main aim of Universal Health Coverage (UHC) is to make the individual or community to access the health care they require without any financial hardship. So in order to achieve UHC, Ayushman Bharat scheme has been launched by the government of India.

Our study was a hospital based crossectional study conducted in the Inpatient Department (IPD) of Medicine and allied and Surgery and allied departments of Dr RPGMC hospital, Kangra at Tanda, Himachal Pradesh. In our study majority (54.5%) of patients received conservative treatment as compared to surgical treatment (45.5%). In a study by Sriee GV VP et al[14], among the families availed Ayushman Bharat scheme in the past 1 year (60), about 10 (16.67%) of them availed for medical conditions, 31 (51.66%) of them availed for surgical conditions and 19 (31.67%) availed for both medical and surgical conditions.

In our study, 99.1% of the study participants had ever heard about AB-PMJAY whereas in a study bt Prasad S et al[15] 49.3% had awareness about Ayushman Bharat. From the study by Sriee GV VP et al[14], it was found that among 300 households, 77.33% of the households were aware of Ayushman Bharat scheme. Almost similar results were obtained in survey conducted by the National Health Authority where awareness of Ayushman Bharat scheme is 80% in Tamil Nadu.

In our study, 49.4% of the study participants were aware of the coverage provided under AB-PMJAY and 35.1% knew about the type of care provided under AB-PMJAY. Only 11% were aware that the services are also covered by private hospitals and 34.5% knew that the services can be availed in other states also. In a study by Pugazhenthi V et al[16], 42% of the study participants were aware that AB-PMJAY offers a cover of up to 5 lakh, 23% were aware that benefits of the scheme are portable across the country i.e. a beneficiary can visit any empanelled public or private hospital in India to avail cashless treatment. In a study by Prasad S et al[15], 47.8% reported that the Ayushman Bharat card can be used for emergency purposes and only 32.3% of the study participants were aware that cards can be used in states other than the residential state. In our study, 6.8% were aware of grevience redressal system whereas in study by Pugazhenthi V et al[16], 15% had awareness regarding grievance redressal.

In our study, 99.1% of the study participants had heard about AB-PMJAY and Panchayat was the main source of information about AB-PMJAY among 92.6% of the study participants whereas in a study by Prasad S et al[15], in majority of study participants the primary source of information were friends/relatives 170 (30.9%), followed by ASHA/AWW/HCW that is 168 (30.5%).

In our study overall satisfaction was good in 95.8% and excellent in 1.5% of the study participants whereas in a study by Saxena N K et al[17] 77.5% were happy with health care services using ayushman services and approx 28.2% users rated excellent to this service.

Strengths and Limitations: Our study is a novel study as it has been conducted among patients receiving benefits under AB-PMJAY in a medical college. There is a paucity of published literature on assessment of awareness, utilization and satisfaction regarding services under Ayushman Bharat (AB-PMJAY) in the past under similar settings. The study had certain limitations also. The sample size of 336 was supposed to be distributed proportionately across Medicine and Surgery and their allied departments but due to COVID-19 pandemic it was distributed as 30.1% and 69.9% respectively, which further influenced our study and could have caused sampling and measurement bias.

CONCLUSION

In our study, 99.1% of the study participants had ever heard about AB-PMJAY, 49.4% were aware about the coverage under the scheme and 95.8% gave good rating under satisfaction regarding the services received in the health institution. Overall 45.5% of the study participants were able to get surgical services under AB-PMJAY at tertiary care centre thus has been proved to benefit the needy ones. There is need to create awareness regarding services under AB-PMJAY available at private health institutions, availability of services in other states and regarding grevience redressal system. There is need to sensitise Pradhan Mantri Arogya Mitra (PMAM) to send timely text messages regarding claim and other necessary information and to create a monitoring and evaluation system for a successful implementation of the scheme.

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