



A STUDY TO ASSESS AWARENESS, UTILIZATION AND SATISFACTION OF 'AYUSHMAN BHARAT – PRADHAN MANTRI JAN AROGYA YOJANA' (AB-PMJAY) IN AHMEDABAD DISTRICT

Community Medicine

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ABSTRACT

Background: With the view to achieve UHC, the Indian government launched Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana in 2018. It focuses on providing secondary and tertiary care services to the underprivileged section of the society. With the objective to assess the awareness, utilisation and satisfaction level of the beneficiaries, this study was conducted. **Methods:** In this descriptive cross-sectional study, 30 families who have enrolled in the scheme from each taluka of Ahmedabad were selected randomly. House to house visits were carried out to fill the pre tested and pre designed questionnaire and information regarding demography, awareness, knowledge and utilisation of PMJAY scheme were collected. All data entered and analysed in MS excel 2019. **Results:** In this study awareness regarding financial coverage under PMJAY was 67%, awareness regarding treatment packages was 53.66% and knowledge regarding private hospital empanelled under the scheme was 50.66%, but awareness regarding grievance redressal system was very less (5%). Almost three fourth (73.58%) beneficiaries had utilized services under PMJAY in the last three years. Most (97%) of the beneficiaries were satisfied with the services they received under PMJAY and 99% showed their willingness to avail benefit under PMJAY in future if need arises **Conclusion:** In this study awareness regarding financial coverage under PMJAY was 67%, awareness regarding treatment packages was 53.66% and knowledge regarding private hospital empanelled under the scheme was 50.66%, but awareness regarding grievance redressal system was very less (5%). In majority (74.66%) of beneficiaries all the family members were enrolled in scheme, but in some (25.33%) of the families all the family members were not included because of one or the other reasons. Most (97%) of the beneficiaries were satisfied with the services they received under PMJAY and 99% showed their willingness to avail benefit under PMJAY in future if need arises.

KEYWORDS

Ayushman Bharat, PMJAY, Awareness, Utilisation, Satisfaction

INTRODUCTION:

India is committed to achieving Universal Health Care for all by 2030, which is fundamental to achieving the other Sustainable Development Goals. Low Government expenditure on health has constrained the capacity and quality of healthcare services in the public sector. It diverts majority of individuals – about two-thirds – to seek treatment in the costlier private sector. Expansion of health insurance/assurance coverage is a necessary step, and a pathway in India's effort to achieve Universal Health Coverage.⁽¹⁾

However, low financial protection leads to high out-of-pocket expenditure (OOPE). India's population is vulnerable to catastrophic spending, and impoverishment from expensive trips to hospitals and other health facilities. The catastrophic effect of healthcare spending is not limited to the poor – it impacts all segments of the population. Pre-payment through health insurance emerges as an important tool for risk-pooling and safeguarding against catastrophic (and often impoverishing) expenditure from health shocks

With the view to achieve UHC, the Indian government launched Ayushman Bharat (2018), which caters to all the verticals of healthcare service delivery – primary, secondary and tertiary care. While the health and wellness centres (HWCs) aim delivery of an expanded range of services close to the community, Pradhan Mantri Jan Arogya Yojana (PMJAY) focuses on providing secondary and tertiary care services to the underprivileged section of the society. So far, a lot has been achieved through the initiative including benefits to nearly 4.23 Cr treated beneficiaries after four years of completion of scheme. However, a lot needs to be covered in terms of bringing synergy in both the programmes, overcoming the hurdles for a smooth operation and ultimately improving the healthcare status.⁽²⁾

PMJAY was conceptualized to provide financial protection against hospitalisation to the most vulnerable parts of our society. Gujarat is a Brownfield state as it had already existing Health Insurance Schemes for BPL families. Mukhyamantri Amrutam Yojana and MA Vatsalya Yojana were launched in 2012 and 2016 to provide financial assistance to poor and vulnerable. After the launch of PMJAY, Both the above state government schemes were merged with PMJAY which is now called as PMJAY-MA

For the successful implementation of a programme, it is required that those areas which require improvement should be addressed whether it is at policy level or operational recommendations. With this ground this study was conducted

MATERIALS AND METHOD:

One PHC from each block of Ahmedabad was selected randomly. From each PHC 30 samples are taken (Total N = 300). From selected PHCs 30 houses were selected randomly and data was collected using pre tested pre designed proforma. Analysis was done using Microsoft Excel 2019.

RESULTS:

Table 1: Awareness Regarding The Financial Coverage, Empanelled Hospitals, Treatment Packages Covered Under Pmjay & Grievance Redressal System (n=300)

Awareness	YES	NO
Financial Coverage	201(67%)	99(33%)
Empanelled Hospitals	152(50.66%)	148(49.33%)
Treatment Packages	161(53.66%)	139(46.33%)
Grievance Redressal System	15(5%)	285(95%)

Table 1 shows that almost two third of the respondents (67%) were aware about the financial coverage provided under PMJAY. Only about half of the respondents were aware about the nearby empanelled hospitals (50.66%) and the treatment packages covered under the scheme (53.66%). Only 5% respondents knew about the helpline number (14555) or online portal to register grievance in case of any refusal or problem with hospital

Table 2: Enrolment Of The Beneficiaries In Household (n=300)

Enrolment of all the beneficiaries in Household	Frequency	%
All the beneficiaries enrolled in Household	224	74.66
≥ 1 beneficiary not enrolled in Household	76	25.33
Total	300	100
Enrolment of the beneficiaries in Study Population	Frequency	%
Total Number of enrolled Beneficiaries	1309	91.79
Total Number of non-enrolled Beneficiaries	117	8.20

Total	1426	100
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Table 2 shows that in almost three fourth (74.66%) of the families, all the members of the family were enrolled in the scheme but in one fourth (25.33%) of the families one or more members were not enrolled in the scheme. Table 3 shows that almost majority (91.79%) of the beneficiaries in the study population were enrolled in the scheme, only few of the beneficiaries (8.20%) were not enrolled in the scheme due to various reasons

Table 3: Difficulties Faced By The Beneficiaries In The Process Of Enrolment (n=300)

Difficulties faced for the enrolment process	Frequency	%
Yes	55	18.33
No	245	81.66
Total	300	100
Type of Difficulty	Frequency	%
Server Problem	15	27.27
Rude Staff	05	9.09
Bribe taken	02	3.63
Biometric Problem	04	7.27
Incomplete Documentation	29	52.72
Total	55	100

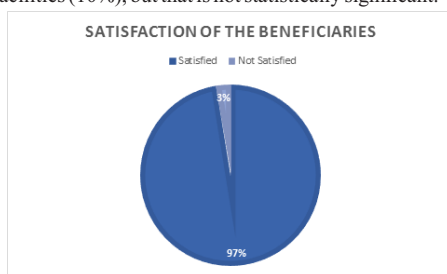
Table 3 shows that some (18.33%) of the beneficiaries faced the difficulties for the process of enrolment. The major difficulty faced by the beneficiaries was incomplete or incorrect documents (52.72%). Other than that, one fourth (27.27%) beneficiaries have faced the difficulty due to server problem & poor internet service available at the enrolment kiosk

Table 4: Out Of Pocket Expenditure For Hospitalization (n=78)

Out of pocket expenditure	Admitted in Government/Grant in aid/Trust Health Facilities	Admitted in Private Health Facilities	Total
Yes	01(3.57%)	09(18%)	10(12.82%)
No	27(96.42%)	41(82%)	68(87.17%)
Total	28(100%)	50(100%)	78(100%)

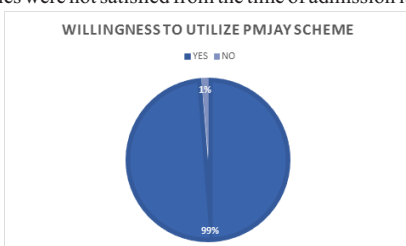
$\chi^2 = 2.17$ (with Yates correction), $df=1$, $p=0.140$

Table 4 shows that majority (87.17%) of the beneficiaries mentioned spending no money at the hospital. 12.82% of the beneficiaries had to spend on either drugs, dressing material and extra service charges in private hospitals. Average Out of Pocket expenditure was Rs.5,330 (Range – 800-15000). Beneficiaries had to do out of pocket expenditure in private health facilities (90%) compared to government health facilities (10%), but that is not statistically significant.



Graph 1: Treatment satisfaction of the beneficiaries under PMJAY (N=78)

Graph 1 depicts that an overwhelming majority (97%) of the enrolled and hospitalized beneficiaries expressed their full satisfaction with the services offered by the hospital under PMJAY scheme. Only 3% of the beneficiaries were not satisfied from the time of admission itself.



Graph 2: Willingness to utilize PMJAY Golden card if need arises (N=78)

Graph 2 shows that except for one beneficiary all the beneficiaries were willing to avail the services again in case the need arises. Only 1 beneficiary who had bad experience during the time of admission in a government health facility in a case of polytrauma was not willing to utilize the scheme again if need arises

DISCUSSION:

Present study was carried out to understand the implementation of this scheme and to assess the level of awareness, satisfaction and utilisation by the key beneficiaries in Ahmedabad district. Total 300 Households with 1426 study population were covered from all nine rural and one urban block of Ahmedabad district. The average family size in the study population was 4.75 & the average age of the study population was 34.10 years.

We asked the beneficiaries about the financial coverage provided under PMJAY. Majority (67%) knew about the financial coverage being provided under PMJAY. In a study carried out in the rural coastal area of Tamilnadu in the year 2020 by Dr. V. Pugazhenthil et al the awareness about financial coverage was found 42% in beneficiaries.⁽³⁾ Present study shows that only 5% respondents knew about the Grievance redressal system while in a study done in Thanjavur district, Tamilnadu by Dr. V. Pugazhenthil et al awareness regarding Grievance redressal system among beneficiaries was around 15%.⁽³⁾

In 2018 when the scheme was launched the family used to get only one card in the name of head of the family, but nowadays each of the family member gets separate Ayushman golden card. In this study majority (74.66%) of the families were enrolled and had individual cards for each member. But in rest of the families (25.34%), all the family members could not be enrolled and get separate cards due to various reasons. It was observed that in 36.75% cases the family member was absent at the time of enrolment. In some of the cases (31.62%) their names were missing in the ration card or due to technical errors (25.64%) at the time of enrolment. In a study carried out by Sheshadri T. & others on RSBY Patan, major reason cited for non-enrolment was that beneficiaries were not present at the time of enrolment.⁽⁴⁾

Apart from the accessibility of the health care facilities, out of pocket expenditure is one of the important indicators of health insurance scheme. PMJAY scheme is launched with the objective to decrease OOPEx and increase universal health coverage to achieve one of the SDGs. Present study shows that out of those beneficiaries who utilised the scheme, 12.82% had to spend money during or post hospitalization which was similar to the finding in a study conducted by Shree G V et al.⁽⁵⁾

Reports of patient satisfaction are a common and important measure of the experience of receiving care in the hospital. Satisfaction ratings give the patient an opportunity to weigh the factors that are important to him/her and provide a summary of how well care was delivered from the patient's perspectives. 97% of the beneficiaries were fully satisfied with the services provided under PMJAY. In a study conducted by Netra G. et al satisfaction was found 93.4% in the beneficiaries.⁽⁶⁾

Another important indicator to measure the success of programme is to understand from the beneficiaries whether they would be willing to avail the benefit of the scheme further. Majority (98.97%) of the beneficiaries were willing to utilize the scheme again if the need arises. The study conducted by Trivedi M et al in the early phase of the scheme during 2019 in Gujarat shows the satisfaction and willingness to utilize was around 82%.⁽⁷⁾

CONCLUSION:

In this study awareness regarding financial coverage under PMJAY was 67%, awareness regarding treatment packages was 53.66% and knowledge regarding private hospital empanelled under the scheme was 50.66%, but awareness regarding grievance redressal system was very less (5%). In majority (74.66%) of beneficiaries all the family members were enrolled in scheme, but in some (25.33%) of the families all the family members were not included because of one or the other reasons. Although services are free, users faced costs for unavailable drugs, diagnostics and in some cases extra stay charges in private hospitals. Almost 12.82% of the beneficiaries had to bear out of pocket expenditure during hospitalization. Most (97%) of the

beneficiaries were satisfied with the services they received under PMJAY and 99% showed their willingness to avail benefit under PMJAY in future if need arises.

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