

Evaluation of PM-JAY Health Insurance Scheme Services Utilization by Eligible Families of Visnagar Taluka, Mehsana District, Gujarat

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Abstract

Introduction: Ayushman Bharat Yojana, also known as the Pradhan Mantri Jan Arogya Yojana (PMJAY), is a scheme that aims to help economically vulnerable Indians who are in need of health care facilities. Scheme was launched in 2018 and covers 50 crore citizens in India. It is claimed to be largest government funded health scheme globally. After its launch around 3 years has passed and not any concrete evaluation data of this scheme is available for Gujarat. So, Evaluation of this scheme from beneficiary perspective will help Government to make it more accessible to families, to know the hurdles faced by families to get benefits of scheme and for better implementation of scheme.

Objectives of the study: 1. To know knowledge and awareness about components of PM-JAY scheme to its beneficiaries. 2. To know utilization rate of PM-JAY scheme by beneficiaries 3. To know Out of Pocket Expenditure (OOPE) of families who have utilized PM-JAY scheme 4. To know reasons/ hurdles for not utilizing benefits of the scheme.

Basic procedures and methodology: A Cross sectional study was conducted with stratified random sampling and according to Probability Proportion to Size of Visnagar Taluka by this way 118 families from Visnagar Urban and 240 Families from Visnagar Rural were selected and total sample size covered was 358 families. Hospitalization data of last one year was inquired and questions were asked to beneficiary families.

Important findings: Coverage rate of PM-JAY scheme was 82.6%. Families don't know whether a particular medical condition was covered under PM-JAY scheme, was the commonest reason for Non-utilization of the scheme. Problems at registration/ Initial phase in healthcare facilities, financial expenditure on medicines, follow up related problems and wage loss related problems were the commonest problems faced by the PM-JAY Yojana beneficiaries.

Principal conclusions: Out of Pocket Expenditure (OOPE) on outside medicines and other things purchase from patient side should be decreased. Special attention should be provided on patients wedge loss.

Keywords: AB-PMJAY, Utilization, Out of Pocket Expenditure, Visnagar

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Introduction

India is one of the developing country in the world having 1.3 billion population, of which 66% of population resides in rural area and 34% resides in urban area. [1] According to World Health Organization (WHO), Universal Health Coverage (UHC) is to enable all people and communities to use promotive, preventive, curative, rehabilitative, and palliative health care services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. It incorporates equity in access, quality, and financial risk protection. [2] Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), the government scheme to make healthcare facilities available and accessible to the economically weaker segment of the population is indeed one such step. The year 2020 is witnessing further footsteps to empanel more healthcare providers, especially in small towns, towards the aim of having 1.5 lakh Health and Wellness Centres and covering at least 50 crore beneficiaries from 10 crore financially vulnerable families under Rs. 5 lakh per family per year coverage in secondary and tertiary care hospitalization by 2022. With an aim to bring low-cost treatment close to people's homes while targeting non-communicable diseases, maternal and child health as well as to provide essential drugs and diagnostic services at affordable prices, the government regulations are paving the way for enhanced and customized infrastructure, facilities and technology for creating bigger and collaborated footprints in the country. [3] After its launch around 3 years has passed and not any concrete evaluation data of this scheme is available for Gujarat. So this study was carried out to know

knowledge and awareness about components of PM-JAY scheme to its beneficiaries, to know utilization rate of PM-JAY scheme by beneficiaries, to know Out of Pocket Expenditure (OOPE) of families who have utilized PM-JAY scheme. Evaluation of this scheme from beneficiary perspective will help Government to make it more accessible to families, to know the hurdles faced by families to get benefits of scheme and for better implementation of scheme.

Methods

This was cross sectional study carried out in Visnagar Taluka, Mehsana District. As no any previous authentic data was available for utilization of scheme by the beneficiaries, assumption was made that 50% of beneficiaries have taken services of PM-JAY scheme. So, prevalence (p) is of 50% and by keeping allowable error (l) of 5%, obtained sample size were 400 by $4pq/l^2$ formula. Due to on-going covid pandemic we were able to enrol 358 study participants. Stratified Random Sampling for division at urban and rural area and then simple random sampling was used. At first stratification was done at the level of Visnagar Rural and Urban area. And further stratification was according to No. of PHCs. List of eligible families was obtained from appropriate authorities and further simple random sampling method was used for selecting the families. After obtaining permission from Institutional Ethics Committee, data was collected from June 2021 to September 2021. Any hospitalization history of last one year was sought and if admitted data was collected for their expenditure. Pre formed semi structured questionnaire was used. While inquiring about expenditure first preference was given to expenditure data from hospital and medicine bills. If bills

were not available, then verbal response was considered only if the respondent was competent. Regarding travel expenses verbal information was considered.

Statistics

Data was entered in Microsoft Excel 2016 and analysis was done by Epi-Info software version 7.2. Qualitative or categorical variables were expressed in terms of frequency and percentage. Quantitative variables were expressed in terms of mean and standard deviation.

Results

Out of total 358 families covered in the study, 118 (33.0%) belonged from urban area while 240 families belonged from rural area. Out of total 358 families around two thirds (65.9%) of families were Nuclear family while around one third (34.1%) of families were joint families. Around two third of family's (62.6%) beneficiaries were in between 3-6 numbers. Around one fifth (17.8%) of families had only 2 beneficiaries and 70 (19.6%) of families were having more than 6 beneficiaries. Regarding occupation of head of family, around one fourth (27.5%) of participants were working as a labourer followed by 21.7 % of participants were having job. Around one fifth (18.7%) of participants were involved in farming while 8 participants were working as a housemaid. Along with PM-JAY Yojana, around half of study families (42.3%), were also taking benefits of MA Yojana which is very well known health insurance scheme of Government of Gujarat.

Regarding Knowledge component of PM-JAY, when asked to family from where they came to know about the scheme, around two third (63.4%) of families have answered the source of knowledge was health care workers followed by Mass media was source of information in around one third (32.8%) of study participant. Majority of the families (78.5%) had collected their PM- JAY cards from Health care facility and around one fifth (20.7%)

of families have collected their PM-JAY cards from Civic centre. Only 2 families have directly received card to their home. When asked about number of visits they have to do to get PM-JAY card, more than two third (66.85%) of the beneficiaries gave response that they had to visit only once to get the card. 86 beneficiary families had to visit twice and 32 families have to visit more than twice to get the card. Regarding benefits of the scheme, More than two third (67.3%) of Family had knowledge about cover of Rs. 5 lacs/ family were given. Similarly, more than two third (66.7%) of families had knowledge about availability of cashless access of all healthcare services for beneficiary at hospitals. More than half (56.7%) of families knew from where they can avail the benefits of the services. Only 53 beneficiary families were able to answer certain diseases/ procedures that is covered under the scheme and only 6 families were able to answer about the information that Yojana covers 3 days of pre hospitalization to 15 days' post hospitalization expenses. As mentioned in Graph 1, out of eligible 358 families, 296 (82.6%) families had taken benefit of PM-JAY scheme for different diseases and procedures while 62 families who were eligible for taking treatment of PM-JAY but due to different reasons they were not able to take the benefits. Out of 62 families who had not taken benefit of PM-JAY Scheme 41 families answered that they didn't knew that whether that particular medical condition was covered in PM-JAY or from where they have to get treatment of it. 9 families had told that hospital have denied treatment with PM-JAY facility. 8 families have responded that due to emergency condition they didn't had time for reaching PM-JAY facility. While 4 families have given response that hospital was far away from home. Average expenditure was found out for the families according to major expenditure headings. Out of 296 families who had taken benefit of PM-JAY scheme 26 families have to

spend money even after taking benefits of scheme.

Out of 296 beneficiary families who have taken benefits of PM-JAY scheme, 19 (6.4 %) families had to spend money on case fees, mean amount of which was Rs. 492. 14 (4.7 %) families had to spend money on medicines, mean amount of which was Rs. 1498. 9 families had to spend money on clinical test which was Rs.2304. 7 families had to pay mean amount of Rs. 336 for clinical consultation. Despite taking benefits of PM-JAY, 2 families had to spend money on clinical procedure and surgery which was 10000 Rupees. On inquiring about whether any difficulties were faced by families while taking benefits. 46 families have responded that they found difficult process at registration counter regarding registration or cashless registration. 21 families have told that they had to spend some amount of money even though scheme give complete cashless benefits or they have to spend some amount of money on taking medicines or other instruments from outside. 39 families

had informed that they face some problem regarding some components of treatment not being included in PM-JAY or for some component they have to show at different facility/ doctor. 22 families had told that especially in the conditions of dialysis, follow up problems are more as they had to continuously visit the facility. 18 families have faced problems that hospital initially denied to accept the card. Out of 296 families, 104 beneficiary families had to suffer some amount of financial loss while taking treatment of medical conditions while 192 families didn't suffer any financial loss while taking treatment. Out of 104 families who suffered financial loss almost all of them had daily wages loss due to admission, 09 families had to spend money from their savings and 6 families had to borrow money from family/ friends to spend money on health care. Remarkable finding is no family had to sell any household asset or had to take any loan from bank or other organization to combat healthcare expenses.

Table 1: Knowledge Regarding Scheme

	N	%
Sources of Knowledge regarding PM-JAY Scheme		
Health care worker (ANM/ ASHA/ CHO/AWW)	227	63.4
Mass Media (Television, Newspaper, Radio, Internet)	117	32.8
Friends/ Colleagues/ Neighbours	14	3.8
Total	358	100.0
Source of getting PM-JAY card		
Health Facility	282	78.5
Civic body	74	20.7
Directly came to home	2	0.8
Total	358	100.0
Knowledge about Benefits of scheme		
Benifits	Yes	%
Cover of Rs. 5 lacs for family	241	67.3
Cashless access all healthcare services for beneficiary at hospitals	239	66.7
Places from where the benefits can be availed	203	56.7
No restriction on family, size or gender	153	42.7
Type of diseases/ procedure covered	53	14.8
Covers 3 days of pre hospitalization to 15 days post hospitalization	6	1.7

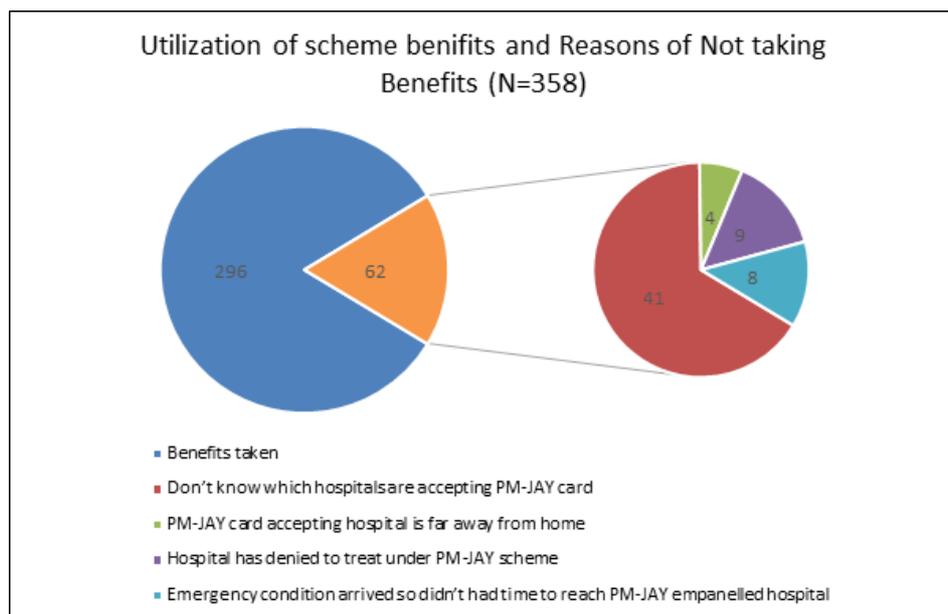


Figure 1: Utilization rate and reasons for Non Utilization

Table 2: Expenditure beneficiary has to incurred while taking treatment under PM-JAY (N=296)

Types Expenditure	No. of families have to spent N (%)	Mean amount
Transport	52 (17.6)	492
Case fees	19 (6.4)	290
Medicines	14 (4.7)	1498
Expenditure on Clinical test	9 (3.0)	2304
Clinical consultation	7 (2.4)	336
Clinical procedure/ Surgery	2 (0.7)	10000

*Multiple responses are possible

Table 3: Financial loss and its type suffered by family while taking treatment from PM-JAY

Financial loss suffered (N=296)	N	%
No	192	64.8
Yes	104	35.2
Type of financial loss (N=104)		
Loss of wages	103	99.0
Loss of savings	09	08.6
Borrow money from family/friends	06	05.8
Selling of household assets	0	00.0
Loan from organizations/ bank	0	00.0
Others	0	00.0

Table 4: Difficulties faced while taking treatment from PM-JAY (N=296)

Types Difficulties	Yes	%
Problems at registration/ Initial phase in healthcare facilities	46	15.5
Financial expenditure on medicines and other modalities	21	7.1
Treatment components related problems	39	13.2
Problems at follow up	22	7.43
Card acceptance related problems	18	6.1

Discussion

Out of total 358 families covered in the study, majority of scheme benefits availing families were in between 3-6 members and nuclear families. Secondary school education followed by no formal education was the commonest education type in beneficiary's family which generally matches with the type of target population selected in PM-JAY Scheme. Study done by Nishu Jha et al., in Uttarakhand [4] shows findings on similar trend that more than half of the study population had studied up to Primary level. As described in results, scheme targets mainly the people who might not been in a position to afford any other paid insurance scheme. Due to very well utilization of Mukhyamatri Amrutam (MA) Yojana implemented by Government of Gujarat. Government has merged both the schemes (PMJAY and MA) so that wider population can utilize benefits of both the schemes.

Regarding Knowledge component of PM-JAY, when asked to family from where they came to know about the scheme, around two third (63.4%) of families have answered, the source of knowledge was health care workers followed by Mass media (32.8%). According to Study done by Nishu Jha et al., [4] found that Newspaper (74%) was their main source of knowledge about the scheme. Majority of the families (78.5%) had collected their PM- JAY cards from health care facility. More than two third (66.8%) of the beneficiaries gave response that they had to visit only once to get the card. These findings suggest that health care authorities as well as health care centres were the main source of knowledge as well card collection centres and health care staff has worked well for implementation of scheme.

Regarding benefits of the scheme, more than two third (67.3%) of families had knowledge about cover of Rs. 5 lacs/ family were given. A study by A.

Pugazenthi et al., in Tamilnadu [5] found 42% awareness regarding 5 lakhs coverage under PMJAY scheme. Similar findings observed by Nishu Jha et al [4] that shows 61% awareness in family regarding monitory cover. Similar response was found regarding Cashless access and place of benefits (empanelled hospitals). But lack of knowledge was observed regarding which diseases/ procedures are covered and pre and post hospitalization expenses coverage. In the study done by Dr. V.Pugazhenthhi et al., [5] similar kind of findings were observed that only 29% of families were aware about the benefits period. These findings suggest that still there is a lack of adequate knowledge about conditions that are covered in PM JAY scheme as well as nearby facilities and duration for which the benefits are covered under PM-JAY scheme. Utilization rate of PM-JAY scheme in Visnagar Taluka was 82.6% which is very good, while 62 families who had not availed the benefits could also have been covered with proper knowledge of the services and facilities. Responses for reasons regarding not taking the benefits of PM-JAY were unawareness about medical conditions covered under the scheme or unawareness about the hospitals which are empanelled with scheme. This can be improved by good Information Education and Communication activities. Denial of PM-JAY facility to treat the patient was a worrisome finding that should be looked in to and reasons to be identified and sorted out.

As shown in Table no. 02, out of 296 beneficiary families who have taken benefits of PM-JAY scheme, 19 (6.4 %) families had to spend money on case fees, mean amount of which was 492 rupees. 14 (4.7 %) families had to spend money on medicines, mean amount of which was 1498 Rupees. 9 families had to spend money on clinical test which was 2304 Rupees. 7 families had to pay mean amount of 336 Rupees. Despite taking

benefits of PM-JAY, 2 families had to spend money on clinical procedure and surgery which was 10000 Rupees. Study done by Nishu Jha et al., [4] showed most of the families didn't have to pay any amount for treatment and in the few cases in which family had paid money for treatment following mean expenditure was recorded, 739 Rupees spent on Investigations, 1038 rupees for medicines, 978 rupees for food and mean 2612 rupees for transportation so, overall mean expenditure per family was 4283 rupees. Study conducted by Samir Garg et al., [6] in Chhattisgarh state has found mean expenditure under PMJAY in Government Hospital is of rupees 3078 and in private facilities of rupees 19315 which is on a higher side in compared to present study. So, still in some private facilities and in some medical conditions there is a significant amount of Out-of-Pocket Expenditure (OOPE) done by families which needs to be covered. There are still difficulties at hospital level starting from entry at registration counter, medicines and other instrument purchase from outside, multiple specialities inclusion and follow up inclusion criteria. In PM –JAY Yojana utilizing beneficiaries 35.1% of families had suffered some financial loss Another important finding was most of the financial loss was in form of daily wage loss in PM JAY beneficiaries. Other type of financial losses like spending from their savings, selling household assets and borrowing money from friends/families were minimal while in other research studies this expenditure was more which suggests that PM-JAY is definitely succeeding to reduce the health care expenditure of families. [7]

Conclusion

PM-JAY was launched with the concept to fulfil the goal of “Universal Health Coverage” in and to provide all the required secondary and tertiary level care to the neediest population who generally lacks the financial stability. Present study

was done to know about the beneficiary perspective about the scheme. And it is concluded that the utilization rate is good in beneficiaries and OOPE is very less in the beneficiaries in compare with other schemes. but still there is lack of adequate knowledge about all the benefits of scheme and financial component.so, some steps should be taken like of, implementation of Application based, or kiosk-based information availability should be provided. More multi-speciality hospitals should be attached. Out of Pocket Expenditure (OOPE) on outside medicines and other things purchase from patient side should be decreased. Special attention should be provided on patients wedge loss and transport money loss reimbursement

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