Original Research Article

Utilization and impact of Ayushman Bharat – Pradhan Mantri Jan Aarogya Yojana (AB-PMJAY) among Rural Population of Ayodhya: A Community Based Study

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Abstract

Background: Universal health coverage targets that all individuals and communities receive the health services they need without suffering financial hardship. The PMJAY- Ayushman Bharat was launched on 23rd September 2018, to achieve the vision of Universal Health Coverage (UHC) to meet Sustainable Development Goals (SDGs) and its underlining commitment, which is to "leave no one behind." This study was done to know about the impact and utilization of this scheme at the level of rural community.

Material & Methods: Cross sectional study was done in rural area of Ayodhya.Computer generated random numbers were used to select households among people enlisted under Ayushman Bharat beneficiary list, 375 respondents were selected. A pretested semi structured questionnaire was used. Data was entered in Microsoft Excel sheet and analyzed using SPSS software version 20.

Results: A total of 183 (48.8%) families had received the golden card and 74 (40.44%) families with golden card have utilized the card. Most common claims were in the range of Rs 10000-50000. Most common reason which emerged as barrier of card utilization was discrepancy in name on Aadhar & Golden card. Catastrophic health expenditure was incurred upon a total of 11(2.9%) families who had to self-pay for the health expenditure.

Conclusion: AB PMJAY has targeted to address financial health security in a very elaborative manner but still the barriers exist due to which the utilization is less. Our study can provide a scoping base to make it more user friendly and useful by addressing the barriers of utilization and enhancing the spectrum of packages such as outpatient care expenditures so as to achieve the goal .

Keyword: Catastrophic health expenditure, Golden card, Universal health coverage, Ayushman Bharat

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Introduction

Universal health coverage targets that all individuals and communities receive the health services they need without suffering financial hardship. Protecting people from the financial consequences of paying for health services out of their own pockets reduces the risk that people will be pushed into poverty because unexpected illness requires them to use up their life savings, sell assets, or borrow – destroying their future and often those of their children. The PMJAY- Ayushman Bharat was launched on 23rd September 2018, to achieve the vision of Universal Health Coverage (UHC) to meet Sustainable Development Goals (SDGs) and its underlining commitment, which is to "leave no one behind. "Over 10.74 crore poor and vulnerable entitled families (approximately 50 crore beneficiaries) are eligible for these benefits.[1]

Ayushman Bharat is an attempt to move from sectoral and segmented approach of health service delivery to a comprehensive need-based health care service. This scheme aims to undertake path breaking interventions to holistically address the healthcare system (covering prevention, promotion and ambulatory care) at the primary, secondary and tertiary level. Ayushman Bharat adopts a continuum of care approach, comprising of two inter-related components, which are -Health and Wellness Centres (HWCs) and Pradhan Mantri Jan Arogya Yojana (PM-JAY).

Ayushman Bharat PM-JAY is the largest health assurance scheme in the world which aims at providing a health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 10.74 crores poor and vulnerable families that form the bottom 40% of the Indian population. The households included are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively. PM-JAY was earlier known as the National Health Protection Scheme (NHPS) before being rechristened. It subsumed the then existing Rashtriya Swasthya Bima Yojana (RSBY) which had been launched in 2008. The coverage mentioned under PM-JAY, therefore, also includes families that were covered in RSBY but are not present in the SECC 2011 database. PM-JAY is fully funded by the Government and cost of implementation is shared between the Central and State Governments.

The incidence of Catastrophic Healthcare Expenditure (CHE) is growing and is now estimated to be one of the major contributors to poverty. Health care costs are more impoverishing than ever before and almost all hospitalizations, even in public hospitals leads to CHE and over 63 million people are facing poverty every year due to health care costs alone in India.[2]Healthcare access in India is affected with 70:70 paradox; 70 per cent of healthcare expenses are incurred by people from their pockets, of which 70 per cent is spent on medicines alone, leading to impoverishment and indebtedness.[3] Penetration and utilization of the insurance schemes into the rural areas is not well studied so this study was done with the objectives of -

1. Utilization of Ayushman Bharat – Pradhan Mantri Jan AarogyaYojana (AB-PMJAY) scheme
2. Barriers for utilization of this scheme
3. Catastrophic health expenditures of the families in the study

Material and Methods:

Study Design: It was Cross sectional study.

Study Period: October 2021 to December 2021

Study Area: Villages that come under CHC, Masaudha which is the field practice area of department of Community Medicine, Rajarshi Dashrath Autonomous State Medical College, Ayodhya was the study area.Masaudha is in the Ayodhya district in the Indian state of Uttar Pradesh, India. Masodha is 6 km south of the district magistrate's office in Ayodhya.

Sample Size: As per NFHS-5 (2019-21) the households covered under a health insurance scheme is 42.4%(Rural).[4]Minimal sample size '*n*' for random sample at 95% confidence level (CL) with finite universe of 283625 (Population covered by CHC,Masaudha) and absolute precision ('*d*') as 5 , the sample size was computed to be 375 (*Epi Info 7*).

Sampling Technique: Computer generated random numbers were used to select households among people enlisted under Ayushman Bharat

beneficiary list. Head of the family or in his absence the eldest member who was willing to respond was taken as the respondent of the questionnaire.

Inclusion Criteria: All families selected by random numbers and consenting to participate in the study were included in the study.

Exclusion Criteria: Households that were locked on 2 consecutive visits were excluded from the study and the next house from the list was selected.

Tools: A pretested semi structured questionnaire was used. The tool was administered by the research team along with the ASHA worker of the community. The tool comprised of – Socio demographic details; awareness about the scheme; utilization; out of pocket expenditure in last 1 year on health; reasons for non-utilization; reasons for non-enrollment if eligible (in individuals who were not enrolled). OOPE (Out of Pocket Expenditure) will include data on treatment procedures/implants, investigations, medicines, food, travel and stay.

Data Analysis: Data was entered in Microsoft Excel sheet and analyzed using SPSS software version 20. Descriptive statistics, Chi-Square test were used for analysis and results were presented in the form of tables and figures. Catastrophic health expenditure was calculated by considering total health expenditure spent by households annually for all type of health services and the annual income of the household. The health expenditure was said to be catastrophic when the total health expenditure is more than 10% of the annual income.[3]

Results

The total population catered by CHC Masaudha (study area) is 283625. The total beneficiaries entitled for Golden card is 78727 (27.76%) in this area. As of 1st Jan 2022, a total of 28660 (36.4%) card has been distributed.(Fig 1)

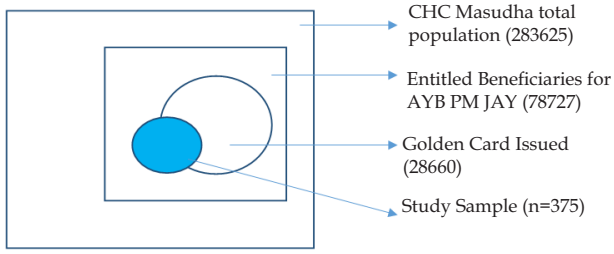

Fig 1: Venn Diagram representing the entitled beneficiaries and study population.

A total of 183 (48.8%) cards has been distributed among the study population. Age group who have utilized the golden card ranges from neonates to geriatric age group (72 years).A total of 12 (3.2%) families were utilizing other health insurance schemes. There were 8 (2.1%) families in which more than one member utilized the card.There were 74 families (40.44%) who have ever used the golden card and 109 (59.56%) families who have never used the golden card. The year-wise distribution and the type of facility where the card has been used is shown in Table 1.

Table 1: Frequency of card used year wise, type of facility where used & unable to use

Year	2018	2019	2020	2021	TOTAL (n=375)
Total Cards Made	10	42	60	81	183 (48.8%)
No. of cards used (Private + Govt)	26 (17+9)	21 (16+5)	18 (15+3)	9 (7+2)	74 (40.44%)
Not able to use / Self paid(among those who had Golden card{256})	7	2	5	1	15 (5.85%)*

Amount provided by Golden card is represented in Fig: 2. The mean amount provided by Golden card per episode was Rs.30324.32. The amount provided by Golden card ranged from Rs.2000 to Rs.4 Lakhs. The mean amount paid by users (Total=15) who were not able to use Golden card or were not having golden card was Rs 57133.33.(Range Rs 3000-300000).

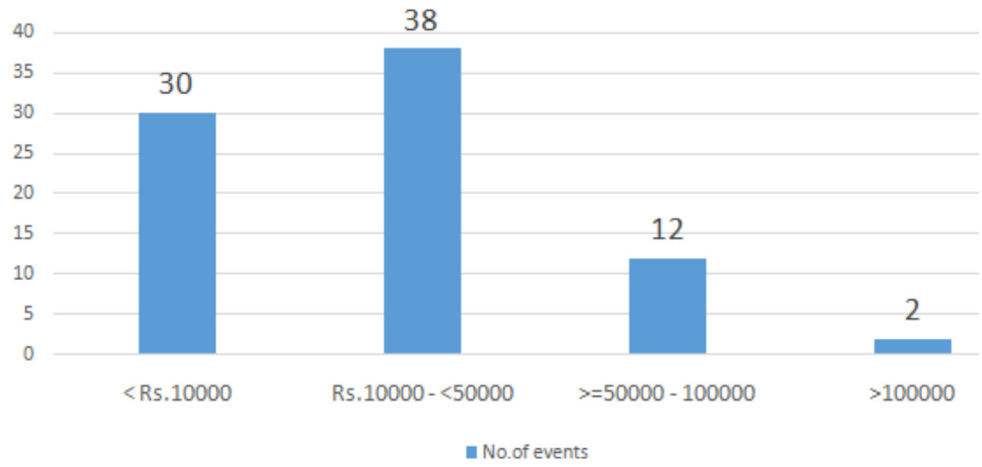

Fig 2: Amount provided by Golden Card to the beneficiaries

The Golden Card was utilized in the below mentioned categories (as per ICD 11 morbidity & mortality statistics.(Table 2)

Table 2 Golden Card utilization according disease

Diseases of the digestive system	14
Pregnancy, childbirth or the puerperium	13
Diseases of the visual system	10
Diseases of the musculoskeletal system or connective tissue	8
Diseases of the genitourinary system	8
Endocrine, nutritional or metabolic diseases	8
Diseases of the circulatory system	6
Others	4
Neoplasms	3
Injury, poisoning or certain other consequences of external causes	2

Out of the total amount provided by Golden card to the beneficiaries, the type of services for which it was used (as reported by the respondents) is as represented in the Fig:3.

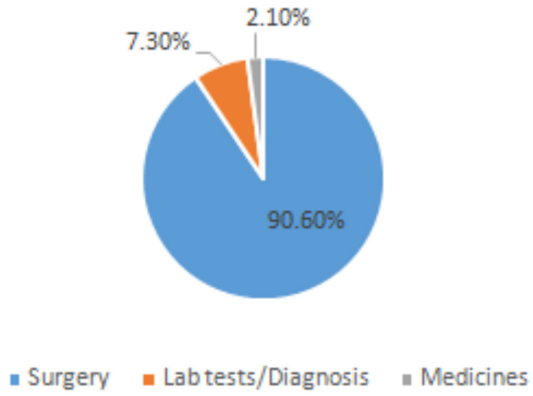

Fig 3: Type of service

The following enlisted reasons came out when asked about the reason for not being able to use card. Fig 4 (Barriers for utilization of card)

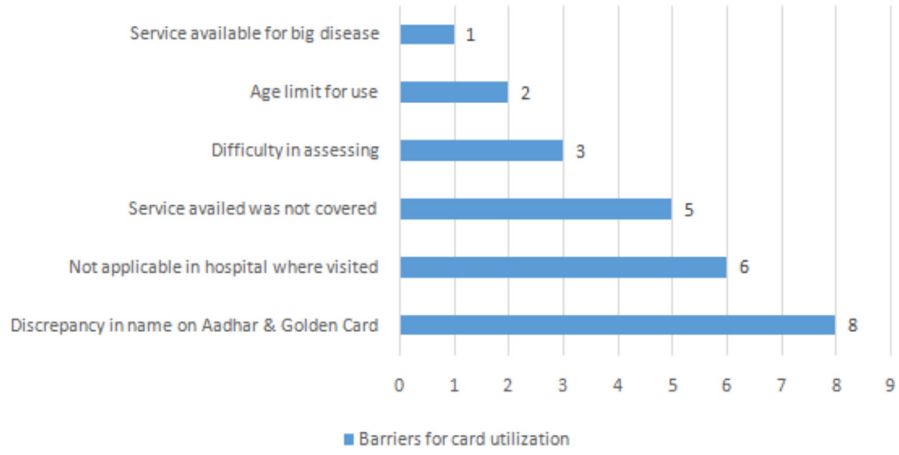

Fig 4: Barriers for card utilization

Unawareness about the scheme and the place where it will be made came out as the primary reason when asked by entitled beneficiaries who have not received the Golden Card yet.

Catastrophic health expenditure was incurred upon a total of 11(2.9%) families among who had to self pay for the health expenditure. A total of 37 (9.8%) families were saved from catastrophic health expenditure by using the benefits of AB PMJAY.

Discussion

The total verified users to whom golden card was issued among the eligible beneficiaries was 48.8% (183 families) in our study. In UP golden cards have been distributed to 32.42% of the eligible families.[6] Better coverage in our study area reflects the penetration of awareness programs and better accessibility to the center. Almost three fourths (74.32%) of the total golden card utilization was done in private hospitals which clearly shows that more and more private hospitals should be empanelled and services which are not available in government set ups should be made available so that the public can take its benefit without facing any financial hardship.While analysing the access to specialties across the states, the share of public sector was high in providing care for tertiary care packages.[7] Given the large evidence base suggesting that public facilities have poor infrastructure, under-staffing and lack of equipment and medicines , it is unclear how PMJAY empanelment relates to the service design at the public primary care level.[8-10]

The mean amount provided by the golden card was Rs 30324 per event which is a huge amount when we consider the class of families to whom this program is targeted. A total of 37 (9.8%) families were saved from catastrophic health expenditure by using the benefits of AYB JAY in our study. This figure along with the families who faced CHE corresponds to other studies wherein incidence of CHE was 10.94-16.51%.[11]The policy makers should consider including outpatient expenditure as part of AB PMJAY claims because almost 55% of theout of pocket expenditure is made as outpatient expenditure.[12] Moreover daily wage earners tend to avoid hospitalization due to fear of loss of daily income.

Limitations: The verification of hospital bills/ documents about the amount spent/given by families/golden card was not possible due to absence of bill. It was Verbally conveyed by the beneficiaries.

Recommendations:

- IEC(Information Education and Communication) to be strengthened regarding usage and benefits of AYB-JAY. Focused group discussion should be carried out in targeted areas so that community get to know about the utility and importance of the scheme.
- More extensive studies needed to be done to find out the reason for OOPE even after availing the insurance scheme.
- No denial of services to be assured at all levels,there should be some mechanism to keep a check on empanelled hospital who ask for payment from the enrolled people or deny to provide the services to the enrolees
- Grievance redressing mechanism/ help desks to be strengthened.

Conclusion

Social security is a fundamental right of every citizen, irrespective of Socioeconomic status.There are many government and non-government insurance processes in India, but our ultimate goal should be to reach social security to a lower class whose level of education is low, so that we can achieve universal health coverage.There were many loopholes in the design of RSBY which was launched in 2008, the awareness depth of RSBY was only superficial, IEC measure were not satisfactory, implementation at the hospital level was also disappointing, upper limit of maximum benefits was only Rs 30,000/- per family, renewal of card yearly, Rs 30/ Card making charge and the clause in RSBY enrolment eligibility criteria which restricts the number of family members eligible for health insurance coverage to five members only. In PMJAY- Ayushman Bharat creation of Ayushman Mitra and involvement of ASHA increased the social awareness regarding it. There is no restriction regarding number of family member, no card making charge, Rs 5 lakh/year coverage and no need of card renewal makes PMJAY more user friendly.

Scope of the study: This study gave an opportunity to know about the reaction of people to PMJAY. Along with this, the reasons also came out due to which they could not take advantage of it or were unable to get Ayushman Bharat golden card.

Conflicts of interest: No conflict of interest

Source of funding: There was no financial support concerning this work.

Ethical Clearance: The study did not include any method that went beyond "less than minimal" risk to subject or their acquaintances. A written informed consent was obtained from subjects prior to their inclusion in the study. The privacy of subjects and confidentiality of responses were assured. The study was approved by the Institute Ethical Committee of RDASMC, Ayodhya. Ref no RDASMC/IEC/2022/6 dated 26.11.2022.

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