IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Systematic Analysis On Utilization Of Ayushman Bharat Scheme: A Study With Reference To Communities Of Mysore District

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Abstract

The healthcare infrastructure of the developed economies has not been able to deliver services to their citizens. The World Health Organization defines universal health coverage (UHC) as means to enable all people and communities to use primitive, preventive, curative, rehabilitative, and palliative health services they need, of sufficient quality to be effective. Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is India's Government-funded health insurance scheme that covers more than 10.74 crore poor and vulnerable families. Karnataka has been at the forefront of successfully implementing this health care schemes through Suvarna Arogya Suraksha Trust on an Assurance Mode, for the benefit of a large section of BPL and APL families. Hence this systematic analysis on utilization of the Ayushman Bharat-Scheme will be helpful to understand the efficiency of the scheme in Mysore District. This study is carried out with the primary objective to analyze the utilization of Ayushman Bharat-Scheme in Mysore District and examine the various benefits available through the scheme with the help of primary data gathered from 120 users of the scheme selected as respondents through the structured questionnaire by following the convenient sampling technique and the research design being conclusive and quantitative. Finally it was observed that, the components of Ayushman Bharat scheme such as treatment package, coverage amount, diagnostics covered, post-discharge benefits, treatment without e-card, separate card for each family member, emergency treatment, usage of scheme in other state, no requirement of renewal of the card and there is no requirement for pre checkup to utilize the scheme are utilized by the card holders in Mysore district which describes the positive relation in utilization of the scheme.

Key Words: Ayushman Bharat Schemes, Health Insurance, BPL and APL families, Universal Health Coverage,

INTRODUCTION

India has a multi-payer universal health care system that is paid for by the combination of public and private health insurance funds. The public hospital facility is essentially free for all people of India except for small, often copayments in some services. A national funded health insurance program was launched at federal level in 2018 by the Government of India, named as National Health Protection Scheme [1]. This program aimed to cover the bottom 50% of country's population engaging in the unorganized sector and provides them free treatment at hospitals. People working in organized sector and monthly earning up to Rs 21,000 are covered by the Scheme of Employee's State Insurance which offers healthcare services [2].

The healthcare infrastructure of the developed economies has not been able to deliver services to their citizens. The World Health Organization defines universal health coverage (UHC) as means to enable all people and communities to use primitive, preventive, curative, rehabilitative, and palliative health services they need, of sufficient quality to be effective [3].

In India, 3.8% of the gross domestic product (GDP) is spent on healthcare expenditure, and out-of-pocket expenditure accounts for 58.78%. As per the National sample survey office (NSSO) 75th round report, about 55% of the Indian population (rural: 52% and urban 61%) avail of healthcare services from the private sector [4]. In rural areas, almost INR 15,937, and in urban areas, INR 22,031 are spent as out-of-pocket medical expenditures for hospitalization. Risks are inevitable which have to be met by minimizing their effects or by decreasing the risks [5]. Health care expenses push many families into debt, as most of the Indian population belongs to the middle class or lower socio-economic class. India is a developing country with an expanding population of 1.4 billion hence, the concept of health insurance came into existence [6].

India's National Health Policy 2017 (NHP-2017) has its goal fully aligned with the concept of Universal health coverage. The Ayushman Bharat Program announced in the Union budget 2018-19 of the Government of India, aims to carry NHP-2017 proposals forward. The Ayushman Bharat Program has two initiatives or the components. Firstly, Health and Wellness Centers, and National Health Protection Scheme, which are aiming for increased accessibility, availability and affordability of primary, secondary and tertiary-care health services in India. Secondly, the second component has been renamed as Pradhan Mantri Rashtriya Swasthya Suraksha Mission [7]. The new program has received an unprecedented public, political and media attention; and is being attributed to have placed health higher on political agenda.

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is India's Government-funded health insurance scheme that covers more than 10.74 crore poor and vulnerable families. Karnataka has been at the forefront of successfully implementing this health care schemes through Suvarna Arogya Suraksha Trust on an Assurance Mode, for the benefit of a large section of BPL and APL families [8]. This scheme was named as Ayushman Bharat Arogya Karnataka (ABArK) in Karnataka. Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) a most promising investment for human capital by the Government of India; is a commitment towards the less advantage in the society by insuring them against major diseases [9].

1.1 Features of Ayusman Bharat Pradhan Mantri Jan Arogya Yojana

i. PM-JAY is the world's largest health assurance scheme fully financed by government.
ii. This scheme provides Rs 5 lakhs per family per year for the secondary and tertiary care hospitalization of public and private hospitals in India.
iii. Over 10.74 crore poor and vulnerable families are eligible for these benefits.
iv. This scheme provides cashless access to health care facilities for the Beneficiary at point of service i.e. hospital.
v. This scheme covers up to 3 days of pre-hospitalization and 15 days of post-hospitalization expenses.
vi. There is no restriction on the family age, size or gender.
vii. All pre-existing conditions are covered from day one.
viii. Benefits of PM-JAY are portable across the country ie beneficiary can visit any enlisted public or private hospital in India.

2. REVIEWS OF LITERATURE

Rajagopal (2022) examined choice of healthcare by low-income group in Kerala. It was found that people prefer private hospitals due to efficiency. But the concern of high cost of private hospitals are yet to be resolved. **Garg and John (2022)** investigated perception of Blue-collar workers in Gurgaon. It was suggested that migrant community needs should be addressed using technology. **Nirala (2022)** awareness and readiness to implement PMJAY among healthcare workers of tertiary hospitals in Eastern India. It was found that tertiary healthcare workers were found to have lower level of awareness about PMJAY. **Furtado et al., (2022)** explored Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana beneficiaries in Uttar Pradesh and Jharkhand. Support agencies in both the states faced challenges in assessment of clinical decisions of the hospitals. **Trivedi et al., (2022)** examined satisfaction of beneficiaries of PMJAY in Gujarat and Madhya Pradesh. Satisfaction of beneficiaries in Gujarat was significantly better than Madhya Pradesh. **Tiwari et al. (2022)** examines the healthcare equality could be improved by rationalizing insurance premium. Good governance cannot be forced from outside as it is an internal phenomenon linked with the deep motives and behavioral aspects of individuals. **Joseph et al. (2021)** examined empanelment of hospitals under PMJAY across all states and Union Territories. It was found that 56% hospitals were from public sector, 40% were from for profit private sector and 4% were not for profit private hospitals. **Moore (2020)** evaluated universal healthcare for poor people in Philippines. It was found that poor people have got better access due to universal healthcare schemes. However, there are challenges due to lack of awareness and high out of pocket expense. **Zieff et al., (2020)** examined universal healthcare in USA. It was argued that universal healthcare is good for people from lower socio-economic strata and it reduces the economic costs of an unhealthy nation. **Ngangbam & Roy (2019)** examined choice of healthcare in North-East region in India. It was observed that lack of connectivity restricts access to quality healthcare to marginalized people in North East. Due to high cost, there is a tendency to seek alternative healthcare.

3. RESEARCH METHODOLOGY

3.1. Objectives of the Study

The primary objectives of the study are as follows,

1. To understand the relevance of Ayushman Bharat scheme in Mysore.

2. To analyze the utilization of Ayushman Bharat scheme in Mysore.

3. To recommend the policy makers regarding creating awareness of the scheme and enhance its utilization.

3.2. Research Design: In this study, conclusion-based research is designed, and the research type being quantitative, wherein, the collected data is analyzed by describing the nature of data with the help of descriptive analysis.

3.3. Sampling Design: This study involves a non- probabilistic sampling technique namely, convenient sampling in order to gather data from the users of Ayushman Bharat scheme for the betterment of their health in Mysore district.

3.4. Data Gathering: This study involves a primary data gathered from 120 respondents selected as the users of Ayushman Bharat scheme for the betterment of their health in Mysore district by using a survey method to collect the data using a questionnaire in which the questions are formulated on the reference of literature reviews.

4. ANALYSIS AND RESULTS

a. Demographic and Personal factor Analysis

Table 1: Demographic and Personal Factor Analysis

Demographic Group	Classes	Frequency	Percentage (%)
Gender	Male	72	60
	Female	48	40
Age	Below 25	15	13
	25 to 40	60	50
	40 to 55	35	29
	Above 55	10	8
Qualification	< SSLC	67	56
	PUC	34	28
	> UG	19	16
Occupation	Farming	34	28
	Semiskilled	30	25

	Professional	24	20
	Others	32	27
Type of Family	Small	18	15
	Nuclear	74	62
	Joint	28	23
Category	General	21	18
	OBC	99	82
Religion	Hindu	83	69
	Muslim	18	15
	Christian	12	10
	Others	07	6
Ration Card	Yes	112	93
	No	08	7

Source: Primary Data

The above table describes the demographic factor of the 120 respondents selected as the users of Ayushman Bharat scheme for the betterment of their health in Mysore district. Further the further the Chi- Square test for the demographic factors are analyzed,

b. Pearson Chi- Square Analysis

Table 2: Pearson Chi- Square Analysis Gender

	Value	**Df**	**Sig**
Pearson Chi-Square	**1.436**	**3**	**0.347**

The above table 2, demonstrates the gender category of users of Ayushman Bharat scheme in Mysore district, the chi- square value of 0.347 is greater than 0.05 indicating that, there is no significant relationship among the gender and utilization of Ayushman Bharat scheme.

Table 3: Pearson Chi- Square Analysis Age

	Value	**Df**	**Sig**
Pearson Chi-Square	**1.140**	**4**	**0.019**

Source: Primary Data

The above table 3, demonstrates the age category of users of Ayushman Bharat scheme in Mysore district, the chi- square value of 0.019 is lesser than 0.05 indicating that, there is a significant relationship among the age group and utilization of Ayushman Bharat scheme.

Table 4: Pearson Chi- Square Analysis Qualification

	Value	Df	Sig
Pearson Chi-Square	**1.536**	**8**	**0.031**

Source: Primary Data

The above table 4, demonstrates the qualification of users of Ayushman Bharat scheme in Mysore district, the chi- square value of 0.031 is lesser than 0.05 indicating that, there is a significant relationship among the qualification and utilization of Ayushman Bharat scheme.

Table 5: Pearson Chi- Square Analysis Occupation

	Value	Df	Sig
Pearson Chi-Square	**1.302**	**12**	**0.047**

Source: Primary Data

The above table 5, demonstrates the occupation of users of Ayushman Bharat scheme in Mysore district, the chi- square value of 0.047 is lesser than 0.05 indicating that, there is a significant relationship among the occupation and utilization of Ayushman Bharat scheme.

Table 6: Pearson Chi- Square Analysis Type of Family

	Value	Df	Sig
Pearson Chi-Square	**1.178**	**6**	**0.841**

Source: Primary Data

The above table 6, demonstrates the gender category of users of Ayushman Bharat scheme in Mysore district, the chi- square value of 0.841 is greater than 0.05 indicating that, there is no significant relationship among the type of family and utilization of Ayushman Bharat scheme.

Table 7: Pearson Chi- Square Analysis Category

	Value	Df	Sig
Pearson Chi-Square	**1.714**	**6**	**.001**

Source: Primary Data

The above table 7, demonstrates the category of users of Ayushman Bharat scheme in Mysore district, the chi- square value of 0.001 is lesser than 0.05 indicating that, there is a significant relationship among the category and utilization of Ayushman Bharat scheme.

Table 8: Pearson Chi- Square Analysis Religion

	Value	Df	Sig
Pearson Chi-Square	**2.147**	**5**	**0.112**

Source: Primary Data

The above table 8, demonstrates the religion of users of Ayushman Bharat scheme in Mysore district, the chi- square value of 0.112 is greater than 0.05 indicating that, there is no significant relationship among the religion and utilization of Ayushman Bharat scheme.

Table 9: Pearson Chi- Square Analysis Ration Card

	Value	Df	Sig
Pearson Chi-Square	**3.147**	**4**	**0.012**

Source: Primary Data

The above table 9, demonstrates the ration card holders of users of Ayushman Bharat scheme in Mysore district, the chi- square value of 0.012 is lesser than 0.05 indicating that, there is a significant relationship among the ration card holders and utilization of Ayushman Bharat scheme.

From the above analysis, with reference to the Pearson Chi- Square Analysis it is clear that, gender has no influence on the individual using the scheme of Ayushman Bharat scheme in Mysore district for their health betterment. Similarly, age group, qualification, occupation, category they belong to and holding the ration card have a relationship with utilization of the scheme in Mysore district.

b. Regression Analysis to Measure the Utilization of Ayushman Bharat Scheme

Source: Primary Data

SPSS Results

Table 10: Describing the results of Regression Analysis

Components of Ayushman Bharat	F- Stat	Sig	Utilization
Treatment package	1.38	0.01	Positive
Card portability	1.31	0.72	Negative
Coverage Amount	1.98	0.04	Positive
Diagnostics covered	1.79	0.02	Positive
Transportation expenses	1.34	0.32	Negative
Post-discharge benefits	0.99	0.00	Positive
Grievance Mechanism	1.44	0.41	Negative
Treatment without E-card	1.97	0.02	Positive
Separate card for each family member	1.11	0.00	Positive
Emergency Treatment	1.93	0.04	Positive
Usage of Ayushman Bharat in other state	0.73	0.01	Positive
No requirement of renewal	1.47	0.00	Positive
No requirement of pre check up to become eligible for Ayushman Bharat Health Insurance	1.81	0.04	Positive

Source: Primary Data

The above table 10, demonstrates the utilization of various components of Ayushman Bharat scheme in Mysore district. The significant value in the table illustrates the relationship between the components and its utilization and positive signifies that, certain components of Ayushman Bharat scheme in Mysore district are effective and the individual have utilized the scheme in a better way. On the other hand, the negative signifies that, those components were not provided or there was a difficulty to utilize the component under the scheme of Ayushman Bharat. With the above consideration many of the components of the scheme have a significant association with its utilization by the individuals of Mysore district.

CONCLUSION

As part of the Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana, the National Health Authority has been helping States and its correspondence district by providing all eligible beneficiaries to avail the benefits of health from the government (AB-PMJAY). It is also essential to keep an eye on the standard of treatment and ensure that it is suitable, as well as to provide hospitals with a clear set of guidelines so they may inform their staff and clients about preventative measures and ensure their safety during the process of treatment for the individual. The study has helped to understand that, the components of Ayushman Bharat scheme such as treatment package, coverage amount, diagnostics covered, post-discharge benefits, treatment without e-card, separate card for each family member, emergency treatment, usage of scheme in other state,

no requirement of renewal of the card and there is no requirement for pre checkup to utilize the scheme are utilized effectively by the card holders in Mysore district which describes the positive relation in utilization of the scheme. Finally certain components were not utilized effectively and following measures can be implemented to enhance the utilization of Ayushman Bharat scheme:

1. Conducting a micro analysis at the procedure level to trace the impact in detail.
2. Hospital planning by carrying out a capacity assessment analysis (using NHRR data) to find providers who can be appointed to extend the AB PMJAY provider network in areas/regions where supply has been constrained for a number of reasons.
3. Proper framework of governance and financing mechanism should be made robust enough to be more prepared and responsive for any such crisis in the future.

   Policymakers should give preferences to avail primary and preventive treatments just like it is availing secondary and tertiary health care facilities to the beneficiaries.
4. Public sector authority should also be more vigilant towards the misuse that is happening with the scheme.

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