



# Utilisation of ABPMJAY Bharat among Patients Availing Services at a Tertiary Care Hospital

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<p><b>Abstract:</b> <i>Background:</i> Patient have to bear several direct and indirect costs, commonly referred to as out-of-pocket expenditure (OOPE), which impoverish them. <i>Objective:</i> To study the impact of Ayushman Bharat scheme on prevalence of catastrophic health expenditure and distress financing in surgical patients. <i>Methods:</i> A retrospective study was conducted among surgical patients registered at Ayushman Bharat cell of SKIMS. <i>Results and Conclusion:</i> Distress financing and catastrophic health expenditure reduced to 6.25 percent in patients availing benefits of AB-PMJAY (Ayushman Bharat scheme).</p>	<p style="text-align: center;"><b>Research Paper</b></p>
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## INTRODUCTION

Health care delivery in India is going through a process of transition, more so the tertiary specialty care of chronic diseases like diabetes, hypertension, cardiac diseases, kidney or liver failure, mental illness and cancer. Patients, more commonly those from the lower economic strata, have difficulty in availing the health care services because of the costs involved in diagnostic and curative procedures. Even in public hospitals where the cost of care is low, patient had to bear several direct and indirect costs, commonly referred to as out-of-pocket expenditure (OOPE), which impoverish them further. As a result, patients with life threatening diseases requiring tertiary care often go untreated even if they are aware of the availability of high-quality services. It can also lead to delay in diagnostic and curative procedures and even causing deaths of several thousands of poor patients. This issue has been a concern for nation’s health policy, which should address the cost, quality and accessibility of health care [1, 2].

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/components - Health and Wellness Centers, and National Health Protection Scheme - aiming for increased accessibility, availability and affordability of primary-, secondary- and tertiary-care health services in India. Afterwards, the second component has been renamed as Pradhan Mantri Rashtriya Swasthya Suraksha Mission. The new program has received an unprecedented public, political and media attention; and is being attributed to have placed health higher on political agenda [3, 4].

Ayushman Bharat/insurance Program has the potential to reduce the catastrophic health expenditure, distress financing and out of pocket expenditure in Indian set up. The study was conducted the study the impact of Ayushman Bharat/insurance programme catastrophic health expenditure and distress financing.

## OBJECTIVE

To study the impact of Ayushman Bharat scheme/Health Insurance on prevalence of catastrophic

health expenditure and distress financing in surgical patients.

## METHODOLOGY

A retrospective study was conducted among patients registered at Ayushman bharat cell between 26th December 2021 and 30<sup>TH</sup> June 2023.

**Sampling:** Using simple random sampling.

### Study Tool

After obtaining the list of patients registered, the patients were contacted, consent taken from them after explaining the scope and purpose of study and were subjected to a questionnaire which was pretested by conducting a pilot study. The response rate was 80%. The prevalence of catastrophic health expenditure and distress financing was studied

**Exclusion Criteria:** Those patients who refuse to participate in the study were excluded from the study.

### Distress Financing

It is defined as borrowing from family/friends, selling possessions, or taking out loans to fund expenditure of the disease [5-7].

### Catastrophic Health Expenditure

It is defined as monthly Out of pocket (OOP) health expenditure (excluding reimbursement, if any)  $\geq$  40% of the total monthly non-food (non subsistence) expenditure of the household. World Health Organization (WHO) also uses the following definitions of catastrophic health expenditure: monthly out of pocket health expenditure  $>$  10% or  $>$  25% of monthly total household expenditure or income [5- 7].

In our study we used definition of Catastrophic health expenditure: monthly out of pocket expenditure  $>$  25% of monthly household income

### Data Analysis

The data was received from the answered questionnaires and was plotted on excel 2013. The data was analyzed statistically with the help of statistical software SPSS v19. All the continuous variables of the study were represented by the descriptive statistics and all the categorical variables in the term of frequency and percentage.

## RESULT

A total of 500 patients were studied

**Table 1: Prevalence of distress financing**

Source of financing	N=160
Selling of assets	0
Borrowing	10
Golden card	490
Prevalence	2.0 Percent

**Table 2: Prevalence of Catastrophic Health expenditure**

Average monthly cost of treatment	25000(INR)
Golden card as source of financing	500
Prevalence	0.00%

## DISCUSSION

One of the main goals of Universal Health Coverage (UHC) is to achieve equity in health service utilization. Even though inequity in service utilization is seen at all the levels of health care, tertiary care contributes to the maximum inequity because of the higher costs involved in the care. Even among those patients who utilize the services in view of life threatening diseases, OOP is found to be high, leading to impoverishment. This is a clear deviation from the goal of providing financial protection to all families under UHC. Hence to achieve UHC, government of India and State government of J&K have started AB-PMJAY/SEHAT to reduce the economic burden of life threatening diseases like Cancer and ESRD on poor and below poverty line patients [5].

Distress financing is defined as borrowing from family/friends, selling possessions, or taking out loans to fund expenditure of the disease while as catastrophic health expenditure is defined as monthly Out of pocket (OOP) health expenditure (excluding reimbursement, if any)  $\geq$  40% of the total monthly non-food (non-subsistence) expenditure of the household. World Health Organization (WHO) also uses the following definitions of catastrophic health expenditure: monthly out of pocket health expenditure  $>$  10% or  $>$  25% of monthly total household expenditure or income.

In our study, out of 500 patients studied 490 patients received the benefit of the scheme as a result which there was no need sell assets or borrow money for treatment thus bringing prevalence of distress financing to 2 percent in surgical patients.

In studies [1, 2], conducted at the same centre before the launch of AB-PMJAY prevalence of distress financing in cancer and CKD patients was over 70 percent. In our study, the patient had not to pay for the hospitalization as a result of which prevalence of catastrophic health expenditure was again reduced to zero which is quite contrary to studies conducted before the launch of scheme [1, 2], but similar to studies after the launch of scheme [5].

## SUMMARY

AB-PMJAY has potential to reduce the out of pocket expenditure, distress financing and catastrophic health expenditure which will lead to significant impact on health indices.

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## **BIBLIOGRAPHY**

1. Khan, A., Jan, F. A., & Rashid, H. (2020). Prevalence of Distress Financing and Catastrophic Health Expenditure among end Stage Renal Disease Patients Attending a Tertiary Care Teaching Hospital of North India. *Biomedical Journal of Scientific & Technical Research*, 32(4), 25133-25135.
2. Abas, K. (2020). Prevalence of distress financing and catastrophic health expenditure in cancer patients: a study from India. *EJPMR*, 7(12), 384-386
3. Lahariya, C. (2018). 'Ayushman Bharat' program and universal health coverage in India. *Indian pediatrics*, 55(6), 495-506.
4. World Health Organization (2017). *World Health Statistics: Monitoring Health for the SDGs, Sustainable Development Goals*. Geneva: World Health Organization.
5. Khan, A., Yattoo, G. H., & Mir, M. S. (2021). Impact of Ayushman Bharat Scheme on the Prevalence of Distress Financing and Catastrophic Health Expenditure Among Patients Attending a Tertiary Care Teaching Hospital. *Medicine*, 1, 01-05.
6. Joe, W. (2015). Distressed financing of household out-of-pocket health care payments in India: incidence and correlates. *Health policy and planning*, 30(6), 728-741.
7. Mahal, A., Karan, A., Fan, V. Y., & Engelgau, M. (2013). The economic burden of cancers on Indian households. *PloS one*, 8(8), e71853.