

Attitude And Utilization of Services Under Rajiv Aarogyasri Scheme in Private Health Care Set-Up At Rajahmundry, Andhra Pradesh

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Abstract

Background: Healthcare services help to keep diseases under control and raise life expectancy. Andhra Pradesh is a state which accounts 9.20% of below poverty line population of its total population. To meet the need of tertiary health care for such people the government of Andhra Pradesh started the Rajiv Aarogyasri Health Insurance Scheme on to improve access of poor to quality medical care and for providing financial protection against high medical expenses. The present study was undertaken to assess the health service delivery to poor population of Rajahmundry and their utilization of these services and to identify any gaps or lacunae in these services provided.

Objectives: 1. To study the socio demographic and the present health condition of the people availing the services under Rajiv Aarogyasri Scheme. 2) To assess their behavior & attitude towards the services provided to the patients by private health care providers under guidelines of "Rajiv Aarogyasri scheme". & their utilization & client satisfaction. **Materials And Methods:** A facility based cross sectional study focusing on personal and demographic characteristics, client satisfaction of the service offered to them was designed. The clients, service providers etc. were interviewed with the help of pretested proforma & the results were analyzed. **Results & Conclusions:** Service delivery by private outlets accredited under Rajiv Aarogyasri Scheme is effectively functioning.

Key words: Age, religion, caste, socioeconomic status, health status, awareness, utilization etc.

Introduction

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity according to World Health Organization (WHO).¹ Health is a human right and hence health care should be made available universally.² The economic burden are relatively greater for the poor people, who are handicapped by the ill health and who stand to gain the most from the underutilized resources.³ Tertiary care is often expensive for people with low incomes, so those with conditions requiring tertiary care often go untreated or are left with devastating hospital bills, both of which exacerbate poverty.⁴ In 1995-96 an estimated 2.2% of the Indian population fell into poverty because of out-of-pocket spending⁵ and it increased to around 3.2% in 1999-2000⁶, worsening their poverty. Andhra Pradesh is a state which accounts 9.20% of below poverty

line population. Majority being farmers or daily wage earners. To meet the need of tertiary health care for such people the government of Andhra Pradesh started the Rajiv Aarogyasri Health Insurance Scheme on 01.04.2007 to improve access of poor to quality medical care and for providing financial protection against high medical expenses. The scheme provides financial protection to families living below the poverty line up to Rs. 2 lakhs in a year for the treatment of serious ailments requiring hospitalization and surgery. The beneficiaries of the scheme are the members of Below Poverty Line (BPL) families, as enlisted and photographed in BPL Ration Card and available in Civil Supplies Department database.

A beneficiary can avail services for the procedures covered under the scheme. The same is applicable for diagnostics also, if eventually the patient does not

undergo any type of surgery or therapy⁸.

Even though, the scheme may look fool proof, well-designed and well- implemented, it may not be successful until & unless the people are aware of the scheme & utilize the services provided.

So the present study was undertaken to assess the awareness, behavior, attitude of poor population of Rajahmundry and their utilization of these services.

Materials and Method

Study design: Hospital based study

Study area: G.S.L General Hospital and Swatantra Hospitals Which provided complete medical care under Rajiv Aarogyasri scheme in Rajahmundry.

Study Subjects: Clients utilizing the services provided by the two hospitals within the study period

Study period: October 2017 – December 2017

Sample size: 400

Study tool: Predesigned and pretested schedule of questions

Study variables: Age, Sex, Income Groups, Residing Areas, Occupation, Disease, Outcome etc

Statistical analysis: All statistical analysis was performed by using SPSS version 20 and MS- EXCEL 2007. The values are presented as mean + or- SD, percentages & proportions

Inclusion criteria:

1. Beneficiaries enrolled under the scheme and admitted in the facility for at least 24 hours.
2. Patients giving consent to participate in the study

Exclusion criteria:

1. Patients who died within 24 hours of receiving treatment
2. Patients who are admitted for less than 24 hours and shifted out.

Methodology

Data was collected from both the selected health

facilities for a period of 3 months. All the beneficiaries attending these two hospitals within the study period, satisfying the inclusion criteria were selected for study. After informing them about the complete details of the study and taking their consent, they were interviewed with the help of a pre-designed & pretested proforma & information was noted. The sample size came up to 400. The data collected was analyzed.

Results

Of the 400 study subjects majority 150 (37%) belonged to age group of 30-44 yrs followed by 113 (28%) in the age group of 45-59 yrs. Geriatric age group (above 60 yrs) consisted of 87 (22%) beneficiaries. Among all the study participants, 209 (52%) were males and 191 (48%) were females. Out of 400 study subjects, majority of them i.e.; 385 (96%) were Hindus followed by Muslims and Christians comprising 8(2%) and 7(2%) respectively. Majority of beneficiaries belonged to other backward caste which accounted to 196 (49%) of the study population. Out of 400 beneficiaries, 261 (65%) were illiterate and 83 (21%) had education up to Primary school level. 38 (9%) and 18 (5%) were educated up to Middle school and High school level respectively. [Classification is according to Modified BG Prasad socioeconomic scale (2016)⁹. Of the total 400 Clients, 87 (22%) were unemployed/Housewives 223 (56%) were unskilled workers like labours or domestic servants, 78 (19%) were semiskilled and 12 (3%) were skilled workers. Out of 400, 393(98%) of study subjects belonged to Upper Lower socioeconomic class & rest 7 (2%) belonged to Lower Middle socioeconomic class.

Information Pertaining to Sickness

The time of arrival to RAS (Rajiv Gandhi Aarogyasri Scheme) accredited hospital after the onset of symptoms or illness was within 24 Hrs. for 80(20%) out of 400. About 138 (35%) subjects came within 1-7 days and 101 (25%) came within 7-15 days whereas 80 (20%) arrived after 15 days. Among 400 subjects, 149 (37%) came with surgical problems, 108(27%) came with cancer, 76(19%) came with fractures. These are followed by stroke, gynaec problems & other medical problems with 8%, 7% & 2% respectively.

Awareness regarding RAS

Out of 400 clients, 360 (90%) were aware of Rajiv Aarogyasri Scheme whereas 40 (10%) were not aware. The source of information for the beneficiaries regarding

RAS was mostly through friends & relatives 183 (51%) out of those aware. Health care workers contributed about 15% (54/360). About 35(10%) were among other source of information like those who availed the services before or their relatives etc. 33(9%) subjects, were informed by doctors. About 30 (8%) were informed through media & 25 (7%) by their experience as they have availed the services before. Of total 400 subjects, 360(90%) were aware of eligibility criteria for availing services under the RAS scheme, whereas 40(10%) were not aware.

Out of 360 study subjects, who were aware regarding the eligibility criteria, only 20(5%) had complete awareness & 340(95%) had partial awareness. All the 400 beneficiaries had some card to avail services. Out of 400, 142(35%) had white card i.e.; the card possessed by people below poverty line. Around 239(60%) had Rajiv Aarogyasri Card. About 12(2%) of them possessed Chief Minister Camp office letter & 7(3%) of them had Temporary Andhra Card.

Reporting Mode to RAS facility

Out of 400 beneficiaries, 116(29%) were accompanied by previous RAS patients or relatives, 107(27%) were direct walk INS, 71(18%) came with referral by doctor from PHC, 54(14%) were accompanied by health workers, 42(10%) were referred by private practitioners, 10(2%) came through emergency services,

First Source of Contact at RAS accredited hospital

Among 400 clients, 339 (85%) first contacted Aarogyamitra, followed by 23(6%) who consulted a doctor at hospital, followed by 22(5%) who contacted Aarogyasri coordinator of hospital, whereas 16(4%) contacted other health workers.

Department Of Admission

Out of 400 Beneficiaries, majority of them 149(37%) were admitted in department of surgery & allied, followed by department of oncology, 108(27%). About 76 subjects (19%) were admitted in department of orthopedics, 39(10%) were admitted in department of medicine & allied, whereas 28(7%) were admitted in department of Obstetrics & Gynecology.

Client Satisfaction

Out of 400 patients, 369(92%) were satisfied with services provided in hospital, whereas 31(8%) were not satisfied.

Reason for dissatisfaction

Out of 31 beneficiaries, who were not satisfied by the services provided, 10(32%) were dissatisfied by nursing care & 3(10%) by services provided by doctors & remaining 18(58%) were unhappy with overall services provided by the hospital.

Satisfaction with the scheme

However, all 400 patients were satisfied by the services provided by the scheme.

Department wise Satisfaction

Out of 400 beneficiaries, 149(37%) were admitted in department of surgery & allied, of which 131(88%) were satisfied with the services, followed by department of oncology i.e 104(96%) , 76 (19%) were admitted in department of orthopaedics , of which 73(96%) were satisfied , 39(10%) were admitted in department of medicine & allied , of which 36(92%) were satisfied. Out of the 28(7%) patients admitted to department of OBGY, 25(89%) were satisfied with the services provided.

Out of total 400 beneficiaries, 188(47%) felt the services were very good, 89(22%) felt they were satisfactory, 51(13%) felt they were good, whereas 41(10%) & 31(8%) felt the services provided were excellent & unsatisfactory respectively

Of 400 beneficiaries, 220(55%) liked the overall care, whereas 87(22%) liked the reception, 47(12%) & 46(11%) liked the medical care by doctors & nursing care respectively

Willingness to share information & avail services again:

All the beneficiaries i.e.; 400 (100%) are willing to share information of this scheme & avail services again with others.

Table 1: Awareness Regarding RAS

Knowledge about Aarogyasri	Number(n)	Percentage (%)
Yes	360	90
No	40	10
Total	400	100

Table 2: Source of Information

Source of Information	Number(n)	Percentage (%)
Frnds & Rltvs	183	51
Health Care Worker	54	15
Media	30	8
Doctors	33	9
Prvsly Aailed Services for other complaints	25	7
Others	35	10
Total	360	100

Table 3: Whether satisfied by the services provided in hospital

Whether satisfied by the services	Number(n)	Percentage (%)
Yes	369	92
No	31	8
Total	400	100

Table 4: Quality of Services Rated By Beneficiaries

Quality of Services	Number(n)	Percentage (%)
Excellent	41	10
Very Good	188	47
Good	51	13
Satisfactory	89	22
Unsatisfactory	31	8
Total	400	100

Discussion

It was seen in the present study that majority of beneficiaries belonged to age group of 30-44 yrs i.e., 37%. In a study done by Rao et.al¹⁰ also, 29.7% beneficiaries also belonged to 30-44 yrs of age. In another study done by Kadam et.al¹¹, also, beneficiaries belonging to 30-44 yrs was 28.6% which is similar to the present study..

In the present study, 52% of the beneficiaries were males and 48% were females. In the study done by Rao et.al¹⁰, 53.6% were males and 47.4% were females, which is similar to present study.

In the study done by Dr.D.Shreedevi¹², 38% were illiterates which is similar to the present study. It shows that though majority of the beneficiaries were illiterate they were aware of the existence and functioning of the scheme.

In the present study it was observed that 98% of the beneficiaries belonged to Upper Lower Class and 2% of the beneficiaries belonged to Lower Middle Class.as per Modified BG Prasad Scale⁹. They are very much availing the government schemes better than all the other classes.

About 49% of Backward Caste population were utilizing the health services.

In the present study, it was observed that the majority (37%) of the beneficiaries came with surgical problems & 27% of beneficiaries came for cancer treatment. 19% of beneficiaries suffered from fractures. So people are availing the scheme for diseases which has devastating effect economically on them

The study showed that more than half of the beneficiaries came to RAS accredited centers due to financial problems for free treatment.

In the present study 29% of the beneficiaries reported to study setting with relatives or people who previously availed the services in the same facilities.. It shows that people are aware of the facility and services provided in the facility and they are having good impression about it.

It was seen that, in present study people come from distant places, which shows that people had trust in the services provided by the private health facilities.

In the present study, it was seen that 90% of the enrolled beneficiaries had at least some knowledge regarding eligibility criteria for treatment under the schemes showing that the people are becoming more health conscious & are aware about various government schemes..

In present study, 37% of beneficiaries underwent surgical treatment , 27% came for treatment under Oncology department. 19% underwent surgeries in Orthopedics department which shows that people are availing the scheme for treatment of ailments which was an economic burden for them.

Around 92% were satisfied with the services provided in the hospital. In the study done by Dr. D.Shree Devi et.al¹², 94% of the beneficiaries were satisfied which is almost similar to the present study.

Around 47% of the clients gave rating of very good for the services provided & 22% of the clients gave rating of satisfactory, which shows that majority of the people were satisfied with the services provided in the scheme.

In the study, it was seen that all the beneficiaries were willing to share the information regarding the scheme and the health facility which shows that they are happy with the services

Conclusion and Recommendations

At the end of the study, we hereby conclude that **“The private outlets accredited under Rajiv Aarogyasri Scheme is effectively functioning.”**

On the basis of findings from our study, the following aspects related to Rajiv Aarogyasri scheme are recommended:

- Regular auditing by the higher authority can be conducted to check whether hospitals are complying with the protocol guidelines.
- Training the hospital staff regarding the scheme for its effective functioning
- The government needs to review the scope for preventing the diseases currently being treated by the RAS through greater investment in health promotion. The government needs to use a method such as accreditation to improve and standardise high quality care across the system. The government needs to use renewal of empanelment as a lever to stimulate change & to explore how to benefit those individuals who belong to the most marginalized populations.

Ethical Clearance- Taken From Institutional Ethical Committee

Source of Funding – Self

Conflict of Interest - Nil

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