POLICY BRIEF 2022

ONE YEAR INTO PM-JAY IMPLEMENTATION (SUPPLY-SIDE)

KARNATAKA

BACKGROUND

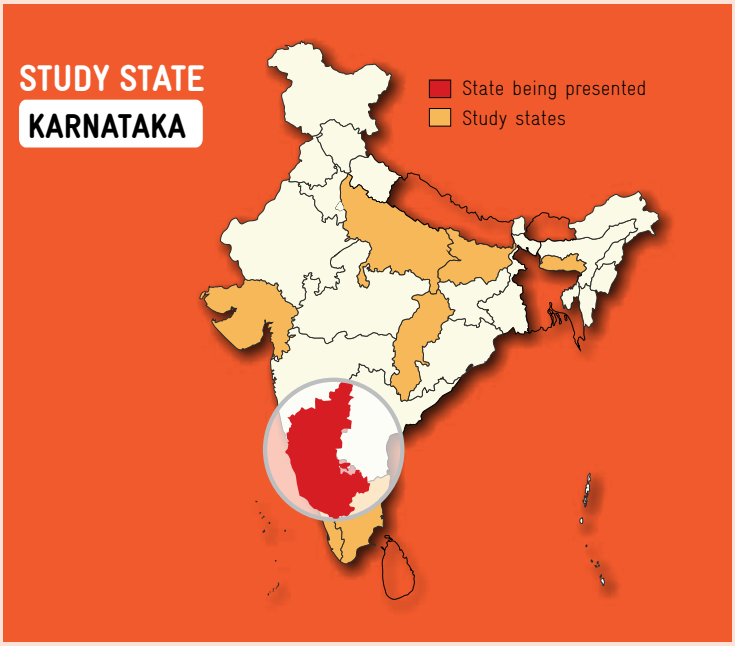
This policy brief presents findings from research commissioned in April 2018 by the Indo-German Social Security Programme (IGSSP), predecessor of the Indo-German Programme on Universal Health Coverage (IGUHC). The research evaluated the PM-JAY implementation from the supply-side, thereby providing performance evidence to India's National Health Authority (NHA).

A consortium of institutions led by the Heidelberg Institute of Global Health, Medical Faculty, Heidelberg University Hospital, including the cooperating institutions of City, University of London, the Deutsches Institut für Entwicklungspolitik/German Development Institute and IQVIA Consulting and Information Services India did the evaluation from January 2019 to July 2020.

The mixed methods research provides insights into hospital empanelment changes related to the state-funded social health insurance scheme, Pradhan Mantri Jan Arogya Yojana (PM-JAY), across eight Indian states, including Karnataka, approximately 14-16 months after its implementation in 2018.

The study areas were:

- Hospital service quality inputs (i.e., infrastructure, staffing, consumables)
- Processes and outputs (i.e., healthcare providers' and PM-JAY beneficiaries' experiences with the implementation of and service utilization under PM-JAY)



APPROACH

Quantitative and qualitative data was collected from 24 hospitals in two districts in Karnataka (Raichur and Tumkur) at two different time points (February to April 2019 and November 2019 to January 2020). Half of these hospitals were empanelled under PM-JAY, the remaining hospitals served as comparisons. Data collection included structured questionnaires (for hospital directors, administrators, PM-JAY patients) and qualitative interviews (for hospital directors, general practitioners).

KEY FINDINGS

★Quantitative

Service quality indicators (Hospital Survey)

⊕ Criteria most complied with

Nearly all empanelled and non-empanelled hospitals fulfilled criteria for minimal bed capacity, 24/7 availability of at least 1 doctor and 1 nurse, motor vehicle accessible road and obstetric and newborn care providers.

⊖ Criteria least complied with

Both hospital groups showed relatively low levels for NABH accreditation, accredited laboratories, blood banks, and essential equipment of labour rooms.

The total number of non-surgical specialties available were low at round 3 out of 8 for empanelled hospitals.

PM-JAY specific facility amenities

Only 58% of empanelled hospitals had a separate kiosk for PM-JAY beneficiary management, but only 8% had 24/7 availability of a PM-JAY help desk clerk.

There were no beds reserved for PM-JAY patients.

Empanelled versus non-empanelled hospitals

The 24/7 availability of patient reception desk and fully equipped labour rooms were higher in empanelled hospitals in comparison to non-empanelled ones.

A higher proportion of non-empanelled hospitals had availability of minimum amenities for maternity service capacity.

Beneficiaries' Experiences

Expenditures prior to hospitalization

5% of PM-JAY beneficiaries interviewed upon exiting the hospital incurred any pre-hospitalization OOPE (mean of INR 6,892).

Expenditures during hospitalization

During the first round, none of beneficiaries interviewed upon exiting the hospital incurred OOPE during hospitalization.

Satisfaction with hospitalization

Most beneficiaries interviewed upon exiting the hospital rated the services received as good or very good, with a mean of 2.5 on a scale of 6 (very poor) to 1 (excellent).

Processes and outputs

Experiences of hospital administrators and general practitioners with PM-JAY implementation:

Empanelment experience – PM-JAY and other schemes

The PM-JAY empanelment process was similar to the empanelment process of the earlier Arogyashree and Yeshashvini schemes.

Public and private hospitals had to fill an online application and public hospitals were automatically empanelled; physical verification of the hospitals was completed by the trust. For private hospitals, empanelment took place 3-4 weeks after physical verification.

Most hospitals stated that they did not make any changes in the hospital to become empanelled under the scheme.

Hospital Management Systems – PM-JAY empanelled hospitals

Most hospitals were following standardized admission process for PM-JAY beneficiaries.

Most hospitals stored patient records manually, with claim data segregated department- and specialty-wise. Medico Legal Cases (MLC) and non-MLC were stored in the Medical Records Department (MRD).

Most hospitals reported conducting clinical and financial audits by a group of healthcare professionals (physicians, nursing staff, technicians, pharmacists, etc.) and charted accountants, respectively.

Clinical audits comprised monitoring of infection rate, readmission rate, mortality rate audits, etc. and these audit reports were being shared with the government whenever it was asked.

Most hospitals were monitoring the patients by regular bed side rounds by doctors and nurses, while a few had Closed Circuit Television installed to monitor the patients and hospital.

Hospital services provided to PM-JAY beneficiaries

Most hospitals had empanelled for surgical services under PM-JAY such as cardiology, urology, paediatric surgery, gastroenterology, and plastic surgery, etc., as surgical packages were manageable under the treatment packages, but medical packages being low were not preferred by hospitals.

Most hospitals stated that package rates under PM-JAY were very low for laparoscopic procedures and it was difficult to manage patients under these rates.

Hospitals refer patients to other public or private hospitals as per their demands or requirements (for example diagnosis and tertiary care).

Most public hospitals stated that they refer patients to only public hospitals and were also providing free food to the patients admitted under PM-JAY.

No changes in the quality of service provision were observed as attributable to PM-JAY.

Quality of care and quality improvement under PM-JAY and other scheme(s)

To improve quality of care, most hospitals follow evidence-based protocols/guidelines and a few reported that they were also following all National Accreditation Board for Hospitals and Healthcare Providers (NABH) guidelines.

Most of the hospitals did not have accreditation or quality assurance certificates.

Most hospitals were interested in financial incentives, but only a few were aware of incentives within PM-JAY.

A few providers stated that they were able to provide better services under PM-JAY versus the earlier state scheme as the coverage amount had increased, thereby making more money available.

> *Yeah, like we are getting more patients now. Actually, to say we are overburdened. Because of the scheme, people are coming in search of treatment to our hospital.*

Stockouts and procurement

Most hospitals faced no stockouts of drugs and consumables, and some reported maintenance of instruments and equipment by a vendor or biomedical engineer.

Most private hospitals were procuring supplies through tender process or through inviting quotations from branded vendors.

All public hospitals followed government procurement guidelines to purchase yearly medicines, consumables and instruments.

Patient satisfaction and safety

Most hospitals sought patient feedback orally, through feedback forms or through complaints/suggestion boxes in the hospital premises.

> *Key challenge means mainly what happens the patient do come rightfully telling that you say your hospital is recognized under Ayushman Bharat, I am having Ayushman Bharat scheme, then what is the problem in giving the treatment to me. So, I fail many times to make them understand like this is how the scheme is. You will have to go to the GH [government hospital]. When it is not done in the government hospital, then it will be referred like this. So, they are bit confused many of them, and I am finding the burden being shifted more to the government hospitals, it is like burden itself for them, so less number of staff and too many of the cases for them.*

Changes in hospital output and health outcomes under PM-JAY and other scheme(s)

Hospitals reported a decrease in the patient flow after the implementation of PM-JAY.

Most public hospitals were happy with the increased coverage amount of PM-JAY, as the claim amount was utilized by the hospital to upgrade the hospital services and appoint contractual manpower.

Many private hospital general practitioners reported that due to government schemes they are able to treat more patients, which increase skillsets of their doctors and other staff.

Challenges related to PM-JAY implementation

No public hospitals reported any challenge in managing PM-JAY patients.

Private hospitals reported that patients directly coming to the hospital without referral letters from public hospitals had to be refused, and to make such patients understand the referral clause was a major challenge.

Most respondents were not satisfied with the PM-JAY package rates and found them to be low.

Most respondents stated that PM-JAY has increased the documentation work, and for doctors it was a challenge to manually write long and detailed case sheets for every patient.

Most public hospitals reported that for improved management of this scheme more manpower is required, including treating doctors, nurses and the supporting staff who looks after documentation of these patients. Some hospitals mention that the increased patient load, coupled with increased demands on documentation led to manpower shortages.

> *Yeah, regarding documentation process, there are a lot of hurdles…. We are writing on the case sheet, so they ask us to write many things. Earlier in RSBY, it was very good, we had to just put the card and take the patient's thumb impression and it was enough and there was no need to upload the case sheets and all the case sheets, preoperative, postoperative details. I am an operating cataract surgeon, in OT notes I wrote left eye SICS with PCIOL general local anaesthesia, they rejected it and asked me to write step by step, then I wrote on full page. In this setup I am doing general duties, casualty duties, I am operating 15 to 20 cases per week, every Tuesday, if I go on writing the case sheets like lengthy case sheets, it will take time. I will not be able to write them."*

RECOMMENDATIONS

Drive quality service provision

Drive quality service provision, via: identifying important amenities and infrastructural parameters and focusing empanelment and dis-empanelment on their basis

Encourage accreditation

Encourage hospitals to undergo accreditation as a means of ensuring adherence to higher quality standards, via: privileging empanelment of accredited hospitals and/or designing strategies

Improve adherence to PM-JAY processes

Facilitate hospitals to improve adherence to PM-JAY processes, via: reviewing reported bottlenecks in PM-JAY processes like beneficiary management, claims submission and processing, and documentation requirements.

Ensure adequacy of packages and rates

Ensure the adequacy of the current treatment packages and related case-based rates, via: investigating cost structures and applying changes if required.

Identify reasons for OOPE

Explore reasons for continued OOPE in patients utilizing services under PM-JAY, via: investing in an in-depth exploration of the reasons, including before and during hospitalization

Increase awareness

Make beneficiaries aware of their entitlements, understand and comply with PM-JAY specific documentation, verification, and hospitalization requirements, and empower them to utilize services through PM-JAY, via: advocating for increased awareness generation and promotional activities among beneficiaries.

ACKNOWLEDGEMENT

We are grateful to NHA for commissioning GIZ/IGSSP, later IGUHC, to undertake this PM-JAY Supply Evaluation study, which serves as a process evaluation for the PM-JAY. We highly appreciate the research done by the consortium of institutions, led by the Heidelberg Institute of Global Health, Medical Faculty, Heidelberg University Hospital and its cooperating institutions of City, University of London and the Deutsches Institut für Entwicklungspolitik/German Development Institute. The SHAs of the study states (Bihar, Chhattisgarh, Gujarat, Kerala, Meghalaya, Tamil Nadu, Karnataka and Uttar Pradesh) have supported us immensely in implementing this study. Guidance was provided by both NHA and SHAs of the study states during the inception phase as well as throughout the study period.

We are thankful to the Chief Medical Officers, state health societies, and district officials for their support and contribution in the study. We would also like to thank the experiences and providing information on their impression of the schemes.

We would also like to thank IQVIA for successful completion of the data collection. We hope that our recommendations based on interviewees' experiences will lead to better implementation of future health insurance projects and improve the lives of the poor.

with technical support from

german cooperation
DEUTSCHE ZUSAMMENARBEIT

giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

Initiated by

national health authority
सत्यमेव जयते

For more information please contact:

Mr. Amit Paliwal
Project Director
Indo-German Programme on
Universal Health Coverage

Deutsche Gesellschaft für International Zusammenarbeit (GIZ) Gmbh
B-5/1, 2nd Floor, Safdarjung Enclave,
New Delhi 110029, India

E: iguhc@giz.de
T: +91 11 4343 5353
F: +91 11 4949 5391
W: https://iguhc.in/

The study team included:

NHA team: Basant Garg, Vipul Aggarwal, Kameshwar Rao, Ruchira Agrawal

Principal Investigator:
Manuela De Allegri (HIGH)

Co-investigators: Nishant Jain (GIZ), Swati Srivastava (HIGH), Sharmishtha Basu (GIZ)

Scientific Team: Stephan Brenner (HIGH); Diletta Parisi (HIGH); Divya Parmar (City, University of London); Christoph Strupat (DIE); Caitlin Walsh (HIGH) with the collaboration of IQVIA