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The ground reality of government medical schemes in a tertiary care hospital: A Perspective

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Abstract

India is still striving hard for an affordable health care system. Approximately 22% of the country's population is still below the poverty line as per the data released by the Indian planning commission in 2012. The government of India and the State governments have come up with numerous insurance schemes to cater to the health needs of the sick

population groups. There has been a sudden upsurge in the government scheme-related hospital admissions in our tertiary care setting in the last 3 years. The authors want to highlight the pros and cons of such insurance schemes from the patient's perspective and the doctors' point of view.

Keywords: Insurance, Government Schemes, Tertiary Care

Introduction

The health care sector is one of the largest sectors in India when it comes to generating revenue and employment. It is however a sad reality that only 1.2% of the Gross Domestic Product (GDP) is being spent on healthcare. The government of India however aims to increase healthcare spending to 3% of the GDP by 2022 ^[2]. Various health schemes have been initiated both by the central and state governments which are in practice currently. A few prominent among them are Ayushman Bharat, Aam Aadmi Bima Yojana (AABY), Central Government Health Scheme (CGHS), Employees' State Insurance Scheme (ESI), Pradhan Mantri Suraksha Bima Yojana, Universal Health Insurance scheme, Yeshasvini Health Insurance Schemes. The authors feel that all practicing physicians and surgical specialties must understand the importance of the common government schemes which can benefit their patients. We would also like to outline the fallacies of the schemes that the treating doctors have to face on a day-to-day basis.

Schemes in Practice

One of the largest numbers of government scheme-related admissions in our hospital is by the Ayushman Bharat scheme. It was launched in the September of 2018 by our Honourable Prime Minister Sri Narendra Modi. The author recalls when our hospital first bought it into practice in 2018, and the resident doctors received a huge Pdf file containing various "codes" for various disorders which had to be given to the patient's attenders during admission to the hospital. We used to be baffled and confused as to the process of doing the same. The "Ayushman Bharat" translated as "Healthy India" comprises of two components – The "Health and Wellness Centres (HWC)" and the "Pradhan Mantri Jan Arogya Yojana (PM-JAY)". The HWC aims to create 1.5 lac Primary health care centers to provide comprehensive Primary Health Care, maternal and child health care, and essential drugs and diagnostic services ^[3]. The PM-JAY provides financial coverage for admissions into a secondary and tertiary care setting. The benefits that our patients are getting in our tertiary care setup are by the PM-JAY. It provides a financial coverage of up to Rs. 5,00,000 per year per family. As the authors pen down this article 2,27,91,159 patients have been admitted under the Ayushman Bharat Scheme as of 25th October 2021 ^[4]. The numbers are huge and ever-increasing.

The Aam Aadmi Bima Yojana (AABY) translated as "Common Man's Insurance Scheme" was launched in 2007. It targets the poor, low-income families of India and provides monetary aid in case of an unfortunate event like death or disability occurs to a family member. People belonging to certain occupations like agriculturists, fishermen, beedi workers, carpenters, cobblers, etc benefit from this scheme ^[5]. We however seldom come across this scheme patients in our hospital.

The Central Government Health Scheme (CGHS) as the name itself explains provides comprehensive medical care to the central government employees and pensioners. Some of the beneficiaries include the Central railway board employees, supreme-court judges, military officers, members/ex-members of parliament. This scheme has been operational for more than six decades with more than 35 lakh beneficiaries in 74 cities across the country.

It caters to most of the medical expenses of a patient such as Outpatient treatment including medicines, In-patient evaluation, and treatment. This scheme also provides reimbursement of expenses for treatment availed due to emergencies. Our tertiary care center often admits officers, military, or railway servicemen as patients under the CGHS scheme. The scheme covers most of the medical expenses without any resistance at any level.

Our hospital admits a huge number of patients under the Employees' State Insurance Scheme (ESI). Launched in 1952 by the government of India. "The primary objective by the Government of India to launch the ESI scheme is to cover workers from certain health-related contingencies such as permanent or temporary disablement, sickness, death due to employment injury or occupational disease, which impacts the earning capacity of the worker or leads to loss of income [6]." This scheme has over 13.3 crore beneficiaries as per March 2019 data available. The scheme covers employees earning less than Rs. 21,000/month. Full medical assistance is provided for the insured and his family members. Outpatient treatment costs, specialists' consultation, In-patient evaluation and treatment, ambulance charges, reimbursement of conveyance charges, free supply of drugs, dressings, artificial limb, etc. Medical care is also provided to the retired and permanently disabled insured persons and their spouses on payment of a token annual premium of Rs.120/- [7].

The Pradhan Mantri Suraksha Bima Yojana (PMSBY) launched in 2016 under the ministry of finance offers accident insurance to the people of India. The risk coverage under the scheme is Rs.2 lakh for accidental death and full disability and Rs. 1 lakh for partial disability [8].

The Yeshasvini Health Insurance Scheme launched by the Karnataka State government (State where the authors reside and where our tertiary health care system is located) provides medical facilities to farmers who are members of the Cooperative societies. 823 types of surgeries are included under this scheme. The beneficiaries can avail of free surgery costing up to Rs 1.25 lakh in rural Yeshasvini members and up to Rs 1.75 lakh in urban Yeshasvini members [10]. The scheme extends its benefits to the family members as well. Our hospital undertakes quite a lot of surgeries - orthopedic, general surgery, and neurosurgery under this scheme.

Clinician's perspective

The authors feel that crores of patients are getting benefitted from the government health insurance schemes all over the country. Before the introduction of these schemes, healthcare was a privilege reserved only for the rich and the upper-middle-class societies. With the introduction of these schemes, there has been a wave of lesser privileged people visiting the hospitals and getting admitted for treatment especially in the tertiary care hospitals both in the government and private sector. Gone are the days when a patient used to die at home without access to the health care system or due to non-affordability of health expenses at hospitals. It is the authors' personal experience that in the last four years there has been a significant rise in the proportion of cases being admitted to our hospital under the government health insurance schemes. The majority of these admissions are from the economically backward classes. There has been a significant decrease in admissions under so-called "Cash Payment". The authors would further like to conduct a study to quantify the exact numbers and proportions.

The authors being from a premier university with a medical college set-up are academically and research-oriented. The same is true for all the undergraduate and postgraduate medical students at our institute. Having a high patient load and a high patient turnover with >90% bed occupancy rate at any given point of time creates an immense opportunity for a learning experience and conducting various research projects and clinical trials. It gives an immense learning experience for the students and the faculty to conduct clinical demonstration classes at the bedside. A variety of rare disorders have been picked up and investigated as we belong to an academically oriented tertiary care setting. The disorders which would have otherwise been missed outside a medical college setting have been diagnosed with great clinical skill and expertise by the resident doctors and faculty of medicine. Hence the authors feel privileged to have such a patient turnover rate due to the various government schemes. The COVID-19 pandemic saw a sudden upsurge of clinical research in various departments of the college. This is mainly because of a lot of patients being treated under the Ayushman Bharat scheme in our tertiary care setting. The authors apologize for not providing exact numbers for the same, however, we are sure of "a lot" of cases as there was a steep increase in the workload of all the resident doctors throughout the country. However, it took away a lot of clinical experience from the young resident doctors [9] and the undergraduate medical students as COVID-19 positive patients "could not be examined" and those COVID19 negative patients who could have been examined did not get admitted to the hospital due to fear of acquiring COVID-19! As rightly said, nothing comes without paying a price. The same goes for this system too. These schemes call for a lot of paperwork and documentation to be done by the doctors. Often, a lot of letters and mail must be written explaining the reason for prolonged hospitalization, requesting permission to do certain investigations or life-saving measures on an emergency basis. A few times we need to discharge and re-admit the patients especially when patients decide to switch between the schemes/insurance to claim the needed benefits. Quite often we are not able to investigate a patient further as schemes (Especially Ayushman Bharat) don't allow for the same even though facilities are available to evaluate for the same. Often, even after diagnosis, certain treatment cannot be given to the deserving patient as schemes don't allow for the same. The treating physicians often feel helpless that a particular treatment option cannot be offered to the patient. You may call it a guilt feeling! But yes! On the contrary, the Ayushman Bharat scheme strictly mentions that payment of any expenditure is not permitted under the scheme. Thus, even though the patient is willing to pay for the additional expenses for a particular investigation or procedure, the scheme does not permit the patient for the same. We further substantiate this by giving a few examples. E.g., Whenever a patient gets admitted with an Upper gastrointestinal bleed we usually proceed with an esophagogastroduodenoscopy as a routine protocol. However, certain schemes allow only for diagnostic endoscopy and not therapeutic endoscopies like oesophageal variceal ligation or hemoclip application for peptic ulcers. Often, we feel there is no point in doing an endoscopy when no therapeutic procedure can be done. It is as good as not done. Sometimes a patient is admitted with sepsis under a particular "code" for his disease category under the scheme. It happens quite often that patient develops a stroke in the hospital or altered sensorium in hospital

warranting an MRI brain to evaluate further. At times the patient may develop a new respiratory complaint or a pulmonary embolism warranting a contrast CT of the lung and vasculature. Due to the schemes not permitting for these tests clinicians land up not evaluating further and treat the patient empirically. Often a patient with snake bite or cellulitis gets admitted. The patient may eventually develop necrotizing fasciitis which may require a debridement by the surgeon. This procedure is not permitted in some schemes. We are very often forced to discharge the patient and do a re-admission under “Cash Payment” or some other insurance for the procedure. These logistic issues come as a hurdle in the way of comprehensive patient management.

Conclusion

The authors are of an opinion that even though crores of patients are being benefitted by numerous schemes there are a few loopholes and faults in the system that needs to be rectified. Correcting these would ensure comprehensive patient care for the satisfaction of the patients and the health care team. It is said that time is wealth, but it is only when there is health there is wealth. The authors are of a firm opinion that our nation needs to spend a little more percentage of its GDP on the health sector compared to the existing 1.2%. This is further substantiated by the fact that India was the second-worst COVID-19 pandemic struck country with a gross shortage of oxygen, medical supplies, and acute shortage of beds in the Intensive care units. We feel that it is the right time to realize the importance of a strong healthcare system that cares for all and provides for all without any hurdles as seen in the existing health insurance schemes.

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