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HEALTH CARE SYSTEM IN HYDERABAD PUBLIC AND PRIVATE HOSPITALS: A STUDY ON RAJIV AAROGYASRI HEALTH COMMUNITY INSURANCE SCHEME

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ABSTRACT

This Paper examines the Rajiv Aarogyasri Health scheme in government and private hospitals of Hyderabad. On 1st April 2007 the Government of Andhra Pradesh is implemented Rajiv Aarogyasri Community Health Insurance Scheme to assist poor families from catastrophic health expenditure. The scheme is the flagship of all health initiatives of the State Government with a mission to provide quality healthcare to the BPL families. The scheme is a unique PPP model in the field of Health Insurance, tailor made to the health needs of poor patients and providing end-to-end cashless services for identified diseases through a network of service providers from Government and private sector.

The Government of Andhra Pradesh has invested in the Rajiv Aarogyasri Community Health Insurance Scheme, as a means to reduce burdensome health expenses incurred by the state's BPL population. However, recent pilot study collected data about health care in public and private hospital's of Hyderabad suggest that poor patients continue to spend significantly on conditions that are not covered by the RAS. The expected findings suggest that the RAHIS alone is not likely to reduce the financial burden on the BPL families and the enrolment of beneficiaries is in RAS and the facilities and service available to them is not up to their level of expectations. There is a sort of dissatisfaction, among the beneficiaries of the scheme that, step motherly treatment is given to RAHIS patients in the referral hospitals mainly corporate hospitals. No doubt, this is Apara Sanjeevini project to protect the lives of poor people but there are certain management failures in this project at levels in which we would like to examine in all levels. This is the paradox which this paper aims to answer about the RAS card holders' opinion and satisfaction level in the health sector of Andhra Pradesh.

Keywords: Quality of health care, Community Health Insurance, Public-Private Partnerships

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INTRODUCTION

Public health policy and administration in India, as developed over the past 64 years, has been characterized mainly with family planning, immunization and only specific disease eradication programs. These programmes are given very high priority and publicity in the media by film stars and often driven by the agenda of global agencies. Given the commitment to upscale government expenditure on health system, the central and state governments were devising various ways to spend additional sources to through innovative schemes such as 'Rajiv Aarogyasri' Scheme in 2007 in Andhra Pradesh, followed by the central government through the Rashtriya Swasthya Bima Yojana (RSBY) in 2008. This scheme was established with the aim of breaking vicious cycle of ill health, poverty, indebtedness and bankruptcy among the families living below poverty line. The purpose of the scheme was to improve access of BPL families in the treatment of identified medical and surgical conditions through a network of health care providers.

In India, there is no doubt that the public sector ought to be the focus of health care system. However, it must be recognized that the private health sector is also ubiquitous and plays an independent role at all levels of health care, even as it is increasingly tied with the public sector. This is reflected in the utilization of health care services both for outpatient and inpatient care. The Principles and vision of late Chief Minister of Andhra Pradesh Dr. Y.S. Rajashekar Reddy guided the RAS scheme are commendable and worthy of support, especially in the context of glaring and rising inequalities of exclusion, for example in access to health services, both the because of atrophy of public services and the rising cost of private care services. It is rightly calls in its ambit for increasing the financial outlay on public services, strengthening public health systems and ensuring access to 2.08 crore (2011 census) BPL families in Andhra Pradesh, out which 2.01 crore families are availing BPL White Ration cards. These 2.01 crore (Commissioner of Food and Civil Supply, Govt. of A.P., 2011 December) public are having authorized beneficiaries of Rajiv Aarogyasri. In addition, to these families the CMCO (Chief Minister Camp Office) scheme is also providing cash less treatment. This is also organizing and monitoring by the RAS (Rajiv Aarogyasri) trust.

Under RAS scheme up to 2 lakhs per annum can be utilized either by individual or by the whole family. Cost for cochlear Implant Surgery with Auditory- Verbal Therapy is reimbursed by the Trust up to a maximum of Rs. 6.50 lakhs for each case. In the state of Andhra Pradesh, the private health sector is nascent, regulation is easier in which it is deeply entrenched. The absence of strong regulation, in the early stages of its emerging trends of Privatization of health has made reining it in now difficult, especially with powerful vested interests acquiring influence over drug

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management and commercial interests pose a serious challenge to universalizing access to health and in policymaking.

The Public –Private Partnership models are encouraged in the health sector, where the RAS is being implemented services on reimbursement with the tie up of government trust, and they have built capacity among informal practitioners for case identification, detection, holding and treatment. The RAS has emphasized the abolition of inpatient fees in hospitals and public health facilities are a welcome step towards Universalization of health care. In India, this is the first revolutionary health scheme which imparts its services to the BPL for free of cost. Though there are some loopholes in the past such as private practice by government doctors, their close relationship with private hospitals and diagnostic centers all aspects that have transformed the mandated role of public hospitals and these have been adequately addressed by the RAS scheme and will require much more in depth attention.

OBJECTIVES OF THE STUDY

- To study the socio-economic and demographic profile of beneficiaries of RAS scheme
- To find out the health care system in Hyderabad Public and Private Hospitals
- To explore the positive aspects of Aarogya Mithra's with intend to beneficiaries
- To understand the perception of beneficiaries and non-beneficiaries of the RAS scheme in particular and Health Insurance in general
- To Elucidate the critical perspectives of RAS scheme and suggestions to improve the Aarogyasri scheme

REVIEW OF LITERATURE

Rajan, veena & Srivastsan (2011) in their article ' Aarogyasri Healthcare Model: Advantage Private Sector' explains about the Aarogyasri program and how the corporate hospitals are going to gab the high profits, in which corporate hospitals has the biggest share of cases and there would be no provision for outpatient treatment everyday illnesses that affect the working capacity of the patient. They criticized this model because in the tertiary health care which ultimately leads to the exclusion of all other forms of medical assistance and led to inefficient medical care model, and they have criticized if it is not going to be copied by other states or center it is not possible to achieve the universal healthcare with this model.

Yadagiri & Seetharamam rao (2007) in their article 'Public Health Delivery Systems: A Study of Rajiv Aarogyasri Health Insurance Program' emphasized mainly on the RAHIS is a novel and innovative program as part of Health Sector Reforms aimed t providing quality medical and health services to persons of BPL category. They were sharing their experience that this is a very

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popular scheme among the poor of A.P. and widely known as 'Apara Sanjeevini' and they mentioned that there is a popular demand from the people to continue the program more effectively and transparently. Giri and rao also criticized about the management failures in the implementation of this scheme; it is not level of beneficiaries' expectations and explains the dissatisfaction of beneficiaries of the scheme and about the corporate management's suspicious attitude about the delay and other litigations from the insurer to clear the claims as said by the patients.

Narayanan, Kent, Akash & Criel (2006) in their article entitled 'The landscape of community health insurance in India: An overview based on 10 case studies' points out some of the most characteristic features of community health insurance in India. But CHI covers only small population of the country. They suggested co-operative movements, farmer's and trade unions in the form micro –finance and these groups will be helpful in mobilizing the people about health insurance and possibly helping in collecting and managing claims and reimbursement. They opined that CHI has the potential to improve people's access to quality health care, and to protect from out-of pocket expenditure. Finally they concluded that the schemes design needs to be rational, premiums need to be affordable as well as it should cover the benefit package and government should provide subsidies to bridge this gap.

Rajeev (2004) in his article 'Health Insurance for the Poor' explains about that the Health insurance is emerging as an important financing tool in meeting the health care needs of the poor. He explains only community based health insurance, is best rather than market mediated or government provided insurance is an appropriate way of reaching the poor. The private health insurance has potential risks and benefits in terms of health care access for the poor and regulatory changes should be used to maximize the strength. Finally he concluded that from the past experience the scheme can be fine tuned and expanded to cover the entire low-income population. And however increased public health spending and reforming of public health facilities is a must for the success of Community based health initiatives.

METHODOLOGY

In this study the researcher selected Hyderabad city as field area, where both public and private hospitals have the provision of Rajiv Aarogyasri Health Insurance Scheme. The Pilot survey entails with RAS Mithras, health care personnel, hospital staff and Trust people. During the field survey, personal interviews have been collected from RAS Beneficiaries and patients who are availing the scheme benefits card and their satisfying level from both public and private hospitals. The study attempts to know the socio-economic, demographic background of RAS beneficiary and authentic information from Mithras regarding patient's case sheet and their diseases.

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The study is based on both primary and secondary data. It consists of two different types of hospitals of public and private have been chosen for the study. The methodology applied of participant observation method and conducted personal interviews with semi-structured interview schedules, these schedules composed of both close and open-ended questions in order to get feedback from the RAS patients. The researcher applied stratified random sampling technique and the sample size covers 100 respondents from both public and private hospitals. Apart from interviewing the group discussions and case studies added different perceptions of beneficiaries about different diseases and the application of scheme. The group discussion was helpful to know the reasons for children suffering from heart problem (it happened due to cross – cousin marriage, uncle-niece marriage, parallel-cousin marriage). This study reveals some of the hereditary diseases of inter-generational and intra generational and the stakeholders are expecting to apply RAS for certain serious hereditary diseases.

Field Notes

Table 1: Respondents' Native * On Bed Patient respondent's Disease

Respondents' Native		On Bed Patient respondent's Disease							Total
		Oncology/ Cancer	Cardiac in Children	Orthopedic	Plastic Surgery	Gynic	Neuro surgery	Dialysis	
	Rural	11	21	3	9	5	9	7	65
		16.9%	32.3%	4.6%	13.8%	7.7%	13.8%	10.8%	100.0%
	Urban	3	8	3	4	7	4	6	35
		8.6%	22.9%	8.6%	11.4%	20.0%	11.4%	17.1%	100.0%
Total		14	29	6	13	12	13	13	100
		14.0%	29.0%	6.0%	13.0%	12.0%	13.0%	13.0%	100.0%

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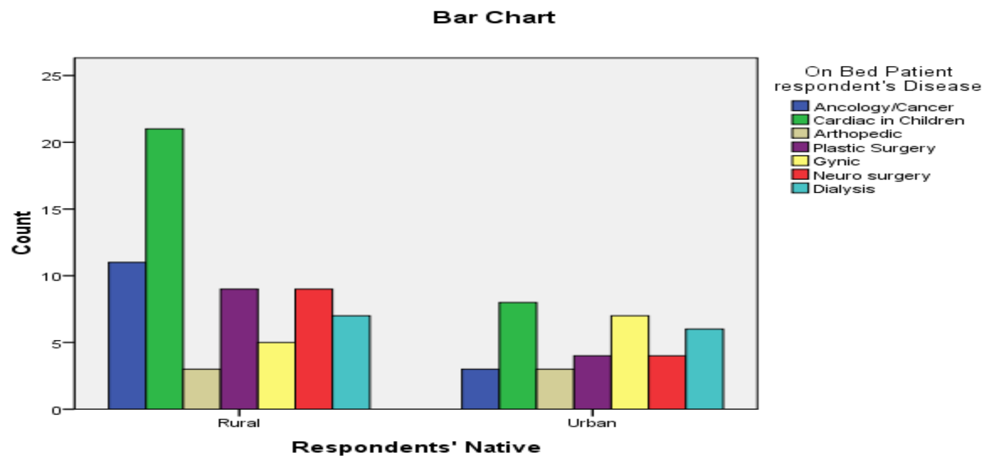

The above table explains about the respondents' native, demographic picture and the patient suffering with the disease and undergoing treatment in the hospitals of Hyderabad. Majority of the respondents from rural area are the victims of identified diseases such as 32% children are from rural suffering from cardiac problems, in which 23% are from urban background. The equal percentage of respondents from rural and urban are 13% of plastic surgery cases, Neuro and Kidney dialysis patients, followed by oncology patients with slight higher percent of 14%. Lastly with 12% Gynic and 6% orthopedic patients are taking treatment under RAS scheme in government and private hospitals.

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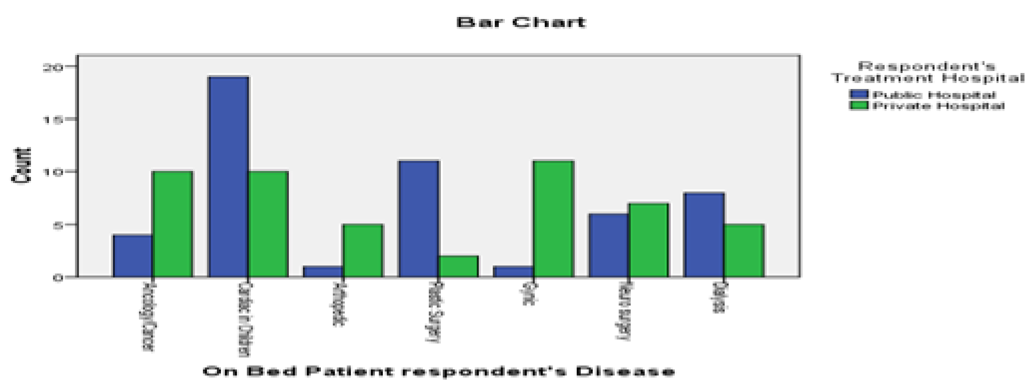
Table 2: On Bed Patient respondent's Disease * Respondent's Treatment Hospital

On Bed Patient respondent's Disease		Respondent's Treatment Hospital		Total
		Public Hospital	Private Hospital	
	Oncology/Cancer	4	10	14
		28.6%	71.4%	100.0%
	Cardiac in Children	19	10	29
		65.5%	34.5%	100.0%
	Orthopedic	1	5	6
		16.7%	83.3%	100.0%
	Plastic Surgery	11	2	13
		84.6%	15.4%	100.0%
	Gynic	1	11	12
		8.3%	91.7%	100.0%
	Neuro surgery	6	7	13
		46.2%	53.8%	100.0%
	Dialysis	8	5	13
		61.5%	38.5%	100.0%
Total		50	50	100
		50.0%	50.0%	100.0%



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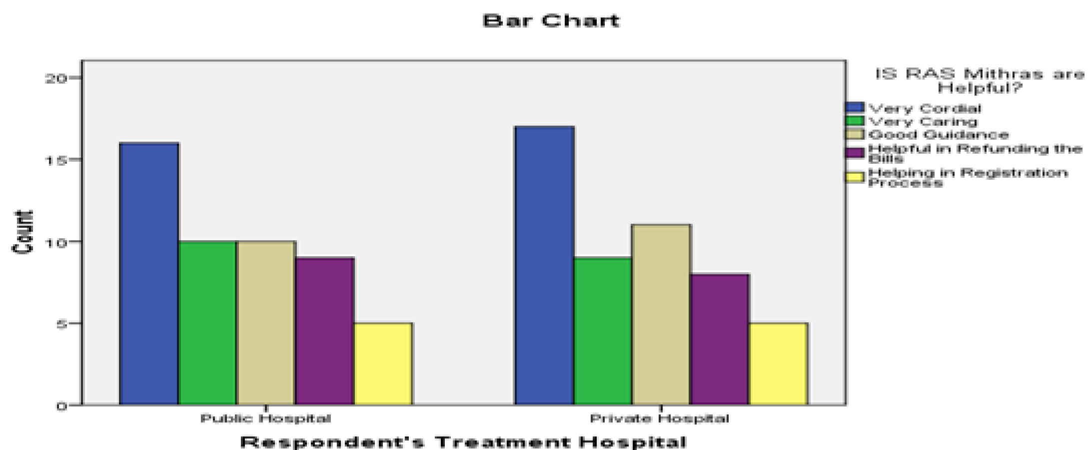
From the above table the government hospital providing treatment to the majority of 84% plastic surgery patients, followed by cardiac and dialysis with 66% and 62%. About 46% cases are recorded as Neuro and 29% are cancer. In Private hospitals 92% are Gynic, 83% are orthopedic and 71% are cancer patients of kemo and radiation processing patients. All are satisfied with RAS scheme in both the systems.

Table 3: Respondent's Treatment Hospital * IS RAS Mithras are Helpful?

Respondent's Treatment Hospital		IS RAS Mithras are Helpful?					Total
		Very Cordial	Very Caring	Good Guidance	Helpful in Refunding the Bills	Helping in Registrati on Process	
	Public Hospital	16 32.0%	10 20.0%	10 20.0%	9 18.0%	5 10.0%	50 100.0%
	Private Hospital	17 34.0%	9 18.0%	11 22.0%	8 16.0%	5 10.0%	50 100.0%
Total		33 33.0%	19 19.0%	21 21.0%	17 17.0%	10 10.0%	100 100.0%



This table explains about the opinion about Aarogyasri Mithras by the respondents from the hospitals. RAS Mithras are playing very crucial role in registration, guidance regarding admission process. Majority of the respondents expressed that 33% are very cordial with

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patients, followed by 21% are giving good guidance about the identified diseases and make them meet with RAMCO. Some 19% are caring and some17% is very helpful in refunding their bills from the trust.

RAS Mithras is always helpful in creating awareness and in guiding the process once they enter into hospital and more active in their duties. There is a demand for appointing more number of Mithras and health care personnel which lead to reduce time in the treatment.

Table 4: Respondent's Social Category * Is RAS Scheme is Really Beneficiary to Poor?

Respondent's Social Category		Is RAS Scheme is Really Beneficiary to Poor?			Total
		Yes	No	No Comment	
	General Category	11 91.7%	0 .0%	1 8.3%	12 100.0%
	BC	28 77.8%	0 .0%	8 22.2%	36 100.0%
	SC	23 85.2%	0 .0%	4 14.8%	27 100.0%
	ST	10 76.9%	2 15.4%	1 7.7%	13 100.0%
	Muslim	11 91.7%	0 .0%	1 8.3%	12 100.0%
Total		83 83.0%	2 2.0%	15 15.0%	100 100.0%

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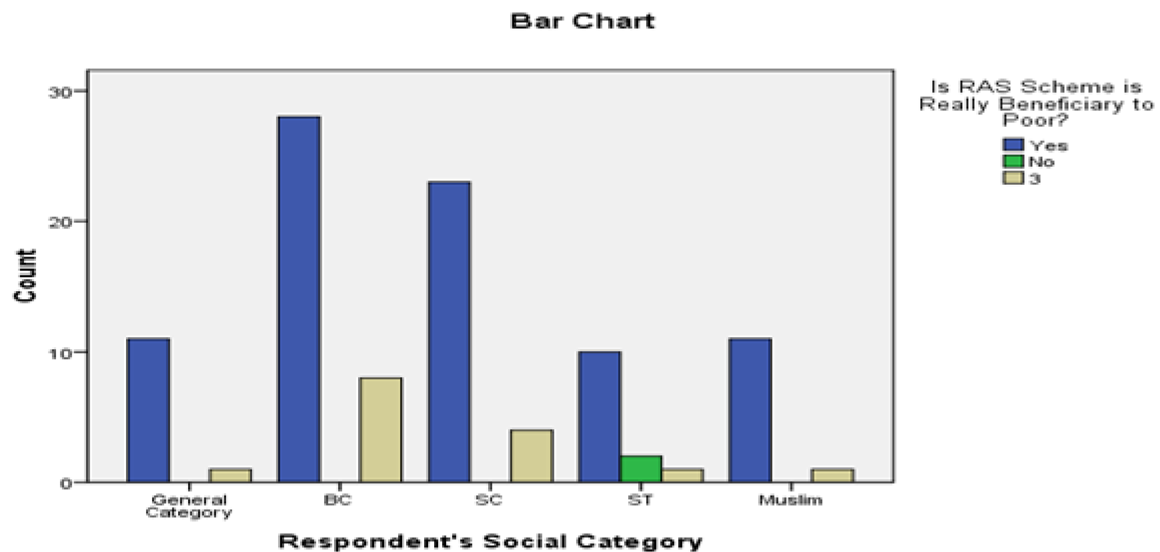

Rajiv Aarogyasri scheme is really helpful and benefited for the 14 lakh poor families through surgeries those who cannot afford the operation expenditures. It is really boon to the BPL families and those who are not avail RAS card, for them CMCO letter should be issued for the treatment under CM camp office insurance. Majority of SC 85% got benefited and around 92% muslims opined that poor got benefited from this scheme. In total 83% has opined many poor got benefited, and 15% they did not express any sign regarding beneficiary.

FINDINGS

- ✓ The Rajiv Aarogyasri Scheme is benefited to 2.01 crore BPL families in A.P
- ✓ It is really a innovative and health revolution and it is model scheme to other states of India
- ✓ Major identified diseases such as Cardiac, Neuro, Plastic Surgery, and Kidney Dialysis are treating for money sake in the private hospitals
- ✓ The Gandhi hospital has all the equipment and departments to provide treatment to all patients of RAS but there is a scarcity of Aarogya Mithras in this hospital
- ✓ In order to overcome management failures in RAS scheme the government should train the Mithras in medical terminology.
- ✓ It is good to give employment to any graduate but the training program should be mandatory for the Mithras to serve better in their duty
- ✓ CMCO is very useful for the non-beneficiaries of RAS scheme
- ✓ Children cardio-thoracic and Burn cases are treating well in the Government hospitals
- ✓ From November 2011 the Mithras salaries raised from 4800 to 7200 and Team Leader salary hiked 6600 to 9800

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- ✓ More number of SC patients are undergoing treatment, followed by BC and ST categories
- ✓ In total 14 lakh surgeries have taken place in the state of A.P it should continue in order to save the BPL families

SUGGESTIONS

- Fake BPL cards should be cancelled, and strict monitoring unit should work on this fake creation of cards
- Management loopholes should overcome through authentic committees
- Awareness should be raised with the help of print and visual media
- Health camps should be conducted on regular basis and Mithras participation should be made mandatory
- 25% Beds should be allocated in each and every hospital
- Health card should be issued immediately after marriage
- Single parent family also should be supported by RAS Scheme, apart from CMCO letter
- Corruption in the Hospitals should be reduced

CONCLUSION

The Rajiv Aarogyasri Scheme has been revolutionary in placing health care system in the public domain. It is a major landmark in India’s administrative to health and has emergered as a popular scheme among the masses through HRS (Health Sector Reforms). In the Aarogyasri scheme 14 lakh surgeries haven taken in the A.P State for BPL families. It is applicable to all BPL families without any regional caste creed and religious grounds. The RAS scheme is use to update everyday basis including surgeries and amount reimbursed per day.

We have attempted in this paper the most characteristic features of RAS scheme and examined the beneficiaries’ opinion and feedback from their perspective. Majority of the respondents are very much satisfied about the benefits of the scheme especially parents of cardiac children patients. Those who are not avail of this scheme and RAS card they will be provided by the CMCO letter from Chief Minister’s Camp Office, with this letter they can get free treatment alike BPL families or RAS Card holders. The RAS and CMCO covers almost 90% families in the state population.

Out of 933 diseases 133 diseases are giving treatment only at government hospitals in order overcome the private mismanagement. The Rajiv Aarogyasri Trust launched a Toll Free Number 1800-425-7788 will work around the clock through the state to know about all aspects of health scheme or assistance. After completion of 5 years, RAS scheme no other dare to dream about this and never try to introduce in any other Indian states.

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REFERENCES

Directorate of Economics and Statistics 2005. Statistical Abstract of Andhra Pradesh, Government of Andhra Pradesh, Hyderabad.

Johannes, P.J. 2003. Do Community-based Health Insurance Schemes Improve Poor People's Access to Health Care? Evidence from Rural Senegal. World Development Vol.32, No.2, pp.273-288.

Misra, V.K. and Puri, V.K. 2006. Indian Economy, Himalaya Publishing House, New Delhi.

Narayana, K.V. 2003. Size and Nature of Health Care System. Andhra Pradesh Development Economic Reforms and Challenges Ahead, Centre for Economic and Social Sciences, Hyderabad.

Narayanan, D. & Kent, R. 2006. The landscape of community health insurance in India: An overview based on 10 case studies. Science Direct, Health Policy 78, pp.224-234.

Pulla Rao, D.2007. Regional Variations in Health Care Services in Andhra Pradesh, Think India Quarterly, Vol.12, No.4 pp.88-9.

Mathiyazhagan,K. 1998. Willingness to Pay for Rural Health Insurance Through Community

Participation in India, International journal of health planning and management, Vol.13, pp. 47-67.

Rajan, S., Veena, S., & Srivatsan, R. 2011. Aarogyasri Health Care Model: Advantage Private Sector. Economic and Political Weekly, Vol.XLVI No.49, pp.38-42.

Ahuja, R. 2004. Health Insurance for the Poor. Economic and Political Weekly, Vol.39, No.41, pp.3171-3178.

Ramachandrudu, 2004. "Cost of Treatment, People's Choices and Health Sector Reforms in Andhra Pradesh", in Census 2001 and Human Development in India, (ed) Serials publications, New Delh.

Rao, Sujatha, 2004, "Health Insurance- Concepts, Issues and Challenges", EPW, Vol.22, No.34, pp.3835-3844.

Saisha, B.S and S.J, Manjunath, 2010, "Corporatisation of Health Care Sector in India", EPW, Vol.48, No.24, pp.49-51.

 Copyright © IJSSER 2019, All rights reserved

ISSN: 2455-8834

Volume: 04, Issue: 07 "July 2019"

Vijay Kumar, S. Ravikanth, S. & Leena, M. Vijayakumar, G. 2011. Hospital based prospective registration of stroke, severity, symptoms at teritary care hospital in Warangal, A.P., India. Journal of Medicine and Medical Sciences, Vol.2 (11), pp.1193-1201.

www.Rajivarogyasri.org. GoAP, Hyderabad

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