

**Internship Training at
Mukhyamantri Amrutum (MA) Yojana, State Nodal Cell,
Govt. of Gujarat**

By

Anirooddha Mukherjee

PGDHM

2012-2014



**International Institute of Health Management
Research**

Internship Training at
Mukhyamantri Amrutum Yojana,
Government of Gujarat

(1 February– 30 April, 2014)

**A Study on Knowledge about Mukhyamantri Amrutum
(MA) Yojana among ‘MA’ Beneficiaries in U.N. Mehta
Hospital, Ahmadabad: A Post Utilization Survey**

By

Anirooddha Mukharjee

Under the guidance of

Prof. Kirti Udayai

Post Graduate Diploma in Health Management

2012-2014



International Institute of Health Management Research

New Delhi

This certificate is awarded to

Anirooddha Mukherjee

In recognition of having successfully completed his

Internship in the department of

Mukhyamantri Amrutum (MA) Yojana, State Nodal Cell, Gandhinagar

and successfully completing his Dissertation Project on

A STUDY ON KNOWLEDGE ABOUT MUKHYAMANTRI AMRUTUM (MA)

YOJANA AMONG 'MA' BENEFICIARIES IN U.N.MEHTA HOSPITAL,

AHMEDABAD: A POST UTILIZATION SURVEY

12 February-30 April 2014

At

Mukhyamantri Amrutum (MA) Yojana, State Nodal Cell, Gandhinagar

He comes across as a committed, sincere & diligent person who has a

strong drive & zeal for learning

We wish him all the best for future endeavours.



Dr. Nitesh Shah
Public Health Manager
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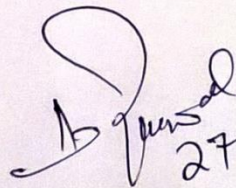
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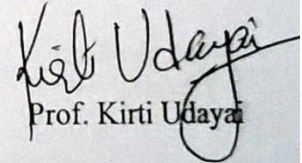
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The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The internship is in fulfillment of the course requirements. I wish him all success in all his future endeavors.


27/5/2014

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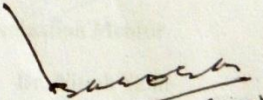
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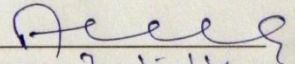
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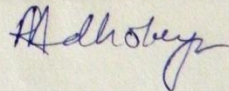
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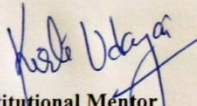
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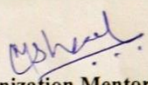
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This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.


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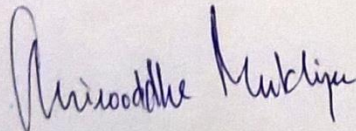


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(Anirooddha Mukherjee)

FEEDBACK FORM

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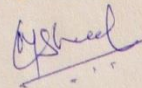
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Anirooddha Mukherjee

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Acronyms

1. BPL: Below Poverty Line
2. IEC: Information, Education, Communication
3. ISA: Implementation Support Agency
4. ISQua: International society for Quality in Healthcare
5. IT: Information Technology
6. JCI: Joint Commission International
7. MA: Mukhyamantri Amrutum
8. M&E: Monitoring and Evaluation
9. MIS: Management Information System
10. NABH: National Accreditation Board for Hospitals and Healthcare Organizations
11. QR: Quick Response
12. RSBY: Rashtriya Swasthya Bima Yojana
13. RTGS: Real Time Gross Settlement
14. SNC: State Nodal Cell

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SECTION 1

ABOUT THE ORGANIZATION

1.1 Introduction

Mukhyamantri Amrutum Yojana translates as Chief Minister's Scheme to provide tertiary care treatment to Below Poverty Line (BPL) population for catastrophic diseases. Families living below the poverty line are pushed into a vicious debt poverty cycle due to excessive expenditures arising out of catastrophic health shocks. To address this issue, the State Government of Gujarat has launched a medical care scheme called Mukhyamantri Amrutum "MA" Yojana since 4th September 2012. This is a 100% State funded Scheme. The objective of the scheme is to improve access of BPL families to quality tertiary medical and surgical care for the treatment of identified diseases involving hospitalization, surgeries and therapies through an empanelled network of health care providers.

MA provides an opportunity to the poorest of the poor beneficiaries to select hospitals of his/her choice from both private and public (government) hospitals for cashless hospitalization and treatment.

Under the Scheme, all beneficiaries can avail cashless quality medical and surgical treatment for catastrophic illnesses related to:

1. Cardiovascular Surgeries
2. Renal (Kidney)
3. Neurosurgeries
4. Burns
5. Poly-Trauma
6. Cancer (Malignancies) and
7. Neo-natal (newborn) diseases.

The claim load is up to Rs.2,00,000/- per BPL family per annum on a family floater basis. The scheme does not replace the existing public and private health care institutions. Instead, it gives an opportunity to both public and private health care institutions to promote quality healthcare services, Network Hospitals which are

registered under National Accreditation Board for Hospitals and Healthcare Providers (NABH)/ JCI (Joint Commission International)/ ACHS (Australia) or by any other accreditation body approved by International society for Quality in Healthcare (ISQua) are given 10% extra as quality incentive over and above the package rates.

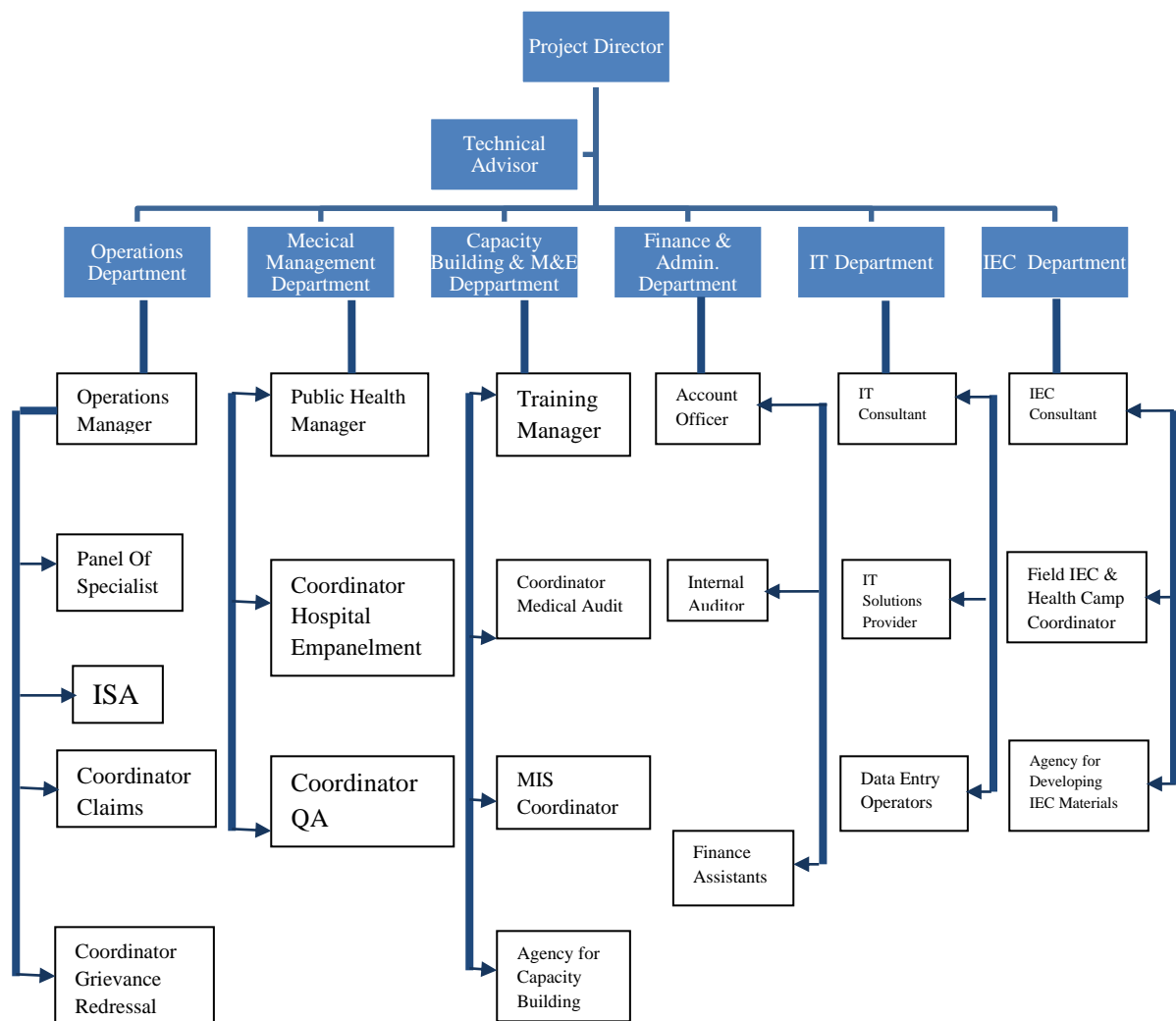
The services are delivered to the beneficiaries by means of a QR coded MA card. For effective distribution of these cards, a Technical Support Agency has been appointed, which is responsible for printing, issuing and distribution of cards to the targeted beneficiaries.

For left out BPL families, 226 Taluka Kiosks and 51 Civic Center have been established all over Gujarat. At these Kiosks, beneficiaries can enroll themselves, can get his/her card split, can add/delete family members, and can get a new card in case of a lost card.

Disbursement of the approved claims to the hospitals is made directly by a State Nodal Cell appointed by the Government of Gujarat directly via RTGS.

A robust system to control moral hazard through the use of technology has been deployed, wherein a QR coded plastic card containing photograph of head of the family/spouse, a unique registration no., biometric thumb impressions of all the enrolled family members, is issued to the beneficiary. The QR coded plastic card ensures the genuineness of beneficiaries and avoids duplication and frauds. Instances of forgery are thus monitored and controlled. A total of 21 lakh BPL families have been enrolled so far. A total of 22887 Preauthorization Claims have been received so far with an average of 60 to 70 pre-authorization claims per day. Till date over 45 Crore Rupees have been paid to network hospitals in claims amount. A 24x7 helpline has also been set up for the assistance of the beneficiaries. This helpline service receives about 300 calls requiring assistance in a day.

1.2 Organogram



SECTION 2

INTERNSHIP REPORT

2.1 Introduction

Internship is a part of the second year program, where we have to observe and learn the work culture of organization. Also it will be necessary to participate in various department/activities so we could orient our self with different departments that gives us first hand exposure. Internship is the process through which we can understand process of work and thereafter be able to involve in decision making.

I have been appointed as Field IEC & Health Camp Coordinator in Mukhyamantri Amrutum (MA) Yojana, Gujarat. The MA Yojana comes under the Commissionerate of Health, Family Welfare Medical Services and Medical Education of the Government of Gujarat.

2.2 Objective of Internship

- (a) To understand the structure and operations of the organization.
- (b) To learn various managerial and administrative skills needed to work in a government system
- (c) To ensure effectively implementation of MA Yojana in the State.
- (d) To identify existing gaps in human resource, service delivery quality, analysis and implementation of MA Yojana in the State.

2.3 Organizational Learning

- 1. Understood the functioning of Mukhyamantri Amrutum (MA) Yojana.
- 2. Understood the functioning of various departments like Operations, Medical Management, Capacity Building and M&E, Finance and Admin., IT and IEC.
- 3. Provided administrative and managerial support in the effective implementation and monitoring of MA Yojana in the State.
- 4. Coordinated with the Implementation Support Agency (ISA) in conduction of Mega Health Camps organized in various districts of the State.
- 5. Analyzed Mega Health Camp reports in terms of services availed by beneficiaries.

6. Met key resource persons from different media partners
7. Attended review meetings of MA Yojana and drafted agenda and minutes of the meetings

SECTION 3

Dissertation On Knowledge About

Mukhyamantri Amrutum (MA)

Yojana Among ‘MA’ Beneficiaries

In U.N. Mehta Hospital,

Ahmedabad: A Post Utilization

Survey

EXECUTIVE SUMMARY

This study aims to assess the knowledge of Mukhyamantri Amrutum (MA) Yojana beneficiaries regarding MA Yojana and to measure their satisfaction level after their utilization of the Scheme at U. N. Mehta Institute of Cardiology and Research Centre, Ahmedabad. Mukhyamantri Amrutum (MA) Yojana has been operational since 4th September 2012. The objective of the scheme is to improve access of BPL families to quality medical and surgical care for the treatment of identified diseases involving hospitalization, surgeries and therapies through an empanelled network of health care providers. There are almost 42 lakh BPL families in Gujarat and of which 21 Lakh families have already been enrolled under MA Yojana.

It was observed that a majority of patients availing treatment under the Yojana were getting treated for cardiology procedures. Out of those, a majority of the patients were getting treated at U. N. Mehta Hospital, Ahmedabad. A post-utilization survey was decided to be carried out of these patients. The study found out that 73% of the respondents had an average daily income between Rs. 100 and 150. Village Panchayat (19.39%) emerged as the most common source of knowledge about MA Yojana among the beneficiaries, followed by TV (16.73%), Radio (15.21%), friends and relatives (14.45%) and Aarogyamitra at hospital (12.55%). All 263 respondents were aware about 5 members of the family being covered under the Scheme. 92.02% of the respondents replied in the affirmative when asked if newborn was covered under MA Yojana. Out of the 242 respondents who had said that newborn was covered under the Scheme, 17.36% were not aware that the newborn is covered till the age of 1 one year.

The study found out that not a single beneficiary interview had paid for their treatment. Out of the total 263 respondents' interviews, 99.24% were satisfied by the scheduled visits of their treating physicians. 98.1% of the respondents said that the nurse attending to them was attentive to their needs. 86.3% of the 263 respondents interviewed said that free food was provided to them during their treatment at the hospital. Out of the 227 respondents who had received free of cost food at the Hospital, 93.83% respondents said that the food they had received was clean and

hygienic. All of the beneficiaries were found to be aware about their follow-up status. Out of the total 263 beneficiaries interviewed, a majority (85.17%) reported that they were highly satisfied by MA Yojana, while 9.51% (25) said that they were somewhat satisfied by the Yojana, and about 5% (14) said they were neither satisfied nor dissatisfied by MA Yojana.

3.1 Introduction

WHO defines health as the physical, psychological, social and spiritual well being of a person and not mere the absence of infirmity or diseases. The right to health is an essential component of the quality of life of the citizens in any nations. A developing nation like India has a major task in offering affordable health to its millions of people who belong to all strata of life. There is an ever-widening gap between the minority population who has access to quality health services and can afford the consequent expenditure and the majority population who has limited access to quality health services and often reach in the poverty of poverty through the consequent expenditure.

For people who are living below poverty line, an illness not only represents a permanent threat to their income and earning capacity, but in many cases it could also result in the family falling into a trap of debt. When the need to get treatment arises for poor families they often ignore it because of lack of resources, fearing loss of wages, or they wait till the last moment when it's too late. Health and poverty are interwoven. People living below the poverty line are subjected to poor living standards, poor surrounding environment, inadequate nutrition, overcrowding and lack of health awareness, which in turn leads to frequent occurrence of diseases. These families incur a catastrophic expenditure for getting treatment. To address this key vulnerability faced by the BPL population in the Gujarat, the State Government has launched a medical care scheme called Mukhyamantri Amrutum (MA) Yojana. This Scheme has been operational since 4th September 2012. The objective of the scheme is to improve access of BPL families to quality medical and surgical care for the treatment of identified diseases involving hospitalization, surgeries and therapies through an empanelled network of health care providers. There are almost 42 lakh BPL families in Gujarat and of which 21 Lakh families have already been enrolled under MA Yojana. Under MA Yojana catastrophic diseases are covered where tertiary care surgical treatment is required. Patients covered under MA Yojana get totally free treatment and don't have to pay anything for the treatment. The total sum assured for the BPL family is of Rs.2,00,000/- per family per annum on family

floater basis. A unit of five members (Head of family, spouse, and three dependents) of BPL family is covered under MA.

3.2 Review of Literature

Jaimin P. Patel et al (2013) conducted a study to identify the problems experienced by the beneficiaries of RSBY, measure their satisfaction level and out-of-pocket expenditure of the beneficiaries. The study revealed that RSBY beneficiaries were highly satisfied with the service provided but there was a lag in their knowledge regarding benefits provided under RSBY.

Lauren A. McCormack et al (2003) carried out a study to measure beneficiary knowledge of Medicare program. The study suggested that higher level of knowledge about one's own type of insurance may suggest that beneficiaries learn by experience.

Staphen T. Parente et al (January 2005) carried out a study to estimate the effect of customers' knowledge and their benefits in their insurance services. The findings suggested that customers' knowledge has been substantially positive towards their insurance services.

3.3 Rationale

Treatment under MA Yojana can be availed from the empanelled Government/Private hospitals based on the package rates fixed. Pre-existing conditions are covered from day one and there is no age limit. Coverage extends to five members of the family which includes the head of the households, spouse and up to three dependants. The Gujarat government has prepared a list of 544 surgical interventions and procedures to be included under the scheme. The success of any scheme/program depends on the utilization of the same and the satisfaction of the beneficiaries. Government of Gujarat has also paid due emphasis on quality of

services being provided to the patients. It has been observed that the majority of patients enrolled take treatment for cardiology-related diseases. Thus the study is being conducted in U. N. Mehta Institute of Cardiology and Research Centre, Ahmedabad. The study, thus, will attempt to understand the experiences of the people with the MA, their out of pocket expenditure for health services, awareness of the MA benefits along with an assessment of their satisfaction with the utilization of the scheme.

3.4 Research question

What is level of knowledge among MA beneficiaries about MA Yojana and what is their out-of-pocket expenditure?

3.5 Objectives

3.5.1 General Objective

To assess the level of knowledge and satisfaction among Mukhyamantri Amrutum (MA) Yojana beneficiaries about MA Yojana

3.5.2 Specific Objectives

- (1) To analyze the socio-demographic profile of MA beneficiaries
- (2) To assess the level of knowledge among MA beneficiaries about MA Yojana
- (3) To measure the satisfaction level of MA beneficiaries after availing treatment under Ma Yojana
- (4) To assess the direct out of pocket expenditure of beneficiaries while availing treatment under MA Yojana

3.6 Methodology

Study design: The present study was a cross sectional analytical study.

Study area and duration: The study was conducted from February, 2014 to April, 2014 in U.N. Mehta Institute of Cardiology and Research Centre, Ahmedabad.

Target Groups: The patients enrolled under MA Yojana and who have got treated in U.N. Mehta Institute of Cardiology and Research Centre, Ahmedabad from 1st February 2014 to 31st March 2014.

Sample Size: A sample size of 263 was achieved out of a total population of 825 patients who got treated at U.N. Mehta Institute of Cardiology and Research Centre, Ahmedabad from 1st February 2014 to 31st March 2014. This sample size was achieved at 95 % Confidence Interval (CI).

Sampling Technique: Systematic random sampling was done. Every 3rd person will be interviewed till the sample size is achieved.

Data Type:

- Primary data was collected through questionnaires via telephonic and face to face interview with the target respondents.
- Secondary data: List of patients who got treated in U.N. Mehta Institute of Cardiology and Research Centre, Ahmedabad from February 2014 to March 2014.

3.7 Analysis

Univariate analysis was performed using SPSS. The data gathered in this regard was analyzed under the heads: Patients socio-demographic profile, medical and other support services, details about hospitalization, their awareness about benefits of

scheme, any extra expenditure during treatment, satisfaction on the experience and problems encountered by the beneficiaries.

3.8 Findings

3.8.1 Demographic details

- As is evident from the above table, 76.8 % of the respondents were male and 23.2 % respondents were female.

Sex		
	Frequency	Percent
Male	202	76.8
Female	61	23.2
Total	263	100

Table 1. Information about sex of the beneficiaries

- The total daily income of the respondents did not exceed Rs. 150. A majority of the respondents (73%) reported their daily income to be between Rs. 100 and 150, while 71 respondents (27%) said that their daily income was below Rs. 100.

Daily Income (Rs.)		
	Frequency	Percent
Below 100	71	27.00
100-150	192	73.00
Total	263	100

Table 2. Information about daily income of the beneficiaries

3.8.2 Knowledge and awareness level of the MA beneficiaries about MA Yojana

- Village Panchayat (19.39%) emerged as the most common source of knowledge about MA Yojana among the beneficiaries, followed by TV (16.73%), Radio (15.21%), and friends and relatives (14.45%). A significant percentage of the beneficiaries (12.55%) got to know about MA Yojana through the Aarogyamitra, underlining the importance of these frontline workers in the success of the Yojana.

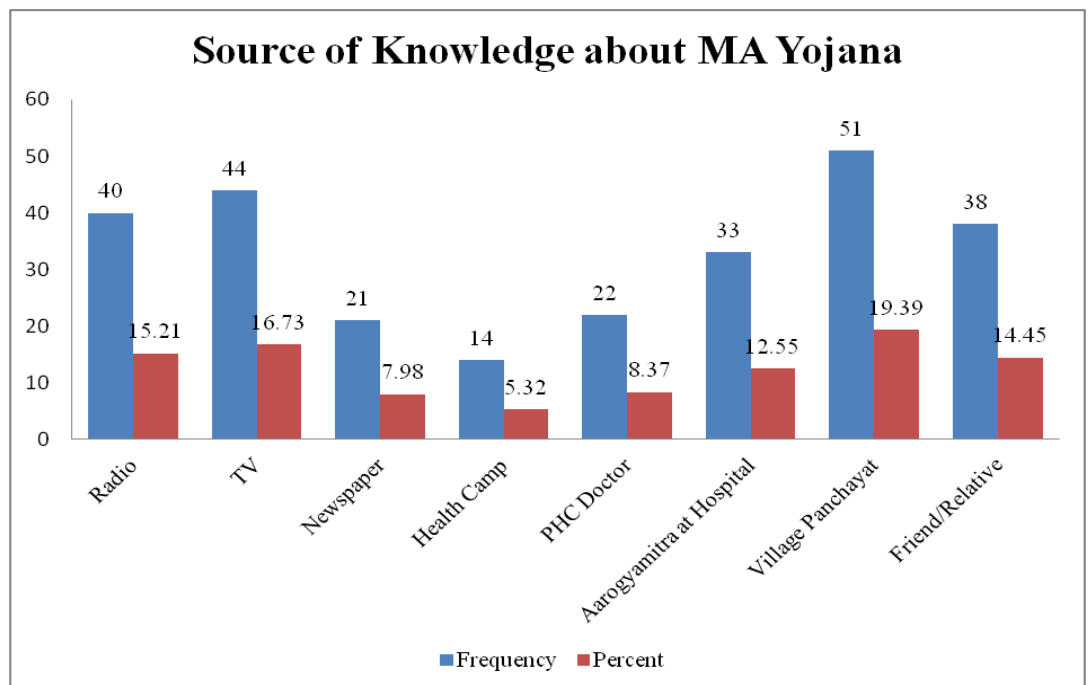


Figure 1. Source of knowledge about MA Yojana

- When asked about how many members of the family were covered under MA Yojana, every single respondent replied that 5 members of the family were covered under the Yojana. This signifies that this basic information about the Yojana has percolated well into the targeted population.

- The knowledge about the newborn being under the Yojana was lower among the respondents as compared to the knowledge about the number of family members covered, as 92.02% (242) of the respondents replied in the affirmative when asked if newborn was covered under MA Yojana. Close to 8% (21) of the respondents said that newborn was not covered.

Knowledge about Newborn being covered under MA Yojana		
	Frequency	Percent
No. of respondents answering Yes	242	92.02
No. of respondents answering No	21	7.98
Total respondents	263	100

Table 3. Knowledge about Newborn being covered under MA Yojana

- Out of the 242 respondents who had said that newborn was covered under the Scheme, 17.36% (42) were not aware that the newborn is covered under the Yojana till the age of 1 one year. However, 82.64% (200) of the respondents were aware of this fact.

Knowledge about the age till which newborn is covered		
	Frequency	Percent
Till 1 Year	200	82.64
Above 1 Year	42	17.36
Total	242	100

Table 4. Knowledge about the age till which newborn is covered

3.8.3 Treatment experience and direct Out of Pocket expenditure of the MA beneficiaries while availing treatment

- When asked whether they had paid for the treatment they had received under MA Yojana, not a single beneficiary reported to have paid for the treatment. This finding signifies that the direct out-of –pocket expenditure of MA beneficiaries while availing treatment under MA Yojana has been zero. This direct out-of-pocket expenditure could have arisen out of procedure charges, diagnostic test charges, medicine charges, food and transportation charges, follow-up charges. All these charges are covered under the benefit package provided by MA Yojana.

- Out of the total 263 respondents' interviews, only 2 said that the treating physician did not visit them on schedule. 99.24% of the respondents were satisfied by the scheduled visits of their treating physicians. 98.1% (258) of the respondents said that the nurse attending to them was attentive to their needs. Only 1.9% (5) of the respondents replied in the negative when asked whether the nurse attending to them was attentive to their needs.

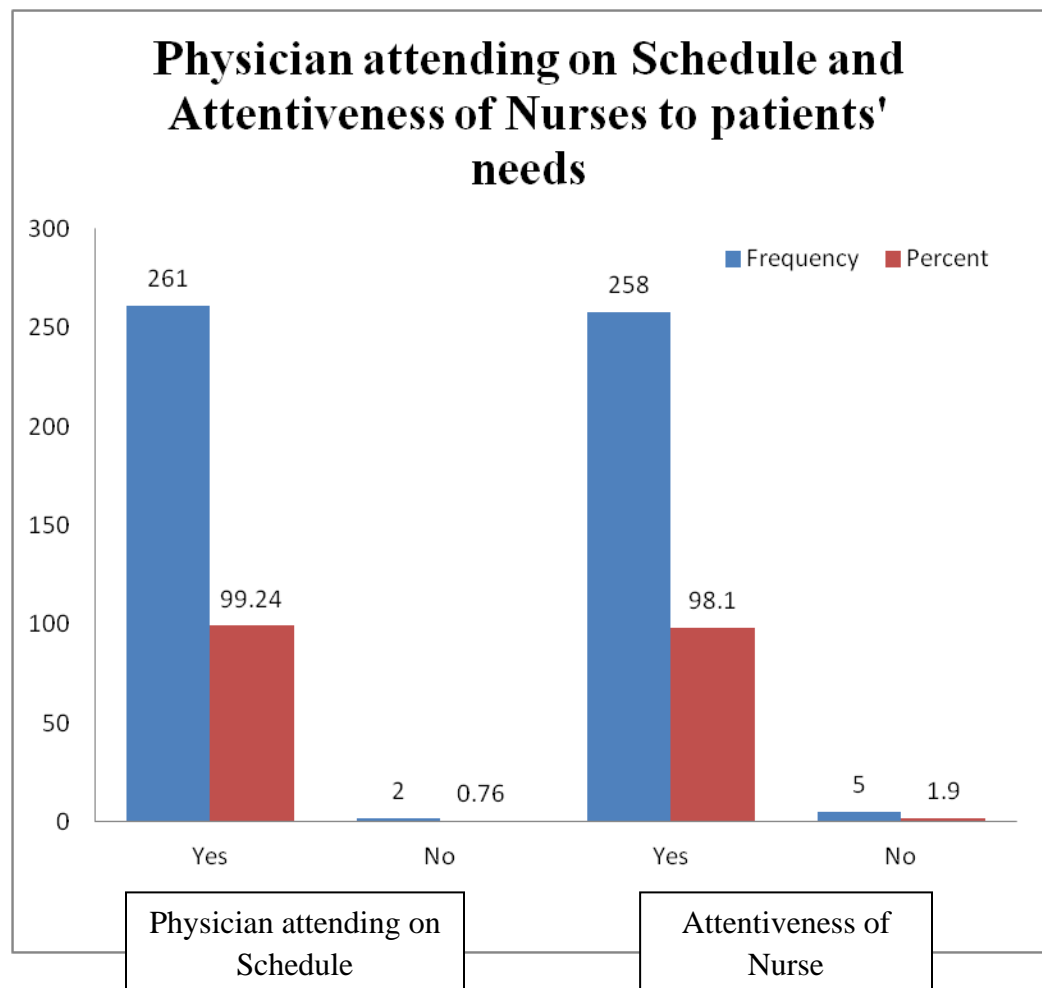


Figure 2. Information about attentiveness of physician and nurse

- Out of the total 263 respondents interviewed, 86.3% said that free food was provided to them during their treatment at the hospital. The remaining 13.7% who said that free food was not provided to them had made their own arrangements for food and that's why they did not avail the free food facility at the hospital.

Free of Cost Food Provided		
	Frequency	Percent
No. of respondents answering Yes	227	86.3
No. of respondents answering No	36	13.7
Total respondents	263	100

Table 5. Free of Cost Food provided to beneficiaries

- Out of the 227 respondents who had received free of cost food at the Hospital, 93.83% respondents said that the food they had received was clean and hygienic, while 6.17% said said that it was not.

Clean and hygienic Food Provided		
	Frequency	Percent
No. of respondents answering Yes	213	93.83
No. of respondents answering No	14	6.17
Total respondents	227	100

Table 6. Clean and hygienic food provided to beneficiaries

- All of the beneficiaries were found to be aware about their follow-up status. 66.92% (176) respondents had been called for follow up after their treatment, while 33.08% (87) were not called for any follow-up.

Called For Follow-Up		
	Frequency	Percent
No. of respondents answering Yes	176	66.92
No. of respondents answering No	87	33.08
Total respondents	263	100

Table 7. Follow-up status of the beneficiaries

3.8.4 Satisfaction Level of MA beneficiaries

Out of the total 263 beneficiaries interviewed, 85.17% (224) reported that they were highly satisfied by MA Yojana, while 9.51% (25) said that they were somewhat satisfied by the Yojana, and about 5%(14) said they were neither satisfied nor dissatisfied by MA Yojana.

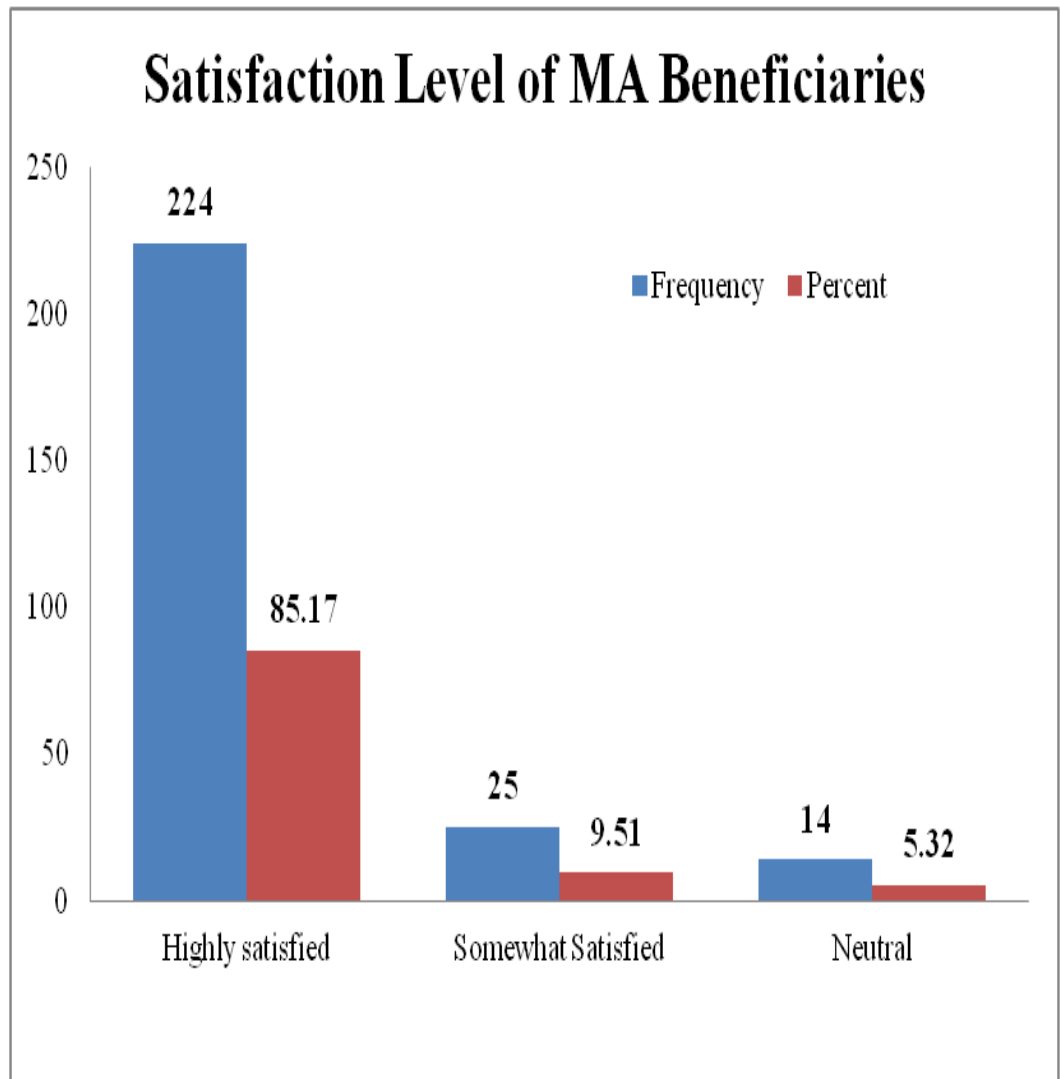


Figure 3. Satisfaction Level of MA beneficiaries

3.9 Conclusion and Recommendations

3.9.1 Conclusion

This study has been carried out when the Scheme has been 1.5 years into its operation. This flagship program of the state Government has won accolades all over for its totally cashless operation and its impact on reducing the catastrophic health expenditures of the BPL population of the State.

Some key facilitating factors which have been instrumental in making the Scheme a success are:

1. **Transportation Charges:** An amount of Rs. 300 is being given to every single beneficiary. This facilitates the patients' visit to and from the healthcare institution and they do not have to spend out of their pocket for transportation.
2. **Free of cost, clean and hygienic food:** While the treatment of the beneficiary is going on in the healthcare institution, free of cost, clean and hygienic food is being provided to them. This ensures proper nutrition to the beneficiary while their treatment and also prevents out of pocket expenditure of the patient on food.
3. **Totally cashless hospitalization:** The patient does not have to spend a single penny out of his pocket on any aspect of treatment, be it the procedure, diagnostic charges, medicine charges, or follow-up charges. This makes the Scheme a one-of-its-kind health protection scheme.
4. **Strong connect with the target population:** A majority of the target population is aware about the cashless nature of the Scheme, number of family members covered under the scheme, and the provision of newborn being covered under the Scheme.

3.9.2 Recommendations

- Awareness levels regarding all the benefits of MA Yojana need to be increased by intensive IEC activities and better publicity about the scheme.
- Satisfaction level in study is high but there is a chance of improvement. Enhanced IEC activities regarding the provision of newborn being covered under the Scheme till the age of one year should be put in place.
- During hospitalization, an information booklet containing detailed information about the Scheme, for example, number of procedures covered, claim load, number of empanelled hospitals may be provided in the local language to the patient.

3.10 Limitations of the Study

- A combination of telephonic and face-to-face interview was adopted to collect data for the study as some of the respondents resided in far-flung districts, and some of the respondents could not be located at their given residential address. These respondents were located through telephone.
- The quality of food provided was not seen and verified in person and the findings were based on answers given by the respondents. This was because the present study is a post-utilization survey, and observations were made only from beneficiaries who had availed benefits under the Scheme.
- The transportation charges of Rs. 300 being provided to the beneficiaries does not ensure zero out-of-pocket expenditure on travel for the beneficiaries as the distances being travelled by them is not same and hence travel expenditures can vary across districts and modes of transport.

3.11 Ethical consideration

The consent of selected patient was taken before interview. The nature and purpose of the study was well explained and communicated to them. The patient had the right to deny at any point of time during interview. The confidentiality and privacy of the information was maintained and this data was solely used for study and research purpose.

3.12 References

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