CHAPTER-06

ANALYSIS OF SERVICE DELIVERY BY EMPANELED PRIVATE AND PUBLIC HOSPITALS UNDER AYUSHMAN BHARAT-AROGYA KARNATAKA SCHEME UNDER THE SUPER SPECIALTY DEPARTMENTS OF ONCOLOGY, CARDIOLOGY, NEUROLOGY AND UROLOGY IN KARNATAKA FOR THE FY 2022-2023

[1]Sahana K Mohan
[1]Student, IIHMR University

[2]Dr. J.P. Singh
[2]Professor, IIHMR University

DOI: https://doi.org/10.52458/9788197040849.2024.eb.ch-06
Ch.Id:- IIHMR/GRF/EB/THMPG/2024/Ch-06

INTRODUCTION

The National Health Policy 2017 highlighted a significant increase in out-of-pocket expenditure on healthcare in both rural (6.9%) and urban (5.5%) areas, adding financial strain to households. In response, the government of Karnataka introduced the Arogya Karnataka program on March 2, 2018. This initiative aimed to alleviate the financial burden on families, enhance the affordability of healthcare, and improve access to quality health services for the public. A key goal was to achieve Universal Health Coverage (UHC), ensuring that all individuals have access to necessary health services without facing financial constraints. Concurrently, the Government of India launched Ayushman Bharat with similar objectives. Recognizing the synergy between the two programs, they were co-branded and collectively named the "Ayushman Bharat-Arogya Karnataka scheme." This joint effort operates in an Assurance Mode, emphasizing the commitment to providing comprehensive health coverage and minimizing financial barriers for the population [1].

The financial responsibility for beneficiaries under the Ayushman Bharat-Arogya Karnataka scheme is divided, with the Government of India contributing 60% of the expenses, and the Karnataka state covering the remaining 40%. The central share comprises beneficiaries identified in the SECC data 2011 and additional RSBY beneficiaries, totaling 62 lakh families. The state share includes costs for these 62 lakh families, as well as 100% coverage for the remaining eligible families and general families.

The comprehensive scheme encompasses a range of medical procedures, including simple secondary, complex secondary, tertiary, and emergency procedures. Primary treatments and basic secondary procedures are limited to Public Health Institutions (PHIs). Complex secondary procedures, tertiary procedures, and emergency procedures can be performed in both PHIs and private hospitals that are empanelled with the scheme. In cases of emergency procedures, patients have the flexibility to directly choose empanelled hospitals for treatment without requiring a prior referral [2].

Over time, the Karnataka government, through the ABPMJAY-ArK scheme, has implemented various measures to improve and optimize the program for increased service utilization. One notable initiative is the gatekeeping mechanism, which mandates that government facilities exclusively manage a specified set of 294 identified simple secondary procedures. This strategy aims to fortify the public healthcare system by guaranteeing that these procedures are exclusively conducted at government facilities [3].

RESEARCH OBJECTIVES

1. To investigate the factors contributing to the increased rate of referrals in the selected super specialty departments within the state of Karnataka.
2. To examine the impact of socio-economic and demographic factors on the utilization of services in the super specialty departments.
3. To determine the districts with the highest incidence of portable cases within these super specialty departments.

RESEARCH METHODOLOGY

The research followed a descriptive analytical study design, utilizing secondary data retrieved from the SAST portal for the financial period of 2022-2023. The focus was on analyzing pre-authorizations within the selected super specialties, namely Cardiology, Neurology, Oncology, and Urology, under the Ayushman Bharat-PMJAY-Arogya Karnataka scheme. Microsoft Excel was employed for initial data analysis, and Tableau software facilitated further graphical exploration. Notably, the study maintained a commitment to patient confidentiality by abstaining from the use of any personally identifiable information. The research was conducted in the state of Karnataka, situated in Southern India, with the study period spanning the financial year 2022-2023, from April 2022 to March 2023. Inclusion criteria involved pre-authorizations raised for targeted beneficiaries within the specified super specialties, while all pre-authorizations under packages outside these specialties were excluded from the study.

RESULTS & DISCUSSION

In the realm of oncology services, the primary districts driving service utilization are Bengaluru Urban, Mysuru, Dakshina Kannada, and Dharwad, collectively contributing to 70% of all oncology pre-authorizations. Conversely, districts like Chamarajanagar, Chikkaballapura, Chikkamagaluru, Raichur, and Ramanagara have shown negligible contribution, possibly due to limited-service availability in these areas, accentuating the urban-centric concentration of services. Moving to urology services, the prominent districts in terms of pre-authorizations are Bengaluru Urban, Davanagere, Dharwad, Kalaburagi, and Mysuru, constituting 53% of the total pre-authorizations. In districts with lower participation such as Chamarajanagar, Chikkaballapura, Haveri, Raichur, and Ramanagara, the collective pre-authorizations are minimal at around 1.3%. Despite variations in numbers, the absence of districts without pre-authorizations can be attributed to the lower count of empaneled hospitals offering urological care in these regions.

Concerning hospital contributions, the top 5 facilities, both government and private, have played a pivotal role. Government hospitals have led in volume, accounting for almost 96.5% of all pre-authorizations, whereas private facilities, though contributing less to volume, still represent a notable 24.5% of the overall pre-authorizations.

Analyzing private and government facilities separately, the top 5 facilities in each category have raised 2282 and 4586 pre-authorizations, respectively. In government facilities, nearly 80% of pre-authorizations are concentrated in the top 5 hospitals, while in private facilities, the top 5 contribute to approximately 30% of the total private pre-authorizations. The dominance of government hospitals is even more pronounced when considering the top 5 facilities, which collectively account for almost 98% of pre-authorizations, emphasizing their significant role in service delivery. In contrast, the top private facilities contribute to around 30% of the total private pre-authorizations, indicating a more distributed landscape in private healthcare service utilization.

CONCLUSION

Since the initiation of the ABPMJAY-ARK scheme in Karnataka, there has been a consistent rise in the utilization of super specialty packages across all districts. The study delves into both the demand and supply aspects of care under this scheme in the state, shedding light on critical areas. Notably, the findings reveal that within the study period (FY2022-2023), there are 121 hospitals offering cardiac care, 138 hospitals providing neurology care, 218 hospitals specializing in urology, and 88 hospitals catering to oncology services. The overall landscape comprises 280 private empaneled hospitals and 38 government hospitals, collectively serving these four super specialties.

An intriguing trend emerges in the data, indicating that across all super specialties, private hospitals exhibit a higher number of pre-authorizations compared to their government counterparts—a pattern observed nationwide. However, it is noteworthy that, on average, a single private hospital raises fewer pre-authorizations than a government facility. Specifically, government facilities, with an average of 1500 pre-authorizations, raise nearly five times more than private facilities, which average around 300 pre-authorizations. This discrepancy may stem from the wider geographic reach of private hospitals, making them more accessible to beneficiaries. The ease of accessing private hospitals compared to government facilities remains a focus area for policymakers to enhance service utilization at public facilities**.**

REFERENCES

1. http://arogya.karnataka.gov.in/sast/english/index.php/site-map/2018-11-23-07-28-59/about-ABPMJAY-ArK
2. Rao, A. K., Shrisharath, K., Nanjesh Kumar, S., Hiremath, S., Jagannath, P., & Erappa, S. (2022). A study on the utilization of Ayushman Bharat arogya scheme among patients admitted to a tertiary care hospital during Covid pandemic. Biomedicine, 42(6), 1233-1236.
3. Angell, B. J., Prinja, S., Gupt, A., Jha, V., & Jan, S. (2019). The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana and the path to universal health coverage in India: Overcoming the challenges of stewardship and governance. PLoS medicine, 16(3), e1002759.