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Research Article

Access To Care, Cost Of Care, And Satisfaction With Care Among Adults With Private And Public Health Insurance In India

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ABSTRACT

Currently health insurance expansions is a major aspect of health care reforms in India. In budget 2023, INR 88,956 core was allotted to health expenditure in the union budget. The present study was conducted to access awareness on Health Care Policy among Public and to collect Information about satisfaction, affordability and comparison of Health care policies globally. The study was a cross sectional study, pre validated questionnaires was administered to the participants. Total of 117 participants who had private (individually purchased and employer sponsored coverage) or public health insurance (Military coverage or government) enrolled and completed the study. Out of 117 individuals respond (49%) male and 52% were female. Among respondents , most were covered with private insurance (50.9%) even though majority comes under BPL only 21.4% opted for government health insurance and the basic reasons behind choosing private insurance were basic coverage – 37.5% , claim settlement -8% , renewal age – 7.3% , sum insured – 0.8% and 46.4% due to combined reasons . 38.9% preferred health insurance agents to get information on health insurance , when analysis the retention ratio with policy provider only 37.5% were associated with same insurance policy provider for >4 years, which covered doctors visit (10.8%) , pregnancy and child birth(2.8%) , emergency room visits (18%), inpatient and outpatient care(9.9%) in the current policy and were satisfied with current insurance provider because of its affordability (31.3%) , claim (30.4%) , coverage (18.8%) , hospital networking (19.6 %). When analyzing health policy payment majority are depended on self for paying the premium (53.2%) out of which 28.6% feel very difficult to pay health insurance and analyzing their satisfaction only 25% claimed recently and 47% found it easy to access the hospital network. One of the major finding in the study 23.2% planned for additional health policy because of lack of health insurance cover in existing policy which caused

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to skip doctor's appointment and reasons are skip doctor's appointment, delay and medicine not covered under insurance. The present study concludes that majority depend on private policy and also felt difficulty to pay premium of the policy are under BPL. Lack of awareness about government policies is may also be one of the reasons in the selection of private policies. So concerned department of government along with health care providers should generate awareness among public to promote government policies which are found to be affordable among low income populations.

INTRODUCTION

Government of India spent 2.1% of GDP in health expenditure 2023 by making health policies via Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana. Since there is shortage of supplies and staffs in Government facilities, many opt for Private providers and pay from their pockets. Recently, tax financed National Health Protection Scheme (Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana, or PM-JAY) has been launched by the Government to low income people allowing them to get secondary and tertiary care at Private facilities cashless. Pradhan Mantri Jan Arogya Yojana also known as Ayushman Bharat Yojana is a scheme which aims to provide healthcare facilities to the economically weaker section of the society. [1] It was officially launched by Prime Minister on 23rd September 2018, and about 50 core Indian citizens are covered under this health insurance scheme. Over 4,406,461 beneficiaries, over ten core e-cards were issued and around 18,059 hospitals were enlisted under the scheme as of September 2019. Beneficiaries of PM Jan Arogya Yojana get an e-card which can be used to avail of services at an enlisted hospitals, private or public. Three days of pre-hospitalization and fifteen days of post-hospitalization are covered under the scheme. Rs 5 lakh coverage is provided to every family per sunder PMJAY scheme thereby helps economically weaker section of the body.

Some of the critical illness that are covered are as follows:

1. Carotid angioplasty with stent
2. Skull base surgery
3. Laryngopharyngectomy with gastric pull up
4. Pulmonary valve replacement
5. Anterior spine fixation
6. Prostate cancer

Here are some exclusions under PMJAY:

1. Organ transplants
2. Cosmetic related procedures
3. Individual diagnostics
4. OPD
5. Drug rehabilitation programme
6. Fertility related procedures

OBJECTIVES:

- To access awareness on Health Care Policy among Public
- To estimate total number of participants under Insurance coverage
- To collect Information about satisfaction, affordability
- Merits and demerits of existing policies (Government and private)
- Comparison of Health Care Policies Globally

METHODOLOGY

Study type:

Cross sectional study

Study site:

The study will was an offline survey which was conducted among the community.

Sample size:

The study enrolled people during the time schedule allotted for the project including other circumstances.

Study Duration:

The study were conducted for a duration of three months from 1/01/2023 to 30/03/2023.

Inclusion criteria:



a. Individuals who were willing to participate and voluntarily enrolled in the study

Exclusion criteria:

a. Individuals who were not willing to participate

Data source:

Data's were collected through offline surveys using structured questionnaires adapted from previous studies, and modified to suit our purpose. Questionnaire was prepared in English language including all relevant variables based on the objectives of study.

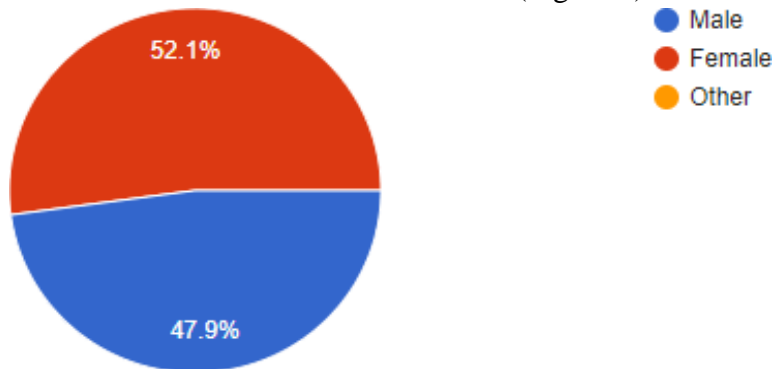
The tools used have four section designed to address;

1. Socio-demographic characteristics,

2. Knowledge, participants towards health insurance and affordability

RESULT AND DISCUSSION

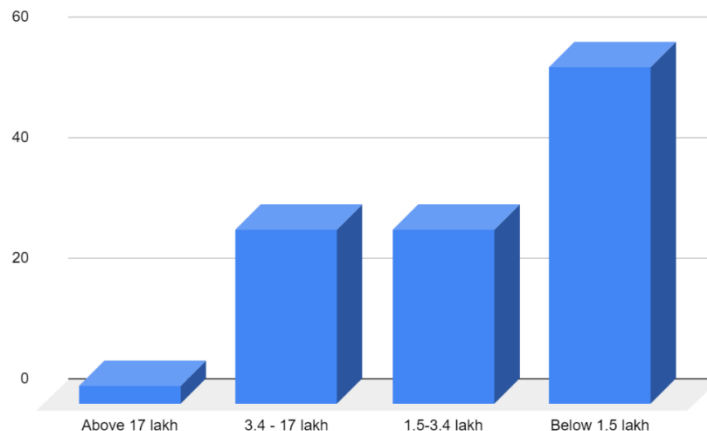
Currently health insurance expansions is a major aspect of health care reforms in India. In budget 2023, INR 88,956 core was allocated to health expenditure in the Union Budget. Government of India is also providing various health insurance schemes for benefits of needy. The present study is an attempt to access to care, cost and satisfaction in terms of coverage, affordability was analyzed. The study was a cross sectional study where revalidation questionnaires were administered to the participants. Total of 117 participants enrolled & completed the study 47.9% male and 52 % were female. (Figure 1)



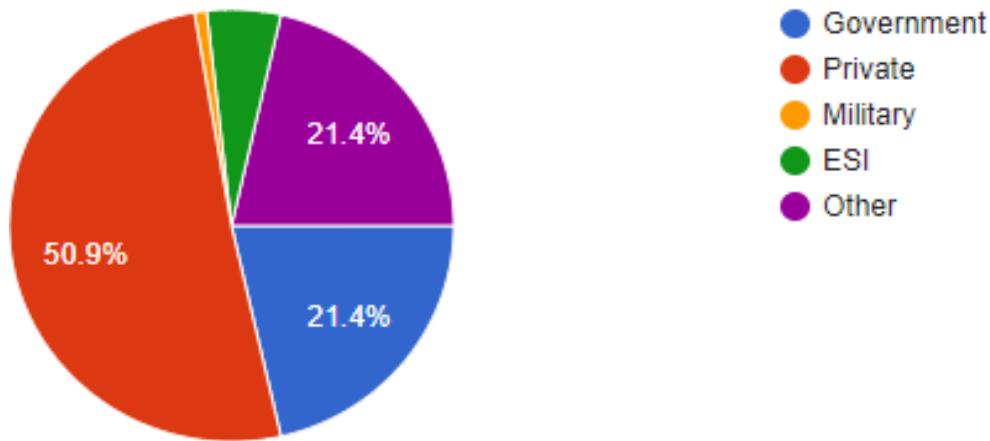
Gender percentage (figure1)

Majority 47.9 % of participants had an annual income less than 1.5 lakh (figure 2). 60.7% consider health insurance is extremely important out of which 78.6% had health insurance (figure 4)

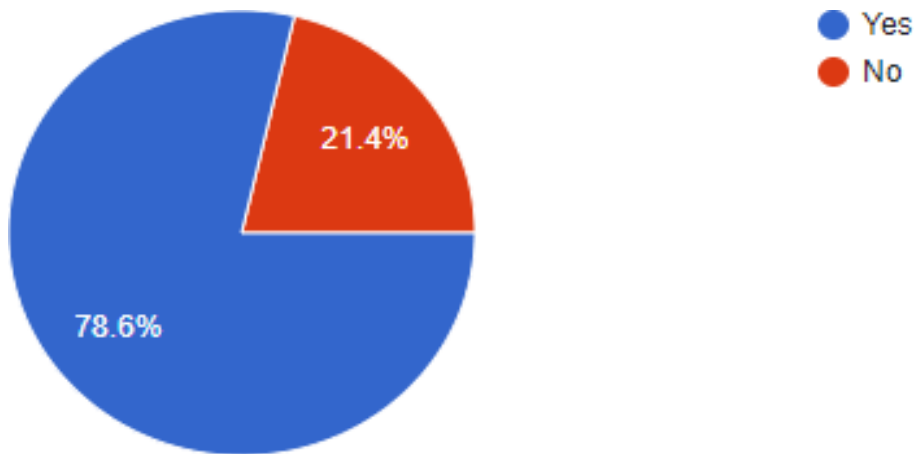
& 50.9% had private insurance even though majority 47.9% comes under BPL only 21.4% opted government policy (figure 3)



Annual income range percentage (figure 2)



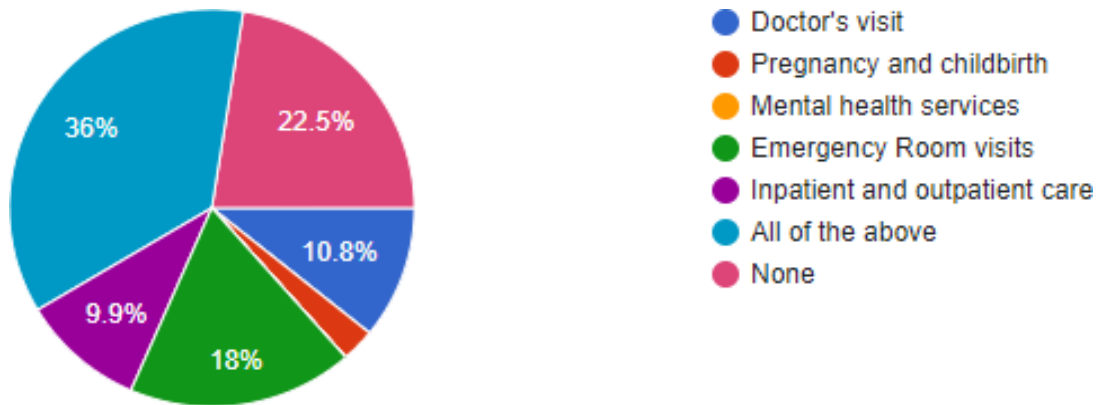
Type of health insurance (figure 3)



Percentage of people who had health insurance coverage (figure 4)

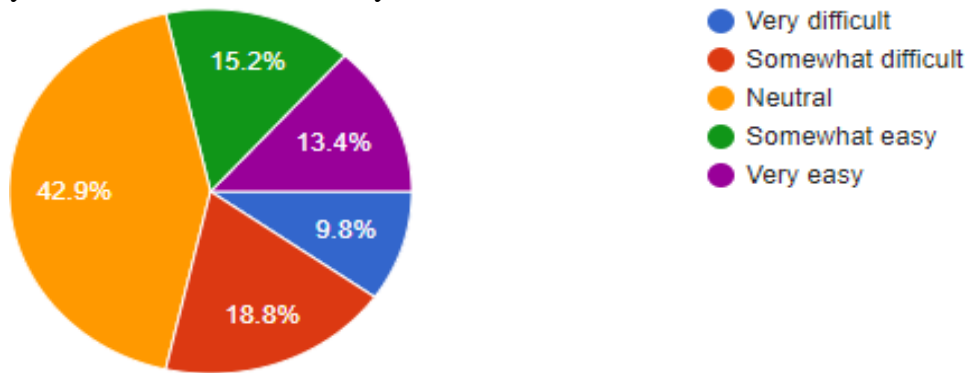
And the basic reasons behind choosing insurance were basic coverage – 37.5% , claim settlement -8% , renewal age – 7.3% , sum insured – 0.8% and 46.4% due to combined reasons . 38.9% preferred health insurance agents to get information on health insurance , when analysis the retention ratio only 37.5% were associated insurance policy provider for >4 years . Most 36%

covered doctors visit , pregnancy and child birth , mental health services , emergency room visits , impatient and outpatient care in the current policy (figure 5) and the participants are satisfied with current insurance provider because of its affordability (31.3%) , claim (30.4%) , coverage (18.8%) , hospital networking (19.6 %).



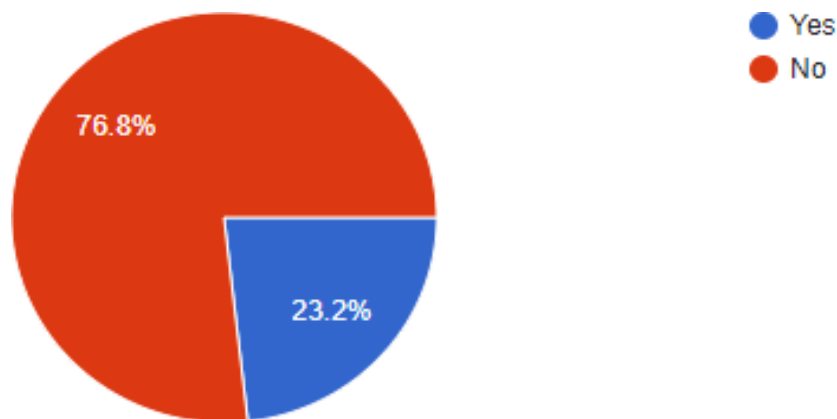
Percentage of characteristics covered under insurance policy (figure 5)

Majority are depended on self-paid (53.2%) insurance policy (figure 6) and 28.6% feel very difficult to pay health insurance and only 25% claimed recently and 47% found it easy to access the hospital network.



Percentage of mode of payment (figure 6)

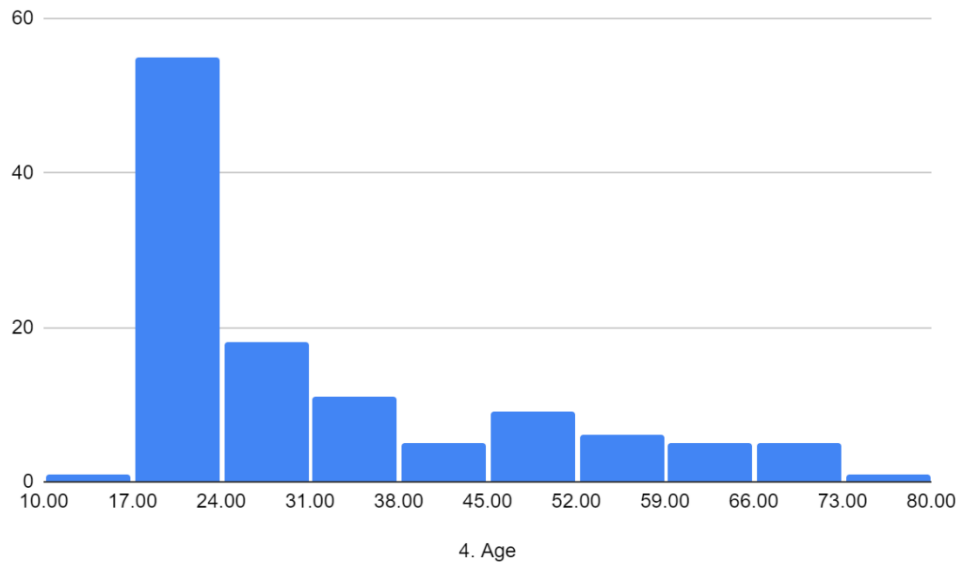
One of the major finding in the study is 23.2% planned for one more health policy (figure 7) because of lack of health insurance cover and reasons are skip doctor's appointment , delay , medicine not covered and 5.4% switched to new policy.



Percentage of people who has plans of purchasing one more health policy (figure 7)

The present study observation is that majority depend on private policy and also felt difficulty to pay premium of the policy. Lack of awareness about government policies is may also one of the reasons in the selection of private policies. So concerned department of government along with health care providers should generate awareness among public to promote government policies

which are found to be affordable among low income populations.



Age of people with insurance covered in percentage (figure 8)

The study revealed that a large proportion of children below the age of 15 and geriatric individuals are not covered by insurance policies in India (figure 8). This can be attributed to a lack of awareness about public insurance options for these groups and the absence of coverage for preexisting illnesses under private insurance policies. The lack of coverage can exacerbate

health conditions, particularly for the elderly population. Addressing these issues by promoting public insurance options and providing coverage for preexisting illnesses could significantly improve the health outcomes for children and geriatric individuals in India.

Merits and demerits we found out between Public and Private Insurance through the study are:

AYUSHMAN	PRIVATE INSURANCE
Premium is paid by the State and Central Government	Premium is paid by the insured , making it difficult for the insured to pay during loss of a job or adversity
There is no waiting period for preexisting ailments	There is waiting period for preexisting ailments because of which many manipulate the insurance along with the insurance agent
By this portable health coverage beneficiaries can visit any enlisted / network hospitals both private and public hospitals in India	They can visit only those hospitals which accepts their insurance , hence lack of hospital networking leading to less option during emergency
Covers expenses of pre hospitalization up to 3 days and post hospitalization up to 15 days because of which many do not complete their healing and post rest which is required to be	Covers expenses of pre hospitalization up to 60 days and 180 days

done in the hospital	
Single private hospital rooms may or maynot be available leading to purchase of private health insurance	Single private hospital rooms available
OPD covers not covered , making it of no use for the people with monthly check ups and minor health issues	OPD expenses are covered including doctorsconsultation costs etc.
Sum insured is only up to 5 lakh , above which will be spent from the pocket	Sum insured up to 3 core INR
Only 9 critical illness are covered excluding lung cancer , stroke , paralysis etc. because of patents with common major illness do not receive treatment on time	Most plan covers 20+ critical illness , includinglung cancer , stroke , paralysis

This section compares the public health insurance provided by the highest spending countries on health care i.e. U.S and Germany.[1,2,3,4,5,6] The

goal is not to copy these ideas exactly but rather to gain a greater knowledge of what has worked abroad and whether it can be applied to India.

	Germany	India	US
Mandatory	Yes	No	No
Who can choose	<ul style="list-style-type: none"> • Employees earning less than 64,350 E/ year • Students under 30 	<p>RURAL</p> <ul style="list-style-type: none"> • Only one room with Kucha walls • No adult member between 16-59 • Households with no adult male member between ages 16 to 59 • Disable member and no able-bodies adult member • SC/ST households deriving a major part of their income from manual casual labour <p>URBAN</p> <ul style="list-style-type: none"> • Rag picker • Beggar • Domestic Worker • Street vendor/ Cobbler/Hawker other service provider • Construction worker/Plumber/ Mansion/ Labor/ Painter/ welder/ Security guard/ Coolie and other head-load worker • Sweeper/ Sanitation Worker/Mali • Home-based worker/ Artisan/ Handicrafts worker/ Tailor 	<p>MEDICAID :</p> <ul style="list-style-type: none"> • Low-income children and adults • Pregnant women • People with disabilities • Above 65 years old • Enrolled in Home and Community Based Services (HCBS) Waiver program <p>MEDICARE</p> <ul style="list-style-type: none"> • Persons with disabilities who have received SSA disability benefits For a period of 2 years (SSA disability benefits, not SSI or early retirement).



		<ul style="list-style-type: none"> • Transport worker/ Driver/ Conductor/ Helper to drivers and conductors/ cart puller/ Rickshaw Puller • Shop worker/ Assistant/ Peon in small establishment Helper/ Delivery assistant/ Attendant waiter. • Electrician/ Mechanic Assembler/ Repair Worker • Washer-man/ Chowkidar 	<ul style="list-style-type: none"> • Persons who have end-stage renal disease, are receiving kidney dialysis or have had a kidney transplant • Persons age 65 and over and a resident of the U.S. for 5 years • Persons with Lou Gehrig's disease <p>CHILDRENS HEALTH INSURANCE PROGRAM MEDICAID :</p> <ul style="list-style-type: none"> • Birth through 18 years • Children are eligible for Medicaid from the day they are born just as long as household income is below the poverty line <p>MEDIKIDS :</p> <ul style="list-style-type: none"> • Children ages 1 through 4 <p>HEALTHY KIDS PROGRAM :</p> <ul style="list-style-type: none"> • To children ages 5 through 18 years <p>CHILDRENS MEDICAL SERVICES MANAGED CARE PLAN (CMS PLAN)</p> <ul style="list-style-type: none"> • Birth through 18 years with special health care needs
Coverage	<ul style="list-style-type: none"> • Doctors' visits • Check ups • Surgery & long-term treatment • Medicines 	<ul style="list-style-type: none"> • Medical examination, treatment and consultation • Pre-hospitalization • Medicine and medical consumables • Non-intensive and intensive care services • Diagnostic and 	<ul style="list-style-type: none"> • Doctors and hospital visits • Prescription drugs • Wellness care • Medical devices

		<p>laboratory investigations</p> <ul style="list-style-type: none"> • Medical implantationservices (wherenecessary) • Accommodation benefits • Food services • Complications arisingduring treatment • Post-hospitalization follow-up care up to • 15 days 	
Who pays contributions	<ul style="list-style-type: none"> • If you are employed you and your employees pay the monthly contributions equally <p>Freelancers pay their contributions themselves in full</p>	<p>BPL : Completely playedby the government up to 5lakh per year per family</p> <p>APL : Government pays up to 1.5 lakh per family per year remaining paidfrom their pocket</p>	Employers pay about 85% of insurance premium for their employees & 75% of the premium for their dependents
On what cost depends	<ul style="list-style-type: none"> • Income Price doesn't increase with age 	Free based on the BPL and APL card holding	<ul style="list-style-type: none"> • Family size • Income Education
Are family member's included	<ul style="list-style-type: none"> • Yes , if you have children & non-working spouse then they will also can use same health insurance as you <p>You do not need to pay extra for them</p>	No, it's not covered. Each member of the family should apply separately to avail the benefits of the scheme as a family	
In which hospital can you receive treatment (PUBLIC/ PRIVATE)	Both	Both	Both
Can I have a private room	No	Yes	
Are preexisting conditions covered	Yes	Yes	Yes
Is prescription medicinescovered	Yes	Yes	Yes
How long is the waiting times for doctor's appointment	Depending on your situation , you may be expected to wait a few days or couples of	No waiting time	Longer waiting time

	weeks for doctor's appointment		
Pros	<ul style="list-style-type: none"> 50% costs paid by employees Costs follows income	No restriction on family size, age or gender	Mobilizes resources from employers for health

FUTURE PROSPECTIVES

The study highlights the importance of access, cost, and satisfaction with healthcare for adults in India with public and private health insurance. The majority of individuals depend on private insurance policies, despite finding it difficult to pay premiums. One contributing factor to this trend may be a lack of awareness about government policies. Therefore, it is crucial for the government and healthcare providers to work together to raise awareness among the public about affordable government insurance options for low-income populations. This could lead to increased utilization of public insurance and better health outcomes for all citizens.

CONCLUSION:

The lack of awareness about public health insurance options in India has led to many citizens, including those living below the poverty line, relying on expensive private policies or going without coverage altogether. Additionally, the elderly and children often lack insurance coverage altogether. To address these issues, making health insurance mandatory and offering comprehensive family coverage could ensure that more people have access to affordable healthcare and alleviate financial burdens associated with unexpected medical expenses. Furthermore, implementing public health insurance awareness programs and outreach initiatives could help educate citizens about the benefits of public insurance options and increase their utilization. This could be particularly beneficial for marginalized communities who may face additional barriers to accessing healthcare. By addressing the root causes of the lack of insurance coverage, such as

lack of knowledge and understanding, India could take significant strides towards achieving universal healthcare coverage and improving overall health outcomes for its citizens.

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