**Title:** Understanding Motivation, Challenges and Opportunities to Increase Private Hospitals Engagement to Service in Pradhan Mantri Jan Arogya Yojana in Uttar Pradesh

**INTRODUCTION**

Government-sponsored health insurance scheme Pradhan Mantri Jan Arogya Yojana (PM-JAY) is the largest health assurance scheme which was launched in 2018 in India with an objective of improving the reach of healthcare services to the poor and vulnerable families. This scheme provides for health coverage per year as financial support for secondary and tertiary care hospitalization expenses to about 500 million of India’s poorest households through various insurance models delivered by public and private Empanelled Health Care Providers (EHCP).  PMJAY claims to be the largest government funded health scheme globally and has attracted an international debate as a policy for Universal Health Coverage.

Uttar Pradesh has made significant strides in reducing Neonatal (NMR), Infant (IMR), and Under-five Mortality however the numbers are not very exciting. Moreover, the state is faced with an epidemiological and demographic transition, as the state's top five leading causes of death are Chronic Obstructive Pulmonary Disease (COPD), Diarrhoea, Heart, Lower Respiratory Infections, and Tuberculosis, which are on the rise (GBD2019). In the current context, households are forced to be impoverished due to catastrophic health care expenditures they are exposed to. The latest National Health Accounts (NHA) data shows that the per capita out-of-pocket spending in Uttar Pradesh is Rs. 2481, which is higher than its neighboring states like Rajasthan (Rs. 1745,) Madhya Pradesh (Rs. 1409), Uttarakhand (Rs. 1216), and Bihar (Rs.800).

In 2018 the Government of India (GOI) launched the Ayushman Bharat Reforms with two components:

1. converting overall 1.5 lakh Subcentres and Primary Healthcare Centres (PHCs) into Health and Wellness Centres (HWCs) to provide comprehensive primary healthcare and
2. through government funded health insurance scheme-the Pradhan Mantri Jan Arogya Yojana (PM-JAY)-offer a financial risk protection for hospitalisation for secondary and tertiary care.

PM-JAY provides an annual insurance cover of INR 500,000 per family to approximately 10.07 crore poor and vulnerable families, identified based on the Socio-Economic Caste Census (SECC) of 2011 Census of India. The scheme has two centrally sponsored schemes, namely, RashtriyaSwasthyaBima Yojana (RSBY) and the Senior Citizen Health Insurance Scheme. These scheme offers treatment to 25 specialties for General Medicine, General Surgery, Orthopaedic, Cancer, Kidney, Lung, Urology, Ophthalmology, Liver, Neurology, etc. besides various mother and childcare services including neonatal care. The services can be availed in public or private empaneled hospitals.

The health benefit packages are revised/ added on a periodic basis by the National Health Authority (NHA). The State Agency for Comprehensive Health and Integrated Services (SACHIS) is the implementing organisation for PM-JAY in Uttar Pradesh. The scheme covers 1.18 crore poor and deprived rural families and identified occupational categories of urban workers' families in the state. In addition, 8.43 lakh additional families have been included under the state scheme called the Mukhya Mantri Jan Arogya Abhiyaan (MM-JAA). PM-JAY is being implemented in assurance mode directly by institution with the Department of Health and Family Welfare-DOHFW, with assistance from Third Party Administrators (TPAs).

In the first three years of implementation the focus was on setting up systems and processes crucial to the implementation of the scheme. Hospital network has been created of over 3,165 hospitals (1107 public and 2058 private) empaneled under the PM-JAY. However, while the overall numbers have increased, supply of specialties per the health Benefit Package have remained fragmented and overall participation rate has been low, with majority empanelment for General Management, Emergency Packages, Obstetrics and Gynecology and Orthopedics, leaving scope to increase the availability of other critical specialties such as Cardiology, Oncology etc.

Even though private hospitals' share of supply in PM-JAY is as high as 81 percent, but that is not all-pervasive in terms of all specialty’s services, consistency of delivery and quality by all private hospitals. An area of concern is that despite there being a large network and considerable engagement from a large part of the network does not have an active participation. Preauthorization data of the empaneled private hospitals of Uttar Pradesh reveals that 70 percent of hospitals have raised only 1plus pre-authorizations and remain active as per the definition set by the National Health Authority as a minimum requirement. However, looking closely at the active hospitals by this definition, 54 % of private hospitals have raised less than 150 pre-authorizations during the last six months. Only 16 % percent of the private EHCPs have consistently provisioned services to PM-JAY beneficiaries and 30% remained totally inactive. This raises concerns and hints to explore reasons for being inactive. With over 7 crore beneficiary bases in the state with high portability and changing disease burden, the EHCP spread, and participation of private sector is extremely critical for the success of PM-JAY. The state needs to definitely focus on the optimal service delivery by its empaneled Private providers as well as understand the bottlenecks of processes that are acting as deterrent for Private providers to actively participate. Generating mass awareness to educate the target population come forward and claim their rights to seek services under the largest public health insurance scheme is another area of concentration.

ACCESS Health International along with SACHIS provides technical and strategic support in implementation of PM-JAY in the state and is commissioning a Study to understand the challenges, motivations and opportunities to increase the participation and engagement of Private EHCPs in the scheme through a third- party independent study.

Amity Business School, Lucknow Amity University Uttar Pradesh as the third- party independent research body has to design a study to identify the major factors that will act as catalyst to propel the private EHCP’s to increase their accessibility, improve utilization of hospital services and financial protection in state of Uttar Pradesh. Further objectives of this study would include to understand the empaneled hospitals in PM-JAY healthcare private providers experience of delivery of healthcare services, the population coverage, benefit packages, administrative issues, payment mechanisms and other constraints at the provider level. This study will also examine the responsiveness of PM-JAY by measuring the prompt attention in service delivery, and access to information by the beneficiaries; beneficiary's satisfaction with the experience of hospitalization under PMJAY and its determinants.

There is a need to focus on Information, Education, and Communication (IEC) activities for PM-JAY. Suggest capacity-building efforts to be prioritized for private hospitals as compared to public hospitals. There is a need to focus on enhancing the responsiveness of the scheme, and timely exchange of information with beneficiaries. There is also an urgent need for measures aimed at reducing the challenges at various levels to accelerate the participation of the EHCP’s.

**SCOPE OF WORK**

**PROPOSED OBJECTIVES OF THE STUDY**

1. To assess the level of understanding of service providers about AB- PMJAY scheme.
2. To examine the providers perception in term of accessibility coverage, quality, utilization of services offered under the AB-PMJAY scheme.
3. To explore the challenges related to service providers in terms of Infrastructure, Human Recourses and Supplies.
4. To examine the operational challenges faced by service providers related to empanelment, their grievance, servicing, claim adjudication processes in AB-PMJAY.
5. To explore factors motivating service providers to participate in AB-PMJAY.

**PROPOSED RESEARCH DESIGN AND METHODOLOGY**

The Government of India (GOI) launched the Ayushman Bharat to provide comprehensive healthcare and through government funded health insurance scheme-the Pradhan Mantri Jan Arogya Yojana (PM-JAY)-which offers financial risk protection for hospitalization for secondary and tertiary care by giving an annual insurance cover of INR 500,000 per family to approximately 10.07 crore poor and vulnerable families. The scheme offers treatment to 25 specialties with services that can be availed in public or private empaneled hospitals.

An explorative and descriptive research design will be used for exploring into the awareness, perceptions, practices, and experiences of EHCP’s. This design is most appropriate as it employs qualitative methods for developing an understanding and gaining the insight of the research. It also has the benefit of a naturalistic approach.

The research objectives will explore and identify the causes and factors that are faced by Private empaneled hospitals in providing services as aimed by the scheme. As well as the driving factors that are acting as enablers in motivating the frequency and delivery of services by the providers.

The empaneled hospitals are already divided into four clusters and each cluster are further divided into districts.

Based on this information we propose:

***(i)Fieldwork Approach***

The survey will be conducted in a natural setting by visiting the Private empaneled EHCP’s Hospitals in person by the team comprising of the Project investigators, coordinators, and Field Investigators (Research Scholars) to ensure the quality of Data collection.

The team will move in the selected district through a scientific sampling technique of the existing four clusters. The team will comprise of 4 members – Project Investigator, Project Coordinator Field Investigators so that the data collection is done under the supervision of the Project Investigators and Coordinators to maintain and monitor the quality of data collection.

***(ii)Data Collection and Research Instrument***

**Primary data and Secondary data** will be collected for the purpose of study.

**Research Instrument** Thecollection of the data will be through a structured questionnaire addressing each aspect of the stated objectives of the study The results from the analysis of the pilot study will be used for validation of the final questionnaire.

The key considerations while revising the questionnaire from the Pilot study would include:

* To discard all unnecessary and ambiguous question
* To assess whether each question gives an adequate range of responses
* To establish that replies can be interpreted in terms of the information that is required
* To check that all questions are answered, and the respondent willingly answers the questions
* To re-word or re-scale any questions that are not answered as expected
* To shorten and revise the questionnaire for conduct of pilot study.

**The final survey** after the pilot study will be done with help of a software **Census and Survey Processing System (CS Pro).**  This a public domain software package extremely user friendly and is used by several organizations and wide range of people from non-technical staff assistants to senior demographers and programmers. It is used primarily for data entry, editing, tabulation, and dissemination. CS Pro is used to generate web-based and standalone data dissemination products, uses a simple graphical interface, also contains a sophisticated programming language that can be customized as per the requirement. CS Pro has been used in many projects and research data can be collected even in the absence of internet.

Personal Interviewswith the In-charge of the EHCP’s where- ever necessary as well as. Observations by the Investigators will also form a part of the data collections to explore more insights and perceptions to add value to the study.

***(iii)Pilot Study***will be conducted on 10 private EHCP’S in Lucknow. This survey will be through paper and Pen method.

**Covering Size** – Empaneled Hospitals as per Ministry of Health and Family Welfare, Government of India are categorized as two networks of over 3,165 hospitals (1107 public and 2058 private) empaneled under the PM-JAY4.

***(iv)Sampling Technique***

A purposive sampling technique will be employed for getting the pertinent information related to the research area. The different sampling methods used to get relevant results from the population are:

1. Probability Sampling
2. Non-probability Sampling

The sample unit will be mostly from urban areas covering facilities in three categories – less facilities, moderate facilities, and high facilities.

***(v)Sample Size for the Study***– 100 empaneled Hospitals across the state.

**Sample Matrix**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Cluster 1 | | | Cluster 2 | | | Cluster 3 | | | Cluster 4 | | |  |
|  | District 1 | District 2 | District 3 | District 1 | District 2 | District 3 | District 1 | District 2 | District 3 | District 1 | District 2 | District 3 | Total |
| Small Hospitals Upto 30 beds | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 24 |
| Medium Hospitals, 31-100 Beds | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 3 | 2 | 32 |
| Large Hospitals, more than 100 Beds | 4 | 3 | 4 | 4 | 3 | 4 | 4 | 3 | 4 | 4 | 3 | 4 | 44 |
| Total | 9 | 8 | 8 | 9 | 8 | 8 | 9 | 8 | 8 | 9 | 8 | 8 | 100 |

**DATA ANALYSIS**

Statistical Tools Used: Data Analysis will be done with the help of SPSS 2.0, Excel, and use of R technique. Data will be analyzed as per the following:

**Descriptive Statistics:** The study employs the use of various statistical tools to draw the necessary inferences. This includes the various summary measures that describe the characteristics of data such as frequency, percentages, proportions, cumulative frequencies, cross-tabulations, means and dispersion.

**Inferential Statistics:**  Chi-square tests of proportions will be used for categorical (dichotomous/multiple response groups) data. Use of parametric testingand non parametric procedures such as t-test for sample approximations.

**Correlation Anlaysis**: The study of correlations existing between the variables with the help of Pearsonian correlation coefficient and coefficient of contingency for categorical data.

**Factor Reduction Technique**: Besides, the study will use principal component analysis (PCA) as a factor reduction technique. In this technique, the n correlated random variables will be reduced to a set of uncorrelated variables or the factors, which are obtained by transformation of the original set onto an appropriate subspace. Use of factor analysis helps in yielding a set of uncorrelated predictors thereby eliminating issues of multicollinearity. The use of too many predictors unnecessarily complicates the interpretation and violates the principle of parsimony. The use of several predictors in the model leads to overfitting of model, thereby hindering the generality of data. Different study items that pertain to singe aspect in context to the problem are clubbed together.

The data analysis will make an assessment of the understanding level regarding AB-PMJAY scheme amongst the various service providers, this will be examined across clusters and district wise.

The inter cluster and intra cluster variations across the perceived accessibility coverage quality utilisation of services will be examined using the perception data of service providers, for the purpose **MANOVA** technique will be used.

The analysis regarding the various challenges faced by service providers will be examined using different parametric statitiscal procedures. The relative importance of the motivating factors for participation in this scheme will be adjudged using **Conjoint Analysis**.

**Statistical Modeling:**The study proposes a model that will ascertain that how the different factors contribute to raising awareness and accentuate practices pertaining to MHH using statistical modeling.   The study will examine both the direct and indirect linkage between set of factors and through the awareness as mediator.

**COMPOSITION OF THE TEAM**

1. Project Mentor: Prof Dr Rohit Kushwaha Director Amity Business School, Lucknow

2. Project Investigator: Dr Archana Sharma Associate Professor Amity Business School, Lucknow.

3. Project Co Investigator: 1. Dr. Shailja Dixit Associate Professor Amity Business School,Lucknow.

2. Dr. Amit Kumar Sinha Associate Professor Amity Business School, Lucknow.

4. Project Co-ordinator- 1. Ms. Rashmi Tripathi Assistant Professor Amity Business School, Lucknow.

2. Dr. Upendra Nath Shukla Assistant Professor Amity Business School, Lucknow.

3. Dr. Tanuj Mathur Assistant Professor Amity Business School, Lucknow.

5. Field Investigators Research Scholars (Amity Business School, Lucknow)

**Role of Training Plan of Enumerators**

The Principal Investigator will select the research scholars based on their familiarity with excel, data collection challenges as well as data analysis.

The CS pro app developer will train all the members of the team and the FI research scholars in using the app and then syncing it.

Inputs in terms of connecting and approaching the service provider will also be planned and shared with the team. Appointments will be seeked from the all the selected EHCP’s before proceeding to the sample unit.

**Budget**

The total budget for proposed engagement will be INR 20,62,710 inclusive of taxes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S No** | **Position** | **Duration** | **Amount Required** | **Total** |
| 1 | Project Mentor (01) | Lumpsum | ₹ 50,000 | ₹ 50,000 |
| 2 | Project Investigator (PI) (01) | 3 Months | ₹ @50,000 | ₹ 1,50,000 |
| 3 | Project Co- Investigator (PCI) (02) | 3 Months | ₹ @40,000 | ₹ 2,40,000 |
| 4 | Project Co-Ordinator (PCO) (03) | 3 Months | ₹ @ 30,000 | ₹2,70,000 |
| 5 | Field Investigator (FI) (18) | 1 Months | ₹@7,500 | ₹ 1,35,000 |
| 6 | Statistician and Analyst | Lumpsum | ₹@50,000 | ₹50,000 |
| 7 | DA and TA | Lumpsum including GST | ₹ 5,60,800 + ₹ 2,17,800+₹ 1,68,000 | ₹9,46,600 |
| 8 | Printing and Data Compiling | Lumpsum | ₹60,000 + 18%GST | ₹ 70,800 |
| 9 | Software development + Training | Lumpsum | ₹@50,000 | ₹50,000 |
| 10 | Equipment (Printer+ Scanner) + 2 Dictaphone | Lumpsum | ₹ 50,000 | ₹ 50,000 |
| 11 | Contingency (2.5% of Budget) |  |  | ₹50,310 |
| 12 | Total Budget |  |  | ₹ 20,62,710 |

**Bank Account Details**

|  |  |  |
| --- | --- | --- |
|  | **Name of the Beneficiary** | Amity University Uttar Pradesh, Lucknow |
|  | **Bank Name** | Axis Bank Limited |
|  | **Account Number** | 053010100284066 |
|  | **Bank Address** | Main Branch, M.G. Marg, Infront of Raj Bhawan, Hazratganj, Lucknow-226001 |
|  | **IFSC Code** | UTIB0000053 |
|  | **Swift Code** | AXISINBB053 |

**Remuneration**

The entire fee/compensation, not exceeding INR 20,62,710 inclusive of taxes would be paid to the account mentioned above held by Amity University.

**Deliverables & Payment Schedule**

|  |  |  |
| --- | --- | --- |
| **Deliverables** | **Submission timeline** | **Payment** |
| IRB approval document  Final Hindi tool  Final English tool  Tool integration with the software & testing  Field testing & progress update  Data collection work plan and list of researchers  Data analysis work plan and team details | November 30th | 35% |
| Data Collection and analysis progress update, and topline findings to be presented to PS | December 15th, 2022 | 15% |
| Progress update  topline findings presentation to PS (third week of December) input and update progress  First draft of the report | January 7th, 2022 | 25% |
| Submission of cleaned data sets with labels and transcripts  Final study report | January 27th, 2022 | 25% |

**Term of Contract**

This contract period is from **November 14, 2022** to **January 31, 2023.** Amity University will be engaged under the agreement from the date of signing the contract till the date of closure as mentioned above**. The contract will be considered closed when the deliverable is received, and final report is submitted.**