



## **Ayushman Bharat And Story Of Healing The Ailing Hearts**

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### **Abstract**

Treatment of cardiac diseases is costly and it has potential to push the families into poverty. AB-PMJAY has revolutionized the financing of cardiac diseases. In our study a total of 330 patients were studied out of which no patient had witnessed distress financing.

### **Keywords**

Ayushman Bharat, Cardiology, Distress Financing.

### **Introduction**

Health care delivery in India is going through a process of transition, more so the tertiary specialty care of chronic diseases like diabetes, hypertension, cardiac diseases, kidney or liver failure, mental illness and cancer. Patients, more commonly those from the lower

economic strata, have difficulty in availing the health care services because of the costs involved in diagnostic and curative procedures. Even in public hospitals where the cost of care is low, patient had to bear several direct and indirect costs, commonly referred to as out-of-pocket expenditure (OOPE), which impoverish them further. As a result, patients with life threatening diseases requiring tertiary care often go untreated even if they are aware of the availability of high-quality services. It can also lead to delay in diagnostic and curative procedures and even causing deaths of several thousands of poor patients. This issue has been a concern for nation's health policy, which should address the cost, quality and accessibility of health care [1,2]

India's National Health Policy 2017 (NHP-2017) has its goal fully aligned with the concept of Universal health coverage. The Ayushman Bharat Program announced in the Union budget 2018-19 of the Government of India, aims to carry NHP-2017 proposals forward. The Ayushman Bharat Program has two initiatives/components - Health and Wellness Centers, and National Health Protection Scheme - aiming for increased accessibility, availability and affordability of primary-, secondary- and tertiary-care health services in India. Afterwards, the second component has been renamed as Pradhan Mantri Rashtriya Swasthya Suraksha Mission. The new program has received an unprecedented public, political and media attention; and is being attributed to have placed health higher on political agenda [3,4].

Ayushman Bharat Program has the potential to reduce the catastrophic health expenditure, distress financing and out of pocket expenditure in Indian set up. The study was conducted to study the impact of Ayushman Bharat programme distress financing among cardiology patients.

### **Aims and Objectives**

To study the prevalence of distress financing among cardiology patients availing treatment on golden card of Ayushman Bharat.

### **Material and Methods**

#### **Study Design and Duration**

A retrospective study for a period of three months from 31st March 2021 to 1<sup>st</sup> January 2021 was carried in AB-PMJAY cell of SKIMS.

### **Sampling**

All the patients who had undergone preauthorization in cardiac packages were included.

### **Study Tool**

A pretested and predesigned Proforma was used to record information from the patient's records about each case preauthorized.

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### **Statistical Analysis**

The data was entered in MS excel. Descriptive analysis was done to calculate proportions.

### **Definitions**

#### **Distress Financing**

It is defined as borrowing from family/friends, selling possessions, or taking out loans to fund expenditure of the disease [4-6].

#### **Catastrophic Health Expenditure**

It is defined as monthly Out of pocket (OOP) health expenditure (excluding reimbursement, if any)  $\geq$  40% of the total monthly non-food (non subsistence) expenditure of the household. World Health Organization (WHO) also uses the following definitions of catastrophic health expenditure: monthly out of pocket health expenditure  $>$  10% or  $>$  25% of monthly total household expenditure or income [4-6].

### **Results and Discussion**

A total of 330 patients were studied.

It was observed average amount preauthorized for a cardiac patient is 98,098 rupees.

Source of Financing	Frequency ,n=330
Selling of assests	0
Borrowing	0
Golden card	330
Prevalence	0

One of the main goals of Universal Health Coverage (UHC) is to achieve equity in health service utilization. Even though inequity in service utilization is seen at all the levels of health care, tertiary care contributes to the maximum inequity because of the higher costs involved in the care. Even among those patients who utilize the services in view of life threatening diseases, OOPE is found to be high, leading to impoverishment. This is a clear deviation from the goal of providing financial protection to all families under UHC. Hence to achieve UHC, government of India and State government of J&K have started AB-PMJAY/SEHAT to reduce the economic burden of life threatening diseases on poor and below poverty line patients.

A total of 330 cases were studied. In studies [1,2] conducted at the same centre before the launch of AB-PMJAY prevalence of distress financing in cancer and CKD patients was over 70%. In our study, out of 330 patients studied every patient received the benefit of the scheme as a result which there was no need sell assets or borrow money for treatment thus bringing prevalence of distress financing to zero. The similar results were obtained in other study.<sup>7</sup>

### Conclusion

Treatment of cardiac diseases is costly and it has potential to push the families into poverty. AB-PMJAY has revolutionized the financing of cardiac diseases. In our study a total of 330 patients were studied out of which no patient had witnessed distress financing.

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