

To assess the knowledge of Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) among medical interns at tertiary care hospital in Raigad district, Maharashtra

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Abstract

The Maharashtra government has launched Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) in the state since July 2012 for below poverty line patients. In this scheme, all procedure from registration of patient to the discharge is done online. The present study was conducted to assess the knowledge of Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) among medical Interns and find out the technical difficulties faced by them while working with RGJAY at tertiary care hospital. All MBBS interns (96) who have completed 6 months of internship were selected for the study. A predesigned and pre-tested, questionnaire was given to interns when they come in RGJAY OPD and asked to fill the form after written consent. The data was analysed using Microsoft excel and SPSS. Total 96 interns were participated in the study. Most of the interns (97.9%) were aware about Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY). Main source of information was RGJAY OPD. About 91.70% interns told that they didn't get any pre internship training for these technical procedures under RGJAY. About 80% interns were properly guided by Aarogyamitra. Majority of interns (91.70%) had experienced technical difficulties and about 76.14% interns responded that their difficulties had been resolved in RGJAY OPD. Out of all procedures, interns stated that, to fill online pre-auth registration (35.40%) and Discharge update (43.80%) were the most complicated procedure. Majority of interns (82.3%) reported that there should be separate staff for RGJAY on line procedures, 90 % interns reported that RGJAY OPD needs upgraded infrastructure; about 87.5% interns reported that pre-training should be given. There are many medical insurance schemes are operating in the country but for effective implementation and utilization of schemes, proper information, training, education and communication is needed at programme level as well as community level.

Keywords: Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY), Interns, BPL (Below Poverty Line), knowledge.

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INTRODUCTION

The Maharashtra government has launched Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) in July 2012, in order to improve medical access facility for both Below Poverty Line (BPL-Yellow ration card holders) and Above Poverty Line (APL-Orange card ration holders)

families. RGJAY will be implemented throughout the state of Maharashtra in phased manner for a period of three years. In phase-I (July 2012 – Nov 2013) RGJAY was introduced in eight districts: Gadchiroli, Amravati, Nanded, Solapur, Dhule, Raigad, Mumbai and its suburbs. It aims to eventually reach eight crores people. In phase-II (Nov 2013 – till date) it was implemented in all districts of Maharashtra¹. Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) offered by the Maharashtra government, is a good health insurance option for families earning less than Rs. 1 lakh per year. The premium is paid by the state government for insurance cover up to Rs. 1.5 lakh. The premium of Rs 333 per family per year is borne by the state government. Families which are holding yellow or orange ration card, Antyodayana Yojana card (AAY) and Annapurna card

are beneficiaries of this scheme. It is envisaged that for each hospitalisation the transaction shall be cashless for procedures covered under the scheme. In the instance of non-availability of beds at network hospital, the facility of cross referral to nearest another network hospital is to be made available. The insurance company shall settle the claims of the hospital online within the 7 working days of receipt of the originals bills, diagnostic reports, case sheet, and satisfaction letter from patients, discharge summary duly signed by the doctor, acknowledgement of payments of transportation cost and other relevant documents to insurer for the settlement of claim. The scheme would provide 972 surgeries/therapies/procedures along with 121 follow up packages in following 30 identified specialized categories^{2,3,4}:

1	General surgery	16	Poly trauma
2	ENT surgery	17	Prostheses
3	Ophthalmology surgery	18	Critical care
4	Gynaecology and obstetrics surgery	19	General medicine
5	Orthopedic surgery and procedures	20	Infectious diseases
6	Surgical gastro enterology	21	Pediatrics medical management
7	Cardia and cardiothoracic surgery	22	Cardiology
8	Pediatric surgery	23	Nephrology
9	Genitourinary system	24	Neurology
10	Neurosurgery	25	Pulmonology
11	Surgical oncology	26	Dermatology
12	Medical oncology	27	Rheumatology
13	Radiation oncology	28	Endocrinology
14	Plastic surgery	29	Gastroenterology
15	Burns	30	Interventional radiology

This is the first online access for the health services in Maharashtra. All procedures from registration of patient to the discharge are done online. Every empanelled hospital is provided with RGJAY login ID and password. By using this, hospital can access the data of their own hospital. This is pure technical procedure. All entry of patient should be done step by step. All steps in this procedure are bounded with time limit. Following flow chart shows the process in RGJAY

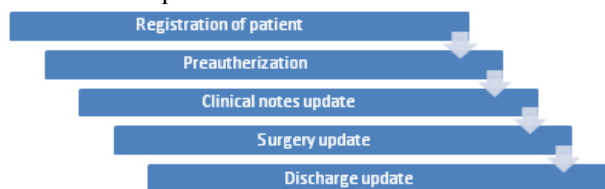


Figure 1

In Majority of hospitals, Interns from all departments are involved in this procedure under the supervision of residents. Main hub for doing all RGJAY procedure is

RGJAY OPD. In this OPD, non medical staff i.e. data entry operator is recruited by the hospital. But all online procedures right from pre-authorization of patient to discharge update of patient is mainly done by interns only in RGJAY OPD. Hence the present study was conducted to assess the knowledge and technical difficulties faced by the interns in implementation of RGJAY at the training Hospital since it is a new experience of patient care for them.

OBJECTIVES

1. To assess the knowledge about Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) among interns.
2. To find out the technical difficulties faced by interns while working with RGJAY.
3. To find out solutions for smooth functioning of RGJAY at tertiary care hospital.

MATERIAL AND METHODS

Study Design: A Cross Sectional study was conducted in tertiary care hospital in Raigad district.

Study subjects: All MBBS interns (96) who have completed at least 6 months internship in year 2013 were selected for the study after written consent.

Duration of the study: Three months (September 2013 – November 2013).

Instrument of study: A predesigned and pre-tested, questionnaire was used to assess the knowledge of interns

Exclusion criteria: Interns who were not willing to participate in the study and who had less than 6 month duration of posting were excluded.

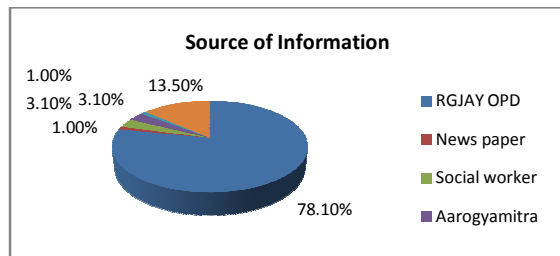
Statistical Analysis: all the data thus generated, was analysed with SPSS and appropriate tests were used.

RESULT

There were about 46(47.90%) female interns and 50(52.10%) male interns participated in the study. They were in the age group of 22-26yrs. Most of the interns (97.9%) were aware about RGJAY yojana in the hospital and RGJAY OPD under Community Medicine Department was the main source of information to them. About 78.10% interns responded that their posting at RGJAY OPD gave them exposure to implementation of RGJAY in the hospital. (Table 1)

Table 1: Source of information about RGJAY

Source of information	Number	Percentage %
News paper	1	1
Television	0	0
Radio	0	0
Social worker	3	3.1
Aarogyamitra	3	3.1
RGJAY OPD	75	78.1
Internet	1	1
Other	13	13.5



All the interns had an experience of doing at least one or more than one procedure under RGJAY in their internship posting. About 91.70% interns told that they didn't get any pre internship training for these technical procedures under RGJAY. Every intern had visited RGJAY OPD for patient care and about 80% interns were properly guided by Aarogyamitra while working in

RGJAY OPD. Majority of interns (91.70%) had experience technical difficulties while working in RGJAY OPD. About 76.14% interns responded that their difficulties had been resolved by the staff in RGJAY OPD. Majority of interns (93.75%) felt that the on line procedures like pre-auth registration, update clinical notes, surgery notes and discharge summary were complicated procedures. Out of all procedures, they felt that to fill online pre-auth registration (35.40%) and Discharge update (43.80%) were the most complicated procedure. All the interns (100%) reported that it was a time consuming procedure and about 75% interns told that to fill online discharge update procedure was most time consuming. (Table 2)

Table 2: Technical Issues faced by interns

Technical issues about RGJAY	No	%
Technical difficulties faced by interns while working RGJAY	88/96	91.70
Technical difficulties got resolved in RGJAY OPD	67/88	76.14
Interns felt that it is most complicated procedure	90/96	93.75
To fill Preauth Registration	36	35.40
To update clinical notes	14	14.60
Surgery update	04	0
Discharge update	42	43.80
Interns felt that it is most time consuming procedure	96/96	100
To fill Preauth	14	14.6
To update clinical notes	8	8.30
Surgery update	2	2.20
Discharge update	72	75.0
Interns felt that it is more clerical and more documentation required	95/96	98.90

On an average 40% -50% interns rated RGJAY staff were friendly, good listener, gave proper guidance to interns, helped to solve problems and explained the procedure whenever required while working in RGJAY OPD. (Table 3)

Table 3: Intern's opinion about RGJAY staff

Interns rating about RGJAY staff	Friendly	Listening	Guiding properly	Helping to solve problem	Explaining about procedures
Strongly agree	15.60%	11.50%	18.80%	17.70%	8.30%
Agree	47.90%	28.10%	34.40%	28.10%	32.30%
Neutral	25.00%	31.30%	29.20%	42.70%	28.10%
Disagree	9.40%	27.10%	14.60%	8.30%	27.10%
Strongly disagree	2.10%	2.10%	3.10%	3.10%	4.20%

About 80(83.3%) interns felt that RGJAY scheme is beneficial to poor patient and should be available in each hospital but 82.3% interns reported that there should be separate staff for RGJAY on line procedures, 90 % interns felt that RGJAY OPD needs upgraded infrastructure; about 87.5% interns felt that pre-training

should be given to interns about different on line procedures in RGJAY schemes in their Internship Orientation week. About 84.8% interns responded that procedures to register patients in RGJAY should be simple.

Table 4: Interns opinion about RGJAY scheme

Interns rating about RGJAY scheme	Need separate medical staff for all procedure	Need upgraded infrastructure in RGJAY OPD	Need training / CME for giving orientation about RGJAY scheme	Need for simple procedure
Strongly agree	59.4	72.90%	65.60%	74.00%
Agree	22.90%	25.10%	21.90%	20.80%
Neutral	10.40%	1.00%	7.30%	3.10%
Disagree	6.30%	1.00%	3.10%	2.10%
Strongly disagree	1.0%	0.00%	2.10%	0.00%

DISCUSSION

The rise in health care demand has increased the cost of health care system to the extent that the specialised care is beyond the rich of common man, only 10% of the Indians have some form of Health insurance, mostly inadequate.⁵ The financing of curative health services in Maharashtra is mixed. A major share goes from the out of pocket expenditure for the curative services. The expenditure on the preventive and public health activities is born by the publicly financed systems. Other than direct payments health insurance schemes, both public and private schemes are seen in Maharashtra. Maharashtra is also implementing various innovative mechanisms to finance curative health services like ESIS (Employees State Insurance Scheme), Central Government Health Scheme(CGHS), Jeevandai Arogya Yojana, Rashtriya Swasthya BimaYojana, Rajeev Gandhi Jeevandayee Arogya Yojana (RGJAY) and Users fee in public Hospitals. RGJAY is currently a best option to BPL patients for curative services in Maharashtra but incurrent scenario, even if Government of India radically enhances its budgetary outlay by 50% still it may not be feasible to provide for entire gamut of health services including out patients and inpatients care^{6,7}. There should be Universal Health Insurance Scheme (UHS) which has its coverage from its current focus on BPL to covering entire population and cover preventive, promotive and curative aspects of health. Premium should be based on ability to pay and linked to collection of direct general tax revenue. Enrolment should be mandatory to generate extra resources from rich and to create a large risk pool to cross – subsidize poor and high risks. As RGJAY scheme was implemented in 2012, there are very few studies are available regarding the knowledge, technical difficulties faces by staff while implementing this scheme, the finding from this study is an eye opener to know the staffs stand with regard to their knowledge, their expectation and technical difficulties faces by them while implementing this scheme. But there are many reports in media and press available stating that, due to lack of documentary evidence from hospitals, lack of dedicated staff, several claims have been rejected. There are also issues raised in government hospitals because of extra burden on doctors due to RGJAY scheme procedures. In the present study, Medical interns felt that RGJAY

scheme is good for poor patients but (82.3%) interns reported that there should be separate staff available for online procedures under RGJAY scheme. Majority of interns (87.5%) felt that orientation about RGJAY scheme should be given beforehand and proper infrastructure and technical equipments like computer, printer, scanner and cameras should be adequately available in the hospital. thus multi-centric studies study should carried out to throw light in these aspects of RGJAY scheme. For successful implementation and effective utilization of RGJAY scheme, Hospital Administrator should take initiative to make of this scheme aware among staff and paramedical workers as well community in rural and urban areas. There is definite need to make overall socioeconomic development with more focus on health. We cannot depend upon health insurance schemes to improve health situation. Health care should be made available, accessible, affordable, acceptable and accountable to all and Government has to play pro-active role for that.

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