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A STUDY ON AAROGYASRI HEALTH CARE SCHEME IN TELANGANA

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ABSTRACT

The Rajiv Aarogyasri Community Health Insurance (RACHI) played a vital role in both telugu states (Andhra Pradesh and telangana). Aarogyasri is one of the major health insurance scheme involving both private as well as government hospitals providing health care services at free of cost. Aarogyasri scheme is encouraging a private public partnership model to satisfy the public needs. A brief analysis of the aarogyasri scheme based on data available on the official government websites and the media reports has been undertaken from a public health perspective. The study is undertaken to understand the nature of the scheme, major problem incurred, quality of treatment and satisfaction of people towards the services provided under the scheme.

KEY WORDS: *Aarogyasri scheme, Quality of treatment, Health care services.*

1. INTRODUCTION

Health care services of state government has got a great importance in the vision of poor people to provide a good quality of health to the people who are not able to afford the high hospital expenses. Before bifurcation of state Aarogyasri was established by the Andhra Pradesh chief minister Dr.Y.S.Rajashekarreddy garu is to serve the people who comes under BPL. Health care services is a poverty alleviation programme and contributes towards the social welfare of the people. Essential services like cardiac ,nephrology and other all major and minor treatment services provided to the people under the health care services at free of cost.

Aarogyasri Scheme

Rural population of state, majority of whom are below poverty line, are not having access to Aarogyasri Health Care advanced medical treatments and are silent sufferers. This is true in

case of diseases related to heart, kidney, brain, cancer and injuries due to domestic accidents and burns. While the Government is in the process of strengthening the hospitals and availability of doctors for basic health care, lack of specialist doctors and equipments for treatment of deadly diseases has created a wide gap between the patients and the capacity of the Government hospitals to serve the poor. These facilities though available in corporate sector are catering mainly to the affordable sections of society and are beyond the reach of poor families living in villages. Because of the lack of access to approach aarogyasri poor patients are constrained to go to private hospitals for cure their diseases and in this process poor people may fall in huge debts leads to sale of properties and assets or are, sometimes circumstances leads to suicides also.

Keeping above scenario in the mind, the Government in an effort to assist the Below Poverty

Line families (BPL) decided to introduce health insurance for treating the Catastrophic illness. In order to provide the effective implementation of the scheme, the Government has started Aarogyasri Health Care scheme under the chairmanship of Hon'ble Chief Minister. The trust in consultation with the specialists in the field of Health Care and insurance devised a scheme by name Aarogyasri Community Health Insurance Scheme.

It is a unique Community Health Insurance Scheme being implemented in State. The scheme protects financially whose families are living below poverty line upto Rs. 2 lakhs in a year for the serious treatment ailments requiring hospitalization and surgery. 949 treatments are covered by the aarogyasri scheme.

Objective of The Aarogyasri Scheme: Main objective of this scheme is to provide a quality of medical care for treatment of identified diseases involving hospitalization, surgeries and therapies through an identified network of health care providers for the people who are living below poverty line. The scheme provides coverage for the systems like Heart, Lung, Liver, Pancreas, Kidney, Neuro-Surgery, Pediatric Congenital Malformations, Burns, Post -Burn Contracture Surgeries for Functional Improvement, Prostheses (Artificial limbs), Cancer treatment (Surgery, Chemo Therapy, Radio Therapy), Polytrauma (including cases covered under MV Act) and Cochlear Implant Surgery with Auditory-Verbal Therapy for Children below 2 years. All the above mentioned diseases are covered under the scheme to BPL people.

The benefited people of the scheme are the members of Below Poverty Line (BPL) families as enumerated and photographed in BPL Ration Card and available in Civil Supplies Department database. The benefit on family is on floater basis, the total reimbursement of 1.50 lakh rupees can be availed of individually or collectively by members of the family. An additional sum of 50,000 rupees is provided as buffer to take care of expenses if it exceeds the original sum that is around 1.50 lakh rupees per family. Cost for cochlear Implant Surgery with Auditory Verbal Therapy is paid by the Trust up to a maximum of Rs.6.50 lakhs per case.

A BPL beneficiary can go to any hospital which collaborated with aarogyasri scheme under private public partnership model and come out without making any payment to the hospital for the procedures covered under the scheme. The same process will be repeated in the case for diagnostics if eventually the patient does not end up in undergoing the surgery or therapy. Hospitals need to conduct free health camp, there by taking evaluation to the doorstep of patient. The primary contact point, District or Area Hospitals and Network Hospitals, are the Primary Health Centers (PHC), which are provided with Help Desks manned by Aarogya Mithra's to facilitate the illiterate patients. The field staff including Network Aarogya mithra,s were

recruited through the district collectors on outsourcing basis.

Some of the diseases specifically excluded from the list are such as bone morrow, cardiac and liver transplantations, hip and knee replacement, assisted devices for cardiac failures, gamma-knife procedures in neuro surgery etc; and diseases covered by national programmes viz., TB, HIV/AIDS, Leprosy, Infectious diseases, Malaria, Filaria, Gastroenteritis, Jaundice etc.

To the extended Aarogyasri Scheme covers the treatments, it would no longer be permissible for the BPL population to approach the Government for providing relief for medical purposes from the CMRF.

2. OBJECTIVE

Before Aarogyasri health care scheme people who are living BPL were unable to cure their diseases so some of the people step forward for debt and some of the people are silent about their diseases, the people who incurred in debt they are committing suicides. These are the some of the pathetic situations before the scheme. After the scheme started, it offered health care and happiness to poor people, this may be the main reason to the success of the scheme in both telugu states. The study is to find the satisfaction of the public who got benefitted from this scheme.

Main objectives of the study is to know the public satisfaction towards Health Care Services offered by The Telangana State Government.

- To know about the services that are frequently opted by the beneficiaries.
- To know the public satisfaction towards the quality, price, availability of hospitals, equipment's and cleanliness of the hospitals.
- To know about the public satisfaction towards services from any hospital, for any disease.
- To know the utilization and awareness of the health care schemes by the public.

3. METHODOLOGY

The research involves the study on satisfaction of the public in Warangal rural area of Telangana. Data were collected by direct interview with beneficiaries and the aarogyasri card holders. Secondary data was collected from various books, journals, papers.

4. DISCUSSION

Recently honourable prime minister launched a scheme aayushman bharath scheme but the telagana state government has not accepted the aayushman bharath scheme. The main reason behind this rejection is, aarogyasri has more advantages over the aayushman bharath scheme.

The goals of Health care services are:

- Make all the health treatment services available to consumers, especially the

- disadvantaged /vulnerable sections of society at fair prices.
- Rectify the existing imbalances between the rich and poor consumer with respect to health.

- Ensure social justice in providing best health facilities.

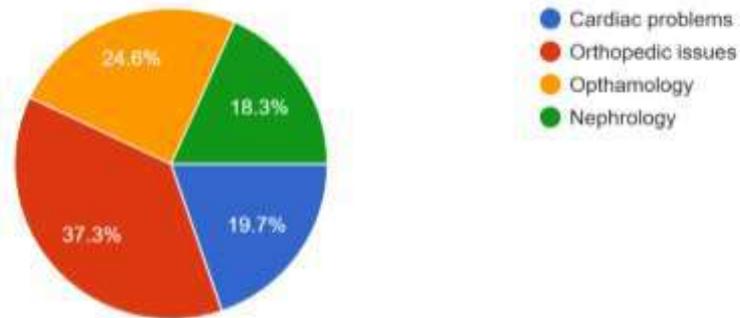


Chart-I

From the pie Chart-I, I have got some information about reasons for hospitalisation from the Warangal rural people. Most of the people are suffering from

orthopaedic issues, 24.6% people are suffering from ophthalmology problems and remaining people are suffering from nephrology and cardiac issues.

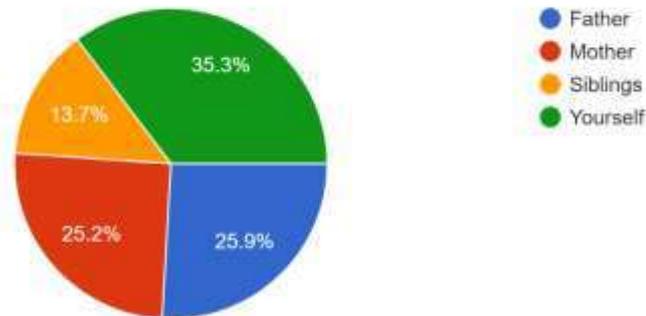


Chart-II

From the chart-II, In most of the families, the most benefitted persons are respondents themselves

and the next most benefitted persons are father and mother of the respondents.

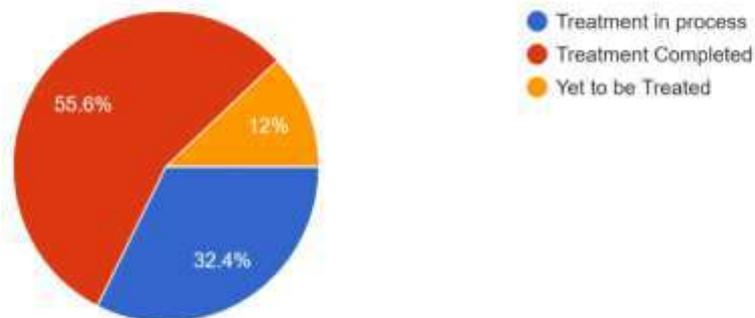


Chart-III

From the chart-III, I observed that the most persons completed their treatment successfully and around 32.4% people are in treatment stage.

5. SUGGESTIONS

- It would be better if the health services from any private hospitals are kept accessible to all the aarogyasri card holders.
- It would be better if the health care services for the treatment of high end diseases like cardiac and liver transplantation etc.
- In some remote areas the people don't know about the services offered under the aarogyasri scheme even though the people are holding aarogyasri card so the government need to conduct the awareness programs.
- Discrimination will be avoided by sanctioning the hospital bills periodically to avoid the private hospital maintenance burden.

6. CONCLUSION

There is abnormal change in the quality of life when we compare the situations of the poor people before and after the establishing the scheme in the state of telangana. But still people are facing problems in some hospitals regarding non-acceptance of the aarogyasri card. Recently a newspaper stated some situations in the telangana state, that the private hospital managements are boycotting the aarogyasri cards due to pending in the payments from the government. Even the aarogyasri card is accepted for only some of the diseases so people who had serious diseases like kidney failure, gamma-knife procedures in neuro surgery etc., they are living silently with abnormal pains. By this study I can conclude that aarogyasri is great scheme for every poor person but still government should improve on more no.of services.

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