



Original Research Article

Insurance coverage among patients admitted in a tertiary care hospital

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ABSTRACT

Background: “Health insurance” is an insurance that covers the whole or part of the risk of a person incurring medical expenses, spreading the risk over a large number of persons.

Objectives: To find out proportion of insurance coverage among patients admitted in a tertiary care hospital and to assess reasons for non-coverage of insurance.

Materials and Methods: Hospital based cross sectional study was conducted among 272 patients admitted in a tertiary care hospital. After taking informed consent, interview of patient was conducted. Data was entered in a predesigned, semi-structured questionnaire. Detailed interview of the patient was conducted regarding coverage of insurance, type of insurance used, reasons for enrolling insurance and reasons for not enrolling insurance. Data was analysed by using EPI INFO statistical software.

Results: Insurance coverage was found to be 29%. 44.31% population received information regarding insurance from Friends and relatives. Lack of awareness was the reason reported by 45 % patients for not utilizing insurance.

Conclusions: Coverage of insurance was found to be poor. Patients should be made aware regarding various insurance schemes provided by Government for benefit of patients.

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1. Introduction

“Insurance” is defined as the equitable transfer of the risks of loss from one entity to another. The basic principle of pooling risks of unexpected costs is the main objective of insurance system. “Health insurance” is an insurance that covers the whole or part of the risk of a person incurring medical expenses, spreading the risk over a large number of persons. By estimating the overall risk of health care and health system expenses over a risk pool, an insurer can develop a routine finance structure such as monthly premium or payroll tax, to provide the money to pay for the health care benefits specified in the insurance agreement.^{1,2}

In the absence of Universal health coverage (UHC) all people and communities cannot use the promotive, preventive, curative, rehabilitative and palliative health services they need and use of these services expose the user to financial hardship. Protecting the families from the financial consequences of paying for health services out of their pocket reduces the risk of them being pushed into poverty because unexpected illness requires them to use up their savings, sell assets or borrow from others destroying their livelihood and often those of their children.³ Health insurance is fast emerging as an important mechanism to finance health care needs of the people. The need for an insurance system that works on the basic principle of pooling of risks of unexpected costs of persons falling ill and needing hospitalization by charging premium from a wider population base of the same community.⁴

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In the survey carried out in the year 2014 by National Sample Survey Office (NSSO), it was found out that more than 80% of Indians are not connected under any health insurance plan and only 18% (Government funded 12%) of the urban population and 14% (Government funded 13%) of the rural was covered under any form of health insurance.¹ On 14th April 2018, Government of India launched a health insurance programme called Ayushman Bharat Yojana or National Health Protection Scheme which consists of two major elements-national health protection scheme—to provide cashless treatment to patients and wellness centers—to provide primary care to the patients. 10 crore poor and vulnerable families are covered providing coverage up to 5 lakh rupees per family per year with secondary and tertiary care hospital facilities.¹ Government of India is also focusing on the improvement of health care and health insurance services. Recent government envisioned health insurance for each citizen. It has planned to cover the medical treatments of the entire population like free drugs, insurance for serious ailments under Universal Health Insurance called National Health Assurance Mission.⁵

In India health insurance schemes are classified as 1) Government sponsored schemes 2) Group insurance schemes 3) Family insurance schemes and 4) Individual insurance schemes. According to the Indian health insurance statistical information presented by IRDA from the year 2011-12 to 2015-16 the number of persons covered under Government sponsored schemes has drastically increased compared to the other schemes of health insurance. The above analysis reflects the Initiative taken by the Government to provide Health insurance to the people of the Nation.⁶ Health insurance is an umbrella term for a wide variety of risk-pooling mechanism ranging from social insurance to community-based insurance to private insurance. It has gained prominence in India as a major mechanism of health-care financing in the last two decades or so.⁷

Most health insurance schemes can be classified into three broad categories, social health insurance, private health insurance and community (or micro) health insurance. In India, we have a fourth category called government initiated health insurance schemes that do not fit into any of the above three categories. Each has its own specificities.⁸

In India, there is marked lack of awareness of the above especially in the rural and low socioeconomic sector due to the existing burden on the poor making them reluctant to think of the credit policies that are actually issued in their interest. Illiteracy, Lack of exposure and the growth of the private sectors has an upper hand over public sectors. Hence this study was undertaken to determine the health insurance coverage and reasons for non-coverage of insurance among patients admitted in a tertiary care hospital.

2. Aims and Objectives

1. To find out proportion of insurance coverage among patients admitted in a tertiary care hospital.
2. To assess reasons for non-coverage of insurance.

3. Material and methods

1. Study design - Hospital based cross sectional study
2. Study population - Patients admitted in hospital.
3. Study duration – May 2019 to April 2020
4. Inclusion criteria - Adult patients i.e. age more than 18 years.
5. Sample size – P=58%, CL=90%, sample size calculated was 264.
6. Sampling method - All consecutive patients more than 18 years age admitted in the hospital were included in the study till completion of sample size. Total 272 patients were included in the study.

After getting permission from IEC, study was started. After taking informed consent, interview of patient was conducted. Data was entered in a predesigned, semi-structured questionnaire. Information related to socio-demographic data was entered in the questionnaire. Detail interview of the patient was conducted regarding coverage of insurance, type of insurance used, reasons for enrolling insurance and reasons for not enrolling insurance. All the information will be entered in the excel sheet. Data was analysed by using EPI –INFO statistical software. Statistical analysis was calculated in percentages.

4. Results

4.1. Socio-demographic information

Out of total 272 patients, 170(62.5%) males and 102(37.5%) were females. 78.52% patients were living in nuclear family while 21.48% were from joint family. 16(6%) patients were illiterate and 4% were post graduate. 83% were married. 112(41.61%) patients were from Below poverty line (BPL) category.

4.2. Proportion of insurance coverage among patients

Out of total 272, only 79 were found to be utilising insurance so proportion of insurance coverage was found to be 29%. Coverage of insurance was found to be poor.

4.3. Utilisation of insurance by patients

Out of total 79 patients who were utilising various insurance schemes, More than 40% were found to be using MJPIAY, 35.5% were utilising LIC and 21.52% were covered by PMJJBY. Fifty one patients (64.5%) were found to be using government initiated schemes (Table 1). 44.31% population received information regarding insurance from Friends and

relatives followed insurance agent and hospital (Table 2). Better health coverage was the reason reported by 70% patients for enrolling insurance (Table 3). Lack of awareness was the common reason (45.06%) reported for not utilising insurance followed by low income (36.29%) and no need of insurance (16.58%) (Table 4).

Table 1: Various insurances schemes utilised by patients (n=79)

	Name of scheme	Number	Percentage
1	MJPJAY	32	40.51
2	LIC	28	35.44
3	Jivan Bima (PMJJBY)	17	21.52
4	CGHS	2	2.53
	total	79	100

Table 2: Source of information regarding insurance (n=79)

	Source of information	Number	Percentage
1	Friends and relatives	35	44.31
2	Hospital	18	22.78
3	Insurance agent	26	32.91
	total	79	100

Table 3: Reasons for enrolling insurance (n=79)

	Reasons	Number	Percentage
1	Better health care	55	69.62
2	Cover big expenses	25	31.64
3	Expecting health problems	20	25.31
4	Tax benefits	4	0.2

*multiple responses were allowed.

Table 4: Reasons for not utilising insurance (n=193)

	Reason	Number	Percentage
1	Lack of awareness	87	45.06
2	Low income	70	36.29
3	Not needed	32	16.58
4	Low returns	4	2.07
	total	193	

5. Discussion

Proportion of insurance coverage in present study was found to be 29%. In a community based study conducted in south India,⁴ in a study conducted in rural areas of Jamnagar district⁹ insurance coverage was found to be 40%. In a study conducted by Harish BR et al in rural Mandya³ insurance coverage was found to be 58%. Indumathi K et al² conducted a study in rural population of Bangalore and found insurance coverage of 50% which is more than present study. Lack of awareness may be the reason for present study finding.

Few studies^{2,4,9} found family and friends as a most common source of information regarding insurance. This is similar to the present study findings. In studies conducted by few authors,^{2,9} to Cover cost of treatment during illness was the reason mentioned for opting insurance. These findings are similar to the present study findings.

6. Conclusions

Coverage of insurance was found to be poor. Patients should be made aware regarding various insurance schemes provided by Government for benefit of patients.

7. Conflict of Interest

The authors declare that there are no conflicts of interest in this paper.

8. Source of Funding

None.

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