

Assessment of awareness of Ayushman Bharat Arogya Karnataka Scheme among Patients of Orthopaedic Department in Tertiary Care Hospital

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Abstract: ***Background:** This study aims to evaluate patients' awareness and understanding of ABARK scheme, as this scheme provides benefits for their health and treatment expenditure. **Aims and Objective:** To assess the awareness and knowledge of the ABARK scheme among patients admitted to orthopedic department of tertiary care hospital. **Materials and Methods:** A survey was carried out at Medical College Teaching Hospital, Mysuru for 6 months. The patient who is willing to participate, not severely ill, and Patient who are treated under ABARK scheme in Orthopaedic wards were included. ABARK survey was conducted using a questionnaire and scores were allotted and analyzed. **Result:** Out of 250 study subjects, 208 subjects responded ABARK survey which shows that 54.3% (n=113) of subjects answered that they were aware of ABARK scheme before getting the treatment. Overall 68.2 % of the population understood and got benefited from ABARK Scheme and 63.46% were satisfied by the treatment provided under the scheme. **Interpretation and Conclusion:** ABARK survey showed that yet most people are unaware of this scheme. So ABARK scheme awareness programs have to be conducted through various public campaigns, by providing counseling aids, and radio and television programs must be encouraged for better utilization of the scheme among the community.*

Keywords: Orthopedics, ABARK scheme, awareness, survey

1. Introduction

"Arogya Karnataka" was introduced by the government of Karnataka on 2nd March 2018, to provide universal health coverage to all the residents of the state. Similarly to provide financial protection to poor and vulnerable families against catastrophic health expenditure and to reduce expenses for accessing health services due to hospitalization, the government of India introduced "Ayushman Bharat-Pradhan Mantri Yojana" which aims to provide holistic health care to all its citizens including preventive health promotion as well as primary, secondary and tertiary health care.^[2] Since both Ayushman Bharat and Arogya Karnataka schemes have the same goal, scope, and similar modalities, both the schemes were integrated under the co-branded name "Ayushman Bharat Arogya Karnataka" and were implemented in assurance mode from October 30, 2018.^[3] As a part of the comprehensive health care vision of the government, this particular scheme aims to provide financial coverage up to five lakh rupees per year per family, with a choice of accessing health care services in both private and public sectors to most poor and vulnerable households across the state. The beneficiaries shall be provided treatment free of cost for all such ailments covered under AB-ARK within the limits /sub-limits and sum insured. Treatment packages include consultation, medicine, diagnostics, implants, food, hospital charges, etc. in other words packages do cover the entire cost of the patient from the date of reporting until discharge from the hospital 15 days after discharge, making

the transaction truly cashless to the patient.^[1, 3] Eligibility and entitlement under this scheme are based on Aadhaar card authentication and entitlement as defined under the national food security act. A person with a BPL card is considered the "eligible household" to obtain free treatment. A general person i. e., a household with an APL card would be covered with 30% of the treatment cost for up to 1.5 lakh under this scheme.^[2, 3]

Patient counseling: Refers to the process of providing information, advice, and assistance to help patients use their medication appropriately. It may also include information about the patient's illness, health, and treatment-related schemes and also recommended lifestyle changes.^[4]

Effective patient counseling aims to produce the following results

- Better patient understanding of the illness and the role of medication in his treatment.
- A better understanding of treatment options and health schemes.
- Improved medication adherence.
- Reduced incidence of adverse effects and unnecessary healthcare costs.
- Improved quality of life of a patient.
- Better coping strategies to deal with medication-related side effects.

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- The improved professional rapport between the patient and the pharmacist. ^[4, 5]

Counseling Aids: When information is provided verbally, there are many chances of the patient forgetting the information over a while, hence a variety of teaching or educational aids have been developed to assist patient counseling and these are called counseling aids. Examples include medication cards, Pamphlets related to health schemes, PIL (patient information leaflets), etc.

As the scheme was introduced just a few years back in Karnataka, many people are unaware of it, so through this study, we are aiming to evaluate patients' awareness of the scheme and its merits of the scheme that is given with it.

2. Materials and Methodology

Study Setting: A survey was conducted over six months among inpatients in the orthopedics department of a medical college teaching hospital, Mysuru.

Inclusion and Exclusion criteria: We randomly selected the Patients of adult, and geriatric age groups of both genders who are registered under ABARK scheme, who were willing to participate in the survey were included after taking consent patient through the informed consent form, whereas patients with severe illness, unconscious state, pediatrics, ICU wards patients were excluded.

Ethical issues: written informed consent was taken from the individual subjects. The name of the respondents was kept confidential and ethical approval was obtained from the Institutional Ethics Committee of MMC&RI, Mysuru before the commencement of the study.

Sample size: Total number of subjects enrolled in the study: 250.

Selection of subjects: We randomly selected the subjects who met all the required inclusion and exclusion criteria.

Data collection: All the relevant information like demographic details, and medical and medication history of the patient were collected and documented using suitable annexures.

Study Tools:

- Informed Consent Form:** Informed consent is a process by which a subject voluntarily confirms his/her willingness to participate in a particular trial, after having been informed of all aspects of the survey that are relevant to the subject's decision to participate. It is documented using a written, signed, and dated informed consent form.
- ABARK Questionnaire:** It is a set of printed questions with a choice of answers, devised for a survey, which is the process of sampling, gathering, analyzing, and interpreting data from a group of people.
- Patient Counselling Pamphlet:** A small leaflet containing information about the patient's illness and its treatment including medications and relevant lifestyle changes.

ABARK Questionnaire and its Scoring:

ABARK survey questionnaire contains 5 main questions related to ABARK scheme awareness, each question carries 2 points. The total scores of ABARK survey questionnaire will be 10 points. The scores were rewarded based on the response given by the study subject.

All the scores are recorded carefully and documented in the excel sheet, then analyzed. The mean/ average score is calculated.

The further total score of 10 points, is divided into 2 categories, Those subjects who receive the score from 0-4 will be considered as they will be having poor awareness regarding ABARK scheme, and those subjects who receive the scores from 5-10 are considered as they will be having good awareness regarding ABARK scheme.

3. Results

Among 250 patients, 62% (n=156) were males and 38% (n=94) were females. 32.8% (n=82) of them belong to the age group of 51-70 Years. During the survey period, 35% (n=88) of the patients were diagnosed with a fracture of the femur, and 10% (n=24) were diagnosed with a fracture of the humerus.

Out of 250 patients, 42 patients were unavailable/not answered completely and 208 patients responded to ABARK Survey. From the analysis, the average ABARK survey score was found to be 5.25.

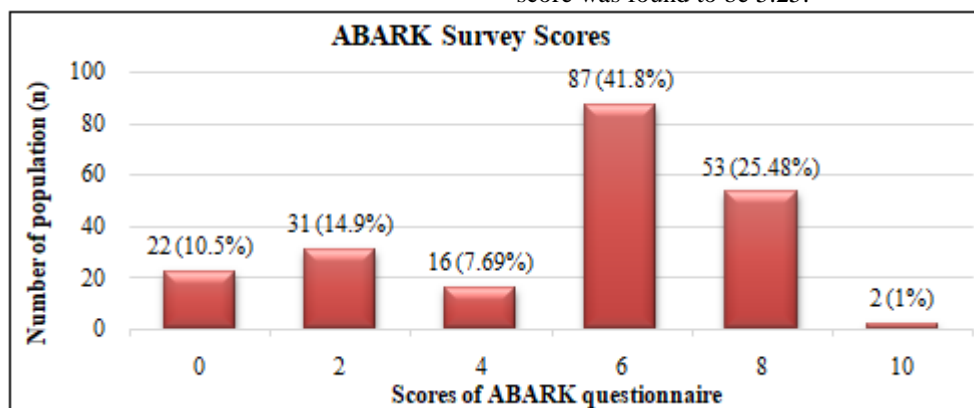


Figure 1: Distribution of ABARK survey score

Around 33.09% (n=69) of the population (n=208) involved in the survey have got overall scores < 4 points, indicating they are having very poor awareness/ knowledge/ information regarding ABARK Scheme. 68.28% (n=142) have an overall ABARK score >5, indicating they have good knowledge, awareness, and information related to ABARK Scheme. The majority of the study population (41.8%) got a score of 6 in ABARK survey.

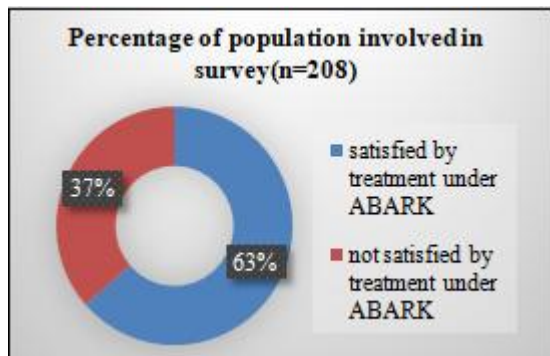


Figure 2: Scores of treatment awareness satisfaction under ABARK

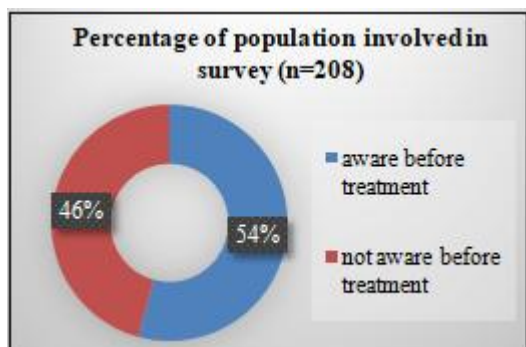


Figure 3: Scores of ABARK scheme awareness before treatment

Survey also shows that around 54.3% (n=113) of the population involved in the survey (n=208) answered that they were aware of ABARK scheme before getting the treatment. 77.4% (n=161) answered that they will recommend it to their relatives and friends. 63.46% (n=132) answered that they are satisfied with the treatment provided under ABARK Scheme.

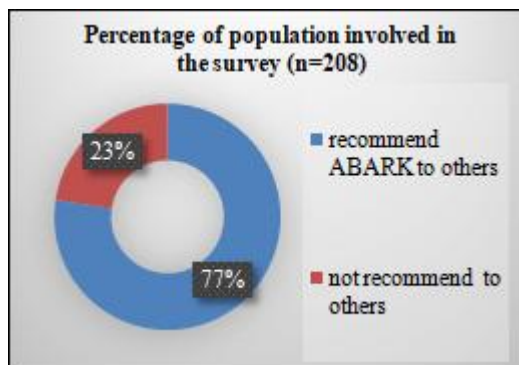


Figure 4: Scores of ABARK recommendations to others

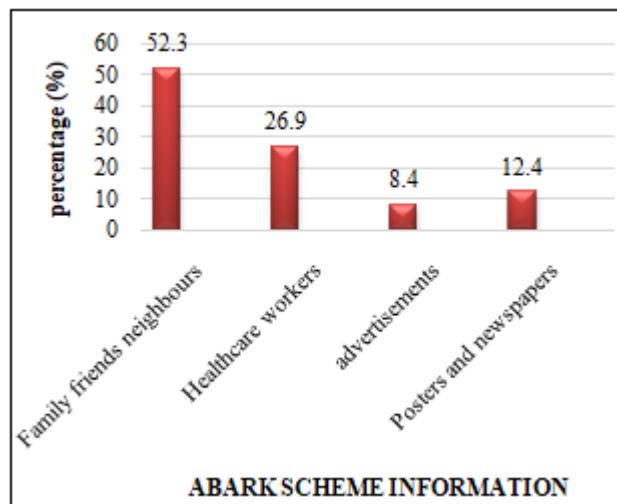


Figure 5: Scores of ABARK scheme information

In our survey, around 52.3% of the population got the information about ABARK Scheme from Friends/Family members and neighbors. 26.9% by Healthcare professionals, 12.4% by newspaper/posters, and 8.4% by advertisement.

4. Interpretation and Conclusion

Data regarding the demographic details of patients in our study showed that the majority of patients admitted to orthopedic wards were male subjects. The percentage of male subjects included in our study was 62% which is similar to the study conducted by Srividya et al (67%) [6]. The majority were in the age group of 51-70 years which is similar to a study conducted by Bhavani Chandran k et al [7]. Bone fractures were the most common indication for admission; among that majority was femur fracture, around 35% which was found similar to the study conducted by Srividya et al [6].

Analysis of ABARK survey revealed that 54.3% of patients included in the study were aware of this scheme whereas the rest 43.7% of patients were educated about this scheme after coming to the hospital by healthcare professionals. Most of the patients who knew about this scheme gathered information from newspapers and neighbors. 63.4% of patients were satisfied by the free treatment that was provided and around 77% were ready to recommend the scheme to their relatives. The study reflected that yet most people are unaware of the benefits and facilities provided under ABARK, so increasing awareness about this to the needy people through newspaper advertisements, radio and television programs, and by professionals through public awareness camps improves their access to healthcare and appropriate usage of the facilities from by the government to the BPL card owners.

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Abbreviations:

ABARK: Ayushman Bharat Arogya Karnataka.

BPL: Below Poverty line.

APL: Above Poverty line.

ICU: Intensive Care Unit.

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