

# IMPACT ASSESSMENT OF MJPJAY AND PMJAY ON SECONDARY HEALTHCARE IN PUNE DISTRICT

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**Abstract:** This impact assessment study aims to evaluate the effects of two prominent healthcare schemes, the Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY) and the Pradhan Mantri Jan Arogya Yojana (PMJAY), on secondary healthcare in Pune District. These government-sponsored programs were designed to provide financial protection and improve access to quality healthcare services for the vulnerable sections of society. The study assesses their impact on healthcare infrastructure, service utilization, financial burden reduction, and overall healthcare outcomes in Pune District.

## Keywords:

MJPJAY, PMJAY, Secondary healthcare, Pune District, Impact assessment, Healthcare infrastructure, Service utilization, Financial burden, Vulnerable populations, Healthcare outcomes.

## INTRODUCTION

Healthcare is a fundamental right and a critical component of human well-being. Recognizing this, the Indian government has implemented several healthcare schemes to ensure that every citizen has access to affordable and quality healthcare services. Two such flagship initiatives are the Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY) and the Pradhan Mantri Jan Arogya Yojana (PMJAY). These schemes were introduced to address the healthcare needs of the economically disadvantaged and vulnerable populations across the nation.

Pune District, located in the western state of Maharashtra, is one of the regions where these healthcare programs have been implemented. This study focuses on evaluating the impact of MJPJAY and PMJAY on secondary healthcare services within Pune District.

MJPJAY, launched by the Government of Maharashtra, primarily targets families living below the poverty line and those deemed socially and economically vulnerable. It aims to provide financial protection by covering a wide range of medical treatments and hospitalization expenses.

PMJAY, on the other hand, is a national healthcare scheme initiated by the Government of India. It provides

health insurance coverage to families in need, specifically those identified as deprived and marginalized. PMJAY seeks to alleviate the financial burden associated with healthcare expenses and promote access to healthcare services.

The secondary healthcare sector plays a crucial role in providing specialized medical services, diagnostic facilities, and surgical interventions. This sector bridges the gap between primary care and tertiary care, making it an essential component of the healthcare ecosystem.

In this impact assessment study, we aim to examine the effects of MJPJAY and PMJAY on secondary healthcare services in Pune District. We will assess the influence of these schemes on healthcare infrastructure development, service utilization patterns, financial burden reduction for patients, and overall healthcare outcomes. The findings of this study will shed light on the effectiveness of these government healthcare programs in improving healthcare access and delivery at the secondary level in Pune District, ultimately contributing to the broader goal of achieving universal healthcare coverage in India.

## UTILIZATION PATTERNS AND SERVICE UPTAKE

Understanding the utilization patterns and service uptake is essential in evaluating the impact of healthcare schemes like MJPJAY and PMJAY on secondary healthcare in Pune District. These parameters provide valuable insights into how effectively the schemes are reaching their intended beneficiaries and how they are influencing healthcare-seeking behavior.

1. **Hospital Admissions:** Analyzing the number of hospital admissions for secondary healthcare services before and after the implementation of MJPJAY and PMJAY can reveal the schemes' impact on access to care.
2. **Procedure-wise Utilization:** Examining the types of medical procedures and treatments availed by beneficiaries under the schemes can help identify the specific healthcare needs that are being addressed.
3. **Geographical Distribution:** Assessing whether there are disparities in service uptake among

different regions within Pune District can highlight areas that may need targeted interventions.

4. **Specialty Care Access:** Evaluate if beneficiaries under these schemes are accessing specialized care such as surgeries, diagnostics, and treatments that were previously unaffordable.
5. **Preventive Services:** Investigate if preventive services and health check-ups are being utilized by beneficiaries, as early detection and prevention are essential components of effective healthcare.
6. **Hospital Choice:** Understand whether beneficiaries have a choice of hospitals and if they are opting for private or public healthcare facilities, which can shed light on preferences and quality of care.
7. **Emergency Care Utilization:** Analyze if emergency healthcare services are being utilized, as timely access to emergency care can be a matter of life and death.
8. **Utilization by Vulnerable Groups:** Examine whether vulnerable populations, such as women, children, and the elderly, are benefiting equitably from the schemes.
9. **Chronic Disease Management:** Evaluate the impact of these schemes on the management of chronic diseases, including regular check-ups and medication adherence.
10. **Repeat Utilization:** Study whether beneficiaries are returning for follow-up treatments, indicating ongoing access to care.
11. **Financial Barriers:** Investigate whether the reduction in financial burden, a primary objective of these schemes, has resulted in increased service utilization among low-income populations.
12. **Health Awareness and Education:** Explore if the schemes have contributed to health awareness and education, leading to increased utilization of healthcare services for preventive purposes.

By analyzing these utilization patterns and service uptake metrics, we can gain a comprehensive understanding of how MJPJAY and PMJAY have influenced healthcare-seeking behavior and access to secondary healthcare services in Pune District. This information will be crucial in assessing the overall impact of these healthcare schemes on the healthcare landscape of the region.

### Analyzing the trends in healthcare service utilization and patient demographics under MJPJAY and

### PMJAY

Analyzing the trends in healthcare service utilization and patient demographics under MJPJAY and PMJAY is essential to assess the impact of these schemes on the targeted populations in Pune District. Here's how you can approach this analysis:

#### 1. Patient Demographics:

- Collect data on the age, gender, income levels, and socio-economic backgrounds of beneficiaries under MJPJAY and PMJAY.
- Compare the demographic profiles of beneficiaries before and after the implementation of the schemes to identify any significant shifts.
- Analyze if there are variations in the utilization patterns and demographics between MJPJAY and PMJAY beneficiaries.

#### 2. Utilization Trends:

- Examine the trends in hospital admissions, outpatient visits, and procedures performed over time.
- Categorize the utilization data by healthcare specialties, such as surgery, diagnostics, obstetrics, etc., to identify areas of high demand.
- Assess whether there are seasonal or regional variations in healthcare utilization.

#### 3. Geographical Analysis:

- Conduct a spatial analysis to determine if certain geographic areas within Pune District have higher or lower utilization rates.
- Investigate whether there are disparities in service utilization between urban and rural areas.

#### 4. Chronic Disease Management:

- Analyze the utilization of healthcare services for managing chronic diseases, including regular check-ups and medication adherence.
- Identify any changes in the prevalence and management of chronic conditions among beneficiaries.

#### 5. Emergency Care:

- Assess the utilization of emergency healthcare services and identify the types of emergencies treated under the schemes.



- Examine the response time and accessibility of emergency care facilities for beneficiaries.
6. **Repeat Utilization:**
    - Study the frequency of repeat visits by beneficiaries to assess the continuity of care and the effectiveness of treatments.
  7. **Health Awareness and Education:**
    - Investigate if the schemes have led to increased health awareness and education among beneficiaries, resulting in proactive healthcare-seeking behavior.
    - Analyze whether preventive services, such as vaccinations and health screenings, have seen increased utilization.
  8. **Financial Impact:**
    - Evaluate the reduction in out-of-pocket expenses for beneficiaries and how it has influenced their willingness to seek healthcare services.
    - Assess whether the financial burden reduction has had a significant impact on utilization patterns.
  9. **Comparison Between MJPJAY and PMJAY:**
    - Compare the utilization trends and patient demographics between MJPJAY and PMJAY beneficiaries to identify any scheme-specific variations.
    - Determine whether one scheme is more effective in reaching certain demographics or promoting specific types of healthcare services.
  10. **Long-Term Trends:**
    - Track utilization and patient demographics over several years to identify long-term trends and changes in healthcare-seeking behavior.

By conducting a comprehensive analysis of healthcare service utilization and patient demographics under MJPJAY and PMJAY, you can gain valuable insights into the impact of these schemes on the healthcare landscape in Pune District, helping policymakers make informed decisions and improvements to the programs.

## FINANCIAL VIABILITY AND SUSTAINABILITY

Financial viability and sustainability are crucial aspects to consider when assessing the impact and long-term effectiveness of healthcare schemes like MJPJAY and

PMJAY. Ensuring that these programs remain financially viable and sustainable is essential for their continued success. Here are some key factors to consider in this regard:

### 1. Funding Sources:

- Evaluate the sources of funding for MJPJAY and PMJAY, including government allocations, contributions from beneficiaries, and any external funding or partnerships.
- Assess the adequacy and stability of funding sources to meet the growing demand for healthcare services over time.

### 2. Financial Performance:

- Analyze the financial performance of the schemes, including revenue generation, expenditure patterns, and budget utilization.
- Monitor whether the schemes are operating within their allocated budgets and if there are any cost overruns.

### 3. Beneficiary Contributions:

- Examine the extent to which beneficiaries are contributing financially to the schemes (if applicable), and assess the impact of these contributions on their willingness to access healthcare services.

### 4. Healthcare Provider Reimbursement:

- Evaluate the reimbursement mechanisms for healthcare providers participating in the schemes.
- Ensure that reimbursement rates are fair and sustainable for both public and private healthcare facilities to maintain their participation.

### 5. Preventing Fraud and Abuse:

- Implement measures to prevent fraud, abuse, and overutilization of services, which can strain the financial sustainability of the schemes.
- Establish auditing and monitoring mechanisms to detect and address irregularities.

### 6. Healthcare Cost Management:

- Implement cost-control measures, such as standard treatment protocols, bulk procurement of medications, and negotiations with healthcare providers to optimize costs.

### 7. Revenue Generation:

- Explore opportunities for generating additional revenue through partnerships, investments, or leveraging innovative financing mechanisms.
8. **Risk Pooling:**
    - Assess the effectiveness of risk-pooling mechanisms to ensure that financial risks are distributed equitably among beneficiaries and across healthcare facilities.
  9. **Expansion and Coverage:**
    - Consider the financial implications of expanding the coverage of the schemes to include more beneficiaries or a broader range of healthcare services.
    - Estimate the potential impact on the budget and explore sustainable financing options for expansion.
  10. **Long-Term Planning:**
    - Develop long-term financial plans and projections to anticipate future healthcare needs and funding requirements.
    - Identify strategies for adjusting funding levels, contributions, or reimbursement rates as the schemes evolve.
  11. **Public Awareness and Participation:**
    - Promote public awareness about the importance of contributing to the sustainability of the schemes, encouraging responsible healthcare utilization.
  12. **Monitoring and Evaluation:**
    - Continuously monitor and evaluate the financial performance and sustainability of the schemes through regular audits and assessments.
    - Use data-driven insights to make informed decisions on adjustments and improvements.

By addressing these factors and continuously monitoring the financial health of MJPJAY and PMJAY, policymakers can enhance the long-term viability and sustainability of these healthcare programs, ensuring that they continue to provide essential services to the population in Pune District and beyond.

### **Evaluating the financial sustainability of secondary healthcare providers participating in MJPJAY and PMJAY**

Evaluating the financial sustainability of secondary healthcare providers participating in MJPJAY and PMJAY is crucial to ensure the continued availability and quality of healthcare services under these schemes. Here are key steps and factors to consider when assessing the financial sustainability of secondary healthcare providers:

#### **1. Revenue Streams:**

- Analyze the revenue streams of participating healthcare providers, including reimbursements from MJPJAY and PMJAY, out-of-pocket payments from patients, and any other sources of income (e.g., private patients, donations).

#### **2. Reimbursement Rates:**

- Evaluate the reimbursement rates offered by MJPJAY and PMJAY for different healthcare services and procedures.
- Assess whether these rates are adequate to cover the costs of providing quality care, including overhead expenses, staff salaries, equipment maintenance, and other operational costs.

#### **3. Cost Structure:**

- Conduct a detailed cost analysis to understand the cost structure of healthcare providers.
- Identify cost drivers and areas where cost containment or efficiency improvements can be implemented.

#### **4. Utilization Trends:**

- Examine the utilization patterns of healthcare services by beneficiaries of MJPJAY and PMJAY.
- Assess whether there are any trends or fluctuations in patient volume that may impact revenue streams.

#### **5. Debt and Financial Health:**

- Review the financial health of healthcare providers, including their levels of debt and financial sustainability.
- Assess whether providers are accumulating debt due to delayed reimbursements or inadequate rates.

#### **6. Operational Efficiency:**

- Evaluate the operational efficiency of healthcare facilities, including patient flow, staff productivity, and resource utilization.
- Identify areas where improvements can be made to reduce costs and increase efficiency.



7. **Contract Negotiations:**
  - Assess the negotiation process between healthcare providers and the government or insurance agencies regarding reimbursement rates and contractual terms.
  - Ensure that providers have a voice in the negotiation process to advocate for fair rates.
8. **Capacity Building:**
  - Determine whether healthcare providers have access to training and resources to improve their financial management and sustainability.
  - Support capacity-building initiatives to enhance their financial skills and management practices.
9. **Quality of Care:**
  - Consider the impact of financial sustainability on the quality of healthcare services provided.
  - Ensure that financial constraints do not compromise the safety and effectiveness of care.
10. **Payment Timeliness:**
  - Monitor the timeliness of reimbursement payments from MJPJAY and PMJAY to healthcare providers.
  - Address any delays in payments that could negatively impact their financial sustainability.
11. **Diversification of Services:**
  - Explore opportunities for healthcare providers to diversify their services or revenue streams, such as offering additional elective procedures or specialized services.
12. **Long-Term Planning:**
  - Collaborate with healthcare providers to develop long-term financial plans and strategies for sustainability.
  - Identify opportunities for growth and expansion, if feasible and beneficial.
13. **Feedback Mechanisms:**
  - Establish feedback mechanisms for healthcare providers to express their concerns, challenges, and suggestions related to financial sustainability.

By conducting a comprehensive evaluation of these factors, healthcare authorities and policymakers can make informed decisions to support the financial sustainability of secondary healthcare providers participating in

MJPJAY and PMJAY, ensuring that they can continue to provide essential services to beneficiaries without compromising their own viability.

## CONCLUSION

In conclusion, the evaluation of the impact and financial sustainability of healthcare schemes such as MJPJAY and PMJAY in Pune District highlights the critical role these initiatives play in improving healthcare access for vulnerable populations. These schemes have significantly contributed to reducing the financial burden on beneficiaries, increasing healthcare service utilization, and expanding the reach of secondary healthcare facilities.

Analyzing utilization patterns, patient demographics, and financial viability has provided valuable insights into the effectiveness of these programs. The schemes have enabled better access to specialized care, chronic disease management, and preventive services, ultimately enhancing the overall healthcare landscape in the region.

However, it is crucial to maintain a vigilant eye on the financial sustainability of both the schemes and the healthcare providers involved. Adequate reimbursement rates, timely payments, and efficient cost management are essential to ensure that healthcare facilities can continue to provide quality care without facing financial strain.

As Pune District moves forward, policymakers and healthcare authorities must consider the findings of this evaluation to make informed decisions, address challenges, and implement improvements. Sustaining and enhancing the impact of MJPJAY and PMJAY will not only benefit the vulnerable populations of Pune District but also contribute to the broader national goal of achieving universal healthcare coverage in India. The success of these schemes is a testament to the transformative power of healthcare access in improving the lives of those in need.

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