

SUMMER INTERNSHIP REPORT

At IQVIA Consulting & Information Services India Pvt.Ltd.

(April 22nd to June 1st, 2024)

**A Report – Evaluation of the Public Health Insurance
Scheme of Rajasthan.**

**By Dr. Shally (PT)
PGDM (Hospital and Health Management)**

**023-2025
International Institute of Health Management Research,
New Delh**



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21st June 2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Shally** was associated with **IQVIA Consulting and Information Services India Private Limited ("IQVIA")** on the **Evaluation of the Public Health Insurance Scheme in Rajasthan** as a part of the curriculum during the period from **22nd April 2024** till **21st June 2024**

This certificate is being issued to recognize successful completion of her internship.

For IQVIA Consulting and Information Services India Pvt. Ltd

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by VARINDRA
A Date: 2024.06.21
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Varindra B
Director - Human Resources, South Asia

FEEDBACK FORM
(Organization Supervisor)

Name of the Student: Dr. Shally Pandey

Summer Internship Institution: IQVIA

Area of Summer Internship: Health Financing

Attendance: Complete, and Dr. Shally was found to be punctual and obedient.

Objectives met: Yes, under the multiple work allocations like concept notes for WHO, secondary research for scheme evaluation, and presentations for projects, Dr. Shally was found to be exceeding expectations every time.

Deliverables: Yes, all the deliverables as per the objectives were met within timelines, and the student showed an excellent level of commitment.

Strengths: Punctuality and Commitment

Suggestions for Improvement: Should work on enhancing knowledge of multiple domains of health financing and overall public health.

Mulkeeth

**Signature of the Officer-in-Charge
(Internship)**

Date: 18th June 2024
Place: IQVIA, Delhi office

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: Dr. Shally (PT)

Summer Internship Institution: IQVIA

Area of Summer Internship: Health Financing

Attendance: 100

Objectives met: Learned end to end project delivery.

Deliverables: Conducted branch marking exercise.

Strengths: Fast learner & very well comprehended the subject.

Suggestions for Improvement: Improving in delivery of the document.

Signature of the Officer-in-Charge (Internship)

Date: 19 June 2024
Place: Delhi

Certificate of Approval

The Summer Internship Project of titled **Evaluation of the Public Health Insurance Scheme of Rajasthan at IQVIA consulting & information services India** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of Post Graduate Diploma in Health and Hospital Management for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the report only for the purpose it is submitted.



Dr. Pijush Kanti Khan
Assistant Professor
IIHMR, Delhi

Shally Pandey ST report

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Observational Learnings

Section -1: Introduction

IQVIA is a world leader in the healthcare sector offering advisory, data, technology and advanced analytics services. IQVIA through its various engagements across the world is enabling a more modern and effective healthcare system and creating breakthrough solutions that transform business and patient outcomes. IQVIA serves the combined industries of health technology, clinical research and public health consulting. It has a network of more than 90,000 employees in more than 100 countries. IQVIA in India has over 30,000 employees and delivers services across Public Health (systems strengthening, disease management, health finance, MCH, nutrition, technology), Clinical Research, Pharma Data Management, M&E, Impact Assessment, Lifecycle Safety, Medical Writing, Biostatistics etc. IQVIA's in India as well as internationally has served clients such as The World Bank, Asian Development Bank, , USAID, UNDP, TGF, IFC, GAVI, BMGF etc.

Vision:

Powering smarter healthcare for everyone, everywhere. At IQVIA, we want to help ensure essential treatments reach all human beings all over the world, no matter where they are. To get there, we work with customers and partners to accelerate their results and address unmet needs.

Mission:

Accelerating innovation for a healthier world. Creating a healthcare world with passion for helping to get better results and improve patient outcomes. In everything we do, we are committed to driving innovation- from efficiencies to breakthrough.

Objectives:

In a changing healthcare environment, they are dedicated to providing creative business models that are suited to their clients' local and international goals. They intend to work together to address some of the most significant obstacles to global health. The staff members are enthusiastic about assisting clients in achieving this objective and always challenge themselves to do more to promote public health initiatives and enhance everyone's health.

They are dedicated to fulfilling their role by using their resources and knowledge to recognise, comprehend, and resolve unmet public health requirements. They think they can rethink how to handle the most difficult global health issues by utilising research, data science, and digitisation.

Values:

In today's healthcare environment, it's not only about how much data, information, and

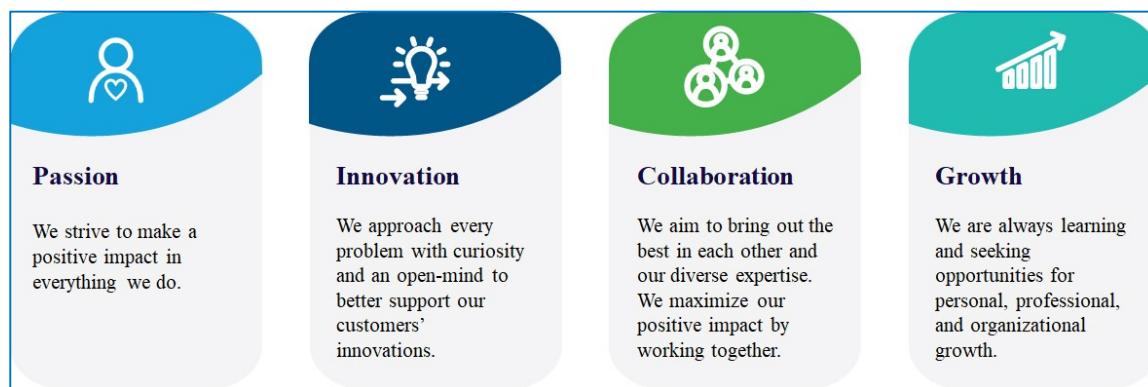


Figure 1 IQVIA'S Values

technology you have at your fingertips – it's what you do with it.

IQVIA is focused on making intelligent connections for customers across the entire healthcare ecosystem to help you drive healthcare forward. Whether that means partnering with novel technology companies to boost patient engagement, leveraging AI & machine learning to accelerate results, or using decentralized trials to reach the right patients wherever they are – we are always looking for smarter ways to move you forward.

Section - 2: Mode of data collection

Most of the information is based on the secondary data which are available through different data source at public domain.

Using secondary research techniques, such as desktop analysis, consulting current reports in the public domain, reviewing published articles and research papers, extracting data from reputable government websites, and gathering information from pertinent platforms, were all

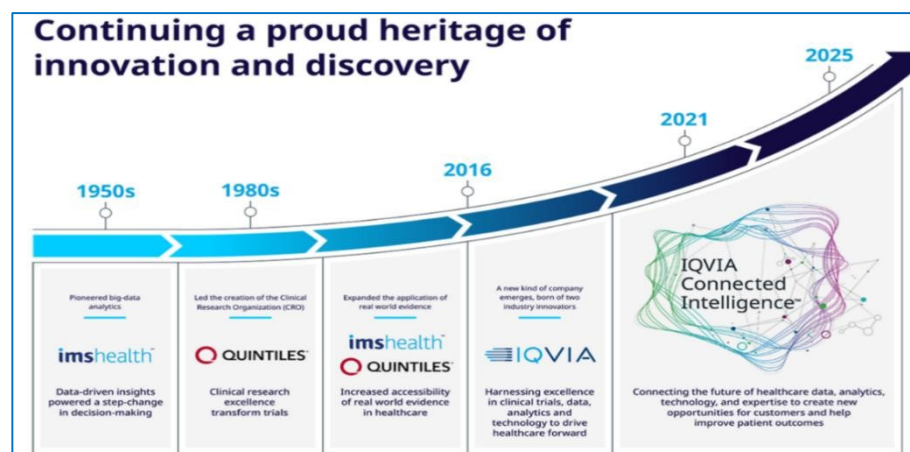


Figure 2 continuing heritage of innovation and discovery

part of the data collection process.

Section - 3: General findings on learnings during the internship:

- In addition to my main responsibilities, I conducted secondary research on Thinkwell and crafted a document.
- I have worked on Training Needs Assessment (TNA) and capacity building proposal development for the Ayushman Bharat Niramaya Yojana in Madhya Pradesh. My responsibilities included identifying the training requirements of healthcare professionals, developing and implementing training programs, and enhancing the overall capacity and efficiency of healthcare delivery under the scheme.
- I have worked on enhancing financial autonomy for public hospitals and building their capacity to effectively manage and utilize these resources.
- Have conducted extensive secondary research for the Sehat Sahulat Program in Pakistan. This involved gathering, analyzing, and synthesizing existing data and literature to support the program's objectives and inform policy decisions. My research focused on different parameters like insurance scheme, mode of implementation, eligible beneficiaries, premium per family, total premium paid, total premium paid per year, sum insured, benefit covered, benefit package, enrolment done, hospital Empaneled, total claim submitted, claim amount, percentage of claims rejected, claim ratio, avg. claims rejected, scheme utilization rate.
 - Apart from my professional experience, I have also completed a course on "One Health in Health Financing" and other domains like those offered by the World Health Organization (WHO). These courses have equipped me with a broad understanding of integrated health approaches and the financial mechanisms that support them, enhancing my ability to contribute effectively to healthcare initiatives.

Section - 4: Conclusive learning, limitations and suggestions for improvement

Conclusive learnings:

- Engaging in projects at IQVIA significantly enhances my research abilities. Through hands-on experience and collaboration with industry professionals, I've developed a deeper understanding of research methodologies, data analysis techniques,
- I gained experience presenting complex data in visually appealing ways, such as detailed reports, charts, presentations, and graphs.

- The projects allowed me to gain diverse experiences, apply theoretical knowledge in practical settings, and develop valuable skills in areas such as data analysis, market research, and project management. Through my involvement in these projects, I gained a holistic understanding of the industry and enhanced my ability to tackle complex challenges.
- My internship at IQVIA have provided me with a comprehensive understanding of project management, deadline-driven work environments, and the importance of staying updated on industry trends. Additionally, I honed my ability to effectively communicate complex information through compelling presentations, showcasing your proficiency in synthesizing data into meaningful insights.
- My professional communication skills, such as email etiquette and presentation delivery, improved during the internship.

Limitations:

As most of the evaluation was based on the secondary data available at public domain.

Suggestions for improvement:

- Offering interns a variety of project assignments across different departments or areas of the company can provide them with a more comprehensive understanding of the organization and its operations.
- Suggestion for conducting regular feedback sessions with employees.
- Investing in employee development programs to nurture talent and promote career advancement within the organization.

Project Report

Section 1:Introduction

A. Rationale

Rajasthan has been implementing various public health insurance schemes over the years to provide financial protection and reduce the OOPE due to health for its population. This analysis shall provide insights into the impact of the scheme on the UHC objectives in terms of utilization relative to need, equity, efficiency, transparency and quality of care being provided to the beneficiaries. This analysis shall enable to understand the impact the scheme has of the access to health care services and health outcomes of the population by assessing their satisfaction levels pertaining to the scheme. This shall provide recommendations that enable the strengthening of the scheme and ensure its effective implementation.

B. Research question

To analyze the impact of Public Health Insurance scheme of Rajasthan on the UHC objectives

C. Specific Objective

Action points as understanding the aspects involved in the impact of the scheme on UHC objectives, including utilization relative to need, financial protection, and quality of care.

Section - 2: Mode of data collection

Using secondary research techniques, such as desktop analysis, consulting current reports in the public domain, reviewing published articles and research papers, extracting data from reputable government websites, and gathering information from pertinent platforms, were all part of the data collection process.

Section -3 :

A. Data Compilation.

The study used a mixed methods approach for data compilation, which involved both quantitative and qualitative aspects:

Secondary data analysis: This involved reviewing existing literature, it included information on the number of registered families, claim utilization trends, budget allocation etc.

B. Analysis

The report provides an in-depth analysis of the evolution and impact of Rajasthan's public health insurance scheme, highlighting the progressive steps taken to achieve Universal Health Coverage (UHC) through the Mukhya Mantri Chiranjeevi SwasthyaBima Yojana (MM-CSBY). The analysis covers several aspects:

1. Historical Context and Evolution:

The journey began with the RashtriyaSwasthyaBima Yojana (RSBY) in 2012, which provided limited coverage. Expanded through the BhamashahSwasthyaBima Yojana (BSBY) in 2015 and its integration with Ayushman Bharat as AB-MGRSBY, increasing coverage. In the launch of MM-CSBY in 2021, providing comprehensive coverage of INR 10 lakhs per family per year, with plans to increase to INR 25 lakhs.

2. Scheme Coverage and Beneficiaries:

MM-CSBY covers a wide demographic including NFSA, SECC, SMF, contractual workers, COVID ex-gratia families, and APL families. The scheme ensures equity with 91.6% of families receiving free coverage and only 8.4% contributing to premiums.

3. Healthcare Provider Network:

An active network of 1756 empaneled health care providers, nearly equally split between public and private sectors. Empaneled hospitals include super specialty facilities, offering secondary and tertiary care. Private hospitals are predominantly in urban areas, indicating a need for better rural healthcare access.

4. Utilization and Impact:

Significant increase in claim utilization rates, reflecting higher awareness and accessibility of healthcare services. A noticeable gap in claim amounts between public and private hospitals, with private hospitals generating higher claim amounts. Age-based usage patterns align with healthcare demands, primarily for individuals aged 21 and above.

5. Financial Allocation and Impact on Out-of-Pocket Expenditure:

The state has increased the budget for health insurance substantially, ensuring the scheme's financial sustainability. Beneficiary exit interviews indicate a significant reduction in out-of-pocket expenditure, with 99% reporting no charges during hospitalization.

6. Qualitative Feedback and Satisfaction:

High satisfaction levels among beneficiaries with the latest scheme, MM-CSBY, especially regarding treatment, waiting periods, and quality of services. Positive feedback on cleanliness, staff behavior, and medicine availability.

7. Operational Strengths and Areas for Improvement:

Strong IT systems, grievance redressal mechanisms, audit processes, and fraud analytics bolster the scheme's implementation. The report suggests areas for further refinement to enhance operational efficiency, sustainability, and stakeholder value.

In summary, the analysis shows that Rajasthan's continuous efforts to upgrade its public health insurance scheme have significantly improved healthcare access and equity for its population. The MM-CSBY stands out as a comprehensive and ambitious initiative aimed at providing robust financial health protection, though there remain areas for further development to ensure its long-term success and broader acceptance.

C. Interpretation

The report on Rajasthan's Mukhya Mantri Chiranjeevi SwasthyaBima Yojana (MM-CSBY) provides a detailed interpretation of the scheme's impact and effectiveness. The key interpretations are:

1. Progressive Policy Evolution:

Rajasthan's health insurance scheme has evolved significantly over the years, with incremental improvements in coverage and benefits. The transition from RSBY to MM-CSBY

reflects a commitment to expanding health coverage and improving healthcare access for all residents.

2.Comprehensive Coverage:

MM-CSBY offers one of the highest coverage amounts in the country, at INR 10 lakhs per family per year, with plans to increase to INR 25 lakhs. The scheme's inclusion criteria are broad, covering various demographic groups and ensuring equity.

3.Equity in Access:

The scheme is designed to ensure that a vast majority of the beneficiaries receive free or cashless services, reducing financial barriers to healthcare. APL families, who pay 50% of the premium, are also included, ensuring a more inclusive approach.

4.Healthcare Infrastructure:

The scheme has facilitated the empanelment of a significant number of healthcare providers, both public and private, ensuring a wide network of accessible hospitals. There is a urban-rural disparity in the distribution of private hospitals, indicating the need for better rural healthcare infrastructure.

5.Utilization Trends:

There has been a significant increase in the utilization of health services, indicating higher awareness and accessibility of the scheme. Public hospitals have lower claim amounts compared to private hospitals, suggesting differences in treatment costs and service delivery.

6.Financial Impact:

The increased budget allocation for the scheme reflects the state's commitment to sustaining and expanding health insurance coverage. The scheme has significantly reduced out-of-pocket expenditure for beneficiaries,

7.Beneficiary Satisfaction:

High levels of satisfaction among beneficiaries indicate the scheme's success in improving healthcare services and delivery. Positive feedback on cleanliness, staff behavior, and the availability of medicines suggests improvements in the overall healthcare experience.

8.Operational Strengths:

Robust IT systems, effective grievance redressal mechanisms, and strong audit processes enhance the scheme's implementation and accountability. Continuous monitoring and fraud analytics help maintain the scheme's integrity and efficiency.

9.Areas for Improvement:

The report identifies potential areas for refinement, such as improving rural healthcare access, addressing disparities in claim amounts between public and private hospitals, and

ensuring sustainable funding. Enhancements in operational processes and organizational frameworks are necessary to further strengthen the scheme.

Overall, the report interprets MM-CSBY as a highly impactful and progressive health insurance scheme that has significantly improved healthcare access and financial protection for the residents of Rajasthan. The scheme's success is evident in the high levels of beneficiary satisfaction, increased utilization rates, and substantial reduction in out-of-pocket expenses. However, there are areas that require attention to ensure the scheme's long-term sustainability and broader acceptance.

Section 4 Recommendation :

The recommendations focus on several key areas:

1. **Financial Stability:** Suggests pooling funds from various departments and programs to ensure sustained funding for the scheme.
2. **Cost Management:** Proposes analyzing the cost-effectiveness of healthcare packages and considering selective purchases to optimize expenditure.
3. **Co-payment:** Introduces the idea of co-payment for certain beneficiaries and explores alternative financing sources like sin taxes to alleviate financial strain.
4. **Accessibility:** Recommends strategic empanelment of hospitals and interstate portability of benefits to improve access to specialized healthcare services, particularly for rural populations.
5. **Gatekeeping Referral Process:** Advocates for strengthening gatekeeping mechanisms to prevent misuse and ensure appropriate utilization of healthcare services.
6. **Awareness and Reach:** Emphasizes increasing awareness and enrolment in rural areas through targeted strategies and collaboration with grassroots stakeholders.
7. **Policy Guidelines:** Suggests integrating IT platforms, developing mobile apps, and enhancing monitoring mechanisms to improve transparency, accountability, and data accuracy.

Overall, these recommendations aim to enhance the sustainability, accessibility, and effectiveness of the MM-CSBY scheme, ultimately advancing towards Universal Health Coverage in Rajasthan.

B. Conclusion

The journey of Rajasthan's public health insurance scheme, from its inception to the current Mukhya Mantri Chiranjeevi SwasthyaBima Yojana (MMCSBY), reflects a progressive commitment towards achieving Universal Health Coverage (UHC). Through successive iterations and expansions, the scheme has evolved to provide extensive

coverage, significantly reducing financial barriers to healthcare for the state's residents. The latest iteration, MMCSBY, with its substantial coverage and comprehensive benefits, has garnered widespread satisfaction among beneficiaries, demonstrating its positive impact on healthcare accessibility and quality. The state's proactive measures, including special provisions during the COVID-19 pandemic, signify a responsive approach to addressing evolving healthcare needs. Leveraging technology and robust governance frameworks, Rajasthan has established a resilient system, ensuring transparency, efficiency, and accountability in scheme implementation.

While celebrating these achievements, it's imperative to acknowledge areas for further enhancement. Continuous innovation and refinement, guided by stakeholder feedback and strategic insights, will be crucial in sustaining and amplifying the scheme's impact. By prioritizing operational efficiency, sustainability, and stakeholder engagement, Rajasthan can consolidate its position as a trailblazer in advancing equitable healthcare access and protection for its populace.

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