

RSBY Beneficiary Experience Survey

Summary of Findings from the
Feasibility Study

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In 2008, the Government of India instituted Rashtriya Swasthya Bima Yojana (RSBY), a public/private health insurance scheme implemented to help below poverty line (BPL) families with financial obligations related to hospitalisation. The RSBY scheme grew out of the understanding of the social and financial importance of protecting BPL families from the effects of illness. As of November 2010, more than 16 million families and nearly 5,000 hospitals across 26 Indian states have enrolled in RSBY.

Between 27 September and 22 October 2010, Westat India completed a feasibility study of the RSBY Beneficiary Experience Survey. This Survey evaluated beneficiaries' assessment of the quality of care received at RSBY empanelled hospitals by collecting data on patient interactions with their health care providers, patient satisfaction with how they were treated, and patient assessment of the hospital environment.

This feasibility study was conducted in 20 RSBY empanelled hospitals in Haryana with a small convenience sample of 78 RSBY and non-RSBY patients. The purpose of the feasibility study was to evaluate the viability of such a study and to learn more about how best to conduct this research on a larger scale. This project has demonstrated that the research process can work well and has provided insights on how best to conduct the research. **However, it is important to note that because this was a feasibility study with a small, convenience sample these data are not generalisable to Haryana or beyond.**

This document provides a summary of the survey methodology and key findings from the RSBY Beneficiary Experience Survey.

Survey Sponsors

The RSBY Beneficiary Experience Survey was made possible by support and assistance received from Dr. Sarna at ESI Health Care, Haryana; Mr. Anil Swarup, Ministry of Labour-Government of India; Dr. Nishant Jain, GTZ; and the RSBY nodal officers in Haryana.

The RSBY Beneficiary Experience Survey design, data analysis, and report were prepared by Westat India. Data collection in Haryana was conducted by Westat's partner, SynchroServe.

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Survey Methodology

To conduct this study, a questionnaire was created by adapting the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospital Survey. CAHPS surveys are scientifically tested assessment tools that measure consumer experience with health care. A family of CAHPS surveys have been developed for the Agency for Healthcare Research and Quality (AHRQ), an agency of the US Department of Health and Human Services. CAHPS surveys are designed and supported by a consortium of public and private organisations. Westat has supported AHRQ in the development of CAHPS surveys for more than 10 years. However, CAHPS had to be adapted to reflect the Indian health care delivery model and the RSBY context. In addition it was critical to ensure cultural and contextual relevance. The questionnaire covered key areas tested and proven to provide insight into patient experience with health care received, including:

- Patient satisfaction with hospital, environment, and staff;
- Knowledge, awareness, and use of RSBY programme;
- Wait time at hospital;
- Hospital environment;
- Communication with hospital staff;
- Communication about medication*;
- Discharge information*; and
- Patient demographics.

For administration to patients in Haryana, the RSBY Beneficiary Experience Survey was translated into Hindi using research industry recommended standards for translation. Prior to beginning data collection, the Survey was tested to ensure that it was performing as intended. As a result of testing, minor modifications were made to the Survey to more accurately collect data on patient experience. Average interview length was approximately 12 minutes.

Hospitals were selected from among the RSBY empanelled hospitals in Haryana. The selection was based on the volume of RSBY claims they reported over a three month period. Hospitals with a higher volume of claims were identified, and a mix of urban and rural as well as large and small hospitals in this group were selected to assure that a variety of hospitals were included in the sample. Once the hospitals were selected the list was approved by the Haryana RSBY agency and contact was made with the respective nodal officers.

Westat India sampled both RSBY and non-RSBY patients within the selected hospitals. While the focus of the study was to learn about the experiences of RSBY patients, a comparison group

* * Because of the small sample of RSBY Beneficiaries interviewed at the point of discharge, feasibility study data cannot be reported about RSBY patient experience with discharge and medications prescribed or obtained at discharge.

of non-RSBY patients was included as they provided an effective way to gauge the relative satisfaction of RSBY patients who represent a socio-economically homogeneous group. Patients were included at two stages of care: Mid-treatment and the point of discharge. In total, 38 RSBY and 40 non-RSBY patients were included in this feasibility study. Half of each group were at mid-treatment and half were at the point of discharge.

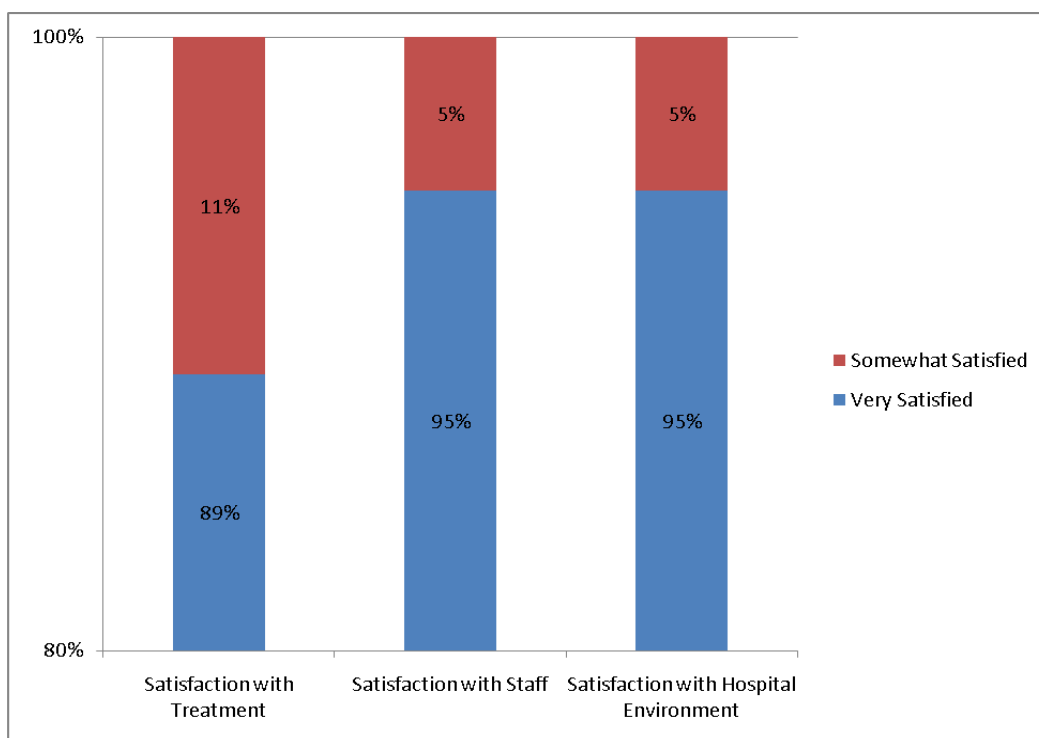
All interviews were administered in-person in Hindi by professionally-trained data collectors. Patients were interviewed at the hospital where they received care to avoid the cost that would be incurred and potential difficulty in tracking them to their homes after discharge. While the interview setting was not completely private or without interruption, the sampled patients in the feasibility study were comfortable in sharing their opinions and experience without reservation or undue influence. Data collectors were trained over the course of several days to ensure that professional, unbiased, confidential data would be collected from patients in a uniform manor across all hospital settings.

SURVEY FINDINGS

While the sample size for the RSBY Beneficiary Experience Survey was very small, some interesting data findings can be reported. The sample was comprised of 38 RSBY patients and 40 non-RSBY patients. The findings which follow describe RSBY Beneficiary patient experience. From the comparison group of non-RSBY patients, we found that the overall trends followed the same patterns as were seen for RSBY patients. Interestingly, non-RSBY patients tended to report lower ratings for satisfaction, and attentiveness and communication of staff. Item level comparisons between RSBY and non-RSBY samples are not reported since variations may be the result of data outliers in the small dataset and not a statistically significant difference.

Reports of patient satisfaction are a common and important measure of the experience of receiving care in the hospital. Satisfaction ratings give the patient an opportunity to weigh the factors that are important to him/her and provide a summary of how well care was delivered from the patients' personal perspectives. Satisfaction ratings on the RSBY Beneficiary Experience Survey were extremely high, with the vast majority of patients reporting being very satisfied with their treatment, the hospital staff, and the hospital environment (Figure 1-1).

Figure 1-1: RSBY patient satisfaction with treatment, staff, and hospital



Knowledge, awareness, and use of RSBY

As the government of India looks to support and expand healthcare provided through the RSBY programme, it is important to understand the levels of awareness that exist about the RSBY programme and the primary sources of this information. Virtually all (97%) RSBY patients receiving care in a hospital reported that they decided to get treatment for their conditions or sickness because they had an RSBY Smart Card.

While the RSBY scheme began rolling out just over two years ago, as of November 2010, over 21 million RSBY smart cards had been activated.¹ Survey data suggest that much of the knowledge and awareness around RSBY has come informally through family and friends.

- 69% of RSBY patients reported first learning of RSBY through a friend or family member.
- 61% of RSBY patients learned of the RSBY empanelled hospital through a friend or family member.

RSBY source materials and signage in hospitals was not a commonly cited source of RSBY information. Only 3 percent of RSBY patients reported learning of RSBY empanelled hospitals through enrollment materials, and none reported finding this information by seeing signage on the hospital itself. Once inside the hospitals, more than three quarters of RSBY patients found the RSBY help desk by asking hospital staff. Only 5 percent of RSBY patients reported seeing signs in the hospital directing them to the help desk.

Being an RSBY patient in a hospital was a new experience for most survey respondents. Only 13 percent had previously been hospitalised under the RSBY scheme and 9 percent had family who had been in hospital under the scheme. RSBY patients, however, were not unfamiliar with hospitalisation. Nearly half of all RSBY patients (47%) reported a previous hospitalisation.

Patient Experience in Hospital

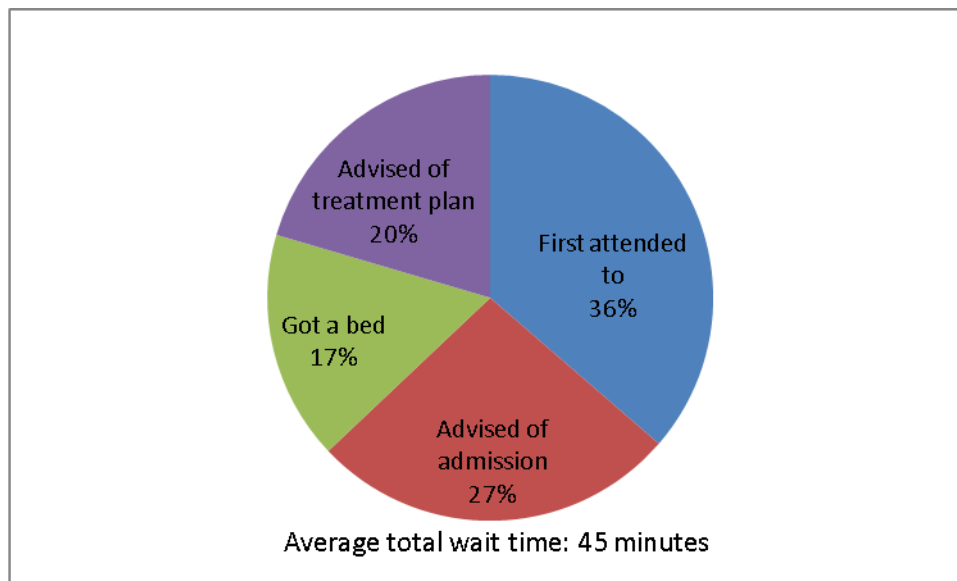
Measuring patient experience with healthcare is growing in importance around the world. As institutions look to provide the best and safest care in the most efficient way possible, patient experience data are proving to be important for measurement, comparison, and quality improvement. Patient experience is now a common accreditation measure for hospitals in the United States.

Time spent in hospital including both wait time and treatment time are important to understand in the context of the RSBY population. Time spent in hospital represents time spent away from work and other family responsibilities. Looking at the elements of wait time permits hospitals and other interested parties to consider ways to streamline operations thereby improving efficiency and service provided to patients. On average, RSBY patients reported waiting 45 minutes from the time they checked in at the RSBY information desk to the time they were admitted and advised of their treatment plan. Deconstructing this wait time, we see that the largest share of time spent waiting was for RSBY patients to first be attended to by a doctor or nurse (36% of total wait time). Figure 1-2 presents the distribution of time spent by RSBY patients during the hospital in-take process.

Nearly two thirds (61%) of RSBY patients reported that they were informed of the projected length of their hospital stay. While the time required for adequately treating patients should be driven by medical needs, informing patients of the expected length of hospitalisation allows those patients to make arrangements for coverage of their daily responsibilities.

¹ RSBY Smart card activation data as reported on www.rsby.gov.in as of 24/11/2010

Figure 1-2: Distribution of wait time minutes for RSBY patients from check in to treatment plan



Once admitted to the hospital, RSBY patients made the following reports about the hospital environment and the care they received:

- They were attended to by nursing staff an average of 6 times per day
- The hospital room was cleaned an average of 3 times per day.
- 95% of RSBY patients reported that their bed sheets were changed every day.

Overall, RSBY patients reported positively on communications and interactions with hospital staff.

- 71% felt that nurses always talked to them respectfully.
- 68% reported that nurses always treated them with dignity.
- 64% indicated that they were usually or always told what medications were for.

While reports on communication were positive overall, results of the RSBY Beneficiary Experience Survey suggest that there is still room for improvement. Patient communication with doctors and nurses is an important driver of satisfaction regarding healthcare experience and is essential for successful delivery of care. Communication is also a factor of care delivery that is within the purview of each member of the care team and as such, an obvious focus for quality improvement efforts.

Conclusions

RSBY patients are very satisfied with the care they receive in hospital. Half of patients are given a bed and a treatment plan within less than 40 minutes of arriving at the hospital. The rooms and patients are tended to regularly and the patients report highly positive interactions with nursing staff.

The RSBY Beneficiary Experience Survey was a small-scale feasibility study intended to demonstrate the viability of gathering data on patient experience under the RSBY scheme. The feasibility study has shown that not only is it possible to collect these data, but the data collected are rich in information which could be useful in advancing the quality of care provided in Indian hospitals. A larger data collection effort could produce broad spectrum data to help demonstrate the effectiveness of the RSBY scheme at providing high quality healthcare and provide a tool for targeted quality improvement. Mirroring some well-recognised international benchmarking databases, national RSBY Beneficiary Experience Survey data could also be used to develop patient assessment scorecards by region or by hospital. Scorecards could present key data such as average wait times and patient satisfaction and provide a means by which to compare scores to a national benchmark.

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