

**AWARENESS ABOUT CHIEF MINISTER COMPREHENSIVE HEALTH INSURANCE SCHEME AMONG THE HEALTH CARE PROVIDERS IN A TERTIARY CARE CENTER IN TAMILNADU A CROSS SECTIONAL STUDY**

**Dr. Vyshali Gnanavel<sup>1\*</sup>, Dr. Renju Y<sup>2</sup>, Dr. Vishnu G Ashok<sup>3</sup>, Dr. Jayasree.C.S<sup>4</sup>, Dr. Vaisakh GT<sup>5</sup>**

<sup>1\*</sup>Post Graduate, Department of Community Medicine, Sree Mookambika Institute of medical sciences kulasekaram, Kanyakumari, Tamilnadu, India. E mail id : [vyshalignanavel@gmail.com](mailto:vyshalignanavel@gmail.com)

<sup>2</sup>Post Graduate Department of Community Medicine, Sree Mookambika Institute of medical sciences kulasekaram, Kanyakumari, Tamilnadu, India. E mail id : [renjuyohijini@gmail.com](mailto:renjuyohijini@gmail.com)

<sup>3</sup>Professor, Department of Community Medicine, Sree Mookambika Institute of medical sciences kulasekaram, Kanyakumari, Tamilnadu, India. E mail id : [vishnusastha@gmail.com](mailto:vishnusastha@gmail.com)

<sup>4</sup>Professor, Department of Community Medicine, Sree Mookambika Institute of medical sciences kulasekaram, Kanyakumari, Tamilnadu, India. E mail id : [cjayasree873@gmail.com](mailto:cjayasree873@gmail.com)

<sup>5</sup>Senior Resident, Department of Community Medicine, Sree Mookambika Institute of medical sciences kulasekaram, Kanyakumari, Tamilnadu, India. E Mail id: [Vaisakhgt1991@gmail.com](mailto:Vaisakhgt1991@gmail.com)

**Corresponding author: Dr. Vyshali Gnanavel** Post Graduate, Department of Community Medicine, Sree Mookambika Institute of medical sciences kulasekaram, Kanyakumari, Tamilnadu, India. E mail id : [vyshalignanavel@gmail.com](mailto:vyshalignanavel@gmail.com) 09884071071.

**ABSTRACT**

*Background:* In Tamil Nadu, the Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) was launched in 2011 to provide quality medical care for identified specialty services requiring hospitalization for surgeries and medical procedure. For these schemes to be successful, one of the important strategies is to create awareness among all the beneficiaries especially among health care providers as they would sensitize the public about the benefits, eventually reducing the out of pocket expenses.

*Objective:* To find the awareness about CMCHIS among health care providers

*Methods:* A cross sectional study was conducted among 95 Health care providers of a Sree Mookambika Institute of medical sciences, kulasekaram kanyakumari district in the month of August 2023. Data were collected using a Pre-tested questionnaire after Ethics Committee clearance and entered in MS Excel 2013 and analysed using SPSS version 25.0.

*Results:* Out of the total participants (63.2%) have enrolled in TNCMCHIS, out of which (45.6%) have enrolled due to free access to medical care. (36.8%) have not enrolled. (46.7%)

had delay in issuing cards. (26.4) have seen or heard any information about the scheme through mass media. (43.7) participants think the amount should be hiked for surgeries

*Conclusion:* Among the study population, we can infer that a larger proportion of the health workers have enrolled in CMCHIS and have awareness about it. The majority of those who have not enrolled were not aware about the ways to enroll in the scheme.

*Keywords:* CMCHIS, health workers, medical procedures.

## **INTRODUCTION:**

One way that a person might safeguard themselves against financial loss resulting from an accident or disability is through health insurance. Disability, though not a definite, fixed, or unchangeable state due to its many subjective and objective impacts, is significant to society because it refers to a state of ill health resulting from an injury or disease that keeps the affected person from engaging in his or her regular activities of daily living. Just as "uncertainty is one of the fundamental facts of life," so too is the universality of the disability. Perhaps for this reason, prior societies investigated health insurance as a means of mitigating the uncertainties around disability<sup>[1]</sup>. The goal of Tamil Nadu's 2011 launch of the Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) was to offer high-quality healthcare for specific specialist treatments that required hospitalization for operations and other medical procedures <sup>[2]</sup>.

Tamil Nadu, one of India's top-performing states, has worked tirelessly to guarantee that its residents receive the greatest medical care available. In Tamil Nadu, a network of 8712 Health Sub-centres (HSCs), 1751 Primary Health Centres (PHCs), 237 Taluk and sub-district hospitals, and 43 government medical college hospitals offers health care to the underprivileged at no cost. On July 23, 2009, the Tamil Nadu state government introduced the "Chief Minister Kalaignar's Health Insurance Scheme (CMKHIS)" for life-saving therapies in order to guarantee high-quality care even for the state's most senior citizens <sup>[3]</sup>.

Research indicates that in low- and middle-income nations, one of the primary obstacles to utilizing health insurance benefits is a person's ignorance of those benefits <sup>[4]</sup>. One of the key tactics for these programs to succeed is raising awareness among all of the beneficiaries, particularly among healthcare professionals, who will eventually help to lower out-of-pocket costs by sensitizing the public to the benefits <sup>[5,6]</sup>.

Hence, this study intends to find out awareness about CMCHIS among health care providers, since they are the first line of contact between the beneficiaries and the schemes for health care.

**OBJECTIVE:**

To find the awareness about CMCHIS among health care providers.

**MATERIALS AND METHODS:**

*Study design:* Cross- Sectional Study

*Study setting:* Sree Mookambika Institute Of medical sciences, Kulasekaram. Kanyakumari district, Tamil Nadu

*Study period:* August 2023 - October 2023 (3 months)

*Study subject:* Health care providers of Sree Mookambika Institute Of medical sciences.

*Study size:* 95

*Sample technique:* Purposive sampling

*Inclusion criteria :* Health care providers of Sree Mookambika Institute Of medical sciences.

*Exclusion criteria :* Persons who have hearing defects.

*Data collection :* Pre tested questionnaire was used to assess the awareness among Health care providers

*Software used for data entry:* Microsoft office excel 2013

*Software used for data analysis:* SPSS TRIAL VERSION 25.0

**RESULTS:**

**Gender Distribution :**

Among the Participants 65% are Female and 35% are Male.

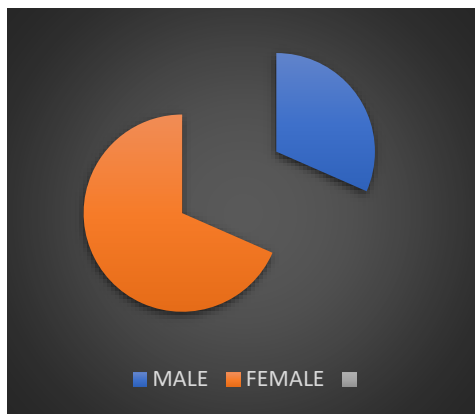


Fig . 1 Gender Distribution among Health Care Workers.

**Awareness among health care providers about Chief minister Comprehensive Health Insurance Scheme :**

Tab 1

1.	HAVE YOU ENROLLED IN TNCMCHIS?	FREQUENCY	PERCENTAGE
	Yes	60	63.2
	No	35	36.8
2.	IF YES, WHAT MADE YOU ENROLL?	FREQUENCY	PERCENTAGE
	Free access to medical care	48	45.6
	Cost effectiveness	29	27.5
	Security at time of ill health	18	17.1
3.	WHAT WERE THE DIFFICULTIES YOU FACED WHILE ENROLLING?	FREQUENCY	PERCENTAGE
	Delay in issuing cards	28	29.4
	Registration process	55	57.8

	Registration centre is away	12	12.6
4.	HAVE YOU SEEN OR HEARD ANY INFORMATION ABOUT THE SCHEME?	FREQUENCY	PERCENTAGE
	Yes	87	91.6
	No	8	8.4
5.	IF YES, WHERE?	FREQUENCY	PERCENTAGE
	Camp	19	20.0
	Newspaper	15	17.2
	Mass media	23	26.4
	Health worker	32	20.4
	Local politician	6	6.9
6.	DO YOU KNOW ONE COULD RECEIVE UPTO 5 LAKHS/ YEAR IF NECESSARY FOR THE MEDICAL TREATMENT?	FREQUENCY	PERCENTAGE
	Yes	63	66.3
	No	32	33.7
7.	DO YOU THINK THE AMOUNT SHOULD BE HIKED FOR ANY SPECIFIC ILLNESS?	FREQUENCY	PERCENTAGE
	Medical	27	25.65
	Surgical	46	43.7
	Cancer	21	19.95
	CKD	1	0.95

Out of the total participants (63.2%) have enrolled in TNCMCHIS, out of which (45.6%) have enrolled due to free access to medical care. (36.8%) have not enrolled. (46.7%) had delay in issuing cards. (26.4) have seen or heard any information about the scheme through mass media. (43.7) participants think the amount should be hiked for

surgeries and (66.3) know they could receive upto 5 lakhs/ year if necessary for the medical treatment.

## **DISCUSSION:**

A number of developing nations are increasing the amount of government-funded health insurance because it spreads the financial risk<sup>[8]</sup>. Our Study shows 65% are Female and 35% are Male similar to a study done by Diletta Parisi et al male 47.7% female 52.3%<sup>[1]</sup>

In this study we found that of the total participants (63.2%) have enrolled in TNCMCHIS, compared to a study done by Diletta Parisi et al 62% reported being aware of insurance scheme<sup>[4]</sup>. In this study we found that of the total participants (36.8%) have not getting benefitted by TNCMCHIS, compared to a study done by Murugesan R et al where 72% were not benefitted due to non awareness of the scheme<sup>[5]</sup>.

The primary goal of this social insurance scheme in Tamil Nadu, India, was to help impoverished households impacted by medical illnesses that required expensive tertiary hospital care financially.<sup>[9,10]</sup>.

The lacune between the current modalities under CMCHSITN and prerequisites are inside the reachable level<sup>[7]</sup>. It is possible to soon reach Tamil Nadu with additional effort and resources. CMCHISTN is one of the most outstanding accessible choices for arriving at medical services plans in Tamil Nadu.

## **CONCLUSION:**

Among the study population, we can infer that a larger proportion of the health workers have enrolled in CMCHIS and have awareness about it. The majority of those who have not enrolled were not aware about the ways to enroll in the scheme. The CMCHISTN at present spotlight just on tertiary consideration packages in staffed hospitals that cover both public and private and public hospitals. We want to grow this to not many

fundamental essential and auxiliary consideration strategies too. The benefits should be expanded based on economic, demographic, epidemiological, and political considerations.

LIMITATION : Low sample size.

FUNDING : Nil.

CONFLICTS OF INTEREST: None declared.

ACKNOWLEDGMENTS :

I like to thank Dept of Community Medicine and the health care providers in completing the study.

#### REFERENCES:

1. Prabakaran VP. *A Study of Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) in Tamil Nadu with Special Reference to Vellore District. Shanlax Int J Econ.* 2015;4:1.
2. Selvavinayagam TS. *Chief Minister's Comprehensive Health Insurance Scheme Tamil Nadu (CMCHISTN) Tool Towards Universal Health Coverage (UHC) in Tamil Nadu, India. Community & Family Medicine.* 2017 Jan;3(01).
3. HARINI MM, RAJALAKSHMI MG. *A STUDY ON CHIEF MINISTER S COMPREHENSIVE HEALTH INSURANCE SCHEME (CMCHIS) IN TAMIL NADU. PRINCIPAL'S MESSAGE.:470.*
4. Parisi D, Srivastava S, Parmar D, Strupat C, Brenner S, Walsh C, Neogi R, Basu S, Ziegler S, Jain N, De Allegri M. *Awareness of India's national health insurance scheme (PM-JAY): a cross-sectional study across six states. Health policy and planning.* 2023 Apr 1;38(3):289-300.
5. Murugesan R, Vetrivel T. *Fuzzy based Empirical Analysis on Problems for the Execution of Preventive Chief Minister Health Insurance Scheme in Tamil Nadu. Asian Journal of Research in Social Sciences and Humanities.* 2016;6(8):2682-95.
6. Swaminathan TN, Viswanathan PK. *Social marketing-awareness and satisfaction levels of government aided health insurance project in rural Tamil Nadu.*
7. Barnes K, Mukherji A, Mullen P, Sood N. *Financial risk protection from social health insurance. Journal of health economics.* 2017 Sep 1;55:14-29.\
8. Chetty R, Looney A. *Consumption smoothing and the welfare consequences of social insurance in developing economies. Journal of public economics.* 2006 Dec 1;90(12):2351-6.

9. Barnes K, Mukherji A, Mullen P, Sood N. *Financial risk protection from social health insurance. Journal of health economics. 2017 Sep 1;55:14-29.*
10. Kondo A, Shigeoka H. *Effects of universal health insurance on health care utilization, and supply-side responses: evidence from Japan. Journal of Public Economics. 2013 Mar 1;99:1-23.*