Study of Availability of Various Financial Assistance Programmes for Cancer Patients and Identification of Bottlenecks in The Implementation of These Programmes at a Tertiary Care Teaching Hospital of North India

Abstract: Cancer is the second leading cause of death and disability around the world. More number of people now die of cancer than from all cases of AIDS, tuberculosis and malaria put together. Households with a cancer patient experienced significantly higher Out of pocket (OOP) expenditure per capita as compared with households having a non cancer patient. The likelihood of experiencing catastrophic health expenditure (CHE) in case of cancer was 160% more than for any other disease in India. In our study of Cancer patients, 20% patients had received government financial assistance in retrospective study and only 10% patients in prospective study. Majority of the patients had received financial assistance from Cancer Treatment management fund for poor (CTMFFP) scheme followed by Health Minister’s Cancer patient fund (HMCPF). It was observed that lack of awareness was the major reason for not availing assistance.

Keywords: Cancer, CHE, CTMFFP, HMCPF, AIDS, North India.

INTRODUCTION
Cancer is the second leading cause of death and disability around the world. More number of people now die of cancer than from all cases of AIDS, tuberculosis and malaria put together. According to World Cancer Report, there is high incidence rate of cancer throughout the world and it may reach about 20 million by 2030

More than half of new cancer patients and two-thirds of cancer related deaths now occur in developing countries. Cancer has become one of the major causes of death in India. Every year, about 0.4 million deaths occur in India due to cancer (Government of India. 2009-2010; & Government of India. 2005).

Households with a cancer patient experienced significantly higher Out of pocket (OOP) expenditure per capita as compared with households having a noncancer patient. The likelihood of experiencing catastrophic health expenditure (CHE) in case of cancer was 160% more than for any other disease in India. In case of rural households affected with the cancer, the incidence of borrowing, financial gifts from relatives/friends, and selling of assets are higher as compared to urban households. Lower income group face distress financing even seeking treatment in public sector (Pramesh, C. S. et al., 2014; & Engelgau, M. M. et al., 2012).

With this background, the present study was undertaken with the idea to understand financial support rendered by various govt. financial assistance programmes for these patients and to identify any bottlenecks faced in smooth delivery of such assistance to needy people.

Aims and Objectives: To Study availability of various financial assistance programmes for Cancer patients and identification of bottlenecks in the implementation of these programmes.
MATERIAL AND METHODS

The study was conducted in two parts

Part 1

Study Design and Duration

A retrospective study of 2 years was conducted among the Cancer patients registered with Regional Cancer Center (RCC), SKIMS between 1st October 2015 and 30th September 2017.

Sampling

Using simple random sampling, 20% of the patients registered with Regional Cancer Center (RCC) were studied.

Part 2

Study Design and Duration

A prospective study was also conducted among the Cancer patients registered with Regional Cancer Center (RCC), SKIMS between 1st October 2017 and 31st March 2018 who were followed up to September 2018 or till the patient was alive whichever was earlier.

Sampling

Using systematic random sampling, 20% of the patients (every 5th patient) registered with Regional Cancer Center (RCC) were studied.

The various government financial assistance programmes for Cancer were studied and reasons for not availing/ getting assistance from these schemes were identified.

Once details of the estimate of finances incurred had been obtained and source of any financial assistance identified, the relevant offices/ agencies through which this assistance was provided in State of J&K were contacted, the concerned officials were interviewed regarding the schemes provided to these patients and difficulties if any in the implementation of these programmes.

Exclusion Criteria:

Those patients who refuse to participate in the study were excluded from the study.

Statistical Analysis:

Data was analyzed with the help of SPSS software (version 23.0). All the categorical data was shown in the form of frequency and percentages & continuous data was shown in the form of averages and standard deviations.

RESULTS AND OBSERVATIONS

Government Schemes for Cancer patients

(Retrospective Study)

In our study, only 20.0% (n=100) patients out of 500 patients had received Government financial assistance under various financial assistance schemes for poor and below poverty line Cancer patients.

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Frequency (N=100)</th>
<th>Total amount received under scheme in Indian rupees</th>
<th>Average financial assistance received per patient in Indian rupees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health ministers cancer patient Fund(HMCPF)</td>
<td>28</td>
<td>10,13,000.00</td>
<td>36,178.57</td>
</tr>
<tr>
<td>Rashtriya Arogya Nidhi (RAN) for BPL patients</td>
<td>4</td>
<td>1,50,000.00</td>
<td>37500.0</td>
</tr>
<tr>
<td>Cancer Treatment management fund for poor(CTMFFP)</td>
<td>64</td>
<td>24,70,000.00</td>
<td>38,593.75</td>
</tr>
<tr>
<td>Chief Minister relief Fund</td>
<td>2</td>
<td>86000.0</td>
<td>43,000.0</td>
</tr>
<tr>
<td>SKIMS Endowment Fund</td>
<td>2</td>
<td>10000.0</td>
<td>5000.0</td>
</tr>
</tbody>
</table>

Out of 100 patients, 64 patients received financial assistance from Cancer treatment management fund for poor (CTMFFP), 28 patients received financial assistance from Health Minister’s Cancer patient fund (HMCPF), 4 patients received assistance from RAN for BPL patients’ scheme. Two patients each received assistance from Chief Minister’s relief fund and SKIMS Endowment fund respectively.
Patients reasons for not availing/getting government financial assistance

In our study, 400 out of total 500 patients did not receive government financial assistance. 20.0% (n=100) patients out total 500 patients were not eligible for government assistance because they belonged to non-privileged (APL) category. 50.0% (n=250) patients who were otherwise eligible had lack of awareness of government schemes.

Table 2: Showing various government financial assistance schemes for Cancer patients.

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Frequency (N=100)</th>
<th>Total amount received under scheme in Indian rupees</th>
<th>Average financial assistance received per patient in Indian rupees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health ministers cancer patient Fund (HMCPF)</td>
<td>6</td>
<td>2,600,00.00</td>
<td>43333.33</td>
</tr>
<tr>
<td>Rashtriya Arogya Nidhi (RAN) for BPL patients</td>
<td>2</td>
<td>1,25,000.00</td>
<td>62,500.0</td>
</tr>
<tr>
<td>Cancer Treatment management fund for poor (CTMFFP)</td>
<td>10</td>
<td>389000.00</td>
<td>38,900.00</td>
</tr>
<tr>
<td>Chief Minister relief Fund</td>
<td>1</td>
<td>50,000.00</td>
<td>50,000.00</td>
</tr>
<tr>
<td>SKIMS Endowment Fund 2</td>
<td>1</td>
<td>10000.00</td>
<td>10000.00</td>
</tr>
</tbody>
</table>

Out of 20 patients, 10 patients received financial assistance from Cancer treatment management fund for poor (CTMFFP), 6 patients received financial assistance from Health Minister’s Cancer patient fund (HMCPF). 2 patients received assistance from RAN for BPL patients’ scheme. One patient each received assistance from Chief Minister’s relief fund and SKIMS Endowment fund respectively.

Government Schemes for Cancer patients (Prospective Study)

In our study, only 10.0% (n=20) patients out of 200 patients had received government financial assistance under various financial assistance schemes for poor and below poverty line Cancer patients.

Patients reasons for not availing/getting government financial assistance

In our study, 180 out of total 200 patients did not receive government financial assistance. 20.0% (n=40) patients out of total 200 patients were not eligible for government assistance because they belonged to non-privileged (APL) category. 60.0% (n=120) patients who were otherwise eligible had lack of awareness of government schemes.
**DISCUSSION**

Health care delivery in India is going through a process of transition, more so the tertiary specialty care of chronic diseases like diabetes, hypertension, cardiac diseases, kidney or liver failure, mental illness and cancer (Mohanti, B. K. 2011). Patients, more commonly those from the lower economic strata, have difficulty in availing the health care services because of the costs involved in diagnostic and curative procedures. Even in public hospitals where the cost of care is low, patient had to bear several direct and indirect costs, commonly referred to as out-of-pocket expenditure (OOP), which impoverish them further. As a result, patients with life threatening diseases requiring tertiary care often go untreated even if they are aware of the availability of high quality services (Whitehead, M. et al., 2001). It can also lead to delay in diagnostic and curative procedures and even causing deaths of several thousands of poor patients. This issue has been a concern for nation’s health policy, which should address the cost, quality and accessibility of health care (Mohanti, B. K. 2011).

One of the main goals of Universal Health Coverage (UHC) is to achieve equity in health service utilization. Even though inequity in service utilization is seen at all the levels of health care, tertiary care contributes to the maximum inequity because of the higher costs involved in the care (The world health report.2010). Even among those patients who utilize the services in view of life threatening diseases, OOP is found to be high, leading to impoverishment. This is a clear deviation from the goal of providing financial protection to all families under UHC (Mohanti, B. K. 2011). Hence to achieve UHC, government of India and State government of J&K have started various patient financial assistance schemes to reduce the economic burden of life threatening diseases like Cancer and ESRD on poor and below poverty line patients.

In our study of Cancer patients, 20.00% patients had received government financial assistance in retrospective study and only 10.00% patients in prospective study. Majority of the patients had received financial assistance from Cancer Treatment management fund for poor (CTMFFP) scheme followed by Health Minister’s Cancer patient fund (HMCPF). It was observed that lack of awareness was the major reason for not availing assistance by the patients eligible for benefits under various schemes for Cancer patients. A study by Kesavan Sreekantan Nair et al., reported that National Cancer Relief Fund was utilized by 28.00% patients. Lack of awareness was major reason for underutilization of the scheme (Nair, K. S. et al., 2013).

**Summary**

In our study of Cancer patients, 20% patients had received government financial assistance in retrospective study and only 10% patients in prospective study. Majority of the patients had received financial assistance from Cancer Treatment management fund for poor (CTMFFP) scheme followed by Health Minister’s Cancer patient fund (HMCPF). It was observed that lack of awareness was the major reason for not availing assistance.
REFERENCE