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A Comprehensive Study About Patient Knowledge Towards Health Insurance

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Abstract:

Health insurance deals with a kind of indemnity that repays for medical treatment and surgical expenses to be paid by patient who has insured. It helps in reimbursement of expenses incurred due to medical illness or any injury and pays care provider from individual side directly.In India, costs for healthcare costs are unbelievably high and its consistently rising. This present empirical study is done with an objective in order to examine the awareness of public towards progress of health insurance industry of India and also to measure their satisfaction and perception with respect to buying of health insurance products from insurance companies. Health insurance possess multiple dimensions such as insurance for disability, critical (catastrophic) insurance as well as long-term care (LTC) insurance. Along with elevating health care cost, the disposable in cometends to increase and pocket expenditure spent for funding healthcare becomes high. The correct way to avoid this is to provide proper health insurance options to people and educate them with the benefits and outcomes of those insurance policies.

Introduction:

Health insurance is generally an agreement in which the insurance company accepts to undertake compensation guarantee with respect to medical expenditures. This includes when patients falling ill or he/she met with an accident. All the hospitalization procedures and bills are paid by insurance company according to policy taken by patient or family members. Usually, insurance companies possess tie-ups with majority of the hospitals for

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providing cashless treatment to patients who have insurance. The government encourages people to take insurance by providing deductions in income tax for payment of insurance amount. The health insurance upholds costs of patients medical as well as surgical expenditures. The payment is made by patient and then it is reimbursed from insurance company or else it is directly paid by insurance company in case of tie - ups with hospitals. Although people are educated about insurance policies for medical treatment and health, there are still some gaps which government has to be keen enough to bridge it. Health insurance serves as a shield against elevated medical costs. Health insurance incorporates hospitalisation expenditures, costs for day care procedures, ambulance charges, domiciliary outlays, examination and other tests prices, etc. According to a survey conducted recently, it is found that in India majority of population i.e about 90% population does not use Mediclaim policies for reimbursement of their medical expenses. This eventually creates higher risk for millions of lives in our country. The present research tries to examine awareness level of people towards health insurance policies and uses. This is done with the backing of three constructs such as Knowledge about Health Insurance, Financial Constraints and Medical Conditions. Each construct comprises of 5 variables. Knowledge about health insurance includes costs, plan, coverage, financial burden, free medical check-ups. Financial constraints encompasses income, Job, Dependents, Spending Power and Premium. Medical conditions incorporates Body Mass Index (BMI) ,Past Medical History (PMH), Lifestyle, Exposure and Family History (FH).

Review of Literature

Pardo (2019) estimated a model based on dynamic choices that would influence selection of health insurance. This study elucidates about programs conducted for health insurance awareness. This program also explained about structural differences that exist between premiums , their benefits and costs.

Ghaddar et al. (2018) stressed the significance of health insurance literacy as well as awareness with respect to affordable care among hispanic population which is vulnerable. This study explained about health insurance literacy that is associated with knowledge of people at lower levels.

Bagnoli (2019) highlighted the importance of improving child health and insurance schemes at national level. The implications of this study show that benefits are targeted in

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areas amongst low income people with high quality care along with health care utilisation is based on these benefits provided.

Innocenti et al. (2019) advocated about past health events that exhibit negative effects of financial planning in future. This also explains that personal experiences elevates purchase intentions of insurance by 25% and patients with serious illness boosts purchase intentions at a rate of 40%.

Lin and sacks (2019) provided evidences for health care demand through health insurance experience by RAND. This study developed a test which helps in inter temporal substitution for demand of health care. It is also evident that people respond higher for lower prices and prolonged periods.

Sengupta and Rooj (2019) explored the increase in insurance uptake for chronically ill patients which results in adverse selection. The hospitalisation mounts health insurance indication as a moral hazard. Therefore, thresholds should be identified to continuously covariate in non linear patterns.

DeLeire et al. (2017) shared views about affordable care act that delivers assistance towards consumers earning low income. Both through premium subsidies as well as reduction for cost sharing. It is also found that consumers of low income lack literacy for health insurance and information with respect to that.

Neelsen et al. (2019) assessed about economic impacts with respect to illness of people without insurance earnings. Economic illness are substantial and remain as a risk under coverage scheme. Also spending for non medical products is safeguarded using informal credits, savings and transfers.

Ku et al. (2019) explained the post effects due to implementation and installation regarding National Health Insurance. The structure based on this NHI should be monitored and expenditures should be taken care based on income as well as education levels. Also private insurance purchases are increased.

Campbell et al. (2016) illustrated the effects of reaching healthcare services for awareness of pre-diabetes. This study is based on population. This study ensured about interventions and policies for healthcare in order to provide equitable access for all patients around the globe. Because, unawareness creates lot of problems.

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Patient Knowledge about Health Insurance:

The cardinal objective of this present study focusses on assessing awareness of patients towards health insurance. This is performed with support of questionnaire integrating patient awareness about health insurance. The sample size taken was 202. The responses were collected from patients of different hospitals in Chennai. The demographic overview for this present study epitomises gender, age as well as qualification of patients. The descriptive statistics of frequency is summarised below in table 1.

Gender	**Frequency**	**%**	**Age in yrs**	**Frequency**	**%**	**Qualification**	**Frequency**	**%**
Male	103	50.1	< 25	134	66.3	UG	114	56.4
Female	99	49.9	25-35	58	28.7	PG	75	37.2
Total	**202**	**100**	>35	10	5.0	Others	13	6.4
			Total	**202**	**100**	**Total**	**202**	**100**

Table 1: Patients Descriptive Statistics

It is understood from obtained descriptive statistics table that more of respondents are male (50.1%) lesser than 25 years of age (66.3%) and are undergraduates (56.4%). Table 2 is about mean analysis for ranking which construct has highest awareness among patients with respect to their health insurance knowledge.

Table 2: Health Insurance Knowledge Ranking

S. No.	**Health Insurance Knowledge**	**Mean**	**Rank**
1	Costs	3.95	1
2	Plan	3.84	4
3	Coverage	3.87	3
4	Financial Burden	3.92	2
5	Medical Checkups	3.14	5

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Table 2 reveals the mean value and ranking of patients knowledge about health insurance. They are well aware of the costs incurred in taking insurance policies. Table 3 ranks using mean analysis regarding financial constraints.

Table 3: Financial Constraints Ranking

S. No.	Financial Constraints	Mean	Rank
1	Income	3.74	2
2	Job	3.66	4
3	Dependents	3.76	1
4	Spending Power	3.43	5
5	Premium	3.71	3

Table 3 explains the mean value along with ranking of patient perception about financial constraints. They are aware that number of dependents in the family play a predominant role in insurance selection. Table 4 uses mean analysis to rank medical conditions according to patient perception.

Table 4: Medical Conditions Ranking

S. No.	Medical Conditions	Mean	Rank
1	Body mass Index	3.74	2
2	Past medical History	3.66	4
3	Lifestyle	3.76	1
4	Exposure	3.43	5
5	Family History	3	3

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Table 4 elucidates the mean value and patient perception about medical conditions related to health insurance. They perceive that lifestyle and status of populace also play significant role in selection of insurance. Table 5 depicts the Analysis of variance test to analyse whether there is any difference of perception among respondents with respect to their demographic profile or not.

Table 5: Awareness Vs Demographic Outline

S. No.	Awareness Vs Demographic Outline	F	Sig.
1	Age VsHealth Insurance Knowledge	6.538	0.002
2	Age Vs Financial Constraints	6.451	0.002
3	Age Vs Medical Conditions	2.239	0.009
4	Qualification Vs Health Insurance Knowledge	0.332	0.718
5	Qualification Vs Financial Constraints	0.354	0.703
6	Qualification Vs Medical Conditions	1.974	0.142

From table 5 (Awareness Vs Demographic Outline), it is interpreted that significant values are lesser than 0.05. It denotes that there is differentiation in the awareness level of patients towards health insurance in aspects of health insurance knowledge, financial constraints and medical conditions with respect to age but there is a no difference of awareness among different people qualification with respect to health insurance knowledge, financial constraints and medical conditions. Table 6 exhibits correlation analysis. It is done to check the relationship possessed between independent variables. The financial constraints and medical conditions are independent variables in this study.

Table 6 : Correlation Analysis

S. No.	Correlation Analysis	N	Sig
1	Financial Constraints	202	0.061
2	Medical Conditions	202	0.061

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Table 6 implies that the significance value is >0.05 , therefore there is no relationship between independent variables such as financial constraints and medical conditions. Table 7 displays the determinants of health insurance awareness which are identified using regression analysis.

Table 7: Health Insurance Awareness

Awareness	Beta	Sig.
(Constant)		0.000
Financial Constraints	0.551	0.001
Medical Conditions	0.051	0.437

Table 7 shows beta and significant value. It is evident from this table that Financial constraints have significant value of <0.05%. It means that patients perceive that financial aspects influence taking up of health insurance. Also, the variable medical condition has significance value of >0.05% and so it is not influencing taking up of health insurance according to patients' perception.

Conclusion:

Health insurance cannot be considered as a regular product in market , populace should take a promise that protection for medical expenses will be availed by them in future. The health insurance policies helps people to get treatment at better hospitals. The majority of populace in India strongly believe that a health insurance plan is not required because it is considered as an unworthy investment. Therefore, they avert investments on health insurance. The depressing truth is that the continuous rising in healthcare costs is one of the leading causes of the escalating poverty levels in our country. As per a report of World Health Organization (WHO) in 2014, almost 89% of the healthcare costs in India were spend by individual earnings. Therefore, it becomes imperative for the government to launch more health insurance firms to cover the gigantic population of our country.

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