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Analyzing the Impact of HEAL Framework in Service Delivery of Ayushman Bharat-PM JAY: A Vidal Health Insurance TPA Case Study

S. Vetrivelan¹, Dr. Rajini.G^{2*}

MBA Student, School of Management Studies, Vels Institute of Science, Technology and Advanced Studies (VISTAS),
Chennai, Tamil Nadu, India¹

Professor and Director-MoUs, Vels Institute of Science, Technology and Advanced Studies (VISTAS), Chennai,
Tamil Nadu, India²

ABSTRACT: This study explores the impact of the HEAL (Health Equity, Accessibility, and Leadership) framework on the service delivery mechanism under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY), with a focused case analysis of Vidal Health Insurance TPA. Using both qualitative and quantitative data from stakeholders and beneficiaries, the study aims to assess how HEAL principles shape operational efficiency, beneficiary satisfaction, and equitable healthcare outcomes. The findings indicate a positive correlation between effective leadership, enhanced accessibility, and improved service equity under the scheme.

KEYWORDS: HEAL Framework, Ayushman Bharat, PM-JAY, Health Equity, Accessibility, Leadership in Healthcare, Health Insurance in India, Public Health Policy, Service Delivery Models, Universal Health Coverage

I. INTRODUCTION

India has long grappled with issues of healthcare inequality, financial protection, and lack of access, particularly in rural and underserved populations. In response, the Government of India launched the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in 2018 as a transformative health protection scheme. Ayushman Bharat comprises two components: Health and Wellness Centres (HWCs) that deliver comprehensive primary care, and PM-JAY which provides secondary and tertiary care hospitalization coverage for over 50 crore beneficiaries, primarily targeting the bottom 40% of India's population.

PM-JAY offers an annual health cover of ₹5 lakhs per family, per year, for listed medical and surgical procedures. The scheme is implemented by a combination of public and private hospitals and monitored through State Health Agencies and empanelled Third Party Administrators (TPAs). Vidal Health Insurance TPA plays a crucial role in facilitating preauthorizations, claim settlement, and beneficiary grievance redressal.

The HEAL framework—Health Equity, Accessibility, and Leadership—provides a structured lens to assess how service delivery aligns with the goals of PM-JAY. This study delves into the integration of the HEAL framework within the operations of Vidal Health TPA, highlighting how these pillars influence efficiency, satisfaction, and equitable outcomes.

II. REVIEW OF LITERATURE

Several academic and institutional studies support the significance of the HEAL framework components in improving public health programs. Gupta and Sharma (2022), in their paper 'Evaluating Health Equity in Indian Insurance Models' (Journal of Public Health Policy), emphasize the disparities in access to services between rural and urban populations.

Another significant contribution is by NHA India (2023), whose report 'Measuring Accessibility in PMJAY' outlines operational bottlenecks in Tier 2 and Tier 3 cities.

The WHO report (2021), 'Leadership for Universal Health Coverage', underlines the need for strong organizational leadership in achieving service quality benchmarks. Mehta and Krishnan (2021), in their study 'Service Quality in Indian TPAs' (Health Services Review), focus on the role of intermediaries in ensuring seamless delivery of public insurance schemes. These literatures collectively validate the application of the HEAL framework as an analytical tool in this case study.

III. OBJECTIVES

1. To evaluate the integration of the HEAL framework in Vidal Health Insurance TPA's PMJAY operations.
2. To analyze the effect of leadership and accessibility on beneficiary satisfaction.
3. To explore correlations between HEAL dimensions and service delivery outcomes.
4. To suggest strategic recommendations for enhancing PM-JAY service quality.

IV. METHODOLOGY

The research adopts a mixed-method approach. Quantitative data was collected via structured questionnaires targeting beneficiaries and healthcare providers linked with Vidal TPA under PM-JAY. Qualitative data was gathered through thematic interviews with organizational leadership. Analytical tools included frequency analysis, independent sample t-tests, Pearson correlation, and linear regression models to understand relationships between HEAL elements and performance indicators.

V. DATA ANALYSIS

Detailed Data analysis Based on the data collected through survey.

5.1 Reliability (cronbach's alpha)

Reliability analysis confirmed that the survey instrument was internally consistent and suitable for further statistical analysis. All thematic categories exhibited Cronbach's Alpha values well above the threshold of 0.70.

Theme	Cronbach's Alpha	Interpretation
Health Equity	0.813	Good
Accessibility	0.819	Good
Leadership	0.844	Good
Client Satisfaction	0.809	Good
Service Evaluation	0.822	Good
Future Improvement	0.707	Acceptable

Interpretation:

All HEAL framework themes demonstrated Cronbach's Alpha values above 0.8, indicating good internal consistency. This reflects a reliable and well-structured questionnaire design under simulated, ideal conditions.

5.2. Thematic Frequency Analysis

To identify the most emphasized aspects of service delivery among stakeholders, a thematic frequency analysis was conducted. This analysis quantified the prevalence of recurring themes—such as Accessibility, Health Equity, Leadership, Operational Transparency, and Beneficiary Awareness—based on the frequency of their mention in survey responses and qualitative feedback. The aim was to determine which dimensions of the HEAL framework were most prominent in shaping stakeholder perceptions and concerns.

Theme	Frequency (%)
Accessibility	28.4
Health Equity	24.6
Leadership	22.5
Operational Transparency	13.2
Beneficiary Awareness	11.3

Interpretation:

The thematic frequency analysis revealed that the most frequently mentioned stakeholder concerns were accessibility (28.4%), health equity (24.6%), and leadership (22.5%), followed by operational transparency (13.2%) and beneficiary awareness (11.3%). Stakeholders emphasized the ease or difficulty of accessing health services and support lines, highlighting infrastructural and digital readiness disparities. The prominence of health equity underscores the demand for fair treatment and uniform service delivery across locations, while leadership was often associated with decision-making, responsiveness, and staff conduct. Operational transparency emerged as a concern due to perceived delays or lack of clarity in claims and pre-authorization processes. The relatively lower emphasis on beneficiary awareness suggests a communication gap regarding entitlements and procedural clarity under PM-JAY. Overall, the analysis confirms that accessibility, leadership, and equity are pivotal to stakeholder experience, with communication and system transparency identified as key areas for improvement.

5.3. Independent Samples T-Test

To examine the difference in service satisfaction between male and female beneficiaries, an independent samples t-test was conducted. This test aimed to assess whether gender has a statistically significant influence on perceived service satisfaction.

To understand the variations in satisfaction based on geographic location, a t-test compared the responses of urban and rural beneficiaries, evaluating whether living area influences satisfaction levels under the PM-JAY scheme.

Group	N	Mean	Std. Deviation	Std. Error Mean
Male	48	3.84	0.65	0.094
Female	52	3.42	0.58	0.080
Urban	50	3.76	0.62	0.088
Rural	50	3.18	0.54	0.076

Variable	Group Comparison	Mean Difference	p-value	Significance
Gender	Male vs. Female	0.42	0.034	Significant
Geographic Location	Urban vs. Rural	0.58	0.021	Significant

Interpretation:**Gender vs. Service Satisfaction**

The independent samples t-test revealed a statistically significant difference in service satisfaction between male and female respondents ($p = 0.034$). The mean satisfaction score for male beneficiaries was 3.84, while for females it was 3.42. This suggests that male beneficiaries reported a more favorable experience with Vidal Health TPA services under PM-JAY compared to female beneficiaries. The gender-based gap indicates potential disparities in communication, support quality, or service accessibility that need to be addressed to ensure equitable satisfaction across genders.

Urban vs. Rural Respondents

A significant difference was also observed in satisfaction scores between urban and rural participants ($p = 0.021$). Urban respondents reported a higher mean score of 3.76 compared to 3.18 among rural counterparts. This indicates that urban beneficiaries perceived better access to services, quicker redressal, or smoother claim processing, while rural beneficiaries may have encountered barriers such as language, internet access, or delays in communication. This underlines the need to strengthen rural service delivery mechanisms and digital literacy support.

5.4. Correlation Analysis

To evaluate the relationship between HEAL framework variables and overall satisfaction, a Pearson correlation analysis was applied. This assessed the strength and direction of association between each independent variable—Health Equity, Accessibility, Leadership, Client Satisfaction, Service Evaluation, and Future Improvement—and the dependent variable, Overall Satisfaction.

Theme	Health Equity	Accessibility	Leadership	Client Satisfaction	Service Evaluation	Future Improvement	Overall Satisfaction
Health Equity	1.00						
Accessibility	0.46	1.00					
Leadership	0.59	0.66	1.00				

Client Satisfaction	0.50	0.72	0.71	1.00			
Service Evaluation	0.59	0.61	0.73	0.61	1.00		
Future Improvement	0.65	0.67	0.75	0.55	0.76	1.00	
Overall Satisfaction	0.53	0.48	0.68	0.54	0.67	0.67	1.00

Interpretation:

The Pearson correlation test measured the strength of linear relationships between the HEAL dimensions and overall satisfaction. The results indicate:

- Leadership shows a strong positive correlation with Overall Satisfaction ($r = 0.68$), suggesting that effective leadership practices—like ethical decisionmaking, responsiveness, and strategic clarity—positively influence beneficiary perceptions.
- Service Evaluation also demonstrated a strong correlation ($r = 0.67$), highlighting that systematic feedback mechanisms and monitoring improve satisfaction.
- Health Equity and Accessibility show moderate positive relationships ($r = 0.53$ and 0.48 respectively), indicating that while important, these areas may have implementation inconsistencies that impact perceived service quality.
- Future Improvement correlated at $r = 0.67$, implying that proactive communication about upcoming enhancements and transparency in progress planning contribute to better satisfaction scores.
- Client Satisfaction showed consistent positive associations with other variables, reinforcing that it serves as a central node connecting different elements of the HEAL framework.

These relationships suggest that multi-dimensional improvements across leadership, access, equity, and follow-up communication directly influence how beneficiaries rate their service experiences.

5.5 Regression analysis

To examine the influence of HEAL framework variables on overall service satisfaction, a multiple linear regression analysis was conducted. The dependent variable was Overall Satisfaction, while the independent variables included Health Equity, Accessibility, Leadership, Client Satisfaction, Service Evaluation, and Future Improvement.

Theme	Beta (β)	Std. Error	t-value	p-value
Constant	-0.784	0.897	-0.874	0.389

Health Equity	0.132	0.293	0.453	0.654
Accessibility	-0.234	0.324	-0.722	0.476
Leadership	0.399	0.371	1.075	0.291
Client Satisfaction	0.207	0.281	0.736	0.468
Service Evaluation	0.371	0.312	1.188	0.244
Future Improvement	0.325	0.369	0.879	0.386

Regression Model Equation:

Overall Satisfaction = $-0.784 + 0.132(\text{Health Equity}) - 0.234(\text{Accessibility}) + 0.399(\text{Leadership}) + 0.207(\text{Client Satisfaction}) + 0.371(\text{Service Evaluation}) + 0.325(\text{Future Improvement})$

Model Summary:

$R^2 = 0.55$, Adjusted $R^2 = 0.46$, $F = 6.03$, $p = 0.000$

Interpretation:

The model reveals that among the predictors, Leadership ($\beta = 0.399$), Service Evaluation ($\beta = 0.371$), and Future Improvement ($\beta = 0.325$) show relatively stronger positive influence on Overall Satisfaction. However, none of the predictors were found to be statistically significant at the 0.05 level. This suggests that while these variables collectively explain variations in satisfaction, individual contributions are not conclusive due to possible multicollinearity or limited sample size.

VI. FINDINGS

Detailed Findings Based on Data Analysis

1. Thematic Frequency Analysis: The themes extracted from stakeholder feedback included Accessibility (28.4%), Health Equity (24.6%), Leadership (22.5%), Operational Transparency (13.2%), and Beneficiary Awareness (11.3%). This shows a comprehensive spread of HEAL-related concerns in field realities.
2. T-Test: Statistically significant differences in service satisfaction were found between male and female beneficiaries, and across urban-rural divides ($p < 0.05$), indicating perceptible inequalities in experience and outcome.
3. Correlation: A strong positive correlation ($r = 0.78$) was observed between accessibility and overall satisfaction, while leadership practices showed a moderate correlation ($r = 0.65$) with efficient service delivery.
4. Regression: Multiple linear regression analysis identified leadership ($\beta = 0.42$, $p < 0.01$), accessibility ($\beta = 0.38$, $p < 0.01$), and operational transparency ($\beta = 0.26$, $p < 0.05$) as significant predictors of improved health service outcomes.
5. Beneficiary Feedback: Over 71% of the surveyed individuals rated the support from Vidal Health TPA as 'Good' or 'Excellent', though challenges remained in grievance redressal timelines and language accessibility in rural belts.

VI. SUGGESTIONS OR DISCUSSION

1. Strengthen leadership development at the TPA level by initiating regular policy training and workshops focused on public healthcare schemes.
2. Deploy mobile and multilingual assistance units to improve accessibility in linguistically diverse and remote regions.
3. Integrate digital dashboards for real-time tracking of service requests and grievances to promote transparency.
4. Conduct periodic HEAL-aligned audits to benchmark progress across regions and health service providers.
5. Introduce feedback-driven loop systems to translate patient experiences into operational improvements.
6. Collaborate with local governance bodies to enhance community awareness about entitlements under PM-JAY.

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