CGPWA Noida

(Member of SCOVA & Registered with NITI Aayog in NGO- Darpan
(Category – Aged, Elderly & any other)

Proposal for Revamping of CGHS

Reference: Letter no. Z 15025/78/2019/DIR/CGHS dated 9.10.19 of the Department of Health & Family Welfare, inviting suggestions to revamp CGHS.

CGPWA Noida is a registered body, working for the last Twenty-five years for the welfare of the Central Government pensioners residing in Noida / NCR region. This comprehensive proposal is based upon inputs / feedback received from our members and colleagues. We have identified the following problems / issues which need to be redressed / addressed for improving the CGHS system:-

1) Overcrowding in Dispensaries / Wellness Centres (WCs)

This is the biggest problem facing almost every Dispensary / Wellness Centre (WC). It happens at almost every stage:-

1. For consultation with the (i) MOs and (ii) Specialists at the WC;
2. For getting medicines: (i) Stocked medicines and later (ii) Indented medicines;
3. For getting permissions / References.

Causes:

1. Dearth / vacancies of MOs and low frequency of visits by Specialists.
2. Non-implementation of Govt Orders by many WCs. OM No. F.No 2-2/2014/ CGHS HQ/ PPT/CGHS(P) dated 21.10.14 clearly dictates that medicines can be issued for up to 3 months at a time in chronic diseases. Even then, MOs in some WCs like Chandigarh and quite a few in Delhi-NCR issue medicines for only 1 month at a time. This results in the patients, who would otherwise visit once in 3 months, having to visit the WC every month, thus multiplying the crowds by 3 times. This not only increases the burden of the MOs three times, it also inconveniences the old patients who have to shuttle from faraway places, spending time, energy and money three times more. It is a total avoidable inconvenience for the patients for having to do this exercise every month.
3. Rarely are all the medicines issued in one go. Unavailable medicines have to be indented, forcing the patients to visit after 2 days again. Sometimes, all the indented medicines are also not available in one go, forcing the patients to make multiple visits to the WC.

Solution:

1. Fill up the vacancies of MOs. Wherever crowds are heavy, increase their sanctioned strength by hiring retired Doctors on contract if regular Doctors are not available.
2. Enforce strict implementation of OM No. F.No 2-2/2014/CGHS HQ/ PPT/ CGHS (P) dated 21.10.14 to issue medicines for up to 3 months at a time in chronic diseases.

Crowd Management:

1. Complaints have poured in from all over India that due to overcrowding and dearth of chairs, many patients have to keep standing, awaiting their turn. Sufficient number of chairs should be provided in the waiting corridor as well as inside the MOs' chambers.
2. Electronic instruments to display waiting list token numbers should be installed outside every MO's chamber, like it is done in the private hospitals. This will streamline the waiting system and prevent queue jumping.

2) Generic Medicines versus Branded Medicines

Generic Medicines were introduced vide OM No. 2-2/2014/CGHS HQ/PPT/ CGHS(P) dated 25.8.14. It provides that medicines will be generally issued only from the CGHS Formulary or Generics. This was done to control cost and corruption, ignoring the fact that it negates the prescriptions issued by reputed Specialists. After five years of this experiment all the purpose seems have to belied the noble intention behind it on all the fronts: control of Cost, Corruption and Quality. The prescriptions given by the Specialists, who know the latest and the best, are ignored in the extant policy.

a) Either we should revert to the old system of trusting the Specialists and honouring their prescriptions without any fiddling at the WC level.

b) Or, as a middle path, we should ask the Specialists to clearly indicate in the prescription if there is a generic substitute available. If yes, name it otherwise clearly write 'No Substitute'. WCs should be asked to honour the Specialist's certificate

3) Outsourcing the Supply of Medicines

The system of empanelling ALCs (Authorised Local Chemists) is already in vogue with the CGHS. This list has not been updated after 2017 as all the contracts with ALCs are shown as expired in 2016/ 2017. Updating should be a continuous exercise. When the system of empanelled ALCs is already there, it should be expanded to cover all the cities/ towns all over India. The entire supply of medicines, except the life saving drugs, can be outsourced to them. There is absolutely no need for WCs to store the medicines which is a chemist's job. The patients can be authorised to collect the prescribed medicines directly and cashless from them. This will ensure accountability also, both for the supplier and the patient. If there is anything wrong with the medicine, the patient can always complain to the CGHS for action against the ALC. This will not only relieve the over-burdened WCs from handling an entirely avoidable work, it will also reduce crowds at the WCs and make things easier for the beneficiaries.

4) Detaching the Pensioners from Wellness Centres

Age withers man. No wonder a huge majority of the crowds in WCs consist of senior citizens / pensioners. If we could reduce their visits by detaching them from the WCs in some way, it will help everybody. This can be achieved by outsourcing a major chunk of their requirements to empanelled hospitals. It would not only thin out the crowds in WCs but also lessen the inconvenience of the old people. Vide OM No. Z 15025/35/2019/DIR/CGHS/CGHS(P) dated 29.5.19, Govt has allowed direct and cashless OPD consultation with Specialists at CGHS empanelled hospitals in respect of CGHS beneficiaries aged 75 years and above without prior permission of the CGHS. There is a need to lower the threshold from 75 years to the age at which the beneficiary retires, i.e. 60 years as of now.

5) Reluctance of Empanelled Hospitals to attend to CGHS Beneficiaries

Alarming reports have come from all over India about many empanelled hospitals/ Labs reluctant, or even refusing to attend to the CGHS beneficiaries.

Many Hospitals, have arbitrarily fixed a quota of admission of CGHS beneficiaries and may either refuse admission or ask you to accept facilities much lower than your entitlement, viz. a shared room with 2 or 4 patients or a general ward. Medanta hospital, Gurgaon is one which has apparently earmarked beds and rooms for CGHS patients. More often than not, they say CGHS rooms / beds are not available (particularly in ICU). They don't treat the CGHS patients on priority, especially in NCR, due to low rates fixed by CGHS and huge pendency of their bills. The top specialists too avoid attending to or visiting the CGHS indoor patients as the fee they get is far less than what they get from a private patient. Some expensive clinical tests like DVT are allowed by CGHS but empanelled Labs in Delhi refuse to do it on credit because of low rates. They insist on full advance payment. No empanelled Dental Hospital or Clinic in Delhi accepts CGHS Referrals because of low rates. So one has to pay in full. Earlier, it used to be a matter of pride and prestige for the hospitals & Labs to be on the panel of CGHS.

Many well known hospitals no longer want to be a part of the CGHS because of the following reasons:-

1. Ridiculously low rates fixed by the CGHS;

2. Delay in settlement of bills;

3. Corruption in settlement of bills;

4. Huge bank-guarantee for empanelment of hospitals, clinical labs and pharmacies.

6) Annual Health Check Up of Pensioners Irrespective of Age

OM No. Z 15025/36/2019/DIR/CGHS/CGHS(P) dated 19.8.19 has permitted "Annual Health Check-up" of CGHS Beneficiaries (only primary card holders, spouses excluded) aged 75 years and above in the CGHS empanelled hospitals. The high threshold of 75 years leaves an unattended gap of 15 long years for the retirees, defeating the true purpose of the preventive health check-up. This needs to be thawed to serve the programme's true purpose of "Prevention is better than cure".

The importance of preventive health check-up for early detection of diseases and risk factors cannot be under-estimated. Timely screening can prevent many diseases. A new set of lethal diseases (ironically a by-product of our affluent lifestyle) are now threatening us. Most of the diseases are "silent" which often show no early symptoms. Regular screening tests are the only way out for their early detection and treatment. There should be continuity of Annual Health Check-up after retirement and the threshold should be linked to the age of retirement which currently is 60 years.

7) Online Registration of Nominees of Beneficiaries

Vide GOI OM No. S11011/12/2013-CGHS (P) dated 25.9.13, issued by the Ministry of Health & Family Welfare, the pensioner CGHS beneficiaries have been allowed to nominate a person to claim the medical reimbursements from CGHS in the event of his/ her unfortunate death. As per the procedure laid down in the Circular, nomination form will be submitted by the beneficiary to the Dispensary where it will be entered in a 'Nomination Register'. Thereafter, the nomination form will be forwarded by the Dispensary to the Addl. Director (HQ) for entry in the data base. Until the entry is made in the data base, the nomination will not become valid. Unfortunately, hardly any WC is implementing this order. It should be enforced strictly.

This circular also needs refinement as under:-

a) As the entire CGHS system is networked, there does not seem to be any need to involve the Addl. Director (HQ) for uploading the nominee data. This work can easily be handled by the Data Operator of the WC.

b) When a nomination form is received in the Dispensary, a copy of the same should be duly receipted with signature, date and stamp and returned to the beneficiary, mentioning the Serial No. of the entry made in the Nomination Register. The nomination should become valid from that very date without waiting for its uploading on the data base which can take time.

c) The process of uploading the nomination on data base should be made time bound, say maximum within 30 days.

d) When the entry is uploaded in the data base, a confirmation should be conveyed to the beneficiary in writing as well as by SMS.

e) Still better would be to allow the beneficiaries to register Nominees directly through their CGHS accounts. The login facility was started by the CGHS a couple of years ago. This will reduce the work load of everybody.

8) Introduction of AYUSH in WCs

At the moment, apart from Allopathy, there are a very few WCs where the CGHS provides health care through all the systems of Medicine available with the CGHS, i.e. AYUSH (Ayurveda, Yoga, Unani, Siddha and Homoeopathy). When an entire Ministry is devoted to AYUSH, a serious thought should be given to it.

In Noida and nearby to it, there are four CGHS Wellness Centers (Sec. 11 Noida, Sector 82 Noida, Greater-Noida and Vaishali) but none of them have facilities of Ayush health care. Since there are more than Thirty thousand CGHS beneficiaries residing in this zone. There is urgent need of a Ayush Health Care in one of the Wellness Centres (Preferably Sector 11 since it is centrally located and has better infrastructure of all).

9) Easier Issuance of Plastic Cards

At present a beneficiary can fill application for CGHS card online. However online completed application has to be downloaded and the printout is required to be submitted to CGHS Card Section with necessary supportive documents. In case of Pensioners, the application with enclosures is to be submitted to the AD (HQ) in Delhi or to the concerned AD of the city. The facility of complete online application, i.e. uploading of necessary supportive documents and online payment of subscription by pensioners, is not available yet. It should be started now.

10) Medical Reimbursement Claims (MRCs)

We find that CGHS has fairly streamlined / liberalised the system of Medical Reimbursement Claims (MRCs). The following orders speak volumes about the mind applied by the CGHS Hqrs on this issue:-

i) Office Order No. Z.15025/67/2019/DIR/CGHS dated 18.9.19 regarding "Pendency of Medical Claims of CGHS Pensioner beneficiaries due to deficiency in documentation (More Documents Required)".

ii) Letter No. F.No. 44-22/2016/MCTC/CGHS/5319-5349 dated 20.6.19, issued by Dr. V.K. Dhiman, Nodal Officer, Monitoring, Computerisation & Training Cell, CGHS, regarding "Implementation of MRC Tracking Facility".

iii) Checklist for MRC. It is clear that MRC procedure has been made fully online from WC level onwards through an MRC Module. The only thing wanting is to strictly enforce the above orders at the WC level all over India. This needs the posting of dedicated Data Operators in WCs where posts are vacant.

Some more suggestions based upon the feedback received from all over India are listed below:-

a) As per the prevailing system, the power to sanction MRC lies only with AD and above. AD has power upto Rs.7 lakhs, Director Rs.15 lakhs, DG Rs.25 lakhs and Health Secretary beyond that. There is a need to delegate the sanctioning power to the CMO I/C to a certain extent, say upto Rs.3 lakhs. This will not only reduce AD's work load but will also lessen the hassles for the beneficiary and hasten the process of reimbursement.

b) As per extant rules, if a beneficiary visits an empanelled hospital in another town outside the jurisdiction of his parent dispensary, he does not get cashless treatment except in emergency. He has to pay for the treatment though at the reduced CGHS rates. Thereafter, he has to submit the MRC documents to his parent dispensary within 90 days. The problem arises when he is far away from his parent dispensary and cannot visit it within the deadline of 90 days.

There is a need to liberalise this system as under:-

- Either allow him to file his MRC with the local non-parent WC which can forward it to the parent WC after verification / authentication. Or authorise the local non-parent WC to directly upload the documents in the MRC Module.

c) If a beneficiary wants to get some major surgery / procedure done by a Specialist of his choice in some Hospital / Clinic which is not empanelled, he should be allowed the facility subject to CGHS rates, the balance being borne by him personally.

d) Transaction Statement: As of now, no Transaction Statement is sent to the beneficiary after MRC amount is credited to his bank account by NEFT, making it difficult for him to trace / locate / connect it to the cause / origin / transaction. It becomes even more difficult if the credit does not match with the bill / claim if there is some deduction made by the billing section which is not known to the recipient. Therefore, a clear Transaction Statement must be issued after every NEFT. This can be done by SMS or email. Reason / explanation for the deduction, if any, must be given In the Transaction Statement.

11) Non-Admissible Medicines / Supplements

There are many Medicines / Supplements which are not allowed by the WCs. As per feedback received, no official list of non-admissible medicines / supplements is available and CMOs decide as per their own discretion/ knowledge. It is suggested that such a list, if any, should be placed in public domain on the CGHS website.

Date: November 2019 **Secretary CGPWA Noida**