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A Descriptive Study on Assessment of the Feasibility and Viability of ECHS and CGHS Schemes in India

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Introduction

- Healthcare is a critical need in India, where a diverse and rapidly growing population faces a wide range of health challenges. Effective healthcare systems are essential for improving life expectancy and overall well-being. Investing in healthcare infrastructure and services is vital for India's economic growth and social equity. Addressing healthcare needs is key to achieving sustainable development and improving the quality of life for all Indians.
- Cashless healthcare translates to a change in protocols of payment for health care services within the society. It has a lot benefits in relation to both patients, practitioners and all the system associated with the health care.
- Insurance in the health sector provides financial protection against high medical costs, ensuring access to necessary care without devastating economic impact.

- The Central Government's Ex-Servicemen Contributory Health Scheme (ECHS) and Central Government Health Scheme (CGHS) are transformative initiatives for providing comprehensive healthcare to government employees and ex-servicemen.
- ECHS offers a wide range of medical services to retired armed forces personnel, ensuring their health and well-being.
- CGHS caters to current and retired central government employees, offering quality healthcare through an extensive network of empaneled hospitals and wellness centers.
- These schemes have revolutionized access to medical care, exemplifying the government's commitment to the health of its employees and veterans.

Your Health, Our Goal

आपका स्वास्थ्य, हमारा लक्ष्य

Research Question

To what extent is cashless treatment viable under the ECHS and CGHS schemes, considering network development and financial implications?

How would cashless treatment impact beneficiary access to healthcare services, treatment adherence, and out-of-pocket expenses within ECHS and CGHS?

What are the potential challenges and opportunities associated with implementing cashless treatment in ECHS and CGHS, considering the perspectives of beneficiaries, healthcare providers?

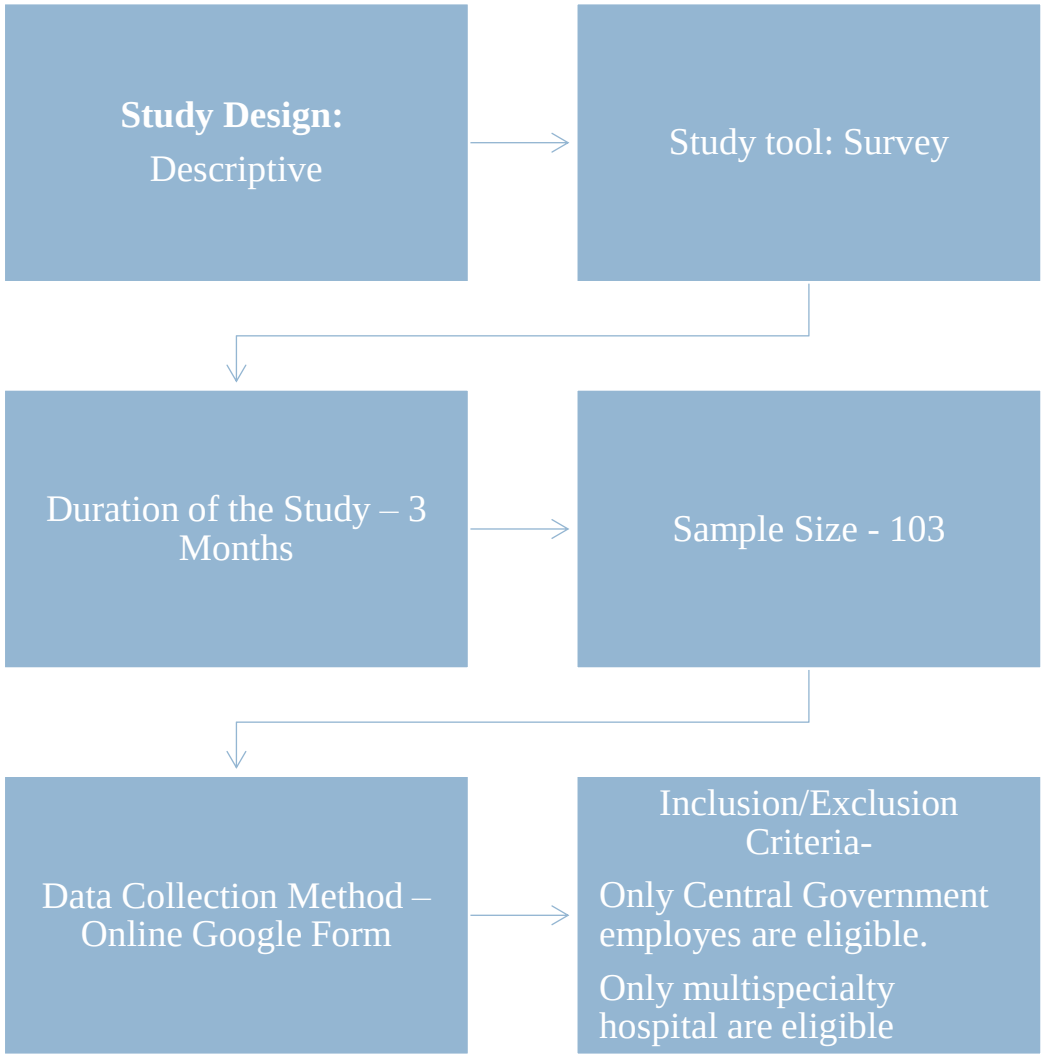
Objectives of the study-

1-To assess the feasibility of implementing cashless treatment under ECHS and CGHS.

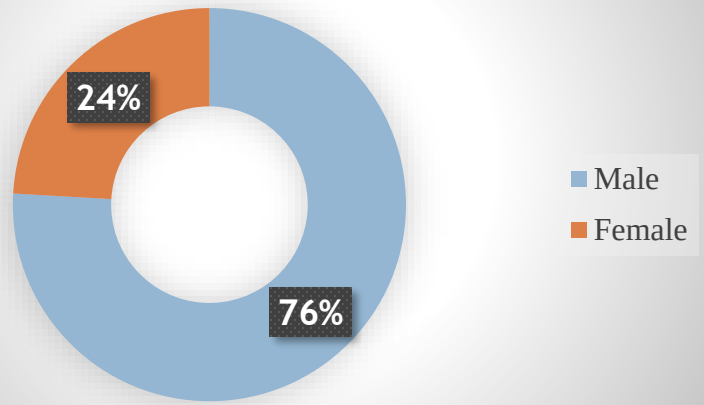
2-To analyze the potential impact of cashless treatment on beneficiaries healthcare access, treatment adherence, and financial burden.

3-To identify challenges and opportunities associated with cashless treatment implementation in ECHS and CGHS for beneficiaries, healthcare providers.

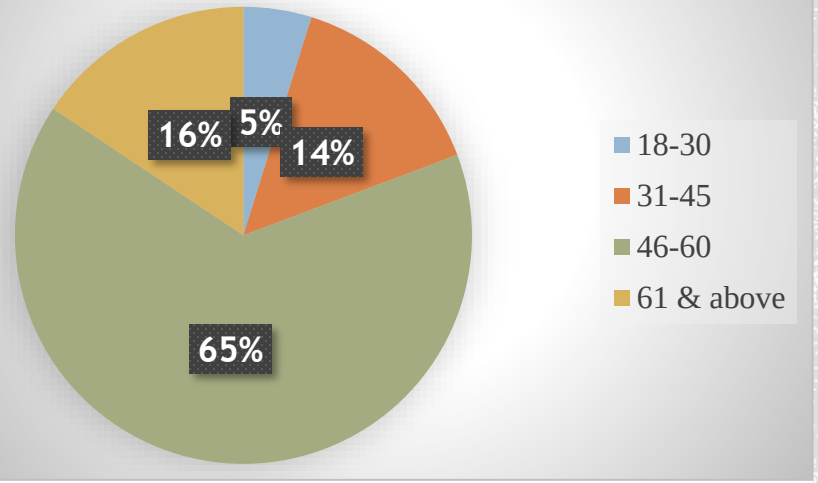
Methodology



Gender of Participants



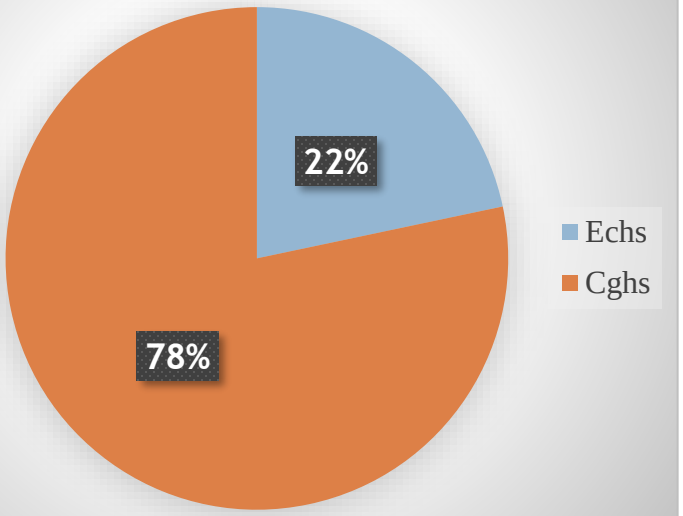
Age Group



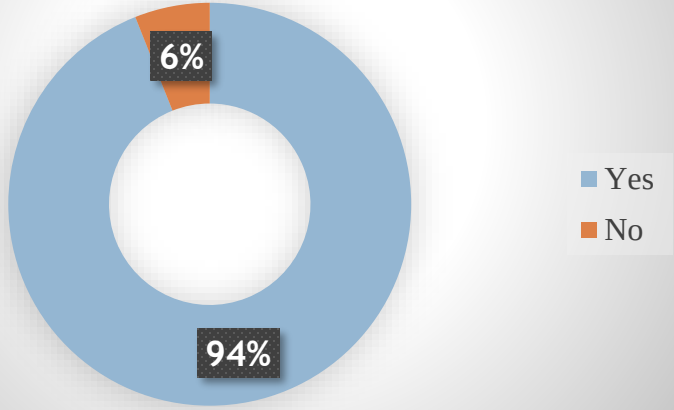
Analysis

From Beneficiaries Perspective –

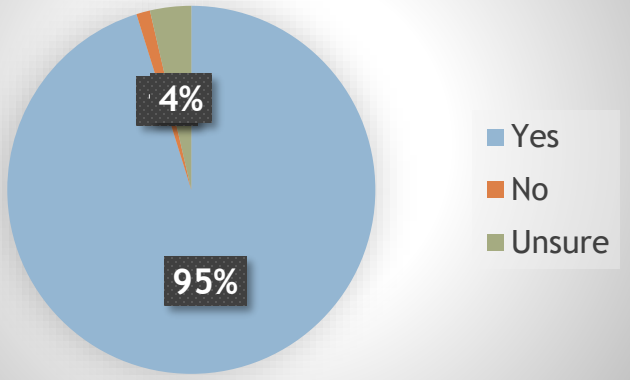
Category of Govt. Scheme



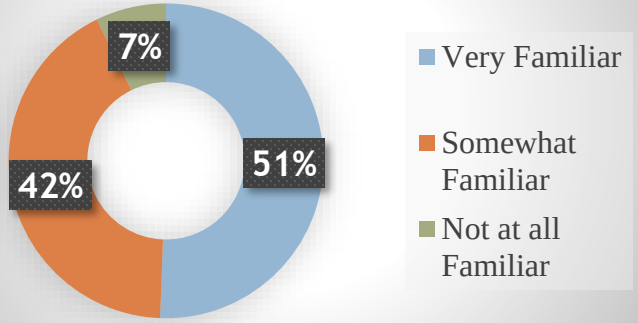
Awareness about the scheme



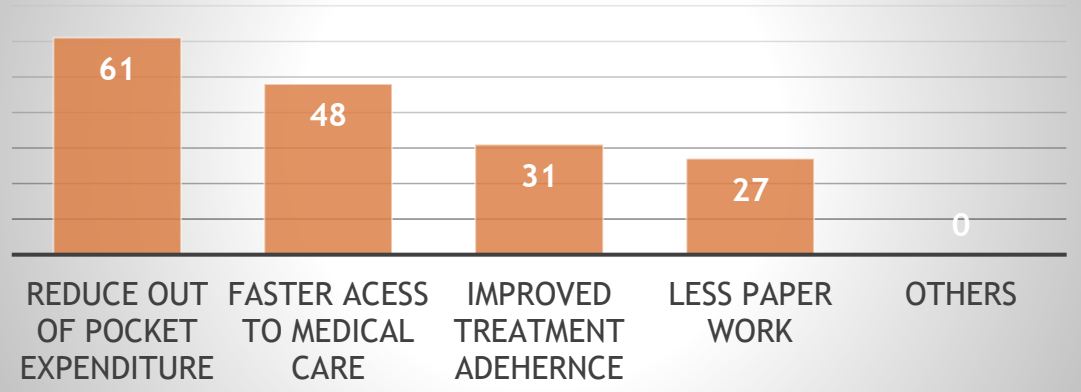
Interest



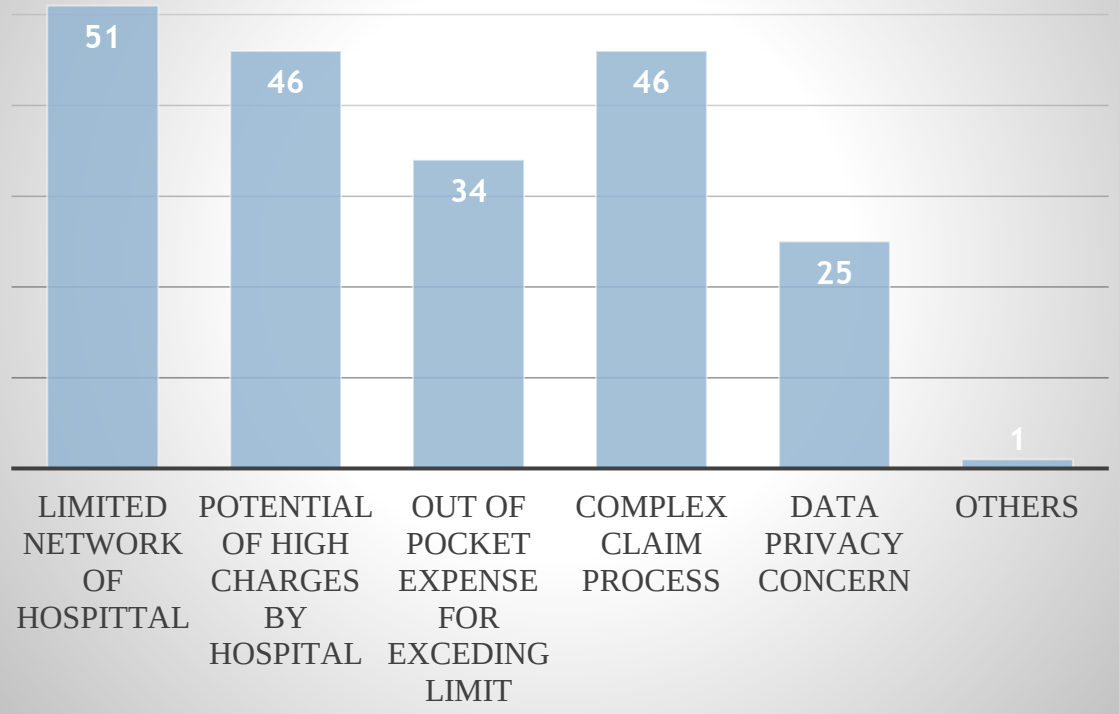
Familiarity



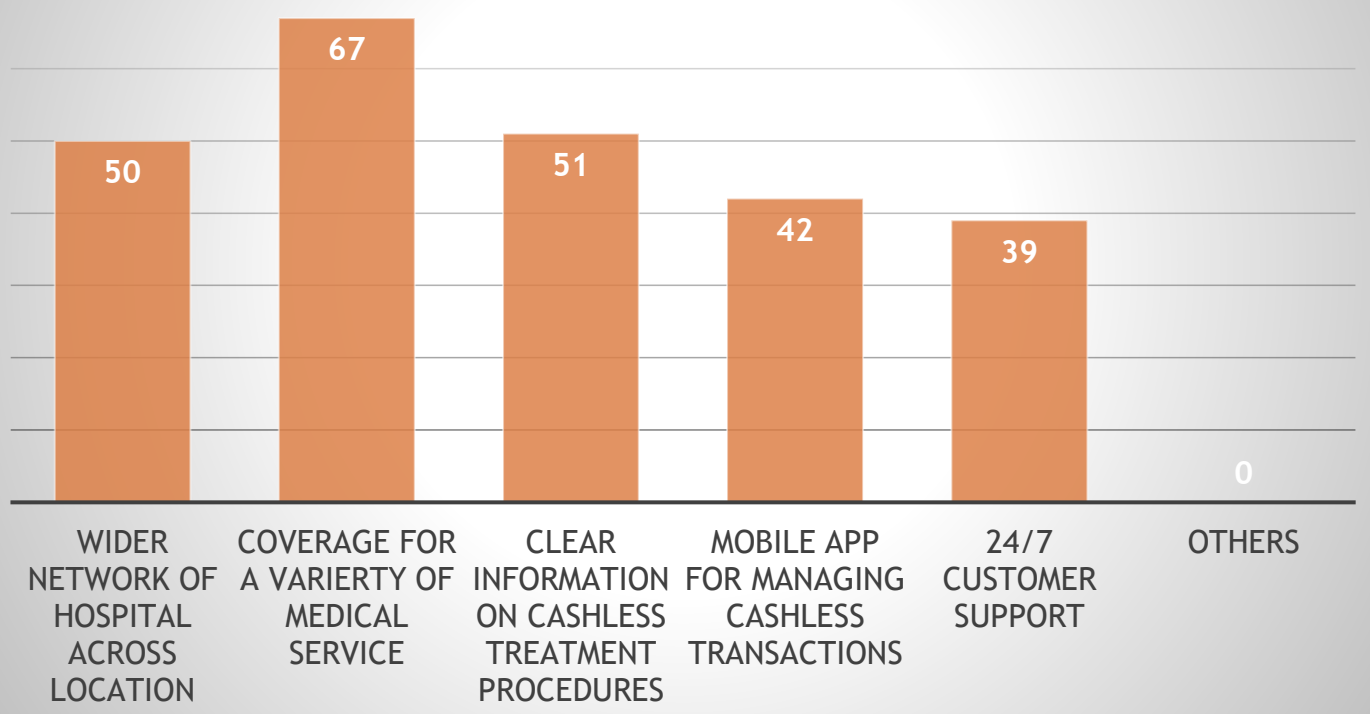
Benefits



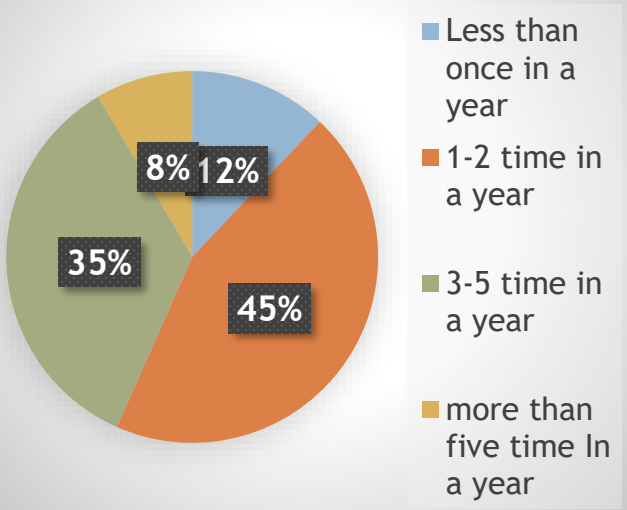
Concern Regarding the Scheme



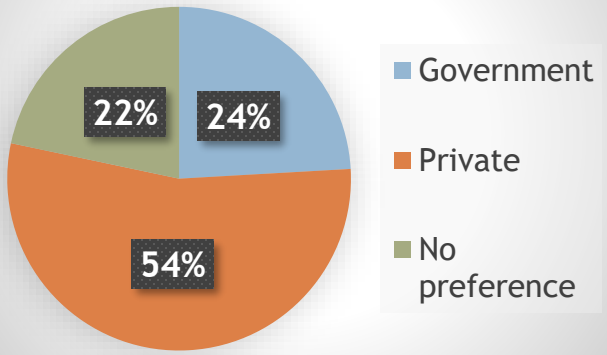
Important feature for scheme



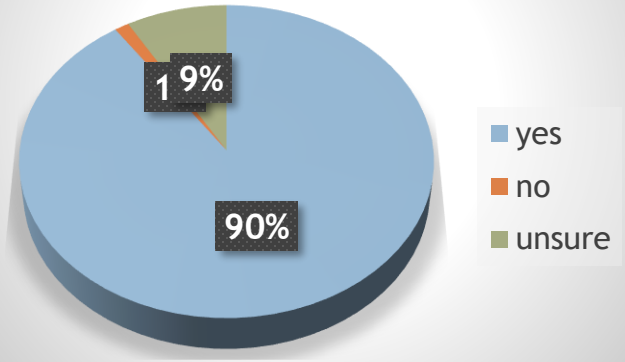
Frequency



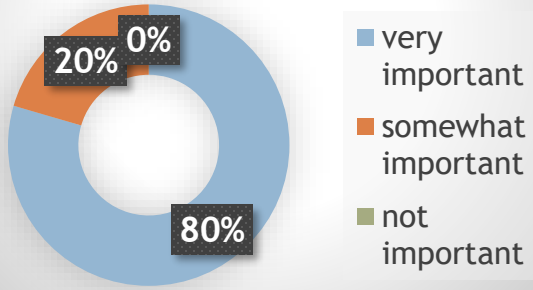
Preference



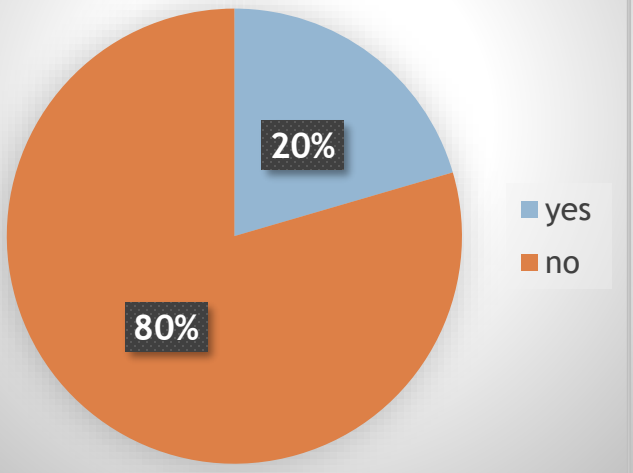
Easier to get medical attention



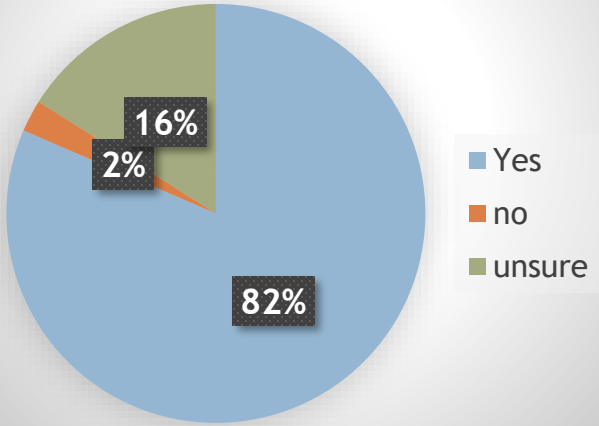
Importance of wider hospital coverage



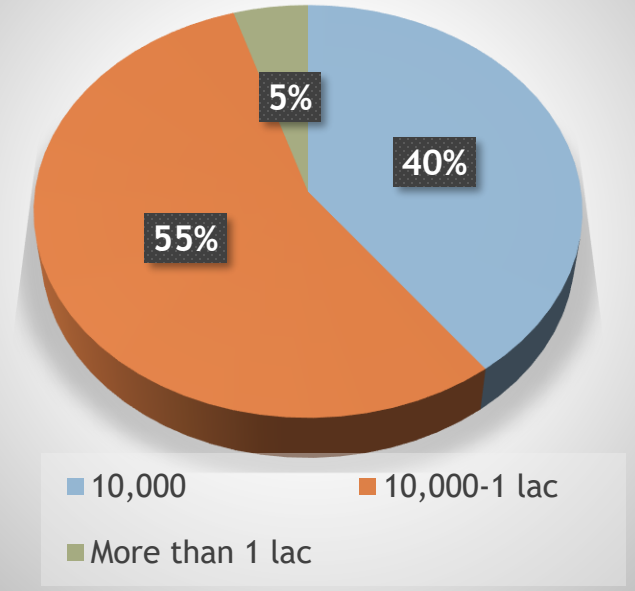
Not getting treatment due to cost



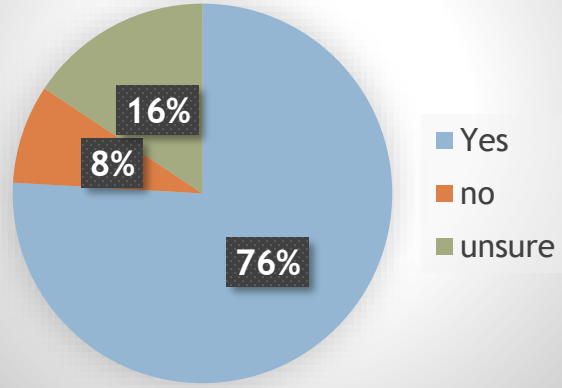
Help in adherence to treatment

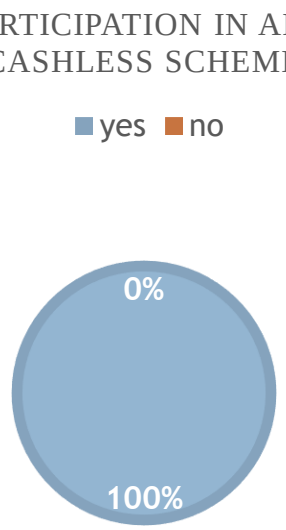


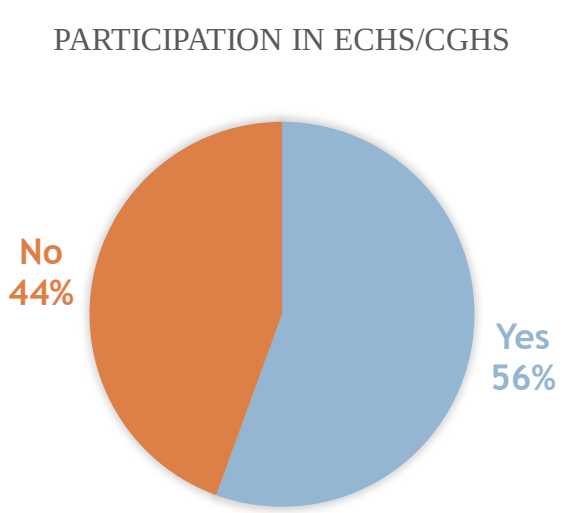
Average Spending

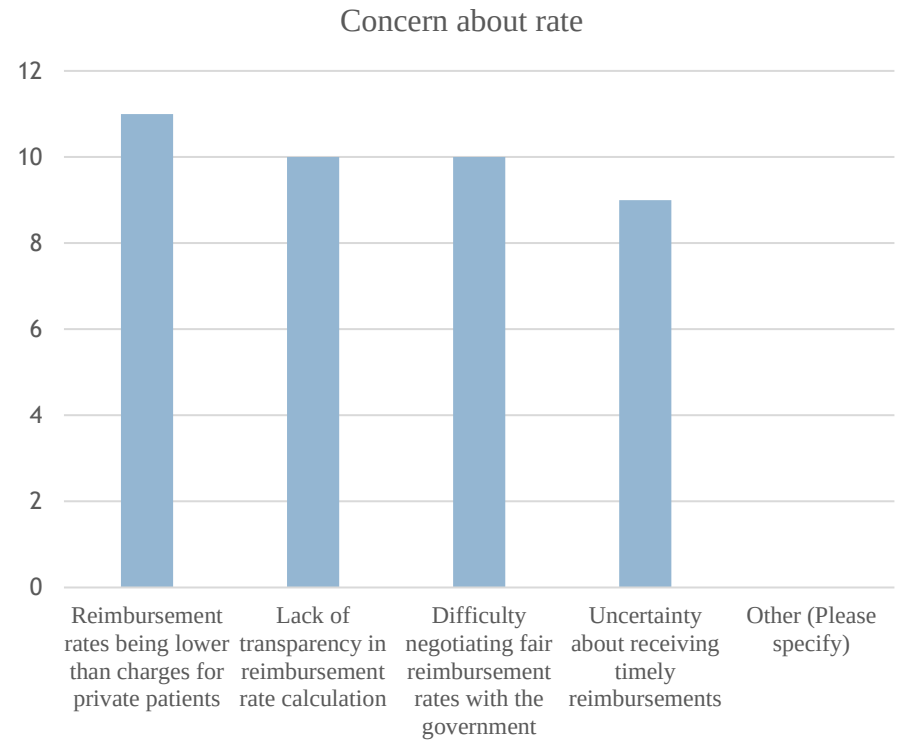


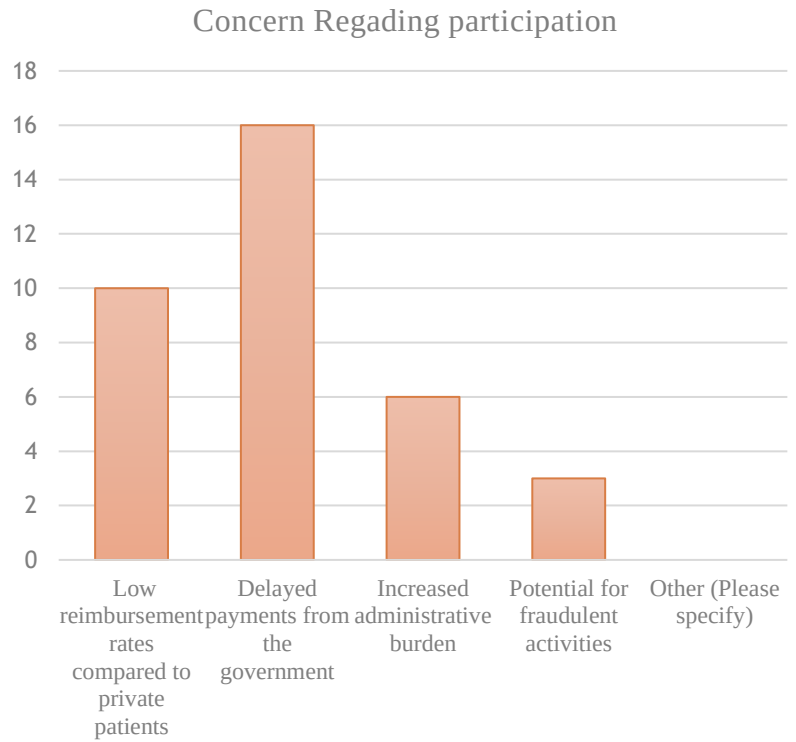
Concern for co payments





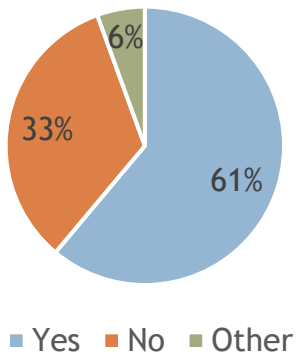




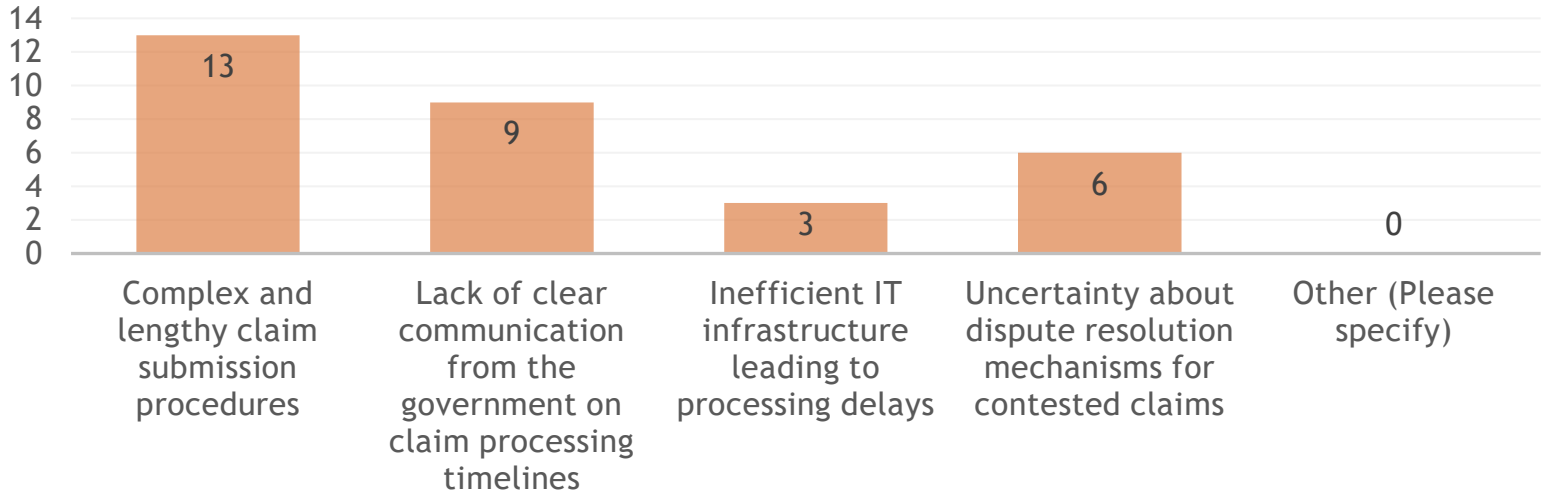


From Healthcare Provider Perspective-

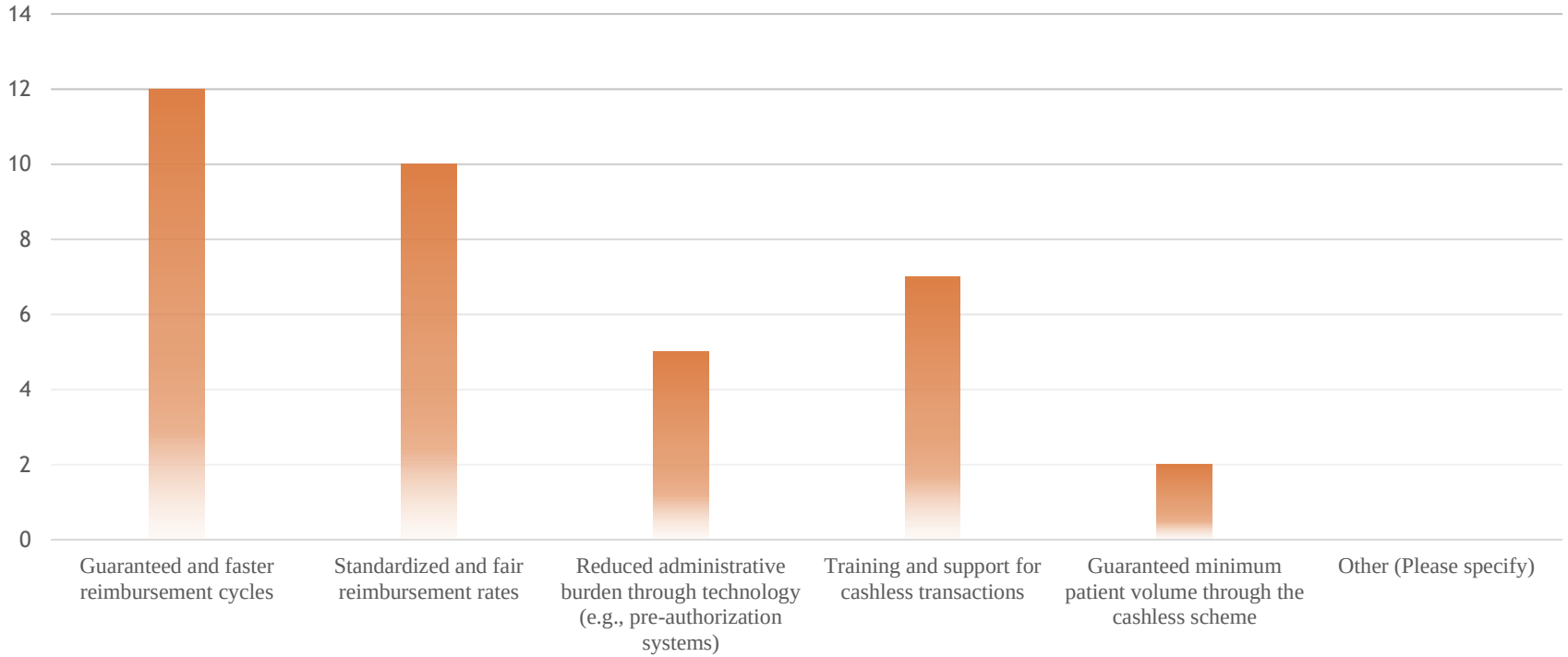
Experience of delay in claim processing



Cause of delayes



INCENTIVE BASED PARTICIPATION



Result

From Beneficiaries Perspective-

- The survey included 83 respondents, with the majority being aged 46-60 and predominantly male.
- Awareness of health schemes was high, with 78 respondents aware and 79 showing interest.
- Familiarity varied, with 51% very familiar, 42% somewhat familiar, and 7% not familiar.
- Most respondents (96.2%) found cashless systems beneficial, though some raised concerns about financial challenges and restricted hospital networks.
- Overall, the survey highlighted the importance of addressing cost-related anxieties and enhancing transparency in health schemes.

From Healthcare Provider Perspective-

- The survey included responses from 10 state and 19 private hospitals, with one single-specialty hospital excluded.
- All 18 respondents use cashless healthcare schemes, with 55.6% participating in CGHS/ECHS.
- Concerns about reimbursement rates were common, with 61.1% worried about low rates and 55.6% citing transparency issues.
- Claim processing delays were noted by 11 respondents, with poor communication and IT issues also highlighted.
- Incentives for participation included faster payment turnaround and equitable charges.

Suggestions

- Enhance Transparency and Communication: Increase the clarity of reimbursement payment, in regard to the time taken to process claims, and action on provider grievances through proactive engagement.
- Expand Hospital Network: Expand on the empanelment of hospitals in the different geographical regions to ensure that the target beneficiaries have a good access to health facilities.
- Streamline Administrative Processes: Minimising how claims submitted can be achieved by; Streamlining processes through which claims are submittable, applying technology in tracking and management of relevant data, and enhancing its IT resources.
- Promote Health Literacy: Increase awareness of scheme amongst beneficiaries to promote the use of the scheme through enhancing staff knowledge on how to educate the beneficiary of their rights and responsibilities on the scheme.
- Integrate Insurance Mechanisms: Assess how concepts of insurance could be applied to address more and negotiate better prices and optimum health financing in the future. .

Limitations of the Study

- Limited Data Availability.
- Limited time for the study.
- There is no such data from the Government side to understand there perspective.

Future Scope

- There can be study on factor influencing low network development of scheme.
- Govt. Hospital can also be included for further exploration of study.

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