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Synopsis For Dissertation

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

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Introduction

The Employees' Contributory Health Scheme (ECHS) and the Central Government Health Scheme (CGHS) are healthcare programs in India for government employees and pensioners. CGHS caters to central government employees and pensioners, Traditionally, these schemes reimbursed medical expenses. while ECHS focuses on retired military personnel and their dependents. Both schemes offer a network of government hospitals and clinics along with empanelled private providers for outpatient, inpatient, and AYUSH (traditional medicine) care. While beneficiaries show general satisfaction, there's scope for improvement in scheme-run facilities. Addressing concerns of private providers regarding reimbursement and tariffs is crucial for a sustainable system.

This synopsis explores the viability of cashless treatment under these schemes and its potential impact on beneficiaries, healthcare providers, and the government.

Review of Literature

A critical first step in this investigation necessitates a comprehensive review of the extant literature pertaining to cashless treatment schemes within the Indian healthcare sector.

- **This Examining The Efficiency And Effectiveness Of Ex-Servicemen Contributory Health Scheme (Echs0 Implementation In Maharashtra: A Critical Analysis Of Healthcare Services For Ex-Servicemen by Mr. Hari Haran Nair, Dr. Vijay Kulkarni, Dr. Manju Rugwani (2023*)*-** Similar to the CGHS that was established to meet the health requirements of the central government employees, the ECHS is also an umbrella health care system formulated in 2003 for ex-servicemen personnel from the armies of India including the Indian Army, Navy and Air force. Thus, this review is intended to uncover gaps in the ECHS, which may be crucial for meeting veterans' health requirements in the future. It emphasizes the identification of gaps and offers recommendations addressing the improvement of the status of the existing health care system to increase the satisfaction rates of ECHS beneficiaries as well as eliminate the muddled administrative procedures. The article critically

examines implementation flaws within the contributory health plan for retired military personnel and their families, using public audit findings to assess the scheme's operational efficacy and effectiveness

- **Facilitators and barriers to participation of the private sector health facilities in health insurance & government-led schemes in India Harsh S. Dave, Jay R. Patwa 1, Niraj B. Pandit (June,2021***)*- In the study analysis from June 2021, added 30 hospitals for availing cashless private health insurance facilities, representing 30% enrolment and 26% enrolment of government health schemes. The ideas for admitting people to the hospital under the tag of government health schemes were the social responsibility towards individuals, competing with other health departments or organizations, and adding more customers to their list. On the other hand, common enrolling barriers were; low and delayed reimbursements, offering of bribes to hasten the reimbursement processes, limited scopes of services, and complicated bureaucratic systems. The study also showed a correlation between the no of bed strength in hospitals and the probability of its participation in governmental health programmes ($p < 0.05$). Furthermore, the use of cashless private health insurance facilities was also significantly related to the decision to participate ($p < 0.01$) as was the respondents' level of satisfaction with the TPA model of health insurance participation in india ($p < 0.05$).

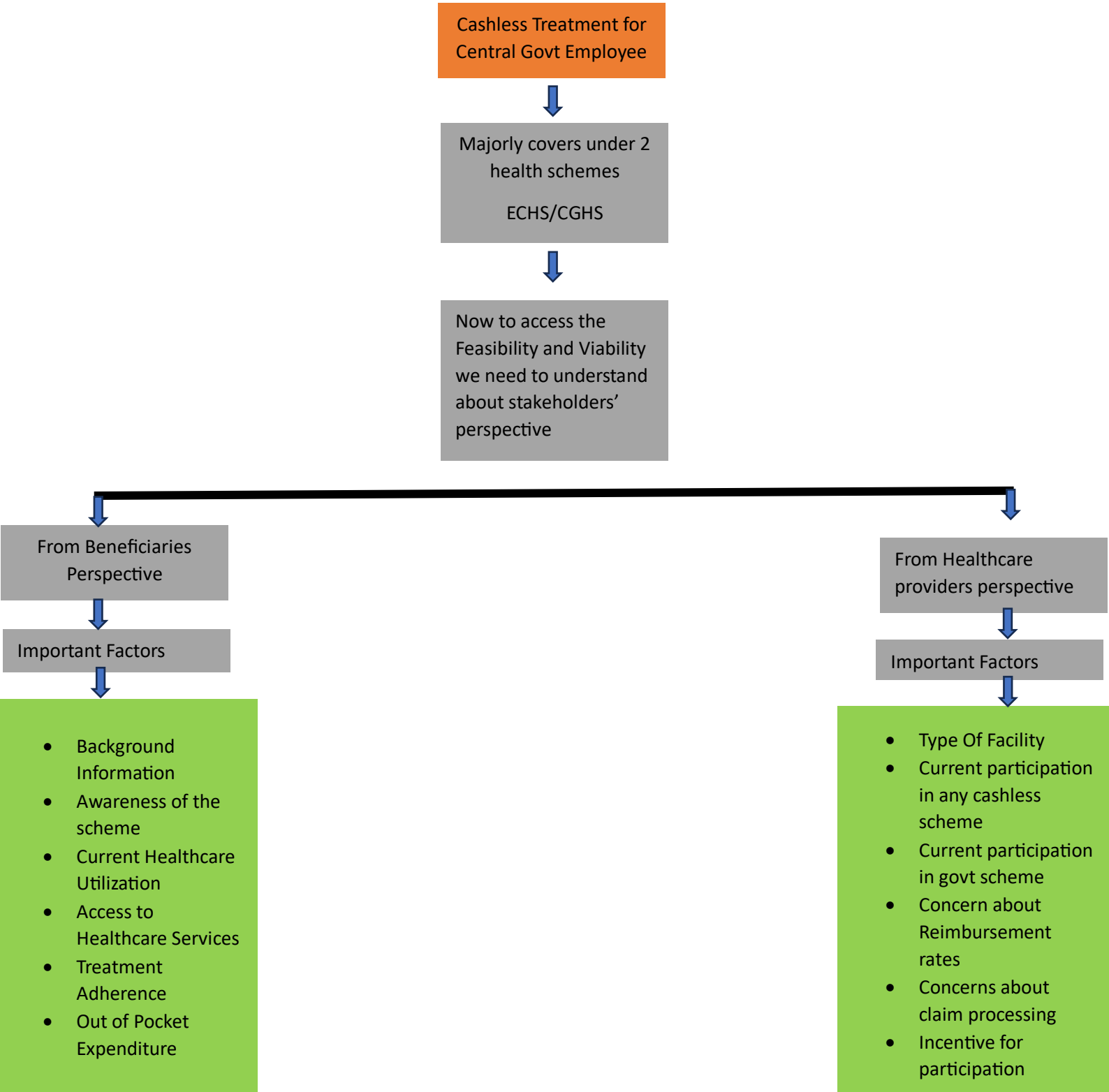
- ***Illegalities and Infirmities in Implementation of 'Ex-Servicemen Contributory Health Scheme: Public Audit Findings and Other Irregularities - An Analytical Study. By Bhupal Singh, Asha Verma 2020-*** The study objectives are to determine the gaps in the organization and management of the ECHS that was started in 2003 by the Government of India with the purpose of providing healthcare services to the Ex-servicemen. This work therefore complements the evaluation of the scheme by analysing its failure and weaknesses, specifically the problems impacting armed forces retirees and their dependants. In analyzing the public audit findings concerning the delivery efficiency of the health care scheme, the works give real solutions to help

augment on the health care scheme and attain better satisfied ECHS patients and client acquiring medical services.

- **Central Government Health Services (CGHS) in Perspective of Beneficiaries Satisfaction by Aparajita Kumari1 , Nalin Ranjan Tripathy2 , Amand Bhaskar3 (December,2015)- A study by Aparajita Kumari, Nalin Ranjan Tripathy, and Amand Bhaskar (2015**) investigated the satisfaction level of the beneficiaries of Central Government Health Scheme (CGHS) based on a cross sectional survey of 412 beneficiaries from six cities in India. This analysis observed that beneficiaries predominantly prefer the healthcare services of the empanelled private practitioners to CGHS dispensaries/polyclinics. While the beneficiaries are satisfied with service quality they are not willing to shift from CGHS to health insurance because of issues related to health wise and issues of out of pocket expenses. On the part of the Private providers who are empanelled there have been incidences of low tariffs and delays in reimbursements thereby posting the problems of the Public Private Partnerships. This paper suggests changes that would improve the quality of services in CGHS and respond to the needs of providers for long-term health systems' development.
- **Healthcare Delivery and Stakeholder's Satisfaction Under Social Health Insurance Schemes in India: An Evaluation of Central Government Health Scheme (CGHS) and Exservicemen Contributory Health Scheme (ECHS) by Sukumar Vellakal, Shikha Juyal, Ali Medhi (May 2012**)_This study assessed the performance of CGHS and ECHS by a cross-sectional survey of 1,204 CGHS and 640 ECHS patients, 100 empanelled private health care facilities, and key informants from the scheme's head office in India's 12 cities. It established that though patients are in general satisfied with both providers that are private and government dispensaries/polyclinics, there is a higher level of satisfaction with providers that are private. Depending on out-of-pocket expenses, beneficiaries highlighted their desire to receive high quality services. This study also revealed that private providers' major obstacles include low tariffs and reimbursement that endanger constructive cooperation. Proposals covered increasing healthcare standards in CGHS and ECHS centers and handling providers' concerns for better healthcare outcomes and the continuation of partnership between the public and private sectors.

Theoretical and Conceptual Framework

This research aims to explore the theoretical underpinnings of cashless treatment within the Indian government's healthcare schemes, Ex-servicemen Contributory Health Scheme (ECHS) and Central Government Health Scheme (CGHS). Access to healthcare theory informs the analysis by highlighting how reduced financial and transaction costs associated with cashless transactions can improve beneficiary access and scheme efficiency. Additionally, a conceptual framework can be developed to illustrate the relationships between cashless treatment, its impact on stakeholders, and the contextual factors influencing its success.



Research Gap

Review of literature will help us to identify any gaps in existing knowledge about cashless treatment in the context of ECHS and CGHS.

On the basis of that it can be:

- Limited research on the specific needs and preferences of ECHS and CGHS beneficiaries regarding cashless treatment.
- Lack of studies exploring the feasibility and challenges of implementing cashless treatment within the existing infrastructure of these schemes.
- A dearth of research on the potential impact of cashless treatment on the financial sustainability of ECHS and CGHS.

Research Questions (RQ)

Based on the identified research gap, specific research questions are formulated. These questions will guide the study and tell us that how we can address the knowledge gaps from the gather data.

Research Questions are:

- RQ1: To what extent is cashless treatment viable under the ECHS and CGHS schemes, considering network development and financial implications?
- RQ2: How would cashless treatment impact beneficiary access to healthcare services, treatment adherence, and out-of-pocket expenses within ECHS and CGHS?
- RQ3: What are the potential challenges and opportunities associated with implementing cashless treatment in ECHS and CGHS, considering the perspectives of beneficiaries, healthcare providers?

Research Objectives

The objectives of this research are:

- To assess the feasibility of implementing cashless treatment under ECHS and CGHS.
- To analyze the potential impact of cashless treatment on beneficiary healthcare access, treatment adherence, and financial burden.

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

Methodology

This section will basically talk about the outline the research design and methods used to collect data. The methodology is involving:

- **Quantitative survey:** Surveying beneficiaries, healthcare providers, and scheme administrators to understand their perspectives on cashless treatment.
- **Qualitative interviews:** Conducting in-depth interviews of few key stakeholders to gain insights into their experiences and concerns.
- **Cost analysis:** Estimating the potential financial implications of implementing cashless treatment for the government and beneficiaries.

Plan of Analysis

The plan of analysis will show us that how the collected data is analyzed to answer the research questions and achieve the research objectives. This will involve:

- Statistical analysis of survey data to identify trends and relationships between variables.
- Analysis of interview data to identify key themes and recurring patterns.
- Cost analysis to estimate the financial impact of cashless treatment on different stakeholders.

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