

Original Research Article

Central Government Health Services (CGHS) in Perspective of Beneficiaries Satisfaction

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ABSTRACT

This study attempts to evaluate the working of the Central Government Health Scheme (CGHS) by assessing beneficiaries' satisfaction. The study is based on a primary survey of 412 CGHS beneficiaries across 6 cities in the country. The survey revealed that the patients are reasonably satisfied with the healthcare services of both empanelled private healthcare providers and the dispensaries/polyclinics under the CGHS. Additionally, it was found that they are relatively more satisfied with the former than the latter. Furthermore, beneficiaries are not willing to replace the schemes with health insurance for several reasons. The CGHS empanelled private healthcare providers are dissatisfied with the terms and conditions of empanelment, especially the low tariffs for their services as compared to prevailing market rates of respective cities and the delays in reimbursements from the schemes. We suggest that appropriate efforts should be undertaken to enhance the quality of healthcare in the dispensaries/polyclinics of the CGHS. Multiple steps are required at each level to address the issues and concerns of empanelled private healthcare providers to ensure better healthcare delivery and for a long term, sustainable public private partnership. The findings of this study will enlighten the present scenario and give hand to the policy makers to reform the CGHS schemes in better way.

Key words: CGHS, Beneficiaries satisfaction, Pay commission.

INTRODUCTION

Central Government Health Scheme (CGHS) is a health scheme for serving, retired Central Government employees and their dependents. This was started in 1954 in Delhi. Initially this was intended to be only for serving Central Government employees who had difficulty in getting reimbursement on account of OPD medicines. Currently this scheme is running over 25 cities and has put a heavy strain on limited resources available for

the purpose. The scheme was extended to Mumbai(1963), Allahabad(1969), Kanpur, Kolkata and Ranchi (1972), Nagpur (1973), Chennai (1975), Patna, Bangalore and Hyderabad in (1976), Meerut in (1977), Jaipur, Lucknow and Pune (1978), Ahmedabad (1979), Bhubaneswar (1988), Jabalpur (1991), Guwahati & Thiruvananthapuram (1996), Bhopal, Chandigarh and Shillong (2002), Dehradun (2005) and Jammu (2007).^[1]

Facilities available to CGHS beneficiaries at present are -

1. OPD treatment and medicines from CGHS Wellness Centres.
2. Hospitalization at Government and CGHS empanelled hospitals.
3. Investigations at Government and empanelled Diagnostic centres.
4. Specialist Consultation at Government Hospitals.
5. The beneficiary can go to any CGHS Wellness Centre in the country
6. Reimbursement of expenses incurred for purchase of Hearing Aid, Hip/Knee Joint implants, Artificial Limbs, Pacemakers, ICD/Combo device, CPAP, BiPAP, Oxygen Concentrator etc., as per the CGHS ceiling rates and guidelines.
7. In case of emergency, CGHS beneficiaries can go to any hospital, empanelled or non-empanelled and avail medical treatment.
8. In case of emergency there is provision of reimbursement of expenses for treatment in private unrecognized hospitals
9. Medical consultation and dispensing of medicines in Ayurveda, Homeopathy, Unani and Siddha systems of medicine (AYUSH).
10. Issue of Medicines for up to three months in respect of treatment of chronic illnesses on the basis of valid prescription of Government Specialist.
11. Pensioners and other identified beneficiaries have facility for cashless treatment in empanelled hospitals and diagnostic centers; ·Family Welfare & MCH Services.

Facilities to CGHS beneficiaries residing in Non- CGHS Covered areas: Pensioners, who are eligible for availing CGHS benefits and living in Non-CGHS

covered areas have the choice to obtain a CGHS card from a nearby CGHS covered city. In view of the difficulties faced by such CGHS beneficiaries living in non-CGHS covered areas, they have been permitted to obtain in-patient /hospitalization treatment and follow up treatment from CS (MA) empanelled hospitals and ECHS (Ex-Servicemen Contributory Health Scheme) empanelled hospitals (in addition to the government hospitals) and claim the reimbursement at CGHS rates from the AD/JD of corresponding CGHS city, where their CGHS card are registered. ^[1,2]

Target Beneficiaries under CGHS are entitled to benefit from the scheme: ^[1,2]

All central government servants paid from civil estimates (other than those employed in railway services and those employed under the Delhi administration except members of the Delhi Police Force).

1. Pensioners drawing pensions from civil estimates and their family members (pensioners residing in non-CGHS areas may also obtain CGHS cards from the nearest CGHS covered city).
2. Judges of the Supreme Court of India
3. Ex-members of Parliament
4. Members of Parliament
5. Freedom fighters
6. Former Prime Ministers
7. Former judges of the Supreme Court and High Courts
8. Employees and pensioners of autonomous bodies covered under CGHS (Delhi).
9. Ex-Governors and ex-Vice Presidents
10. Accredited journalists

The comprehensive health care coverage of CGHS is unique in nature. The study is based on primary surveys to assess the level of satisfaction to the beneficiaries. The survey helped examine issues relating to the terms and reference

for the empanelment of service providers, beneficiary satisfaction and the feasibility of suggestions to reform the schemes by privatization, replacing them with health insurance or by enhancing the financial contribution by beneficiaries to provide for better quality health services to their beneficiaries. Since, the primary objective of the schemes is to ascertain the provision of high quality healthcare services to its beneficiaries, we believe that information on the level of beneficiary satisfaction under the schemes can be considered an indicator of whether the schemes are in fact meeting its objectives or not and where interventions is necessary. In this study, we analysed the overall satisfaction of beneficiaries with the schemes based on self reported patient satisfaction and measuring the comprehensiveness of the schemes for the reduction of the financial burden of healthcare expenditure. The data used in the study mainly comes from a primary survey conducted among the principal beneficiaries of CGHS,

empanelled private hospitals and has been collected from six cities out of total 25 CGHS Indian cities and the six cities were selected randomly for survey, they are: Ranchi, Kolkata, Patna, Jaipur, Shillong, and Allahabad. We adopted the stratified sampling method to select the respondents from CGHS beneficiaries. It has been arbitrarily fixed 412 principal beneficiaries of CGHS as a sample size for study objectives. This primary survey has been conducted during October – 2014 to October -2015.

Burden on CGHS Schemes: The CGHS has 10.26 lakh card holders with a beneficiary base of 33, 59, and 445 till 2009. These figures are continuously increasing and reached around 36.67 lakh in 2015. [2] The break-up of the membership profile is given in the table 1 and Fig 1. This increase in no of card holders in recent years has put a heavy strain on limited resources. So providing better quality of services to beneficiaries and their dependents is really a challenge.

Table 1: CGHS: Beneficiaries With Dependents in 2009 and 2015

Categories	Total No Of Beneficiaries With Dependents	
	2009	2015
Service	24,86,331	26,59,980
Pensioner	8,42,943	9,62,253
Others (Freedom Fighter, Mp's, Ex Mp's, Journalist, Family Permit Cards)	30,171	38,320
Total	33,59,445	36,67,795

At present, CGHS is providing facilities to about 36 .67 lakh beneficiaries (card holders and dependents). This includes about 26 lakh serving employees and their dependants and about 10 lakh pensioners and their dependants. CGHS has a network of 273 Allopathic and 85 AYUSH Wellness Centres, 73 labs, 19 poly-clinics, 19 dental clinics, 4 hospitals and 2 geriatric clinics (Delhi only). CGHS has also empanelled about 750 private hospitals and diagnostic centres. [2]

Expenditure on CGHS: The annual per capita expenditure for CGHS is more than Rs 5,000, whereas, the National Rural

Health Mission (NRHM) spends just Rs 180 per head as depicted in Fig 1a. The CGHS is financed mainly through the Centre's tax revenues. [2,15] Though beneficiaries do contribute a share of their wages towards premium, ranging from Rs 600 to Rs 6,000 a year depending on their pay scale, this account for just about 5 per cent of the total expenditure but the remaining 95 per cent by government as clearly shown in fig 1b.

The gradual increase of total expenditure has increased up to 1800 crore in 2015 as compared to 747.39 in 2006-2007. It is shown in Fig 2.

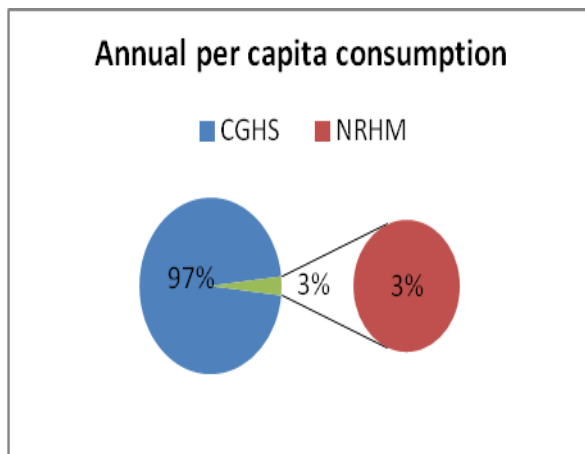


Fig 1a

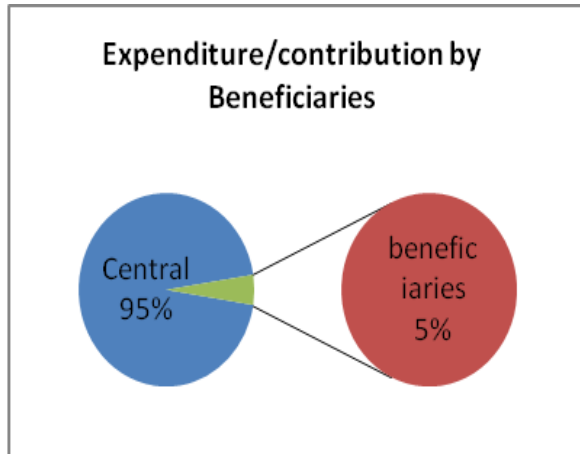


Fig 1b

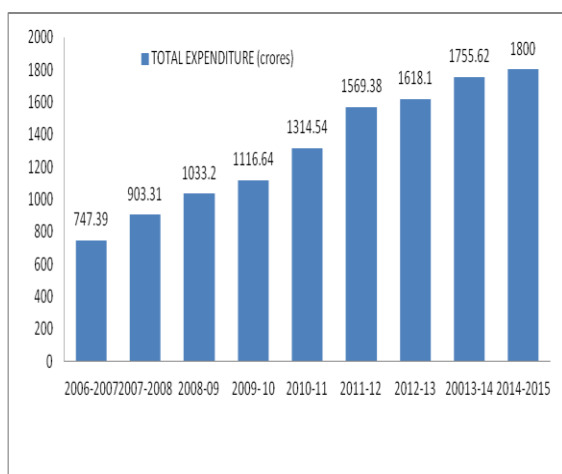


Fig 2: Annual Report of total expenditure (Crores) - 2006 to 2015

Almost 40 per cent of the cardholders are in Delhi and exhaust 60 per cent of the CGHS budget, followed by 8 per cent in Kolkata who consume about 4 per cent of the CGHS budget. [3]

Objectives of the Study:

1. To find the level of beneficiaries satisfaction in CGHS scheme.
2. To analyse the relevancy of health insurance scheme
3. Suggestion and suitable action plan for problems of beneficiaries in proving better health care facilities.

MATERIALS AND METHODS

Indicators of Beneficiaries/patient satisfaction [4-7]

1. Accessibility
 - Reaching the doctor over phone in case of emergency
 - Waiting time to get an appointment

- Waiting time to see doctor after appointment
2. Environment [7]
 - Ambience (comfort, lighting, hygiene, cleanliness, etc.)
 - Space, lack of crowding
 3. Behaviour of Doctor/Consultant
 - Listening to patient's problems
 - Explaining the problem to patient
 - Examination and diagnosis
 - Explaining prescription to patient
 - Total time allotted to patient
 - Overall friendliness/care
 4. Behaviour of staff and nurses
 5. Grievance redressal.
- A. **Behaviour of Doctors** - The most comprehensive description is provided by Beatrice et al. (1998) cited seven areas of patient centred care:
- respect for patients' values, preferences, and expressed needs
 - co-ordination and integration of care
 - information and education
 - physical comfort [7]
 - emotional support and alleviation of fear and anxiety
 - involvement of family and friends and
 - transition and continuity of care
- Since the relationship between doctors and patients are important for better delivery and outcome of healthcare in a patient-centric system, the behaviour of doctors towards beneficiaries has considerable importance in beneficiary

satisfaction. [8-12] In this study, we measure beneficiary satisfaction in terms of the behaviour of doctors under six headings mentioned in results.

RESULTS

The responses towards behavior of doctors in CGHS WC in all headings are well and good except allotment of sufficient time to each patient as shown in Fig 3. This is because of over stressed in CGHS scheme due to increase no of beneficiaries and limitation of timing and resources.

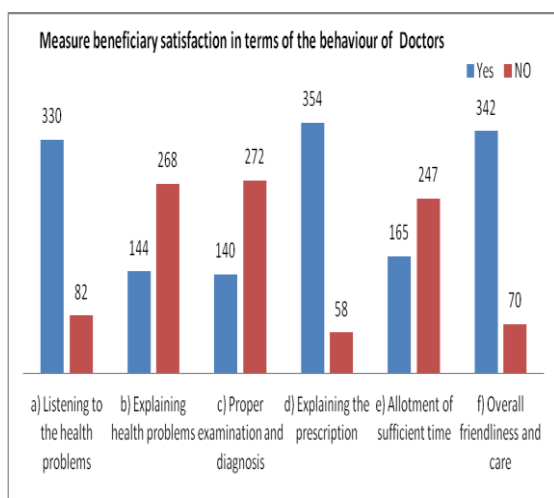


Fig: 3 - Responses about Behaviour of doctors in terms of beneficiaries satisfaction – primary data

The beneficiaries satisfaction as mentioned in their questionnaires are clearly depicted in fig 4, that beneficiaries are satisfied with facilities except for insurance health scheme and superspecialities center or facilities. This may be because of lack of awareness, various terms and conditions, type of coverage, charges, packages of health insurance, beneficiaries contributions and any add on services. There may be lack of sufficient centers of speciality/superspeciality. Therefore, it is important to clarify issues and concerns about the structure, modalities and benefit packages of the proposed health insurance and other policies/implementations for the beneficiaries before launching it in broad way.

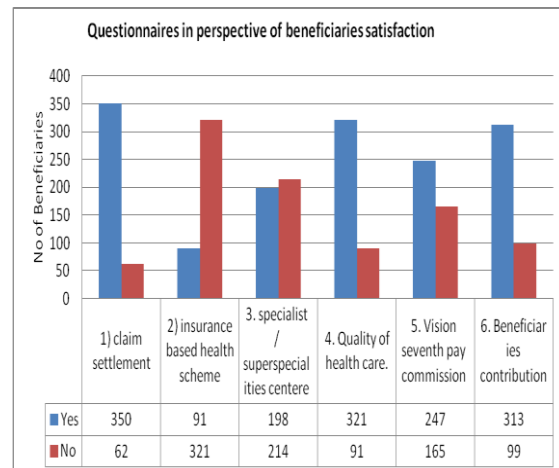


Fig 4 Responses Questionnaire about the beneficiaries satisfaction: - Primary data

Table 2: Length of Delay In No. Of Claim Settlements: Primary data

DURATION	PERCENTAGE
Within 1 month	7
Within 1-3month	41
Within 3-6 month	33
Within 6- 9 month	15
Beyond 9 month	4

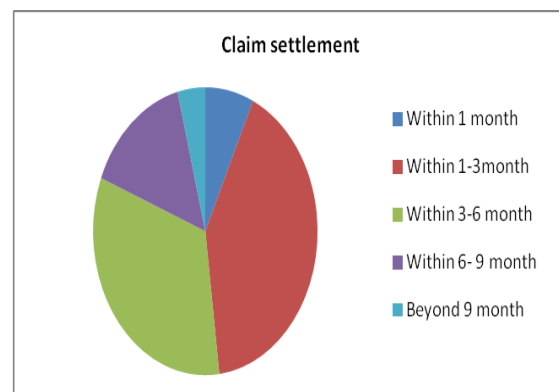


Fig 5 – Duration of claim settlement

The most of the claim settlement is within six month as shown in table 2 and fig 5. It has been found that most of the delays are due to improper documentation, lack of awareness and communications of beneficiaries. Some times and somewhere it is due to lack of staff strength and increasing pressure on CGHS, which results in less than satisfactory services being provided to its beneficiaries.

DISCUSSION

Pay commission and insurance scheme: The 4th pay commission had suggested that feasibility and modalities of an Insurance Scheme for government employees in lieu

of medical reimbursement may be considered by the government. [8] The 6th CPC had recommended introduction of a health insurance scheme for Central Government employees and pensioners. It had recommended that for existing employees and pensioners, the scheme should be available on a voluntary basis, subject to their paying the prescribed contribution. It had also been recommended that the health insurance scheme should be compulsory for new government employees who would be joining service after the introduction of the Scheme. [8]

The 7th Pay Commission strongly recommends health insurance scheme for Central Government employees and pensioners. Pensioners residing outside CGHS areas are entitled to Fixed Medical Allowance (FMA) has to be raised to Rs.2000 with DA thereon for their OPD/IPD needs. [8,13,14]

Provision of Medical Facilities for Pensioners Living Outside CGHS Areas (7th CPC)

Pensioners residing in non-CGHS areas have three options. [8]

- First, they may draw FMA. In this case, pensioners will have to make their own arrangements for both IPD and OPD treatment.
- Second, pensioners may draw FMA for OPD and avail CGHS benefits for IPD from the nearest CGHS city after making the required subscription to CGHS card.
- Third, pensioners may avail CGHS facility both for OPD and IPD from the nearest CGHS city after making the required subscription to CGHS.

In case of emergency, pensioners, under the second and the third options, can take treatment in a private hospital empanelled under CS (MA)/Ex-Servicemen Contributory Health Scheme (ECHS) or any private hospital in the domicile city. However, such pensioners will have to

make payment upfront for their treatment and thereafter seek reimbursement from CGHS. This reimbursement is capped at CGHS rates. [8] The replacement of CGHS with health insurance is expected to provide beneficiaries with wider facilities and quality healthcare. It is also expected that the step would not only make the scheme financially self-sustainable in the long run but also will reduce the administrative burden of verifying bills and/or expanding public sector medical infrastructure that now falls on the government. [15] Since the ECHS has been following the CGHS as its role model, it can be expected that ECHS also will be gradually replaced by health insurance. [13]

Health Insurance: Future perspectives

The Commission strongly recommends the introduction of health insurance scheme for Central Government employees and pensioners. In the interregnum, for the benefit of pensioners residing outside the CGHS areas, the Commission recommends that CGHS should empanel those hospitals which are already empanelled under CS (MA)/ECHS for catering to the medical requirement of these pensioners on a cashless basis. [8,14]

This would involve strengthening of administrative capacity of nearest CGHS centers. The Commission recommends that the remaining 33 postal dispensaries should be merged with CGHS. The Commission further recommends that all postal pensioners, irrespective of their participation in CGHS while in service, should be covered under CGHS after making requisite subscription. The Commission recommends that possibility of such a combined network of various medical schemes should be explored through proper. [8]

Further, we have examined recent proposal to replace gradually the CGHS scheme with health insurance in terms of the response of beneficiaries towards such a proposal. We found that a majority of the beneficiaries reject the proposal. The

major reason for the response could be the lack of awareness of the various terms and conditions of health insurance. The government may also consider making enrolment in the proposed new health insurance scheme compulsory not only for new recruits and pensioners but for all existing beneficiaries as well. Since the proposed health insurance scheme expected to ensure better access to high quality healthcare without any financial burden on beneficiaries other than the premium payment. For better management of the scheme and to ensure rational Utilization of resources under the schemes, it is necessary to develop a proper management information system under the schemes. ^[14] For example, there is no database on the details of reimbursement given to serving employees by various ministries. Besides, these expenditures are reported under different headings by respective ministries. The medical expenses to those beneficiaries who are serving employees are being reimbursed directly to them by their respective ministries but in the case of pensioners, the expenses are directly reimbursed to empanelled private healthcare providers from CGHS and ECHS. Consequently, we do not have a single estimate on the total outlay under the two schemes.

Analysis and requirement: CGHS has benefited a sizeable number of government employees and pensioners. The 7th Pay Commission notes that the pressure on CGHS has been increasing over the years. This has been adversely affecting its efficient functioning many a times. However, the commission is of the view that services provided by CGHS are valued by a number of employees and most of the pensioners. The commission has recommended -- (i) Expansion of CGHS to more areas and (ii) Strengthening of the existing facilities under CGHS. CGHS dispensaries are presently operational in 25 cities. The government is opening at least one CGHS

Wellness Centre in 12 more cities. The Commission notes that with this addition, almost all the state capitals will be covered under CGHS. It is recommended that all postal dispensaries should be merged with CGHS and all postal employees including retired postal employees be covered under CGHS, wherever available. It is noted that out of 52 postal dispensaries, 19 have been merged with existing CGHS centers. ^[16]

CONCLUSION

The study is based on the findings of a primary survey in six cities of the country among CGHS beneficiaries. Additionally, it highlights the latest proposals to replace some of the contributory schemes with health insurance. We have devised a number of satisfaction parameters for measuring the level of satisfaction of beneficiaries with healthcare services in CGHS dispensaries/polyclinics along with the services in empanelled private healthcare facilities. We have found that patients are relatively more satisfied with private healthcare services than with dispensaries-polyclinics and need specialist and superspeciality care in CGHS empanelled government and private healthcare providers center/ hospitals. The renovation of the facilities at CGHS dispensaries is necessary to ensure better healthcare delivery under the Central scheme. There is no significant difference regarding satisfaction in the case of services by private healthcare service providers. Suitable policy measures need to be introduced to enhance the quality of healthcare service provision in CGHS dispensaries-polyclinics to minimise the expensive expenditure of the beneficiaries. To further the idea, the schemes need to introduce more 'patient centered' treatment practices at CGHS dispensaries/polyclinics. Moreover, the introduction of proper incentives for doctors and supporting staff at polyclinics and dispensaries might facilitate the

patients with better healthcare delivery. The ‘pay for performance’ measure that has been introduced in several developing and developed countries can be implemented. Also, the availability of necessary medicines and drugs also needs to be increased at the CGHS facilities. Given the fact that the beneficiaries are willing to contribute more for better healthcare, their financial contribution towards the scheme should be increased significantly to ensure long-term, financial sustainability of the scheme. As per estimation after implementation of the 7TH Pay Commission recommendations, an increase in beneficiaries’ contribution would hardly have a major effect in their household budget. The primary concern of the beneficiaries is focused on low prices for the services and the unnecessary delays in reimbursement. On the part of empanelled private healthcare providers, we found that they are also discontent with the exit fee and bank guarantee clauses. In order to ensure better healthcare services to beneficiaries, the schemes should address the issues raised by private healthcare providers. The increase in the cost of health care inputs should be taken into account while revising the cost of services of the empanelled healthcare providers. The CGHS should review whether the exit fee and bank guarantee clauses would add value in terms of better management of the schemes and improve the quality of partnership with private healthcare providers. If they do not, it is better to do away with the clauses, significantly to ensure a long-term, healthy and sustainable partnership; a collaborative and transparent approach with private healthcare providers should be followed.

Future perspective in terms of Beneficiaries satisfaction

CGHS should be extended and improved: It has also been demanded that facilities offered by CGHS should be strengthened and more private hospitals

should be empanelled in such a way that they are nearer to the residences of different clusters of the beneficiaries.

ACKNOWLEDGEMENT

We sincerely thank to duty doctors (CGHS) of wellness centers of six Indian cities to carry out our work.

Limitations:

1. The data has been collected from six out of 25 cities. Hence the findings and conclusion has its own limitations.
2. Because of acute shortage of time and geographical restriction, no probability sampling technique has been used.

Conflict of Interest: None.

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Abbreviations

CGHS – Central Government health service
 CPC – Central pay commission
 ECHS - Ex-Servicemen Contributory Health Scheme.
 FMA - Fixed Medical Allowance.
 NRHM - National Rural Health Mission.
 WC – wellness center
 AYUSH – Ayurvedic, Unani, Siddha systems of medicine, Homeopathy.

Appendix A

Central Government Health Services (CGHS) in perspective of beneficiaries' satisfaction

PERSONAL DETAILS

- Name : -
- Age : - a) 20 -30 Years b) 30-40 Years c) 40-50 Years d) Above 50 Years
- Gender : -
- Inservice /Pensioner
- Qualification : a) High school b) Bachelor's Degree c) Master's Degree d) Doctorate Degree

Questionnaire

A. Behaviour of doctors towards beneficiaries : -

- | | |
|--|------------------|
| 1. Listening to the health problems - | Ans : - Yes / No |
| 2. Explaining health problems - | Ans : - Yes / No |
| 3. Proper examination and diagnosis. - | Ans : - Yes / No |
| 4. Explaining the prescription - | Ans : - Yes / No |
| 5. Allotment of sufficient time - | Ans : - Yes / No |
| 6. Overall friendliness and care - | Ans : - Yes / No |

B. Beneficiaries satisfaction

1. Is there delay in claim settlement?
Ans: - Yes / No
2. Whether insurance based health scheme will be better than present service of CGHS.
Ans: - Yes / No
3. Whether there is sufficient specialist / superspecialities center for CGHS beneficiaries.
Ans: - Yes / No
4. Does CGHS provide better quality of health care?
Ans: - Yes / No
5. Do u think seventh pay commission will over all strengthen CGHS facilities?
Ans: - Yes / No
6. Do you think beneficiaries' contribution as per their wages is very meager?
Ans: - Yes / No

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