ALL INDIA
Regn. No. S/00108/NE-/2010
RETIRED BHARAT SANCHAR NIGAM LIMITED EXECTIVES' WELFARE ASSCOATION
CENTRAL HEAD QUARTERS, NEW DELHI
CHQ ADDRESS: C-8/230, Yamuna Vihar, Delhi-110053 www.aibsnlrtd.org

President	General Secretary	Financial Secretary
Kishan Singh	Prahlad Rai	A.K. Jain
M.9968270611	M.9868278222	M. 9868838466

Email to GS: airbsnlewa.gs@gmail.com

No. AIRBSNLEWA/ Secy(H&FW)/2019-20/ Dated:04/01/2020

To,
Ms. Preeti Sudan
Secretary (H&FW)
Ministry of H&FW
Nirman Bhavan, New Delhi-110011

Sub: - REVAMPING OF CGHS –Our suggestions thereof.
Ref: -DAVP 17139/11/0007/1920

Respected Madam,

All India Retired BSNL Executives' Welfare Association extend sincere gratitude and thanks for revamping the CGHS facilities. Several good initiatives and decisions has been taken by Ministry of H&FW for making more convenient to CGHS facility for its felicitators. All India Retired BSNL Executives' Welfare Association representing over 10,000 BSNL retired executives throughout the country suggest the following for your kind consideration:-

The one on Insurance Based Coverage for In-Patient Care to any Hospital, as Insurance providers do not cover OPD Medicare. So OPD care may continue to be delivered by CGHS:

"In order to be effective, we believe that the system needs to address all the suggestions given below, which may however, be a tall order. Since that may not materialize, the Govt. may consider approving the following alternative principle:-

Revamping the CGHS OPD system with improved services for OPD Care for Serving Govt. Servants, and a Cashless Insurance Based System for both Serving Govt. Servants and Pensioners for In-Patient Care, including Physiotherapy, where they can go to any Hospital, without any referral from the CGHS. The OPD requirements of the Pensioners may be outsourced to Empanelled Hospitals/Diagnostic Centers, as has already been done for those over 75 years of age. It however, needs to be ensured, as suggested in Point (2) below, that the Empanelled Hospitals/Diagnostic Centers, do not give second class treatment to CGHS beneficiaries, as many of them are currently giving and discriminating, and discontinuing CGHS services abruptly. The Sr. Citizens, at the far end of their lives, deserve respect, if nothing more. This arrangement for Pensioners should in no way foreclose their option to go to any Govt. setup including the CGHS OPD, for which they have already contributed for life as Pensioners. The CGHS OPD is necessary, as Insurance providers do not generally cover OPD Medicare.

The following are the suggestions for Revamping the CGHS OPD System:-

(1) Overcrowding at Dispensaries / Wellness Centers (WCs)

This is the biggest problem faced at every Dispensary / WC and at every stage, a patient goes through; namely:-

i) Crowding due to large number of CGHS Beneficiaries;

ii) Shortage of MOs/ low frequency of visits by Specialists for Consultations;

iii) Getting permissions / Referrals, even for minor Diagnostic Tests

iv) Getting medicines (i) Stocked medicines (ii) Indented medicines

v) Crowd management.

Causes & Solutions:

(i) Crowding due to large number of CGHS Beneficiaries. Solution:

Detaching Pensioners / Pensioners entitled to Private Wards from WCs

a) Age withers man. A huge majority of the patients in WCs consist of Pensioners. It‟s painful to see Pensioners standing in lines for every activity as mentioned above, at the fag end of their lives. It would go a long way in reducing crowds at WCs, if we could reduce their visits, by detaching them from the WCs, which will be helpful for everybody. This could be achieved, as already mentioned in para 1 above, by outsourcing the OPD requirements of the Pensioners to Empanelled Hospitals/Diagnostic Centers as has already been done for those over 75 years of age, and a Cashless Insurance Based System for medical issues needing In-Patient Care, including Physiotherapy, where they may go to any Hospital, without any referral from the CGHS. It may however, be ensured, as suggested in point (2) below, that the Empanelled Hospitals/Diagnostic Centers, do not give second class treatment to CGHS beneficiaries, as many of them are currently giving, and discontinuing CGHS services abruptly. The Sr Citizens, at the fag end of their lives, deserve respect, if nothing more. This arrangement for Pensioners should in no way foreclose their option to go to any Govt setup including the CGHS OPD, for which they have already contributed for life as Pensioners.

b) Vide OM No. Z 15025/35/2019/DIR/CGHS/CGHS (P) dated 29.5.2019 and 27th June 2019, Govt has already allowed direct and Cashless Consultation with Specialists at CGHS empanelled hospitals in respect of CGHS beneficiaries aged 75 years and above. The above proposal would only require lowering the threshold from 75 years to 60 years, the age at which the beneficiary retires. However, in case the Insurance Based Cashless coverage is not approved, and lowering the threshold from 75 to 60 years is also not done, the minimum that can be done is to extend this facility to “Pensioners entitled to Private Ward Facility‟.

c) Available Medicines however, may continue to be got from the CGHS dispensaries only, for which there may be separate counter and que for Pensioners. Non available medicines could be got by the Patients through indents to the ALCs or purchased from the Market, if not available and reimbursed later.

(ii) Shortage of MOs/ low frequency of visits by Specialists for Consultations Solution:

Creating/Filling up vacancies of MOs in WCs having high footfalls for correcting the dismal Doctor to Patient Ratio. HealthCare being the ”most essential utility service‟, the general ban on creation and filling up posts, may not apply to CGHS, and the concept of creating „Leave Reserve Posts‟ may be introduced for managing absences of leave etc. Sanctioned strength can be increased by creating leave reserve posts and hiring retired Doctors on contract, if regular Doctors are not available.

(iii) Crowding for getting permissions / referrals to empanelled hospitals/diagnostics. Solution:

Pending detaching of all Pensioners from CGHS Dispensaries / WCs as proposed in Point (i) above, the Pensioners below 75 years of age, entitled to 'Private Ward facility' may be allowed to get Direct Cashless Consultations and Diagnostic Tests from Empanelled Hospitals /Diagnostic Center, without referral from CGHS. In case Cashless Direct Consultation is difficult, even for Private Ward entitled Pensioners, then as a last option, reimbursements from the CGHS, in respect of such Pensioners below 75 years of age, could also provide some relief and reduce crowding at WCs. In any case there should be no need to get referrals for only Diagnostic Tests from empanelled centers, for Pensioners entitled to 'Private Ward' facility, for facilitating the CGHS Specialists to prescribe the medical procedure required in a single visit. It is highly unlikely that such private ward entitled pensioners, would indulge in getting unnecessary Blood Tests or Scans or Consultations. This would go a long way in reducing the crowds at the WCs, by saving at least one physical round of such Pensioners. Available Medicines however, may be got from the CGHS dispensaries only. List of available/non-available medicines should be displayed prominently in the WCs and updated on a day to day basis, for enabling MOs to write prescriptions of Available Medicines. Non available medicines could be got by the Patients through indents to the Authorized Local Chemist (ALCs) or purchased from the Market, and reimbursed.

(iv) Getting medicines (i) Stocked medicines (ii) Indented medicines.

(**a) Strict implementation of OM. F.No 2-2/2014/ CGHS HQ/ PPT/CGHS(P) dated 21.10.14 clearly says 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 1 month at a time only. 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.

This is an avoidable inconvenience for the patients for having to do this exercise every month. It is also observed that all the medicines are not issued in one go. Non available 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 WCs

(b) List of available/non-available medicines to be displayed prominently in the WCs and updated on a day to day basis.

MOs should write down on prescription itself, whether medicines prescribed by them are available or not. Available Medicines may be got from the CGHS dispensaries only, for which there may be separate counter and que for such Pensioners/ Private Ward entitled Serving Officers. Non available medicines could be got by the Patients through indents to the ALCs or purchased from the Market, if not available and reimbursed.

(c) Imported medicines. As already existing in the case of Personal License medicines, applications for Custom Duty Exemption Certificate (CDEC) for importing medicines may also be made ONLINE by the CGHS Beneficiaries directly to the Ministry of Health & Family Welfare, and not by the Medical Stores Depot (MSD). The medicines may however, be got from the WCs or the MSD, as per convenience of the Beneficiary, who may indicate his/her option of receiving the medicines to the WC.

(v) Online Registration for Consultation & Introduction of Electronic Token System for Crowd Management.

(a) Provision for Online Registration for Consultation with MOs and Specialists at WCs and SMS Alerts for Online Appointment and dispensation of medicines.

(b) Patients have to keep standing, awaiting their turn due to scarcity of chairs. Sufficient number of chairs should be provided in the waiting areas outside the MOs chambers.

(c) Electronic Display of waiting list Token Numbers should be made outside every MO's Chamber, as is done in private hospitals and banks. This will streamline the waiting system and prevent queue jumping.

(2) Timely Payments and Enforcing Discipline and Transparency by Empanelled Hospitals/ Diagnostic centers.

(a) As the Empanelled Hospitals/Diagnostic Centers are not covered under the RTI, they do not display their liabilities and terms of agreements with the Govt, as agreed to in the MOUs, and more often than not, give second class treatment to CGHS patients, by feigning non-availability of Beds / dedicated Specialists/Doctors etc as mentioned in Point (5) of proposals sent by CGPWA and Point (6) of proposals sent by Bharat Pensioners Samaj, are some of the problems faced. To overcome these, the MOUs with the Empanelled Hospitals/Diagnostic Centers should be displayed on their Notice Boards and Websites, as also on the CGHS and Ministry of Health Websites.

(b) Enforcing discipline and transparency by Empanelled Hospitals/Diagnostic centers may be a part of the MoUs. Penal measures for breach of discipline or contract may be enforced. The empanelled hospitals/diagnostic centers cannot be allowed to give second class treatment to CGHS Beneficiaries. A grouse for doing so, is the delay in payments to the empanelled hospitals. The Govt being the ideal business agency and employer must devise measures to make timely payments, through ONLINE modules, within a month after receipt of complete papers, where-after the empanelled agencies may be entitled to penal interest at prevailing bank rates. The outer limit for calling supporting documents must be a fortnight, where-after, the Bills may be treated as final, in case the fault is from the Govt side. Likewise empanelled hospitals may also be bound to send documents called for, within a fortnight, where-after the Bill could be treated as final, without paying charges for the items in the documents called for. This aspect may be examined further and worked out by the Govt thoroughly.

(c) Payment for non-emergency services upto a prescribed limit, eg. upto Rs 5000/- by non-Gazetted Officers, Rs 10,000/- upto DS level (PB 3) and Rs 20,000/- for Director (PB4) above may be made by the Beneficiaries to the Empanelled Hospitals directly, and reimbursed from their Departments/CGHS. Since Pension is 50% of last pay, the limits for Pensioners could be half of the above rates."

(vi) Diagnosis by Doctors: - It is regretted to point out that CGHS Doctors at Mumbai don't do physical examination of the patients, they don't even use stethoscope. The trust between doctors and patients is very low. The confidence of the patients in the diagnosis of CGHS Doctors needs to be improved.

(vii) Supply of medicines: - The beneficiary goes to Wellness Centre again to collect the medicines by spending for conveyance besides time if medicines are not available in the first instance. It is suggested that the beneficiary may be authorized to buy the medicines from the market and reimbursement may be made by the Wellness Centre when the beneficiary visits Wellness Centre next time. Or the medicines may be arranged to be sent through courier by the supplier to the beneficiary at the cost of beneficiary.

Some of our members out of their experience say that the generic medicines are not suitable to them in chronic illness or in the cases of life saving drugs. It is suggested that in all such cases branded medicines should be given.

Medicines may be given for a period of three months wherever lifelong treatments are needed to avoid repeated visits to Wellness centers by the senior citizens.

The senior citizens continue to consult their family doctors and so the prescriptions of their family doctors should be endorsed by the Wellness Centre's.

(viii) Pensioners' (Senior Citizens') specific issues: - Cost of denture and many other dental treatments need to be covered by CGHS. The reimbursement rate of expenses on cataract surgery is to be aligned with the cost prevailing in the market. The orthopedic treatments need more liberalization.

(ix) For both Pace Maker Implanting and Angiogram CMO of WC refers the case to Govt Hospitals and after their approval case is sent to empanelled hospitals. This should not be. The Doctors of WC should be empowered to authorise for such cases like pace maker, angioplast , angiogram and bypass operation when prescribed by empanelled hospitals. CGHS beneficiaries should not be sent to Govt hospitals in any case.

x) For chronic disease medicines can be prescribed for 3 months. However, if that medicine falls under Indented category, WC Dr is authorized to prescribe only for 1 month: It is present practice. This has to be changed, so that irrespective of category, WC Dr can prescribe for 3 months.

(xi) Practice of attaching copies of bank's mandate form & cancelled cheque with each and every medical claims may be dispensed with.

It should be done only at the beginning and at the time of change of bank (by beneficiary).

(xii) It is observed that some doctors of HCO do not attend CGHS beneficiaries. Only some selected doctors attend CGHS beneficiaries. This should be changed. All doctors of HCO are to be compelled for treatment of CGHS beneficiaries.

(xiii) Sometimes printers (usually 2 per WC) go faulty. Hence 1 back-up printer is to be provided per WC.

(xiv) Sometimes Internet connectivity gets snapped. Leased line from BSNL is to be installed at each WC for uninterrupted Internet connectivity.

We would, therefore, request you to kindly intervene in the matter and direct the concern officers of Ministry of H & WF for the resolutions of above mentioned issues.

With high regards,

Yours Sincerely,

(Prahlad Rai)
General Secretary

Copy to

1. Shri Anshu Prakesh ji, Secy(T), DoT, Govt. Of India, New Delhi-110001
2. Special Secretary (Health), Ministry of H&FW, Nirman Bhavan, New Delhi-110011