

Financial counselling for patients in a Restructured Hospital

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Objective

To implement a system to perform financial counselling for patients across various admission types / resident status & subsidy levels

Outline of the project

The Public Restructured Hospitals in Singapore provide inpatient and outpatient medical treatment to Singaporeans, Permanent residents, foreign workers and foreign residents as well. To help patients stretch their healthcare dollar, the hospital provides financial counselling to all patients so that they have the information to select the appropriate choice of ward class when seeking treatment.

With the implementation of means testing in public hospitals for residents from Jan 2009, the process of Financial counselling had to be revamped to cope with the added complexity (with 96 subsidy levels) when estimating bill sizes for the treatment across X number of disciplines.

With the variety of resident status, increasing number of treatments and constantly changing costs, the Hospital had to find a solution to adequately provide financial counselling to patients so as not to stress them with a bill beyond their reach.

Method

A committee was set-up to look into this project. It was headed by top management (COO & CFO) and includes senior staff representation from EMD (Emergency Medicine), Admissions, SOC Listing (Specialist Outpatient Clinic), MSS (Medical Social Services), SQ (Service Quality), IT (Information Technology), Nursing & representatives from partner Institutions.

The committee tracked the patient journey where financial counselling is first provided and reviewed when patient goes through Pre-Admission, Admission and upon discharge from the hospital.

Taking into consideration the social responsibility of Public Restructured Hospitals and the current poor economy, the committee also empowered the frontline staff so that they have adequate information to help patients initiate the appeal process (for more subsidy) if financial difficulty is expressed during financial counselling.

To implement a robust financial counselling system, the committee went through the following stages:

- a) Collect all existing bill sizes generated manually by various departments
- b) Identify the bill components (eg. Ward class, Lab investigations, Facility fee, surgeon fee, medication)
- c) Walk through the Appeal Process
 - Retest the subsidy band extronically
 - Express approval for hardship eg retrenchments, social welfare cases
 - Decentralised appeals for straightforward cases @ multiple patient contact points
 - Review of non straightforward appeals by Medical Social Workers
- d) Centralised the Forms (Appeal, Medisave, Consent, EBS, MMP, Insurance Claim)
- e) Creation of Electronic Financial Counselling module in SAP

Results

The success of the implementation can be judged from the customer feedback so a detailed analysis of the number of complaints due to inaccurate bill estimates was done three months prior and 3 months post implementation. This results showed that there were no significant increase ($p < 0.001$).

Conclusion

As there does not seem to be a significant jump in complaints, we can currently conclude that the implementation so far is a success.

Future developments to improve patient experience would be to implement digital signatures on the electronic forms which would speed up the transfer of documents and archiving for future retrieval.