Increasing Conversion Rates for Surgery Through Interventions in the Counseling Department

By

Ashima Singla

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

Increasing Conversion Rates for Surgery Through Interventions in the Counseling Department

By

Ashima Singla

Dissertation submitted in partial fulfillment of award of

MBA Hospital and Health Management

Academic year, 2017-2019

Sankara Eye Hospital, Coimbatore

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Ashima Singla**, student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Sankara Eye Hospital, Coimbatore from 6th February to 5th May, 2019.

The Candidate has successfully carried out the study assigned to her during internship training and her approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

Col. (Dr.) Ashok Kaushik
Dean (Academics and Students' Affairs)
The IIHMR University, Jaipur
14 May 19

Dr. Tanjul Saxena (For Dr. Saxena)
Associate Professor
The IIHMR University, Jaipur

SRI KANCHI KAMAKOTI MEDICAL TRUST
SANKARA EYE HOSPITAL

INTERNSHIP COMPLETION CERTIFICATE

The certificate is awarded to

Ashima Singla

In recognition of having successfully completed her
Internship in the department of

Operations

And has successfully completed her Project on

"Determining the Impact of Counseling Department on Outpatients and Analyzing the Factors Leading to Uptake of Inpatient Services"

Date: Feb 6th to May 5th, 2019

Organization: Sankara Eye Hospital, Coimbatore

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning.

We wish her all the best for future endeavors.

Kowsik Krishnamoorthy
Manager
(Operations and Partner Relations)

S.K.K.M.T. CBE-35

Bharath Balasubramaniam
President
(Operations and Administrations)

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled Increasing Conversion Rates for Surgery through Interventions in the Counselling Department and submitted by (Name) Ashima Singla .....Enrollment No IIHMR-U/01/2017-2019/0545 under the supervision of Dr. Tanju Saxena for award of MBA in Hospital and Health Management in Health and Hospitals of the University carried out during the period from 6th Feb. 2019 to 5th May 2019.....embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Ashima Singla
Signature

Abstract

The objective of counseling department is to guide, help and provide alternatives to a patient according to their need by considering their constraints. And in the ophthalmic healthcare setup, it holds an immense importance to make people aware about the existing healthcare facilities and the requirement of timely treatment for the widely neglected organ of the body, i.e., an eye. So, a study was conducted at the Sankara Eye Hospital, Coimbatore with an objective to increase the conversion rates for surgery through interventions in the counseling department. The study design chosen was retrospective and observational and the sample was purposively chosen and consisted of counselors and the patients who visited the counseling department from January 2018 to March 2019. The significant reasons that came into highlight that led to patients not being converted for surgery were incomplete patient records (phone numbers), irregular follow-ups, improper counseling about packages, insufficient guidance to unfit patients. Therefore, absence of practicing some of the major SOPs by the counselors affected patient's critical decision making and learning experience.

Acknowledgements

I express my deep sense of gratitude to Mr. Bharath Balasubramaniam (President), for providing me the opportunity to pursue training at the Sankara Eye Hospital, Coimbatore.

I would like to thank to my mentors, Mr. Kowsik Krishnamoorthy (Manager – Operations & Partner Relations) and Mr. Kanagaraj (Head – Business Development), for their valuable time and guidance at various stages of my training period.

I would also like to thank my mentor, Dr. Tanjul Saxena (Associate Professor) for her timely guidance, which I have received from her.

At last, I am greatly thankful and indebted to my family and friends for constant belief in me and support.

Sincerely,

Ashima Singla

Table of contents

List of figures

1. Introduction:

Counseling department holds a great significance and contributes largely in an ophthalmic setting of care. This department stands as a crucial pillar for both the organization (to communicate and deliver its services to the large vulnerable population) and the beneficiaries (to ensure that they realize the importance of human eye and necessity of its care by accepting the required treatment as per the required time). There are certain things about the department such as layout and infrastructure, channeling of the required information, skills and behavior of the counselor etc. that could affect patient's decision making on great terms and therefore the conversion rates, i.e., the patients who are advised surgery are getting it done too after the proper counseling. This conversion rate's statistics is of paramount importance in deciding the numbers of revenue generation of the organization. And for the organization like Sankara Eye Hospital, where for the 80% of the beneficiaries, 20% beneficiaries' contribution act as one of the supporting pillars, one's attention is automatically inclined towards converting those 20% for the respective treatment to the maximum possible numbers.

Recently, the organization was facing problems with its conversion rates. So to analyze the reasons for the same, a study was conducted on the major revenue generating department of the organization, i.e., the counseling department.

1.1 Aim:

To increase the conversion rates for surgery through interventions in the counseling department.

1.2 Objectives:

1.2.1 To analyze the performance of the counselors viz-a-viz current SOPs of the department.

1.2.2 To analyze reasons given by the patients to accept any advised treatment/surgery.

1.2.3 To suggest and implement recommendations to increase patient conversion rates.

2. Literature Review:

- A study was conducted by **Stein et al (2016)** on sustainable model for delivering high-quality, efficient cataract surgery in Southern India and the observations were contributing factors to the economic care at the Aravind Eye Care include the domestic manufacturing of supplies, the use specialized workforce and protocols. The system can help improve the delivery of cataract surgery and other ambulatory care surgeries in India and abroad.
- **Haripriya et al (2015)** studied counseling's effect on patient's knowledge suffering from cataract, decisional factors and satisfaction level. The conclusion drawn was that the counseling improves related knowledge and reduces the factors enabling to opt for cataract surgery. Increased use of proper counseling would help further in reducing the global burden of cataract and associated risks.
- **Ayme et al (2014)** did a population based study on factors of genetic counseling uptake and its impact on breast cancer outcome. The conclusion was a big difference was observed in its use over long time and observed that breast cancer patients with genetic factors had more often genetic counseling than those with moderate familial risk. A more thorough evaluation of socio-demographic and clinical predictors to attend the cancer genetic would help to improve the use of services of genetic counseling for risk prone individuals at a population level.
- **Rao et al (2014)** did a study on barriers to follow-up for pediatric cataract surgery in Maharashtra, India and how regular follow-up is important for good outcome. They came up with the results that there is a need for a more active follow-up after pediatric cataract surgery. This could be done by patient education, subsidizing follow-up visits, and networking with other eye care practitioners. The end result would be a child with better visual acuity after pediatric cataract surgery.
- **Jin et al (2012)** studied on a randomized, controlled trial of an intervention increasing the cataract surgery acceptance in rural regions of China. They concluded that the proper education can help for imparting the knowledge that cataract can be only treated surgically may be more effective in increasing uptake in this setting.
- **Lacey et al (2009)** studied the barriers related to glaucoma medications and found out that the particular hurdles to adherence with anti-glaucomatous treatment should be understood as early as possible after diagnosis. A tailored approach to patient care

with initial education about the consequences of drop out patients and longer-term feedback related to medications may improve patients' motivations for continuing the treatment. Other research should focus on different investigating methods through which primary education about glaucoma and its management should best conveyed to patients.

- **Dulal et al (2004)** researched on barriers to increase cataract surgery in Gandaki Zone, Nepal. The conclusions drawn were that the awareness on cataract, its related eye education and its curability is not found to be adequate. Therefore, the future cataract related programs should give more focus on creating awareness on cataract and other available surgeries and service need to be brought to more proximity for the needy and poor people.
- **Allan et al (2002)** evaluated basic understanding on behavioral counseling intervention. In this The Counseling and Behavioral Interventions Work Group of the United States Preventive Services Task Force (USPSTF) was hired to address adapting existing USPSTF methods which they have address the issues and challenges raised by behavioral counseling intervention.
- **Kumar (1998)** conducted a study on the role of patient counselors in increasing to opt for cataract surgeries and concluded that counseling improves the opting behavior of the patients and builds up their confidence which in turn increases motivation in the population to go and avail the eye care services as well the IOL surgery. This helps the organization to attain both the trust of the community.

3. Methodology:

3.1 Study design: Retrospective and observational

3.2 Research method: Experimental (pre-observation, observation, post-observation)

3.3 Study setting: Sankara Eye Hospital, Coimbatore

3.4 Duration of the study: February 2019 – April 2019

3.5 Study population:

3.5.1 Inclusion criteria:

Counselors

Patients visited counseling department from January 2018-March 2019

3.5.2 Exclusion criteria:

Patients not referred to counseling department and who showed unwillingness to participate in the study.

3.6 Sampling technique: Purposive sampling

3.7 Sample size: 3 counselors, 127 non-converted patients

3.8 Data collection procedure:

3.8.1 Observational (using Standard Operating Procedures)

3.8.2 Face to face informal discussions with the counselors

3.8.3 Telephonic interviews with patients using unstructured questionnaire

4. Observations and results:

- ☐ For the objective 1, i.e., to analyze the performance of the counselors viz-a-viz current SOPs of the department, the following gaps were identified:
    - Improper record keeping of the patients (missing phone numbers etc.) by the counselor
    - No use of modeling aids (such as eye models, different lenses etc.)
    - No brochures and pamphlets given to the patients for eye care education
    - No pre-surgery requirements instruction sheet
    - No list of Frequently Asked Questions (FAQs) and their answers in written
    - No display of informational boards, especially in the local language
    - No reading material (eye care related) in the waiting area
    - Insufficient (less than 3) follow-ups
    - Open and non-peaceful counseling area

  Therefore, it was found out that some of the major SOPs were not being followed by the counselors and certain infrastructural and layout requirements were not been established.

- ☐ For objective 2, i.e., to analyze reasons given by the patients to accept any advised treatment/surgery, the following observations were drawn:

- The data of five quarters (January 2018 – March 2019) was collected for the non-converted surgery patients. Out of the total non-respondents 174, only 127 people responded. Remaining non-respondents (n=47) were because of the following reasons:

Figure 4.1 (Non-respondents)

- Considering the lowest package of cataract, i.e., Rs.6200, we could estimate the approximate revenue loss = Rs.10,54,000. Also, the trend line shows that, the no. of not converted patients was increasing gradually.

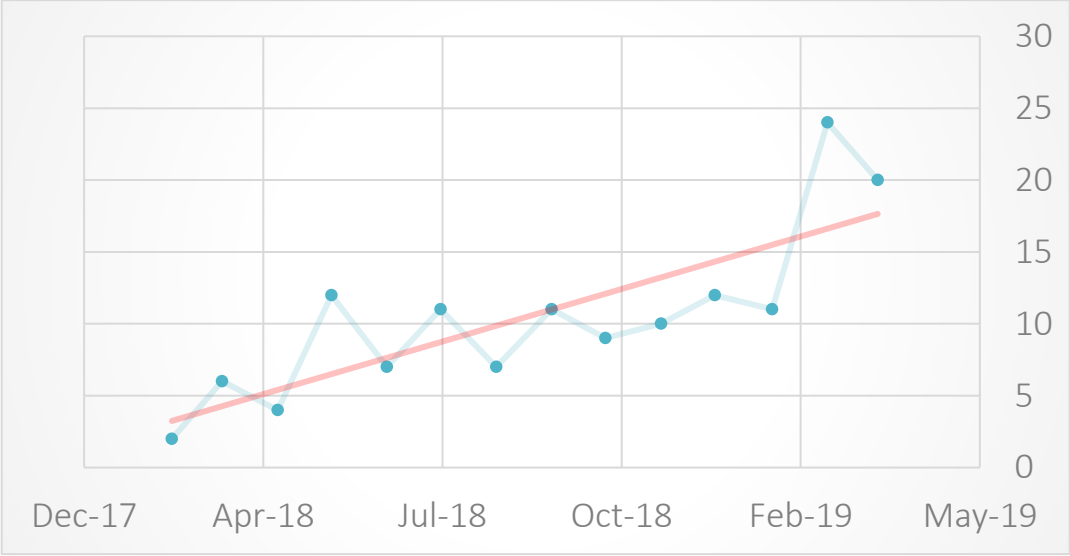


Figure 4.2 (Non-converted patients)

- Approx. 73% (n=127) who responded, their responses were as follows:

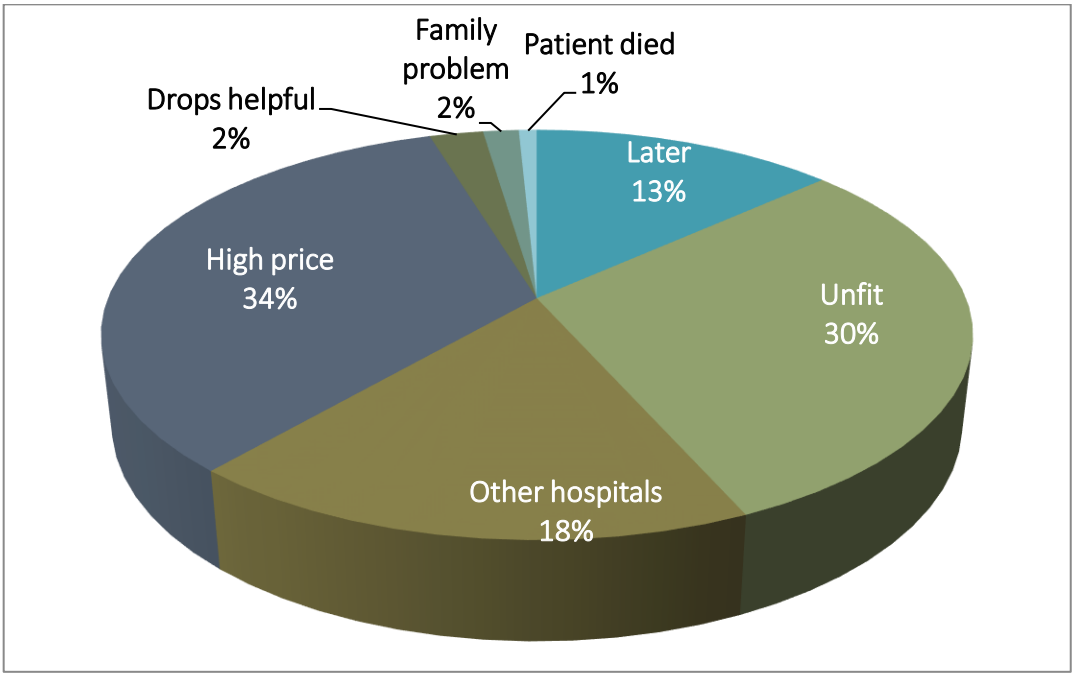


Figure 4.3 (Reasons by respondents)

Result after recommendations implemented:

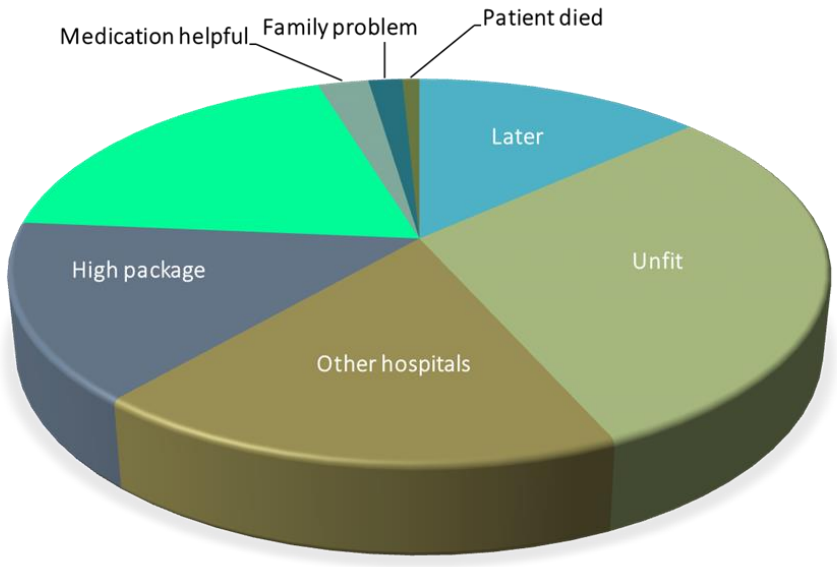


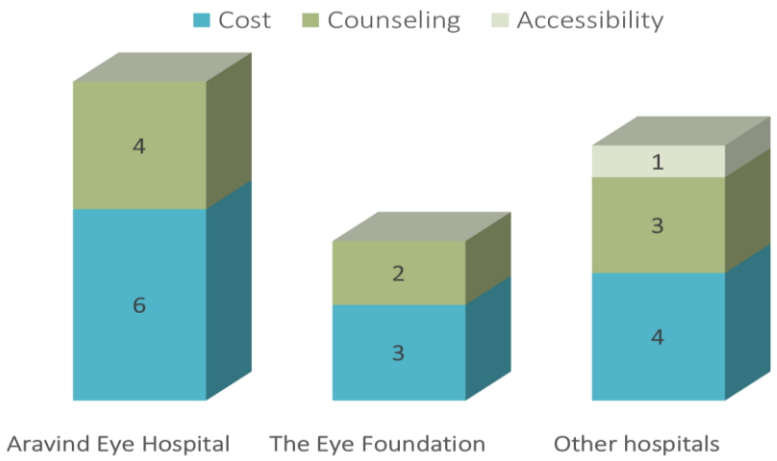
Figure 4.4 (After recommendation implementation)

Interpretation:

The patients (43) who were not converted due to high packages, were immediately counseled for the lower packages (15) and some were directed to non-paying (9) section.

This decreased the revenue loss by approx. 9% (i.e., of Rs. 93,000) and through non-paying section, gave the gift of vision to almost 5% patients of the total non-converted people.

- The people (n=23) who chose other hospitals, reasons and hospitals were as follows:



Interpretat

Figure 4.5 (Reasons for other hospitals)

We can clearly see in the figure that, counseling and cost are coming as common factors for patients to choose other hospitals.

- The reasons given by the patients (n=38) for being unfit were as follows:

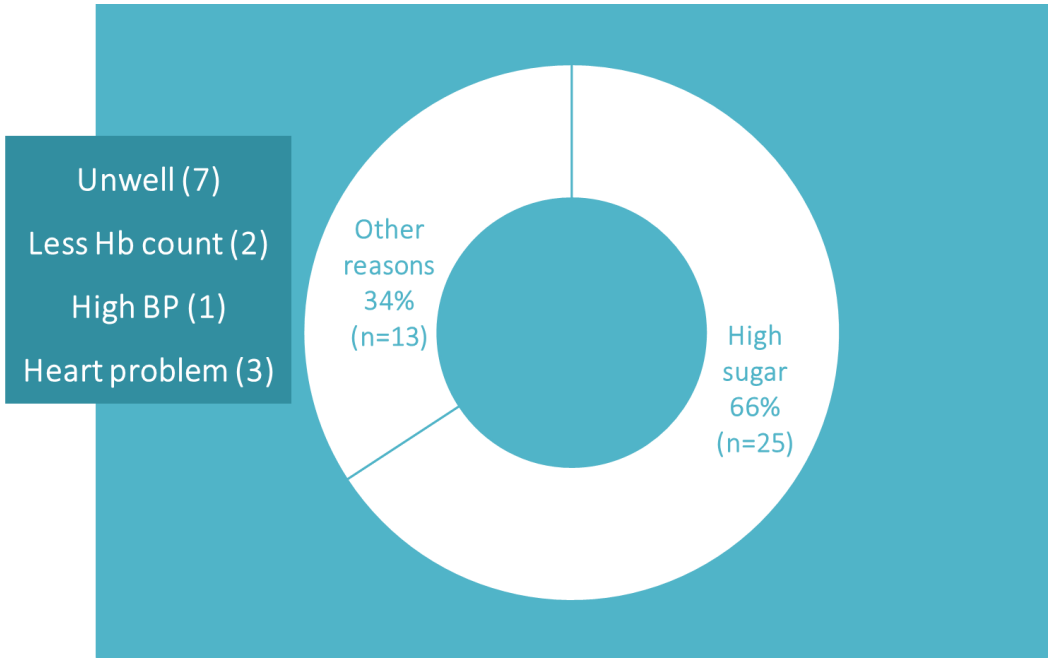


Figure 4.6 (Unfit patients)

Result after recommendations implemented:

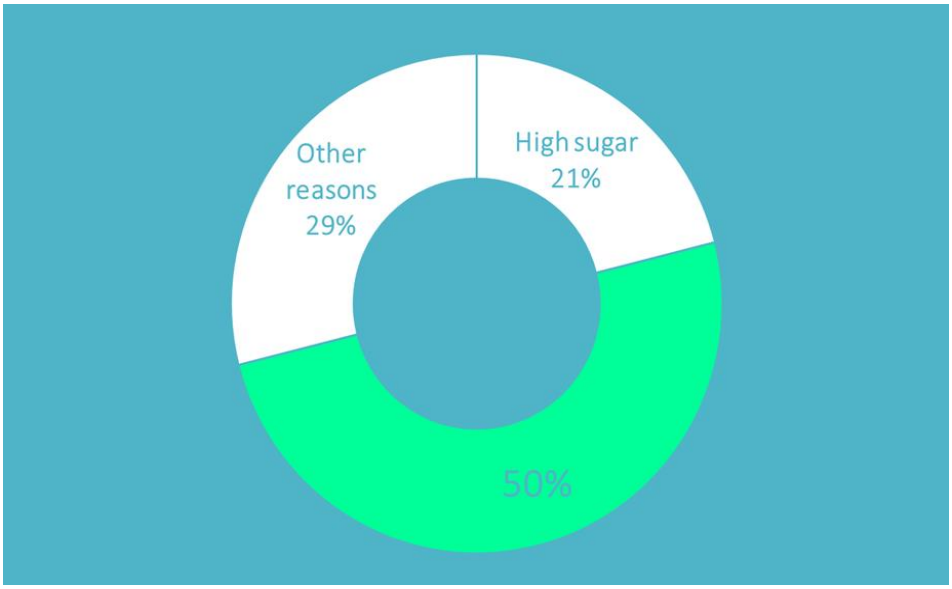


Figure 4.7 (After recommendation implementation)

Interpretation:

Out of 38 patients, 19 patients (17 – high sugar, 2 – less Hb count) were successfully converted for the advised surgery through extensive follow-up.

This led to decrease in the revenue loss by approximately 11% (i.e., of Rs. 117,800).

- The reasons given by the patients (n=17) for coming after later:

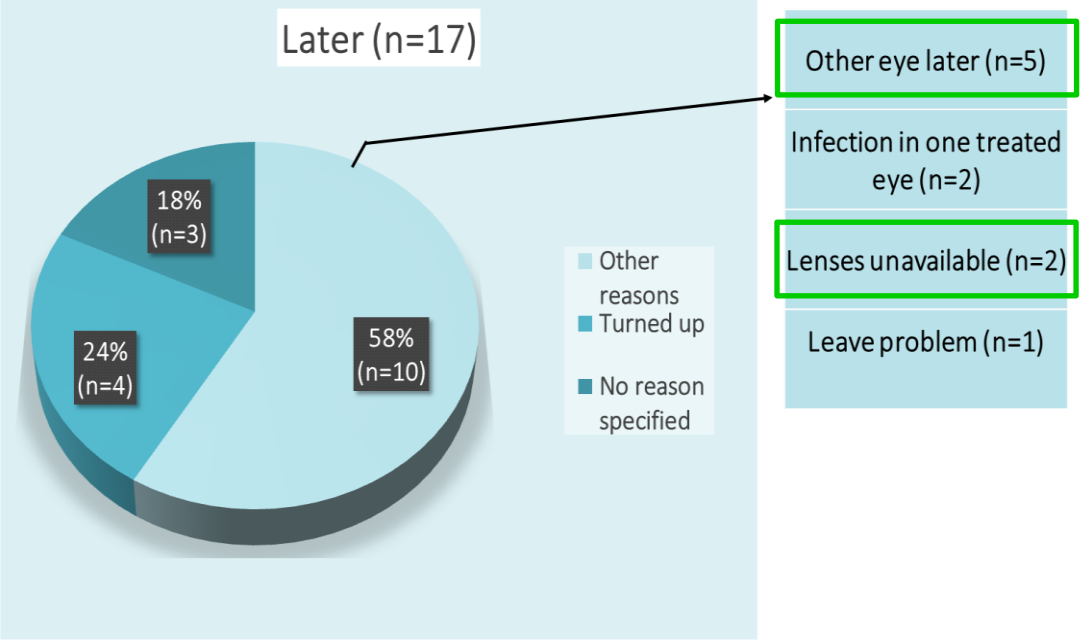


Figure 4.8 (Reason mentioned 'Later')

Result after recommendations implemented:

The patients (5) who mentioned that they are asked for the second eye later by the doctor himself are on continuous follow-up by the counselors.

The patients (2) for whom required lenses were not available, immediate action was taken and lenses were made available without any further delay in their surgery.

This led to decrease in the revenue loss by approx. 1.15% (i.e., of Rs. 12,400).

5. Interventions recommended:

The following interventions were recommended, some of which were already implemented (green), some were in progress (yellow) and the remaining ones (turquoise) were yet to be implemented:

- **Proper record keeping and extensive follow-ups should be maintained by the counselor for the surgery advised patients.**
- **Referrals of diabetic, hypertensive patients to the respective specialized doctors.**
- **Use of visual counseling aids such as:**
    - **Model of a human eye**
    - **Models or photographs showing the nature and various stages of eye diseases like cataract, corneal ulcers, glaucoma etc.**
    - **Different types of intraocular lenses (IOLs)**
    - **Posters on various eye diseases**
    - **Videos on common eye disease**
- **An updated manual consisting of all SOPs should be strictly brought into practice by the counselors on the daily basis.**
- **Brochures and pamphlets availability for the patients' education.**
- **Mandatory infrastructural changes in terms of layout should be made as soon as possible.**
- **Display of informational boards, especially in the local language.**

<u>Interventions under progress:</u>

- Brochure and pamphlet designing

- Layout changes:

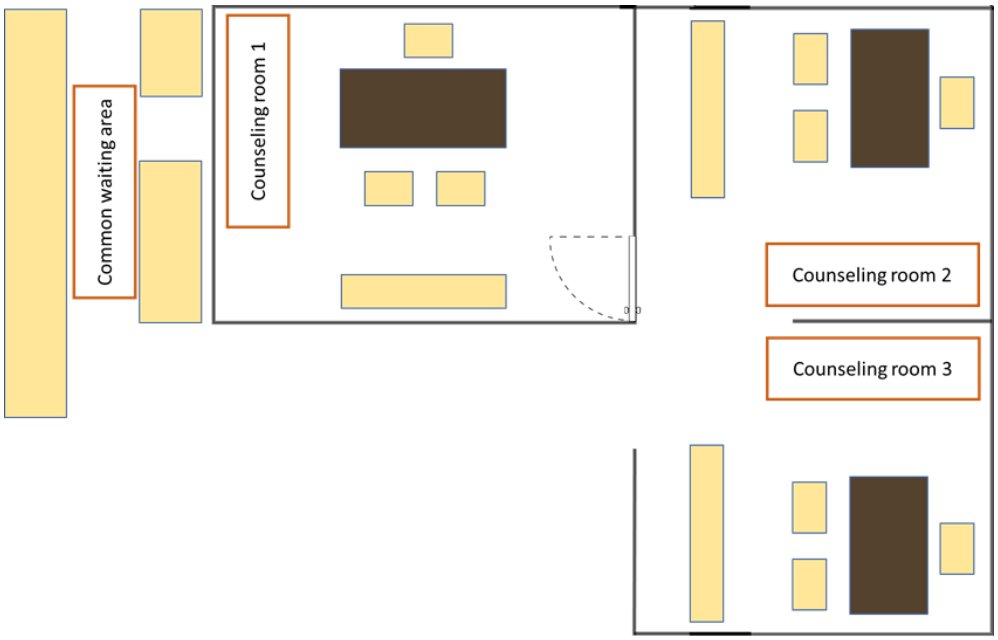


Figure 5.1 (Existing counseling department)

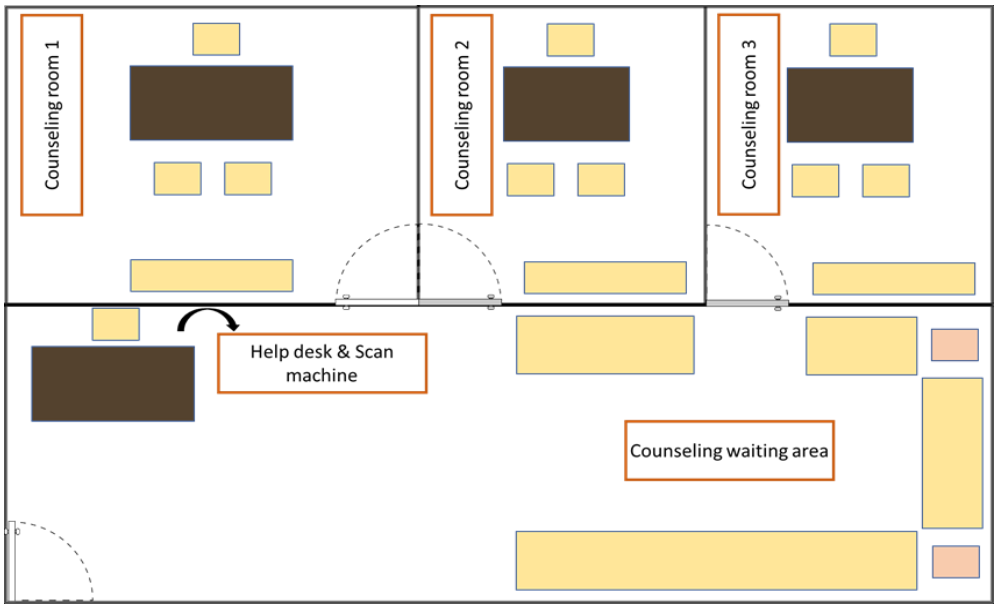


Figure 5.2 (Recommended changes in the layout)

- Manual updating:

The updated manual has the following table of contents:

S.No.	Particulars	Page No.
1	Objective of the manual	
2	Counselling & it's importance (counselling junctions)	
3	Infrastructure (room layout)	
4	Department structure/Organogram of the department	
5	Job description of manpower	
6	DMR, Medics, report generation information	
7	Quality indicators for employees (KRAs)	
8	Process flow of counselling (with average time at every step)	
9	Requirements (aids) for counselling	
10	Inventory	
11	Counselling checklist	
12	Tariff card (Surgery and room packages)	
13	Follow-up process	
14	Patient feedback process	
15	Auditing process	
16	Description of different eye diseases	
17	FAQs	

Figure 5.3 (Updated table of contents)

6. Conclusion:

The following conclusions were drawn from the study conducted:

- Some major SOPs were not being followed by the counselor that could enhance patient decision making and learning experience.
- The significant reasons that came into highlight that lead to patients not being converted for surgery are incomplete patient records (phone numbers), irregular follow-ups, improper counseling about packages, insufficient guidance to unfit patients.
- After some of the interventions done, total decrease in revenue loss till 29th April, 2019 was by 21.15% (i.e., of Rs. 223,200) approximately.

7. Bibliography:

- Le1 H., Ehrlich J. R., Venkatesh R., Srinivasan A., Kolli A., Haripriya A. et al (2016). A Sustainable Model For Delivering High-Quality, Efficient Cataract Surgery In Southern India. *Insurance, The Aca, Care in India & More, 35*(10). Retrieved from https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2016.0562
- Ravilla S., Haripriya A., Palanichamy V., Pillai M., Balakrishnan V., Robin A. L. (2015). The Effect of Counseling on Cataract Patient Knowledge, Decisional Conflict, and Satisfaction. *Ophthalmic Epidemiology, 22*(6), 387-393. Retrieved from https://www.tandfonline.com/doi/abs/10.3109/09286586.2015.1066016
- Ayme A., Viassolo V., Rapiti E., Fioretta G., Schubert H., Bouchardy C. et al (2014). Determinants of genetic counseling uptake and its impact on breast cancer outcome: a population-based study. *Breast Cancer Research and Treatment, 144*(2), 379–389. Retrieved from https://link.springer.com/article/10.1007/s10549-014-2864-3
- Kulkarni A., Mahadik A., Tamboli R., Mane R., Borah R., Rao G. V. et al (2014). Barriers to follow-up for pediatric cataract surgery in Maharashtra, India: How regular follow-up is important for good outcome. The Miraj Pediatric Cataract Study II. *Indian J Ophthalmol, 62*(3), 327–332. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4061672/
- Congdon N., Yan X., Jin L., Wu Y., Friedman D., He M. et al (2012). A randomized, controlled trial of an intervention promoting cataract surgery acceptance in rural China: the Guangzhou Uptake of Surgery Trial (GUSTO). *Invest Ophthalmol Vis Sci., 53*(9), 5271-8. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/22789919?dopt=Abstract
- Lacey J., Cate H., Broadway D. C. (2009). Barriers to adherence with glaucoma medications: a qualitative research study. *Eye (London, England), 23*(4), 924-32. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/18437182?dopt=Abstract
- Sapkota Y. D., Pokharel G. P., Dulal S., Byanju R. N., Maharjan I. M. (2004). Barriers to up take cataract surgery in Gandaki Zone, Nepal. *Kathmandu University Medical Journal, 2*(2), 103-112. Retrieved from https://europepmc.org/abstract/med/15821375

- Whitlock E. P., Orleans T., Pender N., Allan J. (2002). Evaluating primary care behavioral counseling interventions: An evidence-based approach. *American Journal of Preventive Medicine, 22*(4), 267-284. Retrieved from https://www.sciencedirect.com/science/article/pii/S0749379702004154
- Kumar A. (1998). The Role of Patient Counsellors in Increasing the Uptake of Cataract Surgeries and IOLs. *Community Eye Health, 11*(25), 8–9. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1706036/