A study to understand patient's experience in in-patient billing process at The Mission Hospital, Durgapur

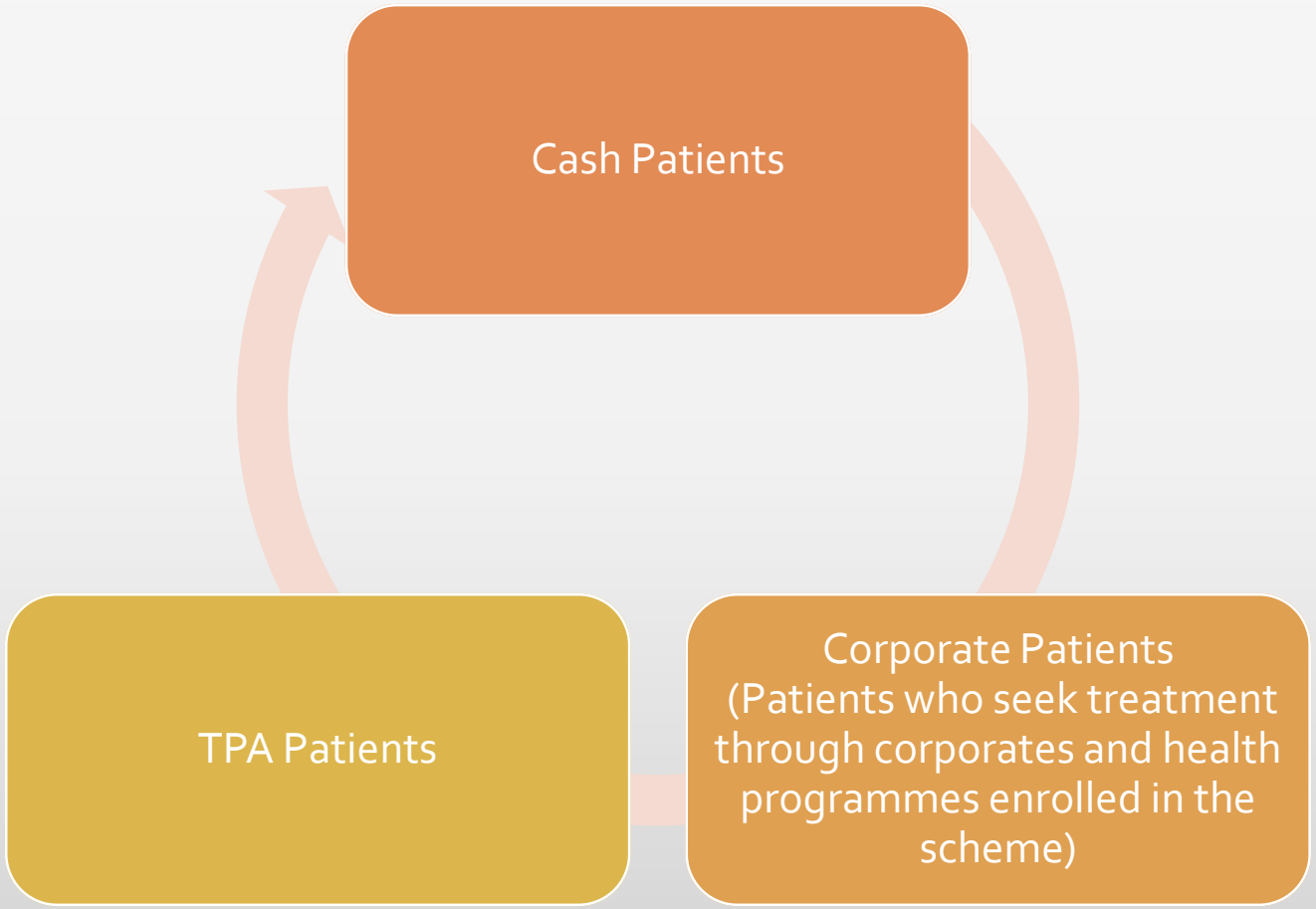
Presented by:
Tina Thomas

Guided by:
Dr. Monika Chaudhary
Associate Professor,
The IIHMR University

Introduction

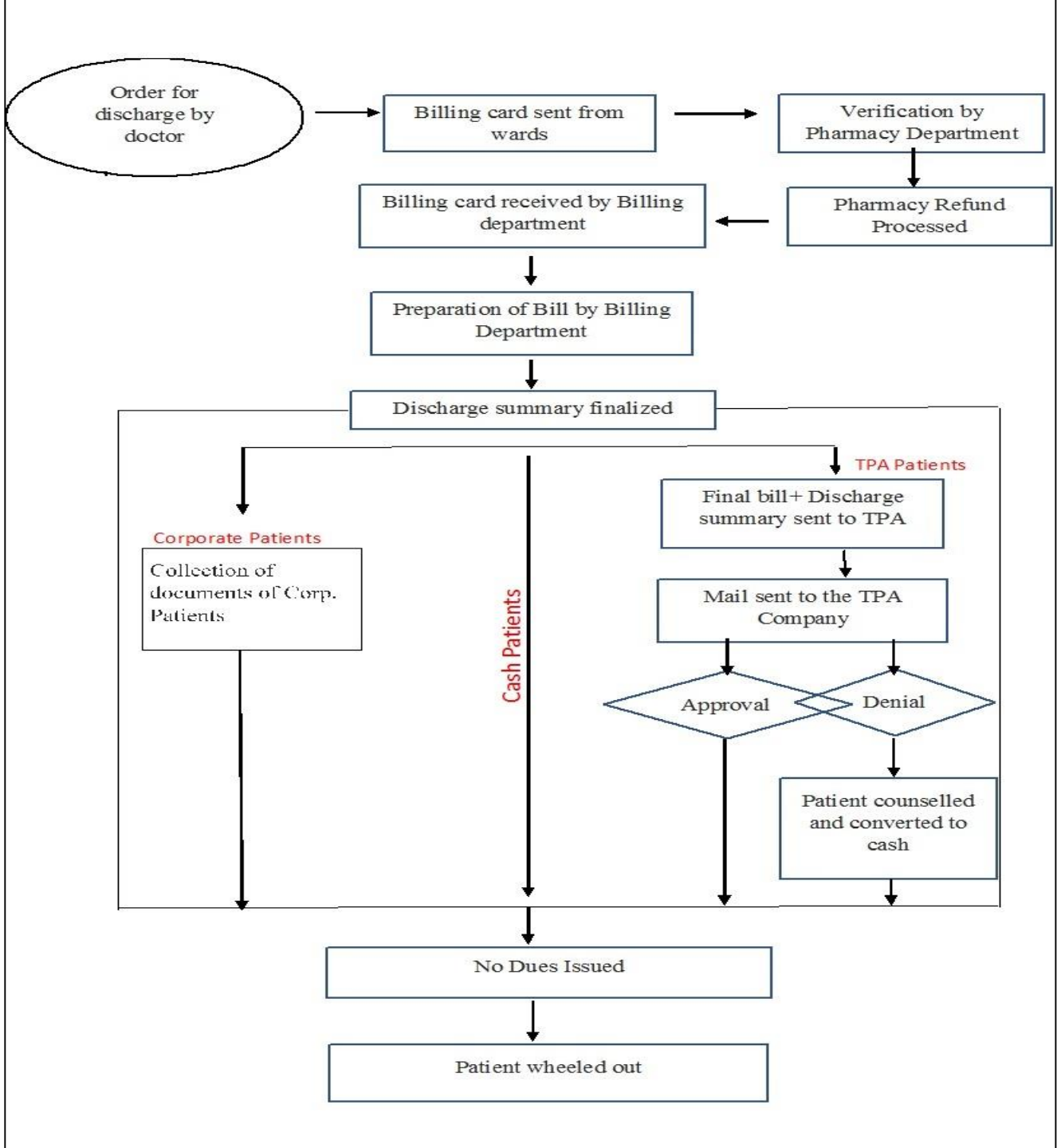
- A poor experience of a patient in the billing department of a Hospital could have a large impact on patient payments, on how they perceive the Hospital services and financial responsibility.
- It guides the patient experience and also how a patient recommends probable prospective Patients on whether to seek care in the Hospital based on how their experience was. **In other words, the best care, and great customer service provided during the patient's Hospital encounter can be destroyed quickly by confusing, complicated and incorrect billing afterwards.** Therefore, the Billing department has an integral role in making the journey of a patient satisfactory in the hospital.
- On Most occasions, patients with surprise medical bills or complicated medical bills aren't always able to make payments or do not know how much they owe. More than half of high balance patients are going into their hospital encounters blind as to how much they will owe.
- Although the number of patients saying they are very or more than satisfied with their billing experiences continues to grow, there is significant room for improvement, **Billing departments can transform their patient interactions from reactive to proactive.**

The Mission Hospital caters to three categories of patients primarily;



- ✓ This Study was conducted at ***The Mission Hospital, Durgapur*** and is aimed at understanding the billing perception of the patients in a Hospital. The patients are becoming more aware as to what their rights are and are more empowered.

THE BILLING PROCESS



RESEARCH QUESTION

- What is the level of patient satisfaction in the billing process at The Mission Hospital, Durgapur?

OBJECTIVES

- To categorize the patients based on their mode of payment.
- To study the level of patient satisfaction in the billing process at The Mission Hospital, Durgapur.
- To suggest measures for improvement the overall billing patient satisfaction.

METHODOLOGY

- **Study Design**: Descriptive cross-sectional Study
- **Sampling Technique**: Simple random Sampling
- **Sample size**: 230 respondents (*Patient attendants)*

Inclusion Criteria	Exclusion Criteria
Patients admitted in General wards; Semi-private wards & Private wards have been included in the study.	At the same time, attendants of highly dependent patients admitted in ICU's and HDU's have been excluded from the study

- **Data Collection Tool**: A questionnaire consisting of 9 questions (open ended & Close ended)
- **Data Analysis**: MS Excel
- ***Data Validity was ensured by conducting a pilot study among 20 respondents. The questions were replaced and deleted based on the pilot study.***

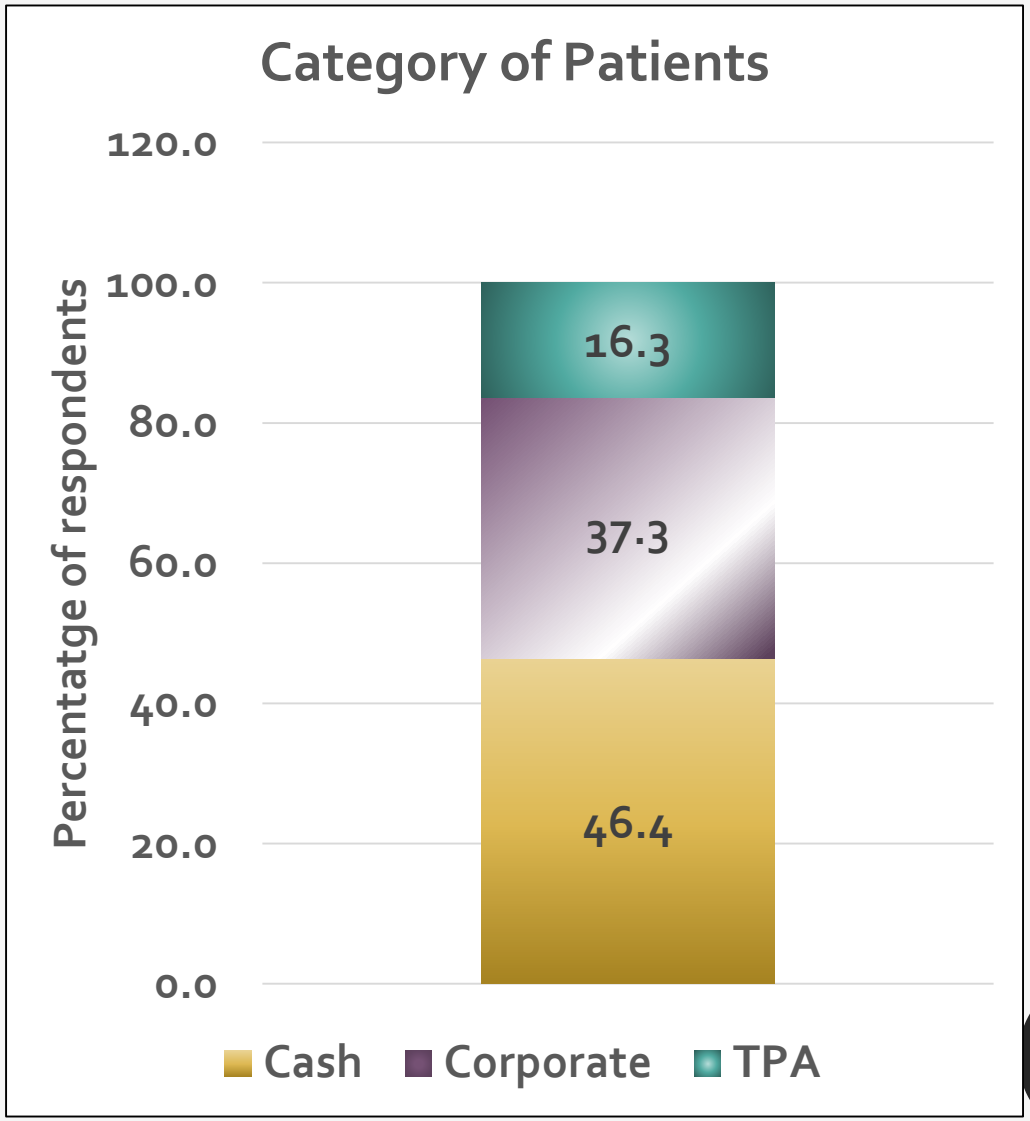
ETHICAL CONSIDERATIONS

- Due approval to undertake the study was obtained in a meeting with the Top management.
- The patient attendants were explained the purpose of the study before administering the questionnaire and data was collected only from those who agreed to participate in the study.
- The data so obtained will be kept confidential.

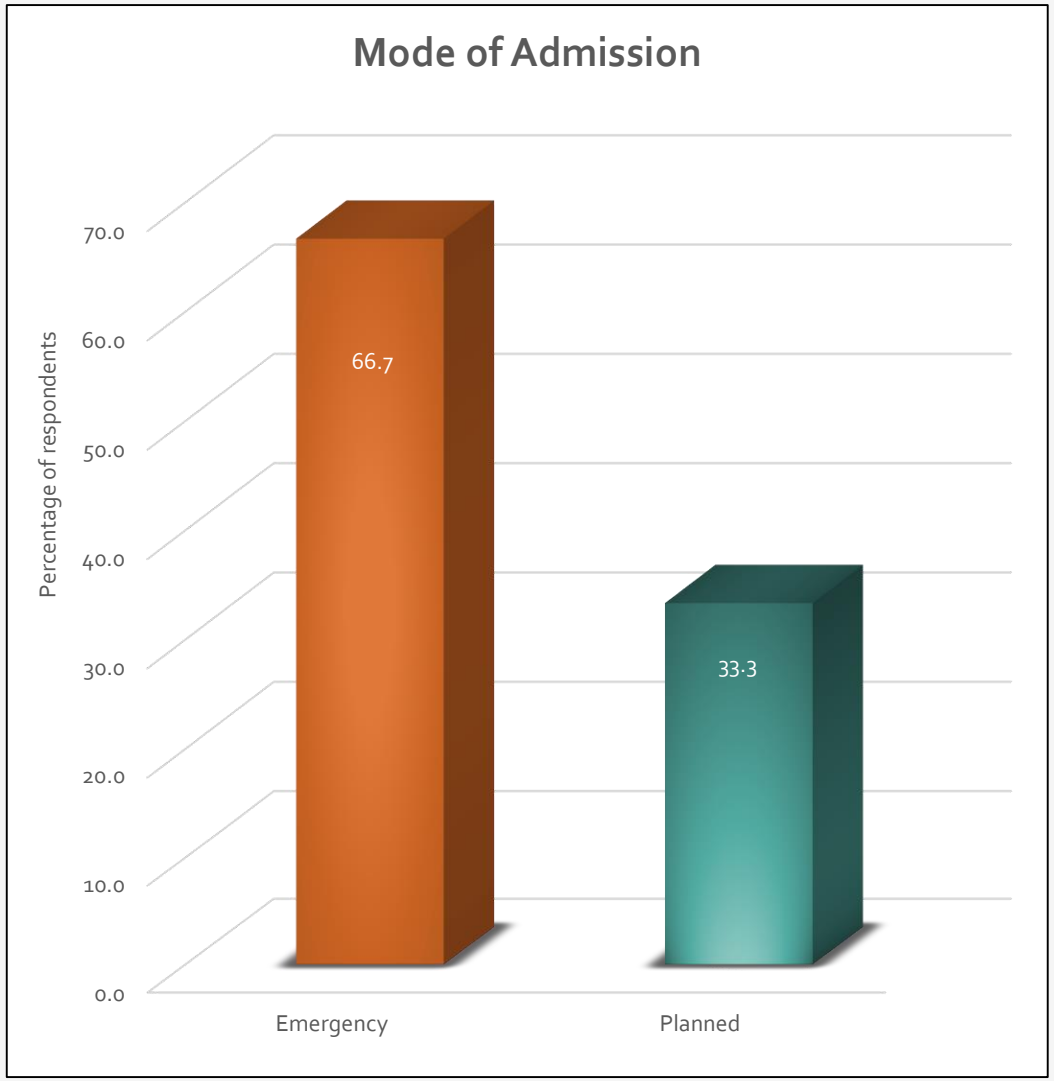
FINDINGS & INTERPRETATIONS

It can be inferred that a total of

- **46.4% of patients are cash Patients,**
- **37.3% of patients belong to the corporate category**
- **16.3 % of patients are TPA patients** who are enrolled with empaneled Third parties.



FINDINGS & INTERPRETATIONS



This graph represents the mode of admission of patients who get admitted at the hospital.

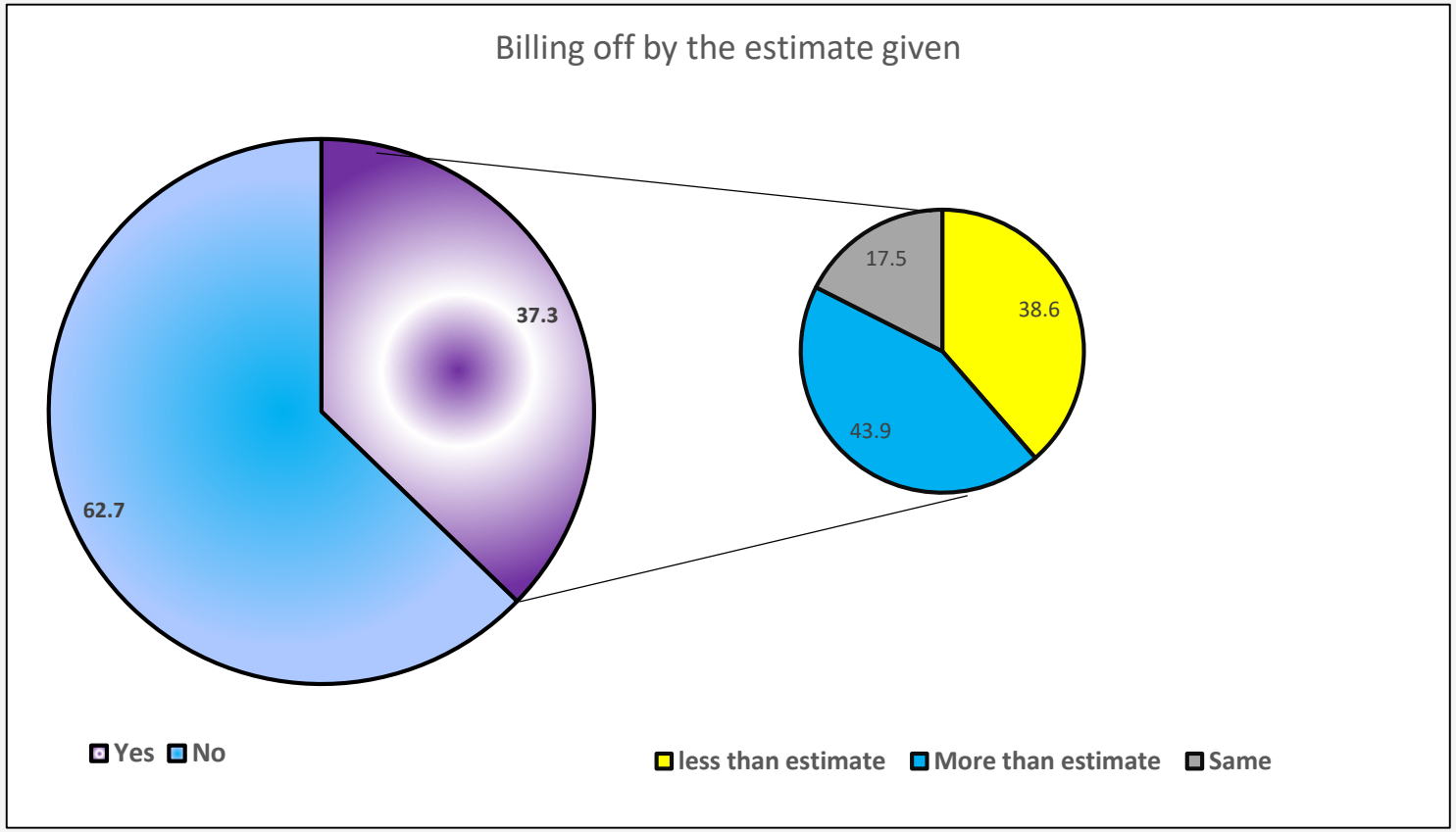
66.7 % of the conversions of patients take place from the emergency.

The rest of 33.3% patients are those who take admission on a planned basis on consultation with the consultants. Majority of the patients admitted in the hospital are admitted through the emergency department.

FINDINGS & INTERPRETATIONS

- The above graph shows a cross tabulation of the data between patients who were given an estimate as to how much they will incur and whether the actual amount they paid was at par with the estimate given or less than, or more than the estimate they received. Only 37.3% patients received a billing estimate and out of these,

- **43.9%** of patients made a payment which was **above estimate** given to them on admission.
- About **38.6%** of patients paid **lesser than** the estimated amount; and,
- **17.5%** of the patients **paid equivalent** to the estimate that was given to them on admission

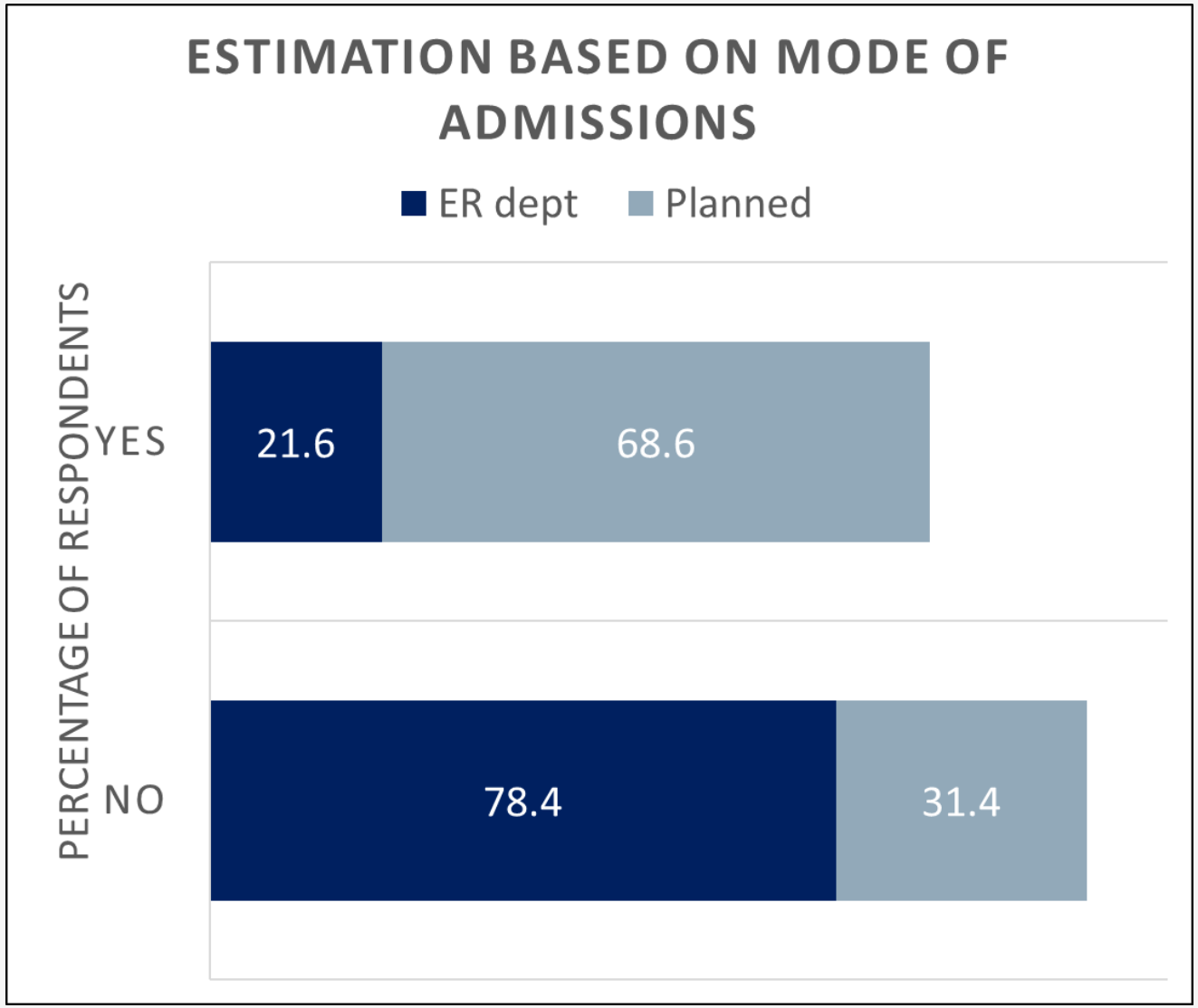


FINDINGS & INTERPRETATIONS

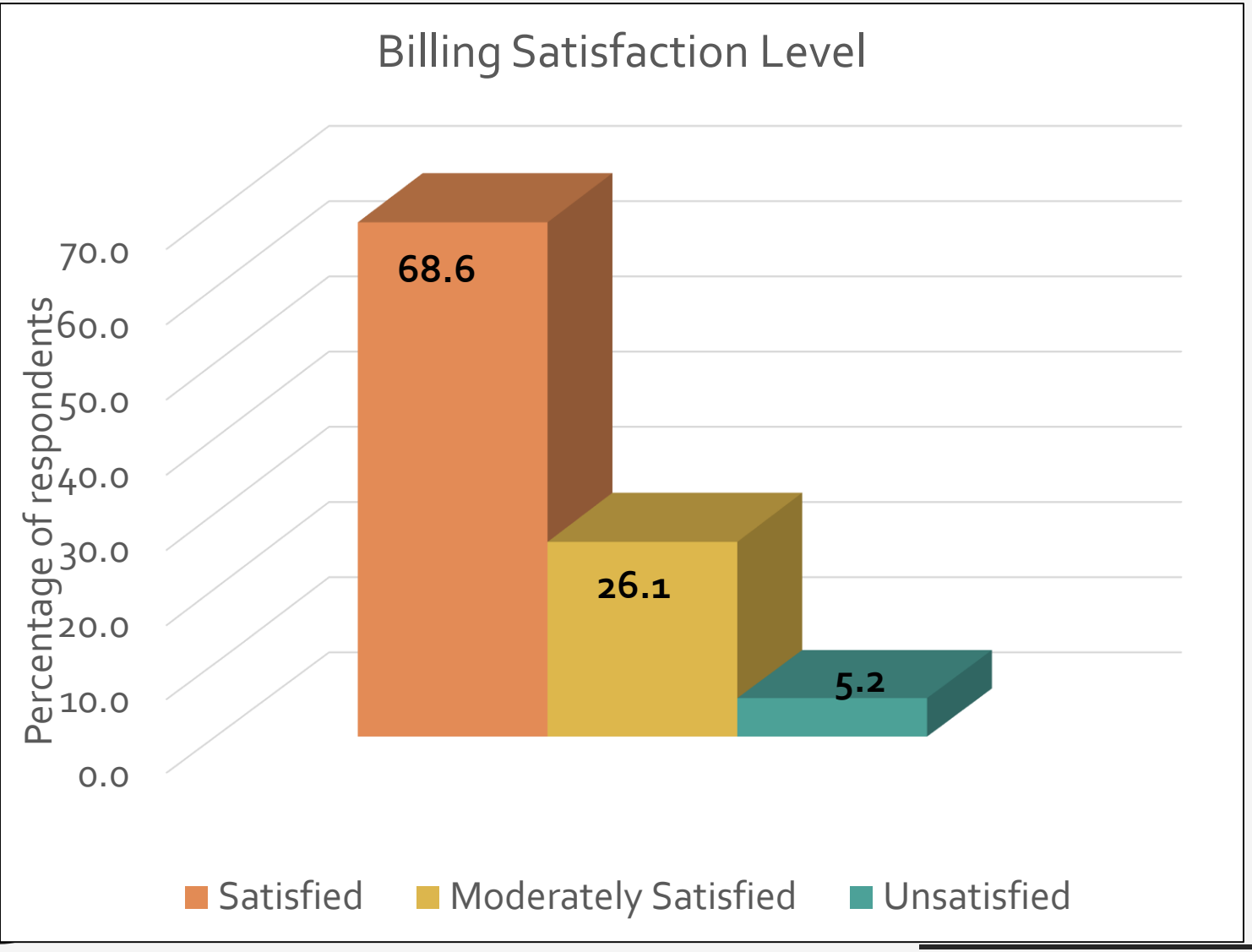
The above graph is a cross tabulation between the percentage of patients who received an estimate, compared with the different categories of admission that they took admission under, i.e., Emergency Department & Planned Admission (Admission Desk).

- It can be inferred that only 21.6% of patients who were admitted through the emergency Department received an estimate as to how much their treatment would cost.
- While 68.6% of patients admitted on planned basis received an estimate.

This shows a wide difference in estimations, considering that a major chunk of the Hospital Admissions are conversions from the Emergency department.



FINDINGS & INTERPRETATIONS



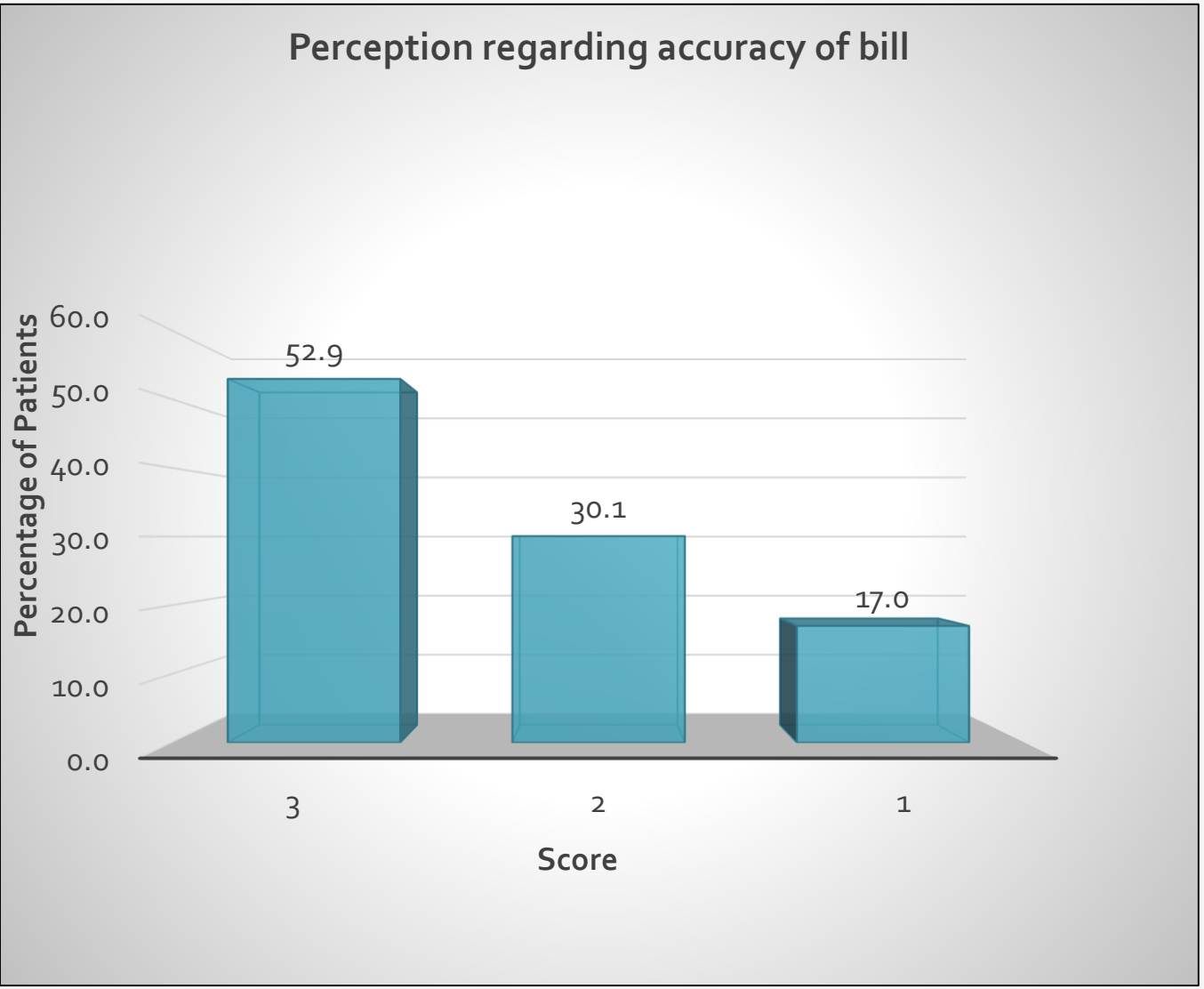
- It can be inferred **that 68.6%** of the respondents are **satisfied** with the process while **26.2% and 5.2** % of the respondents are **moderately satisfied and un-satisfied** respectively

- Only about **32%** of patients who were a part of the survey mentioned that they were **dissatisfied** with the billing process..
- **About 46.8% of the patients who were unsatisfied with the billing process, believed that the billing process lacked transparency.** This is because, most of the corporate patients surveyed did not receive a final bill and were also not informed as to how much they had incurred on the treatment. **Around 26.7% of the respondents did not feel that the statement of bill that they received was accurate.** This can be attributed to the lack of explanation of the final bill that they received.
- **Another 6.4% of respondents mentioned of the co-ordination issues between various departments**. The Hospital has different departments to deal with TPA, cash and Corporate Patients. Often, if the TPA claims are rejected by the Mediclaim Company, the patient is then converted into a cash patient and the Patient attendant has to go from one department to another. This is tiresome for the patient attendant.

Other causes for dissatisfaction among the respondents :

- **they were not told about an estimate of treatment on admission or even on the second or third day of stay**.
- **Also, among those patients who were admitted on a package basis, about 4.3% mentioned that they had issues with the same.**

-



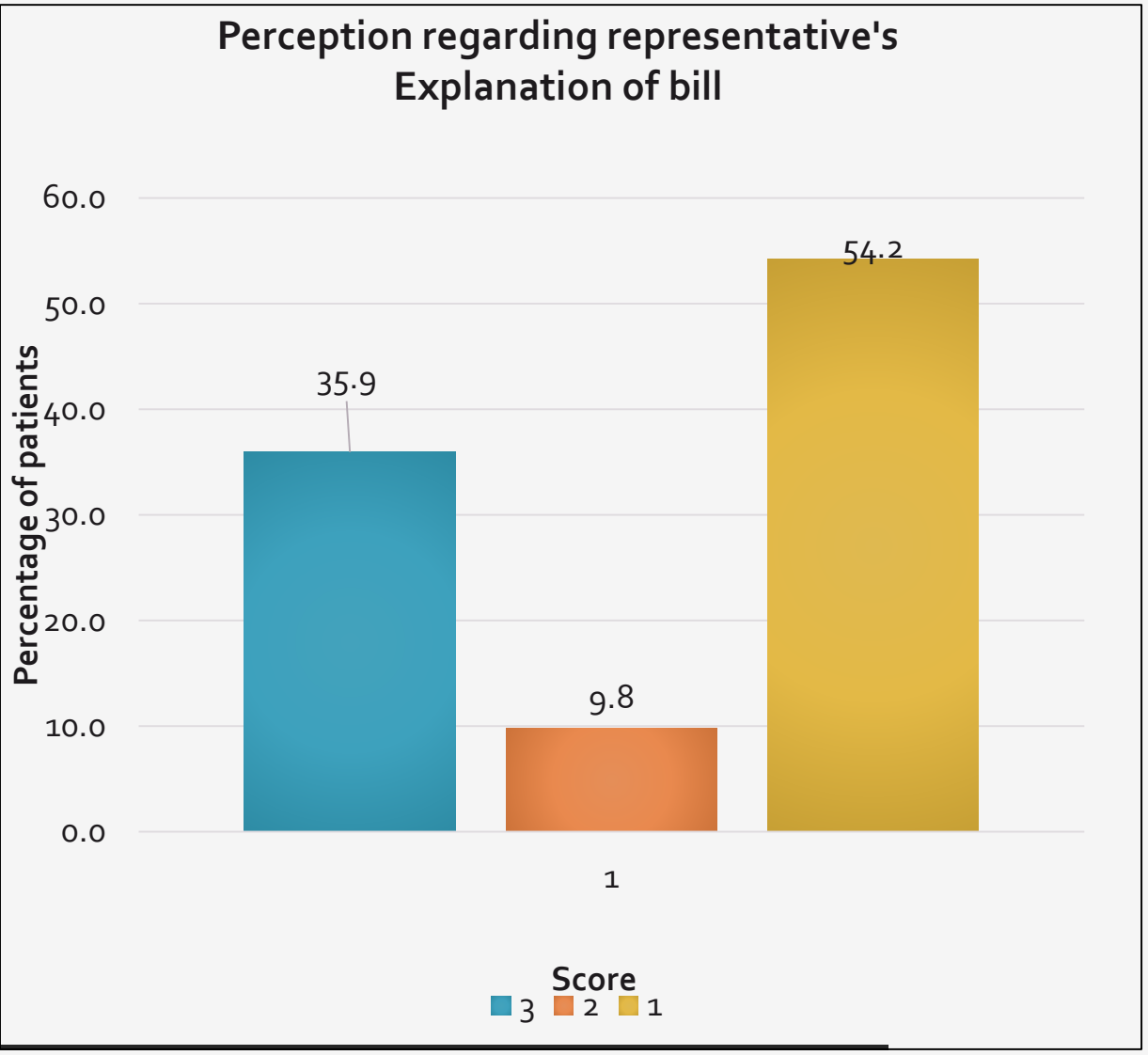
FINDINGS & INTERPRETATIONS

This graph shows the perception of the respondents relating to the accuracy of the bill they must pay. The respondents were asked to rate their perception on a score of 3 to 1, 3 being the highest and 1 being the lowest.

- About **53% of the respondents** scored the **parameter 3** while
- **30% scored it 2** and
- **17% rated it as 1**.

Most of the respondents who rated the accuracy as 3 trusted the hospital to not overcharge and provide only the best, in the interest of the patients.

FINDINGS & INTERPRETATIONS

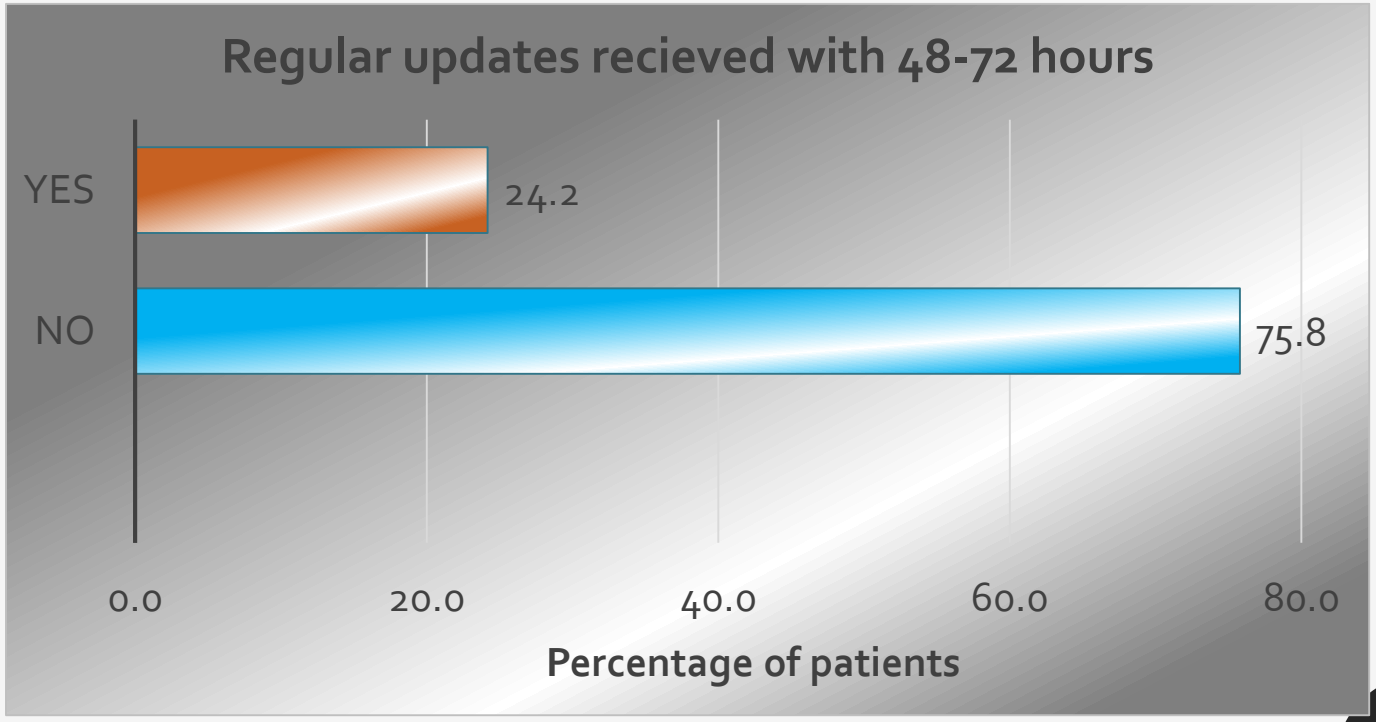


- This graph shows the perception of the respondents as to how well the billing representative explained the bill.
- A total of **35.9%** of patients rated this parameter a **score of 3**, meaning they were satisfied with the explanations they received.
- However**, 54.2%** of respondents rated a **score of 1** meaning which they were dissatisfied with the explanations which they received, or they weren't given any explanations at all.
- **9.8%** of the respondents were indifferent to the explanations they received.

FINDINGS & INTERPRETATIONS

The Hospital has a mechanism to update the patients of the amount within 48-72 hours of admissions through text messages. This in turn ensures that the patients are aware as to what each treatment & procedural cost have been incurred by them. On Surveying, it was found that:

- **24.2%** of patients **have received** timely updates
- While **around 9.2%** of patients got the update about their incurred cost on **voluntarily asking** the billing department to provide them with an interim bill. They have been included in the total, 75.8% of patients who did not receive any updates regarding the bill on messages.



SUGGESTIONS

- The billing department should rectify the existing process of intimating the billing updates through the messages.
- The process of estimation should be streamlined.
- The billing executives should be advised to explain the bill to the patient attendant about the charges broadly.
- The bill should give a detailed bill containing all the charges to bring about a more transparent process.

Thank You!