Compliance in billing process: Achieving Transparency in Estimated and final bill of Surgery

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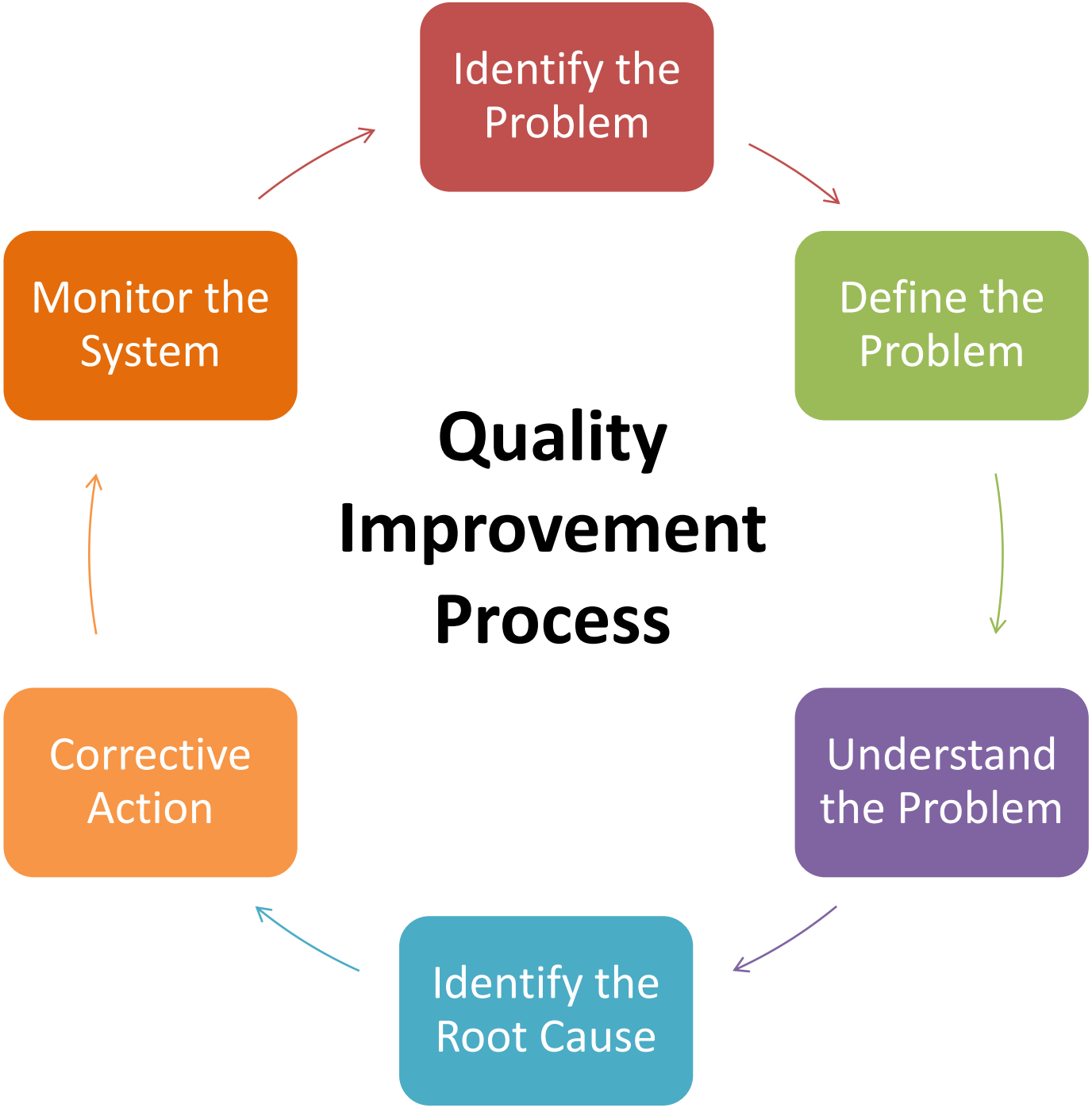

Identify the Problem
Define the Problem
Understand the Problem
Identify the Root Cause
Corrective Action
Monitor the System
Quality Improvement Process

Problem Statement

Unexpected rise in the final bill and a huge difference between the estimated and final bill

Rationale

- Healthcare settings shifted their focus on being Patient -centric, hence patient satisfaction is important for the organization.
- Patient centric approach will increase the safety, quality and efficacy. It is important indicator to measure quality in hospital settings.

Objective

1) To identify the bottlenecks in the process of estimated and final bill
2) To identify the root cause of discrepancy in the estimated and final bill
3) To provide an action plan to combat with the situation

Methodology

Material and Methods:

- **Study Design:** Cross-sectional , Descriptive study
- **Setting:** Sarvodaya Hospital, Faridabad, Haryana which is a 300 bedded hospital.
- **Duration of study: 15th February 2017 to 6th May**
- **Sample size:** 33.3% of average surgeries that is 100
- **Sampling technique:** Convenience Sampling

Data collection methods

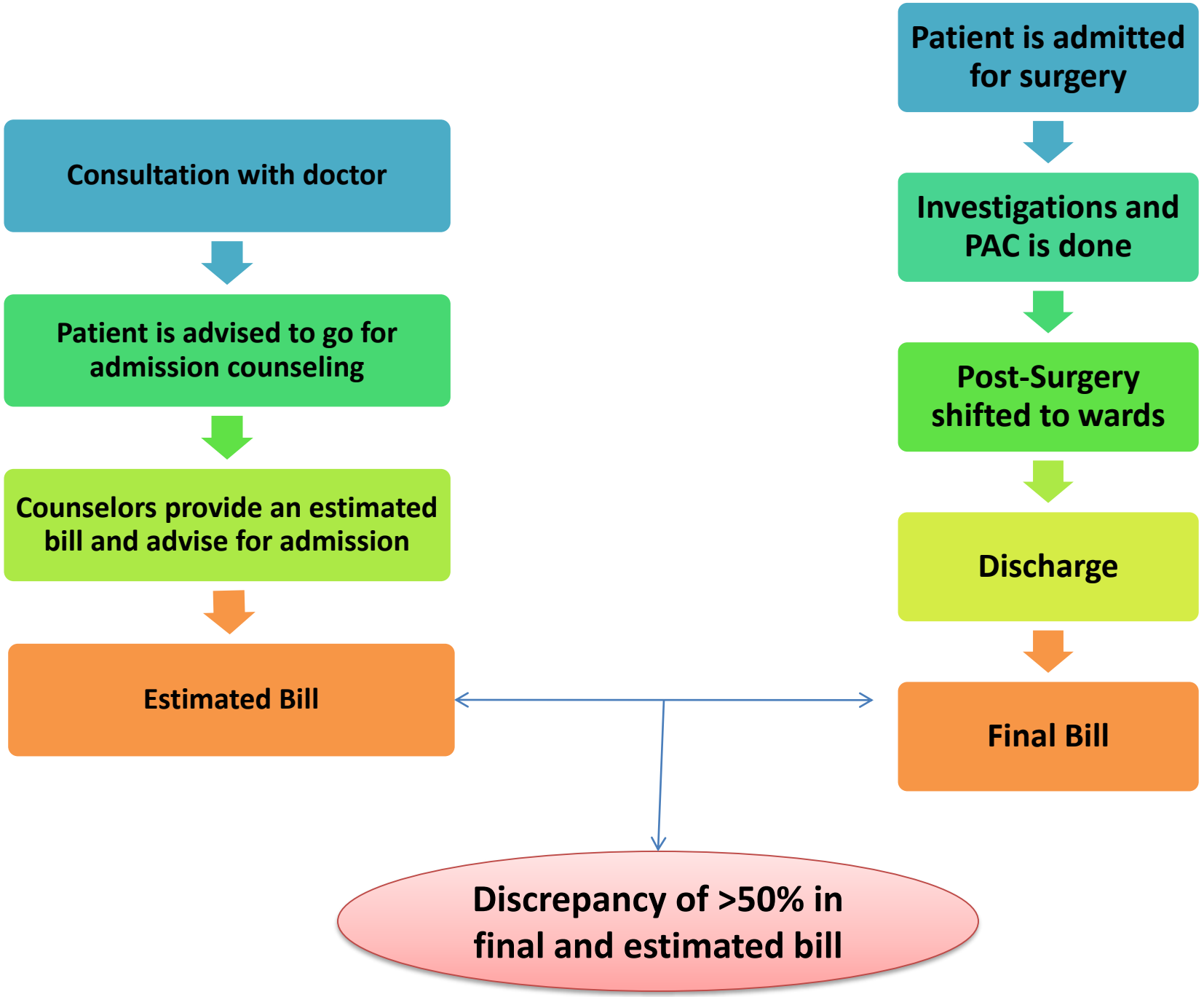
- **Data Collection Procedure**:

✓ Reviewing the OPD prescription of surgical patients

✓ Financial estimated bill given to patients were retracted from the 2016 files

- **Inclusion criteria**

Surgical patients


Consultation with doctor
Patient is advised to go for admission counseling
Counselors provide an estimated bill and advise for admission
Estimated Bill
Patient is admitted for surgery
Investigations and PAC is done
Post-Surgery shifted to wards
Discharge
Final Bill
Discrepancy of >50% in final and estimated bill

Analysis

Data of final bill and estimated bill for the surgeries was collected from the admission desk

Month	Sample Size	% of Compliance in final and estimated bill
December 2016	100	23
January 2017	100	37
February 2017	100	43

Bottlenecks

- Ineffective counseling
- Tariffs are not defined
- Surgeon do not document the actual surgical procedure in OPD sheet which leads to miscommunication between the Counselor & patient
- Poor coordination between the counselor and the surgeons for Drugs, Investigations and consumables(DIC)
- Delay in updating the patients regarding the bills.

Resulting In….

- Difficulty in explaining patients about the discrepancy or unexpected rise in the final bill
- Cash patients - Issue in arranging the money.
- TPA Patients - Difficulty occurs when there is a co-payment
- **Patient dissatisfaction**

5 WHY?

- Why - Ineffective counseling
- Why - Tariffs were not defined
- Why - Consultants don't document the whole procedure
- Why - Poor coordination between surgeon and counselor for “DIC”
- Why - Non-consumable cost was not informed to the patients at the time of counseling

Poor coordination between surgeon and counselor for “DIC”

ROOT CAUSE

Action Plan

- Effective Financial counseling
- Coordination to be improved between the counselor and surgeon for “DIC”
- Defining Schedule of charges
- Consultants to document the whole surgical procedure in the OPD sheet

CAPA

- Counselor's have started asking about "DIC" to the surgeon and then inform the patient accordingly.
- Recounseling for the updation of bill
- Schedule of charges were defined
  - Packages defined for the surgeries
  - Stay during the surgery and post surgery were defined
  - Non – Payable consumables added in the packages

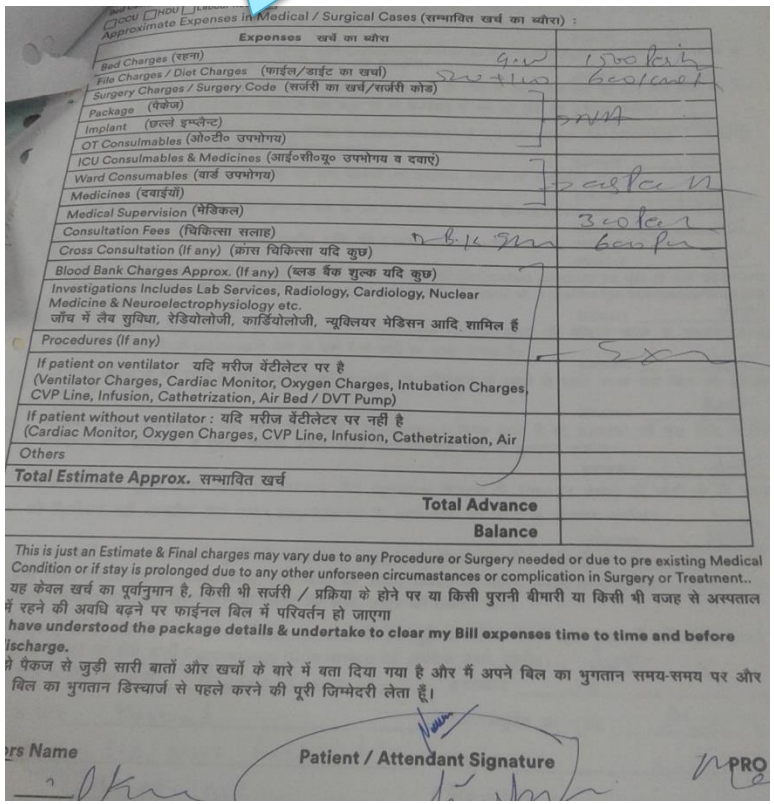
Data of final bill and estimated bill for the Surgeries for the month of March and April

Month	Sample size for Surgeries	Compliance in final and estimated bill
March	100	60
April	100	92

Total estimated bill is not stated

Detailed procedures are written

Estimated cost is written



Approximate Expenses in Medical / Surgical Cases (सम्भावित खर्च का ब्यौरा) :

Expenses खर्च का ब्यौरा	
Bed Charges (रहना)	
File Charges / Diet Charges (फाईल/डाईट का खर्चा)	
Surgery Charges / Surgery Code (सर्जरी का खर्च/सर्जरी कोड)	
Package (पैकेज)	
Implant (इम्प्लेन्ट)	
OT Consulmables (ओ०टी० उपभोग्य)	
ICU Consulmables & Medicines (आई०सी०यू० उपभोग्य व दवाएं)	
Ward Consumables (वार्ड उपभोग्य)	
Medicines (दवाईयाँ)	
Medical Supervision (मेडिकल)	
Consultation Fees (चिकित्सा सलाह)	
Cross Consultation (If any) (क्रॉस चिकित्सा यदि कुछ)	
Blood Bank Charges Approx. (If any) (ब्लड बैंक शुल्क यदि कुछ)	
Investigations Includes Lab Services, Radiology, Cardiology, Nuclear Medicine & Neuroelectrophysiology etc. जाँच में लैब सुविधा, रेडियोलोजी, कार्डियोलोजी, न्यूक्लियर मेडिसन आदि शामिल हैं	
Procedures (If any)	
If patient on ventilator यदि मरीज वेंटीलेटर पर है (Ventilator Charges, Cardiac Monitor, Oxygen Charges, Intubation Charges, CVP Line, Infusion, Cathetrization, Air Bed / DVT Pump)	
If patient without ventilator : यदि मरीज वेंटीलेटर पर नहीं है (Cardiac Monitor, Oxygen Charges, CVP Line, Infusion, Cathetrization, Air	
Others	
Total Estimate Approx. सम्भावित खर्च	
Total Advance	
Balance	

This is just an Estimate & Final charges may vary due to any Procedure or Surgery needed or due to pre existing Medical Condition or if stay is prolonged due to any other unforseen circumstances or complication in Surgery or Treatment..

यह केवल खर्च का पूर्वानुमान है, किसी भी सर्जरी / प्रक्रिया के होने पर या किसी पुरानी बीमारी या किसी भी वजह से अस्पताल में रहने की अवधि बढ़ने पर फाईनल बिल में परिवर्तन हो जाएगा

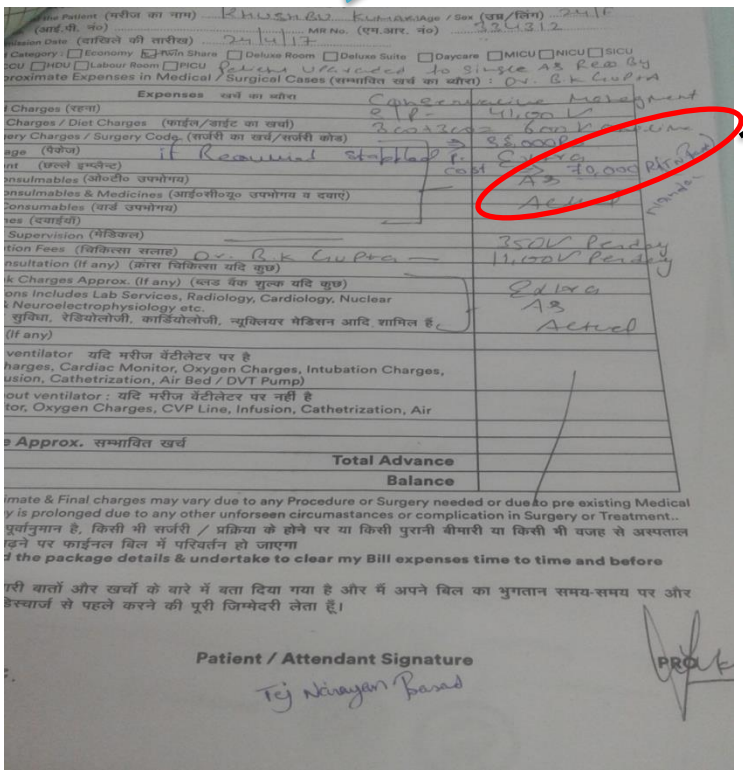
have understood the package details & undertake to clear my Bill expenses time to time and before discharge.

पैकेज से जुड़ी सारी बातों और खर्चों के बारे में बता दिया गया है और मैं अपने बिल का भुगतान समय-समय पर और बिल का भुगतान डिस्चार्ज से पहले करने की पूरी जिम्मेदरी लेता हूँ।

rs Name

Patient / Attendant Signature

PRO



Expenses खर्च का ब्यौरा

Consumables & Medicines (आई०सी०यू० उपभोग्य व दवाएं)

Consumables (वार्ड उपभोग्य)

Supervision (मेडिकल)

tion Fees (चिकित्सा सलाह)

nsultation (If any) (क्रॉस चिकित्सा यदि कुछ)

k Charges Approx. (If any) (ब्लड बैंक शुल्क यदि कुछ)

ons Includes Lab Services, Radiology, Cardiology, Nuclear & Neuroelectrophysiology etc.

सुविधा, रेडियोलोजी, कार्डियोलोजी, न्यूक्लियर मेडिसन आदि शामिल हैं

(If any)

ventilator यदि मरीज वेंटीलेटर पर है

harges, Cardiac Monitor, Oxygen Charges, Intubation Charges, usion, Cathetrization, Air Bed / DVT Pump)

out ventilator : यदि मरीज वेंटीलेटर पर नहीं है

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Total Advance

Balance

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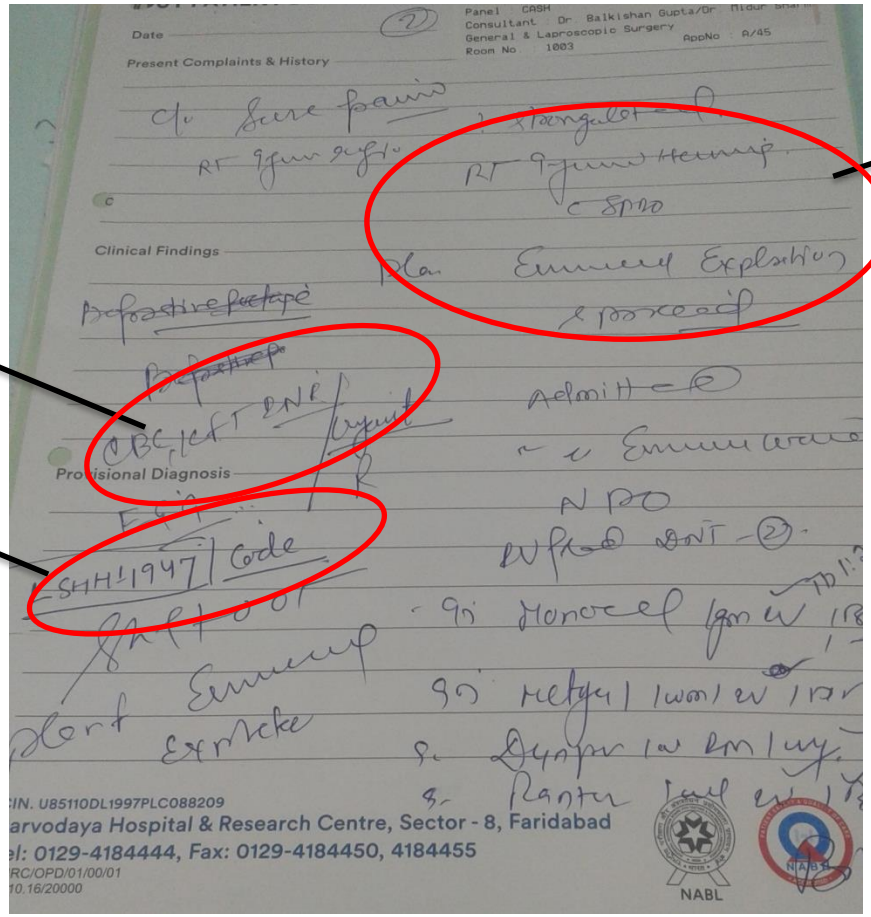
Patient / Attendant Signature

Tej Narayan Prasad

PRO

All the investigations are documented

Code is written by the consultant



Surgical procedure documented

Targets

- To achieve 100% compliance in estimated and final bill of surgery.
- Compliance with the final bill and estimated bill has to be achieved for all the patients.

Conclusion

- To study the effectiveness of CAPA, comparative analysis to be done after the collection of complied data for the month of May.


Thank
You