ADDRESSING COUNSELLING BOTTLENECKS: UNDERSTANDING WHY PATIENTS DO NOT GO FOR FINANCIAL COUNSELLING AFTER ADMISSION ADVICE IN A TERTIARY CARE HOSPITAL

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Overview

Introduction

Background

- India's tertiary hospitals have rapidly advanced clinically, but administrative functions like patient counselling lag behind.
- Financial counselling helps patients understand treatment costs, insurance, and payment options.
- Despite its importance, 26% of patients at Fortis Hospital, Jaipur, skip financial counselling after admission advice.

Importance of Conversion

- “Conversion” = Outpatient to inpatient transition after admission advice.
- Low conversion affects hospital revenue, surgical scheduling, and patient outcomes.
- Patients may delay treatment or drop out due to financial fear or lack of clarity.

Why Financial Counselling?

- Builds patient trust through cost transparency.
- Reduces billing shocks, improves satisfaction, and increases admission rates.
- Acts as a bridge between clinical advice and informed decision-making.

NEXT PAGE

RESEARCH QUESTION: What are the key factors preventing patients from attending Counselling sessions after being advised for admission in a tertiary care hospital?

OBJECTIVES:

To assess the percentage of patients who do not attend Counselling sessions post-admission advice.

To identify the primary barriers preventing patients from availing Counselling services.

To analyze patient perspectives and concerns regarding Counselling sessions.

To propose targeted interventions for improving Counselling compliance.

Review of Literature

S. No.	Author(s)	Year	Focus Area	Key Findings
1	Ghosh & Das	2022	Communication in counselling	Language and jargon reduced attendance
2	Singh et al.	2020	Patient satisfaction	Transparent billing improves trust & loyalty
3	Shankaran et al.	2020	Financial navigation (USA)	Navigation reduced financial stress
4	Lee et al.	2019	Pre-op counselling (South Korea)	Reduced cancellations, improved satisfaction
5	Jain & Chawla	2019	Handover issues in counselling	Unclear referrals led to drop-offs
6	Patel et al.	2018	Financial anxiety	Cost fear delayed or avoided treatment
7	Bhandari & Dixit	2017	SOP gaps in counselling	No uniform training or SOPs
8	Agarwal & Taneja	2017	Family's role in health decisions	Family absence delayed admission decisions

Review of Literature

S. No.	Author(s)	Year	Focus Area	Key Findings
9	Rajagopal & Varghese	2016	Counselling on treatment adherence	Improved patient compliance
10	Han et al.	2015	Cost-sharing impact (USA)	Cost removal → increased service use
11	Di Julio et al.	2015	Cost as care barrier	49% avoided care due to cost
12	Fenn et al.	2014	Financial stress in cancer survivors	Discontinuation due to cost stress
13	Zafar & Abernethy	2013	Financial toxicity in care decisions	Cost stress led to care avoidance
14	Rashidian et al.	2012	Pricing & hospital inefficiency	Ad-hoc pricing eroded patient trust
15	Kessels RP	2003	Patient memory retention	40–80% info forgotten without reinforcement

METHODOLOGY

Study Design and Period

Study Design

- Descriptive cross-sectional study
- Mixed-methods approach (quantitative + qualitative)

Study Duration

Conducted For 2 months

Study Setting

A tertiary care multi-specialty institution

METHODOLOGY

Study Design and Period

Study Population

- Patients advised for financial counselling post-admission advice
- Focus on 190 non-compliant patients out of 729 advised

Inclusion Criteria & Exclusion Criteria

Inclusion Criteria:

- Patients ≥18 years, advised counselling, able to consent and respond

Exclusion Criteria:

- Emergency cases, cognitive/psychiatric impairment, minors without guardian consent

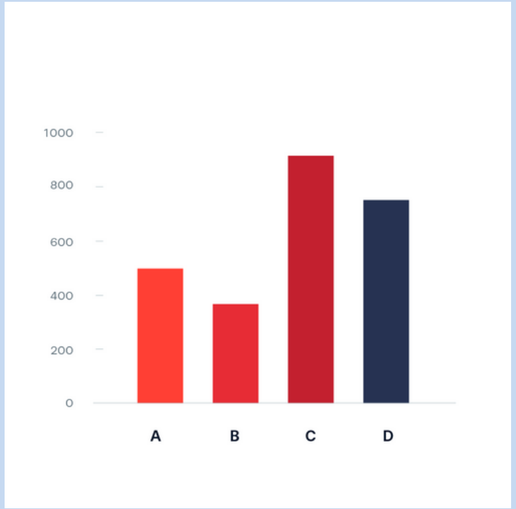
Data Collection Tools

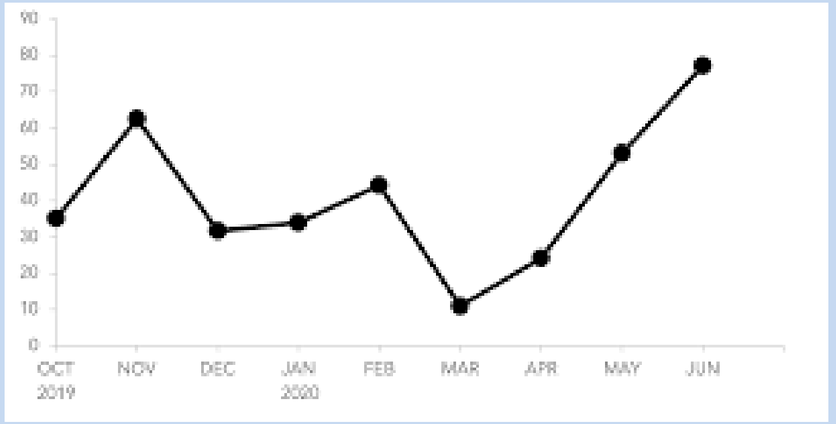
- Structured patient questionnaire
- Semi-structured interviews
- Focus group discussions (staff)
- Direct observations
- Hospital record analysis

METHODOLOGY

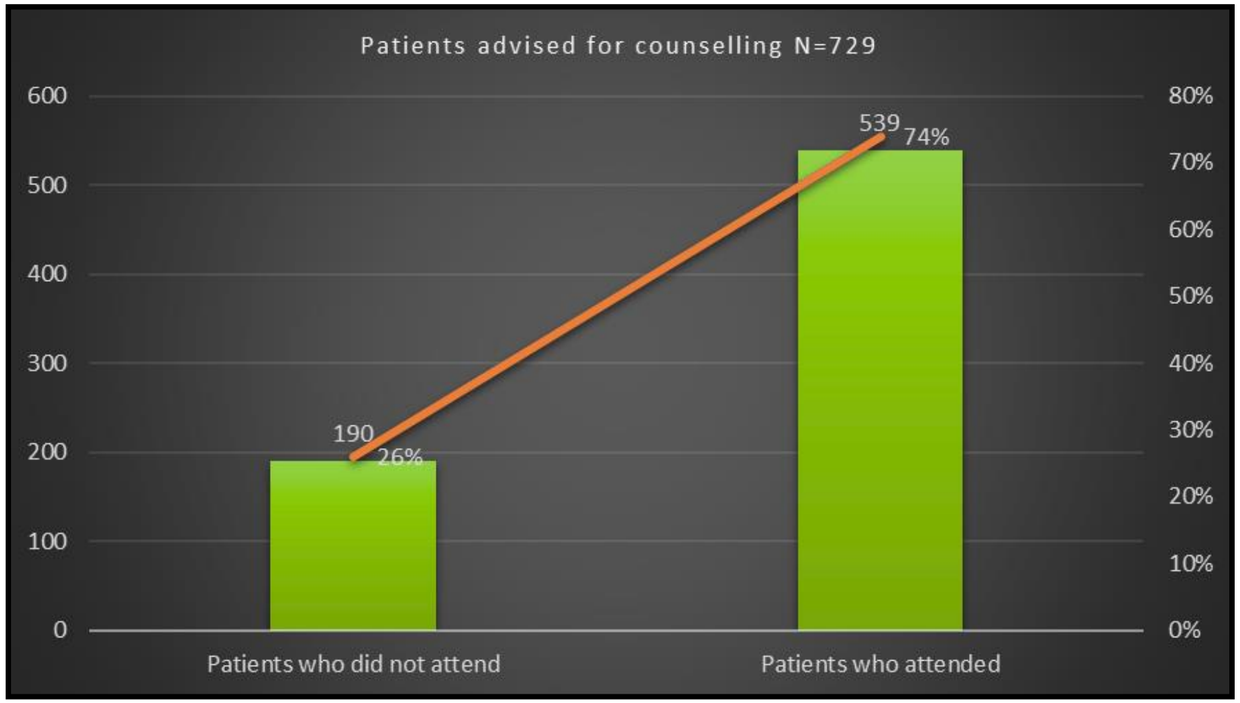
Data Analysis

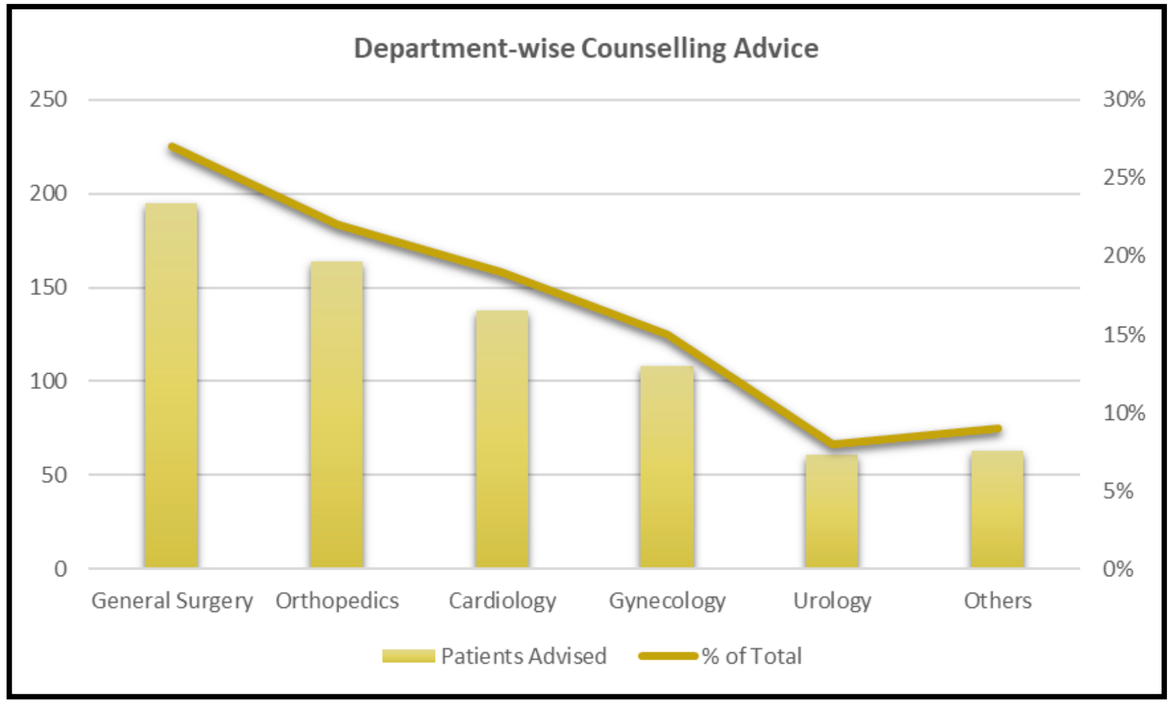
- Descriptive stats using Excel
- Thematic analysis for qualitative inputs
- Visual representation (bar graphs, pie charts)





Data Analysis

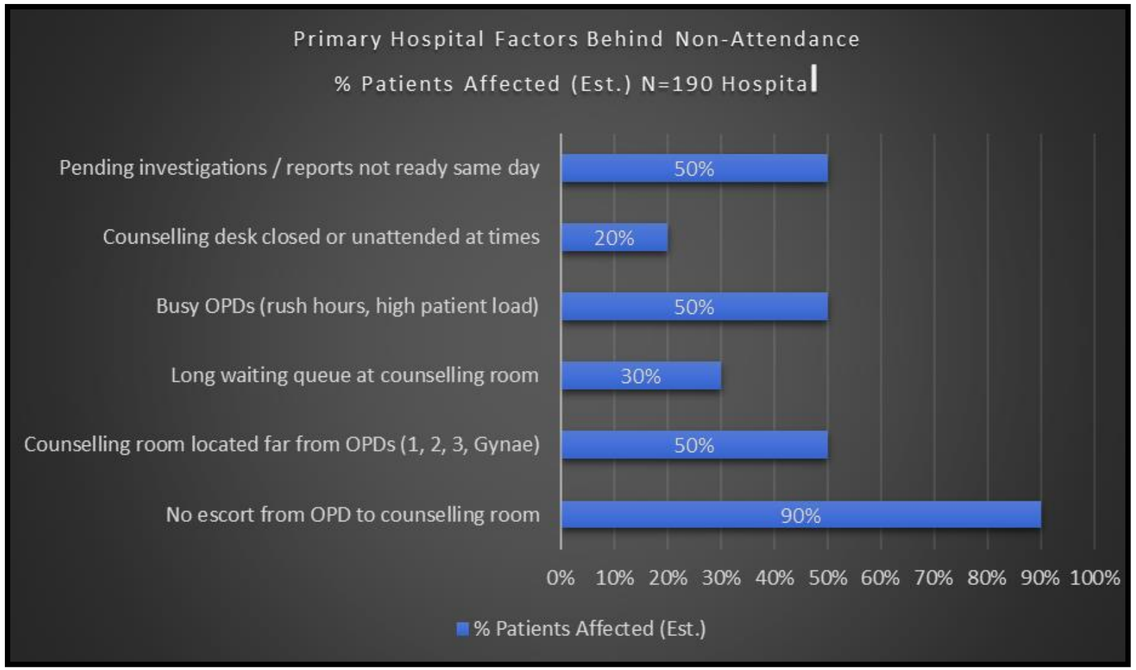




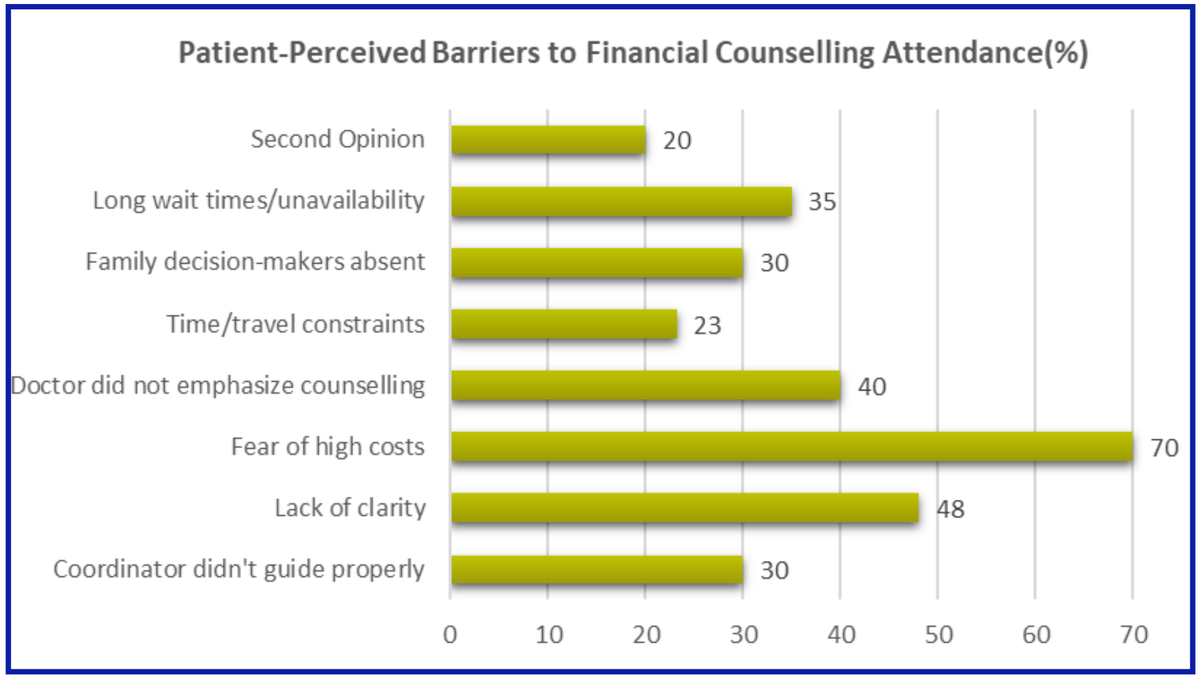
Out of 729 patients advised for financial counselling, 190 (26%) did not attend the session. This image illustrates the counselling compliance rate, showing that while a majority (74%) complied, a significant portion of patients dropped off after admission advice, highlighting a critical operational gap.

Variation in counselling compliance across departments was observed. Some departments like General Surgery and Orthopaedics saw higher drop-offs, potentially linked to patient load and referral communication gaps. This image provides a departmental view of adherence patterns.

Data Analysis



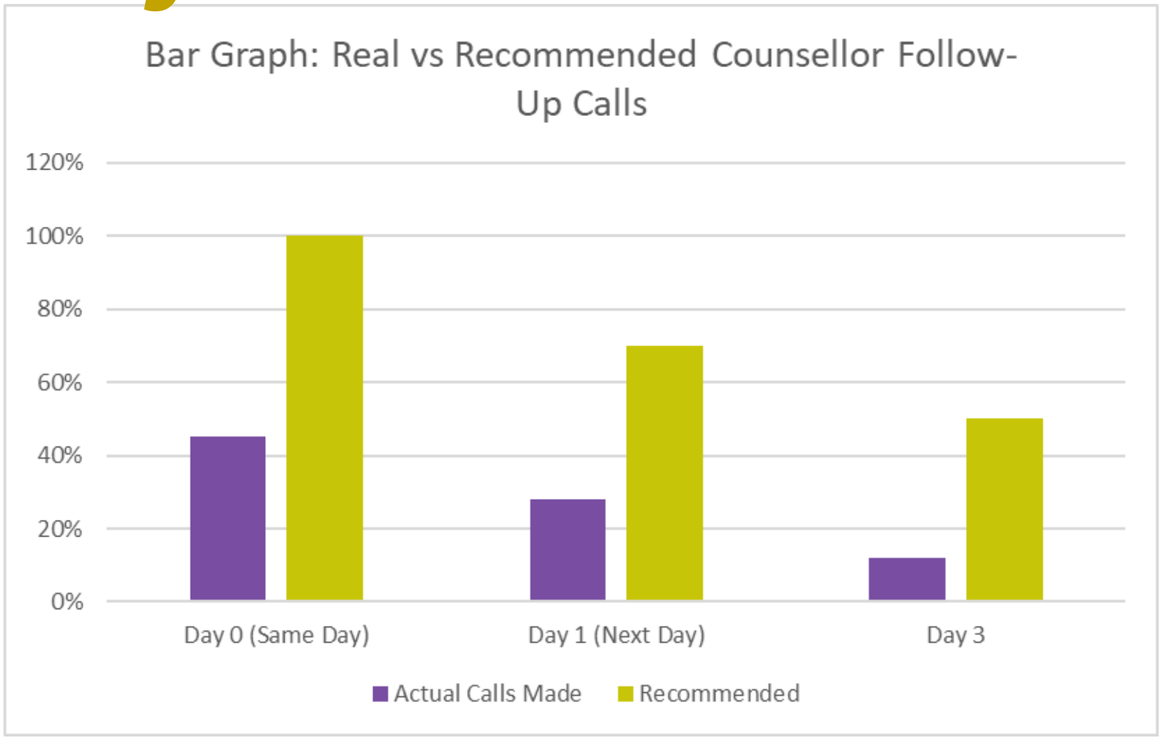
This bar graph highlights key operational barriers within the hospital that contributed to financial counselling non-attendance among patients (N=190). The most significant issue was **lack of escort from OPD to the counselling room (90%)**, indicating a serious gap in patient navigation and support. Other major factors included **pending investigations or reports not being ready on the same day (50%)**, **long distances between OPDs and the counselling room (50%)**, and **overcrowded OPDs during rush hours (50%)**. Additionally, **long queues (30%)** and **unattended counselling desks (20%)** further discouraged patients. These findings emphasize the need for structural workflow improvements and better patient guidance mechanisms within the hospital.



This graph presents the most commonly cited patient-perceived barriers that prevented attendance at financial counselling sessions. The **leading cause was the "Fear of high costs" (70%)**, indicating widespread financial anxiety among patients. **Lack of clarity about the counselling process (48%)** and the perception that the **"Doctor did not emphasize counselling" (40%)** were also significant deterrents. Other influential factors included **long wait times or unavailability (35%)**, **absence of family decision-makers (30%)**, and **inadequate guidance by coordinators (30%)**. Additionally, **time/travel constraints (23%)** and pursuit of a **second opinion (20%)** also contributed. These insights reflect both emotional and informational gaps in the hospital's patient communication strategy and support the need for targeted counselling process improvements.

Data Analysis

Scenario	Estimate
Patients who missed counselling	190
Could have been admitted if counselled (at 94.8%)	180
Potential missed revenue (if Avg cost of surgery=Rs50000)	₹90,00,000 (₹90 lakh)

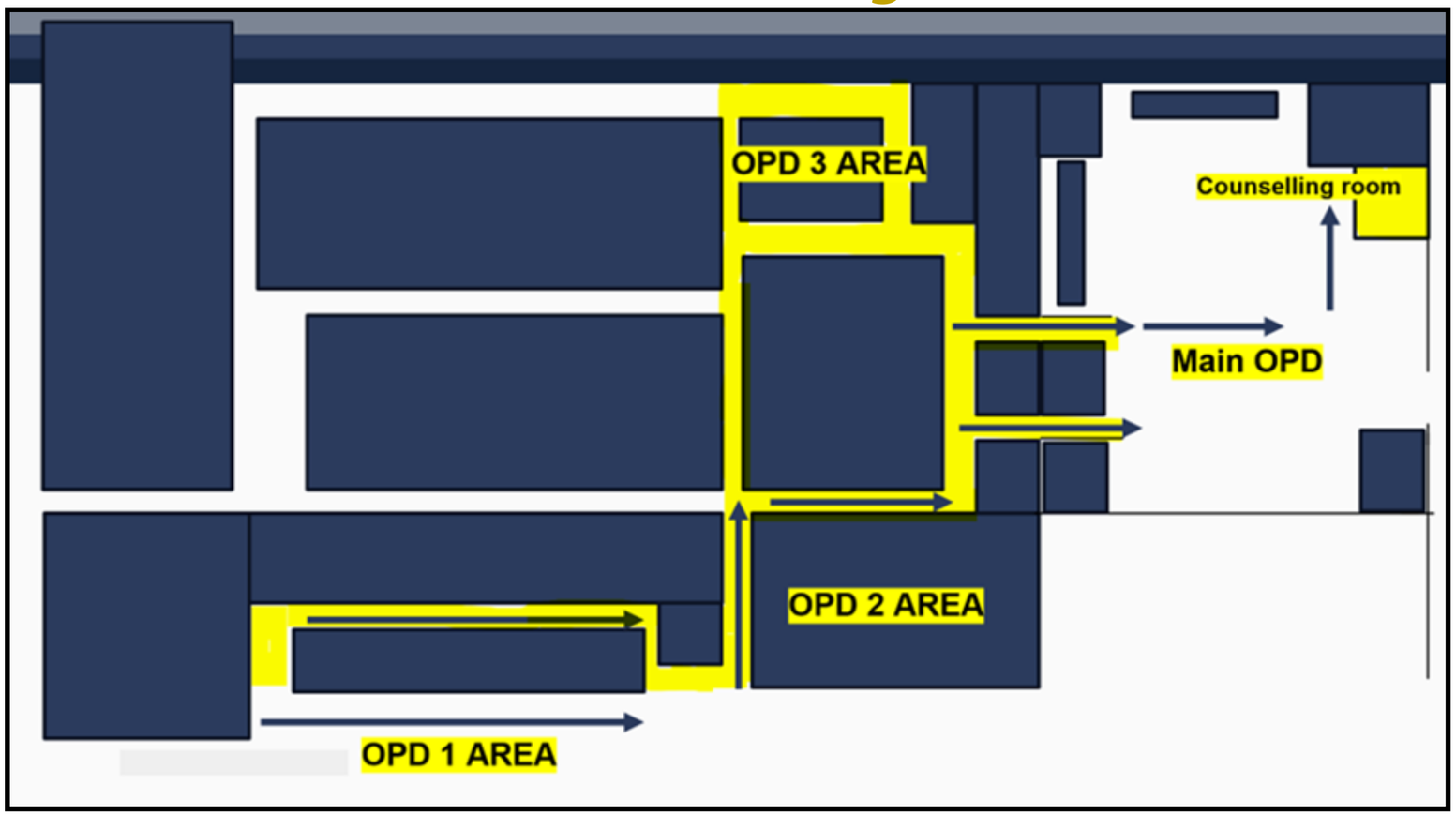


Out of **190 patients** who **did not attend financial counselling**, it is estimated that **94.8%** of them — approximately **180 patients** — **would likely have proceeded with admission** had they received proper counselling. This assumption is based on the observed admission conversion rate among patients who did attend counselling.

Given that the **average cost of a surgery is ₹50,000**, the potential **missed revenue** from these 180 lost admissions amounts to a substantial **₹90,00,000 (₹90 lakh)**.

Out of 190 non-compliant patients, only 57 (30%) received a same-day follow-up call from counsellors. Less than 20% were contacted on subsequent days. Alarmingly, **50% of patients did not receive any follow-up call**, indicating a major gap in post-referral engagement. In contrast, best practice protocols suggest that **100% of referred patients should be contacted within the same day**, with follow-ups on Day 1 and Day 3 if counselling is not completed.

Data Analysis



The hospital layout map highlights a significant spatial disconnect between the OPD areas and the Financial Counselling Room, which is located in a relatively isolated corner of the facility. Patients from OPD 1, OPD 2, and OPD 3 must navigate long and complex pathways, often without clear signage or escort support. This geographic inaccessibility contributes to counselling drop-offs, as many patients, particularly the elderly or first-time visitors, may feel lost or fatigued.

Recommendations

1. Manpower Augmentation

•Increase the number of counsellors:

- Assign one dedicated counsellor per OPD (especially for high-surgery-load OPDs like Orthopaedics, General Surgery, Gynae, ENT, etc.).
- Ensures real-time availability and personalisation of counselling for each specialty.
- Reduces wait times and improves patient trust and satisfaction.

2. Improved Coordination between OPD Team and Counsellor

•Establish a standard communication protocol between doctors, coordinators, and counsellors.

•Assign a primary coordinator liaison per OPD to work closely with the assigned counsellor.

•Integrate counselling status updates into the EMR/HIS dashboard so both OPD and counsellors see real-time statuses.

3. Deployment of a Floor Manager

•Appoint one dedicated Floor Manager per OPD block/floor:

- Responsible for monitoring patient flow, ensuring counselling compliance, and managing staff coordination.
- Acts as the single point of accountability for missed counselling cases.

4. Training & Sensitization of Coordinators

•Conduct regular training programs (monthly or quarterly) for OPD Coordinators, including:

- Basics of surgical procedures advised by doctors.
- Importance of timely financial counselling in improving surgery conversions.
- Process flow from ‘surgery advised’ to ‘counselling completed’.
- Use of HIS/EMR to update and track counselling referrals.

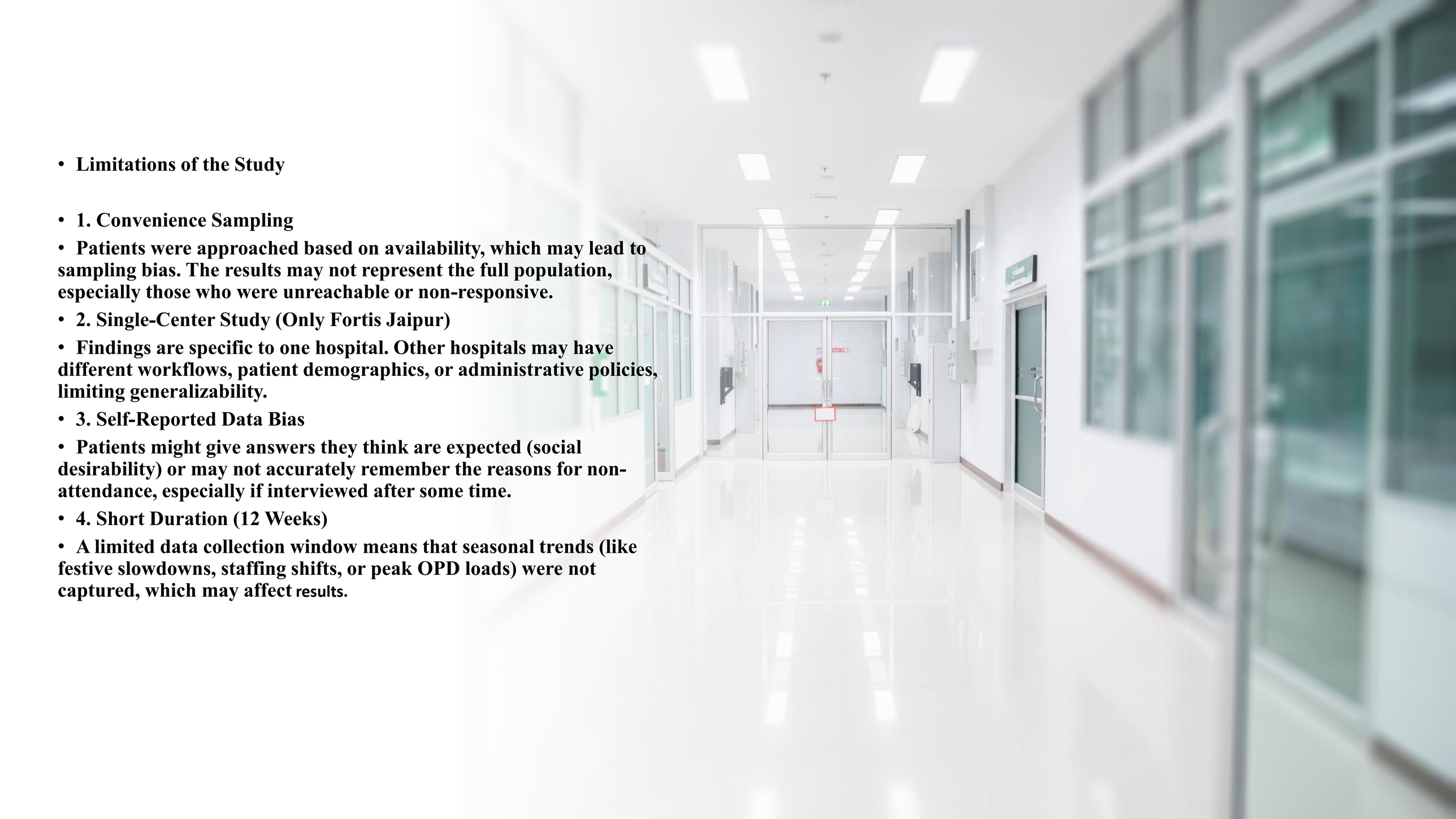
Recommendations

Sample SMS Alert (for Patient & Counsellor)
English:
Dear [Patient Name],
As advised by your doctor, a detailed counselling session is recommended to help you understand the next steps regarding your treatment.
Kindly visit the counselling room near [OPD Name] at your convenience today.
We are here to support you.

Hindi (हिन्दी):
प्रिय [रोगी का नाम],
आपके डॉक्टर की सलाह अनुसार, आपके उपचार से जुड़ी आगे की प्रक्रिया को समझने हेतु एक काउंसलिंग सत्र की सिफारिश की गई है।
कृपया आज [OPD Name] के पास स्थित काउंसलिंग कक्ष में पधारें।
हम आपकी सहायता के लिए सदैव तत्पर हैं।

Patient Experience team should be in collaboration as soon as the Patient is advised for surgery.

- **Strengths of the Study**
- **1. Mixed-Methods Design**
- **The use of both quantitative (surveys with 729 patients) and qualitative (interviews, FGDs, observations) tools allowed for a comprehensive understanding of both the measurable trends and emotional/behavioral reasons behind non-compliance.**
- **2. Real-World Hospital Setting (Fortis Jaipur)**
- **Conducting the study in an actual high-volume tertiary care hospital increases the practical applicability of findings for real-world hospital operations and planning.**
- **3. Focused on Non-Compliant Group (N=190)**
- **Rather than studying all patients broadly, the study zoomed into the exact group of interest (those who did not attend counselling), making the findings more directly relevant and targeted.**
- **4. Triangulated Data Sources**
- **Using multiple perspectives—patients, staff, hospital records—helped cross-verify responses, improving the credibility and objectivity of the results.**
- **5. Clear Operational Definitions**
- **Terms like "Counselling Compliance" and "Conversion Rate" were well-defined, making the research replicable and easier for hospital administrators and researchers to understand and implement.**



- **Limitations of the Study**

- **1. Convenience Sampling**
- **Patients were approached based on availability, which may lead to sampling bias. The results may not represent the full population, especially those who were unreachable or non-responsive.**
- **2. Single-Center Study (Only Fortis Jaipur)**
- **Findings are specific to one hospital. Other hospitals may have different workflows, patient demographics, or administrative policies, limiting generalizability.**
- **3. Self-Reported Data Bias**
- **Patients might give answers they think are expected (social desirability) or may not accurately remember the reasons for non-attendance, especially if interviewed after some time.**
- **4. Short Duration (12 Weeks)**
- **A limited data collection window means that seasonal trends (like festive slowdowns, staffing shifts, or peak OPD loads) were not captured, which may affect results.**

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Thank you