Why queue when you can Drop & Go?

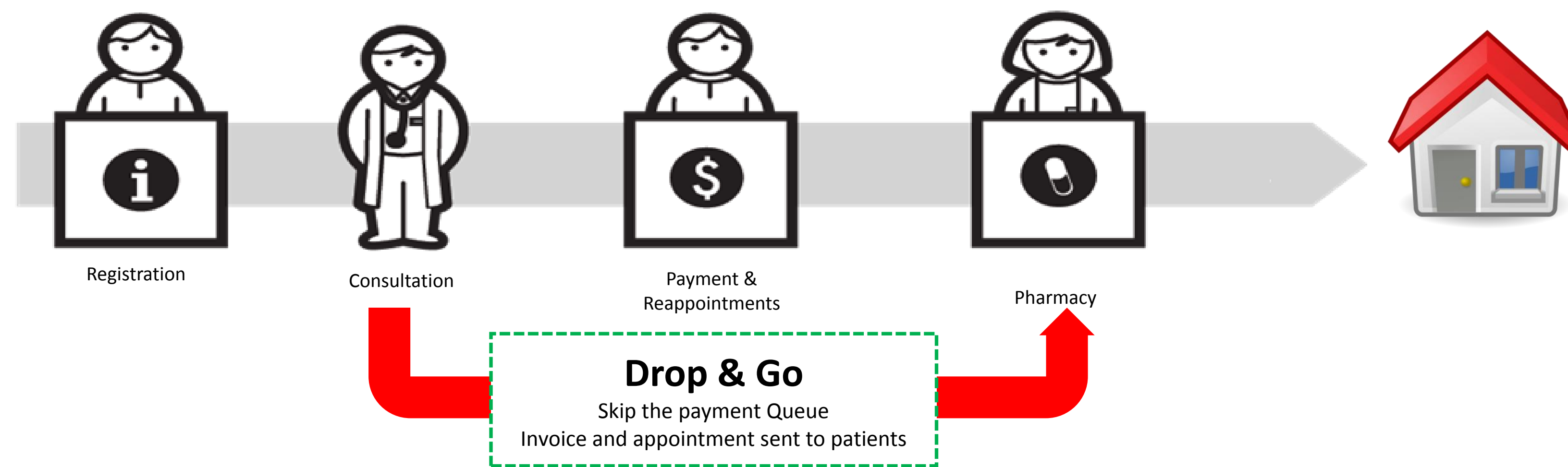**Singapore Healthcare Management 2018**

Eugene Sim, Lee Fook Yuan, SOC, SGH
Siong Guan Cheng, Finance, SGH
Vivien Tang, Business Office, SGH
Tricia Ang, Communications, SGH
Serena Chua, Service Quality, SGH
Estee Chan, OPP, SGH

Registration — Consultation — Payment & Reappointments — Pharmacy

Drop & Go
Skip the payment Queue
Invoice and appointment sent to patients

AIM

To reduce the waiting time for patients at SGH SOC's payment counters by 15%.

INTRODUCTION

SGH Specialist Outpatient Clinics (SOCs) have an average daily attendance of 3000 patients, many of them have to spend a sizeable amount of time waiting to pay after their consultation. A review of patient's queue data showed that wait times for payment can vary from 5 to upwards of 20 minutes. A multi-department team was formed with the intent to reduce the waiting time for patients at the payment counters by 15%.
The project team was formed from members of the following departments:

SOC	Finance	Business Office	Communications
IT	OPP	Service Quality	Pharmacy

METHODS

The team started by reviewing the processes required at the payment counter and used a tree diagram to prioritise solutions. An analysis of the payer data showed that 63% of SGH's outpatients are self payers or use 3rd party payers that can be verified online, such as Civil Service Card and SingHealth staff benefits. The team decided that patients using these payment methods would be the target group for this project as no additional paperwork or physical verification would be required.

The project, now called Drop & Go, consists of a frontend and backend workflow, which are shown in Figures 1 and 2 respectively. Essentially, eligible patients are recruited for Drop & Go by clinic staff and are told they can leave after their consultation. An appointment confirmation SMS will be sent to patients and their appointment letter and bill for the day will be subsequently mailed to them. Thereafter, the patients can make payment via e-Pay or other payment services available to SGH.

Before the implementation of the initiative, Finance, Business Office and SOC worked on reviewing billing data to determine the Accounts Receivable (AR) risk of such an initiative. This was to ensure Drop & Go would not bring about added financial cost or risks to SGH. After implementation, the team closely monitored the incoming payments and outstanding bills, to further ensure that the payment behaviour of D&G patients were similar to that of the rest of the SGH outpatient population.

The team decided that the initiative would be piloted out in two phases. Two clinics with a lower patient load were chosen for the first pilot phase, so as to test the workflow and determine the aged patient AR rate (how fast patients pay their bills). Two weeks after the start of the first pilot phase, the team met to discuss operational issues and fine-tuned workflows. The second phase, which saw the inclusion of four clinics with a high patient load, was started a month after the initial phase. This allowed the team to test if patients were more inclined to take up the initiative, given that their wait at the payment counter would be substantially longer.

Six weeks after the second pilot phase started, the team was confident enough of the workflow that the initiative was operationalised across all SGH SOCs. After the full implementation of Drop & Go at SOCs, the team then looked to implement this at other ambulatory service locations in the outpatient journey, starting with Pharmacy, Radiology and Lab.
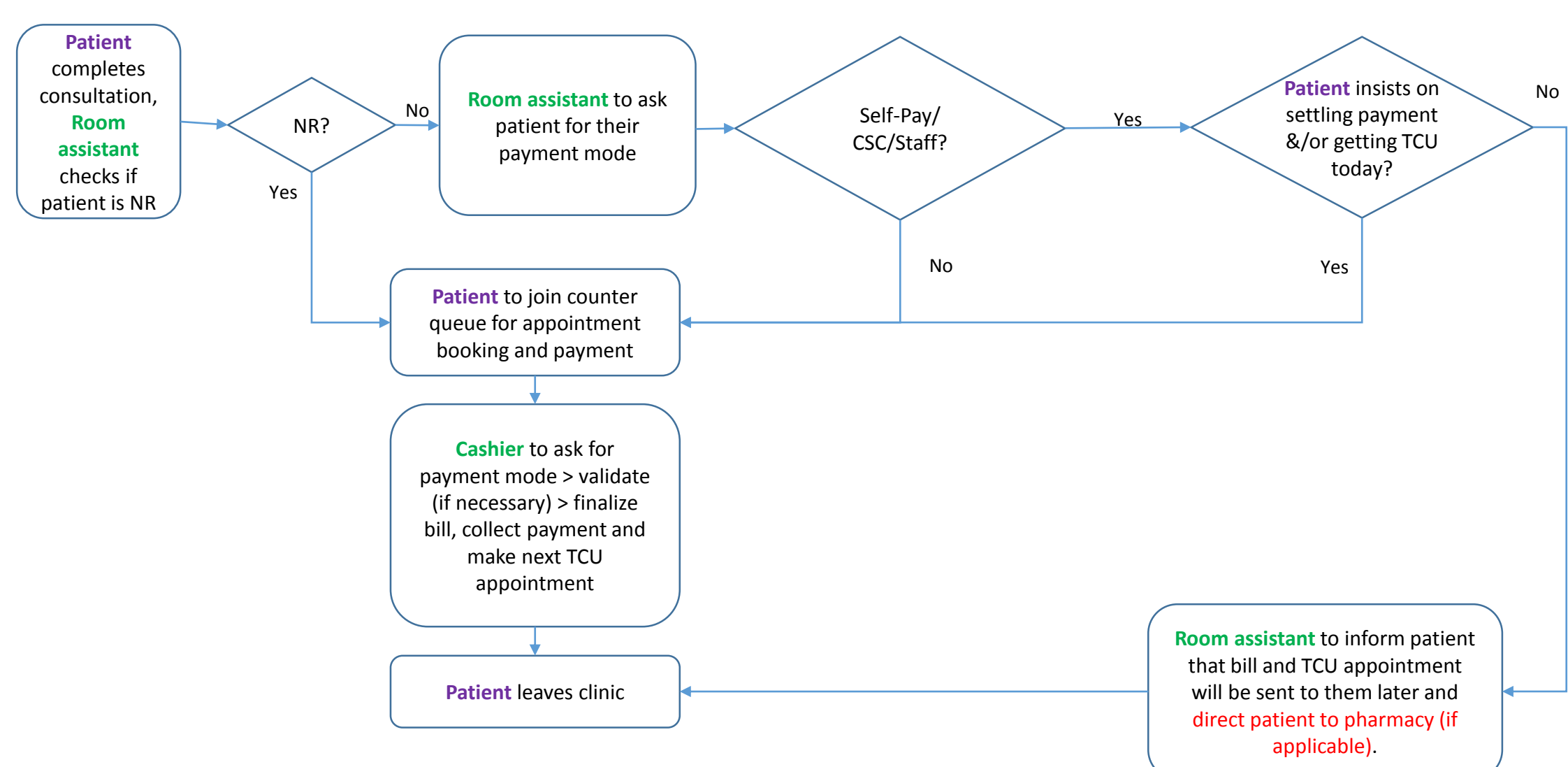

Figure 1: Frontend workflow for Drop & Go, depicting the actions taken by the clinic assistants when servicing patients.
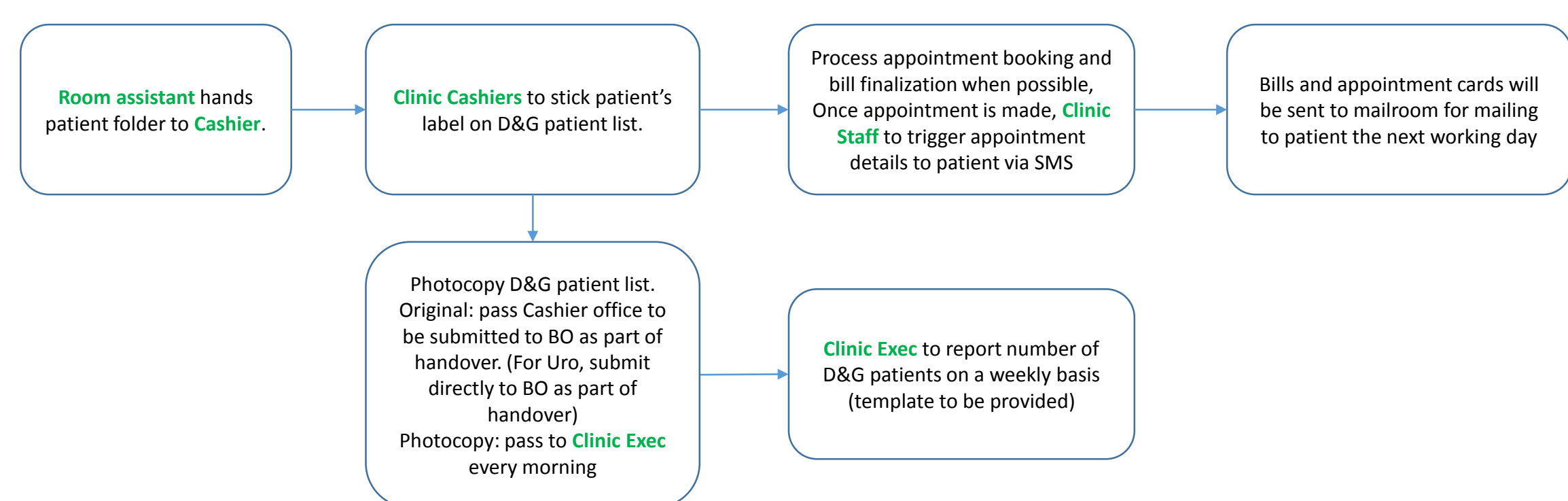

Figure 2: Backend workflow for Drop & Go, depicting the actions taken by the clinic cashiers after the patients have left the clinic.

RESULTS

During the first and second phases of the trial, the take up rate of Drop & Go was 13% of the eligible patient population. This translates to 8% of the outpatient attendances at the trial clinics. In order to better understand why patients choose or do not choose to take up Drop & Go, a survey was carried out on 91 patients. It revealed that patients generally had three reasons for not taking up Drop & Go. Firstly, they needed a physical bill for their personal or insurance claims. Secondly, they wanted to check their bills before they leave. Lastly, they wanted to choose their appointment date and time or had multiple appointments to schedule. The team is looking to address these concerns in future iterations of Drop & Go. The results of the survey are shown in the Venn diagram below (Figure 3).

A review of queue data showed a 16% reduction in average waiting times for patients pre- and post-implementation of Drop & Go (Figure 4). For now, while the adoption rate is relatively lower, the absolute reduction in waiting times is small. This would likely change as the adoption rate of Drop & Go increases.

An analysis of the time taken for patients to pay their bill showed 96% of the bills are paid within a month of their visit, with 83% paid within two weeks (Figure 5). This gave confidence to the team that the financial risk of Drop & Go has been kept to within tolerable limits.
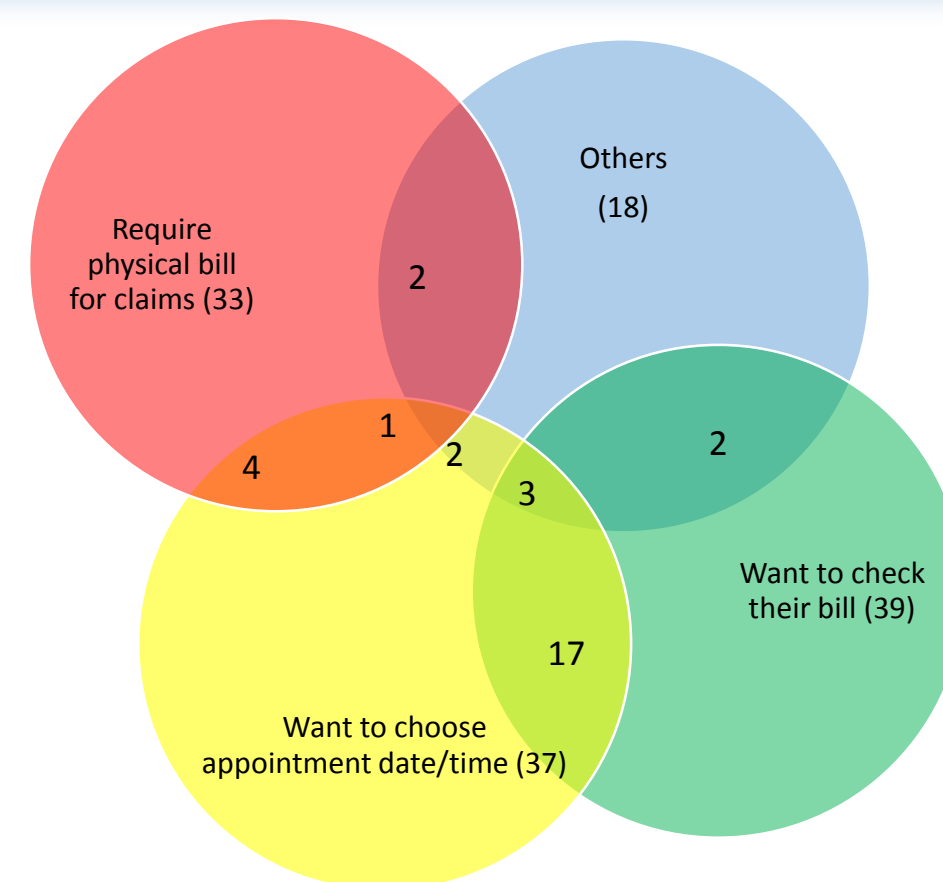

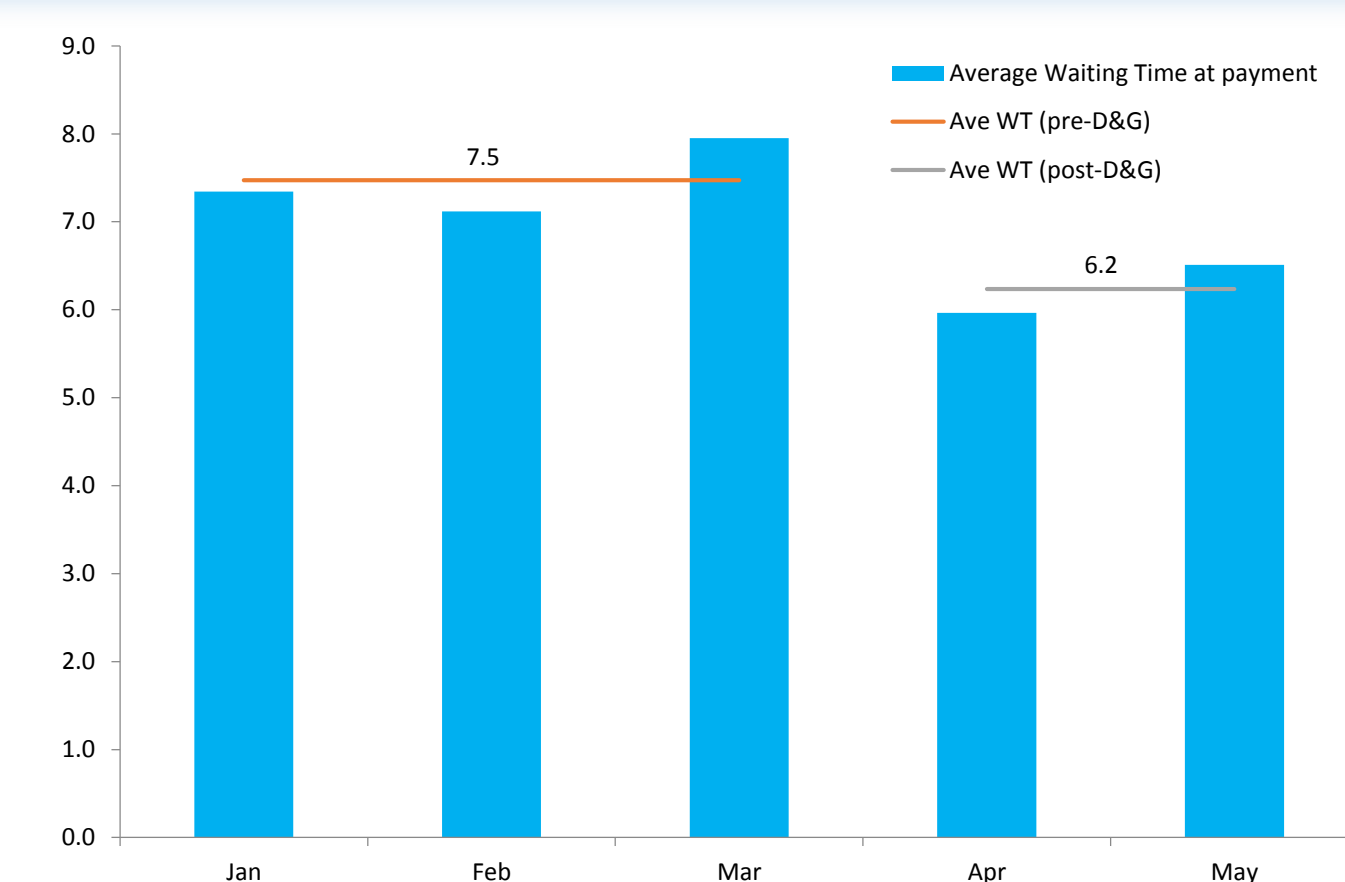Figure 3: Venn diagram showing the results of the patient survey and why they did not Drop & Go.

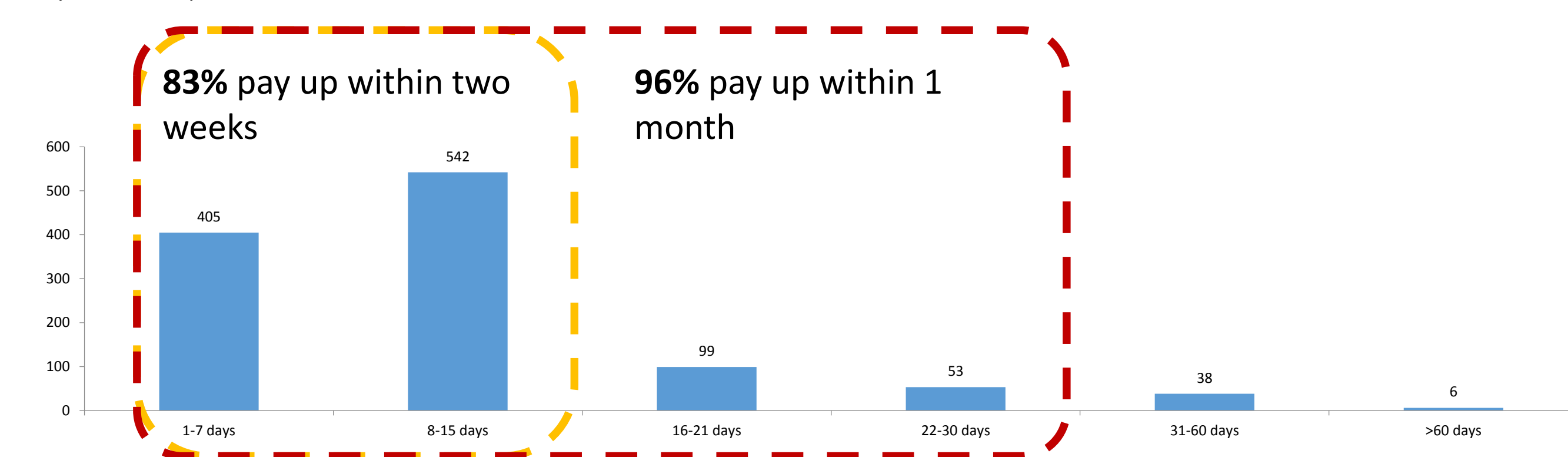Figure 4: Pre- and post-implementation average waiting times at payment counter.

Figure 5: Payment of bills against time.

BENEFITS

Patients wait less
Those who took up Drop & Go had no waiting time. With the Drop & Go patients removed from the payment queue, it led to shorter waiting times for the remaining patients.

Easy payments
Without being restricted to queuing at the payment counters, patients have the flexibility to pay anytime and anywhere.

Staff are happier
Shorter queues, reduced transactions are just some of the benefits to the SOC cashiers.

No implementation cost
By just changing the way SOC handles the patients, starting Drop & Go cost nothing to implement.

Highly scalable
Drop & Go could be started at any SOC very quickly and a full rollout was achieved 3 months after the start of the pilot. Other ambulatory departments can also adapt Drop & Go for their service locations quickly.

STAFF FEEDBACK

It helps to underline control the crowd at the payment counter... No more waiting for payment

SPSA Anita, Urology Centre

My colleagues work together to reduce the number of patients facing us at counter

PSAE Vsha, Clinic H

Good for both staff and patients, shorter waiting time and more efficient workflow for staff

PSA Ai-Ainn, Clinic A

Conclusion

Patients have to queue to register, to see the doctor and even to pay. With the new Drop & Go initiative at SGH SOCs, patients can skip the payment queue and pay at their convenience. Patients who choose not to Drop & Go benefited as well due to an overall reduction in queue times at the payment counters.

Additionally, a knock-on effect that was seen subsequently was an uptrend in the adoption of SGH's electronic and mobile appointments use. As patients do not choose their appointments at the counter, patients who wish to change their appointments have turned to such platforms to carry out their transactions, as encouraged by SOC staff.

As patients get more accustomed and confident in using such platforms, the uptake of similar platforms like mobile payment will see a subsequent increase in adoption rate as well. With more self-help platforms being available soon, SGH is well placed to position itself as a "smart nation" hospital in Singapore.