



Reducing turnaround time to final bill generation so that patients get their bills faster

Singapore Healthcare Management 2021

Amran bin Abdul, SCH
Marianne Au, SCH
Angela Ong, SCH



Introduction

Patients would like to have their final bill fast so that they can arrange for payment quickly.

Public healthcare providers (PHI), however, need to make claims to third parties (e.g. Medisave, Medisheild, insurance companies, employers, etc ..) on behalf of the patients. At the end of it all, patients will get their final bill which requires them to make out-of-pocket payment for balance outstanding.

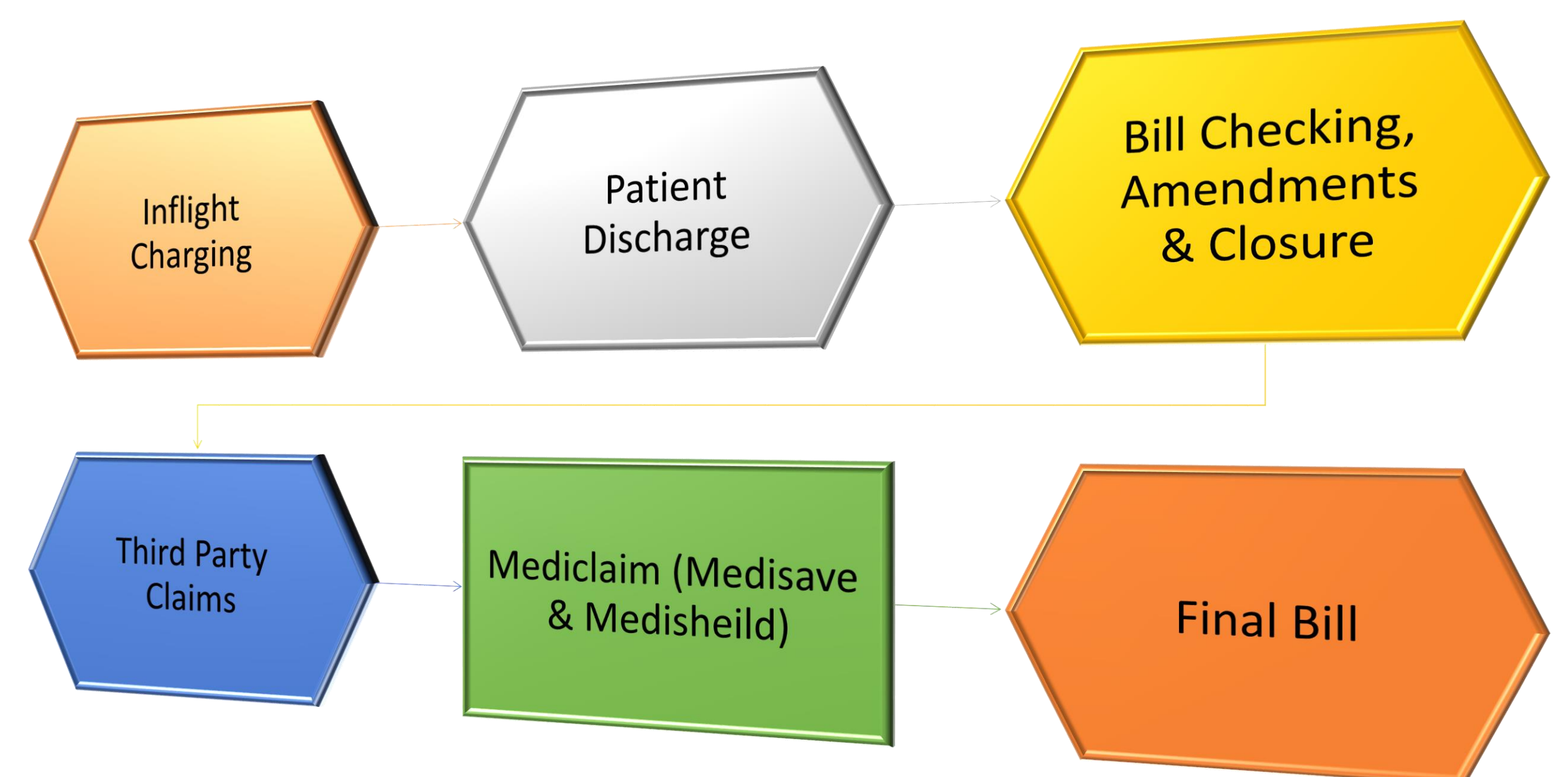
The ability to send this final bill to patients therefore depends on how quick the bill is closed upon discharged and how well we coordinate the series of events so that the total turnaround time is managed well.

Over the next few months, the team worked to find resolutions to each of the issues based on the framework mentioned above.

- **Established strict deadlines** and schedules for each task completion.
- **KPIs were established** and tracked for each staff.
- 100% check on all bills will be lifted as soon as it becomes less necessary.
- Ensured that the **error rate is minimized** to < 3% over a period of 5 months consecutively, before lifting the total check practice.
- Established periodic **random sample checks**.

Objectives

- To reduce the turnaround from discharge date to final bill patients.
- To make claims to third party claims quicker.
- To enable patients to pay their hospital bills faster.



Method

The team mapped out the sequence of events that lead to final bill.

- For each task, we measured/estimated the time taken to complete the task i.e. lead time.
- The relationship and inter-dependencies between each tasks were identified and marked.
- The cause-effect relations were also highlighted, together with the scenarios, contingencies and options available to us.

The team identified the issues into a few categories:

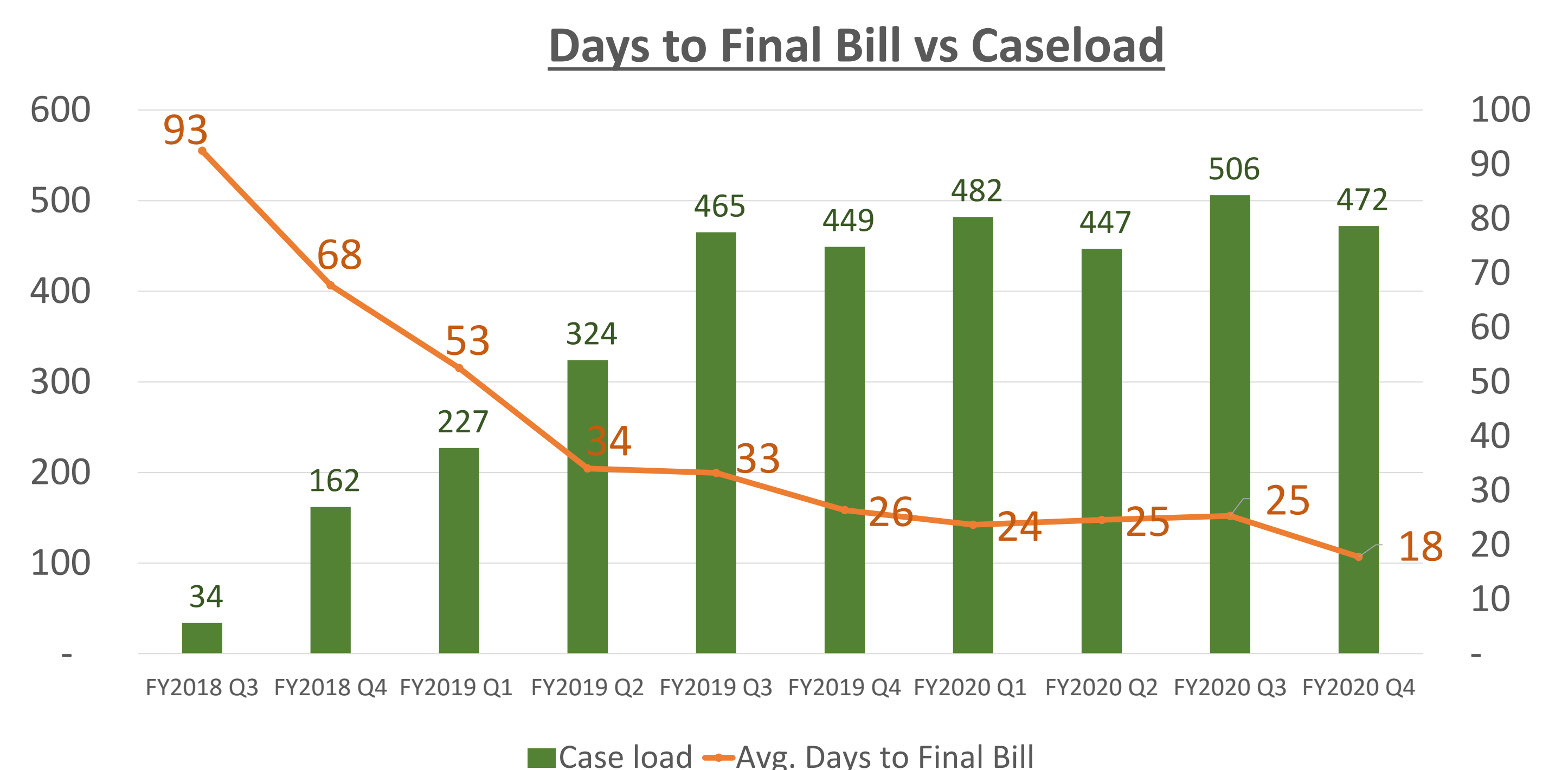
- Issues which we can **directly influence**
 - priority to resolve these issues quickly
- Issues which we can **indirectly influence**
 - establish what we can do to influence the outcome and
 - list the options available to us.
- Those which we **cannot influence** at all
 - can we prevent it from occurring or even avoid it altogether?
 - what is the cost to us if it becomes inevitable?

The team then prioritized the resolution plan in the following order

- Easy – refers to low lying fruits which can be quickly resolved.
- Medium – refers to issues which we can resolve but will need more time and cooperation from other stakeholders.
- Hard – refers to issues which are beyond our control but the impact could still be lessened/ mitigated.

Result

- The turnaround time for final invoice generation improved from approximately 3 months to about 3 weeks.



- Claim issues with MSHL, MSV and private insurance companies were identified and resolved earlier.
- More patients pay faster than before.

Conclusion

With quicker turnaround time to final bill, SCH is able to achieve:

- Better patient satisfaction - patients get their invoices much faster than before.
- SCH is able to collect payment faster than before.