



1. INTRODUCTION

For bills involving Medisave claims incurred at Outpatient setting, Business Office (BO) is required to scan and save a copy of Medisave Authorisation form (MAF) duly signed by the patient and/or the Medisave Account holder (thereafter, known as “Guarantor”) into KKH’s Identification Depository System (KKIDS). This is to facilitate verification and audits. Also, for patients who have signed a MAF specifying authorisation for unlimited period or when the MAF is still within validity period, clinics will check the form and verify the information via KKIDS to avoid asking patients to sign a new form again.

With the implementation of Medisave scheme for Outpatient Scans (MSVOPSCAN) from 1 January 2015, the volume of MAFs increases tremendously, from 150 to 500 copies a week. Given the huge increase in workload, the staff at Business Office found it a struggle to scan and save the forms into KKIDS within the stipulated period of 3 days . Furthermore, given the nature of the task where it is deem as time-consuming and mundane, staff was stressed and losing motivation slowly.

2. METHODOLOGY

The department brainstormed and explored various options to dispense with the need to scan the MAF into KKIDS. The most feasible option was to leverage on a particular function in Outpatient Administrative System to extract pertinent information on Medisave claims for patients with previous Medisave claims incurred at any outpatient setting. We further evaluated that we could also tap on an in-house Report Portal available in Intranet to enhance the processes.

2.1 Outpatient Administrative System (OAS)

Pertinent information such as patient NRIC, Name, Guarantors’ name, Guarantors’ NRIC, Relationship to patient is extracted from the Guarantor information in OAS and exported to 2.2.

2.2 OAS Inhouse Report Portal (IRP)

The OAS Inhouse Report Portal (IRP) is a platform used to store and process the raw data from OAS to create a end-product in a readable report format that is acceptable by KKIDS.

2.3 Identification Depository System (KKIDS)

The report is then uploaded to KKIDS in PDF format for clinic staff to make reference for patients who wish to make Medisave claims.

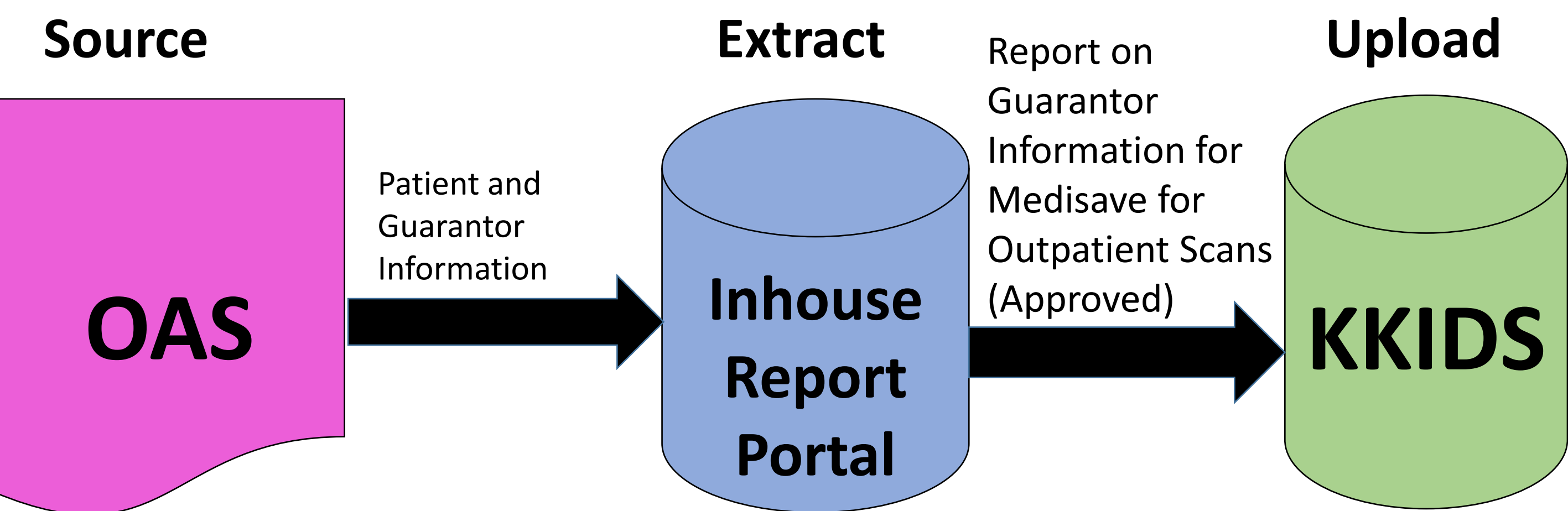


Figure 2.1 systems used to generate and upload report

3. RESULTS

With the introduction of the new methodology, it takes only 2 minutes to upload 500 Medisave records, as compared to 2000 minutes under the previous workflow. Hence, staff could be deployed to do more productive tasks as a result.



Previous Workflow	Time taken	Improved Workflow	Time taken
Key in NRIC of patient	0.5 min	Generate report	1.0 min
Scan MAF	3.0min	Save the report in PDF format.	0.5mins
Upload the file onto KKIDS	0.5 min	Upload the report onto KKIDS	0.5mins
Total	4.0 mins	Total	2.0 mins

Figure 3.1 Previous and improved workflows to provide Guarantor information

Manpower cost saving	
Business Office Assistant	\$40/hour; \$0.67/minute
Previous Workflow (4mins x 500 x \$0.67)	\$1,340
Improved Workflow (2mins x \$0.67)	\$1.34
\$ savings in manpower cost	\$1,338.66
% in Manpower cost saving	99.90% !!!

Figure 3.2 Manpower cost saving (based on 500 records)

4. CONCLUSION

By leveraging on existing IT infrastructure and information that is available from OAS, we have streamlined processes that resulted in significant cost savings of almost 100%. Staff morale is also better as the urgency of time and pressure from the heavy workload are greatly alleviated.

Moving forward, to further streamline the processes, the team is looking at automating the manual uploading process by end FY2015.