CPSI ARTICLE ON CASE MANAGEMENT

BY

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INTRODUCTION

CASE MANAGERS AS GOVERNMENT ANACONDAS

No place to hide Buti! Please release our money for DoH!!!!!!!!!!
Root cause: Revenue collection

- Knowledge deficit

- Relating to classification, processes and procedures of patients enrolled on medical aid after funds have been depleted or exhausted from the Private Sector/clinics patients are then transferred to the Public hospitals and classified as HI – and charged R40 per 30 days  H2 paying R40 per 30 days) instead of being classified as Private medical aid patients and be charged as per Uniform Patient Fee Schedule tariffs and according to level of care that means: ICU-Intensive care unit-patients are charged R3060 for every twelve hours,Highcare-R1232 every twelve hours and General ward –R851 per day.
ROOT CAUSE

• **Foreign Policy** - Incorrect patient classification of private foreigners without proper documentation led to depletion of financial resources, tracing impossible since they move from one place to another/ or province to province even to informal settlement, the outcome write offs debts.

Measures

• The Department of Revenue and Budget Administration was faced with a huge over-expenditure on voted budget which necessitated a mind shift towards and more aggressive and strategic approach to generate revenue

• Inaccurate capturing of pertinent data and ICD 10 Coding on the PAAB system especially patient enrolled on medical aid led to rejection of claims or stale accounts submitted for settlement to the Fund
Domain 3: Clinical Efficiency
Management Systems ensure patients receive adequate, safe, quality health care by

- To determine whether the ongoing services are reasonable, medically necessary, and covered by the benefits
- To establish processes, procedures and protocols to manage financial risks for payment of care, protect and mitigate against unnecessary cost being imposed on patients
  (Advise customers to apply for Exgratia)
- Procedure to monitor and mitigate against medical aid funds being exhausted and them not having access to care
- Ensure billing and case management systems are not under/over charged patients.
- To reduce claims rejections and stale accounts
• The inflow of cash was excellent but the escalation of health care costs impacted negatively on budget because of overcrowding and extended average length of hospital stay led to increase per day equivalent cost estimated as R1995 per day as a norm for Tertiary Hospitals.

• To control cost we came up with innovative ideas to create awareness in Community Empowerment within case management.

• Case managers conduct daily ward rounds to identify patients needs in line with the Six Quality Priorities based on National Core standard as set out by the National Department of Health and developed different ways to offload and reduce cost.

• Case Mangers went to the wards during visiting times, Out Patients clinics morning and afternoon to raise awareness as a means of alternative hospitalization.
TARGET AUDIENCE

• Chronically ill patients (Senior Citizens) not on proactive treatment diagnosed as having stroke and terminally ill patients diagnosed as having cancer, these patients need not be admitted to Tertiary hospital but may be referred to alternative means of hospitalization.

• To promote smooth transition of care during patient discharge or transfers to other settings i.e. step down facilities, Home based care, Rehabilitation /Step-down/ Palliative or /Hospice centres which are 24/7 with doctor and nurses on duty for constant nursing interventions like observations, position changing to avoid bedsores, feeding and daily full wash.

• Goal of health talk/education
  • Adjust to living as independently and safety as possible
  • To reduce cyclical patterns of short-term readmission to acute facility thus reduce cost (patient day equivalent is R2000 as a norm for Tertiary Hospitals)
  • To reduce chances of patients developing nosocomial infections
• **Community Empowerment** reduced average length of stay from 27.8 days to 10 days e.g. (HIV/AIDS/TB) thus saved cost

• **Measuring effectiveness** base on changes and awareness after campaigning for PMB, Case Management and Community Empowerment showed positive impact and excellent patient’s outcomes namely: compliance to treatment reduced complications and cyclical patterns of short-term readmission to acute facility

• **Preferences**: there is a Paradigm shift, customers/patients enrolled on medical aid are now consulting at Tembisa Hospital outpatients/family medicine which is 24/7 with doctor and nurses on duty and had become the “thee’ Designated Service Provider (DSP network)

• The Survey conducted showed that perception and staff attitude was modified

• **Benchmarking**

  - Tembisa Provincial Tertiary Hospital is known as the centre for Benchmarking on Case management for the **whole of Gauteng Province**, even **Cross Border** namely: **St.Ritas Regional Hospital in Limpopo** ensuring that the concept of case management and M16 National Quality Assurance Assessment Tool is known, practiced, acknowledged and understood in the Public Sector

• **Revenue collection**

  - Collaboration with Billing displayed efficiency in Revenue generation and collection ensuring that expectations and targets are met e.g. target set for Tembisa 2013/2014 was R18, 000,000

  - Revenue collected by the end of 31 March 2014 financial year: R19, 127,057

  - Over collected by R1, 127,000 which was beyond our expectation
Competitive Edge: Case Management project created a competitive edge amongst staff and stimulated internal motivation for staff to enter for different competitions to improve quality performance and raised a bar and efficiency in the standard of nursing care. These are the different awards won by the unit:

- CMASA national awards at Sun Hotel OR Tambo May 2015-won 2 trophies for a Team and the Best case manager of the year in the public sector
- CMASA national awards at Cape Town 15th May 2013 (case study)
- CMASA national awards at Indaba Hotel 18th April 2012 (case study)
- Khanyisa Awards the best in Case Management July 2012
- Dinaledi Service Excellence Awards 2013-Face of Government
- Dinaledi Service Excellence Awards 2013-Face of Government and Best National Core Standards in Case Management
- Khanyisa Awards won first prize in National Core standards 2014
- Central Public Service Innovation Award-First Prize 31/10/2014 awarded a gold/silver plated trophy and a R10,000 from sponsor DATA CENTRICS.
SUSTAINABILITY

• Top-down management support from the CEO to the Executive management level to strengthen and motivate staff to attain set objectives for the organization
• Invest in on-going training and development of staff / health talk / education to patients and their families for excellent outcomes
• Marketing strategy: Strategy Implementation-Pull and Push Strategy as a long term
• Attend seminars, workshops and conferences to enhance the skill in case management
• Private Public Partnership – Medikredit/GEMS/Alexandra Forbes consulted for in-service lecture for Tembisa Administration clerks / Case Managers to enhance the skill on capturing of pertinent data
• Involve / engage different Embassies in South Africa to pay for health services delivery for their patients to recover hospital debt rather than writing off debts
• Auditing of records/file Participate in self assessment and monthly meetings for Quality Assurance Committee to identify service delivery gaps
• Community work based projects should be on-going

• REPLICABILITY
  • Benchmarking
  • Tembisa Hospital is known as the centre for Benchmarking on case management for the whole of Gauteng Province also Cross Border Province-St.Ritas Limpopo Province
  • Promotes learning and exchange of knowledge and expertise on innovation in the Public Sector
  • National Core Standard: Assessment Tool M16 on Functional Risk Areas evaluation at Gauteng Hospital excelled in ratings from 85.5-100%.
  • Revenue generation improved in most of Gauteng Provincial and Regional Hospital as per Medikredit report
  • Case Management project created a competitive edge amongst staff and stimulated internal motivation
  • Referral Systems to alternative hospitalization improved patient’s lives and increase in life expectancy
  • CEO Dr Pekane introduced, coordinated and facilitated a meeting between Tembisa Tertiary Provincial hospital and Ekurhuleni District Management to reduce overcrowding and cyclical readmissions of patients to hospital with excellent outcome.
CHALLENGES

• Knowledge deficit
• On case management concept and computer literacy to nursing staff
• Members /Customer not having knowledge on their fund benefits –medical aids
• Incorrect classification of patients and application of Foreign Policy for foreigners in South Africa
• Prescribed Minimum Benefit: lack of knowledge and procedures to access benefits funds from the Funders for patients enrolled on medical aid to generates revenue

• NON-DISCLOSURE
• Patients enrolled on medical aid do not disclose in time, hide cards and disclose on discharge in need of fit for duty letters or when they sign Refusal Hospital Treatment to be admitted at private clinics
• Shortage of resources for example: individual computers in each department for nursing staff and ward clerks.

• Overcrowding and non traceable of foreigners

• Tembisa community has grown up to Midrand/ Diepsloot. Daily consultations at Out-patient =2000 and average admissions per day 700.
• The community and foreigners sabotage the referral system and patients cannot be turned back to the clinics once inside the hospital.

• Perception and staff attitude was the main obstacle due to resistant to change, now modified

8/28/2015
LESSONS LEARNT

• We have to adapt to the new modern trends of doing things.
• Every one everywhere needs technology to be able to position our organisation in the competitive market and win the hearts of our customers
• We have to admit to customer service failure and act immediately
• Customer is always right until proven wrong,
• We have to strive to satisfy customer needs and wants for the value of money and add value to our organization
• Many services need to guide customers through safety through the service encounter and contribute to the Millennium Gauteng Strategy
• **Teams:** Collaborate ideas across spectrum thus create synergy and add value to our organisations in South Africa.
• Measure results in efficiency performances supported by quantifiable indicators and questionnaires. Embark on qualitative and quantitative survey to identify service delivery gaps.
• **Talking of top-down management support!**, The Minister of Public Service Mr. Chabane Collins left a legacy for Tembisa Hospital and DoH. He became the first Minister to position South African Public Sector Case Management in the Global competitive market.
• **(CHANTING-LETS ALL STAND AND RESPECT OUR LEADER)**
  • Long live Mr Chabane Long Live!
  • Long live Mr Chabane Long Live! Long live Mr Chabane Long Live!

• **OUTCOME OF THE PROJECT –(VIDEO)**
THANK YOU!!!