INTRODUCTION
The recent spectacular growth and development of the health sector worldwide is noteworthy, and India is not lagging behind. Health has assumed as a gigantic industry, and the potential is tremendous as India’s spending on health is poorly dismal, being less than 0.7% of its Gross Domestic Product, as presented by several studies (Bhat, 1996; Mills, 2000; Babu, 2003; Arman, 2009; Rao, 2009). As a result, there has been a sudden rise in private hospitals and their successful blooming. Hospitals in major cities in India in many cases are run by business houses, using corporate business strategies and high tech specialization, which create demand as well as attract high profile patients as the facilities in some hospitals are world class. The marginal presence of the government in health care leaves the door further wide open for alternative suppliers. The private sector plays a very important role in India’s health delivery system and has a wide network of facilities that cater to health requirements of both the urban and the rural populations. The role of third party assurance (TPA) in Indian health care system is in its infancy and has a poor response, thereby affecting the efficiency of the health insurance and its very purpose. In the present study a multispecialty hospital Moolchand Medicity a 350 bedded multi specialty hospital, centrally located in South Delhi in 10 acre area, which is rendering service to the community for last five decades was studied for the functioning of the TPA and its efficiency. A better, well defined streamlined system of discharge with less confusion on both the front desk office and the patients should be charted out so that this important aspect of TPA discharge does not become reason for customer dissatisfaction, particularly it has been observed that there are significant ups and downs in the satisfaction levels of the patients and their care takers with respect to the billing department. If these recommendations are followed the concept of TPA in health care system may be of good use rather than producing a regressive deterioration of the health care system into a system resembling that of a dysfunctional family.

Key words: mechanistic, functioning, TPA, multispecialty hospital

Studies on the mechanistic functioning and monitoring of third party assurance in a multispecialty hospital of New Delhi

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Abstract
Hospitals in major cities in India in many cases are run by business houses, using corporate business strategies and high tech specialization, which create demand as well as attract high profile patients as the facilities in some hospitals are world class. The marginal presence of the government in health care leaves the door further wide open for alternative suppliers. The private sector plays a very important role in India’s health delivery system and has a wide network of facilities that cater to health requirements of both the urban and the rural populations. The role of third party assurance (TPA) in Indian health care system is in its infancy and has a poor response, thereby affecting the efficiency of the health insurance and its very purpose. In the present study a multispecialty hospital Moolchand Medicity a 350 bedded multi specialty hospital, centrally located in South Delhi in 10 acre area, which is rendering service to the community for last five decades was studied for the functioning of the TPA and its efficiency. A better, well defined streamlined system of discharge with less confusion on both the front desk office and the patients should be charted out so that this important aspect of TPA discharge does not become reason for customer dissatisfaction, particularly it has been observed that there are significant ups and downs in the satisfaction levels of the patients and their care takers with respect to the billing department. If these recommendations are followed the concept of TPA in health care system may be of good use rather than producing a regressive deterioration of the health care system into a system resembling that of a dysfunctional family.

Key words: mechanistic, functioning, TPA, multispecialty hospital

INTRODUCTION
The recent spectacular growth and development of the health sector worldwide is noteworthy, and India is not lagging behind. Health has assumed as a gigantic industry, and the potential is tremendous as India’s spending on health is poorly dismal, being less than 0.7% of its Gross Domestic Product, against an average of 0.9% of the low income countries. As a result, there has been a sudden rise in private hospitals and their successful blooming. Hospitals in major cities in India in many cases are run by business houses, using corporate business strategies and high tech specialization, which create demand as well as attract high profile patients as the facilities in some hospitals are world class. The marginal presence of the government in health care leaves the door further wide open for alternative suppliers. The private sector plays a very important role in India’s health delivery system and has a wide network of facilities that cater to health requirements of both the urban and the rural populations. The presence of the


Moolchand Hospital, New Delhi, is one of the multispecialty hospitals of Delhi which in a short span of time has become a multispecialty hospital. Its functioning reflects a thoroughly professional, yet with a profound humane touch. In the present study the efficiency of third party assurance (TPA) in its discharge has been analyzed and monitoring was done to increase its efficiency during the period of the study. The following were the aims and objectives of the study: To analyze the reasons for delay in TPA discharge in Moolchand Hospital and to monitor the effectiveness of proposed solutions in reducing the number of TPA delayed cases by 50% from 90%.

The present study also has evaluated the concept of TPA and its role in customer satisfaction in a multispecialty hospital in New Delhi. As feedback surveys of the hospital had shown a dip in the satisfaction level with respect to the admission of the billing department particularly the TPA and its discharge was delayed considerably, the present study was undertaken with the
main objective of reducing the advertent or inadvertent delay in TPA discharge.

Since Moolchand hospital gives huge priority to customer satisfaction, the continuous efforts in this direction resulted in yet another observation that in this hospital customer feedback reports of the last few months have shown a fall in satisfaction with respect to the discharge time.

Due to delayed discharges, the support service staff does not get adequate time to ensure proper cleanliness and maintenance of the room resulting in poor feedback in support services. Dissatisfied customers often express their unhappiness in the billing department where there are many other customers present. This severely affects the psychology of other patients as well.

MATERIAL AND METHODS
Moolchand Medicity is a 350 bedded multi specialty hospital, centrally located in South Delhi in 10 acre area, which is rendering service to the community for last five decades. The hospital provides patient care in all major allopathic disciplines namely, anaesthesiology, cardiology dentistry, dermatology, emergency medicine, endocrinology and diabetes, ENT, Gastroenterology, General surgery, internal medicine, laboratory and blood blank services, minimal access surgery, nephrology, neonatology, neurosciences, obstetrics and gynaecology, oncology, ophthalmology, orthopaedics, trauma surgery, paediatrics, physiological, plastic surgery, psychiatry, radio diagnosis and imaging services, respiratory and sleep medicine rheumatology, thoracic and vascular surgery, urology, and some of ayurvedic disciplines as well. Being a healthcare service provider, the organization has a good mix of employees who have diversified backgrounds. Employee profile ranges from super specialist medical consultants to a houseboy with senior secondary background. The number of Visiting Consultants varies between 80-100. They work in association with around 100 nursing staff and about 35 resident doctors to render medical care to the patients.

Delay on the part of TPA authorities which normally used to take 2 – 3 hours in processing each claim was curtailed to almost more than half by issuing a circular to this effect and by verbal interaction with the HR department and the TPA authorities.

In the present study it was observed that the diagnostic reports were not kept Xeroxed beforehand and neither was the discharge summary prepared in advance. The files were marked with the words TPA immediately upon receiving the authorization sanctioned from the concerned TPA authorities. There were also problems with the printer, which were rectified with putting new cartridges and by obtaining fast working 2 laser printers. The discharges were sometimes decided late in the morning which were changed to earliest possible by organizing a meeting with all internal coordinators sharing the problem with them and getting the inputs on the most effective solution.

In the present study it was found that late rounds by the doctors and consultants often between 11:30 a.m. and 12:30 p.m. resulted in considerable delay in TPA discharge. This was rectified by taking morning rounds and specifying the time and ensuring that the consultants take rounds at the scheduled time without any delay. This was done through a circular to this effect was sent out to all concerned following this meeting with a decided date of implementation.

Discharge summaries were prepared on time especially they were delayed from late mornings to afternoons. For this purpose a circular was issued followed by a meeting...
with the internal coordinators concerned with the TPA discharge. This resulted in significant effectiveness in solving the problem of delay. Non availability of the consultants on the floor, the time of the movement of the files, for discharge was given special attention and the delays were removed by personal intervention at the bottleneck sometimes using a circular followed by meeting or telephonic conversations with the coordinators. Late reporting by diagnostic departments particularly the path labs, imaging centers and other sister departments were removed and efficiency was obtained in early discharge of TPA.

Morning round by consultants were found to be of no use it was observed that most of the doctors, JNO’s and residents spent most of their time escorting the consultants and doing nothing productive in the process with regard to TPA discharge and customer satisfaction. For this particular problem, it was decided that the nurses should compulsorily assist the consultants in their rounds and the need of resident doctors wasting time with the consultants should be avoided so that they can give more time in preparing the discharge summaries and other formalities of TPA so that the patients are not dissatisfied.

SUGGESTIONS AND RECOMMENDATIONS
Third Party Administration (TPA) is a service given to an Insurance Policy holder by providing cashless facility for all hospitalizations that come under the scope of his/her Insurance policy. The policy holder should have the full freedom to choose the hospitals from TPA’s empanelled network and utilize the services as per his/her choice.

For every hospitalization, the policy holder will be well aware whether the treatment he is to undergo is covered under his policy or not. If covered, then he can seek cashless facility without having to pay a single rupee at any Network hospitals. During the time of emergency hospitalization, the policy holder or the relative can flash the photo identity card of the policy holder, and gain admission into any of network hospitals. Priority treatment at hospital is given without any payment to be made. Thus a complete cash less treatment facility is now a days available, making the individual not to run around for arranging cash for paying the hospital expenses.

In the present study the concept of TPA as seen in Moolchand hospital is one of the most important factors for customer satisfaction. But the delay in its discharge was causing the opposite effect and in order to give best care and satisfaction to its customers, Moolchand hospital embarked upon the project of curtailing the delay in TPA discharge by finding the root causes and their solutions thereof.

It has been observed that a systematic and continuous activity to improve TPA discharge using the quality improvement concept and its tools considerable results with regard to efficiency and curtailment of delay in TPA discharge were observed which have been the hallmark of the present study and have been appended in the chapter of results / outcome.

From the data of the present study following recommendations and suggestions have been drafted in order to provide better services to the customers with regard to TPA and its discharge. At the time of admission, following care should be taken on priority.

1. When the doctor advises hospitalization, the patient should be given a pre authorization form from admission / billing office at the earliest possible time to avoid any delay and confusion between the three parties i.e. the patient, the hospital and the insurance company.

2. The patient must get all the forms filled by the admitting doctors immediately and send it to the concerned coordinators at the earliest.

3. TPA ID no/policy no. should be written clearly and possibly in a well identified manner using a separate color file.

4. Detailed complete and correct medical information must be provided in the documents required by the doctors, patients and the insurance company.

5. Use of fax and high tech facilities for data transmission should be followed at the bottle necks of the TPA delay.

6. Training of the personnel dealing with the TPA use of 6 sigma levels particularly should be made compulsory in order to avoid the delay.

7. More trained persons should be involved in the front desk office for speedy disposal of TPA cases.

8. Problems due to carelessness, lack of clarity and miscommunication should be looked into by specially trained in charges of the TPA department, so that the overall efficiency is achieved.

9. A summary should be prepared well in advance with regard to the discharge of the patient and should be forwarded immediately to the TPA authorities, so that there is no delay on their part and the use of fax, emails, and high-speed telecommunication should be followed to avoid the delay.

10. A better, well defined streamlined system of discharge with less confusion on both the front desk
office people and the patients should be charted out so that this important aspect of TPA discharge does not become reason for customer dissatisfaction, particularly it has been observed that there are significant ups and downs in the satisfaction levels of the patients and their care takers with respect to the billing department.

If these recommendations are followed the concept of TPA in health care system may be of good use, otherwise as it has been said by Sonne (1999) that there is the ever increasing control by third party payers of the physician-patient dyad is reinforcing family dysfunction and producing a regressive deterioration of the health care system into a system resembling that of a dysfunctional family. A component contained in both systems is a lack of respect for autonomy and individual freedom through the exercise of tyrannical control in the name of compassion and care.

ORK FLOW FOR TPA PATIENTS

All three institutions (insurance company, Third Part Administrator and hospital) work together to serve the patients/customers. Better mutual understanding and cooperation is required for smooth functioning. Responsibility for utilization of services is shared by all, but at the same time TPA plays a major role in influencing the customers.
TPA CUSTOMER

Requires hospitalization

Empanelled

Planned Hospitalization

Preauthorization form submitted before the admission

Authorization provided for Cashless access to TPA for reimbursement. Patient gets treated at the time of discharge - Pay all non medical expenses directly - Sign voucher and related bills

Customer submits the paper to TPA and gets the reimbursement.

TPA pays the medical bills to the empanelled hospital.

Nonhospital

Emergency hospitalization

Authorization not provided, no cashless access, but claim papers can be submitted
REFERENCES


