Quality Improvement Conference



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Problem Statement

It is difficult for care teams to account for the true costs incurred by their services due to existing accounting systems that are built around departments, and the complex healthcare ecosystem now require care delivery in service lines across multi-disciplinary settings. Despite the existence of a cost catalogue (a document detailing the norm cost of key cost elements e.g. manpower, supplies etc.), there was a low utilization rate of the tool amongst unit managers. A survey on staff's awareness and attitudes towards value-based costing was conducted in 2020 found that:

Only 13% of unit managers knew the true cost of their clinical service



While 67% surveyed heard of the cost catalogue, only 53% utilized the cost catalogue.



Project Aim

To develop an appropriate and user-friendly value-based costing methodology and tool to enable care teams to calculate the true cost their clinical services with greater ease, leading to increased awareness and appreciation of the cost of care delivery.

Lessons Learnt

- 1. Change Management: To ensure that teams would embark on their value-based costing journey and sustain these efforts, the project team actively engaged unit managers through engagement sessions to share the impetus of value-based costing and to co-create the revised methodology and tool based on the needs uncovered through root cause analysis. This created a culture of cost awareness and the need to own our financial models.
- 2. Stakeholder Management & Partnerships: The project team recognized the need to understand the needs & constraints of each party involved. To mitigate this, the project team partnered Finance and unit managers to ensure clarity on the purpose of existing templates, e.g. charge code forms vis a vis the cost calculator and tailored the cost calculator to meet the needs of all parties.

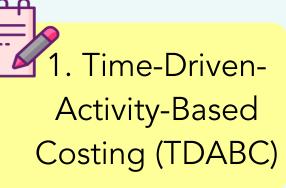
Potential Solutions



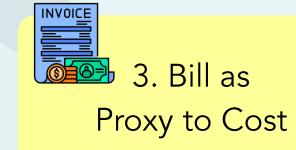
The Value Management Unit (VMU) in partnership with Finance developed a **cost calculator** for teams to **simplify translation of process steps to cost** by providing a template and guide on cost calculation, e.g. mapping of care activities and auto-population of costs drawn from the cost catalogue for greater ease of calculation.



The team evolved the value-based costing methodology from a pure time-driven activity-based costing (TDABC) to a hybrid methodology to ensure efficiency in calculation and scalability whilst ensuring that the cost derived is as accurate as possible. The hybrid methodology employs the following tools in combination:







This methodology was piloted on a use case from Apr – Jun 2021: VMU partnered the Inpatient Rehab Stroke team to cost their care service and evaluate the effectiveness of the cost calculator and methodology.

Outcomes & Impacts

• With the roll-out of the cost calculator:

Reported an increase from 53% to 80% of unit managers who had improved understanding of value-based 11111 costing & utilisation of costing tools



- Care teams had successfully employed the hybrid methodology to cost other conditions. This enabled the teams to get a quick sensing of their cost status vis a vis the care outcomes delivered to patients.
- This exercise also enabled teams to **better identify areas for process improvement, cut waste** and find opportunities for **job redesign**.
- In 2023, our team embarked on the 2nd phase of this change to further scale the value-based costing effort across the hospital:



1. Enhanced the **cost calculator to be more user-friendly and comprehensive**; most flexibility for customization and allow for the conversion of bill to cost through cost adjustments.



2. Developed digital learning materials on valuebased costing and patient payment models to deepen knowledge and develop capability.