

EFFORTS TO PREVENT FRAUD DUE TO THE APPLICATION OF CLINICAL PATHWAYS IN STROKE INFARCT CASES

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ABSTRACT

Particularly during the health insurance era (BPJS), clinical pathways (CP) are useful for cost and quality control. By following the clinical paths in the health care records provided by health workers, information from the medical record can be used as material for identifying possible fraud. This study sought to ascertain how CP was implemented in medical records to combat fraud. case study on infarction from a stroke. The Hospital Management Information System was used to gather data on cases of infarction stroke. several samples 45. The study's findings indicate that the Mini-Mental State Examination (MMSE) items, diet, advice from a neurosurgeon, and nursing authentication had the highest percentages of inconsistent CP implementation, in contrast, 100% of the time was constantly spent on the execution of awareness items, vital signs, medical, laboratory tests, and drug administration. Interview findings indicate that it is uncertain whether or not it is necessary to monitor the clinical pathway form. A clinical pathway's existence can serve as a guide for the actions taken by the healthcare services offered..

Keywords: *BPJS; clinical pathway; fraud, medical record; stroke infarction*

INTRODUCTION

The price of implementing Indonesia's Case Base Groups (INA-CBGs) package for National Health Insurance necessitates hospital administration conducting cost-effectiveness and quality monitoring. A clinical pathway (CP) is needed for quality control and cost management, particularly when spending a lot of money may be necessary (Nurfarida, Yoga and Agusno, 2014). For patients who underwent cesarean sections, research on the usage of CP has shown to reduce hospital stays and hospital costs. Additional studies have demonstrated that the use of CP can enhance the provision of stroke care (Pinzon, Asanti and Widyo, 2009).

Utilizing CP can increase how well services are delivered (Fitria *et al.*, 2021). CP is a list of all the stages involved in integrated health care (Fallis, 2013). Particularly during the BPJS era, the presence of CP can be employed as a quality control and cost control

mechanism (Wardhana, Rahayu and Triguno, 2019), (Paramita and Dwiprehaso, 2019). Clinical routes to be followed in the records of medical care provided by health professionals can be used as material for identifying possible fraud using information from the medical record. The inpatient room for nervous system disorders at B Hospital is the only location where the clinical pathway papers' observations have been made. This room has four CP, including vertigo, epilepsy, stroke infarction, and stroke PIS/intracerebral hemorrhage. Initially, the clinical pathway was developed for certification. The goal of this study was to ascertain how clinical routes were used in medical records to prevent fraud. An infarction caused by a stroke case study.

METHOD

These studies make use of information from medical records and a quantitative technique. The study participants were housed in B Hospital, and Hospital Management Information System (SIMRS) data on instances of infarction stroke were used. There were 330 cases of stroke infarction overall, and there were 62 cases of stroke infarction in the population who used the patient's medical record's clinical pathway checklist form. 45 samples total. The patient's medical file includes numerical information in the form of a frequency distribution, which is then subjected to quantitative statistical data analysis to determine the applicability of CP.

RESULTS AND DISCUSSION

Table 1. Implementation of Clinical Pathways as a Percentage

No	Statement	Appropriate		Not Appropriate	
		n	%	n	%
Clinical Evaluation of Physicians (On-Call Physician/Neurologist)	Awareness	45	100		
	Vital Signs	45	100		
	Medic	45	100		
	Neurology	44	97,78	1	2,22
	MMSE			45	100
	Stroke Score	24	53,33	21	46,67
	ASGM (Alogritma Stroke Gadjah Mada)	25	55,56	20	44,44
Consultation	Sp.PD (Internal medicine specialist)	8	17,78	37	82,22
	Sp. KFR (Specialist Doctor of Physical Medicine and Rehabilitation)	4	8,89	41	91,11

	Sp. BS (neurosurgery specialist)		45	100
Laboratory		45	100	
Radiology	Thorax PA	41	91,11	4 8,89
	EKG	43	95,56	2 4,44
	CT. Scan of Head	40	88,89	5 11,11
Medication		45	100	
Risk Factor Management	High Blood Pressure	38	84,44	7 15,56
	Diabetes Melitus	9	20	36 80
	Dislipidemia	10	22,22	35 77,78
	Hiperurisemia	1	2,22	44 97,78
Action	DC (Daur catheter)	10	22,22	35 77,78
	NGT (Nasogastric tube)	10	22,22	35 77,78
Nutrition				45 100
Education		37	82,22	8 17,78
Authentication	Doctor in Charge of Treatment/ DPJP	25	55,56	20 44,44
	Nurse			45 100

According to Table 1, out of 45 cases of stroke infarction, the clinical pathway was implemented inconsistently in the Mini-Mental State Examination (MMSE) items, nutrition, the nurse's authentication, and the doctor's consultation with a percentage of 100%, compared to a complete implementation of the following: medical, laboratory, drug administration, vital signs, and awareness items. A quick test with a lot of usage is the MMSE. It measures cognitive function. In situations of stroke infarction, this evaluation is not always performed. Identification of cognitive impairment in situations of stroke and infarction, particularly acute episodes, is critical for treatment and prognosis.

Results from studies with high levels of significance ($p < 0.00001$) and excellent reliability ($\kappa = 0.98$), respectively, demonstrate that the MMSE is a suitable tool for testing cognitive function (Setyopranoto and Lamsudin, 1999). Because there aren't any instruments yet, it hasn't been done at the City B hospital. However, because there are no cases of neurosurgery, consulting a specialist surgeon is not necessary; instead, a specialist in internal medicine should be consulted. The clinical route form is filled up and the DPJP (doctor in charge of care) has placed the medical record documents on the main page at City B Hospital. The CP form was not filled out by the treating physician/DPJP, but nutrition care and nurse authentication were nevertheless given.

Additional interview findings indicate that it is uncertain whether or not it is necessary to monitor the clinical route form. It must be underlined that since PMIK's

(Medical Recorder and Health Information) responsibility is to audit the accuracy of medical record papers, they also must recapitulate the clinical pathway form and notify them of any errors. Writing diagnoses and action codes is another duty of PMIKs. Upcoding can make statements more credible (Sugiarti, Masturoh and Fadly, 2022). The presence of a clinical pathway is crucial as a guide for activities taken by health service providers (Sugiarti, Masturoh and Fadly, 2022).

The achievement of disease management in hospitals by the clinical pathway can also be assessed by the quality department. Regulations must be made regarding whether the DPJP is required to complete all sections of the clinical pathway form or only those that are relevant. For instance, in the case of nurse authentication, it is the nurse's responsibility to include them in the clinical pathway. About nutrition, it is the expert nutritionist's responsibility to include it. To assess the caliber of medical care supplied in hospitals, CP implementation describes the medical services that have been rendered. Assessing the CP's implementation can be used as quality control and result in lower maintenance costs (Pinzon, Asanti and Widyo, 2009). CP might result in lower maintenance expenses (Iroth, Ahmad and Pinzon, 2017). CP can also be used to control costs.

The National Health Insurance (JKN) implementation includes arrangements for health finance, which are crucial. The hospital utilizes a retrospective payment system for BPJS claims, which is a technique of paying for patient health services based on each service activity rendered; the more rendered health services result in a higher cost to be paid. The Indonesian Case Base Groups (INA-CBG's) System, which is used for group payments, is a later payment schedule. The grouped payment method increases the risk of fraud by adding measures that might not be necessary, requiring the payer-created clinical route to include standard practice services for each condition. Additionally, there are exceptional instances that need specific processing; if they are handled according to service standards in the form of a clinical route, the CP will take action, and BPJS should modify the regulations in place so that payments are made by the activities that have been taken. CP is one of the hospital's initiatives to improve quality control and care cost management. By checking the service criteria of each profession, the user constructs an appropriate clinical pathway (Sugiarti and Junaedi, 2022).

CONCLUSION

The presence of a Clinical Pathway is useful for cost and quality control in the BPJS era. A clinical pathway's existence can serve as a guide for the actions taken by the healthcare services offered. Clinical pathways are used as a quality assurance system for healthcare services to increase productivity and effectiveness in the fight against fraud.

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