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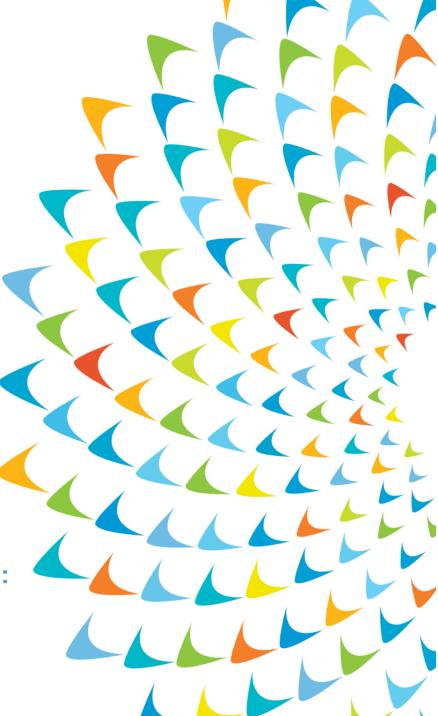
Case studies to stimulate cross-learning on Digital Health Financing

Estonia, Indonesia & South Korea

Webinar | April 2024

Enhancing National Health Financing through digital technologies:

Innovations and lessons from Asia and the Pacific region



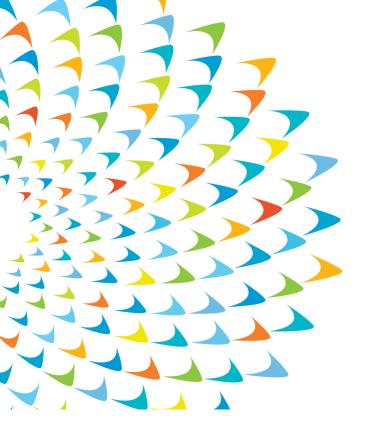


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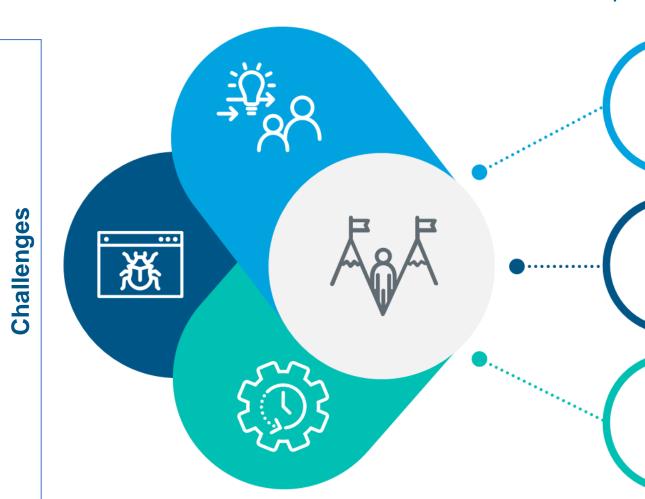




Estonia's seamless transition to digital invoicing



Digital invoicing along with transformative technologies, such as e-channel, automates controls to ensure accuracy & compliance



Administrative workload

Managing large volume of claims requires significant human effort & resources, leading to inefficiencies and delays

Processing errors

Errors during claims processing, result in incorrect payments & financial losses, leading to dissatisfaction among patients & providers

Delays in reimbursement

Delays in processing claims, affecting timely reimbursements to providers, impact efficiency of service delivery



Intervention

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Estonia's seamless transition to digital invoicing



Adopting digital invoicing & e-channel within EHIF, has yielded advantages for claims processing

Digital health invoicing & e-channel

- Creates summary invoices for non-case specific payments
- Reduces administrative burden

Machine learning improves fraud detection & expedites payment processing

Automated real-time monitoring of contract execution, ensuring compliance

Interactive Power BI dashboards monitor reimbursements & deviations

ML models predict & stratify patients' risks to avoid acute illnesses

Secure internet-based transmission via robust data exchange through Xtee

EHIS: Hosts central registers & databases e.g., hospitals, family doctors

Al enhances e-channel claims processes creating efficiency & accuracy



Efficiency & accuracy

Reduced manual intervention & TAT of claims processes



Cost savings

Minimizing administrative overheads



Real-time monitoring

Power BI for realtime monitoring & correction



Fraud detection

ML algorithms for automated verification to detect predefined errors &



Transparency & accountability

Access to real-time contract information & performance metrics



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Mobile JKN transformed health financing system by enhancing service delivery & user experience



Unified platform providing access to health information/ services & reducing administrative burden

Long queues at BPJS Kesehatan offices

High daily footfall of ~ 300,000 people leads to long waiting times, causing inconvenience to patients

Strained service delivery

High demand for services can put strain on system, potentially compromising quality & timeliness of service delivery

Decline in satisfaction (2014: 81% | 2016: 78.6%)

Indicates decrease in user contentment with the services provided

Limited access to health information & services

The lack of comprehensive & easily accessible health information can hinder users from making informed decisions

Burdensome administrative procedures

Complex & time-consuming administrative processes can deter users from accessing services efficiently





Mobile JKN transformed health financing system by enhancing service delivery & user experience



Mobile JKN app enhanced access to services & enhanced user experience

Payment management

Track payment history, multiple secure payment options with direct e-links

PHC provider selection

Select polyclinic without referral letter

Access to medical services

Medical history & preferred providers/ facilities

Registration & enrollment

Integrated national ID & easy contact



Queue management

Obtain queue numbers online before arrival

i-Care JKN

Access to service history & collaboration b/w doctors



REHAB Program

To settle outstanding dues in installments

info updates



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Reduced crowding

Significant decrease (68.5%) in number of users visiting BPJS office, reducing waiting queues

User satisfaction

Increased from: 2016: 78.6% 2017: 79.5%

Service availability

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Multiple features added increasing service utilization

Complaint resolution

TAT for user complaints within 5 working days



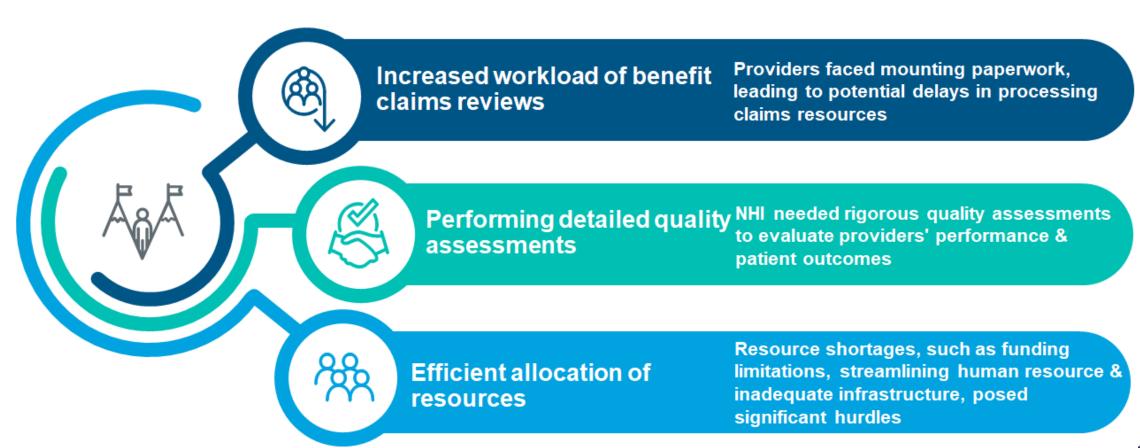


Challenges

Role & impact of HIRA's digital technologies on efficiency & quality of health financing and health service delivery



ICT defines scopes & standards of services, effectively oversees resources & evaluates both cost & quality of services



Intervention

Role & impact of HIRA's digital technologies on efficiency & quality of health financing and health service delivery



HIRA ICT system has been instrumental in streamlining benefit claims review, assessment, & resource management, improving patient care outcomes

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Healthcare Data Acquisition System

Collects data from providers, utilizing digital authentication & encryption

Health Data Review & Assessment System

Determines reimbursement amounts, saving ~ USD 1.25 billion annually

Korea Pharmaceutical Information System

Optimizes drug distribution by assigning standardized codes

Healthcare Big Data System

Leverages data resources to generate precise statistics

Provider Integrated Profiling System

Aids in reallocation of resources & oversees 96,253 providers

Drug Utilization Review System

Assessment of prescription data |rapid alerts to doctors (0.5 sec)

Streamlined benefit claims review

Reduces manual labor & administrative

Seamless service delivery

Providers submiteclaims, access real-time reviews

Enhanced quality assessments

Consistent & reliable assessment results

Efficient resource allocation

Optimal utilization of resources. promotes equitable access, & enhances system efficiency

Adept responses to emergency public health challenges

Evidence-based decision making & implementing measures

Impact burden

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Thank You

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