

Peran Komite Medik dalam Kerangka *Clinical Governance* untuk Mencegah *Fraud* di RS

**ANNUAL SCIENTIFIC MEETING
dalam rangka
DIES NATALIES FK UGM ke-68 dan
ULANG TAHUN RSUP DR. SARDJITO ke-32**

BPRS Indonesia
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BAHASAN

- BADAN PENGAWAS RS DAN KOMITE MEDIK.
- KEWENANGAN KOMITE MEDIK SEBAGAI PEMBINANAN DAN PENGAWAS PROFESIONALISME DOKTER DI RS
- KEWENANGAN KOMITE MEDIK DALAM KERANGKA CLINICAL GOVERNANCE
- MEDICAL FRAUD DAN CLINICAL GOVERNANCE

DEWAN PENGAWAS RS – PENGAWAS INTERNAL (GOVERNING BODY)

- a. menentukan arah kebijakan
- b. mengawasi pelaksanaan rencana strategis;
- c. mengawasi pelaksanaan **kendali mutu dan kendali biaya;**
- e. Mengawasi dan menjaga **hak dan kewajiban pasien;**
- f. Mengawasi dan menjaga **hak dan kewajiban Rumah Sakit;**
- g. Mengawasi kepatuhan penerapan **etika Rumah Sakit, ETIKA PROFESI dan peraturan-perundangundangan SJSN/BPJS**

KOMITE MEDIK DAN *clinical governance*

- Salah satu pilar pelayanan medis adalah *clinical governance*, dengan unsur staf medis yang dominan.
- Rumah sakit harus menerapkan model komite medik yang menjamin tata kelola klinis (*clinical governance*) untuk melindungi pasien.
- Untuk menjamin agar komite medik berfungsi dengan baik, organisasi dan tata laksana komite medik dituangkan dalam **peraturan internal staf medis (*medical staff bylaws*)**

**BAGAIMANA KOMITE MEDIK MENJAMIN
TATA KELOLA KLINIS (*CLINICAL GOVERNANCE*)
UNTUK MELINDUNGI PASIEN
MELALUI PELAYANAN YANG PROFESIONAL. ?**

Setiap staf medis **dikendalikan** dengan :

mengatur kewenangan klinis nya (*clinical privilege-DELINIATION*) .

Proses kridensial dan rekredensial

Pengaturan kewenangan klinis tersebut dilakukan dengan :

1. mekanisme pemberian **izin untuk melakukan pelayanan medis (*entering to the profession*), *pakta intergritas (fraud)***
2. kewajiban memenuhi syarat-syarat kompetensi dan perilaku tertentu untuk **mempertahankan kewenangan klinis tersebut (*maintaining professionalism*),**
3. dan **pencabutan izin (*expelling from the profession*).**

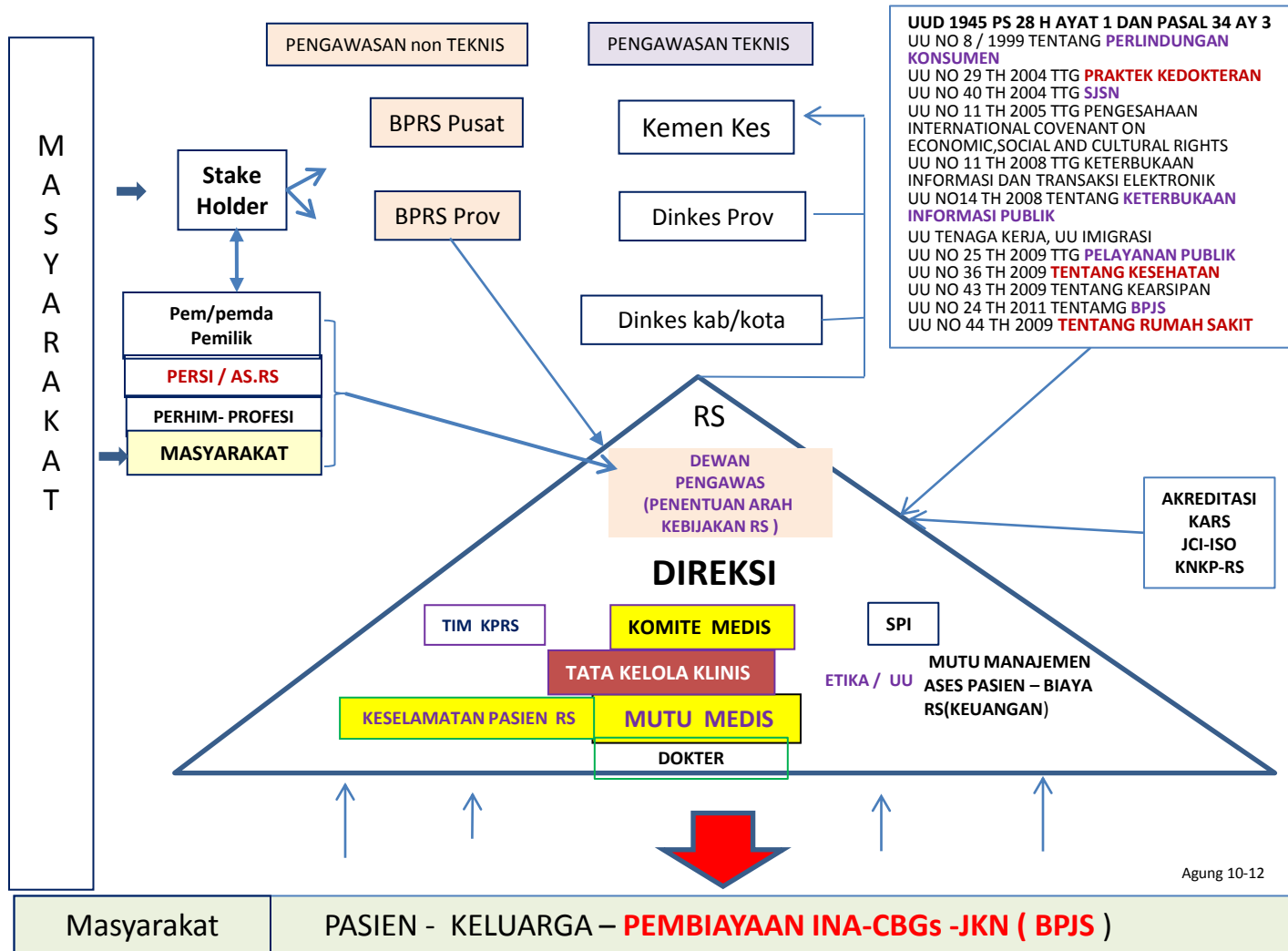
Untuk ***melindungi keselamatan pasien***, komite medik di rumah sakit **harus memiliki ketiga mekanisme diatas.**

Dokumentasi syarat untuk melakukan pelayanan medis tersebut disebut sebagai “buku putih” (*white paper*)

Fungsi lain di luar ketiga fungsi di atas dilaksanakan oleh kepala/direktur rumah sakit.

PEMBINAAN DAN PENGAWASAN RUMAH SAKIT (UU RS)

BADAN PENGAWAS RS DAN KOMITE MEDIK



Clinical Governance

- Clinical Governance is the **framework** through which the **hospital is** accountable for continuous **improvements in services and quality** creating an environment of **clinical excellence**.
- It is a **patient-centred approach** to care that is accountable in providing a **safe, high quality service** in an open and questioning environment.
- The key components of Clinical Governance are:
 - Clear lines of **responsibility and accountability** for the overall quality of clinical care
 - A comprehensive programme of **quality improvement activities**
 - Clear policies aimed at **managing risk**

(WA CLINICAL GOVERNANCE)

Four Pillars of Clinical Governance

BAGAIMANA DI INDONESIA (NHS-WA)

1. Patient Value and Engagement

This pillar focuses on communicating **bi-directionally with patients and patient support groups**. **Patients' experiences** should be the **fundamental source** of the definition of **“quality.”**

2. Professional Development and Credentialing

This pillar emphasises **continuing professional development** for all healthcare workers and also **privileging and re-privileging**

3. Risk Management

This pillar concentrates on **minimising clinical risk and improving patient safety** through **identification and reduction of potential risks and examination of adverse incidents** for etiology factors and trends within and across services.

4. Professional Evaluation

Information on clinical outcomes is key to improvement and accountability. This pillar centers on tools such as promulgation of **clinical standards, establishment of clinical indicators and clinical audit**. The intention is to establish a culture of **awareness, accountability and responsibility**.

IOM : **quality** as **the extent** to which health services increase the likelihood of **desired health outcomes** and are **consistent with current professional knowledge (evidence based medicine)**.

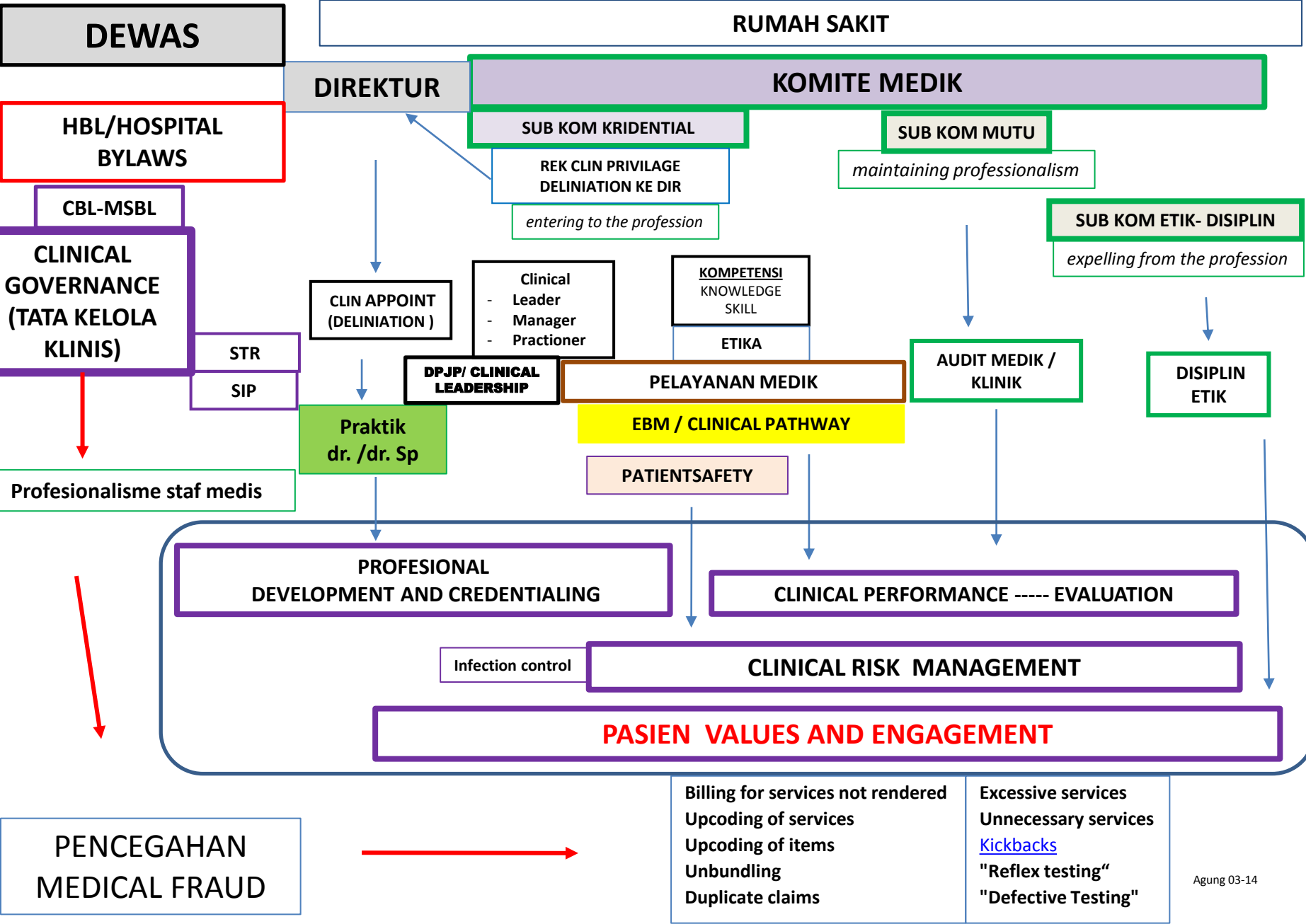
Types of Medical Fraud

- **Billing for services not rendered ("Phantom Billing")** : of billing for things that never happened
- **Upcoding of services** : Billing programs for services that are more costly than the actual procedure that was done
- **Upcoding of items** : Similar to upcoding of services, but involving the use of medical equipment
- **Unbundling** : Bills for a particular service are submitted in piecemeal, that appear to be staggered out over time.
- **Duplicate claims** : . Rather than a single claim being filed twice, the same service is billed two times in an attempt to be paid twice.

Types of Medical Fraud

- **Excessive services** : billed for something greater than what the level of actual care requires. This can include medical related equipment as well as services
- **Unnecessary services** : Unlike excessive services, this fraudulent scheme occurs when claims are filed for care that in no way applies to the condition of a patient, such as an echo cardiogram billed for a patient with a sprained ankle
- [Kickbacks](#) :rewards such as cash, jewelry, free vacations, corporate sponsored retreats, or other lavish gifts used to entice medical professionals into using specific medical services. This could be a small cash kickback for the use of an MRI when not required, or a lavish doctor/patient retreat that is funded by a pharmaceutical company to entice the prescription and use of a particular drug.
- **"Reflex testing"** - Automatically running a test whenever the results of some other test fall within a certain range, even though the reflex test was not requested by a physician.
- **"Defective Testing"** - When a test or part of a test was not performed because of technical trouble (ie: insufficient or destroyed sample, machine malfunction) but is billed for anyway.

KOMITE MEDIK : ETIKA DAN DISIPLIN (PROFESIONALISME)



DEWAS

HBL/HOSPITAL BYLAWS

CBL-MSBL

CLINICAL GOVERNANCE (TATA KELOLA KLINIS)

STR

SIP

DIREKTUR

CLIN APPOINT (DELINIATION)

Praktik dr. /dr. Sp

KOMITE MEDIK

SUB KOM KRIDENTIAL

REK CLIN PRIVILEGE DELINIATION KE DIR

entering to the profession

SUB KOM MUTU

maintaining professionalism

SUB KOM ETIK- DISIPLIN

expelling from the profession

Clinical Leader, Manager, Practitioner

KOMPETENSI KNOWLEDGE SKILL

ETIKA

DPJP/ CLINICAL LEADERSHIP

PELAYANAN MEDIK

EBM / CLINICAL PATHWAY

PATIENTSAFETY

AUDIT MEDIK / KLINIK

DISIPLIN ETIK

PROFESIONAL DEVELOPMENT AND CREDENTIALING

CLINICAL PERFORMANCE ----- EVALUATION

CLINICAL RISK MANAGEMENT

PASIE VALUES AND ENGAGEMENT

PENCEGAHAN MEDICAL FRAUD

Billing for services not rendered

Upcoding of services

Upcoding of items

Unbundling

Duplicate claims

Excessive services

Unnecessary services

Kickbacks

"Reflex testing"

"Defective Testing"

resume

- Hubungan BPRS dan Komite Medik melalui Dewas sebagai Pengawas internal RS (GOVERNING BOARD), PENGAWAS ETIKAPROFESI.
- Kewenangan Komite Medik sebagai Pembina dan pengawas atas staf medis melakukan pelayanan yang professional melalui tata kelola klinis (clinical governance).
- Untuk ***melindungi keselamatan pasien, melalui tugas dan tata kelola klinis*** komite medik di rumah sakit harus memiliki ketiga mekanisme : ***permit to enter the profession , maintaining professionalism dan expelling from the profession***
- Penguasaan diagnose melalui ICD X dan ICD –CM untuk tindakan harus dikuasai dokter karena berbasis ini system pembiayaan JKN di lakukan