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Good Practices in Social Security

Good practice in operation since: 2016

Electronic admission of insured patients through telephone, Internet, mobile app and USSD order codes

Iranian Social Security Organization
Islamic Republic of Iran

Summary

One of the main tasks of the Iranian Social Security Organization (SSO) is providing contributors with health services whether directly through SSO-owned health centers or indirectly through health contractors.

As regards the increasing demand for health services and emerging problems in this field especially with respect to patient admissions, doctor visits and visits with other service providers (laboratory, radiology, etc.), the SSO decided to keep pace with technology by offering e-admission services to patients. Several plans were reviewed and eventually, different ways for different groups were organized and implemented, including by telephone, Internet, mobile app and Unstructured Supplementary Service Data (USSD) order codes.

This innovative plan led to a 47 per cent reduction of in-person admissions and an 85 per cent increase in client satisfaction.

The issue or challenge

What was the issue or challenge addressed by your good practice? Please provide a short description.

There were many problems and challenges with the previous methods for patient admission, such as:

- imbalance between demand and supply in admission units of health centres;
- crowds of people in front of admission desks;
- direct intervention of others (interlopers) in the process;
- risk of non-appropriate behaviour;
- time consuming process; and
- problematic and boring processes for the staff involved.

Addressing the challenge

What were the main objectives of the plan or strategy to resolve the issue or challenge? List and briefly describe the main elements of the plan or strategy, focusing especially on their innovative feature(s) and expected or intended effects.

To overcome the challenge, a variety of innovative ideas and methods were offered suitable to different groups of clients with varying levels of knowledge, ability and access to facilities:

- direct automatic telephone lines (more than 400 lines);
- web kiosks (239 machines);
- websites;
- mobile applications; and

- virtual communication channels.

Targets to be achieved

What were the quantitative and/or qualitative targets or key performance indicators that were set for the plan or strategy? Please describe briefly.

Targets:

- reduce unnecessary in-person admissions;
- improve client satisfaction;
- improve administrative correctness and professional ethics;
- prevent probable misuse;
- fair distribution of health facilities and services;
- reduce crowds in admission desks;
- manage and predict visits for high level decision making; and
- minimize involvement of personnel in the admissions process and provide the possibility to use them in other functions.

Evaluating the results

Has there been an evaluation of the good practice? Please provide data on the impact and outcomes of the good practice by comparing targets vs actual performance, before-and-after indicators, and/or other types of statistics or measurements.

- About 47 per cent of the clients used the automated tools: The total number of patient visits in SSO-owned health centres has decreased from 63,663,205 to 29,903,562 visits.
- Reduction by 100 percent of duplicate visits: By using the unique national identification number for each patient, there is no possibility of duplicate admission. This resulted in a 24 per cent increase of admission capacity.
- Improvement of the physical room of the admission unit, due to less crowd: The smaller the crowd of clients, the less room needed. This allowed the health centres to allocate the unused space for more useful arrangements.
- Total elimination of invalid visit claims, due to online qualification control: Clients who have ceased contribution payment and are no longer covered despite holding insurance booklets, are not qualified to use SSO health services free of charge.
- Human resource management: According to study results, each automated telephone line or web kiosk has the potential to substitute for one or one-and-a-half manpower. The use of these facilities in 370 health centers led to the release of 460 personnel involved in the admission units.

Lessons learned

Based on the organization's experience, name up to three factors which you consider as indispensable to replicate this good practice. Name up to three risks that arose/could arise in implementing this good practice. Please explain these factors and/or risks briefly.

Three factors:

- Possibility to replace manpower with electronic tools and use the staff in other positions.
- Reduction of crowd and possibility to improve physical room.
- Possibility to project and plan precisely and control cost.

Three risks:

- Need for timely financial sources to keep the hardware working.
- Need to train public and develop culture to use and trust the new offered methods.
- Total dependence on the Internet and probable interruptions due to Internet platforms or infrastructures.