



Strengthening the Role of Case Manager in Quality and Cost Control in Hospital: A Case Study at Sembiring General Hospital, Deli Serdang, North Sumatra

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<p>Track Record Article</p> <p>Revised: 31 August 2025 Accepted: 08 June 2026 Published: 20 June 2026</p> <p>How to cite : Efrata, Sembiring, A., & Sitorus, F. E. (2026). Strengthening the Role of Case Manager in Quality and Cost Control in Hospital: A Case Study at Sembiring General Hospital, Deli Serdang, North Sumatra. <i>Contagion : Scientific Periodical of Public Health and Coastal Health</i>, 8(2), 107–117.</p>	<p style="text-align: center;">Abstract</p> <p><i>Case managers in hospitals play a vital role in keeping healthcare services both high in quality and efficient in cost. With the financing system now using a packaged fee model, hospital leaders are under pressure to manage expenses effectively without compromising patient care. This study looks at how the case manager function is carried out at Sembiring General Hospital and explores the challenges faced in practice. Conducted in April 2025, the research used a qualitative case study approach with six informants: five case managers and one medical services director. Data were collected through semi-structured interviews and were analyzed thematically. Findings show that case managers encounter two main sets of challenges: organizational issues and professional care provider (PPA) issues. On the organizational side, the obstacles include limited IT/data support, unclear authority, and insufficient training. On the PPA side, challenges involve physicians' willingness to accept input, collaboration among care providers, and adherence to clinical pathways. To strengthen the role of case managers, hospital management needs to reinforce their authority across all service units, especially among patient care professionals. Practical steps include adding a dedicated menu in the hospital information system (SIM RS) so case managers can monitor costs in real time, and issuing a director's decree to formally confirm their duties and authority. These measures are essential to optimize case managers' contribution to cost and quality control</i></p> <p>Keywords: <i>The Role of Case Manager, Quality and Cost Control, Professional Care Provider</i></p>
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INTRODUCTION

Healthcare is a team effort that brings together many kinds of professionals: doctors, nurses, medical support staff, and even non-medical personnel. Working together is essential because collaboration among these groups directly affects the quality of patient care (Helzainka, 2021). Beyond people, healthcare also relies heavily on resources like medical equipment, medications, and everyday supplies.

The challenge is to deliver the best possible care while still being efficient. Cost control becomes especially important to avoid waste. For hospitals working with BPJS Kesehatan, this is even more critical. Since healthcare financing uses a packaged fee system, where each diagnosis has a set price, hospitals must ensure accurate diagnoses, effective use of medication, and timely services. Only then can they balance quality care with financial sustainability (Joegijantoro, 2024).

To keep patient care coordinated across different disciplines, hospitals need an integrated system that makes resource use both efficient and effective. This is where case managers become essential. They help ensure healthcare services run smoothly by managing resources proactively, reducing unnecessary readmissions, and fostering collaboration among care providers (Dwiadila & Putra, 2021). Hospital accreditation standards describe case managers, often referred to as patient care managers (MPP), as key figures in maintaining both quality and cost control. Research further shows that having case managers in place can make a real difference: they help reduce claims discrepancies, maintain control over the length of stay, improve patient satisfaction, support doctor visit compliance, and strengthen adherence to clinical pathways (Weldetinsae et al., 2023).

Strengthening the role of case managers is key to boosting hospital performance, especially in dealing with the casemix system of healthcare financing set by BPJS Kesehatan. Yet hospitals face many challenges in making case managers fully effective. Another Research highlights internal barriers, such as limited competencies and overlapping roles among case managers (Auladi, 2022). On the management side, problems include the absence of proper rewards, weak evaluation systems, and low public awareness of the case manager's role within hospitals. According to a study, the profession itself is still uncertain and has not yet reached its full potential (Jaber et al., 2025). Case managers are often seen as lacking competence due to gaps in planning, professional development, guidance, training, and evaluation. These findings suggest that hospitals need stronger systems to support case managers if they are to fulfill their intended role in quality and cost control (Lumenta & Djasri, 2021).

The case manager is still a relatively new profession in hospital management, yet its role in ensuring both quality and cost control in patient care is vital. Because of this, more research is needed to deepen our understanding of how case managers function in practice (Rosaningtyas et al., 2019). This study sets out to examine in detail how case managers carry out their duties and the obstacles they encounter (Syahputri et al., 2024). So far, there has been little research on the operational challenges faced by case managers in regional hospitals, especially within the BPJS financing system. By addressing this gap, the findings of this study are expected to provide valuable insights for case managers, helping them better understand their responsibilities and strengthen their role in hospital performance (Aini et al., 2020).

METHODS

This study uses a qualitative case study approach to examine how the case manager function is implemented and what challenges arise. As Creswell and Poth explain, a case study

is a research method designed to provide an in-depth analysis of a specific case. It is a form of qualitative research that seeks to build a thorough understanding of a phenomenon within a defined time and place. To achieve this, data are gathered from multiple sources, allowing researchers to capture the complexity of the case in detail. (Yusanto, 2020).

This research was carried out at Sembiring General Hospital, located in Delitua District, Deli Serdang Regency, during April 2025. The hospital has 340 inpatient beds and offers both specialist and subspecialist polyclinics for outpatient care. On average, it serves about 1,800 inpatients and 7,000 outpatients each month. With a workforce of around 700 employees, including doctors, nurses, healthcare professionals, medical support staff, and non-medical personnel, the hospital also employs five medically trained case managers. The case manager profession was first introduced at Sembiring General Hospital in 2019.

A total of six informants participated in this study: five case managers as key informants and one supporting informant. All five case managers are medical doctors, three male and two female. Two of them have five years of service, while the other three have four years. As the individuals directly responsible for carrying out the case manager role, their insights provide a comprehensive picture of the profession's activities within the hospital. The supporting informant was the Director of Medical Services, who serves as the direct supervisor of the case managers.

Data were collected through in-depth interviews with selected informants. Before the interviews began, the researcher asked for each informant's consent to participate. Those who agreed signed a prepared consent form after being assured that their confidentiality and privacy would be protected. The researcher also explained that only the respondents and the researcher would be present during the sessions.

The interviews were semi-structured, allowing flexibility while still focusing on key topics, and each session was recorded using a device prepared by the researcher. To ensure the validity of the data, both source and method triangulation techniques were applied. Source triangulation involved cross-checking the responses of the key informants with the supporting informant, the hospital's Director of Medical Services. The data were analyzed using a thematic analysis model, a qualitative technique designed to identify patterns and uncover themes from the information collected (Braun & Clarke, 2023). This study was approved by the Institutional Review Board (Ethics Committee) of Institut Kesehatan Deli Husada with approval number: 135/KEP-IKDH/III/2025.

RESULT

Data were obtained through interviews with pre-determined informants. The informant's characteristics are as follows:

Table 1. Informant Characteristics

Informant	Sex	Education	Position
Informant 1	Male	Bachelor's degree in medicine	Case manager
Informant 2	Female	Bachelor's degree in medicine	Case manager
Informant 3	Female	Bachelor's degree in medicine	Case manager
Informant 4	Male	Bachelor's degree in medicine	Case manager
Informant 5	Male	Bachelor's degree in medicine	Case manager
Informant 6	Male	Bachelor's degree in medicine	Director of medical services

Based on qualitative data analysis conducted on recordings of interviews with informants, there are 2 major themes found in this study, namely: organizational factors and professional care providers' factors.

Professional care providers factors

Themes in Professional Care Provider Factors

One of the main challenges case managers face in implementing quality and cost control is coordinating with the patient's attending physician, especially when it comes to reducing the length of hospital stay. Several case managers noted that communication with specialists can be difficult, as specialists often view themselves as more senior than general practitioners:

“The patient's attending physician is a specialist, while we are still general practitioners, so it's difficult to communicate with them because they assume we are more senior.” (Informants 3, 4, 5)

Another issue relates to the system of calculating doctor fees, which are paid per visit. This payment model can discourage physicians from discharging patients early:

“It seems doctors are reluctant to discharge patients early because their fees are calculated per visit.” (Informants 1, 2)

In cases where patients are treated by more than one doctor, it is also common for physicians to delay discharge even when there are no complaints related to their specialty:

“There are also doctors who are unwilling to release patients even though there are no more complaints from the patient; their fees are still calculated because they continue to visit the patient.” (Informant 4)

Collaboration between professionals

Patient care in hospitals is not the responsibility of doctors alone. It also involves nurses, nutritionists, pharmacists, laboratory technicians, and other medical support staff. Effective collaboration among these professionals is essential because good communication

and timely service can speed up recovery, reduce treatment duration, and keep costs under control.

As one informant explained:

“Nurses need to remind their doctors so that if there are necessary examinations, they don't take long. They can be done immediately, the results are available, and the doctor can quickly provide therapy.” (Informant 1)

Another informant emphasized the importance of prompt results from diagnostic services:

“If there are laboratory and radiology examinations, the results can be released quickly, so the doctor can immediately provide therapy.” (Informant 5)

Implementation of Clinical Pathway (CP)

Clinical Pathways (CP) serve as patient care guidelines that physicians are expected to follow when delivering healthcare services. These pathways provide a standard framework that case managers can use to evaluate whether patient care aligns with established procedures. However, many hospitals still lack CPs for each specialty, which makes it difficult to ensure consistency. As one case manager explained:

“There should be a CP that serves as a guide for us in talking with the doctor responsible for the patient, so we can show it to the doctor.” (Informant 3)

Developing CPs requires initiative from each specialist, followed by discussion with the hospital board of directors and the medical committee. Only then can the CP be formally implemented. The hospital's Director of Medical Services highlighted this challenge:

“The proposal should come from them, because they will be the ones to implement it. We have often asked for it, but no proposal has been given, perhaps because of each person's busy schedule.” (Informant 6)

Organizational factors

Themes in organizational factors, including:

Data/ IT support

Valid data on costs incurred during a patient's care is crucial for case managers in communicating with the patient's attending physician. A hospital information system that supports data on length of stay and costs is essential.

“...We need data on patient expenses and how long they've been treated” (P3). “The case manager menu in the hospital's medical records system is very helpful in our work in monitoring patients with long hospital stays and high costs...” (Informant 5).

Strengthening the authority of case managers

Communicating with the patient's attending physician requires support from top hospital management to ensure communication is on an equal footing. A case manager, who is a general practitioner, will be perceived as inferior by the patient's attending physician, who is a specialist or senior physician.

"...Often the patient's attending physician doesn't respond to what we say, perhaps because they feel more senior..." (Informants 3,4,5).

The role of top hospital management is crucial for matters that the case manager cannot resolve, as conveyed by the Director of Medical Services:

"...They report to me if they have difficulty communicating with the patient's attending physician. I immediately call the doctor, and usually there is a solution once I call..." (Informant 6)

Training

Hospitals collaborating with BPJS Kesehatan predominantly serve JKN KIS patients. Case managers' knowledge of coding methods is essential to determine the inaccuracy rate for each patient. This data is useful for cost control, as stated by an informant:

"...We need to upgrade our coding knowledge and receive training so we can calculate the maximum costs covered by BPJS..." (Informant 4).

"...We need training; there are several types of training, such as coding training, patient care manager training, SIMRS training, and others..." (Informant 2).

The findings of this study show that case managers face two main sets of challenges in carrying out their roles: organizational factors and professional care provider (PPA) factors. On the organizational side, obstacles include limited support from data and IT teams, the need to strengthen case manager authority, and the lack of adequate training. On the PPA side, challenges involve the willingness of attending physicians (DPJP) to accept input, the need for stronger collaboration among care providers, and the importance of implementing clinical pathways (CP) within the hospital.

DISCUSSION

The role of the case manager in hospitals is vital for ensuring both quality and cost control, especially for patients covered by the National Health Insurance. Hospitals today face growing pressures: patient care is becoming more complex, expectations for quality and safety are rising, and institutions must meet the needs of patients, families, and communities while complying with regulations (Auladi, 2022).

On the financial side, hospitals also struggle with rising employee salaries, inefficient processes, prolonged patient stays, and unnecessary procedures. These challenges highlight the importance of patient care managers (MPPs), or case managers, who can help balance quality with efficiency. Case management improves health services by encouraging patient autonomy, optimizing cost-effectiveness, coordinating care in a patient-centered way, and ensuring resources are used wisely (Klaehn et al., 2022).

The study found that case managers encounter significant challenges in carrying out quality and cost control. These challenges fall into two main categories: organizational factors and professional care provider (PPA) factors (Viano, 2025). On the organizational side, obstacles include limited support from data and IT teams, the need to strengthen case manager authority, and insufficient training. On the PPA side, difficulties arise from physicians' willingness to accept input, the level of collaboration among professionals, and the implementation of clinical pathways (CP). Without strong backing from hospital leadership and the patient care team, the work of case managers cannot be fully effective (Isakov et al., 2024). One of the main responsibilities of a case manager is to optimize resource use and reduce care costs. By coordinating services with professional care providers (PPA), case managers can ensure timely patient care, which not only speeds up recovery but also helps keep costs under control (Dwiadila & Putra, 2021).

Efforts to strengthen quality and cost control in hospitals must be supported institutionally. This includes reliable data and IT support, clear authority from hospital leadership, and training that equips case managers with the skills to manage medical record data effectively (Wells, 2021). Another Research highlights persistent problems such as limited training and insufficient support from hospital management, both in terms of facilities and legal recognition of the case manager role (Yuliati et al., 2019).

Experience, broad knowledge, and continuous training are emphasized as essential for case managers to perform effectively, and strengthening their authority also boosts confidence in carrying out their duties (Hudon et al., 2022). Another research found that case managers often struggle with unclear scopes of practice, inadequate training, and a lack of negotiation skills. Many feel "thrown in the deep end," forced to learn as they go, which undermines their ability to manage patient care optimally. The use of information technology in hospitals has become mandatory under the Indonesian Minister of Health Regulation on electronic medical records (EMR), which requires all hospitals to implement EMR by December 31, 2023. As a result, all staff, especially those working with patient medical records, including case managers, must be proficient in the Hospital Information System (SIMRS). To support this,

SIMRS developers are expected to provide a dedicated module for case managers and ensure they receive proper training (Mangion et al., 2021).

For case managers, the benefits of information technology are substantial. They gain fast and easy access to patient data, can plan treatments and monitor patient progress more efficiently, and coordinate with other care professionals more smoothly. Technology also supports quicker clinical decision-making and helps minimize costs by ensuring care is delivered effectively. Another Research confirms that SIMRS implementation significantly improves hospital service quality by boosting efficiency and providing real-time access to patient data (Pusdikasari, 2025).

Another factor influencing case manager performance is the professionalism of care providers (PPA). According to Permenkes No. 16 of 2024, the physician in charge of a patient (DPJP) is fully responsible for managing medical care, from diagnosis and treatment to recovery. Typically, the DPJP is a specialist or subspecialist, while case managers are usually general practitioners who are junior in position. This hierarchy often places the DPJP in a superior role, making it difficult for case managers to provide input (Yuliati et al., 2019).

The fee system for DPJPs, which is calculated per patient visit, also creates challenges. Physicians may be reluctant to discharge patients early, even when complaints have resolved, because continued visits generate additional fees. This finding is consistent with research, which reported that case managers often struggle to collaborate with doctors due to concerns about reduced incentives (Teper et al., 2020).

Patient care in hospitals is typically delivered by teams of professionals who collaborate according to their expertise. These care providers (PPA) include specialist doctors, nurses, nutritionists, pharmacists, radiologists, laboratory analysts, and other medical staff (Teper et al., 2020). The speed and effectiveness of patient care depend heavily on how well these professionals work together (Gultom & Basabih, 2025).

For example, the attending physician (DPJP) can prescribe therapy only after receiving laboratory or radiology results. Once the prescription is issued, timely action from pharmacists and pharmacy staff ensures that medication is administered without delay. However, another research found that poor collaboration between DPJPs and other healthcare providers often results in prolonged patient care, highlighting the importance of strong teamwork across disciplines (Mangion et al., 2021).

The implementation of clinical pathways (CP) offers significant benefits for hospitals. CPs improve the quality of patient care, reduce unnecessary variations in treatment, and

enhance the efficiency of resource use. Research by Haas et al., (2024) shows that applying CPs can increase the cost efficiency of patient care.

As hospitals continue striving for better quality and cost control, the adoption of CPs has grown, though challenges remain. Five key factors that influence successful implementation are identified: human resource readiness, management support, facilities and infrastructure, monitoring and evaluation, and the availability of user-friendly CP templates (Helzainka, 2021). Furthermore, CPs help reduce the gap between INACBG rates and hospital rates, strengthening financial alignment in patient care. The results of this study provide an analysis of how the case manager function is implemented in hospitals (Riandini et al., 2023). The practical experiences shared by case managers offer valuable insights for the theoretical development of hospital administration, particularly in efforts to control costs and improve service quality (Shinta, 2025).

However, this study is limited to the perspectives of case managers themselves. To gain a more comprehensive understanding, it is also important to examine the views of other stakeholders, including the attending physicians (DPJP), nurses, other healthcare professionals, and patients. Future research should therefore explore these perspectives to present a broader and more holistic picture of how the case manager functions within hospitals (Irwan et al., 2024).

CONCLUSION

Strengthening the role of case managers in hospital quality and cost control requires strong support from both hospital organizations and professional care providers (PPA). The findings of this study highlight two key areas of support. On the organizational side, case managers need reliable data and IT systems, empowerment within their roles, and adequate training. On the professional side, support involves the willingness of attending physicians (DPJP) to accept input, effective collaboration among care providers, and the consistent implementation of clinical pathways (CP).

To make coordination more effective, hospital top management must clearly define the authority of case managers across all service units, particularly among patient care professionals. This authority should be reinforced through explicit positioning in the hospital's organizational structure and by establishing well-communicated rights and responsibilities across all units. In addition, integrating a dedicated menu for case managers into the hospital information system, enabling real-time access to cost data, will be crucial for optimizing both quality and cost control.

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