

Indigenous Australia Program Development Effectiveness

Bulletin 9 May 2014

“With early detection we can reduce the rate of eye disease among our Indigenous clients. Referrals are followed up with appointments to specialist clinics. With the low cost spectacles given to clients it’s rewarding to see them walk out with smiles on their faces. We could give them glasses to help them finish their artwork, and they loved it!”

Former Aboriginal Eye Health Coordinator from the Nulunbuy Region

“The LCSS provides an avenue to people accessing glasses that wouldn’t normally get them.”

Aboriginal Eye Health Coordinator

“The fact that a Fred Hollows employee does the organising of the glasses to be made up, sent back to the patient and statistics (database) is immensely helpful.”

Orthoptist, Royal Darwin Hospital

Low cost spectacle scheme

In 2006 the Indigenous Australia Program (IAP) inherited the Low Cost Spectacle Scheme (LCSS) in the Northern Territory from an individual optometry provider. The existing LCSS had encountered a number of problems, was hard to establish and was not a suitable model to provide spectacles to remote communities. IAP reviewed the model, implemented improvements and in 2012 a viable service model was successfully transitioned to a private enterprise. This experience provided the IAP with robust operational learnings which could have significant impact if implemented across LCSS schemes nationally.

Key achievements

- Over 4000 pairs of affordable spectacles dispensed to people living in remote communities in the NT between 2006 and 2012
- Throughout the implementation of the scheme the IAP implemented a continuous quality improvement system to significantly reduce the time taken from initial eye exam to receiving of glasses, streamlines administrative processes and increased cost efficiencies that improved the rate of payment for glasses, including setting stretch revenue targets.
- The IAP implemented a successful transition of the program to a private enterprise where the process for clients and stakeholders was managed efficiently and professionally with no disruptions, issues or complaints. This sustainable model has been finalised for some time with the new service provider continuing to maintain a high standard of service to users of the scheme.
- As a result of the IAP’s work on the LCSS, IAP staff were able to provide informed input into the development of the National Low Cost Spectacle Scheme guidelines. These guidelines will impact on the implementation of LCSS across the country and potentially provide further opportunities for IAP and partners to get involved.

http://www.optometrists.asn.au/media/203295/specsschemesubspolicy_final.pdf

Background

In May 2006 the IAP received a Commonwealth grant to manage the LCSS in response to the difficulties faced by residents of remote communities to access prescribed spectacles. In July 2008 the Commonwealth withdrew funding and the IAP continued the perpetual funds model to re-order stock and continue to the supply of spectacles at a low cost initially using the NT government health departments internal mail system.

The IAP employed a fulltime project administrator (LCSS administrator) to coordinate the ordering, dispensing, liaising with service providers, customers, NT pensioners concession scheme and agents for completing deduction payments, in addition to managing the customised database to track the orders and payments.





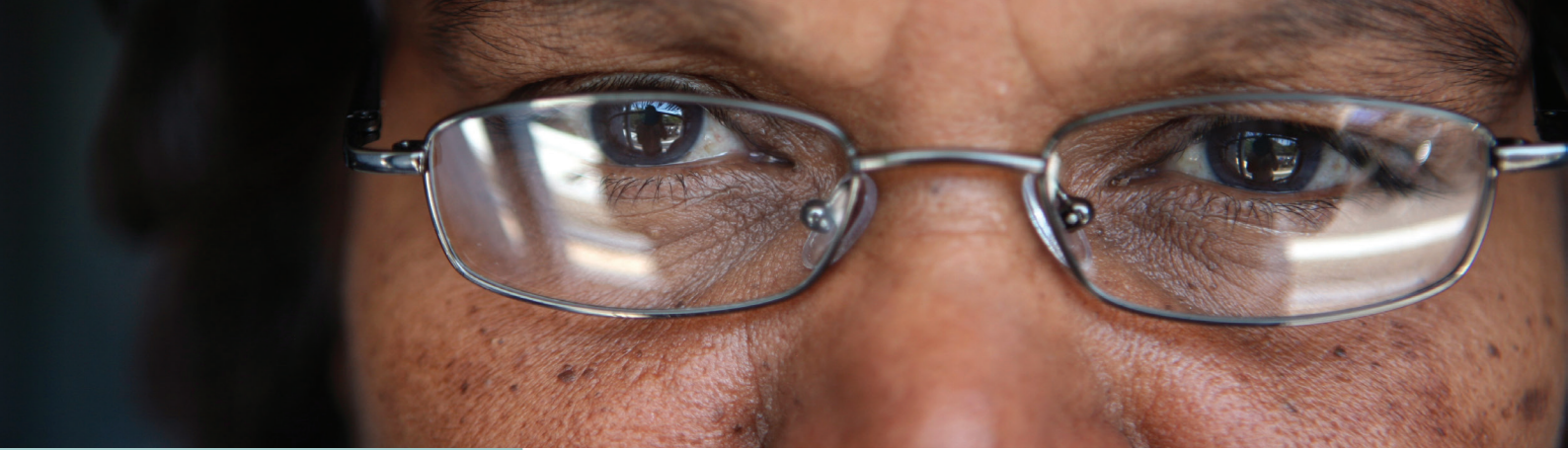
Reflections

- A formal review was conducted in 2011 that involved active and positive participation with key stakeholders. The main finding was that the IAP was significantly subsidising the LCSS and even with improved systems, processes and greater efficiencies it was found that the scheme would not be sustainable.
- The transition strategy to exit from the scheme was extremely thorough and well managed. Options for transitioning out of the LCSS were developed that ensured services continued with minimal changes from the client perspective. A transition strategy was developed and shared with the executive management group and the board to ensure effective communication.
- The smooth transition was also due to the strong long term working relationships and partnerships the IAP had with the supplier, the Regional Eye Health Coordinators and the Aboriginal Community Controlled Health Organisations. The IAP ensured all stakeholders were informed throughout the transition process.
- In 2013 the IAP reviewed the transition and it was found to be very positive with the LCSS provider reporting that only a small proportion (1%) of customers failed to meet their payment obligations. Opportunities for feedback on LCSS forms, templates and payment methods available was also provided to the users. The new providers also launched a LCSS website which now enables orders to be submitted online and has the capacity for customers to track their orders.
- As yet, the service provider has not made any attempt to expand the scheme into other regions. This is an area that the IAP could explore with others in the future.

Learnings

This table provides an overview of the IAP's model on the key operational elements involved with the implementation of an LCSS:

Operational Element	IAP Position
Perceived barriers to access	<ol style="list-style-type: none"> 1. Geographic – access to optical dispenser not available outside main centres 2. Expense – people on low incomes can face difficulty paying the full cost upfront
Eligibility	<p>Available to all residents of rural and remote communities throughout the NT</p> <p>Urban Aboriginal and Torres Strait Islanders were also eligible through their local Aboriginal Community Controlled Health Organisation (ACCHO)</p>
Users	<ol style="list-style-type: none"> 1. Any organisation facilitating or coordinating the Outreach Optometry services 2. Any ACCHOs
Payment Options	<ol style="list-style-type: none"> 1. Salary deductions 2. Centrepay deductions 3. Pension Concession scheme fund (Optical supplier invoiced NTG directly) 4. Cash / cheque/ money order/ electronic funds transfer
Cost	<p>Affordable to those on a low income but not free. (Spectacles ordered with first deduction and 'paid off' after receiving spectacles enabling improved vision asap)</p> <p>In 2010 single vision spectacles were \$55 and increased to \$60 in 2012</p>
Frame selection	<p>Client selects frame/s from a wide selection of good quality robust frames</p> <p>(10 Men's, 10 Women's, 10 Children – 40% plastic / moulded frames)</p>
Coordination	<p>Central coordination and contact point for the service provides / users / customers was provided by the LCSS administrator</p>
Ordering	<p>Eye health record, payment information and prescription received, filed and entered into database. Scripts are scanned and emailed to optical dispenser.</p> <p>Orders dispatched following the receipt of the first deduction.</p>
Delivery	<p>LCSS administrator collects from optical dispenser. Spectacles delivered to client's community health centre/ regional eye coordinator by Australia Post. Health staff acknowledge receipt and faxes signed copy to LCSS administrator. Health staff responsible for delivering spectacles to customer. Project aimed to deliver spectacles within 4 to 6 weeks.</p>



“All players involved in the process agreed that the scheme is very worthwhile and of benefit to the clients it serves. All respondents could identify people or population groups that have directly benefitted from the scheme’s operation.”

Concluding remarks from the LCSS Review Report 2011

“People on communities are really happy at being able to get glasses. The system of centrepay has really helped people.”

Regional eye health coordinator with an Aboriginal Community Controlled Health Organisation

Challenges:

Although significant progress was made to reduce the costs between 2008 and 2012, the expenses associated with dispensing and the administration position, for a non-optical dispenser, meant the IAP was not able to ensure the scheme was cost neutral. The transition of the LCSS to a private optical retail supplier was seen as a practical solution that would enable an increase in efficiency and effectiveness and result in a long term sustainable business model in the NT.

Suggested mitigations for other inherent risks are outlined in this table:

Risks	Suggested mitigation
Incorrect orders – Information that is documented on the order forms can be incorrect or unclear which resulted in the IAP replacing the spectacles at no cost to the customer or the service provider placing the order.	Ensuring that the ordering process is consistent across all users of the LCSS was sometimes difficult to achieve due to the resources available to some of the service providers or users of the scheme. Service providers or users of the scheme should be held financially liable for incorrect information provided on the order forms as opposed to the customer.
Payment options available through the LCSS – Customers may not always be eligible for Centrepay Deductions, NT Pensioner and Carers Concession Scheme (NTPCCS) / Seniors Card at the time of their order.	Remoteness, language barriers and limited contact details add to the difficulties in discussing and selecting another payment option for the customer. Liaising with the health centres / regional eye coordinators was required to ensure that the customer received their spectacles whilst minimising the risk to the LCSS.
Payment options – On rare occasions customers cancelled their deductions after the order was placed or after the spectacles were dispensed.	This was not common but it did occur. Although customers entered into an undertaking to make scheduled payments the agreement is not legally binding and payments can be ceased on the instructions of the customer. There is a need for a mechanism to either recoup the funds or prevent subsequent orders until the outstanding payment is made.
Payment options – Electronic Funds Transfer (EFT) and the proof of evidence not provided to FHF	This was difficult to avoid and can sometimes delay the ordering process. This resulted in the order surpassing the 6 week delivery date however it did reduce the financial risk.
Orders / spectacles lost in transit – Orders were dispatched to the health centre / eye health coordinator for the customer to collect. On occasions orders were lost in transit and a replacement was required at a cost to the LCSS	The use of registered post or couriers reduced this and ensured that orders are received by the customers however this increased the operational costs for the LCSS
Financial viability of the LCSS – An organisation without the necessary retail infrastructure and experience cannot ensure that a LCSS is financially viable.	The IAP was not in the optical retail industry therefore financial viability was not able to be achieved. An experienced optical retail supplier with adequate infrastructure and experience was deemed to be the alternative required to achieve this.



Low Cost Spectacle Scheme Process Overview

