

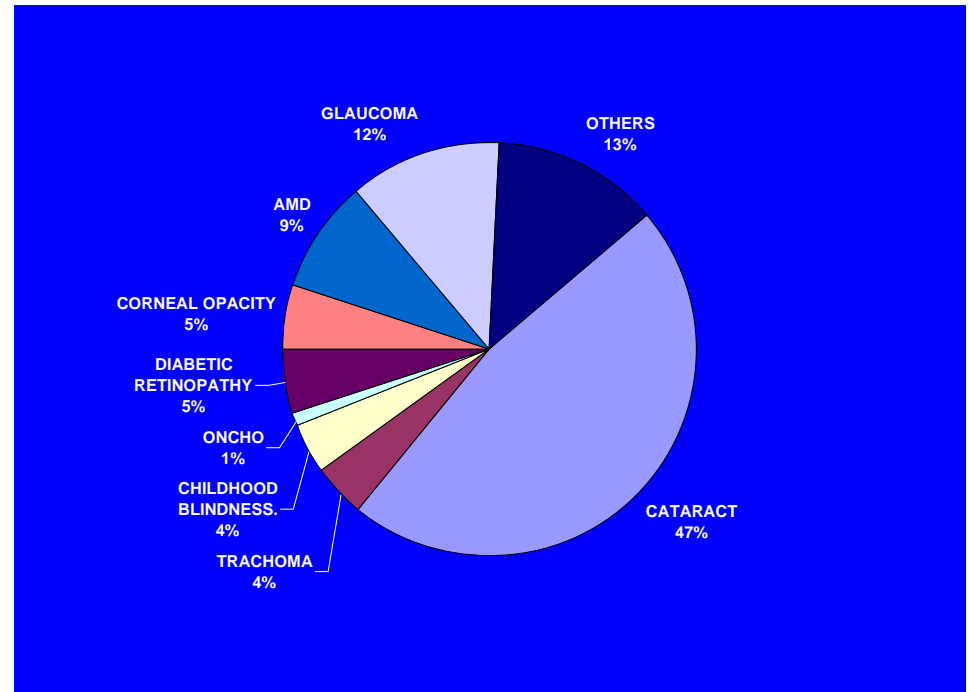


## **Building Comprehensive Sustainable Eye Care Programs**

Victoria M. Sheffield, President & CEO  
International Eye Foundation

# Blindness Threat

1. Public health causes: trachoma, onchocerciasis, and VAD prevented and treated by CHWs = 10% of the world's blindness.
2. Cataract, glaucoma, AMD, DR, ++ require treatment by a qualified ophthalmologist = 90% of the world's blindness.



## Is it the same as “capacity building”?

- HR Training
- Equipment
- Outreach

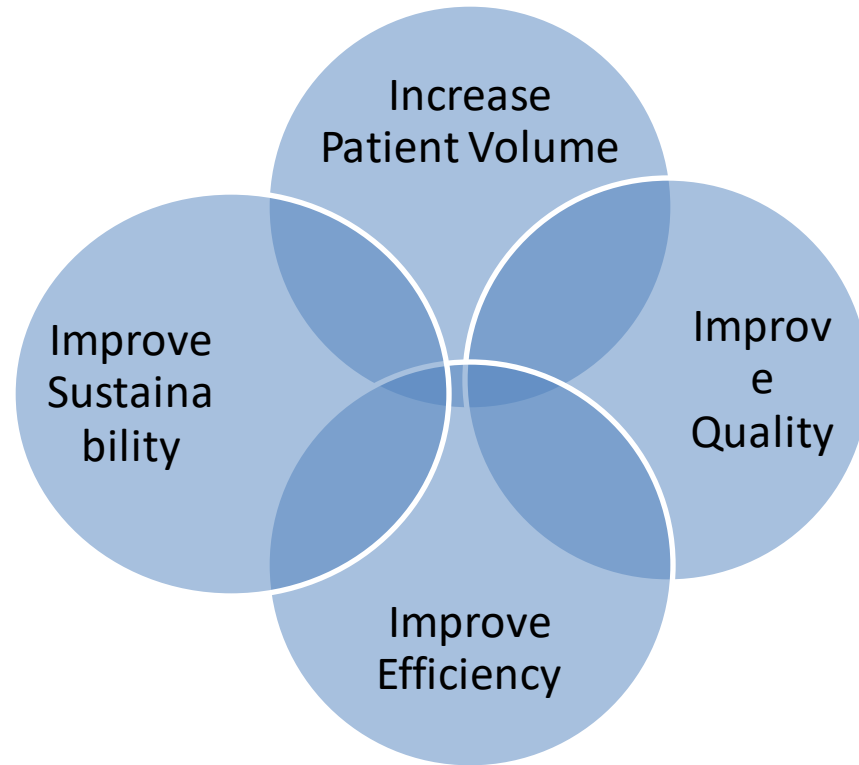
## Yes, but taking it steps further:

- Manager and management training
- Accountant and finance training
- Patient counselors
- Pricing structures
- Revenue generating services
- Quality standards and protocols



Eye hospitals in developing countries typically:

- inefficient
- unproductive
- questionable quality
- lack earned revenue to attract and retain qualified staff, buy and maintain equipment, and grow services.



# Phase I - Workshop

- Quality, efficiency, management practices, standards & protocols
- Patient needs and expectations, counseling
- Planning, product/service choices, data analysis, demand forecasting, resource allocation
- Budgeting, pricing, unit costs, cost reduction, procurement practices, patient willingness to pay



# Phase II – T/A Investment

- Streamline patient flow to **reduce waiting times** in clinic and OR
- **Change pricing** from variable to fixed
- Base pricing on patient income and **willingness to pay**
- Define **staff roles and responsibilities**
- Introduce **patient counselors**
- Introduce **CMIS**

PRECIOS DE CIRUGIAS	
CIRUGIA DE CATARATA	Q. 500.00
CIRUGIA DE PTERIGION	Q. 500.00
CIRUGIA COMBINADA	Q. 850.00
CIRUGIA DE ESTRABISMO	Q. 900.00
CIRUGIA VIA TRANSORBITAL	Q. 900.00
CIRUGIA PLASMICA	Q. 500.00
CIRUGIA FILTERING	Q. 500.00
CAPSULOTOMIA O	Q. 350.00
IRIDECTOMIA CON LASER	CADA OJO
ANESTESIA ASISTIDA O GENERAL	Q. 500.00
CONSULTA	Q. 50.00
LENTES BIFOCALES	DESDE Q. 450.00
LENTES MONOFOCALES	DESDE Q. 250.00 Y Q. 350.00



**Economic formula:**  
**5% very rich**  
**5% rich**  
**70% middle income**  
**10% poor**  
**10% very poor**



# Clinica Divino Niño Jesus, Peru (NGO Sector)

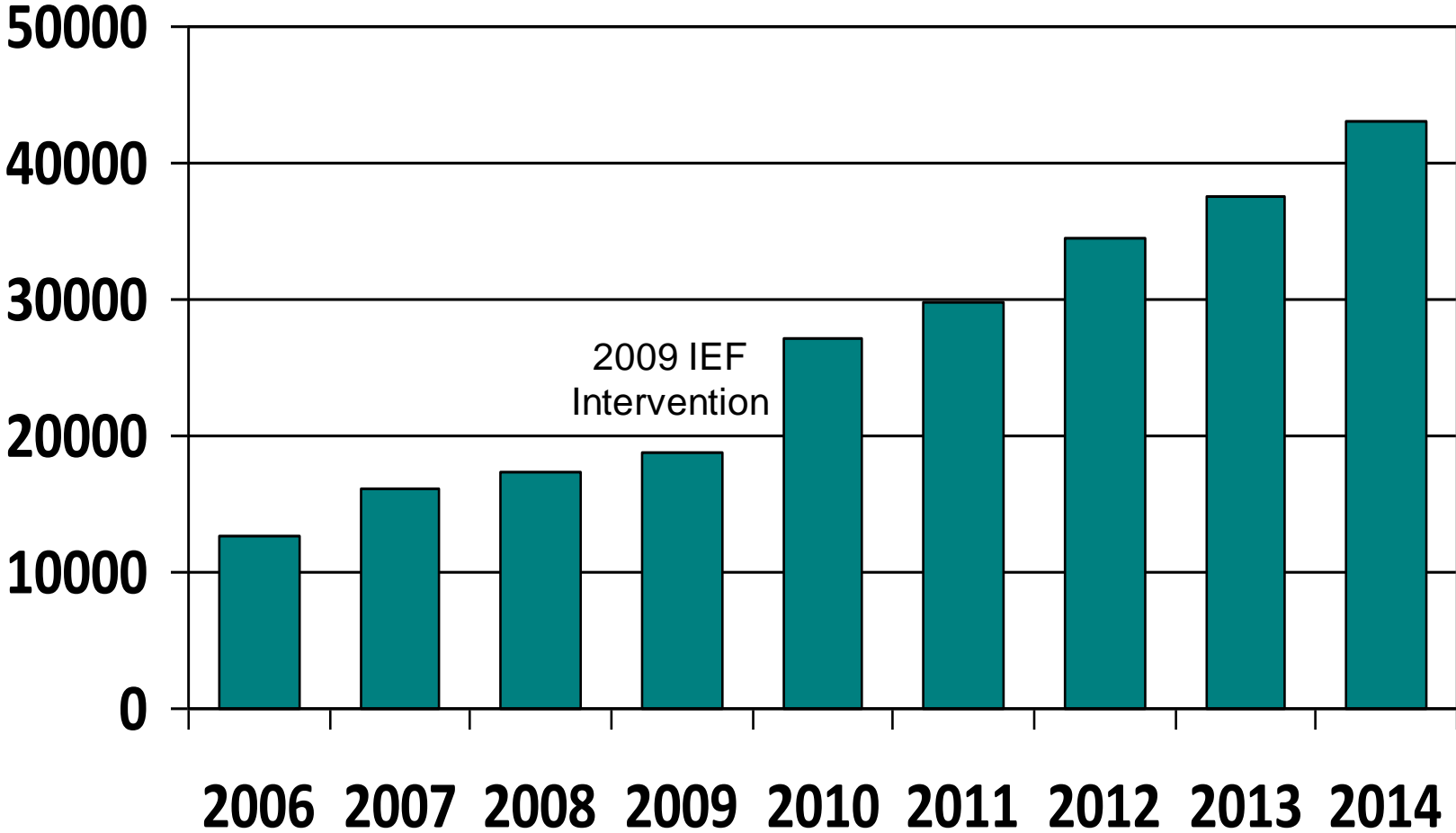


**Juntos  
damos  
luz.**





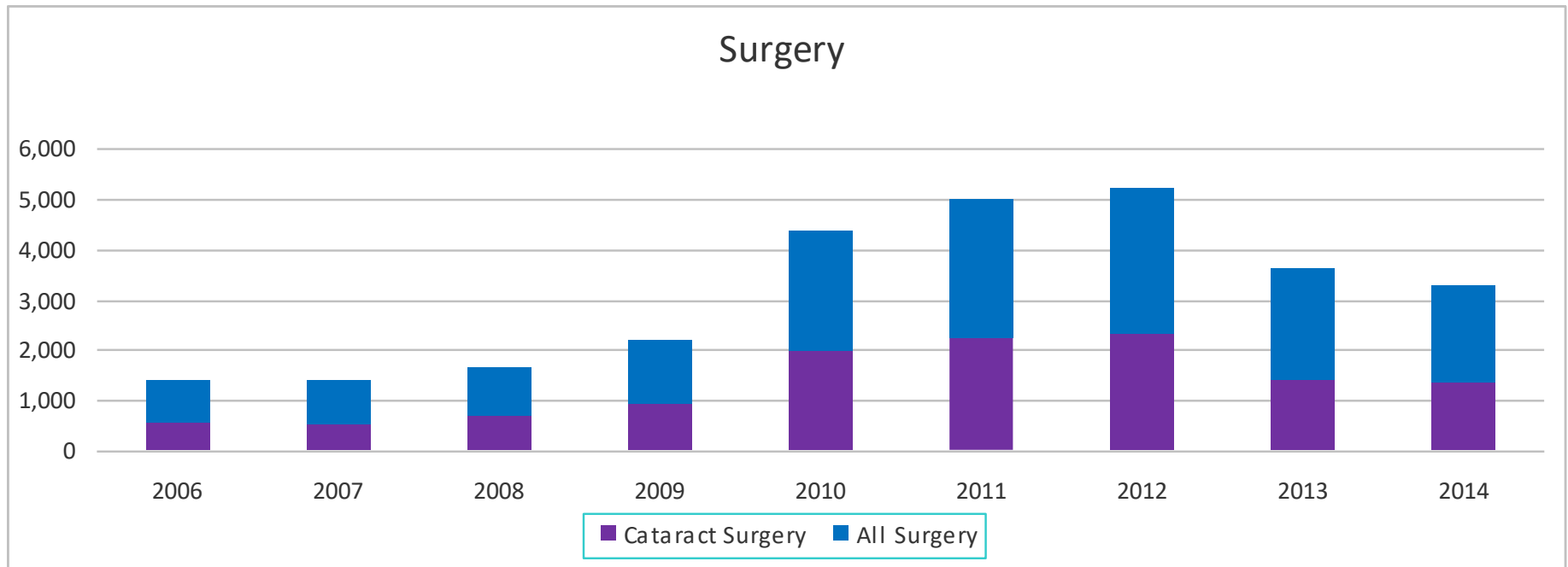
## Consultations







# Clinica Divino Nino Jesus, Peru (NGO Sector)

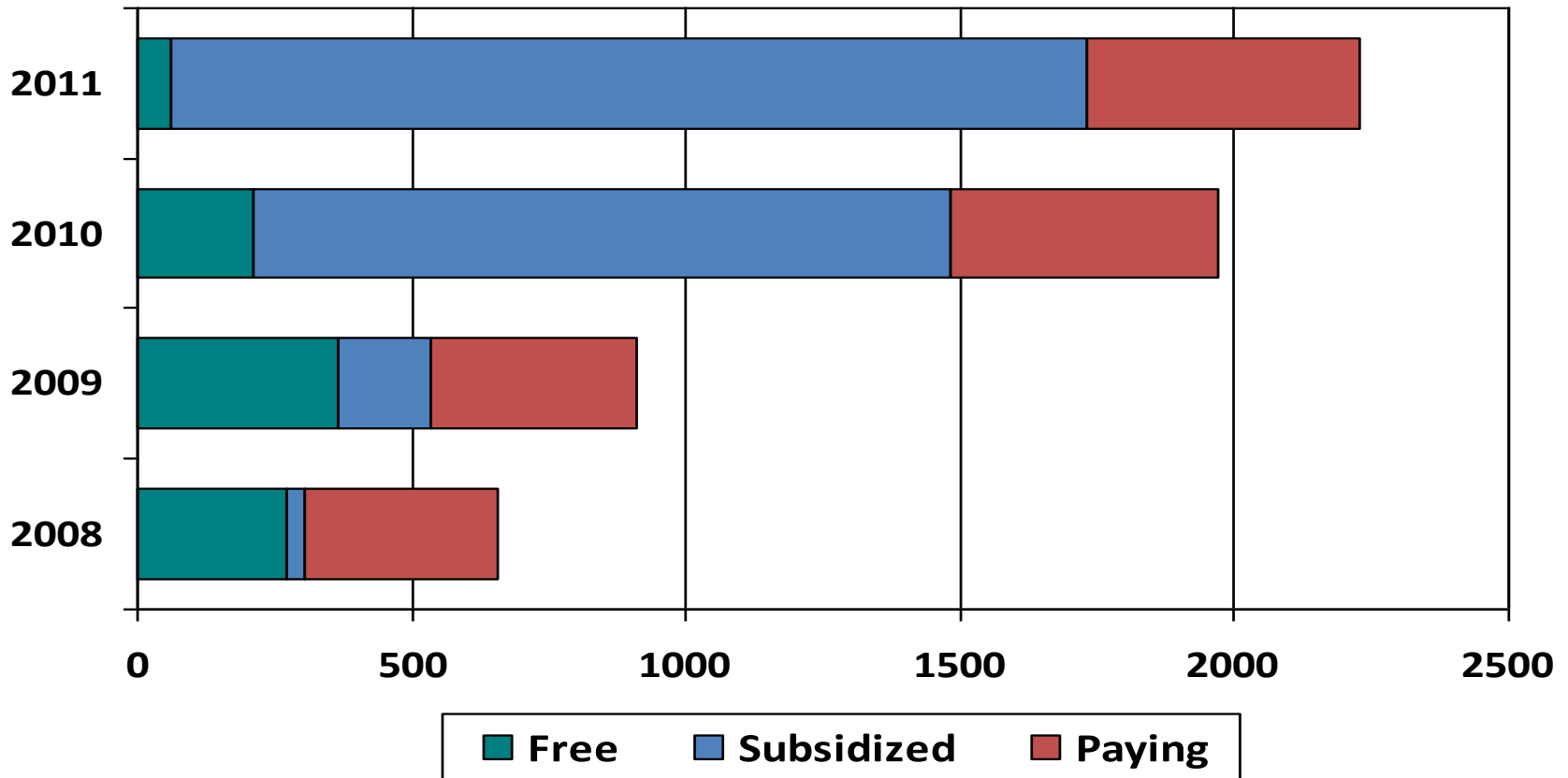


Operations were reduced in 2013 and 2014 due to renovations in the clinic and OR



# Clinica Divino Nino Jesus, Peru (NGO Sector)

## Patient Choice - Simplified Pricing



	<b>Baseline 2012</b>	<b>Intermediate 2013</b>	<b>Final 2014</b>	<b>% Increase 2012-14</b>
Consultations – New	15,184	13,587	18,738	23%
Consultations – Review	21,863	26,267	26,046	19%
<b>Total Consultations</b>	<b>37,047</b>	<b>39,854</b>	<b>44,784</b>	<b>21%</b>
% Increase		8%	12%	
<b>Surgery – Cataract</b>	<b>754</b>	<b>50</b>	<b>1,258</b>	<b>67%</b>
% Increase		26%	32%	
Surgery – Other Major	334	324	324	-3%
Surgery – Other Minor		1,300	2,500	92%

	Baseline 2012	Intermediate 2013	Final 2014	% Increase 2012-14
Consultations – New	-	-	-	
Consultations – Review	13,487	13,830	17,198	28%
Outreach Consultation	-	403	517	28%
<b>Total Consultations</b>	<b>13,487</b>	<b>14,233</b>	<b>17,715</b>	<b>31%</b>
% Increase		12%	30%	
<b>Surgery – Cataract</b>	<b>1,231</b>	<b>1,716</b>	<b>2,504</b>	<b>103%</b>
% Increase		39%	46%	
Surgery – Other Major	1,787	1,703	1,693	-5%
Surgery – Other Minor	6,016	4,462	8,048	34%

1. 163,000 students in Philadelphia public school district
2. Only 82%-87% screened over entire school year (138,550)
3. 400 – 1500 children per school
4. Not all nurses are full time
5. 23,000 failed screening exam (15.7%) referred to Eagles Van (concentrates on schools w/ 80% of children < poverty line = 28+ schools of 289 in Philadelphia)
6. 3,300 screened by Eagles Van (8%)
7. 14,000 of 23,000 failed never see an eye doctor
8. Remainder may get care on their own
9. Eye screening not a priority in all schools

## IEF Consultation - 2013

### Meetings in Philadelphia with:

- Wills Eye Hospital Eye Department in Philadelphia - **clinical**
- Eagles Youth Partnership - **clinical outreach**
- School Nurses - **screening**
- School Superintendant and team - **policy**

USA: many benefits available, not integrated, hard for patients to navigate.

A merry-go-round without a pole!





## Key Changes

- Children screened in the first 7 weeks of the year to allow for children to access eye care appointments.
- Set up multiple screening lanes in gym or library instead of one at a time in the nurse's office.
- Eagles made up “Eagles Eye Mobile in a Box” including vision charts, insurance and referral forms, etc.
- School superintendent sent a letter to all principals making eye screening a priority.
- Second social worker hired at Wills to follow-up children needing further exams.



## Correlation between developing countries and US

	<b>Developing Country</b>	<b>Philadelphia</b>
<b>Importance of Counselors</b>	Increase acceptance of cataract surgery and follow-up	<b>Social workers</b> increased follow-up after initial Wills exam from 1% to 42%
<b>Cost of patient finding</b>	\$421 per patient to screen, identify, transport to hospital - Tanzania	\$70.49 net cost after insurance
<b>Female literacy</b>	2 years literacy for women & girls leads to better health status in children - UNICEF	Correlation between increased HS grad rates & increased return of children for follow-up
<b>Underutilization of resources</b>	Increase efficiencies by streamlining processes and monitoring	Increased efficiencies at Wills & EYP screened and treated more children in a shorter time

Gad Dotan, MD; Billy Truong, BS; Melanie Snitzer, MSW, LSW; Colleen McCauley, MPH; Sarah Martinez-Helfman, MS; Kathy Santa Maria, COT; Alex V. Levin, MD, MHSc; [Outcomes of an Inner-City Vision Outreach Program-Give Kids Sight Day](#), *JAMA Ophthalmol.* doi:10.1001/jamaophthalmol.2015.8, Published online February 12, 2015

Laura T. Pizzo, PharmD, MPH; Melanie Snitzer, MSW, LSW; Tony Amos, PharmD; Katherine M. Prioli, BS; Deon Steele, MPH; Alex V. Levin, MD, MHSc; [Cost and Effectiveness of an Eye Care Adherence Program for Philadelphia Children with Significant Visual Impairment](#); *Population Health Management*, Volume 0, Number 0, 2015, DOI: 10.1089/pop.2014.0090

Thank you!

