

How fixed fees and patient



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Clinica Oftalmologica Divino Nino Jesus (DNJ) in Peru exemplifies how one small eye clinic can become sustainable, grow, and influence national eye care strategies.

DNJ was established in 1996 and initially provided general health care. From 2006 onwards, CBM Latin America helped DNJ to focus on eye care and later sponsored a DNJ leadership team to attend an International Eye Foundation (IEF) sustainability workshop in Paraguay. DNJ then started a two-year change process toward sustainability with technical assistance from IEF and Guatemala's Visualiza.

Leadership commitment

IEF worked with the hospital management to develop a business plan which included:

- a focus on patient needs and expectations
- the creation of product and service choices
- good management practices
- standardisation of protocols.

The budget focused on:

- procurement
- cost reduction
- pricing structures
- patient willingness to pay.

Overall, the business plan relied on a detailed analysis of current capacity and an understanding of future demand for services, including what people might be willing to pay.

Initially, there was some resistance from the leadership and staff to charging fees for services, as most patients had been treated free of charge (except for a small number of private patients).



International Eye Foundation

Planning sustainable services at Clinica Oftalmologica Divino Nino Jesus.

At DNJ, the following product and service choices have been introduced:

- A standard intraocular lens (IOL) vs. a more expensive foldable IOL.
- 'First come, first served' or 'fast track' when attending outpatient examinations (see opposite page for more detail).

Who is subsidised?

To determine what percentage of patients should be subsidised – and what percentage can be treated free – DNJ used a formula based on estimated population income.

Rich or very rich patients (5% of the population) can choose to pay for foldable IOLs and fast track, which have a higher fee. This means that the hospital makes a bigger profit from these patients and the profit can then be used to subsidise the poor and very poor patients.

Middle-income patients (55% of the population) cover the full cost of their care: the basic cost of consumables plus the costs of overheads such as staff time, electricity, and other related costs.

Poor patients (30% of the population), pay a reduced fee which covers only the cost of consumables; DNJ subsidises them by paying the overhead costs.

Very poor patients (10% of the population) receive services free – they are fully subsidised. DNJ pays all the

Overcoming resistance to change

In our experience, gaining the trust of people in key leadership positions is possible but can be slow; it involves carefully discussing any sensitive issues. Relationships have to be carefully nurtured.

The key to overcoming resistance is to change the way these leaders think. Help them to see the benefits of the proposed change by linking the result of the changes to the vision, mission, goals and financial returns of the organisation.

The leaders must develop confidence

understand what is being done and point out any areas of progress as they occur. It is these incremental successes that increase confidence in the consultant and the process itself.

If there are problems within the organisation itself, we find that it is best to discuss these at two levels:

- 1 At the senior management level.
- 2 At the staff level, with one senior management person present. A facilitator can then elicit comments from all staff in an open and frank

