Good Practices in Social Security

Good practice in operation since: 2018

Treatment benefit reform and transformation to digital delivery: Extension of benefits to additional customers and extension in the range of benefits available

Certificate of Merit with Special Mention, ISSA Good Practice Award – Europe competition 2019

Department of Employment Affairs and Social Protection
Ireland

Summary

The Treatment Benefits scheme operated by the Department of Employment Affairs and Social Protection ("The Department") provides dental, optical and audiology services and medical appliances to qualified people. In late 2017, following suspension for a number of years, the Irish government restored these Treatment Benefits to all eligible citizens and extended them to self-employed contributors for the first time. This provided a real challenge: how to deliver the required change in a tight timeframe – with limited resources, anticipated high claim volumes, and the need to move from an old legacy IT system.

The project fundamentally redeveloped the scheme administration and improved service delivery to customers and stakeholders (dentists/opticians/audiologists). The service offering is radically changed, with digital delivery as the main delivery channel providing dentists/opticians/audiologists with a self-service portal (seven day availability) to check eligibility, submit claims and receive payments.

Developing a new system within six months, capable of scaling to meet claim load increases – from 490,000 claims in 2016 to in excess of 1.2 million claims in 2018, with 96 per cent delivery online – was a major achievement.

The issue or challenge

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

The Irish Government's Budget 2017 restored and extended Treatment Benefits; restoring scale and polish (dental treatment), and the provision of glasses (optical) and hearing aids (audiology) to all eligible customers, and extending benefit to self-employed contributors for the first time. The challenge was to deliver the required change in a tight timeframe – with limited resources, anticipated high claim volumes, and the need to replace an old legacy IT system.

This could only be achieved by taking a truly innovative approach maximising the use of technology and by moving the Treatment Benefit eligibility checking and payments service for dentists/opticians/audiologists to a new online system.

This required business transformation from a paper based stand-alone system, to one that would integrate centrally with the Department's strategic system and use leading edge technology to facilitate service providers (dentists/opticians/audiologists) and customers in transacting business online.

In summary, the challenge could be described as:

- designing and delivering a service capable of processing and deciding three times as many claims with the same number of staff;

- developing a system (online portal) that dentists, opticians and audiologists would adopt and use voluntarily ("digital by desire" concept);

- moving the service to a new IT platform, while continuing to deliver the existing service during development (concept of "rewiring the house while keeping the lights on");

- the new service offering had to be fully operational by 1 November 2017, just six months after project launch.

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.

The main objective was to develop and implement a sustainable process capable of delivering the service to a greatly increased number of customers. This needed to be scalable as other services could be added and/or other customer groupings could be accorded entitlement to benefit. The solution needed to be robust, sustainable and capable of extension.

Firstly, the benefit scheme was moved from a stand-alone system to the Department's strategic IT platform. This allowed the service re-use processing and database services that are already proven, and scalable.

Secondly, a web portal www.welfarepartners.ie was developed and customised for use by dentists, opticians and audiologists for the provision of services to qualified customers. This portal would facilitate the online checking of eligibility and the subsequent submission of claims and tracking of progress on claims.

Thirdly, a communication and stakeholder engagement campaign over the course of the project development ensured that all contractors (dentists, opticians and audiologists) were involved, consulted and fully aware on all stages of development.

Fourthly, a robust identification and authentication framework was developed to ensure that all stakeholders could transact business safely and securely with the Department. This framework was developed in such a way that it can be extended to other departmental schemes and other government services.

Finally, the IT development followed an agile methodology, with an iterative release of functionality allowing staff and stakeholders time to become familiar with the development over the course of the project (no big surprises at the end).

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.

The key target was to provide a service capable of processing, deciding and paying all claims submitted by contractors (dentists/opticians/audiologists) promptly. It was known that the baseline number of claims (490,000 in 2016) would be exceeded, so scalability and adaptability to deal with an increased claim load was an important target.

The online facility needed to transact about 80 per cent of the business to be viable. It was estimated that this would require having over 70 per cent of dentists/opticians/audiologists

registered and using the system. It was accepted that it would take time to reach the target of having 80 per cent of business transacted online, but a target of achieving this within the first year was set and considered ambitious.

Delivery of the service within the existing staff/resource level was an additional target. Potentially, this involves processing two to three times the number of claims with the same resource allocation.

Traditionally, payment for services issue monthly and this needed to continue in order to retain stakeholder confidence

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.

The Department has yet to undertake a formal evaluation of the project, but monitors, reports and publishes statistics on claim numbers and processing activity monthly. Comparison with activity in previous years is also undertaken and monthly trends are tracked.

The following data demonstrates the impact and outcomes achieved within one year of operation:

- The number of claims transacted quickly rose to around 100,000 per month.

- Over the first year over 1,200,000 claims have been processed and paid. This compares with 490,000 in 2016 – the last full year available for comparison purposes as the existing treatment benefits were extended to self-employed contributors in March 2017 and the full re-modelled scheme was launched on 1 November 2017.

- The target of transacting 80 per cent of business online was reached in March 2018 and surpassed by April 2018 – six months ahead of schedule.

- By October 2018, over 95 per cent of claims were submitted and fully processed online. This has risen slightly since then, with over 96 per cent now fully transacted online.

- The staffing level has remained at 35; the number that had been working in the area for the previous two years. Initially, there was a requirement for these staff and some others made available from other business units to work overtime hours to keep the business up to date, but this is no longer required. Delivering the service within the existing resource is a major achievement.

- Over 80 per cent of dentists, opticians and audiologists are now registered for the online service and using the dedicated portal (www.welfarepartners.ie). As outlined above, these account for over 96 per cent of claims. A paper based service remains in place for the remainder (accounting for less than four per cent of the business) and provides a similar speedy service (made possible due to the excellent take up of online service by their colleagues).

- As a bonus, over 2,500,000 online eligibility checks (checking to establish if an individual is entitled to benefits) have been made using the new service. Previously, this service was delivered over the phone but the Department would not be able to continue to

resource this volume of business demand (estimated at 15 staff resources) in the absence of the online portal.

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.

The following are identified as indispensable to successful replication:

- The service offering needs to be well designed, easily understood and easy to use. The Department operates a "digital by desire" policy, so the design of the service and easy usability were key to gaining quick take up.

- Good communication is key. Involving stakeholders (internal and external) at all steps along the way ensures that there are no surprises and that the project can adapt to up to date feedback on the usability of the service. In this instance, the Department involved stakeholders in test activity and demonstrated the system widely at general meetings of dentists and opticians.

- Dedicated and committed development team. The project was developed by a small team committed fully to making it a success. In addition to the general project activities and development work, this involved setting up a help desk to support dentists, opticians, etc., in registering for the service. Identifying a team that is prepared to fully commit to making the project a success is key.

Risks:

- Lack of conversion to digital by stakeholders could have impacted the outcome. Involving stakeholders in the design and test of the developing product mitigated this risk and ensured an excellent take up rate (over 96 per cent).

- Aggressive time frame for development. Completion of the project within six months was extremely challenging. Ideally, a longer lead in time should be allowed, but in this instance the risk was effectively managed and the project was delivered on time and to the required standard.

- Conflicting organisational priorities. All social security delivery organisations have competing priorities for resources and development funds, etc. Identifying these early and managing the risk effectively is important.