Close the Gap for Vision by 2020
National Conference 2017

Regional implementation progress – a quick overview

Mitchell Anjou
16 March 2017

Minum Barreng
Indigenous Eye Health
Melbourne School of Population and Global Health



The **Roadmap** (2012) established, through community and sector consultation, the importance of using

- **population-based needs** to determine service and other gaps
- **regions** as the coordinating unit for developing and improving eye care systems

Essential Regional Elements

Once a region is defined with population and surgical hub identified:

1. Establish regional collaborative network
2. Gap and needs analysis for service requirements
3. Develop regional service directory and referral protocols
4. Identify system coordination and patient case management staff roles
5. Local planning & action through regional collaborative network
6. Introduce regional health promotion and awareness
7. Establish regional data collection and monitoring system
8. Ensure regional accountability and oversight



… and the Roadmap recommendations are well on the way to being fully implemented

Roadmap rollout

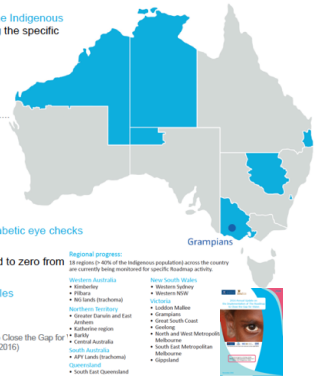
- 11 of 42 recommendations have been fully implemented
- All are on track to be implemented by 2020[1]

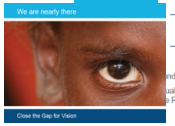
Reach

- 18 regions, making up over 40% of the Indigenous population, have begun implementing the specific Roadmap recommendations
- In addition, progress has been made and planning is underway in every state and territory

Example

- The Grampians in Victoria is an example of a region that has been successful in improving eye health outcomes:
  - 5-fold increase in optometrist services from February 2015
  - 10% absolute increase in annual diabetic eye checks from March to August 2016
  - Cataract surgery waiting list reduced to zero from March to June 2016
  - 58% increase in subsidised spectacles





DEADLY URBAN EYES

South East Queensland Regional Eye Health Program

EYE CHECKS ARE A DEADLY CHOICE

Deadly Choices | The Fred Hollows Foundation

IUIH institute for urban indigenous health

Institute for Urban Indigenous Health (IUIH)



- Aboriginal and Torres Strait Islander Community Controlled Organisation
- 5 SEQ regions
- 18 ATSICCHO clinics (21 by end of 2017)
- 65,000 Indigenous population(38% of Queensland)- second largest in Australia, and fastest growing
- Over 30,000 active clients

IUIH Eye Health (1)

Optometry Services

- 17 ATSICCS clinics served across SEQ by 10 IUIH staff (5 Optometrists)
- Projected to delivering over **7,500 eye checks** in 2017

IUIH is now the **largest provider** of zero cost "MASS" spectacles in Qld

- Projected to dispense over **3,500** pairs in 2017.

Visiting Ophthalmology services are provided at 2 hub clinics

- Projected **850** in clinic Ophthalmology consultations in 2017

IUIH Eye Health (2)

Cataract surgery project - commenced in November 2015

- **223** successful cataract surgeries in 15 months to March 2017
- Currently **NO** regional cataract surgical waitlist

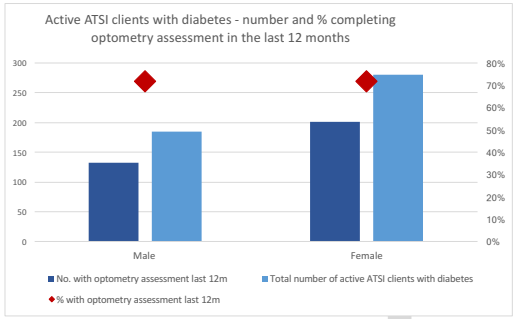
Fred Hollows partnership provided support to establish an Indigenous cadetship,

- 5th Year Indigenous Optometry student working at IUIH clinics in 2016/17

Health Promotion –

- Urban Eyes video (developed in conjunction with IEH at University of Melbourne and Hip Hop Projects)
- Deadly Urban Eyes (Fred Hollows Foundation and Deadly Choices co-branded)- sunglass incentive pack for all clients accessing full eye health check -Facebook #DeadlyUrbanEyes 14,516 reach, 192 likes (Oct 2016-Jan 2017)

IUIH Eye Health (3)
MATSICHS Diabetics- Annual eye check data

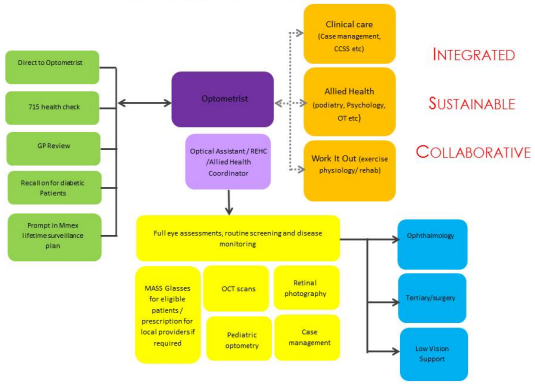


Source- Mmex report data November 2016- 4 MATSICHS clinics

IUIH & Partners - 2017

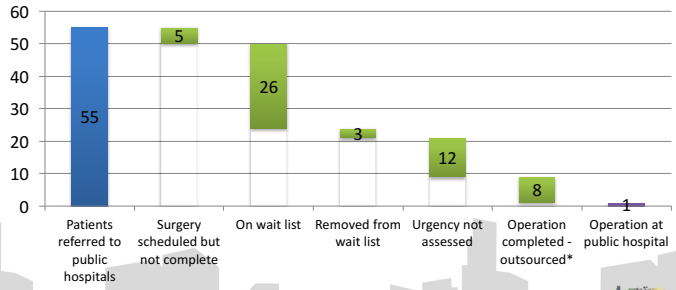


IUIH Regional Eye Health Model



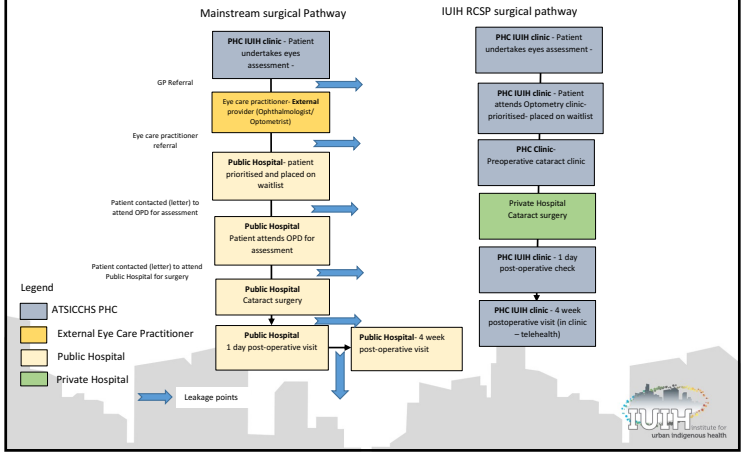
Just one cataract surgery completed in Public Hospital in 7 months prior to IUIH eye program

Progression and Categorisation of 55 patients referred to 2 major Public Hospital for cataract surgery from IUIH SEQ clinics from November 2014- June 2015



* Outsourced to private suppliers through temporary surgery connect funding (Qld Govt

Cataract Surgery Process redesign

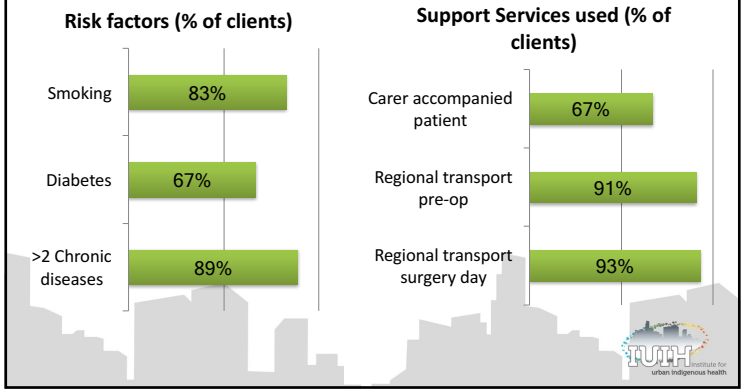


IUIH Cataract Program Partners



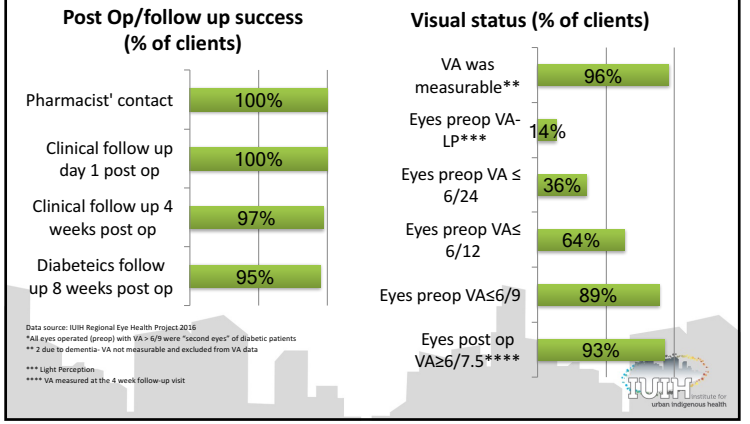
IUIH Cataract program – 223 surgeries in 15 months (1)

Profile Data first 46 SEQ RCSP cataracts in 2016 after process redesign



IUIH Cataract program – 223 surgeries in 15 months (2)

Profile Data first 46 SEQ RCSP cataracts in 2016 after process redesign



Data source: IUIH Regional Eye Health Project 2016
*All eyes operated (preop) with VA > 6/9 were "second eyes" of diabetic patients
** 2 due to dementia- VA not measurable and excluded from VA data
*** Light Perception
**** VA measured at the 4 week follow-up visit

Take Home Messages

- Build the foundations first for a strong eye program- need a critical mass- unmet eye health care needs will emerge
- Sustainability may take time- change takes time
- Integrate with Primary Health Care
- Partner with other organisations/programs and utilise their expertise and resources – non-profit, commercial and government
- Opportunities for surgery and expansion will open with an organised, co-ordinated eye program.

Questions?

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#DeadlyUrbanEyes
#iuih
#deadlychoices
#checktodayseetomorrow



Grampians Region Aboriginal Eye Health Project

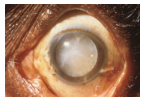
We know what we need to do…

Trachoma



- Implement the SAFE Strategy
- ➢ Ensure SAFE until eradication

Cataract



- If VA is <6/12 or impaired function refer for assessment
- ➢ Ensure provision of surgery

Diabetes



- Retinal assessment for those with diabetes (every 12 months)
- ➢ Ensure provision of laser treatment

Refractive Error



- Screening for VA (near and distance vision)
- ➢ Ensure provision of spectacles

What makes a successful regional approach?



- ➢ Regional stakeholder group
- ➢ Assess gap in existing services (data sharing)
- ➢ Regional service directory & clinical pathways
- ➢ Identify coordination roles
- ➢ Develop regional action plan & priorities
- ➢ Regular data collection, reporting & monitoring

✧ Overseen by statewide committee (Victoria)

Grampians, Victoria

Focus on eyes under *Koolin Balit: Strategic Directions for Aboriginal Health*

One of four Victorian regions with an Indigenous eye health project







- 48,610 sq km
- 2,407 Indigenous people

Grampians Eye Health project

- Began in 2014 with project plan development and eye health project officer based at Budja Budja Aboriginal Cooperative
- Grampians Eye Health Advisory Committee (met quarterly)
  - Ballarat and District Aboriginal Cooperative,
  - Budja Budja Aboriginal Cooperative
  - Goolum Goolum Aboriginal Cooperative
  - VACCHO
  - Department of Health & Human Services
  - Australian College of Optometry
  - Western Vic PHN (formerly Grampians Medicare Local)
  - Indigenous Eye Health, University of Melbourne

Achievements



- Service improvements
- New slit lamps and retinal cameras in AMS
- Increased uptake of subsidised spectacles
- Better eye care referral pathways & coordination
- Additional funds for optometry services within AMS
- Assistance in developing diabetic retinopathy health promotion materials

Health promotion development

'Check Today, See Tomorrow' Resource Kit

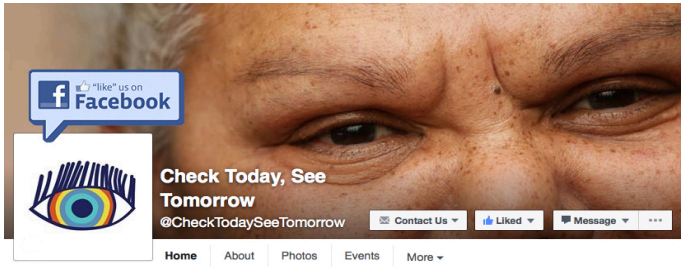


Key outcomes

Indicator	Measure	Time frame
Annual retinal checks	Increase of over 55%	2013-2016
Cataract surgery rates	+64%	2015-16
Hospital admissions	+54%	2015-16
Subsidised spectacles	+50%	2014-16

Eight patients had surgery through Eye and Ear Surgical Support Services (EESSS) funding

….it is now time to close the gap for vision, together



REGIONAL EYE CARE ACTIVITY IN THE CENTRAL AUSTRALIA & BARKLY REGION

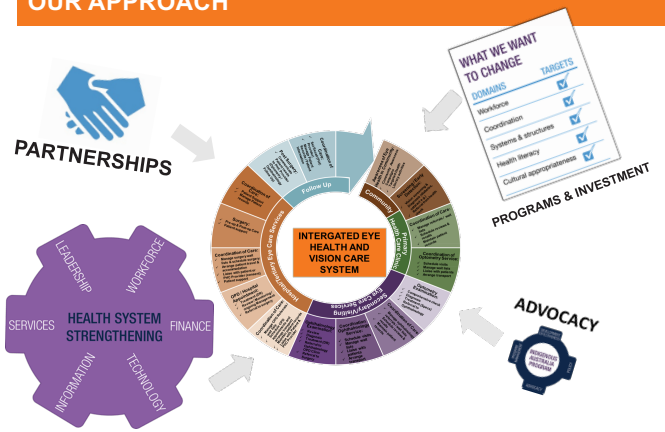


March 2017

Presented by Shaun Tatipata

The Fred Hollows Foundation

OUR APPROACH



The Fred Hollows Foundation

2

CENTRAL AUSTRALIA & BARKLY

- 1,605,450 square km
- Total Population = 42,000
- Aboriginal and Torres Strait islander population = 22,000
  - 3600+ Comprehensive eye examinations per annum
  - 1400+ people requiring spectacles
  - 2100+ retinal examinations for people with Diabetes
  - 200+ Cataract Surgeries
  - 80 Trichiasis Lid Surgeries
- Higher prevalence of Diabetes
- Active Trachoma in the region



The Fred Hollows Foundation

3

THE CENTRAL AUSTRALIA AND BARKLY INTEGRATED EYE HEALTH STRATEGY (CABIEHS)

Vision: *"All people in the Central Australia and Barkly region have access to timely and appropriate eye health and vision care services"*

CABIEHS Members:

AMSANT

Anyinginyi Health Aboriginal Corporation

BrienHolden Vision Institute

Central Australian Aboriginal Congress

Australian Government Department of Health

The Fred Hollows Foundation

Northern Territory Government

Miwum Barreng

phn Northern Territory

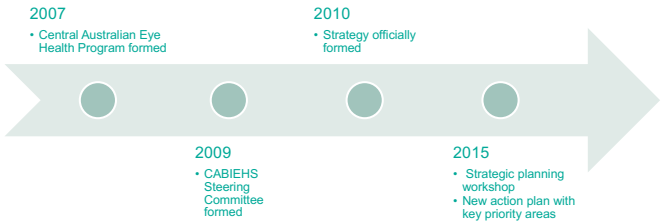
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4

AIMS

- Develop an integrated, holistic, seamless and sustainable service delivery model for the provision of eye health and vision care services across the life course.
- Empower Aboriginal communities and people through timely communication and partnerships to actively own and engage in their own eye health care and prevention.
- Promote and advocate best practice and innovation in eye health and vision care services across Central Australia and Barkly.
- Provide eye health training and education for eye health workers and advocates.

HISTORY



WHAT'S BEEN ACHIEVED

- Leadership and Governance for eye health and vision care across the region.
- Identification of eye health gaps and barriers across the region.
- Delivered 16 Intensive Eye Surgery Weeks (IESW) resulting in over 750 surgeries
- Strengthened service linkages and patient pathways
- Strong relationships and collaboration between partners
- Increased investment in eye care service delivery resources
- Linkages to NT Aboriginal Health Forum

IN FOCUS: INTENSIVE EYE SURGERY WEEKS

- IESW's, commenced in 2007 to address a large and growing backlog of patients from Central Australia and the Barkly regions awaiting eye surgery.
- Although intended as an interim arrangement, to date:
  - 16 Intensive Surgical Weeks have been delivered under the CABIEHS Program
  - 717 patients have received sight restoring procedures
  - Over 750 procedures performed.
  - Learnings that can enhance and improve standard service delivery

WHAT'S BEING DONE NOW

- Implementation of action plan
  - Identification of key priority areas
  - Australian Government funding secured to support key coordination workforce (2 x Outreach optometry Assistants; Regional Implementation Project Officer; Outreach ophthalmology coordinator and Outreach Ophthalmology Aboriginal Liaison Officer).
- Working groups to progress work in priority areas established
  - Data and Information Systems
  - Advocacy
  - Workforce
  - Infrastructure
- Aligning CABIEHS with Jurisdictional oversight

WHAT WE'VE LEARNT

- Achieving at the regional level
  - "Success" and priorities determined by the region/regional stakeholders
  - Strong collaboration and shared responsibility among members
  - Membership includes stakeholders from all levels of eye care (primary, secondary and tertiary)
  - Membership includes senior executives that can make strategic policy decisions, and operational staff that can resolve issues in a practical way
  - There needs to be dedicated resources (personnel / RIPO for e.g.) to support and facilitate regional eye care activities such as CABIEHS

WHAT WE'VE ALSO LEARNT

- Service level coordination positions are fundamental to effective outreach eye care service delivery.
- Alternative pathways to surgery (such as IESWs) and the principles that underpin their delivery improve access and embedding them can contribute to addressing unmet.
- Challenges recruiting Ophthalmology Workforce to remote areas are universal and therefore strategies to promote equitable distribution are required.

TOWARDS 2020 (AND BEYOND)

- Adequate / Appropriately skilled Workforce
  - (Ophthalmology; Optometry; Coordination etc.)
- Infrastructure
- Eye Clinic; Equipment
- Data and Information Systems
  - KPIs; Data collection and sharing
- Political Advocacy
  - Building the evidence base and using it influence change
  - Raising the profile of CABIEHS
  - Strengthen linkages and engagement with NT AHF / NT Clinical Council
- CABIEHS Coordination & Management
  - Embed eye care into existing leadership structures / mechanisms

THANK YOU

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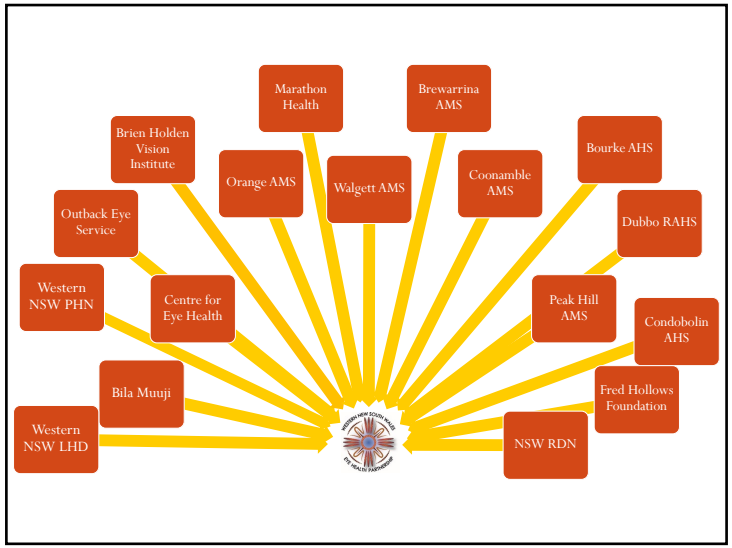
Western NSW Eye Health Partnership

Origins of WNSW Eye Health Partnership

- Fred Hollows Foundation.
- 2011–12 NSW Remote Eye Services Delivery Paper.
- Stakeholder meetings 2012.
- 2014 WNSW Eye Health Partnership.
- 12 quarterly meetings in Dubbo.

WNSW Eye Health Partnership





Local Planning Recommendations

- Primary Health Care and Eye Health.
- Public Ophthalmology Clinical Services.
- Public Eye Surgery.
- Patient Transport.
- Coordination of Eye Health Services with Primary and Chronic Care and the overall district health system.

- Analysis of data provided by partners.
- Partner consensus on recommendations.
- Local focus on eye health.

Public Retinal Surgery

- Local retinal surgery only available privately or public surgery via travel to Sydney.
- Public retinal surgery option developed by collaboratively by Eye Partnership members.
- First surgery in February 2015

Eye Health in Primary Care Training

- Vision screening training for Aboriginal Health Workers, Primary Care, Chronic Care and Integrated Care workers.
- Work at full scope of practice.
- Utilise the services of eye health workers.
- Partner collaboration.

Primary Care Eye Health Training



Eye Care Pathways

- Children's Vision Screening.
- Public optometry/ophthalmology.
- Public cataract patients.

Strengths of Regional Partnership Model

- Neutral facilitator.
- Regular information sharing.
- Stakeholder relationship building.
- Evidence-based planning and advocacy.
- Broadly supported local collaborations.
- Eye health in the local 'spotlight'.

Victorian Aboriginal Community Control Health Organisation VACCHO





Statewide Coordinator Eye Health



Aboriginal and/or Torres Strait Islander people have Culturally safe access to affordable eye care and services

Koolin Balit

Statewide Aboriginal Eye health Advisory Sub-committee

- Advisory
- Limited decision-making
- Stakeholder updates
- Information and data sharing
- Coordination and monitoring oversight
- Strategic planning
- Resource identification

Victorian initiatives and programs

- Victorian Aboriginal Spectacle Subsidy Scheme (VASSS)
- Visiting Optometrist Scheme (VOS)
- Eye and Ear Surgical Support Services program
- IAP National Eye Care Equipment Inventory
- Support for regional eye health projects – Loddon-Mallee, Grampians, Nth West Metro and Greater South West (2014-16)
- Development of a Strategic plan 2016-2020
- Development of Action plan 2016-2020

Complex Clients Personal Journey

- 40yr old Aboriginal male
- Over weight
- Family history of heart disease
  - Survived heart attack
- Family History of Diabetes
  - Type 2 Diabetic using insulin
  - Foot complications
  - Mild diabetic retinopathy
- Family history of Cataract
  - 3 Cataract surgeries

Appointment after appointment

VACCHO Health Promotional Resources





Reflections

- Importance of
  - VACCHO role
  - VACCHOs Members
  - Government support (State and Commonwealth)
  - Clear roles and responsibilities
  - Partnerships
  - Statewide position
- Health promotion – common messaging with local ownership
- Education and training
- Need to share data
  - develop benchmarks and set targets
  - Planning and coordination
  - Capacity building

How is your relationship with your key stakeholders and in particular with regional, local Aboriginal organisations and communities?

Thank you

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VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION WWW.VACCHO.ORG.AU

CENTRE FOR
Eye Research
Australia

The utilisation of eye care services by Indigenous Australians: The National Eye Health Survey

Joshua Foreman, PhD Candidate

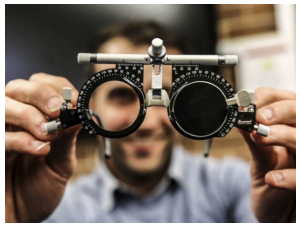
Saving sight. Changing lives.

Contents

1. Overview of the National Eye Health Survey (NEHS)
2. Define utilisation
3. Methods
4. Main findings
5. Closing the gap
6. Take home messages

Overview of the National Eye Health Survey (NEHS)

- Determine the prevalence and causes of vision impairment and blindness in Australia
- March 2015 – April 2016
- Cross-sectional population survey using multistage random-cluster sampling
- All levels of geographic remoteness
- 1738 Indigenous Australians and 3098 non-Indigenous Australians



Foreman J, Keel S, Dunn R, van Wijngaarden P, Taylor HR, Dirani M. Sampling methodology and site selection in the National Eye Health Survey (NEHS): an Australian population-based prevalence study. Clin Exp Ophthalmol. 2016.

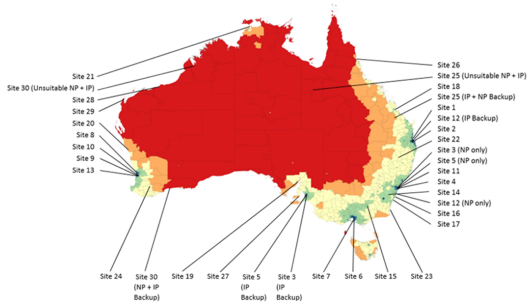
Foreman J, Keel S, van Wijngaarden P, Taylor HR, Dirani M. Recruitment and testing protocol in the National Eye Health Survey: A population-based eye study in Australia. Ophthalmic Epidemiology. 2017

Define utilisation

1. Recentness of last eye examination
   - Number of years and months since last eye examination
2. Type of eye care service used
   - Optometrist
   - Ophthalmologist
   - GP/local doctor
   - Nurse
   - Health Worker
   - Ophthalmic nurse/Technician
   - Other



Methods

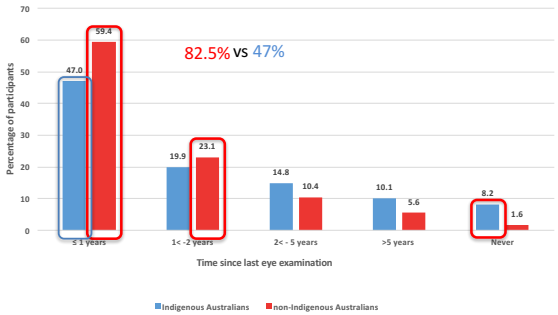


NACCHO → ACCHS → Local AMS → ALOs → Recruitment

Methods

- Interviewer-administered questionnaire
- Clinical examination
- Questions to establish utilisation:
  - Have you ever had your eyes examined?
  - If yes, how long ago?
  - Who did you see for your eye examination?
    - Optometrist
    - Ophthalmologist
    - GP/local doctor
    - Nurse
    - Health Worker
    - Ophthalmic nurse/Technician
    - Other

Recentness of last eye examination



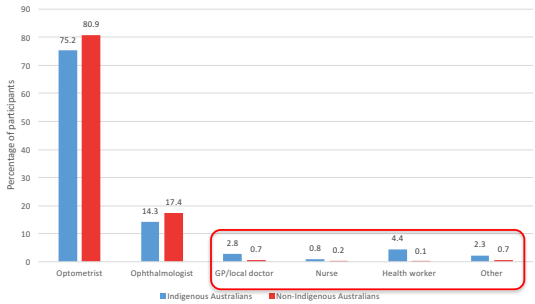
Associated risk factors for recentness of eye examination in Indigenous Australians

Compared to non-Indigenous Australians, Indigenous Australians:

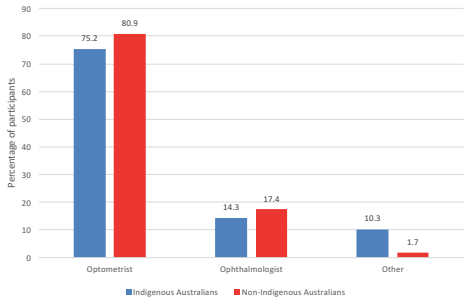
- Less likely to have had examination < 2 years
- More likely to have had examination 5+ years or never

Less recent eye examinations	More recent eye examinations
• Males	• Older age (2-5 years)
• Outer Regional	• More years of education
• Very Remote	• History of eye disease
	• History of diabetes

Type of eye care service used



Type of eye care service used



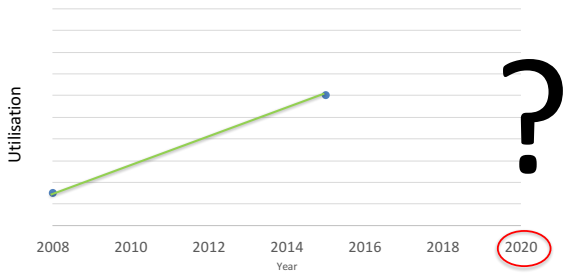
Factors associated with type of care utilised by Indigenous Australians

Visited an ophthalmologist	Visited an optometrist	Visited 'other'
• Older age	• Major City	• Males
• Very Remote	• History of refractive error	• Inner Regional
• History of eye disease		• Outer Regional
• History of diabetes		• Remote
		• Very Remote

Closing the Gap

	Indigenous Australians (2008)	Indigenous Australians (2015)
Exam ever	65%	92%
Exam within 1 year	23% (vision problems)	47% (total)

	Non-Indigenous (1990s)	Non-Indigenous (2015)
Within two years	63%	82.5%



Follow-up National Eye Health Survey

Take home messages

- Utilisation has improved but services and uptake must improve
- Those with diabetes and eye disease having more regular examinations
- Those with diabetes, eye disease and in Very Remote seeing ophthalmologists
- Increases required in Outer Regional and Very Remote
- Sustainable models for AMS integration and training of health workers
- Close monitoring, surveillance and evaluation required – FOLLOW UP

NEHS NATIONAL EYE HEALTH SURVEY | VISION 2020 THE RIGHT TO SIGHT AUSTRALIA | CENTRE FOR Eye Research Australia

Brien Holden Vision Institute | NACCHO | NOVARTIS caring and curing

OPSM | Optometry AUSTRALIA | Royal Flying Doctor Service The farthest corner. The finest care. | ZEISS We make it visible.

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Brandon Ah Tong, Acting CEO, Vision 2020 Australia
Sector representatives
Professor Hugh Taylor, the Prevention and Early Intervention Committee
Dr Jason Agostino, National Aboriginal Community Controlled Health Organisation (NACCHO)
Anna Morse, the Aboriginal and Torres Strait Islander Committee
Sharon Bentley, the Independence and Participation Committee

Major contributing partners
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Novartis Pharmaceuticals – Christine Black
Optometry Australia – Genevieve Quilty

Australian Government representatives
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Jonathan Crowston, CERA; RVEEH
Sukhpal Singh Sandhu, CERA
State-level or community representatives
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Michael Cutmore, Mungabareena Aboriginal Corporation
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South Australia
State-level or community representatives
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Cindy Zbierski, Nunyara Aboriginal Health Service
Theresa Francis, Southern Adelaide Local Health Network
Tracie Turnbull, City of Onkaparinga
Christine Thyer, Watto Purrunna Aboriginal Health Services

Local Indigenous workers
Geraldine McNamara
Rebecca McNamara
Lekesha Keelan
Danny Sevallos

Volunteers
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Aaron Day, Goulburn Community Health Centre
Simon Sadler, Grand Pacific Health
Jade Hansen, Katungal Aboriginal Corporation Community & Medical Services
Donna Wade, Katungal Aboriginal Corporation Community & Medical Services
Sharleen Dodd, Armajun Aboriginal Health Service
Northern Territory
State-level or community representatives
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Latoya Thomas
Kelvin Brown
Brian Donnelly
Bridgett Jerard
Malcolm Timbery
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Queensland

State-level or community representatives
Dr Julieanne Graham, Queensland Aboriginal and Islander Health Council
Mark Mitchell, Queensland Aboriginal and Islander Health Council
Dr Carmel Nelson, Institute for Urban Indigenous Health
Lisa Penrose, Institute for Urban Indigenous Health
Renee Blackman, Institute for Urban Indigenous Health
Colleen Voss, Institute for Urban Indigenous Health
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Volunteers
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Larissa Chambers
Suzan Chapman
Bronwyn Brown
Sheridan Di Pietro
Yi Zhang

Western Australia:

State-level or community representatives
Michael Bradley, Derbarl Yerrigan Health Service
Jane Jones, Derbarl Yerrigan Health Service
Cecilia Cox, Derbarl Yerrigan Health Service
Beth Waters, Bega Garnbirringu Health Service
Robert Bell, Bega Garnbirringu Health Service
Julie Coverley, Great Southern Aboriginal Health Service
Michele Holloway, Geraldton Regional Aboriginal Medical Service
Helen Edwards, Wirraka Maya Aboriginal Health Service
Dr Pauline Vunipola, Wirraka Maya Aboriginal Health Service
Roma Sharp, Buurabalayji Thalanyji Aboriginal Corporation
Marianne Wood, Aboriginal Health Council of Western Australia
Patrica Bushby, Aboriginal Health Council of Western Australia

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Donna Wright
Trevor Beasley
Chloe Kleehammer
Karen Hayes
Anne Hayes
Shirley Hayes



Improving the coordination of eye care

(in the NT)

Brien Holden Vision Institute

vision
for everyone...everywhere

16 March 2017
Anna Morse

"Coordination …

… makes it happen"



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Coordination of Indigenous eye health

- **Program Description and Objectives:** to improve access to eye care for Indigenous patients, through improved coordination of services, including improved linkages between the range of services required by patients and enhanced delivery of those services. This will consider the full spectrum of eye care, including those delivered through RHOF, VOS, MOICDP.

Coordination of Indigenous eye health

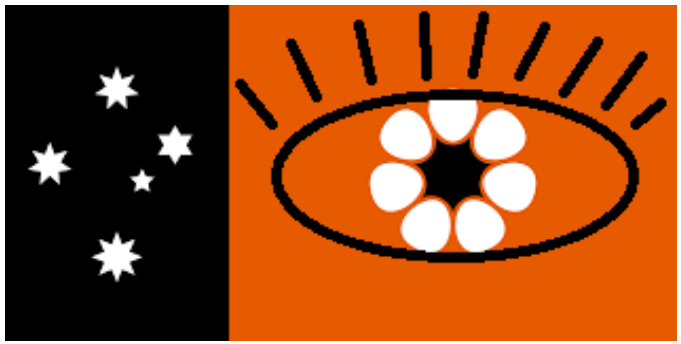
- **Planning and implementation:** must be undertaken in partnership with local eye care stakeholders working in the jurisdiction to improve integration of services from initial consultations, to treatment, referral and continuity of care. This includes:

  Primary Health Networks, Local Hospital Networks/Districts, Aboriginal Community Controlled Health Services and their jurisdictional affiliate, eye health care service providers, state/territory health departments and local health organisations).

Coordination of Indigenous eye health

- **Activity Details:**
  1. establish an Advisory Forum
  2. assess need for improved coordination
  3. identify current priority activities, ensuring they work towards the objective of fully meeting needs in the longer term
  4. identify needs and plan approach in consultation
  5. develop an Activity Work Plan in consultation
  6. maximise alignment of services (RHOF, VOS, MOICDP)
  7. maximise use of & improve linkages between existing services
  8. implement solutions towards addressing the priority activities
  9. work with local organisations to maximise support for coordination of outreach eye services at the point of delivery





1. establish an Advisory Forum

- strategic guidance
- relevant to project
- spectrum of care

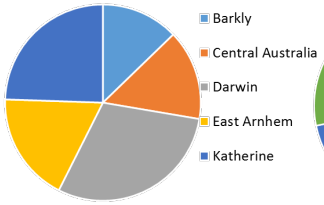
AMSANT
Australian Government Department of Health
Brien Holden Vision Institute (Chair / Secretariat)
Fred Hollows Foundation
Guide Dogs SA/NT
Indigenous Eye Health Unit
Optometry Australia
Primary Health Network NT
RANZCO
NT Department of Health

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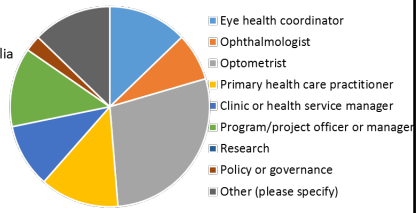
2. assess need

- [existing recommendations]
- stakeholder survey: online, anonymous
- 104 invited, 40 (39%) responded
- involved: 26 (67%) regularly; 9 (23%) sometimes

regions represented



roles represented



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2. assess need

- priorities for improved coordination (1-7 scale):

Priority	Area of action	Mean score
1	**Meeting population eye care needs**	3.6
2	**Primary eye care checks**	3.8
3	**Governance and strategic planning for eye care**	3.9
4	Referral pathways (optometry to ophthalmology/surgery)	4.0
5	Community connections & eye health promotion	4.1
6	Eye care coordination personnel	4.2
7	Eye health workforce	4.4

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- "one thing" …

Theme	Freq.	Comments summary
Accessing services	5	People accessing available eye care services; more opportunities for optometry exams; equitable access for Indigenous Territorians; for every Indigenous person to have an eye check
Ophthalmology referral pathways	4	Ophthalmology referral completion rates; ophthalmology records/findings on community e-health records to ensure continuity of care; reduce ophthalmology waiting lists; ophthalmology discharge summaries and consultation notes sent to remote clinics to enable follow-up
Patient education / eye health promotion	4	Better patient understanding of eye health issues and the difference between an optometrist and ophthalmologist and optometrist; Improving peoples' understanding of eye health to support their decision to access timely eye care; Rapport / connection / education; Eye health promotion
Local community involvement	3	More input and control from the communities; Improved coordination of visits on the ground; Train and employ a person in each community on eye health who can coordinate locally, with the regional eye care coordinator
Primary eye care	3	Improved knowledge of eye health at the primary care level; Eye health checks more than once per year; Awareness of importance of primary health eye exams, to reduce preventable blindness
Strategic approach for NT Indigenous eye care	3	Governments and NGO's working together in a coordinated and strategic way; Coordinated eye health care strategy and implementation plan; An agreed Indigenous eye health plan for NT (all regions), that also recognises regional priorities
Continuity of eye practitioners	2	Local approach with the same service provider/optometrist servicing the community regularly; Engage more local (NT) optometrists in remote service delivery.
Coordinated eye care services	2	Eye Health coordination unit staffed with AHPs/Eye RNs/Optometrists working closely with ophthalmologists, and also coordinate training for primary health care staff in retinal photo-screening, primary eye care checks and eye health promotion - need enough staff to coordinate the entire patient journey to receive the required treatment and follow-up; Improved coordination and integration of care across the system
Data sharing to assist service planning	2	Coordinated data sharing between services for decision making purposes; Measure
Governance for eye care	2	Improved governance; Overarching governance and coordination of all sectors of eye health care
Prioritisation of eye care	2	Prioritise eye health for adequate dedicated funding because of the cost-effectiveness of eye care; Ensure the industry shares responsibility for eye health
Spectacles	2	Glasses scheme; Encourage people to wear and own and look after glasses
Case management	1	Care coordination
Diabetes eye care	1	Improved management of diabetes
Eye health training	1	A team of educators engaging with all communities.
Infrastructure for eye surgery	1	Provide infrastructure and human resources to conduct more eye clinics and eye operating sessions.
Retinal cameras	1	Retinal cameras in every health clinic
Tele-ophthalmology	1	Access to advice using video, telephone, photos.

3. identify priorities for coordination

- According to the “top three” priorities identified by the stakeholder survey, and with PAF guidance.
- Three key activity areas:
  1. **meet population service needs**
  2. **pathways to primary eye care**
  3. **governance and strategy**

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4. plan approach in consultation

Activities & approaches were developed:

- in consultation (stakeholder survey + directly)
- with guidance of existing groups (CABIEHS)
- with both immediate and long-term goals in mind
- to align with national strategies – e.g. Roadmap



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5. develop an Activity Work Plan

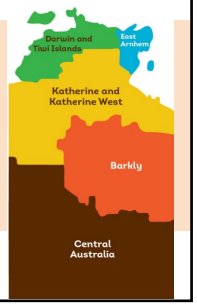
- Based on three key activities: “Action Plan”

1: Meet population service needs	2017 Jan	Feb	Mar	Apr	May	Jun	[Beyond]
1.1 Finalise the NT Indigenous Eye Care Indicators data set.							
1.2 Determine which information can already be accessed, submit requests for data.							
1.3 Map services and access as per the Indicators data set: years 2015 & 2016.							
1.4 Identify gaps as per the Indicators data set.							
1.5 Calculate service increases needed to meet population eye care needs							
1.6 Work with relevant regional stakeholders to address priority service need as per the gap analysis (where possible with existing services and resources).							
1.7 Determine additional resourcing required to fully meet population eye care needs.							
1.8 Develop a data governance framework; establish processes for regular (e.g. 6 monthly) data collection and use of data by regional and NT governance groups, into the future.							

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NT Indigenous Eye Care Data Set:

- Some data existing; some collected
- Manual work → aim towards a process and framework for ongoing data sharing
- Thee main domains:
  - A. **access to services**
  - B. **access to treatment**
  - C. **workforce**



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NT Indigenous Eye Care Data Set:

A. access to eye & low vision services

- **Primary Care:**
  % with Adult Health Check; % annual diabetes retinal check
- **Optometry:**
  VOS days/consultations/efficiency
- **Ophthalmology:**
  RHOF days/consultations/efficiency
- **Low Vision Services:**
  access rates: low vision / O&M
- **Trachoma services:**
  % screened: trachoma / trichiasis



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NT Indigenous Eye Care Data Set:

B. access to treatment

- **Refractive error:**
  people aged 40+ receiving spectacles
- **Cataract:**
  cataract surgery rate; % receiving surgery within 90 days
- **Diabetic retinopathy:**
  laser procedures performed p.m. for DM
- **Hospital waitlists:**
  consultation and procedure waitlists
- **Trachoma:**
  %: cases + contacts treated;
  trichiasis receiving surgery



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NT Indigenous Eye Care Data Set:

C. workforce

- **Eye care & low vision services:**
  optometry; ophthalmology; ophthalmic nurses; orthoptists; low vision
- **Coordination personnel:**
  eye health coordinators; ophthalmology Aboriginal liaison officers



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5. develop an Activity Work Plan

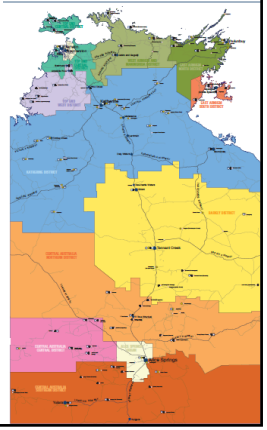
2: Pathways to primary eye care	2017						
	Jan	Feb	Mar	Apr	May	Jun	[Beyond]
2.1 Outreach eye coordination & liaison personnel determine ways to maximise uptake of visiting eye care services, in each of the 5 regions.							
2.2 Identify initiatives in each region most likely to lead to increased service uptake by the community. Support the roll out of these initiatives, ensuring evaluation of impact and range of approaches which can be shared across regions.							
2.3 Clearly map the primary care -> optometry -> ophthalmology pathway and referral guidelines for CAHS and TEHS regions; communicate this to all visiting optometrists & PHC services (incl. link with Health Pathways project).							
2.4 Support practices in routine primary eye care checks (e.g. as per MBS715 eye checks), and eye care referrals from this (e.g. link with new staff orientation training).							
2.5 Convene a Top End eye care pathways 'get-together' - establish links between the range of eye care service providers working in the Top End.							
2.6 Share information/achievements in improving eye care access across each region, and facilitate continuation of these initiatives and roll-out into other regions (where relevant).							

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Pathways to primary eye care

- "regional solutions"
  (NT approach, regionally applied)
- NT Eye Care Referral Pathways
- Support primary eye care checks
- NT Indigenous Eye Health Coordination Conference

Health Service Districts Map



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5. develop an Activity Work Plan

3: Governance and strategy	2017						
	Jan	Feb	Mar	Apr	May	Jun	[Beyond]
3.1 Identify the most effective mechanism for strategy for NT Indigenous eye care / NT eye care (discussion with TEHS, CAHS, TWS, NT AHF, Aus. DoH, NT PHN).							
3.2 Initiate first meeting of Top End Eye Group (TEEG).							
3.3 Clarify reporting pathway from CABIEHS and TEEG into PHC working group of NT Aboriginal Health Forum; identify key representative.							
3.4 Dependent on the identified best mechanism as per #3.1, draft the NT Eye Care Strategy (which links with existing eye care, NT health and Aboriginal health strategies).							
3.5 Finalise Strategy (ensuring realistic, achievable, measurable targets & timeframe) --> sector endorsement and 'sign on' via CABIEHS & TEEG.							
3.6 Implement the Strategy, annual review of progress and adjust activities as needed to aim for targets set for 2022.							

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Concept Diagram – NT Indigenous Eye Care Governance Structure

NT Aboriginal Eye Care Strategy
- High level goals & priorities for improving Indigenous eye health in the NT
- Clear implementation plan
- Aligned with broader NT Health, Aboriginal Health and national Eye Health Strategies

NT Aboriginal Health Forum

Primary Health Care Working Group of NT Aboriginal Health

EYE CARE Working Group

Aim: Strategic decision-making group, progressing key priority areas requiring action to enhance eye care services and systems across the NT.

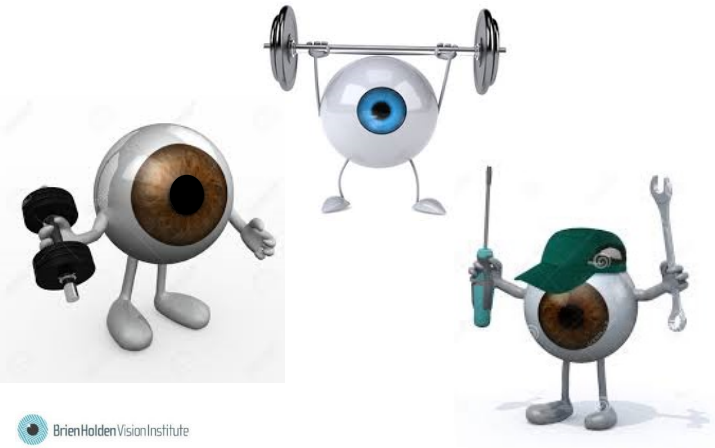
Priorities: Informed by gap analysis and priority areas informed by the 2 regional committees, aligned with collaboratively agreed goals and strategy.

CENTRAL AUS & BARKLY Integrated Eye Health Strategy (CABIEHS) Committee
- Secretariat currently by FHF
- Focussed on improving systems at all levels, for better patient outcomes.
- Foster collaboration towards achieving common goals for Central Aus & Barkly

TOP END Integrated Eye Health Strategy (TEIEHS) Committee
- Parallel to the CA&B Committee, to include: Darwin, Katherine & East Arnhem.
- Focussed on improving systems at all levels, for better patient outcomes.
- Collaboration towards achieving common goals for Top End

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6. - 9. implement solutions …



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thanks

Close the Gap for Vision by 2020
National Conference 2017

Eye Care Services Calculator 2.0 and other tools

Philip Roberts
March 2017

Close the Gap for Vision by 2020
National Conference 2017

OVERVIEW

- Background
- Calculator
  - Updated data
  - Improvements
- Regional implementation
- Questions

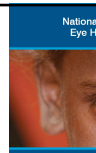
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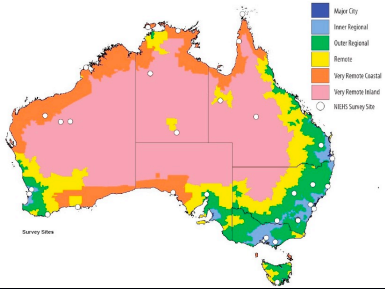
National Indigenous Eye Health Survey (NIEHS)

- Undertaken in 2008
- 30 randomly selected sites
- 5-15yr old and 40yr and older
- 2883 people examined

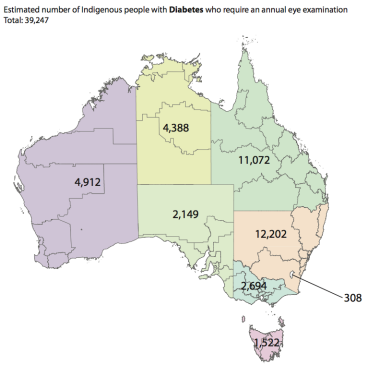


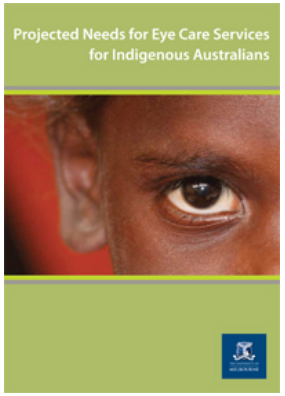






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Delivery and Coordination of Eye Care Services Calculator

- Estimates for a given population of Aboriginal and Torres Strait Islander people
- Annual requirements for eye care services
  - delivery
  - coordination
- First order **estimates** based on condition prevalence rates
- A model of service delivery from Roadmap consultation

Region: Cunnamulla
Population: 685

OPTOMETRY CONSULTATIONS	NUMBER OF PATIENTS
Comprehensive eye examinations required each year	116
People over 40 requiring glasses each year	44
People over 40 with diabetes requiring annual retinal examination	66
OPHTHALMOLOGY CONSULTATIONS	
People requiring cataract referral consultations	7
People requiring trichiasis referral consultations	2
People requiring diabetic retinopathy referral consultations	8
Total people requiring ophthalmology consultations	**17**
HOSPITAL SURGERY	
People requiring cataract surgery	7
People requiring trichiasis lid surgery	2
Total people requiring hospital surgery	**9**
WORKFORCE	**WORKFORCE REQUIREMENTS**
Optometry days required	15
Optometry workforce required (EFT)	**0.1**
Ophthalmology days required (consultation and surgery)	5
Ophthalmology workforce required (EFT)	**0.0**
Coordination workforce required total (EFT)	**0.6**

AIHW
Authoritative information and statistics to promote better health and wellbeing

Calculator2.0



Updated data

- National Eye Health Survey 2016
- Australian Institute of Health and Welfare
  - Eye Health
- National Trachoma Surveillance Report 2014



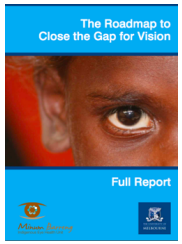
Calculator 2.0

Improvements

- Inputs
  - % population 40 yo +
  - % population 40 yo plus with diabetes
  - Trachoma / Trichiasis – Yes / No
  - Under 40 requiring glasses

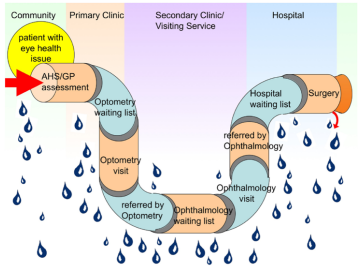
Regional Implementation

- Calculator - Key tool
- Begins the discussion
  - Regional level
  - Jurisdictional level
- Regional indicators
  - Examinations meeting requirements?
  - Cataract surgery rate?
  - Workforce?



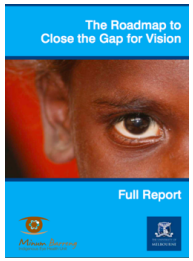
Regional Implementation

- Mapping
  - Leaky pipe?
  - Patient Journey

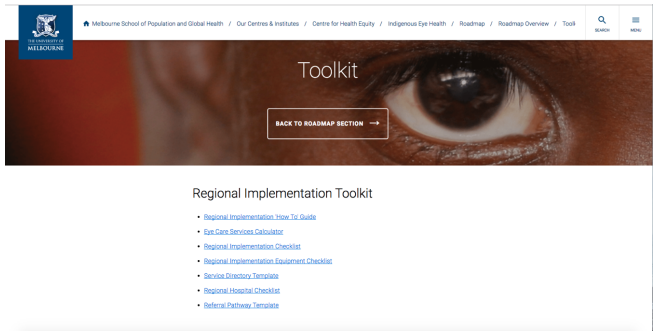


Regional Implementation

- Way forward
  - Data collection and sharing data
  - Structure of the group
    - Other key players?
    - Schedule
    - Lead / Secretarial
  - Information flow to and from jurisdictional level
  - Monitor data over time in stakeholder group

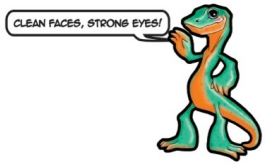


Resources - Toolkit



Health Promotion Resources

- Trachoma



  – *Clean Faces, Strong Eyes*
- Diabetes eye care
  – *Check Today, See Tomorrow*

CHECK TODAY, SEE TOMORROW

- Driven and developed by local communities

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'Check Today, See Tomorrow' Resource Kit

supports the key diabetes eye care messages



- Poster series
- Brochure
- Flipchart
- Diabetic Retinopathy Screening Card
- Adult Eye Check MBS715

CHECK TODAY, SEE TOMORROW

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'Check Today, See Tomorrow' Multimedia

supplements the key messages and kit delivery



- Personal story videos
- Music videos
- '*Promoting regular eye checks*' video

additional persuasive communication mediums to support health seeking behaviour change

CHECK TODAY, SEE TOMORROW

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