



FRED TALK
BEYOND 2000.....& 20

March 2019| Presented by Shaun Tatipata



PURSUING EXCELLENCE IN ACTION

- Promoting ACCHO led models - Aboriginal eye health in aboriginal hands.
- Supporting ACCHOs to deliver eye health programs



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PURSUING EXCELLENCE IN ACTION



- Re-designing the system.
- Investing in infrastructure to invest in people.
- Re-think how we work with PHC



3

THANK YOU

Contact details
Shaun Tatipata
statipata@hollows.org



Strengthening Eye Care Delivery in Central Australia

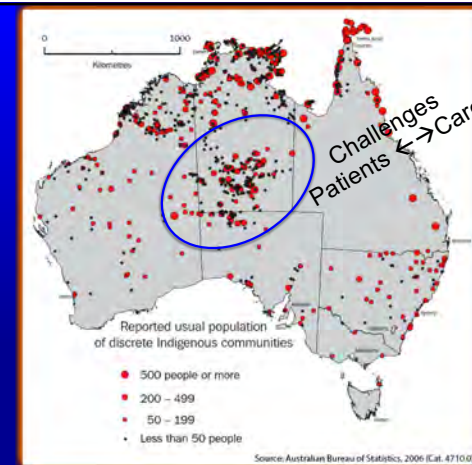
STATUS - Doing the Best we can with what we have

Can we do Better ?

NOT WITHOUT EXTRA INVESTMENT



Dr Tim Henderson
March 2019
Eye Specialist

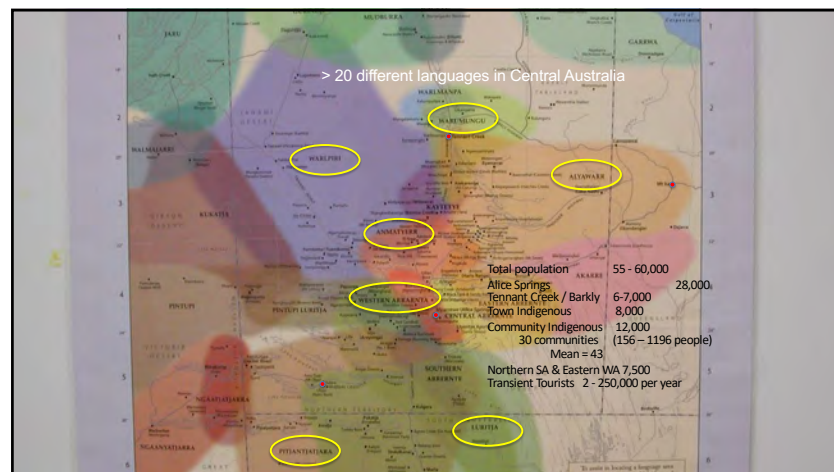


Challenges
Patients $\leftrightarrow$ Care

Reported usual population
of discrete Indigenous communities

- 500 people or more
- 200 – 499
- 50 – 199
- Less than 50 people

Source: Australian Bureau of Statistics, 2006 (Cat. 4710).



> 20 different languages in Central Australia

Total population	55 - 60,000
Alice Springs	28,000
Tennant Creek / Barkly	6-7,000
Town Indigenous	8,000
Community Indigenous	12,000
30 communities	(156 – 1196 people)
Mean = 43	

Northern SA & Eastern WA 7,500
Transient Tourists 2 - 250,000 per year



Afghan camel trains

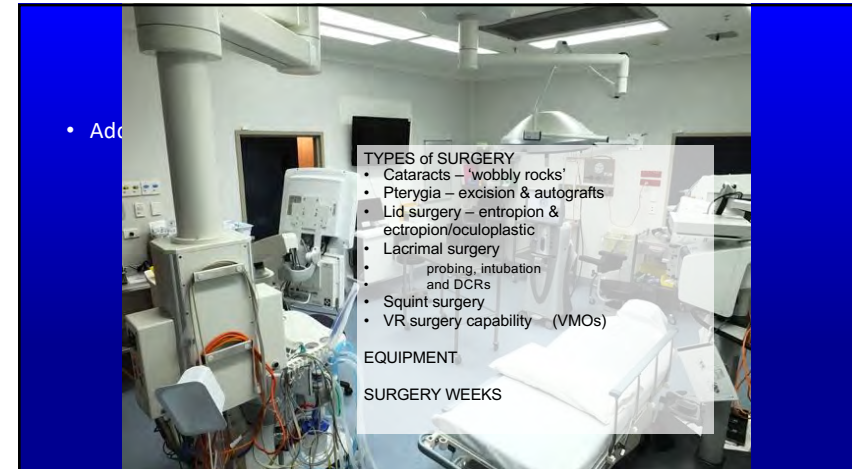
Traditional Living

Hospital care
and
Bush Medicine



	PRE 2000	2018
PER YEAR	2-300	1200 +
Outpatient Referrals	12-15	36
Outreach Visits	4-6	20-25
Optometry weeks	57	4-450
Surgical Cases		
Urgent	<7 days	<7days
Soon	8-10 weeks	4-6 months
Routine	6-8 months	>12 months





Tailored Care

- Diabetic Retinopathy – always a challenge
- Proliferative DR – needs laser // Maculopathy ?
- Laser Treatment as well as Injections (AntiVEGF)
- AUDIT – 10 years of treatment
 - 369 patients; 90% indigenous, 40% men
 - 10-12 years to need treatment for DR
 - 75% received laser only
 - 2/3 were stabilised or improved vision
 - Laser still important



Communication & Patience



KNOW YOUR PATIENT POPULATION

Service and Patient care is the **PRIORITY**. But there is an ethical obligation to understand regional norms and spectrum of conditions to direct priorities



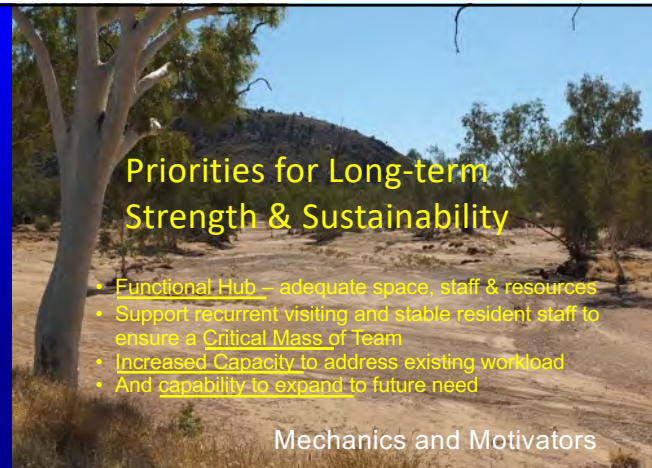
Research on Eye Issues

- Visual Impairment
 - Refractive/DR/Cataract
- Refractive Error
 - Low Rates
- Diabetic Retinopathy
 - DR 25% / VTDR 8%
- Cataract
 - More prevalent
- Trachoma
 - Still an issue
- Pterygium
 - 9% in >40 yrs
- Pseudoexfoliation
 - 5 x more common
- Optic Disc Parameters
 - Physiologically large
- IOP
 - Low end of normal range

Priorities for Long-term Strength & Sustainability

- Functional Hub – adequate space, staff & resources
- Support recurrent visiting and stable resident staff to ensure a Critical Mass of Team
- Increased Capacity to address existing workload
- And capability to expand to future need

Mechanics and Motivators





Why Bother ?
We could do much more much better

- Provide more and more timely care to all patients wishing to access it – Prevent Vision Loss
- Teaching & training all levels of staff for rural /remote/ outreach eye services
- Overlaps with International Ophthalmology programs – FHF Fellows





Supporting and Delivering Retinal Cameras and Training in Primary Health Care Services

Close the Gap for Vision by 2020:
Strengthen & Sustain National Conference 2019

Colina Waddell, Brien Holden Vision Institute Foundation



Provision of Eye Health Equipment and Training program



Original Project Goals 2017-2019

- Procure and distribute 105 non-mydriatic Retinal Cameras to primary health care services
- Provide training and support on how to use the retinal camera for Primary Health Care Workers (Course 1) – 83 sites and 419 PHW
 - Online & face to face (1 day training)
- Develop an online education course on Diabetic Retinopathy Assessment (Course 2) – 62 completed
- Enable primary-level access to a retinal photograph

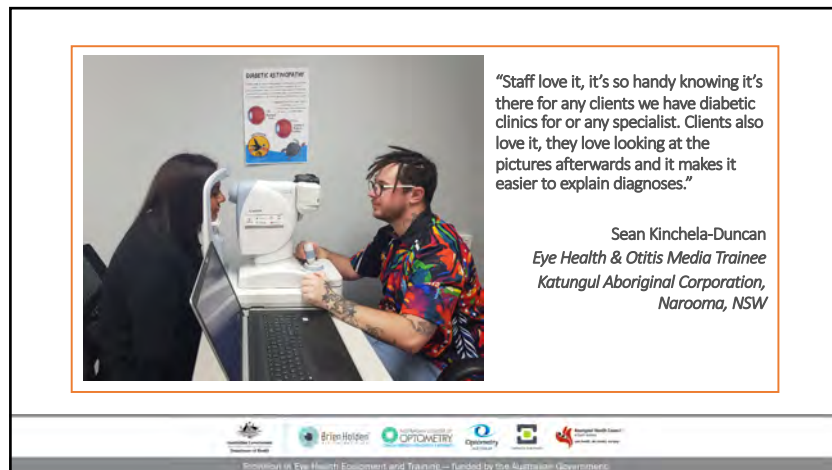




Retinal camera training at Mpwelarre Health Service (Santa Teresa), NT



"I will highly recommend this training to my other colleagues."
– Participant from Victorian Aboriginal Health Service, VIC



Continuous Quality Improvement

- Ongoing 6 monthly evaluations : Course 1, Course 2 and Retinal Camera delivery and installation
 - Pre-Course survey
 - Post-Course survey
 - 1 & 6 month survey to evaluate the longer-term impact
 - 1 month follow-up phone call
 - 6 week follow up visit review and mentoring of current systems
- Investment in Eye Health Equipment and Training – Funded by the Australian Government

Recommendations

- Ongoing use and practice is recommended
- Organisational support to ensure time to practice using the camera
- Adequate time to use the camera during patient consultation
- Ongoing mentoring and working with sites to improve their pathways to embed the camera into daily practice – follow up training funding



Investment in Eye Health Equipment and Training – funded by the Australian Government

Embed retinal photography into primary health care

PLUS funding for another **50 sites to receive cameras** and project extended until **June 2020**

Total of 155 cameras to be allocated across Australia



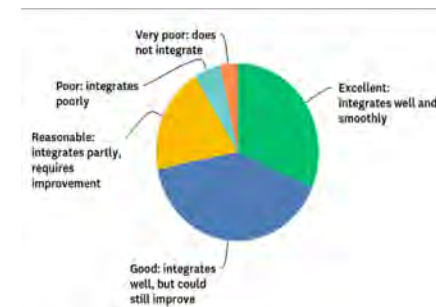
Investment in Eye Health Equipment and Training – funded by the Australian Government

Primary Health Care Embedding Workshop



Investment in Eye Health Equipment and Training – funded by the Australian Government

Stakeholder Survey



Investment in Eye Health Equipment and Training – funded by the Australian Government

Stakeholder Survey- key suggestions

- Brief up-skill training by the optometrist each time they visit
- A step-by-step guide for how to upload photos to the patient electronic record system
- Documented processes (e.g. protocol) established at the state or regional level
- Increased access to regular mentoring, helplines and/or webinars
- A resource showing different examples / case studies on how health services are implementing retinal cameras
- Standardised e-recording templates developed
- Data showing how often the camera is used



Investment in Eye Health Equipment and Training – funded by the Australian Government

Goals of the Workshop

- Identify solutions to barriers with the aim to embed retinal photography within primary health care
- Clarify the Medicare item numbers 12325 and 12326
- Maximise usage of the retinal camera for patients and staff – aim to achieve this by strengthening systems and making everything simpler



Investment in Eye Health Equipment and Training – funded by the Australian Government

What works well

- The camera itself has been described as easy to use and provides high quality photographs
- Many practitioners have found they can use a patient's retinal photograph as a way to prompt them to seek treatment and manage their disease
- Having the camera in an area which is easy to access and regularly used by patients
- Using health promotion campaigns to encourage people living with diabetes to have retinal photographs taken
- Flight case provided with the retinal camera allows for opportunistic photographs in communities that do not have a camera

Challenges

- Clinic workload and high turnover of staff
- Not always a high priority when a health service is busy and dealing with medical emergencies
- Staff do not always feel confident in taking / grading the photographs
- Some practices have experienced technical difficulties with transferring the photos
- Some difficulty with patient recall due to changing contact details and infrequent clinic attendance



Investment in Eye Health Equipment and Training – funded by the Australian Government

Key points from the workshop

- Engage senior management of health services to ensure their buy-in and leadership in the process
- Identify and support two or more key contacts who will be responsible for integrating the retinal camera at their health service
- Expanding upon current training resources to increase overall confidence of staff to use the retinal camera and encourage the involvement and participation of GPs
- Support the establishment of an eye health working group among the ACCHO peak bodies
- Ensure community control of processes locally and Indigenous leadership wherever possible

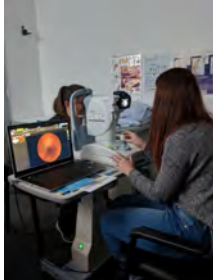


Investment in Eye Health Equipment and Training – funded by the Australian Government



Thank you – any questions?

<https://www.brienholdenvision.org/provision-of-eye-health-equipment-and-training.html>













Provision of Eye Health Equipment and Training – Funded by the Australian Government

Working Towards a Nationally Consistent Spectacles Subsidy in New South Wales



Spectacles Subsidies in NSW



The NSW Spectacles Program

Provided subsidised glasses for an average 5,590 Indigenous clients annually from 2015 - 2017

Average number of spectacles provided to Indigenous clients annually is 7,122

In 2017, AIHW estimated that the NSW Spectacles Program met 33% of estimated annual need for glasses in the state.

Indigenous clients are currently eligible for subsidies through VOS clinics if they hold a pension/healthcare card

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Trialled Changes



In a 6 month trial, Indigenous residents of NSW would be eligible for subsidised spectacles irrespective of financial status

This change was trialled in 28 clinics funded under the Visiting Optometry Scheme

Clinics were selected based on needs estimates and in consultation with community and stakeholders.

A limited trial allowed for benefits and sustainability to be measured prior to a full implementation

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Trialled Changes



Aims of the Trial

1. Demonstrate impact of broader eligibility criteria upon Program uptake amongst Indigenous clients
2. Demonstrate qualitative benefit of subsidised vision correction supports in the community
3. Demonstrate sustainability of broader criteria

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Targets & Measures



Measure	Target
Volume of Indigenous clients	60% of estimated need met
Volume of spectacles supplied compared to estimated need	1,457 total clients
Volume of Indigenous clients applying without a pension/healthcare card	Without pension/healthcare card >3%
Age of recipients	>8% clients under 18
Proportion of clients diagnosed/treated for ongoing eye conditions	
Years since last eye examination	
Quality of life indicators	
Ease of access & satisfaction measures	In line with general population targets
Cost overall & average claim cost	

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Results



1,161 Clients

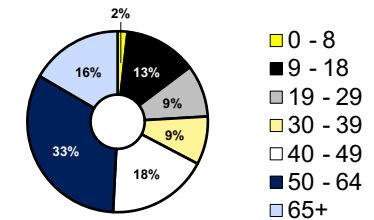
785 clients were over 40, representing 46% of estimated need for relevant region/period

1,489 pairs of glasses

33% clients were under 40, accounting for 27% of spectacles supplied.

15% clients were 18 or younger

Client Age Ranges



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Results

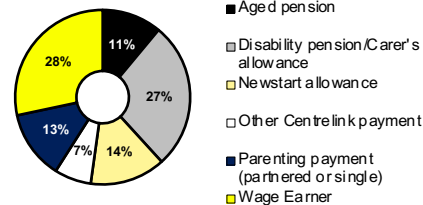


329 (28%) clients were listed as wage earners during the period

Of those, **289** (25%) were new clients of the Program

Overall, **787** clients (64%) were new applicants during this period

Eligibility Type



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Survey Results



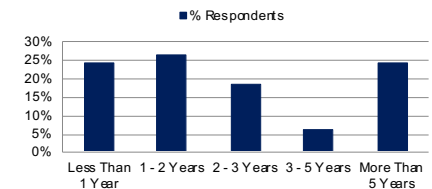
50 (3%) clients responded to feedback surveys

92% were happy/very happy with the service

84% received spectacles at no cost

24% respondents reported more than five years since their last eye exam

Years Since Previous Eye Examination

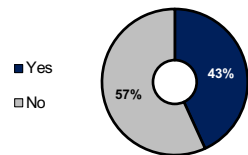


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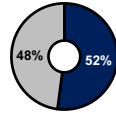
Survey Results



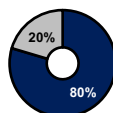
Respondents Reporting Ongoing Eye Condition



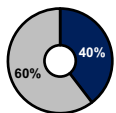
Education



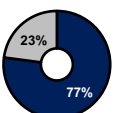
Wellbeing



Employment



Independence



■ Improvement

□ No Improvement/N/A

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What's Next?



- Present 12-month data in preparation for renewed funding cycle
- Confirm commitment an time-frame for state-wide implementation
- Implement proposed platform changes to support ongoing monitoring against national standards and to improve service for clinic providers
- Continue evaluating and improving the NSW Spectacles Program against remaining national standards

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Closing the gap will only occur when environmental health is managed properly. The root cause of preventable diseases associated with hygiene and the living environment must be addressed if we are serious about reducing the health disparity. All other work will be for nought if it is not.

- Dr Charles Douglas (Public Health Physician WACHS Goldfields 2011)

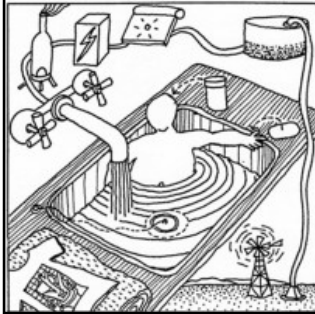


The home environment

1. What infrastructure is provided -
Health hardware
2. What is practised = how people use the infrastructure
Health software

Healthy Living Practices

- HLP1 - Washing people, kids
- HLP2 - Washing clothes and bedding

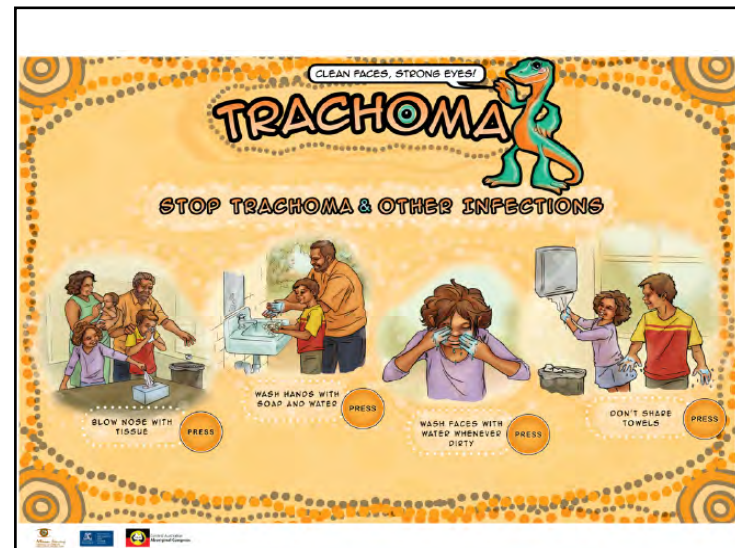


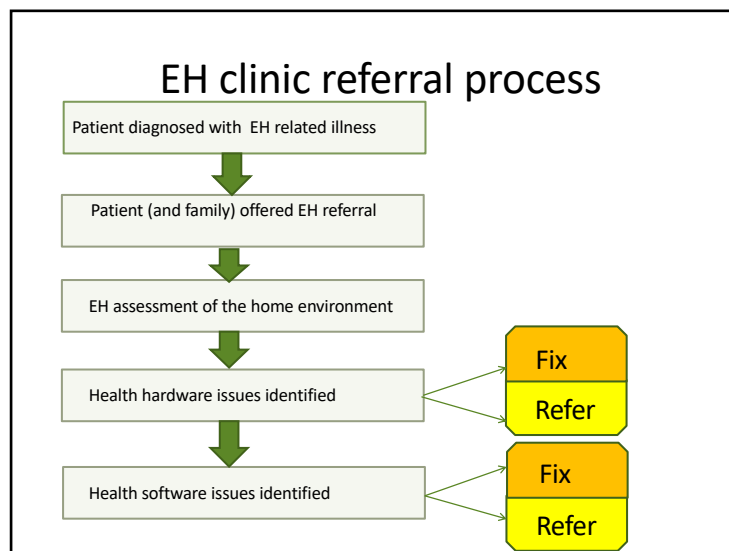
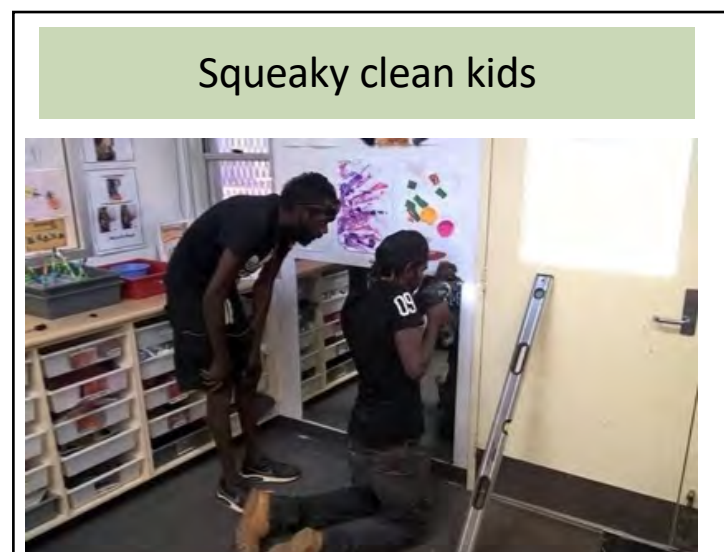
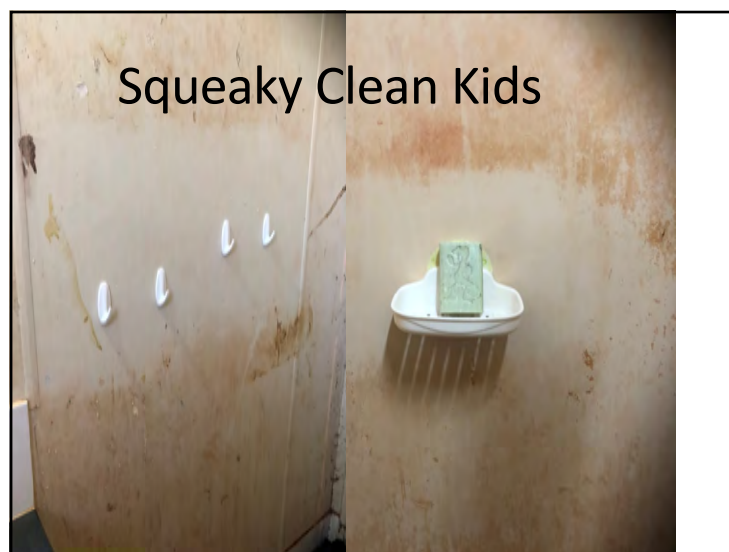
"Clean Faces, Safe Bathrooms"

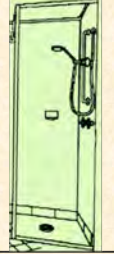
"Every child with a dirty face is a health hazard!"



Transmission is Stopped by keeping every face clean





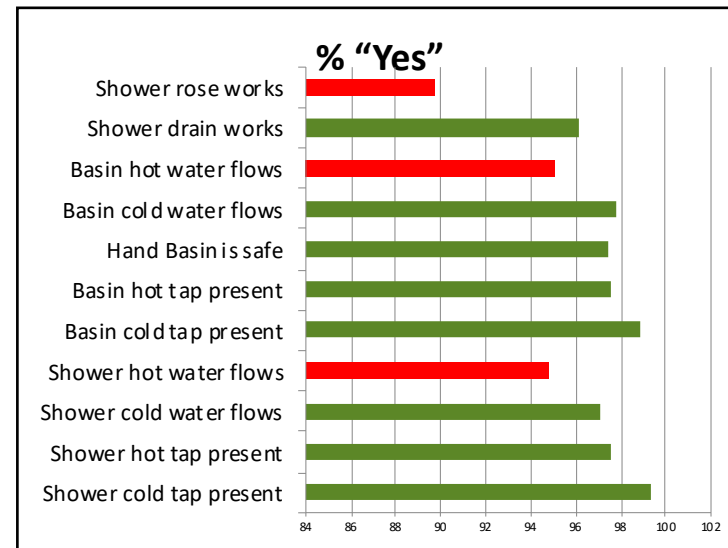
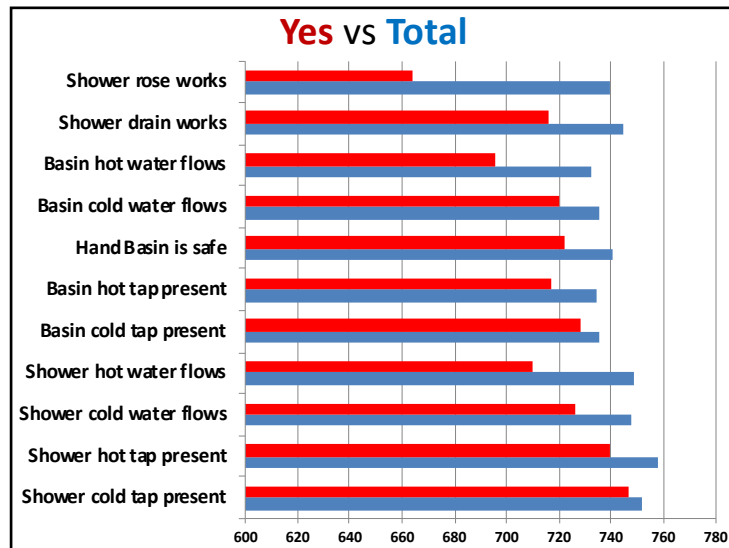
Item (diagram)	Bathroom item	Issue	Yes No (please circle)		Notes	EHP action (please circle)			Referral to Housing agency (date)
	Shower taps	Hot tap	Yes	No		Fix	Replace	Clean	
		Cold tap	Yes	No		Fix	Replace	Clean	
	Water flow	Hot water	Yes	No		Fix	Replace	Clean	
		Cold water	Yes	No		Fix	Replace	Clean	
	Shower rose	Does it work?	Yes	No		Fix	Replace	Clean	
	Shower drain	Grate	Yes	No		Fix	Replace	Clean	
		Drain works	Yes	No		Fix	Replace	Clean	
	Soap holder	Soap holder	Yes	No		Fix	Replace	Clean	
	Hand basin	Basin is safe	Yes	No		Fix	Replace	Clean	
	Basin taps	Hot tap	Yes	No		Fix	Replace	Clean	
		Cold tap	Yes	No		Fix	Replace	Clean	
	Water flow	Hot water	Yes	No		Fix	Replace	Clean	
		Cold water	Yes	No		Fix	Replace	Clean	
	Basin cabinet	Cabinet is present	Yes	No		Fix	Replace	Clean	
		Cabinet is functional	Yes	No		Fix	Replace	Clean	
	Drain	Drain works	Yes	No		Fix	Replace	Clean	

28 February 2019

1,119 Safe Bathroom Checks completed

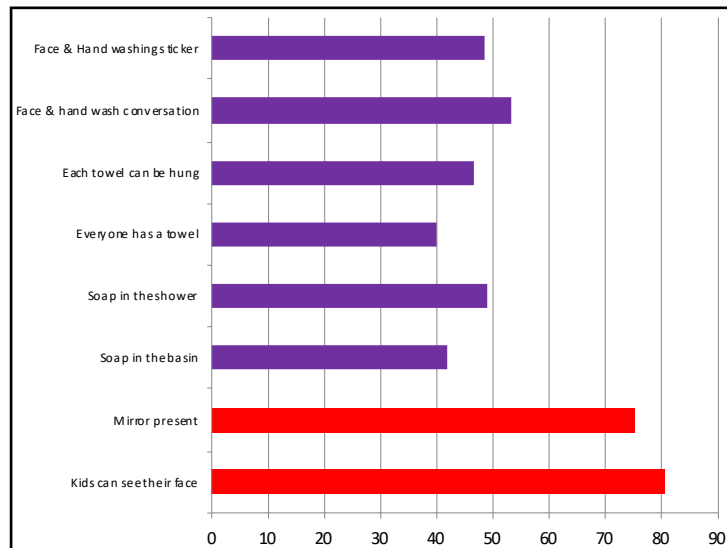
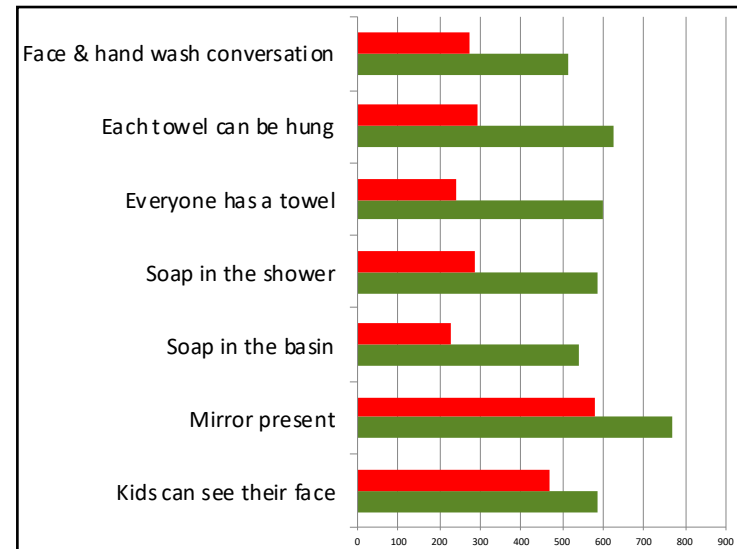
***787** SBCs entered into database

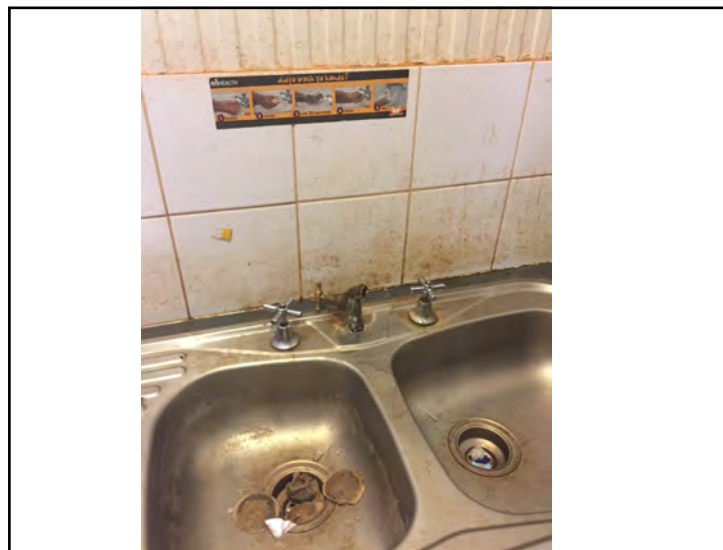
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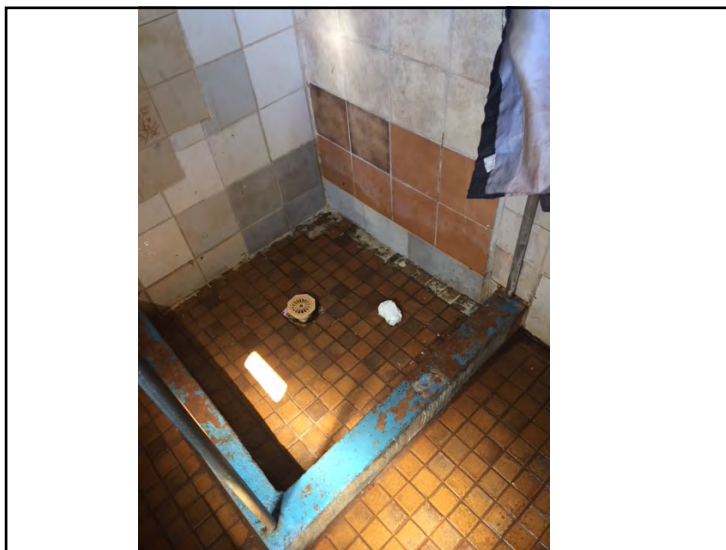
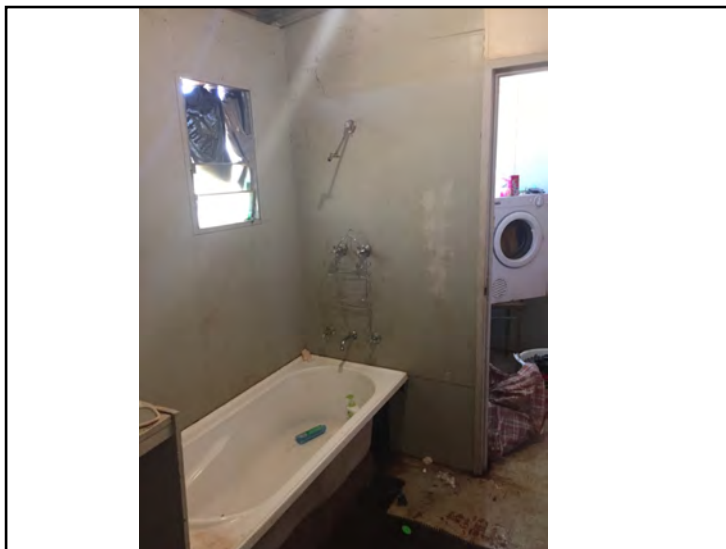
Trends

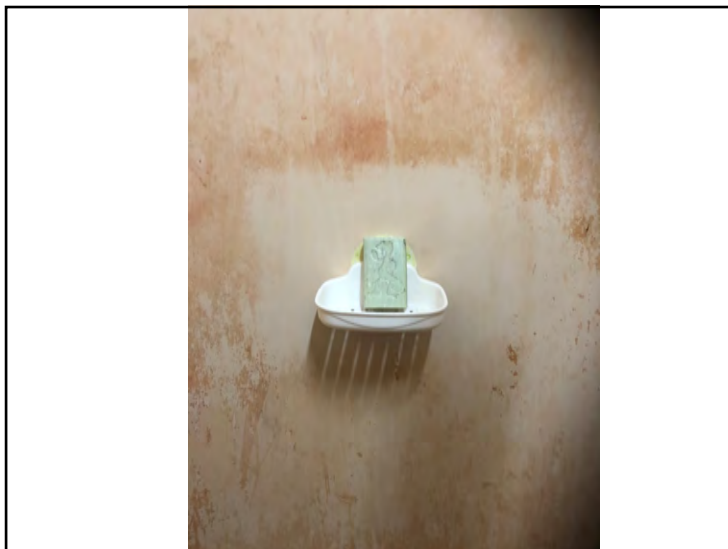
- Most things fixed once stay fixed
- Referrals to Housing mostly work
- People are asking for the inspections
- The perceived barriers are not present











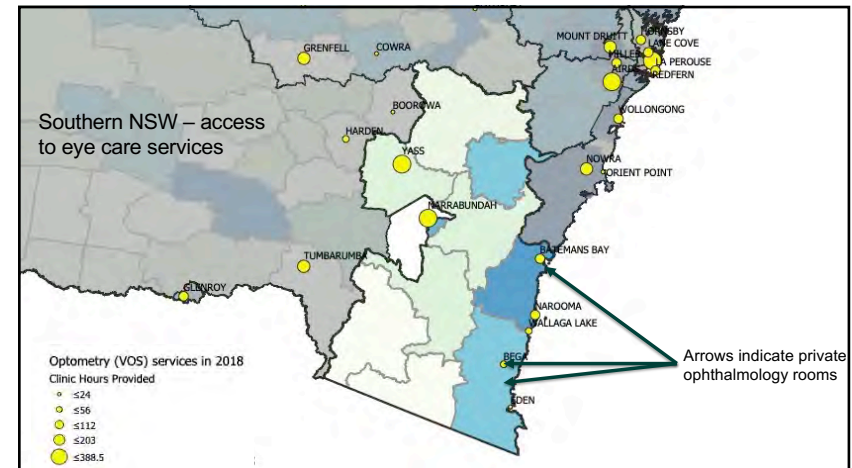
Opportunities

- Expand safe bathrooms
 - All communities
 - Include more of the home (wet areas, bedrooms, etc)
 - Provide towels
- Expand EH referrals
 - Any preventable contagious health condition
- Expand the workforce
 - Any community setting – a community led R&M program – CDP inclusion
- Develop a universal 5/6 step hygiene message
 - Best practice, adaptable for local/regional use
 - BBC, Face washing, oral hygiene...

Improved Environmental health

- Improved E will impact on more conditions and diseases than trachoma
- Overcrowding and other social determinants of health are difficult to address – managing hygiene and environmental health in the home can reduce their impact

Ophthalmology for Aboriginal and Torres Strait Islander People in Southern NSW



Who was involved?



Katungul



What was the problem?

- Wait time for an initial ophthalmology appointment could take **up to 10 months**
- Most clients who presented for ophthalmology appointments presented with more severe conditions (ie were prioritised for surgery within 90 days)
- Many clients required ITC support to attend ophthalmology services as access to bulk billing relied on special arrangements with individual providers
- Stakeholders were concerned that some patients may not feel comfortable accessing existing services in their current form
- No public retinal surgery
- High cost for injections

What did the group want to do about it?

ITC clients were accessing services in Batemans Bay, however the group felt that patients in Bega Valley may be missing out

Acknowledging the need for specialised equipment, and that most practices in the region were not staffed full time, the group proposed that they work with one of the ophthalmologists in Bega to deliver an extra day of clinics in the area for Aboriginal patients to attend

What did they need?

An ophthalmology clinic that all stakeholders could refer their Aboriginal clients to when needed

A booking system that could manage referrals from GPs and visiting optometrists

Coordination support to book patient appointments, send reminders/recalls and communicate with referring organisations around bookings for transport support

Aboriginal Health Southern NSW Local Health District Ophthalmology Clinic Flowchart

