

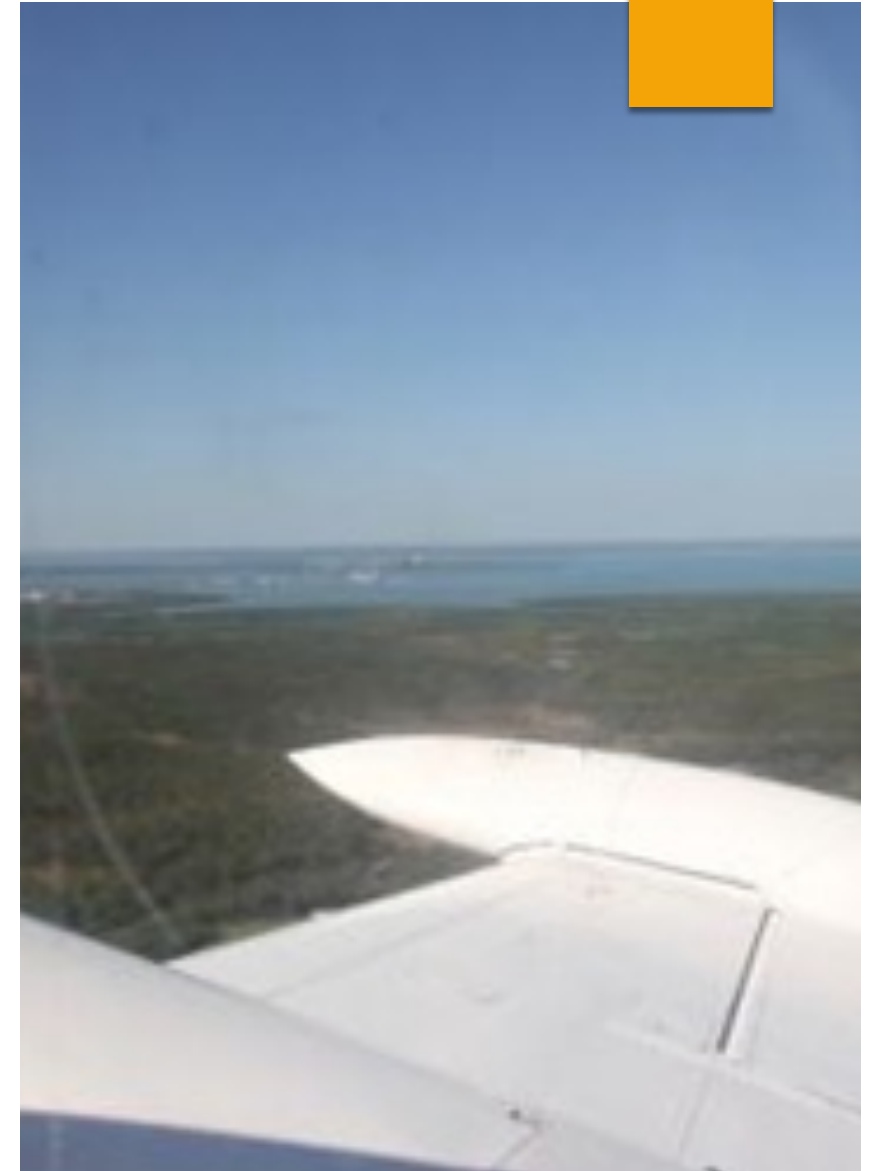
Closing the gap for vision...much done and much to do – an optometrist's perspective

BEN HAMLYN

OUTREACH OPTOMETRIST

My background

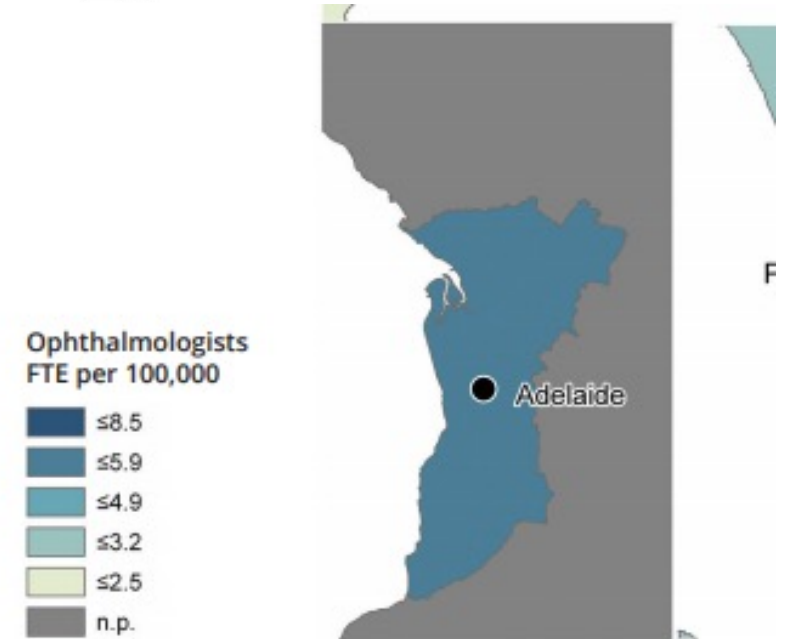
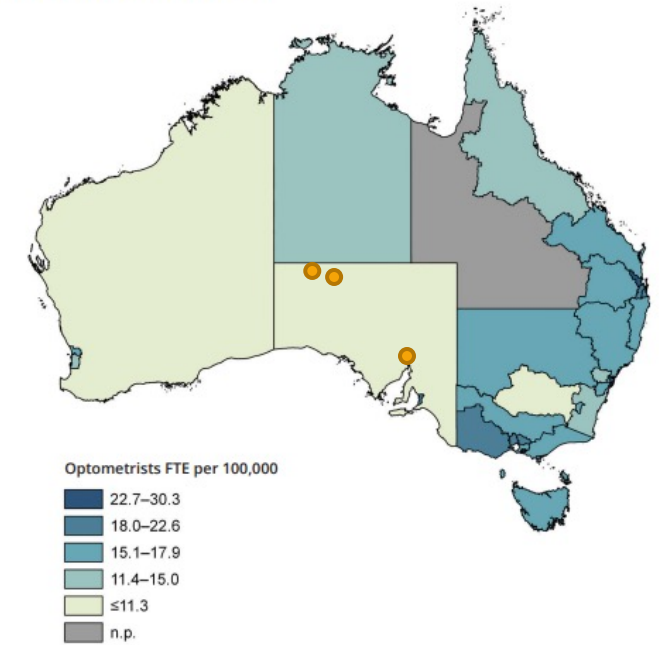
- ▶ Northern Territory visiting optometrist 2011-2014
- ▶ Flinders University 2014-2019
 - ▶ clinical education (diabetes)
- ▶ Visiting optometrist 2015 - current
 - ▶ Pika Wiya health Service (Pt Augusta) 2015-current
 - ▶ Nganampa Health Council (Amata and Pukatja) 2020-current
- ▶ Optometry Australia
 - ▶ member support and policy advisor 2019-current



Mid and far north South Aus.

- ▶ < 11.3 optometrists/100,000
 - ▶ National average ~ 18 optoms/100 000
- ▶ No resident ophthalmologists
 - ▶ National average ~ 4 ophthals/100 000
- ▶ Visiting optometry services (VOS) provided:
 - ▶ Pika Wiya Health Service: 24 days/ year
 - ▶ Aboriginal population (2016): 2500
 - ▶ Nganampa health Council: ~36 days/year
 - ▶ Aboriginal population (2016): 1910

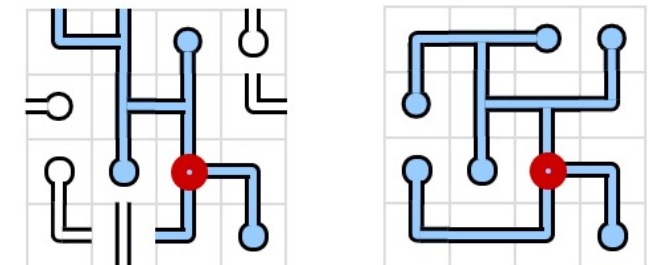
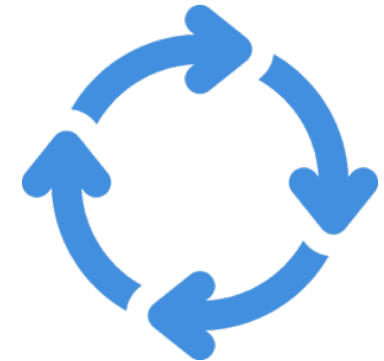
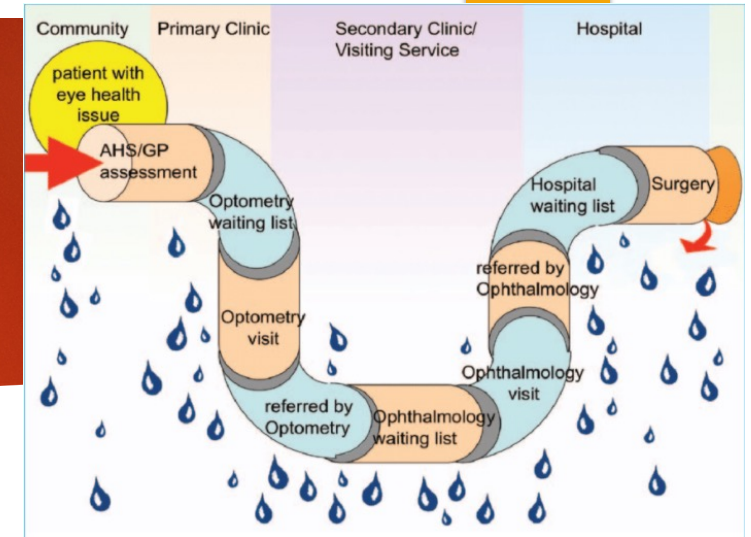
AIHW, Indigenous eye health measures 2018
 Population Health Profile: Port Augusta, Government of South Australia
 2016 Census, Australian Bureau of statistics



Closing the gap for vision

My perspective

- ▶ At start naïve to complexity of the issues
- ▶ Least complex part? → treatment/care required
- ▶ Most complex part?
 - ▶ Creating/supporting efficient pathways of care
 - ▶ Implementing change
 - ▶ Supporting clinics and practitioners to work differently
- ▶ Change is iterative and needs to work for location
- ▶ Collaboration and communication is key!



One of my first video games

Types of change

National/State Policy level

Example: Diabetic retinopathy screening with retinal cameras

- ▶ Input from many stakeholder
- ▶ Takes time and resources
- ▶ Can result in significant change
- ▶ Needs to be what is best for clinics and clients
- ▶ Needs motivation and input from everyone

Local level

Example: coordinating visiting services

- ▶ Requires local collaboration
- ▶ Can result in significant change
- ▶ Needs to be what is best for clinics and clients
- ▶ Requires collaboration at a local level

We should be working towards both

Change from 3 day to 2 day visits

- ▶ Pika Wiya Health Service planned collaborative change

- ▶ Prior to change

- ▶ 3 day visits 6 times per year (18 days)
 - ▶ Finding difficulty particularly on third day filling appointment, and unknown time between visits

Average Px / Year

182.5

- ▶ After change on 1 July 2019

- ▶ 2 day visits monthly (20 days)*
 - ▶ Still some persistent appointment issues
 - ▶ Communication and consistency improvement

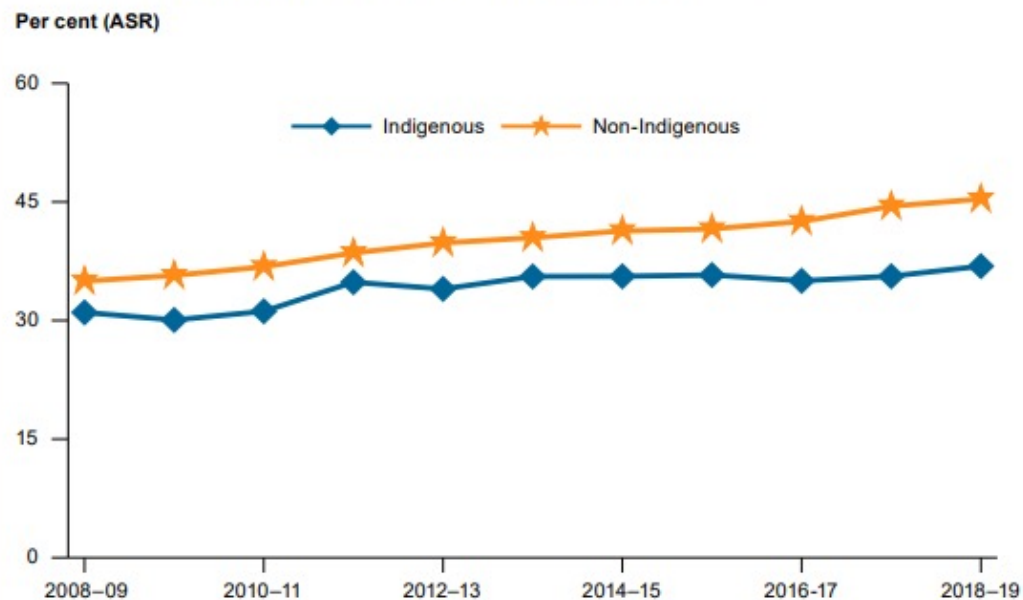
Average Px / Year

241.5*

*data from 19/20 year and 20/21 year omit 2 trips due to covid/incomplete year

What's happening across the country

Figure 6.1: Proportion who had a diabetes test who also had an eye examination, by Indigenous status, 2008–09 to 2018–19



Notes

1. ASR refers to the age-standardised rate.
2. Data for this figure are available in the supplementary tables.

Source: AIHW analysis of MBS data.

Services provided

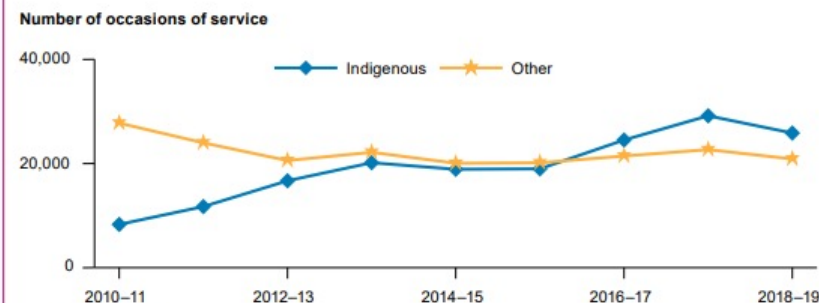
In 2018–19, the number of occasions of service delivered to Indigenous Australian patients by outreach programs for eye health was:

- 25,849 by the VOS
- 5,870 by the RHOF
- 3,484 by the MOICDP.

VOS occasions of service for Indigenous Australian patients more than tripled between 2010–11 and 2017–18, rising from 8,298 to 29,161 before falling in 2018–19 to 25,849 (Figure 7.3).

From 2016–17, services provided to Indigenous Australian patients have exceeded those provided to other Australian patients (that is, to those of non-Indigenous and unknown Indigenous status) (Figure 7.3).

Figure 7.3 Trends in VOS occasions of services, by Indigenous status, 2010–11 to 2018–19



Note: Data for this figure are available in the supplementary tables.

Source: AIHW analysis of Department of Health data (unpublished).

Subsidised spectacles

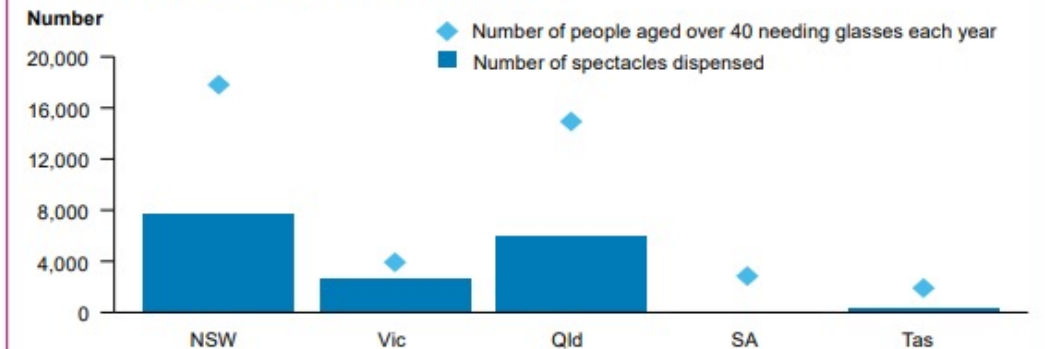
- ▶ Change in subsidised spectacles from May 2020
- ▶ Before – everyone required to pay co-payment
- ▶ After – basic spectacles fully covered for those on Pension/Newstart/Jobseeker etc.
 - ▶ Also immediate feedback on eligibility

Patients getting custom glasses at examination:

Before: 25 %

After: 63 %

Figure 4.13: Number of spectacles dispensed to Indigenous Australians and estimated population-based need, 2018–19



Note: Data for this figure, are available in the supplementary tables.

Source: AIHW analysis of NSW Department of Family and Community Services data (unpublished); Australian College of Optometry Victorian data (unpublished); Queensland Health data (unpublished); SA Department of Human Services (unpublished); Tasmanian Health Service data (unpublished) and Calculator for the delivery and coordination of eye care services (IEHU n.d.).

STEVEN MARSHALL
PREMIER OF SOUTH AUSTRALIA



Home > News > Media releases > Free or low-cost glasses for more South Australians

Free or low-cost glasses for more South Australians

12/05/2020 | Michelle Lensink MLC | Lower Costs

More South Australians with eye conditions can now access free or low-cost glasses and contact lenses through the State Government's GlassesSA program.

In response to feedback from customers and optometrists, the Marshall Liberal Government has expanded the program and introduced:

- Free standard glasses for eligible Aboriginal customers

Much to do – care in community

- ▶ Maximising provision of care in community
 - ▶ Enabling all health care providers to work to maximum abilities
 - ▶ Collaborating through technology to allow access to care
 - ▶ Recognising that changing care delivery has risk, but so does not changing care delivery
 - ▶ Requires healthcare providers to do what is in best interests of patient

Referral/treatment within town/community

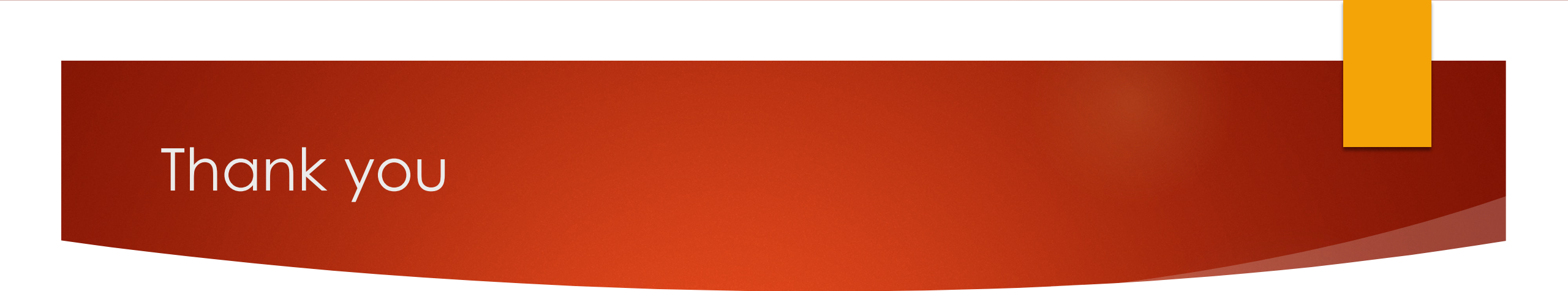


Referral/treatment out of town/community



Much to do

- ▶ Maximising services available
 - ▶ Never underestimate local knowledge of how things work
 - ▶ Collaborating with clinics to maximise efficient utilisation of services
 - ▶ Working with community and services to guide the right patients to the right practitioners
- ▶ Remember that everyone is busy
 - ▶ Don't expect others to change the way they do things
 - ▶ Your most important issue may not be theirs
 - ▶ Collaborate to identify the issue and what can change



Thank you

- ▶ Indigenous Eye Health conference organisers, presenters and attendees