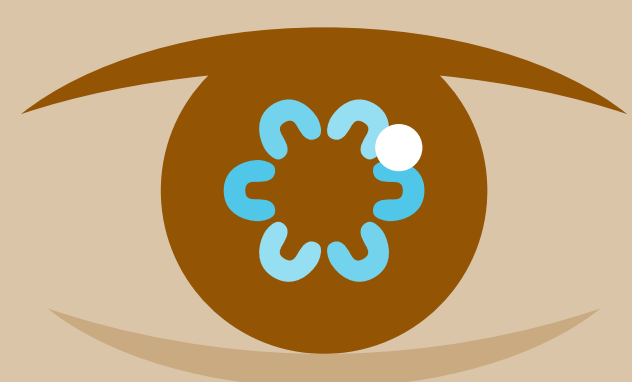




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Eye care is an issue Improving the pathways of care

Mitchell D Anjou, Andrea I Boudville, Hugh R Taylor



Abstract

Indigenous adults suffer six times more blindness than other Australians but 94% of this vision loss is unnecessary being preventable or treatable. We have explored the barriers and solutions to close the gap for Indigenous eye health.

We have consulted widely, engaging over 500 people in 21 sites across Australia. Semi-structured interviews, focus groups, meetings and stakeholder workshops were used. Sites included community, private practice, hospital, non-government organisation and government settings. We identified significant system changes required to improve Indigenous eye health.

The eye care pathways are complex consisting of multiple appointments, practitioners and locations. Primary health staff have the key role in eye care. Good co-ordination between services and appropriate case management of patients are essential for comprehensive eye care. Effective co-ordination enhances the quality of patient outcomes, increases practitioner satisfaction and greatly improves efficiency.

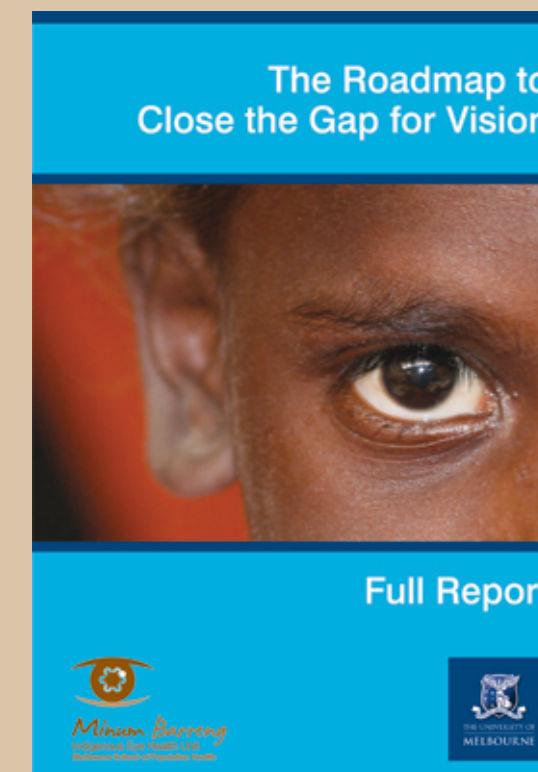
Implementation of CQI measures for eye care and within health services will ensure outcome improvements and reduce the inefficiencies and waste through patient drop out from the pathways of care. Primary care needs to build in population-based planning, to establish local service directories and referral protocols, and to adopt nationally consistent measures of service quality and outcomes. A self-audit tool for eye health would help improve services and facilitate continuous improvement.

The Roadmap to Close the Gap for Vision considers CQI initiatives critical to the improvement of Indigenous eye health.

The Roadmap to Close the Gap for Vision

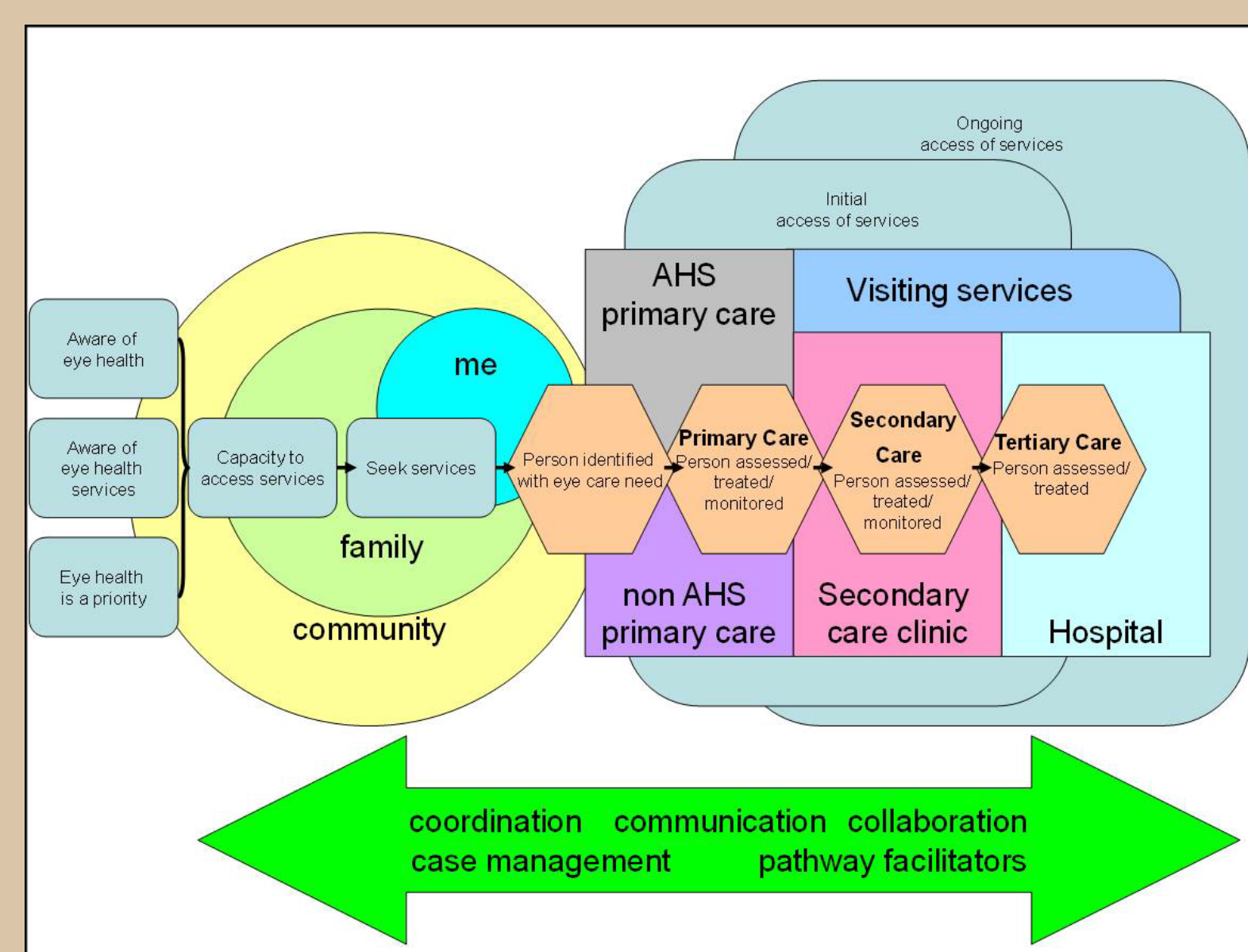
42 recommendations across nine domains

- Primary eye care as part of comprehensive primary health care
- Indigenous access to eye health services
- Co-ordination
- Eye health workforce
- Elimination of trachoma
- Monitoring and evaluation
- Governance
- Health promotion and awareness
- Health financing



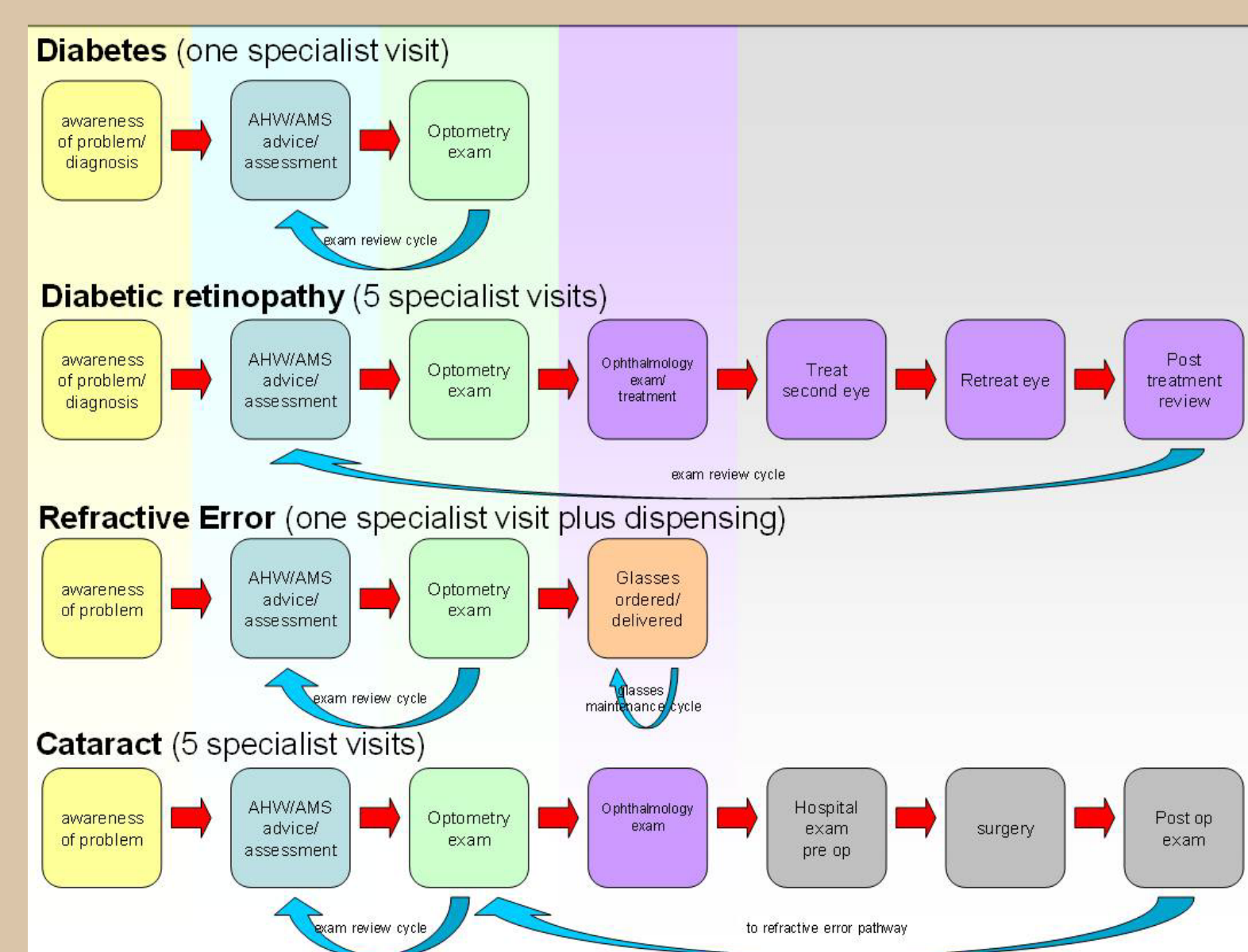
Co-ordination is the key

Co-ordination and care management are critical for successful eye care outcomes

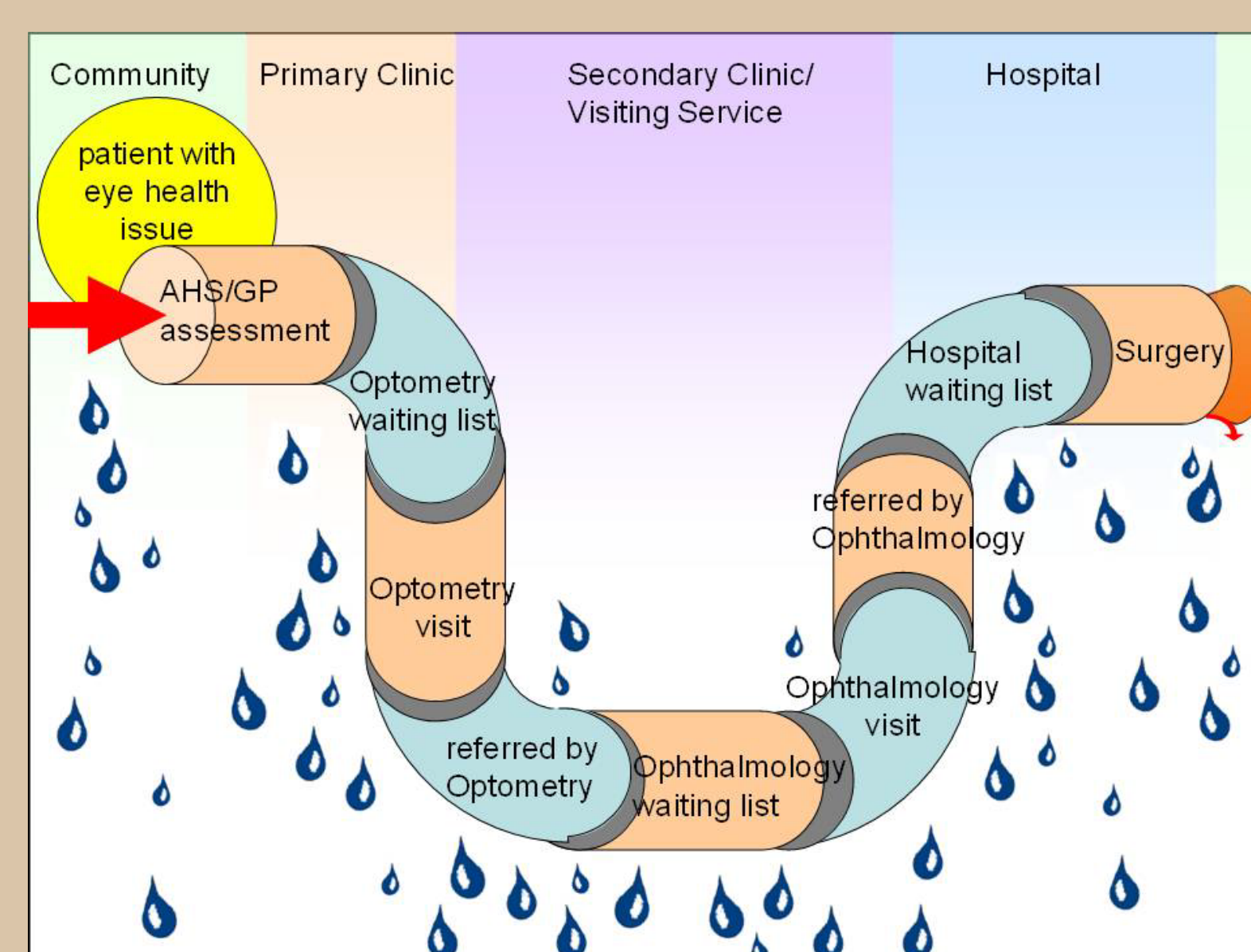


Eye care pathways are complex

The eye case pathways are complex – requiring multiple appointments and involving multiple practitioners and multiple locations



Without co-ordination, the service system is not successful. Like a leaky pipe it is inefficient and ineffective and wasteful



References

1 Taylor HR, NIEHS team, Keffe JE, Arnold A-L, et al. National Indigenous Eye Health Survey – Minum Barreng (Tracking Eyes). Melbourne: Indigenous Eye Health Unit, Melbourne School of Population Health, The University of Melbourne in collaboration with the Centre for Eye Research Australia and the Vision CRC; 2009

2 Taylor HR, Anjou MD, Boudville AI, McNeil RJ. The Roadmap to Close the Gap for Vision Full Report. Melbourne: Indigenous Eye Health Unit, Melbourne School of Population Health, The University of Melbourne; 2012

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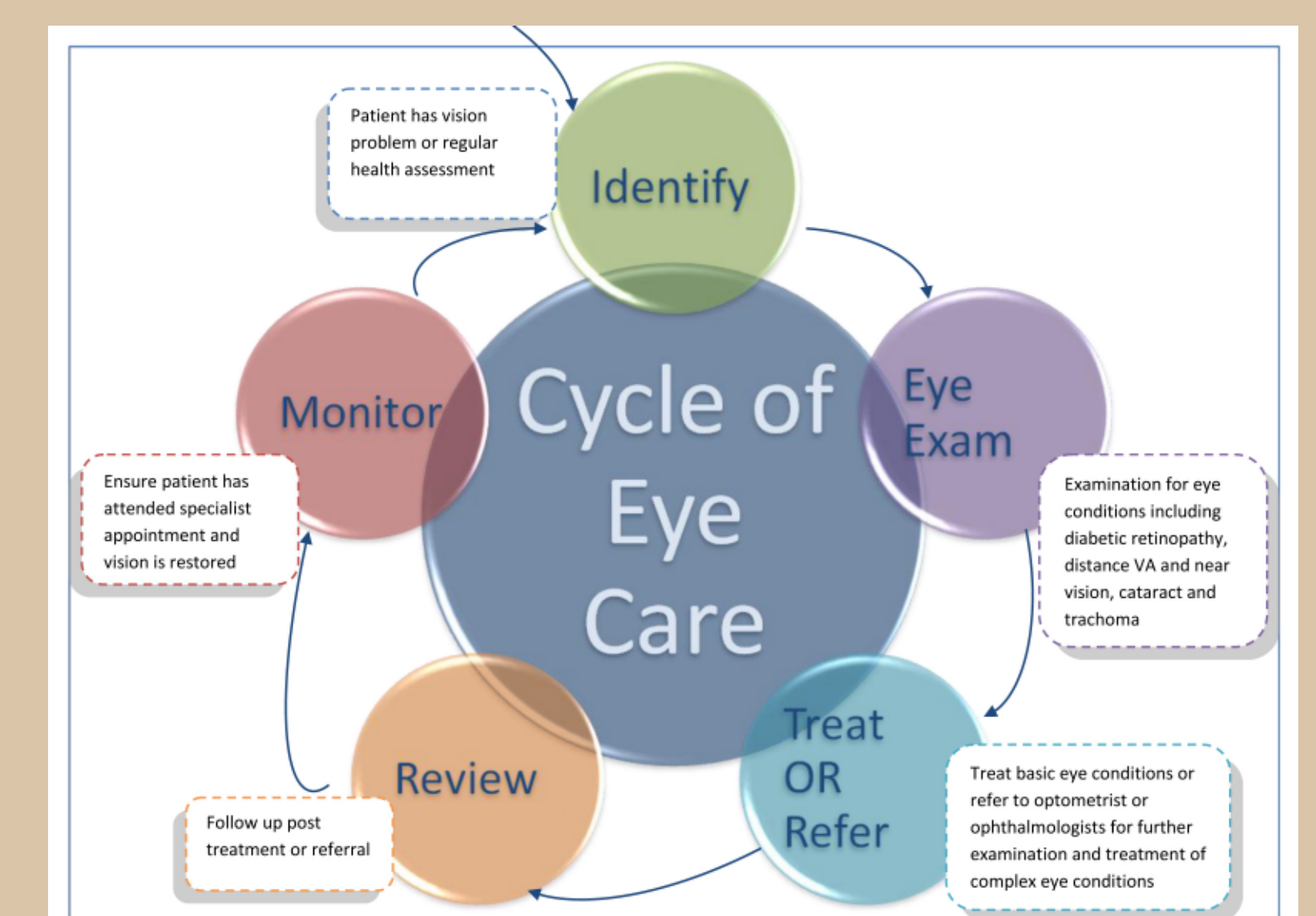
Continuous quality improvement

CQI measures for good eye health are required in health services and programs

- This will support better integration of eye care within primary care and the improvement of eye care services
- This will result in improved patient outcomes
- And reduce inefficiencies and waste through patient drop-out
- And provide assurance that all people who need and can be assisted by eye care services are able to receive eye care services

Eye care in primary care

Primary care responsibilities in the cycle of eye care



Primary care can assist eye care by

- Population-based service delivery
- Establishing local service directories
- Establishing local referral protocols
- Adopting nationally consistent measures of service quality and outcomes

Eye health self-audit

A tool to improve services and facilitate continuous improvement in primary care settings.

The following issues are important to monitor and evaluate for eye health services

- Are all patients asked about vision and have distance and near vision checked?
- Do all patients with diabetes receive an annual retinal examination?
- Do all patients identified with vision loss receive a specialist eye examination (optometry/ophthalmology)?
- Do all patients requiring glasses have glasses?
- Do all patients referred for cataract surgery receive cataract surgery?
- Is there anyone in the local population not receiving eye care services?
- Are visiting or local services readily available, appropriate and utilised?
- Are the costs for glasses and consultations a barrier to care?
- Are waiting times for specialist appointments, glasses and surgery appropriate?
- Who is responsible for co-ordination of eye care services?
- Who is responsible for ensuring that all patients with diabetes receive an annual retinal examination?
- Who is responsible for case management of patients requiring eye surgery?

Conclusion

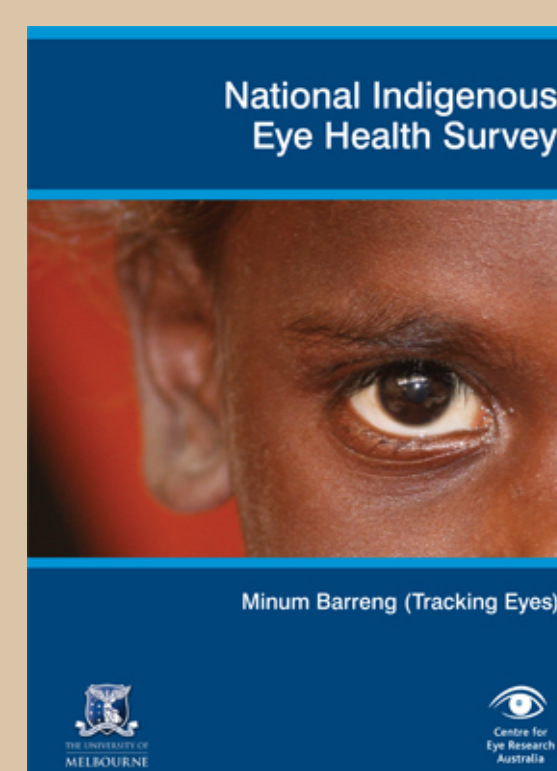
Eye care should be an integral part of primary care and included in CQI processes to ensure efficient service delivery and improved eye care outcomes.

Lowitja Institute 2012 National Conference on Continuous Quality Improvement (CQI) in Aboriginal and Torres Strait Islander Primary Health Care: 'CQI for everyday and everybody'

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Background

- Indigenous adults suffer six times more blindness than other Australians
- 94% of this vision loss is unnecessary being preventable and treatable
- What needs to be addressed to close this gap for vision?



Consultations

- Conducted between August 2010 and July 2011
- Over 530 people consulted
- 21 sites across Australia



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