

Eye and Ear Surgical Support (EESS) Program



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Date: 14 June 2023

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Proposal:

To extend the support of **surgery costs** for eligible **Aboriginal and Torres Strait Islander patients** placed on the private waiting list for **eye or ear surgery in 2023-24**.





Executive Summary

The EESS Program aims to reduce surgery wait times and the instances of avoidable blindness and deafness in Aboriginal and Torres Strait Islander populations through expediting access to culturally appropriate referral pathway for eye or ear surgery (resulting from middle ear infections -Otitis Media) for patients in MM3-MM7 locations of Victoria.

However, there are some ongoing challenges faced by many Aboriginal and Torres Strait Islander patients in accessing eye or ear surgery across Victoria, particularly in the Murray region. These challenges include;

- Gaps in local public and private referral pathways;
- Long waitlists for public surgery and;
- Limitations in accessing public/ private waitlist data.

RWAV has been engaging with public hospitals to develop and implement a public referral pathway for Aboriginal and Torres Strait Islander patients, however until this streamlined and prioritised pathway has been developed patients needing eye or ear surgery will still need to access care. In order to support the ongoing development of a public referral pathway to enable access to care for patients.

RWAV would like to submit a proposal to extend the support for eligible Aboriginal and Torres Strait Islander patients to access eye or ear surgeries through the EESS program supporting the cost of private surgeries in 2023-24. This extension will allow Aboriginal and Torres Strait Islander patients to access care within the clinically recommended timeframe.

Benefits of previous proposals

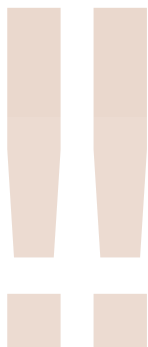
RWAV submitted proposals to support the surgery costs for eligible Aboriginal and Torres Strait Islander patients placed on the private waiting list for eye or ear surgery in financial years 2021-22 and 2022-23, highlighting the gaps and challenges. The Department of Health approved the proposals and as a result of these, over 30 patient surgeries have been supported, some of the benefits from the arrangement include;

- Patients have been able to access surgery in less than 6 months compared to long wait times experienced in public hospitals and at hospitals closer to their home location;
- Patients who are unable to fund the surgery fees have been supported through the EESS program funding and they are able to access surgery in a timely manner;
- 100% of the patients supported receive care within the recommended clinical timeframe.



Challenges

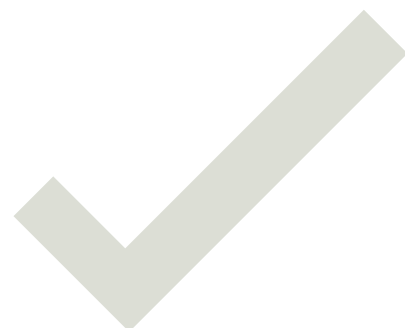
The challenges from previous EESS data, RWAV engagements with ACCOs, public hospitals have been highlighted below, some of which have previously been reported and is still been experienced;



- Some health specialists are operating privately in the rural hospitals. They manage their private waitlist and patient care separately from the hospital as the public hospitals have limited funding to support visiting specialists.
- RWAV proposed a pilot hub and spoke model to be able to develop a public referral pathway in the Echuca region with these hospitals; Royal Victorian Eye and Ear Hospital (RVEEH), Echuca Regional Hospital (ERH) and Bendigo Health however this has not been established with the respective hospitals as planned due to workforce shortage and competing priorities within the hospitals/ health system as a result of COVID-19 pandemic.
- Public hospitals do not all receive the same amount of funding from the State Government, for example some rural hospitals do not have the funding to pay for specialist fees (e.g. anaesthetist, ophthalmology and ENT fee) while metropolitan hospitals might have the capacity to.
- There is still a lack of bulk-billed pathways to access timely and culturally appropriate care majorly in the Murray region, such as Echuca.
- In addition, there is a general health professional workforce shortage which also means that health specialists in the metropolitan areas do not have the capacity to support outreach services, which in turn affects the development of a public referral pathway in the rural areas.
- There is limited access to private and public waitlist data to ascertain the number of patients needing surgery or how long the patients have been on the waitlist before seeing the specialist and being referred to the hospital for surgery.

Proposed Solutions

- RWAV to engage with the specialists to place patients on a public hospital waitlist and to be supported through the EEES program. This will also foster and strengthen relationships with the public hospitals to have a visiting specialist long-term and support the patients in the rural regions to access care in a timely manner and have a bulk-billed pathway.
- RWAV has been in discussion with Swan Hill District Health (SHDH), Goulburn Valley Health and Albury Wodonga Hospital between March – June 2023 to implement a bulk-billed pathway for 2023-24 to support Aboriginal and Torres Strait Islander patients to access timely care that is culturally appropriate. Whilst the pathway is been developed, RWAV will continue to evaluate the pathway and make sure patients have access to care.
- Identify and engage with public hospitals that have the capacity to support eye or ear surgery and have limited funding by supporting the payments of surgery associated fees (e.g. specialist fees) through the EESS program that might otherwise impede the development of a referral pathway in that hospital or region.
- RWAV to continue to utilise the support of the available health specialist in the rural regions to support patients and the EESS program would cover costs associated with the surgery fees and health professional allowance.
- Continuous engagement with Victorian Agency for Health Information (VAHI) to gain better understanding and access to public eye and ear surgery waitlist data for RWAV to identify the hospitals, strengthen relationships and encourage future partnerships.



Goals/Objectives



The objectives of this proposal are to continue to support patients as they have benefitted from the previous proposals by:

- Supporting surgery-associated costs for patients exceeding the clinically recommended timeframe on a public waitlist in a private clinic;
- To continue to support and prioritise timely access of Aboriginal and Torres Strait Islander patients living in MMM 3 – 6 locations in Victoria, to a culturally appropriate pathway for eye or ear procedures at the nearest available location to the patient's home;
- Ensuring continuity in reducing the risks of patients not receiving care within the clinically recommended timeframe due to the long wait times in the public hospital whilst a public pathway is being developed;
- Preventing prolonged surgery wait time and removing the financial barriers for patients who are unable to afford the surgery fees for private clinics and otherwise be referred to a public hospital with long wait times.

Expected Outcomes



- Develop a public referral pathway whilst making sure patients with a local demand for eye or ear surgery have access to care via a culturally appropriate pathway;
- Prioritised access for Aboriginal and Torres Strait Islander patients living in MMM 3 – 7 regions to culturally appropriate eye or ear surgery support;
- Reduced surgery wait time for Aboriginal and Torres Strait Islander people needing eye surgery (largely cataract) or ear surgery for conditions resulting from Otitis Media;
- Increase in the number of patients that will have access to timely care with limited costs or expenses.

Timeframe

Phase 1:

July – December 2023

- RWAV will continue to establish and strengthen local referral pathways with rural hospitals to:
 - o Provide support for Aboriginal and Torres Strait Islander patients on private and public waitlists identified by ACCOs and rural hospitals;
 - o Minimise the risk of delay in patients receiving eye or ear surgeries;
 - o Ensure patients have access to culturally safe surgical pathways at the nearest available location to the patient's home;
- Ongoing stakeholder engagements with ACCOs, SHDH to continue to evaluate the referral pathway to suit the needs of the Aboriginal and Torres Strait Islander patients when they access the hospital for surgery;
- Ongoing engagement with ERH and Bendigo Health to continue the work in the progress for the referral pathway for eye and/or ear surgery;
- Engagement with public hospitals identified from the waitlist data provided by VAHI to support patients on the waitlist;
- Ongoing engagement with VAHI to gain better understanding of elective surgery datasets and access to public eye and ear surgery waitlist data for EESS program.

Phase 2:

January – June 2024

- Replication of SHDH referral pathway with other public hospitals such as Albury Wodonga Health and Goulburn Valley Health by sharing the success and achieved outcomes;
- Continue engagement with ACCOs, hospitals and service providers to strengthen relationship;
- RWAV to provide an update in regards to program achievements and challenges in the Biannual Performance Report; and
- Ongoing engagement with the Community Grants Hub and Commonwealth Department of Health and Aged Care and providing updates regarding next steps for 2024-25.



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Aboriginal and Torres Strait Islander peoples should be aware that this document and the RWAV website may contain images or names of people who may have since passed away.