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Community Driven Approach to Indigenous Eye Care Co-ordination Sharing our Experiences

This paper has been written in collaboration with Rural Workforce Agency Victoria, NSW Rural Doctors Network, CheckUP Australia Queensland in partnership with Queensland Aboriginal and Islander Health Council (QAIHC). This paper has been reviewed and supported by all Jurisdictional Fundholders.

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There are seven jurisdictional fundholders of the Australian Government Outreach programs across Australia. These are: Rural Workforce Agency Victoria (RWAV), NSW Rural Doctors Network, CheckUP (Queensland), NT Primary Health Network, Rural Health West, Department of Health and Human Services Tasmania and the Rural Doctors Workforce Agency. The Outreach programs include the Rural Health Outreach Fund (RHOF), Medical Outreach Indigenous Chronic Disease Program (MOICDP), Healthy Ears - Better Hearing, Better Listening (HEBHBL), Visiting Optometrists Scheme (VOS), and the Coordination of Indigenous Eye Health. All jurisdictions apart from NSW have the Eye and Ear Surgical Support Service (EESSS) program. These seven agencies communicate regularly to share ideas, monitor and evaluate workforce needs and service delivery to make informed, evidence-based and best practice improvements across all jurisdictions. This creates a shared vision for delivery of all Outreach programs across Australia, ensuring that all agencies are meeting the needs of those living in rural, regional, and remote Australia, and of Indigenous communities.

The fund holder organisations recently collaborated and reviewed all current Outreach programs. All jurisdictions identified Aboriginal and Torres Strait Islander eye health as a significant, preventable health burden on Communities. In 2015-16 Australian state and territory governments spent approximately \$40 million on Aboriginal and Torres Strait Islander eye care. This consisted of:

- capped and uncapped costs to provide services to address cataract, refractive error and diabetic retinopathy;
- some care coordination activities;
- governance and evaluation, as well as;
- funding for trachoma elimination and health promotion programs (Foreman. et al, 2016).

This paper highlights the growing concerns of Indigenous Eye Health and how the fundholders are working together to address these at the local level. The fund holder organisations utilise a collaborative approach between multiple service providers and Outreach funding programs. This ensures integration of services and provides a continuum of care for Indigenous people at each contact point within the health system, resulting in improved access to a full spectrum of eye care services in line with each individual's needs (see Appendix 1).

This process is supported and facilitated through the fundholders through their programs being able to support and co-ordinate patient care along the whole health pathways journey. For instance, MOICDP/VOS supports initial assessment/diagnosis, which can lead to referral into the EESSS program and then with follow up again through MOICDP.

The value that the fund holder organisations bring to eye care co-ordination relates to assisting Indigenous patients in navigating the inherently complex mainstream health pathways through a community driven approach. The complexity involved in the Indigenous eye care co-ordination process is outlined in Appendix 2.

The complexities associated with Indigenous eye care arises from the myriad of primary, secondary and tertiary health service providers and the different entry points that a client is able to access for eye examinations and services. For instance, at the initial eye check and diagnosis stage, a client can receive a consultation at an array of services, including Aboriginal Community Controlled Health Organisations (ACCHOs), GP clinics, community health centres and a private optometry practice or a visiting optometry service.

Depending on the diagnosis, the client journey continues along the healthcare pathway and could include a referral to an outpatient clinic or private clinic consultations for further assessment, followed by surgery, post-operative consultations and on-going patient reminders and recalls.

The objective of the Coordination of Indigenous Eye Health program is to improve access to eye care for Indigenous patients through the improved coordination of services, including improved linkages between a range of services required by patients and enhanced delivery of these services. This activity forms an important part of the recommended actions required to close the gap in eye care between Indigenous and non-Indigenous Australians (Taylor, Jatkar & Anjou 2015). To ensure that Aboriginal and Torres Strait Islander people experience a smooth journey through the assessment, referral and treatment process, the following principles underpin the eye care co-ordination activities of each of the seven jurisdictional fundholders:

- Service planning must be informed through both population health data and a regionally tailored approach to coordinate appropriate eye health services to address identified needs at the local level.

- Service design must ensure that Aboriginal and Torres Strait Islander people have access to appropriate care in a culturally safe environment.
- Rigorous community engagement supports a greater understanding of the complex needs of the Indigenous patient in accessing all mainstream health services. Service design should be guided by community feedback.
- Improved linkages between the eye health services is required to reduce fragmentation and support integrated service delivery to create a seamless patient journey.
- Ongoing service monitoring and evaluation must occur to ensure that service delivery is culturally appropriate, efficient and effective.

The key enablers utilised by the fundholders in addressing the above include:

- strong links to Indigenous communities at both a national and localised level assists in identifying current issues, needs and emerging trends. This also provides the ability to develop cost-effective service delivery models, tailored individually to ACCHOs and communities, which is built on mutual trust;
- ensuring continuity in the provision of optometry eye care services for Indigenous communities under VOS and delivery of consultations in line with Agencies annual vision needs assessment processes;
- co-ordinating EESSS in 2016-17, which is already showing a marked upturn in eye care surgeries and very positive results for vision improvement in patients;
- supporting patients undergoing surgery across jurisdictions, (excluding NSW) in the critical areas of care co-ordination, transport, provision for an accompanying carer, and no out of pocket expenses for consultation and hospital fees. Although NSW does not have the EESSS program, NSW patients living along the NSW/VIC border region have benefited. RWAV has been able to accommodate cross border referrals into the program, highlighting the fundholders ability to collaborate in regions where the delivery of health services can be complex, providing positive health outcomes in these communities;
- seeking feedback from referral organisations of patients across all programs, including patients;
- providing holistic and comprehensive services and support through the VOS, EESSS with MOICDP and RHOF, which includes eye specialist outreach programs;

- utilising the eye health care coordination funding provided in 2016-17 has enabled work directly with Indigenous communities, as well as mainstream providers, in evaluating their needs and assisting in reducing patient hospital surgical wait times for eye care at each critical point along the service pathway;
- providing cultural competency training for all agency clients servicing Indigenous communities to assist in ensuring both respect and safety of those accessing services;
- leveraging off funding provided for Indigenous Care Co-ordinators, particularly for Indigenous patients with diabetes requiring eye care, under the Integrated Team Care program funding provided to ACHHOs and other local service providers by PHNs; and
- working in a collaborative manner with PHNs utilising their Service Needs Assessments to inform localised workforce needs and ensuring cost and service effective models are delivered. These important strategic partnerships allow for interaction and communication about where fund holder organisations and PHNs services align at a regional level. In Victoria, MoUs are currently being established with some of the regional PHNs. RWAV and the PHNs are also working collaboratively to advocate for the needs of local communities on joint regional stakeholder engagement activities, workforce mapping, digital and telehealth, as well as data collection and sharing;
- in Victoria, work is being undertaken to strengthen eye care co-ordination pathways with the six Primary Health Networks (PHNs) with the development of ophthalmology health pathways as part of the Coordination of Indigenous Eye Health program funded in 2016-17. PHNs will be directly involved in assisting in the development of clinical notes and pathways for Indigenous clients. RWAV will also provide relevant information to ensure localisation for patient referrals. This project has been informed through the EESSS and VOS programs and the strong working relationships with the ACCHOs, local hospital, PHNs and other key stakeholders. This collaborative effort will play a significant role in supporting rural, regional and remote Indigenous communities in receiving quality health services and outcomes.

In summary, jurisdictional fundholders are best placed to undertake the delivery of sustainable, cost effective Indigenous Eye Health Coordination services at a localised level, providing continuum of care for patients at each touch point in the health care system.

Jurisdictional fundholders utilise an effective whole-of-system regional approach supported by strong leadership, collaboration and good governance. Through this, jurisdictional fundholders are continuing to provide valuable insights into the strategic direction for national Indigenous Eye Health Coordination and play an advisory role to the Commonwealth on this matter. The fund holder organisations are committed to working towards closing the significant disparities in eye health outcomes that exist between Indigenous and non-Indigenous Australians. Empowering Indigenous communities to manage their own eye health conditions leads to self-determination and improved quality of life outcomes across health, social and emotional wellbeing, education and employment opportunities. This is a vital component in 'Closing the Gap – Improving Eye and Ear Health Services for Indigenous people'.

References:

1. Foreman. J, Keel. S, Xie. J, Van Wijngaarden. P, Crowston. J, Taylor. H, Dirani. M (2016) National Eye Health Survey, the Centre for Eye Research Australia and Vision 2020 Australia, East Melbourne.
2. Taylor, H., Jatkari, U., & Anjou, M. (2015). The Roadmap to Close the Gap for Vision: Update (p. 20). Melbourne: IEHU, School of Population and Global Health, University of Melbourne.
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Appendix .1.

INDIGENOUS EYE REFERRAL PATHWAYS

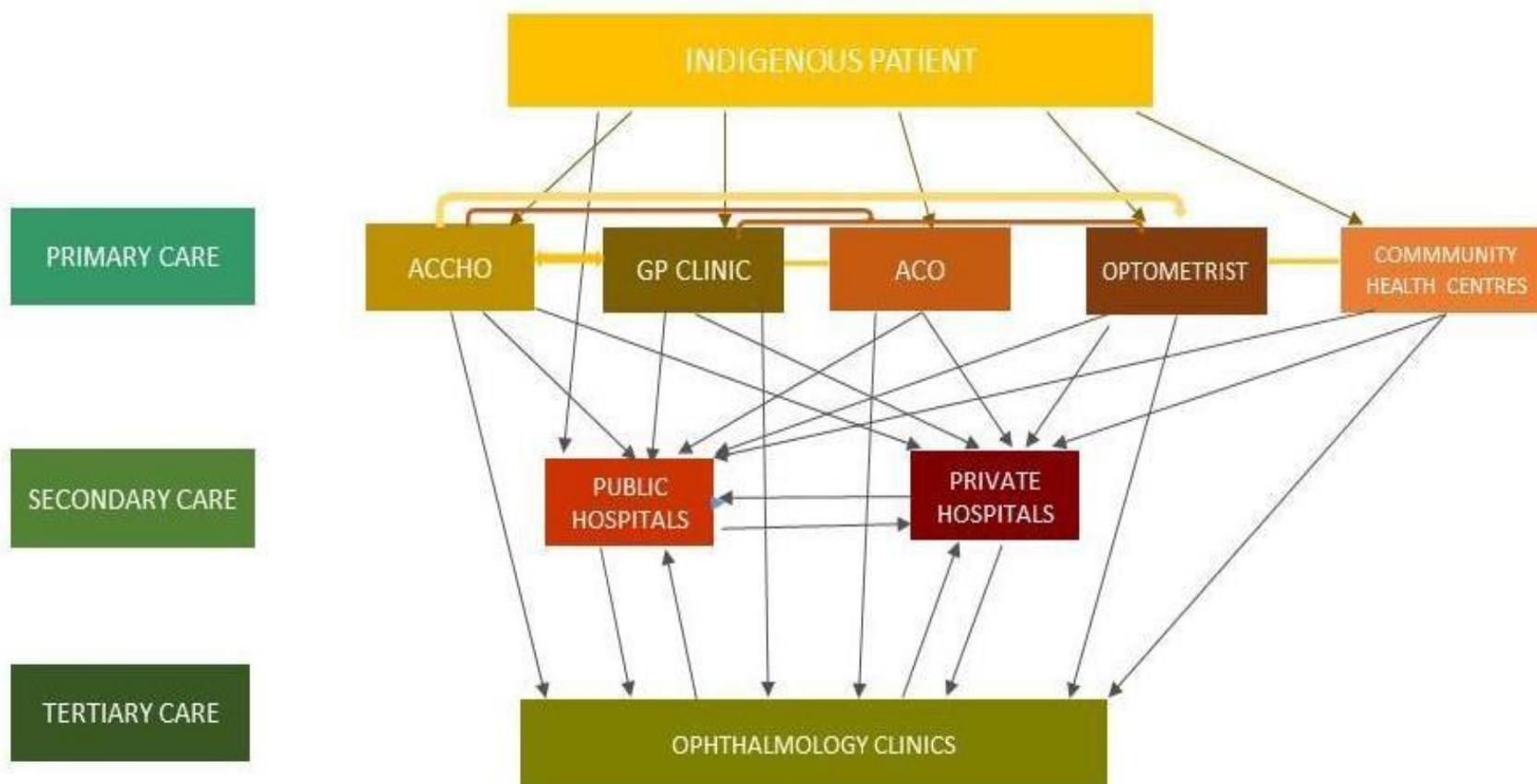
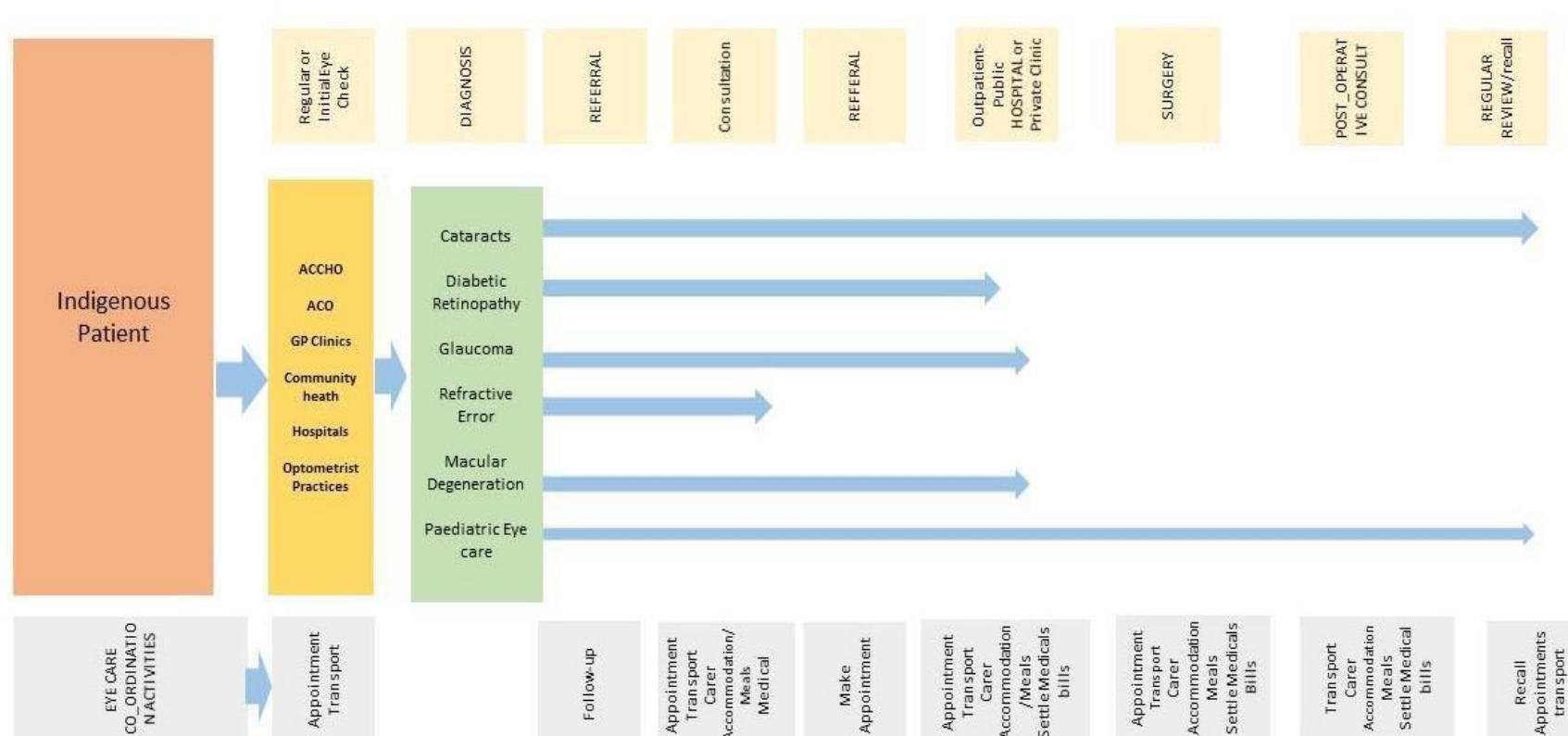


Diagram developed by Rural Workforce Agency Victoria, 2016

Appendix .2.

INDIGENOUS EYE CARE COORDINATION PATHWAYS



Flowchart developed by Rural Workforce Agency Victoria, 2016