

## Stronger eye care systems in Aboriginal primary health care

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**Background:** Access to eye and vision care is important for rural and remote Australians, especially Aboriginal communities where rates of vision loss are higher than non-Indigenous populations. Primary health care (PHC) providers play a foundational role in the eye care system, by detecting, referring and following up patients needing comprehensive eye care or treatment.

**Aims:** To describe the process, methods, and preliminary outcomes of supporting eye care systems and services integrated with PHC services, in a collection of Aboriginal Community Controlled Health Services (ACCHS) in NT and NSW.

**Methods:** Priorities for improved organisation and delivery of Aboriginal eye care services were informed by: 1) focus group discussions with ACCHSs, 2) clinical file audit data about eye care access, 3) listening to patients and gaining community perspectives, 4) regional eye care systems assessment and 5) mapping eye care services against projected population needs.

Guided by this situational analysis, several things were done to support eye care within these ACCHS. This included: 1) training PHC teams, 2) Continuous Quality Improvement (CQI) activities to assess and improve eye and vision care, 3) clarifying referral protocols, 4) advocating for eye care services to meet population needs, 5) developing shared regional eye care action plan. This integrated set of approaches were then refined and packaged as a user-friendly 'toolkit' that other Aboriginal or Torres Strait Islander health services may implement to strengthen their eye care systems.

**Results:** During the two-year phase: three training in-services were delivered, two rounds of CQI (clinical audits) were conducted, referral processes were documented, e-record templates were updated for primary eye care checks, and visiting optometry and ophthalmology services increased in some locations. Closer engagement with eye care services by ACCHSs was observed, and eye care became more integrated with PHC, especially in chronic disease programs.

Data show positive trends, with improved eye care access and coverage, particularly for patients with diabetes. Qualitatively; improved coordination and cohesiveness of eye care programs at the regional level has been noted. The post-line comprehensive file audit (early 2015) shall indicate the extent of these changes.

**Relevance:** Other visiting specialist services to remote health centres and ACCHSs may learn from this process of supporting PHC as the foundation for effective use of, and improved patient access to visiting services.

**Conclusion and recommendations:** This process of implementing an integrated set of approaches to strengthen eye care systems within ACCHSs has proven valuable and effective, and is therefore recommended to support eye care within other Aboriginal and Torres Strait Islander health services across Australia.