

The Western NSW Eye Health Partnership Program

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This paper demonstrates improvement in the regional and remote Western NSW eye health system, achieved by stakeholders forming a partnership that enables them to share information, plan and coordinate together.

Background

The Fred Hollows Foundation's (FHF) purpose is to see a world in which no person is needlessly blind and Indigenous Australians exercise their right to good health. A key objective of The Foundation is to support the provision of high quality and accessible eye care programs designed and delivered with local partners that have a significant, sustainable and national impact. In 2011, the FHF contracted Banskott Health Consulting to determine how the future development of remote eye service delivery in the Western NSW and Far West Local Health Districts could be supported. The FHF has historical links to Western NSW with Fred Hollows first visiting Bourke and district with teaching hospital eye teams in the early 1970s.

Western NSW has some three hundred and seven thousand residents (4.1% of NSW's population). Twenty five thousand, six hundred of Western NSW's population are Aboriginal (17% of NSW's Aboriginal population and 9% of the area's population) and live spread across outer regional, remote or very remote locations (Banskott, 2012).

Western NSW is an area of comparative disadvantage with inequitable access to ophthalmic and optometric services. Significant areas of western NSW, with high Aboriginal populations, have limited public secondary eye services. Maher and Brown (2011), found that take-up of tertiary surgical eye services in western NSW was significantly related to living in areas with public secondary eye services. As one measure of access inequity, they observed that to attain cataract surgery rates equal to the national average, an extra 200 cataract surgery operations would need to occur in Western NSW every year for the area's Aboriginal residents.

Banskott (2012) and earlier investigative reports found that coordination and access equity in the Western NSW eye health system are undermined by:

- the complexity introduced by a myriad of public and private, local, regional and visiting service providers
- tensions between key providers who have not historically necessarily agreed on a coordinated eye health promotion and delivery strategy. There is a lack of information regarding services and referral pathways amongst providers, referrers and consumers
- the fragility of the system caused by a reliance on individual champions
- a lack of advocacy and brokerage around eye health services
- funding reform or lack of recurrent funding making the future viability of some existing services uncertain.

The Banskott report (2012) recommended that collaboration was needed amongst stakeholders in order to take eye care forward in this region, particularly for Indigenous people. The FHF held a first stakeholder meeting in Dubbo on the 2nd of August 2012. At this meeting, stakeholders agreed support for the FHF to facilitate the development of a coordinated eye health framework for western NSW in collaboration with key government and non-government stakeholders, within terms of reference agreed with these stakeholders.

As a result the Western NSW Eye Health program was funded by the FHF. The NSW Rural Doctors Network (NSWRDN) received funding from the Hollows Foundation to facilitate the ongoing work of the partnership.

The Partnership

Western NSW has a diverse range of local and visiting eye health service providers, working at primary, secondary and tertiary levels and delivered using a mix of public, private, non government, Medicare and private insurance financing arrangements. Some of Western NSW's eye health service providers are listed below:

- ACCHSs (Aboriginal Community Controlled Health Services)
- Brien Holden Vision Institute (BHVI)
- Outback Eye Service (OES)
- NSW Ministry of Health
- Western NSW Local Health District (LHD)
- Centre for Aboriginal Health
- Statewide Eyesight Preschooler Screening (StEPS)
- C/W Department of Health
- Rural Health Outreach Fund (RHOF)
- Visiting Optometrists Scheme (VOS)
- Indigenous and Remote Eye Health Service (IRIS)
- Far West Medicare Local
- Western NSW Medicare Local
- private optometrists, ophthalmologists (and their teams)
- GPs
- Vision Australia
- Royal Far West Healthy Kids Bus
- Centre for Eye Health (CFEH).

Prior to this partnership project there were good models of public eye health service in the Western NSW region, such as the BHVI optometric services and the OES ophthalmic services. However service providers were frequently working individually and not together. Stakeholders did not necessarily have appreciation of the work that others were doing; fully comprehend what service providers in other roles do, or how they could augment/support the work of others (Banscott, 2012).

The achievements of Western NSW Eye Health Partnership Program are fundamentally underpinned by the new alliance of nineteen service providers and key stakeholders including nine Aboriginal Community Controlled Health Services, the Bila Muuji Aboriginal Health Services Inc, The Fred Hollows Foundation, Brien Holden Vision Institute, Vision CRC, the Outback Eye Service, the Western NSW and Far West Medicare Locals and the Western NSW Local Health District.

The FHF and NSW RDN are not service deliverers, which allows them to act as impartial facilitators within the partnership.

The partnership brings staff together at a regional level from the range of stakeholders, to constructively communicate, plan, coordinate, monitor and review across eye health programs and services. A regional eye health services plan is being developed collaboratively with all the involved services, demonstrating empowerment from the ground up. The regional eye health services plan will include a level of integrated care, by linking into other relevant stakeholders such as the Dubbo Diabetes Integrated Care Project.

Two notable successes of the partnership to date have been data collection, gap analysis and services mapping exercises and the introduction of public retinal surgery.

Service mapping

The partnership aims to develop a coordinated and well integrated system of eye health services in western NSW by developing a regional eye health service plan. Service planning is about deciding what services are where, when and how they are delivered and how they link with other services (for example transport).

As a first step in the process of service planning, current eye care provision was mapped using data provided by the Partnership Group. This data can be used to support planning and delivery of eye care services and to ensure efficient use of resources to provide improved and adequate eye health outcomes to mainstream and Aboriginal and Torres Strait Islander people. While looking at this data it is important to consider both groups to ensure that there are culturally appropriate services for everyone. Evidence shows that Aboriginal and Torres Strait Islander people are more likely to access Aboriginal Community Controlled Health Services as these services are regarded as providing a culturally safe environment.

A service map was developed showing each town's aboriginal population and number of days of public and private services delivered by eye care provider.

Performance and output eye care indicators were then collected to:

- get a baseline measurement of current western NSW eye health service provision and results
- identify key priorities for service.

Seven Indicators relating to optometry and ophthalmology were selected from the Indigenous Eye Health Unit's (IEHU) National Performance Indicator base, to form a Minimum Data Set. All partners provided data to the Partnership Group for the 2013/14 year.

The eye care indicators collected were:

- Optometry
 - Number of days of service (VOS supported and other)
 - Number of patients examined
 - Number of glasses prescribed and/or provided
 - Number of people examined with diabetes
- Ophthalmology
 - Number of days of service (clinic/surgery)
 - Number of people with diabetes receiving treatment (intravitreal injection/retinal laser)
 - Number of people receiving cataract surgery

Gap analysis was then undertaken by comparing actual service days to the projected number of clinic days each town should have as estimated by the IEHU's calculator (www.iehu.unimelb.edu.au). The IEHU tool provides estimates of required eye health services and workforce based on workforce to population ratios. The calculations are first order estimates based on condition prevalence rates from the National Indigenous Eye Health Survey (2009) and models of service delivery developed in The Roadmap to Close the Gap for Vision (2012). Identification of these gaps allowed some initial optometric service planning to be undertaken.

Monitoring and yearly updating of this data will allow assessment of progress and refinement of the service plan over time.

As a second step in this process the Partnership Group would ideally like to see what services are being provided by local private optometry/ophthalmology organisations in order to complete the mapping picture.

Also as phase two, Partnership Group members who provide primary care have been asked to provide the following:

- Primary care
 - Number of people screened for vision/eye problems
 - Number of people with diabetes (reported as being diabetic)
 - Number of people with diabetes referred for retinal examination
 - Number of MBS Item 715 (Adult and Older Persons) billed

Health Service planning is quite an expensive undertaking, often done via external consultants. The service planning being undertaken in this project has occurred with minimal cost and been possible because of the collaboration and partnership between Western NSW eye health service providers.

Retinal Surgery – Service Provision – Challenges and Successes

The Western NSW Medicare Local became the fundholder for the RHOF funded Public Eye Clinic in Dubbo in July 2013.

Whilst this monthly eye clinic is available to all, it soon became evident that the majority of patients being seen within the clinic were Aboriginal clients, some travelling up to 400kms to the clinic.

What was also realised was that the providers at the clinic were seeing an increased level of retinal eye disease and that retinal surgery was a requirement as part of the treatment process.

The Western NSW LHD has several Visiting Medical Officer – Ophthalmologists – who provide the public cataract eye surgery. There is a modified model of service provision for this public eye cataract surgery that eventuated due to the planned refurbishment and upgrade of the Dubbo Base Hospital where a Service Level Agreement was created with the local Dubbo Private Hospital for the provision of Theatre and staff for the public cataract lists.

There was no identified retinal surgery funding available through Western NSW LHD. As part of the Eye Partnership program a working group was established and successful in achieving funding for local public retinal surgery within the Medical Outreach Indigenous Chronic Disease Program (MOICD). The LHD has contributed \$15,000 towards funding to cover costs that were outside the MOICD guidelines.

None of the current VMO Ophthalmologists are qualified Vitreoretinal Ophthalmic surgeons.

Dubbo is, however, fortunate to have three visiting Vitreoretinal Ophthalmic surgeons flying in each month. Each ophthalmologist was approached regarding opportunities to provide local public retinal surgery.

To facilitate our first publicly funded retinal surgery in Dubbo in February 2015, one of the Vitreoretinal Ophthalmologists was able to provide the surgery within his normal allocated private surgery day.

The Anaesthetist kindly bulk billed his services.

A Service Level Agreement with the Dubbo Private Hospital enabled the provision of the theatre/theatre staff time costs via our funding. Pre and post follow up treatment was provided by the visiting Vitreoretinal ophthalmologists in a timely manner.

To enable the surgery to occur locally a retinal surgery flow chart was created to streamline to process for referral and funding.

ABF statistics will be collected by the Dubbo Base Hospital to enable future funding planning.

Publicly funded, local retinal surgery overcomes cost and transport barriers that are insurmountable for some clients. The only other option for one client – a 43 year old Aboriginal women with Chronic Kidney Disease (CKD) on 2nd daily renal dialysis and confined to a wheelchair, would have been to

come up with the private cost - \$4,500 locally herself or travel to the nearest referral centre for Dubbo – Sydney Eye Hospital (500kms) with a minimum of a week long stay at Sydney Prince of Wales hospital for the dialysis in between her surgery and follow up. Provision of the surgery locally enables the consumer to remain at home with a day procedure supported with transport by her local family,

To further improve on the access to retinal surgery we will endeavour to gain VMO access for each of the three Vitreoretinal ophthalmologists to enable both planned and if timely more urgent retinal cases once the DBH theatres reopen in August 2015.

Conclusion

Achievements

The central achievement of this project is the partnership developing between stakeholders as they communicate, plan and work together. This partnership has produced the local framework required to build improvements in public eye health services. To date, this collaboration has resulted in the introduction of public retinal surgery and enabled data collection, gap analysis and services mapping exercises.

The project has brought a multidisciplinary focus to all three levels of eye care (primary, secondary and tertiary) which is improving information about services, referral pathways and working towards embedding eye care within all Aboriginal primary care services including chronic care programs.

The project has also resulted in the FHF providing funding for additional OES staff, and service and workforce planning to allow a picture of the true level of resources that would be required for the OES to meet the unmet demand for services in Western NSW.

Future goals

Future goals include the completion of a Western NSW Eye Health Service Plan in 2015 to provide a longer term vision for eye health in the region. The service plan will be based on a comprehensive eye health service model that is integrated with chronic care.

Workforce planning will also be linked into the service plan. The partnership may support stakeholders in applying for funding to cover identified gaps such as an expansion of the Dubbo Public Clinic to include an ophthalmologist with a cataract focus and possible additional optometric services in ACCHS with unmet need.

The Bila Muuji Aboriginal Health Services Incorporated plans to facilitate training to Western NSW primary health care workers with assistance from the partnership, to strengthen the embedding of eye care into all aspects of primary health care

The partnership is also planning to assist with the process of organising SLA agreements between stakeholder members who have are currently working together with out an agreement.

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Presenter

Jane Hager works the NSW Rural Doctors Network (RDN) as a Senior Project Officer for the Western NSW Eye Health Project. The Fred Hollows Foundation has funded the NSW Rural Doctors Network (RDN) to manage a project to improve and better coordinate eye health access and services in western NSW, particularly for Aboriginal people. Jane originally trained and worked as an optometrist. After studying public health she moved into project work for the NSW Optometrists Association, before working for the Commonwealth Department of Health in their Rural Health division. Just prior to joining the RDN Jane worked in interprofessional health education research.