

Stronger eye care systems in Aboriginal primary health care

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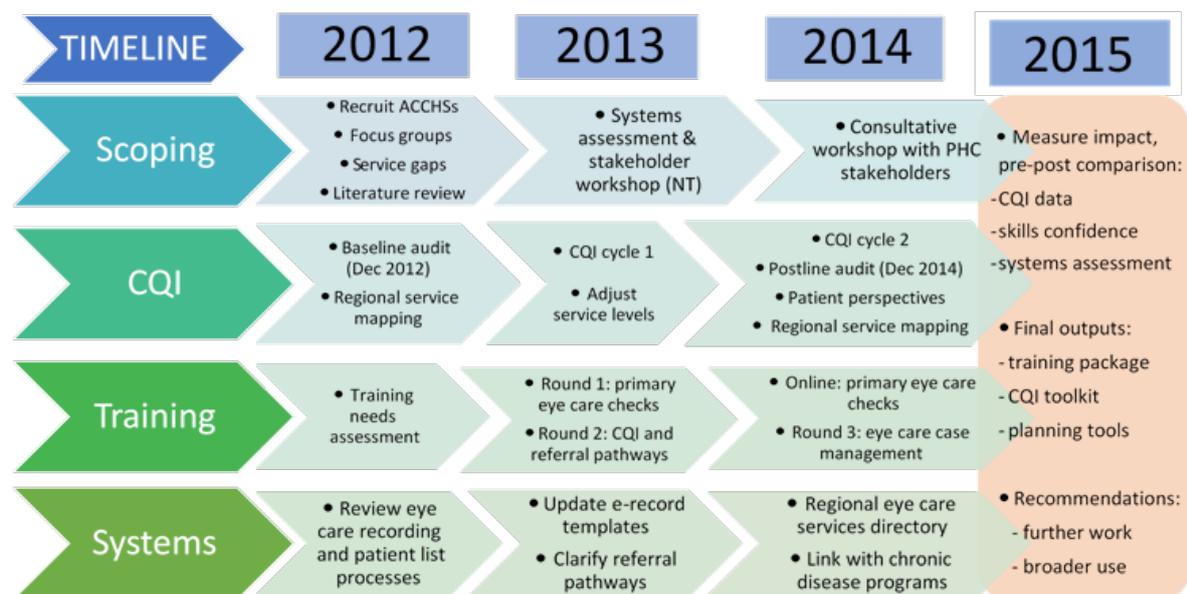
Background and introduction

Eye and vision care is important for everyone, and particular efforts to improve eye care access and outcomes for Aboriginal communities are especially important, given the higher rates of avoidable vision loss and blindness affecting Indigenous Australians.[1] By detecting, referring and following up patients for comprehensive eye care, Primary Health Care (PHC) practitioners play a central role in eye and vision care,[2] especially for patients with diabetes.[3] Hence, equipping PHC services and providers in their important role at the “front line” of eye care may be an effective way to support better eye care systems and therefore outcomes for their communities. Although the importance of PHC as a foundation for eye care has been broadly acknowledged, [4-10] we identified a lack of practical support tools and resources to guide PHC services in improving their eye care services. Thus, we took a structured approach to strengthening eye care within the PHC setting over a two year period. This paper describes the process, methods, and preliminary outcomes of supporting eye care systems and services integrated with PHC services, in a collection of ACCHS in part of New South Wales (NSW) and the Northern Territory (NT).

Methods

This study used a Participatory Action Research (PAR) style approach of working with Aboriginal Community Controlled Health Services (ACCHSs) in NSW and the NT to develop a practical model of supporting improved eye and vision care outcomes and to thus guide similar approaches for other Indigenous communities. The research program, ‘Models of vision care delivery in Aboriginal and Torres Strait Islander communities’, was conducted with ethical approval from the Aboriginal Health & Medical Research Council Human Research Ethics Committee (HREC) for NSW and the NT Department of Health and Menzies School of Health Research HREC for the NT. The project timeline and methods are outlined in Figure 1.

Figure 1 Methods and timeline for project



Results

As outlined in Figure 1, this process involved working at several levels to support eye care improvements, informed by a comprehensive situational analysis and ongoing evaluation of how the system was performing via a continuous quality improvement (CQI) approach to improving eye care services. During the two-year implementation phase, three in-service training sessions were delivered, two rounds of CQI based on clinical file audits and eye care service needs mapping and planning 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.

Data collected after these interventions reveal positive trends, particularly in the area of access to eye care for patients with diabetes. Preliminary analysis of the project's recent data comparing post-implementation with baseline file audit results for the representative sample of adult (age 40+) patients with diabetes has shown the following trends:

- Optometry examinations within 1 and 2 years: increased
- Patients who had never seen an optometrist: decreased
- Optometry referrals/recalls in place: increased
- Annual dilated retinal examinations: increased
- MBS715 (Adult Health Check) eye assessments: increased
- Diabetes eye care referral pathways, completion rate: increased
- Cataract referral pathways, completion rate: increased

Furthermore, the impact of the training program for the PHC teams was assessed via general evaluation and pre-post skills confidence surveys, which showed that:

- courses were received positively and enthusiastically at all locations
- 80% of trainees indicated they were more likely to perform eye assessments after the training,
- self-rated confidence in all eye assessment skills assessed increased following training

In addition to the activities outlined above (primary eye care training sessions, CQI audits and goal-setting cycles, regional systems assessment and planning eye care for population needs), the project team anecdotally observed a generally closer engagement with, and ownership of, eye care services by the ACCHS. This increased engagement and ownership particularly related to closer links between eye care services and chronic disease (diabetes) staff and programs, regional goal-setting and agreed collaborative action planning for eye care at all levels (primary, secondary, tertiary), and clarification of eye care referral pathways.

Discussion and relevance

As the preliminary data indicates, following a two-year period of implementing simple and replicable processes to strengthen eye care systems, there have been improvements in several aspects of eye care for adult patients with diabetes for these ACCHSs..

Although specific to eye and vision care (a 'specialised' area of healthcare), all of these activities were conducted in the PHC sector, recognising the foundational role of PHC in systems, processes and outcomes for eye care at both the local and regional level. This approach of strengthening the foundation for eye care services – at the PHC level – has been both effective and practical. Indeed, many of the recommendations in the 'Roadmap to Close the Gap for Vision' relate to improved integration of eye care with PHC.[6] Furthermore, the World Health Organisation has recommends a PHC framework for improving eye care access, comprising actions initiated or managed at the PHC level for detection, timely referral or patient follow-up for eye care.[10] This is further articulated in the Vision 2020 Initiative, the broad agenda guiding eye care progress internationally, which advocates a "primary health care approach to prevention of blindness" and considers "the provision of eye care as

an integral part of primary health care as a key strategy”.[7] At the local or program level, eye care strategists similarly stress the effectiveness of anchoring eye care in PHC,[2] although there is currently scant evidence about how to do this well.[8]

This study has provided evidence that others can continue to build on, in order to effectively strengthen primary eye care systems.

These outcomes were achieved within a ‘real world’ research setting of everyday functions of ACCHS, with ACCHSs playing key roles in guiding the process. The suite of tools – the ‘Eye and Vision Care Toolkit’ – has been developed and will be made freely available for all ACCHSs and other health services to use. The ‘Eye and Vision Care Toolkit’ comprises:

- Training packages for primary eye care assessments and referrals
- CQI Toolkit for eye and vision care
- Regional eye care planning tools
- Guide to understanding community and patient perspectives

Conclusion

This process of implementing an integrated set of approaches to strengthen eye care systems within ACCHSs has proven useful for this group of ACCHSs, and therefore holds potential for supporting eye care improvements within other Aboriginal and Torres Strait Islander health services across Australia.

Furthermore, other visiting specialist services to remote health centres and ACCHSs can learn from this process of supporting PHC as the foundation for effective use of, and improved patient access to visiting services. ‘Specialty’ health services must link integrally with PHC, the foundation for effective health care systems. ACCHSs are well placed to manage and drive effective specialty health care programs as this example of eye care shows.

Key policy recommendation

Building primary health care capacity is an effective strategy for improving eye care for Aboriginal and Torres Strait Islander people.

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Presenter

Anna Morse is Project Manager for the Aboriginal Vision Program of Brien Holden Vision Institute (the Institute). Anna first worked as a clinical optometrist in Alice Springs (2005-2008), which included one day per week with the Central Australia/Barkly outreach ophthalmology clinics. Since 2009, Anna has worked as part of the Institute's Darwin-based team, running an outreach optometry program now servicing around 80 community health centres and Aboriginal Medical Services (AMS') across the NT, predominantly in very remote areas. This program continues to expand, with increasing coverage and eye examinations each year since 2009. Its success relies on strong partnerships with Regional Eye Health Coordinators (REHCs), Aboriginal Community Controlled Health Services and remote community health centres deliver eye care services that are effective, accessible and appropriate. Other work supporting eye care systems includes education programs for REHCs and primary health care teams, participating in advisory or reference groups related to rural/remote and Indigenous eye care, and researching ways to strengthen eye care systems for remote communities. The latter particularly relates to a 5-year Vision CRC research project: "Models of vision care delivery for Aboriginal and Torres Strait Islander communities" (2010-2015), a participatory research program working with Aboriginal health services and many collaborating partners to develop, implement, evaluate and refine a set of practical tools to support improved eye care outcomes.