

# Indigenous Australia Program Development Effectiveness

**Bulletin 30** January 2016

## Outreach Ophthalmology

*“The experience was incredibly rewarding. There was one lady who had a very dense cataract in one eye and she went from being blind in that eye to having 20-20 vision and we spent 20 minutes talking the next day because she was just astounded.”*

Dr Hesson Razavi,  
Ophthalmology Fellow.

Through its Outback Vision Program, Lions Eye Institute provides visiting ophthalmology services to remote Aboriginal communities and regional centres across the Kimberly, Pilbara and Goldfields regions of Western Australia (WA). The Indigenous Australia Program (IAP) has jointly funded, in conjunction with the Australian Government, Lions Eye Institute to employ a senior 5th year Ophthalmology Fellow to increase the quantity and quality of specialist outreach eye care services.

The Lions Eye Institute aims to address the unique challenges of delivering quality specialist eye health care in these regions through the development and implementation of innovative and sustainable models of eye care service delivery.

### Key achievements

- The Ophthalmology Fellowship Support Project has contributed to improving access to eye care services in WA with a 30% increase in ophthalmology consultations.
- The partnership with Lions Eye Institute reflects IAP's commitment to geographically expand its programming across Australia. This project reflects all partners continuing to work together to address the unique challenges of delivering quality specialist eye health care to regional and remote communities.
- Lions Eye Institute successfully secured \$100,000 in 2014 and 2015 to support half of the fellowship position from the Australian Government Department of Health.
- Since the beginning of the project, there has been a marked impact on the levels of eye health disease in the region, as well as noticeably fewer examples of end-stage disease and un-managed disease.
- Lions Eye Institute has developed a fast-track (next visit) surgical booking system, coordinated with optometry services, which has reduced surgical wait times by three months or more for some patients.
- IAP funding has enabled an increase in clinical sessions held in Aboriginal Community Controlled Health Organisations (ACCHOs) in the region.
- There is a good level of multidisciplinary exchange between the Lions Eye Institute team and other eye health professionals in the region which has improved communication, service coordination and patient referral pathways.
- Referrals from GPs and optometrists are now triaged for tele-health, which allows directly booking patients in to see local optometrists who then arrange a tele-health consultation with the Ophthalmology Fellow, further reducing the load on hospital clinics and reducing the wait time for patients.
- Other roles of the Ophthalmology Fellow include providing a 'familiar face' and a point of contact for rural patients who attend Lions Eye Institute, supporting other members of the unit on an ongoing basis where needed, providing professional development for other staff members, including Aboriginal Health Practitioners/Workers.
- Lions Eye Institute is driving the development of a data management system which includes new data monitoring software, which is about to be trialled.

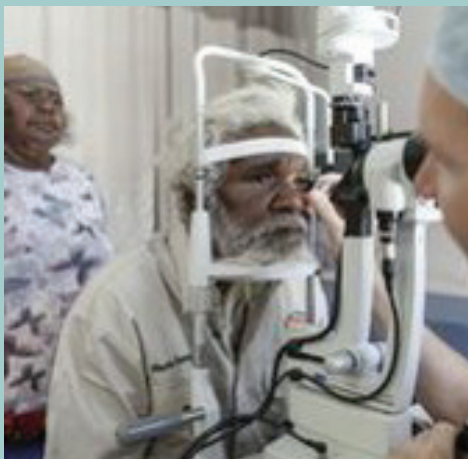


*“We try to make it a similar service to what you get in the city, to deliver metropolitan eye care to people in the country who might not otherwise have access to it.”*

Dr Hesson Razavi,  
Ophthalmology Fellow.

## Background

- The Aboriginal and Torres Strait Islander population of WA is approximately 70,000, with 66% of this population residing in WA's regional areas. The largest population of Aboriginal people outside of the Perth Metropolitan area is the Kimberley (33%), the Pilbara (13.5%) and the Central and Southern Eastern regions (9.2%).
- Access to health care services for Aboriginal and Torres Strait Islander people in these regions are through a combination of primary health care centres operated by ACCHOs and regional hospitals operated by the WA Government. All of which rely on the visiting ophthalmology and optometry services provided or supported by the Lions Eye Institute.
- Lions Eye Institute is the main Outreach Ophthalmology service provider in rural and remote Aboriginal communities across the north of WA. The Outreach Ophthalmology services provided in the remote Aboriginal communities and regional hospitals are complimented by a regional Retinal Screening Program and the Outreach Optometry services which have become administered and coordinated by Lions Eye Institute.
- The continued expansion of the Lions Eye Institute's Telehealth Program and the increased optometry services have resulted in the increasing demand for Outreach Ophthalmology services and administrative services.
- Lions Eye Institute undertake advocacy and partnership work with local organisations in the region with a focus on liaison between Aboriginal health care workers and rural clinical staff to improve understanding of eye health issues and promote the service provided by Lions Eye Institute.



## Evaluating the effectiveness of the Outreach Approach

IAP supports an outreach model of eye care service delivery for a number of reasons, including:

- It is more culturally acceptable than requiring Aboriginal people from remote communities to travel to hospitals for outpatient services;
- It provides increased access to screening, early detection, treatment, and management of eye disease;
- It is anticipated to be more cost effective than alternative non-outreach (i.e. hospital based outpatient services) models;
- It will reduce hospital waiting lists as people would only attend hospitals for tests and procedures that cannot be done in an outreach setting.

While outreach is the preferred model, its effectiveness has not been conclusively demonstrated in comparison to alternative models, such as transporting patients to hospitals in regional centres.

To this end, Lions Eye Institute, in collaboration with The Foundation, will implement a pilot study to evaluate the effectiveness of different approaches to the delivery of eye health services using some unique and innovative evaluation techniques. The pilot will be carried out in a small number of locations that represent distinctly different approaches to service delivery. Having this data will provide a clearer understanding of the relative effectiveness of different models, in order to support collaborative advocacy initiatives to governments to commit and sustain investment in effective outreach eye care services.



## Challenges

The Australian Government has committed to co-funding the position in 2016 but there is no certainty beyond this year. Whilst the IAP is committed to gathering robust data from the evaluation and will commit funding to ensure this component of the project is completed, there is no expectation that the IAP will provide ongoing funding beyond the evaluation.

Even with the additional ophthalmologist position, this project will not entirely meet the demand for eye health services in the region. The Indigenous Eye Health Unit at Melbourne University calculates that 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), the number of Ophthalmology full time positions required by region is:

**Kimberley = 1.2**

**Goldfields = 2.1**

**Pilbara = 1.7**

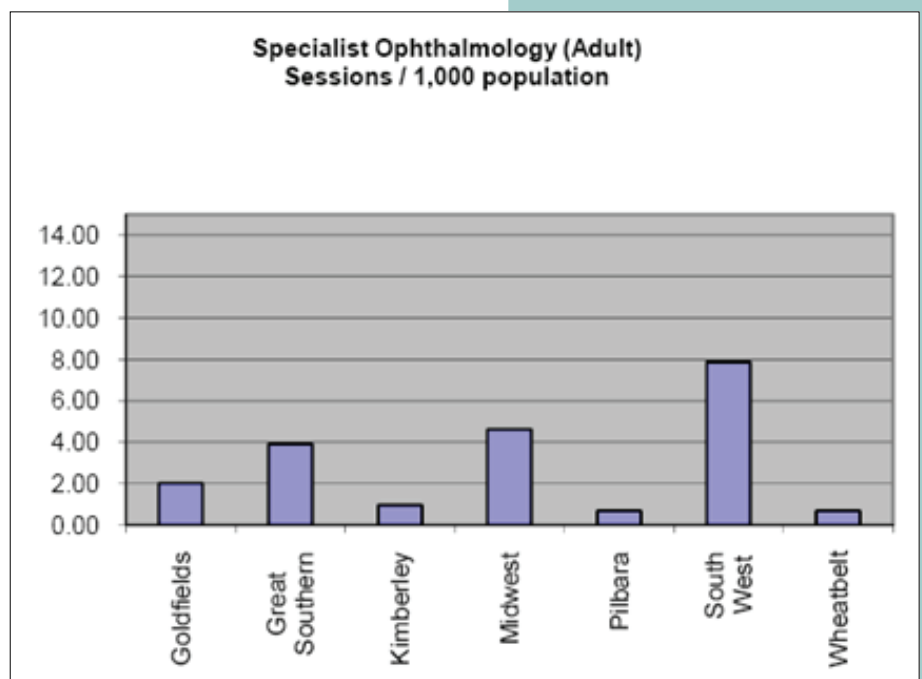
*This graph summarises the number of specialist ophthalmology sessions provided per annum by all resident, private and visiting specialist services in each of the seven rural regions in WA. It determines regional access rates, with equity being defined as the comparative quantum of specialist sessions delivered to a region per annum per 1,000 population basis. This clearly highlights the need for additional services in the Goldfields, Kimberley and Pilbara region. (Rural Health West Gap & Equity Analysis, 2013)*



## Achievements

**Jan 2014 – Jul 2015:**

- Over 3,000 people were screened
- 460 cataract operations were supported
- 184 procedures for diabetic retinopathy were supported
- 20 primary health care staff were trained in basic eye health
- 66 other eye health treatments/interventions were delivered





### Key Learnings:

- Supporting the outreach workforce has significant effects on the number of Aboriginal and Torres Strait Islander people living in regional and remote areas that access eye care services.
- Having robust monitoring and evaluation data is important to be able to support different models of eye care service delivery. IAP had initially planned to carry out a cost-effectiveness study comparing the cost of outreach versus other models, however after careful discussion with Lions Eye Institute, it was decided to evaluate the effectiveness of service delivery according to other indicators.
- This project is an example of an effective partnership between IAP and a mainstream service provider.



Dr Angus Turner with Mavis Arnott, a Martu woman from Jigalong, about 500km out of Port Hedland.

### Where to from here?

- Designing the evaluation for effective service delivery models pilot project has commenced and will build on the monitoring data already being collected.
- The Lions Eye Institute intends to apply for a National Health and Medical Research Council grant using the evaluation results to expand the operational research across a larger number of communities.



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