

Indigenous Australia Program DEVELOPMENT EFFECTIVENESS

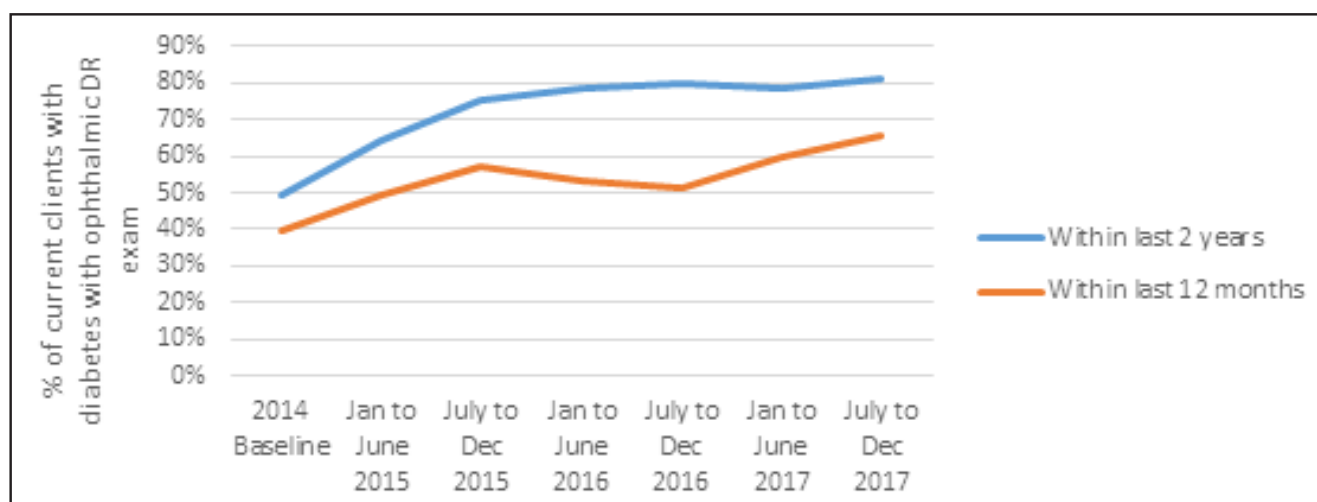
NGANAMPA HEALTH COUNCIL: EYE HEALTH COORDINATION PROJECT EVALUATION

The Nganampa Health Council’s (NHC) Eye Health Coordination project aimed to increase access to eye health care for Anangu on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands via the employment of a full time Eye Health Nurse; use of improved e-health systems, supported by the purchase and use of a retinal camera; and enhanced co-ordination and integration, including with NHC’s chronic disease and environmental health programs. The project also aimed to identify financing, key policy and critical funding gaps for Aboriginal eye health in remote Australia and for NHC’s eye health model. *Sironis Health* was contracted to evaluate the project’s results and impacts. This bulletin summarises some of the key findings from the evaluation report.

Key achievements

The project complemented NHC’s strong primary health care base and the work of its generalist primary health care staff, clinical program managers and visiting eye health teams. The combined effort resulted in:

- Enhanced targeting and triaging of clients most in need of eye health support, assisted by upgraded procedures and retinal imaging systems.
- Increased coverage rates in visual acuity and diabetic retinopathy examinations, exceeding national Aboriginal eye health measure results (Australian Institute of Health and Welfare 2017).
- Between late 2016 and 2017, the Eye Health Nurse took retinal images of 73% of current clients with diabetes, or 323 retinal images, including opportunistic imaging of clients most overdue for an ophthalmic check. NHC’s retinal imaging system, described over, has remotely identified retinopathy in need of treatment.
- Stakeholders were overwhelmingly positive about the project and the impact of the Eye Health Nurse on the quality and coordination of eye health care to Anangu on the Lands.



Graph 1: Percentage of NHC’s current clients with diabetes who had an eye examination for diabetic retinopathy within the last 2 years and last 12 months.

Key achievements continued...

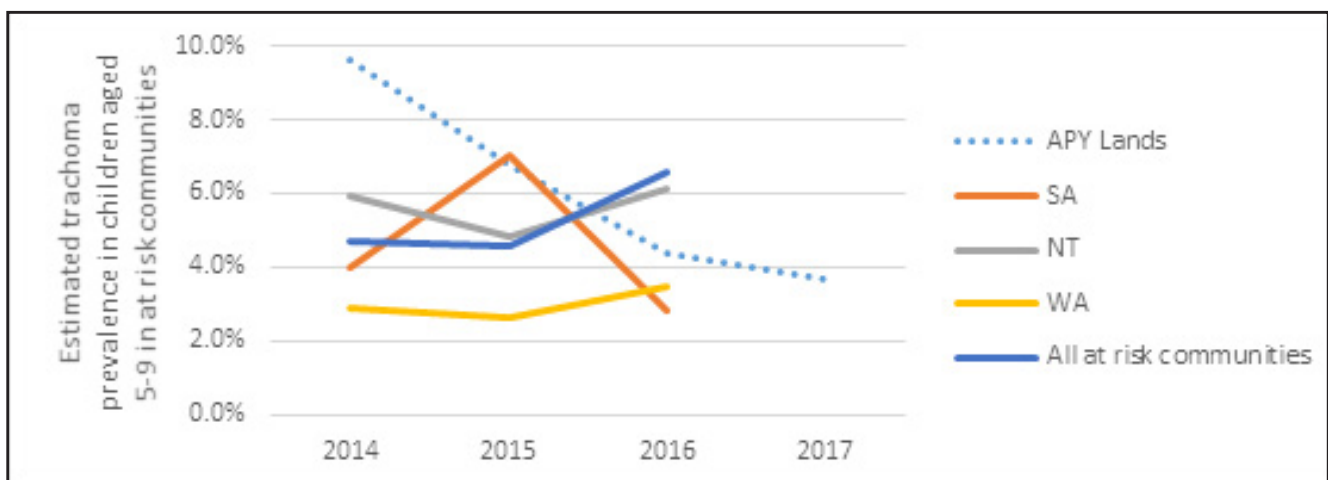
- There was an increased focus on trachoma prevention and on screening and treatment coverage:
 - In 2017, 95% of NHC's current clients aged 5 to 9, and 90% of all those aged 0 to 14, were screened for trachoma, with all active cases and 92% of household contacts treated.
 - NHC Nurses and Anangu Environmental Health Workers regularly promoted clean faces to children, carers, community members and teachers.
- As a result, the APY Land's prevalence of trachoma in Anangu children aged 5 to 9 dropped from 9.6% in 2014 to 4.4% in 2016 and 3.6% in 2017. If these latest rates are sustained to 2020, the APY Lands will achieve the National Trachoma Elimination target of rates of under 5% over 5 years.
- The Eye Health Nurse worked to ensure full take up of APY cataract surgery places during the 2017 Intensive Eye Surgery Week at the Alice Springs Hospital.

“EVERY TIME I AM IN A COMMUNITY, I INCORPORATE TRACHOMA SCREENING....”

Eye Health Nurse

“THE FAMILIES WITH TRACHOMA MOVE AROUND, BUT THEY ARE MUCH THE SAME PEOPLE IN THE SAME COMMUNITIES: THOSE IN POORER HOUSES WITH THE MOST OVERCROWDING.”

Eye Health Nurse



Graph 2: Trachoma prevalence in children aged 5-9 years living in at risk communities in the APY Lands and in SA, NT and WA.

“OUR TRACHOMA SCREENING AND TREATMENT IS VERY INTENSIVE AND REMAINS VERY INTENSIVE... WE ARE ABSOLUTELY COMMITTED TO EFFECTIVE SCREENING AND TREATMENT AND WE TAKE CONTACT TRACING VERY SERIOUSLY.... IT IS HIGHLY LIKELY THAT 50-60% OF TARGETED CHILDREN AND CONTACTS WON'T BE IN THEIR USUAL COMMUNITY DURING AN ANNUAL SCREENING WEEK. SO, IF WE WANT 100% SCREENED, WE HAVE TO GO BACK MORE THAN ONCE...”

Nganampa Health Council Representative

The model

The project provided additional resources (including for the employment of an Eye Health Nurse who lives on the APY Lands) to complement and, advance the integration, coordination and effectiveness of, NHC's and visiting teams' eye health care to Anangu people living on the Lands. So the project not only provided additional direct care resources but also assistance for NHC's design, trialling and implementation of improved eye health procedures and systems, particularly in relation to trachoma screening and treatment and to enhanced targeting and support of clients most in need of eye care.

A significant support to targeting, screening and triaging was the purchase of a retinal camera and NHC's development of integrated procedures and systems for retinal images to be taken, managed, reviewed and used to inform future treatment strategies. The Eye Health Nurse takes retinal images of targeted clients between eye team visits. The nurse uses an internal database, developed by NHC in consultation with an Adelaide based ophthalmologist, to label, vet and store images. The database also includes key client health information important for image screening taken from NHC's Communicare client information software. The Adelaide based ophthalmologist screens images and records screening results in the database, including one of eight possible follow-up recommendations: photo only options (repeat now, in 1 year or in 2 years); photo and optometric assessment in 1 or 2 years; or urgent ophthalmic review or review in 6 months or 1 year. So that these results and recommendations are available to all NHC's clinical staff, including to inform eye health checks conducted as part of regular Child and Adult Health checks, the Eye Health Nurse copies information from the screening ophthalmologist into, and sets up required recalls in, Communicare.

Specialist eye health teams are scheduled and supported, by the Eye Health and Chronic Disease Specialist Support Program Worker employed by the Aboriginal Health Council of South Australia (AHCSA), to visit the Lands every 6 months. Reviews of the imaging follow-up recommendations and of other clinical and eye health information, including durations since clients' latest eye health checks and treatment, assist the Eye Health Nurse to prioritise client lists for these visits. The nurse, in association with clinic staff, promote attendance, particularly by previously "hard to get" clients.

Background

Nganampa Health Council is an Aboriginal Community Controlled Health Organisation (ACCHO) that delivers primary health care to over 3,000 Anangu residents of, or visiting, the seven main communities of the APY Lands, in the remote north west of South Australia.

The strength of NHC's primary health care service is demonstrated by its continuing above average results in Aboriginal health National Key Performance Indicators (Australian Institute of Health and Welfare 2017). NHC's results have been achieved as a result of its evidence based clinical and organisational leadership, planning and management; its commitment to the provision of superior primary health care and to its continuous improvement; its vertical and horizontal mix of generalist primary health care staff, clinical and program managers; the quality of its interactions with visiting specialists; sound financial and organisational management; and its retention of an appropriately sized, skilled and comparatively stable workforce.

Challenges

There is a demonstrably high level of need for good quality, timely and culturally appropriate eye care for Anangu. Anangu suffer from escalating diabetic and other chronic disease burdens and from much lower levels of access to eye care compared with people living in areas with low proportions of Aboriginal people.

The isolation, size and character of the APY Lands, the reluctance of Anangu to leave the Lands for treatment and the logistical difficulties of assisting those prepared to accept treatment off-Lands present significant challenges to delivering effective and timely eye care. Further, the recent cancellations of some scheduled ophthalmologists' visits (for unexpected, but legitimate, personal reasons) has compromised NHC's ability to achieve recommended intervals between eye checks and treatments in some of the Lands' communities.

Coordination, essential to the APY eye health strategy, is currently addressed by part of both the Eye Health Nurse's and the AHCSA Worker's time. Sustained coordination resources are required into the future, especially considering that the Indigenous Eye Health Unit Calculator estimates 2 EFT are required for APY eye health coordination.

Reflections

1. NHC's eye health model could not exist without NHC's strong primary health care base which is viewed by some stakeholders as leading practice.
2. NHC's retinal imaging system provides an important clinical tool for remote retinopathy screening and triaging given that retinal images of "hard to get" clients may be opportunistically obtained between scheduled team visits and that other disruptions to on the Lands ophthalmic assessment can be expected.
3. In the past it was usual for clients to see both an optometrist and an ophthalmologist during team visits. The triaging recommendations from the remote retinal assessments to the end of 2017 and extended periods between referral and diabetic retinopathy treatment suggest that a shift from this pattern may be warranted, leading to the potential for change in the mix or use of visiting specialists and/or NHC's staff.
4. The full-time, culturally and community aware, Lands-based Eye Health Nurse was viewed as a key ingredient of NHC's eye health model to ensure coordinated and targeted eye care delivery in collaboration with NHC's Anangu and other staff, visiting eye practitioners and tertiary providers, including in the support of any future Intensive Eye Surgery Weeks.

"THE FIRST THING I SAID [WAS] DON'T BRING YOUR "EYE HEALTH TEAM HERE TODAY" SIGN AS IT BRINGS OUT THE "WORRIED WELL" WHO COME TO BE CHECKED BY THE TEAM EVERY VISIT... THEY USED TO JUST WALK IN THE DOOR... TO BE CHECKED OR FOR A NEW PAIR OF GLASSES OR SOMETIMES BECAUSE THEY HAD NOTHING BETTER TO DO... WE WERE GETTING THE SAME PEOPLE EVERY VISIT, AND NOT NECESSARILY THE ONES WHO MOST NEEDED THEIR EYES CHECKED.... NOW WE WILL TELL [THE WORRIED WELL], UNLESS THEY HAVE A SPECIFIC PROBLEM, THAT THEY CAN'T ACTUALLY BE SEEN TODAY AS THEY WERE SEEN 6 MONTHS AGO."

Eye Health Nurse

Lessons

The evaluation recognised the significant achievements of the project, but also suggested the need for NHC to consider further refinement of its eye health delivery to ensure that recommended treatment regimens can be more reliably achieved, wherever possible, on the Lands. Early triaging results suggest a move away from the majority of adult clients attending visiting clinics being seen by both an optometrist and ophthalmologist.

Other possible refinements included:

- Increased optometry visits;
- Visiting ophthalmologists focussing their time on clients most in need of ophthalmic attention and/or on laser and other eye treatments;
- NHC investigating ways to deliver, between eye team visits, intensive treatment schedules for diabetic retinopathy eg anti-VEGF injections on the Lands, so that recommended treatment frequencies can be achieved;
- Exploration of other eye care related equipment needs to improve clinical efficiency and effectiveness; and
- Possibly in the future, the Eye Health Nurse being supported and trained to review or grade retinal images, with only images of concern being referred for remote assessment.

Further action to reduce surgical waiting periods for cataract is also suggested as, although wait times between referral and first appointments are not extended, the proportion of clients recorded as experiencing extended waiting periods between referral and cataract surgery continues to be higher than national rates.

The Eye Health Nurse model and NHC's retinal imaging system were seen by stakeholders as having relevance to other remote Aboriginal health organisations and/or geographic clusters of organisations.

Next steps

Consistent with the project's objectives, once the full impact of the retinal imaging recommendations and NHC's possible refinements to the model overall have been considered, the model, its results and its financing should be described and discussed with other remote ACCHOs and the Australian Government. The first step could involve The Foundation and NHC collaboratively documenting the trachoma and diabetic retinopathy models.

Case study



Maringka Burton

“THIS IS THE FIRST TIME I’VE HAD AN OPERATION,” said Maringka Burton. **“BEFORE THIS SURGERY, EVERY DAY AND EVERY NIGHT THERE’D BE WATER COMING OUT OF MY EYE. WHEN A WILLI WILLI WOULD COME THROUGH THE CAMP THE WIND WOULD HURT MY EYE. I’M VERY HAPPY TODAY BECAUSE I MIGHT SEE AGAIN TOMORROW.”**

Maringka is from the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in South Australia. She travelled more than 400km from Indulkana to have her cataract removed by Dr Tim Henderson during an ‘Intensive Eye Surgery Week’ at Alice Springs Hospital.

When asked how long her vision had been affected, Maringka just said “a long time.” She feared that if she went blind she would no longer be able to work. Maringka is a member of the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council Aboriginal Corporation which helps women and their families to increase their capacity to lead safe and healthy lives.

Dr Henderson felt privileged to restore Maringka’s sight and allow her to continue this important work. “It’s very difficult to really communicate the scale of the gain that occurs if you can help somebody see again. We can keep people independent, we can keep the elders being functional members of the community, and the value-add that you get for the community is almost incalculable,” he said.

The day after her surgery, Maringka’s patch was removed. She was so overjoyed to see clearly again that she gave her walking frame to the nursing staff and said, “You can hold on to this because I’m going to skip out of here!”

“YOU HAVE TO BE REALLY AWARE OF THE PEOPLE, OF WHAT THEY UNDERSTAND AND HOW TO TALK WITH THEM. IT WOULD BE DIFFICULT TO DO THIS JOB, IF YOU HAD NO EXPERIENCE ON THE LANDS.... YOU HAVE TO BE REALLY WITH IT AND TAKE THE TIME TO BUILD TRUST AND RELATIONSHIPS... IT TAKES LOTS OF CUPS OF TEA AND BISCUITS AND TIME TO TALK... ”

Eye Health Nurse