

The purpose of this explanatory notes is to provide some clarity and consistency around terms commonly used in the recommendations of the Roadmap to Close the Gap for Vision including approaches to regional implementation.

Data sharing

The process by which various stakeholders within a region collaborate to share eye health data *at a systems level* from across a range of sources. These data may be combined/ aggregated to provide a regional or population profile of eye health. [This does not require data linkage or the same information technology systems to be in use. Rather, it requires that each stakeholder group be aware of the required data elements, collect the data elements, extract the data elements and come to the table with a summary spread sheet to share with the regional collaborative network].

This concept is distinct from the sharing of information about an individual patient that occurs as part of clinical care and case management (e.g. communication of information about an individual patient as part of a referral process).

Gap and needs analysis

Aims to quantify the expected prevalence of eye disease and the associated predicted need for eye care services in a region and to calculate the 'gap' by comparing the *expected* needs with the *existing* level of service provision in a region.

Steps:

- Identify the expected burden of the following eye conditions among the local Indigenous population, based on disease prevalence data (which are available from the National Indigenous Eye Health Survey) and the size of the local Indigenous population (which is available from the Australian Bureau of Statistics):
 - Cataract
 - Diabetic retinopathy
 - Refractive error and need for glasses
- Based on this information and the average caseload of a visiting or resident clinician, calculate the expected number of optometry and ophthalmology service days required
- Identify current service provision/ uptake by Indigenous Australians
- Expected need for eye care less current service provision/ uptake = the gap

The Indigenous Eye Health group has developed an online calculator to facilitate these steps, which is available online at: <http://dr-grading.iehu.unimelb.edu.au/ecwc/>

Indigenous eye health indicators

Indigenous eye health indicators can be used to measure and monitor system performance and equity of eye care services access between Indigenous and non-Indigenous Australians. There are ten indicators of interest:

1. MBS 715 health check
2. Cataract surgery rate (CSR)
3. Cataract surgery within 90 days of booking
4. Retinal examination for people with diabetes
5. Laser and procedure rate for diabetic retinopathy
6. Subsidised spectacles (for jurisdictions)
7. Trachoma prevalence rate
8. Treatment coverage with Azithromycin for trachoma
9. VOS funded optometry days
10. RHOF funded ophthalmology days

The rationale, definition, data elements required, data sources, and the stakeholders responsible for data collection at the local, regional, jurisdictional and national levels are specified in a policy paper on Indigenous Eye Health website (www.iehu.unimelb.edu.au).

National oversight

A proposed governance structure that would oversee the implementation of the various components of the Roadmap and initiatives to close the gap for vision, at a national level. Key functions include overseeing national and jurisdiction strategies recommended in the Roadmap to Close the Gap for Vision, monitoring and evaluation and a policy role in developing guidelines and benchmarks on Indigenous eye health. National oversight and accountability are required to support sustained service delivery and improve eye health outcomes. A policy paper on national oversight is available at Indigenous Eye Health website (www.iehu.unimelb.edu.au).

National guidelines and benchmarks

This refers to evidenced based guidelines and benchmarks to support Indigenous eye health. National guidelines and benchmarks frame sector agreed national standards that support a consistent and best practice approach to Indigenous eye health. This assists in reducing duplication of effort and use of resources and is part of the national oversight function. For example: the Communicable Diseases Network Australia (CDNA) national guidelines for the public health management of trachoma.

Patient case management

Describes the process by which the pathway of an individual patient through the eye care system is co-ordinated and managed.

An individual patient, when identified as having complex eye care needs (e.g. due to diabetes, cataract) is assigned a health / case coordinator to support them to navigate their way through the eye care system. For instance, by facilitating appropriate appointments, arranging interpreters, and transportation to assist attendance.

Referral protocols

The agreed basis to support movement of patients between eye health providers and facilities along the eye care pathway.

Regional collaboration network

Describes the mechanism by which the various stakeholders in a regional healthcare system communicate and work together in a collaborative way.

Regional data collection

Describes the data that includes information about eye health status and eye health care within a region, and contains information from a range of relevant sources. The desired outcome is effective data sharing within a region. These data can be used to assess performance and monitor progress. These data may also be reported to jurisdictions, for jurisdictional monitoring.

Regional implementation

The Roadmap to Close the Gap for Vision identifies 42 interlocked recommendations which together comprise a comprehensive framework to remove barriers to eye care service access and utilisation by Indigenous Australians, increase awareness of eye health issues among both patients and providers, reorient health services to meet the cultural and linguistic needs of Indigenous Australians and establish regional, jurisdictional and national governance and oversight mechanisms.

Regional implementation of these multi-pronged recommendations requires a collaborative, multidisciplinary and whole-of-system approach. Once a region is defined with population and surgical hub identified, regional implementation of the Roadmap may be facilitated by the adoption of seven key steps:

1. Establish regional collaboration network
2. Gap and needs analysis for service requirements
3. Develop regional service directory and referral protocols
4. Enable system coordination and patient case management staff roles
5. Local planning and action through regional collaborative network
6. Establish regional data collection and monitoring system
7. Ensure regional accountability and oversight

Regional service directory

These are proposed as resources that will contain details of eye care services and visiting and resident eye care providers in a given region.

Required data elements

The minimum set of data elements required to accurately profile eye health status and eye health services in a given setting. These data can then provide the basis for aggregation to allow regional, jurisdictional, national and international repositories.

Systems co-ordination

Refers to the co-ordination of services at a systems level, for instance co-ordinating visiting optometry services to visit an area prior to a scheduled ophthalmology visit. Distinct from case management, which describes co-ordination of care at the individual patient level.