Encouraging good eye care services - A role for ACCHOs

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Aboriginal Community Controlled Health Organisations (ACCHOs) play a vital role in creating and managing links between community and the eye care service system. ACCHOs can ensure that their patients get an annual eye check, and refer patients to outside providers where necessary.

Aboriginal and Torres Strait Islander adults have 6 times the rate of blindness than other Australians and 3 times the rate of vision loss. This vision loss accounts for 11% of the Indigenous health gap.

Vision loss in the Aboriginal community is predominantly caused by:

- refractive error (the need for glasses)
- cataract
- diabetes
- trachoma

As these eye conditions are largely preventable or treatable, immediate outcomes can be achieved by ensuring patients have good access to eye health services.

ACCHOs can ensure patient eye care needs are being met by considering:

1. How many of your patients with diabetes are having an annual retinal exam?
    - All patients with diabetes should have their eyes checked once a year
2. How many clients are having a Medicare 715 health check, and are being asked about their vision and eyes?
    - All patients should be asked about their eye health and have a simple eye check during a 715 exam. See recommended approach for 715 eye checks at www.iehu.unimelb.edu.au/
3. How many clients are having a general eye exam (eg with visiting optometrists?)
4. Is there a need for additional services eg more optometry days in a clinic?
    - The eye health calculator can help determine whether more services are required

      www.dr-grading.iehu.unimelb.edu.au/ecwc/
5. Is there a need for subsidised spectacles for your clients and are these readily available?
6. Are all patients referred for eye services (eg optometry and ophthalmology consultations/ surgery) followed and supported to ensure care is delivered?

Things to consider when using eye care services outside of your ACCHO:

1. Has the practitioner participated in cultural competency training?
2. Has the practitioner established or developing relationships with community?
3. Does the practitioner provide access to subsidized glasses with frames considered acceptable to community?
4. Does the practitioner bulk bill for services provided to all attending patients?
5. Does the practitioner provide additional services (retinal photography/OCT) with no additional out-of-pocket expenses to the patient?
6. Are the arrangements for clinical records for eye care services acceptable to the ACCHO? For example the ACCHO has a copy of the eye care record
7. Does the practitioner have arrangements to ensure referral to ophthalmology services for clinical assessment with bulk billing?
8. Does the practitioner have suitable follow up service systems in place? For example acute care response, spectacle repairs.