

**2021 NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER
EYE HEALTH CONFERENCE THE GAP & BEYOND**

**Optometry in ACCHOs, Pathways, Partnerships and Opportunities for
Education**

**Poster contributing optometrists: Dr Genevieve Napper (Vic) Gary Cerie (WA) Shannon
Davies (QLD) Jose Estevez (SA) Christopher Law (Vic) Sarah Nicholls (NT) Lisa Penrose
(QLD) Vicki Sheehan (QLD)**

Optometry in ACCHOs, Pathways, Partnerships and Opportunities for Education

Gary Crierie

Optometrist



I wish to acknowledge the traditional custodians of all the lands on which we meet today and in particular the Whadjuk people of the Noongar Nation on whose land I come to you from today.

I pay my respects to their Elders past, present and emerging and to all First Nations people present on- line today

Genevieve Napper

Optometrist Humanitarian Friend

POSTER – see conference posters

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The eyecare sector is not meeting the needs of a large proportion of First Nations Australians

There is room for improvement

**Preventing avoidable vision loss requires optometrists
to**

Engage in close partnerships with community members
and primary health care staff to enable uptake of eye and
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Participate in advocacy roles with other Aboriginal organisations

Preventing avoidable vision loss requires optometrists to

- (1) engage in close partnerships with community members and primary health care staff to enable uptake of eye and health services
- (2) development of effective referral pathways and sustainable service systems
- (3) participate in advocacy roles with other Aboriginal organisations and

Co-design policy and systems with Aboriginal communities.

Optometry within ACCHOs provides several opportunities for capacity building with primary health care staff and supporting clinical placements for health care students.

Optometry students and recent graduates are encouraged to participate in eye care programs within ACCHOs, but further work is needed to enhance educational opportunities and strengthen the workforce into the future.

This presentation will discuss examples of success, the importance of effective partnerships and integration of optometry into holistic multidisciplinary primary health care in ACCHOs.

Roadmap CTGV2020 report 2013 (Uni of Melbourne IEHU)

Four conditions cause 94% of the vision loss.

Each is readily amenable to treatment

Vision loss causes 11% of the health gap. It is behind cardiovascular and diabetes, equal with trauma but ahead of alcoholism and stroke.

Most vision loss can be corrected overnight. All can be immediately assessed/treated or appropriately triaged by an optometric face to face consultation.

1. Refractive Error:

- Only 20% of Indigenous adults wear glasses for distance compared to 56% in mainstream Lack of reading glasses meant that 39% could not see normal print
- An optometrist working in Aboriginal Health Service led to much better outcomes
- More and better co-ordinated visits by optometrists or ophthalmologists are required in more remote areas
- Better co-ordination and links between Aboriginal Health Services, clinics and hospitals are needed in urban areas

Refractive Error

- We know that reading and distance glasses can be cost effectively and quickly provided to resolve much of the vision disability-
- better life outcomes (occupation/ leisure/ life skills needs- eg: Reading instructions, schooling and education).
- We need more consult hours, more people presenting for eye examination

2009 and 2011: Statistics from North West Eye Project in WA (now LOV) 44 locations

81% presentations identified as Aboriginal

50% of presentations for sight issues required glasses

15% referrals to tertiary care

Interestingly the 2020 figures despite Covid-19 numbers being down show sustainable percentages

	Appointment Data										
	Total		Number	Number	New	Diabetic	A&TSI	Referrals generated		Spectacles Prescribed	Spectacles dispensed
	male	female	Patients	Consults				telehealth	traditional		
Kimberley	653	884	1481	1537	408	622	1196		194	1174	1089
	1537										
Pilbara	238	313	529	551	148	261	455		77	389	428
	551										
Goldfields	26	53	77	79	21	47	76		23	61	60
	79										
Perth Metro	19	37	56	56	39	34	50		9	51	59
	56										
2020 Total	936	1287	2143	2223	616	964	1777		303	1675	1636
	42%	58%			28%	43%	80%		14%		

Chris Law statistics over three years 2017-2020 indicated similarly

50% required glasses

SO: Take home message reinforces

50% of presentations require glasses to resolve issues

15% only require ophthalmological referral

Getting a regular (first) eye test with optometrist is important to care and quality of life

MOST RECENT REPORT NOVEMBER 2020 UPDATE CTGV2020:
"Eye examinations are increased but still well short of the non-indigenous presentation"

QUESTIONS:

How do we increase awareness of the importance of optometric consultations and increase the number of optometric consultations?

How do we increase the number of (affordable) spectacle corrections provided?
Spectacle Subsidy Schemes ?

How do we maximise the productivity of medical /ophthalmological time, shorten waiting times for surgery and improve sight and health outcomes?

The answers may be in:

Co-ordination of optometry visits within already busy ACCHO's

More Clinic days /awareness of importance in community/awareness of optometrist visits to clinics

Dedicated optometry rooms and more optometric visits (this will require funding/engagement with optometrists, universities and students)

Education of communities and ACCHO staff through **UPSKILLING**

Upskilling

Earlier conference presentation on paediatric vision upskilling by Dr Shelley Hopkins and Lisa Penrose - salient points are:

Upskilling is available but time and funds need to be allocated

They report on a trial of optometric upskilling at 4 clinic locations and 20 participants – AHW, Child Health Nurses, Co-ordinators and GP's- supported by Checkup (Queensland) through Visiting Optometrist Scheme funding

Upskilling –

Adapted for each location to respect cultural safety

In one location there was already a culturally focussed “storybook” in place regarding child health and health checks-

upskilling was integrated into this program

Included

Types of refractive error, expected vision and testing procedures, external eye examination, signs and symptoms to consider and eye diseases in children

UPSKILLING

To increase awareness of vision issues in young people and to improve triaging for visiting optometry services

Results

An increase in quality referrals post upskilling

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One location saw an increase of 68% in referrals to Optometry from PHC 3 months post upskilling

consistent at 6 and 12 month post upskilling

Other locations have shown similar increases

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Requests for ongoing upskilling

Sustainability

Upskilling

Subsidised Spectacles Scheme Upskilling

- Currently been delivered to 3 clinic locations, with 4 more scheduled
- Development and delivery of upskilling supported by Checkup through VOS
- Guidelines of the scheme in Qld including eligibility, basic dispensing and troubleshooting are all covered in the upskilling

Results

Improved engagement and ownership of the subsidised spectacles scheme by the PHC clinic post upskilling

More consulting time available for visiting optometrist as staff being up-skilled to troubleshoot application rejections, basic repairs , follow up

Roadmap CTCV2020 report 2013 (Uni of Melbourne IEHU)

2: Cataract:

- Blinding Cataract is 12 times more common in Indigenous adults .
- But rates of Cataract surgery are 7 times lower.
- Waiting time for Cataract surgery is 88% longer than mainstream.
- Indigenous Australians are 4 times more likely to have to wait for more than 1 year for Cataract surgery ...

MOST RECENT REPORT NOVEMBER 2020 UPDATE:

“..backlogs for cataract surgery remain

..issues around billing and availability”

We can help maximise productivity of ophthalmological clinic and surgery time by effective triaging and addressing the other causes of blindness which may be erroneously referred to hospitals and ophthalmology

Effective design and operation of education, clinics, visits and pathways

We know this is manageable from experience in the NWEF when we were able to report to the 2011 RANZCO conference in Melbourne that:

Model of 3 optometry visits to 1 ophthalmology visit [*Backed up by the CTGV2020 estimate of 1.0 FTE optometrist to 0.3 FTE ophthalmologist (and 8 FTE coordinator) needed to CTGV2020*] enables

Appropriate triaging for surgery and elimination of non-surgical referrals

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**Optometrists reviewing referrals to and from
the hospitals and GP's for sight and eye issues**

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Optometrists reviewing referrals to and from the hospitals and GP's for sight and eye issues

ACCHO staff getting patients to the clinics for examination and review

MOST RECENT REPORT NOVEMBER 2020 UPDATE:
Still large unmet need across the country

This can be improved by more eye consultations to identify
those in need of surgery
Which requires

1) engaging in close partnerships with community members and primary health care staff to enable uptake of eye and health services

(2) developing and improving effective referral pathways and sustainable service systems

Optometrists stand ready to co-design policy and systems with Aboriginal communities to achieve these goals

Roadmap CTCV2020 report 2013 (Uni of Melbourne IEHU)

3: Diabetes:

- 37% of Indigenous adults have diabetes and 13% have already lost vision.
- 98% of blindness from diabetes is preventable with early detection and timely treatment Only 20% have had an eye exam in the last year.
- Only 37% needing laser surgery have received it.
- **All Indigenous people with diabetes need an eye exam every year and better access to diabetes education**
- Good co-ordination and recall mechanisms are needed

Again statistics show in NWEA 40% and recent LOV year 43% presenting patients had diabetes

Chris Law last 3 years statistics indicated 10% had Diabetic retinopathy

Also 10% cataracts and 5 % Glaucoma which can be diagnosed, triaged or managed by optometric face to face visits

In 2019 we presented on **Embedding Optometry in Aboriginal Health Services – learnings and future directions (Alice Springs March 2019 CTGV2020 National conference)**

Advantage of optometrists face to face consultation is the ability to look beyond the central area of the retina, immediate feedback- reassurance, education or referral/management. The ability to also assess all the other causes of vision loss – Refraction, MD, Cataract, Glaucoma, trachoma or other less obvious causes.



Two great examples of the importance of **both** the placement and use of retinal cameras and optometric visits

Sarah Nichols co-author reported on a diabetic patient seen last week and I have a neurological incidence

42yo male attended for routine diabetes screening in a remote NT clinic -mild Non-Proliferative Diabetic Retinopathy was noted by the visiting optometrist at the time

6 month review set to align with the outreach schedule.

He missed the last clinic, but did present to the clinic recently (with a sore toe) and opportunistically seen by Sarah in the visiting optometry clinic.

Non-compliant with medication, not taking for at least 6-12 months as he was not interested and **generally felt OK**

His retinal photos were taken showing significant progression in his retinopathy

Able to show the pictures and use to educate about seriousness of condition **regardless of feeling well**

retinopathy, potential blindness, plus the effects this would be having on the rest of his body

This prompted the patient to re-engage with the GP at the health clinic and commence medication.

He has six children and wants to make sure he stays healthy for them. He will also be seeing the ophthalmology team on their outreach visit the next week.

Without the ability to take retinal photos and optometrist able to demonstrate to the patient the difference over a 9 month period

Patient would not have re-engaged with the health centre

Health consequences from his poorly controlled diabetes and hypertension would have been significant

Secondly, at Warmun in the Kimberley as optometrists were packing up –a female who had been seen earlier in the day came back and asked about her husband who had been having headaches for a number of months and GP's only able to suggest analgesics

Exam identified bilateral papilloedema and an urgent flight arranged to be seen in Perth

Indicates the importance of early and regular eye examinations and screening tools such as retinal cameras being used with professional examination of the pictures

EVEN IF CLIENTS ARE NOT PRESENTING FOR VISION ISSUES

Roadmap CTCV2020 report 2013 (Uni of Melbourne IEHU)

4: Trachoma:

- Two thirds of remote communities have endemic Trachoma.
- Adults with Trachoma scarring and in-turned lashes (trichiasis) are found across the country Trachoma can be eliminated with the SAFE Strategy
- All children at risk need to be checked regularly.
- Elderly people across the country need to be checked for in-turned lashes (trichiasis) and operated on if necessary

- MOST RECENT REPORT NOVEMBER 2020 UPDATE:
- *“Hotspots” declined from 54 locations to 24 from 2008 until 2019*
- *“Numbers of communities...at risk” reduced from 205 to 53 over same period.*
- More eye exams the more opportunity to detect early, treat and educate

Earlier **Paper by Angus Turner , Hugh Taylor et al in Clinical and Experimental Ophthalmology 2011;39**

Eye Health Service Access and Utilization in the National Eye health Survey

CONCLUDED:

Eye Health Services for indigenous Australians need to be provided in culturally appropriate facilities with clear links to the indigenous community to optimize access to care and reduce prevalence of vision impairment

Further:

- 1) The full time equivalent availability of an optometrist working in an Aboriginal Medical Service was significantly associated with both a reduction in prevalence of low vision and an increase in coverage rate for distance refractive correction...(NOT) replicated when comparing availability of private or hospital based optometry in each community*

- 2) Regional eye health coordinators appeared to provide an improved utilization of Aboriginal health Services and therefore improved access to Aboriginal medical Service Optometry*

It is no surprise then that:

- 1) Increased optometric face to face services
- 2) delivered in culturally appropriate settings
- 3) co-ordinated by community coordinators
- 4) with continuous upskilling available by optometrists

Provides better health outcomes not limited to reducing the preventable blindness in communities and improving service delivery

Conclusions

Case examples and research reinforces the importance of increasing:

1) Number of people screened and monitored with cameras

(requires upskilling, education and embedding in regular practice)

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2) Regular optometric eye examinations including dilation to identify and treat ALL the preventable causes of blindness and effective triaging for referral and best practice tertiary care

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2) Regular optometric eye examinations including dilation to identify and treat ALL the preventable causes of blindness and effective triaging for referral and best practice tertiary care

3) Co-ordination of optometric visits with, and by, ACCHO's, with general practitioners, AHW, hospitals and ophthalmology

(requires community education, more clinic days, co-designing and working with ACCHO's and communities to develop sustainable systems and advocacy for resources)

Progress reported at this conference on these issues

TABLETOP PRESENTATIONS

Exploring some different views on Diabetic Retinopathy Screening from Queensland

Authors: Lisa Penrose, May Valu (AWAL Medical Centre)

Strengthening Eye Care Partnerships in NSW and the NT

Author: Dian Rahardjo, Sarah Nicholls (Brien Holden Foundation)

CONCURRENT PRESENTATIONS

Telehealth Eye Care Delivery in Remote South Australia: Protocol, Implementation and Lessons Learnt

Authors: Cathy Starr (Nganampa Health Council) and Jose Estevez (South Australia Health and Medical Research Institute)

Bunjils Mirring Nganga-djak Project: Community driven eyecare – ‘pathways and partnerships’

Authors: Vanessa Murdoch (EACH), Nilmini John (Australian College of Optometry), Liz Senior (EACH)

A Community-Led Diabetic Retinopathy Prevention Initiative for Aboriginal and Torres Strait Islander Australians: Co-design protocol

Authors: Rosamond Gilden, Jose Estevez, Dr Karla Canuto, Dr Natasha Howard, Prof Jamie Craig on behalf of the Investigator Team (South Australian Health and Medical Research Institute)

Helping our patients to see: An Urban pathway for improving the vision of Aboriginal and Torres Strait Islander Peoples

Authors: Matt Watson, Dr Richelle Douglas, Kerry Woods, A/Prof Angus Turner

Establishing a ‘Leaders in Indigenous Optometry Education Network’

Authors: Prof Sharon Bentley, Prof Nicola Anstice, Prof James Armitage, Dr Joanna Black, A/Prof Jason Booth, Prof Steven Dakin, Prof Garry Fitzpatrick, Prof Lisa Keay, Prof Allison McKendrick

Challenge

To prevent avoidable vision loss in First Nations Communities requires optometrists to

- (1) engage in close partnerships with community members and primary health care staff to enable uptake of eye and health services
- (2) develop effective referral pathways and sustainable service systems
- (3) participate in advocacy roles with other Aboriginal organisations and
- (4) co-design policy and systems with Aboriginal communities

This is already happening in many areas as seen at this and previous conferences but needs to expand and increase to make sustainable gains

We stand ready to assist

Gary Crierie
Optometrist
OA Aboriginal and Torres Strait Islander advisory
committee
Chair OWA Rural and Remote Committee
gary@crierie.com
g.crierie@optometry.org.au

