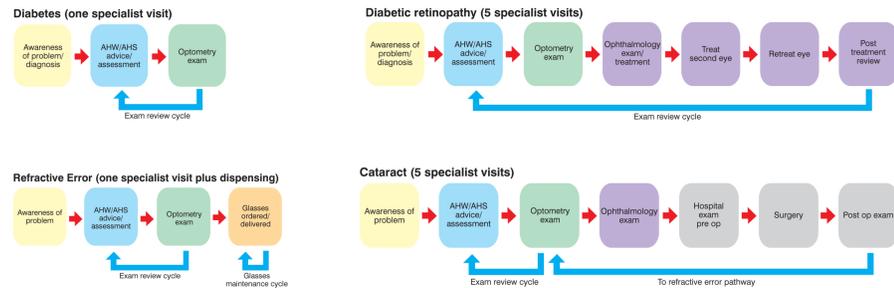
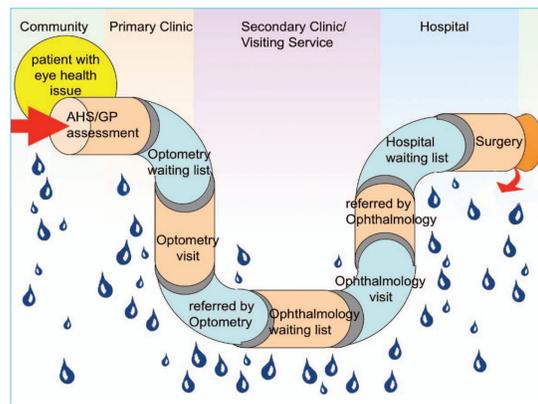


Eye Care Provides a Model of a Multi-tiered Health Service

Eye care provides an example of health service delivery involving primary, specialist and hospital care that requires community support services to deliver successful outcomes



- The eye care system is a leaky pipe – with a blockage at its end
- Indigenous Australians suffer 6 times the blindness and 3 times the low vision of non-Indigenous Australians
- Vision loss contributes 11% to the Indigenous health gap



The Roadmap recommends monitoring and evaluation to support:

- Local eye service performance
- State and national performance
- Collation of existing data sources
- National benchmarks
- Quality assurance
- Primary health service self audit in eye health
- Roadmap program evaluation

Determining Eye Care Gaps and Needs

Data from several sources can be used to estimate the gap:

- National Indigenous Eye Health Survey (2009) – national prevalence
- 2011 Census, Australian Bureau of Statistics – regional population
- Roadmap to Close the Gap for Vision (2012) – service delivery models

An online calculator is available at www.iehu.unimelb.edu.au

Local and regional determination of current service provision is through estimation of the annual supply of:

- Eye Examinations
- Glasses
- People with Diabetes having Annual Retinal Examination
- Cataract Surgery
- Optometry Days
- Ophthalmology Days

Eye care service gaps can then be readily estimated by the difference between current service provision and population calculated needs.

This poster was prepared for the Lowitja CQI Conference March 2014
'Dot' artwork designed by Lily McDonnell
The Indigenous Eye Health Unit acknowledges funding support from the Australian Government Department of Health

Eye Care Data

The World Health Assembly has set a global target to 'reduce the prevalence of avoidable visual impairment by 25% by 2019 from the baseline in 2010'.

International Data

The World Health Organisation draft Global Action Plan 2014-2019 provides guidance for national reporting indicators in eye health.

- Prevalence and causes of vision loss and impairment
- Cataract surgery rate
- Cataract surgery coverage
- Number of eye care personnel by cadre:
 - » Ophthalmologists, Optometrists, Allied ophthalmic personnel

Australia does not currently have national population surveys to provide 'prevalence and causes of vision loss and impairment' and this is being advocated by the eye care sector through Vision 2020 Australia.

National Data

National indicators have been agreed by the eye care sector and include assessment and treatment coverage rates for all of population and by Aboriginal and Torres Strait islander sub-population for:

Cataract	Diabetic Retinopathy	Glaucoma
Uncorrected Refractive Error	Macular Degeneration	

Trachoma community prevalence and treatment will also be monitored by Aboriginal and Torres Strait Islander sub-population.

Clinic – Local – Regional Data

Tools have been developed to support measures of eye care service use within clinics and at a regional level.

The information is dissected by health system level:

- Primary Care GP, Nurse, Aboriginal Health Worker
- Secondary Care Optometry, Ophthalmology Clinic (including hospital outpatients)
- Tertiary Care Ophthalmology Surgery

Further dissection is required for type of service – whether local or visiting and by location in either Aboriginal Health Service, Community health, Private or Hospital.

A minimum data set (MDS) comprising 22 items is being developed. Regular reporting of this data will provide opportunity to monitor of services over time and support ready identification of service trends, breaks, gaps and needs. MDS specification may also provide key input to technology developments (eg. clinic management software programs).

Data selected should not impose significant additional work, needs to be readily retrievable and reporting should be minimised but support continuous monitoring and improvement of services.

Diabetes as an Example

People with diabetes form 75% of those who need annual eye care yet only 20% of those have had the annual eye examination and only 37% have received treatment.

Two indicators are suggested for diabetes eye care:

- The number and percentage of people with diabetes who have had a retinal examination in the past 12 months
- The number of patients who received diabetic retinopathy treatment

Conclusion

Indigenous eye care provides a system model for health care involving primary, specialist and hospital services

Data is required to determine population needs and then to monitor and evaluate health systems

It is important to appropriately select indicators that are retrievable and can provide whole of system performance measures

Data should meet local service needs and can be aggregated to support regional, jurisdictional, national and international reporting

