

Most fund holders are now responsible for the key Indigenous eye health outreach services - the Visiting Optometrists Scheme (VOS), Rural Health Outreach Fund (RHOF) and the Medical Outreach Indigenous Chronic Disease Program (MOICDP).

Fund holders have recently undertaken a gap analysis and needs assessment for VOS. They also have been provided with additional funding for 12 months from the Commonwealth to coordinate visiting eye care services, and further specific funds to improve rates of eye and ear surgery.

There is now the opportunity to align RHOF, VOS and MOICDP funds for the 2016-17 financial year, and to allocate funds to ensure that health services are supported in the most appropriate and effective way.

This paper provides general advice to fund holders about the coordination of eye health services to improve Indigenous eye health. Indigenous Eye Health at the University of Melbourne can provide further technical advice.

Gap Analysis

Being responsible for VOS, RHOF and MOICDP, fund holders can conduct an eye health gap analysis using a whole of systems approach and coordinate optometry and ophthalmology services.

However, a broader needs assessment requires consideration of both downstream aspects, such as the availability of ophthalmology services to address referral needs, and upstream engagement with Aboriginal Medical Services (AMS). This should also take into account existing RHOF & MOICDP data held by the Fund holder that complements the VOS gap analysis.

Given the large geographic area of some jurisdictions, it may be more practical to conduct several regional-level gap analyses that take into account regional referral pathways and service providers that include hospitals, the AMS, optometry and ophthalmology.

It is important to consider prior RHOF 'legacy arrangements' and the possible redirection of funding if more appropriate alternatives are available, particularly if local service providers exist and are willing to participate. Other regional considerations include the size of the Indigenous population, the size of the service gap and need for care, and the potential for collaborative arrangements between stakeholders such as the AMS, service providers and tertiary care.

Coordination

The gap analysis and needs assessment will indicate how VOS, RHOF & MOICDP funding should be most efficiently and effectively administered.

To improve coordination and address gaps in service provision, the following factors should be considered:

- The allocation of funding should be linked to primary care, and be coordinated with service needs and the timing of visiting services. For example, VOS funding can be used to provide additional optometrist services within AMS, which should be coordinated with specialist ophthalmology services supported by RHOF, and hospital services.
- There should be emphasis on engaging local service providers to reduce inefficiencies and costs (such as travel expenses) if local providers have the willingness, capacity and ability to undertake outreach work. Local providers usually have established links to the existing services, an understanding of regional referral pathways and can help with longer-term service system improvement.

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- Funded outreach services should be integrated into existing service structures, for example RHOF-funded ophthalmologists in public hospitals. This also would help address the long wait times for public cataract assessment and surgery, and improve the link to tertiary services.
 - Consideration also should be given to patient costs incurred for travel and the payment of gap fees charged by a visiting specialist. Often a local AMS will help cover these costs using other funds such as CCSS - this may be appropriate if a patient has diabetes or suffers from other chronic disease to remove financial barriers to access.
 - Support should be given to service providers to reduce barriers to care for Indigenous patients. These include providers who bulk-bill or have a reduced fee structure, and who have cultural competency embedded in their practice. Another consideration could be the number of service days actually delivered, rather than service days contracted for.
 - Jurisdiction-wide coordination could be supported through the establishment of a statewide stakeholder committee to oversee eye health outcomes, similar to the Victorian Koolin Balit Eye Health Advisory Committee. The structure of such a committee may vary, but should include the fund holder, state Department of Health, state NACCHO affiliate, and Commonwealth and service provider representation.
 - Approaches to improved coordination should consider long-term sustainability and the development of systems and referral pathways that strengthen existing services. The Roadmap to Close the Gap for Vision provides a comprehensive framework for improving system coordination.

Surgery funding

The Commonwealth has provided a quantum of funding for a 12-month initiative to provide eye and ear surgery.

- Diabetic retinopathy and cataract surgery should both be considered within the initiative, with the goal of prioritising cataract surgery for Indigenous patients who have longer wait times and poorer surgical outcomes, on public lists, together with better mechanisms to identify Indigeneity prior to going on the waitlist.
- Sustainability issues should be considered, with longer-term strategic use of outreach funds such as RHOF, to ensure surgical waiting lists are reduced for Indigenous patients.