

In July 2015, the Australian Government established Primary Health Networks (PHNs) with the objectives of:

- Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- Improving coordination of care to ensure patients receive the right care in the right place at the right time.

These objectives are consistent with the Roadmap to Close the Gap for Vision (the *Roadmap*), a sector-endorsed framework, supported by the Australian Government, to address the equity gap in Indigenous eye health.

Indigenous Australians have a greater burden of eye disease but receive less eye care than non-Indigenous Australians: vision loss caused 11% of the Indigenous health gap. Poor vision hinders education, employment and independence yet most vision loss and blindness is preventable and easily treatable.

PHNs can take a major role in planning and coordinating eye health services. On request, Indigenous Eye Health (IEH) at The University of Melbourne can provide further technical advice and support.

Coordination of care through regional eye care stakeholders

The Roadmap recommends bringing together a group of regional eye care stakeholders to oversee Indigenous eye health activity in a defined region. PHNs are in a unique position to:

- Incorporate eye health stakeholders into existing structures or established specifically to support regional eye health improvements.
- Participate on regional committees, broker relationships and contribute to local oversight and coordination of primary eye care for better eye health outcomes for Indigenous people and close the gap for vision.
- Support relationships between Aboriginal Health Services, hospitals and regional health departments and linkages between primary and specialist eye service providers.

Regional eye health and service needs assessment and planning

PHNs can undertake an Indigenous eye care needs assessment as part of their population health needs analysis and planning. This can be supported by:

- IEH eye care services calculator (<http://dr-grading.iehu.unimelb.edu.au/ecwc/>) to estimate the eye care service and coordination needs for a specified population
- Consultation with other agencies to share information and avoid duplication, such as jurisdictional fundholders who also undertake eye care outreach service needs assessments.

Development of eye care referral pathways

The pathway of care for eye care can be complex and confusing. Both patients and primary care staff may not know the referral pathway and the available specialist eye services. Different system elements often operate separately without local coordination making it more difficult for patients to navigate.

PHNs can support primary care services in planning patient eye care through:

- HealthPathways which can be used to define pathways and local service systems for i) eye examination in adults; ii) eye screening in diabetes; iii) cataract; and other eye conditions.
- Including the existing local and outreach services (the Visiting Optometrists Scheme (VOS) and Rural Health Outreach Fund (RHOF)) into the pathway referral/request arrangements.
- Appropriate education for primary care services in Indigenous eye care and eye care service systems and referral pathways.

Retinal screening as a KPI for diabetes care

From 1 November 2016, new Medicare items will be available for non-mydratiac retinal photography for people with diabetes in primary care settings.

The new MBS items support:

- A quick and minimally invasive way for GPs to opportunistically screen patients for diabetic eye disease.
- Reporting the coverage of diabetic eye disease screening. This is an excellent indicator of overall care according to the current guidelines provided to those with diabetes.

Opportunities for PHNs to improve primary health care screening include ensuring that:

- Retinal screening is routinely performed for all people with diabetes.
- Aboriginal Health Services have the capacity and resources to offer the service.
- A comparison of the KPI rate between Indigenous and non-Indigenous Australians identifies if an equity gap in retinal screening exists, which needs addressing.
- Performance data are used to inform decision-making and service improvement at the local level.
- These data complement the Australian Institute of Health and Welfare annual reporting of national eye health indicators.

Information and support for primary health care professionals

PHNs can play an integral role in providing up-to-date information and training. Resources include:

- Online self-directed training and other support for health professionals conducting eye checks and testing for diabetic retinopathy.
- Health promotion resources, such as **Check Today, See Tomorrow** for diabetes eye care, includes:
 - A suite of culturally-appropriate resources, including video and audio material for professional and patient education sessions.
 - Community messages that highlight the impact of diabetes-related eye problems and the need for annual eye checks for Indigenous people with diabetes.



CHECK TODAY. SEE TOMORROW

Online training, screening and health promotion resources are freely available from IEH (www.iehu.unimelb.edu.au).