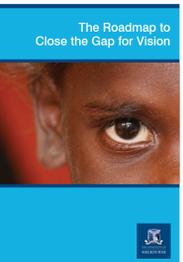


Progressing the Roadmap to Close the Gap for Vision:

evidence-based, sector-supported translation of Indigenous eye care policy to practice

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Background

Aboriginal and Torres Strait Islander Australians:

- start life with better vision than their mainstream contemporaries, but
- Indigenous adults have six times the blindness.

Vision loss accounts for 11% of the Aboriginal health gap and is experienced:

- through lack of eye care
- not because of any particular predisposition to vision loss.

The Roadmap to Close the Gap for Vision provides an:

- evidence-based
- sector-supported
- system-wide policy reform framework to eliminate inequities in Indigenous eye health.

The Roadmap comprises 42 specific recommendations that are being strategically and progressively introduced across Australia.

Conclusion

- Activity has commenced in all 42 Roadmap recommendations
- Five Roadmap recommendations are completed

Implementation has been achieved through:

- national and jurisdictional advocacy
- policy development
- region-based advice, tools and technical support.

Success is achieved where:

- goals are shared by stakeholders
- collective efforts are undertaken
- an outcome focus replaces organisational and parochial agendas.

Progressing the Roadmap to Close the Gap for Vision provides learnings and a model for national and regional health reforms that include primary care, specialist and hospital services for both Indigenous and non-Indigenous Australians.

Stakeholders

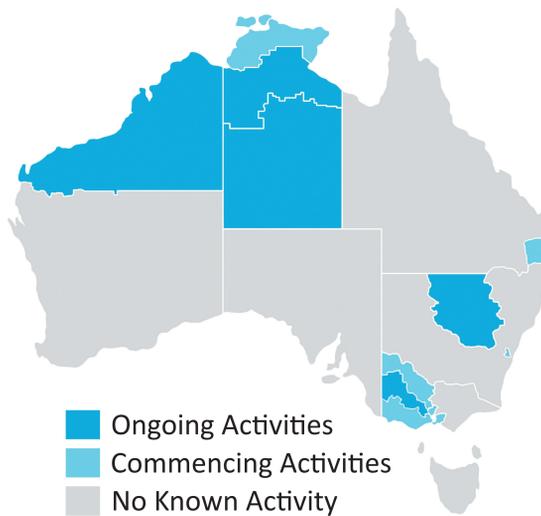
The stakeholders in Indigenous eye health include:

- community controlled health sector
- Commonwealth and jurisdictional governments
- eyecare and health professions
- non-government organisations.

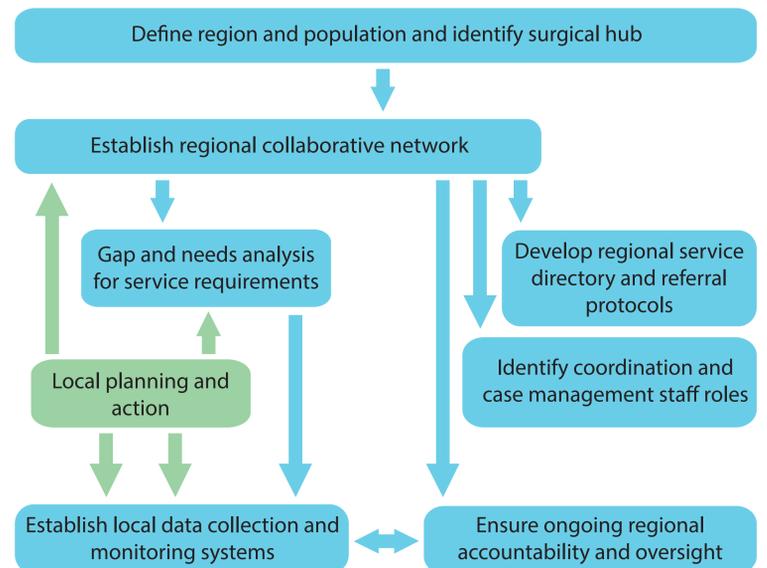
The University of Melbourne has developed ongoing collaborative relationships with stakeholders nationally, within jurisdictions and at a regional and local level.

Regional Implementation

- 12 regions
- 35% of Indigenous population



Elements of Roadmap Regional Implementation



Abouzeid M, Anjou MD, Taylor HR. Equity in vision in Australia is in sight. Med J Aust 2015;203:21-23

2014 Annual Update on the Implementation of the Roadmap to Close the Gap for Vision

RECOMMENDATION	OUTCOME	ACTIVITIES
Primary Eye Care as part of Comprehensive Primary Health Care	1.1 Enhancing eye health capacity in primary health services 1.2 Health assessment items include eye health 1.3 Diabetic retinopathy detection 1.4 Eye health inclusion in clinical software	Education programs implemented for primary health workers Eye health assessment included in Medicare items Medicare item for photography Computer software includes eye health
Indigenous Access to Eye Health Services	2.1 Aboriginal Health Services & eye health 2.2 Cultural safety in mainstream services 2.3 Low cost spectacles 2.4 Hospital surgery prioritisation	Specialist eye care delivered through AHS Clinics & hospitals considered culturally safe Nationally consistent Indigenous spectacle scheme Indigineity prioritised for cataract surgery
Coordination and Case Management	3.1 Local eye care systems coordination 3.2 Clear pathways of care 3.3 Workforce identification & roles 3.4 Eye care support workforce 3.5 Patient case coordination 3.6 Partnerships & agreements	Regional coordination to include ML & other stakeholders Referral pathways & service directories established Roles required to support patient journey Sufficient personnel engaged in eye care needs Case management for those with diabetes or needing surgery Local & regional agreements established
Eye Health Workforce	4.1 Provide eye health workforce to meet population needs 4.2 Improve contracting & management of visiting services 4.3 Appropriate resources for eye care in rural & remote areas 4.4 Increase utilisation of services in urban areas 4.5 Billing for visiting MSOAP supported services 4.6 Rural education & training of eye health workforce	VOS and RHOF work effectively & properly coordinated Services are adequate to meet eyecare needs VOS supports AHS eye care in both regional & urban areas RHOF services are bulkbilled Funding for optometry & ophthalmology training
Elimination of Trachoma	5.1 Definition of areas at risk 5.2 Effective interventions 5.3 Surveillance & evaluation 5.4 Certification of elimination	Areas with trachoma are defined across Australia SAFE strategy is implemented Ensure continuance of NTSRU Australia eliminates trachoma
Monitoring and Evaluation	6.1 Managing local eye service performance 6.2 State & national performances 6.3 Collating existing eye data sources 6.4 National benchmarks 6.5 Quality assurance 6.6 Primary health service self-audit in eye health 6.7 Program evaluation	Performance is assessed against needs-based targets State & national data are analysed & reported Existing data sources are used to review service needs & performance National benchmarks & guidelines are established & used High quality service is achieved Services can easily determine needs & performance Implementation of Roadmap is evaluated
Governance	7.1 Community engagement 7.2 Local Hospital Networks & Medicare Locals 7.3 State/territory management 7.4 National oversight 7.5 Program interdependence	Local communities use & champion eye care services Indigenous eye health is coordinated at the regional level Effective state/territory Indigenous eye health committees National Indigenous eye health oversight function developed Roadmap is effectively implemented across Australia
Health Promotion and Awareness	8.1 Eye health promotion 8.2 Social marketing eye care services 8.3 Current spending on Indigenous eye health 8.4 Cost to close the gap for vision funded for 5 years	Community & staff recognise the need for eye care Community know about local eye services Current services are maintained Funding continues until trachoma is eliminated Adequate capped funding provided (\$19.5m per annum) Additional funding continues until the gap for vision is closed

Provision of Equity in Eye Care and the Elimination of Trachoma



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