

# Evaluating the impact of regional implementation

## Early findings from a review of the evidence

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### Background

This desktop review forms part of a national evaluation of the progress and effectiveness of regional implementation of The Roadmap to Close the Gap for Vision. The evaluation is being conducted by IEH, with support from the Paul Ramsay Foundation. The other elements of the evaluation include a national survey; 8 case-studies of regional approaches; and interviews with key stakeholders on the role of IEH. Independent evaluators from Clear Horizon and ARTD consultants are undertaking the other elements of the evaluation, with guidance provided by an Aboriginal and Torres Strait Islander Reference Group and co-designed with stakeholders from across the sector.

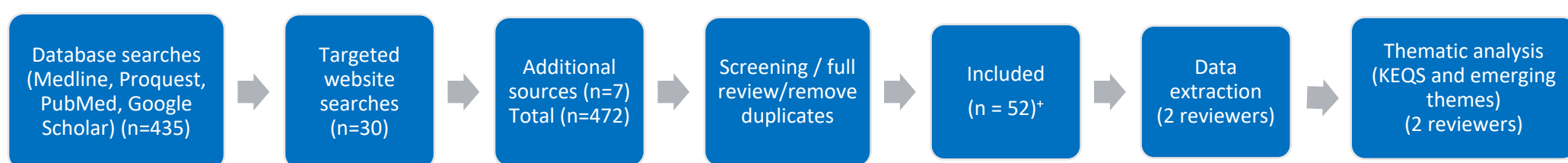
Final reports from the evaluation are due in July 2021.

### Key Evaluation Questions (KEQs) - relating to regional implementation

1. How are people working together?	2. What changes have occurred?	3. What are the enablers and barriers?
4. What else needs to happen?	5. Role of IEH in supporting system change?	6. Relevance beyond eyecare?

### Method

Review of publicly available literature on regional approaches to improving eye care for Aboriginal and Torres Strait Islander Australians



\*both peer reviewed and grey literature where source describes collaboration between more than two stakeholders to improve eye care at a regional level

**Search terms:** Eye\* or vision AND Aboriginal or Torres Strait or Indigenous or first nation or first nations (and Australia\*) / "Indigenous Australian population" eye care / "regional eye care + Aboriginal" / "regional eye + Indigenous" / Aboriginal eye care / Aborig\* + eye / ab((Aborig\* OR indigenous)) AND ab(eye) AND ab(care) / Optom\* + ophthal\* + (Indigenous OR aborig\* "torres strait") / Indig\* + "eye health" / "ophth\*" "optom\*" "aborig\*" / "regional collaboration" + "eye health"

### Defining a 'regional approach'

IEH has over time advocated for and supported regional approaches to improving eye care that include the following Regional Implementation (RI) elements<sup>1</sup>



<sup>1</sup> The Roadmap to Close the Gap for Vision 2012, IEH Regional Implementation Toolkit 2015, Roadmap Annual Updates 2013-2017, Close the Gap for Vision Conferences 2017-2019  
IEH acknowledge that flexibility and adaption of these elements is needed to respond to local context and needs.

### Sources identified and types of collaboration described

52 sources identified in total:

Type of source	N
Conference paper/presentation	29
Journal article	7
Report	7
Share Your Story (SYS) article	6
Website entry	2
Letter to the editor	1

Types of regional collaboration described in sources (Groups 1-6)

	Type of collaboration described	Sources (n)	Type of source G1 (n)
G1	<b>Clearly defined group/network (focus of this poster)</b>	<b>20</b>	<ul style="list-style-type: none"> <li>12 conference presentations</li> <li>2 journal articles</li> <li>3 reports</li> <li>2 SYS</li> <li>1 Letter to editor</li> </ul> [see references 1-20 for detail]
G2	No formal group/network but regional collaboration described	7	
G3	Jurisdictional approach described using Regional Implementation elements	6	
G4	Regional eye coordinator roles	8	
G5	Clinical service model (without clearly defined regional stakeholder group)	4	
G6	Describes regional approaches more broadly but not individual regional activity	6	

## Findings - Emerging themes from the literature

Within the 20 G1 sources [1-20], there were 11 separate regions with a clearly identified regional stakeholder group/network (figure 1). A number of these regions were described in multiple sources.

We are reporting here on the frequency with which various elements (such as activities, changes and enablers) are described within the literature. The findings reported here are, therefore, limited to the information available in the literature and there are likely to be elements which are not captured here.

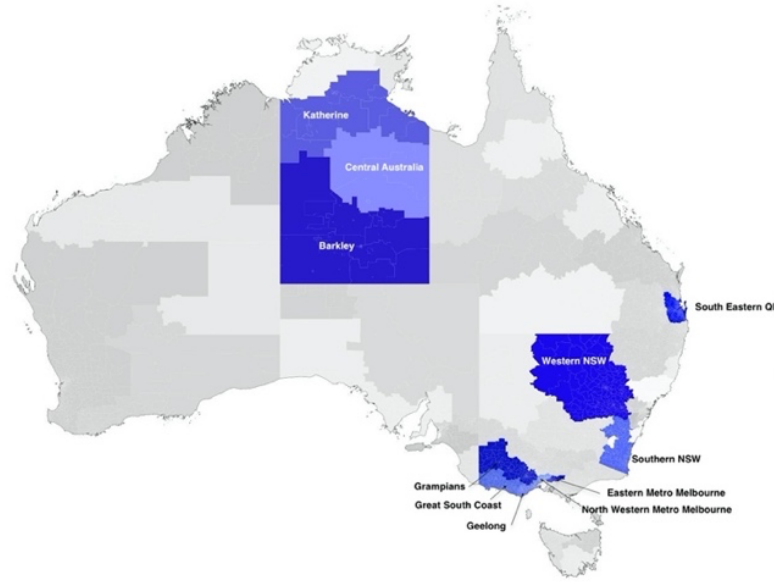


Figure 1. map of G1 regions

### KEQ 1: How are stakeholders working together? Types of organisations involved in regional networks/groups within G1 literature

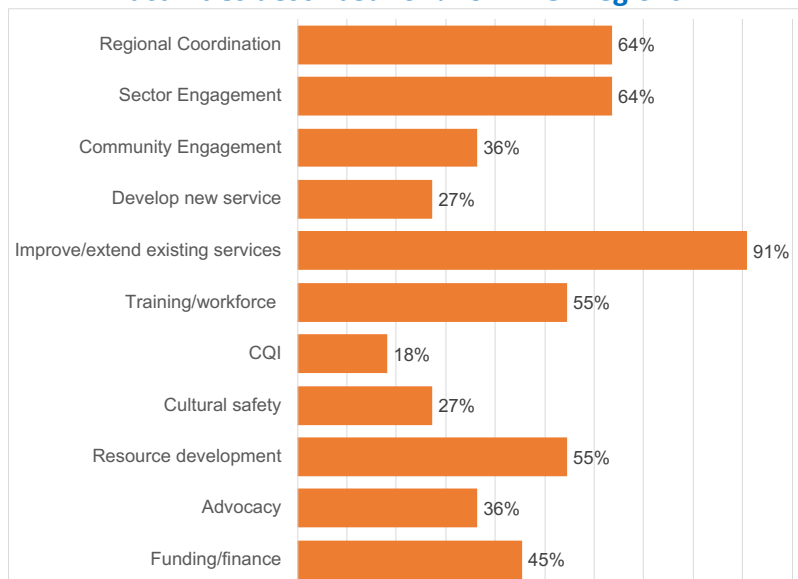
	G1 sources (n = 20)	G1 regions (n = 11)
ACCOS	19 (95%)	11 (100%)
GP/Primary care	15 (75%)	9 (82%)
Optometry	15 (75%)	9 (82%)
Ophthalmology	15 (75%)	10 (91%)
Health network (PHC, LHN, PCP)	14 (70%)	9 (82%)
Jurisdictional fundholder	9 (45%)	5 (45%)

### KEQ 1: How are stakeholders working together?

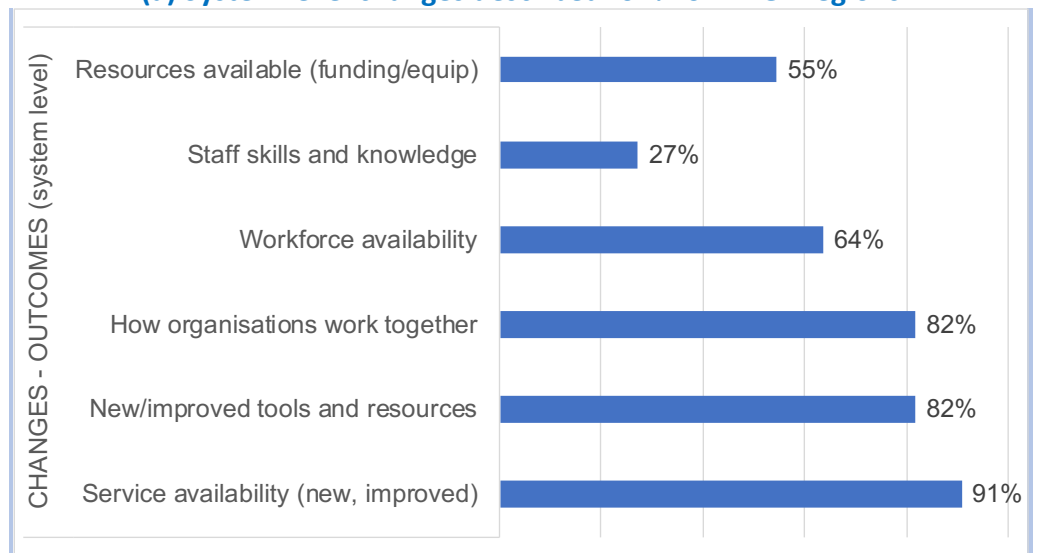
(Number and % of the 11 regions where Regional Implementation elements were identified in the literature)

RI element									
(number of regions)	10	9	11	6	8	9	3	10	6
(% regions)	91%	82%	100%	55%	73%	82%	27%	91%	55%

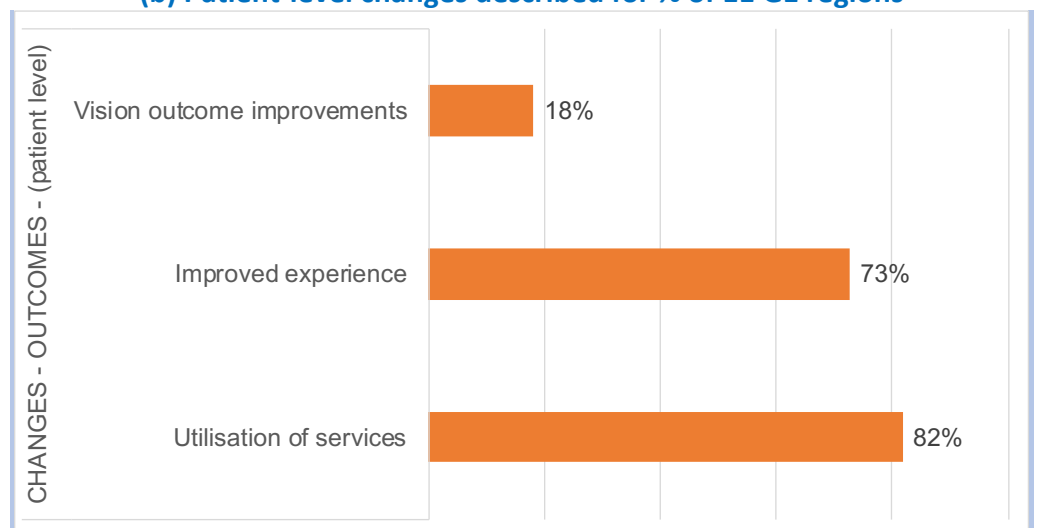
### KEQ 1: How are stakeholders working together? activities described for % of 11 G1 regions



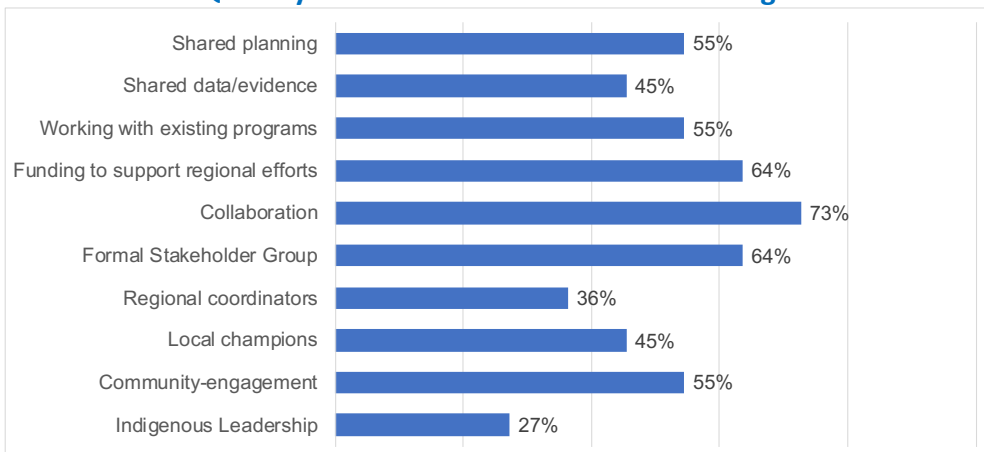
### KEQ 2: What changes have occurred? (a) System level changes described for % of 11 G1 regions



### (b) Patient-level changes described for % of 11 G1 regions



### KEQ 3: Key enablers described for % 11 G1 regions



## Early conclusions

- There is limited literature about regional approaches nationally, and the majority of sources identified are conference papers (56% of the total 52 sources)
- The available literature shows that stakeholder groups within G1 regions are implementing a range of RI elements, with a high proportion (> 70%): defining their region; undertaking regional needs analyses; undertaking shared planning; and participating in shared data collection.
- All the 11 G1 regions involved Aboriginal Community Controlled Organisations as partners.
- Within the G1 regions, improving or extending existing services was the type of activity most stakeholder groups (91%) were involved in.
- System-level changes were described for all G1 regions. A high proportion (91%) described improvements in service availability (including both new and improved services). Other system-level changes included how organisations work together (82%), availability/improvement of tools and resources (82%), workforce availability (64%), increased funding and equipment (55%) and, to a lesser extent, improved staff skills and knowledge (27%).
- Reported patient outcomes within G1 regions included increased utilisation of eyecare services (82%) and improved patient experience (such as reduced wait times, care closer to home and cultural safety) were reported by 73%. Interestingly, two regions (18%) were also able to report on improved vision outcomes for patients based on clinical audit data.
- Collaboration was identified as an enabler to regional work in 75% of regions, and 64% specifically mentioned the formal stakeholder group as an enabler.
- Early thematic analysis indicates that regional stakeholder networks have made changes at both a system and patient outcome level, however, further evidence is needed, and regional networks should be encouraged and supported to document their work and to share their learning widely.
- The broader national evaluation of regional implementation that is currently being undertaken will contribute to the literature and to the evidence about regional approaches by providing an independent assessment of the effectiveness, impacts, enablers and barriers of this way of working.

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### Have we missed anything?

This literature review is still in progress – please get in touch  
Contact [Tessa.Saunders@unimelb.edu.au](mailto:Tessa.Saunders@unimelb.edu.au) to share your thoughts