

Close the Gap for Vision by 2020

Striving Together

National Conference 2018

Session 3: What Gets Measured Gets Done: Monitoring Eye Care Data

Philip Roberts, Indigenous Eye Health

#CTGV2018



Close the Gap for Vision by 2020

The National Picture of Indigenous Eye Care -2018 Update

Melbourne, 16th March 2018

Hugh R Taylor AC
Harold Mitchell Chair of Indigenous Eye Health
Melbourne School of Population and Global Health

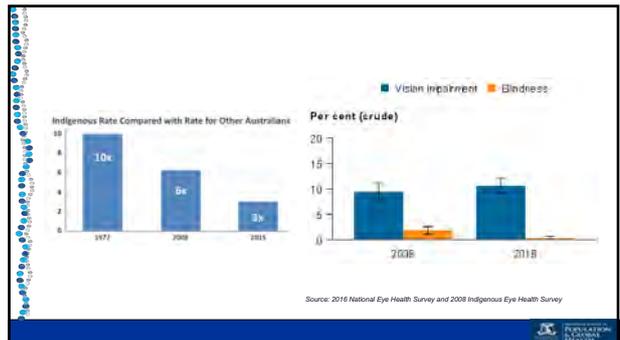
Agreed Indigenous Eye Health Measures (22)

- Indicators Framework**
 - The extent of eye health problems (3 measures)
 - How are these problems identified? (6)
 - How are eye problems treated? (9)
 - The size and distribution of the health workforce and outreach programs? (4)
- Analytical Framework**
 - Differences between Indigenous and non-Indigenous Australians
 - Differences by age, sex, jurisdictions and remoteness
 - Are things changing over time?

Dr Fadwa Al-Yaman, Head, Indigenous and Maternal Health Group, AIHW

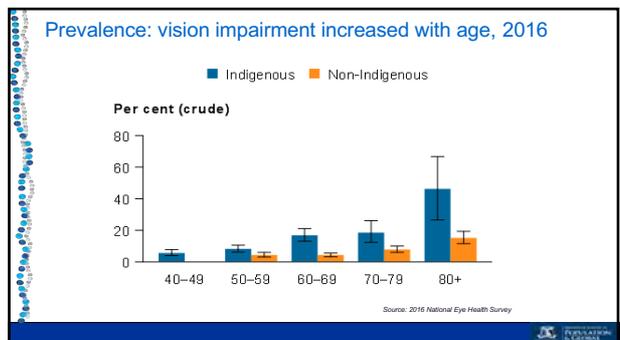
Key Data Sources

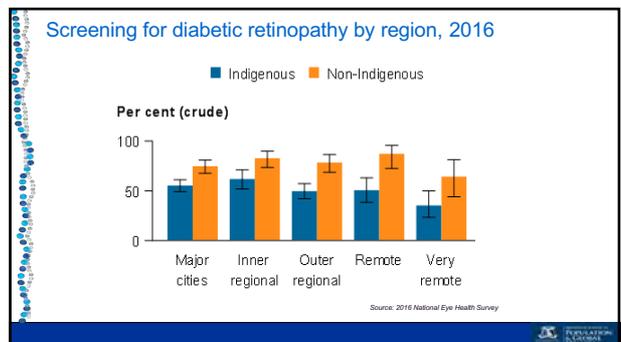
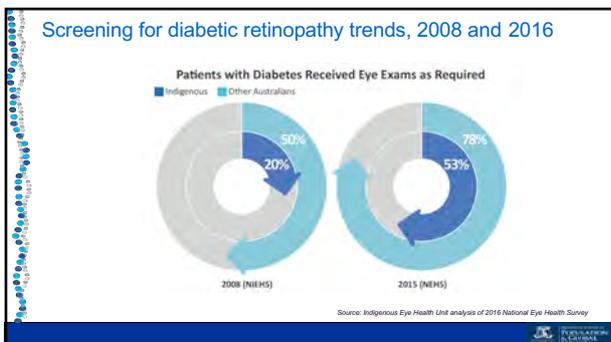
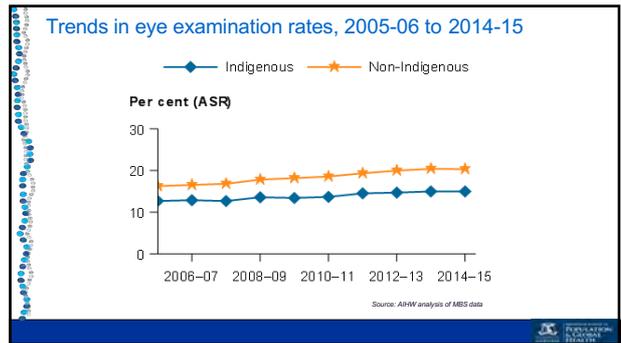
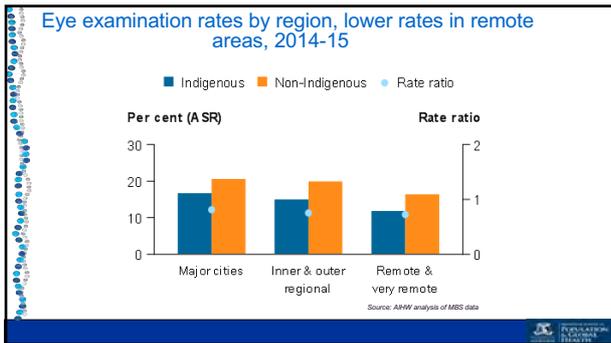
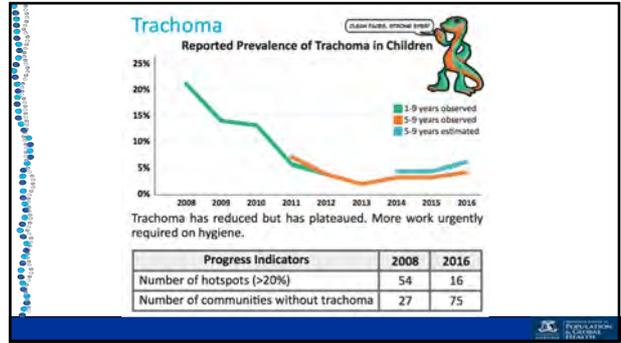
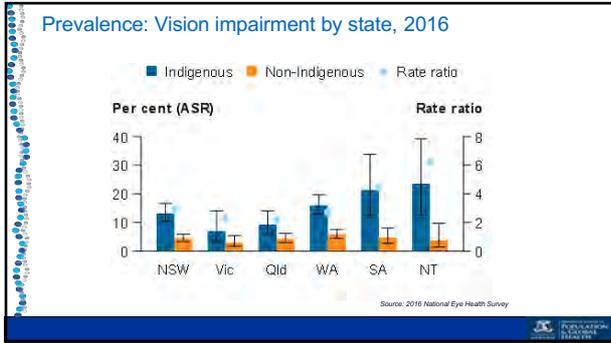
- National Eye Health Survey 2016 (NEHS)**, Centre for Eye Research and Vision 2020 – sample survey 1,738 Indigenous Australians aged 40 and over, includes eye examination
- Medical Benefits Schedule (MBS)** data, Australian Government Department of Health
- Australian Trachoma Surveillance Reports (ATSR)**, from 67 'at risk' communities in 4 jurisdictions, Kirby Institute
- National Hospital Morbidity Database (NHMD)**, AIHW
- National Health Workforce Data Set (NHWDS)**, Department of Health
- Department of Health administrative data on **outreach programs**
- State government administrative data on the **spectacle subsidy schemes**

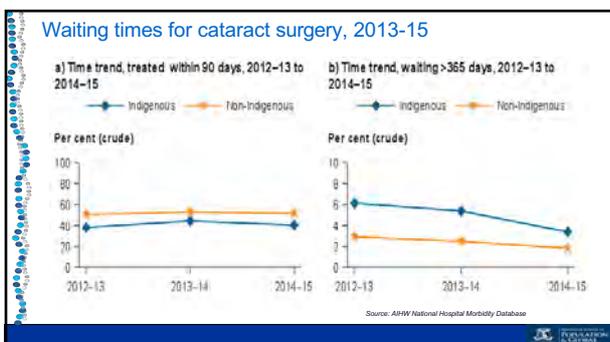
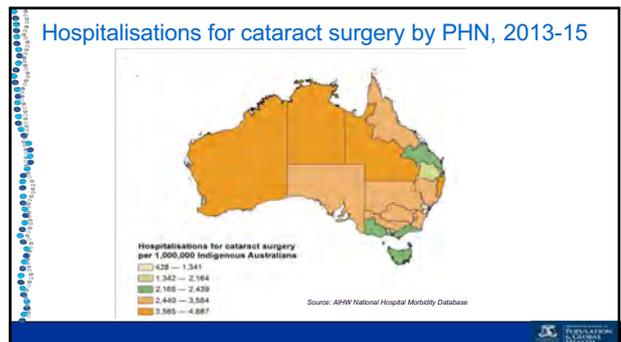
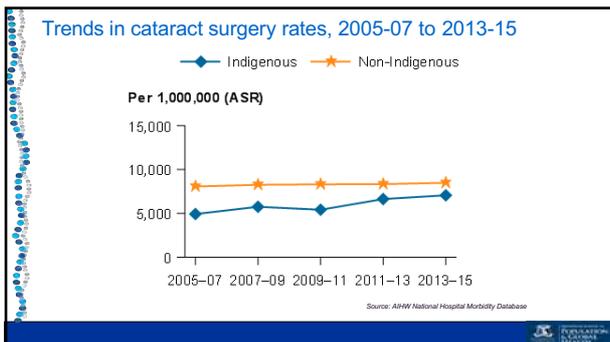
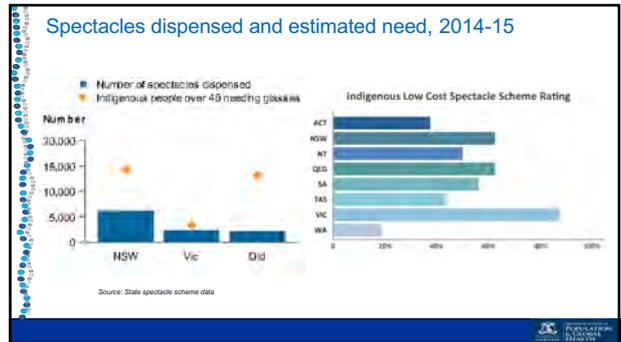
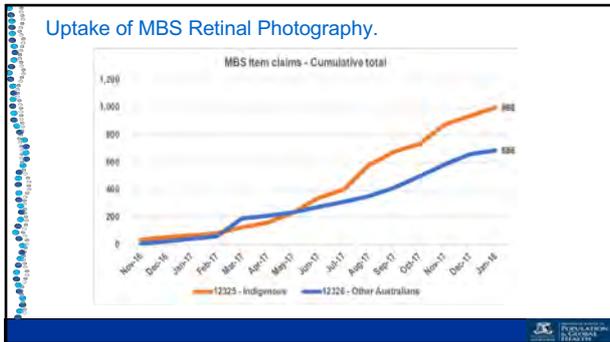


The Main Causes of Vision Loss

Cataract		provide access to surgery
Diabetes		eye exams and laser or injections
Refractive Error		provide the right glasses
Trachoma		eliminate with SAFE Strategy







AIHW Indigenous eye health reports

Indigenous eye health measures 2016 was released in May 2017.

The AIHW is currently developing a dynamic data update to be released in mid 2018

We are making good progress
Progress in all 42 recommendations
16 have been fully implemented

REVELATION
VISION
PARTNER

Summary

- Fixing Indigenous eye health;
 - is clearly feasible
 - is evidence based
 - is cost effective
- Good national data are critical for monitoring national progress and are needed beyond 2019
- Regional data monitoring is an essential step in the regional model
- Next national eye health survey needed 2020-21
- We are well on the way to Close the Gap for Vision by 2020

www.iehu.unimelb.edu.au

REVELATION
VISION
PARTNER

Indigenous eye care data from a fund holder perspective:
What we know and how we use it to support improved care.

Karen Hale-Robertson
Chief Operating Officer
CheckUP Australia

Overview

1. Introduction to CheckUP: Purpose and guiding principles
2. Regional structure
3. Gaps analysis: Indigenous Eye Health Calculator and community mapping
4. Service performance monitoring and control
5. Sharing eye health service information

Introduction to CheckUP

Our purpose:
Create healthier communities and reduce health inequities.

Our guiding principles:
We coordinate the delivery of Outreach health services that are:

1. Tailored to address priority health needs
2. Appropriate, affordable and accessible for the consumer
3. High quality
4. Delivered efficiently
5. Based locally where possible
6. Appropriately funded for the provider
7. Integrated with other services and population health strategies

The Outreach Regional Structure

To identify and tailor local solutions to address challenges and opportunities in the coordination of Outreach health services, including:

- local health needs, priorities and corresponding service gaps
- workforce supply versus community need and supplementary resources required
- local community health trends
- priority locations for services
- appropriate models of service delivery
- referral pathways
- local infrastructure and equipment needs
- opportunities to leverage off existing services and programs
- service delivery and provider data - uptake and spread of services
- monitoring and reviewing services to ensure compliance with local service schedules

Gaps Analysis
Indigenous Eye Health Calculator

The objectives of the gaps analysis are to:

1. Establish a standardised measure for identifying optimal service levels required to close the gap in eye health care.
2. Establish baseline service level data to compare against optimal levels.
3. Prioritise locations across the state which warrant further investigation to address inequity of access.

Community Mapping

The objectives of service mapping are to:

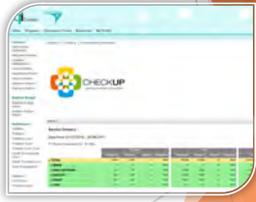
1. Systematically and comprehensively map existing eye health services/programs in a location or region including:
 - ◊ Service availability
 - ◊ Patient access
 - ◊ Models and referral pathways
 - ◊ Service sustainability
 - ◊ Quality assurance
2. Describe gaps in optimal coordination and delivery of the service – *The Leaky Pipe*.
3. Make recommendations for improving services.

Service performance monitoring and control

The Outreach Management System

The Outreach Management System (OMS) is a custom built, online monitoring and reporting tool which provides a consistent approach to contracting and management of health providers delivering Outreach Services.

Regional coordinators use this tool to flag issues with service delivery as they emerge and address them in a timely manner.



Sharing eye health service information

The Outreach Diary



http://outreach.checkup.org.au/

SEARCH

SEARCH

Funded by the Australian Department of Health, CheckUP in partnership with QAIHC leads a strong, effective consortium delivering outreach services to urban, rural and remote locations and high-cost populations throughout Queensland.

We aim to increase access to medical, specialist, GP and allied health professional services in urban, regional, rural and remote locations throughout Queensland, including Aboriginal and Torres Strait Islander communities.



Thank you

Karen Hale-Robertson
Chief Operating Officer
CheckUP Australia
khale Robertson@checkup.org.au



THE CABIEHS REGIONAL DATA STORY:

Illustrating the process and outcomes of regional data collection

16 March 2018
Presented by Lola Susuico





- A lack of sharing of routine data collected by Clinic, Hospitals, Visiting Optometrists' and Outreach Eye Health teams
- An absence of collated aggregated data
- Limiting CABIEHS ability to assess trends in eye health status and service delivery in Central Australia and Barkly Regions




- Establish a Data and Information Systems Working Group to lead the development of an agreed eye health data framework Central Australia and Barkly regions
- Working Group membership comprises of two distinct subgroups - Barkly and Central Australia
- Two subgroups come together with common approach



Process to Develop an Eye Health Framework

- Current data measures (2014 – 22 measures)
- Explored data source (Local/regional/territory/national)
- Frequency of reporting and availability
- Ways to collect
- Limitations




Challenges

- Extraction of data
- Counting of data
- Difference in service delivery for Regional collation of data
- Agreement and confidence to share information





- Established a process to capture routine data that feeds into the Regional minimum data set
- CA and Barkly time series – 2015,16,17
- Regional Time Series – 2015,16,17
- Initial analysis






End of 2018

- Have an accurate regional data picture which informs CABIEHS on trends and identifies priorities and can be used for advocacy
- Be able to use published data in appropriate form to aid advocacy efforts
- Development of data collection pathways to continue quality improvement of data collected and associated processes



THANK YOU



Importance of regional data to support delivery of services and care

Anne-Marie Banfield



At the mention of data you will get a collective sigh from most people.

Effective, clean and reliable data collection is time consuming and the value of data is often misunderstood.



DATA ENTRY WILL MAKE SURGERIES LONGER



Quality Data

Does not only drive funding decisions and opportunities

- ▶ Does help us to identify service gaps
- ▶ Training needs
- ▶ Health promotion opportunities
- ▶ Referral and service outcomes
- ▶ Community needs
- ▶ Community participation in services



Regional ACCHO's face arrange of challenges

Issues of distance impacts on service costs, productive time on site, and staff exhaustion due to travel commitments are a few.



Other factors include:

- ▶ Community pressure to be "all things to all people" in the absence of an adequate range of health and welfare services.
- ▶ The long time required to foster community acceptance.
- ▶ The challenge of managing confidentiality in small communities.
- ▶ Limited access to other support professionals, especially specialists.
- ▶ Difficulty recruiting and retaining staff.
- ▶ The limited ability of communities to pay for services.



Other factors include:

- ▶ Sustainability of the organisation to enable the program staff to get on with delivering the program.
- ▶ Sustainability of the program in terms of having access to quality staff who can effectively meet client needs.
- ▶ Sustainability of the linkages with other services that support the program.



Quality Data allows us to strengthen our client centred care

Client-centred care is care that is focused and organized around the health needs and expectations of people and communities, rather than on diseases.



The Great South Coast regional eye health project worked on collecting quality, clear and concise data to help improve the eye health outcomes for the local koori community



Identified Objectives

- ▶ Establish linkages with all local hospitals to ensure coordinated Eye Health services for all Aboriginal patients.
- ▶ Case management of eye health patients.
- ▶ Collaboration, and coordination of eye health resources and services around the region
- ▶ The continuation of the eye health committee.
- ▶ Development of a Regional strategy looking at the coordinated eye services, referral pathways to reduce the impact of eye disease in the local community.



Outcomes

- ▶ The development of the client journey app and culturally sensitive resources.
- ▶ The continuation of the eye health committee.
- ▶ Supported coordinated eye health services with GPs, PHN and Local services.
- ▶ Improved client outcomes and screening.
- ▶ Better data collection measures.
- ▶ Development of regional ATSI eye health resources.
- ▶ Stronger partnerships.
- ▶ 2016/2017 56% of Type 2 diabetic clients regionally received a comprehensive eye examination.



Where to from here

- ▶ Continue to strength partnership and collaboration across the region, ACCHOS, Mainstream Health and Optometry services.
- ▶ All ATSI Clients presenting for a 715 Assessment have at minimum a Snellen Chart observation recorded and those requiring referral receive a comprehensive eye examination.
- ▶ At least 75-100% Diabetic clients cycle complete their diabetes cycle of care with a Comprehensive Eye examination every 12 months.
- ▶ At least 75-100% Diabetic Clients have retinal screening completed.



Effective and timely data collection will ensure that we remain on track into the future and will help us to establish new goals moving forward.

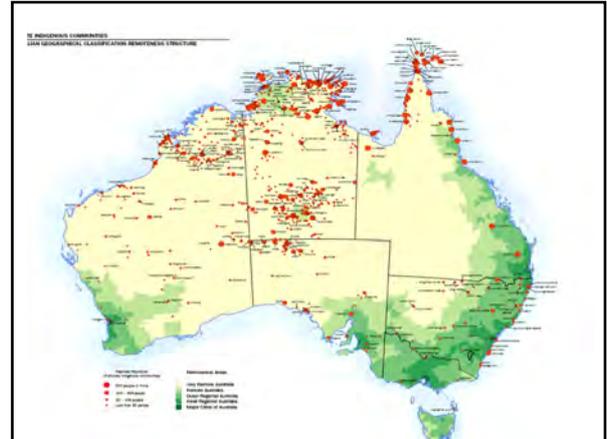


Even if you think that no one is looking at your data Someone is always looking

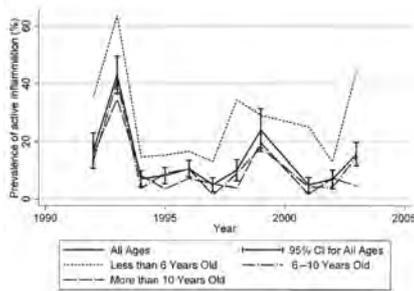


Surveillance data to support trachoma elimination in Australia

John Kaldor
National Trachoma Surveillance and Reporting Unit,
Kirby Institute, UNSW

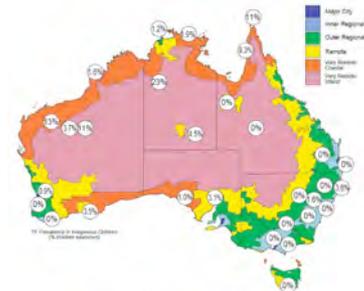


Trachoma long recognised in remote communities



Kain et al (2007) *Clinical and Experimental Ophthalmology* 35:119-123

Trachoma in Indigenous children 5-15, 2008



Taylor et al 2009. National Indigenous Eye Health Survey. Centre for Eye Research Australia

Global elimination of trachoma by 2020

SAFE strategy

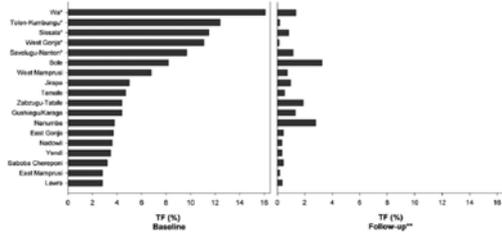
Trachoma prevalence under 5% in 1-9 year- olds

Trichiasis prevalence under 0.1%

Environmental factors sustainably addressed



Prevalence of trachoma in 1-5 year-olds, before and after SAFE program, Ghana



Yayemai et al., 2009, *Transactions of the Royal Society of Tropical Medicine*

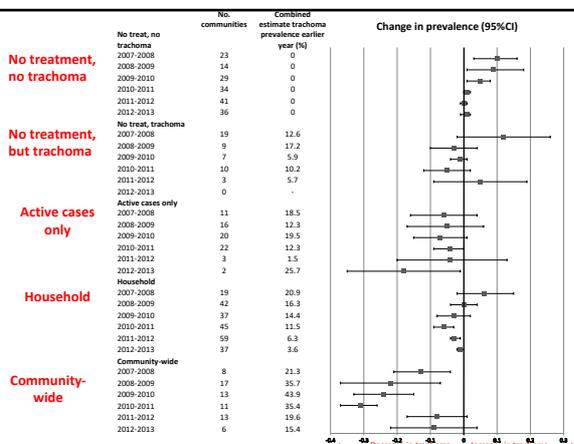
Australian trachoma control

- National approach and funding started 2006 – CDNA guidelines
- Commitment to GET 2020
- Implementation at jurisdictional level
- Community-controlled and government
- Support from multiple NGOs

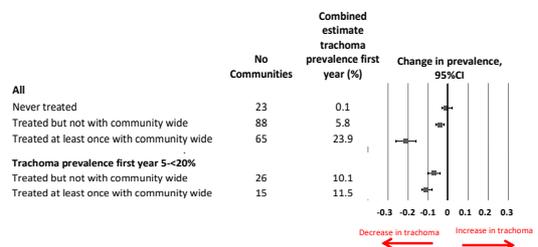
Progress to achieve trachoma control

- Are we getting there?
- Will we reach the targets by 2020?
- What more do we need to do?
- How can we work together better?
- Do we have the data we need?

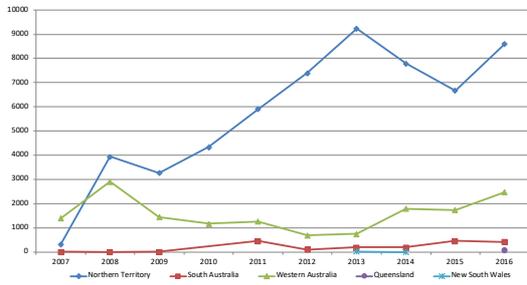
Use data to plan, evaluate, advocate



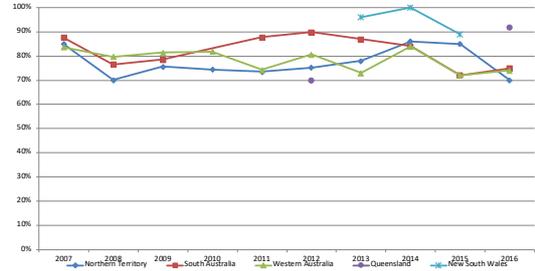
Overall change in trachoma prevalence



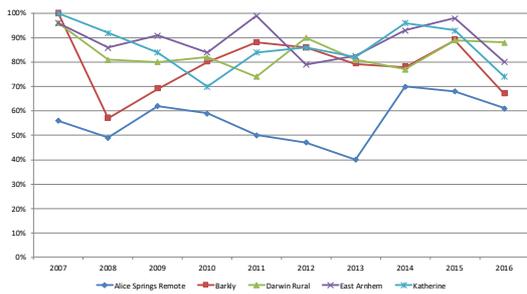
Doses of azithromycin administered for trachoma Australia 2007-2016



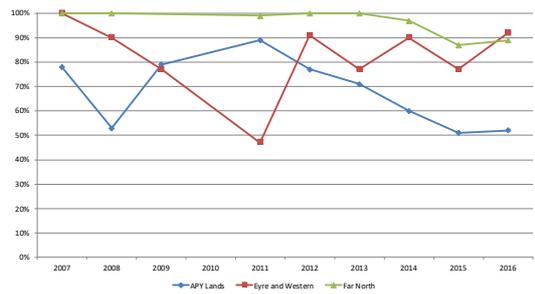
Proportion of screened children aged 5-9 years who had a clean face by jurisdiction, Australia 2007-2016



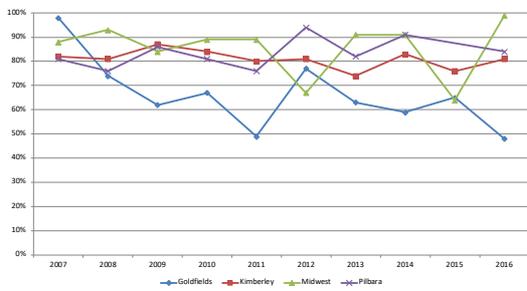
Proportion of screened children aged 5-9 years who had a clean face by region, Northern Territory 2007-2016



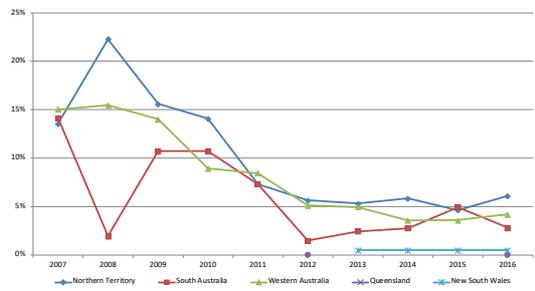
Proportion of screened children aged 5-9 years who had a clean face by region, South Australia 2007-2016

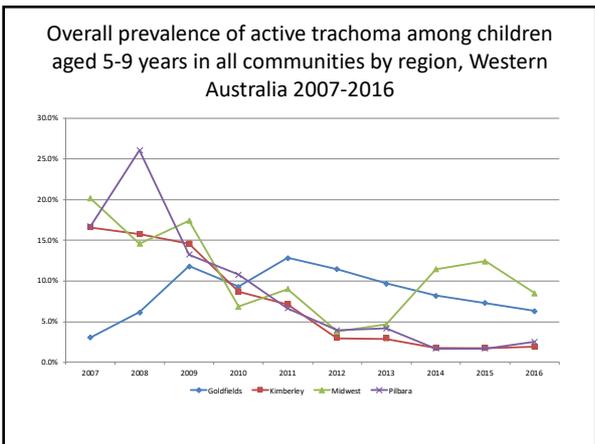
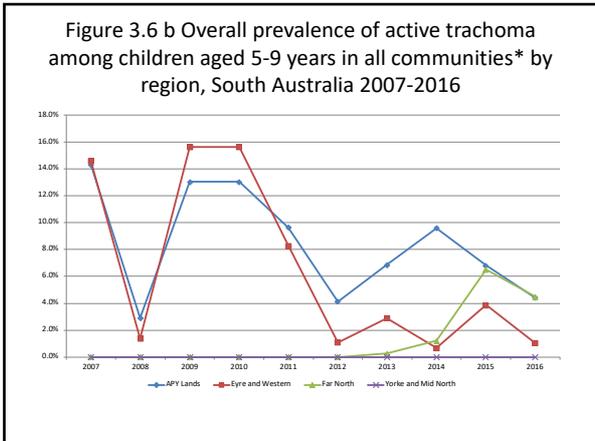
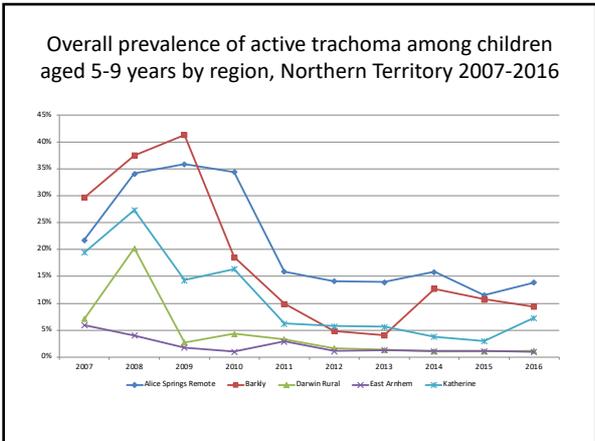


Proportion of screened children aged 5-9 years who had a clean face by region, Western Australia 2007-2016



Overall prevalence of active trachoma among children aged 5-9 years by jurisdiction, Australia 2007-2016





189 at risk communities in 2006

- 44 not screened since 2013, no trachoma
- 77 had at least 1 case in 5-9 year olds since 2014
- 56 had at least 5% prevalence in 5-9 year olds
- 15 had at least 20% prevalence

Progress to achieve trachoma control

- Are we getting there?
- Will we reach the targets by 2020?
- What more do we need to do?
- How can we work together better?
- Do we have the data we need?