



North Queensland Eye Health Forum

2022

Outcomes & Future directions

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Eye health in Northern Queensland

Results of National Health Survey indicated that over 13 million Australians have a chronic eye condition and approximately 93% of people aged 65 years or older have long-term vision disorders (AIHW, 2021). The National Eye Health Survey (Foreman, et al., 2016) also reported that prevalence rates for vision impairment and blindness were three times higher for Indigenous Australians than non-Indigenous Australians.

The leading cause of vision impairment or blindness is uncorrected refractive error, followed by cataract, diabetic retinopathy, age-related macular degeneration, and glaucoma (Foreman, et al., 2016). It has been estimated that approximately 90% of all cases of vision impairment and blindness are either preventable or treatable. Improving access to early detection, and screening can help many Australians who are needlessly suffering.

There is a paucity of population-level data relating to eye health for North Queensland. However, when looking at workforce data (Health Workforce Queensland, 2021), it is clear that many parts of the State do not have adequate access to eye health care. There are many factors that compromise care across Northern Queensland including, but not limited to, geographical remoteness, socioeconomic barriers to care, cultural appropriateness of health systems, and chronic rural workforce shortages among optometrists, general practitioners, nurses and medical specialists (Health Workforce Queensland, 2021; Department of Health and Aged Care, 2022).

Access to eye health care services is expected to worsen in the future. Forecasts indicate that eye health care demand will increase due to an ageing population with greater prevalence of chronic illness with eye co-morbidities such as diabetic retinopathy, and macular degeneration (Queensland Treasury, 2022; Department of Health, 2021).

North Queensland Eye Health Forum

The inaugural North Queensland Eye Health Forum was held in Townsville in August 2022. The Forum hosted approximately 40 invited stakeholders engaged in eye health service provision and research in regional Queensland. The Forum provided an opportunity to discuss a collaborative approach to improving eye health for those across regional Queensland.

The group of attendees included:

- Health Practitioners (e.g. General Practitioners, Medical Specialists, Allied Health including Nurses and Optometrists),
- Researchers and Academics,
- Medical Educators,
- Health Administrators from both public and private sectors,
- Representatives from Indigenous health organisations,
- Representatives of Not-for-profit, Corporate and non-Corporate stakeholder organisations,
- Federal Member for Parliament.

The geographical reach of the Forum was well beyond North Queensland with delegates from South-East, Central, and Western Queensland, as well as from interstate.

The objectives of the forum were to:

- identify priorities for improving eye health in regional Queensland
- identify opportunities for action and next steps
- deliver a networking opportunity for stakeholders engaged in eye health services and research

Optimism for change

Attendees at the forum were asked to identify the main priorities for improving eye health across regional Queensland. The discussion centred on improving access to eye health care.

The assembled expertise identified a number of critical outcomes that are necessary to achieve equitable access to eye health care in regional Queensland. These critical points are summarised in Figure 1, below:

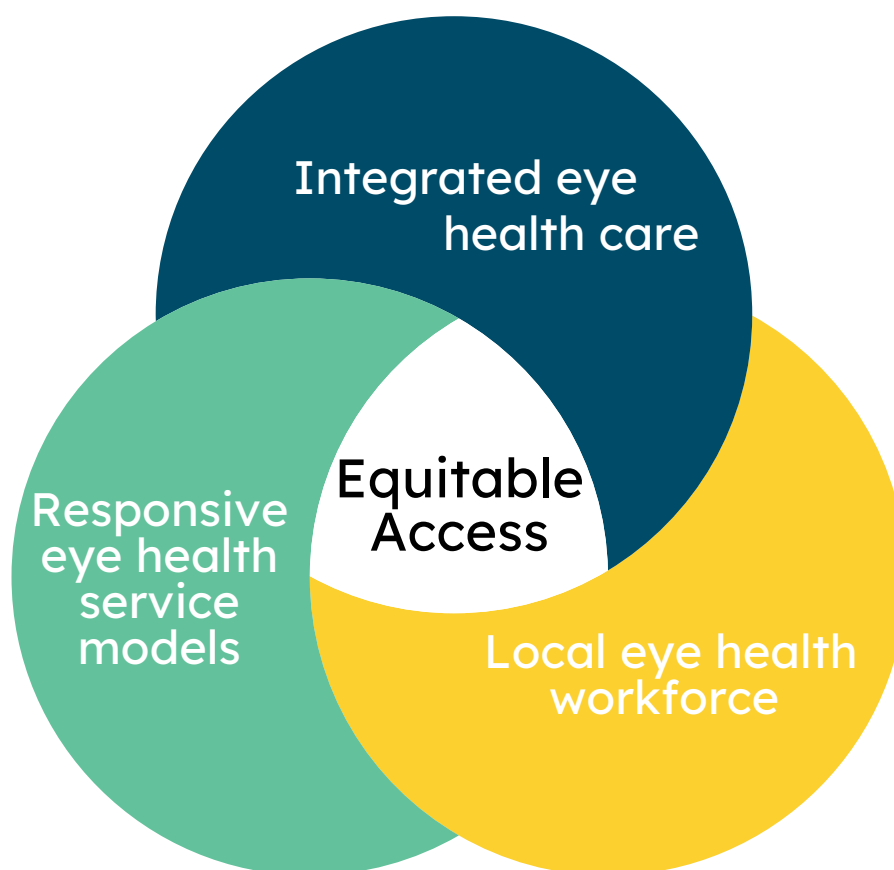


Figure 1: Critical outcomes for equitable access to eye health care in regional QLD

Health service delivery is complex and systemic change is difficult. With a focus on achieving outcomes, small steps can be taken to enact noticeable change. A focus on these three areas will improve access to eye health care in regional areas.

A focus on outcomes

1

Local eye health workforce

There is an alarming maldistribution of eye health practitioners in Australia (Department of Health, 2021; Duffy, et al., 2021; Optometry Australia, 2021). In 2019, there were approximately 960 ophthalmologists registered in Australia. Of those, 97% were located in either major cities or inner-regional areas (AIHW, 2021). In real terms, this equated to almost 5 full-time-equivalent (FTE) ophthalmologists per 100,000 persons in major cities and less than 1 or none in remote and very remote areas. A similar trend was observed for Optometrists where 94% of the 5324 registered optometrists worked in either major cities or inner regional areas (AIHW, 2021). Remote and very remote areas were underserved by optometrists, the primary care providers for eye health. There were 8 FTE optometrists per 100,000 persons in remote areas compared to 20 in major cities. There is an urgent need to identify sensible strategies to address the current and future workforce shortages in Northern Queensland.

There is now an abundance of evidence to support rural training pathways for health professionals. It has been found that those who are from and those who train in rural areas are more likely than their urban counterparts to return to rural areas as practitioners (for review, see: Ogden, et al., 2020). A 'grow-your-own' approach will provide a sustainable workforce but other strategies are also needed to address immediate workforce needs.

Adequate regional training opportunities for medical & allied health professions at all stages of the training pipeline to support a sustainable eye health workforce.

2

Integrated eye health care systems

Health system Integration can deliver efficiencies in care and improved health outcomes for patients (Brown & Oliver-Baxter, 2016). Successful health service Integration is particularly important in areas with scarce resources, such as in rural communities.

Primary health care plays a critical functional role in Integrated care (Valentijn, et al. 2013). Typically, General Practitioners are considered as sole primary health providers. However, this may no longer be the case for eye health. During the past

A focus on outcomes

decade, optometrists have increasingly assumed the role of primary care physicians for eye health (Parkins, et al, 2014). This change in the way that primary eye health care is delivered presents opportunities for adopting new technologies and developing new models of health care delivery. In many jurisdictions, optometric co-management models have been safely and successfully implemented and have resulted in reduced public clinic wait times (for overview, see: Optometry Australia, 2021).

An Integrated health care system is needed to enable co-management models of patient care. Adequate leadership is needed to incentivise Integration and optimise existing resources that are currently under-utilised in regional areas.

Leadership to support integration of eye health care systems to optimise existing resources and build capacity among health professionals in regional areas.

3

Responsive Health Service Models

A critical component of delivering health services is understanding the needs of the people and communities it exists to serve. Existing health systems and funding arrangements leave little opportunity for flexibility in delivery modes. Outreach eye health services exist in pockets of good practice across regional Queensland in spite of existing rigid health systems. In line with recommendations handed down by Queensland Health's Reform Planning Group, more work is needed to identify local health needs for each region (Queensland Health, 2022). Following on from this, systemic changes to funding models are needed to support regional health services to appropriately address the needs of their region.

It is well accepted that the way that health care is delivered in rural and remote areas is different to that of major cities. Health services must be appropriately structured and funded to incentivise strategic investment in technologies that support innovative and flexible models of care in regional areas.

Person-centred health service models that acknowledge and overcome the barriers to health care in regional Queensland.

Strategies to improve access

Attendees at the forum were asked to identify opportunities for action that may result in an immediate improvement in how eye health care is delivered in regional Queensland. A number of strategies were identified and are listed in Table 1. The table also includes an indication of how each activity links to the critical outcomes detailed above.

Table 1: Opportunities for improving access to eye health care in regional QLD

	Local Workforce	Integrated Care	Responsive services
Expand offerings and resourcing for Visiting Optometry Scheme (VOS)	✓		✓
Build capacity for eye health screening among Health Workers in regional areas	✓	✓	✓
Develop 'Special Interest in Eyes' program for rural GPs and Rural Generalist Specialists	✓	✓	✓
Offer Vision Sciences program at a University in NQ to build community of practice and future workforce	✓		✓
Provide clinical optometry services in public hospitals	✓	✓	✓
Provide publicly funded or subsidised spectacles for people who need them			✓

Future directions

The inaugural North Queensland Eye Health Forum aimed to identify a number of priorities for improving eye health in Northern Queensland. Below is a list of actions which NQ Eye Foundation will commit to undertake:

1. Partner with eye health practitioners to deliver training to local allied health and medical professionals
2. Liaise with relevant University and Health organisations to advocate for greater opportunities for training eye health practitioners in northern Queensland;
3. Support an inter-professional approach to eye health care by advocating for changes to professional scope of practice in regional areas, to enable patient co-management between allied health and medical practitioners across public and private sectors;
4. Provide opportunities for regional advocacy by hosting an annual North Queensland Eye Health Forum or similar collaborative events.

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NQ Eye Foundation is a registered Health Promotion Charity (HPC) with Australian Charities and Not-for-profit Commission (ACNC). Further information about NQ Eye Foundation and its programs can be found at nqeyefoundation.org.au and the ACNC website.