

GUIDELINES FOR EYE HEALTH TEAMS FOR RURAL AUSTRALIA - EXPANSION OF THE MEDICAL SPECIALIST OUTREACH ASSISTANCE PROGRAM

1 BACKGROUND

The Medical Specialist Outreach Assistance Program (MSOAP) was established in 2000 to improve the access of rural and remote communities to medical specialist outreach services by complementing outreach specialist services provided by State and the Northern Territory Governments.

MSOAP has been highly effective in increasing access to medical specialist services for people living in rural and remote Australia. However, there is still unmet need.

The Eye Health Teams for Rural Australia Expansion of MSOAP was announced in the 2010-11 Budget. The description of the measure from the Budget document is:

The Government will provide \$5 million over four years to provide additional cataract eye operations to patients in rural and remote areas of Australia. These services will be provided through the existing MSOAP, which provides financial assistance to specialists to cover the costs of travelling to rural and remote locations to provide clinical services.

The measure will also provide funding to the Australian Society of Ophthalmologists to administer a database of eye specialists willing to be part of MSOAP, and to promote the availability of the service.

1.1 Aims and Objectives of the Eye Health Expansion

The Eye Health Teams for Rural Australia Expansion of MSOAP aims to improve access of rural and remote communities to eye health services. Following approval of the Minister for Health and Ageing, the initiative will include a multi-disciplinary team based approach targeting eye health. The objectives of the expansion are to:

- Support eye health professionals to provide outreach services to rural and remote locations across Australia;
- Increase the number of eye health services, particularly cataract surgery, provided in rural and remote Australia;
- Foster collaboration between health services and health professionals in the local community and visiting eye health professionals to support ongoing management and continuity of patient care; and
- Increase and maintain the skills of rural and remote health professionals in relation to eye health.

2. FUNDING

Five million dollars over four years has been allocated to this measure. This includes support to the Australian Society of Ophthalmologists for its role in the delivery of this measure.

The annual allocation of funds is detailed below:

	2010-11	2011-12	2012-13	2013-14
Annual funds	\$1,000,000	\$1,100,000	\$1,300,000	\$1,600,000

3. EYE HEALTH EXPANSION - SERVICES

3.1 Eligibility

Services delivered to rural and remote communities in Australian Standard Geographical Classification (ASGC) – Remoteness Areas (RA) 2 (Inner Regional) to 5 (Very Remote) are eligible to be supported under this measure, with a focus on RA 4 (Remote) and 5.

Further information on the ASGC can be found at www.abs.gov.au or by accessing the Remoteness Area Locator at www.doctorconnect.gov.au

The services to be provided in each state and the Northern Territory and their locations will be detailed in the Strategic Plan described in Section 7.

3.2 Services to be provided

Cataract eye operations are the primary services to be supported under this expansion. Other services include the treatment of diabetic retinopathy and the diagnosis and management of disorders of the eye and associated vision problems; and rehabilitation of patients with vision loss.

3.3 Health professionals supported by the expansion

The following health professionals may be supported under the eye health expansion:

- Ophthalmologists;
- Anaesthetists;
- Optometrists;
- Nurses assisting ophthalmologists and anaesthetists;
- General practitioners;
- Aboriginal Health Workers; and
- Orthoptists.

4. PARTICIPANTS

The participants in the Eye Health Expansion are:

- The Department of Health and Ageing – central and state/territory offices;
- Australian Society of Ophthalmologists (ASO)
- The Indigenous and Remote Eye Health Service (IRIS) Taskforce of the ASO;
- National MSOAP Eye Health Committee;
- The MSOAP Fundholders; and
- Eye health professionals delivering the services.

Other organisations and individuals relevant to the implementation of this measure include:

- Aboriginal Health Workers;
- Aboriginal Medical Services; and
- Regional Eye Health Coordinators.

4.1 Department of Health and Ageing

Departmental officers have responsibility for the oversight and management of the Eye Health Expansion. The Department will:

- develop and revise, as necessary, in consultation with relevant parties, guidelines for the program;
- prepare funding agreements with fundholders and the ASO;

- chair and provide secretariat services to the National Committee to consider service locations recommended by the IRIS Taskforce of the ASO ;
- approve the Strategic Plan for the measure submitted by the IRIS Taskforce;
- liaise with and distribute funds to fundholders to enable the delivery of services under the Strategic Plan as agreed in the schedule of the Deed for Multi Project Funding; and
- approve progress reports submitted by fundholders and the IRIS Taskforce.

Officers in the Department's state and territory offices will be the primary program contact for fundholders.

4.2 Australian Society of Ophthalmologists

The ASO has a planning, coordination and marketing role for the Eye Health Expansion. They will:

- undertake evidence based planning, in consultation with the IRIS Taskforce, MSOAP Fundholders and Departmental state and territory offices;
- present a four year plan for the project to the Department of Health and Ageing for consideration, and undertake annual reviews of the prioritised locations;
- recruit eye health professionals willing and qualified to perform outreach services under MSOAP;
- create and maintain a register of these eye health professionals;
- work with MSOAP fundholders to coordinate teams of ophthalmologists and other eye health professionals to deliver services to rural and remote locations in each jurisdiction; and
- support MSOAP fundholders in building community awareness of new services through liaison with rural and remote general practitioners, optometrists, Aboriginal Medical Services and Regional Eye Health Coordinators where relevant.

This work will be undertaken in consultation with state-based MSOAP fundholders.

4.3 The IRIS Taskforce of the Australian Society of Ophthalmologists

The IRIS Taskforce has been established by the ASO to ensure a national approach to the delivery of eye health services through this measure. The Taskforce will work with the Department, eye health professionals and the MSOAP fundholders to identify and prioritise locations for inclusion in a draft Strategic Plan described at Section 7. The Plan will be submitted to the National Committee for consideration.

The IRIS Taskforce will also monitor progress and provide twice yearly progress reports to the Department, through the ASO, detailing progress and indicating issues for follow up. This report will focus on the administration of the expansion with qualitative reports to be provided after each visit as described at Section 8.

Details on the IRIS Taskforce are available on the ASO website at:

http://aso.asn.au/index.php?option=com_content&view=article&id=29&Itemid=30

Once each year, IRIS will review the Strategic Plan and prepare recommendations to the National Committee of any changes that may be required to the Plan.

4.4 National MSOAP Eye Health Committee (National Committee)

The National Committee established by the Department will be responsible for considering and making recommendations to the Department on locations for funding in each financial year following submission of a draft Strategic Plan including recommended locations by the IRIS Taskforce. It will comprise representatives of the following groups:

- Department of Health and Ageing Central Office – Rural Health Services and Policy Branch, Office for Aboriginal and Torres Strait Islander Health and Office for an Ageing Australia;
- Department of Health and Ageing State/Northern Territory Offices;
- Australian Society of Ophthalmologists;
- IRIS Taskforce;
- Optometrists Association Australia;
- Vision 2020 Australia;
- The Fred Hollows Foundation;
- National Aboriginal Community Controlled Health Organisation;
- MSOAP fundholder organisations;
- National Rural Health Alliance; and
- a consumer organisation.

The National Committee will be chaired by the Assistant Secretary, Rural Health Services and Policy Branch in the Department's Central Office.

4.5 MSOAP Fundholders

Fundholder(s) in each state and the Northern Territory have responsibility to auspice, on behalf of the Department, the Eye Health Expansion of MSOAP to ensure the provision of eye health outreach services in rural and remote communities.

Responsibilities to be managed will include, but not be limited to:

- liaison with the ASO to recruit eye health professionals for ophthalmology and related services funded under this measure;
- contracting of health professionals participating in the measure;
- coordination of the on the ground arrangements for the multi-disciplinary teams in consultation with Aboriginal Medical Services and Regional Eye Health Coordinators where relevant;
- monitoring, management and fulfillment of all program obligations;
- accurate collection, collation and appropriate analysis of data and making this data available to the Department;
- administration of payments to participating health professionals in accordance with services provided;
- assistance with the provision of upskilling sessions to health care professionals as required;
- promotion of the measure, supported by the ASO; and
- provide other activities necessary for the effective and efficient operation of the project.

Fundholders are required to ensure that services provided under the Eye Health Expansion of MSOAP are coordinated with local health services to facilitate, where possible, continuity of care to patients and coordination and integration with local health services. Where possible, fundholders should also ensure that these services are integrated with, but visits do not overlap with, outreach services provided under the VOS and the core MSOAP and MSOAP-Indigenous Chronic Disease (ICD) programs.

The MSOAP Fundholders in each state and the Northern Territory are:

New South Wales	NSW Rural Doctors Network; and NSW Health	02 8337 8100 02 9391 9000
Northern Territory	NT Department of Health	08 8999 2400
Queensland	General Practice Queensland; and Queensland Health.	07 3105 8300 07 3234 0111
South Australia	Rural Doctors Workforce Agency	08 8234 8277
Tasmania	Tasmanian Department of Health and Human Services	03 6336 4373
Victoria	Rural Workforce Agency Victoria.	03 9349 4899
Western Australia	Rural Health West	08 6389 4518

Participants should contact their local Aboriginal Medical Service (AMS) for advice on the location of Regional Eye Health Coordinators.

4.6 Health Professionals

Health professionals funded under the Eye Health Expansion will work to provide multi-disciplinary treatment and management of eye health conditions for patients in rural and remote Australia. Health professionals will:

- deliver services as agreed in their contract with the fundholder;
- liaise as necessary with other local or visiting health professionals, including optometrists funded under the VOS, to ensure effective coordinated patient care;
- liaise with the local AMS and Regional Eye Health Coordinator where relevant;
- share patient records permitted under privacy laws with other relevant health professionals;
- undertake, or have undertaken, cultural safety and awareness training if providing services to Aboriginal and Torres Strait Islander communities;
- advise and negotiate with fundholders of changes to scheduling arrangements to ensure these changes are managed by the fundholder and by the outreach location;
- maintain appropriate records and submit tax invoices as required by the fundholder within six weeks of completion of an outreach visit; and
- ensure the timely provision of deliverables as detailed in the contract with the fundholder.

Health professionals should work with Regional Eye Health Coordinators and other programs such as the VOS to ensure appropriate patient follow-up care.

5. WHAT CAN THE PROGRAM SUPPORT?

Details of what can be supported under the Eye Health Teams for Rural Australia Expansion of MSOAP are included in Section 4 of the MSOAP-Indigenous Chronic Disease (ICD) Guidelines. These Guidelines are at **Attachment A**. (what about supplementary services and case conferencing?)

In addition other elements specifically related to this expansion that may be supported included costs such as payment for theatre time and other expenses related to performing eye surgery.

The expansion cannot support the purchase of consumables or local hospital staff.

This measure also supports leasing of portable equipment required to deliver eye health services. It does not support the purchase of equipment.

Some rural and regional patients needing eye health services may be eligible for financial assistance for travel and accommodation. Patient Assisted Travel Schemes (PATS) are a transport and accommodation subsidy schemes that assists people in isolated and rural communities to gain access to non-emergency specialist medical treatment not available in their own area. PATS are administered by state and territory health departments. Patients who may require travel and/or accommodation assistance should discuss this with their medical practitioner and also contact the health department in their state or territory.

6. PROGRAM OPERATION

This measure, while operating under the broad MSOAP banner, will operate differently in several aspects:

- Analysis of needs and identification of priority locations will be undertaken by the ASO and the IRIS Taskforce, which will consult with MSOAP fundholders and jurisdictional Advisory Fora in preparing and finalising the Draft Strategic Plan for submission to the National Committee;
- The ASO will maintain a register of ophthalmologists and other eye health professionals willing and qualified to perform outreach services under MSOAP;
- Service delivery will not be in every jurisdiction each year. A national focus will be used to ensure every jurisdiction receives service delivery over the life of the Strategic Plan; and
- MSOAP Fundholders will only participate in the delivery of services in the year(s) in which their jurisdiction is to receive services.

An agreement will be drafted with the relevant fundholder/s for each financial year. It will include a budget for services based on the costings in the Strategic Plan and a budget (capped at 20% of the funding to the fundholder) for administration costs.

All states and the Northern Territory will be supported during the four years of this expansion.

Details of the general administration of the Eye Health Teams for Rural Australia Expansion of MSOAP are included in Section 5 of the MSOAP Guidelines.

7. THE STRATEGIC PLAN

The Strategic Plan to be developed by the ASO and the IRIS Taskforce will cover the period 2010-11 to 2013-14 and will contain the following information and supporting documents:

- A statement on how locations were identified and rationale for prioritisation;
- A list of who was consulted in the development of the Plan;
- A list of locations against proposed year for delivery of services;
- A list of proposed services to be provided to each location;
- A detailed budget for each year for each location; and
- Reserve locations for each year that can be used if funding allows.

The Department's state and Northern Territory offices will confirm the support of the Advisory Forum for the prioritised list for their jurisdiction.

The IRIS Taskforce will liaise with fundholders about needs and locations already prioritised in their jurisdiction. They will also use the knowledge of the ASO to identify areas of need. In their discussions with fundholders the IRIS Taskforce will also need to clarify whether additional consultation is also required with jurisdictional health departments (particularly if services are to be provided in public hospitals) and then undertake this consultation if necessary.

Decisions on locations for service delivery to be included in the Strategic Plan and prioritised within the available funding will be based on the following criteria:

- A clinical need for the service that has been well articulated;
- Availability of appropriate facilities and equipment at the outreach location (e.g. appropriate clinical facilities for cataract surgery);
- The ability of services to link, where possible, with other eye health services, Regional Eye Health Coordinators where relevant, and programs including local health professionals and especially the VOS, to support ongoing management and continuity of patient care;
- Localities in ASGC-RAs 2-5 with a focus on RAs 4 and 5;
- Consideration of equitable access to all jurisdictions relevant to remoteness;
- Services that will increase and maintain the skills of rural and remote health professionals in relation to eye health where available;
- As appropriate, service providers working as part of a multi-disciplinary team to provide eye health care.

The Plan will be reviewed annually in consultation with the National Committee and amended as necessary.

8. REPORTING

The nature of this measure is episodic and therefore the reporting requirements are structured accordingly.

Fundholder Reporting

Fundholder reporting obligations will be specified in their agreement with the Department.

Within two weeks of each “intensive” or circuit outreach service being provided, data will be provided to the Department and the ASO by the relevant MSOAP fundholder on:

- the location/s visited and team membership
- the number and types of services (e.g. cataract surgery, diabetic retinopathy, trichiasis)
- the total number of patients seen and the number of Aboriginal and Torres Strait Islander patients

The fundholder will also be required to provide a financial report on each service against the budget specified in the Strategic Plan. If the service is an “intensive” to one location the report will be required within three months of the delivery of the service. If the service is a circuit to a number of locations the report will be required 3 months after the completion of the circuit.

Australian Society of Ophthalmologists Reporting

Within ten weeks, a detailed qualitative report will be provided to the Department by the ASO with the following information:

- Report from the team on the visit, including information on any upskilling provided to local health professionals; information to assist in finetuning the

measure and arrangements for follow up of patients. Any information to be passed to MSOAP or MSOAP-ICD or VOS for consideration in future planning should be identified clearly;

- Number of services planned against actual services delivered;
- The number of people seen and referred for surgery as well as the number of people operated on; and
- Coordination and logistics.

This report will be made available to the relevant fundholder/s.

In all reporting and program operations patient confidentiality and privacy must be maintained by all participants.

9. RELATED PROGRAMS

There are a number of programs funded by the Australian Government that may provide complementary services to the Eye Health Expansion, including follow up of individuals treated through this measure.

9.1 Visiting Optometrists Scheme

The Visiting Optometrists Scheme (VOS) aims to improve the access of people living and working in rural and remote communities to optometric services. This is achieved by addressing some of the financial disincentives to providing outreach including travel, accommodation, meals, facility fees, administrative support at outreach location, external locum support at the home practice, and the lease and transport of equipment. In addition, an absence from practice allowance may be payable to compensate optometrists for 'loss of business opportunity' due to the time spent travelling to and from an outreach location to deliver VOS supported services.

Services are targeted to Australian Standard Geographical Classification - Remoteness Areas (ASGC-RA) 4 (Remote) and 5 (Very Remote) communities. However, services to ASGC-RA 2 (Inner Regional) and 3 (Outer Regional) communities with an identified need for optometric services will also be considered if supported by a local Aboriginal Medical Service or a local health professional.

9.2 Indigenous Eye Health

Aboriginal and Torres Strait Islander people are at increased risk of developing blindness and vision loss, the majority of which is preventable or treatable. Access to comprehensive eye health care services, including specialist care and surgery, is critical to ensure eye health conditions are detected and treated as early as possible.

9.2.1 Improving Eye and Ear Health Services for Indigenous Australians

The *Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes* measure was announced in February 2009 and commits \$58.3 million over four years from 1 July 2009 to support improvements in eye and ear health services for Indigenous Australians. Key eye health components of the measure include: expansion of the VOS; increased services to address trachoma; and additional eye surgeries in Central Australia.

Expansion of the VOS

This expansion of VOS supports optometrists to provide outreach optometric services to 115 national priority Aboriginal and Torres Strait Islander communities in each State and the Northern Territory. These services commenced in April 2010.

Trachoma Control

A National Framework for the Delivery of Trachoma Control Programs, including performance indicators, has been developed. Funding is being provided to support the expansion of current jurisdictional trachoma control programs Aboriginal communities in the Northern Territory, Western Australia and South Australia including screening and, where appropriate, treatment at least once every year. It also supports increased health promotion, prevention and environmental change aimed at preventing trachoma re-infection within at-risk communities. Other states may also be funded to support trachoma control programs in the future.

Eye Surgery Intensives

Intensive eye surgery weeks have been held since 2007 through the Central Australian and Barkly Integrated Eye Health Strategy Project ('the Project'). Under this measure three intensives have been held in September 2009, April 2010 and November 2010, with approximately 140 procedures being completed. The Project is jointly funded by the Australian Government, the Northern Territory Department of Health and Families, the Fred Hollows Foundation, Central Australian Aboriginal Congress, and Anyinginyi Health Aboriginal Corporation. On 8 April 2010 Minister Snowdon signed a Statement of Collaboration that provides at least \$153,307 (GST inclusive) per annum to continue support for the Project until 2012-13.

Regional Eye Health Coordinators

Regional Eye Health Coordinators (REHCs) are funded by the Office for Aboriginal and Torres Strait Islander Health (OATSIH) as part of the broadbanded primary care base funding to Aboriginal Medical Services (AMS). REHCs undertake a range of duties depending on their local circumstances, such as providing patient transport, undertaking some clinical work and the coordination of secondary and tertiary care when required. Approximately 24 REHCs are currently employed nationally, with limited coverage in some areas. AMSs can be contacted for advice on the location of REHCs.