

POSITION STATEMENT

Team-based eye care for Aboriginal and Torres Strait Islander communities

This position statement seeks to:

- provide some definition of an 'eye care team'
- outline the key principles and provide guidance for effective eye care teams for Aboriginal and Torres Strait Islanders people and communities.

Good eye and vision outcomes for Aboriginal and Torres Strait Islander communities can be facilitated by a team approach. This is particularly important since eye care generally involves many staff with different roles working at different levels of the health system.

Teams in health care and in eye health care can take many forms. They may, for example, be drawn together to meet the multidisciplinary needs of a specific patient, or work regularly as a team providing care to patients in a specific location and/or with a specific set of care needs. They make work together to address a particular health episode or provide a particular intervention or to provide care along a pathway of patient care. A team approach is expected to provide improved outcomes for communities and individuals and potentially provide service efficiencies and additional community and provider advantage.

Reference to 'eye care teams' has become increasingly common in relation to government funded eye health projects and programs, particularly those providing visiting or outreach services. However, this term is often not given explicit definition.

This statement has been developed with particular regard to multidisciplinary eye care personnel providing care to Aboriginal and Torres Strait Islander communities with visiting and locally based optometry services.

The Optometrists Association Australia (OAA) Aboriginal and Torres Strait Islander Eye Health Working Group advocates that different models of eye care teams, adapted for local circumstances, can work effectively to provide comprehensive, quality eye care to Aboriginal and Torres Strait Islander communities and deliver improved eye care outcomes.

These teams are most likely to be effective if they are structured around the following principles:

- *Patient centrality:* Care should always be focused around the needs and wishes of the patient. In many circumstances, this will involve the patient's family and community.
- *Local community support and relevance:* To be most effective, team care models must be matched and adapted to the specific context and community needs and in consultation with the community. There will be differences in team composition depending on patient need, geography and local service profile.

- *Shared goal:* A team should share an agreed and articulated goal for the component and collective activities of the team. This should include agreement to work together and how this is done and provide basis for respect of the contribution from each member of the team. Shared goals will foster greater collaboration.
- *Integration with primary care:* Eye care should be embedded within existing primary care services and pathways to support identification of eye problems and eye teams need to develop and maintain strong links and interaction with primary care.
- *Integration with tertiary care:* Eye care requires links and interaction with tertiary care (hospital services) and this should be an element of the team structure.
- *Communication:* Communication is fundamental to the success of team-based care and can present particular challenges when teams are comprised of practitioners providing visiting services at different times, in different settings and using a range of record keeping formats. Teams need to facilitate effective and robust systems for communication between members. Shared patient records and case management plans provide strong support for team care.
- *Multidisciplinary composition:* To provide comprehensive eye care, a team ideally should be comprised of optometrists and ophthalmologists as well as local primary care workforce, potentially including General Practitioner, Practice Nurses and Aboriginal Health Workers. It should also include coordinating staff to liaise, schedule visits and contact, mobilise and support patients. Effective multidisciplinary teams use the members of team to the best of their abilities.
- *Service efficiency:* Eye care teams providing both optometry and ophthalmology services should consider considerable efficiencies of scheduling optometry services prior to ophthalmology visits and ensuring the ratio of service types match community and individual needs.
- *Clear definition of roles and patient pathways:* Team care effectiveness and efficiency can be maximized when all members of the team are clear about the roles and responsibilities of the other and agree common patient pathways. Coordination between visiting services is enhanced when members of the local health service are also aware of the roles of different members of the team.
- *Value adding:* Teams should work to add value to the communities they are working through consideration of health promotion, local capacity development, prevention, quality assurance and evaluation.