Optometry AUSTRALIA

Policy Options to Improve Access, Distribution and Quality of Rural Allied Health Services

Optometry Australia response to the National Rural Health Commissioner, August 2019

Optometry Australia, the peak professional body for optometrists, represents over 80 per cent of registered optometrists in Australia. We thank the National Rural Health Commissioner for the opportunity to provide comment on the ***Policy Options to Improve Access, Distribution and Quality of Rural Allied Health Services***.

Optometry Australia strongly supports the intent of the policy options outlined. Optometrists provide eye care services in a variety of ways across rural areas of Australia, through an established optometry practice, through sessional services at regional hospitals or other local health services, and through delivering services under the Visiting Optometrists Scheme (VOS) funded by the Australian Government. These services are critical to ensuring access to eye care for people living in rural and remote communities, and it is necessary that these remain viable and sustainable.

Further, in December 2018, Optometry Australia launched the findings of our **Optometry 2040 project** which identified a plausible, and preferred, future for optometry, optometrists, and community eye health and the pathway to get there.

The project sought to respond to sector-wide concern that increasingly rapid change, associated with technological, economic, political and demographic influences, is disrupting tried and true optometry practice models, working conditions, patient eye care, and clinician training requirements and communication. Change isn't always positive, yet it brings opportunity if it can be embraced and channelled.

Of relevance to the policy options presented, Optometry 2040 found that there is an opportunity for optometry to play an increased role in both eye care and broader health care, particularly in rural and remote communities and in fact, in some international contexts, scope of practice for optometrists has broadened to support them in playing a greater role in treating a broader scope of ocular disease.

We acknowledge and thank the National Rural Health Commissioner for his strong engagement with the optometry profession to date, and would welcome the opportunity to further discuss as may be appropriate the issues and options presented and our comments in response.

Optometry Australia's Rural Optometry Group (ROG)

Optometry Australia would also like to take the opportunity to thank members of our Rural Optometry Group (ROG), particularly its convener, Dr Philip Anderton. The ROG provides expert advice to the Optometry Australia National Board on rural and regional matters. The ROG is committed to both ensuring the continued presence of a sustainable optometry workforce in rural and regional Australia which meets the needs of the community and enabling rural and remote optometrists to deliver the highest possible standard of care.

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The ROG is an active member of the National Rural Health Alliance, an alliance representing health professionals, service providers, consumers, educators and researchers working in rural and regional Australia. The Alliance is a strong advocate for good health and wellbeing in rural and remote Australia, with the specific goal of equal health for all Australians by 2020.

1. Rural Allied Health Policy, Leadership and Quality and Safety

1.1 Appointment of a Commonwealth Chief Allied Health Officer

Optometry Australia strongly supports calls for the appointment of a Commonwealth Chief Allied Health Officer. We believe that such a role should be tasked with operating in a way which enables cross-sector collaboration.

We recommend that the top priorities of such a position include:

- developing and promoting data collection, collation and analysis to demonstrate quality and value
- maximising practitioner scope of practice to improve patient access to health care
- address persistent maldistribution concerns by developing workforce training models, initiatives and pathways which encourage sustainable and long-term rural practice.
- identify initiatives and models which support the outreach/visiting workforce to address issues of access to health care providers in locations where service provision is not sustainable full-time.

1.2 Rural Allied Health College

Optometry Australia supports the primary strategies proposed by SARRAH to underpin the concept of rural generalism in allied health. Enabling optometrists to gain recognised rural generalist training, whilst at all times continuing to practice under the regulatory framework set out by the Optometry Board of Australia (OBA) is a valuable element of ensuring continued improvement in access to primary eye care in rural and remote areas.

There are currently six universities in Australia that offer optometry courses. These range in length from 3.5 to 7 years and are accredited by the Optometry Council of Australia and New Zealand (OCANZ) so that graduates of these courses can be registered with the OBA or with the Optometrists and Dispensing Opticians Board in New Zealand. OCANZ was established to ensure that optometry schools produce graduates who will practise to the high standard expected of them by the community. OCANZ also examines overseas optometrists who wish to practise in Australia.

Optometry Australia believe that optometry clinical education needs to be as comprehensive as possible in order to best prepare optometry students for practice. Sustainable and increased funding has the potential to fund broader clinical training experiences. There are further opportunities in continuing professional development to build on these skills following registration.

However, rather than establishing a new Rural Allied Health College, Optometry Australia would encourage the National Rural Health Commissioner to consider successful models for embedding further training experiences which could be integrated into the existing

clinical education, registration and continuing professional development structures for the optometry profession.

1.3 Allied Health Workforce Dataset

Optometry Australia recently responded to the AIHW consultation regarding a National Primary Health Care Data Asset, commenting that such an asset would provide a range of opportunities, most importantly by enabling true system adaption and reform in order to best meet changing community need. Improved access to primary health care data, including eye health care data, will assist in defining the community's essential health care needs.

Optometry Australia believes that the inclusion of allied health workforce data within the Data Asset proposed by the AIHW, or at least linked to, will provide the fulsome picture required to adequately support better service planning, workforce development, and resource allocation and will also provide a basis to inform health-based policy decisions – particularly those which seek to establish and monitor sustainable practice and service models.

Enabling such a data set to be stratified and analysed by remoteness will assist in demonstrating the value and scale of the contribution of allied health to overall patient care within rural and remote communities.

2. Opportunities for Rural Origin and Indigenous Students

2.1 Introduction of Rural Origin Selection Quotas

Optometry Australia strongly supports the intention of initiatives which seek to attract a greater number of people from rural communities to train as optometrists. Opportunities such as providing scholarships and identifying structured pathways through to undergraduate training are welcome.

The six universities which host optometry schools have attraction and retention programs for both rural origin and Aboriginal and Torres Strait Islander students, and at least two of the optometry schools (Flinders University and Deakin University) have further specific programs for optometry. We would encourage the National Rural Health Commissioner to work with the universities to build on their existing programs, such as by introducing quotas and initiatives to meet these, and would welcome the opportunity to support this work where we can.

2.2 Opportunities for rural origin Aboriginal and Torres Strait Islander people

Increasing the size of the Aboriginal and Torres Strait Islander health workforce is fundamental to ensuring equity in health outcomes for Aboriginal and Torres Strait Islander people and communities.

Optometry Australia broadly supports the recommendations put forward by the Indigenous Allied Health Australia (IAHA) **Workforce Development Strategy 2018-2020**, which calls for transformation in training and education, in access to health care, and in relationships between Aboriginal and Torres Strait Islander and non-Indigenous people, communities and organisations.

The IAHA Workforce Development Strategy outlines key initiatives for action against five domains: pathways into allied health; student support and engagement; transition to early careers for our graduates; allied health career development and support; and enable

future workforce development. Further consideration of these initiatives by the National Rural Health Commissioner is warranted.

In addition to the above comments in regards to attraction and retention programs for rural origin and Aboriginal and Torres Strait Islander prospective students, the Optometry Council of Australia and New Zealand recently released the **Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework** – an adaptation of and complementary document to the 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework. It has been in effect since 1 January 2019. It aims to help embed the original Framework and Indigenous health curricula in optometry programs of study, in order to improve cultural safety within the schools of optometry, and better prepare optometry graduates to provide culturally safe eye health services to Aboriginal and Torres Strait Islander Australians.

3. Structured Rural Training and Career Pathways (MMM2 – 7)

3.1 Increasing opportunities for Home Grown Training (End to end and Immersion Training Opportunities)

In addition to initiatives which seek to attract more rural origin optometry students, Optometry Australia strongly supports increased opportunities for rural and remote immersion and/or end to end training opportunities for all student optometrists. Optometry students across the country already complete mandatory practical placements throughout their training, but with varying degrees of financial and/or practical support to do so in rural or remote areas.

Optometry Australia would welcome the opportunity to support the National Rural Health Commissioner to undergo targeted consultation which seeks to identify ways in which the optometry schools, key stakeholder organisations (such as the Australian College of Optometry, the Brien Holden Vision Institute, the Centre for Eye Health or the Institute of Urban Indigenous Health (IUIH)), and established optometrists in rural or remote locations can collaborate to develop effective and appropriate rural training pathways.

Further, opportunities to accredit rural training and/or immersion opportunities as continuing professional development may assist in attracting qualified/registered optometrists to further their experience and training in this area.

3.2 Career Pathways in rural allied health (MMM4-7)

Optometry Australia supports the broad principles of the Health Workforce Scholarship Program however notes that it is necessary that such a scheme be made available to all allied health disciplines. We would encourage the National Rural Health Commissioner to seek ways for fund-holding bodies to engage with peak professional bodies and associations, such as Optometry Australia, to encourage uptake.

We also suggest that the National Rural Health Commissioner consider ensuring that funding made available under the scholarships able to support rural placement costs for students - this was a highly valued aspect of the similar scheme previously administered by SARRAH and accessible to optometry.

In considering an appropriate governance model for rural generalist training and ways in which such a model could support skills extension for existing qualified rural allied health workers, such as optometrists, we comment that it is fundamental that this development is well informed by a breadth of allied health disciplines. We encourage the Rural Health

Commissioner to consider formalising such an advisory function within the governance structure.

4. Sustainable Jobs and Viable Rural Markets

4.1 Integrated Allied Health Hubs (IAHHs)

Optometry Australia strongly supports the establishment of Integrated Allied Health Hubs (IAHHs) and see the potential for such a model to enable sustainable and long-term employment opportunities for optometry in rural and remote areas.

It is our position that, if effectively established, IAHHs also have the potential to be an important enabler for optometry students of rural origin, supporting identified students to do much or most of their training locally with their rural optometrist mentor/academic, and much of the non-clinical or theoretical work by remote access. The success of such a model is dependent on genuine collaboration between the universities (and the optometry schools within them), key stakeholder organisations such as the Australian College of Optometry and the Centre for Eye Health, practicing rural optometrists and rural training pathways.

The Federal Government currently support the Visiting Optometrists Scheme (VOS) which provides funding to enable optometrists to deliver outreach optometric services to remote and very remote locations, and rural communities with an identified need for optometric services but where the establishment of a permanent practice is currently unsustainable. There is opportunity to link IAHHs with this scheme via engagement and collaboration with the jurisdictional fundholding organisations who manage the VOS on the Commonwealth's behalf.

It would be worth considering the Institute for Urban Indigenous Health (IUIH) model in South East Queensland. The 'IUIH Model of Care', represents a customised, system-based, urban Aboriginal and Torres Strait Islander Community Controlled designed and led approach to the delivery of accessible, efficient, effective and appropriate comprehensive primary health care, including allied health. Learnings from the IUIH model could effectively inform the structure of IAHHs.

Optometry Australia would encourage the National Rural Health Commissioner to ensure effective consultation with all relevant stakeholders in identified regions takes place, to ensure that IAHHs do not disrupt practice models or pathways that are already working well. These consultations would highlight appropriate funding arrangements which would support flexibility and enable regions to respond to the unique needs of their communities,

4.2 Viable rural markets

Optometry Australia strongly supports approaches which seek to remunerate registered optometrists in rural areas for providing students with supervision in private practice. Generally, the only exposure optometry students have to rural practice is in private practice settings and we support the contention that this experience is of critical importance to attracting and retaining early graduates to rural or remote locations. However, the extra time required to supervise a student often come at a financial cost and there are currently no funding streams to address this thus creating a disincentive to private practitioners supervising students.

Optometry Australia also supports approaches which seek to incentive rural service delivery and acknowledge that rural patient loads are often, overall, more complex. We

believe a rural loading approach is warranted and may be most straight forward to implement. Whilst a practice incentive payment (PIP) or similar incentive would be welcomed, there is complexity presented in introducing the optometry sector to a new incentive payment approach. Optometry Australia would welcome the opportunity to work further with the National Rural Health Commissioner following this consultation to ensure that next steps are appropriately worked through with the optometry profession.

We also believe there is value in considering the application of HECS-related incentives to early career practitioners, but stress the importance of ensuring these apply to practitioners contracted to work in private rural practices also.

5. Telehealth Allied Health Services

Optometry Australia supports the policy intentions identified by the National Rural Health Commissioner. Optometry Australia believes that tele-ophthalmology offers the eye care sector a unique opportunity to improve patient outcomes and progress efforts to improve eye health outcomes in Aboriginal and Torres Strait Islander communities. Telehealth, and teleophthalmology in particular, has the potential to:

- improve the level and diversity of health services delivery,
- increase access to health care for underserved groups, including those in metropolitan and urban fringe locations
- help solve health workforce maldistribution and rural retention,
- improve health service integration and patient safety
- improve quality of care
- reduce the costs and inefficiencies of travel

However, persistent barriers have plagued the eye care sectors efforts to increase uptake of the available MBS telehealth items. Jang-Jaccard et al (2014)[1] identified complex ‘barrier matrix’, including a lack of focus on service models and clinician acceptance, an ad hoc approach to organisational structures and planning of future services, Short term funding cycles (preventing the establishment of and investment in sustainable, long term service models), lack of continuous IT training and support for clinicians and support staff, and legal and regulatory barriers, including jurisdictional licencing and lack of insurance. These must be considered and addressed before the potential of telehealth, and teleophthalmology, can be fully realised.

Further, we would encourage the Rural Health Commissioner to consider a broader understanding of ‘telehealth’ than the MBS currently supports. Optometry Australia supports the International Organisation for Standardisation (IOS) definition of **telehealth**:

> *Telehealth is the ‘use of telecommunication techniques for the purpose of providing telemedicine, medical education, and health education over a distance’.*

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[1] Jang-Jaccard, Julian, Surya Nepal, Leila Alem, and Jane Li. 2014. “Barriers for Delivering Telehealth in Rural Australia: A Review Based on Australian Trials and Studies.” Telemedicine Journal and E-Health: The Official Journal of the American Telemedicine Association 20(5): 496–504,
https://www.liebertpub.com/doi/full/10.1089/tmj.2013.0189
http://www.flinders.edu.au/faculty-health-sciences-files/documents/Making%20Telehealth%20Sustainable%20in%20SA_web.pdf

This definition encapsulates the varying technologies that can support telehealth, such as telephone and email consultations between optometrist and ophthalmologist or store and forward models - rather than limiting to the restrictive MBS definition of telehealth, which requires a minimum of 15 minutes visual and audio link between the patient (attended to by an optometrist) and the ophthalmologist, and where any time setting up the consultation is not able to be counted against the overall time taken to complete the video consultation.

It is our understanding that 'teleophthalmology' as understood by the IOS definition occurs frequently and in a range of varying models across the country, but is not able to be reliably quantified, and is likely not being formally funded. Optometry Australia and the Royal Australian and New Zealand College of Ophthalmology are collaboratively considering a range of policy initiatives which seek to increase the use of telehealth in eye care. We would welcome the opportunity to keep the National Rural Health Commissioner informed of progress in this area.

Optometry Australia would also encourage the National Rural Health Commissioner to consider the quickly emerging potential of telehealth within a primary health care setting – rather than solely as a link to specialists. Establishing agile funding streams will empower primary and allied health care practitioners to identify new models of primary health care delivery, such as tele-optometry, through identifying effective models which meet community need and that are responsive to emerging technologies.

Eye care sector models of success in telehealth

The Lions Eye Institute delivers high quality outreach specialist eye care services to regional and remote communities in the Goldfields, Pilbara and Kimberley regions of Western Australia (WA). The Lions Eye Institute's Outback Vision Program has developed and implemented innovative and sustainable outreach models of eye care, utilising available telehealth MBS items, and is the primary provider of specialist eye care services in these regions.

The Lions Eye Institute recommends an expanded scope to support optometrists and regional hospitals in leading telehealth for eye care.[2] Further, a recent audit by the Lions Eye Institute of optometry-facilitated teleophthalmology found that it is a valuable adjunct to regional outreach ophthalmology services, providing patients with increased access to specialist care for a wide range of ophthalmic conditions, and more efficient access to surgical care. [3]

The applicability of the Lions Eye Institute model across the rest of Australia is limited, however it provides a number of lessons which should be considered carefully. For example, the model relies heavily on 'on-call' support from specialists and is built on the ability of lead ophthalmologists to respond to optometry requests for telehealth consultations in real time. While this model has experienced a measure of success in

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[2] Lions Eye Institute (2014) Increasing the impact of telehealth for eye care in rural and remote Western Australia. **https://www.outbackvision.com.au/wp-content/uploads/2017/03/increasing-the-impact-of-telehealth-for-eye-care-in-rural-and-remote-western-australia.pdf**

[3] Barntick et al (2018) Optometry-facilitated teleophthalmology: an audit of the first year in Western Australia Clinical and Experimental Optometry. **https://www.outbackvision.com.au/wp-content/uploads/2018/02/180219-optometry-facilitated-teleophathalmology.-an-audit-of-the-first-year-in-western-australia.pdf**

Western Australia, it is unlikely to be scalable without additional funding streams or support.

6. General question

Optometry Australia would welcome being kept abreast of any initiatives identified and/or implemented by the National Rural Health Commissioner following this consultation.

The Optometry Australia Rural Optometry Group (ROG) is a nationally spread expert group with representation from all states and the Northern Territory. It is committed to both ensuring the continued presence of a sustainable optometry workforce in rural and regional Australia which meets the needs of the community and enabling rural and remote optometrists to deliver the highest possible standard of care. Optometry Australia would welcome the opportunity to enable the National Rural Health Commissioner to continue to engage with the ROG, and with the broader Optometry Australia membership as appropriate.