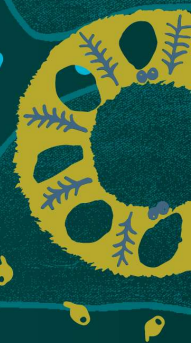


Updates:
RANZCO Vision 2030
Public hospital services
THS Eye Network
Advocacy in Tasmania

Dr Kristin Bell

I pay respect to the traditional and original owners of this land, the muwinina people, and to those that have passed before us.

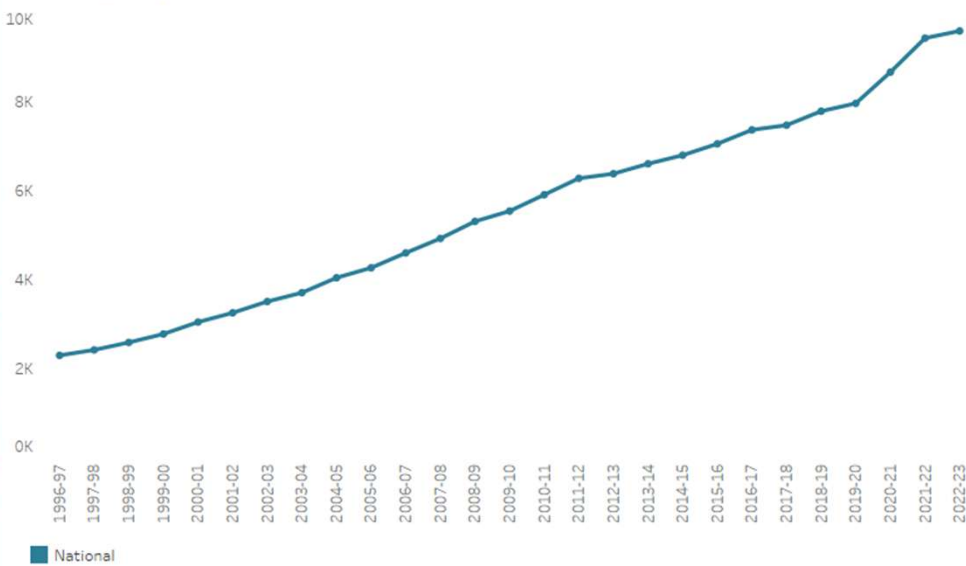
I acknowledge today's Tasmanian Aboriginal people who are the continuing custodians of this land on which we meet, and pay my respect to Elders past and present, and to Tasmanian Aboriginal people present today.



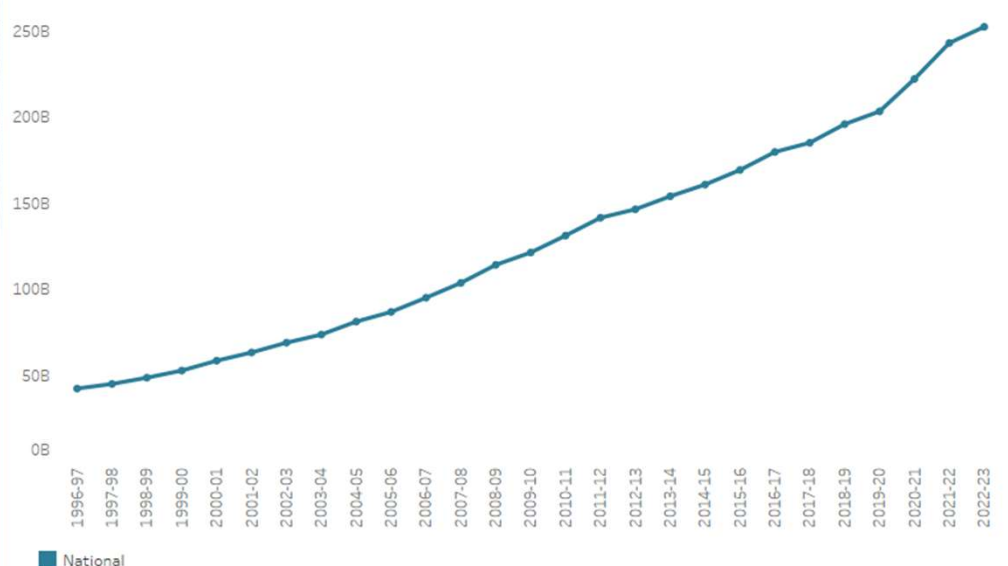
Artwork adapted from Takira
Simon-Brown's *Health nayri*.

Australian Institute of Health and Welfare data

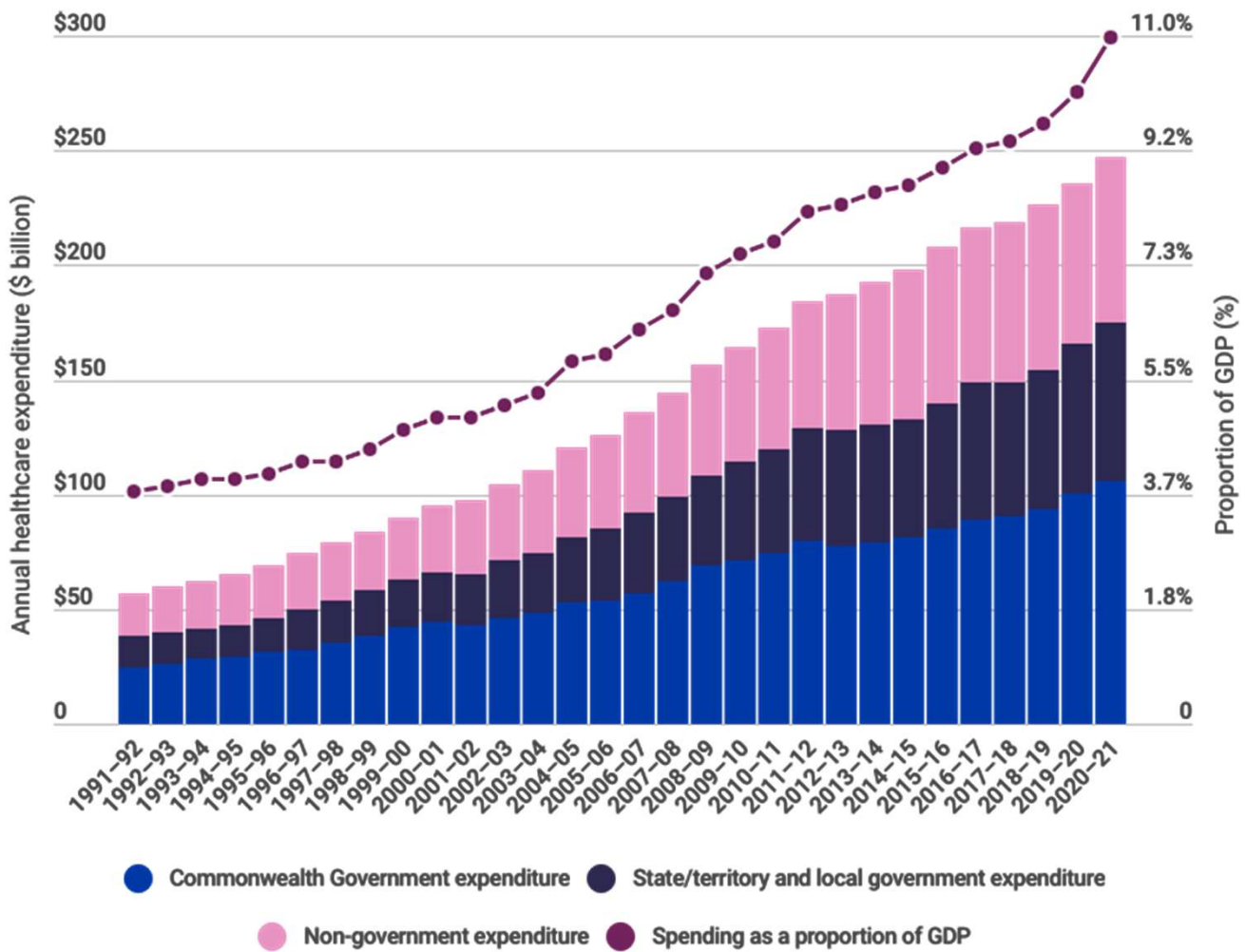
Government & Non-government - All sources of funds
\$ Per person (Current)



Government & Non-government - All sources of funds
\$ Total (Current)



local Tasmanian Aboriginal artist
Takira Simon-Brown's 2022, 'Health nayri'.



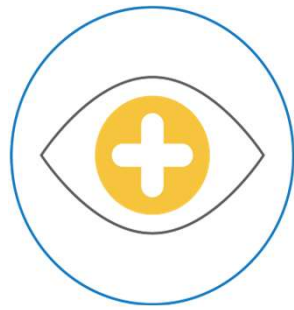
Credit ratings of Australian States and Territories

- Western Australia holds the only Triple-A (AAA) credit rating
- NSW, South Australia, and Tasmania are rated AA+, with negative outlooks, suggesting a potential for downgrades
- Victoria and the ACT are rated AA
- All states face scrutiny over increasing spending relative to revenue, impacting their long-term financial management and creditworthiness.

Vision 2030 and beyond: Goal - equitable access to eye health services across Australia and beyond our borders



**Workforce
and Training**



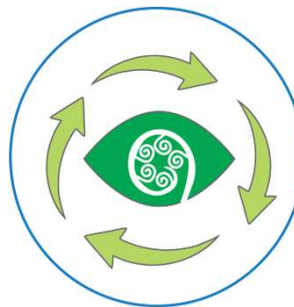
**Service
delivery**



**Closing
the Gap**



**Preventative
Health**



Sustainability



**Global Eye
Health**

Vision 2030 and beyond – some focus areas

- Collaborative care – crucial
 - CC Workshops in AMD, glaucoma, paediatrics, Indigenous, GP
- Unified eye health sector – important to drive positive changes for our patients
 - Crucial in our constrained funding environment – a worldwide problem
 - Going to government with a consensus form the sector
- Addressing workforce maldistribution – a challenge for all craft groups
 - Regional attributes counted during selection into training
 - Building more regional training posts
 - Regionally Enhanced Training Network

What is Collaborative Care?

- Integrated approach by multiple healthcare practitioners
- Comprehensive, patient, family & community centred care
- Involves ophthalmologists, optometrists, orthoptists, nurses, Aboriginal Medical Workers, GPs, non-ophthalmic specialists, etc, working together each in their identified area of expertise
- Evidenced to
 - Improves access to health care
 - Increase access to public clinics
 - Reduces the cost of healthcare delivery
 - Increase patient convenience

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



Clinical Guidelines

- Formalise the clinical governance required for high-quality collaborative care
 - Reduce clinical variation in healthcare
 - Document patient-focused, evidence-based best practice
 - Clearly define the roles of each member of the collaborative care team
 - Determine which conditions and patient cohorts can safely be managed with a collaborative care approach
 - Established guidelines should be used to guide risk assessment, treatment decisions, follow up intervals and referral pathways
 - Have escalation triggers for when the patient should be seen by an ophthalmologist
- A culture of mutual respect and speaking up for safety is crucial for successful implementation

Challenges and barriers

- **Clinical governance**
- **Education – ongoing updating required**
- **Funding**
- **Infrastructure requirements**
- **Data management and information sharing**

Public Hospital Services

Southern Tasmania

- RHH clinic: nurses, orthoptists, AHA, ophthalmologists, optometrists & low vision services
- 1 unaccredited & 3 accredited registrars: regional, WA, NSW
- Public surgery at RHH and privately outsourced
- 3 private ophthalmic practices
- Some shared care arrangements:
 - Post op cataracts – optometry
 - Laser, VR and Cornea – HES
 - Program at the Special Support School
 - Intravitreal injections – HES
- Main wait is for non urgent OP

Northern Tasmania

- No public ophthalmology outpatients
- Patients seen in private rooms
- Bulk billing at the discretion of the doctor
- One accredited registrar rotating from Victoria shared between the 2 private rooms in Launceston – increases opportunity for bulk billing
- Public surgery outsourced privately
- Main wait – for non urgent surgery once on the list

Northwest Tasmania

- No public hospital eye clinic
- Patients seen in private rooms. NWES and LEI
- Bulk billing at the discretion of the doctor
- NW Eye Surgeons - Public patients funded by the THS
- Public surgery outsourced privately
- International Medical Graduate employed by the THS
- Ophthalmic workforce shortage
- Main wait – for non urgent surgery once on the list

THS Updates

- Referral Management System – working with the Primary Health Tasmania Digital Transformation team
 - Allows secure referrals from any PC
 - Two-way communications
 - Ability to attach images
 - Can referrals be via Oculo?
 - Statewide Referral Criteria to be embedded
- Bluegum Health Transformation
 - A unified digital health record – Epic systems
 - Web portals for patients.
 - Well connected medical systems
 - What is needed for the eye health space?

Bluegum Health Transformation
June 2025

Learn more:

Our goal
To provide better healthcare for Tasmanians using smarter, more connected technology.

Our priorities

- Improve community care
- Involve patients in their care
- Enhance clinical processes
- Support clinical collaboration

Led by healthcare workers and designed together with patients and the community.

Tasmania's Health System

| | | |
|----------------------------------|-----------------------------|--------------------------|
| 4 major public hospitals | 14 district hospitals | 7 private hospitals |
| 28 community centres | 11 medical imaging services | 5 urgent care clinics |
| 27 private day procedure centres | 930 general practitioners | 165 community pharmacies |

Key Opportunities:

- Flow of care between different places and settings
- Technology that works together
- Less reliance on paper forms
- Better access to convenient healthcare
- Patients can see and interact with their health information
- Standardised systems and processes across the state

Journey

- Stage 1** (2022-2024): Building digital foundations.
- Stage 2** (2025-2028): A unified digital health record. Web portals for patients. Well connected medical systems. Sharing information between medical centres and hospitals. Better patient flow, scheduling and managing demand.
- Stage 3** (2029-2032): Connected care planning, patient involvement, responsive services and advanced data analysis.

Key projects:

- Electronic Medical Record and supporting systems (Health and Ambulance)
- Electronic Meals Management System
- Statewide eReferrals
- Rapid Access (Tap-on/Tap-off)
- Wi-Fi and digital infrastructure

Benefits

| | | | |
|-------------------------------|---------------------------------|--------------------------|--|
| ✓ Improved patient experience | ✓ Improved clinician experience | ✓ Better health outcomes | ✓ Flexible health system with room to grow |
|-------------------------------|---------------------------------|--------------------------|--|

Clinician: "I spend less time looking for information and more time on patient care. It's easier to access information to make informed decisions, leading to better patient outcomes."

Patient: "I'm confident people know about me and my information is secure. I can see services, understand how to access them and manage my upcoming appointments."

General Practitioner (GP): "We're all working together to keep patients out of hospital. High quality performance is supported and care coordination is no longer a separate process."

Department of Health

THS Eye Health Network - update

- **Membership drawn from across the eye care sector**
- **Change in governance → interruption in network meetings due to a loss of secretariat support – now addressed**
- **Networks now sitting under the Chief Medical Officer**
- **Each network will have executive sponsor from the THS leadership**
- **About to resume meetings – engagement to commence shortly**
- **Aboriginal leadership for topics relating to Aboriginal eye health**

The artwork has been adapted from local Tasmanian Aboriginal artist Takira Simon-Brown's 2022, 'Health nayri'.



THS Eye Health Network barriers to progressing advocacy

- **Interruption in network meetings with change in governance – now addressed**
- **Political landscape – now settled**
- **Current financial position of the Tasmanian Government - ongoing**

The artwork has been adapted from local Tasmanian Aboriginal artist Takira Simon-Brown's 2022, 'Health nayri'.

Eye Health Network priorities to consider

- Paediatric Optometry Aligned Program
 - Formalising in the THS framework (like QLD) – cost neutral
 - Embedding agreed referral guidelines from children's vision screening
 - Developing discharge guidelines from the public hospital system
 - Ongoing upskilling workshops
- Children's Preschool Vision Screening in Tasmania
 - Ensure aligns with Vision 2020 Australia's National Framework for Vision Screening for Preschool Children
 - The Network advocates for standardised data collection and reporting of preschool screening. This will identify where there are service gaps that need to be addressed.

Eye Health Network priorities to consider

- Spectacle Assistance Scheme (SAS)

- Recent review of the governance of Hospitals South (the RHH) → SAS will come under Surgical and Perioperative Services – timeframe uncertain
- SAS not fit for purpose – culturally inappropriate for Aboriginal Tasmanians
- Not meeting the needs of Tasmanians in the lower socioeconomic demographic
- A barrier to accessing glasses for preschool children
- Seek a review

- Low Vision Services in Tasmania

- Well provisioned in the south but gaps in the north and the northwest
- Andrew Maver has been leading work to look for solutions

- King Island equipment for visiting practitioners

- Led by Tim Powell

Eye Health Network priorities to consider

- Orthoptic Workforce sustainability
 - 7 orthoptists in Tasmania - crucial skill set
 - Student placements and help with funding of degree (from Launceston practice)
- Progressive Myopia
 - Myopia prevention messaging
 - Myopia treatments – funding
 - Embedding agreed referral and treatment guidelines – rapidly changing evidence
- Special Support School
 - Are there opportunities to provide this service in the North and Northwest?
 - Andrew Maver looking into this

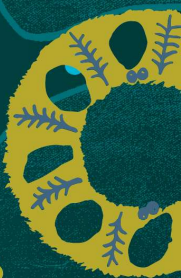
Eye Health Network: now we have a path forward

- What's missing – what else should we look at?
- What should we prioritise?
- Who wants to be involved?

Thank you! Questions?

Dr Kristin Bell

Kristin.bell@ths.tas.gov.au



Artwork adapted from Takira
Simon-Brown's *Health nayri*.