

BRISBANE INTERACTIVE



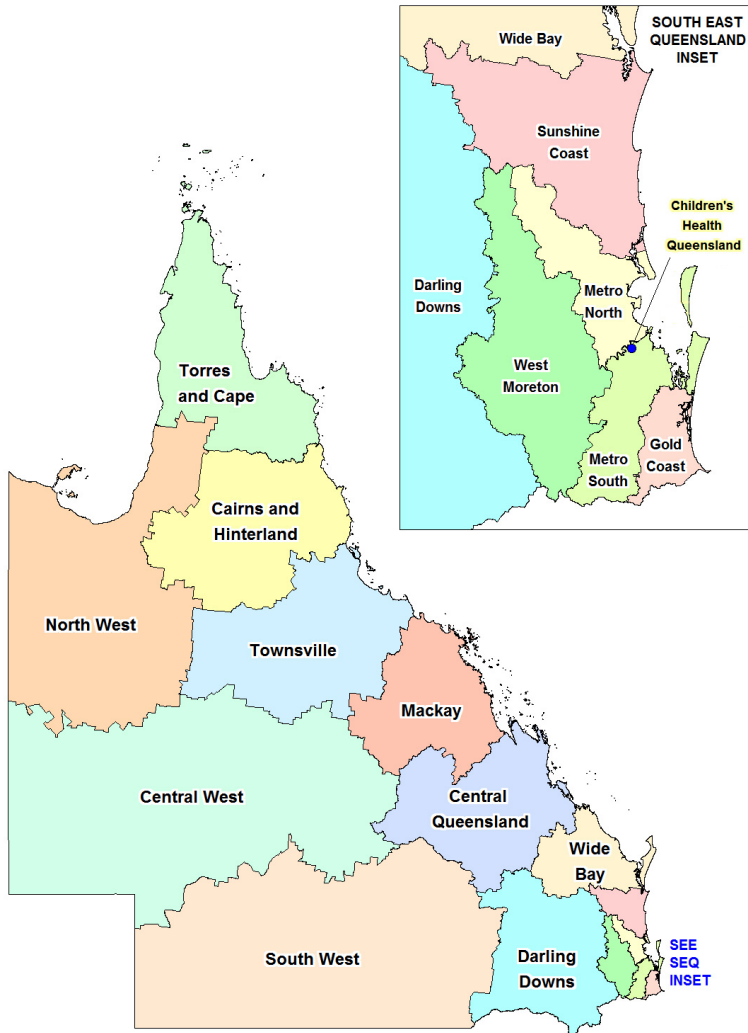
Shaping Eyecare Pathways in Queensland

Assoc Prof Ann Webber

Michael Yapp

Fiona Moore

Integrated/Collaborative Eyecare Queensland



CHQ: PAEDIATRIC OPTOMETRY ALIGNMENT PROGRAM

Objective: Partner community optometrists with QCH ophthalmology to improve paediatric eye care access.

Scope of Care: Community optometrists provide follow-up care post-hospital discharge

Key Elements:

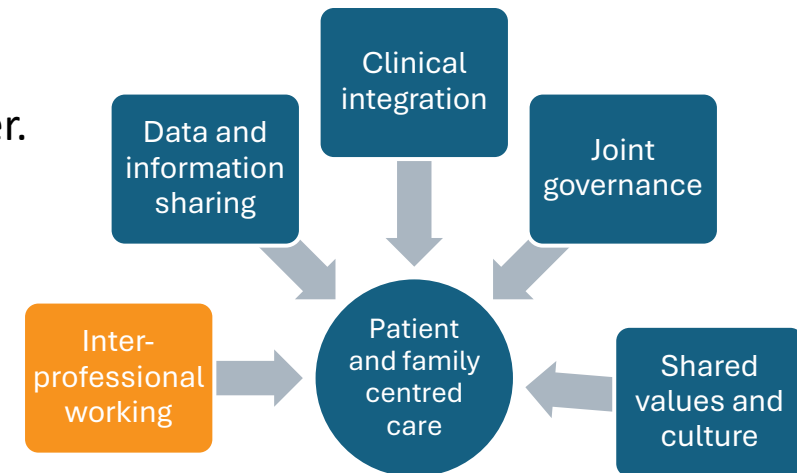
- **Collaboration:** Optometrists manage stable conditions; ophthalmologists handle complex.
- **Governance:** Multidisciplinary input to protocols and referral pathways.
- **Education:** CPD workshops and masterclasses build optometrists' skills in paediatric eye care.

Evaluation and Outcomes:

- **Waiting Times:** Reduced from 72% to 36%; decreased patient backlog.
- **Satisfaction:** High among families and optometrists.
- **Improvements:** Addressed communication barriers for better clinical handover.

Current and Future Potential:

- **Expansion:** Over 150 aligned optometrists; potential for national scalability.
- **Adaptation:** Model considered for other paediatric specialties and regions.



MSHHS PAH: Optometrist and GP Alignment Program

Objective: Enhance eye care by aligning community optometrists and GPs with PAH specialists for managing low-risk, review patients.

Key Benefits:

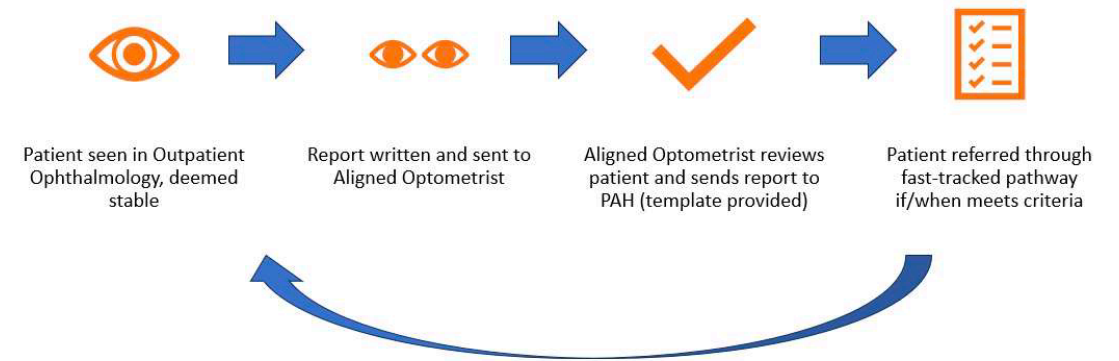
- Upskills local clinicians to manage stable eye conditions, reducing hospital referrals.
- Expert-led workshops improve community clinicians' capacity for comprehensive care.

Improved Access: Reduces wait times for complex cases by empowering local practitioners to manage stable conditions.

Collaboration: Strengthens partnerships between PAH specialists and community clinicians for seamless care pathways.

Long-Term Impact: Provides sustainable improvements in local eye care, benefiting both patients and clinicians.

Alignment Program Model of Care



MNHHS: RBWH Glaucoma CCC, IIH

Queensland Government
Royal Brisbane & Women's Hospital
GLAUCOMA COLLABORATIVE CARE CLINIC

Summary / Discharge

Glaucoma Risk Category:

A ☐ IOP > 22 but < 28 normal disc normal visual field
 B ☐ IOP asymmetry but < 28 normal disc normal visual field
 C ☐ IOP < 22 suspect disc/RNFL normal VF
 D ☐ IOP < 22 normal disc suspect VF
 E ☐ Normal exam but one low risk factor
 F ☐ Normal exam but one low risk factor

Known adverse eye medications reaction/allergies:
 None known

Has low risk factor:
☐ Pseudo exfoliation (PXF)
☐ Pigment dispersion syndrome (POS)
☐ Very high myopia, > -6.00D
☐ Strong family history of glaucoma

Has high risk factor:
☒ CCT < 555um
☐ IOP > 28
☐ Systemic illness
☐ High risk medications/steroid/Topamax
☐ Suspect narrow angle with Von Herick or gonioscopy

Current eye medications:
 No change
 New change (please specify):

Target IOP

Previous eye surgery / Selective Laser Trabeculoplasty:
 2013 SLT

Current Treatment

Previous Treatment

Target IOP: R: 18, L: 18
 CCT: R: 555, L: 555

This program aims to improve patient outcomes:

- by enhancing access to appropriate care for patients with glaucoma.
- by providing details of our relevant glaucoma findings which can be found in the attached copy of the Glaucoma Collaborative Clinic Form and test results.
- we also outline a minimum suggested follow-up schedule as well as target pressures and your patients' current treatment.

RAPID REENTRY RED FLAGS

1. Uncontrolled increased Intra Ocular Pressure 20% above target despite appropriate treatment
2. Significant progression on field test, O.C.T. or clinical parameters
3. Intolerance or reaction to prescribed ophthalmic drops.
4. Any need for change to the R.B.W.H. glaucoma management.

N.B. other clinical changes that are not clearly related to glaucoma management should be referred by the usual pathways e.g. decreased vision for other ocular causes such as retinal vessel disease or cataract.

ACTIONS REQUIRED FOR RAPID REENTRY RED FLAGS

If Red Flag criteria:

- Send a NEW referral to CPIU for the Ophthalmology Department
- Include the following words on the new referral: **RAPID REENTRY Red Flag – urgent**
- Include (specialised tests such as imaging reports / pathology reports as required)
- If the patient is experiencing acute, concerning deterioration, contact the on-call Ophthalmology Registrar for advice on 3646 8111.

contact the GCCC team via RBWH-OPHTHALMOLOGY-GCCC@health.qld.gov.au



MNHHS: STARS Cataract Service

Cataract (and pterygium) surgical service

Referrals for cataract patients without co-morbidities

GP referrals require an accompanying Optometrist referral

Optometrist referrals do NOT require an accompanying GP referral

Referrals DIRECT to STARS

CAT 3: Documented cataract with significant impact on ADL, BCVA equal to or worse than 6/9 in either eye AND score of greater than or equal to 3 on the Visual Disability Assessment (VDA) Questionnaire

https://metronorth.health.qld.gov.au/specialist_service/ref-er-your-patient/ophthalmology/cataracts

MN, Central Qld, Wide Bay HHS

Community Optometry Review of Queensland Neurology Patients

Trial: Community optometrists review of stable IIH Px

Aims: Improve patient experience by receiving care closer to home

Patient Identification: Clinically suitable patients selected by RBWH Neuro-Ophthalmologist for inclusion in the trial.

Optometrist Involvement: Participating community Optometrist reviews patient and uses specialized software to send clinical data and images to RBWH Neurology.

Treatment Plan: Neuro-Ophthalmologist develops ongoing treatment plan and sends it back to the Optometrist.

Future Reviews: Scheduled with the participating Optometrist or at RBWH.

Medicare & Fees: Patients eligible for Medicare billing, and Optometrist receives a fee to cover imaging and reporting costs.

MetroNorthGPLO@health.qld.gov.au for EOI/further info



Central Qld: Rockhampton ED Model

Triaging Service: Collaborates with RBH and RBWH to triage and manage patients, supporting emergency departments and post-discharge care.

Paediatric & Neurology Care: Assesses children referred from paediatric and neurology departments.

Retina Care: Pilot program for post-surgery retina patients, reducing the need for travel to Brisbane.

Referral Criteria: Developed criteria for eye condition referrals and treatment at RBH, aiming to embed optometrists at the hospital.

Education: Hosts medical students for eye rotations, supporting education and clinical training.



Optometrists within Qld Health

- Optometry led clinics within Ophthalmology Departments
 - Multi-disciplinary team clinics – Opthals, Orthoptists, Registrars,
 - CHQ: QCH
 - Metro South: PAH, Gunda Pa (RLH – Redlands)
 - Metro North: STARS, Woodford correctional, GPLO
 - GC: GCUH
 - SC: Caloundra
 - Townsville: TH
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The Viewer: Access to Patient Records in Queensland

The Viewer is a Queensland Health application that collates patient information from more than 65 Queensland Health administrative and clinical applications.

How to access the Viewer: <https://www.health.qld.gov.au/clinical-practice/database-tools/the-viewer-for-external-providers/accessing#:~:text=To%20access%20The%20Viewer%2C%20you,only%20access%20to%20The%20Viewer.> OR

https://www.health.qld.gov.au/_data/assets/pdf_file/0020/1364501/TV-HPP-Quick-Guide.pdf

How to use the Viewer: <https://www.health.qld.gov.au/clinical-practice/database-tools/the-viewer-for-external-providers/using#viewing>

What is in the Viewer:

The screenshot displays the 'The Viewer' interface for a patient named 'Testing, Mr Pat Generic' (DOB: 15-Jun-1999, 24 years, Male). The interface is divided into several sections:

- Patient Details:** Includes Name, Alias, Date of Birth, Age, Sex, Private Health Insurance, Marital Status, Indigenous status, South Sea Islander status, Country of Birth, Language, Religion, Residential Address, Mailing or Postal Address, Permanent Home Phone, and Permanent Mobile Phone.
- Facility Identifiers:** Lists the patient's current facility (Princess Alexandra Hospital) and external identifiers (e.g., Medicare, Healthcare Identifiers Service).
- Contacts:** Lists the patient's contacts, including family members and healthcare providers.
- Problem List:** Lists the patient's current and past medical problems.
- Encounters:** Lists the patient's encounters, including admissions, presentations, and discharges.
- Outpatient:** Lists the patient's outpatient referrals and appointments.
- Medication:** Lists the patient's medication profiles, anticoagulant therapy, and rheumatic heart disease register information.
- AB/Alerts:** Lists the patient's adverse reactions and various alerts (e.g., Mental Health, Oncology, Advance Care Planning).
- Pathology:** Lists the patient's pathology reports and orders.
- Medical Imaging:** Lists the patient's clinical reports, radiology reports, and manual document uploads.
- Procedures:** Lists the patient's operation notes, clinical reports, endoscopy reports, elective surgery waitlist info, anaesthesia reports, and manual document uploads.
- Care Plans:** Lists the patient's end of life documents, management plans, and manual document uploads.
- Event Summaries:** Lists the patient's oncology documents, specialist outpatient letters, referrals, discharge summaries, assessments and reports, and manual document uploads.

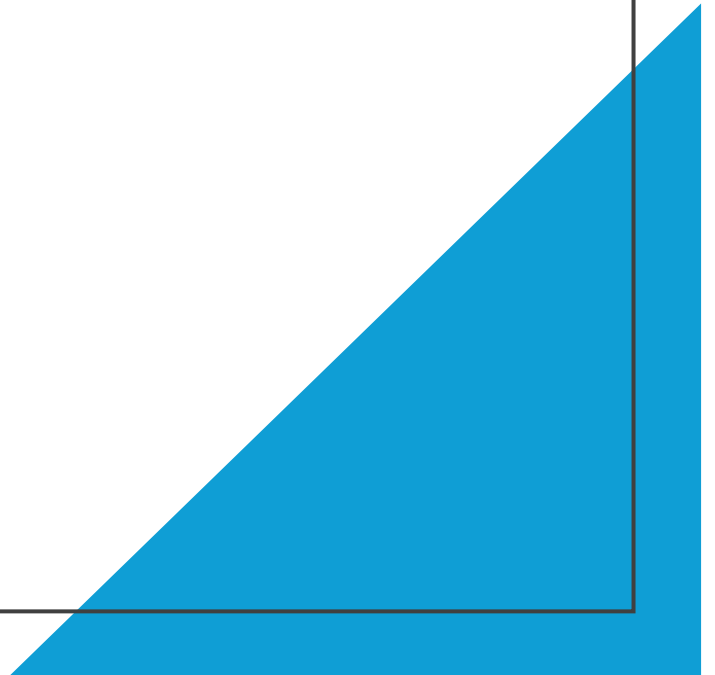
The interface also includes a 'CONFIDENTIALITY REQUESTED' banner and a 'View Active APP' button.

Your Point of View:

Public and private pain points for provision of premier patient care

- Acute Sight-Threatening Emergency Care
- Chronic Care (Glaucoma, Diabetic Retinopathy)
- Aging Eyecare (e.g. Cataract, ARM)

- What is working well in your region?
- What are challenges
- Can you see some solutions?





Acute Sight-Threatening Emergency Care:

- 1.What are the key challenges in coordinating care for acute sight-threatening emergencies in your area, and what's currently working well?**
 - 2.How can collaboration between optometrists and ophthalmologists be improved to ensure faster response times and better patient outcomes?**
 - 3.What role do optometrists currently play in emergency care, and how can this be expanded or improved?**
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Chronic Care (e.g., Glaucoma, Diabetic Retinopathy):

- 1. What aspects of chronic eye care management are working well in your region, and where do you see opportunities for improvement?**
 - 2. How can we strengthen the partnership between optometrists and ophthalmologists to enhance long-term care for chronic conditions?**
 - 3. What are the biggest barriers to effective chronic care, and how can we address them collaboratively?**
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Aging Eye Care (Cataracts, ARM)

- 1.What's working in your region to meet the needs of aging populations with eye conditions like cataracts, and where are the gaps?**
 - 2.How can optometrists and ophthalmologists collaborate more effectively to improve care for aging patients across Queensland?**
 - 3.What innovative solutions have been successful in improving access and quality of care for aging populations in your area, and how can these be scaled?**
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The background features a white central area with blue geometric shapes. On the left, there are two vertical blue bars of different heights. On the right, there is a large blue L-shaped block. At the bottom, there is a horizontal blue bar.

Your Thoughts.....