Association of Optometrists Ireland

Better Eye-care For All

A community based model for eye-care

In this document the Association of Optometrists Ireland (AOI) sets out a community based model for the development and improvement of eye-care in Ireland. The benefits to the public and State which this model can achieve are:

- Reduced waiting times for both non-urgent and urgent appointments
- Improved access to eye-care in the community
- Equality of access in all regions
- Improved population eye health by identifying and treating conditions earlier
- Reduced costs by providing care based upon appropriate level of need.

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Eye-care Service Problems

The current organisation of Irish eye-care does not represent the best use of skills, or resources to meet the needs of the population and increasing demand. Nor does the service deliver optimum health outcomes for those who have, or will have, eye disease.

There are unacceptable waiting times of up to five years for non-urgent cases and six months for urgent cases. This means that opportunities for prevention through early intervention are missed. It also means that diagnosis and treatment are delayed and prognosis worsened.

Also there are very significant variations in waiting times and access to services across the country, depending on regional HSE infrastructure, which is highly inequitable.

These unacceptable delays, and regional disparities, are caused by an historical dependence on almost exclusively using Secondary and Tertiary level HSE Clinic and Hospital based services – even for basic and routine cases.

This model is unsustainable as it has inadequate capacity, requires large capital outlay, removes care from the community, is administration heavy and is expensive to run. Against this, demand on the system is increasing significantly year on year as the population increases and ages.

Estimates are that there were 224,832 people suffering from visual impairment in 2010 and this will rise to 271,996 by 2020 – a 21% increase. The economic cost of blindness and visual impairment in the Republic of Ireland was estimated at €2.1bn in 2010 and is expected to rise to €2.7bn by 2020.

Current levels of blindness and visual impairment in Ireland are unacceptable against the World Health Organisation's *Vision 2020: Right to Sight* initiative.

Community based Integrated Eye-care Model

AOI recommends moving towards an Optometry led community based integrated model of eye-care which is accessible, timely, responsive to clinical need and cost effective. As a result of minor and routine cases being taken out of the Clinic and Hospital system, it would be able to deal more quickly with serious and urgent cases.

The model AOI proposes involves three integrated levels of eye-care which are:

1. An Optometry led community based service
An Optometry led community based service whereby routine eye examination, diagnosis, treatment, referral and follow up are provided through a contract between a network of approved community Optometrists and the State.

2. Multidisciplinary Teams
Optometrists, Orthoptists and Ophthalmologists form regional multidisciplinary teams to work together on diagnosis, treatment and pathways for more complex cases which need Clinic or Hospital type care. These cases would be referred onwards from the community system and, once treated successfully and stable, transferred back to the community system for routine follow up and monitoring.

3. Specialist Care
Complex and urgent cases would be referred directly from community Optometry, or the multidisciplinary teams, to specialised Hospital services which are Consultant led. Once treated successfully and stable, these cases would be transferred back to the community for routine follow up and monitoring.

Policy Context

The community based and integrated approach which AOI describes above aligns with the principles of Ireland's current health policy. The most recent Health Plan *Future Health – A Strategic Framework for Reform of the Health Service 2012-2015* promised reform that 'moves away from a hospital-centric model of care towards a new model of integrated care which treats patients at the lowest level of complexity that is safe, timely, efficient, and as close to home as possible.' This principle is echoed in the new *Programme for a Partnership Government* (page 5).

Under this framework the HSE set out 33 National Clinical Programmes, one of which is the *National Eye Care Plan* (November 2014). The Plan was developed by a cross-sector working group and advocates a shift from a Hospital to a community based model of care, including an increased role for community based Optometry. However, implementation of the plan has not been forthcoming – and unacceptable waiting lists prevail.

In political parties' General Election 2016 Manifestoes, without exception, all acknowledged and cited support for increasing community based delivery of health services to improve patient access, free up specialist services and better manage public resources.

Optometry in Ireland

Optometrists in the Republic of Ireland undertake a specific four-year degree (at DIT). After qualification many go on to practice in Ireland and many also move to the UK where their qualification is fully recognised.

There are in excess of 600 Optometrists in 300 locations across the country and the vast majority are members of AOI. They earn their membership by being suitably qualified, following a professional code of best practice and by completing annual CPD learning and assessment. They also operate under the principles of CORU, the Health and Social Professionals Council.

The integrated *community-multidisciplinary team-specialist care* delivery model which we set out has already been significantly applied in the UK (to the greatest extent in Scotland). In fact, many Irish qualified Optometrists are delivering the community based Optometry led eye-care service in the UK, which has proven to be clinically effective. This illustrates that Optometrists in Ireland are already appropriately skilled and equipped to provide what this model sets out including diagnosis, management of routine cases, co-management of more complex cases, referral of complex and urgent cases and provision of routine follow up exams and condition monitoring.

Increasing the role of community Optometry offers the most deliverable and cost effective model for resourcing eye-care services to meet future demand as the population increases and ages.

3 Areas for Improvement

1. Children's eye-care

AOI strongly advocates that waiting lists in children's eye-care can be solved quickly and cost effectively.

This can be done by referring children from the existing Primary School Children Optical Scheme to their local Optometrist, rather than Community Clinics which have waiting lists of two to five years for non-urgent cases and up to six months for urgent cases.

There are 300 Optometry locations across the country with the skills, capacity and equipment to provide a service for all referrals (19,000 per annum) within days. (Also, improvements in the screening service and additional training for the Public Health Nurses who provide it in schools can reduce current over-referral.) This model is successfully being used in the UK.

Routine cases (such as prescribing glasses, treating a basic condition, or monitoring an early stage disease) could be wholly managed at community level. More complex cases would be referred to the multidisciplinary team and complex and urgent cases referred to the Hospital system. Once treated and stable these cases could be referred back to the community service for follow up and monitoring.

The benefits of this are multi-fold:

1. Elimination of children's waiting lists
2. Earlier diagnosis and better prognosis
3. Freeing up of specialist Ophthalmology for complex cases
4. By extension– reduction of adult waiting lists
5. Reduced cost
6. It would be easy to audit and generate statistics for future planning.

On the estimation of a Community Clinic examination costing €100 per visit and an Optometrist €60 per exam (plus other additional savings), at the current level of 100,000+ children's annual examinations, annual cost savings of €5.4m can be achieved.

2. Management of eye diseases

A similar principle can be applied to adult eye-care, whereby community based Optometry can provide a triage service to streamline each patient onto their optimum care pathway. This would involve: eye examination, monitoring early stage / developing diseases, treating routine conditions, referring complex or urgent cases and, once treated and stable, providing follow up and monitoring.

This model can be applied, in a condition appropriate manner, to each of the major eye diseases including Cataract, Glaucoma, Age-related Macular Degeneration (AMD) and Diabetic Retinopathy. A total cost saving of €14.5m per annum is estimated.

Cataract

Cataract surgery is a high volume procedure (with almost 12,000 procedures carried out in 2012) and is rising. The current patient pathway is inefficient and costly involving many points of contact: the Optometrist, GP, Ophthalmic surgery and follow up hospital visits. We propose the following role for Optometry:

- Monitoring of early stage / developing cataract
- Diagnosis and direct referral of a developed condition
- A 'single visit' post-operative check-up for routine cases.

Each follow up outpatient hospital visit is estimated to cost €150, while an Optometrist can provide a follow up visit for €60. Adding up the volume of cases, an annual saving of €2.7m is indicated.

Glaucoma

Glaucoma is a lifelong condition from time of diagnosis and has particularly high prevalence in Ireland. It is a complex condition which requires more clinician time than all other conditions. Greater involvement of Optometry is recommended including:

- Monitoring of the early suspect case stage
- Providing periodic management of a condition, once successfully diagnosed and treated

- An audit could be carried out of existing patients and those who are stable and routine transferred from Hospital to community care.

Annual savings of €2.9m are indicated.

Age-related Macular Degeneration (AMD)

AMD is the most common cause of blindness among older adults and is becoming increasingly prevalent, with almost 9,000 day cases in 2012. The condition comprises wet AMD which is treatable and dry AMD which is not treatable. Optometrists are ideally placed to:

- Identify wet AMD cases through eye exams and refer these to Specialist care
- Monitor existing dry AMD patients, with stable conditions, who could be transferred from Hospital to community based services.

This would free up hospital services for urgent wet AMD cases. Annual savings of €2.1m are indicated.

Diabetic eye-care

There is an alarming rise in diabetes globally. Community Optometry can provide routine eye-care testing and monitoring for many diabetics currently attending Hospital services and for those not willing to take part in the HSE's Diabetic Retinopathy Screening Programme, or who have an acute episode.

3. Red eye and non-chronic eye problems

In Scotland the State has provided direction for the treatment of Red Eye (a term for a general range of eye problems such as swellings, infections, foreign bodies) and and other traditionally 'GP located conditions' at community Optometrists. The public is encouraged to present to an Optometrist rather than GP. If presented at a GP service routine cases are referred to the Optometrist.

This has freed up GP services and reduced onward referral to hospital services as Optometrists are better trained and equipped to treat short-term conditions without them ever needing to enter the Hospital system. Serious cases continue to be referred for specialist care either via the GP or Optometrist. These changes have been found to be both clinically effective and cost effective.

Cost savings of €1.4m are indicated.

Inequalities

Geographic

There are unacceptable variations in waiting times (ranging by years for non-urgent cases and months for urgent cases) across the country. This has to do with variations in the capacity and structure of Community Clinic services with 22 Ophthalmologists trying to cover demand nationwide.

Using community based Optometrists as the frontline of eye-care services would give patients access to over 600 Optometrists in 300 locations. This would bring geographical equality of access and service.

Anomalies

There are a range of inequitable anomalies in how public eye-care is funded which need to be addressed:

- Medical Card holders who are diagnosed with eye disease are referred to their Community Clinic or Hospital service, based upon their need. However, non-Medical Card holders can only be referred to the Hospital service (which tends to have longer waiting lists). Given this, they are often advised to access private healthcare.
- Adult Medical Card holders, and those with sufficient PRSI contributions, are entitled to a free eye exam every two years. Self-employed people have no entitlement.
- All children attending a national school are entitled to a free eye examination and glasses, while children from 12-16 have no entitlements. Young people do not become eligible again until they gain a Medical Card or have PRSI contributions, meaning teenagers and young adults have no public cover and are less likely to have an eye examination. Some regions will accept young people on the basis of their parents having a Medical Card, while other areas do not allow this.

- In parts of the country, some additional follow up visits to an Optometrist, are paid for publically while in others it isn't. There is no reason for this other than varying work local practices which have evolved over the years.
- Different payment levels exist in different areas and the method of payment varies making statistical analysis difficult.

AOI recommends that these unequal anomalies are addressed as part of future service planning.

Successful Trials

AOI has together with the HSE already trialed two programmes which increased the role of community based Optometry. These included a 'Glaucoma Referral Refinement Scheme' in the Dublin area an award winning (HSE Health Service Excellence Awards 2016) a 'Post-Cataract Scheme' in Sligo / the North West. Both successfully resulted in reduced waiting times, improvements in the patient pathway, were clinically effective and brought cost savings.

Implications for Change

Changing to an integrated community based Optometry led service would be a significant process and implications to be considered include:

Contract
It would require setting out a new contract for Optometry in terms of what it would deliver to the health system. It would also require direction on contractual responsibilities of each service partner.

IT System
To function effectively across community, multidisciplinary teams and Hospital services a shared electronic patient record system would need to be implemented nationally.

Professional integration and communication
Structures would need to be agreed and supported for greater cross-working, communication, integration and joined up activities (including health promotion) between Optometry and Ophthalmology.

In particular, adding hospital training to the DIT Optometry Degree course would bring improved professional integration and promote better patient outcomes.

Governance
National Clinical Governance guidelines would need to applied to all professionals in the eye-care system to ensure quality, consistency and continuous improvement.

Resourcing
While we have set out cost savings of almost €15m per year, a minimal portion of this would be offset by additional costs for training, workforce planning, equipment and an IT system.

Conclusion

AOI is keen to engage fully with the Government, opposition parties, Independent politicians, the Department of Health (and Departments of Social Protection and Finance) the HSE, Irish College of Ophthalmologists (ICO) and all relevant partners to deliver better outcomes in Irish eye-care.

We believe that the community led model which we set out provides solutions which are both implementable and cost effective. It is also evidence based. This is a summarised version of a highly detailed *Eye-Care Strategy* which AOI has produced in which each of the issues highlighted and solutions provided are broken down and presented in comprehensive detail.

Please contact AOI to discuss our model in greater detail and for further information.

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