RETINAL CAMERA TOOLKIT
The Provision of Eye Health and Equipment Training Project
funded by the Australian Government Department of Health

This Toolkit is designed to aid the embedding of retinal cameras into a primary health care service. Although it is designed to accompany the Canon CR-2AF camera, most of the resources are relevant for the embedding of any retinal camera.
We acknowledge the traditional Aboriginal and Torres Strait Islander Custodians of the many lands that we live and work on, and their continuing connection to Country and Culture.

We pay our respects to Elders past, present and emerging.

We thank all Aboriginal and Torres Strait Islander Peoples whose participation and contribution has been key to the success of this project.
The Consortium thanks those who attended the 2018 November Embedding Workshop and all others who have contributed in the making of this Toolkit.
RETNAL CAMERAToolkit

Section 6
Embedding Retinal Photography to Clinical Practice
Setting Targets for Retinal Photography

1. Background

When implementing the retinal camera, a good way to measure impact is by having a targeted approach and setting goals. The following are some examples and potential ways your practice can use to ensure appropriate targets are set.

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>EXAMPLE</th>
<th>PERSON RESPONSIBLE</th>
<th>TIMEFRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generate support status report</td>
<td>Number of active patients with diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of active patients with diabetes who have never had an eye examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of active patients with diabetes who have had an eye examination in the last 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tackle Identified Gaps</td>
<td>Opportunities intervention (Chronic Disease Days, MBS 715, MBS 721)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Targeted intervention (Retinal camera promotion, Diabetic Education days, Recall for retinal screening)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Set reasonable targets</td>
<td>Number of retinal photos taken</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of active patients with diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of active patients with diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review Targets</td>
<td>Does the action plan need to be modified</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Were targets realistic?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do the targets need to be modified?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are there any gaps that still need to be addressed?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Identifying Gaps

There may already be targets and goals that you have in mind, however, it would be useful to review the current status of the practice to help identify any gaps.

Each software management system should be able to produce a report on items of interest; overleaf are a few examples:
Design an Intervention/Action Plan

The retinal camera is a useful tool to engage diabetic patients, however, patients need to know about it and attend the screening session. A good Action Plan should include ways to introduce patients to the tool.

- Are there any current intervention that this can be embedded to e.g. Chronic Disease Day, Diabetes day, MBS items 715 (Aboriginal and Torres Strait Islander Peoples Health Assessment) and/or 721 (Preparation of a GP Management Plan (GPMP)), Diabetic Educator appointments.
- Promote the retinal camera and retinal photos
  - Retinal camera promotional banner
  - Opportunistic promotion during clinic visits – e.g. during 715 or 721 visits, other clinic staff to mention to patient, especially those involved in diabetic care (e.g. Diabetic Educator, podiatrist, nurse, Aboriginal Health Worker, Aboriginal Health Practitioner, GP)
- Targeted intervention
  - Schedule a retinal photography day
- Recalls

3. Set targets

The following can be targets:

- Number of retinal photos taken – with diabetes or without diabetes.
- Number of MBS items (12325 or 12326) claimed
- Number of diabetic patients referred for comprehensive eye examination (i.e. to optometrist or ophthalmologist)
- Number of patients educated using the retinal photographs

**Set target dates**

The targets should have a deadline. For example increase number of patients screened using the retinal camera to 50% within 3 months.

**Appoint staff responsible to achieve targets**

Allocating the task to specific persons will establish accountability to achieve the targets. A flowchart such as the example earlier or the one below can be used.
4. Reviewing the targets

The targets should be reviewed periodically to ensure that they are still appropriate. The action plan may also need to be altered to target different areas.

The following are a number of things that can be considered when reviewing the targets:

• If targets were not achieved, what can be modified to improve this, were there mitigating factors that caused this
• If targets are consistently not achieved, are the targets realistic, should they be modified?
• If the targets are consistently achieved – considering setting higher targets or reassess to see if there are any other areas that can be expanded to (e.g. if originally targets were only set for diabetic patients, would other patients in the practice also benefit from retinal screening e.g. cardiovascular patients, those who have never had eye examinations).
Retinal Camera Promotional Materials

To promote and encourage patients to have retinal photograph taken, the Provision of Eye Health Equipment and Training (PEHET) project is providing promotional materials. These materials include promotional banners and pamphlets and are free of charge until December 2021.

All promotional materials will be personalised to include your clinic/health service logo and a photo of your staff using the camera. For more information and to order yours, please contact Colina Waddell on c.waddell@brienholdenfoundation.org or 02 9065 0708.

Banner Option 1 - Pull Up Banners

Approx 2245mm x 810mm and includes base. This banner folds up to the following size: 820mm x 110mm x 110mm for easy storage and travel.

Option 1A – Regular background
Option 1B – Dark background (if used in outdoor, dusty area)
Example of pull up banner in use
Banner Option 2
1000 x 60 mm in size with 4 eyelets in the corner.

Option 2A – Regular background
Option 2B – Dark background (if used in outdoor, dusty area)

Pamphlets

- DL size pamphlets; two sided – the front side matches banner image, the back side contains brief information on diabetic retinopathy and retinal photography screening
- Includes Clinic/Health Service phone number
- Order up to 250 copies for free
Diabetic Retinopathy Photography Referral Pathway

**STEP 1:** Case History

**EYE AND VISION FOR PEOPLE WITH DIABETES IN THE CHRONIC DISEASE MANAGEMENT PLAN**

Symptoms that require referral to:
- **Optometrist**: Headaches or sore/strained eyes with close work, itchy, sore, gritty eyes, have not had dilated eye exam with optometrist/ophthalmologist in 12 months and if any abnormal neuropathy, uncontrolled blood sugar, blood pressure and/or cholesterol.
- **Ophthalmologist**: Not covered in this Flowchart, refer to standard treatment guidelines (e.g. CARPA)

---

**STEP 2:** Measure DISTANCE VA

- **6/9 or worse in one or both eyes in one or both eyes**
  - Measure Pinhole VA
  - **Distance symptoms such as difficulty seeing to drive**
    - 
      - No improvement in VA
        - Refer to optometrist or ophthalmologist within 1 month
      - Improves VA
        - Routine Recall (annual dilated retinal optometry exam)
    - Yes
      - List to see next Optometrist

- **6/7.5 or better in one or both eyes in one or both eyes**
  - **Refer to ophthalmologist within 1 week**
  - **Refer to ophthalmologist within 1 months**
  - **Refer to ophthalmologist or optometrist within 3 months**
  - List to see next Optometrist

---

**STEP 3:**

- Retinal photography with assessment by GP, optometrist or ophthalmologist
  - Macular oedema
  - Abnormal retina, no macular oedema
    - Proliferative retinopathy
    - Severe retinopathy
    - Moderate retinopathy
    - Minimal/mild retinopathy
  - Normal retina

---

*If you do not have access to an organised system of retinal photography, refer to the optometrist for an annual dilated retinal exam.*
Generating the Usage Report

Double click the "BHVI Report - shortcut" icon on the desktop

1. The Excel spreadsheet will automatically load the data
   *Note: if the data doesn't load, you will need to click "Enable Content"

2. Go to "File" > "Save As"

3. Save the file in a location of your choice
   *Note: name the file in the following format: BHVI Report DDMMYYYY CLINICNAME
Summary

Diabetic Retinopathy (DR) screening is a useful tool in preventing sight threatening vision loss and in diabetes management. It is important to embed retinal screening within clinical processes to ensure success, and that primary health care (PHC) staff are empowered to fully utilise DR screening to maximise its benefits to patient care. PHC staff are key players within a multidisciplinary diabetes health care team — effective communication and collaboration within the diabetic health care team results in optimum patient care, including improved metabolic control and reduced cardiovascular risk factors. DR screening has the capacity to increase patient awareness about diabetes, facilitate early detection, assist in diabetes management and treatment, and prevent avoidable vision loss.

DR screening does not replace the need for annual dilated ocular fundus examinations for Aboriginal and Torres Strait Islanders with diabetes [1][2], however, PHC clinics that embrace retinal screening facilitate integration of eye health into PHC. Gidgee Healing Normanton Primary Health Care Clinic provides an excellent example of a successful retinal screening model within a remote Aboriginal Community Controlled Health Organisation (ACCHO) PHC clinic setting. DR screening is integrated within the clinical eye health model through well trained and engaged PHC staff, on-site image triaging, focusing on utilising DR screening for patient education and patient triaging of Diabetic Retinopathy, and good communication both within the team and with the visiting optometrist and regional eye health coordinator.

"Staff have found DR Screening to be a very powerful tool and has resulted in cases of dramatically improved metabolic control, better control of blood pressure and cholesterol, and increased engagement in diet and exercise programs."
Gidgee Healing Normanton Diabetic Retinopathy Screening

Introduction

Diabetic retinopathy (DR) is a sight threatening diabetes complication. Indigenous Australians are more likely to experience vision loss from DR than non-Indigenous Australians, yet only around half of Indigenous Australians are having the recommended annual retinal check to detect DR [1]. With early detection, DR is often treatable and further progression can be prevented. Furthermore, retinal photography is a valuable tool in patient diabetes education, whether DR is present or not. The Provision of Eye Health Equipment and Training (PEHET) Project funded by the Federal Government aims to support the uptake of retinal screening and the MBS items 12325 and 12326; it comprises the supply of a non-mydriatic retinal camera, training in DR screening and triaging, and support in embedding DR screening into clinical processes in 161 Primary Health Care Services (PHC) around Australia servicing Indigenous Australians.

Gidgee Healing Normanton

Gidgee Healing is geographically the largest Aboriginal and Torres Strait Islander Community Controlled Health Organization (ACCHO) in Queensland, with 5 PHC clinics (including Normanton) across North West Queensland and over 9,000 active clients. Normanton is a remote community, with a total population of 1,300 (almost 60% who identify as Aboriginal and/or Torres Strait Islander; and a median age of 27 years) [2] and the closest permanent eye health practitioner (optometrist) over 5 hours travel away in Mt Isa. In November 2018, Gidgee Healing Normanton received a retinal camera and training in DR screening through the PEHET Project to service approximately 230 registered patients with diabetes. Two Aboriginal Health Workers, a nurse and a facility officer completed the PEHET DR screening training; The GP and practice manager have completed the PEHET DR triaging course.

Advocacy by Gidgee Healing ACCHO during 2019 resulted in the introduction of Visiting Optometry Services (VOS). An optometrist now visits for a week every 2 months and a Regional Eye Health Co-coordinator (REHC) was appointed in June 2019. DR screening has become an integral component of multidisciplinary chronic disease management and during 2019 almost 75% of the registered diabetic patients at Gidgee Healing Normanton undertook either DR screening and/or a full comprehensive dilated retinal examination. Embedding DR screening into the PHC Clinic has increased awareness about eye health within the Community and amongst the PHC staff, and pathways into comprehensive eyecare.

Cameron Leon - Previous Regional Eye Health Coordinator
Use of Diabetic Retinopathy Screening in Gidgee Healing Normanton DR Screening Process

- All patients with diabetes undertake screening when attending clinic (opportunistically and on scheduled chronic disease clinic days).
- Aboriginal Health Workers (AHWs) measure VA (pinhole where indicated) and take retinal images.
- All images are immediately shown to clients and utilised for patient education; including an explanation as to what DR is, the risk factors, and the potential for permanent sight loss. Photo education tools regarding the different degrees of DR are presented, and information regarding the similar effects on other organs in the body and feet. The limitations of DR Screening and the need to maintain regular yearly, comprehensive, eye examinations with the visiting optometrist and the importance of eye health are also included in patient education by the AHWs.
- DR Screening reports, including the retinal images and VAs are transferred to each patient’s electronic medical record (Best Practice) via USB.
- On the same day as DR Screening, the GP (or practice manager if GP away) triages the retinal images, actions any necessary referrals, and bills MBS item 12325 if appropriate.
- Where the client consults with the dietician, exercise physiologist or other Allied Health Professional, the DR screening report is often utilised again as an education tool to promote healthier lifestyle choices and complying with medications.
Triaging Patients for diabetic retinopathy

1. For those with no sign of DR, Visual Acuity (VA) better than 6/9, and no symptoms of eye problems or change in vision, a non-urgent optometrist appointment is made, and a recall for a future DR screening check is set up for one year.

2. For those with signs of mild DR and no macular oedema, VA worse than 6/9, other eye/visual complaints or if the photo is ungradable, the client is referred to the next scheduled visiting optometrist clinic for further assessment.

3. For more severe signs of retinopathy requiring treatment, the client is referred for an urgent or semi-urgent appointment to the regional ophthalmology service in Mt Isa.

All appointments with the optometrist and ophthalmologist is made on the same day of screening. Gidgee Healing support clients by lodging a (Queensland Health) patient travel form and providing transport to and from the plane for their flights into Mt Isa and the hospital where necessary.

Patient Education — engaging clients in diabetes self-management

Patient education and discussion of the photographs are performed at the time of screening, the results of which has been outstanding at Gidgee Healing Normanton Clinic. The Aboriginal Health Workers, General Practitioners and Visiting Allied Health Practitioners, in particular, utilise the retinal images in clinic. Staff have found DR Screening to be a very powerful tool and has resulted in cases of dramatically improved metabolic control, better control of blood pressure and cholesterol, and increased engagement in diet and exercise programs. It is through patient education that Normanton has achieved terrific success in embedding DR Screening into clinical processes and raising awareness of eye health in the Community.

“When patients come through, they have no idea about the importance of eye health [...] so to take a retinal photo and explain what we are looking for [with DR Screening]... education... [makes] them aware”

Josephine Bond (Senior AHW, Gidgee Healing Normanton PHC Clinic)

“One of the problems with diabetes is that often, clients don’t feel too bad, and I find that showing them an actual picture explaining how the back of their eyes is being damaged [...] I’ve also seen some great results, with people redoubling their efforts and becoming healthier [...] I think anyone managing a reasonable number of clients with diabetes having access to a retinal camera and utilising DR Screening is a great idea”

Dr Bryan Connor (General Practitioner, Gidgee Normanton PHC Clinic)

Bibliography


WHO WE ARE

Karadi is an inclusive Aboriginal Community Controlled Organisation, providing leadership in the sector and serving Aboriginal people of our catchment and their families in achieving strong identity, good health, and quality of life.

We work in primary health care to provide services to our local community. Karadi is part of Tasmanian Aboriginal Health Reference Group (TAHRG), a collaboration of five organisations state-wide.

WHERE WE ARE

Karadi Aboriginal Corporation is in Hobart, Southern Tasmania.

“Aside from being used to screen for diabetic retinopathy, the camera has also helped detect undiagnosed conditions in our patients, such as severe to moderate hypertension, macula degeneration and cataracts…”

Our Journey Into Indigenous Eye Health

Karadi is one of the 166 sites selected to receive a retinal camera through the Federal Government funded Provision of Eye Health Equipment and Training (PEHET) project. The PEHET project is delivered by a consortium of five organisations co-led by Brien Holden Foundation and Australian College of Optometry (ACO).

Indigenous eye health was never intended to be part of Karadi’s core work. However, a trial with the Visiting Optometrists Scheme (VOS) revealed a deep need for services in the Aboriginal community where people felt their cultural values were respected. After advertising on Facebook, we became fully booked within 30 minutes of posting, despite being within a 5km radius of twelve optometry practices.

Our journey into eye health implemented the use of preventative eye health care measures and a retinal camera. With this, we have been able to establish a pathway into comprehensive eye health that was previously inaccessible.

Aside from being used to screen for diabetic retinopathy, the camera has also helped detect undiagnosed conditions in our patients, such as severe to moderate hypertension, macula degeneration and cataracts – with some of those patients already having had their cataract surgery.
**Diabetic screening processes**

We use a model of care that keeps Karadi at the centre to support our clients at whatever point of care they are in. We move with them to provide support, transport, and advocacy throughout their entire journey. Our collaboration also decided that from the beginning we would screen all our clients, with or without diabetes, allowing baseline data for clients as well as detecting and monitoring change over time.

**Model of Care:**

- Clients are screened for retinal photographs both through booked clinics as well as opportunistically. In the past, images and associated paperwork were sent for grading and reporting off to the Centre for Eye Health as part of our training. This is now being done locally through the VOS.
- All clients are then booked into our VOS clinics for their eye examinations regardless of whether the images are normal or abnormal.
- Should the client require further optometry care, the client will be referred to local optometrists.
- From this the VOS will refer on for specialist Eye Clinics through the Tasmanian Public Health System or if required through to private Specialist Eye Clinics. There are some clinics in Hobart that have agreements to bulk bill Aboriginal Clients.

“Despite not being able to claim any benefit, we continue to screen to support our clients and provide them a pathway into eye health, preventing vision loss.”

**Referral pathways:**

In terms of retinal photography our process currently is:

- Take images and take visual acuity.
- Upload images and information to VOS
- Receive a report back with actions and recommendations.
- Recommendations are actioned by the Integrated Team Care (ITC) Team, as well as notification to the client of the outcome of the screening. The report is forwarded to the client and/or GP.
- Appointments are made as noted in the recommendations, for follow-up care and referrals to specialist eye clinics. Referrals can be through VOS or the client’s GP.
- The report and the associated actions are documented in the patient-recall system.

At every step along the way we take the opportunity to do health promotion with our clients, increasing their knowledge and health literacy around eye health.

Upon receipt of the camera, we created our own set of policies and procedures around the use of the retinal camera to ensure that everyone was on the same page and that regardless of which staff member was taking the images that the processes were the same. This was for continuity of care as well as safeguarding against the possibility of clients getting lost in the system and us being able to follow-up and provide the correct recommended course of action.

As we have no GP onsite, we are unable to bill under the MBS item codes 12325/12326. Despite not being able to claim any benefit, we continue to screen to support our clients and provide them a pathway into eye health, preventing vision loss.
Model of Care and Referral pathways

- **KARADI**
  - Retinal Photographs taken
  - Appointments made with VOS/Optometrist for care and referral to Ophthalmology/Specialist
  - Recommendations actioned by ITC Team, notify client/GP
  - Uploaded VOS
  - Referral to VOS for further testing

- **VOS**
  - Referral to Private Eye Clinic
  - Referral to RHH Eye Clinics
  - Referral to local optometrists outside KARADI further testing

- **KARADI ABORIGINAL CORPORATION**

Provision of Eye Health Equipment and Training — funded by the Australian Government.
Key players in our good news story

Emma Robertson

Emma is a proud Palawa woman from southern Tasmania where she has lived all her life. She is an Aboriginal Health Worker, part of the Integrated Team Care program at Karadi Aboriginal Corporation servicing clients in the greater Hobart area. She has a keen interest in Indigenous Eye Health.

Marc Hicks

Marc Hicks has worked in Aboriginal Health for over 15 years beginning in an ACCHO and transitioning from the General Practice Network to the Primary Health Network. At Karadi Aboriginal Corporation, he is part of the Integrated Team Care program and is a great advocate of Aboriginal Eye Health.
WHO WE ARE

Riverina Medical & Dental Aboriginal Corporation (Rivmed) is a large primary healthcare centre consisting of eight doctors, four Aboriginal Health Practitioners, a Nurse Practitioner (NP), three Registered Nurses (RN), a Mental Health team, Allied Health team and Chronic Disease team (CDE).

Rivmed is in Wagga Wagga, NSW, on the land of the Wiradjuri people. Wagga Wagga is an agricultural town with a population of 65,000. Its closest capital city is Canberra (2.5 hours away), and closest big city is Albury/Wodonga (1.5 hours away). The Wagga Wagga Base Hospital, which has an ophthalmology department, is located across the road from Rivmed.

SCREENING PATHWAY

• Diabetic patients are referred internally by Rivmed health practitioners (including GPs, NPs and RNs).
• The screening is carried out by RN Dorcas Musyimi. Dorcas measures Visual Acuity (VA), performs retinal photography and reviews the photos with the patient.
• In a collaborative approach, both the initial referring health practitioner and GP discuss the screening outcome with the patient. Where findings are normal, the patient is referred for a full eye examination with an optometrist in Wagga Wagga. As there are several optometrists in Wagga Wagga, they can be seen on the day or at most, a few days later. The GP, RN or AHW makes the appointment for the patient.
• Where pathology is detected, the patient is referred more urgently to an optometrist or ophthalmologist.
• The GP bills the item(s) 12325/12326.
• A routine 12 month recall is set for the next retinal photography screening.
• There is the option for patients to have an Aboriginal Health Worker attend the optometrist and/or ophthalmology appointments alongside them to provide support. Where required, transport and funding for private ophthalmology appointments are provided.
• Optometrists and ophthalmologists are requested to provide reports of the outcome of the appointments to Rivmed and this information gets integrated into the patient’s medical records.
Five operators have been trained to use the retinal camera with Dorcas as the main operator. R-L: Kymme Hunter, Dorcas Musyimi, Annika Honeysett, Natalie Smith, Victor Simpson.

**RETINAL CAMERA SCREENING PATHWAY AT RIVMED**

1. Referral by Rivmed health Practitioners including GPs, Nurse Practitioner and RNs
2. Screening/Retinal photograph
3. Review by the GP
4. Discussion around diabetes management and reinforce education with visual results of their eye health
5. Refer to optometrist/ophthalmologist where necessary
6. Set 12 month recalls
7. Reports forwarded to GPs by optometrist/ophthalmologist & follow up recommendation
8. Transport provision as needed
WHY DIABETIC SCREENING WORKS AT RIVMED

- The retinal camera is on-site and there is a support system (e.g. transport provision and ophthalmology funding) in place for patients if required.
- Screening is done on the same day of the patient's consultation with the doctor, NP or CDE. This eliminates the need for another appointment and ensures transient patients are catered for.
- The retinal photos are integrated into the client's medical records which allow doctors to access the photos immediately.
- Doctors can access the photos immediately and refer directly to optometry or ophthalmology if necessary.
- There is a commitment to screening 10 people each month
- The retinal photographs are a great educational tool allowing patients to visualise ocular changes over time.
- Having a main designated operator, Dorcas, and a clear retinal screening pathway means patients are not lost to follow up.

OUR SUCCESS SO FAR

There are 141 type 1 and 2 diabetics (Females: 87 and Males: 54) out of almost 3,000 patients in the practice. 86 (Females: 45 and Males: 41) were screened in less than a 12-month period in 2019, meaning over half the female diabetics and three quarters of the male diabetics were screened. Of these patients, only one had to be referred as the pupils were too small for a clear photograph and hence was followed up elsewhere.

Due to COVID-19, the retinal screening program was paused for a year in 2020. It resumed in February 2021 and the uptake has been slower as many patients are still having phone consultations as opposed to face-to-face.

Before the retinal camera, undetected diabetic retinopathy was a major source of vision loss. People are now very receptive to getting their retinal photos taken as they understand the importance of screening. The patients and their families, staff and community are all committed to making it work. The retinal screening also allows staff to maintain a strong relationship with optometrists and ophthalmologists for the referral pathways.

“Images of eye health help to reinforce patient education and discussions around diabetic management.” - Dorcas Musyimi

Come and visit our beautiful Wiradjuri reserve and walking track.
WHERE WE ARE
Albury Wodonga Aboriginal Health Service (AWAHS) is in the border town of Albury, servicing communities in both Victoria and New South Wales.

WHO WE ARE
AWAHS is a community controlled organisation established to cater for the primary health care needs of Aboriginal and Torres Strait Islander people and their families.

Key staff involved in Improving Screening for Diabetic Retinopathy

**Kim Moffitt**
I am a Traditional Bidjigal/Gweagal Salt Water woman from Botany Bay La Perouse. My family are the traditional allodial sovereign custodians of the land and still live there today, looking after Country. I am a Registered Aboriginal Health Practitioner with 29 years’ experience in multiple disciplinary health roles.

**Fiona Bradbury**
I am a Registered Nurse with 26 years’ experience currently working as a Chronic Disease Coordinator for the Integrated Team Care Program at Albury Wodonga Aboriginal Health Service. I have worked in this role for nearly 7 years.
OUR UNIQUE APPROACH TO UTILISING DIFFERENT SERVICES TO STRENGTHEN EYE CARE PATHWAYS

AWAHS was one of the 166 sites selected to receive a retinal camera through the Federal Government funded Provision of Eye Health Equipment and Training (PEHET) project. The PEHET project is funded by the Australian Government Department of Health and delivered by a consortium of five organisations: Brien Holden Foundation (BHF), Australian College of Optometry (ACO), Optometry Australia (OA), Aboriginal Health Council of South Australia (AHCSA) and Centre for Eye Health (CFEH). The aim of the program is to support the uptake of the new Medicare Benefits Schedule (MBS) items 12325 and 12326.

AWAHS received their retinal camera and completed training in April 2018. We have created a collaborative eye care environment by engaging in the services provided by Visiting Optometry Services and the local optometrist and ophthalmologist. Through these collaborations, we have overcome many barriers such as establishing a sustainable pathway to previously inaccessible local ophthalmology practices and a local optometry grading service.

“I love doing it and it is amazing what you find in someone’s eyes.” Kim

As all diabetic patients are now routinely screened, we have moved on to a new aim of embedding retinal photography as part of the Aboriginal Health Check (MBS item 715). This will ensure all patients receive retinal screening and a pathway into eye care, whether they are diabetic or not. In November 2020 we started on our 142 patients’ annual retinal photography recalls.

“When they see damage on their retina as they are not looking after themselves it’s a bit of a wakeup call” Kim

Through collaboration, the uptake in Retinal Photography has increased dramatically. The Centre for Eye Health grades the retinal photographs and reports are sent back to AWAHS. The GP then refers to the VOS optometrist (monthly visits provided by Brien Holden Foundation) if necessary and processes the MBS claims. The local ophthalmologist now bulk bills all AWAHS patients, thanks to the continuous advocacy of AWAHS.

AWAHS Aboriginal Health Practitioner Kim Moffitt now takes retinal photography for our cardiac patients. The aim is to implement retinal photography into our Aboriginal Health Check (MBS 715) so all patients get screened. We are aware that the retinal photography MBS item is only billable for people with diabetes, however, we are aiming to screen the majority of patients with or without attaching an MBS item number and claiming a benefit.

“Patients absolutely can’t wait to see their retinal images. It is an opportunity for me to talk to them about stopping smoking, drinking in moderation, and taking their medication every day. Some people make lifestyle changes after the photo and chat” Kim

Kim taking a photo of Uncle Tunny’s retina
AWAHS patients with diabetes

Diabetic Patients at AWAHS

- **Type 1 Diabetes**: 16
- **Type 2 Diabetes**: 187
- **Non Diabetes**: 3646
- **Total**: 3849

**Retinal Camera Screening Pathway at AWAHS**

1. Patient is identified as having diabetes through internal databases
2. Appointment is scheduled for retinal photography/or opportunistically
3. Retinal photo taken
4. Recall is generated into Communicare - 12 monthly
5. Retinal photograph is then sent to the Centre of Eye Health for examination and grading
6. The report from the Centre of Eye Health is forwarded to AWAHS Aboriginal Health Practitioner (AHP)
7. GP is made aware of the report and bills the retinal photo MBS 12325 or 12326
8. If a referral to an ophthalmologist is advised the AHP will arrange a GP to do a referral
9. AHP will then make an appointment with the optometrist/ophthalmologist

**Why has AWAHS been successful with retinal screening?**

- We combined the Provision of Eye Health Equipment and Training (PEHET) project and The Look Out Project – The Indigenous Diabetes Eyes and Screening (IDEAS VAN)
- We have had 2 staff members working closely together with retinal screening
- Dedicated clinic time and a retinal camera champion: Kim Moffitt
- We have created a collaborative eye care environment by engaging in the services provided by our Visiting Optometry Services, local optometrist and ophthalmologist. Through these collaborations, we have established a sustainable pathway
- We have successfully established a bulk-billing relationship with our local ophthalmology service; especially that now that the IDEAS van no longer visits.

---

Provision of Eye Health Equipment and Training — funded by the Australian Government.
CHALLENGES WE FACED

• GP Training was difficult as most GPs worked 2-3 days a week making it challenging when trying to coordinate an appropriate day of the week.
• Non-usage of the retinal camera as practitioners were not confident in taking photos and required further training provided by the Consortium.
• Room allocation of the retinal camera was a barrier as it was kept in a portable office at the back of the clinic, predominantly only being used by the Diabetic Educator/Podiatrist.
• Medicare claiming has been difficult because our GPs were not always confident in triaging retinal images.
• COVID has meant we ask patients to wear a mask for retinal photography. The camera is thoroughly wiped down after each patient.

“I would love to photo screen everyone that came in. It’s so important as patients cannot see what is going on inside them without it” Kim

Fiona taking a photo of a patient’s retina.
The traditional custodians of Mallee country are the Latji Latji, Paakantji (Barkindji), Ngiyampaa, Mutthi Mutthi, Wemba Wemba, Tati Tati and Barapa Barapa.

WHO WE ARE

Mallee District Aboriginal Services provides Health, Family, Early Years and Wellbeing services to Aboriginal and Torres Strait Islander People and their families in the Mallee region of northwest Victoria. The area is between the Wimmera and Murray rivers and borders with South Australia and New South Wales.

Mallee District Aboriginal Services is committed to improving the services we provide to our community through our medical clinics in Swan Hill and Kerang

OUR HEALTH CLINICS

Our clinics in Swan Hill and Kerang consist of 1 Doctor, 1 Clinic Coordinator, 3 Registered Nurses, 1 Midwife, 1 Chronic Care Coordinator, 1 Chronic Care Outreach Worker, 2 Health Promotion Officers, 4 trainee Aboriginal Health Practitioners and 1 Allied Health trainee.

The staff involved are Taylah Baird (Allied health), Ami Johnston (Practice Nurse) and Zah Thebe (Health Manager for Swan Hill and Kerang).

Diabetic photoscreening to Date November 2020

- 9.3% Clients with Type 1 or Type 2 Diabetes
- 32% Diabetic Clients Photoscreened in Last 6 Months
- 46% Male, 54% Female Diabetic Client Gender

Clients with Type 1 or Type 2 Diabetes
Diabetic Clients Photoscreened in Last 6 Months
Diabetic Client Gender: 54% Male, 46% Female
RETINAL CAMERA SCREENING PATHWAY AT MDAS SWAN HILL AND KERANG

Client presents for 715 (Aboriginal And Torres Strait Islander Peoples Health Assessment) or 721 (General Practitioner Management Plan)

- Identified as having diabetes or having vision impairment
- Same day retinal photography screening
- Annual recalls set
- Discussion of retinal photographs and education for the client around eye health and/or diabetes management
- Retinal photos sent to Centre of Eye Health/visiting optometrist for grading
- GP reviews grading results and refers to optometry/ophthalmologist
- GP bills MBS item code 12325/12326
- Transport provision where needed for further eye care appointments
- GP receives report from optometrist/ophthalmologist with follow up recommendations

PROMOTING THE RETINAL CAMERA

- Social Media. Our Facebook page is followed by 2872 people and posts every day.
- Banners and pamphlets in reception area
- Posters throughout the clinic
- Recommendations by clinic staff
- Promotional events e.g. World Sight Day, World Diabetes Day
- Local community members involved in advertising.
- Word of mouth referrals
ADVANTAGES OF HAVING THE RETINAL CAMERA

• Improves community access to the eye health pathway.
• Opportunistic screening for non-diabetic patients to detect new cases of diabetes or even other eye conditions.
• Perform Diabetes cycle of care effectively.
• Provides education and helps engage the patient on why diabetic control is so important.
• Allows visiting optometrist to utilize camera for diabetic eye disease, other ocular conditions and monitoring changes over time.
• Greater opportunity for staff to maintain their skills and helps engage them on eye health.

Map of Victorian Aboriginal language territories