The Integrated Eye Health Care Model
PCCC Dundalk / Louth County Hospital
September 2015

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Current challenges in eye care in Ireland
Ireland is experiencing a significant population growth, total population expected to increase by 12% - 18% between 2011 and 2016. The greatest increases in population growth are expected to be in the over 65 years age group. In 2015 there were 75,500 children eligible for school vision screening - 25% increase on 2010. This in association with the growing incidence of chronic diseases are placing an enormous burden on the current model of care. Several international studies have demonstrated the effects of population growth on the increased demand for eye care and the direct costs for eye care.

In line with the recommendations in “Future Health”, the majority of eye care services should be provided in the primary care setting. The overall objective of “Future Health” is an integrated model of care within a local community focus to service delivery.

Considerations
Integrating healthcare service delivery should be at the lowest level of complexity, safe, timely, efficient and as close to home as possible there must be a simplicity of service arrangements.

Private provision of eye healthcare services must dovetail effectively with public provision and service provision should be equitable consistent and in line with national frameworks and structured models of care.

In the “Programme for Government and Future Health”, strong emphasis is placed on streamlining services and avoiding duplication of healthcare intervention. The “Healthy Ireland Implementation Plan 2012-2017” recommends the development of partnerships between healthcare professionals. This will be the responsibility of the Primary Care and Community Services.

Community Health Care Organisations
The formation of Community Health Care Organisations will enable and support integrated care pathways within community services, between community and hospital services and with wider public service organisations.

They will deliver the model of service envisaged in “Future Health” recommendations through the development of regional eye health networks delivering primary care services within nationally agreed eye care pathways and in accordance with nationally and regionally agreed clinical management guidelines.

There will be a strong emphasis on prevention, early detection and health promotion in relation to eye disease.

The integrated multidisciplinary eye care team should provide:
- Patient focused treatment (care pathways)
- Evidence based healthcare (management guidelines)
- Patient safety is paramount
- Access to the most appropriate healthcare provider in a timely fashion
- Clearly defined roles for healthcare providers and effective communication between them
- Avoidance of duplication of effort and optimal, safe and audited therapeutic flow pathways

Key Enablers:
- Improved Information technology links
- Maximising professional skill mix
- Address capacity issues
- More consistent targeted primary care
- Dovetail streamlining hospital and community service provision
- National accreditation/training

The success of such an integrated eye health care team has been observable with the care model established in Dundalk in 2013.

Benefits of including the optometrist in the integrated eye care team
Co-management or shared care between ophthalmologists and optometrists has long been recognised as having a role in improving the uptake of various ocular disease interventions (Mitchell 1995). High levels of agreement have been published with regard to diagnosis of acute eye conditions and also high levels of diagnostic skills in assessing OCT and fluorescein angiography images (Borlase, 2013; Whitehouse, Heeler et al, Manchester Royal Infirmary, Cree et al 2020). The proceedings from the Excellence in Ophthalmology Congress 2013.

“Optometrists are probably the closest called healthcare professionals best suited to run an ophthalmology clinic independently. They are experienced at fundoscopy, running their own eye consultations, clinical note taking, listening and decision making”

A nationally agreed accreditation programme would however need to be established for such a clinical role and suitable governance channels created.

Benefits of including the optical technician in the integrated eye care team
Currently many of the gold standard tests for diagnosis and treatment of eye disease are technology based and do not require great clinical expertise to perform (but clinical expertise is required to interpret results). This is deemed to be a costly use of eye care professional time. Well trained/accrualled support staff (technicians) are significantly cost effective and utilised in much of the UK, USA and in private practice in ROI.

A nationally agreed training programme would however need to be established for such a position.

Dundalk Primary Care Eye Services/Eye Treatment Centre, Louth County Hospital
Primary care services is responsible for children’s vision and adult ocular disease management.

Optometrist involvement includes children’s refraction clinics, cataract referral/referral clinics, glaucoma/retinal clinics, stable glaucoma management, macular in traction and retinal clinics.

The ophthalmology unit at the Louth Hospital is a community treatment centre for cataract extraction, eyelid surgery and medical retinal treatments (intra-arterial injection/ laser).

In keeping with current recommendations from “Future Health” and “Healthy Ireland” the Primary Eye Care services unit has also established strengthened reciprocal working relationships with:
- Visual rehabilitation services/NSI
- Fall prevention team (strong association between visual impairment and falls)
- Smoking cessation programs (Macular degeneration)
- Early intervention teams/social services
- Audiology/ Psychology/ Diabetes clinic

Performance
The collection of relevant data has been difficult using current clinical management software however in the period June 2014 - May 2015, 900+ children’s refractions (8+) were performed by 0.1 WTE Optometrist 420 glaucoma/420 medical retinal/514 cataract referral examination by 0.3 WTE Clinical Optometrist.

References: