Identifying best-practice features of diabetic retinopathy treatment models for Aboriginal and Torres Strait Islander Australians

AREA OF NEED

- The literature reports that the prevalence of diabetes-related vision impairment for Indigenous Australians is 5.5% compared to 1.5% for non-Indigenous Australians, and treatment rates are lower for Indigenous Australians
- There was no current literature on suitable service delivery models, specific clinical guidelines, or funding models of diabetic retinopathy treatment specific for Indigenous Australians.

AIM

This study sought to identify best-practice features of diabetic retinopathy care that could be used to inform current and future service delivery models for Indigenous Australians with diabetic retinopathy.

METHOD

Key informant interviews were conducted with a convenience sample of ophthalmologists with specialist's skills, knowledge and experience in the treatment of diabetic retinopathy for Indigenous Australians.
Semi-structured interviews were conducted over Zoom.

KEY FINDINGS

Seven best-practice features for service delivery of diabetic retinopathy treatment for Indigenous Australians were identified. The table below presents a summary of these features.

KEY FEATURES OF BEST- PRACTICE MODELS	EXPLANATION AND DETAILS
(1) CULTURAL SAFETY	Services provided within a culturally safe and appropriate environment, as considered by community.
(2) AFFORDABILITY AND ACCESSIBILITY	There are no cost or financial barriers to patients to receive care with services publicly funded or subsidised to a level that is effectively publicly funded.
(3) PARTNERSHIPS WITH KEY STAKEHOLDERS	Relationships are important to support integrating and linking patients in the pathway of care and creating system changes/reforms (e.g., Aboriginal Medical Services, optometrist, ophthalmologist, hospital, Aboriginal Health Liaison Officers).
(4) TIMELINESS	Refers to: • Patients receiving diabetic retinopathy screening on a regular basis Patients referred for diabetic retinopathy treatment within appropriate timeframe • Travel time and distance to receive care is as close to home as possible such that care is delivered locally.
(5) INTEGRATION WITH PRIMARY CARE	Primary care providers understand and are engaged in the pathway of eye care (i.e., diabetic retinopathy screening) and referral pathways to secondary and tertiary care.
(6) CLARITY OF GUIDELINES	Clinicians refer to and follow the established guidelines so as to provide consistent and agreed standards of care.
(7) CLINICIAN ATTITUDE AND MOTIVATION	Ophthalmologists involved are willing and committed to improving diabetic retinopathy outcomes for Indigenous clients.

SO WHAT?

The seven best-practice features identified in this study have started to address a clear gap in the research on equity in diabetic retinopathy treatment in Australia. The findings from this study, can begin to inform improvements in the decisions of the eye care sector on service delivery, funding and policy reforms for Indigenous Australians.

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