Educational Strategies to Improve Access to Eye Care

WOEC Luncheon 2014
Tokyo, Japan

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Objectives

• Show why access is a problem
• Describe strategies to improve access:
  • Improve current skills: CPD
  • Improve efficiency: Team Training
  • Facilitate Training: Curricula
Global Ophthalmology Workforce 2010

- 204,909 ophthalmologists
- 1 ophthalmologist for every 1100 diabetics
- Ophthalmologists performing surgery: 15-72%

- 22,607 trainees expected to enter practice 2011-2016

Resnikoff BJO 2012; 96:783
Ophthalmology Graduates are Not Meeting Ophthalmic Growth Rate

Resnikoff BJO 2012; 96:783

Eye MD growth – growth pop > 60 yrs
Diabetes

Meeting the Resource Gap

• Improve current skills: CPD
  • Only 15% operate in some countries

• Improve efficiency: Team Training

• Facilitate Training: Curricula
Meeting the Resource Gap

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CPD: Up-Skill Existing Ophthalmologists

- Proposition: easier, quicker, less expensive to upskill non-surgical ophthalmologists than to train basic medical graduates in ophthalmology

- Needs to include development of ophthalmologists as leaders of eye care team
Definition: Continuing Professional Development

- “CME plus”
- Covers the wide range of skills, knowledge, attitudes and attributes that are part of being a medical professional
  - Broader scope than CME
  - Includes professionalism and team-care
CPD is **Essential** Part of the Continuum of Ophthalmology Skill Development

- **Practicing Ophthalmologists**
  - Professional lifetime (30+ years)
  - Large numbers of ophthalmologists compared to trainees
  - Rapidly changing medical environment

- **Trainee Ophthalmologists**

- **Medical Students**
CPD Poorly Implemented

ICO CME survey 2009 by Juan Verdaguer
114 societies responded

• No CPD program
  • 44% (62% including those who skipped question)

• No CPD Committee
  • 45% (63% including those who skipped question)

• 71% interested in organizing or enhancing a CPD program working with the ICO
CPD ....Challenges in the Future

• Reduced funding
• Rapid advances in science
• Increased use of and dependence on technology

(Many procedures that I never learned in residency)
Meeting the Resource Gap

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• Improve efficiency: Team Training

• Facilitate Training: Curricula
Definition of Team

Defined by 4 characteristics.

1. two or more individuals;
2. share a common goal(s);
3. task-interdependent;
4. have a desired productive outcome(s).

In addition,

- Team members have specific roles & tasks.
- Adjustment on the part of team members must occur to accomplish team goals.
Definition of Team Training

“Training of teams rather than individuals, aiming at achieving a goal rather than transferring knowledge and skills to an individual.”

Who Is on the Team?

**Ophthalmologist-Led Eye Care Team**

- **Technicians**
  - COA, COT, COMT
- **Optometrists**
  - OD
- **Opticians**
  - ABO
- **Contact Lens Fitters**
  - NCLE
- **Photographers**
  - CRA, OCT
- **Orthoptist**
  - CO
- **Refractionists**
  - CR
- **Nurses**
  - CRNO
- **Technicians**
  - COA, COT, COMT
Principles of Team Efficiency

- Clear goals with measurable outcomes
- Standardization of routine tasks of care
- Willingness to substitute non-physician for physician tasks as appropriate
- Clearly delineated roles & tasks
- Appropriate training
- Good communication
Team Training

Task-shifting

- Rationale redistribution of tasks among health workforce team
- Specific tasks are moved to health workers with shorter training & fewer qualifications

Stolen from Prashant Garg, MD
“Promotion of interprofessional education that breaks down professional silos while enhancing collaborative and non-hierarchical relationships in effective teams.”
Barriers to Team Training

- Break down professional boxes (silos)
- Recognize the complementary nature of the work of each team member
- Acknowledge that each team member is necessary to achieve the shared vision
Increased cataract surgeries 40% by:

- Group discussion amongst team members led to:
  - Maximizing clinic appointments & surgical cases
- Delegation of new responsibilities to:
  - Technicians: work flow, acuity, history, measured glasses
  - Resident: supervised technician
- New team member hired:
  - Internist: general exam & monitoring
Global Public Health
2010, 1–10, iFirst article

Eliminating cataract blindness – How do we apply lessons from Asia to sub-Saharan Africa?

S. Lewallen and R.D. Thulasiraj

TABLE 2. CUMULATIVE CALCULATIONS ACHIEVED BY 40 PARTNER HOSPITALS 1 YEAR PRIOR TO AND 1 YEAR FOLLOWING LAICO’S INTERVENTION

<table>
<thead>
<tr>
<th>Impact on:</th>
<th>Before</th>
<th>After</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cataract Surgeries</td>
<td>52,506</td>
<td>91,445</td>
<td>74%</td>
</tr>
<tr>
<td>Cost Recovery</td>
<td>71%</td>
<td>90%</td>
<td>27%</td>
</tr>
<tr>
<td>Surgeries Per Ophthalmologist</td>
<td>448</td>
<td>848</td>
<td>89%</td>
</tr>
<tr>
<td>Surgeries Per Bed</td>
<td>33</td>
<td>49</td>
<td>48%</td>
</tr>
</tbody>
</table>
Team Training

Eye Care Delivery

- COE (Center of excellence)
- Training center
- Service center
- Vision center
- Vision guardians
- Community

LV Prasad model

Stolen from Prashant Garg, MD
Team Training: Bottom Line

To get the right workers with the right skills in the right place doing the right things

Stolen from Prashant Garg, MD
Meeting the Resource Gap

- Improve current skills: CPD
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- Improve efficiency: Team Training
- Facilitate Training: Curricula
Curricula Facilitate Training Programs

ICO Residency Curriculum, 2nd Edition

This International Council of Ophthalmology (ICO) Residency Curriculum offers an international consensus on what residents in ophthalmology should be taught. While the ICO curriculum provides a standardized content outline for ophthalmic training, it has been designed to be revised and modified, with the precise local detail for implementation left to the region’s educators. Download the Curriculum from the ICO website: www.icoph.org/residencycurricula.html

Klinische Monatsblätter für Augenheilkunde

Supplement

Principles and Guidelines of a Curriculum for Ophthalmic Education of Medical Students

Presented by International Task Force on Ophthalmic Education of Medical Students

On Behalf of The International Council of Ophthalmology (ICO)

Chairman of Task Force: Richard K. Parrish, II, MD (USA)

Editor and Education Director: Mark O. M. Tso, MD (USA) (China)
Curricula Facilitate Training Programs

International

**CORE CURRICULUM**

For Ophthalmic Assistants

March 2009

Presented by:

International Task Force on Para-Ophthalmic Vision Specialists Education

INTERNATIONAL COUNCIL OF OPHTHALMOLOGY

and

INTERNATIONAL JOINT COMMISSION ON ALLIED HEALTH PERSONNEL IN OPHTHALMOLOGY

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Curricula Facilitate Training Programs
Curricula Facilitate Training Programs

ICO Sub-Specialty Curricula

• Completed: Neuro-Ophthalmology, Cornea, External Diseases and Refractive Surgery.

• Finalizing drafts: Glaucoma and Plastics.

• Poised to start: Pediatric Ophthalmology and Strabismus, Vitreoretinal Diseases and Surgery, Oncology and Pathology.
Curricula Facilitate Training Programs

Sub-Specialty Curricula: Structure

- Definition, Scope, Duration
- Organization
- Faculty Qualifications
- Facilities & Resources
- Educational Program
- Evaluation
The International Joint Commission on Allied Health Personnel in Ophthalmology provides international guidelines to ophthalmic personnel training programs:

- Assistant
- Technician
- Refractionist
- Medical Technologist

available at www.ijcahpo.org
Summary

- Challenge of world blindness is immense
- Limited number/skill of ophthalmologists
- We can improve access by:
  - Improving current skills: More CPD
  - Improve efficiency: Use Teams
  - Facilitate Training: Create Curricula
Thank-you for your attention.