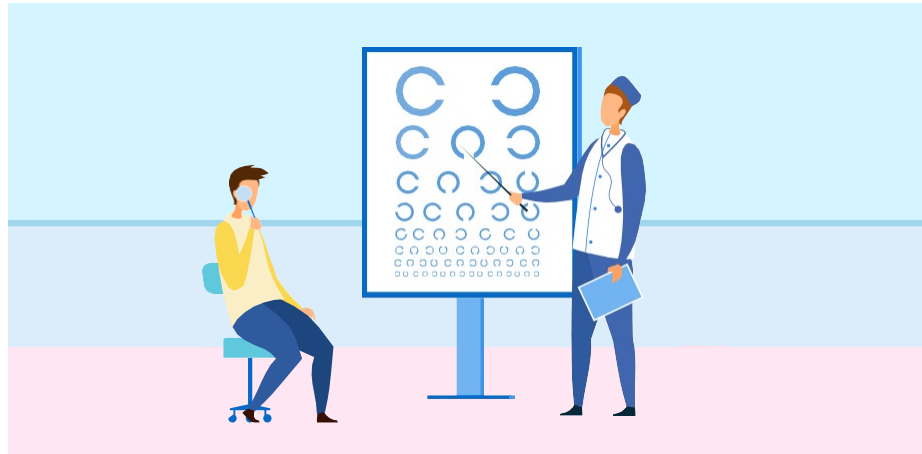


# Glaucoma Australia in 2019

## A guide for ophthalmologists



### Who we are

The Glaucoma Foundation of Australia (later to become Glaucoma Australia), was founded in 1988 by Clinical Professor Ivan Goldberg AM and Miss Kathleen Holmes OAM with the following aims:

- to increase community awareness of glaucoma
- to provide information and support for glaucoma patients and their families
- to develop financial resources to fund Australian research into glaucoma.

Three decades on the organisation has stayed true to its initial aims and has grown considerably and expanded its scope. Today Glaucoma Australia (GA) is the peak support body for Australians with glaucoma, as well as their carers and eye health professionals and has a mission to eliminate glaucoma blindness.

GA provides a comprehensive four stage patient support journey which is activated when a referral is received via a variety of funnels. Tailored resources are then provided to the patient with personal phone

and electronic support available via orthoptist educators. All resources are designed to complement routine ophthalmic care and digital assets can easily be shared. GA's education and support service delivery seeks to improve adherence to treatment and disease monitoring.<sup>1</sup>

GA regularly engages in government advocacy on behalf of patients, often in collaboration with the ASO and RANZCO. Advocating for a Medicare item number for Minimally Invasive Glaucoma Surgery (MIGS) and participating in the recent Medicare Benefits Schedule review for ophthalmology are some examples of this. GA also has close links with optometry, pharmacy, device and other healthcare organisations ensuring broad representation throughout the eye healthcare industry.

### Growing our membership

How does Glaucoma Australia know which people require its support?

Traditionally GA relied on ophthalmologists to refer newly diagnosed patients by having

brochures and contact cards made available during appointments. Although helpful, this method was inconsistent and unreliable as it required the patient to complete their details and post them back to GA following their appointment. Modern technology has enabled referrals to now be made from the clinician, practice manager or patient direct to GA using the internet.

Electronic referral systems, namely Oculo, have revolutionised GA's contact with patients. Today, when an optometrist refers a patient to an ophthalmologist using Oculo, a pop-up icon automatically prompts the referrer to consider referral to GA. This technology has snowballed GA's monthly referrals from single digits to hundreds. Now that GA has this momentum, its next objective is to analyse its growing patient data trends and feedback to enhance patient support, communications, interactions and resources.

### Supporting great Australian glaucoma research

GA's desire to continue backing great Australian glaucoma research that is aligned with our mission remains strong. For example, we have been a major funder for the TARRGET study, an Australian genetics study run by Prof Jamie Craig through Flinders University. The TARRGET study has taught us that family members of people with advanced glaucoma appear to have a 23-56% chance of showing at least the early signs of glaucoma.<sup>2</sup> Based on this GA has focused on driving family members of glaucoma patients to get screened. It is our hope that this 'low hanging fruit' could greatly reduce the number of undetected cases and get people on treatment earlier. This initiative promotes 'having the

family link conversation' and asking relatives to get tested for glaucoma. Using genetic knowledge and other glaucoma biomarkers to refine prognostication can lead to tailoring monitoring schemes to those most at risk, better allocating services and potentially saving health costs over the long-term.

Glaucoma Australia was fortunate to have found a supporter in Marcus Quinlivan, OAM, who sadly passed away in August 2019. Mr Quinlivan donated more than \$1 million to GA to fund Australian glaucoma research, establishing the William A Quinlivan fund in honour of his father. Together with bequests and other community donations GA has raised close to \$2 million in research funds.

This year GA has established its inaugural research grant program, with an aim to fund Australian glaucoma research to improve clinical glaucoma practice and quality of life for Australians with glaucoma.

### Finding hidden glaucoma: the known unknowns

Recently GA has undertaken a more ambitious aim, to help reduce the burden of undetected glaucoma in Australia. In Australia there is an estimated 200,000-300,000 people with glaucoma. Incredibly 50% are unaware of their condition, and this has not changed in 23 years: the proportion is almost identical in two large Australian epidemiologic studies, one from 1996<sup>3</sup> and one from 2019<sup>4</sup>. This is a stark statistic for a country with an otherwise great healthcare system.

We know that the symptoms of glaucoma begin insidiously, progress slowly, and are generally only noticeable when the disease is relatively advanced. Yet we want to diagnose and intervene early, to save sight for all Australians with glaucoma. How do we achieve this — how to reduce that 50%?

### Early detection through Optometric practice

Early detection through optometric practice is key to detecting more Australians with glaucoma. Optometrists are well placed to screen for glaucoma; their practices are more or less ubiquitous, they offer IOP measurement, disc assessment, and in some cases pachymetry and disc imaging with OCT. Thanks to OCT glaucoma is detected much earlier than with perimetry alone; OCT is integral for the ophthalmologist in confirming the diagnosis and monitoring for progression over time. Currently there is no Medicare item number for disc imaging for optometry or ophthalmology; hopefully in the future funding for targeted population screening for glaucoma will be available.

Glaucoma Australia actively engages with optometry organisations to encourage glaucoma awareness among practicing optometrists, collaborative care with ophthalmology, and advocates for effective training and resources for optometrists to be involved in routine screening for glaucoma.

### Collaborative care

Collaboration between optometry and ophthalmology is integral to improve health service delivery and is strongly supported by GA. Patients benefit from close communication between the multidisciplinary members of their eye healthcare team. Working together will ensure patients receive appropriate monitoring and/or intervention. Closer means of communication, in some cases sharing OCT and visual field data safely by digital means, and telehealth for remote or regional care will lead to improved glaucoma service delivery. There are many ways we can work together, such as exchange in knowledge, examination skills, research collaborations and clinical data sharing for audit.

### Encouraging at risk Australians to be screened

Glaucoma Australia wants to motivate at-risk Australians to visit their optometrist. They recommend all Australians 50 years or older visit an optometrist every two years for a comprehensive eye exam, and those of higher risk have their eyes checked every two years from the age of 40. Getting the message across is a challenge. However, utilising online marketing and social media platforms provide novel, cost-effective opportunities to achieve this end. Partnering with other eye health promotion organisations will help broaden GAs message.

Having a dedicated and energetic CEO and executive team is a great boon for GA and its important aims — GA hopes that the organisation continues to grow from strength the strength.

### REFERENCES

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A/Prof Simon Skalicky was recently elected President of Glaucoma Australia. Simon is a Victorian

glaucoma subspecialist affiliated with the University of Melbourne and the Centre for Eye Research Australia. He serves on various committees for the World Glaucoma Association. He works as a glaucoma specialist at the Royal Victorian Eye and Ear Hospital and privately at Eye Surgery Associates, Melbourne.