INTRODUCTION / PURPOSE

- Glaucoma is a leading cause of irreversible blindness worldwide and 50% of Australians are undiagnosed.
- The CareTrack study found that Glaucoma care by Australian Optometrists was delivered in line with evidence-based guidelines in 63% of patient interactions, however 14 clinical indicators were delivered at a suboptimal level below 60% appropriately.
- The Theoretical Domains Framework (TDF) [Fig. 1] brings together many behavioural theories that assist in comprehensively assessing the drivers of behaviour to identify possible barriers and facilitators of behaviour change.
- The Behaviour Change Wheel (BCW) [Fig. 2] is a framework that describes the underlying elements that drive behaviour (capability, opportunity and motivation – COM-B) and links these drivers to interventions and policies that will be effective in changing behaviour. The 14 domains of the TDF have been mapped to the COM-B from the BCW.

Aim:
1. To explore optometrists’ perspectives on barriers and facilitators to Glaucoma Care.
2. To identify candidate interventions to improve Glaucoma Care delivery using a theory-based approach.

METHODS

Qualitative Study Design
- Data Collection Method: Focus Groups following COREQ procedure.
- 4 focus groups (Sydney, Melbourne, Brisbane, Townsville); more to follow till data saturation is reached.
- Recruitment (convenience sampling) of Optometry Australia membership.
- 9 suboptimal Clinical Indicators from the CareTrack study were selected via a prioritisation process (Table 1).
- Semi-structured interview questions were used to prompt discussion on barriers and facilitators to suboptimal Glaucoma care clinical indicators.
- Discussions were audio-taped and transcribed.

Table 1: Suboptimal Glaucoma Care Clinical Indicators

<table>
<thead>
<tr>
<th>TDF Domain</th>
<th>Barrier</th>
<th>In their words</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Lack of understanding</td>
<td>“I just can’t get my head around it” (VFA)</td>
</tr>
<tr>
<td>Social influences</td>
<td>Group conformity</td>
<td>“If the patient doesn’t know what’s been done, they won’t do it.” (VFA)</td>
</tr>
<tr>
<td>Environmental context &amp; resources</td>
<td>Time</td>
<td>“It takes a lot of time and it’s very time-consuming.” (VFA)</td>
</tr>
<tr>
<td>Intention</td>
<td>Stability of intentions</td>
<td>“I wouldn’t actually measure it, no.” (Size of optic disc)</td>
</tr>
<tr>
<td>Reinforcement</td>
<td>Disincentives</td>
<td>“I would think incentives, financial, or you have performance incentives, sometimes will make people not do things.” (Size of optic disc)</td>
</tr>
</tbody>
</table>

Fig 1. Theoretical Domains Framework colour coded to the BCW COM-B

Key Themes for Barriers
- Knowledge: Lack of understanding
- Social influences: Group conformity
- Environmental context & resources: Time
- Intention: Stability of intentions
- Reinforcement: Disincentives

RESULTS

Barriers to Appropriate Glaucoma Care

Facilitators to Appropriate Glaucoma Care

Candidate Interventions to Improve Glaucoma Care

DISCUSSION

- The TDF domains that barriers were coded to most frequently were: Environmental context and resources; Knowledge; Social influences; Reinforcement; and Intentions.
- The TDF domains that facilitators were coded to most frequently were: Environmental context and resources; Reinforcement; Knowledge; Intentions; and Belief about consequences.
- This research aligns with previous findings from Ireland and United Kingdom.
- Policies that will support the interventions include Guidelines and Regulations. New Continuing Professional Development Standards will be leveraged to support the interventions.

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REFERENCES