

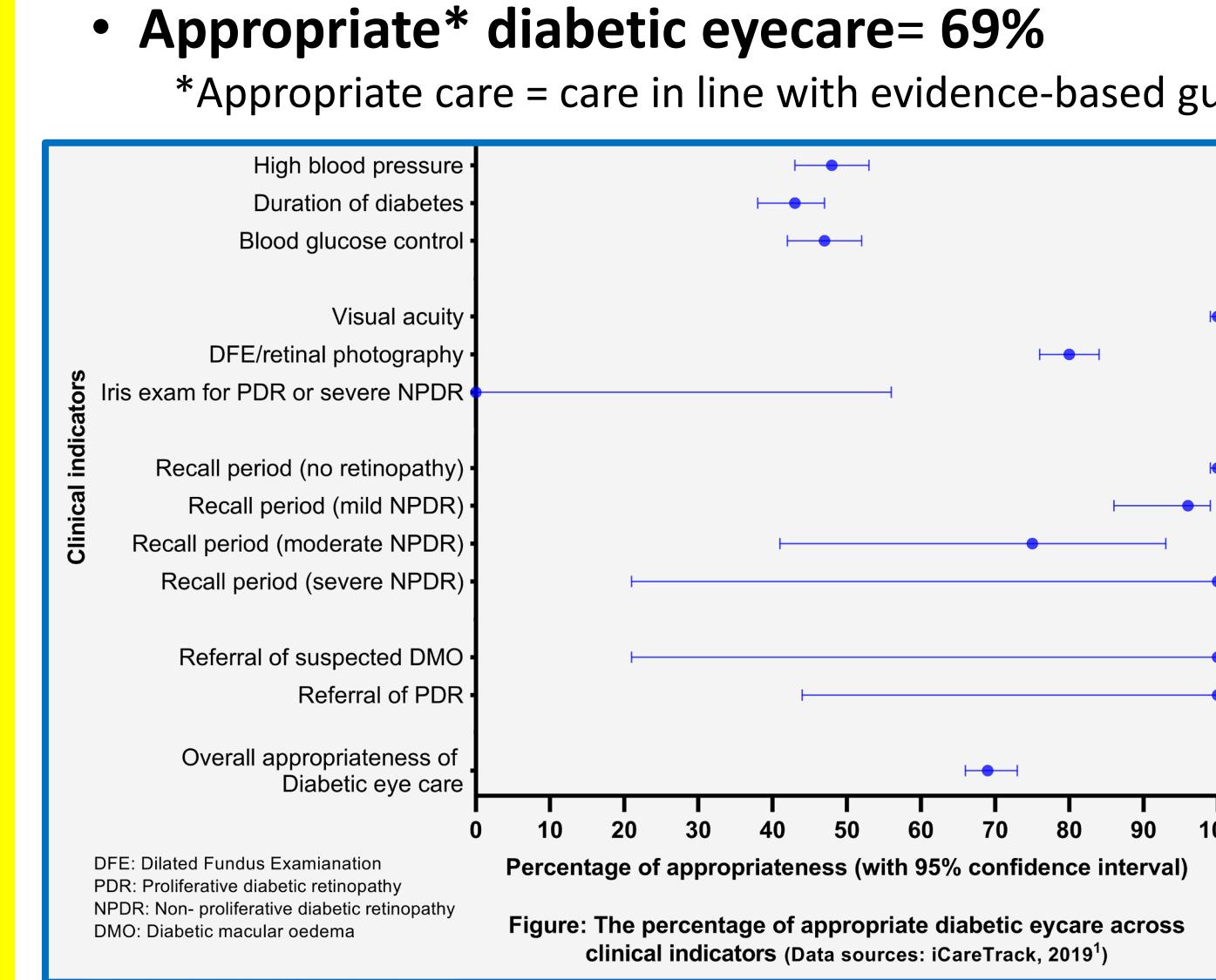
What are the Barriers and Enablers to Evidence-based Diabetic Eyecare in Australia?

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BACKGROUND

- Australian optometrists' evidence-based practice pattern for diabetic eyecare determined by iCareTrack study (2019)¹
- Appropriate* diabetic eyecare = 69%**



- To improve appropriate care delivery, optometrists' practice behaviour and determinants need to be understood
- Behavioural frameworks/models help in understanding behaviours and designing improvement interventions²
- Theoretical Domains Framework (TDF)³ and COM-B model⁴ can be used to study barriers and enablers to appropriate diabetic eyecare and to inform design of an intervention to improve the care.

TDF ²	<ul style="list-style-type: none"> Several behavioural constructs grouped in 14 domains to understand the determinants of healthcare professionals' behaviour Can be mapped to COM-B model
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COM-B model ³	<ul style="list-style-type: none"> Relationship between human behaviour (B) resulting from interaction between personal physical and psychological capabilities (C), the social and environmental opportunities (O) and reflective or automatic motivators (M)
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OBJECTIVE

To explore the barriers and enablers to evidence-based diabetic eyecare delivery by Australian optometrists

METHODS

Qualitative study design (Focus group discussion)

Sampling	Convenience sampling of Australian optometrists through Optometry Australia email lists
Participants	<ul style="list-style-type: none"> 4 focus group sessions → 15 participants (to date) Age: 28-70 years Male: Female = 2:3 Various practice characteristics (independent, franchise, corporate, hospital and academic) Experience: 80% with ≥16 years of experience
Data Collection	<ul style="list-style-type: none"> Tool: semi-structured topic guide based on the TDF³ Questions on perceived barriers and enablers to 4 poorly met clinical indicators from iCareTrack study (2019)¹ Audio recording and verbatim transcription Data collection will continue until data saturation is reached
Data Analysis	<ul style="list-style-type: none"> Thematic analysis using the TDF³ and COM-B model⁴ Two independent coders coded the participant responses into different TDF domains using the NVIVO® qualitative analysis software Conflict in coding resolved and consensus reached through discussion
Reporting	COREQ (COndensed criteria for REporting Qualitative research) Checklist is used to guide the reporting of this study ⁵

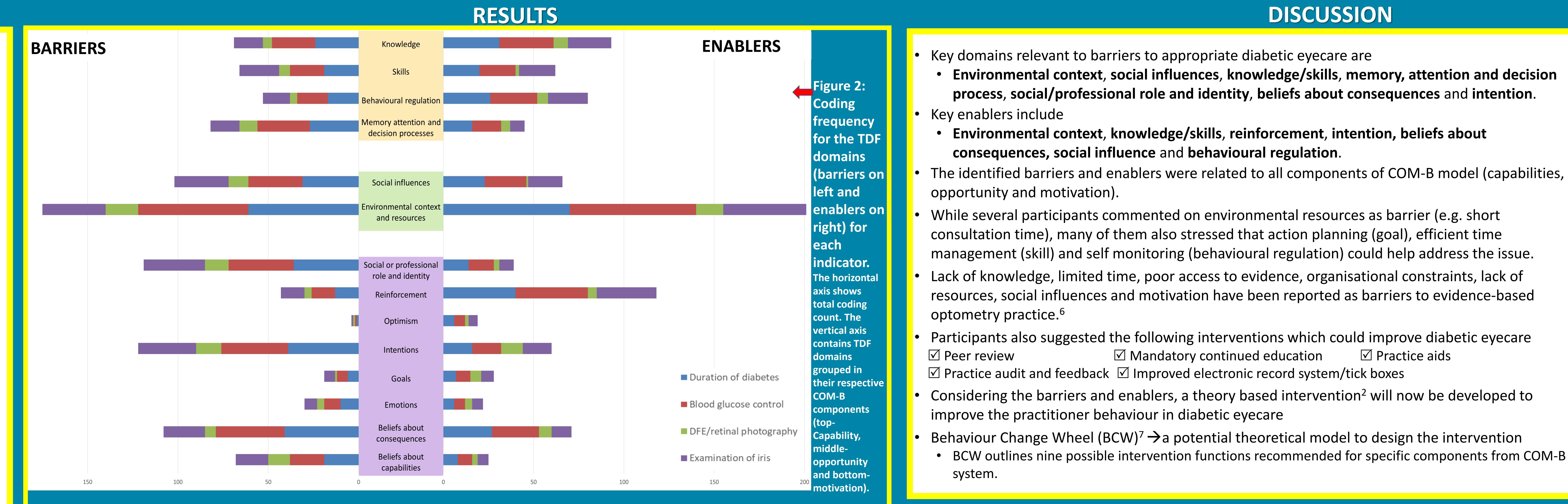


Table: Key barriers and enablers and patient quotes grouped in the pertinent TDF domains and COM-B components. Related indicator is presented next to participant quote in [].

Participant quotes	Barrier	TDF domains	COM-B	ENABLERS		Participant quotes
				TDF domains	Enablers	
S6: "...maybe they [optometrists] don't have that understanding there." [Blood glucose control]	Lack of awareness	Knowledge	CAPABILITY	Knowledge	University training	S6: "I think a lot of the young optometrists are looking because they are trained to do this." [Examination of iris]
T1: "I don't think it's emphasised in their courses so much." [Duration of diabetes]	Education			Continued education	S6: "There was a widespread education campaign from optometry Australia to bring everyone into line. ... I felt like there was a real shift in the dilation rates.... I think it's probably more education." [DFE/retinal photography]	
M2: "The problem with diabetes is to be really skilled at is quite difficult. [Examination of iris]	Skills	Skills		Skills	Skills	M1: "Listening skills, communication skills, they are very important things. Because from a very good case history. Observation skills. To be able to look at things and just be able to observe things." [Duration of diabetes]
B5: "... forgetting that stuff at the back of the eye, can affect stuff at the front of the eye." [Duration of diabetes]	Memory	Memory		Self-reflecting/monitoring	M1: "I think you have the desire for self-improvement for one reason or another. You know that's why to become more efficient or proficient." [Examination of iris]	
M1: "There's probably multiple things going on at the same time." [Duration of diabetes]	Cognitive overload	Memory attention and decision process		Audit	S2: "Not for punishment, or anything like that, but for improvement, like an internal audit of the practice." [Blood glucose control]	
B2: "I think we're making now, in a short a time period, in terms of a test, much more complicated decisions about management and what actually happens with a patient...." [DFE/retinal photography]	Decision making		OPPORTUNITY	Environmental context and resources	Electronic record systems	B1: "I think having the electric records with more boxes would probably help with some of these things because there's an empty box, so then you fill it in." [Duration of diabetes]
S6: "... time pressure that's put on a lot of corporates these days to get 16-minute appointments, you just can't physically have the time to do all this stuff." [Examination of iris]	Limited time				Practice aids	B1: "Even though there are standards of care, like NHMRC guidelines but the shorter they are, the better. Like an A4 page." [Examination of iris]
B2: "The challenges to actually do that in the time, now, when there's all these corporate pressures, to make money out of glasses, not eye care and health care." [DFE/retinal photography]	Organisational culture			Organisational culture	M2: "... the culture that you work in is onboard with the change, that's going to be a more lasting, a longer, more lasting effect." [Blood glucose control]	
B2: "Unless there's little tick boxes, where you can just tick, tick, tick this and doesn't take you long. You're not going to type all this stuff in." [Blood glucose control]	Resources/ technology			Modelling	M1: "Somethings you've learnt from other people, some good ideas. You know like when I did therapeutics I sat in with an ophthalmologist. And you learnt... 'that's a great idea', 'I can do that'." [Examination of iris]	
M2: "So if your mentor don't record that, then you're not going to record it right." [Duration of diabetes]	Social environment/ influences	Social influences		Social influences	Peer-to-peer feedback	M2: "The most powerful and impactful is that peer-to-peer. Like that peer-to-peer sharing, learning, sitting in on each other, sharing ideas." [Duration of diabetes]
M1: "... we are very autonomous in what we do. So, we, I just spend my time with a patient and nobody can sit in And I could be saying anything and doing anything..." [Duration of diabetes]			MOTIVATION	Practice environment	M1: "For, young practitioners I see them working in practices sometime and some of them have got really good support and that makes a huge difference" [Blood glucose control]	
B2: "I think a lot of optometrists use that, you're under the care of an ophthalmologist, as their safety." [DFE/retinal photography]	Perceived role				Perceived role	B3: "There is multi-disciplinary care and then it makes them realise to ask more questions rather than just focused on the eye related questions." [Blood glucose control]
M1: "And you're not really a doctor, you know. And then you've really hit the medical areas. You look at the person and go I need to and they're..." [Duration of diabetes]	Group identity	Social professional role and identity		Reinforcement	Litigation	T2: "I didn't want to get sued. I was going to put everything down and do everything properly." [DFE/retinal photography]
B2: "Some of it could also be the whole pressure of how they have to work and get through patient wellness." [Examination of iris]	Organisational commitment			Incentives	B1: "Medicare could pay us twice as much and we could do a one-hour consultation" [Duration of diabetes]	
S4: "One of the things I think with risk factors is the lack of perceived importance in epidemiology." [Duration of diabetes]	Lack of perceived importance	Beliefs about consequences		Beliefs about consequences	Perceived importance	M1: "With a good history you can diagnose most things. With a good history" [Blood glucose control]
B3: "... if it did look fine, they didn't bother to write anything down about it." [Examination of iris]	Apathy/ignorance	Goals	INTENTION	Action planning	Action planning	T1: "So if you've got a plan in your head do this, this, this. They work through you can actually squeeze it in."
	Intention	Intention		Intention	Passion for best care	B2: "I think most of us want to do the best job we can for the person that's in the chair, at the time that we're seeing them" [Examination of iris]

CONCLUSION

- Optometrists' internal motivation and capabilities as well as external social/environmental opportunities influence appropriate diabetic eyecare delivery
- Future intervention to improve appropriateness of diabetic eyecare delivery should target the identified barriers through a systematic and theory-based approach.