

Collaborative care model in community eye health: benefits to Family Health teams

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LETTER



Collaborative care model in community eye health: benefits to Family Health teams

Dear Editor,

Limited access to medical assistance impacts on the prevalence of blindness and visual impairment in a population [1,2]. Ineffective ophthalmologic interventions and limited knowledge of community eye health on the part of primary care providers have led to various problems related to both local treatment and referral of ophthalmologic cases. More educational efforts are required to increase health workers' knowledge about eye health [1,3].

To initiate new approaches to eye health education in Brazil (study/develop enhanced education in eye health), we assessed the effects of a training programme in Ophthalmology (TPO) on the agreement between presumptive diagnoses listed on referral forms from primary health care facilities in southeastern Brazil with those established by a local ophthalmologic public service using ICD-10 categories. We further evaluated the impact of the TPO on the number of referrals from the primary health care facilities. The sample consisted of records of 53 patients in Family Health Units (G1) and 193 patients (G2) in other basic health units, referred to a single reference service in ophthalmology before ($n = 108$) and six months after ($n = 138$) the TPO (performed exclusively to G1).

After the TPO, the G1 had a lower proportion of referrals (8/138) than G2 (130/138) ($p < 0.0001$). The agreement between the diagnostic hypotheses of referrals and the diagnoses in the reference service was 47 and 50% for G1 and 25 and 37% for G2, before and after training program respectively.

Primary health care (PHC) meets an essential population health need and does not negate the importance of medical specialties since a subset of practitioners with advanced expertise in specific fields is necessary [4].

Improving eye care at the level of the primary care physician would benefit the entire health care system by improving initial management of eye diseases and decreasing the number of specialty referrals [3]. Also, reducing unnecessary referrals will improve care for those patients who need an immediate specialist consultation for nosological conditions in which a long waiting period may result in poor outcomes.

Our study was an attempt to utilise the concept of improved health education to enhance the PHC skills of practitioners.

We aimed to increase the local case resolution capabilities for simple eye diseases and to expedite the referral of patients. Educational health programs are mostly the combination of learning experiences and activities to promote health, leading to a transformation of competencies and preexistent attitudes of both health care workers and patients [3].

The results presented herein reinforce the importance of integration between PHC and specialised care to obtain better results in health [5]. The close interaction of experts with primary care professionals in a collaborative care model may increase the resoluteness of the PHC, promoting exchanges of the ophthalmological knowledge throughout the network health care. Moreover, this integration may help the resolution, the access and, consequently, the comprehensive care of ocular disorders in non-specialised scenarios [5].

The TPO did result in a lower number of referrals from the Family Health Units participating in this program. The outcomes of this study suggest that training for better management of ophthalmologic conditions in loco both improves the resolution of PHC and reduces unnecessary referring to the ophthalmologists. Our findings have a significant social relevance, considering the high volume of patients and the complexity of the health care network in Brazil.

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Yours sincerely

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