

Integrated eye care: how it works in a metropolitan setting in Victoria

Three professions work together seamlessly; patients like it

The moment you enter any one of Noel Alpins' NewVision Clinics in Melbourne you know you've come across a practice that is bustling, staffed by keen practitioners, and one that, judging from the clientele, is obviously providing them with good service, which they appreciate.

'Integrated eye care' as founder and principal Dr Noel Alpins calls it, is obviously working well in this metropolitan setting in Victoria, something that will undoubtedly become more and more the face of eye care in Australia as a means of helping reduce the effects of a looming shortage of 130 ophthalmologists expected by 2015.

There are three NewVision Clinics in Melbourne – at Cheltenham, Windsor and facilities at East Melbourne, with 9 ophthalmologists (two on a full-time basis and seven part-time.), four optometrists and three orthoptists circulating between the clinics.

Depending on the condition a patient presents with, the normal procedure is for examination by an orthoptist or optometrist first up, followed by an ophthalmologist, depending on the appropriate treatment path.

While Dr Alpins is the first to acknowledge that overall responsibility for the practice lies with him, he is a firm believer in what he calls a 'collegiate' form of eye care, where everyone is charged with their respective responsibilities to patients, but work together seamlessly when it comes to different patient conditions and their treatment requirements.

In discussions with practice members, it soon becomes clear that there are no interprofessional rivalries because "we don't have time for that", as a practice member put it.

A practice such as NewVision Clinics has an attraction for optometrists who hope to work in a non-retail environment where they have interaction with

two other professions, including the ability to confer with them in regard to patient-treatment options. Several of the optometrists mentioned this in conversation with Insight when we visited the practice, as did several orthoptists.

For the ophthalmologists, it means they can concentrate on doing the work that ophthalmologists are extensively trained to do, able to do this because they know members of the two other groups of eye-care providers are well trained to do what they do.

And having ophthalmologists in the practice means there is no need to send patients on to see someone else, which is a boon for patients from a convenience aspect.

The practice uses IT extensively; the outcomes analysis programs used in the practices have been developed internally by Dr Alpins together with two full-time staff programmers. Dr Alpins is a prolific author and presenter at ophthalmology conferences, and, as a service to staff and practitioners from other practices, on-site training seminars are regularly held with up to 40 in attendance, with smaller ones monthly of four or five attending and undergoing almost one-to-one training.

He has been performing refractive laser surgery since 1991 and lectures extensively on the treatment of myopia, hyperopia and astigmatism with the excimer laser here and overseas. He and a long-standing optometrist in the practice, George Stamatelatos, have developed new methods for treating and analysing astigmatism, as well as a surgical planning and outcomes analysis software program that is used by Australian and overseas ophthalmologists.

"In the end, it's all to do with the interests of each patient. If we stick to that, the ability to continue to improve what is offered to patients naturally



Windsor facility



Scenes in reception area of Cheltenham practice



The NewVision Clinic at Cheltenham



East Melbourne facility

follows. "We are fortunate to have a staff that co-operates magnificently in the interests of patient welfare.

So can a multidisciplinary practice providing integrated eye care work? Yes; just ask Noel Alpins!



Noel Alpins