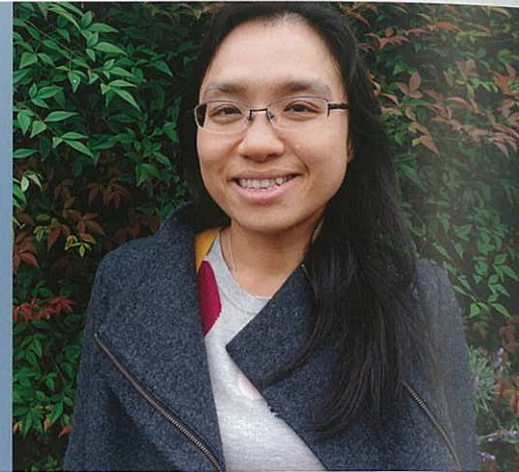


JOSEPHINE LI: REACHING OUT TO THE COMMUNITY

“THE WORK IS UNPREDICTABLE AND IT’S DIFFERENT EVERY DAY,” JOSEPHINE SAID. “IT KEEPS YOU FLEXIBLE. THE WAY THAT YOU COMMUNICATE NEEDS TO CHANGE ALL THE TIME. IT’S THESE DAY TO DAY CHALLENGES THAT I LIKE,” SHE SAID.



Josephine Li is the Manager of Community Eye Care Services for the Australian College of Optometry. She is also a member of Optometry Australia's diabetic retinopathy working group. In this interview Josephine shares her experience of working in public eye health.

“I work in the College's outreach services. In my current role I deliver eye care to residents in nursing homes, people at homeless outreach services, refugees at community health centres, and I conduct home visits for people with intellectual disabilities,” she said.

“I really like going to places that I otherwise wouldn't get to. I am able to work with people who otherwise might not get any assistance at all,” she said. “They can't always get to the clinic because of mobility issues, so their eye conditions tend to progress a lot more,” she said.

“When working with refugees, language is often a barrier. They also often feel unsure about the social and cultural environment they now find themselves in. Helping them with their eyes can increase their confidence that they are able to get the help that they need,” she said.

“The work is unpredictable and it's different every day,” Josephine said. “It keeps you flexible. The way that you communicate needs to change all the time. It's these day to day challenges that I like,” she said. “It also tends to be a very collaborative work environment, with lots of allied health professionals working closely together,” she said.

Josephine is also a member of Optometry Australia's diabetic retinopathy working group. “I've been involved in the group since it began in 2013. We've reviewed and developed diabetic retinopathy clinical guidelines

that are strongly evidence based, and very practical,” she said. The guidelines were realised in 2015.

“Obviously the new Medicare item number for diabetic retinopathy screening for GPs comes into effect in November. The item will be useful in areas where services may not exist, but it doesn't replace the need for a comprehensive eye exam,” she said.

“It could also increase referrals to optometrists, through increased awareness amongst the public about the impact of diabetes on their eyes. The photos might also pick up other eye issues, or if the GP can't get a good photo of the eye, they may need to refer the patient on,” she said.

Josephine is clear on what she sees as the challenges for the optometry profession over the next five years. “I hope to see optometry become more therapeutically based, and working with ophthalmology more. There are a lot of eye diseases that once diagnosed and are stable, can be effectively monitored by therapeutically endorsed optometrists,” she said.

“That would take pressure off ophthalmology, so they can concentrate on other areas,” she said. “It has been a difficult time recently for this relationship, and there is more collaboration needed,” she said.

“MORE COMMUNICATION BETWEEN GPs AND OPTOMETRISTS WOULD ALSO BE GOOD, WHERE OPTOMETRISTS TALK TO GPs AND PRESENT ON HOW THEY CAN ASSIST GPs. BUT WE NEED TO BETTER UNDERSTAND WHAT GPs WANT, AND WHAT THEY ARE LOOKING FOR,” SHE SAID.

“I am also concerned that the retail side of optometry is spreading quite quickly, faster than the clinical side. People are going to get their glasses changed, but they're not aware that the back of the eye also needs to be checked. Personally I would like to see less focus on retail and more on clinical care and ensuring people's eyes are well looked after,” she said.

“While this is going on, outreach services are increasingly in demand. We have an ageing population, plus the homeless population seems to be increasing. So there will be more demand for these type of services over the next 10 to 20 years,” she said.

Inspiration for Josephine comes in the form of the patients. “The patients that I work with can't come to you, so you have to go and find them. People with an intellectual disability for example, sometimes don't have the verbal skills to tell you what they need. It's up to you and the support worker to figure it out,” she said.

“ONCE THEY GET A PAIR OF GLASSES IT CAN REALLY CHANGE HOW THEY INTERACT WITH PEOPLE, THEIR BEHAVIOUR AND HOW THEY EXPERIENCE THE WORLD. THOSE PATIENTS ARE OUT THERE. YOU JUST HAVE TO FIND THEM.”

To download Optometry Australia's 'Examination and management of patients with diabetes' clinical guideline visit optometry.org.au/for-optometrists/guidelines/optometry-australia.aspx

For further information on the Australian College of Optometry's public health services visit aco.org.au