





# **Community & Home Eye Screening Service (CHESS)**

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### Background/Aims

Regular home & community eye screenings do not adequately serve the elderly population in the northern region of Singapore. CHESS was piloted in 2016 with the aims to detect eye diseases early via:

First-level
Community
Eye
Screening
(FiLCES)

Secondlevel Eye Care Team (SeLECT)\* Community-based optometrists teleconsult Eye Specialist to manage uncomplicated eye cases

\*In October 2018, Second-level Eye Consultation was renamed as Second Level Eye Care Team (SeLECT).

#### Methods

#### AS-IS

# Mass eye screenings done infrequently:

- Labourintensive: about 30 staff required per session
- Complex logistics: need to coordinate manpower & equipment.
- Limited follow up of patients with eye conditions.

# TO-BE

Trans-disciplinary collaboration involving various departments:

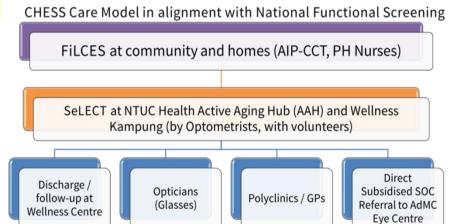
- Less labour intensive & more cost effective with workforce
- transformation & using existing manpower:

  i. Ageing-In-Place (AIP) a community outreach program that facilitates patient home visits.
- facilitates patient home visits.

  ii. Population Health Program (PHP) conducts regular health
- screenings conducted in the community.

  iii. Optometrists function as ophthalmologist-extenders (OEs)
- Simpler logistics & increased accessibility of community eye care through the setting up of:
- Wellness Kampung & NTUC Health Active Aging Hub (AAH)
   social location with rooms & volunteers to help in SeLECT
- ii. Training and accreditation system (TAS)- training and accreditation of AIP & PHP nurses to perform FiLCES and the optometrists to perform SeLECT.
- Seamless follow up from community to hospital:
- i. Established FiLCES, SeLECT & direct SOC referral
- ii. Contributed & aligned to Ministry of Health's (MOH) Project Silver Screen

# CHESS in action



# New developments for CHESS since 2018





Left photo: NTUC Health AAH & AdMC MOU signing with YH CEO & GOH Dr Amy Khor looking on Center photo: Volunteer performs visual acuity test on patient during SeLECT as Ms Ho Ching looks on Right photo: Second location for SeLECT consult room at and in collaboration with NTUC Health AAH

Short-term
benefits:

Easy access to community eye care

Managing uncomplicated eye conditions in the community obviates hospital referral

Early detection of eye conditions for timely treatment to improve outcome.

## Results

As of January 2019, <u>228 service providers</u> have been trained to provide CHESS:

Population Health				
nurse for FiLCES	for FiLCES	FiLCES	SeLECT	SeLECT
40	17	162	5	4

#### Workload from February 2017 to January 2019:

				•				
	First-level (	Community E	Second-level Eye Care Team (SeLECT)					
Date	Total residents screened		Referred to optician for glasses	to	Total patients seen	Referred to poly/GP for specialist		
CHESS Feb'17-Jan'19	2,228	204	238	413	600	217	32	
CHESS + PSS Jan'18-Jan'19	7,499	304	1,630	2,319				
Total	9,727	304	1,868	2,732	600	207	32	
One/more eye conditions detected (304+1.868+2.732 = 4.904)								

- <u>FiLCES analysis</u>: Of the 9,727 FiLCES residents, 54.7% or 4,904 were detected having one/more eye conditions & 28.0% (2,732/9,727) needed to refer to SeLECT.
- <u>Select analysis</u>: Of the 600 residents currently referred to Select, 60.2% could be managed in the community while 39.8% needed specialist referral.
- Overall, only 5.6% [(304+207+32)/(9,727)] require specialist referral.

# Sustainability & Follow-up

- Secured funding from MOH Health-Productivity for Acute Services Scheme (Health-PASS) (\$300k) & Alexandra Health Fund (AHF) (\$300k) for two years.
- Established support, training & accreditation of nurses & OEs thru trans-dept/agency collaborations:

#### **Yishun Health Partner Departments**

(i) Nursing & PHCT to co-develop the Training Accreditation System (TAS)
 (ii) Setting up of Optometrist-led SeLECT clinic @ Wellness Ctr (iii) Human resource for the CHESS e-learning.

#### **National Healthcare Group (NHG) Partners**

• (i) NHG Polyclinic: setting seamless referral system with polyclinic & hospital for eye specialist management (ii) NHG Eye Institute: conjointly established TAS.

# **Integrated Health Information Systems (IHIS) partners**

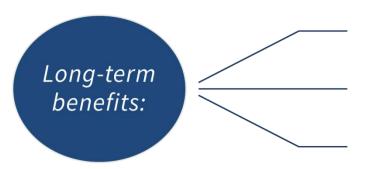
IHIS helped developed the tele-health system by using TigerConnect.

#### **Government partners**

 (i)Collaboration on MOH Project Silver Screen aligning to the functional eye screening nationwide programme to directly refer subsidized patients to specialist eye clinic. (ii) Agency for Integrated Care(AIC): secondary school student volunteers were trained to help out in FiLCES

#### **Agency partners**

- NTUC Health Active Ageing Hub (AAH) @ Kampung Admiralty: collaborated with AdMC to form SeLECT.
- CHESS contributes to YH Strategic Plan 2020 for Front 2 Lifelong Care.
  This project aims to help keep the population healthy and focus on
  resident/patient wellness, self-care education, and early detection &
  prevention of diseases.



Reduced healthcare cost (projected savings ranging \$10- \$39/patient)

lowered manpower cost (projected annual savings of \$75,000)

Promoting eye care by OEs in community.

Conclusion

CHESS is a feasible & effective eye care model to manage various eye abnormalities in the community. A significant number of asymptomatic eye conditions were detected.