

European Society of Ophthalmology



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European Leadership Development Program Class of 2021-2023
Project Abstract

The European Society of Ophthalmology requests a brief abstract of the project that each EuLDP participants has worked on during the program. The compiled abstracts will be included on the SOE website and will be given to incoming EuLDP classes as background material. Please e-mail your abstract to E-mail: secretariat@soevision.org

*Please include the headings if appropriate: **Title, Purpose, Methods, Results and Conclusion***

Title of Project: Ophthalmic care in the right place

Purpose: In the coming years, due to demographic factors (growth of population and aging), early detection and more extensive treatment options for complex disorders, we expect a significant increase in ophthalmic care demand in the Netherlands. The Dutch health care system is known by basic medical care by General Practitioners (Primary Care) who can if necessary, provide referrals to all medical specialists in hospitals or private clinics. Due to the aging population alone, an increase of 45% of patients with eye disorders is expected in the period up to 2040. In order to be able to meet the demand for future care, solutions are being investigated to control the costs of healthcare.

Methods: The ophthalmic care demand can also be met by the deployment of other professionals within the domain of ophthalmology, such as optometrists and Physician Assistants. This can be performed within a hospital setting (medical specialist care) but also within strict framework in primary care.

The project will sent qualified optometrists as a satellite to primary care location for the diagnosis and treatment of frequent and low-complex disorders and will start in October 2022. It concerns part of the Breda region with 70 general practices with almost 200,000 patients. Clear agreements have been defined as to which patients are eligible for the project, based on condition and severity of the condition, referral and quality criteria, legal responsibility and costs. The costs of the project are reimbursed by the government with additional available funds. The efficiency and effect on the flow of patients in both primary care and medical specialist healthcare is being evaluated.

Results and Conclusions: Based on comparable projects and the composition of our patient group, we expect that 70% of patients with defined low complex disorders should meet the criteria of the project and could be treated in primary care setting. This means a decrease in referrals to medical specialist healthcare of approximately 20-25% of all eye conditions. The savings in specialist medical care can be used for diagnostics and treatment of patients with complex disorders. This is currently on the political agenda as part of a new national care plan.

‘Appropriate use of care’ and ‘care in the right place’ are one of the most important principles for maintaining access to healthcare at high quality level.

* Due to corona, the implementation of the project has been postponed for a year.