

Supplementary File 3: Survey questions and results

Participant information and consent

I am contacting you today as part of a research project evaluating a new eye clinic at The XX Hospital. As part of the evaluation, we are seeking input from optometrists and ophthalmologists in the area. Participation would include answering some structured survey questions, now, over the phone. It is expected that it would only take about 10-15 minutes of your time. Your answers will not be identifiable to you. The completed responses are recorded without identifiable information and passed on to researchers at Macquarie University for independent analysis. You are free to cease participation at any point. There are no rewards for participation. Likewise, there are no consequences should you choose not to participate.

Based on the information provided, are you willing to participate in this survey? Yes / no

2. What are your qualifications as an optometrist?

3. How long have you been in this role?

1-5yrs 6-10yrs 11-15yrs 16-20yrs 20+yrs

The CFEH has introduced a new collaborative model of care aimed at monitoring and treating patients with diabetic retinopathy at the XX Hospital. Referred patients will be triaged within the hospital and then subsequently recommended for assessment either by CFEH or ophthalmology (both located at the eye clinic within the hospital).

4. Were you aware of the new eye clinic at the XX Hospital?

Yes (Go to Q4) No (Go to Q5b) Not sure (Go to Q5b)

5. How did you hear about it?

Newsletter Email Telephone Practice visit Word of mouth

6. Please describe your practice demographic/background.

Prompts: age? Ethnicity? Predominant conditions?

7. What percentage of your patient base identifies as Aboriginal or Torres Strait Islander?

8a. Do you plan to refer patients to the clinic?

Yes (Go to Q8) No Not sure (Go to Q10)

If no: why not? (Go to Q7)

8b. Would you consider referring your clients with diabetic retinopathy to this clinic?

Yes No Not sure (Go to Q10)

If no: why not? (Go to Q10)

9a. If yes, what type of patient?

Prompt: ethnic background, co-morbidities and age group.

Do you know how to refer to the clinic?

Yes No Unsure (If No or Unsure can advise of process and then ask 9b.)

9b. Do you think that sounds like a feasible process for you? Yes No

Please rate your agreement with the following statements on a scale of 1 to 5, with 1 being disagree strongly, to 5, being Agree strongly

10. The new clinic model is a good idea

1 2 3 4 5

11. Clients *will not* receive as good care in the new clinic as they would have before

1 2 3 4 5

12. Clients will benefit in terms of getting access to eye health services

1 2 3 4 5

13. Clients will benefit in terms of waiting times for eye health services

1 2 3 4 5

14. Clients will benefit in terms of fewer out of pocket expenses by attending the eye clinic

1 2 3 4 5

15. Clients *won't* save any money by using the eye clinic

1 2 3 4 5

16. The model *won't* encourage more clients with diabetes to have routine checks

1 2 3 4 5

17. Clients are more likely to attend this clinic than the previous options (private rooms or public clinic)

1 2 3 4 5

Finally, would you be willing to answer some more demographic questions? (If No end of survey)

Age: _____

Gender: M/F/prefer not to say