

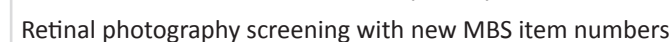
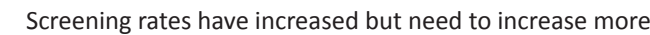


## A close-up portrait of a young person with dark skin and hair, looking directly at the camera. The image is framed by a thick, vibrant red border.

The Roadmap and this report were endorsed by these organisations

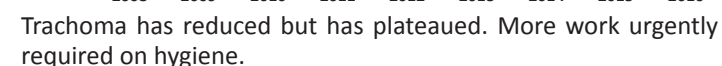
We will Close the Gap for Vision  
by 2020 if we ramp up efforts  
and work together

**CHECK TODAY,  
SEE TOMORROW**



CLEAN FACES, STRONG EYES!

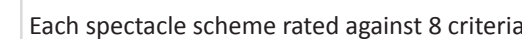
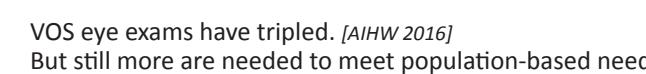
## Thoma in Children

A cartoon illustration of a green and orange dinosaur-like creature with a speech bubble that says "CLEAN FACES, STRONG EYES!". The creature is standing on its hind legs and pointing with its right hand.

AIHW Australian Institute of Health and Welfare; AMS Aboriginal Medical Service; BADAC Ballarat and District Aboriginal Cooperative; BHVI Brien Holden Vision Institute; CQ Continuous Quality Improvement; DoH Commonwealth Department of Health; EESSS Ear and Eye Surgical Support Service; IEH Indigenous Eye Health; LHN Local Health Network; MBS Medicare Benefits Schedule; MOICDP Medical Outreach Indigenous Chronic Disease Program; MSAC Medical Services Advisory Committee; MSAOP Medical Services Outreach Assistance Program; NACCHO National Aboriginal Community Controlled Health Organisation; NEHS National Eye Health Survey; NFIP National Framework Implementation Plan; NGO non-government organisation; NMRC non-mydriatic retinal camera; NTSRU National Trachoma Surveillance and Reporting Unit; OA Optometrist Australia; PHN Primary Health Network; PIP Practice Incentive Program; RAHC Remote Area Health Corps; RANZCO Royal Australian and New Zealand College of Ophthalmologists; RHOF Rural Health Outreach Fund; SAFE Surgery, Antibiotics, Facial cleanliness, Environmental improvements; TFHF The Fred Hollows Foundation; TF Trachomatous inflammation follicular; V2020A Vision 2020 Australia; VOS Visiting Optometrists Scheme; WHO World Health Organization.

This update reports on the current progress in implementation of The Roadmap to Close the Gap for Vision. It reflects sector wide activity from multiple organisations and governments. Input from BHVI, DoH, NACCHO, TFHF, OA, RANZCO, V2020A and efforts of service providers on the ground is acknowledged.

### Increase in Eye Exams



New funding initiatives this year include

- Trachoma health promotion 2017-2021
  - New cataract surgery initiative (EESSS)
  - VOS funding 2017-2020
  - MOICDP, RHOF 2017-2020
  - Camera and equipment rollout
- New funding still required for:
- Regional coordination
  - Local coordination

Progress reported reflects sector wide activity from multiple organisations and government.

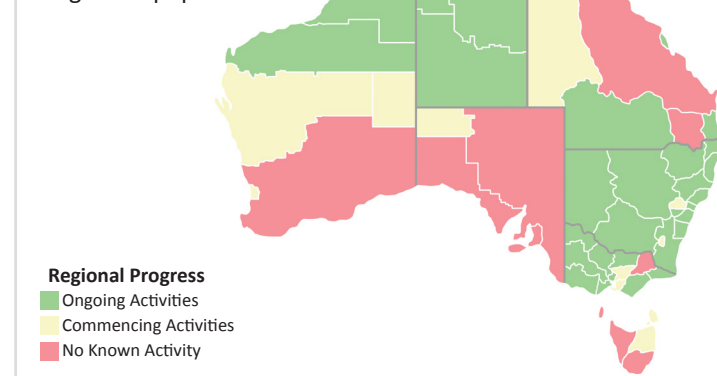


Blindness in Indigenous Australians is now 3 times higher than non-Indigenous Australians. [NEHS 2015]



Roadmap implementation started in all jurisdictions with eye health groups commenced in 6 of 8 jurisdictions.

Activity in 37 regions  
covering 60% of the  
Indigenous population



### Roadmap Recommendation Progress

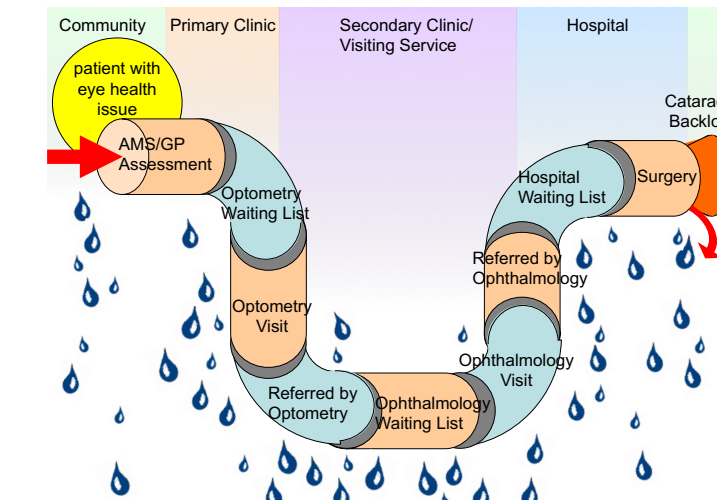


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## The Leaky Pipe



The patient journey is like a leaky pipe and if we only fix 1 or 2 leaks it will still continue to leak.

All indicators need to be reported at a national, jurisdiction and regional level.

- |  |       |
|--|-------|
| MBS 715 health check                             | AIHW  |
| Cataract Surgery Rate                            | AIHW  |
| Retinal examination for people with diabetes     | NEHS  |
| Visiting Optometry Days                          | AIHW  |
| Visiting Ophthalmology Days                      | AIHW  |
| Trachoma prevalence rates and treatment coverage | NTSRU |

Cataract surgery within 90 days of booking  
Treatment rate for diabetic retinopathy  
Subsidised spectacles


- Regional stakeholder group formed or existing group utilised

- Population-based needs assessment to identify gaps and inform planning
- Establish service directory and referral pathways
- Regularly review progress

Many policy recommendations require ongoing implementation.

IEH acknowledges the good work and efforts of all stakeholders in implementing these recommendations and the supporting funding bodies.



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**in** Indigenous Eye Health



RECOMMENDATION			OUTCOME		ACTIVITIES						
Primary Eye Care as part of Comprehensive Primary Health Care	1.1 Enhancing eye health capacity in primary health services	Education programs implemented for primary health workers	Online education resources (RAHC modules) developed	Eye health training courses delivered	Material for diabetes eye care developed	Eye health guidelines developed for primary care	<div></div>				
	1.2 Health assessment items include eye health	Eye health assessment included in Medicare items	Eye checks mandatory in MBS 715 & PIP	<div></div>							
	1.3 Diabetic retinopathy detection	Medicare item for photography	MSAC application for retinal photography Medicare item	Online diabetic retinopathy grading course developed	Retinal photo funding (NMRC) approved	Medicare item listed	<div></div>				
	1.4 Eye health inclusion in clinical software	Computer software includes eye health	Software Roundtable June 2013	Clinical software data fields & prompts developed	Software incorporated into some programs	Software incorporated into most programs					
Indigenous Access to Eye Health Services	2.1 Aboriginal Health Services & eye health	Specialist eye care available in AMS	RHOF/VOS encouraging eye care within AMS	Specialist eye care available through some AMS	Specialist eye care available through most AMS						
	2.2 Cultural safety in mainstream services	Clinics & hospitals considered culturally safe	Cultural safety & cultural competence training available	Cultural training incorporated into VOS/RHOF programs	<div></div>						
	2.3 Low cost spectacles	Nationally consistent Indigenous spectacle scheme	Review of current subsidised spectacle services & uptake	Criteria agreed by sector	Effective subsidised spectacle programs functioning in some jurisdictions	Effective subsidised spectacle programs functioning in most jurisdictions					
	2.4 Hospital surgery prioritisation	Indigineity prioritised for cataract surgery	Stakeholder & government support	Cataract policy paper developed & sector endorsed	Cataract surgery indicators agreed & reported	Some jurisdictions take action to address inequities	Most jurisdictions take action to address inequities				
Coordination and Case Management	3.1 Local eye care systems coordination	Regional coordination to include Primary Health Networks & other stakeholders	Indigenous eye health case study for DoH Medicare Local Collaborative Framework	Working group responsibilities established in some regions	Project officers assigned in some regions	Working group responsibilities established in most regions	Project officers assigned in most regions				
	3.2 Clear pathways of care	Referral pathways & service directories established	Service directory developed in some regions	Local referral pathways mapped in some regions	Service directory developed in most regions	Local referral pathways mapped in most regions					
	3.3 Workforce identification & roles	Roles required to support patient journey	Patient support staff roles defined in some regions	Patient support staff roles defined in most regions							
	3.4 Eye care support workforce	Sufficient personnel engaged in eye care needs	Support staff needs identified in some regions	Sufficient support staff in some regions	Support staff needs identified in most regions	Sufficient support staff in most regions					
	3.5 Patient case coordination	Case management for those with diabetes or needing surgery	Appointment of chronic disease coordinators	Case management roles allocated in some regions	Case management roles allocated in most regions						
	3.6 Partnerships & agreements	Local & regional agreements established	Collaborative networks established in some regions	Appropriate network arrangements made in some regions	Collaborative networks established in most regions	Appropriate network arrangements made in most regions					
Eye Health Workforce	4.1 Provide eye health workforce to meet population needs	Population-based needs determine eye health workforce	Fundholders funded to assess and meet service needs	Sufficient ophthalmology & optometry in some regions	Workforce needs analyses in most regions	Sufficient ophthalmology & optometry in most regions					
	4.2 Improve contracting & management of visiting services	VOS and RHOF work effectively & properly coordinated	MSOAP & VOS review released	Linkages between RHOF/MOICDP & RHOF/VOS with PHN & LHN	New fundholder arrangements for planning & coordination	<div></div>					
	4.3 Appropriate resources for eye care in rural & remote areas	Services are adequate to meet eyecare needs	Needs analyses funded in all jurisdictions	Sufficient workforce & resources in some regions	Needs analyses in most regions	Sufficient workforce & resources in most regions					
	4.4 Increase utilisation of services in urban areas	VOS supports AMS eye care in both regional & urban areas	Urban specialist outreach includes some allied health	Urban VOS proposed	VOS services in some urban AMS	VOS services in most urban AMS where required	<div></div>				
	4.5 Billing for visiting RHOF supported services	RHOF services are bulkbilled	Bulkbilling policy paper developed & disseminated	Stakeholders considering appropriate strategy	Strategy implemented						
	4.6 Rural education & training of eye health workforce	Funding for optometry & ophthalmology training	Visits & posts funded for optometry trainees	Visits & posts funded for ophthalmology trainees	<div></div>						
Elimination of Trachoma	5.1 Definition of areas at risk	Areas with trachoma are defined across Australia	NT, SA, WA areas defined	NSW areas defined	QLD areas defined	<div></div>					
	5.2 Effective interventions	SAFE strategy is implemented	Funding provided for 2013-2017	New national guidelines for trachoma management	Additional funds secured for health promotion 2015-2017	Funding provided for 2017-2020	<div></div>				
	5.3 Surveillance & evaluation	Ensure continuance of NTSRU	Advocacy & ongoing funding for NTSRU	<div></div>							
	5.4 Certification of elimination	Australia eliminates trachoma	TF rates <5% in some screened regions	TF rates <5% in all screened regions	Community wide antibiotic treatment stopped in all regions	Surveys confirm trachoma eliminated	WHO confirmation				
Monitoring and Evaluation	6.1 Managing local eye service performance	Performance is assessed against needs-based targets	Regional tools & service targets developed	Some regions reviewing performance against needs	Most regions reviewing performance against needs						
	6.2 State & national performances	State & national data are analysed & reported	Indicators agreed & adopted	Indicators reported by some jurisdictions	Indicators reported by most jurisdictions						
	6.3 Collating existing eye data sources	Existing data sources are used to review service needs & performance	Indicators included in National Health Performance Framework	Eye indicators reported	National data reporting funded	All indicators reported annually by AIHW	<div></div>				
	6.4 National benchmarks	National benchmarks are established & used	Eye health included in Health Performance Framework 2012	National oversight body reviews progress							
	6.5 Quality assurance	High quality service is achieved	CQI/audit tools developed & agreed	Tools adopted & used regularly in some regions	Tools adopted & used regularly in most regions						
	6.6 Primary health service self-audit in eye health	Services can easily determine needs & performance	Incorporated into regional assessment & CQI	<div></div>							
	6.7 Program evaluation	Implementation of Roadmap is evaluated	Annual progress report 2016 published	NEHS underway	NEHS data collection complete	NEHS results reported to WHO	<div></div>				
Governance	7.1 Community engagement	Local communities use & champion eye care services	Local services encouraging eye care in some regions	Local services encouraging eye care in most regions							
	7.2 Local Hospital Networks/Primary Health Networks	Indigenous eye health is coordinated at the regional level	Regional collaborative networks established in some regions	Indigenous eye health a priority for PHNs	Regional collaborative network established in most regions						
	7.3 State/territory management	Effective state/territory Indigenous eye health committees	Eye subcommittees of planning forums established in some jurisdictions	Eye planning subcommittee of funded in all jurisdictions	<div></div>						
	7.4 National oversight	National Indigenous eye health oversight function developed	Process for national oversight identified	Commonwealth and jurisdictional agreement on mechanism for oversight	National oversight mechanism functioning						
	7.5 Program interdependence	Roadmap is effectively implemented across Australia	Full sector support & advocacy for Roadmap implementation	DoH funding to IEH for Roadmap facilitation	Roadmap recommendations prioritised in NFIP	Roadmap recommendations partially implemented	Roadmap recommendations fully implemented				
Health Promotion and Awareness	8.1 Eye health promotion	Community & staff recognise the need for eye care	Materials developed by AMS & NGOs	Media/communication strategy	Appropriate programs implemented in some regions	Appropriate programs implemented in most regions					
	8.2 Social marketing eye care services	Community know about local eye services	Develop core materials about local eye health services	Eye service utilisation periodically monitored locally	Appropriate programs implemented in some regions	Appropriate programs implemented in most regions					
Health Financing	9.1 Current spending on Indigenous eye health	Current services are maintained	Current specific funding maintained	<div></div>							
	9.2 Current spending on trachoma	Funding continues until trachoma is eliminated	Recommitment of 2014-2017 funding	Additional funding secured for health promotion 2015-2017	Funding provided for 2017-2020	<div></div>					
	9.3 Full additional annual capped funding required	Adequate capped funding provided	Pre-election funding bid 2013	Capped funds provided for planning and coordination requirements	Recosted 2015 Budget	Additional required funds committed	Full funding of need				
	9.4 Cost to close the gap for vision funded for 5 years	Additional funding continues until the gap for vision is closed	Initial funds committed	Ongoing monitoring of progress	Repeat NEHS	Gap for vision is closed					
			<div></div> Action completed	<div></div> Action ongoing	<div></div> No action to date	BOLD Action in 2017		<div></div> Recommendation completed in 2017	Some = >30% / Most= >80% / Green arrow= Fully implemented	93 of 138 (67%) Activities completed	16 of 42 (38%) Recommendations now complete