Eye care for First Nations People WA

Overview – updated December 2023

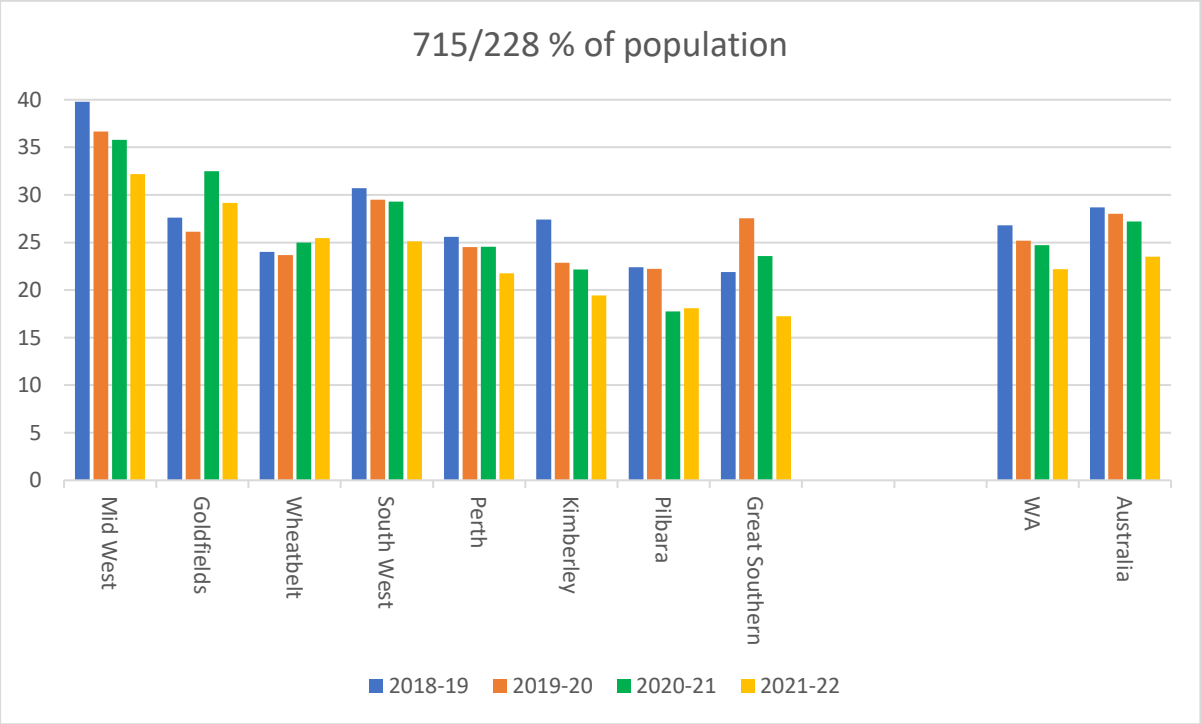
This report packages current publicly available data on key eye health and eye care access measures for First Nations People in Western Australia. All underlying data in this report is from publicly accessible sources. These measures cover the eye care pathway for the conditions causing the highest rate of vision loss and blindness for First Nations Australians.

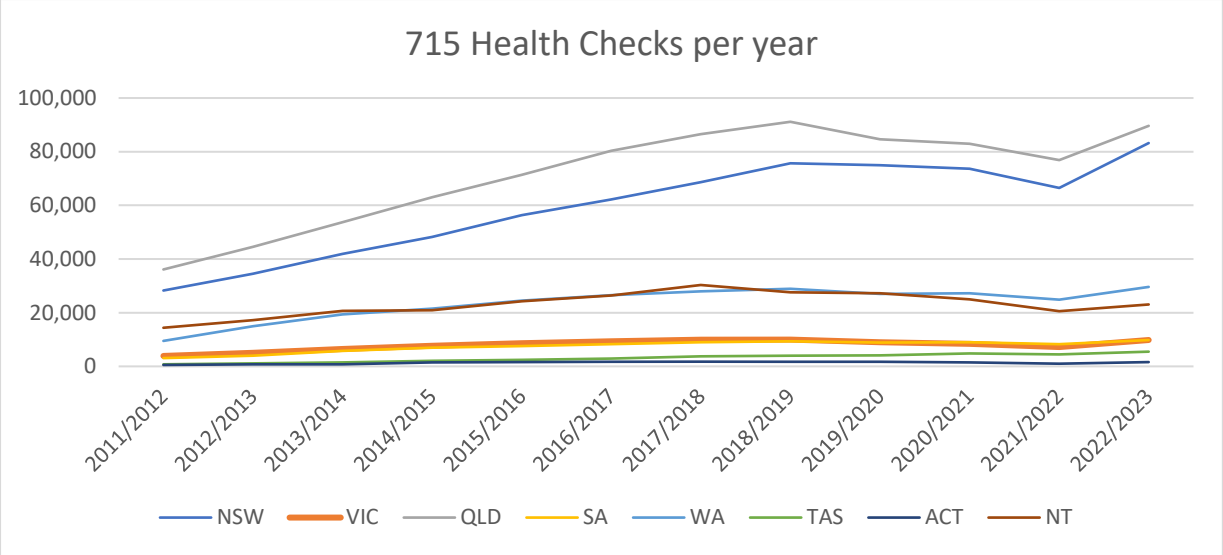
This report was prepared by Indigenous Eye Health Unit, University of Melbourne.

Key updates from previous snapshot:

- **715 rates** saw a decrease across all jurisdictions in 2021-22, which was felt across most regions in WA. Rates have increased in 2022-23 however.
- **12325 rates** slightly increased, though remain on a largely similar level.
- **Eye exam** rates, as well as VOS occasions of service, remain on similar levels, which are well short of equity. WA has some of the lowest eye exam rates for First Nations patients in Australia.
- **Cataract surgery** rates increased slightly in WA in 2019-2021 compared with 2018-2020, similar to the national trend. Wait times equity gap in public hospitals in WA has widened.
- Terminology updated in line with the Australian Institute of Health and Welfare (AIHW) to First Nations, representing Aboriginal and/ or Torres Strait Islander Australians.

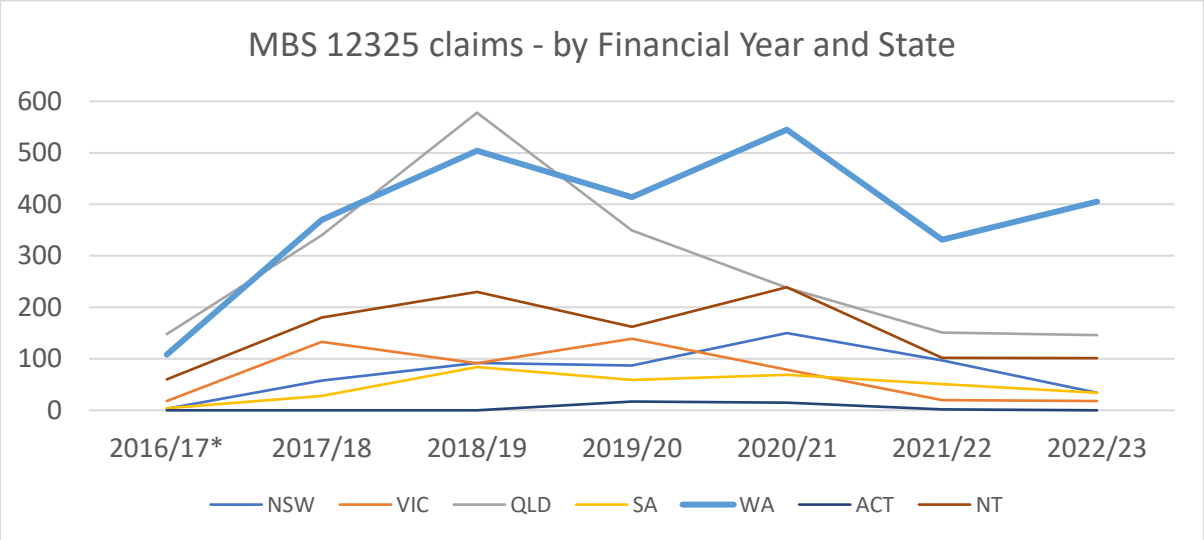
715 health checks





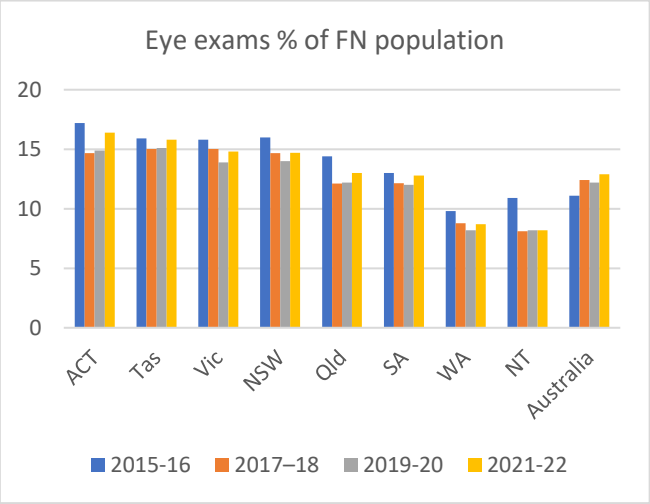
- 715 health checks include an eye check component, which is an important mechanism for early screening of potential eye problems. The eye check component is not reported, so we don't know how often it is being conducted.
- In 2021-22, 715 rates decreased across 6 out of 8 regions in WA, similar to the national trend.
- Among the regions, Mid West recorded the highest rate in 2021-22, 32.2% of population. Great Southern recorded the lowest rate in WA in this period (17.3%), with rates decreasing sharply over the past couple of years.
- 2022-23 rates have trended upwards across all jurisdictions, with early data showing an increase of 19.2% in WA and 20.2% nationally.
- IEHU has health promotion materials available to encourage eye checks, titled Eye Care Now, Eye Care Always, as well as clinic screening support resources.
- **Key message**: 715 rates are still changing significantly year to year. Despite what seems like a positive uptick in 2022/23, rates still haven't reached pre-pandemic levels. We need to keep supporting ACCHOs to be able to implement the eye component of the 715 health checks.

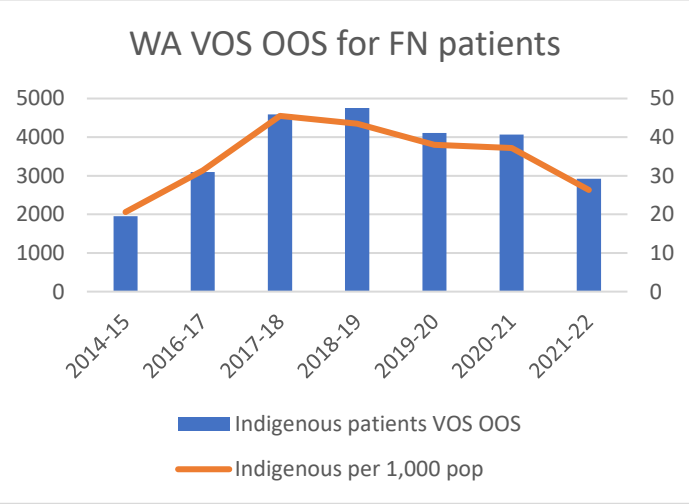
Eye screening for patients with diabetes



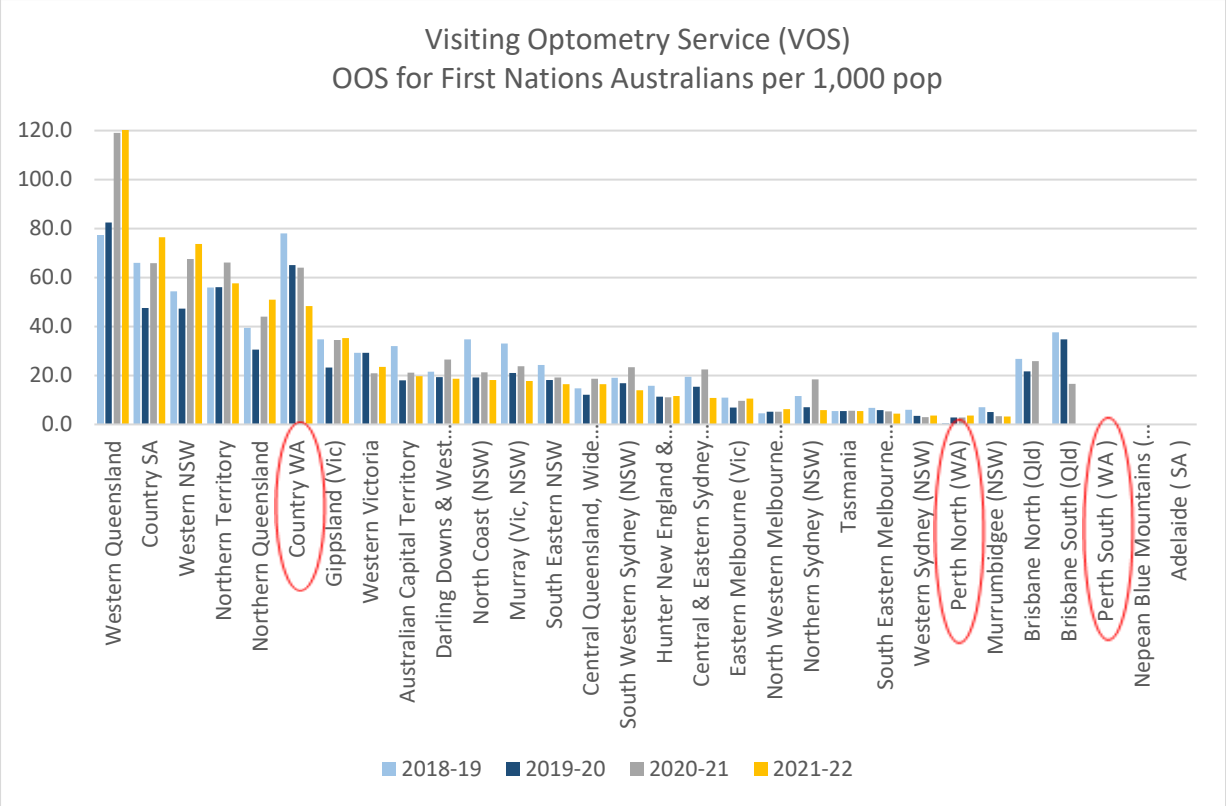
- Annual screening for diabetic retinopathy (DR) is recommended for First Nations patients with diabetes.
- Most ACCHOs are equipped with retinal cameras, and an MBS item is available for DR screening in primary care (MBS 12325 for First Nations patients / 12326 for non-First Nations patients). The item requires signoff but the screening can be performed by AHW/P.
- WA has recorded 405 MBS 12325 claims in 2022-23, up from 331 the previous year. The peak was 545 in 2020/21.
- This is not a direct indication of screening rates as we anecdotally know that too often retinal screenings are conducted without generating income to the ACCHO for various reasons.
- AIHW reports that in 2021/22, 1,065 First Nations patients in WA who had a diabetes monitoring check also had an eye exam during the same year (up from 906 in 2019-20). This represents 35.1% of patients who had diabetes checks (up from 32.6% in 2019-20).
- IEHU has resources available to support screening, including clinical support cards, and health promotion to encourage annual screening for patients with diabetes ("Check Today, See Tomorrow")
- **Key message:** we need to keep supporting ACCHOs to use the retinal cameras, while keep maintaining the health promotion messages to encourage annual screening.
- A key sector's challenge is to secure appropriate resources for ongoing training on existing equipment (retinal cameras).

Eye examinations



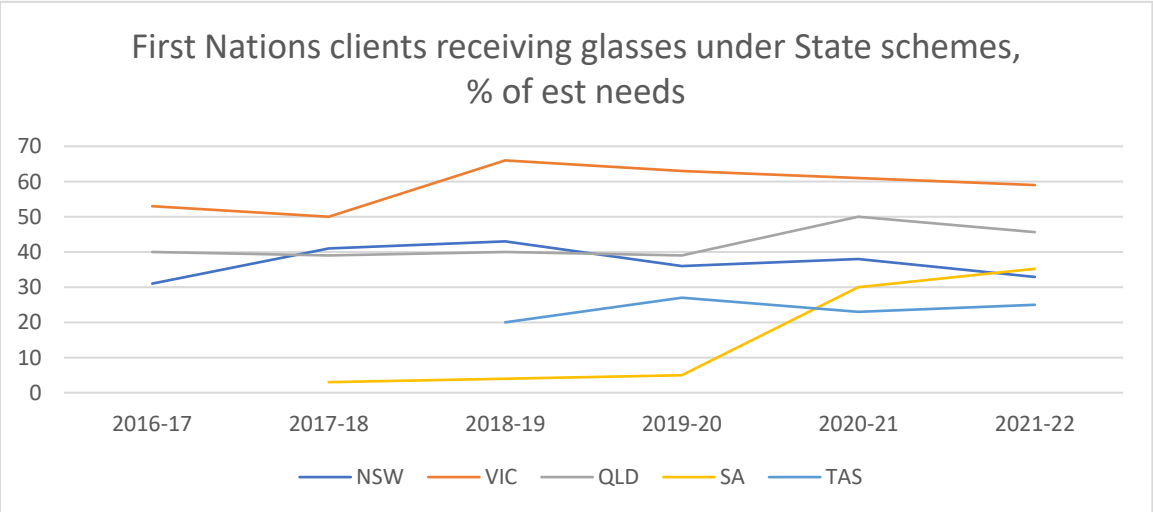


- WA recorded 9,719 eye examinations for First Nations People in 2021/22, about 8.7% of population. This rate is lower than any other State, and only higher than the NT. It is lower than the national rate (12.9%).
- AIHW calculates the national, age-standardised rate to be 17.7%, still far short of the national non-First Nations eye examinations rate (25.2%).



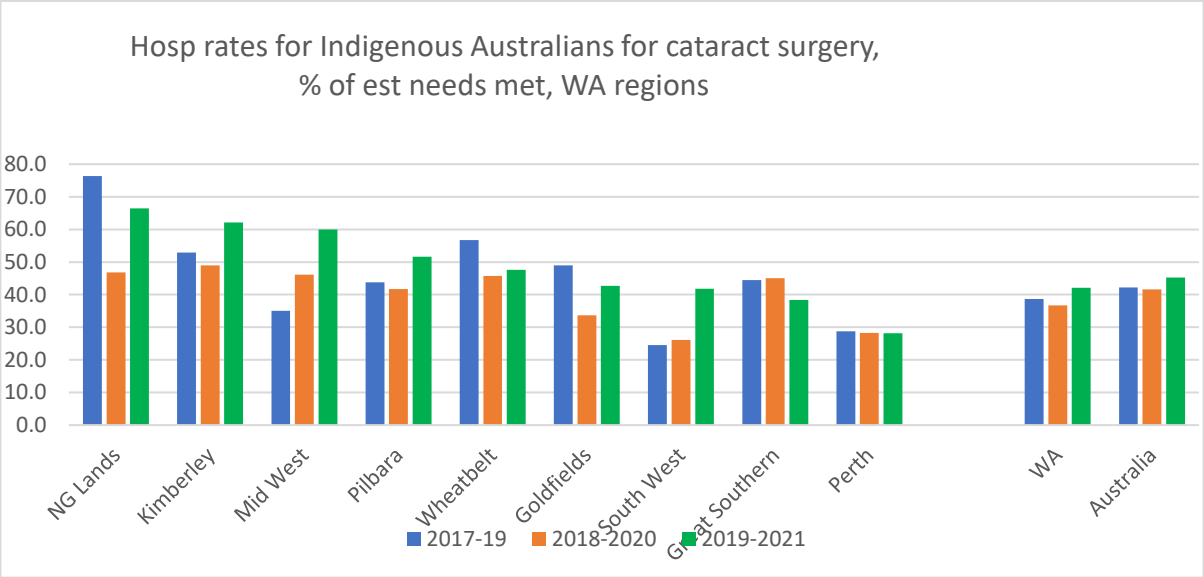
- Visiting Optometry Service (VOS) rates for First Nations People in WA peaked at 45.5 Occasions of Service (OOS) per 1,000 First Nations population in 2017-18, and has declined ever since, down to 26.3 in 2021-22.
- Most VOS OOS for First Nations patients in WA were recorded in Country WA PHN, with very low rates in Perth North and South.
- **Key message:** eye examination rates for First Nations People is stagnating, and not meeting population needs. VOS is a key mechanism to support improved access rates to eye exams, but on its own can't close the access gap. We should work with the outreach fundholder to improve VOS rates across the different regions, and work with optometry organisations to encourage improving local access in their area.

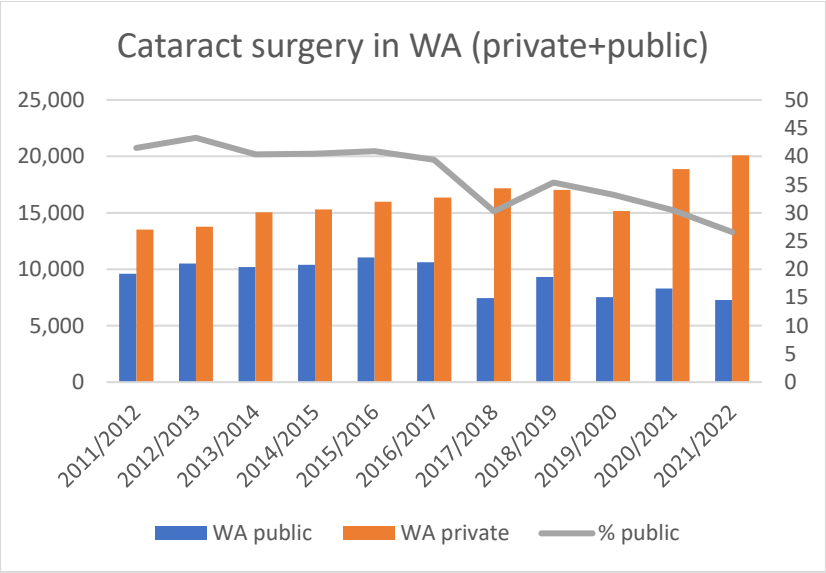
Refractive error/ glasses

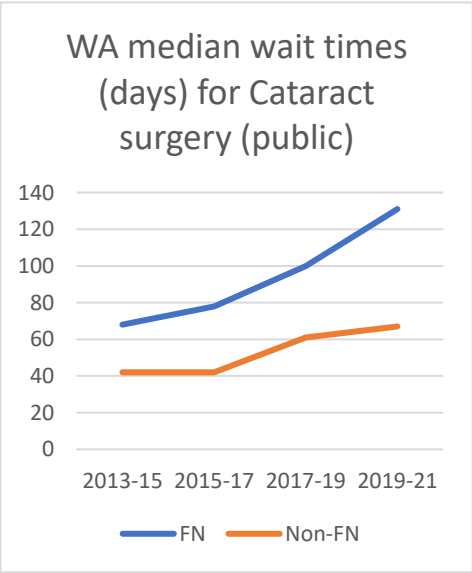


- Refractive error is the highest cause of treatable vision loss in the community, and can be treated with the provision of glasses following an eye exam.
- WA doesn't currently have a State scheme reporting its data through AIHW. While there are different provider-specific schemes, there is currently no publicly available data.
- Improving the rate of eye exams for First Nations patients is key to improved uptake of glasses, and consequently a reduction of the burden of refractive error on the community.
- **Key message:** The sector should continue supporting both a needed increase in eye exams and the needed ongoing growth of the existing glasses scheme to ensure population level needs are met.

Cataract surgery







- For the period of 2019-21, est rates of needs met for cataract surgeries for First Nations patients increased overall in WA, similar to the national trend. The trend however varied across regions.

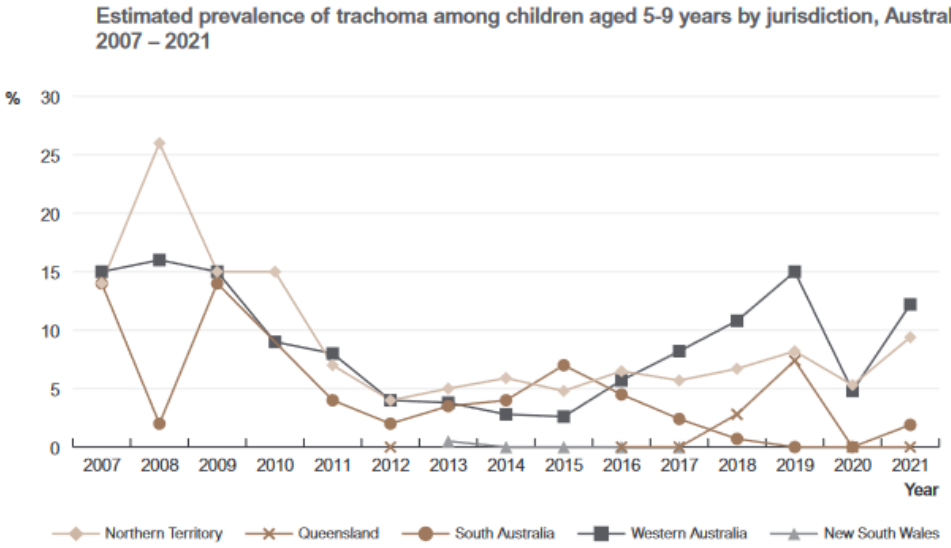
- NG Lands (66.4%), Kimberley (62.1%), and Mid West (60%) recorded the highest estimated needs met rates in WA. Perth has recorded the lowest (28.2%).
- In recent years, the rate of cataract surgeries performed in public settings (whole of population) reduced consistently, from a peak of 43.3% in 2012/13 to a low of just 26.6% in 2021/22.
- Waiting times equity gap in public hospitals in WA is one of the worst in Australia, with the equity gap worsening in recent years. In 2019-2021 First Nations patients had to wait about double in the median than no-First Nations patients – 137 vs 67 days).
- A reduction in the rate of cataract surgeries performed in public is likely to impact First Nations patients disproportionally. First Nations patients across Australia rely on the public system for cataract at more than twice higher rate (65%), emphasising the access difficulty to private ophthalmology and the need to maintain appropriate and equitable access through the public system. This is further compounded by the lack of equity in public hospital wait times.
- Outreach ophthalmology is funded through the Medical Outreach – Indigenous Chronic Disease (MOICDP) and Eye and Ear Surgical Support (EESSP) Programs. Some limited funding is still available through the Rural Health Outreach Fund (RHOF).
- WA recorded 3,507 MOICDP Occasions of Service for First Nations patients in 2021/22 – up from 2,998 the previous year. This represents a rate of 315 per 10,000 population – the highest of all jurisdictions by a significant margin (next is NSW – 79.8 per 10,000).
- In addition to MOICDP, WA recorded 589 RHOF OOS (highest: NSW, 684) and 246 EESS OOS (more than any other jurisdiction).
- **Key message**: current cataract surgery access rates for First Nations People in WA are improving, though trends vary across regions. The shift of practice away from public to private is a significant challenge to address current gap.
- Combined sector advocacy is required for more equitable and timely access to cataract surgery for First Nations People in WA.

Diabetic retinopathy treatment

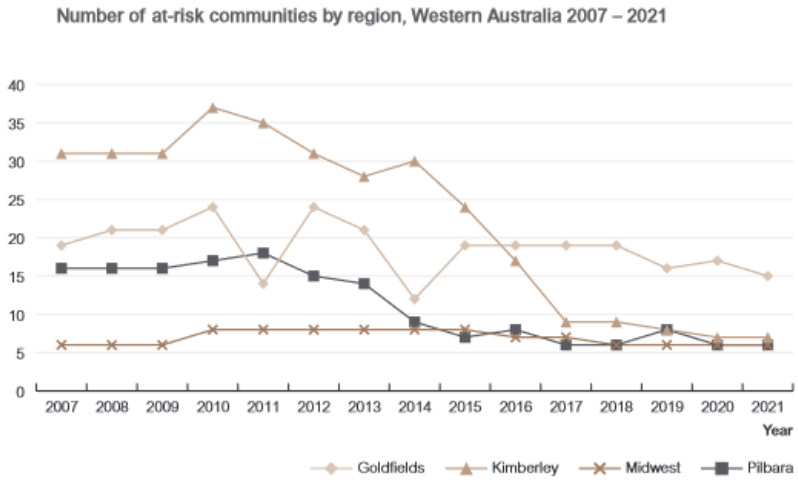
- There are two main modules of DR treatment: Laser photocoagulation (laser) and intravitreal injections (IVI). Laser commonly includes consultation, examination, two treatment sessions, and follow up. IVI treatment includes injections at regular intervals, commonly 6 weeks. Treatment period is reviewed after a year and based on progress, but many patients require ongoing treatment for years.
- AIHW estimates 48 First Nations patients accessed DR treatment via private providers in WA in 2021-22. Public hospital data is not available. This is likely to be significantly lower than population-based need (estimated 1,253 for 2022).
- Cost of IVI treatment: OOP for patient varies as some elements are not able to be bulk-billed, and we estimate common cost should be max to $723 per eye, per year.
- However, according to DoH Medical Costs Finder, median cost in Australia is $219 per treatment, which translates to about $1,750 per eye per year.
- WA median OOP cost is $125 per treatment, lower than national rate. However this can add up to $1,000 per year per eye on a 6-week treatment course, a significant barrier for many.
- IEHU developed an information sheet that details the current cost elements of diabetic retinopathy treatment in private settings. However, to end avoidable vision loss from DR, access to treatment should be free.

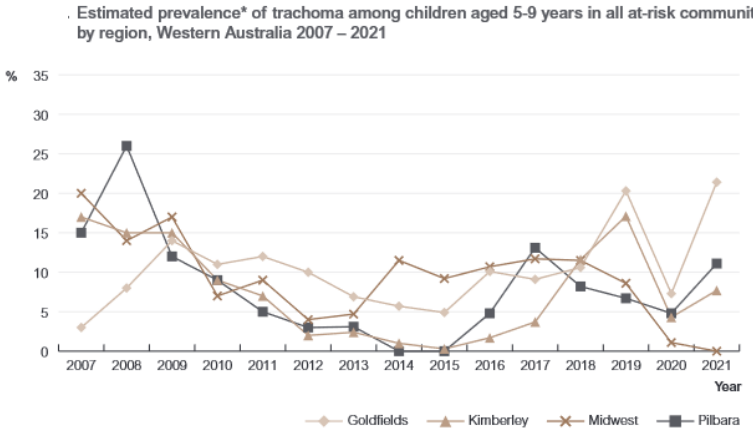
- **Key message**: current access for DR treatment for First Nations patients is likely lower than the population-based need. We need stronger commitment for no-cost access in private for treatment, and ensure access to treatment via public hospitals remain viable and appropriate.

Trachoma



* Most recent estimates carried forward in at-risk communities that did not screen in 2021.





ost recent estimates carried forward in at-risk communities that did not screen in 2021.

- WA recorded highest estimated prevalence of trachoma among children aged 5-9 years compared with other jurisdictions.
- Trachoma rates in WA are highest in the Goldfields (inc NG lands), which recorded a sharp rise in estimated prevalence compared with other regions. Pilbara and Kimberley also recorded increases.
- **Key message:** Trachoma elimination and monitoring work remains key in WA. A required push on environmental health is strongly needed to support long-term elimination.

Workforce

- Optometry: WA had estimated 15.8 FTE per 100,000 population in 2020, lower than any other State (higher only than NT).
- All WA PHN optometry FTE per 100,000 population rates were lower than the National rate: Country WA PHN (12.5 FTE, second lowest in Australia), Perth South (14.5) and Perth North (18.6) all lower than the National rate (19.4).
- Ophthalmology: Similarly, WA recorded lower rate of ophthalmologists than any other State in 2020, with 3.2 per 100,000 population.
- While ophthalmology rates in Country WA (2.2 FTE per 100,000 population) and Perth South (2.6) PHNs are lower than the national rate (3.9), Perth North recorded 4.4, higher than the national rate.
- **Key message:** Ensuring appropriate workforce levels is key in delivering better eye health outcomes. Equity in access requires appropriate workforce levels across the different regions.

Data sources

1. Australian Institute of Health and Welfare. 2023. Eye Health Measures for Aboriginal and Torres Strait Islander People 2022-2023. Latest report available from: https://www.aihw.gov.au/reports/indigenous-australians/indigenous-eye-health-measures-2023
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