

This position paper frames pertinent Indigenous eye health indicators at the regional, jurisdictional, and national levels as recommended in the Roadmap to Close the Gap for Vision. These indicators can be used to measure and monitor health system performance and equity of access to eye care service between Indigenous and non-Indigenous populations.

Objectives

1. To identify the regional, jurisdictional, and national indicators that can be used to monitor access to and utilisation of eye care services by Indigenous Australians
2. To support and inform regional and national data collection and establish eye health reporting mechanisms at the regional, jurisdictional, and national levels that will inform and monitor progress.

Background

Indigenous Australians experience six times more blindness and three times more vision impairment than non-Indigenous Australians. Up to 94% of this vision loss is preventable or amenable to treatment. Despite this high burden of avoidable eye disease, Indigenous Australians have poorer access to and utilisation of eye care services. Over one third of Indigenous adults have never had an eye examination.

Collecting and reporting on Indigenous eye health indicators is necessary to: establish current levels of access to and utilisation of eye care services; identify any service gaps; inform action; gauge the impact of interventions; and monitor progress over time. Consistency in measurement of these factors is essential.

An agreed and sector supported set of indicators to be regularly measured and reported from each of the regional, jurisdictional and national levels will ensure consistent and national coverage. The overarching objective of measuring eye health indicators is to inform action that will achieve equity in eye service delivery and service utilisation in Indigenous compared with non-Indigenous Australians.

Monitoring access to and utilisation of eye care services is integral to Australia's *National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss* and Australia's international obligations under World Health Assembly Resolution 56.26.

The Recommended Indicators

The indicators recommended are:

a) Service utilization


1. MBS 715 health check (which includes an assessment of vision)
2. Cataract surgery rate
3. Cataract surgery within 90 days of booking
4. Retinal examination for people with diabetes
5. Laser and procedure rate for diabetic retinopathy

b) Service provision

6. Visiting optometry days (VOS)
7. Visiting ophthalmology days (RHOF)

c) Jurisdictional performance

8. Subsidised spectacles (low cost)
9. Trachoma prevalence rate (both national and jurisdictional)
10. Treatment coverage with Azithromycin (both national and jurisdictional)



These indicators should be collected and reported at three levels - regional, jurisdictional, and national, and depending on the reporting levels - at specific intervals i.e. six and 12 monthly [APPENDIX].

We understand that five of the *national* indicators (indicators 1-3, 6-7) recommended in this policy paper are to be included in the 2015 National Health Performance Framework. The four not yet included are those relating to diabetic retinopathy and trachoma.

Policy Recommendations

Monitoring system performance and equity of access to eye care services between Indigenous and non-Indigenous Australians is required at all levels of the healthcare system. The reduction of the disparities in Indigenous eye health and closing the gap for vision requires a concerted, whole-of-system approach. Action is required at the regional, jurisdictional and national levels.

It is recommended that the Indigenous eye health indicators specified in the appendix to this document be used as the minimum data set for regional, jurisdictional and national reporting of Indigenous eye health performance and monitoring.

Implications

The regular measurement of these eye care indicators will allow the identification of inequities and systemic issues that need to be addressed. Monitoring progress and service delivery according to these indicators will provide information to guide improvement and actions. Collectively, these activities will help to ensure that all Australians including Indigenous Australians have equity of access to timely and quality eye care.

“Not measuring means not knowing” and “If it is not measured, it is not done”.

Australia has a responsibility to ensure that data are collected and regularly reported at all levels of the healthcare system, so that evidence can inform action to eliminate Indigenous eye health disparities and close the gap for vision.

Appendix

Regional Indicators

A) Service Utilization

Frequency of regional data collection – to be determined by each region, at least 6 monthly

1. The percentage of Indigenous patients aged ≥ 15 years who have had an annual health check under MBS health assessment item 715

Rationale	This MBS item includes a specific eye health screening assessment as a mandatory component.
Definition	The percentage of Indigenous patients aged ≥ 15 years who have been billed under MBS 715 in the preceding 12 month period
Data elements required and calculation	Number of Indigenous patients aged ≥ 15 years billed MBS 715 (numerator) Number of Indigenous patients aged ≥ 15 years attending the clinic in the last 12 months (denominator)
Data source(s)	Local – primary care records
Stakeholder responsible for collection	Primary care facilities
Target	100%

2. Cataract surgery rate (CSR) for Indigenous people

Rationale	The CSR is a measure of surgical delivery. Objective is to achieve equity in CSR between Indigenous and non-Indigenous populations.
Definition	Number of cataract surgeries per million population per year, by Indigenous status
Data elements required and calculation	Number of cataract surgeries performed (numerator) Population size (denominator) Indigenous status
Data source(s)	Local - Hospital surgery lists ABS population data
Stakeholder responsible for collection	LHD
Target	Parity with CSR for total Australian population (currently 9500)

3. The percentage of Indigenous people who had cataract surgery who received their surgery within 90 days of booking

Rationale	This indicator allows monitoring of equity in access to surgical services. The comparator is the percentage of non-Indigenous people who have had cataract surgery within 90 days of booking.
Definition	The percentage of people who had cataract surgery who received their surgery within 90 days of booking, by Indigenous status.
Data elements required and calculation	Number of patients who received cataract surgery within 90 days of booking (numerator) Number of patients who received cataract surgery (denominator) Indigenous status
Data source(s)	Local - Hospital surgery lists
Stakeholder responsible for collection	LHD
Target	Parity with non-Indigenous population

4. The percentage of Indigenous primary care patients with diabetes who had an eye examination for diabetic retinopathy

Rationale	The NHMRC national guidelines recommend that all Indigenous people with diabetes undergo annual retinal examination. This indicator measures the extent to which this target is being met. (Note that for non-Indigenous people with diabetes, the recommendation is for biennial retinal examinations).
Definition	Percentage of Indigenous primary care patients with diabetes who were examined for diabetic retinopathy Number of Indigenous patients having a retinal photo or eye examination (numerator) Number of Indigenous patients with diabetes (denominator)
Data elements required and calculation	Number of Indigenous patients having a retinal photo or eye examination (numerator) Number of Indigenous patients with diabetes (denominator)
Data source(s)	Local – primary care
Stakeholder responsible for collection	Primary care facilities
Target	100%

5. The number of laser procedures performed for diabetic retinopathy, per million people with diabetes

Rationale	This indicator provides a measure of service demand and can be used to guide service planning and delivery. The comparator is the laser surgery rate for non-indigenous people with diabetes. This indicator therefore also provides a measure of equity of service delivery to Indigenous compared with non-Indigenous people with diabetes.
Definition	Number of laser procedures performed for management of diabetic retinopathy per million people with diabetes, by Indigenous status Number of retinal laser treatments performed for management of diabetic retinopathy (numerator) Diabetes prevalence per million population Indigenous status
Data elements required and calculation	Number of retinal laser treatments performed for management of diabetic retinopathy (numerator) Diabetes prevalence per million population Indigenous status
Data source(s)	Local – ophthalmology Local – LHD ABS
Stakeholder responsible for collection	Ophthalmology LHD
Target	Parity with non-Indigenous Australians with diabetes

B) Service Provision

6. The number of days of VOS (Visiting Optometrists Scheme) optometry service

Rationale	Measuring the number of visiting eye care service days delivered in a region allows calculation of any service gaps. This measure only captures service days funded under the VOS and therefore does not capture optometry services delivered by resident clinicians. Additionally, this measure does not differentiate between service days delivered to Indigenous and non-Indigenous patients.
Definition	Number of optometry service days provided under the Visiting Optometrists Scheme.
Data elements required and calculation	Number of optometry service days – optometry
Data source(s)	Local – Medicare Local/ Primary Health Network
Stakeholder responsible for collection	Medicare Local/ Primary Health Network
Target	-

7. Number of days of RHOF (Rural Health Outreach Fund) ophthalmology service

Rationale	Measuring the number of visiting eye care service days delivered in a region allows calculation of any service gaps. This measure only captures service days funded under the RHOF and therefore does not capture ophthalmology services delivered by resident clinicians. Additionally, this measure does not differentiate between service days delivered to Indigenous and non-Indigenous patients.
Definition	Number of ophthalmology days delivered under the RHOF scheme
Data elements required and calculation	Number of ophthalmology service days delivered under the RHOF scheme
Data source(s)	Local – Medicare Local/ Primary Health Network
Stakeholder responsible for collection	Medicare Local/ Primary Health Network
Target	-

Jurisdictional Indicators

A) Service Utilization

1. The percentage of Indigenous people aged ≥ 15 years who have had an annual health check under MBS health assessment item 715

Rationale	This MBS item includes a specific eye health screening assessment as a mandatory component.
Definition	The percentage of Indigenous patients aged ≥ 15 years who have been billed under MBS 715 in the preceding 12 month period
Data elements required and calculation	Number of Indigenous patients aged ≥ 15 years billed MBS 715 (numerator) Number of Indigenous people aged ≥ 15 years (denominator) Jurisdiction (for stratification)
Data source(s)	Medicare ABS population size
Target	100%

2. Cataract surgery rate (CSR) for Indigenous people

Rationale	The CSR is a measure of surgical delivery. Objective is to achieve equity in CSR between Indigenous and non-Indigenous populations.
Definition	Number of cataract surgeries per million population per year, by Indigenous status
Data elements required and calculation	Number of cataract surgeries performed (numerator) Population size (denominator) Indigenous status Jurisdiction (for stratification)
Data source(s)	AIHW National Hospital Morbidity Database OR jurisdictional DH data collections ABS population data
Target	Parity with CSR for total Australian population (currently 9500)

3. The percentage of Indigenous people who had cataract surgery who received their surgery within 90 days of booking

Rationale	This indicator allows monitoring of equity of access to services. The comparator is the percentage of non-Indigenous people who have had cataract surgery within 90 days of booking.
Definition	The percentage of people who had cataract surgery who received their surgery within 90 days of booking
Data elements required and calculation	Number of patients waiting < 90 days for cataract surgery (numerator) Number of patients receiving cataract surgery (denominator) Indigenous status Jurisdiction
Data source(s)	AIHW National Elective Surgery Waiting List database OR jurisdictional DH
Target	Parity with non-Indigenous population

4. The percentage of Indigenous primary care patients with diabetes who had an eye examination for diabetic retinopathy

Rationale	The NHMRC national guidelines recommend that all Indigenous people with diabetes undergo annual retinal examination. This indicator measures the extent to which this target is being met. (Note that for non-Indigenous people with diabetes, the recommendation is for biennial retinal examinations).
Definition	Percentage of Indigenous primary care patients with diabetes who were examined for diabetic retinopathy
Data elements required and calculation	Number of Indigenous patients having a retinal photo or eye examination (numerator) Number of Indigenous patients with diabetes (denominator)
Data source(s)	Medicare ABS
Target	100%

5. The number of laser procedures performed for management of diabetic retinopathy, per million people with diabetes

Rationale	This indicator provides an absolute measure of service demand and can be used to guide service planning and delivery. The comparator is the laser surgery rate for non-Indigenous people with diabetes. This indicator therefore also provides a measure of equity of service delivery to Indigenous compared with non-Indigenous people with diabetes.
Definition	Number of laser procedures performed for the management of diabetic retinopathy per million people with diabetes, by Indigenous status
Data elements required and calculation	Number of retinal laser treatments performed for management of diabetic retinopathy (numerator) Diabetes prevalence per million Indigenous status
Data source(s)	Medicare ABS
Target	Parity with non-Indigenous Australians with diabetes

B) Service Provision

6. The number of days of VOS (Visiting Optometrists Scheme) optometry service

Rationale	Measuring the number of visiting eye care service days delivered in a region provides an indication of service gaps. This measure only captures service days funded under the VOS and therefore does not capture optometry services delivered by resident clinicians. Additionally, this measure does not differentiate between service days delivered to Indigenous and non-Indigenous patients.
Definition	Number of optometry service days provided under the Visiting Optometrists Scheme.
Data elements required and calculation	Number of optometry service days – optometry
Data source(s)	Fundholder
Target	-

7. Number of days of RHOF (Rural Health Outreach Fund) ophthalmology service

Rationale	Measuring the number of visiting eye care service days delivered in a region allows calculation of any service gaps. This measure only captures service days funded under the RHOF and therefore does not capture ophthalmology services delivered by resident clinicians. Additionally, this measure does not differentiate between service days delivered to Indigenous and non-Indigenous patients.
Definition	Number of ophthalmology days delivered under the RHOF scheme
Data elements required and calculation	Number of ophthalmology service days delivered under the RHOF scheme
Data source(s)	Fundholder
Target	-

C) Only Jurisdictional Performance

8. The number of spectacles dispensed under jurisdictional subsidised spectacle schemes, by Indigenous status

Rationale	This absolute measure of the number of spectacles dispensed under jurisdictional subsidised spectacle schemes provides an indication of demand and access to such products.
Definition	Number of spectacles dispensed under jurisdictional subsidised spectacle schemes, by Indigenous status
Data elements required and calculation	Number of spectacles dispensed Indigenous status
Data source(s)	Jurisdictional funded programs
Target	640 per 10 000 Indigenous people aged >40 years (based on estimates for annual number of people aged >40 years who require glasses)

National Level Indicators

(12 monthly reporting)

A) Service Utilization

1. The percentage of Indigenous people aged ≥ 15 years who have had an annual health check under MBS health assessment item 715

Rationale	This MBS item includes a specific eye health screening assessment as a mandatory component.
Definition	The percentage of Indigenous patients aged ≥ 15 years who have been billed under MBS 715 in the preceding 12 month period
Data elements required and calculation	Number of Indigenous patients aged ≥ 15 years billed MBS 715 (numerator) Number of Indigenous people aged ≥ 15 years (denominator)
Data source(s)	Medicare ABS population size
Target	100%

2. Cataract surgery rate (CSR) for Indigenous people

Rationale	The CSR is a measure of surgical delivery. Objective is to achieve equity in CSR between Indigenous and non-Indigenous populations.
Definition	Number of cataract surgeries per million population per year, by Indigenous status
Data elements required and calculation	Number of cataract surgeries performed (numerator) Population size (denominator) Indigenous status
Data source(s)	AIHW National Hospital Morbidity Database ABS population data
Target	Parity with CSR for total Australian population (currently 9500)

3. The percentage of Indigenous people who had cataract surgery who received their surgery within 90 days of booking

Rationale	This indicator allows monitoring of equity of access to surgical services. The comparator is the percentage of non-Indigenous people who have had cataract surgery within 90 days of booking.
Definition	The percentage of people who had cataract surgery who received their surgery within 90 days of booking
Data elements required and calculation	Number of patients waiting < 90 days for cataract surgery (numerator) Number of patients receiving cataract surgery (denominator) Indigenous status
Data source(s)	AIHW National Elective Surgery Waiting List database Parity with non-indigenous population
Target	Parity with non-indigenous population

4. The percentage of Indigenous primary care patients with diabetes who had an eye examination for diabetic retinopathy

Rationale	The NHMRC national guidelines recommend that all Indigenous people with diabetes undergo annual retinal examination. This indicator measures the extent to which this target is being met. (Note that for non-Indigenous people with diabetes, the recommendation is for biennial retinal examinations).
Definition	Percentage of Indigenous primary care patients with diabetes who were examined for diabetic retinopathy
Data elements required and calculation	Number of Indigenous patients having a retinal photo or eye examination (numerator) Number of Indigenous patients with diabetes (denominator)
Data source(s)	Medicare ABS
Target	100%

5. The number of laser procedures performed for diabetic retinopathy, per million population with diabetes

Rationale	This indicator provides a measure of service demand and can be used to guide service planning and delivery. The comparator is the laser surgery rate for non-Indigenous people with diabetes. This indicator therefore also provides a measure of equity of service delivery to Indigenous compared with non-Indigenous people with diabetes.
Definition	Number of laser procedures performed for the management of diabetic retinopathy, per million people with diabetes
Data elements required and calculation	Number of retinal laser treatments performed for management of diabetic retinopathy (numerator) Diabetes prevalence per million population Indigenous status
Data source(s)	Medicare OR AIHW National Hospital Morbidity Database ABS
Target	Parity with non-Indigenous Australians with diabetes

B) Service Provision

6. The number of days of VOS (Visiting Optometrists Scheme) optometry service

Rationale	Measuring the number of eye care service days delivered in a region allows calculation of any service gaps. This measure only captures service days funded under the VOS and therefore does not capture optometry services delivered by resident clinicians. Additionally, this measure does not differentiate between service days delivered to Indigenous and non-Indigenous patients.
Definition	Number of optometry service days provided under the Visiting Optometrists Scheme.
Data elements required and calculation	Number of optometry service days – optometry
Data source(s)	Fundholder
Target	-

7. Number of days of RHOF (Rural Health Outreach Fund) ophthalmology service

Rationale	Measuring the number of eye care service days delivered in a region allows calculation of any service gaps. This measure only captures service days funded under the RHOF and therefore does not capture ophthalmology services delivered by resident clinicians. Additionally, this measure does not differentiate between service days delivered to Indigenous and non-Indigenous patients.
Definition	Number of ophthalmology days delivered under the RHOF scheme
Data elements required and calculation	Number of ophthalmology service days delivered under the RHOF scheme
Data source(s)	Fundholder
Target	-

C) Both National and Jurisdictional Performance

8. Number of communities with endemic levels of trachoma in children aged 5-9 years

Rationale	This indicator provides a measure of the number of communities with trachoma and can be used to monitor progress in eliminating blinding trachoma.
Definition	<p>Number of communities^α with endemic levels of active trachoma^β in children aged 5-9 years. Active trachoma is TF (trachomatous inflammation follicular) and/or TI (trachomatous inflammation intense).</p> <p>^αA community is defined as a specific location where people reside and there is at least one school</p> <p>^βEndemic trachoma is defined as the prevalence of active trachoma of 5% or more in screened communities among children aged 5-9 years</p>
Data elements required and calculation	Number of communities with children aged 5-9 years with active trachoma
Data source(s)	National Trachoma Surveillance Reporting Unit (NTSRU)
Target	Zero communities with children aged 5-9 years with active trachoma for five consecutive years

9. Number of people treated with Azithromycin

Rationale	This indicator monitors the extent of the SAFE intervention
Definition	<p>Number of people with active trachoma treated with Azithromycin</p> <p>Treatment with Azithromycin denotes a single dose Azithromycin administered to all people >3kg living in households with an active trachoma case either every 6 months or 12 monthly</p> <p>The SAFE strategy stands for Surgery, Antibiotics, Facial cleanliness, Environmental health</p>
Data elements required and calculation	Number of people who have been treated with Azithromycin
Data source(s)	National Trachoma Surveillance Reporting Unit (NTSRU)
Target	-