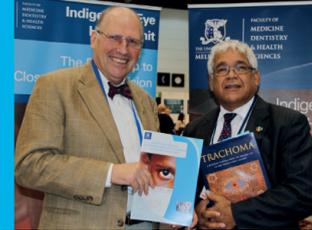




The Roadmap is an interlocked set of recommendations to improve access to and utilisation of comprehensive eye care. It was launched by Minister Warren Snowdon MP and Justin Mohamed (Chair NACCHO) in February 2012 in Adelaide.



The first Annual Update on the Implementation of The Roadmap to Close the Gap for Vision was released by Mick Gooda (Aboriginal and Torres Strait Islander Social Justice Commissioner) in November 2012 in Melbourne.



The second Annual Update on the Implementation of The Roadmap to Close the Gap for Vision was released by Lisa Briggs (CEO NACCHO) in November 2013 in Hobart.



The third Annual Update on the Implementation of The Roadmap to Close the Gap for Vision was released by Dame Quentin Bryce in November 2014 in Brisbane.



2015 Annual Update on the Implementation of The Roadmap to Close the Gap for Vision



The Roadmap and this report were endorsed by these organisations

We can close 11% of the health gap and save 32,000 Indigenous Australians from vision loss

National Indigenous Eye Health Survey 2008

Vision loss in Indigenous adults (compared to non-Indigenous Australians)

- Blindness is 6 times more common
- Low vision is nearly 3 times more common

The main causes of blindness are:

- Cataract
- Refractive error
- Diabetic eye disease
- Trachoma

National Eye Health Survey 2014-2016

Commonwealth funding of \$1.8 million for a National Eye Health Survey:

- Meet Australia's need to report to WHO
- Measure progress to Close the Gap for Vision

Indigenous Eye Health Indicators

To be reported by jurisdictions and nationally:

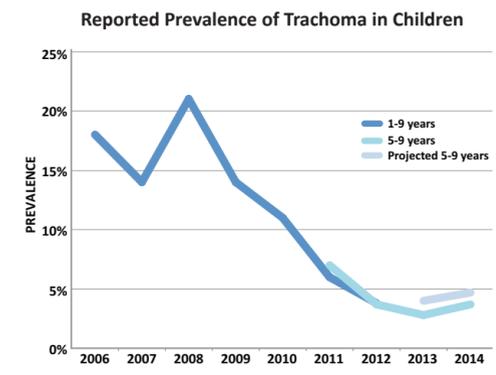
- MBS 715 health check
- Cataract surgery rate
- Cataract surgery within 90 days of booking
- Retinal examination for people with diabetes
- Laser procedure rate for diabetic retinopathy
- Subsidised spectacles
- Trachoma prevalence rates
- Trachoma treatment coverage
- Visiting optometry days
- Visiting ophthalmology days

The Importance of Diabetes Eye Care

- No Indigenous person with diabetes should be allowed to go more than 12 months without an eye examination
- People with diabetes form three quarters of those needing eye care each year

Prevalence of Active Trachoma

National prevalence fell from 14% in 2009 to 4.7% in 2014
NTSRU 2015



Trachoma Prevalence (Number of Communities)

	No Data	0%	1-20%	>20%
2008	114	27	77	54
2014	0	150*	43	17

*62 communities still receiving antibiotic treatment

Diabetic Eye Care Health Promotion

Clinical and community resources have been developed through a community-led process encouraging yearly eye checks and eye health promotion for people with diabetes.

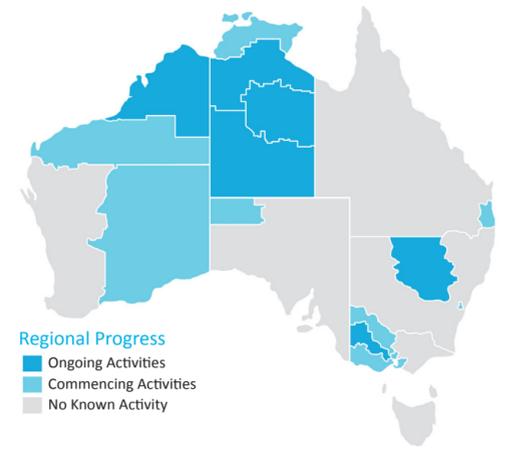
Resources include:

- A flip chart for health professionals/workers and community
- Clinical poster series
- Health worker checklist/reminder postcards
- Music videos and sound files
- Digital stories
- Clinical brochure



CHECK TODAY. SEE TOMORROW

Regional Implementation of Roadmap



15 regions and over 35% of the Indigenous population

- South East Queensland (QLD)
- Loddon Mallee (Vic)
- Grampians (Vic)
- Barwon South West (Vic)
- North and West Metropolitan Melbourne (Vic)
- Southern Metropolitan Melbourne (Vic)
- APY lands (SA)
- Kimberley (WA)
- Pilbara (WA)
- Goldfields (WA)
- Greater Darwin/East Arnhem (NT)
- Katherine (NT)
- Central Australia/Barkly (NT)
- Western NSW (NSW)
- Western Sydney (NSW)

Essential Regional Elements

Once a region is defined with population and surgical hub identified:

1. Establish regional collaborative network
2. Gap and needs analysis for service requirements
3. Develop regional service directory and referral protocols
4. Identify system coordination and patient case management staff roles
5. Local planning & action through regional collaborative network
6. Introduce regional health promotion and awareness
7. Establish regional data collection and monitoring system
8. Ensure regional accountability and oversight

Additional Commonwealth Funding 2015

1. \$4.6 million for eye health coordination over 4 years
2. Funding approved for annual data reporting as part of national oversight over 3 years
3. \$1.6 million for trachoma health promotion over 2 years

Steps for National Implementation

1. National oversight and accountability function
2. Adopt national benchmarks including pathways and standards
3. Prioritise eye care for Primary Health Networks
4. Support jurisdictional activity
5. Funding for coordination and programs

Steps for Jurisdictional Implementation

1. Establish eye health committee within Aboriginal Health Forum
2. Define regions with identified surgical facility
3. Support regional planning
4. Support regional and jurisdictional performance monitoring

The Cost to Close the Gap for Vision*

- Implementation of the Roadmap's recommendations could close the gap in Indigenous eye health
- It would generate over \$550 million in benefits for the Australian economy, at a cost of \$230 million
- Current funding only returns \$0.90 for each \$1.00 spent
- Efficiency savings will yield \$2.50 for each additional \$1.00

* PwC, *The Value of Indigenous Sight: An Economic Analysis* September 2015

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AHS Aboriginal Health Service; CQI Continuous Quality Improvement; DoH Commonwealth Department of Health; IEH Indigenous Eye Health; TFHF The Fred Hollows Foundation; KPI Key Performance Indicator; LHN Local Hospital Network; MBS Medicare Benefits Schedule; MOICDP Medical Outreach Indigenous Chronic Disease Program; MSAC Medical Services Advisory Committee; MSOAP Medical Specialist 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-mydratric retinal camera; NTSRU National Trachoma Surveillance and Reporting Unit; OA Optometry Australia; PHN Primary Health Network; PIP Practice Incentive Program; RAHC Remote Area Health Corps; RHOF Rural Health Outreach Fund; SAFE Surgery, Antibiotics, Facial cleanliness, Environmental improvements; TF Trachomatous inflammation-Follicular; V2020A Vision 2020 Australia; VCRC Vision Cooperative Research Centre; 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 DoH, NACCHO, TFHF, OA, RANZCO, V2020A, VCRC and efforts of service providers on the ground is acknowledged.

	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	
	1.2 Health assessment items include eye health	Eye health assessment included in Medicare items	Eye checks mandatory in MBS 715 & PIP	➔			
	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	
	1.4 Eye health inclusion in clinical software	Computer software includes eye health	Software Roundtable June 2013	* Clinical software data fields & prompts developed	Eye health prompts & data fields incorporated into some software programs	Eye health prompts & data fields incorporated into all software programs	
Indigenous Access to Eye Health Services	2.1 Aboriginal Health Services & eye health	Specialist eye care delivered through AHS	RHOF/VOS encouraging eye care within AHS	Specialist eye care provided through some AHS	Specialist eye care provided through all AHS		
	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	➔		
	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 all jurisdictions	
	2.4 Hospital surgery prioritisation	Indigeneity prioritised for cataract surgery	Stakeholder & government support	Cataract policy paper developed & sector endorsed	Cataract surgery indicators agreed & regularly reported	* Some jurisdictions take action to address inequities	All 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 all regions	Project officers assigned in all 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 all regions	Local referral pathways mapped in all 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 all 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 all regions	Sufficient support staff in all 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 all 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 all regions	Appropriate network arrangements made in all 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 all regions	Sufficient ophthalmology & optometry in all 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	➔	
	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	Sufficient workforce & resources in all regions	Needs analyses in all regions	
	4.4 Increase utilisation of services in urban areas	VOS supports AHS eye care in both regional & urban areas	Urban specialist outreach includes some allied health	Urban VOS proposed	VOS services in some urban AHS	VOS services in all urban AHS	
	4.5 Billing for visiting MSOAP/RHOF supported services	RHOF services are bulkbilled	* Bulkbilling policy paper developed & disseminated	DoH 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			
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	➔	
	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	
	5.3 Surveillance & evaluation	Ensure continuance of NTSRU	Advocacy & ongoing funding for NTSRU	➔			
	5.4 Certification of elimination	Australia eliminates trachoma	TF rates <5% in some screened communities	TF rates <5% in all screened communities	Antibiotic treatment stopped in all endemic communities	Surveys confirm trachoma eliminated	WHO verification
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	All 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 all 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 partially reported	* National oversight funded	All indicators reported annually	
	6.4 National benchmarks	National benchmarks & guidelines are established & used	Eye health included in Health Performance Framework 2012	* NEHS fully funded	National oversight body prepares/oversees guidelines		
	6.5 Quality assurance	High quality service is achieved	* CQI/audit tools developed & agreed	CQI/audit tools adopted & used regularly in some regions	CQI/audit tools adopted & used regularly in all regions		
	6.6 Primary health service self-audit in eye health	Services can easily determine needs & performance	Incorporated into regional assessment & CQI	➔			
	6.7 Program evaluation	Implementation of Roadmap is evaluated	* Annual progress report 2015 published	* NEHS underway	NEHS data collection undertaken	NEHS data collection completed	NEHS results reported to WHO
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 all 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 all regions		
	7.3 State/territory management	Effective state/territory Indigenous eye health committees	Eye subcommittees of planning forums established in some jurisdictions	Eye subcommittee of planning forums established in all jurisdictions			
	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	National results reported to WHO	
	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 AHS & NGOs	* Media/communication strategy	Appropriate programs implemented in some regions	Appropriate programs implemented in all 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 all regions	Materials reviewed & renewed as required
Health Financing	9.1 Current spending on Indigenous eye health	Current services are maintained	Current specific funding maintained	➔			
	9.2 Current spending on trachoma	Funding continues until trachoma is eliminated	Recommitment of 2014-2017 funding	Additional funding secured for health promotion	* Funding provided for 2017-2020		
	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	Gap for vision is closed		

Provision of Equity in Eye Care and the Elimination of Trachoma

Action completed
 Action ongoing
 No action to date
 * Action in 2015