Diabetic Retinopathy Screening
The Population Impact

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Diabetic Eye Disease
- Diabetes is a huge and growing global problem
- Everyone with diabetes is at risk of developing retinopathy
- Good control is critical but regular screening is important
- Appropriately timed treatment can prevent most blindness
- The demand will continue to increase

Management of Diabetic Eye Disease
- Treat the person first – Primary Care
  - Control of diabetes, hypertension, lipids
- Screen for eye disease – Primary Care
  - Vision and retinal exam
- Treat the eye
  - Refraction
  - Cataract
  - Glaucoma
- Treat the retinopathy
  - Clinical practice guidelines
  - Thorough treatment
  - Appropriate follow up

Good Control is Important
It reduces Annual Incidence and lengthens Life,
BUT does not necessarily alter Lifetime Risk

Prevalence of Diabetic Retinopathy ~30%

Vision Threatening Retinopathy ~8%
Timely Laser Treatment can Prevent 98% of Blindness

So Regular Eye Exams are Essential

Ferrie JAMA 1993

Years of Study
Rates of Severe Visual Loss %
DRS Untreated Eyes
ETDRS by Eye
ETDRS by Patient
0 10 20 30 40 50
0 1 2 3 4 5

Our Challenge

50% 30% 30%
Whole population
All diabetes
Diagnosed diabetes
Retinopathy Need to treat

Diabetes
- Diabetic eye disease is the equal third cause of blindness
- Indigenous people with diabetes:
  - 36% have diabetic eye disease
  - Only 20% have had a recent eye examination
  - Only 37% have received the laser surgery they need
- Regular screening and accessible laser facilities are required

The Patient Journey is like a Leaky Pipe…
…there are multiple leaks

You have to fix each leak
42 recommendations
- Cataract – 35
- Diabetic retinopathy – 35
- Refractive error – 34
- Trachoma – 37
The Importance of Eye Care in Diabetes

- NHMRC guidelines recommend annual retinal examinations for Aboriginal and Torres Strait Islander people with diabetes.
- “No Indigenous person with diabetes should be allowed to go for more than 12 months without an eye exam.”
- Eye checks now mandatory in MBS Item 715; Adult Health Assessment.
- But reminders are overlooked in management plans; Patient Incentive Program (PIP), Team care arrangements and GP management plans.
- Need to coordinate eye services and support patient access.

Best Practice for Indigenous Eye Health

- Promote annual eye checks for those with diabetes.
- Build on community involvement and ownership.
- Develop appropriate health promotion materials and strategies.

What is needed...

- Promote annual eye checks for those with diabetes.
- Build on community involvement and ownership.
- Develop appropriate health promotion materials and strategies.

Diabetes Eye Health Promotion Material

- Need to promote annual eye exams for those with diabetes.
- Developed with community involvement and ownership.

www.iehu.unimlb.edu.au
Diabetic Retinopathy
Referral for further Examination

- Any change in vision
- Vision less than 6/12
- Abnormalities other than microaneurysms
- Cannot examine

Screening in 2012
  - Australia as a whole 50%
  - Indigenous Australians 20%

Screening with Retinal Photography
Sensitivity 84.6%, Specificity 96.4%

Medicare Item Number
Non-Mydriatic Photography for Diabetic Retinopathy

- 1994 - request to RACO to submit an application
- 1998 - request supported by Health Minister; rejected by Cabinet
- 2000 - full MSAC application; rejected
- Nov 2008 start a new submission – CCRE,
- Sep 2009 start rewriting - new process,
- Oct 2010 draft submitted, Jun 2011 re-submitted,
- Sep 2011 rejection – another new process,
- Aug 2012 high level meetings with DoHA and MBD start to assist,
- Dec 2012 application submitted; Mar 2013 PASC review,
- Jan 2014 economic evaluation; Oct 2014 review by ESC,
- Nov 2014 MSAC approval,
- May 2016 Budget approval,
- Nov 2016 Implementation!

Summary

- Diabetic eye disease is a huge and growing problem that we must work together to address
- We can stop almost all the vision loss with regular screening
- The new MBS item number is a real game changer
- We need to work out how to incorporate this into the pathways of care.