

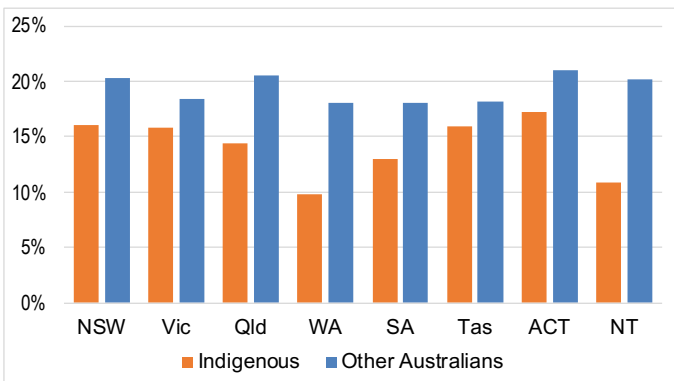
Indigenous Eye Health Measures - Jurisdictional Snapshot 2018

WESTERN AUSTRALIA

A range of measures relating to Indigenous eye health are available at jurisdictional and Primary Health Network level in the Australian Institute of Health and Welfare report, *Indigenous eye health measures 2017* (AIHW, 2018).¹

These measures cover the eye care pathway – from identification of problems to eye examinations and treatment – and provide a way to identify gaps and improvements along the pathway at National, State and regional levels.

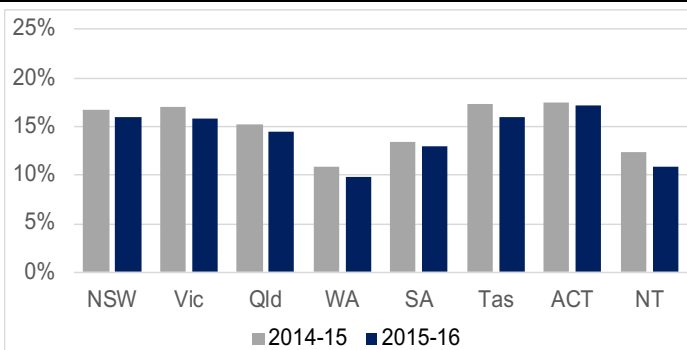
1. Eye Exams for Indigenous adults - % of Population by cohort



In 2015-16, **9.8%** of Indigenous adults in WA had an eye exam, compared to 18% of non-Indigenous Australians (**8% gap**).

Access to regular eye exams should be supported to avoid preventable blindness and vision loss

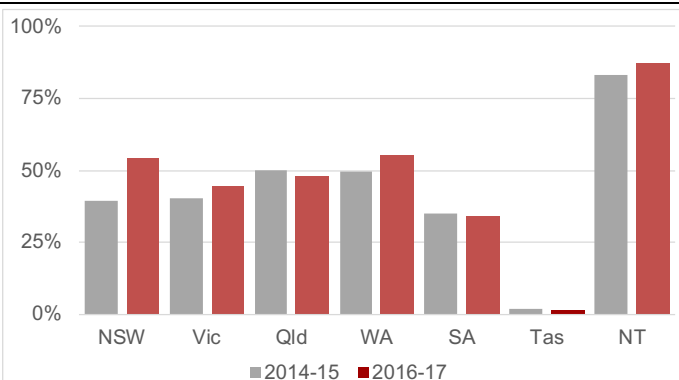
2. Eye Exams Over Time - % of Indigenous Population



There was a slight **decrease** in the % of the Indigenous population who had an eye exam in WA in 2015-16 compared to the previous year (10.2%)

Regular eye examinations help to identify issues early and support access to treatment if required

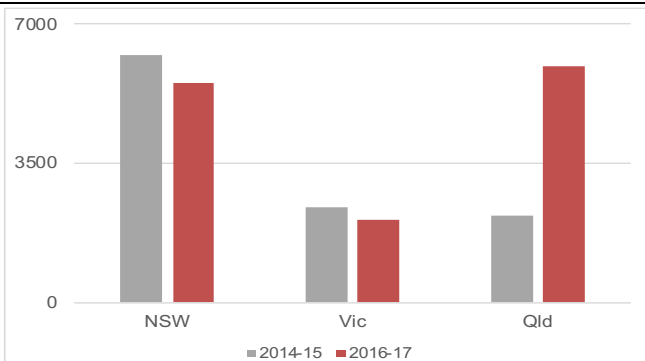
3. Visiting Optometrist Scheme (VOS) Occasions of Service - % for Indigenous Patients



In WA, **55%** of VOS Occasions of Service (OOS) were provided to Indigenous patients in 2016-17, an **increase** from 50% the previous year.

Increasing VOS access for Indigenous clients can address issues of equity

4. Glasses dispensed to Indigenous people under jurisdictional programs (number)

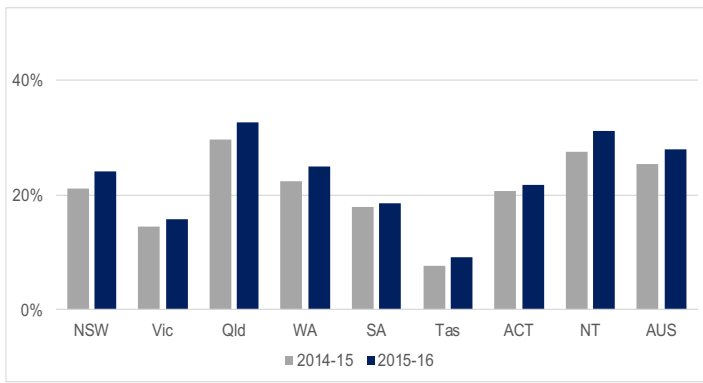


The number of **spectacles** dispensed to Indigenous people under the state program is **not available** for WA

Providing data on access to affordable glasses gives an indication of how well equity issues are being addressed for refractive error, which is a major cause of vision loss

¹ Online report available at <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-eye-health-measures-2017/contents/summary>

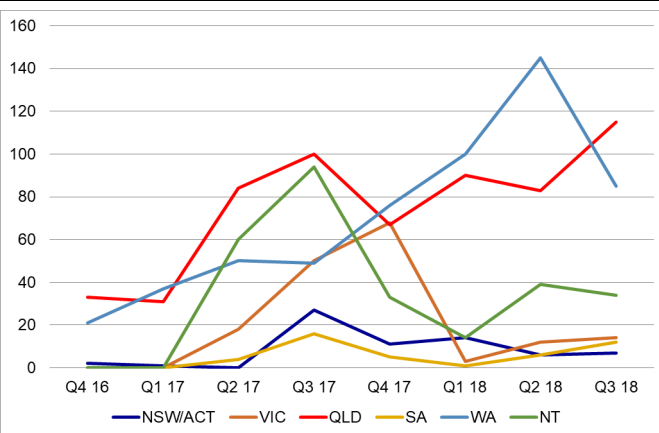
5. MBS 715 Aboriginal and Torres Strait Islander Health Assessments - % of Population



In WA, **25%** of the Indigenous population received an MBS 715 Health Assessment in 2015-16, just below the national average of **28%**

Increased eye health screening in primary care, as part of a health check, supports earlier identification of issues and referral if required

6. MBS 12325 - Non-Mydriatic Retinal Screening for Indigenous patients (number)²

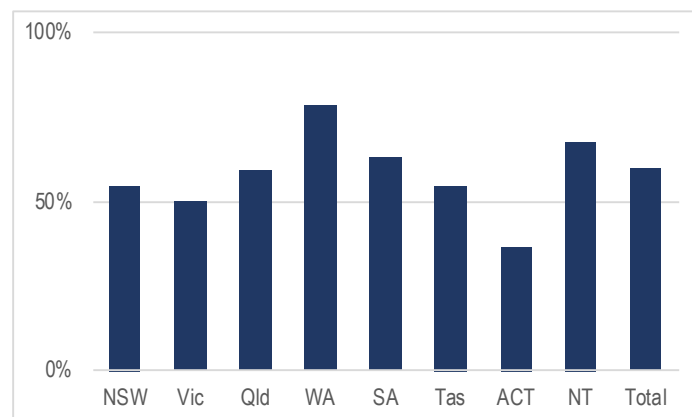


Between November 2016 and September 2018, there were a **total number of 563 claims** made for MBS item 12325 in WA.

While this is a high number compared to most jurisdictions, it represents a **small %** of the Indigenous population with diabetes

Use of retinal cameras in ACCHOs can support annual screening for Aboriginal people with diabetes

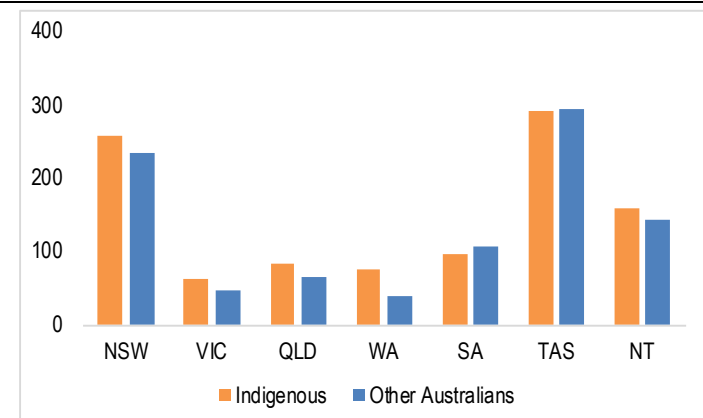
7. Proportion of Need Met for Cataract Surgery (%)



The number of cataract surgeries provided to Indigenous patients in WA met **78%** of the estimated population-based need in 2014-2016 (the **highest %** nationally)

Despite having higher rates of blinding cataract nationally, Indigenous Australians have lower rates of surgery. Increased access to cataract surgery is required to address this gap.

8. Waiting Times for Cataract Surgery by cohort (median number of days)



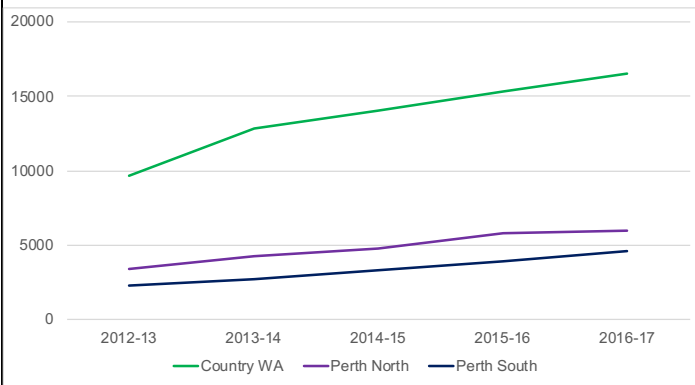
Indigenous Australians had a median wait of **75 days** for cataract surgery in WA, compared to **39 days** for other Australians in that jurisdiction during 2013-15

Waiting times provide an indication of equity, as Indigenous Australians often wait longer to access surgery

² Data available via MBS statistics at http://medicarestatistics.humanservices.gov.au/statistics/mbs_item.jsp

Primary Health Network Snapshot – Western Australia PHNs

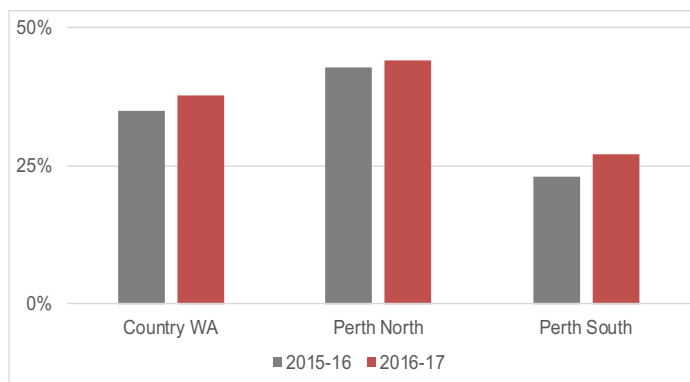
9. MBS 715 Aboriginal and Torres Strait Islander Health Assessments (number)³



The **number** of MBS 715 Health Check claims **increased** overall in WA PHNs between 2012-13 to 2016-17

Including eye exams and visual acuity should be encouraged as a key part of the Health Assessment

10. MBS 715 Health Assessments - % of Population⁴

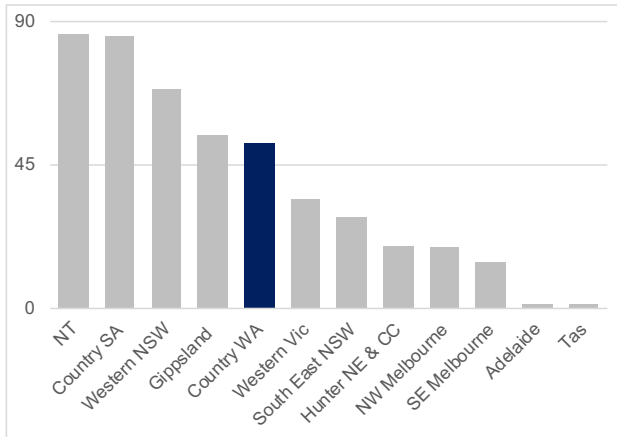


In 2016-17 the **%** of the Indigenous population receiving MBS 715 Health Assessments was highest (**44%**) in Perth North PHN and lowest (**27%**) in Perth South PHN.

The **%** of population receiving a Health Assessment **increased** in all WA PHNs.

Increasing the % of the population accessing health assessments provides greater opportunity for eye health examinations and referral

11. Visiting Optometrist Scheme (VOS) Occasions of Service for Indigenous clients (per 1,000)*

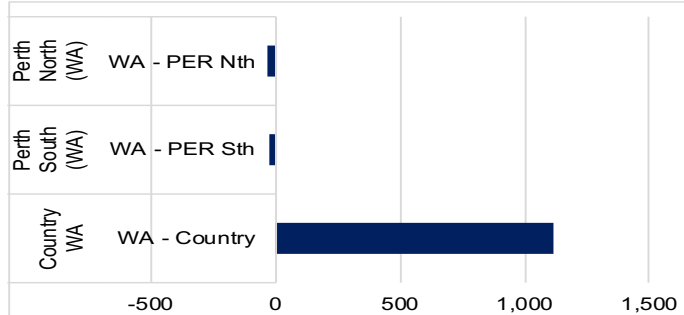


In 2016-17, the **number** of VOS OOS delivered to Indigenous clients was **52 per 1,000** in Country WA PHN. There were **no VOS services** reported for Perth North or Perth South PHNs.

Delivering VOS in Aboriginal Health services can increase access and address equity issues

*Data presented for selected PHNs

12. Change in VOS Occasions of Service for Indigenous clients (number)

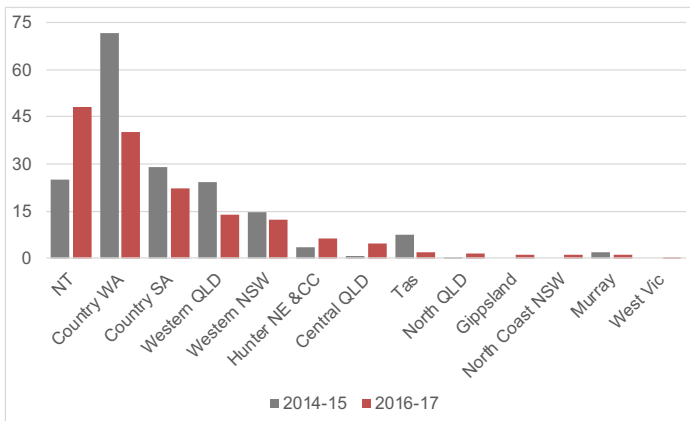


Between 2014-15 and 2016-17, the **number** of VOS OOS for Indigenous clients **decreased** in Perth North and Perth South PHNs and **increased** in Country WA

³[http://www.health.gov.au/internet/main/publishing.nsf/Content/A1F08249E056C796CA257FD400281DBF/\\$File/MBS%20Items%20and%20Groups%20by%20PHN%201213-1617%2007NOV17%20A.xlsx](http://www.health.gov.au/internet/main/publishing.nsf/Content/A1F08249E056C796CA257FD400281DBF/$File/MBS%20Items%20and%20Groups%20by%20PHN%201213-1617%2007NOV17%20A.xlsx) (MBS data by PHN)

⁴ Population uptake calculated using MBS 715 data above and population data from ABS Census 2016

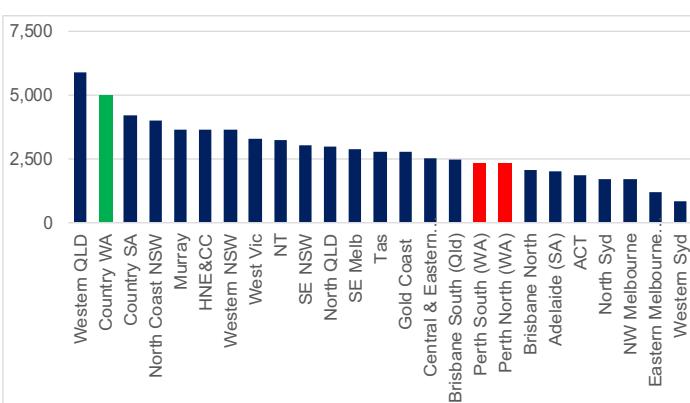
13. Rural Health Outreach Fund Eye Health Services for Indigenous Patients (number per 1,000)



There was a **decrease** in the number of OOS for Indigenous patients under the RHOF program in Country WA PHN. OOS decreased from **71.7 per 1,000** in 2014-15 to **40.3 per 1,000** in 2016-17.

No data available for other PHNs as RHOF is targeted at rural (non-metro) areas.

14. Hospitalisation Rates for Indigenous Australians for cataract surgery (per million)*



In 2014-16, the cataract surgery hospitalisation rate for Indigenous patients was **4,963 per million** population in Country WA PHN.

The rate was less than half this at **2,342 per million** in Perth South and **2,318 per million** in Perth North PHN.

*Data presented for selected PHNs only

Increasing access to cataract surgery for Indigenous Australians can help reduce rates of avoidable blindness

How PHNs can contribute to improving eye health outcomes for Indigenous Australians

Include eye care as part of comprehensive diabetes care

- ITC support to ensure annual eye exam for all Indigenous patients with diabetes
- Quality improvement focus (data/diabetes)
- Education and training to include eye health
- Distribute resources /information, newsletters/ social media (e.g. Diabetes Week/Days)
- HealthPathways content and implementation
- Health Promotion resources and messages - e.g. Check Today, See Tomorrow resources
- Encourage/support uptake and use of DRS cameras

Increase eye health awareness and skills in primary care and community settings

- Education and training for primary care providers (including Integrated Team Care program staff)
- Distribute resources/information, newsletters/social media (e.g. World Sight Day)
- HealthPathways content and implementation
- Health Promotion activities for community – e.g. Check Today, See Tomorrow resources

Increase MBS 715 Aboriginal and Torres Strait Islander Health Assessment rates

- Objective of ITC program
- Promote visual acuity and eye exam elements of MBS 715 assessments

Improve cultural competency across health care services and improve identification of Indigenous status

- Core to ITC program
- Work with local stakeholder groups to improve cultural competency and identification of Indigenous status at all points in the eye care pathway

Support system-change and improve coordination between primary and tertiary (specialist) settings

- ITC program objective and core PHN role
- Participate in eye care stakeholder groups
- Contribute to population health data analysis
- Work with jurisdictional fund-holders to improve coordination and access to funded services