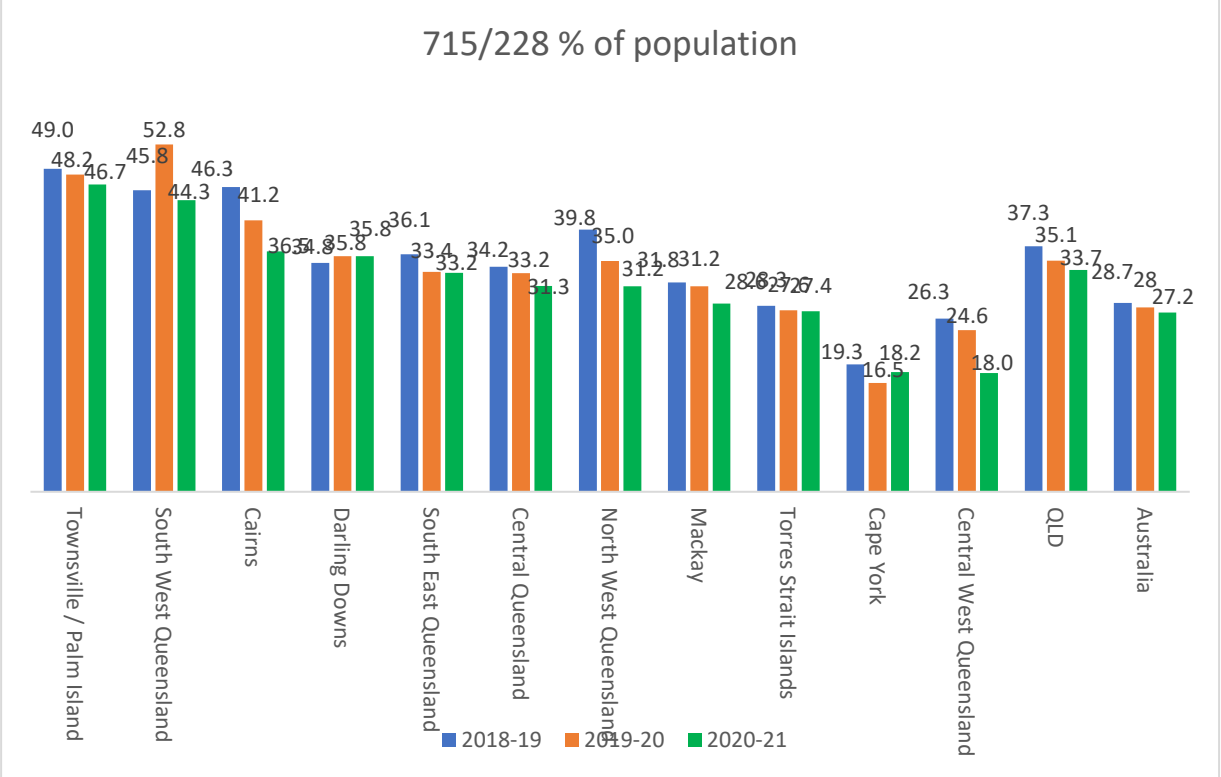
Eye care for Aboriginal and Torres Strait Islander People in QLD

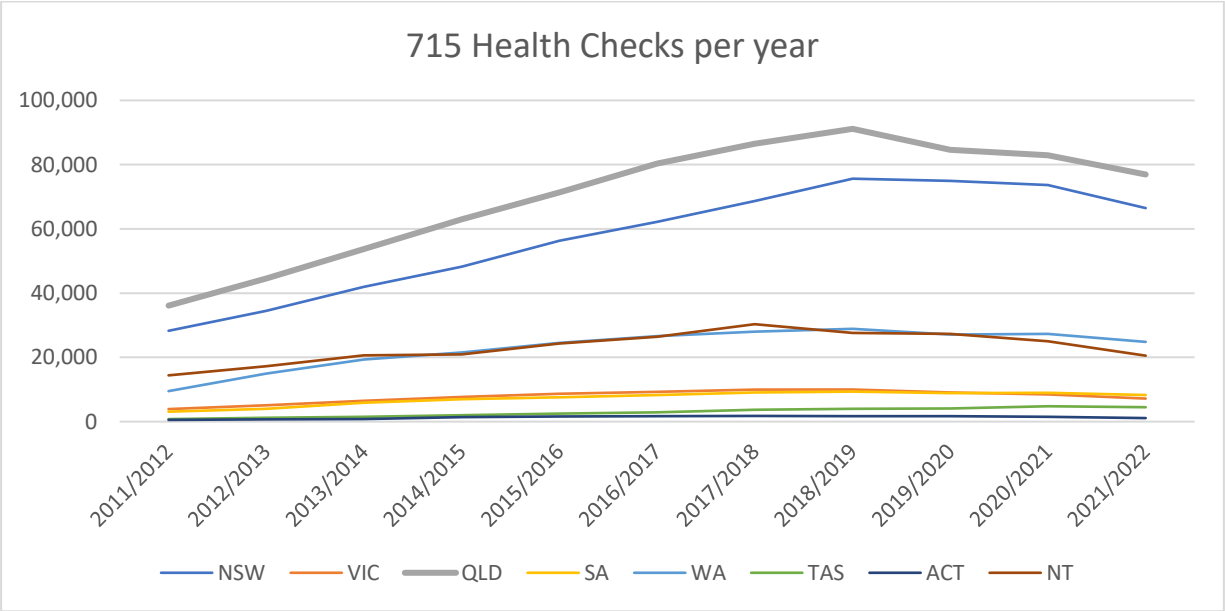
Overview – updated June 2023

This report packages current publicly available data on key eye health and eye care access measures for Aboriginal and Torres Strait Islander People in Queensland. 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.

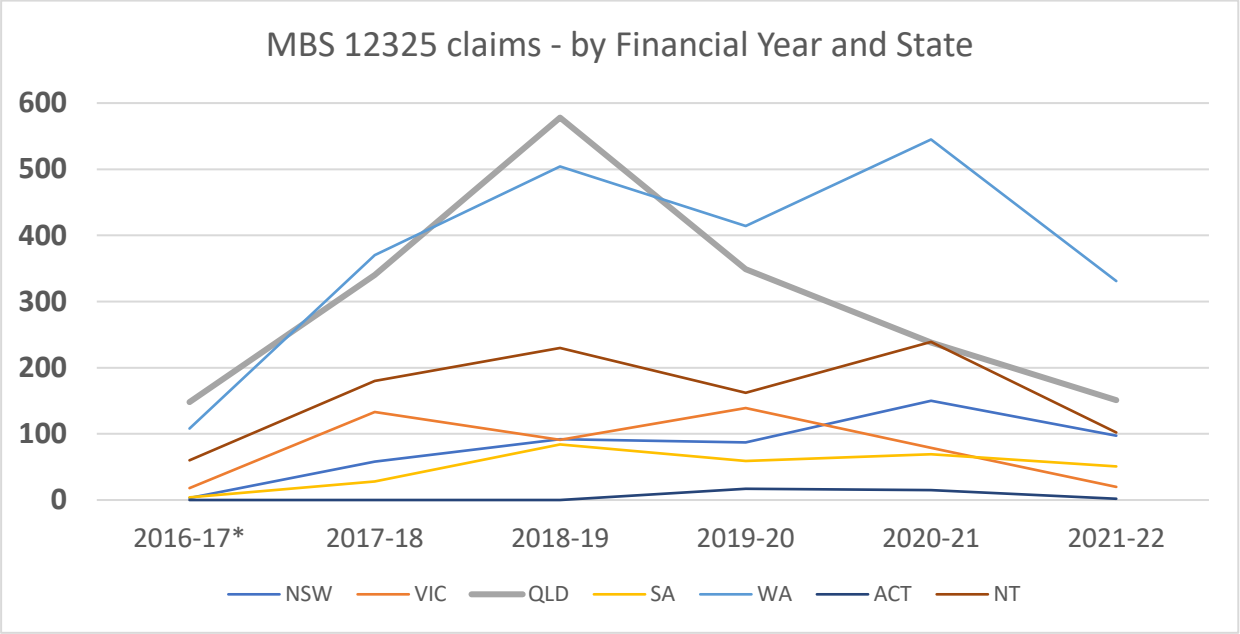
715 health checks





- 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.
- Generally there is a decline in 715 rates across the regions. While QLD still has higher 715 rates than national, the decline in QLD is sharper than the national decline.
- Regions of note are South West, which saw a reduction in 715 rates for the last year of data of 8.5% of the population. Also in Cairns region (6%), North West (3.8%), and Central West (6.6%), which recorded the lowest rate of 715 in QLD for 2020/21. A small increase was marked in Cape York, though Cape region still has second lowest rate in the State.
- 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**: there is an overall decline in 715 rates which, among other things, impacts on eye health screening. We need to keep supporting ACCHOs to implement the eye component of the 715 health checks.

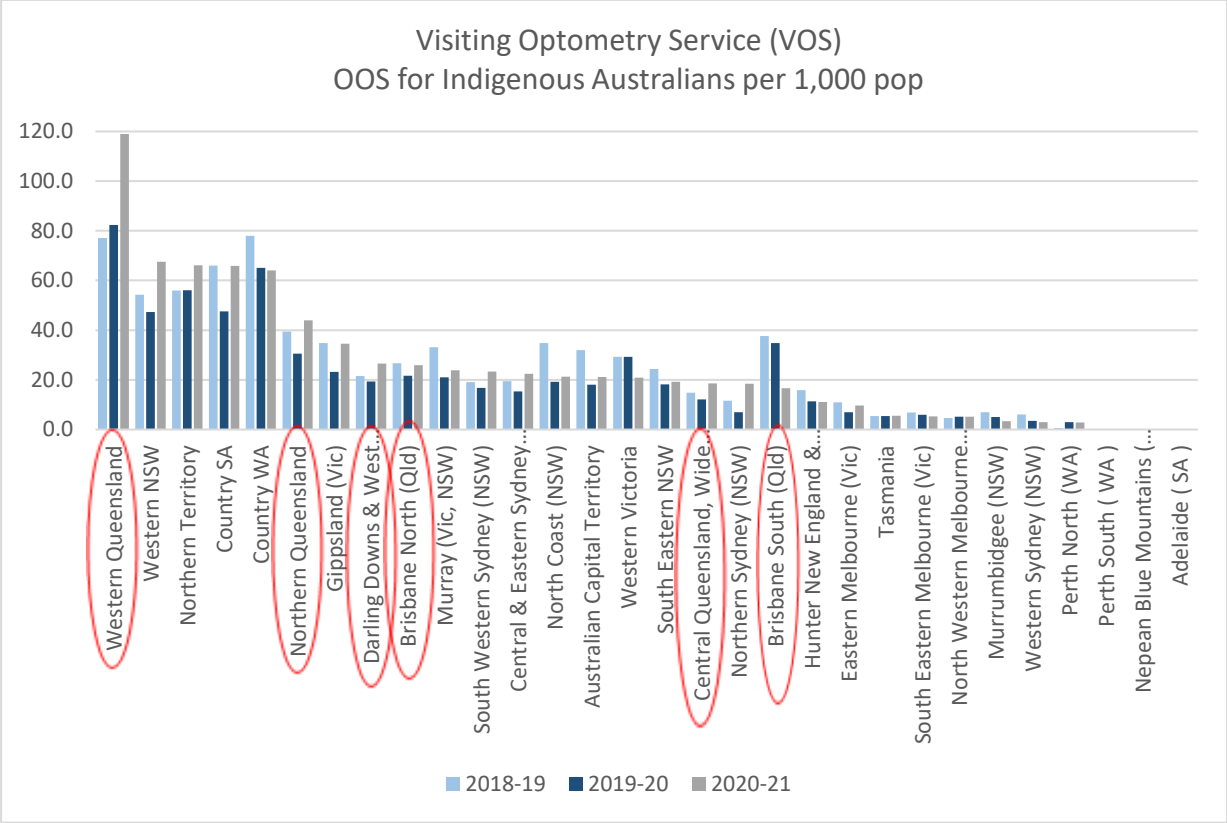
Eye screening for patients with diabetes

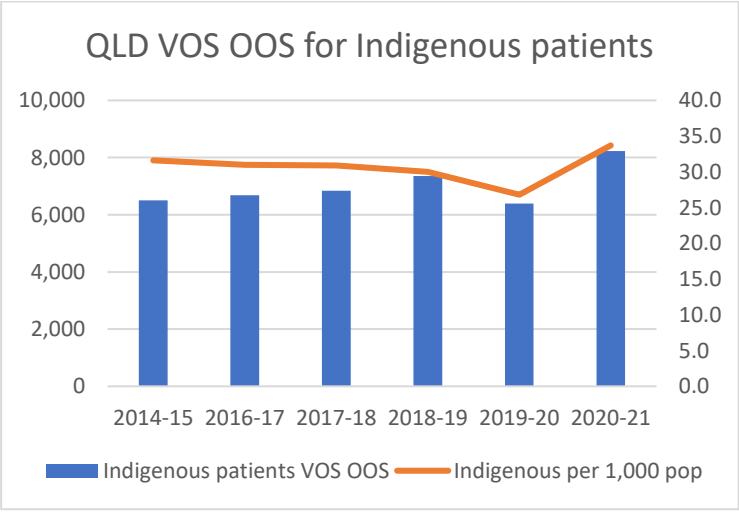


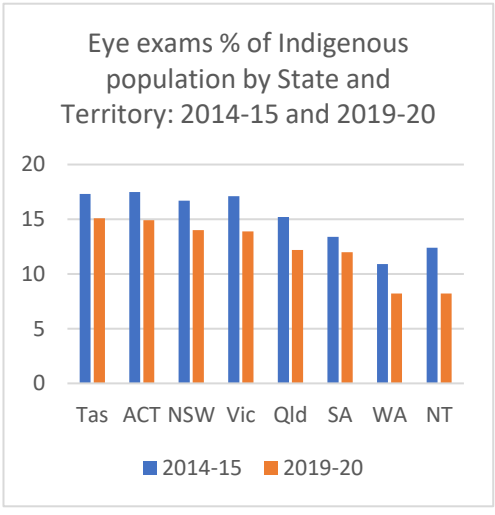
- Annual screening for diabetic retinopathy (DR) is recommended for Aboriginal and Torres Strait Islander patients with diabetes.
- Over the past several years, the sector has concentrated on efforts to build capacity in the ACCHO sector to screen for DR in primary care. The Australian Government funded a rollout of retinal cameras to ACCHOs, supported by a consortium of organisations from across the jurisdictions. Cameras were delivered and staff trained, however the project concluded and there is no ongoing provision for training and clinic support.
- An MBS item is available for DR screening in primary care (MBS 12325 for Indigenous patients / 12326 for non-Indigenous patients). The item requires signoff but the screening can be performed by AHW/P.
- QLD has recorded 151 MBS 12325 claims in 2021/22, down from 238 the previous year. The peak was 578 in 2019/20.
- This drop is a concern, but we know it does not paint the full picture 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 2019/20, 3,557 Aboriginal and Torres Strait Islander patients in QLD who had a diabetes monitoring check also had an eye exam during the same year. This represents 45.9% of patients who had diabetes checks.
- 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.
- The sector's challenge is to secure appropriate resources for ongoing training on existing equipment (retinal cameras).

Eye examination by optometrist or ophthalmologist

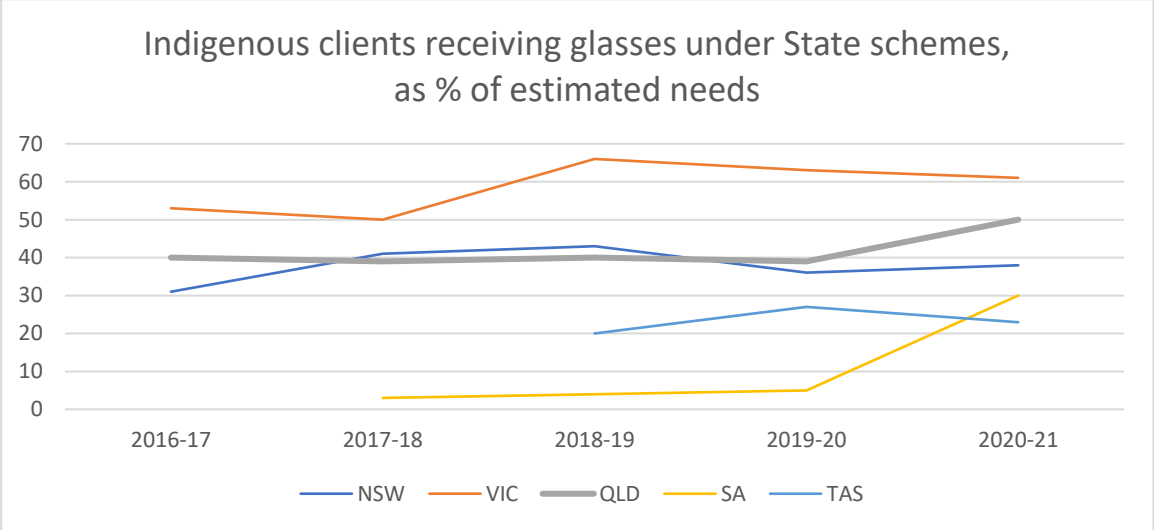






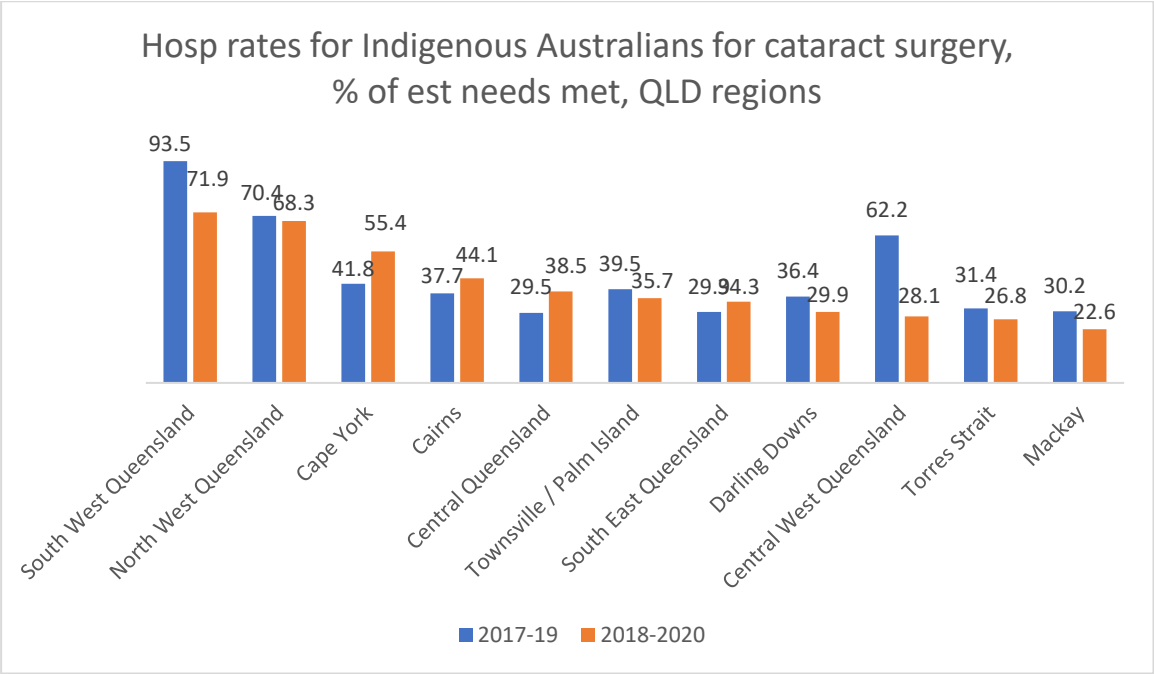
- QLD recorded 29,180 eye examinations for Aboriginal and Torres Strait in 19/20, about 12.2% of estimated population.
- This rate is similar to the national rate, but lower than several other States and territories (NSW, Vic, TAS, ACT).
- Visiting Optometry Service (VOS) rates for Aboriginal and Torres Strait Islander People in QLD reached 8,227 in 2020/21, or 33.7 Occasions of Service (OOS) per 1,000 people in 2020/21.
- VOS OOS in Western QLD PHN were 119 per 1,000 people in 2020/21, more than any other PHN in the Country. It is also the PHN which recorded the biggest increase compared to the previous year (82.4), and even then it had the highest VOS OOS rate in Australia for First Nations patients. The most marked decrease was noted in Brisbane South – 34.8 to 16.6 OOS per 1,000 First Nations population.
- Nationally, access rates for eye examinations for Aboriginal and Torres Strait Islander People in metro areas (24.1% in 2020/21) are lower than any other remoteness level, including remote (32.8%) and very remote (25.4%). Supporting optometry in metro area is a key element in addressing avoidable blindness and vision loss for Aboriginal and Torres Strait Islander patients.
- **Key message:** we should work with the outreach fundholder to improve VOS rates across the different regions of QLD.

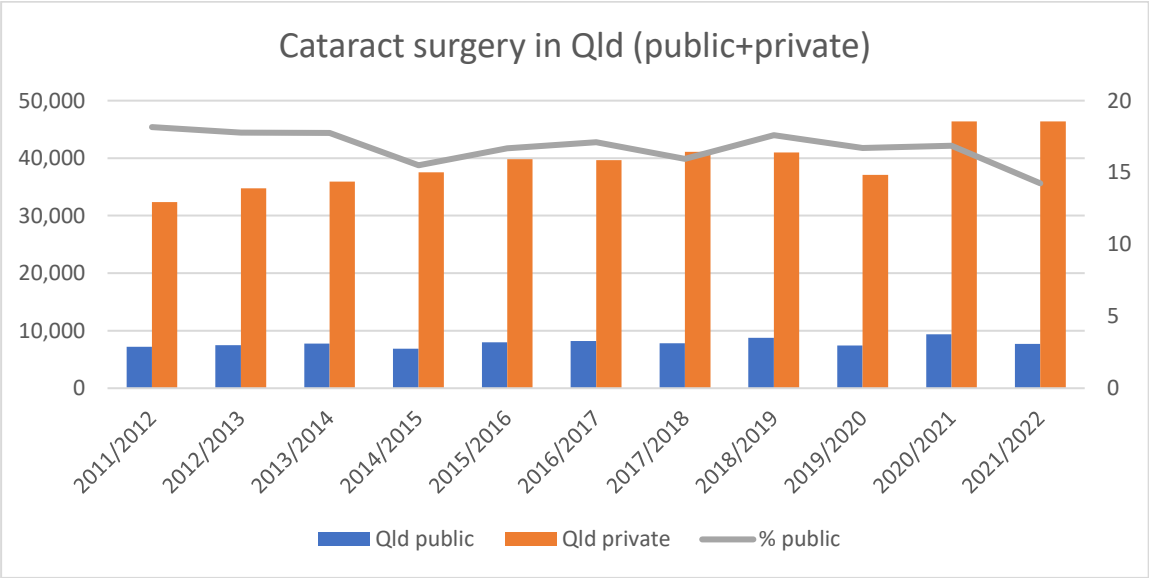
Refractive error/ glasses



- 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.
- QLD glasses provision rates have increased in the last year or data and now sit on 50% of estimated needs met, second highest rate in Australia.
- **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 2018-20, est rates of needs met for cataract surgeries for Indigenous patients varied widely across QLD regions.
- Most regions recording a reduction in rates over the period compared to the previous reporting period. The most notable drops were recorded in Central West (62% to 28% est needs met). The most notable increase reported in Cape York (42% to 55% est needs met). South West still has highest est needs met rate in QLD, though it notably dropped over 20% in the last data period (93% to 72%).
- QLD has consistently recorded a lower rate of cataract surgery performed in public compared to any other State in Australia. In 2021/22, only 14% of cataract surgeries performed in QLD were performed through the public system. This is a key contributor to access inequity in QLD.
- A reduction in the rate of cataract surgeries performed in public is likely to impact Indigenous patients disproportionally. Aboriginal and Torres Strait Islander 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.

- 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).
- QLD recorded 1,571 MOICDP Occasions of Service for Aboriginal and Torres Strait Islander patients in 2020/21 (64 per 10,000 population), about a quarter compared to the jurisdiction with the highest utilisation of MOICDP (WA – 275 per 10,000).
- In addition to MOICDP, QLD recorded 170 RHOF and 211 EESS OOS. (for comparison: jurisdiction with highest utilisation rates of outreach - WA - recorded 1,214 and 895 EESS OOS).
- **Key message**: current cataract surgery access rates for Aboriginal and Torres Strait Islander People in many parts of QLD are declining, and vary significantly across regions. The consistent lack of appropriate access through the public system is a significant challenge to address current gap.
- Combined sector advocacy is required for better and more equitable access to eye care for Aboriginal and Torres Strait Islander People in the QLD.

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.
- Laser treatment is carried in both public and private settings, and IVI in QLD is mostly done in private.
- AIHW estimates 117 Aboriginal and Torres Strait Islander patients accessed DR treatment via private providers in QLD in 2019/20. Public hospital data is not available. This is likely to be significantly lower than estimated need (2,698 DR ophthalmology consultations for QLD per 2020 population estimation; 2,884 in 2023).
- 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.
- QLD median OOP cost is highest of any other State, $290 per treatment. This can add up to over $2,300 per year per eye on a 6-week treatment course, a significant barrier for many.
- **Key message**: current access for DR treatment for Aboriginal and Torres Strait Islander patients in QLD is likely lower than the population-based need. The combination of particularly high OOP costs and likely low availability of treatment through the public system means avoidable vision loss for patients.
- We need stronger commitment for no-cost access in private for treatment, and to ensure access to treatment via public hospitals remain viable and appropriate.

Workforce

- Optometry: QLD had estimated 19.7 FTE per 100,000 population in 2020, over the national rate (18.8) and more than any other State.
- However there is a significant gap across regions. Brisbane North recorded 26.2 optometry FTE per 100,000 population, highest than any other PHN in QLD (and 2nd highest nationally).

Western QLD in contrast had the lowest rate in Australia, with a rate too low to be published by AIHW.

- Ophthalmology: QLD recorded 3.6 ophthalmologist FTE per 100,000 population in 2020, slightly lower than the national rate (3.8).
- Ophthalmology workforce sees similar trends across the regions, with equity gap even more pronounced. Brisbane North recorded 6 ophthalmology FTE per 100,000 population in this period, highest in QLD. Western QLD PHN on the other hand is the only PHN in Australia that didn't record a single ophthalmologist in its workforce in 2020. Darling Downs and West Moreton PHN recorded 1.9 FTE per 100,000 population.
- **Key message:** Ensuring appropriate workforce is key in delivering better 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. Report available from: https://www.aihw.gov.au/reports/indigenous-australians/indigenous-eye-health-measures-2022/summary
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7. Services Australia. 2022. Medicare Statistics. Available from: http://medicarestatistics.humanservices.gov.au/