

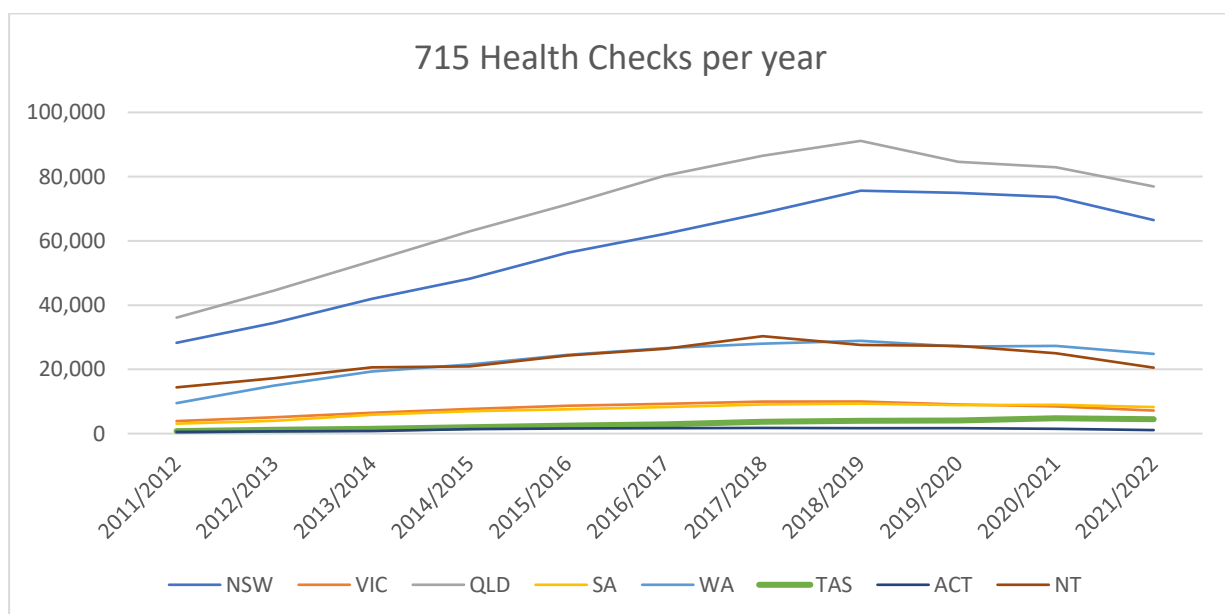
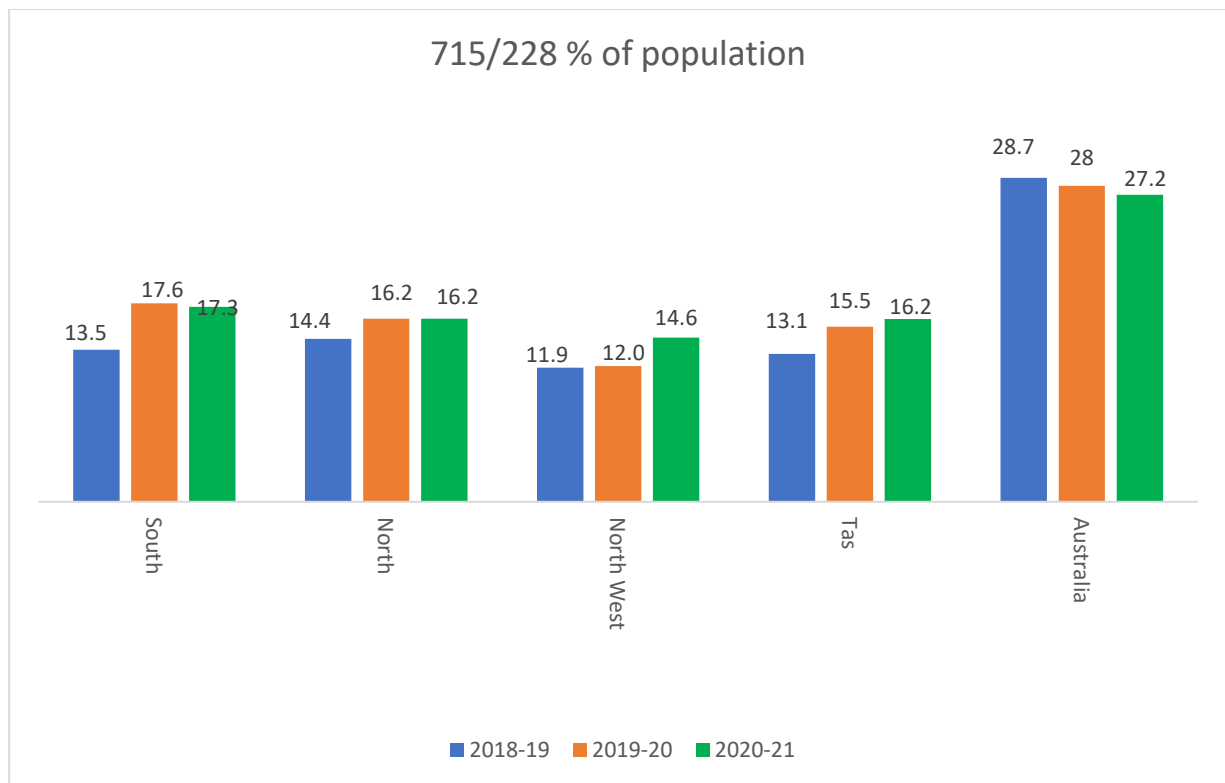
# Eye care for Aboriginal and Torres Strait Islander People in Tas

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 Tasmania. 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.

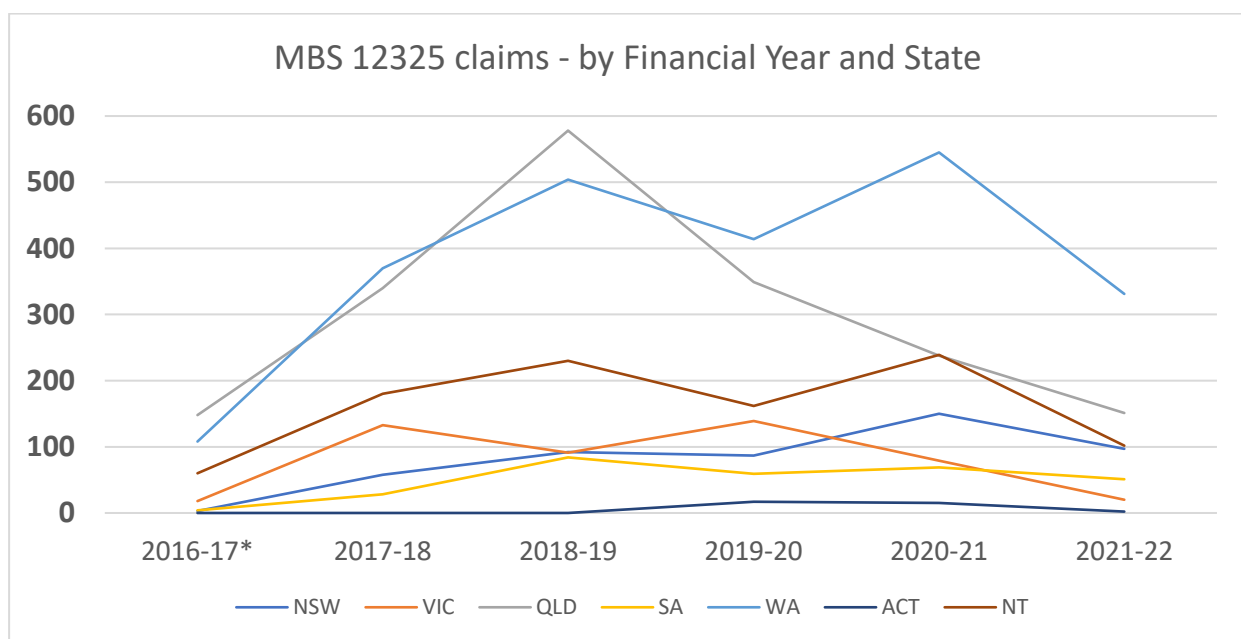
This report was prepared by Indigenous Eye Health Unit, University of Melbourne.

## 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.
- 715 health check rates in Tas remain significantly lower than national rates, despite small increases noted across the last three years of data. Rates are roughly similar across the 3 Tas regions, following a noted increase in North West.
- 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.

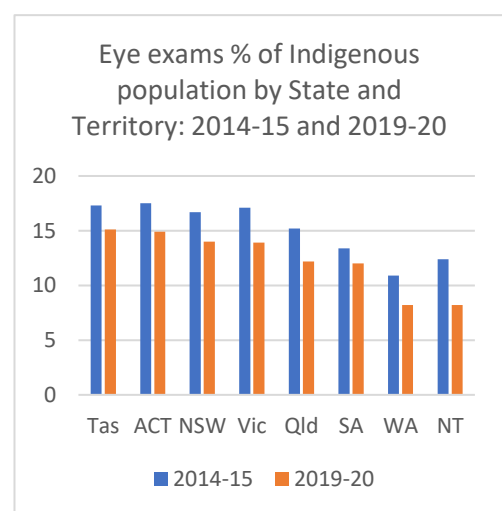
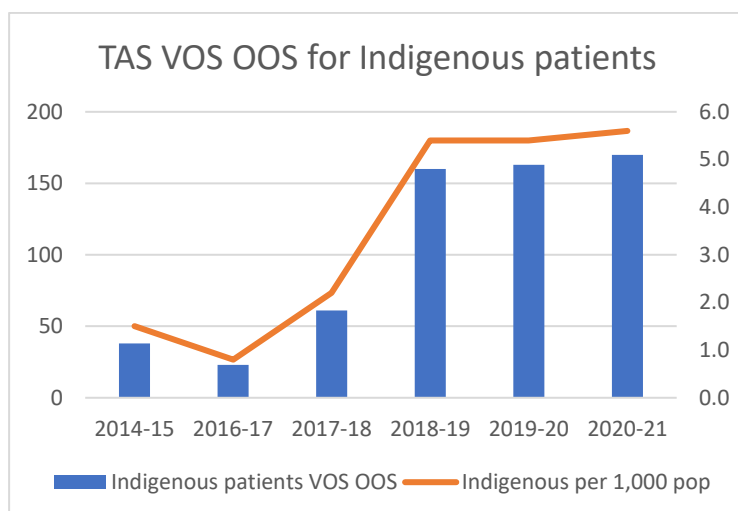
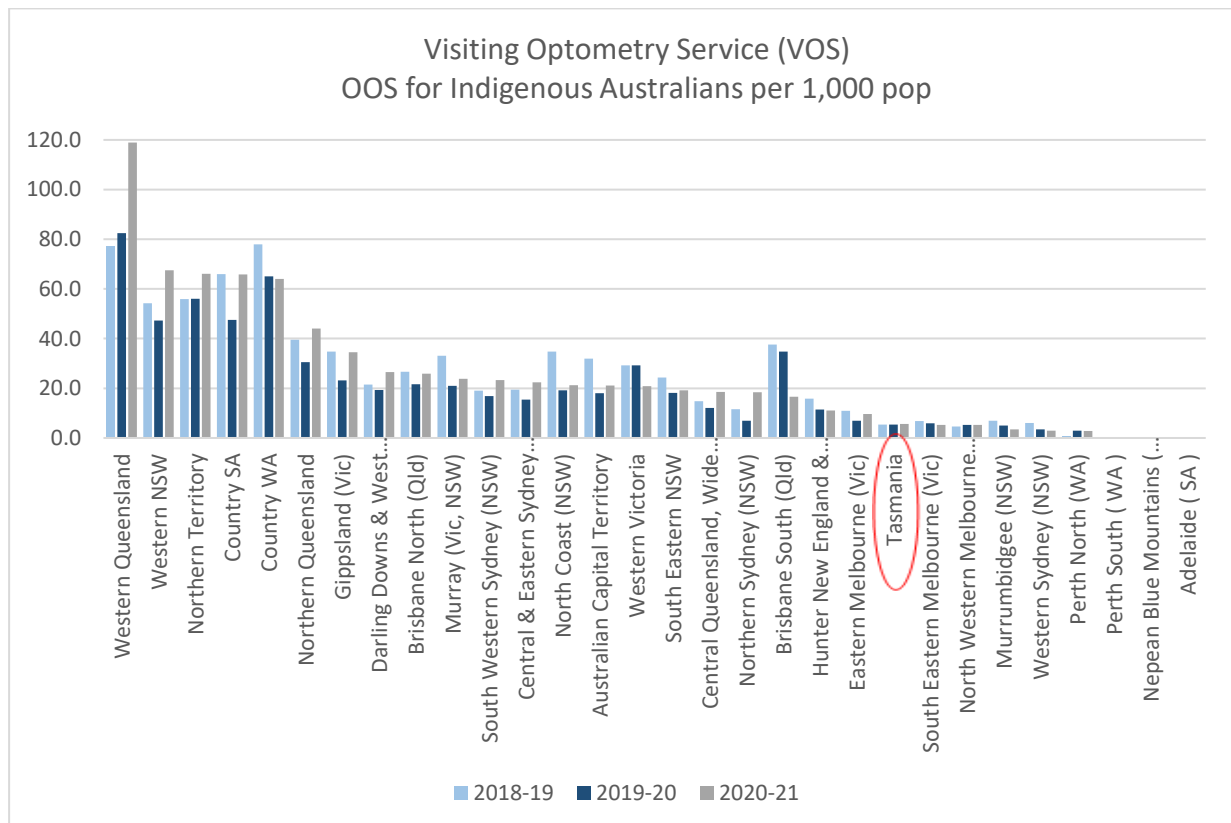
### Eye screening for patients with diabetes



- 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.
- Tasmania has yet to record a single claim of MBS item 12325. It has recorded 696 claims of 12326 (retinal check for non-Indigenous adults with diabetes) between 2017-2021, suggesting that there is unused capacity that can support screening for First Nations patients.
- This is not a direct indication of screening rates as we anecdotally know that too often retinal screenings are conducted without generating income for various reasons.
- AIHW reports that in 2019/20, 540 Aboriginal and Torres Strait Islander patients in Tasmania who had a diabetes monitoring check also had an eye exam during the same year. This represents 46.1% 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).

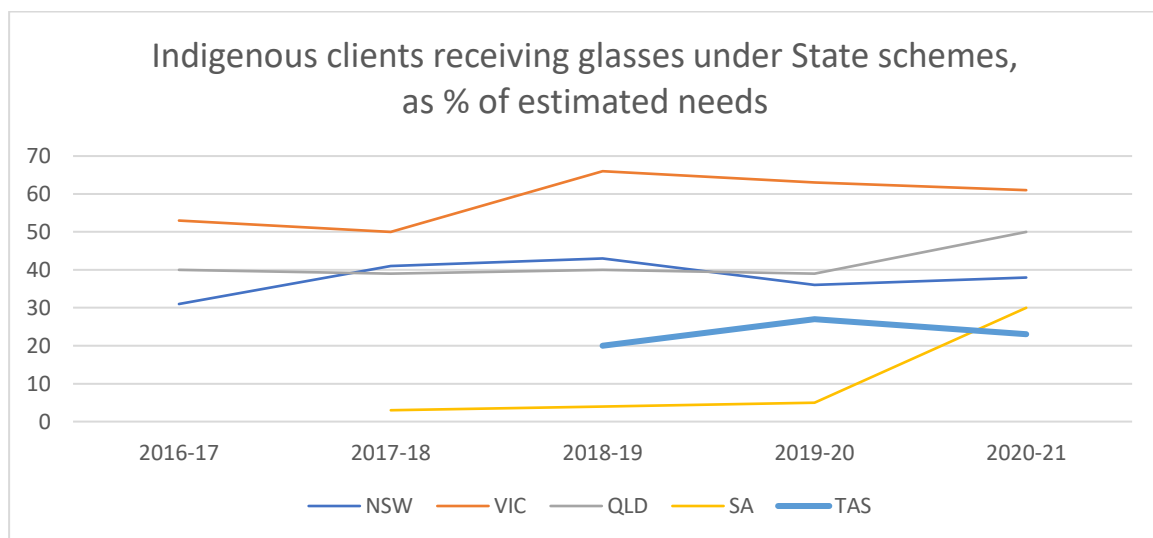
### Eye examination by optometrist or ophthalmologist



- TAS recorded 4,592 eye examinations for Aboriginal and Torres Strait in 19/20, about 15.2% of estimated population. This rate is higher than the national rate (12.2%) and any other jurisdiction.

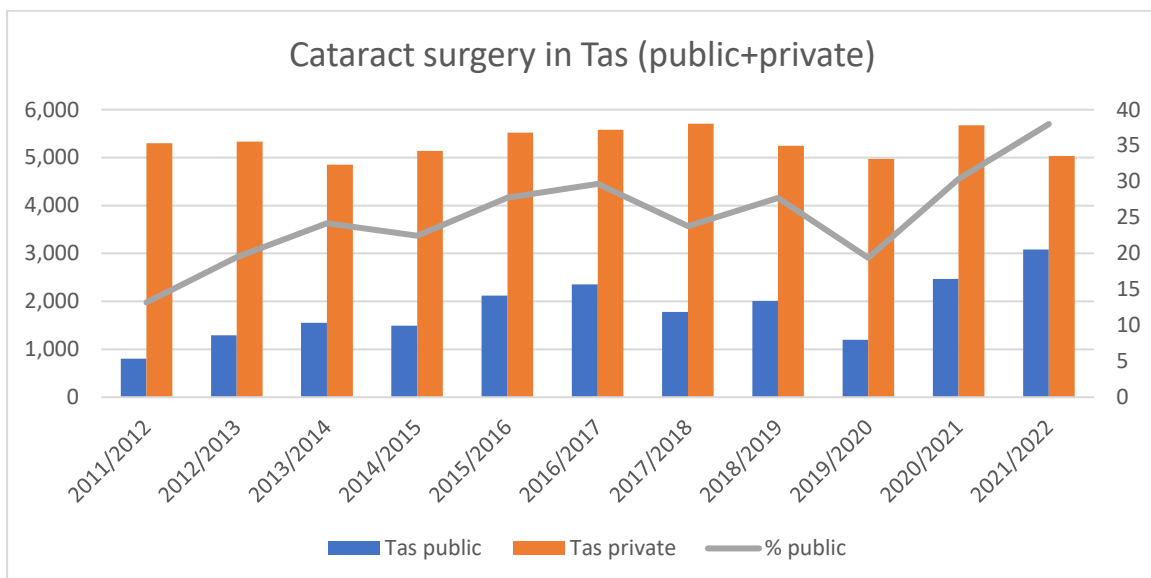
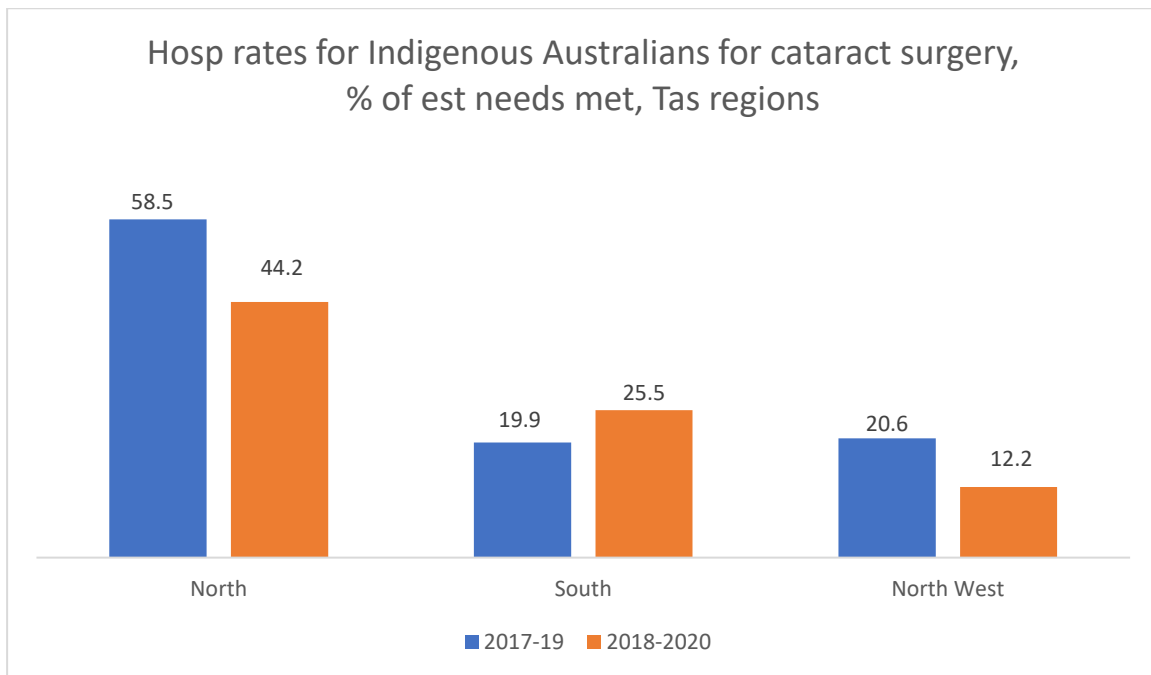
- Visiting Optometry Service (VOS) rates for Aboriginal and Torres Strait Islander People in Tas however are far lower than any other jurisdiction. TAS recorded 5.6 Occasions of Service (OOS) per 1,000 people in 2020/21, while it is the highest rate TAS has recorded so far, it is much lower than other jurisdictions (other jurisdictions range from 15.5 in VIC to 66 in NT).
- 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 Tas.

### 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.
- TAS rates has decreased in the last year of data to 23% of estimated needs met in 2020/21, down from 27% in 2019/20. This is a lower rate than most jurisdictions.
- **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 across Tas regions.
- Both North and NW region recorded a reduction in rates over the period compared to the previous reporting period, and South recorded an increase. Despite this, North region still has a significantly higher rate of est needs met than the other regions, and surgery rates in NW continue to decline.
- Public/private shift: Tas has seen a strong growth of cataract surgery in the public system over the last two years of data, doubling the share of cataract surgeries performed in public: from a low of just 19% of surgeries performed in public in 2019/20 to a high of 38% in 2021/22. This positive result bucks the national trend which sees an ongoing drift of capacity away from public into private.
- The increase in the rate of cataract surgeries performed in public is likely to have a positive impact on Indigenous patients. 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.

- Despite the very positive trend recorded in Tas, most cataract surgeries are still performed in private, and so it is important to keep monitoring access through the public system as an important equity measure.
- 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).
- Tas recorded 83 MOICDP Occasions of Service for Aboriginal and Torres Strait Islander patients in 2020/21 (27 per 10,000 population) – less than any other jurisdiction, and less than 1/10 compared to the jurisdiction with the highest utilisation (WA – 275 per 10,000).
- In addition to MOICDP, Tas recorded 48 RHOF OOS, however no EESSP OOS were recorded for First Nations patients in Tas (for comparison: jurisdiction with highest utilisation rates of outreach - WA - recorded 1,214 and 895 EESSP OOS).
- **Key message:** current cataract surgery access rates for Aboriginal and Torres Strait Islander People in Tas vary greatly across the three regions. Combined sector advocacy is required for better and more equitable access to eye care for Aboriginal and Torres Strait Islander People in the Tas.

### 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 is mostly done in private.
- AIHW estimates 15 Aboriginal and Torres Strait Islander patients accessed DR treatment via private providers in Tas in 2019/20. Public hospital data is not available. This is likely to be significantly lower than estimated need (339 DR ophthalmology consultations for VIC per 2020 population estimation; 355 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. Tas median OOP cost is \$75 per treatment, lower than any other jurisdiction. However this can add up to \$600 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 Tas is likely lower than the population-based need. 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: Tas had estimated 16.6 FTE per 100,000 population in 2020, lower than the national rate (18.8) and lower than most other jurisdictions (only higher than WA and NT).
- Ophthalmology: Tas recorded 4.5 ophthalmologist FTE per 100,000 population in 2020, higher than any other jurisdiction in Australia.

- **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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4. Indigenous Eye Health Unit, The University of Melbourne. Calculator for the delivery and coordination of eye care services. Available from: <https://dr-grading.iehu.unimelb.edu.au/ecwc/>
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