

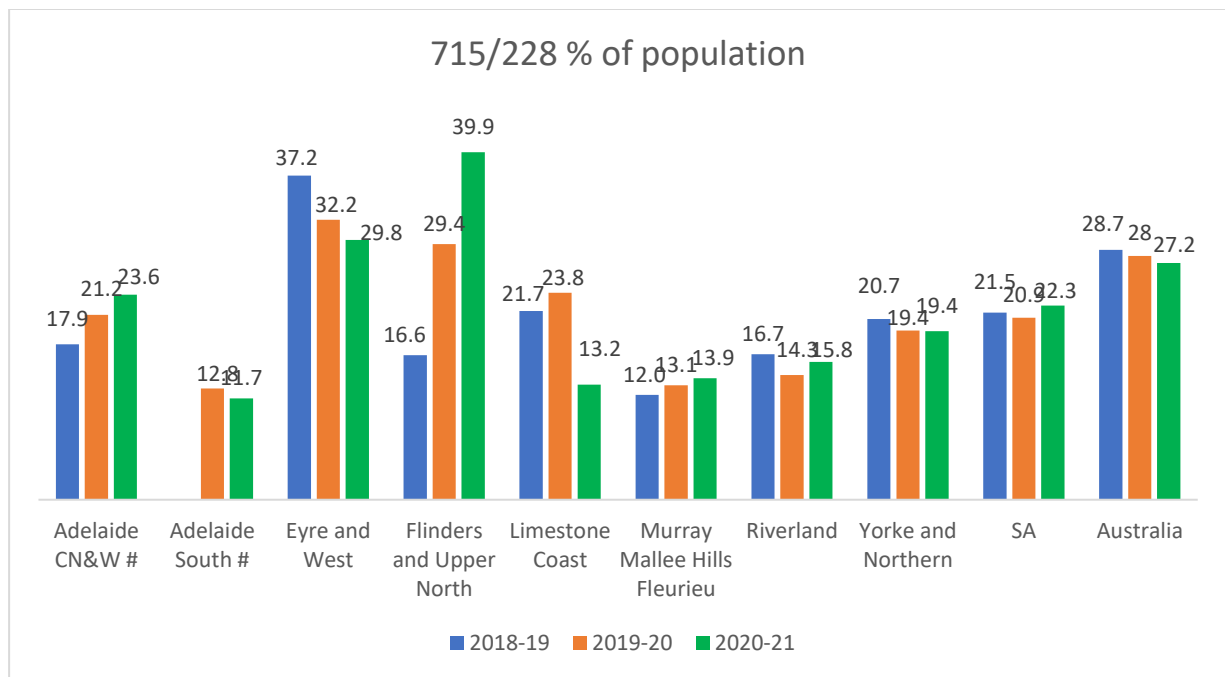
Eye care for Aboriginal and Torres Strait Islander People in SA

Overview – updated June 2023

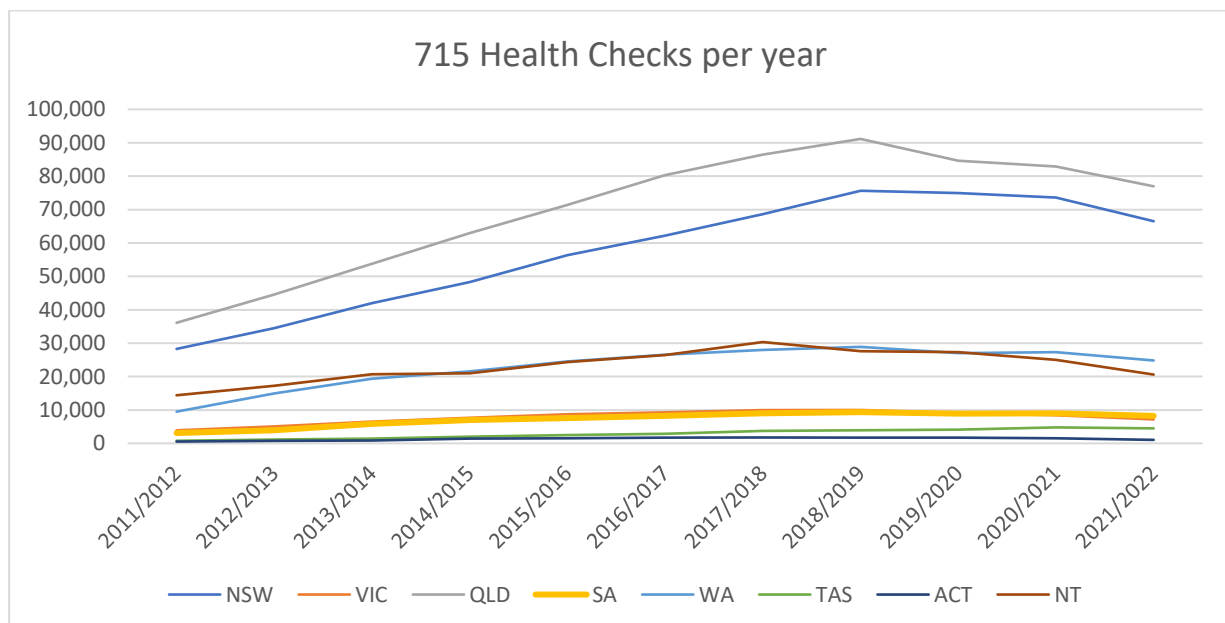
This report packages current publicly available data on key eye health and eye care access measures for Aboriginal and Torres Strait Islander People in South Australia. All underlying data in this report is from publicly accessible sources. These measures cover the eye care pathway for the conditions 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

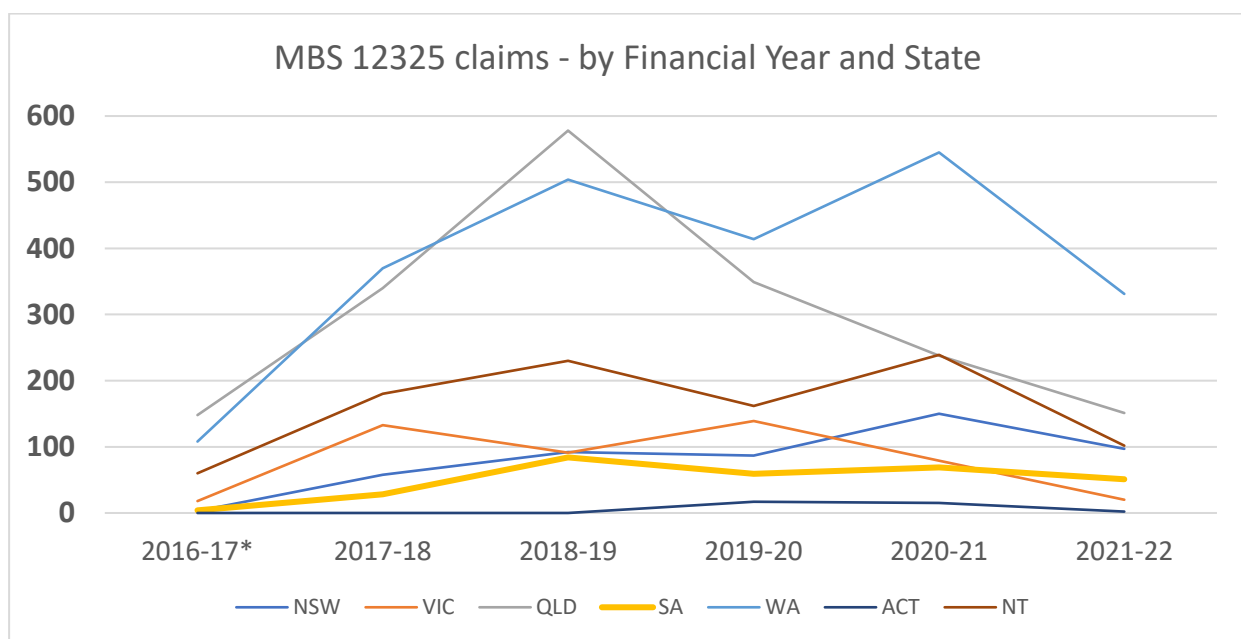


Adelaide South emerged as a separate region in the data from 2019-20



- 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.
- Rates trend quite unevenly across SA regions. Coverage in Flinders and Upper North region went from 29% to 40% in the past year alone. Increases also recorded in Adelaide CN&W, and Murray Mallee Hills Fleurieu regions. The most significant drop was recorded
- 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.

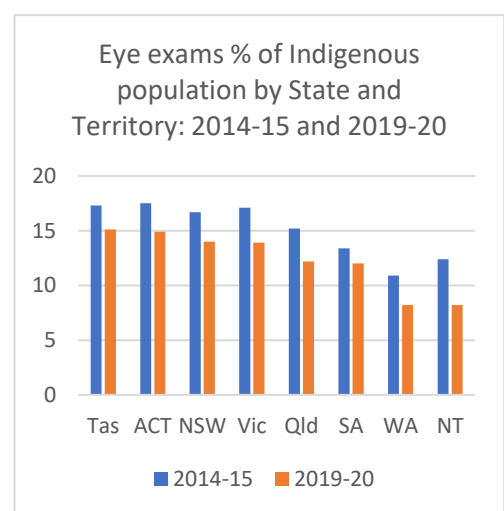
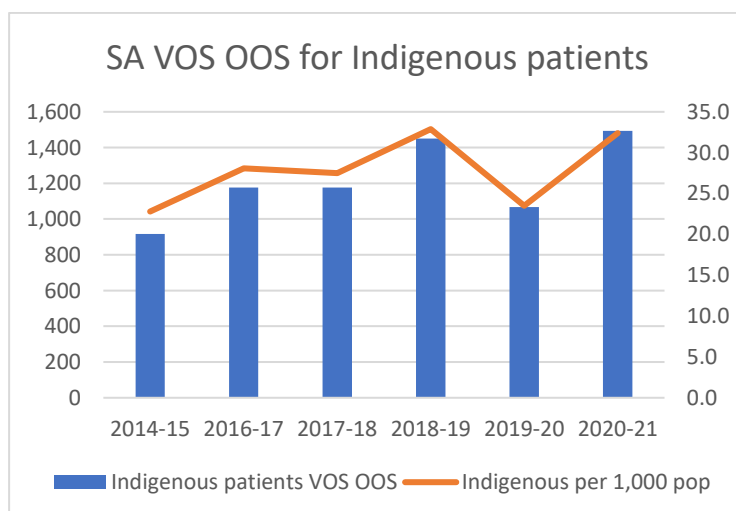
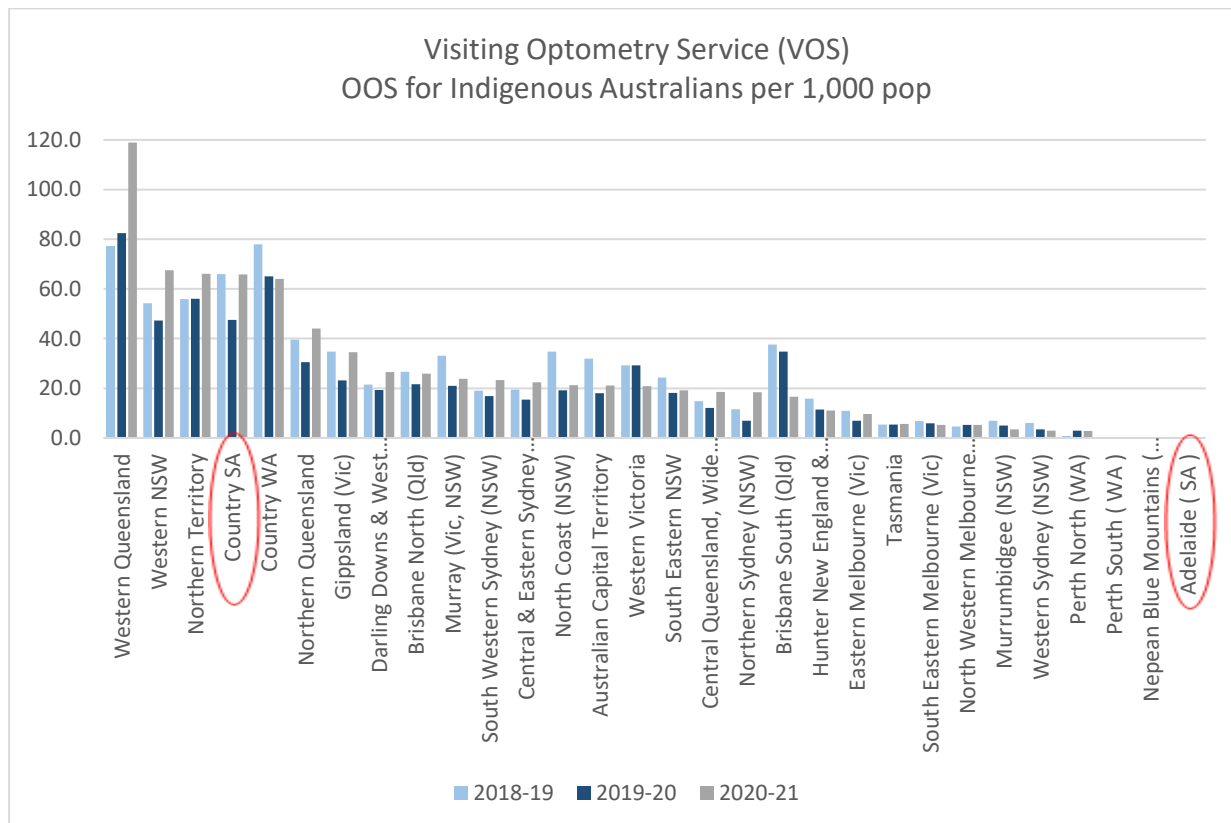
Eye screening for patients with diabetes



- 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.
- SA has recorded 51 MBS 12325 claims in 2021/22, down from 69 the previous year. The peak was 84 in 2018/19.
- This is not a direct indication 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, 682 Aboriginal and Torres Strait Islander patients in SA who had a diabetes monitoring check also had an eye exam during the same year. This represents 42.2% 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).

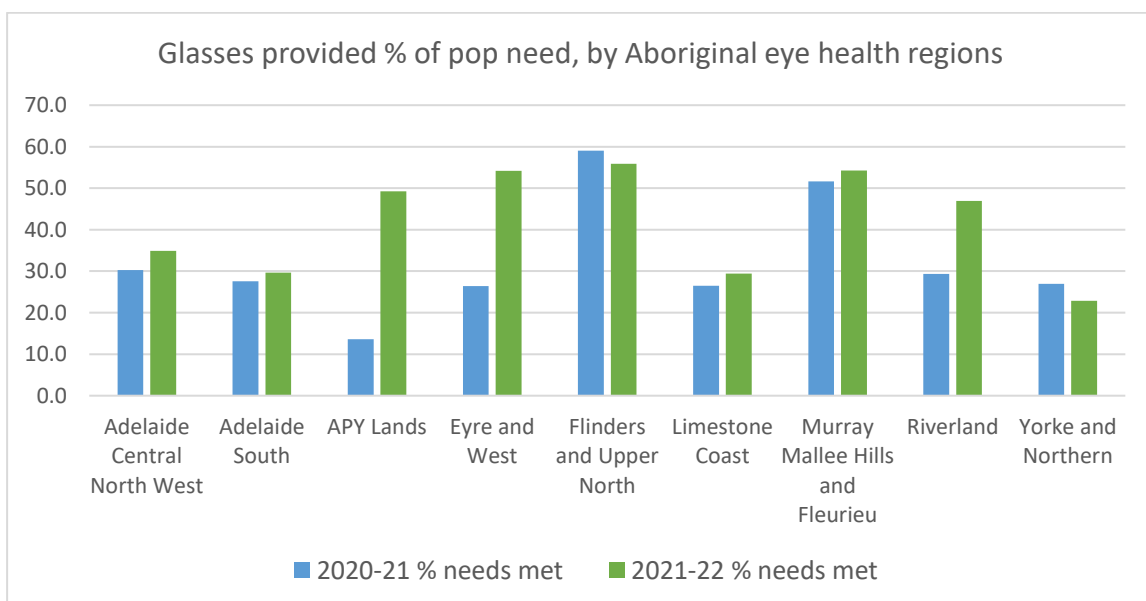
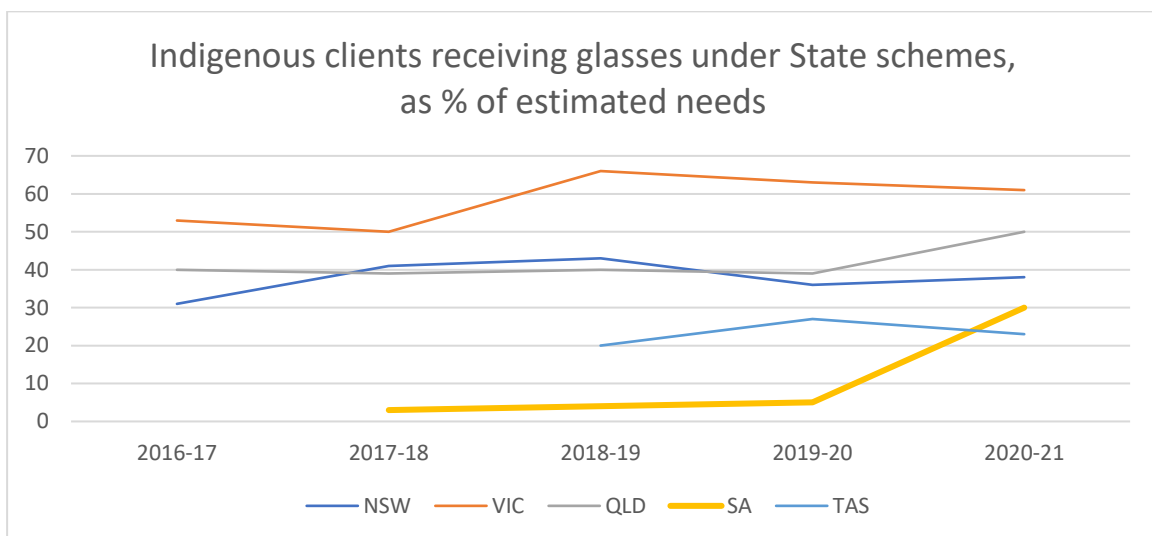
Eye examination by optometrist or ophthalmologist



- SA recorded 5,444 eye examinations for Aboriginal and Torres Strait in 19/20, about 12% of estimated population.

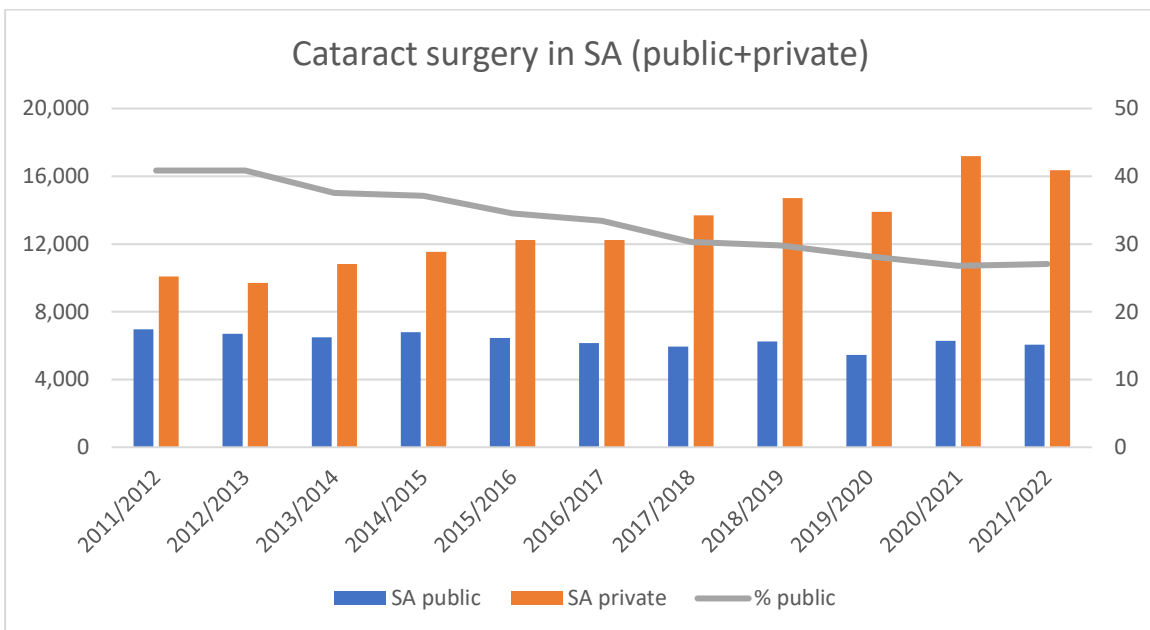
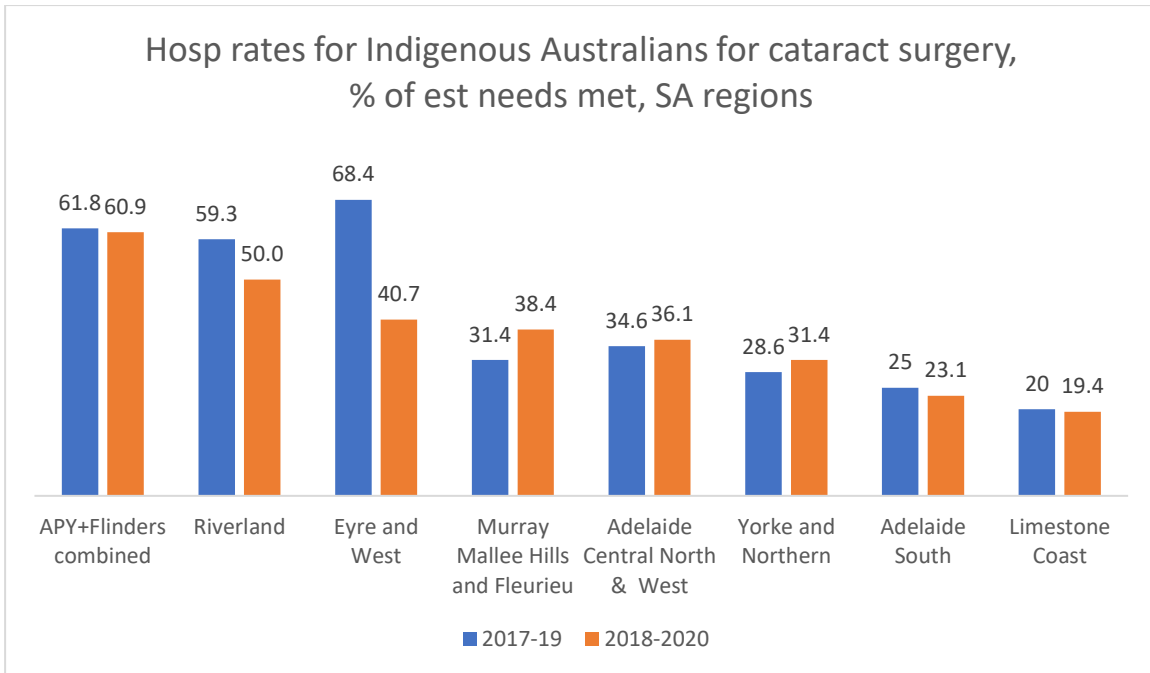
- This rate is lower than most other jurisdictions, only higher than NT and WA. We expect that these levels may be further reduced for 2020-2022 due to service disruptions and impact of COVID-19.
- Visiting Optometry Service (VOS) rates for Aboriginal and Torres Strait Islander People in SA peaked at 32.9 Occasions of Service (OOS) per 1,000 people in 2018/19 and declined since, though achieved a close 31.4 OOS per 1,000 people in 2020/21.
- VOS OOS in Country SA are 65.9 per 1,000 people, 3rd in the country, however Adelaide recorded close to zero VOS OOS in that year (appears as 0 in the data normally indicates <5 cases where data may become identifiable).
- 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 the SA, in particular across metro Adelaide.

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.
- SA state-wide scheme renewed in 2020/21 and we are noting the impact in the data.
- The regional-level data shows that in 21/22 glasses provision continues to rise. This data added has been reported directly to this group.
- **Key message:** The sector should continue supporting both a needed increase in eye exams and the needed ongoing growth of the Glasses SA program to grow towards meeting all of the population need.

Cataract surgery



- For the period of 2018-20, est rates of needs met for cataract surgeries for Indigenous patients varied widely across SA regions.
- Most regions recording a reduction in rates over the period compared to the previous reporting period. Eyre and West region estimated needs met reduced in this period from 68.4% to just over 40%. (in real numbers, it was a reduction from 54 to 33 surgeries).
- Over the past decade, the rate of cataract surgeries performed in public settings (whole of population) reduced dramatically, from 41% in 2011/12 (where data starts) to only 27% in 2020/21 and 2021/22.
- A reduction in the rate of cataract surgeries performed in public is likely to impact Indigenous patients disproportionately. 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 for cataract surgery for Aboriginal and Torres Strait Islander Australians, 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).
- SA recorded an estimate 183 MOICDP Occasions of Service for Aboriginal and Torres Strait Islander patients in 2020/21 (40 per 10,000 population) – more than Tas and NT but less than any other jurisdiction, and only 1/7 compared to the jurisdiction with the highest utilisation of MOICDP (WA – 275 per 10,000).
- In addition to MOICDP, SA recorded 25 RHOF and 21 EESS OOS. (for comparison: WA recorded 1,214 and 895 EESS OOS).
- **Key message:** current cataract surgery access rates for Aboriginal and Torres Strait Islander People in SA are declining, and vary significantly across regions. The shift of practice away from public to private 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 SA.

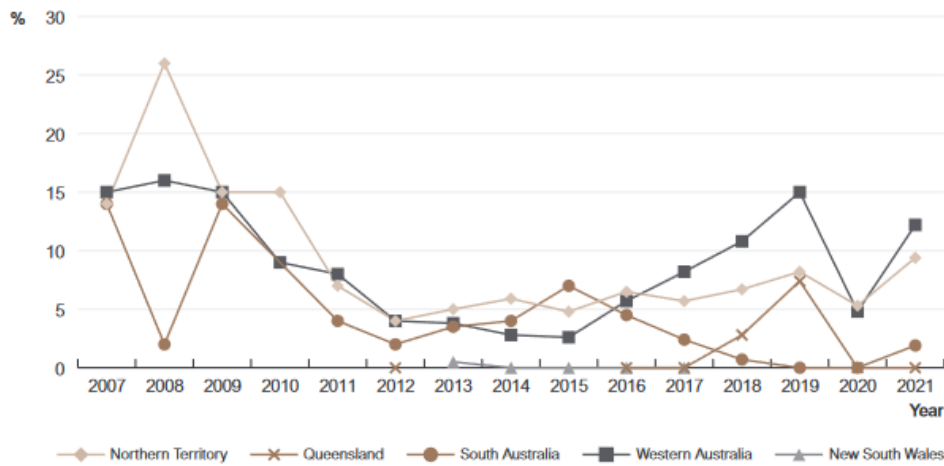
Diabetic retinopathy treatment

- 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. In most of Australia IVI are primarily carried in private, but we know anecdotally that in SA it is still carried in public hospitals, though we don't have relevant data.
- AIHW estimates 16 Aboriginal and Torres Strait Islander patients accessed DR treatment via private providers in SA in 2019/20. Public hospital data is not available. This is likely to be significantly lower than estimated need (539 DR ophthalmology consultations per year).
- 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 up 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. SA median OOP cost is \$150 per treatment, lower than national rate. However this can add up to \$1,200 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 SA is likely lower than the population-based need. We need stronger commitment for no-cost access in private for treatment, and ensure access to treatment via public hospitals remain viable and appropriate.

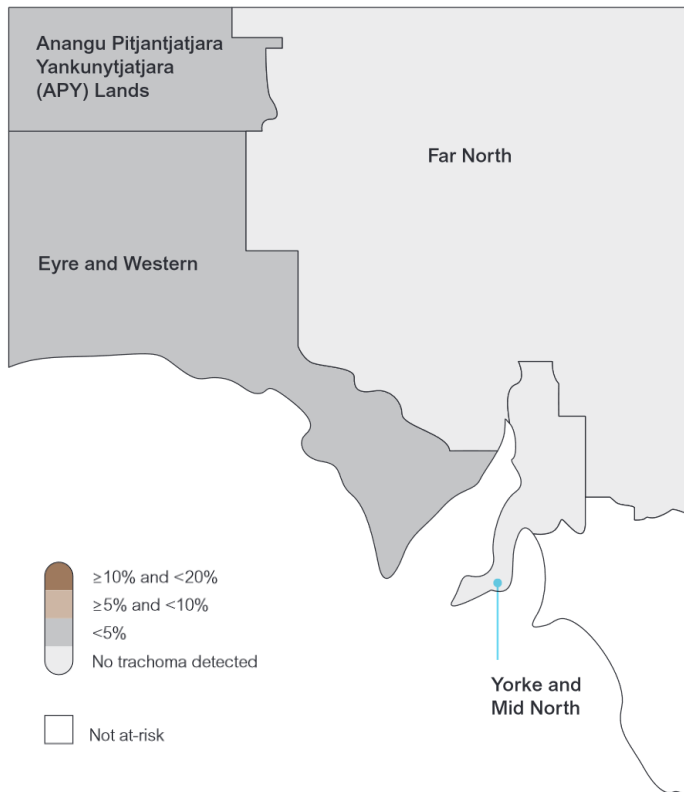
Trachoma

Estimated prevalence of trachoma among children aged 5-9 years by jurisdiction, Australia* 2007 – 2021

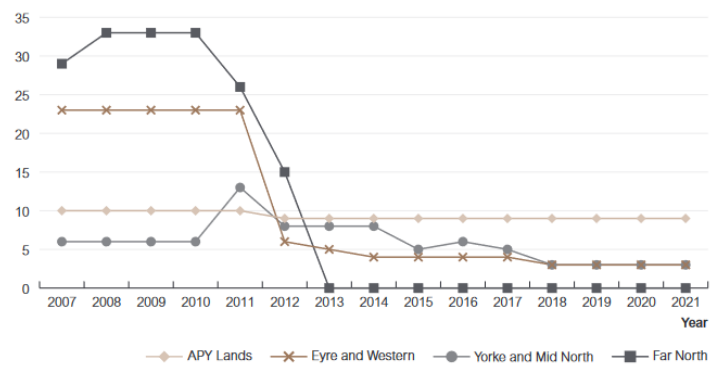


* Most recent estimates carried forward in at-risk communities that did not screen in 2021.

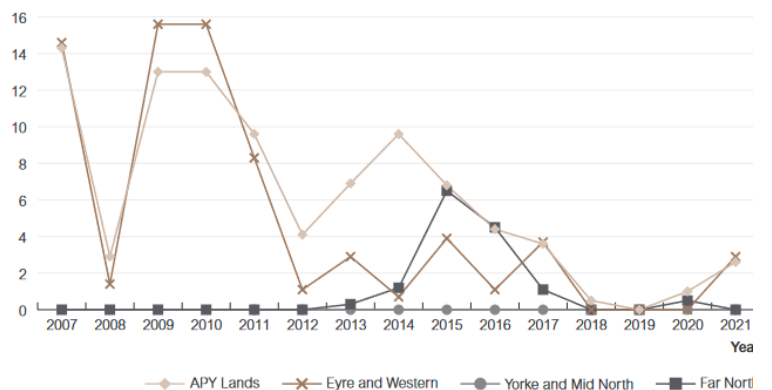
Trachoma prevalence in children aged 5-9 years in all at-risk communities by region, South Australia, 2021



Number of at-risk communities by region, South Australia 2007 – 2021



Estimated prevalence of trachoma among children aged 5-9 years in all at-risk communities by region, South Australia 2007 – 2021



- SA saw a significant reduction of trachoma rates over the past decade of work.
- Trachoma rates in SA are highest in APY Lands, where number of at-risk communities have remained around 10 consistently for a long time. A few more at-risk communities identified in Eyre and Yorke regions.
- **Key message:** Trachoma elimination and monitoring work remains key in SA. A required push on environmental health is strongly needed to support long-term elimination.

Workforce

- Optometry: SA had estimated 18.5 FTE per 100,000 population in 2020, similar to the national rate (18.8).
- However there is a significant gap between the two SA PHNs, with Adelaide recording 20.3 and Country SA 14.7 FTE per 100,000.
- Ophthalmology: SA recorded 3.8 ophthalmologist FTE per 100,000 population in 2020, similar to the national rate (3.8).
- The gap between the two PHNs however is even more pronounced. Adelaide recorded 61 individual ophthalmologists in 2020, or 4.9 FTE per 100,000 population, constituting the 4th highest PHN in Australia. Country SA on the other had recorded only 7 individual ophthalmologists in 2020, about 1 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

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