

Eye care for First Nations People in NSW and ACT

Overview – updated December 2023

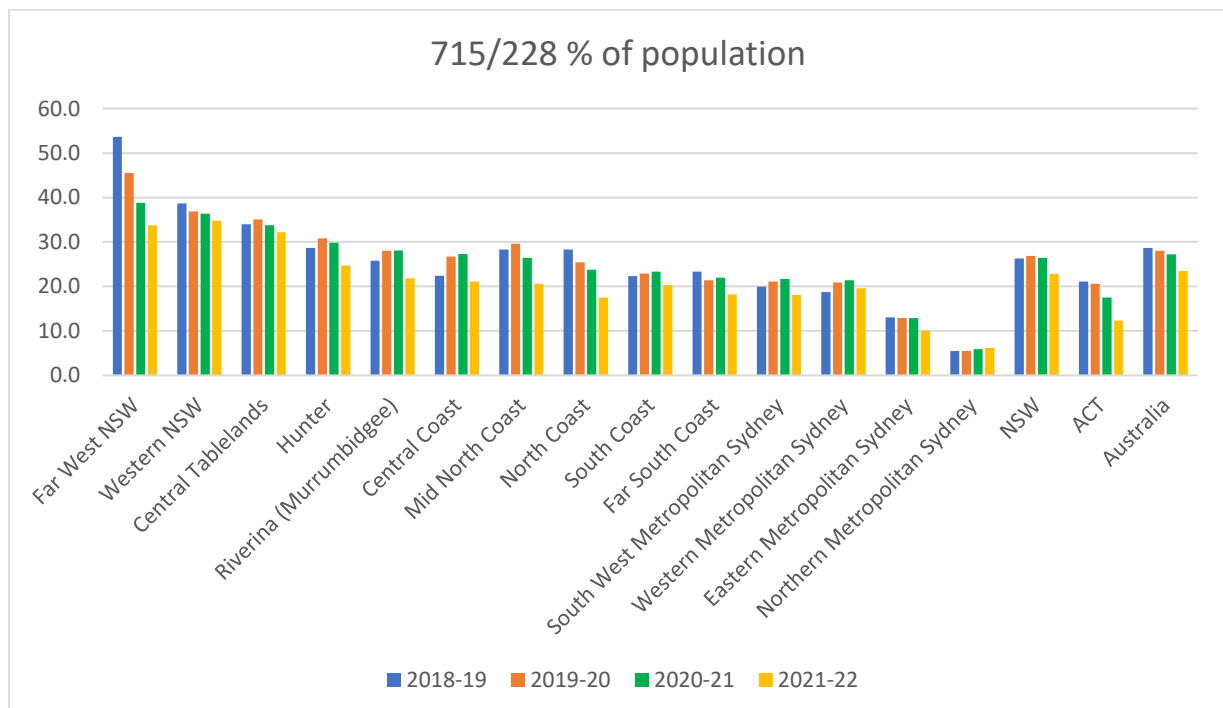
This report packages current publicly available data on key eye health and eye care access measures for First Nations People in NSW and ACT. All underlying data in this report is from publicly accessible sources. These measures cover the eye care pathway for the conditions causing the highest rate of vision loss and blindness for First Nations Australians.

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

Key updates from previous snapshot:

- **715 rates** saw a decrease across all jurisdictions in 2021-22, which was felt across all most in NSW and ACT. Rates have increased in 2022-23 however.
- **12325 rates** continue to decrease, meaning that early detection of DR in primary care may need further sector support.
- **Eye exam** rates, as well as VOS occasions of service, remain on similar levels, which are well short of equity.
- **Glasses provision** rates slightly decreased, and are still short of estimated population needs.
- **Cataract surgery** rates improved in 2019-2021 compared with 2018-2020. However, ACT, where public cataract surgeries effectively ended, had less estimated needs met for cataract surgery for FN patients compared with any single NSW region.
- Terminology updated in line with the Australian Institute of Health and Welfare (AIHW) to First Nations, representing Aboriginal and/ or Torres Strait Islander Australians.

715 health checks

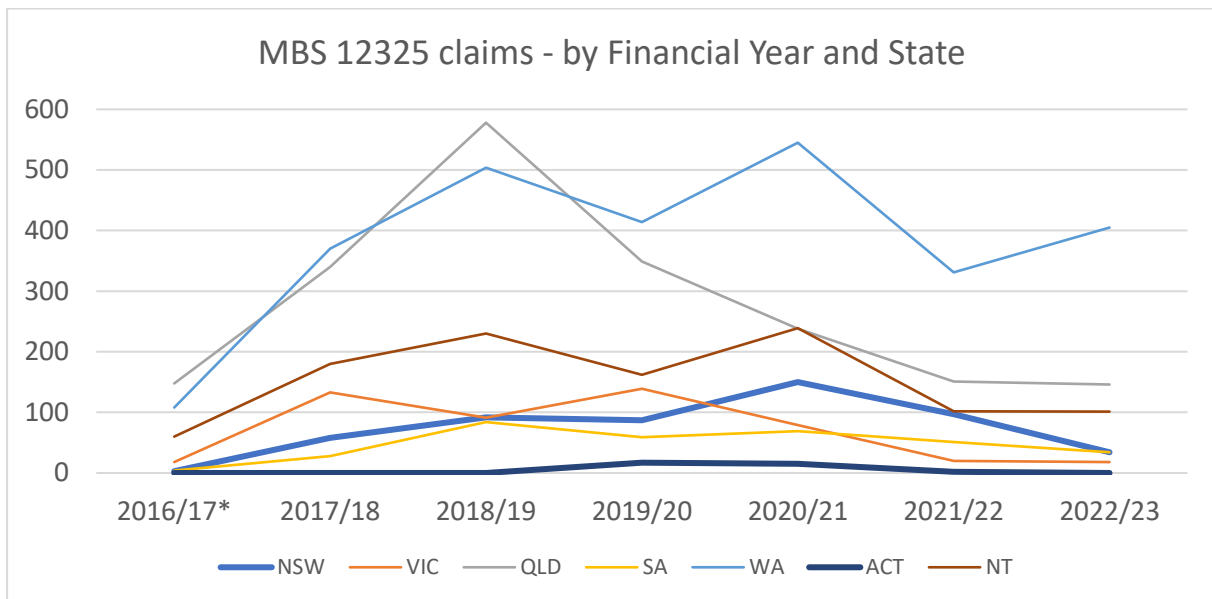


- 715 health checks include an eye check component, which is an important mechanism for early screening of potential eye problems. The eye check component is not reported, so we don't know how often it is being conducted.
- Over the previous decade, NSW ACCHOs have done brilliantly to almost quadruple 715 rates over a decade, from 20,552 in 2010/11 to a peak of 75,627 in 2018/19. This represents a rise

from 9% to about 26% of population-based needs met. Rates stagnated since, with 26.4% of population in 2021-22.

- ACT rates have declined more sharply however, from 20.6% in 2019-2020 down to just 12.3% in 2021-22.
- In 2023, overall 715/228 claims in NSW bounced back between 2021-22 to 2022-23 (not in table), with NSW rising from 66,466 to 83,221 and in the ACT from 1,044 to 1,545. This data is yet to be broken down beyond this though.
- Success out west: The regions with the highest rate of 715 screenings in 2021-22 were Western NSW (34.8%) and Far West NSW (33.8%), however the region recorded a noted decrease over past years, from 53.7% estimated needs met in 2018/19.
- Regions with lowest rates were the Sydney metro regions (most notably Northern metro 6.2% and Eastern metro 10%).
- 2022-23 rates have trended upwards across all jurisdictions, with early data showing an increase of 25.2% in NSW and 48% in ACT. Both are larger increases than nationally (20.2%).
- 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:** we need to keep supporting ACCHOs to implement the eye component of the 715 health checks.

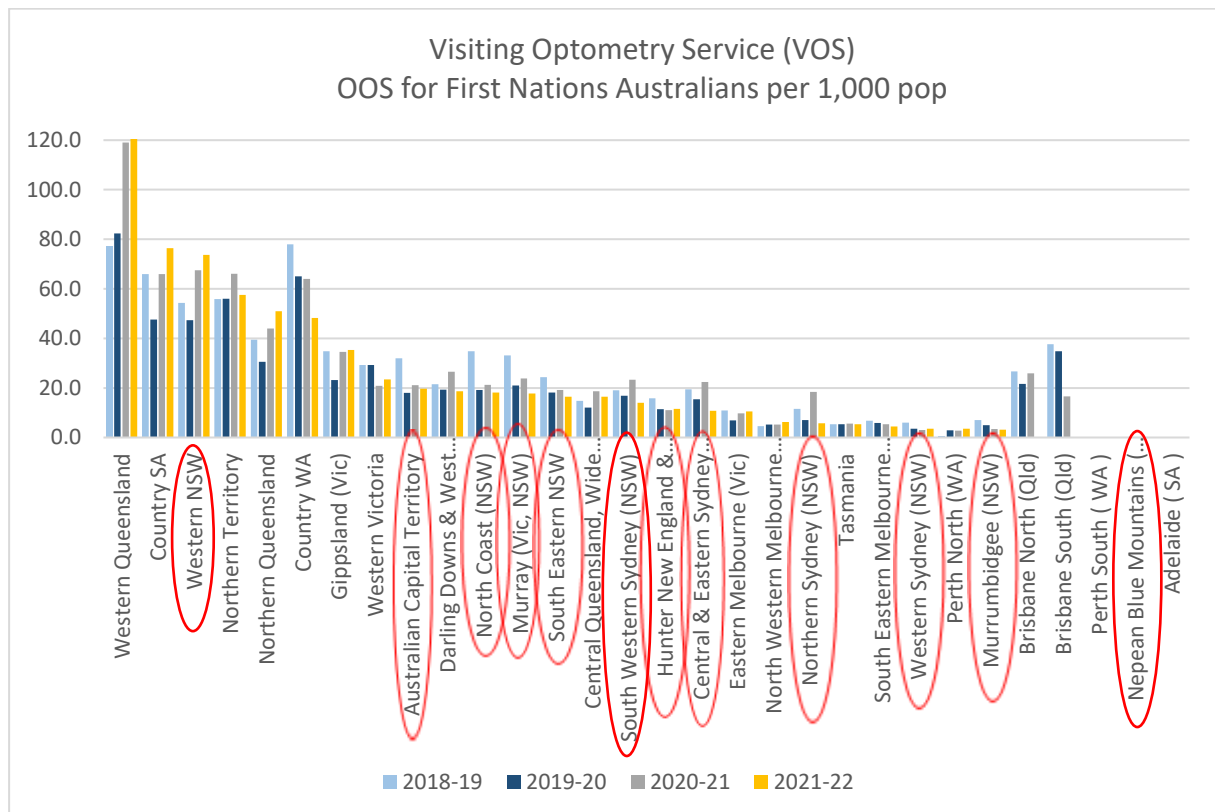
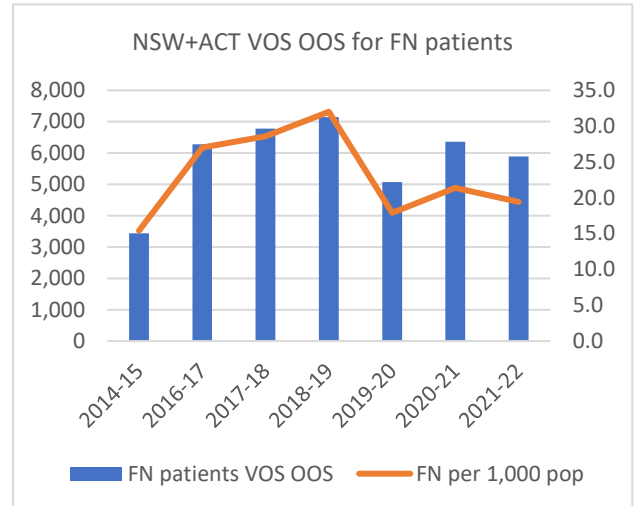
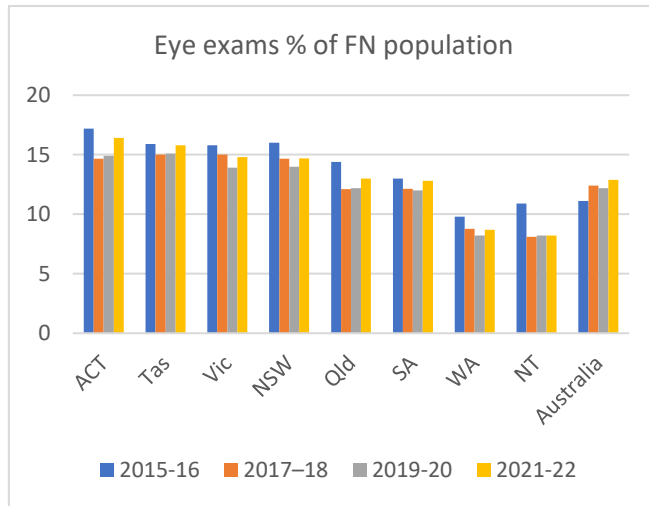
Eye screening for patients with diabetes



- Annual screening for diabetic retinopathy (DR) is recommended for First Nations patients with diabetes.
- Most ACCHOs are equipped with retinal cameras, and an MBS item is available for DR screening in primary care (MBS 12325 for First Nations patients / 12326 for non-First Nations patients). The item requires signoff but the screening can be performed by AHW/P.
- NSW has recorded 34 MBS 12325 claims in 2022-23, down from 97 in 2021-22. The peak was 150 in 2020-21. ACT recorded no 12325 claims in 2022-23.
- AIHW reports that in 2021-22, 5,363 First Nations patients in NSW and 156 in ACT who had a diabetes monitoring check also had an eye exam during the same year. This represents 49% (NSW) and 41.9% (ACT) 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).

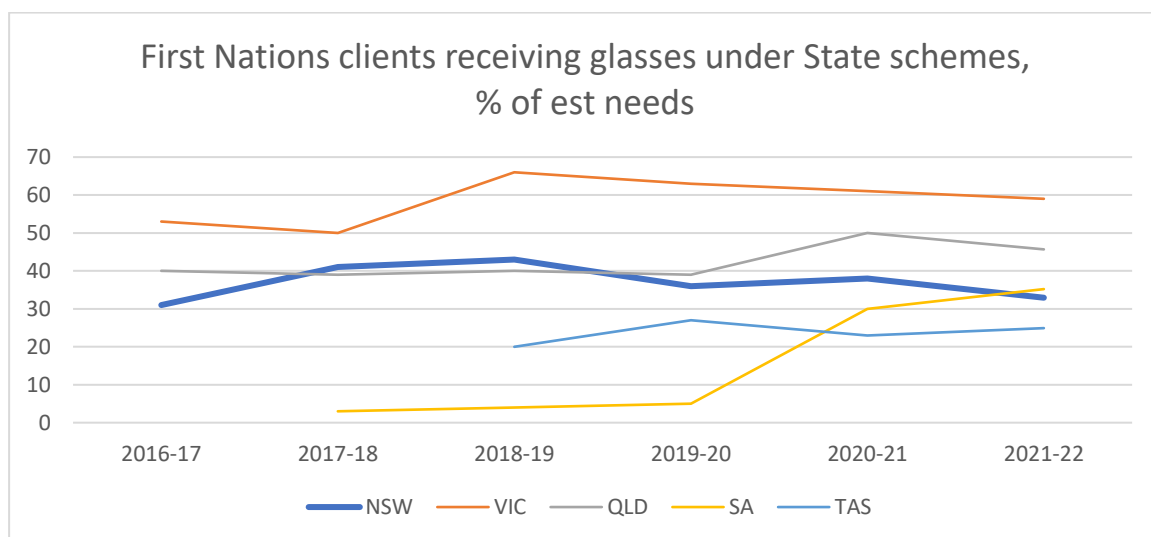
Eye examinations



- NSW recorded 43,160 eye examinations for First Nations People in 2021-22, about 14.7% of estimated population. ACT recorded additional 1,437 examinations in this period, about 16.4% of estimated population.

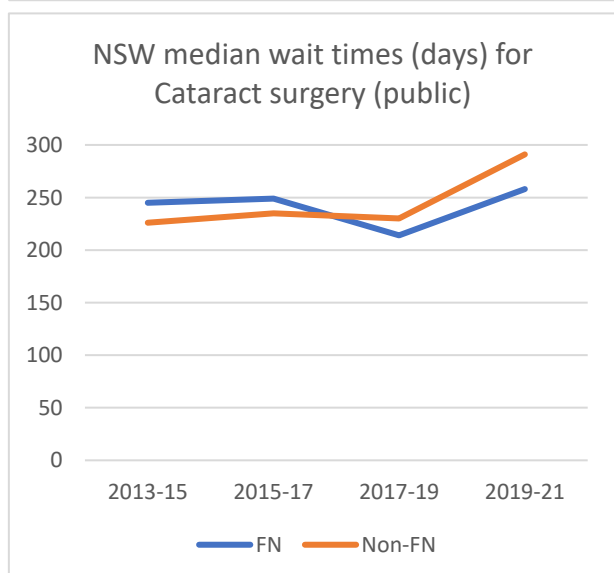
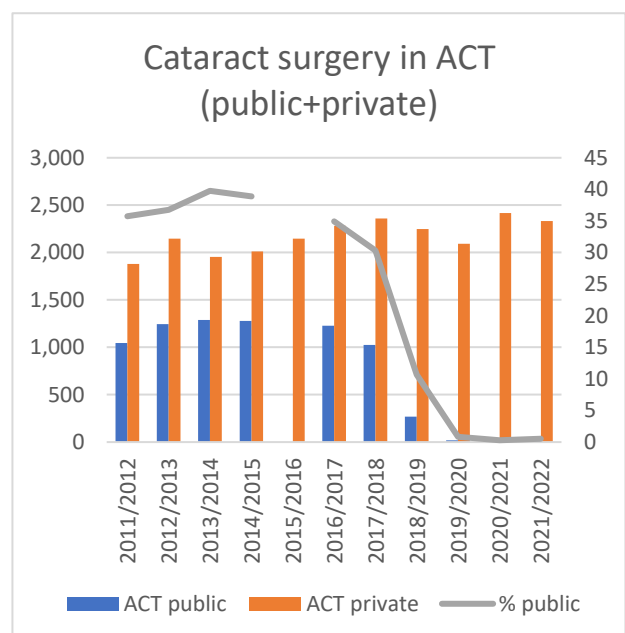
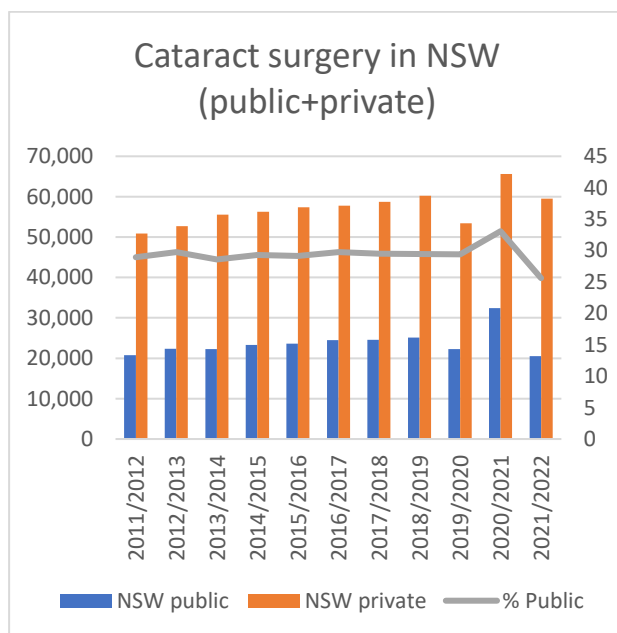
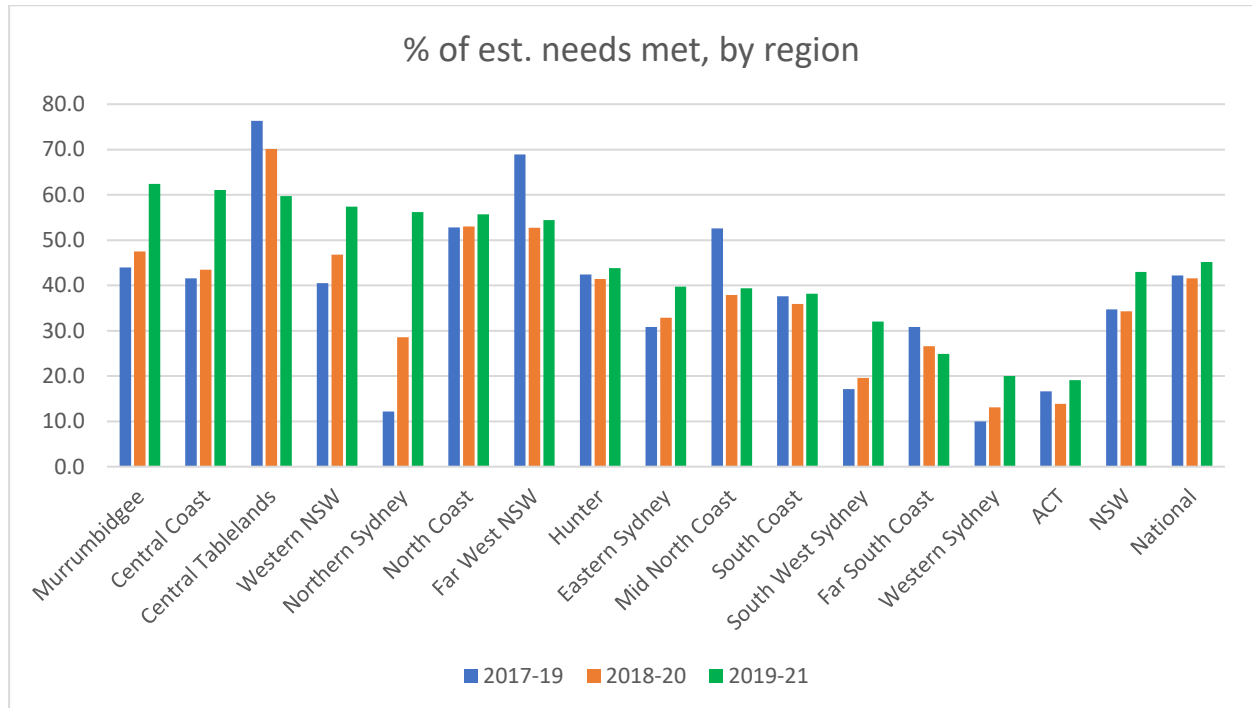
- AIHW calculates the national, age-standardised rate to be 17.7%, still far short of the national non-First Nations eye examinations rate (25.2%).
- Visiting Optometry Service (VOS) rates for First Nations People in NSW+ACT peaked at 32 Occasions of Service (OOS) per 1,000 people in 2018-19, though the rate dropped to just under 18 the following year, and remained on similar levels since. In 2021-22 the rate was 19.4 OOS per 1,000 First Nations population.
- VOS OOS in Western NSW were 73.7 per 1,000 First Nations population in 2021-22, leading other NSW regions by a significant margin. ACT recorded 19.7 OOS per 1,000 First Nations population, higher than any NSW region except Western NSW.
- Murrumbidgee (3.2) and Western Sydney (3.6) recorded lower rates than any other region in NSW, except Nepean Blue Mountains, which again recorded no VOS services for First Nations patients.
- **Key message:** eye examination rates for First Nations People is stagnating, and not meeting population needs. VOS is a key mechanism to support improved access rates to eye exams, but on its own can't close the access gap. We should work with the outreach fundholder to improve VOS rates across the different regions, and work with optometry organisations to encourage improving local access in their area.

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.
- NSW recorded 6,198 glasses provided to First Nations patients in 2021-22, representing 35% of estimated needs met (estimated needs calculated for over-40 years old only, so real need will be greater).
- Rates have dropped since their peak in 2018/19 (43% estimated needs met).
- Improving the rate of eye exams for First Nations patients is key to improved uptake of glasses, and consequently a reduction of the burden of refractive error on the community.
- **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



2015/16 ACT data not reported.

- For the period of 2019-21, est rates of needs met for cataract surgeries for First Nations patients increased overall in NSW and ACT, matching the national trend, however both still short of the national rate: 45.2% est needs met for 2019-21 nationally, 43% in NSW, and 19.1% in ACT.
- Murrumbidgee and Central Coast recorded the highest estimated needs met among NSW regions (62.4% and 61.1%, respectively), both recorded a noted increase from recent years.
- ACT had less estimated needs met for cataract surgery for FN patients compared with any single NSW region in 2019-21 period.
- In ACT, effectively all cataract surgeries are performed in private since 2019.
- NSW recorded a significant drop in the rate of cataract surgeries performed in the public system compared with private (whole-of-population) to just 1 in 4 in 2021-22 (25.6%), the lowest recorded rate.
- Waiting times gap in public hospitals in NSW reversed trend in recent years, and First Nations patients wait on median 33 days less than non-First Nations patients.
- At the same time, a reduction in the rate of cataract surgeries performed in public is likely to impact First Nations patients disproportionately. First Nations 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).
- NSW recorded 2,352 MOICDP Occasions of Service for First Nations patients in 2021/22 (79.8 per 10,000 population) – down from 3,673 the previous year. The rate is still higher any other jurisdiction but WA (315 per 10,000 population).
- In addition to MOICDP, NSW recorded 684 RHOF OOS (highest nationally) and 116 EESS OOS (highest: WA, 246).
- **Key message:** current cataract surgery access rates for First Nations People in NSW are improving, and vary significantly across regions. The shift of practice away from public to private is a significant challenge to address current gap. This is particularly the case in ACT where public cataract surgery has effectively stopped and First Nations cataract surgery estimated needs met rate is lower than any region in NSW.
- Combined sector advocacy is required for more equitable and timely access to cataract surgery for First Nations People in NSW and ACT.

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 NSW is mostly done in private.
- AIHW estimates 260 First Nations patients accessed DR treatment via private providers in NSW and 9 in ACT in 2021-22. Public hospital data is not available. This is likely to be

significantly lower than population-based need (estimated 3319 in NSW and 100 in ACT for 2022).

- 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, NSW has the 2nd highest cost per patient per treatment of all States. NSW \$259 out-of-pocket per treatment (over \$2,000 per year for a common course of 8 treatments per eye per year), Australian median is \$224 per treatment. ACT recorded the highest cost of any jurisdiction, \$339 out-of-pocket per treatment (over \$2,700 per year, per eye).
- IEHU developed an information sheet that details the current cost elements of diabetic retinopathy treatment in private settings. However, to end avoidable vision loss from DR, access to treatment should be free.
- **Key message:** current access for DR treatment for First Nations patients in NSW and ACT is likely significantly 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.

Workforce

- Optometry: NSW had estimated 19.8 FTE per 100,000 population and ACT 20.2 FTE in 2021, higher than most jurisdictions, and higher than the national rate (19.4).
- Despite this, only two NSW PHNs have a higher optometry FTE rate than the State rate: Central and Eastern Sydney PHN has the highest rate of optometrists in Australia (29.7 FTE per 100,000 population), and Northern Sydney also has higher than State average rate (23.1 FTE).
- Other NSW PHNs have lower rates than the national one. Lowest rates recorded in Murrumbidgee (12.7 FTE), Nepean Blue Mountains (13.8), South Western Sydney (16.4) and Western Sydney (16.4). This points to significant inequities in existing workforce and access.
- Ophthalmology: NSW recorded the 4.4 FTE per 100,000 population in 2021, higher than the national rate (3.9). ACT rates (3.8) were similar to the national rate however.
- Ophthalmology workforce distribution across NSW however shows a similar picture to optometry, with even starker differences across PHNs: Central and Eastern Sydney PHN again has the highest rate of ophthalmologists in Australia (8.5 FT per 100,000, more than double the national rate), followed by Northern Sydney (7.5). In contrast Western NSW and Murrumbidgee had such small numbers (7 and 5 individuals) that a rate couldn't be calculated due to data identification considerations. South Eastern NSW (2) and South Western Sydney (2.1) also recorded significantly low rates.
- Key message: Ensuring appropriate workforce levels is key in delivering better eye health outcomes. Equity in access requires appropriate workforce levels across the different regions.

Data sources

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