



Aboriginal Health Council
of South Australia Ltd.

DEADLY SIGHTS COMMUNICARE AND MBS GUIDE

Communicare acknowledges the business intelligence and product development shared through respectful partnerships spanning more than 20 years in the Aboriginal Community Controlled Health and medical services sector and looks forward to evolving Communicare as the state of the art primary health care system in the national effort to reduce health inequality and close the gap in a generation.

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Aboriginal Health Council
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COMMUNICARE

Contents

About the Deadly Sights Communicare and MBS Guide	2
Conditions that Cause Vision Loss	3
Eye Checks in Aboriginal and Torres Strait Islander Health Checks	5
Performing the Visual Acuity Test	6
Performing the Trichiasis Check	7
Retinal Photography in Communicare	9
Suggested Flow Chart for Client with Type 2 Diabetes	10
Retinal Photography Clinical Item	11
How to Upload the Photo into Communicare	13
Generating a List of Clients Requiring Assessment of Retinal Photos	14
Retinal Photograph Assessment Clinical Item	15
Medicare Billing For Retinal Photography	17
Referrals	19
Referring a Client to a Visiting Optometrist/Ophthalmologist	19
Referring a Client to an External Optometrist/Ophthalmologist	20
Visiting Optometrist/Ophthalmologist Documentation in Communicare	23
The Client's Clinical Record	23
Searching a Client's Clinical Record for Previous Documentation Regarding their Eyes	24
Optometrist and Ophthalmologist Clinical Items	25
Documenting a Diagnosis	27
Retinal Photography MBS Flowchart	28
Appendix 1 – Diabetic Retinopathy Guide	29
References	31
Cover Artwork Reference	32

AHCSA's Eye Health Program 'Deadly Sights' aims to support Members to develop and deliver comprehensive primary eye health services to reduce the prevalence and incidence of poor eye health and vision loss in Aboriginal populations.

About the Deadly Sights Communicare and MBS Guide

Deadly eye health is important to us all. Poor eye health or vision loss can impact on functionality and everyday tasks, and it can limit an individual's education, employment and social opportunities.

It can also increase the risk of injury, leading to dependence on services and other people [1]. These negative consequences are not only felt by people with poor vision, but also by their families and communities. Aboriginal and Torres Strait Islander children, especially those living in remote areas, generally begin life with better vision than non-Indigenous Australian children [2]. This trend reverses by adulthood, with Aboriginal and Torres Strait Islander adults being three times more likely to experience vision loss or blindness than non-Indigenous adults [3]. Uncorrected refractive error, cataracts, and diabetic retinopathy are the main non-acute causes of vision loss and blindness among Aboriginal and Torres Strait Islander people [3]; however trachoma and trichiasis are also prevalent in some communities [4]. Despite these facts, approximately 94% of vision loss and blindness among Aboriginal and Torres Strait Islander people is preventable or treatable [3].

Regular eye screening begins in primary health care. However, limited availability of ophthalmologists worldwide makes it impossible for them to undertake all of the eye examinations required to detect those at risk of vision loss and/or in need of treatment [5]. As such, those clinicians working in primary health care are the best placed for supporting people to understand how to look after their eyes, access eye health exams, and to refer those requiring treatment.

The Deadly Sights Communicare and MBS Guide is a broad-based set of recommendations combining clinical, practical and technical information relating to screening, referrals and principals for management of non-acute visual impairment in primary health care settings.

**Aboriginal and Torres Strait Islander
people are THREE times more likely
to have vision loss or blindness
than other Australians**

This guide outlines suggested documentation pathways using Communicare V18.4. Please note that it requires local administrator modifications in order for Communicare to perform as shown. Please contact AHCSA for details of any of the following locally created clinical items outlined; 'Visual acuity;pinhole', 'Photography assessment;retinal', 'Check up;optometrist', and 'Check up;ophthalmologist'.

Conditions that Cause Vision Loss

The leading causes of vision loss for Aboriginal and Torres Strait Islander people aged 40 and over in 2016 were refractive error (63%), cataract (20%), and diabetic retinopathy (5.5%) [6]. Trichiasis, as a result of trachoma infections can lead to blindness and is also a significant issue. Early detection of these conditions is important to eliminate or reduce the severity of vision loss.

Refractive Error

Refractive error is the most commonly reported eye condition amongst Aboriginal and Torres Strait Islander people, and one of the major causes of their visual disadvantage [7]. A refractive error means that the shape of your eye does not bend light correctly, resulting in a blurred image.

The treatment of refractive error is easier than the treatment of other causes of vision loss as it can generally be corrected with appropriate glasses or contact lenses.

Visual acuity testing will identify blurred vision or vision loss. If this is detected, a referral to an optometrist is required for diagnosis and treatment.

Cataracts

Aboriginal and Torres Strait Islander people develop cataracts at a higher rate, and at an earlier age, compared to non-Indigenous Australians [7], yet are four times less likely to have cataract surgery [8]. Initially, cataracts may only slightly reduce vision, but over time can lead to visual loss. Most of this blindness is avoidable since cataracts can be easily treated with surgery performed by an ophthalmologist. Cataracts are characterised by clouding of the lens affecting vision. It can develop in one or both eyes [5].

The reason for the increased prevalence of cataracts in Aboriginal and Torres Strait Islander people is not known for certain. Causes of cataracts include: aging; diabetes; hypertension; obesity; smoking; prolonged use of some medications; previous eye injury or inflammation; and exposure to sunlight [9].

Early detection of a cataract through regular eye screening can lead to earlier treatment and better post-operative outcomes. Cataracts are diagnosed by optometrists and ophthalmologists using a slit lamp or an ophthalmoscope.

Diabetic Retinopathy

Diabetes is the fastest growing cause of visual loss in the adult Aboriginal and Torres Strait Islander population. One in ten Aboriginal and Torres Strait Islander adults with diabetes experience vision-threatening diabetic retinopathy [10]. Many are not being adequately screened or treated for its blinding complications.

Diabetic retinopathy is a complication of diabetes that involves damage to the blood vessels of the retina (nerve layer lining the back of the eye). This is the part of the eye which imprints the image that is sent to the brain. It is a 'silent disease' which can damage people's eyes before they even know they have diabetes or experience any problems with their vision [7].

If left undetected, symptoms can appear in one or both eyes, generally beginning with blurred or distorted vision, and then a reduced visual field. As the disease progresses, it can lead to partial or complete blindness [8]. Over ninety percent of vision loss caused by diabetic retinopathy can be prevented by early detection and appropriate treatment, such as laser surgery or injections [11].

Diabetic retinopathy can be diagnosed by an optometrist or ophthalmologist. It may also be detected following the review of a retinal photograph by a suitably trained health professional. See pages 9-18 for a recommended systems approach to management using Communicare.

Trichiasis

Trichiasis is the result of repeated infections of trachoma usually experienced in childhood which causes inflammation especially of the tarsal conjunctivae (the inside lining of the eyelids). Long-term inflammation leads to scarring and distortion of the upper eyelid with in-turning of eyelashes (trichiasis) that scratch the cornea (the central clear exterior of the eye). In turn, these constant abrasions can cause irreversible corneal opacity (clouding) and blindness.

Although trachoma was eliminated from most parts of Australia by the 1930s, it continues to be a significant public health problem in Aboriginal and Torres Strait Islander communities in many rural and remote areas of the NT, SA and WA with the associated risks of infected individuals developing trichiasis.

The World Health Organization (WHO) adopted a resolution to eliminate blinding trachoma as a public health problem by 2020. Australia is a signatory to this resolution, the Global Elimination of Trachoma (GET 2020). For Australia to achieve the GET target¹, there needs to be a system in place to identify and manage incident (new) cases of trichiasis.

See pages 5 to 8 for how this can be supported by Communicare.



Eye Checks in Aboriginal and Torres Strait Islander Health Checks

In the primary health care setting, the early detection of eye conditions will often occur when clients undergo an annual Aboriginal health check. Primary health care staff are then able to follow appropriate referral pathways for treatment and management of any conditions identified.

In both the 'Check up;Aboriginal and TSI adult' and 'Check up;Aboriginal and TSI over 55s' Communicare clinical items, visual acuity and trichiasis checks are recorded under **Examination of the patient**.

Add Clinical Item - AKERS, BETTY VERA 57yrs Current Patient Female

Check up;Aboriginal & TSI adult

The Medicare item for Aboriginal and Torres Strait Islander people's health assessment should be claimed when this health assessment is complete.

Christine Elson, Millennium Health Service (Aboriginal Health Service) 25/02/2019 09:53 am

Comment Display on Main Summary
Display on Dietetic Summary

Performed date: 25/02/2019
 Actual duration (minutes):

Pre-check Examination of the patient Assessment of patient

Examination of the patient

BP - Systolic blood pressure	<input type="text"/> mm Hg	[No previous values]
BP - Diastolic blood pressure	<input type="text"/> mm Hg	[No previous values]
Pulse rate	<input type="text"/> bpm	[No previous values]
Pulse rate assessment	<input type="text"/>	[No previous values]
Pulse rhythm	<input type="text"/>	[No previous values]
Height	<input type="text"/> cm	[No previous values]
Weight	<input type="text"/> kg	[No previous values]
Click in the BMI box to automatically calculate from last recorded weight and height.		
BMI	<input type="text"/> kg/m ²	[No previous values]
Waist circumference assessment	<input type="text"/>	[No previous values]
Waist circumference	<input type="text"/> cm	[No previous values]
Visual acuity right eye	<input type="text"/>	[No previous values]
Visual acuity left eye	<input type="text"/>	[No previous values]
Trichiasis check: right eye	<input type="text"/>	[No previous values]
Trichiasis check: left eye	<input type="text"/>	[No previous values]

Performing the Visual Acuity Test

Testing visual acuity in the **first instance** is always performed **Unaided** (with the naked eye) or **Aided/Corrected** (with the client's existing glasses or contact lenses). After performing visual acuity and recording the results in the healthcheck, **if a client's best vision is worse than 6/6** (normal vision), test again with a pinhole occluder.

There are a range of conditions that cause a reduction in visual acuity. Testing with a pinhole occluder may help to identify if the reduction is due to a refractive error, which can usually be corrected with glasses.

Ask the client to hold the occluder in front of the eye to be tested and cover the other eye.

- Repeat visual acuity test through pinhole.
- Do this again for other eye if required.

When using pinhole occluder:

- If distance vision improves, it is likely the person has some refractive error. New glasses will help.
- If distance vision doesn't improve at all, there is likely to be another cause for reduced vision. New glasses won't help [12].

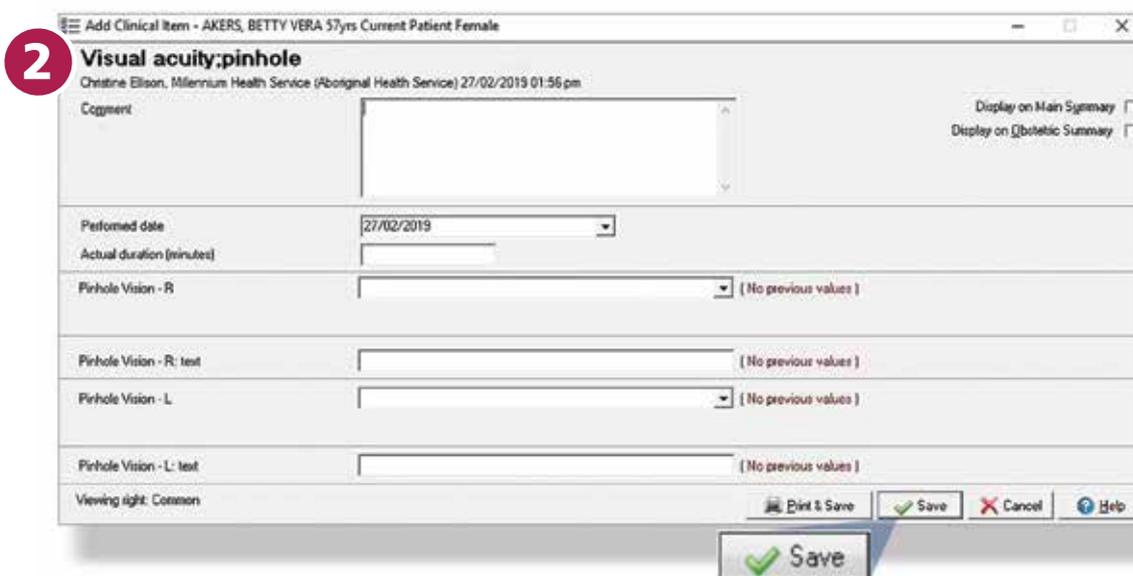
Document in Communicare as follows:

1. In the client's clinical record, select the **Clinical Item** icon.



2. This will launch the Clinical Terms Browser. Search for and select the clinical item '**Visual acuity;pinhole**'. Complete the qualifiers as necessary and '**Save**'.

The majority of conditions affecting visual acuity will require a referral to an optometrist/ ophthalmologist. If reduced vision is identified whilst performing the annual health check, follow the referral instructions outlined on **pages 19-22**.

A screenshot of a form titled 'Add Clinical Item - AKERS, BETTY VERA 57yrs Current Patient Female'. The form is for the clinical item 'Visual acuity;pinhole'. It includes a 'Comment' field, a 'Performed date' dropdown set to '27/02/2019', and several input fields for 'Actual duration (minutes)', 'Pinhole Vision - R', 'Pinhole Vision - R: test', 'Pinhole Vision - L', and 'Pinhole Vision - L: test'. Each of these fields has a dropdown menu and the text '(No previous values)'. At the bottom right, there are buttons for 'Print & Save', 'Save', 'Cancel', and 'Help'. A large green checkmark and the word 'Save' are overlaid on the 'Save' button. A large red circle with the number '2' is overlaid on the left side of the image.

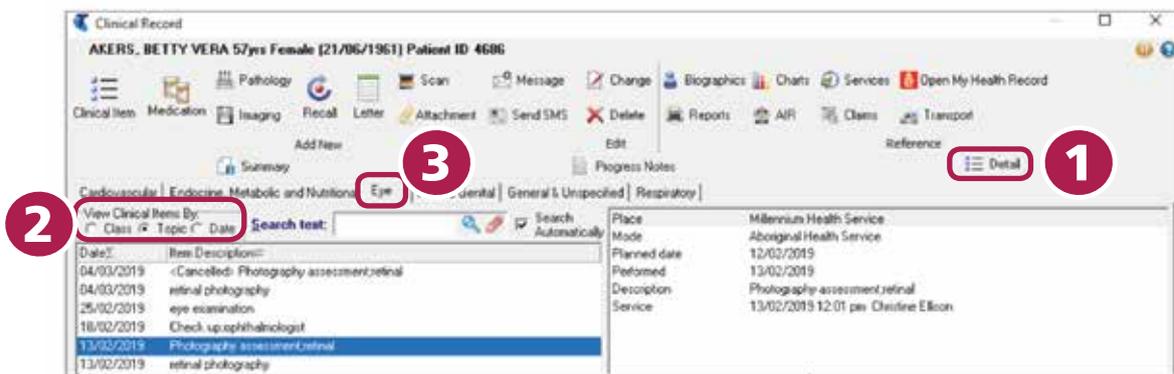
Performing the Trichiasis Check

The clinical diagnosis of trichiasis is defined as the presence of at least one in-grown eyelash touching the eyeball, or evidence of recent removal of in-turned lashes. It is recommended that a suspected case of trichiasis is confirmed by a health professional experienced in the diagnosis of trichiasis. In most cases this will be an ophthalmologist. Minor surgery is usually required to repair the distorted or in-turned eyelid.

If the examination reveals one or more eyelashes touching the eyeball, or evidence of epilation (removal of in-turned eyelashes):

Review client's clinical record to see if a diagnosis of trichiasis has previously been documented and any details of follow up with an ophthalmologist, including if the client has had surgery or not. You will find this information by following steps 1-3.

1. Go to the **'Detail'** tab.
2. Select to **View Clinical Items By: 'Topic'**.
3. Then select **'Eye'**. You can right click on any of the items here and select **'find associated service details'**. This will take you to the place in the client's clinical record where the progress note was written.



If trichiasis has not been previously documented and YOU ARE NOT a health professional with experience in the diagnosis of trichiasis:

4. Document the clinical item **'Ingrown;eyelash'** in the client's clinical record, reporting your findings in the comment box e.g. Suspected trichiasis.



OR

If trichiasis has not been previously documented and YOU ARE a health professional with experience in the diagnosis of trichiasis:

5. Document the clinical item '**Trichiasis**' in the client's clinical record, with any necessary comments in the comment box.

5 Add Clinical Item - AKERS, BETTY VERA 57yrs Current Patient Female

Trichiasis
Christine Ellison, Millennium Health Service (Aboriginal Health Service) 26/03/2019 01:51 pm

Comment: Suspected trichiasis

From Date: 26/03/2019

Viewing sight: Common

Print & Save Save Cancel Help

Display on Main Summary
Display on Q&A Summary

It is important that trichiasis or suspected trichiasis is examined by an ophthalmologist. Following steps 4 or 5, organise a referral to an ophthalmologist. See pages 19-22 for details on documenting a referral.

A person with trichiasis who has not had previous surgery for trichiasis should be given at least three opportunities to have surgery. Refusal of surgery should be documented, ideally in the presence of a family member.

Retinal Photography in Communicare

Retinal cameras in primary health care services provide opportunistic access to retinal photography for people with diabetes who have missed their annual screen or required eye examination. Taking the retinal photograph also provides a visual tool for timely and effective client education.

The assessment of the retinal photographs enables referrals for a comprehensive eye examination or treatment by an optometrist or ophthalmologist to be generated where required. A retinal photograph does not replace a comprehensive eye examination.

It is recommended that any Aboriginal and Torres Strait Islander person living with diabetes be reviewed by a qualified eye health professional yearly.

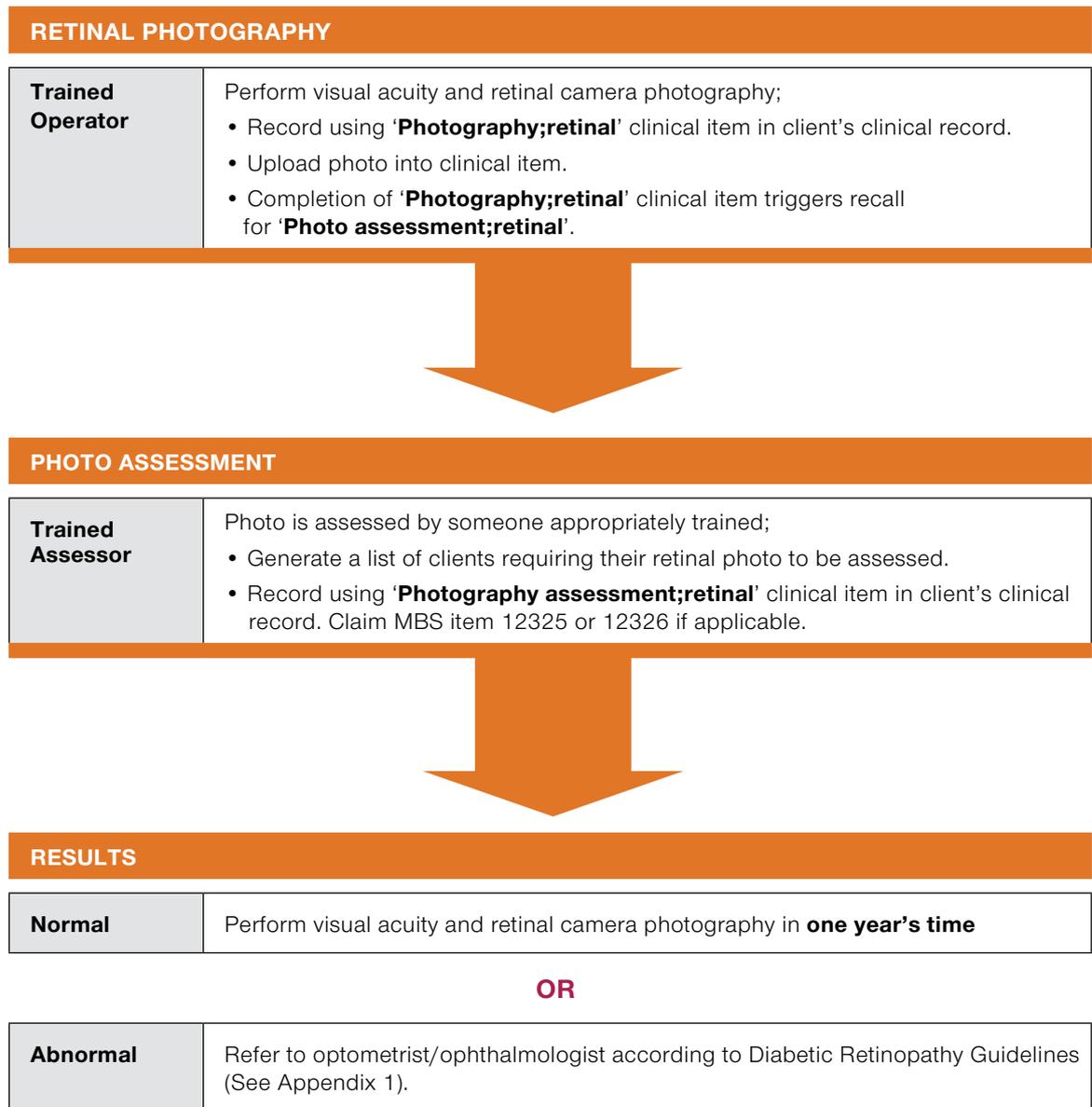
Qualified practitioners authorised to take retinal photographs are:

- Primary health care practitioners who have completed the appropriate retinal camera operator training; and,
- Practicing secondary eye health professionals including optometrists, orthoptists and ophthalmologists.

Quality of the Photo

When taking the photo, if a clear image cannot be obtained due to small pupils, mydriatic drops are permitted under an approved protocol. If a clear image cannot be obtained for any other reason, the patient should be referred to an optometrist or ophthalmologist for further assessment.

Suggested Flow Chart for Client with Type 2 Diabetes



Note: If the client's clinical record contains existing recalls set by the visiting optometrist or ophthalmologist for other reasons, they should not be superseded by the retinal screening results.

Retinal Photography Clinical Item

1 In the client's clinical record, select the **Clinical Item** icon.

2 This will launch the Clinical Terms Browser. Enter **RETINAL** or **PHOTOGRAPHY** as a keyword to locate the **'Photography;retinal'** clinical item.

3 **Double click** to select. The clinical item will appear.

Keyword	Clinical Item Type	Class	Definition
RETINAL	Aneurysm;retinal	Condition	
RETINAL	Atherosclerosis;retinal	Condition	
RETINAL	Chorioretinitis	Condition	
RETINAL	Detachment;retinal	Condition	
RETINAL	Disease;retinal artery	Condition	
RETINAL	Disease;retinal vein	Condition	
RETINAL	Disease;retinal;vein/artery	Condition	
RETINAL	Disorder;retina	Condition	
RETINAL	Haemorrhage;retinal	Condition	
RETINAL	Photography;retinal	Procedure	
RETINAL	Retinitis	Condition	
RETINAL	Retinopathy	Condition	
RETINAL	Retinopathy;diabetic	Condition	
RETINAL	Retinopathy;hypertensive	Condition	
RETINAL	Thrombosis;artery;retinal	Condition	
RETINAL	Thrombosis;vein;retinal	Condition	

1. In the client's clinical record, select the **Clinical Item** icon.
2. This will launch the Clinical Terms Browser. Enter **RETINAL** or **PHOTOGRAPHY** as a keyword to locate the **'Photography;retinal'** clinical item.
3. **Double click** to select. The clinical item will appear.

- Complete the qualifiers as necessary and 'Save'.

4

Add Clinical Item - AYKAY, BRIAN DEREK 37yrs Current Patient Male

Photography:retinal

You MUST measure the client's visual acuity for distance vision before taking the retinal photographs

Christine Elson, Millennium Health Service (Aboriginal Health Service) 23/04/2019 10:24 am

Comment

Performed date: 23/04/2019

Actual duration (minutes)

Presenting Vision

This is the client's visual acuity (distance vision) at the time of taking the retinal photographs.

Unaided Distance Vision

(Measure distance vision without glasses or contact lenses.)

Visual acuity right eye [No previous values]

Visual acuity left eye [No previous values]

Aided Distance Vision (i.e.corrected)

(Measure distance vision with the client's existing distance glasses or contact lenses.)

Visual acuity right eye (corrected) [No previous values]

Visual acuity left eye (corrected) [No previous values]

Distance Vision through Pinhole

(If unaided or aided distance vision is worse than 6/6 in either eye, then measure vision again through a pinhole occluder.)

Pinhole Vision - R [No previous values]

Pinhole Vision - L [No previous values]

Pupils and Dilation

When natural pupil size is 3.5mm or more, retinal photographs are usually fine without dilating the pupils. Measure the pupil size before considering dilating the patient.

Pupil size:
0-2.5mm - dilate
2.5-3.5mm - try undilated
3.5mm or more - undilated

Iris shadow test [No previous values]

Pupils dilated with informed consent Yes No Blank [No previous values]

Pupils dilated with [No previous values]

Dilation time of day (hh:mm) [No previous values]

Retinal Photography

Retinal photograph - R [Load Image] [No previous values]

Retinal photograph quality - R [No previous values]

Retinal photograph - L [Load Image] [No previous values]

Retinal photograph quality - L [No previous values]

Retinal photographs seen by patient Yes No Blank [No previous values]

Eye health education provided Yes No Blank [No previous values]

Viewing sight: Common

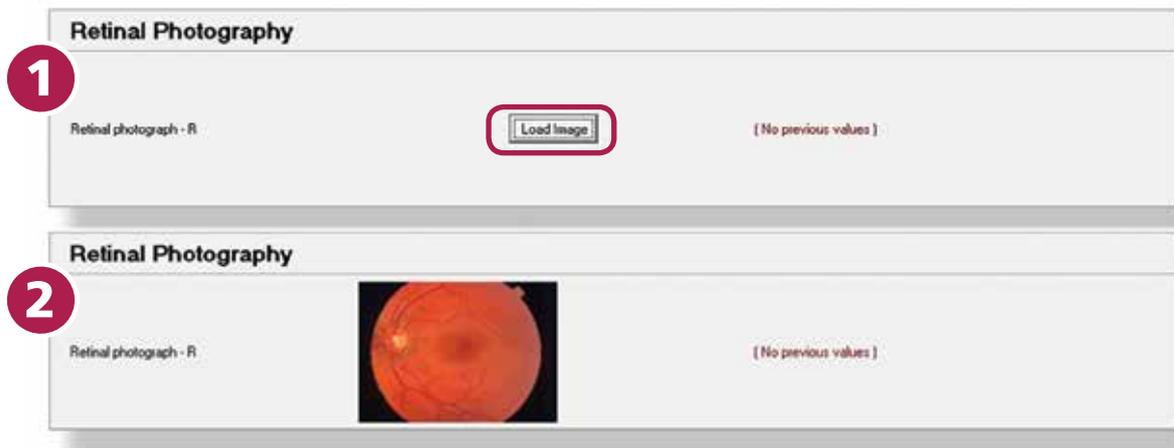
Print & Save Save Cancel Help



See next page for details on how to upload the retinal photos into this clinical item

How to Upload the Photo into Communicare

Ensure the photo is saved in a file accessible on the computer you are using. Use a standard naming convention to avoid uploading the wrong photograph to a client's file (e.g. Last name, first name, date, eye – AkersBetty17Dec18Right).

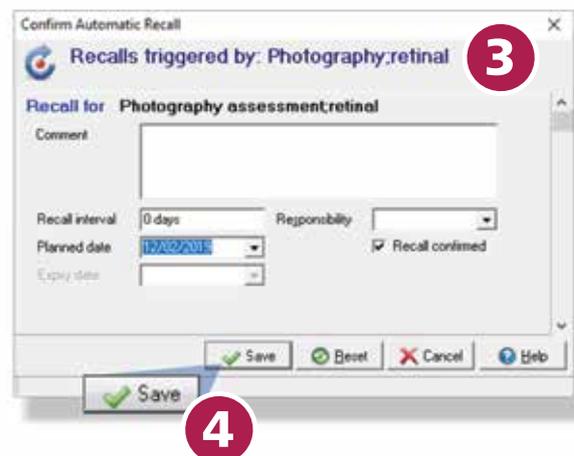


1. Within the '**Photography;retinal**' clinical item, select to '**Load Image**' next to the '**Retinal photograph – R**' qualifier.
2. This will open up your file browser. Search for the location of the photo and select the correct photo.

The photo will be loaded into the clinical item. You can double click on the image to expand it to full screen.

Repeat the process for '**Retinal photograph – L**'. Select '**Save**' on the '**Photography;retinal**' clinical item.

3. An automated recall for '**Photography assessment;retinal**' will appear.
4. Select '**Save**' on the recall, and it will now appear as due in the client's '**To Do**' list.



Note: Some services experience issues uploading images. If this is the case, first check that the setting on the camera is not saving images as large files. You may also need to change the settings in Communicare to allow larger files to be uploaded. Ask your local Communicare administrator to change the settings to allow a document size of 2048kb with a resolution of 150. Changing the settings to anything larger than this can negatively impact the performance and speed of Communicare. If resolution is too low (i.e. Less than 1.5mb), then photos cannot be adequately assessed.

Generating a List of Clients Requiring Assessment of Retinal Photos

1

2

Days ahead to include Parameters

Setting the 'Days ahead to include' to 7 Days will provide a list of clients with overdue recalls as well as anyone with a recall becoming due in the next 7 days.

You may want to increase this to look e.g. 30 days ahead if you only have someone assessing the images on a monthly basis.

1. Select **Report** from the Communicare toolbar. Go to **Recalls | Recalls Due**, and select **'Yes'**.
2. Enter the **Report Parameters** and select **'OK'** to generate the report.

A report listing all of the client's names who have a recall due or overdue for **'Photography assessment;retinal'** will be generated.

Alternatively, this report can be automatically scheduled to a specific provider(s) email address on a regular basis e.g. fortnightly. Speak to your local Communicare administrator to arrange for this to be set up

Retinal Photograph Assessment Clinical Item

The assessment clinical item should be completed by a practitioner qualified to assess retinal images.

Qualified practitioners are:

- Any practicing secondary eye health professionals – i.e. optometrists, orthoptists, ophthalmologists.
- Any qualified primary health practitioners who have successfully completed the nationally accredited training *Diabetic Retinopathy Assessment: A Training Course for GPs* run by the Centre For Eye Health (CFEH).

These are primarily GPs, but may also include nurse practitioners, Aboriginal health workers, Aboriginal health practitioners, or other nominated clinic staff, provided they have successfully completed the above mentioned training.

1. The '**Photography assessment;retinal**' recall will have been generated upon completion of the '**Photography;retinal**' clinical item. Double click on the recall in the client's '**To Do**' list and select to '**Complete It**' (see next page).

Filter To Do List		To Do
Date	Item Description	Exp.
17/06/1976	<Recall> Check up;Women's Health	
01/06/1997	<Recall> Check up;ophthalmological	
31/01/2000	<Recall> Care Plan;Team Care Arrangement	
09/06/2011	<Recall> 50 years of age immunisations re...	
07/06/2016	<Recall> Aboriginal & TSI over 55s health ...	
12/02/2019	<Recall> Photography assessment;retinal	

1

2 Add Clinical Item - A'KAY, BRIAN DEREK 37yrs Current Patient Male

Photography;assessment;retinal

Use this clinical item to document the assessment and triaging of retinal photographs. This must be completed by a qualified practitioner. Ensure appropriate MBS Item is claimed on completion of this assessment.

Christine Elson, Millennium Health Service (Aboriginal Health Service) 23/04/2019 10:24 am

Comment

Performed date: 23/04/2019
Actual duration (minutes)

Presenting Vision

This is the client's visual acuity (distance vision) at the time of taking the retinal photographs.

Visual acuity right eye [] [No previous values]
 Visual acuity left eye [] [No previous values]
 Visual acuity right eye (corrected) [] [No previous values]
 Visual acuity left eye (corrected) [] [No previous values]
 Pinhole Vision - R [] [No previous values]
 Pinhole Vision - L [] [No previous values]
 Retinopathy grading right eye [] [No previous values]
 CSME right eye Yes No Blank [No previous values]
 Retinopathy grading left eye [] [No previous values]
 CSME left eye Yes No Blank [No previous values]
 Recommended eye care management [] [No previous values]
 Eye care management - Comments [] [No previous values]
 Photo results discussed with client [] [No previous values]

MBS ITEM 12325
 Client must be of Aboriginal I/ or TSI descent
 MBS Item 12325 cannot have been claimed in the last 12 months
 The client must not have:
 - an existing diagnosis of diabetic retinopathy
 - visual acuity of less than 6/12 in either eye
 - difference of more than 2 lines of vision between the 2 eyes at time of presentation
 MBS Item 12325 claimable? Yes No Blank [No previous values]

MBS ITEM 12326
 MBS Item 12326 to be claimed for non-Aboriginal I/ or TSI clients.
 MBS Item 12326 cannot have been claimed in the past 24 months, and must meet the same conditions as MBS Item 12325 above.
 MBS Item 12326 claimable Yes No Blank [No previous values]

Viewing right: Common

Print & Save Save Cancel Help

3 Save

2. The clinical item will appear. The '**Photography assessment;retinal**' clinical item facilitates the documentation of the assessment of the retinal photo, recording the degree of retinopathy, if any, and the recommended course of action.

This should be followed last by claiming the appropriate MBS item and making the recommended eye health referrals if required. See pages 19-22 for details on documenting a referral.

3. Complete the fields as necessary and select '**Save**'.

Medicare Billing for Retinal Photography

There are two MBS items used for the billing of retinal photography services detailed as follows.

It is suggested that on completion of the **'Photography assessment;retinal'** clinical item, the **MBS item number 12325** is defaulted. Talk to your local Communicare administrator to arrange this.

Service Record

Change service details for AKERS, BETTY VERA 57yrs

Detail Medicare Requirements

CentreLink: HCC 317-249-665E Card Expiry MBS Items History

DVA: Card Expiry

This service is not claimable Claim another MBS item

Selected	Item No.	Amount	Claiming Provider	Description	Referred
<input checked="" type="checkbox"/>	12325	42.50	Christine Ellison	Assessment of visual acuity and bilat...	
<input type="checkbox"/>	3	17.20		Brief Consult Level A	
<input type="checkbox"/>	23	37.60		Standard Consult Level B, <20 min	
<input type="checkbox"/>	36	72.80		Long Consult Level C, 20-40 min	
<input type="checkbox"/>	44	107.15		Prolonged Consult Level D, >40 min	
<input type="checkbox"/>	10990	6.30		Additional bulk billing incentive	
<input type="checkbox"/>	64990	6.00		Radiology bulk billing incentive	
<input type="checkbox"/>	74990	6.00		Pathology bulk billing incentive	
<input type="checkbox"/>	701	59.35		Brief Health Assessment, <30 min	
<input type="checkbox"/>	703	137.90		Standard Health Assessment, 30-45 min	

Service Text Not normal aftercare item

Amount Claimed 42.50 Number of patients seen Not duplicate service

LSPN Field Quantity Not multiple procedure

Provider Default Claiming Provider Override Type

Specialist Services Use last referrer

Referring Provider No Provider Name

Referral Issue Date Referring Period Type

Override Type

Default Claiming Provider: Christine Ellison (138 minutes)

Claim now Claim later Not claimable

Save Cancel Help

Save

Retinal Photography Medicare Billing Items [13]

MBS: 12325 (Aboriginal and Torres Strait Islander)

Assessment of visual acuity and bilateral retinal photography with a non-mydratic retinal camera, including analysis and reporting of the images for initial or repeat assessment for presence or absence of diabetic retinopathy, in a patient with medically diagnosed diabetes, if: (a) the patient is of Aboriginal and/or Torres Strait Islander descent; and (b) the assessment is performed by the medical practitioner (other than an optometrist or ophthalmologist) providing the primary glycaemic management of the patient's diabetes; and (c) this item and item 12326 have not applied to the patient in the preceding 12 months; and (d) the patient does not have: (i) an existing diagnosis of diabetic retinopathy; or (ii) visual acuity of less than 6/12 in either eye; or (iii) a difference of more than 2 lines of vision between the 2 eyes at the time of presentation.

MBS: 12326 (Non – Aboriginal and Torres Strait Islander)

Assessment of visual acuity and bilateral retinal photography with a non-mydratic retinal camera, including analysis and reporting of the images for initial or repeat assessment for presence or absence of diabetic retinopathy, in a patient with medically diagnosed diabetes, if: (a) the assessment is performed by the medical practitioner (other than an optometrist or ophthalmologist) providing the primary glycaemic management of the patient's diabetes; and (b) this item and item 12325 have not applied to the patient in the preceding 24 months; and (c) the patient does not have: (i) an existing diagnosis of diabetic retinopathy; or (ii) visual acuity of less than 6/12 in either eye; or (iii) a difference of more than 2 lines of vision between the 2 eyes at the time of presentation.

Referrals

It may be necessary for a client with reduced visual acuity to be reviewed by a GP in the first instance. Follow local protocols if this is the case.

The client may also need a referral to an optometrist or ophthalmologist following an eye check or the assessment of a retinal photo. This process will vary depending on whether the optometrist/ ophthalmologist visits the service or not. Outlined below are the most common ways to make a referral to a visiting provider and to an external provider. Note that this process may vary at each health service, so please check local procedures/recall names before following these directions.

Referring a Client to a Visiting Optometrist/ Ophthalmologist

1 Select the **Recall** icon at the top of the client's clinical record.

2 If a drop down list appears, select the appropriate recall from the list. If an appropriate recall is not found on the list, select the **'Browse all item types'** option. This will launch the Clinical Terms Browser where you can search for and select the appropriate recall.

3 Select the planned date for the recall.

4 The recall will now appear in the client's **'To Do'** list.

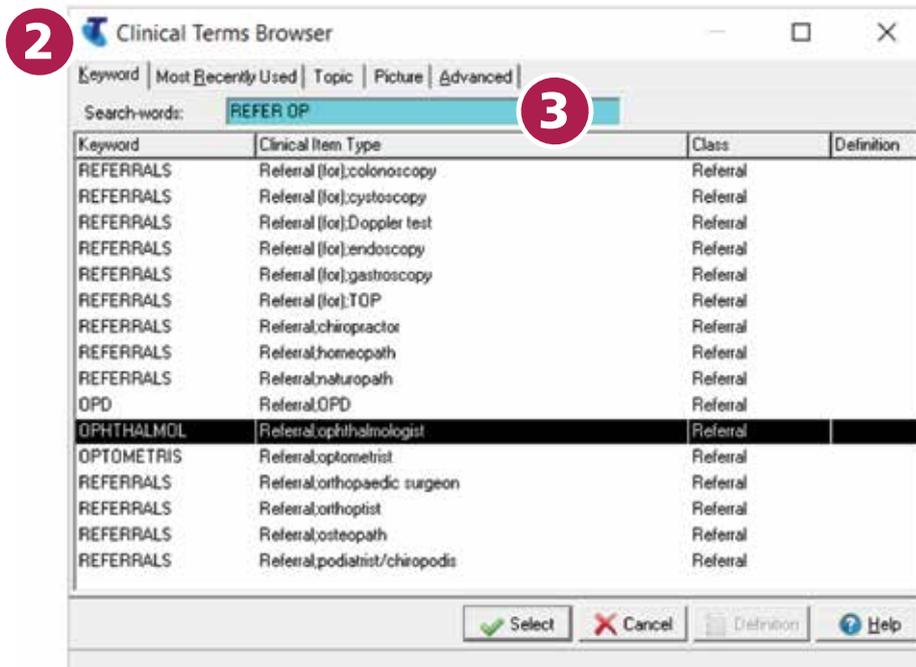
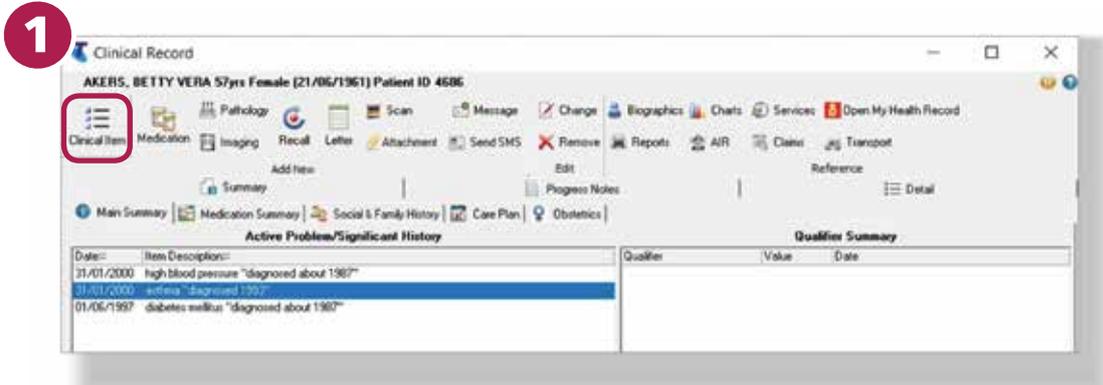
The most common way to make a referral to an optometrist or ophthalmologist who visits the health service is to set a recall.

1. Select the **Recall** icon at the top of the client's clinical record.
2. If a drop down list appears, select the appropriate recall from the list.

If an appropriate recall is not found on the list, select the **'Browse all item types'** option. This will launch the Clinical Terms Browser where you can search for and select the appropriate recall.

3. Select the planned date for the recall.
4. The recall will now appear in the client's **'To Do'** list.

Referring a Client to an External Optometrist/ Ophthalmologist



1. In the client's clinical record, select the **Clinical Item** icon.
2. This will launch the Clinical Terms Browser.
3. Under the **Keyword** tab, start typing **REFER OP** as a keyword to locate 'Referral;ophthalmologist' and 'Referral;optometrist'.

4 Add Recall - AKERS, BETTY VERA 57yrs Current Patient Female

Referral;ophthalmologist
 Barry Berrow, Millennium Health Service (Aboriginal Health Service) 17/12/2018 12:26 pm

Comment

The patient is referred to ... from ...

Organisation **Opens the Address Book**

Provider referred to

Date referred 17/12/2018

Appointment Date

Escort

Transport mode

Referral Complete **Note: Leave blank until the referral is complete**

The referral is Critical

Referral Validity Period

Add Transport Requirement

Current Referral status is ... Referred

Viewing right: Common

5 Save & Create eReferral Save & Write Letter Print & Save Save Cancel Help

4. Select the desired referral type you wish to add and complete the appropriate qualifiers. It is acceptable to leave qualifiers blank if they are unknown, or not required/necessary.
5. Once the required information has been filled out, select **'Save & Write Letter'**.

6 Select Document Template

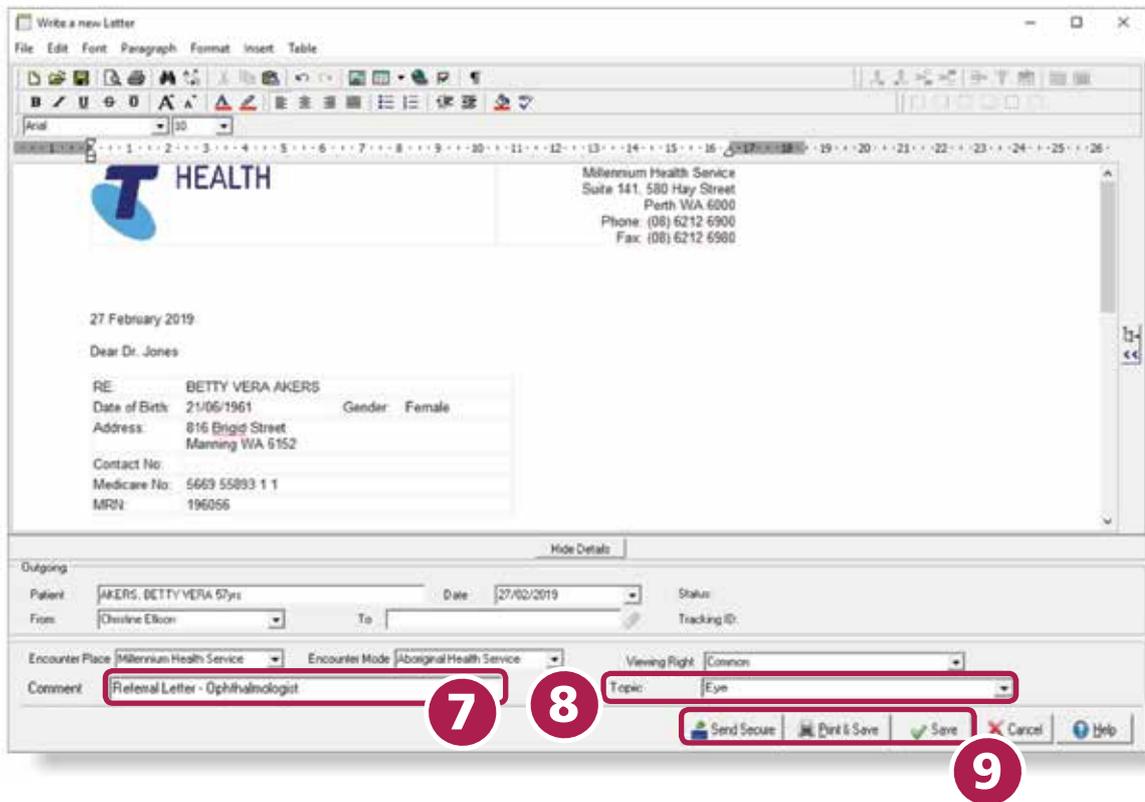
Search Text

Name

- Allied Health Referral Aboriginal and Torres Strait Islander
- Direct Access Gastrointestinal Endoscopy (Adult)
- Home Medicine Review (HMR) Referral
- Referral Form (Dental Services)
- Referral Form for Individual Allied Health Services
- Referral Letter (Standard)**
- Referral Letter - Type 2 Diabetes
- Referral Routine Eye Examination

Select Cancel Help

6. Select the referral template you wish to use. Unless there is a specific optometrist/ophthalmologist template, the most appropriate option is likely to be **'Referral Letter (Standard)'**.



7. Change the Comment to the specific referral type that has been made (e.g. **Referral Letter - Ophthalmologist**) – this will make it easier to find in the client's clinical record.
8. Change the Topic to '**Eye**'.
9. Record any necessary information in the referral letter and select '**Send Secure**', '**Print & Save**' or '**Save**' as required.

Once the referral has been entered, it will be displayed in the '**To Do**' list, until the '**Referral Complete**' qualifier has a date entered. It will also populate the progress notes, and can be searched for in the **Detail** tab of the client's clinical record.

Visiting Optometrist/Ophthalmologist Documentation in Communicare

The Client's Clinical Record

When you first open a client's clinical record, it will open on the **Main Summary**. A lot of useful information can be found here.

Clinical Record
AKERS, BETTY VERA 57yrs Female [21/06/1961] Patient ID 4086

Active Problem/Significant History

Date	Item Description
21/07/2000	high blood pressure "diagnosed about 1987"
31/07/2000	asthma "diagnosed 1993"
01/06/1987	diabetes mellitus "diagnosed about 1987"

Qualifier Summary

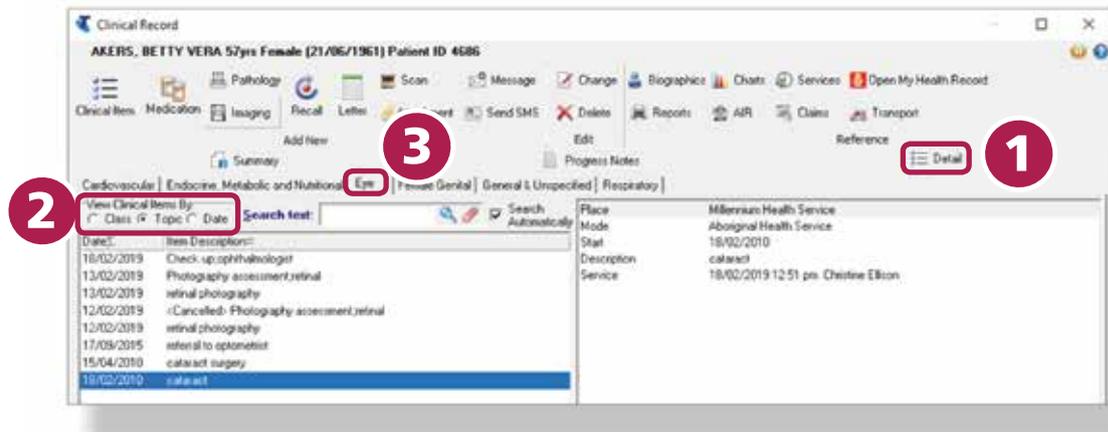
Qualifier	Value	Date
BMI	25.7 kg/m ²	25/02/2019
BP- Systolic blood pressure	130 mm Hg	25/02/2019
BP- Diastolic blood pressure	100 mm Hg	25/02/2019
Weight	70 kg	25/02/2019

Alerts and Other Information

Date	Item Description	Exp.
17/06/2018	(Recall) Check up/Women's Health	
31/01/2019	(Recall) Care Plan/Team Care Arrangement	
01/06/2019	(Recall) 50 years of age immunisations re...	
07/06/2019	(Recall) Aboriginal & TSI over 55s health...	
17/02/2019	(Recall) Check up ophthalmologist	

1. Here you will find any **Active Problems/Significant History** for the client, such as whether they have diabetes.
2. Here you will find the **latest values recorded for certain qualifiers**. You can double click on any of these to see a history of values recorded.
3. Here you will find **overdue** as well as **upcoming recalls and/or referrals**.

Searching a Client's Clinical Record for Previous Documentation Regarding their Eyes



1. You can find all of the clinical items documented regarding a client's eyes by going to the **Detail** tab.
2. Select to **View Clinical Items By: 'Topic'**.
3. Then select **'Eye'**. You can right click on any of the items here and select **'find associated service details'**.

This will take you to the place in the client's clinical record where the progress note was written, including details of who recorded the service and any accompanying notes.

Optometrist and Ophthalmologist Clinical Items

The screenshot shows the 'Clinical Record' window for Betty Vera (Patient ID 4586). The 'To Do' list is visible on the right side, containing several items. A red circle with the number '1' highlights the 'To Do' list header, and a red circle with the number '2' highlights a specific recall item: 'Recall- Check up;ophthalmologist' with a date of 17/12/2018. Below the 'To Do' list, there is a 'Manage Recall' dialog box with a red circle and the number '3' highlighting the 'Complete it' button.

Date	Item Description	Exp
17/05/2018	Recall- Check up;Women's Health	
31/01/2020	Recall- Care Plan,Team Care Arrangement	
30/06/2011	Recall- 50 years of age immunisations re...	
07/06/2018	Recall- Aboriginal & TSI over 55s health...	
17/12/2018	Recall- Check up;ophthalmologist	

The 'Manage Recall' dialog box is displayed, asking 'What do you wish to do with this Check up;ophthalmologist recall?'. It features four buttons: 'Complete it' (with a green checkmark icon), 'Modify it' (with a pencil icon), 'Cancel it' (with a red X icon), and 'Do nothing' (with a green checkmark icon). A red circle with the number '3' highlights the 'Complete it' button.

Both optometrists and ophthalmologists have dedicated clinical items in Communicare, titled '**Check up;optometrist**' and '**Check up;ophthalmologist**' respectively. To locate these:

1. Within the client's clinical record, first check the '**To Do**' list. Many clients will have a recall for '**Check up;optometrist**' or '**Check up;ophthalmologist**'.

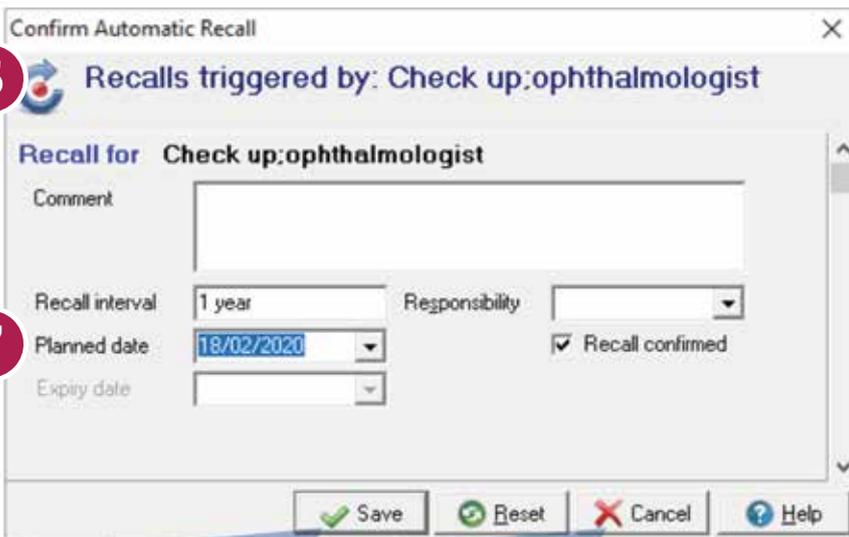
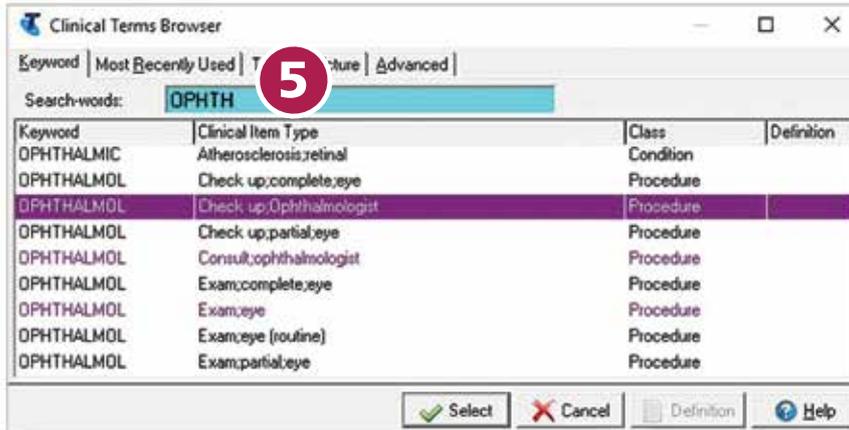
If there is an appropriate recall in the 'To Do' list:

2. Double click on the recall.
3. The '**Manage Recall**' screen will appear. Select to '**Complete it**' and the clinical item will appear.

If there is a NOT an appropriate recall in the 'To Do' list, follow steps 4 and 5 on page 26



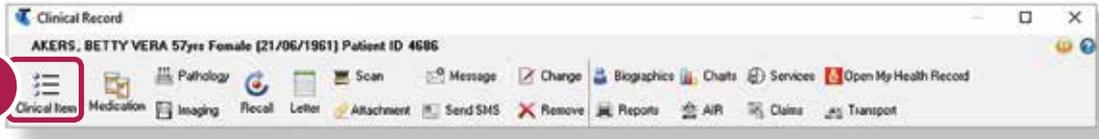
4. If there **is not** an appropriate recall in the **'To Do'** list, select the **Clinical Item** icon.
5. This will launch the Clinical Terms Browser. Enter **OPTOM** or **OPHTHAL** as a keyword to locate the appropriate clinical item. Double click to select.



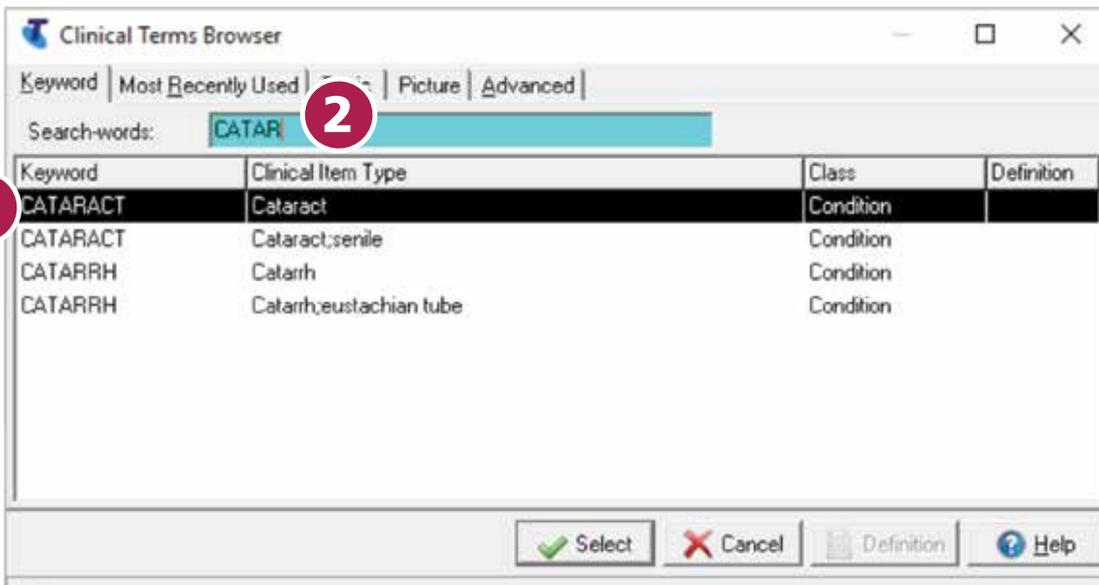
6. Upon completion of both the **'Check up;optometrist'** and **'Check up;ophthalmologist'** clinical items, a recall will be triggered for one years' time.
7. You can change the **'Planned date'** of the recall if the check up needs to be completed sooner than in one years' time.
8. Select **'Save'** OR if the client does not require a recall, select **'Cancel'**.

Documenting a Diagnosis

It is important that any conditions discovered are formally documented in the client's clinical record. To do this:



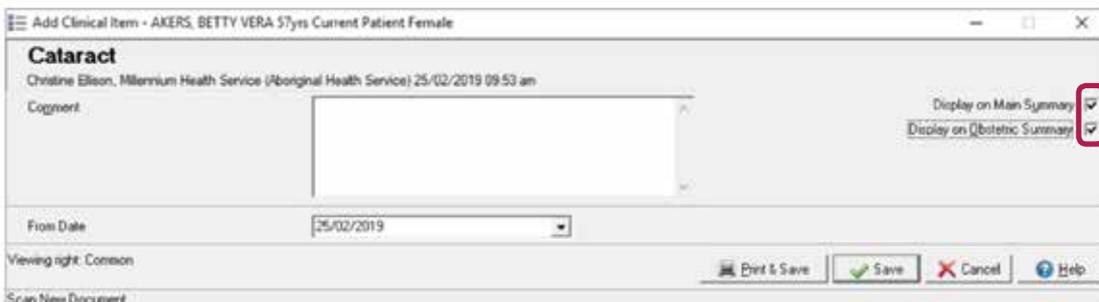
1. Select the **Clinical Item** icon.



2. This will launch the Clinical Terms Browser. Begin typing the name of the condition that you want to record (e.g. **Cataract**).

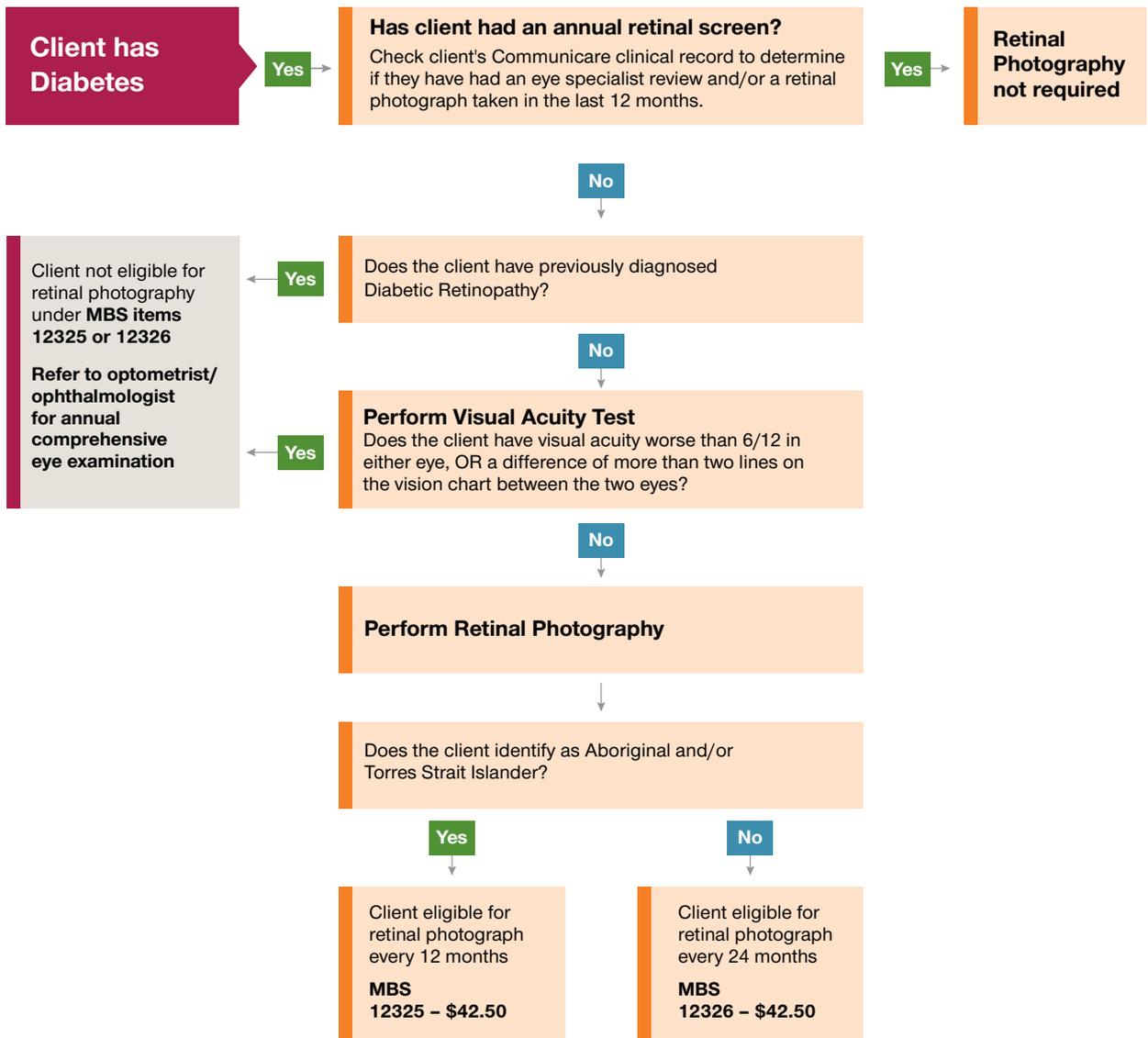
3. Double click to select the appropriate clinical item.

4. If it is a major/ongoing condition that all clinical staff should know about immediately upon opening the client's clinical record, tick '**Display on Main Summary**' and '**Display on Obstetric Summary**' (if applicable) and '**Save**' the clinical item.



Retinal Photography MBS Flowchart

The flowchart below provides information to support Aboriginal health workers, Aboriginal health practitioners, registered nurses and general practitioners to optimise Medicare Benefits Scheme (MBS) revenue for clients with Diabetes using new retinal photography item numbers (MBS item numbers 12325 and 12326).



Appendix 1 – Diabetic Retinopathy Guide

The following staging guidelines and referral recommendations are adapted from the *International Clinical Diabetic Retinopathy and Diabetic Macular Edema Disease Severity Scales*, the *National Health and Medical Research Council (NHMRC) Guidelines for Management of Diabetic Retinopathy* and *A guide for General Practitioners on the use of Digital Retinal Photography* developed by Optometry Australia (OA).

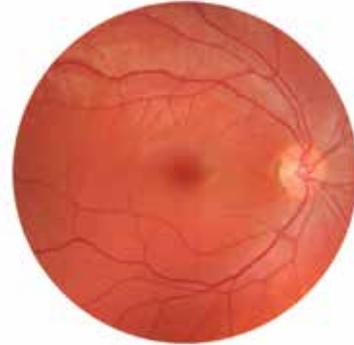
No Diabetic Retinopathy

SIGNS

No diabetic retinopathy seen

MANAGEMENT

Refer for a comprehensive examination with an **optometrist within 1 year**



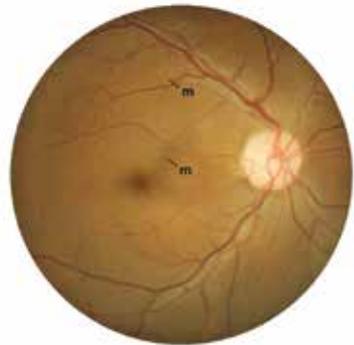
Mild Diabetic Retinopathy

SIGNS

Microaneurysms (m): small outpouchings of the blood vessel walls – appear as small red spots

MANAGEMENT

Refer to an **optometrist within 3 months**



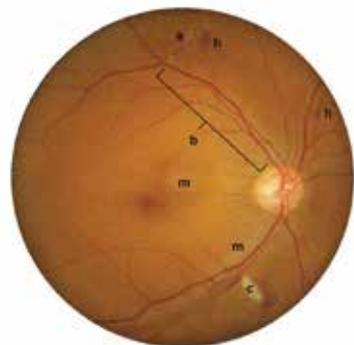
Moderate Diabetic Retinopathy

SIGNS

- Microaneurysms (m)
- Haemorrhages (h): bleeding due to damaged blood vessels – can be flame, dot or blot shaped
- Hard exudates (e): fatty deposits due to leakage of blood vessels and swelling of the retina – well defined yellow lesions or spots
- Cotton-wool spots (c): swelling of the nerve fibre layer due to reduced oxygen – appear fluffy white
- Blood vessel changes (b): due to reduced oxygen supply – blood vessels appear irregular and may loop

MANAGEMENT

Refer to an **optometrist*** or **ophthalmologist**** **within 3 months**



*OA **NHMRC

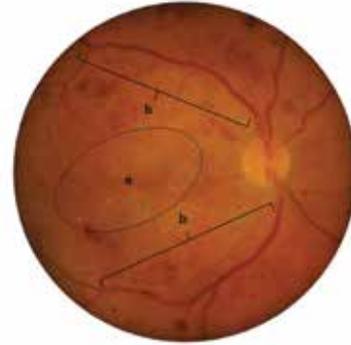
Severe Diabetic Retinopathy

SIGNS

As with moderate diabetic retinopathy, but more widespread microaneurysms, haemorrhaging, blood vessel changes (b), exudate (e), and/or cotton wool spots

MANAGEMENT

Refer to an **ophthalmologist within 4 weeks**



Proliferative Diabetic Retinopathy

SIGNS

- Neovascularisation (inset): new blood vessels prone to leakage – appear fan-like and feathery
- Pre-retinal haemorrhage (p): bleeding in front of the retina – typically well-defined and dark coloured
- Vitreous haemorrhage (v): bleeding into the jelly inside the eye – appears hazy in front of the retina

MANAGEMENT

Refer to an **ophthalmologist within 1 week**



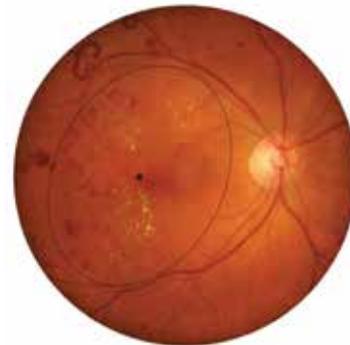
Macular Oedema

SIGNS

- Macular oedema: swelling of the macula characterised by the presence of hard exudate (e) in the macula area
- Can occur at **ANY** stage

MANAGEMENT

Refer to an **ophthalmologist within 4 weeks**

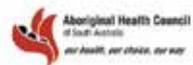


National Health and Medical Research Council Guidelines for Management of Diabetic Retinopathy (2008)
https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/di15.pdf

Optometry Australia A guide for General Practitioners on the use of Digital Retinal Photography (2017)
http://www.optometry.org.au/media/871149/gp_retinopathy_flowchart_a4_2017.pdf

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Provision of Eye Health Equipment and Training (PEHET) – funded by the Australian Government



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10. Australian Indigenous HealthInfoNet (2018). *Diabetic retinopathy among Aboriginal and Torres Strait Islander people: key facts* (August 2018 ed., pp. 1). Perth: Australian Indigenous HealthInfoNet.
11. Wong, T.Y., Sun, J., Kawasaki, R., Ruamviboonsuk, P., Gupta, N., Lansingh, V., Maia, M., Mathenge, W., Moreker, S., Muqit, M., Resnikoff, S., Verdaguer, J., Zhao, P., Ferris, F., Aiello, L., Taylor, H. (2018). Guidelines on diabetic eye care: The International Council of Ophthalmology Recommendations for Screening, Follow-up, Referral, and Treatment Based on Resource Settings, *Ophthalmology*, vol. 125, pp. 1608–22.
12. Remote Primary Health Care Manuals (2017). *Clinical Procedures Manual for remote and rural practice*, 4th edition. Alice Springs: Centre for Remote Health.
13. Australian Government Department of Health (2019). *MBS Online; Medicare Benefits Schedule*. Retrieved Jan 2019 from <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home>.

Cover Artwork Reference



Paitya Miina

Illustrated by Allan Sumner, the cover artwork is a visual story about AHCSA's Eye Health Program. The title of the illustration is 'Paitya Miina', a Kaurna word meaning 'Deadly Eyes'. The artwork depicts the journey of how the AHCSA Eye Health Program will assist and support the development and enhancement of eye health services and program. This will ensure Member Services have the capacity to identify, monitor, manage and resolve poor eye health for clients. The ultimate goal is to ensure better eye health outcomes for Aboriginal and Torres Strait Islander People.

