Roadmap Progress
Roadmap implementation is progressing in all jurisdictions. Eye health oversight groups operate in 7 of 8 jurisdictions. Activity is underway in 58 regions covering over 95% of the Indigenous population.

More Needs To Be Done

COVID-19 Pandemic
COVID-19 has impacted 2020 activities, but by working together we will close the gap and end avoidable blindness and vision loss

2020 Annual Update on the Implementation of The Roadmap to Close the Gap for Vision

2020

Roadmap Recommendation Progress

The Leaky Pipe
The patient journey is like a leaky pipe. We need to fix all of the leaks or it will continue to leak. We are making good progress and so far, 57% of recommendations and 84% of activities completed

Funding Successes in 2020
- National Agreement on Closing the Gap: An agreement between the Coalition of Aboriginal and Torres Strait Islander-led organisations, the Federal and all Australian States and Territories, was established in 2020 to overcome entrenched disadvantage through shared decision making, building the community-controlled sector, improving mainstream institutions and Aboriginal and Torres Strait Islander-led data.
- The Council of Australian Governments (COAG) accepted the sector plan in 2018 and is considering through Australian Health Ministers’ Advisory Council (AHMAC) a ‘national blindness roadmap to action’

2020

The Roadmap has been endorsed by these organisations

Contact:
The University of Melbourne
Melbourne School of Population and Global Health

Turner Health Equity through Improved Practice and Education

More needs to be done and continued advocacy for existing sector health plans, including Strong Eyes, Strong Communities.

Strong Eyes, Strong Communities: Vision 2020 Australia in 2018 developed a sector endorsed five year plan for Aboriginal and Torres Strait Islander eye health and vision 2019-2024.


Regional Progress

Recommendations Completed

57% of recommendations and 84% of activities completed

Roadmap Implementation

The impact of COVID-19 on eye care remains a challenge. Reduced services in screening and examination, and reduced surgical uptake mean growth in backlogs and waitlists. These challenges can be met with continued strong collaboration in the sector, prioritised investment in workforce and technology, and continued advocacy for existing sector health plans, including Strong Eyes, Strong Communities.

COVID-19 has impacted 2020 activities, but by working together we will close the gap and end avoidable blindness and vision loss

Roadmap Implementation

December 2020

More Needs To Be Done

- Funding Successes in 2020
- National Agreement on Closing the Gap
- The Council of Australian Governments (COAG) accepted the sector plan in 2018 and is considering through Australian Health Ministers’ Advisory Council (AHMAC) a ‘national blindness roadmap to action’

COVID-19 has impacted 2020 activities, but by working together we will close the gap and end avoidable blindness and vision loss

2020

2020

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Strong Eyes, Strong Communities:


Regional Progress

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57% of recommendations and 84% of activities completed

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Roadmap Implementation

December 2020

...
OUTCOME

1. Enhancing eye health capacity in primary health services
   Education programs implemented for primary health workers
   (sin. education resources (MHS) available)

2. Health assessment items include eye health
   Eye health assessment included in Medicare items
   (sin. eye checks available in NMS & EHR/P)

3. Medical粳川for phototherapy
   Medium-term for phototherapy
   (sin. skin melanoma screening, photocure)

4. Eye health inclusion in clinical eye health
   Software accessible for eye health
   (sin. Software toolset includes 2013)

5. Aboriginal health services & eye health
   Specialist eye care available in AMS
   (sin. MHS/AMS ensuring care within AMS)

6. Cultural integration of electronic services
   Online & hospital considered valuable
   (sin. relying on RHOF, AMS/AMS projects)

7. Low cost spectacle
   Nationally consistent accessible spectacle scheme
   (sin. Review of current subsidised spectacles & uptake)

8. Hospital mortality surveillance
   Individually monitored for cataract surgery
   (sin. Stakeholder & government support)

9. Local eye health systems coordination
   Regional coordination to include Primary Health Networks & other stakeholders
   (sin. Regional network established in most regions)

10. Patient care coordination
    Case management for those with diabetes or needing surgery
    (sin. Appointments of chronic disease coordinators)

11. Partnerships & agreements
    Local & regional agreements established
    (sin. Collaborative networks established in some regions)

12. Appropriate resources for eye care in rural & remote areas
    Services are available to meet resource needs
    (sin. Needs assessed sufficient in all jurisdictions)

13. Increase utilisation of services in urban areas
    VOS supports eye care in both regional & urban areas
    (sin. Urban VOS supported)

14. Billing for visiting RHOF supported services
    VOs & RHOFs are facilitated
    (sin. Social work, appropriate strategy)

15. Rural education & training for eye health workforce
    Funding for specialty & optometric training
    (sin. Visits & posts facilitated for optometrists)

16. Definition of areas of risk
    Areas with high-risk areas defined across Australia
    (sin. NT, WA areas defined)

17. Data strategy
    (2017)
funding for health performance 2015-2017

18. Survival & Evaluation
    Evaluation criteria for Tikki
    (sin. Tiki criteria for risk in most screened regions)

19. Certification of vaccination
    Australia免除Kennedy

20. Mobile long-term eye services
    Participating in workshops against needs targets
    (sin. National vision screening target)

21. State & national performance
    State & national data are analyzed & reported
    (sin. Indicators agreed & reported)

22. Eye health data sources to use for resource services & performance
    Linking data sources across relevant state & regional health services
    (sin. Hospitals funded to assess & meet service needs)

23. National benchmarks
    National standards are established & used
    (sin. National health in total eye health performance framework 2012)

24. Quality assurance
    High-quality services are achieved
    (sin. MHS/AMS guidelines & adopted)

25. Primary health service self-audit in eye health
    Services can easily determine needs & performance
    (sin. Medicare item for photography)

26. Community engagement
    Local community services & champions eye care services
    (sin. MHS/AMS guideline)

27. Local hospital networks/Primary Health Networks
    Indigenous eye health coordinated at the regional level
    (sin. Regional collaborations established in some regions)

28. Total/county employment
    Effective specialty/territory indigenous & rural eye health committees
    (sin. Funding for primary health workforce in some jurisdictions)

29. National oversight
    National indigenous eye health surveillance
    (sin. National health in total eye health performance framework 2012)

30. Practice management
    National eye health indicators
    (sin. National health indicators)

31. Program implementation
    Proven successful for implementing care
    (sin. National health indicators)

32. Practitioner training
    Community & staff recognize the need for care
    (sin. National health indicators)

33. Social marketing eye care services
    Community knows about local eye care services
    (sin. National health indicators)

34. Current spending on Indigenous eye health
    Current support for Indigenous eye health
    (sin. Funding for Indigenous health care)

35. Current spending on trachoma
    Funding continues until trachoma is eliminated
    (sin. Regional health networks established in some regions)

36. Full additional annual capped funding required
    Adequate capped funding provided
    (sin. Funding provided for 2017-2020)

37. Cost to close the gap for vision balance in 5 years
    Additional funding continues up until the vision gap is closed
    (sin. Additional funding continues for health promotion 2015-2017)

ACTIVITY

3.5 Patient case coordination

3.3 Workforce identification & roles
   (sin. National health indicators)

2.2 Cultural safety in mainstream services
   (sin. Aboriginal Health Services & eye health)

1.2 Health assessment items include eye health

4.5 Billing for visiting RHOF supported services
   (sin. Funding for primary health workforce in some jurisdictions)

4.4 Increase utilisation of services in urban areas
   (sin. National health indicators)

4.3 Improve contracting & management of visiting services
   (sin. National health indicators)

4.2 Provide eye health workforce to meet population needs
   (sin. National health indicators)

3.4 Collaborative Framework
   (sin. National health indicators)

3.3 Workforce identification & roles
   (sin. National health indicators)

3.2 Community engagement
   (sin. National health indicators)

3.1 Local eye health systems coordination
   (sin. National health indicators)

2.4 Hospital surgery prioritisation
   (sin. National health indicators)

2.3 Aboriginal health services & eye health
   (sin. National health indicators)

2.2 Cultural safety in mainstream services
   (sin. Aboriginal Health Services & eye health)

2.1 Aboriginal Health Services & eye health
   (sin. National health indicators)

1.1 Health assessment items include eye health

1.2 Health assessment items include eye health

1.1 Health assessment items include eye health

1.0 Recommendation

0.91 Cost to close the gap for vision balance in 5 years
   (sin. Additional funding continues for health promotion 2015-2017)

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