

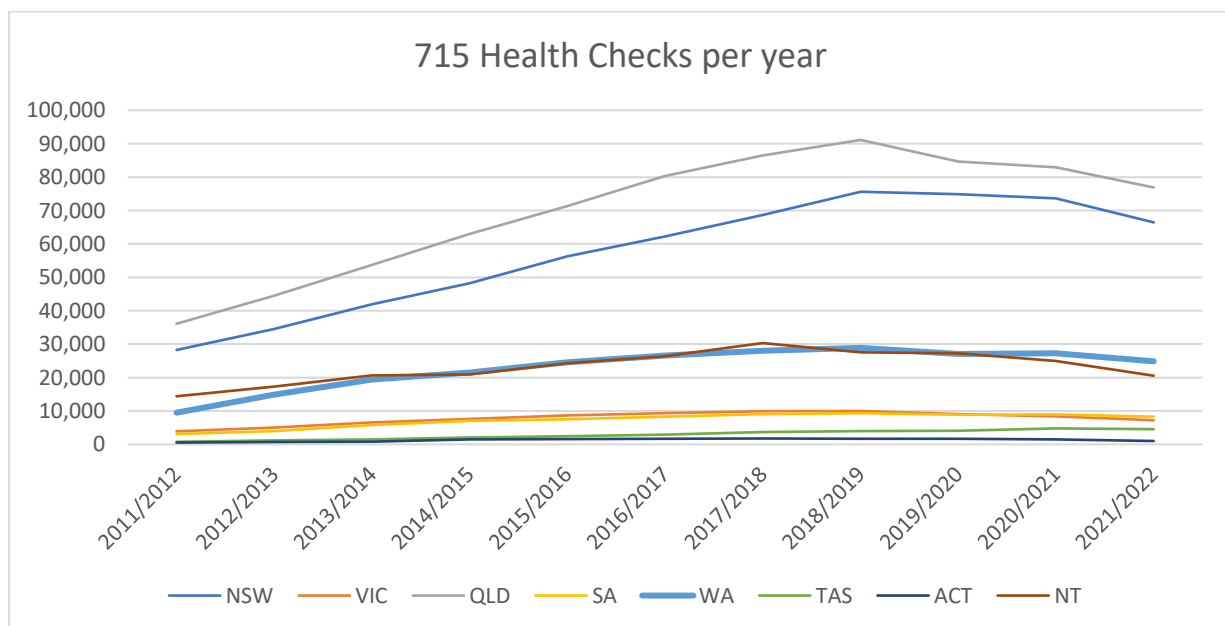
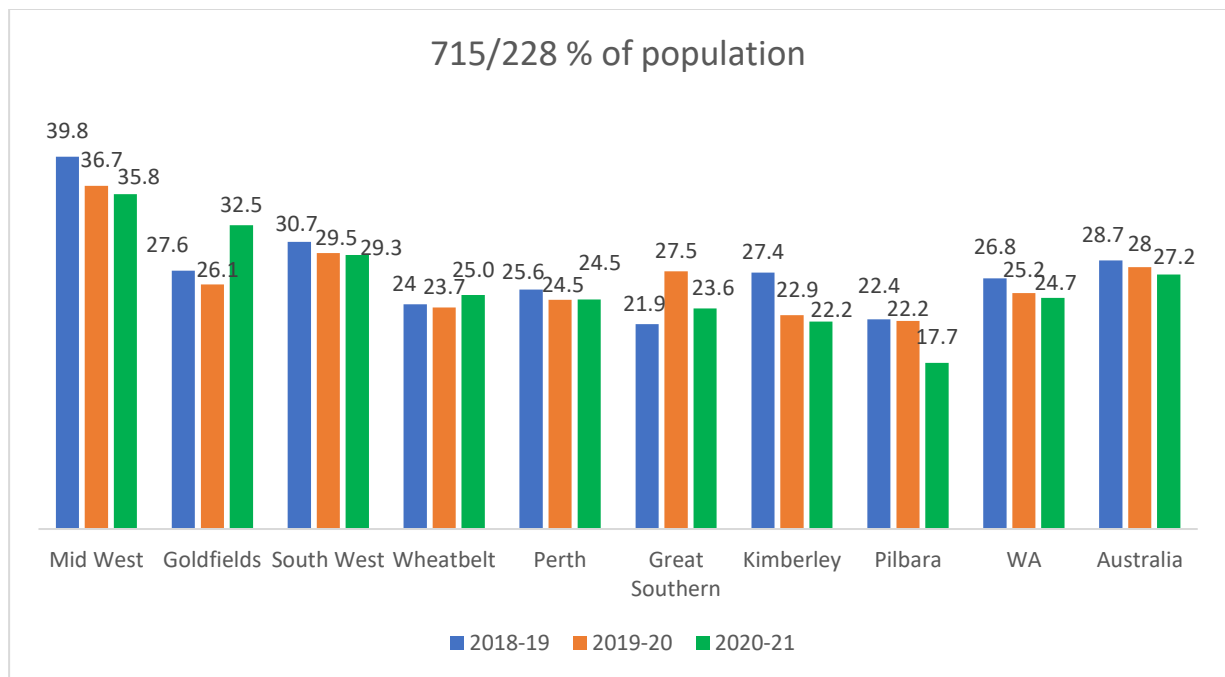
Eye care for Aboriginal and Torres Strait Islander People in SA

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 WA. 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.

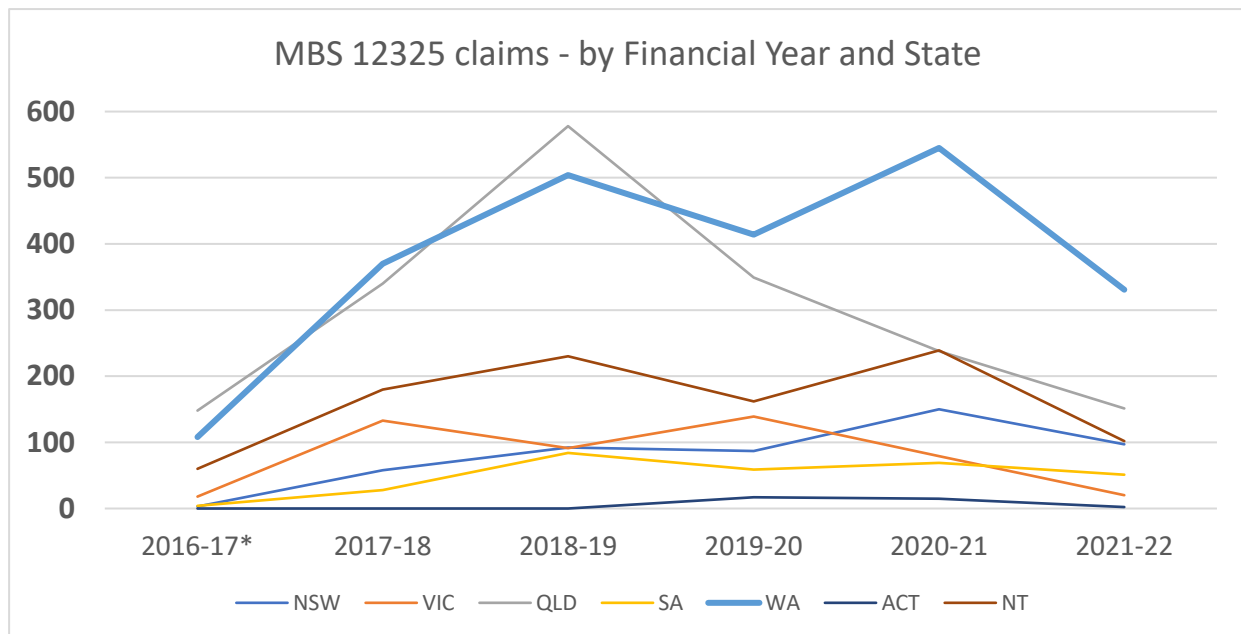
This report was prepared by Indigenous Eye Health Unit, University of Melbourne.

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 Checks in WA peaked at 28,883 in 2018/19, and has declined since. In 2021/22, WA recorded 24,838 checks, the lowest in 6 years.
- The decrease is recorded across most regions in WA for the years of available regional data (2018-21). Goldfields saw a sharp rise in 2020/21, making it the region with the 2nd highest 715 rates in WA (est 32.5% of population based needs), following Midwest (35.8%). Pilbara (17.7%) and Kimberley (22.2%) registered the lowest 715 rates in WA for 2020/21. WA rates in general are lower than national rate (24.7% and 27.2% respectively).
- 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

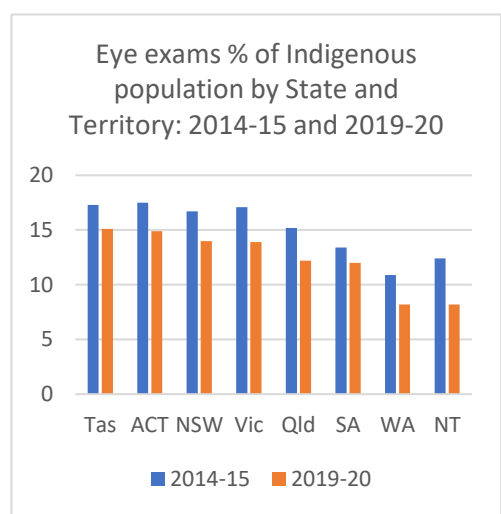
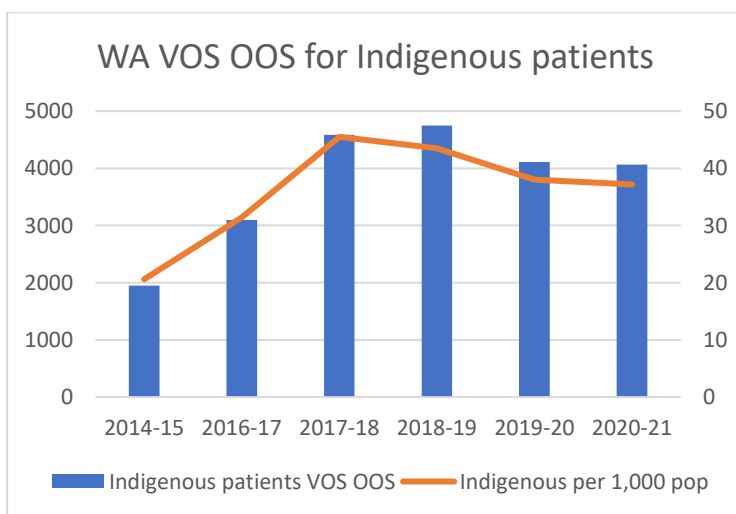
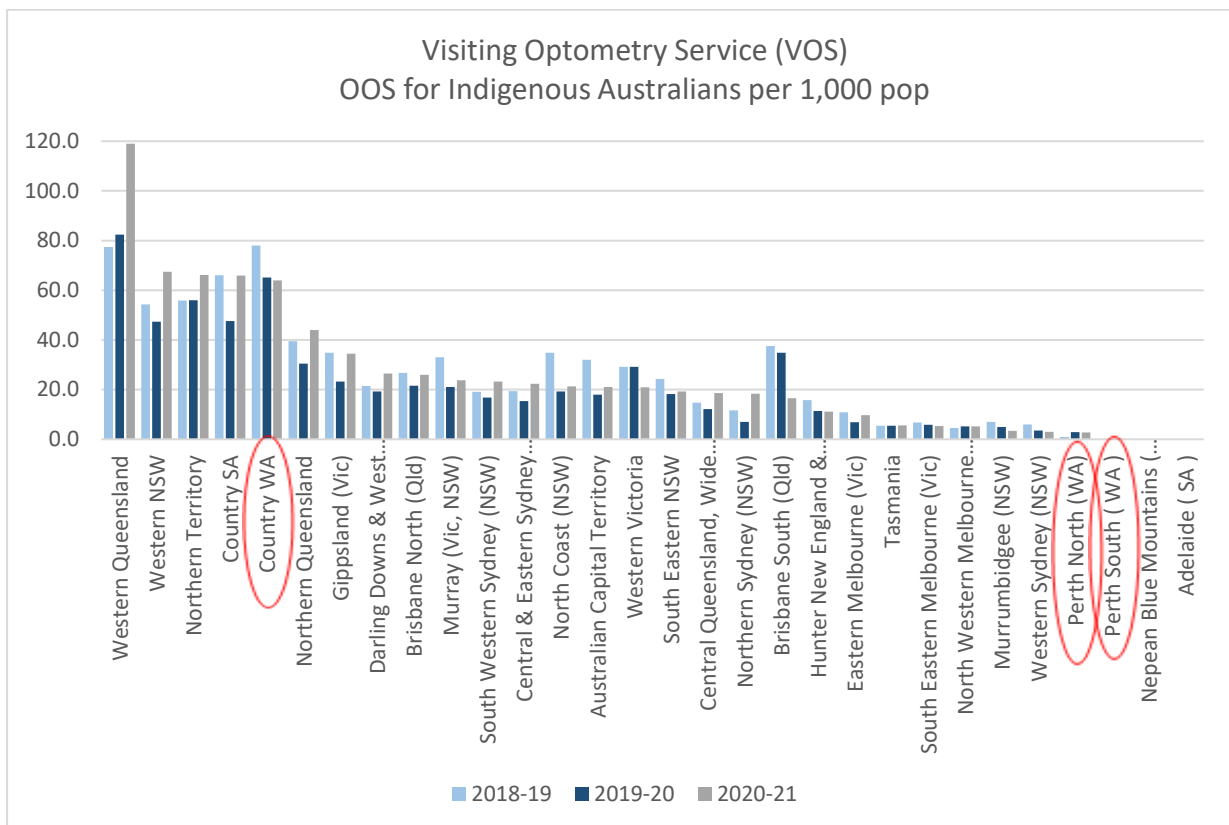


- Annual screening for diabetic retinopathy (DR) is recommended for Aboriginal and Torres Strait Islander patients with diabetes.
- Over the past several years, the sector has concentrated on efforts to build capacity in the ACCHO sector to screen for DR in primary care. The Australian Government funded 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.
- WA has recorded 331 MBS 12325 claims in 2021/22, down from a peak of 545 in 2020/21. WA claims are still higher than any other jurisdiction.
- AIHW reports that in 2019/20, 1,249 Aboriginal and Torres Strait Islander patients in WA who had a diabetes monitoring check also had an eye exam during the same year. This represents

32.6% of patients who had diabetes checks, a lower rate than any other State (higher only than NT).

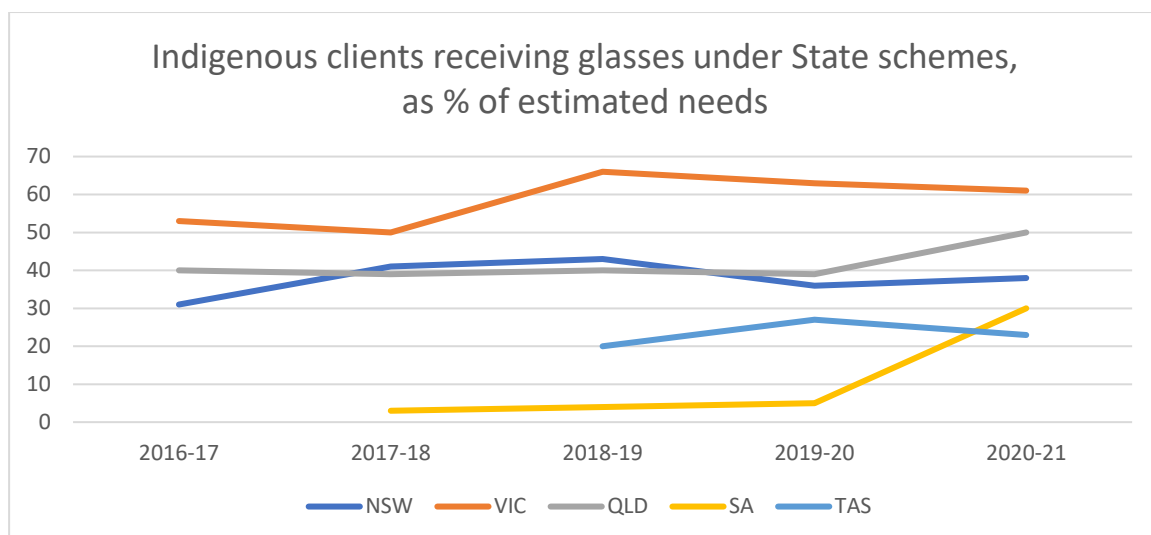
- IEHU has resources available to support screening, including clinical support cards, and health promotion to encourage annual screening for patients with diabetes (“Check Today, See Tomorrow”)
- **Key message:** we need to keep supporting ACCHOs to use the retinal cameras, while keep maintaining the 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



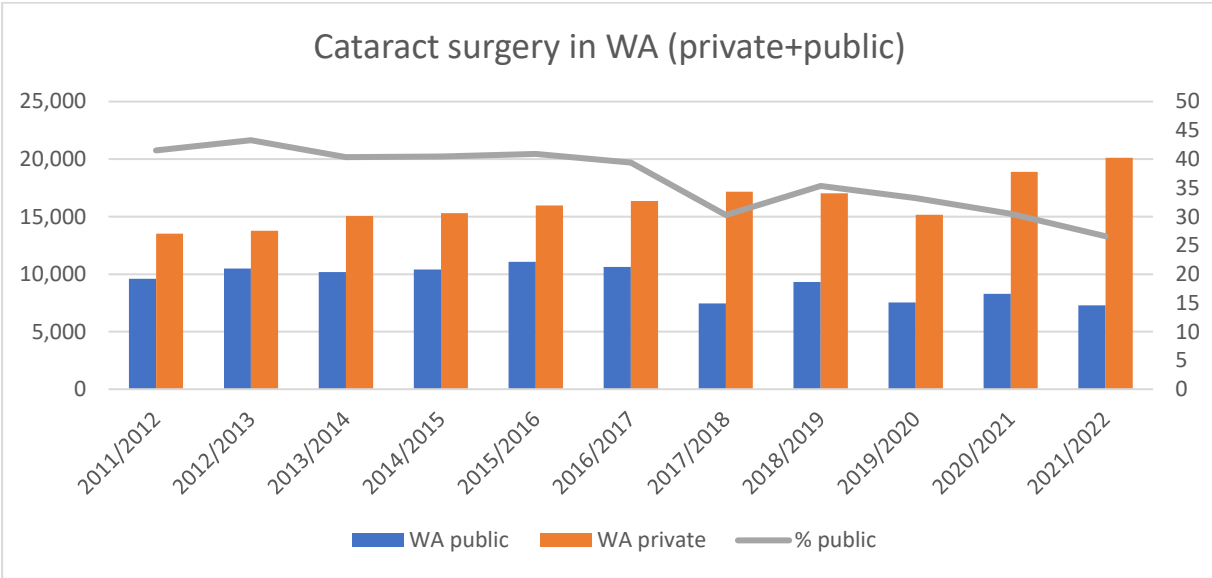
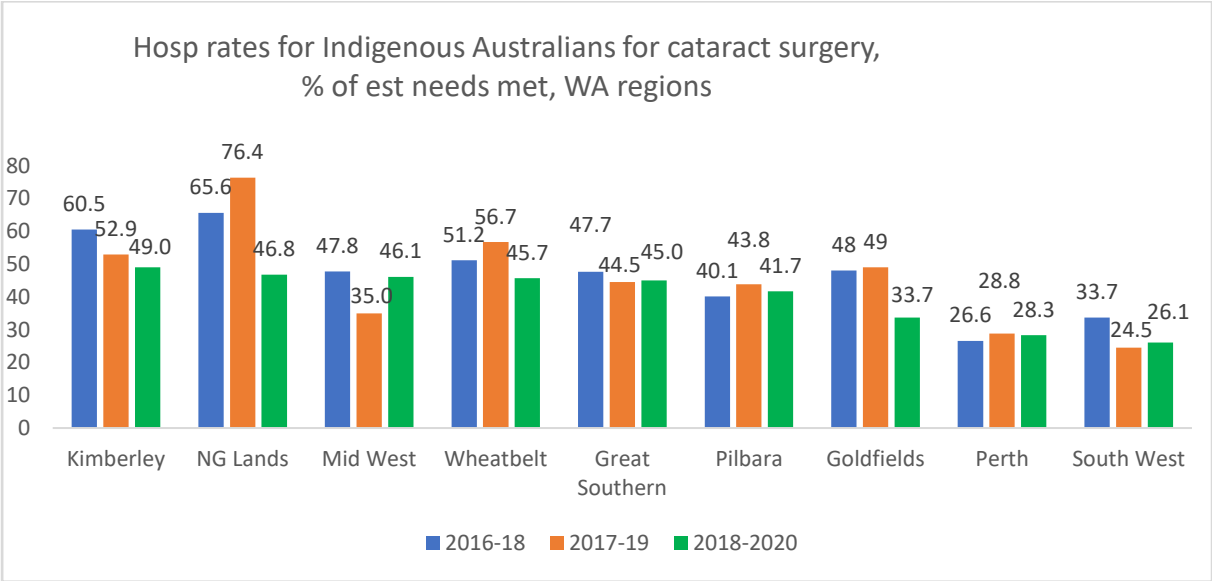
- WA recorded 8,888 eye examinations for Aboriginal and Torres Strait in 19/20, about 48.3% of estimated needs met.
- This rate is lower than most other jurisdictions, and of the national non-Indigenous rate. We expect that these levels would be reduced for 2020-2022 due to service disruptions and impact of COVID-19.
- Visiting Optometry Service (VOS) rates for Aboriginal and Torres Strait Islander People in WA peaked at 45.5 Occasions of Service (OOS) per 1,000 people in 2017/18 and declined since, down to 37.2 in 2020/21.
- VOS OOS in Country WA are 64 per 1,000 people, however Perth has very low VOS OOS, with combined 2.8. 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%).
- **Key message:** we should work with the outreach fundholder to improve VOS rates across the different regions of the WA, in particular across Perth.

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.
- WA doesn't currently have a State scheme reporting its data through AIHW. While there are different provider-specific schemes, there is currently no collated/ available data.
- **Key message:** The sector should collectively advocate for a scheme which will include appropriate access for Aboriginal and Torres Strait Islander patients.

Cataract surgery



- For the period of 2018-20, est rates of needs met for cataract surgeries for Indigenous patients varied widely across WA regions.
- Most regions recording a reduction in rates over the period of 2016-2020. Wheatbelt, Goldfields, and NG Lands all recorded notable reductions in estimated rates of needs met in 2018-20 compared with 2017-19.
- In recent years, the rate of cataract surgeries performed in public settings (whole of population) reduced consistently, from a peak of 43.3% in 2012/13 to a low of just 26.6% in 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.

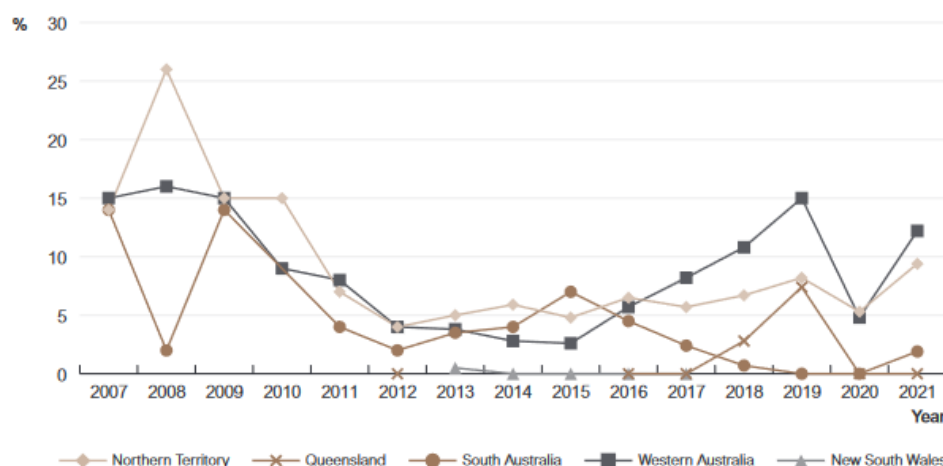
- WA recorded an estimate 2,998 MOICDP Occasions of Service for Aboriginal and Torres Strait Islander patients in 2020/21, and 895 EESSP OOS. WA leads the use of EESSP for First Nations patients in Australia, with more OOS than all other States combined (401).
- **Key message:** current cataract surgery access rates for Aboriginal and Torres Strait Islander People in WA are declining, and vary significantly across regions. The shift of practice away from public to private is a significant challenge to address current gap.
- IEHU supports combined sector advocacy for better and more equitable access to eye care for Aboriginal and Torres Strait Islander People in the WA.

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 review 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 WA is mostly done in private.
- AIHW estimates 71 Aboriginal and Torres Strait Islander patients accessed DR treatment via private providers in WA in 2019/20. Public hospital data is not available. This is likely to be significantly lower than estimated need (1208 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 \$224 per treatment, which translates to just under \$1,800 per eye per year. WA median OOP cost is \$125 per treatment, lower than national rate. However this can add up to \$1,000 per year per eye, a significant barrier for many.
- **Key message:** current access for DR treatment for Aboriginal and Torres Strait Islander patients in WA 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.

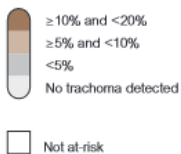
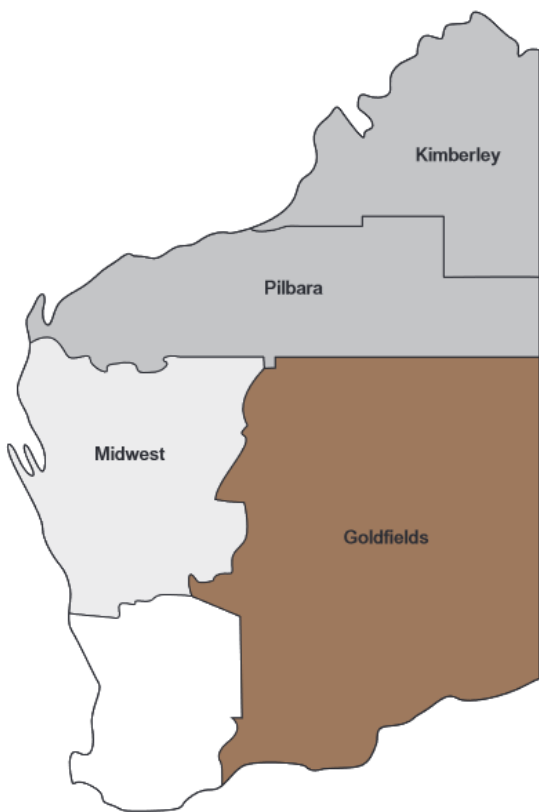
Trachoma

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

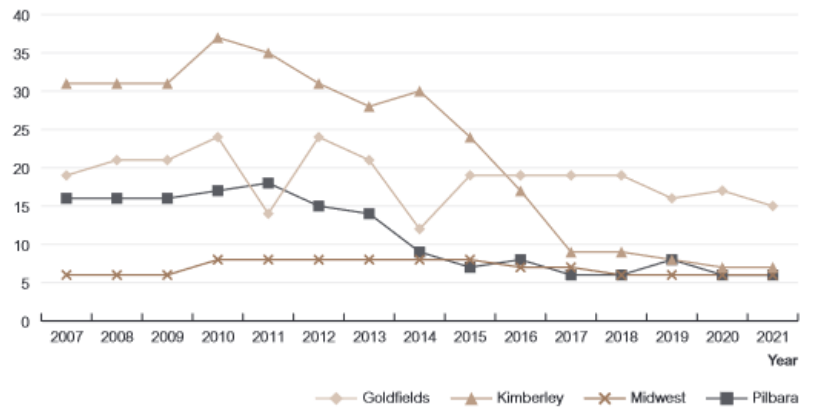


* Most recent estimates carried forward in at-risk communities that did not screen in 2021.

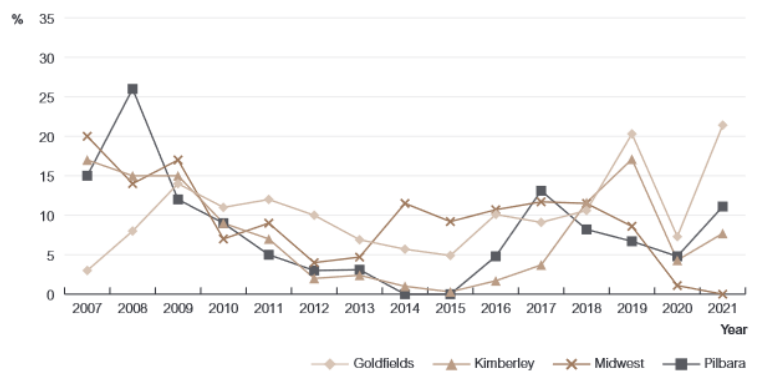
Overall trachoma prevalence in children aged 5-9 years in all at-risk communities in Western Australia 2021



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



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



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

- WA recorded highest estimated prevalence of trachoma among children aged 5-9 years compared with other jurisdictions.
- Trachoma rates in WA are highest in the Goldfields (inc NG lands), which recorded a sharp rise in estimated prevalence compared with other regions. Pilbara and Kimberley also recorded increases.
- **Key message:** Trachoma elimination and monitoring work remains key in WA. A required push on environmental health is strongly needed to support long-term elimination.

Workforce

- Optometry: WA had estimated 14.5 FTE per 100,000 population in 2020, lower than any other State (higher only than NT).
- All WA PHN optometry FTE per 100,000 population rates were lower than the National rate: Country WA PHN (11 FTE, second lowest in Australia), Perth South (13.8) and Perth north (17.5) all lower than the National rate (18.8).
- Ophthalmology: Similarly, WA recorded lower rate of ophthalmologists than any other State in 2020, with 3.1 per 100,000 population.

- While ophthalmology rates in Country WA (2 FTE per 100,000 population) and Perth South (2.3) PHNs are lower than the national rate (3.8), Perth North recorded 4.6, higher than the national rate.
- **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

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>
2. Australian Institute of Health and Welfare. 2016-2021. Indigenous Eye Health Measures. Latest report available from: <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-eye-health-measures-2021/contents/about>
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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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7. Services Australia. 2022. Medicare Statistics. Available from: <http://medicarestatistics.humanservices.gov.au/>
8. Kirby Institute. 2023. Australian Trachoma Surveillance Report 2021. Available from: [https://kirby.unsw.edu.au/sites/default/files/kirby/report/TRACHOMA_2021\[1\].pdf](https://kirby.unsw.edu.au/sites/default/files/kirby/report/TRACHOMA_2021[1].pdf)