

Eye care for First Nations People in SA

Overview – updated December 2023

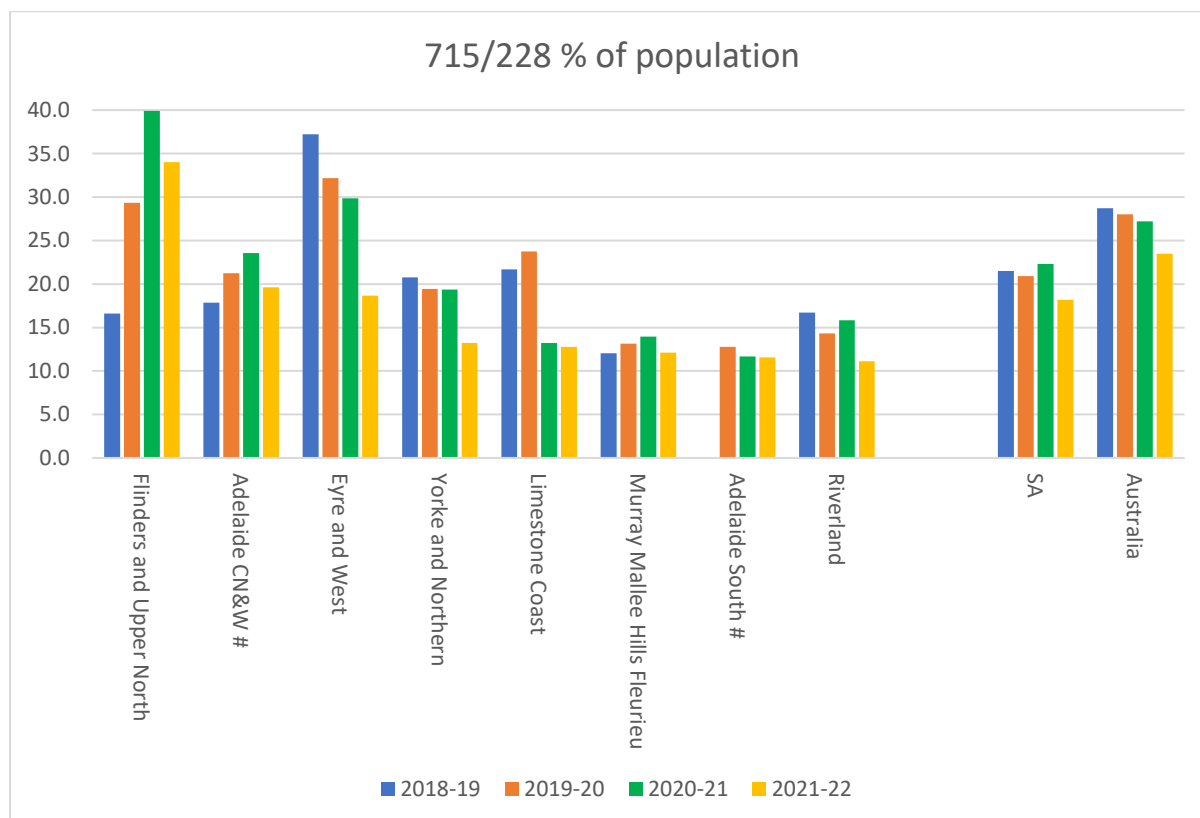
This report packages current publicly available data on key eye health and eye care access measures for First Nations People in South Australia. All underlying data in this report is from publicly accessible sources. These measures cover the eye care pathway for the conditions causing the highest rate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

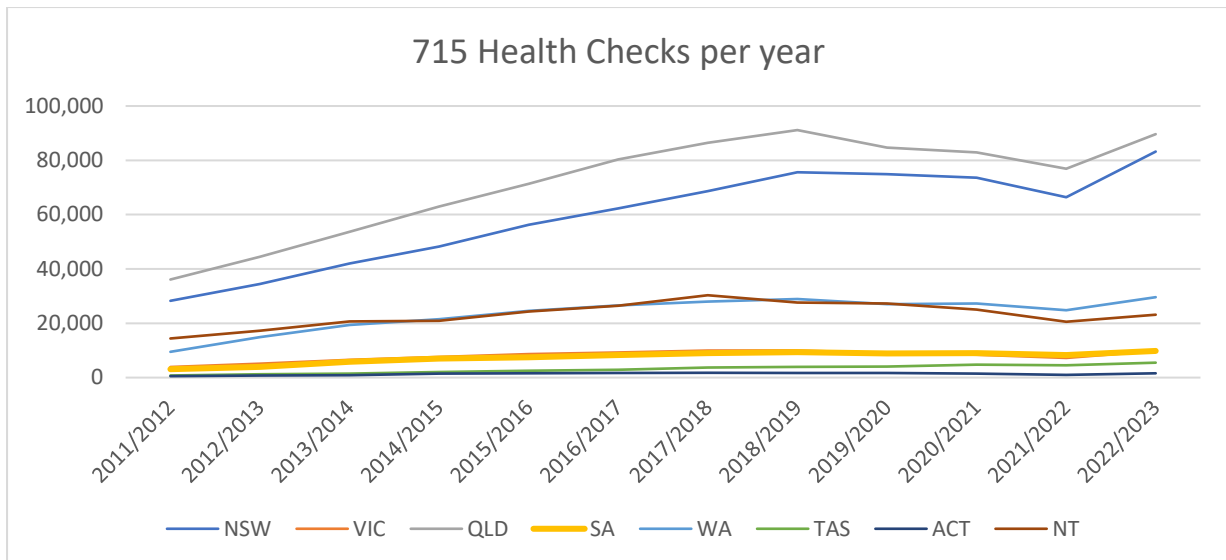
This report was prepared by Indigenous Eye Health Unit, University of Melbourne.

Key updates from previous snapshot:

- **715 rates** saw a decrease across all jurisdictions in 2021-22, which was felt across all regions in SA. 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 slightly decreased, though there is still significant unmet need. VOS rates continued to grow.
- **Glasses provision** also continued to improve.
- **Cataract surgery** rates decreased slightly in SA in 2019-2021 compared with 2018-2020, against the national trend which saw an increase in this period.
- Terminology updated in line with the Australian Institute of Health and Welfare (AIHW) to First Nations, representing Aboriginal and/ or Torres Strait Islander Australians.

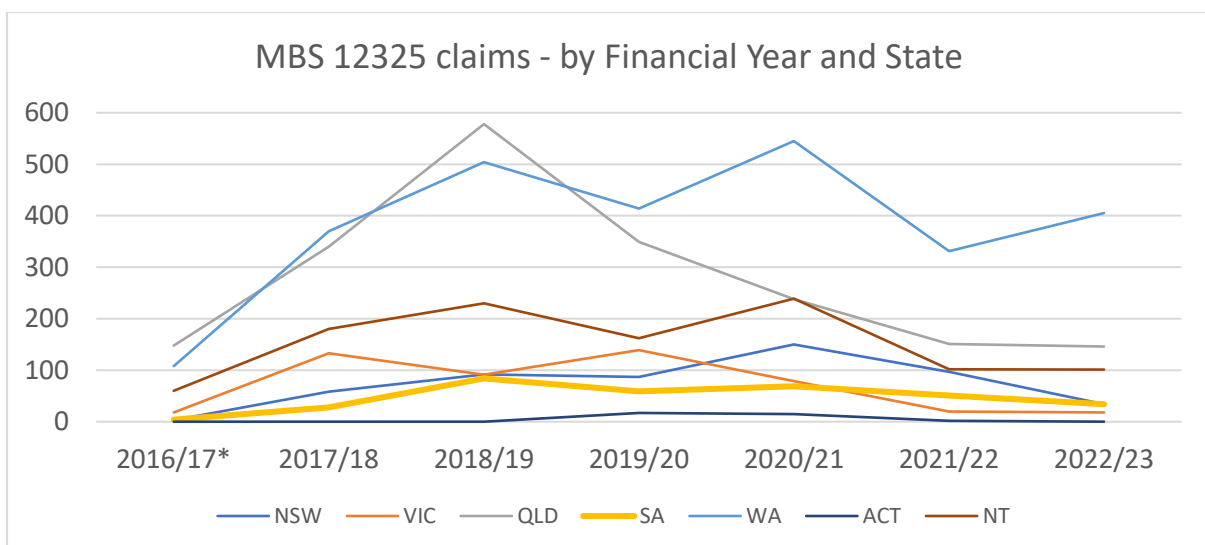
715 health checks





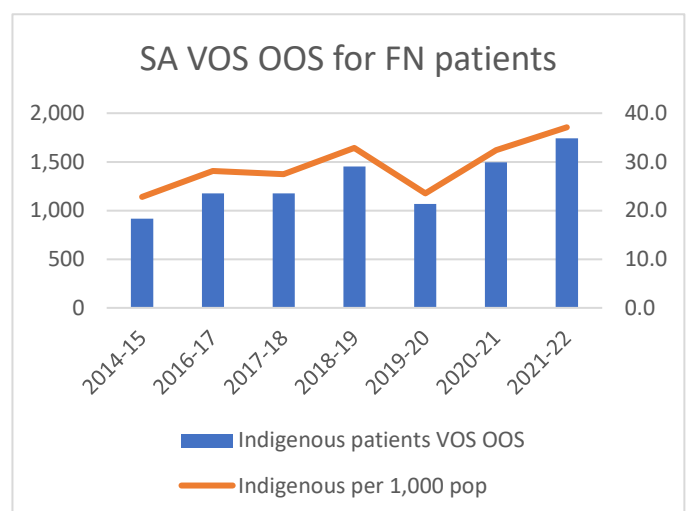
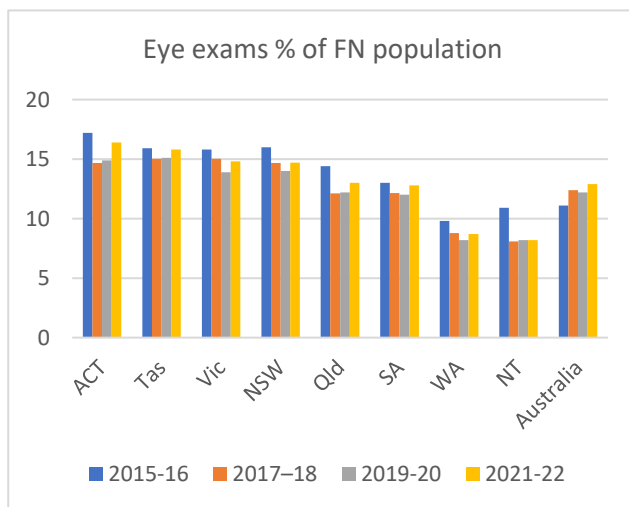
- 715 health checks include an eye check component, which is an important mechanism for early screening of potential eye problems. The eye check component is not reported, so we don't know how often it is being conducted.
- In 2021-22, 715 rates decreased across all regions in SA. This is similar to the national trend. SA rates are slightly lower than national rates however.
- Among the regions, Flinders still has highest estimated population coverage rate in 2021-22, 34%. Riverland recorded the lowest population rate with 11.1%.
- Adelaide rates are also notable in the gap between Adelaide Central/North/West (19.6%) and Adelaide Sout (11.6%).
- 2022-23 rates have trended upwards across all jurisdictions, with early data showing an increase of 18.8% in SA and 20.2% nationally.
- 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:** 715 rates are still changing significantly year to year. We need to keep supporting ACCHOs to be able to implement the eye component of the 715 health checks.

Eye screening for patients with diabetes

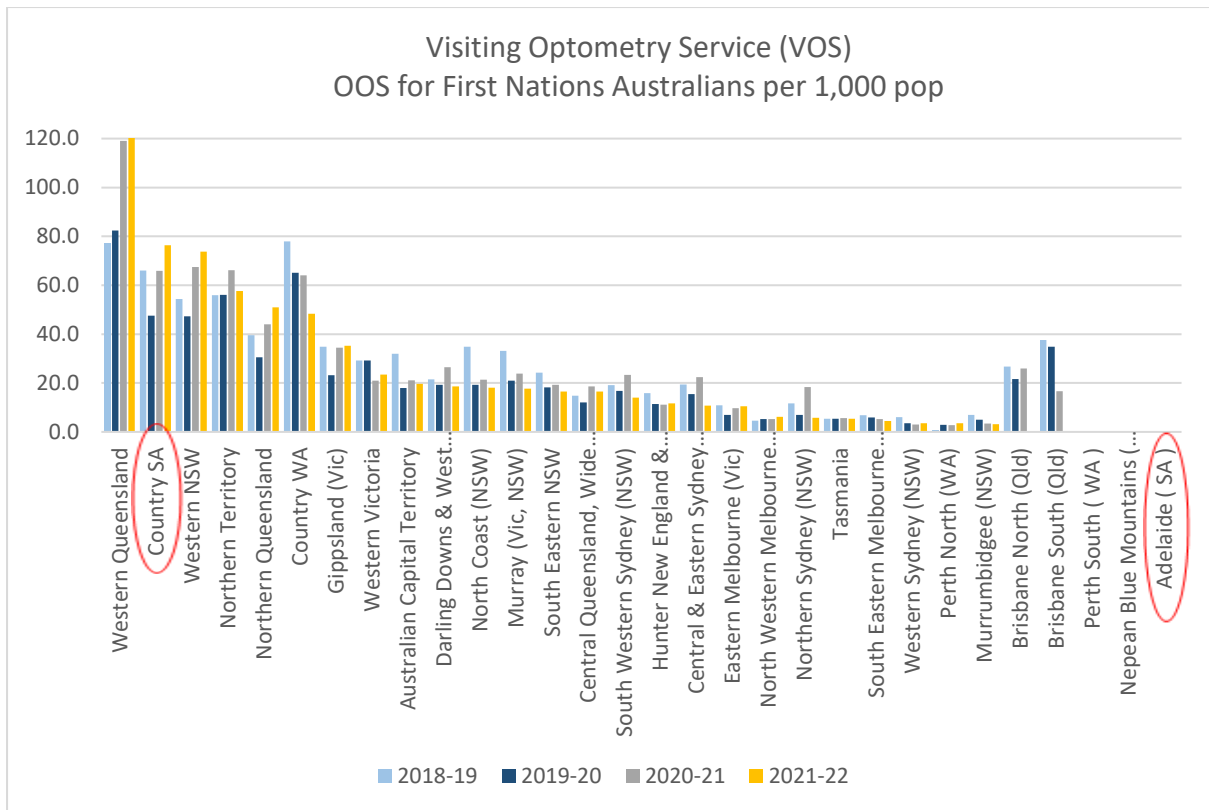


- Annual screening for diabetic retinopathy (DR) is recommended for First Nations patients with diabetes.
- Most ACCHOs are equipped with retinal cameras, and an MBS item is available for DR screening in primary care (MBS 12325 for First Nations patients / 12326 for non-First Nations patients). The item requires signoff but the screening can be performed by AHW/P.
- SA has recorded 34 MBS 12325 claims in 2022-23, down from 51 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 2021/22, 751 First Nations patients in SA who had a diabetes monitoring check also had an eye exam during the same year (up from 682 in 2019-20). This represents 47.1% of patients who had diabetes checks (up from 42.2% in 2019-20).
- 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.
- A key sector’s challenge is to secure appropriate resources for ongoing training on existing equipment (retinal cameras).

Eye examinations

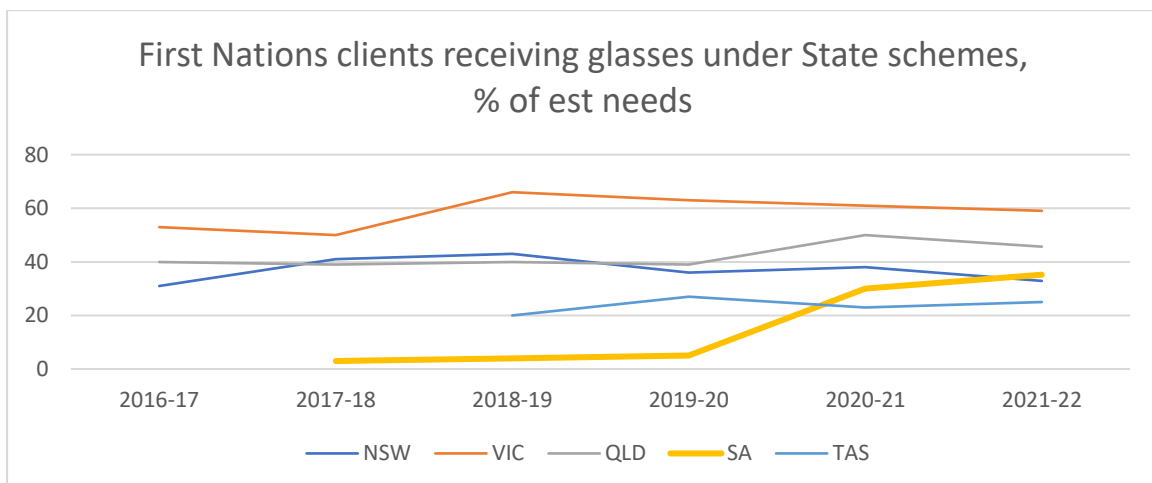


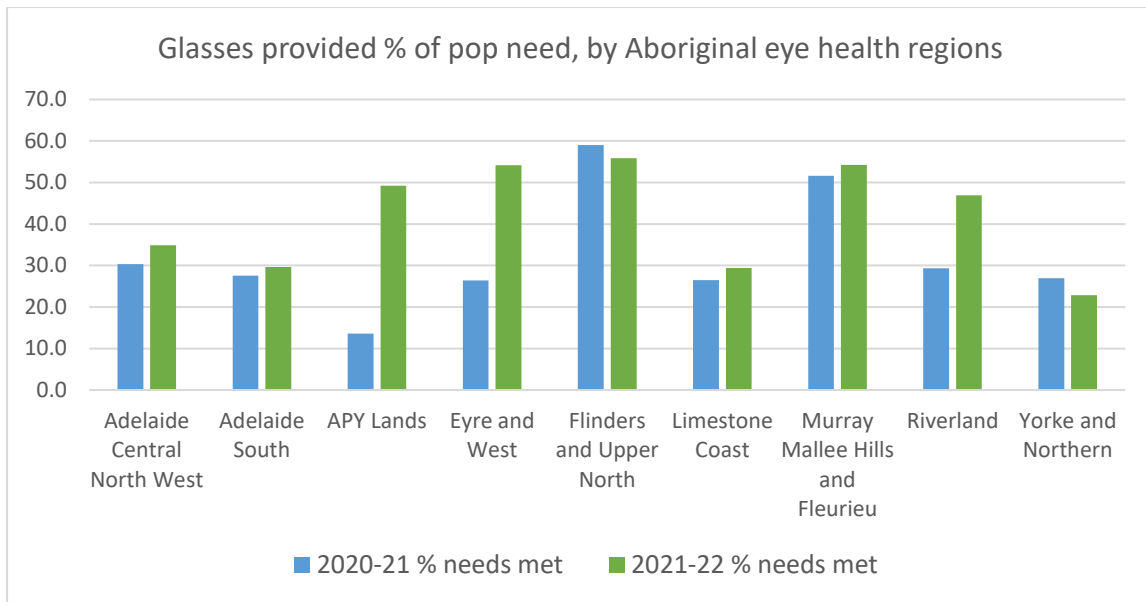
- SA recorded 6,011 eye examinations for First Nations People in 2021/22, about 12.8% of population. This rate is lower than the national rate (12.9%).
- AIHW calculates the national age-standardised rate to be 17.7%, still far short of the national non-First Nations eye examinations rate (25.2%).



- Visiting Optometry Service (VOS) rates for First Nations People in SA were highest in 2021-22 than any previous year, with 37.1 Occasions of Service (OOS) per 1,000 First Nations population.
- Country SA had the second highest rates of any PHN in Australia with 76.5 OOS per 1,000 First Nations population. Adelaide PHN however recorded no publishable VOS OOS data.
- **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.

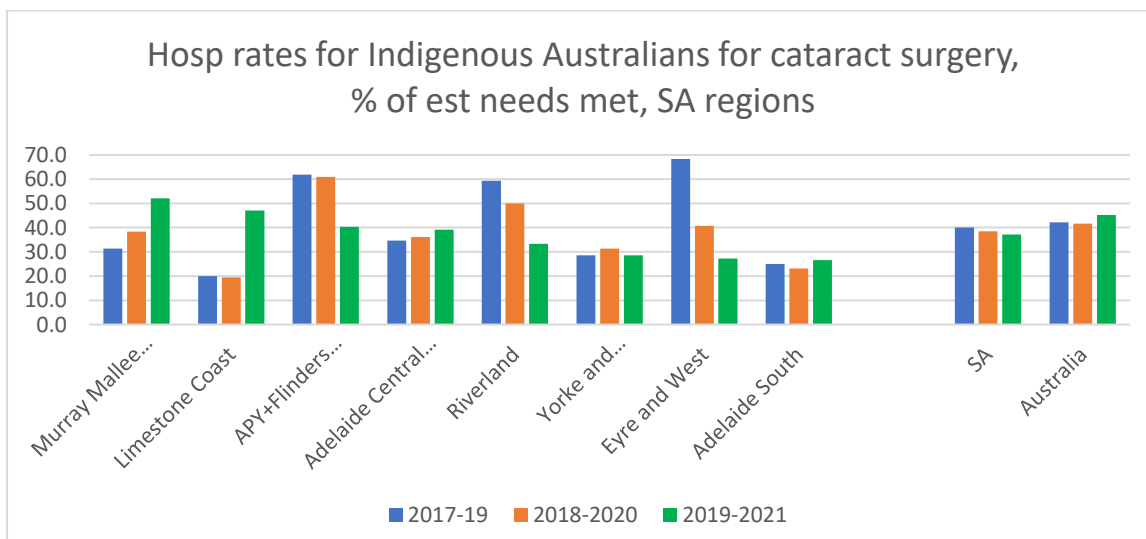
Refractive error/ glasses

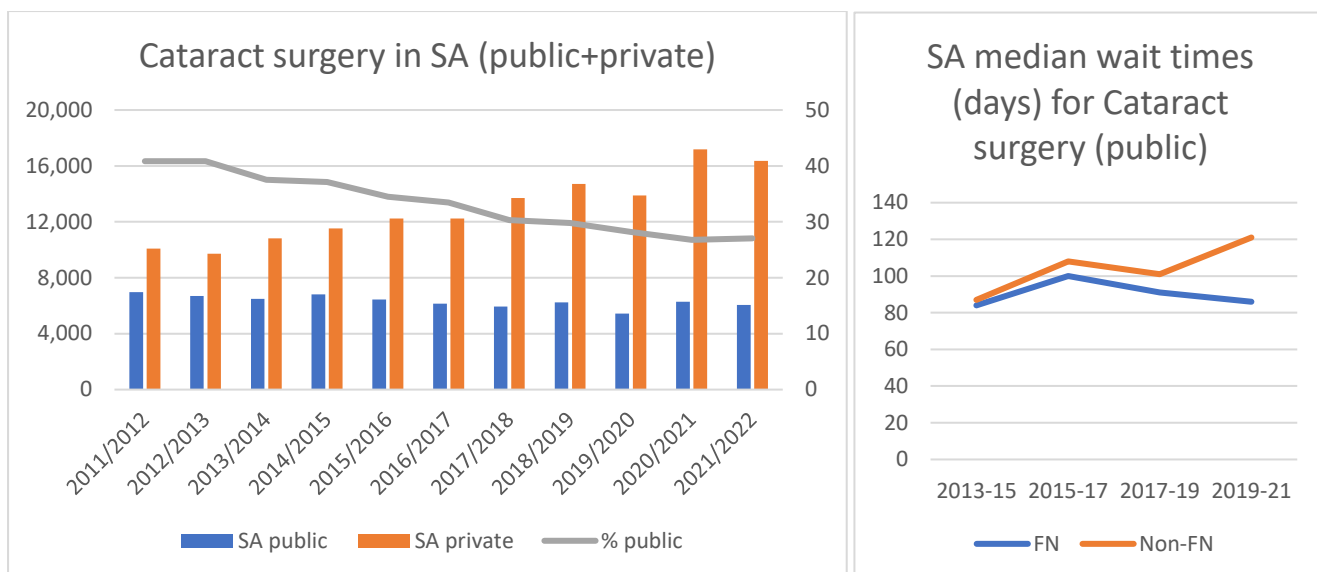




- Refractive error is the highest cause of treatable vision loss in the community, and can be treated with the provision of glasses following an eye exam.
- SA recorded 1,058 glasses provided to First Nations patients in 2021-22, representing 35% of estimated needs met (estimated needs calculated for over-40 years old only, so real need will be greater).
- The SA rates are continuing to climb since the reformation of the State subsidised glasses scheme. SA is now 3rd of all jurisdictions in glasses provision rate for First Nations patients.
- The regional-level data shows that in 2021-22 glasses provision continues to rise. This data added has been reported directly to this group.
- 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





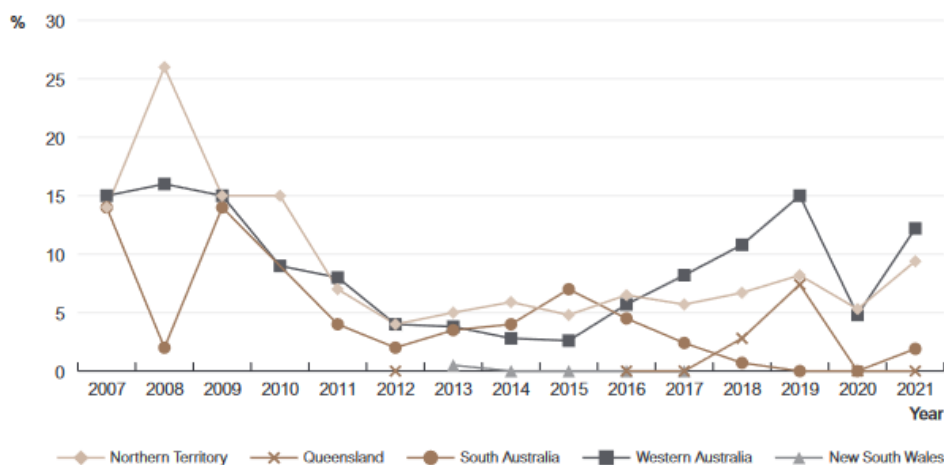
- For the period of 2019-21, est rates of needs met for cataract surgeries for First Nations patients slightly decreased in SA, despite an increase nationally. The trend however varied across regions.
- Murray Malle Hills (52.1%) and Limestone Coast (47.1%) both saw significant increases in estimated needs met, and are now leading the State. Adelaide South region had the lowest est needs met rate in SA in 2019-21 (26.6%).
- 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. The chart suggests that public hospital capacity remained static (and slightly reduced), while private capacity is developing at an accelerated pace.
- Wait times data shows less median wait time for First Nations patients in the public system.
- 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).
- SA recorded 139 MOICDP Occasions of Service for First Nations patients in 2021/22 (29.6 per 10,000 population) – down from 183 the previous year. The rate for SA is lower than any other jurisdiction (highest utilisation - WA – 315 per 10,000 population).
- In addition to MOICDP, SA recorded 51 RHOF OOS (highest: NSW, 684) and 44 EESS OOS (highest: WA, 246).
- **Key message:** current cataract surgery access rates for First Nations People in SA 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 more equitable and timely access to cataract surgery for First Nations People in 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.
- AIHW estimates 24 First Nations patients accessed DR treatment via private providers in SA in 2021-22. Public hospital data is not available. This is likely to be significantly lower than population-based need (estimated 529 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 max 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.
- 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 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.

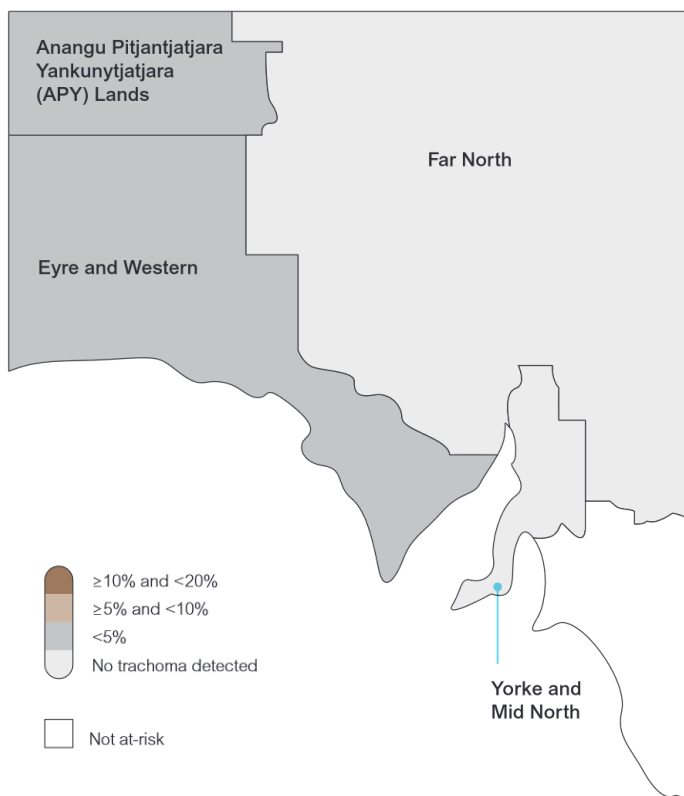
Trachoma

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

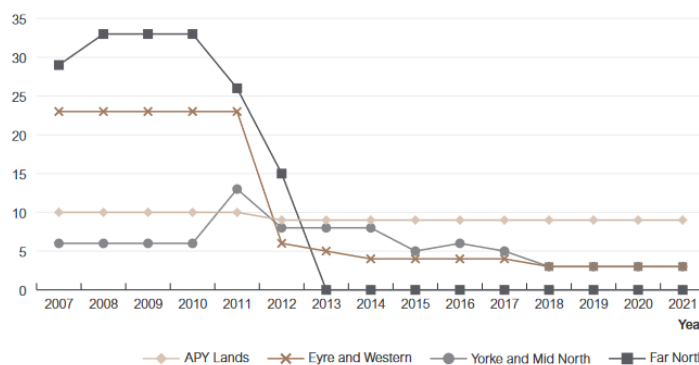


* Most recent estimates carried forward in at-risk communities that did not screen in 2021.

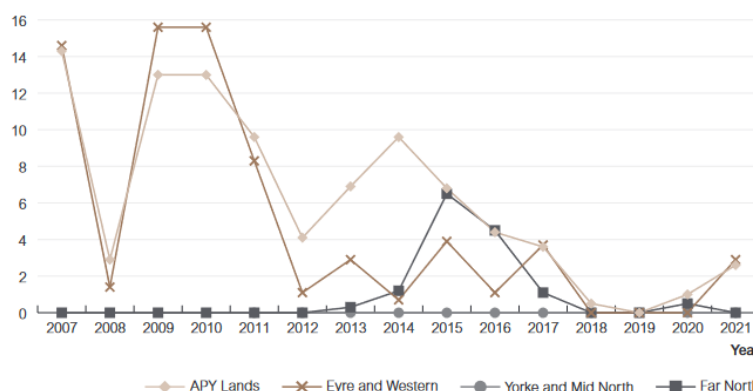
Trachoma prevalence in children aged 5-9 years in all at-risk communities by region, South Australia, 2021



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 19.8 FTE per 100,000 population in 2021, slightly higher than the national rate (19.4).
- However there is a significant gap between the two PHNs. Adelaide PHN recorded 22.5 optometry FTE per 100,000 population, 4th highest rate in Australia. Country SA recorded 13.2, 4th lowest in Australia.
- Ophthalmology: SA recorded 4.1 ophthalmologist FTE per 100,000 population in 2021, slightly higher than the national rate (3.9).
- Gaps between the two PHNs are even more pronounced, with Adelaide PHN recording 99 ophthalmologists, representing 5 FTE per 100,000 population in this period, whereas Country SA PHN recorded only 9 individual ophthalmologists – too low to calculate FTE.
- **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

1. Australian Institute of Health and Welfare. 2023. Eye Health Measures for Aboriginal and Torres Strait Islander People 2022-2023. Latest report available from: <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-eye-health-measures-2023>
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)