

Eye care for First Nations People in Tasmania

Overview – updated December 2023

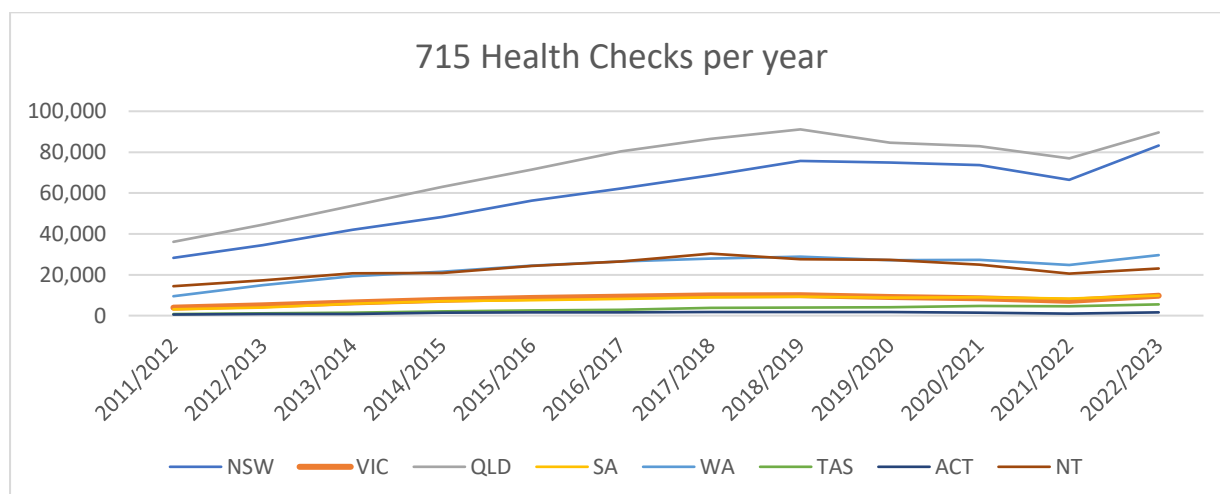
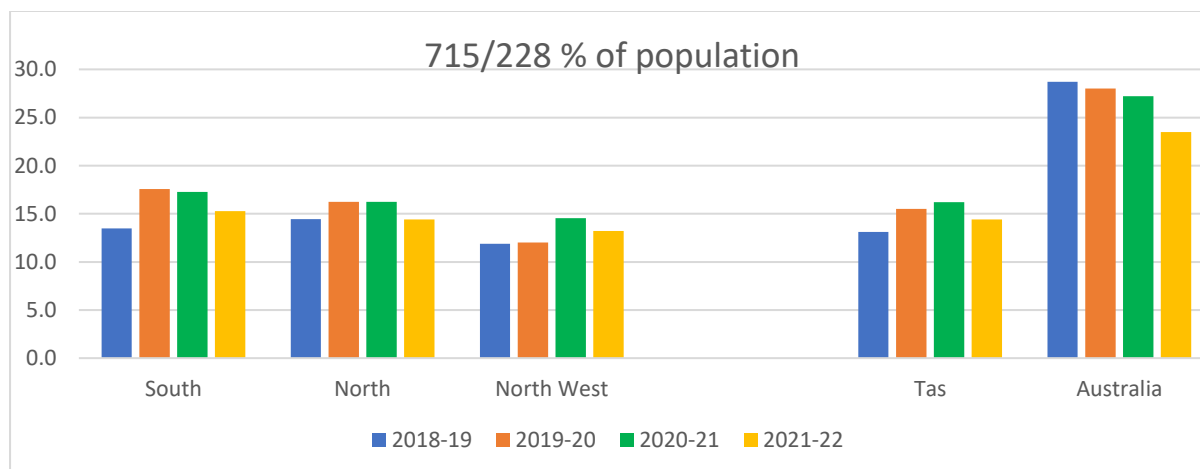
This report packages current publicly available data on key eye health and eye care access measures for First Nations People in Tasmania. All underlying data in this report is from publicly accessible sources. These measures cover the eye care pathway for the conditions causing the highest rate of vision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

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

Key updates from previous snapshot:

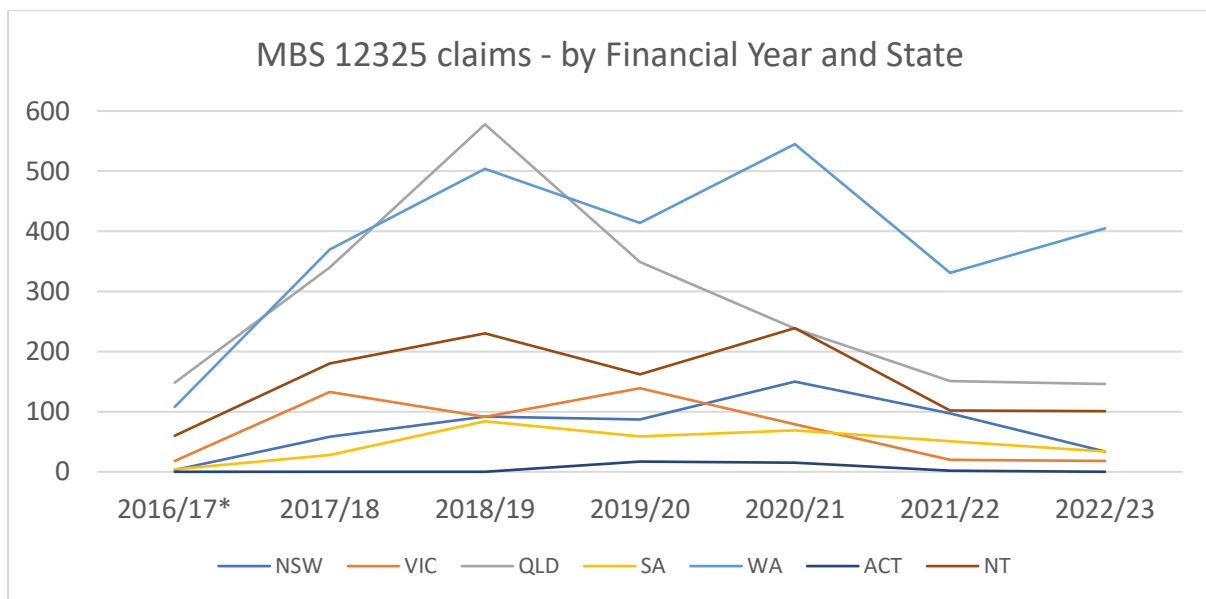
- **715 rates** saw a decrease across all jurisdictions in 2021-22, which was felt across all regions in Tasmania. Rates have increased in 2022-23 however.
- **Eye exam** rates, as well as VOS occasions of service, remain on similar levels, which are still short of equity.
- **Glasses provision** remains lower than most other jurisdictions.
- **Cataract surgery** rates increased slightly in Tas in 2019-2021 compared with 2018-2020, similar to the national trend.
- 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 3 regions in Tasmania. This is similar to the national trend. Overall differences between regions continued to narrow.
- 2022-23 rates have trended upwards across all jurisdictions, with early data showing an increase of 21.9% in Tasmania and 20.2% nationally. Tas rates (14.1%) are still significantly lower than overall national rates (23.5%).
- 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. Despite what seems like a positive uptick in 2022/23, rates still haven't reached pre-pandemic levels. We need to keep supporting ACCHOs to be able to implement the eye component of the 715 health checks.

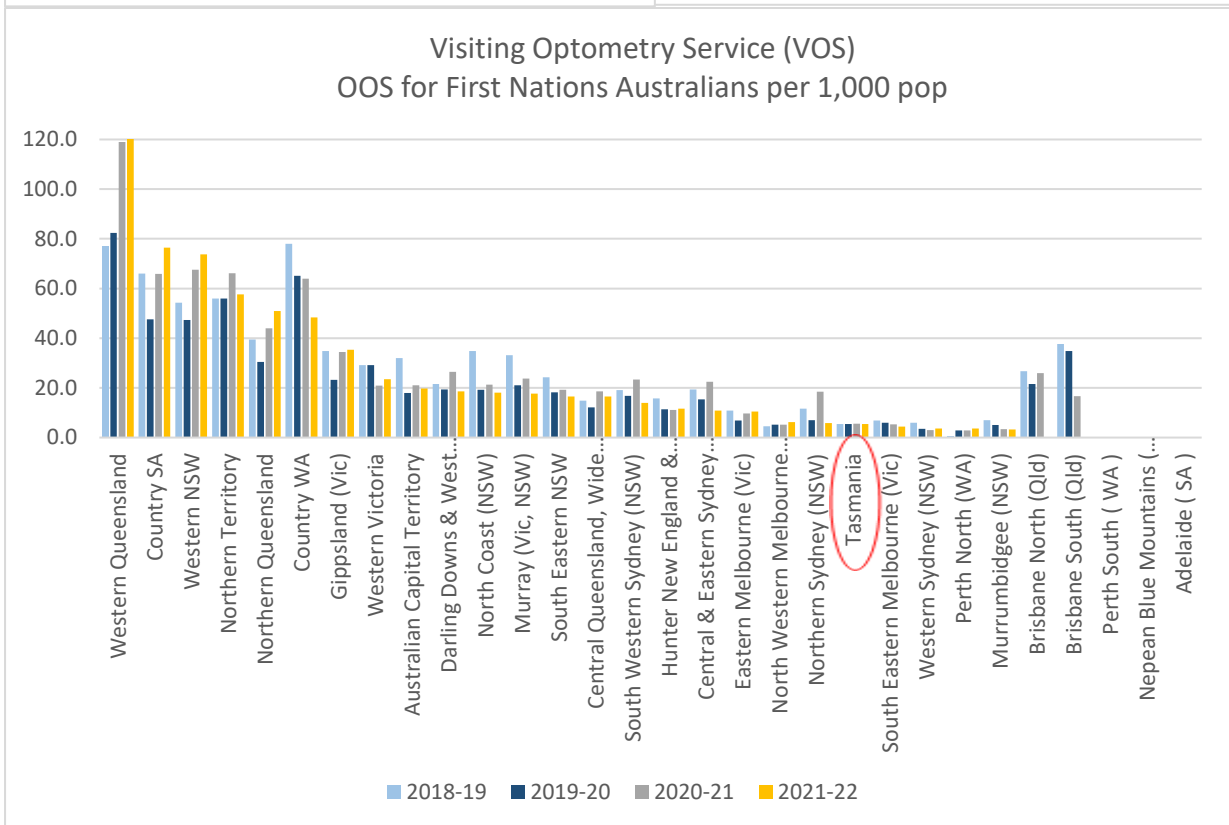
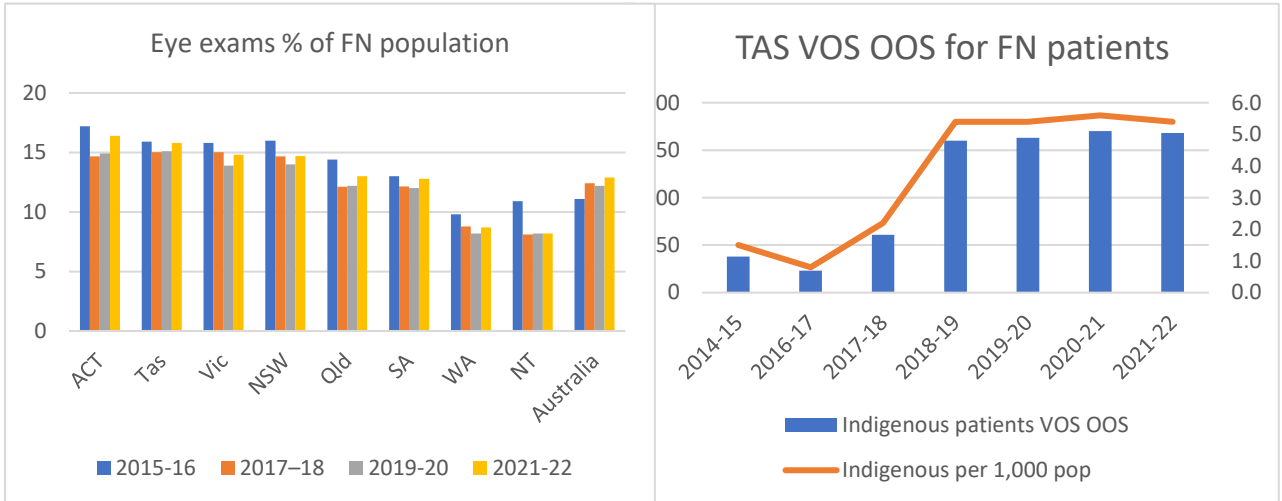
Eye screening for patients with diabetes



- 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.
- Tasmania has yet to record a single claim of MBS item 12325.
- AIHW reports that in 2021/22, 602 First Nations patients in Tas who had a diabetes monitoring check also had an eye exam during the same year (up from 540 in 2019-20). This represents 53.8% of patients who had diabetes checks (up from 46.1% 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”)

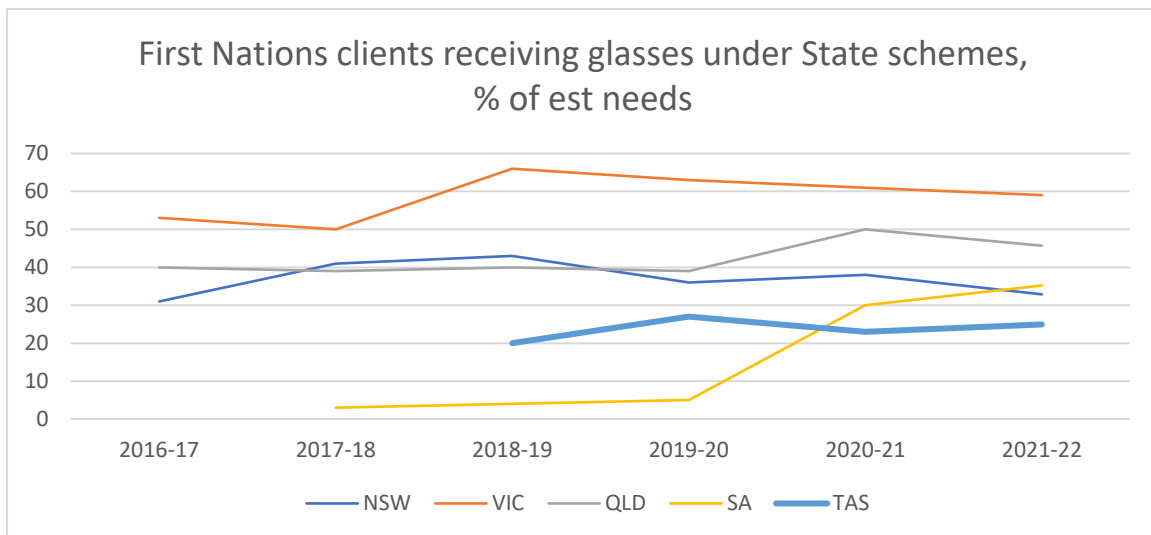
- **Key message:** we need to keep supporting ACCHOs to use the retinal cameras, while keep maintaining the health promotion messages to encourage annual screening.
- A key sector’s challenge is to secure appropriate resources for ongoing training on existing equipment (retinal cameras).

Eye examinations



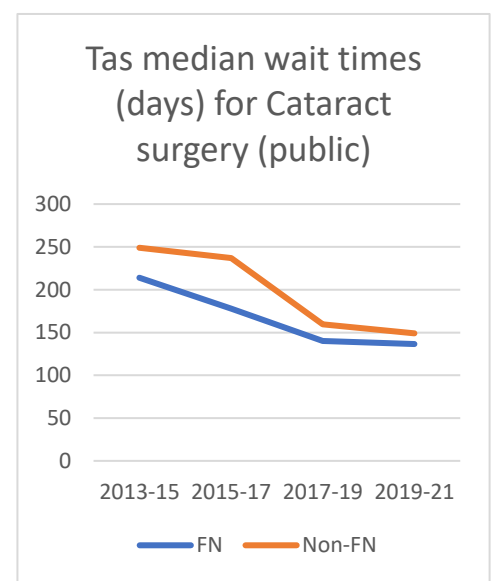
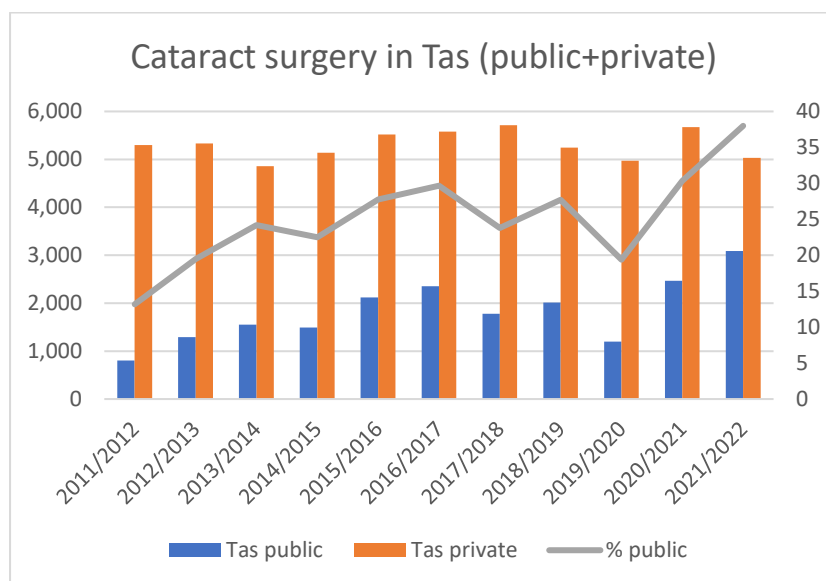
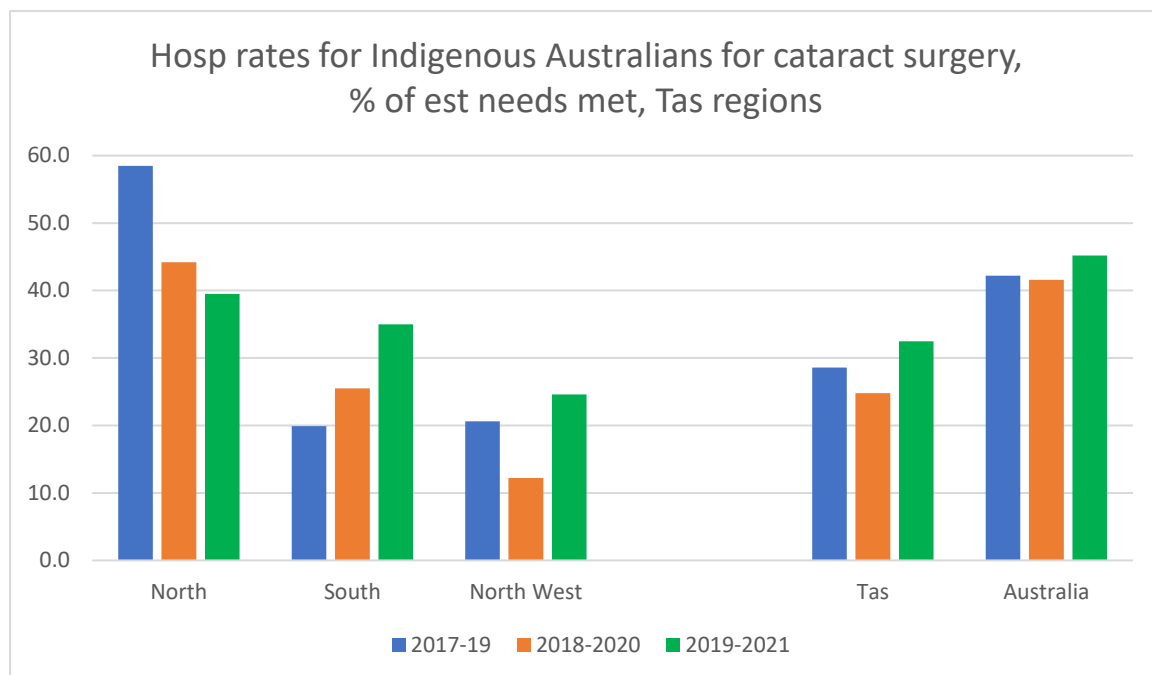
- Tas recorded 4,913 eye examinations for First Nations People in 2021/22, about 15.8% of population. This rate is higher than any other State (though lower than ACT), and higher than the national rate (12.9%).
- AIHW calculates the national, age-standardised rate to be 17.7%, still far short of the national non-First Nations eye examinations rate (25.2%).
- Visiting Optometry Service (VOS) rates for First Nations People in Tas have remained in a steady level in recent years, with about 5.4 Occasions of Service (OOS) per 1,000 First Nations population in 2021-22. This however is significantly lower than other jurisdictions.
- This can be see when comparing Tas on a PHN level with other PHNs across Australia, some of which receive a significantly higher level of VOS coverage.
- **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.
- Tasmania recorded 496 glasses provided to First Nations patients in 2021-22, representing 25% of estimated needs met (estimated needs calculated for over-40 years old only, so real need will be greater). This is lower than other States that have reporting glasses schemes.
- 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 increased overall in Tasmania, similar to the national trend.
- The increase was mostly noted in the North West and in the South, whereas North region registered a lower rate. North still has overall higher estimated needs met rate compared with the other regions.
- Public/private shift: Tas has seen a strong growth of cataract surgery in the public system over the last two years of data, doubling the share of cataract surgeries performed in public: from a low of just 19% of surgeries performed in public in 2019/20 to a high of 38% in 2021/22. This positive result bucks the national trend which sees an ongoing drift of capacity away from public into private. There are no noted differences in wait times at public hospitals in Tasmania.

- A high level of service in public hospitals should be maintained. Any 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).
- Tas recorded 157 MOICDP Occasions of Service for First Nations patients in 2021/22 – significantly up from 83 the previous year. This represents a rate of 50.5 per 10,000 population. (for comparison – highest rate: WA – 315 per 10,000 population).
- In addition to MOICDP, Tas recorded 57 RHOF OOS (highest: NSW, 684) and 32 EESS OOS (highest: WA, 246).
- **Key message:** current cataract surgery access rates for First Nations People in Tas are slowly improving, but at differing rates across jurisdictions, and significant unmet need is still estimated to exist.
- Combined sector advocacy is required for more equitable and timely access to cataract surgery for First Nations People in Tasmania.

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 20 First Nations patients accessed DR treatment via private providers in Tasmania in 2021-22. Public hospital data is not available. This is likely to be significantly lower than population-based need (estimated 350 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.
- Tas median OOP cost is \$75 per treatment, lower than national rate. However this can add up to \$600 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.

Workforce

- Optometry: Tas had estimated 16.4 FTE per 100,000 population in 2021, lower than the national rate (19.4) and lower than most other jurisdictions (only higher than WA and NT).
- Ophthalmology: Tas recorded 4.3 ophthalmologist FTE per 100,000 population in 2021, only second to NSW compared to other jurisdictions.
- **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>
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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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