

Monitoring Indigenous Access to Cataract Surgery Policy Paper



Indigenous Eye Health Unit, Melbourne School of Population and Global Health
The University of Melbourne



Goal

To eliminate the inequity in access to and utilisation of cataract surgery by Indigenous Australians.

Background


- Aboriginal and Torres Strait Islander peoples do not get the cataract surgery they need
- They suffer 12 times more cataract blindness but surgery rates are 7 times lower than mainstream (1)
- Median waiting times for public cataract surgery are 56% longer for Indigenous people than others, 140 days versus 90 days (2)
- Indigenous Australians are 4 times more likely to wait over a year for cataract surgery (3)
- Almost one third of the cataract waiting lists are longer than 1 year and some regularly exceed 7 years (4)
- Long hospital waiting lists and limited public surgery are the major barriers to access and utilisation of cataract services
- The additional number of cataract surgeries required is small and easily achievable and will address both the backlog of un-operated cataract and achieve and maintain equitable outcomes
- Less than 3,500 additional surgeries for Indigenous patients are needed each year. This is almost negligible given the 250,000 or so cataract operations performed annually in Australia

Policy recommendations

The removal of barriers to utilisation and access for cataract surgery in order to reduce the number of Aboriginal and Torres Strait Islander people who are blind from cataract requires a multi-pronged, whole-of-system approach. Improving the monitoring of Indigenous access to cataract surgery is an essential first step. This is required to allow accurate identification of the extent of the problem, guide measures to address the issue and oversee progress.

Recommendation 1: All hospitals should determine and record Indigenous status of patients at the time of referral for cataract surgery, using the already established standard methods (5).

Currently identification of Aboriginal and Torres Strait Islander status often occurs on admission to hospital rather than on receipt of referral. This makes it difficult to determine the number of Indigenous patients on the waiting list. Therefore hospitals may be unaware of the real Indigenous demand for cataract surgery and the poor outcome delivery against this demand.



Recommendation 2: All hospitals should monitor and report the number and percentage of Indigenous and non-Indigenous patients who receive cataract surgery within 90 days of booking and this should be a new and additional national performance indicator for cataract surgery.

The tracking of this indicator will show if Indigenous people are being displaced from having surgery and will lead to equity in waiting times for cataract surgery.

Given the importance of cataract surgery the Commonwealth, state and territory governments should also recognize Indigeneity and the high level of co-morbidity to categorize all Indigenous cataract surgery as category 2, to be operated within 90 days.

Currently the number of patients who have had cataract surgery, the cataract surgery rate (cataract operations per million people per year), the median waiting time and the percentage waiting for more 365 days are reported by jurisdiction.

Implications

These recommendations for cataract surgery for Aboriginal and Torres Strait Islander people will:

- Improve the delivery of cataract surgery
- Close the Gap for un-operated Indigenous cataract and stop hospital surgery waiting times and service fees continuing to be barriers
- Ensure that Aboriginal and Torres Strait Islander peoples can benefit from improved sight and quality of life after cataract surgery
- Increase community confidence in all eye services and increase their utilisation

Contact

Professor Hugh R Taylor AC
Indigenous Eye Health Unit
The Melbourne School of Population and Global Health
The University of Melbourne
Level 5, 207 Bouverie St, Carlton, VIC, 3010
Phone: (03) 83449320
Email: h.taylor@unimelb.edu.au

References

1. Taylor HR, Xie J, Fox S, Dunn RA, Arnold AL, Keeffe JE. The prevalence and causes of vision loss in Indigenous Australians: the National Indigenous Eye Health Survey. *Med J Aust* 2010. 2010;192 (6):312-8.
2. Australian Institute of Health and Welfare. Australian hospital statistics 2012–13: elective surgery waiting times. Health services series no 5 Cat no HSE 140. Canberra: AIHW2013
3. Boudville AI, Anjou MD, Taylor HR. Indigenous access to cataract surgery: an assessment of the barriers and solutions within the Australian health system. *Clinical and Experimental Ophthalmology*. 2013;41(2):148-54.
4. Turner AW, Xie J, Arnold A-L, Dunn RA, Taylor HR. Eye health service access and utilisation in the National Indigenous Eye Health Survey. *Clinical and Experimental Ophthalmology*. 2011;39(7):598-603
5. Australian Institute of Health and Welfare. National Health Data Dictionary. Version 16. no. HWI 119. Canberra: AIHW2-12