



# 2014 Annual Update on the Implementation of The Roadmap to Close the Gap for Vision



The Roadmap and this report was endorsed by these organisations

Vision loss is 11% of the Indigenous health gap.  
Most of this is unnecessary and could be eliminated 'overnight'

The second Annual Update on the Implementation of The Roadmap to Close the Gap for Vision was released by Lisa Briggs (CEO NACCHO) in November 2013 in Hobart.



The first Annual Update on the Implementation of The Roadmap to Close the Gap for Vision was released by Mick Gooda (Aboriginal and Torres Strait Islander Social Justice Commissioner) in November 2012 in Melbourne.



The Roadmap is an interlocked set of recommendations to improve access to and utilisation of comprehensive eye care. It was launched by Minister Warren Snowdon MP and Justin Mohamed (Chair NACCHO) in February 2012.



In 2009 the Honourable Quentin Bryce, Governor General of Australia, launched the National Indigenous Eye Health Survey report which provides the evidence base describing the burden of eye disease for Indigenous people.



## Steps for National Implementation

1. National oversight and accountability function
2. Adopt national benchmarks including pathways and standards
3. Prioritise eye care for Medicare Locals/ Primary Health Networks
4. Support jurisdictional activity
5. Funding for coordination and programs

## National Roadmap Engagement and Accomplishments 2014

- Additional Commonwealth funding for Indigenous eye health
- Endorsement from all major political parties and Parliamentary speeches
- High level engagement with parliamentarians and policy makers
- National framework implementation plan

## Steps for Jurisdictional Implementation

1. Establish eye health committee within Aboriginal Health Forum
2. Define regions with identified surgical facility
3. Support regional planning
4. Support regional and jurisdictional performance monitoring

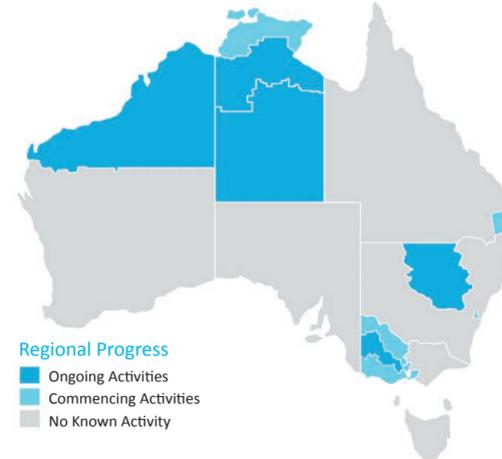
## The Cost to Close the Gap for Vision

The 2014 estimated annual cost to Close the Gap for Vision is \$7.7m

**If it were simple, it would have been done long ago**

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## Regional Implementation of Roadmap



12 regions and 35% of the Indigenous population

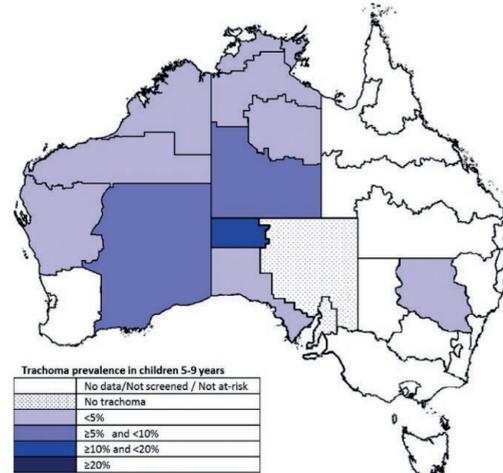
- South East Queensland
- Loddon Mallee
- Grampians
- Barwon South West
- North and West Metropolitan Melbourne
- Southern Metropolitan Melbourne
- Kimberley Pilbara
- Greater Darwin/East Arnhem
- Katherine
- Central Australia/Barkly
- Western NSW
- Western Sydney

## Essential Regional Elements

Once a region is defined with population and surgical hub identified

1. Establish regional collaborative network
2. Gap and needs analysis for service requirements
3. Develop regional service directory and referral protocols
4. Identify system coordination and patient case management staff roles
5. Local planning and action through regional collaborative network
6. Establish regional data collection and monitoring system
7. Ensure regional accountability and oversight

## Prevalence of Active Trachoma

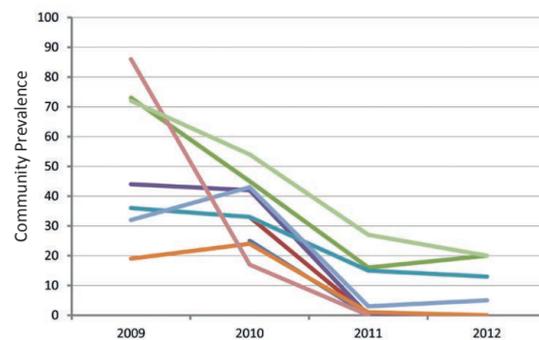


National prevalence fell from 14% in 2009 to 4% in 2013

NTSRU 2014

**When things are done properly, they work**

Prevalence of trachoma in children in nine Central Australian communities each shown by a coloured line



## National Indigenous Eye Health Survey 2008

Vision loss in Indigenous adults (compared to non-Indigenous Australians)

- Blindness is 6 times more common
- Low vision is nearly 3 times more common

The main causes of blindness are

- Cataract
- Refractive error
- Diabetic eye disease
- Trachoma

## National Eye Health Survey 2014-2016

Commonwealth funding for a National Eye Health Survey

- Meet Australia's need to report to WHO
- Measure progress to Close the Gap for Vision

## The Importance of Diabetes Eye Care

- No Indigenous person with diabetes should be allowed to go more than one year without an eye examination
- People with diabetes form three quarters of those needing eye care each year

## Indigenous Eye Health Indicators

- To assess system performance and equity
- Undertaken by regions, jurisdictions and nationally
  - MBS 715 health check
  - Cataract surgery rate
  - Cataract surgery within 90 days of booking
  - Retinal examination for people with diabetes
  - Laser procedure rate for diabetic retinopathy
  - (Subsidised spectacles for jurisdictions)
  - Trachoma prevalence rates
  - Visiting optometry days
  - Visiting ophthalmology days

**If things aren't counted, they aren't done**



RECOMMENDATION		OUTCOME		ACTIVITIES			
Primary Eye Care as part of Comprehensive Primary Health Care	1.1 Enhancing eye health capacity in primary health services	Education programs implemented for primary health workers	* Online education resources (RAHC modules) developed	* Eye health training courses delivered	* Eye health guidelines developed for primary care		
	1.2 Health assessment items include eye health	Eye health assessment included in Medicare items	Eye checks mandatory in MBS 715 & PIP				
	1.3 Diabetic retinopathy detection	Medicare item for photography	* MSAC application for retinal photography Medicare item	* Online diabetic retinopathy grading course developed	* Retinal photo funding (NMRC) approved		
	1.4 Eye health inclusion in clinical software	Computer software includes eye health	Software Roundtable June 2013	* Clinical software data fields & prompts developed	* Eye health prompts & data fields incorporated into some software programs	Eye health prompts & data fields incorporated into all software programs	
Indigenous Access to Eye Health Services	2.1 Aboriginal Health Services & eye health	Specialist eye care delivered through AHS	RHOF/VOS encouraging eye care within AHS	Specialist eye care provided through some AHS	Specialist eye care provided through all AHS		
	2.2 Cultural safety in mainstream services	Clinics & hospitals considered culturally safe	Cultural safety & cultural competence training available	Cultural training incorporated into VOS/RHOF programs			
	2.3 Low cost spectacles	Nationally consistent Indigenous spectacle scheme	Review of current subsidised spectacle services & uptake	Criteria agreed by sector	* Effective subsidised spectacle programs functioning in some jurisdictions	Effective subsidised spectacle programs functioning in all jurisdictions	
	2.4 Hospital surgery prioritisation	Indigeneity prioritised for cataract surgery	Stakeholder & government support	* Cataract policy paper developed & sector endorsed	* Cataract surgery indicators agreed & regularly reported	Some jurisdictions take action to address inequities	All jurisdictions take action to address inequities
Coordination and Case Management	3.1 Local eye care systems coordination	Regional coordination to include ML & other stakeholders	Indigenous eye health case study for DoH Medicare Local Collaborative Framework	* Working group responsibilities established in some regions	* Project officers assigned in some regions	Working group responsibilities established in all regions	Project officers assigned in all regions
	3.2 Clear pathways of care	Referral pathways & service directories established	* Service directory developed in some regions	Local referral pathways mapped in some regions	Service directory developed in all regions	Local referral pathways mapped in all regions	
	3.3 Workforce identification & roles	Roles required to support patient journey	Patient support staff roles defined in some regions	Patient support staff roles defined in all regions			
	3.4 Eye care support workforce	Sufficient personnel engaged in eye care needs	* Support staff needs identified in some regions	Sufficient support staff in some regions	Support staff needs identified in all regions	Sufficient support staff in all regions	
	3.5 Patient case coordination	Case management for those with diabetes or needing surgery	Appointment of chronic disease coordinators	* Case management roles allocated in some regions	Case management roles allocated in all regions		
	3.6 Partnerships & agreements	Local & regional agreements established	* Collaborative networks established in some regions	* Appropriate network arrangements made in some regions	Collaborative networks established in all regions	Appropriate network arrangements made in all regions	
Eye Health Workforce	4.1 Provide eye health workforce to meet population needs	Population-based needs determine eye health workforce	* Workforce needs analyses in some regions	Sufficient ophthalmology & optometry in some regions	Workforce needs analyses in all regions	Sufficient ophthalmology & optometry in all regions	
	4.2 Improve contracting & management of visiting services	VOS and RHOF work effectively & properly coordinated	MSOAP & VOS review released	* Linkages between RHOF/MOICDP & RHOF/VOS with ML/PHN & LHN	* New fundholder arrangements for planning & coordination		
	4.3 Appropriate resources for eye care in rural & remote areas	Services are adequate to meet eyecare needs	Sufficient workforce & resources in some regions	Needs analyses in some regions	Sufficient workforce & resources in all regions	Needs analyses in all regions	
	4.4 Increase utilisation of services in urban areas	VOS supports AHS eye care in both regional & urban areas	Urban specialist outreach includes some allied health	Urban VOS proposed	* VOS services in some urban AHS	VOS services in all urban AHS	
	4.5 Billing for visiting MSOAP supported services	RHOF services are bulkbilled	* Bulkbilling policy paper developed & endorsed	* DoH considering appropriate strategy	Strategy implemented		
	4.6 Rural education & training of eye health workforce	Funding for optometry & ophthalmology training	Visits & posts funded for trainees				
Elimination of Trachoma	5.1 Definition of areas at risk	Areas with trachoma are defined across Australia	NT, SA, WA areas defined	* NSW areas defined	* QLD areas defined		
	5.2 Effective interventions	SAFE strategy is implemented	* Funding provided for 2013-2017	* New national guidelines for trachoma management	* Additional funds secured for health promotion		
	5.3 Surveillance & evaluation	Ensure continuance of NTSRU	Advocacy & ongoing funding for NTSRU				
	5.4 Certification of elimination	Australia eliminates trachoma	TF rates <5% in some screened communities	TF rates <5% in all screened communities	Antibiotic treatment stopped in all endemic communities	Surveys confirm trachoma eliminated	WHO verification
Monitoring and Evaluation	6.1 Managing local eye service performance	Performance is assessed against needs-based targets	* Regional tools & service targets developed	* Some regions reviewing performance against needs	All regions reviewing performance against needs		
	6.2 State & national performances	State & national data are analysed & reported	* Indicators agreed & adopted	Indicators reported by some jurisdictions	Indicators reported by all jurisdictions		
	6.3 Collating existing eye data sources	Existing data sources are used to review service needs & performance	* Indicators included in National Health Performance Framework	Eye indicators reported			
	6.4 National benchmarks	National benchmarks & guidelines are established & used	Eye health included in Health Performance Framework 2012	* NEHS partially funded	* National oversight body prepares/oversees guidelines	* NEHS data collection undertaken	NEHS results reported to WHO
	6.5 Quality assurance	High quality service is achieved	* CQI/audit tools developed & agreed	CQI/audit tools adopted & used regularly in some regions	CQI/audit tools adopted & used regularly in all regions		
	6.6 Primary health service self-audit in eye health	Services can easily determine needs & performance	Incorporated into regional assessment & CQI				
	6.7 Program evaluation	Implementation of Roadmap is evaluated	* Annual progress report 2014 published	* Adjustments made from lessons learned	* Review of KPI's at regional, jurisdictional, national levels	* NEHS data collection undertaken	Gap for vision is closed
Governance	7.1 Community engagement	Local communities use & champion eye care services	* Local services encouraging eye care in some regions	Local services encouraging eye care in all regions			
	7.2 Local Hospital Networks & Medicare Locals	Indigenous eye health is coordinated at the regional level	* Regional collaborative networks established in some regions	* Indigenous eye health a priority for ML/PHN	Regional collaborative network established in all regions		
	7.3 State/territory management	Effective state/territory Indigenous eye health committees	* Eye subcommittees of planning forums established in some jurisdictions	Eye subcommittee of planning forums established in all jurisdictions			
	7.4 National oversight	National Indigenous eye health oversight function developed	* Process for national oversight identified	* Commonwealth and jurisdictional agreement on mechanism for oversight	National oversight mechanism functioning		
	7.5 Program interdependence	Roadmap is effectively implemented across Australia	Full sector support & advocacy for Roadmap implementation	* DoH funding to IEHU for Roadmap facilitation	* Roadmap recommendations prioritised in NFIP	Roadmap recommendations partially implemented	Roadmap recommendations fully implemented
Health Promotion and Awareness	8.1 Eye health promotion	Community & staff recognise the need for eye care	* Materials developed by AHS & NGOs	National media/communication strategy considered	Appropriate programs implemented in some regions	Appropriate programs implemented in all regions	
	8.2 Social marketing eye care services	Community know about local eye services	Develop core materials about local eye health services	Eye service utilisation periodically monitored locally	Appropriate programs implemented in some regions	Appropriate programs implemented in all regions	Materials reviewed & renewed as required
Health Financing	9.1 Current spending on Indigenous eye health	Current services are maintained	Current specific funding maintained				
	9.2 Current spending on trachoma	Funding continues until trachoma is eliminated	* Recommitment of 2014-2017 funding	* Additional funding secured for health promotion			
	9.3 Full additional annual capped funding required	Adequate capped funding provided (\$19.5m per annum)	Pre-election funding bid 2013	* Capped funding requirements recosted (\$7.7m per annum)	Additional required funds committed		
	9.4 Cost to close the gap for vision funded for 5 years	Additional funding continues until the gap for vision is closed	* Required funds committed	Ongoing monitoring of progress			

Provision of Equity in Eye Care and the Elimination of Trachoma

Action completed
  Action initiated
  No action to date
 \* Action in 2014