

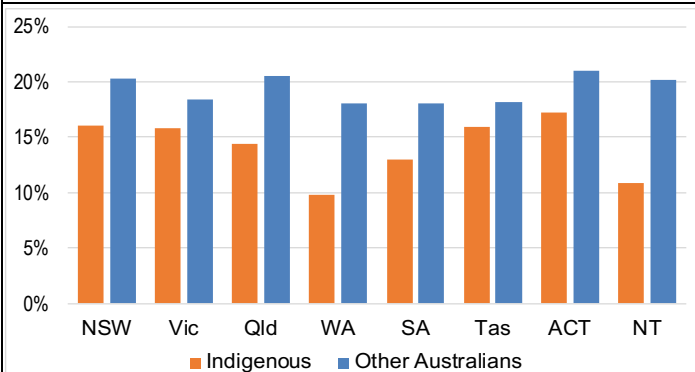
# Indigenous Eye Health Measures - Jurisdictional Snapshot 2018

## TASMANIA

A range of measures relating to Indigenous eye health are available at jurisdictional and Primary Health Network level in the Australian Institute of Health and Welfare report, *Indigenous eye health measures 2017* (AIHW, 2018).<sup>1</sup>

These measures cover the eye care pathway – from identification of problems, to eye examinations and treatment – and provide a way to identify gaps and improvements along the pathway at National, State and regional levels.

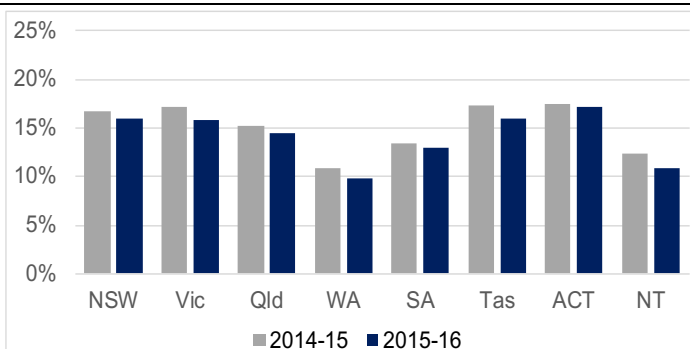
### 1. Eye Exams for Indigenous adults - % of Population by cohort



In 2015-16, just under **16%** of Indigenous adults in Tasmania had an eye exam, compared to just over **18%** of non-Indigenous Australians (**2.3% gap**).

*Access to regular eye exams should be supported to avoid preventable blindness and vision*

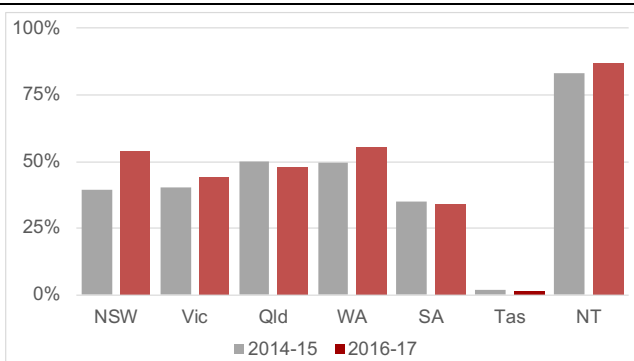
### 2. Eye Exams Over Time - % of Indigenous Population



There was a slight **decrease** in the % of the total population who had an eye exam in Tasmania in 2015-16 compared to the previous year (17.3%)

*Regular eye examinations help to identify issues early and support access to treatment if required*

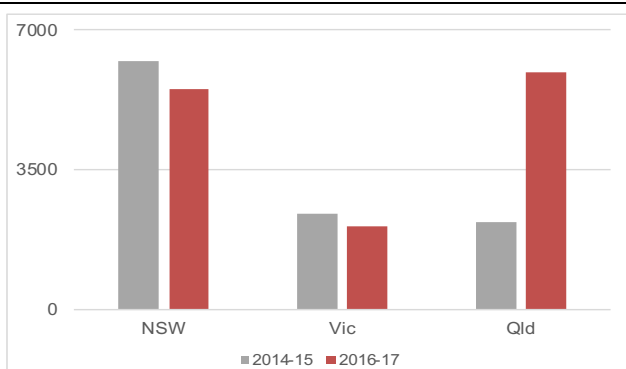
### 3. Visiting Optometrist Scheme (VOS) Occasions of Service - % for Indigenous Patients



Tasmania had the **lowest** % of VOS Occasions of Service (OOS) provided to Indigenous clients at **1.5%** in 2016-17

*Increasing VOS access for Indigenous clients can address issues of equity*

### 4. Glasses dispensed to Indigenous people under jurisdictional programs (number)

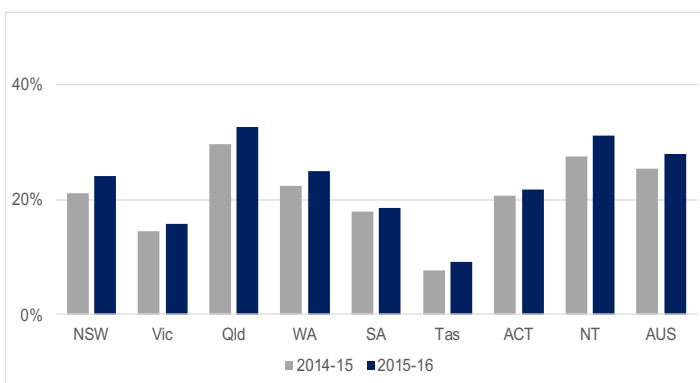


The number of **spectacles** dispensed to Indigenous people under the state program is **not available** for Tasmania

*Providing data on access to affordable glasses gives an indication of how well equity issues are being addressed for refractive error, which is a major cause of vision loss*

<sup>1</sup> Online report available at <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-eye-health-measures-2017/contents/summary>

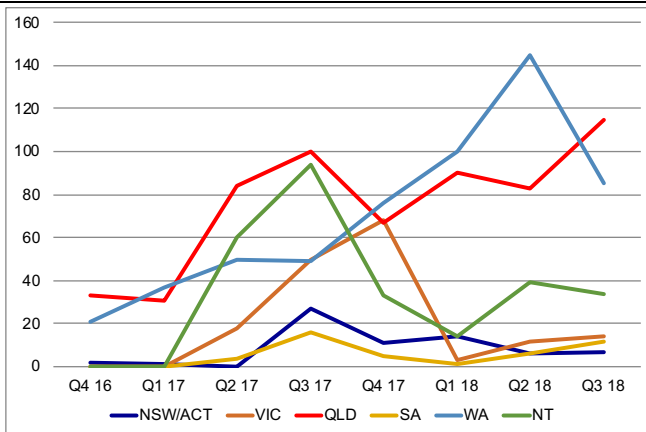
## 5. MBS 715 Aboriginal and Torres Strait Islander Health Assessments - % of Population



Tasmania had the lowest % of the Indigenous population receiving MBS 715 Health Assessments at **9.1%** in 2015-16, **below** the national average of **28%**

*Increased eye health screening in primary care, as part of a health check, supports earlier identification of issues and referral if required*

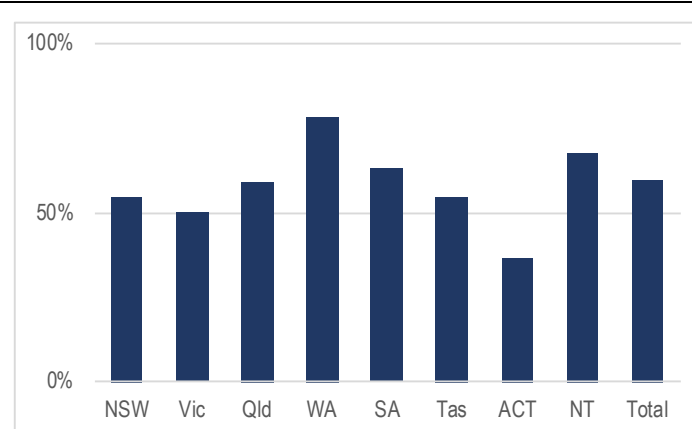
## 6. MBS 12325 Non-Mydriatic Retinal Screening for Indigenous patients (number)<sup>2</sup>



As of September 2018, there had been **no claims** made in Tasmania for MBS item 12325 since it was introduced in November 2016

*Use of retinal cameras in Aboriginal Health Services can support annual screening for Aboriginal people with diabetes*

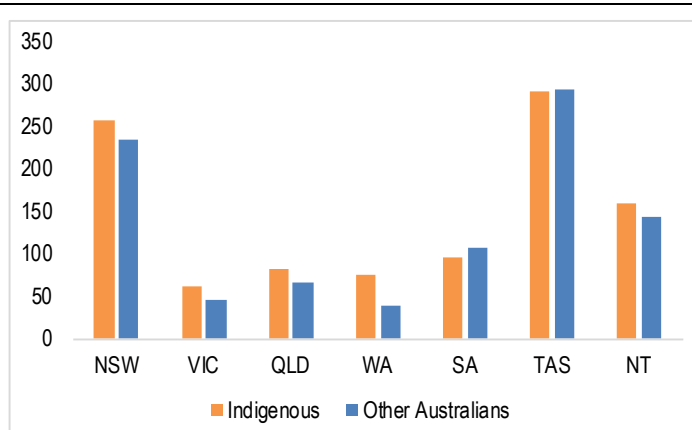
## 7. Proportion of Need Met for Cataract Surgery (%)



The number of cataract surgeries provided to Indigenous patients in Tasmania met **55%** of the estimated population-based need in the jurisdiction between 2014-16.

*Despite having higher rates of blinding cataract nationally, Indigenous Australians have lower rates of surgery. Increased access to cataract surgery is required to address this gap.*

## 8. Waiting Times for Cataract Surgery by cohort (median number of days)



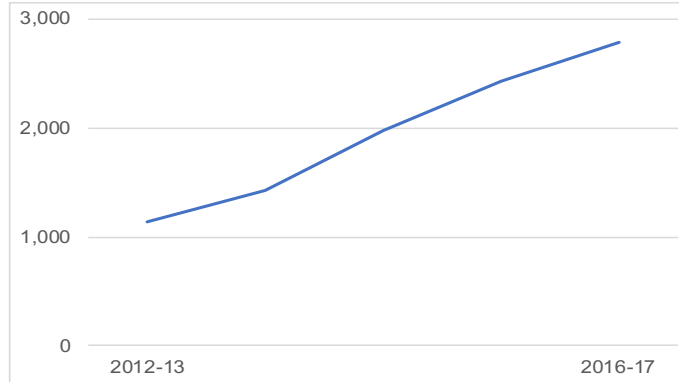
Tasmania had the **longest** median wait time for cataract surgery for Indigenous Australians, at **292 days** in 2013-15. The median wait time was similar for other Australians in that jurisdiction.

*Waiting times provide an indication of equity, as Indigenous Australians often wait longer to access surgery*

<sup>2</sup> Data available via MBS statistics at [http://medicarestatistics.humanservices.gov.au/statistics/mbs\\_item.jsp](http://medicarestatistics.humanservices.gov.au/statistics/mbs_item.jsp)

# Primary Health Network Snapshot – Tasmania

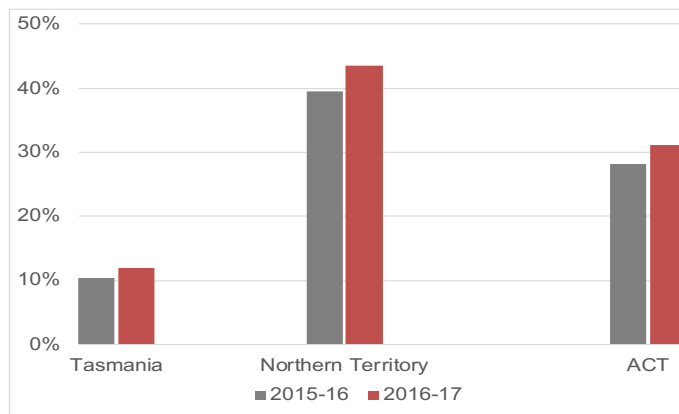
## 9. MBS 715 Aboriginal and Torres Strait Islander Health Assessments (number)<sup>3</sup>



The **number** of MBS 715 Health Check claims **increased** overall in Tasmania from 1,132 in 2012-13 to 2,785 in 2016-17

*Including eye exams and visual acuity should be encouraged as a key part of the Health Assessment*

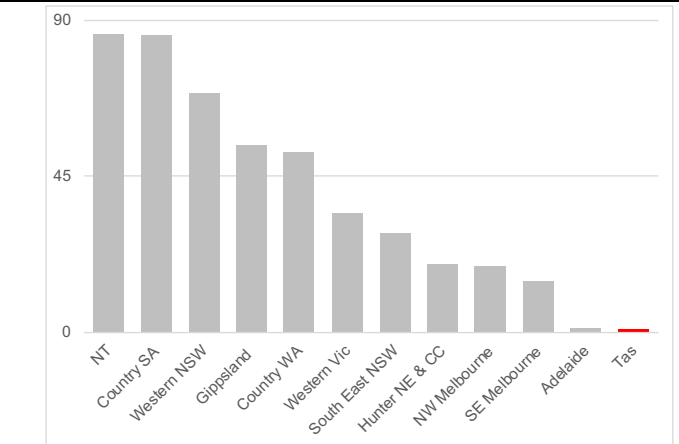
## 10. MBS 715 Health Assessments - % of Population<sup>4</sup>



In 2016-17 an estimated **12%** of Indigenous people in the Tasmania PHN region received an MBS 715 Health Check. This compares to 31% in the ACT PHN and 44% in the Northern Territory PHN.

*Increasing the % of the population accessing health assessments provides greater opportunity for eye health examinations and referral*

## 11. Visiting Optometrist Scheme (VOS) Occasions of Service for Indigenous clients (per 1,000)\*

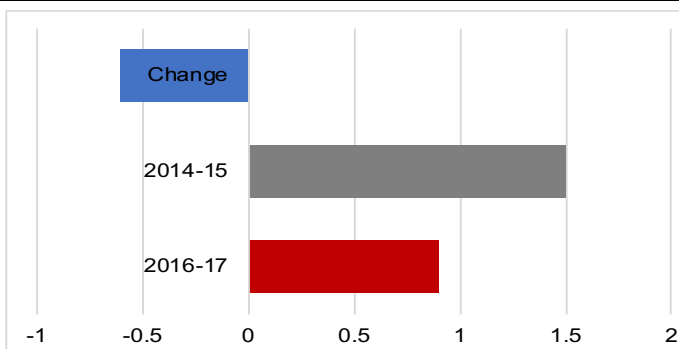


In 2016-17, the **number** of VOS OOS delivered to Indigenous clients was **1 service per 1,000 population** in Tasmania PHN (4<sup>th</sup> lowest of all PHNs).

*Delivering VOS in Aboriginal Health services can increase access and address equity issues*

\*Data presented for selected PHNs

## 12. Change in VOS Occasions of Service for Indigenous clients (number)

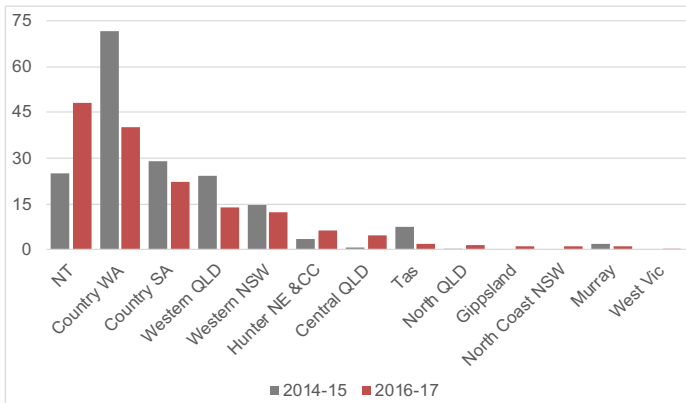


Between 2014-15 and 2016-17, the **number** of VOS OOS for Indigenous clients **decreased** from **1.5** to **0.9 per 1,000 population** in the Tasmania PHN region.

<sup>3</sup>[http://www.health.gov.au/internet/main/publishing.nsf/Content/A1F08249E056C796CA257FD400281DBF/\\$File/MBS%20Items%20and%20Groups%20by%20PHN%201213-1617%2007NOV17%20A.xlsx](http://www.health.gov.au/internet/main/publishing.nsf/Content/A1F08249E056C796CA257FD400281DBF/$File/MBS%20Items%20and%20Groups%20by%20PHN%201213-1617%2007NOV17%20A.xlsx) (MBS data by PHN)

<sup>4</sup> Population uptake calculated using MBS 715 data above and population data from ABS Census 2016

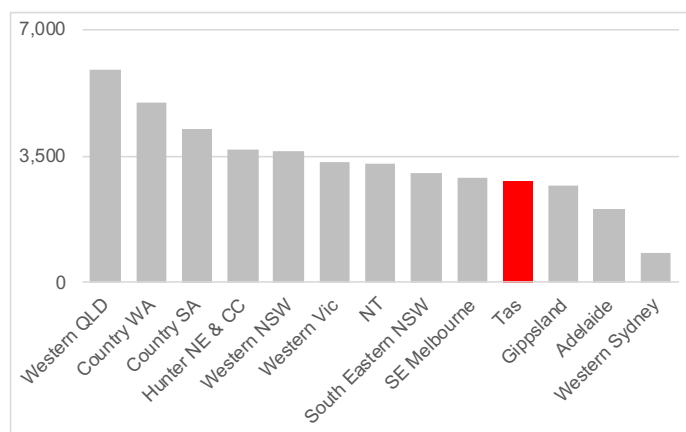
### 13. Rural Health Outreach Fund Eye Health Services for Indigenous Patients (number per 1,000)



There was a decrease in the **number** of OOS for Indigenous patients under the RHOF program in Tasmania PHN. OOS **decreased** from 7.5 per 1,000 population in 2014-15 to **1.8 per 1,000** in 2016-17.

RHOF is targeted at rural (non-metro) areas.

### 14. Hospitalisation Rates for Indigenous Australians for cataract surgery (per million)\*



The cataract surgery hospitalisation rate for Indigenous patients was **2,798 per million** population in Tasmania PHN in 2014-16.

**Western Qld PHN** had the **highest rate** in Australia (5,900 per million), and **Western Sydney** had **the lowest** (825 per million). The Median was 2,756 in Gold Coast PHN.

*Increasing access to cataract surgery for Indigenous Australians can help reduce rates of avoidable blindness*

\*Data presented for selected PHNs only

### How PHNs can contribute to improving eye health outcomes for Indigenous Australians

#### Include eye care as part of comprehensive diabetes care

- ITC support to ensure annual eye exam for all Indigenous patients with diabetes
- Quality improvement focus (data/diabetes)
- Education and training to include eye health
- Distribute resources /information, newsletters/social media (e.g. Diabetes Week/Days)
- HealthPathways content and implementation
- Health Promotion resources and messages - e.g. Check Today, See Tomorrow resources
- Encourage/support uptake and use of DRS cameras

#### Increase eye health awareness and skills in primary care and community settings

- Education and training for primary care providers (including Integrated Team Care program staff)
- Distribute resources/information, newsletters/social media (e.g. World Sight Day)
- HealthPathways content and implementation
- Health Promotion activities for community – e.g. Check Today, See Tomorrow resources

#### Increase MBS 715 Aboriginal and Torres Strait Islander Health Assessment rates

- Objective of ITC program
- Promote visual acuity and eye exam elements of MBS 715 assessments

#### Improve cultural competency across health care services and improve identification of Indigenous status

- Core to ITC program
- Work with local stakeholder groups to improve cultural competency and identification of Indigenous status at all points in the eye care pathway

#### Support system-change and improve coordination between primary and tertiary (specialist) settings

- ITC program objective and core PHN role
- Participate in eye care stakeholder groups
- Contribute to population health data analysis
- Work with jurisdictional fund-holders to improve coordination and access to funded services