

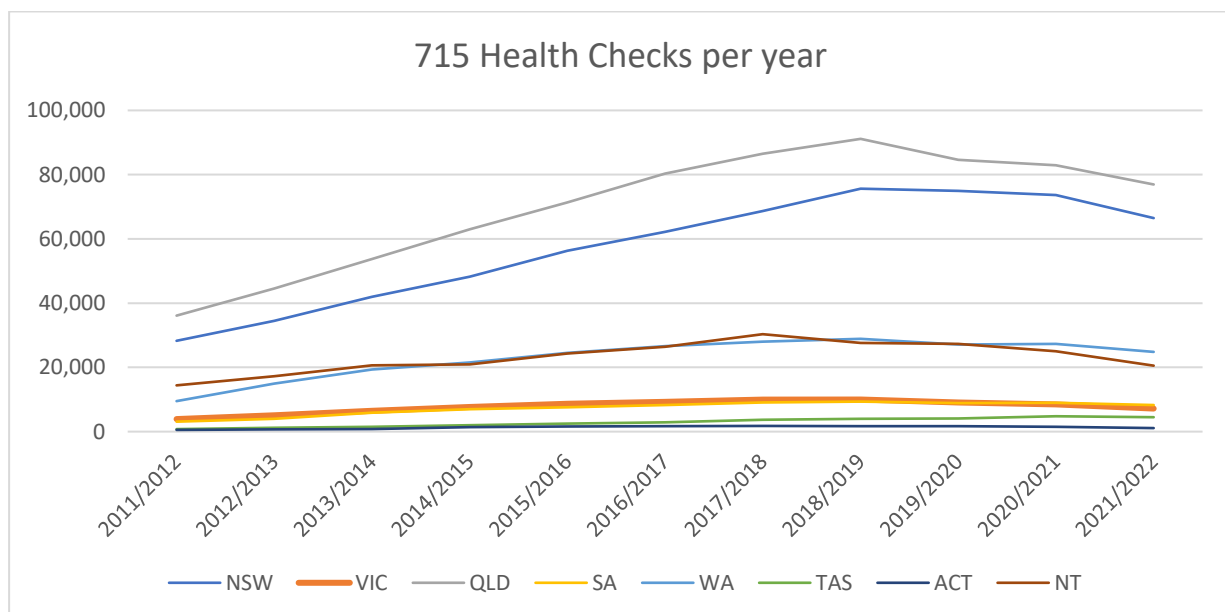
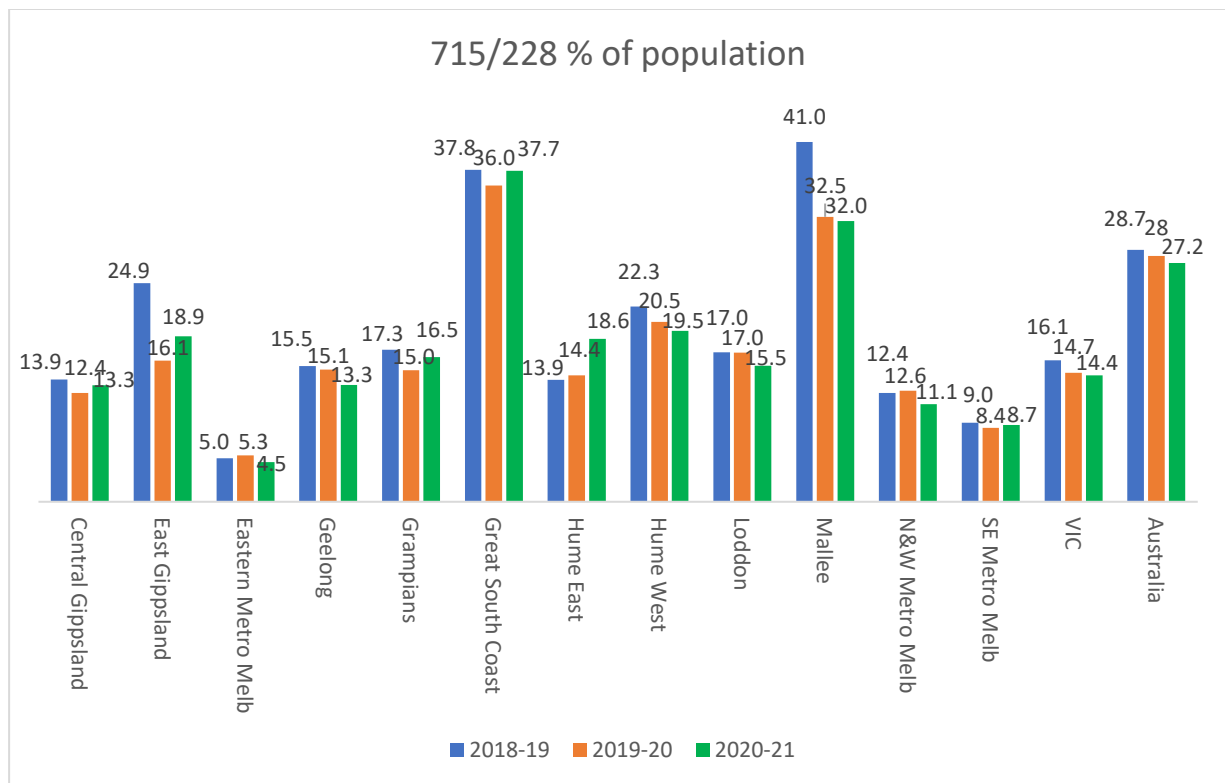
Eye care for Aboriginal and Torres Strait Islander People in VIC

Overview – updated June 2023

This report packages current publicly available data on key eye health and eye care access measures for Aboriginal and Torres Strait Islander People in Victoria. 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.

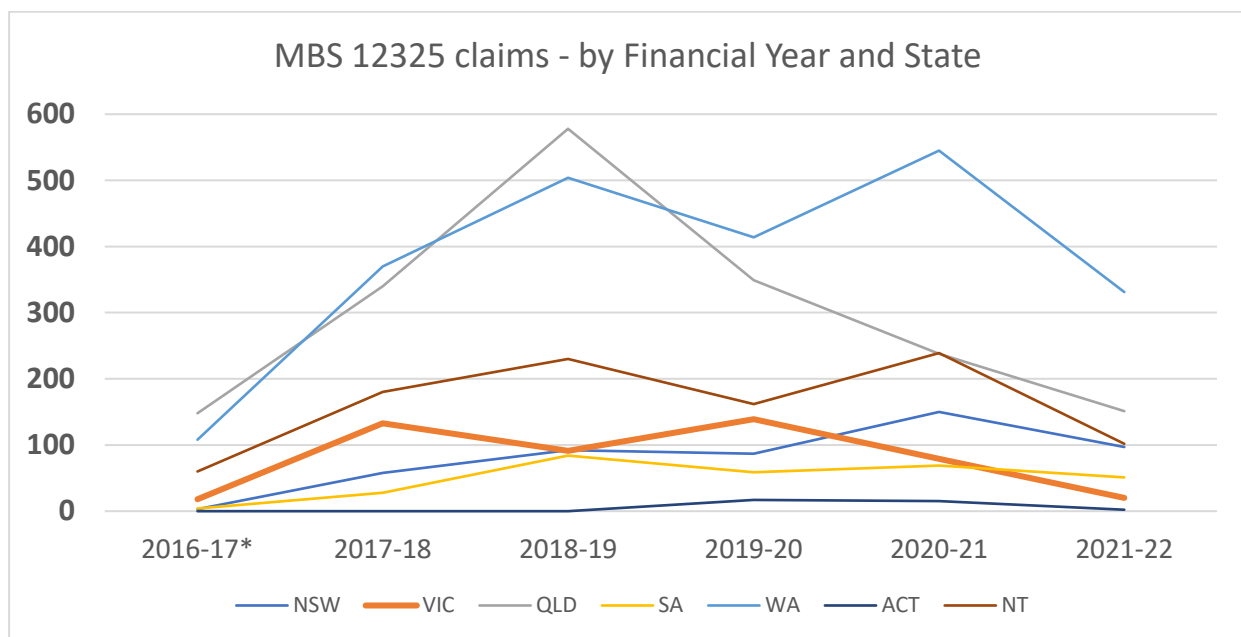
This report was prepared by Indigenous Eye Health Unit, University of Melbourne.

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.
- Rates trended differently across VIC regions, but most marked a decrease in 715 rates over the last two years of data. Hume East trended consistently upwards during this period.
- 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:** there is an overall decline in 715 rates which, among other things, impacts on eye health screening. We need to keep supporting ACCHOs to implement the eye component of the 715 health checks.

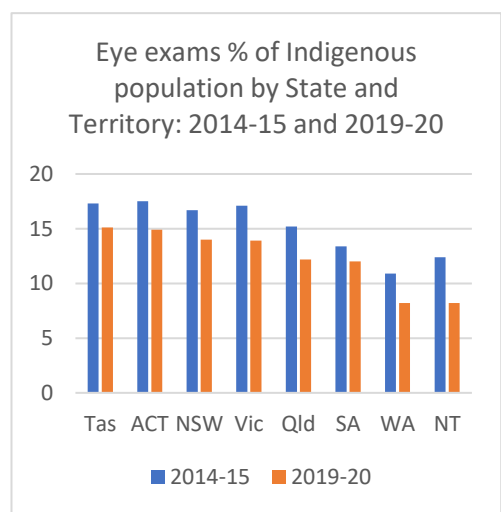
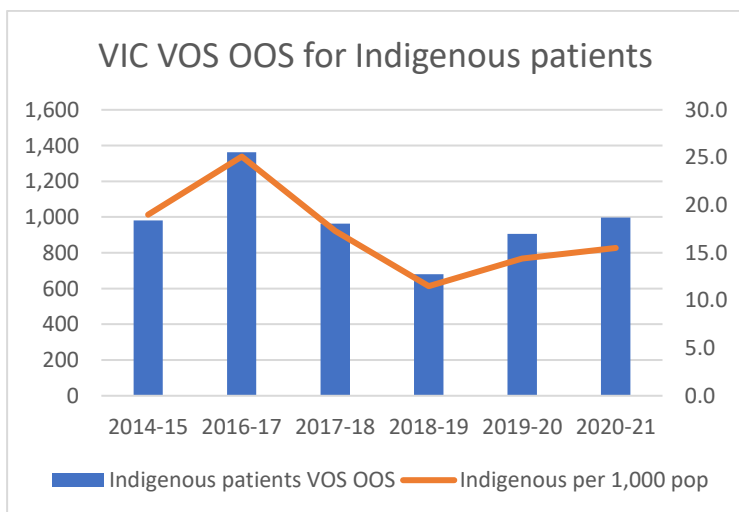
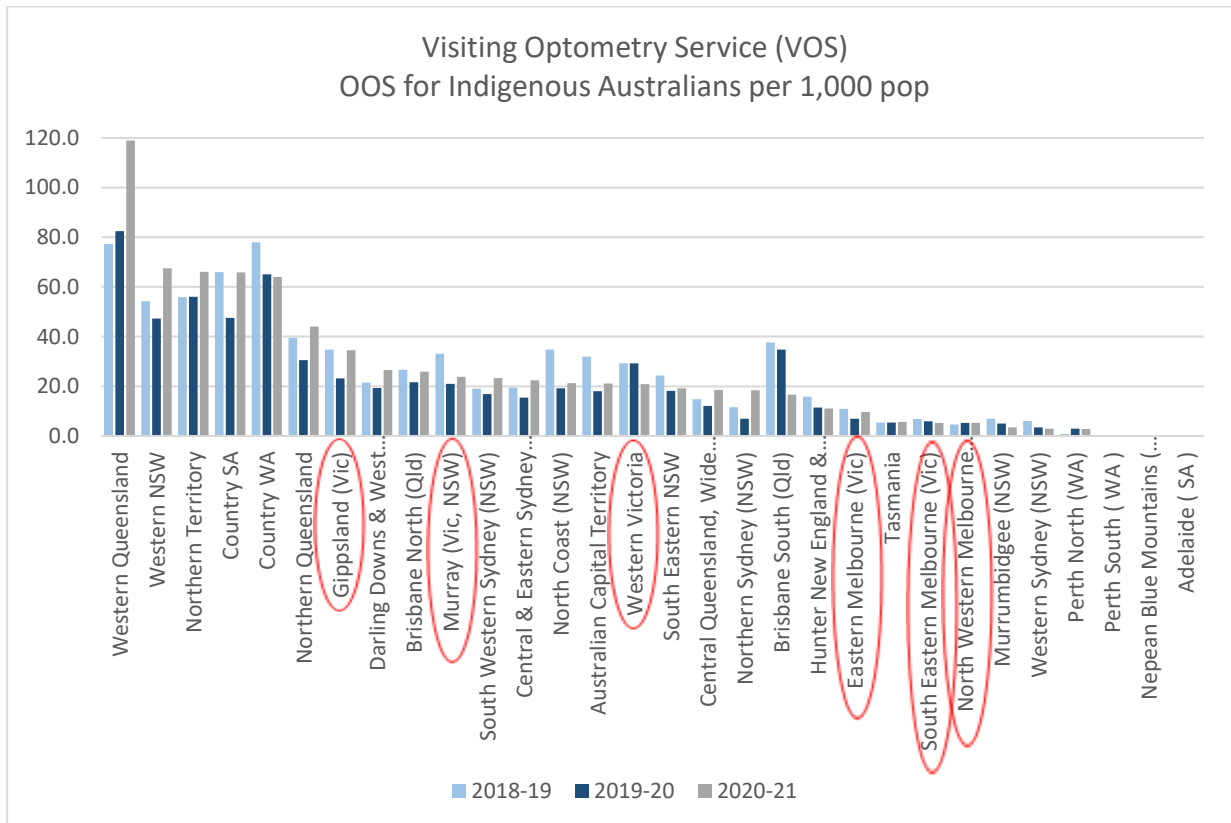
Eye screening for patients with diabetes



- Annual screening for diabetic retinopathy (DR) is recommended for Aboriginal and Torres Strait Islander patients with diabetes.
- Over the past several years, the sector has concentrated on efforts to build capacity in the ACCHO sector to screen for DR in primary care. The Australian Government funded a rollout of retinal cameras to ACCHOs, supported by a consortium of organisations from across the jurisdictions. Cameras were delivered and staff trained, however the project concluded and there is no ongoing provision for training and clinic support.
- An MBS item is available for DR screening in primary care (MBS 12325 for Indigenous patients / 12326 for non-Indigenous patients). The item requires signoff but the screening can be performed by AHW/P.
- VIC has recorded 20 MBS 12325 claims in 2021/22, down from 79 the previous year. The peak was 139 in 2019/20.
- 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 2019/20, 906 Aboriginal and Torres Strait Islander patients in VIC who had a diabetes monitoring check also had an eye exam during the same year. This represents 47.9% of patients who had diabetes checks.

- 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.
- The sector’s challenge is to secure appropriate resources for ongoing training on existing equipment (retinal cameras).

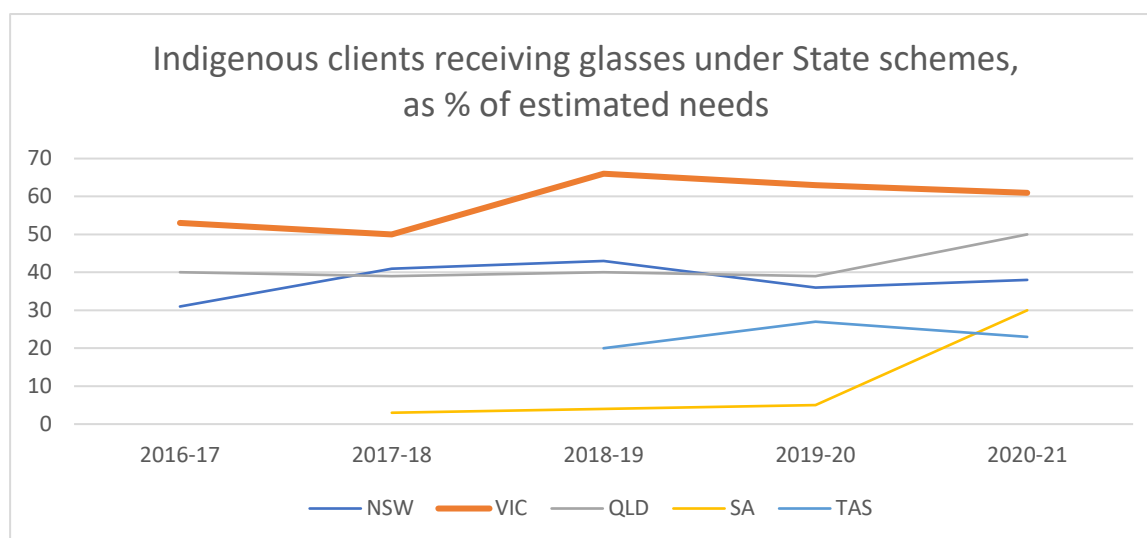
Eye examination by optometrist or ophthalmologist



- VIC recorded 8,744 eye examinations for Aboriginal and Torres Strait in 19/20, about 14% of estimated needs met.

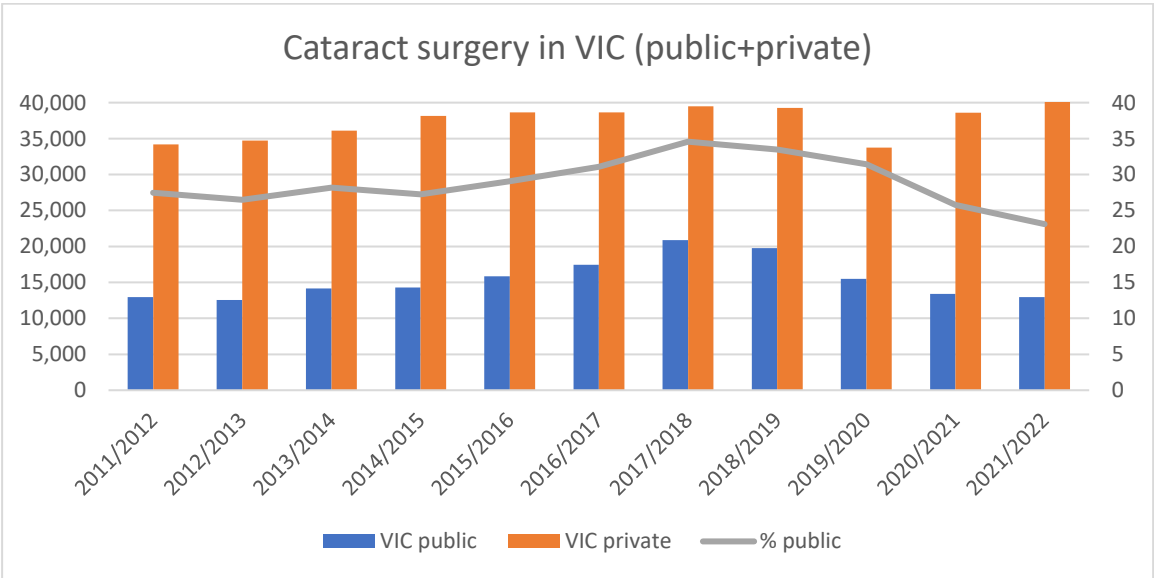
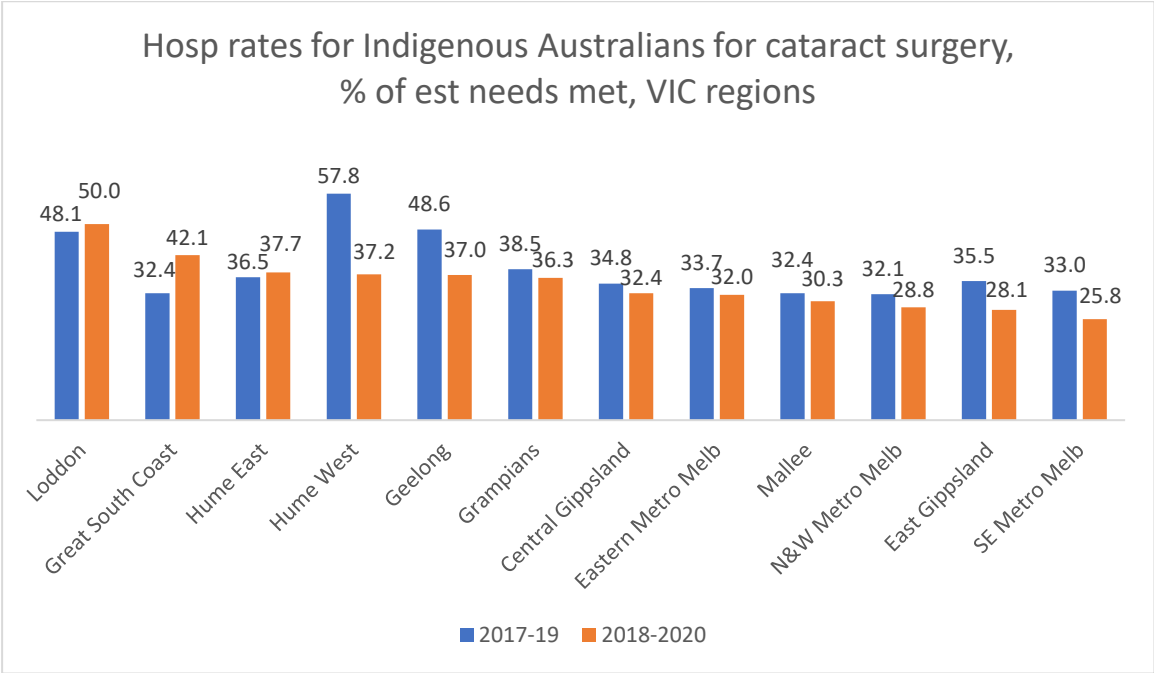
- This rate is higher than the national rate (12.2%), but lower than several other States and territories (QLD, Tas, ACT). We expect that these levels may be further reduced for 2020-2022 due to service disruptions and impact of COVID-19.
- Visiting Optometry Service (VOS) rates for Aboriginal and Torres Strait Islander People in VIC peaked at 25.1 Occasions of Service (OOS) per 1,000 people in 2016/17, and a low of 11.5 in 2018/19. It has since climbed to 15.5 in 2020/21, however this is still far from both the VIC peak and from the estimated needs.
- VOS OOS in Gippsland were 34.5 per 1,000 people in 2020/21, leading VIC, followed by Murray (VIC/NSW) and Western VIC. VOS is also delivered across all 3 metro PHNs, however at lower rates.
- Nationally, access rates for eye examinations for Aboriginal and Torres Strait Islander People in metro areas (24.1% in 2020/21) are lower than any other remoteness level, including remote (32.8%) and very remote (25.4%). Supporting optometry in metro area is a key element in addressing avoidable blindness and vision loss for Aboriginal and Torres Strait Islander patients.
- **Key message:** we should work with the outreach fundholder to improve VOS rates across the different regions of VIC.

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.
- VIC has consistently led Australia in estimated needs met for glasses provision, which is an excellent achievement.
- Rates have dropped however since their peak in 2018/19 (66% estimated needs met to 61% in 2020/21). The last year of data in particular shows an uptick in a number of other jurisdictions (NSW, QLD, SA).
- **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 2018-20, est rates of needs met for cataract surgeries for Indigenous patients varied widely across VIC regions.
- Most regions recording a reduction in rates over the period compared to the previous reporting period. Loddon, Great South Coast, and Hume East all saw an increase in estimated needs met between the two periods, and all other regions recorded a reduction – most notably Hume West and Geelong.
- Over the past five years, the rate of cataract surgeries performed in public settings (whole of population) in VIC reduced consistently, from a peak of 35% in 2017/18 (where data starts) to only 23% in 2021/22.
- A reduction in the rate of cataract surgeries performed in public is likely to impact Indigenous patients disproportionately. Aboriginal and Torres Strait Islander 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).
- VIC recorded 398 MOICDP Occasions of Service for Aboriginal and Torres Strait Islander patients in 2020/21 (62 per 10,000 population) – more than SA Tas and NT but less than any other jurisdiction, and less than a quarter compared to the jurisdiction with the highest utilisation of MOICDP (WA – 275 per 10,000).
- In addition to MOICDP, VIC recorded 42 RHOF and 9 EESS OOS. (for comparison: jurisdiction with highest utilisation rates of outreach - WA - recorded 1,214 and 895 EESS OOS).
- **Key message:** current cataract surgery access rates for Aboriginal and Torres Strait Islander People in VIC are declining, and 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 better and more equitable access to eye care for Aboriginal and Torres Strait Islander People in the VIC.

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.
- Laser treatment is carried in both public and private settings, and IVI in VIC is mostly done in private (often after initial 2-3 treatments in public).
- AIHW estimates 34 Aboriginal and Torres Strait Islander patients accessed DR treatment via private providers in VIC in 2019/20. Public hospital data is not available. This is likely to be significantly lower than estimated need (711 DR ophthalmology consultations for VIC per 2020 population estimation; 767 in 2023).
- 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. VIC median OOP cost is \$155 per treatment, lower than national rate. However this can add up to \$1,240 per year per eye on a 6-week treatment course, a significant barrier for many.
- **Key message:** current access for DR treatment for Aboriginal and Torres Strait Islander patients in VIC 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: VIC had estimated 18.4 FTE per 100,000 population in 2020, slightly under the national rate (18.8).
- However there is a significant gap across regions. Western VIC PHN recorded 20.7 optometry FTE per 100,000 population, highest than any other PHN in VIC, and highest than any other non-Metro PHN in Australia. South East Melbourne PHN had the lowest in VIC, with 15.5 FTE.
- Ophthalmology: VIC recorded 3.2 ophthalmologist FTE per 100,000 population in 2020, lower than the national rate (3.8).

- For ophthalmology, NW Melbourne PHN recorded 100 ophthalmologists, representing 4.7 FTE per 100,000 population in this period, highest in VIC. Gippsland region recorded only 3 individual ophthalmologists in 2020 – 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. Report available from: <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-eye-health-measures-2022/summary>
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>
3. Australian Bureau of Statistics. 2019a. Estimates and Projections, Aboriginal and Torres Strait Islander Australians. Available from: <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-and-projections-aboriginal-and-torres-strait-islander-australians/latest-release>
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/>
5. Australian Bureau of Statistics. 2022. Estimates of Aboriginal and Torres Strait Islander Australians. Available from: <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/latest-release>
6. Australian Institute of Health and Welfare. 2022a. Elective Surgery. Available from: <https://www.aihw.gov.au/reports-data/myhospitals/sectors/elective-surgery>
7. Services Australia. 2022. Medicare Statistics. Available from: <http://medicarestatistics.humanservices.gov.au/>