

Eye care for First Nations People in VIC

Overview – updated December 2023

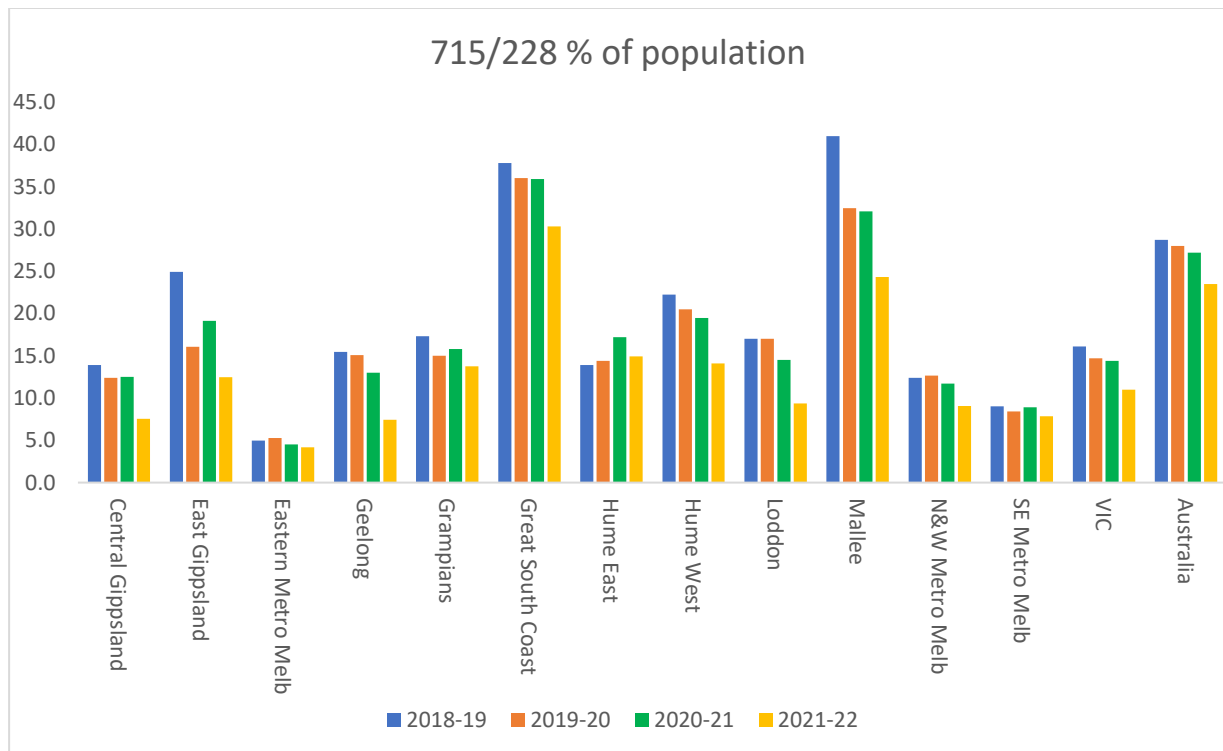
This report packages current publicly available data on key eye health and eye care access measures for First Nations People in Victoria. All underlying data in this report is from publicly accessible sources. These measures cover the eye care pathway for the conditions causing the highest rate of vision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

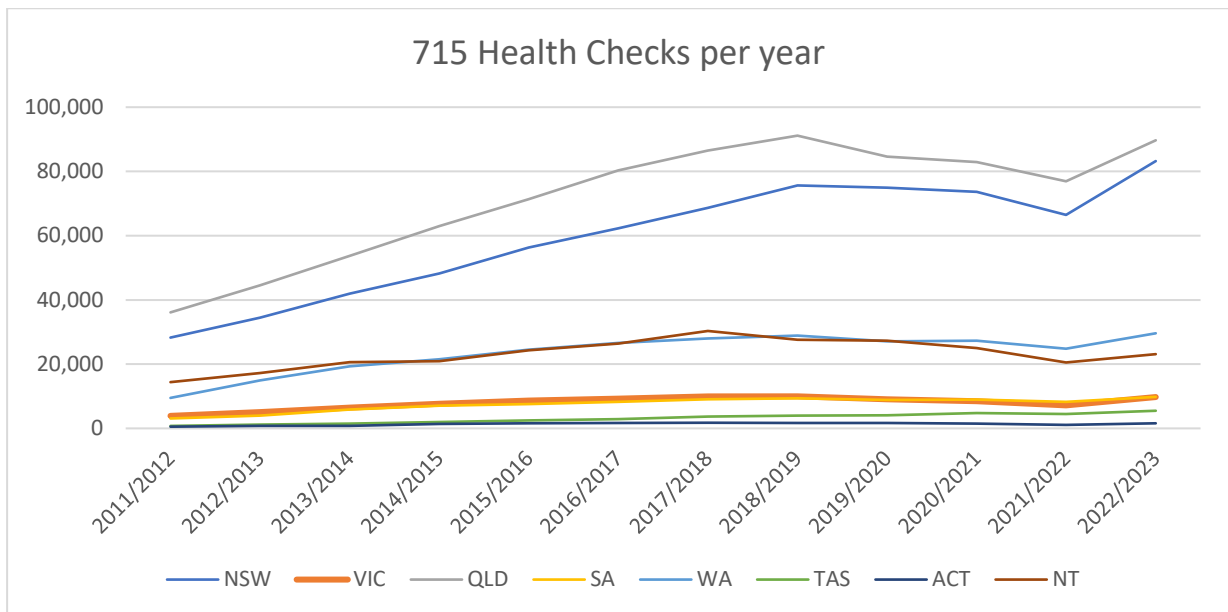
This report was prepared by Indigenous Eye Health Unit, University of Melbourne.

Key updates from previous snapshot:

- **715 rates** saw a decrease across all jurisdictions in 2021-22, which was felt across all regions in VIC. Rates have increased in 2022-23 however.
- **12325 rates** continue to decrease, meaning that early detection of DR in primary care may need further sector support.
- **Eye exam** rates, as well as VOS occasions of service, remain on similar levels, which are well short of equity.
- **Glasses provision** remains higher than other jurisdictions, but is stagnant, similarly to eye exams.
- **Cataract surgery** rates decreased slightly in VIC in 2019-2021 compared with 2018-2020, against the national trend which saw an increase in this period. Wait times equity gap in public hospitals reopened in VIC.
- 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

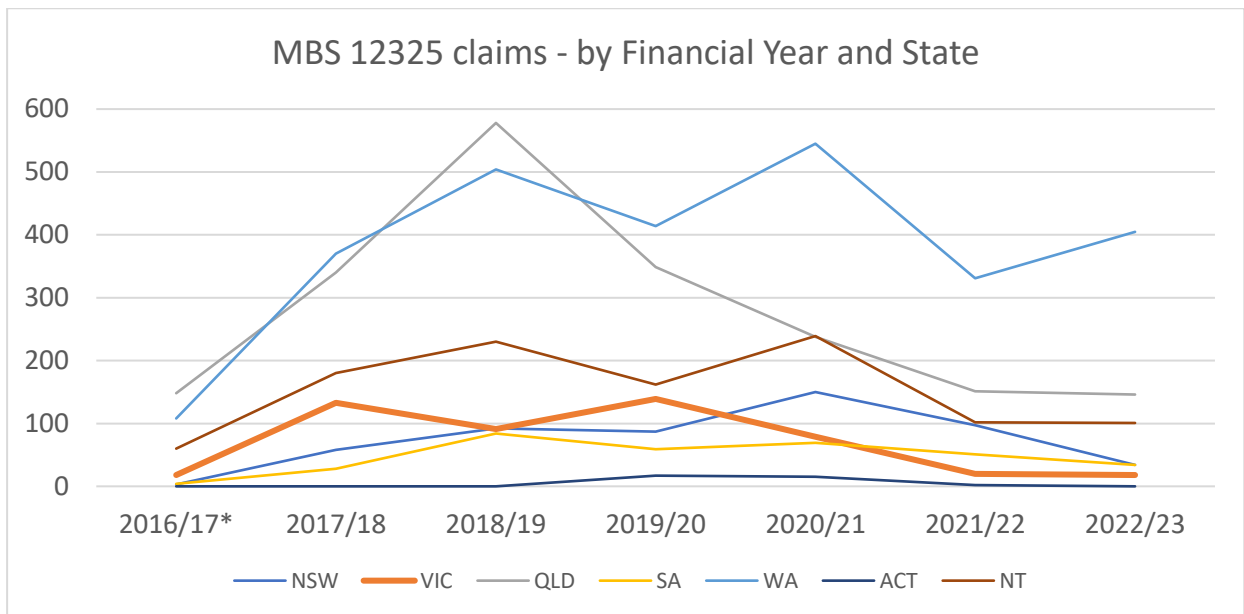




- 715 health checks include an eye check component, which is an important mechanism for early screening of potential eye problems. The eye check component is not reported, so we don't know how often it is being conducted.
- In 2021-22, 715 rates decreased across all regions in VIC. This is similar to the national trend.
- Among the regions, Great South Coast recorded the highest rate in 2021-22, 30.3% of population, followed by Mallee, 24.3%. These are the only two regions that recorded a higher rate than the national rate for this period (23.5%). Eastern Metro Melbourne registered the lowest rate for this period (4.2%), followed by Geelong (7.4%) and Central Gippsland (7.5%).
- In 2021-22, VIC recorded only 7,205 715 health checks, the lowest number since 2014/15.
- 2022-23 rates have trended upwards across all jurisdictions, with early data showing an increase of 35.7% in VIC and 20.2% nationally.
- 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.

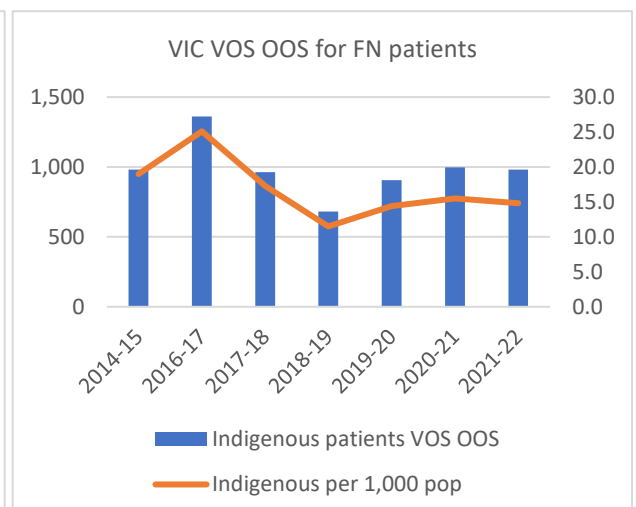
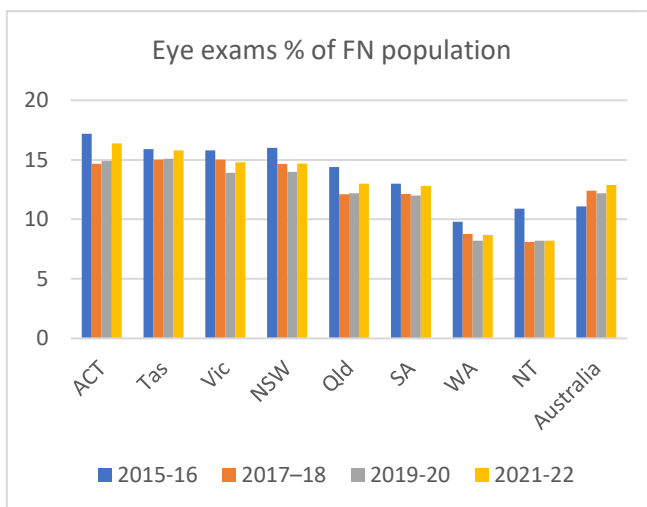
Eye screening for patients with diabetes

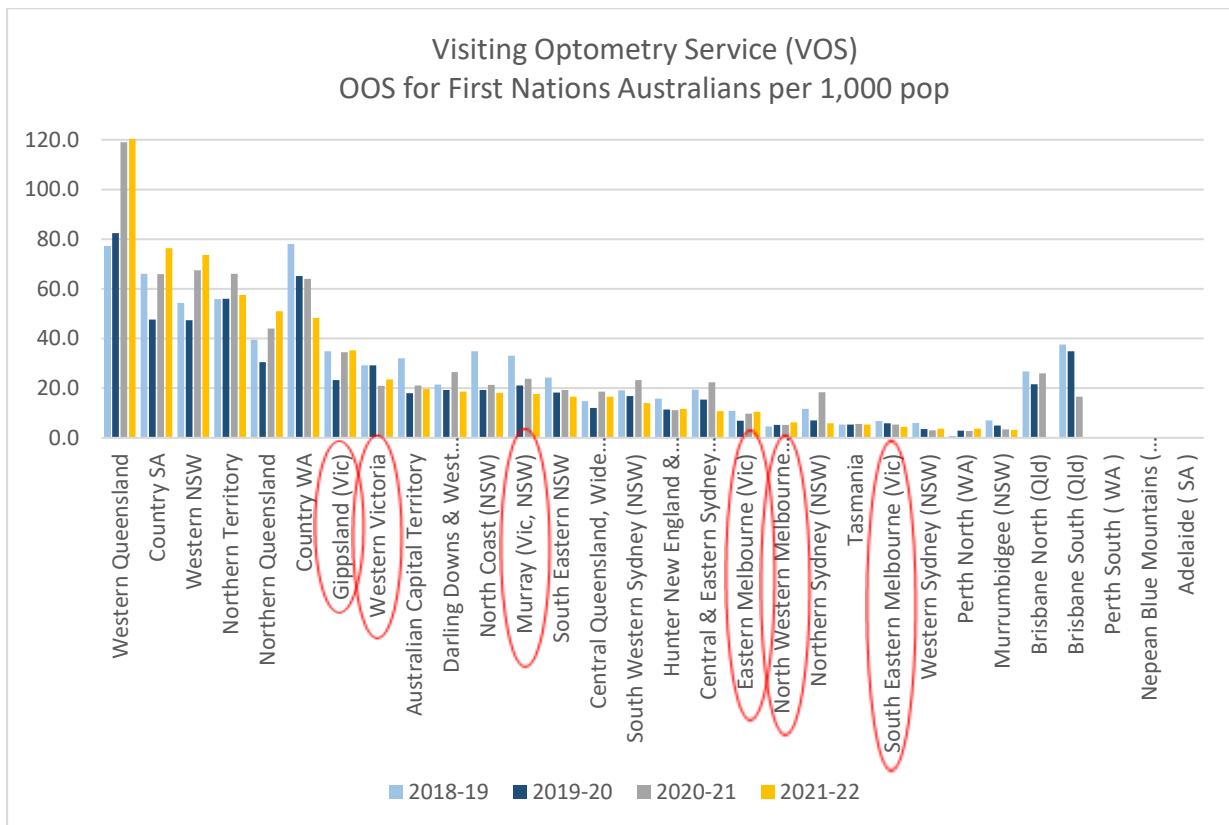
- Annual screening for diabetic retinopathy (DR) is recommended for First Nations patients with diabetes.
- Most ACCHOs are equipped with retinal cameras, and an MBS item is available for DR screening in primary care (MBS 12325 for First Nations patients / 12326 for non-First Nations patients). The item requires signoff but the screening can be performed by AHW/P.
- VIC has recorded 18 MBS 12325 claims in 2022-23, down from 20 the previous year. The peak was 139 in 2019/20. This shows that the ACCHOs across VIC are struggling to integrate retinal screening in a way that generates MBS income to the ACCOHs.



- 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 2021/22, 1,057 First Nations patients in VIC who had a diabetes monitoring check also had an eye exam during the same year (up from 906 in 2019-20). This represents 48.9% of patients who had diabetes checks (up from 47.9% 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).

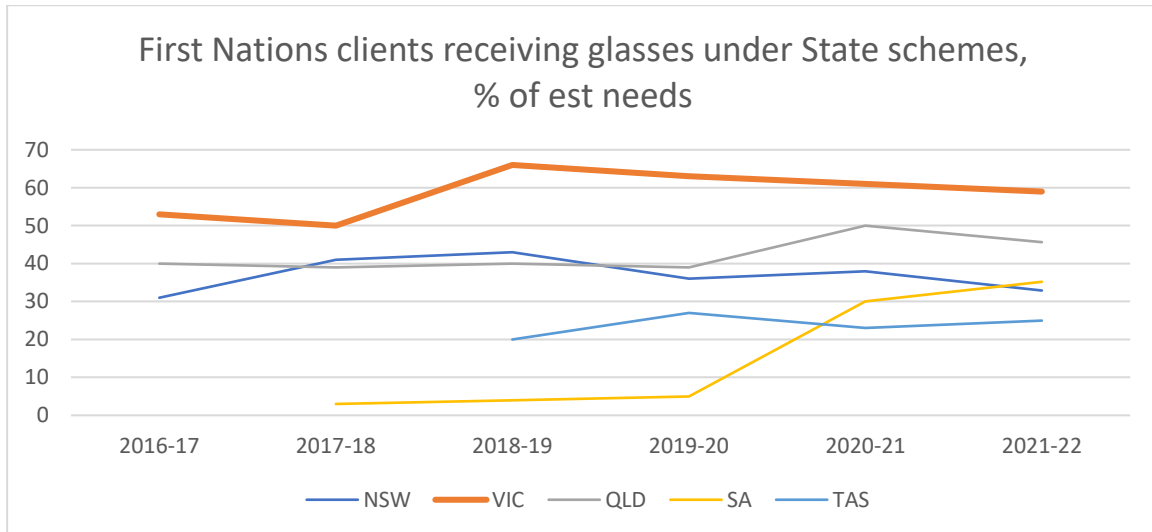
Eye examinations





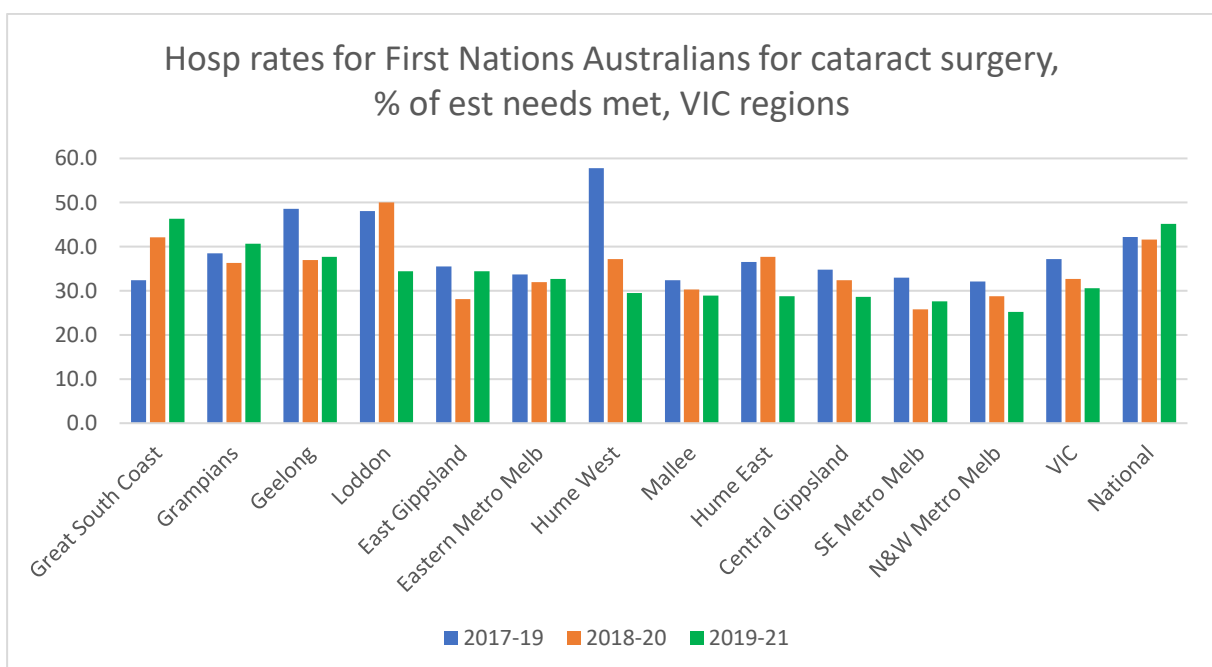
- VIC recorded 9,795 eye examinations for First Nations People in 2021/22, about 14.8% of population. This rate is lower than some other jurisdictions (Tas, ACT), but higher than the national rate (12.9%).
- AIHW calculates the national, age-standardised rate to be 17.7%, still far short of the national non-First Nations eye examinations rate (25.2%).
- Visiting Optometry Service (VOS) rates for First Nations People in VIC peaked at 25.1 Occasions of Service (OOS) per 1,000 First Nations population in 2016/17, and a low of 11.5 in 2018/19. The rate in 2021-22 was 14.8, still short of both the VIC peak and the estimated needs.
- VOS OOS in Gippsland were 35.3 per 1,000 people in 2021-22, leading VIC, followed by Western VIC. VOS is also delivered across all 3 metro PHNs, however at lower rates.
- **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.

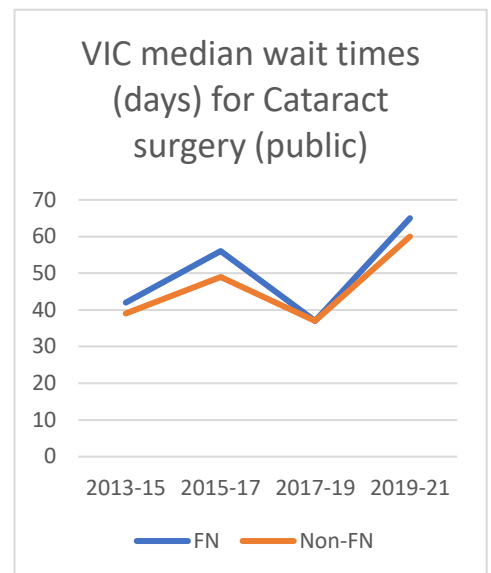
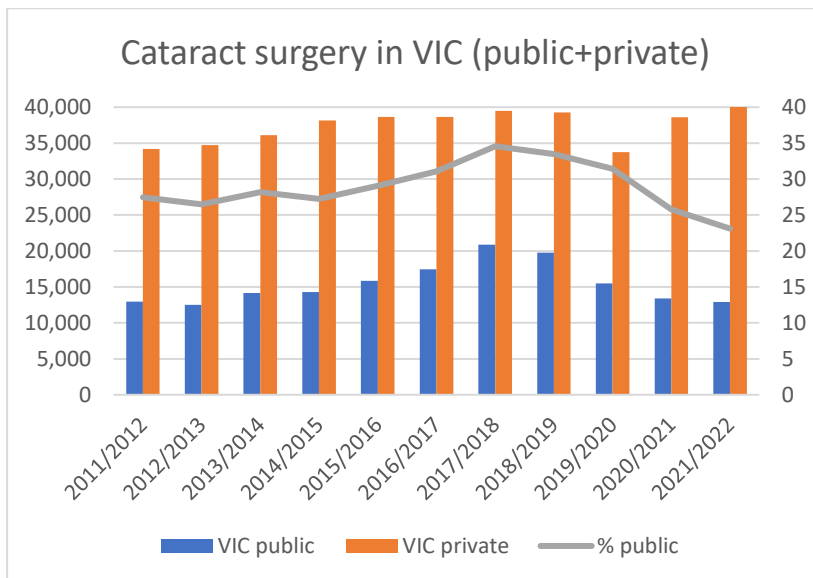
Refractive error/ glasses



- 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.
- VIC has consistently led Australia in estimated needs met for glasses provision, which is an excellent achievement.
- VIC recorded 2,496 glasses provided to First Nations patients in 2021-22, representing 59% of estimated needs met (estimated needs calculated for over-40 years old only, so real need will be greater).
- Rates have dropped however since their peak in 2018/19 (66% estimated needs met).
- 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 decreased overall in VIC, despite an increase nationally. The trend however varied across VIC regions.
- Great South Coast saw its estimated needs met rates increased to 46.3%, making it the highest rate achieved in a region in VIC, This however is the only region that recorded a higher estimated needs met rate than the national First Nations rate for this period (45.2%), showing that VIC generally falls behind other jurisdictions.
- Loddon reported the biggest drop in rates in this period (from 50% in 2018-20 to 34.4% in 2019-21). Hume West, which achieved a VIC-record 56.8% rate in 2017-19, has further decreased to about half that rate in 2019-21.
- 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.
- Waiting times gap in public hospitals in VIC reopened, with First Nations patients median waiting times recorded 5 days longer wait than non-First Nations patients.
- At the same time, a 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).
- VIC recorded 238 MOICDP Occasions of Service for First Nations patients in 2021/22 (36 per 10,000 population) – significantly down from 398 the previous year. The rate is higher than SA but lower than any other jurisdiction, and less than a one-eighth quarter compared to the jurisdiction with the highest utilisation of MOICDP (WA – 315 per 10,000 population).
- In addition to MOICDP, VIC recorded 61 RHOF OOS (highest: NSW, 684) and 7 EESS OOS (highest: WA, 246).
- **Key message:** current cataract surgery access rates for First Nations 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 more equitable and timely access to cataract surgery for First Nations People in 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 33 First Nations patients accessed DR treatment via private providers in SA in 2021-22. Public hospital data is not available. This is likely to be significantly lower than population-based need (estimated 747 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.
- 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.
- 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 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 19.7 FTE per 100,000 population in 2021, slightly higher than the national rate (19.4).
- However there is a significant gap across regions. North Western Melbourne PHN recorded 22.4 optometry FTE per 100,000 population, highest than any other PHN in VIC. Murray and South East Melbourne PHNs recorded the lowest in VIC, with 16.9 and 17 FTE per 100,000 population, respectively.
- Ophthalmology: VIC recorded 3.8 ophthalmologist FTE per 100,000 population in 2021, similar to the national rate (3.9).
- For ophthalmology, NW Melbourne PHN recorded 99 ophthalmologists, representing 5.3 FTE per 100,000 population in this period, highest in VIC. Gippsland region recorded only 4 individual ophthalmologists in 2021 – 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 2022-2023. Latest report available from: <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-eye-health-measures-2023>

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/>