

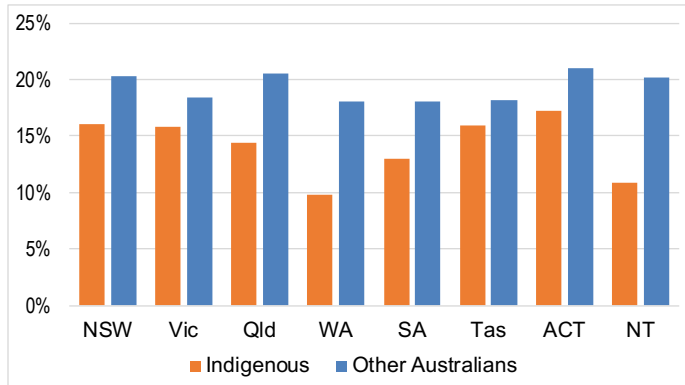
# Indigenous Eye Health Measures - Jurisdictional Snapshot 2018

## VICTORIA

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.

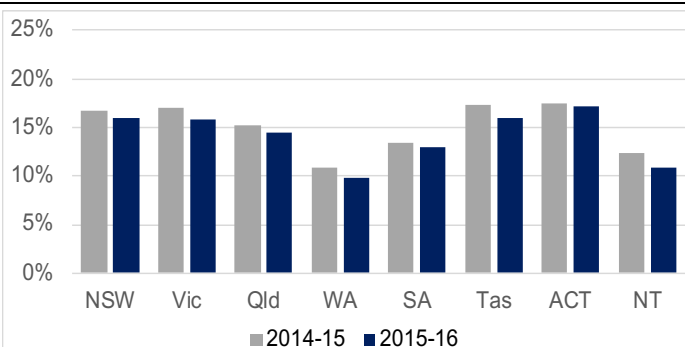
### 1. Eye Exams for Indigenous adults - % of Population by cohort



In 2015-16, **15.8%** of Indigenous adults in Victoria had an eye exam, compared to **18.4%** of non-Indigenous Australians (**2.6% gap**).

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

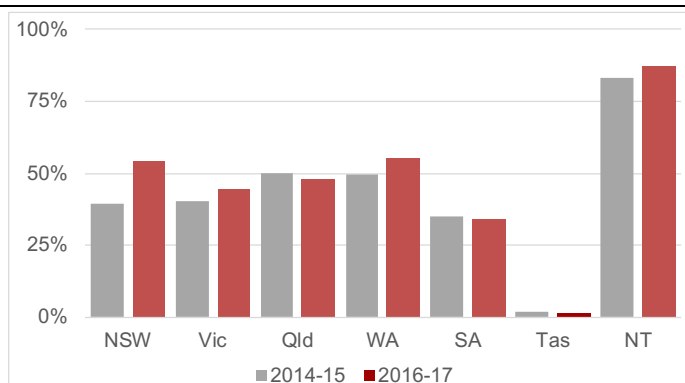
### 2. Eye Exams Over Time - % of Indigenous Population



There was a slight **decrease** in the % of the Indigenous population who had an eye exam in Victoria in 2015-16 compared to the previous year (17.1%)

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

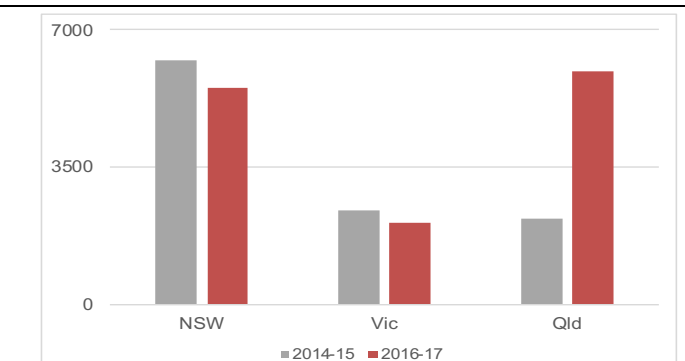
### 3. Visiting Optometrist Scheme (VOS) Occasions of Service - % for Indigenous Patients



**44%** of VOS Occasions of Service (OOS) were provided to Indigenous patients in Victoria in 2016-17, an **increase** from 40% the previous year

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

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

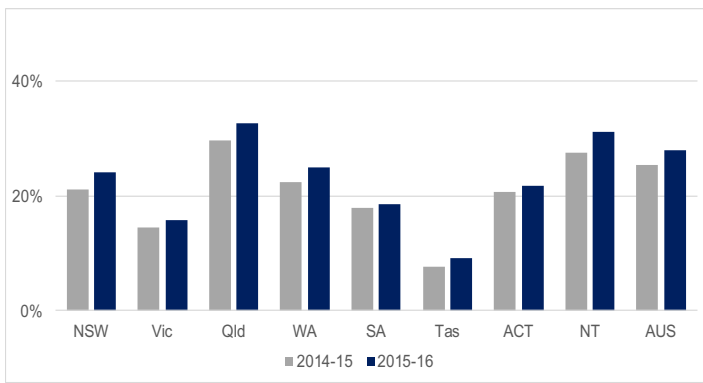


The **number of spectacles** dispensed to Indigenous people under the state program in Victoria **decreased** from 2,386 in 2014-15 to 2,076 in 2016-17

*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>

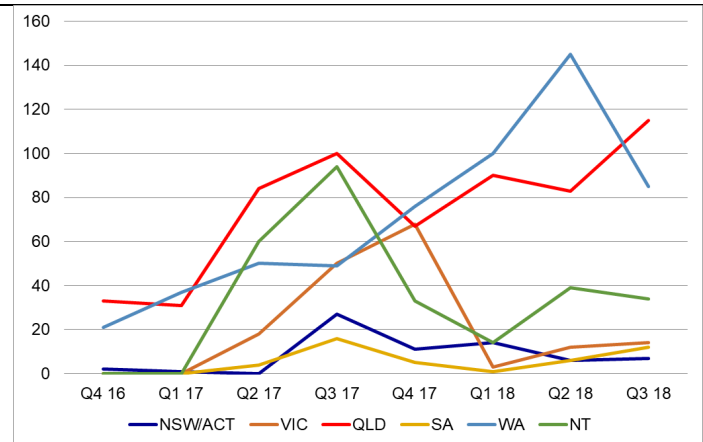
## 5. MBS 715 Aboriginal and Torres Strait Islander Health Assessments - % of Population



In Victoria, **15.8%** of the Indigenous population received an MBS 715 Health Assessment, below the national average of **28%** in 2015-16

*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>

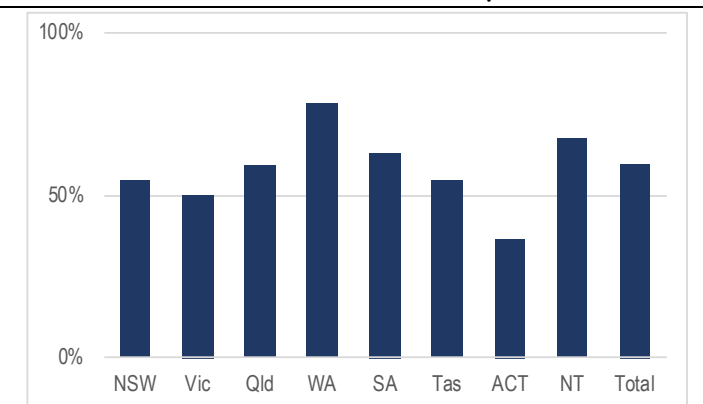


Between November 2016 and September 2018, there were a **total number of 165** claims made for MBS item 12325 in Victoria.

This represents **only a small %** of the Indigenous population with diabetes

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

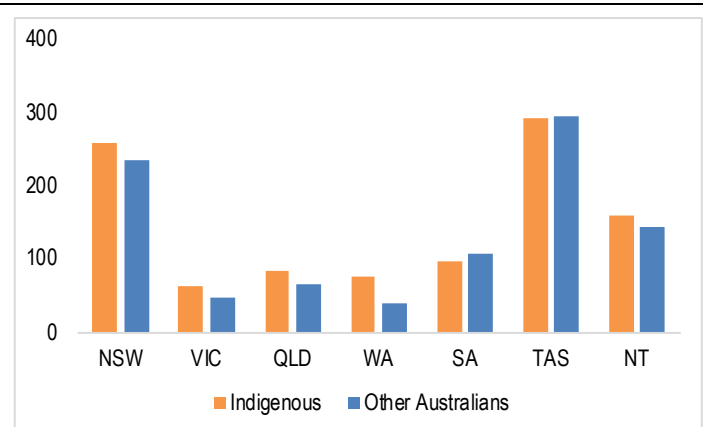
## 7. Proportion of Need Met for Cataract Surgery (%)



The number of cataract surgeries provided to Indigenous patients in Victoria met **50%** of the estimated population-based need in 2014-2016

*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)



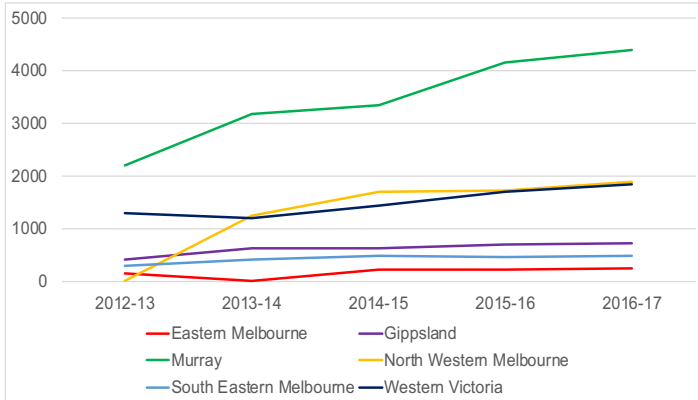
Indigenous Australians had a median wait of **62 days** for cataract surgery in Victoria, compared to **46 days** for other Australians in that jurisdiction during 2013-15

*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 – Victorian PHNs

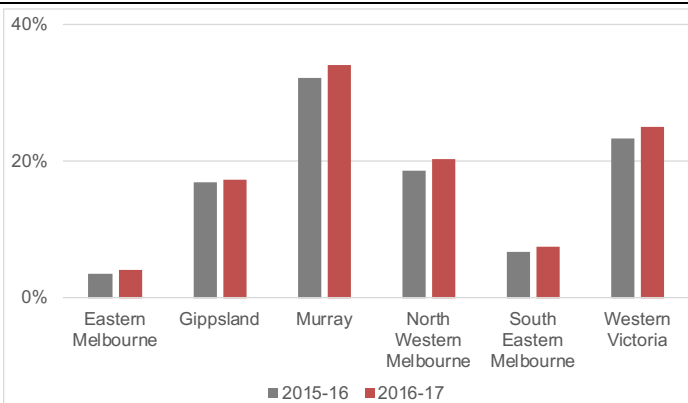
## 9. MBS 715 Aboriginal and Torres Strait Islander Health Assessments (number)<sup>3</sup>



The **number** of MBS 715 Health Check claims **increased** overall in all Victorian PHNs between 2012-13 to 2016-17

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

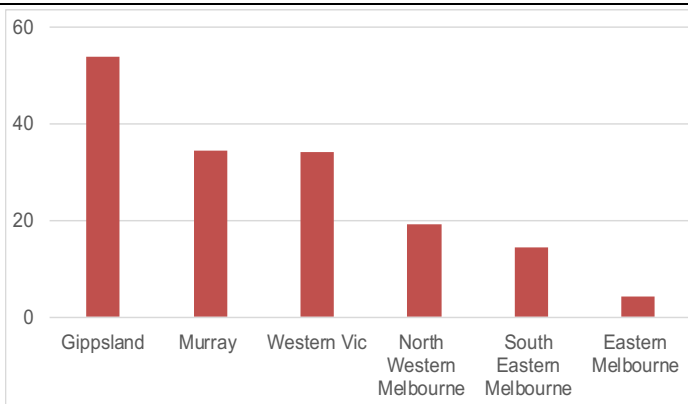
## 10. MBS 715 Health Assessments - % of Population<sup>4</sup>



In 2016-17 the **%** of the Indigenous population receiving MBS 715 Health Assessments ranged from **4%** in Eastern Melbourne PHN to **34%** in Murray 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)\*

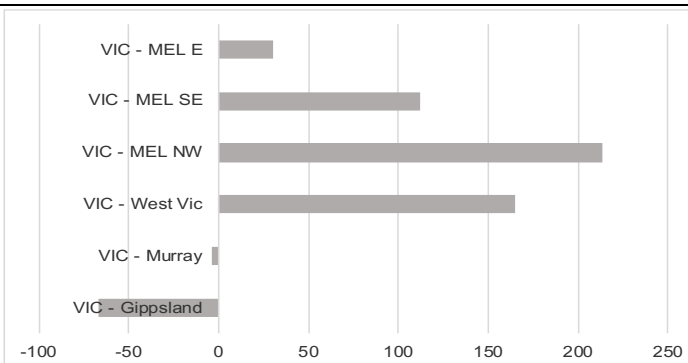


In 2016-17, the **number** of VOS Occasions of service (OOS) delivered to Indigenous clients ranged from **4 services per 1,000 population** in Eastern Melbourne PHN to **54 services per 1,000** in Gippsland PHN

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

\* does not include optometry services provided outside the VOS

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

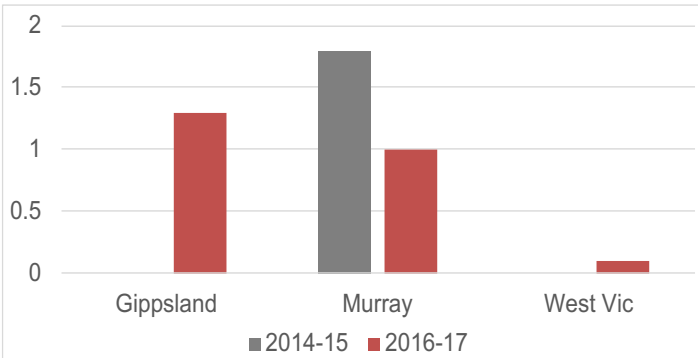


Between 2014-15 and 2016-17, the **number** of VOS OOS for Indigenous clients **increased** in all Victorian PHNs except Murray and Gippsland PHNs, which **decreased** by **4** and **67** OOS respectively.

<sup>3</sup>[http://www.health.gov.au/internet/main/publishing.nsf/Content/A1F08249E056C796CA257FD400281DBF/\\$File/MBS%20Items%20and%20Groups%20by%20PHN%2012-13-1617%2007NOV17%20A.xlsx](http://www.health.gov.au/internet/main/publishing.nsf/Content/A1F08249E056C796CA257FD400281DBF/$File/MBS%20Items%20and%20Groups%20by%20PHN%2012-13-1617%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)

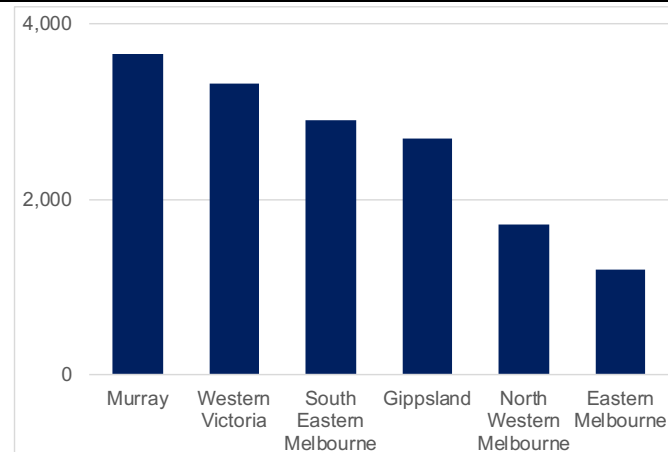


The number of OOS per 1,000 population **increased** for Indigenous patients under the RHOF program in Gippsland and Western Victoria PHNs in 2016-17 but **decreased** in Murray PHN.

Nationally, OOS ranged from **0.1 per 1,000** in Western Victoria PHN to **48.2 per 1,000** in the NT.

No data available for other PHNs as RHOF is targeted at rural (non-metro) areas.

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



In Victoria, the cataract surgery hospitalisation **rate** for Indigenous patients ranged from **1,193 per million** in Eastern Melbourne PHN to **3,662 per million** in Murray PHN in 2014-16.

Nationally, the **highest rate** (5,900) was in Western Qld PHN and the **lowest** (825) was in Western Sydney PHN

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

### 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