

Close the Gap in Aboriginal and Torres Strait Islander Eye Health and Vision Care

Sector Funding Proposal

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Executive Summary

Vision 2020 Australia calls on the Australian Government to build on its current commitment to improve equity in eye health and vision care for Aboriginal and Torres Strait Islander people by implementing a package of initiatives with a total additional annual investment of \$4.65 million.

Aboriginal and Torres Strait Islander adults have six times the rate of blindness and three times the rate of vision loss than the broader population. Vision loss accounts for 11 per cent of the health gap.

While recognition of this issue is acknowledged directly as a key priority area for the Australian Government within the Implementation Plan under the *National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss*, the University of Melbourne's *2014 Annual Update on the Implementation of the Roadmap to Close the Gap for Vision*, demonstrates that continued and targeted effort is required to provide equity in eye health and vision care for Aboriginal and Torres Strait Islander people.

Vision 2020 Australia contends that:

- equitable access to eye health care services is critical to reducing high rates of avoidable blindness among Aboriginal and Torres Strait Islander people
- substantial gaps in front line service delivery are still prevalent across parts of the country
- high level regional coordination through Primary Health Networks and additional support for on the ground service provision coordination is crucial
- national oversight to ensure both continuity and accountability for Aboriginal and Torres Strait Islander eye health and vision care services in Australia is essential
- health promotion to affect behavioural change is required to achieve the elimination of trachoma
- improved access to prescription glasses among Aboriginal and Torres Strait Islander communities is required to address uncorrected refractive error
- Aboriginal and Torres Strait Islander people will be disproportionately disadvantaged by the Medicare Benefits Schedule rebate reduction for optometric services, and action is required to ensure that this does not occur.

This proposal reflects a truly collaborative approach, setting out program and implementation priorities endorsed by the sector and recommended to the Australian Government in order to continue progress to close the gap in Aboriginal and Torres Strait Islander eye health and vision care. It enhances and strengthens existing Commonwealth investments and initiatives without duplicating effort and replaces other previous submissions by signatories for the 2015-16 period.

1 Summary of recommendations

Vision 2020 Australia makes the following recommendations not listed in order of importance:

Recommendation 1	
That the Australian Government allocates additional yearly funding of \$1.05 million for the Visiting Optometrists Scheme (VOS).	\$1.05 million
Recommendation 2	
That the Australian Government allocates additional yearly funding of \$1.0 million for Aboriginal and Torres Strait Islander ophthalmology outreach services.	\$1.0 million
Recommendation 3	
That the Australian Government ensures that Primary Health Networks (PHNs) are tasked with and sufficiently resourced to undertake high level regional coordination of eye health and vision care delivery, to better integrate and strengthen local systems, driven by appropriate performance and process indicators.	Not included due to unknown direct cost implication specific to Indigenous eye health
Recommendation 4	
That the Australian Government allocates an additional annual \$1.2 million to support service coordination of care at a community level.	\$1.2 million
Recommendation 5	
That the Australian Government contributes a further \$800,000 to trachoma health promotion based on the <i>SAFE Strategy</i> , particularly focusing on clean faces and safe bathrooms.	\$800,000
Recommendation 6	
That the Australian Government sets aside \$600,000 to fund the support, monitoring and reporting to an oversight function that sits within the Australian Health Ministers' Advisory Council (AHMAC).	\$600,000
Recommendation 7	
That the Australian Government commits to a national approach for improving access to prescription glasses among Aboriginal and Torres Strait Islander people.	Not included due to non-specific cost implications for the Commonwealth
Recommendation 8	
That the Australian Government ensures that Aboriginal and Torres Strait Islander people are not disadvantaged by the rebate reduction for optometric services.	Not costed as not directly applicable to Indigenous eye health
Total additional annual investment	\$4.65 million

2 Introduction

Throughout 2013-2014, in consultation with members and in collaboration with the Commonwealth Department of Health (the Department), Vision 2020 Australia provided extensive feedback during the development of an implementation plan under the *National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss* (the National Framework). Endorsed on 2 September 2014 by the former Minister for Health, the Hon Peter Dutton MP, the National Framework Implementation Plan (NFIP) provides a blueprint for coordinated action, intended to focus activity on the prevention and avoidance of vision loss and eye disease for the period 2014-2016. The NFIP highlights Aboriginal and Torres Strait Islander eye health and vision care as one of three key priorities for the Australian Government.

The NFIP pledges that in responding to this priority area, the Department will continue to be informed by the University of Melbourne's *Roadmap to Close the Gap for Vision* (the Roadmap); and notes that efforts to further integrate Aboriginal and Torres Strait Islander eye health and vision care more broadly into programs managed by the Department will be explored.

Vision 2020 Australia supports the statement within the NFIP that the Australian Government investment to date is contributing significantly to improving eye health outcomes for Aboriginal and Torres Strait Islander people. Commonwealth funding for service delivery programs, such as the screening and treatment of trachoma and cataract surgery intensives; and financial support for programs such as the Rural Health Outreach Fund (RHOF) and the Visiting Optometry Scheme (VOS) are ensuring tangible outcomes for Aboriginal and Torres Strait Islander people. Dedicated and committed effort to these services means that progress is reported in all recommended Roadmap areas with five of the Roadmap recommendations now fully implemented.

Additionally, Vision 2020 Australia supports the recent funding commitment for primary care provided by Aboriginal Community Controlled Health Organisations (ACCHOs). These comprehensive primary care providers are operated by local communities to provide holistic care that is culturally safe and appropriate. There are 150 ACCHOs across the country which service approximately half the Aboriginal and Torres Strait Islander population and have proven to be most effective in reducing child mortality and improving life expectancy. Their focus on multi-disciplinary care for chronic disease is particularly important. In the case of the ongoing management of diabetes, including diabetic retinopathy, ACCHOs are integral to better care and links with optometry and ophthalmology. It should be noted that the National Aboriginal Community Controlled Health Organisation (NACCHO) is not a signatory to this proposal due to ongoing negotiations with the Australian Government on a range of primary health priorities at this time.

However, in order to continue positive progress to close the gap for vision and ensure equity in eye care for Aboriginal and Torres Strait Islander people, Vision 2020 Australia considers that the magnitude of effort must be increased, and delivery of eye health and vision care services in Aboriginal and Torres Strait Islander communities further improved. This proposal therefore provides essential advice to the Australian Government on the investment required to close the gap for vision and to deliver against this key priority commitment under the NFIP.

2.1 Key facts

The 2008 *National Indigenous Eye Health Survey* determined the magnitude, distribution and causes of vision loss in Aboriginal and Torres Strait Islander people. It examined 1694 children (5 - 15 years) and 1189 adults (40 years and over) in 30 sites across the country, and found that:

1. Blindness rates in Aboriginal and Torres Strait Islander adults are 6 times the rate than for the broader population.
2. Four conditions cause 94 per cent of vision loss - refractive error, cataract, diabetic eye disease and trachoma - each is readily amenable to treatment.
3. Vision loss accounts for 11 per cent of the health gap.
4. 94 per cent of vision loss for Aboriginal and Torres Strait Islander people is preventable or treatable; however 35 per cent of Aboriginal and Torres Strait Islander adults have never had an eye exam.
5. The unmet eye health and vision care need is similar in urban and regional areas as in remote areas.
6. Eye services need to be increased particularly in remote areas and their utilisation increased in all areas.
7. Efficient eye care requires co-ordination along the pathway of care to improve efficiency and patient outcomes.
8. Trachoma elimination needs to be included in health, education and housing in all endemic areas and efforts continued until trachoma is eliminated.
9. Eye services require monitoring and evaluation of agreed performance indicators by a nationally accountable body.

The July 2014 *Summary Report of the Roadmap to Close the Gap for Vision* (the Summary Report) acknowledges the current Australian Government commitment and contribution to close the gap for vision. The Summary Report however also notes that the recommendations outlined in the Roadmap still require full funding and implementation.

2.2 Development of this proposal

Given the diversity of organisations working in this sector and the unique challenges each organisation faces, a range of budget proposals have been submitted to the Australian Government for the 2015-2016 Federal budget on various policy and program areas related to Aboriginal and Torres Strait Islander eye health and vision care. Submissions reference the Roadmap to varying degrees while all proposals address elements of the Roadmap content.

Under the current fiscal climate and to ensure the Australian Government is clear about the priorities endorsed by the eye health and vision care sector, Vision 2020 Australia has consulted with expert member organisations represented on the Vision 2020 Australia Aboriginal and Torres Strait Islander Committee to develop this funding proposal. The proposal reflects a collaborative approach, setting out program and implementation priorities endorsed by the sector and recommended to the Australian Government in order to continue progress to close the gap in Aboriginal and Torres Strait Islander eye health and vision care.

This sector funding proposal replaces previous submissions provided to the Australian Government by signatories for the 2015-2016 period. The proposal enhances and strengthens existing Commonwealth investments and initiatives and does not duplicate effort in any area in any way. Each recommendation builds on an existing approach already identified by the NFIP or utilises new resources due to commence from 2015, and will maximise the effectiveness and efficiency of Commonwealth assets.

This submission has been endorsed by the following organisations, all members of Vision 2020 Australia's Aboriginal and Torres Strait Islander Committee:

- Aboriginal Health and Medical Research Council of NSW
- Aboriginal Health Council of South Australia
- Australian College of Optometry
- Brien Holden Vision Institute
- Indigenous and Remote Eye Health Service, Australian Society of Ophthalmologists
- Indigenous Eye Health Unit, University of Melbourne
- Lions Australia
- Lions Eye Institute
- OneSight Foundation
- Optometric Vision Research Foundation
- Optometry Australia
- Retina Australia
- Royal Institute for Deaf and Blind Children
- The Fred Hollows Foundation
- The Royal Australian and New Zealand College of Ophthalmologists

While NACCHO has not endorsed this proposal, it is a member of Vision 2020 Australia and the Aboriginal and Torres Strait Islander Committee and understands the need for the proposal to progress.

3 Initiatives required to Close the Gap in Aboriginal and Torres Strait Islander eye health and vision care

3.1 Service delivery

Vision 2020 Australia recommends additional annual funding of \$2.05 million to increase visiting optometry and ophthalmology services for Aboriginal and Torres Strait Islander people. These estimates are based on publicly available information and information provided by the Department. The total figure and actual need for funding would be further refined on the ground as specific regional needs are determined by gap analyses.

3.1.1 Optometry services

VOS is integral to ensuring primary eye care remains accessible for Aboriginal and Torres Strait Islander people. While the sector acknowledges that VOS funding for Aboriginal and Torres Strait Islander communities has increased in recent years, this remains insufficient to close the gap for vision. Estimates based on a 2011 gap analysis extrapolated to 2014 by the Indigenous Eye Health Unit (IEHU) suggest additional yearly funding of \$1.05 million is required to ensure that optometry service delivery is expanded to better meet population needs. This is necessary to support sustainable service provision in culturally appropriate and accessible environments to Aboriginal and Torres Strait Islander people in identified areas of need in urban settings.

The sector strongly believes that enablers such as on the ground coordination must be funded to maximise the effectiveness and efficiency of VOS services and ensure ongoing sustainability of the VOS program. Currently, non-government organisations (NGOs) and other organisations delivering eye health and vision care services are providing a significant amount of administration and coordination support that is neither acknowledged nor funded. The critical role of on the ground coordination will be covered in more detail in section 3.2.2 Service provision coordination.

Recommendation 1

That the Australian Government allocates additional yearly funding of \$1.05 million for the Visiting Optometrists Scheme (VOS).

3.1.2 Ophthalmology services

Equitable access to specialist eye health care services is critical to reducing high rates of avoidable blindness among Aboriginal and Torres Strait Islander people. However, there remain substantial gaps in outreach ophthalmology and surgical services for Aboriginal and Torres Strait Islander people living in rural and remote areas. Based on combined estimates from IEHU and the Indigenous and Remote Eye Health Service (IRIS), the sector is requesting additional yearly funding of \$1.00 million to address the gap in specialist eye health care service delivery for Aboriginal and Torres Strait Islander people.

While acknowledging the support provided for visiting ophthalmology services under the Rural Health Outreach Fund (RHOF), the sector believes RHOF funding arrangements may be inadequate in a range of areas, for example in delivering services to border towns and across borders, inadequate remuneration for workforce (as RHOF is principally focused on covering logistics such as transport and accommodation) and lack of provision for equipment. These inadequacies might be overcome by reforming the RHOF to improve specialist eye care delivery for Aboriginal and Torres Strait Islander people living in remote and rural Australia.

It should be noted that the estimate of the additional funds for outreach ophthalmology assumes the continued annual provision of \$1.25 million in program funding previously held under the MSOAP Eye Health Expansion package by IRIS.

Recommendation 2

That the Australian Government allocates additional yearly funding of \$1.0 million for Aboriginal and Torres Strait Islander ophthalmology outreach services.

3.2 Regional implementation and service coordination

Vision 2020 Australia recommends that PHNs should be tasked with undertaking high level regional coordination and implementation of eye health and vision care delivery, supported by on the ground service provision coordination. Targeted Key Performance Indicators will need to be established within each PHN to drive the systemic coordination of the health system in relation to Aboriginal and Torres Strait Islander eye health and vision care.

3.2.1 Regional coordination and implementation management

The sector is requesting that the Australian Government ensure that PHNs are tasked with and sufficiently resourced to undertake high level regional coordination of eye health and vision care delivery, to better integrate and strengthen local systems. This coordination role would include responsibility for fostering stakeholder collaboration and leading strategic dialogue, identifying gaps and assessing levels of service need, advocating for required system improvements and undertaking monitoring and evaluation to feed into a national oversight function.

Essential to ensuring success in the coordination of primary care services to specialist and hospital services by PHNs, will be the establishment, monitoring and reporting against specific eye health Key Performance Indicators by each PHN. These performance indicators should include the following:

1. The establishment of a regional coordinating body which may include a representative of the PHN, the Local Hospital Network/District, ACCHO State/Territory affiliates, Aboriginal Health Services and relevant regional eye health stakeholders.
2. The completion of a gap and needs analysis of eye care service requirements, including visiting eye care and hospital services, system coordination and patient case management.
3. The development of a regional service directory and referral protocols.
4. The establishment of regional data collection, planning and action, monitoring and review system of process indicators.

The recommended process indicators PHNs should monitor are:

- Percentage of Adult health checks, MBS 715, completed
- Percent of target population screened for diabetic retinopathy
- Diabetic retinopathy treatment rate
- Cataract surgery rate
- Cataract surgery within 90 days of booking
- Number of visiting optometry days
- Number of visiting ophthalmology days

Any coordination will need to work collaboratively with all regional stakeholders including the PHN, the Local Hospital Network/District, ACCHO State/Territory affiliates, Aboriginal Health Services and relevant regional eye health stakeholders.

Recommendation 3

That the Australian Government ensures that Primary Health Networks (PHNs) are tasked with and sufficiently resourced to undertake high level regional coordination of eye health and vision care delivery, to better integrate and strengthen local systems, driven by appropriate performance and process indicators.

3.2.2 Service provision coordination

To maximise investments in service delivery, the sector is requesting an additional \$1.2 million annually to support on the ground service provision coordination and service system program development. Based on collective experience delivering and coordinating eye health and vision care services, the sector strongly believes that any increase in service provision must be accompanied by service provision coordination, as scale up of services cannot occur if the structure does not exist to support this. Despite increases in case management funding through other sources, such as the Medical Outreach - Indigenous Chronic Disease Program, NGOs and other organisations; the delivery of eye health and vision care services is continuing to absorb significant administration and coordination costs. To ensure ongoing sustainability of outreach eye health and vision care services, the critical role of service provision coordination must be acknowledged and adequately funded.

This additional resource should be made available to be allocated at the discretion of the regional coordinating body - in consultation with service providers; to determine where and how the service provision coordination funding would be best allocated based on specific local needs. Support will be considered for local structures and programs that have proven to be effective in delivering eye health care services to Aboriginal and Torres Strait Islander people. As each region will be different, the type of on the ground service provision coordination and local program co-ordination will vary; however it is anticipated that activities would include: scheduling and organisation of clinics, provision of support to optometrists and ophthalmologists during and after clinics, facilitating clear pathways of care and patient case management, development of data collection and reporting systems. Funding for this element is important to achieve system change as the capacity of NGOs (including ACCHOs) supporting this co-ordination is already stretched.

Recommendation 4

That the Australian Government allocates an additional annual \$1.2 million to support service coordination of care at a community level.

3.3 Trachoma

Trachoma is a major blinding infectious eye disease occurring in 60 per cent of outback communities and affecting 1.4 per cent of older Aboriginal and Torres Strait Islander people across the country. With the World Health Organisation's (WHO) *SAFE Strategy*, trachoma can be prevented and WHO and its partners, including Australia, have committed to the global elimination of blinding trachoma by 2020.

To date, Australia has made good progress in reducing the rates of trachoma, but more work is required to achieve its elimination. Input and support are needed from the education and housing sectors in addition to continued screening and antibiotic treatment. Health promotion campaigns such as the Clean Faces campaign require further support and need to be extended.

An additional \$800,000 per annum is required for health promotion focussing on clean faces and safe bathrooms to complement the other trachoma activities. The health promotion activities will align with the Queen Elizabeth Diamond Jubilee Trust Australian Alliance initiative, which aims to develop community-led approaches to trachoma elimination that address the 'F' and 'E' components of the *SAFE Strategy*.

The current funding commitment for screening and treatment is for 2013-2017. There will be the need for the commitment of funds for 2017-2020 to continue trachoma surveillance to ensure the disease is eliminated. Additionally, the sector is keen to discuss with the Australian Government how it intends to comprehensively address the entire *SAFE Strategy* post-2017.

Recommendation 5

That the Australian Government contributes a further \$800,000 to trachoma health promotion based on the *SAFE Strategy*, particularly focusing on clean faces and safe bathrooms.

3.4 Oversight

In the October 2013 *Eye Health and Vision Care Sector Response to the Government's Sector Consultation Report*, Vision 2020 Australia noted the need to establish national oversight. Guided by the Roadmap, it was recommended that an oversight function be established by the Commonwealth Government, incorporating existing national advisory committees and other stakeholders, including jurisdictions. The oversight function would report to the Australian Health Ministers' Advisory Council (AHMAC) and provide oversight to ensure continuity and accountability through setting priorities, monitoring progress, and evaluating program implementation and effectiveness.

Input and advice from the sector will be integral to ensuring that the oversight function is effective. Stakeholder expertise should be drawn on as required to provide expert, technical and policy advice - for example, existing mechanisms such as the Vision 2020 Australia Aboriginal and Torres Strait Islander Committee.

Recent discussions with the Department and relevant committees acknowledged that the establishment for an oversight function focused on Aboriginal and Torres Strait Islander communities is being considered. Commonwealth costs would include provision of secretariat services and technical advice and data analysis for this group. Vision 2020 Australia recommends that the Australian Government allocate \$600,000 to support this function within the AHMAC structure.

Recommendation 6

That the Australian Government sets aside \$600,000 to fund the support, monitoring and reporting to an oversight function that sits within the Australian Health Ministers' Advisory Council (AHMAC).

3.5 Nationally consistent subsidised spectacle scheme

The Roadmap emphasises the need to support affordable access to glasses to correct refractive error for Aboriginal and Torres Strait Islander people, particularly given that uncorrected refractive error accounts for over 50 per cent of all vision loss in the Aboriginal and Torres Strait Islander population. Effective schemes supporting access to prescription spectacles provide the opportunity to make a dramatic impact in improving vision across the Aboriginal and Torres Strait Islander population in a reasonably short period and for a relatively small investment.

Vision 2020 Australia supports Optometry Australia and the National Aboriginal Community Controlled Health Organisation's (NACCHO) joint proposal which recommends the Australian Government commits to a national approach for improving access to prescription glasses among Aboriginal and Torres Strait Islander people. A nationally consistent scheme would provide immediate benefit to restoring functional vision for many Aboriginal and Torres Strait Islander people and subsequent positive impact upon overall productivity, such as fostering opportunities to engage in work and study.

It is estimated that, nationally, a \$2.33 million investment in prescription glasses is required annually. Other costs (excluding overall administration costs) directly related to the implementation of the scheme such as marketing and promotion to Aboriginal and Torres Strait Islander communities, optometrists and other health care providers, as well as other distribution costs, will also need to be accounted for at a jurisdictional level. There are two options that have been proposed by Optometry Australia and NACCHO for the Australian Government to consider. The first option is for the Australian Government to establish a single, national Indigenous Subsidised Spectacle Scheme, co-funded by both the Australian Government and states and territories. The second option is that the Australian Government supports state and territory governments to establish their own individual and nationally-consistent Indigenous Spectacle Schemes through an inter-governmental partnership arrangement.

Vision 2020 Australia recommends that the Australian Government commits to a national approach for improving access to prescription glasses among Aboriginal and Torres Strait Islander people, and considers the two proposed options to determine the most effective way forward.

Recommendation 7

That the Australian Government commits to a national approach for improving access to prescription glasses among Aboriginal and Torres Strait Islander people.

3.6 Effect of Medical Benefits Schedule (MBS) optometry rebate on Aboriginal and Torres Strait Islander eye health

As part of the 2014-15 Federal Budget the Australian Government committed to reducing the MBS rebate for all optometry services from 85 per cent to 80 per cent commencing from 1 January 2015. It was anticipated that the charging cap that applied to optometrists accessing the MBS would also be removed, enabling them to set their own fees in a similar manner to other health providers. These changes came into full effect from 1 January 2015, prompting a response from the eye health and vision care sector regarding the impact on service provision, especially for Aboriginal and Torres Strait Islander people.

According to Optometry Australia, optometrists working in areas where patients are reliant upon bulk billing to access care may have little choice but to absorb the cut to their income from the rebate reduction; estimated to begin at \$9,168.00 per full-time equivalent optometrist in 2015. This cut puts the ongoing provision of services in these low socio-economic areas in jeopardy, including outreach services in some remote areas such as the VOS. Vision 2020 Australia is concerned that these changes pose a threat to service provision and patient access to eye health and vision care, as well as a threat to access for low income patients for whom optometrists are unable to viably maintain bulk billing.

The findings of the *National Indigenous Eye Health Survey* in 2008 show that there is a high prevalence of eye health and vision care issues in Aboriginal and Torres Strait Islander communities, and it is also notable that a high proportion of Aboriginal and Torres Strait Islander people fit into other at risk categories. Therefore, it is likely that cuts to the optometry rebate will disproportionately affect Aboriginal and Torres Strait Islander communities.

Vision 2020 Australia seeks to ensure that Aboriginal and Torres Strait Islander people are not disadvantaged by the rebate reduction for optometric services. This can be achieved by applying the same patient exemptions regarding the rebate reduction to optometric services as were proposed for general practice services. This will ensure Aboriginal and Torres Strait Islander people are afforded equitable opportunity to access optometric care.

Recommendation 8

That the Australian Government ensures that Aboriginal and Torres Strait Islander people are not disadvantaged by the rebate reduction for optometric services.

4 Conclusion

Vision 2020 Australia calls on the Australian Government to build on its current commitment to eye health and vision care for Aboriginal and Torres Strait Islander people by implementing the eight recommendations set out in this proposal. The proposal reflects the collective expert advice of the eye health and vision care sector and recommendations are based on the principle of enhancing and strengthening existing Commonwealth investments and initiatives without duplicating effort.

Implementation of these recommendations as a package of initiatives will improve equity in eye health and vision care for Aboriginal and Torres Strait Islander people and will ensure that Australia continues to march forward in closing the gap for vision.

