

# House of Representatives Standing Committee on Health Inquiry into Chronic Disease Prevention and Management into Primary Health Care

Vision 2020 Australia submission

July 2015

# Contents

<b>Executive Summary</b>	<b>2</b>
<b>Summary of Recommendations</b>	<b>3</b>
<b>1 Introduction</b>	<b>5</b>
General Context	6
<b>2 Terms of Reference</b>	<b>7</b>
<b>3 Conclusion</b>	<b>21</b>

## Executive Summary

As the first point of contact between the community and the health system, primary care plays an important role in preventing, detecting and managing chronic disease, and patients with an existing chronic disease often have multiple complications including those which affect the eyes and vision.

Additionally, many eye conditions are chronic by nature, including refractive error, cataract, macular degeneration, glaucoma and diabetic retinopathy. In Australia, 75 per cent of blindness and vision loss is preventable or treatable if it is detected early enough, and for people who are suffering from chronic eye health conditions or for those who are at risk of developing a chronic eye health condition, it is important to ensure that the appropriate care is available. This should include access to both eye care services within primary care and also to ongoing specialist eye care once diagnosed and requiring treatment.

Vision 2020 Australia recommends that in order for the primary care system to work, it is vital for eye health chronic disease management to involve collaboration between GPs, optometrists and ophthalmologists as well as allied health professionals and low vision support services.

# Summary of Recommendations

## Recommendation 1

Vision 2020 Australia recommends the Committee support best practice in preventing eye conditions associated with chronic disease as an approach which brings together a broad range of stakeholders, including eye health and vision care professionals, ensuring the timely detection of eye health related chronic disease and referral to specialist care.

## Recommendation 2

Vision 2020 Australia recommends the Committee seek to ensure that primary care professionals are appropriately supported and trained to manage ongoing complex eye health related chronic disease.

## Recommendation 3

Vision 2020 Australia recommends the Committee support increasing the Medicare incentive for case management for complex patients and consider developing a new MBS item for quantification of HbA1c for the diagnosis of diabetes in high risk asymptomatic patients.

## Recommendation 4

Vision 2020 Australia recommends the Committee ensure that high-risk groups, including Aboriginal and Torres Strait Islander people, are not disadvantaged by the Medicare Benefits Schedule rebate reduction for optometric services.

## Recommendation 5

Vision 2020 Australia recommends the Committee support Primary Health Networks (PHNs) being tasked with and sufficiently resourced to undertake high level regional coordination of eye health and vision care delivery, to work with stakeholders to better integrate and strengthen local systems, and be driven by appropriate performance and process indicators.

## Recommendation 6

Vision 2020 Australia recommends the Committee seek to ensure that Primary Health Networks (PHNs) have a role in encouraging and promoting e-health uptake in the primary eye care setting such as within optometric and GP practice, as a way to strengthen multi-disciplinary management and collaboration of chronic disease.

## Recommendation 7

Vision 2020 Australia recommends the Committee seek to ensure that any move to expand the role of private health insurers is carefully planned to safeguard against outcomes which are not in the best interest of all patients, whether privately or publically insured.

#### Recommendation 8

Vision 2020 Australia recommends the Committee support the inclusion of state and territory responsibilities in the National Framework Implementation Plan, thereby assisting all Australian governments to set agreed priorities, targets and measures that will positively impact on the lives of hundreds of thousands of Australians who are blind or vision impaired or at risk of avoidable vision loss as a result of chronic disease.

#### Recommendation 9

Vision 2020 Australia recommends the Committee support the introduction of a national approach for improving access to prescription glasses among Aboriginal and Torres Strait Islander people.

#### Recommendation 10

Vision 2020 Australia recommends the Committee support the national rollout of innovative models, that have had proven successes in the Australian context.

#### Recommendation 11

Vision 2020 Australia recommends the Committee support the introduction of a national diabetes blindness prevention program.

#### Recommendation 12

Vision 2020 Australia recommends the Committee support extending funding for care coordination to optometrists, low vision support services and allied health practitioners to ensure the integration of care pathways and achieve the best outcomes for patients with chronic eye health conditions.

#### Recommendation 13

Vision 2020 Australia urges the Committee to recognise that a systematic, nationally consistent approach to chronic eye care prevention and management is the most important step to improving outcomes for patients in Australia, and that the Committee support this approach in the review of a *National Chronic Disease Strategy*.

# 1 Introduction

In Australia, 75 per cent of blindness and vision loss is preventable or treatable if it is detected early enough. As the first point of contact between the community and the health system, primary care plays an important role in preventing, detecting and managing chronic eye disease.

It is widely acknowledged that best practice for the prevention and management of chronic disease in Australia involves a multi-faceted approach including comprehensive care planning and management; multidisciplinary, coordinated team-based care involving medical and allied health providers; patient education and self-management; and ongoing monitoring and follow-up. Patients with an existing chronic disease often have multiple co-morbidities including those which affect the eyes and vision. Many chronic conditions also exhibit early signs and symptoms that can only be detected upon comprehensive ocular investigation. Primary eye care readily facilitates the early detection of chronic disease that may otherwise go undetected until the later stages of disease progression and primary eye care professionals such as optometrists are therefore essential and willing participants in the multi-disciplinary approach to chronic disease prevention and management.

The eye health and vision care sector acknowledges the higher burden of chronic eye health conditions in at risk population groups, including Aboriginal and Torres Strait Islander people, people from lower socioeconomic backgrounds, older Australians and Australians living in rural and remote areas. In particular, Aboriginal and Torres Strait Islander people 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 between Aboriginal and Torres Strait Islander people and other Australians. 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.

According to the National Chronic Disease Strategy, chronic diseases:

- Have complex and multiple causes
- Usually have gradual onset, although they can have sudden onset and acute stages
- Occur across the life cycle, although they become more prevalent with older age
- Can compromise quality of life through physical limitations and disability
- Are long term and persistent, leading to gradual deterioration of health
- While usually not immediately life threatening, they are the most common and leading cause of premature mortality.

Many eye conditions are chronic by nature and fit this definition, including refractive error, cataract, macular degeneration, glaucoma and diabetic retinopathy.

Vision 2020 Australia therefore welcomes the opportunity to contribute to the House of Representatives Standing Committee on Health's (the Committee) *Inquiry into Chronic Disease Prevention and Management in Primary Health Care*. *This inquiry is important* to ensure that programs encouraging best practice, innovation and targeted action to assist individuals most in need of support are implemented to reduce blindness and vision loss related to chronic disease. In consultation with representatives from the eye health and vision care sector, Vision 2020 Australia has developed a response to each of the terms of reference.

Vision 2020 Australia also supports the submissions put forward by our member organisations, namely the Australian College of Optometry, Optometry Australia, Indigenous Eye Health - Melbourne University and The Royal Australian and New Zealand College of Ophthalmology.

## General Context

In *Clear Focus: The Economic Impact of Vision Loss in Australia in 2009* (Clear Focus), Access Economics reported that 59 per cent of vision loss for those over 40 years of age is caused by uncorrected refractive error. Cataract caused 15 per cent of vision loss, age-related macular degeneration 10 per cent, glaucoma 5 per cent and diabetic retinopathy 2 per cent. *Clear Focus* recommends that a focus on prevention is necessary, particularly targeting at risk communities through dedicated social marketing campaigns and integrating with other prevention programs. Additionally, regular comprehensive eye examinations enable early detection of eye disease, which will significantly reduce vision loss from chronic conditions.

The Australian Government has acknowledged the link between chronic disease and eye care in the *Implementation Plan under the National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss 2014-16* (NFIP). The NFIP outlines Commonwealth responsibilities for eye health and vision care, nominating three key priority areas:

- Aboriginal and Torres Strait Islander eye health;
- Preventing eye disease associated with chronic conditions (particularly diabetes); and
- Improving the evidence base.

Diabetes is the leading cause of vision loss and blindness in working age Australians and a significant cause of vision loss in older Australians. It is noted that over 1.15 million Australians have been diagnosed with diabetes and are registered on the National Diabetes Services Scheme register. Additionally, an estimated 500,000 Australians are living with undiagnosed type 2 diabetes. Currently around 280 people are diagnosed with diabetes every day in Australia and diabetes is the fastest growing chronic medical condition in the world. Affecting an estimated 300,000 Australians, diabetic retinopathy is the leading cause of vision loss and blindness in Australians under 60, and is observed in almost all diabetic patients after 20 years duration of diabetes. Diabetic macular oedema (DME), commonly seen in the later stages of diabetic retinopathy, is the single leading cause of vision loss in diabetes. In the next 15 years, the number of people with DME is projected to increase by 42% to 102,000 people. Much of the vision loss that occurs in diabetes can be prevented.

The NFIP states that a 'potential review of the national chronic disease strategy could provide a consistent and system-level approach to the prevention and management of chronic disease'. Vision 2020 Australia encourages the Government to develop an integrated chronic disease strategy which specifically includes measures targeting chronic eye health conditions; acknowledging that eye health should not be considered in isolation from other chronic disease. It was recognised that chronic eye diseases share common risk factors; such as high blood pressure, high cholesterol, smoking and kidney disease; with other significant chronic diseases. Therefore, an integrated and strategic approach to chronic disease in Australia will enable similar issues across a range of chronic diseases to be prevented or controlled more effectively. In turn, this will impact positively on eye health and vision loss in Australia.

## Vision 2020 Australia

Established in October 2000, Vision 2020 Australia is part of VISION 2020: The Right to Sight, a global initiative of the World Health Organisation and the International Agency for the Prevention of Blindness. Vision 2020 Australia is the peak body for the eye health and vision care sector, representing around 50 member organisations involved in: local and global eye care; health promotion; low vision support; vision rehabilitation; eye research; professional assistance and community support.

## 2 Terms of Reference

### 2.1 Examples of best practice in chronic disease prevention and management, both in Australia and internationally

Best practice for the prevention and management of chronic disease in Australia involves a multi-faceted approach including comprehensive care planning and management; multidisciplinary, coordinated team-based care involving medical and allied health providers; patient education and self-management; and ongoing monitoring and follow-up. Supporting this approach, the eye health and vision care sector has a framework of clear cut best practice guidelines to outline the optimum continuum of care for an individual. As patients with an existing chronic disease often have multiple co-morbidities, including those which affect the eyes and vision, chronic eye health conditions are well established and considered within this framework.

Primary eye care is an integral part of the best practice continuum of care, noting that 75 per cent of vision loss is preventable with early detection and timely treatment. The timely detection of eye health conditions by primary care professions, including optometrists and GPs; and the referral of these individuals diagnosed with eye health conditions requiring treatment ensures that these are treated and resolved, which is key to ensuring that the burden of chronic eye health conditions is reduced.

To ensure that the appropriate care is available, access to both eye care services within primary care and also to ongoing specialist eye care for those diagnosed with a chronic disease is essential; particularly for people who are suffering from chronic eye health conditions or for those who are at risk of developing a chronic eye condition. Additionally, it is essential that the higher burden of chronic eye health conditions in at risk population groups, including Aboriginal and Torres Strait Islander people, be considered in any approach. A system based on best practice should aim to ensure the best possible outcomes, noting that targeted approaches are required to ensure equal opportunity for best outcomes for all people.

#### Prevention

Research has shown prevention policies to be more cost effective than treatment. In addition to short and medium term gains from investment in prevention, there is evidence of significantly reduced mortality rates in populations where risk factors have been addressed. Vision 2020 Australia is aware of a number of programs which provide examples of best practice in chronic eye disease prevention, both in Australia and internationally. Some examples of these include:

#### **The Roadmap to Close the Gap in Vision**

*The Roadmap to Close the Gap in Vision* is regarded as an Australian Best practice framework to reduce the gap in diabetes-related vision loss for Aboriginal and Torres Strait Islander people. It includes 42 recommendations addressing domains including primary care, service provision, coordination, governance and health promotion.

#### **Medical Outreach - Indigenous Chronic Disease Programme (MOICDP)**

MOICDP provides funding support for delivery of multidisciplinary outreach services specifically for Aboriginal and Torres Strait Islander people with chronic disease. These services focus on prevention, detection and management of chronic disease in both primary and secondary care settings. Diabetes is prioritised under MOICDP funding. MOICDP supports costs associated with delivery of specialist medical services; allied health services; combinations of eligible services (such as multidisciplinary teams) and outreach GP services; as well as the coordination and administration of these services. MOICDP ensures that these service providers receive cultural awareness and safety training and professional support ensuring that these services are sustainable and long term.



## Western Sydney Diabetes Prevention and Management Initiative

The Western Sydney Diabetes Prevention and Management Initiative brings together multi-sector partners in a whole of district approach, responding to the National Diabetes Strategy and Action Plan. The initiative aims to educate and support local GPs in the management of type 2 diabetes which has been identified as a major health issue in the region. Considerable resources have been devoted to this program by the local health district and an experienced academic has been appointed to the initiative to develop programs that educate and support local GPs.

## A national diabetes blindness prevention program

Evidence shows that early detection and timely treatment can prevent the majority of diabetes-related vision loss. The establishment of a national diabetes blindness prevention would dramatically decrease the incidence of blindness from diabetes in Australia. Results from a retinal photography program in the United Kingdom show that for the first time in more than 50 years, diabetic retinopathy is no longer the leading cause of blindness registrations in England. Additionally, the English program has been demonstrated to be highly cost effective and modelling of the health economics of screening for DME in Australia point to large annual direct and indirect cost savings - in the range of \$7.6-\$76 million. The establishment of a national diabetes blindness prevention modelled on successful systematic retinal photography programs in the United Kingdom, as well as programs from Iceland, Poland and Sweden, would dramatically decreased the incidence of blindness from diabetes in Australia.

## Vision Initiative

The Vision Initiative is an integrated health promotion program funded by the Victorian Government and managed by Vision 2020 Australia, which aims to prevent avoidable blindness and reduce the impact of vision loss for all Victorians. It is the Victorian Government's public health response to the *National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss*. Partnerships are a key mechanism for the success of the Vision Initiative. The program receives ongoing support from 12 organisations representing the eye and health sectors across Victoria. Together, the Vision Initiative partner organisations provide governance to the program and work collaboratively to deliver Vision Initiative activity across the State. The Vision Initiative promotes the importance of regular eye tests to the Victorian community and has shaped a new, community-based approach to combating eye conditions and eye disease through working with local eye health and primary health professionals such as optometrists and GPs to ensure people with a higher risk of eye disease are identified and referred to appropriate eye care services early.

The Victorian State Government recognised the success of the Vision Initiative approach, announcing in May this year a further \$3.6 million in funding for another four years, which will enable the program to target twice as many Victorian communities at risk of blindness and vision loss over the next four years.

Best practice for the prevention of chronic disease and associated conditions in Australia should involve a multi-disciplinary approach including comprehensive care planning and management; multidisciplinary, coordinated team-based care involving medical and allied health providers; patient education and self-management; and ongoing monitoring and follow-up. The timely detection of chronic disease related eye health conditions by primary care professions such as optometrists and GPs; and the referral of these individuals diagnosed with eye health conditions requiring treatment ensures that these are treated and resolved. This is key to ensuring that the burden of chronic eye health conditions is reduced.

Vision 2020 Australia asks the Committee to recommend to the Australian Government that best practice in prevention of eye conditions associated with chronic disease is an approach which brings together a broad range of stakeholders, including eye health and vision care professionals; and ensures the timely detection of chronic disease related eye health conditions and the referral of these individuals diagnosed with eye health conditions requiring treatment.

## Recommendation 1

Vision 2020 Australia recommends the Committee support best practice in preventing eye conditions associated with chronic disease as an approach which brings together a broad range of stakeholders, including eye health and vision care professionals, ensuring the timely detection of eye health related chronic disease and referral to specialist care.

### Management

Health systems with strong primary health care are more efficient, have lower rates of hospitalisation, fewer health inequalities and better health outcomes including lower mortality, than those that do not.

Best practice in managing chronic disease through primary care also includes programs where primary care health professionals such as optometrists and GPs play a role in reinforcing general health messages including the importance of maintaining good control of conditions such as diabetes, hypertension and high cholesterol, smoking cessation, regular visits to GP, particularly for mental health issues; acknowledging that many individuals may be visiting an optometrist regularly but are not regularly seeing a GP.

There are a number of programs in Australia and internationally which provide an example of best practice in managing chronic disease through primary care. These include:

#### Indigenous Diabetes Eyes and Screening (IDEAS) Van

The Indigenous Diabetes Eyes and Screening (IDEAS) Van initiative in Queensland provides both survey and service by combining a primary care photo-screening program with a mobile ophthalmology clinic. This initiative in turn builds the capacity of Aboriginal Medical Services (AMSs), enabling them to deliver enhanced diabetes care. The mobile ophthalmology clinic visits 18 AMS hubs, acting as an annex, providing the equipment needed for standard of care therapies for diabetic retinopathy, glasses and preparation for cataract surgery. This equipment is otherwise only available in metropolitan centres. IDEAS Van clinics are conducted in the culturally appropriate environment of the AMS that enhances access and follow up care, also up-skilling Aboriginal and Torres Strait Islander health workers in their knowledge of diabetes and diabetes related illnesses.

#### Telehealth eye and associated medical services network (TEAMSnet)

TEAMSnet is a four year research project that aims to reduce vision loss from diabetic eye disease and improve chronic disease management and outcomes in remote Aboriginal and Torres Strait Islander communities. TEAMSnet is developing and testing the use of electronic and telecommunication technologies that can provide accurate, low cost retinal screening and facilitate coordinated diabetes and cardiovascular care at the primary health care level for people living in Aboriginal and Torres Strait Islander communities in the Northern Territory. The project will come to completion in 2016, but early reports note the potential to assist in the management of complex medical histories, support primary health care practitioners to make appropriate clinical decisions based on the Central Australian Rural Practitioner's Association Standard Treatment Manual (CARPA-STM) and develop a comprehensive chronic disease and lifestyle management plan with a primary focus on facilitating patient engagement in the management plan. There is evidence from programs in vulnerable groups in other high-income countries that demonstrates the success of integrating teleretinal imaging within the primary care of patients with chronic disease. In a range of settings across the USA, an integrated teleretinal surveillance and comprehensive disease management program has seen significant increases in access of diabetic patients to appropriate eye and diabetes care and, as a consequence, improved health outcomes.

A coordinated, systematic approach to chronic disease management is the most important step to improving outcomes for patients diagnosed with chronic disease related eye conditions. Primary eye care professionals such as optometrists and GPs play a role in reinforcing general health messages including the importance of maintaining good control of chronic conditions. Conversely, GPs who are aware of the diagnosis of a chronic condition should ensure that patients are aware of the ongoing health risks. In these circumstances, the primary care system should be reinforcing the need for ongoing screening for and management of eye conditions related to chronic disease. Vision 2020 Australia asks the Committee to recommend that the Australian Government ensure that primary care professionals are appropriately supported and trained to manage ongoing complex chronic disease care, noting that an efficient and effective primary health system is integral to linking the systemic management of chronic care and eye health and will ensure that where possible, vision loss related to chronic disease is prevented.

## Recommendation 2

Vision 2020 Australia recommends the Committee seek to ensure that primary care professionals are appropriately supported and trained to manage ongoing complex eye health related chronic disease.

## 2.2 Opportunities for the Medicare payment system to reward and encourage best practice and quality improvement in chronic disease prevention and management

Medicare provides access to medical and hospital services for all Australian residents. As such, ensuring that Medicare is encouraging best practice and quality medical care is integral to the health of Australians. In relation to eye health and vision care and chronic disease, there are a number of opportunities for the Medicare payment system to better reward and encourage best practice and quality improvement in prevention and management.

Vision 2020 Australia encourage the Committee to consider the different incentives that could be offered through Medicare Benefits Schedule (MBS) items to increase the provision of ongoing eye health and vision care services, especially in low socio-economic areas, rural and remote areas and for those who experience social isolation. Some suggestions include:

- Australian clinical guidelines recommend that individuals identified at high risk of developing type 2 diabetes (e.g. through the use of the AUSDRISK Tool) should have a fasting plasma glucose test every three years. The use of HbA1c to diagnose diabetes can be expected to lead to an increase in detection of diabetes, and should be encouraged. Finding of a raised HbA1c should be linked to prompts for screening for diabetic retinopathy to begin, along with other measures to manage diabetes. Vision 2020 Australia supports the Medical Services Advisory Committee (MSAC) recommendation for the public funding of a new Medical Benefits Scheme (MBS) item for quantification of HbA1c for the diagnosis of diabetes in high risk asymptomatic patients.
- MSAC also recently supported public funding for bilateral non-mydratic retinal photography for initial or repeat assessment for diabetic retinopathy in patients with medically diagnosed diabetes. Vision 2020 Australia supports government funding for this proposed MBS item number, noting that Medicare remuneration for diabetic retinopathy screening will boost screening of high risk groups. This will have a significant impact on eye health and vision care in rural and remote areas, including increasing screening rates in Aboriginal and Torres Strait Islander health centers.

- 75 per cent of vision loss is preventable or treatable if it is detected early enough. A Medicare incentive for case management for complex patients will prompt primary care professionals to ensure their patients attend specialist appointments when they are referred. Ways that this could be achieved include by increasing the rebate for MBS items 914 and 915, or implementing a full fee reimbursement rather than the current 85 per cent for clients seen by eye health professionals in Aboriginal health services and homeless services.

Vision 2020 Australia is pleased that the Committee is considering ways in which Medicare can assist to reward and encourage best practice and quality improvement in chronic disease prevention and management. The eye health and vision care sector has been in collaboration with MSAC to finalise a number of MBS items to ensure that the Medicare system is best assisting eye health professionals to provide quality care to patients. Vision 2020 Australia asks the Committee to recommend that the Australian Government increase the Medicare incentive for case management for complex patients and consider developing a new MBS item for quantification of HbA1c for the diagnosis of diabetes in high risk asymptomatic patients.

### Recommendation 3

Vision 2020 Australia recommends the Committee support increasing the Medicare incentive for case management for complex patients and consider developing a new MBS item for quantification of HbA1c for the diagnosis of diabetes in high risk asymptomatic patients.

#### MBS optometry rebate

Aboriginal and Torres Strait Islander people, along with other high risk groups, experience a higher burden of chronic disease than mainstream Australians. 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. Vision 2020 Australia is concerned that these changes will impact service provision and patient access to eye health and vision care, as well as pose a potential threat to access for low income patients for whom optometrists are unable to viably maintain bulk billing. Optometrists have a key role to play in the course of normal practice and in team-based arrangements, for example as part of a multi-disciplinary approach to chronic disease and chronic disease management plans.

Vision 2020 Australia suggests that the Australian Government consider applying the same patient exemptions regarding the rebate reductions as were proposed for general practice services to optometric services. This will ensure at risk groups, including Aboriginal and Torres Strait Islander people, are afforded equitable opportunity to access optometric care, ensuring that the primary eye health care needs of people with a higher risk of chronic eye conditions are met.

### Recommendation 4

Vision 2020 Australia recommends the Committee ensure that high-risk groups, including Aboriginal and Torres Strait Islander people, are not disadvantaged by the Medicare Benefits Schedule rebate reduction for optometric services.

## 2.3 Opportunities for the Primary Health Networks to coordinate and support chronic disease prevention and management in primary health care

Vision 2020 Australia acknowledges Primary Health Networks (PHNs) as an integral resource that can be utilised to co-ordinate service delivery, encompassing early detection, treatment and management of eye disease. Vision 2020 Australia has previously recommended to the Australian Government 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 and driven by appropriate performance indicators to enable the systematic coordination of the health system. For example, PHNs should regularly monitor and report against key performance indicators, including ‘the percentage of target population screened for diabetic retinopathy by Indigeneity’. The establishment, monitoring and reporting against specific eye health Key Performance Indicators by each PHN is essential to ensuring success in the coordination of primary care services to specialist and hospital services, reducing the impact of chronic disease related vision loss in the PHN region.

In order to be most effective, any coordination will need to work collaboratively with all regional stakeholders including PHNs, Local Hospital Networks/Districts, ACCHO state and territory affiliates, Aboriginal Health Services, GPs, allied health providers and relevant regional eye health stakeholders. PHNs should work with these local and regional stakeholders to develop and refine clear referral pathways, including for eye health. Additionally, PHNs should be tasked with undertaking activities to engage with at risk, low socioeconomic and disadvantaged groups to ensure that these populations are receiving appropriate access to care. Vision 2020 Australia also encourages PHNs to share information about local health providers with the local community through their websites, including information about all local providers including optometrists, ophthalmologists, GPs and low vision service providers.

### Recommendation 5

Vision 2020 Australia recommends the Committee support Primary Health Networks (PHNs) being tasked with and sufficiently resourced to undertake high level regional coordination of eye health and vision care delivery, to work with stakeholders to better integrate and strengthen local systems, and be driven by appropriate performance and process indicators.

### E-Health

The Australian health system needs to make appropriate use of the technology available to increase service provision and coordination, both at the local level and across the system. Vision 2020 Australia encourages the Australian Government to ensure that best practice guidelines and prompts about ongoing care such as retinal exams are included in best practice medical direction and commonly used software. PHNs should have a role in encouraging and promoting e-health uptake in the primary eye care setting such as within optometric and GP practice, as a way to strengthen multi-disciplinary management and collaboration of chronic disease. Vision 2020 Australia notes that Medicare Locals were supported by specialised e-Health teams and contends that this initiative should be continued in PHNs, including a specific team for eye health and vision care.

### Recommendation 6

Vision 2020 Australia recommends the Committee seek to ensure that Primary Health Networks (PHNs) have a role in encouraging and promoting e-health uptake in the primary eye care setting such as within optometric and GP practice, as a way to strengthen multi-disciplinary management and collaboration of chronic disease.

## 2.4 The role of private health insurers in chronic disease prevention and management

Private health insurers have a role to play in chronic disease prevention and management, as it is in their interests to reduce the burden of disease among their members. To this end, Broader Health Cover (BHC) was introduced via the Private Health Insurance Act in 2007, allowing health insurers to offer benefits for programs that are aimed to prevent hospitalisation and development of chronic conditions. Under Broader Health Cover, private health insurers can offer Chronic Disease Management Programs (CDMPs). These are services such as telephone coaching, exercise physiologists, dieticians, and physiotherapists and are designed to help patients to better prevent and manage chronic disease. BHC does not cover services where a Medicare benefit is already payable, such as GP services and can be understood as creating a ‘two-tier’ health system in which only people with private health insurance can benefit from tailored disease management or prevention programs.

Vision 2020 Australia is therefore concerned that those with private health insurance may enjoy privileged and disproportionate access to these services. Patients utilising the public health system are at risk of finding themselves at the end of the queue as doctors prioritise more valuable private patients and private patients can potentially utilise even more services for free or at a discounted rate, overloading the system.

On another note, the preferred provider arrangements amongst private health insurers can cause confusion about which primary health care provider patients can claim rebates for visiting. Patients who obtain spectacles from public providers are sometimes not reimbursed by their private health cover, or not reimbursed at the same level by their health fund as they would be at a preferred provider. Vision 2020 Australia contends that private health insurers could more effectively support eye health chronic disease prevention by removing the existing requirement for members to access only preferred eye health providers. Private insurers could also be encouraged to provide comprehensive eye health service directories for members, ensuring that preferred provider schemes do not inadvertently disadvantage patient access and choice of provider, particularly when care is connected or somewhat related to chronic disease management.

According to *Clear Focus* almost 575,000 Australians over 40 had vision loss in 2009, representing 5.8% of the population in that age group. Of these people around 66,500 were blind. It was also projected that the number of people with vision loss aged 40 or over will rise to almost 801,000 by 2020, and those who are blind will rise to 102,750. It is therefore of concern that there are limited rebates available for low vision devices. For Australians who are at increased risk of eye conditions and for those who are irreversibly blind, this means that access to services and supports to increase independence are often unaffordable, even with private health insurance. Vision 2020 Australia contends that the rebates for prescribed low vision devices should be increased and therefore made more accessible.

Vision 2020 Australia asks the Committee to recommend that the Australian Government ensure that any move to expand the role of private health insurers is carefully planned to ensure that outcomes are in the best interest of all patients, whether privately or publically insured.

### Recommendation 7

Vision 2020 Australia recommends the Committee seek to ensure that any move to expand the role of private health insurers is carefully planned to safeguard against outcomes which are not in the best interest of all patients, whether privately or publically insured.

## 2.5 The role of State and Territory Governments in chronic disease prevention and management

The current model of Australian healthcare, in which funding flows through state and territory governments to local levels for allocation, means that jurisdictional governments have a significant role to play in the prevention and management of health care and in this context, chronic disease prevention and management.

It is in the interests of jurisdictional governments to reduce the burden of disease among their population, alleviating the future impact on the health system. This is most effectively achieved by funding programs, such as the Vision Initiative, which work to prevent chronic eye conditions which could otherwise become a burden on the healthcare system. That being said, ongoing care for people who are suffering from a chronic eye condition is necessary and jurisdictional governments have an important responsibility to ensure that ongoing care is accessible and equal.

### Workforce capacity

The current structure of the Australian health care system means that eye health workforce availability fluctuates regionally rather than being centrally coordinated to account for need across the country. Often some areas are oversupplied with eye health professionals, whereas some regional areas have trouble keeping or attracting eye health professionals. For example, the Victorian Eye and Ear Hospital has difficulty attracting ophthalmologists due to inability to compete with the remuneration available through private practice. This has an impact on chronic disease management for eye health across the state. State and territory governments should consider the implementation or expansion of flexible arrangements such as those at the Victorian Eye and Ear Hospital, where eye health professionals are supported to work part time in private practice or to be involved in research projects.

### Public and private systems

The Victorian Eye and Ear Hospital currently provides ongoing management of chronic eye diseases that could be effectively managed in the community by private optometrists, which would free up hospital capacity and reduce lengthy wait lists. This situation is due to a range of factors including the paperwork burden involved in discharging patients and the availability of federal funding for services such as translators that are not funded for private optometry. Extensive wait lists for surgery results in people living with unnecessary vision impairment for extended periods of time.

The State can play an important role in managing patient discharge at the Victorian Eye and Ear Hospital by improving hospital systems, such as providing funding for due diligence processes.

### Jurisdictionally representative National Framework Implementation Plan (NFIP)

The 2014-2016 NFIP outlines Commonwealth responsibilities for eye health and vision care, noting the three key priority areas as Aboriginal and Torres Strait Islander eye health; preventing eye disease associated with chronic conditions (particularly diabetes); and improving the evidence base. However, although the Australian healthcare model requires states and territories to work closely with the Commonwealth, the current NFIP does not include the role of states and territories. It is the eye health and vision care sector's position that a comprehensive NFIP which outlines the responsibilities of Australia's states and territories as well as those of the Commonwealth is essential for improving service provision and achieving the 25 per cent reduction in the prevalence of blindness and vision loss committed to under the *Universal eye health: a global action plan 2014-2019*.

An NFIP that is truly representative of all jurisdictions will directly assist all Australian governments to set agreed priorities, targets and measures that will positively impact on the lives of hundreds of thousands of Australians who are blind or vision impaired or at risk of avoidable vision loss as a result of chronic disease.

#### Recommendation 8

Vision 2020 Australia recommends the Committee support the inclusion of state and territory responsibilities in the National Framework Implementation Plan, thereby assisting all Australian governments to set agreed priorities, targets and measures that will positively impact on the lives of hundreds of thousands of Australians who are blind or vision impaired or at risk of avoidable vision loss as a result of chronic disease.

#### Nationally consistent subsidised spectacle scheme

The *Roadmap to Close the Gap for Vision* 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 has previously recommended that the Australian Government should commit 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 a subsequent positive impact upon overall productivity, such as fostering opportunities to engage in work and study.

#### Recommendation 9

Vision 2020 Australia recommends the Committee support the introduction of a national approach for improving access to prescription glasses among Aboriginal and Torres Strait Islander people.

## 2.6 Innovative models which incentivise access, quality and efficiency in chronic disease prevention and management

Preventive health effort requires a broad, multifaceted and coordinated strategy over a sustained period with partnerships between health and other portfolios and industry sectors, and between government, business and community groups.

An efficient and effective primary health system is integral to linking the systemic management of chronic care and eye health. Primary care providers are integral to ensuring that the overall management of chronic conditions, such as diabetes, is supported by ongoing screening, treatment and management of secondary conditions, such as diabetic retinopathy. The lack of long term continuity in primary care providers results in systematic failures throughout the clinical pathway. For example, all patients with diabetes should be encouraged to maintain a relationship with a GP who understands the requirement for regular, life-long screening for diabetic retinopathy. A re-orientation of general practices to the provision of chronic care is an adjustment that should be encouraged in our health care system. Vision 2020 Australia recommends that the Cycle of Care guidelines be modified to the standard of the NHMRC guidelines, which are supported by a strong evidence base for clinical and cost effectiveness.

Some examples of innovative models that are producing quantifiable outcomes are below. Vision 2020 Australia encourages the Committee to recommend that the Australian Government engage with the eye health and vision care sector to roll these models out across the country, ensuring good outcomes for at risk Australians.



### Victorian Eyecare Service

The Victorian Eyecare Service (VES) is a successful, effective and efficient model of public optometry service that is funded by the Victorian State Government and administered by the Australian College of Optometry. People who have a health care card or pensioner concession card are eligible. The VES provides services to people experiencing social and economic disadvantage by reducing barriers to access including lower prices for visual aids. The VES provides more than 80,000 eye health consultations each year under the scheme. VES patients make a fixed contribution to the cost of glasses or contact lenses, and the balance is subsidised by the Victorian State Government.

### Victorian Aboriginal Spectacle Subsidy Scheme

The Victorian Aboriginal Spectacle Subsidy Scheme (VASSS) is funded by the Victorian State Government as a “closing the gap” initiative to provide an additional contribution to VES subsidised spectacles or glasses to Aboriginal and Torres Strait Islander Victorians. The VASSS is delivered by the Australian College of Optometry and is built on the Victorian Eyecare Service which provides vision assessment, eye care and subsidised visual aids for Victorians experiencing disadvantage. The VASSS provides an additional subsidy to VES glasses so the resulting cost to clients is \$10. Vision 2020 Australia has previously encouraged the Australian Government to consider an ongoing nationally consistent subsidised spectacle scheme in other jurisdictions.

### “Bad Sugars, Bad Eyes”, the Lions Eye Institute

The Lions Eye Institute recently developed a patient education video “Bad Sugars, Bad Eyes”. It was developed in 2011 in collaboration with Aboriginal Health Workers (AHWs) and local community members from the Kimberley. The video highlights key patient information about diabetes and its effects on the eye, as well as the importance of annual screening. The video is narrated by two AHWs currently working in the Kimberley and an Aboriginal and Torres Strait Islander patient living in the Fitzroy Valley. The video resource was subject to a formal evaluation and was found to have a positive impact on improving knowledge about diabetic retinopathy, the importance of screening and the need for screening even when asymptomatic.

While Vision 2020 Australia recommends a systematic approach to chronic care and management as the most important step to improving outcomes for patients, there is evidence to suggest that innovative models are having an impact in improving outcomes for patients. Vision 2020 Australia asks the Committee to recommend that the Australian Government consider these innovative models, that have had proven successes in the Australian context, and for further roll out across the country.

### Recommendation 10

Vision 2020 Australia recommends the Committee support the national rollout of innovative models, that have had proven successes in the Australian context.

### **A national diabetes blindness prevention program**

As previously mentioned, evidence shows that early detection and timely treatment can prevent the majority of diabetes-related vision loss; currently one of the five major causes of vision loss in Australia. National diabetes blindness prevention programs, such as those currently in place in the United Kingdom, Iceland, Poland and Sweden have proven to be both cost effective and successful in dramatically decreasing the incidence of blindness from diabetes. A national diabetes blindness prevention program in Australia will work in conjunction with the development of the new myHealth Record, utilising and leveraging the capabilities of existing databases to facilitate linking, storing and sharing information between the databases, people with diabetes, PHNs, eye health practitioners, general practitioners, specialist diabetes clinicians and other health services. Ultimately, this will facilitate the identification of people with diabetes who are in need of an eye examination as defined by NHMRC guidelines; targeted strategies to increase the uptake of eye examinations through effective methods of communication including letters, emails and text messages; better information sharing between members of the healthcare team, so that the results of eye examinations (including retinal photographs) can trigger timely ophthalmic treatment and better inform the control of key risk factors (hyperglycemia, hypertension and hyperlipidemia); and accurate data on eye examination uptake that can be used by PHNs to coordinate public health resources.

#### **Recommendation 11**

Vision 2020 Australia recommends the Committee support the introduction of a national diabetes blindness prevention program.

## **2.7 Best practice of Multidisciplinary teams chronic disease management in primary health care and Hospitals**

It is vital for eye health chronic disease management to involve collaboration between GPs, optometrists and ophthalmologists as well as allied health professionals and low vision support services. As chronic eye conditions are a lifetime issue, continuity of care is also centrally important.

### **Establishment of coordinated clinical pathways**

For multiple reasons current clinical pathways often fail, as only 50 per cent of patients with diabetes are appropriately screened for diabetic retinopathy. Australia has a highly trained workforce of eye health professionals. The lack of appropriate screening is caused by poor coordination rather than a lack of workforce capacity or infrastructure. Improved communication and coordination along the diabetic eye care pathway; between all health care providers and patients with diabetes is of high importance.

The clinical pathway for the detection and management of diabetic retinopathy includes; screening, monitoring and treatment. There is difficulty accessing ophthalmic care for high risk groups in the community. General Practitioners in remote and rural ASGC Zones 2-5 and all Aboriginal Medical Services (AMS) GPs need Medicare remuneration for diabetic retinopathy screening to boost screening of high risk groups. Measures to address the failure of the typical pathway for the management of diabetic retinopathy should be adopted to provide for a nationally co-ordinated pathway. In ASGC Zone 1 there should be a requirement for a referral to the large metropolitan workforce of optometrists for diabetic retinopathy screening by General Practitioners.

### Chronic care coordinators

Chronic care coordinators are currently funded through PHNs, and are responsible for meeting with clients that are suffering from chronic conditions to assist with making improvements in their quality of life. Chronic care coordinators are responsible for ensuring that their clients are educated about their personal ongoing care needs and risk factors, as well as assisting clients with establishing a care plan. This role must be given ongoing funding support through PHNs to ensure continuity of care. Also, as mentioned previously, PHNs should be tasked with ensuring that chronic care coordinators receive up to date and comprehensive information on best practice care, guidelines and referral pathways. Where possible, eye health professionals such as ophthalmologists and optometrists should be involved in identifying aspects of a person's chronic disease care plan to ensure that all necessary concerns are covered.

GPs are funded to engage in care coordination under the Chronic Disease Management provision of the Medicare Benefits Schedule. However, funding is not provided to other practitioners, such as optometrists, to become involved in multidisciplinary care coordination and they are expected to absorb the administrative costs involved with this important function.

### Recommendation 12

Vision 2020 Australia recommends the Committee support extending funding for care coordination to optometrists, low vision support services and allied health practitioners to ensure the integration of care pathways and achieve the best outcomes for patients with chronic eye health conditions.

## 2.8 Models of chronic disease prevention and management in primary health care which improve outcomes for high end frequent users of medical and health services

Vision 2020 Australia acknowledges the higher burden of chronic eye health conditions in at risk population groups, including Aboriginal and Torres Strait Islander people, people from lower socioeconomic backgrounds, older Australians and Australians living in rural and remote areas. These population groups are typically more frequent users of medical and health services, particularly for health concerns related to chronic disease. There are a number of models being used currently for eye health and vision care service provision which are improving outcomes for these patients.

### **Inala Centre of Excellence in Indigenous Health, Brisbane**

Inala Centre of Excellence in Indigenous Health in Brisbane (ASGS Zone 1) has had a model primary care diabetic photo-screening program running for over seven years that reported a sixfold increase in the percentage of Aboriginal and Torres Strait Islander patients receiving annual diabetic retinopathy screening in its report in 2010. Presently over 90 per cent of the region's diabetic patients receive annual photo-screening within the primary care facility graded by accredited GPs and overseen by a visiting ophthalmologist or optometrist.

### **Indigenous Diabetes Eyes and Screening (IDEAS) Van**

Building on the Inala model, the IDEAS Van initiative (see page 5) has involved over 20 ophthalmologists and 40 optometrists during the last 15 months. This model provides equipment and treatment in rural and remote AMS's that would otherwise only be available in metropolitan centres and ensures that culturally appropriate care is provided. Overall, this has resulted in improved attendance and effective follow up care for the local communities.

The potential of this novel model of service delivery goes far beyond diabetes for Aboriginal and Torres Strait Islander people, to enabling similar services to be delivered to rural and remote communities (ASGC Zones 2-5) and could include delivery of other standard of care therapies such as macular degeneration and support cataract surgery at health facilities in rural and remote areas by providing equipment as an annex to the existing facility for the pre and post-operative care.

### **National diabetes blindness prevention program**

Given that the third leading cause of vision loss and blindness for Aboriginal and Torres Strait Islander people is diabetic eye disease, Vision 2020 Australia applauds the Australian Government for its commitment to Aboriginal and Torres Strait Islander eye health and eye disease associated with chronic conditions in the NFIP. It is currently estimated that 39,292 Aboriginal and Torres Strait Islander people with diabetes require annual eye examinations and only 20 per cent adhere to the screening recommendation<sup>1</sup>.

A national diabetes blindness prevention program which aims to reduce vision loss from eye disease due to diabetes in the Australian population through systematic early detection, early intervention and e-health optimised coordination would provide a model to rectify this issue. This model has been proven successful internationally, both for its cost-effectiveness and its achievement in increasing the uptake of eye examinations in the population. This international experience highlights both the need and the significant potential for a systematic approach to early detection and treatment to be introduced in Australia for our unique set of circumstances. In the Australian context, a national diabetes blindness prevention program should centre on the myHealth Record to coordinate the early detection of diabetic eye disease and enhance information exchange between members of the care team facilitating early ocular and systemic intervention.

---

<sup>1</sup> Anjou MD, Boudville AI, Taylor HR (2013) Correcting Indigenous Australians' refractive error and presbyopia. *Clinical & Experimental Ophthalmology*; 41(4): 320-328

Vision 2020 Australia recommends a systematic, nationally consistent approach to chronic eye care and management as the most important step to improving outcomes for patients in Australia. A systematic model should take into account the higher burden of chronic eye health conditions in at risk population groups and that these population groups are typically more frequent users of medical and health services. Vision 2020 Australia encourages the Committee to recommend to the Australian Government that this should be considered in the review of a *National Chronic Disease Strategy*.

### Recommendation 13

Vision 2020 Australia urges the Committee to recognise that a systematic, nationally consistent approach to chronic eye care prevention and management is the most important step to improving outcomes for patients in Australia, and that the Committee support this approach in the review of a *National Chronic Disease Strategy*.

### 3 Conclusion

Best practice for the prevention of chronic disease and associated conditions in Australia should involve a multi-disciplinary approach including comprehensive care planning and management; multidisciplinary, coordinated team-based care involving medical and allied health providers; patient education and self-management; and ongoing monitoring and follow-up. The timely detection of chronic disease related eye health conditions by primary care professions such as optometrists and GPs; and the referral of these individuals diagnosed with eye health conditions requiring treatment ensures that these are treated and resolved. This is key to ensuring that the burden of chronic eye health conditions is reduced.

Vision 2020 Australia thanks the House of Representatives Standing Committee on Health for the opportunity to comment on this important issue, and welcomes any further participation at public hearing should the Committee desire.

#### Contact

Brandon Ah Tong  
Director of Policy and Advocacy  
Vision 2020 Australia  
[Bahtong@vision2020australia.org.au](mailto:Bahtong@vision2020australia.org.au)  
Ph. 03 9656 2020

Sarah Davies  
Policy and Advocacy Coordinator  
Vision 2020 Australia  
[SDavies@Vision2020Australia.org.au](mailto:SDavies@Vision2020Australia.org.au)  
Ph. 03 9656 2020

