

## Better Outcomes for People with Chronic and Complex Health Conditions through Primary Health Care

### Overall

#### What aspects of the current primary health care system work well for people with chronic or complex health conditions?

Best practice for chronic disease prevention and management in Australia involves a multifaceted approach, including comprehensive care planning and management; multidisciplinary, coordinated team-based care involving medical and non-medical health providers; patient education and self-management; and ongoing monitoring and follow-up. Additionally, patients with an existing chronic disease often have multiple co-morbidities, including those which affect the eyes and vision. Primary eye care often also facilitates the early detection of chronic disease that may otherwise go undetected and primary eye care professionals are therefore essential and willing participants in the multidisciplinary approach to chronic disease prevention and management.

Elements of Australia's primary health care system provide solid foundations for accessible, comprehensive and coordinated care for people with chronic and complex health needs. While updated funding models may be better suited to facilitate best practice care for people with chronic and complex conditions, there are many positive elements of the Medicare fee-for-service system which should be retained, including ready and direct access for all Australians to regular subsidised eye health consultations. Instances where comprehensive and well-coordinated approaches are provided for people with chronic and complex conditions in Australia are often local or regional approaches that support particular subpopulations only. Multidisciplinary team care and facilitated integration of services is also not the common standard and is not embedded systematically; and not all practitioners are incentivised to participate in team care, as typically incentives are only offered to medical professions.

System change at local, regional and national levels is required to embed approaches that support well-coordinated, multidisciplinary chronic disease management. The recommendations of the *Roadmap to Close the Gap for Vision*, a coordinated framework to improve Aboriginal and Torres Strait Islander eye health outcomes, call for coordinated action by all stakeholders to implement effective changes in services delivery to improve access, coordination and timely treatment.

## What is the most serious gap in the primary health care system currently provided to people with chronic or complex health conditions?

### In your area?

Vision 2020 Australia is a national advocate to government, working to eliminate avoidable blindness and vision impairment for all Australians and to ensure the community participation of people who are blind or vision impaired in Australia and our region. Vision 2020 Australia, as a peak body, works at both the national level and international levels and as such cannot provide a response as to a specific geographic region within Australia.

### Nationally?

Blindness and vision impairment is among the most common health conditions in Australia. Five eye health and vision care conditions cause three quarters of Australia's vision loss and can themselves be considered a chronic condition or are associated with a chronic disease. For each of these, there are interventions, advantages to early identification and modifiable risk factors. This underlines the importance of ensuring ready access to regular primary eye examinations for all Australians.

There is a higher burden of chronic eye health conditions in at risk population groups, including Aboriginal and Torres Strait Islander people, people from low socioeconomic backgrounds, older Australians and Australians living in rural and remote areas. In particular, Aboriginal and Torres Strait Islander people have 6 times the rate of blindness and 3 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. A major issue for Aboriginal and Torres Strait Islander people is the frequency of patients are dropping out of the eye health referral pathway of care, resulting in significantly worse outcomes for Indigenous compared to mainstream patients, particularly regarding diagnosis and access to services.

Further, we particularly wishes to note gaps related to primary eye health care access for people on low incomes, living in socially disadvantaged or who can be considered vulnerable population groups. This includes older Australians with limited mobility, including those in aged care settings, for whom anecdotal evidence accumulated over many years, attests to significant underservicing of older Australians in residential facilities or who are immobile, many of whom are living with complex health needs and whose quality of life is detrimentally affected by preventable vision loss.

## What can be done to improve the primary health care system for people with chronic or complex health conditions?

### In your area?

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region. Vision 2020 Australia, as a peak body, works at both the national level and international levels and as such cannot provide a response as to a specific geographic region within Australia.

### Nationally?

As discussed throughout this submission, Vision 2020 Australia acknowledges a number of opportunities to improve the primary health care system for people with chronic or complex health conditions. Important among these is strengthening access to multidisciplinary team care that is well-coordinated, supports access to the ‘right health professional at the right time’, and is aligned with best practice. In this submission, Vision 2020 Australia has further attempted to identify number of mechanisms to facilitate this, including:

- Identifying a local provider for patients with responsibilities regarding care planning and care coordination
- Embedding locally-relevant care pathways aligned with best practice and facilitating their use, including through ‘flag’s’ in clinical software of when referrals may be required. Pathways that maximise contributions from primary care practitioners and seek to limit referral to tertiary settings for care that could be provided in the community, support timely patient access to care and can enhance efficiency.
- Facilitating timely and comprehensive communication across the care team and not only at the general practice/hospital interface, including through the effective use of technology
- Ensuring access to all key elements of care, including primary eye care, are affordable for patients, through effective funding models
- Increasing awareness amongst general practitioners and primary health care nurses of the role of non-medical primary health practitioners, including optometrists, in chronic disease management
- Increased focus on improving consumer health literacy, including in relation to eye health, and their chronic disease self-management capacity.

Further, Vision 2020 Australia recognises that Primary Health Networks and Aboriginal Community Controlled Health Organisations (ACCHO’s) offer great potential to support development in many of these areas at a regional and local level.

### What are the barriers that may be preventing primary health care clinicians from working at the top of their scope of practice?

There are numerous barriers that prevent medical and non-medical eye health care professionals working to the full extent of their scope of practice which are explored in this submission. These include a lack of incentive for all practitioners to sustainably be involved in team-based and multidisciplinary care and limited awareness within the community and other health practitioners regarding the need for and benefit of, regular eye health and vision examinations particularly when chronic and complex care is required. These barriers are discussed further throughout this submission.

## Theme 1: Effective and appropriate patient care

Do you support patient enrolment with a health care home for people with chronic or complex health conditions?

- ✓ Yes
- No
- Prefer not to answer

### Why do you say that?

Vision 2020 Australia supports voluntary enrolment with a health care home for patients with chronic and complex health conditions, noting that a consistent point of care and ongoing coordination with other primary health services is the most effective way to ensure that the best possible patient outcomes are achieved. However, patients should be provided with adequate information to enable them to make informed decisions regarding enrolment and there should be provisions to prevent GPs or other health providers from refusing to enrol patients based on complex needs. Enrolment consideration should not unfairly disadvantage people - particularly those on low incomes, living in socially disadvantaged or who can be considered vulnerable population groups. Further, measures should be implemented to ensure that there is a focus on patient outcomes and quality of service delivery.

For multiple reasons current clinical pathways for patients with chronic disease often fail, despite the fact that Australia has a highly trained workforce of eye health professionals. It is generally acknowledged that the lack of appropriate eye examinations is caused by poor coordination rather than a lack of workforce capacity or infrastructure. The solution is improved communication and coordination along the chronic disease management pathway; between all health care providers and patients, which can be achieved through voluntary enrolment with a health care home.

As the first point of contact between the community and the health system, primary health care plays an important role in prevention and management of vision loss related to chronic disease. Vision 2020 Australia further notes that patients with an existing chronic disease often have multiple complications including those which affect the eyes and vision. In order to implement 'health care homes' (coordinated team-care) and to ensure that the primary care system achieves the best possible outcomes for patients, it is vital for chronic disease management and ongoing care coordination to involve collaboration between GPs, primary health care professionals and specialists including optometrists and ophthalmologists as well as low vision support services.

Do you support team based care for people with chronic or complex health conditions?

- ✓ Yes
- No
- Prefer not to answer

## Why do you say that?

As noted previously, patients with an existing chronic disease often have multiple complications including those which affect the eyes and vision. It is therefore vital for chronic disease management and ongoing care coordination to involve collaboration between GPs and primary health care professionals, including optometrists and ophthalmologists as well as low vision support services. As chronic eye conditions are a lifetime issue, continuity of care is also centrally important.

In order to ensure that individuals with chronic or complex conditions receive appropriate information regarding their eye health and vision care, Vision 2020 Australia recommends that eye health professionals such as ophthalmologists and optometrists be involved in identifying aspects of a person's chronic disease care plan.

Vision 2020 Australia notes that for patients requiring multidisciplinary care, GP's can also claim from Medicare for coordinating team care planning and review services. However, funding is not provided to other practitioners, such as optometrists, to become involved in team care arrangements and these health practitioners are therefore required to absorb the administrative costs involved with this important function. Vision 2020 Australia recommends the Primary Health Care Advisory Group (PHCAG) support extending funding for care coordination to optometrists, low vision support services and primary health care professionals to ensure the integration of care pathways and achieve the best outcomes for patients with chronic eye health conditions.

## What are the key aspects of effective coordinated patient care? (please number in order of importance)

- Patient participation (1)
- Care coordinators (3)
- Patient pathways (2)
- Other (4)

## How can patient pathways be used to improve patient outcomes?

In Australia, 75% of blindness and vision loss is preventable or treatable if it is detected early enough, and for people suffering from or at risk of chronic eye health conditions, accessible and appropriate care is important. Patient pathways which are embedded locally and multidisciplinary are integral, given that many eye conditions are chronic by nature and share risk factors with other chronic conditions. Vision 2020 Australia notes that there is ample existing capacity in general practice, optometry and ophthalmology services in Australia to serve the eye health needs of all Australians; however the lack of coordination poses a major barrier.

For example, approximately 1.7 million Australians are estimated to currently have diabetes, however, although diabetic retinopathy is currently a leading cause of vision loss and blindness in Australians, the current approach to eye examinations for Australians with diabetes is not systematic. This puts into perspective the need for effective and efficient patient pathways. In order to address this issue, we have previously recommended that the Commonwealth support a Diabetes Blindness Prevention Program 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.

Additionally, for both glaucoma and diabetic retinopathy approximately 50% of patients are not seen at all. This can be addressed with improved targeted eye examination initiatives driven by patient representative organizations such as Diabetes Australia and Glaucoma Australia. The NSW based Community Eye-Care project has developed and endorsed 2 models of collaborative integrated care for chronic eye disease - one for diabetic eye disease and glaucoma and the other for uncomplicated cataract. This has promoted collaboration between optometrists and ophthalmologists ensuring that low risk patients are seen by optometrists for initial assessment for diabetic eye disease and glaucoma. The assessment is transmitted directly to an ophthalmologist who reviews the clinical decision resulting in patients that may otherwise have been classified as asymptomatic seen and treated in a timely fashion.

### Are there other evidence-based approaches that could be used to improve the outcomes and care experiences of people with chronic or complex health conditions?

The Care Coordination and Supplementary Services Program (CCSS) is aimed at improving chronic disease management and follow-up care for Aboriginal and Torres Strait Islander people with one or more chronic conditions. CCSS aims to contribute to improved health outcomes for Aboriginal and Torres Strait Islander people through better access to coordinated and multidisciplinary care; increasing support to the patient; and providing more proactive GP management. CCSS was established in 2009 as part of the Commonwealth's Indigenous Chronic Disease Package and is funded to by the Commonwealth Department of Health until June 2016. We recommend that this role be given ongoing funding support through to ensure continuity of care for Aboriginal and Torres Strait Islander people with chronic conditions, with equitable coverage in all regions.

Further, some PHNs in Australia are funded to provide chronic disease management programs which are designed to provide additional support to patients and their primary health care providers to enable improved self-management and avoidance of unnecessary hospitalisations. These programs run in tandem with a General Practitioner Management Plan (GPMP) and/or Team Care Arrangement (TCA) developed by the clients nominated GP. These care coordination services may include arranging services as required, ensuring there are arrangements in place for the client to get to appointments, assisting the client to participate in regular reviews with their primary care provider, participating in case conferencing, and liaising with other local services to ensure avoidance of duplication, support for other services and avoidance of clients falling through service gaps. Overall, care coordination aims to assist patients to access the range of specialist, primary and allied health services required for their ongoing care in consultation with the GP and develop chronic condition self-management skills. Vision 2020 Australia encourages the Commonwealth Government to ensure that these programs are available and appropriately resourced in all PHNs across the country.

## Theme 2: Increased use of technology

### How might the technology described in Theme 2 of the Discussion Paper improve the way patients engage in and manage their own health care?

A functioning national electronic medical records system is essential to ensure that health professionals across the country have instant access to the necessary information required to treat all patients safely and efficiently. This is critical for improving primary health care outcomes for patients, particularly through empowering patients to self-manage their health. Therefore, it is important to ensure that the electronic health system appropriate for all Australians, including those who are blind or vision impaired.

Vision 2020 Australia, in collaboration with Diabetes Australia and the Centre for Eye Research Australia, has developed an integrated approach to diabetes blindness prevention for all Australians with diabetes through the early detection of eye disease. Diabetic retinopathy is currently a leading cause of vision loss and blindness in working age Australians and a major cause of vision loss among older Australians. The Australian Government's commitment to improving the coordination of healthcare through a national electronic health record system; along with strengthening the primary care system through the new Primary Health Networks (PHNs) and the development of a new National Diabetes Strategy provides a unique opportunity to introduce a systematic approach to reducing blindness caused by diabetes.

The proposed program centres on the myHealth Record, using this technology 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. The program is intended to provide an opportunity for the Australian Government to trial the myHealth Record system in a clinical context, utilising and leveraging the capabilities of existing databases to facilitate linking, storing and sharing information between people with diabetes, PHNs, eye health practitioners, general practitioners, specialist diabetes clinicians and other health services.

### What enablers are needed to support an increased use of the technology described in Theme 2 of the Discussion Paper to improve team-based care for people with chronic or complex health conditions?

Vision 2020 Australia also has concerns about a lack of support for eye health and vision care professionals to participate in electronic health initiatives, largely due to software interoperability issues. Vision 2020 Australia recommends that the trials aim to include a broad range of healthcare providers across the eye health and vision care sector to ensure that a resulting system has been tried and tested in a number of settings. Vision 2020 Australia also suggests that the trial zones are aligned with Primary Health Networks (PHNs) where possible to support participating healthcare providers.

For people who are blind or vision impaired, it is also important that any system is accessible and user-friendly. Vision 2020 Australia notes that the Australian Government has endorsed the Web Content Accessibility Guidelines (WCAG) version 2.0 AA rating for all government websites and information systems. Vision 2020 Australia recommends that the Department ensures that the redevelopment of the myHealth Record is aligned with these guidelines, considering the varied needs of users, and plan for accessibility

from the outset; noting that not all people who are blind or vision impaired access information in the same way and that many individuals have a preferred format.

Further, Vision 2020 Australia is aware that the PCEHR Review recommended that payment for Medicare items relating to health assessments, comprehensive assessments, mental healthcare plans, medication management reviews and chronic disease planning items depend on the uploading of specific documents to the PCEHR system. Vision 2020 Australia considers that where the individual does not have a PCEHR or has directed the healthcare provider not to upload that document, provisions should be in place to ensure that the healthcare provider is not adversely affected. It is important that the practicality of this be discussed with service providers, including Aboriginal Community Controlled Health Organisations (ACCHOs) to ensure that the relevant information can be easily transferred from other systems such as Communicare or PCIS to the PCEHR system.

## How could technology better support connections between primary and hospital care?

Vision 2020 Australia are aware of a disconnect between patient controlled electronic health systems and the hospital system, mostly due to a lack of comprehensive and complete information in electronic health records. Vision 2020 Australia is under the impression that the implementation of an opt-out myHealth Record is intended to address this disconnect by ensuring that most patients have, where possible, a current and comprehensive electronic health record that is accessible across the spectrum of health care, including within hospitals, primary care, specialist services and allied health services.

A further example in the eye health and vision care sector is that of the 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 examination and facilitate coordinated diabetes and cardiovascular care at the primary health care level for people living in Aboriginal 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.

## How could technology be used to improve patient outcomes?

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 recommends that guidance and prompts about ongoing care such as retinal exams are included in care guidelines, patient pathways and commonly used software.

While Vision 2020 Australia strongly supports the development of the myHealth Record as announced by the Australian Government in 2015, Vision 2020 Australia also recommends that support is provided for a secure messaging network between health professionals - including tertiary health care through hospitals, primary health care, specialist services and allied health services. A secure messaging network between these professions will work to increase coordination of care as well as providing an interim measure while myHealth Records are trialled and rolled out across the country.

Further, 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 multidisciplinary 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.

## Theme 3: How do we know we are achieving outcomes?

Reflecting on Theme 3 of the Discussion Paper, is it important to measure and report patient health outcomes?

- ✓ Yes
- No
- Prefer not to answer

### Why do you say that?

Vision 2020 Australia considers it of utmost importance to measure and report patient health outcomes in relation to chronic and complex health conditions. As mentioned previously, the prevention and management of chronic disease in Australia needs to involve a multifaceted approach including comprehensive care planning and management; multidisciplinary, coordinated team-based care involving medical and primary health care professionals; patient education and self-management; and ongoing monitoring and follow-up. Additionally, patients with an existing chronic disease often have multiple co-morbidities including those which affect the eyes and vision and many chronic conditions exhibit early signs and symptoms that can only be detected upon comprehensive investigation.

Given these facts, it is important for primary health care to readily facilitate the early detection of chronic disease that has the potential to cause vision loss, and may otherwise go undetected until the later stages of disease progression. In order to ensure that primary health care achieves this consistently and effectively, is it important to measure and report patient health outcomes.

Additionally, 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. It is also notable that a high proportion of Aboriginal and Torres Strait Islander people fit into other at risk categories, again highlighting the importance of ensuring early detection of chronic disease that may otherwise go undetected until the later stages of disease progression.

## How could measurement and reporting of patient health outcomes be achieved?

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 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 (KPIs), including ‘the percentage of target population screened for diabetic retinopathy by Indigeneity’. The establishment, monitoring and reporting against specific eye health KPIs 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, primary health care professionals 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.

## To what extent should health care providers be accountable for their patients’ health outcomes?

Vision 2020 Australia believes that all health care professionals should be accountable for the provision of safe care within their scope of practice, which is recognised by their peers as of appropriate quality and upholds patients’ rights.

Health outcomes, particularly for chronic and complex conditions, are associated with a range of factors of which clinical care is only one element. Whilst there are often multiple determinants of health status and health outcomes beyond the remit or influence of a health care provider, there is opportunity, as discussed above to support a greater focus on health outcomes within the primary health care system. This includes through the establishment of health care homes for patients with chronic conditions, and funding models and related infrastructure that enable them to take responsibility for coordinating patient care.

Further, in the 2014-2015 Federal Budget the Australian Government announced a five per cent reduction in the patient rebate for optometry services under Medicare,

alongside an additional extension of the freeze on indexation of optometry consultations under Medicare through to July 2018. Together these two announcements are expected to see an average optometry patient rebate of ten dollars less by 2018 than in 2014. Yet whilst rebates are dropping, the price of providing vital eye care services continues to increase. This creates an unsustainable situation in areas of social disadvantage. For those on low incomes or in disadvantaged circumstances, out-of-pocket expenses or (even marginally) higher fees, can mean they can't access the regular eye care they need. Yet with continually reducing rebates many optometrists are unable to bulk-bill these patients and maintain a viable practice. This is particularly the case in areas of high socio-economic disadvantage, where the vast majority of patients are unable to cover an out-of-pocket expense. There is a possibility that this will create a barrier both for a patient to be able to access services and for an optometrist to be able to provide health care without an out of pocket expense. This will impact the eye health and vision care outcomes for the patients and optometrists impacted.

### How could health care provider accountability for their patients' health outcomes be achieved?

Health care providers are already held accountable for health outcomes in a number of ways, with patients having regulatory and legal recourse for sub-standard care, or opportunity to seek investigation of care they believe was inappropriate or of poor quality. Holding practitioners accountable for the provision of safe, quality care in this manner is appropriate.

As above, we believe there is also opportunity to incentivise the provision of packages of care for patients with chronic and complex conditions which promotes best health outcomes. Such incentive approaches could be employed alongside a health care home model to encourage the health care to support the patient in accessing care that accords with best practice chronic disease management and promotes effective self-management.

### To what extent should patients be responsible for their own health outcomes?

Vision 2020 Australia believes that patients must be acknowledged as key agents impacting their health outcomes and be supported to take responsibility for their health.

We also recognise multiple factors that influence an individual's health outcomes, including the social, economic and cultural contexts within which they live and the accessibility and quality of health care, at both a clinical and system level. These factors influence the capacity of individuals to take responsibility for their own health. This is particularly crucial in Aboriginal and Torres Strait Islander communities where social determinants of health can provide a number of barriers to accessing appropriate health care.

### How could patient responsibility for their own health outcomes be achieved?

Vision 2020 Australia encourages a greater focus on improving the capacity of individuals to take greater responsibility for their own health. However, patient responsibility should be understood within the broader context and environment that

people live and the various factors impacting on the agency of individuals to create change. For example, people may understand well that eating healthily is important for good diabetes control, but limited access to fresh healthy food that is affordable will limit their ability to ‘take responsibility’ in this area. This sort of dynamic is particularly relevant to chronic conditions, which often relate to lifestyle factors that have even broader up-stream determinants, tending to affect disadvantaged sub-populations more than the advantaged and highly health literate.

For eye health a key element is improving health literacy across the community about eye health, the need for regular, comprehensive eye examinations and the risk to eye health from a number of common chronic diseases. Increased community awareness of these points is sorely needed. It is also important to ensure that ‘healthy choices are easy choices’, and in the case of eye health this means ensuring ready, affordable access to quality primary eye care for all Australians and ready access to regular, comprehensive examinations for patients with particular risk factors for vision loss and blindness, such as those with diabetes or a family history of glaucoma. Further, recent cuts to the patient rebate for optometry consultations under Medicare create an additional and unnecessary barrier to patients making healthy decisions regarding their eye health.

Enhanced team care and greater system coordination, can support patients to take greater responsibility for their health outcomes, by making the patient pathway easier to navigate and the multiple elements of multidisciplinary care easier to access and draw together.

## Theme 4: How do we establish suitable payment mechanisms to support a better Primary Health Care System?

If you prefer a blended model, as described in Theme 4, select all the components that should apply.

- ✓ Capitated payments
- ✓ Salaried professionals
- ✓ Fee-for-service
- ✓ Pay for performance
- Other (please specify):
- Prefer not to answer

### Why do you say that?

Vision 2020 Australia supports in principle the application of pay-for-performance approaches, as part of a broader blended-payment model, to some elements of primary health care associated with the management of chronic and complex health conditions. Pay-for-performance approaches can provide a mechanism to incentivise particular health care practices, drive improvements in particular areas, or facilitate a greater focus on health care outcomes, rather than inputs.

Further, a similar approach to the existing Practice Incentives Programme, which incentivises particular activities in General Practice, could be effectively applied in

non-medical primary care disciplines, such as optometry, to encourage performance in particular areas. For example, such an approach may be effective in enhancing active participation in myHealth Record by optometrists.

In principle, we also support pay-for performance approaches linked to health outcomes in appropriate circumstances, such as to chronic health care. These approaches can be used to foster wide application of effective models of chronic disease management, however are not currently appropriate to primary eye health and vision care. The current fee-for-service system for optometric care has been supporting ready patient access to primary eye care for many decades, and therefore remains relevant. This is evidenced by the fact the majority of Australians are able to access eye and vision care when they need it. Further, there is currently not the infrastructure to support such a pay-for-performance mechanism for optometry as there is no systematic infrastructure/data collection processes in optometry to enable the evaluation of patient outcomes.

### What role could Private Health Insurance have in managing or assisting in managing people with chronic or complex health conditions in primary health care?

Private health insurers (PHIs) 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. 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 BHC, PHIs can offer Chronic Disease Management Programs (CDMPs), services such as telephone coaching, exercise physiologists, dieticians, and physiotherapists which are designed to help patients to better prevent and manage chronic disease. This 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. As a result, Vision 2020 Australia is concerned that those with private health insurance may enjoy privileged access to these services whereas patients utilising the public health system are at risk of finding themselves at the end of the queue.

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. 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 further contends that PHIs could more effectively support eye health chronic disease prevention by removing the existing requirement for members to access only preferred eye health providers. PHIs 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.

## Conclusion

Do you have anything you would like to add on any of the themes raised in the Discussion Paper?

Vision 2020 Australia welcomes the opportunity to contribute to the Primary Health Care Advisory Group's (PHCAG) options paper Better Outcomes for People with Chronic and Complex Health Conditions through Primary Health Care. Vision 2020 Australia is keen to work with the PHCAG to ensure that the primary health care system is at its most effective in preventing; detecting and managing chronic disease and that individuals with chronic or complex conditions receive the best possible outcomes regarding their eye health and vision care. Vision 2020 Australia has developed this response in consultation with representatives from the eye health and vision care sector, and also supports the submissions put forward by our member organisations, namely the Australian College of Optometry, Optometry Australia and Indigenous Eye Health - Melbourne University.