



School of Optometry and Vision Sciences

Summary - Public Cataract Surgery in Australia

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Executive summary

This report describes the current and future demand for public cataract services in Australia; inequities in service delivery; and health system and personal costs associated with long wait times for surgery. With population ageing, meeting current and future demand for public cataract services will require strategic investment and planning.

- It is estimated that **243,139** Australians are currently living with visually significant cataract (visual acuity worse than 6/12), including 10,616 Aboriginal and Torres Strait Islander people and 232,523 non-Indigenous Australians. With population ageing, this is projected to increase to **308,516** Australians in 2030.
- In 2018-19, there were over **245,000** admissions for cataract surgery, of those **72,270** admissions were in public hospitals. Currently, about **29%** of cataract surgeries for non-Indigenous Australians and **80%** of cataract surgeries for Aboriginal and Torres Strait Islander people are performed in the public hospital system. Hence, any delays in public care disproportionately impact Aboriginal and Torres Strait Islander people with cataract.

Waiting times for initial assessment ('Wait for the wait') following referral to hospital outpatient departments can be long and are highly variable between and within states (i.e. local health districts). 'Wait for the wait' data is inconsistently reported, however estimated wait times are:

- Best case: 50% of patients are assessed within 2-3 months and 90% are seen within 7-10 months.
- Worst case: 50% of patients are waiting more than 12 months and 10% are waiting for more than 20 months.

The waiting period on elective surgery waiting lists is well-documented and reported by the Australian Institute of Health and Welfare. National averages show that patients are waiting 3 months at the 50th percentile and 11 months at the 90th percentile. Aboriginal and Torres Strait Islander people experience slightly longer delays compared to other Australians (50th percentile: ~4 months). Yet again, considerable variability exists across the jurisdictions.

- Best case: 50% of patients are admitted within 1-2 months and 90% have cataract surgery within 3-5 months
- Worst case: 50% of patients are waiting 7-8 months and 10% are waiting longer than 12 months.

Based on these data, public patients currently face median waiting times, from referral to admission for surgery, ranging from **3 to 18 months**. A smaller proportion of patient waiting more than 2 years for cataract surgery.



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Restrictions on elective surgeries due to **COVID-19** have significantly impacted cataract services in 2020, creating a backlog in an already over-burdened system. On April 1st 2020, all elective surgery was placed on hold, with gradual resumption occurring at different rates across jurisdictions, further increasing wait times.

To expedite surgery for public patients who are currently waiting for an initial ophthalmological assessment or surgical admission in the 2019-20 financial year, it is estimated that an additional 74,150 surgeries would be required. The total cost to the health system would be \$275.3M, however this is offset by avoidance of treatment costs for falls and road traffic injuries as per economic modelling below:

Economic modelling of waiting times of 1, 3, 6 and 12 months

From the **health system perspective**, reducing waiting time for cataract surgery (from referral to surgery admission) to 1-month for each eye, is estimated to result in **cost savings** to government of **\$4.88M, \$11.69M and \$11.49M** compared to 3-, 6- and 12-month waiting periods. Cost savings resulted from lower rates of falls associated with shorter waiting times. Reducing wait times from 12-months to 1-month would avoid 61,941 falls (including >3,700 fractures).

Societal and individual costs not accounted for in this health systems cost analysis include: reduced quality of life due to poor vision; depressive symptoms; failing to meet vision standard for a driver's licence (31% or >13,000 drivers); driving cessation (25%); and property damage associated with increased crash risk whilst waiting for cataract surgery.

Recommendations

To address current and projected increases in visually significant cataract in Australia, government investment in public cataract services should be a health policy priority to reduce avoidable vision impairment and associated negative health consequences. This report recommends investment in:

- Streamlined pathways to access cataract surgery including standardised referral and triage processes to ensure referrals are appropriately targeted
- Higher volume cataract surgery services for public patients in public (or private) hospitals to meet demand and reduce waiting time for surgery
- Financial incentives to promote high quality outcomes and efficiency in public hospital services while maintaining eye surgery training programs for ophthalmology trainees
- Increased provision of surgical services linked to outreach and regional cataract assessment services to address current inequity in access and longer wait time for public cataract services for Aboriginal and Torres Strait Islander peoples
- Greater uniformity and transparency in reporting wait times for patients seeking care in public hospitals. Ideally, with data collection following a national standard to allow better insight of true waiting times for patients.