



Embedding vision in primary care

Submission to Department of Health
requesting amendments to MBS chronic
health check descriptors

August 2021



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About Vision 2020 Australia

Vision 2020 Australia is the national peak body for the eye health and vision care sector.

Working with and representing almost 50 member organisations, we focus on supporting policy and funding changes to prevent avoidable blindness, enhance eye care delivery and better meet the needs of people who are blind or living with low vision.

Our members span a wide range of areas and are involved in local and global eye health and vision care, health promotion, low vision support, vision rehabilitation, eye research, professional assistance, and community support.

This means that the work we do in developing sector-supported policy and advice brings a diverse range of expertise and perspectives to bear, and that the perspectives and experiences of both service users and service providers are at the heart of our work.

Avoidable blindness and vision loss in Australia, and our region, can be prevented and treated by working in partnership across government, non-government, private and community sectors.

For further information please contact the Vision 2020 Australia Chief Executive Officer on ceo@vision2020australia.org.au

Summary

Vision is an important contributor to overall health and wellbeing and can have a significant impact on a person's ability to manage their health conditions.

Recent reports from both the World Health Organisation¹ and the Lancet Global Health Commission² have emphasised the close interrelationships between vision and health, with the World Health Organisation calling for vision impairment to be included in chronic health definitions and care.³

Through its involvement in the World Health Assembly, Australia along with other member states has committed to increase its cataract surgery coverage to meet the new global eye target of a 30-percentage point increase in effective coverage by 2030.

People with chronic disease are often at higher risk of avoidable vision loss, either due to the condition itself and/or potential side effects of treatment.

Creating a mechanism that allows people who have, or are at risk of, chronic conditions to have a vision check as a routine part of their primary health care will help ensure that those Australians at risk of vision loss are identified and referred early for management.

This is an important element of preventing avoidable vision loss, and such arrangements are already in place for Aboriginal and Torres Strait Islander Peoples via MBS item 715.

Vision 2020 Australia is now seeking changes to MBS items 701, 703, 705 and 707 to make vision checks a required element of chronic health checks for other Australians.

The costs associated with such a change are estimated to be minimal. Analysis undertaken by Vision 2020 Australia suggests that, given current optometric testing rates in both the 45-64 and the 65+ age groups and current chronic health check testing rates for those cohorts, at most the consequential increase in optometric MBS billing would be some 0.7% on current billing rates.

Critically, the cost associated with these increases would be outweighed by the significant economic and social benefits of preventing avoidable vision loss in these populations.

Without the early management and intervention, the number of Australians living with vision loss is estimated to grow to over 1 million by 2030. Vision loss is estimated to cost around \$35,800 per person per annum, and therefore, economic costs associated with this increase in vision loss are substantial⁴.

People with chronic disease are often at higher risk of avoidable vision loss, either due to the condition itself and/or potential side effects of treatment.

Vision 2020 Australia is now seeking changes to make vision checks a required element of MBS chronic health checks for all Australians

It is estimated that at most, additional eye examinations generated by this change could increase optometric MBS billing rates by up to 0.7% but could prevent avoidable vision loss which can cost over \$35K per affected Australian pa

¹ World report on vision

² Lancet Global Health

³ World Health Organisation

⁴ There are also policy imperatives to address this issue. For example, cataract and uncorrected refractive error are two of the leading causes of that vision loss, both of which can be treated through relatively low



The time to act is now, and with a scheme already in place for Aboriginal and Torres Strait Islander chronic health checks, there is a template that can readily be adapted and applied for all other Australians.

Alongside seeking changes to MBS items, Vision 2020 Australia is contributing to work in complementary areas. For example:

- It is working with the Royal Australasian College of General Practice to expand the vision related content of its [Guidelines For Preventive Activities in General Practice](#)⁵ so that general practitioners have ready access to relevant, up to date information to support this practise change.
- It is able to facilitate access to free, online accredited eye health training for general practitioners (and other primary health care workers) to support the embedding of vision into chronic health care.

cost, highly effective interventions, and Australia is a signatory to global eye health targets aimed at increasing treatment for these.

⁵ [Guidelines-for-preventive-activities-in-general-practice.pdf \(racgp.org.au\)](#) (accessed 29 June 2021)

The Case for Change

Chronic disease and vision loss

Many people with chronic health conditions are at higher risk of vision loss, as:

- Risk factors are often common (for example smoking, extended UV exposure, diabetes, high blood pressure, poor nutrition); and
- treatments of some chronic conditions can have significant ocular side effects (for example, systemic corticosteroid use can result in development of cataract or glaucoma).

Furthermore, reduced vision can adversely impact an individual's capacity to manage their chronic disease. For example, a person living with diabetes is at a higher risk of developing permanent vision loss but if they do, it is likely to impact their mental health, social wellbeing and capacity to self-manage their condition (for example, medication management, ability to attend medical appointments).

Vision impairment is also associated with:

- A two-fold increase in the risk of falls (with a four to eight times risk of hip fracture), the leading cause of injury-related hospitalisations and death in Australia
- Reduced mental health, with around 25 per cent of people with vision impairment experiencing depression, which increases with the severity of the vision loss⁶
- A two-fold increased risk of developing dementia⁷
- A two-fold increase in the risk of motor vehicle crashes for people with cataract⁸
- An estimated 58 per cent of working aged Australians who are blind or with low vision are unemployed. One third of those who are employed would like to work more hours, highlighting the issue of underemployment⁹
- Two out of three people will develop vision loss before they die.

Adapting MBS items to incorporate vision testing

The Medicare Benefits Scheme (MBS) includes items for health checks of specified groups of people, including:

- Aboriginal and Torres Strait Islander people (MBS Item 715), and
- people at risk of developing diabetes or other chronic disease (MBS Items 701, 703, 705 and 707).¹⁰

Given the higher rate of vision loss associated with chronic conditions, the MBS description for item 715 was adapted some time ago to make assessment of vision a core requirement of the health assessment.

⁶ As above

⁷ As above

⁸ As above

⁹ As above

¹⁰ The full list of permitted recipients of MBS Items 701, 703, 705 and 707 is at Appendix A



It is now timely to extend these arrangements to all other Australians who have chronic health checks under MBS items 701, 703, 705 and 707 so that these people can also benefit from early identification and management of any potential vision issues¹¹.

This would involve amending item descriptors and other content to make checking of vision and/or asking about vision problems part of the mandatory tests performed.

Some 90 per cent of vision loss can be prevented or minimised by early identification and treatment of the underlying cause/s, and this simple inclusion would help ensure that where possible, vision problems are identified and addressed early.

Anticipated costs are minimal

Vision 2020 Australia has identified two potential sources of additional cost associated with implementation of the proposed changes:

1. Cost to the MBS and government, arising from increased rates of optometric testing; and
2. Cost to general practice, associated with the time required to include the vision component in the assessment.

Analysis of available data and consideration of the impacts of these changes in other settings suggests that both the above costs are negligible, and far outweighed by the benefits of preventing avoidable vision loss in the Australian population.

Changes in MBS demand

If these changes were implemented, the desired impact would be an increase in the number of Australians seeking (or referred for) optometric eye examinations.

To estimate the size of this increase, Vision 2020 Australia members examined:

- MBS data regarding comprehensive optometric examinations for the 45-64 and 65+ age groups;
- MBS data regarding chronic health checks across these age groups;
- Data regarding prevalence rates of vision loss for the various age cohorts; and
- ABS data regarding population size across the various cohorts.

The estimated unique number of optometric visits per annum is much higher than the number of chronic health checks being performed across the four chronic health items.

Given that between 48% and 68% of the age cohorts analysed were already receiving eye examinations, it was estimated that at most, a 0.7% increase in optometric visits might be generated by inclusion of vision testing in the chronic health check items (an estimated 35,000+ additional examinations per annum). The cost of delivering those additional examinations would be around \$2.06M per annum (MBS rebate for comprehensive optometry examinations is \$58.55).

The estimated cost of vision loss per Australian is up to \$35,800 per annum, hence the total cost of not incorporating this change (around \$1.2 billion) far outweighs the cost of additional MBS items.

Details of this analysis are provided at Attachment B.

¹¹ Note that these changes are not proposed to people who have an intellectual disability who, under current arrangements are required to have an assessment of ocular health as part of their chronic health check.



Estimated minimal impact on general practitioner workload

GPs already experience significant time pressures, and it will be important that any change to core requirements of the chronic health checks do not result in significant increases in workload or time required to implement.

Fortunately, the experience of implementing similar changes to MBS item showed that such a change can be made with minimal impost on general practitioners, through use of simple and carefully framed questions that allow for rapid assessment of whether there may be a vision issue requiring further investigation.

Appendix A

People for whom a general practitioner can claim for a general health assessment

These general assessment items are made up of numerous elements, including undertaking or arranging examinations. The following categories of health assessments can be undertaken by a GP under these items:

- people aged 40–49 at risk of type 2 diabetes
- people aged 45-49 at risk of developing a chronic disease
- people aged 75 and older
- people who permanently reside at an aged care facility
- people who have an intellectual disability
- some humanitarian entrants, and
- former serving members of the Australian Defence Force.

Assessment of ocular health is included in items 701, 703, 705 and 707 *only* for people who have an intellectual disability, but not for any of the other identified groups.

Appendix B

Estimated impact on MBS services

To estimate the potential increase in demand for MBS services that might be driven by inclusion of mandatory vision testing in MBS chronic health check items, the Secretariat initially collated data regarding both sets of MBS data. This data, summarised in Table One, shows that the chronic health check items are performed at much lower rates than initial optometric eye examinations across both the 45-64 and 65+ age groups.

Table One – current level of MBS activity, chronic health checks and initial optometric examinations

age cohort	MBS item 701	MBS item 703	MBS item 705	MBS item 707	Total chronic health checks	% of age cohort receiving chronic health check pa	Average number of initial optometric eye exams pa	% of age cohort receiving initial eye check (average pa)	Population size
45-65	11,864	48,514	39,175	29,192	128,745	3%	3,113,587*	68%	4,607,505
65+	11,255	111,082	179,877	321,077	623,291	15%	1,926,811**	48%	4,040,130
<i>Totals</i>					752,036		5,040,398		8,647,635

*Annual average of relevant items for the 45-64 cohort over the 2018, 2019 and 2020 period

**Average of the annual number of relevant MBS items for the 65+ cohort, taken across the same period of time (2018, 2019, 2020)

For the optometric MBS data, relevant comprehensive optometry MBS items included in yearly averages (10907, 10911, 10912, 10913, 10914, 10915), with assumption of 85% unique patient count per annum applied and averaging applied as per notes to table above. Application of prevalence rates for vision loss and blindness to 2019 ABS population data suggests that 2% of Australians aged 45-64, and 17% of Australians aged 65+ experience vision loss and blindness¹².

If it were assumed that those percentages of the populations receiving chronic health checks under the MBS items were likely to require eye tests, it is estimated that up to 108,500+ optometric tests might be required (Table 2, overleaf). However, this figure does not take into account the likelihood that a significant proportion of the people seeking chronic health checks are also already receiving optometric care.

Analysis of optometric data (in Table One) suggests that least 68% in the 45-64 age group and 48% in the 65+ age group are already receiving optometric eye examinations. Applying these rates to the initial estimates of potential increase in demand for optometric examinations flowing from inclusion of vision testing in chronic health checks suggests that the potential growth in demand for

¹² This calculation has used prevalence rates from the Clear Focus report to enable calculations by 10 year age cohorts.

optometric eye examinations would, at most, be in the order of 0.7% on current activity levels equating to some 35,000 additional examinations (Table Three).

Table Two – application of prevalence rates of vision loss and blindness to existing MBS chronic health check activity

	MBS item 701	MBS item 703 -	MBS item 705	MBS item 707	Potential increase in optometric testing if prevalence rates applied in full to current activity
age cohort					
45-65	237	970	784	584	2,575
65+	1,913	18,884	30,579	54,583	105,959
<i>Totals</i>					<i>108,534</i>

Table Three – estimate of potential growth in activity and associated cost

	MBS item 701	MBS item 703	MBS item 705	MBS item 707	Total chronic health checks	Potential growth in demand assuming proportion of populations with likely vision loss already in <u>optometric care</u> [#]	cost of initial optometric examination per annum (note 10910 once every 3 yrs. so factored down)	Estimated cost of demand growth
age cohort								
45-65	237	970	784	584	2,575	835	\$ 58.55	\$48,882
65+	1,913	18,884	30,579	54,583	105,959	34,356	\$ 58.55	\$2,011,535
<i>Totals</i>					<i>108,534</i>	<i>35,191</i>		<i>\$2,060,417</i>

for this figure, population growth figures were utilised and then factored down by 68% in the 45-64 age group and 48% in the 65+ age group to accommodate the proportion of those populations already receiving optometric eye examinations, and then for the 45-64 age group it was assumed that only one comprehensive eye examination was performed every 3 years, as per current MBS restrictions.

Note that the estimate demand growth in Table Three assumes that all persons at risk are identified, referred and attend follow up eye care. This is unlikely to be so, and hence the figure provided likely overestimate the number of additional eye examinations that would be delivered but to date, an appropriate benchmark measure for this purpose has not been identified.

The cost of delivering those additional 35,191 examinations would be around \$2.06M per annum (MBS rebate for comprehensive optometry examinations is \$58.55).

The estimated cost of vision loss per Australian is up to \$35,800 per annum, hence the total cost of not incorporating this change (around \$1,231 billion) far outweighs the cost of additional MBS items.