



Consultation on draft Primary Health Care 10 Year Plan

1. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area A: Support safe, quality telehealth and virtual health care.

Vision 2020 Australia supports the proposal to extend and enhance telehealth and virtual health care to provide accessible and equitable health care for all.

During the COVID-19 pandemic research and innovation in telehealth solutions for eye care have been piloted with some success, providing communities with the opportunity to access time-critical and urgent eye care and improving patient outcomes.

In rural and remote areas, access to regular eye health and vision care can be limited, leading to higher rates of eye disease, much of which is avoidable. Making eye care more convenient and accessible for patients through telehealth, means earlier diagnosis of some eye diseases and a higher chance of preventing vision loss, which can affect a person's mobility, overall health and quality of life.

Asynchronous telehealth should be supported as a key component in models of care which integrate community and tertiary eye care and involve task shifting. MBS telehealth item numbers are required to support these models.

Vision 2020 Australia supports the recommendation to test and evaluate patient-end supports for people using telehealth in rural and remote communities through Aboriginal Community Controlled Health Services (ACCHS) and in aged care and disability settings and making any necessary adjustments to ensure equity in access to telehealth services.

It is recommended that the next digital health strategy (2022) be fully integrated into Australia's Long Term National Health Plan and used to measure progress towards the United Nations Sustainable Development Goals, the 2020 World Health Assembly resolution to end avoidable blindness¹ and the WHO global eye care targets².

2. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area B: Improve quality and value through data-driven insights and digital integration

Vision 2020 Australia supports the scale up of data development and integration of person-centred health care across the regional, state/territory and national levels to improve the health of all Australians.

¹World Health Organisation Seventy-Third World Health Assembly 2020, *Integrated people-centred eye care, including preventable vision impairment and blindness*, https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R4-en.pdf

² World Health Organisation 2021, [Global eye care targets endorsed by Member States at the 74th World Health Assembly \(who.int\)](#)

Digital integration is an essential component and an enabler of effective health systems and universal health coverage. To realise its full potential, digital health initiatives must be part of the wider health needs and guided by a strategy that integrates leadership, financial, organizational, human and technological resources and works across multiple health priorities.

Data capture, exchange and integration across the health system can create a continuum of care that has the potential to enhance health outcomes by improving prevention, detection, treatment and management. However, for digital health to be widely adopted it requires:

- Equitable access to digital health initiatives to ensure accessibility for people with disabilities, Aboriginal and Torres Strait Islander people, those living in rural and remote areas and other minority groups. Digital technologies have the potential to improve health equity if designed with accessibility in mind as digital connectivity can transcend physical barriers.
- Strong legal, ethical and regulatory frameworks for assuring patient safety, appropriate use and ownership of health data, data security, privacy and protection of intellectual property rights. Vision 2020 Australia supports the proposal to review current regulatory approaches that support the privacy and security of patient data.
- Coordination with allied health to support integration with My Health Record and secure messaging systems. This will support better communication between eye care practitioners and GPs regarding a patient's eye health.
- A communication campaign to educate people to the benefits of digital health initiatives and integration and build trust among health care providers and patients (including data and case studies).

3. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area C: Harness advances in health care technologies and precision medicine.

Vision 2020 Australia welcomes an increasing focus on health care technologies and precision medicine to diagnose and treat eye disease.

In 2016, the National Eye Health Survey found 453,000 Australians were blind or vision impaired, recent modelling by Vision 2020 Australia indicates this is now closer to 840,000. By 2030, this could exceed 1.04 million.³

In primary health care settings, technological advances are needed to deliver eye care services at greater scale, particularly in rural and remote regions.

Vision 2020 Australia supports a scale up of support to primary health care providers and workforces to enhance routine adoption of point of care testing, other emerging technologies and models of care and advances in precision medicine.

Australian researchers are already developing and delivering pioneering treatments in the areas of eye health and vision care that could be used in the future to scale up quality point of care testing. These include –

- imaging technology and artificial intelligence to enable screening for early signs of eye conditions, including diabetic retinopathy, glaucoma, age related macular degeneration, uncorrected refractive error and cataract, the leading causes of vision loss in Australia.

³ This estimate is based on the prevalence of the 5 most common causes of vision loss (cataract, uncorrected refractive error, diabetic, retinopathy, aged related macular disease, and glaucoma).

- collaborative optometry-ophthalmology care models where images are shared supporting specialist input to care provided by local community optometrists. However, funding to support these models is needed.

4. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area A: Incentivise person-centred care through funding reform, using VPR as a platform

- Care should be taken to ensure that incentivised person-centred care using VPR as a platform reform does not disadvantage medical and allied health services that provide care to the homeless, disadvantaged, refugee, migrant, culturally and linguistically diverse (CALD) and transient populations, who may not have the same level of health literacy or health-system engagement, and may not have a stable relationship with any one particular practice.
- Ensure that key performance indicators linked to quality and outcomes measures (particularly for CALD and Aboriginal and Torres Strait Islander Communities) are meaningful, co-designed, are fairly applied and reflect the priorities as determined by those populations.
- Patients with eye conditions should be checked by an optometrist directly instead of being referred by a GP, this should be supported by the VPR platform.

5. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area B: Boost multidisciplinary team-based care

Improving access to and uptake of high-quality eye care services can be facilitated by enhancing multidisciplinary team-based care, patient-centred care and health system integration. Vision 2020 Australia supports the proposed following actions –

- Rewarding allied health participation in MBS team care arrangements through reviewing remuneration levels for service delivery, particularly in rural and remote areas; as well as expanding telehealth remuneration to more allied health professionals to support flexibility of delivering eye care services to all populations.
- Boosting workforce incentive programs, particularly with reference to activities supporting ACCHO workforce training and coordination of services that support the implementation of the Strong Eyes, Strong Communities recommendations.
- Fostering multidisciplinary models of care, including compliance, workforce training and development of robust team-based care models.
- Developing multidisciplinary care models and workforce strategies that utilise health care professionals to support eye care delivery in areas of need, particularly ACCHOs.
- Recommend consultation with allied health professionals involved in the delivery of primary eye care services across health, aged care and disability services during the development of the National Allied Health Workforce Plan.

6. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area C: Close the Gap through a stronger community-controlled sector

Vision 2020 Australia strongly supports the implementation of the Indigenous Australians' Health Program (IAHP) and the National Aboriginal and Torres Strait Islander Health Plan to close the gap in health outcomes for Aboriginal and Torres Strait Islander people and increase community leadership and ownership.

Aboriginal and Torres Strait Islander People experience vision loss at three times the rate of non-Indigenous Australians, with vision loss accounting for 11 per cent of the health gap. They also wait significantly longer for sight saving treatment.⁴ A coordinated range of actions is required to close the gap in vision and achieve the Government's commitment to end avoidable blindness in Aboriginal and Torres Strait Islander communities by 2025.⁵

Vision 2020 Australia recommends the full implementation of *Strong Eyes, strong communities*⁶ a five-year plan for Aboriginal and Torres Strait Islander eye health and vision care that provides 24 recommendations to end avoidable blindness for Aboriginal and Torres Strait Islander people. The recommendations align with the Governments Long Term National Health Plan⁷ and the principles and directions set out in the *National Partnership Agreement on Closing the Gap 2020*.

A commitment to increase community leadership and ownership is reflected in *Strong Eyes, strong communities*, which emphasises community led models of eye care and building the eye health knowledge of ACCHO workforces, to achieve effective and sustainable improvements in the eye health and vision of communities across the nation.

Vision 2020 Australia members have extensive experience in partnering with ACCHOs to build the capacity of the community-controlled health sector to prevent, treat and manage eye disease and vision loss and welcomes the opportunity to share the successes that underpin these partnerships with Governments and other organisations.

7. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area D: Improve access to primary health care in rural areas

Rural and remote populations experience inequities in accessing eye care which has led to higher rates of eye disease, much of which is avoidable if diagnosed early enough. This is disproportionately felt by Aboriginal and Torres Strait Islander people who are three times more likely to experience blindness and vision loss⁸.

To address the gap in eye care, Vision 2020 Australia recommends the implementation of ACCHO led eye care models that will embed eye health into primary care. As part of the *Strong Eyes, strong communities*⁹ five-year plan for Aboriginal and Torres Strait Islander eye health and vision care, specific initiatives will:

- Provide ongoing eye health training for ACCHO staff to enhance their knowledge of common conditions, risk factors and treatment pathways;

⁴ Taylor HR, National Indigenous Eye Health Survey Team, National Indigenous Eye Health Survey: Minum Barrng (Tracking Eyes), Melbourne: Indigenous Eye Health Unit, The University of Melbourne, 2009.

⁵ Department of Health (2019) Australia's *National Long Term National Health Plan*, https://www.health.gov.au/sites/default/files/australia-s-long-term-national-health-plan_0.pdf

⁶ Vision 2020 Australia 2019, <https://www.vision2020australia.org.au/wp-content/uploads/2019/03/Strong-Eyes-Strong-Communities-A-five-year-plan-for-Aboriginal-and-Torres-Strait-Islander-eye-health-and-vision-2019-2024.pdf>

⁷ Department of Health (2019) Australia's *National Long Term National Health Plan*, https://www.health.gov.au/sites/default/files/australia-s-long-term-national-health-plan_0.pdf

⁸ Taylor HR, National Indigenous Eye Health Survey Team, National Indigenous Eye Health Survey: Minum Barrng (Tracking Eyes), Melbourne: Indigenous Eye Health Unit, The University of Melbourne, 2009.

⁹ Vision 2020 Australia 2019, <https://www.vision2020australia.org.au/wp-content/uploads/2019/03/Strong-Eyes-Strong-Communities-A-five-year-plan-for-Aboriginal-and-Torres-Strait-Islander-eye-health-and-vision-2019-2024.pdf>

- Develop ACCHO led models of eye health care to improve practice and provide an evidence base for what works.

This will support early identification of people at risk of vision loss and provide local, ongoing support for people who are being monitored or treated for eye conditions. Importantly, it will also support the embedding of eye health into broader models of primary care, supporting integration at a local level.

Vision 2020 Australia also suggests the following strategies –

- scaling-up existing outreach services (the Visiting Optometrists Scheme and the Rural Health Outreach Fund) to meet population eye care needs.
- support training programs for eyecare professions in rural areas and provide incentives to work in remote areas;
- employing local case managers and regional project officers;
- up-skilling of general practitioners, nurses and ACCHOs in preventative and primary eye care as part of an overall workforce strategy to deliver eye care in areas of need.

8. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area E: Improve access to appropriate care for people at risk of poorer outcomes

Vision 2020 Australia supports a targeted approach to improving access to primary health care for people experiencing mental illness, people with disability, people from CALD backgrounds, LGBTI people and other marginalised groups.

Access to eye care is not equally distributed in Australia, with marginalised and socially disadvantaged populations experiencing more difficulty in accessing required care and higher rates of vision impairment. Equity needs to be prioritised when considering any improvements to the delivery and accessibility of primary health care or it is likely that inequalities will increase in the delivery of the next Primary Health Care Plan, as the socially advantaged are more able to use and participate in the proposed improvements.

People-centred care that focuses on individual and population needs is necessary for the delivery of good health outcomes, including vision. Service design and delivery needs to be informed and co-designed in consultation with target populations to ensure inclusiveness and equity is at the heart and that there is a proactive approach in addressing the needs of marginalised and vulnerable groups through targeted interventions.

To enhance health literacy for marginalised groups, different strategies are required such as proactive and targeted public campaigns and greater use of technology alongside the provision of accessible, appropriate information and support.

Vision 2020 Australia welcomes the actions proposed to improve access and uptake of primary health care services for CALD communities. Through the Vision Initiative¹⁰, Vision 2020 Australia and its members have successfully boosted eye examination rates in Victoria for high-risk groups including CALD communities. This is achieved through specific activities that target CALD communities, including the delivery of multilingual workshops and resources. We also partner with organisations and primary health networks to embed eye health within broader health care and community sectors to support an integrated approach to preventing avoidable vision loss. Vision 2020 Australia welcomes the opportunity to share the successes of the Vision Initiative program with the Australian Government to facilitate primary health care planning that targets marginalised groups.

¹⁰ <https://www.visioninitiative.org.au/>

**9. Please provide your response to the listed actions under reform stream 2:
Person-centred primary health care, supported by funding reform – Action area
F: Empower people to stay healthy and manage their own health care**

Good vision is critical to quality of life and keeping people healthy, well and independent. With 90% of vision loss preventable and treatable if detected early enough¹¹, services that identify and treat eye conditions early in life are vital to empowering people to stay healthy and manage their own health care.

Eye disorders are one of the most common long-term health problems experienced by Australian children. ¹² If left untreated, they can have significant long-term effects on a child's sensory, cognitive, social and language development¹³.

Good vision is therefore integral to childhood development, making it essential that conditions compromising children's vision are identified and treated early to minimise long-term impacts.

Vision 2020 Australia recommends the development of a National evidence-based Framework for the early identification and management of vision and eye health problems in 3.5-5-year-old children. This will help detect vision disorders and prevent life-long vision loss in Australian children.

With 96% of Australians estimated to have sight problems by the age of 75¹⁴, early identification, management and treatment is critical to quality of life - keeping people healthy, engaged and independent for longer. Adequate resources and information that specifically target older Australian's can support people in managing their own health.

The funding reforms and digital solutions proposed in the Plan could also be aligned with the development of an Enhanced National Self-Management Support Program, outlined in the Australian Government Department of Health National Strategic Action Plan for Macular Disease (Areas of action 3.2).¹⁵

**10. Please provide your response to the listed actions under reform stream 3:
Integrated care, locally delivered – Action area A: Joint planning and
collaborative commissioning**

Vision 2020 Australia supports the implementation of jurisdiction-wide planning of primary health care services and collaborative commissioning approaches.

More integration, coordination and collaboration in the planning and delivery of primary health services at a regional level is crucial in linking people with local and/or visiting specialist services and the effectiveness and efficiency of primary health care.

Applying jurisdiction wide collaborative commission approaches to primary health care to tackle challenges, such as vision loss can only result in better health outcomes for the population and will ensure that services are 'joined up' and not showing signs of fragmentation.

¹¹ Vision 2020 and Centre for Eye Research Australia, 2016, The National Eye Health Survey 2016.

¹² Australian Institute of Health and Welfare (2008), *Eye Health among Australian children*, accessed 16 August 2021.

¹³ American Optometric Association, "Comprehensive pediatric eye and vision examination" (Accessed 3/10/10) <http://aoa.uberflip.com/i/807465-cpg-pediatric-eye-and-vision-examination/9?m4=>

¹⁴ Commonwealth of Australia. (2005). National framework for action to promote eye health and prevent avoidable blindness and vision loss. Retrieved from <https://www1.health.gov.au/internet/main/publishing.nsf/Content/eyehealth-pubs-frame>

¹⁵ Australian Government Department of Health (2019). *A better view – National Strategic Action Plan for Macular Disease*.

11. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area B: Research and evaluation to scale up what works

Investment in vision research is essential to ensure all Australians receive the most effective treatment for sight threatening eye conditions.

Australia has some of the world's leading vision researchers who are engaged in cutting edge research aimed at improving service delivery and patient outcomes. However, support is needed to develop innovative ways to deliver eye care services at greater scale, including -

- support for investigator initiated and industry-sponsored clinical trials and experiments, and translation of pre-clinical innovations;
- research into new techniques to improve detection strategies for sight-threatening disease such as biomarkers, genomics, new ocular imaging and functional testing methodology, artificial intelligence and health system integration.
- research to enhance and embed preventive activities to reduce avoidable vision loss, and strengthen the underlying evidence base
- the translation of basic vision science research into new treatments.
- the delivery of effective community-based eye services with ACCHOs

Given the high costs associated with vision loss (costs to the Australian economy equate to \$27 billion per year)¹⁶, and the forecast increase in prevalence unless action is taken, funding vision research has the potential to deliver major returns on investment. However, investment in this area has been relatively low compared to that made in other areas of medical research (0.1% of MRFF funding)¹⁷.

Vision 2020 Australia recommends eye health and vision care be prioritised in future primary health care research.

Vision 2020 Australia members have identified 10 key areas in ophthalmic research that require a MRFF Vision Mission if the sector is going to meet the future eye care needs of the Australian population - [Vision 2020 Australia – 10 Point Plan to enhance Australian Ophthalmic Research.](#)

12. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area C: Cross-sectoral leadership

Vision 2020 Australia agrees that a cross-sectoral approach that brings together leaders from multiple sectors is necessary to sensitize and gain support and understanding of the aims and objectives of the proposed Primary Health Plan.

The World Report on Vision¹⁸ provides a good example of cross-sectoral integration and leadership through integrated people-centred eye care (IPEC). IPEC can help address the significant eye care challenges countries will face over the coming decades by adopting a health-system perspective with four strategies:

1. engaging and empowering people and communities;
2. reorienting the model of care based on strong primary care;
3. coordinating services within and across sectors;

¹⁶ Vision 2020 Australia by Access Economics Pty Limited, Clear Focus: The Economic Impact of Vision Loss in Australia in 2009, June 2010 – updated to 2021 costings by Health Consult (2021)

¹⁷ Gilbert et al, Med J Aust 2021, A comparison of the distribution of Medical Research Future Fund grants with disease burden in Australia, 214 (3).

¹⁸ World Health Organisation 2019, World Report on Vision, <https://www.who.int/publications/i/item/9789241516570>

4. creating an enabling environment, specifically the inclusion of eye care in national health strategic plans, the integration of relevant eye care relevant data within health information systems, and the planning of the eye care workforce according to population needs

The alignment of workforce education, training and accreditation programs with the primary health care plan and models of care is encouraged. In addition to this, it is vital that adequate resources are allocated at the scale and breadth necessary to deliver the plan and in anticipation of the increases to health care resource demand arising from new improvements in, and expansion of, diagnostic and treatment devices and procedures.

13. Please provide any additional comments you have on the draft plan

In 2016, the National Eye Health Survey found 453,000 Australians were blind or vision impaired, recent modelling by Vision 2020 Australia indicates this is now closer to 840,000, making vision loss one of the most prevalent chronic health conditions.

The main causes of vision loss in Australia can be attributed to five preventable or treatable conditions: uncorrected refractive error, cataract, diabetic retinopathy, age-related macular degeneration and glaucoma.

The risk of developing each of these conditions increases as a person ages, however available data suggests that some 90 per cent of vision loss can be prevented or reduced by early identification and treatment.¹⁹

This is why proactive actions to prevent avoidable vision loss – by increasing the population’s understanding of risk factors, encouraging behaviour change to reduce those risks and increasing the number of at-risk people having regular eye tests – is so important.

There is also a strong economic case for preventing vision loss in Australia with recent data showing vision loss costs the economy \$46,950 per person or \$27.6 billion per year with vision loss aged over 40. However, we know that 90 per cent of blindness and vision loss is preventable or treatable if it is detected early enough and is among the most cost-effective of all healthcare interventions, returning \$4 for every \$1 invested²⁰.

Despite this, the benefits of ensuring we make maximum use of primary care to meet eye care needs does not appear to be emphasised in the draft Plan. It is important to ensure care pathways and models of care are in place that take maximum advantage of primary eye care practitioners to help alleviate unnecessary burden on the tertiary eye care system, and support more timely patient access. An example of this is the employment of collaborative optometry/ophthalmology models of care, which are numerous across the country.

Vision 2020 Australia members would also like to see greater recognition of the important role of allied health in the delivery of primary health care in the draft plan as well as specific details around the measures, particularly those intended to be implemented in the next three years.

¹⁹ Vision 2020 and Centre for Eye Research Australia, 2016, The National Eye Health Survey 2016.

²⁰ Access Economics, 2010, *Clear Focus: The Economic Impact of Vision Loss in Australia in 2009: A Report prepared for Vision 2020 Australia*, Melbourne