Indigenous Eye Health Indicators

This position paper frames pertinent Indigenous eye health indicators at the regional, jurisdictional, and national levels as recommended in the Roadmap to Close the Gap for Vision. These indicators can be used to measure and monitor health system performance and equity of access to eye care service between Indigenous and non-Indigenous populations.

Objectives

1. To identify the regional, jurisdictional, and national indicators that can be used to monitor access to and utilisation of eye care services by Indigenous Australians
2. To support and inform regional and national data collection and establish eye health reporting mechanisms at the regional, jurisdictional, and national levels that will inform and monitor progress.

Background

Indigenous Australians experience six times more blindness and three times more vision impairment than non-Indigenous Australians. Up to 94% of this vision loss is preventable or amenable to treatment. Despite this high burden of avoidable eye disease, Indigenous Australians have poorer access to and utilisation of eye care services. Over one third of Indigenous adults have never had an eye examination.

Collecting and reporting on Indigenous eye health indicators is necessary to: establish current levels of access to and utilisation of eye care services; identify any service gaps; inform action; gauge the impact of interventions; and monitor progress over time. Consistency in measurement of these factors is essential.

An agreed and sector supported set of indicators to be regularly measured and reported from each of the regional, jurisdictional and national levels will ensure consistent and national coverage. The overarching objective of measuring eye health indicators is to inform action that will achieve equity in eye service delivery and service utilisation in Indigenous compared with non-Indigenous Australians.

Monitoring access to and utilisation of eye care services is integral to Australia's *National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss* and Australia's international obligations under World Health Assembly Resolution 56.26.

The Recommended Indicators

The indicators recommended are:

a) Service utilization

1. MBS 715 health check (which includes an assessment of vision)
2. Cataract surgery rate
3. Cataract surgery within 90 days of booking
4. Retinal examination for people with diabetes
5. Laser and procedure rate for diabetic retinopathy

b) Service provision

6. Visiting optometry days (VOS)
7. Visiting ophthalmology days (RHOF)

c) Jurisdictional performance

8. Subsidised spectacles (low cost)
9. Trachoma prevalence rate (both national and jurisdictional)
10. Treatment coverage with Azithromycin (both national and jurisdictional)

These indicators should be collected and reported at three levels - regional, jurisdictional, and national, and depending on the reporting levels - at specific intervals i.e. six and 12 monthly [**APPENDIX**].

We understand that five of the *national* indicators (indictors 1-3, 6-7) recommended in this policy paper are to be included in the 2015 National Health Performance Framework. The four not yet included are those relating to diabetic retinopathy and trachoma.

Policy Recommendations

Monitoring system performance and equity of access to eye care services between Indigenous and non-Indigenous Australians is required at all levels of the healthcare system. The reduction of the disparities in Indigenous eye health and closing the gap for vision requires a concerted, whole-of-system approach. Action is required at the regional, jurisdictional and national levels.

It is recommended that the Indigenous eye health indicators specified in the appendix to this document be used as the minimum data set for regional, jurisdictional and national reporting of Indigenous eye health performance and monitoring.

Implications

The regular measurement of these eye care indicators will allow the identification of inequities and systemic issues that need to be addressed. Monitoring progress and service delivery according to these indicators will provide information to guide improvement and actions. Collectively, these activities will help to ensure that all Australians including Indigenous Australians have equity of access to timely and quality eye care.

“Not measuring means not knowing” and “If it is not measured, it is not done”.

Australia has a responsibility to ensure that data are collected and regularly reported at all levels of the healthcare system, so that evidence can inform action to eliminate Indigenous eye health disparities and close the gap for vision.

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Appendix

Regional Indicators

A) Service Utilization

Frequency of regional data collection – to be determined by each region, at least 6 monthly

1. The percentage of Indigenous patients aged >=15 years who have had an annual health check under MBS health assessment item 715

Rationale	This MBS item includes a specific eye health screening assessment as a mandatory component.
Definition	The percentage of Indigenous patients aged >=15 years who have been billed under MBS 715 in the preceding 12 month period
Data elements required and calculation	Number of Indigenous patients aged >=15 years billed MBS 715 (numerator) Number of Indigenous patients aged >=15 years attending the clinic in the last 12 months (denominator)
Data source(s)	Local – primary care records
Stakeholder responsible for collection	Primary care facilities
Target	100%

2. Cataract surgery rate (CSR) for Indigenous people

Rationale	The CSR is a measure of surgical delivery. Objective is to achieve equity in CSR between Indigenous and non-Indigenous populations.
Definition	Number of cataract surgeries per million population per year, by Indigenous status
Data elements required and calculation	Number of cataract surgeries performed (numerator) Population size (denominator) Indigenous status
Data source(s)	Local - Hospital surgery lists ABS population data
Stakeholder responsible for collection	LHD
Target	Parity with CSR for total Australian population (currently 9500)

3. The percentage of Indigenous people who had cataract surgery who received their surgery within 90 days of booking

Rationale	This indicator allows monitoring of equity in access to surgical services. The comparator is the percentage of non-Indigenous people who have had cataract surgery within 90 days of booking.
Definition	The percentage of people who had cataract surgery who received their surgery within 90 days of booking, by Indigenous status.
Data elements required and calculation	Number of patients who received cataract surgery within 90 days of booking (numerator) Number of patients who received cataract surgery (denominator) Indigenous status
Data source(s)	Local - Hospital surgery lists
Stakeholder responsible for collection	LHD
Target	Parity with non-Indigenous population

4. The percentage of Indigenous primary care patients with diabetes who had an eye examination for diabetic retinopathy

Rationale	The NHMRC national guidelines recommend that all Indigenous people with diabetes undergo annual retinal examination. This indicator measures the extent to which this target is being met. (Note that for non-Indigenous people with diabetes, the recommendation is for biennial retinal examinations).
Definition	Percentage of Indigenous primary care patients with diabetes who were examined for diabetic retinopathy Number of Indigenous patients having a retinal photo or eye examination (numerator) Number of Indigenous patients with diabetes (denominator)
Data elements required and calculation	Number of Indigenous patients having a retinal photo or eye examination (numerator) Number of Indigenous patients with diabetes (denominator)
Data source(s)	Local – primary care
Stakeholder responsible for collection	Primary care facilities
Target	100%

5. The number of laser procedures performed for diabetic retinopathy, per million people with diabetes

Rationale	This indicator provides a measure of service demand and can be used to guide service planning and delivery. The comparator is the laser surgery rate for non-indigenous people with diabetes. This indicator therefore also provides a measure of equity of service delivery to Indigenous compared with non-Indigenous people with diabetes.
Definition	Number of laser procedures performed for management of diabetic retinopathy per million people with diabetes, by Indigenous status Number of retinal laser treatments performed for management of diabetic retinopathy (numerator) Diabetes prevalence per million population Indigenous status
Data elements required and calculation	Number of retinal laser treatments performed for management of diabetic retinopathy (numerator) Diabetes prevalence per million population Indigenous status
Data source(s)	Local – ophthalmology Local – LHD ABS
Stakeholder responsible for collection	Ophthalmology LHD
Target	Parity with non-Indigenous Australians with diabetes

B) Service Provision

6. The number of days of VOS (Visiting Optometrists Scheme) optometry service

Rationale	Measuring the number of visiting eye care service days delivered in a region allows calculation of any service gaps. This measure only captures service days funded under the VOS and therefore does not capture optometry services delivered by resident clinicians. Additionally, this measure does not differentiate between service days delivered to Indigenous and non-Indigenous patients.
Definition	Number of optometry service days provided under the Visiting Optometrists Scheme.
Data elements required and calculation	Number of optometry service days – optometry
Data source(s)	Local – Medicare Local/ Primary Health Network
Stakeholder responsible for collection	Medicare Local/ Primary Health Network
Target	-

7. Number of days of RHOF (Rural Health Outreach Fund) ophthalmology service

Rationale	Measuring the number of visiting eye care service days delivered in a region allows calculation of any service gaps. This measure only captures service days funded under the RHOF and therefore does not capture ophthalmology services delivered by resident clinicians. Additionally, this measure does not differentiate between service days delivered to Indigenous and non-Indigenous patients.
Definition	Number of ophthalmology days delivered under the RHOF scheme
Data elements required and calculation	Number of ophthalmology service days delivered under the RHOF scheme
Data source(s)	Local – Medicare Local/ Primary Health Network
Stakeholder responsible for collection	Medicare Local/ Primary Health Network
Target	-

Jurisdictional Indicators

A) Service Utilization

1. The percentage of Indigenous people aged >=15 years who have had an annual health check under MBS health assessment item 715

Rationale	This MBS item includes a specific eye health screening assessment as a mandatory component.
Definition	The percentage of Indigenous patients aged >=15 years who have been billed under MBS 715 in the preceding 12 month period
Data elements required and calculation	Number of Indigenous patients aged >=15 years billed MBS 715 (numerator) Number of Indigenous people aged >=15 years (denominator) Jurisdiction (for stratification)
Data source(s)	Medicare ABS population size
Target	100%

2. Cataract surgery rate (CSR) for Indigenous people

Rationale	The CSR is a measure of surgical delivery. Objective is to achieve equity in CSR between Indigenous and non-Indigenous populations.
Definition	Number of cataract surgeries per million population per year, by Indigenous status
Data elements required and calculation	Number of cataract surgeries performed (numerator) Population size (denominator) Indigenous status Jurisdiction (for stratification)
Data source(s)	AIHW National Hospital Morbidity Database OR jurisdictional DH data collections ABS population data
Target	Parity with CSR for total Australian population (currently 9500)

3. The percentage of Indigenous people who had cataract surgery who received their surgery within 90 days of booking

Rationale	This indicator allows monitoring of equity of access to services. The comparator is the percentage of non-Indigenous people who have had cataract surgery within 90 days of booking.
Definition	The percentage of people who had cataract surgery who received their surgery within 90 days of booking
Data elements required and calculation	Number of patients waiting <90 days for cataract surgery (numerator) Number of patients receiving cataract surgery (denominator) Indigenous status Jurisdiction
Data source(s)	AIHW National Elective Surgery Waiting List database OR jurisdictional DH
Target	Parity with non-Indigenous population

4. The percentage of Indigenous primary care patients with diabetes who had an eye examination for diabetic retinopathy

Rationale	The NHMRC national guidelines recommend that all Indigenous people with diabetes undergo annual retinal examination. This indicator measures the extent to which this target is being met. (Note that for non-Indigenous people with diabetes, the recommendation is for biennial retinal examinations).
Definition	Percentage of Indigenous primary care patients with diabetes who were examined for diabetic retinopathy
Data elements required and calculation	Number of Indigenous patients having a retinal photo or eye examination (numerator) Number of Indigenous patients with diabetes (denominator)
Data source(s)	Medicare ABS
Target	100%

5. The number of laser procedures performed for management of diabetic retinopathy, per million people with diabetes

Rationale	This indicator provides an absolute measure of service demand and can be used to guide service planning and delivery. The comparator is the laser surgery rate for non-Indigenous people with diabetes. This indicator therefore also provides a measure of equity of service delivery to Indigenous compared with non-Indigenous people with diabetes.
Definition	Number of laser procedures performed for the management of diabetic retinopathy per million people with diabetes, by Indigenous status
Data elements required and calculation	Number of retinal laser treatments performed for management of diabetic retinopathy (numerator) Diabetes prevalence per million Indigenous status
Data source(s)	Medicare ABS
Target	Parity with non-Indigenous Australians with diabetes

B) Service Provision

6. The number of days of VOS (Visiting Optometrists Scheme) optometry service

Rationale	Measuring the number of visiting eye care service days delivered in a region provides an indication of service gaps. This measure only captures service days funded under the VOS and therefore does not capture optometry services delivered by resident clinicians. Additionally, this measure does not differentiate between service days delivered to Indigenous and non-Indigenous patients.
Definition	Number of optometry service days provided under the Visiting Optometrists Scheme.
Data elements required and calculation	Number of optometry service days – optometry
Data source(s)	Fundholder
Target	-

7. Number of days of RHOF (Rural Health Outreach Fund) ophthalmology service

Rationale	Measuring the number of visiting eye care service days delivered in a region allows calculation of any service gaps. This measure only captures service days funded under the RHOF and therefore does not capture ophthalmology services delivered by resident clinicians. Additionally, this measure does not differentiate between service days delivered to Indigenous and non-Indigenous patients.
Definition	Number of ophthalmology days delivered under the RHOF scheme
Data elements required and calculation	Number of ophthalmology service days delivered under the RHOF scheme
Data source(s)	Fundholder
Target	-

C) Only Jurisdictional Performance

8. The number of spectacles dispensed under jurisdictional subsidised spectacle schemes, by Indigenous status

Rationale	This absolute measure of the number of spectacles dispensed under jurisdictional subsidised spectacle schemes provides an indication of demand and access to such products.
Definition	Number of spectacles dispensed under jurisdictional subsidised spectacle schemes, by Indigenous status
Data elements required and calculation	Number of spectacles dispensed Indigenous status
Data source(s)	Jurisdictional funded programs
Target	640 per 10 000 Indigenous people aged >40 years (based on estimates for annual number of people aged >40 years who require glasses)

National Level Indicators
(12 monthly reporting)

A) Service Utilization

1. The percentage of Indigenous people aged >=15 years who have had an annual health check under MBS health assessment item 715

Rationale	This MBS item includes a specific eye health screening assessment as a mandatory component.
Definition	The percentage of Indigenous patients aged >=15 years who have been billed under MBS 715 in the preceding 12 month period
Data elements required and calculation	Number of Indigenous patients aged >=15 years billed MBS 715 (numerator) Number of Indigenous people aged >=15 years (denominator)
Data source(s)	Medicare ABS population size
Target	100%

2. Cataract surgery rate (CSR) for Indigenous people

Rationale	The CSR is a measure of surgical delivery. Objective is to achieve equity in CSR between Indigenous and non-Indigenous populations.
Definition	Number of cataract surgeries per million population per year, by Indigenous status
Data elements required and calculation	Number of cataract surgeries performed (numerator) Population size (denominator) Indigenous status
Data source(s)	AIHW National Hospital Morbidity Database ABS population data
Target	Parity with CSR for total Australian population (currently 9500)

3. The percentage of Indigenous people who had cataract surgery who received their surgery within 90 days of booking

Rationale	This indicator allows monitoring of equity of access to surgical services. The comparator is the percentage of non-Indigenous people who have had cataract surgery within 90 days of booking.
Definition	The percentage of people who had cataract surgery who received their surgery within 90 days of booking
Data elements required and calculation	Number of patients waiting <90 days for cataract surgery (numerator) Number of patients receiving cataract surgery (denominator) Indigenous status
Data source(s)	AIHW National Elective Surgery Waiting List database Parity with non-indigenous population
Target	Parity with non-indigenous population

4. The percentage of Indigenous primary care patients with diabetes who had an eye examination for diabetic retinopathy

Rationale	The NHMRC national guidelines recommend that all Indigenous people with diabetes undergo annual retinal examination. This indicator measures the extent to which this target is being met. (Note that for non-Indigenous people with diabetes, the recommendation is for biennial retinal examinations).
Definition	Percentage of Indigenous primary care patients with diabetes who were examined for diabetic retinopathy
Data elements required and calculation	Number of Indigenous patients having a retinal photo or eye examination (numerator) Number of Indigenous patients with diabetes (denominator)
Data source(s)	Medicare ABS
Target	100%

5. The number of laser procedures performed for diabetic retinopathy, per million population with diabetes

Rationale	This indicator provides a measure of service demand and can be used to guide service planning and delivery. The comparator is the laser surgery rate for non-Indigenous people with diabetes. This indicator therefore also provides a measure of equity of service delivery to Indigenous compared with non-Indigenous people with diabetes.
Definition	Number of laser procedures performed for the management of diabetic retinopathy, per million people with diabetes
Data elements required and calculation	Number of retinal laser treatments performed for management of diabetic retinopathy (numerator) Diabetes prevalence per million population Indigenous status
Data source(s)	Medicare OR AIHW National Hospital Morbidity Database ABS
Target	Parity with non-Indigenous Australians with diabetes

B) Service Provision

6. The number of days of VOS (Visiting Optometrists Scheme) optometry service

Rationale	Measuring the number of eye care service days delivered in a region allows calculation of any service gaps. This measure only captures service days funded under the VOS and therefore does not capture optometry services delivered by resident clinicians. Additionally, this measure does not differentiate between service days delivered to Indigenous and non-Indigenous patients.
Definition	Number of optometry service days provided under the Visiting Optometrists Scheme.
Data elements required and calculation	Number of optometry service days – optometry
Data source(s)	Fundholder
Target	-

7. Number of days of RHOF (Rural Health Outreach Fund) ophthalmology service

Rationale	Measuring the number of eye care service days delivered in a region allows calculation of any service gaps. This measure only captures service days funded under the RHOF and therefore does not capture ophthalmology services delivered by resident clinicians. Additionally, this measure does not differentiate between service days delivered to Indigenous and non-Indigenous patients.
Definition	Number of ophthalmology days delivered under the RHOF scheme
Data elements required and calculation	Number of ophthalmology service days delivered under the RHOF scheme
Data source(s)	Fundholder
Target	-

C) Both National and Jurisdictional Performance

8. Number of communities with endemic levels of trachoma in children aged 5-9 years

Rationale	This indicator provides a measure of the number of communities with trachoma and can be used to monitor progress in eliminating blinding trachoma.
Definition	Number of communities[α] with endemic levels of active trachoma[β] in children aged 5-9 years. Active trachoma is TF (trachomatous inflammation follicular) and/or TI (trachomatous inflammation intense). [α]A community is defined as a specific location where people reside and there is at least one school [β]Endemic trachoma is defined as the prevalence of active trachoma of 5% or more in screened communities among children aged 5-9 years
Data elements required and calculation	Number of communities with children aged 5-9 years with active trachoma
Data source(s)	National Trachoma Surveillance Reporting Unit (NTSRU)
Target	Zero communities with children aged 5-9 years with active trachoma for five consecutive years

9. Number of people treated with Azithromycin

Rationale	This indicator monitors the extent of the SAFE intervention
Definition	Number of people with active trachoma treated with Azithromycin Treatment with Azithromycin denotes a single dose Azithromycin administered to all people >3kg living in households with an active trachoma case either every 6 months or 12 monthly The SAFE strategy stands for **S**urgery, **A**ntibiotics, **F**acial cleanliness, **E**nvironmental health
Data elements required and calculation	Number of people who have been treated with Azithromycin
Data source(s)	National Trachoma Surveillance Reporting Unit (NTSRU)
Target	-

Encouraging good eye care services - A role for ACCHOs

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Aboriginal Community Controlled Health Organisations (ACCHOs) play a vital role in creating and managing links between community and the eye care service system. ACCHOs can ensure that their patients get an annual eye check, and refer patients to outside providers where necessary.

Aboriginal and Torres Strait Islander adults have 6 times the rate of blindness than other Australians and 3 times the rate of vision loss. This vision loss accounts for 11% of the Indigenous health gap.

Vision loss in the Aboriginal community is predominantly caused by:

- refractive error (the need for glasses)
- cataract
- diabetes
- trachoma

As these eye conditions are largely preventable or treatable, immediate outcomes can be achieved by ensuring patients have good access to eye health services.

ACCHOs can ensure patient eye care needs are being met by considering:

1. How many of your patients with diabetes are having an annual retinal exam?
    - All patients with diabetes should have their eyes checked once a year
2. How many clients are having a Medicare 715 health check, and are being asked about their vision and eyes?
    - All patients should be asked about their eye health and have a simple eye check during a 715 exam. See recommended approach for 715 eye checks at www.iehu.unimelb.edu.au/
3. How many clients are having a general eye exam (eg with visiting optometrists?)
4. Is there a need for additional services eg more optometry days in a clinic?
    - The eye health calculator can help determine whether more services are required

      www.dr-grading.iehu.unimelb.edu.au/ecwc/
5. Is there a need for subsidised spectacles for your clients and are these readily available?
6. Are all patients referred for eye services (eg optometry and ophthalmology consultations/ surgery) followed and supported to ensure care is delivered?

Things to consider when using eye care services outside of your ACCHO:

1. Has the practitioner participated in cultural competency training?
2. Has the practitioner established or developing relationships with community?
3. Does the practitioner provide access to subsidized glasses with frames considered acceptable to community?
4. Does the practitioner bulk bill for services provided to all attending patients?
5. Does the practitioner provide additional services (retinal photography/OCT) with no additional out-of-pocket expenses to the patient?
6. Are the arrangements for clinical records for eye care services acceptable to the ACCHO? For example the ACCHO has a copy of the eye care record
7. Does the practitioner have arrangements to ensure referral to ophthalmology services for clinical assessment with bulk billing?
8. Does the practitioner have suitable follow up service systems in place? For example acute care response, spectacle repairs.

Developing Linkages for Indigenous Eye Health

This paper focuses on mechanisms to facilitate communication and action between different levels of government and external stakeholders with those in the eye health sector to lead to an improvement in the delivery of eye services to Indigenous Australians.

Stakeholders

There are a number of stakeholders who contribute to Indigenous eye health through services, technical knowledge and other support. They include:

- Federal and jurisdictional governments
- Aboriginal health services
- NACCHO and state affiliates
- Regional hospital networks and districts
- Primary Health Networks
- Service providers and their professional bodies such as RANZCO and OA
- Umbrella organisations such as Vision 2020 Australia
- NGOs such as the Fred Hollows Foundation and Brien Holden Vision Institute

Essential elements

The interlocking recommendations of the Roadmap to Close the Gap for Vision call for the coordinated action of the various stakeholders to fully implement changes in service delivery to provide equity of eye care and reduce the unnecessary levels of vision loss seen in Indigenous Australians.

Successful relationships and linkages involve a number of factors and the recognition of the following elements:

- The importance of the shared goal in improving Indigenous eye health outcomes.
- The importance of good communication and information exchange between the Commonwealth, state, territories and other stakeholders, including community.
- The development of regular meetings, fora, committees and mechanisms between sectors to facilitate a common approach to Close the Gap for Vision, involving appropriate stakeholder representation.
- The avoidance of duplication of effort and use of resources between stakeholders.
- The development of effective monitoring and oversight of activities impacting on Indigenous eye health. This should allow all major stakeholders to have input and maintain awareness of improvements in eye health outcomes, and importantly to take action to ensure continual improvement.

Sector responsibilities

Developing strong and effective linkages requires recognition of the distinct role of each stakeholder. The following summary outlines the various roles and responsibilities of each stakeholder, and provides examples where mechanisms could be used to develop or strengthen links on eye health.

1. What the Commonwealth can do:

The Commonwealth government has an over-arching leadership role, and is responsible for national policy and agenda setting, funding and facilitating jurisdictional and regional involvement in Indigenous eye health. It is appropriate for the Commonwealth to:

- Take responsibility for national leadership and oversight of Indigenous eye care
- Establish national policies and mechanisms, for example the national oversight framework for Indigenous eye health
- Develop mechanisms to link sector stakeholders and differing levels of government
- Provide regular reporting on national data to track improvements in Indigenous eye health

There are several actions the Commonwealth government can undertake:

- Allocate responsibility for oversight for Indigenous eye health to a group that reports to AHMAC
- Consider funding the items included in the Vision 2020 Australia budget submission
- Give Indigenous eye care as a priority to Primary Health Networks

2. What jurisdictions can do:

The states and territories also have an important role to play in creating stronger linkages in Indigenous eye health. These include:

- Establish a jurisdictional stakeholder committee to provide oversight on Indigenous eye health activities including qualitative reports
- Establish regional networks within a state/ territory
- Collect and collate quality jurisdictional level data that is reported to the Commonwealth and regional stakeholders
- Develop nationally consistent subsidised spectacle schemes, and the review of cataract surgery waiting times to improve equity

Mechanisms that could be put in place at jurisdictional level include:

- Formation of a statewide eye committee to engage major eye health stakeholders to oversee Indigenous eye health. This could be done through existing state health planning fora mechanisms. For example, the Koolin Balit eye health advisory group in Victoria comprises a range of stakeholders that guide state and regional work on Indigenous eye health.
- Promotion of programs such as the subsidised spectacle scheme.

3. What regions can do:

Regions have a critical role in strengthening Indigenous eye health. Regions can be classified as state government areas, as PHN catchments or as other distinct areas.

Regions should undertake the following roles:

- Develop regional networks that link eye health stakeholders, particularly Aboriginal health services and, through them, the community
- Develop service provider tools including service directories, referral pathways/ protocols, for use in the region
- Develop data collection and sharing mechanisms
- Appoint regional implementation managers or eye health project officers to focus on strengthening service provision and linkages in a region

There are several ways to promote information sharing at the regional level, including:

- A regional advisory committee structure that brings together key stakeholders which are situated closer to service delivery
- Shared tools such as service directories for use by local stakeholders, including service providers
- Eye project officers/ workers that may be based within Aboriginal health services, and systems to support such workers

4. Additional stakeholder/sector linkages:

There are additional mechanisms that can be used to promote and strengthen sector linkages and improve Indigenous eye health outcomes. These include:

- Umbrella organisations such as Vision 2020 Australia have a diverse range of members with interests in eye care, including Indigenous eye health. Shared approaches and positions can be discussed and endorsed through such representative bodies.
- Regular collaborative work that is undertaken by stakeholders. This may be externally funded by government in relation to particular outcomes or programs, and include collaboration between key stakeholders such as the Brien Holden Vision Institute and Fred Hollows Foundation.
- Regular scheduled meetings and informal exchanges between shareholders and the Commonwealth Department of Health, in addition to jurisdictional governments.
- Key sector committees, such as the RANZCO Indigenous Committee and OA Indigenous Committee, that develop policy and position statements, and advocate to government.
- Resources that are developed and shared through participation in workshops, roundtables and meetings run by stakeholders. These may cover specific topics (such as Indigenous eye health promotion) and helps ensure similar messages are being agreed and developed.

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MBS Mandatory Eye Checks for Health Assessments for Aboriginal and Torres Strait Islander Adults and Older People

From 1 May 2013, Medicare Benefits Schedule Item 715 (Health Assessment for Aboriginal and Torres Strait Islander peoples) guidelines have been amended and include as mandatory components

Adult Health Assessment

2.16.12	(2) (b) history to include	(x) 'vision'
	(2) (c) examination to include	(vi) 'eye examination'

Older Person's Health Assessment

2.16.13	(2) assessment to include	(i) 'eye examination'

The following recommendations outline for eye checks in health assessments are provided with input and support from Optometrists Australia (OA), Royal Australian and New Zealand College of Ophthalmologists (RANZCO), Royal Australian College of General Practitioners (RACGP) and National Aboriginal Community Controlled Health Organisation (NACCHO).

These recommendations provide a basic, simple and practical list of eye and vision screening steps for GPs and others providing Health Assessments.

Recommendations for vision history and including eye examinations for adults and older persons^

History

- Ask about problems/difficulties with vision or eyes
  {Consider 'sore or watery eye' as possible symptom of trichiasis}
- Ask about problems with glasses or contact lenses
- Ask can you see clearly and comfortably both
  when looking at things up close (eg when held in your hands) and
  when looking at things far away
- Ask/check whether the person has diabetes?

Vision/visual acuity

- Measure near vision (binocularly, with glasses normally worn for this purpose, use any normal sized* print at any comfortable distance)
- Measure distance vision (each eye, with glasses normally worn for this purpose, proper acuity chart)

Eye examination

- Check eye movements
- Check pupils
- Check external and anterior eye
  Lids, lashes, conjunctiva, cornea (trichiasis, pterygium, corneal scarring…)
  Consider trachoma trichiasis 3 Ts – think, thumb, torch
- Check retina for people with diabetes
  Ophthalmoscopy (dilated# fundoscopy, retinal photography or referral)

Refer

- Vision/eye presentations where problems/difficulties not solved, including change in vision
- Diabetic retinal examination each year
- Reduced vision at near (worse than N8) or distance (worse than 6/12)

^ these recommendations apply to all people eligible for Adult and Older Person's Health Assessment including those aged from 15 to 40 years

*N8 print for those with near charts, standard text size of newspaper or magazine, numbers within text for non-English literate and near tumbling E (available from CERA http://www.cera.org.au/our-research/resources/vision-screening-tools)

dilated fundoscopy conforms with NHMRC guidelines; undilated fundoscopy does not meet the guidelines except with the use of a non-mydriatic camera

References

CARPA	Standard Treatment Manual (2009)
CERA	http://www.cera.org.au/our-research/resources/vision-screening-tools
CRANAplus	Clinical Procedures Manual for remote and rural practice (2009)
Couzos and Murray	Aboriginal Primary Health Care (2008)
DoH	Proposed MBS changes to Adult and Older Persons health assessment (2013)
DoH	Medical Health Assessment forms (Child, Adult, Older Person)
NHMRC	Guidelines for the Management of Diabetic Retinopathy (2008)
RACGP/NACCHO	National guide to a preventative assessment for Aboriginal and Torres Strait Islander people (2012)

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Grampians — Closing the Gap in Indigenous eye health

To the Editor: Indigenous health faces challenges in translating evidence-based frameworks into improved outcomes for Aboriginal and Torres Strait Islander people.[1] The Grampians region of Victoria highlights a successful model of enhancing eye health outcomes.

In 2014, the Victorian Government allocated $100 000 under *Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012–2022* to support the improvement of Indigenous eye care services in the Grampians region.[2] Moreover, the 2012 *Roadmap to close the gap for vision* describes an effective whole-of-system regional approach to improve Indigenous eye health outcomes.[3]

The collective work in the Grampians region resulted in a number of outstanding successes. The Grampians Region Aboriginal Eye Health Advisory Group (GRAEHAG) met regularly to drive planning, implementation, data sharing and evaluation to improve eye health outcomes. Gap analysis identified the need for additional optometry services through the Australian College of Optometry, with visits increasing over five-fold from 2012. Additional equipment and training needs were managed through purchase of slit lamps and a retinal camera by the Grampians Medicare Local and the Department of Health and Human Services (DHHS) for use in local Aboriginal Medical Services (AMS). Health promotion resources, developed with strong local community engagement, contributed to free online material designed for adaptation across Australia. These changes supported an increase of over 55% of patients receiving annual diabetic eye checks from 2013 to 2016.

Barriers to eye services were dealt with, including lengthy waiting times for public cataract surgery. By 2015–16, the Grampians region had significant increases in cataract surgery rates (over 64%) and hospital admissions for eye disease (over 54%), with eight Indigenous patients undergoing surgery via Commonwealth funds administered through the Rural Workforce Agency, Victoria (RWAV; Mary Sullivan, Senior Project Officer, Aboriginal Health and Wellbeing Branch, Department of Health and Human Services, Melbourne, personal communication, October 2016). The uptake of $10 subsidised spectacles increased 50% through dialogue with the community addressing cultural barriers. A regional seminar on improving services to Indigenous patients was held for mainstream providers.

The Grampians project faced challenges that included getting all stakeholders to participate from the outset in the regional advisory group, and identifying funding for additional eye care services, equipment and training.

The GRAEHAG facilitated interaction between participants lacking access to existing channels of communication to collaborate on Indigenous eye health issues. All stakeholders, including the local AMS, had an investment, voice and opportunity to shape the direction of the project, with shared data informing further service improvement and a sustainable approach. A final GRAEHAG project report will be published in February 2017.

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