

MEDIA RELEASE

Ageing population demands eye health investment as chronic vision disorders affect 93% of people aged 65 and over

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- Glaucoma Australia cites that by age 40, about 1 in 200 have glaucoma, rising to 1 in 8 at age 80
- Nearly 85% of Australians with vision impairment are aged 50 years or over
- It is estimated that over 13 million Australians have one or more long-term eye condition

5 April 2022: Optometry Australia is calling on the major parties to take vision problems seriously and improve access to optometry care for elderly Australians.

The peak professional body for optometrists says that for each person in residential aged care, home or transition care it will only cost \$0.93 per person annually to significantly improve access to much needed, regular eye care delivered by domiciliary optometrists.

Optometry Australia President, Mr Murray Smith said, 'This small investment – adding up to only \$500,000 per annum – would encourage many more optometrists to provide safe domiciliary eye care services to vulnerable elderly and immobile Australians.

'To achieve this requires a shift in MBS policy as the current rebate of \$24.20 per domiciliary visit is grossly inadequate, leaving many optometrists out of pocket. The true cost requires an increase to \$85 per visit'.

Chronic vision disorders affect 93% of people aged 65¹ or over and the risk of glaucoma – referred to the sneaky thief of sight – increases with age. Glaucoma Australia cites that by age 40, about 1 in 200 have glaucoma, rising to 1 in 8 at age 80. Also, by age 80, almost everyone develops cataracts according to Health Direct.

According to the Australian Institute of Health and Welfare, 536,000 Australians were in residential aged care, home or transition care in Australia in 2020². Considering that these Australians are the most susceptible to deteriorating eye conditions or disease, Optometry Australia strongly recommends more is needed to be done to support these vulnerable Australians through better access to regular eye care.

Mr Smith, said: 'We want individuals and governments alike to recognise that your eye health is not a lost cause once you turn 65. While older people are more likely to develop a chronic vision disorder, early diagnosis and treatment can stop or slow the progression of many conditions.

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¹ The Australian Institute of Health and Welfare, [Eye Health Report](#), 11 February 2021

² The Australian Institute of Health and Welfare, [Gen Aged Care Data](#), 27 April 2021

'We have an ageing population and an over-stretched tertiary eye care system. This is a recipe for poor outcomes, and often it's older Australians that bear this brunt. We know that poor eyesight leads to more falls for elderly patients, and that 43% of hospitalised injuries and 39% of injury deaths are due to falls. Therefore, good vision and eye health for older Australians is important for reducing the risk of falls and hospital admissions.

'Additionally, the 2018 Aged Care Royal Commission explicitly recommended ensuring arrangements that provide access to optometric care but we've yet to see this commitment fulfilled.

'This is why we're calling for \$1 million over the next two years to support the increase in the MBS rebate.

'Another key part of the solution to ensure Australians have timely, affordable access to safe eye care is to make the best possible use of our highly skilled optometric workforce.

'We can do this by ensuring Australians, and particularly those with chronic conditions like diabetes, are encouraged to access regular eye examinations so eye disease, often asymptomatic in its early days, can be detected early and managed effectively.

More than 13 million Australians are reported to have one or more long-term eye conditions – with many undiagnosed cases – imposing an annual \$16.6 billion economic burden on Australia.

In total, Optometry Australia is asking for a relatively small \$22.6 million investment, including the \$1 million domiciliary request, over five years which it says is needed to start deflecting a looming eye health crisis.

Additional investment that Optometry Australia is requesting be injected into eye health in Australia

1. \$1 million over two years to pilot a collaborative care model involving optometry supporting the provision of ophthalmology-led care of patients with sight threatening age-related macular degeneration and diabetic macula oedema. Although these patients require regular treatment often administered by intravitreal injection, access can be difficult if ophthalmic care is not readily available due to location or cost. It is understandable that there is a 20% drop out rate in intravitreal injection treatment. Optometry Australia is seeking Government support to establish a pilot that would allow patients in two locations – including a remote Indigenous community – to access this care through locally-based trained optometrists.
2. \$1 million over two years to support the ongoing rollout of Optometry Australia's eye health awareness campaign, *Good vision for life*. Launched and in market since September 2016, this campaign has been instrumental in increasing public awareness of the importance of regular eye examinations.
3. \$1 million over two years to build broad health professional awareness of eye disease and the importance of timely eye examinations for patients with, or at risk of, chronic health conditions.
4. \$18.1 million over five years to better fund the Visiting Optometry Scheme (VOS) which delivers outreach services to remote and very remote locations and in particular, to First Nation People. VOS needs firmer financial support to allow for growth – Optometry Australia estimates over 21,000 additional VOS-supported eye examinations are needed per annum.

And while the following does not have a cost, Optometry Australia is also calling on the Australian Government to expediate a regulatory decision to allow optometrists the right to administer oral prescriptions for common eye conditions. Currently optometrists must refer patients to a general medical practitioner or an ophthalmologist to administer the prescription resulting in the double-handling of patients through the health system and additional costs for the patient.

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