

# Eye health must matter in the next Federal Election

## Background

### *Optometry Australia:*

is the peak national organisation representing Australia's 6,000 optometrists who perform over 10 million eye checks annually and are the first port of call for 80% of eye care patients, working collaboratively with ophthalmologists and other health professionals.

### *Why eye health should be an election priority:*

With an ageing population, the prevalence of eye disease is increasing. However, 90% of blindness or vision loss is preventable or treatable, if detected early. Unfortunately, the health system fails too many Australians who do not have access to timely and affordable eye-care.

## Proposed election initiatives

### *Oral prescribing for optometrists:*

Currently, whilst optometrists can prescribe topical medications, patients must visit a second health practitioner for oral prescriptions for common eye conditions, resulting in additional out-of-pocket costs and a loss of convenience. The Optometry Board of Australia, under AHPRA, is considering whether optometrists should be able to prescribe oral medications with a final decision to be taken by Federal and State and Territory Ministers. An early decision would be in the interests of enhancing patient access and convenience.

### *Focused eye health awareness campaign:*

Since 2016, Optometry Australia has invested \$1.5m in Good Vision for Life raising awareness of the importance of eye examinations by optometrists. Good Vision for Life has significantly increased public awareness of eye health among the target audience of Australians aged 35 to 59. To build on this success, a co-investment approach is proposed with Federal funding matched dollar-for-dollar by Optometry Australia.

Cost: \$500K over 2 years

### *Health professional awareness of eye health, focused on chronic health conditions:*

There is a need 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. A co-designed, multi-faceted approach is proposed, focussing initially on the importance of regular eye examinations for preventing vision loss amongst patients with diabetes

Cost: \$500K over 2 years

### *Regional intravitreal injections collaborative care pilot:*

An ageing population has increased demand for intravitreal injections (IVIs) to treat age-related macular degeneration and diabetic macular oedema, both which threaten significant vision loss. Currently, there are significant geographic and financial barriers to accessing intravitreal therapy, and many people can't access the care they need.

A collaborative care model would be piloted to enhance access to IVIs in regional and rural areas by more effectively using local optometry to support the provision of ophthalmology-led care. It would use local interprofessional relationships and digital technologies to enable remote diagnosis and management. The pilot would be in two separate locations, including one that enhances access to IVIs in remote Indigenous communities, in partnership with local Aboriginal Health Services.

Cost: \$500K over 2 years

### *Optometric domiciliary loading in residential aged care:*

Under the MBS, optometrists receive a loading for domiciliary services to recompense for travel costs and packing and unpacking of equipment. The current loading of \$24.20 (85% = \$20.60) is grossly inadequate and a significant deterrent to the provision of domiciliary services for older and immobile Australians, including those in residential aged care. A more realistic loading would increase access to these services for older Australians who need it, at minimal budget cost. An increase to \$85.00 per visit (paid proportionally for multiple patients) is proposed.

Cost: \$500K per annum

### *Increased funding for the Visiting Optometry Scheme for remote Indigenous communities:*

The Visiting Optometry Scheme (VOS) supports outreach services to remote locations by reimbursing a range of travel, accommodation, locum and equipment costs. Estimates developed by Vision 2020 Australia show that over 21,000 additional VOS-supported eye examinations a year are needed. Aboriginal Community Controlled Health Organisation (ACCHO) led eye health models would complement the VOS, enhancing service availability and local community control

Cost: \$18.1m over 5 years

## Contact Optometry Australia

To discuss any of these proposed initiatives in more detail, contact us at:

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