



Optometry Australia

Federal election platform

Optometry Australia The influential voice for Optometry

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About Optometry Australia

Optometry Australia is the peak national organisation for optometrists, which has been representing and advocating on behalf of the profession for over 100 years. Our vision is 'excellence in eye and vision care' and our mission 'to lead, engage and promote optometry, optometrists and community eye health'. Our members are professional optometrists who practice in a variety of community, hospital, clinic and outreach settings in the public and private health systems. The vast majority of optometrists work in, manage or own practices in towns and suburbs around Australia, employing local staff and contributing to the wellbeing of their communities.

State of eye care in Australia



90% of that is preventable or treatable, if detected early.

With an ageing population, the prevalence of eye disease is increasing.

Unfortunately, the health system fails too many Australians who do not have access to timely and affordable eye-care. Public ophthalmology wait times in areas like cataract surgery are unacceptably long. Collaborative eye care, especially for people with chronic health conditions, is in its infancy.

Only about 50% of patients with diagnosed diabetes get the eye examinations they need. We have not closed the gap in Indigenous eye health, with First Nations Peoples three times more likely to be blind or visually impaired.

A tsunami of age-related macular disease is rapidly approaching.

Role of optometrists

Optometrists play a crucial role in eye health. Australia's 6,000 registered optometrists perform over 10 million eye checks annually, mainly bulk-billed and conducted in accessible community settings. Optometrists are the first port of call for 80% of people, often identifying eye disease in asymptomatic patients. Over 60% of vision impairment is due to uncorrected refractive error which can normally be addressed through spectacles or contact lenses prescribed by optometrists. Optometrists also work in collaboration with ophthalmologists and other health professionals treating, managing and triaging patients with eye disease as well as filling other gaps where there is not timely access to care.

What Optometry Australia is doing

For many years, Optometry Australia has been working with governments, other peak eye health professional bodies, Vision 2020 and patient organisations advocating for and supporting more effective approaches to eye health in Australia. We are actively involved in developing and implementing innovative collaborative care models and recently released Working Together for Better Eye Care which recommends readily achievable actions that utilise optometrists, working collaboratively with other health professionals, to make a genuine difference in providing timely and affordable eye care for Australians.

Why eye health should be an election priority

Loss of vision has a profound and devastating impact on the health, quality of life, independence and overall wellbeing of affected individuals and their families, as well as a major economic and social impact on the broader community. Extrapolating previous work from Access Economics, the economic cost of vision loss is over \$20 billion a year. An ageing population and a failure to fix entrenched shortcomings means urgent action is now required to avert a looming eye health crisis. Recognising that effective solutions will require enhanced investment and coordination across the health system, the Federal Government has a vital role to play in providing national leadership and taking practical actions in areas where it has direct responsibility. This document seeks support for practical, low-cost initiatives that will make a tangible difference in areas of unmet need while encouraging policy makers, regulators, eye health professionals and professional organisations to work with a renewed sense of common purpose.

Proposed election initiatives

Taking forward oral prescribing for optometrists:

There are significant community benefits in allowing qualified community optometrists to prescribe oral medications such as antibiotics, anti-inflammatories and anti-viral agents for common eye conditions. Currently, optometry patients must visit a second health practitioner for these prescriptions, potentially resulting in additional out-of-pocket costs and a loss of convenience. These issues can be more pronounced for rural and remote patients. Patients may not take the extra step to access the medication, putting their eye-health at risk. In countries like NZ, the UK and USA, optometrists can prescribe oral medications for eye conditions. The Optometry Board of Australia has begun considering whether optometrists should be able to prescribe oral medications with a final decision to be taken by Federal and State and Territory Ministers. With indications that consideration could take a further two years or longer, there is a need to expedite through a clear indication that this issue warrants an early decision in the interests of enhancing patient access and convenience.

A focused eye health awareness campaign:

Since 2016, Optometry Australia has invested \$1.5m in the *Good vision for life* program raising awareness of the importance of eye examinations by optometrists. *Good vision for life* has significantly increased public awareness of preventative eye health among the target audience of Australians aged between 35 and 59, with larger numbers motivated to see their optometrist if they experience a loss of vision or eye related issues. With 90% of vision loss preventable or treatable if detected early, *Good vision for life* is a cost-effective investment in better health outcomes. To build on the successes to date, a co-investment approach to *Good vision for life* is proposed with Federal funding that would be matched dollar for dollar by Optometry Australia.

Cost: \$500K over 2 years

Building health professional awareness of eye health, focused on chronic health conditions:

An ageing population and lifestyle issues mean that increasing numbers of Australians are living with chronic health conditions like diabetes. Where relevant, it is important that eye health is a priority for health professionals who coordinate and provide care for these patients. Currently, only 50% of patients with diagnosed diabetes receive regular eye examinations in accordance with clinical timeframes, putting them at risk of blindness from diabetic retinopathy which is largely manageable if treated on a timely basis. In addition, lifestyle risk factors like smoking, poor nutrition, alcohol consumption and lack of physical activity are known contributors to eye disease.

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. There are a variety of ways to build this awareness, including through practice standards, guidelines and materials, professional education, inclusion in shared care plans, inter-professional collaboration and enhanced referrals and use of reminder technologies. Multi-faceted health professional awareness building activities are proposed, with a focus on general practitioners, practice nurses, specialists and allied health professionals. The campaign would focus initially on diabetes as well as encouraging primary health professionals to raise eye health in consults with other at-risk patients. Optometry Australia and Vision2020, would work in partnership with representatives of key health care professionals and patient organisations in designing and implementing the campaign.

Cost: \$500K over 2 years

Proposed election initiatives

Intravitreal injections collaborative care pilot in regional Australia:

Intravitreal injections (IVIs) have revolutionised the management of retinal disease, becoming the standard of care for neovascular age-related macular degeneration and diabetic macular oedema. An ageing population has significantly increased demand for IVIs, with barriers to care that include geographic access especially outside the major metropolitan centres and substantial out-of-pocket patient costs as most injections are administered in the private sector. Unless action is taken, these issues will worsen, a fact recognised by the MBS Taskforce Review and by other countries which are adopting innovative, collaborative approaches utilising ophthalmologists, optometrists, GPs and nurses.

There is the opportunity to pilot collaborative care models to enhance access to IVIs in regional and rural areas. The pilot would use existing local interprofessional relationships and digital technologies to enable remote diagnosis and management. Local optometrists would work with visiting ophthalmologists assisting with treatment planning, patient management and support as well as conducting and electronically transmitting optical coherence tomography scans. It is envisaged that the pilot would be undertaken in two separate locations, including one that would enhance access to IVIs in remote Indigenous communities, working in partnership with local Aboriginal Health Services. The pilot would be developed in collaboration with relevant local health providers, health professional groups and patient representatives, and would be independently evaluated with a view to informing a broader rollout of innovative IVI care models.

Cost: \$500K over 2 years

Increase in the optometric domiciliary loading benefit in residential aged care:

The Aged Care Royal Commission reiterated the importance of ensuring that aged care residents have access to visiting allied health professionals, including optometrists, as part of their care plans (e.g., Rec. 38). Providing timely and affordable access to eye care for infirmed Australians not only enhances their health and wellbeing, but can reduce the potential for falls, avoidable hospital and premature aged care admissions and the need for other forms of specialist care.

Under the Optometric Medicare Benefits Schedule, benefits are payable to optometrists providing domiciliary services under items 10931 – 10933, in the form of a loading, in recompense for “travel costs and packing and unpacking of equipment.”

The current scheduled full fee amount for a domiciliary loading is \$24.20 (85%= \$20.60). Optometry Australia modelling shows this grossly under-recognises the costs of providing domiciliary care, discouraging optometrists from providing eye care to these at-risk and vulnerable patients. Research indicates that a more realistic domiciliary loading would increase provision of these services at minimal budget cost due to their infrequency. It is proposed that the domiciliary loading be increased to \$85.00 per visit (paid proportionally for multiple patients) with an assumed 10% increase in services.

Cost: \$500K per annum

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

The Visiting Optometrists Scheme (VOS) supports optometrists to deliver outreach services to remote and very remote locations by reimbursing a range of travel, accommodation, administrative, locum and equipment costs. Between 2010-11 and 2018-19, the number of VOS supported services more than tripled. However, people in regional Australia remain more susceptible to vision impairment while First Nations People are three times more likely to be blind or visually impaired.

The VOS needs to be put on a firm financial footing going forward, allowing for growth and outreach services that enable more First Nations People to get the eye care they need. Analysis of available data indicates that over 21,000 additional VOS-supported eye examinations per annum are needed and the VOS funding should grow over time to achieve this. At the same time, Aboriginal Community Controlled Health Organisation (ACCHO) led eye health models should be developed as a complement to visiting optometry services, in a way that provides greater local service availability and community control in the longer term.

Cost: \$18.1m over 5 years

