Principles for nationally consistent subsidised spectacle schemes for Aboriginal and Torres Strait Islander people - *Recommended implementation standards*

Objective

These principles and recommended standards identify key best practice principles for subsidised spectacle schemes, available in all jurisdictions, to facilitate improved accessibility of vision correction for Aboriginal and Torres Strait Islander people.

Optometry Australia advocates that all jurisdictions assess the principles and recommended standards against their existing scheme and make improvements as necessary.

It is notable that there are multiple practical implementations of schemes that could meet the principles and the recommended standards. Given that schemes are already operational in all Australian jurisdictions, in many cases it would be most efficient to build on existing infrastructure and other arrangements.

Rationale

Aboriginal and Torres Strait Islander people experience significantly higher rates of blindness and low vision than the wider Australian population, much of which is attributable to uncorrected refractive error.

Studies have identified lack of uniform access to appropriate spectacles or lenses as a contributing factor to the higher rates of vision impairment amongst Aboriginal and Torres Strait Islander people. It is well established that there are common cultural, financial and/or geographical barriers to Aboriginal and Torres Strait Islander people accessing eye care and needed spectacles. There is a resounding need for a good supply system for spectacles for Aboriginal and Torres Strait Islander people, to overcome some of these barriers.

Subsidised spectacle schemes across Australia

Subsidised spectacle schemes are operational in all jurisdictions across Australia. They offer different approaches to eligibility, entitlement, product range, cost and payment systems, and are of differing and often limited impact in overcoming access barriers for Aboriginal and Torres Strait Islander people, particularly those living in rural and remote areas.

Variations between what is on offer between jurisdictions can, in itself, create a barrier to participating in the scheme through confusion amongst patients, optometrists, ophthalmologists and optical dispensers about what subsidised support may be available. It also means access to affordable spectacles is not currently equitable, across all regions of Australia.

Practitioner evaluation regarding administrative and financial complexity or inadequacy plays a key role in determining the participation in schemes for their patients. Notably however, there is a targeted scheme in Victoria (Victorian Aboriginal Spectacle Subsidy Scheme) that has shown to be meeting the needs of Aboriginal and Torres Strait Islander people in the region.

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Development of the principles and standards

Optometry Australia's Aboriginal and Torres Strait Islander Eye Health Working Group (working group), a group comprised of optometrists from across Australia with experience in providing eye care for Indigenous communities, has been advocating for subsidised spectacle schemes in all jurisdictions to be nationally consistent.

In May 2013, Optometry Australia released the *Principles for nationally consistent subsidised spectacle schemes for Aboriginal and Torres Strait Islander people* (principles). The principles detail key elements of schemes which would meet the needs of Aboriginal and Torres Strait Islander people. The principles have been endorsed by the National Aboriginal Community Controlled Health Organisation (NACCHO) and by Vision 2020 Australia.

On the recommendation of the Commonwealth Department of Health, Optometry Australia agreed to develop recommended standards on how the principles could be practically implemented. These have been developed on advice from the working group and are supported by NACCHO.

Endorsed by:

Principles

Optometry Australia advocates that equitable access to correction of refractive error for Aboriginal and Torres Strait Islander people be facilitated through subsidised spectacle scheme(s)available in all jurisdictions which:

Principle 1 - Are aligned for national consistency

Jurisdictional schemes should be aligned to achieve national consistency. National consistency on key principles should not compromise the specific cultural needs of local communities.

Principle 2 - Enable better access for all Aboriginal and Torres Strait Islander Australians

Eligibility for subsidised spectacle schemes should be set as broadly as possible to facilitate improved access to clinically-required optical appliances for all Aboriginal and Torres Strait Islander people, regardless of personal financial status, geography, and other factors.

Recommended standard:

Eligibility for access to subsidised appliances/aids includes all Aboriginal and/or Torres Strait Islander people. In alignment with Commonwealth Close the Gap Program requirements, eligibility should be provided to all patients who identify as Aboriginal or Torres Strait Islander.

Principle 3 - Are implemented through an ongoing process of consultation with Aboriginal and Torres Strait Islander communities

The design and operation of the schemes should occur in consultation with Aboriginal and Torres Strait Islander communities to facilitate maximum uptake of the scheme's benefits, and ensure appropriateness of the scheme's administrative and logistical components so that cultural and other barriers to access are reduced.

Recommended standard:

A standing advisory committee should be convened to advise on the design and operation of the scheme, processes for broader consultation regarding the scheme, and evaluation of the scheme. The standing advisory committee should be comprised of, at a minimum, the relevant jurisdictional body representing Aboriginal Community Controlled Health Organisations, the relevant jurisdictional member organisation of Optometry Australia and the jurisdictional health department. Where possible, the standing advisory committee should be integrated with relevant jurisdictional Indigenous health advisory bodies.

Broader consultation regarding the design and operation of the scheme must be undertaken when the scheme is being established, evaluated or subject to significant changes in design and operation. Processes for broader consultation should be advised on by the standing advisory committee, and may include consultation with State Aboriginal Health Forums, jurisdictional Indigenous eye health committees and/or a number of Aboriginal Medical Services within the jurisdiction.

Evaluation of the scheme and the way it is working to meet the needs of Aboriginal and Torres Strait Islanders in the jurisdiction to access required prescription glasses, should be undertaken following the first three years of operation, then every three years following.

Principle 4 - Address financial barriers to accessing clinically-required optical appliances

Schemes should provide access for eligible patients matched to clinical need and practical requirements at no cost or with the requirement of a known minimal co-payment.

Schemes should provide cost-certainty for patients through a supply cost that includes, in the case of spectacles, frames, lenses and protective cases, as well as delivery.

Schemes should provide ready access to replacement appliances and repairs to cover loss and damage.

Recommended standard:

Spectacles

No patient contribution or a patient co-payment of no more than $15 (or equivalent to $15 fee in 2016) is required for the first pair of prescription spectacles or (where it accords with eligibility requirements) first set of prescription spectacles, every twenty four months and for subsequent appliances within a 24 month period where the need for a new appliance is a result of a clinically necessary change to the prescription, as determined by an optometrist or ophthalmologist.

No patient contribution, or a patient co-payment of no more than $30 (or equivalent to $30 fee in 2016), is required for the first spectacle replacement required due to loss or damage, within a twenty four month period.

Patient contribution fees should be determined in consultation with the standing advisory committee and consider the specific contexts of Aboriginal and Torres Strait Islander communities within the state or territory.

A higher patient contribution may be required for second or subsequent replacements required due to loss or damage in a twenty four month period. Patient contribution fees should be determined in consultation with the standing advisory committee and must not exceed the cost of the product and cost involved in dispensing the product.

Contact lenses

No patient contribution OR a patient contribution of no more than $10, is required for clinically-necessary contact lenses and associated consumables, every 12 months, and for subsequent lenses within a 12 month period where the need for new contact lenses is a result of a clinically necessary change to the prescription, as determined by an optometrist or ophthalmologist.

No patient contribution, or a patient co-payment of no more than $20 (or equivalent to $20 fee in 2015), is required for the first contact lens replacement required due to loss or damage, within a twelve month period.

Patient contribution fees should be determined in consultation with the standing advisory committee and consider the specific contexts of Aboriginal and Torres Strait Islander communities within the state or territory.

A higher patient contribution may be required for second or subsequent replacements required due to loss or damage in a twelve month period. Patient contribution fees should be determined in consultation with the standing advisory committee and must not exceed the cost of the product and cost involved in dispensing the product.

Low vision aids

Patient contributions for required low vision aids should be determined in consultation with the standing advisory committee, and consider that some patients requiring low vision aids may also require other optical appliances.

It is strongly recommended that where patient co-payments/contributions are required, processes to support payment via Centrepay, Wage Deduct or similar schemes, are put in place.

Schemes must set fee schedules that provide cost certainty to patients.

Principle 5 - Minimise practical barriers to patient and provider participation

Administrative and paperwork requirements for patients and providers to participate in the scheme should be minimised. Reimbursements under the scheme should reflect the true cost of providing optical appliances.

Arrangements should:

- Provide reliable supply over time, including operational consistency
- Provide optical appliances to the patient in the shortest practicable timeframe
- Provide services to the patient at a location that is culturally secure and readily accessible to the patient.
- Support ready access to trained personnel and adequate parts to maintain/repair or replace glasses.

Recommended standard:

Note: There are multiple potential arrangements to meet this principle. If the expectation is that an existing jurisdictional scheme will be enhanced to meet these requirements, depending on the scheme, it may be best to support, to the extent possible, the administrative requirements and operational approaches, already in place.

Potential options may include systems such as the national scheme for veterans run by the Department of Veterans' Affairs which requires optometrists, optometry service providers or dispensers to apply to dispense under the scheme, and then enables the registered dispenser to access a set reimbursement payment for the product type, as well as a fee for associated dispensing costs. An alternate option is for a specified range of products to be available to be ordered via a central coordination point. Such an approach is used in the Victorian Aboriginal Subsidised Spectacle Scheme. There are benefits to both approaches.

Regardless of operational arrangements, the following standard is recommended:

• Schemes must reimburse optical dispensers for appliances and/or dispensing fees. These fees should be indexed annually at a rate that provides a reflection of the true cost of appliances and a dispenser's time, and that enables the maintenance of product quality.

• Appliance delivery arrangements must be directed at minimising further barriers to patients prescribed appliances, including providing optical appliances to the patient in the shortest practicable timeframe of which the patient is made aware of when the appliance is first arranged. Time between the patient placing the order and the appliance being delivered to the agreed delivery site, should not exceed two weeks in urban, regional and rural areas, and should not exceed four weeks in remote areas.

• Schemes must support delivery of their appliance/s to the patients at a location that is culturally secure and readily accessible to the patient (such as the Indigenous Health Service they access.)

Principle 6 - Are provided offering choice and within a quality framework

Subsidised schemes should only provide access to frames and lenses that meet Australian standards. A suitable range and choice of frames and lenses should be ensured.

Recommended standard:

Prescription spectacles

Schemes should provide subsidised access to the following prescription products in accordance with clinical need as determined by the prescribing optometrist or ophthalmologist, each twenty four months, or at greater frequency when a clinically-necessary change to a prescription is advised by an optometrist:

• one pair of single focus near AND/OR where necessary one pair of single focus distance; or
• one pair of bifocals; or
• one pair of multifocals, where these are clinically required (as determined by the prescribing optometrist or ophthalmologist); or
• one pair of ready made spectacles, where this is clinically appropriate, AND/OR one pair of single focus spectacles.

Schemes should provide a frame selection suitable to the physical environment, demographic and their clinical needs.

Where schemes support access to specific ranges of frames only, they must offer a suitably broad range of plastic and metal frames that address clinical need and patient preference.

Schemes may support access to a broader frame range through a system that pays the dispenser a set fee for a specified product.

Frame ranges must be reviewed and appropriately updated, with contributions from patients and providers, at least every thirty six months.

All schemes must include a payment schedule for minor amendments and repairs to spectacles that have been provided under the scheme.

Contact lenses

Schemes should provide subsidised access to contact lenses where prescription lenses are required to meet clinical need and where the patient has an optical condition that would be eligible for a lens fitting under the Medicare Benefits Schedule. Clinicians must be satisfied that contact lenses are the best option for the patient's clinical presentation and can be safely worn and maintained.

Eligible persons should be entitled to be issued non-disposable contact lenses no more than two single items or one pair item once every twelve months OR disposable contact lenses no more than two single items once every six months. Consumables appropriate to the particular type of contact lenses prescribed should be supplied in reasonable quantities as part of the subsidised contact lenses package.

Low Vision Aids

Schemes should provide subsidised access to low vision aids recommended for the patient by an optometrist or ophthalmologist. Schemes should support access to low vision aids at the optometrist or ophthalmologists discretion, from a specified listing of aids determined in consultation with an optometrist with relevant expertise, or up to a maximum specified value that is at least $200 per 24 months.

Access to subsidised low vision aids should be in addition to access to other subsidised prescription appliances, where both are required to meet patient needs.

Schemes must facilitate the safe and effective use of optical appliances by including with no additional charge to the patient, the basic equipment to protect spectacles from damage (case and lens cloth) and, where appropriate, the basic equipment to support the safe use and maintenance of contact lenses.