



Working together for better eye care

Optometry Australia's submission to the Federal Budget 2022–2023

Optometry Australia The influential voice for optometry

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All Australians deserve the best in primary eye health and vision care.

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Optometrists play a crucial role in providing this care and in reducing the heavy social and economic cost of avoidable blindness and vision loss.

Optometry Australia is the national peak professional body for optometry, representing over 85% of optometrists registered to practice in Australia. Since 1918 we have united and led the sector to make Australia a world leader in vision and eye health services and patient care. Yet, Australia's health system is failing community eye health needs because not all Australians have access to the timely and affordable eye-health care that they need.

For many years, Optometry Australia has been working with governments, other peak eye health professional bodies, Vision 2020 Australia 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.

Overview

Optometry Australia welcomes the opportunity to detail practical, low-cost initiatives that will make a tangible difference in areas of unmet need, improving access to critical eye care across Australia.

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.

The problem

In Australia, 90% of blindness and vision loss among both First Nations peoples and non-Indigenous Australians is preventable or treatable, if detected early. In fact, approximately 80% of vision impairment can be treated either through the provision or correction of spectacles, or through cataract surgery.

Our eye-health professionals are world-class with access to the most up-to-date technologies and drugs. Yet too often, Australians with eye disease are not diagnosed or treated in a timely manner, primarily due to access barriers. As a result, economically and socially disadvantaged Australians, older Australians, people with a range of chronic diseases, people living in regional Australia and our First Nations peoples are all more susceptible to eye problems.

Optometry as part of the solution

As the principal providers of primary eye health and vision care, optometrists already play a key role in preventative care, early detection and treatment of eye and vision problems. However, optometrists in Australia are under-utilised compared to their counterparts in similar developed nations like the United States, the United Kingdom and New Zealand.

Australia has an opportunity to better utilise optometrists to support improved patient access to critical treatments for eye disease. Access to quality optometric care is a key component of an effective, efficient and sustainable eye care system and is an essential element in reducing the significant social and economic costs associated with preventable blindness and vision loss.

Either we give eye health the priority it deserves or face a future with increasing numbers of Australians unnecessarily having to live with the personal, social, and economic impacts of blindness and vision loss.

The below measures are 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.

Summary of proposed budget measures	Cost
A focused eye health awareness campaign	\$500K over 2 years
Building health professional awareness of eye health, focused on chronic health conditions	\$500K over 2 years
Intravitreal injections collaborative care pilot in regional Australia	\$500K over 2 years
Increase in the optometric domiciliary loading benefit in residential aged care	\$500K per annum
Increase funding for the Visiting Optometrists Scheme to improve access for First Nations peoples	\$18.1m over 5 years
Total cost:	\$23.6m over 5 years

Effective solutions will require enhanced investment and coordination across the health system, and the Federal Government has a vital role to play in providing national leadership and taking practical actions in areas where it has direct responsibility.



Proposed measure 1:

A focused eye health awareness campaign

Since 2016, Optometry Australia has invested \$1.5m in the *Good vision for life*[®] consumer campaign 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

Proposed measure 2:

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. It is important that eye health is a priority for health professionals who coordinate and provide care for these patients. 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, 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 measure 3:

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.

This fact is 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 Aboriginal and/or Torres Strait Islander 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

Proposed measure 4:

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

Proposed measure 5:

Increase funding for the Visiting Optometrists Scheme to improve access for First Nations peoples

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 2010-2011 and 2018-2019, the number of VOS supported services more than tripled.

People in regional Australia however, 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

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Optometry Australia acknowledges the Traditional Custodians of the lands on which our organisation is located and where we conduct our business.

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