



Enhancing Patient Outcomes: A Collaborative Approach to Eye Care

Optometry Australia submission
to the Federal Budget 2024-2025

Executive summary

Optometry Australia is the national peak professional body, representing 85% of Australia's 6,600 registered optometrists. Optometrists in Australia conduct over ten million eye examinations annually and are the initial point of contact to the health system for 80% of Australians. They play a crucial role in Australia's primary healthcare system, often identifying eye diseases in asymptomatic patients.

In Australia, approximately 90% of blindness and vision loss, affecting both First Nations people and non-Indigenous Australians, can be prevented or treated if detected early. Australia's eye health professionals, including our optometrists, are globally recognised for their professional training and have access to state-of-the-art technologies and pharmaceuticals.

Eye care in Australia is beset by many of the same problems that exist in the wider health system.

Overstretched public hospitals, long wait times for elective surgery and outpatient appointments, significant out-of-pocket costs, specialist workforce shortages particularly in regional and rural areas, and ineffective patient pathways mean that too many Australians are not diagnosed or treated in a timely manner.

This systemic failure leads to unnecessary vision loss and its accompanying economic and social impacts – in fact, vision loss costs the Australian economy \$27.6 billion annually¹. The economically and socially disadvantaged—older Australians, people with chronic diseases, those living in rural and remote communities, and First Nations peoples—are disproportionately impacted.

We need to act now. There are four eye health conditions (cataracts, glaucoma, age-related macular degeneration, and diabetic retinopathy) where patient demand continues to increase, driven by the combination of an ageing population, an increased prevalence of chronic disease and failings in the health system. In many geographic locations and disadvantaged communities, patients wait inordinate lengths of time or go without treatment altogether. Without substantive action, this problem will only worsen.



In 2022, both Optometry Australia² and the Royal Australian and New Zealand College of Ophthalmologists (RANZCO)³ released future strategies committing to collaborative models of care, focussing on the four main chronic eye conditions. These commitments built on collaborative eye care projects around Australia across a range of settings, from large metropolitan hospitals to rural and remote communities, which have shown that a coordinated approach to multidisciplinary care can enhance patient access, reduce wait lists and wait times, and lower health system costs.

In 2023, to breathe life into these commitments, RANZCO, Optometry Australia, and Orthoptics Australia jointly announced the establishment of a cross-discipline collaborative eye care working group. Together, we will support the development and implementation of collaborative models of eye care that enhance both individual patient access to much needed services and the overall effectiveness of the eye health system. Optometry Australia also welcomes, and looks forward to further contributing to, the Government's Unleashing the Potential of our Health Workforce – Scope of Practice Review throughout 2024.

The next step is to begin embedding these successful collaborative models of eye care at sufficient scale to make a lasting difference for patients while delivering efficiencies and system change. While this involves consideration of jurisdictional, funding, regulatory, workforce, and systems integration issues, they are all informed by existing successful collaborative care projects, some of which have been independently evaluated.

The focus of this Budget submission

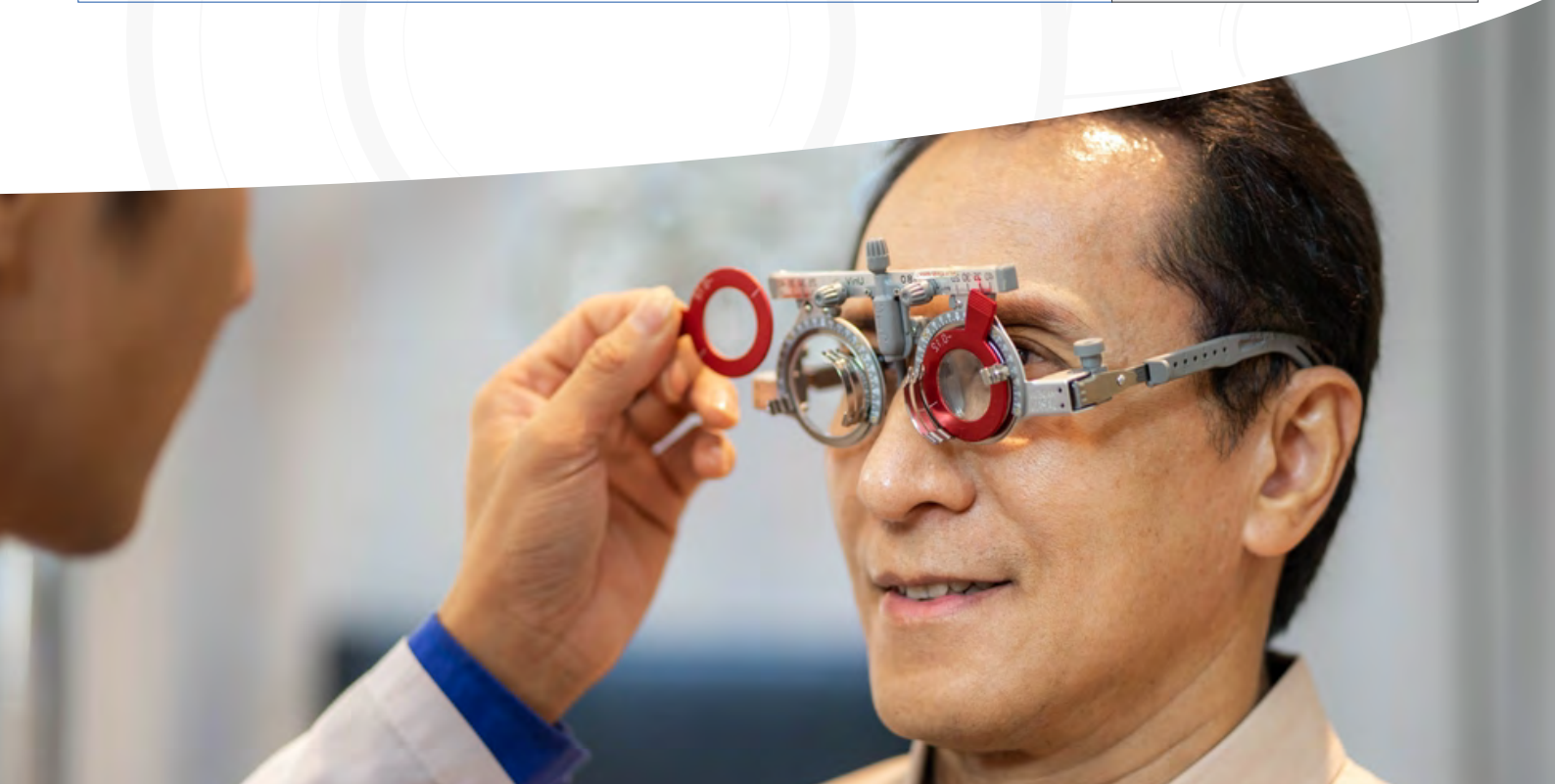
With governments at all levels actively pursuing innovative models of care to take pressure off public hospitals and general practice, eye care provides a prototype for reform in an area of increasing patient need, an established body of evidence, and a sector that is committed to collaborative solutions which will deliver genuine system change.

This Budget submission focusses on resourcing the next phase of collaborative eye care in a way that builds on the successful projects and aligns with the Federal Government's broader commitment to Strengthening Medicare and Commonwealth State Healthcare Reform.

It also details a series of practical, low-cost initiatives that will make a tangible difference in areas of unmet need, addressing structural and systemic issues that impact the ability of optometrists to deliver services to disadvantaged Australians.

In short, Optometry Australia calls on the Australian Government to:

Summary of proposed budget measures	Cost
Invest in establishing innovative, collaborative models of eye care service delivery, which enable health professionals to work in a multidisciplinary treatment environment, underpinned by shared data and enhanced use of digital technologies.	\$1 million over two years
Undertake a comprehensive, independent review of Medicare scheduled fees for optometric items to ensure that they are aligned with the true cost of providing quality eye care.	Costing dependent on the outcome of a review
Increase the optometric domiciliary loading to \$85.00 per visit (paid proportionally for multiple patients) to ensure the ongoing provision of timely and affordable access to eye care for elderly Australians.	\$500k per annum
Increase investment in the Visiting Optometrists Scheme (VOS) to support the delivery of 29,000 additional eye examinations to First Nations people annually, to meet population parity with non-Indigenous Australians.	\$2.5 million per annum
Support FNEHA to lead to in the development of identified sector priorities for First Nations eye health, by investing in initiatives which build the capability of the current and future First Nations eye health workforce, and the development, implementation, and evaluation of the next National Aboriginal and Torres Strait Islander eye health sector plan.	\$5.5 million over four years
Partner with the eye care sector to raise community awareness of the global myopia epidemic reducing its impact on Australians now and into the future.	\$500,000 in FY2024-25
Fast-track the establishment of MBS item to support patient access to both brief and comprehensive tele-optometry consultations.	
Include MBS item numbers for asynchronous tele-ophthalmology services as recommended through the MBS Review process.	



Detailed proposals

Embedding collaborative eye care models into Australian health care

Around Australia, a growing number of successful formal and informal collaborative eye care projects are shown to deliver better eye health outcomes for patients. These collaborations between optometry and ophthalmology seek to reduce public ophthalmology wait times and enhance access by using optometrists to assess and manage patients who would otherwise be seen by ophthalmologists.

Collaborative eye care projects have been made possible largely through the ingenuity of individual eye health professionals, often aided by embedding effective referral and triaging processes and the use of digital technologies like telehealth and the digital transmission of optical scans. Some projects have been enabled by state government health innovation programs while others have been supported by primary health networks or local health and hospital providers. Several of these projects have been evaluated and found to deliver enhanced and more efficient patient outcomes.

Optometry Australia notes that the challenge with further embedding or scaling these successful projects is that they are funded on a one-off, ad hoc basis without ongoing funding or follow-up plans to integrate them at a greater scale to deliver system-wide change. The result is that patient benefits are lost or unable to be more widely adopted.

The crucial next step is to resource the next phase of collaborative eye care in a way that builds on these successful projects. Doing so aligns with the commitments of all levels of government to work towards a more integrated, efficient, and patient-centred approach to health delivery. Working together, eye care sector leaders, with the support of government, can enable health professionals to work collaboratively in a multidisciplinary treatment environment, underpinned by shared data and enhanced use of digital technologies.

In 2024-25, Optometry Australia is requesting an investment from the Federal Government to help take forward the next phase of collaborative eye care, through investing to establish innovative, collaborative models of eye care service delivery, which enable health professionals to work in a multidisciplinary treatment environment, underpinned by shared data and enhanced use of digital technologies.

Investing in the development of collaborative models of care is a further opportunity for the Australian Government to contribute to embedding more efficient health care service delivery.

Collaborative care models, which leverage existing local interprofessional relationships and digital technologies to enable effective diagnosis and management, would be developed in collaboration with relevant local health providers, health professional groups and patient representatives.

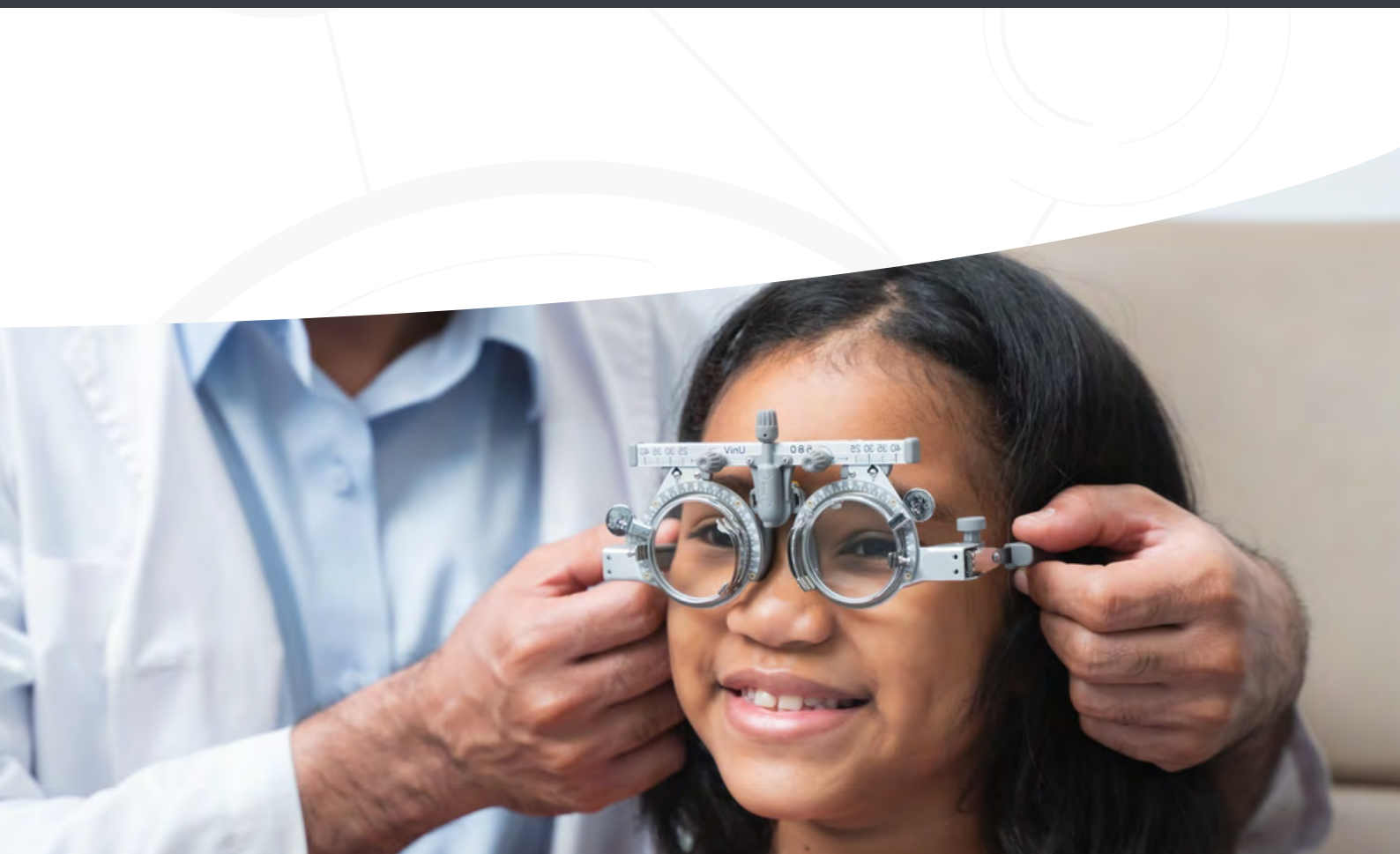
Upon establishment, implemented models would be independently evaluated with a view to informing a broader rollout of innovative, collaborative eye care service delivery.

Investment by the Australian Government would also enable the further development of a necessary evidence base and models of care in the lead up to the next National Health Reform Agreement in 2025. This work would align with the recommendations of the Mid-Term Review of the 2020-25 National Health Reform Agreement for a greater focus on innovation in multidisciplinary care, particularly at the intersection of the primary and secondary health sectors.

We note the October 2022 Federal Budget measure for innovative models of care as part of the commitment to Urgent Care Clinics, the Collaborative Care Trials in regional Australia, and the various state health innovation centres in the Australian Health Care Agreements, as potential funding sources.

We call on the Australian Government to invest in establishing innovative, collaborative models of eye care service delivery, which enable health professionals to work in a multidisciplinary treatment environment, underpinned by shared data and enhanced use of digital technologies.

Cost: \$1 million over two years, from 2024-25



Independent Review of Optometry MBS fees

Since the introduction of Medicare, population eye health has been supported through subsidised access to primary eye care by optometrists. However, affordable patient access is being threatened by MBS fees that are increasingly misaligned with the true costs of providing care.

Medicare scheduled fees for optometry services were frozen from November 2012 to November 2014, reduced by 5% in 2015, and then frozen once again prior to the reintroduction of indexation. As a result, Medicare scheduled fees for optometric services are less in actual dollar terms than they were in 2012. Estimates drawn from comprehensive analysis of practice costs indicate that the actual cost of providing a comprehensive consultation is over \$30 more than the Medicare scheduled fee. This differential is further exacerbated by inflation and technology-driven increases in optometry costs that are not reflected in the wage cost index that applies to Medicare fees.

This shortfall not only has a detrimental impact on the viability of optometry practices, but also means that optometrists increasingly have little choice but to charge patients out-of-pocket costs rather than bulk-billing them. Optometrists must cross-subsidise their clinical services through the sale of optical appliances. This discourages them from offering services not associated with a prescription for glasses or contact lenses, resulting in the provision of fewer services that relate to the detection and management of acute and chronic eye diseases. The impact is greater in areas of high socio-economic disadvantage where there is no ability to charge patients and glasses are often accessed via subsidy schemes. Overall, the embedded shortfall in Medicare rebates is making it more difficult for patients to access affordable primary eye care services, particularly if they have or are at risk of acute or chronic eye health conditions.

As has been shown in the broader primary care system, the issue of unsustainably low Medicare scheduled fees can only be ignored for so long before it has a seriously detrimental impact on patient access and affordability as well as the viability of health practices.

Optometry Australia calls on the Australian Government to undertake a comprehensive, independent review of Medicare scheduled fees for optometric items to ensure that they are aligned with the true cost of providing quality eye care.



Increase in the optometric domiciliary loading benefit

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.

Providing timely and affordable access to eye care for elderly Australians, including those in residential aged care, not only enhances their health and wellbeing, but can reduce the potential for falls, avoidable hospital 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.” In 2022-23, the scheduled full fee amount for a domiciliary loading is \$24.60 (85%= \$20.95). Optometry Australia modelling shows this grossly under-recognises the costs of providing domiciliary care⁴, given the need to travel, transport equipment, and often discuss a patient’s needs with carers, discouraging optometrists from providing eye care to these at-risk and vulnerable patients, most of whom cannot afford to pay out-of-pocket health care costs.

It is not unusual for Optometry Australia to receive urgent inquiries from aged care facilities and family members seeking assistance to source an optometrist to provide primary eye care for their residents or relative. Unfortunately, not all these inquiries are able to be resolved in a timely manner given the low number of optometrists who regularly make domiciliary visits.

Research indicates that a more realistic domiciliary loading would increase the provision of these services at minimal budget cost due to their infrequency.

Optometry Australia calls on the Australian Government to increase the optometric domiciliary loading to \$85.00 per visit (paid proportionally for multiple patients) with an assumed 10% increase in services.

Cost: \$500k per annum, from 2024-25

Increased investment to address eye care needs in First Nations communities

Aboriginal and Torres Strait Islander people experience blindness and vision loss at three times the rate of other Australians and wait significantly longer for common vision-saving treatments (National Eye Health Survey, 2015).

To contribute to addressing this fact, 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. While the VOS has played a pivotal role in facilitating optometrists' outreach services to remote and very remote locations, **the persisting eye health challenges in regional Australia, particularly for First Nations peoples, demand a more substantial and sustained commitment from the Government.**

The VOS needs to be placed on firm financial footing going forward, allowing for growth and outreach services that enable more First Nations People to access the eye care they need. Analysis of available data indicates a compelling need for over 29,000 additional VOS-supported eye examinations annually, incurring a cost of \$2.5 million nationally, per year. Further analysis is required to consider the variances in population eye health needs in each state and territory, and we note that a phased approach to meeting this shortfall may be required, enabling fundholders, service providers, and host organisations to adapt to evolving demands and accommodate the growing requirement for eye care services in underserved areas.

Optometry Australia calls on the Australian Government to increase investment in the Visiting Optometrists Scheme (VOS) to support the delivery of 29,000 additional eye examinations to First Nations people annually, to meet population parity with non-Indigenous Australians.

Cost: \$2.5m per annum, phased in from 2024-25



Optometry Australia reiterates our support for the First Nations Eye Health Alliance (FNEHA), a self-determined Aboriginal and Torres Strait Islander corporation.

FNEHA is dedicated to the prevention of vision loss and blindness in First Nations communities nationwide.

As an Aboriginal and Torres Strait Islander-led entity, FNEHA is well-positioned to lead the development of identified sector priorities for First Nations eye health.

Optometry Australia supports FNEHA's proposals that the Australian Government invests:

- \$4 million over the next four years from 2024-2025 to codesign culturally responsive First Nations eye health and vision care education and training pathways that build the capability of current and future First Nations eye health workforce.
- \$1.5 million over four years from 2024-25 to support FNEHA to lead in the development, implementation, and evaluation of the next National Aboriginal and Torres Strait Islander eye health sector plan.

Optometry Australia calls on the Australian Government to support FNEHA to lead in the development of identified sector priorities for First Nations eye health, by investing in initiatives which build the capability of the current and future First Nations eye health workforce, and the development, implementation, and evaluation of the next National Aboriginal and Torres Strait Islander eye health sector plan.

Cost: \$5.5million over four years, from 2024-25

We further encourage development of and investment in complementary Aboriginal Community Controlled Health Organisation (ACCHO)-led eye health models. These models, operating in tandem with visiting optometry services, will enhance local service availability and empower communities to exercise greater control over their long-term eye health initiatives.

By bolstering the VOS, supporting FNEHA, and supporting complementary ACCHO-led models, we can work towards eliminating the stark disparities in eye health outcomes between First Nations people and non-Indigenous Australians, ensuring that all Australians, especially those in remote regions, have equitable access to eye care.

Halting the impact of the myopia on a generation of Australian kids

Optometry Australia's 2022 Vision Index report identified that, myopia, or short-sightedness, has increased to 40% in Australians – up 3% from 2020 and in line with predictions that over 50% of the global population will have the condition by 2050.

Over a third of those surveyed for the index reported a 3-8 hour increase in screen time over the last two years, with over 50% of parents saying their kids had 4-8 hours a day on screens.

The 2022 Vision Index also found that 34% of Australians were unaware that near work activities play a role in myopia development, and more than 50% were unaware that a lack of exposure to outdoor light during childhood can be a contributing factor to the condition.

Optometrists play a critical role in addressing myopia and our collective vision is one of proactive eye health, where every Australian is aware of the benefits of outdoor light to the development of children's eyesight and that every family has access to innovative and personalised myopia care.

In 2024-25, Optometry Australia invites the Australian Government to partner with the eye care sector through the commitment of \$500,000, matching Optometry Australia's contribution, to support a multi-channel consumer awareness campaign.

Together, we would aim to see the global myopia epidemic halted, and its impact on Australians reduced, reflecting a strong commitment to the eye health of current and future Australians.



Tele-optometry

Optometry is relatively well-distributed across the country, and access in some rural remote areas is enabled through outreach programs. However, there remains limited access to timely eye care in many remote and in some rural and regional areas. Effective utilisation of telehealth solutions provides opportunity to both capitalise on the broad footprint of community optometry to support better patient access to eye care, and to support access to quality optometric care where timely face-to-face care isn't available.

Supporting tele-optometry

The delivery of tele-optometry services during the pandemic demonstrated that technology, coupled with the expertise of Australian optometrists, can facilitate the provision of comprehensive eye care assessments for acute presentations and the ongoing care of chronic conditions, particularly in rural and remote areas.

Over the last three years, tele-optometry has continued to develop, and more than one optometry service provider now have established systems to support patients to access a comprehensive examination from a remote optometrist, with the support of an in-person technician and an advanced array of clinical imaging and diagnostic tools.

Optometry is now well placed to support advanced tele-health solutions to patients in areas with insufficient optometry services and has demonstrated the capacity to provide care that is beneficial to patient outcomes via telehealth.

However, funding systems continue to lag, providing a barrier to uptake of established and effective tele-health solutions. Telehealth items which support patients to receive both brief, and comprehensive, tele-optometry consultations where timely face-to-face care is not practicable, would enhance patient access to care and reduce the risk of preventable vision loss.

Optometry Australia calls on the Australian Government to fast-track the establishment of MBS item to support patient access to both brief and comprehensive tele-optometry consultations.

Enabling asynchronous tele-ophthalmology

Organisations like the Lions Eye Institute have clearly demonstrated the benefits of optometry-supported tele-ophthalmology in enabling timely diagnosis, management and pre- and post-surgical care for rural and regional patients. Such models promote system efficiency and bring to life the ethos of patient-centred care; they support patients to access safe, quality care in a timely manner via their local optometrist, whilst minimising the need for travel to tertiary services. These models are enabled by high-quality digital imaging technologies, now common to optometry and ophthalmology, and support the optometrist and ophthalmologist to collaborate to ensure patient-centred care provision.

Both the Ophthalmology Clinical Committee and the Optometry Clinical Committee of the Medical Benefits Schedule review noted the benefits of extending Medicare support for tele-ophthalmology to also support asynchronous teleophthalmology. This would help extend the benefits of the tele-ophthalmology approach highlighted above by supporting ophthalmologists to provide diagnosis, management and treatment advice to optometrists, based on comprehensive clinical imaging and information, without requiring the patient, optometrist and ophthalmologist to be available and present at the same time. This is an important enabler of collaborative care, which can help ensure timely access to care for patients in under-served regions, with a practical solution that both recognises the challenges of the current requirements and capitalises on the opportunities presented by contemporary ophthalmic clinical equipment.

Optometry Australia joins the Royal Australian and New Zealand College of Ophthalmologists in calling for the inclusion of MBS item numbers for asynchronous ophthalmology services for patients in areas with demonstrated workforce shortages and/or where patients are unable to travel to attend face-to-face appointments. Optometry Australia recommends that such item numbers are introduced alongside a copayment for optometrists, to compensate for their contribution.

Optometry Australia calls for the inclusion of MBS item numbers for asynchronous tele-ophthalmology services as recommended through the MBS Review process.



Conclusion

Optometry Australia believes that implementation of these practical, low-cost initiatives will make a tangible difference in areas of unmet need, addressing structural and systemic issues that impact the ability of optometrists to deliver services to disadvantaged Australians.

We welcome the opportunity to discuss these proposals further with representatives of the Australian Government.

Contact details

Sarah Davies

Director, Optometry Advancement
Optometry Australia
s.davies@optometry.org.au

Skye Cappuccio

Chief Executive Officer
Optometry Australia
s.cappuccio@optometry.org.au