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# AGED CARE WORKFORCE STRATEGY

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## OPTOMETRY AUSTRALIA SUBMISSION TO THE AUSTRALIAN DEPARTMENT OF HEALTH

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About Optometry Australia Given the link between ageing and the increased incidence of eye disease; and as the principal providers of primary eye health and vision care, optometrists play a key role in the aged care workforce arena. Optometrists work across preventative care, early detection and treatment of eye and vision problems, and detection and referral of systemic conditions that affect the eye such as diabetes and their role is critical to reducing the heavy social and economic costs associated with avoidable blindness and vision loss. Further, regular comprehensive eye examinations with an eye health professional are imperative to preventing or slowing the development of ocular and systemic conditions that can require costly specialist care to treat or manage.

Positively, nearly 90 per cent of blindness and vision impairment in Australia can be attributed to five conditions – refractive error, cataract, diabetic retinopathy, glaucoma and macular degeneration. All of these conditions are preventable, if detected early enough<sup>1</sup>.

Optometry Australia is the national peak professional body for optometry, and represents over 80 per cent of optometrists registered to practice in Australia. Since 1918 we have united the sector to make Australia a world leader in the delivery of vision and eye health services and patient care. Our focus is to lead, engage and promote the profession of optometry, optometrists and community eye health.

### CONTACTS

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<sup>1</sup> Foreman, J. et al, 2016, [National Eye Health Survey 2016: Summary Report](#), Vision 2020 Australia and the Centre for Eye Research Australia, Melbourne.

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## INTRODUCTION

Optometry Australia appreciates the opportunity to respond to the Australian Department of Health's consultation preceding the development of the Aged Care Workforce Strategy.

The following submission outlines key ways in which the aged care workforce can be strengthened to ensure that it is able to meet the demands of complex health care; including through integrating the role of optometry effectively into the residential aged care space to ensure positive eye health outcomes.

## RESPONSE TO ONLINE SURVEY

### 1. WHY DOES AN AGED CARE WORKFORCE STRATEGY MATTER?

Between 1997 and 2017, the proportion of Australians aged 65 years and over increased from 12.1 per cent to 15.4 per cent of the total population<sup>2</sup>, and this is expected to grow. With nearly 90 per cent of conditions leading to blindness and vision impairment being preventable or treatable; with more than 453,000 Australians already living with blindness and vision impairment; and with this number expected to grow in line with an increasingly aged population, ensuring that the aged care workforce is supported to meet the ongoing health needs of Australians is imperative. In this context, an aged care workforce strategy must acknowledge the importance of integrating primary and allied health care, including eye health care and optometrists.

Optometrists are well equipped to play a role in this space, working in partnership with the broader aged care workforce and across preventative care, early detection and treatment of eye conditions, and detection and referral of systemic conditions such as diabetes that affect the eye. However, our research suggests that only two per cent of practitioners often or always provide home visits and fewer than five per cent regularly provide care in an aged-care facility.

Optometry Australia therefore recommends the implementation of mechanisms for effective integration of primary and allied health professionals, including optometrists, into the aged care workforce and system.

### 2. WHAT PRACTICAL DIFFERENCE DO YOU HOPE A STRATEGY WILL MAKE?

In 2016, the National Eye Health Survey estimated that there were over 453,000 people living with blindness or vision impairment across Australia and the majority of these are aged over 65 years.<sup>3</sup> In 2010, Access Economics projected that the number of people who are vision impaired aged 40 or over will rise to almost 801,000 by 2020 and those who are blind will rise to 102,750.<sup>4</sup> This rise

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<sup>2</sup> Australian Bureau of Statistics, 2017, [Australian Demographic Statistics: June quarter 2017](#), Commonwealth of Australia, Canberra.

<sup>3</sup> Foreman, J., et al, 2016, [The National Eye Health Survey: Summary Report](#), The Centre for Eye Research Australia and Vision 2020 Australia, Melbourne

<sup>4</sup> Vision 2020 Australia by Access Economics Pty Limited, [Clear Focus: The Economic Impact of Vision Loss in Australia in 2009](#), June 2010.

reflects the ageing population and the fact that the prevalence of vision impairment and blindness doubles with each decade over 60 years.<sup>5</sup>

People with vision loss are twice as likely to fall; four times more likely to suffer from hip fractures and have been found to experience three times higher the rate of depression when compared to those with good vision. These statistics highlight the need for the sustainable provision of eye care services for all Australians; particularly where individuals are unable to access optometric care through established practice such as those in residential aged care.

Optometry Australia believes the aged care workforce can be strengthened to ensure that it is able to meet the demands of complex health care; including through integrating the role of optometry effectively into the residential aged care space to ensure positive eye health outcomes. Effective access to allied health services, including optometry, delivered via a strategy which ensures integration with the aged care workforce will make a practical difference to the poorer overall health outcomes linked to eye health and vision care.

### 3. HOW DO YOU THINK A STRATEGY CAN CONTRIBUTE TO MEETING FUTURE NEEDS IN AGED CARE?

Given the link between ageing and the increased incidence of eye disease; and as the principal providers of primary eye health and vision care, optometrists play a key role in the aged care workforce arena. Optometrists work across preventative care, early detection and treatment of eye and vision problems, and detection and referral of systemic conditions that affect the eye such as diabetes and their role is critical to reducing the heavy social and economic costs associated with avoidable blindness and vision loss. Further, regular comprehensive eye examinations with an eye health professional are imperative to preventing or slowing the development of ocular and systemic conditions that can require costly specialist care to treat or manage.

Positively, nearly 90 per cent of blindness and vision impairment in Australia can be attributed to five conditions – refractive error, cataract, diabetic retinopathy, glaucoma and macular degeneration. All of these conditions are preventable, if detected early enough<sup>6</sup>.

Optometry Australia believes the aged care workforce can be strengthened to ensure that it is able to meet the demands of complex health care; including through integrating the role of optometry effectively into the residential aged care space to ensure positive eye health outcomes.

### 4. TELL US WHAT YOU SEE AS THE CHANGES ON THE HORIZON THAT AGED CARE NEEDS TO BE READY FOR, AND HOW YOU THINK THE WORKFORCE STRATEGY CAN CONTRIBUTE TO MEETING THESE FUTURE NEEDS (IN THE CONTEXT OF AN AGEING POPULATION CALLING ON AGED CARE SERVICES IN A VARIETY OF SETTINGS)?

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<sup>5</sup> Foreman, J., et al, 2016, [The National Eye Health Survey: Full Report](#), The Centre for Eye Research Australia and Vision 2020 Australia, Melbourne

<sup>6</sup> Foreman, J. et al, 2016, [National Eye Health Survey 2016: Summary Report](#), Vision 2020 Australia and the Centre for Eye Research Australia, Melbourne.

5. TELL US WHAT IS WORKING WELL IN THE AGED CARE WORKFORCE (ACROSS THE INDUSTRY, AT PROVIDER OR SERVICE LEVEL OR THROUGH PLACE-BASED INITIATIVES) AND WHERE FUTURE OPPORTUNITIES LIE.

6. WHAT DO YOU THINK ARE THE KEY FACTORS THE TASKFORCE NEEDS TO CONSIDER TO ATTRACT AND RETAIN STAFF?

Evidence highlights the need for the sustainable provision of eye care services for all Australians, particularly as they age. In relation to the aged care system and workforce, Optometry Australia is predominantly concerned for individuals who are unable to independently access optometric care through established practice such as those receiving care in the home or in residential aged care.

While domiciliary benefits paid under Medicare items 10931 – 10933 provide some financial assistance to an optometrist providing care in these settings, the current patient rebate for these items is grossly inadequate. At a mere \$19.85, the current maximum patient rebate to support domiciliary visits does not cover even a small proportion of the full cost of travel and packing and unloading equipment (as it is intended to) that is necessary to provide these services. Rather, Optometry Australia research suggests that on average, the actual cost of performing these tasks to provide clinical optometric care on a domiciliary visit is above \$115.

The discrepancy in the MBS fee and the cost of providing this service, particularly given that many of the patients accessing domiciliary services cannot afford out-of-pocket health care expenses, is an established disincentive to the provision of such care.

7. WHAT AREAS OF KNOWLEDGE, SKILLS AND CAPABILITY NEED TO BE STRENGTHENED WITHIN THE AGED CARE WORKFORCE?

8. WHAT DO YOU THINK IS NEEDED TO IMPROVE AND BETTER EQUIP THE WORKFORCE TO MEET INDIVIDUAL NEEDS AND EXPECTATIONS?

Although it is difficult to accurately quantify the level of unmet patient need for domiciliary eye care due to a lack of available data, Optometry Australia often receives 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 inquiries are often not able to be resolved in a timely manner given the low number of optometrists who regularly provide domiciliary visits. This is highly regrettable given the impact on older patients at what is often a very vulnerable period of life.

Optometry Australia research suggests that only two per cent of practitioners often or always provide home visits and fewer than five per cent regularly provide care in an aged-care facility. In order to encourage increased eye care service provision for older Australians in residential aged care, Optometry Australia has recommended an increase to the maximum patient rebate for domiciliary care provided by an optometrist to \$60, anticipated to have a total budget impact of less than \$500,000 in 2018-19. This will ensure that individuals receiving care in the home or in residential aged care do not face undue barriers to appropriate eye health services

9. WHAT IS NEEDED FOR LEADERSHIP, MINDSET AND ACCOUNTABILITY TO INNOVATE AND EXTEND NEW WAY OF WORKING TAILORED TO THE NEEDS OF OLDER PEOPLE WHO USE AGED CARE SERVICES, THEIR FAMILIES, CARERS AND COMMUNITIES?

10. WHAT SHOULD AGED CARE PROVIDERS CONSIDER WITH WORKFORCE PLANNING?