

Eye care for First Nations People in NT

Overview – updated December 2023

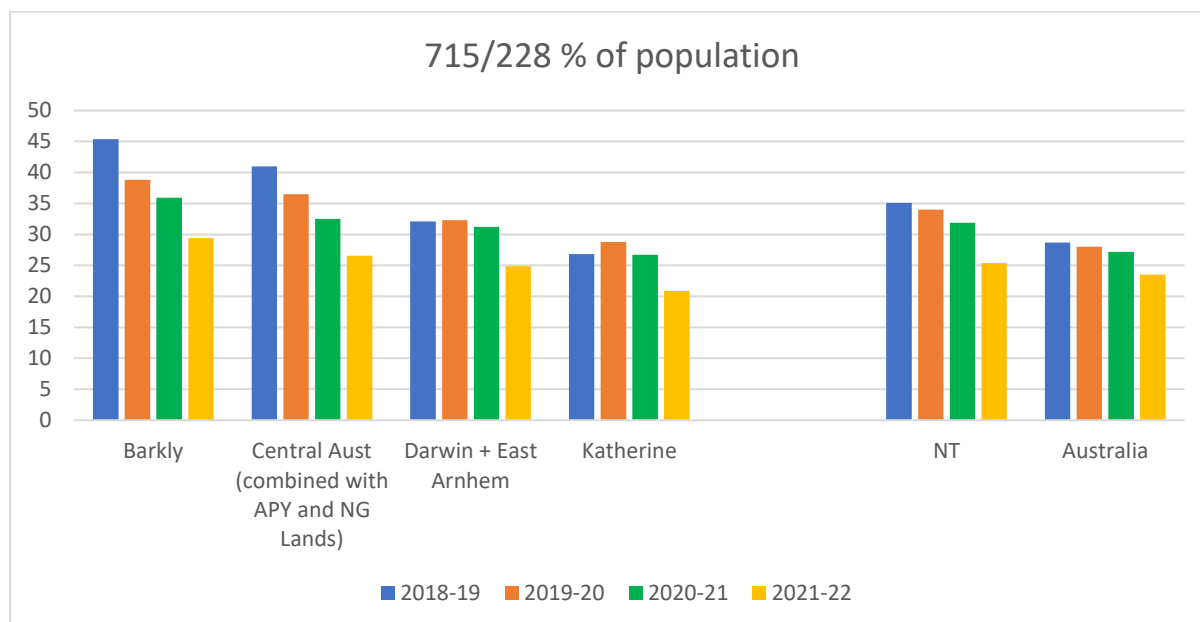
This report packages current publicly available data on key eye health and eye care access measures for First Nations People in Northern Territory. All underlying data in this report is from publicly accessible sources. These measures cover the eye care pathway for the conditions causing the highest rate of vision loss and blindness for First Nations Australians.

This report was prepared by Indigenous Eye Health Unit, University of Melbourne.

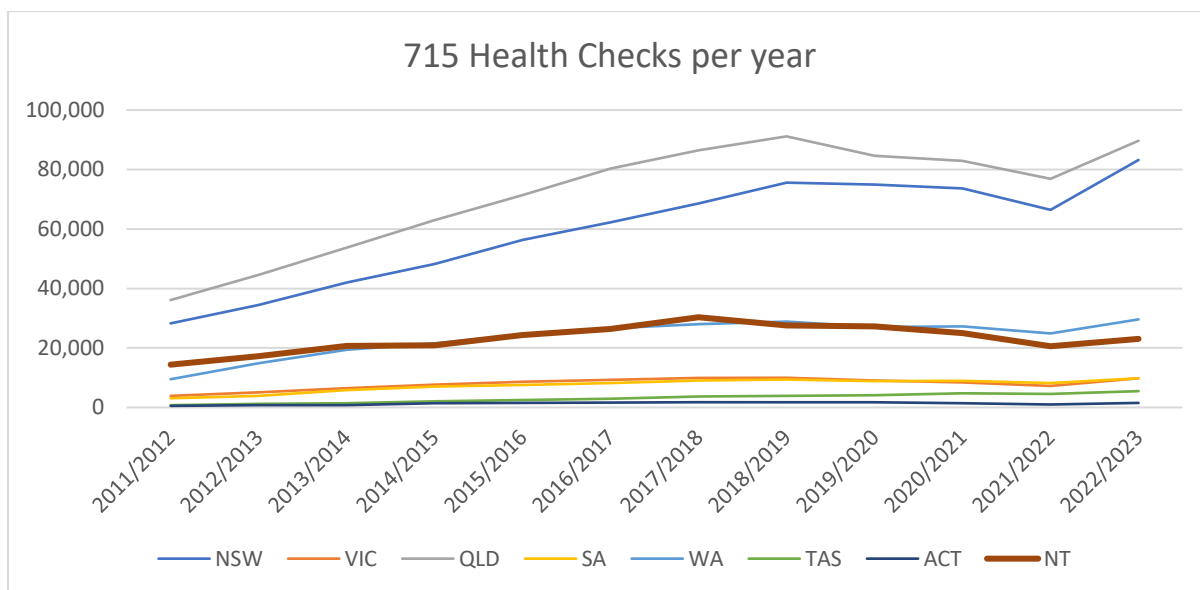
Key updates from previous snapshot:

- **715 rates** saw a decrease across all jurisdictions in 2021-22. Rates have increased in 2022-23 however.
- **12325 rates** continue to struggle, meaning that early detection of DR in primary care may need further sector support.
- **Eye exam** rates, as well as VOS occasions of service, remain on similar levels, which are well short of equity.
- **Cataract surgery** rates decreased slightly in NT in 2019-2021 compared with 2018-2020, against the national trend which saw an increase in this period. Wait times equity gap in public hospitals persists in NT.
- Terminology updated in line with the Australian Institute of Health and Welfare (AIHW) to First Nations, representing Aboriginal and/ or Torres Strait Islander Australians.

715 health checks

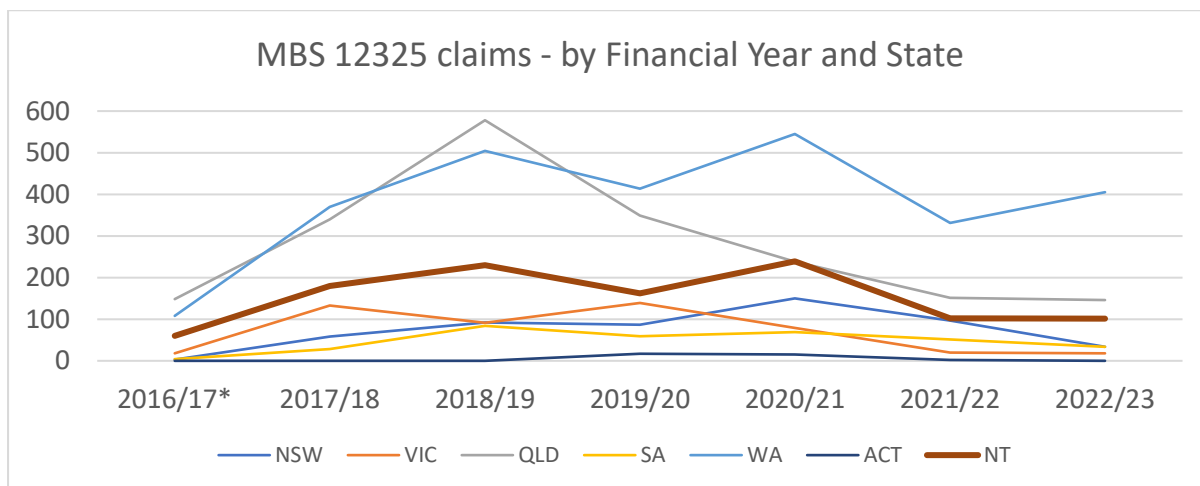


- 715 health checks include an eye check component, which is an important mechanism for early screening of potential eye problems. The eye check component is not reported, so we don't know how often it is being conducted.
- In 2021-22, 715 rates decreased across all regions in NT. This is similar to the national trend.
- Among the regions, Barkly and Central Australia recorded higher rates than Darwin/ East Arnhem and Katherine region.
-



- 2022-23 rates have trended upwards across all jurisdictions, with early data showing an increase of 12.5% in SA and 20.2% nationally.
- IEHU has health promotion materials available to encourage eye checks, titled Eye Care Now, Eye Care Always, as well as clinic screening support resources.
- **Key message:** 715 rates are still changing significantly year to year. Despite what seems like a positive uptick in 2022/23, rates still haven't reached pre-pandemic levels. We need to keep supporting ACCHOs to be able to implement the eye component of the 715 health checks.

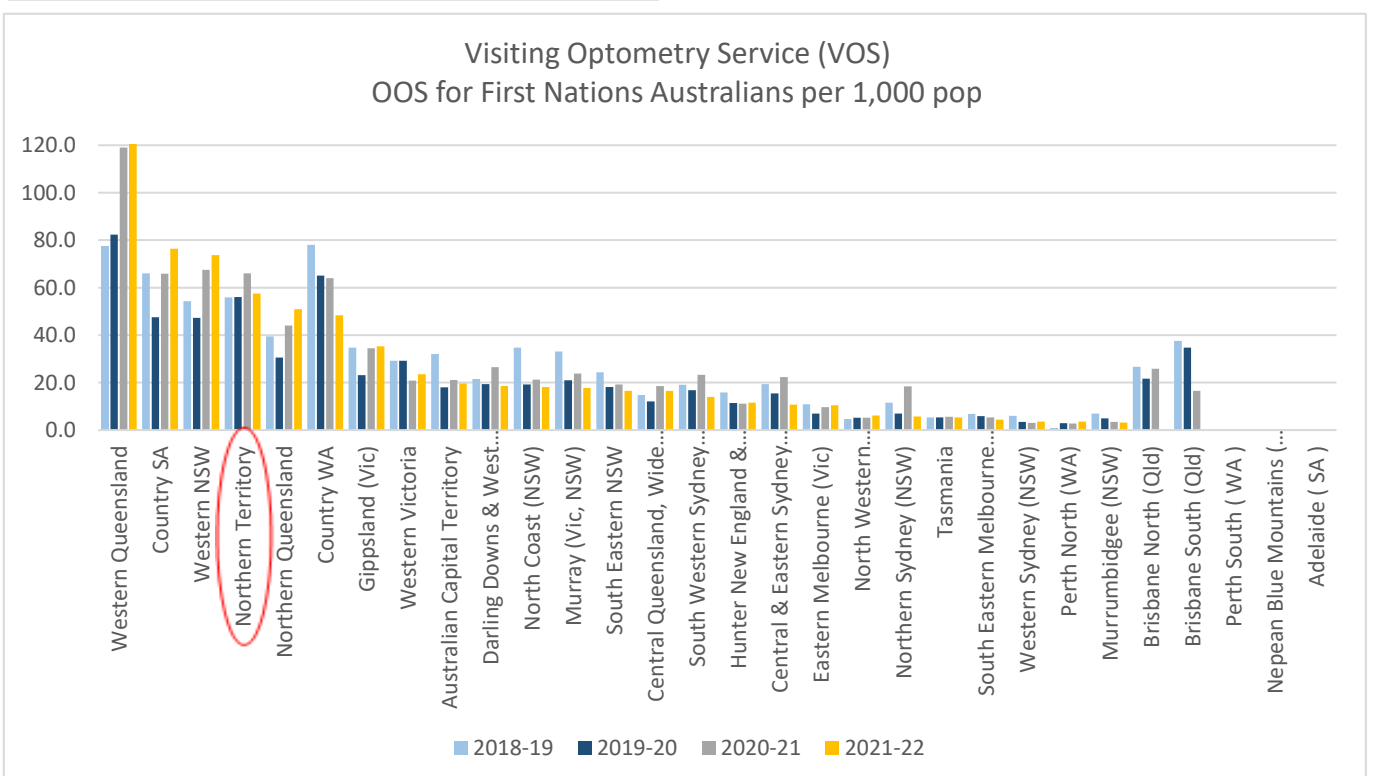
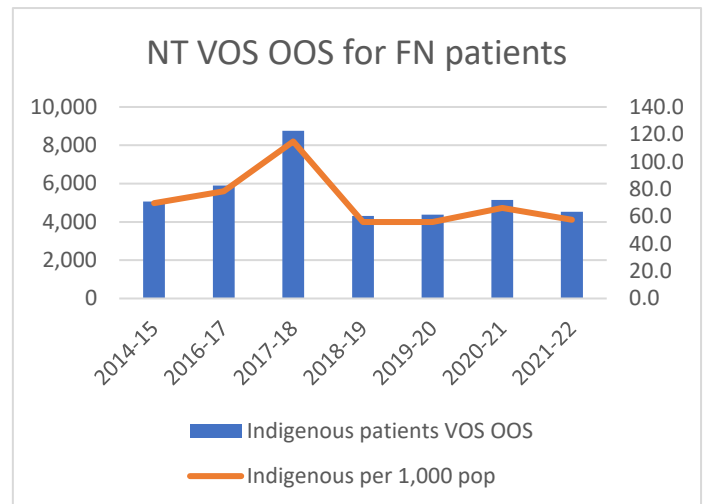
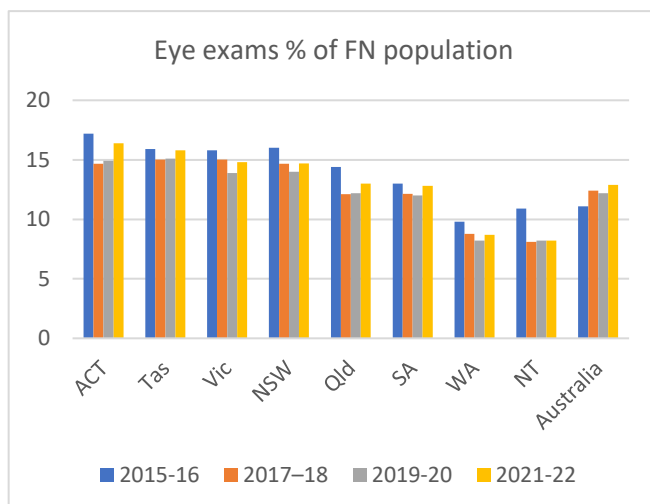
Eye screening for patients with diabetes



- Annual screening for diabetic retinopathy (DR) is recommended for First Nations patients with diabetes.
- Most ACCHOs are equipped with retinal cameras, and an MBS item is available for DR screening in primary care (MBS 12325 for First Nations patients / 12326 for non-First Nations patients). The item requires signoff but the screening can be performed by AHW/P.
- NT has recorded 101 MBS 12325 claims in 2022-23, similar to the previous year (102). The peak was 239 in 2020/21.

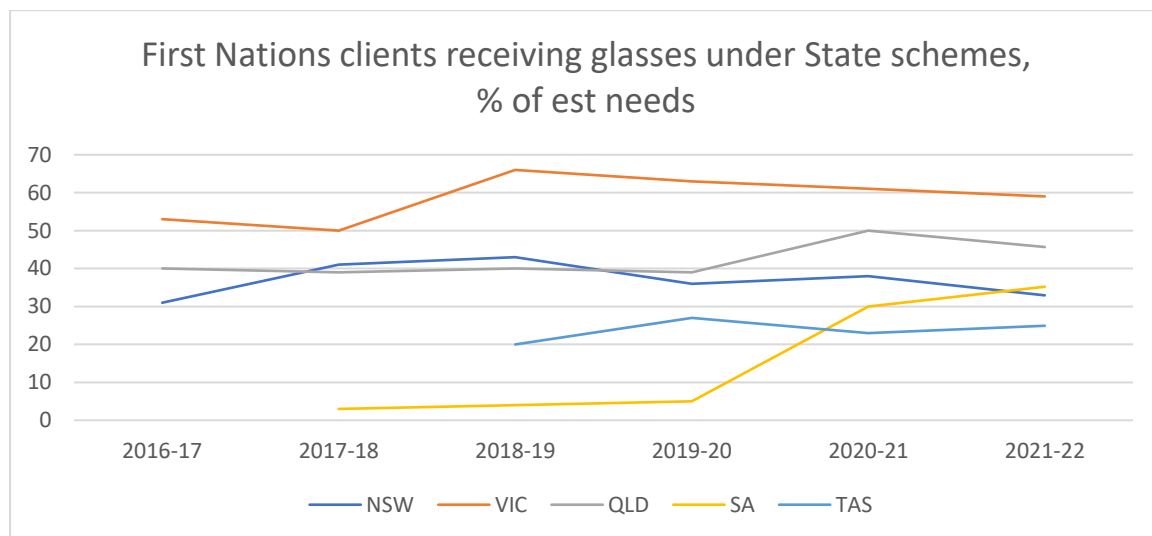
- This is not a direct indication of screening rates as we anecdotally know that too often retinal screenings are conducted without generating income to the ACCHO for various reasons.
- AIHW reports that in 2021/22, 559 First Nations patients in NT who had a diabetes monitoring check also had an eye exam during the same year (almost halved from 1,048 in 2019-20). This represents 33.2% of patients who had diabetes checks (up from 28.7% in 2019-20).
- IEHU has resources available to support screening, including clinical support cards, and health promotion to encourage annual screening for patients with diabetes (“Check Today, See Tomorrow”)
- **Key message:** we need to keep supporting ACCHOs to use the retinal cameras, while keep maintaining the health promotion messages to encourage annual screening.
- A key sector’s challenge is to secure appropriate resources for ongoing training on existing equipment (retinal cameras).

Eye examinations



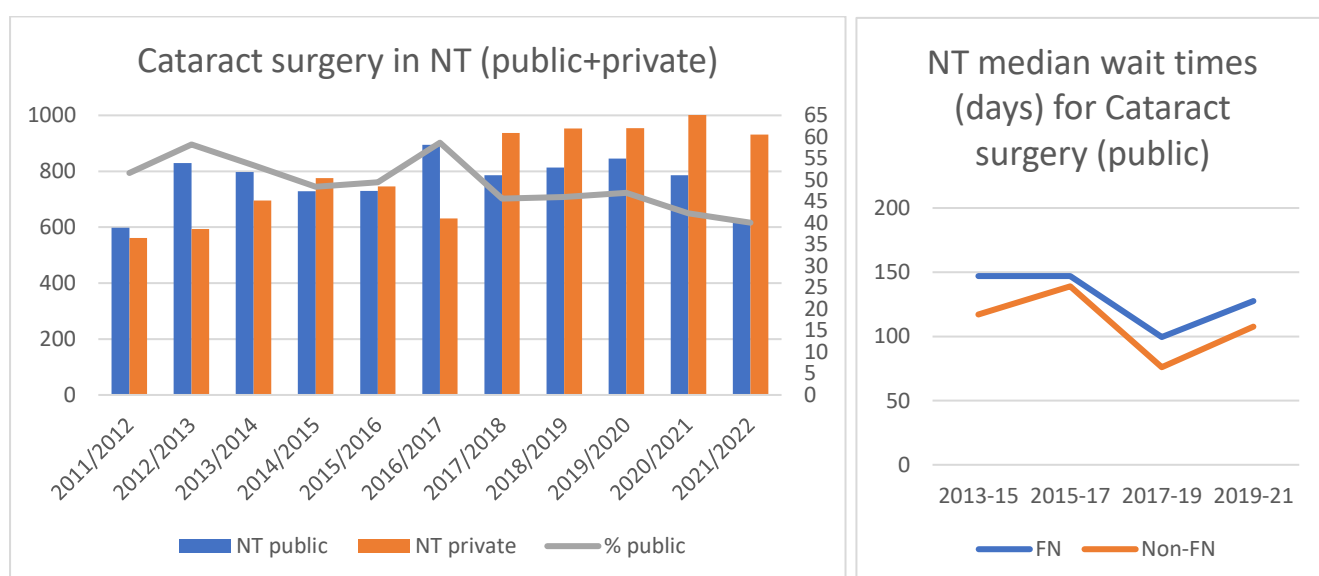
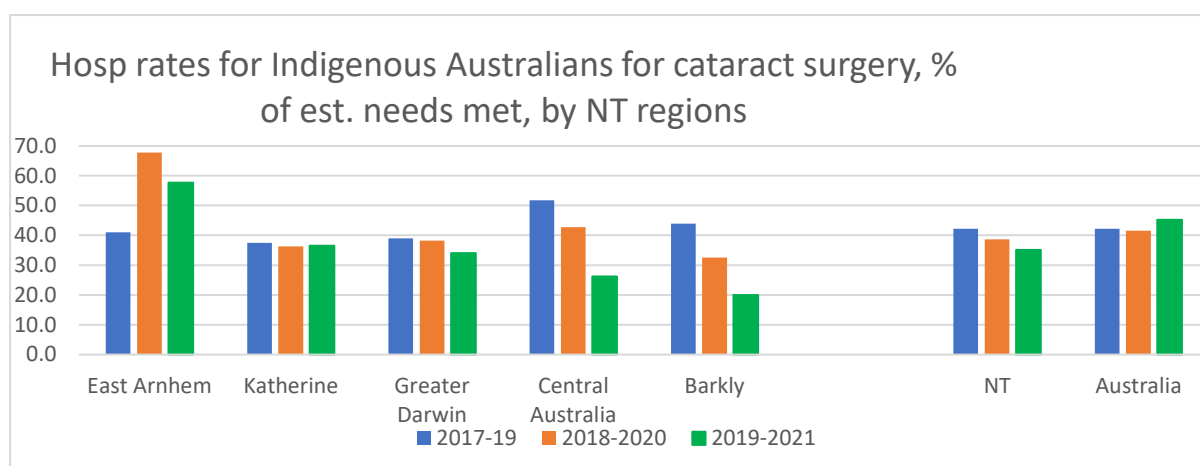
- NT recorded 6,482 eye examinations for First Nations People in 2021/22, about 8.2% of population. This rate is lower than any other jurisdiction in Australia, and significantly lower than the national rate (12.9%).
- AIHW calculates the national age-standardised rate to be 17.7%, still far short of the national non-First Nations eye examinations rate (25.2%).
- Visiting Optometry Service (VOS) rates for First Nations People in NT peaked at 114.8 Occasions of Service (OOS) per 1,000 First Nations population in 2017-18, though most subsequent years recorded only about half that rate. The rate in 2021-22 was 57.6 OOS, still short of both the NT peak and the estimated needs.
- **Key message:** eye examination rates for First Nations People is stagnating, and not meeting population needs. VOS is a key mechanism to support improved access rates to eye exams, but on its own can't close the access gap. We should work with the outreach fundholder to improve VOS rates across the different regions, and work with optometry organisations to encourage improving local access in their area.

Refractive error/ glasses



- Refractive error is the highest cause of treatable vision loss in the community, and can be treated with the provision of glasses following an eye exam.
- The main subsidised glasses scheme in the NT is administered through the NT Concessions Scheme. This is not a First Nations – specific scheme and has restrictive conditions. It doesn't regularly report statistics for provision of glasses to First Nations People, though we know that the scheme has too many barriers to effectively meet First Nations population level need.
- Improving the rate of eye exams for First Nations patients is key to improved uptake of glasses, and consequently a reduction of the burden of refractive error on the community.
- **Key message:** The sector should continue supporting both a needed increase in eye exams and the needed ongoing growth of the existing glasses scheme to ensure population level needs are met.

Cataract surgery



- For the period of 2019-21, est rates of needs met for cataract surgeries for First Nations patients decreased overall in NT, despite an increase nationally.
- East Arnhem recorded the highest rate of est needs met for cataract surgery in this period (57.7%). Central Australia and Barkly had lower rates than other NT regions.
- In recent years, the rate of cataract surgeries performed in public settings reduced consistently, from a peak of 58.7% in 2016/17 to a low of just 40.1% in 2021/22.
- There also remains a waiting time equity gap between First Nations and non- First Nations patients for cataract surgery in public hospitals in the NT.
- At the same time, a reduction in the rate of cataract surgeries performed in public is likely to impact First Nations patients disproportionately. First Nations patients across Australia rely on the public system for cataract at more than twice higher rate (65%), emphasising the access difficulty to private ophthalmology and the need to maintain appropriate and equitable access through the public system.
- Outreach ophthalmology is funded through the Medical Outreach – Indigenous Chronic Disease (MOICDP) and Eye and Ear Surgical Support (EESSP) Programs. Some limited funding is still available through the Rural Health Outreach Fund (RHOF).

- NT recorded 359 MOICDP Occasions of Service for First Nations patients in 2021/22) – notably up from 252 the previous year. This represents a rate of 45.7 per 10,000 population (for comparison – highest rate: WA – 315 per 10,000 population).
- In addition to MOICDP, NT recorded 243 RHOF OOS (highest: NSW, 684). No EESS was recorded in NT for this period (highest: WA, 246).
- **Key message:** current cataract surgery access rates for First Nations People in NT are declining. The shift of practice away from public to private is a significant challenge to address current gap.
- Combined sector advocacy is required for more equitable and timely access to cataract surgery for First Nations People in NT.

Diabetic retinopathy treatment

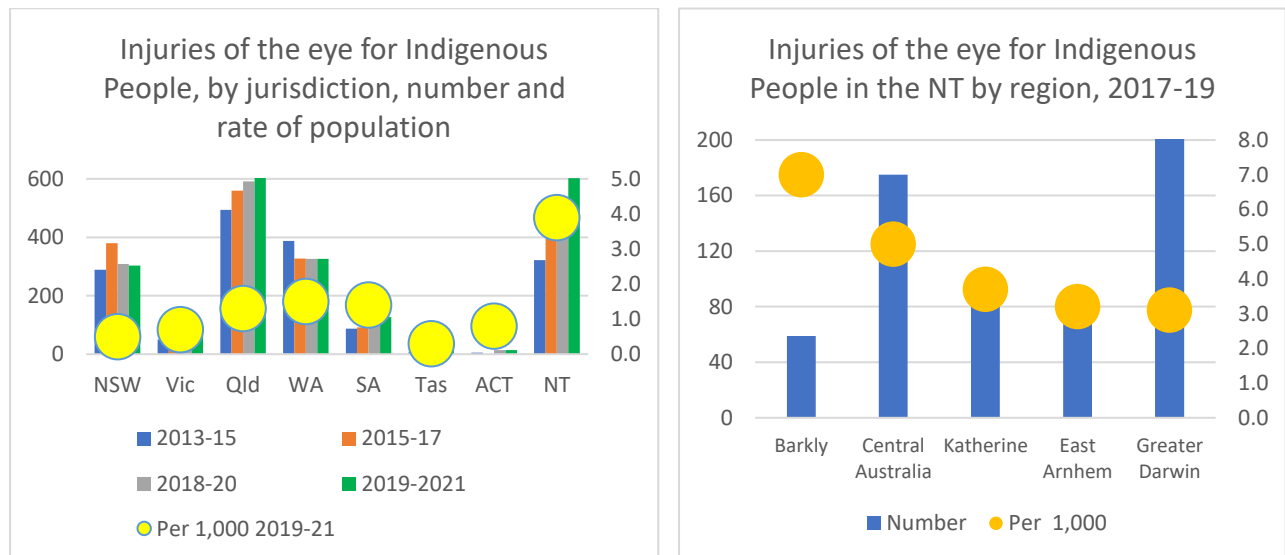
- There are two main modules of DR treatment: Laser photocoagulation (laser) and intravitreal injections (IVI). Laser commonly includes consultation, examination, two treatment sessions, and follow up. IVI treatment includes injections at regular intervals, commonly 6 weeks. Treatment period is reviewed after a year and based on progress, but many patients require ongoing treatment for years.
- AIHW estimates 4 First Nations patients accessed DR treatment via private providers in NT in 2021-22. Public hospital data is not available. This is likely to be significantly lower than population-based need (estimated 881 for 2022).
- Cost of IVI treatment: OOP for patient varies as some elements are not able to be bulk-billed, and we estimate common cost should be max to \$723 per eye, per year.
- However, according to DoH Medical Costs Finder, median cost in Australia is \$219 per treatment, which translates to about \$1,750 per eye per year.
- IEHU developed an information sheet that details the current cost elements of diabetic retinopathy treatment in private settings. However, to end avoidable vision loss from DR, access to treatment should be free.
- **Key message:** current access for DR treatment for First Nations patients in VIC is likely lower than the population-based need. We need stronger commitment for no-cost access in private for treatment, and ensure access to treatment via public hospitals remain viable and appropriate.

Workforce

- Optometry: NT recorded 31 optometrists in 2021, an estimated 13.3 FTE per 100,000 population, lower than any other State or Territory in Australia.
- Ophthalmology: Similarly, NT recorded lower rate of ophthalmologists than any other State in 2020. NT recorded 7 registered ophthalmologists in 2021. Rate per 100,000 population is too small to be publishable by AIHW.
- Aboriginal Health Practitioner workforce: NT in the past led Australia with training and integration of Aboriginal Health Practitioners (AHP) into the health workforce. Over the past decade, while other jurisdictions steadily increased their number of registered AHP, NT numbers stagnated and fell. At the end of Q1 2023 there were 194 registered AHP in the NT, the lowest number in a decade, compared with a peak of 221 in 2013. At the same time period, the overall number of registered AHP in Australia grew from 288 to 852

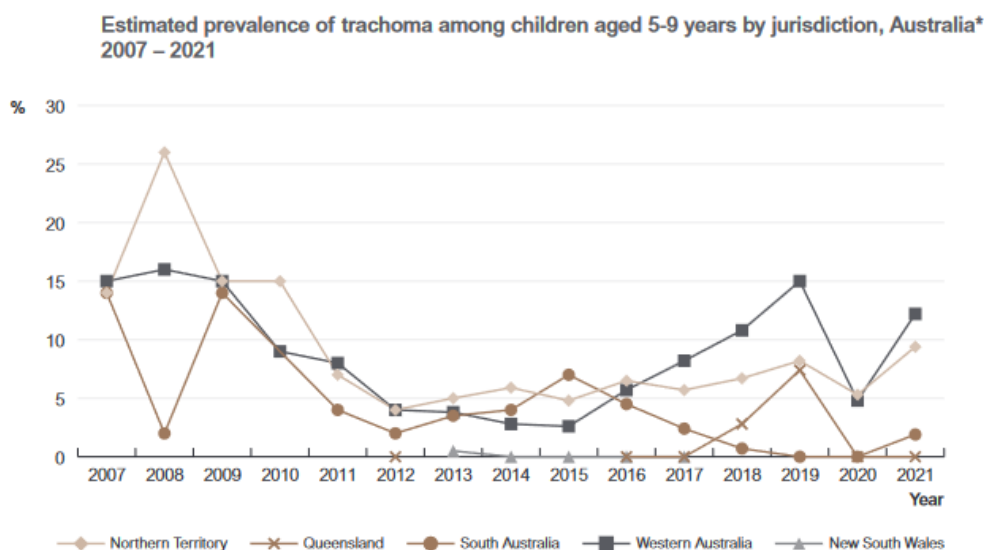
- **Key message:** Optometry and ophthalmology workforce in NT are not equitable with the rest of Australia. Ensuring appropriate workforce levels is key in delivering better eye health outcomes. At the same time, strengthening the primary care workforce and ensuring appropriate numbers are trained is an ongoing challenge. Equity in access requires appropriate workforce levels across the different regions.

Injuries of the Eye



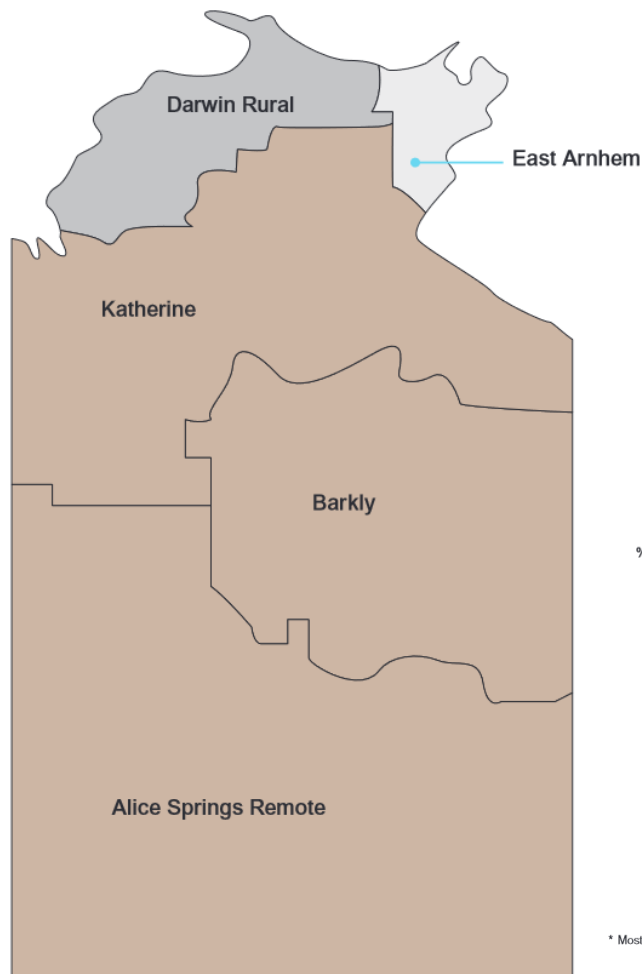
- NT consistently records the highest rates of eye injuries for First Nations Australians. For the period of 2019-21, the NT recorded a hospitalisation rate for eye injuries for Indigenous People of 3.9/1,000 population, more than double the rate of the next jurisdiction.
- This is a higher rate than any other State or Territory in Australia. In the NT, non-Indigenous population eye injury rate just one-fifth of the Indigenous rate.
- Barkly and Central Australia regions recorded the highest rate of eye injuries for Indigenous People in the NT.

Trachoma

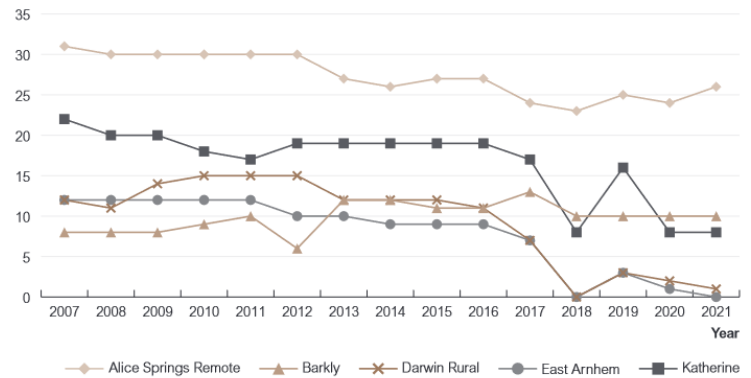


* Most recent estimates carried forward in at-risk communities that did not screen in 2021.

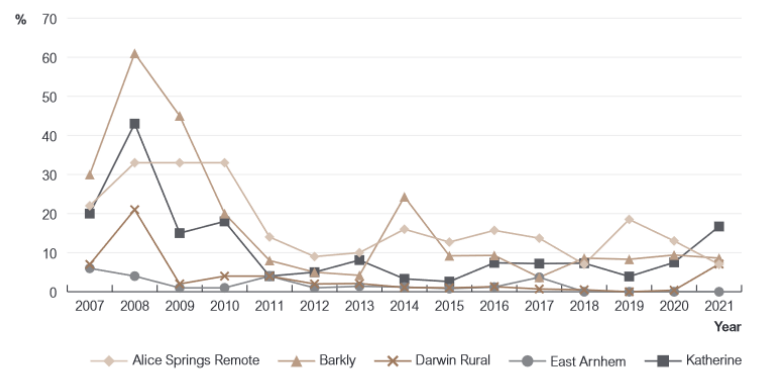
Overall trachoma prevalence in children aged 5-9 years in all at-risk communities by region, Northern Territory 2021



Number of at-risk communities by region, Northern Territory 2007 – 2021



Estimated prevalence of trachoma among children aged 5-9 years in all at-risk communities* by region, Northern Territory 2007 – 2021



* Most recent estimates carried forward in at-risk communities that did not screen in 2021.

- Trachoma is still endemic in the NT, with rates between 5-10% in children 5-9 years old recorded in Central Australia remote communities, Barkly, and Katherine.
- Screening rates were impacted by COVID-19, down to 880 in 2021 from a peak of 2,049 in 2019.
- Screening coverage however remains high (90%).
- 628 First Nations People in NT received treatment for trachoma in 2021.
- **Key message:** Trachoma elimination and monitoring work remains key in the NT. A required push on environmental health is strongly needed to support long-term elimination.

Data sources

1. Australian Institute of Health and Welfare. 2023. Eye Health Measures for Aboriginal and Torres Strait Islander People 2022-2023. Latest report available from: <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-eye-health-measures-2023>
2. Australian Institute of Health and Welfare. 2016-2021. Indigenous Eye Health Measures. Latest report available from: <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-eye-health-measures-2021/contents/about>
3. Australian Bureau of Statistics. 2019a. Estimates and Projections, Aboriginal and Torres Strait Islander Australians. Available from: <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-and-projections-aboriginal-and-torres-strait-islander-australians/latest-release>
4. Indigenous Eye Health Unit, The University of Melbourne. Calculator for the delivery and coordination of eye care services. Available from: <https://dr-grading.iehu.unimelb.edu.au/ecwc/>
5. Australian Bureau of Statistics. 2022. Estimates of Aboriginal and Torres Strait Islander Australians. Available from: <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/latest-release>
6. Australian Institute of Health and Welfare. 2022a. Elective Surgery. Available from: <https://www.aihw.gov.au/reports-data/myhospitals/sectors/elective-surgery>
7. Services Australia. 2022. Medicare Statistics. Available from: <http://medicarestatistics.humanservices.gov.au/>
8. Kirby Institute. 2023. Australian Trachoma Surveillance Report 2021. Available from: [https://kirby.unsw.edu.au/sites/default/files/kirby/report/TRACHOMA_2021\[1\].pdf](https://kirby.unsw.edu.au/sites/default/files/kirby/report/TRACHOMA_2021[1].pdf)