

2012 Annual Update on the Implementation of The Roadmap to Close the Gap for Vision



The Roadmap and this report was endorsed by these organisations

Vision loss is 11% of the Indigenous health gap.

The \$70m Roadmap to eliminate vision loss
would be only 4%
of the \$1.6bn allocated in 2009-2013
to Close the Gap.



The Roadmap is an interlocked set of recommendations to improve access to and utilisation of comprehensive eye care. It was launched by Hon Minister Warren Snowdon MP and Justin Mohamed in February 2012

Domain	Recommendation	Outcome	Current Action		
1 Primary Eye Care as part of Comprehensive Primary Health Care	1.1 Enhancing eye health capacity in primary health services	Education programs developed and implemented for practitioners and health workers	Two RHEF programs and DVD	NACCHO/RACGP preventative health guidelines	Web-based module to be developed
	1.2 Health assessment items include eye health	Medicare and computer software includes eye health assessment	Included in NACCHO/RACGP and CARPA/CRANA guidelines	Proposed inclusion is required Adult Health Checks and computer purchases	
	1.3 Diabetic Retinopathy detection	Medicare item for retinal photography	More demonstration projects underway	MSAC application still pending	
	1.4 Eye health inclusion in clinical software	Computer software includes eye health	Computer patient software being developed	Audits being developed	
2 Indigenous access to eye health services	2.1 Aboriginal Health Services and eye health	Specialist eye care delivered through AHS	FHF/Oxfam DVD 2012	Pilot project suggested for optometry. NSW trial	
	2.2 Cultural safety in mainstream services	Clinics and hospitals considered culturally safe	Programs available in most states		
	2.3 Low cost spectacles	Nationally consistent scheme for Indigenous Australians	VCRC/OAA national review. NT program re-contracted	VIC good review – 2013 funding uncertain	NSW funding temporarily stopped in 2012
	2.4 Hospital surgery prioritization	Indigeneity prioritized for cataract surgery	NSW review in Western Region	NT discussion about Katherine	
3 Co-ordination – case management	3.1 Local Eye Care Co-ordination	Regional coordination arranged through Medicare Locals	DoHA case study on Indigenous eye health	NSW planning in Western Region, VIC, NT in 3 regions	
	3.2 Clear pathways of care	Local referral pathways and service directories established	DoHA assessing ways to improve co-ordination		
	3.3 Workforce identification and roles	Local personnel identified to support patient journey	Initial steps to assess NSW, NT, VIC		
	3.4 Eye care support workforce	Sufficient personnel engaged in eye care needs	NT community workers trial		
	3.5 Case co-ordination	Case management for patients with diabetes or requiring surgery	DoHA assessing role of Chronic Disease co-ordinators		
	3.6 Partnership and agreements	Local and regional agreements established			
4 Eye health workforce	4.1 Provide eye health workforce to meet population needs	Population-based needs determine eye health workforce across Australia			
	4.2 Improve contracting and management of visiting services	VOS and MSOAP work effectively and properly coordinated	MSOAP and VOS review released	Linkage between MSOAP and VOS with ML and LHN	
	4.3 Appropriate resources for eye care in rural and remote areas	Services are adequate to meet eye care needs	Eye care skills set and regional planning being developed		
	4.4 Increase utilization of services in urban areas	VOS supports AHS eye care in both regional and urban areas			
	4.5 Billing for visiting MSOAP supported services	MSOAP services are bulk-billed			
	4.6 Rural education and training of eye health workforce	Training opportunities are included and funded for optometry and ophthalmology	NSW western region trial		
5 Elimination of Trachoma	5.1 Definition of areas of risk	Areas with trachoma are defined across Australia	SA completed mapping	QLD partially done	NSW yet to commence
	5.2 Effective interventions	SAFE strategy is implemented	Good progress in NT and WA	SA initiated program	National guidelines being revised
	5.3 Surveillance and evaluation	Ensure continuance of NTSRU	NTSRU report 2010 published	NTSRU report 2011 prepared	
	5.4 Certification of elimination	Australia eliminates trachoma			
6 Monitoring and Evaluation	6.1 Managing local eye service performance	Performance is assessed against need-based targets			
	6.2 State and National performances	State and national data are analysed and reported	Indicators endorsed by stakeholders	Inclusion of regional data in NHPA reports	
	6.3 Collating existing eye data sources	Existing data sources are used to review service needs and performance	Discussions with DoHA and AIHW		
	6.4 National benchmarks	National benchmarks and guidelines are established and used	Eye Health Measure in ATSI Health Performance Framework 2012	Indicators endorsed by stakeholders	Include eye health in NHPA and other frameworks
	6.5 Quality assurance	High quality service is achieved	CQI tool being developed		
	6.6 Primary health service self audit in eye health	Services can easily determine needs and performance	Audit tool being developed		
	6.7 Program evaluation	Implementation of Roadmap is evaluated	This annual report prepared		
7 Governance	7.1 Community engagement	Local communities use and champion eye care services	Multiple local services encouraging eye care		
	7.2 Local Hospital Networks and Medicare Locals	Indigenous eye health is coordinated at the regional level	Roadmap available as resource		
	7.3 State/ Territory management	State/territory Indigenous eye health committees operate effectively	VIC VACKH committee operating with state purview	NT plans for 3 regions developed	
	7.4 National oversight	National Indigenous eye health oversight body reports to AHMAC	Informal National group, NACCHO, OAA, RANZCO, Vision 2020 Australia, Uni. Melbourne		
	7.5 Program interdependence	Roadmap is effectively delivered across Australia	Vision 2020 Australia advocating for full implementation of the Roadmap		
8 Health promotion and awareness	8.1 Eye health promotion	Community and staff recognize the need for eye care	FHF/Oxfam/NACCHO/VACCHO digital stories	Material developed by AHS and NGO	
	8.2 Social marketing eye care services	Community and staff know about local services	Trachoma social marketing		
9 Health financing	9.1 Current spending on Indigenous eye health				
	9.2 Current spending on trachoma	Funding continues until trachoma is eliminated	Verbal assurances for funding after 2012/2013		
	9.3 Full additional annual capped funding required	Adequate capped funding provided (est. \$19.5m pa)			
	9.4 Cost to Close the Gap for Vision funded for 5 years	Additional funding continues until the gap for vision is closed			

Action completed Action initiated No action to date

AHMAC Australian Health Ministers’ Advisory Council; **AHS** Aboriginal Health Service; **AIHW** Australian Institute of Health and Welfare; **ATSI** Aboriginal and Torres Strait Islander; **CQI** Continuous Quality Improvement; **DoHA** Department of Health and Ageing; **FHF** Fred Hollows Foundation; **LHN** Local Hospital Network; **ML** Medicare Local; **MSAC** Medical Services Advisory Committee; **MSOAP** Medical Specialist Outreach Assistance Program; **NACCHO** National Aboriginal Community Controlled Health Organisation; **NGO** non-government organisation; **NHPA** National Health Performance Authority; **NTSRU** National Trachoma Surveillance Reporting Unit; **OAA** Optometrists Association Australia; **RACGP** Royal Australian College of General Practitioners; **RANZCO** Royal Australian and New Zealand College of Ophthalmologists; **RHEF** Rural Health Education Foundation; **SAFE** Surgery, Antibiotics, Facial cleanliness, Environmental improvements; **VACCHO** Victorian Aboriginal Community Controlled Health Organisation; **VACKH** Victorian Advisory Council on Koori Health; **VCRC** Vision Cooperative Research Centre; **VOS** Visiting Optometrists Scheme.
This update reports on the current progress in implementing The Roadmap to Close the Gap for Vision. It reflects sector wide activity from multiple organisations and Governments. Input from FHF, VCRC and DoHA is acknowledged.

National Indigenous Eye Health Survey

The 2008 survey showed:

Vision Loss in Indigenous Adults

Blindness is 6 times more common

Low vision is nearly 3 times more common

Main causes of Blindness are

32% Cataract

14% Refractive Error and Optic Atrophy

9% Trachoma

9% Diabetic Eye Disease

Overall 94% of Indigenous vision impairment is avoidable.
But 35% of adults have never had an eye exam!

Vision Loss - Everyone's Responsibility

Vision loss is common

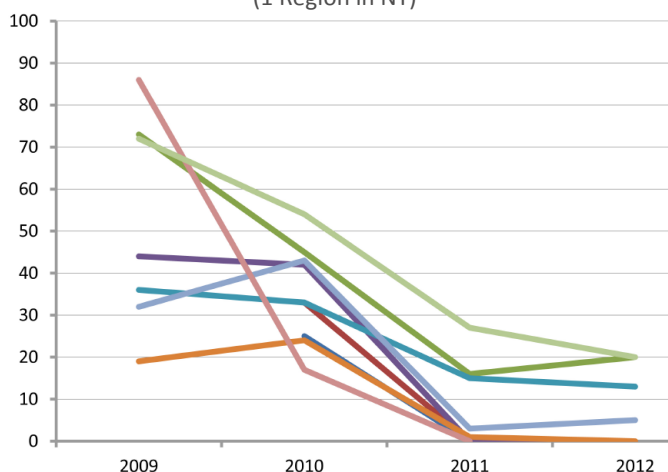
Vision loss has a big impact

Vision loss is discrete and fixable

Vision care can provide a template for linking
other specialist services

Prevalence of Active Trachoma

(1 Region in NT)



When things are done properly, they work

The Roadmap to Close the Gap for Vision

With only a doubling of capped funding efficiency and services will increase greatly :

- Cataract 7 times
- Diabetes 5 times
- Glasses 2.5 times

and therefore Close the Gap for Vision.

The challenge now is to have it implemented.

Steps for Regional Implementation

- 1 Define region and population size
- 2 Determine regional service needs
- 3 Identify regional hub hospital (service facilities)
- 4 Determine current services (local and visiting)
- 5 Gap analysis for service requirements
- 6 Establish regional collaboration network
- 7 Develop regional service directory and referral protocols
- 8 Identify co-ordination and case management staff and allocate roles
- 9 Establish regional data collection and monitoring system
- 10 Regional accountability and oversight

Steps for National Implementation

- 1 National oversight and accountability reporting to AHMAC
- 2 Establish benchmarks and nationally consistent reporting
- 3 Empower and support eye care in Medicare Locals
- 4 Establish clinical pathways and standards of care
- 5 Reform MSOAP and VOS planning and co-ordination
- 6 Support jurisdictional activity

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