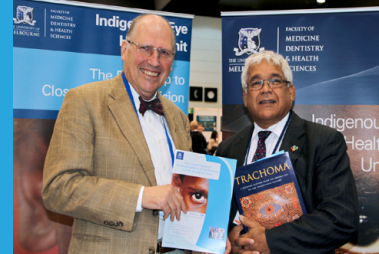


The Roadmap is an interlocked set of recommendations to improve access to and utilisation of comprehensive eye care. It was launched by Hon Minister Warren Snowdon MP and Justin Mohamed (Chair NACCHO) in February 2012



The first Annual Update on the Implementation of The Roadmap to Close the Gap for Vision was released by Mick Gooda (Aboriginal and Torres Strait Islander Social Justice Commissioner) in November 2012



2013 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.

Implementation of the Roadmap would cost only \$70m

November 2013

National Indigenous Eye Health Survey 2008

Vision loss in Indigenous adults

- Blindness is 6 times more common
- Low vision is nearly 3 times more common

The main causes of blindness are

- Cataract
- Refractive Error
- Diabetic Eye Disease
- Trachoma

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

Steps for Regional Implementation

- 1 Define region and population and identify regional hub
- 2 Gap and needs analysis for service requirements
- 3 Establish regional collaboration network
- 4 Develop regional service directory and referral protocols
- 5 Identify co-ordination and case management staff roles
- 6 Establish regional data collection and monitoring system
- 7 Ensure regional accountability and oversight

Steps for National Implementation

- 1 National oversight and accountability function
- 2 Adopt national benchmarks including pathways and standards
- 3 Empower and support eye care in Medicare Locals
- 4 Support jurisdictional activity
- 5 Allocate funding for co-ordination and programs

If things aren't counted, they aren't done

The Roadmap to Close the Gap for Vision

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

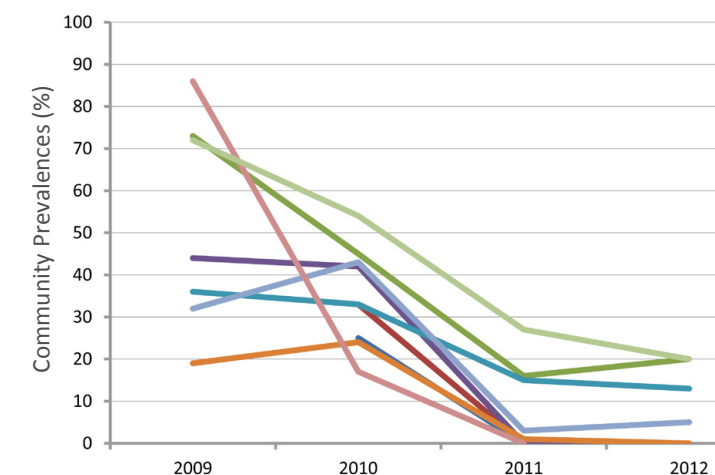
- Cataract 7 times
- Diabetes 5 times
- Glasses 2.5 times

What is required is a comprehensive commitment to Close the Gap for Vision

When things are done properly, they work

Prevalence of Active Trachoma

(Selected communities in one region in NT)



Overall trachoma prevalence reduced from 14% in 2009 to 4% in 2012

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Domain	Recommendation	Outcome	Current Action			
1 Primary Eye Care as part of Comprehensive Primary Health Care	1.1 Enhancing eye health capacity in primary heath services	Education programs implemented for practitioners and health workers	Two Rural Health Education Foundation programs; NACCHO/RACGP guidelines	AHW and primary care eye health training developed by VCRC		RAHC eye health modules being developed
	1.2 Health assessment items include eye health	Eye health assessment included in Medicare items	Eye checks mandatory in MBS Item 715; and in PIP	RACGP/NACCHO training		
	1.3 Diabetic Retinopathy detection	Medicare item for retinal photography	More demonstration projects underway	MSAC application currently being processed		Online diabetic retinopathy grading developed
	1.4 Eye health inclusion in clinical software	Computer software includes eye health	Software roundtable June 2013	Clinical and audit software being developed with sector agreement		
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	RHOF/VOS encouraging eye care within AHS		
	2.2 Cultural safety in mainstream services	Clinics and hospitals considered culturally safe	Programs available in most states and Medicare Locals	Cultural competency training required within RHOF and VOS		
	2.3 Low cost spectacles	Nationally consistent scheme for Indigenous Australians	Nationally consistent subsidised spectacle scheme criteria developed and sector agreed	Sector to lead advocacy; NSW funding uncertain; services restructured in NT		
	2.4 Hospital surgery prioritisation	Indigeneity prioritised for cataract surgery	Surgical blitzes still used to reduce backlogs NT, NSW	Sustainable solutions being discussed in jurisdictions		
3 Co-ordination - Case Management	3.1 Local eye care co-ordination	Regional co-ordination arranged to include Medicare Locals and other stakeholders	Indigenous eye health used as a case study for the DoH Medicare Local Collaborative Framework	NSW 1, VIC 3, NT 3, QLD 1, WA 1 regions		
	3.2 Clear pathways of care	Referral pathways and service directories established	Recommended by DoH for Medicare Locals	Regional co-ordination being discussed in regions		
	3.3 Workforce identification and roles	Personnel identified to support patient journey	Calculation of regional workforce needs	Initial assessment in NSW, NT, VIC, WA regions		
	3.4 Eye care support workforce	Sufficient personnel engaged in eye care needs	Included in regional mapping and gap analysis			
	3.5 Case co-ordination	Case management for those with diabetes or needing surgery	DoH assessing role of chronic disease co-ordinators			
	3.6 Partnership and agreements	Local and regional agreements established	Some agreements established in NT, NSW, VIC regions			
4 Eye Health Workforce	4.1 Provide eye health workforce to meet population needs	Population-based needs determine eye health workforce	Estimations for jurisdictions and selected regions available	Additional support staff employed through NGO; IUIH developing regional plan		New fund holder arrangements to better support planning and co-ordination
	4.2 Improve contracting and management of visiting services	VOS and MSOAP work effectively and properly co-ordinated	MSOAP and VOS review released	Linkages between RHOF/MOICDP and RHOF/VOS with ML and LHN		
	4.3 Appropriate resources for eye care in rural and remote	Services are adequate to meet eye care needs	Eye care skills and regional planning being developed			
	4.4 Increase utilisation of services in urban areas	VOS supports AHS eye care in both regional and urban areas	USOAP includes some allied health	Urban VOS proposed		
	4.5 Billing for visiting MSOAP supported services	MSOAP services are bulk-billed	DoH considering appropriate strategy			
	4.6 Rural education and training of eye health workforce	Training opportunities funded for optometry and ophthalmology	WA specialist training grant	Bids to support students have been made		
5 Elimination of Trachoma	5.1 Definition of areas of risk	Areas with trachoma are defined across Australia	NT, WA, SA and NSW completed mapping	QLD to be resolved		
	5.2 Effective interventions	SAFE strategy is implemented	National prevalence dropped to 4% in 2012; National guidelines revised; MBS Item 715 includes eye exams	More support sought for health promotion and social marketing		
	5.3 Surveillance and evaluation	Ensure continuance of NTSRU	2012 NTSRU report published	Queen Elizabeth Diamond Jubilee Trust call for national alliance and targets		
	5.4 Certification of elimination	Australia eliminates trachoma	Australian Government commitment made to eliminate trachoma	25% of at risk communities exceed threshold		
6 Monitoring and Evaluation	6.1 Managing local eye service performance	Performance is assessed against need-based targets	Regional planning, data and monitoring tools and service targets being developed			
	6.2 State and National performances	State and national data are analysed and reported	Indicators endorsed by eye sector stakeholders	Indicators to be included in National Avoidable Blindness Framework Implementation Plan		
	6.3 Collating existing eye data sources	Existing data sources are used to review service needs and performance	Discussions with DoH and other agencies			
	6.4 National benchmarks	National benchmarks and guidelines are established and used	Eye Health Measure in Aboriginal and Torres Strait Islander Health Performance Framework 2012	Discussions to include eye health in NHPA and World Health Organization reporting		
	6.5 Quality assurance	High quality service is achieved	Quality tool being developed by VCRC			
	6.6 Primary health service self audit in eye health	Services can easily determine needs and performance	Audit tool being developed by VCRC			
	6.7 Program evaluation	Implementation of Roadmap is evaluated	Annual progress report 2013 published			
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 co-ordinated at the regional level	Indigenous eye health being discussed for regional plans	LHN and ML co-ordination framework includes Indigenous eye health as a priority		
	7.3 State/ Territory management	State/Territory Indigenous eye health committees operate effectively	Included in Koolin Balit plan in Victoria	High level discussions in other jurisdictions		
	7.4 National oversight	National Indigenous eye health oversight function developed	Need for national oversight function agreed	Interim oversight function by NGO stakeholders		
	7.5 Program interdependence	Roadmap is effectively delivered across Australia	Full sector support and advocacy for implementation of the Roadmap	DoH funding to IEHU for Roadmap facilitation		
8 Health Promotion and Awareness	8.1 Eye health promotion	Community and staff recognise the need for eye care	Material developed by AHS and NGO	National health promotion strategy being developed		
	8.2 Social marketing eye care services	Community and staff know about local services	Trachoma social marketing and integration of health messages	Trachoma Story Kits funded and distributed by DoH		
9 Health Financing	9.1 Current spending on Indigenous eye health	Current services are maintained	Current spending maintained			
	9.2 Current spending on trachoma	Funding continues until trachoma is eliminated	Funding to continue 2013-2017			
	9.3 Full additional annual capped funding required	Adequate capped funding provided (est. \$19.5m pa)	Pre-election funding bids			
	9.4 Cost to Close the Gap for Vision funded for 5 years	Additional funding continues until the gap for vision is closed				