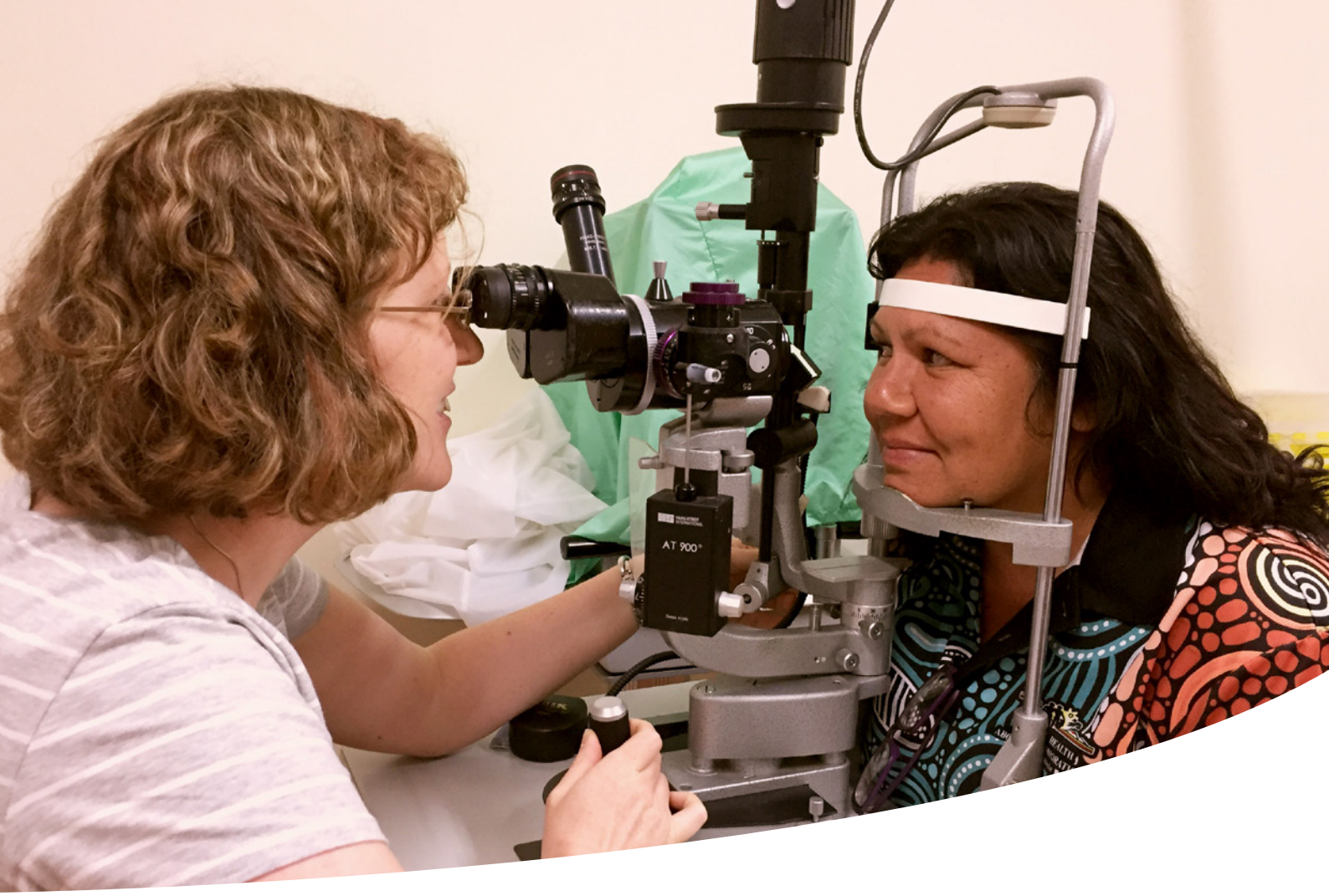

Better access to critical eye care

Optometry Australia submission to the Federal Budget 2021 – 2022

Optometry Australia is the national peak professional body for optometry, representing almost 85 per cent of optometrists registered to practice in Australia. Since 1918 we have united and led the sector to make Australia a world leader in vision and eye health services and patient care.

All Australians deserve the best in primary eye health and vision care. Our members play a crucial role in providing this care and in reducing the heavy social and economic cost of avoidable blindness and vision loss.

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Overview

Optometry Australia welcomes the opportunity to detail cost-effective measures to improve access to critical eye care across Australia and to ensure the sustainability of Australia's primary eye care system.

As the principal providers of primary eye health and vision care, optometrists play a key role in preventative care, early detection and treatment of eye and vision problems. Access to quality optometric care is a key component of an effective, efficient and sustainable eye care system and is an essential element in reducing the significant social and economic costs associated with preventable blindness and vision loss.

The combination of over 12 million Australians reporting a long term eye-condition, an ageing population and increasing prevalence of chronic disease mean the need for timely and affordable access to primary eye care is vital for all Australian communities. The National Eye Health Survey 2016, the first nationwide Australian population-based survey, identified unmet need for eye care services in Australia; more than 450,000 Australians were living with uncorrected vision impairment or blindness.

Further, as a relatively large, geographically diverse and highly skilled workforce, there is opportunity to utilise optometrists to support better patient access to critical treatments for eye disease, by enabling them to extend the scope of care they can provide under specialist supervision.

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

Recommendation	Cost
Following the completion of the MBS Review, initiate a comprehensive, independent review of optometry MBS fees to ensure sustainability of access to important primary eye care services	
Invest in a pilot project to assess the impact of supporting greater patient access to intravitreal injections in rural and remote areas, by enabling optometrists to administer injections under the remote supervision of an ophthalmologist.	**$260,000 over two years**
Invest in tele-eye care to improve access to timely care from optometrists and ophthalmologists for patients without access to face-to-face care	**$220,000 in 2021-2022 to support a brief tele-optometry MBS item**

Recommendation 1:
Initiate a comprehensive, independent review of optometry MBS fees to ensure sustainability

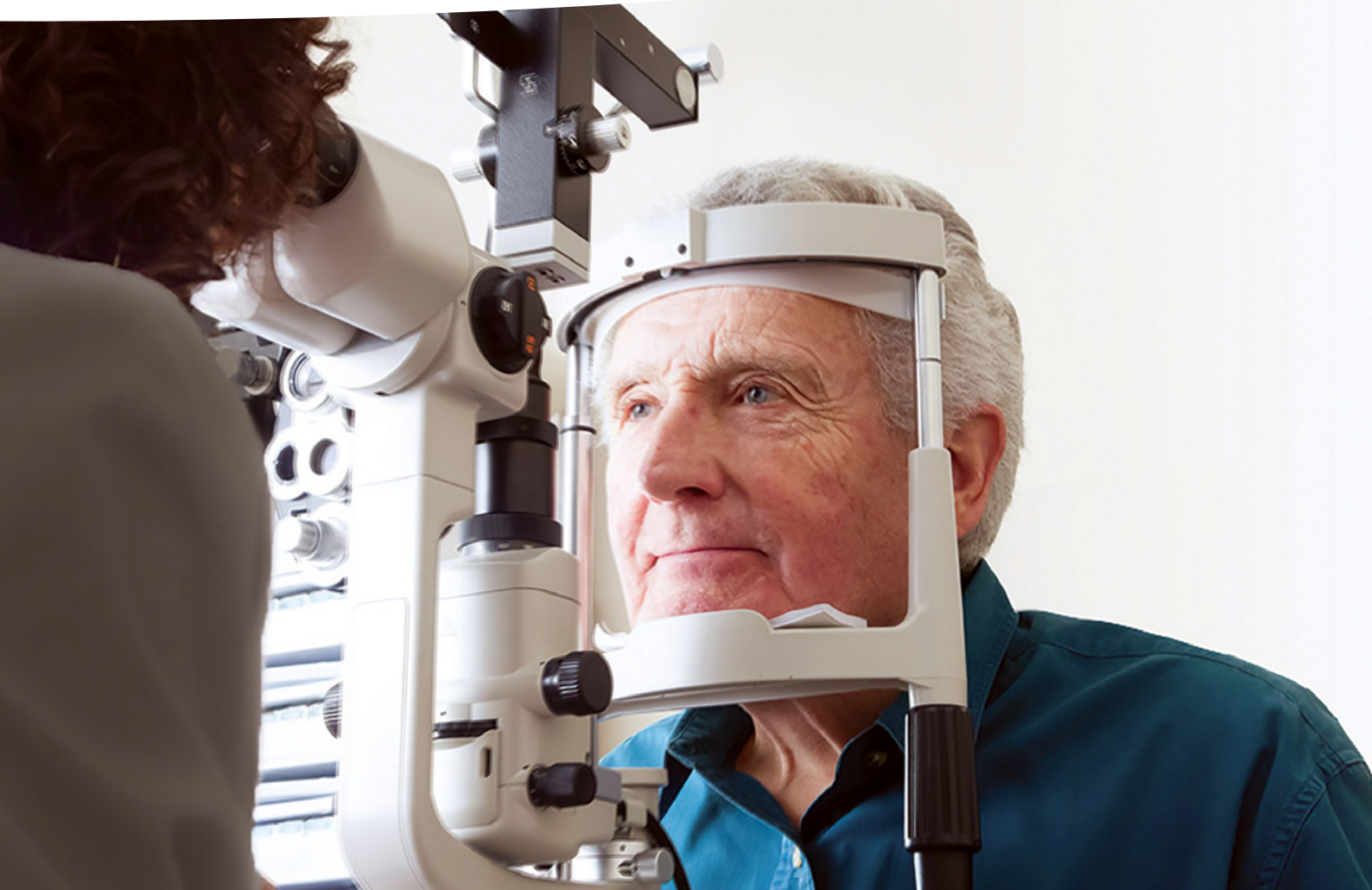
Following the conclusion of the Medicare Benefits Schedule (MBS) Review, Optometry Australia recommends that the Australian Government initiate a comprehensive, independent review of the scheduled fees for optometry items to ensure alignment with the true cost of providing care.

Population eye health in Australia has been supported through subsidised access to primary eye care from optometrists since the introduction of Medicare. However, access is being increasingly threatened by MBS fees that have become increasingly misaligned with the true costs of providing care.

Medicare rebates for optometry services were frozen from November 2012 to December 2014, reduced by 5% in 2015, and then further frozen, prior to the re-introduction of indexation in 2019. Whilst the return to annual indexation is most welcome, over the last decade MBS fees have fallen further and further behind the cost of care. The patient rebate for optometric services is less in actual dollar terms today than it was in 2012. Estimates drawn from comprehensive analysis of practice costs suggest that the actual cost of providing a comprehensive consultation is over $30 more than the Medicare patient rebate. Action is needed to address the discrepancy between the cost of providing quality primary eye care, and the patient rebate.

Optometrists are effectively being left out-of-pocket while providing the high-quality eye care our communities need, unless they are able to pass the cost to patients. In areas where high proportions of the community have low incomes this is often simply not possible. A large and increasing number of optometry practices are reliant on retail revenue from the sale of optical appliances to maintain viable clinical practices. As the provision of clinical services is increasingly cross-subsidised by the sale of optical appliances, there is a real risk that practices will be unable to sustain the current quantum of service provision that is not necessarily associated with a prescription for glasses or contact lenses. This includes services provided in areas of high socio-economic disadvantage where glasses are primarily accessed via subsidy schemes, and services associated with detecting and managing acute and chronic eye conditions.

We call on the Australian Government to undertake a comprehensive, independent review of the scheduled fees for optometry items to ensure alignment with the true cost of providing care.



Recommendation 2:
Piloting intravitreal injection administration by optometrists in rural and remote areas under ophthalmology supervision

Intravitreal injections have revolutionised the management of retinal disease, becoming the standard of care for neovascular age-related macular degeneration (AMD) and diabetic macular oedema (DMO) and providing improved outcomes that have resulted in many being able to avoid vision impairment and maintain their lifestyles and independence.

While intravitreal injections have provided a significant clinical benefit, they have also increased the demand on the health system. There are a number of significant barriers for patients to access care including geographical barriers (provision outside metropolitan centres is limited) and financial barriers (the majority of care is provided in the private system with substantial out-of-pocket expenses for patients). Without timely treatment, people with AMD or DMO lose their vision; the impact of a health care system that is not able to service the population is increased vision impairment and blindness.

With an ageing population the prevalence of chronic eye disease is projected to increase and as a result a substantial increase in patients requiring treatment via intravitreal injection is expected. Whilst treatment with intravitreal injections subsidised by the Medicare Benefits Scheme (MBS) has increased year on year, there is a significant discrepancy between the number of injections required by people diagnosed with AMD or DMO, and the number of injections being provided.

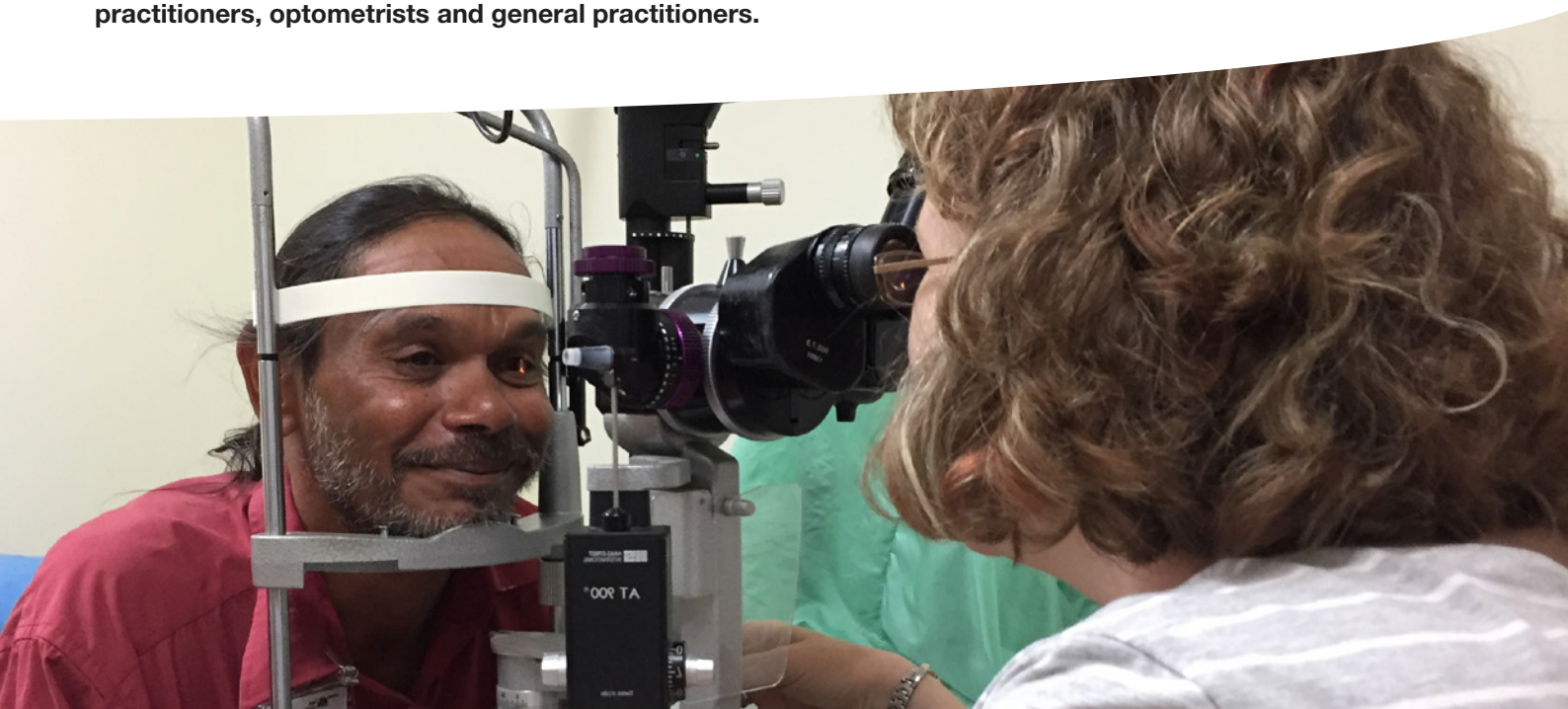
The MBS Review Taskforce has recognised the need for change to better facilitate patient access to sight-saving care. In acknowledgement of the maldistribution of ophthalmologists and the projected undersupply of ophthalmologists through to at least 2030, **they have recommended enabling intravitreal injections to also be provided by appropriately trained nurse practitioners, optometrists and general practitioners.**

This recommendation acknowledges that not all patients require specialist advice and intervention for every episode of care and the skills of all the practitioners in the health system should be used to their full scope. Indeed, there is international evidence demonstrating that non-medical health professionals are able to undertake intravitreal injections safely with high levels of patient satisfaction and increased throughput of retinal clinics.

Optometry Australia believes a model where appropriately trained optometrists administer intravitreal injections under the supervision of ophthalmologists is most readily implementable and would deliver most immediate benefit to patients.

There is an opportunity in rural and remote Australia to pilot a model of supervised intravitreal injecting by optometrists in locations with a lack of direct physical access to ophthalmologists. Under this model, optometrists who practice in these communities would receive appropriate training and be observed for a required number of procedures. After this initial period, the optometrists would administer under remote supervision by consulting ophthalmologists, who would retain clinical responsibility for patients. The pilot would be independently evaluated, with the optometrist-administered injections clinically audited to compare complication rates with ophthalmologist-administered injections.

We call on the Commonwealth to make an investment of $260,000 over two years to support the establishment and comprehensive evaluation of a pilot project to support greater patient access to intravitreal injections in rural and remote areas, where injections are administered by optometrists under the supervision of an ophthalmologist.



Recommendation 3:
Invest in tele-eye care for improved patient access

Tele-optometry

Optometrists provide the majority of primary eyecare in Australia. Whilst optometry is well distributed across metropolitan, regional, and even many rural areas, and access in many remote areas is enabled through outreach programs, there remains limited access to timely eyecare in many remote, and some rural areas.

Experience during periods of heightened COVID-19 restrictions have demonstrated the benefits of tele-optometry when access to face-to-face care is not possible. During this period telehealth was critical to provide assessments for acute presentations and to facilitate ongoing care of chronic conditions, including to patients in rural and remote communities.

Optometrists are well-placed to provide telehealth care. Optometry Australia supports optometrists with guidance on the effective provision of telehealth care and the majority of the sector has access to systems integrated with practice software that enable secure video-consults.

The COVID-19 restrictions have also seen broader acceptance of telehealth across the community, and a much welcome move to support the provision of telehealth services to patients via the Medicare Benefits Schedule (MBS).

However, the use of telehealth by optometrists is excluded from the Medicare Benefits Schedule. This is despite the fact that optometrists have demonstrated the capacity to provide care that is beneficial to patient outcomes via telehealth, often aided by specifically tailored assessment tools.

A telehealth item to support patients to access brief optometry consultations where timely face-to-face care is not practicable, would enhance patient access to ongoing management of complex and progressive eye conditions that require ongoing monitoring, between face-to-face visits, and to assessment and management of acute presentations or sudden changes in vision. For those without timely access to primary eye care this can minimise the risk of preventable vision loss.

We call on the Government to fast-track the establishment of an MBS item to support patient access to brief tele-optometry consultations.

Tele-ophthalmology

Real-time tele-ophthalmology is currently supported by the MBS for patients accompanied in the consult by an optometrist or general practitioner. The MBS Review Taskforce has recently supported the Ophthalmology Clinical Committee's recommendations to introduce two new asynchronous tele-ophthalmology item numbers which would support "asynchronous management advice via report to optometrist and patient, for optometry referrals only."

This recommendation acknowledges the challenges of coordinating two practitioners and a patient to be available at the same time, and that optometrists are commonly able to provide detailed, quantifiable reports and clinical imagery to an ophthalmologist prior to the specialist consult in order to support the consultation. Such items are likely to facilitate broader uptake of tele-ophthalmology and hence support access to specialist eye care for rural and remote patients, and elderly patients.

Given the maldistribution of Australia's ophthalmology workforce an effective tele-ophthalmology system is a key element in enabling timely patient access to care. Similarly, given the established undersupply of ophthalmologists, asynchronous telehealth can enable clinical advice to be provided for a patient outside of standard business hours when the optometry practice may be open.

Optometry Australia calls for the introduction of asynchronous telehealth MBS items to be fast-tracked to support improved patient access to care, particularly for patients in rural and remote communities and in aged care.

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