

Pre-Budget Submission 2022-2023

Message from the President

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) is pleased to be submitting our 2022-2023 pre-budget submission to the government.

RANZCO's mission is to drive improvements in eye health care in Australia, New Zealand and the Asia Pacific Region through continuing exceptional training, education, research and advocacy. Underpinning all the College's work is a commitment to best patient outcomes, providing contemporary education, training and continuing professional development, evidence-based decision making, collaboration and collegiality.

This pre-budget submission aims to enhance equitable service provision across Australia, ensuring patient safety and a sustainable ophthalmology workforce.

Additionally, RANZCO is developing a ten-year plan, Vision 2030, to work towards eliminating avoidable blindness in Australia. The College will commence consultation for this Plan at the RANZCO annual Congress in February 2022. Key themes to be covered, include:

- Service delivery
- Aboriginal and Torres Strait Islander Healthcare
- Workforce and training
- Global eye health
- Preventative healthcare
- Sustainability

We look forward to engaging stakeholders and supporting the government to improve all facets of eye health across the Australian population, with a particular focus on ending avoidable blindness and improving patient access to sight-saving procedures.



Clinical Professor Nitin Verma

RANZCO President

27 January 2022

Service delivery and preventative healthcare

RANZCO supports the government priority of ending avoidable blindness in Australia by 2025 as stated in Australia's Long Term National Health Plan. The major eye conditions impacting the Australian population are glaucoma, age-related macular degeneration (AMD), and diabetic retinopathy.

In Australia, diabetes is fast becoming one of the biggest contributors to the burden of disease. Evidence highlights approximately 1.8 million Australians have diabetes. Diabetes can result in one of a number of vision-threatening disorders including diabetic retinopathy. In one Australian study, untreated, vision-threatening retinopathy was present in 1.2% of the population with diabetes ¹.

Obesity is a risk factor for type 2 diabetes which in turn increases the risk of cataract, glaucoma² and diabetic retinopathy. Diabetic retinopathy (DR) is a significant cause of vision impairment comprising 5.2 percent of vision impairment in the Aboriginal and Torres Strait Islander population compared with 1.4 percent, for non-Indigenous Australians ³.

Despite an absence of symptoms or diagnosis, glaucoma can slowly take away vision and has been called the "silent thief of sight" ⁴. Glaucoma is associated with an increase in intra-ocular pressure and requires ongoing treatment. The estimated prevalence of glaucoma in Australians over 50 years is 2.2% ⁵. The prevalence of glaucoma in Australia is predicted to increase to 379,000 patients by 2025 ⁶.

AMD is a chronic and painless disease of the macula that causes progressive loss of central vision ⁷. About one in seven Australians over the age of 50 years (1.4 million Australians) have some signs of age-related macular degeneration (AMD). About 17 per cent of these people will experience vision impairment ⁷.

RANZCO has developed a number of relevant models of care and patient pathways involving multidisciplinary teams of primary health care workers and specialists (ophthalmologists), to address issues of appropriate referrals for conditions such as diabetic retinopathy and efficiency in the treatment for glaucoma and AMD.

To support the government to deliver on the management of risk factors, ensure continuous improvement in access to timely referral and preventative care for these major eye conditions, [RANZCO recommends the Department of Health](#):

- Implements measures to improve timely access to geographically available, publicly funded ophthalmology outpatient services
- Supports ongoing collaboration between eye care stakeholders through endorsing screening and referral pathways for the major eye diseases
- Identifies opportunities to scale-up state-based initiatives/programs that have been proven to be effective
- Considers establishment and funding of a national children's vision screening program informed by StEPS, including identification of risk, screening and referral of children.
- Prioritises prevention and early intervention strategies and endorses RANZCO's use of evidence-based advocacy strategies to leverage broader public health initiatives to:

- increase awareness of modifiable risks factors for disease
- target at-risk audiences where there is potential for greater impact – eg. smoking cessation and its impact eye health and vision.
- Ensures equity of access to ophthalmic medications that have proven indications for therapy by:
 - streamlining processes for the regulation of such drugs
 - facilitating approvals and subsidies for these medications or their substitutes

Aboriginal and Torres Strait Islander Healthcare

Eye diseases and vision problems are the most common long-term health conditions reported by Aboriginal and Torres Strait Islander people.⁸

RANZCO acknowledges the progress to date achieved through the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023, the National Agreement on Closing the Gap, and the Road map to Close the Gap for Vision.⁹ We welcome the new National Aboriginal and Torres Strait Islander Health Plan 2021-2031¹⁰ committing Government to true partnership with Aboriginal and Torres Strait Islander people, communities and organisations.

The Vision of the Health Plan is that Aboriginal and Torres Strait Islander people enjoy long, healthy lives that are centred in culture, with access to services that are prevention-focused, culturally safe and responsive, equitable and free of racism. We believe that Aboriginal and Torres Strait Islander leadership and the enablement of such leadership are keys to achieving the vision of the Health Plan.

Indigenous Australians face many barriers in accessing eye health services—financial, cultural, social and locational barriers as well as the particular complexities of the eye health system. Whilst progress has been made, Aboriginal and Torres Strait Islander peoples still experience blindness and vision loss at three times the rate of other Australians and wait significantly longer for common sight-saving treatments. In 2018–19, the median waiting time for elective cataract surgery for Indigenous Australians was longer than for non-Indigenous Australians (124 days and 82 days, respectively).⁸ There remains much to be done to Close the Gap, and to achieve Government’s commitment to ‘end avoidable blindness in Indigenous communities by 2025’.¹¹

There is a need for enhanced service coordination across eye care services and consistent monitoring and evaluation against agreed performance indicators to improve service delivery to all Aboriginal and Torres Strait Islander communities and remote and rural communities without a resident workforce.

RANZCO supports a genuine partnership approach to work with government and communities to enhance service delivery, strengthen regional networks and support Aboriginal Community Controlled Health Organisations to further embed eye care in their service delivery models.

Housing circumstances—such as tenure, affordability, living space and location—are key determinants of health and wellbeing. Given the high proportion of Aboriginal and Torres Strait Islander people living in overcrowded conditions and being homeless, housing should be targeted as a key policy area for improving the health and wellbeing among Indigenous Australians.¹²

RANZCO recommends the Department of Health:

- Improves coordination and planning of service delivery to eliminate avoidable blindness in Indigenous communities. This requires the funding of an adequate number of Aboriginal and Torres Strait Islander Health Workers/Liaison Officers by health services, to coordinate and facilitate services in each service area, especially for remote and very remote communities.
- Institutionalises Indigenous community control into funding schemes and service delivery models to make sure Aboriginal Community Controlled Health Services are part of the decision-making process.
- Provides funding for scholarships and enrolment in specialist training programs and related incentives to support the growth of the Indigenous workforce and leadership development of Indigenous health professionals to enhance provision and uptake of culturally safe health service.
- Provides funding for RANZCO InReach network proposal, which aims to provide Aboriginal and Torres Strait Islander people with affordable access to appropriate and culturally safe health care in urban areas, and to offer ophthalmology trainees exposure to service provision to Aboriginal and Torres Strait Islander communities in a sustainable and culturally safe manner.
- Commits funds to support the implementation of Strong Eyes, Strong Communities: a five-year plan for Aboriginal and Torres Strait Islander eye health and vision 2019-24 (Strong Eyes, Strong Communities). This plan is supported by many individuals and organisations, under the leadership of Vision 2020 Australia.
- Commits to funding community-led initiatives which tailor long term evidenced solutions to address housing stability, housing quality, overcrowding and shortfalls in infrastructure and the built environment in Indigenous Communities.

Workforce and training

There is a maldistribution of ophthalmologists with most working in urban locations. Workforce maldistribution is resulting in poor access to ophthalmology services for many Australians in regional and remote areas of Australia. The existing ophthalmology workforce in regional Australia is ageing, which will exacerbate maldistribution as ophthalmologists retire.

RANZCO recommends the Department of Health:

- Provides funding support for more urban training posts in the public system, and Regionally Enhanced Training Network (RETN) (essential to sustainably address workforce maldistribution and crucial in preventing Indigenous avoidable blindness) and facilitates the necessary engagement of the State Governments to support the RETN pathways.
- Sets reportable KPIs for all specialty training (not just ophthalmology), as well as for outpatient and inpatient service delivery (make these activities reportable), making State Governments and Local Health Districts more accountable for training and outpatient service delivery.
- Grants full specialist MBS billing rights to fifth (final) year ophthalmology trainees working under supervision in regional and remote areas to address the maldistribution of doctors.

- Continues to work with medical colleges and state and territory health departments to develop sustainable regional and rural training pathways for the specialist medical workforce.
- Draws on existing examples of effective and sustainable medical workforce models, noting that flexible and regionally-led solutions are more likely to succeed in the long-term.

Research and innovation

The social, economic and health system costs of vision loss are significant. Yet approximately 90% of vision loss can be prevented through early identification and treatment. Through technological advancements, medical researchers investigate innovative measures to ensure diverse effective treatment options for patients.

To ensure an end to preventable blindness, it is imperative to accommodate sustained funding into research and innovation in eye care. RANZCO is committed to promoting research and innovation to advocate for patients, their communities, and our membership.

One of such advancement is in Anti-VEGF (intravitreal injections) therapies. These therapies are a means of treatment for a multitude of sight threatening retinal diseases such as diabetic retinopathy, macular degeneration, macular oedema, and vein occlusions for the past decade.

Proper administration by an ophthalmologist is critical to saving patients' sight and improving their quality of life.

RANZCO calls on the government to:

- establish a dedicated vision mission within the Medical Research Future Fund. Investment in this area is critical to developing key technologies necessary to improve the quality of life of Australians living with low vision or blindness.

Sustainability and climate change

In recent times, leading Australian health organisations publicly re-iterated concerns for the increasing public health risks arising from extreme and unpredictable weather events – the sustained depletion of the planet's biodiversity and ecosystems, is a direct threat to human health.^{13,14} The Intergovernmental Panel on Climate Change (IPCC) report predicts that global warming will reach 1.5 °C above pre-industrial levels between the years 2030 and 2052 if it continues at the current rate, adversely impacting our ecosystem and biodiversity, depleting our freshwater supply and marine ecosystem, all of which are essential to human health.^{15,16} Globally, the health care sector is a major contributor to carbon emissions. Currently, more than 7% of the nation's carbon footprint is because of our healthcare system¹⁷.

Eye health is being affected through increases in presentations of trachoma infections, vitamin A deficiencies, cataracts, age-related macular degeneration, glaucoma, allergic and dry eye diseases, due to climate change.¹³ Further, health impacts due to increases in the incidence of these sight threatening conditions is likely to destabilize delivery of health care services¹⁸.

Efforts to reduce greenhouse gas emissions from healthcare also tend to reduce costs, there are co-benefits to health more broadly and generally works better in delivering patient-centred care ¹⁹.

Earlier this year, RANZCO established a sustainability committee with focused objectives on reducing the carbon footprint of ophthalmology by promoting sustainable practices and developing a sustainability coalition with other organisations to increase the impact of sustainability messaging.

RANZCO believes that it is in the benefit of the health of Australians for the government to incentivise and promote collaborations across the health sector to reduce emissions in healthcare.

As a signatory to the open letter to Prime Minister Scott Morrison ²⁰ from key players in the health sector, RANZCO supports calls for intentional legislative actions curbing our nations carbon footprint.

RANZCO calls on the Government to:

- Commit to an ambitious national plan to protect health by cutting Australia's greenhouse gas emissions, aligned to science-based targets, this decade.
- Develop a national climate change and health strategy to facilitate planning for future climate health impacts.
- Establish a national Sustainable Healthcare unit to support environmentally sustainable practice in healthcare and reduce the sector's own significant emissions.
- Establish a separate healthcare system project within the Climate Solutions Fund to allow a collaborative and focused approach to reducing the carbon footprint of our healthcare system.
- Introduce legislation to significantly lift our commitment to the global effort to bring climate change under control to save lives and protect public health.
- work with health experts to prevent and mitigate adverse impacts of a changing climate on public health.

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