

Pre-Budget Submission 2021-2022

Message from the President

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) is pleased to be submitting our 2021-2022 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.

Our submission is aimed to enhance equitable service provision across Australia, ensuring patient safety and a sustainable ophthalmology workforce, covering the following priorities:

1. Ending avoidable blindness
2. Aboriginal and Torres Strait Islander eye health
3. Improving rural and remote service delivery
4. Population health
5. Doctor wellbeing

RANZCO looks forward to supporting the government 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
28 January 2021

1. Ending avoidable blindness

RANZCO supports the government priority of ending avoidable blindness in Australia by 2025 as stated in the *Australia's Long Term National Health Plan*.¹ We offer the following advice to support the government deliver on this objective:

Improving access to sight saving care and procedures for patients in the lower socio-economic cohorts of the population

The currently available safety nets offering support to patients in the lower socio-economic cohorts of the population are ineffective with just 4% of this funding reaching its intended target.

Public ophthalmology services across Australia, where present, are under resourced to meet the needs of the population they serve with long wait lists to access outpatient and inpatient care. This frequently results in the absence of fundamental services such as the outpatient assessment of cataract and the treatment of vision-threatening retinal diseases with intravitreal injections. Public ophthalmology services are sparse in the outer urban areas of larger cities where most of the lower socio-economic cohort reside.

A healthy Ophthalmology Workforce into the future is, for the most part, dependent on a healthy public ophthalmology service right across Australia as this is where most of specialist training does and should continue to occur.

- RANZCO supports the development of additional systemic measures to increase the availability of sight saving ophthalmic care and procedures through the MBS and the public health system to support lower socio-economic cohorts in accessing the eye care they need.

Medicare Benefits Schedule Review Task Force Report on the review of Ophthalmology items

RANZCO has been actively engaged in the review of ophthalmology items under the MBS Review. We advise that we have submitted detailed feedback into the relevant consultation process and reiterate the following key points for the purposes of our pre-budget submission. They relate to the two recommendations added by the Taskforce *after* finalisation of the Report by the expert Ophthalmology Clinical Committee, which were not supported or endorsed by the Committee.

- RANZCO does not support the Task Force recommendation broadening of the scope of practice of non-medical practitioners such as optometrists to perform intravitreal injections. This would not be a viable solution and would present a significant risk to the community and patient safety.

The training of optometrists focusses on the visual sciences with minimal training on the physiology and pathology of other body systems. Optometrists are not medical doctors and are not trained to use needles and perform interventions requiring surgical infection control measures during their training. Optometric practice does not involve performing injections.

Decision making in the management of patients requiring intravitreal injections requires a medical specialist's high-level understanding of pathology and disease processes of both the

ocular system and other body systems. Complex decision-making skills are needed at all stages of the disease process in making treatment decisions such as whether to commence, continue, extend treatment, change agent or cease treatment altogether. These decisions require an in-depth understanding of the rapidly evolving literature and underlying pathology and often involve discussion with the broader subspecialty team.

Complications, such as the sudden loss of vision immediately following an intravitreal injection from a sudden increase in intraocular pressure, not uncommonly occur as the direct result of an intravitreal injection. A medical practitioner trained in intravitreal injections needs to be present to provide additional urgent interventions such as anterior chamber paracentesis or intravitreal tap to avoid irreversible loss of vision in this event.

- RANZCO is disappointed and does not support any reduction to the MBS rebate for the administration of intravitreal injections. Doing so would adversely impact on patient access to sight saving procedures, and lead to a raft of long-term costs to the public health system with increased demand for this procedure.

The recommendation by the MBS Taskforce to reduce the Medicare patient rebate for sight-saving intravitreal injections by almost 70% was not made by the expert Ophthalmology Clinical Committee but introduced by the Taskforce *after* the Committee had finalised its Report. Even if an OCT Medicare item number were introduced, the overall patient rebate would still be drastically reduced.

This is not the decision the College worked with the Taskforce to achieve. The current rebate is an appropriate level of subsidy for patients having intravitreal therapy by an ophthalmologist with years of medical and ophthalmic education and training to provide patients with safe environments, pre- and post-procedure care, and it is in line with the cost of service provision.

RANZCO is concerned that this recommendation to the government will mean more Australians are putting their eyesight at risk as it is likely fewer ophthalmologists will participate in bulk billing if the intravitreal injection rebate is reduced to a level below the cost of service provision. With the inadequate safety nets currently on offer this will mean an increase in out-of-pocket costs for many patients who are already struggling.

It is also likely to result in a decrease in the other services offered by already overstretched public hospitals which will put more pressure on patients to pay for their own injections.

Ultimately, a reduction in the rebate will reduce access to many, particularly those in regional or remote areas with no public system and will lead to an increase in avoidable blindness.

Collaborative Care Referral Pathways

Early detection of disease (for example through diabetic retinopathy screening programs, etc) and intervention (timely diagnosis and treatment) for chronic conditions such as diabetes can prevent associated eye conditions from progressing.

To optimise the quality and safety of patient care, RANZCO has developed collaborative care guidelines for the management of three chronic diseases: Glaucoma; Aged Macular Degeneration (AMD) and Diabetic Retinopathy.²

- The management of such diseases is multidisciplinary, and screening and management potentially involves various health professionals.
 - Stakeholder engagement led by RANZCO has involved broad consultation with optometry organisations, medical colleges, professional networks and patient peak bodies.
 - The aim is to update guidelines to accurately reflect the latest evidence and better align with contemporary methods used to identify and treat patients.
- RANZCO encourages support for the development of initiatives that focus on improved service and data coordination and disease prevention strategies.

2. Aboriginal and Torres Strait Islander eye health

RANZCO has a long history of delivering ophthalmology outreach services to Aboriginal and Torres Strait Islander communities. We recognise that whilst 94% of vision loss is preventable following appropriate assessment and treatment, 35% of Indigenous adults report never having had an eye exam.³

We, along with our partners across the sector, appreciate the challenges that arise with delivering appropriate and effective health care to communities and continue to collaborate in a range of ways to improve the health of Aboriginal and Torres Strait Islander peoples.

- RANZCO calls on the government to commit funding 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.
- RANZCO calls on the government to put in place and commit to funding a community-led strategic plan which tailors long term evidenced solutions to address housing stability, housing quality, overcrowding and shortfalls in infrastructure and the built environment in Indigenous Communities.
- 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.
- RANZCO acknowledges the progress to date achieved under the Roadmap to Close the Gap for Vision (the roadmap), since its launch in 2012. The roadmap critically highlights the need for enhanced service coordination across eye services and consistent monitoring and evaluation against agreed performance indicators to improve service delivery. The patient journey through various referral pathways can be fragmented, particularly for Aboriginal and Torres Strait Islander people in remote areas and this can impact on eye health outcomes. The roadmap offers concrete recommendations for improved coordination of service delivery and RANZCO recognizes the opportunity this presents to eliminate avoidable blindness in Indigenous communities.

- RANZCO welcomes discussion with the government how Outreach and Rural Generalist services can be enhanced and better integrated with a supporting tertiary care network via digital health innovations.

3. Improving rural and remote service delivery

RANZCO supports national, jurisdictional and regional efforts to improve the delivery of eye health services to rural Australia. We recognise that local health care providers need adequate funding, governance and workforce support to ensure they can provide appropriate and effective health services for communities.

Growing the ophthalmology workforce

RANZCO continues to work on providing the best possible training and education of the ophthalmology workforce while recognising that we have a key role to play in tackling some of the long-standing issues confronting the medical workforce. These issues include responding to an ageing rural ophthalmology workforce, ensuring that communities in rural and regional areas have access to quality specialist eye care, redressing the inequities faced by Aboriginal and Torres Strait Islander peoples in eye health, developing holistic and challenging training posts for our future workforce and proposing solutions to workforce maldistribution.

In October 2020 we shared our vision for the sustainable growth of the ophthalmology workforce through the submission of a Workforce Plan (Plan) to the Department of Health and the Minister for Health. Noting that more work needs to be done to consider and further develop aspects of the Plan:

- RANZCO thanks the Department for extending specialist consult MBS billing rights to fifth year ophthalmology trainees working under supervision in regional and remote areas to address the maldistribution of doctors.
- RANZCO encourages the government to continue working with medical colleges and state and territory health departments to develop sustainable regional and rural training pathways for the specialist medical workforce.
- RANZCO encourages government to draw 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.

Telehealth

RANZCO suggests there is a good case for a new MBS item number for telehealth in ophthalmology. Telehealth is being increasingly used to facilitate timely access of patients with special conditions, such as the case of screening premature infants for retinopathy of prematurity. This platform has provided patients and neonatal service from regional/remote areas with access to highly specialised workforce. There is potential to significantly reduce the costs of 'in-person' consultation which requires ambulance transfer of sick infants to tertiary centres.

4. Population health

Public health impacts of a changing climate

In recent times, leading Australian health organisations have made public statements about the increasing public health risks that are arising from extreme and unpredictable weather events⁴. In September of this year the Australian Medical Association recognized climate change as a health emergency on the basis of the available scientific evidence.⁵

- RANZCO calls on the government to work with health experts to prevent and mitigate adverse impacts of a changing climate on public health.
- We particularly highlight the increased pressure the public health system will face in the event of a widespread health crisis, particularly from vulnerable populations including the elderly, those with chronic co-morbidities, young people and lower-socio economic groups.

The Covid-19 pandemic

The global pandemic and its impacts have demonstrated the importance of the need to be able to respond appropriately and in ways that will ensure public safety. During 2020, RANZCO participated in a call for the halting of elective surgery to preserve surge capacity and protect health practitioners and patients and developed prioritization guidelines to guide ophthalmologists and to ensure those patients who needed urgent care were able to receive it.

RANZCO supports the initiatives taken by the government to manage the pandemic and will continue to work with the government and jurisdictions to ensure Australians are able to access the best eye care.

5. Doctor Wellbeing

As a specialist medical education and training entity, RANZCO understands the importance of showing leadership and practical solutions to maintain the health and wellbeing of our doctors. Mental health for doctors and medical students has been firmly in the spotlight since the 2013 Beyond Blue survey which revealed that doctors reported higher levels of psychological distress and suicidal thoughts than the Australian population in general, and other Australian professionals.⁶ The Covid-19 pandemic has added to the burdens of health practitioners, their patients and society.

We recognise many different and challenging points along the pipeline to become a medical specialist including long hours, isolation, exam pressures, exposure to traumatic medical events, workplace culture and lack of support. RANZCO engages in a range of activities to support our trainees and fellows maintain good health and wellbeing.

- RANZCO notes the government priority around mental health and suicide reduction. We encourage the Mental Health Commissioner to consider the mental wellbeing of the medical workforce in their consultations across industry groups, noting the prevalence and associated risks of mental health issues to our profession.

References

-
- ¹ Australian Government Department of Health. *Australia's Long Term National Health Plan*. August 2019 <https://www.health.gov.au/resources/publications/australias-long-term-national-health-plan> (accessed 18 December, 2019)
- ² Royal Australian and New Zealand College of Ophthalmologists. *Collaborative Care Guidelines*. <https://ranzco.edu/home/health-professionals/collaborative-care-2/> (accessed 18 December, 2019)
- ³ University of Melbourne, Indigenous Eye Health Unit. *The Roadmap to Close the Gap for Vision (2015) summary report*; https://mispgh.unimelb.edu.au/_data/assets/pdf_file/0006/1984173/roadmap-summary-september-2015.pdf (accessed 18 December, 2019)
- ⁴ Climate and Health Alliance. *Joint Statement: Air pollution in NSW is a public health emergency*; 16 December 2019. <https://www.caha.org.au/air-pollution> (accessed 18 December, 2019)
- ⁵ Australian Medical Association. *Media Release: Climate change is a health emergency*; 3 September 2019. <https://ama.com.au/media/climate-change-health-emergency> (accessed 18 December, 2019)
- ⁶ Beyond Blue. *National Mental Health Survey of Doctors and Medical Students 2013* https://www.beyondblue.org.au/docs/default-source/research-project-files/bl1132-report---nmhdmss-full-report_web (accessed 18 December, 2019)