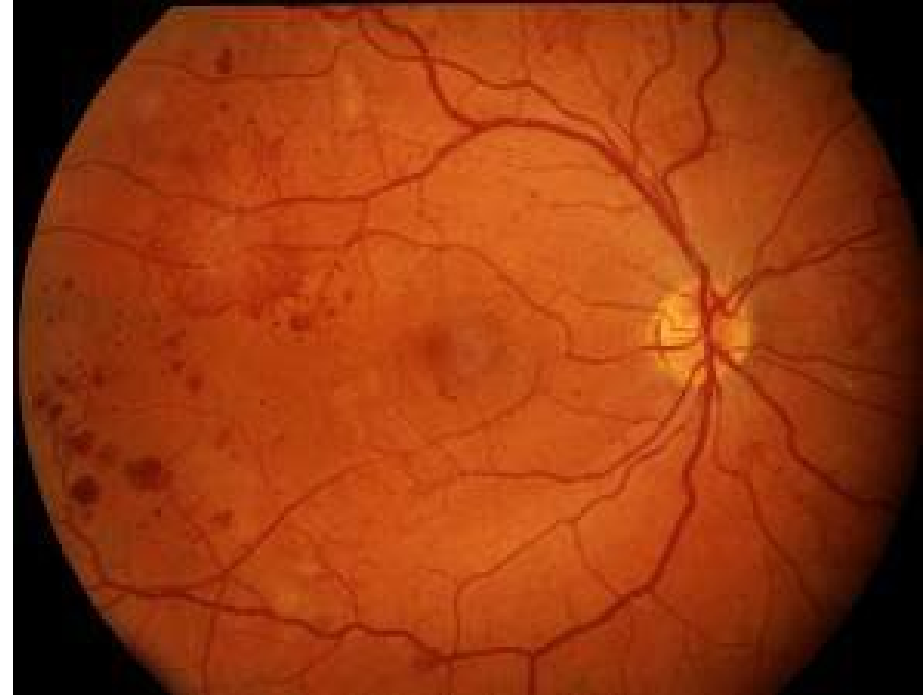


Indigenous Diabetic Eye Care

- 37% of Indigenous adults have diabetes
- All are at risk of blindness
- But up to 98% of blindness can be prevented

Once vision is lost;
it cannot be restored
and you cannot manage

- your drugs,
- your blood sugar,
- check your feet or
- get to the doctor



Diabetic Eye Care in Primary Care

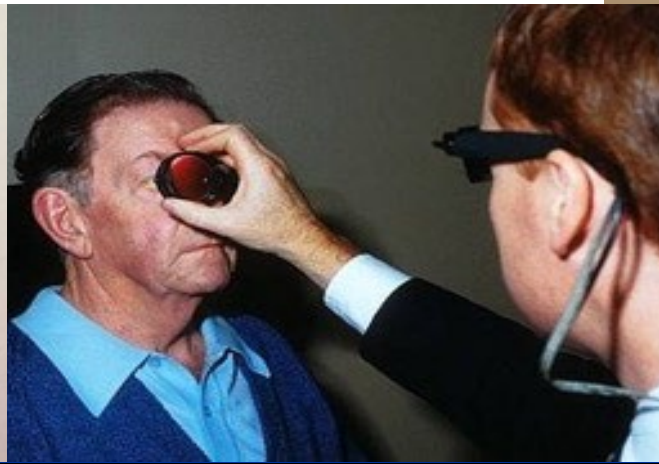
Focus on eye care for those with diabetes

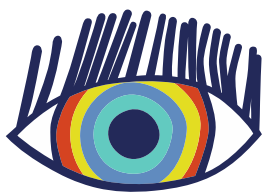
They are 72% of those who need an annual eye exam

- Many will need referral for diabetic retinopathy
- But some need cataract surgery or glasses
- So build referral pathways for all to use

MBS for retinal photography and cameras

Health promotion and education are needed





CHECK TODAY, SEE TOMORROW

CHECK TODAY, SEE TOMORROW
MBS Item 12325

Non-mydriatic Retinal Photography for Detection of Diabetic Retinopathy

Key steps for GPs and others providing diabetic retinopathy screening for people with diabetes

STEP 1: History

- Ask about problems or difficulties with vision or eyes:
 - Consider blurred vision (at near or distance)? floaters? visual distortion?
- Ask about problems with glasses or contact lenses
- Ask "Can you see clearly and comfortably?"
 - When looking at things up close (e.g. when held in your hands)?
 - When looking at things far away?
- Ask/check whether the person has diabetes

STEP 2: Vision Test/Visual Acuity (See reverse side)

- Test near vision:
 - Test both eyes together, with glasses if normally worn, using near test
- Test distance vision:
 - Test one eye at a time, with glasses if normally worn, using distance chart

STEP 3: Capture retinal photos and grade for signs of diabetic retinopathy (See Diabetic Retinopathy Screening Card)

- Normal or Minimal Non Proliferative
 - No referral required. Arrange routine retinal review
- Abnormal or Moderate Non Proliferative/Diabetic Macular Oedema*
 - Non-urgent referral (to be seen within 90 days)
- Sight-threatening or Severe Non Proliferative/Proliferative/Diabetic Macular Oedema*
 - Urgent referral (to be seen within 30 days)

STEP 4: Refer

- Refer to an optometrist or ophthalmologist if:
 - Vision is worse than 6/12 at distance
 - Visual acuity difference greater than 2 lines between the eyes
 - Patients with a previous medical diagnosis of diabetic retinopathy not under the care of an optometrist or ophthalmologist
 - Patient shows signs of diabetic retinopathy

MBS Item 715 Aboriginal and Torres Strait Islander Health Assessment

Key steps for GPs and others providing eye and vision screening in health assessments

STEP 1: History

- Ask about problems or difficulties with vision or eyes:
 - Consider 'sore or watery eye' as a possible symptom of trichiasis
- Ask about problems with glasses or contact lenses
- Ask "Can you see clearly and comfortably?"
 - When looking at things up close (e.g. when held in your hands)?
 - When looking at things far away?
- Ask/check whether the person has diabetes

STEP 2: Vision Test/Visual Acuity (See reverse side)

- Test near vision:
 - Test both eyes together, with glasses if normally worn, using near test
- Test distance vision:
 - Test one eye at a time, with glasses if normally worn, using distance chart

STEP 3: Eye Examination

- Check eye movements
- Check pupils
- Check the front of the eye:
 - Lids, lashes, cornea
 - Consider trichiasis
- For people with diabetes:
 - Non-mydriatic ophthalmoscopy

STEP 4: Refer

- Refer to an optometrist or ophthalmologist if:
 - Vision is worse than 6/12 in either eye or
 - Visual acuity difference greater than 2 lines between the eyes
 - Patients with a previous medical diagnosis of diabetic retinopathy not under the care of an optometrist or ophthalmologist
 - Patient shows signs of diabetic retinopathy

Diabetic Retinopathy Screening Card

Check for **Red and White Signs***. Look at where they are located and how much of the retina is affected – does the retina look normal, abnormal or sight-threatening?

Normal

Vision: Presenting vision 6/12 or better in each eye

Retina: No signs of Diabetic Retinopathy



Routine eye examination
(Indigenous within 12 months, Non-Indigenous within 2 years)

Abnormal

Vision: Presenting vision worse than 6/12 in either eye or

Retina: Unable to view Retina or Diabetic Retinopathy showing any:



less than 4 quadrants (1 quadrant*)

more than 1 optic disc diameter (red with dots)

ist or ophthalmologist (days)

ing

athy or ing any:

on optic disc or elsewhere (2 or more quadrants (all 4 quadrants) ular abnormalities* e")

thin 1 optic disc diameter of the ophthalmologist (days)



CHECK TODAY, SEE TOMORROW

"As I grow older, I want to see tomorrow"

Carmel Hood, Gippsland VIC

Diabetes can cause blindness. Get your eyes checked YEARLY.

Ask your local clinic about making an appointment today.

Check Today See Tomorrow

CHECK TODAY, SEE TOMORROW

"I never thought it would happen to me. Control your diabetes and have regular eye checks"

Joshua Tulono, Gippsland VIC

Diabetes can cause blindness. Get your eyes checked YEARLY.

Ask your local clinic about making an appointment today.

Check Today See Tomorrow

CHECK TODAY, SEE TOMORROW

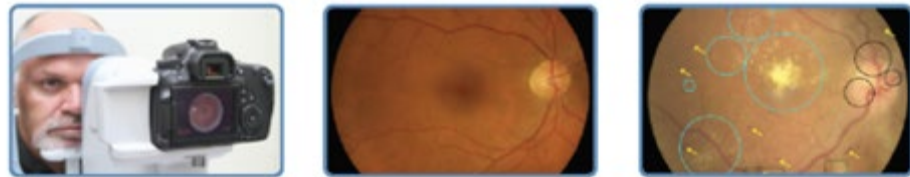
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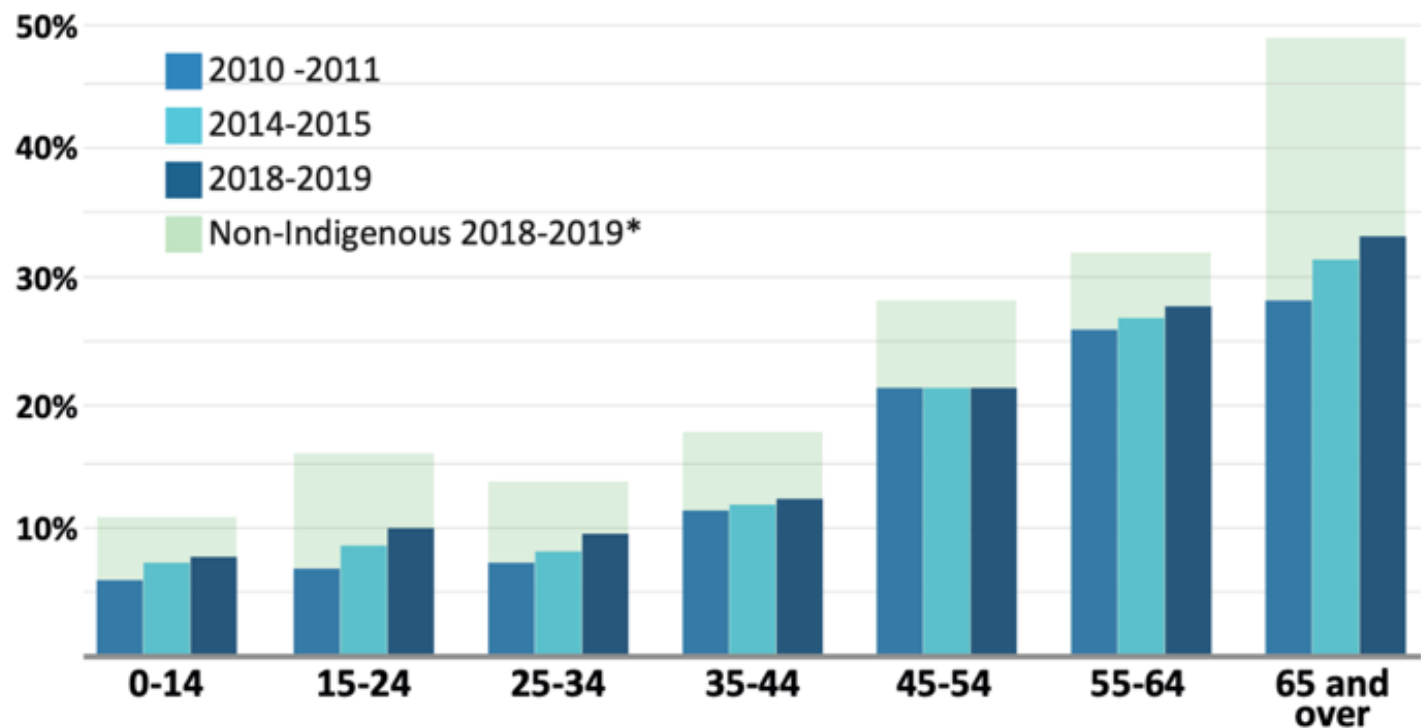


DIABETIC RETINOPATHY GRADING

AIHW Indigenous Eye Health Report 2020

- Eye exams have increased over 3 times
- Diabetic eye exams have increased 2.5 times
- Cataract surgery numbers have increased 2.5 times

Eye examinations by age - % of Indigenous population 2010-2011 to 2018-2019 compared to other Australians



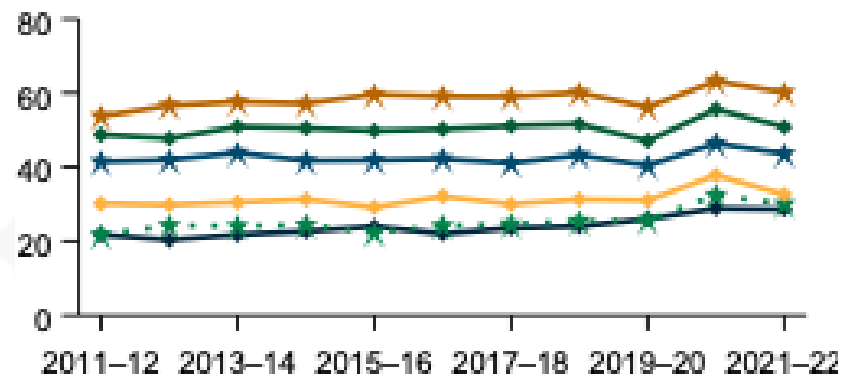
Eye Exams Reported in those with Diabetes, AIHW 2023

Population who had an eye examination among those tested for diabetes, 2011–12 to 2021–22

First Nations people, by age group



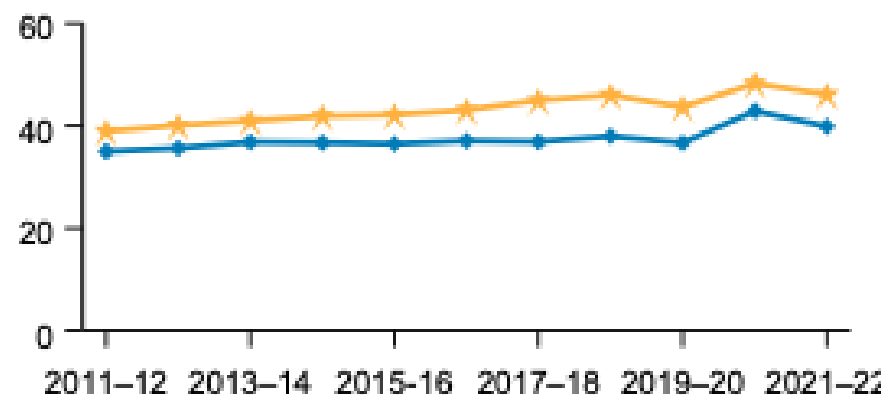
Per cent (crude)



by Indigenous status



Per cent (ASR)

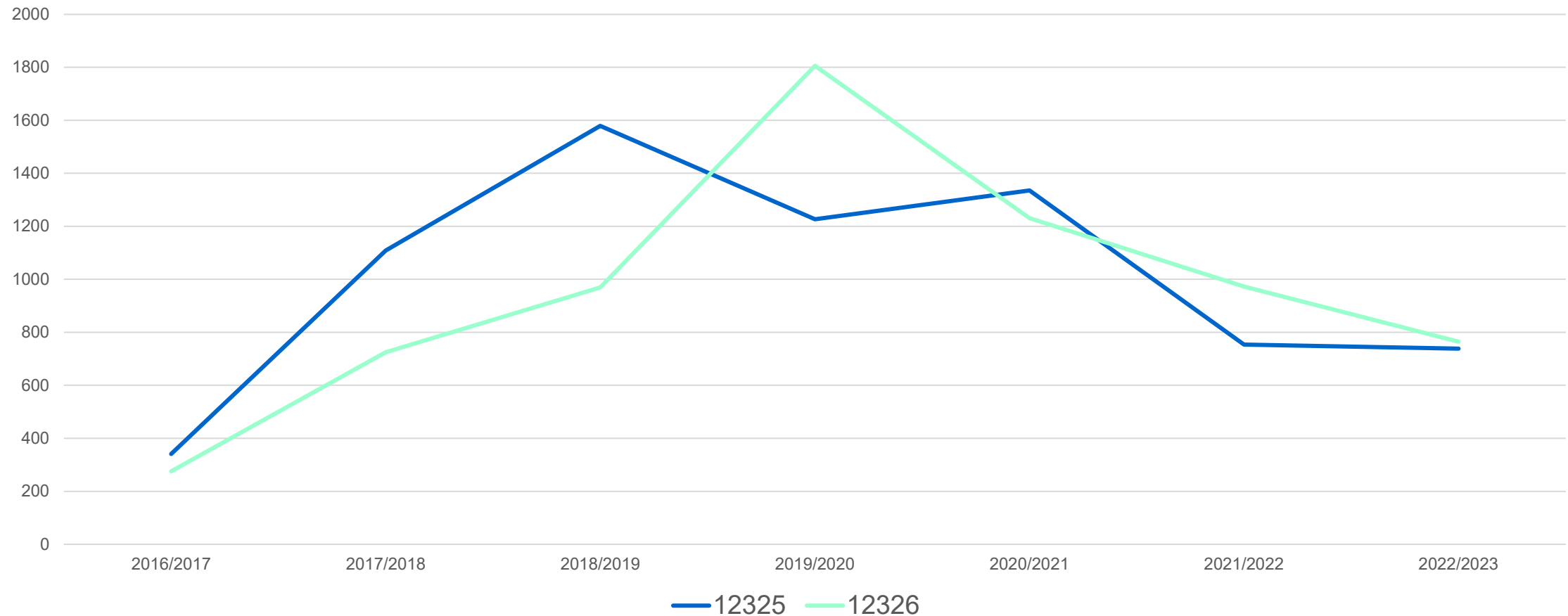


ASR = age standardised rate.

Source: AIHW analysis of Medical Benefits Schedule (MBS) data.

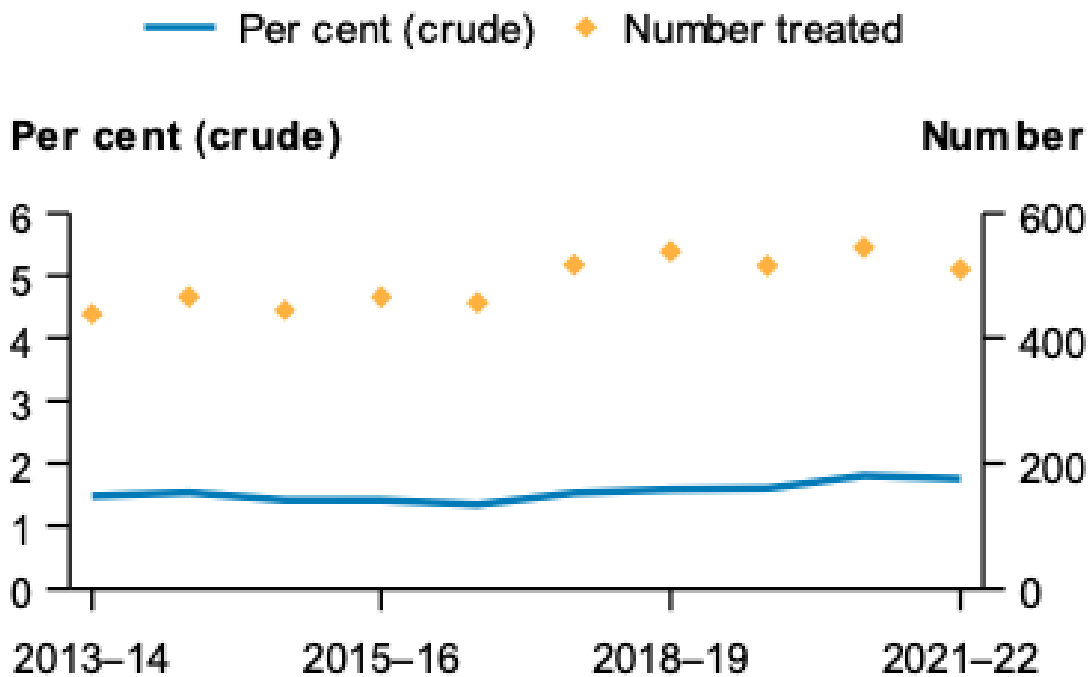
Diabetic Retinopathy Medicare Claims

Indigenous 12325, Non-Indigenous 12326

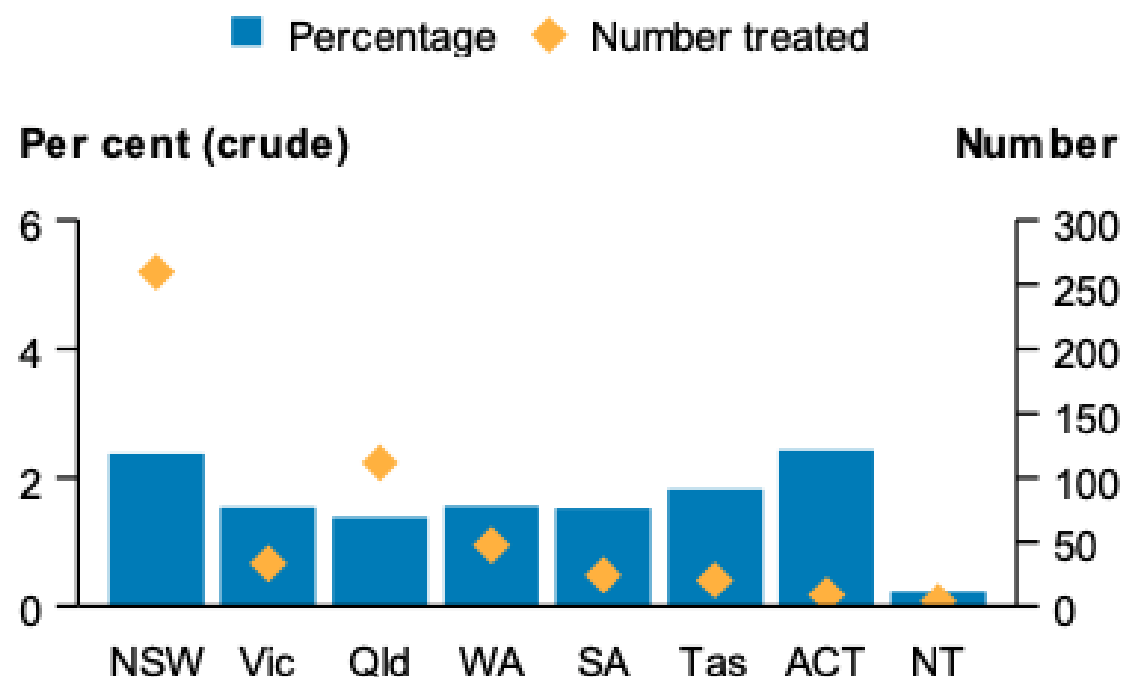


Treatment for Diabetic Retinopathy, AIHW 2023

e) First Nations, time trend, 2013–14 to 2021–22



d) By jurisdiction, 2021–22



% with no out-of-pocket costs

Typical specialists' fees

Patients typically paid

	VIC	ACT	QLD	SA	WA	NSW	TAS
% with no out-of-pocket costs	38%	21%	21%	16%	37%	31%	19%
Typical specialists' fees	\$425	\$605	\$557	\$416	\$393	\$525	\$363
Patients typically paid	\$155	\$339	\$290	\$150	\$125	\$259	\$75