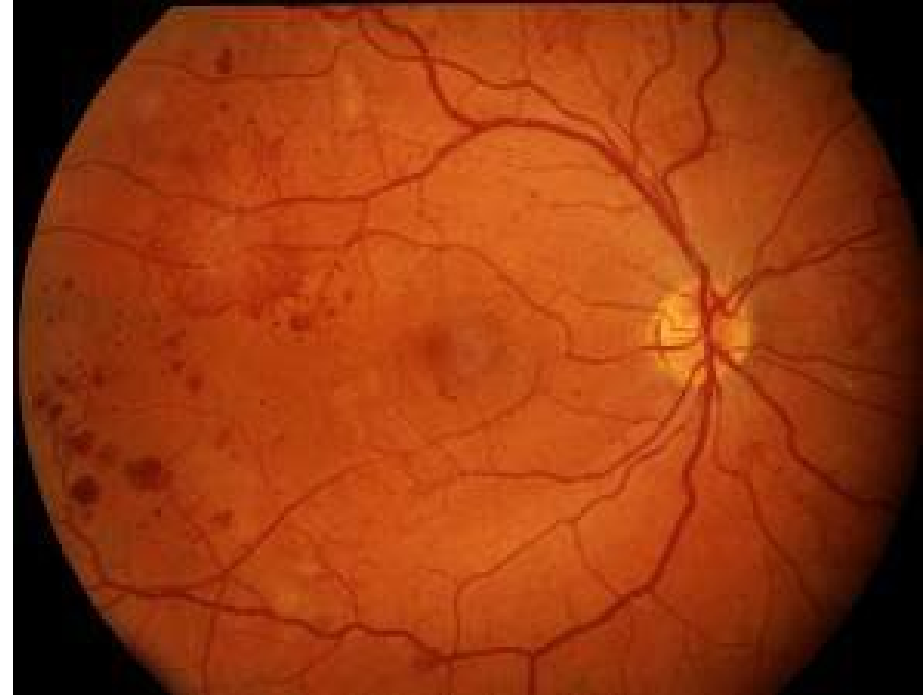


# Indigenous Diabetic Eye Care

- 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

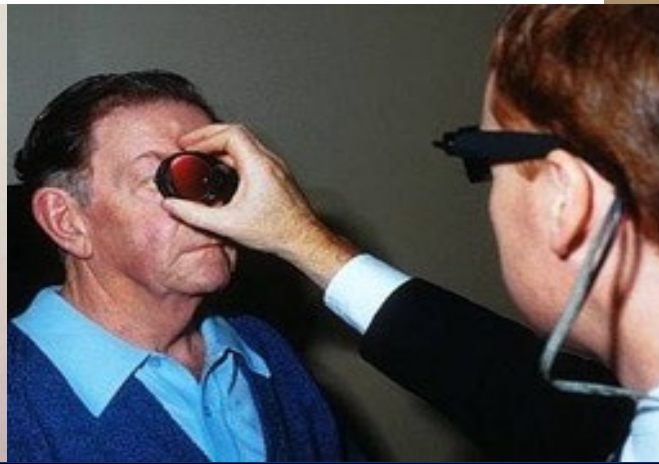
Focus on eye care for those with diabetes

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

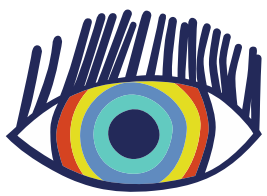
- Many will need referral for diabetic retinopathy
- But some need cataract surgery or glasses
- So build referral pathways for all to use

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

### 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  
cular abnormalities\*  
e\*\*  
thin 1 optic disc diameter of  
the ophthalmologist  
(days)



### STEP 2: Vision

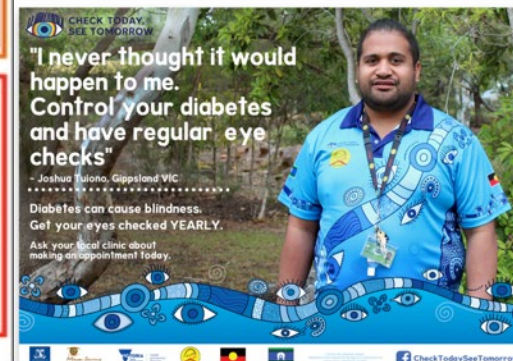
- Test near vision:
  - Test both eyes together, with glasses if normally worn, using near test
- Test distance vision:
  - Test one eye at a time, with glasses if normally worn, using distance chart

### STEP 3: Eye Exam

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

### 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



**CHECK TODAY, SEE TOMORROW**

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

Diabetes can cause blindness. Get your eyes checked YEARLY.

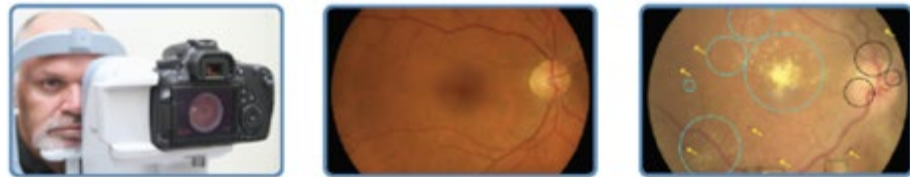
Ask your local clinic about making an appointment today.

**Diabetes can cause blindness. Get your eyes checked YEARLY.**

Ask your local clinic about making an appointment today.

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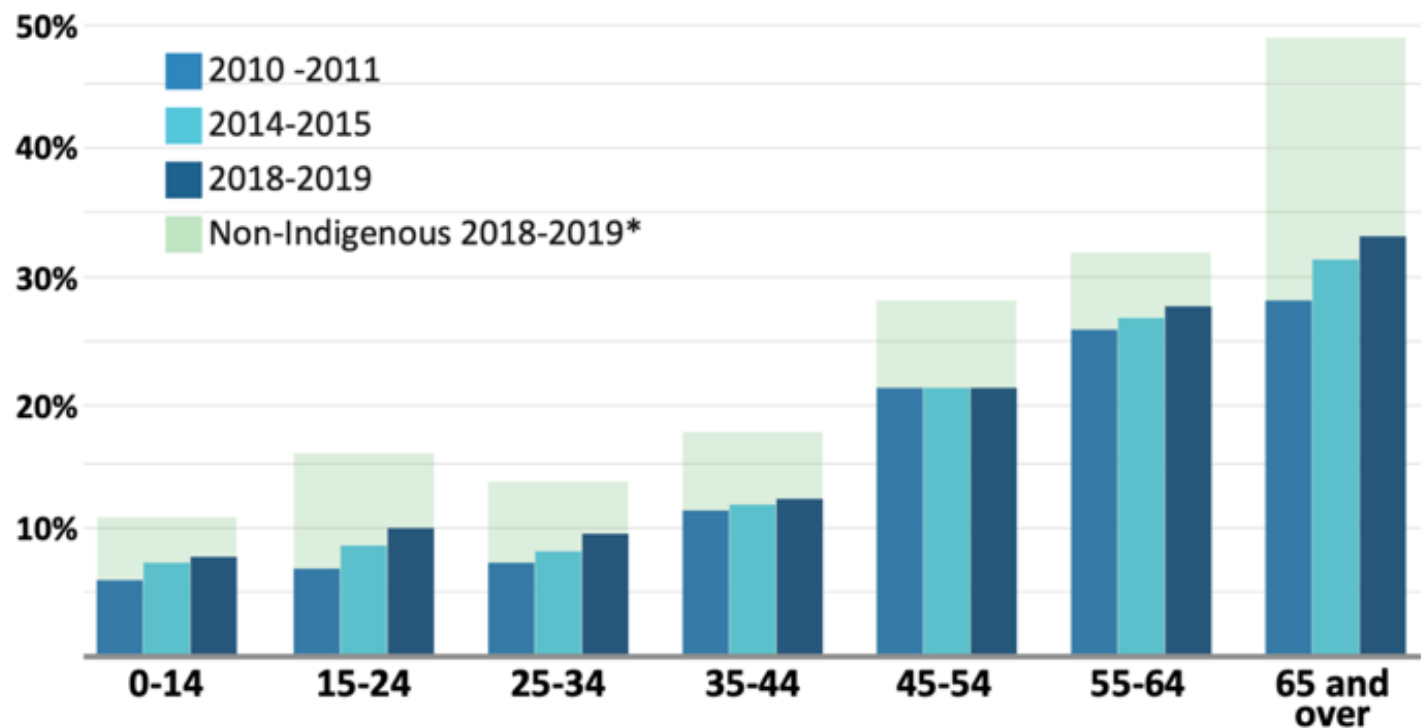
## DIABETIC RETINOPATHY GRADING



# 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**



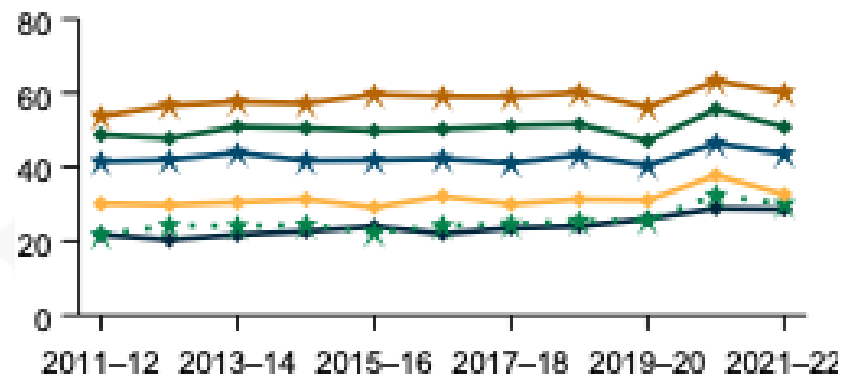
# Eye Exams Reported in those with Diabetes, AIHW 2023

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

### First Nations people, by age group



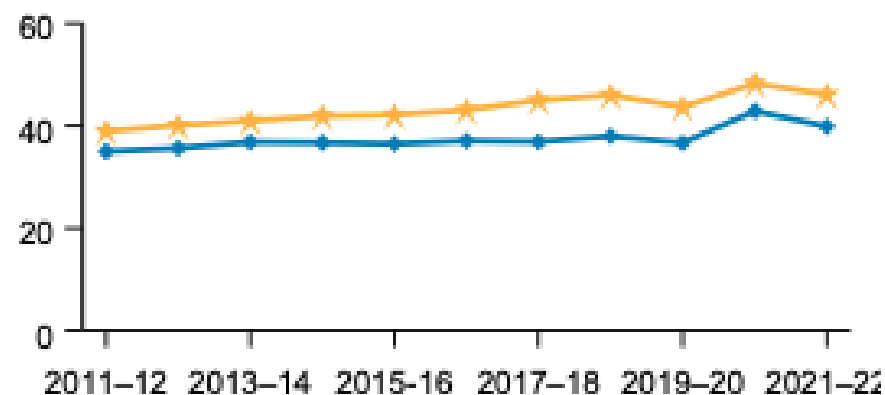
### Per cent (crude)



### by Indigenous status



### Per cent (ASR)

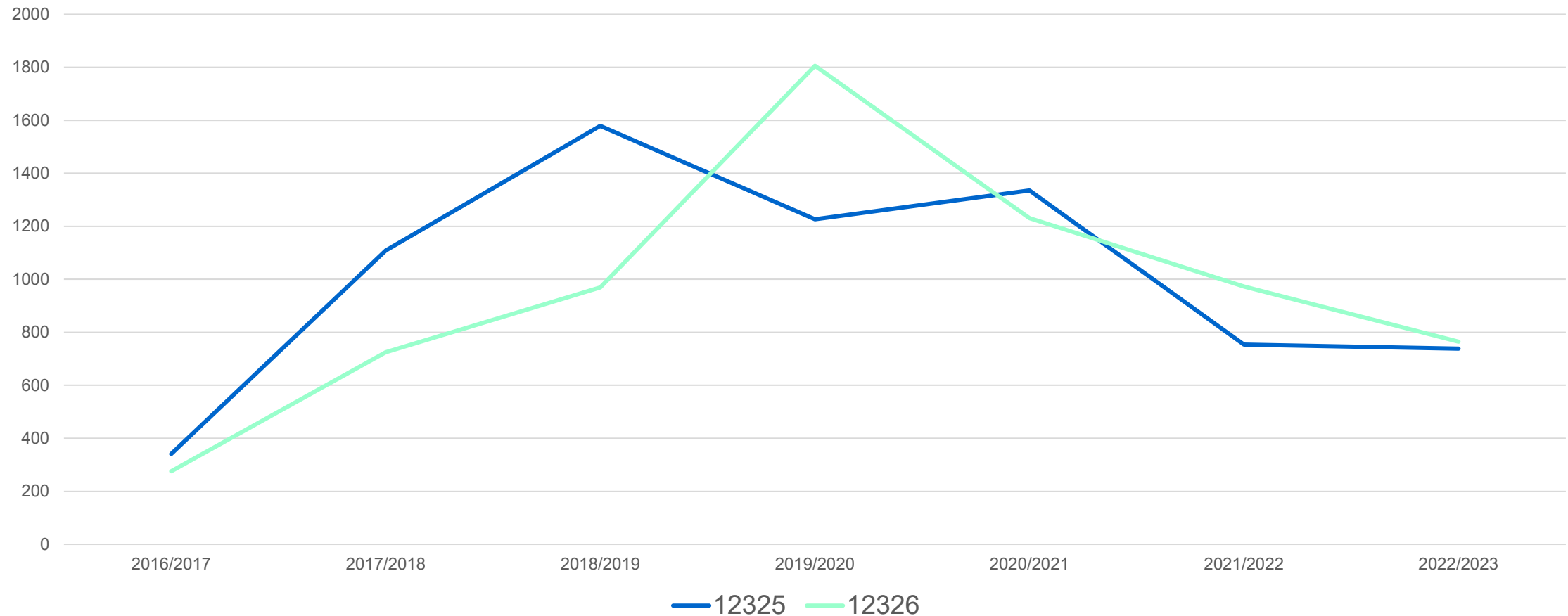


ASR = age standardised rate.

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

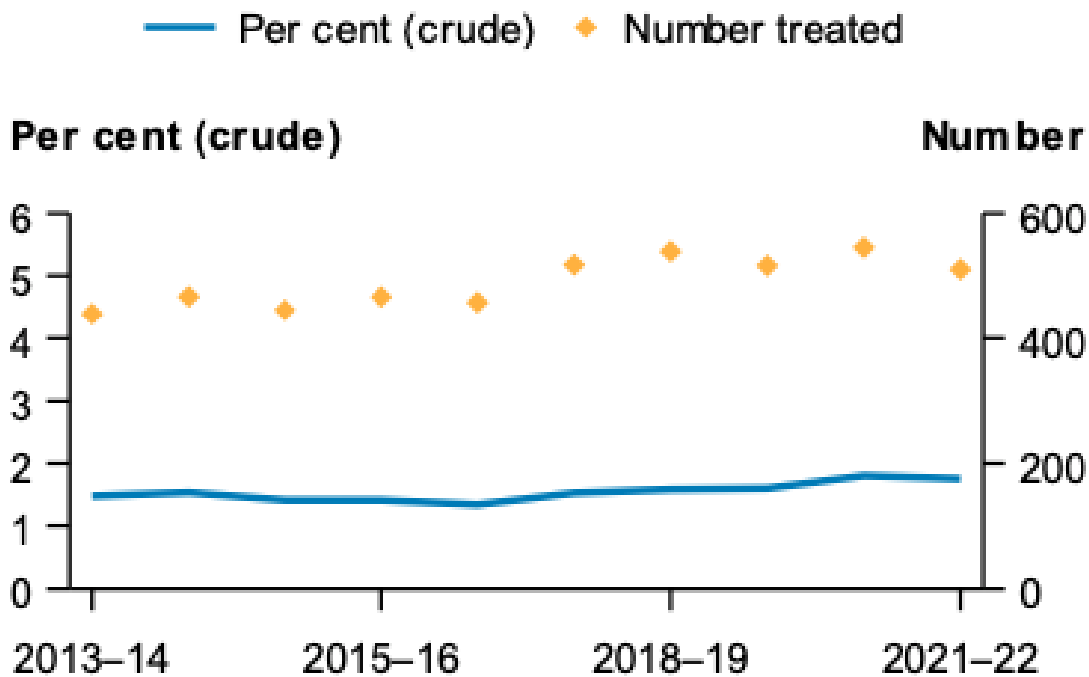
# Diabetic Retinopathy Medicare Claims

## Indigenous 12325, Non-Indigenous 12326

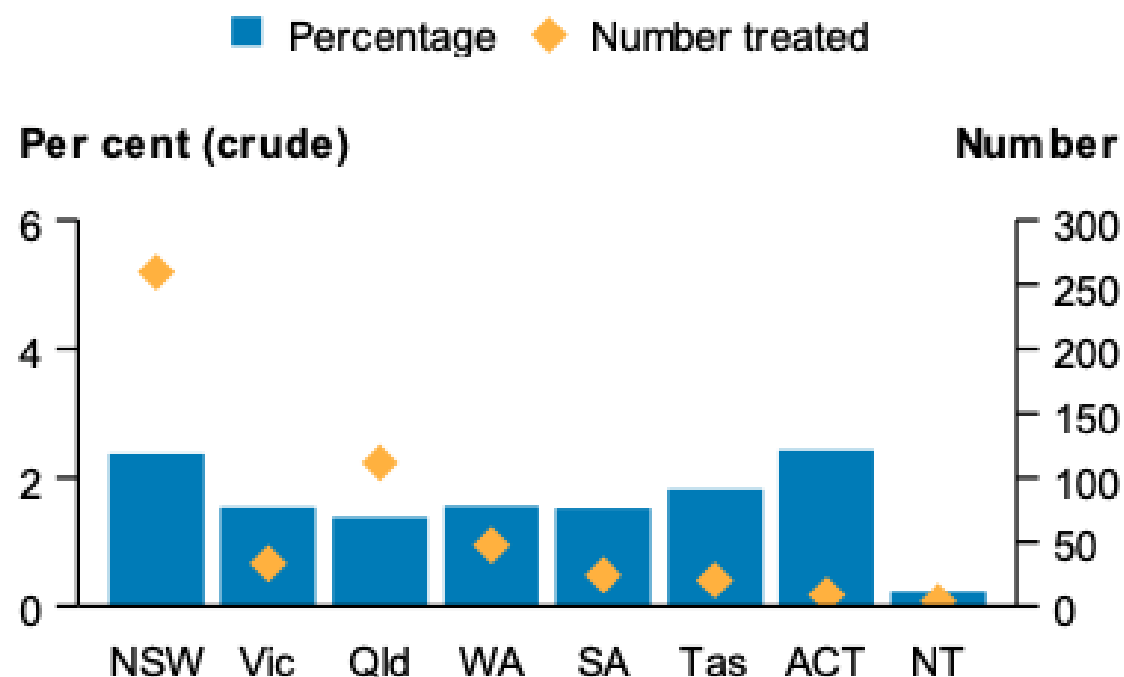


# Treatment for Diabetic Retinopathy, AIHW 2023

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



d) By jurisdiction, 2021–22



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