Submission to Community Affairs Legislation Committee

Re: Inquiry into Health Legislation Amendment (Modernising My Health Record—Sharing by Default) Bill 2024

About Optometry Australia

Optometry Australia is the peak professional body representing over 85% of Australian optometrists. Optometry is a diverse profession, encompassing over 7000 practitioners who serve the Australian population by providing over 11 million eye examinations per year in a multitude of clinical settings covering private and corporate practices, ophthalmology clinics, public hospital outpatient clinics, and outreach programs to underserviced priority populations, including First Nations peoples.

Optometrists play an integral role within Australia's healthcare system as the primary practitioners responsible for the diagnosis and management of ocular conditions. Over 13 million Australians- around 55 percent of the population- experience at least one long term vision disorder (1). While the social and economic impact of refractive conditions cannot be understated, eye diseases such as glaucoma, diabetic retinopathy, macular degeneration and cataract bear significant risk of permanent and devastating vision loss. Around 411,000 Australians (1.7% of the population) have cataract and over 1.7 million Australians have some sign of macular disease(1, 2). Early diagnosis and treatment of such diseases can prevent or significantly reduce the severity of vision loss, and these interventions will become even more invaluable as population dynamics increase the prevalence and burden of disease (3). Thus, the fundamental importance of quality and accessible eye care, and the primary role of the optometrist in the healthcare system, must be considered in widespread reforms.

Optometry is a highly digitised profession, relying on a wide range of diagnostic equipment in the examination, analysis and management of ocular health. Optometrists often identify eye disease in asymptomatic patients and collaborate closely with other health professionals, such as general practitioners, ophthalmologists, neurologists, endocrinologists, and rheumatologists, in order to co-manage ocular and systemic diseases.

As such, streamlined and accurate communication of clinical and referral information is paramount to the optometrists' role in multidisciplinary care. Urgent investment enabling optometrists to access national digital infrastructure, such as the My Health Record, should be considered seriously. Such investment would leverage the opportunities presented by the sector to enable benefits to the health system and would underscore the Australian Governments' commitment to the importance of eye care and improved eye health outcomes.

Optometry Australia is committed to supporting initiatives that enable digital health transformation, improve interoperability and collaboration, and support a contemporary eye care sector.

Optometry Australia's position

Optometry Australia supports the changes proposed by the Health Legislation Amendment (Modernising My Health Record—Sharing by Default) Bill 2024, to ensure sharing by default, noting that at this stage, amendments relate to diagnostic imaging (radiology) and pathology reports.

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We note that the Better and Faster access to diagnostic imaging and pathology reports in My Health Record initiative, and associated Clinical Safety Guide to Implementation, has raised reasonable points with regards to the roadmap, recommendations and principles around this legislative change.

Our submission to this inquiry is intended to illustrate the importance of diagnostic imaging within optometry, and the importance of consideration of this sector as modernisation of the My Health Record continues.

Optometry Australia does not believe that mandating optometrists to share images by default is of benefit to the health system, and our concerns are outlined further in the following submission. However, we do see opportunity in facilitating optometry and optometrists to integrate with the My Health Record and believe that targeted investment in empowering this outcome would benefit the community through enabling the involvement of optometrists in collaborative eye care models, and streamlining triaging and referral to tertiary ophthalmology eyecare services.

This submission endeavours to outline key contextual information regarding enabling streamlined sharing of ocular imaging results by optometrists. Optometry Australia is committed to working alongside stakeholders, including Allied Health Professions Australia, to advocate for improved software interoperability in the allied health, and optometry, sectors and educating and upskilling our members and other allied health professionals.

Diagnostic imaging in optometry

Optometrists are responsible for a high volume of advanced diagnostic imaging, encompassing a variety of modalities and diagnostic capabilities. Imaging technologies within optometry dramatically improve the detection and clinical management of a variety of eye diseases, and thus have a profound impact on treatment outcomes(4-7). Currently, significant duplication of ocular imaging exists in the consumer pathway to access secondary and tertiary eyecare, resulting in substantial additional costs to patients and the Federal funding system, as well as inefficiencies for patients as they move through the care pathway. Diagnostic image sharing should be recognised as a significant and valuable opportunity to reduce duplication and inefficiency in the eye health care pathway. Enabling this sharing would also expand the range of patient health data available on My Health Record, and encourage use of the system by medical specialists such as ophthalmologists.

Optometrists differ fundamentally from many other providers of medical imaging services in that rather than undertaking diagnostic imaging to support the diagnostic decisions of other clinicians via request, optometrists undertake imaging to support their own clinical care. This reduces the need for referral, secondary appointments, and formal reporting of images- rather the results of diagnostic ocular imaging are delivered by the clinician directly to the patient, often at the time of testing . Ocular scans conducted by optometrists occur at a lower cost to the health system and patients than comparative scans being carried out by an ophthalmologist.

Optometrists employ their own local software systems to gather and analyse diagnostic information in support of their practice and are able to then form a clinical picture and management plan underpinned by evidence-based reasoning (10, 11). The diagnostic and management capabilities of optometrists with regards to image interpretation and analysis has been shown to be comparable to ophthalmology colleagues(12).

However, these processes currently occur in a siloed way with little communication between health professionals, and between practices. Intrinsic inefficiencies exist in the sharing of these images with other health professionals, attributable to poor interoperability with software systems, differences in image types, lack of compatibility with other operating systems, and existing limitations in optometrists uploading to My Health Record. If patients are referred to ophthalmology on the basis of the optometrist's findings and clinical recommendations, images are often taken again, to either confirm the diagnosis or assess progression – duplicating the resources required which could, in many cases, be rectified if the original image was available for review.

Opportunities for further My Health Record modernisation

Improved access to relevant diagnostic imaging results through My Health Record would not only improve consumer eye care outcomes through enhanced interdisciplinary management of complex conditions, but would also influence a significant reduction in unnecessary onward referral (13, 14). The capacity for providers to comparatively look at longitudinal data for a patient's ocular condition would be a necessary element of this, as many eye diseases change over time, affecting management pathways (15-17). This is particularly important in relation to the treatment of complex eye diseases and systemic conditions that may involve ongoing engagement by patients with primary, secondary, and tertiary services, in which the current duplication and isolation of imaging leads to fragmented, and less effective, coordination of clinical care.(18)

Optometrists routinely provide relevant and comprehensive information to patients about eye diseases and diagnoses as an integral part of their clinical repertoire. Enablement of ocular imaging transmission to My Health Record would benefit patients directly at the time of consultation by allowing clinicians to provide insight into the stability or progression of a condition through comparison with historic data, regardless of where the patient had previously accessed care. The clinician's seamless uploading of updated diagnostic and progression information to other members of a collaborative care team would dramatically improve the patient's knowledge of appropriate next steps, as well as enabling access to, and responsibility for, their own ocular health data.

We believe that primary eye care in Australia has the potential to lead positive health outcomes, if the profession is meaningfully involved with My Health Record Modernisation into the future. Optometrist access to non-ocular clinical information, such as prescribing, pathology, and radiology reports, will allow clinical insight into, and co-management of, common and burdensome systemic diseases.

The following features of interoperability and access in future improvements to My Health Record will directly impact the optometry profession and eye health outcomes:

- Access to medicines information will enable appropriate management of ocular conditions such as glaucoma, through improved knowledge of important interactions and contra-indications with existing diseases or therapies. It will also allow optometrists to assess whether ocular complications are likely related to existing medications.
- Access to pathology results will enhance optometrists' co-management of systemic conditions and their associated ocular sequelae, especially for prevalent conditions such as diabetes, hypertension, thyroid disease, and autoimmune diseases.
- Access to radiography reports will allow optometrists to fulfill their role within the critical management of optic nerve conditions such as papilloedema and optic neuritis, through improved knowledge of the aetiology of the condition.

- Access to discharge summaries from public hospitals will allow optometrists to efficiently manage post- operative conditions with up to date and relevant evidence- based practice.

Optometry Australia are committed to advocating for these future changes in alignment with our ongoing advocacy for an agile profession, an efficient health system, and improved eye care outcomes.

Use Cases: MHR in Optometry

The advantages of optometry integration with My Health Record have been established and exemplified through an innovative collaborative care initiative in New South Wales. The Centre for Eye Health (CFEH) at The University of New South Wales (UNSW) in Kensington, was established in 2009 with the primary goal of reducing preventable blindness in the community. Founded by Guide Dogs Australia, CFEH employs advanced ocular imaging to enable earlier detection and improved management of eye disease.

A leading example of multidisciplinary eye care, CFEH delivers approximately 12,000 consultations per year, delivering a calculated saving to society of 131 million dollars over a seven-year period from 2017-2024, through a reduction of 17,200 years lived with blindness (19). In addition, CFEH plays a vital role in Australian optometric research, having published over 150 peer- reviewed journals regarding eye diseases, collaborative care, and novel treatment approaches.

Digital interoperability has been a cornerstone to the delivery of such significant clinical and research outcomes at CFEH. Through a unique set of circumstances, facilitated by a pioneering team and funding model, alongside the implementation of a software program not widely available to optometrists, CFEH is fully integrated with My Health Record. This interoperability has resulted in the delivery of best evidence- based management plans for patients with chronic diseases such as diabetes, because clinicians have access to all relevant information at the time of consultation. Administrative burden is significantly reduced at CFEH, especially due to the elimination of the onerous task of chasing patients or other healthcare practitioners for vital reports. CFEH is able to provide comprehensive reports, including diagnostic imaging, to referrers and tertiary ophthalmology services in a streamlined and efficient way, resulting in reduced cost to the healthcare system owed to duplication of reporting.

The significant and positive clinical and economic impact of greater interoperability with My Health Record is evidenced by the following case studies from CFEH.

Case 1: Management of Diabetic Retinopathy

TY, a 51 year old truck- driver from the Western suburbs of Sydney, was referred to CFEH by his optometrist, who had limited access to advanced imaging at their practice. TY had limited health literacy, and upon presentation to CFEH, was unaware of vital health information such as his current medications, HbA1c, and comorbidities. The CFEH optometrist seamlessly accessed TY's latest pathology reports and GP shared care plan summary via My Health Record, and was able to see that his diabetes was currently poorly controlled, with a HbA1c of 9.5%, and multiple changes to previous oral medications due to limited blood glucose improvement.

TY had reduced visual acuity in the right eye and upon examination, the optometrist found early diabetic macular oedema, a visually devastating consequence of diabetes that can cause irreparable damage to the central vision.

The Centre for Eye Health clinician was able to:

- Explain the problem clearly to TY, making reference to the insufficient control of his diabetes, and the effect this has on ocular outcomes
- Enact an immediate referral to a local ophthalmologist for initiation of sight- saving ocular intravitreal treatment, through real- time sharing of TY's ocular pathology images
- And report back to the GP in an expediated manner, referring to the decline in vision secondary to diabetic macular oedema, the need for immediate ophthalmology treatment, and a recommendation to review current medications, with an evidence- based perspective that influenced the GP to instigate injected insulin therapy for TY.

Prompt treatment and effective co-management of TY's diabetic macular oedema resulted in a vast improvement in the visual acuity in his right eye. Consequently, with better management of his diabetes, and ongoing collaborative care for his eye health, TY was able to maintain his commercial vehicle license.

Case 2: Monitoring of Choroidal lesion

SM, a 36-year-old single mother from Newcastle, was referred to CFEH by her optometrist for a second opinion on a large dark lesion at the back of the left eye. SM was unable to afford private specialist care, and was concerned by the long waiting list for consultation under the public hospital ophthalmology outpatients' clinic.

During SY's examination at CFEH, the optometrist was able to perform several ocular scans which measured and documented the lesion accurately. The clinician was able to clearly explain the differences between a choroidal naevus and melanoma to SY, pointing to important characteristics on the imaging, and demonstrating to the patient that the lesion currently appeared benign.

Comparison to past images and measurements of choroidal lesions is an important aspect of clinical care, as it allows crucial insights to better differentiate a benign pigmented lesion from ocular melanoma(20, 21). As SM had no way of self- monitoring the lesion at the back of the eye, the optometrist explained that ongoing care would be imperative in checking for progression to malignancy. SM's choroidal lesion was judiciously monitored by CFEH over a period of 7 years, through attendance at ongoing 6 monthly reviews to ensure that there was no progression.

SM's personal circumstances changed significantly when she learned that she would need to relocate imminently for her work, and she was uncertain of the optometry services available at her new location. SM contacted CFEH, feeling quite concerned that ongoing monitoring of her lesion would become difficult.

Upon discussion with CFEH, the optometry clinician reassured SM that she was able to:

- Update SM's My Health Record with all relevant clinical information, including reference to a family history of ocular melanoma
- Ensure all relevant images of the choroidal lesion- illustrating it's size, shape and pigment characteristics- were readily available on her My Health Record
- Include accurate reports of all prior examinations for future clinicians to refer to.

SM felt incredibly reassured that the information she would need to ensure the best evidence- based care of her ocular health moving forward would be easily accessible and transferrable through her My Health Record App.

Barriers, Risks and Liabilities

The vast majority of optometry practices cannot deliver the optimised patient care that would come with the ability to share images and reports due to inherent limitations in access to, and systems interoperability with, the My Health Record. There were formidable barriers for CFEH to enact such digital modernisations, especially in the initial process to set up the system, which involved arduous and complex internal and external processes, such as obtaining a HPI-O and integrating with the clinical electronic medical record software, VIP. A government grant allowed CFEH to enable streamlined reporting through communication provider Medinexus (usually serving Radiology providers), and direct access through VIP was enabled by that software provider's ownership of Best Practice (a GP software program).

For mainstream optometry practices, not only is such administrative burden obstructive to the everyday running of a business, but programs like VIP with interoperability capabilities do not have the point of sales and optometry practice management features that clinicians also require. Further, the ability to obtain a HPI-O for isolated access to limited My Health Record features is hampered by lengthy and complex processes. The majority of optometry providers currently use one of four clinical information systems, also known as patient management systems, to provide client management services, examination records and patient information, as well as dispensing and business management support. Software separate to the patient management systems is used for clinical support in the form of collating diagnostic instrument interfaces and image management. Common to these systems is both a lack of conformance with My Health Record, and a lack of sharing and referral functionality.

This lack of My Heath Record conformant digital health systems and technology stand in the way of optometrists contributing to, and benefiting from, national digital health infrastructure. This was recognised in the recent funding round led by the Australian Digital Health Agency, but further support is required to see true system transformation.

These barriers highlight the need to undertake careful clinical consultation and a thorough review of the standards and devices used by different providers in order to ensure that diagnostic eye imaging information is clinically equivalent and transferrable. They also highlight the need for government consideration and prioritisation of optometry in future steps of My Health Record modernisation.

Conclusion

Enabling sharing of diagnostic imaging to the My Health Record from the optometry sector has the potential to significantly improve efficiency in Australia's health system by reducing unnecessary duplication of test results, with an associated reduction in overall costs, timeliness of services and enhanced access to information to support clinical care.

Optometry Australia supports the Modernising My Health Record—Sharing by Default Bill 2024. However, we discourage future movement toward mandatory sharing by default for optometry.

We strongly advocate for continued investment in streamlined, efficient sharing of ocular imaging to My Health Record as an imperative part of Australia's digital health infrastructure uplift, as this would represent a change with tangible health outcomes and economic benefits.

Optometry Australia would be delighted for the chance to engage further with the Community Affairs Legislation Committee, and other Senate enquiries, to provide further evidence of the need for digital interoperability in eye care.

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