



Senate Select Committee into the
Abbott Government's Commission of Audit
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30 January 2014

Dear Senate Select Committee,

Optometrists Association submission to the Senate Select Committee into the Abbott Government's Commission of Audit

Optometrists Association Australia (OAA) welcomes the opportunity to provide comment to the Committee regarding the process being undertaken, and which may follow, the Government's Commission of Audit. OAA is the peak professional body for Australian optometrists, representing over 90% of registered optometrists.

We appreciate the Governments' commitment to ensuring that Government expenditure is well targeted and effective and that the Government itself performs efficiently. However, we also believe that to ensure long term social and economic health of our population and country it is of up most importance that the medium and longer term impacts of any changes to Government funding of health services recommended by the Commission are fully considered before action is taken. This requires engagement with the key stakeholders impacted by the change including the health professionals who provide these services.

Optometry is Australia's largest eye care profession and optometrists perform approximately 75% of primary eye examinations in Australia. As the first point of care for over 75% of Australians experiencing problems with their eyes and vision, optometrists play a key role in the eye health and vision care of all Australians, and a critical role in preventative care, early detection and intervention, necessary to limit avoidable blindness and vision loss. As the population ages and the prevalence of chronic conditions associated with eye disease, such as diabetes, increases, the need for primary eye care is increasing, and the benefits of timely access to early care in the community is underlined.

Optometry became part of the Medicare Benefits Schedule (MBS) in 1975 and there are currently 26 optometry-specific items listed as part of the Optometrical Benefits Schedule of the MBS. Through this inclusion the community has had access to convenient high quality eye care at convenient locations, and with minimal waiting time from a profession highly trained in eye care and vision services, accessing the latest equipment and technology.

The scope of optometry services currently rebated through the MBS support ready and affordable access to eye health and vision care for patients; patients receive an advanced form of primary eye health and vision care typically involving the use of diagnostic technology. This has benefits to individual health outcomes and to reducing rates of vision loss and blindness at the population level, which itself has financial and social benefits at both personal and population levels. There are also obvious financial benefits for the Government. Delivery of comprehensive primary eye health and vision care services by optometrists is most cost effective for Government compared to the price of equivalent services delivered by medical practitioners and also recognises that the provision of primary eye health and vision care predominantly by the optometry workforce is the best use of the



trained health workforce. Further, economic studies show that for every \$1 spent on eye health prevention – often the focus of optometric care- over \$5 is saved.

These services are provided to the community at relatively low cost to the Government. In 2012-13 the Government supported 7.5 million optometric consultations at a total cost to Government of \$367 million, and an annual per person cost of just \$15.81.

Whilst the current remuneration system for optometrists participating in Medicare requires improvements, it is critical to population eye health that a comprehensive array of optometry services continue to be supported and enabled by the Government.

The Government's other significant avenue for supporting community access to needed primary eye care is via the Visiting Optometry Scheme, which since the 1970s has been supporting access to those who often need it most by funding travel for optometrists to provide services for rural and remote Australians and Indigenous communities in communities not able to sustain a full time optometry practice. Again, this is a relatively low cost initiative supporting access to important primary care. Significant alterations to the scheme without considered consultation with stakeholders could see a reduction in health services to those who commonly have the poorest health status and health outcomes.

The Association seeks the support of the committee in ensuring that any reductions in, or changes to, Government supported health services for patients that may be mooted by the Commission of Audit are considered in consultation with stakeholders prior to action to ensure their full ramifications are appreciated.

Yours sincerely

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Chief Executive Officer