POLICY BRIEF:

Should Aotearoa New Zealand fund free eye health checks for people over 65?

A summary of the types of eye care services that are available for people ≥65 years old and the extent to which these services improve access, quality, or financial protection for eye health in 11 high-income countries.

UNIVERSITY OF AUCKLAND
Waipapa Taumata Rau
NEW ZEALAND

MEDICAL AND HEALTH SCIENCES
SCHOOL OF OPTOMETRY AND VISION SCIENCE

This policy brief is based on evidence generated since 2010 and assembled during a systematic scoping review of primary eye care services in Aotearoa New Zealand and ten similar countries [Australia, England, Northern Ireland, Scotland, Wales, Ireland, Singapore, Hong Kong, Canada, and the USA][1]:

> Goodman L, Hamm L, Tousignant B, Black J, Misra S, Woodburn S, Keay L, Harwood M, Gordon I, Evans JR, Ramke J. Primary eye health services for older adults as a component of universal health coverage: A scoping review of evidence from high income countries. *The Lancet Regional Health-Western Pacific* 2022: 100560. Available here.

Key messages

Three separate reviews concluded that there was **insufficient evidence that screening of vision reduces vision impairment in older people** when done in isolation from follow-up services provided when impairment is detected.

Most of the 11 high-income **countries** included in the review **provide comprehensive eye examinations rather than vision screening**, and these eye examinations were fully or heavily subsidised.

Aotearoa New Zealand was the only included country that did not provide financial protection that enabled under-resourced older adults to access eye examinations or refractive error correction (i.e. spectacles or contact lenses).

THE ISSUE

In 2020, the Government of Aotearoa New Zealand (hereafter 'New Zealand') proposed legislation that would enable free annual "eye health checks" for New Zealand's ~700,000 SuperGold card holders aged ≥65 years. This proposed legislation supported the Ministry of Health's *Healthy Ageing Strategy* (2017) by promoting access to eye care for older people, and by encouraging the early detection of eye conditions. The initial proposal was for a vision and eye health check to be included in a free annual health check delivered at a general practice. However, the practical details of this policy were unclear, including the scope of included eye care services, which practitioner(s) would administer it, and provisions (if any) for follow-up care. Importantly, no assessment of the evidence had been performed to indicate whether the proposed vision screening service was likely to improve eye health. Moreover, the potential inequity of targeting this proposal for those ≥65 years, given the lower life expectancy of Māori and Pacific peoples compared to other New Zealanders, had not been considered.

While this proposed policy did not pass into legislation following the 2020 national election, the issues that it raised remain highly relevant to New Zealand's eye care policies. Almost two-thirds of people with vision impairment are ≥50 years, and these people are most in need of effective eye care services. Fortunately, most vision impairment is preventable or treatable with highly cost-effective interventions that tend to improve quality of life, and general health and wellbeing.[2]

In July 2022, New Zealand's first Eye care situation analysis report[3] was launched at Parliament. This report confirmed that adults accessing primary eye care services—including vision assessment, refraction for spectacles or contact lenses, and an assessment of eye health—incur an out-of-pocket cost, and no primary eye care service is available for people unable to pay. This lack of financial protection means under-resourced New Zealanders are likely missing out on the eye care they need.

WHAT WE LEARNT

Comprehensive and subsidised services is the preferred delivery model

Fully or heavily subsidised comprehensive eye examinations were available in 9 of the 11 countries, and refractive error correction was available in 10. Eye examinations and refractive error correction (typically spectacles) were usually provided by community-based optometrists.

Most of the included countries favour comprehensive eye care examinations. New Zealand was the only country with no subsidised services, while Singapore was the only country with a programme based on visual acuity screening. Scotland previously had a basic "sight test", but in 2006 this was changed to a comprehensive eye examination, with follow-up examinations as required.

Country	Visual acuity Screening	Eye exam	Refractive error correction
New Zealand	✗	✗	✗
Australia		✓	✓
England		✓	✓
Northern Ireland		✓	✓
Scotland		✓	✓
Wales		✓	✓
Ireland		✓	✓
Singapore	✓		✓
Hong Kong		✓	✓
Canada		✓	✓
USA		✓	✓

Vision screening on its own may not reduce the prevalence of vision impairment

Three separate reviews (by Cochrane, and the Preventive Services Taskforce in the US and Canada)[4-6] concluded that there was insufficient evidence that community vision screening reduces vision impairment in older people when in isolation from follow-up services.

Reducing inequality requires targeted approaches

'Universal' strategies that are delivered in the same way to everyone may widen socioeconomic inequalities. An example from Scotland showed that when universal eye care services were introduced, people with higher education and income were more likely to access these services, which increased inequality.

Providing culturally safe, and well-integrated eye care services may encourage access to eye care for non-dominant ethnic minority groups. Examples from Aboriginal communities within Australia used a local health workforce to increase access to eye care services, and highlighted the importance of service providers demonstrating cultural competence.

Primary eye care services can be successfully integrated with other services

Integrating eye services horizontally with general practice can improve access. While general practitioners may not typically prioritise eye care, general practice provides an opportunity to implement strategies that allow eye care workers to reach people who may not otherwise access eye care services.

A new vision screening programme may place a burden on the health care system, due to increased referrals to tertiary services. However, data from the diabetic retinopathy screening programmes in England, Scotland, and Ireland suggest that referral rates will reduce and stabilise within a few years as existing disease is detected and treated.

Strengthening vertical integration across primary, secondary and tertiary levels of eye care can reduce the burden on tertiary care. Examples of shared-care were identified in the UK, where low-risk glaucoma and cataract patients are managed by community optometrists in collaboration with tertiary services.

The limited evidence identified on financial protection confirms it enables access

One randomised controlled trial from Hong Kong found that vision screening services that were provided at no cost were accessed more compared to services that required a small co-payment.

IMPLICATIONS

Based on the evidence, New Zealand should fund eye care services for older people, giving consideration to the following:

Type of service: Visual acuity screening services (without follow-up care) should be avoided. There was no evidence to suggest that visual acuity screening on its own has an impact on eye health among older people. Instead, full or partially subsidised eye examinations and spectacle correction by community-based optometrists would align with international best practice.

Financial protection: While the published evidence describing financial protection and eye health was not extensive, New Zealand was the only country without financially subsidised general eye health services for older adults. Providing fully or partially subsidised eye examinations for people who are unable to pay is an important component of improving eye health in New Zealand. The current loan system available to adult Community Services cardholders is inadequate. Strategies to identify the most relevant eligible population to target are needed.

Eligibility and equity: New policies to improve eye health among older New Zealanders should avoid generating, maintaining or contributing to inequalities (such as those observed in Scotland when a universal eye care initiative was introduced). Rather than introducing a universal service for all SuperGold card holders, an equity-focused approach is required. Such an approach would prioritise those peoples less able to access care, such as Māori, or people living in socioeconomically deprived or non-urban locations. The age cut-off of 65 years disadvantages Māori and Pacific people who have a shorter life expectancy. If an age criterion is used, the criterion for Māori and Pacific people should be lower, as used in recent strategies for COVID19 vaccination and bowel cancer screening. Alternative criteria for eligibility and their implications for administration could be explored, including those that exist for holders of Community Services cards, or people enrolled at Very Low-Cost General Practices.

Integration of services: Horizontal integration of community optometrists with primary care services (such as Very Low-Cost General Practices) holds promise. This strategy would likely increase referrals to tertiary care initially. This increased demand could be anticipated, planned and budgeted for, recognising that this may reduce over time as the backlog of need is addressed. Vertical integration via shared-care between optometrists and ophthalmologists has been successful in the UK and could be further strengthened here.

LIMITATIONS AND FURTHER RESEARCH

- The review on which this policy brief is based focused on only 11 countries/territories—while the range of programmes identified provide useful information, there may be strategies to improve eye health in older adults in countries that are absent from this summary.
- The evidence we assembled was heterogeneous. We did not limit or weight input from resources based on research quality, as we were interested in mapping the range and frequency of existing service activities.
- Future research could investigate how financial protection for the service user can encourage access to services, and how the costs and net benefits vary with different criteria for the most relevant population groups to target with subsidised services.

REFERENCES

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MORE INFORMATION

e: communityeyehealth@auckland.ac.nz

w: communityeyehealth.auckland.ac.nz

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