

Co-located pharmacy improves patient engagement within an Aboriginal primary health care service

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Medication access for Australians living in remote areas is significantly different compared to major population centres.

The S100 Remote Area Aboriginal Health Service (S100 RAAHS) arrangements were introduced some 15 years ago to improve access to medications by Aboriginal and Torres Strait Islanders living in rural and remote Australia.

At around the time, manufacturers and suppliers of generic medications were making inroads into the Australian market place.

Over the course of the ensuing years, the S100 RAAHS proved to be a great success, and in the 2013-14 financial year some 1,600,000 items were supplied with a value of nearly \$40,000,000.

During the same time, there were a number of programs introduced and enhanced to support the supply function, over a series of Guild/Government agreements.

However, there was no funding that directly supported the application of the quality use of medicines within this area of need. And so whilst supply was considerably enhanced with the eradication of a number of impediments, the access by Aboriginal and Torres Strait Islanders to advice and information from pharmacists has been severely restricted by a lack of Government funding in this area.

Pharmacists that were active in this area started to take advantage of the improving terms of trade that generic medications afforded them, and many pharmacies began supplying additional services that they subsidised from these terms. This included the number of visitations to clinics and nursing posts in remote areas and the provision of subsidised services such as Dose Administration Aids (DAAs) and the dispensing of medications to chronic illness patients.

The introduction of accelerated and simplified price disclosure has severely impacted the ability of pharmacists to continue to do so.

My presentation will explore the financial implications of price disclosure and highlight the deficit in Government funding that has impacted this area.

Other factors impact as well.

The number of pharmacies and pharmacists decreases with increasing remoteness; the disease burden is greater; access is affected by weather conditions.

Over the past two years there has been new pharmacies that have opened for business either within an Aboriginal Health Service or co located near Health Services.

Pilbara Pharmacy Services located in the Wirraka Maya Health Service in South Hedland, and Kimberley Pharmacy Services Fitzroy Valley.

These pharmacies have focused on providing a specialised serviced targeting Aboriginal and Torres Strait Islanders at the very point where they access their primary health care.

My presentation will explore how some of these issues may be addressed by pharmacies locating within health services and specialising in Aboriginal and Torres Strait Islander pharmacy needs.

Hannah Mann

My presentation will aim to provide an overview of the development, implementation and progress of locating a pharmacy within a hospital providing Aboriginal Primary healthcare services. It will look to highlight the accessibility of pharmacists as trusted members of the primary healthcare team and how the success of the initiative has engaged communities and clients.

Fitzroy Crossing is a town located 396km from Broome in the centre of the Kimberley region of WA. There is a population of 4000 people in the Fitzroy Valley and 2000 in Fitzroy Crossing town. The Valley has 45 separate communities. There are 5 languages spoken in the Fitzroy Valley.

S100 arrangements had been in place for some years, with clients medications being managed by nursing staff at the hospital. With the best of intentions and lots of hard work, this was still not an ideal situation for clients to access medicines and health information. Of those 45 plus communities there are clinics run at 7, with some only visited once a month. Clients therefore travel significant distances to receive medications.

The development of the role and pharmacy was a logical step to solve some of the issues with access to medications, and medication education. It would also look at reducing the clinical risk involved in medication management, poor prescribing and disjointed communication around medications.

The model has been developed and continues to evolve with the help and extensive consultation with the Fitzroy Valley Health Partnership (Fitzroy Crossing Hospital, Kimberley Population Health Unit, and Nindilingarri Cultural Health).

The burden of Chronic disease in the Fitzroy Valley is significant with 23% of people have a chronic illness, with 69% of those being between the ages of 30-59. Diabetes prevalence is 13.4%.

Pharmacists have a growing and vital role in the primary healthcare team with the ability to bridge gaps in services and knowledge.

The issues we aimed to address by opening the pharmacy include geographical, weather, language, culture, health literacy and a mobile population. Our goal was to develop a model that met the needs of the community, provided medication supply and education, supported clinicians and would become a central and stable part of the primary healthcare team.

In the first 12 months after opening the pharmacy we saw an increase in the number of weeks of medications collected by clients by 1375 weeks from the hospital. This was due to improved access, improved compliance and engaging clients around medications.

594 individual DAA and compliance audits were conducted on chronic disease clients to improve medication knowledge, personalise the DAA and service provided and improve engagement.

Our next stage is to develop with our partners in Fitzroy Crossing, a program that further improves medication knowledge and supports the shift in primary healthcare to the “family focused model of enhanced primary healthcare” currently being implemented in the region.

Our services in the valley are currently limited by business rules that inhibit the expansion of medschecks, diabetes medschecks and HMRs outside of the hospital in remote clinics. The deficit in spending, the lack of specialised culturally appropriate service models and restricting business rules than inhibit people in remote communities from accessing these professional services

Recommendations

1. Review of the funding model for S100 supply to recognise and equitably pay for the dispensing of medications to clients in remote communities accessing medications via S100
2. Review of S100 support funding to ensure clinic needs are met and funded through the allowance

3. Implementation of Indigenous medchecks and diabetes medchecks that are able to be conducted in remote clinics and funded appropriately
4. The expansion of funding for the Family model of enhanced primary healthcare in the Fitzroy Valley to include all communities.

Presenters

Hannah Mann is at the forefront of regional efforts to close the gap in health outcomes between Indigenous and non-Indigenous Australians. Hannah provides a range of services including developing to Medical Officers, reviewing chronic disease medication clients in rural and remote settings, patient counselling and supporting remote area staff in medication management. Although based in Broome, Hannah's hands-on approach means she spends most of her time travelling throughout the Kimberley region. Hannah is also a co-owner of Kimberley Pharmacy Services, and is actively engaged with and delivering educational resources for clients and clinicians in remote communities, providing clinical support numerous care providers within the region to ensure appropriate services are provided with a health outcomes focus.

Terry Battalis is the President of the Pharmacy Guild of Australia, Northern Territory Branch, a National Councillor and the current Chair of the CPRIA Advisory Group (Community Pharmacy for Rural and Indigenous Australia) and the Chair of the Guild's Engagement and Advocacy Committee. He is a pharmacy owner in the Northern Territory and remote Western Australia, heavily involved in Aboriginal health with experience in the Section 100 Remote Area Aboriginal Health Service program. Terry is past Chair of the Rural Pharmacists Australia (RPA) and was also the RPA representative on the National Rural Health Alliance. Terry is also the current Chair of the Pharmacy Premises Committee in the Northern Territory.