Quality Medication Use in Aboriginal Communities

Lance Emerson, Kathy Bell, Roland Manning

5th National Rural Health Conference
Adelaide, South Australia, 14-17th March 1999
Proceedings
INTRODUCTION

Several recent reports have identified that Aboriginal peoples access to prescribed medicines is very low, with recent estimations identifying that Commonwealth expenditure on medications for Aboriginal people is only 22 per cent of what non-Aboriginal Australians receive. In remote areas, access to medications through community pharmacists is exacerbated due to geographic, financial and cultural barriers.

This presentation will report on two new initiatives developed by the Pharmacy Guild of Australia and National Aboriginal Community Controlled Health Organisation (NACCHO) aimed at improving the quality use of medicines in Aboriginal communities primarily through resourcing Aboriginal Health Services to meet more effectively the medication needs of Aboriginal people.

The first initiative is focussed on improving the medication supply mechanisms to Aboriginal people in remote areas through Aboriginal Health Services. A special provision, called Section 100, has been approved by the Health Minister which facilitates a more streamlined medication supply system through community pharmacists to Aboriginal Health Services.

The second initiative, titled the Quality Use of Medicines (QUM) in Aboriginal Communities Project is trialling a range of culturally appropriate, needs based pharmaceutical services in a variety of Aboriginal Health Services (AHS) in regional Australia. These services may include the delivery of educational programs for Aboriginal Health Centre staff on effective medication supply and use; the development of culturally appropriate means of increasing medication concordance amongst Aboriginal people; and the pharmacists delivery of a range of services to assist in screening, managing and/or monitoring Aboriginal patients with specific disease states, eg diabetes. This project will be the first study to identify baseline measures of medication use amongst Aboriginal people.

IMPROVING ABORIGINAL ACCESS TO MEDICINES THROUGH "SECTION 100"

A new strategy for funding the provision of medicines through Aboriginal primary health care services is set to make an important contribution to improving the health of Aboriginal people in remote areas. The initiative is called "Section 100".
Aboriginal people currently have very poor access to medicines through the Pharmaceutical Benefits Scheme (PBS). A recent study has shown that for every PBS dollar spent per head on non-Aboriginal people, only 22c is spent per head on Aboriginal people, despite their much higher levels of illness and need for treatment. Aboriginal people experience a range of cultural, educational, and financial barriers to access to medicines, and these are further exacerbated in remote areas, given the general lack of services as well as transport problems.

In Aboriginal communities, there are good reasons to dispense pharmaceuticals at the point of provision of primary health care, rather than writing a prescription and sending clients to a pharmacy. If medicines are made available through Aboriginal primary health care services, this helps to achieve the seamless integration of clinical and other aspects of care, ideally with the involvement of Aboriginal Health Workers.

Section 100 of the National Health Act 1955 (Cwlth) provides the flexibility required to meet such needs. Section 100 of the Act allows the Federal Health Minister to make alternative arrangements for the supply of PBS medicines where they cannot be conveniently and effectively supplied in accordance with the general provisions of the Act (the general provisions being through a prescription written by a doctor and taken by the client to be filled at a pharmacy).

The Section 100 provisions have been used for various purposes, including the supply of medicines to remote Aboriginal communities in WA through wholesale arrangements. In mid-1997, Federal Health Minister Michael Wooldridge approved the extension of Section 100 arrangements to all remote area Aboriginal health services, as a measure to improve Aboriginal access to the PBS. The implementation details - how the initiative would actually work on the ground - were yet to be decided. In mid-1998, the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Pharmacy Guild of Australia submitted a joint proposal to the Government setting out how the Section 100 arrangements should be implemented nationally. This proposal has been accepted by the Government, and implementation of Section 100 is now underway.

The key feature of the implementation plan is that pharmacies will supply eligible Aboriginal primary health care services with PBS listed drugs on a bulk supply basis, and be reimbursed directly by the Government. The Aboriginal health service will be responsible for supplying the medications to individual clients, through the support of the community pharmacist.

The success of the proposal lies in the fact that the implementation plan developed jointly by NACCHO and the Pharmacy Guild has been carefully designed to meet the needs of all stakeholders. It meets the need of Aboriginal clients for medicines to be provided at the point of primary health care provision. It meets the needs of community pharmacists in remote areas by supporting their role of providing pharmaceuticals and pharmaceutical care services to the community. The plan supports remote area Aboriginal health services and their
staff, by recognising the key role of these services in providing holistic, ‘one-stop’ health care, supporting the role of health service staff in assisting in managing their clients medication, and providing an administratively simple approach. Finally, the plan meets the needs of the Federal Government, as it is geared to achieve the program objectives of the PBS, has low program and administration costs, and includes good mechanisms for accountability and evaluation.

The Australian Pharmaceutical Advisory Council, which brings together a wide range of stakeholders on pharmaceutical issues, has provided an important platform for the development of this very successful collaborative approach.

QUALITY USE OF MEDICINES PROJECT
To complement the section 100 arrangements, and in recognition of the role that community pharmacists can play in assisting Aboriginal Communities to meet their health and medication needs, the Quality Use of Medicines in Aboriginal Communities project has been implemented to improve quality medication use in Aboriginal communities.

A joint project between the Pharmacy Guild of Australia and NACCHO, and funded through the Commonwealth Department of Health and Aged Care, the project will trial a range of culturally appropriate, needs based pharmaceutical services in a variety of Aboriginal health services (AHS) in regional Australia. The objectives of the project are to:

- develop guidelines and standards for the delivery of culturally appropriate, needs based pharmaceutical services;
- trial these services in a variety of Aboriginal health services (AHS) in remote areas of Australia;
- identify baseline measures of medication use amongst Aboriginal people;
- undertake a health evaluation of the pharmaceutical services being trialled using empirical data and quality of life / patient satisfaction methods;
- undertake an economic evaluation using empirical data on the cost impact of these services for AHS and government;
- identify options for remuneration for pharmaceutical services for Aboriginal people; and
- identify a mechanism for implementing these services nationally.

The project is intended to pilot a wide range of services under a variety of different settings so that both pharmacists and Aboriginal health services can ‘pick and choose’ models of Aboriginal pharmaceutical care that would be relevant to their local area. These services will be identified by the Aboriginal health services and pharmacists in collaboration, and may include the following pharmacist services:

- needs analysis - developing systems in identifying needs for pharmacy services in the Aboriginal community;
- concordance aids - development of culturally appropriate means of increasing medication concordance amongst Aboriginal people;
medication information - development of culturally appropriate mechanisms for the provision of drug information to Aboriginal people in direct dispensing and distance dispensing;

continuing education for other care providers - Delivery of educational programs for Aboriginal health service staff on effective medication supply and use (e.g. increasing concordance, influencing therapeutic decisions etc);

medication reviews for high risk Aboriginal people - Delivery of medication reviews for high risk Aboriginal patients by a community pharmacist;

disease state management programs - The pharmacists delivery of a range of services to screen, manage and/or monitor Aboriginal patients with specific disease states, e.g. diabetes; and

influencing therapeutic decisions - The community pharmacist collaborating with the clinical staff at AHSs on clinical decisions and aspects of the Aboriginal community's or individuals medication use.

THE NORTHERN TERRITORY EXPERIENCE.
The planning for the introduction of Section 100 funding of pharmaceuticals to remote Aboriginal health services in the Northern Territory has provided the opportunity to evaluate and identify activities in need of change.

The requirement for accepting the funds from the Commonwealth has been to maintain existing levels of funding to remote health services and ensure adherence to State/Territory poisons and dangerous drug legislation.

This has lead to several changes in the Northern Territory, including:

- the involvement of the pharmacist in developing procedures for the distribution and quality use of medication in remote areas;
- liaison with other health professionals in the creation of systems which are compatible with the education levels of those responsible for their implementation; and
- a proposal being put forward for funding a program to transpose the procedures developed into a Standards Protocol for Pharmaceutical Care in Remote Health Clinics.

The outcomes of this program should see:

- the formulation of policies relating to the possession and supply of medications to and from remote health clinics;
- a review of the legislation which gives a mandate for health professionals to undertake the required tasks to give effect to these policies;
- access to education programs for staff to meet competency standards in medication management or pharmaceutical care;
- examination of the feasibility of accreditation in pharmaceutical care to be incorporated into the criteria for determining competency standards for health professional registration;
the creation of consumer product information, and counselling techniques in conjunction with local communities to ensure understanding of content for local culture;

- the development of prescribing guidelines with District Medical Officers to ensure an optimum number of drugs are available; and

- the creation of harm minimisation procedures in the use of Dose Administration Aids, such as dosette boxes or Webster packaging.