Medicines must be administered ... in more ways than one!

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Australia lacks a quality use of medicines (QUM) policy specifically designed for the needs of Aboriginal and Torres Strait Islander people in both urban and rural areas. This sector has a well-documented burden of disease requiring access to medications and medication advice but experiences poor access to timely, culturally appropriate, planned, integrated and well-structured pharmacy services.

Lack of an Aboriginal and Torres Strait Islander medication policy has resulted in fragmented service delivery, inadequate and inconsistently trained workforce and poor uptake of current QUM initiatives.

Aboriginal and Torres Strait Islander people may receive medications under several different subsidy programs. Eligibility to the different subsidies is dependent upon geographic location, annual registration, and self-identification as being of Aboriginal or Torres Strait Islander heritage. It also depends on who writes and where the prescription is written. Not all prescribers can write prescriptions enabling the patient to receive subsidised medications under the Closing the Gap Co-payment Relief Measure (CTG) program. Hospital prescribers are unable to prescribe under this scheme. Specialists are restricted to prescribing only if the patient is referred by a doctor eligible to prescribe CTG prescriptions. This convoluted, disjointed process struggles to provide the desired health outcomes. For the consumer it is complex and confusing.

Programs such as Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander Peoples (QUMAX) and Good Medicines Better Health (GMBH) have experienced restructuring or cessation of program funding resulting in decreased pharmacist support for QUM initiatives and health workforce education in QUM. Lack of recognition and no funding at a service level for a dedicated QUM position in every Aboriginal health service and no policy and framework, to support dedicated pharmacists in each service means those who have most to gain through safe and informed access to medications and health advice from pharmacists, have the least access.

Pharmacy was omitted from telehealth. Inclusion of pharmacists and the network of pharmacies as sites for consultations with specialists would greatly increase access to telehealth services. Telehealth could be extended to include the provision of medication advice and home medicines reviews and allow pharmacists to receive remuneration for these consultations.

A QUM policy for Aboriginal and Torres Strait Islander people implemented through a dedicated workforce of pharmacists and QUM support positions, in conjunction with a medication access system that is consistent irrespective of location and who prescribes your medications would greatly improve health outcomes.