

Improving medication outcomes for Aboriginal and Torres Strait Islander Peoples

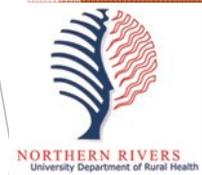
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Improving medication management for Aboriginal and Torres Islander people by investigating the use of Home Medicines Reviews

- ▶ Aim: To explore barriers and facilitators to delivery of medication reviews to Aboriginal and Torres Strait Islander people
- ▶ Method:
 - ▶ 18 focus groups with 102 Aboriginal and Torres Strait Islander patients
 - ▶ 31 semi structured interviews with AHS staff
 - ▶ Cross sectional survey with Home Medicines Review accredited pharmacists - to explore the pharmacist perspective of provision of HMRs to Aboriginal and Torres Strait Islander people



Deterrents to effective medication management

- ▶ Lack of access
- ▶ Social disadvantage
- ▶ Educational disadvantage
- ▶ Disempowerment
- ▶ Shame
- ▶ Fatalism
- ▶ Power imbalance
- ▶ Health as a low priority



Deterrents to effective medication management

- ▶ Complex health systems
- ▶ Lack of integrated care
- ▶ Failed patient clinician interactions
- ▶ Short consultations
- ▶ Co-morbidities
- ▶ Polypharmacy



Medications & Pharmacy

- Lack of understanding of the role of the pharmacist
- Community pharmacies confusing, uncomfortable, lack privacy
- Pharmacists difficult to understand - too much jargon
- Myriad of pharmacy programs, all with different rules



Medications & Pharmacy

Remote

- Lack of pharmacists & pharmacy services
- Remote area Aboriginal health service (RAAHS), section 100 medication access scheme - bulk supply of medicines
- Lack of training in QUM for health service staff
- High staff turnover



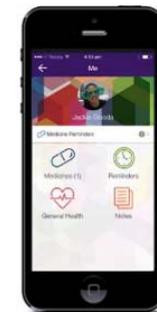
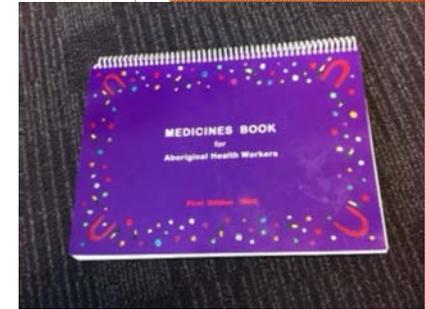
Improving medication management

- ▶ Prioritising QUM - systems
- ▶ Increased support & medicines education for AHS staff
- ▶ Collaboration across health systems
- ▶ Multi-disciplinary approach
- ▶ Culturally responsive health professionals
- ▶ More Aboriginal health professionals



Improving medication management

- ▶ Family/carer engagement
- ▶ Longer consultations with GPs
- ▶ Appropriate educational resources, communication aids
- ▶ Simplified drug regimens
- ▶ Medication organisation systems - DAAs, alarms, Apps
- ▶ Increased medication reviews



Enter and update your information, and set alarms to remind you when to take your medicines.

Why medication reviews?

- ▶ Collaboration between pharmacists and AHS staff/ GP^{1,2}
- ▶ Education and support of GPs⁵
- ▶ Build rapport between pharmacist and patient³
- ▶ Increase knowledge of patients about their medicines, disease state⁴

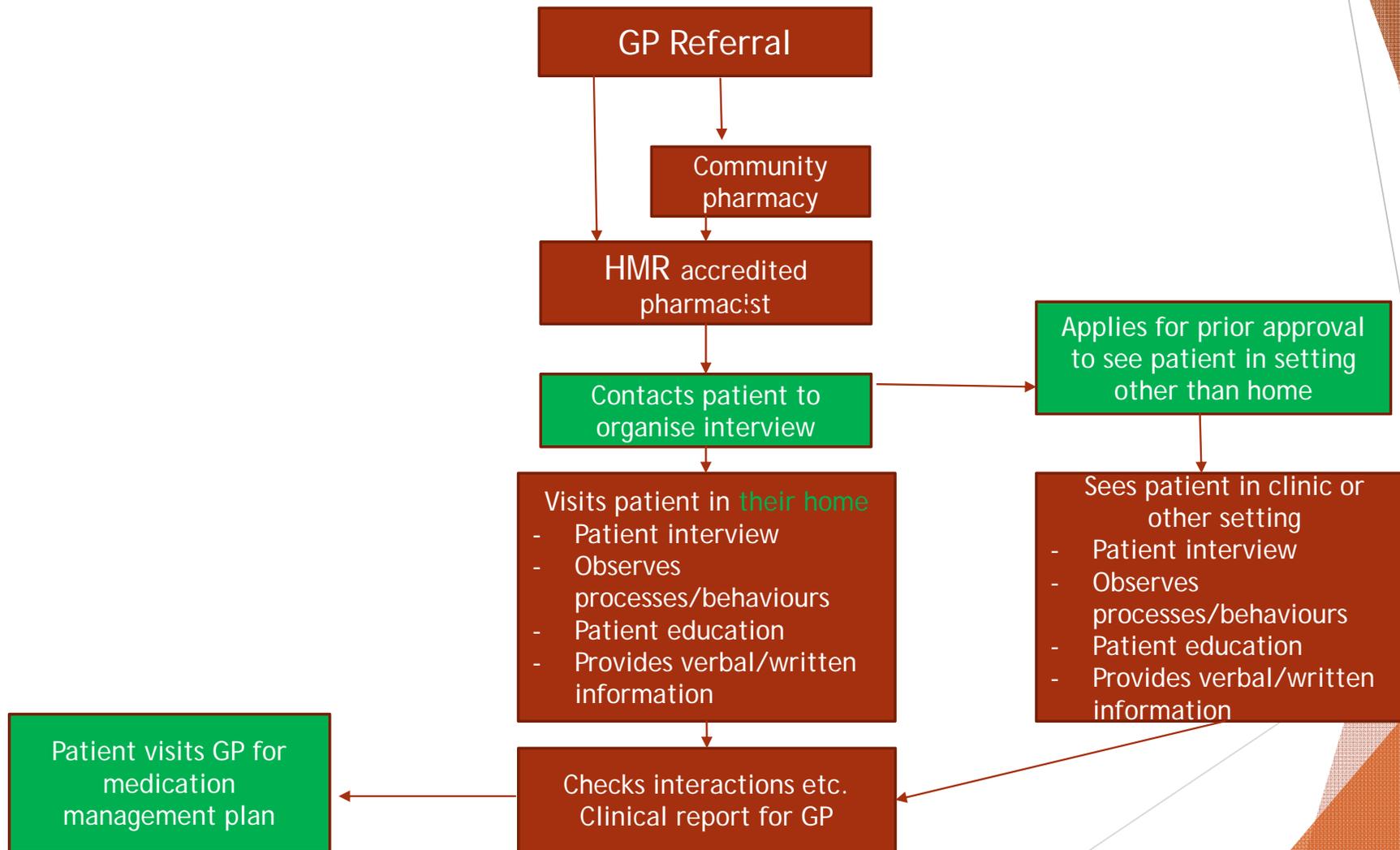


Why medication reviews?

- ▶ Reduce medication misadventure, reduce hospitalisations^{6,7}
- ▶ Increase medication adherence¹
- ▶ Encourage GP engagement with patients about medicines⁵
- ▶ Empower patients to ask questions³



Home Medicines Review - Current model



Survey results

- ▶ 187 respondents (n=945, 19.7%)
- ▶ 50% of respondents rural (23%)
- ▶ Only 88 (9.3%) respondents answered specific questions around working with Aboriginal Health Services (AHS)
- ▶ 40% Community pharmacist (accredited)
- ▶ 46% consultant pharmacist



Survey results

- ▶ 33% of respondents conducted over 10 HMRs per month
- ▶ 50% of respondents had not conducted any HMRs for Aboriginal and Torres Strait Islander people in last 3 years
- ▶ 70% of respondents less than 5 HMRs for Aboriginal and Torres Strait Islander people in last 3 years



Pharmacist engagement with Aboriginal Health Services

- ▶ 58% of respondents worked within 30km of an AHS,
- ▶ 28.7% of respondents did not know where their closest AHS was located
- ▶ 55% had no contact with AHS
- ▶ 45% contact by phone for medication supply and dispensing queries
- ▶ 32% provided Dose Administration Aids (Webster packs)



Pharmacist engagement with Aboriginal Health Services

- ▶ 63% had not provided any QUM services
- ▶ 89% would like to have provided more services to AHS
- ▶ Two largest barriers to working with an AHS were identified as:
 - ▶ Lack of relationship with AHS (58%)
 - ▶ Lack of financial viability for delivering clinical services (61%)



Perceived Barriers to HMR (by pharmacists)

For all population groups

- ▶ Lack of awareness of HMR program
- ▶ Lack of GP referrals - “not all GPs value HMRs”
- ▶ Too time consuming
- ▶ Low financial viability

Perceived Barriers to HMR (by pharmacists)

For Aboriginal and Torres Strait Islander people

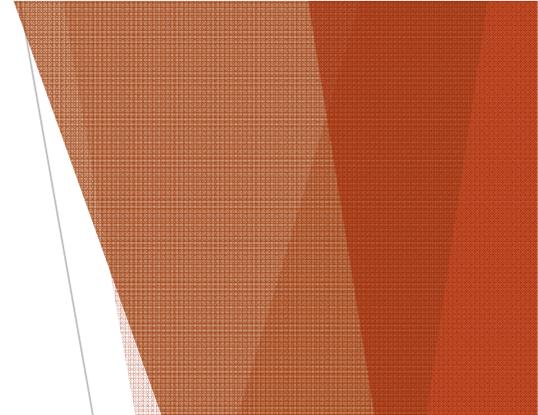
- ▶ Lack of professional relationship with local AHS
- ▶ Difficult to organise HMR referral
- ▶ Difficult to organise HMR interviews
- ▶ Perception that Aboriginal patients would not like a home visit
- ▶ Lack of cultural “comfort” - 70% had never received any cultural training



Facilitators to HMR

- ▶ Involvement of AHS staff in HMR process
 - ▶ Organise & facilitate
 - ▶ Follow up with patient
 - ▶ Act as an interpreter - 2 way communication
- ▶ Need Aboriginal Health Worker(AHW) or nurses to write HMR referral (91%)

The GPs want more HMRs done but don't want to have to do all the paperwork. It would be great if health workers and nurses could write referrals as they know which patients would benefit most."



Conclusions

- ▶ Very few HMRs or other clinical pharmacy services being provided to Aboriginal and Torres Strait Islander people
- ▶ Current HMR program rules and regulations are a deterrent to providing HMRs to Aboriginal patients
- ▶ Pharmacists want to work more closely with AHSs but unsure how to facilitate the process - need help relationship building
- ▶ Clinical services need to be financially viable

Conclusions

- ▶ Pharmacists lack training in Aboriginal health and culture
- ▶ Lack of GP referrals result in very few HMRs for Aboriginal patients
- ▶ Need more appropriate medication review program for Aboriginal and Torres Strait Islander people
 - ▶ Name change
 - ▶ Integrated into care plans, health checks
 - ▶ AHS systems approach
 - ▶ Reimbursement for AHS staff
 - ▶ HMR interview at location of patient choice
 - ▶ Increased travel allowances

Recommendations to improve medication outcomes for Aboriginal and Torres Strait Islander People

- ▶ Increase medication reviews
 - ▶ Financial viability, uncapped
 - ▶ Increase referral base - AHS staff need to be able to write referrals
 - ▶ Flexibility of location, no prior approvals
 - ▶ New/tiered models - group or individual
 - ▶ Regular follow up and feedback
- ▶ Imbed cultural training in health curricula
- ▶ Cultural training for pharmacists
- ▶ Culturally safe community pharmacy environs



Recommendations to improve medication outcomes for Aboriginal and Torres Strait Islander People

- ▶ Facilitation of relationships
 - ▶ between health professions
 - ▶ Between pharmacists and AHSs
 - ▶ Between pharmacists and Aboriginal patients
- ▶ Salaried pharmacist positions in AHSs



Thank You

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This work published online:

- ▶ Swain L, Griffiths C, Pont L, Barclay L. (2014) *International Journal of Clinical Pharmacy*; 36(6) 1260-1267. Found at: <http://link.springer.com/article/10.1007/s11096-014-0030-y>

Other related articles:

- ▶ Swain L, Barclay L. (2013) They've given me that many tablets, I'm bushed. I don't know where I'm going. *Australian Journal of Rural Health*, 21: 216-219. Found at: <http://onlinelibrary.wiley.com/doi/10.1111/ajr.12053/pdf>
- ▶ Swain L, Barclay L. (2015) Exploration of Aboriginal and Torres Strait Islander perspectives of Home Medicines Review. *Rural and Remote Health*, 15:3009 Found at: <http://www.rrh.org.au/articles/subviewaust.asp?ArticleID=3009>
- ▶ Swain L, Barclay L. (2015, in press) Medication reviews are useful, but the model needs to be changed: Perspectives of Aboriginal Health Service health professionals on Home Medicines Reviews. *BMC Health Services Research*. In press

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