

Improving medication outcomes for Aboriginal and Torres Strait Islander people

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Background: Home Medicine Review (HMR) has been found to be an important tool to raise patient awareness of medication safety, reduce adverse events and improve medication adherence. Aboriginal and Torres Strait Islander people are the most likely of all Australians to miss out on HMRs despite their high burden of chronic disease and high rates of hospitalisation due to medication misadventure.

Aims: This study explores barriers and facilitators to delivery of medication review to Aboriginal and Torres Strait Islander patients from both patient and health professional perspectives.

Methods: This was a mixed methods exploratory study of 18 semi-structured focus groups with 102 Aboriginal and Torres Strait Islander patients at 11 Aboriginal Health Services (AHSs). Thirty-one semi-structured interviews were conducted with AHS staff and a cross sectional survey was used to gather data from 945 Australian pharmacists accredited to undertake HMR.

Relevance: Findings from this study are currently being used to inform Sixth Community Pharmacy agreement decisions around medication review program rules. The Australian Government should invest in medication review programs to assist Aboriginal people to manage their medicines and so assist in reducing the burden of chronic disease and Closing the Gap.

Results: Most of the Aboriginal and Torres Strait Islander participants found the HMR process confusing and confronting. Participants felt HMRs for Aboriginal patients should be organised by Aboriginal Health Service staff, with patients being offered a choice of location for the HMR interview, and the choice of a group consultations. These participants identified that Aboriginal Health Workers should play a key role in communication, knowledge translation, referral and follow up.

Aboriginal health staff interviewees felt that the low number of HMRs for Aboriginal patients was mainly due to their lack of awareness and understanding of the HMR process, the complexity of the HMR model and the GPs' time constraints. Pharmacists reported that barriers included lack of understanding of cultural issues by pharmacists, burdensome program rules, the lack of patient-pharmacist relationship, and the lack of pharmacist-AHS relationship.

Conclusion: Increasing HMRs for Aboriginal and Torres Strait Islander people has the potential to increase medication knowledge, medication adherence and therefore improve chronic disease management, however more culturally appropriate and acceptable medication review programs need to be established with increased pharmacist and health staff training. This presentation will explore potential new medication review models informed by the study's findings. There are great possibilities if the right people can conduct medication reviews in the appropriate places.