Queensland Government

Queensland **Health**

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12 SEP 2011

Senator Rachel Siewert
Chair
Community affairs References Committee
Parliament House
CANBERRA ACT 2600

Dear Senator Siewert

I refer to your letter dated 29 August 2011, seeking advice on *the effectiveness of special arrangements for the supply of Pharmaceutical Benefits Scheme (PBS) medicines to remote area Aboriginal Health Services.*

Queensland Health's response is attached.

Should you require further information, Queensland Health's contact is Ms Ruth Hay, Director, Medication Services Operational Performance & Support, Medication Services Queensland, on telephone 3131 6531.

Yours sincerely

Dr Tony O'Connell
Director-General

Encl.

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1. Please provide information on how access to s100 arrangements for Aboriginal and Torres Strait Islander people in remote areas are provided for in Queensland.

In 2001 thirty nine (39) primary health services operated by Queensland Health (QH) and serving remote Aboriginal & Torres Strait Islander communities were approved by the Department of Health and Aging for registration for the s100 arrangement for Remote Area Aboriginal and Islander Health Services. Applications for the Aboriginal communities of Cherbourg and Yarrabah were rejected by DoHA at the time, on the grounds that they did not meet the 'remoteness' criterion.

Historically, except for those in the Torres Strait, Weipa (town) and Cooktown, all these clinics had been supplied with a range of medicines (mostly PBS listed items) by the pharmacy department at the one of the public hospitals. Where the cost exceeded the patient co-payment these medicines were funded by Queensland Health. The patients at clinics in the Torres Strait Islands and Northern Peninsular Area were being supplied individually under s85 arrangements by the private community Thursday Island Pharmacy (TIP).

At all these clinics a patient co-payment was raised when the medicines were supplied to the patients, in accordance with the Queensland Health Services Regulation. These were similar to the charges for PBS items, with the same concessions, but with an additional safety-net limiting the charge on any one occasion to a maximum of four co-payments at the relevant level. This was consistent with the formula used throughout the public hospital system in Queensland for non-admitted patients and these co-payments contributed to the joint Commonwealth/State safety-net.

Clients were supplied with their medicines regardless of their ability to pay the charge and outstanding debts were eventually written off by Queensland Health. This included reimbursing TIP for any unpaid patient co-payments arising there..

The s100 special arrangements were implemented in thirty six (36) of the 39 eligible clinics. Table 1 below lists these clinics and their supplying pharmacies. Clients of three clinics (at Weipa (town), Cooktown and on Thursday Island) either commenced or continued to have prescriptions dispensed by the local private community pharmacy through s85. This decision was taken in order to maintain existing private community pharmacy services.

1. Table 1 — List of the 36 s100 RAAIHS in Queensland

Health Service District	Primary Health Service	Approved Pharmacy providing PBS stock
Cape York	Hopevale	Cairns Base Hospital Pharmacy
	Laura	
	Wujal Wujal	
	Aurukun	
	Coen	
	Kowanyama	
	Lockhart River	
	Mapoon	
	Napranum	
	Pormporaaw	
Mt Isa	Camooweal	Mt Isa Base Hospital Pharmacy
	Dajarra	
	Doomadgee	

Health Service District	Primary Health Service		Approved Pharmacy providing PBS stock
	Mornington Island		
Rockhampton	Woorabinda		Rockhampton Hospital Pharmacy
Townsville	Palm Island		The Townsville Hospital Pharmacy
Torres Strait and Northern Peninsular Area	Bamaga	Boigu Is	The Thursday Island Pharmacy (private)
	Badu Is	Darnley Is	
	Coconut Is	Horn Is	
	Dauan Is	Kubin/Moa Islands	
	Injinoo	Mer Is	
	Mabuaig Is	New Mapoon	
	Saibai Is	Seisia	
	Stephen Is	St Pauls Is	
	Umagico	Warraber Is	
	Yam Is	Yorke Is	

2. Does Queensland collect and evaluate data on the clinical outcomes of this access to the s100 arrangements for Aboriginal and Torres Strait Islander people?

Queensland Health has not undertaken any collection and evaluation of health outcome data specifically in order to assess the effectiveness of the S100 arrangements for Aboriginal and Torres Strait Islander people.

However, since 2008 Queensland Health has implemented Key Performance Indicators (KPIs) for Aboriginal and Torres Strait Islander health, which are reported annually. A successful S100 program should contribute to improvement in several of these KPIs, in particular: 'Hospital separations for potentially preventable hospitalisations – for acute, chronic conditions and vaccine-preventable conditions'. Improved access to medications for the treatment of chronic disease through the S100 program is expected to assist in reducing rates of potentially preventable hospitalisations for chronic conditions which would be reflected in the KPI.

However, for those Health Service Districts where S100 arrangements exist (Mt Isa, Cairns and Hinterland, Townsville, Cape York, and Torres Strait Health Service Districts) no significant improvement has yet been seen for this KPI over the period for which data has currently been analysed (2002-03 to 2008-09). Of course, there is a complex mix of factors apart from access to medicines which influence the health status of Aboriginal and Torres Strait Islander people.

In addition, since 2008 Queensland Health has implemented a coordinated and systematic audit process (*One21seventy* Continuous Quality Improvement program) to measure the quality of care provided to Aboriginal and Torres Strait Islander clients in primary health care facilities. All but two of the Queensland S100 sites are participating in the *One21seventy* program. The audit process includes an analysis of prescribing practices for clients with vascular and metabolic syndrome, with an emphasis on diabetic clients. A successful S100 program will again benefit from availability and access to medications for these clients. However, as the One21seventy program is in its infancy, there is as yet insufficient data to allow trend analysis or any comparative analysis between S100 and non-S100 facilities.

3. How is 'quality use of medicines' achieved, and what type of access to a pharmacist do Aboriginal and Torres Strait Islander people in remote areas of Queensland have?

The clinics operated and supplied by Queensland Health each have an ‘imprest list’ of medicines that is agreed between the prescribers and the supplying pharmacist. The range of medicines included on the imprest lists are selected from the Queensland Hospitals ‘List of Approved Medicines’ (LAM) or have been approved by the district’s medication management committee.

They represent the safest, most effective and economical choices from all the different brands and generics within each therapeutic class that are available on the PBS.

The imprest lists in the clinics supplied by the community pharmacist on Thursday Island currently are not limited to the LAM.

In order to improve Quality Use of Medicines for Aboriginal & Torres Strait Islander clients, Cairns and Hinterland Health Service District has been able to fund one full time pharmacist and one pharmaceutical assistant to provide supply and outreach services to 12,000 Aboriginal & Torres Strait Islander people in the ten primary health care services on behalf of Cape York HSD. This has enabled an outreach pharmacist to be readily available by phone, and to visit each clinic for a few hours, two to three times a year.

This visit is primarily to provide education and training for the clinic staff in quality use of medicines and does not provide the opportunity for significant contact between the clients of the service and the pharmacist.

In Mt Isa district the increased funding from the s100 arrangements has allowed for an increase in staff by half a pharmacist and half an operational officer to manage the stock supply and claiming processes. A regular visiting pharmacist schedule had been established aimed at providing a two-day visit to each of the four remote s100 clinics, six times a year. Regrettably Mt Isa HSD has recently put a stop to outreach visits due to lack of recurrent funds to meet travelling expenses that cost up to $1,000 per trip.

The clinic at Woorabinda has a part-time pharmacy assistant to help with stock management, and maintaining patient records. Pharmacy assistants cannot legally supply medicines directly to patients.

Only the health service on Palm Island employs a full time pharmacist.

Extensive use of dose administration aids (Webster packs) packed by community pharmacists has been introduced since the program started. This is outside the s100 arrangement and the additional cost is met by Queensland Health. This is considered to provide better medication management than the basic system that is funded through the program, of supply of complete PBS packs labelled by clinic staff (nurses or indigenous health workers).

4. What is the role of Aboriginal Health workers in remote settings in prescribing and dispensing services for Aboriginal and Torres Strait Islander people in remote areas of Queensland?

Indigenous Health Workers are employed in the remote area health services, particularly in the Northern Cape and Torres Strait Health Service District.

The role of Indigenous Health Workers is governed by the Queensland *Health (Drugs & Poisons) Regulation 1996.*

Paragraph 164A Indigenous health workers

An indigenous health worker, while practising in an Aboriginal or Torres Strait Islander community in an isolated practice area in a specified health service district, is

authorised—

(a) to obtain and possess a restricted* drug; or

(b) to administer or supply a restricted drug, under a drug therapy protocol, on the oral or written instruction of a doctor, nurse practitioner or physician's assistant.

*a restricted drug is one listed in Schedule 4 of The Poisons Schedule.

Paragraph 252B Indigenous health workers

An indigenous health worker, while practising in an Aboriginal or Torres Strait Islander community in an isolated practice area in a specified health service district, is authorised to administer or supply an S2 or S3 poison under a drug therapy protocol.

Indigenous health workers are not authorised to prescribe.

Indigenous health workers are not authorised to supply controlled drugs (S8), however PBS items containing these are not included in the s100 arrangement.

5. What provisions are in place for evaluation and improvement in the use of s100 programs in Queensland?

This question might be better addressed to the Commonwealth Department of Health and Ageing who are responsible for the program and its funding.

The Strategic Policy, Funding and Intergovernmental Relations Branch within Queensland Health is responsible for the negotiation (and re-negotiation) of these arrangements should it be necessary and coordinating any reporting requirements, but has no program management role with which an evaluation responsibility would reside. Their view is that as this is a Commonwealth initiative,

- any formal program evaluation for the S100 arrangements is their responsibility.
- Queensland Health's responsibility is to maximise the opportunity that this initiative presents and to comply with the legislative requirements of the programme.

Medication Service Queensland (MSQ) was responsible for the implementation of the supply and claiming arrangements. This was supported by a Memorandum of Understanding (MoU) between Queensland Health and DoHA which has now expired, but it still sometimes referred to. The MoU contained details on reporting of

the application of savings realised by Queensland Health that were to be directed towards Aborigine and Torres Strait Islander health initiatives. In the years immediately following the introduction of the special arrangements for the remote area Aboriginal & Torres Strait Islander Health Services, the uptake of the program was closely monitored by MSQ. Once the program was established, responsibility for ensuring that the claims were made promptly, and that the additional funds were directed to the intended purpose, was transferred to the respective Health Service Districts (HSD).

Also during the early period there were several meetings between Queensland Health and the Commonwealth Department of Health and Ageing (DoHA) to discuss practical issues that arose. However no change was made to the then Memorandum of Understanding to overcome the difficulties Queensland Health found in administering the program.

The MoU between Queensland Health and DoHA expired on 31 December 2009 and has not been renegotiated.

In 2004 an evaluation was conducted by the Program Evaluation Unit at the University of Melbourne[1]. The report of this evaluation contained eleven recommendations for improvement. None of these recommendations was adopted by DoHA with respect to the MOU with Queensland Health.

Queensland Health is not aware that DoHA has reviewed the outcome of the program as implemented in Queensland (or any other States).

6. How has access to s100 arrangements been evaluated in Queensland? The committee would appreciate copies of any reports of evaluations or audits that have been completed. For example, the committee understands that an audit was completed earlier this year and would welcome the opportunity to view this audit report.

An audit was performed by Queensland Health Audit Office in February this year.

The audit was a review of internal processes and the Director General advises this report will not be released to the Senate.

[1] Kelaher M, Taylor-Thomson D, Harrison N, O'Donoghue L, Dunt D, Barnes T and Anderson I Evaluation of PBS Medicine Supply Arrangements for Remote Area Aboriginal Health Services under S100 of the National Health Act.