QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL (QAIHC) RESPONSE TO:

INQUIRY INTO THE EFFECTIVENESS OF THE SPECIAL ARRANGEMENTS FOR THE SUPPLY OF PHARMACEUTICAL BENEFITS SCHEME (PBS) MEDICINES TO REMOTE AREA ABORIGINAL HEALTH SERVICES (RAAHSs)

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List of Acronyms

ACCHS – Aboriginal Community Controlled Health Service/s

AIHW – Australian Institute of Health and Welfare

AHW – Aboriginal Health Worker

CTG – Close the Gap

DoHA – Department of Health and Ageing

DAA – Dose Administration Aids

DVA - Department of Veterans Affairs

GP – General Practice

PBS – Pharmaceutical Benefits Schedule

QAIHC – Queensland Aboriginal and Islander Health Council

QUM – Quality Use of Medicines

QUMAX – Quality Use of Medicines Maximised for the Aboriginal and Torres Strait Islander population

RAAHS – Rural Area Aboriginal Health Services

TOR – Terms of Reference

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1. Overview

The recommendations contained within this submission represent the position of the Queensland Aboriginal and Islander Health Council (QAIHC), in response to the Senate Community Affairs Committees' inquiry into *the effectiveness of special arrangements for the supply of Pharmaceutical Benefits Scheme (PBS)* medicines to remote area Aboriginal Health Services.

Recommendations have been developed in the context of considering the existing special arrangements that are in place for the supply of pharmaceutical benefits to clients of eligible Remote Area Aboriginal Health Services (RAAHS), on account of Aboriginal and Torres Strait Islander people's disproportionately poor health outcomes and low life expectancy. How these arrangements - based on Section 100 (here after referred to as S100) of the National Health Act (1953) - are currently working to address Aboriginal and Torres Strait Islander disadvantage, and prospective areas for strengthening and improvement are put forward; in order to support QAIHC's vision of closing the gap in Indigenous health disadvantage for all Aboriginal and Torres Strait Islander people in Queensland, no matter where they reside.

2. Background

Nationally, there are 173 RAAHS that participate in the Section 100 program, with the vast majority being State/Territory Government-run Aboriginal Health Services. Currently, only one third (34%) of participating RAAHS are Aboriginal Community Controlled Health Services (ACCHSs). In Queensland, these figures a less, with only 11.4% (5 from a total of 44) ACCHS representing services that currently access medicines under S100.

Consideration of these figures is important in the context of looking at this document's recommendations, as ACCHS represent distinct services from Government-run organisations. This is largely attributable to the distinct community-owned and community-operated model that ACCHS adhere to. The result is the delivery of comprehensive primary health care to local and surrounding Aboriginal and Torres Strait Islander communities that is targeted and culturally appropriate, on account of community involvement and ownership of planning and service provision processes. Acknowledgement of the important and unique role that ACCHS have to play in the planning and provision of health care to Aboriginal and Torres Strait Islander people subsequently becomes important to enable an understanding of the thoughts and rationale that have informed the advancement of this paper's recommendations.

3. Key issues raised

Matters to be raised here address the inquiry's terms of reference (TOR) in manner that prioritises key issues identified by QAIHC. These positions have been formulated with

careful consideration of what is needed to ensure the ongoing improvement and advancement of Aboriginal and Torres Strait Islander health outcomes and life expectancy – to which safe and accessible medicine provision in all geographic areas is essential.

It is noteworthy that advancement of these position statements does not dispute the positive outcomes that have been achieved through arrangements under S100. It is acknowledged that service involvement in this program has facilitated enhanced and improved access to medicines for Aboriginal and Torres Strait Islander people, however; what is posited here represents an indication of how existing arrangements might be improved and developed to ensure further scope for health improvement and advanced capacity to address health and life expectancy disadvantage.

3.1. Non ACCHS Providers

The first issue to be raised here pertains to current service provider access to arrangements under S100, which as they currently stand preclude ACCHS from offering their clients both Close the Gap (GTG) scripts and PBS medicines under the S100. This means where a community pharmacy and private General Practice (GP) are located in RRMA 6-7 regions, Aboriginal and or Torres Strait Islander patients no longer need to attend a RAAHS or ACCHS to receive affordable medicines as they can access CTG if the private practice makes application for the PIP Indigenous Health Incentive program. While increased affordability is important, ACCHSs provide significant advantages over private general practices as vehicles for improving patient's medication adherence and quality use of medicines (QUM) (see TOR(c)). This is in light of the existing capacity and experience that exist within the ACCHS sector to this end, with existing QUM programs operating despite lack of direct funding investment into this area of service operation.

QAIHC subsequently advances the view that it is preferable for Aboriginal and or Torres Strait Islander patients to have access to QUM supports, however; the current approach may divert patients away from such QUM programs.

The above position has informed the following recommendations:

1) DAAs for remote area ACCHSs may be financed through:
    a. A program such as QUMAX extended nationally, and/or other Dose Administration Aids (DAA) program financed by extension to the 5th Community Pharmacy Agreement.
    b. A DAA service similar to that provided by the Department of Veterans Affairs (DVA) for eligible clients funded by the Australian Government.
    c. Specific QUM related grants (a service-specific *QUM budget* including for DAAs) to ACCHSs. See TOR (c).

3.2. AICCHS Providers

In light of the integral and acknowledged role that ACCHS play in the delivery of comprehensive primary health care services that are culturally appropriate and responsive to the needs of Aboriginal and Torres Strait Island people, QAIHC advance the following recommendations as necessary to strengthen and increase access to affordable medicines:

1) ACCHSs situated in RRMA 6-7 locations should be given the option of providing CTG scripts to clients as well as the option to stock medicines on site through the S100 program.
2) Affordability is a major factor influencing Aboriginal peoples' equitable access to medicines. By addressing this issue, the S100 supply program has accomplished significant gains towards equity. However; medication adherence is also influenced by a range of other factors and can be enhanced through QUM strategies (see TOR (c)), including DAA's.

   The S100 Program does not provide funding support for DAA's and many ACCHSs pay for these through their core budgets. As such, direction of funds should be considered toward supporting DAA functions in ACCHS settings under the S100 to enhance scope for further improvement in access and QUM.

3) The S100 supply of medicines to ACCHSs has evolved to encompass a range of ancillary programs that support the QUM. However; the often unconnected and integrated nature of these programs can frequently add to their complexity for primary health care providers. This posits a need for better coordination and linkage within primary health care settings across different program areas, to increase opportunity for maximum benefit; and reduce uncertainty about different program objectives and processes.

   These targets for improvement could be achieved by the introduction of a scheme to allocate *QUM budgets* to ACCHSs from which services can draw from, and negotiate service-specific activities with community pharmacy or academic pharmacists. The difference between the S100 program handling fee ($2.79) and the PBS dispensing fee ($6.42) per item comprises a PBS under spend that could be used to fund a range of service specific QUM initiatives within ACCHSs.

3.3. Improving Program and Capacity Building

1) The employment of pharmacists within ACCHSs (see TOR(c)) would enhance educational opportunities for AHWs towards roles as Medication Assistants or the completion of Cert IV AHW Training.

   Although the Guild has existing pharmacy assistant and pharmacy scholarship Department of Health and Ageing (DoHA) funding for Aboriginal and or Torres Strait Islander candidates, successful enrolment under these banners involves the

candidate finding a pharmacy that will employ them, who will frequently be located outside of their local community.

Expanding funded training opportunities within ACCHS around these two professional areas would not only create increased capacity within the service to support QUM and improved delivery of DAAs, but it would also ensure that increased experience and capacity in these areas was retained and housed within local communities.

2) QAIHC continue to support the evidence-based listing of medicines in the PBS specifically for the Aboriginal and Torres Strait Islander population. QAIHC would support consultations into the future to ensure the needs of Aboriginal and Torres Strait Islander people in Queensland are met and that items listed on the PBS continue to reflect the health needs of Indigenous Australians. Directions to this end will be essential to closing the gap in Indigenous health disadvantage.

3.4. Achieving equitable PBS expenditure

1) Disparities still exist in access to PBS medicines between Aboriginal and Torres Strait Islander and non-Indigenous Australians. There is a visible need for increased per person PBS expenditure to address the disproportionately higher levels of disease burden that Aboriginal and Torres Strait Islander people experience. It is understood that investment to this end alone is not sufficient to end Aboriginal and Torres Strait Islander health disadvantage, however; QAIHC believe that in combination with the above measures and recommendations, action to this end would result in significant and sustainable health improvement.

4. Conclusion

What has been presented here captures key issues and positions identified by QAIHC as necessary to ensure the ongoing and improved provision of much needed medicines to Aboriginal and Torres Strait Islander people, no matter where they reside. Access to and safe and quality use of medicines is critical to closing the gap in Aboriginal and Torres Strait Islander health disadvantage and while existing arrangements under the S100 are supporting achievements toward this end, QAIHC see the above recommendations as strengthening the current approach that exits and creating further opportunity for health improvement.