



The effectiveness of the special arrangements for the supply of Pharmaceutical Benefits Scheme (PBS) medicines to remote area Aboriginal Health Services

Date: 30 June 2011 Contact: Dr Lynn Weekes Telephone: 02 82178715 Email: lweekes@nps.org.au

Background to this submission

The continuing difficulties Aboriginal people face in remote areas achieving optimal use of medicines presents a challenge responding effectively to their needs. There are many persisting barriers both to equity of access of medicines and to the support systems necessary to make the best use of medicines.

NPS has implemented educational programs as an adjunct to the special arrangements for supply PBS medicines to remote area Aboriginal services. The aim of these programs is to facilitate quality use of medicines in communities that now have better access to medicines and so are more likely to experience quality use issues.

The programs have been run from core NPS funding from the Department of Health and Ageing and have not been linked with funding for the supply arrangements. Two audiences have been targeted in these programs, pharmacists providing Section 100 services and senior aboriginal health workers.

This submission will focus on the former of these, NPS's Outreach Pharmacists for Remote Aboriginal Health Service (OPRAH) program. It demonstrates how additional work has been provided in a complementary way to support the underlying supply arrangements. It also demonstrates the commitment of pharmacists providing these services and their interest in ensuring quality use of the medicines which are supplied.

Outreach Pharmacists for Remote Aboriginal Health Service (OPRAH) program

The OPRAH program uses the "train-the-trainer" model and provides up-skilling on medicines use in chronic diseases as well as cultural awareness and communication skills required for optimum delivery to remote area Aboriginal Health Services. The workshops are tailored to train pharmacists to meet the differing needs of Aboriginal Health Workers (AHW) and Remote Area Nurses (RAN).

Eligible pharmacists involved in the program receive continuing education and have opportunities to network with other health professionals working with remote communities. Activities include structured training workshops twice a year, educational resources and ongoing support, sessions for Aboriginal Health Services staff, regular teleconferences, and provision of activity reports at the conclusion of each therapeutic topic which meet Department of Health and Ageing S100 support allowance requirements.

The NPS budget for the program:

July 2010 – June 2011

- ▶ Workshop delivery and printing, budget \$60 000; Resource 0.3 FTE

July 2011 – June 2013

- ▶ Estimate pending approval \$140 000

Independent, not-for-profit and evidence based, NPS enables better decisions about medicines and medical tests. We are funded by the Australian Government Department of Health and Ageing.

ABN 61 082 034 393 | Level 7/418A Elizabeth Street Surry Hills 2010 | PO Box 1147 Strawberry Hills NSW 2012
Phone: 02 8217 8700 | Fax: 02 9211 7578 | email: info@nps.org.au | web: www.nps.org.au

Submission

NPS will address Terms of Reference (b) and (c) as set out in the inquiry by analysing data collected from four OPRAH workshops held between 2009 and 2011. The workshop topics were lipid management, pain management, stroke management and chronic obstructive pulmonary disease management.

- b. The clinical outcomes achieved from the measure, in particular to improvements in patient understanding of, and adherence to, prescribed treatment as a result of the improved access to PBS medicines.*

The positive clinical outcomes achieved from the OPRAH program are primarily due to increasing the knowledge, skills and confidence of pharmacists to be able to improve health outcomes in remote area Aboriginal Health Services. Through the up-skilling of the OPRAH program, pharmacists are better able to address the educational needs of Aboriginal Health Workers and identify knowledge gaps among patients.

Improved confidence levels enabling the improvement of clinical outcomes in remote area Aboriginal Health Services.

A group of 23 Outreach Pharmacists (OPs) were surveyed (pre) prior to the Lipids Management workshop and a group of 18 OPs were surveyed following (post) the workshop. From this survey 30% (n=7) of pharmacists reported a high confidence level pre-survey in their ability to outline quality use of medicines principles. This area showed a substantial improvement following the workshop with 94% (n=17) reporting a high level of confidence.

There was reasonable improvement in confidence levels (89%, n=16) in working with Aboriginal and Torres Strait Islander health services, although more than half (61%, n=14) of the pharmacists reported having high confidence pre-survey. Pharmacists reporting a high confidence level in being able to effectively facilitate educational sessions and in assessing the cardiovascular risk and lipid management needs for AHS staff nearly doubled proportionally post survey (89%, n=16 for both).

OPs were asked to rate their confidence following completion of the pain management (n=27), stroke management (n=11) and chronic obstructive pulmonary disease management (n=17) workshops. A large proportion of the OPs indicated that they had high confidence levels in their ability to define the concepts of quality use of medicines (96%, 64% and 100%, respectively), deliver health information in a culturally appropriate way (89%, 64% and 76%, respectively), and could assess AHS information needs and tailor information accordingly (85%, 82% and 75%, respectively). While confidence was still generally high in the ability of OPs to outline quality use of medicines as it fit into a best practice model for Aboriginal Health, this area may require more emphasis in training as it showed the highest low confidence scores (26%, 45% and 19%, respectively).

Identifying and addressing knowledge gaps for AHWs and patients

OPs who participated in the Lipids Management workshop were asked what they thought the knowledge gaps were in AHWs and Remote Area Nurses (RANs) for reducing cardiovascular risk and managing lipids before the workshop (n=21). They reported the main knowledge gaps in AHWs and RANs were a lack of education (33%) followed by medication side effects and their management (24%), compliance (19%), and the roles of other therapies apart from statins (10%).

Similarly, OPs (n=20) were asked what they thought the knowledge gaps were among patients for reducing cardiovascular risk and managing lipids. Again the OPs reported the main knowledge gap among patients as a lack of education (65%). This was followed by a lack of knowledge with compliance (15%), diet (15%), and cardiovascular risk perception (10%).

To improve these knowledge gaps half of the OPs (52%, n=10) suggested the need for education to address the “gap”. A quarter of the respondents (26%, n=5) also suggested increased access and availability to easy-to-read resources.

OPs were asked how they felt about aspects of the lipid management, pain management, stroke management and chronic obstructive pulmonary disease workshops. Of the 73 OPs who completed this series of questions across the four workshops, almost all found the workshops to be useful in terms of relevant training (94%, n= 17; 96%, n= 26; 82%, n=9; 100%, n=17; respectively), and the majority found the support materials relevant to their work (94%, n= 17; 89%, n= 24; 64%, n=7; 87%, n=15; respectively).

Feedback quotes post training:

The NATSIHWA were honoured to be invited to take part in the workshop + NATSIHWA is confident that this is the beginning of a long and fruitful relationship between our respective organisations.

Great presenters and hosts. Really useful information and communication.

Thank you it was great, enjoyed the speakers & input from them. Loved having everyone together, loved input from NPS facilitators, panel was good, website update great thanks.

Was fantastic - Thank you very much. Networking has been fantastic - Content fantastic. Helps to alleviate the feeling of "aloneness" that comes with working in the field. Given me more confidence with dialogue and talking with Indigenous families.

Very good opportunity to pick up tips from people with lots of experience in remote indigenous health in particular communication tips.

- c. *The degree to which the ‘quality use of medicines’ has been achieved including the amount of contact with a pharmacist available to these patients compared to urban Australians.*

Through education these essential front-line staff are being updated on best practice in the management of key chronic conditions. They are also empowered to recognise patients who may benefit from increased support and counselling to improve their own health outcomes and achieve quality use of medicines. Moreover relationships are fostered through repeated pharmacist visits for regular service delivery and ongoing program topics.

The degree to which quality use of medicines can be achieved depends on access to remote area Aboriginal Health Services. Our most recent workshop on managing lipids was held in Darwin on 3-4 March 2011 with 36 OPs present. We aim to train 45 pharmacists per year and this number is always exceeded. Currently there is difficulty in collecting data on the number of workshops each OP runs, the number of sessions, and AHWs and RANs attendance at these sessions.

Considering the OPRAH program overcomes distance barriers and staff shortages by integrating training into existing models of service delivery, further penetration into remote area Aboriginal Health Services through the OPRAH program would mean higher achievement of quality use of medicines.