Terms of Reference

The effectiveness of the special arrangements established in 1999 under section 100 of
the National Health Act 1953, for the supply of Pharmaceutical Benefits Scheme (PBS) medicines to remote area Aboriginal Health Services, with particular reference to:

(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 current S100 arrangements do not provide for any outcome measures such as improving a patients understanding of and adherence to medications. There is no incentive for either the supplying community pharmacy or the Aboriginal Health Service (AHS) to measure these outcomes as supply of medication will continue regardless of improvements in adherence or understanding.

(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;

Patients supplied s100 medications have the little or no contact with a pharmacist compared to urban living Australians. Pharmacists play a key role in ensuring QUM in urban Australia but have been left out of this process with the current s100 arrangements. Community pharmacy currently acts solely as a supplier/wholesaler for AHS, with little or no contact with patients or Aboriginal Healthcare Workers.

Previous reports such as the Hudson (2001) report and Loller (2003) report into s100 arrangements showed that AHS staff often act as virtual pharmacists and find labelling and recording of supplied medication time consuming when other activities could be completed. Labelling procedures that is standard in urban areas of Australia was consistently not followed in AHSs when medication was dispensed. Urban Australians are able to have their medication dispensed by a pharmacist, who at the time is able to then provide medication related advice to the patient, a service lacking in the current s100 arrangement.

Currently, urban Australians that meet the criteria for a Home Medicines Review are able to have close contact with a pharmacist. This service, which has been shown to improve outcomes with regards to adherence, understanding of medications & improve clinical outcomes has been lacking for Aboriginal and Torres Strait Islanders. AHSs represent a prime opportunity for a similar program to occur while the patient is visiting the AHS. If a pharmacist could be funded as part of the

AHS healthcare team to provide both medication advice to the patient and pharmacological advice to other healthcare staff at the AHS, they could also help put in place monitoring systems to measure improvements in patient outcomes, understanding and adherence. Training of Aboriginal or Torres Strait Islander staff could also be undertaken by a professional with all the knowledge of the Poisons legislation and methods to help patients understand and adhere to treatments.

Some of the Medicare framework for this already exists in the HMR/RMMR claiming system and the follow on Team Care Arrangements that can be claimed by doctors.

For example: An Urban Australian receives a HMR;

> *Pharmacist – from 1st October 2011 is able to claim ~$190 from Medicare*
>
> *Doctor – is able to claim multiple MBS item numbers (721, 723, 729, 731, 732, and 900) up to a value of ~$500 – if all extra required work is completed.*
>
> *If eight patients a week were referred to a pharmacist in this manner, the pharmacist could claim ~$72,900 from Medicare, assuming 48 weeks. The doctor would be able to claim ~$200,000.*

The extensive involvement a pharmacist would have in a similar scheme to this would mean many outcomes could be measured over time for each patient and different patient populations, allowing direction of care and improvements in the way treatments & medication supply are approached.

References:

1. Loller H. 2003. Final report: Section 100 Support Project. Canberra: National Aboriginal Community-Controlled Health Organisations and the Pharmacy Guild of Australia.
2. Hudson, P. 2001. Prescribing and Dispensing Issues and Needs in the Remote Health Clinics in the Northern Territory. GPDNT & NPS