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Australian Journal of Rural Health

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

Submission to the Senate Community Affairs Committee

July 2011

This Submission is based on the views of the National Rural Health Alliance but may not reflect the full or particular views of all of its Member Bodies.

Submission to the Senate Community Affairs Committee on the effectiveness of special arrangements for the supply of Pharmaceutical Benefits Scheme (PBS) medicines to remote area Aboriginal Health Services

About the National Rural Health Alliance (NRHA)

The Alliance is comprised of 32 Member Bodies, each a national body in its own right, representing health professionals, service providers, consumers, educators and researchers with an interest in rural and remote health (see Attachment).

The vision of the National Rural Health Alliance is good health and wellbeing in rural and remote Australia, with the goal of equal health for all Australians by 2020.

On specific issues that have direct impact on the health of Aboriginal and Torres Strait Islander people, the Alliance seeks guidance and input from its Indigenous Members, NACCHO and AIDA. This submission draws some information from the NACCHO submission to the current inquiry.

Introduction

Australians living in rural, regional and remote areas have higher levels of mortality, morbidity and health risk factors than those who live in the major cities.

Some 70 per cent of Aboriginal and Torres Strait Islander people live outside the major cities and make up a substantial proportion of the population in remote areas. Their burden of disease and their health outcomes are significantly poorer than those of other Australians. The average life of Australia's Aboriginal and Torres Strait Islander people is 10-17 years shorter than for all Australians.

The main focus of this submission is on achieving improvements in health outcomes for the people who live in remote communities through improving access to and safe and appropriate use of essential Pharmaceutical Benefits Scheme (PBS) medicines.

This submission addresses terms of reference (a), (b), (c), (f) and (h) for the current Inquiry (appended page).

(a) Access to essential PBS medicines
"whether these arrangements adequately address barriers experienced by Aboriginal and Torres Strait Islander people living in remote areas of Australia in accessing essential medicines through the PBS."

The Section 100 program for remote Aboriginal Health Services (the Section 100 program) was introduced to overcome a number of significant barriers restricting the access of Aboriginal and Torres Strait Islander people living in remote communities to the PBS. It has undoubtedly improved access to PBS medicines for Aboriginal and Torres Strait Islander people in remote areas during this time.

Key aspects of the Section 100 program that have contributed to its success include the ability of people to obtain their PBS medicines:

- at no cost to the user (no co-payment);
- in a culturally appropriate setting, at the Aboriginal Health Service, at the same time as they see the doctor, nurse or health worker and without having to provide Medicare cards, pension or health care concession cards for eligibility purposes or to keep track of PBS Safety Net information; and
- through the existing infrastructure at the remote Aboriginal Health Service, without having to travel elsewhere.

NACCHO has provided data to the current inquiry that shows gains in PBS utilisation from the Section 100 program for Aboriginal and Torres Strait Islander people living in rural and remote communities over the 5 years from 2001-02 to 2006-07.[1] PBS per person expenditure over 2006-07 in remote regions of Australia was 1.12 times higher for Aboriginal peoples ($223 per person) than non-Aboriginal people ($200 per person) in remote regions. Both groups are still well below the expenditure per person in major cities (just under $300 per person).[2] These findings are consistent with the Alliance analysis of the overall PBS underspend outside Major Cities, discussed in section (h) of this submission.

Recommendation:
The Alliance welcomes the gains in access to PBS medicines through the Section 100 program as important and beneficial. However, these gains are not sufficient to meet the higher health needs of the Aboriginal and Torres Strait Islander people living in remote communities for preventive, chronic and acute health care. Further improvements and refinements of the Section 100 program should continue to occur.

An alternative PBS arrangement – the *Closing the Gap* (CTG) Co-Payment Relief initiative provides Aboriginal and Torres Strait Islander people with PBS medicines at no charge or reduced charge through an annotated prescription from a doctor in a practice that is accredited to provide CTG scripts for supply through a community pharmacy. The CTG may have contributed to some improvements nationally in the supply of PBS medicines to Aboriginal and Torres Strait Islander people residing in urban areas.

This initiative is not available to doctors who are working in Aboriginal Medical Services where the Section 100 Remote Aboriginal Health Service Program is in operation. This can create problems for remote living Aboriginal and Torres Strait Islander people when they visit regional areas or major cities for specialist health care, recreation or work commitments. They will need to find a prescriber who can write CTG scripts, explain their requirements and then go to a community pharmacy to have the prescription dispensed. In future, the introduction of the personally controlled electronic health record may provide better links between community pharmacy, hospital and Aboriginal Health Service about current medications.

[1] NACCHO, 2011. Figure 1: Five year trends in PBS expenditure by Aboriginality and by geographical location (2001-02 to 2006-07) extracted by Couzos , S. in Submission prepared by NACCHO to the Senate Community Affairs Committee Inquiry into the effectiveness of the special arrangements for the supply of Pharmaceutical Benefits Scheme (PBS) medicines to remote area aboriginal health services (RAAHSs). http://www.aph.gov.au/Senate/committee/clac_ctte/pbs_medicines/submissions.htm

[2] AIHW 2010. Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07: an analysis by remoteness and disease. Health and welfare expenditure series no. 40. Cat. No. HWE 49. AIHW, Canberra.

Recommendation:
The inter-operability of all schemes designed to improve access to PBS medicines for Aboriginal and Torres Strait Islander people must be reviewed to ensure appropriate, affordable and timely access to medicines as people move about.

(b) Clinical outcomes, patient understanding and adherence to prescribed medicines
"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 focus of the current Section 100 program for remote Aboriginal Health Services is on timely, affordable and convenient access to PBS medicines. There is no doubt that better clinical outcomes could be achieved if the Section 100 program could do more to contribute the skills, knowledge and understanding people need to get maximum benefit from their medicines.

The availability of pharmacists to the Aboriginal Health Workers and nurses at the Aboriginal Health Service, as well as the people obtaining their medicines there, is central to this point. Currently the capacity of community pharmacies to deliver this support is limited by the high cost of travel to remote locations, difficulties in sourcing appropriate accommodation and local availability of appropriately qualified and experienced pharmacists within the current level of remuneration. The type of support that can be provided by pharmacists within the context of the Section 100 program is discussed in (c) below.

From the point of view of the Aboriginal Health Service, the Section 100 program covers the cost of the medicine for their clients and provides a reliable channel for the supply of medications. It does not cover the costs to the Aboriginal Health Service for the time of the front line workers, including nurses and Aboriginal Health Workers, in helping people to understand about their medicines and the importance of following the dosing instructions.

Further, the Section 100 Scheme does not cover the costs of equipment for standard computer generated dispensing labels with relevant instructions and warnings, or the cost of dose administration aids to help people with chronic conditions and multiple medications to take their medicines as prescribed. Any additional support or equipment the Aboriginal Health Service provides must come from core funding.

Local quality use of medicines (QUM) initiatives were a part of the Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander Peoples (QUMAX) scheme, which has increased access to PBS medicines for Aboriginal people in non-remote locations by eliminating co-payments across Aboriginal Community Controlled Health Services (ACCHS). Support pharmacists assigned to each ACCHS, provided QUM education for ACCHS staff, provided dose administration aids and transport for the delivery of medicines, focused attention on patients' PBS Safety Net entitlements, and fostered collaboration with community pharmacies — all within the context of culturally appropriate primary health care.[3]

[3] *Improving Aboriginal and Torres Strait Islander people's access to medicines — the QUMAX program*, Sophie Couzos, Vicki Sheedy and Dea Delaney Thiele, MJA 2011; 195 (2): 62-63
http://www.mja.com.au/public/issues/195_02_180711/cou10504_fm.html

The QUMAX scheme in urban areas also showed that community pharmacies can contribute to education about quality use of medicines for nurses and Aboriginal Health Workers in Aboriginal Community Controlled Health Services, the provision of dose administration aids, and transport for the delivery of medicines. This interaction helped to foster the relationship between the community pharmacy and the Aboriginal Health Service in order to improve collaboration.

Recommendation:
Consideration should be given to enhancing Section 100 funding to include quality use of medicines strategies in addition to the supply of PBS medicines.

(c) Access to pharmacist for quality use of medicines support
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;

The Alliance notes that several submissions to the inquiry, including that of NACCHO and of pharmacy organisations, have identified the need for more equitable access to pharmacy services in remote Aboriginal and Torres Strait Islander communities.

The pharmacy support arrangements need to be sufficient to cover the cost of the pharmacist responsible for the Section 100 supply to provide training and support for Aboriginal Health Workers and Remote Area Nurses in counselling their clients about quality use of medicines, as well as in stock control and management.

Funds should be sufficient to cover employment of a pharmacist, or regular visits by pharmacists to the Aboriginal Health Service so that clients receive support in quality use of medicines at a level that is at least comparable with the assistance available to people through community pharmacies in other parts of Australia.

The new MBS items for telehealth provide for Aboriginal Health Workers to organise and support patients during video consultations with specialists. Potential opportunities for links with primary health care providers including pharmacists, as well as specialists, are worthy of consideration as experience with video consultations increases. However, such video links do not replace the need for face-to-face interactions.

Recommendation:
The Alliance sees value in additional funding to support the employment of a pharmacist on a sessional or more permanent arrangement to provide regular clinics within Aboriginal Health Services and to build the capacity of Aboriginal Health Workers and Remote Area Nurses to better meet the needs of the communities they serve (see (f) below).

Other strategies for improving access to pharmacists for the people and staff in Aboriginal Health Services should also be considered, for example, through video links in between regular clinics.

(f) Educational opportunities for Aboriginal Health Workers

"the extent to which Aboriginal Health Workers in remote communities have sufficient educational opportunities to take on the prescribing and dispensing responsibilities given to them by the PBS bulk supply arrangements;"

Standardised training in use of medicines is available for Aboriginal Health Workers in the Cert IV AHW course, and some ongoing professional development opportunities are available through National Prescribing Service (NPS) programs, some Pharmacy Schools that provide training courses, and the contributions of some individual pharmacists. However, it would appear that there is not yet a systematic way to ensure that the Aboriginal Health Workers within remote area Aboriginal Health Services continue to benefit from up-skilling and support to carry out responsibilities with medications that may fall to them under the arrangements for PBS bulk supply.

Funding for the employment of pharmacists to support remote area Aboriginal Health Services would assist in addressing this issue. The increasing numbers of pharmacy graduates, coupled with encouragement through Pharmacy schools and training in cultural appropriateness, could create an opportunity for such an initiative to be introduced. Such action would enhance the developing role of Aboriginal Health Workers and increase the capacity of the Aboriginal Health Services to provide experience for postgraduate training for health professionals with an interest in rural and remote health, already occurring in some States.

Remote Area Nurses, nurse practitioners and practice nurses are also part of the front line workforce in many remote Aboriginal Health Services and should be included in improvements in continuing professional development and support with regard to quality use of medicines. This should include the introduction of up-to-date technology to support front line staff in Aboriginal Health Services and training in its use. For example, the need for equipment to provide standard computer generated dispensing labels with relevant instructions and warnings has already been mentioned under heading (c). Increasingly Remote Area Nurses and nurse practitioners will need access to information systems that provide them with drug information and alerts within their scope of practice and evidence-based medication protocols, as well as training and support in the use of these systems. Remote Area Nurses and Aboriginal Health Workers are also likely to have an expanding role in supporting people with the use of their electronic medication records in remote settings.

Recommendation:
The Alliance strongly endorses investment in supporting and equipping Aboriginal and Torres Strait Islander Health Workers to maximise the contribution they are already making to much needed health care in their communities. Remote Area Nurses, practice nurses, nurse practitioners and other front line workers in remote settings should also benefit from such investment and support within their scope of practice.

h) access to PBS generally in remote communities

There is a substantial shortfall in access to pharmaceuticals through the PBS for people in regional and remote areas. While an AIHW report released in 2011 shows a shortfall of about $25 million in PBS benefits paid to rural Australians, it also notes that there are

proportionately more concession card holders in regional areas than in Major Cities (almost 45 per cent compared with 30 per cent in Major Cities).[4] Adjusting for this greater proportion of concession card holders, the Alliance estimates the annual shortfall in PBS benefits in rural and remote areas to be of the order of $500 million in 2006-2007 – or around 11 million scripts a year. This annual shortfall in PBS benefits is a substantial part of the primary care deficit faced by people living outside Major Cities.

Recommendation:
Consideration should be given to solutions for people living in remote communities without a doctor and outside the Section 100 program. Improvements to the S100 supply through remote area Aboriginal Health Services and other remote area schemes, including the Royal Flying Doctor Service and the CTG scheme, should be designed around a consistent goal of providing access to affordable medicines to all people living in remote communities.

Conclusions

The PBS was introduced as a means of ensuring that all Australians have access to the medicines they need for good health at an affordable price. This must extend to all people who live in remote Australia, with a particular focus on the high health risks and poor health outcomes of Aboriginal and Torres Strait Islander people.

There is evidence that the Section 100 program is contributing to improved access to medicines for Aboriginal and Torres Strait Islander people and should be built on and strengthened. Access to medicines is important to good health, but is only part of comprehensive primary health care.

With a primary care deficit in rural, regional and remote areas of at least $2.1 billion in 2006-07,[5] further investment in the health of remote living Australians is justified and necessary. As a minimum this investment should include improving the availability of pharmacists, better support and education for nurses and Aboriginal Health Workers and covering the cost of providing dose administration aids in Aboriginal Health Services.

Any changes to the Section 100 Program must acknowledge and retain the essential features of an excellent supply mechanism for getting PBS medicines to clients in remote Aboriginal Health Services in a timely, affordable and culturally sensitive manner. The challenge is now to build on that supply mechanism with strategies to maximise the contribution of the PBS medicines to improvements in health outcomes for Aboriginal and Torres Strait Islander people living in remote communities.

Remote Aboriginal Health Services may benefit from current and emerging technology, improved communications, for example, through the National Broadband Network and the expansion of government programs such as video conferencing and telehealth, developed in collaboration with Aboriginal representative bodies. These initiatives may encompass the continuing education of the front line workers in Aboriginal Health Services to limit

[4] AIHW, 2011. Australian health expenditure by remoteness: a comparison of remote, regional and city health expenditure. Health and welfare expenditure series no. 50. Cat. no. HWE 50. AIHW, Canberra. http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442475422
[5] NRHA, 2011. The extent of the rural health deficit. Fact sheet 27. http://nrha.ruralhealth.org.au/cms/uploads/factsheets/Fact-Sheet-27-rural-deficit.pdf

professional isolation, or if the services desired, using this technology to collaborate with pharmacists in providing quality use of medicines support where face-to-face support was not possible.

Further attention to the reach of other programs to address the shortfall in access to medicines for people living in remote communities is also warranted. However, the focus must go beyond improving access to medicines alone and also address the need for effective and holistic primary health care as close to home as possible for the people who live in remote communities. This involves making the best use of the health professionals and resources available locally, and ensuring health care is delivered in a culturally appropriate manner. This is an essential step in addressing the health disadvantages faced by Aboriginal and Torres Strait Islander people and others living in remote communities.

Terms of Reference

Senate Community Affairs Committee

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

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:

(a) whether these arrangements adequately address barriers experienced by Aboriginal and Torres Strait Islander people living in remote areas of Australia in accessing essential medicines through the PBS;

(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;

(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;

(d) the degree to which state/territory legislation has been complied with in respect to the recording, labelling and monitoring of PBS medicines;

(e) the distribution of funding made available to the program across the Approved Pharmacy network compared to the Aboriginal Health Services obtaining the PBS medicines and dispensing them on to its patients;

(f) the extent to which Aboriginal Health Workers in remote communities have sufficient educational opportunities to take on the prescribing and dispensing responsibilities given to them by the PBS bulk supply arrangements;

(g) the degree to which recommendations from previous reviews have been implemented and any consultation which has occurred with the community controlled Aboriginal health sector about any changes to the program;

(h) access to PBS generally in remote communities; and

(i) any other related matters.

Attachment

Member Bodies of the National Rural Health Alliance

ACHSM	Australasian College of Health Service Management
ACRRM	Australian College of Rural and Remote Medicine
AGPN	Australian General Practice Network
AHHA	Australian Healthcare & Hospitals Association
AHPARR	Allied Health Professions Australia Rural and Remote
AIDA	Australian Indigenous Doctors' Association
ANF	Australian Nursing Federation (rural members)
APA (RMN)	Australian Physiotherapy Association Rural Member Network
APS	Australian Paediatric Society
APS (RRPIG)	Australian Psychological Society (Rural and Remote Psychology Interest Group)
ARHEN	Australian Rural Health Education Network Limited
CAA (RRG)	Council of Ambulance Authorities (Rural and Remote Group)
CHA	Catholic Health Australia (rural members)
CRANAplus	CRANAplus – the professional body for all remote health
CWAA	Country Women's Association of Australia
FS	Frontier Services of the Uniting Church in Australia
HCRRA	Health Consumers of Rural and Remote Australia
ICPA	Isolated Children's Parents' Association
NACCHO	National Aboriginal Community Controlled Health Organisation
NRHSN	National Rural Health Students' Network
PA (RRSIG)	Paramedics Australasia (Rural and Remote Special Interest Group
RACGP (NRF)	National Rural Faculty of the Royal Australian College of General Practitioners
RDAA	Rural Doctors Association of Australia
RDN of ADA	Rural Dentists' Network of the Australian Dental Association
RHW	Rural Health Workforce
RFDS	Royal Flying Doctor Service
RHEF	Rural Health Education Foundation
RIHG of CAA	Rural Indigenous and Health-interest Group of the Chiropractors' Association of Australia
RNMF of RCNA	Rural Nursing and Midwifery Faculty of the Royal College of Nursing Australia
ROG of OAA	Rural Optometry Group of the Australian Optometrists Association
RPA	Rural Pharmacists Australia—Rural Interest Group of the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia and the Society of Hospital Pharmacists of Australia
SARRAH	Services for Australian Rural and Remote Allied Health