Government of South Australia
SA Health

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2009-00353
eA501923

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Committee Secretary

Thank you for the opportunity to make comment into the inquiry into 'the effectiveness of 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'.

SA Health welcomes the inquiry and is pleased to provide a response which recognises both the benefits of section 100 for Aboriginal and Torres Strait Islander (ATSI) people living in remote areas and identifies broader issues for the program which require consideration at both a Federal and State level. Such issues include ensuring the quality use of PBS medicines received under section 100 (i.e. using medicines safely and effectively), and the possible integration of existing support programs.

In accessing essential medications, SA Health recognises the implementation of section 100 has clearly benefited ATSI people living in remote areas through the provision of medications without a cost burden. However, SA Health notes there are a number of potential barriers experienced by ATSI which may affect their ability in accessing essential medicines through the PBS. These include:

- Timely transportation of medicines to remote areas;
- Physical access to medicines due to seasonal considerations;
- Access to medical care to obtain scripts;
- Infrastructure and equipment within the Aboriginal Health Service (AHS); and
- Lifestyle and cultural attitudes to medication.

Hence whilst the section 100 scheme has been effective in addressing cost barriers to ATSI patients, addressing these other barriers may assist in further improving access to medication under the section 100 scheme.

From SA Health's perspective there are two key areas that could be targeted to address barriers for ATSI patients accessing medications and ensuring appropriate use of medicines.

Quality Use of Medicines

The findings in the 2003 Commonwealth Department of Health and Ageing (DoHA) commissioned report '*Evaluation of PBS Medicines Supply Arrangements for Remote Area Aboriginal Health Services under s100 of the National Health Act*' indicated that the section 100 program did not have a negative impact on quality use of medicines (QUM) but highlighted existing issues. The issues highlighted within the report appear to have retained some currency, in particular, the need for additional education and training resources.

Remote ATSI patients are unlikely to have direct access to a pharmacist at the time a medication is started, changed or if a medication problem is identified. The core business of pharmacists is the safe and effective use of medicines to optimise the outcomes for patients as well as to provide system-wide advice to achieve these desired outcomes in an evidence-based manner. There is no guarantee that patients supplied medicines under the section 100 program are provided with counselling regarding QUM. Direct and regular access to a pharmacist would assist with the specific barriers they encounter to the safe and effective use of medicines.

There is also a need to improve ATSI patients' understanding of the need for their medication or the impacts that medications can have on their health. It is acknowledged that the implementation of the 'Quality Use of Medicine Maximised' (QUMAX), initiative for ATSI people is designed to address aspects of this issue. QUMAX was devised jointly by the Pharmacy Guild of Australia and the National Aboriginal Community Controlled Health Organisation,

Integration of support programs

ATSI patients often travel between remote and non remote areas to obtain their treatment. In doing so, many patients encounter a number of medication subsidy schemes in addition to section 100, including QUMAX and the 'Commonwealth Practice Incentives Program' (PIP) (the latter being a Commonwealth program through the Closing the Gap initiative, whereby ATSI patients are eligible for PBS co-payment measures if they obtain a script from a health care professional registered with the PIP). Removal of the PBS co-payment for ATSI people in remote areas through the section 100 arrangements and for urban and regional ATSI patients through the Commonwealth's Closing the Gap has been a significant initiative by the Commonwealth. It acknowledges that the barriers preventing access to medications for ATSI peoples do not differ significantly across geographical locations. SA will be interested to see the effectiveness of this initiative over time.

However, as the PIP is a Commonwealth program there is no transparency for public sector health services to identify those ATSI patients who receive PIP co-payment relief in the community setting. Therefore, when these patients present to a public hospital participating in the pharmaceutical reforms, they are required to pay the patient co-payment for discharge medicines. Ideally, those patients who access

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co-payment relief in the community setting via such programs should also have the ability to access co-payment relief when attending public hospital facilities. This would further assist ATSI people to maintain continuity in medication management.

A 2006 report prepared for Medicare Australia and DoHA, *'Aboriginal and Torres Strait Islander Access to Major Health Programs'*, recommended that DoHA 'should address the issue of ATSI patients needing larger quantities of medication on discharge from hospital'. This is especially important for patients from remote communities who often do not return to their community for many weeks after being discharged from hospital. These patients are often hospitalised for cardiovascular or renal disease emergencies or complications and ongoing medication supply is critical for their recovery and future health outcomes.

Consideration should be given to developing a single, universal, multifaceted, program for all ATSI patients regardless of the service that they are accessing (i.e. remote or non remote, public or community based) so that there is an equity of access to all ATSI patients across the continuum of care.

Areas for consideration

SA Health proposes several areas that the Commonwealth could consider under both the section 100 scheme and for other existing programs which may improve the access to medicines for ATSI patients in remote areas. These include:

- Current supply arrangements under the section 100 scheme are limited in South Australia to state-funded remote area Aboriginal Health Services. This could be updated to provide greater flexibility. In particular, arrangements could be introduced to allow the individual dispensing of section 100 medicines from a private pharmacy to Aboriginal Health Service clients if the Aboriginal Health Service has determined this to be the best approach available for their clients.
- Provisions similar to QUMAX for regional public hospital pharmacies could be considered. This would allow public hospital pharmacies to provide tailored advice and services for ATSI patients who receive medications under the section 100 program. This would assist ATSI patients as there is not always a community pharmacy available to provide QUMAX services in remote areas.
- Home Medication Reviews (HMR) – under Section 90 (*National Health Act 1956*) community pharmacists are able to undertake HMRs once a year. The Commonwealth may consider the establishment of a specific model of ATSI HMR provision which enables repeat HMR for ATSI patients when required. This would assist in improving QUM outcomes for ATSI patients.

SA Health considers that it is essential to ensure the full participation of ATSI people and their representative bodies in all aspects of addressing their health needs. We believe that it is crucial for governments to work cooperatively with ATSI people and their representative bodies to systematically address the social determinants that impact on achieving health equity for ATSI people.

I would be happy to provide any additional information to assist the Committee if required.

Yours sincerely

DAVID SWAN
Chief Executive