Priority 7 – Improve access and adherence to medication across the continuum of the patient journey

- Heart disease is the single biggest killer of Aboriginal and Torres Strait Islander peoples, who continue to die from this disease at greater rates and much younger ages than non-Indigenous Australians.
- The Heart Foundation aims to reduce the life expectancy gap by improving heart health of Aboriginal and Torres Strait Islander peoples.

What is the challenge?

Taking prescribed medications as directed is critical to the successful prevention and management of heart disease across the continuum of the patient journey. Therefore, all individuals who are at increased risk or have experienced heart disease should receive long-term medications to reduce their risk according to evidence-based guidelines delivered across primary care settings, during hospitalisation and follow-up with specialist services.

All heart patients should be able to access affordable medication, as close as possible to their home or within their primary care clinic. Yet many Aboriginal and Torres Strait Islander patients have difficulty accessing medication and adhering to their medication regimes due to a range of reasons, including lack of culturally appropriate information, cost of medication and cultural concerns about medication, as well as geographical factors.

To improve access to medication, the government subsidises a large number of important medications for all Australians under the Pharmaceutical Benefits Scheme (PBS).

Following an acute heart event, generally a supply of PBS medications are provided to patients at discharge from public hospitals. However, because hospitals do not have a consistent way of charging for medications dispensed through their out-patient pharmacies, many Aboriginal and Torres Strait Islander patients are not prescribed in line with measures that improve their access to medications, including the Closing The Gap (CTG) PBS Co-payment Measure.

In addition, there is a need to ensure patient’s medication needs are reviewed and revised by a specialist physician after discharge from hospital and not only when an acute episode occurs.

Key facts

- Despite significantly greater heart disease burden and mortality after a heart event, Aboriginal and Torres Strait Islander peoples have poorer access to medications and the PBS than non-Indigenous people irrespective of where they live.¹
In 2006–07, total expenditure on pharmaceuticals per Aboriginal and Torres Strait Islander person was around 40% of the amount spent on non-Indigenous people.¹

In 2006–07, benefits paid through the PBS pharmaceuticals for Aboriginal and Torres Strait Islander peoples were 60% of the level of expenditure for non-Indigenous people.¹

What needs to happen?

Maintain and strengthen programs that improve access and adherence to guideline-recommended medication, including extending the Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander Peoples (QUMAX) program into hospitals.

The S100 Remote Aboriginal Health Services Program has substantially increased Aboriginal and Torres Strait Islander peoples’ access to medicines and should be extended to all regions not currently covered by the arrangements.

Funding for other programs that improve access and adherence, such as S100 Pharmacy Support Allowance Program, QUMAX and CTG PBS Co-payment Measure for Aboriginal and Torres Strait Islander peoples should be maintained and strengthened.

The QUAMX program should be extended into hospitals and include development of culturally appropriate resources, regarding access to medication, side effects, importance of lifelong adherence, training of staff, offering interpreter services, to support effective communication of key messages to patients and their families about taking prescribed medicines.

Implement strategies to ensure guideline-recommended medications are prescribed and supplied to patients prior to hospital discharge, and are reviewed as part of ongoing care.

To improve the level of guideline-recommended medication provided to patients at discharge, hospital doctors, pharmacists, Aboriginal Health Workers and Aboriginal Health Liaison Officers should receive ongoing support and training. The training should improve the prescribing professional’s knowledge of relevant guidelines and mechanisms that improve access to medications for Aboriginal and Torres Strait Islander patients, including the CTG PBS Co-payment Measure.

In addition, standard cardiac care at discharge from hospital should ensure patient’s medications are reviewed by a specialist physician within 3 months and 12 months of discharge.

Increase the use of Home Medicine Reviews, particularly in rural and remote areas where there are fewer pharmacists.

The Home Medicine Reviews is an MBS item for patients living in the community setting in rural and remote areas. Home Medicine Reviews may only be initiated by a patient’s GP after assessing the patient’s need for the service. The goal of a Home Medicine Reviews is to maximise an individual patient’s benefit from their medication regimen and prevent medication-related problems through a team approach, involving the patient’s GP and preferred community pharmacy. It may also involve other relevant members of the healthcare team, such as nurses in community practice or carers.
What will this achieve?

- Increase in the total expenditure and benefits paid through the PBS for Aboriginal and Torres Strait Islander peoples to match the level of expenditure for non-Indigenous people.
- Increase in the prescription of secondary prevention medications at discharge for Aboriginal and Torres Strait Islander peoples with heart disease and increase the proportion who remain on their medications at 3, 6 and 12 months post-discharge.
- Increase in the proportion of specialist physician review of Aboriginal and Torres Strait Islander peoples with heart disease within 3 months and 12 months of discharge.

References