



Addressing cost barriers (pharmaceutical) through the expansion of proven strategies

May 2014



Artwork by Gillimba Creative Agency

Preamble

Despite two to three times higher levels of illness, Pharmaceutical Benefits Scheme (PBS) expenditure for Aboriginal and Torres Strait Islander people is significantly lower than that of the non-Indigenous average.¹ This suggests a real problem of access for those most in need.

The cost barriers associated with receiving medical treatment are a major issue for populations of low socio-economic status.² This is one barrier that can be overcome, at least partly, through appropriate investment. In order to work towards a truly equitable health system there needs to be initiatives in place which will increase the accessibility of services and treatment for those without financial means to pay for treatment.

The PBS co-payment measure assists Aboriginal and Torres Strait Islander people living with or at risk of chronic disease by making medicines more affordable. As part of the Practice Incentives Program (PIP) Indigenous Health Incentives (IHI), it ensures that those eligible are able to access required medicines with lower or nil payment when attending a PIP registered practice or Indigenous Health Service. There is evidence that this initiative has been one of the most successful innovations in the reform since its introduction in July 2010.³

A commitment to recurrent and ongoing delivery of the Closing the Gap PBS co-payment relief scheme will ensure gains can continue to be made in the prevention or ongoing management of chronic disease.

Position of the RACGP

The RACGP endorses the continuation and expansion of initiatives that reduce cost barriers for accessing medications and encourages further investigation into new strategies

Any new strategies need to be accompanied by appropriate communication strategies as well as being well designed with Aboriginal and Torres Strait Islander input. Adequate communication strategies are required to:

- ensure that health professionals are aware of what measures are available to them to assist Aboriginal and Torres Strait Islander patients
- ensure that patients are aware of their eligibility for targeted programs and financial support to access needed health services
- give further purpose and encouragement to enhance the process for identification of Aboriginal and Torres Strait Islander patients and promote cultural awareness.

Adequate consultation with a range of service providers will ensure that the initiatives are appropriately designed. Factors such as the mobility of this population must be allowed for, so that eligible patients can receive the benefits without being limited to their own local provider. A well considered co-payment scheme will improve accessibility and outcomes from any investment.

The RACGP urges the Government to recognise the cost of necessary pharmaceuticals as an area where real change can be made to the life expectancy of Aboriginal and Torres Strait Islander people with appropriate investment. Some good work has been done in this area and this now needs to be strengthened.

References

1. Australian Institute Health and Welfare (AIHW). Health expenditure Australia 2011-12. Canberra: AIHW 2013. Available at www.aihw.gov.au/publication-detail/?id=60129544658
2. Turrell, G & Mathers, CD. Socioeconomic status and health in Australia. MedJ Aust 2000;172(9):434–438.
3. Department of Social Services. Closing the Gap: Prime Minister's Report 2013. Available at www.dss.gov.au/our-responsibilities/indigenous-australians/programs-services/closing-the-gap