PBS medications

Improving access for Aboriginal and Torres Strait Islander peoples

BACKGROUND Expenditure through major commonwealth funded health programs such as the Pharmaceutical Benefits Scheme (PBS) is much lower for Aboriginal and Torres Strait Islander peoples than other Australians. Section 100 of the National Health Act (1953) allows for special access arrangements where pharmaceutical benefits cannot be conveniently supplied.

OBJECTIVE This article discusses the barriers to accessing PBS medications for Aboriginal and Torres Strait Islander peoples and the S100 access scheme.

DISCUSSION The implementation of S100 medications for remote area Aboriginal health services (AHSs) represents a breakthrough in medicines access, and is one of the most significant improvements in health service delivery for many years. If we are to achieve equity in access to the PBS for all Aboriginal and Torres Strait Islander peoples, an extension of this initiative is necessary for rural and urban AHSs.

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'Our services are tired of seeing patients go without medicines and get really ill because they physically can't get to a chemist shop, or because they can't afford their medicines. They're also tired of seeing patients come back sicker because they didn't have the right people on hand to explain properly to them how to use the medicines, and so they didn't take them or they made mistakes with them.'

The late Dr Puggy Hunter,
former Chair of NACCHO, October 2000

Expenditure through major commonwealth funded health programs such as the Pharmaceutical Benefits Scheme (PBS) is much lower for Aboriginal and Torres Strait Islander peoples than other Australians. Spending under the PBS for an Aboriginal person is, on average, only 33% of that spent on a non-Aboriginal person (1998–1999).[1] In 1997, a landmark evaluation undertaken by Keys-Young found that if access to the PBS by Aboriginal and Torres Strait Islander peoples was to be achieved, a scheme known as Section 100 of the National Health Act (1953) should extend to rural and remote area Aboriginal community controlled health services (ACCHSs) and consideration be given to doing the same for urban services.[2]

The S100 scheme commenced only in remote areas in 1999, with 47 ACCHSs and 128 state and territory operated Aboriginal health services accessing medications by 2004.[3] Several reviews found this has completely revolutionised medication access for Aboriginal and Torres Strait Islander peoples in remote areas.[4] There is now increased evidence of PBS claims from remote areas, which is directly attributable to the S100 scheme.[5]

However, it is estimated that this program provides improved access to only approximately 36% of Aboriginal and Torres Strait Islander peoples.[6] Rural and urban ACCHSs are unable to access this scheme even though Aboriginal peoples in these regions experience substantial medication access barriers.

What is S100?

While all Australians have access to medications through the PBS, which subsidises their cost under Section 85 of the National Health Act (1953), Aboriginal and Torres Strait Islander peoples have reduced access for a number of reasons including: a greater level of poverty than other Australians, the safety net scheme being inoperable, social obligations increasing patient mobility, children not often listed on guardian's concession cards, 'shame' involved in accessing prescriptions in a culturally alienating setting, lack of timely supply (prescriptions having to be sent away), cultural and literacy issues, lack of supports for continued use of medications, and geographic isolation.[2]

Section 100 allows for special access arrangements where pharmaceutical benefits cannot be conveniently supplied. Aboriginal and Torres Strait Islander health services in remote areas that have a primary function of providing services to Aboriginal and Torres Strait Islander peoples are eligible for medication supply through S100.

Under these arrangements, patients of remote area Aboriginal health services (AHSs) can receive medicines directly from the service at the point of consultation, without the need for a normal prescription form, and without charge. (AHSs are either Aboriginal community controlled health services or state and territory operated services). Eligible AHSs order required PBS pharmaceuticals from community pharmacies, which then transmit claims to the Health Insurance Commission for reimbursement. These arrangements were developed through a partnership approach involving the National Aboriginal Community Controlled Health Organisation (NACCHO), the Pharmacy Guild and the Department of Health under the auspices of the Australian Pharmaceutical Advisory Council (APAC), which is the peak policy advisory group to the commonwealth government on national medicines policy.[6] Further information on the S100 scheme can be obtained from the Australian government website.[7] The S100 scheme has also enhanced the role of the community pharmacist as part of the broader primary health care team in remote Aboriginal medical services.

PBS access for rural and urban areas

A particularly striking finding of the 1997 Keys-Young review was the similarity in barriers to medicines access by Aboriginal people across remote, regional and urban trial sites.[2] Geographical isolation is not the only barrier to medication access.[8] The 2004 review of the S100 scheme recommended that geographic restrictions of this program be reviewed.[4]

The National Medicines Policy includes recognition that the underuse of medications be addressed, and in particular acknowledges the substantial access barriers and evidence of underuse of medicines in Aboriginal communities.[9] Likewise, the APAC strategic plan contains a commitment to facilitating better access to medicines for Aboriginal and Torres Strait Islander communities.[10]

In order to enhance equitable access to the PBS, in 2004, NACCHO, the Pharmacy Guild, and the Australian Medical Association (AMA) developed a proposal for the extension of S100 arrangements for all Aboriginal health services (regardless of location) to access medications through bulk supply from community pharmacies.[6] This proposal was accepted and endorsed by the APAC in June 2004.[11]

During the October 2004 federal election, a survey was sent to all presiding members of parliament to gauge their attitude to improving access to medications and ensuring quality use of medicines for Aboriginal people. All parties agreed that providing equitable access to the PBS for all Aboriginal and Torres Strait Islander peoples would be a high priority if elected.[12]

Cost effectiveness of S100 expansion

Improving up-take of medications by Aboriginal people in nonremote areas is a 'best buy' for government. The three organisations and APAC see this proposal as being an extremely cost effective approach for reducing the excess burden of disease faced by Aboriginal and Torres Strait Islander peoples. The majority of diseases causing excess deaths in the Aboriginal population are treatable with medications.[6] For example, angiotensin converting enzyme (ACE) inhibitor treatment will reduce rates of natural deaths by 50%, and renal deaths by 57% over 3 years in those with hypertension or diabetes.[13] Medications are an extremely cost effective method of preventing renal failure in the Aboriginal population.[14] The use of ACE inhibitors is estimated at $500 per year, compared with the cost of haemodialysis per patient per year of $78 600.

An expansion of the program to nonremote areas would require expenditure of about $41 million per year at prescribing rates based on current S100 utilisation rates, or, if prescribing rates increase to the average Australian level, the cost would be approximately $96 million per year. This would represent a less than 2% increase in PBS expenditure and bring per capita PBS spending on Aboriginal and Torres Strait Islander peoples to the level already spent on non-Indigenous Australians.[6] The per capita level of PBS spending should, of course, be

set higher because of excess morbidity. An Australian government response to the 2004 S100 review is currently in progress.

Listing medicines on the PBS for Aboriginal and Torres Strait Islander health needs

NACCHO encouraged the Keys-Young review to consider that the PBS lacked medications for conditions that are highly prevalent in the Aboriginal and Torres Strait Islander population but uncommon in the nonindigenous population. The 2004–2005 Federal Health Budget provided additional funding to establish mechanisms to list medicines on the PBS for treating conditions particular to Aboriginal and Torres Strait Islander health needs.[15] These include medications such as antifungals and ivermectin because of endemic skin infections,[16] and topical fluoroquinolones due to chronic suppurative otitis media which occurs on a massive scale.[17] Although the past 12 months have seen very little departmental progress in this area, implementation issues are currently under consideration.

In 2004, NACCHO engaged with several drug companies to encourage a PBS listing for glitazones as additional therapy before commencing insulin in type 2 diabetes. This is particularly relevant to Aboriginal and Torres Strait Islander peoples as they are often on maximal tolerated doses of conventional oral hypoglycaemic therapy. The addition of a glitazone can improve glycaemic control and perhaps delay the need for insulin treatment.[18] From April 2005, the PBS includes an indication for the new glitazones for those on maximally tolerated doses of both metformin and sulfonylurea.

Other NACCHO and Pharmacy Guild initiatives include the development of a draft quality standard to measure the level of support a community pharmacy provides to ACCHSs. In addition, an application to the Therapeutic Goods Administration (TGA) to approve ototopical ciprofloxacin as indicated treatment for chronic suppurative otitis media was submitted in 2005 by Alcon Laboratories Pty Ltd with the support of NACCHO, following a large scale Australian clinical trial.[19] This may enable the PBS listing of ototopical fluoroquinolone for chronic suppurative otitis media as a safe topical alternative to aminoglycosides which are contraindicated by both manufacturers and the World Health Organisation.[20]

Conclusion

The implementation of S100 medications for remote area Aboriginal health services represents a breakthrough in medicines access, and is one of the most significant improvements in health service delivery for many years. If we are to achieve equity in access to the PBS for all Aboriginal and Torres Strait Islander peoples, an extension of this initiative is necessary for rural and urban AHSs. Additional initiatives such as a special drugs list and Therapeutic Goods Administration approval for revised indications of important agents are essential initiatives toward reducing the excess burden of disease affecting Aboriginal and Torres Strait Islander peoples.

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