Federal Election

Advocacy Position

QAIHC
Queensland Aboriginal and Islander Health Council

Put pharmacists into Aboriginal and Torres Strait Islander Community-Controlled Health Organisations (ACCHOs)

What is QAIHC asking from the Federal Government?

To support a funded program for Queensland (and other) ACCHOs to employ a non-dispensing pharmacist within their service.

Why?

As part of a national trial completed in 2021, QAIHC and the National Aboriginal Community Controlled Health Organisation (NACCHO) placed pharmacists into Aboriginal community-controlled health services in the community. We asked, can they make a difference?

Pharmacists went into these services to help patients directly as members of the health teams within the clinic. It worked. Pharmacists made a huge difference to Aboriginal and Torres Strait Islander people's health, and to the quality of health care our patients received.

What difference did they make?

We found that Aboriginal and Torres Strait Islander patients with chronic disease experienced:

- Significant improvements in their diabetes management, blood pressure control, and kidney function,
- Four times more medicine reviews completed by doctors,
- Fewer medication prescribing errors,
- Taking their medicines more regularly and as needed, compared to before, and
- Overall felt healthier.

Doctors and other staff highly valued the pharmacist within the clinic team, working with them to help patients.

How did this happen?

We put pharmacists within the clinic to work with the doctors, nurses and Aboriginal health workers/practitioners. They were essential members of the team, with some working part-time and some full time. They were paid just like the other health staff. Their role was to help patients understand and take their medicines. They also helped the doctor to improve their prescribing of medications to best suit the patient. They helped doctors and patients to understand what medications had been changed after hospital stays. They helped to take the load off doctors who were too busy to sort out complex medications. Some patients were on 17 different medications!

The pharmacists did not dispense medications and did not see the patient in the pharmacy. They saw the patient in the clinic or in their homes or wherever the patient wanted to be seen.

How do we know this worked?

We enrolled and studied over 1,400 Aboriginal and Torres Strait Islander patients with chronic disease into the study (in NT, Qld and Vic). This was one of the biggest studies conducted within ACCHOs! The trial was called the 'IPAC Study'. This stands for 'Integrated pharmacists within Aboriginal community-controlled health services'.

We compared patient results before and after putting pharmacists into these services. We showed that pharmacists working with other health staff can significantly improve care by:

- Reducing medication errors,
- Helping patients to take their medicines,
- Helping doctors deliver better care, and
- Helping make people healthier.

This makes sense because medicines don't work if people don't take them.

We prepared the results for the Australian Government.

The results were verified by independent assessment, and then supported by the peak body advising federal government on health matters- the Medical Services Advisory Committee (MSAC). All the study results are publicly available on the MSAC website.

What did MSAC conclude to the Federal Health Minister?

From the MSAC website: "MSAC supported public funding for integrating non-dispensing pharmacists within the primary healthcare team of Aboriginal Health Services to help improve chronic disease management. MSAC considered that the model was safe and effective compared to usual care. MSAC considered that the estimated costs for providing this integrated, collaborative, culturally appropriate patient-centred care to improve health outcomes for Aboriginal and Torres Strait Islander peoples was good value for money."

Why is this a priority for QAIHC?

It is a priority because:

- There is a lot of chronic disease in our communities, and there is more difficulty for our patients to access medicines than other Australians. For every dollar spent on other Australians, only 30 cents is spent on medications for First Nation Australians.
- Patients who received care from a pharmacist in our member services told us it was important to them.
- Medicines don't work if people don't take them. When patients don't take their medications, their health declines, and they often need hospital care. Being sick is a problem for the individual, for their families, and it is expensive for them!
- This is a better approach for older people who struggle with managing their medicines.
- Taking medicines when needed is an important part of staying healthy and preventing future health issues. When people take their medicines, they become healthier faster and return to work sooner.
- Pharmacists have told us they are keen to work outside the pharmacy and see patients in the clinic.
- We can be smarter with how we use our health workforce. Pharmacists are skilled and ready to work in our clinics.
- We have proved this model can work in our Aboriginal and Torres Strait Islander communities.
- This is a cost-effective reform to our health system and represents good value for money to close the gap.

What will this cost?

MSAC completed all the costings for a national roll-out of this initiative. MSAC found the total costs of this program would be substantially lower than programs currently being rolled out for other Australians (programs that are rarely used by Aboriginal peoples and Torres Strait Islanders such as MEDSCHECK). As these other programs are not being used by First Nations peoples, this is inequitable and unjust and worsens health disparities. Funding should be redirected to programs that are known to work for Aboriginal and Torres Strait Islander communities.

MSAC estimated a cost of $1300 to $1700 per patient with a further reduction if the proportion of eligible First Nations individuals with chronic disease who received these pharmacist services was increased to 10%. Total costs might amount to $15 million per annum.

Which agencies know how to implement this program?

NACCHO and QAIHC, their member services, together with the Pharmaceutical Society of Australia, which represents pharmacists.

The Australian Indigenous Doctors Association supported this program in their submission to MSAC.

Where to from here?

1. There is strong evidence this program makes a significant difference to the health of our First Nations peoples.
2. This is a practical measure. It makes sense. It has already been tested. We know how to do it.
3. QAIHC is available to work with the federal government to make this a success.

For further information, please contact:
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