Improving Aboriginal and Torres Strait Islander people's access to medicines — the QUMAX program

Sophie Couzos, Vicki Sheedy and Dea Delaney Thiele

Building on a successful program to extend PBS copayment relief to more patients

Cost is a well established influence on both access to medicines and medication adherence rates. Prescription fees can lead to patients forgoing essential medications and to a decline in health care status among needy populations,[1,2] an observation that is very familiar to Aboriginal community-controlled health services (ACCHSs).

While capped patient copayments and the Pharmaceutical Benefits Scheme (PBS) Safety Net minimise the medication cost burden on all Australians, these mechanisms are ineffective for many Aboriginal and Torres Strait Islander peoples. The reasons for this include high rates of unrecorded concession and Safety Net status, disproportionately higher rates of chronic disease and comorbidity, extended social and family obligations, "shame" in accessing prescriptions in culturally alienating settings, high patient mobility, and poor health literacy. PBS utilisation is further reduced in this population by factors that preclude medicines storage and adherence, such as overcrowding, and disease profiles that are inconsistent with medicines listed on the PBS.

The Council of Australian Governments (COAG) *National Indigenous Reform Agreement* of November 2008 led to strategies designed to close the gap in Aboriginal and Torres Strait Islander people's life expectancy.[3] One of these strategies is the $88.7 million "Subsidising PBS Medicine Co-payments" measure,[4] which commenced in July 2010 and is predicted to provide financial assistance to "over 70 000 Indigenous people", to improve their access to PBS medicines.[3]

This measure was, in fact, built on an existing program — Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander Peoples (QUMAX)[5] — the details and outcomes of which have been kept under wraps until the recent release of the findings of an independent evaluation.[6]

The QUMAX program, which commenced in November 2008, aimed to overcome a range of known barriers to Aboriginal and Torres Strait Islander peoples' access to medicines, and was jointly developed and managed by the National Aboriginal Community Controlled Health Organisation and the Pharmacy Guild of Australia, and funded by the Australian Government under the Fourth Community Pharmacy Agreement (2005–2010).

Aboriginal and Torres Strait Islander patients could access the QUMAX program through ACCHSs in rural, regional and urban (ie, non-remote) areas. The cost of medicines for eligible needy and disadvantaged patients (as defined in the business rules for the program[6]) was subsidised through an online system of coordi-

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nated, secure and accountable copayment relief arrangements between ACCHSs and participating community pharmacies. The program also supported local quality use of medicines (QUM) initiatives through support pharmacists assigned to each ACCHS, provided QUM education for ACCHS staff, provided dose-administration aids and transport for the delivery of medicines, focused attention on patients' PBS Safety Net entitlements, and fostered collaboration with community pharmacies — all within the context of culturally appropriate primary health care.

Administration of QUMAX was lean, with the majority of the funds appropriately devolved to supplying medicines. The independent evaluation showed almost universal participation by ACCHSs (69 of 70) and involvement of 541 community pharmacies. The capped nature of QUMAX funding to each ACCHS meant that only 20% of the services' Aboriginal and Torres Strait Islander clients (nearly 34 000 of the 171 094 patients who attended the participating services annually) could receive support for medicines and medication aids. Over 271 000 medicines were dispensed to these patients with the PBS copayment waived.[6]

Between November 2009 and April 2010, the proportionate increase in the number of PBS medicines dispensed to patients of non-remote ACCHSs was nearly five times greater than the increase in medicines dispensed to all Australians, and exceeded the increase seen in remote areas by a factor of seven. Greater access to medicines for chronic disease (lipid-lowering, antihypertensive and asthma medications) accounted for most of the increase.

This increase occurred on a background of substantial inequities in access to medicines. In the 2006–07 financial year, for every dollar per person spent on PBS medicines for non-Indigenous Australians, only 60 cents was spent on Indigenous Australians.[7] Among Aboriginal and Torres Strait Islander peoples, geographical disparities in access to medicines had been the reverse of those expected — Aboriginal peoples in non-remote parts of Australia had lower PBS expenditure per person than those in remote locations ($159 in major cities versus $223 in remote and very remote areas).[7] This is probably due to the enduring success of another scheme — the special PBS arrangements under section 100 of the *National Health Act 1953* for the supply of medicines to remote-area Indigenous health services.[8]

It is unclear if QUMAX has alleviated the PBS expenditure inequities, but the evaluation report states that, for Aboriginal and Torres Strait Islander peoples, there is "strong evidence that the QUMAX program has helped to overcome the financial barrier to accessing PBS medicines in non-remote areas".[6]

In addition to patients of non-remote ACCHSs, the new PBS medicine copayment measure now extends copayment relief to eligible Aboriginal and Torres Strait Islander people who have, or are at risk of, chronic disease and are patients of any private general practice. Although the QUMAX program no longer includes the copayment relief element, it has been extended until 2015 under the Fifth Community Pharmacy Agreement to continue to augment QUM within ACCHSs. PBS listings have also improved, with more medicines now available for conditions that predominate in the Aboriginal and Torres Strait Islander population.[9]

There is no doubt that ACCHSs have substantially improved access to medicines for their disadvantaged Aboriginal and Torres Strait Islander patients and will continue to do so — to a level likely to eliminate disparity. They are able to do this through multifaceted strategies built on their intense community knowledge and involvement. When gauging the impact of the Subsidising PBS Medicine Co-payments scheme, it will be crucial for data on PBS utilisation by Aboriginal and Torres Strait Islander peoples to be disaggregated by "service type". While ACCHSs participating in QUMAX have transitioned readily to the new copayment measure, its effectiveness in the private general practice sector now needs to be explicitly understood.[10]

Competing interests

The National Aboriginal Community Controlled Health Organisation was a member of the QUMAX Program Reference Group, and Sophie Couzos and Vicki Sheedy were supported for travel to attend meetings for the implementation and management of the program.

Author details

Sophie Couzos, FRACGP, FACRRM, FAFPHM, Public Health Physician[1]
Vicki Sheedy, BA, BEd, QUMAX National Program Manager[1]
Dea Delaney Thiele, PGDipHlthMgt, Development and Engagement Advocacy Officer[2]

1 National Aboriginal Community Controlled Health Organisation, Canberra, ACT.

2 Aboriginal Medical Service Western Sydney, Sydney, NSW.

Correspondence: scouzos@tpgi.com.au

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