

# Session Two:

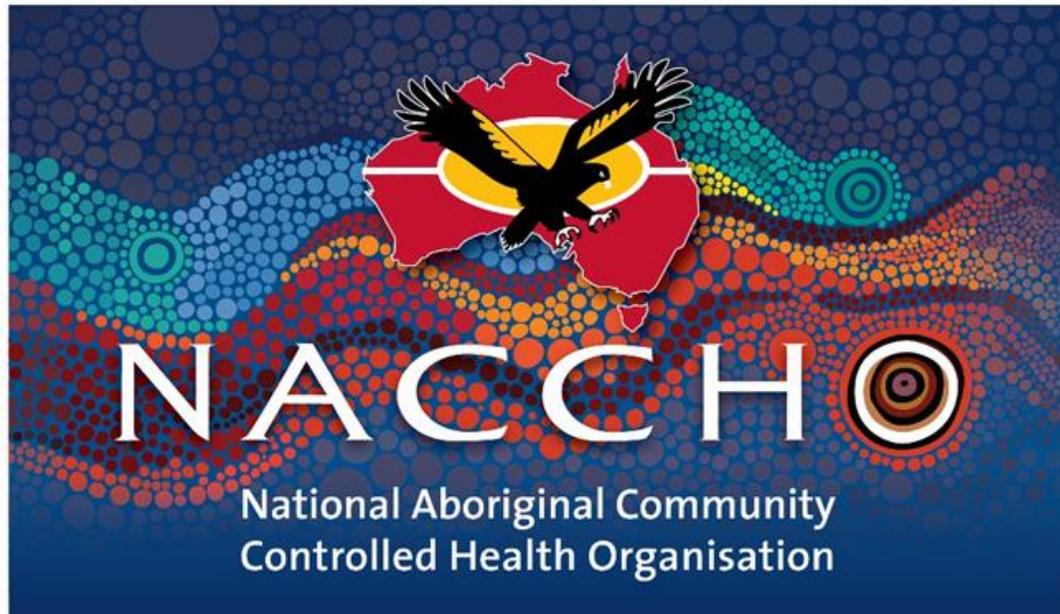
## Medicines Matter to the Community

The greatest good for the greatest number of people at the lowest cost, versus “personalized healthcare” where the treatment may be based on an individual genetic profile. How does the community engage in advocacy for treatments that may treat a minority of patients but the benefits are far reaching or curative? What about ethical dilemmas?

# Mike Stephens

Director, Programme Development, National Aboriginal Community Controlled Health Organisation (NACCHO)

Value of medicines to consumers & challenges for those within rural areas



# Mike Stephens

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National Aboriginal Community Controlled  
Health Organisation (NACCHO)

Director, Medicines Policy and Programs

# NACCHO

- National organisation
- 145 Aboriginal community controlled health service members (ACCHSs or ACCHOs)
- 8 state/territory Affiliates

## Objectives of NACCHO include:

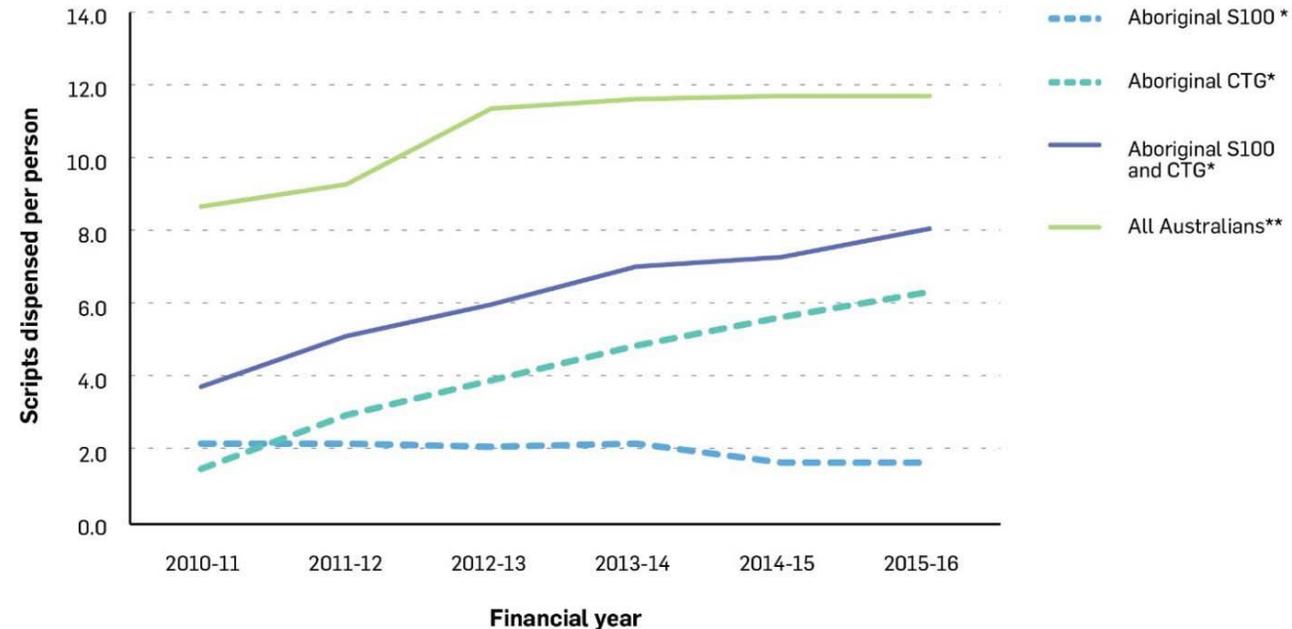
- Support ACCHOs
- Support Aboriginal people's access to mainstream programs
- Provide national policy input for Aboriginal health issues

Policy networks, digital health networks and more



# Health and medicines

- Known life-expectancy gap between Aboriginal and Torres Strait Islander people and other Australians
- Much higher burden of chronic disease
- Poorer access to medicines and medicines-related services
- Per capita expenditure 33% of the expenditure for other Australians<sup>1</sup>
- Disparities in health literacy
- Lack of appropriate or tailored services and information



1) Australian Health Ministers' Advisory Council, 2017, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra.

# Aboriginal health programs and public health strategies:

Focus on Aboriginal governance, local employment and workforce development  
Consider

- Health paradigms, may not be biomedical
- Social determinants and holistic care
- Differentiated from “mainstream” health service delivery

## **Primary care services can be optimised by considering:<sup>2</sup>**

- 1) accessible services, welcoming social spaces and additional services e.g. ACCHOs
- 2) cultural safety e.g. Aboriginal staff
- 3) appropriate care, responsive to holistic needs

2) Gomersall JS, Gibson O, Dwyer J, O'Donnell K, Stephenson M, Carter D, Canuto K, Munn Z, Aromataris E, Brown A. What Indigenous Australian clients value about primary health care: a systematic review of qualitative evidence. Australian and New Zealand journal of public health. 2017 Aug;41(4):417-23.

# Medicines programs and policy

Aboriginal and Torres Strait Islander medicines programs

## NATIONAL

- **PBS Supply Mechanisms** – Specific listings, CTG scripts and s100 RAAHS
- **Programs** – QUMAX and s100 Support Allowance
- **Projects** – Pharmacy Trial Program (PTP) projects
- **Networks** - ACCHO Pharmacist Leadership Group, Medicines Resource Group
- **Policy developments** – Indigenous Pharmacy Programs Reform, King Review, MBS, Workforce Incentive Payment

## STATE/TERRITORY

- **Multiple** - e.g. Pharmaceutical Reform Arrangements, PHNs etc.

*These programs and measures interact*



Repeat authorisation CR1886784

Repeat only if the patient/pharmacist or substitute prescriber is advised

Name: [redacted] Prescriber no.: 0010041 Gen: X

Patient's Medicare no.: 2209-81954-4-8 exp 12/2010 Con: [redacted]

Pharmacy name & address: Tradie Pharmacy [28230] 24 Campbell Street SYDNEY NSW Post code: 2000 RFB65 Ent: [redacted]

Authority number: [redacted] Endowment number: [redacted]

Original prescriber name/addr (use blank space if not known or desired supply if applicable): [redacted]

**In a Wink Eye Drops 0.3%, 15mL, 1**  
Instill one or two drops in each eye when required

11 Repeats Left		Dr Solly Cox	Rpt # 250322
Date: 02/06/2010	Prescriber ref: 08462J	No. of items already dispensed to supply (include refills): 1	Priced items only
No.: 250322	No. of repeats authorized: 11		\$ [redacted] <b>CTG11D</b>

Name and PBS approval number of pharmacist dispensing this supply: Valid to 02/06/2011 Reg25 0708

Name and PBS approval number of pharmacist issuing this authorisation: Community Pharmacy 08462J Ph 02 9289 4599 Lvl 17, 24 Campbell Street, SYDNEY NSW 2000

02/06/2010 SF

02/06/2010 Date this authorisation prepared

Pharmacy name, address and telephone number: [redacted]

Pharmacist name and address: [redacted]

Pharmacist signature: [redacted]

Pharmacy address: [redacted]

Please note: This information is provided on this form, including your Medicare, Concession and/or Department of Veterans' Affairs card, will be used to assist your pharmacist to determine under what arrangements (Private Medicare and Pharmaceutical Benefits Scheme, and/or other arrangements) you are eligible. With your consent, the pharmacist or dealer may also use your Medicare number for use in State Prescriber. The consent to this arrangement is contained by the National Health and Medical Research Council. The Department of Health and Ageing, Department of Health and Ageing and the Department of Health and Ageing. This information may also be disclosed to other persons, or an authorised person by law. This information may also be disclosed to other persons and organisations.

# Precision medicine challenges

- Some literature acknowledges paucity of genomic data for Aboriginal populations
- Anecdotal practitioner feedback (e.g. angioedema rate)
- Growing empirical data;<sup>3</sup> and equity and ethics-based literature <sup>4,5</sup>

*"Governments will need to ensure equal access to precision medicine for all patients, including groups such as Aboriginal and Torres Strait Islander Australians... to help close gaps of health disadvantage" <sup>6</sup>*

## How does precision medicine best serve Aboriginal populations?

(e.g Genomics Health Futures Mission) – how can cultural safety and community needs be met?

3) Somogyi AA, Barratt DT et al. High and variable population prevalence of HLA-B\* 56: 02 in Indigenous Australians and relation to phenytoin-associated DRESS. British journal of clinical pharmacology. 2019 Jun 17.

4) Thynne T, Gabb GM. Therapeutic drug safety for indigenous Australians: how do we close the gap. Med J Aust. 2016;204(1):16-17.

5) Kowal EE. Genetics and indigenous communities: ethical issues. International Encyclopedia of the Social & Behavioral Sciences. 2015 Jan 1:962-8.

6) Finkel A, Wright A, Shafique Pineda S et al; Office of the Chief Scientist - Occasional Paper, Precision Medicine; OCTOBER 2018.

# Precision medicine case study

## Genomics

- **National Centre for Indigenous Genomics (NCIG)**
  - Established early 2010s; based at ANU
  - Governance; ethics and community engagement frameworks
  - 7000 biospecimens from ~1960s
  - Partnerships with
    - Bioplatforms
    - Lowitja Institute; University of Melbourne
    - AIASTIS
    - Communities and translation



# NCIG

# Recent PBS activities

## 2010s – Specific PBS listings for Aboriginal and Torres Strait Islander people

- Several items listed through PBAC sub-committee (there is now ~20 items)
- Prescriber PBS Authority required

## 2015 - 2018

- OTC delisting
  - Patients with CTG script pay significant difference
  - Iron and folate and SR paracetamol relisted
- Other activities e.g. tenectaplastase, thyroid treatment
- NACCHO enhanced its approach to PBS issues e.g. members survey, list

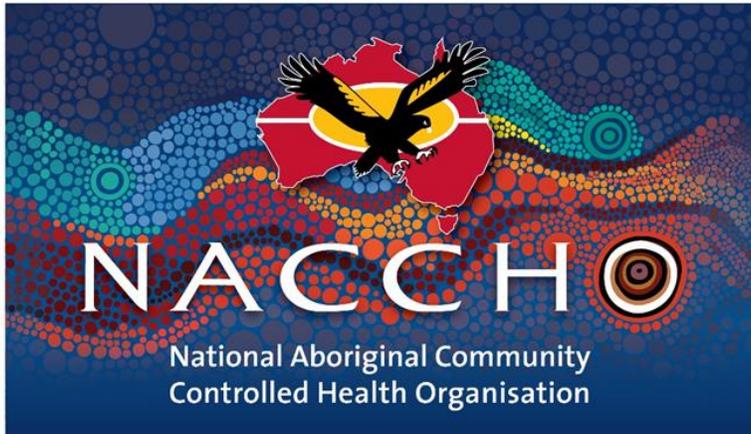
## 2019

- NACCHO build internal capacity to improve members' access to medicines programs
- NACCHO lead 1 successful PBAC submission; and one Minor Submission

# Key points

- Aboriginal and Torres Strait Islander peoples have distinct health priorities, models of care, strengths and challenges
- Collaboration and community leadership is important to improve equitable:
  - access to medicines and treatment options (e.g. PBS, precision medicine); and
  - quality use of medicines e.g. support materials
- NACCHO can facilitate and coordinate this





# Expressions of interest NACCHO Medicines Roundtable

Roundtable discussions between

- NACCHO
- Medicines Australia and member representatives

Canberra, November 2019

For more information contact  
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