

PHARMAC
TE PĀTAKA WHAIORANGA

Kia Kaha *chemist*

Improving equitable
access to medicines:
Experience from Waitaha



Ko wai au?

Māori Pharmacist – Kai Tahu

- Bachelor of Neuroscience and Pharmacy
- Postgraduate diploma in Clinical Pharmacy
- Postgraduate training in Nutritional and Environmental Medicine

“Strengthening relationships to inspire Māori Health”

- Educational talks at Marae and community hubs
- Kanohi ki te kanohi medication reviews
- Māori Liaison Pharmacist at CCPG

Carbon Farmer

- Industrial hemp business



Improving Equitable Access to Medicines

- **PHARMAC's Access Equity Approach**
“...systems influence and impact.”
- **PHARMAC's Māori Responsiveness Approach**
“...by Māori for Māori...”
- What we are doing in **Waitaha**
“...Pharmacist Champions”





Te Pātaka Whaioranga

“The storehouse of wellbeing”

- Crown Entity
- 25 years old
- Wellington based
- 120 staff approx.
- 5 staff identify as Māori
- 2 staff work specifically on Māori Responsiveness



PHARMAC's legislative objective

“...to secure for eligible people in need of pharmaceuticals, the **best health outcomes** that are reasonably achievable from pharmaceutical treatment and **from within the amount of funding provided.**”

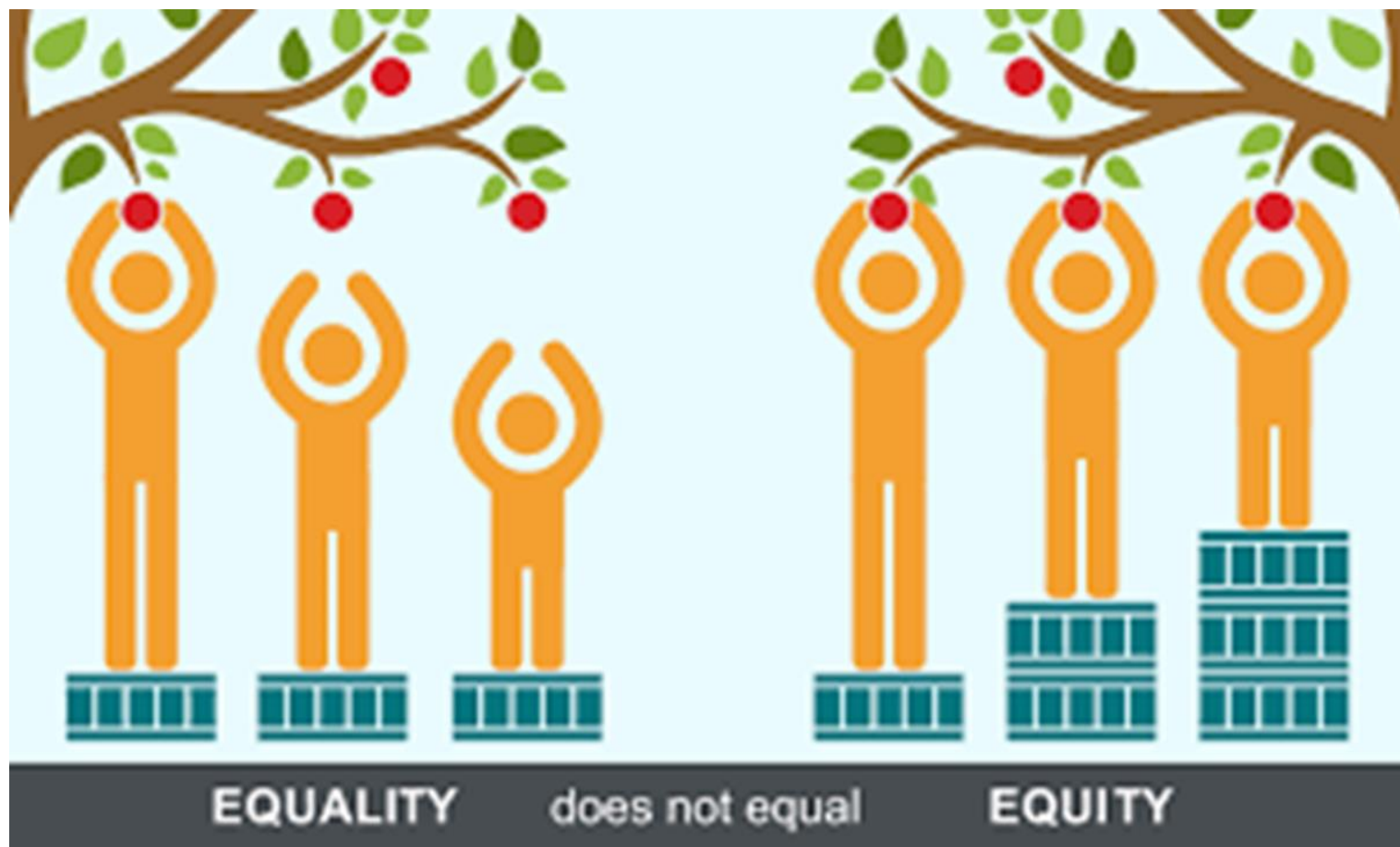
- *New Zealand Public Health and Disability Act 2000*



Pūtea ā Tau \$950m
Annual Budget \$950m



Access Equity Approach



AIM



To eliminate
inequities
in access to
medicines
by 2025

KEY

PHARMAC has control

PHARMAC has a role

PHARMAC has influence

PRIMARY DRIVERS



MEDICINE AVAILABILITY



MEDICINE ACCESSIBILITY



MEDICINE AFFORDABILITY



MEDICINE ACCEPTABILITY



MEDICINE APPROPRIATENESS

SECONDARY DRIVERS

PHARMAC's decision-making processes for investment in medicines

Funding restrictions and schedule rules

Prescriber awareness of funded medicine(s) available

Physical & timely access to a prescriber/prescription

Physical & timely access to a community pharmacy

Physical & timely access to diagnostic and monitoring services eg labs, scans

Prescriber costs eg consult, repeat prescription and medicine administration fees

Prescription costs eg copayment, blister pack costs, prescription subsidy card

Indirect costs eg transport, time off work, childcare

Patient/whānau experiences bias from the health system

Beliefs and perceptions of treatment prescribed not adequately explored/sought

Medicine suitability not adequately considered

Patient/whānau is not empowered with knowledge about the medicine(s)

Medicine therapy prescribed is inadequate

Unwarranted variation in prescribing



MĀORI ARE GETTING
1 MILLION FEWER
PRESCRIPTIONS

THIS MEANS

**MISSED
OPPORTUNITIES**
TO IMPROVE HEALTH

per year



**INEQUITIES
CONTINUE**

IN THE GAP BETWEEN MĀORI AND
NON-MĀORI ACCESS TO MEDICINES



THERE'S BEEN SOME

**IMPROVEMENT
IN PERSISTENCE**

(PEOPLE CONTINUING TO TAKE MEDICINE THEY HAVE PICKED UP)

By Māori for Māori?



- He Rogoā Pai He Oranga Whānau
 - Facilitated by Leanne Te Karu
 - helps to increase the understanding of the use of subsidised medicines with community health workers and whānau so that Māori may have better health outcomes.
- Māori Health Workforce development
 - Scholarships
- Whānau Ora



What are we doing in Waitaha?

- **Maori Liaison Pharmacist**
 - Canterbury Community Pharmacy Group
 - #WellconnectedNZ



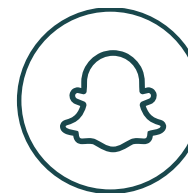
What are we doing in Waitaha?

- **Workforce development**
 - Pegasus and CDHB Scholarships
- **Cultural competency workshops**
 - For Māori health workers
- **Canterbury Clinical Network**
 - Focus on equitable outcomes
- **Relationships are key**





Thank you!



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www.kiakahachemist.org.nz

<https://www.surveymonkey.com/r/kiakahachemist>