Improving Equitable Access to Medicines

www.pharmac.govt.nz
“Ko Hikurangi te maunga...
Hikurangi is the Mountain...

Tērā te Haeata...
There breaks the Dawn...”
What is PHARMAC

• Who we are
• How we work
• How do we impact your work?
• Equity
• Māori responsiveness
• What is useful for you in your role?
Some PHARMAC Context...

Te Pātaka Whaioranga-the Storehouse of Well-being

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

Statutory Objective:
Does the proposal or decision help PHARMAC 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?
Health benefits

Consequences for the health system

The health benefit to the family, whānau and wider society

The health benefit to the person
Costs and savings
Prescriptions by practitioners registered to the Nursing Council of New Zealand

2010 to 2018

Number of prescriptions

Number of Nurse Prescriptions

Number of Nurse Practitioners, NC

Calendar Year
Māori are getting 1 million fewer prescriptions.

This means missed opportunities to improve health.

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).
Eliminate inequities access to medicines by 2025
Te Whaioranga

Five Pou

• Advance tino rangatiratanga with whānau
• Establish strategic relationships-across the health and social sector
• Champion evidence based medicine for Māori
• Indigenous research
• Staff development-cultural safety and know how
Hauora Arotahi

Community kōrero
(September 2017 – April 2018)

Feedback/evaluation
(April – June 2018)

Reporting back to communities
(September 2018 - June 2019)

implementation at PHARMAC and in communities
<table>
<thead>
<tr>
<th>Existing</th>
<th>New</th>
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<tbody>
<tr>
<td>Diabetes and renal disease</td>
<td>Mental health</td>
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<tr>
<td>Heart/cardiovascular disease- includes</td>
<td>Diabetes</td>
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<tr>
<td>mgmt of CVDR, smoking cessation, raised B/P,</td>
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<tr>
<td>thrombosis and dyslipidaemia</td>
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<tr>
<td>Respiratory disease-includes asthma, COPD,</td>
<td>Heart health (including high B/P and</td>
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<tr>
<td>lung disease</td>
<td>stroke)</td>
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<tr>
<td>Mental health</td>
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<tr>
<td>Arthritis and Gout</td>
<td>Respiratory conditions</td>
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<tr>
<td>Obesity</td>
<td>Cancer (breast &amp; lung)</td>
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<tr>
<td>Rheumatic Fever</td>
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PHARMAC - Te Whaioranga 2023 strategy

Ō mātou kaimahi....
Improving Equitable Access to Medicines

1) PHARMAC’s Access Equity Approach
   “...systems, influence and impact.”

2) PHARMAC’s Māori Responsiveness Approach
   “...by Māori, for Māori...”
1) PHARMAC’s Access Equity Approach
“...systems, influence and impact.”
MEDICINE ACCESS EQUITY DRIVER DIAGRAM

Aim:
To eliminate inequities in access to medicines by 2025

Primary Drivers:
- Medicine Availability
  - PHARMAC’s decision-making processes for investment in medicines
  - Funding restrictions and schedule rules
  - Prescriber awareness of funded medicine(s) available
- Medicine Accessibility
  - Physical & timely access to a prescriber/prescription
  - Physical & timely access to a community pharmacy
  - Physical & timely access to diagnostic and monitoring services e.g. labs, scans
- Medicine Affordability
  - Prescriber costs e.g. consult, repeat prescription and medicine administration fees
  - Prescription costs e.g. copayment, blister pack costs, prescription subsidy card
  - Indirect costs e.g. transport, time off work, childcare
- Medicine Acceptability
  - 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 Appropriateness
  - Medicine therapy prescribed is inadequate
  - Unwarranted variation in prescribing

Key:
- PHARMAC has control
- PHARMAC has a role
- PHARMAC has influence
2) PHARMAC’s Māori Responsiveness approach “...by Māori, for Māori...”
Te Whaioranga Māori Health Workforce development

Hiwinui Heke
Scholarships since 2008

Te Rūnanga o Āotearoa
-NZNO Scholarships began 2018

Te ORA Scholarships
Began 2017

Launch November 2018
Grants begun this month
Optimal Medicines Use for Whānau

- Wairoa Taiwhenua Office May 2018
- Welcome Bay Ngāpeke Marae Jun 2018
- Gisborne Holy Trinity Church Jun 2018
- Tokomaru Bay Waiparapara Marae Aug 2018
- MMWWL King Country March 2019
- MMWWL King Country March 2019
- MMWWL King Country April 2019
- Ōtāngarei Hau āwhiowhio May 2019

Facilitator Leanne Te Karu
Whānau Ora – ō mātou tino kaimahi...
Ngā Pāたi. Ngā Kōrero
Questions . Discussion.
Which issue should you focus on?

- Difference between Maori and non-Maori on cardiovascular disease
- Difference between Aus and NZ on Cancer outcomes
- Proportion of difference Australia/NZ amenable to medicine*

"Approximately 90% of cancers are cured by surgery and radiation" - Richard Sullivan, Professor of Cancer and Global Health, Kings College London