A story of changing lives: \ Prescribing equity through. better use of medicines*

The call for equity in healthcare is not new but it is louder than it has ever been before. The release of the Waitangi Tribunal report on primary healthcare claims, the investigation of the New Zealand Health and Disability System Review Panel and a growing swathe of published research underlining inequitable health outcomes for Māori and Pacific peoples and disadvantaged populations, add to the zeitgeist. The Government's drug-purchasing agency PHARMAC Te Pātaka Whaioranga has added its voice with a determination to eliminate inequity in access to medicines. A new programme - He Ako Hiringa - aims to drive that target

n end to inequity in mediavailability, accessibility, affordability, University of Otago in 1996. acceptability and appropriateness, aims to
It was in 2012, while working at Te change people's lives. And those who pre- Awakairangi Health Network, a PHO servscribe, dispense and deliver medicines are ing high-needs populations in the Hutt being called to drive this change.

In Achieving medicine access equity in proving access to medicine took shape. Aotearoa New Zealand: Towards a theory of She recalls a particular moment when change, published last year, PHARMAC she was referred a patient with diabetes lays down the gauntlet; everyone involved who had missed several appointments. in healthcare needs to facilitate equitable
The patient was not picking up repeat preaccess to funded medicines. It gives Māori, scriptions nor undertaking requested lab as Te Tiriti o Waitangi partners, highest tests. priority in this plan for change.

their full health potential, and that no quality of life one should be disadvantaged from achiev-PHARMAC is working from.

The majority of the time, people absolutely know the reasons why medicines are prescribed and ought to be taken – it's just their social circumstances are so dire

its Health and Independence Report 2016, per any potential to have an impact on when compared to other New Zealanders, inequity "Māori and Pacific people are two to three But, Ms Bhawan says, clinicians can times more likely to die of conditions that make a big difference by partnering with could have been avoided if effective and NGOs and following campaigns to reduce timely healthcare had been available".

ple equally under the current system will outcomes. never eliminate inequities."

At the helm of PHARMAC's commit- clinical education and data analytics ment to equity is its manager of Access company Matui (a joint venture between Equity, pharmacist Sandhaya (Sandy) health data science company Airmed and

inspired to study pharmacy by an uncle action on medicine access equity. her uncle's door after hours for help.

The social upheaval wrought by Fiji's cine access. It's a bold call 1987 coup saw her family emigrate to from PHARMAC and one New Zealand. After attaining a science dethat requires a heartfelt gree from Victoria University, Ms Bhawan **a** commitment beyond your worked as a science technician before bestandard government agency undertaking. coming the first Pacific student to finish Because the agency's campaign, cen- top of the class when she graduated with tred around five key drivers - medicine a pharmacy degree with honours from the

Valley, that Ms Bhawan's passion for im-

"When she came, I was prepared with "Medicine access equity means that my spiel, my agenda, a list of reasons everyone should have a fair opportu- she ought to be taking her medication nity to access funded medicines to attain including benefits for her whānau and her

"She stopped me and said 'It's not that ing this potential." That's the definition I don't want to take these medications: I just don't have the money to renew the prescriptions every three months. Isn't taking some every second or third day better than not taking it at all?"

Ms Bhawan says she thinks of that patient every day.

"The majority of the time, people absolutely know the reasons why medicines are prescribed and ought to be taken it's just their social circumstances are so dire... health seems to be the last priority amidst other things they are facing."

Systems lie at the heart of medicines ac-

And knowing that, clinicians might be inclined to throw their hands in the air, According to The Ministry of Health in thinking the structural challenges ham-

the prevalence of targeted diseases and As PHARMAC puts it: "Treating peo- by using audit tools to monitor patient

To this end PHARMAC has contracted healthcare communications company The Ms Bhawan was raised in Fiji, and was Health Media) to increase awareness and

Bhawan recalls seeing locals knocking on lows in the footsteps of work carried out by BPACnz and the Goodfellow Unit.



Sandy Bhawan



for He Ako Hiringa

Sue Crengle

Ngāi Tahu Māori

Unit at the University

of Otago, GP at

Invercargill Medical

He Ako Hiringa, highlights its goals. to understand, we are calling on primary catalyst for the small thriving community

Anna Mickell, programme manager for

care clinicians to work together and with getting behind the establishment of the lous to deal to medicine access equity once cal health clinic.

to treatment with medicines, and patient roa, Ngāti Whātua) works in the nurse-led els of inequity, He Ako Hiringa aims to predominantly Māori patients.

disease, diabetes and asthma, they are sadly this is not always the case. our biggest priorities. We know that the Lack of a living wage is one of the most these conditions are social and one key Hand says.

Ms Mickell explains that while the prob- New Zealand."

difference. can't fix the economy, but they can still do your medications?" something meaningful. What clinicians "I guess most of us think if we ask that can do is give patients access to medicine question it will create more work and of and help them persist with taking it. So course they will say 'no'. The answer is oflet's work on that and get this right for the ten 'yes, but only on pay day'. That's two

Change starts with clinicians looking at diuretic today. their behaviours.

Certainly, that is the experience of cli- think you want to hear rather than what nicians interviewed for this article - GPs, actually matters for them. They're trying pharmacists and nurse practitioners to make you feel good. That's why having uncovering inequity and seeking ways to an honest conversation is important," she

In Whangārei's Otangarei, a suburb where 148 per cent of homes are state houses, "The aims of He Ako Hiringa are easy concern for the health of whanau was the

Te Hau Āwhiowhio ō Otangarei Trust With a focus on conditions amenable unurse practitioner Margaret Hand (Te Rogroups who tend to experience higher lev-

have the biggest impact on patient health A common theme for many patients is wanting to live long enough to see their "Four conditions: gout, cardiovascular mokopuna (grandchildren) grow up, but

way we can assist in balancing these social "Try living on \$40 a week. Many patients inequities is by getting people access to will never admit to this, but this is the real-

lem is complicated, clinicians can make a For Mrs Hand, access to medication means asking patients a really hard ques-"Clinicians can't fix housing, clinicians" tion, namely, "Can you afford to pay for

ity of those living on the lowest income in

patients who have been left behind." days away, and I need them to start their

"Patients will often tell you what they

A solution is trying to walk in the patient's shoes and coordinate wraparound services and good communication with pharmacists, Mrs Hand says.

PHARMAC

EVIDENCE OF

INEQUITY

HOSPITAL ADMISSION

RATES FOR ASTHMA

11.8/1000

PACIFIC CHILDREN

8.1/1000

MĀORI CHILDREN

4.3/1000

EUROPEAN/OTHER

CHILDREN

THE PREVALENCE

OF GOUT IS

THAN NON-MĀORI,

NON-PACIFIC

POPULATIONS

MÃORI AND PACIFIC

PEOPLES ARE

LESS LIKELY

TO RECEIVE

REGULAR

URATE-LOWERING

THERAPY

THAN NON-MĀORI,

NON-PACIFIC PEOPLES

Source: Health Quality

& Safety Commission, 2018

The use of standing orders also helps improve access to medicines, and three and that needs to change, he says. Greater clinicians from the trust are involved with Māori representation in the health worka multidisciplinary Northland Medicines force would bring a better connection with Management Group that is developing a Māori and whānau, greater understandpeer-reviewed set of standing orders.

Mrs Hand says her team is innovative and creative, the credentials needed to work at Te Hau Āwhiowhio ō Otangarei in order to reduce inequity in access, not only

In the far south of the country, Univerand Invercargill GP Sue Crengle (Kāi Tahu, delivering their best.

data can help clarify how well they are doing, Dr Crengle says.

week at the Invercargill Medical Centre, a people die before they should. practice with a variety of ages, ethnicities and deprivation profiles among its 13,000 caused by smoking. From an equity aspatients, about 2000 of them Māori.

inequities to slip into our practice without deliver in an inequitable way. us being aware they have."

Dr Crengle recommends the health literacy process "Teach-back" to check patients' understanding of information that Clinicians can't fix has been shared with them. Teach-back supports communication between health professionals and patients/whānau by can't fix the economy. providing an opportunity for the health professional to check how clearly they have communicated important information, and to "fill in the gaps" if needed.

"Being Māori, I've been committed to Māori health from very early on in my career," Dr Crengle says.

cial determinants of health. We also expelate to all walks of life." rience differences in access to and quality

"If you look along a clinical pathway, for 78 per cent of whom are Māori. Most of example, bowel cancer, you see a similar the staff are also Māori or Pasifika. incidence in populations, but Māori mortality is much worse. But there's not one big see a regular doctor for continuity of care. thing we can fix – it's a little bit of a lot of Staff have weekly meetings to talk about things right along the pathway."

isborne pharmacist Kevin Pewhairangi (Ngāti Porou, Ngāti Ira, Te Aitanga a Hauiti, Ngāti Whakaue) established gout, provide outreach to patients who Horouta Pharmacy a year ago to challenge might otherwise drop off the radar, and inequity by reducing the physical barriers offer advice and treatment to people with to access and positioning the pharmacy in mental health challenges. the high-needs neighbourhood of Inner

pram in the rain having to get to the health on offer. pharmacy on this side of the river."

Even though the next pharmacy might changes themselves," Dr Lawrence says. not seem too far away at 3–4km, for people An unusual feature of the practice is without cars or with illegal cars, that's not a shared lunchroom with the pharmacy ideal, Mr Pewhairangi says. His pharmacy next door. That pharmacy is Unichem Bualso offers courier delivery up to 2.5 hours chanan's Kiripaka Pharmacy. away in remote East Cape where there are no pharmacies.

Further barriers exist within the pharbeing talked down to. Pharmacists need pharmacy counter. selves and their services approachable.

gout. PHARMAC's reporting shows gout is whānau and answering their questions. over-treated with anti-inflammatories and "That allowed me to understand what under-treated with allopurinol.

Mr Pewhairangi recommends all health practitioners undergo a Māori cultural experience to improve their understanding of te ao Māori.

Just 2 per cent of pharmacists are Māori ing of medicines and ultimately improved health outcomes.

D ack up north in Whangārei, Te Whare-Dora o Tikipunga owner and GP Aniva to medicine, but in all areas of health and Lawrence says her high-needs clinic does its best to reduce inequity from the moment patients step through the door.

The clinic offers careful, cross-cultural Isity of Otago Māori health researcher communication in relaxed, unhurried medical appointments, Dr Lawrence says. Even Kāti Māmoe, Waitaha) knows doctors feel small things can make a difference, for uncomfortable if they think they are not instance "if names are pronounced incorrectly patients are less likely to open up and Running prescribing audits on their own disclose the things that are worrying them".

Dr Lawrence draws her inspiration to improve health outcomes from her Dr Crengle practises two half days per Samoan family, from the tragedy of seeing

"My grandmother had lung cancer pect, those things directly impact on how She says, while much of the primary you view the world. Sometimes the syshealthcare system is excellent, "It's easy for tems are against populations, or set up to

> housing, clinicians but they can still do something meaningful.. give patients access to medicine

"The foundations of health and well"When junior doctors are placed being are unequally distributed, so we are with us, I say you spend six years learnmore likely to have histories of deprivation, ing medical language then six years risky occupations – the whole gamut of so- un-learning. It's important to be able to re-

Te Whareora o Tikipunga has an enrolled patient population of around 4000,

The clinic aims for patients to be able to whānau they are working with. They keep an eye on data showing people who are overdue for diabetes check-ups, provide education on the genetic factors affecting

Health improvement practitioners, Kaiti, across the river from the city centre. health coaches and social workers are all "For parents pushing their babies in the on the team and virtual consultations are

centre in the city, that doesn't tell me eqThe big picture: "When people...feel like uity. We decided it was appropriate to put a they have more control over their wellbeing, they're empowered to make those

Owner and pharmacist Iain Buchanan recounts his recent experience buildmacy itself. Mr Pewhairangi says the ing a relationship with a whānau whose "four-walls, white-jacket approach" may kuia required palliative care. Good service give patients the perception that they are began with stepping out from behind the

to relax the environment and make them- Mr Buchanan explains that he delivered the medication following the kuia's dis-Having the right conversations is essen- charge from hospital on a Friday afternoon tial, Mr Pewhairangi says, specifically about and spent almost an hour talking with

the whānau's requirements were," he says.

Learning always to create equity – join us

Achieving medicine access equity in Aotearoa is no mean feat, but clinical education and data analytics company Matui plans to encourage change with its new programme He Ako Hiringa

He Ako Hiringa will deliver educational resources for primary care clinicians, with a focus on equity. He Ako Hiringa's name highlights its educational goals. **Ako** means to learn or study, **Hiringa** means energy, perseverance, determination, inspiration and

He Ako Hiringa will produce evidence-informed and data-led educational materials centred around reducing medicine access inequities and focused on conditions amenable to treatment with medicine.

Clinicians will have access to their prescribing data through a dedicated website with interactive dashboards showing comparative rates and trends. The dashboards will include narrative on what's going well and provide links to further information if

Learning opportunities will be provided through a variety of platforms - tailored to what works best for

While the kuia has since passed away,

the constructive relationship between

Mr Buchanan says about his commu-

nity, "We've created an atmosphere in

which we're there to help people without

telling them what to do. We're helping

them to make good choices. It's more than

simply saying, 'Here is the medication,

His experience tells him that Māori es-

pecially appreciate relationships being

formed and the clinician understanding

He recommends being mindful of the

Mr Buchanan is bold in his view of

pharmacy's role. Which is fortuitous be-

cause boldness is rife in the pages of

whānau and pharmacist remains.

here are the side effects."

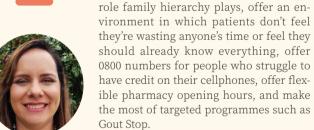
where they are coming from.

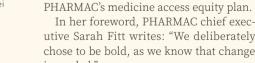
Find out more at akohiringa.co.nz

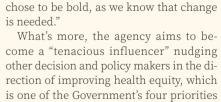


Kevin Pewhairangi

of Ngā Kaitiaki o te







for health. And to pluck another quote from Ms Fitt: "But we can't achieve change alone it requires committed collaboration across the whole health system." •

Interviews by Northland journalist Michael



You can find a copy of PHARMAC's Achieving medicine access equity in Aotearoa New Zealand: Towards a theory of change on



WATCH THEIR STORIES Hear the stories of clinicians and others working to reduce inequities in primary care by watching He Ako Hiringa's video Medicine access equity:

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