

Aboriginal and Torres Strait Islander Specific Programs FACTSHEET

There are FOUR pharmacy programs to be aware of for Aboriginal and Torres Strait Islander people

1. Indigenous Dose Administration Aids (IDAA)
2. Closing the Gap (CTG) PBS Co-payment Program
3. Indigenous Health Services Pharmacy support Program (IHSPS)
4. S100 Remote Area Aboriginal Health Services (RAAHS) Program

1. Indigenous Dose Administration Aid (IDAA) program.



Program Aim:

- To assist Aboriginal and Torres Strait Islander people to better manage their medicines and avoid medication misadventure and improve medication adherence.



Eligible Patients:

- Patients must identify as Aboriginal or Torres Strait Islander people and;
- Have medication management risk factors as assessed by their prescriber or AHP and;
- Live at home in community setting (i.e. not hospital in-patient, aged care or transitional care facility resident, or patient in a correctional facility) and;
- Have given consent (either verbal or written) to participate in the program using the [consent form](#)



Program Rules:

- The program is only available via community pharmacies (Hospital pharmacies are **not** able to claim under this program)
- There is no cap to the number of IDAA services that can be provided by each community pharmacy
- For eligible patients, the IDAA is supplied by the patient's preferred community pharmacy as a free of charge service (Note: patients are still required to pay any costs of medicines packed into the DAA that may occur).
- Community pharmacies can submit one reimbursement claim per patient per week (regardless of the number of packs that a patient may need)



Community pharmacies Registration:

- Community pharmacies must meet the pharmacy requirements for participation as described in the [IDAA -Program Rules](#) and;
- Must be registered via the [Pharmacy Programs Administrator \(PPA\) portal](#) as an approved service provider.



Further Details:

- [Pharmacy Programs Administrator Website: Indigenous Dose Administration Aids](#)

2. The Closing the Gap (CTG) - PBS Co-payment Program



Program Aim:

- To improve access to affordable PBS medicines for eligible Aboriginal and Torres Strait Islander people



Eligible Patients:

- Aboriginal and Torres Strait Islander people and;
- Have medication adherence risk factors as assessed by their prescriber or aboriginal health practitioner (AHP) and;
- registered on the centralised database



Program Rules

- Eligible patients can obtain their medicine at the concession price; or, if they have a concession or health care card, their medicines are free (CTG patients will still need to pay any brand premiums that apply).
- This program applies only to PBS general medicines (items under \$100 are not covered)
- All PBS prescribers can prescribe CTG prescriptions to eligible patients
- Public hospital pharmacies **cannot** dispense under this program (only community pharmacies & private hospitals can dispense under this program)



Patient Registration:

- A centralised database exists for registered patients on the [Health Professional Online Services \(HPOS\)](#)
- PBS prescribers or AHPs can register patients in the database or they can authorise a delegate to register a patient on their behalf
- A prescriber can either [nominate a person as a delegate](#) or a delegation request can be sent to the provider via HPOS for approval.



How to check if someone is registered for CTG on the centralised database

- As at time of publication of this factsheet, hospital pharmacists do not have access to the CTG centralised database.
- Incorrect registration status will result in a PBS rejection at point of dispensing in community pharmacies.
- In anticipation of access to the CTG database, [register](#) for a [Provider Digital Access \(PRODA\)](#) account
- Once registered for a PRODA account, you will be provided a Registration Authority (RA) no. To be linked to the organisation in the system:
 - Pharmacists must email their allocated RA number to the director of pharmacy,
 - Other health professionals must email their allocated RA number to either
TEHS: MedicareRevenueTEHS.DoH@nt.gov.au or CAHS: Jane.Malley@nt.gov.au



Further Details:

- [Pharmaceutical Benefits Scheme Website: The Closing the Gap \(CTG\) - PBS Co-payment Program](#)
- [Australian Government Services Australia Website: Health Professional Online Services \(HPOS\)](#)

3. Indigenous Health Services Pharmacy Support (IHSPS) Program



Program Aim: to improve quality use medicines (QUM) and health outcomes for Aboriginal and Torres Strait Islander people through government funded Quality Use Medicines supported activities:



Eligible Indigenous Health Services (IHS) must:

- Be an IHS either funded by the department's indigenous health division for the provision of primary healthcare services to Aboriginal and Torres Strait Islander people OR Approved to participate in the \$100 Remote Area Aboriginal Health Services (RAAHS) Program
- Must register annually via the [online registration form](#) by the due date each year



Program Rules:

- The IHS can choose to either receive funding directly to commission QUM Supports or they can enter in to an agreement with an approved service provider (eg. pharmacy) to receive the funding, conduct the QUM activities and complete the required reports on behalf of the IHS
- A service provider agreement is not needed for registered pharmacists or pharmacies that are acting under the IHS solely to provide the support activities as outlined in the rules under the "QUM pharmacist support activities". In this instance, the funding is allocated to the IHS which is the entity responsible for employing the pharmacists/pharmacies to complete the required QUM activities as designated by the IHS work plan and progress reports. A service provider agreement is only needed when the IHS delegates all the funding, work plan and progress report responsibilities to a suitable entity, such as a pharmacy.
- An annual work plan and two progress reports per program cycle must be completed and submitted by the due dates to receive allocated funds.
- If an IHS enters in to a service provider agreement, they can only nominate one service provider per program cycle.
- The IHSPS program funds the following QUM supported activities:
 1. Pharmacist Support by a registered pharmacist or approved pharmacy to IHS staff and clients
 2. Devices to improve management of chronic disease and delivery of medicines
 3. Education for IHS employees and their clients
 4. Patient Transport to access medicines and pharmacist services not covered under other government funding arrangements
- [Pharmacy Programs Administrator](#) (PPA) and [NAACHO Support Officers](#) are available to provide support to the IHS and service provider program participants



Eligible Service Providers:

- Community Pharmacy or;
- A business with a registered pharmacist or;
- Hospitals with a registered pharmacist when a community pharmacy is unable to meet the needs of the QUM activities



Funding Arrangements:

- Funds are allocated annually calculated on a base amount plus an additional amount for each IHS client



Further Details:

- [Pharmacy Programs Administrator Website: Indigenous Health Services Pharmacy Support Program](#)

4. S100 Remote Area Aboriginal Health Services (RAAHS) Program



Program Aim:

- To provide PBS medicines to Aboriginal and Torres Strait Islander peoples in remote areas for free and, without the need for a normal PBS prescription form.



Eligible RAAHS must:

- Be approved by the Department of Health and;
- Provide a primary health service to the aboriginal and Torres Strait Islander people and;
- The clinic must be in a defined remote zone and;
- Have appropriate storage facilities for pharmaceuticals and;
- Employ or contract health professionals oversee the supply medications as per the S100 arrangements



Program Rules:

- There are two types of remote clinics and both are able to access S100 medicines:
 - ACCHO clinics = Aboriginal Community Controlled Organisations and
 - NTG clinics = government run
- RAAHS must order S100 medications directly from an approved community or hospital pharmacy for dispensing and they are then provided to the client by an appropriate health professional at the RAAHS clinic (Note: RAAHS also keep a small quantity of medications in an imprest).
- For NTG clinics a community pharmacy becomes contracted to a clinic via a tender process and can change every few years. ACCHO clinics usually have a chosen pharmacy selected via a different process.
- S100 medications must not be directly supplied to the patients from the pharmacy or hospital, they can only be supplied directly by the RAAHS clinic.
- The supplying pharmacy is reimbursed via the Department of Human Services
- Schedule 8 medications, S100 highly specialised drugs (HSDs), and non-PBS medicines are excluded from the S100 RAAHS program



Eligible Patients:

- Patients treated at a RAAHS clinics are eligible under this service.
- Patients must obtain their S100 medications directly from the RAAHS clinic (e.g. they don't go to a pharmacy to get their medicines)
- Patients can still obtain PBS medicines by taking a prescription to a community pharmacy as usual however, they will not be free (unless they are eligible for medicines dispensed under CTG program). This will also require a prescription to be written on a PBS prescription format. Note that RAAHS patients may be not be familiar with the process of PBS prescriptions, pharmacies or paying for medications.



Medications Process:

- The process of medication supply from writing the prescription to the patient collecting their medicines can take several days to weeks (this time-frame can depend on remoteness of community or season, e.g. during wet season some communities need to rely on flights rather than car etc). Remote clinics can be 100+kms away from their S100 supplying pharmacy.
- The process for medication supply is:
 1. Remote clinic doctors or practitioners write the prescription on a rural prescription medication chart
 2. Prescription is sent to the clinic's S100 supplying pharmacy
 3. This pharmacy dispenses the medicines (and packs dose administration aid (DAA) if needed)
 4. Medicines/DAA are sent to the remote clinic. If the clinic is very remote, the outreach nurses may deliver these at the next available time which can take a week or more.
 5. Patients collect their medicines/DAA from their RAAHS clinic.



Further Details:

- [Australian Gov Dept of Health: S100 Remote Area Aboriginal Health Services \(RAAHS\) Program](#)
- [Australian Gov Services Australia: Remote Area Aboriginal Health Services \(RAAHS or AHS\) and the PBS](#)