Australian Government
Department of Health and Aged Care

Challenges of quality use of medicines in rural settings

National Medicines Symposium 2024

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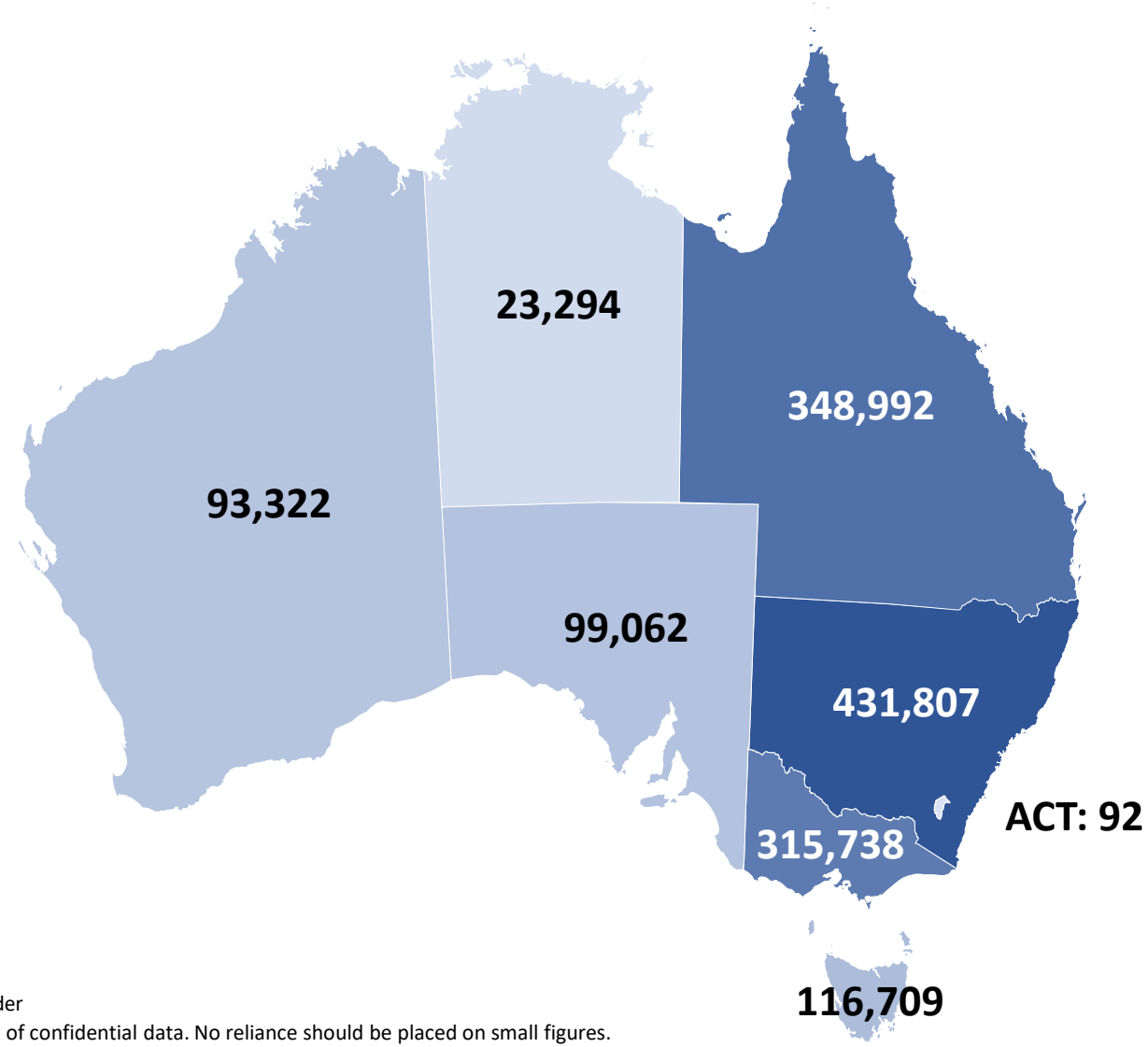
National Rural Health Commissioner

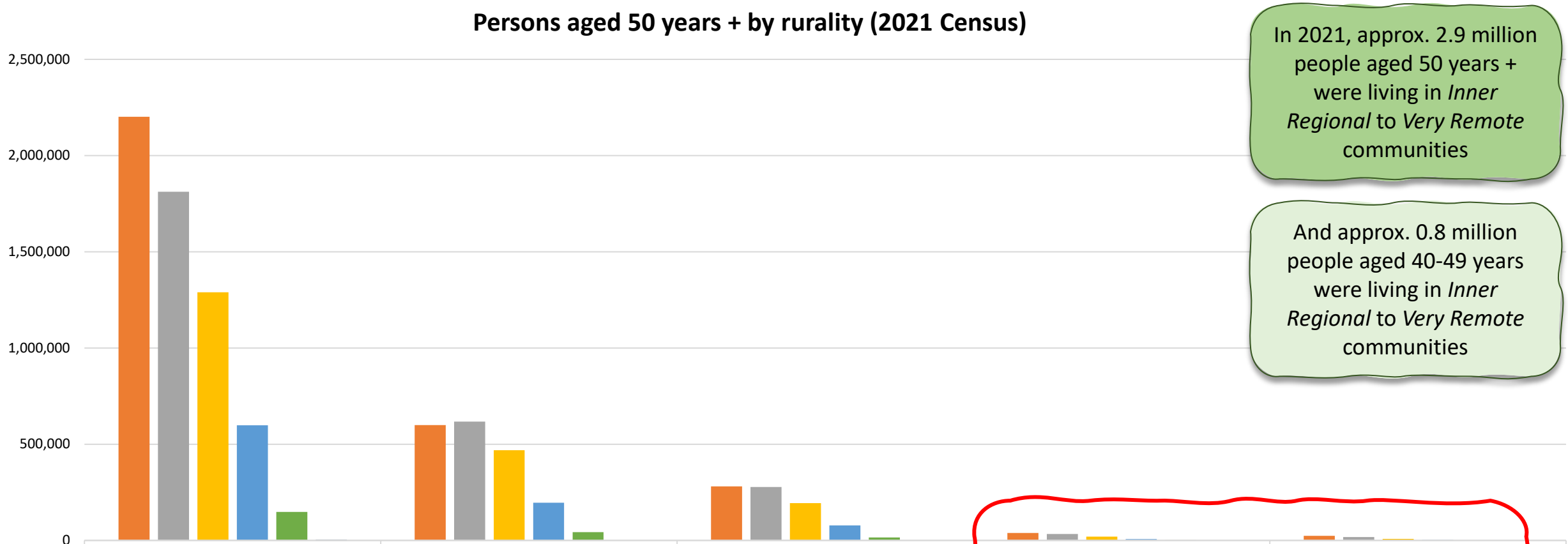
Australia’s population aged 50 years +

Persons aged 50 years + w/one or more long-term health conditions in regional to remote areas (2021 Census)



Source: Census of Population and Housing, 2021, TableBuilder
NB: Data have been randomly adjusted to avoid the release of confidential data. No reliance should be placed on small figures.

Regional, rural and remote populations



In 2021, approx. 2.9 million people aged 50 years + were living in *Inner Regional* to *Very Remote* communities

And approx. 0.8 million people aged 40-49 years were living in *Inner Regional* to *Very Remote* communities

	Major Cities of Australia	Inner Regional Australia	Outer Regional Australia	Remote Australia	Very Remote Australia
50-59 years	2,201,871	599,879	281,359	38,705	23,406
60-69 years	1,812,496	617,667	278,171	33,323	17,527
70-79 years	1,289,927	468,606	193,384	19,319	8,479
80-89 years	598,715	195,727	78,336	7,109	2,684
90-99 years	147,717	42,971	15,829	1,312	503
100 years and over	4,104	1,016	386	30	12

Source: Census of Population and Housing, 2021, TableBuilder

NB: Data have been randomly adjusted to avoid the release of confidential data. No reliance should be placed on small figures.

Measuring rurality

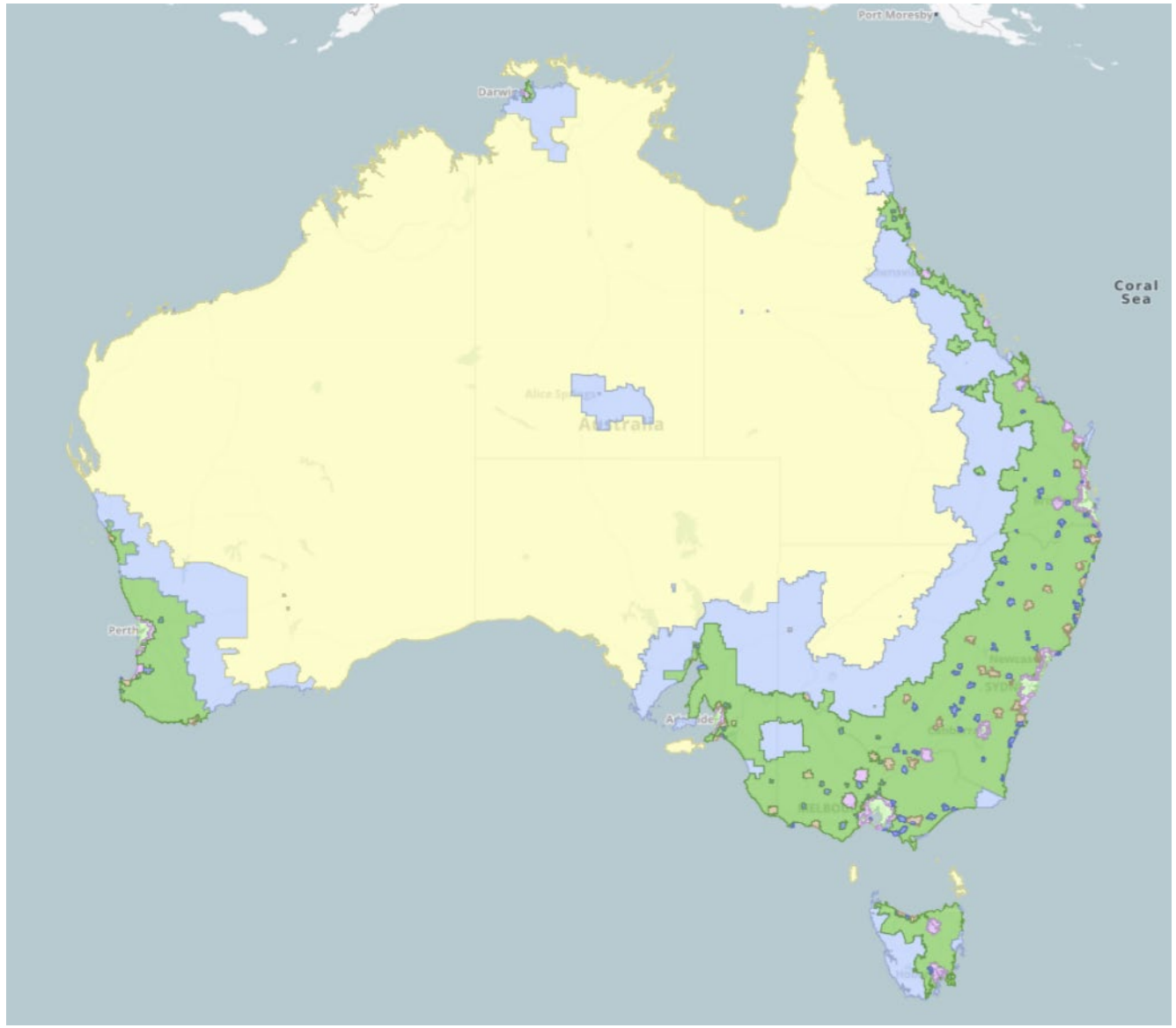
Modified Monash Model

2015

2019

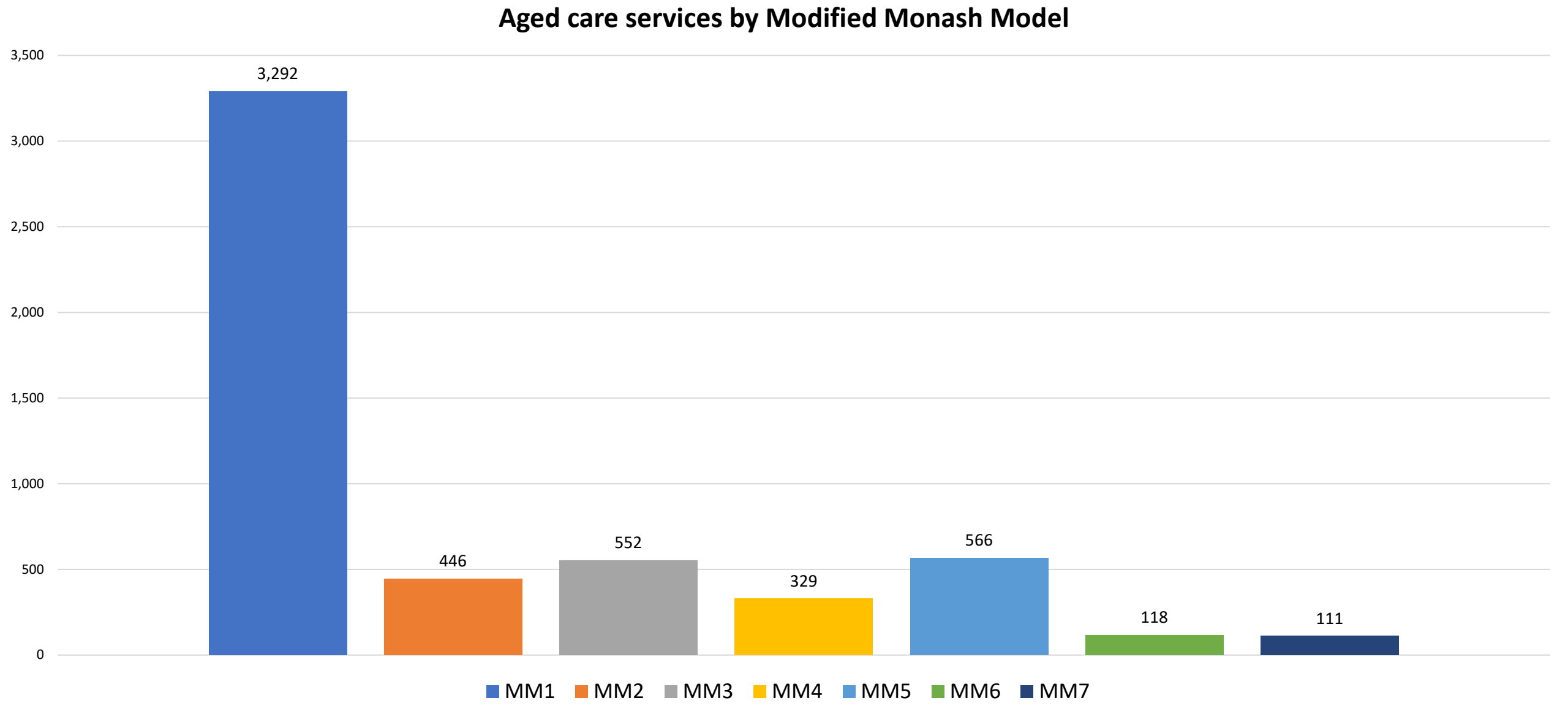
Legend

1	2	3	4	5	6	7



Source: Department of Health and Aged Care 2024

Subsidised aged care services by rurality



Source: AIHW 2024

Subsidised aged care service types by rurality

Aged care service types	MM1	MM2	MM3	MM4	MM5	MM6	MM7	
Home Care	1,499	209	291	136	143	43	43	*2,364*
Innovative Pool	5	1	0	0	1	0	0	*7*
Multi-Purpose Service	0	0	0	0	113	40	30	*183*
National Aboriginal and Torres Strait Islander Aged Care Program	6	2	1	1	1	6	28	*45*
Residential	1,661	206	230	182	303	27	8	*2,617*
Short-Term Restorative Care	81	15	17	7	5	1	2	*128*
Transition Care	40	13	13	3	0	1	0	*70*
	3,292	**446**	**552**	**329**	**566**	**118**	**111**	

Source: AIHW 2024

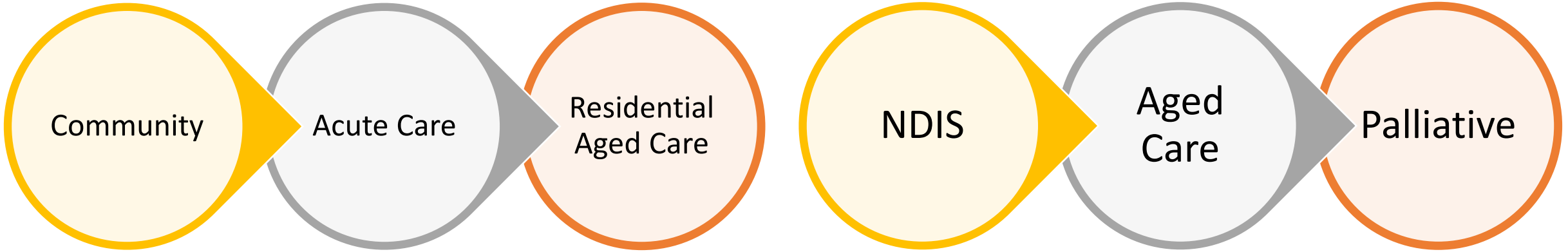
Services by rurality

	MM2 Regional	MM3 Large rural	MM4 Medium rural	MM5 Small rural	MM6 Remote	MM7 Very remote
RACF	✓	✓	✓	✓ / ✗	✓ / ✗	✓ / ✗
Home support & home care providers	✓	✓	✓ / ✗	✓ / ✗	✓ / ✗	✓ / ✗
General practices	✓	✓	✓	✓ / ✗	✓ / ✗	✓ / ✗
AMS or ACCHS	✓	✓	✓	✓ / ✗	✓ / ✗	✓ / ✗
Community health centres	✓	✓	✓	✓ / ✗	✓ / ✗	✓ / ✗
Multi-purpose services	✓	✓	✓	✓ / ✗	✓ / ✗	✓ / ✗
Private hospitals	✓	✓ / ✗	✓ / ✗	✗	✗	✗
Public hospitals	✓	✓ (regional/ district)	✓ (regional/ district)	✓ / ✗ (regional/ district)	✓ / ✗ (regional/ district)	✓ / ✗ (regional/ district)

Informed by: Department of Health and Aged Care 2024

System challenges and integration

Transitions of care



In remote areas likely to transition to care in regional or metro settings:

- cultural safety, social supports, family burden

Opportunities for continuity of care primary care & rural generalists

- what models of care may need to or can be changed?
- role of non-PBS / telehealth / other e-script providers

QUM challenges-rural

Cost of medicines

Supply of medicines

Storage issues

Workforce

Stock image.

S100 Program

s100 programs include:

- Highly Specialised Drugs (HSD)
- Efficient Funding of Chemotherapy (EFC)
- Botulinum Toxin
- Growth Hormone
- In Vitro Fertilisation
- Opiate Dependence Treatment
- Closing the Gap – PBS Co-payment
- Take Home Naloxone
- Paraplegic and Quadriplegic
- Medication Program for Homeless People
- Remote Area Aboriginal Health Services

Proportion of expenditure within the s100 program for 2022-23 FY:

CtG = 1.3%

RAAHS = 1.3%

Highest were HSD (49.1%) & EFC (40.2%)
s100 expenditure total: $4.9b

Source: Department of Health and Aged Care, Pharmaceutical Benefits Scheme 2023

S100 Program

National Health Act 1953, section 100 (s100):

1) The Minister may, by legislative instrument, **make special arrangements for**, or in relation to, providing that an **adequate supply of pharmaceutical benefits will be available to persons**:
   - **a) who are living in isolated areas**; or
   - b) who are receiving treatment in circumstances in which pharmaceutical benefits (other than those to which subsection (1A) applies) are inadequate for that treatment; or
   - c) if the pharmaceutical benefits covered by the arrangements can be more conveniently or efficiently supplied under the arrangements.

Deprescribing in rural communities…

Service & clinician factors

Generally higher trends of staff turnover

Higher utilisation of locum workforce

Limited time in consultations[1]

Prescribing status of GPs vs. non-GP specialists[1]

Patient factors

Generally complex patient needs

How to build trust with a new clinician or with clinicians? [1]

Limited participation in medication reviews[1]

Perceptions/acceptance of medication use with ageing[1]

Reference: [1]Gillespie et al 2022, "Factors which influence the deprescribing decisions of community-living older adults and GPs in Australia". *NB: not a rural-specific cohort studied.*

Deprescribing in rural communities…pragmatic

Service & clinician factors

Getting a log in to software

Finding the resources as unavailable in many locations (eg ETG)

Limited time in consultations

Confidence if not familiar with system or not sure who will support you

Patient factors

Health literacy

Limited trust and rapport

Concerns that restarting if needed will be difficult (what will the local pharmacy carry as ongoing stock?)

Multiple sources of advice

Thank you