

Digital tools for medicines management in Aboriginal Community Controlled Health Organisations

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Aboriginal health in Aboriginal hands



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Content

Acknowledgement

Case Study 1: when digital tools work well

Case Study 2: digital disasters

Summary: closing the (digital) gap



Case Study 1: When digital tools work well

- Regional Aboriginal health service with multiple prescribers
- Town has multiple community pharmacies used by clients
- COVID closures forced rapid uptake telehealth appointments and electronic prescriptions
- Proactive pharmacies set up Dose Administration Aid (DAA) patients on Active Script List (ASL)
- Loop closed by uploading DAA profile as Pharmacist Shared Medicines List (PSML) in My Health Record
- instant PSML option only available in Webster Care



Case Study 1: When digital tools work well-

Workflow with enablers and barriers

- Prescribers generate electronic scripts as requested or during consults, default is to pharmacy email, with patient consent
- Changes to DAAs are flagged in a referral letter to pharmacy, otherwise how do they know when a medication is ceased?
- Patients are reminded of changes as part of DAA delivery or collection
- All prescribers and hospital can access accurate record of what is in DAA and non packed from PSML in MHR
- Relatively stable, well networked local workforce



Case Study 1: When digital tools work well-

Example ACCHO diabetes clinic

- Fortnightly at ACCHO, clients comfortable, transport if needed
- Telehealth Endocrinologist
- Practice Nurse or Aboriginal Health Practitioner attends as advocate
- Diabetes Educator on site for additional education
- Case conference end of day
- GP does electronic scripts and follow up letters
- New medications available more rapidly, patients better supported



Case Study 2: Digital disasters!

- Delay in locums being set up in practice software
- Specialist and Hospital changes without timely communication
- Clients use pharmacy that hasn't integrated electronic scripts into workflow- printed onto paper!
- Patients not on ASL, trying to manage tokens, need phone credit
- Mix of paper and electronic difficult for script management, especially with restricted PBS Authorities
- Electronic script cancellation, can reduce patient autonomy, but reduces risk when issue identified through Real Time Prescription Monitoring



Closing the digital gaps

- Remote Area Aboriginal Health Services (RAAHS) S100- bulk supply of medication to approved clinics in remote areas without chemist shops, supplied by remote nurses, ATSIHW/P or doctors.
- RAAHS dispensing claimed from town shop as monthly bulk per site, no patient level data dispensing data in MHR
- Need to consolidate systems that work in genuine patient centric model.





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