



# **MAORI RESPONSIVENESS STRATEGY**

**July 2002**

# FOREWORD

E nga rangatira o nga hau e wha, tena koutou katoa. Kei te mihi atu, kei te tangi atu. Kei te tangi atu ki nga mate o nga Marae maha o Aotearoa nei. Ratau kua takahia te ara tika ki tua o te tirohanga tangata. Engari, e kore e ngaro o ratau moemoea. Na reira, ma tatau katoa ka puawai nga tumanako o ratau ma i nga tau kei te heke mai. Tena ano tatau katoa.

It is with pleasure that we present our Maori Responsiveness Strategy. As the Government agency responsible for managing the Pharmaceutical Schedule, and approving subsidies on medicines to make them accessible to consumers, we acknowledge that we have a special obligation under the Treaty of Waitangi to be as responsive as possible to Maori, and to improve Maori health. This Strategy demonstrates how we intend to improve our performance in responding to Maori needs.

PHARMAC met with Maori face to face at a series of hui across New Zealand in late 2001 to consult with them on the draft Strategy. More than 200 people attended these hui and offered their comments and ideas. We were pleased with the widespread support from Maori for the draft Strategy. The feedback we received has been incorporated into the final Strategy and the PHARMAC Board has approved its implementation.

This Strategy will provide us with a blueprint for the next few years on where to focus our efforts. Some of the key components of the Strategy can be implemented quickly (such as improving Maori representation on Boards and Committees) while others may take us longer (such as improving ethnicity data collection). Through this process, PHARMAC is showing its commitment to being an effective partner with Maori on pharmaceutical related health issues.

We look forward to working with Maori across New Zealand, health professionals and providers, District Health Boards, pharmaceutical companies and other stakeholders to improve access to medicines by Maori so they can enjoy a positive state of health and well being.

Richard Waddel  
Chairman

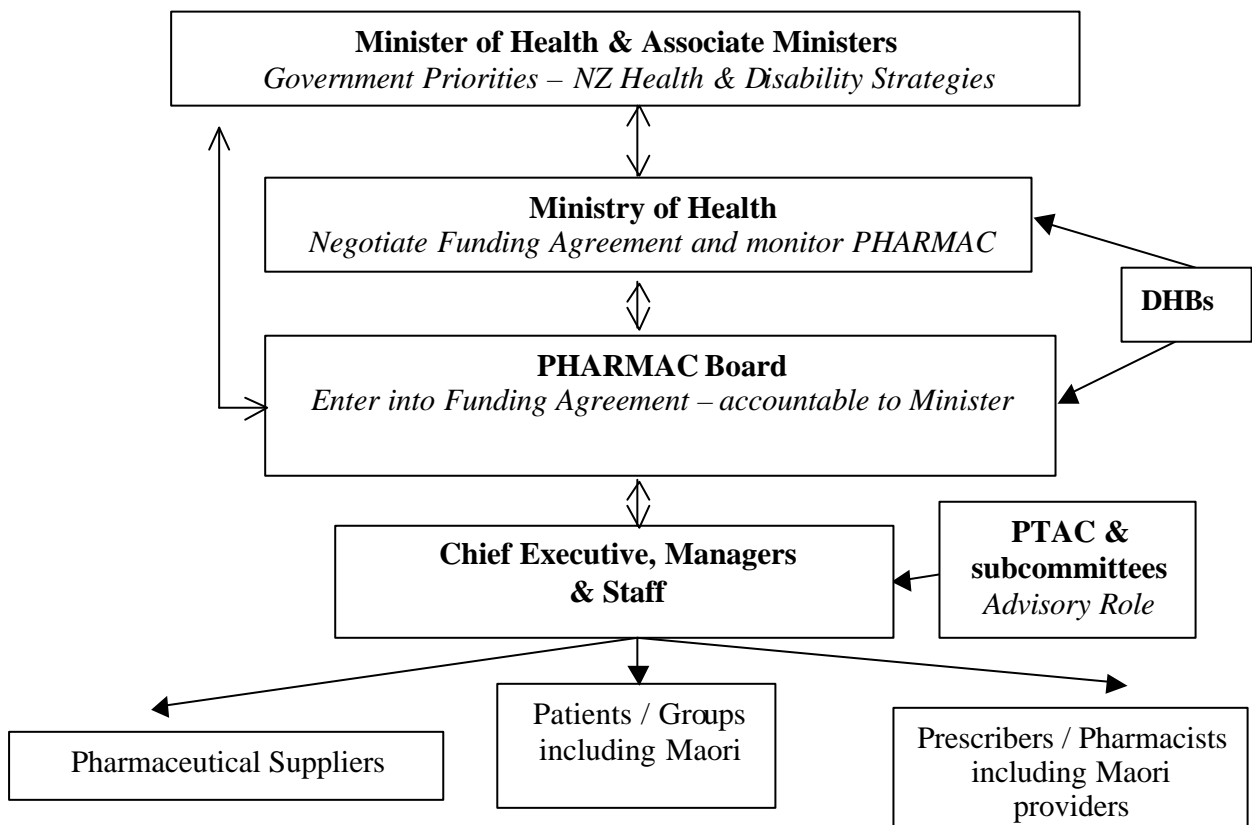
# Table of Contents

<b>1</b>	<b>INTRODUCTION.....</b>	<b>4</b>
1.1	PHARMAC'S ROLE.....	4
1.2	REQUIREMENTS OF VARIOUS GOVERNMENT STRATEGIES AND LEGISLATION ON PHARMAC .....	5
1.2.1	New Zealand Public Health and Disability Act 2000.....	5
1.2.2	New Zealand Health Strategy.....	6
1.2.3	New Zealand Disability Strategy .....	7
1.2.4	New Zealand Maori Health Strategy (Te Korowai Oranga) .....	7
1.2.5	New Zealand Primary Care Strategy.....	8
<b>2.</b>	<b>PHARMAC MAORI RESPONSIVENESS STRATEGY.....</b>	<b>10</b>
2.1	INTRODUCTION.....	10
2.2	THE SIX STRATEGIES THAT WE WILL IMPLEMENT .....	10
2.2.1	Strategy One: Incorporate Maori Strategic Priorities .....	11
2.2.2	Strategy Two: Improve Human Resource .....	13
2.2.3	Strategy Three: Improve Ethnicity Data Collection and Analysis .....	14
2.2.4	Strategy Four: Improve our Performance in Negotiating with Suppliers and Assessing New Drug Applications .....	16
2.2.5	Strategy Five: Improve our Performance in Informing Maori about available subsidised medicines .....	17
2.2.6	Strategy Six: Improve Maori Representation and Participation.....	18
<b>3.</b>	<b>OTHER ISSUES RAISED BY MAORI.....</b>	<b>21</b>
3.1	MAORI TRADITIONAL HEALING – RONGOA MAORI.....	21
3.2	USER PART CHARGES .....	21
3.3	ETHNICITY DATA COLLECTION WITH THE HEALTH SECTOR .....	22
3.4	RESEARCH PRIORITIES .....	22
3.5	ALTERNATIVE THERAPIES .....	22
<b>4.</b>	<b>IMPLEMENTATION TIMELINES.....</b>	<b>23</b>

# 1 Introduction

## 1.1 PHARMAC's Role

PHARMAC (Pharmaceutical Management Agency) is a Crown entity. Its role is to manage the national Pharmaceutical Schedule on behalf of District Health Boards. The Schedule is a list, updated monthly and reprinted three times a year, of over 3,000 subsidised prescription medicines and related products, available in New Zealand. The Pharmaceutical Schedule records the Government subsidy for each drug, (i.e. from public funds) and the guidelines or conditions, under which it may be funded if applicable. The following diagram demonstrates the relationships between PHARMAC and various other health sector agencies and the associated accountabilities:



The PHARMAC Board, or Chief Executive under delegated Authority, makes the final decisions on subsidy levels and prescribing criteria and conditions, with independent advice from Pharmacology and Therapeutics Advisory Committee (PTAC) and submissions received during consultation. In all its decisions, PHARMAC seeks to balance the needs of patients for equitable access to healthcare, with the needs of taxpayers for responsible management of the costs they ultimately bear. PHARMAC has staff who specialise in negotiating with pharmaceutical suppliers and assessing applications from suppliers for subsidies.

Prescribers – such as doctors or specialists, use the Schedule to determine what medicines are subsidised and at what level.

Some medicines, which are available, are not subsidised by PHARMAC. In these cases, patients must pay the full cost of the prescription. PHARMAC has staff who specialise in working with prescribers, providers and patient groups to promote the responsible, safe and effective use of medicines. This involves promotional activity as well as developing information materials and guidelines.

## **1.2 Requirements of Various Government Strategies and Legislation on PHARMAC**

As well as performing its statutory role, PHARMAC must align its activities with Government priorities as outlined in legislation, and key government strategies. The relevant sections of legislation that specifically relate to Maori are briefly summarised below.

### **1.2.1 New Zealand Public Health and Disability Act 2000**

In addition to the specific functions PHARMAC has under the NZPHD Act it is required:

- To be a good employer including recognising:
  - (i) The aims and aspirations of Maori
  - (ii) The employment requirements of Maori
  - (iii) The need for greater involvement of Maori as employees of the employer.

- To reduce health disparities by improving the health outcomes of Maori and other population groups
- To provide for mechanisms which enable Maori to contribute to decision-making on, and to participate in the delivery of, health and disability services, in order to recognise and respect the principles of the Treaty of Waitangi, and with a view to improving health outcomes for Maori
- To consult on matters that relate to the management of pharmaceutical expenditure with any sections of the public, groups or individuals that may be affected by decisions
- To take measures to inform the public, groups and individuals of PHARMAC's decisions
- To establish a Consumer Advisory Committee to provide input from a patient / consumer point of view.

### **1.2.2 New Zealand Health Strategy**

The New Zealand Health Strategy identifies seven fundamental principles that should be reflected across the health sector:

1. Acknowledging the special relationship between Maori and the Crown under the Treaty of Waitangi
2. Good health and well-being for all New Zealanders throughout their lives
3. An improvement in health status of those currently disadvantaged
4. Collaborative health promotion and disease and injury prevention in all sectors
5. Timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay
6. A high performing system in which people have confidence
7. Active involvement of consumers and communities at all levels.

The New Zealand Health Strategy also sets out a number of key goals and objectives, and has identified 13 population health objectives that are to be the focus of the health sector, some of which include key priorities for PHARMAC:

- Reduce smoking
- Improve nutrition

- Reduce obesity
- Reduce the incidence and impact of cancer
- Reduce the incidence and impact of cardiovascular disease
- Reduce the incidence and impact of diabetes
- Improve the health status of people with severe mental illness.

### **1.2.3 New Zealand Disability Strategy**

The New Zealand Disability Strategy (NZDS) proposes a vision of:

*“A fully inclusive society, where our capacity to contribute and participate in every aspect of life is continually being extended and enhanced”.*

The NZDS has specified a set of key directions including:

- Encouraging and educate for a non-disability society
- Providing for best education
- Improving access to quality information
- Promoting the participation of Maori experiencing disability
- Valuing families, whanau and carers.

### **1.2.4 New Zealand Maori Health Strategy (Te Korowai Oranga)**

The New Zealand Maori Health Strategy released by the Government in April 2001, outlines a series of strategies that the Government intends to implement to improve Maori health. The strategy recognises a framework for Treaty of Waitangi principles based on partnership, participation and protection. As will be noted later in this strategy, these are also strategies which PHARMAC has adopted:

- *Partnership* – working together with iwi, hapu, whanau and Maori communities to develop strategies for Maori health gain and appropriate health and disability services
- *Participation* – involving Maori at all levels of the sector in planning, development and delivery of health and disability services
- *Protection* – ensuring Maori enjoy at least the same level of health as non-Maori and safeguarding Maori cultural concepts, values and practices.

Some of the key objectives outlined in the New Zealand Maori Health Strategy which affect PHARMAC include:

- Developing partnerships with Maori communities
- Increasing capacity, sustainability and geographical scope of Maori providers
- Reducing Maori health inequalities
- Improving Maori health information to support effective service delivery and monitoring the achievement of Maori health objectives
- Ensuring the sector agencies work with Health to take into account the health impact of their activities and to develop initiatives that positively affect whanau health.

### **1.2.5 New Zealand Primary Care Strategy**

The Primary Health Care Strategy was released in February 2001. The vision for Primary health care is:

*“People will be part of local primary health care services that improve their health, keep them well, are easy to get to and coordinate their ongoing health care. Primary health care services will focus on better health for a population, and actively work to reduce health inequalities between different groups”.*

The strategy states that six key directions are intended for primary health care to achieve this vision:

- Work with local communities and enrolled populations
- Identify and remove health inequalities
- Offer access to comprehensive services to improve, maintain and restore people’s health
- Co-ordinate care across service areas
- Develop the primary health care workforce
- Continuously improve quality using good information.

Under the strategy it is expected that Primary Health Organisations (PHOs) will take various shapes and sizes, as they will be organised around a defined group of people i.e. those voluntarily enrolled with the PHO. Maori and Pacific providers would still operate

independently of the PHOs, but work in collaboration with them and public health services, for the benefit of the local population, particularly those who are disadvantaged.

As the following sections will reveal, PHARMAC has strived to align its Maori Responsiveness Strategy with Government health strategies and with its statutory functions. We believe our strategy is well aligned with Government strategies and that this will enhance our ability to deliver.

## 2. PHARMAC Maori Responsiveness Strategy

### 2.1 Introduction

PHARMAC has been concerned for some time that the benefits of subsidised pharmaceuticals may not be reaching Maori at the same rates as other New Zealanders. Prescribers and pharmacists are not currently required to record ethnicity on prescription forms which makes measuring and monitoring whether Maori are accessing and receiving subsidised medications on an on-going basis difficult.

There are several areas where PHARMAC can improve its approach to produce benefits for Maori. They include targeting resources at priority areas, improving the quality of information upon which decisions are based, promoting awareness amongst Maori of subsidised drugs and effectively monitoring utilisation of pharmaceuticals.

PHARMAC developed six strategic areas to respond to the needs of Maori and consulted widely on these with Maori across New Zealand. Hui were held in all regions of New Zealand in late 2001 to discuss the issues facing Maori access to pharmaceuticals, and to discuss the proposed strategies. A full copy of the Consultation Report<sup>1</sup> is available from PHARMAC. Unanimous support was received for the strategies, and many of the issues and ideas raised at these hui have been incorporated into the finalised document.

### 2.2 The Six Strategies that we will implement

PHARMAC developed six strategies, all of which conform to the Treaty of Waitangi framework adopted by the Ministry of Health (and contained in the New Zealand Maori Health Strategy Te Korowai Oranga). The six strategies are as follows:

- Strategy one involves improving **strategic planning** processes, such that **Maori health priorities** are identified, and the contributions of PHARMAC activities to Maori health are clearly specified.

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<sup>1</sup> Results of the Consultation on PHARMAC's Draft Maori Responsiveness Strategy – February 2002, PHARMAC

- Strategy two is to improve **human resource development** by nurturing a culture within PHARMAC that is responsive to Maori requirements, and to develop and implement a training and development programme.
- Strategy three involves improving the processes and procedures that PHARMAC will use to **collect and analyse ethnicity data**, such that Maori issues are explicitly addressed, and Maori priorities specifically considered.
- Strategy four is to improve **activities involving the supply of pharmaceuticals** by improving analysis of the benefits of drugs for Maori, providing training to staff and improving and expanding the consultation processes so that more Maori providers, health professionals and representatives are included.
- Strategy five is to improve **activities related to public access and use of pharmaceuticals**, including the use of targeted promotional materials, Maori media channels and the use of Maori translations to get information out to Maori about what is available and how best to use it.
- Strategy six involves improving **Maori representation and participation** in key decision areas.

### 2.2.1 Strategy One: Incorporate Maori Strategic Priorities

#### Specific objectives:

- a) PHARMAC will make explicit how Maori health will or will not benefit through its activities. Key elements of the Maori Responsiveness Strategy will be integrated throughout all planning and accountability documents including the Funding Agreement, Statement of Intent and Annual Plan be underpinned by the Treaty of Waitangi framework.
- b) PHARMAC will specify Maori health priority areas where human and financial resources will be targeted and ensure more rigorous analysis is undertaken.
- c) PHARMAC will monitor its own performance in these priority areas by undertaking evaluation and assessment of effectiveness of new processes being applied.

## **Implementation**

### **a) Commitment to the Treaty of Waitangi to be explicit within Planning Documents**

Currently the Treaty of Waitangi is recognised by PHARMAC within its Operating Policies and Procedures, which state that:

*“PHARMAC recognises:*

- *The Treaty of Waitangi as one of New Zealand’s founding constitutional documents;*
- *The principles of the Treaty of Waitangi; and*
- *The special relationship of partnership between Maori and the Crown.*

*PHARMAC will endeavour to ensure that its policies and procedures are responsive to the particular characteristics, special needs and cultural values of Maori communities.”*

To implement this statement, PHARMAC has developed a definition of the “principles” which PHARMAC recognises, and the “special relationship of partnership between Maori and the Crown” and how PHARMAC intends to implement this partnership. The Treaty of Waitangi framework is based on the commonly used principles of Partnership, Protection and Participation and as described in Te Korowai Oranga (Ministry of Health).

PHARMAC will work toward implementing its Treaty responsibilities by establishing its relationship with the DHB Maori partnerships (see Strategy Six) as well as ensuring Maori interests are considered in its internal processes when considering new funding applications for pharmaceuticals, and when communicating with Maori about available subsidised medicines.

### **b) Maori Health Priorities**

Maori Health priorities established by Maori during the consultation process were as follows:

- Diabetes (and renal failure)
- Respiratory disease (including asthma, COPD, lung disease)
- Heart / cardiovascular disease (including hypertension, high blood pressure)
- Mental Health (anti-psychotic drugs)
- Cancer and smoking (Nicotine Replacement patches, etc)

- Arthritis / Gout
- Tamariki Ora
- Obesity.

Lesser priorities which were still raised as important, were head lice treatments (making them free), drugs for palliative care, rheumatic fever and hay fever.

PHARMAC has adopted these as their Maori health priorities, and any new drug applications that are received within these priority areas, will be given specific focus for Maori health benefit.

Internal analysis conducted by our own analysts will also focus on benefit to Maori where information is available, and if not, whether there is a need to consult further with Maori, or to work with providers to obtain additional data. Finally, if a drug is approved in these Maori health priority areas, the method of communicating the availability of the newly subsidised drug to Maori, will be given specific emphasis (such as producing bi-lingual information pamphlets or communicating directly with Maori health providers to pass on the information to their clients, whanau and hapu).

Finally, the new Maori Health advisor who is to be appointed, will work specifically in the Maori health priority areas to monitor the effectiveness of our approaches, and to seek feedback from Maori on the outcomes being noted in the community of subsidised drugs we are making available and access by Maori to these.

## **2.2.2 Strategy Two: Improve Human Resource**

### **Specific objectives:**

- PHARMAC will develop a culture which is responsive to the needs of and issues raised by Maori.
- PHARMAC will create a position for a Maori Health advisor, who will take a leadership role in maintaining PHARMAC's responsiveness to Maori, and work both internally and externally to implement the Maori Responsiveness Strategy.

- c) PHARMAC will implement a training and development programme for all staff (including Board members) which includes exposure to Maori experts or practitioners, cultural education and analysis techniques for assessing information about Maori and identifying risk and opportunity areas for Maori health gain.

### **Implementation**

PHARMAC has already commenced a Lecture Series (from May to October 2002) with a number of high profile Maori leaders and role models who can offer a wide range of viewpoints, knowledge and expertise to PHARMAC staff. The intent of this lecture series is to generally raise the awareness of PHARMAC staff to Maori issues and Maori development generally, so that our staff can appreciate the often unique perspective of Maori in relation to their own cultural, social and economic development.

The appointment of the Maori Health advisor will enable us to develop an internal training and development programme for staff with our HR Manager, so that we can integrate cultural training skills into our generic training programme.

We would also expect that the perspectives of Maori on our Board and various committees (see Strategy Six) will also provide another avenue of learning for our staff who will need to respond to the issues that they raise in their deliberations of PHARMAC proposals.

### **2.2.3 Strategy Three: Improve Ethnicity Data Collection and Analysis**

#### **Specific objectives:**

- a) PHARMAC will improve analytical processes that are used, and the process by which Maori issues are assessed.
- b) PHARMAC will continually work to improve its Maori health information base by advocating for NHI (and ethnicity) collection and working with providers in high-Maori populated areas to share information on prescribing and hospitalisation patterns.

## **Implementation**

The information sources we use will be improved through:

- Improving the analysis to be more specifically related to unique Maori health issues (particularly in high Maori populated areas) by utilising all ethnicity based data available and encouraging the recording of NHI and ethnicity on prescriptions
- Appointing Maori to the Board and PTAC / subcommittees to add clinical perspectives from Maori practitioners (see Strategy Six)
- Up-skilling supply and demand-side personnel through increasing their exposure to Maori health issues, values and diversities (See Strategy Two);
- Information provided to PTAC (with Maori membership) from a medical / clinical perspective
- The experience or personal perspectives about Maori health issues of our staff
- Consultation feedback
- Feedback from the Consumer Advisory Committee (with Maori members).

In practice, many suppliers provide little or no information specifically about the impact of their pharmaceutical on Maori, and PHARMAC aims to improve this in respect of the proposed health priority areas.

We will also continually advocate for NHI/ethnicity data collection and we will work with providers, the Ministry of Health and the Maori research sector to access better information about pharmaceuticals used by Maori.

## **2.2.4 Strategy Four: Improve our Performance in Negotiating with Suppliers and Assessing New Drug Applications**

### **Specific objectives:**

- a) PHARMAC will improve the analysis of therapeutic benefit of drugs for Maori in the targeted priority areas.
- b) PHARMAC will provide education and training to personnel working in this area so that they are better equipped to assess applications for impact on Maori.
- c) PHARMAC will improve consultation processes by expanding the network used to consult on new applications in Maori health priority areas to include Maori providers, health professionals, and Maori health practitioners.

### **Implementation**

PHARMAC analyses applications from pharmaceutical companies (with the assistance of expert advisors and expertise from within PHARMAC itself) wanting PHARMAC to subsidise their pharmaceuticals. This process involves assessing various features, benefits and potential outcomes for each drug, and prioritising subsidy levels within available resources.

The establishment of the Maori health priority areas within PHARMAC enables us to adopt these as key focus areas for the organisation across all fronts. There are also those therapeutic groups which are high expenditure areas and have potential to yield benefit for Maori if we are able to improve access to them by Maori.

We will implement a systematic approach across both supply-side and demand-side activities for these priority areas (including analysis supporting these activities) to investigate and develop specific strategies for PHARMAC to contribute to the improvement of Maori health outcomes. Those strategies will involve one or more of the following:

- a) Improving the analysis, which is provided to staff managing the priority health areas and associated demand-side activities. This would include specific use of epidemiological information, deprivation/demographic mapping, prescribing

patterns, utilisation patterns, hospitalisation patterns and comparative modeling between each of these

- b) Collating available information to inform more specific analysis on benefit for Maori
- c) Undertaking promotional activities to improve access to subsidised pharmaceuticals which are currently available
- d) Conducting focused consultation with Maori stakeholders on pharmaceutical utilisation by Maori in these health priority areas.

### **2.2.5 Strategy Five: Improve our Performance in Informing Maori about available subsidised medicines**

#### **Specific objectives:**

- a) PHARMAC will develop promotional material for subsidised drugs, specifically targeted at Maori, particularly in the Maori health priority areas.
- b) PHARMAC will consider the cost effectiveness of using Maori translations for written publications versus different forms of Maori communication in order to reach broader audiences.
- c) PHARMAC will expand the use of Maori media as channels for distributing information to Maori.
- d) PHARMAC will target promotions at population groups and specific geographic areas where Maori population is high.

#### **Implementation**

The activities of the PHARMAC staff that work in this area are:

- Developing and implementing strategies to help change volume and mix in key high expenditure areas (key areas have been identified through a systematic evaluation of demand) - antibiotics, asthma, diabetes, cardiovascular, generic prescribing
- Promoting the responsible, safe and effective use of pharmaceuticals
- Evaluating how well its strategies are being applied and their effectiveness.

Activities undertaken by this team will be aimed at areas where Maori uptake (or for that matter, reductions in Maori utilisation of some pharmaceuticals) will yield the greatest

benefits. For the Maori health priority areas these will be given a strong focus by the team in terms of specific promotion campaigns for Maori about subsidised pharmaceuticals that are available; monitoring prescribing patterns in localities with high Maori populations and comparing these with hospitalisation figures. We will also work with Maori and mainstream Primary Care Organisations and providers in areas with high Maori populations, to share information between us and find ways of providing benefit and improved access for Maori. This will include evaluating the effectiveness of these strategies by gathering and analysing our information base.

## **2.2.6 Strategy Six: Improve Maori Representation and Participation**

### **Specific objectives:**

- a) PHARMAC will promote the appointment of at least one Maori Director to the Board.
- b) PHARMAC will support Maori representation to PTAC and the subcommittees related to the Maori health priorities.
- c) PHARMAC will ensure at least two Maori representatives are appointed to the Consumer Advisory Committee.
- d) PHARMAC will establish a process for Iwi/Maori relationships with the District Health Boards by working with the Ministry of Health and utilising the existing iwi partnership arrangements between DHBs and Maori.
- e) PHARMAC will expand the Maori network which works with PHARMAC by expanding the mailing list, and by facilitating other Maori relationships through the following stakeholder groups:
  - i. Maori community health worker regional focus groups
  - ii. Maori clinicians
  - iii. Te Matarau and Nga Ngaru Hauora – Maori Development Organisations and MAPO Clinical Managers and National Maori Provider Association
  - iv. Ministry of Health Maori Health Group and Maori District Health Board members
  - v. Maori Health Research Units
  - vi. Maori represented on the Consumer Advisory Group.

## **Implementation**

### **Maori Representation on PHARMAC's Board of Directors**

The feedback from hui participants was very supportive towards PHARMAC's proposals to encourage Maori Board membership. The Minister of Health appoints board members and the process of appointment is managed by the Ministry of Health.

### **Partnerships with Maori**

Many hui endorsed the proposal that PHARMAC develop partnership relationships with Maori, and that this would be best effected by working with existing DHB - Maori partnerships that are being established by DHBs. As PHARMAC is too small to be able to resource the management of 21 separate DHB - Maori relationships, PHARMAC intends to work with the Ministry of Health (Maori Health Group) who are also working with the DHB partnerships. We will aim to align our contact with the partnerships as much as possible so as to make best use of our limited resources, and best use of the time and effort of the partners themselves. This might include for instance, convening joint hui with the Ministry of Health of DHB Maori partnerships and Maori Board members.

### **Representation on PTAC and its Subcommittees**

The Director General of Health appoints members to PHARMAC's Medical Advisory Group, the Pharmacology and Therapeutics Advisory Committee (PTAC) members, in consultation with the Board of PHARMAC. The primary purpose of PTAC is to:

*“Provide PHARMAC with independent advice on the pharmacological and therapeutic consequences of a proposed amendment to the schedule such as:*

- *Significant applications from companies wanting a drug listed, where there are clinical issues to consider*
- *Requests by PHARMAC for de-listing*
- *Management of the schedule*
- *Need for a review of specific drugs or groups of drugs.”*

PTAC is made up of eight senior medical practitioners and the Director General of Health appoints specialists and members. The PHARMAC Board intends to recommend the appointment of a Maori member to PTAC.

### **Representation of Maori on the Consumer Advisory Committee**

The Public Health and Disability Act 2000 requires PHARMAC to establish a consumer advisory committee (CAC) to provide PHARMAC with a patient or health consumer point of view. PHARMAC supports the appointment of at least two Maori members to this committee.

### **Other Maori “Expert” advisors working with PHARMAC**

As well as formal positions on our Board and various advisory committees, PHARMAC is aware that there is a wealth of expertise amongst both the Maori research sector as well as the Maori provider and health professional sectors. PHARMAC representatives have already met with Clinical Managers from the Maori Development Organisations to discuss a working relationship and PHARMAC has adopted the Maori provider database utilised by the Ministry of Health in order to distribute information to the wider sector, and to draw upon for particular focus groups or consultation exercises that it undertakes each year.

When consulting with prescribers, for instance about proposed pharmaceutical subsidies, PHARMAC will ensure that Maori providers are part of this process by including them in the extensive mailing list it currently holds. We will also ensure that the Pharmaceutical Schedule and updates are sent to Maori providers on the database.

### **3. Other issues raised by Maori**

During the consultation process held in 2001, a number of issues were raised by Maori that are outside the responsibilities of PHARMAC, therefore these have been formally handed over to the Ministry of Health for noting and further action.

In some cases the issues are already being considered within the policy environment and in others will be considered for inclusion in the Ministry's work programme.

#### **3.1 Maori Traditional Healing – Rongoa Maori**

All of the hui convened and attended by PHARMAC raised issues about the recognition of Maori Traditional Healing/Rongoa Maori by PHARMAC and generally by Government. Some participants called for Rongoa Maori to be subsidised by PHARMAC whilst others felt that Government funding would impact on the protection of intellectual property and "tapu" (sacredness) attached to Maori Traditional Healing.

It was advised that until the Government had formally recognised Maori Traditional Healing/Rongoa Maori and approved the funding of traditional medicines, PHARMAC was unable to consider this issue.

#### **3.2 User Part Charges**

Many hui participants, particularly health workers but also patients, said that cost was a significant barrier to Maori accessing their prescriptions. The \$3 part charge was considered as a barrier to many whanau, particularly when they have other competing priorities for their often low incomes, such as food and rent.

As the Government sets the part charge rates, it was agreed that PHARMAC would provide a record of the feedback on part charges to the Ministry of Health to consider as part of its review of part charges.

### **3.3 Ethnicity Data Collection with the Health Sector**

The fact that prescribers are not legally or contractually required to place the NHI<sup>2</sup> number (which attaches ethnicity) on all prescriptions was seen as a barrier to enabling PHARMAC and Maori to analyse and understand Maori utilisation of pharmaceuticals across the country. This was further endorsed at a hui that PHARMAC held with a group of Maori Researchers in May 2002. Whilst PHARMAC will continue to promote the application of NHI numbers on prescriptions, it is clear that the directive needs to come from health funders across the country (District Health Boards and Ministry of Health). PHARMAC will therefore continue to work with DHBs and the Ministry to raise the profile of this issue and its benefits to monitoring this aspect of Maori health status.

### **3.4 Research Priorities**

PHARMAC itself has limited ability to undertake or commission research on Maori utilisation of pharmaceuticals, but does recognise that further research is needed into the use of pharmaceuticals by Maori and the outcomes from this. Most research projects on Maori health are either commissioned by the Ministry of Health or funded and approved by the Health Research Council, therefore PHARMAC has agreed to meet with both entities to encourage the promotion and funding of research projects that will improve the research evidence in this area.

### **3.5 Alternative Therapies**

Some of the hui raised the issue of alternative therapy and herbal remedies, and enquired whether PHARMAC was able to subsidise these due to the often high cost. PHARMAC is only authorised to subsidise medicines that have been approved by the Ministry of Health and currently alternative remedies are not an approved.

PHARMAC is aware that the Government is undertaking a review of alternative healthcare and has formed a working group to investigate this issue. PHARMAC will therefore ensure that the feedback from consultation is fed into this review and that Maori perspectives as raised during the hui will be considered further.

## 4. Implementation timelines

### QUARTERLY MILESTONES FOR COMPLETION OF ACTIVITY

Activity	Sept 02	Dec 02	Mar 03	June 03
1. Include Treaty framework and Maori Health Priorities in Annual Plan				
2. Develop and implement PHARMAC lecture series with Maori specialists to raise awareness & knowledge of Maori issues				
3. Appoint a Maori Health Advisor to PHARMAC to work within organisation and with Maori				
4. Develop cultural training plan for staff and implement				
5. Establish & document processes for assessment of new applications affecting Maori health priorities				
6. Develop relationship with Maori research sector to improve ethnicity data collection & analysis of information affecting Maori				
7. Undertake analysis of Maori utilisation of pharmaceuticals in the Maori health priority areas				
8. Work with Ministry of Health to develop relationships with DHB Maori partners & to participate in consultation processes				
9. Promote appointment of Maori to Board (appointed by Minister)				
10. Promote appointment of Maori to PTAC & subcommittees				
11. Appoint Maori representative to Consumer Advisory Committee				
12. Formally meet with Ministry of Health representatives to report on consultation issues and "hand over" issues within MOH control				

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<sup>2</sup> National Health Index number assigned by the New Zealand Health Information Service