

# Tackling rates of rheumatic fever

Rheumatic Fever is an issue of growing public interest and one where PHARMAC is working alongside other agencies to help address the issue. New Zealand's rates of rheumatic fever are unexpectedly very high by Western World standards, due to extremely high rates of rheumatic fever among Māori and Pacific children.

We're closely working with a national expert working group examining ways to address high rates of rheumatic fever in Māori and Pacific children in particular. We've got a number of activities underway in relation to rheumatic fever. These will have a focus both for clinicians and for patients, whānau, and communities.

For example, we're scheduling at least three of our Seminar Series seminars this year on rheumatic fever. The Seminar Series is an evidence-based forum for health professionals to learn more about how to manage specific issues. This is the first time we have run Seminars on rheumatic fever.



*Rheumatic Fever*  
Sore throats...can break a heart

*Other steps we could take are:*

- Developing rheumatic fever risk tables – a tool for health professionals;
- Examining funding for rapid antigen diagnostic tests (RADTs) – used in primary care to quickly determine whether people have strep throat infection and risk developing rheumatic fever, so that they can start antibiotics right away.

We've seen comments that link our Wise Use of Antibiotics campaign to rates of rheumatic fever. People have speculated that the campaign, which promotes appropriate use of antibiotics, might have dissuaded doctors from prescribing antibiotics for strep throat. Our campaign literature has always advised people with a sore throat to see a doctor, and promoted appropriate use of antibiotics to doctors. We will, however, look at whether changes are needed to the literature to strengthen messages around isolated sore throats in children.

Rheumatic fever has been signaled as a disease the Government wants to tackle head-on, and PHARMAC is well placed to help in the battle.

## Hospital medicines – it's all about consistency

Hospitals have been top of PHARMAC's agenda for the past few months. Expanded roles in hospital medicines and medical devices mean we have to find out how hospitals currently manage these products then develop a programme for future management.

Developing relationships is an important part of business and we have been busy visiting 21 DHB hospitals to meet with senior DHB executives, clinical and pharmacy leaders. We're learning a lot about how hospitals currently purchase medicines and devices and manage exceptions. The objective is to come up with a list of medicines and policies for managing exceptions (access to those drugs not on the hospital list) that is workable for all DHBs.

There's been a lot of face to face feedback to take on board. While many people at DHBs welcome our involvement and see a need for a more consistent nationwide approach to hospital medicines, some people are nervous at changing the way things are currently done. We've tried to explain the approach we will be taking with hospital medicines in our 2010 Annual Review, which was published in December and is available on our website at <http://www.pharmac.govt.nz/AnnualReview>.

In short, the immediate goal of the hospital work is to bring nationally consistent access to hospital medicines where present inconsistencies cannot be justified. Cost savings might flow from a single-desk national prioritisation, assessment and procurement approach, but that is a secondary consideration to sorting out the current issues around 'postcode prescribing'.

It's a similar situation with medical devices, highlighted by the work we have begun with insulin pumps. Some DHBs fund pumps for their patients, others don't.

Once we have digested the information we've received, we will be going back out to hospitals and other stakeholders with proposals for the future. We also want to maintain the open dialogue that has been created with DHB hospitals and clinical leaders, as this will be a crucial ingredient to securing future processes that can work well.

## Accessing medicines in Exceptional Circumstances

PHARMAC is seeking feedback on proposed changes to its Exceptional Circumstances policy.

Currently, the three Exceptional Circumstances schemes provide pharmaceutical funding consideration for patients in rare or unusual medical situations, where there are cost-savings to hospitals and for cancer patients in certain circumstances.

The first phase of our review of Exceptional Circumstances, announced by Health Minister Tony Ryall in August 2010, involved seeking the views of interested parties on how the policy could be improved.

Having received more than 70 responses from stakeholders, we have now put proposals out for consultation that we want to hear people's views on.

The proposed new single scheme - Named Patient Pharmaceutical Assessment - would provide fairer and wider consideration for more patients to receive funded access to pharmaceuticals not considered for listing on the Pharmaceutical Schedule. This would include explicit consideration for patients with severe and/or life threatening conditions.

A clearer application process, better information about decisions, and a trial of an exemption for DHBs from applying for approval to fund community treatments under \$500 are additional features of the proposal that would improve the ease of use for clinicians who apply on a patient's behalf.

As well as seeking written submissions, we are conducting meetings with people to hear their views face-to-face. Consultation closes on Friday 25 March. The consultation document can be downloaded from <http://www.pharmac.govt.nz/patients/haveyoursay/eceview>.

Submissions can be sent to [ecreview@pharmac.govt.nz](mailto:ecreview@pharmac.govt.nz).



## Medicine funding

The Government's injection of a further \$20 million into pharmaceuticals this financial year, plus the impact of PHARMAC's ongoing savings activity has given us considerable scope for funding medicines this year. Since 1 July 2010, more than 20 new medicines have been added to the Pharmaceutical Schedule, and access has been widened to many more. We estimate that more than 200,000 people will benefit from the decisions we have made this year, in the current year alone, and that the number of people will grow in future.

### Some of the major decisions we have made in the past two months include:

- **Sertraline and escitalopram** – two newly-funded treatments for depression. These add to the range of choices for clinicians to treat depression.
- **Varenicline** – a treatment to help people give up smoking. Varenicline (Champix) acts to reduce people's urge to smoke and its funding is in line with the Government's goal of reducing the incidence and harms from smoking.
- **Sunitinib** – a new generation treatment for renal cell carcinoma (kidney cancer). About 76 people per year are expected to benefit.
- **Darunavir and etravirine** – new treatments for HIV that are important as the virus becomes resistant to existing treatments.
- **Etanercept** – wider access to this TNF alpha treatment for auto immune disorders. Previously only funded for juvenile idiopathic arthritis, now also funded for rheumatoid arthritis, ankylosing spondylitis and psoriasis.
- **Rivaroxaban** – a new type of blood-thinning drug to prevent clotting in people who have had hip or knee joints replaced.
- **Temozolomide** – wider access to this drug for types of brain cancer (gliomas).

## Updating our Operating Policies and Procedures

PHARMAC's Operating Policies and Procedures (OPPs) outline how PHARMAC goes about its statutory responsibilities on behalf of District Health Boards. The OPPs were last reviewed in 2005/06.

Our OPPs are scheduled to be reviewed and we are committed to this review proceeding. We aim to conduct a process that involves stakeholder input, feedback on that input, and in a fair and open manner that is well understood.

We originally intended to have the OPP review completed during 2011. However, events have impacted on our ability to undertake the review within that timeframe. During 2010 the Government gave PHARMAC greater responsibility for managing hospital medicines and, in future, medical devices (outlined above). Any recommendations for changes that might arise from the EC review (also outlined above) would be put to the PHARMAC Board in June 2011.

We considered it important that the hospital medicines work was advanced and the EC review was completed, before the OPP review begins, as any changes from this work may impact on our OPPs. Progress on this work during 2011 should enable their impact, if any, on the OPPs to be considered when we commence the review of PHARMAC's OPPs in 2011/12.

Updated information on timing and more detail on the process for reviewing our OPPs will be included in future editions of InPharmation.



## Te Matatini and Whānau Hauora Village

Te Matatini is the New Zealand national kapa haka festival. It brings together several thousand mainly Māori people from throughout New Zealand in a five-day cultural festival. This year, Te Matatini o Te Ra is being held in Gisborne (Tairāwhiti) on 16-20 February.

In line with our work on the One Heart Many Lives cardiovascular programme, PHARMAC has worked with a range of organisations to develop a Whānau Hauora Village for the duration of the festival.

The village concept is supported by Tairāwhiti DHB and partner organisations who will be present to offer services at the village. Partner organisations include Plunket, the National Heart Foundation and Te Hotu Manawa Māori, Well Child Services, Quitline, Ngāti Porou PHO and Midlands Health Network. Hauora services will be offered for every member of the whānau, including services aimed at men, women, children and teenagers.

Hauora services will include heart and diabetes checks, well-child checks, cervical screening, nutrition and physical activity guidance and smoking cessation advice and support. Specialist services include a sexual health specialist and oncologist, and medications advice and counselling, all provided by senior Māori clinicians.

Te Matatini is a major national event drawing whānau from around the country. Up to 20,000 people per day are expected to attend the weekend days of the festival. A gathering such as this provides groups working in health with the opportunity to offer frontline services and promote positive messages to whānau about good health management. This kaupapa is fully supported by the organisers of Te Matatini.

PHARMAC's One Heart Many Lives team has run heart check programmes at several community festivals throughout the country, and these have led to a number of men being identified with heart conditions that require medical attention and management. With a more holistic approach to healthcare through the Whānau Hauora Village, we anticipate many whānau attending the festival to come away with a better understanding of how to manage and improve their health, and of the services they can use to achieve this.

## IronMāori

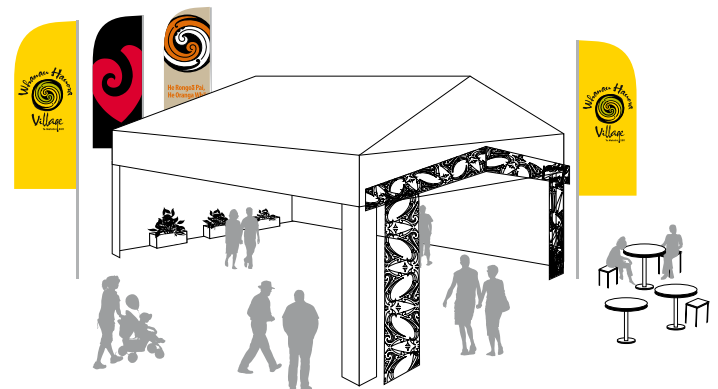
IronMāori is one of the newest additions to the national ironman triathlon calendar. It's a competitive event, but more importantly it provides an avenue for people wanting to improve their health through exercise to achieve their goals.

PHARMAC is a cornerstone sponsor of the event through its One Heart Many Lives programme. The programme aims to reduce the incidence of heart disease among Māori through lifestyle changes. IronMāori provides the ideal vehicle to train for.

The Napier event continues to grow in significance and size, with the 2010 version attracting about 700 competitors.



[www.whanauhauora.co.nz](http://www.whanauhauora.co.nz)



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PHARMAC is the Government agency responsible for deciding which medicines are subsidised for New Zealanders.

It manages spending on pharmaceuticals for the District Health Boards, and ensures that a comprehensive list of medicines (the Pharmaceutical Schedule) is subsidised for New Zealanders.

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