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| **Getting it right – patient, practitioner and Closing the Gap Officer views on the Closing the Gap Initiative** |
| **Background/Objectives**  Access to prescription medicine is fundamental to ensuring health equity. The Indigenous Chronic Disease Package was introduced in Australia in 2010. It included reduced cost prescriptions (known as Closing the Gap scripts), with the aim to reduce the cost barrier associated with medicines for Aboriginal and Torres Strait Islander peoples, and to improve medication compliance for chronic disease management and treatment. The aim of this paper is to analyse provider, patient and Closing the Gap Officer views on the Closing the Gap scripts initiative and to recommend changes to ensure equitable access.  **Methods**  This research was part of a broader mixed-methods multiple-site case study to improve the acceptability of healthcare provided to Aboriginal and Torres Strait Islander patients. Data collection included interviews and surveys with 31 general practice staff and practitioners; interviews with three Closing the Gap Officers and Practice Support Officers; medical records audit; and focus groups in two Aboriginal and Torres Strait Islander communities in urban Sydney. Thematic analysis was performed on the interviews and focus groups, and triangulated with the surveys and medical records audits.  **Results**  Most practices believed they did not have any Aboriginal and Torres Strait Islander patients and therefore did not register for the initiative. One practice lost their registration when they did not reaccredit the practice; they reported having to send patients to another practice in order for their patients to get Closing the Gap scripts, resulting in double Medicare billing for the one episode of care. Patients reported having to ‘shop’ for practices that were registered to provide Closing the Gap scripts as their usual doctor was not registered.  **Discussion**  The restriction of only allowing those practices registered for the Indigenous Health Practice Incentives Program being able to issue Closing the Gap scripts impedes healthcare access to some patients, and can promote fragmented care and increase healthcare costs through multiple billing. Revising this policy so that all medical practitioners can annotate scrips as ‘Closing the Gap’ scripts should be an urgent priority to ensure this well-intended initiative does not add to health disparities between Aboriginal and Torres Strait Islanders and other Australians.  **Keywords**  Health equity, Indigenous health, Aboriginal and Torres Strait Islander health,  policy |