

Senate Community Affairs Inquiry into the Operation and Effectiveness of Patient Assisted Travel Schemes

SUMMARY

Context

The Northern Territory Government (NTG) notes the Senate Inquiry into the Patient Assisted Travel Scheme (PATS). The PATS is an integral part of the access to public health services in the Northern Territory (NT) and it is important that the Committee is informed about the factors that influence the cost and demand for public health services, including PATS in the NT. These factors include:

- a small and widely dispersed population;
- a unique population composition (Indigenous people comprise ~ 29% of the NT population and are a major user of PATS and a young population with a median age of 31 years);
- a harsh physical environment with significant climate challenges;
- the relative isolation from Australia's main population centres and as a result the lack of access to an appropriate number of general practitioners and specialists and an emerging transport network; and
- a small economy to support basic such as health and community services.

Summary of Response to the Terms of Reference

The NTG supports in principle the following improvements to the operational efficiency and effectiveness of the PATS:

- The Australian Government's, Department of Health and Ageing, financially contributing to the delivery of PATS at a rate agreed to by the Australian Health Minister's Advisory Council (AHMAC) and the Australian Health Ministers' Conference (AHMC).

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- Subject to agreement on the threshold issues referenced at page 4, The development of:
 - nationally consistent eligibility criteria and minimum standards of service that take account of the demographic and cultural security issues of each State and Territory;
 - a national reporting system that captures PATS data on activity, cost and performance levels at a national and jurisdictional level; and
 - a national PATS Communication Strategy to articulate the agreed national eligibility criteria, minimum standards of service to patients and ultimately the performance of the PATS.
- The establishment of a process to allow consideration of the inclusion of additional treatments listed on the Medicare Benefits Schedule – Enhanced Primary Care (MBS – EPC), for example primary care items such as allied health specialties and subsequently to be available under PATS nationally.
- The expansion of Non-Government Organisations (NGO) and charitable organisations capacity across all jurisdictions, including the development of culturally appropriate accommodation services.

BACKGROUND

The NTG is responsible for providing public health services to all people of the NT, irrespective of geographic location and socio economic status. It is an NTG commitment to provide public health services within reasonable proximity to a patient's residence where this is practical and safe.

Under the Australian Health Care Agreement the NT is required to provide access to specialist services for people in the NT. This is achieved via medical specialists visiting regional and remote communities or conveying people to main population centres in the NT or to other jurisdictions. The PATS is funded by the NTG at \$6 million per annum. In addition to the PATS, approximately \$19 million per year is

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spent on providing patient access programs, including inter hospital transfers and intra state and inter state emergency aero medical services to allow patients in rural, regional and remote access to health services. There are circumstances that limit access to public health services in the NT such as the small and widely dispersed population, the harsh physical environment and available budget. There are also demand and scale factors that influence the capacity of the jurisdiction to provide public health services, particularly specialist health services in regional and remote areas.

Population Characteristics

The NT has a very low population density. In 2005, the NT's estimated resident population was 202 793, around 1% of Australia's population. The NT is the largest State or Territory in area, representing 17.5% of Australia's total land mass. Approximately 59% of people in the NT live in the major urban areas of Darwin, Palmerston and Alice Springs. The remainder are located at regional towns, Indigenous communities and pastoral properties.

Twenty-nine per cent of the NT population are Indigenous, a significantly higher proportion than in other jurisdictions. Seventy per cent of Indigenous people live outside of the major urban centres, and have less access to public or private health services.

Overall, people that live in the NT are the youngest Australians, with a median age of 31 years compared with the national average of 37 years. The median age of Indigenous people in the NT is lower than non-Indigenous people. This is a function of a higher birth rate, having children at an earlier age and a shorter life expectancy of Indigenous people.

Burden of Disease

The NT also has the highest burden of fatal disease and injury. The main conditions contributing to this outcome are cardiovascular disease, mental disorders, cancers, unintentional injury and chronic respiratory disease. The proportion of people in the NT with intentional and unintentional injuries, acute respiratory infections and

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neonatal disorders is greater than the Australian average. A high number of the Indigenous people live with chronic diseases (most with more than one disease – referred to as co morbidities) such as cardiovascular disease, diabetes, renal and respiratory.

Indigenous people compared with non-Indigenous people in the NT have higher disease and injury rates, a shorter life expectancy and poor health outcomes. For example, the burden of disease attributable to cardiovascular disease, acute respiratory infections, diabetes and neonatal disorders is greater in Indigenous people than non-Indigenous people in the NT. The causes for this burden of disease include physical and social determinants, such as poor physical environment; sanitation and hygiene; food supply, nutrition and activity; education, parenting and social and emotional wellbeing.

Many of the interventions needed to address these issues require partnerships with the health, education and police agencies and in many cases may require a whole-of-government involvement. The degree of disease and injury has a significant effect on the resources required for an efficient and effective public health service. The NTG has been pro-active in encouraging collaboration and exploring innovative approaches to funding, resourcing and delivery of public health services.

ADDRESS TO THE TERMS OF REFERENCE

The following comments address the Terms of Reference: There are three threshold issues for the NT that are relevant to all of the items listed in the TOR. The support stated by the NTG is in principle and subject to the three threshold issues being understood and accepted by the Senate Committee:

- Agreement should be reached with the Australian Government and States and Territories on the consultative mechanism that is to be used to develop a nationally consistent policy for the delivery of PATS. The detail of business rules, the scope of the Scheme and the different models that could be used are some of the issues where policy development would benefit from Australian Government and States and Territories consultation.

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- Changes to the policy for the PATS will inevitably lead to a discussion on resourcing implications. It is important that the discussion is concurrent with any discussion on a nationally consistent model for PATS. For example the NT would support a change to the business rules, such as extending the availability of PATS via the Medicare Benefits Schedule (MBS), to dental services to improve health outcomes particularly for Indigenous people. It would be difficult for the NTG to contribute additional resources to PATS and a discussion about a multi lateral approach to resourcing the Scheme may be the best solution nationally.
- It is important to consider the policy implications of cultural security for Indigenous people in the NT and other jurisdictions. The majority of patients that access PATS in the NT are Indigenous and are from culturally and linguistically diverse backgrounds. Further, in many Indigenous communities, English is the second or third language spoken. This creates a challenging experience for a patient to understand their medical condition, contextualise this, and attend a medical service away from the community where the patient lives.

Indigenous patients that are required to be away from home for extended periods often feel disconnected from their homeland and suffer general anxiety regarding new experiences. It is not unusual for an Indigenous patient to have never travelled on an aircraft prior to a patient travel episode and to have limited exposure to the life style of people that live in urban communities.

The policy implications of this are that PATS must provide appropriate support to Indigenous patients, in particular, to understand their medical condition and to be supported appropriately with their travel. Some of the policy variables might be the number of escorts, the length of stay in a centre where a medical service is to be provided and the arrangements that are made to explain medical conditions and to collect, deliver and return patients to and from medical appointments.

Culturally, there is also a need for Indigenous palliative patients to 'return to country' to die. It is well recognised that there can be a significant and far

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reaching cultural and psychological effect on the individual and patient's community when a patient is not returned to country to die.

- a. The need for greater national consistency and uniformity of PATS across jurisdictions, especially the procedures used to determine eligibility for travel schemes covering patients, their carers, escorts and families; the level and forms of assistance provided; and reciprocal arrangements for inter-state patients and their carers;**

Policy Development for PATS

A large number of people, predominantly Indigenous people, in the NT are disadvantaged from a health perspective by the geographic location of their residence or their socio economic status or both. It is important that PATS is an effective tool in moderating this level of disadvantage.

To achieve this, the NTG supports in principle and subject to adequate external resourcing, the concept of national consistency with regard to eligibility criteria for patients, their carers, escorts and families, the level of assistance provided and access to PATS across jurisdictions. The matter of financial resources should also be added to the policy debate.

There are many issues that would need to be considered as part of the development of a policy of national consistency for PATS.

- b. the need for national minimum standards to improve flexibility for rural patient access to specialist health services throughout Australia;**

The NTG supports in principle that there is a need for national minimum standards for rural patients, this is read as rural, regional and remote patients, to access specialist health services throughout Australia. The corollary is that small jurisdictions like the NT will find it difficult to recruit and maintain the specialist health services in urban and regional centres in the NT or to facilitate patients having access to interstate specialist health services due to budget constraints.

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Coupled to the scale and resource constraints, the NT's Indigenous population has the highest burden of disease. The specific challenges for the NT to improve the flexibility for rural, regional and remote patients to access specialist health services, include:

- an increasing Indigenous population and the consequent increasing demand on specialist health services;
- the lack of economic public transport services, see Appendix A;
- the dispersed population and the geographic distance to the nearest health service, in some instances;
- a higher requirement for escorts due to language difficulties and cultural security issues; and
- the seasonal weather conditions, that is, limited or no access by road to some communities during the wet season.

A minimum standard should take account of the special needs of the NT and recognise that current resourcing constraints will make it difficult to achieve the objective without a without a multi-lateral approach to resourcing the policy.

c. the extent to which local and cross-border issues are compromising the effectiveness of existing PATS in Australia, in terms of patient and health system outcomes;

The local issues that effect PATS are discussed throughout the background part of the submission, see page 2 onwards and the appendices.

Cross border administrative arrangements are in place to manage the delivery of health services to eligible non-residents of the NT and eligible NT residents accessing hospital services interstate. In the NT circa \$25 million is spent on cross border activities.

In a general sense, the issues are about the capacity of the NTG to provide health services to patients from other jurisdictions, particularly remote Western Australia and South Australia whilst maintaining a viable service for NT residents. For the NT to provide the level of access that is sometimes demanded would require capital

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investment that is beyond the NT, given the relative priority of cross border patients. The resolution has been to limit some cross border activities and to encourage jurisdictions to refer patients to hospitals in their respective jurisdiction. This may mean a patient is required to travel a significant distance.

The NT would support a review of cross border policy in terms of reciprocal agreements, the charging regime and logistics to promote a consistent approach. Particular attention should be given to the types of patients that are accessing hospital services via cross border arrangements. Anecdotally, there may be a need to improve flexibility for patient travel where there is a treatment regime that requires multiple attendances.

d. the current level of utilisation of schemes and identification of mechanisms to ensure that schemes are effectively marketed to all eligible patients and monitored to inform continuous improvement;

The PATS is heavily subscribed in the NT and given the increasing demand on services it will be difficult to manage within the budget for the Scheme.

The NT supports a national communication strategy to articulate the purpose of the Scheme, particularly that it is an assistance scheme and not a full cost recoup scheme, eligibility criteria, minimum standards, and ultimately performance data such as the levels of activity, cost and performance levels. This approach may help States and Territories to benefit from each other's experience and to improve the performance of the Scheme. The communication strategy would need to be developed via a consultation process with the States and Territories to ensure that it is culturally appropriate and tailored to suit the needs of the users of the Scheme.

It is also recognised that a communication strategy about the Scheme may ultimately increase demand. Nevertheless, the approach will help ensure that there is equity in regard to the delivery of public health services.

At a jurisdictional level the following matters are relevant to the communication strategy:

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- The NT Hospital Network consists of five public hospitals and utilisation of the Scheme is monitored through specific patient travel data collection and reporting. Information regarding the PATS is available to the public via the NTG Internet, posters and brochures, health boards and general practitioners. Each hospital has a dedicated PATS officer that has capacity to support enquiries from the public. A staff orientation program includes an overview of PATS and is attended by all agency staff.
 - The NT's Indigenous population are aware of PATS and utilise the Scheme extensively. Indigenous people often require additional support in order to develop an understanding of the need for specialist health services and how the service will be provided and what this may mean in terms of separation from family and country.
 - The Scheme, whilst designed to improve the health outcomes for people that are disadvantaged due to geographic location or socio economic status sometimes has adverse outcomes. Indigenous people travel to urban centres and spend long periods away from family and country. This can lead to behaviours such as substance abuse and criminality. An unwanted side effect of this is that many patients fail to arrive for booked travel, for example charter flights, and are known as "no shows". This is a substantial cost to the Scheme and process improvement is required in this area.
- e. variations in patient outcomes between metropolitan and rural, regional and remote patients and the extent to which improved travel and accommodation support would reduce these inequalities;**

The NTG supports in principle the need for improved travel and accommodation support for rural and remote patients travelling to urban centres for specialist health services.

People residing in rural, regional and remote areas have poorer health outcomes than those living in urban areas. The Australian Institute of Health and Welfare (AIHW) has reported that in 2003, all causes standardised mortality rate in very remote areas was 80% higher than that of major cities.

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Although there were sustained overall improvements in the past decade, the gap between very remote and other areas has continued. The leading causes of the poor health outcomes in rural, regional and remote areas were largely due to acute manifestation of chronic diseases. This is especially true in the NT context.

Changes to PATS eligibility criteria, in particular providing access for primary health care, screening and support by a multi disciplinary team of specialists will increase access to appropriate specialist management of chronic diseases and improve outcomes for the Territory's rural, regional and remote patients.

There are minimal General Practitioner (GP) numbers available in the NT, compared to interstate, and many remote areas have access to only one visiting District Medical Officer (DMO) or access via telephone to a clinician. This requires patients to travel to urban centres to access medical services.

Consideration needs to be given to reviewing the effectiveness of the Aboriginal Hostel network, particularly in regard to its capacity to assist PATS patients in a timely way. The issues for the NT are about insufficient beds, particularly in the dry season and the cultural appropriateness of the services.

f. the benefit to patients in having access to a specialist who has the support of a multidisciplinary team and the option to seek a second opinion;

The benefits to patients being able to access a multidisciplinary team approach to care are well documented.

A patient who lives in a rural, regional or remote area in the NT often does not have the advantage of access to multiple services. In order to provide a multidisciplinary team approach, for example, a specialist consult, x-ray, physiotherapy, counsellor, etc, rural and remote patients are required to travel to NT urban centres. Presently patients may undertake a series of trips over a period of time in order to access the appropriate multidisciplinary care. An example of this is a remote cancer patient that requires investigation of a breast lump needs to travel and have a co-ordinated multi disciplinary approach to accessing: mammography, basic blood or other tests, a surgeon, if required, and counselling. All of this can be streamlined in one trip over a

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few days if a multi disciplinary team supports the specialist and coordinated systems, which saves on multiple trips and extended stays in the urban centre.

In order to minimise patient anxieties and time away from home, extensive liaison and coordination to support review and or treatment by multidisciplinary services is required. Where there is a lack of liaison and coordination, patients may fail to complete their required treatment regime.

While the benefits of multidisciplinary teams are recognised, there is a skill shortage in the dental, allied health and associated professional workforce in the NT. The NTG in collaboration with the Australian Government provides a Medical Specialist Outreach Assistance Program (MSOAP). This Program is currently funded at \$1.3 million per annum and it needs to be expanded and better resourced by the Australian Government to improve access to specialists in rural, region and remote communities. Historically the recruitment of medical specialists is problematic and this may mean that, in some instances, there is only one specialist providing services to rural and remote communities. The NTG also supports and funds specialist outreach visits via visiting interstate specialists.

The NTG recognises that all patients have a right to seek a second opinion. This would require a change to the PATS eligibility criteria for patients seeking a second opinion. Patients in rural and remote areas who are seen in the specialist outreach setting must meet the PATS eligibility criteria in order to access a second opinion. Patients who are PATS into an urban setting may not have access to a second opinion, due to time limited specialists, time constraints and may not be aware that a second opinion can be sought.

g. the relationship between initiatives in eHealth and PATS;

The NTG supports the expansion of eHealth initiatives in the provision of health services such as the use of video conferencing to reduce the need for patients to travel from rural and remote communities. Adequate facilities in remote and rural centres and the full usage of e-Health video conferencing can give direct in-house real-time second opinions for the referring clinician and this reduces the need for a hospital attendance especially in the follow-up scenario. The NT uses e-Health video

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conferencing in some areas. Whilst this technology does not entirely negate the need to travel, it does reduce the number of trips undertaken during a patient's course of treatment.

The NTG would support collaboration in developing eHealth initiatives that promote equity for the delivery of public health services.

h. the feasibility and desirability of extending PATS to all treatments listed on the Medicare Benefits Schedule – Enhanced Primary Care items such as allied health and dental treatment and fitting of artificial limbs

The NTG agrees that the inclusion of (MBS – EPC) onto the PATS eligibility criteria would be beneficial. This is particularly important to rural, regional and remote NT patients where general lack of health care affects the treatment of other health conditions, for example the lack of dental health often affects the treatment success rates for haemodialysis patients.

Currently remote patients can be denied dental services as PATS covers only those patients who require dental work under a general anaesthetic or require a specialist. Dental services are essential in providing improved health outcomes for patients that require cardiology, haemodialysis services or cancer care.

In addition, hearing services such as hearing testing, diagnostic testing, fitting and follow up services are not covered under PATS in the NT. Improving access to audiology services for clients with hearing problems and assisting adults and children with hearing problems, aids and rehabilitation would have significant long term cost benefits to the community.

The NTG recognises this ideal however, the constraints of geographical distance, availability of medical specialists willing to undertake rural and remote visits and the NT high burden of disease rates and budget constraints limit the suite of services available.

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i. The role of charity and non-profit organisations in the provision of travel and accommodation assistance to patients.

The DHCS recommends that charity and non-profit organisations be encouraged to provide culturally appropriate accommodation across jurisdictions, possibly with a minimum standard that meets the needs of rural and remote Indigenous Australians. This would require additional funding for expansion of NGO and charity organisations across jurisdictions.

Charitable organisations play an invaluable and essential role in supporting rural and remote patients whilst undertaking treatment away from home, especially when away from home for extended periods of time. Whilst the NT has a number of culturally appropriate accommodation houses for Indigenous clients, these are limited in number and capacity and generally managed by Aboriginal Hostels for short-term accommodation.

An increasing issue for NT patients is access to cheap supported accommodation and culturally appropriate accommodation in other jurisdictions. Assistance with transport to and from outpatient clinics and culturally appropriate accommodation facilities are some of the services provided. This is important for rural centres like those in Central Australia.

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Appendix A

General Travel Issues

People in the NT that are resident in regional and remote communities are required to travel substantial distances to access specialist health services. While the major highways of the NT are of a national standard many secondary roads are not passable in the wet season.

With no scheduled air transport to the regional centres of Katherine and Tennant Creek or to many of the smaller communities there are considerable travel difficulties. To overcome many of the transport difficulties chartered aircraft are used to transport people from and to regional and remote communities. This requires DHCS to coordinate charters and patient movements. This is a significant workload for DHCS staff.

The transport difficulties affects the ability to discharge people that need to return to communities, often resulting in an extended length of stay in hospital pending availability of transport. There are not always sufficient appropriate accommodation options to release patients in urban centres.

Commercial bus services are available between Darwin, Katherine, Tennant Creek and Alice Springs. The trip from Darwin to Katherine takes approximately 3 hours, the trip from Darwin to Alice Springs approximately 14 hours and approximately 6 hours between Tennant Creek and Alice Springs. Some remote bus services are available in Central Australian communities, but have infrequent schedules. There are no scheduled bus services from remote Top End communities to regional centres.

Without a timely way to travel, patients have an additional need for accommodation in the regional centres. With weekly schedules for some travel services, patients are away from their families and communities. There are often accommodation shortages during the dry season.

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NTG Patient Assisted Travel Scheme

To meet its commitment to provide access to a full suite of health services to all Territorians, the DHCS provides PATS as part of a broader program that includes inter hospital transfers and aeromedical retrievals.

The PATS is a program to enable patients to access a range of specialist medical and surgical services. These specialties include anaesthesia, dermatology, diagnostic radiology, emergency medicine, internal medicine, ophthalmology, surgery, obstetrics, gynaecology, occupational medicine, ear, nose and throat, pathology, psychiatry, radiation oncology and rehabilitation medicine. The PATS is designed to:

- promote equity for NT residents to planned specialist medical services;
- assist financially disadvantaged clients living in rural, regional and remote areas who require planned specialist services; and
- assist with travel arrangements for people disadvantaged by lack of access to resources.

The PATS supports NT patients according to the following guidelines:

- Eligibility – distance of 200km from the service. Exception is granted for islands. Assistance is provided to the nearest NT Public Hospital or interstate if the service is not available in the NT. Exceptions include patients requiring renal dialysis who do not live 200kms away and aged and disabled patients who no other means of receiving their required treatments.
- Escorts are available for children under the age of 17, for the mentally and physically disabled, and on clinical grounds for all other patients. The treating consultant recommends escorts. An escort is a person who is regarded by the requesting practitioner and or the treating specialist, as being appropriate and responsible for the patient's needs during the period of:
 - transportation; and or
 - limited accommodation; and
 - during treatment.

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- Ground transport: \$0.15c per kilometre, or intercity bus, or economy airfare, or air charter. Ground transport at either the beginning or end of the journey is not covered by PATS.
- Accommodation allowance: \$30 per night for commercial accommodation or \$10 per night in private home.

Each of the five public Hospitals in the NT has a PATS office that is responsible for organising and booking travel by either regular public transport by coach from Darwin to Adelaide via Katherine, Tennant Creek and Alice Springs, or schedules air service from Darwin to Gove or Alice Springs or chartered aircraft where there is no public transport. Patients from locations where there is a road to the hospital and it is considered driving distance, organise their own transport; sometimes this is via DHCS remote field workers transporting patients. For Indigenous community members, accommodation in the Aboriginal Hostel Network may also be arranged.

HEALTH SERVICES IN THE NT

The Northern Territory Government via the Department of Health and Community Services (DHCS) is committed to building healthier communities to achieve better health outcomes for Territorians. Building Healthier Communities means overcoming the health disadvantage of remote and regional populations, especially Indigenous people.

The Building Healthier Communities strategies include:

- Healthy safe children in strong families – by integration of services focused on the family, and improved responses to child abuse and family violence.
- Tackling substance abuse and the damage it causes – reducing alcohol abuse and smoking cessation.
- Pathways for healthier living in the community – preventative and early identification of chronic disease, and coordinated care closer to home.
- Develop a quality, integrated and intelligent service system – build relationships between service providers, and reduce the blocks that hinder patient's passage throughout the system.
- Reshape and equip our workforce.

The NT has five public hospitals located in Darwin, Gove, Alice Springs, Tennant Creek and Katherine that form the NT Hospital Network with a total of 626 beds of which 32 are Mental Health. Royal Darwin Hospital (RDH) is a tertiary hospital and is the site of the National Critical Care and Trauma Response Centre (NCCTRC) for the Region. Both RDH and Alice Springs Hospital (ASH) are teaching hospitals and provide network support to the three smaller hospitals of Gove District Hospital (GDH), Katherine District Hospital (KDH) and Tennant Creek Hospital (TCH).

The population size limits the range of clinical services that can be provided in each hospital. The DHCS is committed to services closer to home by providing specialist

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outreach to remote and regional locations. The DHCS has a concerted effort to provide specialist outreach for a core services.

In the absence of services in the communities, patients are required to travel long distances from remote communities to regional centres, Darwin or interstate to access various services.