



Association of Independent Retirees (A.I.R.) Limited

Submission

To

Senate Community Affairs Committee

**Inquiry into the Operation and Effectiveness of Patient
Assisted Travel Schemes (PATS)**

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Prepared by:

Association of Independent Retirees (A.I.R.) Ltd
PO Box 329, Deakin West ACT 2600

Contacts:

Mr Robert Lind

National President

P: (02) 9875 4140

E: robertlind@bigpond.com

Roy Gwynn

Western Australian Representative

P: (08)9844 1275

E: shrubs@inet.net.au

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Introduction

The issue of effective patient assisted travel is an issue where through isolation, infirmity or lack of suitable transport people are unable to access both local and distance health services.

This is not limited to access to specialists but is a barrier where both local and distant health services need to be accessed. It is as important for preventative health services as it is for health management and chronic disease management.

The issues identified in this submission emphasise a need for PATS funding be available to jurisdictions to provide health services, attached to the health care of an individual.

About Us

- 1.1 The Association of Independent Retirees, more widely known as A.I.R., is the peak body representing the views of fully and partly self funded retirees.
First formed in 1990, A.I.R. is a non-party political organisation, representing retired and partly retired people who are not in full time employment.
- 1.2 It is a not-for-profit volunteer organisation whose major purpose is to represent this rapidly growing section of the Australian population at all levels of Government. Office bearers at all levels are volunteers.
- 1.3 A.I.R. policies endeavour to achieve dignity, independence and freedom of choice, recognising a diverse range of individual circumstances.
They seek a fair and just economic, taxation and social environment that recognises and compensates for the special problems of fully or partly self-funded retirees.
- 1.4 A.I.R. has Branches located in every State and Territory. Members who are not able to attend regular Branch meetings, because they reside long distances from the location of their nearest Branch, join as Country Members and receive the same benefits as Branch members.

Response to the Terms of Reference

Set out below are A.I.R's responses to the specific items identified in the Terms of Reference for the inquiry.

2. *The need for greater national consistency and uniformity of Patient Assisted Travel Schemes 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*

- 2.1 A.I.R submits that the provision of transport services in the all Health Care services, attached to the health care of an individual, be part of Health Care Agreements with jurisdictions where minimum criteria are established.

State borders can be arbitrary where the nearest care facility is in another jurisdiction

For example In Western Australia the levels of assistance available as identified by a local office are:

- Travel 13c per km.
- Overnight accommodation \$35 per night for hotel/motel, \$10 per night if staying with friends or family.
- Non holders of either Pensioner concession or C.S.H.C have to pay the first \$50 of any travel claim and only become eligible for accommodation subsidy on the 4th night of any stay.

There is no consistency in these which differ between jurisdictions. They do not reflect the actual costs of travel and accommodation.

- 2.2 There has also been an issue with the criteria for Minimum distance from the Specialist Service. This was particularly the case for some Dialysis Patients who were just under the minimum distance but needed to be treated three times per week. Consideration needs to be given for special cases such as this, which would also apply to cancer Patients receiving chemotherapy or radiation treatments.
- 2.3 Our members have identified the need for some compassion in administration of the PAT scheme and provided anecdotal evidence of "Filtering" of claims at a local level. They cited the case of an elderly patient who needed to see a Specialist some 400 kms away. She and her older spouse find the journey difficult and tiring. They were told they were only eligible for one night's accommodation but could not face the long

drive home immediately after the consultation. They really needed a second night's rest to ensure they were able to do the 400km, 5 + hour drive safely.

It is presumed that this 'Filtering' is an attempt by local PATS Administration to balance a very limited restrictive budget.

3. ***b. the need for national minimum standards to improve flexibility for rural patient access to specialist health services throughout Australia;***
 - 3.1 In the interests of Equity and Justice our members support the need for National Minimum Standards to ensure that Patients are not denied access to Specialist Health Services just because they live in rural or remote areas.

4. ***c. the extent to which local and cross-border issues are compromising the effectiveness of existing Patient Assisted Travel Schemes in Australia, in terms of patient and health system outcomes***
 - 4.1 See 2.1 above.

5. ***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***
 - 5.1 The Marketing and Promotion of this scheme was the issue that received the greatest response. ALL reported that it was generally poorly done. Most patients were unaware of the scheme and were NOT informed about it by their GP. The majority found out about the scheme from other patients, friends or by organisations such as A.I.R. As an example, an Albany, Western Australia Cancer patient was put on a trial Chemotherapy treatment at a Perth hospital but only found out about PATS at an A.I.R. Branch meeting.
 - 5.2 Our members observe that there is a great need for consistent and effective marketing of the Scheme to and by ALL rural GP's who refer patients to distant specialists and within both the Public and Private regional hospital systems..

6. ***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;***

6.1 Members do not maintain a statistical base on which to clinically comment on this issue. However it is understood that the Cancer Council recently reported that there is evidence of greater survival rates in Metropolitan cancer patients compared to rural patients.

6.2 It would seem probable that easier, cost effective access to specialists would bring about an improvement if only by removing the worry and stress of obtaining specialist referral.

7. ***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***

7.1 Patients with complex problems such as joint replacements, cancer etc would obviously benefit from attending a specialist who has access to the support of a multi disciplinary team if only from the point of view of peace of mind.

A further issue raised is with Patients who have been seeing a Metropolitan Specialist for some time but are no longer eligible for PATS if a visiting specialist starts attending their local hospital. An example of this is a Patient who had been under the care of a Metropolitan Specialist for 15 yrs was told she was no longer eligible for PATS because a visiting specialist came to the local hospital every 6 months. Whilst these visiting specialists are a great improvement on the previous situation they are very busy when they come and have long waiting lists. There is also a loss of continuity of Doctor /Patient relationship and consultation maybe required between specialist visits. Which Specialist a Patient is referred to should be a Doctor / Patient decision NOT a clerical one.

8. ***g. the relationship between initiatives in e Health and Patient Assisted Travel Schemes***

8.1 No comment.

9. ***h. the feasibility and desirability of extending patient assisted travel schemes 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;***

- 9.1 It would seem desirable to extend the PATS to all treatments on the Medicare Benefit Schedule, again so that Patients who live in rural or remote areas are not denied these Specialist Health Services. This organisation would support any move to provide additional Enhanced Primary Care items to residents of rural and remote areas.
- 9.2 A further issue raised by members is the need for assistance for spousal/relatives/family visits to Patients in need of Residential High Care who have had to be transferred to a facility distant from their home location. The case was cited of a patient relocated some 400 kms from home as there was no local facility available. In fact, there was an 18 months waiting list. The primary carer, (Spouse), suffered severe financial and emotional trauma and was only able to visit monthly. This caused considerable stress and feelings of guilt and failure.
10. ***i. the role of charity and non-profit organisations in the provision of travel and accommodation assistance to patients***
- 10.1 Members have little knowledge of accommodation provided by charity and non profit organisations. One facility identified in Western Australia, "Crawford House" is conducted by the Cancer Council for cancer patients. It is understood that its rates are close to those provided by PATS but that limited places are available. We understand that the situation is similar in other jurisdictions.
Past enquiries on behalf of country members has revealed a paucity of accommodation for patients and/or family required visiting the city or major regional centres for medical treatment.

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