

*Advisory Committee for Older People
working with*



Mildura Rural City Council

23 May 2007

The Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Committee Members

SUBMISSION – PATIENT TRANSPORT ASSISTANCE SCHEME

The Advisory Committee for Older People [ACOP] wishes to raise on behalf of our community a number of key issues experienced by patients in their dealings with the Patient Transport Assistance Scheme.

One of the most common issues raised by patients is the prolonged delay experienced in the processing of travel claims. In many cases, claims are not processed for 3-4 months. Such lengthy delays have served only to place additional stress and financial pressure on many patients and their families at a time when they are already struggling to cope with the patient's medical condition.

We have been advised that issues with claims occur regularly as in the case of a Leukaemia patient who travelled to Adelaide to receive treatment. Their claim was submitted promptly upon returning to Mildura as the reimbursement was required to finance a follow up treatment scheduled in six weeks time. However, the claim was not processed for several months resulting in financial hardship to the family and further trauma and anxiety for the patient while undergoing treatment.

In another case, a patient submitted their travel claim after travelling to the Peter McCallum Clinic for treatment. The patient contacted the claims office 6 week later to inquire as to whether the claim had been processed yet. In reply the patient was advised that the office was under no obligation to respond to enquiries regarding claims until a period of 8 weeks had elapsed. Following repeated requests the patient was finally informed that the claim had been received but no timeframe was given for it to be processed. Discouraged from lodging any further claims the patient accepted the offer of a relative to pay for her travel expenses as she could not cope with the stress associated with the claims process.

Some travel claims are declined simply on the basis of technicalities. If a specialist fails to enter their Medicare speciality code on the claim form or they have not registered with the DHS Database in order to be recognised as an approved medical specialist the claim is rejected and returned to the patient unprocessed. In both instances the onus is on the patient to contact the specialist and obtain the necessary information to enable the claim to be processed. In one such case a patient's family member had the frustrating experience of having to make repeated phone calls to various departments at the Royal Adelaide Hospital before finally obtaining the correct information to enable the claim to be processed.

The location of Mildura on the border of three states necessitates that local General Practitioners refer patients to specialists both in Victoria and interstate. Many local general practitioners have through referrals established long term associations with Victorian and interstate specialists. The ruling that GPs must now refer patients to the nearest specialist capable of treating the condition casts doubts on the GPs competence to nominate a specialist whom they consider to be the most appropriate to provide continuity of care to their patients. It is also unacceptable to our community that under the scheme, rural patients are restricted to receiving treatment from the nearest specialist only and are no longer permitted to consult a preferred specialist with whom they have established a relationship of trust.

An inequity currently exists regarding the access of rural patients to specialists in comparison to patients residing in capital cities. City dwellers have the opportunity to choose any specialist they prefer while rural patients are discriminated against on the basis of travelling expense which ultimately places them at an unfair disadvantage when seeking to obtain specialist medical care.

For example a cancer patient travelled to Melbourne on a monthly basis to receive treatment from a specialist until the condition went into remission. Unfortunately, several years later the cancer has returned but the patient must now travel 400km by car to Bendigo to be eligible for assistance under the travel scheme.

As Bendigo is now deemed to be the closest cancer treatment centre from Mildura, patients can no longer travel by air as there are no commercial flights available from Mildura to Bendigo. Travelling a long distance by car to obtain treatment presents as the most unpleasant option available to those suffering from a serious illness and in particular for cancer patients. Chemotherapy can be extremely debilitating and a lengthy journey can exacerbate nausea and fatigue placing the patient's recovery at risk and the accompanying escort/family members under further distress.

Although some specialists do visit Mildura to provide services, they are limited to a maximum of 8-10 patients as most specialists only make a day trip once every three months. If the specialist is booked out (which is usually the case) the patient must wait several months until the specialist returns. Patients with urgent medical conditions under these circumstances have no alternative but to access specialist medical services outside Mildura.

Concerns were also raised regarding hospitals expecting patients to be in Melbourne or Adelaide the following day for treatment. It is unreasonable that rural people must be prepared to travel at short notice. In travelling such a vast distance rural patients must consider work and family commitments as well as the availability of finance and transportation. At a minimum flight bookings in Mildura need to be made a fortnight in advance as the local carrier only has a 19 seat plane available with most flights often fully booked. If a patient cannot secure a flight they are forced to endure a long 550km trip to

Melbourne in the hope that the journey is not wasted due to their surgery or consultation being cancelled unexpectedly. In one such case a patient was half way to Melbourne when advised that their surgery had been cancelled, due to the unavailability of a bed.


Reimbursements for accommodation under the travel scheme have also proven to be inadequate. Apart from some hostel style accommodation accessed through hospital social workers, patients have advised us that there is limited affordable accommodation available in Melbourne or Adelaide under \$100 per night. If a patient travels by car with an escort from Mildura to the nearest specialist in Bendigo at a minimum a 2 day journey is necessary. The reimbursement of only \$33 a day per person often leaves the patient in financial hardship with a considerable shortfall to pay.

Patients can be left even further in debt if a specialist chooses to overrule the recommendation of a GP to authorise an escort and air travel for their patient. Some specialists inform patients during their consultation that air travel is unnecessary and that an escort is not required to accompany them. In some cases specialists make this assessment after having only seen the patient once. In some instances the specialists are also completely unaware of the patient's personal circumstances or the considerable distance they have travelled from Mildura to obtain medical treatment.

The requirement that GPs must justify their recommendation to authorise air travel for their patients in writing imposes a further burden on time poor GPs who are already overloaded with paperwork. As primary care providers General Practitioners know their patients quite well. The opinion of a specialist should not take precedence over that of the referring GP. In having treated a patient for a considerable length of time the GP has a detailed knowledge of the patient's medical history and personal circumstances and is therefore in the best position to determine the most appropriate travel arrangements for their patients.

Some issues were also raised regarding the travel scheme not being widely known or publicised within the community. As the first contact for patients, GPs are sometimes not providing information to patients, as they are confused and frustrated by the cross border anomalies that exist within this scheme. At present GPs must explain that in contrast to its Victorian counterpart [VPTAS] the NSW scheme [NPTAS] does not provide payment in advance for claims and therefore there is no guarantee that the patient's claim will be reimbursed. The confusion and uncertainty created by such anomalies has unfortunately discouraged many people from accessing the scheme and obtaining the medical treatment that they deserve.

We trust that the information we have provided will assist you with your inquiry.

Should you require any further information please do not hesitate to contact me on  5018 8236.

Yours sincerely

JENNY BARROW
ACTING MANAGER AGED & DISABILITY SERVICES

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