

Our Ref: 4-42546

Mr Elton Humphery
Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
CANBERRA ACT 2600



MINISTER FOR HEALTH
ATTORNEY GENERAL: ELECTORAL AFFAIRS
FOR WESTERN AUSTRALIA

Dear Mr Humphery

Thank you for your letter dated 30 March 2007 concerning the Senate Community Affairs Committee inquiry into the operation and effectiveness of Patient Assisted Travel Schemes (PATS).

I appreciate the invitation for the Western Australian Government to provide a submission to the inquiry.

The Government is committed to providing a better health system for all Western Australians and is keen to identify and implement new strategies to improve patient travel schemes in a fair and equitable manner. Western Australia's (WA) unique geography and demographics present challenges in the provision of travel assistance to patients that are very different to those experienced in other States and Territories.

Within WA, PATS is administered by the WA Country Health Service (WACHS), which is the only area health service for the country area of WA. WACHS services an area of some 2.55 million square kilometres with a combined regional population of 454,000 people (almost a quarter of the State's population), including 44,900 Aboriginal people (around 10 percent of the State's total rural population).

The Interstate Patient Travel Scheme is administered separately through the Department of Health's Office of the Chief Medical Officer and provides assistance to patients to travel interstate for highly specialised medical care not available in Western Australia.

I am aware that you have also invited submissions to the inquiry from Ms Christine O'Farrell, Chief Executive Officer, WACHS, and the WACHS Senior Project Officer (PATS). In preparing the attached submission, I have sought their advice and it has been incorporated in the one response.

I trust the attached submission is of assistance.

Yours sincerely

JIM MCGINTY MLA
MINISTER FOR HEALTH

Att:

22 MAY 2007

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**SUBMISSION OF BEHALF OF THE WESTERN AUSTRALIAN MINISTER
FOR HEALTH TO THE SENATE COMMUNITY AFFAIRS COMMITTEE
INQUIRY INTO THE OPERATION AND EFFECTIVENESS OF
PATIENT ASSISTED TRAVEL SCHEMES**

Background

The WA Country Health Service (WACHS) is the single biggest Area Health Service in Western Australia, and the largest country health system in Australia. It services an area of some 2.55 million square kilometres with a combined regional population of 454,000 people (almost a quarter of the State's population), including 44,900 Aboriginal people (around 10% of the State's total rural population).

WACHS aims to provide a robust, sustainable and high quality system of health service delivery that can meet the diverse and contemporary health needs of consumers in regional Western Australia.

The unique demographics of Western Australia and the remoteness of certain communities pose unique challenges in the provision of health services.

The Patient Assisted Travel Scheme (the Scheme) is part of a suite of strategies and initiatives that assist patients to gain access to medical specialists and specialised medical services. Telehealth services and outreach by visiting specialists are also important parts in an integrated holistic approach to health service delivery to residents of country Western Australia. Increasingly the options for the provision of health services by electronic, or more advanced technological means, are being explored. In this context, it is recognised that the displacement of patients, away from their home environment and the support networks of their family and friends, is not desirable, and may not ultimately assist in promoting better health outcomes for patients.

The Scheme provides a safety net to enable patients to gain access to the nearest appropriate medical specialist. As such it attempts to address some of the barriers to access of specialist medical services for country patients. The Scheme provides a subsidy only; it does not cover all of the costs associated with travel to a specialist appointment such as meals and incidental expenses.

The Scheme provides assistance to residents of Country Western Australia who are required to travel more than 100 km (one way) to obtain the nearest available medical specialist treatment not available locally, via telehealth services, or from a visiting service. Patients with a chronic condition needing to travel between 70 and 100 kilometres (one way) to access frequent specialist treatment are also eligible for assistance. Assistance is provided to eligible patients for a range of modes of travel including private vehicle, public road and rail travel, and air travel.

The Scheme provides access to the nearest appropriate service. Assistance may be provided for travel to another State if the referral is to the nearest specialist and all other PATS criteria are met. This primarily affects localities in the Kimberley and Goldfields regions where the closest specialist may be in Darwin or Alice Springs. A

separate scheme, the Interstate Patient Transfer Scheme (IPTS), covers interstate travel for highly specialised medical care not available in Western Australia. Where country residents access the Interstate Patient Transfer Scheme, their travel for the intrastate component of their journey (e.g. country to Perth) is covered by the IPTS, subject to identical eligibility criteria.

In the 12 months ending 31 March 2006, the Scheme assisted a total of 51,089 trips at a cost of \$13.9 million. While the majority of trips (38,072) were made by private vehicle, the greatest cost to the scheme was for travel by air at over \$6.4 million. Accommodation costs for patients and escorts represent the next largest cost to the scheme at over \$2.7 million for the period.

The average costs per trip vary significantly across the regions within Western Australia as outlined in the following table.

Average cost per trip by region	2005/2006 (\$)
Goldfields	351
Great Southern	156
Kimberley	674
Midwest	246
Pilbara	514
SouthWest	92
Wheatbelt	65

The following tables provide an overview of the assistance provided by the Scheme.

Number of trips funded	2005/2006
To Perth Metropolitan Centres	41,770
To Regional Centres	9,044
Interstate	275
By air	9,401
By surface travel (public transport)	3,616
By private vehicle	38,072

Number of patients	2005/2006
Admitted as an inpatient	4,659
As outpatient consultations	46,296

Subsidy rates

Currently the Scheme provides a subsidy of \$35 per night for commercial accommodation, \$10 per night for private accommodation, or \$140 per week where the patient enters into a domestic rental agreement.

Where a patient travels by private vehicle the subsidy is 13 cents per kilometre, or 15 cents per kilometre for frequent travellers (more than four times a year).

The level of fuel subsidy is reviewed regularly against information about vehicle fuel consumption costs obtained from the Australian Greenhouse Office and the Royal Automobile Club of Western Australia (RAC).

In recognition of the financial hardship experienced by certain country residents, no patient contribution is required from holders of a valid Health Concession Card.

As a result of "A Vision for Radiotherapy", the report of the National Radiation Oncology Inquiry published in 2002, a number of values, or national minimum criteria, that States and Territories could consider in improving access to radiotherapy services were identified. These criteria covered distance eligibility criteria, transport benefits, mileage benefits, patient contributions, accommodation benefits, escort eligibility and benefits. Jurisdictions were asked to work towards these over a five year period. Western Australia's Patient Assisted Travel Scheme exceeds the minimum national criteria proposed in the final report of the Radiation Oncology Jurisdictional Implementation Group.

The Scheme is reviewed regularly and improvements are made to administrative practices on an ongoing basis, subject to budget constraints. As a result of reviews conducted in 2002 and 2005 and input from patients, administrators, and health consumer representative bodies, the Scheme has been amended in recent years to:

- Provide a safety net for patients who regularly travel between 70-100 km (one way) to access specialist medical services.
- Improve awareness of the Scheme among health professionals and potential recipients.
- Provide assistance to patients in advance of travel for the booking and payment of transport and accommodation, and for the purchase of fuel.
- Increase the subsidy rate for frequent travellers (those with chronic conditions), and for group travel from remote communities.

Differing arrangements and circumstances across jurisdictions (such as fuel and accommodation costs, air fares for commercially marginal routes) suggest that the application of a uniform specified rate would not necessarily result in a more equitable system, or one which meets the diverse needs of rural health consumers.

The success of any initiative to provide for national minimum standards would be contingent upon nationally measurable criteria. This would be difficult to achieve without consistency and uniformity of schemes across Australia. The remoteness of Western Australia's rural population, and the transport difficulties associated with access to certain regions would need to be given consideration in terms of the development of any national standards for rural patient access to specialist health services. In particular, the logistical issues associated with the culturally appropriate transportation of small numbers of people across large distances to various treatment centres requires flexibility and a strong knowledge of patient needs, local conditions, and available transport options.

Escorts

In addition to the assistance provided to patients, the Scheme also provides assistance for travel and accommodation for an escort where:

- The eligible patient being escorted is a dependent child.
- Centrelink has determined that the eligible patient is under the care of a principal carer.
- Home dialysis patients are receiving training (a carer is required to attend as a condition of the medical specialist treatment).
- The escort is legally required to make decisions on behalf of the patient; or
- The referring practitioner specifies the reason why an escort's presence is essential, for the:
 - Physical well-being of the patient, for example the "patient requires physical care assistance during travel/treatment centre" or "patient is in early stages of dementia"; or
 - Well-being of the patient due to an effect of the likely treatment to be received. The referring practitioner must specify the reason why an escort is required, for example the "patient is at significant risk of seizure", or the "patient is unable to drive within 24 hours of treatment".

Anecdotal evidence suggests that the presence of an escort or carer to assist a patient is one factor that may influence variations in patient outcomes between metropolitan and rural, regional and remote patients. Extending travel and accommodation support for escorts may assist in improved health outcomes for patients who may benefit from the presence of such a person due to psychosocial reasons. However, the effective cost of such an initiative would be extremely high. By way of illustration, under the existing criteria, in approximately one third of cases, the Scheme directly assisted in the provision of an escort for the patient at a cost of nearly \$2.7 million in the 2005/2006 reporting year. Over the same period, patients aged 60 years and over represent nearly 42% of those assisted by the Scheme.

Administration

The Scheme is administered by WACHS, through country hospitals across the State. Staff from country health services are able to provide practical assistance to patients to coordinate multiple appointments and book travel and accommodation where necessary. In the South West region of the State, the Scheme is administered through an independent contractor, McKesson Asia-Pacific.

The Scheme is administered using devolved decision-making principles to ensure that it remains responsive to the needs of health consumers. This ensures that the decision-makers are aware of the patient's needs as well as the existence and availability of regionally based health services and facilities and, equally importantly, the prevailing local issues such as road and climatic conditions which may directly affect a patient's ability to travel within a given time frame, or require the funding of alternative means of travel. It should be noted that the level of assistance required with booking of travel and accommodation arrangements is increased with distance from the treatment

centre. Furthermore, potential language barriers, and the need to provide culturally appropriate travel arrangements add to the logistic complexity of coordinating the Scheme. *For this reason, local input and knowledge of these sensitivities is critical to the successful administration of the Scheme in a fair and equitable manner.*

Travel Support

WACHS has also developed a number of programs to complement the Scheme. Cancer Care Coordinators have now been engaged in each region to provide assistance to patients and doctors in providing optimum care for patients who have received a cancer diagnosis and who need access to the appropriate level of care. In addition, the newly established "Meet and Assist" program has significantly increased the operation and effectiveness of the Scheme by providing practical information and travel support to Aboriginal patients arriving in Perth from remote locations. This program ensures that patients are directly assisted to present at scheduled appointments and ensures that post-treatment protocols are communicated to patients in a linguistically, and culturally, appropriate manner.

Accommodation

WACHS is aware of the high cost of accommodation for patients who are absent from home. Where possible, practical assistance is provided to assist patients to find accommodation at, or close to, the hospital at which treatment is sought. WACHS maintains a publicly available list of accommodation providers who give preferential rates to patients covered by the Scheme, or whose accommodation charges fall within the subsidy rate. A range of government and privately funded organisations operate homes or hostels for patients away from home. In particular, accommodation provided through Aboriginal hostels plays an important role in patient assistance. Special long-term accommodation arrangements (up to six months) are also in place in some locations for renal patients who need to be away from home for dialysis. In addition, a number of new country hospitals are being designed to include "transit lounges" (e.g. Halls Creek) for patients who are en route to, or from, specialist medical appointments.

Eligible Medical Services

The Scheme currently provides assistance for the fitting of artificial limbs and, in exceptional circumstances, for certain dental health treatments. Accommodation assistance is also provided where a patient accesses the services of an eligible medical specialist and then makes a short extension to their stay away from home in order to access an allied health treatment.

While there may be an argument to suggest that extending the Scheme to all treatments listed on the Medicare Benefits Schedule may assist in positive patient outcomes, the associated costs of such an initiative would be extremely high. Furthermore, a suggestion to provide unlimited availability of assistance under the Scheme to allow patients to seek alternative medical opinions would potentially jeopardise the viability of the provision of specialist medical services in regional and remote areas, as patients may bypass their regionally based specialist or service.

In Western Australia, there is an acknowledged shortage of appropriately qualified dental and allied health practitioners. This should be addressed through strategic planning and initiatives rather than extending the Scheme beyond the current medical specialist focus to address workforce shortages in other clinical areas.

A Second Opinion

Where a referring practitioner or specialist seeks a second opinion for a patient's case, the Scheme will provide the necessary travel and accommodation assistance, assuming all other eligibility criteria are met. In practice this means that, notwithstanding the issues associated with the logistics of travel and associated inconvenience for the patient, country residents have access to a specialist who has the support of a multidisciplinary team. Should a patient wish to seek a second opinion then, as for all health consumers, this is the prerogative of the patient and the patient may reasonably be expected to bear the cost associated with the exercise of this choice.

Charities and Non-Profit Organisations

There is, among some community members, the perception that the Scheme is the appropriate mechanism to remove all barriers that may impede a patient's access to health services. While the Scheme provides a valued role in assisting patients to access specialist medical services, it is not intended to meet all costs associated with the broader requirements of patients who need to travel away from their home. Charity and other non-profit organisations play an important role in assisting patients to gain access to additional services or support that may improve the patient's overall sense of well-being. In particular, these organisations are to be commended for their work to enhance the psychosocial well-being of patients through diverse services and initiatives such as the transportation and accommodation of family members, additional financial support, respite care, advocacy, peer support networks and education. In Western Australia these include Aboriginal Medical Services and Hostels, Angel Flight, Silver Chain, Cancer Foundation, Leukaemia Foundation, Ronald McDonald House, as well as other Government organisations such as Centrelink and the Department for Community Development.

Summary

Meeting the health needs of diverse community members with differing cultural and social expectations is both complex and costly. Consequently, Western Australia strongly supports the proposition that the consideration of the operation and effectiveness of patient assisted travel schemes across jurisdictions be considered in a manner which recognises the complex interrelation of health service provision by regionally based and visiting professionals, telehealth and emerging new models of service, to country residents. In considering the desirability of greater consistency and uniformity of patient assisted travel schemes across jurisdictions, the specific needs of individuals in diverse communities, particularly those in isolated and remote locations, should remain paramount.