



Submission to the Senate Inquiry regarding Patient Assistance Travel Schemes

by Mr David Thompson, Executive Officer of the

Mallee Division of General Practice

With the approval of the Board of Directors

The Mallee Division of General Practice is situated in the far north west of Victoria and also includes far south western New South Wales. It stretches from the South Australian border in the west to the city of Swan Hill in the East, including the rural city of Mildura and the town of Wentworth (NSW), and from Balranald (NSW) as far south as the township of Hopetoun, a total area of over 100,000 square kilometres and with a population of 105,000, mainly concentrated in Mildura and Swan Hill. There are a limited range of medical specialties available, both resident and visiting, in Mildura, but many patients are obliged to travel to Adelaide, Bendigo, Ballarat, or Melbourne to access specialist treatment.

The area is characterised by its relative isolation, its multicultural population mix (some 38 different nationalities), its low socio economic status and by the highest indigenous population in rural Victoria. There is no rail passenger service, at present, so travel alternatives are by air, to Adelaide and Melbourne, by long distance bus, or by private car. Adelaide and Bendigo are four hours drive away, Ballarat, five hours and Melbourne six hours.

Specialist referrals are arranged through the general practitioner members of this Division for patients in both Victoria and New South Wales. They are becoming increasingly concerned by the failure of the Victorian and New South Wales patient assistance transport schemes to provide assistance to their patients in a timely, fair and equitable manner; patient applications have been rejected on technical quibbles, by administrators who are making decisions which effectively override the judgement of the referring doctor, without the medical knowledge and skills which informed the original decision and without the benefit of any such medical advice. In this regard, it is widely alleged that the VPTAS administrative staff are working under instructions from higher authorities.

The result is that the very patients for whom the schemes were designed, are being severely disadvantaged. In some cases, NSW residents are being required to travel to Wagga Wagga or even further afield, to access specialist care, despite the nearest specialists, by distance, being in Mildura, in Victoria. Despite the relatively short distance between Mildura and the towns of the South Australian Riverland, there appears to be little use of the resident and visiting specialists in that city by patients from the Riverland. This may be because of the load that the Mildura doctors already carry.

In Victoria, and in Mildura in particular, patients had limited access to pre-paid assistance through the SIRS organization, which receives \$8,000 per year from the Mildura Rural City Council, simply to exist. (Similar assistance is available through the South Australian scheme.) Until recently, they were able to pre-pay patient travel costs because VPTAS had an agreement that claims would be reimbursed to them within seven days and the airlines were willing to provide credit, on that understanding. Because of the

changes to the way VPTAS is now being administered, SIRS now has a debt of some \$50,000 with the airlines and little opportunity to repay it quickly. This entirely volunteer organization is now effectively unable to function.

We have evidence that some patients have been left considerably out of pocket through the decisions of those who administer patient travel assistance schemes, or who cannot afford to seek the specialist care to which they are entitled and whose health can be severely compromised as a result, to the point where life itself may be endangered.

Still others simply cannot afford to even consider the specialist care they need, because they have insufficient funds of their own to pay for the travel and then to wait, sometimes for months, before receiving reimbursement, or having their claims rejected. In Mildura and the surrounding areas, their plight has been exacerbated by the inability of SIRS to continue its work.

There is no public evidence that state administered patient travel assistance schemes are monitored, *either* to ensure that they are well known to regional and rural communities, *or* that they are subject to continuous quality improvement scrutiny. The experience with both the NSW and the Victorian schemes would seem to indicate quite the reverse.

Details of a number of patient stories, which will be forwarded as hard copy as Appendix 2, illustrate the frustrations and hardships that many of them undergo*.

The concerns can be categorized, as follows

- The unnecessary complexity of some of the claim forms, themselves (particularly with respect to the NSW scheme)
- The ignoring of long standing referrals to particular specialists who have been treating certain patients for long periods of time, e.g. a patient whose claim for

travel to a specialist in Bendigo was refused, because there was a similar specialist in Ballarat, ten kilometres closer to the patient's home

- The requirement that not only must the GP request air travel from Mildura to a capital city, but the specialist is then required to recommend the same! Some patients forego the opportunity to legitimately claim expenses because they do not wish to burden already very busy practitioners with this added impost.
- The attitude of the scheme administrators and the lack of flexibility in the interpretation of regulations

Appendix 1: is a summary of the administration of the various state based patient transport assistance schemes. It can be seen that there are considerable variances in the assistance available in each state. (Time did not permit the checking of the currency of the collated information. Nevertheless the table illustrates the anomalies that are still present in the various state schemes.)

Clearly the stories presented to the Inquiry indicate the need for a fairer and more equitable system and processes for assisting rural patients to obtain the specialist care they need.

Those patients who provided information have given their permission to submit their stories to the Inquiry. Accordingly they have not been de-identified, but have not been forwarded by email.

Recommendations:

- (1) that the existing multifarious and confusing state schemes be replaced by a national policy and protocols, but which are administered regionally, to take account of the widely differing circumstances of regional and rural communities

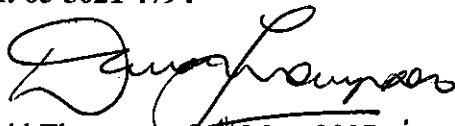
- (2) that the Commonwealth and the states negotiate sufficient funding to ensure the viability of this national scheme, based on, but not tied to, aggregated current costs incurred by each state jurisdiction
- (3) that the administration of patient transport assistance schemes be taken out of the hands of state bureaucracies and transferred to non profit organizations; rural divisions of general practice, for example, could be considered as appropriate regional agencies
- (4) that some form of advance payment of patient expenses be a part of the new assistance schemes
- (5) that, in assessing patient applications, the overriding concern should be to match the treatment needs of the patients with the most appropriate specialist available; the question of 'nearest specialist' needs to be interpreted with some flexibility, taking the above criterion into account and also any existing treatment relationship between patient and specialist
- (6) that the proposal to examine the feasibility of extending patient travel assistance schemes to Enhanced Primary Care item such as allied health and dental treatment, be implemented

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David Thompson, 24th May, 2007

APPENDIX 1

PATIENT ASSISTED TRAVEL AND ACCOMMODATION SCHEMES
MATRIX

Name of Scheme	PATS (SA)	VPTAS	PATS	PTSS	PTAS	IPTAAS	IPTAS	MOPPS
Fuel subsidy	16c/km ✓	11c/km	13c/km	10c/km From post office to post office	10c/km	12.7c/km	No rate but a standard \$40 to Sydney by car \$100 to Melb	15 km
Eligibility distance	100 km 200 round trip.	100 km or at least 500 km per week	100 km	50 km	75 km	200km one way		200 km
Transport		Most direct means Economy airfare, bus train		Least expensive form	Least expensive		If trans by bus or train \$40 per adult and \$20 per child	
Personal contribution	\$30 per trip	\$20 for first 7 trips per financial year Or after first \$100 in financial year			\$15	\$20		
Personal contribution non conc	\$30 per trip	\$40	\$50 max 4 trips		\$75	\$40		
Accommodation Public/commercial	\$33 PN or 2 people \$100.00	\$30 PN + GST up to max of 120 days per financial year	\$35 PN	\$30 PN	\$30 PN	\$33 PN single \$46 PN double	\$30 PN for patient \$20 for escort	\$30 PN up to 14 nights
Accommodation Private					\$30 PN	\$30 per week after the first week if conc	\$10 PN for patient \$10 for escort	\$10 PN

PATIENT ASSISTED TRAVEL AND ACCOMMODATION SCHEMES MATRIX

	Pay first night	After 3 nights	After first 4 nights	Not stated	Door to door policy for inter hospital transfer
Non conc		Yes for conc.		Yes if conc or over live over 75 km	Yes if pt under 16 years and up to 18 and Yes if over 16 and medically justified
Transport airport to hosp/hotel		Yes if patient under 18 years or clinical need	Yes if patient under 18 years or clinical need	Yes if pt under 17 years and yes if over 16 and based on clinical need	
Escorts		Yes if patient under 18, or if travelling with patient and clinical need	Yes	Yes if pt under 18 years in exceptional circumstance can fund more than 1	

Eligibility Criteria common to each state and territory

- Must be permanent residents of the state
- Must be travelling to closest specialist service
- Must be travelling interstate with prior approval from hospital or specialist
- Not available for allied health
- Escorts must travel with the patient and provide a level of care and support
- Children under 17 or 18 automatically allowed an escort
- Payment for escort based on clinical need
- Not covered if no Medicare card, or workers comp or MVA claim of DVA claim.

Responsibility for inter hospital transfer is under the Australian Health Care agreements to transport public patients to the nearest appropriate facilities if the hospital can not provide the service.

APPENDIX 2

PATIENT STORIES

(forwarded with hard copy Submission)