



SUBMISSION TO SENATE COMMUNITY AFFAIRS COMMITTEE

INQUIRY INTO THE OPERATION AND EFFECTIVENESS OF PATIENT ASSISTED TRAVEL SCHEMES

The Tasmanian Branch of the Australian Medical Association welcomes the opportunity to lodge a submission to your committee re the effectiveness of the Patient Assisted Travel Schemes. Our organisation believes the schemes across Australia are grossly under funded, poorly administered and do not adequately address the extra costs those in rural and remote areas face when accessing more specialised care.

Introduction

When comparing the schemes run by each State Government the only consistent feature is the low financial subsidy available. Definitions of who is disadvantaged and able to get a higher subsidy vary widely from State to State. Distances needed to travel to access the schemes also vary widely across the States. The process to lodge a claim is complicated in all States and, as most encourage retrospective claims, the claimant is initially out of pocket which has the potential to produce financial hardship.

Tasmanian Situation

The Tasmanian Patient Travel Assistance Scheme has particular and unique problems that are of concern to our organisation.

In Tasmania the full subsidy is only available to Health Care Card holders and pensioners. In some other States children and holders of the Seniors Health Care Card also receive the full subsidy.

At times it is necessary for patients in Tasmania to travel to the mainland, usually Victoria, to access certain highly specialised services. Tasmania's claiming process for such trips would appear to be the most difficult of all States. Although

not in the official guidelines¹ it has become standard practice for claimants to have to provide a new referral for each visit to their specialist service interstate. This is regardless of the frequency or obvious need for the return trips. To add to this requirement Tasmania has the difficult requirement of only allowing Specialists and rural General Practitioners to provide the referrals. Numerous examples are available of Specialists refusing to fill in referral forms for subsequent trips without reviewing the patient then not having an appointment available for the patient to be reviewed. Added to this is the cost of being reviewed by a Specialist for what is often only a form filling exercise. Quite clearly a patient's regular General Practitioner is more accessible and more likely to be reviewing the patient between Specialist service visits and should be able to assist with the paperwork. Tasmania, as with some other States, should allow referrals to be valid for a set period of time (eg one year) or for a block of visits and abandon the onerous requirement of a new referral for every follow-up visit.

As with most States the schemes are usually administered at a hospital level with each of the major hospitals having a local "medical authoriser" to approve funding. Anecdotal evidence is that decisions about funding are very subjective and lack consistency between hospitals and between regions in Tasmania. This is a major issue for those claiming retrospectively as they cannot be certain their claim will always be successful. Peculiar decisions are made where a flight from Tasmania to the mainland will be funded (varies from \$50-\$150) but the cost of the trip from the airport to the Specialist Service (approx \$45) may or may not be covered depending on who is assessing the claim. There is a complicated complaint process available but as the amounts refunded are often relatively small it would be surprising if many claimants bothered to take up this option.

In Tasmania there is minimal co-ordination between the State funded Patient Travel Assistance Scheme and the various transport and accommodation services offered by charitable and volunteer organisations. It is up to the individual patient to unravel the various schemes they can access and there is evidence that many patients never become aware of the assistance that may have been available to them.

Our organisation believes that above all the above problems the major flaw of the scheme in Tasmania and across Australia is the low subsidy available. Thirty dollars to cover a night's accommodation is denying reality. No meal subsidy for patients and carers forced to live away from home for sometimes long periods is unreasonable. This is an equity issue. If a patient cannot access a service locally and has been referred to a service in another centre or State it is the belief of our organisation that **all** their additional costs should be met. At a time when Tasmania is about to undergo a major restructure of its health system and centralise more

services the need for a fully subsidised travel assistance has become more essential.

Conclusion

It is the view of the Tasmanian branch of the Australian Medical Association that:

- 1) The current Patient Assisted Travel Schemes are under funded Australia wide and need additional State and Federal funding.
- 2) The inconsistencies between States need to be addressed and uniform guidelines are needed to ensure access to medical services across the country become available to all Australians without additional cost because of where they live.
- 3) Tasmania's Patient Travel Assistance Scheme needs to be reviewed and more explicit guidelines developed so the regional inconsistencies are removed and the current complicated referral process is simplified to include a patient's regular General Practitioner.
- 4) All the additional transport, accommodation and meal costs that arise from a patient being referred to a distant centre for treatment should be met by the referring hospital.
- 5) The administration of the schemes become more user friendly by offering a simpler claim process, upfront financial assistance and better co-ordination between the various organisations that offer assistance with transport and accommodation.

It is worth making the observation that if our politicians and bureaucrats had the same miserly travel assistance scheme offered to the sick there would be an outcry.

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¹ Department of Health and Human Services
Hospital and Ambulance Service – Policy No 5/99
Patient Travel Assistance Scheme
Version 2 (as at 24 April 2001)

