

3/8/2007

Senate Community Affairs Committee Secretariat

RE Patient Travel Assistance Scheme

Please find below my responses to the questions on notice from Senator Carol Brown concerning the inquiry into the Patient Travel Assistance Scheme.

Questions on Notice: Dr Rose AMA (Tasmania)

- 1. The AMA Submission draws a number of conclusions. The AMA's stated position is that the PATS in Tasmania should be run by the state but funded by both the state and the federal governments, is this correct?**

It is the position of both the Tasmanian Branch and Federal AMA that the all people in rural, regional, and remote areas of Australia should have the same access to health care as those in metropolitan areas. It is the belief of the Tasmanian Branch that there should be agreed minimal standards across Australia and to ensure all States adopt these standards the cost of the schemes should be shared between the State and Federal Governments. By contributing explicitly to the cost of the schemes the Federal Government would then be entitled to be involved in the administration of the schemes in each State. This involvement would allow the Federal Government the opportunity to ensure all States meet the agreed minimal standards. Currently the States operate independently causing some cross border problems as well as differences in the level of assistance in each State.

- 2. How do you envisage the jointly funded scheme working?**

50/50 sharing of the cost would seem a logical starting point for negotiations. The Federal and State Governments would co-administer the schemes and each State would have arrangements that work in their States but those arrangements would need to meet the agreed minimal standards.

- 3. You have indicated that the AMA will be involved in the Department of Health and Human Services review of the scheme, what priorities will the AMA be pursuing through the review?**

Our priorities for the review of the Tasmanian PTAS are:

- more explicit guidelines so the regional inconsistencies are removed
- simplification of the referral process to include a patient's regular General Practitioner
- the introduction of block referrals that remove the need for patients to have to be continually chasing signatures

- reassess the level of subsidy so that all travel, accommodation and meal costs are met by the scheme -this would include abolition of the patient contribution
- better education of providers and marketing of the scheme to patients
- assessment of the travel needs of patients who travel shorter distances (less than 75km) frequently to access medical services eg patients in the Devonport area needing to travel regularly to Burnie
- better co-ordination between the non-government organisations assisting with patient travel and the PTAS to ensure patients are aware and able to access assistance if required and that this assistance is the most appropriate for their needs.

Yours sincerely

Dr Donald Rose