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Mr Elton Humphery
Secretary
Senate Committee on Community Affairs
Parliament House
Canberra ACT 2600

Dear Mr Humphery

Inquiry into the operation and effectiveness of Patient Assisted Travel Schemes

Thank you for your letter of 4 April 2007 about the range of matters relating to the operation and effectiveness of Patient Assisted Travel Schemes for inquiry and report by 20 September 2007 which have been referred to your committee.

HCRRA welcomes the opportunity to bring the following information to the attention of the Committee. If you have any questions or would like further information about the material in the attached submission, please contact me by telephone to 08 8577 4033 or by email to brown@lm.net.au.

Yours sincerely

Margaret Brown

Margaret Brown
National Chair

25 May 2007

Introduction

Health Consumers of Rural and Remote Australia (HCRRA) is a not for profit community representative organisation funded by the Department of Health and Ageing. It is a small but active consumer group which takes seriously the business of sharing information and developing networks with consumers and consumer organisations and with peak groups, working to ensure that the consumer voice is heard in forums at all levels.

HCRRA comes into direct contact with large numbers of consumers in rural and remote Australia. The interchange of information covers activities of Governments at State and Federal levels and their initiatives in rural and remote areas of Australia. HCRRA also receives feedback from consumers about areas where activities of Governments at State and Federal levels does not meet their requirements.

Access to adequate and affordable transport services for accessing health services and for business and social purposes is a major issue which has been raised repeatedly by consumers over a number of years. While poor access to transport services may be aggravated by the quality of transport infrastructure, more importantly, access to health services is affected by the level of assistance available through the Patients' Travel and Accommodation Assistance schemes in all States and Territories.

It is important to emphasise also that travel for social purposes is an important component of health – travelling in community based transport to attend a lunch, social outing or just to visit someone may be the thing that keeps elderly isolated people connected in their community. As transport initiatives are examined and developed it is important to keep this aspect of 'health treatment' in mind.

In October 2006 HCRRA wrote to all members of all Australian State and Federal parliaments in the following terms:

'HCRRA asks that you advocate on behalf of your constituents for the following:

1. A review of the Patients' Travel and Accommodation Assistance schemes in all states and territories with the objective of integrating uniform principles of eligibility;
2. That awareness of Patients' Travel and Accommodation Assistance schemes be promoted through a variety of mediums through the community, including pharmacies, and with health care service providers; and
3. That the method for verifying Patients' Travel and Accommodation Assistance scheme claims be simplified to facilitate a timely claim service and to enable best use of the medical practitioner's time.'

This action was taken as a result of a HCRRA's huge effort over a number of years to contact and consult with consumers about the matters specifically under consideration by

this Senate inquiry. The feedback HCRRA has received is summarised under the itemised terms of reference set out by the Committee.

HCRRA's National Committee has also asked that the following points be brought to the Committee's attention:

1. the timing of appointments with medical practitioners for people who travel from rural and remote areas should take into consideration the distance to be travelled to attend the appointment and be at times which enable these people to make the appointment without having to leave their homes in the early hours of the morning;
2. when people are taken to metropolitan or major rural hospitals in an emergency situation, in cases where family assistance is not available, appropriate arrangements should be made by medical facility administrative staff to return them to their homes with the cost of travel covered by a PATS scheme;
3. when people who are suffering mental illness and are sedated to enable medical staff to transport them without endangering either the patient or themselves, that these people be safely accommodated until the effects of the drug wear off to enable them to coherently respond to questions and treatment options by health service staff;
4. individuals report that the PATS scheme is difficult to access;
5. doctors occasionally charge a fee to complete the PATS forms;
6. the absence of a local doctor or specialist means PATS is essential for access to treatment;
7. travel between regional centres is not eligible for PATS cover;
8. scheduling of appointments that forces the need for overnight stays makes PATS uneconomical;
9. the level of kilometre refund is unreasonable given the current price of petrol;
10. while it is sometimes necessary for appointment times to be rearranged, it is important that in cases of appointment cancellation by the medical practitioner that, where possible, rural and remote people be notified to avoid the wasting PATS funds;
11. PATS forms are not user friendly;
12. there is no equity of access to PATS; and
13. there is no equity of reimbursement from PATS.

Statement Addressing the Terms of Reference

- a) *the need for greater national consistency and uniformity of Patient Assisted Travel Schemes (PATS) across jurisdictions, especially the procedures used to determine eligibility for travel schemes covering patients, their carers, escorts and families; the level and forms of assistance provided; and reciprocal arrangements for inter-state patients and their carers;*

National consistency and uniformity across jurisdictions is a significant issue for consumers. Based on evidence collected during the time HCRRA has researched the PATS scheme with consumers, HCRRA is of the view that there are a number of benefits to the scheme and its users from implementing a national scheme.

These are:

1. One advertising campaign to cover all States. This would ensure that staff of individual, medical practices, administrators and individuals would be aware of the existence of the scheme, its rules and its limitations. Currently this is not the case and people are disadvantaged because of lack of knowledge of the scheme and its rules of operation;
2. Consistency in operation of the scheme with streamlined approval processes at appropriate levels of administration would improve the efficiency of the scheme. It would ensure that eligible people are covered by the rules of operation at a minimum of fuss particularly at a time when, because of illness, they are least able to cope with paperwork.

Currently, because different medical practitioners are required to sign forms at different stages of treatment and with different levels of knowledge about PATS, having the forms completed can be confusing, time consuming and often expensive for all concerned. Additionally, it seems inappropriate to have doctors using valuable practice time to complete PATS paperwork.

The differences in rules of operation between States and the irregular application of these differing rules between States and with a mobile health workforce whose responsibilities should not have to extend to the administration of PATS provisions all point to the need for a scheme that has consistency and flexibility built into the rules of operation. The level of knowledge about the PATS schemes amongst the staff who administer these schemes is often the difference between who benefits from the scheme and to what level.

3. The rules governing escorts and or carers need to be such that a person who is ill and travels for treatment must be able to have the comfort and assistance of an escort or carer. This is especially important for a child, an elderly person or a person suffering from a disease that requires treatment that leaves the person ill or debilitated. This would be the case for a person travelling to access chemotherapy or dialysis for example.

A person travelling for treatment accompanied by a carer would be less likely to suffer anxiety and thus may aggravate their condition through stress. The escort would ensure that the patient remained calm and reassured, travel arrangements would be complied with, forms would be completed as required thus allowing the patient to remain calm and feel secure as they worked through the treatment regime. A person travelling for treatment to a city who is not experienced in finding their way around the complex, large, noisy metropolis who remains even mildly affected by medication from their treatment would also benefit from this arrangement.

4. Consistency and uniformity would also be beneficial to people who, through geographical location or ease of access to the required medical practitioner, travel across State borders. The increased ease of operation for patients, their escort, and the medical and administrative staff through having the same rules apply to everyone would make travelling for treatment a less confronting experience. Completing paperwork would be efficient and accurate, thus increasing the efficiency and decreasing the frustration for all stakeholders.

Based on evidence that HCRRA has collected over the years, it can be demonstrated that individuals have compromised their health because of the costs, frustration and bother involved in accessing distant health services. With the current travel assistance scheme, individuals do not follow up on health treatment because of the rigmarole involved or perceived to be involved in accessing the scheme designed to assist them to travel for health purposes. The prime consideration of the operation of the scheme should be the benefit of the person travelling to access health services. The scheme should be funded and flexible to the level that ensures that isolation and lack of access to health professionals is not the difference between sickness and wellbeing.

5. The level of assistance provided in no way covers the cost of accessing treatment, thus increasing the discrimination caused by geographic location. It is next to impossible find accommodation where the funds provided by PATS covers the cost of an overnight stay and the length of stay funded by PATS is in a large number of cases not sufficient to permit recovery from the treatment received. There are examples of people being required to catch transport in a busy regional centre whilst suffering the effects of anaesthetic and analgesia.
 6. The schemes which operate on reimbursement are also inappropriate. People outlay large amounts of money for travel, the health services they require, any accommodation necessary and other incidental expenses. It can take months to receive the meagre amount they are refunded through PATS.
- b) *The need for national minimum standards to improve flexibility for rural patient access to specialist health services throughout Australia;*

Minimum standards to improve flexibility of the scheme would increase the efficiency of operation of the scheme. Just as the multi-state registration regulations hinder the employment and free movement of health service professionals, the complexity of the PATS schemes as they exist currently hinder access to health professionals and hamper the effectiveness of a scheme that, by rights, should be facilitating the access to these services.

The key to improved operation of the PATS scheme is flexibility. Because personal circumstances can present the most complex challenges for administrators, it can be difficult to assess accurately within the rules and regulations, the entitlement for people under PATS schemes. Minimum standards would act to level out the eligibility of individuals for assistance under these schemes, making the implementation of the provisions streamlined and hassle-free, thus improving the access to and affordability of health care services to people from rural and remote areas.

- c) *the extent to which local and cross-border issues are compromising the effectiveness of existing Patient Assisted Travel Schemes in Australia, in terms of patient and health system outcomes;*

As mentioned under (a) above, the differences in rules of operation and the irregular application of these differing rules between States and with a mobile health workforce whose responsibilities should not have to extend to the administration of PATS provisions all point to the need for a scheme that has consistency and flexibility built into the rules of operation. The level of knowledge about the PATS schemes amongst the staff who administer these schemes is often the difference between who benefits from the scheme and to what level.

It is important to point out also that when a person is transported to a health facility as the result of an emergency, that PATS has a role to play in ensuring this person can travel back to their home.

Very often, it is the innovative administrators of the rules of these schemes who, working within the rules of one State and then with the rules of another of the State schemes are able to develop eligibility for benefits for individuals. PATS should not be like this. Again it is emphasised that PATS should be operated for the benefit of people who travel to access health services and the rules should operate to encourage inclusion rather than exclusion.

- d) *the current level of utilisation of schemes and identification of mechanisms to ensure that schemes are effectively marketed to all eligible patients and monitored to inform continuous improvement;*

It stands to reason that the current level of utilisation of PATS schemes is governed by the knowledge individuals have that such schemes exist. It begs the

question is the performance indicator of the effectiveness of PATS how much or how little they cost. Marketing PATS to stakeholders has been one of the most complained about aspects of the scheme. Administrators, medical facility staff and other support staff whose lack of knowledge about the scheme leads to a patient receiving incorrect advice or an incorrect benefit may be the cause of a person refusing to continue with treatment.

Individuals not aware of the services of PATS can suffer from untold health and financial barriers if medical practices do not advocate the scheme to their clients. Additionally, patients should be offered the benefits of PATS. It should not be necessary for a patient to actually request a specific service for which they are eligible. Proactive administrators should use the provisions of the scheme to best serve clients and their individual circumstances. All stakeholders should positively 'sell' PATS and marketing the scheme should be such that individuals having access to the scheme is as a right and not as a privilege.

- e) *variations in patient outcomes between metropolitan and rural, regional and remote patients and the extent to which improved travel and accommodation support would reduce these inequalities;*

HCRRA does not have quantitative evidence that there is variation in patient outcomes between metropolitan and rural, regional and remote patients. However, there is no shortage of anecdotal evidence that suggests that this is the case.

It stands to reason that if an individual accesses an adequately equipped and staffed health facility near their home, with the support of family and friends, the outcome the health treatment will be more positive than for a person who had to travel alone over long distance to access the treatment. Consider the circumstances of a person from a middle income family who works to support a family, just making financial ends meet, who experiences a health episode or emergency that requires them to travel for hospitalisation and then for ongoing treatment. This person will not have budgeted for the financial impact of the health episode that caused this unexpected financial impact. The person will have the worry of the financial impact on the family not to mention the costs incurred by the travel and accommodation over what could be a long treatment and convalescent period. The practical costs of the absence of a member of a family may cause huge stress for the other members of that family. The joint care-giving responsibilities that are disrupted by the absence of one partner can impact a family unit for significant periods.

The effect of the stress on the person whose health is compromised can impede recovery, prevent them accessing further treatment and thus compromise the outcome of the health episode. The impact on family can be so serious that, in some cases, it leads to the breakdown of the family unit.

It is not difficult to see how the outcome could be different. Imagine a PATS scheme where the costs of the transfer of the patient and an escort to and from the health facility were fully covered as were the costs of transporting the family member or members as they attended the facility to visit the patient. Also covered would be the cost of accommodation for a family visit should this be necessary.

- f) *the benefit to patients in having access to a specialist who has the support of a multidisciplinary team and the option to seek a second opinion;*

People in metropolitan areas and in major regional centres take such health services as having access to a specialist who has the support of a multidisciplinary team and the option to seek a second opinion for granted. Geography is the one difference between metropolitan or regional centre dwellers and a person who lives in a remote area. While technology will go some way to addressing the discrimination brought about by geography, in the meantime, to balance the access to health services, access to a standard, well-funded PATS scheme is imperative.

- g) *the relationship between initiatives in eHealth and Patient Assisted Travel Schemes;*

eHealth is an aspect of patient treatment that is becoming available to patients regardless of where they live. The benefits of this technology, while greater to the comparatively poorly serviced individuals in rural and remote areas are not restricted to geographic isolation. It is important to reiterate that while technology will address the discrimination brought about by geography, in the meantime to balance the access to health services, access to a standard, well-funded PATS scheme is imperative.

- h) *the feasibility and desirability of extending patient assisted travel schemes to all treatments listed on the Medicare Benefits Schedule – Enhanced Primary Care items such as allied health and dental treatment and fitting of artificial limbs;*

To enable access to enhanced primary health services such as allied health and dental treatment and fitting of artificial limbs through the PATS would be of immeasurable benefit to all people who have their access compromised by geography. Accessing these services is not simply a matter of choice – people access health services to undergo treatment. Access to these services may be compromised by financial, geographical and practical considerations. Extending PATS to all treatments listed on the Medicare Benefits Schedule is highly desirable. Such a move would improve access to health care and balance the health expenditure between metropolitan, regional and remote locations. The discrimination in terms of health expenditure against people who live in rural and remote Australia, based on their inability to access services provided under Medicare because of the non availability of services in their areas, is addressed by offering this access through a standardised, well-funded PATS scheme.

- i) *the role of charity and non-profit organisations in the provision of travel and accommodation assistance to patients.*

It is important to acknowledge the value of the service offered by volunteers, including those who work with charitable and non-profit organisations in rural and remote areas, their selfless dedication to the wellbeing of others has kept many individuals in better health than would otherwise have been the case. However, these wonderful people are ageing just as their clients are and the ability of volunteers to offer the services as they have done in the past is becoming limited and leading to a decrease in the number of volunteer drivers.

Alternative transport options are being examined and are becoming available. It is important to ensure that services are utilised effectively and efficiently and that unmet needs and under-utilised services are identified.

These services also need to be rationalised and the availability of transport services advertised as HCRRA's consultations have revealed that non-awareness of available services is an issue. To ensure that best use is made of transport services available and potentially available, transport services should be advertised through health services, chemists and other business outlets particularly in rural and remote areas. Alternative methods of delivery of health services also should be broadcast to patients and to practitioners. Communities Australia wide have developed innovative solutions for solving transport and service delivery issues through as many outlets as possible. This information needs to be systematically shared thus enabling the benefits of innovative thinking to be shared.

Stakeholders such as health services providers and health service locations together with organisations such as Health Consumers of Rural and Remote Australia and support groups representing specific diseases could have a role in the dissemination of such information.