

Western District Health Service

Submission to Senate Community Affairs Committee
Inquiry into the operation and effectiveness of patient assisted travel schemes (PATS)

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

There is significant variation between state PATS; how they are administered, eligibility for support and reimbursement rates for travel by car. A national scheme to replace them would provide consistent guidelines for reimbursement of travel and accommodation expenses incurred by rural regional and remote residents having to travel long distances for medical and specialist treatment.

Currently, under the Victorian scheme, carers are only eligible for travel and accommodation subsidies when travelling with a patient. There are situations when they may have to travel separately from the patient (ambulance transfers) and stay in another town to support them during a stay in hospital. PATS should also apply to carers in this situation.

Levels of assistance provided should be reviewed annually, in Victoria the reimbursement rate for travel by car has not increased from 14cents per kilometre since 2004 despite significant rises in petrol prices and hence vehicle running costs.

The amount paid by those on low incomes but not eligible for a health care card before receiving assistance should be uniform across all states. Currently under the Victorian scheme it is \$100 per person per year; if, for example, four family members have to travel to specialists for individual complaints they must pay \$400 before being eligible for travel assistance. PATS in other states set the payment before reimbursement at \$40 which is more realistic for low income earners. A national scheme would address this variance between states.

- b) the need for minimum standards to improve flexibility for rural patient access to specialist health services throughout Australia
- c) The extent to which local and cross-border issues are compromising the effectiveness of existing PATS in Australia; in terms of patient and health system outcomes

Regulations of the Victorian PATS do not allow reimbursement of travel and accommodation expenses if a patient attends a specialist in another state. For example a resident of a town close to the Victoria South Australia border chooses to travel to Adelaide (490km) rather than Melbourne (380km) for treatment because of the family support that is available there is not granted assistance because the selected . In times of illness people need support from family and friends and are likely to recover faster with such support.

Reimbursement of at least the subsidy that would be provided had they travelled to the nearest treatment centre should be automatic or alternatively a mechanism whereby the personal reasons for selecting an alternative treatment site are considered and full subsidy granted. A national scheme would cross border issues such as the one described above.

- 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

PATS schemes are not widely promoted, often medical clinics; where information is best placed, are not aware of PATS or do not have information about the scheme on hand for patients who need to travel long distances to specialists. Improved promotion through regular promotion would lead to greater usage of the schemes.

Appointment of regional officers for regular promotion of schemes and to assist applicants with completion of applications would improve the level of utilisation of schemes.

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

Inequality in health outcomes for residents of rural, regional and remote areas compared with their metropolitan counterparts is well documented as is generally lower individual and household incomes. In many cases; particularly for older people the existence of a support scheme is a deciding factor in making a decision to attend a specialist appointment. The cost of petrol, time spent travelling and the need and cost to stay overnight in another town are barriers to attending appointments.

The continuation and improvement of national PATS or the introduction of a national scheme are essential in supporting rural people to attend medical and specialist appointments in distant cities.

- 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

The Victorian PATS does not support a patient wishing to seek a second opinion; travel and accommodation assistance is generally not available for a visit to a second specialist for the same condition. This is an option that is easily available to residents of metropolitan and large regional centres. PATS should be extended to allow patients seeking a second opinion assistance with travel and accommodation.

- g) the relationship between initiatives in e Health and PATS

E Health and virtual consultations have the potential to reduce the need to travel for some specialist consultations and may reduce the number of claims for assistance. However, increasing use of technology for diagnosis and treatment of conditions mean that long distance travel will be an ongoing issue for residents outside metropolitan centres and PATS will still be an essential support.

- h) the feasibility and desirability of extending PATS 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

Residents of rural and remote areas usually have to travel to regional centres to access many allied health services; this travel should be eligible for PATS subsidies. Often the particular service may be available but the waiting list is so long that patient's condition has deteriorated significantly by the time of their appointment. Waiting times to access public dental services in south west Victoria are up to 4 years; if a PATS subsidy were available patients could travel to larger centres such as Geelong, Ballarat and Melbourne to use dental services.

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

Charity and non-profit organisations provide a significant amount of transport assistance to patients; the level of support and costs to patients depend on the type of organisation. Often patients are unable to use public transport or have no public transport service in their town.

The Leukaemia Foundation provides transport and accommodation to patients living with leukaemia, lymphoma, myeloma and related blood disorders; this assistance is free. Other

organisations such as Red Cross, health services and bush nursing centres provide transport using volunteer drivers but ask patients to make a donation based on the distance travelled; patients are then able to seek reimbursement through PATS. Usually these organisations ask for donations at a slightly higher rate than their PATS reimbursement rate per kilometre as they know that if the cost is too high patients are more likely to not attend appointments to the detriment of their health.

In Victoria community transport is not well funded and not recognised as a form of transport. Providers of community transport are subsidising the standing costs and partial running costs of vehicles to provide transport for patients who cannot use public transport and have no other way of attending specialist appointments. As the population ages and demand for this type of transport increases these services will be forced to refuse service to some people due restricted resources.

Rebecca Morton
Coordinator
South West Community Transport Program
C/- Western District Health Service
PO Box 283
Hamilton VIC 3300