



Policy Portion

Transport and Accommodation Assistance for Health Patients from Rural and Remote Areas



People living in rural and remote Australia suffer worse health outcomes than their city colleagues, and barriers to specialist and tertiary care contribute to this situation. Health care should be distributed according to health need, and people in more remote areas should not be disadvantaged merely because of where they live. If the public purse is not used to provide

the services needed through 'service outreach' to remote areas, it follows that it should underwrite the costs of those country people travelling to services that are only available in the regional centres and capital cities. Access to subsidised transport and accommodation should therefore be universally available and uncapped, as is access to specialist, tertiary and complex care for people who live in the major cities (through public hospitals or Medicare).

Why this issue is important to people in rural and remote areas

It is widely recognised that health outcomes for country people are poor compared to urban residents. Improving access to specialist and tertiary care will help to narrow the gap.

Much of the diagnostic testing, complex treatment and follow-up care to which country people may need access is only available at tertiary hospitals in major centres. In this context, 'access' includes both the availability and the timeliness of specialist care.

Assistance with transport and accommodation is needed in order for country people to have reasonable and equitable access to such care.

This policy portion is based on the Alliance's Position Paper, *"Transport and Accommodation Assistance for Health Patients from Rural and Remote Areas"* (2005). Copies of that full paper are available from <http://www.ruralhealth.org.au/nrhpublic/index.cfm>, by contacting the National Rural Health Alliance on 02 6285 4660 or by emailing nrha@ruralhealth.org.au

Basis and evidence

Healthy Horizons is the national framework for improving the health of rural, regional and remote Australians, and is endorsed by the Health Ministers and the Member Bodies of the Alliance. It recognises the centrality of equity of access, including access to appropriate levels of health care, for people living in regional, rural and remote Australia (p4).

There is little uniformity between the States and Territories with regard to eligibility and access criteria for health travel and accommodation assistance. Furthermore, there is evidence that access is influenced by the familiarity of individual clinicians, and others, with the relevant schemes.

For a number of reasons, barriers to access are amplified for many Indigenous Australians who are more likely to live in remote Australia, more likely to suffer socio-economic disadvantage and who already have demonstrably poorer health than other Australians.

Public transport in rural and remote areas is limited or non-existent and may in any case be an inappropriate means of transport for people in need of distant specialist treatment. Robust systems and resourcing models are needed to help rural and remote people to access the care to which they are entitled.

RECOMMENDATIONS

With regard to patient transport and accommodation, the Alliance recommends as follows.

1. In all jurisdictions, the eligibility criteria should be underpinned by the goal of providing equal access for more isolated people in all parts of the country, and available funds should be uncapped, and distributed flexibly according to need.
2. The schemes should be promoted by suitable means and media to ensure that as many providers, patients and carers as possible are aware of the availability of support and how to obtain it. This should include information regarding the appeals processes that apply.
3. Assistance should cover access to all treatments available under the Medicare Benefits Schedule. This should include access to multiple care providers under co-ordinated care service arrangements for chronic disease management.
4. Local discretion and flexibility should inform judgements on individual cases in order to reduce genuine inconvenience, hardship and risk.
5. Patients should not be denied access to treatment because of its cost. Payment to patients should be up-front and all direct costs covered.
6. Patient exposure to 'red-tape' should be minimised with particular regard to someone needing a course of treatment or care or multiple procedures over a period of time.
7. There should be sensitivity with respect to family/carer support for patients needing travel and/or accommodation support. This is especially the case for Indigenous Australians and for other cross-cultural service access.
8. State/Territory health authorities should budget and commit sufficient funds to their respective schemes to enable a fair, reasonable and transparent support system that complements the universal access care arrangements otherwise evident in the health system.
9. In situations where ambulance and emergency travel is the only available option, subsidised funding arrangements for those services should also be available.