

Health Reform - Note 7

October 2009

Patient Assisted Travel Schemes (PATS)

What is PATS?

While it is generally reasonable to expect that primary care services be provided in local communities, people in more rural and remote areas of Australia will often be required to travel to larger regional or major urban centres for more complex specialist and acute services.

State and Territory governments recognise that these journeys, often over extended periods, impose significant travel and accommodation costs on patients and their families. However, the various schemes they run are widely regarded as inadequate or inconsistent in regard to one or more of the following: compensation for costs, eligibility criteria, levels of subsidy, requirements for patient contribution, areas of medical care covered, and awareness of the scheme's existence and what assistance is available.

There are also problems when cross jurisdictional border travel is required.

The operation of these schemes has been subject to consideration in many inquiries, most recently and comprehensively in a 2007 Inquiry by the Senate Standing Committee on Community Affairs, which made many recommendations on how to improve them.



The current proposal

The National Health and Hospitals Reform Commission has recommended as follows:

We recommend that a patient travel and accommodation assistance scheme be funded at a level that takes better account of the out-of-pocket costs of patients and their families and facilitate timely treatment and care. (page 25)

Patient travel and accommodation is an essential requirement of guaranteeing access to health services for many country patients and should be funded as such. The accommodation or travel expenses allowance you receive should not vary according to which State or Territory

you live in. This is one important aspect of all Australians having equal access to ‘one health system’. (page 89)

The Commission estimates that an additional \$85 million a year would be required at current levels of demand, rising to an additional \$244 million a year if demand were to increase two and a quarter times, as has been estimated as being necessary.

The Alliance position so far

The Alliance believes that a strong, well-funded and harmonised PATS model is a crucial element of what is needed to improve access to the full range of health services for people in rural and remote Australia. The improved schemes will include higher levels of payment for patients who travel and more consistent conditions of accessibility.

Accordingly, we welcome the Commission’s recommendations – and those from the Senate Standing Committee – and urge early action. While some jurisdictions have recently improved their schemes, funding limitations have been a major barrier to more fundamental reform.

There should be monitoring and annual reporting on the application of these schemes to promote operational consistency and continuous improvement.

However, improving PATS must not become a substitute for people having their essential health care needs met as locally as possible, irrespective of where they live.

Your input is invited

The Commission proposes a subsidy of \$100 per night, escort eligibility for 50 per cent of the accommodation subsidy and a rebate of 25 cents per kilometre for private road travel. Its estimate of an additional \$85 million to increase levels of support represents more than a doubling of current expenditure levels.

Are these envisaged levels of subsidy sufficient to enable people to travel for required treatment as soon as it is medically indicated?
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While the scheme was originally intended to cover access to specialist services only, in some states it has been applied more widely to cover other health services in specified circumstances, such as oral health and some allied health services.

Many advocates suggest the scheme should regularly cover a wider range of services such as ante-natal and infant care, procedural services provided by GPs, some allied health services (eg those available under the enhanced MBS scheme), some primary services such as screening, and even basic primary care where no such services are available locally.

Levels of support must be improved over time in order to keep up with changes in travel and accommodation costs.

What do you see as the range of essential services that should be covered by the scheme? Should there be some flexibility to take account of the health of the whole person? If so, which services would this include?

A balance needs to be struck between uniformity (or ‘harmonisation’) across the various jurisdictions and the flexibility to accommodate different travel distances and public transport systems. For example, a Council bus service may help people in a rural centre attend an outreach specialist clinic, or an air ambulance may be the best solution for an acute admission for a patient with a complex condition that has deteriorated. Needs and possible solutions will vary with situations, patient needs and the transport options available.

Have you had experience of flexible approaches to providing transport and accommodation that might be jeopardised by the introduction of a nationally consistent scheme?

Other features of a nationally consistent framework should include standard eligibility for access, eligibility for an escort, standard subsidy levels for people in like circumstances, requirements for patient contributions and areas of medical care covered by the scheme. In addition to promoting equity of access, a standard approach would facilitate national promotion of the scheme and how to access it.

What should be the standard features of a Patient Assisted Travel Scheme?

If you have a comment, let us know at nrha@ruralhealth.org.au or by mail to NRHA, PO Box 280, Deakin West, ACT 2600.