A critical mass of people (or patient throughput) is required to justify or commercially support the work of more specialised health professionals. Notwithstanding the work of, say, a flying surgeon or a peripatetic dentist, the normal situation sees people in sparsely populated areas needing to travel to their nearest regional centre or capital city for health care of a more specialised nature. Although they are more specialised, such services are essential for the patients concerned, not discretionary: oncology for cancer patients; dermatology for skin issues; or dialysis for end-stage kidney disease.

Patient assisted travel schemes (PATS) provide patients (and eligible escorts) in rural and remote Australia with financial assistance towards the costs involved in travelling to, and staying near, specialist medical services while the patients are undergoing treatment.

Background
The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) introduced in 1978 was funded and managed by the Commonwealth Government. In 1987, management of the programs was transferred to the States and Territories.

As recipients of funding from the Commonwealth for the provision of free public hospital services, the States and Territories must ensure that people have equal access to public hospital care regardless of their geographic location. Irrespective of the proportion of total hospital costs provided by the Commonwealth, this requirement stands.

Payment rates
Payment rates vary between States and Territories but are generally insufficient to cover the full costs of visits to a major centre. All jurisdictions provide subsidies for accommodation and fuel allowances for private vehicle travel. The fuel allowances are not intended to cover wear and tear or depreciation of the vehicle, just a portion of the cost of fuel on a cents per kilometre basis. The fuel subsidy paid in various jurisdictions ranges from 16 to 30 cents per kilometre, with accommodation subsidies ranging from $30 to $60 per night.

Some schemes provide support for ground transport and some for air travel, which is particularly important for jurisdictions such as the Northern Territory where the distances to be travelled can be vast. Some jurisdictions require a co-payment before the scheme can be accessed, adding to the complexity of judging equity across the schemes.

Eligibility
For a patient to be eligible to receive a subsidy their travel and accommodation must be for an approved type of care; some specialist visits are covered, others are not. There are also requirements around having the proper referral from a doctor or another health care professional. The closest available service of the type required must be a minimum distance from the patient for funding to be provided.

Some jurisdictions cover frequent travel expenses under ‘block treatment’ provisions designed to recompense those patients who do not meet the minimum distance requirement, but are undertaking treatment that requires frequent journeys over a short period of time.

Patient assisted travel schemes are an important element of providing equitable access to essential health services for people in rural and remote Australia.
Carers and escorts

All schemes include provision for the patient to be accompanied in their travel by an escort, being a family member or adult responsible for the patient’s needs for the period of transport and accommodation during treatment. An approved escort must be deemed necessary by either the referring GP or the approved specialist. An escort is automatically approved if the patient is under 18 years of age.

Escorts are not approved solely for the purpose of emotional support or to keep the patient company. Many consider this to be a shortcoming of the schemes as it ignores what may be significant social and emotional needs of the patient (eg for the frail, very ill and/or those requiring special cultural support).

PATS under review

In recent years a number of the schemes have been reviewed:

- the Senate Community Affairs Committee Inquiry into the Operation and Effectiveness of Patient Assisted Travel Schemes (2007);
- the Banscott Review of Current Tasmanian Patient Transport Services (2008);
- the Northern Territory Review of the Patient Assisted Travel Scheme (2013); and
- the review of the South Australian Patient Assistance Transport Scheme (2014).

The recommendations from the South Australian review have been accepted and will come into effect on 1 January 2015.

Recurring recommendations from these reviews have centred around:
- the adequacy of the amount paid towards accommodation and travel;
- lowering the threshold that patients must travel before qualifying for assistance; and
- streamlining what is deemed to be an overly complex and bureaucratic process for claiming reimbursement, which obviously has a severe effect on families with a low income.

There have been calls for the schemes to be expanded to include a range of essential non-medical specialist services such as allied health and dentistry that are not currently covered.

The future

The challenge is achieving a balance between consistency across jurisdictions and the flexibility which is desirable. A key reason the States were given control of PATS was because of the perceived flexibility they would have in meeting the needs of local communities. However the lack of uniformity inherent in a fragmented system is now seen to cause inequitable outcomes for consumers from different regions.

Adopting a uniform approach for some aspects of the schemes may be one way to create a fairer system. At the same time it is recognised that other aspects of the scheme would need to be treated differently to reflect jurisdictional differences, such as size, distance and public transport availability.

PATS is an important element of providing equitable access to health care for people in rural and remote Australia. The Alliance will keep monitoring the situation and welcomes feedback from patients, their families and clinicians.

For details of eligibility requirements and subsidies available by State and Territory, see the associated Guide to Patient Assisted Travel Schemes at www.ruralhealth.org.au/factsheets

Critical Choices

Survival rates from cancer are poorer in rural areas, due in part to delayed diagnosis and intervention. In some cases, patients in more remote areas may elect to have more radical treatment rather than repeated trips for an ongoing program of intervention. The availability and adequacy of accommodation and travel support is one of the factors which will affect such decisions.