

# PATIENT ASSISTED TRAVEL SCHEMES

...good health and wellbeing in rural and remote Australia

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



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 visiting service providers such as fly-in fly-out health workers, most people in sparsely populated areas often have to travel to their nearest major 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—they are not discretionary. These services include oncology for cancer patients, dermatology for skin issues, or dialysis for end-stage kidney disease.

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

## Background

The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) was introduced in 1978 and was centrally administered by the Commonwealth Government.<sup>1</sup> In 1987, administration and management of the scheme was transferred to the states and territories.

As recipients of funding from the Australian Government 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 Australian Government, this requirement stands.

## Payment rates

Payment rates vary across the 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 (ie when the patient requests to travel by road in their own vehicle).

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 \$40 to \$66 per night.

Some schemes provide support for public transport (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, which also adds 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—while some specialist visits are covered, others are not. There are also requirements around having the proper referral from a doctor or other health care professional. In addition, the closest available service of the type required must be a minimum distance from the patient for funding to be provided. The eligible minimum distances are different for each state and territory.

Patient assisted travel schemes are managed by the states and territories. See the associated *Guide to Patient Assisted Travel Schemes* at [www.ruralhealth.org.au/factsheets](http://www.ruralhealth.org.au/factsheets) for details of eligibility requirements and subsidies available by state and territory.



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

## Carers and escorts

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

Escorts are not, however, 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 reviewed

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

- Senate Community Affairs Committee Inquiry into the Operation and Effectiveness of Patient Assisted Travel Schemes (2004–07)<sup>2</sup>
- Banskott Review of Current Tasmanian Patient Transport Services (2008)<sup>3</sup>
- Northern Territory Review of the Patient Assisted Travel Scheme (2013)<sup>4</sup>
- Review of the South Australian Patient Assistance Transport Scheme (2014)<sup>5</sup>.

Recurring recommendations from these reviews have centred around:

- the adequacy of the amount paid towards accommodation and travel
- clarifying the distances that patients must travel before qualifying for assistance
- 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.

## The benefits of PATS: a case in point

In more remote areas, PATS is most useful in assisting patients with chronic conditions to make critical decisions about treatment and care. A case in point would be that of cancer patients who, due to the unavailability and inadequacy of accommodation and travel support, might elect to have more radical treatment to avoid the need for repeated trips for an ongoing program or intervention. The availability of support through PATS enables patients to make informed decisions and choices, while alleviating suffering and possibly increasing their chances of survival.

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

## Limitations and future directions

The ongoing challenge for the schemes is to achieve a balance between consistency across jurisdictions and the desired level of flexibility. 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 schemes would need to be treated differently to reflect jurisdictional differences, such as size, distance and public transport availability.

PATS are 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 would welcome feedback from patients, their families and clinicians.

<sup>1</sup> Parliament of Australia. Highway to health: better access for rural, regional and remote patients [Internet]. 2019 [cited 2019 November 19]. [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Completed\\_inquiries/2004-07/pats/report/c07](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2004-07/pats/report/c07)

<sup>2</sup> Parliament of Australia. Inquiry into the operation and effectiveness of Patient Assisted Travel Schemes (PATS) [Internet]. 2019 [cited 2019 November 19]. [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Completed\\_inquiries/2004-07/pats/index](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2004-07/pats/index)

<sup>3</sup> Department of Health and Human Services, Tasmania. Government response and action plan: Review of Current Tasmanian Patient Transport Service and External Review of Tasmanian Medical Retrieval Services [Internet]. 2008 [cited 2019 November 28]. <https://trove.nla.gov.au/work/236428230?q&versionId=263174998>

<sup>4</sup> Northern Territory Government (Department of Health). Review of the Patient Assistance Travel Scheme July 2013 [Internet]. 2013 [cited 2019 November 25]. <https://digitallibrary.health.nt.gov.au/prodjspu/bitstream/10137/570/1/Review%20of%20the%20PATS%20September%202013.pdf>

<sup>5</sup> David Filby. Review of the South Australian Patient Assistance Transport Scheme [Internet]. 2013. <https://www.sahealth.sa.gov.au/wps/wcm/connect/31dd370042c0ce688c48fcab5a7b992c/14011-Media-Release-PATS-Review-140131.pdf?MOD=AJPERES>

