



**Tim Whetstone MP**

Member for Chaffey



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## **Submission**

# **Review of the Patient Assistance Transport Scheme**

**October 2013**

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## **Introduction**

As the South Australian Member for Chaffey, I would like to add comment to the review of the Patient Assistance Transport Scheme (PATS).

Health services are critical for regional South Australia and PATS has provided vital assistance to patients accessing health services not available in the Riverland and Mallee.

According to the 2013-14 South Australian Budget, there were 18,000 claimants to the scheme in 2012/13 with 44,000 payments. However, the review consultation paper states that in 2012/13, PATS assisted 16,300 clients for more than 40,000 trips.

Similar patient figures are predicted to access the scheme in 2013/14 but I believe the number of individuals needing support from PATS will continue to exceed projections.

PATS is certainly a worthy scheme and the people of Chaffey are grateful that this type of assistance is available.

Throughout this submission I will raise a number of concerns regarding the way in which PATS is currently administered and provide recommendations on how this scheme could be improved based on feedback from my constituents.

## **Background**

PATS is a subsidy program that provides money to pay for some travel, escort and accommodation costs when rural and remote South Australians travel over 100 kilometres to see a specialist.

As part of my submission I will highlight a number of areas of the PATS that need to be assessed, including:

- Fuel subsidies
- Marketing, promotion and information about PATS
- Travel and accommodation support
- Administrative issues
- Financial hardship
- Mapping and travel distance
- Support for carers and escorts

## **Marketing, promotion and information**

For a patient to access PATS, firstly they must be aware of the scheme.

My discussions within the Chaffey community have highlighted that, in many cases, a patient's access to PATS is dependent on local GPs knowing about the scheme and the eligibility criteria.

When I have spoken about PATS through the media, there have been a number of occasions where constituents have requested further information about the scheme because they were entirely unaware of it. I believe more work needs to be done to promote the scheme whether that be through the form of public advertising, further information brochures and booklets and information sessions held around regional communities.

It is vital that people are aware of the scheme so they are able to access help when having to travel to Adelaide for specialist health care. In particular, Chaffey has a number of new doctors coming into the region who may not be aware that PATS is available.

**For example:** As one local lady stated: 'Every time someone has a referral, why don't the staff hand out the claim forms?' In one case, a Riverland man was seeing a specialist regarding his heart and having to travel to Adelaide for a number of operations and procedures. Unfortunately it took 13 years before the doctor mentioned that the PATS scheme was available and this only came about after the patient mentioned it.

Another patient has claimed that there is no signage regarding PATS at local medical centres.

### **Improved travel and accommodation support**

It is well known that patients who live in regional and rural South Australia tend to have more limited access to health care services than those in metropolitan areas. When it comes to specialist care, patients in regional and rural areas are even further disadvantaged, making it difficult to manage chronic diseases.

According to the review, in 2012/13 PATS made payments of \$2.02 million towards accommodation. Accommodation subsidies to stay in a hotel, motel, caravan park, or serviced apartment are provided for patients travelling from over 100 kilometres away to access specialised medical treatment.

The feedback I have received from the people of Chaffey is that there is no accommodation available in South Australia for \$30. A large number of people in the region are low income earners and often cannot afford to travel to metropolitan areas, let alone pay for accommodation.

The review could look at providing a 'living away from home' allowance for individuals and families forced to relocate due to the need to see a metropolitan based specialist on an ongoing basis.

**For example:** A Renmark resident had to have an MRI scan at 7.30am in Adelaide and did not want to drive at 4am by herself for safety reasons. The available appointment times were between 7am and 8am, so she had no choice but to travel up the previous day and stay overnight. She remains concerned that she can't claim the first and only nights' accommodation.

Another constituent has raised concerns around the lack of emergency or last minute accommodation for patients travelling from the region for medical treatment.

### **Fuel subsidies**

In Chaffey, there are a number of patients who are unable to afford petrol to drive a car or accommodation to stay the night while they are being assessed by a specialist outside of the region.

Currently the reimbursement for eligible PATS patients is 16 cents per kilometre and \$30 per night for accommodation and both of these reimbursements have not been reviewed since 2001.

For example, in 2001 when the reimbursement rate was set at 16 cents per kilometre, unleaded fuel prices were approximately \$0.90 cents per litre. Today we see prices averaging around \$1.50 per litre yet the reimbursement has remained stagnant.

## **Financial hardship**

Many patients suffering from long term illness that require travel to see a specialist are forced to sacrifice a lot. Often they will have to give up full time employment which comes at a considerable financial cost, not only as an individual but for their family as a whole.

PATS provides a small amount of relief to patients who have already endured financial and emotional hardship in an attempt to improve their health. Any financial contribution to help access essential health services can only be positive.

However, due to financial hardship, constituents with health problems may decide to put off accessing care. This is an extremely undesirable consequence of limiting patients' access to important health services based on budgetary constraints.

The number of PATS claims will continue to rise in the coming years as the ageing regional populations increase with chronic diseases continuing to be prevalent. We also continue to see increasing cost of living pressures, pushing up the price of fuel and hotel/motel accommodation.

There may also be a provision for the State Government to work with not-for-profit organisations to provide cheaper accommodation for families travelling to metropolitan areas to access specialist health care. This would reduce the financial burden of subsidies from the Government.

**For example:** A Riverland couple consistently travels to Adelaide for medical treatment for their three-year-old son. Early intervention for his condition provides the best outcome and the treatment is not available locally. In addition to the treatment, appropriate assessment is also required. The process is exhaustive and places considerable strain on the family's finances with the cost of travel and accommodation. The wife also suffered a serious illness and had to travel to Adelaide for treatment. During that time her husband was her carer for 10 weeks and was unable to work. The wife is unable to return to work full time due to her illness and no government assistance is available such as sickness benefits or a carers allowance.

## **Upfront payments**

Travelling to metropolitan areas to see a specialist either by vehicle or by air can be an expensive exercise. Many of my constituents cannot afford to pay upfront for travel and be reimbursed at a later date.

This review could assess whether there could be circumstances in which upfront payments can be made to travel to see a specialist. Under the current scheme, if patients cannot afford to travel to see a specialist, they simply will not go and their health problem could deteriorate.

Furthermore, there could be a standardised reimbursement system so that there is a set amount of financial return according to the amount of kilometres travelled from a patient's post code.

Another issue is the cost of healthcare with gap payments out of reach for many families on low income. There are a number of people who require PATS reimbursements upfront for long distance travel, such as air, but the guidelines surrounding this are currently very prohibitive.

**For example:** A Riverland patient who applied for a PATS Air Advance Claim Number following a recent trip to see a specialist was advised he required the authorisation of a South Australian specialist to justify on-going interstate trips. The individual was seeing a professor in Melbourne and

upon application was questioned as to why the patient needed to see a specialist in Melbourne instead of Adelaide. The individual had been seeing the same team of specialists in Melbourne since being referred from Adelaide in 1996. The patient said the Melbourne specialist has been treating him for the past 16 years and knew the complexity of his condition. Yet, after so many years the PATS guidelines suddenly did not meet the individual's air travel needs. The patient has been denied access on a number of occasions, only to be granted PATS after talking extensively with the PATS department in Berri and writing letters to the relevant authorities.

### **Support for carers and escorts**

Consideration must be taken into account as to the impact on the family and carers of patients required to travel with the patient to receive treatment. Many of the patients are accessing specialist care in metropolitan areas for ongoing treatment and may not be able to drive. In this situation, a carer or family member accompany them.

Under the current scheme, medically necessary escorts may be approved to travel with a patient. However, feedback in my electorate suggests that many carers and escorts are not medically approved but provide emotional support. Many patients that travel to Adelaide for treatment are also frail and need care and support for the journey but according to the current scheme, frailty is not an escort reason.

Many patients are travelling long distances for ongoing chemotherapy treatment as there is no facility in the region for this. This treatment has a number of side effects and while the person may not necessarily need a medical escort, they may need a family member to travel with them for emotional and moral support.

**For example:** Travelling with his wife during her treatment for ovarian cancer, a Riverland constituent was told he was no longer able to receive accommodation reimbursement through PATS. Despite receiving this assistance previously, the individual was left extremely distressed by this news at a time when he was dealing with very emotional circumstances. Despite being advised by his wife's doctor that his wife needed an escort when travelling to Adelaide for treatment, the individual who was also his wife's paid carer was denied PATS support. This individual met the PATS listed criteria but was unable to receive assistance.

### **Administrative issues**

My experience with the administration of PATS is that the process is very inconsistent. While I acknowledge there is some hard working staff involved in the administration of PATS, I feel that resources have been wound back, putting more strain on staff.

Based on feedback from my constituents, the paperwork to apply for PATS is lengthy for each trip and the reimbursements are often delayed.

As I understand it, paperwork must be filled out by the patient's GP and specialist, as well as by the patient themselves. This process is time consuming for health care staff already under immense pressure. Often it appears health practitioners are chasing signatures for forms to be processed. The paperwork is intimidating for those with limited literacy as the forms are long and there is an unreasonable timeframe to obtain signatures. In addition, people accessing ongoing financial assistance through PATS have to complete cumbersome paperwork for each trip.

The payment process must be carefully reviewed. In 2011, the State Government changed the process for all reimbursements to an electronic transfer. While this move obviously suits a majority of people, I have had concerns expressed to me by constituents that they can no longer receive a cheque. With Chaffey having a large number of elderly people, the electronic transfer is not the best option for everyone.

In addition, I have been told of many instances where it has taken up to six months for the patient to receive the reimbursement. On a number of occasions I have been informed that PATS administration staff at Berri have been low on resources and this could be the reason behind the delay in payments.

This review could look into a pre-payment system using vouchers, tickets or an identification number on top of the reimbursement. This would help improve the efficiency of the administration process for the scheme. A further option is streamlining documentation for patients to access PATS. There may also be a system introduced to pre-book PATS arrangements.

I have been advised by constituents that there is also inadequate remittance advice when claims are paid by Eftpos. There are no details of the treatment or references making it impossible for patients to reconcile their claims.

There are a number of administrative issues regarding the PATS and I believe there needs to be more clarity around application criteria, guidelines to access the scheme and ability to appeal a denied claim.

Another issue with the PATS revolves around the need to gain endorsements from medical practitioners. In Chaffey the demand for doctor appointments is high and booking to see a regular doctor can often take months. There may be scope within PATS to look at changing the medical endorsements so all applications are dealt with in one administrative area. One suggestion is that each medical surgery or hospital has an accredited PATS officer.

**For example:** A constituent followed the correct procedures to claim PATS. After waiting four months for his reimbursement, he visited the local PATS office. Upon asking for an update on his reimbursement, the constituent was told that the person who deals with his reimbursement is on holidays and the position has not been replaced. When the constituent finally received his reimbursement the amount was simply transferred to his electronic account without any reference and he received no paperwork. Another constituent who travels to Adelaide for treatment up to six times per month claims the scheme is inefficient with having to constantly fill out forms for every trip. If a small section of the paperwork is forgotten to be filled out, it may take weeks for the doctor to correct. Currently the process to apply for PATS involves filling out three forms and is seen as too difficult and cumbersome by many.

### **Specialist allied health and GP services not covered**

Given the current budget allocation for PATS, expanding the scheme to include transport and accommodation assistance for all treatments listed on the Medicare Benefits Schedule seems unlikely at this time. Currently referrals to GP services and allied health professionals (including speech pathology, physiotherapy, podiatry, clinical psychology, occupational therapy, audiology and pathology) dentists and nursing professionals are not covered by PATS.

Including allied health and dental treatments as part of PATS would require further resources as it would mean more people would be using the scheme. However, following feedback from constituents, I do not think assessing this expansion of PATS should be ruled out in the long term.

### **Mapping and travel distance**

A key feature of PATS is the mapping data and routes used for people to access the scheme. Currently to access the PATS reimbursement a patient must travel a certain route. This review could look into more route options, so patients have a choice depending on where they are travelling from.

Any future upgrades of mapping must be handled with care as we have already seen problems with this system. In November 2011, Country Health SA introduced an online distance calculator using what it described as up-to-date GPS mapping data to calculate the reimbursement for those accessing PATS. It was an attempt to provide a more efficient system but in fact complicated the system.

The new GPS mapping data used the logic of the 'fastest' surface route by drive time rather than distance and ultimately saw a reduction in reimbursement in some areas due to a more 'efficient' route. In Chaffey, in particular Loxton, this caused uproar amongst constituents who were outraged and confused by the unusual route outlined under this new mapping.

Many of the patients travelling to Adelaide to see specialists are already suffering emotional and physical stress and do not need to be travelling along on bumpy and potentially unsafe roads.

### **PATS within regional areas due to lack of public transport**

In regional areas, especially Chaffey, there is a lack of public transport.

With the completion of the \$36 million Riverland General Hospital upgrade in Berri, the facility will become a hub for many specialist services in the region.

This means people will need to travel from other Riverland towns to Berri to access specialist care.

While I acknowledge there is community transport administered through the Berri Barmera Council, this service is often heavily booked and has had a challenging experience finding volunteers to drive the bus over the years. This service may need to be expanded through Government assistance.

This review could look into the possibility of providing PATS support to access specialists between regional towns. Constituents in the Mallee have also suggested that there could be scope for patients travelling from the Mallee to access specialist care in the Riverland.

### **Conclusion**

PATS is recognised as an important service across regional South Australia and especially in the Riverland and Mallee to help patients access specialist health care in metropolitan centres.

As an outcome of this review, there must be sweeping changes made to the current scheme to improve the travel and accommodation support to reflect today's cost of living.

The scheme would also benefit from further improvement in the administration process and marketing and promotion of the service.

Currently the payments made under the scheme for transport and accommodation only cover a small proportion of the actual costs incurred by patients.

Overall, this review must help to continue bridging the gap between regional and metropolitan health services by providing further assistance to patients having to travel to access specialist care.

### **Summary of recommendations**

As part of the review, my recommendations are to assess:

- **The current reimbursements for travel and accommodation;**
- **Marketing and promotion of the scheme across regional, rural and remote South Australia to boost awareness of PATS;**
- **The current system of administration for the scheme;**
- **Working with charity and not-for-profit organisations to assist travel and accommodation arrangements;**
- **Mapping data to ensure it is not just efficient but suits the need of patients.**

I appreciate the opportunity to provide a submission to Patient Assistance Transport Scheme Review and I hope you take my recommendations into consideration.