

BRIEFING NOTE

ISSUE: Briefing for Public Administration Committee Hearing regarding the inquiry into the Patient Assisted Travel Scheme (PATS) Western Australia (WA).

BACKGROUND

- The WA Country Health Service (WACHS) administers PATS for country residents and the South Metropolitan Health Service (SMHS) supports PATS applications from the Peel region.
- The Legislative Council's Standing Committee on Public Administration (SCPA) announced an inquiry into PATS on the 27 February 2014.
- Attachment 1 provides details on the SCPA members and Inquiry terms of reference.

CURRENT STATUS

- WACHS made a submission to the SCPA via the Minister for Health (Attachment 2).
- The intent of the submission was to inform the Inquiry on current operational issues with PATS and identify at a conceptual level alternative policy and subsidy structures for the committee to consider.
- The key issues presented under their specific terms of reference;

(a) the level of funding applied to the transport and accommodation subsidies provided;

- Include budget provision for annual escalation to maintain parity with rising travel related costs.
- Development of a revised travel subsidy structure based on fixed rates for surface travel, air travel (where applicable) for each location and specific regional accommodation rates based on local market costs.
- Develop a sustainable model for coordination of low cost supported accommodation in the metropolitan area for some Aboriginal and more vulnerable people and families.
- Revise the distance for road travel before eligibility for air travel to a safe distance that can be achieved in a day's travel (currently more than 16 hours surface travel).

(b) eligibility for PATS funding;

- Amend the current maximum allowable accommodation period which is capped at 6 months to 'review clinical requirement for continued accommodation subsidy after 6 months continuous treatment'.
- Develop and publish a clear schedule of all the services that are covered by PATS including medical specialist and non-medical specialist services.
- Introduce provision for travel assistance to access allied health, dental and other non-specialist services in special circumstances where these services are not available locally and the referral is to a tertiary level service.

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- Review eligibility for assistance to access birthing services including; increasing the period eligible for accommodation assistance to be consistent with maternity models of care, incorporate provision for family or other social factors in determining the nearest suitable birthing service and eligibility for escorts or family members (children) that need to accompany the mother.
- Include provision for travel assistance to patients undergoing lengthy treatments to return home for short periods during their treatment, where this travel is supported by the treating specialist. The frequency of return to home visits could be limited to no more than one return trip per 4 weeks continues treatment.

(c) the administration process; and

- Introduce a mandatory reimbursement model for subsidy payments to the nearest approved service provider on receipt of proof of travel and medical specialist certification of assessment or treatment.
- Establish a case management pathway for persons unable to coordinate their own travel arrangements, which is separate from PATS administration. Limit pre-payments and travel coordination to health care card holders or people with proven special needs.

(d) Whether there is consideration of exceptional circumstances

- Central independent review and exceptional ruling process to provide greater consistency and transparency for country residents.

• **Overview of PATS funding**

- Base funding for PATS is provided through the Department of Health's annual service appropriation. In 2008/09 additional Royalties for Regions (RfR) funding of \$30.8 million over four years was allocated to meet the projected increases associated with the policy reforms. RfR supplementary funding of approximately \$10 million per annum is currently approved through to 2014/15.
- The 2008/09 PATS policy changes aimed to reduce the financial burden on patients who have to travel more than 100 kilometers to access eligible medical specialist services through increased subsidies and eligibility, including;
 - removal of the patient travel and accommodation contribution requirement for non-concession card holders;
 - Increased subsidies - 16c per km - accommodation to \$60 per night for singles, \$75 if travelling with an escort and \$20 per person per night in private accommodation.
 - including patients from Northam and York being eligible for the full PATS benefits;
 - expanded eligibility for a carer/escort to travel with aged, disabled or cancer patients; and
 - cancer patients and their escorts needing to travel more than 350km by road being eligible for commercial air travel.

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- Demand for PATS services grew rapidly. The number of subsidised trips has grown 72% since 2009 to approximately 90,000 trips in 2013/14; and subsidies grew by 71% to \$31.9 million in 2013/14.
- In 2013/14 PATS costs have stabilised.
- Details of PATS budget allocations against actual costs are shown below.

Budgets	2008/09 \$,000	2009/10 \$,000	2010/11 \$,000	2011/12 \$,000	2012/13 \$,000	2013/14 \$,000	2014/15 \$,000
RfR Contribution	4,200	8,700	9,000	8,900	9,300	9,700	10,080
State Service Appropriation	12,730	13,250	19,100	20,400	21,000	21,600	25,300
Total Budget	16,930	21,950	28,100	29,300	30,300	31,300	35,380
Actual	18,617	24,233	27,847	33,555	33,237	31,903	
Variance	-1,687	-2,283	253	-4,255	-2,937	-603	

Projected future budget provisions based on current policy parameters

Funding Source	2014-15 \$'000	2015-16 \$'000	2016-17 \$'000
Service Appropriation	25,300	25,900	26,600
Royalties for Regions)	10,080	10,584	10,584
Total	35,380	36,484	37,184

Regional activity and costs

	2008/09		2009/10		2010/11		2011/12		2012/13		2013/14	
Region	No of Trips	Cost of Trips \$000	No of Trips	Cost of Trips \$000	No of Trips	Cost of Trips \$000	No of Trips	Cost of Trips \$000	No of Trips	Cost of Trips \$000	No of Trips	Cost of Trips \$000
Goldfields	6,988	2,830	8,334	3,451	8,542	3,948	8,832	4,420	8,601	4,191	9,555	4,338
Great Southern	6,813	1,456	7,212	1,896	8,978	2,369	10,689	2,863	11,727	3,096	10,310	3,222
Kimberley	4,564	4,997	5,336	6,333	6,287	7,856	7,251	8,954	7,350	9,299	9,512	8,136
Midwest	9,536	3,290	11,417	4,803	12,632	5,156	13,167	5,035	14,471	5,319	13,796	5,359
Pilbara	5,017	4,075	7,059	5,083	7,750	5,641	9,676	8,827	6,597	8,481	13,902	7,698
South West	9,165	989	10,021	1,469	10,144	1,453	12,444	2,062	12,740	1,358	18,603	1,795
Wheatbelt	11,132	980	12,624	1,198	13,994	1,424	15,413	1,394	16,408	1,493	16,124	1,355
TOTAL	53,215	\$18,617	62,003	\$24,233	68,327	\$27,847	77,472	\$33,555	77,894	\$33,237	91,802	\$31,902
% increase			16.50%	30.17%	10.20%	14.91%	13.40%	20.50%	0.54%	-0.95%	15.10%	-4.20%

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- **Eligibility**

- Eligibility for PATS is defined to include:
 - Permanent residents in a WACHS region and Peel area needing to travel more than 100 kilometres to the nearest eligible medical specialist services including a Telehealth service; and.
 - Permanent residents in a WACHS region and Peel area needing to travel between 70 and 100 kilometres to access the nearest eligible medical specialist for cancer treatment or dialysis, where the health service is unable to provide a transport service.
- **An applicant is eligible for an escort where:**
 - the applicant being escorted is a dependent child;
 - Centrelink has determined that the applicant is under the care of a principal carer;
 - home dialysis patients are receiving training (a carer is required to attend as a condition of the medical specialist treatment);
 - the escort is legally required to make decisions on behalf of the applicant;
 - the patient is undergoing cancer treatment; and/ or
 - the referring practitioner, prior to departure specifies the reason why an escort's presence is essential, based on their assessment that the applicant would be unable to manage their treatment.
- **An eligible medical specialist service is either;**
 - A medical practitioner who is recognised as a specialist for Medicare Benefits purposes (with the exception of pathology and/ or clinical pharmacology);
 - A hospital or health service employed medical specialist;
 - Specialist medical service or oral surgery item covered by an item in the Medicare Benefits Schedule (MBS)
 - Specialist services involved in the fitting of an artificial limb;
 - Specialist services involved in the fitting of an artificial eye;
 - Dental treatment covered by an item in the Medicare Benefits for Services by Accredited Dental Practitioners in the Treatment of Cleft Lip and Cleft Palate Conditions Booklet; Services covered by PATS Special Rulings; or
 - Medical specialist treatment with MBS items above 30000 carried out by General Practitioner (GP) Proceduralists, with the exception of those listed in Schedule 1.
 - PATS assistance is available for four antenatal visits to the nearest GP Obstetrician, with each pregnancy.

- **Subsidies**

- **Fuel Subsidy**
 - an applicant travelling by private vehicle may claim a fuel subsidy of 16 cents per kilometre (one claim per vehicle is to be made); and
 - when two or more applicants are travelling in a minibus, or similar group transport vehicle, owned by a community or organisation, the fuel subsidy is 25 cents per kilometre, per vehicle payable to the relevant organisation.
- **Surface Travel**
 - people travelling by coach or rail are eligible for the relevant economy or discounted fare.
- **Air Travel**
 - Air travel is available to eligible patients and is fully funded:

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- Accommodation
 - The accommodation subsidies are:
 - private home accommodation - \$20 per night for an eligible applicant or \$40 per night for an applicant travelling with an approved escort; and
 - commercial accommodation up to \$60 per night for an eligible applicant or up to \$75 per night for an eligible applicant travelling with an approved escort.
- **How is PATS administered**
 - Management of the scheme is devolved to a regional level to facilitate closer contact for country people seeking to access PATS services.
 - The Kimberley, Pilbara and Wheatbelt regions have each moved to a more centralised model where enquiries and PATS applications are received at each health site, however claim approvals and processing is handled at the regional office. The Goldfields, Great Southern and Midwest handle and process PATS claims at each site.
 - The SW has contracted the administration of PATS (approx \$510,000 pa) where applications are initially received via fax from the referring GP and follow-up phone calls and documents are made direct to the client.
 - There are currently two PATS positions within WACHS central office to provide policy support to the regions, handle general enquiries, support PATS clerk training and provide system support for the PATS on-line system.
 - Overall there are 124 staff (approximately 36 FTE) associated with supporting PATS. Estimated direct operational cost for PATS is \$3.5M (including SW contract costs, but excluding overheads and accounting costs).
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- **Exceptional circumstances – how are these determined;**
 - The PATS policy provides provision for applicants to request an exceptional ruling where the application does not meet the specific PATS eligibility criteria but meets the intent of the scheme and the guiding principles. The Regional Director makes a decision on the application based on the specific individual circumstances. The Regional Director will be guided by clinical advice from either the Regional Medical Director or other relevant clinician.
 - An Exceptional Ruling does not set a precedent for future decisions. Exceptional Rulings may cover;
 - Referral to a treatment location other than the nearest service available;
 - Extension to the time period for accommodation assistance for long term treatment programs;
 - Treatment and health services not specifically covered by PATS where the residents health status may be adversely compromised if assistance is not provided;
 - Additional financial assistance where the applicant does not have the means to cover extra costs or hostel or affordable accommodation options are not available; and
 - Eligibility of escorts.

Exception Rulings 2013/14

Region	Exceptional Rulings				Applications Declined			
	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4
Goldfields	2	2	4	4			1	
Great Southern	0	0	2	3			1	
Kimberley	1	6			1	1		1
Midwest	3	12	7	10	1	1	2	1
Pilbara		1			1			
South West	10	3	5	2		4	1	
Wheatbelt	10	9	1	3	1	1		
Total	26	31	19	22	4	7	6	2
Overall Totals	98				19			

- **Aboriginal health**

- **Country Health Connection (CHC)**

- **CHC** is a support and coordination service for Aboriginal people travelling from rural and remote areas of Western Australia who come to Perth to receive specialist medical treatment. Service includes:

- Facilitate bookings for accommodation for patients at the Aboriginal Hostels in Perth;
 - Coordinate transport for patients staying at the Aboriginal Hostels and Jewell House to and from medical appointments at Perth hospitals and medical centres;
 - Liaise with hospital staff to help with accommodation;
 - Requests when patients are discharged and need short term accommodation prior to returning home;
 - Coordinate and assist with travel arrangements for patients returning home;
 - Arrange transfer of deceased to their homeland for burial;
 - Work closely with Aboriginal Liaison Officers, Discharge Coordinators, Social Workers and staff in the hospital to support and provide culturally appropriate advice;

- **ICT – Why have we not introduced a web based system and if we are considering, when will this occur?**

- In December 2012 a new PATS Online administration system was implemented and rolled across all regions, including Peel.
 - In 2013/14 a business case was submitted for PATS, which included \$1.08 million project funding for the review and implementation of administrative reform and policy review of PATS.
 - The scope of the project included work on scoping and developing a web based application process.
 - This business case was unsuccessful.
 - The current PATS application involves multiple certifications by third persons as well as payments in advance and retrospective payments. The development of an online system that will cater for the various criteria will be complex.

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- The development of an electronic referral form for GPs is currently being developed and trialled by the Central Referral Service. The outcomes of this development work will provide a good basis to develop a similar system for GPs to lodge PATS applications for their patients.
- The main difficulty will be developing a system for specialist certification. Approximately 48% of the medical specialists associated with PATS claims are private.
- Queensland Health recently called for requests for proposals for systems to support their patient transport and assistance scheme and they have agreed to share information on the responses they receive.

RECOMMENDATIONS/ACTIONS:

For noting.

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Date: 12 September 2014

Endorsed by: Tina Chinery, Chief Operating Officer – Southern, WACHS

Sign Off: Jeffrey Moffet, Chief Executive Officer - WACHS

Attachment

Attachment 1

**The Legislative Council Standing Committee on Public Administration - Inquiry
into the Patient Assisted Travel Scheme**

Members forming this Standing Committee are:

Hon Elizabeth Lloyd Behjat MLC
Hon Darren Legh West MLC
Hon Nigel Charles Hallett MLC
Hon Jacqui Ellen Boydell MLC
Hon Amber-Jade Sanderson MLC

Dr Julia Lawrinson is the Advisory Officer providing support to the Standing Committee and the primary contact. Ms Lauren Mesiti is the designated Committee Clerk.

The Committee's Terms of Reference are:

1. How adequately PATS delivers assistance to regional people accessing specialist medical care, including:
 - a) the level of funding applied to the transport and accommodation subsidies provided;
 - b) eligibility for PATS funding;
 - c) the administration process;
 - d) whether there is consideration of exceptional circumstances; and
2. Any incidental matter.