

## Patient Travel Assistance Scheme (PTAS)

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### Part A – Policy

#### I Policy Statement

The Patient Travel Assistance Scheme (PTAS) is a statewide Scheme that provides financial assistance towards travel and accommodation expenses for eligible Tasmanian residents and their approved escorts who are required to travel to access specialised clinical services not available locally.

##### I.1 Rationale

The intent of the Scheme is to address variability in health outcomes, service access and equity between Tasmanians who have ready geographical access to specialised clinical services and those who do not.

PTAS is also an important enabler of safe and sustainable clinical service delivery. Tasmanian clinical services are provided as part of a single statewide system. Decisions regarding place of treatment, including interstate arrangements for some highly specialised clinical services, are informed by the Tasmanian Role Delineation Framework and Clinical Services Profiles.

PTAS supports the equitable movement of Tasmanians within the health system, facilitating timely care and improved service quality by supporting Tasmanians to access the services they need in the parts of the system that are best equipped to provide them safely and sustainably.

#### 2 Policy Principles

This policy, the PTAS Operational Protocol and the PTAS Operational Framework describe eligibility criteria, travel and accommodation subsidies, business processes, and responsibilities of THS staff and recipients receiving assistance through the Scheme.

Any changes to this policy, PTAS eligibility criteria and associated subsidies other than indexation as described in this policy, require endorsement by the Secretary, Department of Health.

##### Aim

PTAS aims to provide equity of access to specialised clinical services for Tasmanian residents by providing financial assistance towards travel and accommodation costs in a manner that supports:

- access to quality specialised clinical services as close to home as possible;
- a reduction in travel-related costs for those most affected; and

- a sustainable Tasmanian health system.

### **Purpose**

The purpose of PTAS is to support equitable access to specialised clinical services and facilitate patient flow throughout the clinical service network for improved service quality and sustainability.

### **Scope**

Financial support provided by PTAS is limited to travel and accommodation subsidies for approved applicants and approved escorts. Approval is granted according to eligibility criteria described in this policy and detailed in subordinate documents to this policy.

Subsidy types are limited to those described in this policy.

Subsidy amounts are derived as described in this policy.

PTAS provides support to the nearest eligible clinical service except for specific circumstances, including:

- applicants requiring emergency transportation;
- applicants selected for a system-wide strategy such as a waitlist reduction program;
- applicants eligible for time-limited transition arrangements; or
- on granting of an exceptional approval.

### **Target population**

PTAS support is targeted to Tasmanian residents who are required to travel:

- a) a distance of more than 75 kilometres one-way by the shortest practical route to access the nearest eligible clinical service provided by an approved clinical provider.
- or
- b) a distance of more than 50 kilometres one-way by the shortest practical route to access the nearest eligible oncology or renal dialysis treatment centre.

### **Target services**

PTAS preferentially targets support for travel to eligible specialised clinical services located in Tasmania, provided in either the public or private sector.

PTAS supports travel to public health services located interstate where services are unavailable within the Tasmanian health system. PTAS support is not provided for travel to private health services located interstate.

### **Target providers**

PTAS supports travel to eligible clinical services provided by approved clinical providers. Approved clinical providers include registered: medical practitioners, dental practitioners, allied health professionals, nurses and midwives. Medical specialists must be registered with Medicare Australia as a specialist in the field for which the referral is made.

## **2.1 Application of the Policy**

The following principles are to be applied in operationalisation of this policy:

### **Equity of access**

PTAS is administered in a manner that supports equitable access to specialised clinical services for Tasmanians.

## **Transparency of process**

Information about PTAS and the processes by which the Scheme is administered is accessible to the public and subject to review.

## **Consistency of application**

The Scheme is administered fairly, based on consistent application of the PTAS Operational Protocol and the PTAS Operational Framework.

## **Patient-centred decision-making**

Decisions regarding the application and administration of the Scheme is informed by a patient-centred approach that aligns with safety and quality principles.

## **Sustainable use of resources**

PTAS is administered in a manner that promotes the efficient use of public resources through support for access to specialised clinical services that are as close to home as possible, by providing financial assistance in a manner that promotes value for money, and by contributing data and information towards clinical service planning and development.

## **2.2 Eligibility Criteria**

### **General eligibility**

To be eligible for financial assistance through PTAS, applicants must:

- be a Tasmanian resident, and
- be receiving eligible clinical services from an approved clinical provider, and
- need to travel a distance of more than 75 kilometres one-way by the shortest practical route to access the nearest eligible clinical service, or
- need to travel a distance of more than 50 kilometres one-way by the shortest practical route to access the nearest appropriate oncology or renal dialysis treatment centre.

PTAS does not provide a subsidy for:

- travel to specialised clinical treatment outside of Australia
- travel costs associated with interhospital patient transfer, including medical escorts, as these costs are the responsibility of the transferring hospital
- patients away from their residence when the treatment begins, such as on business, holidays, or visiting friends or family within Tasmania or interstate
- patients who are eligible to claim assistance under another Scheme.

### **Escort eligibility**

Patients eligible for a PTAS subsidy may also be eligible for a PTAS subsidy for a patient escort. Eligibility for an escort is determined according to the patient escort eligibility criteria.

One escort is approved for

- all patients under the age of 18 years
- when an escort is legally required to make health decisions on a patient's behalf

- patients requiring translation services to communicate when no translator service is available at the service.

One escort may be approved when requested for clinically necessary reasons by the referring medical practitioner and approved by a medical authoriser.

Two escorts are approved for newborn infants. Two escorts may be approved for children (under 18 years) when the child requires hospital admission for a surgical procedure or complex medical care. More than one escort is not permitted in any other circumstance without an exceptional ruling approval.

### **Modified eligibility for residents of King Island and the Furneaux Group Islands**

Residents of King Island and the Furneaux Group Islands are the most geographically remote Tasmanian residents. Modified eligibility criteria for residents of King Island and the Furneaux Group Islands recognise that these residents face unique geographical and service access barriers.

The following modified eligibility criteria apply to residents of King Island and the Furneaux Group Islands. Other than these modified criteria, all other eligibility criteria apply.

- In recognition of the unique location of King Island and the Furneaux Group Islands between Tasmania and Victoria, residents referred to services located in Tasmania or Victoria are eligible for a PTAS subsidy, provided all other PTAS eligibility criteria are met.
- PTAS-approved residents eligible for PTAS subsidy and required to stay off island for an extended period for treatment (for example, radiation therapy) may have one return trip home subsidised after every 4 continuous weeks of treatment.
- In recognition of the reduced access to allied health and preventive health services on King Island and the Furneaux Group Islands, residents are eligible for:
  - An accommodation subsidy to access a recognised allied health or preventive health service within 48 hours of a PTAS-eligible service.
  - A travel and accommodation subsidy for one journey to the nearest recognised allied health or preventative health service for residents who have not accessed a PTAS subsidy for 12 months (6 months for residents 17 years or younger) or more. The journey length is capped at 72 hours.

### **Eligibility by exceptional ruling**

Exceptional ruling approval is granted if an application can demonstrate the intent of the PTAS Scheme is met, even if the strict parameters of the eligibility criteria or financial assistance rules may not have been.

Exceptional rulings are made on a case-by-case basis and consider the individual circumstances of a patient when assessing their PTAS application. Exceptional ruling decisions must be made by the PTAS Advisory and Approvals Committee and do not form precedent.

### **Determining eligibility**

The PTAS Operational Protocol and the PTAS Operational Framework provide detailed guidance on the operationalisation of this policy. Applicant eligibility is determined in accordance with the detailed eligibility criteria described in PTAS Operational Framework.

## **2.3 Subsidies and Patient Contribution**

Applicants who meet PTAS eligibility criteria can apply for subsidies toward travel and commercial accommodation costs for themselves and their approved escorts.

PTAS subsidy types are limited to fuel, taxi, bus, aeroplane, Bass Strait ferry, accommodation and repatriation subsidies. The mode of travel subsidised is determined by clinical appropriateness and cost-effectiveness.

Subsidies are only paid when a cost has or will be incurred. Receipts for costs incurred must be provided where specified in the Operational Framework.

Subsidy amounts are determined as follows:

- Fuel subsidies are aligned with the minimum rate described in the Tasmanian State Service Award for the occasional user less than two-litre vehicle type. This rate is subject to indexation every three years commencing 1 July 2024.
- Taxi subsidies are determined on average fare values and are only provided in conjunction with air or Bass Strait ferry travel.
- Bus, aeroplane and Bass Strait ferry subsidies are determined on best available/economy ticket rates.
- Accommodation subsidy rates are aligned with the Tasmanian State Service Award. The rate is set at 51 per cent of the Tasmania rate for intrastate accommodation and 55 per cent of the Melbourne rate for intrastate travel. This rate is subject to indexation every three years commencing 1 July 2024.
- Repatriation subsidy rates are capped at \$600 for repatriation services that require ground travel and \$1500 for repatriation services that require air travel. This rate is subject to review every three years commencing 1 July 2024.

PTAS recipients are expected to contribute towards the cost of their travel through a co-contribution. The level of co-contribution is set at \$82.50 per trip and capped at \$330 per annum. The rate of co-contribution is subject to indexation every three years commencing 1 July 2024. Holders of accepted concession cards are exempt from co-contribution requirements.

In cases of financial hardship, applicants can apply for an exceptional ruling to have the patient co-contribution amount reduced or waived.

All PTAS recipients are responsible for the difference between PTAS subsidy amounts and actual travel costs.

Determination of PTAS subsidy types and amounts must comply with this Policy. The PTAS Operational Framework provides detailed guidance on the application of travel subsidies and co-contributions for PTAS-eligible persons in accordance with this policy.

### 3 Responsibilities

**All staff are required to comply with relevant Department of Health policies.**

- All staff, officers, contractors and volunteers must refer to this policy when undertaking duties.
- The Deputy Secretary Community Mental Health and Wellbeing is the Delegated Policy Owner and accountable to the Secretary, Department of Health for ensuring that:
  - The requirements of this Policy and the associated PTAS Operational Protocol and PTAS Operational Framework are adhered to.
  - The requirements of this Policy and the associated PTAS Operational Protocol and PTAS Operational Framework are communicated to all appropriate staff, consumers and medical referrers (both Public and Private).

- The PTAS Operational Unit is sufficiently resourced to administer PTAS according to the requirements of the Policy and associated PTAS Operational Protocol and PTAS Operational Framework.
- Any changes to the PTAS Operational Protocol and PTAS Operational Framework, consider the financial implications and include consultation with the Chief Financial Officer.
- The Executive Director Allied Health is the Policy Custodian and has delegated responsibility for the operation of the scheme and the statewide unit that administers the Scheme.
- The PTAS Advisory and Approvals Committee (PTAS AAC) provides collective determination of escalated applications, and strategy and advice in line with Agency planning, priorities and reform agendas. The PTAS AAC is responsible for:
  - Monitoring the PTAS Operational Protocol and PTAS Operational Framework.
  - Assessing escalated applications for patient travel assistance, including exceptional ruling requests, appeals, and responding to escalated complaints.
  - Monitoring and review of PTAS performance in accordance with the Performance Monitoring Schedule described in the PTAS Operational Framework.
  - Responding to data and stakeholder feedback to improve operationalisation, consistency, sustainability and effectiveness of the Scheme in line with the intent of the PTAS policy.
  - Reporting annually to the Health Executive on the performance of PTAS in accordance with the performance monitoring schedule, and providing strategic advice to inform ongoing clinical service planning, clinical workforce planning and other strategic planning of relevance.
  - Providing expert advice on request.
- The Deputy Secretary, Clinical Quality, Regulation and Accreditation will provide expert clinical policy oversight and advice to the PTAS AAC as required and in accordance with its role as described in the Tasmanian Quality Governance Framework.
- Medical Authorisers and Specialist Medical Authorisers are the delegated Authority under the Scheme for the approval of PTAS applications by determining eligibility under the Scheme, except for applications that must be escalated to the PTAS AAC and applications delegated to PTAS staff, as described in the PTAS Operational Framework.
- Staff of the PTAS Operational Unit are responsible for liaising with applicants, determining the eligibility of PTAS applications within delegated limits, determining claims values in line with PTAS financial assistance rules and rates, processing subsidy payments, and maintaining accurate and comprehensive records, as described in the PTAS Operational Framework.

## 4 Legislation and Standards

N/A

## 5 Related Documents

- 1 PTAS Operational Protocol
- 2 PTAS Operational Framework