JOURNEY TO HEALTH

Queenslanders for Patient Transport is an alliance of representatives from groups/organizations which have identified a major issue in relation to Patient Transport in Queensland.

Our Issue

Many Queenslanders with chronic disease and needing transport to medical treatment do not have access to transport that is:

√ Delivered in a timely manner
√ Affordable
√ Appropriate to the person in need (inclusive)
√ Of a satisfactory Standard

Our alliance contends no person in our lifetime will escape suffering and/or being intimately involved with another person who has a chronic illness, disabling condition or health impairment. If a patient does not have appropriate transport available to access and attend post-acute treatment the outcome will have an effect upon our/their:

- Quality of life
- Length of and success in recuperation
- Family and friendship relationships
- Financial viability
- Employment
- Long term and ongoing health

Our Proposal for a Solution

In future planning to overcome this important issue, Queenslanders for Patient Transport proposes that the issue can be and is best addressed through:

1. Government adopting a statewide approach to the issues surrounding availability of non-urgent patient transports in those many instances where the transport is not provided through the Queensland Ambulance Service.

2. Government ensuring that Government funded PTSS accommodation and transport subsidy rates are benchmarked to a related system eg. ATO rates; State Public Service rates.

3. QAS developing quality service benchmarks and universal service obligations as regards a) non-urgent patient transport and b) subcontracting of this transport service to the NGO sector, and

4. Government ensuring sector and consumer representation from Queenslanders for Patient Transport (or representatives from other Consumer groups) is included on Qld Health's Medical Transport Board and any other patient transport-related scheme programs and/or reviews undertaken by the Government.

Attached is evidence why the lack of transport to medical treatment can no longer be the elephant in the room whenever 'health' is discussed. For more information please make contact with Jennifer Leigh, our spokesperson using the contact details listed below.

Speak out by

1. Downloading copy of a postcard from www.tdsa.org and choose one of the suggested lodging options

2. Write your own comments on this issue on Premier Bligh's blog www.anna4queensland.com.au

3. Write your own comments on this issue on Mr Springborg's blog – http://www.springborg.com/ (click on 'contact me')

Jennifer Leigh,
Spokesperson

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Queenslanders for Patient Transport

A snapshot of the Demand, Transport response and System implications arising from just 3 chronic diseases

Qld estimated population in 2008 was 4,279,411 people

Kidney failure

1 in 3 Queenslanders will experience Kidney failure ie. 1,426,470 people dispersed across Qld

Every day, 6 Australians commence expensive dialysis or transplantation to stay alive

Treatment most commonly requires spending 5 hours or more, 3 days per week in hospital attached to machines to cleanse the blood of toxins –excluding travel to/from hospital.

The transport-related issues that impinge on accessing treatment include:

On a daily basis dialysis patients, reliant on Qld Ambulance Service (QAS) for non-urgent transport to dialysis, can wait for up to 5 hours to get home after a 5-hour dialysis session.

There's a lack of transport options due to their 'un-wellness' which makes driving their self unsafe and they're ineligible for schemes such as disability parking permits / taxi subsidy scheme or Home and Community Care transport because chronic illness isn't an eligibility criterion.

It's a condition that can result in changes in the person's health status (eg. low blood pressure or can't stop the bleeding to their being on blood thinning medication) which means the dialysis session takes longer than expected. The ripple effect is that person can't leave until stabilised plus all the people coming behind for dialysis are also delayed. This means the person is released to go home at a time when community transport organisations are closed, public transport services aren't running and QAS have stopped their transport.

What's needed is flexible, demand-responsive transport. Taxis are ideal for flexibility but their cost prohibitive.

Future prediction of prevalence

The Queensland Government's *Smart State: Health 2020 Directions Statement*, identifies that in Queensland, cardiovascular disease (coronary heart disease, heart failure and stroke), chronic respiratory disease (chronic obstructive pulmonary disease (COPD) and asthma), type 2 diabetes mellitus, and renal disease account for a significant proportion of morbidity experienced by the population and for more than one-third of all deaths in the state.

Policy implications

The cost of treating kidney disease in Australia is rising by $50 million a year and will jump from $700 million in 2006 to $900 million in 2010 (*The Economic Impact of Kidney Disease in Australia;* George Institute of International Health 2006)

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Cancer

1 in 3 at risk of a malignancy (cancer) ie. 1,426,470 people dispersed across Qld

Treatment for chemotherapy most commonly requires 2-6 hours spent 1 day each week in hospital oncology units whilst radiation treatment varies from attendance on a daily basis through to that on a weekly basis.

The very nature of treatment means the person's immune system is repressed and they are at very high risk of catching another illness in group settings.

Future prediction of prevalence

The Queensland Government's *Smart State: Health 2020 Directions Statement*, identifies that in Queensland, cardiovascular disease (coronary heart disease, heart failure and stroke), chronic respiratory disease (chronic obstructive pulmonary disease (COPD) and asthma), type 2 diabetes mellitus, and renal disease account for a significant proportion of morbidity experienced by the population and for more than one-third of all deaths in the state.

Policy implications

Cancer survival decreases with increasing remoteness of the person from medical treatment (Cancer survival and prevalence in Australia AIHW 2008)

A report release by Access Economics data suggests breast cancer is diagnosed later in regional areas. The report noted that regional women were more likely to opt for more radical therapies such as a mastectomy to avoid the need for travel. *(*Access Economics*, 2007)*

The reasons for the poorer health outcomes reflect the difference in access to screening and treatment services. *(*Access Economics*, 2007)*

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Diabetes

1 in 4 (7.4 per cent) of adults living across Qld and aged over 25 years will have diabetes

The proportion of people with diabetes increases with age - 3% of adults aged 35–44 years have diabetes; the rate steadily increased to 23% for people aged 75 years and over.

More than half (56%) of the people with diagnosed diabetes in 2003 also had a disability. *(Diabetes: Australian facts 2008 , AIHW)*

Diabetes is recognized as:

- **the second most common cause for commencing renal dialysis,**
- **the most common cause of blindness in people under the age of 60 years,**
- **the most common cause of non-traumatic lower limb amputation, and**
- **one of the most common chronic diseases in children**

Future prediction of prevalence

The Queensland Government's *Smart State: Health 2020 Directions Statement*, identifies that in Queensland, cardiovascular disease (coronary heart disease, heart failure and stroke), chronic respiratory disease (chronic obstructive pulmonary disease (COPD) and asthma), type 2 diabetes mellitus, and renal disease account for a significant proportion of morbidity experienced by the population and for more than one-third of all deaths in the state.

Policy implications

Diabetes was responsible for 5.5% of the total burden of disease in Australia in 2003; when the contribution of diabetes to stroke and heart disease is also included, it accounts for 8.3% of the total disease burden

The total financial cost of type 2 diabetes is estimated at $10.3 billion. Of this, carer costs were estimated as $4.4 billion, productivity losses were $4.1 billion, health system costs were $1.1 billion and $1.1 billion was due to obesity.

The cost of type 2 diabetes in terms of carer's cost and health system cost is $5.49 billion.

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Health System Implications

- The mortality burden of chronic disease is significantly higher among socio-economically disadvantaged people. The most disadvantaged quintile of the Australian population lost 35% more years of life than the least disadvantaged quintile in 1996. (AIHW report – the burden of disease and injury in Australia 1999)

- The Queensland Government's *Smart State: Health 2020 Directions Statement*, identifies that in Queensland, cardiovascular disease (coronary heart disease, heart failure and stroke), chronic respiratory disease (chronic obstructive pulmonary disease (COPD) and asthma), type 2 diabetes mellitus, and renal disease account for a significant proportion of morbidity experienced by the population and for more than one-third of all deaths in the state.

- 80% of outpatient appointments are 'no shows' or 'do not attend' for their appointment

- Despite commitment of $155 million to implementation of the Qld Strategy for Chronic Disease for 2005-2009 PLUS numerous reports highlighting impact of being able to get transport to medical treatment on

    - Preventative health initiatives/programs
    - early diagnosis
    - radical-ness of treatment chosen by patient
    - successful recovery / rehabilitation
    - survival rates

Not 1 of the 31 Strategies listed as supporting activity across the health continuum identifies access or mobility to health or preventative activities as a key factor in improving the rates of chronic disease. (Qld Strategy for Chronic Disease, 2005 -2015)

Not 1 of the multitude of recommendations contained in the Queensland Health Systems Review (Final Report September 2005) identifies access or mobility to health or preventative activities as a key factor in improving the rates of chronic disease.

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Transport options and related issues

- Own car - An annual NRMA vehicle survey found it costs an average of $260 a week to run a car, given due consideration of all factors that influence the cost of running a vehicle, such as fuel, insurance and registration as well as depreciation. On a fixed income (Sickness Benefit which is subject to an asset test and a means test) – rates are:

Status	Allowance rate per fortnight
Single, no children	$449.30
Single, with children	$486
Single, aged 60 or over, after 9 months (includes *PhA)	$486
Partnered (each)	$405.40

- Public Transport - In towns of greater than 7,500 people there will be a public bus service, which MAY travel near to your home and at a time that aligns with your treatment. Cost will vary depending on whether person has a pensioner concession rate and number of zones traveled across/within – major cost is time required. The time increases substantially if more than 1 bus is required. Given most hospitals in QLD aren't in the CBD and the bus system is designed to travel to the CBD, a change of buses will inevitably be required. **95% of Qld towns don't have access to any form of public transport**

- Long-distance bus or plane or train - There is a network of long-distance bus, train and plane services that criss-cross the State. However, regardless of these option's routes there are no local transport services to link outlying towns to the nearest rural centre to connect with any of these options. In addition, the times to board bus or trains in particular can be middle of night which may require overnight accommodation which represents more costs and more time.

- Community transport - Funded by Home and Community Care (HACC) Program doesn't deem people with a chronic disease as eligible to access its transport services – the target group is frail aged and younger disabled. Not every town or major centre in Qld has HACC-funded transport nor does every funded agency provide transport to medical appointments. If eligible to use these services, fare costs vary and are determined by the funded agency.

- Taxis - Are present in many townships across Qld – they are not a public transport option. Fares will vary depending on time of day, distance traveled and whether the taxi operator opts for a flat rate fee (common around small towns) or a meter based fare. The Taxi Subsidy Scheme is the only possible government subsidy scheme reduces the cost of a taxi fare to a maximum of $25 subsidy for a one-way journey. But chronic disease is not a eligibility category.

- Patient Travel Subsidy Scheme provides assistance with transport and accommodation costs to access SPECIFIC types of medical treatment ONLY IF there is 50 klms between referring and destination hospitals. Where eligible the scheme pays transport costs of plane or train or bus fare to the transport terminal - not all transport costs to the actual hospital (cheapest option applies unless medical grounds determine otherwise). Subsidy for Mileage is 15 cents p/klm from the nearest Post Office to the hospital. and if overnight accommodation is required a contribution of $30 paid from the Government.

- Non-urgent Ambulance transport
  Provided exclusively by the Qld Ambulance Service, pre-booked, non-urgent transport is provided only if authorised by a doctor. Eligibility includes limited mobility, eg requirement for a patient to be transported on a stretcher, or requirement for administration of medical care or medication en-route. In rural areas non-urgent transport where the non-urgent transport is commonly undertaken by emergency paramedic crews, any emergency cases always take priority. Whilst this free service tries to get person to their appointment on time the major issue is the wait time in the return trip – in some cases it can be up to 5 hours – and the fact a carer or any form of mobility aid can't travel with the person.

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Transport Case Study

In a 2008 report investigating the unmet needs of people with disabilities and service gaps in the Beaudesert Region titled, "The Missing Links" shows the time and money costs of that community's transport options in getting to its nearest government services hub town – ie. Beenleigh.

Traveling from Beaudesert is a 45 kilometer journey but what does it cost for a return journey, what time is involved and what transport options are there?

Trpt Option	Time taken	Cost – return journey
Car	35 mins each way	Based on ATO's 58 cent mileage rate for 4 cylinder car = $52.20
Taxi	35 mins each way	Inclusive of flag fall prices are: Day rate = $193.20 Night rate = $200 Weekend rate =$196 (Quote as at 12th Sept, 08)
Bus	No direct public bus route	
Rail	No rail route in this direction	

Imagine what it costs if you lived in a rural or remote town?

Imagine what it costs if you have to travel multiple times per week or month, possibly for the rest of your life due to having a chronic medical condition?

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Document	Source	Availability	Comments
Travelling to Treatment Patience or Patients *Research Paper No 2*	TDSA QCOSS 2002	www.tdsa.org.au	A snapshot of the provision of transport to medical facilities from communities to the north of Brisbane (50km) – 6 community based transport providers participated. 4 Key issues from the research – 4 key policy issues suggested.
Getting There and Back Travelling to Health Services *Research Paper No 3*	TDSA QCOSS 2004	www.tdsa.org.au	Travelling to Health Services - Regional Queensland's experience and the implications for policy and practice across government. Key issues raised across the 4 Regional Forums. 6 issues for Policy and Practice. 6 Principles developed as a *Communique* to government.
Personal Access and Mobility *Research Paper No 1*	TDSA QCOSS 2001	www.tdsa.org.au	Strategic Policy Issues and Insights from Regional Queensland. 7 Areas of concern with 7 key Policy Issues underpinning these themes.
Highway to Health: Better access for rural, regional and remote patients	Parliament of Australia September 2007	www.tdsa.org.au	Senate Standing Committee on Community Affairs 16 Recommendations
Travel Assistance Report Spot on – AMA *Media Release*	AMA 20 September 2007	www.tdsa.org.au	The AMA welcomes the recommendations made by the Senate report into the Patient Assisted Travel Schemes (PATS) to properly fund and expand the programs as an important part of health care for Australians in remote areas.
Bridging the Gap BETTER HEALTH CARE IN REGIONAL, RURAL AND REMOTE AUSTRALIA *Rural Policy Paper*	AMA 2007	www.tdsa.org.au	AMA Rural Policy Paper
Road to Nowhere *Melissa Sweet*	Australian Rural Doctor September 2008		Stories from real people across Australia trying to gain access to medical treatment and their subsequent transport dilemmas. The Problems and the Fixes from the Senate Inquiry. Comparison of State Patient Travel Subsidy Schemes.
Access to Health Services (Transport is the Key) *Final Report*	Queensland Health September 2005	Implementation Plan 2005 - 2008	The Queensland Health Systems Review recommended that this report should be used as the basis for reforms to patient transport, particularly in rural, remote and regional Queensland
Transport and access to health care services for older Australians *Position Paper*	National Aged Care Alliance May 2007	www.tdsa.org.au	Alliance of 26 peak national organisations formed in April 2000 to develop united policy agendas to achieve better outcomes for the care of older people in Australia. see www.naca.asn.au Sections 2 and 3 of this paper cover Transport for Health care

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