

Isolated Patients Travel and Accommodation Assistance Scheme

Baseline Monitoring and Evaluation Summary Report

Regional Health Division



Overview

The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) is a NSW Government program that improves access to specialist health treatment. The scheme provides travel and accommodation subsidies for people living in regional, rural and remote NSW who need to travel long distances to access specialist healthcare. The NSW Government is committed to improving the health outcomes of, and access to healthcare for regional NSW residents and to improving IPTAAS.

The 2022 NSW Parliamentary Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales (the Inquiry) found residents in rural, regional and remote NSW have inferior access to healthcare resulting in poorer health outcomes. The Inquiry recommended the NSW Government review IPTAAS through increasing reimbursement rates, expanding eligibility criteria, streamlining the application process, undertaking an ongoing public awareness campaign and developing a monitoring and evaluation framework.

An IPTAAS Monitoring and Evaluation Framework was developed in December 2022 to assess how effectively the scheme meets the aim of improving access to specialised healthcare for people living in regional, rural and remote NSW. This baseline report provides a starting point to assess how the scheme is tracking against the monitoring and evaluation framework. Data is reported for the 2022-23 financial year with some comparison data from 2021-22.

The data provided from monitoring activities also shows the progress against the strategic outcomes in the Regional Health Strategic Plan (RHSP) and the IPTAAS targets in the Priority Framework.

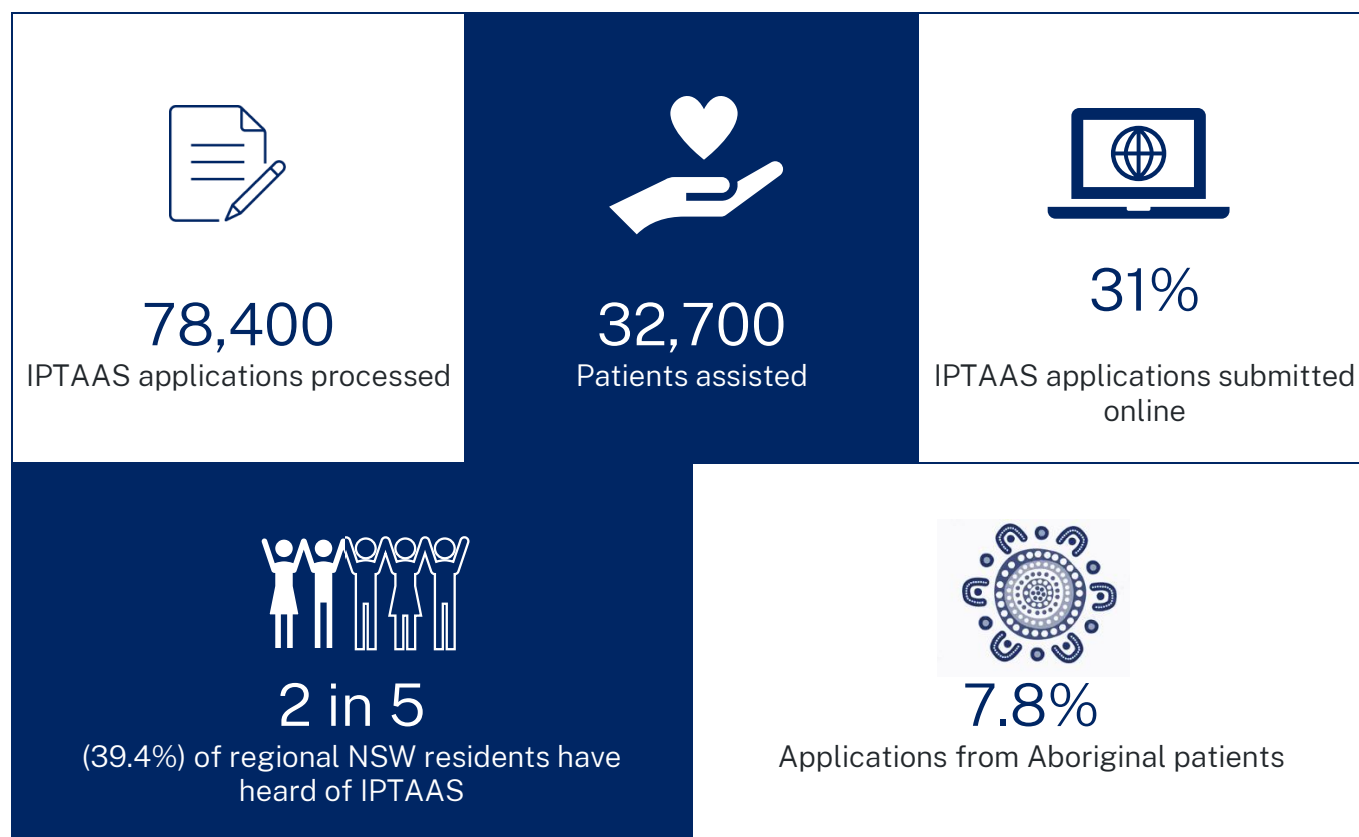
The IPTAAS targets in the RHSP and Priority Framework are:

- Increase the number of new IPTAAS patients to 45,000 per year by 2026.
- Increase the percentage of applications completed online to 75% by 2026.

This baseline report uses routinely collected data as well as specific evaluation activities. The monitoring activities include routine IPTAAS data collection through financial year reports and the IPTAAS data dashboard. Evaluation activities included one-off data collections to capture more detailed information such as the client survey, community awareness survey, an online survey following the application process and the IPTAAS data linkage cohort.

Key findings

Key findings from this baseline report for 2022-23 are:



IPTAAS End of Financial Year (EOFY) results 2022-23:

- Total reimbursements were \$36,655,282, an increase of 95% from 2021-22 (noting that 2021-22 was affected by COVID).
- The state-wide average for application processing was 11 days. All IPTAAS offices processed applications within the 21-day Key Performance Indicator.
- The top 5 specialist types applied for were Ophthalmology, General Surgery, Orthopaedic Surgery, Cardiology and Radiation Oncology. The top 5 specialists accounted for approximately 33% of all applications processed in 2022-23.
- New financial assistance rates and expanded eligibility criteria were introduced in August 2022. There was a significant increase (40.7%) in patient numbers, applications (51.3%) and total re-imbursements (95.1%) since the introduction of these changes.
- The average patient age was 50.
- Hunter New England Local Health District (HNELHD) was the district with the most applications across the state (29%).

IPTAAS Community Awareness Survey results 2022-23:

- Aboriginal people are slightly more likely than all participants to be aware of IPTAAS (41.7% vs 39.4%).
- Remote and very remote residents are more likely to be aware of the scheme than their metropolitan counterparts (77.5% vs 39.4%).

IPTAAS Client Survey results 2022-23:

- 78.1% of IPTAAS patients were happy with the scheme.
- 73.8% of patients felt that IPTAAS enhanced their health. Respondents noted the greatest benefit of IPTAAS subsidies was access to better or more specialised healthcare.
- 16% of patients stated they would not have attended appointments without IPTAAS.

Patient feedback

The IPTAAS Client Survey also provided qualitative data on patient's experience of using the scheme. Feedback provided was positive, but also included opportunities for improvement.

"The experience for me was easy doesn't need any improvement."

"I use the internet only and find it is so easy, I really can't think of how that could be improved. I'm kept well informed, via email."

"Getting medical professionals to complete their paperwork relating to IPTAAS is very challenging and largely out of the control of the applicant."

"The online applications are great - the paper forms are a nightmare!"

"I found the forms unclear in their objectives at times - a lot of repeat visits to doctors for signatures etc. a more streamlined approach would be helpful."

"Streamlining the online submission process, more detail on how to claim accommodation costs and when these are eligible to be claimed."

"Have to make an appointment with the doctor to complete the referral which is costly as there are no bulk-billing doctors where I live."

Recommendations

The key recommendations from this baseline report include:

1. Simplify the application process by removing referrer's signature (Part C)
2. Explore future data linkages activities to include a comparison cohort
3. Explore Australian Institute of Health and Welfare (AIHW), Australian Bureau of Statistics (ABS) and Medicare datasets to determine the IPTAAS-eligible population
4. More allied health clinics as eligible services
5. Consider future policy review areas
6. Continue public awareness campaigns with input from stakeholders
7. Promote online application process
8. Promote speciality clinics added in 2022
9. Target those who 'may' require access to the scheme
10. Use boosted social media posts in regional LHDs
11. Promote IPTAAS at primary care and healthcare facilities.



Next steps

To improve the scheme and inform future reports ongoing monitoring and evaluation activities will continue. This includes:

- Data linkage activities to establish a comparison group, comparing health outcomes of IPTAAS patients with people who don't use the scheme.
- Transport and accommodation provider experience survey
- Health worker experience survey
- Focus groups with IPTAAS users to further explore evaluation questions
- Awareness and engagement campaign evaluation
- Review of EOFY reports: 2023-24 and 2024-25
- Review of results from 45 and Up survey, Australia's largest health and ageing cohort study for people 45 years and over. A large proportion of respondents are based in regional NSW. There are 2 IPTAAS questions in the most recent survey. The results, due in mid-2024, will provide further information regarding IPTAAS awareness and use.

The IPTAAS Monitoring and Evaluation mid-term report is due to be published in 2025, and the final report is due in 2026.



NSW Ministry of Health

1 Reserve Road
St Leonards NSW 2065

E: MOH-ODS-Regional@health.nsw.gov.au

W: www.iptaas.health.nsw.gov.au

The Regional Health Division's artwork was created by Lakkari Pitt, a proud Gamilaroi Ularoi yinarr.

Lakkari created a digital artwork representing the Regional Health Division and NSW Health's nine regional LHDs.

SHPN (RHD) 240553

July 2024
