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PUBLICLY FUNDED MEDICAL TRAVEL SUBSIDY PROGRAMS IN CANADA

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Résumé de l'article

Les résidents en milieu rural peuvent cumuler des frais de déplacement substantiels pour se faire soigner. Dans la présente étude, nous décrivons et comparons les programmes de transport pour raison médicale offerts par les gouvernements provinciaux et territoriaux. Nous avons mené une analyse documentaire des programmes de subvention des déplacements pour soins médicaux dont peut bénéficier la population au Canada. Seuls les programmes financés et gérés par les gouvernements provinciaux ou territoriaux ont été retenus. À partir de cette analyse, nous avons déterminé qu'il existe trois types de programmes. Il y a les programmes de rabais (C.-B.), qui accordent aux patients admissibles des rabais ou une dispense sur les frais de voyage et de logement chez des fournisseurs désignés. Il y a les programmes de non-remboursement (C.-B., Sask.), qui couvrent les frais de déplacement et de logement sans que le patient ait à les payer initialement. Enfin, il y a les programmes de remboursement (Man., Ont., Qc, Î.-P.-É., N.-É., T.-N., Yn, T. N.-O., Nt), qui exigent généralement que le patient paie les frais puis soumette une demande de remboursement une fois qu'il a été soigné. Le taux de remboursement, la quote-part et les montants admissibles maximaux varient d'un programme à l'autre. Nous avons constaté que, même si bien des provinces et territoires ont des programmes de subvention des déplacements pour soins médicaux, il y a de grandes différences parmi ceux qui sont offerts et leurs modalités. Cette étude fait ressortir des disparités régionales qui pourraient contribuer aux iniquités en matière d'accès aux soins à l'échelle du Canada.

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PUBLICLY FUNDED MEDICAL TRAVEL SUBSIDY PROGRAMS IN CANADA

Maria Mathews
Dana Ryan

Abstract: Rural residents can incur substantial travel-related costs to receive needed care. In this study, we describe and compare the medical travel programs offered by provincial and territorial governments. We conducted a document analysis of medical travel subsidy programs available in Canada to the general public. Only programs funded and administered by provincial/territorial governments were included. Based on the information that we collected, we determined there were three types of programs. Discount programs (BC) allow eligible patients to receive reduced or waived prices for travel and lodging at designated providers. Non-reimbursement programs (BC, SK) cover the costs of travel and lodging without requiring patients to pay for costs up-front. In reimbursement programs (MB, ON, QC, PEI, NS, NL, YK, NWT, NT), patients generally pay costs up-front and then submit claims for reimbursement after receiving the health service. Rates, co-payments, and maximum allowable amounts vary by program. Our findings indicated that although many provinces and territories offer medical travel subsidy programs, the availability, terms, and conditions vary widely. The study highlights regional disparities that may contribute to inequitable access to care across Canada.

Keywords: Medical travel, health care expenses, rural, subsidies, provincial and territorial programs

Abrégé : Les résidents en milieu rural peuvent cumuler des frais de déplacement substantiels pour se faire soigner. Dans la présente étude, nous décrivons et comparons les programmes de transport pour raison médicale offerts par les gouvernements provinciaux et territoriaux. Nous

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avons mené une analyse documentaire des programmes de subvention des déplacements pour soins médicaux dont peut bénéficier la population au Canada. Seuls les programmes financés et gérés par les gouvernements provinciaux ou territoriaux ont été retenus. À partir de cette analyse, nous avons déterminé qu'il existe trois types de programmes. Il y a les programmes de rabais (C.-B.), qui accordent aux patients admissibles des rabais ou une dispense sur les frais de voyage et de logement chez des fournisseurs désignés. Il y a les programmes de non-remboursement (C.-B., Sask.), qui couvrent les frais de déplacement et de logement sans que le patient ait à les payer initialement. Enfin, il y a les programmes de remboursement (Man., Ont., Qc, Î.-P.-É., N.-É., T.-N., Yn, T. N.-O., Nt), qui exigent généralement que le patient paie les frais puis soumette une demande de remboursement une fois qu'il a été soigné. Le taux de remboursement, la quote-part et les montants admissibles maximaux varient d'un programme à l'autre. Nous avons constaté que, même si bien des provinces et territoires ont des programmes de subvention des déplacements pour soins médicaux, il y a de grandes différences parmi ceux qui sont offerts et leurs modalités. Cette étude fait ressortir des disparités régionales qui pourraient contribuer aux iniquités en matière d'accès aux soins à l'échelle du Canada.

Mots-clés : Frais de déplacements pour soins médicaux, rural, subventions, programmes provinciaux et territoriaux

TRAVELLING LONG DISTANCES TO ACCESS HEALTH services is a reality for residents of rural communities. In addition to the time and inconvenience of travel, rural residents can incur substantial travel-related costs to access and receive needed care. Several studies have described the travel and lodging costs for various health services including cancer care (Cohn, Gooenough, Foreman, & Suneson, 2003; Howard et al., 2014; Lauzier et al., 2011; Lightfoot et al., 2005; Longo & Bereza, 2011; Longo, Deber, Fitch, Williams, & D'Souza, 2007; Longo, Fitch, Deber, & Williams, 2006; Martin-McDonald, Rogers-Clark, Hegney, McCarthy, & Pearce, 2003; Mathews, Buehler, & West, 2009; Mathews, West & Buehler, 2009; Zucca, Boyes, Newling, Hall, & Girgis, 2011), primary healthcare (Wong & Regan, 2009), abortion services (Sethna & Doull, 2007), and prenatal and maternity services (Fry, Cartwright, Huang, & Davies, 2003; Kornelsen & Grzybowski, 2006) in Canada and Australia where residents may live considerable distances away from regional and tertiary care centres. Longo et al. (2006) found out-of-pocket costs posed a "significant or unmanageable" financial burden for roughly one fifth (20.4%) of cancer patients surveyed in Ontario, and that the costs related to travel were greater than the costs of all other out-of-pocket costs combined (Longo et al., 2007). Patients' travel expenses may grow as provinces consolidate and centralize health services.

Travel-related, out-of-pocket costs have been suggested to contribute to "distance decay" effect, specifically, that health service utilization decreases with increasing distance (Wong & Regan, 2009). For example, researchers have described travel costs as a barrier to rural residents accessing dental care (Curtis, Evans, Sbaraini, & Schwartz, 2007), paediatric speech pathology services (O'Callaghan, McAllister, & Wilson, 2005), specialist care (Wong & Regan, 2009), and cancer care (Howard et al., 2014; Mathews, Buehler et al., 2009; Mathews, West et al., 2009; Watanabe et al., 2013; Zucca et al., 2011). Moreover, high travel costs have been shown to negatively affect participation in cancer care clinical trials (Sabesan et al., 2011) and cardiac rehabilitation programs in Australia (De Angelis, Bunker, & Schoo, 2008). Rural cancer patients are more likely to view travel costs as an important consideration when making treatment decisions (Mathews, Buehler et al., 2009; Mathews, West et al., 2009).

The use of technology, alternate care delivery programs, as well as government, private, and charitable subsidy programs may help reduce the barriers created by travelling. For example, a number of studies have noted the potential cost savings to patients when care is provided closer to home through initiatives such as rural visiting surgical specialist programs (Rankin et al., 2001), different forms of prostate cancer treatment (Sethukavalan et al., 2012), hemodialysis delivered in satellite centres (Diamant et al., 2010), and tele-health services (Elford et al., 2001; Loh et al. 2013; Thaker, Monypenny, Olver, & Sabesan, 2013; Watanabe et al., 2013). A study of veterans in the United States found that following increases in travel reimbursement rates, reimbursement-eligible veterans were more likely to use outpatient services, and use more of these services (Nelson, Hicken, West, & Rupper, 2012). Researchers in Canada have noted the importance of government-funded travel programs (Lightfoot et al., 2005; Longo et al., 2007; Mathews, Buehler et al., 2009; Mathews, West et al., 2009), lodging, and volunteer driver programs offered by charitable organizations (Lauzier et al., 2011) in alleviating patients' out-of-pocket costs.

Social workers play a key role in helping patients to lessen the burden of these expenses. Social workers assess patients' financial needs, provide financial counselling, and inform patients about government, industry, and charitable programs (Levy & McCourt, 2015; Mellace, 2010; Prutting, Cerveny, MacFarlane, & Wiley, 1998; Smith, Nicolla, & Zafar, 2014). They also assess patient eligibility for assistance programs, and assist patients in completing and compiling the documentation required to take advantage of these programs. Social workers will often highlight a patient's financial concerns and facilitate discussions between the patient and other members of the health care team (Alexander, Casalino, Tseng, McFadden, & Meltzer, 2004; Levy & McCourt, 2015).

In Canada, travel and related costs fall outside the provincial/territorial universal public health insurance program ("Medicare"), which covers the costs of all medically necessary treatment provided in hospitals and physician services provided in community and institutional clinics. To alleviate the financial burden posed by travel, many provinces and territories offer programs to transport patients and/or cover some or all of the costs related to travel for medical care. However, the availability and terms and conditions of these programs vary widely. In this study, we describe and compare the medical travel programs offered by provincial governments. This study describes publicly-funded programs aimed at improving access to care for residents of rural and remote communities. It highlights regional disparities that may contribute to inequitable access to care across Canada. The study responds to the need for current and comparative information about financial assistance programs available to patients (Smith et al., 2014).

Methods

We conducted a document analysis to describe and compare medical travel subsidy programs available in Canada. Only programs funded and administered by provincial/territorial governments were included in this study. We did not include programs by hospitals, regional health authorities, charitable organizations, or private firms. Moreover, since we were interested in programs available to any resident in the province, we excluded programs offered exclusively to individuals receiving income support (i.e. social assistance), or that were offered on the basis of employment (e.g. RCMP, veterans), or aboriginal status (Non-Insured Health Benefits Program).

To identify programs, we consulted the websites of provincial/territorial governments and health ministries. We also directly contacted health ministry officials to inquire about these programs. For each program, we gathered information on terms and conditions including eligible applicants (patients and escorts), services, and expenses. Program data were collected in French and English. Once preliminary data were gathered, a research assistant verified the data with a program official. These consultations included telephone interviews and email correspondence, and took place in May 2014.

We summarized the data for each of these attributes and, where applicable, used descriptive statistics to characterize numeric data. In the tables, the term "not available" was used to indicate information the program contact did not know, or could not provide and/or verify.

Results

We found 14 government-funded programs that met the eligibility criteria (British Columbia Ministry of Health, 2013a, 2013b; Government

Table 1: *Summary of Availability and Conditions of Medical Travel Programs in Canada*

Program Traits	BC	AB	SK	MB	ON	QC	NS	PEI	NB	NL	YK	NWT	NU
Travel subsidy program available	•		•	•	•	•	•	•		•	•	•	•
Cash reimbursement				•	•	•	•	•		•	•	•	•
Discounted fees	•		•										
Geography-related eligibility	•		•	•	•	•							
Non-emergent travel - in province	•			•	•	•				•	•	•	•
Non-emergent travel - out-of-province				•			•	•		•	•	•	•
Subsidizes patient travel costs				•	•	•	•	•		•	•	•	•
Subsidizes patient lodging costs					•	•	•	•		•	•	•	•
Subsidizes patient meal costs						•				•	•	•	•
Authorized non-medical escorts eligible*				•	•	•	•			•	•	•	•
Subsidizes escort travel costs				•	•	•	•			•	•	•	•
Subsidizes escort lodging costs				•						•	•	•	•
Subsidizes escort meals costs				•						•	•	•	•
Includes deductible/ co-payment					•	•				•		•	

*– for adult patients; BC – British Columbia, MB – Manitoba, ON – Ontario, QC – Quebec, NS – Nova Scotia, PEI – Prince Edward Island, NL – Newfoundland and Labrador, YK – Yukon, NWT – Northwest Territories, NU – Nunavut

of Saskatchewan Health, 2012; Health PEI, n.d.; Manitoba Health, 2014a, 2014b; Newfoundland and Labrador Department of Health and Community Services, n.d.; Northwest Territories Health and Social Services, n.d.; Nova Scotia Department of Health and Wellness, 2013; Nunavut Department of Health, n.d.(a), n.d.(b); Ontario Ministry of Health and Long-Term Care, 2009-2010; Services Quebec, 2003; Yukon Health and Social Services, 2014). All but two of the provinces and territories (Alberta and New Brunswick) offered some program to alleviate travel and related displacement costs (Table 1). Where available, the programs varied considerably in terms of the nature of subsidy, eligibility of patients, nature of eligible travel, types of costs subsidized, and level of subsidy. While all programs allowed for costs related to escorting minors, escorts for adult patients for non-medical reasons (e.g. translation) were permitted only with authorization (usually by referring physicians). Further details of the terms and conditions of each program are described below.

There were three types of government-based programs: Discount, non-reimbursement, and reimbursement (Table 2). Discount programs, like the one offered by British Columbia (BC Travel Assistance Program), allowed eligible patients to receive discounted and in some instances waived prices, for travel and lodging through designated providers. No money is provided to patients and/or their escorts who must pay-out-of

Table 2: *Medical Travel Program Type and Service-Related Eligibility Criteria*

Program	Type of Program and Benefit	Eligible Service Locations	Minimum Distance	Type of Care
BC Travel Assistance Program	Discount - waived or discounted fees from private transportation carriers	In province	To closest centre with available service	Elective specialist care not available in area of residence
BC Family Residence Program	Provision - travel through designated carriers and lodging for up to 30 days/ stay at designated facilities	In province	Not applicable	Specialist paediatric care
SK Northern Medical Transportation Program	Provision - emergency one-way transportation by designated carrier	In and out-of-province	To closest centre with available service	Emergency medical care
MB Northern Patient Transportation Program	Reimbursement	In province	To closest centre with available service	Emergency or elective care
MB Out-of-Province Transportation Subsidy Program	Reimbursement	Out-of-Province	Not available	Specialist care
ON Northern Health Travel Grant Program	Reimbursement	In and out of province (Manitoba only)	100 km roundtrip for travel, 200km one way for lodging	Specialist medical care from certified specialist
QC Medical Travel Policy	Reimbursement	In province	250 km outside usual place of care or reside in designated areas (see Table 3)	Elective care
NS Out-of-Province Travel and Accommodation Assistance Policy	Reimbursement	Out-of-province	500 km	Emergency or elective care
PEI Transplant Surgery Out-of-Province Travel and Accommodation Assistance	Reimbursement	Outside Maritime province	Not applicable	Eligible transplant surgery
NL Medical Transportation Assistance Program	Reimbursement	In and out-of-province	None	Elective specialist and diagnostic medical care not available in area of residency

Program	Type of Program and Benefit	Eligible Service Locations	Minimum Distance	Type of Care
YK Travel for Medical Treatment Act	Reimbursement	In and out-of-territory	To closest centre with available service	Elective or emergency medical care, or assessment/ treatment for hearing, mental health, child development, or at Thomson centre (continuing care)
NWT Medical Travel Program	Reimbursement	In and out-of-territory	To closest centre with available service	Elective or emergency medical services
NU Extended Health Benefits Program	Reimbursement	In and out-of-territory	To closest centre with available service	Elective or emergency medical care
NU Health Care Plan	Reimbursement	In and out-of-territory	To closest centre with available service	Urgent elective medical care

BC – British Columbia, MB – Manitoba, ON – Ontario, QC – Quebec, NS – Nova Scotia, PEI – Prince Edward Island, NL – Newfoundland and Labrador, YK – Yukon, NWT – Northwest Territories, NU – Nunavut; km – kilometre; NIHB – Non-Insured Health Benefits; "not available" – the program contact did not know, provide and/or verify the requested information.

pocket for these services. Non-reimbursement programs covered the costs of travel and lodging without requiring the patient or their escort to pay for costs up-front. Reimbursement programs provided patients and/ or their escorts funding to cover some or all of their eligible travel and lodging expenses. In these programs, patients and escorts generally paid costs up-front and would then submit claims for reimbursement after receiving the health service.

All programs covered provincial/territorial residents with provincial health insurance coverage (i.e. held a provincial health insurance number/card). In addition, the programs were considered to be measures of "last resort." Patients covered by employer insurance, private insurance, or other government programs were not generally eligible for these government-based programs, except, in some cases, where their benefits had been exhausted or programs were complementary. While the majority of programs included in-province/territory travel, those for Nova Scotia and Prince Edward Island consisted of out-of-province travel exclusively, with additional minimum distance or service criteria (Table 2). While the nearest healthcare centre was the requirement for most programs, Ontario, Quebec, and Nova Scotia stipulated minimum travel distances.

Table 3 : *Medical Travel Program Applicant-Related Eligibility Criteria*

Program	Residence	Approval/Referral by	Non-Medical Escorts
BC Travel Assistance Program	All communities	Referral from a physician or nurse practitioner	For minors (under 18) or if medically required
BC Family Residence Program	Outside Metro Vancouver	Confirmation of dates of service by child's doctor, hospital, or other health provider	Members of family of ill child
SK Northern Medical Transportation Program	Northern Regional Health Authorities, Cumberland House in Flin Flon, The Pas, Fort McMurray and Cold Lake	Approval for travel made by physician	For minors (under 18) or if medically required
MB Northern Patient Transportation Program	Residents north of the 53rd parallel on the west of Lake Winnipeg, south to the 51st parallel on the east side of Lake Winnipeg; other isolated communities may be eligible depending on weather	Referral from physician, dentist, optometrist, midwife, nurse practitioner, or chiropractor for most services	For minor/disabled patients or for interpretation
MB Out-of-Province Transportation Subsidy Program	All communities	Referral from appropriate physician, pre-approval from MB Health	If medically required and indicated by physician
ON Northern Health Travel Grant Program	Districts of Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Parry Sound, Rainy River, Sudbury, Timiskaming, Thunder Bay	Referral from physician	For minors (under 16) or for health and safety reasons
QC Medical Travel Policy	All communities (minimum distance applies) or residents of Îles-de-la-Madeleine, Île d'Anticosti, Kegasha Blanc-Sablon, in Schefferville Fermont, Kawawachikamach, Nunavik on Terres-Cries-de-la-Baie-James, Radisson at Clova or Parent communities	Referral from specialist physician, approval from Ministry of Health and Social Services	If indicated by physician
NS Out-of-Province Travel and Accommodation Assistance Policy	All communities	Referral from physician, pre-approval from Health PEI	For minors (under 19) or if medically required

Program	Residence	Approval/Referral by	Non-Medical Escorts
PEI Transplant Surgery Out-of-Province Travel and Accommodation Assistance	All communities	Referral from physician for in-province travel; referral from specialist physician for out-of-province; approval from Medical Care Plan for out-of-country	Not available
NL Medical Transportation Assistance Program	All communities	Referral from authorized practitioner. Approval from director for travel in YK, approval prior to travel from chief medical officer for travel outside YK	One escort when indicated by physician
YK Travel for Medical Treatment Act	All communities (but reimbursement rates vary)	Referral from healthcare practitioner	For minor/disabled patients or when escort is required for interpretation
NWT Medical Travel Program	All communities	Not available	For minor/disabled patients or for interpretation or indicated by physician
NU Extended Health Benefits Program	All communities and patient NIHB-ineligible and 65 years, or NIHB-ineligible with chronic disease, or exhausted all other subsidy/ insurance options	Referral from healthcare professional	When authorized by the Department of Health and Social Services
NU Health Care Plan	All communities and patient exhausted all other subsidy/ insurance options		Escorts covered for travel without co-payment

BC – British Columbia, MB – Manitoba, ON – Ontario, QC – Quebec, NS – Nova Scotia, PEI – Prince Edward Island, NL – Newfoundland and Labrador, YK – Yukon, NWT – Northwest Territories, NU – Nunavut; km – kilometre; NIHB – Non-Insured Health Benefits; "not available" – the program contact did not know, provide and/or verify the requested information.

Primary care, including routine lab and diagnostic services, were not covered under any of the programs. Only services covered under provincial health insurance plans were eligible for these programs. As a result, patients seeking experimental care were not eligible. The Saskatchewan Northern Medical Transportation Program covered emergency care only, while Prince Edward Island's program was limited to patients requiring specific types of transplants (Prince Edward Island Transplant Surgery Out-of-Province Travel and Accommodation Assistance).

Five programs stipulated specific community or regional residency requirements, in addition to minimum travel distance requirements (if applicable), while other programs were available to all eligible provincial/

Table 4: *Eligible Expenses and Rates for Reimbursement-Type Medical Travel Programs*

Program	Travel	Lodging	Meals	Rates for Non-Medical Escorts	Co-payment/ Deductible	Exclusions
MB Northern Patient Transportation Program	Full return economy fare by bus, plane or train; car at $0.35/km up to cost of bus/train fare	No	No	Return travel and lodging and meals for one day	None	Taxi
MB Out-of-Province Transportation Subsidy Program	Lowest economy fare by air, train or bus or equivalent if travel by private car	No	No	Same as patients	None	Travel by ambulance
ON Northern Health Travel Grant Program	$0.41/km return distance between patient's residence and location of facility regardless of mode of travel	$100/trip	No	Regular mileage rate if a fare is paid; no funding for lodging or meals	100km from total round-trip distance	Travel by ambulance and taxi
QC Medical Travel Policy	$0.13/km return distance between patient's residence and location of facility regardless of mode of travel; full fare for residents from designated areas (see Table 2)	$75/night	$20/night	Regular mileage rate if a fare is paid or full fare for residents from designated areas (see Table 2); no funding for meals and lodging	250km from total round-trip distance	Travel to area other than physician referral
NS Out-of-Province Travel and Accommodation Assistance Policy	$1000 round trip, for economy plane, bus, or train ticket	Maximum of $125/night and up to $1500/ month	No	Airfare up to $1,000	None	Not available
PEI Transplant Surgery Out-of-Province Travel and Accommodation Assistance	$1500/roundtrip/6 months	$1000/month	No	No	None	Not available
NL Medical Transportation Assistance Program	Eligible portion of economy airfare plane ticket, scheduled transport fare, taxi to and from airport and between lodging and health facility, $0.16/km in excess of 2500km/year by private vehicle based on distance between residence and service location	$125/day or up to $1,500/31 consecutive-day period when staying at designated registered accommodations	In-province: up to $29/ day/person or $700/31 consecutive-day period; Out-of-province: up to $43/day/person or $700/31 consecutive-day period	Same meal and travel rates as patient; lodging (at patient rate) if patient is hospitalized	Island residents pay first $400 and 50% to $5,000, 35% above $5,000 in 12-month period; Labrador residents pay 50% after $1,000 in 12-month period greater than $5,000/ year	Travel within location of service other than those stated; no meals or lodging when staying at private residences
YK Travel for Medical Treatment Act	Return bus or plane fare, $0.30/km for personal vehicle, or total cost of ambulance travel	$75/day for meals and lodging after first day up to 90 days (beyond 90 days with approval)	$75/day for meals and lodging after first day up to 90 days (beyond 90 days with approval)	Same rate as patient	None	Charter air service

Table 4: *Eligible Expenses and Rates for Reimbursement-Type Medical Travel Programs*

Program	Travel	Lodging	Meals	Rates for Non-Medical Escorts	Co-payment/ Deductible	Exclusions
NWT Medical Travel Program	Full return economy fare by bus, plane, taxi; charter aircraft when reasonable/cost-effective; Ambulance/ air ambulance covered in emergencies; private car at $0.18/km, limited support for local transportation	Limited coverage	Limited coverage	Same rate as patients	Patient pays $125 + GST each way; NIHB-eligible, seniors, and low-income patients exempt	Medical travel originating outside NWT
NU Extended Health Benefits Program	Full cost of $250 co-payment fee for air travel covered, and full cost of ground travel (including ambulance) outside patient's community	NU government duty travel rates for first night in hotel, then $20/night for each consecutive night in hotel, $50/day at private residence	NU government duty travel rates for meals for first night, then $20/day for each consecutive day, $20/day for patient and escort at private residence	First escort at same rate as patient; only airfare for second escort	None	None
NU Health Care Plan	Airfare minus co-payment, cost of ground travel (if patient requires ambulance services) to and from airport and health facility.	No	No	Escorts will not be charged co-payment fee when travelling with patient.	Patient pays $250 for travel	None

BC – British Columbia, MB – Manitoba, ON – Ontario, QC – Quebec, NS – Nova Scotia, PEI – Prince Edward Island, NL – Newfoundland and Labrador, YK – Yukon, NWT – Northwest Territories, NU – Nunavut; km – kilometre; NIHB – Non-Insured Health Benefits; "not available" – the program contact did not know, provide and/or verify the requested information.

territorial residents (Table 3). All programs were available to adult and paediatric patients except British Columbia's Family Residence Program, which was available exclusively to the families of paediatric patients. Two programs (Prince Edward Island Transplant Surgery Out-of-Province Travel and Accommodation Assistance and Nunavut Extended Health Benefits) also had patient-related health condition and /or age criteria. While all programs required some form of documentation (referral, approval or completion of eligible forms by a healthcare provider), some required program-specific approval prior to travel/receipt of service. Out-of-province travel, where eligible, generally required a referral from the specialist physician and additional approval. All but one program (Prince Edward Island Transplant Surgery Out-of-Province Travel and Accommodation Assistance) (Nova Scotia Department of Health and Wellness, 2013) permitted non-medical personnel as escorts, although only a minority permitted escorts for social reasons (upon physician recommendation).

Reimbursement programs varied in their coverage of travel and related costs, with some programs specifying eligible modes of transportation and not all programs covering the full costs of transportation (Table 4).

For example, Ontario provided a reimbursement amount of $0.41/km based on road distance between the patients' community of residence and the health facility, after a 100km deductible. Seven of the ten reimbursement programs included lodging and only four specifically included meals (sometimes included in the rate allowed for lodging). For escorts, travel costs were allowed only if an additional fare was paid (that is, not if the patient and escort travelled together in a car). Escort lodging costs were allowed only if the patient was hospitalized, otherwise programs expected the escort and patient would share lodging. With the exception of Quebec, programs that allowed meal costs for patients also allowed meal costs for escorts. Five of the ten programs (Ontario, Quebec, Newfoundland and Labrador, Northwest Territories, Nunavut Health Care Plan) had deductible or co-payments.

Discussion

Medical travel-related costs disproportionately affect lower socio-economic groups, particularly the "working poor" who earn too much income to qualify for income support. Costs related to medical travel consume a larger share of disposable income than in high-income groups. These disparities are magnified for rural residents who, compared to their urban counterparts, earn lower incomes (Canadian Population Health Initiative, 2006; Singh, 2002), are less likely to have private health insurance (Mathews, West et al., 2009), and have poorer health status and more chronic conditions (Canadian Population Health Initiative, 2006). Despite the potential of medical travel subsidy programs to redress these inequities, the provinces and territories varied in their approach to alleviating patients' travel-related costs, with two provinces (Alberta and New Brunswick) offering no program whatsoever. All provinces and territories encouraged residents to avail of other programs offered through other provincial/territorial departments, the federal government (including tax rebates), employers, private insurance policies, private companies, and charitable organizations. Many of the provincial/territorial programs partnered with other agencies, often identifying these organizations as designated providers.

While most provinces offered programs to reimburse patients' out-of-pocket costs, British Columbia (British Columbia Ministry of Health, 2013a, 2013b) and Saskatchewan (Government of Saskatchewan Health, 2012) offered programs that covered the costs of services or facilitated price discounts, with no monies going directly to patients. The majority of programs offered by provincial and territorial governments provided reimbursement after patients had incurred out-of-pocket expenses. The initial outlay of monies to cover the costs of care may pose a substantial barrier for some patients. Some programs such as Newfoundland and Labrador's "50% pre-payment of economy airfare" option may help

reduce the up-front costs faced by patients (Newfoundland and Labrador Department of Health and Community Services, n.d.). None of the programs aimed to cover all out-of-pocket travel-related expenses borne by patients. Even programs that, on first glance, covered a wide range of items for patients and escorts only reimbursed a portion of these costs. All programs (including those offered by non-government organizations) require documentation, referrals, and in some cases, pre-approval.

Patients must be aware of terms and conditions in order to benefit fully from these programs. They must be diligent in keeping receipts, seeking written referrals and approvals, and submitting necessary documentation within stated timelines. Social workers work closely with individual patients to help them avail of these programs, by referring patients to various programs, counselling patients on how to arrange personal finances to qualify for programs, and/or assisting patients with completing forms (Levy & McCourt, 2015; Smith et al., 2014). Social workers have noted the difficulty in keeping current of available programs and their eligibility and documentation requirements and have called for updated and complete listings of available resources (Smith et al. 2014).

Studies have shown that few patients who face conditions with potentially high out-of-pocket costs were aware of financial assistance programs. For example, surveys of cancer patients show that only a minority of patients were aware of financial assistance programs or believed the programs were well advertised (Longo & Bereza, 2011; Longo et al., 2006; Longo et al., 2007; Mathews, Buehler et al., 2009; Mathews, West et al., 2009; Mellace, 2010). Patients may not be fully aware of the cost implications of their condition when they are initially diagnosed and may become more concerned about out-of-pocket costs as they incur an ever-growing amount of expenses. These studies have highlighted the need to educate patients about financial assistance programs at multiple points during their diagnosis and treatment. Although social workers play a key role in helping cancer patients address financial concerns, a US survey of oncology social workers found only one third of patients actually see a social worker for these concerns (Mellace, 2010).

Limitations

This study is the first to describe medical travel assistance programs in Canada. We took a number of steps to ensure the completeness and validity of the data, including verifying data against original sources and re-confirming information associated with each program. Given that terminology used to describe the programs varies across Canada, it is possible that, despite our efforts, some programs may not have been identified and included in the analysis.

Conclusion

All of Canada's provinces and territories, except Alberta and New Brunswick, offer programs to alleviate the costs related to travel for medical care. These programs include discount programs that provide patients with access to lower prices, non-reimbursement programs that provide patients with travel and lodging without paying out-of-pocket, and reimbursement programs that allow patients to recoup a portion of out-of-pocket costs. The availability and terms and conditions of these programs vary widely. The study highlights regional disparities that may contribute to inequitable access to care across Canada.

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