Guidelines for the provision of medical treatment to overseas patients referred to Western Australian public hospitals and health services by charitable organisations on compassionate grounds

Australia has an excellent health care system making it an attractive option for patients from countries where similar health facilities or interventions are not available. Both charitable organisations and medical specialists may request medical care for overseas patients from Western Australian (WA) public hospitals on compassionate grounds. The provision of medical treatments to overseas patients referred by charitable organisations may require complex coordination between WA and overseas physicians and the engagement of multidisciplinary medical, allied health and social work teams. While the focus should be the patient, the provision of medical treatment to overseas citizens also provides an opportunity to affirm the reputation of Australian institutions, clinicians and researchers; promotes staff morale and fosters international goodwill. While the provision of medical treatment to overseas patients on compassionate grounds is laudable, it should not occur at the expense of WA patients.

The attached guidelines are intended to offer clarity for the process of obtaining approvals for clinicians seeking to provide medical care to overseas patients sponsored by charitable organisations on compassionate grounds while also allowing Area Health Services and WA Health to anticipate the costs incurred by provision of such treatments. WA specialists seeking to accept overseas patients for medical treatments in WA on compassionate grounds are expected to have obtained prospective approvals from the relevant hospital executive director, Area Health Service Chief Executive and the Director-General for Health.

This guidance applies to both patients from countries with whom Australia shares and does not share reciprocal health care agreements (refer to OD 0289/10).

- Patients from countries with which Australia does not share reciprocal health care agreements are not eligible for Medicare; the sponsoring charitable organisation is liable for all health care costs for the patient.
- Patients from countries which have reciprocal health care arrangements with Australia are not covered if the treatment was arranged prior to arrival in Australia or if the purpose of the travel is to receive medical treatment therefore the sponsoring charitable organisation is liable for all health care costs for the patient.

Eligibility requirements for patients

A. Proposed patients must have been granted or be eligible for a visa from the Department of Immigration and Citizenship permitting stays up to 3 months (Medical Treatment Visa – short stay subclass 675) or permitting stays between 3 to 12 months (Medical Treatment Visa – Long stay subclass 685) to enter Australia to obtain medical treatment. To obtain this
visa patients would need to demonstrate that they have financial means to cover the cost of treatment in Australia, which may be in form of sponsorship by charitable organisation.

**Eligibility requirements for procedures**

A. Provision of medical care should not be at the expense of Australian residents.

B. The following criteria need to be satisfied if the planned procedure is to be performed within Western Australia’s public health system:
   - Intervention must be established and recommended treatments supported by a strong evidence base.
   - The intervention proposed must offer a real prospect of success in this patient.
   - Intervention is unavailable in patient’s home country.

**Process for Planned Transfers Referred By Charitable Organisations**

1. Specialist referral from patient’s home country to WA specialist
2. WA specialist obtains agreement from clinical department to proceed
3. WA specialist obtains hospital executive agreement to proceed
4. WA specialist obtains approval from Director-General
5. WA specialist liaises with patient and physician in home country regarding outcomes, costs, medical plans and follow-up arrangements
6. WA specialist informs hospital executive and Director-General of outcomes

In obtaining approval from the hospital executive director, Area Health Service Chief Executive and Director-General; the WA specialist must provide:

- an indication of the duration and estimated cost of treatment proposed
- an indication regarding the nature of pre-intervention assessment
- the follow-up required
- the full cost of treatment including pre-intervention and follow-up phases
- whether these costs will be met in full or partially by the referring charitable agency
- the template in the appendix may be used to provide this information

Hospital is to ensure that the estimated costs quoted in submission to Director General are correct and the provision of treatment is not at the expense of Australian residents. The hospital is to ensure that adequate services are available in the hospital to carry out the procedure and follow-up, and if the treatment requires a multidisciplinary approach then all the involved parties are in agreement.
The admitting specialist must advise the referring charitable organisation about estimated cost of treatment. The referring charitable organisation must provide their support in writing detailing the estimated cost they have agreed to sponsor.

Section 33 (6) of Hospital and Health Service Act 1927 enables The State Minister for Health as the only authority who can waive payment of outstanding fees to a public hospital or agree for treatment to be provided to a person under compassionate grounds who has otherwise no means of payment.

The Guidelines have been developed in collaboration with stakeholders across WA Health. All enquiries regarding The Guidelines should be directed to the Office of Chief Medical Officer, 189 Royal St, East Perth or by phone on 9222 0200.

Mr Kim Snowball
DIRECTOR GENERAL
DEPARTMENT OF HEALTH WA

This information is available in alternative formats upon a request from a person with a disability.
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Guidelines for the Provision of Medical Treatment to Overseas Patients Referred to Western Australian Public Hospitals and Health Services by Charitable Organisations

1. Background

Australia has an excellent healthcare system with low costs in comparison to some other developed countries, making it an attractive option for both patients from countries where similar health facilities or interventions are not available and ‘health tourists’. Both charitable organisations and medical specialists may request medical care for overseas patients from Western Australian (WA) public hospitals. While the focus should be the patient, the provision of medical treatment to overseas citizens also provides an opportunity to affirm the reputation of Australian institutions, clinicians and researchers; promotes staff morale and fosters international goodwill.

2. Purpose of the Guidelines for Provision of Medical Treatment to Overseas Patients Referred to WA Public Hospitals by Charitable Organisations

The provision of medical treatments to overseas patients referred by charitable organisations may require complex coordination between WA and overseas physicians, and the engagement of multidisciplinary medical, allied health and social work teams. In addition, treatment may include consideration of pre-intervention and long-term care plans.

While the provision of medical treatment to overseas patients on charitable grounds is laudable, it should not occur at the expense of WA patients. Additionally, care of the complex patient may incur significant cost to Area Health Services and WA Health.

These guidelines are intended to offer clarity for the process of obtaining approvals for clinicians seeking to provide medical care to overseas patients sponsored by charitable organisations on compassionate grounds while also allowing Area Health Services and WA Health to anticipate the costs incurred by provision of such treatments. The guidelines do not apply to emergency and elective treatment of overseas visitors already in Australia, who are not sponsored by charitable organisations.

Thus WA specialists seeking to accept overseas patients for medical treatments in WA on compassionate grounds are expected to have obtained prospective approvals from the relevant hospital executive director, Area Health Service Chief Executive and the Director-General for Health.
3. Scope

This guidance applies to:

- All medical staff working within WA Health and the Area Health Services.
- Planned transfers referred by charitable organisations
- Both patients from countries with whom Australia shares and does not share reciprocal health care agreements (refer to OD 0289/10).
  - Patients from countries with which Australia does not share reciprocal health care agreements are not eligible for Medicare; the sponsoring charitable organisation is liable for all health care costs for the patient.
  - Patients from countries which have reciprocal health care arrangements with Australia are not covered if the treatment was arranged prior to arrival in Australia or if the purpose of the travel is to receive medical treatment. As the group of patients covered by this document fall under the above category they would not be covered by Medicare. Such patients would have limited Medicare cover for urgent treatment excluding prearranged treatment.
  - Emergency medical treatment is provided to overseas visitors regardless of their eligibility to Medicare and health insurance coverage. This is provided under a ‘duty of care’ provision of emergency treatment in an Emergency Department.

- Please refer to OD 0289/10, for more details on reciprocal health care agreements.

4. Eligibility Criteria for Acceptance of Overseas Patients Referred By Charitable Organisations

i. Eligibility requirements for patients

A. Proposed patients must have been granted or be eligible for a visa from the Department of Immigration and Citizenship permitting stays up to 3 months (Medical Treatment Visa – short stay subclass 675) or permitting stays between 3 to 12 months (Medical Treatment Visa – Long stay subclass 685) to enter Australia to obtain medical treatment.

B. To enter Australia under these visas, patients must demonstrate that they have the financial means or health insurance required to cover the full costs of their medical treatment. This may be in form of sponsorship by a charitable organisation.

C. Patients are required to undergo a health examination. Patients may be ruled ineligible for a medical visa if they have a medical condition which presents a public health risk¹.

ii. Eligibility requirements for procedures

A. Provision of medical care should not be at the expense of Australian residents.

B. The following criteria need to be satisfied if the planned procedure is to be performed within Western Australia's public health system:
   - Intervention must be established and recommended treatments supported by a strong evidence base.
   - The intervention proposed must offer a real prospect of success in this patient.
   - Intervention is unavailable in patient's home country.

C. If WA health professionals choose to provide the following interventions or services to overseas patients, they do so without recourse to public funding:
   - Heroic measures/treatments
   - Research and clinical trials and experimental therapies
   - Non-specialist medical treatments
   - Allied health services
   - Nursing/residential care
   - Second opinions

5. Process for Planned Transfers Referred By Charitable Organisations

Specialist referral from patient's home country to WA specialist

Appropriate referral

WA specialist obtains agreement from clinical department to proceed

WA specialist obtains hospital executive agreement to proceed

WA specialist obtains approval from Director-General

WA specialist liaises with patient and physician in home country regarding outcomes, costs, medical plans and follow-up arrangements

WA specialist informs hospital executive and Director-General of outcomes

6. Clinician’s Responsibilities

A. Referrals should be obtained and discussed with the WA specialist by a specialist from the patient’s home country.

B. It is the specialist’s responsibility to ensure that the referring physician or agency is informed about the nature of the care to be provided, benefits and risks of the procedure, estimated costs of medical treatment and anticipated timings. The specialist may also advise accompanying family members to hold adequate travel insurance.

C. The sponsoring agency must be advised about estimated cost of treatment and may be advised about the estimated cost and probability of common complications of the treatment.

D. In electing to pursue an intervention in an overseas patient, WA clinicians are also advised to consider:
   - What care will be available to the patient after surgery?
   - Are there medical and allied health expertises, facilities and resources in the patient’s home country to provide follow-up?
   - What is the follow-up plan? Do they return to WA? Duration of follow-up?
   - Are the drugs/devices etc required by the patient available upon return home?

E. It is the WA specialist’s responsibility to ensure that approvals are prospectively obtained from their clinical department, hospital executive director and Area Health Service Chief Executive.

F. Should the patient’s care require a multi-disciplinary approach, it is the specialist’s and the clinical department’s responsibility to ensure that other specialities are involved, aware of and agree to participate in the planned procedure.

G. Once agreement has been obtained from relevant departments and approval granted by the hospital executive director and Area Health Service Chief Executive, permission must be prospectively sought from the Director-General.

H. In obtaining approval from the hospital executive director, Area Health Service Chief Executive and Director-General; the WA specialist must provide
   - an indication of the duration and estimated cost of treatment proposed
   - an indication regarding the nature of pre-intervention assessment
   - the follow-up required
   - the full cost of treatment including pre-intervention and follow-up phases
• whether these costs will be met in full or partially by the referring charitable agency
• the template in the appendix may be used to provide this information

Prior to accepting a patient, the WA specialist may also consider whether the intervention could not be better provided by another institution, either at a private facility in WA or an inter-state hospital. Similarly, the clinician may seek broader peer consultation.

7. Hospital Responsibilities

A. Hospital is to ensure that the estimated costs quoted in submission to Director General are correct.

B. The hospital is to ensure that the provision of treatment is not at the expense of Australian residents.

C. The hospital is to ensure that adequate services are available in the hospital to carry out the procedure and follow-up, and if the treatment requires a multidisciplinary approach then all the involved parties are in agreement.

D. Hospitals should apply normal debt recovery and/or assurance of payment policies to enable full payment of hospital fees. This may require one of the following methods: taking credit card particulars and verification of available funds sufficient to cover estimated medical costs, cash deposit or bank cheque to that amount, or guarantee from sponsoring charitable organisation. It would be preferable to obtain payment where appropriate in advance of treatment.

E. All hospitals, health services and clinical departments need to ensure adequate systems are in place with staff appropriately trained to identify overseas patients. An agreement should have been reached between the hospital, the patient and the sponsoring agency about the anticipated costs and payment methods.

F. Upon hospital admission (or leading to acceptance for medical treatment), the hospital should confirm a patient’s identity and eligibility status. This may require sighting of photographic identity papers e.g. a driver’s licence and/or passport and verifiable proof of address.

8. Treatment Costs

I. Costs – Advice to Patients and Referrers

Physicians or organisations referring patients for planned treatments need to be prospectively informed of the cost of medical treatment. Notwithstanding
the charitable nature of the work, attempts must be made to establish whether referring agencies are able to meet estimated costs of proposed medical care.

In seeking approvals, the WA specialist must inform the hospital executive director, Area Health Service Chief Executive and Director-General of the anticipated cost of treatment.

Clinicians and clinical departments need to refer to the latest Health Services Patient Fees and Charges Manual for further information on accommodation and associated medical services costs for prospective medical treatment. Additionally, patients and referring organisations need to be advised of other associated costs; pathology and imaging, surgically implanted prostheses, prostheses and orthoses, transport and medical escorts, accommodation, travel and living expenses. Where pre-operative assessment and follow-up are required, these should be considered in the cost of medical care.

It is the responsibility of the WA specialist accepting a patient to inform the patient and referring organisation of all anticipated costs. The referring organisation must provide their support in writing detailing the estimated cost they have agreed to sponsor.

Note: the Fees Manual only details hospital fees. It excludes clinicians fees, for which overseas visitors will be liable and cannot be charged against MBS.

ii. Costs – Advice to WA Clinicians

It is the WA specialist's responsibility to ascertain the true cost of the procedure and advise their hospital executive team accordingly. In doing so, the WA specialist must capture the entire cost of medical care including that which may arise from pre-operative assessments and follow-up care which may be provided either in and out of hospital.

Should patients be accepted, then acceptance should be for full medical care. This is to anticipate situations where it is not practical (or ethical) to limit care to an isolated procedure or admission.

The published DRG codes may assist in estimating the cost of a procedure. Where inter-jurisdictional agreements are available, these may assist in cost recovery. However, these represent averaged costs which may not reflect the true cost of the procedure in a particular patient. The hospital may need to pursue any other practical and reliable option allowing full cost recovery.

9. Eligibility by Ministerial Declaration

Section 6(1) of the Health Insurance Act 1973 enables the Commonwealth Minister for Health and Ageing by order in writing, declare that a specified
person, or every person included in a specified class of persons, being a person who, but for this subsection, would not be an eligible person for the purposes of this Act, shall, or shall in specified circumstances (whether circumstances that occurred before or occur after the making of the order) in which he or she was or is in Australia, be treated as having been or as being an eligible person for the purposes of this Act. Please refer to updated Patient Fees and Charges manual\(^3\) for current information.

Section 33 (6) of *Hospital and Health Service Act 1927* enables the State Minister for Health, notwithstanding any other provision of the Act, where the Minister thinks it reasonable to do so, having regard to the means of the person indebted and the circumstances of the case, may reduce or waive payment of any fees for hospital service that would otherwise be payable. This implies that The State Minister for Health is the only authority who can waive payment of outstanding fees to a public hospital or agree for treatment to be provided to a person under compassionate grounds who has otherwise no means of payment. Doctors can choose to waive their private billings if they are doing their work in non-hospital time but the hospital costs can only be waived by State Minister for Health.

### 10. Appeals

Appeals may be lodged by the WA specialist within 10 working days of receiving notification of non-approval. Prior to lodging an appeal, the specialist must ensure that approval to do so is obtained from the relevant hospital executive committee. Appeals should be submitted in writing to the Office of the Chief Medical Officer for review by the Appeals Board, comprising the Manager of Business Unit, Chief Medical Officer, Chief Nursing Officer.

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<tr>
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<td>Nationality</td>
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If Patient is a Minor

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Diagnosis:

Relevant Medical History

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Comments

| Treatment available in Patient’s home country | Yes ☐ | No ☐ |
| Proposed Procedure | |
| Name of procedure |  |
| Details of Treatment |  |
| Expected Length of Stay in hospital |  |
| Expected Length of Stay in Australia |  |
| Expected dates Of treatment |  |
| Expected location / hospital |  |
| Details of Other Support available |  |
| Intervention is an established and recommended treatment supported by strong evidence base. | Yes ☐ | No ☐ |
| Clinical support / follow up and Medications available in home country | Yes ☐ | No ☐ |
| Treatment is not at the expense of Australian residents | Yes ☐ | No ☐ |
| Cost | |
| Estimated cost of procedure |  |
| Estimated cost of Pre - procedure assessment |  |
| Estimated cost of follow up in Australia |  |
| Total cost of treatment |  |
| Amount covered by sponsoring agency |  |
| Amount covered by patients own finances |  |
| Further Comments to support the application |  |
| Name and Designation of specialist making the application |  |
| Signature |  |

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Further Information Required
Referred to Following for comments

Application reviewed and Approval granted ☐ Approval Not Granted ☐

Kim Snowball
DIRECTOR GENERAL Date ..............................
Ref No.