

# Isolated Patients Travel and Accommodation Assistance Scheme

## Midterm Monitoring and Evaluation Summary Report

Regional Health Division

October 2025



# Overview

The Isolated Patients Travel and Accommodation Assistance Scheme ([IPTAAS](#)) is a NSW Government program which aims to improve access to specialist health treatment. The scheme provides travel and accommodation subsidies for people living in regional, rural and remote areas of NSW who need to travel long distances to access specialist healthcare. The NSW Government is committed to improving the health outcomes of regional NSW residents and 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 that residents in rural, regional and remote NSW have inferior access to healthcare resulting in poorer health outcomes. NSW Health supported all recommendations from the Inquiry related to IPTAAS, which included developing and implementing a Monitoring and Evaluation Plan.

The IPTAAS Monitoring and Evaluation Framework was developed in December 2022 to assess how effectively IPTAAS improves access to specialised healthcare for people living in regional, rural and remote NSW. The IPTAAS Monitoring and Evaluation Baseline Report was completed in May 2024 and a [Summary Report](#) was published online.

The [Regional Health Strategic Plan 2022-2032 \(RHSP\)](#) guides NSW Health's focus and provides a blueprint for the future of NSW regional health services. The RHSP includes targets related to IPTAAS:

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

This Midterm Report builds on the Baseline Report and provides insight into IPTAAS usage for the 2023-24 financial year. Monitoring and evaluation activities in this report include a data linkage activity, a Provider Survey, routine IPTAAS data collection through end of financial year reports and the IPTAAS data dashboard.

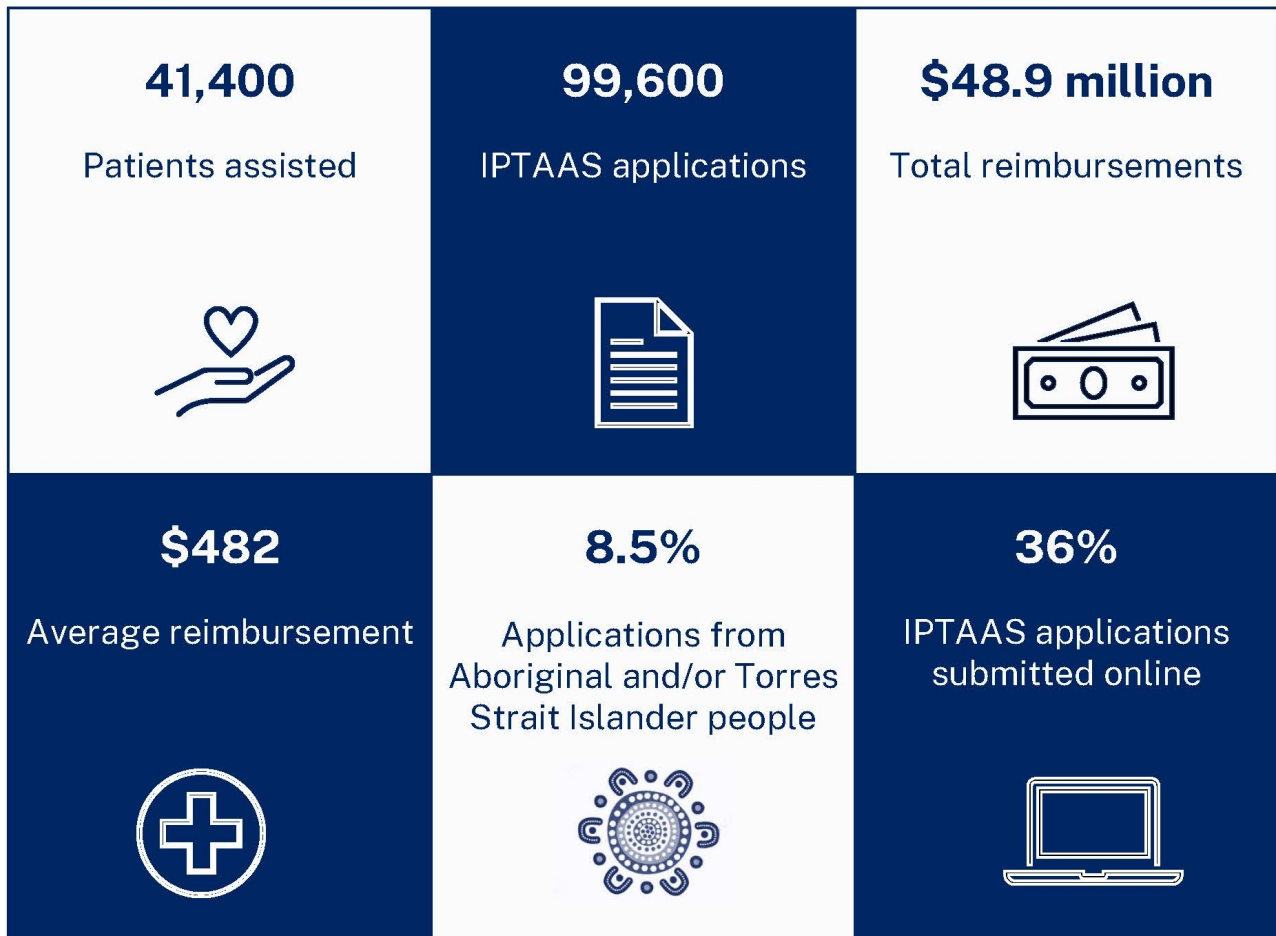
The recommendations from the Baseline Report have been addressed.





# Key findings

Key findings from this Midterm Report for 2023-24 are:



## IPTAAS End of Financial Year (EOFY) Results 2023-24:

- Total reimbursements for 2023-24 were \$48.9 million an increase of 33% compared to the 2022-23 financial year.
- The state-wide average for processing time for applications was 20 days. All IPTAAS offices processed applications within the 21-day Key Performance Indicator (KPI).
- The top 5 specialist types applied for were orthopaedic surgery, ophthalmology, general surgery, radiation oncology and obstetrics and gynaecology.

## IPTAAS Provider Survey:

The IPTAAS Provider Survey was conducted in November 2024 to understand the provider experience of IPTAAS. There were 207 responses, giving insight from General Practitioners, Social Workers and Accommodation Providers into their experience of IPTAAS.

The Provider Survey results help to answer Key Evaluation Question 4, “What is the Provider experience of IPTAAS?”

Key findings include:

- 63.8% of providers agree that “IPTAAS is valuable for my patients”.

- 57.5% of providers reported ‘excellent’ or ‘very good’ awareness of IPTAAS.
- 57% of providers estimate that less than one-quarter of their time is dedicated to supporting IPTAAS applications.

**IPTAAS Outcomes Evaluation Report:**

Data linkage activities were undertaken to understand the impact of IPTAAS on the health outcomes of patients, and to address Key Evaluation Question 1, “How does IPTAAS affect regional, rural and remote patient’s health outcomes?”.

The IPTAAS Outcomes Evaluation Report linked NSW Health data with IPTAAS patients and a statistically constructed comparison cohort of people who had not used IPTAAS. The IPTAAS Outcomes Evaluation Report provides information about the health service utilisation of IPTAAS patients and people who have not used IPTAAS. Key findings include:

- IPTAAS patients are generally more likely to be accessing the health system.
- IPTAAS patients were older, had more co-morbidities and were living in areas of socio-economic disadvantage.
- IPTAAS patients had a decreased risk of death compared to people who did not use IPTAAS.

**The IPTAAS/Aboriginal Community Controlled Health Organisations (ACCHO) direct funding initiative is designed to improve IPTAAS usage for Aboriginal people**

NSW Health is partnering with the Aboriginal Health and Medical Research Council (AH&MRC) and 5 Aboriginal Community Controlled Health Organisations (ACCHOs) on a 2-year pilot to provide ACCHOs with IPTAAS funding upfront so they can manage claims on behalf of their patients.

The aim of the initiative is to increase usage of IPTAAS by Aboriginal people and to ensure the scheme is culturally appropriate. There are 5 regional NSW ACCHOs participating in the pilot: Armajun Aboriginal Medical Service, Walgett and Brewarrina Aboriginal Medical Services, Maari Ma Health Aboriginal Corporation, Pius X Aboriginal Corporation and a partnership approach between the Healthy North Coast Primary Health Network and six ACCHOs (Bulgarr Ngaru, Durri, Werin, Rekindling the Spirit, Galambila and Bullinah).

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## Progress since the Baseline Report

The Baseline Report provided 11 recommendations. An update on the recommendations is below.

Recommendation	Status
1. Review the impact of the application process by removing the removal of the referrers signature (Part C)	<b>Complete</b> Part C was removed from the application form in December 2024. Impact will be assessed in the Final Report.
2. Explore future data linkages activities to include a comparison cohort	<b>Complete</b> This Midterm Report presents the findings from the data linkage activities which included the statistically constructed comparison cohort.

Recommendation	Status
3. Explore AIHW, ABS and Medicare datasets to determine the IPTAAS eligible population	<b>Complete</b> This Midterm Report includes characteristics of a statistically constructed comparison cohort's demographics from the data linkage activity.
4. Increase allied health clinics approved under the scheme	<b>Ongoing</b> Access to highly specialised allied health clinics will continue to be reviewed as part of the continuous improvement of the scheme.
5. Consider future policy review areas	<b>Ongoing</b> A continuous improvement approach has been adopted for the IPTAAS policy and assessment guidelines.
6. Continue public awareness campaigns with input from stakeholders	<b>Complete</b> Communications campaigns during this reporting period have focused on increasing updated of IPTAAS by Aboriginal people, communities and organisations, those who are culturally and linguistically diverse (CALD) and healthcare providers.
7. Promote online application process	<b>Ongoing</b> The promotion of online IPTAAS applications will continue, especially related to the changes to the online portal and user-verification requirements.
8. Promote specialty clinics added in 2022	<b>Ongoing</b> Work continues to engage with key stakeholders to promote specialty clinics.
9. Target those who 'may' require access to the scheme	<b>Complete</b> Communications campaigns in this reporting period have included vulnerable populations and have targeted healthcare professionals who support these groups.
10. Use boosted social media posts in regional LHDs	<b>Complete</b> A paid social media campaign promoting IPTAAS in regional areas was conducted in June – July 2023.
11. Promote IPTAAS at primary care and healthcare facilities	<b>Ongoing</b> IPTAAS will continue to be promoted to healthcare providers through targeted stakeholder engagement, presentations, webinars and targeted advertisements, flyers and articles.

## Recommendations from the Midterm Report

1. Continue to promote the online application process
2. Monitor the impact of removing Part C (referrer signature) and the changes to the online verification system on the patient, carer and referrer experience of IPTAAS.
3. Continue the policy review of IPTAAS aligned with statewide health priorities
4. Report on the progress of the IPTAAS/ACCHO Direct Funding Initiative
5. Repeat the IPTAAS Client Survey and compare results from 2018 and 2023

## Next steps

Further monitoring and evaluation activities will be conducted in the next phase (July 2025 – June 2026) and will be reported in the Final Report

This includes:

- Repeating the IPTAAS Client Survey.
- User testing to assess the experience of the new, redesigned IPTAAS web platform
- Targeted communications and strategies to increase awareness and uptake of IPTAAS for Aboriginal people and people from culturally and linguistically diverse backgrounds
- Review of the 2024-25 EOFY Report.

The Final Report will be published in later 2026.

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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.

