Out-of-Pocket Costs for Rural Residents When Traveling for Health Care

Results from a province-wide survey in British Columbia
WHAT WE DID

In collaboration with four rural community members ("patient partners"), we designed and administered a survey for rural BC patients on their out-of-pocket costs when traveling outside of their home community for health care.

Between November 2019 and May 2020, 381 rural patients from across BC completed the survey.

WHAT WE FOUND

Survey respondents reported total travel related out-of-pocket spending for one health issue. Although the reporting time frame will vary by respondent, the most recent travel occurred between 2017 and 2020. Below are average total out-of-pocket costs per survey respondent and related statistics.

- $2,234 Average total out-of-pocket costs
- $777 Average total transport costs
- $674 Average total accommodation costs
- 59% Percentage of respondents who thought traveling for care negatively affected their health
- 14% Percentage of respondents who received financial assistance from an organization for out-of-pocket costs
- 78% Percentage of respondents who reported difficulty in paying the costs for accessing care outside of their community
RESPONDENT COMMENTS

Below are some comments from survey respondents.

Psychosocial costs

“Many families [from Bella Coola] have to pay for a hotel while out waiting for baby’s arrival. I was lucky and found a friend to stay with, but it is not overly comfortable staying with people in their home while waiting for my baby to arrive. You can never really relax. Then your support system [is] not there to support you.”

Inability to access care

“[I] have had to cancel out of town medical appointments due to loss of wages and burden of finding child care.”

Systems-level support

“The tax system allows you to deduct the costs of traveling to see a medical professional but, if you are like my elderly mother, you make so little it doesn’t come back because you don’t pay taxes on a poverty income.”

Challenges with transportation

“I booked a plane ticket but after the procedure I was told I had a pneumothorax and wasn’t allowed to fly. I lost my ticket and had to pay for a bus home. Long hours of sitting cause major swelling in my legs.”

NEXT STEPS

Survey findings provide a starting place for discussions on the role of public support for rural residents who need to travel for health care:

(1) Discuss survey findings and develop rural action plans with key rural stakeholders including rural citizen patients

(2) Bring together provincial stakeholders to engage in a deliberative dialogue on how to meet rural residents’ need for travel support to access health care

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**Introduction**

British Columbia (BC) has a robust infrastructure for emergency patient transport through BC Ambulance Service, and yet, travel for non-urgent care falls outside the responsibility of the health care system leading to downloaded costs to patients and their families. Although this may not be a concern in urban centres with ready access to specialist care and diagnostics, it is challenging for many rural residents who may need to travel significant distances to access such care, or to travel home after urgent transport for an acute care episode.

Costs include expenses for care that are not reimbursed by insurance, as well as patient-specific costs such as travel to the referral site, food, accommodation, and for some, travel-companion costs. Additionally, patients who have to travel for care often incur lost wages from missing work or pay for services such as childcare while they are away from home. Unsupported travel becomes exponentially more difficult when there is a need for continued episodic care (such as for cancer treatment) or chronic care (such as dialysis).

In 2019, the Centre for Rural Health Research conducted an online survey across BC to determine the health care priorities of rural citizen-patients and communities. Respondents identified the challenge of non-urgent travel for health care among the top priorities, providing rich descriptions of financial and psychosocial struggles faced. Based on this response, we wanted to understand more thoroughly the expenses - both financial and social - that rural residents incur.

To accurately document and report the extent of out-of-pocket costs for rural residents accessing health care, we took the following steps: (1) conducted focus groups/interviews with 54 rural patients and engaged rural ‘patient partners’ to learn about general travel related expenses and (2) based on these discussions, we developed a province-wide survey. The original objective of the survey was to capture rural patients’ experience of care and patient-borne costs when they have to travel outside of their home community for surgical procedures.

The survey was opened on November 15th, 2019 for residents of all 186 Rural Practice Subsidiary Agreement* communities in BC. During the survey pilot-phase, survey respondents and patient partners recommended more comprehensive costs related to accessing health care in general. Based on this, our research team decided to expand the inclusion criteria for the survey to capture the costs incurred when rural citizen patients have to leave their community to access any health care covered by MSP, including surgical, specialist, and on-going treatment. The updated version of the survey was available in December 2019. The survey contains both closed and open-ended questions, all of which have been analyzed. Key findings are presented in this report.

Respondents were asked to complete the survey for the most recent health care issue that required travel (e.g., a surgical procedure, cancer care). The most recent travel for this issue must have occurred within the last two years. Respondents were instructed to include travel for that one health issue and not to include separate travel for other health issues. However, responses indicate that a few respondents likely included trips for multiple issues in one survey response. Nonetheless, in this report, the use of the phrase ‘per person’ refers to the average cost per survey participant for one health condition. All costs are reported in Canadian Dollar as of 2020.

This study is co-funded by the Health Economics Simulation Modelling Methods Cluster, BC SUPPORT Unit and the Joint Standing Committee on Rural Issues, through the larger context of the Rural Surgical and Obstetrical Networks program, which works to stabilize and enhance surgical and obstetrical services in rural communities across BC.

*The Rural Practice Subsidiary Agreement aims to enhance physician services and patient care in rural and remote areas of BC. Communities must receive a minimum number of ‘isolation points’ to be eligible for programs under this agreement, which is between the provincial government, Doctors of BC, and the Medical Services Commission. Rural communities across BC are identified by degrees of isolation.*
Survey Findings

A total of 381 people completed the survey between November 15th, 2019 and May 12th, 2020. Respondents reported an out-of-pocket spending for one health issue that required travel at least once between 2017 and 2020. Because travel to receive care could have begun before 2017, the reporting timeframe will vary by respondent. Also, respondents reported on a variety of health conditions with differing travel requirements for care.

Respondents represented geographical spread across rural BC (see Figure 1). The highest number of respondents were from Interior Health (49% of respondents), followed by Northern Health (26%), Island Health (19%), and Vancouver Coastal Health (6%). Refer to Table 1 for the number of respondents by Health Authority. The distribution of responses for month(s) traveled was fairly uniform with no major notable differences by month or season.

<table>
<thead>
<tr>
<th>Health Authority</th>
<th># of respondents</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interior</td>
<td>186</td>
<td>49</td>
</tr>
<tr>
<td>Northern</td>
<td>98</td>
<td>26</td>
</tr>
<tr>
<td>Island</td>
<td>71</td>
<td>19</td>
</tr>
<tr>
<td>Coastal</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>379</td>
<td>100</td>
</tr>
</tbody>
</table>

Note: Two respondents did not indicate which Health Authority they live in

Figure 1. Home communities of survey respondents

The size of the dot ("n") corresponds to the number of respondents from each rural community

Three-quarters of respondents traveled outside of their community between one and six times while half of respondents traveled between one and four times. The average total travel related out-of-pocket spending among all respondents was $2234 per person. Thirty-one percent of respondents reported separate co-traveler transport and/or accommodation expenses.

A majority of respondents (78%) reported difficulty in paying for the costs of accessing care outside their community. Only 14% of respondents received system-level support to cover costs and 21% of respondents had to borrow money to pay for their expenses.

More than half of respondents (59%) said that having to travel outside their community negatively affected their health. More in-depth findings are presented below, first findings for close-ended/quantitative questions and then findings for open-ended/qualitative comments.

The main themes derived from the open-ended questions were: challenges with transportation, the psycho-social impact of travel, the physical impact of travel, delayed or diminished care-seeking, local care gaps, and system-level financial supports.
Quantitative Findings

Quantitative findings from the survey are grouped into seven categories: distance traveled and transportation costs, accommodation costs, costs by Health Authority, co-traveler costs, system-level supports, lost wages, and patient stress.

1. Distance Traveled and Transportation Costs

The survey asked several questions on out-of-pocket spending on transportation to the referral community and back home. Not surprisingly, the farther someone traveled to receive care, the more likely they were to have higher out-of-pocket costs (Figure 2).

The average transport cost per person was $777, and the average distance traveled per person to receive care was 1966 km.

Among respondents who reported having pre-operative visit(s) for surgery (n=167), most (87%) traveled outside of their community for their visit(s). This was also the case for respondents reporting post-operative visit(s) (n=95) - 88% had to travel for their visit(s).

Airplane tickets were the most expensive type of transportation and cost on average $1581. The most common type of transportation expense was gas, with 86% of respondents reporting this expense. Refer to Figure 3 for more information on transportation costs.

Figure 2. Average total out-of-pocket costs by distance traveled

Figure 3. Average transportation costs
2. Accommodation Costs

More than half of survey respondents (58%) reported paying for accommodation. These costs averaged $674 per person and represent the second most expensive type of out-of-pocket spending. The most common type of accommodation was hotel. Half of respondents reported hotel expenses, which was also the most expensive type of accommodation. Although BC Cancer Agency offers subsidized housing for patients, the total accommodation cost for patients and families using this type of accommodation can end up being very high. Some survey respondents spent 50 nights or more in BC Cancer Agency accommodation. Refer to Table 2 for more information on accommodation costs.

### Table 2. Average accommodation costs

<table>
<thead>
<tr>
<th>Accommodation type</th>
<th># of respondents</th>
<th>% of respondents</th>
<th>Average cost per night ($)</th>
<th>Average length of stay (nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotel</td>
<td>191</td>
<td>50</td>
<td>146</td>
<td>5</td>
</tr>
<tr>
<td>Family / friends</td>
<td>30</td>
<td>8</td>
<td>50</td>
<td>12</td>
</tr>
<tr>
<td>Short term rental</td>
<td>13</td>
<td>3</td>
<td>102</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>2</td>
<td>41</td>
<td>7</td>
</tr>
<tr>
<td>Cancer Agency accommodation</td>
<td>6</td>
<td>2</td>
<td>63</td>
<td>35</td>
</tr>
<tr>
<td>Hostel</td>
<td>4</td>
<td>1</td>
<td>20</td>
<td>7</td>
</tr>
</tbody>
</table>

3. Costs by Health Authority

When comparing out-of-pocket costs by Health Authority, respondents from Northern Health and Vancouver Coastal Health traveled farther on average and had higher average total out-of-pocket costs. Of note, most respondents (88%) from Vancouver Coastal Health were from the Central Coast Regional District, which is far from the closest referral centres in Williams Lake and Vancouver. Table 3 lists average distance traveled and out-pocket-costs by Health Authority. Refer to Appendix 1 for maps showing the average distance and likely route(s) traveled by respondents from two rural communities, Fort St. John (Northern Health) and Cortes Island (Island Health). These maps help to illustrate the distance that rural BC residents need to travel to access care that is not available locally.

### Table 3. Major out-of-pocket costs by the Health Authority of respondent

<table>
<thead>
<tr>
<th>Health Authority</th>
<th>Average distance traveled (km)</th>
<th>Average transport expenses ($)</th>
<th>Average accommodation expenses ($)</th>
<th>Average total out-of-pocket costs ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern (n=98)</td>
<td>3266</td>
<td>1279</td>
<td>582</td>
<td>3144</td>
</tr>
<tr>
<td>Coastal (n=24)</td>
<td>3163</td>
<td>878</td>
<td>760</td>
<td>3658</td>
</tr>
<tr>
<td>Interior (n=186)</td>
<td>1471</td>
<td>588</td>
<td>256</td>
<td>1752</td>
</tr>
<tr>
<td>Island (n=71)</td>
<td>992</td>
<td>579</td>
<td>342</td>
<td>1876</td>
</tr>
</tbody>
</table>

Note: Although the majority of residents of Vancouver Coastal Health live in a large metropolitan centre (Vancouver Lower Mainland), Vancouver Coastal Health also includes the Sea to Sky highway and the Central Coast (Bella Bella; Bella Coola).
4. Co-traveler Out-of-Pocket Costs

Family members or friends accompanying patients also incur significant out-of-pocket costs. Thirty-one percent of respondents reported separate co-traveler transport and/or accommodation expenses: 13% reported co-traveler transport costs, averaging $1077 per person and 25% reported co-traveler accommodation costs, averaging $862 per person. Refer to Appendix 2 for more information on co-traveler transportation and accommodation expenses.

Most respondents (80%) had someone who was not a health care professional travel with them to the location of care. A spouse was the most common travel companion, followed by a child. While in the community of care, 18% of respondents had someone other than a co-traveler visit them. In total, 85% of respondents had a co-traveler and/or a visitor.

5. System Level Support for Out-of-Pocket Costs

Only 14% of respondents reported having had some of their out-of-pocket transport and/or accommodation costs covered by organizations like the BC Travel Assistance Program or the First Nations Health Authority. Of the 53 people who received transport assistance, 37 did so through the BC Travel Assistance Program (mostly for ferry tickets), and five through the First Nations Health Authority. Only six respondents (2%) reported having received financial support for out-of-pocket accommodation spending. Five of these six respondents also reported assistance with transport costs.

6. Lost Wages

For many respondents, time spent away from home meant losing out on wages, a significant type of out-of-pocket cost associated with traveling to receive care. When asked whether they had to take unpaid time off work to receive care, 93 respondents said yes and 56 said no (the remaining did not respond to this question). Those who lost wages missed an average of 17 workdays and an average of $2276 in personal income.

7. Patient Stress

Respondents were asked to rank their overall stress on a scale of 1-10 for their most recent health care visit, where 0 is no stress/anxiety and 10 is the worst imaginable stress/anxiety. The 315 people who responded to this question reported an average stress level of 5.9. On average, those who had higher out-of-pocket costs reported higher levels of stress. In addition, higher-income respondents experienced less stress on average. Overall, the stress level was seemingly unaffected by whether or not someone received financial assistance. See Appendix 3 for reported levels of stress by amount spent and income categories.

The psychosocial impact of traveling for care was particularly significant for maternity patients. Twenty-six percent of respondents reported that they were the caregiver of a child or other dependent. About half (52%) of these respondents with dependent(s) had to arrange for someone to care for their dependent(s) while they traveled to access care. Patient stress is discussed further in qualitative findings, below.
Qualitative Findings

Respondents were asked to enter comments to three questions in the survey:

- “Do you think having to travel outside of your home community for care negatively impacted your health? (if yes, please describe);”
- “Was there a time when you or a family member living in a rural community were unable to access care due to financial concerns (if yes, please describe),” and;
- At the end of the survey, respondents were able to leave any additional comments.

Answers to all three of these questions were similar and frequently touched on multiple, intertwined themes. These were:

- challenges with transportation,
- the psychosocial impact of travel,
- the physical impact of travel,
- delayed or diminished care-seeking, and
- system-level financial supports.

Each theme is described in detail below.

1 Challenges with Transportation

Aside from financial costs, participants expressed that having to arrange and undertake transport was the most difficult part of leaving their home community to access care. Many participants commented on transportation difficulties in relation to their particular geographic environment. For example, participants living in the Northern and Interior regions of the province discussed the impact of winter road conditions on traveling to receive health care. When traveling by car on wintery roads, some participants recounted being involved in motor vehicle accidents:

“Travel in the winter from Smithers to Terrace is life-threatening. We were almost killed on Dec 13 when we careened off the icy road after spinning many times down the road and narrowly missing other traffic.”

Other respondents commented that they had to delay care-seeking because they could not drive on dangerous winter roads and could not afford to travel:

“Roads were too bad to drive and [I] couldn’t afford to fly and stay in a hotel so had to reschedule when roads were better.”

However, even for those patients who could afford to fly rather than drive, some still experienced issues getting back to their community due to winter weather conditions:

“Even with being on disability and not having to deal with working around my work schedule it is difficult to get out of my valley in the winter time. Flights keep being cancelled and booked solid with no available seats. It’s great that the ticket is paid for but when you get stuck in Vancouver for a week ‘cause of the flights being cancelled due to weather and no available seats the other expenses can really add up.”

Similar to their Northern and Interior counterparts, participants in water-bound communities discussed particular geographical challenges for arranging transportation to their health care appointments off-island. In particular, participants expressed frustration about long lines to get on a ferry during the summer months and the inability to make ferry reservations ahead of time. Although some participants indicated that Travel Assistance Payments were available to cover their ferry costs, leaving their home island to access health care often meant additional food and accommodation costs due to the challenge of infrequent ferry services.
As one participant noted:

“Islanders often face serious challenges in accessing healthcare not well represented in distance alone. While I’m probably just 100 kilometres from our closest hospital, because of ferry limitations, overload situations and an inability to make reservations on the ferries, it means [that] every diagnostic or medical treatment off-island requires my whole family to stay overnight in [referral community] and thus finding someone to care for our farm, both of the children missing school, and paying for a hotel and food for the family.”

Regardless of geographic location within the province, rural participants expressed that having to frequently travel outside of their community for care took a toll on their personal vehicle. For example, one participant commented that every time they went down a particular road, they ended up having to pay $120 to replace a flat tire. Another participant noted that due to high mileage on their vehicle for medical travel, they had to trade their car in several years earlier than expected. Additionally, for those participants who took an ambulance to a hospital outside of their community and did not have their own vehicle, finding safe transportation back home was especially challenging:

“I was taken by ambulance from Trail to Kelowna, [then] had to find my way home. I was frail after a heart attack and it would have been difficult to take public transport.”

“I booked a plane ticket but after the procedure I was told I had a pneumothorax and wasn’t allowed to fly, I lost my ticket and had to pay for a bus home. Long hours of sitting cause major swelling in my legs.”

Several respondents commented that one way to reduce out-of-community travel (and out-of-pocket costs) was to increase the number of visiting specialists to the community and the use of virtual technology.

**Psychosocial Impact of Travel**

Across a range of demographics, participants commented on the impact that having to travel for care had on their mental well-being. For many, they had already been experiencing stress or anxiety due to their health condition, which was further amplified by having to arrange and undertake travel:

“My stress levels… were based on a terminal diagnosis and not necessarily related to travel, although travel is an added stress to an already stressful situation.”

Unsurprisingly, those participants, who were not able to have a companion accompany them, expressed feeling particularly anxious or stressed as a result of having to leave their home communities while ill:

"It was a frightening experience after having a stroke to be flown without my family for hip replacement surgery."

The psychosocial impact of traveling for care was particularly significant for maternity patients. Several women who had to leave their communities while pregnant to access pre-natal care or give birth, shared that the stress of having to pay for travel and accommodation may have contributed to their post-partum depression and/or anxiety. One participant from a remote community commented:

“Expectant mothers in Bella Coola all have to leave the valley to have our babies. There are a number of medical visits before the delivery that we also have to leave the valley for. These include ultrasounds [and] specialist visits. The flights for these are covered, but not any other expenses and it gets expensive and stressful. Many families have to pay for a hotel while out waiting for baby’s arrival. I was lucky and found a friend to stay with, but it is not overly comfortable staying with people in their home while waiting for my baby to arrive. You can never really relax. Then your support system [is] not there to support you.”
Several respondents who did not think that traveling for care significantly impacted their mental health acknowledged that this was due to having a strong support system available to travel with them. For example, one participant said:

“I actually do not feel having my procedure outside of my home community had a negative impact on my recovery. However, I am very fortunate to have a caring spouse who took time off work to care for me. If she had not been able to be with me it would have made pre and post-surgery out of my community very inconvenient and likely would have impacted my recovery.”

Similarly, another participant commented that if their friends and family were unavailable to fly in to the community where they had their procedure, they likely would have experienced poorer physical and psychological outcomes:

“I have no family or friends in community of procedure, so without family flying in to spend time with me, I would have been alone. I didn’t really understand what was happening on the medical side as I had medication induced delirium. I was also depressed and experiencing grief from the loss of my husband not long before. Family visiting me was essential to advocate for my medical care and provide emotional support during a difficult time and serious surgery.”

Time Away from Home and Physical Impact of Travel

In addition to the psychosocial stressors of not having social support, many participants expressed a range of other reasons for why having to spend time away from home was difficult for them. For example, some participants commented on the challenges of eating out and staying in hotels with specific dietary or allergy-related concerns:

“[I] had to sometimes sleep outside even in the winter as suitable, allergy-free accommodation was not available. [My] vehicle was not best for neck/back issues causing pain/immobility, severe allergy related issues from ferries - new KED lighting causing ocular migraines.”

“We must travel from Cortes to Vancouver return and due to medical conditions can only stay with one family member in Nanaimo or else tent en route regardless of weather.”

Other participants commented more generally on the impact of having to travel on their physical recovery. One participant noted, “As it [condition that required travel] was due to arthritis the driving was extremely hard on my muscles and joints” while another observed, “With chemo treatments I have no immune system to fight off germs.” Several other participants affirmed the difficulty of having to travel directly after a hospital procedure:

“Truthfully the most difficult procedure for me was the biopsy and I had to fly home with a bleeding and painful wound.”

Spending time away from home was particularly difficult for families with young children. Challenges included having to miss school to attend their parents’ medical appointments and needing specific types of care from parents that made it difficult to be away from them. For example, one woman described the impact of an unexpected surgery on her husband and young child:

“This was an unexpected emergency surgery that happened same day. Symptoms presented themselves. My husband and son accompanied me to the hospital and when they decided I would require surgery and an overnight stay, my husband needed to head back home with our 10-month old as he had not prepared for an overnight [stay]. I was also not able to breastfeed due to medications and we had no breast milk on hand. This meant they needed to make the 2 hour trip back the next day to get me and then 2 hours home again. Lots of driving for a small child.”
Many participants expressed that having to travel for certain types of care was expected as a rural resident. However, they also felt that there were some essential services that should be available in their local community but were lacking. Most notably, there was a perception that many rural communities are lacking an adequate number of family doctors, leading to an over-reliance on emergency services:

“What our community is suffering from is the lack of day-to-day medical services. Seeing our general practitioner in a timely manner. Our children get an ear infection and we are not able to call and get an appointment tomorrow or the next, it’s a three to six week wait. This results in accessing the Emergency Center - not because it’s an emergency - but because our child needs a prescription faster than a three-week wait. Our community needs a general walk-in with a few doctors for unattached and attached patients so everyone can access medical services. Traveling outside the community isn’t the problem, it’s what is lacking in our community that has us suffering.”

“At this time, my community of 20,000 people does not have a walk-in clinic for unattached patients. Our hospital emergency department is over capacity and will turn away those seeking non-emergency medical. I do not have a family doctor, so I am a diabetic citizen of this province that cannot access simple medical services in my own community.”

As a result of the closure of the walk-in clinic in their rural community, one participant even commented that they felt they had no other choice but to pay for private care:

“I had no other choice as our community can’t even keep doctors here in the long term. They’re closing our only walk-in clinic for those who don’t have a family practitioner. And practitioners aren’t taking new patients, leaving them to wait in the ER for hours (6-8 on average) now to be seen.”

A second rural health gap described by some respondents was the lack of alternatives to in-person specialist visits, such as visiting specialists or opportunities for virtual care. This was perceived by some participants to be the result of inadequate systems planning. As one person commented:

“[I] Traveled to a specialist appointment in Kelowna, required to stay overnight due to time of appointment. Information given at appointment could easily have been conveyed by my GP in [home community] as it was not urgent. I could have saved the travel time, two days away from work, gas, hotel and food if this could have been done either through my regular doctor or even via Skype or a health portal.”

Another participant from the same region found the delay by a Health Authority in replacing a nearby specialist to show lack of consideration of patient needs:

“I could have waited a year and had my eye surgeries in [neighboring community], which would have made it a shorter drive. The surgeon that was recommended to me had his office in [regional referral centre]. We have a specialist [close by] but he does not do surgeries anymore and is retiring in Feb. This has brought a great deal of tension in all of the surrounding areas as they will bring a specialist in from [the regional referral centre] WHEN Interior Health decides. Not the people, BUT [Interior Health].”
Delayed or Diminished Care Seeking

In light of the cost of travel, along with some of the impacts described above, some participants commented on their delayed or diminished health care seeking. One participant said, “My child should be assessed for autism but the trip to Prince George is unaffordable.”

Delayed or diminished care seeking seemed to be more common among individuals who had to rely on others to take them to health care appointments. As one participant noted, “[My] husband couldn’t take off work to drive me and I was unable to drive myself.” Others commented from the perspective of a family caregiver, noting difficulty in ensuring access to recommended care:

“I cannot take time off work to get my disabled mother to some recommended medical therapies that are not available in or near my home community.”

Even the knowledge that a local doctor would likely refer the patient to a distant specialist prevented some individuals from seeking care in the first place:

“I have not gone to the Dr. knowing that they would send me to a specialist far away and we couldn’t afford the costs at the time.”

While many participants commented that they had to budget and plan for costs associated with traveling for health care services, some expressed that they would have to cancel or reschedule their appointments at the last minute due to unexpected inability to afford travel. One respondent noted: “Postponed neurological appointments because I could not afford travel. Credit cards and credit line maxed out” while another commented, “[I] have had to cancel out of town medical appointments due to loss of wages and burden of finding child care.”

Systems-level Financial Supports

In terms of recommendations for system-level changes that would make it easier for rural residents to access health care, many participants commented on their desire for increased tax related subsidies:

“The costs associated with health related travel should, at the very least, be 100% income tax deductible as opposed to the current system which only equates to about 20% of actual cost. While this is a federal/provincial issue, addressing it would go a long way to cushioning the impact of travel related health care costs for rural citizens.”

Additionally, some participants expressed that while tax breaks exist, they are not financially meaningful enough for rural residents living on low incomes:

“The tax system allows you to deduct the costs of traveling to see a medical professional but, if you are like my elderly mother, you make so little it doesn’t come back because you don’t pay taxes on a poverty income.”
Limitations

In addition to describing their experience traveling for health care, some participants commented on the perceived methodological limitations of the Out-of-Pocket Cost survey tool itself. The most significant comment that participants made was that they did not feel that the survey fully encapsulated their total health care costs. Specifically, some participants with chronic or ongoing health conditions felt it would have been more meaningful to enter an estimation of their total out-of-pocket spending across the lifetime, rather than for a single condition. This concern underscores the reality that many rural residents have to leave their home community for any type of health care, not just specialist services. We also recognize that the length of the survey and the detail of the information requested may have prevented some participants from initiating or completing the survey. Further, like all voluntary survey studies, we anticipate that citizens who had greater difficulty dealing with the financial and psychosocial burden of traveling for health care will be more motivated to respond, thus potentially limiting transferability to all rural residents. Balancing these potential limitations, however, was the relatively high number of responses and geographical spread of respondents. Regardless, as this is the first rigorous collection and presentation of comprehensive out-of-pocket costs for rural residents traveling to access health care, we feel it provides useful information to an under-explored area of health care experiences.

Moving forward

This report presents findings from a rural citizen-patient survey on the out-of-pocket costs incurred while traveling to access health care in BC. To our knowledge, it is the first primary research study to systematically document the financial consequences of traveling for care for rural residents in BC and, as such, provides important information for health care planners.

A broader societal perspective of costs, including costs that are downloaded to individuals and families, is essential to include in health care planning and decision-making, especially given that the impact of out-of-pocket cost expenses are most strongly felt by those who lack financial and social resources. A broad view of cost accounting also includes considering less tangible costs, such as increased stress and anxiety that occur alongside the stress of the medical event. This may be due to not only financial worries, but also as a result of losing support networks of family and friends when having to travel.

If the time out of the community is extended, then there is also disruption to usual routines, which is particularly difficult for families with young children. Although we acknowledge that “not everything that can be counted counts and not everything that counts can be counted,” through the rich descriptive comments provided by survey respondents, we can start to better understand the consequences of traveling for care.

The results of this survey provide a starting place for discussions on the role of public support for rural residents who need to travel for health care. These discussions must involve key stakeholders from rural communities but also regional representatives and government ministries beyond the Ministry of Health (e.g., Transportation and Highways, the Ministry of Child and Family Development). Bringing the right group together will provide a starting place for developing a system response to ensure all residents have access to the health care they require, without financial barriers.

References:
Appendix 1. Example maps of distance traveled

Below are figures showing the distance traveled and corresponding average out-of-pocket costs for respondents from two of the rural communities represented in the survey findings. Maps show the likely higher level of care destination(s) for patients from each community. Note that though driving or ferry routes are shown in the maps, some respondents may have traveled by airplane.

Figure 5. Average distance traveled and average out-of-pocket costs for respondents from Fort St. John
(n=22; likely to go to Prince George or Vancouver)

Figure 6. Average distance traveled and average out-of-pocket costs for respondents from Cortes Island
(n=14; likely to go to Nanaimo or Vancouver)
Appendix 2. Co-traveler out-of-pocket costs

Figure 4. Average transportation costs for co-travelers

<table>
<thead>
<tr>
<th>Co-Traveler Expense</th>
<th>Average Amount Spent</th>
<th>% of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airplane Ticket</td>
<td>$1577</td>
<td>3%</td>
</tr>
<tr>
<td>Bus Ticket</td>
<td>$1271</td>
<td>1%</td>
</tr>
<tr>
<td>Gas</td>
<td>$770</td>
<td>11%</td>
</tr>
<tr>
<td>Car Rental</td>
<td>$252</td>
<td>1%</td>
</tr>
<tr>
<td>Taxi</td>
<td>$153</td>
<td>1%</td>
</tr>
<tr>
<td>Parking</td>
<td>$56</td>
<td>4%</td>
</tr>
</tbody>
</table>

Table 4. Average accommodation costs for co-travelers

<table>
<thead>
<tr>
<th>Accommodation type</th>
<th># of respondents</th>
<th>% of respondents</th>
<th>Average cost per night ($)</th>
<th>Average length of stay (nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotel</td>
<td>89</td>
<td>23</td>
<td>140</td>
<td>5</td>
</tr>
<tr>
<td>Family / friends</td>
<td>10</td>
<td>3</td>
<td>46</td>
<td>12</td>
</tr>
<tr>
<td>Short term rental</td>
<td>4</td>
<td>1</td>
<td>144</td>
<td>10</td>
</tr>
<tr>
<td>Cancer Agency accommodation</td>
<td>2</td>
<td>0.5</td>
<td>51</td>
<td>76</td>
</tr>
<tr>
<td>Hostel</td>
<td>2</td>
<td>0.5</td>
<td>40</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0.5</td>
<td>120</td>
<td>21</td>
</tr>
</tbody>
</table>
Appendix 3. Patient stress by total out-of-pocket costs and income level

Figure 7. Average reported patient stress (scale of 0-10) for different out-of-pocket spending amounts

<table>
<thead>
<tr>
<th>Total Out of Pocket Spending ($ CAD)</th>
<th>Stress Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 450</td>
<td>3.5</td>
</tr>
<tr>
<td>$450 - 1078</td>
<td>4.7</td>
</tr>
<tr>
<td>$1078 - 2620</td>
<td>4.8</td>
</tr>
<tr>
<td>$2620 - 30000</td>
<td>5.6</td>
</tr>
</tbody>
</table>

Figure 8. Average reported patient stress (scale of 0-10) for different household income amounts

<table>
<thead>
<tr>
<th>Income Bracket</th>
<th>Stress Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below $20,000</td>
<td>6</td>
</tr>
<tr>
<td>$20,000 - $39,999</td>
<td>5.4</td>
</tr>
<tr>
<td>$40,000 - $59,999</td>
<td>5.7</td>
</tr>
<tr>
<td>$60,000 - $79,999</td>
<td>4.9</td>
</tr>
<tr>
<td>$80,000 +</td>
<td>5.1</td>
</tr>
</tbody>
</table>
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