

HEALTH PROVIDERS PARTNERSHIP FORUM (HPPF) MEETING SUMMARY – 21 March 2025

Agenda Item	Discussion
1. Welcome/ Open Meeting and Action Items update	The Chair welcomed members, proxies and observers and noted apologies.
	The Chair provided an Acknowledgement of Country and acknowledged current and past Defence Force members.
	Nil conflicts of interest noted.
	Follow up of items raised at the last meeting:
	 DVA's Data and Insights team advised there are some aged care related statistics publicly available on the DVA website: https://www.dva.gov.au/get-support/providers/training-research/research/statistics-about-veteran-population. If more detailed data is sought a formal request is required, including background as to why the data is required, to stats@dva.gov.au
	• Exclusion of DVA patients from the Chronic Wound Scheme. Patients who are able to access wound consumables through DVA rehabilitation and treatment programs including the RPBS are not eligible under the Chronic Wound Consumables Scheme.
	DVA is looking for a longer-term solution to simplify funding of wound consumables for all eligible veterans not just those covered by the Chronic Wound Consumable Scheme.
	More info on eligibility can be found on the Department of Health website by searching Chronic Wound Consumables Scheme: <u>Chronic Wound Consumables Scheme Australian Government Department of Health and Aged Care</u> .
	The Chair introduced the new Senior Allied Health Officer to the group. This role provides leadership and oversight to the Allied Health and Nursing Advisor teams and supports this portfolio across the department.



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2. Update from the Repatriation Commissioner – Strategic Priorities	 The Chair welcomed the Repatriation Commissioner, Mr Kahlil Fegan to talk about the Repatriation Commissions strategic priorities and how these impact change for veterans. The current Repatriation Commissioner has been in the role since September 2023 and has a distinguished military career spanning 34 years as an Infantry Army Officer, having served on multiple operational deployments and led multi-national teams. The role of the Repatriation Commissioner is to reside over all resources and help allocate them out over Australia equally. The Repatriation Commissioner currently has 3 responsibilities: the Repatriation Commissioner who sits on the Commission and governs the legislation. Services member, independent of DVA, assisting DVA with providing a service persons perspective when required. Defence Engagement Commissioner, requiring engagement with the Chief of the Defence Force and all service men and women Mr Fegan's role is independent of DVA and he is a Statutory appointment holder, appointed by the Governor General. The Department provides all his resources and staff. The delegates who determine claims are delegates of the Repatriation Commission. Mr Fegan is not a member of the Australian Public Service but works closely with the Chief of the Defence Force and the Secretary of the DVA. Mr Fegan noted important for women veterans' voice to be heard and since working closely with Gwen Cherne, Veterans Family Advocate, he has gained valuable insight into representing the full spectrum of perspectives from our service men and women.
3. Health Programs and Services update	 Work is continuing on Psychedelic Assisted Therapy to finalise administrative arrangements which includes the necessary governance and safety standards. Assessments will be taken on request for treatment when those administrative processes are finalised Recently introduced changes that address the increasing trend of Medical Expenses Privately Incurred (MEPI) reimbursements. Internal processes have been reviewed and a streamlined assessment process for low-risk reimbursement applications has been implemented.
	 DVA will be implementing RPBS form upload capability in the Health Professional Online Services (HPOS) module. Launching on 1 July 2025 with some beta testing possibly occurring in mid-June. Further communications will come out to providers regarding this.



	 The Booked Car with Driver (BCwD) service and reimbursement services for transport to eligible treatment have removed the treatment location criterion for eligible clients aged 79 or under. Those clients can now access the BCwD service for travel to GP appointments and other medical appointments that meet the simplified specified medical conditions criteria. There are 3 key criteria: chronic or temporary condition that makes using public transport challenging. metal or physical condition that severely limits independence. recent surgery or treatment that makes public transport difficult.
	DVA is undertaking co-design activities with the veteran community on key recommendations from the Royal Commission into Defence and Veteran Suicide.
	A consultant has been engaged to support the Department with the implementation of three recommendations from the Royal Commission's Final Report.
	A detailed information paper on the development of the Wellbeing and Ex-Service Organisation agencies will be circulated to members out of session.
	The taskforce team recently met with the Women's Veterans Forum who provided their insights in what the Agency should do, what the service portfolio might look like and what services the Agency might enable to deliver.
	Members were invited to be involved and to contact the Department if they wish to do so.
5. Home and Community Care Branch – Aged Care Resources	 The work of the Aged Care Task Force has been moved into the new Home and Community Care Branch. The branch has improved information resources available to both the veteran community and in particular, residential aged care providers.
	 DVA runs the Veterans Home Care (VHC) program and Community Nursing (CN) Program which support around 35,000 (VHC) and 9,500 (CN) with majority being over the age of 65.
	 For Veteran Card holders over 65, they can access support through both the mainstream aged care system and DVA programs.
	 To support these groups, work has occurred across a couple of different focus areas to smooth the pathways between DVA and the mainstream aged care system and engage widely with stakeholders to better understand the experiences of the veteran community in aged care.



	 Materials including information guides, a provider video and webinar series are already available through the DVA website at <u>www.dva.gov.au/ac</u>.
6. Other business and discussion	Members raised the following issues:
	 Update of the DVA Family and Domestic Violence Strategy – to be discussed at the next meeting Noted that that dental hygienists and dental therapists have recently received MBS provider numbers and the relevant DVA business area is working to ensure the DVA schedules align with the MBS. DVA will ensure that once finalised, this is communicated to the group.
	DVA is working closely with the colleagues at the Department of Health and Aged Care implementing the Support at Home program to ensure My Aged Care is aware of the relevant pathways into the veteran system and that the interaction between those programs are as seamless as possible.
	The Chair noted the Veterans Entitlements and Support Simplification and Harmonisation Act 2025 (the Vets Act) received royal accent on 20 February 2025. This is taking the three pieces of legislation that looks after veterans now and combining it into one Act. This will come into effect on 1 July 2026.
7. Closing comments/questions and completion of participant survey	Members were given the opportunity to provide feedback through the Mentimeter Survey tool and responses were captured online.
	The Chair thanked members for their time and contributions to the meeting.
8. Next Meeting	The next HPPF meeting is scheduled for 20 June 2025. Further information will be provided soon.