

## **DVA HEALTH CONSULTATIVE FORUM: Meeting Summary 3/2017, 1 November 2017**

Members contributed to discussion on a range of issues critical to quality veteran health care, including:

- Transition Health Assessment Pilot
- DVA update
- Coordinated Veterans' Care (CVC) Program Working Group
- 2018 Forum Work Program and Health Sector Engagement
- Next meeting arrangements

### **Transition Health Assessment Pilot**

Defence Joint Health Command presented on the Single Medical Assessment Process (SMAP), a joint initiative by DVA, Defence and the Commonwealth Superannuation Corporation (CSC) which aims to improve support for transitioning ADF members.

The goal of SMAP is to streamline the medical assessment process for transitioning ADF members, addressing some of DVA and CSC's requirements before they discharge, so members get some certainty about their entitlements before they leave service and enter civilian life.

The SMAP was rolled out in the transition health assessment pilot which commenced at Holsworthy Barracks 3 October 2017. Around 350 transitioning ADF members are expected to participate in the six month trial, following which a comprehensive evaluation will be undertaken. The session prompted discussion of several issues including the role of Health Liaison Officers and interoperability of the ADF eHealth record system and the national My Health Record system.

### **DVA update**

- *Veteran Centric Reform*

The VCR Implementation team presented an overview of DVA's goals for VCR, which will put veterans at the heart of everything we do. By the end of the VCR journey, DVA will know all serving ADF members and be able to proactively connect them to services they are most likely to need post discharge. Those who need help will get it faster, supported by streamlined claims processing, with 60% or more of claims to be "decision-ready". Veterans will only need to tell their story once, regardless of the legislation they are covered by.

Currently, providers interact with DVA legacy systems, heavily reliant on manual checking and processing with poor visibility across the continuum of care. VCR aims to ensure providers are supported to have greater autonomy in their interactions with DVA, and will deliver improvements by moving to 'digital by default'. Issues discussed included leveraging existing provider platforms and software to support these goals and noting that GPs are critical referral points for transitioning members.

- *Prior approval process*

Clinical Advice Management (CAM) staff presented on efforts to streamline the prior approval pathway. Currently, DVA must give prior approval on a case-by-case basis for services not on the Medicare Benefits Schedule or with no item number on the relevant DVA schedule. In making a decision DVA considers the clinical justification and appropriateness as well as evidence-based alternatives already available under DVA's arrangements.

DVA has responded to provider feedback that the current prior approval process is too DVA-centric and untimely. In future, DVA's medical and allied health clinical advisers will be

involved earlier in the decision making to facilitate clinician to clinician information sharing and more timely decisions. Early feedback has been positive regarding improved outcomes for veterans. Members were asked to consult with their associations and provide feedback to support ongoing improvements.

- *ADF Post Discharge GP Health Assessment*

Members discussed the ADF Post Discharge GP Health Assessment and resources for GPs including a comprehensive patient screening tool (see here for more information <http://at-ease.dva.gov.au/professionals/assess-and-treat/adf-post-discharge-gp-health-assessment/>).

DVA has released a series of videos to raise the awareness of GPs and veterans about the health assessment. The Forum viewed the videos targeted at GPs, and discussed options to improve uptake of the program for the early intervention and prevention of veteran health issues.

- *Applied Research Program*

Members received an overview of DVA's Applied Research Program, including current research projects on osteopathy and healthy ageing. Reports from the Transition and Wellbeing Research Programme are expected to be released this year.

In response to an enquiry about the DVA Dental and Allied Health Review, members were advised further consultation was being undertaken with the ex-service community and DVA would engage with the forum members once the review outcomes are available.

- *Allied health services and RAP items in aged care*

The meeting discussed misconceptions about services for DVA clients in Residential Aged Care Facilities (RACF), including that veterans lose entitlement to DVA assistance when they permanently enter one of these facilities. This is not the case, there is a continuum of care.

Eligible DVA clients who are RACF residents with a lower level of care as identified by their Aged Care Funding Instrument (ACFI) classification may continue to access DVA-funded care as they did before. Prior approval is required for all allied health treatment for veterans receiving a greater level of care in a RACF. It is the health provider's responsibility to determine the client's ACFI classification with the RACF before treatment is provided.

- *Principal Medical Adviser*

Dr Gardner provided an overview of his work and stakeholder meetings in 2017 to raise awareness and consult with veterans and peak bodies on veteran health care issues. He noted an ongoing challenge was to raise awareness of DVA's arrangements, acknowledging that only 2% of the Australian population are potentially DVA clients. Dr Gardner reiterated earlier messages regarding the beneficial intent of DVA's legislation and that veterans can access a wider range of services than is available to the general public. He quoted an example of over 200 aortic valve operations provided by DVA, not previously available under the MBS.

- *Coordinated Veterans' Care (CVC) Program Working Group*

The CVC Program Working Group provided its first report to the Forum. Members noted the working group's future focus will be on the CVC Mental Health Pilot. Up to 250 participants will be recruited over two years, from early 2018, with initial recruitment to target rural and regional areas for veterans with physical and mild to moderate mental health comorbidities.

A GP representative on the working group highlighted the benefits of the CVC Program from a GP's perspective, noting the remuneration package and other resources available to the practice. He encouraged providers to provide feedback on the beta version of the new CVC provider toolbox at <http://healthprovidertoolbox.dva.gov.au>. Of particular interest to members was the CVC eligibility tool, care plan builder and the claim calculator. It was also noted BUPA is reviewing the Patient Treatment Reports available to participating GPs via DHS HPOS.

### **2018 Forum Work Program and Health Sector Engagement**

In the final session, the Chair invited members' input into the Forum's 2018 work program and feedback and ideas for improved engagement and communications between DVA and providers into the future.

Small group discussions were held to brainstorm key issues and identify opportunities that would inform the development of a DVA Health Provider Communications and Engagement Strategy. The Chair encouraged members to provide additional input, or to provide suggestions for topics/guest speakers for future meetings. Issues raised today would also inform development of a draft work program for the Forum's consideration.

### **Other Business**

Placeholders for 2018 meeting dates will be notified as soon as possible. The Chair noted she would come back to the Forum with a proposed work program for 2018. In the interim, she invited members to submit topics or propose guest speakers for future meetings.