

DVA HEALTH CONSULTATIVE FORUM

Meeting Summary 2/2017: 17 August 2017

The meeting covered the following topics:

- Meetings between DVA and health sector stakeholders
- National Health Services Directory
- DVA update
- Applied Research Program Update
- Principal Medical Adviser Update
- Next meeting arrangements

Meetings between DVA and health sector stakeholders

DVA will be offering peak bodies an opportunity to discuss their profession specific issues in one on one meetings with their DVA program manager, similar to that offered in 2016. Placeholders have been set in the Chair's diary and a meeting invitation will be issued to peak body CEOs shortly.

National Health Services Directory

During their service, Australian Defence Force (ADF) members receive comprehensive health care through Defence. On separating from the military, some have difficulty finding a new GP in the mainstream healthcare system. Failure to connect with a GP can delay early diagnosis and treatment. DVA wants to assist ex-ADF members by implementing a flag in Health Direct Australia's (HDA) online National Health Services Directory (NHSD) to identify providers that accept DVA Health Cards.

HDA is a not for profit public company funded by the Council of Australian Governments working across jurisdictional boundaries to deliver telehealth and online services to the whole population, including the NHSD. HDA demonstrated the NHSD functionality to the meeting, the NHSD is a comprehensive consolidated shared national directory of health and health-related services.

DVA is developing a new web platform to expedite claims processing; future developments planned include provision of a 'Find a Provider' section using the NHSD. HDA and DVA will discuss how to populate the NHSD with DVA providers.

DVA Update

DVA provided an update on initiatives to improve veterans' access to health care and support early intervention and treatment for mental health conditions, including:

- *Veteran Mental Health Webinar Pilot Series*
DVA will run the webinar *Supporting the Families of Veterans* on 5 October 2017. Podcasts are available on the At Ease portal two to three weeks after the event from the [At Ease portal](#).
- *ADF Post-discharge GP Health Assessment*
A one-off comprehensive GP health assessment is available to all ex-ADF members, regardless of whether they are a DVA client, funded under the Medicare Benefits Schedule (items 701, 703, 705 and 707). Providers can access a screening tool from their desktop software Best Practice or Medical Director, or as a PDF from the [At Ease website](#).

DVA has released a series of videos targeted at [General Practitioners, ex-ADF members, their families and friends](#), to promote the GP health assessment social media campaign. The video targeting GPs was released 21 August 2017. The videos are available on the At Ease website and DVAAus YouTube channel.
- *Support for patients who experienced abuse in the ADF*

Evidentiary requirements have been relaxed for ex-ADF members making a claim of child physical or sexual abuse - a statutory declaration is now acceptable evidence for a claim. DVA is running an advertising campaign to promote this aspect, particularly in rural areas.

- *2017-18 Budget measures which commenced on 1 July 2017*
Granting Gold Cards to Australian participants in British Nuclear Tests (BNT) and to Australian members of the British Commonwealth Occupation Force (BCOF) in Japan at the end of the Second World War: BCOF veterans and BNT participants who believe they are eligible and have not received a Gold Card should contact DVA to see whether they need to lodge a claim form.
- *Expansion of Non-liability Health Care (NLHC)*
All current and former members of the ADF who have at least one day of continuous full-time service are eligible for NLHC arrangements for any mental health condition. A formal diagnosis is not required to access treatment.
- *Hearing Services*
The Hearing Services Program provides veterans with access to over 160 high quality devices from the fully subsidised hearing schedule at no cost. Veterans may buy partially subsidised devices where a fully subsidised device does not adequately meet their needs.

Veterans can receive free assistive listening devices (ALDs) through DVA's Rehabilitation Appliances Program. The ALD range includes radio frequency ALDs, television headsets, personal response systems and smoke alarm packages. Research showed a radio frequency ALD worn in conjunction with hearing aids provides superior performance in noisy environments and over distances than is possible from any hearing aid alone.

DVA is working to raise veteran awareness of hearing entitlements and the Australian Competition and Consumer Commission consumer guidance.

- *Aged care reform*
Home Care Packages continue to be delivered through a Consumer Directed Care approach. As long as there is no duplication of services, DVA clients can still access Veterans' Home Care, Community Nursing services, equipment through the Rehabilitation Appliances Program, as well as other entitlements such as travel for treatment while they are accessing a Home Care package.
- *Retirement Villages*
Residents in retirement villages may be eligible to receive aged care services based on an assessed clinical need and funded by the DVA. There are delays in some areas for DVA clients to access level 4 package services. While this is outside of DVA's control, the issue has been raised with Health. A lower level package can be delivered while the client is waiting for the higher level package, and DVA will top up as necessary.
- *Diabetes*
Diabetes products are currently available to eligible DVA clients from either:
 1. DVA Rehabilitation Appliances Program (RAP) National Schedule of Equipment, or
 2. National Diabetes Services Scheme (NDSS) access points (mainly located in community pharmacies). NDSS is an initiative of the Australian Government administered with the assistance of Diabetes Australia (DA).

Diabetes equipment supplied to eligible DVA clients through RAP incur no cost. The NDSS provides access to a large range of subsidised products which may incur a co-payment, however, for DVA card holders the co-payment fee is paid by DVA.

There are currently 24,630 Gold and White Card holders eligible for Diabetes Association memberships. RAP pays for DA membership in New South Wales, Queensland, South Australia and the Northern Territory. This funding is due to cease 30 June 2018. Recently, all state and territory DAs proposed new pricing models and fees, and requested DVA re-consider the decision to end association membership funding, noting DA's education role and services available to veterans. DVA is considering its response.

- *DVA Assurance*

DVA's assurance program aims to ensure DVA delivers the right payment, to the right provider, for the right treatment, to the right person, at the right price. A recent assurance review identified clients receiving services not related to their accepted conditions. Some reviews have identified client dependency issues and franchise operator models that may be running inappropriate advertising. DVA is working with the relevant peak bodies to address.

There is more work to do to but we are using client centric data more effectively to assist providers to manage client expectations regarding appropriate care and ensure clients are accessing all the clinically necessary treatment they are entitled to. DVA will work with relevant peak bodies ahead of rolling out targeted education approaches.

Today's message to the sector is that DVA's short to medium term approach for compliance is an education focus, longer term compliance will have a recovery element.

Applied Research Program (ARP) Update

The ARP major projects of interest are:

- *Transition and Wellbeing Research Programme (TWRP)* – The first two reports under the programme are expected to be ready for public release later in 2017, subject to Ministerial consideration. DVA will advise Forum members once they are available.
- *MRCRA Rehabilitation Long-Term Study* – The study design framework has been produced, DVA is now working on the second phase of the study.
- *Incidence of suicide in serving and ex-serving Australian Defence Force personnel*
 - The Australian Institute of Health and Welfare (AIHW) has released its second tranche of data on the incidence of suicide in the serving and ex-ADF population. www.aihw.gov.au/publication-detail/?id=60129559898
 - From 1 July 2017 the AIHW and DVA commenced a three-year strategic relationship to monitor and report on the current status and future needs of veterans and their families. This work will help inform future policy and services.

Principal Medical Adviser (PMA) Update

Members were briefed on external meetings the DVA PMA recently attended, issues raised include:

- the PMA is working with peak bodies on issues of chronic pain for veterans.
- medicinal cannabis treatment is not endorsed by DVA at present, but could be reviewed if the evidence base changes.
- a recent Prime Ministerial Advisory Council on Veterans' Mental Health meeting emphasised many ex-ADF members are not broken and go on to live healthy lives in their community post ADF. This good news message gets lost somewhat and is a reminder most ex-ADF members do not have complex needs. There is strong evidence that veterans' employment is the single most important predictor for good health – government is working with the private sector to support veterans' employment pathways.
- The PMA also met recently with representatives of the After Hours Deputising Services organisations in relation to urgent after-hours services to veterans.

The PMA noted his input to DVA's Improving Processing Systems (IPS) Project:

- better use of contracted advisers to help delegates make better, speedier decisions;
- redesign of DVA's medical forms/letters to enable all necessary information to be collected ONCE to apply across the three Acts and reduce the complexity of our medical letters to specialists – including preferential use of the treating doctor for the first opinion;
- redesign processes to enable quicker acceptance for common medical conditions which have a strong link to service and a high probability of likely claims success.

Next meeting arrangements

The last meeting for 2017, *25 October, will bring the wider stakeholder group together. Members are invited to provide suggestions regarding topics/guest speakers for the next meeting. Input to the agenda will also be requested when formal invitations to the next meeting are issued.

**update: last meeting date rescheduled to 1 November 2017*