

DVA Health Providers Partnership Forum

Meeting Summary 1/2019, 27 February 2019

For the first DVA Health Providers Partnership Forum (HPPF) for 2019, attendees contributed to discussion on a range of issues critical to quality veteran health care, including:

- [Draft Productivity Commission report: A Better Way to Support Veterans](#)
- [Veteran Recognition Program](#)
- [2018 DVA Budget Measure 'Improved Dental and Allied Health' – New Treatment Cycle](#)
- [5-Year Australian Defence Force \(ADF\) Post Discharge GP health assessment](#)
- [Review of DVA's Rehabilitation Appliance Services - Update](#)
- [Update on the Royal Commission into Aged Care Quality and Safety](#)
- [Hearing services](#)
- [Preventative health initiatives](#)
- [Chief Health Officer's Update](#)

Draft Productivity Commission Report: A Better Way to Support Veterans

The draft report released in December 2018 contains several significant recommendations which reinforces the wellbeing of veterans and their families, and is supportive of DVA's transformation focus and efforts to improve delivery of evidence based services and support. Attendees were encouraged to view the draft report, noting the final report is to be submitted to the Government late June 2019. Information on how to make a submission is at www.pc.gov.au/inquiries/current/veterans

Veteran Recognition Program

The *Australian Veterans' Recognition (Putting Veterans and their Families First) Bill 2019* was introduced in the House of Representatives on 14 February 2019. The Australian Defence Veterans' Covenant encourages the Australian community to recognise and acknowledge the unique nature of military service, and support veterans and their families. A new look Veteran Card will be issued to current DVA health card holders, rolling out up to 30 June 2020. Both the current and new DVA health cards will be valid during this transition period.

The Veteran Card (Gold, White, Orange) functions in exactly the same way as the current DVA Health Cards. There are no changes to DVA client health entitlements or DVA's arrangements for health providers who treat DVA clients. Providers who claim payments for treatment of DVA clients must continue to adhere to the [Notes for Allied Health Providers](#), including the rules on advertising and promotional activity, and relevant [Schedule of Fees](#).

Health providers demonstrate their commitment to the principles of the Australian Defence Veterans' Covenant through the provision of high-quality, appropriate and timely health services to the veteran community. DVA is considering ways it can assist providers to welcome, and promote their support of, the veteran community.

A DVA article has been published and promoted to peak bodies to distribute to their members www.dva.gov.au/providers/dva-provider-news/new-look-veteran-card-replace-dva-gold-and-white-cards

2018–19 DVA Budget Measure: Improved Dental and Allied Health – New Treatment Cycle

The aim of the Budget measure is to strengthen quality of care for DVA clients. Improved health outcomes will be delivered through greater coordination of care and communication between the veteran's treating providers, and a DVA fee schedule that supports contemporary service delivery and complex care management.

From *July 2019, clients will require a referral from their GP to an allied health provider (except for dental and optical services), which will be valid for 12 visits or for one year, whichever comes sooner. DVA clients may have as many treatment cycles as the GP determines are clinically required. They may have more than one treatment cycle with different types of health professionals running concurrently, with each up to 12 sessions. Further details about the measure are available on the [DVA website](#). [NB: *subsequently deferred to commence October 2019]

DVA is developing clinical guidance materials to support health providers to implement the changes. This may include a guidance framework, clinical protocols, forms/templates and diagrams. Provider associations will be invited to provide feedback on the draft materials.

Annual GP health assessment five years post-discharge

From 1 July 2019, two different GP health assessments will be available to former ADF members post discharge:

- (i) the existing comprehensive one-off health assessment available to any former ADF member. Funded under Medicare Items 701, 703, 705, 707, and available since 2014 regardless of whether the veteran patient is a DVA client. The one-off GP health assessment will continue to be available to all former ADF members who transition before or after 1 July 2019; and
- (ii) the new annual GP health assessment for up to five years post discharge, **only available to ADF members who discharge on and after 1 July 2019**, to be claimed using a DVA specific item number.

The current one-off [ADF Post-Discharge GP Health Assessment tool](#), which is incorporated into practice software *Medical Director* and *Best Practice*, will also be used for the new assessment of up to 5 years. The screening tools are being revised in consultation with DVA's medical advisers, and with input from GPs, practice nurses and practice managers, to ensure the resources are useful and practical in a GP clinic setting.

Review of DVA's Rehabilitation Appliance Services - Update

The Review consisted of two streams (i) an independent review of DVA's rehabilitation appliance services; and (ii) a review of the Rehabilitation Appliances Program (RAP) *National Schedule of Equipment and Guidelines*. It was determined that DVA's rehabilitation appliance services continue to be responsive to clients' needs. The RAP Schedule review found that overall the aids and appliances available are also appropriate and effective, with a number of new items approved. Changes to the RAP Schedule and Guidelines come into effect from 1 May 2019.

Update on the Royal Commission into Aged Care Quality and Safety

The Royal Commission into Aged Care is conducting an independent inquiry into the quality of care provided in residential aged care and home aged care settings. DVA supports the inquiry and will continue to provide input as requested by the Royal Commission. For example, input will be provided with regard to funding of residential aged care for eligible DVA clients, and the DVA programs that provide assistance to the veteran community in residential aged care settings and in their own homes. One of these programs, Veterans Home Care, is specifically referred to in the Commission's Terms of Reference.

The Commission's first background paper [Navigating the Maze- an overview of the current aged care system](#) has been published. Submissions are open until mid-2019; the draft report is to be released by 31 October 2019, and the Commission's final report provided to Government by 30 April 2020.

Veteran community witnesses, including family members, who are called and may be in any way adversely affected by the Royal Commission have access to [Open Arms – Veterans and Families Counselling](#).

Hearing Services

DVA continues to receive many requests for partially subsidised hearing devices without clinical justification and/or when there are suitable devices on the fully subsidised schedule. Eligible DVA clients can access fully subsidised quality hearing devices through the Australian Government Hearing Services Program (HSP). DVA's Rehabilitation Appliances Program (RAP) complements the HSP for eligible DVA clients with access to a range of assistive listening devices. One example is the recent inclusion on the RAP Schedule of *Streamers* that connect the hearing aid wirelessly and allow veterans to listen to television or audio devices.

If requesting funding for hearing aids outside the HSP, the prescribing audiologist should consider the veteran's circumstances holistically. For some veterans a multidisciplinary approach is recommended. This may include sourcing information from an audiologist, ENT, mental health professional and others. Support for veterans with

severe tinnitus needs to be appropriate and timely so as not to exacerbate any other health conditions. For further information, refer to the [DVA Hearing Services Factsheet](#) for health providers.

Preventative Health Initiatives

Attendees were reminded that DVA pays diabetes association memberships for eligible DVA clients, to help improve veterans' management of their chronic condition. The forum discussed future collaboration opportunities where DVA's involvement would be most likely to lead to substantive improvements in veterans' wellbeing. Of note were the nine National Health Priorities identified by the Australian Health Ministers' Advisory Council, and are relevant to the veteran community: cancer control; cardio vascular health, injury prevention and control; mental health; asthma; arthritis and musculoskeletal conditions; obesity; and dementia.

Chief Health Officer's Update

The outgoing Chief Health Officer, Dr Ian Gardner, provided an update to this his last HPPF meeting. Dr Gardner has been kept busy responding to veteran community correspondence, mostly arising from his Vet affairs and Men's Health Peer Education articles. Topical issues discussed included medical expenses privately incurred (MEPI); medicinal cannabis; dental Implants versus crowns and bridges; prostate cancer screening; firefighters toxicology studies; and the Veterans' Medicines Advice and Therapeutics Education Services program.

Website Improvement Project

Attendees were briefed regarding DVA's Website Improvement Project (WIP), an important element of DVA's Veteran Centric Reform (VCR) program. The project is currently focussed on the redesign approach needed for the 'health provider' pages on the DVA website. The team are working closely with DVA staff and clinical advisers to co-design the provider pages for the beta site <https://beta.dva.gov.au/>. When the updated beta version has been released, volunteers for user testing of the new provider pages will be sought.

Review of the HPPF Work Program

The Chair advised of changes to the HPPF work program, and undertook to issue a brief survey to attendees to seek feedback regarding the HPPF arrangements and possible priorities for the future work program.

Close

The next meeting is expected to be held late June/early July.