

DVA Health Consultative Forum

Communiqué

18 January 2018 workshop outcomes

Building on discussion at the 1 November 2017 meeting of the DVA Health Consultative Forum, which was open to DVA's wider health sector stakeholder group, representatives from 15 health sector professional associations attended a DVA meeting to workshop aspects of the draft *Health and Community Services Division (HCS) Health Service Provider Stakeholder Engagement and Communication Strategic Plan* (the Plan).

DVA staff attended from program management, veteran centric reform and communications teams. It was a successful day that generated some great conversation, debate and suggestions in moving forward. The workshop affirmed DVA's established principles, i.e. to work with the sector to ensure that:

- for providers, doing business with DVA is as simple as possible
- you have a DVA relationship manager to discuss issues at the industry, business entity and individual provider level
- DVA can continue to access expert advice to develop veteran health policy and service delivery arrangements, informed by evidence-based research and DVA's strategic priorities
- DVA's engagement activity satisfies the Government's contestability and governance requirements.

Key messages from the day for DVA

Some practical suggestions were noted to promote DVA messages and resources, including:

- Provide data reports that are curated and meaningful. DVA data will help associations identify trends and gaps and provide the evidence behind statistics used by DVA, which associations can take back to their members.
- DVA needs to continue to build its understanding of the different profession groups, and understand what a provider's world looks like.
- DVA's focus has been primary and allied health, a reminder to engage with the acute care sector to promote DVA resources to support effective discharge planning and community support.
- There was much discussion about the DVA website provider pages. DVA needs to support providers to be as autonomous as possible, so think apps, intuitive navigation, portals, not passive webpages with dense outdated duplicated information. Work with the sector to get DVA content in pathways providers already use and build on this (eg Primary Health Networks 'health pathways' platform, desk top software, the AMA's Dr portal and so on).
- Have a clear single point of entry to DVA for providers, with knowledgeable staff and quicker escalation to clinical advisers (acknowledging the frustration clinicians face discussing clinical issues with administrative staff who don't always understand the health care implications).
- Streamline and simplify – it's not a smart form if you have to print it off, write in it and fax or email it back. Real time lodgement – we can track a parcel delivery but not a prior approval request with DVA.
- Work with peak bodies to craft messages to health professionals, DVA doesn't always get the nuanced language right. Use social media more effectively to deliver messages directly to providers' feed.
- Peak bodies want to know about changes affecting their members before DVA issues communications. They are well placed to get DVA's message out quickly and in channels that are most convenient to their members.

- Peak bodies can help identify current and future demand for services from wider community trends. Peak bodies:
 - want to be seen as partners not stakeholders, robust discussion and civil disagreement is healthy. Its ok for DVA to be open about policy changes, including cost implications, peak bodies can help identify alternatives and solutions to convey DVA's messages.
 - want DVA to engage early in the program review/design stage so they can offer thoughtful and meaningful input. Share evaluation and research outcomes – peak bodies can help translate findings into practice.
 - are keen to see problem statements from DVA health business areas, and have access to data to understand the granularity of complex issues and work with DVA to improve health outcomes.
 - noted that just as DVA's client demographic is changing, so is the health workforce. Health professionals are younger, more mobile and tech savvy and frequently change jobs/locations. They probably have more in common with younger veterans than older DVA bureaucrats do, in grappling life post discharge.
 - Data data and more data - what are the recurring health issues raised by providers (by profession) and veterans? If peak bodies don't know, they can't help solve the problem.
- The day finished with working through two case studies: Promoting the recent Webclaim enhancement, targeting manual claimers; and the 2018 Rehabilitation Appliances Program (RAP) Review. The discussion groups provided useful suggestions which have been passed on to the relevant DVA business areas to inform development of engagement and communication strategies and messages.

Next steps: the Chair undertook to:

1. Review the Forum's Terms of Reference.
 - The Chair will consider feedback from this workshop and other recent stakeholder discussions with a view to bringing a revised Terms of Reference back to the Forum. The next meeting 12 April will be open to members of the wider stakeholder group who attended the 1 November 2017 and 18 January 2018 workshop. Further meetings are scheduled for 8 June, 12 July and 2 November 2018.
 - Key changes to the Terms of Reference could include re-naming the Forum to the *DVA Health Providers Partnership Forum* and removing the concept of 'core group' members. Participants will decide their attendance on the basis of agenda items of interest to them.
 - Future meetings will aim to promote consultative problem solving discussions rather than just DVA updates.
 - Any changes to the Terms of Reference will comply with the Australian Government [Governance Policy](#) in terms of clarity of purpose, accountability, transparency and efficient effective arrangements.
2. Develop the Forum's 2018 work program
 - The Chair will consider feedback from the recent Forum meetings, the VCR Adviser workshop, and the recent round of one on one discussions with individual peak bodies.
 - It is intended to table a proposed work program for discussion at the next meeting 12 April 2018.
3. Identify peak bodies' data reporting requirements
 - Work with associations and DVA's Data Management Information System (DMIS) team to develop useful and curated reports.