

DVA Health Providers Partnership Forum: Meeting Summary 2/2019, 3 July 2019

The Chair welcomed a number of new stakeholders to the second DVA Health Providers Partnership Forum (HPPF) for 2019. Attendees discussed a range of issues critical to quality veteran health care.

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

Attendees were referred to the Minister's recent [Media Release](#) which advised the new treatment cycle arrangements that had been scheduled to commence from July 2019, will now begin on 1 October 2019. This will allow more time for DVA to ensure the new arrangements are properly communicated and implemented.

When the treatment cycle commences in October, 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 ends first. 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. For DVA clients who have a Totally and Permanently Incapacitated (TPI) Gold Card, exercise physiology and physiotherapy services are excluded from the treatment cycle. The TPI exemption is a 2019 election commitment. For all other allied health services TPI clients will use the treatment cycle.

In March 2019, DVA held a clinical experts workshop to assist in developing clinical resources to support health providers to implement the treatment cycle. The workshop sought input on features of the treatment cycle including (i) the payment incentive for allied health providers to provide their report to the GP, to be paid at the end of the treatment cycle; (ii) how to ensure continuity of care; and (iii) a one-page template report from the allied health provider to the GP. Provider associations have been invited to provide feedback on the draft materials and DVA will take that feedback into account in refining the materials.

DVA has also reviewed the Notes for Allied Health Providers to incorporate the treatment cycle requirements. The Provider Notes will be updated before the treatment cycle commences. The draft revised DVA Provider Notes and clinical resources have been circulated to the allied health and GP associations affected by the treatment cycle. Providers should note there is no change to the existing [DVA Provider Notes](#) until the new treatment cycle arrangements commence in October 2019.

DVA will hold another consultation forum with clinical experts nominated by provider associations to finalise the clinical resources and other implementation details for the treatment cycle. Information about the measure is available on the [DVA website](#).

Veteran Support Framework

Attendees were briefed regarding implementation of the Veterans' Support Framework (Framework), which provides case management support to veterans with complex needs to navigate and access their entitlements through DVA. The Framework provides DVA delegates with protocols to ensure transparency, accountability, safety and performance measures. DVA's current access arrangements suit nearly 70 per cent of claimants, supported by the [Wellbeing and Support Program](#) which focuses on transitioning members. However vulnerable veterans may benefit from additional support.

The *Triage and Connect* team can provide urgent assessment of vulnerable clients by mental health workers and contracted external case managers and, where appropriate, referral to medical and other community services.

Triage assessment considers whole-of-person needs, including:

- (i) complexity and vulnerability including social supports, financial status, treatment status, claims status and immediate support needs
- (ii) connecting the client with [Open Arms](#), ESOs, and community organisations for immediate support
- (iii) liaising with DVA business areas regarding claims status and entitlements and
- (iv) referral for ongoing single point of contact if required.

As well as being able to improve delivery of wrap around support for vulnerable clients, it is expected the Framework will better highlight systemic issues that can then be mitigated.

Annual Veteran Health Check

Attendees were referred to the Minister's recent [Media Release](#) which advised that from 1 July 2019, two Veteran Health Checks are available to former ADF members:

- (i) the existing comprehensive One-off Veteran Health Check, continues to be available to any former ADF member regardless of their transition date and whether the veteran patient is a DVA client. It is funded under Medicare Items 701, 703, 705, 707; and
- (ii) the new Annual Veteran Health Check for up to five years post discharge is only available to ADF members who transition from the ADF from 1 July 2019, to be claimed using a DVA specific item number, MT701, MT703, MT705, MT707.

The [ADF Post-Discharge GP Health Assessment tool](#) is incorporated into GP practice clinical software *Medical Director* and *Best Practice*, and can be used for all veteran health checks. More information is available on the [at-ease webpage](#).

Chief Health Officer (CHO) Update

DVA's new CHO Dr Jenny Firman discussed topical issues she thought may be of interest to attendees, including:

- (i) Dental Implants – future work needed to consider veteran community needs in the context of market trends, best practice/clinical standards, for example the tension between good dental care now versus managing risk of poor outcomes downstream especially for older clients. This work will have regard to the previous DVA Dental Review and, in due course, will consult with dental advisers and peak bodies.
- (ii) Medicinal Cannabis – can't be prescribed unless all other treatment options have been exhausted. Thus far there have been a small number of requests to DVA, primarily to assist with managing chronic pain and generally this is present with other comorbid conditions. Currently little evidence exists to support treatment of mental health conditions however a number of small trials are underway. The DVA process for medicinal cannabis is lengthy for both prescribers and veterans. It includes the requirement that the Therapeutic Goods Administration [Special Access Scheme](#) and state/territory requirements are met, may require reports from the treating specialist, and then consideration by the DVA pharmacy adviser, Senior Medical Adviser and the CHO.
- (iii) Dr Firman noted DVA's health service offer was well above and beyond the MBS and PBS, reminding attendees that approval to fund unlisted pharmaceutical items can still be considered, under DVA's prior approval arrangements. There was discussion of the resources available to health professionals on the services available for serving members, veterans and their families through Open Arms including the [At-Ease](#) and [Open Arms](#) websites, face to face counselling services, relationship counselling, group counselling and peer support.

Website Improvement Project

Attendees were briefed regarding DVA's Website Improvement Project (WIP). The new DVA website will be released as a public trial site, referred to as 'beta' with content related to cards, mental health and travel topics. The re-development and transition of remaining content related to clients is a priority to complete by the end of the year. Chatbot functionality has been developed and will be released when the redesign and full content review elements have been completed. Ongoing effort will be required to further enhance the chatbot questions and answers.

Work to date has focussed on the veteran user experience. Attention is now focussed on the redesign approach needed for the 'health provider' pages on the DVA website. The WIP team are now working with DVA staff and clinical advisers to co-design the provider information architecture for the beta site <https://beta.dva.gov.au/>. Attendees were asked to support the beta site user acceptance testing in due course.

DVA Assurance – update

The meeting was briefed regarding DVA's Assurance approach, which aims to ensure DVA clients receive the best clinically appropriate health services at the right price and that providers comply with DVA's arrangements per the applicable [Provider Notes](#) and [Fee Schedule](#).

There was discussion of interpretation of DVA's treatment claims data and outliers, and the approach taken to undertake clinical audits and related mitigation activity. DVA undertook to work with relevant peak bodies to ensure messages are framed and communicated appropriately well in advance of targeted profession specific assurance reviews. A number of attendees invited DVA to contact them for discussion offline early in the planning of this work.

Attendees were advised of the pending global renewal of DVA Health Cards, which are reissued every six years. With the implementation of the Veterans Recognition Program and refresh of the DVA Cards to include an image of the iconic red poppy, the global reissue will occur earlier commencing by August 2019. Further to the last meeting's discussion regarding communications to promote the new look Veteran Card, a message targeting providers and suitable for promotion via peak body online channels will be provided shortly.

DVA Data & Insights

DVA's Chief Data Officer (CDO) briefed attendees regarding DVA's data assets and capabilities, and discussed future reporting and analytic opportunities. DVA routinely collects and matches administrative data relating to clients' healthcare episodes which can provide unique insights into the quality, value and outcomes of care provided. Examples of where DVA used data to design targeted policy and program delivery solutions include [Veterans' MATES](#) and [Coordinated Veterans' Care](#) (CVC). DVA is seeking to leverage existing data holdings to meet the Government's current and emerging information requirements. In support of this, a question regarding ADF service is currently being considered by government for inclusion in the 2021 Census.

DVA has partnered with the Australian Institute of Health and Welfare (AIHW), an accredited integrating authority for Commonwealth data, to use their expertise in data development, analysis, and reporting and data governance, to improve DVA's understanding of the more than 70 per cent of veterans who are not DVA clients and build on established AIHW baseline measures. DVA is developing modelling that aims to predict the lifetime trajectory of various client characteristics including service usage and wellbeing status. Foundational work is underway to support a statistical segmentation of our clients, to assist DVA to better understand clients' needs and tailor services and proactive interventions to support lifetime wellbeing for veterans and their families. The meeting was reminded consultation for the [AIHW National Primary Health Care Data Asset](#) closes 28 July 2019.

HPPF survey outcomes

The Chair thanked the survey respondents and reiterated the importance of good relationships between DVA and the health sector. Once DVA has developed a HPPF work program, this might suggest future HPPF working groups and guest speakers. In the meantime, the [HPPF](#) and [DVA Provider News](#) continue to be important and valued engagement channels to communicate information between DVA and the health sector.

Other Business

A brief update was provided in relation to the CVC program

An attendee sought an update on the CVC program. It was noted that a comprehensive review of the program was undertaken in 2014, with results published in 2015. Attendees were advised of the regular evaluation of the program as part of the contractual relationship with Bupa. After discussion about the evaluation measures undertaken by Bupa, DVA committed to sharing a summary of the latest evaluation with the HPPF.

CLOSE: The next meeting is expected to be held early November 2019.