

## DVA Health Providers Partnership Forum (HPPF): Meeting Summary 8 November 2019

Issues discussed at the final HPPF meeting for 2019 related to delivery of quality veteran health care.

**Coordinated Veterans' Care Program** (CVC) Evaluation and Reporting: A summary paper of trends and patterns is being developed by DVA for publication.

**Older Persons Advocacy Network** (OPAN): Veterans are identified as a special needs group under the Aged Care Act 1997. OPAN discussed individual advocacy support under the National Aged Care Advocacy Program, and the Charter of Aged Care Rights introduced on 1 July 2019.

**Australian College of Nurse Practitioners (ACNP)**: The ACNP discussed how nurse practitioners can improve access to care and health outcomes, citing the following: (i) KPMG report, commissioned by the Department of Health, Cost Benefit Analysis of Nurse Practitioner Models of Care, released in September 2019, and (ii) the ACNP's response to the MBS Review Taskforce Report in May 2019.

**Guest speaker: Department of Human Services (DHS) – Adaptor to Web Services Project**: Several online claiming and data recording systems will change from current Adaptor technology and Public Key Infrastructure (PKI) security to Web Services technology and Provider Digital Access (PRODA) security by March 2022. Affected systems include: Medicare Online (including DVA claiming); ECLIPSE (including DVA claiming); Australian Immunisation Register; PBS Online; and Aged Care. Providers using these systems should talk to their software vendor to ensure they have web services compatible software by 2022, more detail is available on the DHS Web Services page.

**2018-19 DVA Budget Measure: Improved Dental and Allied Health**: Information about the measure can be found on the Improved Dental and Allied Health page.

- a) *Treatment Cycle – Update*: DVA wrote to clients who accessed allied health services in 2018-19, their GP and allied health providers, before the introduction of the new treatment cycle on 1 October 2019. The treatment cycle will be evaluated, including the impact on DVA clients and providers, after the first year of operation with a report to be provided to Government late 2020.

The *At Risk Client Framework* was developed to assist GPs to assess whether arrangements outside of the treatment cycle may be required. The Framework aims to provide tailored referral and care for the small percentage of clients for whom the treatment cycle would detrimentally impact upon their health, wellbeing or treatment; and/or place on them an unreasonable burden or imposition. Where a client requires a tailored arrangement, their usual GP should complete an 'At Risk Client Assessment' form and send it to treatment.cycle@dva.gov.au. DVA does not need to approve the tailored arrangement.

- b) *Trials of new funding approaches, and upgrades to allied health schedules*: Consultation on the remaining two elements of the Budget measure will commence early 2020, with implementation expected to commence in 2021. Further improvements are planned to dental and allied health fee schedules to better reflect contemporary services and better support the workforce providing dental and allied health services.

**Veteran Mental Health and Wellbeing Strategy and National Action Plan**: A draft Strategy and National Action Plan is currently being finalised, incorporating input provided through a broad consultation process. Consultation to date affirms the importance of evidence-based accessible health care tailored to reflect the unique nature of military service and its impacts on veterans and their families. This consultation acknowledges the importance of providers understanding the veteran experience, being responsive to individual and local needs, access to after-hours and regional support, and evaluation of services.

**Mefloquine Health Assessments**: In the 2019-20 Budget the Government committed funding for health checks for veterans concerned about having taken anti-malarial medications Mefloquine or Tafenoquine. The initiative allows veterans to be assessed by a clinician who understands the health concerns of those who have taken these medications, the complex conditions with which some veterans present, and the veteran experience.

DVA is in the final stages of negotiations with an external provider to deliver nationally consistent health assessments. Clinical guidance will be developed for GPs to conduct the assessment and will outline the process for referring clients onto other health professionals. In the meantime, veterans are encouraged to register their interest in accessing a health assessment by calling the support line 1800 MEFLOQUINE (1800 633 567).

**Mark Cormack, Deputy Secretary Policy & Programs DVA:** Mr Cormack discussed DVA's changing strategic focus from a treatment to wellbeing model for clients:

a) *Productivity Commission (PC) Inquiry Report 'A better way to support veterans'*: The PC final report tabled in Parliament proposes fundamental reform, with 69 recommendations for a future veterans' support system. Government will finalise its response to the PC report in conjunction with the *Joint Standing Committee on Foreign Affairs, Defence and Trade Inquiry into Transition from the Australian Defence Force* and the *Veterans' Advocacy and Support Scoping Study*. The implementation timeline suggested by the PC concludes in 2025. A copy of the overview can be found on the [A Better Way to Support Veterans Page](#).

Mr Cormack noted six themes in the PC report: (i) governance, (ii) legislation reform, (iii) revised compensation package, (iv) integrated healthcare, (v) prevention and whole of life wellbeing, and (vi) advocacy and support. The PC was supportive of achievements delivered to date by DVA's Veteran Centric Reform Transformation Program and encourages a continuation of this work in parallel with implementation of any of the PC recommendations which may be accepted by Government.

Regarding evidence-based psychological resilience programs used by Defence, attendees noted there are specific resilience programs ADF members participate in from commencement of training, targeted towards achieving the objective of experiencing stressful situations and resuming normal function as soon as possible. Defence's BattleSMART training is a cognitive-behavioural based program that aims to develop arousal reduction techniques and adaptive cognitive coping strategies. ADF transition programs aim to equip members with knowledge and skills to aid reintegration into civilian life after separation from the ADF.

Much work has been done in recent years to identify members most at risk on enlistment and transition, ie generally younger, leaving with less than five years' service, and not leaving voluntarily. More recruits are joining older rather than straight out of school and have a more stable identity and sense of agency, but the majority still join at a time of cognitive restructuring and don't start to get afforded more independence until they progress in rank, which may take 5-7 years.

b) *Veteran Wellbeing Framework*



As part of its broader transformation program, DVA is moving from an illness/compensation model to a wellbeing model of support to empower veterans to achieve greater independence for themselves and their families. DVA developed its wellbeing model based on the Australian Institute of Health and Welfare's (AIHW) person-centred wellbeing model, relevant to all Australians. DVA's model has seven domains of wellbeing including recognition and respect, a domain added to the AIHW model to more closely align to veterans' unique characteristics and wellbeing needs.

Figure 1: Source - DVA 2018-19 Annual Report

[www.dva.gov.au/sites/default/files/files/about%20dva/annual\\_report/2018-2019/DVA-Annual-Report-2018-19.pdf](http://www.dva.gov.au/sites/default/files/files/about%20dva/annual_report/2018-2019/DVA-Annual-Report-2018-19.pdf)

**Chief Health Officer (CHO) Update:** CHO Dr Jenny Firman discussed Medicinal Cannabis, noting the relatively small number of requests sent to DVA, primarily to assist with managing chronic pain and in palliative care settings. There is currently little evidence to support its use in treatment of PTSD. Dr Firman also discussed repetitive Transcranial Magnetic Stimulation (rTMS) and its place in the treatment of treatment resistant depression. rTMS was recently recommended for MBS listing by the Medical Services Advisory Committee.

**Website Improvement Project:** DVA's Beta website is now live. A prototype information architecture for the 'health provider' content was demonstrated to the meeting, content migration is expected to be completed by early 2020. Ongoing feedback can be provided via <https://beta.dva.gov.au> to help develop the new Chatbot 'Pat'.

**CLOSE:** The next meeting is expected to be held early 2020 (February or March).