

Coordinated Veterans' Care Program

Q&As – Patient Treatment Report

What is the PTR?

The Patient Treatment Report (PTR) is a practice support tool that has been designed to provide evidence-based care for the management of chronic illness. The PTR does not, nor is it intended to, replace a doctor's professional clinical judgement as the patient's treating general practitioner.

Information in the PTR is compiled from DVA payment data, and has been used to identify potential gaps in patient care through the analysis of a patient's medical and hospital admission history. Due to the timing of when claims are submitted for processing, the information contained in the report may not be fully reflective of current patient records.

If the report does not list a test or treatment, it does not mean the test or treatment has not occurred. However, it does indicate that DVA has no record of the test or treatment being performed in the relevant period.

What is its intended use?

The PTR will provide information to:

- identify opportunities for optimising patient care
- maintain a comprehensive view of patients' care.

Does the Patient Treatment Report include all of a GPs patients?

The Patient Treatment Report (PTR) only includes information on those patients currently enrolled on the CVC Program. Should any new patients be enrolled on the program, subsequent PTRs for them will be delivered in the quarter following their enrolment.

Why has the Patient Treatment Report been sent to a GP?

A GP will have received the PTR because they have a patient or patients enrolled on the CVC Program. The PTR is a practice support tool for GPs.

Who produces the Patient Treatment Report?

The PTR is produced by Bupa Health Dialog on behalf of the Coordinated Veterans' Care Program, a Department of Veterans' Affairs initiative.

Will there always be hard copies of the report?

Each time a new veteran is enrolled on the CVC Program, a GP will receive the first quarterly report in hard copy format. Future reports are planned for online delivery.

How is the data in the report sourced?

The PTR is sourced from claims data, as held by DVA.

- Hospital – includes public and private hospitals
- Medical – includes claims from GP visits, specialist visits, and other medical services received during a hospital admission
- Prostheses – includes claims associated with prosthetics, human tissue and associated materials used during a hospital admission
- Ancillary – includes claims associated with allied health professionals, dental, optical and associated services

- DVA specific – including services provided specifically for veterans, including community nursing services and Veterans' Home Care services
- Pharmacy – including medications the patient is currently on.

Can the report go to a GPs patients?

The PTR is intended to be a tool for the GP, to use as a support in delivering care to patients with chronic illness, and as such contains sensitive patient information and is confidential. The information contained in the PTR may only be used or disclosed for the purposes of the CVC Program. The PTR must be handled confidentially and strictly in accordance with the Privacy Act 1988 (Cth), and any health records legislation that may be applicable in your State or Territory. The PTR remains the property of the Department of Veterans' Affairs.

Requests for PTR re-mailings

GPs may request a PTR be re-sent to them, however this will not occur until the next mailing cycle and providers should allow up to one month for the replacement copy to be received.