

# DVA HEALTH CONSULTATIVE FORUM

## Meeting Summary 3/2016: 27 October 2016

The DVA Health Consultative Forum's third meeting for 2016 was in Melbourne, Thursday 27 October 2016. Representatives from 17 health associations and one ex-Service Organisation attended. The discussion covered the following topics:

- Veteran Centric Reform;
- Update on the DVA Dental and Allied Health Review;
- PMA update;
- DVA programme update, including: ESORT Hearing Services Working Group; Wound Care Resource; Veterans' Medicines Advice and Therapeutics Education Services (Veterans' MATES); DVA Provider News subscription service; Prior Approval Project; Assurance; and
- DVA Provider Engagement.

### **Veteran Centric Reform**

\$48.7 million was allocated in this year's Budget to support efforts to shift DVA's focus from claims to clients:

- \$24.8 million to develop a detailed 'second pass' business case that will outline how DVA can redevelop its current business model and service offering, and transform into an organisation that puts veterans and their families at the centre of its thinking, services and systems.
- \$23.9 million for the 'Improved Processing Systems' (IPS) project, to undertake urgent technical work to ensure critical compensation and rehabilitation processing systems operate effectively while the transformation program is developed.

DVA is working closely with stakeholders to ensure the future model developed meets the needs of the veteran community. For providers, this approach aims to deliver better online information and to assist decision making in the future.

### **Update on DVA Dental and Allied Health Review**

The meeting noted the purpose of the review and how the review is structured to bring experience, clinical expertise and evidence to the review process.

Working groups established across five clinical categories (dental, mental health, musculoskeletal, optical and 'other clinical') have identified principles of care to guide their discussions. Treatment should be evidence based, clinically appropriate, veteran centric, coordinated, collaborative and multidisciplinary, deliver optimal health outcomes and enable client self-management.

The working groups considered whether allied health services currently being provided to veterans align to these agreed principles of care. The working groups suggested possible areas to improve the current arrangements, and DVA is considering the options. There will be further working group consideration, and associations will be invited to meet with DVA to discuss aspects of the review particular to each profession.

### **PMA update**

The Principal Medical Adviser (PMA) briefed the meeting about the various stakeholder engagement activities he has been involved with in 2016.

The PMA discussed with members the need for evidence based treatment and provided an update on a range of health issues impacting DVA clients: the expansion of Non-Liability Health Care; urgent mental health treatments; and special prior approvals (for example anticancer drugs, cardiac surgery TAVI, gender affirmation surgery and prostatic surgery).

### **DVA Update**

ESORT Hearing Services Working Group

DVA has established a working group under the Ex-Service Organisation Round Table (ESORT), a key client consultative body, to consider issues about delivery of hearing services to DVA clients. The working group had determined:

- The combination of a remote radio frequency microphone Assistive listening device (ALD), worn with hearing aids, provides superior performance in noise and over distance than is possible from any hearing aid alone.
- Hearing aids with directional microphones available on the fully subsidised and partially subsidised OHS device schedules generally provide about 2dB improvement in signal-to-noise ratio over hearing aids with omni directional microphones.
- Hearing aids with super directional (or 'beam forming') microphone technology give about a 5dB improvement in signal-to-noise ratio.
- ALD wireless remote microphone units (including fully subsidised hearing aids) give up to 15dB improvement when used correctly in conjunction with a hearing aid.

The next working group meeting 4 November 2016 will discuss better targeting and an improved communication strategy, and rehabilitation assistance to veterans to learn how to optimise their hearing environment.

#### Wound Care Resource

DVA had been in partnership with Monash University for more than 20 years to develop and maintain wound care management resources. These materials consisted of large format posters and flip-book Wound Identification and Dressing Selection charts.

In 2016 these materials were reviewed with the view to developing a revised edition as a mobile optimised website resource. Consequently revised content has been produced under the auspices of the Advisory Wound Care Committee, a subcommittee of the Repatriation Pharmaceutical Reference Committee.

The new resource will be launched in time for the Wounds Australia Conference in Melbourne on 9-12 November 2016. DVA is hosting a booth at this conference.

#### Veterans' Medicines Advice and Therapeutics Education Services (Veterans' MATES) Update

The latest module has been released, ***Antipsychotic use in BPSD: limited benefits, high risks***, which focuses on limiting the use of antipsychotic medicines for behavioural and psychological symptoms of dementia (BPSD). The module highlights the importance of personalising care, using non-pharmacological strategies, and minimising the use of antipsychotics for patients with dementia. More information on Veterans' MATES is on the [www.veteransmates.net.au](http://www.veteransmates.net.au) website.

#### DVA Provider News – Subscription Service

DVA had undertaken to launch a subscription e-newsletter version of 'DVA Provider News', an article series hosted on the DVA website. Members were invited to review the test edition of the newsletter and provide feedback to inform development of the First Edition.

Members will be asked to promote the First Edition newsletter to their association members to encourage subscriptions. Members are invited to provide article ideas to assist development of future regular editions of the subscription newsletter.

#### Prior Approval Project

For some health services, providers must seek prior financial authorisation from DVA (prior approval) before rendering services to the DVA client. For providers, the current process of obtaining prior approval is manual, inefficient and costly.

DVA is reliant on the Department of Human Services (DHS) to deliver IT solutions and must purchase the priority delivery of system enhancements. Members were advised that as well as the second phase of Webclaim enhancement, DVA has requested DHS to analyse and cost the

development of an Online Prior Approval (OPA) process for health providers and suppliers to lodge prior approval requests electronically with Medicare.

OPA will serve as a one stop shopfront for a range of provider services with efficiencies for providers, DVA and DHS. It is hoped OPA will incorporate a correspondence facility enabling the decision, relevant supporting information or request for further information to be forwarded electronically to the health provider, supplier and/or veteran. Where possible OPA will also extend to providers whose MBS registration is only to provide DVA products and services, e.g. medical grade footwear suppliers.

### Assurance

The Chair provided an overview of DVA's Assurance Framework which seeks to assure quality health outcomes for veterans. This approach is already working well in some program areas, for example CVC and Veterans' MATES and is now looking at veteran health outcomes more broadly. The Chair advised members of the following key findings:

- the vast majority of providers are doing or trying to provide the best care for DVA clients;
- same day provision of service policy did not match the DHS business rules;
- mobile providers and some other providers are not complying with the rules for claiming a kilometre allowance when travelling to treat DVA clients;
- a number of providers have been provided with education on DVA's requirements when treating DVA clients;
- some providers have had to repay funds claimed inappropriately; and
- other cases have been referred to the Director of Public Prosecutions for action.

## **DVA Provider Engagement**

### Reflections

Forum member Dr Tony McHugh, Australian Psychological Society briefed the wider stakeholder group about the Forum's achievements for 2016, including an overview of the DVA Health Consultative Forum discussions (23 March and 28 July 2016) and annual DVA and association meetings (one-on-one) meetings.

Members expressed relationship management following implementation of the reshaped engagement arrangements had been effective. The 22 one-on-one meetings conducted in 2016 had resulted in around 80 action items for DVA (most of which have been responded to) and 6 meetings still had open action items.

### Looking Forward

Members discussed the effectiveness of DVA's reshaped engagement arrangements and agreed there was no need for scheduled annual association meetings for 2017, and that association representatives will request meetings with DVA as needed. The meeting agreed access channels into DVA need to be clear. Members stated it would be helpful if the same representative would attend all stakeholder meetings to ensure consistency and continuity.

The Chair determined reactivating the Forum's working groups will be revisited in 2017 when outcomes from the DVA Dental and Allied Health Review consultation are more apparent.

### DVA's proposed provider engagement and education focus for 2017

Members discussed what works in a practice setting to promote the DVA brand and information and advised that webinars were useful. There was positive and negative feedback regarding the ease of navigating DVA's website.

DVA's conference focus the last two years has engaged broadly across primary and allied health streams. Next year's conference approach will be pared back to focus on GPs, practice managers and practice nurses. Only national events will be supported, and for allied health events only where DVA has a specific business need to address.

DVA will continue to work with peak bodies to publish topical messages in appropriate newsletters and professional journals.

### **Meeting Schedule**

Dates for the 2017 Forum meetings will be set in the New Year. The next two meetings will be of the smaller group of 13, hosted in Canberra and video conferenced from other DVA locations. The last meeting for 2017 will bring this wider stakeholder group together again.