DVA & the health care sector

Stakeholder Engagement Workshop

16 June 2015

Where we've been and where we're going

DVA is committed to working in partnership with stakeholders to implement the Smaller Government measures. We want a collaborative conversation with you to understand what works well and not so well with our current stakeholder engagement arrangements, and to co-design our future engagement arrangements.

DISCLAIMER:

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Smaller, more agile Government

Governments everywhere are facing the challenge of delivering services in increasingly complex environments to meet the needs of their citizens, but with less funding in real terms. In response, the Australian Government introduced its [1]***Smaller Government*** measure to improve the efficiency, effectiveness and focus of the Commonwealth public sector to ensure resources are targeted to enhance service delivery.

The Smaller Government measure builds on related reform activity, i.e. red tape reduction, contestability framework, agency capability reviews etc. The *Australian Government Governance Policy* (AGGP) key principles require DVA's consideration of:

- opportunities to leverage similar existing activities, inter/intra government
- outcomes focussed governance structures that provide: clarity of purpose and interactions; accountability; transparency; and efficiency. Terms of Reference (ToR) must include clear sunset or review dates (generally not greater than 5 years)
- engagement and collaboration with citizens and delivery agents to improve delivery
- delivery frameworks that facilitate effective planning, governance, and support continuous improvement and innovation.

As at 15 December 2014, forty-eight DVA committees and statutory bodies were listed on the new online *Australian Government Organisation Register*. Twenty of these DVA committees in the health, research and commemorations business areas were subject to a Smaller Government Tranche 3 (SGT3) decision to cease, sunset, merge or be reviewed. Attachment 4 describes the SGT3 decisions impacting committees in our health business area that have health sector representation.

DVA advised outgoing members of affected external organisations of the Government's SGT3 decisions, closed off current arrangements where practicable, and provided reassurance regarding DVA's commitment to continued engagement with the health, research and commemorative sectors.

Why we want your views

In DVA's health business area, we must merge six consultation and clinical reference groups into no more than two committees (see Attachment 4)**.** The former six committees had varying ToR, strategic focus, sector representation, accountability, reporting and resourcing arrangements.

Implementation of the SGT3 decisions is an opportunity to refresh our partnership with the health sector. Outcomes from the workshop will help us develop a stakeholder engagement strategy, which includes committees but will also comprise other elements. We will also consider how DVA's reshaped committee arrangements can best serve our strategic agenda to meet our clients' needs, now and into the future.

DVA wants to continue to work in partnership with the health care sector to enhance veterans' health care policy and service delivery arrangements. This partnership has allowed us to build positive and proactive relationships with various sectors: medical, allied health, nursing, pharmaceutical, and hospitals. These relationships provide mutual access to a range of communication channels for the exchange of information.

Where we're going

DVA will continue to need access to expert clinical advice in order to develop veteran health policy and service delivery arrangements. Professional associations will continue to require access to consultation pathways with Government to represent industry issues on behalf of their members.

Outcomes from the DVA stakeholder engagement workshop on 16 June will assist us to reshape how we have strategic, policy, and programme focused conversations with different elements of the various health care sectors. Your participation will help us develop a stakeholder engagement strategy and new ToR for DVA's future committee arrangements that also comply with the AGGP.

[1] http://www.financeminister.gov.au/publications/docs/towards-a-sustainable-future.pdf

[For the purposes of this workshop, DVA's research, transport, commemorative and mental health sector stakeholders are out of scope.]

- ***Professional Associations' role***

Professional associations are critical in providing their members with a voice to Government (including DVA) and the wider Australian community. Associations also facilitate access to continuing professional development, educational resources, support, and networking opportunities. Individual health care providers play an equally essential role in supporting DVA in our mission "*To support those who serve or have served in the defence of our nation …*".

The health care sector comprises various organisations dedicated to providing health care services and products to the Australian community. DVA is committed to fostering positive and collaborative relationships with the sector for the benefit of our clients.

Previously DVA has worked with the sector through topic specific consultative fora which have not always best served a whole of person or whole of programme view. The upcoming workshop will discuss ways to address this in any future model. It is acknowledged there may be a number of items outstanding from the previous committee arrangements. The workshop may also consider how best to take those items forward.

- ***DVA's strategic focus: Towards 2020 [2]- client focused, responsive, connected***

The veteran community is a unique group when considering health consumer perspectives. Our clients have similar needs and experiences when navigating through the health system as for the general community, however there are significant differences and challenges. DVA clients often have more chronic conditions, particularly the older cohort, whereas the younger cohort may present with complex needs often exacerbated by mental health and other issues attributed to their service.

DVA supports more than 300,000 clients, through treatment cards and other benefits and services such as income support. The DVA client population is forecast to reduce over coming years, from approximately 320,000 currently to around 216,000 by 2025[3]. This is primarily attributed to the decline in veteran numbers in the WW2 cohort. Improvements to health care in the wider population and advances in combat medicine generally mean operational deaths are infrequent, with current serving and former ADF members rehabilitated and able to stay in the workforce for longer, with all the social and health benefits this entails.

DVA is one of the biggest single purchasers of health services in the Australian context. Annually, Australia spends over $140 billion on health care[4], with DVA accounting for around $5.6 billion[5] of this. Health care services accessed by DVA clients include medical, hospital, pharmaceutical, allied health and mental health services. In 2013-14 [6]over 200,000 clients received more than 30 million separate services, delivered by more than 142,000 individual health care providers.

- ***Environmental context***

Australian Government forecasting[7]shows health expenditure doubling over the next 40 years, with state government expenditure also expected to significantly increase. By 2054 the number of Australians aged 65 and over will more than double. Addressing changing risk factors and social/health determinants will impact the Government's policy settings.

Some future challenges for Government (including DVA) and the health sector include managing the impacts of the ageing population (impact to client/patient profile and health workforce), the impact of technology on treatment and service delivery, implementing the Government's citizen-centric and other

[2] http://www.dva.gov.au/sites/default/files/files/publications/corporate/towards2020.pdf
[3] http://awsp76:81/about-dva/statistics-about-veteran-population
[4] http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129548150
[5] •DVA has financial responsibility for the veteran portion of the Australian Government Subsidy for residential aged care which assists around 27,000 veterans and widow/ers living in permanent residential care ($1.5 billion of DVA's total $5.6 billion health care appropriation).
[6] DVA Data Management Information System
[7] http://www.treasury.gov.au/~/media/Treasury/Publications%20and%20Media/Publications/2015/2015%20Intergenerational%20Report/Downloads/PDF/02_Exec_summary.ashx

reform agendas (smaller government, red tape reduction, agency capability reviews etc) and new policy initiatives (i.e. National Disability Insurance Scheme, Primary Health Networks etc).

As a relatively small agency DVA must remain knowledgeable about the increasingly complex environment we operate in, so we can leverage wider sector and cross government arrangements. We work closely with the Ex Service Organisation community, the Department of Defence and the research sector to focus our research agenda and to inform our strategic policy development.

- ***Principles guiding the workshop discussion***

The workshop will ask how our previous arrangements have been useful to you and your members in understanding DVA's requirements and the services available to our clients. We will ask you to consider how DVA could structure its sector engagement strategies to ensure they are effective in ensuring DVA's programs best meet the needs of clients. You will also be asked to consider how to maximise the value to your association from participation in future engagement arrangements with DVA.

Implementing the new AGGP requires cross government consideration of how best to engage with sector stakeholders. The DVA workshop will help inform those considerations.

The Department of Health promotes and funds health services for the Australian public. As the health policy arm of the Australian Government, Health is embarked on major change processes to implement its twelve Smaller Government decisions and other activity (e.g. the Medicare review, My Health Record, agency capability review, implementation of the new Primary Health Networks, and the red tape reduction community consultation[8]). DVA works closely with the Department of Health in developing health policy settings and arrangements.

The Department of Human Services (DHS) provides a range of social and health services and payments on behalf of the Australian Government. DHS revisited the focus and operation of its health-focused Stakeholder Consultative Group in 2014 in response to the 2013 Commission of Audit (CoA) report. The CoA recommendations informed many of the smaller government decisions. Stakeholder Consultative Group members provided input to this process which resulted in a new operating model and refocused agenda. Several DHS Stakeholder Consultative Group members are also members of DVA's advisory groups. DVA works closely with DHS in relation to matters affecting claiming and payment channels for providers working under DVA arrangements.

- ***Workshop discussion***

The attached material will inform the discussion at the workshop 16 June 2015:

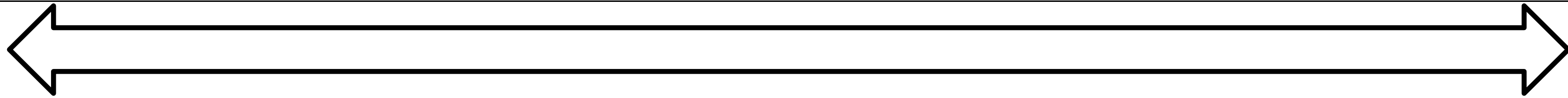
Attachment 1 is a stakeholder engagement matrix against which the workshop will be asked to begin to map interactions between the health sector and DVA and preferred communication channels.

Attachment 2 is a summary of a recent online survey completed by individual practitioners who provide services under DVA arrangements.

Attachment 3 is an overview of issues outstanding from the previous DVA committee arrangements.

Attachment 4 shows current sector stakeholder overlaps with DVA SGT3 committees. The colour shading indicates the groups which are merging, i.e. Allied Health Advisory Committee, Dental Advisory Committee, Optical Advisory Committee and Rehabilitation Appliances Programme Reference Groupwill merge in to one committee; Community Nursing Clinical Advisory Committee is included to ensure nursing sector representation. Health Innovation Clinical Reference Group and Local Medical Officer Advisory Committee will also merge into one committee.

[8] https://consultations.health.gov.au/



	INDIVIDUAL RELATIONSHIP ISSUES	UNIQUE PRODUCT & PROGRAMME ISSUES	COMMON INDUSTRY WIDE ISSUES
	Entity Contract Manager	**Programme Manager** Director	**Strategic Policy** Industry & DVA Assistant Secretary
Purpose of conversation with DVA	**Transactional – relationship management with individuals** • Processing Claims • Seeking outcome/decisions (prior approval and other) • Manage contractual outputs	**Information & Consultation** • Ensure clear, consistent guidance: Provider Notes, Fee Schedules, FAQs, FactSheets • Consider industry feedback in policy/ programme development activities at the professional association level	**Consultation & Negotiation** • Expert advice as to the clinical appropriateness of models of care and/or emerging technologies, products etc • Industry representation regarding impact of DVA veteran Health policy and service delivery at the systemic level
Professional Association			
Business entity			
Individual practitioner			
Patient feedback *i.e. DVA Complaints Feedback Management System, correspondence*			

MATRIX - STAKEHOLDER CONVERSATIONS & GOALS

ATTACHMENT 1

Thinking about the stakeholder matrix and DVA's service provider arrangements, we would like you to map the issues your association has an interest in, and where on the DVA stakeholder matrix this sits.

We currently obtain feedback (individual practitioner, entity and sector) from:

- clients and ex service organisations (Complaints Management & Feedback System)
- Provider helpline and email
- Contract manager
- Consultation - expert advisory groups, regular meetings with DVA and other Government departments and workshop forums
- Provider education - Conferences (DVA sponsorship and speakers, provider education materials), webinars, podcasts, online DVA training for CPD points – CVC, community nursing, mental health
- Magazine articles and professional journals, newsletters
- Online - internet (Factsheets, provider notes etc), social media i.e. Facebook, Twitter and Linkedin
- Surveys – DVA and DHS

Possible questions for the workshop:

Past view:

- What has been the value to your organisation in participating on DVA health committees previously, in particular any of the 7 groups under discussion (AHAC, DAC, OAC, RAPRC, CNCAC, LMOAC & HI CRG)
- What has worked well and not so well with our previous committee arrangements? What do you want to see more/less of?
- Did the Terms of Reference deliver agreed outcomes? Were you able to contribute your organisation's perspective and analyse and evaluate information presented?

- Did the organisations attending provide the right mix of skills/views for the committee to perform effectively?

Future view:

- Why/what do we need to talk about in any future arrangements?
- Why/when should we communicate with each other online, face to face, telephone, paper?
- When meeting face to face, how often/what format/member composition?

What are the barriers to online engagement with DVA/DHS – what can we do about it?
How can we encourage individual practitioners to access information about DVA's service provider arrangements?

2015 Health care services provider survey results

ATTACHMENT 2

Providers

- 617 providers completed the survey, overwhelmingly AH (32 medical)
- 81% work in a practice setting
- 6 health professionals on average work in a practice

- 54% work in a single discipline practice
- 31% work in NSW/ACT
- 34% are satisfied with DVA service provider arrangements

DVA patients

- 58% treat 2 or less DVA patients
- 39% are satisfied with DVA programmes and services for patient care
- 74% confirm eligibility from the DHS Health care confirming entitlement
- 66% have not experienced barriers in providing access to DVA funded services/programmes for patients

Technology/social media

- 43% don't use mobile devices when treating DVA patients
- 90% use the DVA website
- 58% would not use a limited access Facebook page
- 49% somewhat know where to find information on business support tools

Professional associations

- 97% of providers are members of a professional association
- 67% receive communication via email
- 34% have sought advice regarding DVA patients
- 44% sought advice in regards to claiming
- 52% receive communication from the Government through associations
- 55% receive information regarding DVA through their association

Medicare Locals

- 50% do not engage with their Medicare Local

Communicate with DVA

- 44% communicate with DVA via telephone
- 68% contact DVA about claiming
- 37% are neither satisfied nor dissatisfied with communication channels when interacting with DVA
- 49% prefer communication through email
- 65% have not contacted DVA Medical advisers
- 55% have not experienced difficulties obtaining information on DVA programmes and services
- 52% do not find professional activities useful

Health Professional Online Services (HPOS)

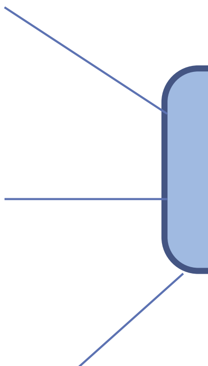
- 46% do not use any HPOS services
- 46% do not use HPOS services for DVA services
- 76% do not access HPOS through their practice management software
- 20% found their experience with HPOS difficult
- 11% found their experience with HPOS on an ongoing basis easy
- 12% found HPOS supports them easier
- 11% found HPOS easy to use

National Health Service Directory

- 46% are not aware of it

Provider Commentary

> *Thank you for including us in the care of the veterans. It is a privilege to look after them.*
>
> *Service has greatly improved in recent years for me and my patients, thank you.*
>
> *I am more than pleased with the services and interactions with all persons from DVA*



Support multiple access points -

Phone, webclaim, email & fax - Including easier access to DVA medical advisers

Improve communications -

Timely, targeted & consistent messages

Better support with provider education -

GPs & practice managers regarding services available to DVA patients

Clear guidelines -

Eligibility criteria & claiming

Cut red tape –

Processes, care plans

5 Distinct Themes

Overview of issues outstanding from the previous committee arrangements. **ATTACHMENT 3**

Committee	Action item	Comment
Allied Health Advisory Committee (AHAC)	SARRAH to provide a submission to DVA outlining the factors and clinical requirements to support the provision of equitable services for rural people.	DEFERRED SARRAH requested the item be deferred
Community Nursing Clinical Advisory Committee (CNCAC)	N/A	N/A
Dental Advisory committee (DAC)	DVA to provide a response to the member association's submission on item 949, and clarify the descriptors for item 949, before the end of this calendar year.	Relevant changes have been made to the Dental Fee Schedule and the Notes for Providers in relation to the descriptors for D/S949 are pending.
	DVA to send Webclaim dental service provider utilisation statistics to member associations once it is made available from Department of Human Services (DHS).	At the end of February 2015, 18,258 claims were processed for dentists since DVA Webclaim commenced in September 2014.
	DVA to advise members what arrangements apply to PKI administrator access to Webclaim services.	Practice managers and staff can request an individual PKI and be delegated authority by providers to claim on their behalf.
	DVA to follow up with DHS regarding provider registration issues.	DHS will only register providers for Commonwealth Claiming purposes. Where a provider is requesting a Medicare provider number for Private Health Insurance purposes, they will no longer be issued with a Medicare provider number. However if the provider intends on claiming for services through DVA, DHS will register and issue a provider number. This is the official DHS policy and has been clarified with the Medicare Provider Registration team.
Health Innovation Clinical Reference Group (HI CRG)	ToR provide for provision of clinical expertise, advice and feedback to the development and implementation of health innovation programs.	The Veterans' InHome Telemonitoring Trial Safety Monitoring Committee is an internal advisory group that seeks clinical expertise as necessary from the CRG – any future CRG arrangements will need to include consideration of advice for innovative and emerging models of care and technology for DVA. Given the CRG's input to the design and implementation of the CVC Program, should the CVC evaluation findings result in policy changes CRG members may welcome an update, particularly if change champions are needed to promote new messages.
Optical Advisory Committee (OAC)	N/A	N/A
Pharmacy	General feedback from business area: need to ensure – • A listing mechanism/process for items on the RPBS • Advice on the clinical appropriateness of a range of pharmaceutical items, wound care products and other items (e.g. over the counter products)	A review of the RPRC roles and responsibilities needs to be undertaken in the context of a changing environment and the Smaller Government principles. Whilst RPRC was not included in the SGT 3 decisions it needs to meet the same AGGP principles.

Local Medical Officer Advisory Committee (LMOAC)	The secretariat to email members to seek advice as to the specific issues and questions that are to be addressed in relation to aged care services, the Ageing in Place program and the ACAP assessment process so that DVA can feed these through to Department of Social Services (DSS) for response.	ONGOING Action item to be considered by the new arrangements.
	DVA to invite member feedback on concerns around the HMR billing arrangements and DVA to provide this feedback to the Pharmacy Guild.	ONGOING Action item to be considered by the new arrangements.
RAP Reference Group	RAP Operations to write to Professor Al Muderis, State and Territory ALS, and prosthetists, informing them of this.	ONGOING Action item to be considered by the new arrangements.
	RAP Operations to convene a meeting with Primary Health Care Policy to work through the issues relating to PA, osseointegration and prosthesis modifications.	ONGOING Action item to be considered by the new arrangements.
	RAP Operations and Policy to examine the feasibility of placing wearable insulin pumps on the RAP Schedule.	ONGOING Action item to be considered by the new arrangements.
	General feedback from RAP business area: need to ensure – • A listing mechanism/process for changes to the schedule • And to keep associations informed of RAP changes (listings, de-listings, guideline changes, contractual arrangements).	Associations' feedback welcomed as to how to ensure more effective communication in this area.

HEALTH SECTOR REPRESENTATION ACROSS DVA H&CS DIVISION ADVISORY GROUPS affected by a SGT3 decision (external members, most committees include staff from DVA as ex-officio members, advisors or secretariat) - refer to the AGOR for the complete listing of all DVA advisory groups	**Allied Health Advisory Committee** **SGT3 - Merge the functions of the RAP Reference Committee, DAC & the OAC into the AHAC**	**Dental Advisory Committee** **SGT3 - Merge its functions into the Allied Health Advisory Committee - CEASED**	**Optical Advisory Committee** **SGT3 - Merge its functions into the Allied Health Advisory Committee-CEASED**	**Rehabilitation Appliances Program Reference Committee** **SGT3 - Merge its functions into the Allied Health Advisory Committee - CEASED**	**Community Nursing Clinical Advisory Committee -** **SGT3 - Cease the body - COMPLETE**	**Local Medical Officer Advisory Committee** **SGT3 - Merge the LMOAC into the HI CRG-CEASED**	**Health Innovation Clinical Reference Group** **SGT3 - Merge with the LMOAC**	**eHealth Technical Advisory Group** **SGT3 - Cease the body by 1 July 2015 - COMPLETE**	**MATES Practitioner Reference Group** **SGT3 – Sunset 30 2015 when contracts are due to expire**	**MATES Writing Group** **SGT3 - Sunset 30 June 2015 when contracts are due to expire.**	**Pay for Performance Advisory Committee** **SGT3 - Review during the next tender in 2016**
Audiology Australia	√										
Australian Diabetes Educators Association	√										
Australian Dispensing Opticians Association			√								
Australian General Practice Network						√			√		
Australasian Faculty of Rehabilitation Medicine				√							
Australian Association of Social Workers	√										
Australian College of Nurse Practitioners					√						

Australian College of Nursing							√				√
Australian College of Mental Health Nurses Inc					√						
Australian Commission on Quality and Safety in Health Care											√
Australian Dental Association		√									
Australian Dental Prosthetist Association		√									
# Australian Medical Association				√		√	√				√
Australian Medicare Local Alliance (disbanded 30/06/2014)							√	√			
Australian Medicines Handbook										√	
Australian Nursing & Midwifery Council					√						
Australian Nursing & Midwifery Federation					√		√				
Australian Physiotherapy Association	√			√							
Australasian Podiatry Council	√										
# Australian Psychological Society	√										

Australian Practice Nurses Association							√				
# Australian Private Hospitals Association											√
Catholic Health Australia											√
Chiropractors Association of Australia	√										
(The) College of Nursing					√						
Council of Remote Area Nurses of Australia					√						
Dietitians Association of Australia	√										
Exercise & Sports Science Australia	√										
Luxottica Retail			√								
NPS MedicineWise									√	√	
Occupational Therapy Australia	√			√							
Optical Distributors and Manufacturers Association			√								
Optometry Australia (formerly known as Optomestrists Association Australia)			√								
Osteopathy Australia	√										
Palliative Care Australia					√						

^ # Pharmacy Guild											√
Repatriation General Hospital, SA Drug & Therapeutics Information Service									√	√	
(The) Royal Australian & New Zealand College of Ophthalmologists			√								
^ # Royal Australian College of General Practitioners						√	√	√	√		
Royal Australian College of Physicians							√				√
Royal Australian College of Surgeons											√
Royal College of Nursing					√						
^ Royal District Nursing Service				√							
# Rural Doctors Association of Australia						√	√				
# Services for Australian Rural and Remote Allied Health	√										
Speech Pathology Australia	√										

Key:

^ these stakeholders are also on other DVA committees, i.e. the Pharmacy Guild and the RACGP are also on the Repatriation Pharmaceutical Reference Committee, and the RDNS is also on the Community Nursing Reference Group.

DHS Stakeholder Consultative Group member on a DVA SGT3 advisory group

DHS SCG members not currently on a DVA SGT3 advisory group:
Allied Health Professions Australia (AHPA)
Australian Association of Practice Management (AAPM)
Committee of Presidents of Medical Colleges (CPMC)
Consumers' Health Forum (CHF)
Department of Health (Health)
Leading Age Services Australia
Medical Software Industry Association (MSIA)
Pharmaceutical Society of Australia (PSA)
Private Health Care Australia
Society of Hospital Pharmacists of Australia (SHPA)

ToR of the six SGT3 groups to merge down to two groups (CNCAC included for completeness/visibility of ToR):

Allied Health Advisory Committee (AHAC)	Dental Advisory Committee (DAC)	Optical Advisory Committee (OAC)	RAP Reference Group (RAP RG)	Community Nursing Clinical Advisory Committee (CNCAC)	Health Innovation Clinical Reference Group (HI CRG)	Local Medical Officer Advisory Committee (LMOAC)
Terms of Reference: The AHAC will facilitate communication and liaison between the Department of Veterans' Affairs (DVA) (representing the Repatriation Commission) and relevant key representatives from the peak associations for allied health professionals for the purposes of: • canvassing matters of interest to both DVA and allied health professionals who provide services to the veteran community; • providing feedback to DVA on matters affecting DVA's arrangements relating to the provision of allied health services t to the veteran community; • increasing allied health and DVA understanding of the issues affecting veteran patients (including dependants).	**Terms of Reference:** The DAC is not an industrial committee; rather it is an advisory committee to DVA on dental matters. The DAC will facilitate communication and liaison between the DVA (representing the Repatriation Commission) and relevant key representatives from the peak associations for Dental professionals. The purpose of the DAC meetings is to: • advise the DVA on various aspects of its arrangements for dental services; • have a strategic industry focus; • provide input, direction and advice o the policy framework dental services; • consider and advise on policy and procedures relevant to dental services; • share information and discuss issues affecting dental services; • canvass matters of interest to both DVA and dental professionals who	**Terms of Reference:** The OAC will advise the Department on: • various aspects of its arrangements for optometric services and supplies; • policy changes taking into account information and proposals gained through industry standards, veterans' needs and feedback received through industry consultation; • have a strategic industry focus; • share information and discuss issues affecting optometric services and supplies; • provide appropriate clinical advice and industry perspective in emerging technologies, treatment methods and changes in the structure of the industry; • Provide advice on areas of need and contribute to policies to address identified areas of concern; • Contribute to the development of health policies targeting younger veterans and their dependants.	**Terms of Reference:** • The Committee considers and makes recommendations to the Department in respect of the listing of individual aids and appliances on the Schedule having consideration to all submissions received by the Secretariat, and advice provided by departmental policy staff and medical advisers. • Where listing is recommended the Committee makes further recommendation in respect of those health providers authorised to prescribe individual aids and appliances, and the limits on quantity and duration of supply • Where listing is not recommended the Committee makes further recommendation as to whether the item should be eligible for supply on a one-off basis in	**Terms of Reference:** The CNCAC will represent the views of the community nursing industry, provide expert advice on issues of common interest, and advise on specific initiatives in the DVA Community Nursing program. This communication is an integral part of the continuing development and improvements within the Department's Community Nursing program. The CNCAC provides the Department with current industry-wide advice on matters of nursing standards, best practice, work force issues, and changes within the community nursing industry. ToR include reference to arrangements for appointment and resignation, and conflict of interest	**Terms of Reference:** The role of the HI CRG is to provide advice to DVA in relation to the design and implementation of the CVC Program and eHealth projects, with a focus on the In-Home Telemonitoring for Veterans Trial. The HI CRG will: • contribute clinical expertise, advice and feedback to the development and implementation of health innovation programs; • contribute clinical expertise in relation to the clinical implications of the new technologies for the telemonitoring trial; • consider program developments / issues / arrangements in the health innovation arena; • provide a forum for liaison and exchange of ideas between external stakeholders and DVA on matters of interest to DVA's health innovation activity;	**Terms of Reference:** The LMOAC is not an industrial committee; it is an advisory committee to DVA on LMO matters. The LMOAC facilitates communication and liaison between the DVA (representing the Repatriation Commission) and relevant key representative bodies for general medical practitioners for the purposes of: • promoting effective dissemination of information from DVA to Local Medical Officers (LMOs); • facilitating feedback of LMOs' views on departmental initiatives and processes; • advising DVA on the conduct of educational activities for LMOs, which relate to veteran-specific health issues; • assist in the promotion of coordinated care for veterans;

ToR include AHAC Standing Procedures.	provide services to the veteran community. ToR include information about resources and evaluation.		particular circumstances. • The Committee oversees periodic reviews of the RAP Schedule as requested. • The Committee may also be requested to undertake evaluations of aids and appliances out-of-session. ToR also include: • Guidelines for new item submissions • Listing • Protocol for new item submissions		• communicate relevant information to and from their organisation in relation to the project..	• facilitating DVA liaison with key representative general practitioner bodes; • promoting aged care issues at both undergraduate and postgraduate levels; • assisting in the formulation of Veterans'' Affairs policy pertaining to primary health care' and • increasing DVA's understanding of the issues that affect general practice.
Membership 14 associations	**Membership** 2 associations	**Membership** 5 associations, 1 business	**Membership** 5 associations	**Membership** 8 associations	**Membership** 7 associations, 1 ESO	**Membership** 4 associations
Confidentiality Deed Yes	**Confidentiality Deed** Yes	**Confidentiality Deed** Yes	**Confidentiality Deed** No	**Confidentiality Deed** Yes	**Confidentiality Deed** No	**Confidentiality Deed** Yes
Remuneration Sitting fees (where clinical services would normally be provided) and travel assistance.	**Remuneration** Sitting fees (where clinical services would normally be provided) and travel assistance.	**Remuneration** Sitting fees (where clinical services would normally be provided) and travel assistance.	**Remuneration** Sitting fees (where clinical services would normally be provided) and travel assistance.	**Remuneration** Committee members are not paid sitting fees however are paid travel assistance.	**Remuneration** Sitting fees (where clinical services would normally be provided) and travel assistance.	**Remuneration** Sitting fees (where clinical services would normally be provided) and travel assistance.
Secretariat DVA, as detailed in the ToR	**Secretariat** DVA, as detailed in the ToR	**Secretariat** DVA, as detailed in the ToR	**Secretariat** DVA, as detailed in the ToR	**Secretariat** The secretariat is not detailed in the ToR.	**Secretariat** DVA, as detailed in the ToR	**Secretariat** DVA, as detailed in the ToR
Review The ToR does not have a review date.	**Review** The ToR requires a review every two yrs	**Review** The ToR does not have a review date.	**Review** The ToR does not have a review date.	**Review** The ToR does not have a review date.	**Review** The ToR does not have a review date.	**Review** The ToR requires a review every two yrs.
Agenda No details of the agenda are in the ToR.	**Agenda** The agenda shall be coordinated by the secretariat.	**Agenda** No details of the agenda are in the ToR.	**Agenda** No details of the agenda are in the ToR.	**Agenda** No details of the agenda are in the ToR.	**Agenda** No details of the agenda are in the ToR.	**Agenda** The agenda shall be coordinated by the secretariat.
Meetings/frequency Not detailed	**Meetings/frequency** ToR requires meetings to be held twice per year.	**Meetings/frequency** ToR requires meetings to be held twice per year.	**Meetings/frequency** ToR requires meetings to be held twice per year.	**Meetings/frequency** ToR requires meetings to be held once each financial year.	**Meetings/frequency** Not detailed	**Meetings/frequency** Not detailed