

DVA HEALTH PROVIDERS PARTNERSHIP FORUM

Meeting Summary 4/2018, 22 August 2018

The fourth and final DVA Health Providers Partnership Forum (HPPF) for 2018 was opened by the new Chair, First Assistant Secretary, External Stakeholder and Government Relations Division, DVA. Attendees contributed to discussion on a range of issues critical to quality veteran health care, including:

- Chief Health Officer's Update
- DVA Transformation update
- Coordinated Veterans' Care Program (CVC) Mental Health Pilot
- Review of DVA's Rehabilitation Appliance Services
- 2018 DVA Budget Measure '*Improved Dental and Allied Health*'

CHIEF HEALTH OFFICER UPDATE

Dr Gardner discussed recent activities he has been involved with, and responded to attendees' questions regarding the use of medicinal Cannabis; telepsychology; and the Provisional Access to Medical Treatment (PAMT) Trial for veterans.

DVA TRANSFORMATION UPDATE

Attendees were briefed regarding achievements delivered under the second year of DVA's Veteran Centric Reform (VCR) transformation program, including the PAMT Trial; the launch of the new prototype DVA website beta.dva.gov.au; DVA's successful integration with MyGov from 30 July 2018; and the MyService and digital DVA Health Card initiatives.

The VCR approach for providers means: (i) digital by default, i.e quicker transactions = efficiencies and savings for the practice (ii) continued autonomy in care delivery (iii) greater visibility and access to online information to support patient care. Work is underway to gather evidence to inform possible future arrangements and scope ICT requirements to improve DVA ICT health systems. These elements aim to ultimately improve how DVA procures and delivers medical, rehabilitation, community and hospital services. The VCR project team will be approaching providers to seek input to streamlining processes to provide services online, and consideration of ICT solutions.

COORDINATED VETERANS' CARE PROGRAM (CVC) MENTAL HEALTH PILOT

The CVC mental health pilot is a short, early intervention self-help program (six-to-eight weeks) for veterans with mild to moderate anxiety or depression and a musculoskeletal physical condition that requires pain management, and will run until December 2019. Patient recruitment is capped at 250 Gold and White Card holders (White Card holders will have up to 12 months of coordinated care).

As well as improved support from their general practice under the CVC Program, participants use a digital mental health coaching App as the chief intervention in the pilot. The pilot will be implemented in selected rural and remote Primary Health Networks with a high veteran population and practices who currently use CVC.

Bupa Health Dialog has undertaken data analytics for DVA for the CVC Program over seven years. A new Monitoring and Evaluation Framework has been developed to focus on health outcomes, efficiencies and effectiveness.

Trends identified in the latest CVC Program analytics indicate that CVC participation has little effect in the first 12 months but benefits are demonstrable in the 24 and 36 months intervals. Analysis of the last seven years of CVC data has highlighted the following:

- There are two distinct populations – an older age cohort (average age 87, mostly female war widows with chronic conditions) and a younger cohort (average age 69, mainly male (70%), Vietnam conflict era with mental health issues).
- Mental health prevalence in the younger cohort (69% affected): 10% have PTSD, 10% treated for alcohol and 30% received a psychiatric intervention. They are less likely to have the CVC targeted chronic conditions, other than diabetes, and a higher rate of same day admissions.

REVIEW OF DVA'S REHABILITATION APPLIANCE SERVICES

The Review's 3 August 2018 Advisory Panel workshop determined that current processes for accessing aids and appliance were sound and responsive to veterans and appropriate for addressing current needs, but client needs are changing.

Areas of emerging need and challenges associated with advances in technology and the ability of DVA and suppliers to keep pace were discussed, and potential areas for improvement. In parallel with this program-level review, a review of the RAP National Schedule of Equipment is also being conducted; the two review streams will inform each other. The review concludes by the end of 2018.

2018 DVA BUDGET MEASURE IMPROVED DENTAL AND ALLIED HEALTH

The aim of the measure is to help improve health outcomes for veterans, i.e. better coordination of care, cooperation between providers, periodic review of treatment of veterans, a fee schedule that supports contemporary clinical practice and complex care management, improved access to allied health care and the GP's role in collaborative treatment of veterans, and better management of complex care:

www.dva.gov.au/sites/default/files/files/about%20dva/budgets/2018-19/dentalallied2.pdf

Attendees participated in discussion regarding the new treatment cycle, which is one of four elements of the 2018 Budget Measure. The other elements are: some technical adjustments to the fee schedule; undertake trials of new funding models to determine if more effective models can better meet future needs; and update the fee schedule to better reflect contemporary clinical practice. Attendees were reminded that:

- The 2015/16 budget measure committed to review dental and allied health funding arrangements to ensure services continue to meet the veteran community's future needs and where appropriate to rebalance funding.
- Five specialist working groups provided expert advice on whether current offerings reflect contemporary clinical practice and met clients' needs, and established six principles of care to enable benchmarking of services: (i) place veterans first and at the centre of all care (ii) be based on the best evidence (iii) be clinically appropriate (iv) be well coordinated across multidisciplinary care providers (v) deliver positive outcomes, and (vi) lead to self-management.
- The working groups defined parameters to make the treatment cycle work as: (i) the GP is at the centre of the client care model, responsible for coordination and referral to allied health (ii) a treatment cycle is up to 12 sessions or a year, whichever is sooner, the cycle then starts again or is discontinued, with the client being referred to other forms of care if it is needed (iii) as many treatment cycles occur as clinically necessary, and (iv) dental and optical services are not included.

Attendees discussed a number of issues with the project team, including: (i) what the group, as clinicians, thinks success of the treatment cycle would look like; (ii) options within this 12-session cycle to facilitate better care; (iii) risks around the new treatment cycle model and how might this be mitigated; and (iv) benefits of the treatment model for veterans, allied health professionals and GPs. The meeting concluded by agreeing the discussion had covered off the six principles of care referred to earlier.

Next meeting: The next meeting will be scheduled for early 2019.