

DVA & the health care sector

Your feedback from the DVA Stakeholder Engagement Workshop

Representatives from 23 health sector professional associations and one ex service representative attended the DVA co-design workshop in Melbourne, 16 June 2015. Distinct themes emerged from discussion at the workshop, with outcomes to help DVA develop its stakeholder engagement strategy; new Terms of Reference (ToR) for our future committee arrangements; and clarify how we have strategic policy and programme focused conversations with our health provider community.

Attached is a summary of key themes from the workshop and stakeholder matrix, incorporating input from the workshop participants¹. Also attached are the DVA relationship manager contact points and Health & Community Services Division organisation structure. Please note this material is for your information only, GeneralEnquiries@dva.gov.au and the telephone help line number continue to be the best contact points for individual practitioners.

DVA's commitment to you:

We will work with the sector to ensure that:

- for providers, doing business with us is as simple as possible
- you have a DVA relationship manager to discuss issues at the industry, business entity and individual level
- DVA can continue to access expert advice to develop veteran health policy and service delivery arrangements, informed by evidence-based research and DVA's strategic priorities
- our engagement activity satisfies Government's contestability and governance requirements.

Future committee arrangements

The workshop considered that one committee, appropriately structured, would effectively support DVA's strategic focus (incorporating elements of the ToR from the several DVA committees impacted by a Smaller Government decision). The new committee will develop an annual work programme in consultation with its members and DVA business areas, with ToR to comply with the new Australian Government Governance Policy.

Next steps

We are now developing a draft DVA Service Provider Strategy and ToR for our new committee, and will seek your input before we finalise the proposed membership arrangements.

The inaugural meeting under the new arrangements is anticipated for the last quarter of 2015; this first meeting will be asked to ratify the draft ToR. The next meeting in the first quarter of 2016 will consider a proposed annual work programme, informed by briefings from DVA business areas.

Discussion papers for meetings will be provided as far in advance as practicable, but no less than three weeks before the meeting to allow associations time to consider and seek input from their members.

Thank you again for your participation in DVA's consultation process to implement the Smaller Government decisions, and for your support of the veteran community. Your efforts are very much appreciated.

Letitia Hope
Assistant Secretary
Programme Management Branch

¹ As far as possible we have noted participants' verbatim input; however some edits have been made for brevity and to minimise duplicate comments.

ATTACHMENT:

1. Workshop outputs: key themes and stakeholder matrix
2. DVA relationship manager contact points
3. DVA H&CS Division organisation structure

Workshop Feedback

What you want

- Clarity on what DVA wants and its approach
- Develop relationships to allow conversations
- Have ongoing consultations and no surprises
- Feedback to Department on what is important to industry and for specific professions
- Having a conduit both ways
- Online forums
- Open and transparent communication
- Opportunity to put names to faces
- Specific communication over particular issues
- Ensure the good things are retained going forward
- Don't lose conversation between individual associations
- Education (GP + other) is easy to navigate on the website
- Veteran centric
- Don't lose voice - valuable relationship between associations and DVA
- Professions interacting
- Quick & efficient information
- Assisted to access appropriate DVA channels (across branches/division)
- Consistency & clarity as necessity (also a uniform message)
- Essential new structure improve/maintains standard of communication
- Responsiveness required & must be reciprocal
- Industry relevance is imperative
- Communication – DVA, profession and veteran view to be represented
- Involve veterans' in the relationship
- See what is going to happen in regards to DVA and Primary Health, including nursing

What's worked well previously?

- Transparency/forthright
- A central contact senior enough to ensure the fidelity of information
- The accountability of both parties
- Key changes or impacts weren't lost in the system - (members were told e.g. fee/notes amendments)
- The industry specific advisors are highly valuable
- All players in a collegiate and consultative framework (i.e. committee forum) mitigates/prevents issues
- Issues have been solved (either in session/post meeting) can filter down to staff on phone
- Associations could inform members with confirmed information
- Innovations that have come out e.g. CVC
- General Practice - centre of care
- Regular contact from advisory committee (Face to face communication important to build relationships)
- Web based communication - surveys
- Omnibus submission - positive
- Contact with committee secretariat – but could still improve in future
- External communication - email great but hard copy (mailed) and faxes can be useful
- Relationship management
- Clinical focus - relevant, easy
- Website - improved - help assist
- Meeting like today - full association input

Best elements

- Right people in the room with the right agenda
- Networking across/between DVA and industry
- Professions - face to name
- Conduit to raise issues

Worst elements

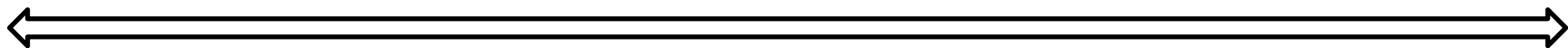
- Late cancellations, long time between (6 monthly too infrequent)
- Groups missing from the conversation
- DVA centric processes for 2% of providers' client base - DVA not always listening
- Profession specific 'turf' interests

Future view

- One consolidated group with wide sector representation to bring problems and solutions to table
- DVA decision makers at meeting - Branch heads attend/provide updates
- Quarterly to keep momentum (min 3 times per year)
- Face to face, complemented with webinars, newsletters etc.
- Committee subgroup working parties - time limited and set agenda to address specific issues
- Relationship managers – see matrix over
- Engage with associations more effectively – use technology and industry portals

Agenda

- Terms of Reference to comply with the AGGP
- Annual action plan informed by DVA's strategic policy/research priorities
- DVA issues
- Member issues
- Working party update
- Consider emerging issues/trends, i.e. consumer directed care, WoG impacts,
- Issues – listings – and Interfaces - problems & solutions
- Send meeting papers earlier so associations can ask members for input – better use of technology to support secretariat function
- consider consumer/veteran perspective, especially younger veterans



INDIVIDUAL RELATIONSHIP ISSUES

UNIQUE PRODUCT & PROGRAMME ISSUES

COMMON INDUSTRY WIDE ISSUES

MATRIX - STAKEHOLDER CONVERSATIONS & GOALS

	ENTITY (individual practitioner and business) <i>Contract Manager - Transactional & relationship management</i> <ul style="list-style-type: none"> Processing Claims Seeking outcome/decisions (prior approval and other) Manage contractual outputs 	PROGRAMME MANAGER <i>Director - Information & Consultation</i> <ul style="list-style-type: none"> Ensure clear, consistent guidance: Provider Notes, Fee Schedules, FAQs, FactSheets Consider industry feedback in policy/programme development activities at the professional association level 	STRATEGIC POLICY <i>Industry & DVA Assistant Secretary - Consultation & Negotiation</i> <ul style="list-style-type: none"> 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
Purpose of conversation with DVA	Transactional - Compliance and conformance <ul style="list-style-type: none"> Processing Claims (clear guidelines) Seeking outcome/decisions (prior approval and other) Manage contractual outputs Addressing problems around information sharing Private practice workshops via email, electronic newsletters, MJA, EMJA, AusMed 	Information & Consultation <ul style="list-style-type: none"> Ensure clear, consistent guidance: Provider Notes, Fee Schedules, FAQs, FactSheets Consider industry feedback in policy/programme development activities at the professional association level To reflect share / collaborative in / out session Need an inclusive meeting – need group to establish principles to guide decision making 	Consultation & Negotiation <ul style="list-style-type: none"> Expert advice as to the clinical appropriateness of models of care and/or emerging technologies, products etc. Listings arrangements, such as the RAP Schedule and RPBS Industry representation regarding impact of DVA veteran Health policy and service delivery at the systemic level Communication from association back to DVA Relationship manager with portfolio Role of association
Professional Association	<ul style="list-style-type: none"> Communication: Email not just letters Timely consistent message Contact points / email Providing information to members New processes Identify barriers to communication Need a distinct contact point 	<ul style="list-style-type: none"> Need to know Who / When to access Time to consult Rapid response to innovation Where do Advisors and Associations intersect Links between DVA and Associations Use working groups Specifics of individual client information referral pathways Use of collaboration tools to co design guidelines 	<ul style="list-style-type: none"> ToR - issues common to all Share information in and out of session Discussion, informed, key research, pulling in other perspectives Service standards - best practice Form alliances at Association level Input into Strategic Policy ideas and brainstorming Raising issues from members Advising DVA policy Advising on processes Better coordination of services
Business entity	<ul style="list-style-type: none"> DVA Surveys: Pay for performance and client Represent practitioners operating private practices Lead time for changes Direct liaison from business entity to programme manager 	<ul style="list-style-type: none"> Program development Helpline not appropriate Make engagement optional for association issues GAPS – multi disciplinary Medical Practice Software context A complete map 	<ul style="list-style-type: none"> TOOLKIT to educate, especially new providers (cards, services) Medical software integrate with practice software Practical and contemporary advice Coordination of services at level of individual service provision - team approach Reduce red tape of case conferencing
Patient feedback i.e. DVA Complaints Feedback Management, ESOs	<ul style="list-style-type: none"> ESO Advocacy Issues with Care Client advice re Prior Approval outcome Better use of technology Promote self manage chronic conditions Problems with integrated care 	<ul style="list-style-type: none"> Clients can't easily navigate Complains Feedback Management System (CFMS) Clients watchdogs for over servicing – impact to client base (meat in sandwich) Simple for client Straight split Industry / Clinic 	<ul style="list-style-type: none"> DVA reports feedback (cross group) to various engagement groups - outcomes and gaps Collective view of gaps and issues Brings consumer view Telehealth / telemedicine interface between providers Consumer directed care model

ATTACHMENT 2

DVA RELATIONSHIP MANAGER FOR HEALTH PROVIDER COMMUNITY ISSUES:

NOTE: The best contact point for individual providers continues to be GeneralEnquiries@dva.gov.au or the provider telephone help line.

➤ **Sector:** email providerengagement@dva.gov.au

To discuss common industry wide matters and/or strategic policy issues affecting veteran health policy and service delivery at the systemic level:

- Letitia Hope, Assistant Secretary, Programme Management Branch
Telephone: 02 6289 6076

To discuss DVA health committee arrangements, provider education and advertising:

- Michelle Petroni, Assistant Director, Sector Engagement
Telephone: 02 6289 6403

➤ **Professional Association:** email providerengagement@dva.gov.au

To seek clarification of business rules or discuss programme management matters, contact the relevant DVA Programme Manager:

- Delys Heinrich - telephone: 02 6225 4555
Health - Coordinated Veterans' Care Programme, Medical, Allied, Pharmaceutical, and Nursing
- Paolo Kraushaar - telephone: 02 6289 6729
Community - Rehabilitation Appliance Program, Veterans' Home Care, and Hearing
- Alison Hale - telephone: 02 6289 6098
Hospital - Public, Private, and Transport

➤ **Individual Provider:** email GeneralEnquiries@dva.gov.au

To discuss veteran patient eligibility, please contact the DVA health provider telephone help line:

- **1300 550 457** (Metro)
- **1800 550 457** (Non Metro)

RESOURCES:

DVA landing page for information about doing business with us: <http://www.dva.gov.au/providers>

DVA Health Card entitlements summary and provider contact points <http://www.dva.gov.au/providers/dva-health-cards>

DVA programs that may be helpful for your veteran community patients: <http://www.dva.gov.au/about-dva/publications-and-forms/health-publications/dva-general-programs-flyer>

Link to the online DVA primary health care circular: <http://www.dva.gov.au/providers/primary-health-care-circular>