

Frequently asked questions

— Allied health providers and GPs

What are the components of the new budget measure?

This reform package has four main elements (set out in order of implementation):

1. Technical adjustments to the fee schedules from November 2018
2. New treatment cycle initiative..... from July 2019
3. Trials of funding models..... from February 2021
4. Schedule upgrades..... from February 2021

What is the new referral arrangement in allied health care? (that is, the treatment cycle)

Under the new arrangements, the GP may refer a DVA cardholder to allied health care for up to 12 sessions or a year, whichever comes sooner. At the end of the treatment cycle, the allied health provider will report back to the GP. If the GP assesses that further allied health treatment is needed, the GP will refer the cardholder for a further treatment cycle of up to 12 sessions. The GP may also refer the cardholder to another provider, or for a different form of treatment.

The treatment cycle will start from 1 July 2019.

Is there a limit on the number of treatment cycles that DVA cardholders can have?

DVA cardholders may have as many treatment cycles as are clinically required. This includes having more than one treatment cycle in place at the same time. For instance, the cardholder may have a cycle of treatment from a dietician, podiatrist and physiotherapist — all at the same time and each cycle for up to 12 sessions.

The treatment cycle will not impose any hard 'cap' or limit on the number of clinically required services. Cardholders will receive as many services as determined to be clinically necessary by the GP.

Why have changes been made to dental and allied health arrangements?

DVA undertook a review of its dental and allied health service arrangements to ensure that services continue to meet current and future needs of the veteran community. The changes in this measure were informed by the review (see [Review of DVA Dental and Allied Health Arrangements — Final Report](#)).

The changes will strengthen the quality of care for DVA cardholders and enable the fee schedules for dental and allied health providers to better reflect contemporary clinical practice and future needs.

When do the changes come into effect?

Some technical adjustments will be made to the dental and allied health fee schedules in November 2018. The new treatment cycle approach for allied health services is scheduled to start on 1 July 2019. Trials of new funding models are scheduled to commence in February 2021. Upgrades to fee schedules are planned for February 2021.

How is the GP involved in the referral?

Under the new 'treatment cycle' approach the GP will make an assessment of the needs of the DVA cardholder. If it is clinically needed, the GP may make a referral of up to 12 sessions for allied health services. At the end of the treatment cycle, the GP will assess the effectiveness of the treatment based on a report from the allied health provider and examination of the cardholder. A DVA cardholder may have as many treatment cycles as clinically required, as assessed by the GP.

Why is this a savings measure?

The overall number of allied health services is expected to decrease over time as this measure aims to ensure only clinically necessary services are provided.

What has happened to the DVA Dental and Allied Health Review?

The aim of the Dental and Allied Health Review was to examine how to strengthen the quality of DVA's dental and allied health services. DVA invited provider associations to make submissions to the review and also consulted with ex-service organisations. The measures in this package are based on the recommendations from the review. The final report of the review is available on the DVA website (see [Review of DVA Dental and Allied Health Arrangements — Final Report](#)).