

HEALTH PROVIDERS PARTNERSHIP FORUM (HPPF) – 2 DECEMBER 2022

MEETING SUMMARY

Veterans' HealthPathways Pilot for GPs – Deputy Chief Health Officer, Dr Trish Batchelor

Dr Batchelor provided an overview of the Veterans' HealthPathways pilot, which is being implemented in partnership between the Hunter New England Central Coast Primary Health Network (PHN), North Queensland PHN and DVA.

'HealthPathways' is a password-protected online manual used by medical practitioners, to help make assessment, management and specialist request decisions for over 500 health conditions. Clinicians typically access the resource via their local PHN website.

A tailored national Veterans' HealthPathways will assist GPs to provide the best care and advice when a veteran presents at their clinic, and ensure they can connect them with the support they need.

The initiative is one of many actions resulting from a national PHN submission to the Royal Commission into Defence and Veteran Suicide.

DVA has been working with the PHNs to review and update two foundational HealthPathways: a 'Veteran Referral and Support Page' and 'Veteran Health Assessment (Check)' guide.

These Pathways put the relevant information busy GPs need at their fingertips when treating a veteran, making it easier for them to support veterans and their family members. The aim is to help prevent veterans from 'slipping through the cracks' – putting them on the path to health and wellbeing.

In October 2022, a pilot of these Veterans' HealthPathways commenced in five PHN regions: Brisbane North, Hunter New England, Central NSW, Tasmania and Townsville. Findings from the pilot will inform further improvements to the Pathways before they are shared nationally in 2023.

Where appropriate, the HealthPathways will link through to the DVA website as the 'source of truth' for DVA information. In a parallel piece of work, improvements are being made to the GP content on the DVA website, to make it easier for GPs to access the information they need. They will be available for review in 2023 and your feedback is welcomed.

Question: Is there a chance the DVA pilot could support the creation of a link from practice software systems to the Veteran HealthPathways, for ease of access?

Answer: Whereas this does sound like a good idea, and seems like a quick and easy solution for improved access, it would actually be a complicated and costly process, and it is unclear how quickly, or if, it could be addressed. Also, it is important to note that the Primary Health Networks' Veteran HealthPathways are part of the Department of Health.

Question: Could this become a model of HealthPathways?

Answer: The partnership led by the PHNs and DVA is the first of its kind, and we are thrilled to be working with them on this initiative. The PHNs advise they are keen to work with DVA as our services are national and available everywhere, not just locally, and we envisage we will learn a lot from

running the pilot. It will be the first national Veterans' HealthPathways created and we want to get it right.

Question: Will you undertake communications about the Veterans' HealthPathways to inform GPs and veterans?

Answer: Yes we will roll out a suite of communications for general practice about the new HealthPathways. It's important to note that the HealthPathways is a GP-facing tool, not a veteran-facing tool, but propose it's a good idea to inform the Ex-Service Organisation Round Table (ESORT) and also run a VetAffairs article.

Question: How long does the Veteran Health Check take?

Answer: Typically looking at about an hour. If you want it to be a thorough assessment, then an hour is good.

Question: Will DVA be collecting data on uptake?

Answer: Yes, we can check 'clicks' on the Pathways system, and identify the number of users. This will form part of the pilot process.

Question: Can allied health professionals' organisations contribute to the development of the Veteran HealthPathway?

Answer: DVA Deputy Chief Health Officer, Dr Trish Batchelor, will raise this inquiry at the next meeting with the Primary Health Networks (PHNs)/Department of Health about the Veteran HealthPathways.

Dental and Allied Health Reforms Update – Assistant Secretary Wellbeing Policy, Dylan Kurtz

The Assistant Secretary provided an update on the implementation of the 2018-19 Budget measure, *Improved Dental and Allied Health*. DVA recently published on the DVA website the following two reports related to this measure:

- [Treatment Cycle Evaluation, published 24 August 2022](#)
- [Analysis of Alternative Funding Models for Allied Health Services, by the Nous Group](#)

Further information was also provided about a redesign of the Allied Health Fee Schedules and Provider Notes.

Treatment Cycle Evaluation

The independent Treatment Cycle Evaluation, undertaken by the Queensland University of Technology (QUT), examined the impact of treatment cycle arrangements on clients, GPs and allied health providers.

The evaluation found that overall there were reported instances of improved outcomes across various domains and improved clinical practice as a result of the treatment cycle. However, strong personal views were also reported among stakeholder groups, highlighting particular areas for improvement and an opposition to treatment cycle arrangements more generally.

It was noted there is an inherent trade-off between some of the negatively perceived impacts of the treatment cycle and the overall purpose of the initiative – to increase primary care engagement and improve clinical communication.

But realising these objectives has meant that some DVA clients may have to see their GP more often or allied health providers may have to report clinical outcomes in ways they didn't have to before, creating a greater administrative burden for them.

It's not unexpected that this would be seen as inconvenient, particularly when compared to previous DVA arrangements. But the trade-off also produces benefits for the healthcare outcomes of DVA clients. This is captured by survey results that highlight how:

- DVA clients feel more included in their healthcare
- Allied health providers discuss their patients' needs with the GP more often and in more detail; and
- GPs report their patients' health needs are being better supported.

The question for DVA is whether the trade-off is worth it and how can we improve the treatment cycle to further increase the benefits, while reducing the negative impacts to stakeholders.

The final evaluation report proposes a number of next steps that could be considered by DVA:

- Update communications materials, to improve understanding about the intent of the treatment cycle and the role of different stakeholders. DVA is progressing this work.
- Review the End of Cycle Report template and the At Risk Client Framework to simplify and improve these documents, and improve overall understanding and compliance of the treatment cycle arrangements.
- Implement structured monitoring of compliance, service access, and health outcomes to inform improvement opportunities.

Unfortunately, implementation of certain recommendations from the evaluation is not viable in the short term, as they require additional resources, further policy development and/or a decision of Government. However, DVA is committed to refining these arrangements and attempting to mitigate some of the pain points experienced by DVA clients, GPs and allied health providers, and DVA welcomes your ongoing feedback.

Question: It would be useful to see the data on rural areas versus urban areas. How might the six week wait for a GP appointment, for some veterans in rural areas, impact on their access to allied health under the treatment cycle?

Answer: Data specifically on Treatment Cycle arrangements is not available. High level statistical information about Veteran Card holders is available on the DVA website at: www.dva.gov.au/about-us/overview/research/statistics-about-veteran-population. If you have a requirement for statistical information not available on the DVA website, you can also request a specific report from the Data and Insights Branch by contacting stats@dva.gov.au.

There are various DVA arrangements currently available to support continuity of care for veterans. Under the Treatment Cycle, an allied health provider can complete an end of cycle report from the eighth session of treatment. This means that DVA clients do not necessarily have to wait until the end of a treatment cycle before visiting their GP for a review. The At Risk Client Framework also allows GPs to make a tailored referral of three, six, or 12 months for clients with severe or complex health needs who may be adversely impacted by the Treatment Cycle arrangements. Finally, everyone with regular health requirements is encouraged to plan ahead and book follow up consultations in advance, to ensure they can access any essential treatment in a timely way.

Desktop Analysis of Alternative Funding Models for Allied Health Services

This initiative is intended to inform future policy development around how DVA funds allied health services and what models of funding might produce better health outcomes for DVA clients.

It is important to note that DVA is not currently proposing to alter the existing fee-for-service funding arrangement and would seek to consult with the allied health sector if such changes were to be pursued.

DVA contracted the Nous Group to undertake a desktop analysis of funding models that may improve the quality and value of care for DVA clients and would be feasible to implement for the allied health industry and DVA.

Nous suggested a series of alternative models that might be feasible in the current DVA environment to improve quality of care of veterans. These suggestions range from leveraging existing programs, to reforming current funding arrangements for specified treatments or particular types of services.

Each of these alternative models would require further policy development by DVA to ensure they deliver better veteran healthcare outcomes, do not create an undue burden for providers, and are feasible in the context of current systems and legislation.

Redesign Allied Health Fee Schedules and Provider Notes

DVA has been undertaking a small project to redesign the allied health Schedules of Fees and the DVA Notes for Allied Health Providers. Occupational therapy and podiatry were selected as the initial focus of this work because they are among the longest and most clinically complex of the allied health fee schedules.

DVA is not seeking to increase or decrease the overall DVA funding for allied health services. Any increase in DVA provider fees would be a decision for Government through the Budget process. The intent of the work is to simplify the fee schedules and provider notes where possible, and make them easier for providers to understand and administer. It is not expected to result in substantive policy changes.

DVA intends to use the redesigned OT and podiatry fee schedules as a prototype to modernise other allied health fee schedules over time, though any changes to the fee schedules in the context of this work will be broadly cosmetic.

This project has been a valuable opportunity to engage with different professions and understand their specific pain points and concerns with DVA funding arrangements. We look forward to providing a similar opportunity to other allied health professions through future consultation.

Question: Whereas it is appreciated that DVA is not making changes to the Schedules of Fees, the Department's view of what is 'cost neutral' cannot be considered 'cost neutral' for the health provider, and this view can have unintended consequences for providers.

Answer: DVA notes and appreciates the important nuance regarding cost neutrality for DVA and providers.

Wellbeing Policy Update – Assistant Secretary Wellbeing Policy, Dylan Kurtz

The Wellbeing Policy Update covered the following key developments in veteran healthcare:

- Permanent telehealth arrangements

- Updated from 1 November 2022 to allow [DVA clients to access allied mental health services](#) by videoconference without the need for initial in-person consultations.
- DVA has committed to undertake a fulsome review of permanent telehealth arrangements from mid-2023, and any further changes will be considered then.
- Revisions to DVA Medicinal Cannabis Framework
 - DVA has updated the Framework, to take effect from early 2023.
 - Allows for medical practitioners to access DVA approval over the phone in many circumstances, without the need for a non-GP specialist assessment.
 - Includes a tier-based approvals approach using the active ingredients, dosage and regulatory factors to streamline application and reduce administrative timeframes.
- Review of DVA's Dental Program
 - The review has concluded, and DVA expects to be able to provide advice about review outcomes in early 2023.
- 1 October 2022 changes to allied health arrangements for DVA clients in Residential Aged Care Facilities
 - From 1 October 2022, all eligible [DVA clients in residential aged care facilities](#) can access clinically required DVA-funded allied health services and Rehabilitation Appliances Program (RAP) items, regardless of their care classification.
- Australian Institute of Health and Welfare (AIHW) [Annual Suicide Monitoring Report](#)
 - Released 16 November 2022
 - Report found between 1997 and 2020 there were 1,600 certified deaths by suicide among members with ADF service since 1 January 1985.
 - Rates of suicide and comparisons with general Australian population remain similar to previous AIHW reporting.

Question: In relation to telehealth arrangements, is the change that was made to not require an in-person consultant likely to be revisited as part of the 2023 review of permanent telehealth arrangements?

Answer: If the Commissions have made a decision to allow video conferencing telehealth, it would be hard to 'walk it back'.

Question: What allied health care is funded under the Australian National Aged Care Classification (AN-ACC) and what DVA will provide? There is some confusion about this in regards to the practicalities on the ground.

Answer: If allied health and RAP services are not funded by the aged care facility, they can then be provided by DVA (where usual eligibility requirements are met for DVA clients). For further information, please refer to these [Frequently Asked Questions](#) about the changes.

Update from Deputy Secretary Stuart Smith

DVA's newly appointed Deputy Secretary Veterans and Family Services Group, Mr Stuart Smith, provided the Forum with an update on DVA's key priorities. These priorities were focussed on the implementation of government commitments and the recommendations of the Interim Report by the Royal Commission into Defence and Veteran Suicide. The highest priorities were reducing the compensation claims backlog, improving the administration of claims, and simplifying legislation.

The number of compensation claims received by DVA has more than doubled in recent financial years, growing from 60,663 claims received in 2017-18 to 143,157 in 2021-22 – a 136 per cent increase. This unprecedented growth is a good thing, as more veterans are being connected with services and support to which they're entitled and need.

The Australian Government has committed more than \$220 million for 500 frontline staff to cut waiting times and reduce the backlog. Since July 2022, DVA has increased the number of staff undertaking compensation claims processing work by 131, representing a 31 per cent increase. Recruiting will continue in the second half of the 2022-23 financial year.

The Government is also investing \$87 million over two years to improve the administration of the claims processing system, making it simpler and easier for veterans and families to lodge and track the progress of claims, through enhancements to ICT systems including MyService portal. Service providers will be invited as part of the co-design process for enhancing the MyService portal.

This will position DVA for ongoing modernisation of the system, enabling efficiency and agility to rapidly implement legislative change called for by the Royal Commission.

DVA has established a legislation improvement team who are developing a legislative reform pathway for harmonising and simplifying the legislative framework for veterans' compensation, rehabilitation and other entitlements. The timing of implementation will be informed by what is required for necessary consultation and the passage of legislation.

In November 2022, DVA invited initial feedback about the legislative reform process from the veteran community and other stakeholders, and will hold further consultation in the future. Details will be provided as soon as possible.