



HEALTH PROVIDERS PARTNERSHIP FORUM (HPPF) MEETING SUMMARY – 26 JUNE 2024

Agenda Item	Discussion
<p><b>1. Open meeting; Action Items Update</b></p>	<p>HPPF Chair opened the meeting and introduced two new members representing the:</p> <ul style="list-style-type: none"> <li>• Australian Dental and Oral Health Therapists' Association</li> <li>• Dental Hygienists Association of Australia</li> </ul> <p>An update on two action items was provided.</p> <p><b>MyMedicare linked to practice accreditation.</b> At the previous meeting, it was highlighted by the Australian Medical Association that MyMedicare is linked to practice accreditation. This may lead to patients in remote and poorer areas being excluded, as smaller practices in these areas are less likely to be accredited and therefore unable to access the benefits. DVA is currently investigating the availability of data that depicts the list of accredited practices and the number of veterans they see. DVA is also in discussions with the Department of Health and Aged Care (DHAC) and are awaiting a response. <b>Item to remain open.</b></p> <p><b>Aged Care Incentive advantage practitioners with high volumes of clients.</b> At the previous meeting it was raised by the Australian Medical Association that new the Aged Care Incentive will advantage practitioners that have a high volume of aged care residents, and disadvantage those with 30 resident-patients or less. DVA will reach out to DHAC as the owners of the policy and will notify members of the outcome at the next meeting. <b>Item to remain open.</b></p>
<p><b>2. Wellbeing Policy Branch update</b></p>	<p>Assistant Secretary Health and Wellbeing Policy and Director Mental and Social Health Policy provided members with the Wellbeing Policy Branch update.</p> <p><b>Key points:</b> <b>Coordinated Veterans' Care (CVC) Program Evaluation</b></p> <ul style="list-style-type: none"> <li>• DVA have engaged Abt Associates to undertake an evaluation of the effectiveness of the CVC Program including clinical outcomes and wellbeing impacts of the Program for Gold and White Card holders.</li> <li>• Evaluation is also exploring options to redesign the CVC program to better meet the chronic disease management and mental health needs of current and future DVA clients.</li> </ul>



- Consultation included a wide range of stakeholders, including ex-service organisations, individual health care professionals delivering CVC services, and various peak provider associations.
- The final report is nearing completion, pending departmental and ministerial review.

#### **Indexation of DVA Medical Fees**

- Medical services fees to be indexed by 3.5% on 1 July 2024.
- Software vendor files and updated Fee Schedules for Medicare services will be published on the DVA website from 1 July 2024.

#### **Defence and Veteran Mental Health and Wellbeing Strategy**

- DVA and Defence are jointly developing a Defence and Veteran Mental Health and Wellbeing Strategy.
- The draft vision is: 'Empowering and supporting the Defence and veteran community to optimise mental health and wellbeing during service, during transition to civilian life and beyond'.
- DVA and Defence have been engaging with the community to seek input into the Strategy. The Strategy will be underpinned by action plans.
- DVA notes that it is challenging to measure outcomes in mental health. A lot of time has been invested in investigating ways on how to measure the outcomes of the Strategy, this is occurring through the development of a monitoring and evaluation framework.
- The strategy is nearing finalisation and is expected to be released soon.

#### **Strengthening Medicare Reforms:**

- From 2024-2025 DHAC will continue to implement payments linked to MyMedicare. This includes:
  - General Practice in Aged Care Incentive
  - new blended funding payments for people with complex chronic diseases and high hospital visitation; and
  - Chronic Disease Management items.
- DHAC are also undertaking an Effectiveness Review of General Practice Incentives to be completed in 2024.

#### **Military and Veteran Psychiatry Training Program**

- One-year extension included in the 2024-2025 Budget.
- Program aims to complete current psychiatric training placements and allow time for an evaluation.

#### **Questions/Comments:**

The Australian Association of Psychologists raised concerns about the need for an independent review of medical fees, highlighting that DVA rates are significantly lower than recommended. DVA acknowledged the issue and noted it as a governmental matter.



<p><b>3. Overview of GP Training Program</b></p>	<p>DVA's Specialist Medical Adviser, Health presented an overview of DVA's Primary Care Health Training Program.</p> <p><b>Key Points:</b></p> <ul style="list-style-type: none"> <li>• DVA have finalised a tender for the Primary Care Health Training Program, having identified the need for further veteran healthcare training.</li> <li>• The program will be delivered through a Medcast – a provider with an existing delivery-training platform that is already trusted by health providers. Medcast will actively promote the training, and ensure it is accessible across regional and remote areas. Analytics will be provided to assess the success of this.</li> <li>• The training has a modular approach that must meet the needs of health providers generally – this includes GPs, non-GP specialists, allied health professionals and practice nurses. There is no cost to participants.</li> <li>• There are currently 4 stand-alone modules which are free of charge to participants:             <ul style="list-style-type: none"> <li>○ Understanding the veteran experience and transition to civilian life</li> <li>○ Working with veterans with mental health problems</li> <li>○ DVA services for veterans and their families</li> <li>○ The DVA Claims process</li> </ul> </li> <li>• There will be a staggered release of content, with all modules to be fully rolled-out by 2025.</li> </ul> <p><b>Questions/Comments:</b></p> <p>The Australian College of Nursing asked if the training is available to nurses. DVA clarified that it is open access therefore available to all, and Med cast can record CPD activity and refer for recording with the medical board.</p>
<p><b>4. Introducing the Aged and Community Care Task Force</b></p>	<p>First Assistant Secretary, Aged and Community Care, gave a presentation introducing the Aged and Community Care Task Force.</p> <p><b>Key points:</b></p> <p>The Aged and Community Care Task Force is focussing on two streams to improve services and supports for the veteran community – these are in-home programs and assisting veterans navigate into and live well within residential aged care.</p> <p><b>Home Support</b></p> <ul style="list-style-type: none"> <li>• Within the Budget, \$48.4 million was allocated to the Community Nursing and Veterans' Home Care in-home programs.</li> <li>• It is acknowledged that this goes some way to reducing the difference between DVA fees compared to other Commonwealth agencies delivering similar services, and the Taskforce is engaging with the sector on program improvement including sustainability.</li> </ul>



	<p><b>Residential Aged Care</b></p> <ul style="list-style-type: none"><li>• DVA does not directly fund residential aged care, however there are arrangements with DHAC in which funds are exchanged in the background.</li><li>• The Task Force is using a co-design and human centred approach, working closely with providers, peak bodies and lived-experience representatives to build understanding about DVA entitlements available in aged care.</li><li>• As part of this work, DVA is improving and refreshing it's informational and communication products, by linking these to support resources and targeting aged care facilities, as well as veterans and families.</li><li>• DVA is drafting an 'Ageing Well Strategy', that outlines DVA's priorities over the next 4-5 years, with annual action plans detailing the specific issues of focus. The topics include:<ul style="list-style-type: none"><li>○ financial aspects of moving into an aged care facility;</li><li>○ elder abuse; and</li><li>○ suicide prevention in an elderly cohort.</li></ul></li><li>• A key priority is a focus on sustainability of the model of care for DVA's in-home services, ensuring that the actions from the strategy provide sustainability from both a government and provider perspective and that access to in-home services and residential aged care is intuitive within the wider health system.</li></ul>
<p><b>5. Updates and discussion</b></p>	<p>The Chair opened the floor for discussion and welcomed members to raise any issues or concerns.</p> <p><b>Key points:</b></p> <p><u>Compliance and audits</u></p> <p>The representative from Exercise &amp; Sports Science Australia noted there has been information circling around compliance and audits, and asked if they should be expecting and preparing for additional audits of allied health. The Chair detailed the three-phase approach that DVA developed to increase provider awareness. The emphasis of this approach is on education.</p> <ul style="list-style-type: none"><li>• Phase one: how to adhere to DVA requirements, and what actions to take when fraud is suspected.</li><li>• Phase two: DVA consultation with peak bodies on the key issues and the best ways to address them.</li><li>• Phase three: based on consultation and feedback, DVA will target specific messaging through a suite of Provider News articles.</li></ul> <p><u>Veteran care plans</u></p> <p>The Australian Medical Association raised concerns about care plans being created without in-person meetings or follow-ups. DVA are currently investigating and therefore cannot share details at this time, however noted that this issue is often inter-linked with other government areas as well. Reporting specific details of these occurrences is helpful to DVA.</p>



	<p><u>Open Arms outreach program tender</u></p> <p>The Australian Association of Psychologists representative noted that their members have been contacting them anxious about outcome of the outreach program tender, as healthcare staff that have applied for the tender are unsure if they have been successful. The Chair noted that this process is not related to the value of services provided but is part of a larger Commonwealth requirement of contracting rules and does take time. The Chair will ascertain more details about this and provide to members.</p>
<b>6. Closing comments</b>	<p>Member were given the opportunity to provide feedback through the Mentimeter Survey tool.</p> <p>The Chair thanked members for their attendance on contributions.</p>
<b>9. Next Meeting</b>	<ul style="list-style-type: none"><li>• The next HPPF meeting is scheduled for 6 November 2024 10:30pm – 4:30pm AEST, held in-person at the DVA Canberra Office.</li></ul>