Australian Government
Department of Veterans' Affairs

HEALTH PROVIDERS PARTNERSHIP FORUM (HPPF) MEETING SUMMARY – 11 September 2025

Agenda Item	Discussion
1. Welcome/ open meeting	The Deputy Chair welcomed new members, proxies and observers. An Acknowledgement of Country and Service was delivered. Nil conflicts of interest noted.

2. Secretary's opening address	**Key points:**
	• The Royal Commission into Defence and Veteran Suicide Final Report was released one year ago. As at August 2025, 9 recommendations have been implemented and a further 110 recommendations are underway.
	• The Repatriation Commission will receive an additional $44.5 million over four years in operational funding.
	• The Defence and Veteran Mental Health and Wellbeing Strategy 2025-2030, released in September 2025, is a joint initiative between DVA and the Department of Defence.
	• The taskforce on a new Wellbeing Agency and ESO peak body continues to be a priority. Input from consultation sessions has been used to develop possible organisation models and will be put forward to Government for consideration.
	• Compensation claims continue to increase with inappropriate claiming practices.
	  ○ DVA is taking action so veterans are not subjected to unnecessary measures, with a strong focus on fraud and compliance.
	• DVA is supportive of the establishment of an Institute of Veterans' Advocacy, an independent, veteran-led professional standards body for veteran advocates.
	• DVA is exploring the use of Artificial Intelligence (AI), launching an AI chat box on the DVA website – the first Commonwealth agency to do so.
	  ○ DVA is testing the use of AI to improve delegates' productivity. Only dummy data has been used in testing.
	  ○ The veteran community will be consulted before AI is used for real assessment and critical issues including privacy will need to be covered off.
	• DVA has published new resources to assist residential aged care providers and teams to better understand the services available to eligible DVA clients.
	• VETs HeLP continues to be an informative platform for health providers to access training resources, with plans to develop more allied health focused resources in future.

3. Chief Health Officer introduction/action items	**Key points:** • The new DVA Chief Health Officer and HPPF Chair provided an introduction. • DVA welcomes feedback on how it can manage compensation challenges and how DVA can work to promote maximal health and wellbeing among veterans.

	Action item update: DVA's Assistant Secretary, Clinical Operations is working with relevant business areas to develop a formal response to an email submission from the Australian Association of Psychologists inc. (AAPI). **Item to remain open**.
4. Peak Body insights	Oral Health Association of Australia (OHAA) presented: *Improving Veteran Access: Direct Billing for Oral Health Professionals.* Australian Nursing and Midwifery Federation (ANMF), presented: *The New Aged Care Act*. **Key points – OHAA** • OHAA is the peak professional organisation representing oral health practitioners at the HPPF. • The Productivity Commission in 2019 recommended a shift in focus toward veteran lifetime wellbeing instead of an illness-based approach. The Government supported this in its interim response. • Dental hygienists, dental therapists and oral health therapists are Australian Health Practitioner Regulation Agency (Ahpra) registered oral health professionals (OHPs) who deliver preventive, therapeutic and restorative oral health care. OHPs' education, accreditation and regulation ensure provision of safe, evidence-based care. **Key points - ANMF** • The new Aged Care Act puts older people's rights at the centre of care including how they can access services, how much they can be asked to pay, and how much the Government will pay. It will make aged care safer, fairer and more respectful. • The new Act will require far more regulation, and while ANMF is supportive, there may be substantial nursing workforce challenges. The ANMF remains to be extremely supportive of the 24/7 registered nurse requirement within aged care. This will improve resident safety and provide aged care residents with better access to clinical care. • The new Act will protect whistleblowers to make sure older people, people who are close to them, and aged care workers can report information without fear of reprimand. **Questions / comments** • It was noted that there have been unintended care implications and challenges in allied health services in residential aged care. ANMF complimented DVA for addressing a gap in allied health services for veterans in aged care. • Many GPs are working with aged people in the community and that a care plan is useful. The new Aged Care Act is also about allowing people to stay at home, it is not just about residential care. • Aged care numbers have not yet peaked, it is important all care providers including GPs work together.

	• The Australian College of Nursing representative noted it takes time to train staff.

5. What's new – Wellbeing Policy	**Key points:**
	• DVA has updated the Notes for GPs and Notes for Allied Health Providers. Information on the changes is available on the DVA's website.
	  ○ Providers must disclose any pecuniary or non-pecuniary interests in a health service, service provider or product prior to referring or recommending a DVA card holder. These disclosures must be recorded as part of the patient's informed consent, consistent with existing Ahpra standards.
	  ○ DVA may deregister providers for serious non-compliance, making them ineligible to provide services and treatments to DVA clients.
	  ○ Reinforced requirements when claiming under a DVA provider number to help address inappropriate claiming practices.
	• The Government agreed in principle to a Royal Commission recommendation that Defence and DVA establish a brain injury program. The recommendation is being considered by the Royal Commission Implementation Taskforce in the Department of Prime Minister and the Cabinet.
	• DVA determines compensation claims for brain injury based on liability in accordance with the Repatriation Medical Authority's (RMA) Statements of Principles (SOPs). There are SOPs for concussion, moderate to severe traumatic brain injury, dementia pugilistica and explosive blast injury.
	• The RMA recently determined that current state of sound medical scientific evidence does not support making stand-alone SOPs for "repetitive low-level blast overpressure induced mild traumatic brain injury (mTBI)
	• DVA is tracking comprehensive research being conducted in the US with large cohorts of individuals and is engaging with our five-eye counterparts. A DVA and Defence brain injury expert advisory panel has been established.
	• DVA commissioned the University of NSW to conduct a review of international literature on mTBI with a specific focus on repetitive low-level-blast overpressure exposure. The first review should be available by end 2025 and will be ongoing for 2 years with 6 monthly reports.
	• Current treatment pathways for neurocognitive changes associated with mTBI are limited to management of symptoms, veterans can seek investigation under non-liability health care arrangements.
	• DVA may fund clinically reasonable specialist neuropsychiatric testing and medical imaging if requested by appropriate medical specialists.
	• There is growing concern about the scale of uptake of medicinal cannabis. DVA, the Therapeutic Goods Administration (TGA), Ahpra and the Department of Health, Disability and Ageing are working closely on this issue. Ahpra recently acted against 57 providers identified as undertaking poor prescribing practices and has released new guidance .

6. DVA's approach to compliance	**Key points:** • DVA has increased audits and education activities through the Department's Compliance Framework. • A manual payment review process has been implemented for high-risk providers; some have had their claiming rights restricted. • DVA has acted against a small number of non-compliant providers/organisations. • DVA participates in data sharing arrangements with other agencies. Information is shared on high-risk providers or those with a history of non-compliance. • A new claims lodgement process has been introduced to ensure claims with large numbers of conditions are referred for an independent medical examination. • There have been claims from GPs (not the patients' normal GP) for conducting regular multi-disciplinary case conferences with allied health providers who have never treated the veteran, and they all claim for the same case conference and work for the same organisation. • There is evidence that some provider organisations are recruiting graduates and encouraging them to bill inappropriately. • A big problem is that clients seek and get services they are not eligible for; and some clients have no idea where services come from (e.g. medicinal cannabis delivered that has not been requested). • Medicare case conferencing items require consent from clients and is sought and documented in the client notes prior to a case conference being organised. • DVA is connecting with Ahpra and will be reporting any providers found to have engaged in non-compliant behaviours. • Members agreed this is important work and happy to work with DVA to communicate.

7. What's new – Open Arms	**Key points:**
	• Open Arms provides high quality mental health assessments, clinical counselling and support services to veterans and their families.
	• Digital mental health services are essential to ensure availability to diverse and geographically dispersed people.
	• A Digital Mental Health Services Strategy is being developed focusing on reducing the barriers to service utilisation including distance, stigma and demand pressures.
	• Digital services do not replace face-to-face services, rather they extend reach and choice.
	• Three pilots were outlined:
	  ○ Pilot 1: Shoulder to Shoulder – provides two dedicated 24/7 anonymous online forums, one for veterans and one for families.
	  ○ Pilot 2: Stronger we Stand – a free online mental health workshop series designed specifically for veterans, families and carers.
	  ○ Pilot 3: Mindfulness-based Stress Reduction – an online stress reduction course.

8. Understanding eligibility	**Key points:**
	• Determining eligibility is complex.
	  ○ Gold Card holders are eligible for all clinically necessary treatment of all conditions.
	  ○ White Card holders are eligible for clinically necessary treatment of accepted conditions, conditions under Non-Liability Health Care (NLHC), and conditions under Provisional Access to Medical Treatment (PAMT).
	  ○ Veterans when overseas are eligible only for treatment of accepted conditions.
	• DVA wants to make it easier for providers to determine a veteran's eligibility without the need to consult with the Department.
	• There was consensus that an Eligibility Quick Guide for providers with an eligibility tool for veterans would be useful.
	• There were mixed views about the usefulness of including more eligibility information on DVA's website, providing eligibility guidance to hospitals, or including example cases in VETs HeLP.
	
	Questions/comments
	• It was noted that static resources are not as helpful as individualised information.
	• It was suggested to develop digital capability with a QR code that would show the client's accepted conditions (noting privacy concerns from veterans).

9. What's new – compensation claims process	**Key points:**
	• There is ongoing work related to improvements to the medical forms, with new Liability forms expected later in 2025.
	• New initiatives to support delegates include –
	  ○ case conferencing models
	  ○ early intervention
	  ○ medical concept education
	  ○ evidence reviews by nursing staff
	• An update was provided on the recent Blast mTBI determination by the RMA, noting that 37 submissions had been received. The outcome is that claims for brain injury attributed to recurrent blasts must be rejected as per the RMA determination.
	• There is an expansion to enable mental health diagnosis to be undertaken by GPs for Anxiety and Depression, and that there is not always a need for a formal report to support this.
	• There is currently a review of the compensation fee schedule which was last updated in 2014. The intent is to bring the schedule in line with other jurisdictions and to simplify administration.

10. Provider education	• VETs HeLP provides health professionals with online resources and training on how to deliver care to veterans and their families. ○ A range of courses, webinars (highest engagement rate) and podcasts are available

	○ Potential future content includes a more detailed description of the transition process from Defence to civilian life, medicinal cannabis, women veterans' health and allied health care. ○ It had not yet been marketed to broader allied health but would once there was additional relevant content included. • A brief overview of the draft DVA First Nations Quick Guide for GPs was provided. Further suggestions or comments to be directed to Dr Gaj Perinpanayagam via HPPF.SECRETARIAT@dva.gov.au. **Questions/comments** • AAPi commented their members tend to engage well with interactive webinars. • Most members noted they haven't used Medcast or VETs HeLP. • There are discrepancies between DVA and the NDIS for some allied health services payments. • Some allied health providers turn DVA clients away because DVA does not pay enough; and some veterans do not show up for appointments. • It was noted that education on compliance would be useful. • Some confusion about when eligible for different programs, DVA and aged care. • Social media platforms / animated material would be highly appropriate for younger providers.
11. DVA Treatment Principles	**Key points:** • DVA's Treatment Principles (TPs) are legal rules that outline the treatments and services that can be funded under DVA legislation. • They are due to expire (sunset) next year and need to be remade to enable continuation of veterans' health care payments. • The TPs are being reviewed and updated to make the rules and language clearer and ensure they reflect current practices. New overarching objectives and principles are also proposed to be included to clarify the intent of the TPs. **Questions/comments:** • It was noted that allied health providers do not need to engage with the TPs directly in their day-to-day activities by acknowledged it was useful to become aware of the TPs. • There were a number of suggestions for inclusions in the revised TPs – treatment being culturally safe, being ethical and being cost-effective.
12. Open discussion	**Key points:** • It was noted the new Aged Care Act agenda item was dropped as an agenda item as it affects veterans as Australian citizens but not on a DVA-specific basis.

	• It was raised that some home assistance costs for veterans have increased because other agencies pay more than DVA, for example a veteran's household cleaning cost rose $50 because the cleaning company received that higher amount from the NDIS. It was noted that the Government is aware its competing within itself, particularly regarding aged care and the NDIS. • It was agreed that it is important for providers to identify veterans if they do not self-identify. • It was noted that about 50% of veterans are treated through the MBS rather than DVA.
13. Participants' survey	**Key points:** • The biggest takeaways from the meeting included the work on compliance (considered the most informative agenda item), approachability of DVA and the work done to educate providers. • **Suggested ways to improve interactive sessions included:** o Use of Mentimeter o Case studies or design sprints o Veteran patient story – lived experience o Table activities • **Suggested topics for 2026 included:** o How the compliance work has gone, key learnings o DVA and the digital landscape o Progress on key projects such as Aged Care and education o Preventative care o Success of the chatbot o CVC program
14. Meeting close	The next HPPF meeting to be confirmed.