



## FORUM SUMMARY

### Agenda Item One – COVID-19 Vaccinations and BUPA Clinical Advisory Contract presented by DVA's Deputy Chief Health Officer

#### COVID-19 Vaccinations

DVA clients will be able to access the COVID-19 vaccines in line with Australia's National Rollout Strategy categories, according to age and pre-existing conditions. There is no specific priority group for veterans.

DVA fees to administer the vaccine to DVA clients (Gold Card holders and White Card holders with a related DVA accepted condition) will be paid at 115 per cent of the MBS fee. This will include the Veteran Access Payment fee. This approach is consistent with current DVA fee arrangements for GPs.

A small number of DVA clients do not hold a Medicare card, but they can still access the vaccine through their Gold or White Card. They may ask for a printout of their vaccination certificate given they don't have a Medicare account that's linked to MyGov and can't directly download their own information.

If the DVA client does not have a Medicare card, it is a good opportunity for providers to encourage them to get one.

If you or your veteran patients have questions about the vaccine rollout, please check the Department of Health website for the most up-to-date information.

Further information is also available in this DVA Provider News [article](#) about DVA clients and the COVID-19 vaccines.

#### BUPA Clinical Advisory Contract

DVA has entered into a contract with BUPA to provide clinical advisory services to DVA, for internal purposes only. The advice is to support decision making within DVA on prior approvals and other health program-related matters. The four year BUPA contract commences on 1 April 2021.

The arrangement does not in any way change the way health providers deliver and claim for treatment and services to DVA clients, or on the entitlements or programs available to veterans and their families.

All current DVA health services arrangements, as defined in the Notes and Schedules of Fees relevant to your profession, remain the same.

The purpose of the BUPA arrangement is to create one contract for the provision of clinical advice to DVA. Previously, this was provided across 57 different organisations and involved multiple contracts. The arrangement will enable a clear clinical leadership structure, with a multi-disciplinary approach to clinical advice.

The single-managed service will continue to ensure advice is evidence-based and nationally consistent with our legislations, policies and best practice. The arrangement will provide the flexibility to be responsive to changing requirements and is an opportunity to make systemic improvements in how we do our work.

DVA values the contribution of all our clinical advisors who provided advice under the previous contracts, and we're pleased the majority of advisors are continuing to work with DVA under the BUPA arrangement.



## Agenda Item Two – Wellbeing Policy update presented by Director, Health Policy

### COVID-19 Telehealth Access

Access to telehealth services during the pandemic have been extended to 30 June 2021.

Find out more in our DVA Provider News article [here](#).

### 2020-21 Budget

A significant component of the Supporting Mental Health 2020-21 Budget Measure has been to increase DVA fees from 1 February 2021 for mental health providers including psychiatrists, allied mental health providers, social workers and community nurses.

Questions were raised in the Forum about fee anomalies to the percentage increase for professions. The fee increases were derived by independent review to ensure parity with other health funders. HPPF members also raised the point that supervision rates have not changed. This has been noted by DVA.

Other initiatives under the Measure which are being progressed include the training of 10 specialist psychiatrists in military and veteran mental health, and the expansion of the Coordinated Veterans' Care (CVC) Program to include DVA White Card holders with an accepted mental health condition.

### Treatment Cycle

An independent evaluation of the Treatment Cycle is underway by the Queensland University of Technology (QUT). The Department expects to receive the final evaluation report by 30 June 2021 and will report back to the Forum once the findings are available.

One of the concerns that has been raised by providers is about the end-of-cycle report. Claiming for the preparation of the report will be declined if the provider has not first completed a report for the initial consultation at the start of the treatment cycle.

Among other matters raised was the treatment cycle being a barrier to treatment, while comments were also made about the benefits including the multi-disciplinary approach and opportunity to review progress for clients. These type of issues are being considered as part of the Treatment Cycle evaluation.

Further information about the Treatment Cycle, including the end-of-cycle report, is available [here](#).

### Extension of allied health treatment eligibility in aged care

DVA has extended eligibility for allied health treatment and services in aged care for DVA clients, including those assessed as having a higher level of care.

Under the new arrangements, all DVA clients can access up to 20 mental health services per year and up to 10 non-mental health treatments per year. These temporary arrangements are in place until 1 July 2022.

If a DVA client requires additional, clinically necessary treatment, providers can submit prior approval request to DVA for consideration.

Find out more in our DVA Provider News article [here](#).

### Dental and Orthotist Reviews

Reviews of DVA's dental and orthotist programs are currently underway. The reviews are taking longer than expected due to competing priorities particularly arranging access to services during COVID.



The review of the Orthotist Schedule of Fees commenced in early 2020. Feedback has been received by podiatrist and orthotist associations and has raised a number of complex issues.

There has been 41 submissions to the dental review including 8 from dental associations. The last dental review occurred 30 years ago and DVA is wanting to ensure it remains 'fit for purpose'.

These reviews are important and require time to work through.

DVA thanks those who provided submissions into these important reviews. We anticipate the outcomes of these reviews will be available for discussion by the end of June.

### **Agenda Item Three – Pharmacy Program presented by Assistant Secretary, Client Programs**

Since 1 April, DVA has introduced changes to internal workforce arrangements for the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC). There are no changes to the services offered by VAPAC, or to any of the DVA pharmaceutical arrangements or client entitlements.

Following a review of the VAPAC services, DVA identified that 88% of all items involve a simple approval (and do not require a pharmacist's advice). The new arrangements enable these straightforward approvals to be managed in a more expedient way, while non-simple requests are elevated to registered pharmacists.

Find out more in our DVA Provider News article [here](#).

A question was raised about DVA pharmacists understanding of anti-psychotic prescriptions and agitated depression, and whether this has been considered as part of the changes. The Chief Health Officer advised that if a doctor prescribes a medication that is not on PBS, it goes to the registered pharmacist for consideration under current approval arrangements.

A further question about DVA procedures and review of psychotic prescribing was forthcoming. DVA is aware of this issue and that it is also affecting the general population. DVA has a mental health advisory group who are looking at potential overprescribing and de-prescribing as a particular area of interest. DVA trusts the expert physician is making the responsible decision for their client.

### **Agenda Item Four –Claiming and support for veterans, presented by Deputy Secretary, Veterans and Families Service Group**

#### **Claiming**

One of the things that has become noticeable is an increase in the complexity and volume of claims. People aren't just submitting simple claims under one Legislative Act but claims across all three Acts. And there has been an 83% increase in claim numbers over the last two years, with 106,000 claims in the 2019-20 financial year.

The Australian Government has invested more funding to improve processing times, with a particular focus on initial liability claims where the backlog is. DVA has recruited more staff, and introduced a number of design improvements to the process. DVA acknowledges there is a lot more to do but it is making progress.

There are a range of services and support that can be accessed while waiting for claims to be assessed by DVA. These are:

- [Veteran payment](#)
- [Provisional access to medical treatment](#)
- [Non-liability health care](#)



- [Open Arms counselling for veterans and their families](#)

### **Support for homeless veterans**

Question raised: What does DVA do to support stable housing for itinerant young veterans?’

DVA responded: DVA agrees there’s a need for stable housing for veterans, and whereas DVA is not funded itself to provide ‘bricks and mortar’ housing, it is doing a lot in this space to facilitate support.

Open Arms provides crisis accommodation, and is working with other providers to link services and find medium to long term accommodation options. A trial in South Australia includes collaboration across DVA, Open Arms, Community Mental Health Nursing, and HIA to help veterans with housing options. This trial has currently resulted in a 90% success rate for those who have previously been homeless or incarcerated.

DVA is also working with research organisations to gain a better understanding about the situation.

The Prime Minister’s Veterans’ Wellbeing Taskforce is looking into new Council of Australian Government (COAG) arrangements and collaborative ways to address the issues.

### **Veteran Support Officers (VSO)**

A team of Veteran Support Officers (VSO) work on military bases around Australia to assist new, current and transitioning members, raising awareness and linking them as early as possible with support services and information.

Since 2016 Defence has been sharing information about new enlistees and separations from ADF with DVA. This allows DVA to connect with ADF members at critical times. DVA’s Secretary sends correspondence at these stages to advise how to connect with us and the range of DVA programs, support services and entitlements available.

The VSO Service Delivery Model gives DVA guidance about the needs of members, from simple to complex, and whether we need to be involved with a light touch or tailor high level support for vulnerable veterans and their families.

### **Wellbeing and Support Program (WASP)**

WASP staff provide tailored and intensive support to veterans with complex needs and former members who are in crisis. This ‘wrap around’ support is for both the member and their family. As at 31 January this year, there was 406 veterans referred to WASP and 234 participated.

The program makes a big difference to the lives of the veterans, and is important in helping to prevent suicide.

### **Increase in Open Arms services**

Open Arms provides invaluable support to members and their families. In 2020, there was a 46% increase in services delivered to Open Arms clients, and a 64% increase in the numbers of people using the Open Arms website.