HEALTH PROVIDER PARTNERSHIP FORUM (HPPF)
SUMMARY OF 19 AUGUST 2022 MEETING

Overview of improvements to DVA website 'Health Providers' section – HPPF Chair, Professor Jenny Firman

The Chair advised of a continuation of improvements of the health providers section of the DVA website and asked providers to review the pages for their professions and provide feedback. She noted the focus was on developing relevant, accessible content that meets the needs of medical and allied health providers who deliver treatments and services to veterans and their families.

Improvements include:

- The development of a General Practitioner and Primary Healthcare information page with relevant topics and links to the type of information General Practice needs when treating DVA clients;
- An expansion of web resources available to allied health providers. Ten pages have been published, for chiropractors, diabetes educators, dietitians, exercise physiologists, nurses and nurse practitioners, orthotists, osteopaths, physiotherapists, podiatrists and speech therapists.
- Pages for psychologists, neuropsychologists, occupational therapists and social workers will be published soon.

Visit the 'Providers' section of the DVA website at:
General practice page
Allied health providers pages

Welcome to Participants – Deputy President Repatriation Commission, Kate Pope

The Deputy President welcomed new participants to the first in-person meeting since the Covid pandemic.

Ms Pope provided an overview of DVA noted that the department continues to improve policy, direction and guidance, transforming the way it approaches veteran support and healthcare.

On 5 August 2022, the Government announced a commitment of $33 million to extend access to free medical treatment under the Provisional Access to Medical Treatment (PAMT) Program which provides access to medical treatment for 20 of the most commonly claimed conditions for veterans who have lodged a claim. This will ensure veterans can access medical treatment while their claims are being assessed.

DVA continues to help veterans and their families and values the work provider partners do in making a difference. Ms Pope encouraged attendees to spread the word to their members about veteran healthcare and what DVA is doing to support them in their care for DVA veterans.

Data Projects and Insights, Chief Data Officer, Jason Howden

The Chief Data Officer provided an overview of recent multi-agency data initiatives to better understand veterans' health outcomes, veteran demographic data from the 2021 Census and DVA's data request and release process.

The 2021-2022 Federal Budget included funding for Stages 2 and 3 of the development of a Data Sharing and Analytics Solution (DSAS) between the Department of Defence and DVA to support whole-of-life health, wellbeing and safety outcomes for current and former Australian Defence Force (ADF) members and their families. This was in addition to funding provided in the 2020-21 Federal Budget to undertake scoping work (Stage 1).

The intent of DSAS is to improve the health and wellbeing of current and former serving ADF members by delivering 'real time' actionable insights as well as a whole-of-life view of each ADF member. It could also enhance the calculation of the notional premium required to fund estimated claims liability by providing additional evidence to understand and forecast the lifetime cost and future demand for DVA services.

The project will provide a better understanding of why people with similar risk factors can sometimes have very different wellbeing outcomes. Information is broken into domains and the powerpoint presentation provides more information on these. Health Providers may hold potential data that will help with the domains and we are interested in gathering this information.

Another area that captures data, including domains and access to welfare payments, is the Australian Bureau of Statistics and the Multi-Agency Data Integration Project (MADIP). The recent ABS Census Data also provides interesting information about the numbers and locations of those who have served, and is available at: Service with the Australian Defence Force: Census 2021 / Australian Bureau of Statistics.

Mr Howden advised he could provide regional data including household information, clients' need for assistance, long term health conditions and previous service. A second release of data in October will provide information on education, employment and health conditions.

For HPPF representatives seeking information about veteran-related data and insights, they were prompted to consider the following questions:

- What domains are of interest to you?
- What data should we include in the analytics?
- Do you have any data or research that would be useful to include?
- How might you use the data (if we can share it)?

For inquiries, please contact the HPPF Secretariat at: Provider.engagement@dva.gov.au

Question: My colleagues are focused on the needs of rural and remote people. It would be interesting to include data about non-metro locations and numbers so we can look at training programs.
Answer: This is information we may be able to include if it is available.

Question: Is data broken down into gender? It would be interesting to see connections to women in rural areas.
Answer: We would like to get the data on gender and delineate it so you can delve down into the information.

Question: The Department of Health's Practice Incentives Program Quality Improvement Incentive (PIP QI) is collecting national data. It would be useful to separate it into Medicare and DVA.
Answer: Discussion with the Department of Health about better access to MyHealth and other Data versus issues of privacy of data is a problem. We are working on the best way to get there.

Question: What is the number of unique service providers who provided the following Coordinated Veterans' Care (CVC) items in the 2020-2021 and 2021-2022 financial years:

- 'UP01' (GP Initial Assessment and Program Enrolment WITH Practice Nurse)
- 'UP03' (GP Completion of 90 Day Period of Care – Review of Care Plan and Eligibility WITH Practice Nurse).

Answer: Refer table below (*Information provided subsequent to meeting*).

SERVICE_FY	***COUNT OF UNIQUE SERVICE PROVIDER COORDINATED VETERANS CARE**	
	UP01	**UP03**
2020-21	1,499	4,591
2021-22	1,255	4,210

** Caveats*

- *Date of Service used to determine which services fell within each financial year.*
- *Services to all DVA Clients, including both Veterans and Dependents.*
- *The number for the 2021-22 financial year is likely lower because data for that year will continuing coming in for some time as providers submit their claims. The final number may not be known for some months.*
- *Provider Stem used to differentiate unique providers. If a provider has two different Stem numbers, they will be counted twice.*

Question: The situation for access to Occupational Therapy services is desperate in WA. Can data be gathered about people living alone?
Answer: There is a big gap in professional services and we do not know which cohorts are DVA clients and which are not, and who is living alone. We are keen to get access to this data.

Question: Number of unique service providers who provided Occupational Therapy services in the 2020-2021 and 2021-2022 financial years?
Answer: Refer table below (*Information provided subsequent to meeting*).

SERVICE_FY	*** COUNT OF UNIQUE SERVICE PROVIDER OCCUPATIONAL THERAPISTS**
2020-21	1,615
2021-22	1,547

** Caveats:*

- *Paid claims for services listed on the current Occupational Therapists Schedule of Fees, effective 1 July 2022. If services have been removed from the Schedule since 1 July 2020, they will not be counted.*
- *Date of Service used to determine which services fell within each financial year.*
- *Services to all DVA Clients, including both Veterans and Dependents.*
- *The number for the 2021-22 financial year is likely lower because data for that year will continuing coming in for some time as providers submit their claims. The final number may not be known for some months.*
- *Provider Stem used to differentiate unique providers. If a provider has two different Stem numbers, they will be counted twice.*

Question: Looking at data perspectives, identification of ex-ADF veterans is not where it needs to be. The Department of Health has mini data sets and there is potential to work with these.
Answer: There needs to be discussion on border engagement (between the departments) and how data is shared. What is the right level of use and what do we do with the information?

Question: I am interested in data on how many services are delivered via Telehealth and face to face.
Answer: We are keeping an eye on this during Covid.

Question: Four or five years ago the Department published DVA claiming channels. This was chopped from the Services Australia website. Is there any reason for this as it was useful for members. The data you now show seems to be socioeconomic and locational.
Answer: This type of information, the lifestyle and socioeconomic risks, is something we want to understand.

Question: Can you gather more data from Defence? Is there a move to capture what is coming into DVA?
Answer: We want to get information about what is happening with serving members and their transition out of service. ABS Census data shows that we're connected to around 54% of the veteran population. We are trying to identify where we might find more data on the other 46%.

HPPF Representative Profile – Beth Dermer, Occupational Therapy Australia

The Forum welcomed Ms Dermer from Occupational Therapy Australia to provide the first HPPF representative profile. She runs a private practice and has twenty five years' experience in the profession, including working with veterans since 2006. DVA clients make up a large part of her practice, and she is on the National Reference Group for Veterans.

Ms Dermer provided an overview of occupational therapists' services. She said there are 26,500 registered occupational therapists in Australia work with clients ranging from early childhood to aged care, across Government, community and private sectors but not every OT is registered with OT Australia.

The term 'occupational therapist' relates to working with anyone who has a delay or deficit in capabilities and the practice interrelates with a lot of other different professions.

The therapist's role in caring for the older cohort is to help them stay at home, allowing them to maintain independence. To do this, a rehabilitation approach is used to maintain or boost capacity. OTs also do assessments for home modifications that can take up to twelve months.

There are strong indicators of anxiety and depression that can affect veterans and Ms Dermer is looking forward to a review of mental health processes for DVA clients. She noted the changes to telehealth services and lack of assessment in rural areas, saying this was disappointing and limiting.

Ms Dermer spoke highly of the rewards of working with veterans, and said she enjoyed the opportunity to share her story with the Forum.

Understanding Compensation Arrangements – DVA Principal Medical Advisor (Compensation), Dr Fletcher Davies

Dr Fletcher explained how the compensation process determined DVA clients' entitlements and accessibility to necessary health treatments and services. He said that while treatment remains the focus for health providers, it was important to understand how the compensation process impacts on this.

Differences between military compensation and other workers' compensation schemes:

- Military compensation payments are higher
- There are additional benefits, e.g. Gold Card
- Clients can receive incapacity payments for loss of income which can continue long term and there can be multiple episodes
- Impairment compensation can be revisited if the impairment worsens
- Focus on wellbeing and reintegration into civilian life, rather than return to work endpoints
- Treatment support is lifelong and once in the system, treatment is always available

Initial Liability

- The initial liability process establishes whether the veteran's ADF service has contributed to the development or worsening of a condition
- The process is a 'no fault' scheme that does not require a finding of wrong-doing or negligence
- A liability decision is the key process which enables access to treatment and other compensation

Different Acts

VEA Veterans Entitlement Act *Determining liability* Statement of Principles	DRCA Safety, Rehabilitation and Compensation Act 1988 *Determining liability* Medical opinion based on sound medical evidence	MRCA Military Rehabilitation & Compensation Act 2004 *Determining liability* Statement of Principles

Veterans can be covered by one or more Act, which creates complexity

Question: Does a veteran who needs to make a claim have to be referred by a doctor or can they be referred by an allied health practitioner?
Answer: A claim can be made by a veteran or someone legally authorised to act on his or her behalf. A clinician would not usually act in that role. Historically, we have relied on medical evidence from the General Practitioner but increasingly are looking to include allied health practitioner information.

Question: Is it better to have a Gold Card for all, or to claim Compensation?
Answer: A Gold card is an obvious easy solution to enable treatment, but would not provide access to Impairment and Incapacity compensation. A treatment card without liability need not be an all or nothing approach, and there could be segmentation by the period and type of service, the conditions, and the type of treatment. Compensation should be seen as only one part of DVA support, not the whole process.

Question: In the PowerPoint example, does the veteran continue with the treatment?

Answer: Ultimately the veteran and his medical team make decisions about treatment. There is case law about what is reasonable treatment for a compensation claim, but this will almost always align with the informed treatment decision.

Question: Are there minimum periods for review of Statements of Principles (SoPs)?
Answer: All SoPs are reviewed at least every 10 years, but the Repatriation Medical Authority (RMA) can set up its own schedule and choose to review all or part of a SoP at any time. Any veteran can write to the RMA and ask for an individual SoP review.

Psychiatric Assistant Dogs (PAD) Overview: Assistant Secretary, Mental and Social Health, Rachael Farrell

Representatives were treated to an interesting talk about DVA's Psychiatric Assistance Dog Program, including a special visit by veteran Chris Hodder and his beautiful assistance dog Bella. The program, which commenced in 2019, provides eligible veterans with a specifically trained psychiatric assistance dog as an addition to their treatment and management of Post Traumatic Stress Disorder (PTSD).

Unlike companion dogs, psychiatric assistance dogs are specially trained to perform tasks to help support a veteran's individual needs. Feedback from veterans who have received a dog through the program has been really positive, with veterans saying they have seen real improvements in their mental health and relationships with family and friends.

Program Statistics
The program has received 473 applications to date:

- 109 psychiatric assistance dogs and veteran handlers have passed the Public Access Test
- 71 are in the applications stage
- 174 are in the training stage
- 39 veterans have been declined due to being assessed as unsuitable for the program because of changes in physical health or personal circumstances; and
- 80 veterans have self-withdrawn.

Special guest veteran Chris Hodder CSM and assistance dog Bella

Video: *How the Psychiatric Assistance Dogs Program is helping veterans with PTSD*
www.youtube.com/c/DVATVAus

Chris Hodder CSM, one of the veterans in the video, describes Bella as the light of his life, except for his wife and son, of course.

Chris was in the Army for 30 years. He is a proud indigenous man from Canowindra NSW who left school at the end of Year 10 to be a farmhand.

He later joined the Army and the first fifteen years were 'boring' but he would come to look back on this time fondly. In 1994 Chris did a tour of Somalia and in 1999, he returned to the operational environment and went to Timor.

This tempo continued when in 2001 he went to Christmas Island for Children Overboard and to Nauru, which was then followed by several other deployments including Afghanistan, during which his marriage ended. He would later met his current wife at the Saudi Arabian Embassy, where she was working for the Embassy of Sweden.

The cumulative impact of the later tours including Afghanistan compounded issues that had started from his time in Somalia, and would lead to the development of mental health concerns over time. While initially he didn't see changes in himself, others, predominately his family could see him changing and he was prompted to seek assistance from DVA and access to the health care he needed.

Despite his wife's aversion to dogs, Chris received psychiatric assistance dog Bella to trial and they immediately warmed to each other. It wasn't long before Bella also won his wife's heart too. They now argue about who gets to have the dog with them when they're working or away. For example, when Chris goes to Sydney he doesn't take Bella. His wife takes her to work and at the Department of Immigration they love her.

How has Bella changed Chris' life? He feels as if he has turned a corner. Chris has horrendous nightmares and the dog intuits this and helps him. Bella is there as if to say are you OK? The dogs will never fix PSTD but they give Chris and others he has met through the program a better quality of life. Bella sleeps next to Chris' bed and will nudge him to get out of bed when she wakes up to the alarm. The family's shared love of Bella, and the support she provides, has brought Chris' family back together.

Chris fully supports the program and encourages people to have a go, but he realises it is not for everyone.

Where to next? Bella will be with Chris until one of them dies. His wife may get a posting overseas and the dog will go with them. Chris sincerely thanks DVA for this gift, and he promotes the program with other veterans.

All other agenda items were deferred to the next HPPF meeting because of a building evacuation.