



HEALTH PROVIDERS PARTNERSHIP FORUM (HPPF) MEETING SUMMARY - 31 March 2023

Agenda Item	Discussion
<p>1. Open meeting; Action Items Update</p>	<p>HPPF Chair Prof Jenny Firman opened the meeting and provided an update on two action items:</p> <p>One-Off Veteran Health Check: The Chair thanked the Australian Association of Practice Management (AAPM) for requesting an update about an issue involving item numbers for the One-Off Veteran Health Check. Currently providers are unable to clarify if this item has previously been used, creating a risk with payment or providers choosing not to complete it. DVA acknowledges the issue and appreciates receiving this feedback and, are currently working to address the issue with DVA Medicare Operations team and Services Australia. An update will be provided out of session or at the next HPPF pending a response from the relevant agencies.</p> <p>Veteran HealthPathways: At the Department of Health/PHN Veterans' HealthPathways working group meeting in February 2023, DVA raised how allied health peak bodies might contribute to the resource's development. Allied health professionals have been consulted on relevant Veteran HealthPathways' content, as a normal part of the Townsville HealthPathways' development processes (where the lead Veterans HealthPathways have been drafted). All health professionals have the opportunity to provide feedback on the Veterans' Health Pathways when the pathways are adopted in their region. Users can simply click on the 'Feedback' option on the applicable Veterans' Pathway page.</p>
<p>2. Veteran Wellbeing Journey Update</p>	<p>Executive Director of Strategic Policy provided an update on the Veteran Wellbeing Journey and the Veterans and Families Wellbeing Framework. It was noted DVA has been on a long journey of wellbeing, which started with exploration in 2016 and resulted in the release of the first framework in 2020. The journey has supported DVA in the early stages of moving from an illness model to a wellbeing model.</p> <p>Since the release of the initial framework, DVA understanding of wellbeing has matured and changed and is now reflected in the new framework due for release this year. The framework still references the importance of veterans and families at the centre of everything DVA does as well as the original 7 domains. However, the new refined framework had had 3 significant changes:</p> <ul style="list-style-type: none"> • The Justice and Safety domain has been added to address challenges such as incarceration and family and domestic violence. This also aligns DVA closer to the AIHW & Defence models of Wellbeing. • A Veteran Ecosystem layer has been added (made up of different organisations such as Defence, ESOs, and Providers) which work together to support the Wellbeing of veterans. The addition of this layer



	<p>acknowledges the interdisciplinary and holistic nature of the Wellbeing methodology and that silos must be broken down as no one entity or Agency can produce “Veteran Wellbeing”.</p> <ul style="list-style-type: none">• An Individual Factors inner cell has been added which is a recognition that not all veterans are the same and that Wellbeing is an individual journey and experience. For example, veterans with the same external pressures may have very different outcomes due to differences in life purpose, culture or identity. <p>DVA recognises that this work is not the last step; there will be more steps in the process. A range of factors will inform and keep driving ongoing developments, including the Royal Commission, Whole-of-Government initiatives (WoG), and what is happening in wellbeing support.</p>
<p>3. Wellbeing Policy Update</p>	<p>Assistant Secretary Wellbeing Policy Branch provided an update on a number of Wellbeing Policy topics:</p> <p>Dental and Allied Health Reforms Update - Funding Model Trials</p> <ul style="list-style-type: none">• Further update provided on the <i>Improved Dental and Allied Health 2018-19 Budget measure</i> initiative and the allied health funding model trials, discussed at the last HPPF meeting. The final report by the Nous Group includes possible reform options that would require further policy development and additional resourcing to implement.• Nous suggested a series of alternative models, ranging 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 to ensure they deliver better health outcomes for clients, do not create an undue burden for providers, and are feasible in the context of current systems and legislation.• DVA is currently undertaking a review of the Coordinated Veterans’ Care (CVC) program and will consider the Nous recommendations as part of this work. DVA will seek to actively engage with stakeholders, including through the HPPF, to inform our thinking on how DVA can most effectively strengthen our health care arrangements and continue to support and enhance the health and wellbeing of the veteran community. <p>Homelessness Data and Veteran Homelessness Toolkit</p> <ul style="list-style-type: none">• On 22 March 2023, the Australian Bureau of Statistics (ABS) released new data on homelessness in the Australian population. This included, for the first time, information on homelessness within the veteran community,



following the inclusion of a question about Australian Defence Force (ADF) service in the 2021 census.

- DVA and the Community Housing Industry Association (CHIA) have partnered to develop the *Working with Veterans: A Toolkit for Community Housing Organisations*, which comprises training materials and an industry standard to improve outcomes for veterans and their families living in community housing.
- The toolkit can assist housing providers working with veterans to better understand and support veteran tenancies, and equip providers with a better awareness of appropriate referral pathways including income support and mental health services. To obtain a copy of the toolkit, please visit the CHIA website.

Review of CVC Program

- DVA is undertaking a review of the CVC Program in 2023, to investigate if the program continues to provide best practice care coordination activities for all participants, and ensure it remains fit-for-purpose into the future. The evaluation will:
 - Assess the impact on health outcomes for all participants, including the effectiveness of the expansion to Veteran White Card holders with an accepted mental health condition; and
 - Investigate appropriate methods for identifying increased risks for DVA clients according to their case complexity, in line with recommendation 16.1 in the Productivity Commission's report, *A Better Way to Support Veterans*.
- Implementation of the findings of this review will be subject to a decision of government through the formal Budget process. It is anticipated the review will be completed in late 2023.
- A number of questions were raised about the CVC Review, in relation to adopting new approaches to the program going forward. DVA cannot pre-empt the CVC review outcomes, or put forward changes to the program's approach as foregone conclusions. Further updates about the review will be provided to the HPPF as it progresses.

Non Liability Mental Health Care Arrangements

- Any veteran who has completed one day of full-time service in the Australian Defence Force (ADF) can access fully funded mental health treatment through Non-Liability Mental Health Care (NLMHC) arrangements.



	<ul style="list-style-type: none">• In August 2022, DVA requested that Services Australia implement a minor change to the way they process claims under NLMHC. This change checks that the specific mental health condition being treated is listed with the claim. This administrative change is consistent with a long-standing DVA requirement as articulated in the Notes for Providers. There has been no change to DVA policy.• DVA is aware that some providers who had submitted claims without specifying the mental health condition being treated have had their claims rejected. Affected providers have been advised to re-submit their claims with the additional information required. The specific mental health condition being treated will be listed on the referral from the veteran's GP.
4. Welcome to new DVA Secretary	<p>The Chair introduced the new Secretary, Ms Alison Frame, who started with DVA in January this year. Alison came from the Department of the Prime Minister and Cabinet where, as Deputy Secretary Social Policy, she led partnerships between the Commonwealth, states and territories on social policy and service outcomes. A key priority was providing sustained leadership and coordination to manage Australia's response to the pandemic.</p> <p>The Secretary welcomed the opportunity to meet representatives, noting she had trained and worked as a speech pathologist for five years and this experience always remains with her in terms of approach and understanding the challenges and privileges of being a health provider.</p> <p>Alison acknowledged a lot of valuable work was being undertaken by DVA to achieve improvements in veteran healthcare and DVA arrangements to support the provision of quality treatments and services. The Secretary is keen to hear from representatives about how to keep forging innovation and higher standards of service delivery. The strategic priority is to ensure the prompt submission, processing and approval of veterans' compensation claims, which in turn places more demands on everyone in the chain including health providers.</p> <p>QUESTION: What mechanism would you see as the best way for health providers/peak bodies to provide you with feedback? How do we work together on those innovative approaches?</p> <p>RESPONSE: HPPF representatives can provide Alison with feedback at alison.frame@dva.gov.au, or to contact the HPPF Secretariat at (provider.engagement@dva.gov.au). Representatives were also invited to submit inquiries or propose topics for discussion and input at future HPPF meetings and were encouraged to complete the 'Agenda Item Submission Form' sent out with each HPPF invitation.</p>



<p>5. Open Arms Model of Care</p>	<p>Following significant growth since commencing 40 years ago, including doubling in client numbers since 2017-18 when eligibility was expanded to all current serving members and their families, Open Arms has developed a Model of Care to provide clarity about what it offers, the referral pathways into and out of Open Arms, and the services which are beyond its scope of practice.</p> <p>The Model of Care is focussed on the provision of trauma-informed care and understanding of the unique impact of military service on veterans and families. It clarifies the scope of practice, prioritising Open Arms' efforts on the services it can provide including counselling for individuals, families and groups. Open Arms supports veterans, their partners and families, helping to coordinate care and referral pathways. They can link in with GPs, NGOs, ESOs and other health providers and community organisations to help the client access the support they need.</p>
<p>6. Deputy Secretary Update</p>	<p>First Assistant Secretary, Client Engagement & Support Services provided an update on behalf of the Deputy Secretary:</p> <p>DVA Strategic Initiatives</p> <ul style="list-style-type: none">• The DVA Strategic Direction document is available on the DVA website. HPPF representatives are encouraged to forward the information to their professional members as the Strategic Direction provides a clear vision of where DVA is heading as an organisation and the improved future state DVA are working to achieve. <p>Client Engagement and Support Services</p> <ul style="list-style-type: none">• An overview was provided of the challenges impacting on DVA's Community Nursing and Veterans' Home Care (VHC) programs, and DVA's initiatives to mitigate these impacts, noting the programs have increasingly complex provider markets, impacting DVA's ability to deliver services to 45,000 current eligible clients. Unprecedented workforce shortages over the past two years, COVID impacts and changes to the Social, Community, Home Care and Disability Services Industry (SCHADS) Award (requiring home care providers to pay employees a minimum two hour shift) have resulted in some providers relinquishing service plans and/or withdrawing services.• Since March 2022, DVA has managed the transition of approximately 5,300 VHC clients following service provider withdrawals, and an additional 722 individual VHC client referrals since November 2021 from Assessment Agencies unable to readily source a service provider. And in the Community Nursing program, since January 2022 there have been 83 DVA clients who have needed to change their community nursing provider. DVA is also aware of 109 clients who will need to transition to a new provider due to a recent provider termination.



- DVA has undertaken a number of initiatives to mitigate the impact including a review of the DVA Community Nursing and VHC programs; an open approach to market to invite submissions to form a new panel of VHC services providers from 1 December 2023; contracted new VHC providers through a limited tender processes; and engaged with other government programs and services providers such as the NDIS and Commonwealth Home Support and Home Care Programs.

Emerging Treatments - MDMA and Psilocybin

- There are a number of new treatment methods and medications currently being researched that may help veterans and their families experiencing mental health conditions. These 'emerging therapies' include the psychedelic drugs MDMA and Psilocybin, which are proposed treatments for several psychiatric conditions.
- DVA needs to consider three factors when requests for funding emerging treatments arise:
 - **Regulation** - Multiple layers of regulation apply at federal, state and territory levels. Many emerging treatments are Schedule 9 which means it is illegal to supply or distribute them.
 - **Legislation** - The VEA/MRCA Treatment Principles outline that DVA will fund all MBS listed services and only certain unlisted services.
 - **Evidence** - Quality medical research must be methodologically sound. This includes consideration of sample size, study design and potential bias.
- DVA will continue to work closely with psychologists, psychiatrists, medical specialists and peak bodies to ensure that the treatments delivered to Australia's veteran community are evidence based, safe and effective.

Other Strategic matters

Answering Recommendation 2 in the Interim Report by the Royal Commission into Defence and Veteran Suicide:

- The Department has recruited an additional 262 personnel into the compensation claims area.
- The backlog in claims is beginning to reduce. For example, there were 36,000 MRCA initial liability claims in the backlog as at 30 June 2022. There are now just under 30,000 claims in that backlog.

Answering Recommendation 1 in the Interim Report by the Royal Commission into Defence and Veteran Suicide:



	<p>The Minister for Veterans' Affairs has announced the pathway the Government will be undertaking for consultation to simplify the veterans' legislative framework.</p>
7. Meeting wrap up	<ul style="list-style-type: none">• Participants' survey undertaken.
8. DVA Provider News articles	<ul style="list-style-type: none">• Alcohol and other drug services for veterans• Veteran homelessness resources for community housing organisations• Support available for Veterans and their families• DVA's Non-Liability Health Care (mental health) arrangements for eligible veterans• Simplified process for DVA funding of medicinal cannabis
9. Next Meeting	<ul style="list-style-type: none">• The next HPPF meeting is scheduled for June 2023 and further information will be provided soon.