



## HEALTH PROVIDERS PARTNERSHIP FORUM (HPPF) MEETING SUMMARY

Wednesday 6 November 2024

Agenda Item	Discussion
<p><b>1. Welcome and housekeeping</b></p>	<p>Emcee welcomed attendees and noted housekeeping requirements.</p>
<p><b>2. Chairs address Action Items Update</b></p>	<p>HPPF Chair opened the meeting, introduced the meetings proxies, and welcomed the new member representative from Australian Private Hospitals Association (APHA).</p> <p>Action items update:</p> <ul style="list-style-type: none"> <li>• <b>DVA materials for the Australian Primary Health Care Nurses Association (APNA) Festival of Nursing Conference.</b> APNA requested brochures for its 2025 Festival of Nursing Conference. DVA provided brochures and pens. <b>Item closed.</b></li> <li>• <b>HPPF feedback into DVA’s Aging Well Strategy.</b> The Strategy is still being developed and DVA hope to be in a position to share the draft Strategy by the next HPPF meeting. <b>Item to remain open.</b></li> <li>• <b>Distribution of data about DVA trends and services.</b> Exercise &amp; Sports Science Australia (ESSA) requested to receive regular DVA data on trends of service. Regular sharing of data is currently unavailable, DVA are currently reviewing all processes regarding release of data externally and will advise in due course. <b>Item closed.</b></li> <li>• <b>Open Arms outreach program tender results.</b> The Chair confirmed all applicants have now been advised of the outcome. If members have any questions, they can email <a href="mailto:OPENARMS.OPC.REVIEW@dva.gov.au">OPENARMS.OPC.REVIEW@dva.gov.au</a> <b>Item closed.</b></li> </ul>
<p><b>3. Parking lot exercise – what do you want to do get out of today?</b></p>	<p>Attendees were invited to complete an online anonymous survey that asked about their individual or organisational achievement for the year had been, and what they were most looking forward to hearing about today.</p> <p>Some items members were interested in hearing about included:</p> <ul style="list-style-type: none"> <li>• Updates from DVA Health Policy branch</li> <li>• Guest speaker presentation from Department of Health and Aged Care, the Chief Allied Health Officer, Anita Hobson-Powell</li> <li>• The Royal Commission into Defence and Veteran Suicide Final Report</li> </ul>
<p><b>4. Guest speaker: Veteran story</b></p>	<p>DVA invited a veteran guest speaker to give a presentation about his lived experience with chronic pain and engagement with DVA.</p>



	<p><b>Key points:</b></p> <ul style="list-style-type: none"> <li>• An overview of the guest speakers' military career was provided noting 42 years of service which included time as a soldier, transition to commissioned rank with time as a SASR Officer and holding senior military positions, Multiple operational deployments.</li> <li>• He spoke at length about his journey with chronic pain, contributed to combat duties with physical stressors of carrying heavy equipment. The occupational demands taking a toll on his physical and psychological health resulting in a medical discharge.</li> <li>• He spoke about the need to have a good GP who understands veterans needs and DVA arrangements. He highlighted the importance of coordinated care through multidisciplinary healthcare team.</li> <li>• He noted whilst there has been some challenges with DVA, the services and care received have been good.</li> </ul>
<p><b>5. Workshop: Chronic Pain in Veterans</b></p>	<p>DVA's Senior Medical Adviser – Compensation, facilitated a workshop on chronic pain management for veterans. This was a follow-on activity after DVA hosted a panel session and workshop on chronic pain at the 45th International Committee of Military Medicine (ICMM) Congress in September. HPPF members were asked to consider the barriers veterans face in accessing services, especially in rural and regional areas.</p> <p><b>Workshop Discussion Outcomes</b> A fictional video case study was presented to HPPF members, to discuss:</p> <ul style="list-style-type: none"> <li>• <i>What factors place the veteran at risk for developing chronic pain?</i></li> <li>• <i>What would you see as your professions' role in the treatment of chronic pain?</i></li> </ul> <p><b>Responses:</b></p> <ul style="list-style-type: none"> <li>• Delayed treatment</li> <li>• Cultural environment and non-compliance</li> <li>• Requirement to guide treatment</li> <li>• The importance of the GP as the centre of care for the whole patient to see chronic pain in overall health context.</li> <li>• Important to make sure that the health professional has enough time for the initial appointment</li> </ul> <p><b>Key barriers identified:</b></p> <ul style="list-style-type: none"> <li>• Accurate and ongoing communication within a multi-disciplinary care team, especially when not co-located.</li> <li>• The limitations of digital health.</li> <li>• Access to clinical data.</li> <li>• Funding mechanisms</li> <li>• Access to health providers, especially in rural and remote locations.</li> </ul>



	<p><b>Key solutions identified:</b></p> <ul style="list-style-type: none"> <li>• A team-based approach from the onset with agreed goals, plans and roles within this team.</li> <li>• Clinical frameworks that establish principles and funding for the team's function.</li> <li>• A mechanism for shared communications and records.</li> <li>• A knowledge bank to source health professionals for referrals.</li> <li>• Case coordination (and funding) for a health professional team member other than the GP.</li> </ul> <p>Participants were asked if they had resources from their own organisation to support members with a special interest in chronic pain.</p> <ul style="list-style-type: none"> <li>• Australian Chiropractors Association - a pain management clinical practice group.</li> <li>• The APHA website - lists hospital members, some of which are major providers for rehabilitation services.</li> <li>• Australian Physiotherapy Association (APA) - formal accreditation for its members to become specialists in pain. These specialists deliver APA's pain PD and APA has best practice guidelines for the treatment of chronic pain. It would be useful for DVA to have this framework.</li> <li>• ESSA - <i>'Find an exercise physiologist in your area'</i> on its website.</li> <li>• Australian Commission on Safety and Quality in Health Care - resources for back pain and lower limb osteoarthritis.</li> <li>• Wounds Australia - resources for management of wounds. Also offers wound management expertise, education (patient), product selection and advocacy.</li> <li>• Australian Medical Association (AMA) - a list of hospitals that have resources, and it provides advocacy for positive change to healthcare system and funding (it represents pain specialists as members and provides/facilitates education).</li> <li>• AMA suggested DVA be the central location for all resources and suggested DVA conducts a pilot to send self-management information to veterans that is framed as <i>'helping you manage your pain'</i>.</li> <li>• Australian Dental and Oral Health Therapists' Association - resources for working with veterans for oral-systemic health and chronic pain.</li> <li>• Australian Rehabilitation Providers Association - resources that assist with case coordination to get the right person at the right time.</li> <li>• Australian Association of Psychologists inc. - special interest groups and courses for treating veterans with chronic pain and mental health needs.</li> <li>• The Royal Australian College of General Practitioners - specific interest group for pain management.</li> </ul>
<p><b>6. Introducing the new Chief Psychiatrist</b></p>	<p>Acting Chief Psychiatrist, introduced his role to the group via Teams.</p> <ul style="list-style-type: none"> <li>• DVA's Acting Chief Psychiatrist is a new position established this year.</li> <li>• He is a Fellow of the Royal Australian and New Zealand College of Psychiatrists and a veteran.</li> </ul>



	<ul style="list-style-type: none"> <li>• He previously worked as a consultant to DVA supporting case managers and now provides advice on psychiatry to senior staff at DVA.</li> <li>• This role provides expertise for anything related to mental health, pharmaceutical or forensics, including the recent authorisation by the TGA for psychedelic assisted psychotherapy.</li> <li>• Clinical governance is part of this role, for Open Arms clinicians, and policy and programs within DVA.</li> <li>• The Acting Chief Psychiatrist provides consultation and support to Open Arms and the Psychiatric Assistance Dogs program.</li> <li>• He acts as a liaison with Defence on psychiatric and mental health matters and is Chair of the Mental Health Expert Advisory Group.</li> </ul>
<p><b>7. Guest speaker:</b> <b>Department of Health and Aged Care</b></p>	<p>The Department of Health and Aged Care's (DOHAC) Chief Allied Health Officer presented an update on the National Allied Health Workforce Strategy.</p> <p><b>Key points:</b></p> <ul style="list-style-type: none"> <li>• The National Allied Health Workforce Strategy is a critical piece of work for the government.</li> <li>• There are 300,000 allied health professionals that need support, the workforce shortage require optimisation and growth of this workforce.</li> <li>• The National Allied Health Workforce Strategy needs to work in alignment with the National Nursing Workforce Strategy.</li> <li>• In developing the National Allied Health Workforce Strategy there has been:             <ul style="list-style-type: none"> <li>○ an environmental scan and this will be released.</li> <li>○ two rounds of consultations complete with more than 500 online submissions.</li> <li>○ eleven online workshop discussions to identify issues and discuss practical solutions.</li> </ul> </li> <li>• The draft strategy is now complete, and the internal governance process is underway.</li> <li>• Key issues raised during consultation included:             <ul style="list-style-type: none"> <li>○ Lack of recognition and value (funding and delivery of services).</li> <li>○ Lack of workforce planning due to data gaps.</li> <li>○ Complexity of regularly arrangements.</li> <li>○ Reform needed for training pathway e.g. standardised Recognised Prior Learning for transition from one career to another.</li> <li>○ Need to enhanced leadership capacity and opportunities for allied health workforce, and how people can progress in their profession.</li> <li>○ Need to attract, grow and value the First Nations workforce and the rural allied health workforce.</li> </ul> </li> <li>• Public 6-week consultation begins (expected to start 16 December until 27 January).</li> </ul> <p>The ACA asked if the strategy has a definition of the health professionals included in allied health. The Chief Allied Health Officer</p>



	<p>noted there is not an agreed definition, however, part of the strategy is to develop that definition, and this is expected early next year.</p> <p>The Scope of Practice Review was raised, and how the government will achieve one cohesive approach. It was noted there was discussion within the government to make sure strategies are aligned and there is not duplication and divergent pathways. There will be a taskforce and team to do this work.</p>
<p><b>8. Health Policy Update</b></p>	<p>The Assistant Secretary Health and Wellbeing Policy provided members with the Wellbeing Policy Branch update.</p> <p><b>Key points:</b></p> <p><b>CVC Program evaluation</b></p> <ul style="list-style-type: none"><li>• The CVC evaluation final report was delivered in June and is under consideration.</li><li>• The evaluation considers health outcomes, wellbeing impacts, program efficiency and the cost effectiveness of DVA with an aim to identify how the CVC Program could be improved to get better outcomes for veteran card holders.</li><li>• Any substantial changes to CVC Program will require a decision by government through the budget process.</li></ul> <p><b>DVA Provider fees</b></p> <ul style="list-style-type: none"><li>• The Royal Commission made several recommendations in its final report about DVA health care arrangements and services, including an alignment of DVA fee schedules with the NDIS. This is a challenge for DVA due to different funding models.</li><li>• Any substantial changes to health care fees will require consideration through a future budget process.</li></ul> <p><b>Mild Traumatic Brain Injury(mTBI) and Repetitive Low level Blast Exposure (rLLB)</b></p> <ul style="list-style-type: none"><li>• DVA is following emerging research into rLLB overpressure exposure during military service, which is thought to cause neurocognitive conditions which present similar to mTBI.</li><li>• Treatment for the symptoms of mTBI is available to veteran card holders in line with their eligibility.</li><li>• DVA is following comprehensive studies being conducted in the US.</li><li>• In addition, DVA is commissioning a regular review of literature for information in response to rLLBE and mTBI. This is at the procurement stage.</li><li>• Under existing DVA compensation arrangements there are several SOPs.</li></ul>



<p><b>9. Research (how it is done/going to be done in DVA)</b></p>	<p>The First Assistant Secretary Research Evaluation Division provided members with an overview of DVA research activities.</p> <p><b>Key points:</b></p> <ul style="list-style-type: none"> <li>• DVA is committed to evidence-based policy and service delivery.</li> <li>• DVA operates applied research programs and current priorities are service impact, occupational exposures, clinical outcomes, compensation, suicide and wellbeing.</li> <li>• DVA seeks to identify emerging issues for veterans and their families. For example, mental health, wellbeing and dementia.</li> <li>• DVA also advocates for datasets to include veteran affairs questions. For example, the Census and other APS surveys.</li> <li>• DVA is taking a new approach to research and evaluation to connect better with the research community and to capitalise on existing research.</li> <li>• DVA aims to make past and present research available on its website.</li> <li>• Defence and DVA are working together to achieve better research outcomes.</li> <li>•</li> </ul>
<p><b>10. Royal Commission Final Report and Key Findings</b></p>	<p>The Chair presented an overview of the Royal Commission Final Report and key findings.</p> <p><b>Key points:</b></p> <ul style="list-style-type: none"> <li>• The Royal Commission considered 12 public hearings, 897 private lived experience sessions and 5,889 public submissions.</li> <li>• The Interim Report was released in August 2022 with several recommendations for DVA which have been implemented in clearing the claims backlog and progressing legislation harmonisation.</li> <li>• The Final Report went to the Australian Government on 9 September 2024, it included 122 recommendations to address drivers of suicide and suicidality.</li> <li>• The recommendations are focussed on harm prevention, early intervention, improved communications, coordination and collaboration, increased capability and capacity and the strengthening of oversight and accountability.</li> <li>• Of these recommendations, 40 are for DVA and several are joint Defence and DVA recommendations.</li> <li>• Key themes of the recommendations include co-design and the value of lived experience, improvements to data and increased research, greater transparency, governance, leadership and accountability and cultural reform.</li> <li>• Several recommendations are relevant to veteran health care including DVA's fee schedule, expanding and strengthening health care for veterans and improving military competency in health professions working with veterans.</li> </ul> <p><b>Next steps</b></p> <ul style="list-style-type: none"> <li>• The Australian Government has committed to acting swiftly and to develop a whole-of-government approach.</li> <li>• The Australian Government's response will be issued before end of 2024 and DVA is supporting the Australian Government with its response.</li> </ul>



	<p><b>Questions/Comments:</b> AMA asked about fee schedules and the need for better funding for veteran care. The Chair noted DVA is aware of concerns around fees. The Chair noted that it is the Australian Government's role to accept and implement the Report's recommendations and DVA will support the government in implementation.</p>
<p><b>11. Next meeting</b></p>	<p>The next HPPF meeting is to be confirmed, and further information will be provided soon.</p>