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Ms Sue Campion
First Assistant Secretary
Health and Community Services Division
Department of Veterans' Affairs
PO Box 9998
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By email: providerengagement@dva.gov.au

Dear Ms Campion

Review of Dental and Allied Health Arrangements

Thank you for the opportunity to provide input into the Department of Veterans' Affairs (DVA) review of dental and allied health arrangements. To assist DVA to identify and prioritise areas for consideration, AMA provides the following comments:

Referral arrangements

For GPs, the referral process for patients to an Allied Health Provider (AHP) is relatively easy via the D904 form. However, current referral arrangements do not encourage AHPs to report back to the GP and may, in some circumstances, encourage treatment by an AHP to persist beyond what is clinically indicated.

We are concerned that feedback from members suggests that it is quite common for AHPs to fail to collaborate effectively with the patient's GP and this means that important aspects of clinical management such as continuity of care and clinical accountability are lost.

Referrals to AHPs are not indicative of a complete clinical handover of a patient but of a shared cared arrangement between two health care providers. To ensure continuity of patient care and accountability DVA should investigate the introduction of more formal reporting requirements including timely advice back to the GP on the patient's treatment/management plan, outlining the type, frequency and expected number of services that will be required. If care is ongoing, the AHP should also be required at regular intervals to report to the referring GP on the patients' progress.

This collaborative approach ensures that patient care is well coordinated and the care provided remains relevant to the clinical needs of the patient. We note with some concern, for example, that according to the background paper that shows that from July 2014 to June 2015 that of the average 25 services provided to DVA clients for dental and allied health almost 23 of those are for musculoskeletal services. While we know that defence personnel and veterans are prone to musculoskeletal problems due to the physical demands of military service, this level of utilisation would appear to support the need for GPs to be empowered to better coordinate the provision of AHP services.

Access to AHPs

Where a GP's clinical assessment of a DVA patient is that they would benefit from the services of an AHP, the veteran should have ready access to an AHP who can provide the care they need. As access to allied health in some areas, particularly in rural and remote areas, can be limited, the DVA should work with Primary Health Networks and local GPs to identify and address gaps in access to care.

Scope of Services

The DVA needs to ensure that the scope of services it provides adequately provides for the care of both the contemporary and the ageing veteran population. WWII veterans are now in the later stages of life, Vietnam veterans are heading into their sixties and contemporary veterans are in their thirties. Naturally, their care needs are vastly different. In addition, there are now more female veterans and a growing need to support recovery from the physical and mental health impacts of service and deployment.

The AMA appreciates that the DVA therefore provides a wide range of services to meet veterans' needs. In the AMA's view health care services should be evidenced based and in the case of allied health services available upon GP referral. This helps to ensure the appropriateness and effectiveness of the services provided, and when part of a GP-prepared care plan provides ongoing management and review.

The DVA therefore needs to have strong consultative structures in place with GPs to ensure that the DVA is kept appraised of veterans' health care needs and issues faced by providers in providing care to their patients. In having recently consolidated a number of its advisory committees into the Health Consultative Forum, which will only meet once a year, the DVA will need to ensure that new provider engagement mechanisms are introduced that enable providers to provide input on matters affecting veteran health care.

Reducing Red Tape

In order to streamline providers' interaction with it the DVA should routinely remind providers, via a provider newsletter of available services, patient eligibility requirements, and the process for accessing them.

Also, where ever feasible and practical the DVA should encourage the use of electronic forms, to facilitate easy completion by health care providers. Where forms require contributions from multiple practitioners DVA should consider using an e-portal to facilitate electronic completion.

Yours sincerely

Brian Morton
Chair
AMA Council of General Practice