



Australian Government
Department of Veterans' Affairs

Mr Tim Kelsey
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Australian Digital Health Agency
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Dear Mr Kelsey

RE: National Digital Health Strategy

I refer to your letter of 3 November 2016 to Mr Simon Lewis, Secretary of the Department of Veterans' Affairs (DVA) inviting the Department to provide a submission to the development of the National Digital Health Strategy.

DVA welcomes the opportunity to provide input and has prepared the attached submission. The departmental contact is Ms Veronica Hancock, Assistant Secretary Policy Branch. Ms Hancock can be contacted on (02) 6289 6712 or veronica.hancock@dva.gov.au

Yours sincerely

A handwritten signature in purple ink, appearing to read 'SC', followed by a horizontal line.

Ms Sue Champion
First Assistant Secretary
Health and Community Services Division

14 February 2017

Department of Veterans' Affairs submission: National Digital Health Strategy

The development of the National Digital Health Strategy provides the Department of Veterans Affairs' (DVA) with an opportunity to ensure the interests of current and former Australian Defence Force (ADF) personnel, and DVA clients are considered. A successful digital health strategy will require greater collaboration across Government when developing digital health solutions, to ensure clear and accessible health care service pathways for DVA clients and efficient administration arrangements for health care providers treating both DVA and non-DVA patients.

Digital solutions to address accessibility of health care services should be a priority for the National Digital Health Strategy. Feedback from the veteran community raises concerns about navigating the healthcare system, especially by veterans entering the aged care system and younger veterans who have higher expectations regarding digital accessibility and transactions. As consumers of health care services, veterans have access to various DVA and mainstream programs. A lack of understanding of the interrelationships between these programs on the part of both the veteran community and healthcare providers can lead to fragmented healthcare, and less than optimal health outcomes.

In making this submission DVA seeks to provide information on the services it provides to the veteran community, some of the application of data and innovative services it has developed and is exploring, and highlight where there are opportunities for a more considered national approach.

Australian Government support for veterans

The Australian Government, through DVA, delivers comprehensive repatriation support to members and former members of the ADF and their dependants. For almost 100 years DVA has recognised the unique nature of military service by providing a dedicated system of compensation, income support and health treatment for veterans and their families. DVA's annual budget of around \$11.7 billion in 2015-16 included \$6.4 billion for income support and compensation, \$5.2 billion for health and community services and funding of under \$0.1 billion for war graves and commemorations.

The following table shows the DVA treatment population, those persons with an entitlement to DVA funded health care via a gold card which covers treatment for all conditions or white card which covers treatment only for specific conditions, as at 30 June each year over five years to 2016. Over this time, there has been an overall net decrease of 14 percent of the DVA treatment population over this time. This has been largely attributed to the 22 percent decline in gold card holders, which are predominantly the World War 2 generation of veterans and war widows. Offsetting this has been 16 percent increase in white card holders over the same period representing clients from more recent conflicts, and largely non-liability health care initiatives.

Treatment card holders as at 30 June						
	2012	2013	2014	2015	2016	% change over 5 years
Gold card holders	185,031	174,168	163,578	153,033	143,635	-22.4%
White card holders	48,769	49,013	53,984	55,148	56,610	16.1%
Total	233,800	223,181	217,562	208,181	200,245	-14.4%

Using e-Mental Health interventions to inform, support and treat mental health issues is becoming a significant area of investment by the Australian Government with increasing recognition of the opportunity technology provides to deliver mental health support. The government will invest \$30 million over three years to support the transformation of e-mental health and other digital services, serving and ex-serving personnel and their families will be a key target of these trials. e-Mental Health services offer serving and ex-serving ADF personnel and their families increased options for self-management, treatment and support. The challenge for DVA is to ensure veteran need is not overridden by a 'one-size-fits-all' approach.

The internet is increasingly becoming an accepted medium for mental health service delivery. The efficacy of online mental health interventions is well evidenced and increasingly recognised as an important and powerful complement to traditional channels of service delivery (from face-to-face therapy in the community to intensive care in hospitals).

Since 2012, DVA has increasingly been using technology to support veteran mental health literacy and self-care, developing bespoke solutions for the serving and ex-serving population. DVA now has a range of versatile, clinically evidenced mental health and wellbeing websites and applications for serving and ex-serving ADF members. Embracing e-Mental Health will afford DVA an opportunity to deliver more accessible mental health support that is tailored to the unique needs of the veteran population.

The National Health Service Directory (NHSD) as a directory to assist consumers identify health care providers to meet their needs, does not include an indicator for providers who participate in DVA health arrangements. This is not an issue unique to DVA clients. The private health insurance sector is currently developing online tools to support health consumers identify health care providers so as to empower individuals to make more informed choices about their health.

Digital records and online service channels

DVA recognises the potential for the *My Health Record* to provide a holistic view of an individual's health care and the potential efficiency it can offer to the health care system and expenditure. Further opportunities should be explored to expand the information and data recorded in the *My Health Record* to provide a more comprehensive view of health care, such as over-the-counter medicines, dental, optical and other allied health services. DVA supports the Department of Health as it works to increase the uptake of the *My Health Record* with both citizens and health care providers principally in the primary care setting. Should the increased uptake of the *My Health Record* be accomplished it will support the transition of patients within the community as well as interactions across the primary care and hospital settings, such as hospital discharge planning.

In September 2014 DVA launched DVA Webclaim, a real-time web-based claiming channel which allows medical and allied health professionals to claim through an online 'smart form', accessible through the Department of Human Services (DHS) Health Professional Online Services (HPOS) portal. This no-cost service removed delays for providers associated with preparing and lodging paper-based claims by streamlining the claims process thereby expediting payments to the practice. DVA's investment in this claiming solution was in response to the high rates of manual claiming for predominantly dental and allied health providers who did not subscribe to existing electronic claiming channels.

DVA would like to ensure that the development of new health IT infrastructure and enhancements of existing systems and interfaces are undertaken with a view to

In geographic terms DVA clients are distributed across the country consistent with the general population and as such experience the same issues in terms of health care. This includes health workforce and availability of services in rural and regional locations, due to the implication of an aging population and the longer lifespan and the consequent implications for the Australian health care system. Additional to these considerations is the expectation across the Australian community that the health care needs of the veteran and ex-service community are an obligation that the Australian Government must meet.

In addressing the health care needs of our clients, DVA works closely with public and private providers to ensure that they have access to a wide range of health care and other support services that they require. DVA provides health and support services under the authority of the *Veterans' Entitlements Act 1986* (VEA), the *Military Rehabilitation and Compensation Act 2004* (MRCA) and the *Safety, Rehabilitation and Compensation Act 1988* (SRCA).

Data and improved health care

As a result of its role as a payer of health services for clients over many years, DVA has a wealth of data which can be drawn on to inform policy and program development. Two examples are the Veterans' Medicines Advice and Therapeutics Education Services (Veterans' MATES) program and the Coordinated Veterans' Care (CVC) program.

Since 2004 DVA has funded the Veterans' MATES program to deliver improved health outcomes to the veteran community. Through a quality use of medicines approach, the program provides information and communication tools to support patients, general practitioners and pharmacists to improve health outcomes for patients. Underlying this is the application of DVA health claims data and the use of particular statistical analysis of dispensed medicines and health service utilisation to assess health impacts and develop packages that target specific health conditions and concerns arising from suboptimal use of medicines and other therapies.

The CVC program began in 2012 and provides coordinated care in the general practice setting. The CVC program was developed to help support veterans and war widows with one or more chronic conditions and who would benefit from enhanced care coordination by their general practitioner. The program is a first of its kind in the Australian health landscape and is underpinned by a robust evidence base which has been used to inform program enhancements resulting in improved health outcomes to veteran participants. As with Veterans' MATES, the CVC program uses administrative claims data for health services to identify DVA clients who may benefit from the program through enhanced management of particular chronic conditions.

DVA is also exploring how to use data to identify efficiencies within our current profile of health care expenditure, and is aware of similar moves across governments and the private health sector. DVA considers there is an opportunity for a nationally consistent approach to support a more efficient system of health care.

e-Health and e-Mental Health

Accessibility of health care services for DVA clients who reside in rural and remote areas of Australia is an ongoing issue; and accessibility issues associated with the ageing cohort of the DVA client population have become more prevalent. DVA is exploring e-health solutions to support health care services for its clients. This includes a trial aimed to test the effectiveness of telemonitoring as a complement to conventional health care management offered by general practice, and whether it can support DVA clients to live longer in the community and address service access for rural participants.

accommodating the treatment arrangements of the entire population including DVA clients. Consequently DVA is part of the proposal led by the Departments of Health and Human Services to develop new digital platforms for the payment of Medicare, aged care and related payments. This approach, rather than piecemeal solutions, will avoid the duplication of work and cost within government and ensure a more consistent approach to data collection and management for services provided by the Australian Government. Focus should also be maintained on the opportunity for the collection and recording of meaningful data, including standardisation of clinical definitions, as well as the value of the secondary use of this data to the future health planning and research.

While DVA is working with the DHS to support health care providers to interact more effectively with clients via online channels, a greater focus on provider technology interactions within and across professions should also be considered a priority. Practice software limitations, with no standard software available across professions, makes it difficult for providers to collaborate across the health care sector to achieve multi-disciplinary holistic patient care. Provider access to secure messaging systems and processes can also be an obstacle to seamless multi-disciplinary care. This reinforces the need for the enhancing support to initiatives to enhance the uptake of *My Health Record* across the community and the health care sector.

Veteran Centric Reform

Over the next few years DVA will be progressing an ambitious transformation agenda, Veteran Centric Reform (VCR). This work will significantly transform the delivery of services to the veteran community and the future DVA operating model. To succeed, DVA will be strengthening its partnerships with Commonwealth agencies and third party providers to increase our capability and efficiency.

DVA will be leveraging modern technology to simplify business processes, and provide easy and more convenient access to DVA services and support. DVA is committed to providing simple and easy access to services whilst ensuring that clients receive tailored and coordinated support when they need it. To realise efficient client services, connect with veterans and be responsive to individual circumstances, DVA needs a simplified, transformed operating model and re-engineered business processes, starting with transition from the ADF to civilian life, through to rehabilitation and employment and beyond.

\$24.8 million has been allocated in the 2016-17 Budget for DVA and DHS to partner on developing a business case to Government for the transformation of DVA from a focus on 'claims processing' to a 'client focused, responsive and connected' service. A major aim of VCR is improved health and wellbeing outcomes under a system that focuses on getting the veteran healthy first, and better service coordination, access to more communication channels and easier access to DVA services.

In anticipation of these initiatives to automate and streamline existing processes using actionable data, legislative amendment is required to make DVA digitally ready in a legal sense, in line with the Government's broad digital transformation agenda. The *Veterans' Affairs Legislation Amendment (Digital Readiness and Other Measures) Bill 2016*, currently before Parliament, inserts a provision in each of the three principal Acts administered by DVA that would enable the Secretary to authorise the use of computer programmes to make decisions and determinations under those Acts.

