

## Analysis of DVA Allied Health Reform Package

### Key Message;

- a) We are seriously concerned about the DVA Allied Health Reform Package proposal commencing implementation November 2018.
- b) Reform package does not address long held concerns from allied health profession over the last decade in regards to significantly low reimbursement rates in comparison to industry standard and other state and commonwealth funded therapy provision schemes. The level of reimbursement equates to approx. 20% of current commonwealth and state funded hourly rates or approx. \$40 per hour for occupational therapy services.
- c) Despite continued, regular, frequent & formal discussion since 2008 from our professional association, OT Australia; DVA have side stepped and delayed their promise to address our hourly remuneration rate and service structure. Most recently DVA said they would address the matter in DVA's Review of Dental and Allied Health Arrangements. DVA still show no commitment to address the issue in any meaningful way.
- d) An allied health review was first announced in The Australian Government Portfolio Budget Statements 2015-16 Budget Related Paper No. 1.4B (Strategic Direction Statement, page 16), committing to "a review of the dental and allied health arrangements, in consultation with provider groups, to ensure continued quality, effectiveness and appropriateness of the services, and where appropriate rebalance arrangements to ensure services continue to meet the needs of the veteran community."
- e) The Allied Health Reform Package was based upon a DVA internally conducted Review which has a multitude of flaws, including its terms of reference and methodology, is not evidence based nor aligned with standard health industry practices.
- f) Proposed reform will result in further imbalance of arrangements and will not deliver a Rolls-Royce health service to veterans nor "*21st Century specialised health care.*" It is not aligned with *Veterans' Entitlement Act 1986 and Repatriation Private Patient Principles Legislation*, which is an instrument enabling free and enhanced treatment to be provided to veterans and therefore promotes their right to health.
- g) The current schedule of fees and hourly remuneration rate lead to consultations being shortened in time, resulting in more service occasions and a disruption to veteran experience and therapeutic outcomes. Should the treatment cycle be capped at 12 visits it will be likely the maximum number of visits will be reached in a matter of weeks, resulting in a need for the veteran to return to the GP purely to seek GP approval for re-referral to the allied health professional to continue with/complete therapy.

h) The proposed 12 session treatment cycle adopts an archaic and non-contemporary medical model of health care. The allied health practitioner is best placed to determine the form of treatment plan and its outcomes and determine in conjunction with the veteran whether treatment should continue. This medical model of health care is also a very disempowering form of health service delivery and again does not support the *Veterans' Entitlement Act 1986 and Repatriation Private Patient Principles Legislation* which is designed to promote the right to health.

i) DVA *"expenditure on dental and allied health services equates to approx. \$2200 per year", "the average spend for medical treatment was \$25,000 per year."*

i) The Hon Dan Tehan MP August 2017 said *"if in a financial year, DVA needs to spend more money than had initially been budgeted for healthcare support to entitled veterans, then the excess is just 'written off' by government and we start the next year with a clean slate. This ensures that we can always meet the costs of all clinically necessary treatment for entitled veterans."*

k) Our recommendations are;

1. An independent review of DVA's fee schedules and service provision.
2. Adjustment to schedule items to better reflect contemporary practice and client needs.
3. Establishment of an independent quality assessment team and system to review the quality and efficiency of services delivered by all health providers.
4. An increase in hourly rate in line with industry standards.

Essentially, with the implementation of the Allied Health Reform Package, there will be a decrease in access to quality services for veterans as it will not be financially viable for practitioners to continue to provide services.