

Barriers To Veterans' Access To Acupuncture Under Current Legislative Framework And Supporting Architecture.

This submission addresses two elements of the terms of reference in the context of access to acupuncture services:

- Whether the arrangements reflect contemporary best practice, drawing on experiences of Australian workers' compensation arrangements and military compensation frameworks in other similar jurisdictions (local and international);
- Whether the legislative framework and supporting architecture delivers compensation and rehabilitation to veterans in a ... veteran-centric manner.

Veterans' quality of life is affected by both physical and mental health conditions. Acupuncture has been found to reduce veterans' symptoms of anxiety, depression, and chronic pain (1, 2). Acupuncture combined with usual care has also been found to be effective for reducing veterans post-traumatic stress disorder (PTSD) symptoms (1). The Department of Veterans Affairs (DVA) refuses to provide access to registered acupuncturists, only allowing acupuncture services to be provided by a general medical practitioner who is registered with Medicare Australia to provide acupuncture (3). With only 580 medical practitioners nationwide who meet this criterion (of which 230 are based in Victoria) (4), there is an inadequate approved workforce to meet the acupuncture needs of veterans. Veterans are effectively blocked from routinely accessing acupuncture as part of their care despite its evidence based clinical benefits (1, 2, 5).

If they can afford to veterans must self-fund to access acupuncture from a registered acupuncturist to receive treatment in a timely manner. This same problem faces non-veteran gold card holders (including war widows and dependants) who would be covered for acupuncture as an allied health service if they had private health insurance but are not covered by the gold card.

Significant developments have occurred since the DVA last reviewed acupuncture in 2010 (6), and there is no longer any justification to deny veterans access to acupuncture from registered acupuncturists. Veteran centred care should be responsive and respect a veteran's preferences and values and facilitate access to care (7). Respecting a veteran's preferences for care can challenge established systems and power bases (8). The failure of DVA to incorporate acupuncture into veterans' care in general and for Gold Card holders specifically is symptomatic of the barriers to implementation of veteran centred care.

DEVELOPMENTS SINCE THE 2010 DVA ALTERNATIVE THERAPIES REVIEW

National Registration of Acupuncturists

The 2010 DVA review of acupuncture provider status identified that the regulation of acupuncturists in only one state at the time (Victoria) was a barrier to the inclusion of acupuncturists and recommended the status quo be maintained (ie no benefit paid for acupuncturists) (6). In 2012 acupuncturists were registered nationally through the Australian Health Practitioner Regulation Agency (AHPRA) under the National Registration and Accreditation Scheme for Health Practitioners (NRAS). The barrier for inclusion identified in the 2010 review no longer exists, yet DVA has not responded to this change even though the department has been kept up to date with developments.

Acupuncture recommended for chronic pain by the Australian Health Department

Leading up to the restriction of codeine to prescription only in February 2018 the Therapeutic Goods Administration (TGA) provided advice to prescribers on alternatives to opioids. The TGA recommends that doctors, nurses and pharmacists direct patients to consider options such as massage, acupuncture, relaxation and exercise as an alternative to pain medication (9). Treatment for musculoskeletal conditions comprised 62% of total dental and allied health expenditure for DVA in 2016-2017 indicating that chronic pain is a significant burden for veterans (10). The lack of access to acupuncture is a significant barrier to effective veteran centred management of chronic pain.

OTHER JURISDICTIONS

New Zealand

New Zealand has harmonisation with Australia in a number of health regulatory areas and serves as an international comparator (11). Members of Acupuncture NZ, a self-regulated association of primary-qualified acupuncturists, have provider status for treating veterans under New Zealand's Veterans' Affairs compensation scheme (12).

United States (US)

Veteran centred care has been explored in the US and offers some insights relevant to the inquiry. Patient centred care in the context of veterans is defined by the US Department of Veterans Affairs as 'a model of care where the focus of care aims to shift the focus from the specific ailment or disease to a more holistic look at supporting Veterans' (13). In the US veteran centred care has resulted in the incorporation of complementary and alternative medicines to improve well-being and align with patient preferences (14). In particular acupuncture is available through the Veterans Choice Program (15).

Canada

Veterans Affairs Canada (VAC) provides acupuncture services under its Programs of Choice (POC) Related Health Services. Services must be performed by an approved practitioner and be prescribed by a physician (16).

ACUPUNCTURE AND OTHER AUSTRALIAN AGENCIES

Workers Compensation Schemes

Comcare has paid for acupuncture performed by acupuncturists for over 20 years (17). It is ironic that a federal government worker (such as the staff of the Productivity Commission) injured in the course of their employment can access the services of a registered acupuncturist under Comcare, but a veteran requiring acupuncture treatment resulting from their military service (or their dependant) cannot access those same services through Veterans Affairs.

Most State-based Workcover schemes accepted acupuncturists as providers prior to implementation of NRAS for acupuncture. Since the registration of acupuncturists in July 2012, Workcover in both Queensland (18) and Western Australia (19) have gazetted acupuncture as an approved service with registered acupuncturists as providers.

Private Health Insurers

Acupuncturists have had provider status with some health funds since the 1970s (commencing with HCF and Mutual Community in 1977) and with the remaining major health insurers since 1995. All private health insurers currently pay a benefit for acupuncture provided by a registered acupuncturist.

SUMMARY

Veteran centred care requires changes in systems which can challenge incumbent processes. The failure of DVA to formally incorporate acupuncture into veteran's care options despite the evidence of its benefits, being a registered health profession, and widely practiced in the Australian health system, and being available to injured workers under Comcare and state-based WorkCover, is a case study in the legislative and procedural barriers to change. The incorporation of acupuncture into veterans' schemes in New Zealand, Canada and the US indicates its value in veterans' care and should not require further debate. The failure to incorporate acupuncture into the Gold Card scheme leaves veterans dependants such as war widows at a disadvantage compared to private health insurance holders in cases where acupuncture is a preferred treatment. A system responsive to veterans' needs would address these inconsistencies promptly. By definition a program cannot be veteran centric when veterans are denied access to their preference in health care.

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