

Submission to the Draft Productivity Commission A Better Way to Support Veterans

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[address redacted]

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I make it clear from the outset please, that I am writing this as an individual, not as a representative of any organisation or my family.

What drives me are the following:

- The need for greater partnerships between health providers and consumers;
- The need for better Evidence Based Health Care;
- More judicious prescribing of medicines;
- The high level of health care expenditure (currently much better than the United States but on the rise in Australia);
- The greater accountability by providers for the cost of health services, including those servicing DVA Gold Card holders.
- These may include the PBS (additional DVA items), all Medical Services including Medical Devices and Prostheses, cost of Hospitalisation, Physiotherapy, Occupational Therapy (e.g. special light sensors, kettles, sheep skins, walkers, side tables etc);
- My Mum's death just happened to coincide with the Productivity Commission releasing a draft report for comment and the Commissioners coming to Perth and other cities and some regional cities in Australia;

I became an active health consumer representative through peak consumer groups such as the Health Consumers' Council of WA (HCC) and Consumers Health Forum of Australia (CHF). My involvement with these organisations started in 1995 when I had a succession of shoulder operations. I am now not as actively involved, but remain very interested in health in Australia.

My previous involvement included:

- The National Prescribing Service (NPS) when it was first formed in the late 1990's. In fact, I was a consumer member of the old Prescribing Feedback Working Group. The then, Medical Director of DVA, Dr Graeme Killer, was a member of this group and on the inaugural NPS Board. He was also John Howard's personal Dr and travelled with him, as required. I used to hear a lot about high prescribing rates for veterans through this group.
- The Cochrane Collaboration Groups (e.g. the Consumer Group, the Placebo Working Group, the Musculoskeletal Group). The Cochrane Library is free to all consumers in Australia and promotes evidence-based medicine.
- The Department of Health's Spinal and Hip Prostheses Working Groups from the beginning. They determined and listed the cost of all components of Prostheses even to screws, as this had not been previously done.

- The original Divisions of General Practice, including the Fremantle and Osborne Divisions' Prescribing Working Groups. I was involved in Primary Health Care from the start of these Primary Health Care GP Divisions.
- I was the first consumer representative at UWA's School of Population Health for 3 years.
- The National Drugs and Poisons Scheduling Committee, which met four times a year in Canberra. I was the consumer representative for CHF on this committee until I was appointed to the job at UWA. We examined and scheduled all new Medicines e.g. S2, S3 or S 4 (prescription only) and Agricultural and Veterinary Poisons.
- I was a member of the first Consumer Advisory Committee at Sir Charles Gairdner Hospital (SCGH), a large teaching hospital in Perth.
- A large number of other committees, some in a paid capacity and others voluntary.

My Father Graeme Cubitt who died on December 24th, 2010, was given his DVA Gold Card, (when it was extended by the Prime Minister, Hon John Howard's Liberal Government to include veterans such as him) for active service in Borneo during World War II. He immediately dropped his Private Health Insurance but retained it for his wife, Pamela (my mother). He lived independently with Mum until he was 89. He died in a Hollywood Private Hospital (HPH), which was built for veterans but like all those in other States, was sold to the private sector. The terms of sale, required treatment of veterans to continue at the hospital. Many new Hospital wings and wards at HPH are named after veterans, including Lieutenant Colonel, Sister Vivien Bullwinkel, who married my parent's former neighbour Mr Frank Statham, (they continued to live in his home next door to my parents, in [redacted], Nedlands WA).

My mother, Pamela, died on December 29th, 2018, after only two weeks in the new Residential Aged Care Facility in Nedlands opened by Regis in July 2018. She fell backwards at 10 pm on Christmas night in the bathroom, and she sustained a head injury. Initially, it became a coronial case due to the circumstances surrounding her death. She died three days later in SCGH and in my opinion her end of life care, and the communication to our family by the treating Drs, could have been better.

When Dad died in HPH on 24.12.10 he was treated expertly by the Palliative Care Drs, within the Heart Ward. This was because the Palliative Care Team could not use their ward as it was closed over the Christmas, New Year Period.

Both my mother Mrs Pamela Lylie Cubitt (DoB 6/3/1927) and my mother in law Enid Steryckx Coghlan (DoB 6/2/1922) were holders of Gold Cards and also received the DVA Pension. They were the spouses of veterans with active service during World War II. As is well known, unlike other government payments, the DVA Pension is not means tested or taxable.

My mother received the highest DVA Pension, which also included the supplement. Not everyone who is eligible takes this Pension. I have a close friend, whose mother was eligible, filled in the forms but decided not to take the Pension and the Gold Card when her husband died.

After my mother's remaining entry fee for the Hollywood Independent Living Unit at the now Regis Nedlands site was returned to her, she continued to pay rent. My father's share had been paid out to Mum, after he died in 2010.

My parents entered this former Hollywood Independent Living Units (then run by the Salvation Army and very quickly on sold to the private sector), eventually being taken over by Regis after they had had their name down at the facility for years. They had sold their family home in Subiaco to finance the move. What we didn't know on our mother's behalf (we always advocated for her) was that when she had, both the deposits (paid back to her by Regis), she may have then become eligible for rent assistance through Centrelink.

When we filled in the Income and Assets Test in July 2018, to fund her movement into aged care, (she actually stayed living independently for two more months in her unit), we found out she was eligible for rent assistance. We waited for her ACAT to be done and be processed (it all takes time) and when we showed her proof of rent to the Department of Human Services, payment of rent assistance occurred, until she eventually moved to Regis Residential Aged Care.

Should War Widows just get a gold card if eligible or should there be an income and assets test as there is with the e.g. Centrelink Carers Payment?

I am writing as a concerned taxpayer about the open risk of the DVA Gold Card payment. It is not compulsory to join Defence Force in Australia and WW11 was along time ago.

The Potential for Financial Abuse from Providers.

My mother had a Gold Card from 2011 and we never saw any financial statements from any of her Allied Health or Medical Providers. The following extract from the draft report is relevant to my submission:

The Gold Card enables the holder to access the full range of repatriation health care benefits. The benefits include treatment as a private patient in a public or private hospital, choice of doctor, pharmaceuticals at the concessional rate, optical care, physiotherapy, dental care, podiatry and chiropractic services. The benefits are for all medical conditions, irrespective of whether the condition resulted from war service. The Gold Card also entitles veterans to transport to and from the nearest health care facilities where treatment is being provided".

My mother lived in Nedlands and went to private Doctors in her Regis complex and at HPH and Dentists within her area. The Allied Health Providers, over time, visited her in her own home. Mum was very impatient and did not like waiting for transport. Occasionally, she paid herself for taxi rides to health providers and then we never claimed for a refund of the taxi fare, as the form was very complicated and needed a lot of information. This is as it should be, to protect the taxpayer.

I can only imagine the cost of transporting DVA Gold Card holders from more distant areas (e.g. outer areas of Sydney, Melbourne, Perth etc.) to their choice of provider. It is not just the distance travelled but also the time spent in traffic in the taxi. What about Regional and Remote areas? The WA State Government has the Patient Assisted Travel Scheme (PATS). Presumably DVA has an equivalent? How are the costs of transport to DVA being managed? Where are the checks and balances for the taxi companies? I have heard of card holders in NSW being transported in limousines because they didn't like the local taxi company. Also, is it appropriate for a Gold Card holder to be taken to a Christmas Legacy lunch in Melbourne in 2018? A friend recently told me that this is what happened with his Mother.

Every time I entered the hospital to visit, during my mother's lengthy stays in 2018, I always thought about the cost of her medical and in patient treatment and what was being claimed against DVA? I had no idea, as there was no transparency that I could see, as a family member? Medical information was held closely by the hospital and as stated previously it was hard to get information on Mums condition.

As my mother was discharged from a public hospital, Royal Perth (RPH), to the privately run St John of God, Mt Lawley (SJOGML) with no medication, I called SJOGML Pharmacy to make sure they had her PBS Safety Net No as she had passed the Safety Net in 2018. I did not want DVA to be billed. I'm not sure of the cost implications for DVA if I had not done this.

Coordinated Veterans' Care (CVC) in General Practice as described in your draft report.

"Monday, 10 September 2018 - The Department of Veterans' Affairs (DVA) has increased incentive payments for General Practitioners (GPs) to enrol eligible patients in the Coordinated Veterans' Care (CVC) program. The benefits of enrolling your patients, including reduced hospital admissions, were recently highlighted in an in-depth evaluation of the program".

My Mum was never in a CVC program that I knew about. This could be because she was not alive and out of hospital for long, after it was introduced. This program seems to be very helpful but is very reliant on diligent GP's who, as you would know, already have a huge amount of medical control and many are time poor and don't like filling in forms. They are the first point of contact in the health system. Referrals are required to visit specialists if you want a specialist level rebate from Medicare. Without a current referral, only a GP Schedule Fee Medicare rebate is paid to a consumer visiting a specialist. Unlike the NHS, patients do not have to enrol at a medical practice to be seen. Australians have always valued the right to attend any GP practice they wish. This does have the potential to fragment a patient's care.

When you reach the age of my mother, your GP is even important to your health management. As Mum did not drive her main GP through choice, was within the Regis complex but he was not always available because he serviced other Regis sites, as well as other age care facilities, on various days of the week.

It has recently been noted in the media that many GPs are no longer visiting age care facilities. Over time this will not assist veterans residing in residential age health facilities. Older people can have multiple health problems and require time to sort through them. Sometimes, I had to get after hours GP services for my mother and I often wondered how much information about those services, her primary GP received. These problems apply to all Australians, not just Gold Card holders:

GP clinics receive an initial incentive payment to enrol eligible DVA clients, then quarterly care payments thereafter. The new DVA fee schedule for CVC claims, including an increase in payments, came into effect on 1 July 2018.

Do DVA Gold Card holders know this?

How often are medication reviews done it would appear this depends on the need and the conscientiousness of the GP and other prescribing Drs. How often are medications removed? Are medications used to treat a side effect of another medication?

The PBS has a lot more items on it for DVA Gold Card holders.

What is the role of nurse coordinators in veteran's health care?

The follow extract from the report may be relevant.

The CVC program was established in 2011. It supports GPs to manage chronic conditions for eligible DVA clients who are most at risk of unplanned hospitalisation. It is available to DVA Gold Card holders, including veterans, war widow/widowers and dependents, who are living in the community and have one or more chronic conditions.

GPs are able to provide ongoing, comprehensive and coordinated care to eligible Gold Card holders, with the assistance of their nurse coordinator.

The draft report mentions that 18 % of people leave the ADF due to medical reasons. This figure of almost one in 5 discharges having medical conditions is an open risk to the taxpayer? According to the draft report over 100,000 veterans are over 79 years of age. People over the age of 70 potentially use the health service at 7 times the rate of younger people. ADF members leaving for medical reasons with a White (limited medical conditions) or Gold (all medical conditions) card are potentially very high users of the medical system, often at a young age.

We have no idea what any treating Drs charged my mother e.g. GP, Geriatrician.

What are the Public Hospital contracts for DVA across the country?

What are the Private Health Hospital contracts for DVA across the country? They would be different due to the different costs over various states of running hospitals and health services.

We had no choice when Mum went into hospital via Public Hospital ED for treatment. She was supposed to have a choice but was always allocated a Dr or a Consultant and then under a team of Drs.

We when she had elective surgery we were able to choose the Dr. HBF a large PHI in the 1990s did a survey of recent SCGH discharges and when their insured patients were not offered a choice of Dr as stated in their policies so they withdrew payment to the hospital.

As stated repeatedly DVA has open, financial risk with all medical care in and out of Hospital, including all Prostheses and Medical Devices.

Allied Health under DVA now needs requires more frequent referrals or numbers of treatments offered under one referral, which is better for accountability than yearly referral for unlimited services. e.g. physio not open ended over a 12-month period.

What are the current contracts at the old repat hospitals e.g. Hollywood Private (HPH) Ramsay in Nedlands WA 6009. My mother was admitted at the end of June 2018 and after a two-week stay in Woods Ward (she did not get to choose her Dr). There was no rehab even though the Dr insisted there would be. SCGH can't wait to get rid of DVA Gold Card patients coming through and to transfer them to HPH. The bed allocation staff member told Mum, in June 2018 in my presence, "That her Grandmother was at HPH and Mum needed to go there for rehabilitation as the Allied Health at SCGH had seen her walk and were unhappy with her". She had not had medical X – rays or a diagnosis at that stage and she did have two Thoracic fractures (T 11 and 12)

She did not get to choose her Dr at HPH everyone as DVA, medical patient transfers via emergency gets allocated a Dr in the medical Woods Ward. In HPH Mum did have her fractures diagnosed and had a mild heart attack and developed a pressure ulcer on her buttock. We took her home mid July, with DVA support including generous personal care through Silver Chain into her own unit at Regis Independent living Units just across the road from HPH. At the same time we filled in the income and assets test for Commonwealth Human Services and pushed for a new ACAT. Mum despite having a mild heart attack in HPH and two fractured Thoracic vertebrae was able to cope at home and in fact got better.

One of my two older brothers wife had surgery in late August 2018 and I went to Victoria with my husband to mind our grandchildren while their parents did shift work. During that time my mother was at home but needed support, so we were able to go interstate, we organise with Mums consent and through DVA Home Care Program for carers to come to mum for a period of fourteen days. Without their valuable help and the carer coming we would to have been able to leave my Mum in her unit during that time.

Whilst at home for those two and a half months MUM put on weight and began to move around more. We have 9 grandchildren and mum had 18 great grandchildren. She was vibrant and had a lot to live for. She had lived there for 15 years. She was showered in the morning by Silver Chain and they also came for 15 minutes each evening to give her, medication and to help her put her in her nightie before bed. The Nurse also came to dress her pressure ulcer until it healed over.

We understood from staff at her hospitalisation later in the year at RPH Spinal unit, through discussion with nursing staff that HPH had cut back rehab for DVA. This

they told us, was after their initial contract with DVA had expired. Then, Gold Card holders then received in patient care under Ramsay Health Plus?

Our experience at HPH was so negative that when Mum fell again at the Windsor Theatre in Nedlands (attending with an elderly friend) on 1.10.18 and she fractured her thoracic spine (T 8) vertebrae and sustained a chopstick fracture, the ambulance took her to ED at Sir Charles Gairdner Hospital. The family then, with Mum's consent, requested that she not be transferred to HPH as had occurred previously with both my parents. We were later told her entire spine and hips had Ankylosed and caused by Ankylosing Spondylitis (AS) by the Spinal Unit Drs at RPH. This condition AS had never had raised to her or us before, and mum had had spine and hip pain, but it made her very susceptible to a fracture at T8 where her entire spine pivoted off. She was in a lot of pain.

She was very ill after her fall on 1.10.18 and had a bleeding rib, which continued to bleed into her lung, and required a chest drain and then numerous scans as she was in so much pain. Due to the nasty T 8 fracture, she was bedridden completely at SCGH for ten days. Then, when a bed became available at Royal Perth Hospital (RPH) Mum was moved there. She waited for four days to be measured for a poly jacket (see attached picture of mum with her youngest granddaughter Anneliese). After this was done under imagining she waited over four days for it to be made at Fiona Stanley Hospital Perth. Then, after review on the Monday (following ten days in RPH), again with no choice of Dr, Mum was sent for rehabilitation to SJOG Mount Lawley (SJOGML).

At both SCGH and RPH in October 2018 despite going in as a DVA Gold Card holder we never met either of her consultants. It "was called catch the team if you could". Junior Drs did the entire daily care of Mum. If you missed the consultant, they never returned that day. The hierarchical structure at the hospital was extremely intimidating, even for an experienced health consumer like me. My Mother could not advocate for herself. The lack of communication made it extremely difficult to understand the likely outcomes of my Mother's rehabilitation. I also had no understanding of her treatment costs incurred on her behalf and met by DVA?

After her stay at RPH, my Mother went to SJOG Mount Lawley where they did some low level rehab but soon worked out mum was a one person assist to move at all times. She had lost her balance and her stamina after being 21 days lying in bed, waiting for her health to improve and for her polyjacket to be measured and made. She actually fell twice in SJOG once with the nurse and once at physiotherapy (I was present). We visited her everyday and advocated for mum and she had high cognitive function until her death. Four hospitals and a significant health change, led to her becoming disorientated, passive and sometimes and a bit despondent.

The day after her first review at RPH Spinal Clinic they asked mum to leave and go to Temporary Care Awaiting Placement (TCAP). The Social Worker at SJOGML, had asked two weeks earlier, for her to move to TCAP but we refused, as she still had her first follow up appointment at RPH Spinal Clinic outpatients. After that, for two weeks, Mum was then put on a daily maintenance fee at SJOGML and moved to a lower grade room. We didn't want her to go to TCAP as it was another change. Once we knew her spine was healing we found a Residential Age Care Place with a

Nurse on duty 24 hours a day, for her, in the NEW Regis Age Care right next door to the village where she previously lived in Nedlands. She then looked out back over to her unit of 15 years. The family move swiftly to move my mother into aged care after that first follow up, and (wearing here poly jacket) to save her going to TCAP. She dint like the poly jacket as it was very uncomfortable and she could not breathe well. Cutting in under her arms and waist.

Prior to her departure from SJOGML, she developed a chest infection and the doctor requested the family's permission to treat Mum.

We never knew what SJOGML was paid or what the Geriatrician charged for mums care each visit or for case conferencing.

Mum passed the PBS safety net but always had extra items which non-veterans can't access e.g. mouthwash, toothpaste, vitamin D, skin lotion etc. Veterans in groups over lunch have described the Gold Card as a credit card, where you get no account. Should their dependents receive the same entitlements if they qualify?

Where are their cost reminders? I know providers under DVA contracts don't permit gap fees. What about statements being sent to patients like the PHI providers such as HBF send after a hospital inpatient stay?

Dental care, glasses hearing aids the providers and allied health and equipment covered are extensive. When patients use their Gold Card they have no idea of what is being paid to health providers. Medicare guarantees doctors 85% of the Schedule Fee for items on the Medicare Benefits Schedule. They are also paid an extra incentive to treat DVA. These costs are not transparent to the DVA consumer and the greater population. As already stated, few Gold Card holders would care, as they don't receive an account. As previously stated, Medicare only covers a limited amount of Allied Health services and then only 5 every 12 months if you meet the criteria for chronic disease. Then, there are a limited number of mental health visits for Psychologists and paid for by Medicare but again on 85% of the agreed rebate. DVA is very lucrative for Allied Health providers and I assume that they also getting a mark up on the equipment that they provide (e.g. lights, walkers, appliances for the kitchen etc). DVA even hired a hospital bed for my mother while she was recovering from her first fall in June at home. The OT organised it because my mother was sitting up all night in a chair in a lot of pain and she could not lie back.

Spouses of veterans, both my Mum and my husband's mother lived until their 92nd year.

Should their entitlements under the DVA Gold Card have been so generous?

This of course assumes they are entitled to DVA payments as it has a number of criteria before it is paid to spouses.

Veteran friends who served in (Vietnam) said the Gold Card turned up in mail at 70 years and some of them are extremely wealthy and don't really need it. They have overseas investments and some no longer pay any income tax in Australia.

Should they boast about their Gold Card entitlements to those of us who choose to rely on Medicare?

I am concerned for my four adult children and taxpayers all over Australia, especially those paying such high levels of income tax and receiving no government assistance. Even retail workers with limited hours and other income tax payers within the lower income brackets and still paying income tax, would smart, if they knew what more about the DVA current annual budget.

I know there is a prevailing attitude among some high-income earners who work very hard every day many with significant sacrifice, and then many don't qualify for any government help. An example is the childcare rebate (including both pre and after school care and vacation care), has recently been cut for one of our adult child, in a relationship where both parents work.

High income tax earners who pay their way all along and then don't receive any government handouts e.g. my husband and I are self funded retirees and after the recent pension changes don't even qualify for a part pension. We can only dream of having health payments like the Gold Card in our retirement. If we qualify for some of the age pension it will never be as generous as the DVA pension, which is substantially higher than the standard age care pension.

I wish to thank the taxpayer and DVA for caring financially for my own mum and my husband's mum who was based in Victoria. We know much less about her situation, as we were not close. I hope this submission is helpful as these are very recent examples of dealing with DVA. Finally we always found the staff on the main DVA phone line to be very helpful. People need educating as well about the cost of entering Residential Age Care. I think there are too many people who think DVA will help subsidise this and there is help but only in a limited way for specific cases eg prisoners of war.

