

C+IN

Veteran's Care in General Practice

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The Coordinated Veteran's Care Program has been in effect since 2011.

There have been some recent changes to the way DVA operates, which form the topic for discussion this evening.

The General Practice Improvement Team can help your practice identify patients eligible for the program and provide education for nurses and practice managers.

The Flinders University CVC program online education package is no longer available.







ACT's Veteran Population



Partnering for better health

DVA Pensioners and Treatment Card Holders by Local Government Area as at 5 July 2019

Australian Capital Territory

	Net Total DVA	Total	Total	Disability		Service	SS Age	Gold Card	White Card
LGA	Clients	Veterans	Dependants	Pensioners	War Widows	Pensioners	Pensioners	Holders	Holders
Unincorporated ACT	8,997	7,258	1,758	2,578	868	1,242	43	2,527	4,524

Notes:

(1) 'Net Total DVA Clients' consists of any person in receipt of a pension/allowance from DVA or who is eligible for treatment or pharamceuticals paid for by DVA (2) Some clients may be eligible as both a veteran and a dependant. For this reason total clients my not equal the sum of veterans and dependants.

https://www.dva.gov.au/about-dva/statistics-about-veteran-population



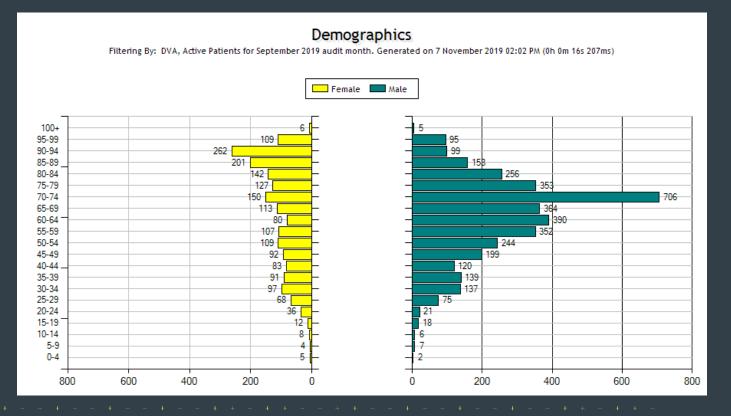




ACT's Veteran Population in General Practice











Recent changes to DVA and what they mean for General Practice



Partnering for better health

The <u>Australian Defence Veterans' Covenant</u> was announced by the Prime Minister, the Hon Scott Morrison MP, and the Minister for Veterans' Affairs, the Hon Darren Chester MP, on 27 October 2018.

The Covenant encourages the Australian community to acknowledge the unique nature of military service, and support veterans and their families. Underpinning the Covenant is the Veteran Card, the Lapel Pin and the Oath.

These provide the opportunity for Australians to identify veterans when they are not in uniform or wearing their medals, and offer respect to them and their family. Employers, businesses, local community groups and the broader Australian public are able to commit their support for the Covenant. The Covenant provides the framework that enables veterans and their families to better connect with their community.





Australian Defence Veterans' Covenant Oath



Partnering for better health



AUSTRALIAN DEFENCE VETERANS' COVENANT

We, the people of Australia, respect and give thanks to all who have served in our defence force and their families.

We acknowledge the unique nature of military service and the sacrifice demanded of all who commit to defend our nation.

We undertake to preserve the memory and deeds of all who have served and promise to welcome, embrace, and support all military veterans as respected and valued members of our community.

For what they have done, this we will do.





Lapel Pin



Partnering for better health

The Lapel Pin provides the opportunity for veterans to be easily identified when not wearing their medals or uniforms.

There is a Veteran Lapel Pin and Reservist Lapel Pin that eligible applicants can apply for using <u>MyService</u>.







Changes to DVA cards



Partnering for better health



The Veteran Card is a re-design of the existing DVA Health Cards (Gold, White and Orange).

There is no change to DVA services and benefits – card holders can continue to use their existing DVA Health Card to gain access to health services and benefits.

All existing DVA Health Cards will gradually be replaced with the new look Veteran Card, either when their current card expires or as part of the card replacement program, whichever occurs first.





The Coordinated Veteran's Care (CVC) Program

How to navigate the program







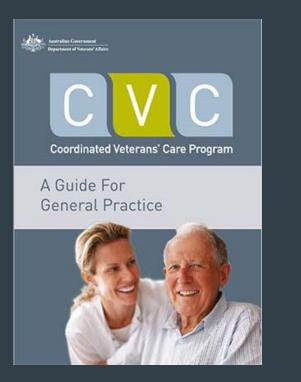
Partnering for better health

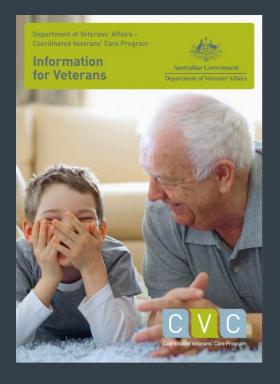
The Coordinated Veterans' Care (CVC) Program is targeted for Gold Card holders with health problems that increase their risk of unplanned hospitalisations when they have one or more of the following chronic conditions: congestive heart failure coronary artery disease •chronic obstructive pulmonary disease •diabetes •pneumonia. The program is voluntary and offered in addition to any existing DVA services and entitlements.





Information Brochures







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- 1. Use your clinical audit tool to identify eligible patients
- 2. Recall and discuss the program with the patients
- Proceed with GPMP/TCA if GP ok's and you have discussed the ongoing requirements with the patient (frequency of contact)
- 4. Record consent
- 5. Review and record outcomes





Process to identify patients

Use your PEN tool to identify patients eligible for the CVC program.



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1687	Surname	Firstname_158	Firstname_15 8	м	13/10/1947	12 Jogger St	Suburb Town	4050	H:07 50505050 W:07 50509999	1234999999		1234123412 34	Surname 14/09/2015
672	Surname	Firstname_161	Firstname_16 1	м	13/10/1947	12 Jogger St	Suburb Town	2449	H:07 50505050 W:07 50509999	1234999999		1234123412 34	Surname 27/08/2015
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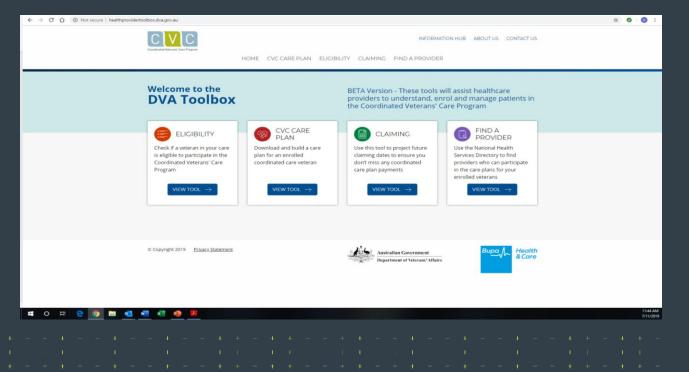


 Imagine
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DVA Toolbox

IMAGINE

DVA has developed an online toolbox for practices:





DVA Toolbox

Determining eligibility:

← → C ☆ (O Not secure healthprovidentoc	olbox.dva.gov.au/Eligibility			* Ø 0 :
	Contracted Researce Care Regrate	CARE PLAN ELIGIBILITY CLAIMING FIND J	INFORMATION HUB ABOUT US CONTACT US	
	Eligibility	BETA - This tool wii for the key eligibili Coordinated Veter	ll guide you through an assessment y criteria to participate in the DVA ans Care Program	
	Is the patient a current holder of a DVA Gold Card?	Is the patient currently a resident of a residential aged care facility?	Is the patient currently a participant in any Department of Health coordinated care program?	
	🔿 Yes 🕘 No	🔿 Yes 🕘 No	🕘 Yes 🕘 No	
		Next step \rightarrow		
	© Copyright 2019 <u>Privacy Statement</u>	Australian Gov Department of V		
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CVC Program Comprehensive Care Plan

Personal D	etails			-		-			
Title	Family na	ne		First Nan	nes			Date of Birth	Age
Address								Phone	
DVA Gold	Card No.	Resuscitation (Advanced Heal		Yes □ No □ N Yes □ No □ N	/A⊟ Ifyes, /A⊟ Ifyes,	, provide de , provide de	etails etails	Aboriginal Torres Strait Is	lander
Medicare	No.	Power of Attorn If yes, provide d		g /Authority / A	dministrati	ion appoin	ted? [please specify]	Yes No N/A	
			Phone	•			A	ddress	
Carer									
Emergency	Contact								
Doctor									
	nunity Nursing	Provider							
Pharmacist	1								
	Diagno	osis		Management	•		Target	Red flags	Review date
1.	Jugin			January					
2.									
3.						-			-
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1.						4.		+	
2.						6.			
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Hospital Ac Visits	dmissions / A	&E Department	Admitted	Discharged	Reason f	for Presen	tation	Complications	
Devices				Commenced	Devices				Commenced
5241023				Johnnendeu	Devices				

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Capital Health Network

Medication Record [include prescription and non-prescription] Home Medicines Review in the last 12 months Yes No N/A If yes, provide details:

Generic	or Trade	Strength		F	reque	ency		Prescribing Doctor /	Commenced	Ceased
Name a	nd Type	Strength	M	L	D	N	PRN	Reason for medication	Commenced	Ceaseu
										1
cent results and investig	ations									
Bloods	F	Results			BP	•		Urinalysis	Date	Next Du
			_							
			-							
			_							
	+		+				+		-	-
			-					Vaccinations	Date	Next Due
Planned Service Provider/Education	Details	No. Schedule Per Care Plan				e sho	wn under	respective months listed below Care Plan expiry		

Planned Service		No.	Scheduled services are to be shown under respective months listed below					elow							
Provider/Education	Details	Per	Care	Plan e	comme	enced							Care P	lan ex	piry date
Contact		Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Comments
GP Consultations															
Care Plan Reviews															

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Capital Health Network

Veteran Problem Statement				64 65	for me? 6 7 8 a fair bit a lot
Veteran Goal Statement			My progress towa	ards achieving	
Identified issues (including self- management)	What I want to achieve?	Steps to get there	Who is responsible?	Review date	Progress (e.g. none, som or completed)
	(Veteran) agree that the informa	tion contained within this Care Plan is c	prect and currently ref	lects my need	s for the coming
ear. I consent to this information being rel				ate:	a for the coming
Ū	(GP) agree that the services pre	scribed within this Care Plan are correct	at the time of develop	ment but are s	subject to review
ased on the veteran's needs and / or my o	ppinion as the responsible Medical F Date:	Practitioner. Signature:			
Care Plan Review Date:		MBS ITEMS: GP Man	agement Plan - 721		
Patient friendly version supplied to v	veteran 📃	Team Care Arrangem	ents - 723		
Care coordinator		CVC UP01 CVC UP02			

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SYMPTOM ACTION PLAN

What is it? The Symptom Action Plan is designed to help you and your doctor and care coordinator to manage your illness. The Symptom Action Plan identifies the action you should take when these signs appear. If the state of your illness or course of treatment changes, you can use the Monitoring Diary to write down the details. This information can then be used to decide what modifications need to be made to your Symptom Action Plan.

Who completes the forms? The Symptom Action Plan is to be completed by your doctor or care coordinator.

How do I use it? Veterans can carry the Symptom Action Plan with them (i.e. wallet or handbag) or place it on their fridge, so that they can refer to it, at any time, as the need arises.

If in doubt? If for any reason you are in doubt about what to do, then contact your doctor or care coordinator for advice. If they are unavailable, then contact the Emergency Department of your local hospital.

SYMPTOM ACTION PLA	N	Date completed:	Date to be reviewed:
Veteran's name		DOB	Gold Card No
Admissions during past 2	/ear		
Reason for admission:			
Social - home environn	nent e.g. falls		
Medication – not taking	medication as prescribed e.g. cost, f	orgetfulness, side effects etc.	
Other			
My primary condition is			
I measure and manage my	symptoms in the following way:		
When /If		then I	
When /If		then I	
When /If		then I	
When /If		then I	
When /If		then I	
	Name	Phone Ad	dress
Doctor			
CVC Care Coordinator			
Hospital	Emergency Department		

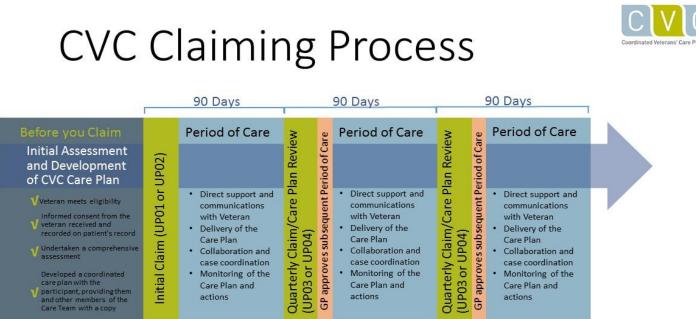
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CVC Claiming Process









CVC Claiming Process

Before you claim:

Enrolment forms are not required to be completed and submitted to DVA. CVC Program claims are processed by Medicare.

Before you are eligible to start claiming please ensure:

- The veteran meets the eligibility requirements;
- You have informed consent from the veteran to participate, and this is recorded on the patient's record; there is a script for consent on page 32 of the Guide for General Practice
- You have undertaken a comprehensive assessment process; and
- You have developed a coordinated care plan with the participant, providing them and other members of the Care Team with a copy

The initial <u>Period of Care</u> commences once these requirements have been met, and a UP01 or UP02 claim can be made on this date.

Ongoing claiming:

MAGINE

The period of care is 90 days, and UP03 or UP04 quarterly care payments cannot be submitted to Medicare until <u>after</u> the payment period is complete, that is, after 90 days.



Referral options

- acupuncture performed by General Practitioners (GPs) who are
 registered with Medicare Australia to provide this treatment
- chiropractic services
- community nursing services
- convalescent care
- diabetes education
- dental services
- dietetic services
- exercise physiology services
- hearing services
- <u>Veteran Health Checks</u> including the *Annual Veteran Health Check* and the *One-off Veteran Health Check* (formerly known as the One-off ADF Post-Discharge GP Health Assessment)
- medical consultations and procedures available through Medicare and listed on the Medicare Benefits Schedule (MBS)
- medical specialist services listed on the MBS

- medication reviews
- occupational therapy services
- optometric services, including visual aids
- orthoptics
- orthotic services
- osteopathic services
- oxygen
- palliative care
- pathology services
- pharmaceutical items prescribed by your doctor
- physiotherapy services
- podiatry services and medical grade footwear
- psychology including hypnotherapy
- radiology
- rehabilitation aids and appliances



Referral options

- social work ۰
- speech pathology services ٠
- transport including ambulance and travel assistance to obtain health care ٠
- **Open Arms Veterans & Families Counselling** ٠
- Veterans' Home Care (VHC) including domestic assistance, personal care, safety • related home and garden maintenance and respite care
- X-rays, nuclear medicine imaging, ultrasound and computerised tomography. ٠

*Note: - Massage will only be paid for by DVA if it is delivered during a consultation with a physiotherapist, chiropractor or osteopath





Changes to DVA referrals

General practitioner (GP) referrals to allied health providers will be valid for up to 12 sessions or a year, whichever ends first. Clients may have as many treatment cycles as the GP determines are needed. The treatment cycle does not limit the number of clinically required services that the client needs. These new arrangements aim to improve the quality of care for DVA clients.

There is no change to referral arrangements between GPs and medical specialists (including surgeons and psychiatrists). The new referral arrangements apply to Gold Card and White Card holders, excluding exercise physiology and physiotherapy services for Totally and Permanently Incapacitated (TPI) Gold Card holders.





When the new treatment cycle began on 1 October 2019, the following arrangements commenced:

•All new referrals made on or after 1 October 2019 will be subject to treatment cycle arrangements, except for exercise physiology and physiotherapy for DVA clients with a TPI marked Gold Card.

•After 1 October 2019, clients with an existing indefinite allied health referral can receive up to 12 sessions or access for one year (whichever ends first) before they need a new GP referral.

•After 1 October 2019, clients with an existing annual allied health referral can receive up to 12 sessions or treatment until their annual referral expires (if that occurs first). DVA will send information to allied health providers, GPs and DVA clients currently receiving allied health services before the treatment cycle commences





Concessions and other services for Veterans in the ACT

Who is eligible for concessions?

The organisation that offers the product or service, e.g. your local council, decides what sort of concession is offered and to whom it is offered. DVA Pensioner Concession Card (PCC) and Gold Card holders are usually eligible for concessions, but it is important to contact the organisation offering the concession to confirm your eligibility.

DVA have a factsheet available on their website CON08 Concessions in the Australian Capital Territory.

This covers the following:

- Treatment cards
- Hearing services
- Ambulance
- Australia Post
- Life support (Energy & Water)
- Motor vehicle GST exemption

- * Pharmaceutical benefits
- * ACT Spectacles Subsidies
- * Public transport
- * Telstra
- * Rates
- * ACT Senior's card

- * NDSS
- * Low vision aids
- * ACT Taxi Subsidies
- * Energy (Gas & Electricity)
- * Driver's licence & MV registration





ACT&SNSW Community Health Pathways

Health pathways has information for veteran's care. https://actsnsw.communityhealthpathways.org/









Thank you!

www.chnact.org.au

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